



Vale of York
Clinical Commissioning Group

Vale of York CCG

Core Performance Dashboard

for the March 2013 Meeting of the Governing Body

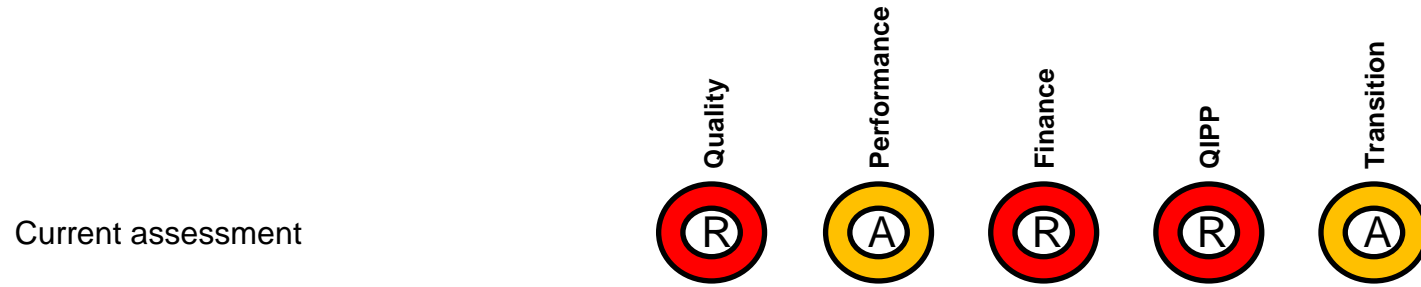
Report Compiled by:
Report Checked by:
Report Date:

Business Intelligence, North Yorkshire and Humber Commissioning Support Unit
Vale of York CCG Chief Operating Officer
26th February 2013

CONTENTS

	Page
Summary assessment	3
Performance and Quality Indicators	
Exception Report for National Quality and Performance Indicators	4
Domain 1: Preventing people from dying prematurely	5
Domain 2: Enhancing quality of life for people with long term conditions	5
Domain 3: Helping people recover from episodes of ill health or injury	6
Domain 4: Ensuring that people have a positive experience of care	6
Domain 5: Providing a safe environment and protecting from harm	7
Activity Trends	
Emergency Activity	8
Planned Inpatient Activity	9
Outpatient Attendances	10
Outpatient Procedures and Non Face-to-Face	11
Financial Performance	
Key Financial Metrics	12
Financial Overview CCG Level	13
QIPP	14
Appendices	
A Unplanned hospitalisation for chronic ambulatory care sensitive	15
B Emergency admissions for acute conditions that should not usually require hospital admission	16
C Trend Analysis of patients still waiting after 52 following referral at York Foundations Trust	17

SUMMARY OF PERFORMANCE



VALE OF YORK CCG PERFORMANCE AND QUALITY EXCEPTION REPORT

Domain	Indicator	Objective	Planned Performance	Actual Performance	Recovery plan in place	Recovery date	Assurance
Domain 1: Preventing people from dying prematurely	Ambulance response times: percentage of Red 1 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	75%	69.6%	Various actions and initiatives underway within Ambulance Trust to improve performance	On-going	CCG remains concerned around levels of performance in regard to Ambulance response times. We are changing contract performance monitoring arrangements from April as reported last month. We are currently looking with the Ambulance Trust and the Acute Trust to determine impacts across the system and are meeting with both providers together to further discussions.
	Ambulance response times: percentage of Red 2 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	75%	69.7%			
	Ambulance response times: percentage of Red 2 999 calls responded to within 19 minutes.	Minimum of 95% during 2012-13	95%	92.8%			
Domain 2: Enhancing Quality of Life for People with Long Term Conditions	Number of episodes of crisis resolution/home treatment care provided	Minimum of 1776 in 2012-13	444	373	Planned actions around contract negotiations	31-Mar-13	As part of 2013/14 contract discussions we will be working towards data disaggregated into CCG's which will enable the CCG to understand the performance as it relates specifically to VoY.
	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults).	Same or fewer admissions	Same or fewer admissions	Higher than expected	Quality improvement plans being developed currently to look at alternative pathways	to be agreed	Based on confidence interval analysis, there have been statistically more unplanned admissions between April - December 2012 then there were during the same period in the previous year. In crude activity terms, there has been an increase in activity of 177 spells or 13% (Refer to Appendix 1 part A for supporting analysis)
Domain 3: Helping people recover from episodes of ill health or injury	Emergency admissions for acute conditions that should not usually require hospital admission.	Same or fewer admissions	Same or fewer admissions	Higher than expected	Quality improvement plans being developed currently to look at alternative pathways	to be agreed	Based on confidence interval analysis there have been statistically more unplanned admissions between April - December 2012 then there were during the same period in the previous year. In crude activity terms, there has been an increase in activity of 423 spells or 20% (Refer to Appendix 1 part B for supporting analysis)
Domain 4: Ensuring that people have a positive experience of care	Number of patients still waiting for treatment where they have waited 52 weeks or more after referral by their GP or other healthcare professional.	Zero	0	17	Action plan in place	31/03/2013	Assurance was given to VoY CCG that there will be no 52 week waiters after March 31, 2013, however capacity for electives has been affected by the Norovirus outbreaks which has resulted in cancellations of patient operations. Priority is being given to patients with long waiting times and the Trust have confirmed that all General Surgery and Urology patients have To Come In (TCI) dates during February. At this stage, VoY CCG cannot be confident that the Trust will clear the backlog by March 2013. However we are closely monitoring the situation and will be discussing with Trust senior team (Refer to Appendix 1 part C for supporting analysis)
	Percentage of patients that wait no longer than 4 hours in A&E from arrival to either discharge or admission.	Average of 95% over 2012-13	95%	91.2%	Action plan in place	On-going	The Trust have been experiencing problems in meeting the 4 hour waiting time targets in A&E for several months, the recent norovirus outbreaks have contributed to this. It appears that this has also impacted on ambulance turn around times. A high level meeting has been called to discuss a whole system response to the current challenges.
	Proportion of GP referrals to first outpatient appointments booked using Choose and Book	70.0%	70%	25.9%	To be discussed by Governing Body		Choose and book has been discussed in the Governing Body and while performance against the target for use of the choose and book system is poor, the CCG is happy that GPs do discuss and offer choice to patients.... Development of the referral support service will further this commitment.
Domain 5: Providing a safe environment and protecting from harm	Number of patients the PCT is responsible for with Clostridium difficile infections.	No more than 27	No more than 2	3	Clostridium Difficile (Cdiff) Infection Reduction Strategy 2012/13	On-going	As at 21st February 2013, the Trust had reported 33 cases of Cdiff against the target of 27. Root cause analysis is undertaken and shared with VoY CCG for all cases. VoY CCG has requested an update on the Trust's containment policy and assurance that this is being implemented.

VALE OF YORK CCG PERFORMANCE AND QUALITY INDICATORS

Indicator	Objective	Coverage	Latest Performance				Year to Date	Q/P	Score Matrix
			Period Covered	Planned Performance	Actual Performance	RAG Rating			
Domain 1: Preventing people from dying prematurely									
Ambulance response times: percentage of Red 1 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	CCG	Dec-12	75%	69.6%	R	71.6%	P	0
Ambulance response times: percentage of Red 2 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	CCG	Dec-12	75%	69.7%	R	73.9%		
Ambulance response times: percentage of Red 1 999 calls responded to within 19 minutes.	Minimum of 95% during 2012-13	CCG	Dec-12	95%	97.4%	G	97.9%		
Ambulance response times: percentage of Red 2 999 calls responded to within 19 minutes.	Minimum of 95% during 2012-13	CCG	Dec-12	95%	92.8%	A	95.4%		
Percentage of patients urgently referred by a primary care professional for suspected cancer that are seen by a specialist within 14 days.	Minimum of 90% during 2012-13	Provider (Signal Report)	Nov-12	90%	93.5%	G	-	P	3
Percentage of patients referred by a primary care professional for treatment/investigation of breast symptoms (excluding those where cancer is suspected) who are seen by a specialist within 14 days.	Minimum of 93% during 2012-13	Provider (Signal Report)	Nov-12	93%	93.3%	G	-	P	
Percentage of patients that wait no more than 31 days from the date of the decision to undergo treatment to receive their first stage of treatment for cancer.	Minimum of 96% during 2012-13	Provider (Signal Report)	Nov-12	96%	98.7%	G	-	P	3
Percentage of patients that wait no more than 31 days to receive their second or subsequent stage of treatment for cancer where that treatment is drug therapy.	Minimum of 98% during 2012-13	Provider (Signal Report)	Nov-12	98%	100%	G	-	P	3
Percentage of patients that wait no more than 31 days to receive their second or subsequent stage of treatment for cancer where that treatment is surgery.	Minimum of 94% during 2012-13	Provider (Signal Report)	Nov-12	94%	97.1%	G	-	P	
Percentage of patients that wait no more than 31 days to receive their second or subsequent stage of treatment for cancer where that treatment is radiotherapy.	Minimum of 94% during 2012-13	Combined York/Scarb	Dec-12	94%	n/a	G	n/a	P	3
Percentage of patients urgently referred by a primary care professional that wait no more than 62 days from the date of referral to receive their first stage of treatment for cancer.	Minimum of 85% during 2012-13	Combined York/Scarb	Dec-12	85%	94.7%	G	87.8%	P	3
Percentage of patients referred by an NHS Screening Service that wait no more than 62 days from the date of referral to receive their first stage of treatment for cancer.	Minimum of 90% during 2012-13	Combined York/Scarb	Dec-12	90%	90%	G	92.2%	P	3
Percentage of patients that have their priority upgraded by a consultant that suspects cancer that wait no more than 62 days to receive their first stage of treatment.	Minimum of 90% during 2012-13	Combined York/Scarb	Dec-12	90%	100%	G	100%	P	

Domain 2: Enhancing Quality of Life for People with Long Term Conditions									
Number of episodes of crisis resolution/home treatment care provided	Minimum of 1776 in 2012-13	PCT	Q3 12/13	444	373	R	1152	Q	0
Number of newly diagnosed cases of first episode psychosis for whom early intervention is provided.	Minimum of 84 in 2012-13	PCT	Q3 12/13	21	40	G	110	Q	3
Percentage of people who have depression and/or anxiety disorders who receive psychological therapies (IAPT).	6.23% average 2012-13	PCT	Q2 12/13	0.4%	1.3%	G	2.0%	Q	3
Proportion of people with a LTC who are "supported by people providing health and social care services to manage their condition".	Top Quartile	CCG	Q2 12/13	Top Quartile	89.2%	G	-	Q	3
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults).	Same or fewer admissions	CCG	Apr-Dec 2012	Same or fewer admissions	Worse	R	-	Q	0
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19's	Same or fewer admissions	CCG	Apr-Dec 2012	Same or fewer admissions	Same	G	-	Q	3

VALE OF YORK CCG PERFORMANCE AND QUALITY INDICATORS

Indicator	Objective	Coverage	Latest Performance				Year to Date	Q/P	Score Matrix
			Period Covered	Planned Performance	Actual Performance	RAG Rating			
Domain 3: Helping people recover from episodes of ill health or injury									
Emergency admissions for acute conditions that should not usually require hospital admission.	Same or fewer admissions	CCG	Apr-Dec 2012	Same or fewer admissions	Worse	R	-	Q	0
Percentage of stroke patients that spend at least 90% of their time in hospital on a dedicated stroke ward.	Minimum of 80%	Host ProvComm	Q3 12/13	80%	85.6%	G	86.3%	P	3
Percentage of non-admitted patients, who have a Transient Ischaemic Attack and a higher risk of stroke, who are treated (including all relevant investigations) within 24 hours of contacting a healthcare professional.	Minimum of 60%	Host ProvComm	Q3 12/13	60%	76.9%	G	82.6%	P	3
Domain 4: Ensuring that people have a positive experience of care									
95th percentile for admitted patients that were on a RTT pathway	Maximum 23 weeks	Combined York/Scarb	Dec-12	23	22.9	G	-	P	3
95th percentile for non-admitted patients that were on a RTT pathway	Maximum 18.3 weeks	Combined York/Scarb	Dec-12	18.3	15.7	G	-	P	
95th percentile for patients still on a 18 week pathway	Maximum 28 weeks	Combined York/Scarb	Dec-12	28	21.9	G	-	P	
Percentage of patients admitted for hospital treatment within 18 weeks of referral by their GP or other healthcare professional.	Minimum of 90% during 2012-13	Provider (Signal Report)	Nov-12	90%	92.5%	G	-	P	3
Percentage of non-admitted patients treated by a consultant (or consultant led service) within 18 weeks of referral by their GP or other healthcare professional.	Minimum of 95% during 2012-13	Provider (Signal Report)	Nov-12	95%	97.2%	G	-	P	3
Percentage of patients still waiting for treatment within 18 weeks of referral by their GP or other healthcare professional.	Minimum of 92% during 2012-13	Provider (Signal Report)	Nov-12	92%	92.1%	G	-	P	0
Number of patients still waiting for treatment where they have waited 52 weeks or more after referral by their GP or other healthcare professional.	Zero	Combined York/Scarb	Dec-12	0	17	R	-	P	
Percentage of patients that waited over 6 weeks for a diagnostic test.	<1% of patients	Provider (Signal Report)	Nov-12	<1%	0.32%	G	-	P	3
Percentage of patients that wait no longer than 4 hours in A&E from arrival to either discharge or admission.	Average of 95% over 2012-13	Provider (Signal Report)	Nov-12	95%	91.2%	A	-	P	1
Mixed Sex Accommodation Breaches per 1000 FCEs (No of breaches)	<1 per 1000 FCEs	Combined York/Scarb	Dec-12	<1	0 (0)	G	-	P	3
Patient Experience survey (IP 2011 Q41) Patients involved satisfactorily in decisions about care and treatment	Same or Best Perf Category	Host provider	2011	Same or Best Perf Category	Same	G	-	Q	3
Patient Experience survey (IP 2011 Q73) Overall level of respect and dignity	Same or Best Perf Category	Host provider	2011	Same or Best Perf Category	Same	G	-	Q	3
Proportion of GP referrals to first outpatient appointments booked using Choose and Book	70%	CCG	Dec-12	70%	25.9%	R	-	Q	0

VALE OF YORK CCG PERFORMANCE AND QUALITY INDICATORS

Indicator	Objective	Coverage	Latest Performance				Year to Date	Q/P	Score Matrix
			Period Covered	Planned Performance	Actual Performance	RAG Rating			
Domain 5: Providing a safe environment and protecting from harm									
Number of patients the PCT is responsible for with Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections.	No more than 2	Host provider	Dec-12	No more than 2	0	G	0	P	3
Number of patients the PCT is responsible for with Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia infections.	No more than 29	Host provider	Dec-12	No more than 2	2	G	19	Q	3
Number of patients the PCT is responsible for with Clostridium difficile infections.	No more than 27	Host provider	Dec-12	No more than 2	3	R	33	P	0
Percentage of adult inpatients who have a Venous Thrombosis Embolism (VTE) risk assessment on admission.	90%	Combined York/Scarb	Nov-12	90%	92.2%	G	93.2%	Q	3
Summary Hospital Mortality Index	As expected or better	Combined York/Scarb	Q1 12/13	As expected or better	As expected	G	As expected	Q	3
Total Never Events reported	0	Combined York/Scarb	Jan-13	0	0	G	2	Q	3
Total Number of Serious Incidents	-	Host provider	Jan-13	-	0		21		

RAG Rated Performance for Latest Performance

Green = achieved planned performance for current period

Amber = within 5% of planned performance for current period

Red = under-performing against planned performance by more than 5%

For items based on quartiles, Green = Upper quartile, Amber = Inter-quartile range, and Red = Lower quartile

For items based on trend, Green = gradient in line with objective, Amber = gradient is "flat", Red = gradient is opposite to objective.

For mortality, Green = either "as expected" or "lower than expected", Red = "higher than expected".

Scoring

The RAG rating for each indicator is converted into a score for each item: Green = 3 points, Amber = 1 point, and Red = 0 points.

However, in some cases the indicators are grouped to provide a better balance between different areas. The scoring matrix column indicates where groups exist.

In these cases, the combined score is derived from a matrix of possible combinations of RAG. The combinations are as follows:

Red in any individual indicator results in Red overall for the group

If two indicators are grouped, then a Green and Amber combination results in Amber overall

If three indicators are grouped, then if two indicators are Amber the group is Amber, if one indicator is Amber, the group is Green.

Groups where the individual indicators are wholly Green, Red or Amber, retain the same overall scores as

Green = 90% or higher

Amber = 75% or higher, but less than 90%

Red = Less than 75%

Coverage

The data presented is available in a number of formats regarding coverage. The following sets out a brief explanation of the terms used:

CCG - the data are based on the registered patients of the relevant CCG practices, regardless of provider.

Patch - this is an area that approximates to the CCG geographical coverage, normally based on the former PCG/PCT "patches" e.g. Selby & York.

Host Provider - this data relates to all the patients of a provider "hosted" by the CCG regardless of which practice they are registered with e.g. YHFT is hosted by VoYCCG.

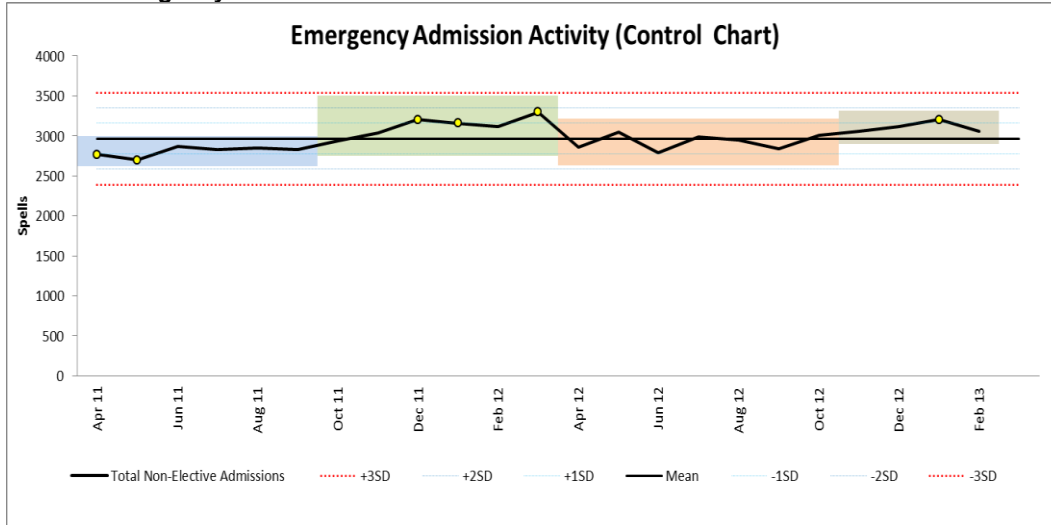
Host ProvComm - this data relates to the Host provider as described above, but is limited to patients that are the responsibility of NHS North Yorkshire and York (not exclusively the CCG).

Combined York/Scarb - from July-12 onwards Scarborough Trust merged with York Trust and therefore official data is submitted as York Trust only and at present separation of the two is not possible

Provider (Signal Report) - where available the data from York Trust's Signal Report is shown instead of Combined York/Scarb data

Secondary Care Activity Trends at York Foundation Trust

Chart 1: Emergency Admissions



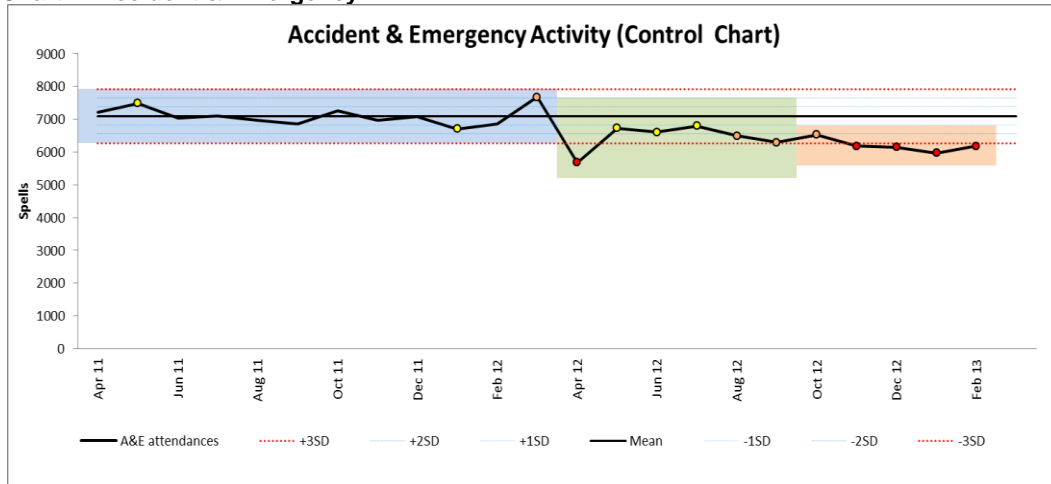
Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	2,768	2,698	2,865	2,831	2,851	2,830	2,943	3,038	3,202	3,162	3,116	3,300
2012-13	2,863	3,048	2,790	2,987	2,951	2,836	3,009	3,057	3,119	3,205	3,062	

Year on year comparison	Activity
Apr-Feb 2011-12	32,304
Apr-Feb 2012-13	32,927
Variance	623
% Variance	2%

Chart 1 identifies stepped changes in emergency activity as expected due to seasonality. The 2% growth in year on year activity is within normal levels of statistical variation and may be attributable to demographic growth.

** The January - February 2013 activity is based on estimates using fast track data and is therefore subject to change.

Chart 2: Accident & Emergency



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	7,213	7,489	7,046	7,104	6,968	6,860	7,255	6,960	7,070	6,712	6,860	7,680
2012-13	5,679	6,731	6,607	6,795	6,497	6,299	6,531	6,180	6,155	5,967	6,187	

Year on year comparison	Activity
Apr-Feb 2011-12	77,537
Apr-Feb 2012-13	69,627
Variance	-7,910
% Variance	-10%

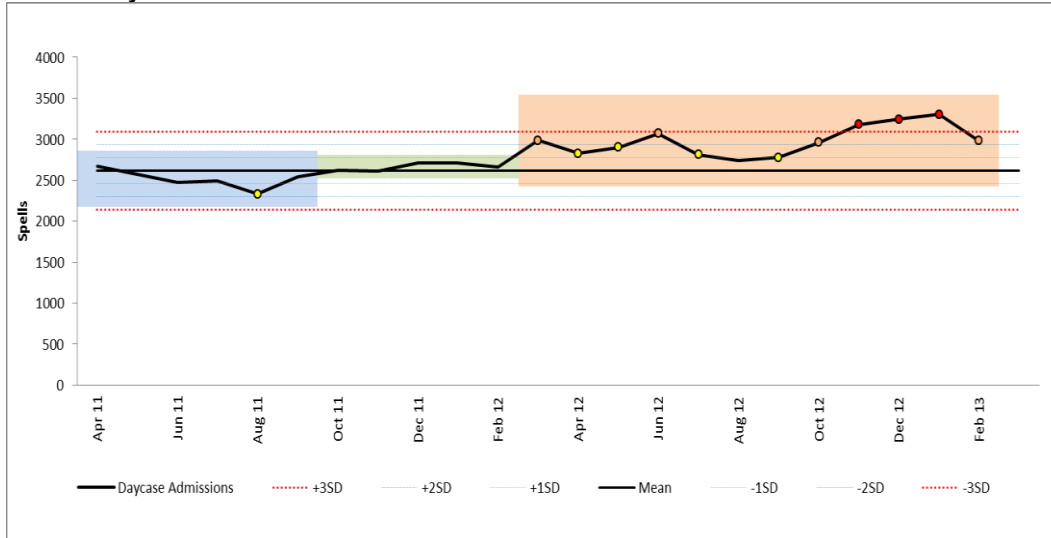
The Walk In Centre (WIC) service at Monkgate transferred to the York Foundation Trust in mid April 2012. Chart 2 plots the total monthly activity at both the A&E Department in York hospital and Monkgate WIC during 2011/12 for consistency purposes. The control chart clearly demonstrates a stepped change reduction in overall activity, consistent with the point at which the WIC service transferred.

Overall, the casemix has become more complex with a reduction in activity classified and coded as minor attendances (levels 3 & 5) and an increase in activity classified as standard and major (levels 1, 2 and 4). Regardless of the change in coding complexity, the QIPP plans relating to the WIC transfer has delivered in line with the planned assumptions.

** The January - February 2013 activity is based on estimates using fast track data and is therefore subject to change.

Secondary Care Activity Trends at York Foundation Trust

Chart 3: Day Case Elective Admissions



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	2,290	2,574	2,712	2,613	2,554	2,666	2,746	2,862	2,585	2,840	2,792	3,127
2012-13	2,694	3,179	2,777	3,083	2,867	2,780	3,243	3,331	2,781	3,463	2,839	

Year on year	Activity
Apr-Feb 2011-12	29,234
Apr-Feb 2012-13	33,037
Variance	3,803
% Variance	13%

Chart 3 clearly identifies a stepped change of day case activity which is consistent with the introduction of the 2012/13 Payment by Results (PbR) guidance which incentivised acute providers to treat more patients as day cases through best practice top-up payments for procedures which were considered most appropriate to be undertaken in a day case setting.

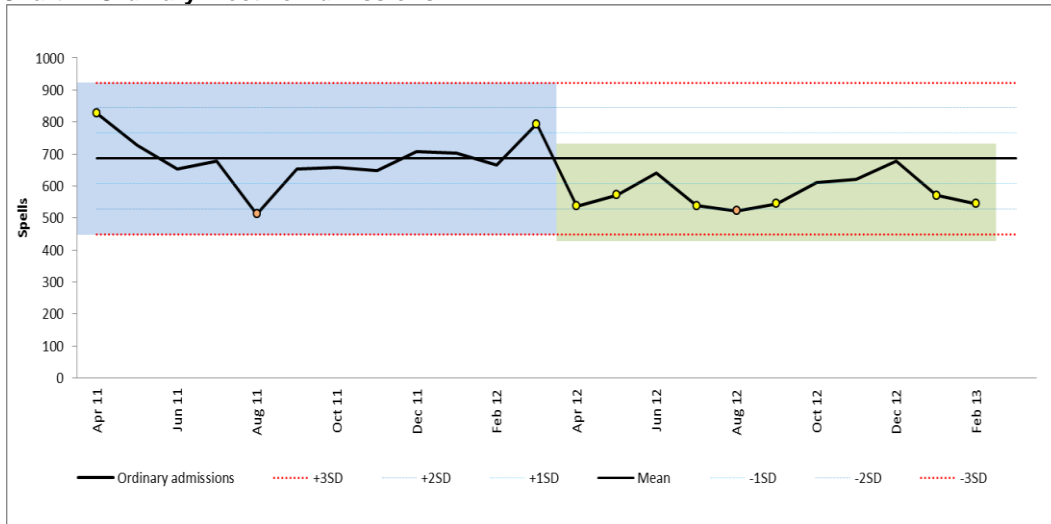
Whilst there has been a decrease in ordinary elective admissions, there has been a net increase in elective admissions overall of 2,600 spells. There has not however, been any financial increase in comparison to the 2011/12 contractual spend for electives.

Analytical investigations will be undertaken to identify the conversion rates from outpatient to elective (ordinary and elective) activity, to determine if there have been any changes to thresholds or clinical practices.

N.b. The trend analysis in chart 3 has been adjusted for working days

*** The January - February 2013 activity is based on estimates using fast track data and is therefore subject to change.*

Chart 4: Ordinary Elective Admissions



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	709	728	715	711	561	683	690	710	674	735	696	831
2012-13	512	626	580	589	547	544	670	650	581	597	518	

Year on year	Activity
Apr-Feb 2011-12	7,612
Apr-Feb 2012-13	6,415
Variance	-1,197
% Variance	-16%

In conjunction with the stepped increase noted above in Chart 3 in relation to Day Case activity, Chart 4 demonstrates a corresponding decrease in Ordinary Elective admissions. As noted above, this is the result of PbR incentivising a shift in patient care being provided in a day case setting.

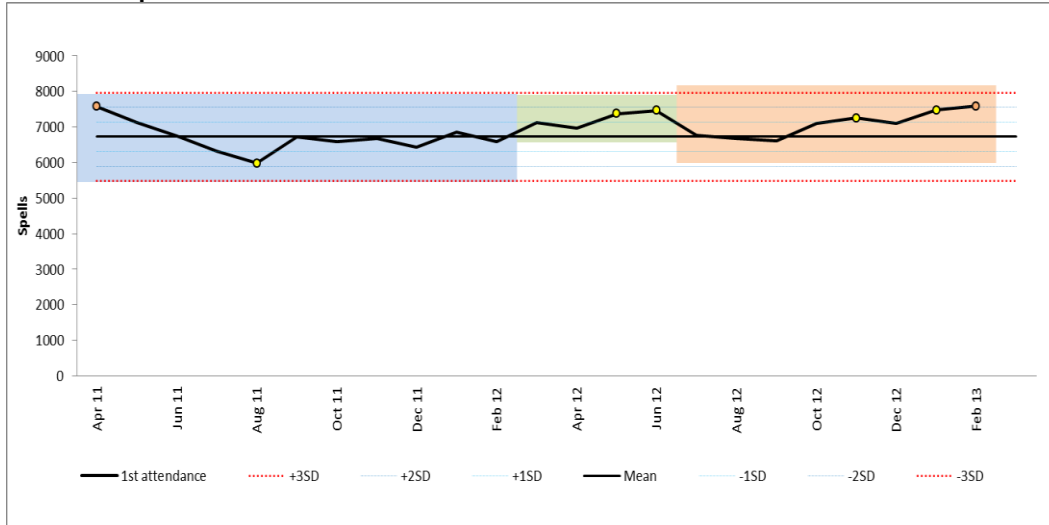
N.b. The trend analysis in chart 4 has been adjusted for working days

*** The January - February 2013 activity is based on estimates using fast track data and is therefore subject to change.*

2,606 net change in overall elective activity

Secondary Care Activity Trends at York Foundation Trust

Chart 5: Outpatient First Attendances



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	6,497	7,117	7,384	6,624	6,554	7,039	6,910	7,309	6,132	7,177	6,893	7,463
2012-13	6,644	8,084	6,753	7,420	6,995	6,604	7,782	7,599	6,092	7,833	7,225	

Year on year	Activity
Apr-Feb 2011-12	75,636
Apr-Feb 2012-13	79,031
Variance	3,395
% Variance	4%

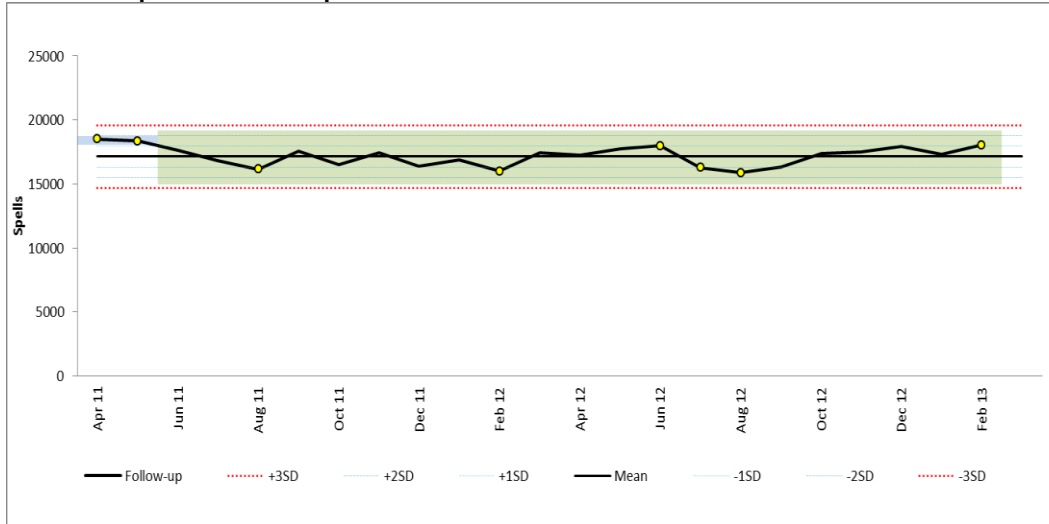
Chart 5 demonstrates that there has been a slight stepped increase in activity year on year. This is due to an increase in both internal and external demand to the provider.

The internal demand has been challenged as part of the year end discussions with the trust.

N.b. The trend analysis in chart 5 has been adjusted for working days

*** The January - February 2013 activity is based on estimates using fast track data and is therefore subject to change.*

Chart 6: Outpatient Follow-up Attendances



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	15,859	18,344	19,274	17,598	17,688	18,370	17,281	19,085	15,593	17,712	16,748	18,283
2012-13	16,460	19,466	16,260	17,825	16,618	16,335	19,029	18,328	15,365	18,136	17,174	

Year on year	Activity
Apr-Feb 2011-12	193,552
Apr-Feb 2012-13	190,996
Variance	-2,556
% Variance	-1%

Chart 6 shows that there has been no statistically significant variation in activity trends since April 2011.

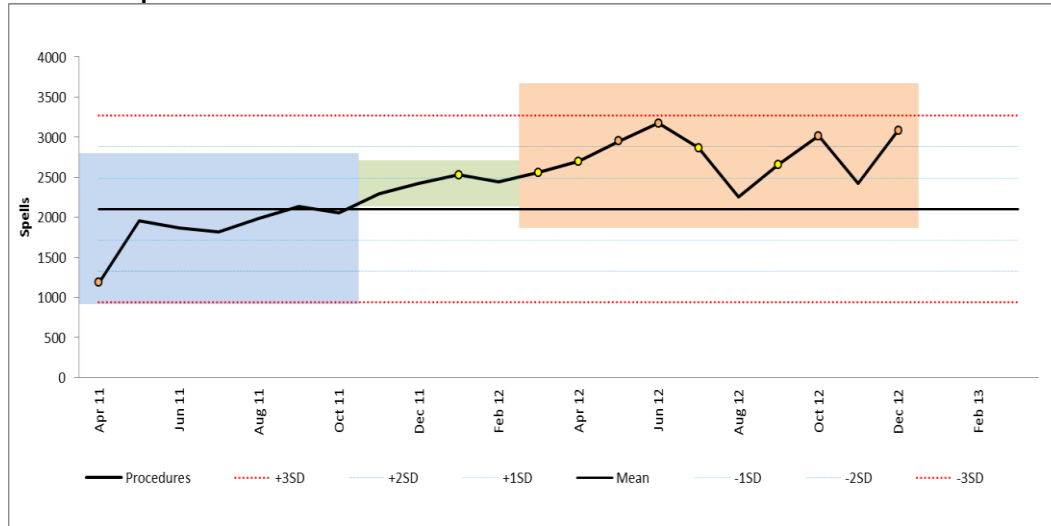
The activity is paid based on a capped ratio of first to follow up attendances of 1 : 1.2

N.b. The trend analysis in chart 6 has been adjusted for working days

*** The January - February 2013 activity is based on estimates using fast track data and is therefore subject to change.*

Secondary Care Activity Trends at York Foundation Trust

Chart 7: Outpatient Procedures



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	1,017	1,955	2,050	1,909	2,176	2,234	2,154	2,516	2,309	2,650	2,555	2,680
2012-13	2,570	3,233	2,871	3,139	2,358	2,659	3,304	2,539	2,644	***	***	

Year on year	Activity
Apr-Dec 2011-12	18,320
Apr-Dec 2012-13	25,317
Variance	6,997
% Variance	38%

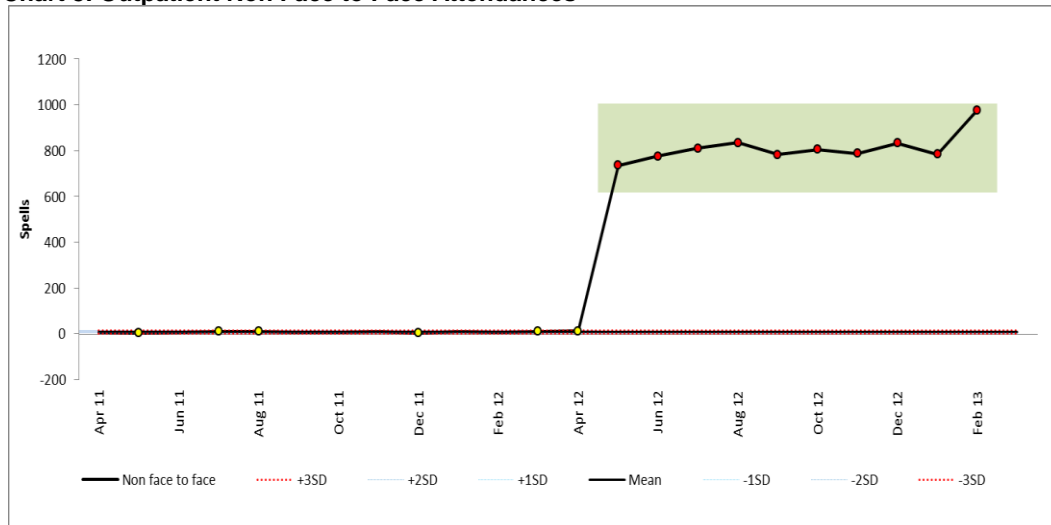
The increase in outpatient procedures is the result of the expanding scope of Payment by Results (PbR). In 2011/12 there were 49 chargeable outpatient procedures, which increased to 79 in 2012/13.

The gradual increasing trend in Chart 7 represents the trusts developing ability to capture and code more procedures undertaken in outpatients to maximise the benefit as appropriate from PbR. The decrease in activity classified as outpatient follow-ups is therefore most likely attributable to such activity shifting to being classified as outpatient procedures.

Whilst some of the outpatient procedures would have been previously classified as first attendances, the majority of procedures would have previously have been classified as follow-ups. Therefore, to determine an overview of the situation in outpatients overall, a crude calculation can be applied to sum the procedures and follow-ups (April - December) and compare activity year on year - this suggests a net increase of approximately 13%.

***N.b. Fast-track data is not available to estimate the latest positions for outpatient procedures due to the time required for

Chart 8: Outpatient Non Face to Face Attendances



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	5	4	6	11	12	8	6	10	3	10	7	11
2012-13	12	805	702	888	874	782	882	825	714	823	930	

Year on year	Activity
Apr-Feb 2011-12	82
Apr-Feb 2012-13	8,237
Variance	8,155
% Variance	9945%

Following the Payment by Results (PbR) Code of Conduct, the trust served notice to code and count and charge non face to face activity where appropriate, chargeable at £23 each. The trust have provided detailed assurance to support payment in line with PbR.

Whilst the trend analysis in Chart 8 suggests that there is an increase in activity in February, this indication should be considered with caution as the data is based on and extrapolation calculation to estimate the month end position based on fast track data. The fast-track data available at the point of analysis was up to the 10th of February, or working day 6 out of 20, therefore significant change in the actual months position relatively likely.

N.b. The trend analysis in chart 8 has been adjusted for working days.

** The January - February 2013 activity is based on estimates using fast track data and is therefore subject to change.

Financial Performance - Vale Of York CCG

Overall position and financial duties

Executive Summary:

The key performance measures for CCG and the PCT are included in the table below and include.

- Expenditure contained with PCT revenue resource limit this is presented at CCG level
- Capital expenditure contained within capital resource limit
- A balanced cash position
- Full compliance with Better Payment Practice Code (BPPC)

Year End Forecast (£m)

Duty	Target	YE Projection	Var
Operate Revenue Resource Limit	344,211.9	353,114.7	£8,902.8
To operate within the Capital Resource Limit	tba	tba	tba
To operate within the overall cash limit	tba	tba	tba
BPPC - To pay at least 95% of non NHS creditors within 30 days	tba	tba	tba

Year end forecast

R

£

Year end forecast and key movements since last month:

Based on 9 months actual and 1 month estimated data a significant year end overtrade variance is forecast against the York Hospitals acute contract. The pressure areas are most notable in non elective care, first outpatients attendances and high cost drugs (non SUS).

Based on M08 data there is significant pressure against the Yorkshire Ambulance Service contract, work is on-going to assess the number of "GP urgents". Private Provider contracts are also showing significant signs of pressure with overspends notably forecast against Nuffield. These overtrades are activity driven. There is also a forecast overspend against partnerships, the expenditure relates to Mental Health out of area placement.

There has been a significant improvement in the prescribing position as a result of a nationally negotiated reduction in tariff for category M drugs.

Year to date position (£m) as at 31st January 2013

Directorate	Plan	Actual	Variance	
	£m	£m	£m	%
Resource Limit	286,832.1	294,258.0	7,425.9	3.9%
Commissioned Services NHS	227,268.5	230,623.2	3,354.7	-2.8%
Commissioned Services Non-NHS	27,448.1	27,384.3	-63.8	1.2%
Primary Care	36,483.9	36,250.5	-233.4	-2.1%
Corporate Services	tba	tba	tba	tba
Total Expenditure	-4,368.4	0.0	4,368.4	100.0%
Total (Surplus)/Deficit	4,368.4	7,425.9	3,057.5	150.8%

Year to date position

R

Notes:

Key Risks to the Financial Position

The variances against the acute contracts assume that QIPP continues to be delivered, if QIPP does not achieve the planned level of savings, the reported position will significantly worsen. The delivery of the QIPP programme is essential to the delivery of an acceptable and sustainable financial outcome.

Increased rates of referral and demand in the acute sector pose a significant risk to the overall CCG position.

Key actions to be taken:

Monitoring and corrective action required to address demand presenting to York Hospitals Trust and Nuffield York.

Continual review of prescribing expenditure.

Continual review of QIPP delivery.

OVERALL FINANCIAL POSITION - Vale Of York CCG

Area	Cumulative to Date as at 31st January 2013			Forecast 2012/13 Outturn (Month 10)			Month 9	Monthly Change
	Budget	Actual	Variance	Budget	Actual	Variance	Variance	
	£000	£000	£000	£000	£000	£000	£000	£000
Commissioned								
York Hospitals Foundation Trust (Acute services)	130,683.5	134,611.4	3,927.9	156,694.8	161,404.5	4,709.7	4,693.1	16.6
York Hospitals Foundation Trust (Community Services)	13,394	13,839	445.4	16,146.0	16,607.1	461.1	342.4	118.7
Harrogate District Foundation Trust (Acute services)	1,103	963	-140.1	1,321.9	1,310.5	-11.4	-11.9	0.6
Harrogate District Foundation Trust (Community services)	6,728	6,868	139.9	8,073.9	8,241.8	167.9	127.2	40.8
Scarborough & North East Yorkshire NHS Trust	3,569	3,615	45.7	4,279.6	4,334.5	54.9	74.2	-19.4
Leeds and York Partnership Trust	25,318	24,440	-878.4	30,534.6	29,481.6	-1,053.0	-1,028.7	-24.3
Yorkshire Ambulance Service	10,285	10,759	473.5	12,342.2	12,910.3	568.1	568.1	0.0
Leeds Teaching Hospital Trust	9,983	9,942	-40.4	11,979.3	11,930.8	-48.5	-48.5	0.0
Ramsey Hospital - clifton park york	6,668	6,164	-504.3	7,840.3	7,396.5	-443.8	-303.6	-140.2
Hull & East Yorkshire NHS Trust	2,322	2,299	-23.2	2,786.3	2,758.4	-27.9	-68.0	40.1
Nuffield Hospital - York	1,566	2,707	1,140.8	1,879.2	3,248.2	1,369.0	1,355.7	13.2
Mid Yorkshire	1,603	1,595	-8.2	1,921.0	1,912.1	-8.9	40.5	-49.4
Tees Esk & Wear Valley MH	1,099	1,165	67.0	1,318.2	1,398.6	80.4	79.5	0.9
South Tees Foundation Trust	1,103	1,119	15.6	1,321.9	1,341.5	19.6	18.8	0.7
Total Major NHS Contracts above £1m	215,424	220,085	4,661.3	258,439.2	264,276.4	5,837.2	5,839.0	-1.8
Other NHS Contracts below £1m.	5,788	5,066	-721.6	6,945.3	6,079.4	-866.0	-868.9	3.0
NHS Non Contract Activity	3,605.6	3,713.3	107.7	4,326.8	4,455.9	129.1	212.5	-83.3
Private Providers contracts below £1m	860.0	944.1	84.1	1,032.0	1,132.9	100.9	59.9	41.0
Other NHS Commissioning	1,591	814	-776.6	1,909.4	977.4	-932.0	-920.4	-11.6
Total NHS contracts	227,268	230,623	3,354.7	272,652.7	276,921.9	4,269.2	4,322.0	-52.8
Partnerships	2,510	2,781	270.9	3,012.2	3,622.5	610.3	610.3	0.0
Hospice payments	996	1,008	12.2	1,217.9	1,209.7	-8.2	2.8	-11.0
Pooled Budgets	3,642.6	3,645.2	2.6	4,371.2	4,374.2	3.0	2.2	0.8
Continuing Care	16,638.4	16,202.1	-436.3	19,966.1	19,442.5	-523.6	-377.8	-145.7
Funded Nursing Care	3,661	3,748	86.8	4,393.5	4,497.7	104.2	107.5	-3.3
Total Non NHS Contracts	27,448	27,384	-63.8	32,960.9	33,146.6	185.7	345.0	-159.2
Total Commissioned Services	254,717	258,008	3,290.9	305,613.6	310,068.6	4,455.0	4,666.9	-212.0
Primary Care								
Prescribing	36,483.9	36,250.5	-233.4	43,840.3	43,046.1	-794.3	-504.1	-290.2
Total Primary Care	36,483.9	36,250.5	-233.4	43,840.3	43,046.1	-794.3	-504.1	-290.2
Corporate Services	tba	tba	tba	tba	tba	tba	tba	
Share of overall PCT deficit	-4,368.4	0.0	4,368.4	-5,242.1	0.0	5,242.1	5,242.1	0.0
Total Corporate Services	-4,368.4	0.0	4,368.4	-5,242.1	0.0	5,242.1	5,242.1	0.0
Total Commissioned & Corporate Services	286,832.1	294,258.0	7,425.9	344,211.9	353,114.7	8,902.8	9,404.9	-502.2

Quality, Innovation, Productivity and Prevention Schemes 2012-13

VALE OF YORK (Month 9)																
Ref	Scheme	Monthly				Year to date				Forecast Outturn (£000)	Annual Target (£000)	Milestone Performance	Engagement	Overall Risk	Comments	
		Planned savings (£000)	Actual Savings (£000)	Variance (£000)	Variance %	Planned savings (£000)	Actual Savings (£000)	Variance (£000)	Variance %							
VoY01	Elective Care Pathways	£28	£5	£-23	-82.1%	£123	£43	£-80	-65.0%	£70	£205	Fair	Fair	Fair	▲	Post-menopausal Bleeding (PMB) scheme running and delivering as change in pathway and tariffs deliver savings as per plan. Palpitations pathway commenced January 2013.
VoY02	Long Term Conditions	£129	£113	£-16	-12.40%	£581	£547	£-34	0	£747	£1,162	Fair	Fair	Fair	▲	Initial neighbourhood care teams now rolled out to phase 2/3. Training and coach on-going. Intermediate care team in place with 38 virtual beds for step down opportunities.
VoY04	Urgent Care	£8	£14	£6	75.0%	£75	£84	£9	12.0%	£112	£100	Good	Good	Good	▲	The payment mechanisms for the Urgent Care Centre (UCC) have now been agreed, and the current savings are slightly higher than assumed in QIPP.
VoY05	MSK expansion	£152	£65	£-87	-57.2%	£1,281	£538	£-743	-58.0%	£717	£1,739	Fair	Fair	Fair	●	Whilst the original procurement for an Orthopaedic Musculoskeletal (MSK) service is now fully operational there are issues around the expansion and whether the MSK service is the most appropriate route. The pathways in these specialties will still be reviewed however.
VoY06	Contracting	£178	£111	£-67	-37.6%	£1,602	£797	£-805	-50.2%	£1,299	£2,135	Fair	Fair	Fair	●	Adjustment made for new to follow up ratios and consultant to consultant as per the contract. The scheme will continue to under deliver against the Age-related Macular Degeneration (ARMD) tariff changes as agreement made through SME not in line with QIPP assumptions.
VoY07	Lucentis	£248	£25	£-223	-	£744	£226	£-518	-1	£302	£1,489	Fair	Fair	Poor	●	York Foundation Trust (FT) have negotiated a reduced price for Lucentis over and above the 15% reduction agreed nationally. The forecast outturn (FOT) is based on the negotiated discount and shared agreement.
VoY08	Medicine Management	£41	£41	£0	0.0%	£365	£365	£0	0.0%	£486	£486	Good	Good	Good	●	
TOTAL		£784	£374	£-410	-52.3%	£4,771	£2,600	£-2,171	-45.5%	£3,733	£7,316	Fair	Fair	Poor	●	

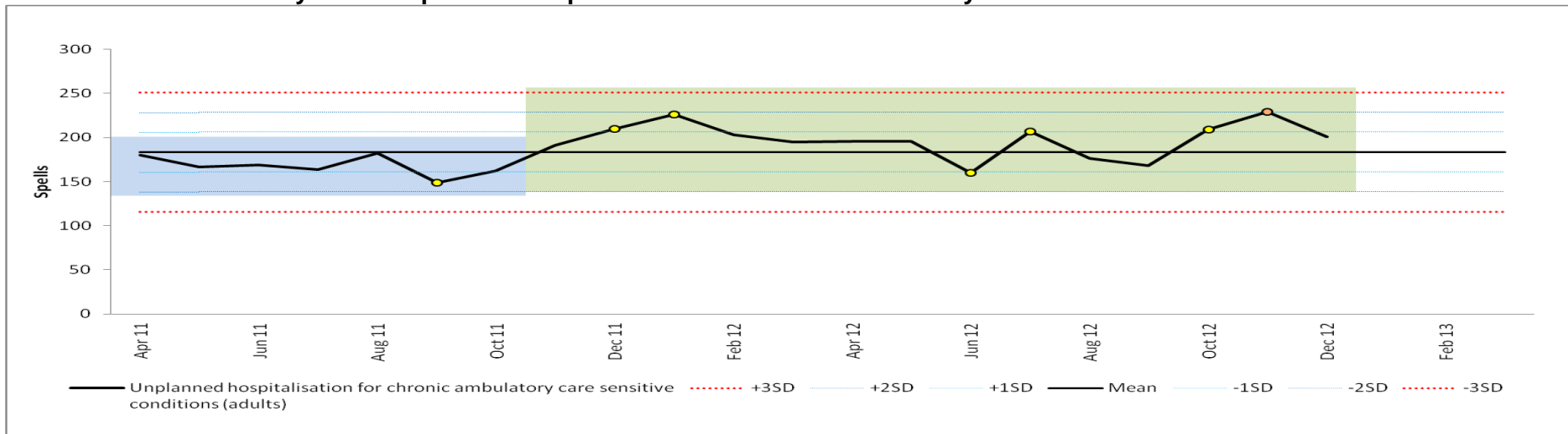
APPENDIX A - Exceptions Supporting Analysis

Part A - Unplanned hospitalisation for chronic ambulatory care sensitive

This indicator monitors the proportion of persons aged over 18 with chronic conditions such as Asthma, Heart Disease, Heart Failure, Diabetes, COPD, Epilepsy and Dementia who are admitted to hospital as an emergency admission.

This indicator has been deemed to be performance 'worse' in comparison to 2012/13 and therefore it is RAG rated red in this months Performance Dashboard. There will always be an element of normal variation present when comparing activity year on year trends, however this has been taken into consideration through statistical analysis using confidence intervals. The analysis determined that the rate of admissions per 100,000 population is statistically different and there are overall more unplanned hospital admissions for chronic ambulatory care sensitive conditions. The trend line above represents actual admissions in a Statistical Process Contract (SPC) chart which suggests that activity increased statistically around November 2011.

Chart 9 : SPC trend analysis for unplanned hospitalisation for chronic ambulatory care sensitive



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	180	167	169	164	182	149	162	191	210	226	203	195
2012-13	196	196	160	207	176	168	209	229	201			

Year on year	Activity
Apr-Dec 2011-12	1,364
Apr-Dec 2012-13	1,541
Variance	177
% Variance	13%

April - Dec 2011		Apr - Dec 2012	
LCL	UCL	LCL	UCL
574	635	637	701

LCL - Lower Control Limit
UCL - Upper Control Limit

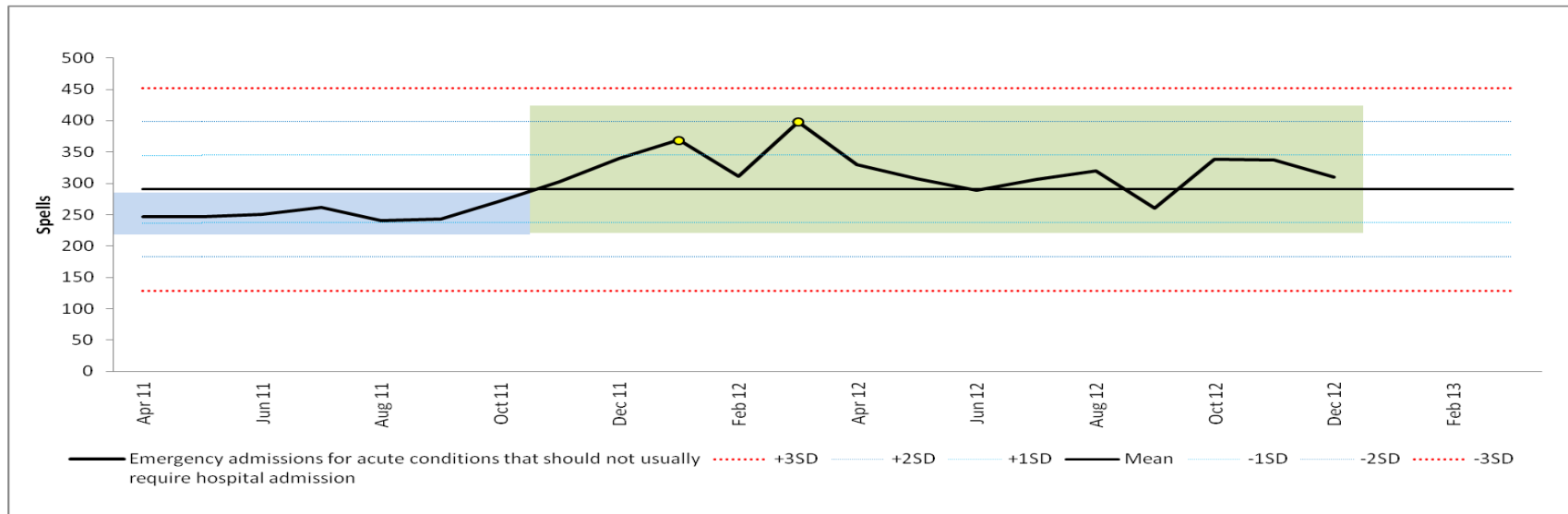
APPENDIX A - Exceptions Supporting Analysis

Part B - Emergency admissions for acute conditions that should not usually require hospital admission

This indicator monitors the emergency admissions to hospital of persons with acute conditions (ear/nose/throat infections, kidney/urinary tract infections, heart failure) usually managed in primary care.

This indicator has been deemed to be performance 'worse' in comparison to 2012/13 and therefore it is RAG rated red in this months Performance Dashboard. There will always be an element of normal variation present when comparing activity year on year trends, however this has been taken into consideration through statistical analysis using confidence intervals. The analysis determined that the rate of admissions per 100,000 population is statistically different and there are overall more unplanned hospital admissions for conditions that should not usually require hospital admission. The trend line above represents actual admissions in a Statistical Process Contract (SPC) chart which suggests that activity increased statistically around November 2011.

Chart 10 : SPC trend analysis for emergency admissions for acute conditions that should not usually require hospital admission



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	247	247	251	261	241	243	272	303	340	369	311	398
2012-13	330	307	289	306	320	260	339	337	310			

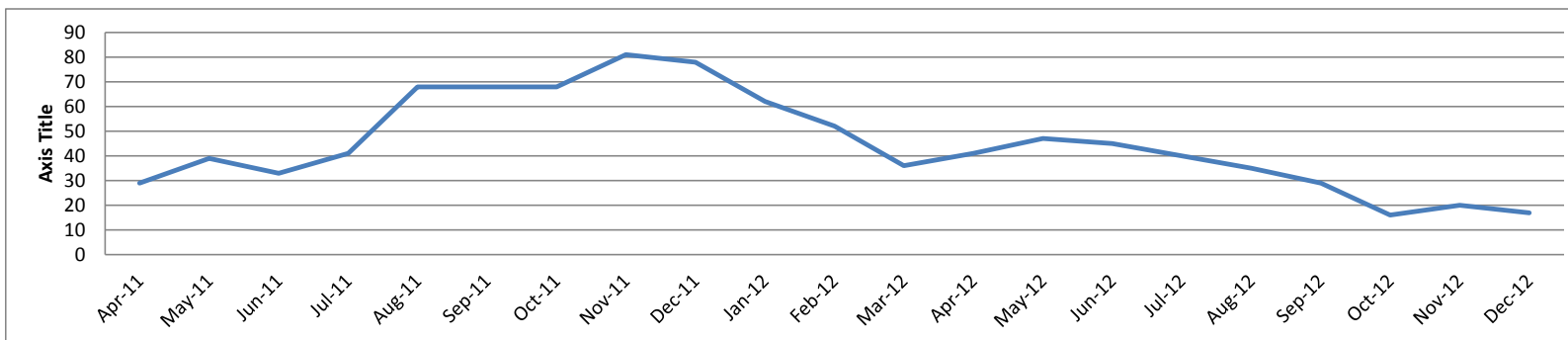
Year on year	Activity
Apr-Dec 2011-12	2,065
Apr-Dec 2012-13	2,488
Variance	423
% Variance	20%

April - Dec 2011		Apr - Dec 2012	
LCL	UCL	LCL	UCL
711	770	829	893

APPENDIX A - Exceptions Supporting Analysis

Part C - Trend Analysis of patients still waiting after 52 following referral at York Foundations Trust

Chart 11 : >52 Week Waits for Hospital Admission



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011/12	29	39	33	41	68	68	68	81	78	62	52	36
2012/13	41	47	45	40	35	29	16	20	17			

Table 2: Specialty level breakdown of patients waiting over 52 weeks following referral as at December 2012

Spec name	TOTAL	< 18 weeks	>= 18 weeks	>= 30 weeks	>= 40 weeks	52+ weeks	Unknown	Current Month Trajectory	% <18 weeks	% >=18 weeks	% Unknown
General Surgery	2,568	2,268	300	121	45	8	0	92.00%	88.32%	11.70%	0.30%
Urology	1,342	1,209	133	46	10	2	0	92.00%	90.09%	9.90%	0.10%
Trauma & Orthopaedics	1,390	1,259	131	29	4	1	0	92.00%	90.58%	9.40%	0.10%
Ear, Nose & Throat (ENT)	1,255	1,187	68	8	1	1	0	92.00%	94.58%	5.40%	0.10%
Ophthalmology	2,447	2,226	221	81	12	1	0	92.00%	90.97%	9.00%	0.00%
Oral Surgery	1,003	944	59	7	0	0	0	92.00%	94.12%	5.90%	0.00%
Neurosurgery	24	24	0	0	0	0	0	92.00%	100.00%	0.00%	0.00%
Plastic Surgery	19	17	2	0	0	0	0	92.00%	89.47%	10.50%	0.00%
Cardiothoracic Surgery	44	40	4	1	0	0	0	92.00%	90.91%	9.10%	0.00%
General Medicine	186	179	7	0	0	0	0	92.00%	96.24%	3.80%	0.00%
Gastroenterology	665	645	20	1	1	0	0	92.00%	96.99%	3.00%	0.00%
Cardiology	933	885	48	11	5	2	0	92.00%	94.86%	5.10%	0.20%
Dermatology	1,175	1,139	36	0	0	0	0	92.00%	96.94%	3.10%	0.00%
Thoracic Medicine	445	412	33	5	0	0	0	92.00%	92.58%	7.40%	0.00%
Neurology	548	506	42	5	0	0	0	92.00%	92.34%	7.70%	0.00%
Rheumatology	385	364	21	3	1	0	0	92.00%	94.55%	5.50%	0.00%
Geriatric Medicine	161	161	0	0	0	0	0	92.00%	100.00%	0.00%	0.00%
Gynaecology	1,152	1,015	137	45	12	0	0	92.00%	88.11%	11.90%	0.00%
Other	2,028	1,931	97	19	6	2	0	92.00%	95.22%	4.80%	0.10%
Total	17,770	16,411	1359	382	97	17	0	92.00%	92.35%	7.60%	0.00%
		92.35%	7.65%	2.15%	0.55%	0.10%					