

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

JULY 2021

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Executive Summary

Financial Summary

At this early stage of the year the CCG's forecast is based on the assumption that expenditure will be in line with the budget with the exception of expenditure on the Hospital Discharge Scheme and the Elective Recovery Fund. Other variances at month 3 are relatively insignificant and are in areas that are typically variable throughout the year therefore more data is needed before an accurate prediction can be made.

Performance

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

Referral to Treatment 18 weeks waiting times performance at HUTHT improved slightly in May, reporting 56.40% compared to 53.36% the previous month.

62-day cancer waiting times performance improved slightly in May 2021 compared to the previous month, however the standard continues to underperform against the national target.

Hull CCG Diagnostic test 6-week waiting times performance improved slightly compared to the previous month, reporting 38.53% of patients waiting longer than 6 weeks in May 2021 compared to 39.02% in April.

Safety, Quality and Patient Experience

Hull University Teaching Hospitals NHS Trust (HUTHT)

- HUTHT are now in a period of Enhanced Surveillance, following the commencement of the Quality and Risk Profile (QRP) process which is led by NHS Hull CCG.
- The Quality Delivery Group chaired by the CCG has been revised to include the wider health stakeholders and is focused upon support for the Trust and system wide improvements, as identified within the Quality and Risk Process.
- Stakeholders from across health met with the Trust on 7th June 2021 and 5th July 2021 to review the process, presenting risks and in agreeing upon the next steps. As agreed, this would include 'deep dives' and the mapping of active workstreams which will both support HUTHT and enable the achievement of system wide improvements.

Humber NHS Foundation Trust

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

City Health Care Partnership (CHCP)

- CHCP report 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.

Spire

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

Yorkshire Ambulance Service (YAS)

- YAS has been working in collaboration with local partners including the voluntary sector to reduce the number of falls related incidents, an audit has commenced in support of this work.

Financial Position

Achievement of Financial Duties / Plans

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

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

Financial Performance / Forecast							
	Year To Date (000's)			Half Year 1 (000's)			Risk
	Budget	Actual	Var	Budget	FOT	Var	
20/21 Core Allocation	167,241	167,241	-	334,483	334,483	-	
Surplus			-			-	
Acute Services	87,097	87,899	(802)	173,854	175,404	(1,550)	Red
Prescribing & Primary Care Services	27,362	27,138	224	54,320	54,320	-	Green
Community Services	13,675	14,121	(446)	27,349	28,099	(750)	Amber
Mental Health & LD	16,637	17,443	(806)	33,274	33,274	-	Green
Continuing Care	6,791	6,625	167	13,583	13,583	-	Green
Other Including Earmarked Reserves	7,055	6,654	401	14,855	14,867	(12)	Green
Running Costs	1,199	1,199	0	2,399	2,399	-	Green
TOTAL EXPENDITURE	159,816	161,079	(1,262)	319,633	321,945	(2,312)	
Under/(over)-spend against in year allocation	7,425	6,163	(1,262)	14,850	12,538	(2,312)	Green
Elective Recovery Fund Expenditure	-	800	800	-	1,550	1,550	See above
Hospital Discharge Expenditure	-	450	450	-	750	750	See above
Recoverable Covid Expenditure	-	12	12	-	12	12	See above
Balance	7,425	7,425	(0)	14,850	14,850	(0)	Green

KEY:

RED = negative variance of £2M or above

AMBER = negative variance between £500k - £2M

GREEN = positive variance or negative variance less than £500k

Exception: Other including earmarked reserves

Summary Financial Position as at 30th June 2021.

The CCG is currently forecasting to achieve a Surplus of £12,538k against the allocation for the first half of 2021/22 (H1). This is a deficit of £2,312k against the planned surplus of £14,850k.

This is an allowable deficit as it relates to the Hospital Discharge Scheme, the Elective Recovery Fund and recoverable Covid expenditure for which additional funding will be received retrospectively.

The historic surplus of £15,408k has yet to be issued by NHS England however it is understood that this will be issued at some point through the financial year.

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

At this early stage of the year the CCG's forecast is based on the assumption that expenditure will be in line with the budget with the exception of expenditure on the Hospital Discharge Scheme and the Elective Recovery Fund. Other variances at month 3 are relatively insignificant and are in areas that are typically variable throughout the year therefore more data is needed before an accurate prediction can be made.

The largest of these variances in the YTD position is for Mental Health and LD costs which relates to high cost packages and patients stepped down from specialist services. An element of this will be funded by NHS England's Transforming Care Programme, however the amount relates to discharges across the system and is therefore uncertain.

Statement of Financial Position

At the end of June, the CCG was showing £35.7m excess of liabilities over assets. This is expected for an NHS commissioning organisation and is higher than previous financial years due to the CCG hosting system related funding that is paid over through NHS provider contracts.

Revenue Resource Limit

The H1 Limit for the CCG was £334,483 for both 'Programme' and 'Running' costs.

Working Balance Management

Cash

The closing cash for June was £249k. As in 2020/21 there is no requirement to manage cash to minimal levels, however the CCG is not retaining excess amounts of cash.

Better Payment Practice Code:

Target 95% payment within 30 days

a. Non NHS

The Non NHS performance for June was 95.68% on the value and 93.98% on the number of invoices, whilst the full year position is 95.05% achievement on the value and 95.41% on number.

b. NHS

The NHS performance for June was 99.99% on the value and 96.15% on the number of invoices, whilst the full year position is 99.90% achievement on the value and 92.63% on number.

NHS System Oversight Framework 2021/22

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

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

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

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

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

CCG Constitutional Exceptions

Performance Indicator Exceptions

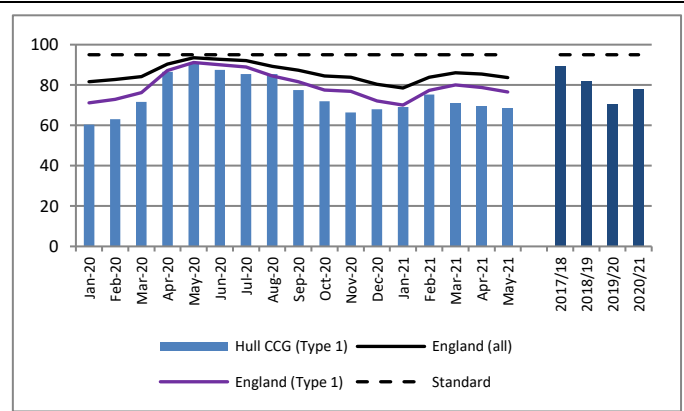
A&E waiting times – percentage of patients spending less than 4 hours total time in the A&E department (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month		YTD
	2019/20	2020/21	Apr 2021	May 2021	2021/22
HUTHT Actual	70.32	77.81	69.76	68.42	69.06
Status					
Hull CCG Actual	70.31	77.83	69.79	68.46	69.10
National Target	95.00	95.00	95.00	95.00	95.00
Status					



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

The overall number of attendances are back to pre-covid levels.

[Statistics » A&E Attendances and Emergency Admissions 2021-22 \(england.nhs.uk\)](https://www.england.nhs.uk/statistics/statistics-articles/a-and-e-attendances-and-emergency-admissions-2021-22/)

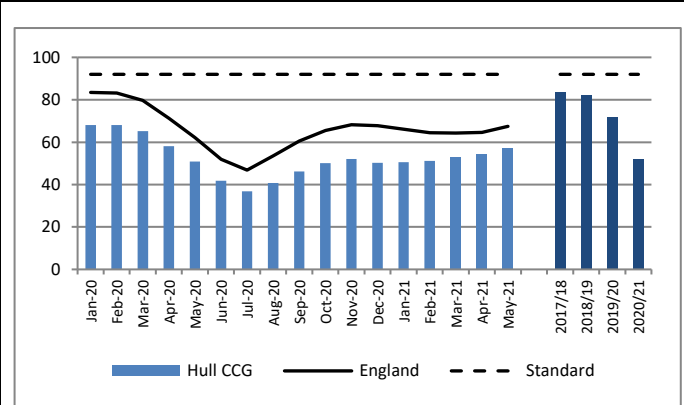
Referral to Treatment incomplete pathways: percentage of incomplete pathways within 18 weeks (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month		YTD
	2019/20	2020/21	Apr 2021	May 2021	2021/22
HUTHT Actual	71.83	52.08	53.36	56.40	56.40
STF Status					
Hull CCG Actual	71.90	52.08	54.45	57.22	57.22
National Target	92.00	92.00	92.00	92.00	92.00
Status					



Referral to Treatment 18 weeks waiting times performance at HUTHT improved slightly in May, reporting 56.40% compared to 53.36% the previous month.

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

[Statistics » Consultant-led Referral to Treatment Waiting Times Data 2021-22 \(england.nhs.uk\)](https://www.england.nhs.uk/statistics/statistics-articles/consultant-led-referral-to-treatment-waiting-times-data-2021-22/)

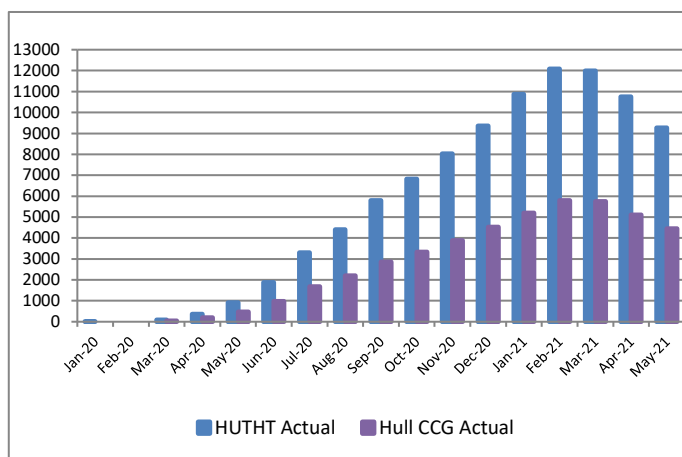
Number of >52 week Referral to Treatment in Incomplete Pathways

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2021/22 In Month		YTD
	2019/20	2020/21	Apr 2021	May 2021	2021/22
HUTHT Actual	88	75,448	10,750	9,268	20,018
Status					
Hull CCG Actual	51	36,688	5,103	4,453	9,556
Status					
National Target	0	0	0	0	0



Hull CCG reported 4,453 patients waiting over 52 weeks at the end of May 2021, a reduction of 650 when compared to the previous month (April 5,103).

In May 2021 the Trust had 9,268 52 Week breaches, an improvement of 1,482 patients when compared to those reported in April 2021 (10,750).

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

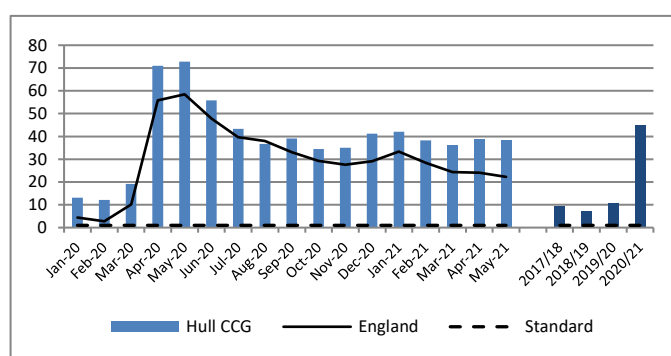
Diagnostic test waiting times (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2021/22 In Month		YTD
	2019/20	2020/21	Apr 2021	May 2021	2021/22
HUTHT Actual	10.57	45.25	39.80	38.10	38.10
HUTHT Status					
Hull CCG Actual	10.79	44.82	39.02	38.53	38.53
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 38.53% of patients waiting longer than 6 weeks in May compared to 39.02% in April.

The CCG reported 2,457 breaches during May 2021 (+53 compared to April), the majority for Endoscopy, 60.0% (1,474) of the total breaches, with Colonoscopy accounting for 38.8% (572) and Gastroscopy 33.2% (490) of the total Endoscopy breaches.

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

[Statistics » Monthly Diagnostic Waiting Times and Activity \(england.nhs.uk\)](https://www.england.nhs.uk/statistics/monthly-diagnostic-waiting-times-and-activity/)

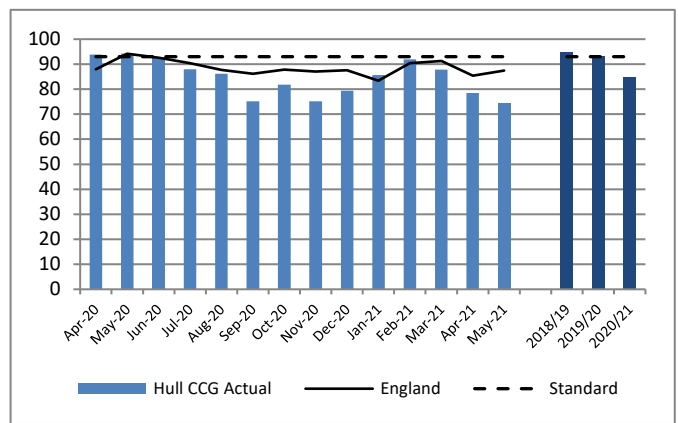
Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years			2021/22 In Month		YTD
	2018/ 19	2019/ 20	2020/21	Apr 2021	May 2021	2021 /22
Hull CCG Actual	94.81	93.09	84.82	78.48	74.30	76.35
National Target	93.00	93.00	93.00	93.00	93.00	93.00
Status						
Total Seen (CCG)	9,391	9,861	8,656	827	856	1,683
No. of Breaches (CCG)	487	681	1,314	178	220	398



Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer
 May 2021 performance was 74.30% for Hull CCG with 856 patients seen with 220 breaches of the standard – 176 (80.0%) of the breaches were due to inadequate out-patient capacity, 33 breaches due to Patient Choice, 6 due to clinic cancellation and the remaining 5 breaches with a reason not listed.

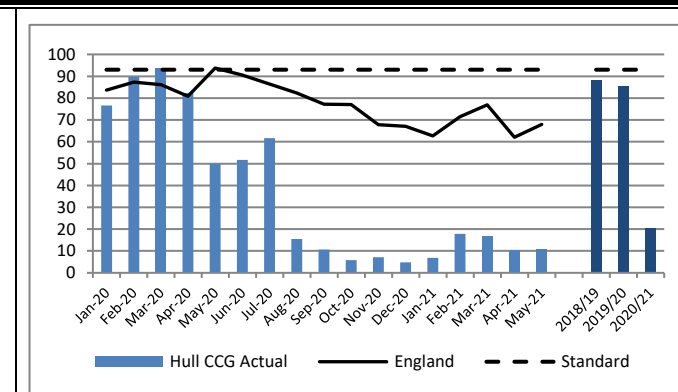
Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month		YTD
	2019/20	2020/21	Apr 2021	May 2021	2021/22
Hull CCG Actual	85.54	20.35	10.53	10.61	10.57
National Target	93.00	93.00	93.00	93.00	93.00
Status					
Total Seen (CCG)	1,604	850	57	66	123
No. of Breaches (CCG)	232	677	51	59	110



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 10.61% in May 2021, consistent with the previous months performance.

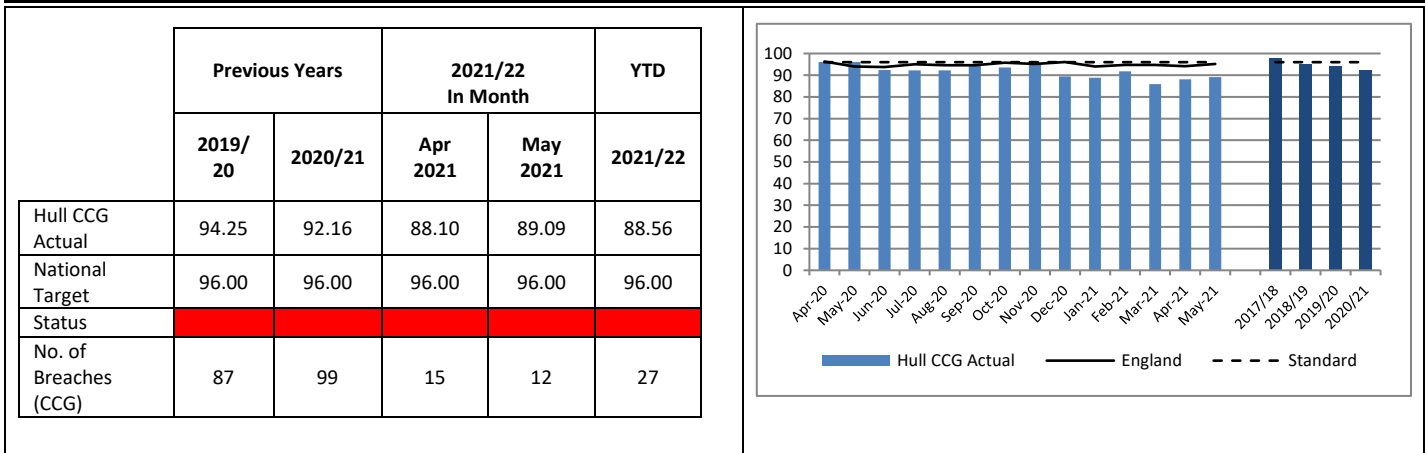
A total of 66 patients were seen during May 2021 with 59 breaches, 55 (93.2%) due to inadequate outpatient capacity and the remaining 4 breaches due to patient choice.

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

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better



Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 110 patients seen in May 2021 with 12 breaches of the 31-day standard. Breach reasons are as follows:

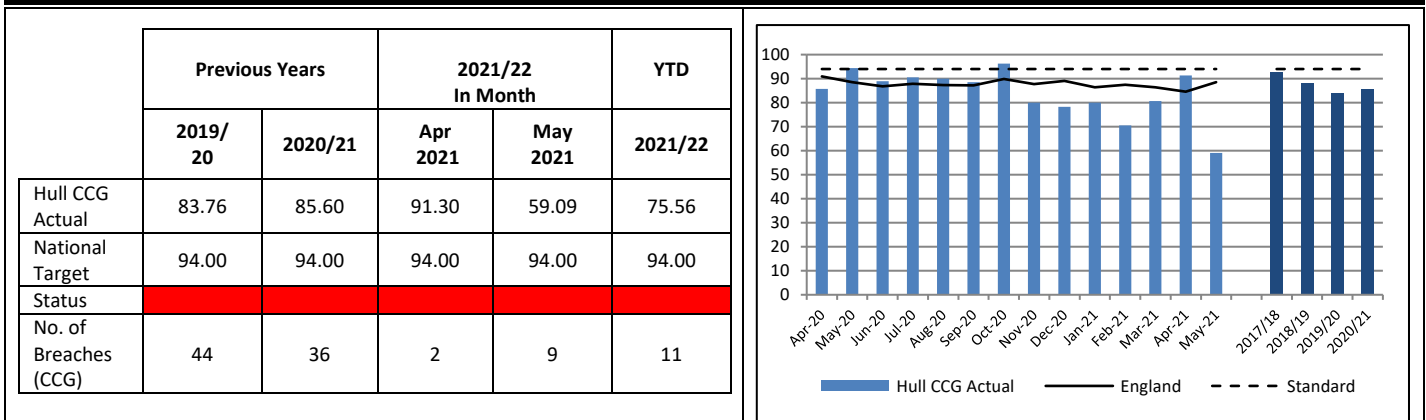
Breach Reason	Number of Breaches	Tumour Type	Wait
Inadequate Elective Capacity for treatment in an admitted care setting	10	Urological x 5 Gynaecological x 3 Head & Neck Skin	Between 33 and 75 days Between 34 and 113 days 34 days 36 days
Health Care Provider initiated delay to diagnostic test or treatment planning	2	Lower Gastrointestinal	33 and 36 days

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

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better



Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – A total of 22 patients were seen in May. There were 9 breaches of the 31-day standard, 6 due to inadequate elective capacity, 2 due to a Health Care Provider initiated delay and the remaining breach due to inadequate outpatient capacity.

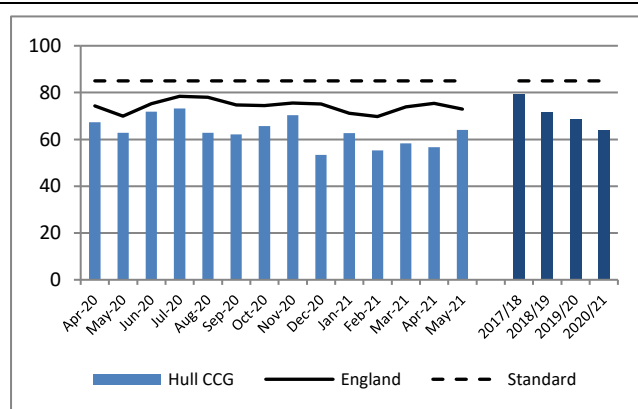
Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month		YTD
	2019/20	2020/21	Apr 2021	May 2021	2021/22
HUTHT Actual	68.78	61.12	56.73	62.38	59.73
Status					
Hull CCG Actual	68.49	63.71	56.60	64.06	60.68
Status					
National Target	85.00	85.00	85.00	85.00	85.00
No. of Breaches (CCG)	236	233	23	23	46



Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance is 64.06% in May (64 patients with 23 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	13	Lower Gastrointestinal x 6 Head and Neck x 2 Upper Gastrointestinal x 2 Urological (excluding testicular) x 2 Gynaecological	Between 69 and 98 days 68 and 70 days 105 and 138 days 78 and 161 days 104 days
Complex diagnostic pathways (many, or complex, diagnostic tests required)	2	Gynaecological Haematological (Excluding Acute Leukaemia)	73 days 95 days
Elective capacity inadequate (patient unable to be scheduled for treatment within standard time) for treatment in an admitted care setting	2	Gynaecological Urological (excluding testicular)	153 days 75 days
Administrative Delay	1	Urological (excluding testicular)	97 days
Diagnosis delayed for medical reasons (patient unfit for diagnostic episode, excluding planned recovery period following diagnostic test)	1	Upper Gastrointestinal	69 days
Health Care Provider unable to make contact with PATIENT by telephone	1	Urological (excluding testicular)	90 days
Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this patient)	1	Upper Gastrointestinal	79 days
Patient Choice (patient declined or cancelled an offered Appointment Date for treatment)	1	Lung	70 days
Patient Did Not Attend an Appointment for a diagnostic test or treatment planning event (no advance notice)	1	Urological (excluding testicular)	115 days

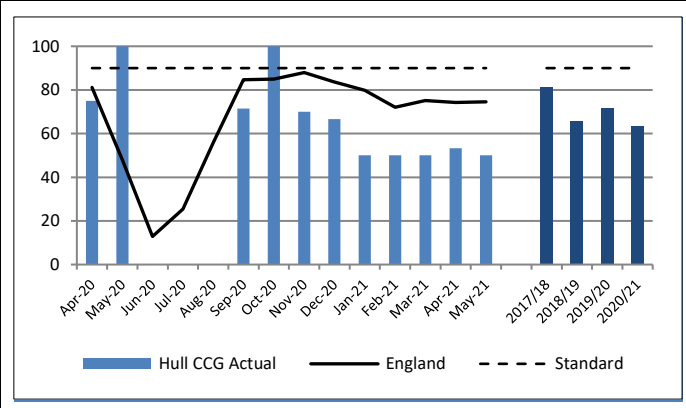
Cancer 62 day waits: first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month		YTD
	2019/20	2020/21	Apr 2021	May 2021	2021/22
Hull CCG Actual	71.68	63.53	53.33	50.00	52.63
National Target	90.00	90.00	90.00	90.00	90.00
Status					
No. of Breaches (CCG)	32	31	7	2	9



Cancer 62 days of referral from an NHS Cancer Screening Service – 4 patients were seen during the month of May, with 2 breaches of the standard:

Breach Reason	Number of Breaches	Tumour Type	Wait
Equipment breakdown	1	Breast	68 days
Health Care Provider initiated delay to diagnostic test or treatment planning	1	Lower Gastrointestinal	89 days

[Statistics » Monthly Commissioner Based Data and Summaries \(england.nhs.uk\)](#)

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

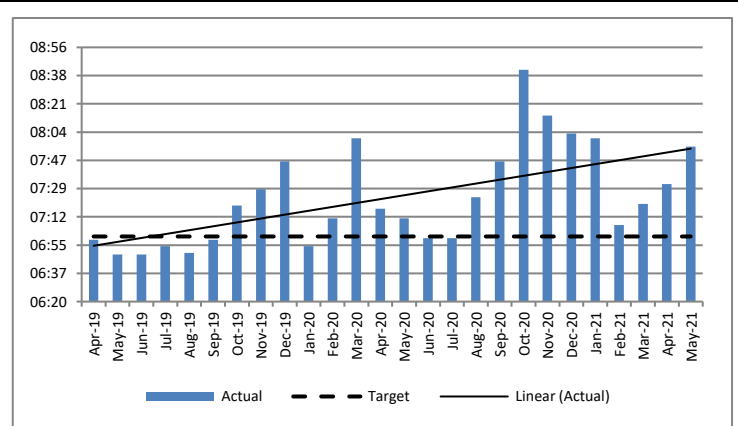
Ambulance clinical quality – Category 1 mean response time (mins)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2021/22 In Month		YTD
	2019/20	2020/21	Apr 2021	May 2021	2021/22
YAS Actual	07:12	07:37	07:32	07:55	07:55
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 21.37% and 5.93% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 5.42% and 0.19% respectively for May 2021.

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

Lead: Karen Ellis

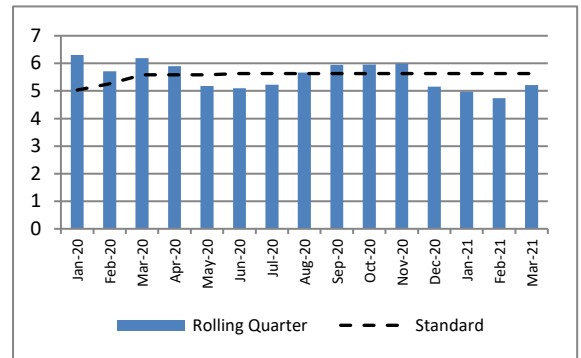
Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years			In month position			Rolling Qtr	2020 /21
	2017/ 18	2018/ 19	2019/ 20	Jan 2021	Feb 2021	Mar 2021		
Hull CCG Actual	23.35	20.14	23.05	1.80	1.62	1.79	5.21*	23.05
National Target	19.00	20.04	19.89	1.88	1.88	1.88	5.63	22.50
Status								

* 'Rolling Quarter' covers 3-month interval, Jan 2020 – Mar 2021. The national target is for achievement of a 'rolling quarter'.

Please note: Latest IAPT position (April 2021) unavailable at time of report production.



Performance remains below target but an improvement is noted for March 2021 compared to the previous month. The indicator continues to be monitored by NHS England and the CCG.

End of year position for 2020/21 is achievement of 23.05% against a target of 22.50%.

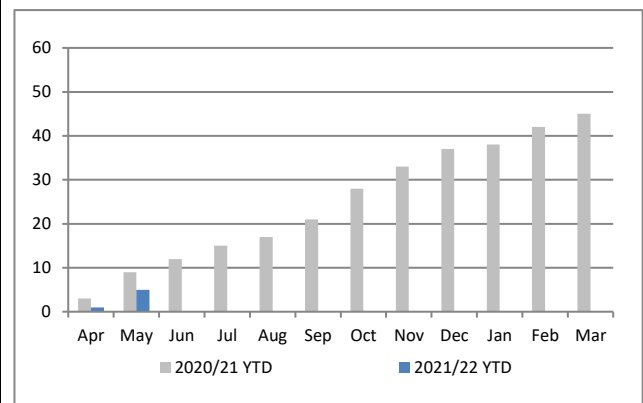
Quality Indicator Exceptions

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

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2021/22 In Month		YTD
	2019/ 20	2020/21	Apr 2021	May 2021	2021/22
Hull CCG Actual	50	45	1	4	5
Target	56	56	TBC	TBC	TBC
Status					



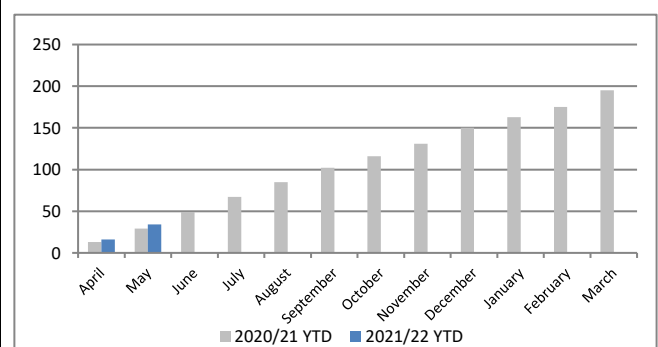
In May 2021 the CCG are reporting 5 cases of C.difficile YTD, 4 fewer when compared to May 2020 (9 cases). Awaiting confirmation of 2021/22 trajectory.

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

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2021/22 In Month		YTD
	2019/20	2020/21	Apr 2021	May 2021	2021/22
Hull CCG Actual	250	195	16	18	34
Target	211	211	TBC	TBC	TBC
Status					



In May 2021 the CCG are reporting 34 cases YTD, 5 more than reported in the same period last year (May 2020, 29 cases). Awaiting confirmation of 2021/22 trajectory.