

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

MAY 2021

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Executive Summary

Financial Summary

The Annual Accounts for 2020/21 are in the process of being audited, interim indications are that NHS Hull CCG will achieve its financial targets.

Performance

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

Referral to Treatment 18 weeks waiting times performance at HUTHT improved slightly in March, reporting 52.11% compared to 50.22% 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 March 2021 compared to the previous month, however the standard continues to underperform against the national target.

Diagnostic test 6-week waiting times performance improved slightly in March, Hull CCG reported 36.33% of patients waiting longer than 6 weeks in March compared to 38.32% in February.

Safety, Quality and Patient Experience

Hull University Teaching Hospitals NHS Trust (HUTHT)

- In conjunction with NHS England / Improvement, NHS Hull CCG as Lead Commissioners commenced the Quality Risk Profile process for HUTHT in March 2021. This having been informed by an initial 'desktop' review completed by NHSEI and ongoing quality concerns at HUTHT inclusive of a significant number of patients waiting for treatment, including Diagnostics, Cancer and RTT and the risk that patients awaiting appointments who may sustain harm.
- The Trust has now moved from routine to Enhanced Surveillance and the Quality Delivery Group chaired by the CCG has been revised to include the wider health stakeholders and focus upon the improvements as identified within the Quality and Risk Process.
- The Trust was identified as reporting a high number of Nosocomial infections. The Trust declared a Serious Incident in March 2021 based on the high number of nosocomial infections.

Humber NHS Foundation Trust

- The Humber Crisis line have implemented new improvement measures, including the introduction of an electronic referral system. The service is undertaking a further review, and this will be reported at the next quality group.
- The Trust are exploring introducing a weekly MDT for CAMHS referrals, as it has been identified that some referrals received are not appropriate for the service, that these should be made to the 0-19 service. It is envisaged that these measures will allow for the triage of the referrals and redirection where appropriate before they reach the CAMHS tiers.

City Health Care Partnership (CHCP)

- CHCP report a reduction in the number of Pressure Ulcer incidents. This is attributable to the recent quality improvement work and in enhancing the training of staff in the accurate identification, treatment, and subsequent reporting of wounds.
- The organisation has re-commenced the Datix user group forum. A re-design of the templates utilised within the system have been enhanced by adding sub-groups to fully capture the issues and highlight any commonalities.

Spire

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

Yorkshire Ambulance Service (YAS)

- YAS has been working in collaboration with local partners including the voluntary sector to reduce the number of fall related incidents. YAS have now commenced audit work and no incidents or complaints have been identified to date.

Financial Position

Achievement of Financial Duties / Plans

Indicative year-end achievement (subject to audit) against the financial performance targets for 2020/21 are as follows:

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

At the time of report production, the 2020/21 Annual Accounts were in the process of being audited.

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.

CCG Constitutional Exceptions

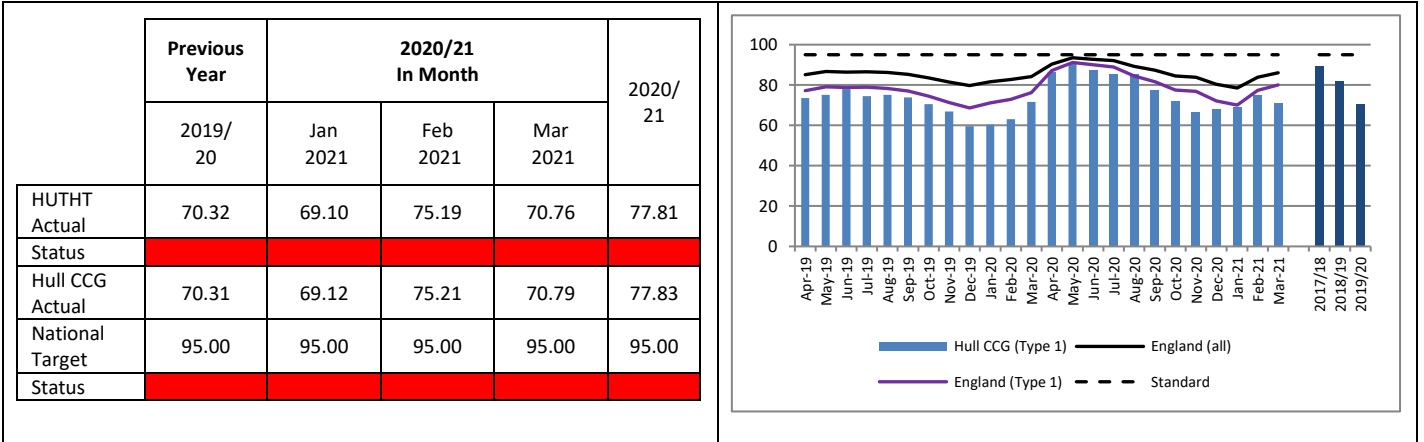
Performance Indicator Exceptions

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



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

Attendance levels in March 2021 were 9% higher than those seen in March 2020 with full year numbers down by 21% overall, April 2020 to March 2021.

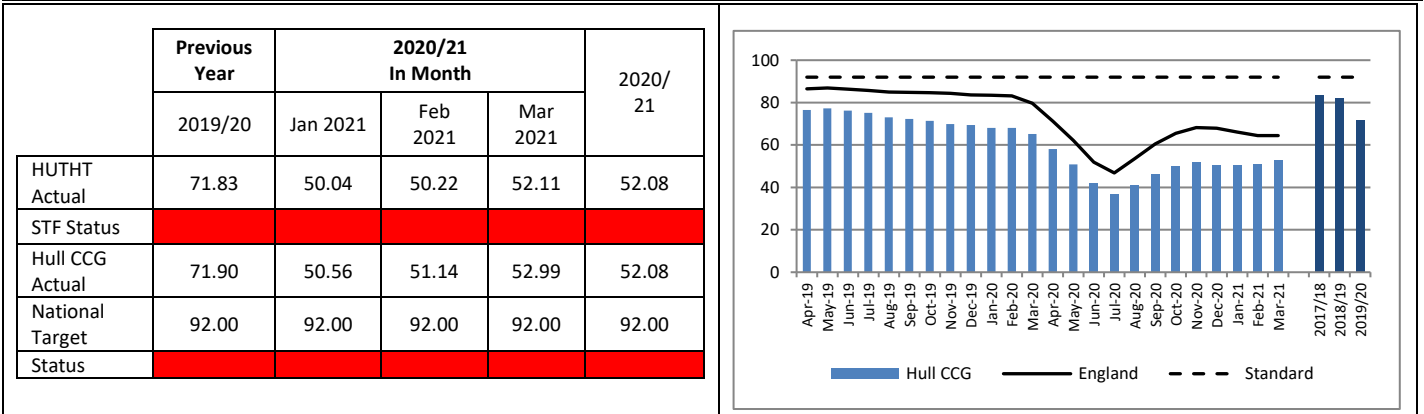
[NHS England – A&E Attendances and Emergency Admissions 2020-21](#)

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

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better



Referral to Treatment 18 weeks waiting times performance at HUTHT improved slightly in March, reporting 52.11% compared to 50.22% 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](#)

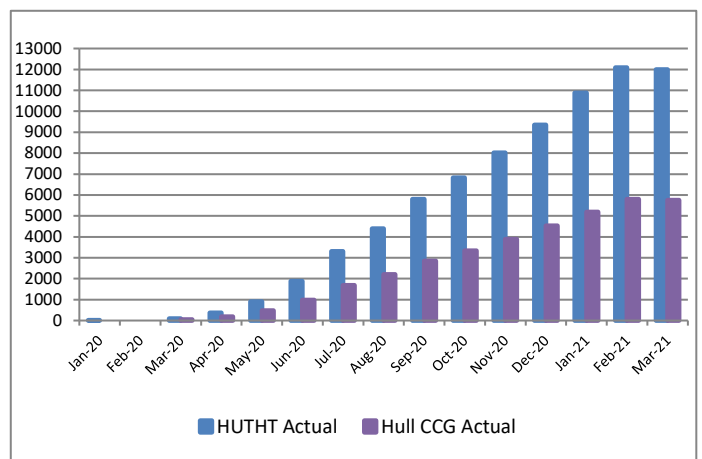
Number of >52 week Referral to Treatment in Incomplete Pathways

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			2020/21
	2019/20	Jan 2021	Feb 2021	Mar 2021	
HUTHT Actual	88	10,873	12,085	11,991	75,812
Status					
Hull CCG Actual	51	5,193	5,796	5,751	36,879
Status					
National Target	0	0	0	0	0



Hull CCG reported 5,751 patients waiting over 52 weeks at the end of March, a slight reduction when compared to the previous month.

In March 2021 the Trust had 11,991 52 Week breaches, an improvement of 94 on those reported in February 2021.

The majority of the breaches relate to Ear Nose and Throat (ENT), Plastic Surgery, Ophthalmology and Gynaecology.

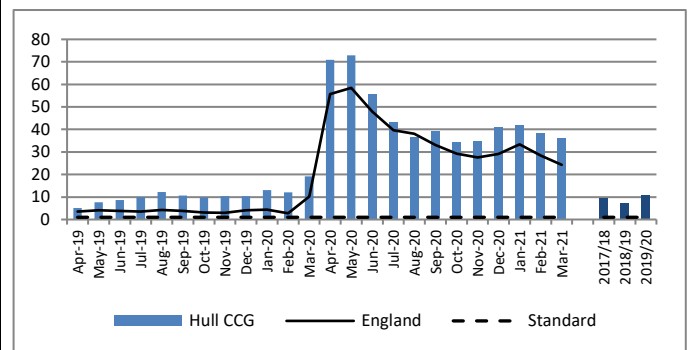
Diagnostic test waiting times (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			2020/21
	2019/20	Jan 2021	Feb 2021	Mar 2021	
HUTHT Actual	10.57	43.80	39.56	37.01	45.25
HUTHT Status					
Hull CCG Actual	10.79	42.01	38.32	36.33	44.82
Status					
National Target	1.00	1.00	1.00	1.00	1.00



Hull CCG Diagnostic test 6-week waiting times performance improved slightly compared to the previous month, reporting 36.33% of patients waiting longer than 6 weeks in March compared to 38.32% in February.

The CCG reported 2,226 breaches during March 2021, the majority for endoscopy, 65.4% (1,455) 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](#)

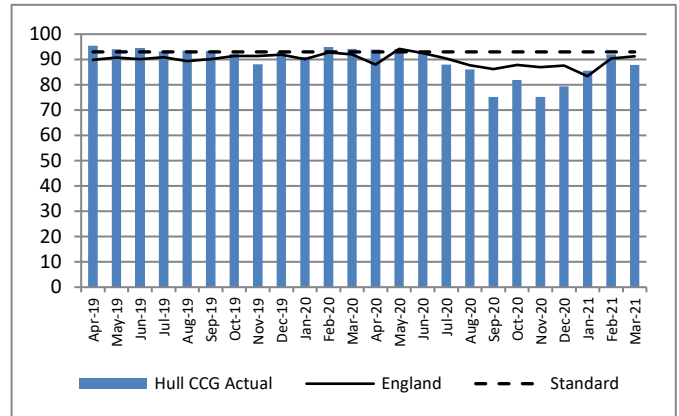
Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2020/21 In Month			2020/21
	2018/19	2019/20	Jan 2021	Feb 2021	Mar 2021	
Hull CCG Actual	94.81	93.09	85.59	91.96	87.82	84.82
National Target	93.00	93.00	93.00	93.00	93.00	93.00
Status						
No. of Referrals (CCG)	9,391	9,861	798	759	969	8,656
No. of Breaches (CCG)	487	681	115	61	118	1,314



Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer
 March 2021 performance was 87.82% for Hull CCG with 969 patients seen (greatest monthly total for 2020/21) with 118 breaches of the standard – 95 (80.5%) of the breaches were due to inadequate out-patient capacity with the remaining 23 breaches due to Patient Choice.

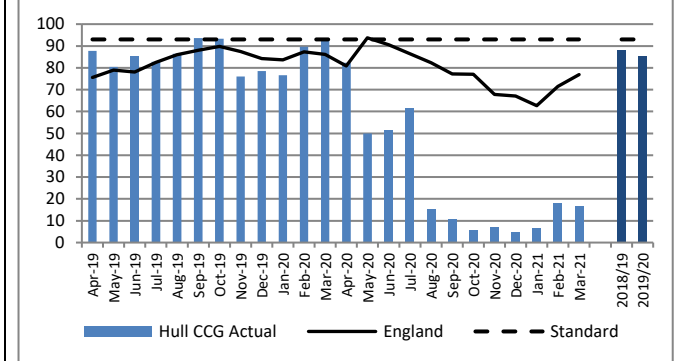
Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			2020/21
	2019/20	Jan 2021	Feb 2021	Mar 2021	
Hull CCG Actual	85.54	6.85	17.91	16.67	20.35
National Target	93.00	93.00	93.00	93.00	93.00
Status					
No. of Referrals (CCG)	1,604	146	134	90	850
No. of Breaches (CCG)	232	136	110	75	677



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 16.67% in March 2021.

A total of 90 patients were seen during March with 75 breaches, 66 due to inadequate outpatient capacity, 5 due to patient choice and the remaining 4 breaches due to clinic cancellation.

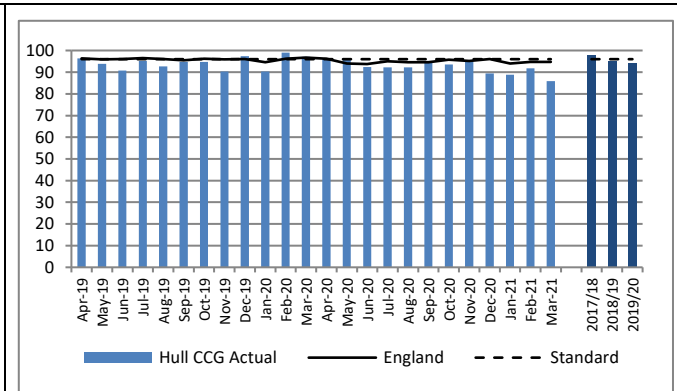
Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			2020/21
	2019/20	Jan 2021	Feb 2021	Mar 2021	
Hull CCG Actual	94.25	88.89	91.74	85.94	92.16
National Target	96.00	96.00	96.00	96.00	96.00
Status					
No. of Breaches (CCG)	87	13	9	18	99



Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 128 patients seen in March with 18 breaches of the 31-day standard. Breach reasons are as follows:

Breach Reason	Number of Breaches	Tumour Type	Wait
Health Care Provider initiated delay to diagnostic test or treatment planning	8	Lower Gastrointestinal x 7 Head & Neck	Between 33 and 55 days 45 days
Inadequate Elective Capacity for treatment in an admitted care setting	8	Gynaecological x 3 Breast x 2 Skin x 2 Urological	34, 43 and 50 days 34 and 36 days 36 and 42 days 54 days
Administrative Delay	1	Urological	104 days
Complex diagnostic pathway (many, or complex, diagnostic tests required)	1	Lower Gastrointestinal	34 days

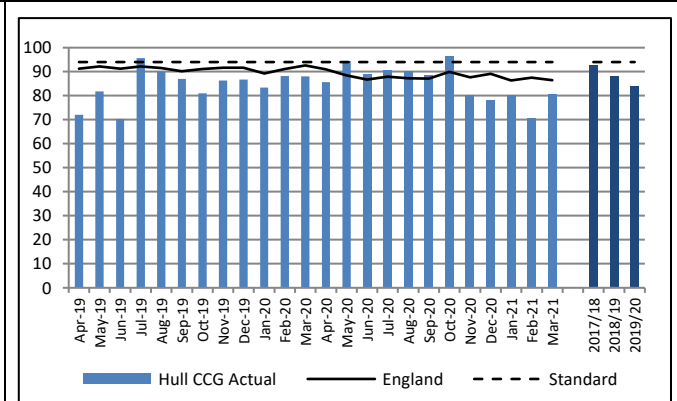
Cancer 31 day waits: 31 day wait for subsequent treatment - surgery (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			2020/21
	2019/20	Jan 2021	Feb 2021	Mar 2021	
Hull CCG Actual	83.76	80.00	70.59	80.65	85.60
National Target	94.00	94.00	94.00	94.00	94.00
Status					
No. of Breaches (CCG)	44	2	5	6	36



Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – A total of 31 patients were seen in March, the greatest monthly total for the whole of 2020/21. There were 6 breaches of the 31-day standard, 3 due to inadequate elective capacity, with waits of 40, 56 and 60 days and 2 further breaches due to a Health Care Provider initiated delay to diagnostic test / treatment planning, both with a wait of 33 days. The remaining breach was down to a complex diagnostic pathway with an overall wait of 41 days.

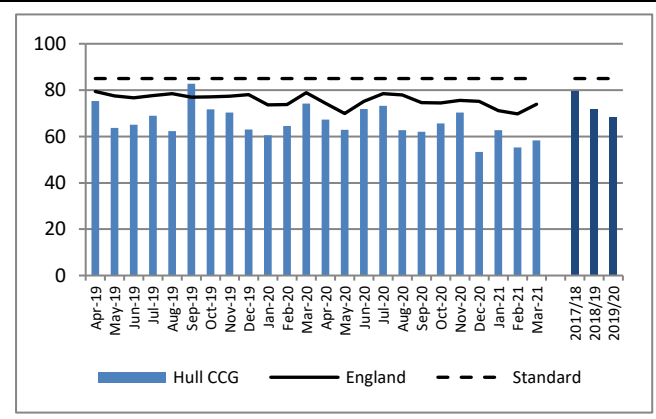
Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2020/21 In Month			2020/21
	2019/20	Jan 2021	Feb 2021	Mar 2021	
HUTHT Actual	68.78	58.36	56.52	59.41	62.90
Status					
Hull CCG Actual	68.49	62.69	55.32	58.33	63.71
Status					
National Target	85.00	85.00	85.00	85.00	85.00
No. of Breaches (CCG)	236	25	21	25	233



Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance is 58.33% in March (60 patients with 25 breaches). Breach details are as follows:

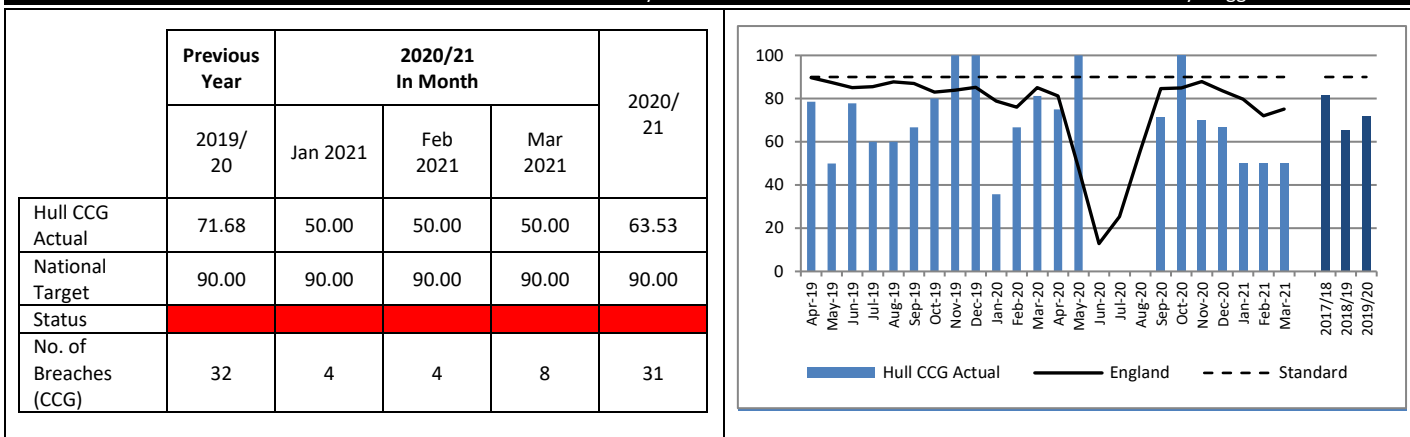
Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Health care provider initiated delay to diagnostic test or treatment planning	10	Lower Gastrointestinal x 9 Urological (excluding testicular)	Between 79 and 141 days 154 days
Complex diagnostic pathways (many, or complex, diagnostic tests required)	6	Breast Gynaecological Haematological Lung Upper Gastrointestinal Urological (excluding testicular)	80 days 166 days 114 days 171 days 83 days 189 days
Elective capacity inadequate (patient unable to be scheduled for treatment within standard time) for treatment in an admitted care setting	4	Gynaecological Skin Urological (excluding testicular) x 2	78 days 98 days 81 and 101 days
PATIENT choice (PATIENT declined or cancelled an offered Appointment Date for follow up APPOINTMENT)	1	Lung	130 days
PATIENT choice delay relating to first Out-Patient Appointment	1	Head & Neck	63 days
Diagnosis delayed for medical reasons (patient unfit for diagnostic episode, excluding planned recovery period following diagnostic test)	1	Gynaecological	209 days
Administrative Delay	1	Lung	100 days
Elective cancellation (for non-medical reason) for treatment in an admitted care setting	1	Lung	97 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



Cancer 62 days of referral from an NHS Cancer Screening Service – 16 patients were seen during the month of March, with 8 breaches of the standard:

Breach Reason	Number of Breaches	Tumour Type	Wait
Health Care Provider initiated delay to diagnostic test or treatment planning	3	Lower Gastrointestinal	84, 85 and 166 days
Complex diagnostic pathway (many, or complex, diagnostic tests required)	2	Breast x 2	69 and 95 days
Elective capacity inadequate for treatment in an admitted care setting	2	Breast x 2	63 and 64 days
Patient Choice	1	Lower Gastrointestinal	112 days

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/monthly-comm-cwt/>

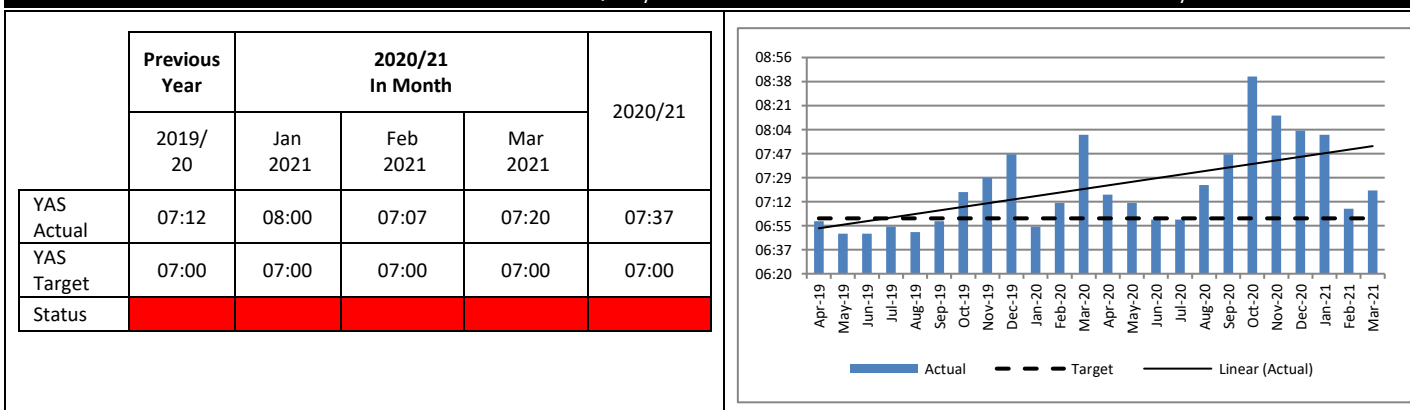
Note: Access to cancer reporting data nationally has changed and become more challenging. The CCG is increasingly dependent on providers supplying information to explain breaches of waiting time standards.

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

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better



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 21.9% and 6.3% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 4.6% and 0.4% respectively for March 2021.

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

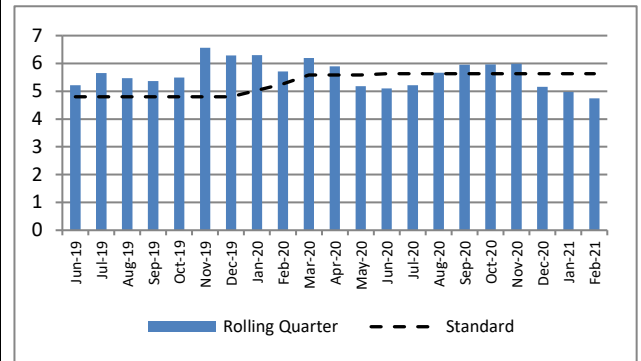
Lead: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years			In month position			Rolling Qtr
	2017/18	2018/19	2019/20	Dec 2020	Jan 2021	Feb 2021	
Hull CCG Actual	23.35	20.14	23.05	1.32	1.80	1.62	4.74*
National Target	19.00	20.04	19.89	1.88	1.88	1.88	5.63
Status							

* 'Rolling Quarter' covers 3-month interval, Dec 2020 – Feb 2021. 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.

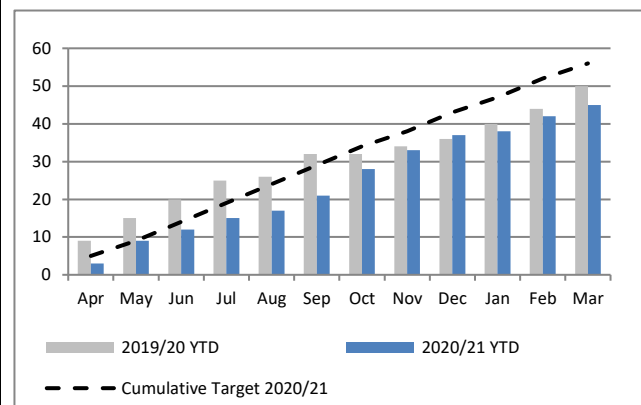
Quality Indicator Exceptions

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

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			2020/21
	2019/20	Jan 2021	Feb 2021	Mar 2021	
Hull CCG Actual	50	1	4	3	45
Target	56	4	5	4	56
Status					



At the end of 2020/21 the CCG are reporting an annual total of 45 cases.

The annual 2020/21 cumulative plan has been achieved with 11 fewer cases compared to the year end plan of 56, and 5 fewer overall when compared to 2019/20.

Incidence of healthcare associated infection (HCAI): Methicillin-Resistant Staphylococcus Aureus (MRSA)

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years			2020/21 In Month			2020/21
	2017/18	2018/19	2019/20	Jan 2021	Feb 2021	Mar 2021	
Hull CCG Actual	2	2	2	0	0	1	1
Target	0	0	0	0	0	0	0
Status							

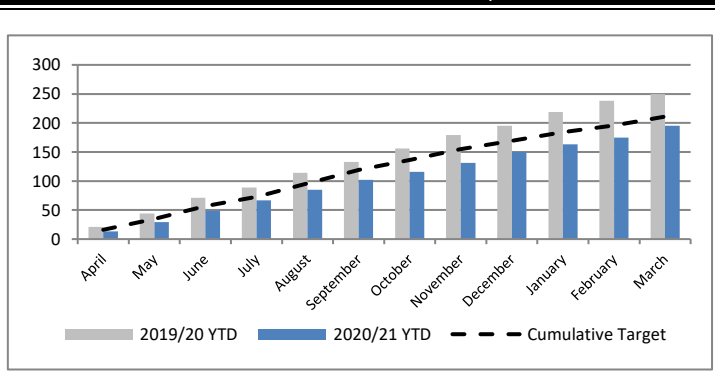
At the end of 2020/21 the CCG are reporting a single case of MRSA, 1 fewer than reported for each of the three previous financial years.

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

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2020/21 In Month			2020/21
	2019/20	Jan 2021	Feb 2021	Mar 2021	
Hull CCG Actual	250	13	12	20	195
Target	211	15	12	15	211
Status					



At the end of 2020/21 a total of 195 cases are reported against an end of year local target of 211. This is a reduction on 2019/20 by 55 cases (250 cases April 2019– March 2020).