Item Number: 12

Name of Presenter: Caroline Alexander

Meeting of the Governing Body

Meeting Date: 1 March 2019

NHS
Vale of York
Clinical Commissioning Group

Integrated Performance Report Month 9 2018/19

Purpose of Report
For Information

Reason for Report

This document provides a triangulated overview of CCG performance across all NHS Constitutional targets and then by each of the 2018/19 programmes.

The report captures validated data for Month 9 for performance and should be read alongside the Month 10 Finance Report (which incorporates planned QIPP targets).

The emerging performance targets for 2019/20 (refreshed Improvement and Assessment Framework 2018/19 and Operational Planning Technical Guidance for 2019/20) are currently being reviewed and a verbal update will be given alongside the performance report this month on the first submission of performance trajectories for 2019/20.

Strategic Priority Links

☒Strengthening Primary Care
☒Reducing Demand on System
☒Fully Integrated OOH Care
☒Sustainable acute hospital/ single acute contract
☒Transformed MH/LD/ Complex Care
☒System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☒Financial
☐Legal
☐Primary Care
☒Equalities

Covalent Risk Reference and Covalent Description

Risks are currently being refreshed by the CCG programme leads and Exec Leads for 2018/19.

Emerging Risks (not yet on Covalent)
n/a
Recommendations
n/a

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam Accountable Officer	Caroline Alexander Assistant Director of Delivery and Performance

Integrated Performance Report

Validated data to December 2018

Month 09 2018/19

NHS
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Programme Overviews

Planned Care
- Performance – RTT, Cancer, Diagnostics
- Key Questions – Performance

Unplanned Care
- Performance – Accident and Emergency, Ambulance Service, Other Services and Measures
- Key Questions – Performance

Mental Health, Learning Disability and Complex Care
- Performance – Improving Access to Psychological Therapies, Dementia, CAMHS, Psychiatric Liaison Service
- Key Questions – Performance

Primary Care Performance:
- Primary care dashboard now reported to Primary Care Commissioning Committee

Improvement and Assessment Framework (IAF) 2018/19

Quality Premium

Annexes:
Annex 1 – YTHFT Performance and Activity Report
Annex 2 – YTHFT Weekly ECS Summaries

Performance Headlines

IMPROVEMENTS IN PERFORMANCE :

CONSTITUTION **Cancer 2 Week Wait** **Target: 93%**	Vale of York CCG achieved the 93% two week wait target in December 2018 for the first time since June 2018, with performance of 95.9%, an increase from 91.2% in November. This equates to 38 breaches from a cohort of 927 patients. York Trust's performance also saw an improvement from 92.1% in November to 94.6% in December, meeting the 93% target for the first time since June 2018.	The position in Skin for the Vale of York CCG has improved significantly from 62 breaches in November (73.8% performance) to just 9 in December (93.5% performance). The only cancer type to fail target in December was Upper Gastrointestinal with 5 breaches of 71, however this was by just 0.04% with performance at 92.96% against 93% target. All other cancer types met target in December 2018.
CONSTITUTION, IAF & QUALITY PREMIUM **Cancer 62 day Treatment** **Target: 85%**	The CCG's performance against the 85% target improved in December 2018 to 78.02% compared to 76.6% in November 2018. While still almost 7% below target this does represent the lowest number of breaches since March 2018 (20 breaches, equal to June 18 and October 18). York Trust's performance also improved significantly in December 2018 to 81.7%, from 75.3% in November. This is the closest the Trust have come to achieving the 85% target since June 2018.	Urological continues to account for the highest number of VoY CCG patient breaches with 10 from a cohort of 33 (69.7% against the 85% target). Other specialties which did not meet target are Lung (1/5 – 80%), Skin (6/27 – 77.8%), Head and Neck (1/2 – 50%), and Upper Gastrointestinal (1/2 – 50%).

Performance Headlines

IMPROVEMENTS IN PERFORMANCE :

Continuing Health Care – DST 28 Day Performance	Vale of York CCG achieved the 80% 28 Day Rate target with performance of 84.9%. This equates to 43 out of the 51 DST receiving an eligibility decision in under 28 days.	It is anticipated that performance will achieve target in February.

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION & IAF

A&E 4 hr

Target: 95%

York Trust performance deteriorated slightly from 89.6% in November 2018 to 87.6% in December. This brings overall Q3 performance down to 89.36% therefore marginally failing the 90% requirement for PSF.

There were no 12 hour trolley waits declared in December.

Provisional January data shows a further performance deterioration to 81.5%, with 17 patients waiting greater than 12 hours from decision to admit to admission.

Year to Date (YTD) Type 1 and 3 attendances are up 5% on last year. However, this is a comparison with 17/18 attendances which were significantly lower than other recent years. Mapped over 5 years the trend is increasing but slowly. In total an extra 7,736 patients have attended the main EDs, UCCs and MIUs this year compared to last year with the main EDs (Type 1) seeing and treating an additional 6,420 patients; a rise of 8%.

It is worth noting that the Trust ECS performance for Christmas week (24th to 30th December) was 85.6%.The same period in 2017 saw performance of 78.3%, therefore the Trust achieved a 7.3% ECS improvement this year despite a 7% rise in Type 1 attendances and a 6% rise in non-elective admissions from the same period in 2017.

Targeted actions reported by York Trust in December:

- Ongoing implementation of the Single Improvement Programme for Scarborough Hospital emergency, elderly and acute medicine and Emergency Care Transformation Plan at York.
- £950k capital works to create the assessment area at Scarborough Hospital handed over on 21st December and went live in January 2019.
- System Winter plan enacted.
- Detailed audit of end of life care patients requiring ‘Fast Track’ support completed by the Trust and Commissioners.
- Discharge Hub finalised for Scarborough Hospital, launched on 7th November, mirroring the best practice hub established at York Hospital

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION **Diagnostics 6 Week Wait** **Target: 99%**	Performance for Vale of York CCG deteriorated further in December 2018 to 89.0% compared to 92.7% in November. This represents 483 patients or 11% waiting over 6 weeks from a cohort of 4,400. Gastroscopy has overtaken Echocardiography as the specialty with the largest volume of breaches with 147, almost double the 74 breaches in this specialty in November. The second largest volume of breaches was in Echocardiography where breaches have also increased, from 93 in November to 109 in December. This is followed by Colonoscopy (75) and MRI (74). In total there were 11 specialties which failed to meet the 99% target in December from a total of 15. York Trust's performance also deteriorated from 93.9% in November to 91.1% in December, or 8.9% of patients waiting over 6 weeks.	York Trust are reporting particular pressures in endoscopy, Echo CT and MRI and MRI under General Anaesthetic (MRI GA). Echo-cardiographs have been affected by staff shortages and the service is reviewing actions to mitigate the pressures, repeated attempts at recruitment have so far been unsuccessful. The radiology recovery plan is in development and includes identification of a sustainable approach to managing MRI GA, which primarily relate to children. An extra MRI GA list per month has been operational since the beginning of January 2019.
Dementia Diagnosis **Target: 66.7%**	Reduction in diagnosis rates from 59.6% to 59.1%	
IAPT Prevalence **Target: 15%**	Reduction from over target at 15.5% in November to 13.7% in December	

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION, IAF & QUALITY PREMIUM

RTT 18 Week

Target: 92%

Vale of York's performance against the 92% target in December 2018 saw a slight deterioration from 84.4% in November to 84.1%.

The waiting list decreased in December to 16,831 compared to 17,019 in November, now standing 358 patients over our March 2018 trajectory of 16,473. There were 8 x 52 week breaches for Vale of York patients in December 2018, all of which were at Leeds Teaching Hospital in and Trauma & Orthopaedics. This brings the YTD total for the CCG to 59 against an annual target for 2018/19 of 10.

York Trust's performance against the 92% target stands at 81.5% in December, a slight decline from 82.0% in November.

The Trust has provisionally seen a 3% decrease to the total incomplete waiting list in December, falling to 26,433. The primary actions to reduce the waiting list commenced in late November with full validation of the incomplete waiting list commenced mid-December. The Trust plan allows for a reduction in elective activity in January and February and as such the incomplete list remaining above plan is a risk for the end of year target (26,303). There is the potential that in achieving the reduction in the total waiting list will negatively impact on waiting list performance (against the 92% target) as validation is more likely to remove patients waiting under 18 weeks.

York Trust are reporting that detailed recovery work is underway in Ophthalmology and Dermatology, both with significant backlogs and identified clinical risk. The Maxillo-Facial recovery plan is in place. Further recovery plans are being developed for Cardiology and Respiratory.

The number of long wait patients (those waiting more than 36 weeks) has increased in December. These delays are across multiple specialities, with weekly monitoring in place by the Corporate Operations team. There were zero patients waiting over 52 weeks at the end of December.

The Trust remains on plan for elective work overall, with an increase in day case (YTD) off setting a reduction in elective work compared to plan. The reduction in elective care was impacted in April 2018 by ongoing winter pressures, and by ward closures in October 2018 and thus not achieving the planned increased level of activity.

There were 8 breaches of the 52 week target for Vale of York CCG patients in December, all at Leeds Trust in T&O and relating to adult spines. The CCG are in regular contact with the lead CCG in Leeds regarding these patients. Unvalidated data from February 2019 suggests at least 1 of these patients has now been treated.

Performance Headlines

SUGGESTED ISSUES FOR DISCUSSION:

1. FIT implementation programme: draft plan for both low risk symptomatic patients and bowel screening is now being finalised by all partners. Identifies concerns over the local endoscopy capacity to manage this additional demand alongside delivery of the backlog recovery plan. Update at Cancer Alliance timed pathway event for colo-rectal pathway and further discussion around how to identify and procure additional capacity to be discussed at the endoscopy workstream in the HCV Care Partnership Diagnostics programme.

2. National diabetes prevention programme: verbal update on the HCV progress with delivering the update rates required for the national programme

3. Cancer 62D and 2WW performance both improved and confirmation of the planned performance trajectories for 2019/20 submitted by the CCG (aligned to our main partner)

4. Diagnostics: further deterioration to 89% - verbal update on echo CT, MRI and endoscopy recovery plans (Caroline)

5. RTT and total waiting list recovery trajectory: the current position at YFT is to fully recovery by 31/3/19. Noting the proposed approach for glaucoma backlog delivery – verbal update (Caroline)

6. Update on first submission of the CCG's performance trajectories for 2019/20 – verbal (Caroline)

Performance Summary:
All Constitutional Targets 2018/19

Validated data to December (Month 09)

NHS
Vale of York
Clinical Commissioning Group

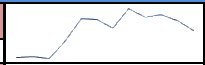
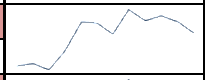
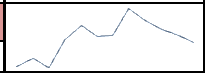
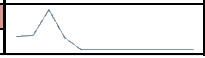
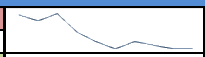
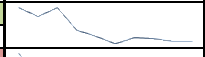
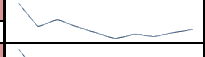
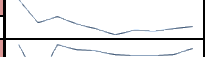
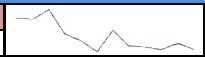
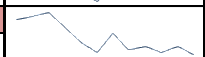
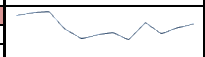
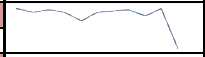
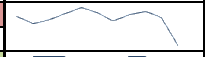
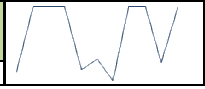
VoY CCG - NHS Constitution - 2018/19

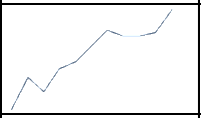
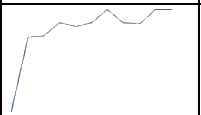
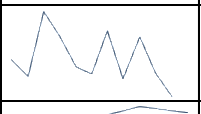
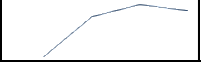
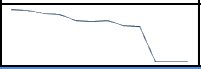
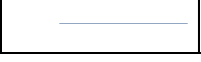
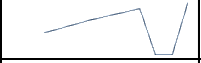
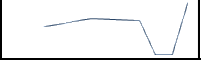
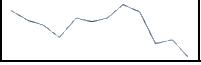
Generated on: 20 February 2019

no filter
ALL (Y,R,G)
Green
Red

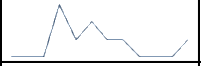
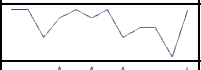
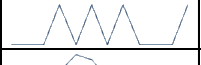
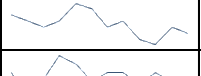
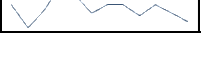
EMBED HEALTH CONSORTIUM

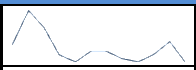
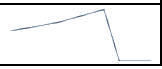
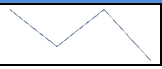
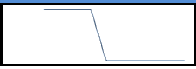
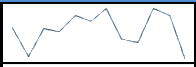
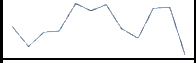
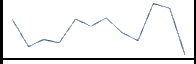
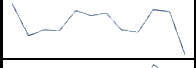
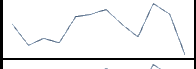
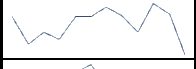
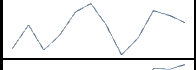
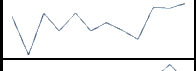
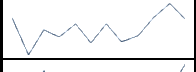
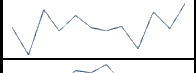
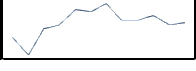
Indicator	Level of Reporting		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Q1 2018/19	Q2 2018/19	Q3 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
Planned Care																				
Referral to Treatment																				
Referral to Treatment pathways: incomplete	CCG	Actual	87.5%	86.6%	84.5%	85.0%	85.3%	85.1%	86.0%	85.4%	85.4%	85.4%	84.4%	84.1%	85.1%	85.6%	84.7%	85.1%		⬇
		Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%		
Number of >52 week Referral to Treatment in Incomplete Pathways	CCG	Actual	5	6	4	5	5	10	5	7	7	8	6	8	20	19	22	61		⬇
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Total Incomplete Waiting List [comparison with March 2018]	CCG	Actual			16475	16817	17028	17329	17637	17505	17291	17312	17019	16831	17329	17291	16831	16831		⬇
		Target				16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475		
EM18: Number of Completed Admitted RTT Pathways	CCG	Actual	1315	1231	1191	1244	1390	1444	1474	1320	1357	1491	1478	1203	4078	4151	4172	12401		⬇
		Target				1314	1397	1365	1354	1368	1281	1488	1523	1234	4076	4003	4245	16689		
EM19: Number of Completed Non-Admitted RTT Pathways	CCG	Actual	4978	4333	4575	4539	5044	4773	4912	4574	4777	5163	5257	4166	14356	14263	14586	43205		⬇
		Target				4357	4769	4683	4508	4367	4246	4845	4857	3803	13809	13121	13505	53706		
EM20: Number of New RTT Pathways (Clockstarts)	CCG	Actual	7114	6525	7262	7246	7288	7446	7817	6900	7135	7354	7293	6648	21980	21852	21295	65127		⬇
		Target				6481	6936	6668	6992	6564	6203	7253	7257	5727	20085	19759	20237	80298		
Diagnostics																				
Diagnostic test waiting times	CCG	Actual	3.4%	3.9%	3.4%	4.4%	4.8%	3.1%	4.1%	6.3%	4.5%	4.4%	7.3%	11.0%	3.1%	4.5%	11.0%	11.0%		⬆
		Target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%		
Cancer																				
All Cancer 2 week waits	CCG	Actual	96.1%	97.2%	95.6%	95.9%	95.8%	94.9%	86.6%	89.6%	84.3%	91.4%	91.2%	95.9%	95.6%	87.0%	92.6%	91.8%		⬆
		Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		
Breast Symptoms (Cancer Not Suspected) 2 week waits	CCG	Actual	93.2%	98.6%	98.4%	96.9%	92.0%	93.3%	94.0%	97.3%	100.0%	100.0%	92.2%	88.6%	93.9%	97.0%	93.8%	94.8%		⬇
		Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		
Cancer 31 day waits: first definitive treatment	CCG	Actual	98.3%	97.6%	98.9%	98.4%	99.1%	99.1%	97.4%	96.8%	96.3%	94.4%	97.4%	94.6%	98.9%	96.8%	95.5%	97.1%		⬆
		Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%		
Cancer 31 day waits: subsequent cancer treatments-surgery	CCG	Actual	92.9%	100.0%	100.0%	95.0%	93.9%	100.0%	95.6%	94.7%	90.0%	92.1%	96.4%	85.2%	96.4%	93.5%	92.5%	94.1%		⬇
		Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%		
Cancer 31 day waits: subsequent cancer treatments-anti cancer drug regimens	CCG	Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		–
		Target	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%		
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	CCG	Actual	98.4%	97.7%	95.9%	98.1%	100.0%	100.0%	98.6%	100.0%	98.0%	100.0%	100.0%	97.4%	99.4%	98.8%	99.3%	99.2%		⬇
		Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%		
% patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer (inc 31 day Rare cancers)	CCG	Actual	85.1%	81.8%	86.7%	78.7%	78.2%	83.2%	74.7%	76.1%	71.3%	78.0%	76.8%	78.3%	80.1%	73.9%	77.7%	77.4%		⬆
		Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	CCG	Actual	100.0%	90.9%	94.7%	92.9%	83.3%	95.0%	81.3%	90.0%	92.3%	100.0%	75.0%	80.0%	91.3%	87.2%	83.3%	88.1%		⬇
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	CCG	Actual	100.0%	Nil Return	Nil Return	100.0%	Nil Return	Nil Return	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	66.7%	86.7%		
		Target																		
Cancelled Operations																				
Cancelled Operations - York	YFT (Trust Wide)	Actual			6.1%			8.2%			5.7%			7.7%	8.2%	5.7%	7.7%	7.3%		⬇
		Target			7.8%			11.7%			1.4%			1.0%	11.7%	1.4%	1.0%	5.1%		
No urgent operations cancelled for a 2nd time - York	YFT (Trust Wide)	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		–
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Mixed Sex Accommodation																				
Mixed Sex Accommodation (MSA) Breaches (Rate per 1,000 FCEs)	CCG	Actual	1.10	0.10	0.00	0.00	0.08	0.00	0.00	0.09	0.00	0.00	0.00	0.09	0.03	0.03	0.03	0.0		–
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Number of MSA breaches for the reporting month in question	CCG	Actual	20	1	0	0	1	0	0	0	0	0	0	1	1	1	1	3		–
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

Indicator	Level of Reporting		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Q1 2018/19	Q2 2018/19	Q3 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
Unplanned Care																				
A&E																				
A&E waiting time - total time in the A&E department, SitRep data	% of YFHT activity (CCG weighted)	Actual	81.5%	81.9%	81.3%	85.2%	90.1%	90.0%	88.1%	92.5%	90.4%	90.9%	89.6%	87.6%	88.5%	90.3%	89.4%	89.4%		↓
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
A&E - % Attendances - Type 1, SitRep data	% of YFHT activity (CCG weighted)	Actual	69.4%	70.3%	68.4%	74.4%	83.3%	83.1%	79.8%	87.6%	84.1%	85.6%	83.5%	80.1%	80.4%	83.7%	83.1%	82.5%		↓
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
A&E waiting time -% of patients seen and discharged within 4 hours - CCG Patients (Includes UCC)	CCG (SUS Data)	Actual	79.22%	81.29%	78.98%	85.88%	89.47%	86.85%	87.01%	93.91%	90.85%	88.78%	87.19%	85.17%	93.19%	92.81%	91.78%	88.35%		↓
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
Trolley Waits																				
12 hour trolley waits in A&E - Vale of York CCG	CCG	Actual	0	3	4	2	0	0	0	0	0	0	0	0	2	0	0	2		–
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12 hour trolley waits in A&E - York	YFT (Trust Wide)	Actual	14	15	40	12	0	0	0	0	0	0	0	0	12	0	0	12		–
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Ambulance performance - YAS																				
Category 1 - Mean	YAS (Region)	Actual	00:08:10	00:08:07	00:08:17	00:08:02	00:08:20	00:07:38	00:07:19	00:07:03	00:07:18	00:07:10	00:07:02	00:07:03	00:08:01	00:07:13	00:07:05	00:07:29		↓
		Target	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00		
Category 1 - 90th Centile	YAS (Region)	Actual	00:13:56	00:13:57	00:14:15	00:13:44	00:14:11	00:12:55	00:12:31	00:12:05	00:12:28	00:12:23	00:12:13	00:12:15	00:13:39	00:12:21	00:12:17	00:12:49		↓
		Target	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00		
Category 2 - Mean	YAS (Region)	Actual	00:26:57	00:25:08	00:25:38	00:21:39	00:22:54	00:21:30	00:20:29	00:19:26	00:20:19	00:19:58	00:20:29	00:21:03	00:22:02	00:20:05	00:20:30	00:20:52		↑
		Target	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00		
Category 2 - 90th Centile	YAS (Region)	Actual	00:59:30	00:55:13	00:57:34	00:45:53	00:48:43	00:45:08	00:42:40	00:39:47	00:42:10	00:41:37	00:42:36	00:44:17	00:46:35	00:41:32	00:42:50	00:43:38		↑
		Target	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00		
Category 3 - 90th Centile	YAS (Region)	Actual	02:31:51	02:24:28	02:25:24	00:54:00	02:24:07	02:12:53	02:07:31	01:59:28	01:57:25	01:57:34	01:58:25	02:15:22	02:14:27	02:01:28	02:03:47	02:02:45		↑
		Target	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00		
Category 4 - 90th Centile	YAS (Region)	Actual	03:45:02	03:33:15	03:17:37	01:06:51	03:37:09	02:43:11	03:12:55	02:45:47	03:51:53	02:47:56	03:44:04	03:38:33	02:54:07	03:16:52	03:23:31	04:02:31		↑
		Target	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00		
Ambulance Handover Time																				
Ambulance handover time - % Delays over 30 minutes (Scarborough General Hospital)	Trust Site	Actual	33.2%	32.5%	37.5%	26.0%	22.2%	17.1%	27.4%	20.1%	19.7%	18.1%	21.4%	18.4%	22.0%	22.2%	19.3%	21.1%		↑
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - % Delays over 60 minutes (Scarborough General Hospital)	Trust Site	Actual	15.5%	16.9%	18.1%	13.6%	8.7%	5.5%	11.5%	6.1%	7.5%	5.5%	7.4%	4.7%	9.5%	8.3%	5.8%	7.81%		↓
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - % Delays over 30 minutes (York Hospital)	Trust Site	Actual	17.7%	18.0%	20.4%	8.4%	6.0%	7.6%	10.3%	4.6%	11.6%	7.9%	10.0%	14.4%	7.37%	8.91%	10.82%	9.14%		↑
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - Delays of +30 minutes (York Hospital)	Trust Site	Num	356	336	398	193	119	137	179	91	264	183	239	362	449	534	784	1767		
Ambulance handover time - Total Delays (York	Trust Site	Den	2016	1864	1949	2305	1976	1814	1737	1985	2270	2330	2399	2515	6095	5992	7244	19331		
Ambulance handover time - % Delays over 60 minutes (York Hospital)	Trust Site	Actual	7.7%	9.0%	9.3%	3.3%	0.7%	1.9%	3.0%	0.2%	4.8%	1.8%	3.2%	4.0%	2.02%	2.74%	3.04%	2.62%		↑
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - Delays of +60 minutes (York Hospital)	Trust Site	Num	155	168	181	75	14	34	52	3	109	42	77	101	123	164	220	507		
Ambulance handover time - Total Delays (York	Trust Site	Den	2016	1864	1949	2305	1976	1814	1737	1985	2270	2330	2399	2515	6095	5992	7244	19331		
Mental Health/ IAPT																				
IAPT																				
% of people who have depression and/or anxiety disorders who receive psychological therapies	CCG	Actual	1.3%	1.2%	1.3%	1.2%	1.0%	1.2%	1.2%	1.3%	1.1%	1.3%	0.1%		3.4%	3.6%	1.4%	8.4%		
		Target	0.8%	0.8%	0.8%	0.9%	0.9%	0.9%	1.2%	1.2%	1.2%	1.4%	1.4%	1.4%	2.7%	3.5%	2.9%	9.1%		
Number of people who receive psychological therapies	CCG	Actual	420	380	405	380	300	385	390	400	350	410	30		1065	1140	440	2645		
		Target	240	240	240	283	283	283	367	367	367	450	450	450	850	1100	900	2850		
% of people who are moving to recovery	CCG	Actual	46.3%	40.9%	43.9%	48.6%	53.5%	49.0%	43.2%	47.6%	50.0%	45.8%	25.0%		50.4%	46.7%	44.2%	47.9%		
		Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%		
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	CCG	Actual	97.7%	100.0%	100.0%	100.0%	97.8%	98.6%	97.4%	100.0%	100.0%	98.0%	100.0%		98.6%	99.1%	98.2%	98.7%		–
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		

Indicator	Level of Reporting		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Q1 2018/19	Q2 2018/19	Q3 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
The proportion of people that wait 18 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.	CCG	Actual	100.0%	98.7%	98.8%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.5%	100.0%	100.0%	99.8%		–
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	CCG	Actual	75.0%	83.0%	79.5%	85.0%	87.0%	90.9%	94.9%	93.2%	93.1%	94.1%	100.0%		87.9%	93.8%	94.5%	91.2%		⬇
		Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%		
The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.	CCG	Actual	90.5%	97.4%	97.5%	98.7%	98.3%	98.7%	100.0%	98.8%	98.6%	100.0%	100.0%		98.6%	99.1%	100.0%	99.1%		⬇
		Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%		
Number of ended referrals in the reporting period that received a course of treatment against the number of ended referrals in the reporting period that received a single treatment appointment enter treatment in the reporting period.	CCG	Actual	63.6%	57.4%	81.8%	72.5%	60.9%	58.2%	74.4%	56.8%	72.4%	58.8%	50.0%		63.1%	67.0%	58.2%	63.6%		⬆
		Target	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%		
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	CCG	Actual			90.6%			96.5%			98.3%			97.2%	96.5%	98.3%	97.2%	97.2%		⬆
		Target			95.0%			95.0%			95.0%			95.0%	95.0%	95.0%	95.0%	95.0%		
Early Intervention in Psychosis																				
Percentage of ended referrals that finish a course of treatment in period who received their first appointment within 18 weeks of referral	CCG	Actual	95.9%	96.1%	96.8%	98.5%	98.2%	98.5%	97.9%	99.1%					98.4%	98.5%		98.5%		–
		Target				95.0%	95.0%	95.0%	95.1%	95.1%	95.1%	95.0%	95.0%	95.0%	95.0%	95.1%	95.0%	95.1%		
Percentage of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended package care package in the reporting period within 2 weeks of	CCG	Actual	52.60%	50.70%	48.50%	47.80%	40.80%	40.30%	40.80%	36.00%	35.50%	0.00%	0.00%	0.00%	43.0%	37.4%		0.00%		–
		Target				55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%		
Improve Access Rate to CYPMH																				
Percentage change in the number of new young people receiving treatment from NHS funded community services	CCG	Actual																		–
		Target				9.3%	9.3%	9.3%	9.3%	9.3%	9.3%	9.3%	9.3%	9.3%	9.3%	9.3%	9.3%	9.3%		
CYP Eating Disorder Services																				
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	CCG	Actual			24.3%			37.8%			50.0%			56.8%	37.8%	50.0%	56.8%	43.8%		⬆
		Target						96.8%			96.8%			96.8%	96.8%	96.8%	96.8%	96.8%		
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	CCG	Actual			33.3%			42.9%			40.0%			62.5%	42.9%	40.0%	62.5%	41.2%		⬆
		Target						100.0%			100.0%			100.0%	100.0%	100.0%	100.0%	100.0%		
Dementia																				
Estimated diagnosis rate for people with dementia.	CCG	Actual	60.9%	60.6%	60.5%	60.2%	60.7%	60.6%	60.7%	61.1%	60.9%	60.0%	60.1%	59.6%	60.6%	60.9%	59.9%	60.4%		⬇
		Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%		

HCAI and Quality

Hospital Infections																				
Incidence of healthcare associated infection (HCAI): MRSA	CCG ATTRIBUTED	Actual	0	0	0	3	1	2	1	1	0	0	0	1	6	2	1	9		⬆
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile)	CCG ATTRIBUTED	Actual	9	9	6	8	9	8	9	6	7	7	4	9	25	22	20	67		⬆
		Target	7	6	6	7	6	8	4	7	6	7	5	8	21	17	20	58		
Healthcare acquired infections (HCAI): MRSA	YFT TRUST APPORTIONED	Actual	0	0	0	1	0	1	0	1	0	0	0	1	2	1	1	4		⬆
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Healthcare associated infection (HCAI): Clostridium difficile (C.difficile)	YFT TRUST APPORTIONED	Actual	5	4	3	4	7	6	3	4	1	0	3	2	17	8	5	30		⬆
		Target	10	5	5	3	1	3	2	2	1	3	2	8	7	6	13	26		
Healthcare acquired infection (HCAI) measure (E.Coli)	CCG ATTRIBUTED	Actual	26	15	23	34	30	22	26	26	21	26	22	18	86	73	66	225		⬇
		Target	25	26	19	3	21	24	20	27	25	20	26	27	48	72	73	193		

Indicator	Level of Reporting		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Q1 2018/19	Q2 2018/19	Q3 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
Serious Incidents/ Never Events																				
Number of Serious Incidents (NHS Vale of York CCG)	CCG	Actual	9	19	14	6	4	7	7	5	4	6	10	4	17	16	20	53		↓
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Number of Never Events (NHS Vale of York CCG)	CCG	Actual	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0		–
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Smoking at time of Delivery																				
Maternal smoking at delivery.	CCG	Actual			11.9%			10.0%			12.9%			12.4%	10.0%	12.9%	12.4%	11.8%		↑
		Target			12.1%			12.1%			12.1%			12.1%	12.1%	12.1%	12.1%	12.1%		
Primary Care																				
Percentage of CCG weighted population benefitting from extended access services.	CCG	Actual			0.0%						0.0%					0.0%		0.0%		
		Target						0.0%			0.0%			100.0%	0.0%	0.0%	100.0%	100.0%		
Percentage of patients aged 14 or over on the GPs Learning Disability Register receiving a health check within the quarter	CCG	Actual			9.2%			11.7%			16.0%				11.7%	16.0%		16.0%		↑
		Target						27.2%			27.3%			27.2%	27.2%	27.3%	27.2%	27.2%		
Wheelchairs																				
Percentage of children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less of being referred to the service	CCG	Actual			100.0%			97.0%			100.0%			95.8%	97.0%	100.0%	95.8%	97.4%		↓
		Target						100.0%			100.0%			100.0%	100.0%	100.0%	100.0%	100.0%		
Personal Health budgets																				
Rate of PHBs per 100,000 GP registered population	CCG	Actual			7.1			7.0							7.0			7.0		–
		Target				39.0	39.0	39.0	47.4	47.4	47.4	55.7	55.7	55.7	39.0	47.4	55.7	64.1		
Activity																				
EM7: Total Referrals (General and Acute)	CCG	Actual	10084	8986	10059	9916	10548	10326	10818	9658	9538	10838	10567	8901	30790	30014	30306	91110		↓
		Target				9887	10580	10172	10666	10013	9463	11063	11071	8737	30639	30142	30871	122488		
EM7a: Total GP Referrals (General and Acute)	CCG	Actual	6046	5264	6108	5950	6137	6032	6437	5650	5690	6507	6214	5320	18119	17777	18041	53937		↓
		Target				5169	5574	5204	5628	5117	4978	5879	5853	4632	15947	15723	16364	64297		
EM7b: Total Other Referrals (General and Acute)	CCG	Actual	4038	3722	3951	3966	4411	4294	4381	4008	3848	4331	4353	3581	12671	12237	12265	37173		↓
		Target				4718	5006	4968	5038	4896	4485	5184	5218	4105	14692	14419	14507	58191		
EM8: Consultant Led First Outpatient Attendances	CCG	Actual	13844	12276	12657	12457	13819	13442	13930	13109	12620	14748	14469	11797	39718	39659	41014	120391		↓
		Target				12888	14107	13855	13337	12918	12560	14334	14368	11251	40850	38815	39953	158880		
EM9: Consultant Led Follow-Up Outpatient Attendances	CCG	Actual	23869	20281	20955	20801	23017	22475	22827	21006	20749	23137	22891	18275	66293	64582	64303	195178		↓
		Target				21088	22073	21960	21586	21172	20337	23617	23776	18831	65121	63095	66224	261942		
EM10: Total Elective Admissions	CCG	Actual	4395	4088	4179	4121	4505	4542	4604	4391	4211	4710	4536	3936	13168	13206	13182	39556		↓
		Target				4167	4456	4334	4310	4335	4079	4749	4860	3907	12957	12724	13516	52969		
EM10a: Total Elective Admissions - Day Cases	CCG	Actual	3993	3615	3782	3681	3991	4000	4130	4008	3775	4191	4031	3454	11672	11913	11676	35261		↓
		Target				3681	3914	3824	3796	3835	3591	4170	4267	3458	11419	11222	11895	46768		
EM10b: Total Elective Admissions - Ordinary	CCG	Actual	402	473	397	440	514	542	474	383	436	519	505	482	1496	1293	1506	4295		↓
		Target				486	542	510	514	500	488	579	593	449	1538	1502	1621	6201		
EM11: Total Non-Elective Admissions	CCG	Actual	3401	3007	3443	3261	3443	3253	3343	3270	3163	3502	3489	3546	9957	9776	10537	30270		↑
		Target				3050	3129	3119	3208	2991	3045	3237	3211	3266	9298	9244	9714	37856		
EM11a: Total Non-Elective Admissions - 0 LoS	CCG	Actual	1240	1012	1171	1123	1204	1090	1203	1097	1132	1246	1336	1233	3417	3432	3815	10664		↓
		Target				1088	1133	1123	1152	1031	1052	1169	1180	1203	3344	3235	3552	13696		
EM11b: Total Non-Elective Admissions - +1 LoS	CCG	Actual	2161	1995	2272	2138	2239	2163	2140	2173	2031	2256	2153	2313	6540	6344	6722	19606		↑
		Target				1962	1996	1996	2056	1960	1993	2068	2031	2063	5954	6009	6162	24160		
EM12: Total A&E Attendances excluding Planned Follow Ups	CCG	Actual	7907	7171	8272	8402	9052	8547	9335	8039	8632	8829	8392	8523	26401	26602	25744	78747		↓
		Target				7783	8361	8150	8720	8303	8094	8433	8025	7907	24294	25117	24365	96700		

Programme Overview
- Planned Care
- Cancer Care
- Diagnostics

Validated data to December (Month 09)

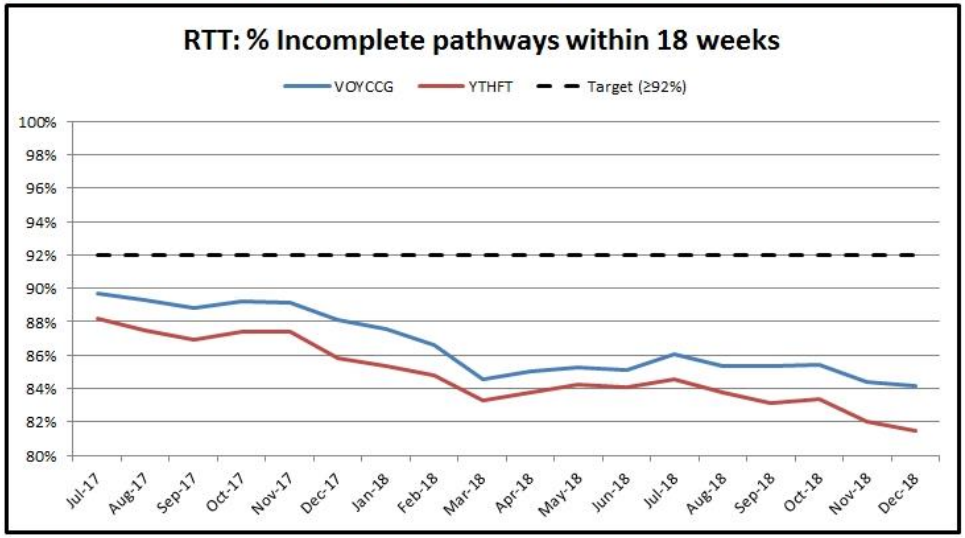
Lead:
Caroline Alexander, Assistant Director for Performance & Delivery, NHS Vale of York CCG and Planned Care Lead for Acute Transformation
Clinical Lead:
Shaun O'Connell, GP Lead for Acute Transformation, NHS Vale of York CCG
Peter Billingsley, GP Governing Body, NHS Scarborough & Ryedale CCG
Dan Cottingham, Macmillan GP Cancer and End of Life Lead, NHS Vale of York CCG

Programme Leads:
Andrew Bucklee, Head of Commissioning and Delivery
Sarah Tilston, Programme Manager, Planned Care
Suzanne Bennett, Programme Manager, Planned Care
Laura Angus, Lead Pharmacist
Fliss Wood, Performance Improvement Manager (Cancer)
Michaela Golodnitski, Senior Delivery Manager, Cancer Alliance

NHS
Vale of York
Clinical Commissioning Group

PERFORMANCE PLANNED CARE: REFERRAL TO TREATMENT (RTT)

RTT: % Incomplete pathways within 18 weeks (Target ≥92%)					
Vale of York CCG			York Trust		
Nov-18	Dec-18	DoT	Nov-18	Dec-18	DoT
84.4%	84.1%	⇩	82.0%	81.5%	⇩



Treatment Function	Total VOYCCG Incomplete Pathways	No. of 18 week breaches	% VOYCCG pathways within 18 weeks	52 week breaches
Neurosurgery	18	-	100.0%	0
Geriatric Medicine	66	-	100.0%	0
Cardiothoracic Surgery	3	-	100.0%	0
Gynaecology	908	57	93.7%	0
General Medicine	263	18	93.2%	0
Other	1,651	127	92.3%	0
Neurology	559	52	90.7%	0
Trauma & Orthopaedics	1,792	176	90.2%	8
Cardiology	816	88	89.2%	0
Gastroenterology	972	118	87.9%	0
Rheumatology	513	74	85.6%	0
Ear, Nose & Throat (ENT)	1,377	231	83.2%	0
Dermatology	1,122	192	82.9%	0
General Surgery	2,029	354	82.6%	0
Plastic Surgery	190	34	82.1%	0
Urology	1,065	240	77.5%	0
Ophthalmology	2,875	716	75.1%	0
Thoracic Medicine	612	193	68.5%	0
Grand Total	**16,831**	**2,670**	**84.1%**	**8**

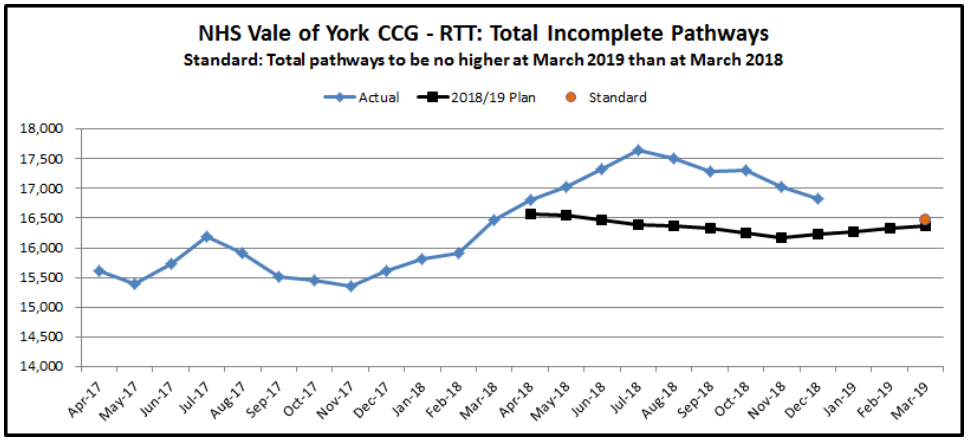
Vale of York CCG's performance deteriorated slightly in December to 84.1% from 84.4% in November. This equates to 2,670 breaches of the 18 week target, from a cohort of 16,831. There were 8 x 52 week breaches for Vale of York patients, all at LTHT for T&O patients.

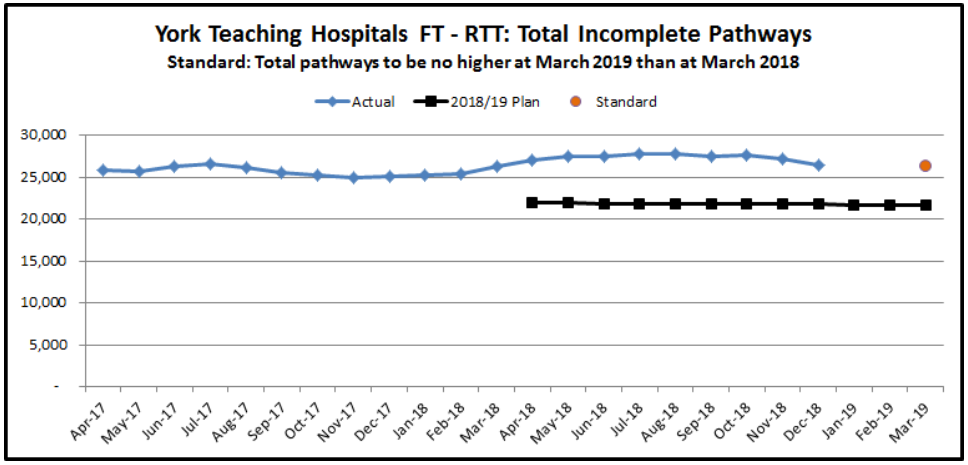
Only 6 specialties (Neurosurgery, Geriatric Medicine, Cardiothoracic Surgery, Gynaecology, General Medicine and Other) met the 92% target in December, all other specialties fell below 92%. The most significant number of 18 week breaches continued to be in Ophthalmology with 716, accounting for over one quarter of all breaches this month. This is followed by General Surgery with 354 and Urology with 240.

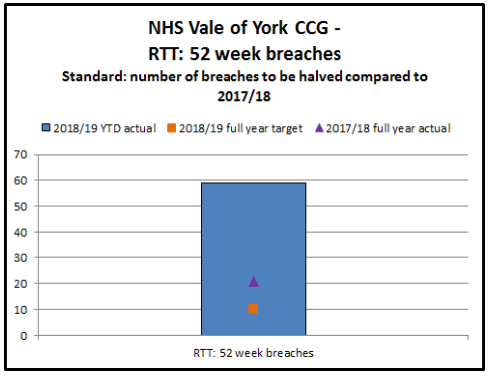
York Trust's RTT position dropped from 82.0% in November to 81.5% in December 2018, this is 2.9% lower than the Trust trajectory for the end of December. The backlog has increased across both admitted and non-admitted pathways. The Trust has increased the validation resource for the PTT pathway, with the new posts in place from mid-November. Full validation of the RTT waiting list commenced in mid-December.

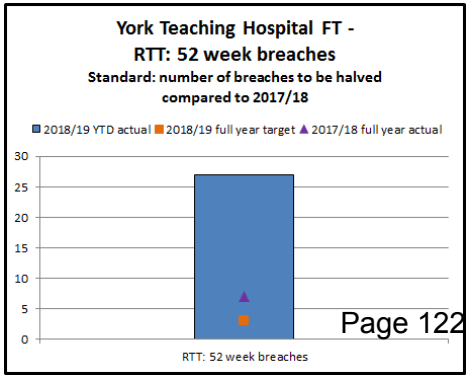
Detailed recovery work is underway in Ophthalmology and Dermatology, both with significant backlogs and identified clinical risk. The Maxillo-Facial recovery plan is in place. Further recovery plans are being developed for Cardiology and Respiratory.

PERFORMANCE PLANNED CARE: REFERRAL TO TREATMENT (RTT)









Waiting list performance:

The Vale of York CCG waiting list saw a reduction of 188 patients from 17,019 in November to 16,831 in December. This stands 358 patients over our baseline target of 16,473 by March 2019.

The Trust has seen a 3% decrease to the total incomplete waiting list in December, falling to 26,433. The primary actions to reduce the waiting list commenced in late November with full validation of the incomplete waiting list commenced mid-December. The Trust plan allows for a reduction in elective activity in January and February and as such the incomplete list remaining above plan is a risk for the end of year target (26,303). There is the potential that in achieving the reduction in the total waiting list will negatively impact on waiting list performance (against the 92% target) as validation is more likely to remove patients waiting under 18 weeks.

52 week performance:

There were 8 breaches of the 52 week target for Vale of York CCG patients in October, all at Leeds Trust in T&O and relating to adult spines. The CCG are in regular contact with the lead CCG in Leeds regarding these patients.

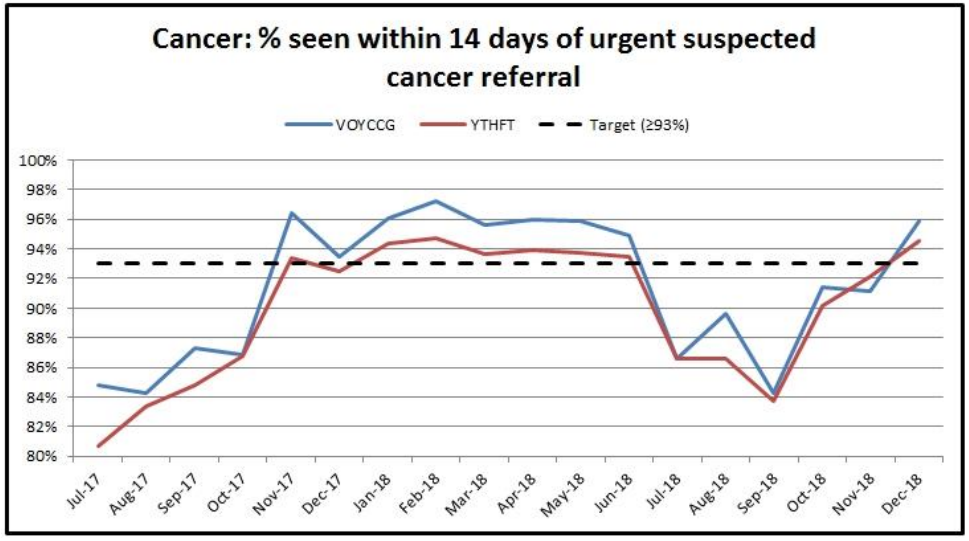
This brings the YTD total for the CCG to 59 against a 2018/19 full year target of 10.

York Trust declared no further 52 week breaches in December 2018.

This leaves the Trust's YTD total static at 27 against a full year target of 3.

PERFORMANCE PLANNED CARE: CANCER TWO WEEK WAITS

Cancer: % 2WW referrals seen within 14 days (Target ≥93%)					
Vale of York CCG			York Trust		
Nov-18	Dec-18	DoT	Nov-18	Dec-18	DoT
91.2%	95.9%	⇧	92.1%	94.6%	⇧



Tumour Type	VOYCCG: Total Referrals	Number of 2WW breaches	VOYCCG: % within 14 days
Other Cancer	3	0	100.0%
Brain/Central Nervous System	1	0	100.0%
Gynaecological	69	0	100.0%
Haematological Malignancies	2	0	100.0%
Head and Neck	109	2	98.2%
Urological Malignancies	122	3	97.5%
Lung	24	1	95.8%
Breast	174	8	95.4%
Lower Gastrointestinal	214	10	95.3%
Skin	138	9	93.5%
Upper Gastrointestinal	71	5	93.0%
Childrens	0	0	N/A
Sarcoma	0	0	N/A
Testicular	0	0	N/A
Grand Total	**927**	**38**	**95.9%**

Vale of York CCG achieved the 93% two week wait target in December 2018 with performance of 95.9%.

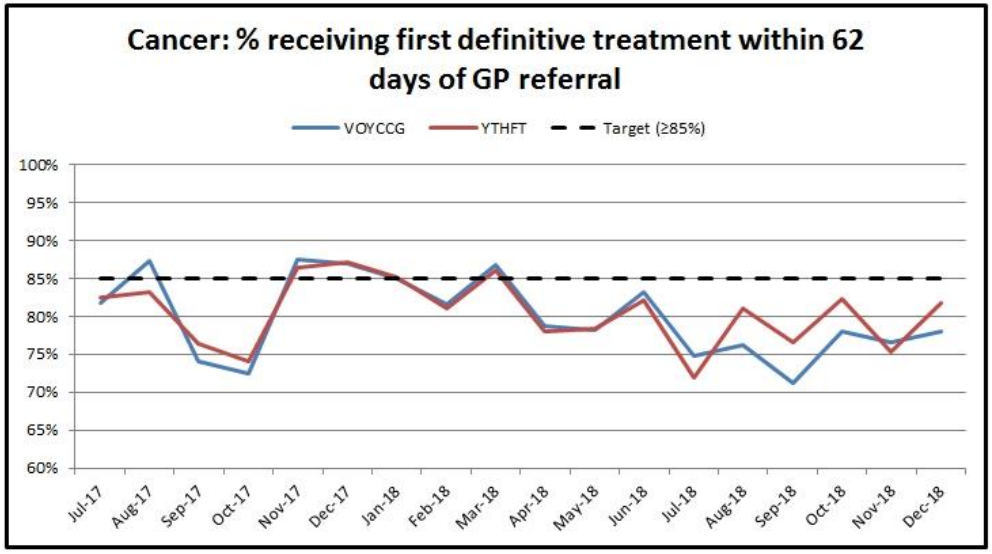
In total there were 38 breaches with the highest numbers in Lower Gastro (10), Skin (9), Breast (8) and Upper Gastro (5).

York Trust also achieved the target in December with performance at 94.6%. The Trust position continues to be affected by the ongoing issues within the Dermatology Service and un-validated data for January shows that there has been a huge dip in performance for the Trust at 50%. Indications are that February performance is currently much better.

The Trust continues to experience high demand for cancer fast tracks and is undertaking more cancer activity as a result, and this does impact on the capacity available for routine outpatient appointments, particularly in Dermatology, Urology and Colorectal services.

PERFORMANCE PLANNED CARE: CANCER 62 DAYS

Cancer: % treated within 62 days of urgent GP referral (Target ≥85%)					
Vale of York CCG			York Trust		
Nov-18	Dec-18	DoT	Nov-18	Dec-18	DoT
76.6%	78.0%	↑	75.3%	81.7%	↑



Tumour Type	VOYCCG: Total Treated	VOYCCG: 62 day breaches	VOYCCG: % within 62 days
Lower Gastrointestinal	6	0	100.0%
Brain/Central Nervous System	1	0	100.0%
Acute Leukaemia	1	0	100.0%
Gynaecological	2	0	100.0%
Haematological (Excluding Acute Leukaemia)	3	0	100.0%
Breast	9	1	88.9%
Lung	5	1	80.0%
Skin	27	6	77.8%
Urological (Excluding Testicular)	33	10	69.7%
Head & Neck	2	1	50.0%
Upper Gastrointestinal	2	1	50.0%
Testicular	0	0	N/A
Sarcoma	0	0	N/A
Other	0	0	N/A
Grand Total	**91**	**20**	**78.0%**

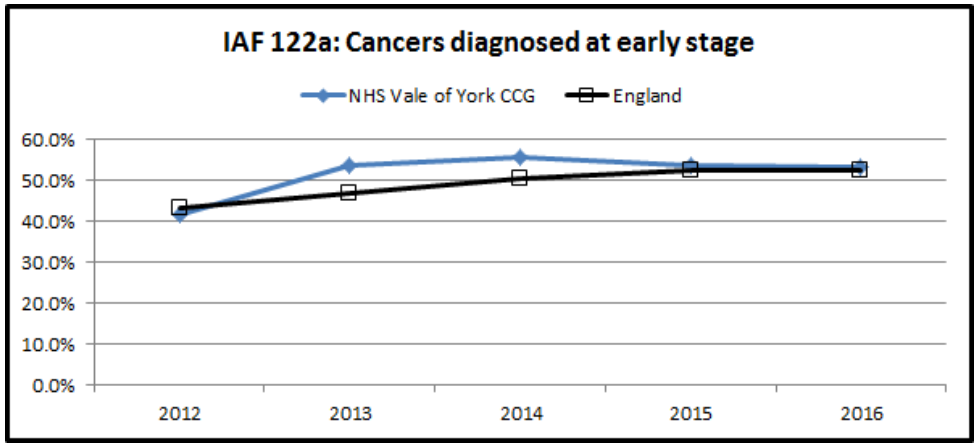
Vale of York CCG failed to meet the 62 Day Cancer Standard in December 2018 achieving 78% against the 85% target, equating to 20 patient breaches. This is an improvement on November performance of 76.6%. The majority of the breaches continued to be in Urology, which accounted for 50% of the total 20 breaches.

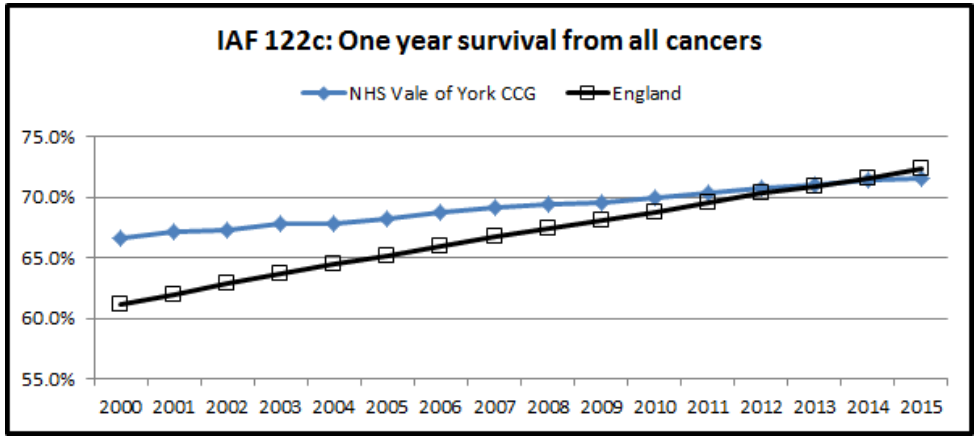
York Trust also failed to meet the 62 Day Cancer Standard in December 2018 but performance increased from 75.3% in November to 81.7% in December 2018.

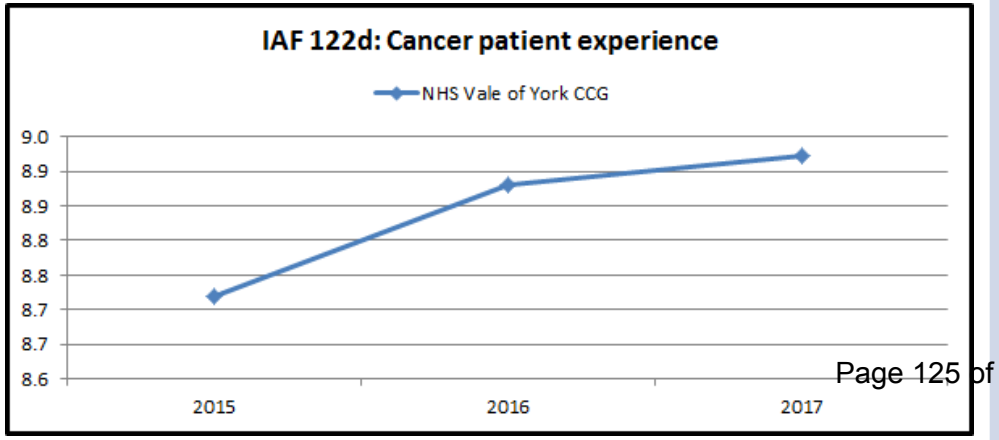
Prostate, Lung and Colorectal pathways are priority areas for the Humber, Coast and Vale Cancer Alliance and York Trust has secured £242,000 additional funding for diagnostics to improve 62 day performance. £150,000 has been allocated to fund additional endoscopy activity using an external provider to support the colorectal pathway, £50,000 towards funding MRI activity to support the prostate pathway, again via an external provider. £42,000 has been secured for additional radiographic support to the third CT scanner on the York site; to support a pilot of the lung fast track pathway. All three schemes are now operational and are functioning at full planned capacity.

The Trust has had a recent post-implementation review of progress from the NHSI Intensive Support Team, which noted improvement in internal processes. However, given the priority for cancer performance, it is proposed that a more focussed discussion of the actions in place and a detailed review of performance at the YHFT Cancer Board.

PERFORMANCE PLANNED CARE: CANCER – IAF INDICATORS







Cancers diagnosed at early stage

The CCG is performing well against peers in this measure based on the IAF dashboard assessment, however there has been a slight decline in performance for the past two years and the CCG has dropped from 55.8% in 2014 to 53.4% in 2016.

HCV Cancer Alliance has recruited 277 'Cancer Champions', 56 in the Vale of York, to educate the population in the signs and symptoms of cancer and to encourage patients to visit their GP asap if they have symptoms. Early diagnosis/staging will also help to improve the one year survival performance for our population.

One year survival from all cancers

As at latest published position of 2015, the CCG is performing at 71.6% which is 0.7% below the national average and desired trajectory of 72.3%. This performance ranks the CCG at 8/11 against peers and 121/207 nationally. Although under national average, the CCG's performance against this measure has marginally increased every year since 2000.

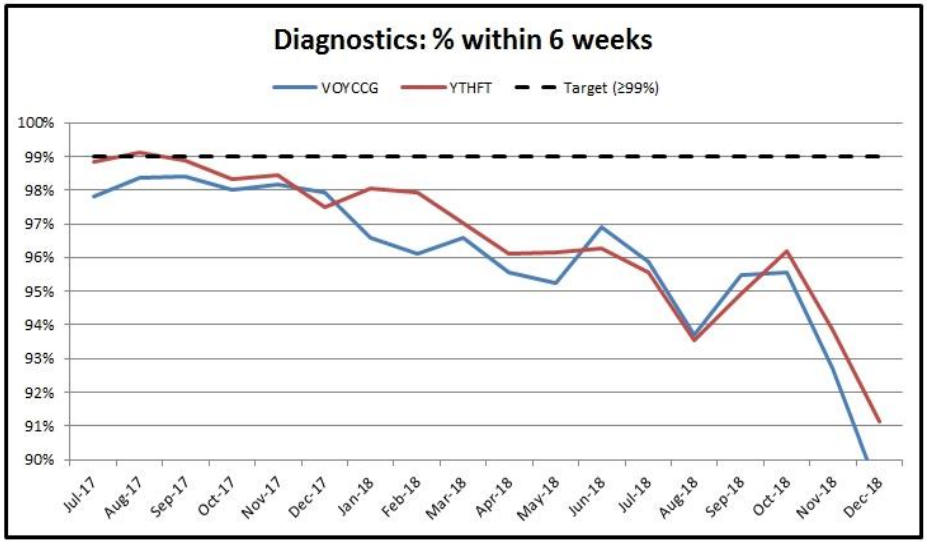
Cancer patient experience

Key findings from the National Cancer Patient Experience Survey 2017 were published in October 2018.

Patients were asked to rate their care on a scale of zero (very poor) to 10 (very good) and the average score for England and HCV was 8.8. Respondents gave ratings of 8.9 for both York Trust and VOYCCG, both above average performance, however SRCCG scored 8.7 in 2017 which represents a decline of 0.3 on their 2016 rating.

PERFORMANCE PLANNED CARE: DIAGNOSTICS

Diagnostics: % within 6 weeks (Target ≥99%)					
Vale of York CCG			York Trust		
Nov-18	Dec-18	DoT	Nov-18	Dec-18	DoT
92.7%	89.0%	⇩	93.9%	91.1%	⇩



Diagnostic Type	Total VOYCCG Waiting List	Total >6 weeks	% within 6 weeks
AUDIOLOGY_ASSESSMENTS	369	0	100.0%
URODYNAMICS	28	0	100.0%
ELECTROPHYSIOLOGY	2	0	100.0%
CT	585	3	99.5%
DEXA_SCAN	99	1	99.0%
PERIPHERAL_NEUROPHYS	70	1	98.6%
NON_OBSTETRIC_ULTRASOUND	935	45	95.2%
BARIUM_ENEMA	20	1	95.0%
CYSTOSCOPY	31	2	93.5%
MRI	1127	74	93.4%
SLEEP_STUDIES	28	4	85.7%
FLEXI_SIGMOIDOSCOPY	107	21	80.4%
COLONOSCOPY	260	75	71.2%
GASTROSCOPY	454	147	67.6%
ECHOCARDIOGRAPHY	285	109	61.8%
Grand Total	**4400**	**483**	**89.0%**

Performance for Vale of York CCG deteriorated significantly to 89.0% in December from 92.7% in November 2018. This represents 483 patients waiting over 6 weeks from a cohort of 4,400. In total, 8 specialties failed to meet the 99% target in December from a total of 15.

Gastroscopy (147) and Echocardiography (109) are the specialties with the largest volume of breaches in December.

MRI (74) and Colonoscopy (75) breaches were at a similar level to November 2018.

York Trust's performance also deteriorated from 93.9% in November to 91.1% in December 2018.

York Trust are reporting particular pressures in Endoscopy, Echo CT and MRI and MRI under General Anaesthetic (MRI GA). Echo-cardiographs have been affected by staff shortages and recruitment challenges. The radiology recovery plan is in development and includes identification of a sustainable approach to the MRI GA, which are primarily for children.

KEY QUESTIONS: PERFORMANCE PLANNED CARE

Are targets being meet and are you assured this is sustainable?	What mitigating actions are underway?
Diagnostics – No **Cancer 2 week waits – No** **Cancer 62 day standard – No** **RTT – No** **Waiting List non-deterioration – No but improving** **52 week breaches 50% reduction target – No but zero tolerance moving forward**	**Diagnostics:** • Humber, Coast and Vale Health and Care Partnership has secured £88.5million to improve emergency care and speed up diagnostic testing in parts of its footprint. • The radiology recovery plan is in development and includes identification of a sustainable approach to the MRI GA, which are primarily for children. **Cancer:** • Implementation of the Standard Operating Procedure (SOP) for removing patients from the Cancer Patient Tracking List (PTL) commenced, with weekly monitoring has seen over 500 patients removed from the PTL. • Revised Cancer Governance implemented to strengthen lessons learned from Clinical Harm Reviews and specific performance review of Tumour Site recovery plans at Cancer Board • Successful bids through the Cancer Alliance to support cancer diagnostic delays have been mobilised; a new partnership for MRIs at Thorpe Park Clinic in Leeds has been set up as part of this work. • Assessment by directorate on options to increase 7 day Fast Track capacity, to inform the operational plan for 2019-20 • Review of sustainable provision of Dermatology pathways across the YTHFT and CCGs.
Is there a trajectory and a date for recovery / improvement?	**Is further escalation required?**
Total waiting list recovery by 31/3/2019 is anticipated. The new performance trajectories for 2019/20 have now been submitted.	

Programme Overview - Unplanned and Out of Hospital Care

Validated data to December (Month 09)

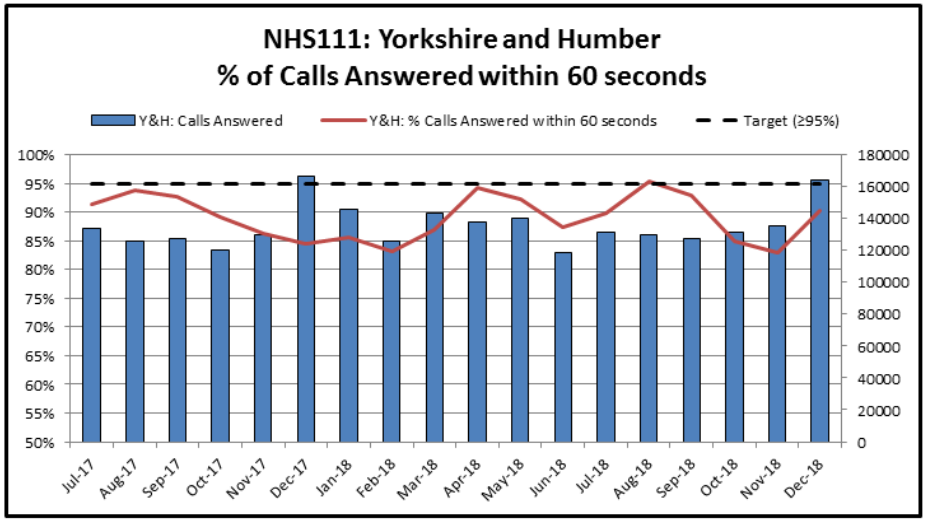
Executive Leads:
Kev Smith (Out of Hospital care), Simon Cox (Urgent & Emergency Care) and Denise Nightingale (DTOCs)
Programme Leads :
Fiona Bell, Assistant Director of Transformation & Delivery
Becky Case, Head of Transformation and Delivery - ECS
Locality leads: Shaun Macey (South), Becky Case (North) and Gary Young (Central)
Pippa Corner, Joint Commissioning Manager (VoY CCG and CYC)
Clinical Leads:
Peter Billingsley, GP Governing Body, S&R CCG

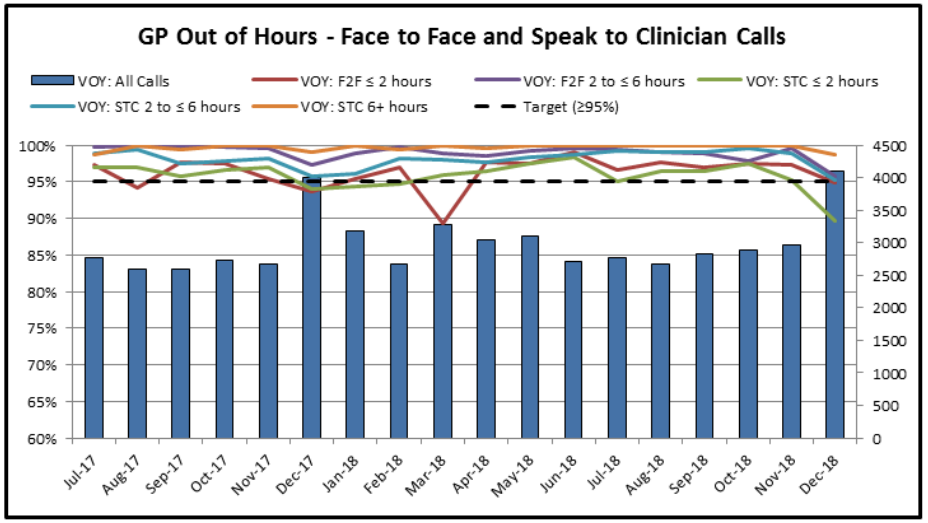
NHS
Vale of York
Clinical Commissioning Group

PERFORMANCE UNPLANNED CARE: NHS111, GP OOH, YAS and ED

NHS111: Yorkshire and Humber					
Calls Offered			% Answered within 60 seconds		
Nov-18	Dec-18	DoT	Nov-18	Dec-18	DoT
135,115	163,747	⇧	82.9%	90.2%	⇧

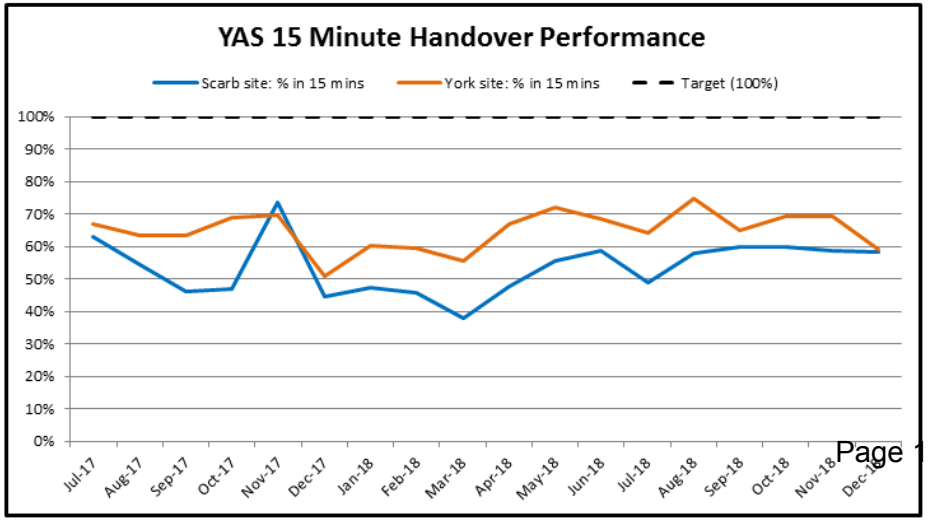
GP Out of Hours - Face to Face and Speak to Clinician Calls					
F2F calls within ≤2 hours (Target 95%)			STC calls within ≤2 hours (Target 95%)		
Nov-18	Dec-18	DoT	Nov-18	Dec-18	DoT
97.3%	94.9%	⇩	95.3%	89.7%	⇩

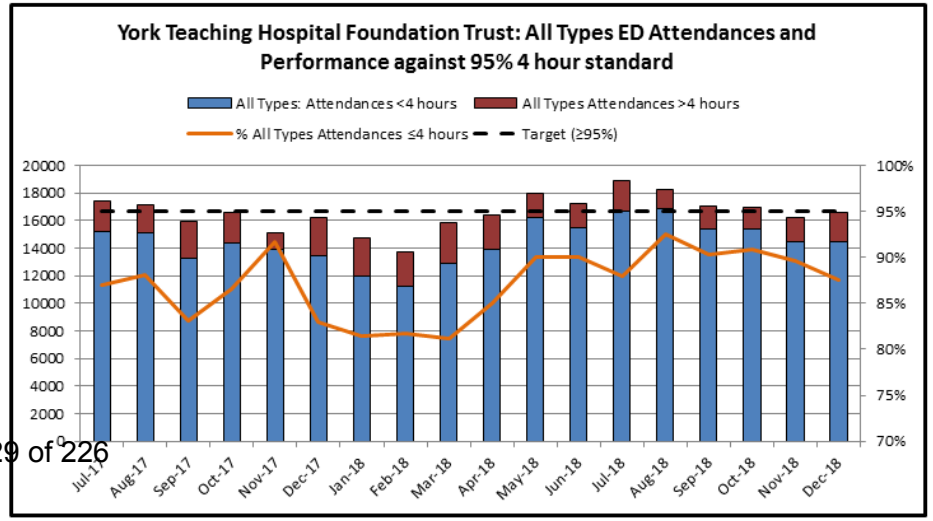




YAS 15 Minute Handover Performance					
Scarborough site (Target 100%)			York site (Target 100%)		
Nov-18	Dec-18	DoT	Nov-18	Dec-18	DoT
58.6%	58.3%	⇩	69.4%	59.2%	⇩

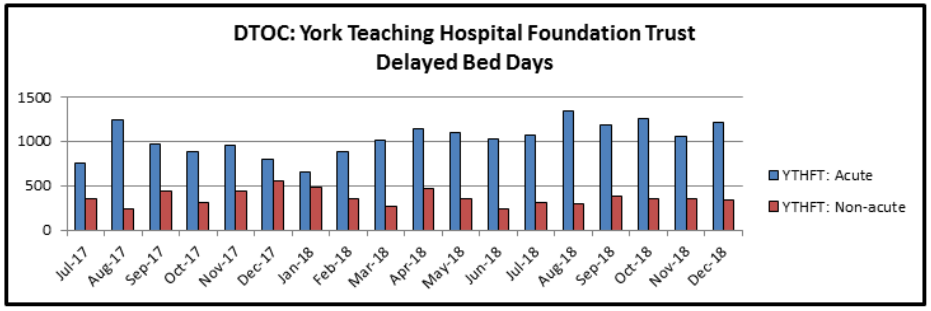
York Teaching Hospital Foundation Trust: ED 4 hour standard					
All Types Attendances			All Types % within 4 hours		
Nov-18	Dec-18	DoT	Nov-18	Dec-18	DoT
16,191	16,571	⇧	89.6%	87.6%	⇩



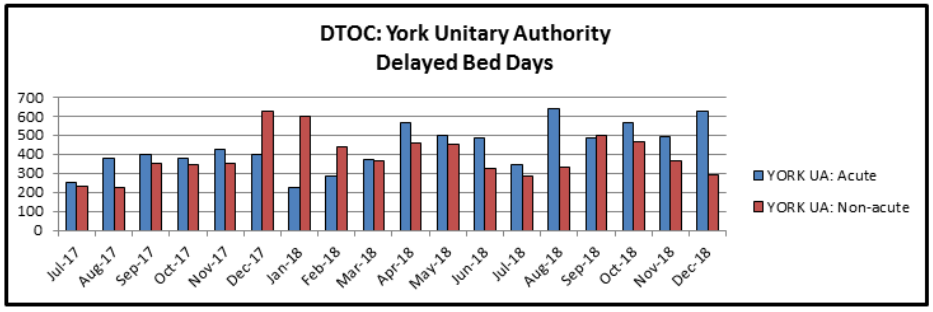


PERFORMANCE UNPLANNED CARE: DELAYED TRANSFERS OF CARE

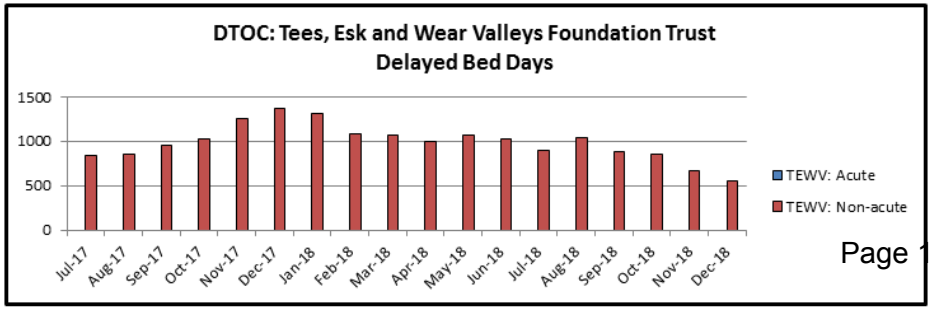
DTOC: YTHFT Delayed Bed Days					
Acute			Non-acute		
Nov-18	Dec-18	DoT	Nov-18	Dec-18	DoT
1059	1212	⇧	358	337	⇩



DTOC: York UA Delayed Bed Days					
Acute			Non-acute		
Nov-18	Dec-18	DoT	Nov-18	Dec-18	DoT
491	628	⇧	365	289	⇩



DTOC: TEWV Delayed Bed Days					
Acute			Non-acute		
Nov-18	Dec-18	DoT	Nov-18	Dec-18	DoT
N/A	N/A	N/A	672	550	⇩



The number of bed days for acute DTOCs at York Trust increased from 1059 in November to 1212 in December. The number of bed days for non-acute DTOCs decreased slightly by 21 from 358 in November to 337 in December.

The Trust has in line with previous years seen an increase in bed pressure, with both Scarborough and York Hospitals having only 12 days between them below a bed occupancy of 90% at midnight. The Delayed Transfers of Care (DToC) position worsened in December, primarily in the York Locality and is the second worst this financial year.

The recent rise has been affected by lack of care home capacity and shortage in the availability of packages of home care. The Trust is actively working, through the Complex Discharge multi-agency group to mitigate the pressures from increased demand, and delayed patients through the Winter Plan.

KEY QUESTIONS : PERFORMANCE UNPLANNED CARE

Are targets being met and are you assured this is sustainable?	What mitigating actions are underway?
• **4-hour standard:** The 95% target was not met during this period, and there was underachievement against the local target • **Ambulance Handovers**: Deteriorated during January • **YAS response times:** Average response times for Cat 1 calls static at 7minutes and 4seconds, fractionally outside target. The 90th centile is also comfortably within the 15 minutes target at 12 minutes and 16 seconds. • **OOH GP**: This deteriorated in December and January – as per seasonal expectations; improvement expected in February • **EDFD:** 737 cases were seen in January; most significant numbers were given self care advice, discharged with no follow up or asked to contact their own GP • **NHS111:** Good performance continued throughout January	• **4-hour standard:** Continuing to work as a system to manage pressures, hospital/bed/bay closures in place • **Ambulance Handovers:** Continued work on pathways via the HCV sub-group. • **YAS response times:** Cat1 and other targets continuously monitored. • **OOH GP:** No mitigating actions required at present; monitoring continues. • **EDFD:** Ongoing dialogue between YTHFT and Vocare. • **NHS111:** No mitigating actions required at present; monitoring continues.
Is there a trajectory and a date for recovery/improvement?	**Is further escalation required?**
• **4-hour standard:** all system partners are still working with the winter plans to regain target levels; 3rd week of Feb good. Significant norovirus issues during Jan/Feb 19, now improving. • **Ambulance Handovers:** Ongoing work against plan. • **YAS response times:** not applicable at present. • **OOH GP:** not applicable at present. • **EDFD**: not applicable at present. • **NHS111**: not applicable at present.	• **4-hour standard:** Escalation taking place locally and regionally as required • **Ambulance Handovers**: No • **YAS response times**: No • **OOH GP**: No • **EDFD**: No • **NHS111**: No

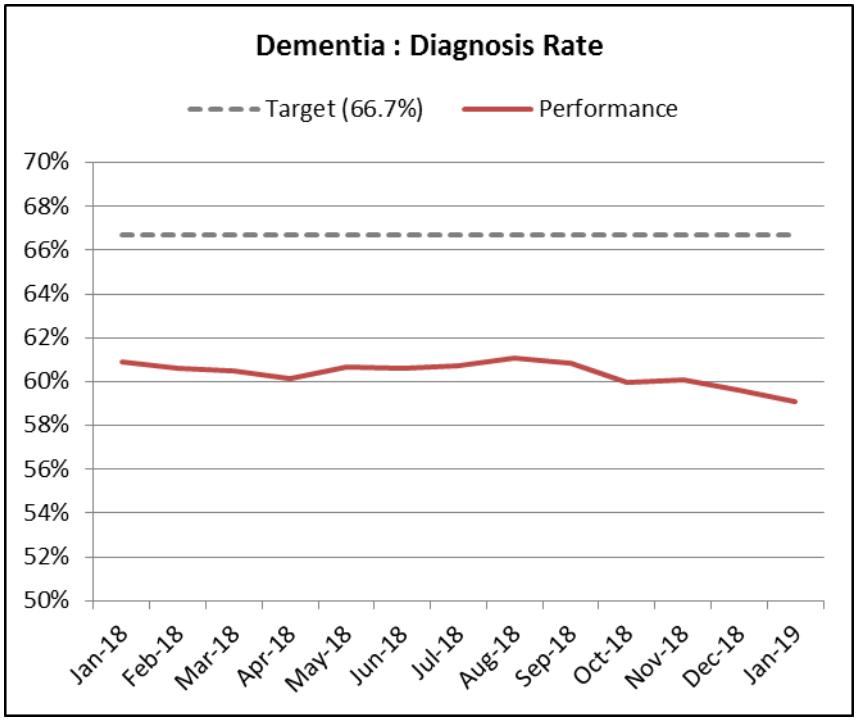
Programme Overview
- Mental Health, Learning Disability, Complex Care and Children's

Executive Lead and Clinical Lead:
Denise Nightingale, Executive Director of Transformation & Delivery (MH/LD/CHC)

Programme Leads :
Paul Howatson, Head of Partnerships and Integration
Bev Hunter, Head of CHC and Vulnerable People

PERFORMANCE : MENTAL HEALTH – DEMENTIA

Dementia			
Diagnosis Rate			
Nov-18	Dec-18	Jan-19	DoT
60.1%	59.6%	59.1%	↓



The diagnosis rate has decreased to 59.1% from 59.6%.

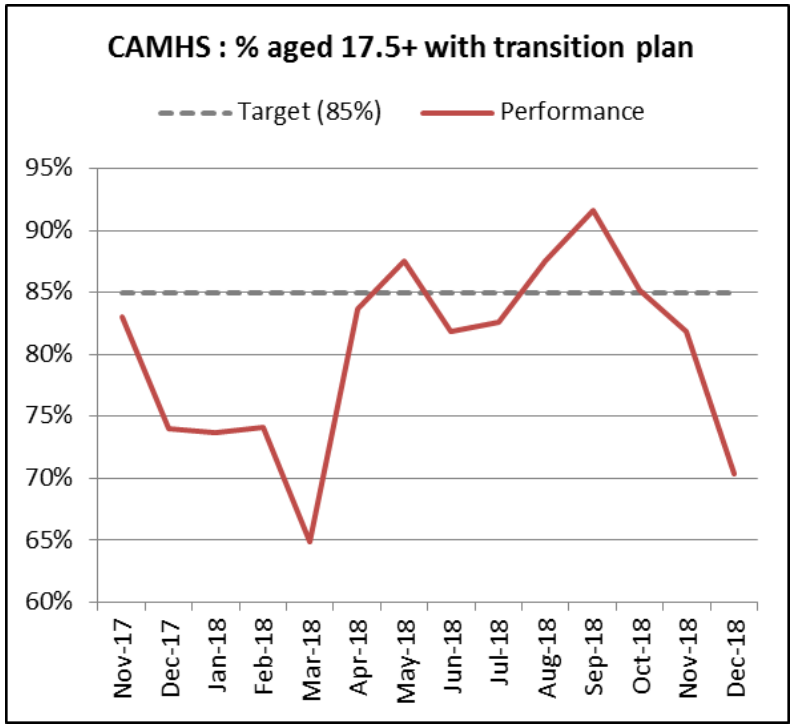
The number of registered patients fell by 25 against a static estimated prevalence rate.

Practice Name	Movement	Performance
Beech Tree Surgery	(4)	74.2%
Dalton Terrace Surgery	(3)	39.9%
East Parade Medical Practice	(1)	41.8%
Elvington Medical Practice	0	93.0%
Escrick Surgery	(1)	55.9%
Front Street Surgery	0	42.0%
Haxby Group Practice	(10)	62.8%
Helmsley Surgery	1	34.8%
Jorvik Gillygate Practice	1	57.2%
Kirkbymoorside Surgery	(2)	48.0%
Millfield Surgery	(2)	54.6%
My Health Group	1	59.0%
Pickering Medical Practice	1	58.4%
Pocklington Group Practice	8	44.3%
Posterngate Surgery	1	63.2%
Priory Medical Group	(9)	76.4%
Scott Road Medical Centre	(2)	103.8%
Sherburn Group Practice	1	68.3%
South Milford Surgery	(1)	38.0%
Stillington Surgery	2	43.1%
Tadcaster Medical Centre	(1)	46.4%
Terrington Surgery	0	21.3%
The Old School Medical Practice	(2)	42.8%
Tollerton Surgery	0	37.0%
Unity Health	(3)	56.4%
York Medical Group	0	**48.9%**
Total	**(25)**	

Based on NHS Digital Data		**59.1%**

PERFORMANCE : MENTAL HEALTH - CAMHS

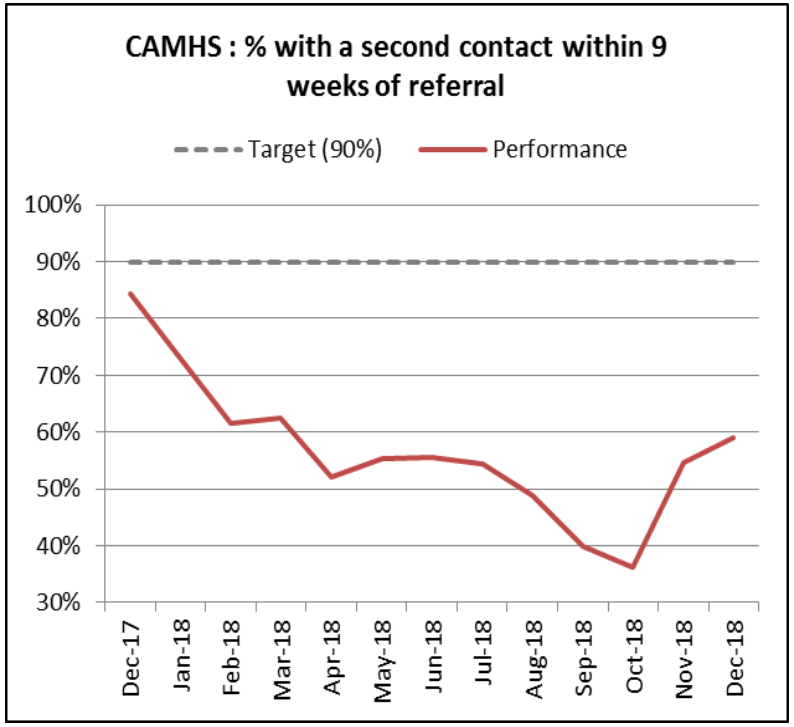
CAMHS			
% aged 17.5+ with transition plan			
Oct-18	Nov-18	Dec-18	DoT
85.2%	81.8%	70.3%	↓



The position for December is 70.3 % which is attributable to 27 breaches out of 77 patients.

Note that a KPI change is in progress due to the patients being counted inappropriately specifically around the correct way of counting those patients aged between 17.5 and 18 on referral.

CAMHS			
% with a second contact < 9 weeks of referral			
Oct-18	Nov-18	Dec-18	DoT
36.3%	54.6%	59.0%	↑

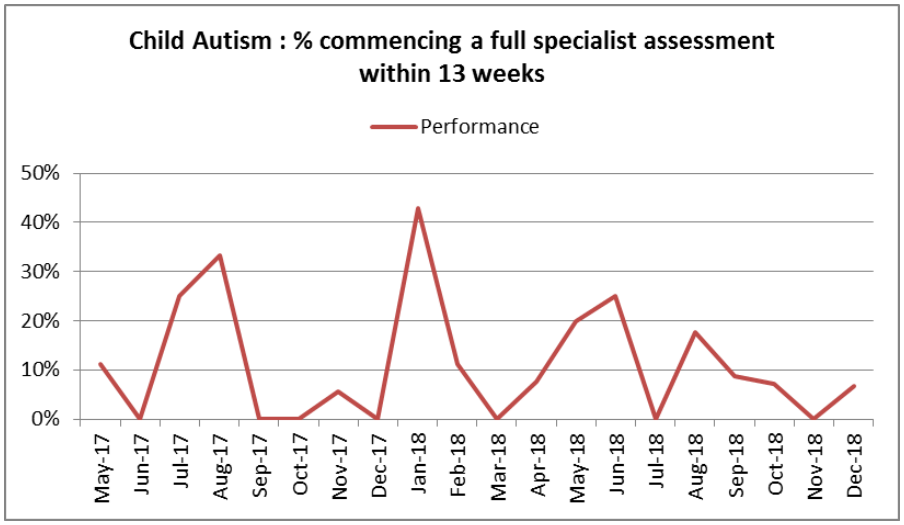


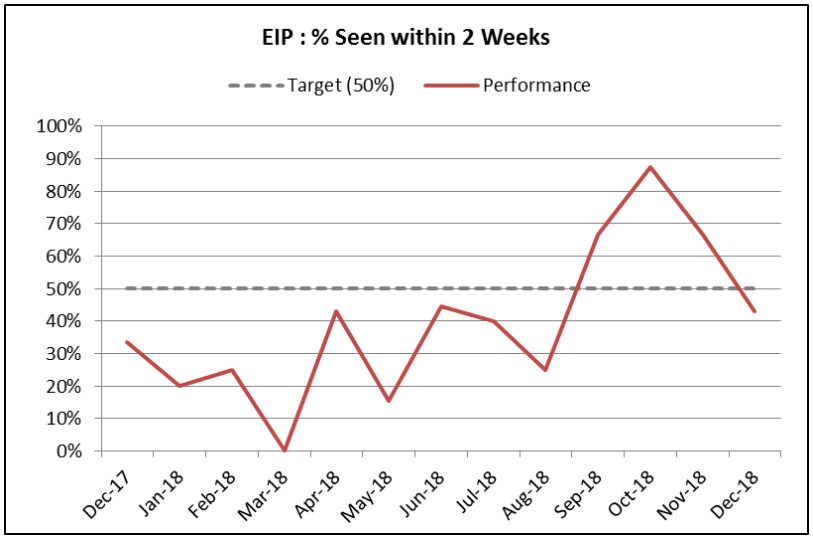
The position for December is 59.0%, which is attributable to 41 breaches out of 100 patients. Breaches continue to predominately relate to issues with staff capacity.

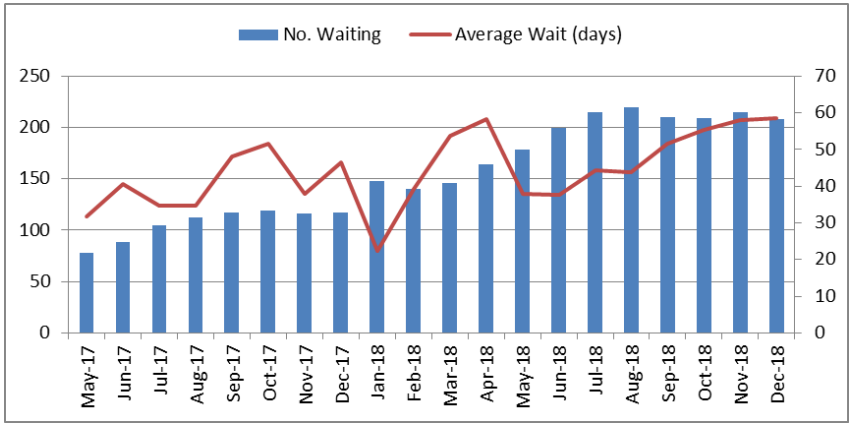
PERFORMANCE : MENTAL HEALTH – Child Autism & EIP

Child Autism			
% commencing full specialist assessment < 13 wks			
Oct-18	Nov-18	Dec-18	DoT
7.1%	0.0%	6.7%	↑

EIP			
% seen within 2 Weeks			
Oct-18	Nov-18	Dec-18	DoT
87.5%	66.7%	42.9%	↓







The position decreased to 42.9%. This represents 3 out of 7 attendances being seen within 2 weeks.

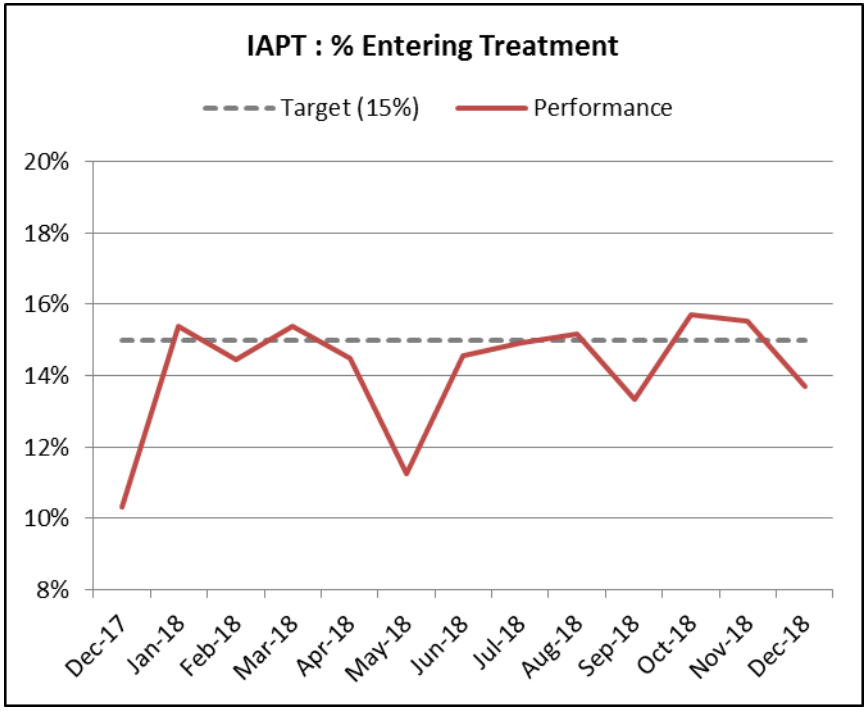
Nationally EIP reports 57.14% in November and 50% in December due to attendances at Norfolk and Suffolk NHS Foundation Trust. This activity has been queried with the provider.

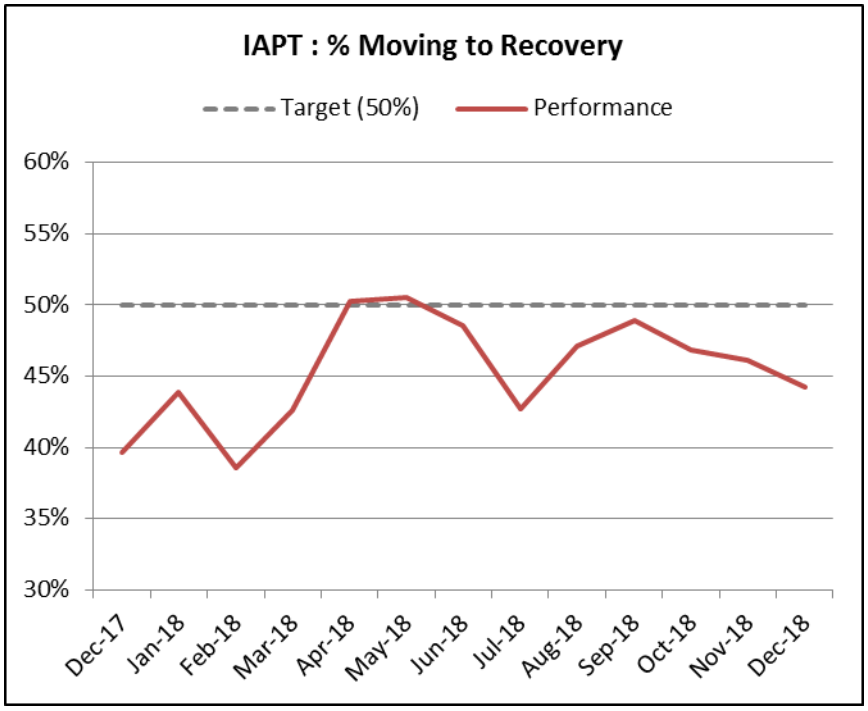
This measure fluctuates significantly due to the small numbers associated with this type of activity.

PERFORMANCE : MENTAL HEALTH- IAPT

IAPT			
Prevalence			
Oct-18	Nov-18	Dec-18	DoT
15.7%	15.5%	13.7%	⇩

IAPT			
Recovery			
Oct-18	Nov-18	Dec-18	DoT
46.9%	46.1%	44.3%	⇩





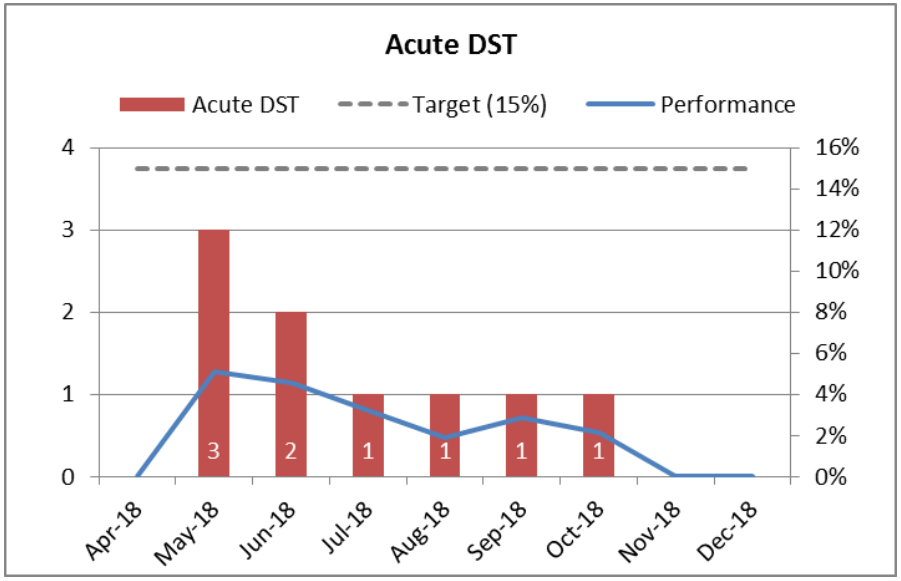
The local position for December is 13.7%.

The expectation is that referrals for the month of January will pickup and the target for January will be met.

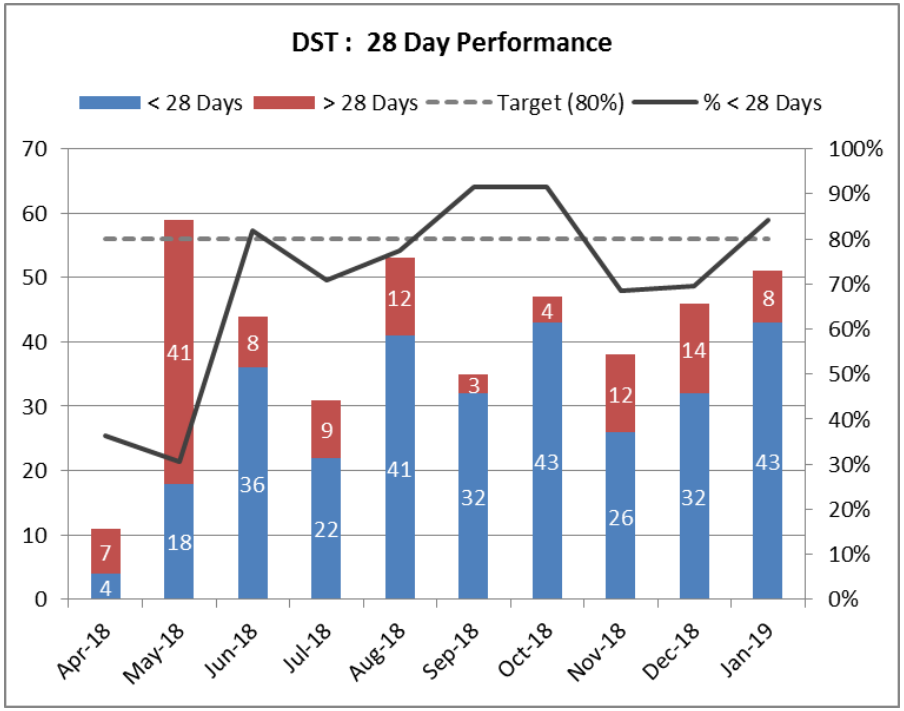
The local position for December is 44.3%

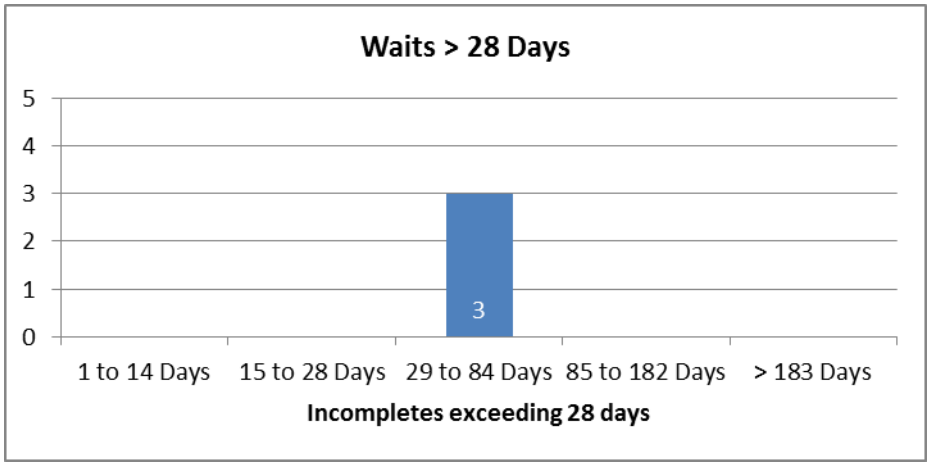
Of the 128 patients who completed treatment 54 have moved to recovery.

PERFORMANCE: CONTINUING HEALTHCARE (CHC)



Implementation of the discharge to assess approach has continued to deliver this target. All Acute Hospital DSTs are approved prior to assessment and occur due to patient need.





Performance improved to 84.3% which is a significant improvement over the December position.

- Work continues regarding the implementation of the new IT system with further
- Posts have been recruited to and temporary staff are in place to offset staffing issues.

The expectation is that Februarys position will meet target.

KEY QUESTIONS: MENTAL HEALTH, LEARNING DISABILITY SERVICES, COMPLEX CARE & CHILDREN

Are targets being met and are you assured this is sustainable?	What mitigating actions are underway?
Mental Health **IAPT :** No **Dementia :** No **CAMHS :** No **EIP:** No **Continuing Healthcare** **Monthly Acute Hospital DST Activity :** Yes **Decision Support Tool 28 Days :** Yes	**IAPT :** Unfortunately the position was low in December, as anticipated, however un-validated reports from TEWV suggest that the position has recovered and will be above 15% for January. TEWV are still confident they will achieve for Quarter 4 however the revised national guidance regarding PWP training means that from April there is an element of IAPT activity that will not count towards prevalence rates. This would potentially put the CCG in a starting position closer to 11%. This is a national issue and we continue to work with TEWV colleagues to try and find a solution prior to the new Contract year. **Dementia** : Work continues to try and improve the transfer of data between TEWV and Primary Care to ensure that all Dementia Diagnosis are accurately recorded on system1 and EMIS. An audit is planned with two of the bigger practices initially to test the impact on performance. **CAMHS** : We continue to see a slight improvement in the waiting times for CAMHS pathways following the investment. There is further recruitment planned to try and maintain performance against the CAMHS indicators while continuing to reduce the waiting lists. **EIP :** Staffing appointments currently on track for improvement in performance in line with trajectory. **CHC** : Januarys performance improved and the 28 day target was met. This expectation is that performance will remain above target in February.
Is there a trajectory and a date for recovery / improvement?	**Is further escalation required?**
IAPT : Trajectory agreed but is below national target. **Dementia :** The tasks in the action plan support progress towards delivery of the national target	**IAPT recovery:** Verbal update to F & P Committee. **Dementia :** Verbal update to F & P Committee. **CAMHS :** Verbal update to F & P Committee.

CCG Improvement and Assessment Framework (IAF)

NHS
Vale of York
Clinical Commissioning Group

CCG Improvement and Assessment Framework

CCGs are assessed annually by NHS England against the Improvement and Assessment Framework (IAF). There are 4 possible achievement ratings to be gained – Inadequate, Requires Improvement, Good or Outstanding.

The CCG IAF comprises indicators selected by NHS England to track and assess variation across performance, delivery, outcomes, finance and leadership.

Release of the 2018/19 Framework

The 2018/19 CCG Improvement and Assessment Framework (IAF) for 2018/19 was published on 08th November 2018. The updated framework covers 58 indicators, 51 of which have been carried over from 2017/18 with the addition of 7 new indicators for 2018/19.

The 7 new indicators are as follows:

- Proportion of people on GP severe mental illness register receiving physical health checks in primary care
- Cardio-metabolic assessment in mental health environments
- Delivery of the mental health investment standard
- Quality of mental health data submitted to NHS Digital (DQMI)
- Count of the total investment in primary care transformation made by CCGs compared with the £3 head commitment made in the General Practice Forward View
- Patients waiting six weeks or more for a diagnostic test
- Expenditure in areas with identified scope for improvement

In addition to the new indicators, a number of the existing 51 indicators have been amended or updated.

The Quarter 2 2018/19 IAF dashboard was released to CCGs on 28th January 2019, and work is currently underway to assess our position against all indicators. Key headlines are that Finance has returned (as anticipated) from Amber in Q1 to Red in Q2, but Quality of CCG Leadership has improved from Amber in Q1 to Green in Q2.

Future development

In addition to the newly released and refreshed 2018/19 Improvement and Assessment Framework indicators, the summary guidance published on 08th November 2018 included an update on future developments including a planned Integrated Oversight Framework, as outlined below.

> *NHS England and NHS Improvement are developing with STPs/ICSs a set of principles that will underpin oversight:*
>
> - *NHS England and NHS Improvement speaking with one voice, setting consistent expectations for local health systems;*
> - *greater focus on the performance of the local healthcare system as a whole, alongside the performance of individual providers and commissioners; and,*
> - *working with and through the STP/ICS leadership, wherever possible, to tackle problems in individual organisations or localities, rather than making uncoordinated national interventions. This will thereby stimulate the further growth of self-governing systems.*
>
> *This will be informed by a new integrated oversight framework that will form a key part of the regular performance discussions between NHS England, NHS Improvement and STPs/ICSs. Alongside this, NHS England, NHS Improvement and STPs/ICSs will continue to review trust-level data – and CCG-level data – to help agree when individual organisations need support or intervention and who should provide that support or intervention.*
>
> *We envisage that this new framework will evolve to reflect a population-based approach to improving health outcomes and reducing health inequalities. Development of this framework will be informed by the long-term plan for the NHS, due to be issued in the autumn, to ensure that the ambition described for the NHS is captured in the metrics that we use to assess and oversee CCGs and healthcare systems in the future.*

2018/19 CCG Quality Premium

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QUALITY PREMIUM UPDATE

2017/18 Quality Premium Update

Provisional Phase 1 2017/18 Quality Premium results were released by NHS England on 13th November 2018, for CCGs to review. The provisional results brought together the local Quality Premium measures along with the national data which is available. The CCG's Analytics Team reviewed the results and confirmed accuracy meaning there was no requirement to lodge an appeal with NHS England. Subsequently the appeals window closed at midday on Wednesday 21st November.

Although the provisional results indicate that the CCG achieved a number of the 2017/18 Quality Premium indicators with a potential financial value of over £1million, all three targets within the Constitutional Gateway were failed and with each carrying a penalty of 33.3% this represents a 100% reduction in any available funding.

On 12th December 2018 the Financial Gateway results were released for 2017/18 and the CCG has failed the gateway as anticipated. In addition to failing the Constitutional Gateways which had already removed any possibility of available funding, the failure of the Financial Gateway also renders us ineligible for any monetary achievement despite any achievement in other areas.

2018/19 Quality Premium

Guidance for the 2018/19 CCG Quality Premium has been released, and the table on the following slide summarises the potential funding available to Vale of York and Scarborough & Ryedale CCGs broken down by section and indicator.

The structure of the Quality Premium has changed compared to previous years, placing more emphasis on Emergency Demand Management so as to incentivise moderation of demand for emergency care in addition to maintaining and/or improving progress against key quality indicators.

Approximately 75.5% of potential funding is allocated to the Emergency Demand Management Indicators, and 24.5% to the Quality Indicators.

As in previous years the Quality Premium includes three gateways. The Finance and Quality gateways apply to all sections of the Quality Premium. However in 2018/19, the Constitutional gateway only applies to the Quality indicators, and has no influence on the Emergency Demand Management Indicators. Therefore even if both indicators within the Constitutional gateway are failed (RTT pathway volumes and Cancer 62 days waits), the CCG is still able to achieve the Emergency Demand Management Indicators and therefore access the majority of the Quality Premium funding.

The CCG continue to work on understanding baselines and tracking for the 2018/19 Quality Premium and updates will be provided in this report as and when available.

QUALITY PREMIUM 2018/19

Potential Funding for Quality Premium for Vale of York and Scarborough and Ryedale CCGs combined* **£2,387,010**

	Indicator	% of Quality Premium	Potential Value for Vale of York CCG	Potential Value for Scarborough and Ryedale CCG	Potential total value for VOY and S&R CCGs:
Emergency Demand Management Indicators	A1 - Type 1 A&E attendances	50.0%	£673,909	£227,306	£901,215
	A2 - Non elective admissions with zero length of stay				
	B1 - Non elective admissions with length of stay of 1 day or more	50.0%	£673,909	£227,306	£901,215
	Total	**100.0%**	**£1,347,818**	**£454,612**	**£1,802,430**
Quality Indicators	**1** - % new cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	17.0%	£74,353	£25,025	£99,378
	2 - Overall experience of making a GP appointment	17.0%	£74,353	£25,025	£99,378
	3a - % of NHS CHC referrals that have been completed within 28 days.	8.5%	£37,177	£12,513	£49,690
	3b - % of full NHS CHC assessments that were completed in an acute hospital	8.5%	£37,177	£12,513	£49,690
	4a - % of people accessing IAPT services identified as Black, Asian and minority ethnic (BAME)	17.0%	£74,353	£25,025	£99,378
	4b - % of people accessing IAPT services aged 65+				
	5ai - Reduction in all E coli BSI reported	5.1%	£22,306	£7,508	£29,814
	5aii - Collection and reporting of a core primary care data set for all E coli cases	2.6%	£11,153	£3,754	£14,907
	5b - A 30% reduction (or greater) in the number of Trimethoprim items prescribed to patients aged 70 years or greater on baseline data	3.4%	£14,871	£5,005	£19,876
	5ci - Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) must be equal to or below England 2013/14 mean	1.7%	£7,435	£2,503	£9,938
	5cii - Additional reduction in Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) equal to or below 0.965 items per STAR-PU	4.3%	£18,588	£6,256	£24,844
	6 - Local Rightcare Measure - Reduction in the number of MSK POLCVs	15.0%	£65,606	£22,081	£87,687
	Total	**100.0%**	**£437,372**	**£147,208**	**£584,580**

***Based on VOYCCG population of 357,038 and S&RCCG population of 120,364 as at April 2018.**

Potential Reduction Risks to Quality Premium:

NHS Quality Gateway and NHS Finance Gateway: These apply to both the Emergency Demand Management and Quality Indicators. Therefore if either of these Gateways are failed, this carries a 100% reduction risk to all payment, i.e. £2,387,010 impact per Gateway.
NHS Constitution Gateway: This applies ONLY to the Quality Indicators. Each one carries a 50% reduction risk to payment of the Quality Indicators, i.e. £292,290 impact per indicator or £584,580 total.
NHS Constitution Gateway Indicators:
The number of patients on an incomplete pathway not to be higher in March 2019 than in March 2018
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer

QUALITY PREMIUM 2018/19

Q2 2018/19 update on Emergency Demand Management Indicators: Vale of York and Scarborough and Ryedale CCGs

	Vale of York CCG	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Full year 2018/19
A&E Type 1 Attendances	Plan	20,892	21,593	20,942	19,698	83,125
	Actual	22,164	22,318			44,482
	Variance	1,272	725			1,997
	Scarborough & Ryedale CCG	**Q1 2018/19**	**Q2 2018/19**	**Q3 2018/19**	**Q4 2018/19**	**Full year 2018/19**
	Plan	6,040	6,106	6,107	5,975	24,228
	Actual	6,116	6,400			12,516
	Variance	76	294			370

	Vale of York CCG	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Full year 2018/19
Non-elective admissions - 0 LoS	Plan	3,399	3,264	3,557	3,543	13,763
	Actual	3,418	3,441			6,859
	Variance	19	177			196
	Scarborough & Ryedale CCG	**Q1 2018/19**	**Q2 2018/19**	**Q3 2018/19**	**Q4 2018/19**	**Full year 2018/19**
	Plan	961	998	1,056	943	3,958
	Actual	1,074	1,024			2,098
	Variance	113	26			139

	Vale of York CCG	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Full year 2018/19
Non-elective admissions - 1+ LoS	Plan	5,961	6,031	6,199	6,087	24,278
	Actual	6,539	6,348			12,887
	Variance	578	317			895
	Scarborough & Ryedale CCG	**Q1 2018/19**	**Q2 2018/19**	**Q3 2018/19**	**Q4 2018/19**	**Full year 2018/19**
	Plan	2,588	2,637	2,769	2,777	10,771
	Actual	2,873	2,754			5,627
	Variance	285	117			402

The table opposite shows the position as at end Q2 2018/19 against the three Quality Premium Emergency Demand Management Indicators, for both Vale of York and Scarborough and Ryedale CCGs.

In total these indicators are worth up to approximately £1.8million combined for the two CCGs. As at end Q2 both CCGs are adverse to plan on all three indicators.

It should be noted that these figures are based on national data which will be used in Quality Premium assessment and do not take into account local exceptions around the way activity is recorded in, for example, ambulatory care - therefore these figures may differ from those published in other CCG reports.

Financial Gateway Update

As at end September 2018, the CCG are anticipating a failure of the Financial Gateway due to the likelihood of ending the year with an adverse variance to approved planned financial position. If the Financial Gateway is not achieved then this will make the CCG ineligible for 100% of Quality Premium funding against all indicators, regardless of level of achievement.

Acronyms

2WW	Two week wait: Urgent Cancer Referrals Target
A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactive Disorder
AEDB	A and E Delivery Board
AHC	Annual Health Check
AIC	Aligned Incentive Contract
CAMHS	Child and Adolescent Mental Health Services
CC	Continuing Care
CEP	Capped Expenditure Process
CGA	Comprehensive Geriatric Assessment
CHC	Continuing Healthcare
CIP	Cost Improvement Plan
CMB	Contract Management Board
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation (framework)
CRUK	Cancer Research UK
CSF	Commissioner Sustainability Funding
CT	Computerised Tomography Scan
CWTs	Cancer Waiting Times
CYC	City of York Council
CYP	Children & Young People
DEXA	Dual energy X-ray absorptiometry scan
DNA	Did not attend
DQIP	Data Quality Improvement Plan (in standard acute contract)
DTOC	Delayed Transfer of Care
ECS	Emergency Care Standard (4 hour target)

Acronyms continued

ED	Emergency Department
EDFD	Emergency Department Front Door
EMI	Elderly Mentally Infirm
ENT	Ear Nose & Throat
F&P/ F&PC	Finance & Performance Committee (CCG)
FIT	Faecal Immunochemical Test
FNC	Funded Nursing Care
FT	Foundation Trust
GA	General Anaesthetic
GI	Gastro-intestinal
GPFV	GP Forward View
H&N	Head and Neck
HCV	Humber, Coast & Vale (Sustainable Transformation Plan or STP)
HR&W	NHS Hambleton, Richmondshire and Whitby CCG
HaRD	NHS Harrogate and Rural District CCG
IAF	Improvement & Assessment Framework (NHS England)
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care Systems
IFR	Individual Funding Review (Complex care)
IPT	Inter-provider transfer (Cancer)
IS	Independent Sector
IST	Intensive Support Team
LA	Local Authority
LD	Learning Disabilities
LDR	Local Digital Roadmap
MCP	Multi-Care Practitioner
MDT	Multi Disciplinary Team
MH	Mental Health

Acronyms continued

MHFV	Mental Health Forward View
MIU	Minor Injuries Unit
MMT	Medicines Management Team
MNET	Medical Non Emergency Transport
MRI	Magnetic Resonance Imaging
MSK	Musculo-skeletal Service
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NYCC	North Yorkshire County Council
NYNET	NYNET Limited (created by North Yorkshire County Council, provides WAN connectivity and broadband services to private and public sector sites)
ONPOS	Online Non Prescription Ordering Service
OOH	Out of hours
PCH	Primary Care Home
PCU	Partnership Commissioning Unit
PIB	Permanent Injury Benefit
PID	Project Initiation Document
PLCV	Procedures of Limited Clinical Value
PM	Practice Manager
PMO	Programme Management Office
PNRC	Procedures Not Routinely Commissioned
POD	Point of Delivery
PSF	Provider Sustainability Funding
PTL	Patient Tracking List
QIPP	Quality, Innovation, Productivity and Prevention
QP	Quality Premium

Acronyms continued

RRV	Rapid Response Vehicle
RSS	Referral Support Service
RTT	Referral to treatment
SOP	Standard Operating Procedure
S&R / SRCCG	NHS Scarborough and Ryedale CCG
SRBI	Special Rehabilitation Brain Injury
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Plan
STT	Straight to Triage
SUS	Secondary Uses Service (data)
TEWV	Tees, Esk and Wear Valleys NHS Foundation Trust
T&I	Trauma and Injury
T&O	Trauma and Orthopaedics
TIA	Transient Ischaemic Attack
ToR	Terms of Reference
UCC	Urgent Care Centre
UCP	Urgent Care Practitioner
VoY	Vale of York
VoY CCG	NHS Vale of York CCG
VCN	Vale of York Clinical Network
WLIs	Waiting List Initiatives
YAS	Yorkshire Ambulance Service
YDUC	Yorkshire Doctors Urgent Care
Y&H	Yorkshire & Humber (region)
YTHFT/York Trust	York Teaching Hospital NHS Foundation Trust
YDH	York District Hospital
YHEC	York Health Economics Consortium