

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

SEPTEMBER 2020

(Presented to Quality & Performance Committee on Tuesday 22nd September)

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Executive Summary

Financial Summary

As stated in the Financial Position reported the Committee in July, as of 1st April 2020 the CCG moved to a different finance regime of paying NHS providers on a block contract arrangement for months April to July and all NHS invoicing to cease. It was anticipated that further guidance would be received in relation to would be issued to clarify the financial regime going forward. The Department of Health and Social Care and Her Majesty's Treasury are still to produce final confirmation of the financial arrangements for the remainder of the financial year.

Performance

HUTHT Type 1 A&E 4 hour waiting time performance deteriorated slightly in July 2020 compared to the previous month. Reduced activity had supported the improvement of performance; however attendance levels are increasing in recent weeks with the performance of the 4 hour standard starting to deteriorate.

Referral to Treatment 18 weeks waiting times performance at HUTHT deteriorated further in July, reporting 35.23% compared to 40.46% 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.

Diagnostic test 6-week waiting times performance has improved in July, reporting 43.28% compared to 55.83% in June.

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 in place. Meetings continue to be held although with a revised agenda and reduced membership.
- HUTHT declared 2 Never Events during Q1 of 2020/21; both retained foreign objects post-surgery. Following discussion with the CCG these have been downgraded to Serious Incidents.
- A peer review of the Trust's surgical safety checklist was undertaken by a Consultant from Airedale Trust in January 2020. HUTHT have shared details of the Action Tracker as a result of the review and details of the training undertaken in theatres to improve adherence with the WHO Surgical Checklist.

Humber NHS Foundation Trust

- Absence due to COVID-19 in Humber is reducing and overall sickness rates are low.
- Action plans are being worked through as part of Phase 3.
- Humber held a "Focus on Patients and Carers Experience Forum" attended by over 80 people. Humber now have 151 Patient Experience Champions in place amongst current staff group.
- Humber are revising the DATIX Friends & Family dashboard to capture granulated data for quality feedback and FFT.
- Humber have developed a "Support for Relatives/Carers following an incident" booklet which is now in use, to support those whose family members have been involved in a safety incident.

City Health Care Partnership (CHCP)

- CHCP devised a Restorative Plan, waiting lists are continually monitored and patients assessed and triaged to reduce risks of harm while waiting.
- CHCP confirmed they are in receipt of the Third Phase COVID-19 letter and are actioning accordingly.
- CHCP are making full use of technology to provide online consultations where appropriate.
- Staff re-deployed at the height of the pandemic are gradually being sent back to their substantive posts.
- CHCP have agreed to work in partnership with Health Education England to deliver Safeguarding Adults Level 3 Interactive Training as part of a national pilot.

Spire

- Spire are systematically working through their higher priority patients by screening new referrals and waiting lists.
- Spire have 4 operating theatres open every day at the Lowfield Road site, their Plastics Centre at Hesslewood is also operational.

Yorkshire Ambulance Service (YAS)

- Continued demands on the 111 service as part of the NHS response to the COVID-19 pandemic.

- Work underway with regards to “Talk Before You Walk” system to book patients into appointment slots at A&E via the 111 service.

Financial Position

Achievement of Financial Duties / Plans

Based on information available up to the 31st August 2020. Achievement against the financial performance targets for 2020/21 are as follows

	<i>Performance Assessment</i>
Not exceed Revenue Resource Limit	N/A
Running Costs Envelope	N/A
<u>Other relevant duties/plans</u>	
Not exceed Cash Limit	Green
Variance to planned Surplus	N/A
Underlying Recurrent Surplus of 1%	N/A

Financial Performance / Forecast				
	Year To Date (000's)			Risk
	Budget	Actual	Var	
20/21 Core Allocation	(201,073)	(201,073)	-	
Use of prior years surplus			-	
Acute Services	95,116	95,161	(45)	Green
Prescribing & Primary Care Services	43,648	43,824	(176)	Green
Community Services	25,616	26,212	(596)	Amber
Mental Health & LD	21,338	21,431	(93)	Green
Continuing Care	9,861	9,941	(80)	Green
Other Including Earmarked Reserves	3,410	3,451	(41)	Green
Running Costs	2,085	2,085	(0)	Green
TOTAL EXPENDITURE	201,073	202,104	(1,031)	
Under/(over)-spend against in year allocation	-	-	(1,031)	Amber
Additional Information				
COVID Costs M4 / Top-up Alloc M3	1,425	2,177	(752)	
Non COVID Ovespends M4/ Top-up Alloc M3	882	1,161	(279)	
Anticipated Top Up Allocation	2,307	3,338	(1,031)	

KEY:

RED = negative variance of £2M or above

AMBER = negative variance between £500k - £2M

GREEN = positive variance or negative variance less than £500k

Exception: Other including earmarked reserves

Summary Financial Position as at 31st August 2020.

As stated in the Financial Position reported the Committee in July, as of 1st April 2020 the CCG moved to a different finance regime of paying NHS providers on a block contract arrangement for months April to July and all NHS invoicing to cease. It was anticipated that further guidance would be received in relation to would be issued to clarify the financial regime going forward. The Department of Health and Social Care and Her Majesty's Treasury are still to produce final confirmation of the financial arrangements for the remainder of the financial year. The block contract arrangements were rolled forward to the end of September and it is anticipated that further guidance will be issued shortly.

The arrangements currently in place allow CCG's to overspend against the allocations provided on both COVID and non-COVID costs, with those variances being adjusted in the subsequent month's funding. This ensures that the CCG remains in a break even position. Provider organisations are subject to a similar system with retrospective top-up funding being provided for financial shortfalls.

All organisations are currently developing finance and activity plans that it is understood will inform the financial regime for the rest of the year. It is understood that this will result in the ICS being issued with a financial envelope that it will be required to remain within as a whole, however individual organisations may report overspends if they are offset with underspends in another ICS organisation.

Revised block contracts are currently being developed and it is anticipated that these will be communicated shortly, along with details of a system level top-up process for those organisations that cannot manage within their allocations / contract values.

A Financial Incentive scheme will be put in place that requires providers to achieve planned performance targets (e.g. 80% of last year's elective activity in September, rising to 90% in October). If these are not achieved it will trigger a reduction in funding and overachievement will result in additional funding.

Each CCG is required to achieve the 2020/21 Mental Health Investment Standard (a 5.5% growth in mental health expenditure over 2019/20). Plans are being developed across the Humber region to understand how this can be delivered under the new financial regime and the impact that the COVID response has had on expenditure and the commencement of investments.

It is also understood that the commissioning of the acute independent sector will be returned to CCG responsibility from November. The Independent sector is expected to be part of the response to returning to near normal levels of activity and the funding arrangements for this are yet to be determined (i.e. through CCGs or NHS Provider Trusts).

Our August YTD position showed an overspend of £1,031k which related to an in month additional cost of COVID at £752k (£2,177k for the year to date) and a non-COVID overspend of £279k (YTD £1,161k)

Statement of Financial Position

At the end of August the CCG was showing £3.5m excess of liabilities over assets. This is expected for an NHS commissioning organisation but is less than previous years due to the current requirement to pay block contracts a month in advance to assist with cash flow in provider organisations.

Revenue Resource Limit

The annual Revenue Resource Limit to the end of August for the CCG was £201,073k for both 'Programme' and 'Running' costs. This is as determined by national calculations and includes retrospective top ups for the overspends up to the end of July.

Working Balance Management

Cash

The closing cash for March was £744k which is higher than in previous years however it is no longer a requirement to manage this down to as low as possible due to the unpredictable nature of current expenditure and the need to be able to react quickly.

Better Payment Practice Code:

Target 95% payment within 30 days

a. Non NHS

The Non NHS performance for August was 66.63% on the value and 97.97% on the number of invoices, whilst the full year position is 95.43% achievement on the value and 97.11% on number.

b. NHS

The NHS performance for August was 99.92% on the value and 93.94% on the number of invoices, whilst the full year position is 99.77% achievement on the value and 97.40% on number.

NHS Oversight Framework

The NHS Oversight Framework 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. Below are the 14 metrics reported within the lowest performing quartile for NHS Hull CCG along with supporting narrative detailing programmes of work which are underway to improve performance.

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. Indicators are refreshed on a monthly basis, last updated February 2020 due to suspension of the collection process to support the COVID-19 response.

Theme	Indicator	Latest period	Latest Position		
			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
	In line with the GP Forward View, the CCG is supporting practices in a number of initiatives which it is hoped will improve overall patient experience, including workforce and digital initiatives and provision of extended access.				
Acute emergency care & transfers of care	Delayed transfers of care per 100,000 population	2019 12	15.5	↓	163/191
	<p>The CCG is working with Hull City Council and CHCP to identify and manage barriers to discharge. Main barriers within social care system relate to availability of care packages for complex patients, especially with behavioural challenges and the relative fragility of the care home market. Delays also arise from individuals exercising social care choice. From a health perspective, delays are more likely to be associated with infection control measures in the community; norovirus, etc. and demand for one type of bed more than another; this is managed through flexibility across Hull and East Riding beds and spot purchasing beds if required.</p> <p>The level of delayed discharges is starting to increase slightly, with a specific issue around mental health delays due to the number of available adult and older people's mental health beds.</p>				
Quality of Care Outcomes					
Smoking	Maternal smoking at delivery	Q2 2019/20	21.47%	↓	190/191
	There has been an improvement in Smoking at Time of Delivery (SATOD) to 19.81% (Q1 2020/21); however this continues to be significantly higher than the national rate of 10.4% (2019/20).				
	Carbon Monoxide (CO) readings are normally taken at every contact and recorded electronically at booking, 36 weeks, delivery and at postnatal discharge. Women who are identified as smokers at the time of booking are automatically referred to Hull's Stop Smoking Service.				
	There is further joint work planned with the Humber, Coast & Vale Local Maternity System (LMS) and Hull's Smoking in Pregnancy (SIP) multi-agency task group to reduce SIP rates.				
The CO readings have been suspended during COVID-19 with no date set for re-introducing as yet and this has been acknowledged for Saving Babies Lives 2 (SBL2) national maternity programme.					

Theme	Indicator	Latest Position			Rank vs England
		Latest period	Value	RAG	
Maternity services	Neonatal mortality and stillbirths	2017	5.22	↓	145/190
	<p>There has been a positive reduction in the rates for neonatal mortality and stillbirths. The Hull Maternity Voices Partnership (MVP) Annual Work Programme continues to work alongside the HCV LMS and has focused priorities to improve local maternity care and outcomes.</p> <p>The Trust has noted compliance (pre-COVID) with SBL2 and has successfully submitted CNST plan (maternity incentive scheme). The scheme has paused due to COVID-19 and will resume in September 2020.</p>				
	Women's experience of maternity services	2018	80.1	↓	145/189
	<p>Hull MVP work plan has a specific work stream for communications, engagement and co-production and every work stream includes improving the experience of women and their families.</p> <p>The Hull MVP is chaired independently by service users who facilitate engagement and participation from local women and their families through social media, focus groups, and surveys and at the monthly HEY Baby Carousel. The average weekly Facebook post reach is 4,775.</p> <p>The Trust (HUTHT) website has been reviewed and birth choices are clearly documented. Pre-COVID the Trust implemented a successful policy enabling partners to stay post-birth.</p> <p>In response to the COVID-19 pandemic an 'Ask the Midwife' service was set up Monday-Friday, to:</p> <ul style="list-style-type: none"> • Provide an additional method for women to be able to gain advice from a registered midwife without face to face contact. • Share consistent and accurate messages in relation to changes within the maternity services. • Lessen impact in the clinical environment due to increased telephone calls as a result of reduced face to face contact. <p>'Birth Afterthoughts' clinic from June 2020 facilitated by the Professional Midwifery Advocate (PMA) team one afternoon per week. This service will be reviewed and evaluated in six months to assess the uptake and the effectiveness on improving psychological wellbeing for women.</p> <p>A second 'whose shoes' event was held on the 13th March 2020 across the HCV LMS. The event had representation from all three organisations and local CCGs and both MVPs.</p> <p>The National Maternity Survey for 2020 has been suspended due to COVID-19.</p>				
Cancer services	Cancers diagnosed at early stage	2017	47.59%	↓	174/189
	<p>Towards the end of 2019/20 Lung Health Checks were being rolled out to support the earlier detection of lung cancer. The initial impacts were positive. As a result of COVID-19 all national cancer screening programmes were paused, however work is starting to reintroduce screening programmes and Lung Health Checks. Activity from Hull University Teaching Hospitals NHS Trust demonstrates a reduction in attendances with suspected cancer, it continues to be predicted that there will be a reduction in the numbers of individuals diagnosed at an early stage.</p> <p>The Primary Care Network DES includes early diagnosis of cancer and work is commencing to support the PCNs to develop their plans around this.</p>				
	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
	<p>In the latter part of 2019/20 the 62 day target stabilised slightly and started to show some improvement. The main challenges were sufficient diagnostic capacity to meet demand and increasingly complex patients.</p> <p>As a result of COVID-19 cancer patients have been triaged in line with national guidance and streamed accordingly. Diagnostic capacity has proved a significant delay in the pathways with endoscopy being of notable impact. Patients have, in addition, not been presenting with cancer symptoms and, as such it is predicted that when they do present the cancers will be more advanced and likely more complex putting additional stress on the system.</p> <p>Due to the reduction in referrals some specialities are seeing improvements in 62 day compliance, however this is offset by those specialities which have been more significantly impacted by the COVID changes, especially colorectal cancers due to the cessation of diagnostic scoping activity.</p>				
One year survival from all cancers.	2017	69.30%	↑	186/191	
<p>Increasing the 1 year survival is multi-factorial. In recent years the focus has been on ensuring that the right treatments are available to patients and, whilst there is room for further improvement, treatments are starting to be more individualised and systemised to maximise survival rates.</p> <p>In addition the focus on earlier detection of cancers generally results in an increase in one year survival as cancers are detected and treated prior to spreading through other systems. For example the Lung Health Checks scheme which</p>					

	commenced in January 2020.				
	Work will be undertaken in partnership with the Cancer Alliance to try to increase the numbers of patients who present for screening, and thereby detect pre-symptom cancer, as well as to look at how better to get the message of early signs and symptoms of common cancers out to the wider population.				
Theme	Indicator	Latest Position			Rank vs England
		Latest period	Value	RAG	
Learning disability and autism	Proportion (%) of eligible adults with a learning disability having a GP health check	2018/19	33.1%	↑	182/190
	<p>The CCG have been working with GP practices to raise awareness and support recording of completeness on clinical systems and understand the practices who have not engaged with the LD Annual Assessments.</p> <p>Local reporting has resumed in order for practices to be monitored and supported in order to increase compliance. The Wellbeing Service is currently contacting all Hull GP Practices to offer support with Learning Disability (LD) Annual Health Checks. LD Champion Network established with the Learning Disability Primary Care Liaison Nurse to present on the City Wide GP Practice PTL in November 2020.</p>				
People with long term conditions & complex needs	Dementia care planning and post-diagnostic support	2018/19	73.30%	↓	180/191
	<p>During the pandemic all memory assessments were paused, allowing the provider to focus on critical services. During this period patients on the waiting list were contacted and supported at least every 28 days. The Carer Information Support Service and Alzheimer's Society continued to support people with dementia and their carers. Memory Assessment Service (MAS) clinician worked with the Frailty service supporting the care home sector.</p> <p>The MAS restarted in June using an amended pathway, allowing non-face to face assessment and using GP premises or home visits to see patients requiring face to face assessment/treatment.</p> <p>Due to high diagnosis and treatment rates prior to COVID-19 Hull dementia diagnosis rate remains above national target.</p> <p>HTFT are developing an action plan to reduce waiting lists and are targeting areas with high estimated numbers of undiagnosed patients.</p>				
	Proportion of carers with a long term condition who feel supported to manage their condition	2019	49.70%	⊗	179/191
	<p>Work is ongoing in partnership with the Hull LA regarding an integrated carers strategy that will support carers to maintain their own health and wellbeing.</p> <p>The impact of COVID-19 is predicted to have a detrimental impact on individuals with long term conditions (LTC), especially those who are shielding, and their carers. Where the carer also has a LTC the impact will be compounded. The CCG is working with Humber FT to ensure services are in place to support these individuals.</p>				
	Percentage of deaths with three or more emergency admissions in last three months of life	2017	10.63%	↑	182/189
<p>Work is progressing to develop an integrated community palliative care offer which will better support individuals to die in their preferred place of death. This will also provide improved care planning, support for family and a contact number to utilise instead of 999. This should reduce the number of end of life patients who repeatedly attend ED in relation to symptom management.</p>					
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
	<p>The number of over 52 week wait patients continues to grow both locally and nationally and there is now a national focus on eliminating over 52 week waits. Information is showing that a significant proportion of those patients waiting over 40 weeks are, at current activity levels, likely to translate to over 52 week waits.</p> <p>Nationally targets have been set to support the required return to near normal activity with associated financial penalties. HUTHT has identified that to deliver the required increase in activity in the identified timescales will be challenging and the local targets for August have not been met.</p> <p>The 3 Trusts across the ICS are working together to try and maximise the use of capacity both within their facilities and in the independent sector to manage 52 week waiting times and to deliver the overall required capacity. This may mean that Hull patients are offered appointments for treatment at other facilities across the ICS.</p>				

CCG Constitutional Exceptions

Performance Indicator Exceptions

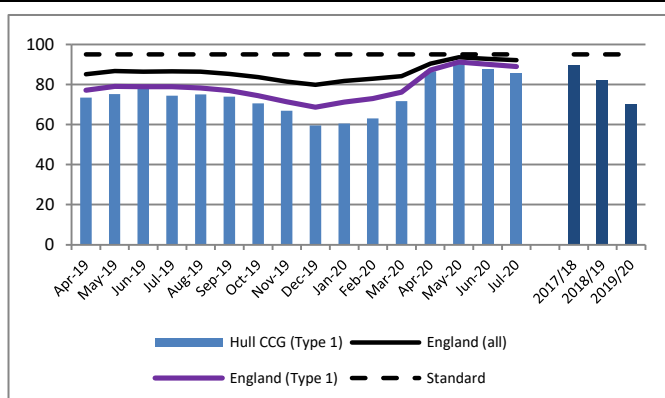
A&E waiting times – percentage of patients spending less than 4 hours total time in the A&E department (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	May 2020	June 2020	July 2020	2020/21
HUTHT Actual	70.32	90.90	87.44	85.36	87.04
Status					
Hull CCG Actual	70.31	90.90	87.45	85.35	87.04
National Target	95.00	95.00	95.00	95.00	95.00
Status					



HUTHT Type 1 A&E 4 hour waiting time performance deteriorated slightly in July 2020 compared to the previous month. Reduced activity had supported the improvement of performance; however attendance levels are increasing in recent weeks with the performance of the 4 hour standard starting to deteriorate.

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

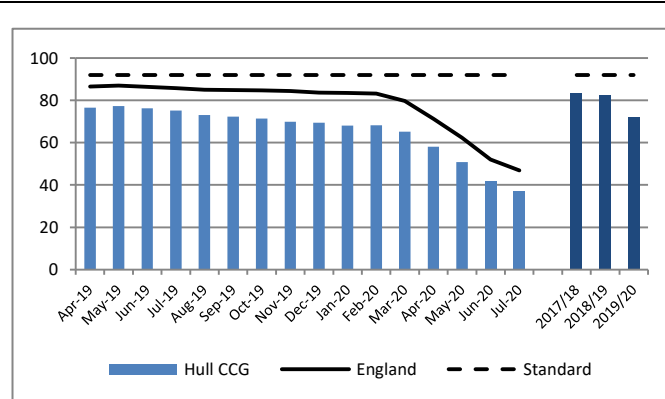
Referral to Treatment incomplete pathways: percentage of incomplete pathways within 18 weeks (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	May 2020	June 2020	July 2020	2020/21
HUTHT Actual	71.83	49.91	40.46	35.23	35.23*
STF Status					
Hull CCG Actual	71.90	50.80	41.88	36.87	36.87*
National Target	92.00	92.00	92.00	92.00	92.00
Status					



Referral to Treatment 18 weeks waiting times performance at HUTHT deteriorated further in July, reporting 35.23% compared to 40.46% 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](#)

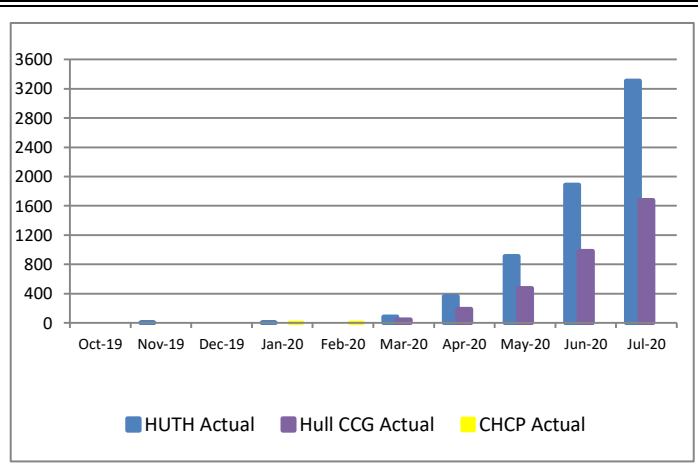
Number of >52 week Referral to Treatment in Incomplete Pathways

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			YTD
	2019/20	May 2020	June 2020	July 2020	2020/21
HUTHT Actual	88	909	1,886	3,307	6,466
Status					
CHCP Actual	2	0	0	0	0
Status					
Hull CCG Actual	51	475	979	1,677	3,322
Status					
National Target	0	0	0	0	0



Hull CCG reported 1,677 patients waiting over 52 weeks at the end of July. Breaches relate to the cancellation of elective work from mid-March due to COVID-19. The majority of the breaches relate to the Ear Nose and Throat (ENT), Plastic Surgery, Gynaecology, Cardiology and Ophthalmology specialties.

HUTHT reported 3,307 breaches of the standard in July 2020.

CHCP reported no breaches of the standard in July 2020.

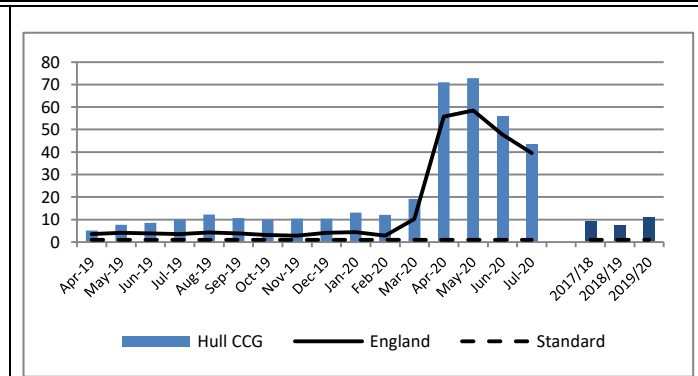
Diagnostic test waiting times (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			YTD
	2019/20	May 2020	June 2020	July 2020	2020/21
HUTHT Actual	10.57	72.49	55.37	43.61	43.61*
HUTHT Status					
Hull CCG Actual	10.79	72.84	55.83	43.28	43.28*
Status					
National Target	1.00	1.00	1.00	1.00	1.00



Diagnostic test 6-week waiting times performance has improved, reporting 43.28% of patients waiting longer than 6 weeks in July compared to 55.83% in June.

The CCG reported 1,764 breaches during July 2020 (compared to 2,299 in June); the majority for endoscopy, 50.91% (898) 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.

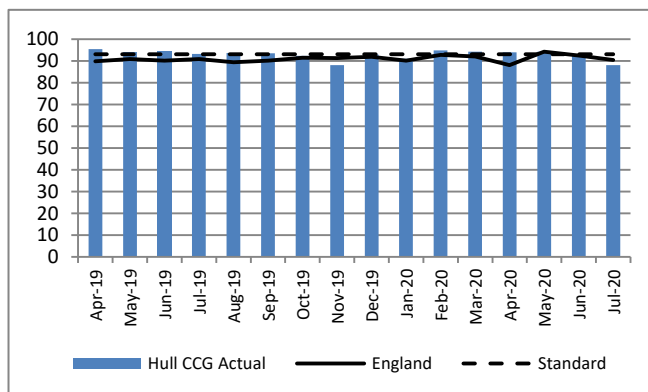
Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2020/21 In Month			YTD
	2018/19	2019/20	May 2020	June 2020	July 2020	2020/21
Hull CCG Actual	94.81	93.09	94.22	92.95	88.01	91.62
National Target	93.00	93.00	93.00	93.00	93.00	93.00
Status						
No. of Referrals (CCG)	9,391	9,861	398	624	709	2,041
No. of Breaches (CCG)	487	681	23	44	85	171



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

This standard has not been achieved for the last 2 months. July performance is at 88.01% for Hull CCG with 709 patients seen and 85 breaches of the standard – the majority due to inadequate out-patient capacity (50) and Patient Choice (24).

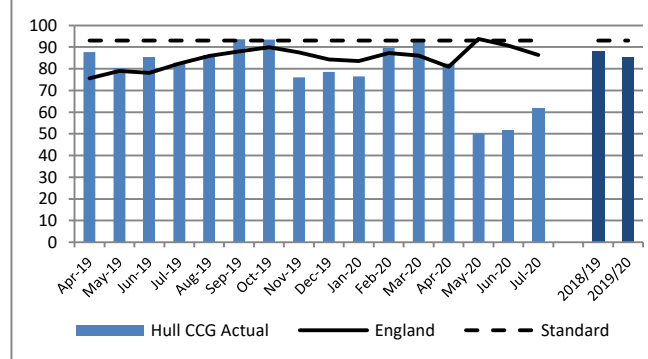
Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	May 2020	June 2020	July 2020	2020/21
Hull CCG Actual	85.54	50.00	51.72	61.64	58.82
National Target	93.00	93.00	93.00	93.00	93.00
Status					
No. of Referrals (CCG)	1,604	22	58	73	170
No. of Breaches (CCG)	232	11	28	28	70



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 a slight improvement in July 2020, reporting 61.64%.

A total of 73 patients were seen during July (compared to 58 in May) with 28 breaches, 26 due to inadequate outpatient capacity and the remaining 2 through patient choice.

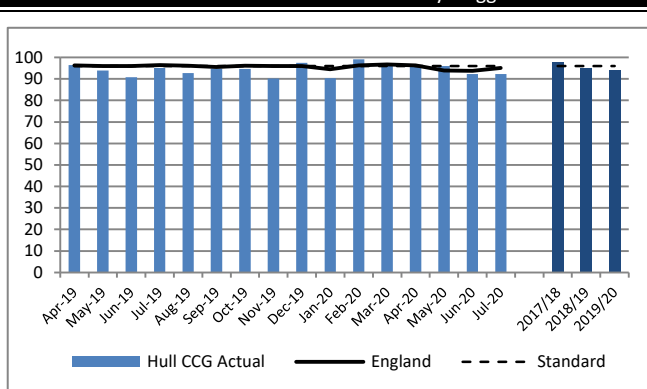
Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	May 2020	June 2020	July 2020	2020/21
Hull CCG Actual	94.25	96.05	92.31	92.23	94.09
National Target	96.00	96.00	96.00	96.00	96.00
Status					
No. of Breaches (CCG)	87	3	7	8	22



Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 103 patients seen in July with 8 breaches, failing to meet the 96% standard for the second consecutive month. Breach reasons are as follows:

Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Inadequate Elective Capacity	5	Urological x 3 Skin x 2	Range of 40 to 47 days Both 36 days
Inadequate out-patient capacity	1	Urological	42 days
Patient initiated (choice) delay to diagnostic test or treatment planning, advance notice given	1	Urological	109 days
Treatment delayed for medical reasons (PATIENT unfit for treatment episode, excluding planned recovery period following diagnostic test) in an admitted care setting	1	Urological	150 days

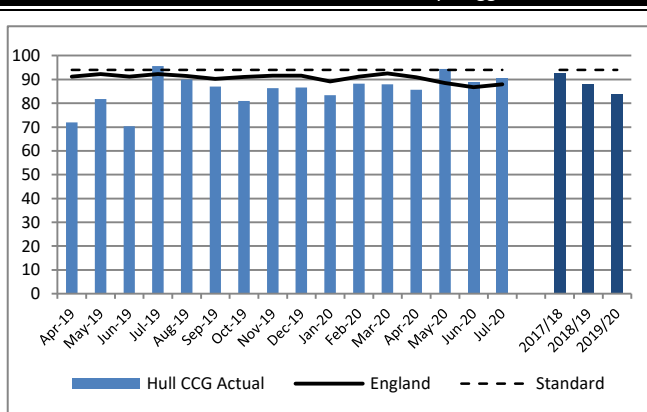
Cancer 31 day waits: 31 day wait for subsequent treatment - surgery (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	May 2020	June 2020	July 2020	2020/21
Hull CCG Actual	83.76	94.44	88.89	90.48	90.14
National Target	94.00	94.00	94.00	94.00	94.00
Status					
No. of Breaches (CCG)	44	1	2	2	7



Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – A total of 21 patients were seen in July with 2 breaches of the 31 day standard, 1 due to inadequate elective capacity with the other due to patient choice.

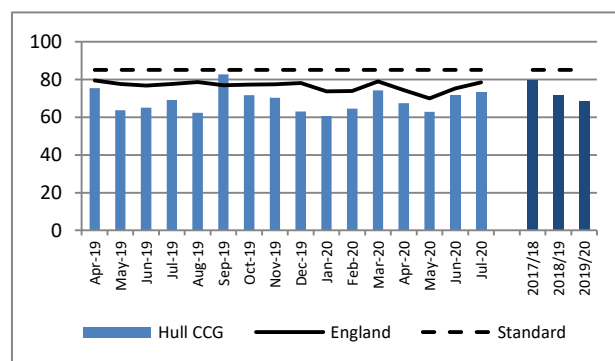
Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	May 2020	June 2020	July 2020	2020/21
HUTHT Actual	68.78	56.41	67.66	68.87	66.60
Status					
Hull CCG Actual	68.49	62.86	71.79	73.21	69.27
Status					
National Target	85.00	85.00	85.00	85.00	85.00
No. of Breaches (CCG)	236	13	11	15	55



Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance reported 73.21% in July (56 patients with 15 breaches). Breach details are as follows:

Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Complex diagnostic pathways (many, or complex, diagnostic tests required)	7	3 x Haematological (Excluding Acute Leukaemia) 2 x Upper Gastrointestinal Lung Urological (excluding Testicular)	Range of 74 to 79 days 76 and 77 days 183 days 139 days
Health care provider initiated delay to diagnostic test or treatment planning	4	2 x Lower Gastrointestinal Urological (excluding Testicular) Lung	115 and 143 days 115 days 72 days
Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots)	1	Urological (excluding Testicular)	83 days
Treatment delayed for medical reasons in an admitted care setting	1	Urological (excluding Testicular)	197 days
PATIENT Did Not Attend an APPOINTMENT for a diagnostic test or treatment planning event (no advance notice)	1	Lung	153 days
Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting	1	Urological	71 days

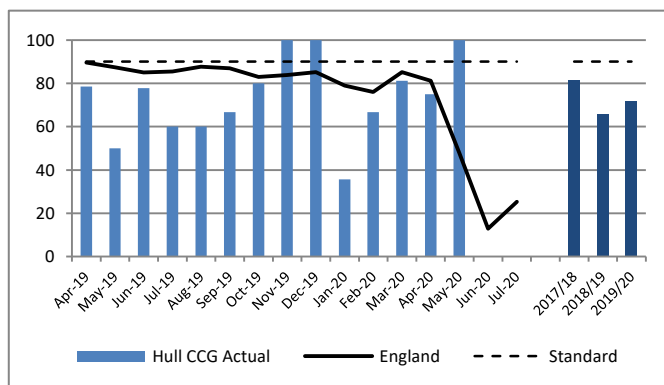
Cancer 62 day waits: first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	May 2020	June 2020	July 2020	2020/21
Hull CCG Actual	71.68	100	0.00	N/A	68.42
National Target	90.00	90.00	90.00	90.00	90.00
Status					
No. of Breaches (CCG)	32	0	2	N/A	6



Cancer 62 days of referral from an NHS Cancer Screening Service – No patients were seen during the month of July.

<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.

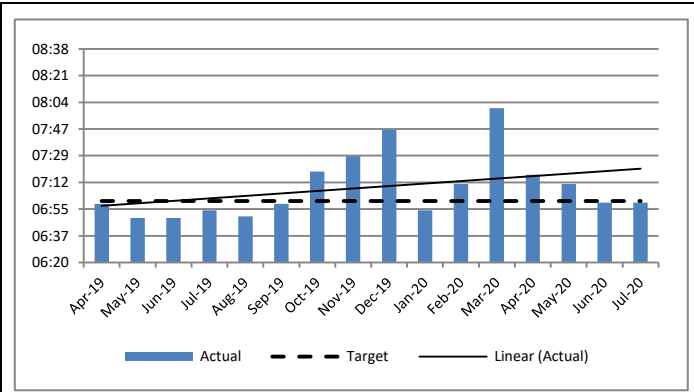
Ambulance clinical quality – Category 1 mean response time (mins)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			YTD
	2019/20	May 2020	June 2020	July 2020	2020/21
YAS Actual	07:12	07:11	06:59	06:59	07:06
YAS Target	07:00	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 5.03% and 0.03% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 3.68% and 0.03% respectively for July 2020.

% of people entering treatment (%) - Improving Access to Psychological Therapies (IAPT)

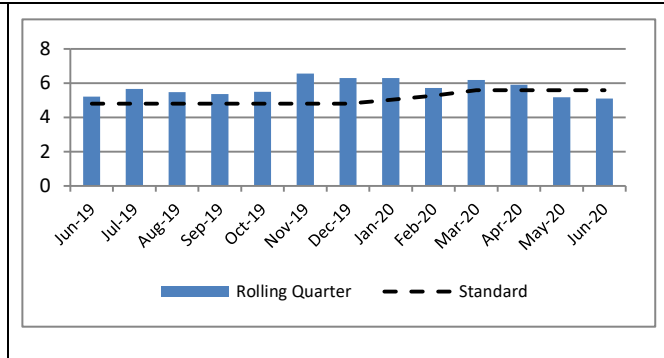
Lead: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years			In month position			Rolling Qtr
	2017/18	2018/19	2019/20	April 2020	May 2020	June 2020	
Hull CCG Actual	23.35	20.14	23.05	1.86	1.37	1.87	5.10*
National Target	19.00	20.04	19.89	1.86	1.86	1.86	5.58
Status							

* 'Rolling Quarter' covers 3 month interval, Apr 2020 – June 2020. The national target is for achievement of a 'rolling quarter'.



The number of referrals dropped during May due to the pandemic. The move to virtual only support initially resulted in a higher dropout rate, however performance has improved as patients adjust to virtual support. The indicator continues to be monitored by NHS England and the CCG.

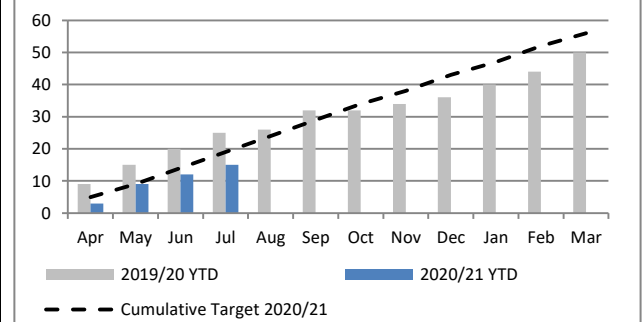
Quality Indicator Exceptions

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

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			YTD
	2019/20	May 2020	June 2020	July 2020	2020/21
Hull CCG Actual	50	6	3	3	15
Target	56	4	5	5	19
Status					



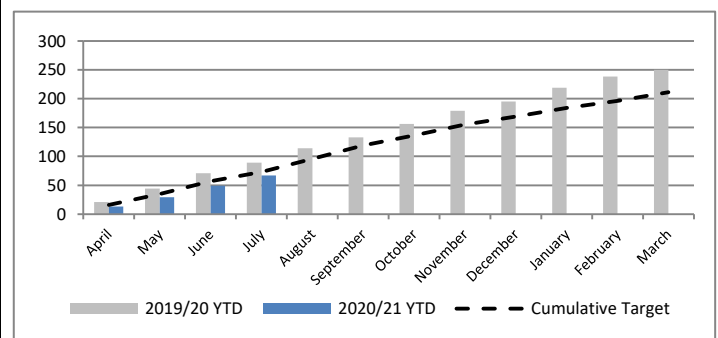
In July 2020 the CCG are reporting 15 cases YTD, 10 fewer compared to the same point the previous year (25 cases).

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

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			YTD
	2019/20	May 2020	June 2020	July 2020	2020/21
Hull CCG Actual	250	16	20	18	67
Target	211	19	22	16	73
Status					



In July 2020 the CCG are reporting 67 cases YTD, 22 fewer compared to the same point the previous year (89 cases).