

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

SEPTEMBER 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 Recover Fund. Other variances at month 4 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 in July 2021.

Referral to Treatment 18 weeks waiting times performance at HUTHT showed no improvement in July, reporting 57.09% compared to 57.38% the previous month.

Hull CCG 62-day cancer waiting times performance deteriorated in July 2021, the standard continues to underperform against the national target.

Hull CCG Diagnostic test 6-week waiting times performance remained consistent compared to the previous month, reporting 37.95% of patients waiting longer than 6 weeks in July 2021 compared to 37.91% in June.

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 31st July 2021. Achievement against the financial performance targets for 2021/22 are as follows:

Performance Assessment

<u>Other relevant duties/plans</u>	Not exceed Revenue Resource Limit (excluding allowable items)	Green
	Running Costs Envelope	Green
	Not exceed Cash Limit	Green
	Variance to planned Surplus	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	-	351,264	351,264	-	
Surplus							
Acute Services	129,358	129,407	(49)	187,196	187,310	(114)	Green
Prescribing & Primary Care Services	36,348	36,063	285	54,320	54,320	-	Green
Community Services	18,360	18,436	(75)	27,845	28,301	(456)	Amber
Mental Health & LD	22,183	22,310	(128)	33,274	33,274	-	Green
Continuing Care	9,055	8,997	58	13,583	13,583	-	Green
Other Including Earmarked Reserves	12,024	12,264	(240)	17,797	17,802	(5)	Green
Running Costs	1,599	1,599	(0)	2,399	2,399	-	Green
TOTAL EXPENDITURE	228,927	229,077	(150)	336,414	336,988	(575)	
Under/(over)-spend against in year allocation	(61,686)	(61,835)	(150)	14,850	14,275	(575)	Green
Elective Recovery Fund Expenditure	-	49	49	-	114	114	See above
Hospital Discharge Expenditure	-	100	100	-	456	456	See above
Recoverable Covid Expenditure	-	-	-	-	5	5	See above
Balance	(61,686)	(61,686)	(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 31st July 2021.

The CCG is currently forecasting to achieve a Surplus of £14,275k against the allocation for the first half of 2021/22 (H1). This is a deficit of £575k 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 Recover Fund. Other variances at month 4 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 July the CCG was showing £51.3m 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. It is also higher in July due to the Elective Recovery Fund for the ICS.

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 July was £140k. 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 July was 96.27% on the value and 95.42% on the number of invoices, whilst the full year position is 95.35% achievement on the value and 95.41% on number.

b. NHS

The NHS performance for July was 99.98% on the value and 94.59% on the number of invoices, whilst the full year position is 99.92% achievement on the value and 93.18% 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

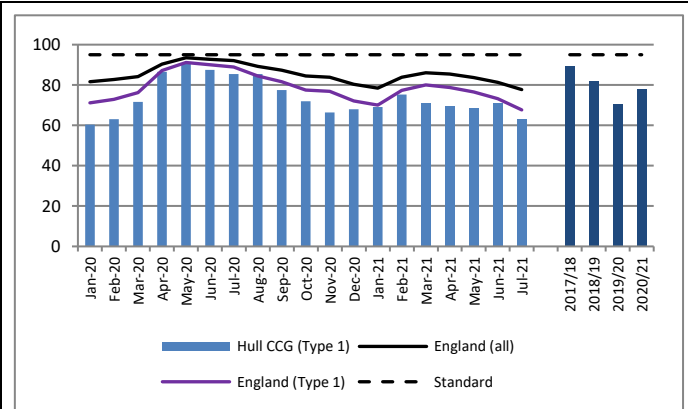
A&E waiting times – percentage of patients spending less than 4 hours total time in the A&E department (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	May 2021	Jun 2021	Jul 2021	2021/22
HUTHT Actual	70.32	77.81	68.42	70.85	62.83	67.90
Status						
Hull CCG Actual	70.31	77.83	68.46	70.90	62.89	67.95
National Target	95.00	95.00	95.00	95.00	95.00	95.00
Status						



HUTHT Type 1 A&E 4 hour waiting time performance deteriorated in July 2021 compared to the previous month.

The overall number of attendances are back to pre-covid levels. In July 2021 the Trust reported 11,734 attendances compared to 11,285 in December 2019.

[Statistics » A&E Attendances and Emergency Admissions 2021-22 \(england.nhs.uk\)](#)

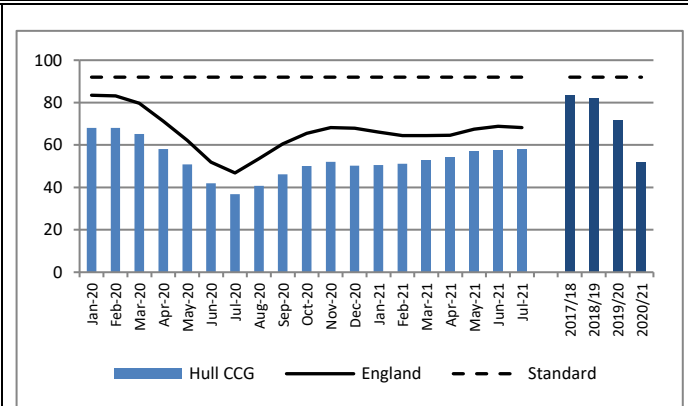
Referral to Treatment incomplete pathways: percentage of incomplete pathways within 18 weeks (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	May 2021	Jun 2021	Jul 2021	2021/22
HUTHT Actual	71.83	52.08	56.40	57.38	57.09	57.09
Status						
Hull CCG Actual	71.90	52.08	57.22	57.69	57.79	57.79
National Target	92.00	92.00	92.00	92.00	92.00	92.00
Status						



Referral to Treatment 18 weeks waiting times performance at HUTHT reported 57.09% in July, consistent with the previous month (57.38% in June 2021).

[Statistics » Consultant-led Referral to Treatment Waiting Times Data 2021-22 \(england.nhs.uk\)](#)

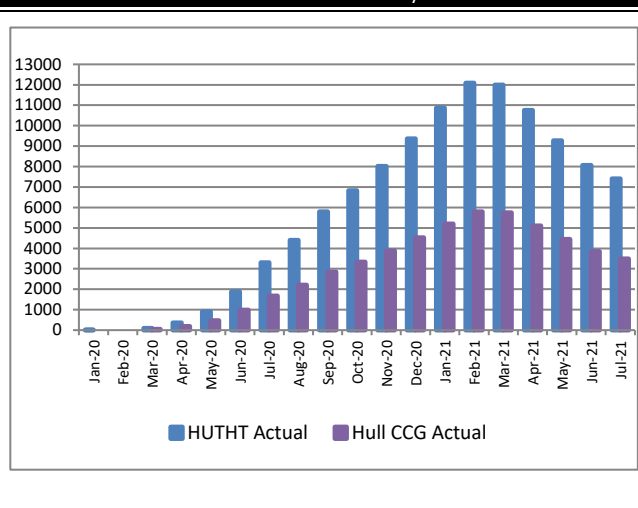
Number of >52 week Referral to Treatment in Incomplete Pathways

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	May 2021	Jun 2021	Jul 2021	2021/22
HUTHT Actual	88	75,448	9,268	8,066	7,409	35,493
Status						
Hull CCG Actual	51	36,688	4,453	3,852	3,485	16,893
Status						
National Target	0	0	0	0	0	0



Hull CCG reported 3,485 patients waiting over 52 weeks at the end of July 2021, a reduction of 367 when compared to the previous month (June 3,852).

In July 2021 the Trust had 7,409 52 Week breaches, an improvement of 657 patients when compared to those reported in June 2021 (8,066).

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

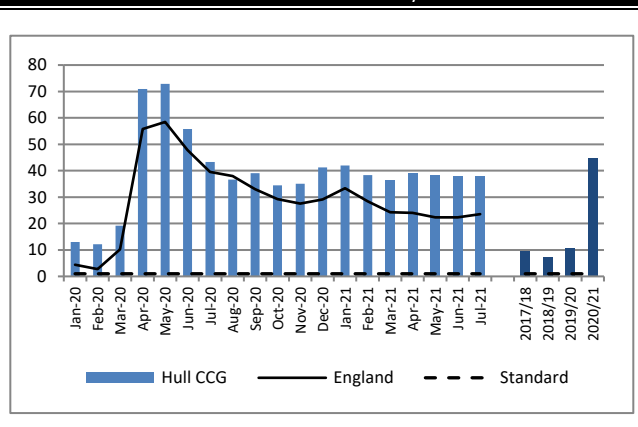
Diagnostic test waiting times (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	May 2021	Jun 2021	Jul 2021	2021/22
HUTHT Actual	10.57	45.25	38.10	36.89	37.09	37.09
HUTHT Status						
Hull CCG Actual	10.79	44.82	38.53	37.91	37.95	37.95
Status						
National Target	1.00	1.00	1.00	1.00	1.00	1.00



Hull CCG Diagnostic test 6-week waiting times performance showed no improvement compared to the previous month, reporting 37.95% of patients waiting longer than 6 weeks in July compared to 37.91% in June.

The CCG reported 2,555 breaches during July 2021 (-17 compared to June 2021), the majority for Endoscopy, 54.6% (1,396) of the total breaches, with Colonoscopy accounting for 36.7% (512) and Gastroscopy 30.7% (428) 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/)

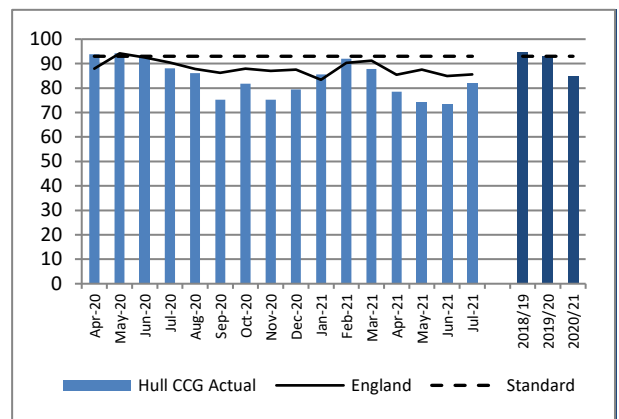
Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer

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	May 2021	Jun 2021	Jul 2021	2021/22
Hull CCG Actual	94.81	93.09	84.82	74.30	73.49	81.87	77.01
National Target	93.00	93.00	93.00	93.00	93.00	93.00	93.00
Status							
Total Seen (CCG)	9,391	9,861	8,656	856	1,026	971	3,680
No. of Breaches (CCG)	487	681	1,314	220	272	176	846



Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer
 July 2021 performance was 81.87% for Hull CCG with 971 patients seen and 176 breaches of the standard – 122 (69.3%) of the breaches were due to inadequate out-patient capacity, 52 breaches due to Patient Choice and 2 due to administrative delay.

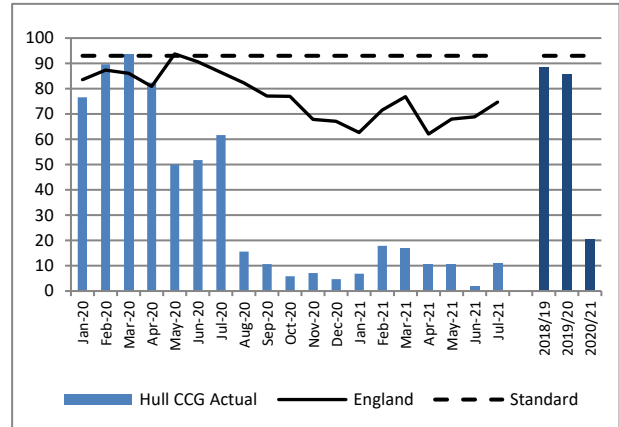
Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	May 2021	Jun 2021	Jul 2021	2021/22
Hull CCG Actual	85.54	20.35	10.61	1.61	10.85	7.71
National Target	93.00	93.00	93.00	93.00	93.00	93.00
Status						
Total Seen (CCG)	1,604	850	66	124	129	376
No. of Breaches (CCG)	232	677	59	122	115	347



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. Improvement in performance in July 2021, reporting 10.85%, with 14 patients seen within the 2 week standard.

There were 115 breaches in July 2021, 104 (90.4%) due to inadequate outpatient capacity and 11 breaches due to patient choice.

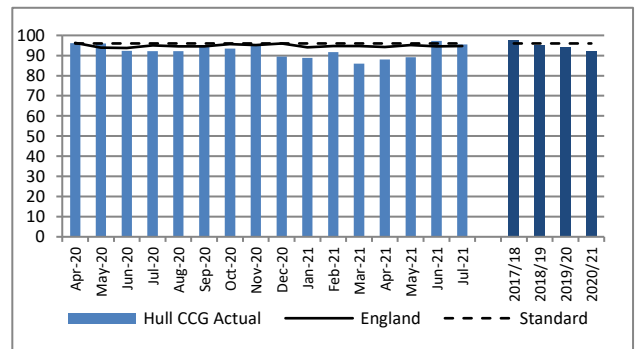
Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month			YTD
	2019/ 20	2020/ 21	May 2021	Jun 2021	Jul 2021	2021/ 22
Hull CCG Actual	94.25	92.16	89.09	97.26	95.51	92.94
National Target	96.00	96.00	96.00	96.00	96.00	96.00
Status						
No. of Breaches (CCG)	87	99	12	4	7	38



Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – In July 2021 performance was close to achieving the 96% target (95.51%), 156 patients seen with 7 breaches of the 31-day standard, as follows:

Breach Reason	Number of Breaches	Tumour Type	Wait
Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting	4	Breast Gynaecological x 2 Urological	34 days 37 and 41 days 36 days
Health Care Provider initiated delay to diagnostic test or treatment planning	2	Lower Gastrointestinal	33 and 62 days
Patient Choice (PATIENT declined or cancelled an offered Appointment Date for treatment)	1	Skin	44 days

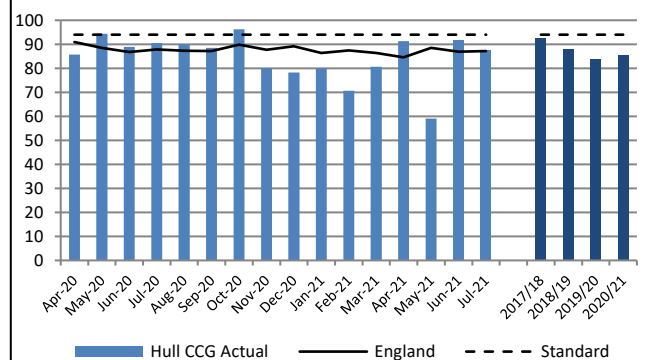
Cancer 31 day waits: 31 day wait for subsequent treatment - surgery (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month			YTD
	2019/ 20	2020/ 21	May 2021	Jun 2021	Jul 2021	2021/ 22
Hull CCG Actual	83.76	85.60	59.09	91.67	87.50	82.35
National Target	94.00	94.00	94.00	94.00	94.00	94.00
Status						
No. of Breaches (CCG)	44	36	9	2	2	15



Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – A total of 16 patients were seen in July. There were 2 breaches of the 31-day standard, both due to inadequate elective capacity, with waits of 34 and 54 days.

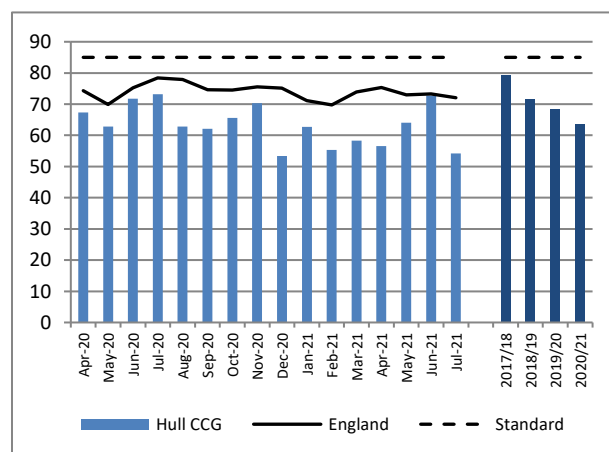
Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	May 2021	Jun 2021	Jul 2021	2021/22
HUTHT Actual	68.78	61.12	62.38	64.46	64.97	62.51
Status						
Hull CCG Actual	68.49	63.71	64.06	72.73	54.17	61.96
Status						
National Target	85.00	85.00	85.00	85.00	85.00	85.00
No. of Breaches (CCG)	236	233	23	18	33	97



Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance is 54.17% in July (72 patients with 33 breaches). Breach details are as follows:

Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Complex diagnostic pathways (many, or complex, diagnostic tests required)	13	Breast x 4 Gynaecological x 2 Haematological (Excluding Acute Leukaemia) x 2 Urological (excluding testicular) Upper Gastrointestinal Lower Gastrointestinal Head & Neck Lung	Between 75 and 102 days 80 and 95 days 103 and 126 days 82 days 148 days 71 days 64 days 84 days
Health care provider initiated delay to diagnostic test or treatment planning	7	Lower Gastrointestinal x 3 Head & Neck x 2 Skin Urological	Between 67 and 100 days 78 and 90 days 70 days 125 days
Elective capacity inadequate (patient unable to be scheduled for treatment within standard time) for treatment in an admitted care setting	4	Breast Lung Gynaecological x 2	70 days 93 days 80 and 87 days
Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this patient)	4	Urological (excluding testicular) x 2 Upper Gastrointestinal Skin	63 and 107 days 88 days 68 days
PATIENT initiated (choice) delay to diagnostic test or treatment planning, advance notice given	2	Urological (excluding testicular) x 2	76 and 79 days
Administrative delay	1	Urological (Excluding Testicular)	91 days
Diagnosis delayed for medical reasons (PATIENT unfit for diagnostic episode, excluding planned recovery period following diagnostic test)	1	Lung	83 days
Other reason (not listed)	1	Upper Gastrointestinal	128 days

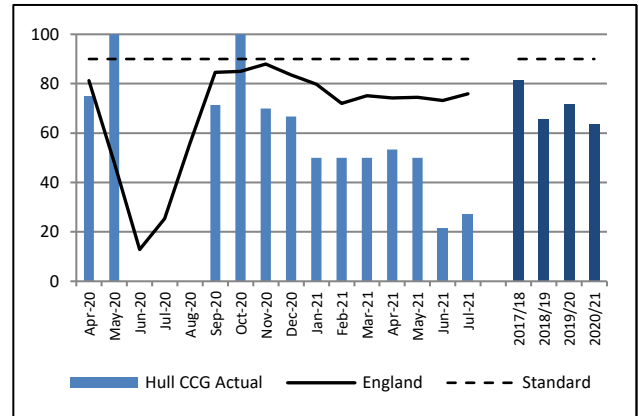
Cancer 62 day waits: first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	May 2021	Jun 2021	Jul 2021	2021/22
Hull CCG Actual	71.68	63.53	50.00	21.43	27.27	36.36
National Target	90.00	90.00	90.00	90.00	90.00	90.00
Status						
No. of Breaches (CCG)	32	31	2	11	8	28



Cancer 62 days of referral from an NHS Cancer Screening Service – 11 patients were seen during the month of July, 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	5	Lower Gastrointestinal x 5	Between 84 and 108 days
Complex diagnostic pathways (many, or complex, diagnostic tests required)	3	Breast x 3	72 and 92 days

[Statistics » Monthly Commissioner Based Data and Summaries \(england.nhs.uk\)](https://www.england.nhs.uk/statistics/monthly-commissioner-based-data-and-summaries/)

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.

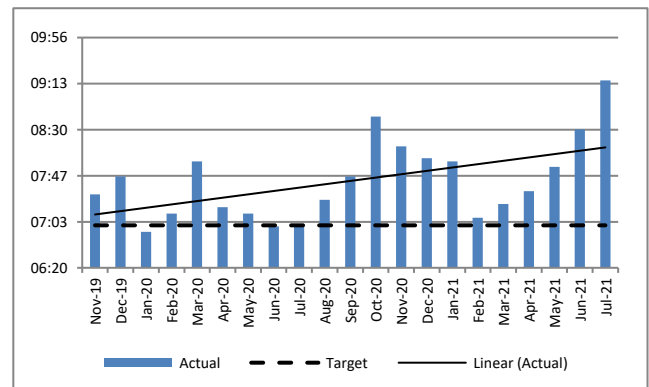
Ambulance clinical quality – Category 1 mean response time (mins)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	May 2021	Jun 2021	Jul 2021	2021/22
YAS Actual	07:12	07:37	07:55	08:30	09:16	09:16
YAS Target	07:00	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 35.92% and 11.29% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 5.03% and 0.34% respectively for July 2021.

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

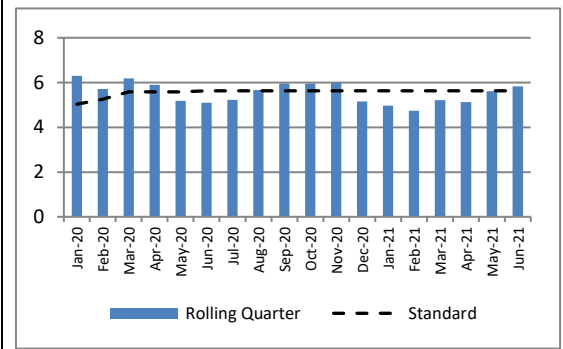
Lead: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous years			In month position			Rolling Qtr	YTD
	2018/19	2019/20	2020/21	Apr 2021	May 2021	Jun 2021		2021/22
Hull CCG Actual	20.14	23.05	23.05	1.72	2.10	2.01	5.83*	5.83
National Target	20.04	19.89	22.50	1.88	1.88	1.88	5.63	5.63
Status								

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



The monthly performance target was achieved in June 2021 for the second consecutive month, as was the overall rolling quarter position against the national target. The indicator continues to be monitored by NHS England and the CCG.

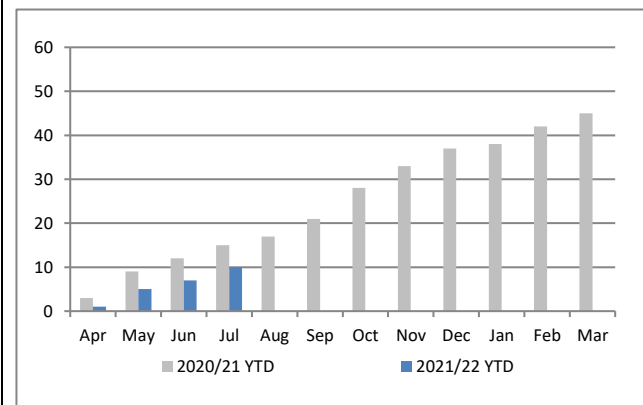
Quality Indicator Exceptions

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

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2021/22 In Month			YTD
	2019/20	2020/21	May 2021	Jun 2021	Jul 2021	2021/22
Hull CCG Actual	50	45	4	2	3	10
Target	56	56	TBC	TBC	TBC	TBC
Status						



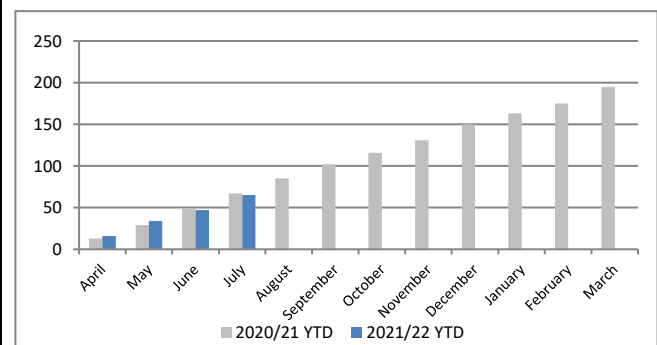
In July 2021 the CCG are reporting 10 cases of C.difficile YTD, 5 fewer when compared to the previous year, July 2020 (15 cases YTD) and 15 fewer compared to July 2019 (25 cases YTD). Awaiting confirmation of 2021/22 trajectory.

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	May 2021	Jun 2021	Jul 2021	2021/22
Hull CCG Actual	250	195	18	13	18	65
Target	211	211	TBC	TBC	TBC	TBC
Status						



In July 2021 the CCG are reporting 65 cases YTD, 2 fewer than reported in the same period last year (July 2020, 67 cases YTD) and 24 fewer compared to the year before that (July 2019, 89 cases YTD). Awaiting confirmation of 2021/22 trajectory.