

# **QUALITY & PERFORMANCE REPORT**

**NHS HULL CCG BOARD**

**NOVEMBER 2021**

# TABLE OF CONTENTS

**Page**

## **CORPORATE PERFORMANCE REPORT**

Executive Summary	3
Financial Position	4
NHS System Oversight Framework	6
<b>CCG Constitutional Indicators</b>	
Performance Indicator Exceptions	7
Quality Indicator Exceptions	14

## Executive Summary

## Financial Summary

Financial planning guidance for H2 has now been received and the allocations for the Humber system have been published. The finance teams across the system are working together to assess the impact of this and to develop a balanced plan for the remainder of the year.

## Performance

HUTHT Type 1 A&E 4 hour waiting time performance deteriorated in September 2021.

Referral to Treatment 18 weeks waiting times performance at HUTHT showed no improvement in September, reporting 57.74% compared to 57.46% the previous month.

Hull CCG 62-day cancer waiting times performance deteriorated in September 2021, the standard continues to underperform against the national target.

Hull CCG Diagnostic test 6-week waiting times performance improved slightly compared to the previous month, reporting 39.87% of patients waiting longer than 6 weeks in September 2021 compared to 40.46% in August.

## Safety, Quality and Patient Experience

### Hull University Teaching Hospitals NHS Trust (HUTHT)

- HUTHT are now in a period of Enhanced Surveillance, following the commencement of the Quality and Risk Profile (QRP) process which is led by NHS Hull CCG.
- The Quality Delivery Group chaired by the CCG has been revised to include the wider health stakeholders and is focussed upon support for the Trust and system wide improvements, as identified within the Quality and Risk Process.
- The Trust have reported an increase in 12-hour Trolley Breaches during this reported period and continue to experience significant pressures in the Emergency Department, attributed in part to a reported increase in the acuity of patients presenting within the department.

### Humber NHS Foundation Trust

- The Trust continues to implement change and improvements to the Humber Crisis Line, following a significant rise in demand for the service during the pandemic and complexity of the patient's clinical presentation.
- MIND have been commissioned to provide mental health support there is now increased extra capacity within the Mental Health Response Service (MHRS) and a 24-hour help, advice and support line is in place across Hull and East Riding.
- The Trust continue to progress the introduction of Primary Care Mental Health Practitioners to support closer working and closing the gap between primary care and mental health services.

### City Health Care Partnership (CHCP)

- CHCP report an increase in attendance at the Out of Hours and Urgent Care centres, impacting on resources. Capacity continues to be reviewed in ensuring people are directed to appropriate services for support. This increase in urgent care work has been seen both regionally and nationally.
- CHCP report a reduction in the number of pressure ulcer incidents. This is attributable to the recent quality improvement work and enhancing the training of staff in the accurate identification, treatment, and subsequent reporting of wounds.

### Spire

- Spire report an increase in activity and have now opened all 3 of its sites and continue to support HUTHT in activity and when spare capacity allows within the areas of General Surgery, Orthopaedics, Gynaecology and Pain.
- The Family and Friends Test showed that 92% of patients said that they received very good care, 32% said that care exceeded the expected level and 58% met the expected level of care. Furthermore, a patient improvement committee has also been introduced to support with this quality improvement piece.

### Yorkshire Ambulance Service (YAS)

- The Children's respiratory direct booking appointments into clinics in Beverley and Hull have recently gone live and is a first of its kind. This will support the increased demand in this area.

- In improving handover times within the Emergency Department, a HALO officer is in place, to ensure that ambulance patients are prioritised.
- YAS report an increase in demand for category 1 calls however this is acknowledged as not directly attributed to COVID related calls.

## Financial Position

### Achievement of Financial Duties / Plans

Based on information available up to the 30th September 2021. Achievement against the financial performance targets for 2021/22 are as follows:

		<i>Performance Assessment</i>
<u>Other relevant duties/plans</u>	Not exceed Revenue Resource Limit (excluding allowable items)	Green
	Running Costs Envelope	Green
	Not exceed Cash Limit	Green
	Variance to planned Surplus	Green

### Financial Performance / Forecast

	Half Year 1 (000's)			Risk
	Budget	FOT	Var	
<b>20/21 Core Allocation</b>	<b>357,743</b>	<b>357,743</b>	-	
<b>Surplus</b>			-	
Acute Services	196,108	196,137	(29)	Green
Prescribing & Primary Care Services	55,738	55,443	295	Green
Community Services	27,918	28,846	(928)	Amber
Mental Health & LD	33,842	33,943	(102)	Green
Continuing Care	13,585	13,558	28	Green
Other Including Earmarked Reserves	13,304	13,478	(175)	Green
Running Costs	2,399	2,399	-	Green
<b>TOTAL EXPENDITURE</b>	<b>342,893</b>	<b>343,804</b>	<b>(911)</b>	
<b>Under/(over)-spend against in year allocation</b>	<b>14,850</b>	<b>13,939</b>	<b>(911)</b>	Green
<b>Hospital Discharge Expenditure</b>	-	356	356	
<b>Recoverable Covid Expenditure</b>	-	5	5	
<b>Non NHS Pay Pressures</b>	-	620	620	
<b>Balance</b>	<b>14,850</b>	<b>14,920</b>	<b>70</b>	Green

#### 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 30<sup>th</sup> September 2021

The CCG is currently forecasting to achieve a Surplus of £13,939k against the allocation for the first half of 2021/22 (H1). This is a deficit of £911k against the planned surplus of £14,850k.

This is an allowable deficit as it relates to the Hospital Discharge Scheme, Non-NHS pay pressures and recoverable Covid expenditure for which additional funding will be received retrospectively.

The historic surplus of £15,402k has now been issued and will form part of the CCGs reported position at the end of the year.

The H1 running cost allocation is £2.399m and the current forecast is that expenditure will be contained within this financial envelope.

Expenditure across the CCG's budget lines is shown in the table above and include the allowable variances already described. Variances relating to other expenditure lines are relatively insignificant and come to a net £70k underspend. There will be monitored throughout the rest of the year to ensure that the CCG achieves the required financial target.

Financial planning guidance for H2 has now been received and the allocations for the Humber system have been published. The finance teams across the system are working together to assess the impact of this and to develop a balanced plan for the remainder of the year.

### **Statement of Financial Position**

At the end of September, the CCG was showing £4.4m excess of liabilities over assets. This is expected for an NHS commissioning organisation and is higher than previous financial years due to the CCG hosting system related funding that is paid over through NHS provider contracts.

### **Revenue Resource Limit**

The H1 Limit for the CCG is £373,245k for both 'Programme' and 'Running' costs. This now includes the historic surplus of £15,402k.

### **Working Balance Management**

#### **Cash**

The closing cash for September was £56k. As in 2020/21 there is no requirement to manage cash to minimal levels, however the CCG is not retaining excess amounts of cash.

#### **Better Payment Practice Code:**

***Target 95% payment within 30 days***

##### **a. Non-NHS**

For payments to non-NHS suppliers the performance for September was 99.55% on the value and 97.64% on the number of invoices, whilst the full year position is 96.46% achievement on the value and 96.16% on number.

##### **b. NHS**

For payments to NHS suppliers the performance for September was 99.93% on the value and 93.75% on the number of invoices, whilst the full year position is 99.92% achievement on the value and 93.18% on number.

The NHS System Oversight Framework for 2021/22 applies to all Integrated Care Systems (ICSs), Clinical Commissioning Groups (CCGs), NHS trusts and foundation trusts.

The NHS System Oversight Framework reflects an approach to oversight that reinforces system-led delivery of integrated care, in line with the vision set out in the NHS Long Term Plan, the White Paper – Integration and innovation: Working together to improve health and social care for all, and aligns with the priorities set out in the 2021/22 Operational Planning Guidance.

A single set of oversight metrics, applicable to ICSs, CCGs and Trusts, will be used to flag potential issues and prompt further investigation of support needs with ICSs, place-based systems and/or individual trusts and commissioners.

These metrics align to the five national themes of the System Oversight Framework:

- Quality of care, access and outcomes
- Preventing ill health and reducing inequalities
- People
- Finance and use of resources
- Leadership and capability

## CCG Constitutional Exceptions

### Performance Indicator Exceptions

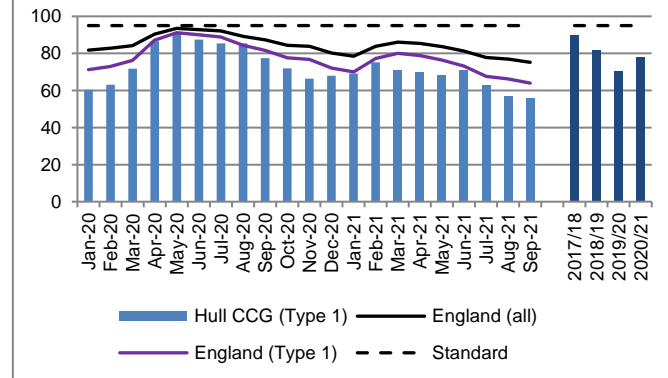
A&E waiting times – percentage of patients spending less than 4 hours total time in the A&E department (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	Jul 2021	Aug 2021	Sep 2021	2021/22
HUTHT Actual	70.32	77.81	62.83	56.66	55.49	64.00
Status						
Hull CCG Actual	70.31	77.83	62.89	56.75	55.60	64.06
National Target	95.00	95.00	95.00	95.00	95.00	95.00
Status						



HUTHT Type 1 A&E 4 hour waiting time performance deteriorated in August 2021 and again in September 2021 compared to the previous months.

In September 2021 the Trust reported 11,055 attendances compared to 11,285 in December 2019, suggesting a return to pre-Covid levels.

[Statistics » A&E Attendances and Emergency Admissions 2021-22 \(england.nhs.uk\)](#)

A&E waiting times – Number of patients spending more than 12 hours total time in the A&E department (Trolley waits)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month						YTD
	2019/20	2020/21	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	2021/22
HUTHT Actual	0	3	0	0	0	0	1	5	6
Status									
Hull CCG Actual	0	TBC	0	0	0	0	0	3	3
National Target	0	0	0	0	0	0	0	0	0
Status									

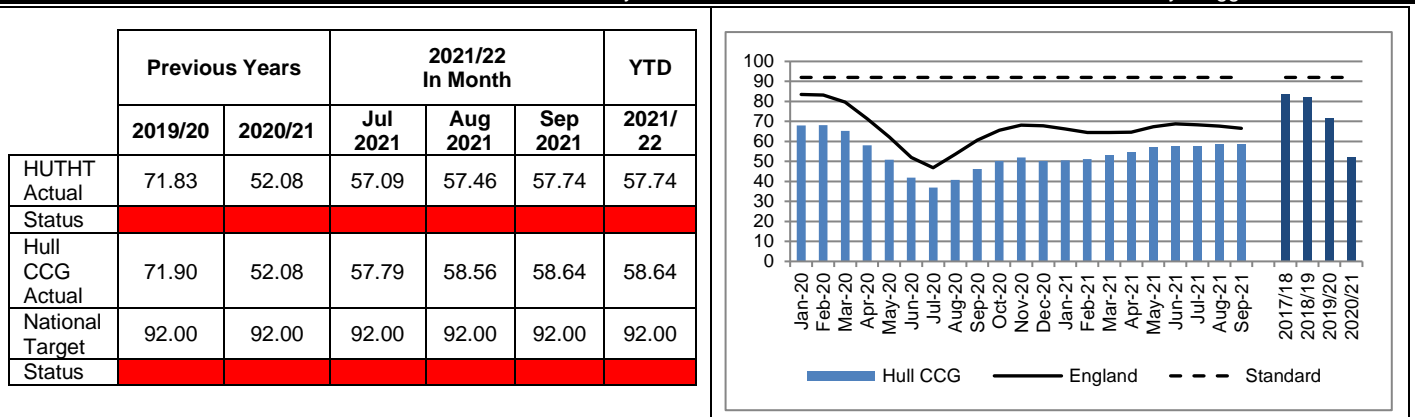
Hull CCG reported 3 trolley breaches in September 2021. Investigations are currently underway.

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

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better



Referral to Treatment 18 weeks waiting times performance at HUTHT reported 57.74% in September 2021, consistent with the previous few months.

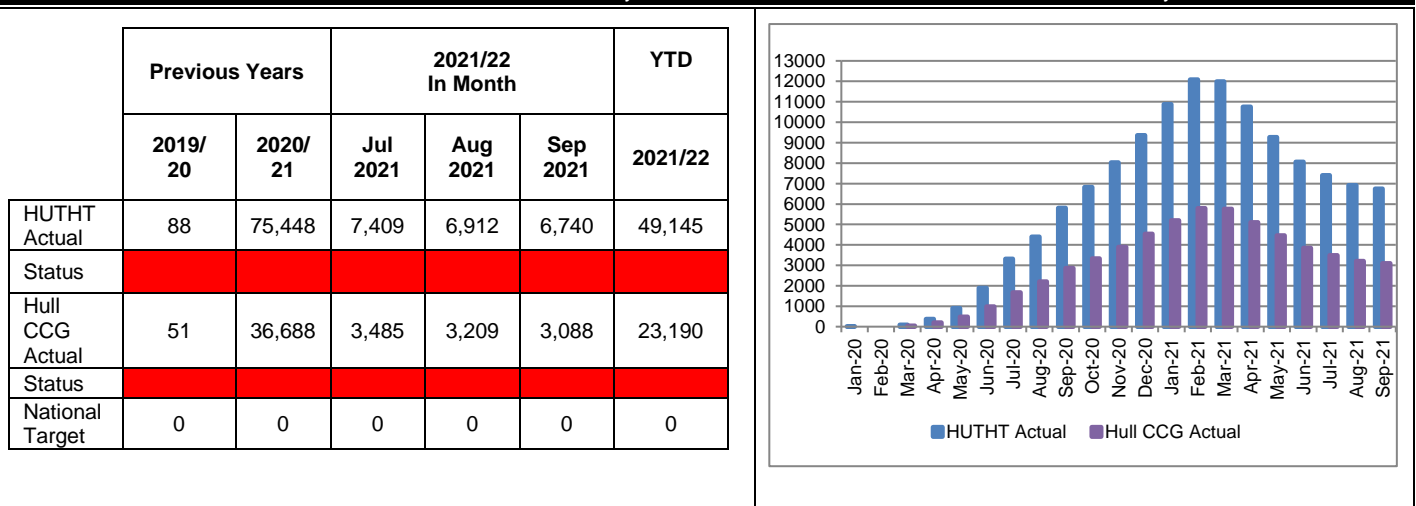
[Statistics » Consultant-led Referral to Treatment Waiting Times Data 2021-22 \(england.nhs.uk\)](#)

## Number of >52 week Referral to Treatment in Incomplete Pathways

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better



Hull CCG reported 3,088 patients waiting over 52+ weeks at the end of September 2021, a reduction of 121 when compared to the previous month (August 3,209).

In September 2021 the Trust had 6,740 52+ Week breaches, an improvement of 172 patients when compared to those reported in August 2021 (6,912).

Most of the breaches relate to Ear Nose and Throat (ENT), General Surgery, Plastic Surgery, Gynaecology and Urology.



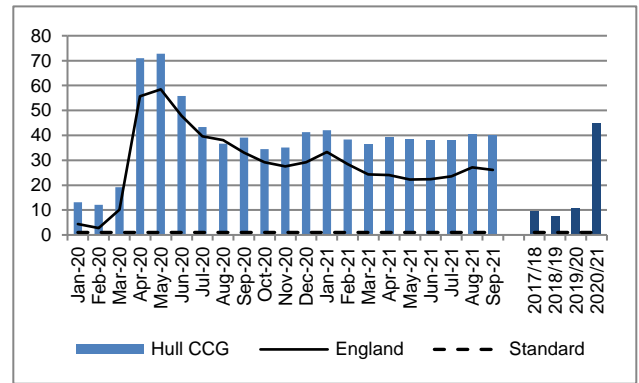
## Diagnostic test waiting times (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	Jul 2021	Aug 2021	Sep 2021	2021/22
HUTHT Actual	10.57	45.25	37.09	40.74	39.33	39.33
HUTHT Status						
Hull CCG Actual	10.79	44.82	37.95	40.46	39.87	39.87
Status						
National Target	1.00	1.00	1.00	1.00	1.00	1.00



Hull CCG Diagnostic test 6-week waiting times performance showed a decrease compared to the previous month, reporting 39.87% of patients waiting longer than 6 weeks in September compared to 40.74% in August.

The CCG reported 2,460 breaches during September 2021 (-173 compared to August 2021), the majority for Endoscopy, 54.47% (1,340) of the total breaches, with Colonoscopy accounting for 38.36% (514) of the total Endoscopy breaches.

Endoscopy continues to remain a challenge due to the pause in the service during COVID-19, a trend seen nationally.

[Statistics » Monthly Diagnostic Waiting Times and Activity \(england.nhs.uk\)](#)

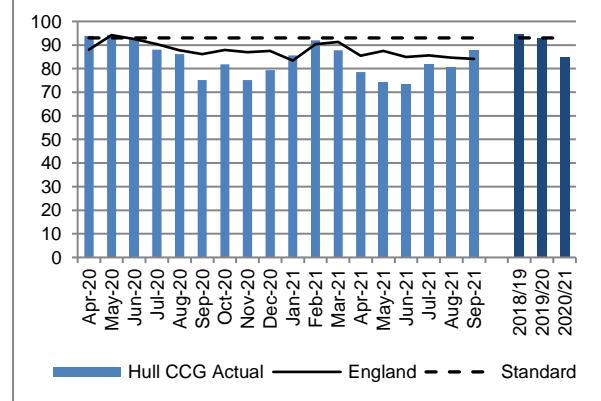
## Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years			2021/22 In Month			YTD
	2018/19	2019/20	2020/21	Jul 2021	Aug 2021	Sep 2021	2021/22
Hull CCG Actual	94.81	93.09	84.82	81.87	80.50	87.72	79.42
National Target	93.00	93.00	93.00	93.00	93.00	93.00	93.00
Status							
Total Seen (CCG)	9,391	9,861	8,656	971	846	961	5,487
No. of Breaches (CCG)	487	681	1,314	176	165	118	1,129



**Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer** - September 2021 performance was 87.72% for Hull CCG with 961 patients seen and 118 breaches of the standard, 65 (55.08%) of the breaches were due to inadequate out-patient capacity, 41 breaches due to Patient Choice, 4 breaches due to Administrative Delay, 3 due to clinic cancellation and 5 breaches due to 'Other Reason (not listed)'.

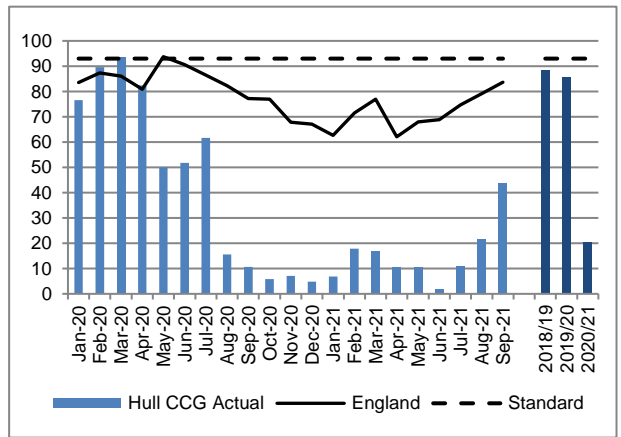
## Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month			YTD
	2019/ 20	2020/ 21	Jul 2021	Aug 2021	Sep 2021	2021/22
Hull CCG Actual	85.54	20.35	10.85	21.59	43.75	15.26
National Target	93.00	93.00	93.00	93.00	93.00	93.00
Status						
Total Seen (CCG)	1,604	850	129	88	80	544
No. of Breaches (CCG)	232	677	115	69	45	461



**Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with breast symptoms** – exhibited breast symptoms where cancer not initially suspected, showed improved performance in September 2021, reporting 43.75% (35 patients) seen within the 14-day standard.

There were 45 breaches in September 2021, 33 (73.33%) due to inadequate outpatient capacity and 12 breaches due to patient choice.

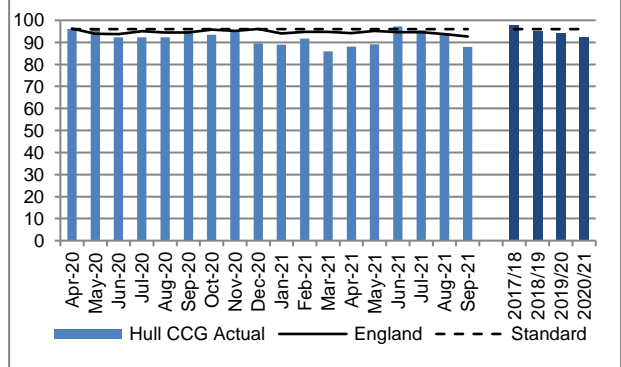
## Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month			YTD
	2019/ 20	2020/ 21	Jul 2021	Aug 2021	Sep 2021	2021/ 22
Hull CCG Actual	94.25	92.16	95.51	93.91	87.97	92.24
National Target	96.00	96.00	96.00	96.00	96.00	96.00
Status						
No. of Breaches (CCG)	87	99	7	7	16	61



**Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers)** – In September 2021 performance fell, reporting 87.97%. 133 patients were seen with 16 breaches of the 31-day standard, as follows:

Breach Reason	Number of Breaches	Tumour Type	Wait
Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting	9	Urological x4 Breast x 2 Head & Neck Lower Gastrointestinal Lung	Between 36 and 54 days 45 and 78 days 55 days 33 days 49 days
Health Care Provider initiated delay to diagnostic test or treatment planning	4	Gynaecological x2 Lower Gastrointestinal Skin	40 and 71 days 38 days 86 days
Administrative Delay	1	Urological	39 days
Elective Cancellation (for non-medical reason) for treatment in an admitted care setting	1	Breast	45 days
Out-Patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this PATIENT)	1	Urological	42 days

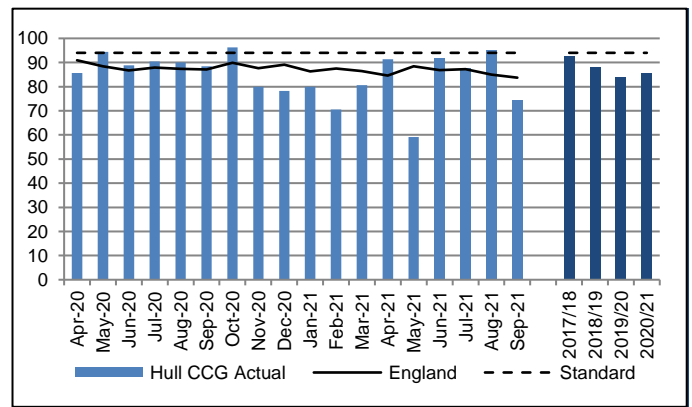
## Cancer 31 day waits: 31 day wait for subsequent treatment - surgery (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	Jul 2021	Aug 2021	Sep 2021	2021/22
Hull CCG Actual	83.76	85.60	87.50	95.24	74.19	82.48
National Target	94.00	94.00	94.00	94.00	94.00	94.00
Status						
No. of Breaches (CCG)	44	36	2	1	8	24



**Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – Performance fell in September 2021, a total of 31 patients were seen with 8 breaches of the 31-day target - 6 due to inadequate elective capacity inadequate with a wait time of between 32 and 61 days, 1 due to a patient initiated delay waiting 64 days and 1 due to a health care provider initiated delay with a wait of 59 days.**

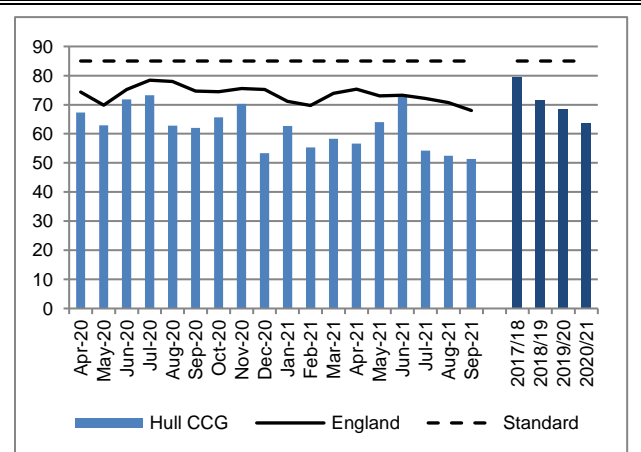
## Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	Jul 2021	Aug 2021	Sep 2021	2021/22
HUTHT Actual	68.78	61.12	64.97	55.78	56.81	60.31
Status						
Hull CCG Actual	68.49	63.71	54.17	52.46	51.35	58.46
Status						
National Target	85.00	85.00	85.00	85.00	85.00	85.00
No. of Breaches (CCG)	236	233	33	29	36	162



**Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance is 51.35% in September 2021 (74 patients with 36 breaches). Breach details are as follows:**

Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Complex diagnostic pathways (many, or complex, diagnostic tests required)	15	Breast x 7 Lung x 3 Urological (excluding testicular) x 2 Gynaecological Haematological (Excluding Acute Leukaemia) Lower Gastrointestinal	Between 76 and 124 days Between 78 and 114 days 125 and 156 days 181 days 95 days 81 days
Health care provider-initiated delay to diagnostic test or treatment planning	9	Lower Gastrointestinal x 6 Urological (Excluding Testicular) x2 Breast	Between 73 and 89 days 94 and 127 days 83 days
Elective capacity inadequate (patient unable to be scheduled for treatment within standard time) for treatment in an admitted care setting	6	Urological (excluding testicular) x 3 Head & Neck Lung Breast	Between 65 and 102 days 66 days 105 days 126 days

Elective Cancellation (for non-medical reason) for treatment in an admitted care setting	2	Breast Gynaecological	79 days 104 days
Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this patient)	1	Urological (excluding testicular)	95 days
Administrative Delay	1	Other	127 days
PATIENT initiated (choice) delay to diagnostic test or treatment planning, advance notice given	1	Lower Gastrointestinal	85 days
PATIENT choice delay relating to first Out-Patient Appointment	1	Head & Neck	132 days

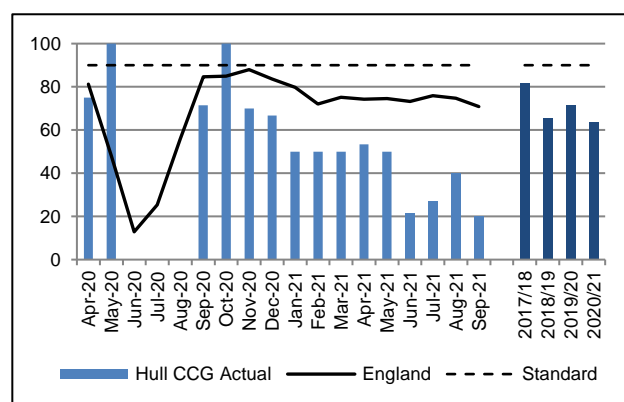
### Cancer 62 day waits: first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	Jul 2021	Aug 2021	Sep 2021	2021/22
Hull CCG Actual	71.68	63.53	27.27	40.00	20.00	35.19
National Target	90.00	90.00	90.00	90.00	90.00	90.00
Status						
No. of Breaches (CCG)	32	31	8	3	4	35



### Cancer 62 days of referral from an NHS Cancer Screening Service – 5 patients were seen during September 2021, with 4 breaches of the standard:

Breach Reason	Number of Breaches	Tumour Type	Wait
Health Care Provider initiated delay to diagnostic test or treatment planning	2	Lower Gastrointestinal x 2	97 and 129 days
PATIENT initiated (choice) delay to diagnostic test or treatment planning, advance notice given	1	Lower Gastrointestinal	82 days
Delay due to recovery after an invasive test (PATIENT DIAGNOSIS or treatment delayed due to planned recovery period following an invasive diagnostic test)	1	Gynaecological	76 days

### [Statistics » Monthly Commissioner Based Data and Summaries \(england.nhs.uk\)](https://www.england.nhs.uk/statistics/monthly-commissioner-based-data-and-summaries/)

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.

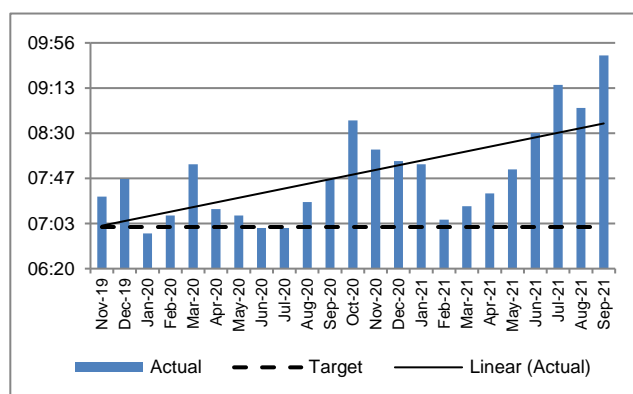
## Ambulance clinical quality – Category 1 mean response time (mins)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2021/22 In Month			YTD
	2019/ 20	2020/ 21	Jul 2021	Aug 2021	Sep 2021	2021/22
YAS Actual	07:12	07:37	09:16	08:54	09:44	09:44
YAS Target	07:00	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 41.75% and 18.49% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 5.40% and 0.79% respectively for September 2021.

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

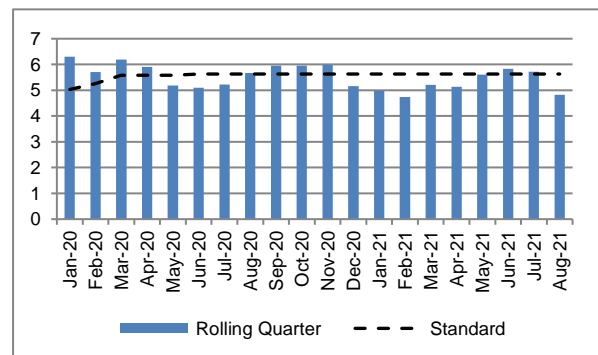
Lead: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous years			In month position			Rolling Qtr
	2018/ 19	2019/ 20	2020/ 21	Jun 2021	Jul 2021	Aug 2021	
Hull CCG Actual	20.14	23.05	23.05	2.01	1.62	1.20	4.82*
National Target	20.04	19.89	22.50	1.88	1.88	1.88	5.63
Status							

\* 'Rolling Quarter' covers 3-month interval, June 2021 – August 2021. The national target is for achievement of a 'rolling quarter'.



The monthly performance target wasn't met in August 2021, following achievement in June. The overall rolling quarter position against the national target was also not achieved. The indicator continues to be monitored by NHS England and the CCG.

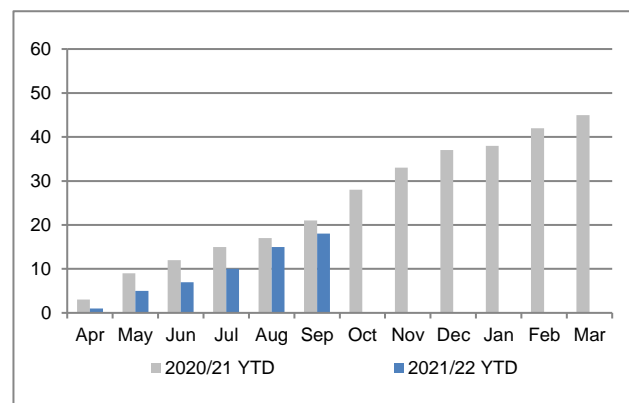
## Quality Indicator Exceptions

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

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	Jul 2021	Aug 2021	Sep 2021	2021/22
Hull CCG Actual	50	45	3	5	3	18
Target	56	56	TBC	TBC	TBC	TBC
Status						



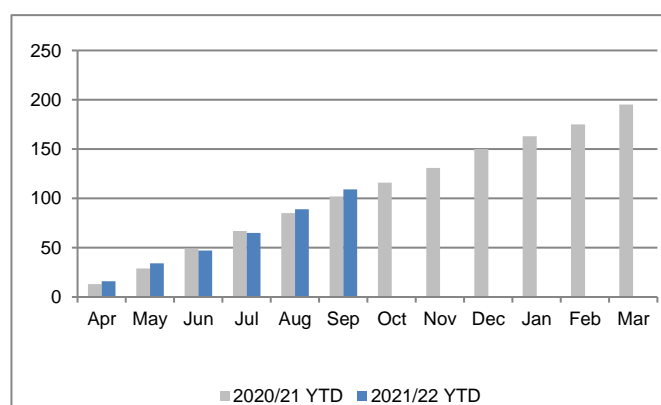
In September 2021 the CCG are reporting 18 cases of C.difficile YTD, 3 fewer when compared to the previous year, September 2020 (21 cases YTD). Awaiting confirmation of 2021/22 trajectory.

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

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	Jul 2021	Aug 2021	Sep 2021	2021/22
Hull CCG Actual	250	195	18	24	20	109
Target	211	211	TBC	TBC	TBC	TBC
Status						



In September 2021 the CCG are reporting 109 cases YTD, 7 more than reported in the same period last year (September 2020, 102 cases YTD). Awaiting confirmation of 2021/22 trajectory.