NHS
Hull
Clinical Commissioning Group

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

MARCH 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 have been provided with 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.

Performance

HUTHT Type 1 A&E 4 hour waiting time performance improved slightly in January 2021.

Referral to Treatment 18 weeks waiting times performance at HUTHT remained stable in January, reporting 50.04% compared to 50.42% the previous month. Key specialties breaching are Cardiology, ENT (Ear, Nose and Throat), Ophthalmology and Plastic Surgery.

62-day cancer waiting times performance improved in January 2021, however the standard continues to underperform against the national target.

Diagnostic test 6-week waiting times performance deteriorated in January, Hull CCG reported 42.01% of patients waiting longer than 6 weeks in January compared to 41.27% in December.

Safety, Quality and Patient Experience

Hull University Teaching Hospitals NHS Trust (HUTHT)

- In response to the NHS being in Level 4 HUTHT have been working under a national directive to accept 1 patient per day into ITU care from out of area. This has continued during this most recent wave of infections and pressures in respect of capacity nationally.
- The rollout of the COVID vaccination programme is progressing well and supporting both frontline staff and patients from across the Hull health system. HUTHT continue to support the place-based efforts in ensuring all staff that are eligible in accordance with the Green Book are offered a vaccine.
- HUTHT are actively working with both NHS Hull CCG and NHSE in developing recovery plans; work informed by national guidance issued on 1st October 2020, which supports clinicians in validation and clinical prioritisation. Within the Quality Delivery Group the Trust have confirmed that all patients have been validated in line with the national guidance from NHSE/I.
- HUTHT continue to successfully progress the pilot of their Acute Care Navigation Hub. A virtual hub with a single point of access for all GPs in gaining fast and timely access for their patients into acute specialities; reducing the need for patients to attend the Emergency Department.

Humber NHS Foundation Trust

- In response to feedback Humber Crisis Line Service have implemented a number of new improvement measures, including the introduction of an electronic referral system which went live on the 9th November 2020.
- MIND have been commissioned that will provide mental health support and support extra capacity within the Mental Health Response Service (MHRS), providing a 24-hour help advice and support line across Hull and East Riding.
- The Trust are progressing the introduction of Primary Care Mental Health Practitioners into PCN's, to support closer working and closing the gap between primary care and mental health services.

City Health Care Partnership (CHCP)

- CHCP continue to engage with commissioners in ensuring we are updated on their continued COVID-19 response.
- CHCP is the main provider for the 'designated beds' for COVID within Hull and continue to support the health system in relation to both discharge and in preventing admission to acute services.
- A Restorative Plan has been developed to ensure provision of optimal COVID-19 safe services and in managing referrals, patient's waiting list and capacity. CHCP report ongoing assurance in respect of their management of these, clinical validation and the triaging and review of patient risks when waiting. CHCP continue to develop innovative ways in which services can be delivered at this time, pain management being one such area.

- CHCP have recruited to a new safety and quality lead post to support with the implementation of the National Patient Safety Strategy.

Spire

- Spire are seeing an increase in activity and have now opened all 3 of its sites. In terms of a recovery plan, Spire report that it will be an estimated 2-3 months until their backlog of waiting lists is back to normal activity. Consultations are reported as progressing well via zoom and is allowing for more robust examinations and consultations to take place.
- A robust process is in place in respect of reviewing and clinical prioritisation of patients on waiting lists as per National Guidance.
- Diagnostic screening has continued to be undertaken to ensure any potential suspicious abnormalities are identified and acted upon without delay.
- Positive staff support is in place with the implementation of mental health and engagement forums and workforce levels remain high with a small percentage of staff absence due to COVID-19 infection.
- Spire are supporting HUTHT activity when spare capacity allows within the areas of General Surgery, Orthopaedics, Gynaecology and Pain. HUTHT are informed when additional capacity is available.

Yorkshire Ambulance Service (YAS)

- YAS report positive feedback in relation to '111 First'.
- YAS continue supporting the response to Covid-19, more recently having been actively involved in the development and implementation of national schemes including the Virtual Wards and Pulse Oximetry at home; pathways for out of hours and weekends care for the monitoring and managing deteriorating patients with COVID symptoms.

Financial Position

Achievement of Financial Duties / Plans

Based on information available up to the 28th of February 2021. 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)			
	Budget	**Actual**	**Var**	**Budget**	**FOT**	**Var**	**Risk**
20/21 Core Allocation	(507,176)	(507,176)	-	(574,522)	(574,522)	-	
Surplus	9,279	-	9,279	26,537		26,537	
Acute Services	255,370	255,482	(289)	283,417	283,483	(66)	Green
Prescribing & Primary Care Services	98,613	98,720	(1)	107,433	107,433	-	Green
Community Services	53,953	53,995	(599)	58,456	59,166	(710)	Amber
Mental Health & LD	53,325	53,946	(346)	58,730	58,730	-	Green
Continuing Care	21,695	21,984	(49)	23,665	23,665	-	Green
Other Including Earmarked Reserves	9,972	18,806	334	22,658	21,977	680	Green
System Balancing Reserve	-	-	-	(11,815)	-	(11,815)	N/A
Running Costs	4,969	4,668	183	5,441	5,441	(0)	Green
TOTAL EXPENDITURE	497,897	507,600	(9,704)	547,985	559,896	(11,911)	
Under/(over)-spend against in year allocation	-	425	(425)	-	(14,626)	14,626	
Reconciliation Information							
Hospital Discharge funding to be re-imbursed		(425)	425		(710)	710	
Acute Independent Sector costs to be reimbursed					(66)	66	
Transfers of allocation to achieve system balance (ERY and NEL)					(9,373)	9,373	
Transfer of NL Surplus to Hull Spend					(2,442)	2,442	
Required underspend for conditional SDF and Primary care allocations					680	(680)	
Reconciled Position	-	-	0		(26,537)	26,537	
Reconciled balance							

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 28th February 2021.

The previously reported position was that Hull CCG would report a deficit of £11,135k against the planned surplus less £680k relating to allocations received for where the spend had already been taken account of. This was to enable the other CCG's in the Humber region to report surpluses against their planned deficit budgets.

The reason that Hull had a planned surplus and the others had planned deficits is that during the planning round for months 7 to 12 the emphasis was on the system breaking even and as Hull held the majority of system funding it was agreed to manage the position in this way. In order for all of the CCGs to achieve their statutory duties they all need to show a balanced position.

In Month 11 the CCG was informed that it has been allocated its historic surplus of £15,402k, although this is not available to spend and must be reported as a surplus. The impact of this is that the planned surplus is increased to £26,537k. The CCG is then required to achieve an actual surplus of £15,402k.

The table provided shows a forecast surplus of £14,626k which is £766k less than the historic surplus. The reason for this is that £710k and £66k are expected to be reimbursed for the hospital discharge scheme and for an independent sector top up. Both of these have to show as a deficit in order to receive the additional funding.

Each CCG is required to achieve the 2020/21 Mental Health Investment Standard (a 5.5% growth in mental health expenditure over 2019/20). Partners have worked together to agree how this will be achieved in the new system, particularly when the block contracts paid by CCGs may include funding that is not directly related to their patients.

Statement of Financial Position
At the end of February, the CCG was showing negative position of £5,171k. As a commissioning organisation it is expected that be the case. In previous years this would generally be higher, however as payments are being made a month in advance for NHS block contracts it results in a relatively small balance.

Revenue Resource Limit
The annual Revenue Resource Limit to the end of February for the CCG was £574,522 for both 'Programme' and 'Running' costs. This includes the system level funding held by NHS Hull as the lead CCG, however is more than previously reported due to receiving the historic surplus.

Working Balance Management

Cash
The closing cash for February was £802k. 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 February was 99.11% on the value and 97.26% on the number of invoices, whilst the full year position is 97.00% achievement on the value and 97.19% on number.

b. NHS
The NHS performance for February was 99.79% on the value and 87.10% on the number of invoices, whilst the full year position is 99.83% achievement on the value and 96.37% 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 metrics divided into 5 priority areas as identified in the NHS Long Term Plan. These Priority Areas are:

Please Note: The indicators were last updated in December 2020 following suspension of the collection process by NHS England & NHS Improvement to support the COVID-19 response. This latest refresh however was incomplete and does not report the latest published position and therefore will not be included within this report until we are assured of the data quality.

Below are key metrics consistently 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

Theme	Indicator	Latest Position			
		Latest period	Value	RAG	Rank vs England
New Service Models					
Acute emergency care & transfers of care	**Delayed transfers of care per 100,000 population**	2020 02	14.9	⬇	146/191
	Performance shows an improvement on the previous reported period (15.5 per 100,000 (2019 12)). The CCG is working with Hull City Council and CHCP to identify and manage barriers to discharge with a focus on the implementation of discharge to assess. 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, this has been mitigated to a degree by the move to discharge to assess and the discharge being classed as a move to a health commissioned bed. From a health perspective, delays are more likely to be associated with infection control measures in the community relating to COVID, the fact that all beds commissioned are in a care home setting means that a national designation process has had to be followed regarding the beds which accept COVID positive patients 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 decrease 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, as some staff have been relocated to support community discharges there is tension between managing hospital and community pathways.				
Quality of Care Outcomes					
Smoking	**Maternal smoking at delivery**	Q4 2019/20	20.75%	⬇	188/190
	Latest published position for Q2 2020/21 is 20.53%, a deterioration on the previous quarter (19.81% Q1 2020/21) and continues to be well above the national rate of 9.9% (Q2 2020/21).				

	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 Smoking in Pregnancy group are undertaking an audit of training across key health and care staff including mandatory training for midwives. The Humber Coast and Vale Local Maternity System 'Bump the Habit' programme has been widely marketed through local social media and system partners. 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. The CO readings, which had been suspended during COVID-19 recommenced in November 2020 at all maternity and sonography contacts. The Continuity of Carer (Primrose Team) are piloting CO single use monitors for smokers within their caseload (area with highest maternal smoking rates in the City).

Theme	Indicator	Latest Position: Latest period	Value	RAG	Rank vs England
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
	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. 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. The conversion of elective capacity into COVID positive capacity and the expansion of critical care capacity has affected the available staff; especially anaesthetist and theatre staff and beds to accommodate elective patients. Wherever possible cancer patients have been prioritised, but there have been some cancellations of cancer related surgery due to capacity/staffing constraints. 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. After the first lockdown there was an increase in referrals, but they remain below the level expected and we are seeing increased clinical acuity in a number of cases which will impact on survival rates; this is a national phenomena but there are demonstrable links to the impact of deprivation on behaviours during the COVID pandemic. 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.				
	One year survival from all cancers.	2017	69.30%	⬆	186/191
	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. 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. The cessation of formal screening programmes in the initial stages of the pandemic; including Lung Health Checks which is not a formal screening programme, has resulted in significant backlogs of individuals for routine screening. All the formal screening programmes have recommenced but with limited capacity in some programmes, especially bowel screening. Lung Health Checks remain suspended due to the reallocation of staff to the COVID response; this will be recommenced as soon as practical. Work will be undertaken in partnership with the Cancer Alliance to try to increase the numbers of patients who present for screening now they have recommenced, and thereby detect early 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.				

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, requiring more intensive or even palliative treatments. In addition, those individuals risk assessed as low risk face delays regarding the timing of planned investigations.

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

The number of over 52 weeks wait patients continues to grow both locally and nationally and there is now a national focus on eliminating over 52 week waits. HUTHT has the biggest over 52 week waiting list in the North of England and one of the biggest in the country and one of the lowest lists of patients waiting under 18 weeks.

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 some limitations to this due to HUTHT being a Centre for a number of disease groups; cancer, cardiac, trauma; which means that the other two Trusts in the ICS transfer patients into HUTHT for treatment and there are limited options across Yorkshire and the Humber to transfer these patients to. The 3 Trusts that are regional centres work together to manage waiting lists as much as possible.

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 have contacted all patients on waiting lists and undertaken a clinical review of the individual cases and will continue this process whilst we remain within the current situation.

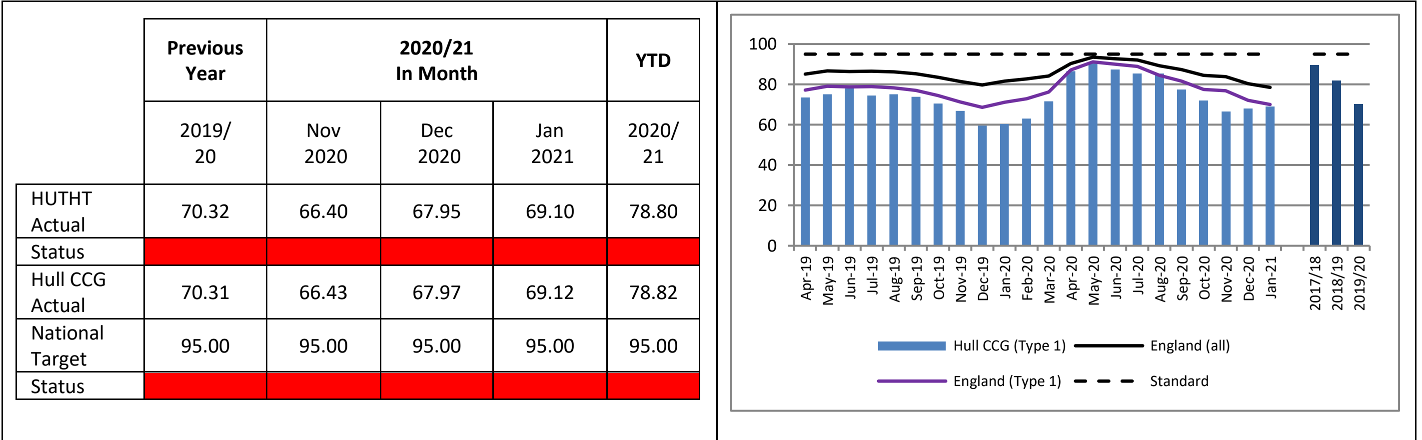
There are signs that the waiting list for long waits is starting to decrease slightly and the reduction in referrals in phase 1 of COVID will support this improvement as there is a reduction in numbers waiting in the middle waits of the list.

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



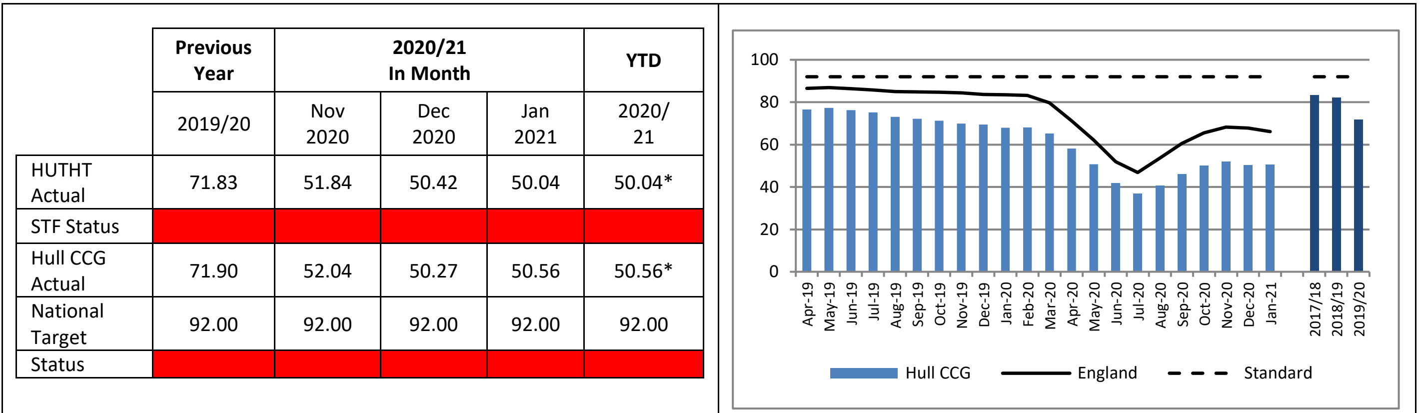
	Previous Year	2020/21 In Month			YTD
	2019/20	Nov 2020	Dec 2020	Jan 2021	2020/21
HUTHT Actual	70.32	66.40	67.95	69.10	78.80
Status					
Hull CCG Actual	70.31	66.43	67.97	69.12	78.82
National Target	95.00	95.00	95.00	95.00	95.00
Status					

HUTHT Type 1 A&E 4 hour waiting time performance improved slightly in January 2021. Attendance levels are at 77% 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	Nov 2020	Dec 2020	Jan 2021	2020/21
HUTHT Actual	71.83	51.84	50.42	50.04	50.04*
STF Status					
Hull CCG Actual	71.90	52.04	50.27	50.56	50.56*
National Target	92.00	92.00	92.00	92.00	92.00
Status					

Referral to Treatment 18 weeks waiting times performance at HUTHT remained stable in January, reporting 50.04% compared to 50.42% the previous month.

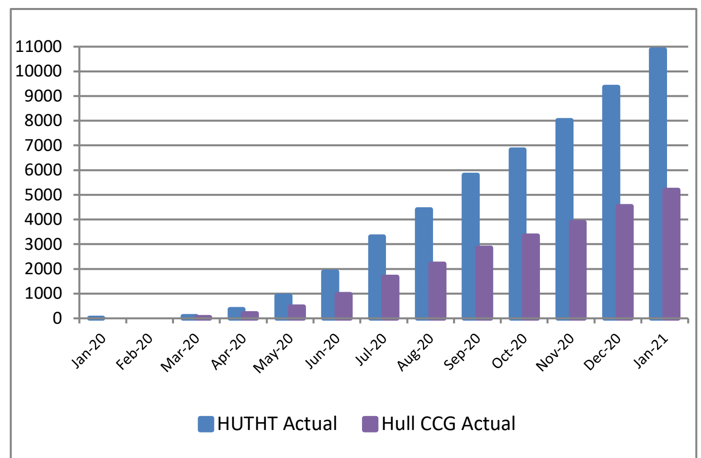
The Trust is working to national guidance during COVID-19 and has implemented plans to ensure patients in need are supported.

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	Nov 2020	Dec 2020	Jan 2021	2020/21
HUTHT Actual	88	8,022	9,356	10,873	51,736
Status					
Hull CCG Actual	51	3,887	4,532	5,193	25,332
Status					
National Target	0	0	0	0	0



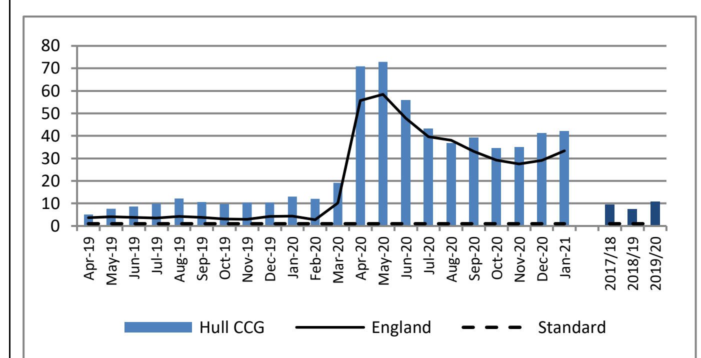
Hull CCG reported 5,193 patients waiting over 52 weeks at the end of January.

HUTHT reported 10,873 breaches of the standard in January 2021. Most of the breaches relate to the Ear Nose and Throat (ENT), Plastic Surgery, Ophthalmology, Gynaecology and Cardiology.

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	Nov 2020	Dec 2020	Jan 2021	2020/21
HUTHT Actual	10.57	34.81	40.76	43.80	43.80*
HUTHT Status					
Hull CCG Actual	10.79	35.08	41.27	42.01	42.01*
Status					
National Target	1.00	1.00	1.00	1.00	1.00



Hull CCG Diagnostic test 6-week waiting times performance deteriorated slightly compared to the previous month, reporting 42.01% of patients waiting longer than 6 weeks in January compared to 41.27% in December.

The CCG reported 2,287 breaches during January 2021 (compared to 2,197 in December); the majority for endoscopy, 59.9% (1,371) of the total breaches. Endoscopy continues to remain a challenge due to the pause in the service during COVID-19, a trend seen nationally.

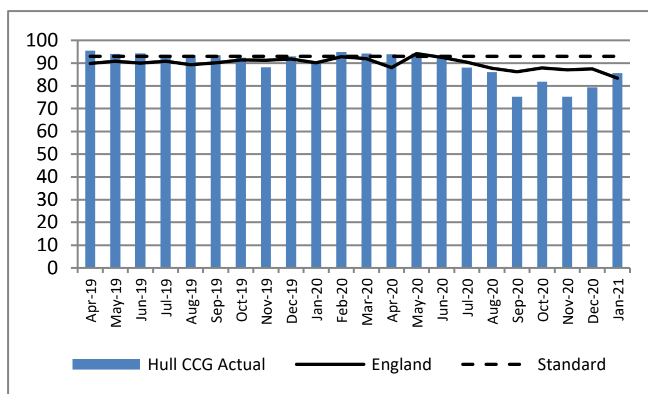
NHS England - Monthly Diagnostic Waiting Times and Activity

*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	Nov 2020	Dec 2020	Jan 2021	2020/21
Hull CCG Actual	94.81	93.09	75.22	79.39	85.59	83.62
National Target	93.00	93.00	93.00	93.00	93.00	93.00
Status						
No. of Referrals (CCG)	9,391	9,861	799	849	798	6,928
No. of Breaches (CCG)	487	681	198	175	115	1,135



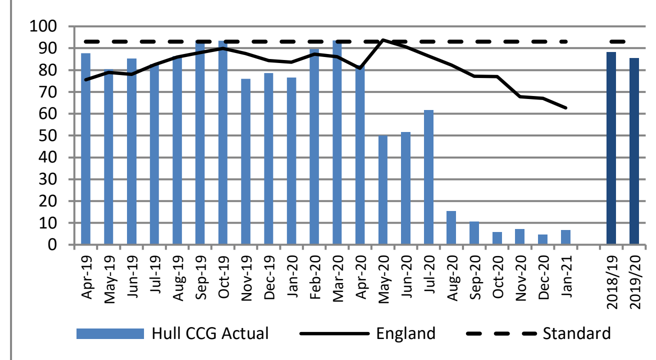
Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer

This standard has not been achieved for the last 8 months, however there is a slight improvement in performance over the last couple of months. January performance is at 85.59% for Hull CCG with 798 patients seen with 115 breaches of the standard – 86 (75%) of the breaches were due to inadequate out-patient capacity, 28 due to Patient Choice and the remaining breach down to administrative delay.

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	Nov 2020	Dec 2020	Jan 2021	2020/21
Hull CCG Actual	85.54	7.14	4.76	6.85	21.41
National Target	93.00	93.00	93.00	93.00	93.00
Status					
No. of Referrals (CCG)	1,604	28	105	146	626
No. of Breaches (CCG)	232	26	100	136	492



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

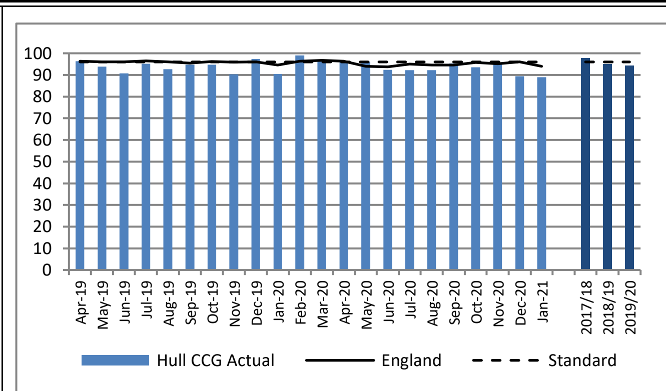
2 week wait – exhibited breast symptoms where cancer not initially suspected standard reported performance of 6.85% in January 2021.

A total of 146 patients were seen during January with 136 breaches, 124 due to inadequate outpatient capacity, 11 due to patient choice and the remaining breach due to clinic cancellation.

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	Nov 2020	Dec 2020	Jan 2021	2020/21
Hull CCG Actual	94.25	95.00	89.47	88.89	92.98
National Target	96.00	96.00	96.00	96.00	96.00
Status					
No. of Breaches (CCG)	87	6	12	13	72



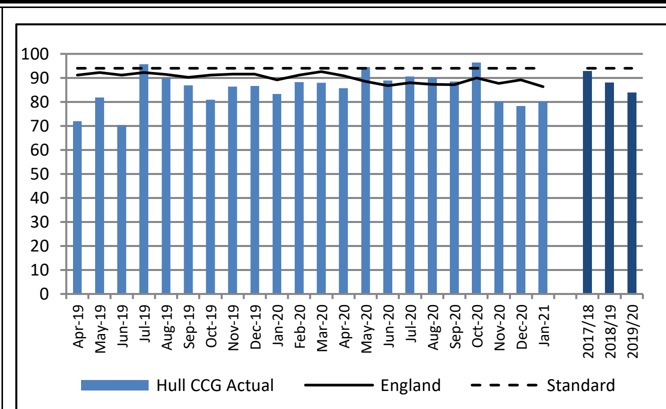
Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 117 patients seen in January with 13 breaches of the 31-day standard. Breach reasons are as follows:

Breach Reason	Number of Breaches	Tumour Type	Wait
Inadequate Elective Capacity	8	Skin x 2 Breast Gynaecological Head & Neck Lung Upper Gastrointestinal Urological	33 and 113 days 48 days 57 days 38 days 42 days 304 days 39 days
Health Care Provider initiated delay to diagnostic test or treatment planning	2	Lower Gastrointestinal x 2	49 and 52 days
Elective cancellation (for non-medical reason) for treatment in an admitted care setting	1	Gynaecological	44 days
Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this patient)	1	Head & Neck	108 days
Treatment delayed for medical reasons (patient unfit for treatment episode, excluding planned recovery period following diagnostic test) in an admitted care setting	1	Lung	34 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	Nov 2020	Dec 2020	Jan 2021	2020/21
Hull CCG Actual	83.76	80.00	78.26	80.00	87.62
National Target	94.00	94.00	94.00	94.00	94.00
Status					
No. of Breaches (CCG)	44	5	5	2	25

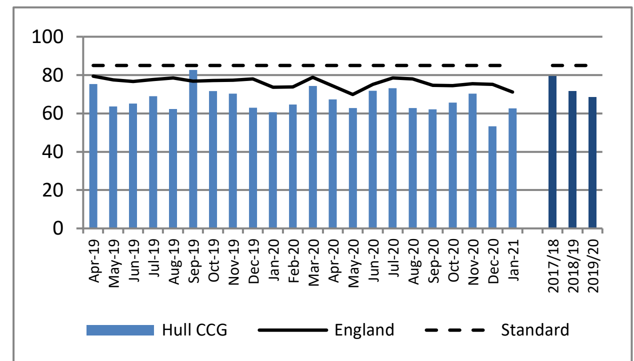


Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – A total of 10 patients were seen in January with 2 breaches of the 31-day standard, 1 due to inadequate elective capacity, with a wait of 61 days and the other due to patient choice, with a wait of 52 days.

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 Year	2020/21 In Month			YTD
	2019/20	Nov 2020	Dec 2020	Jan 2021	2020/21
HUTHT Actual	68.78	72.69	55.98	58.30	63.87
Status					
Hull CCG Actual	68.49	70.31	53.33	62.69	65.05
Status					
National Target	85.00	85.00	85.00	85.00	85.00
No. of Breaches (CCG)	236	19	28	25	187

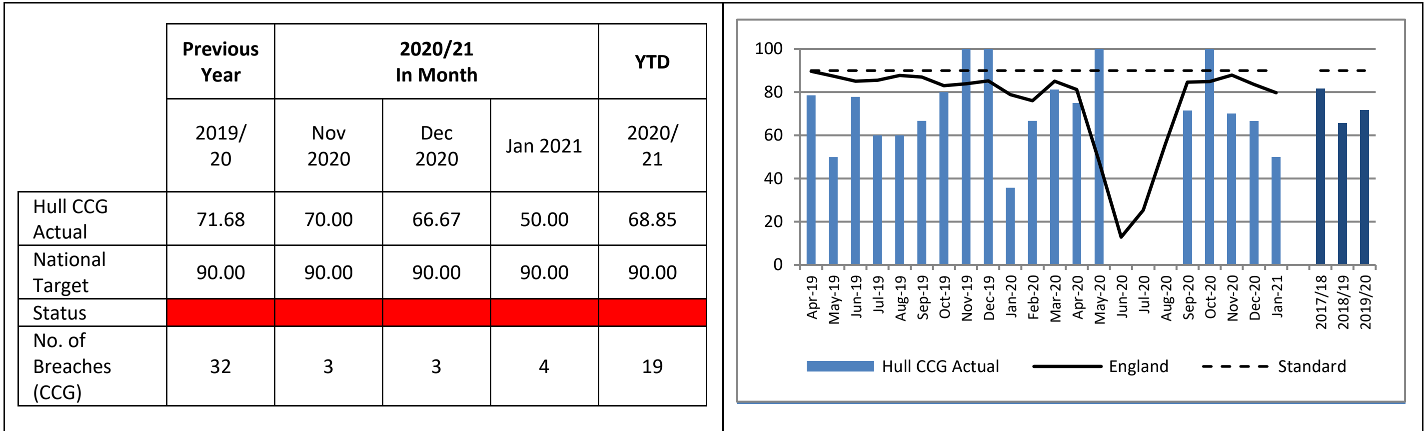


Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance is 55.98% in January (67 patients with 25 breaches). Breach details are as follows:

Breach Reason	**Number of Breaches**	**Tumour Type**	**Wait (Days)**
Health care provider initiated delay to diagnostic test or treatment planning	9	Lower Gastrointestinal x 4 Upper Gastrointestinal x 4 Lung	76, 93, 109 and 145 days 80, 85, 101 and 103 days 65 days
Complex diagnostic pathways (many, or complex, diagnostic tests required)	5	Lung x 2 Breast Skin Urological (excluding testicular)	84 and 90 days 69 days 153 days 70 days
Elective capacity inadequate (patient unable to be scheduled for treatment within standard time) for treatment in an admitted care setting	5	Head & Neck x 2 Gynaecological Skin Urological (excluding testicular)	74 and 143 days 84 days 144 days 66 days
Diagnosis delayed for medical reasons (patient unfit for diagnostic episode, excluding planned recovery period following diagnostic test)	2	Gynaecological Lung	91 days 90 days
Treatment delayed for medical reasons (Patient unfit for treatment episode, excluding planned recovery period following diagnostic test) in an admitted care setting	2	Gynaecological Lower Gastrointestinal	65 days 100 days
Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots)	1	Breast	70 days
Elective cancellation (for non-medical reason) for treatment in an admitted care setting	1	Gynaecological	76 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	Nov 2020	Dec 2020	Jan 2021	2020/21
Hull CCG Actual	71.68	70.00	66.67	50.00	68.85
National Target	90.00	90.00	90.00	90.00	90.00
Status					
No. of Breaches (CCG)	32	3	3	4	19

Cancer 62 days of referral from an NHS Cancer Screening Service – 8 patients were seen during the month of January, with 4 breaches of the standard:

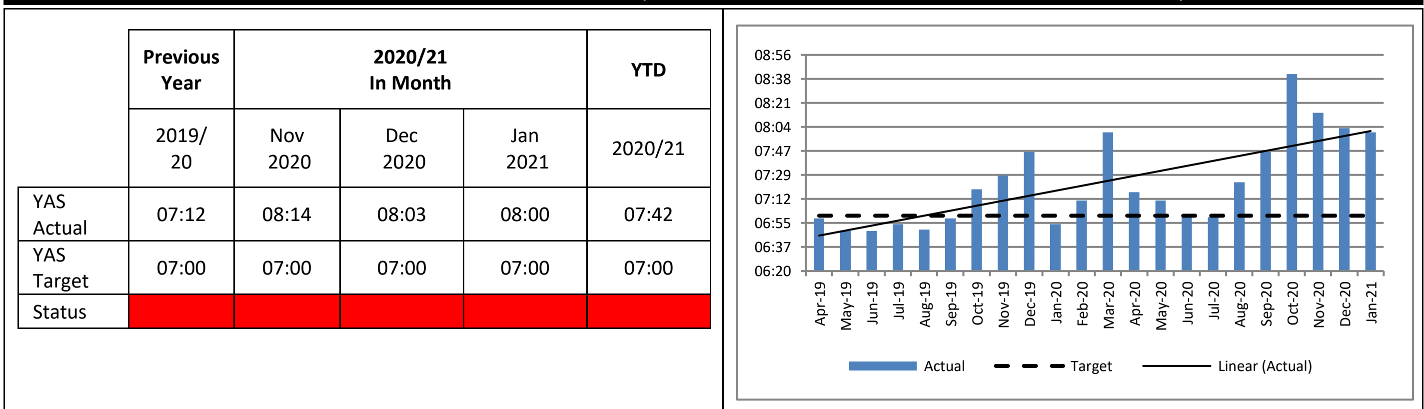
Breach Reason	Number of Breaches	Tumour Type	Wait
Complex diagnostic pathway (many, or complex, diagnostic tests required)	2	Breast x 2	65 and 82 days
Health Care Provider initiated delay to diagnostic test or treatment planning	1	Lower Gastrointestinal	114 days
Inconclusive diagnostic result	1	Lung	203 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	Nov 2020	Dec 2020	Jan 2021	2020/21
YAS Actual	07:12	08:14	08:03	08:00	07:42
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.

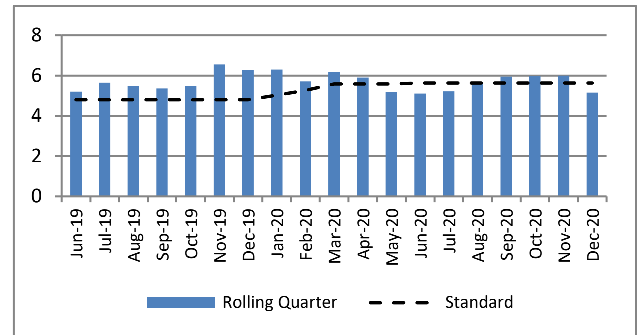
YAS at HUTHT performance for +30 minute and +60 minute handovers, as a proportion of total number of handovers, is 22.6% and 7.5% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 3.9% and 0.2% respectively for January 2021.

% 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			
	2017/ 18	2018/ 19	2019/ 20	Oct 2020	Nov 2020	Dec 2020	**Rolling Qtr**
Hull CCG Actual	23.35	20.14	23.05	1.99	1.84	1.32	5.16*
National Target	19.00	20.04	19.89	1.88	1.88	1.88	5.63
Status							

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



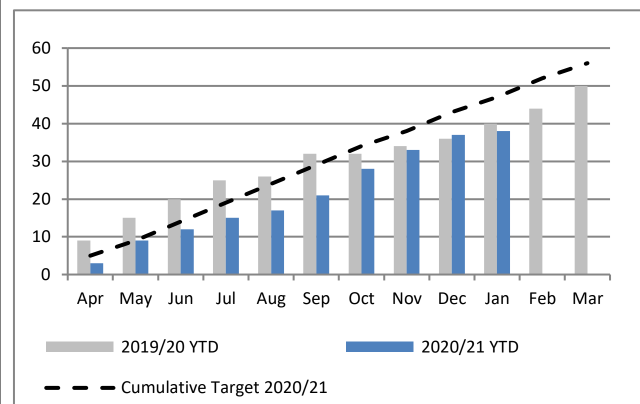
Performance below target, impacted by a reduction in the number of referrals received. The indicator continues to be monitored by NHS England and the CCG.

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	Nov 2020	Dec 2020	Jan 2021	2020/ 21
Hull CCG Actual	50	5	4	1	38
Target	56	4	5	4	47
Status					

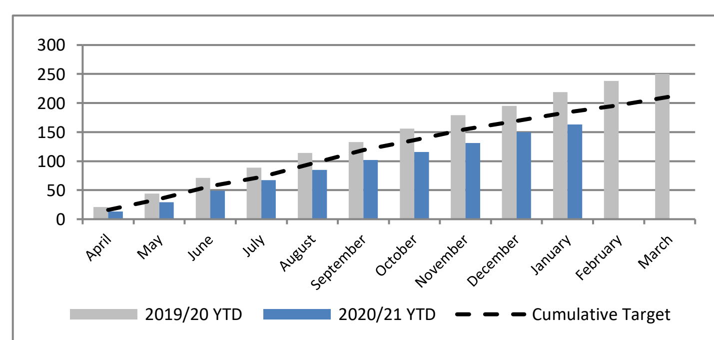


In January 2021 the CCG are reporting 38 cases YTD, 2 fewer cases when compared to the same point the previous year (40 cases, January 2020).

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

Lead: Deborah Lowe Polarity: Smaller is better

	Previous Year	**2020/21 In Month**			**YTD**
	2019/20	Nov 2020	Dec 2020	Jan 2021	2020/ 21
Hull CCG Actual	250	15	19	13	163
Target	211	19	14	15	184
Status					



In January 2021 the CCG are reporting 163 cases YTD, 56 fewer compared to the same point the previous year (219 cases, January 2020).