

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

JULY 2020

(Presented to Quality & Performance Committee Tuesday 23rd June)

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Executive Summary

Financial Summary

As of 1st April 2020 the CCG moved to a different finance regime of paying NHS providers on a block contract arrangement and all NHS invoicing to cease. During the month of June the CCG are expecting to be given further guidance and should therefore be able to present a clearer financial position for Quarter 1.

Performance and Contracting

The report contains a summary of provider performance, detail is provided where available; Hull CCG has agreed with providers to focus on priority reporting during COVID-19.

HUTHT A&E Type 1, 4 hour waiting time performance, improved significantly in April 2020 to 86.57% compared to 71.70% the previous month. Reduced activity has supported the improvement of performance.

Referral to Treatment 18 weeks waiting times performance at HUTHT deteriorated further in April, reporting 57.72% compared to 65.36% the previous month. Key specialties breaching are Cardiology, Dermatology, ENT (Ear, Nose and Throat), Ophthalmology, Gynaecology and Plastic Surgery.

62-day cancer waiting times continue to underperform against the national standard; performance has deteriorated in April following an improving position in February and March.

Hull CCG diagnostic test 6-week waiting time standard deteriorated significantly in April to 70.94%, compared to March position of 19.16%.

Safety, Quality and Patient Experience

Hull University Teaching Hospitals NHS Trust (HUTHT)

- In response to the COVID-19 pandemic the process for monitoring Quality Assurance issues was revised and interim arrangements are now in place. Meetings continue to be held although with a revised agenda and reduced membership.
- An Executive Risk Management Committee was set up by HUTHT to plan through the COVID-19 pandemic and mitigate risks.
- The Trust continues to experience the impact of COVID-19 on staffing and resources, with approximately 1,000 members of staff off sick or self-isolating. A further 1,100 staff have been redeployed to respond to clinical need.

Humber NHS Foundation Trust

- An 'Update and Assurance Report' was presented to the Trust Board Public Meeting, 29th April 2020 and draws together a summary of governance during the COVID-19 pandemic.
- Humber created two wards at Hawthorne Court for transferring COVID-19 patients to, allowing for cohorting of positive patients from non-positive patients.
- Humber also created a specialist infection control team to advise staff and maintain patient safety.

City Health Care Partnership (CHCP)

- CHCP have been working with Commissioners and other providers during the pandemic to facilitate discharge to assess arrangements to free up capacity in HUTHT including the commissioning of additional beds in care homes by CHCP to discharge patients into.
- CHCP have stood down a number of specialist services and redirected clinical resources to frontline Community Nursing services in response to the pandemic.
- CHCP are working with the ICC and Primary Care Networks as part of the Enhanced offer to Care Homes, to support virtual MDT's and Community Nursing support to residents in care homes.
- CHCP have agreed to act as the employer locally of NHS staff returning to work in response to the pandemic. The staff will then be redeployed to community services and care homes from CHCP.

Spire

- In response to COVID-19 Spire cancelled all elective NHS and private work from 15th April 2020.

- Spire are working closely with HUTHT to see what assistance they can offer the NHS to free up capacity. Spire has undertaken the following work for the NHS - skin cancer, elective ENT, cardio lab work, vascular, cardiology and cardio echo, local anaesthetic vascular fistula surgery cases and urgent CT scans.

Yorkshire Ambulance Service (YAS)

- 111 / IUC service report exceptional demands on the 111 service as part of the NHS response to the COVID-19 pandemic.
- Significant work with Primary Care and Out of Hours services underway to manage demand including the new COVID-19 website. Systems in place to manage and redirect 111 calls across the country in response to unprecedented demand.
- Non-Emergency Patient Transport – the new Patient Transport Service (PTS) contract for Hull CCG began on 1st April 2020.

Financial Position

As of 1st April 2020 the CCG moved to a different finance regime of paying NHS providers on a block contract arrangement and all NHS invoicing to cease. Payments were calculated so that CCG's paid their largest providers, for Hull CCG that includes:

- Hull University Teaching Hospital NHS Trust
- Humber Teaching NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust
- Leeds Teaching Hospital NHS Trust
- York Teaching Hospital NHS Foundation Trust
- Northern Lincolnshire and Goole NHS Foundation Trust

These payment arrangements are for months 1-4, to be reviewed for months 5-8.

Payments for non-contracted NHS activity and independent acute providers would be made centrally.

Therefore, we have only been provided with confirmation of our 2020/21 allocation for the first 4 months and have uploaded budgets covering that period. There is still work to be done on getting accurate budgets in the correct areas as for the initial upload we were asked to match the category spend issued to us. This does not reflect fully our other non NHS contracts as accurately as we would like.

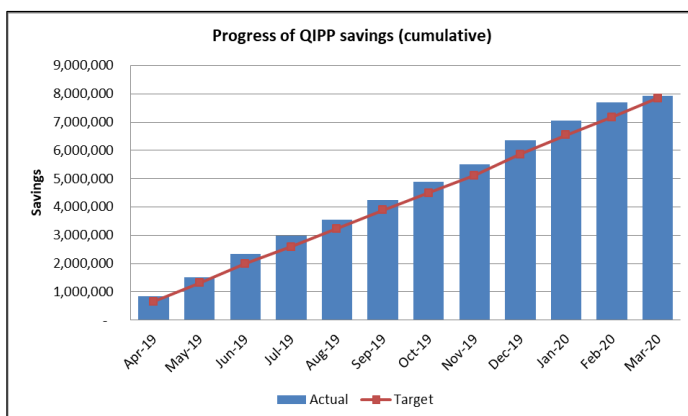
In our May YTD position Hull CCG also showed COVID-19 spend, this is spend above our allocation for business as usual and therefore showed a variance. It is anticipated this will be dealt with via an additional finance allocation.

During the month of June the CCG are expecting to be given further guidance and should therefore be able to present a clearer financial position for Quarter 1.

Quality, Innovation, Productivity and Prevention (QIPP) – 2019/20 Overview

Total annual cost savings of £7,935,207 realised against the 2019/20 plan of £7,850,003.

Theme	2019/20	
MSK Triage	Actual	£7,225
	Target	£337,066
Planned Care & Value Based Commissioning	Actual	£107,429
	Target	£658,198
Outpatient: Other	Actual	£58,013
	Target	£215,735
Complex Patients	Actual	£756,562
	Target	£2,519,438
Non-Elective: Other	Actual	£0
	Target	£302,404
Medicines Optimisation	Actual	£2,100,764
	Target	£850,000
Other	Actual	£4,905,213
	Target	£2,967,162
TOTAL	Actual	£7,935,207
	Target	£7,850,003



Summary

Overall, the CCG has achieved the QIPP plan for 2019/20 but it is clear that a number of the schemes have not been realised in an acute setting. The majority of the schemes have fluctuated throughout the year and whilst projects of work have been undertaken with the Trust to monitor and aim to reduce 1st outpatients and follow ups, the profiling of the QIPP schemes have not been realised in terms of cost but some change in activity trends have been seen.

At the end of the financial year, activity can be seen to dramatically reduce due to the effects of COVID-19 and the QIPP schemes planned for 2020/21 will now be reviewed due to activity backlogs in the system and current Humber planning.

The schemes shown in the graph above are themed to identify areas of focus; the CCG is working with partners on a number of transformation and redesign projects in areas such as non-elective, complex patients and planned care which will change the way QIPP schemes are developed in the future.

The 2019/20 CCG annual assessment process is delayed until at least Quarter 2 (2020/21). The data collection / submission process for all indicators is now suspended given the changing priorities to support the COVID-19 response.

The NHS Oversight Framework for 2019/20 is the joint approach NHS England and NHS Improvement take to oversee organisational performance and identify where commissioners and providers may need support.

It provides a focal point for joint work, support and dialogue between NHS England and NHS Improvement, CCGs, providers and sustainability and transformation partnerships, and integrated care systems.

The framework consists of 60 metrics divided into 5 priority areas as identified in the NHS Long Term Plan. These Priority Areas are:



NHS England & NHS Improvement publishes the latest position. Indicators are refreshed on a monthly basis, where more recent data is available*. A summary of Hull CCG's position is detailed below:

	Highest Quartile	Interquartile	Lowest Quartile	Not Available	Total
New Service Models	4	2	2	2	10
Preventing Ill Health and Reducing Inequalities	2	4	0	0	6
Quality of Care and Outcomes	8	6	12	5	31
Leadership and Workforce	2	2	0	3	7
Finance and Use of Resources	0	0	0	6	6
Total	16	14	14	16	60

Below are the 14 metrics reported within the lowest performing quartile for Hull CCG.

Priority	Theme	Indicator	Latest period	Value	RAG	Rank vs England
New Service Models	Integrated primary care & community health services	Patient experience of Primary Care - GP services	2019	74.37%	⊗	183/191
	Acute emergency care & transfers of care	Delayed transfers of care per 100,000 population	2019 12	15.5	↓	163/191
Quality of Care Outcomes	Smoking	Maternal smoking at delivery	Q2 2019/20	21.47%	↓	190/191
	Maternity services	Neonatal mortality and stillbirths	2017	5.22	↓	145/190
		Women's experience of maternity services	2018	80.1	↓	145/189
	Cancer services	Cancers diagnosed at early stage	2017	47.59%	↓	174/189
		Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	Q2 2019/20	70.65%	↑	165/191
		One year survival from all cancers.	2017	69.30%	↑	186/191
	Learning disability and autism	Proportion (%) of eligible adults with a learning disability having a GP health check	2017/18	25.09%	↓	188/189
	People with long term conditions & complex needs	Dementia care planning and post-diagnostic support	2018/19	73.30%	↓	180/191
		Proportion of carers with a long term condition who feel supported to manage their condition	2019	49.70%	⊗	179/191
		Percentage of deaths with three or more emergency admissions in last three months of life	2017	10.63%	↑	182/189
	Planned care	Patients waiting 18 weeks or less from referral to hospital treatment	2019 12	69.48%	↓	177/177
		Patients waiting six weeks or more for a diagnostic test	2019 12	10.42%	↓	176/191

*January 2020 release

Please Note: RAG status - the arrows show the direction of change from the previous reported position i.e. increasing or decreasing. This combined with the colour reflects the type of change, green showing an improvement and red deterioration against the previous position. The blue cross reflects no additional data and therefore no change to report.

CCG Constitutional Exceptions

Performance Indicator Exceptions

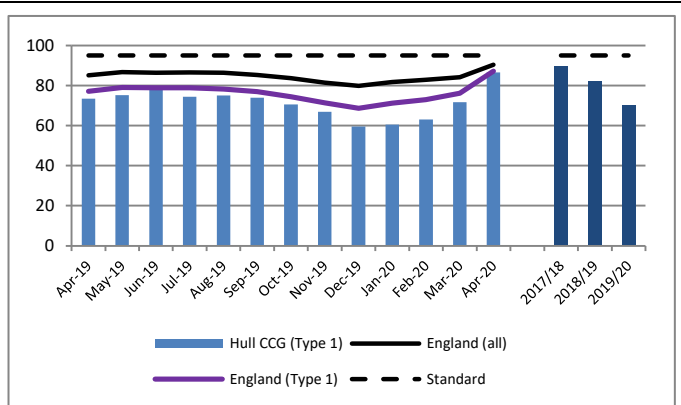
A&E waiting times – percentage of patients spending less than 4 hours total time in the A&E department (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years			2020/21 In Month	YTD
	2017/18	2018/ 19	2019/ 20	Apr 2020	2020/ 21
HUTHT Actual	87.22	81.92	70.32	86.57	86.57
Status					
Hull CCG Actual	89.61	81.96	70.31	86.56	86.56
National Target	95.00	95.00	95.00	95.00	95.00
Status					



HUTHT Type 1 A&E 4 hour waiting time performance improved significantly in April compared to the previous month. Reduced activity has supported the improvement of performance.

[NHS England – A&E Attendances and Emergency Admissions 2020-21](#)

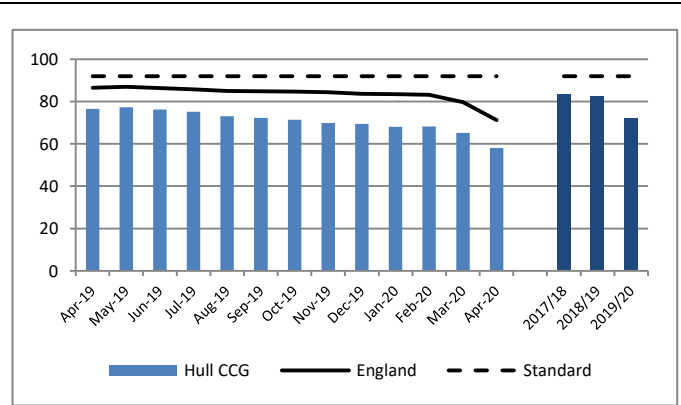
Referral to Treatment incomplete pathways: percentage of incomplete pathways within 18 weeks (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years			2020/21 In Month	YTD
	2017/18	2018/ 19	2019/20	Apr 2020	2020/ 21
HUTHT Actual	80.37	81.10	71.83	57.72	57.72*
STF Status					
Hull CCG Actual	83.46	82.27	71.90	58.08	58.08*
National Target	92.00	92.00	92.00	92.00	92.00
Status					



Referral to Treatment 18 weeks waiting times performance at HUTHT deteriorated in April, reporting 57.72% compared to 65.36% the previous month.

The Trust is working to national guidance during COVID-19 and has implemented plans to ensure patients in need are supported.

[NHS England - Consultant-led Referral to Treatment Waiting Times](#)

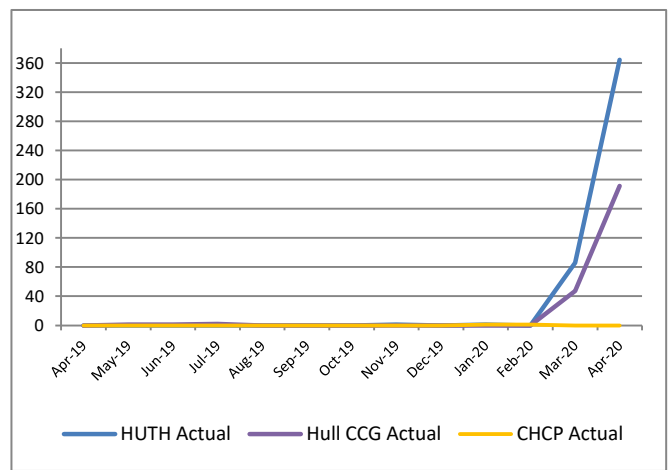
Number of >52 week Referral to Treatment in Incomplete Pathways

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years			2020/21 In Month	YTD
	2017/ 18	2018/ 19	2019/ 20	Apr 2020	2020/ 21
HUTHT Actual	157	157	88	364	364
STF Trajectory	0	0	0	0	0
STF Status					
CHCP Actual	223	7	2	0	0
National Target	0	0	0	0	0
Status					
Hull CCG Actual	275	86	51	191	191
National Target	0	0	0	0	0
Status					



Hull CCG reported 191 patients waiting over 52 weeks at the end of April. Breaches relate to the cancellation of elective work from mid-March due to COVID-19. The majority of the breaches, 45% (86), relate to the Ear Nose and Throat (ENT) specialty.

HUTHT reported 364 breaches of the standard in April 2020. This is largely due to the cancellation of elective pathways in order to create capacity and implement the Trust plan in response to the COVID-19 pandemic.

CHCP reported no breaches of the standard in April 2020.

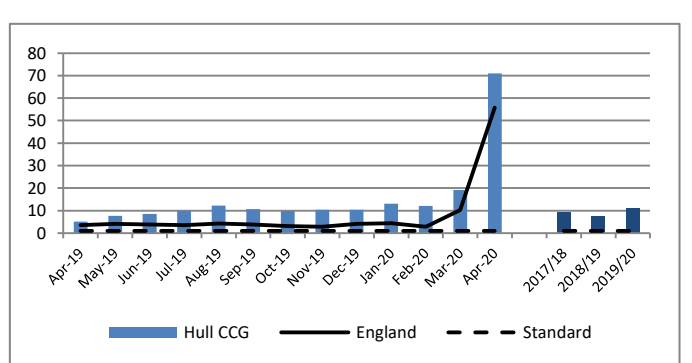
Diagnostic test waiting times (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years			2020/21 In Month	YTD
	2017/ 18	2018/ 19	2019/ 20	Apr 2020	2020/ 21
HUTHT Actual	10.50	7.48	10.57	71.28	71.28*
HUTHT Status					
Hull CCG Actual	9.39	7.42	10.79	70.94	70.94*
Status					
National Target	1.00	1.00	1.00	1.00	1.00



Diagnostic test 6-week waiting times performance has continued to decline, reporting 70.94% in April compared to 19.16% in March.

The CCG reported 3,483 breaches during April 2020 (compared to 986 in March); the majority for imaging, 61.9% (2,156) of the total breaches.

[NHS England - Monthly Diagnostic Waiting Times and Activity](#)

*YTD 2020/21 position reflects the monthly snapshot as not to double count individuals who span the reporting month.

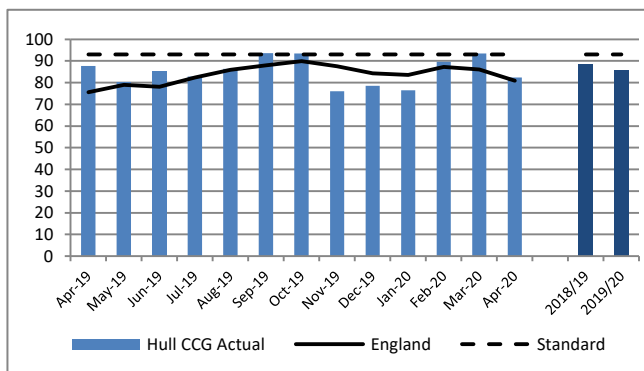
Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2020/21 In Month	YTD
	2018/ 19	2019/20	Apr 2020	2020/ 21
Hull CCG Actual	88.24	85.54	82.35	82.35
National Target	93.00	93.00	93.00	93.00
Status				
No. of Referrals (CCG)	1,564	1,604	17	17
No. of Breaches (CCG)	184	232	3	3



Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with breast symptoms

2 week wait – exhibited breast symptoms where cancer not initially suspected standard showed deterioration in April 2020 following achievement of the standard the previous month.

A total of 17 patients were seen during April compared to 108 in March, with 3 breaches, all due to patient choice.

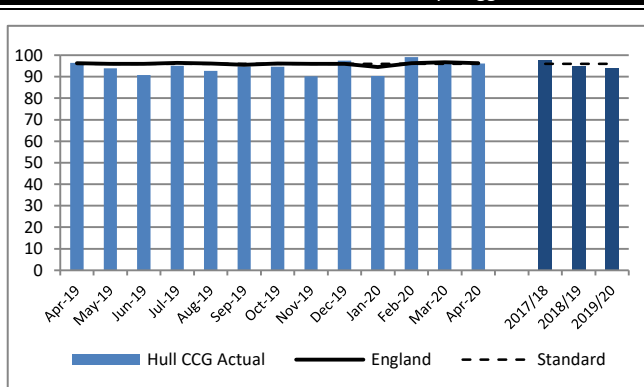
Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years			2020/21 In Month	YTD
	2017/ 18	2018/ 19	2019/ 20	Apr 2020	2020/ 21
Hull CCG Actual	97.72	94.97	94.25	96.08	96.08
National Target	96.00	96.00	96.00	96.00	96.00
Status					
No. of Breaches (CCG)	34	76	87	4	4



Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 102 patients seen in April with 4 breaches, achieving the 96% standard for a third consecutive month.

Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Elective reasons (for non-medical reasons)	1	Breast	35 days
Inadequate Elective Capacity	1	Breast	37 days
Health Care Provider initiated delay to diagnostic test or treatment planning	1	Breast	42 days
Treatment delayed for medical reasons	1	Skin	47 days

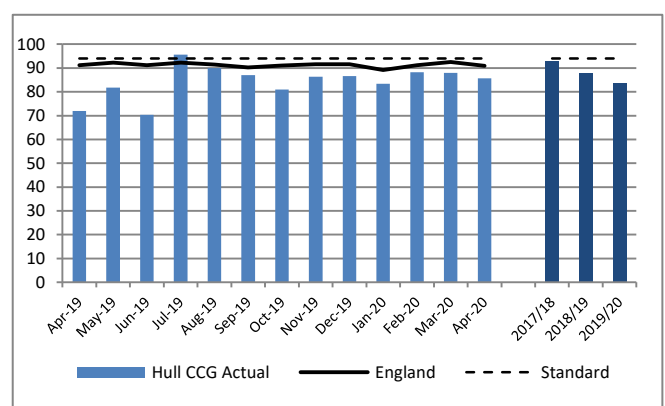
Cancer 31 day waits: 31 day wait for subsequent treatment - surgery (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years			2020/21 In Month	YTD
	2017/ 18	2018/ 19	2019/ 20	Apr 2020	2020/ 21
Hull CCG Actual	92.70	87.95	83.76	85.71	85.71
National Target	94.00	94.00	94.00	94.00	94.00
Status					
No. of Breaches (CCG)	20	37	44	2	2



Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – A total of 14 patients were seen in April with 2 breaches, both relating to inadequate elective capacity with waits of 34 and 37 days.

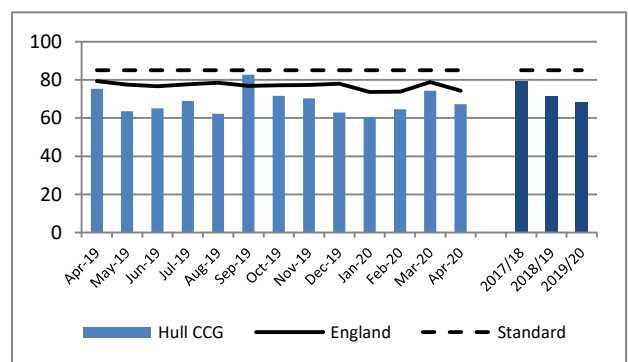
Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years			2020/21 In Month	YTD
	2017/18	2018/ 19	2019/20	Apr 2020	2020/ 21
HUTHT Actual	76.14	69.30	68.78	70.82	70.82
Status					
Hull CCG Actual	79.40	71.65	68.49	67.35	67.35
Status					
National Target	85.00	85.00	85.00	85.00	85.00
No. of Breaches (CCG)	145	218	236	16	16



Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance reported 67.35% in April (49 patients with 16 breaches). Breach details are as follows:

Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Complex diagnostic pathways (many, or complex, diagnostic tests required)	8	3 x Lung 2 x Lower Gastrointestinal Head & Neck Testicular Other	Range of 82 to 97 days 76 and 83 days 66 days 76 days 77 days
Health care provider initiated delay to diagnostic test or treatment planning	6	2 x Lower Gastrointestinal Head & Neck Upper Gastrointestinal Urological (Excluding Testicular) Other	83 and 103 days 64 days 104 days 116 days 72 days
Inadequate outpatient capacity	1	Lung	82 days
Treatment delayed for medical reasons in an admitted care setting	1	Head & Neck	108 days

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/monthly-comm-cwt/>

Note: Access to cancer reporting data nationally has changed and become more challenging. The CCG is increasingly dependent on providers supplying information to explain breaches of waiting time standards.

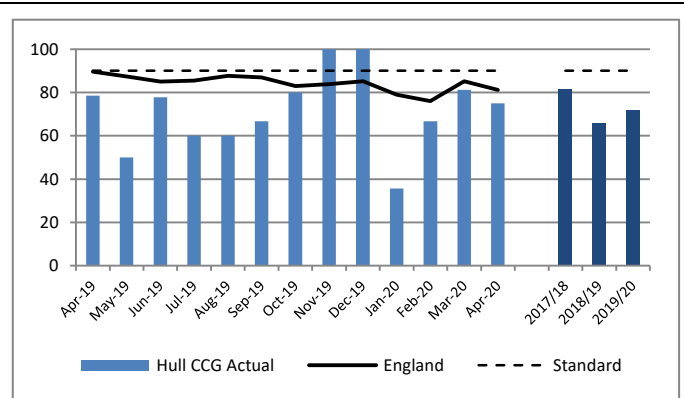
Cancer 62 day waits: first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years			2020/21 In Month	YTD
	2017/ 18	2018/ 19	2019/ 20	Apr 2020	2020/ 21
Hull CCG Actual	81.51	65.63	71.68	75.00	75.00
National Target	90.00	90.00	90.00	90.00	90.00
Status					
No. of Breaches (CCG)	22	22	32	4	4



Cancer 62 days of referral from an NHS Cancer Screening Service – the indicator reports 75.00% in April, a total of 16 patients seen, 4 of which were outside the 62 day standard:

Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Complex diagnostic pathway (many, or complex, diagnostic tests required)	1	Breast	63 days
Elective reasons (for non-medical reasons)	1	Breast	63 days
Health care provider initiated delay to diagnostic test or treatment planning	1	Lower Gastrointestinal	132 days
Inadequate elective capacity	1	Breast	64 days

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/monthly-comm-cwt/>

Note: Access to cancer reporting data nationally has changed and become more challenging. The CCG is increasingly dependent on providers supplying information to explain breaches of waiting time standards.

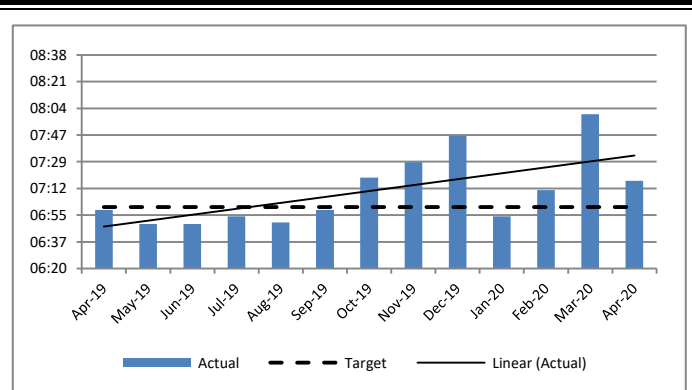
Ambulance clinical quality – Category 1 mean response time (mins)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2020/21 In Month	YTD
	2018/ 19	2019/ 20	Apr 2020	2020/21
YAS Actual	07:21	07:12	07:17	07:17
YAS Target	07:00	07:00	07:00	07:00
Status				



The indicators are being monitored at operational level and reported through the A&E Delivery Board chaired by HUTHT.

Ambulance handover and Crew Clear delays are monitored against zero-tolerance targets and reported at provider level.

YAS at HUTHT performance for +30 minute and +60 minute handovers, as a proportion of total number of handovers, is 10.46% and 0.8% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 6.73% and 0.30% respectively for April 2020.

[Yorkshire Ambulance Service NHS Trust - CCG Performance Reports](#)

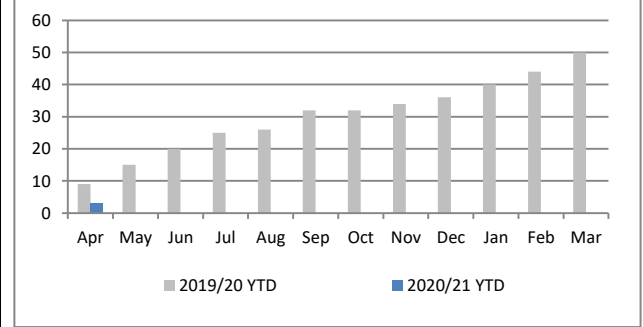
Quality Indicator Exceptions

Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile)

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years			2020/21 In Month	YTD
	2017/ 18	2018/ 19	2019/ 20	Apr 2020	2020/ 21
Hull CCG Actual	50	51	50	3	3
Target	82	55	56	TBC	TBC
Status					



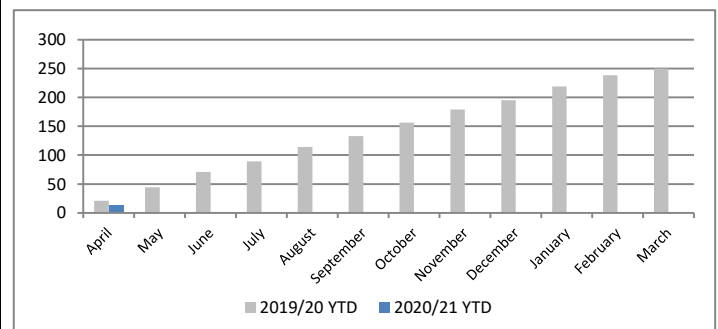
In April 2020 the CCG are reporting 3 cases, 6 fewer compared to April 2019 (9 cases). Awaiting confirmation of 2020/21 trajectory.

Incidence of healthcare associated infection (HCAI): E-Coli

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years			2020/21 In Month	YTD
	2017/ 18	2018 / 19	2019/ 20	Apr 2020	2020/ 21
Hull CCG Actual	237	256	250	13	13
Target	209	184	211	TBC	TBC
Status					



In April 2020 the CCG are reporting 13 cases, 8 fewer compared to April 2019 (21 cases). Awaiting confirmation of 2020/21 trajectory.