

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

JANUARY 2021

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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.

Guidance on the allocations and contractual arrangements from the 1st of October has now been provided and has a much greater emphasis on system working. It also includes an allocation for the cost of COVID related expenditure that local NHS organisations have to work within.

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 further in October 2020.

Referral to Treatment 18 weeks waiting times performance at HUTHT improved in October, reporting 49.94% compared to 46.04% 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 improved slightly, Hull CCG reported 34.48% of patients waiting longer than 6 weeks in October compared to 39.10% in September.

Safety, Quality and Patient Experience

Hull University Teaching Hospitals NHS Trust (HUTHT)

- The Trust reported a significant increase in COVID-19 cases for October 2020 through to early November 2020 which has resulted in a high volume of hospital admissions. In response to this the Trust has implemented a surge plan and a gold command action.
- The Trust continues to experience an increase in waiting lists size. In order to manage the backlog, the Trust are undertaking a number of actions to mitigate patient harm including following the NHSE clinical prioritisation guidelines, validation and risk stratification and clinical harm reviews. There is a trigger in place for patients on a waiting list that breach and these are reported daily to Gold command.
- The Trusts Chief Medical Officer is leading on the implementation of the National Patient Safety strategy. A GAP analysis has been shared with commissioners with good progress made inclusive of the development of a safety committee, identification of patient safety specialists; stop the line campaign, appointment of patient safety champions, patient involvement and building upon culture and systems.
- The Trust reported positive compliance against IPC BAF. It is however acknowledged that some elements of the BAF will result in non-compliance due to the requirements in respect of partner/significant other attendance within the Maternity services. In response to this the Trust is developing an action plan in respect of social distancing and visiting and this will be presented to the Trust Board for approval.
- The Trust had previously seen an increase in device related pressure ulcers during wave 1 of COVID-19, however practice has been improved and positively there have not been any category 3 or 4 pressure ulcers reported.

Humber NHS Foundation Trust

- The Trust are working towards adopting a new approach for the risk assessment of patients. This work is due to begin in January 2021 and progress will be monitored via the Quality meeting.
- The Trust confirmed that the Lateral Flow for all clinical staff commenced on 13th November 2020 with a full roll out across the Trust from 16th November.
- The Trust is reporting that Covid-19 related staff sickness absence increased during October and November 2020 however non-Covid-19 related absence is below 4%. Staff working within Community services continue to support the inpatient units, there is also MDT presence providing support to the wards.

City Health Care Partnership (CHCP)

- CHCP continue to engage with commissioners in ensuring we 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.
- CHCP continue to work positively into the Care Homes, as part of the Enhanced Offer, working closely with PCN's, YAS and Adult Social Care. CHCP also attend the weekly Care Homes Oversight Group and are the main provider for the 'designated beds' for COVID within Hull.
- The Needler has been signed off as offering 'Designated beds' by the CQC and is a placement under the regulatory practice of treatment (disease and disorder); the contract variation being in place. Discharge to these 11 beds remains good and all but one patient has been discharged from this service within the 14 day period.
- CHCP are now recruiting to a new Safety and Quality Lead post to support with the transition over to the revised Patient Safety Incident Response Framework.

Spire

- Spire has indicated that they are anticipating being asked to support HUTHT within the coming months, and are expecting to support urgent cancer surgery. This being due to the impact of COVID Wave 2 and in accordance with local surge plans.
- Spire is systematically working through their patients seeing the higher priority patients first, by screening new referrals and people who are on waiting lists.
- Spire has put in place additional psychological wellbeing support for their staff in response to the pandemic.

Yorkshire Ambulance Service (YAS)

- In response to Covid-19 Virtual Wards and Pulse Oximetry a pathway for out of hours and weekends has been progressed that will identify the amber group of patients using the acute navigation system supported by a dedicated health care line.

Financial Position

Achievement of Financial Duties / Plans

Based on information available up to the 31st November 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
Other relevant duties/plans	
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	(352,315)	(352,315)	-	(565,688)	(565,688)	-	
Use of prior years surplus			-			-	
Acute Services	170,896	171,108	(212)	283,162	283,162	-	Green
Prescribing & Primary Care Services	71,468	71,719	(251)	106,681	106,681	-	Green
Community Services	38,710	39,287	(578)	56,677	57,342	(665)	Amber
Mental Health & LD	37,008	36,967	41	58,427	58,427	-	Green
Continuing Care	15,782	16,077	(295)	23,662	23,662	-	Green
Other Including Earmarked Reserves	11,426	10,797	629	21,005	20,706	299	Green
Running Costs	3,314	3,313	1	4,939	4,939	-	Green
TOTAL EXPENDITURE	348,603	349,269	(665)	554,553	554,919	(366)	
Under/(over)-spend against in year allocation	(3,712)	(3,046)	(665)	11,135	10,769	(366)	
Additional Information							
COVID Costs M1-6 / Top-up Alloc M5	4,293	4,958	(665)	4,293	4,958	(665)	
Non COVID position M8	-	-	-	-	(299)	299	
	4,293	4,958	(665)	4,293	4,659	(366)	

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 November 2020.

As previously reported to the Committee block contract arrangements were in place for the first half of this financial year.

Guidance on the allocations and contractual arrangements from the 1st of October has now been provided and has a much greater emphasis on system working. It also includes an allocation for the cost of COVID related expenditure that local NHS organisations have to work within, i.e. the CCG will no longer be reimbursed by NHSE/I to ensure a break even position.

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 organisation 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.

Overspends up to the end of September have now been fully funded through allocation adjustments for both COVID and non-COVID costs. Some elements of the retrospective funding system remain, in particular the Hospital Discharge Scheme.

At the End of November the CCG was forecasting a surplus of £10,769k. This is against the original plan of £8,208k, plus a further £302k for Primary Care allocations, a further £2.5m received from the system due to timing differences in the initial allocation calculations, £108k improvement against the Covid allocation, a 316k improvement as the CCGs share of system improvement and the £665k hospital discharge costs that are to be reimbursed.

It should be noted that as the £2.5m timing difference relates to East Riding of Yorkshire CCG this is being transferred to them in January and Hull CCG's surplus will reduce accordingly.

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).

Statement of Financial Position

At the end of November the CCG was showing positive position of £1,907k. As a commissioning organisation the CCG would usually show a negative position however NHS block contracts are being paid a month in advance as instructed which results in a relatively small positive balance.

Revenue Resource Limit

The annual Revenue Resource Limit to the end of November for the CCG was £565,688k for both 'Programme' and 'Running' costs. This includes the system level funding held by NHS Hull as the lead CCG.

Working Balance Management

Cash

The closing cash for November was £140k. 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 November was 99.20% on the value and 97.72% on the number of invoices, whilst the full year position is 96.74% achievement on the value and 97.18% on number.

b. NHS

The NHS performance for November was 99.99% on the value and 98.25% on the number of invoices, whilst the full year position is 99.84% achievement on the value and 97.43% on number.

Please Note – there are no updates to the NHS Oversight Framework position from last month.

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>				
Maternity services	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>				
Cancer services	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>				
Latest Position					
Theme	Indicator	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>				

Latest Position					
Theme	Indicator	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.</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> <p>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.</p>				

CCG Constitutional Exceptions

Performance Indicator Exceptions

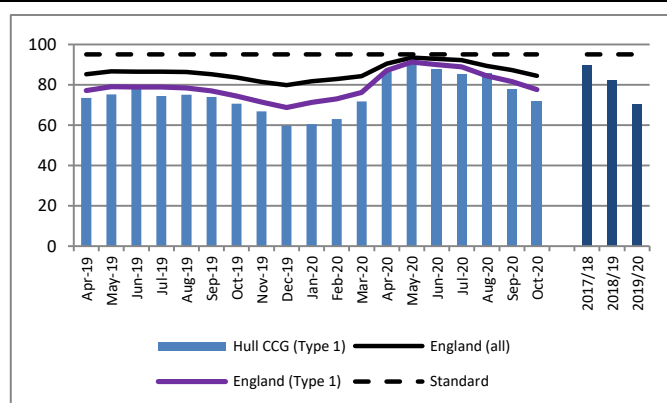
A&E waiting times – percentage of patients spending less than 4 hours total time in the A&E department (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Aug 2020	Sep 2020	Oct 2020	2020/21
HUTHT Actual	70.32	85.45	77.52	71.89	83.23
Status					
Hull CCG Actual	70.31	85.45	77.51	71.89	83.22
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 October 2020 compared to the previous month. Attendance levels are at 83.5% of activity levels compared with the same period last year.

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

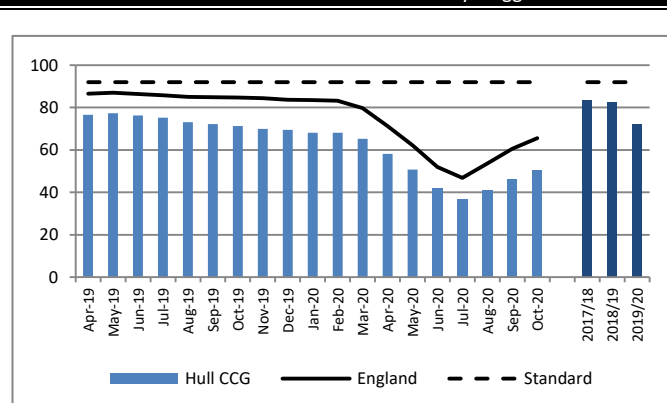
Referral to Treatment incomplete pathways: percentage of incomplete pathways within 18 weeks (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Aug 2020	Sep 2020	Oct 2020	2020/21
HUTHT Actual	71.83	40.58	46.04	49.94	49.94*
STF Status					
Hull CCG Actual	71.90	40.78	46.17	50.17	50.17*
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 October, reporting 49.94% compared to 46.04% 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](#)

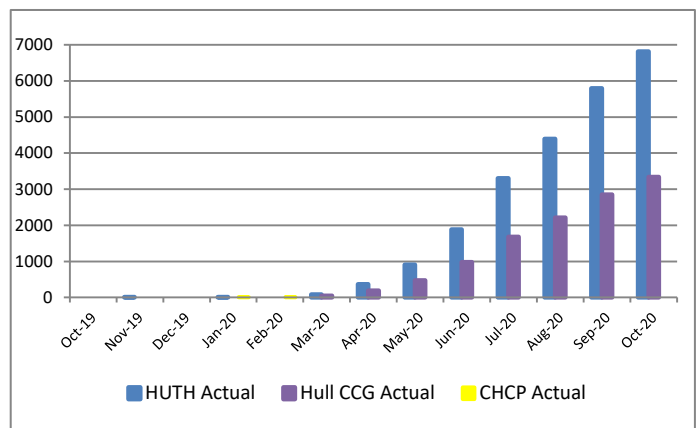
Number of >52 week Referral to Treatment in Incomplete Pathways

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Aug 2020	Sep 2020	Oct 2020	2020/21
HUTHT Actual	88	4,399	5,800	6,820	23,485
Status					
CHCP Actual	2	0	0	0	0
Status					
Hull CCG Actual	51	2,208	2,853	3,337	11,720
Status					
National Target	0	0	0	0	0



Hull CCG reported 3,337 patients waiting over 52 weeks at the end of October. 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 6,820 breaches of the standard in October 2020.

CHCP reported no breaches of the standard in October 2020.

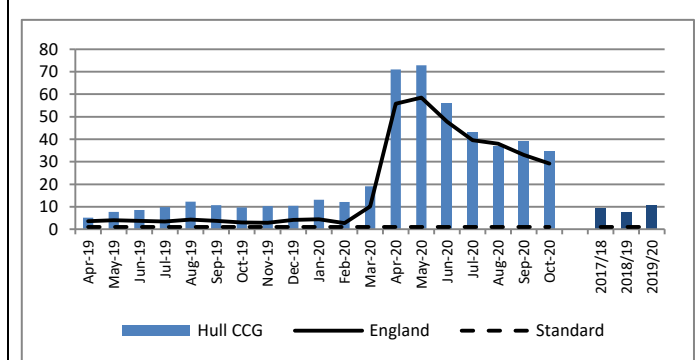
Diagnostic test waiting times (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Aug 2020	Sep 2020	Oct 2020	2020/21
HUTHT Actual	10.57	36.77	39.74	34.22	34.22*
HUTHT Status					
Hull CCG Actual	10.79	36.67	39.10	34.48	34.48*
Status					
National Target	1.00	1.00	1.00	1.00	1.00



Diagnostic test 6-week waiting times performance has improved slightly compared to the previous month, reporting 34.48% of patients waiting longer than 6 weeks in October compared to 39.10% in September.

The CCG reported 1,810 breaches during October 2020 (compared to 1,896 in September); the majority for endoscopy, 59.39% (1,075) 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.

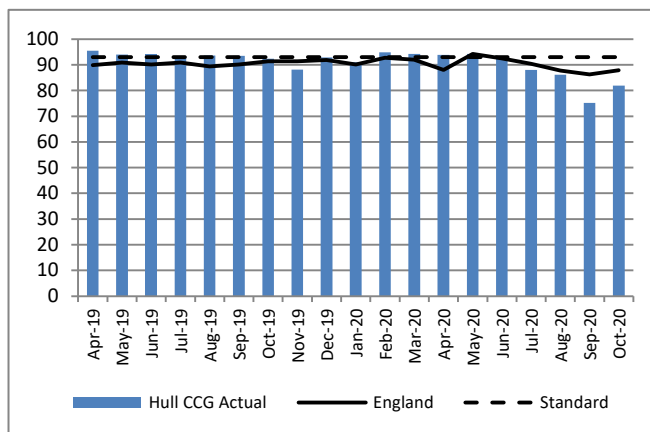
Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2020/21 In Month			YTD
	2018/19	2019/20	Aug 2020	Sep 2020	Oct 2020	2020/21
Hull CCG Actual	94.81	93.09	86.13	75.19	81.85	85.56
National Target	93.00	93.00	93.00	93.00	93.00	93.00
Status						
No. of Referrals (CCG)	9,391	9,861	692	939	810	4,482
No. of Breaches (CCG)	487	681	96	233	147	647



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 5 months. October performance is at 81.85% for Hull CCG with 810 patients seen with 147 breaches of the standard – the majority due to inadequate out-patient capacity, 73.47% (108), Patient Choice (30) and clinic cancellation (8).

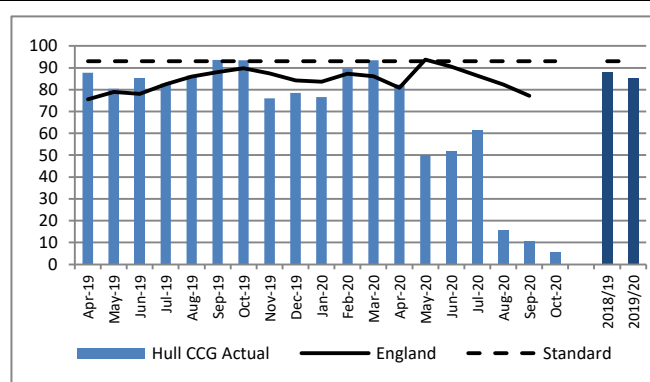
Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Aug 2020	Sep 2020	Oct 2020	2020/21
Hull CCG Actual	85.54	15.56	10.64	5.88	33.72
National Target	93.00	93.00	93.00	93.00	93.00
Status					
No. of Referrals (CCG)	1,604	45	47	85	347
No. of Breaches (CCG)	232	38	42	80	230



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 October 2020, reporting 5.88%.

A total of 85 patients were seen during October with 80 breaches, 74 due to inadequate outpatient capacity and the remaining 6 due to patient choice.

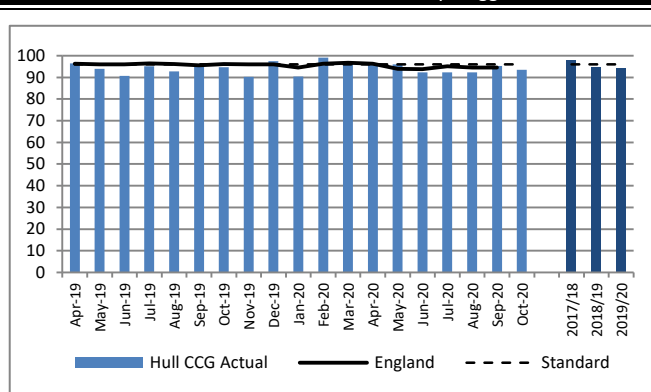
Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Aug 2020	Sep 2020	Oct 2020	2020/21
Hull CCG Actual	94.25	92.22	95.24	93.52	93.93
National Target	96.00	96.00	96.00	96.00	96.00
Status					
No. of Breaches (CCG)	87	7	5	7	41



Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 108 patients seen in October with 7 breaches of the 31 day standard. Breach reasons are as follows:

Breach Reason	Number of Breaches	Tumour Type	Wait
Inadequate Elective Capacity	5	Skin x 5	Range of 33 to 109 days
Health Care Provider initiated delay to diagnostic test or treatment planning	1	Head & Neck	44 days
Treatment delayed for medical reasons	1	Skin	89 days

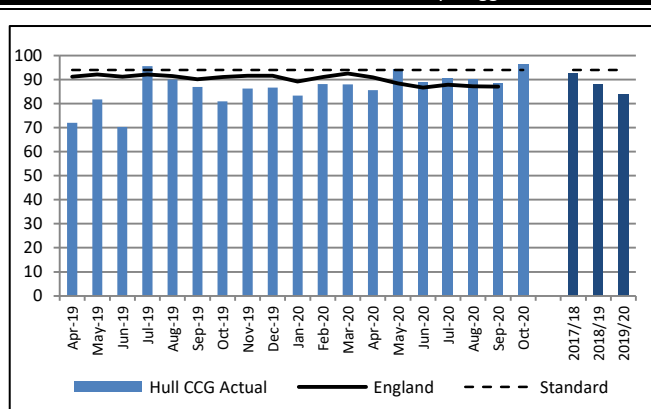
Cancer 31 day waits: 31 day wait for subsequent treatment - surgery (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Aug 2020	Sep 2020	Oct 2020	2020/21
Hull CCG Actual	83.76	90.00	88.46	96.30	90.97
National Target	94.00	94.00	94.00	94.00	94.00
Status					
No. of Breaches (CCG)	44	2	3	1	13



Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – A total of 27 patients were seen in October with a single breach of the 31 day standard, due to administrative delay.

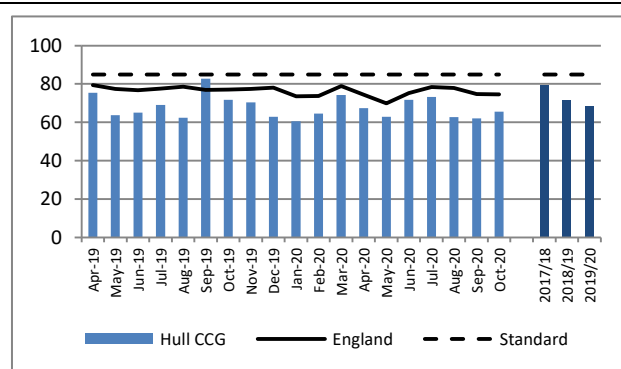
Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Aug 2020	Sep 2020	Oct 2020	2020/21
HUTHT Actual	68.78	71.32	61.17	62.18	64.51
Status					
Hull CCG Actual	68.49	62.79	62.07	65.63	66.57
Status					
National Target	85.00	85.00	85.00	85.00	85.00
No. of Breaches (CCG)	236	16	22	22	115



Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance reported 65.63% in October (64 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	9	Lower Gastrointestinal x 3 Upper Gastrointestinal x 2 Head & Neck x 2 Lung x 2	80, 92 and 105 days 86 and 146 days 68 and 146 days 71 and 84 days
Complex diagnostic pathways (many, or complex, diagnostic tests required)	4	Breast x 2 Gynaecological Haematological (Excluding Acute Leukaemia)	84 and 88 days 78 days 70 days
Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting	4	Breast x 2 Skin x 2	71 and 83 days 66 and 116 days
Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots)	2	Upper Gastrointestinal x 2	65 and 87 days
PATIENT initiated (choice) delay to diagnostic test or treatment planning, advance notice given	1	Upper Gastrointestinal	179 days
Treatment delayed for medical reasons (PATIENT unfit for treatment episode, excluding planned recovery period following diagnostic test) in an admitted care setting	1	Skin	99 days
Other reason (not listed)	1	Urological (Excluding Testicular)	246 days

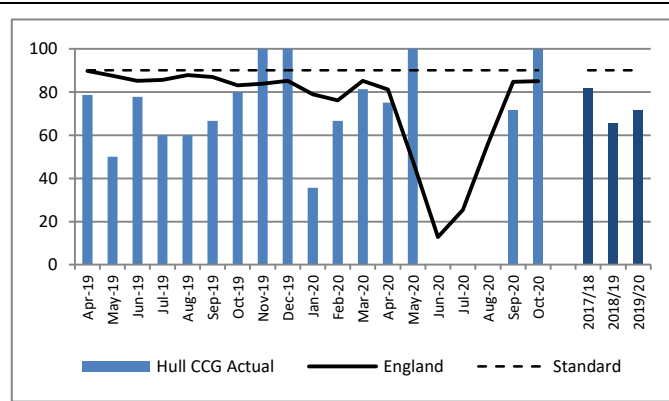
Cancer 62 day waits: first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Aug 2020	Sep 2020	Oct 2020	2020/21
Hull CCG Actual	71.68	0.00	71.43	100	73.53
National Target	90.00	90.00	90.00	90.00	90.00
Status					
No. of Breaches (CCG)	32	1	2	0	9



Cancer 62 days of referral from an NHS Cancer Screening Service – 7 patients were seen during the month of

October, all within the 62 day standard.

<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.

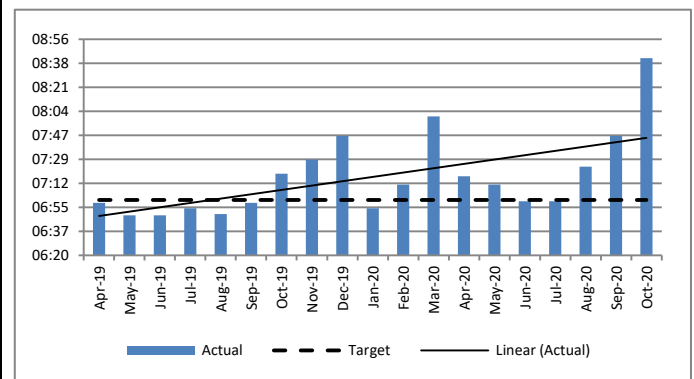
Ambulance clinical quality – Category 1 mean response time (mins)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Aug 2020	Sep 2020	Oct 2020	2020/21
YAS Actual	07:12	07:24	07:46	08:42	07:31
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 21.2% and 5.5% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 3.6% and 0.3% respectively for October 2020.

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

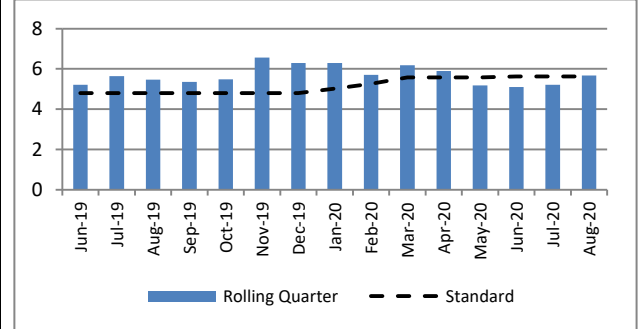
Lead: Karen Ellis

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.

Please Note – Latest IAPT data release has been delayed until mid-January 2021.

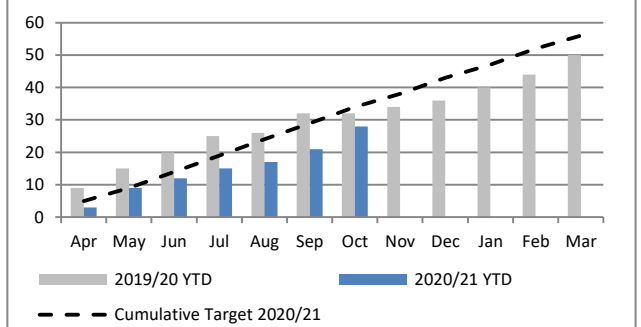
Quality Indicator Exceptions

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	Aug 2020	Sep 2020	Oct 2020	2020/21
Hull CCG Actual	50	2	4	7	28
Target	56	5	5	5	34
Status					



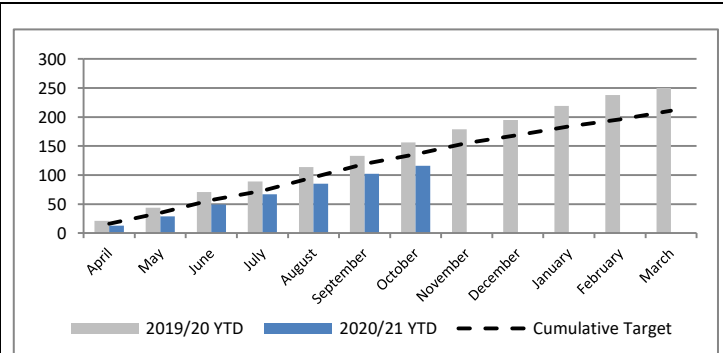
In October 2020 the CCG are reporting 28 cases YTD, 4 fewer compared to the same point the previous year (32 cases).

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

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			YTD
	2019/20	Aug 2020	Sep 2020	Oct 2020	2020/21
Hull CCG Actual	250	18	17	14	116
Target	211	23	23	17	136
Status					



In October 2020 the CCG are reporting 116 cases YTD, 40 fewer compared to the same point the previous year (156 cases).