

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

NOVEMBER 2020

(Presented to Quality & Performance Committee on Tuesday 17th November)

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Executive Summary

Financial Summary

As previously reported to the Committee block contract arrangements were in place for the first half of this financial year. From month 7 onwards the CCG has been allocated an adjusted level of funding that includes system funding for Covid, provider retrospective top ups and growth.

The CCG has been working with partners to identify the expected costs for the remainder of the financial year. Initial analysis has highlighted that the funding provided is not sufficient to meet the expected demand and teams are working closely to identify how this gap can be resolved.

Performance

HUTHT Type 1 A&E 4 hour waiting time performance deteriorated in September 2020 compared to the previous month.

Referral to Treatment 18 weeks waiting times performance at HUTHT improved further in September, reporting 46.04% compared to 40.58% the previous month. Key specialties breaching are Cardiology, ENT (Ear, Nose and Throat), Ophthalmology and Plastic Surgery.

62-day cancer waiting times continue to underperform against the national standard.

Diagnostic test 6-week waiting times performance has deteriorated, reporting 39.10% of patients waiting longer than 6 weeks in September compared to 36.67% in August.

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 shared details of their action plan in response to the recent CQC Report. The Action Plan has gone to the Trust Board and will be updated in coming months.
- Revised Quality Improvement Plan (QIP) - Themes from incidents and areas requiring improvement will be the focus of the QIP going forward. Project plans are in place to monitor progress of the QIP. Quarterly reports to the Trust's Quality Committee will feed into QDG going forward.
- A Falls specific QIP has been developed and is now in place in response to the increase in fall related incidents. Initially implemented on the department of medically elderly wards.
- A presentation was received at the October QDG of the Diagnostic improvement work which is being undertaken by the Trust - strengthening existing processes for the communication, management, escalation and audit of test results.
- HUTHT is now working with the NHS Improvement team in progressing 'NHS111 first', expected to have a positive impact upon A&E attendance.

Humber NHS Foundation Trust

- COVID-19 absence has significantly reduced with the sickness rate currently being below average.
- NHS Improvement has recognised Humber as an exemplar for patient experience and a series of films were produced to showcase the engagement work.
- In terms of waiting lists it was confirmed that every division and service has a recovery plan and this would continue to be revised to manage demand during COVID-19.

City Health Care Partnership (CHCP)

- CHCP continue to engage with commissioners, ensuring they are updated on their continued COVID-19 response.
- CHCP have devised a Restorative Plan to ensure provision of optimal COVID-19 safe services which includes an overview of how waiting lists are continually monitored and patients assessed and triaged to reduce risks of harm while waiting.

Spire

- Spire are anticipating being asked to support HUTHT again with urgent cancer surgery due to the impact of COVID and are preparing their surge plans.
- Spire are systematically working through their patients seeing the higher priority patients first, by screening new referrals and people who are on waiting lists.
- Spire have put in place an array of psychological wellbeing support for their staff in response to the pandemic.

- Some face to face training levels are lower than normal (Safeguarding / PREVENT). This has been due to the inability to have trainees in the same room. Some face to face socially distanced training to re-commence shortly.
- Spire have reported the need to cancel some clinics due to staff sickness and self-isolation due to COVID19.

Yorkshire Ambulance Service (YAS)

- Continued demands on the 111 service as part of the NHS response to the 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 October 2020. Achievement against the financial performance targets for 2020/21 are as follows

	Performance Assessment
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

	Year To Date (000's)			Full Year (000's)			Risk
	Budget	Actual	Var	Budget	FOT	Var	
20/21 Core Allocation	(292,830)	(292,830)	-	(554,608)	(554,608)	-	
Use of prior years surplus			-			-	
Acute Services	142,258	142,880	(622)	282,548	282,548	-	Amber
Prescribing & Primary Care Services	61,338	62,128	(790)	106,435	106,435	-	Amber
Community Services	36,391	38,160	(1,769)	61,102	61,102	-	Amber
Mental Health & LD	31,060	31,804	(744)	57,835	57,835	-	Amber
Continuing Care	13,803	13,778	25	23,653	23,653	-	Green
Other Including Earmarked Reserves	5,073	4,883	190	9,888	9,888	-	Green
Running Costs	2,907	2,907	0	4,938	4,938	-	Green
TOTAL EXPENDITURE	292,830	296,541	(3,710)	546,400	546,400	-	
Under/(over)-spend against in year allocation	-	-	(3,710)	8,208	8,208	-	
Additional Information							
COVID Costs M7 / Top-up Alloc M5	2,444	4,497	(2,053)	-	-	-	
Non COVID Overspends M7/ Top-up Alloc M5	1,161	2,818	(1,657)	-	-	-	
Anticipated Top Up Allocation	3,605	7,315	(3,710)	-	-	-	

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 October 2020.

As previously reported to the Committee block contract arrangements were in place for the first half of this financial year. From month 7 onwards the CCG has been allocated an adjusted level of funding that includes system funding for Covid, provider retrospective top ups and growth.

The CCG has been working with partners to identify the expected costs for the remainder of the financial year. Initial analysis has highlighted that the funding provided is not sufficient to meet the expected demand and teams are working closely to identify how this gap can be resolved.

Elements of the system based allocations held by NHS Hull have now been distributed to partner organisations and others remain held by the CCG for its share of the additional costs or for later distribution. Based on initial Plan submissions NHS Hull is expected to make a surplus of £8,208k, however this is more than offset in the other partner organisations. As we are working on a system based position some / all of this will need to be distributed at a later date as well as costs being reduced by the CCG and partner organisations.

The arrangements in place up to the end of September allowed CCG's to overspend against the allocations provided on both Covid and Non-Covid costs, with those variances being adjusted in the subsequent funding. The overspend for Covid and Non-Covid costs was not distributed in month 7, however it is expected that these will be received in a later month.

The financial plans developed for months 7 to 12 were calculated on the basis that there would not be a second wave of the Covid pandemic. No guidance has been received to date in relation to changes to the financial regime that may be required due to the current pressure being faced by the system.

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 October YTD position showed an overspend of £3,710k which related to the month 6 additional cost of Covid at £2,053k (£4,497k for the year to date) and a Non-Covid overspend of £1,657k (YTD £2,818k). This is due to the month 6 top up allocation not yet been received. The forecast of £8,208k assumes that this allocation is received and expenditure to the rest of the year balances with the plan.

Statement of Financial Position

At the end of October the CCG was showing £4,434m 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 October for the CCG was £554,608k for both 'Programme' and 'Running' costs. This is included in the system level funding held by NHS Hull as the lead CCG.

Working Balance Management

Cash

The closing cash for October was £412k. It is no longer a requirement to manage this down to as low as possible due 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 October was 97.96% on the value and 99.3% on the number of invoices, whilst the full year position is 96.38% achievement on the value and 97.11% on number.

b. NHS

The NHS performance for October was 99.87% on the value and 97.50% on the number of invoices, whilst the full year position is 99.81% achievement on the value and 97.36% 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 local 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, values 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
	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.				
	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.				
The discharge to assess model reduces delays within the acute hospital system but moves the delay into the community facilities. Staff have been relocated to support community discharges but there is tension between managing hospital and community delays.					
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). NHS Resolution launched the third year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme on 1 October 2020. The Trust was fully compliant with the 10 required standards as at February 2020 for year 2.</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>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. However, as a result of COVID-19 all national cancer screening programmes were paused, and although due to recommence from November 2020 will continue to be paused during the COVID-19 pandemic lockdown.</p> <p>The Primary Care Network DES includes early diagnosis of cancer and work commenced in October 2020.</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 commenced in January 2020.</p>					

	<p>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.</p> <p>The impact of COVID and the prioritisation process associated with the reduced capacity is predicted, in some cases, to impact upon survival times as individuals present later in the disease process and are then risk assessed regarding the timing of planned treatments.</p>
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Theme	Indicator	Latest Position			
		Latest period	Value	RAG	Rank vs England
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 carer's 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. Humber FT is reporting increasing demand for mental wellbeing services.</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>				

Theme	Indicator	Latest Position			
		Latest period	Value	RAG	Rank vs England
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>				

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.

There are a significant number of individuals who are waiting between 40 and 50 weeks who are likely to move to waiting over 52 weeks. HUTHT is in the process of contacting all patients on waiting lists and undertaking a clinical review of the individual cases.

CCG Constitutional Exceptions

Performance Indicator Exceptions

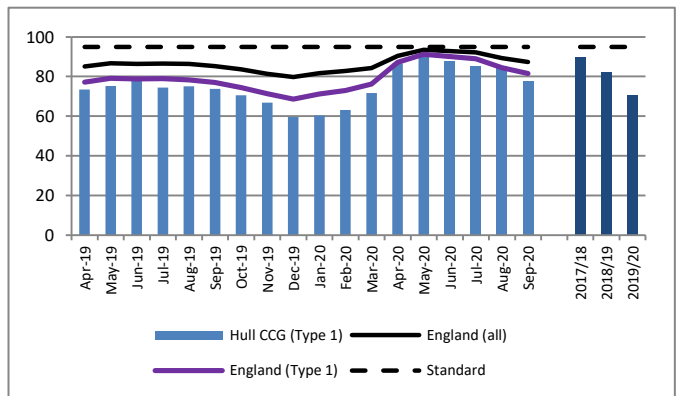
A&E waiting times – percentage of patients spending less than 4 hours total time in the A&E department (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Jul 2020	Aug 2020	Sep 2020	2020/21
HUTHT Actual	70.32	85.36	85.45	77.52	85.29
Status					
Hull CCG Actual	70.31	85.35	85.45	77.51	85.29
National Target	95.00	95.00	95.00	95.00	95.00
Status					



HUTHT Type 1 A&E 4 hour waiting time performance deteriorated in September 2020 compared to the previous month. Attendance levels are at 87% of activity levels compared with the same period last year.

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

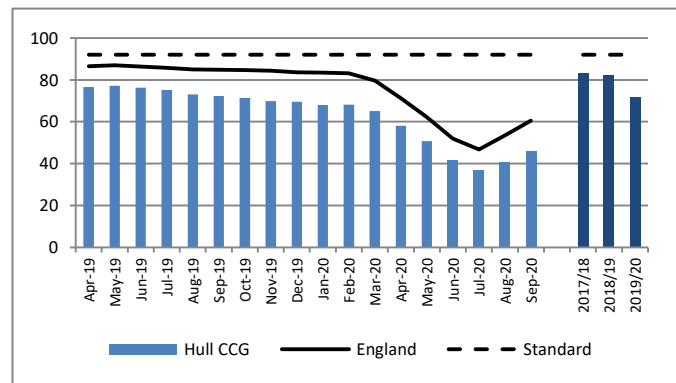
Referral to Treatment incomplete pathways: percentage of incomplete pathways within 18 weeks (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Jul 2020	Aug 2020	Sep 2020	2020/21
HUTHT Actual	71.83	35.23	40.58	46.04	46.04*
STF Status					
Hull CCG Actual	71.90	36.87	40.78	46.17	46.17*
National Target	92.00	92.00	92.00	92.00	92.00
Status					



Referral to Treatment 18 weeks waiting times performance at HUTHT improved further in September, reporting 46.04% compared to 40.58% 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](#)

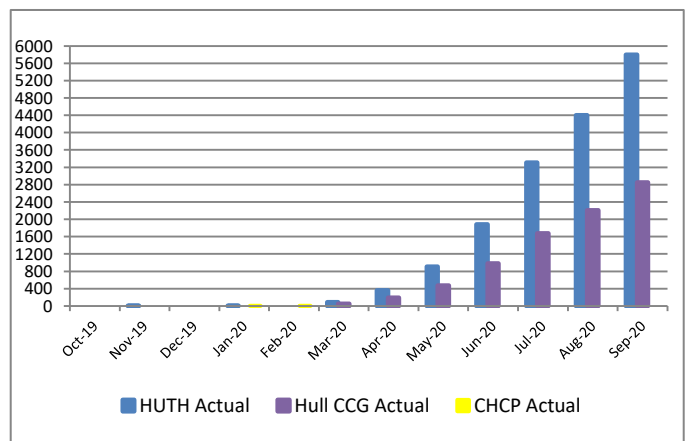
Number of >52 week Referral to Treatment in Incomplete Pathways

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Jul 2020	Aug 2020	Sep 2020	2020/21
HUTHT Actual	88	3,307	4,399	5,800	16,665
Status					
CHCP Actual	2	0	0	0	0
Status					
Hull CCG Actual	51	1,677	2,208	2,853	8,383
Status					
National Target	0	0	0	0	0



Hull CCG reported 2,853 patients waiting over 52 weeks at the end of September. The majority of the breaches relate to the Ear Nose and Throat (ENT), Plastic Surgery, Cardiology and Ophthalmology. Actions and resourcing has been agreed by the Trust Executive Team to respond to the 52 week backlog in these 4 specialities.

HUTHT reported 5,800 breaches of the standard in September 2020 – 28% (1,602) are within the ENT service.

CHCP reported no breaches of the standard in September 2020.

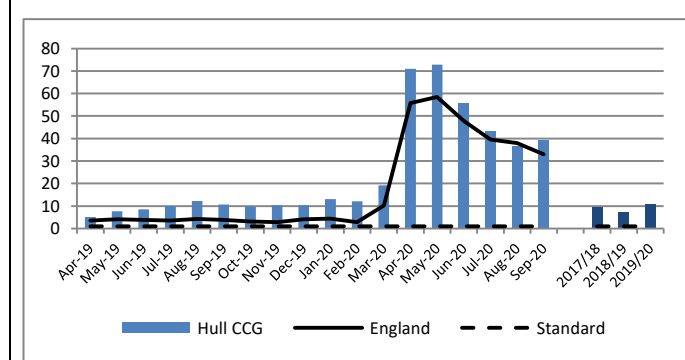
Diagnostic test waiting times (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Jul 2020	Aug 2020	Sep 2020	2020/21
HUTHT Actual	10.57	43.61	36.77	39.74	39.74*
HUTHT Status					
Hull CCG Actual	10.79	43.28	36.67	39.10	39.10*
Status					
National Target	1.00	1.00	1.00	1.00	1.00



Diagnostic test 6-week waiting times performance has deteriorated, reporting 39.10% of patients waiting longer than 6 weeks in September compared to 36.67% in August.

The CCG reported 1,896 breaches during September 2020 (compared to 1,726 in August); the majority for endoscopy, 59.23% (1,123) of the total breaches. Endoscopy continues to remain a challenge due to the pause in the service during COVID-19, a trend seen nationally.

[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.

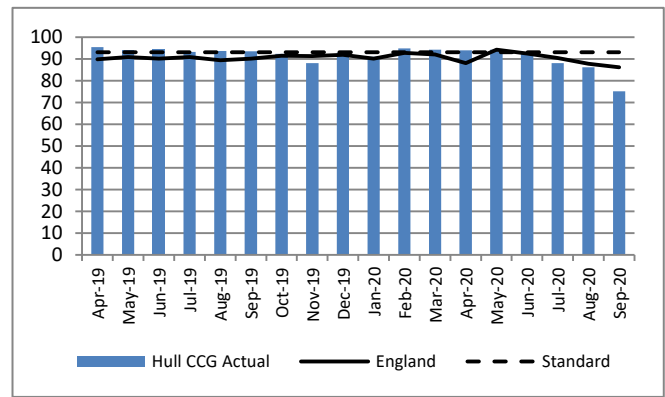
Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2020/21 In Month			YTD
	2018/19	2019/20	Jul 2020	Aug 2020	Sep 2020	2020/21
Hull CCG Actual	94.81	93.09	88.01	86.13	75.19	86.38
National Target	93.00	93.00	93.00	93.00	93.00	93.00
Status						
No. of Referrals (CCG)	9,391	9,861	709	692	939	3,672
No. of Breaches (CCG)	487	681	85	96	233	500



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 4 months. September performance is at 75.19% for Hull CCG with 939 patients seen with 233 breaches of the standard – the majority due to inadequate out-patient capacity (179), Patient Choice (32) and clinic cancellation (19).

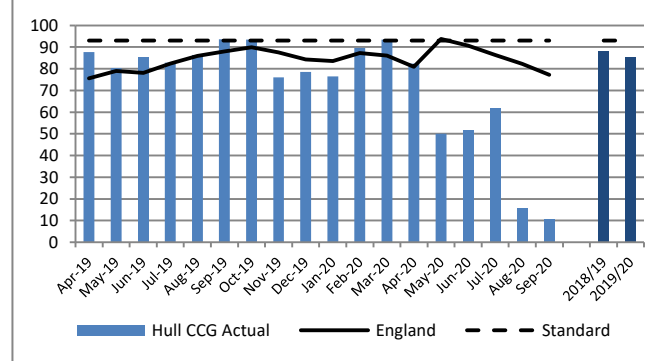
Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Jul 2020	Aug 2020	Sep 2020	2020/21
Hull CCG Actual	85.54	61.64	15.56	10.64	42.75
National Target	93.00	93.00	93.00	93.00	93.00
Status					
No. of Referrals (CCG)	1,604	73	45	47	262
No. of Breaches (CCG)	232	28	38	42	150



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 further deterioration in September 2020, reporting 10.64%.

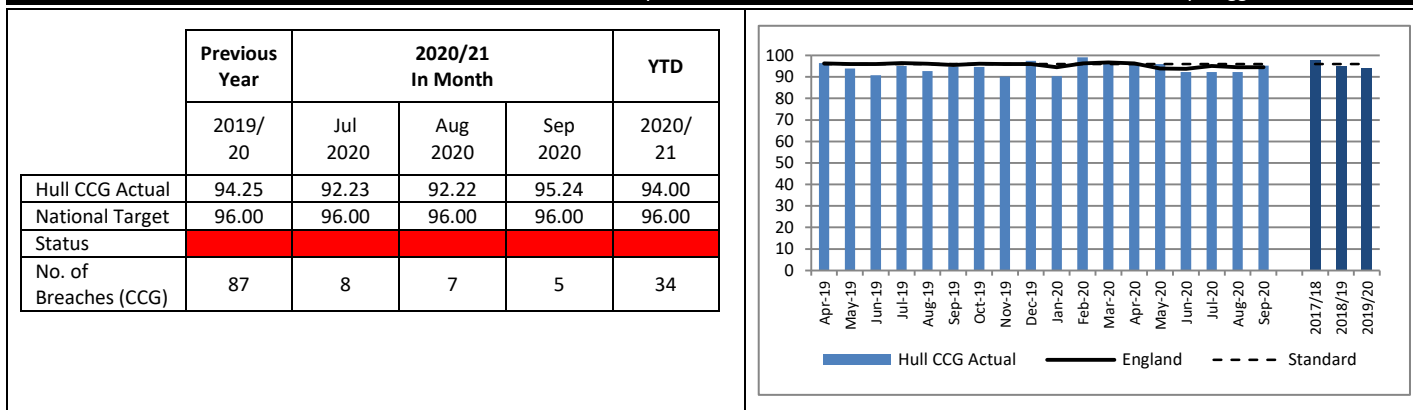
A total of 47 patients were seen during September with 42 breaches, 40 due to inadequate outpatient capacity and the remaining 2 due to patient choice.

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



Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 105 patients seen in September with 5 breaches, just short of the 96% standard. Breach reasons are as follows:

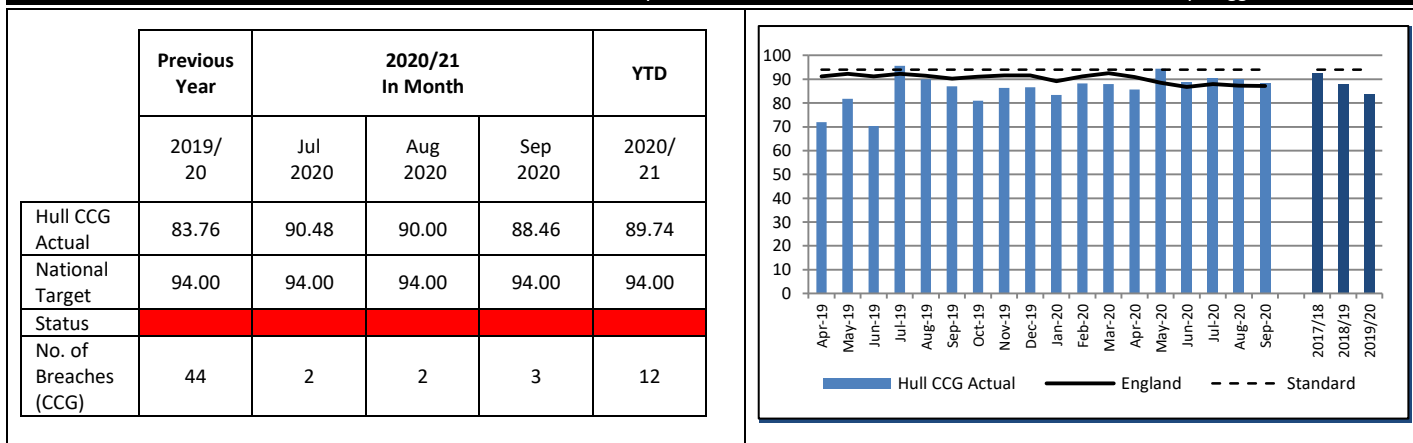
Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Inadequate Elective Capacity	4	Urological Skin x 3	34 days 37, 41 and 47 days
Health Care Provider initiated delay to diagnostic test or treatment planning	1	Lower Gastrointestinal	63 days

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

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better



Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – A total of 26 patients were seen in September with 3 breaches of the 31 day standard, all due to inadequate elective capacity.

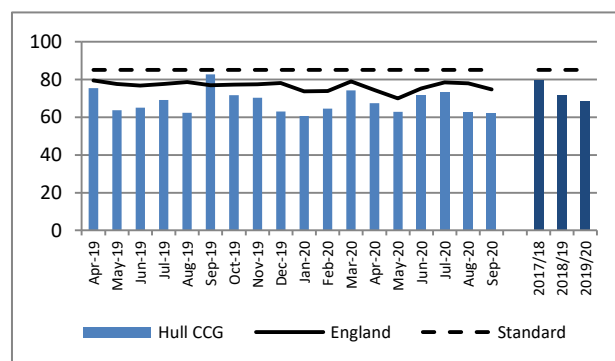
Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Jul 2020	Aug 2020	Sep 2020	2020/21
HUTHT Actual	68.78	68.87	71.32	61.17	65.00
Status					
Hull CCG Actual	68.49	73.21	62.79	62.07	66.79
Status					
National Target	85.00	85.00	85.00	85.00	85.00
No. of Breaches (CCG)	236	15	16	22	93



Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance reported 62.07% in September (58 patients with 22 breaches). Breach details are as follows:

Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Health care provider initiated delay to diagnostic test or treatment planning	6	Lower Gastrointestinal x 3 Urological (2 providers – HUTH & Leeds) Head & Neck	71, 75 and 200 days 197 days 67 days
Complex diagnostic pathways (many, or complex, diagnostic tests required)	6	Breast x 2 Lung x 2 Head & Neck Other	64 and 81 days 86 and 107 days 83 days 70 days
Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots)	5	Breast x 3	67, 88 and 90 days
Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting	4	Breast x 3 Urological	64, 84 and 85 days 97 days
Patient Did Not Attend an appointment for a diagnostic test or treatment planning event (no advance notice)	1	Breast	98 days

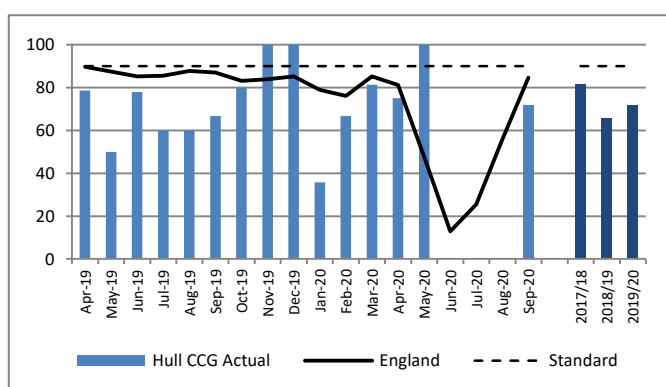
Cancer 62 day waits: first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Jul 2020	Aug 2020	Sep 2020	2020/21
Hull CCG Actual	71.68	N/A	0.00	71.43	66.67
National Target	90.00	90.00	90.00	90.00	90.00
Status					
No. of Breaches (CCG)	32	N/A	1	2	9



Cancer 62 days of referral from an NHS Cancer Screening Service – 7 patients were seen during the month of September, 2 outside the 62 day standard, both due to Health Care Provider initiated delay to diagnostic test or treatment planning, with waits of 188 and 198 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.

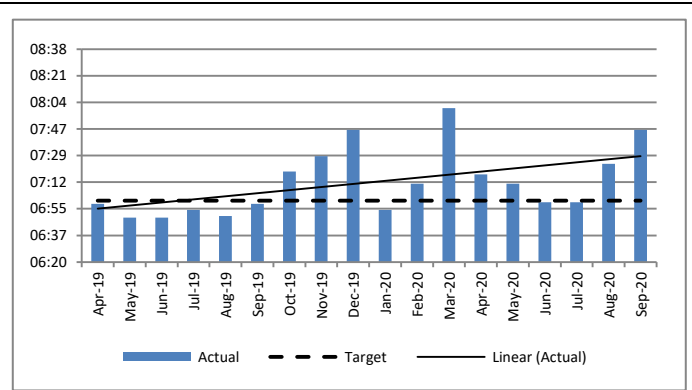
Ambulance clinical quality – Category 1 mean response time (mins)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Jul 2020	Aug 2020	Sep 2020	2020/21
YAS Actual	07:12	06:59	07:24	07:46	07:17
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 10.26% and 1.09% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 3.55% and 0.23% respectively for September 2020.

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

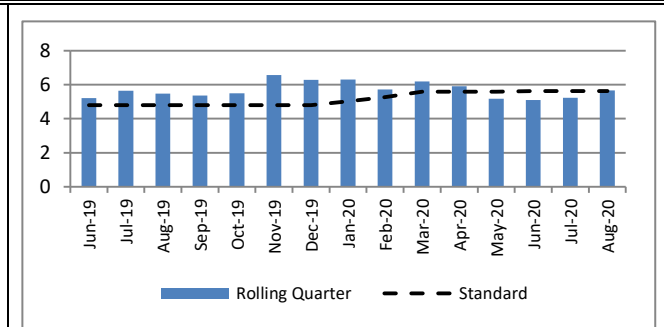
Lead: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years			In month position			Rolling Qtr.
	2017/18	2018/19	2019/20	Jun 2020	Jul 2020	Aug 2020	
Hull CCG Actual	23.35	20.14	23.05	1.87	1.98	1.82	5.67*
National Target	19.00	20.04	19.89	1.88	1.88	1.88	5.63
Status							

* 'Rolling Quarter' covers 3 month interval, June 2020 – Aug 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.

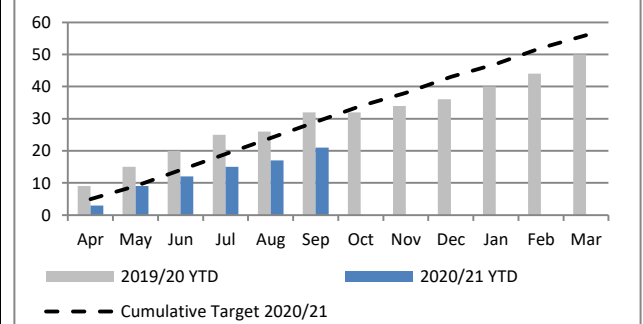
Quality Indicator Exceptions

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	Jul 2020	Aug 2020	Sep 2020	2020/21
Hull CCG Actual	50	3	2	4	21
Target	56	5	5	5	29
Status					



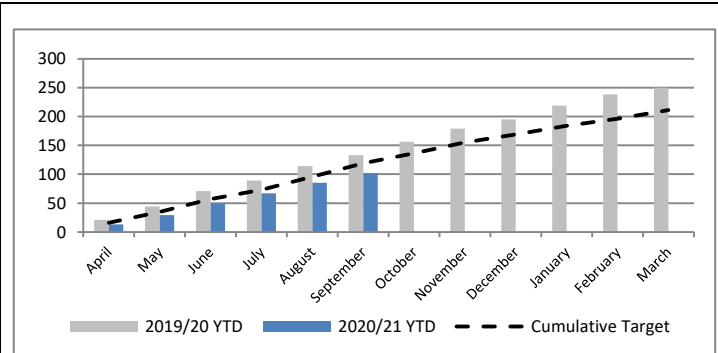
In September 2020 the CCG are reporting 21 cases YTD, 11 fewer compared to the same point the previous year (32 cases).

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

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Jul 2020	Aug 2020	Sep 2020	2020/21
Hull CCG Actual	250	18	18	17	102
Target	211	16	23	23	119
Status					



In September 2020 the CCG are reporting 102 cases YTD, 31 fewer compared to the same point the previous year (133 cases).