



Vale of York  
Clinical Commissioning Group

# Vale of York CCG

## Core Performance Dashboard

### January 2013

**Report Compiled by:**  
**Report Checked by:**  
**Report Date:**

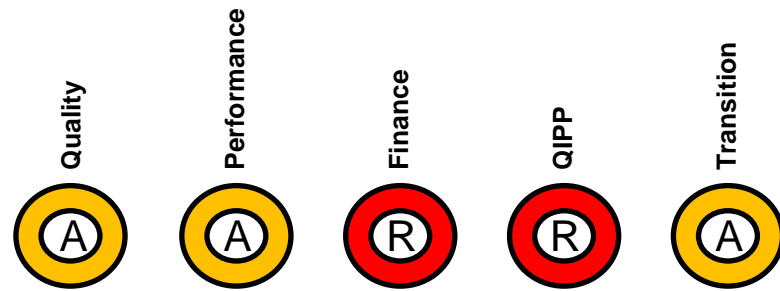
Business Intelligence, North Yorkshire and Humber Commissioning Support Unit  
Vale of York CCG Chief Operating Officer  
29th January 2013

# CONTENTS

	Page
<b>Summary assessment</b>	<b>3</b>
<b>Performance and Quality Indicators</b>	
<b>Exception Report for National Quality and Performance Indicators</b>	<b>4</b>
<b>Domain 1: Preventing people from dying prematurely</b>	<b>5</b>
<b>Domain 2: Enhancing quality of life for people with long term conditions</b>	<b>5</b>
<b>Domain 3: Helping people recover from episodes of ill health or injury</b>	<b>6</b>
<b>Domain 4: Ensuring that people have a positive experience of care</b>	<b>6</b>
<b>Domain 5: Providing a safe environment and protecting from harm</b>	<b>7</b>
<b>Activity Trends</b>	<b>8-9</b>
<b>Financial Performance</b>	
<b>Key Financial Metrics</b>	<b>10</b>
<b>Financial Overview CCG Level</b>	<b>11</b>
<b>QIPP</b>	<b>12</b>

# SUMMARY OF PERFORMANCE

Current assessment



## VALE OF YORK CCG PERFORMANCE AND QUALITY INDICATORS

Domain	Indicator	Objective	Planned Performance	Actual Performance	Coverage	Recovery plan in place	Recovery date	Assurance
Domain 1: Preventing people from dying prematurely	Ambulance response times: percentage of Red 1 & Red 2 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	75%	73.5%	Patch	Action Plan requested at Q&P Group.	28-Feb-13	The CCG is in discussions with neighbouring CCGs about a local approach to performance managing the Yorkshire Ambulance Service (YAS) contract and further work with the Commissioning Support Unit (CSU) will enable us to triangulate data on a range of issues linked to ambulance performance.
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	320	PCT	Planned actions around contract negotiations subject to capacity	31-Mar-13	As part of 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.
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	23	25.2	Combined York and Scarborough	Action Plan in place.	31-Mar-13	The Trust has been pro-active in prioritising patients waiting over 52 weeks for General Surgery which has impacted on waiting times overall.
	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	20.0	Combined York and Scarborough	Action Plan in place.	Backlog cleared by 31 March 2013	As at 3 January 2013 the Trust had 6 patients over 52 weeks with To Come In dates (TCIs) in January. The CCG is working with the Trust to better understand the patient treatment list, in order to be assured that there will be no 52 week breaches by the end of March 2013.
	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%	Provider (Signal report)	Action Plan requested at Q&P Group.	28-Feb-13	York Hospital failed Q3 A&E target and have been experiencing poor performance with handover times. Requested further information and action plan to address performance at the Quality and Performance Group. At the Contract Management Board (CMB), the Trust advised that additional beds were opened and they were reviewing their staffing in A&E and that performance would improve over the next few weeks.
	Proportion of GP referrals to first outpatient appointments booked using Choose and Book	70.0%	70%	24.0%	CCG	To be discussed by Governing Body		Choose & Book will be discussed in the CCG Management Team with referral to the Governing Body if appropriate.
	Number of patients the PCT is responsible for with Clostridium difficile infections.	No more than 27	No more than 2	3	Host Provider	Action plan to be confirmed	31-Mar-12	On the 15th January 2013, York Hospital had reported 30 cases of C.Diff against the target of 27 in the contract. However, the Trusts Chief Nurse advised at the Contract Management Board that the Trust have asked the DH to review 3 cases. VoY CCG receives copies of the Root Cause Analysis (RCA) reports for each case of C.Diff and the GP quality lead is liaising with the Infection Control team regarding the RCAs.

# 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			
<b>Domain 1: Preventing people from dying prematurely</b>									
Ambulance response times: percentage of Red 1 & Red 2 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	Patch	Sep-12	75%	73.5%	A	77.2%	P	1
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	
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	Nov-12	94%	n/a	G	n/a	P	
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	Nov-12	85%	86.3%	G	87%	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	Nov-12	90%	92.6%	G	92.4%	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	Nov-12	90%	100%	G	100%	P	

<b>Domain 2: Enhancing Quality of Life for People with Long Term Conditions</b>									
Number of episodes of crisis resolution/home treatment care provided	Minimum of 1776 in 2012-13	PCT	Q2 12/13	444	320	R	779	Q	0
Number of newly diagnosed cases of first episode psychosis for whom early intervention is provided.	Minimum of 84 in 2012-13	PCT	Q2 12/13	21	33	G	70	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%	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-Nov 2012	Same or fewer admissions	Same	G	-	Q	3
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19's	Same or fewer admissions	CCG	Apr-Nov 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			
<b>Domain 3: Helping people recover from episodes of ill health or injury</b>									
Emergency admissions for acute conditions that should not usually require hospital admission.	Same or fewer admissions	CCG	Apr-Nov 2012	Same or fewer admissions	Same	G	-	Q	3
Percentage of stroke patients that spend at least 90% of their time in hospital on a dedicated stroke ward.	Minimum of 80%	Host ProvComm	Q2 12/13	80%	87.5%	G	86.7%	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	Q2 12/13	60%	69.2%	G	71.4%	P	3

<b>Domain 4: Ensuring that people have a positive experience of care</b>									
95th percentile for admitted patients that were on a RTT pathway	Maximum 23 weeks	Combined York/Scarb	Nov-12	23	25.2	R	-	P	3
95th percentile for non-admitted patients that were on a RTT pathway	Maximum 18.3 weeks	Combined York/Scarb	Nov-12	18.3	16.5	G	-	P	
95th percentile for patients still on a 18 week pathway	Maximum 28 weeks	Combined York/Scarb	Nov-12	28	21.2	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)	Dec-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)	Dec-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)	Dec-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	Nov-12	0	20	R	-	P	
Percentage of patients that waited over 6 weeks for a diagnostic test.	<1% of patients	Provider (Signal Report)	Dec-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)	Dec-12	95%	91.2%	A	-	P	1
Mixed Sex Accommodation Breaches per 1000 FCEs (No of breaches)	<1 per 1000 FCEs	Combined York/Scarb	Nov-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	Nov-12	70%	24.0%	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			
<b>Domain 5: Providing a safe environment and protecting from harm</b>									
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	27	P	0
Percentage of adult inpatients who have a Venous Thrombosis Embolism (VTE) risk assessment on admission.	90%	Combined York/Scarb	Oct-12	90%	93.0%	G	-	Q	3
Summary Hospital Mortality Index	As expected or better	Combined York/Scarb	Q4 11/12	As expected or better	As expected	G	As expected	Q	3
Total Never Events reported	0	Combined York/Scarb	Nov-12	0	0	G	2	Q	3
Total Number of Serious Incidents	-	Host provider	Nov-12	-	1		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 score. The scores are

**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.

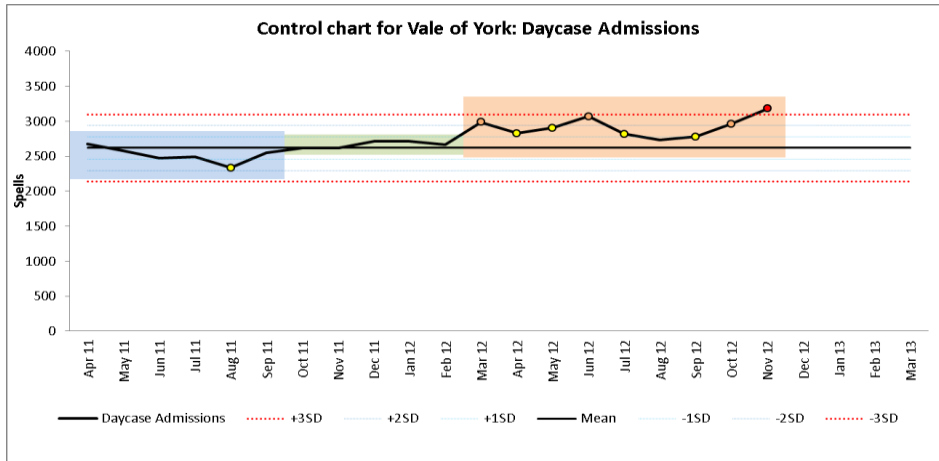
Host Provider - this data relates to all the patients of a provider "hosted" by the CCG regardless of which practice they are registered with e.g. YHFT is hosted by VoYCCG.

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).

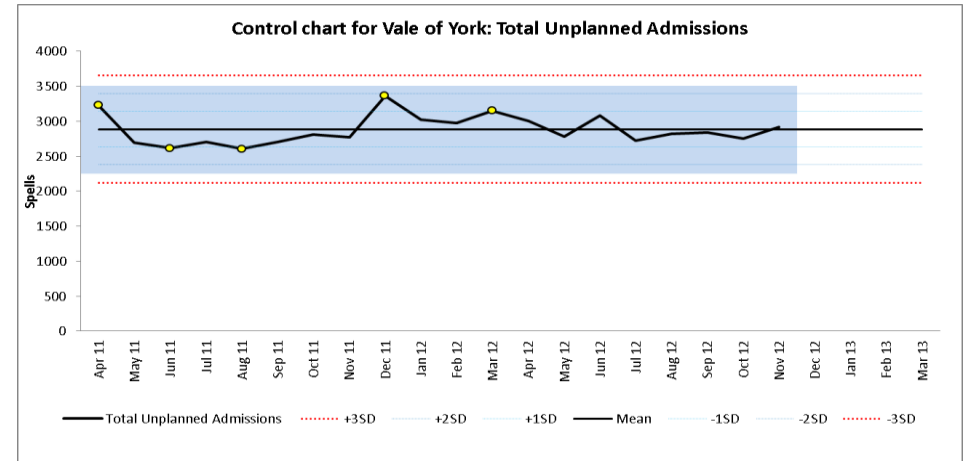
Combined York/Scarb - from July-12 onwards Scarborough Trust merged with York Trust and therefore official data is submitted as York Trust only and at present separation of the two is not possible

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

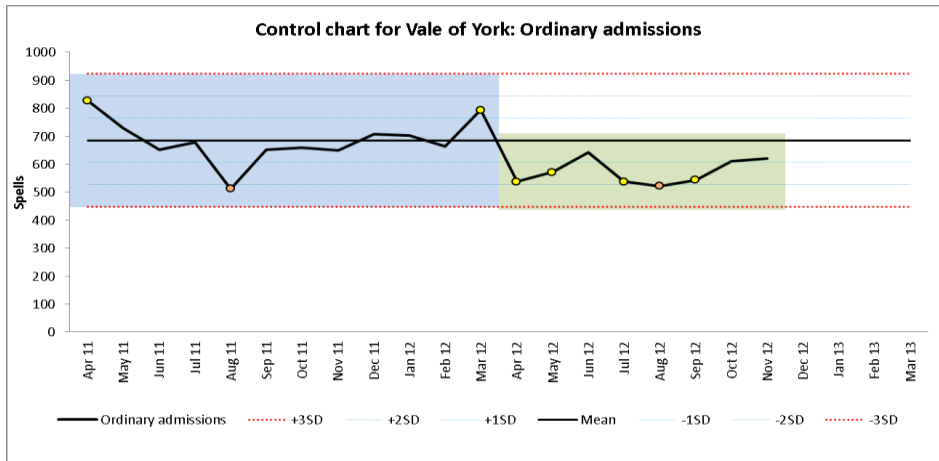
## Secondary Care Activity Trends and Trajectories\* : Vale Of York CCG



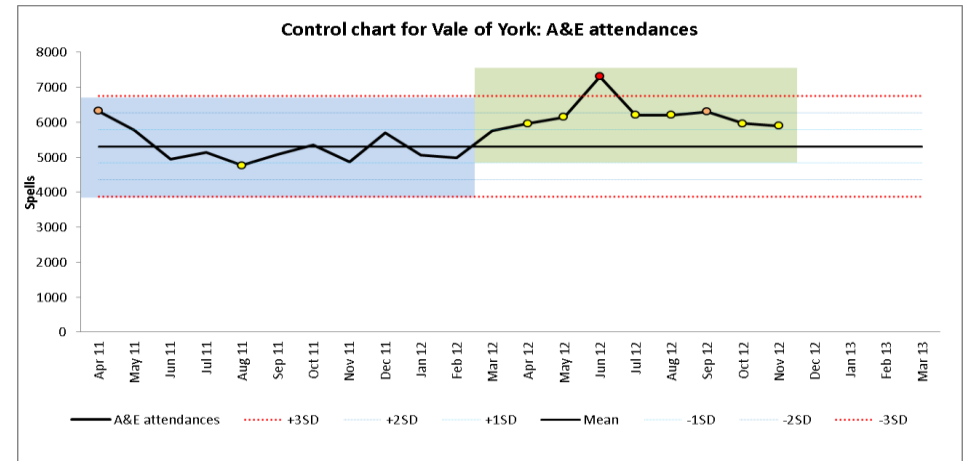
Activity	
Apr-Nov 2011-12	21,017
Apr-Nov 2012-13	23,954
Variance	2,937
% Variance	14%



Activity	
Apr-Nov 2011-12	22,824
Apr-Nov 2012-13	23,541
Variance	717
% Variance	3%



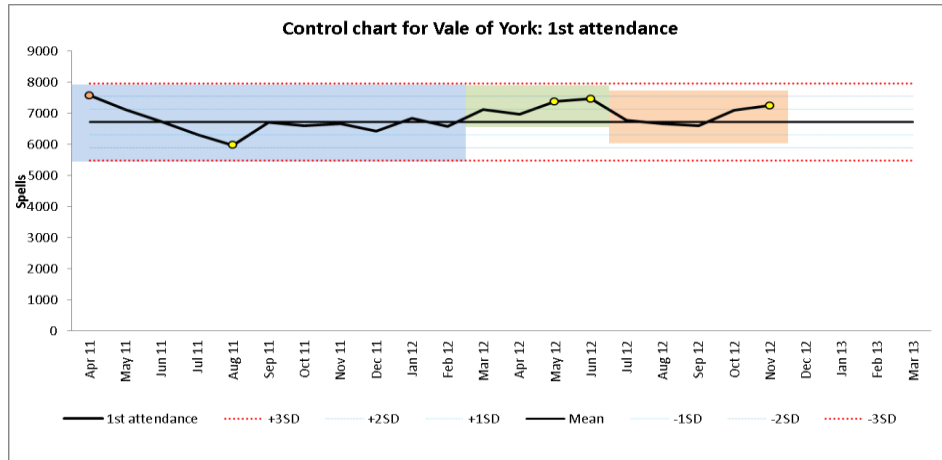
Activity	
Apr-Nov 2011-12	5,507
Apr-Nov 2012-13	4,718
Variance	-789
% Variance	-14%



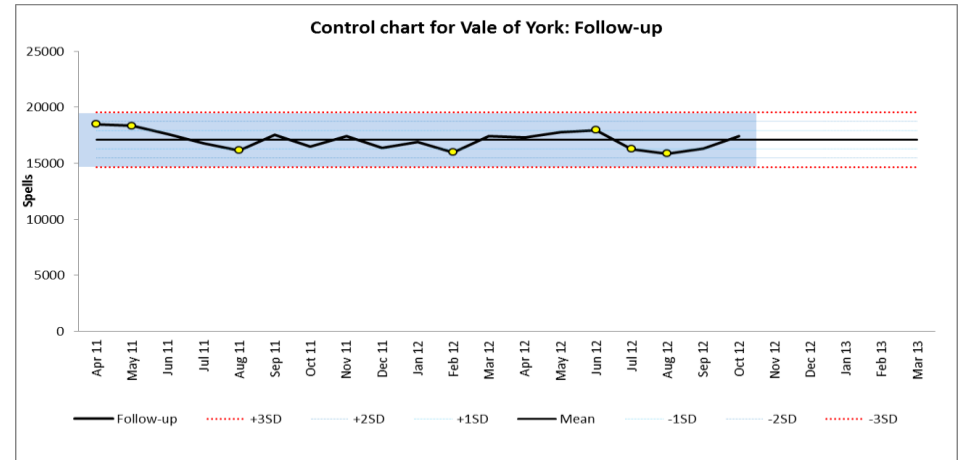
Activity	
Apr-Nov 2011-12	43,457
Apr-Nov 2012-13	51,319
Variance	7,862
% Variance	18%



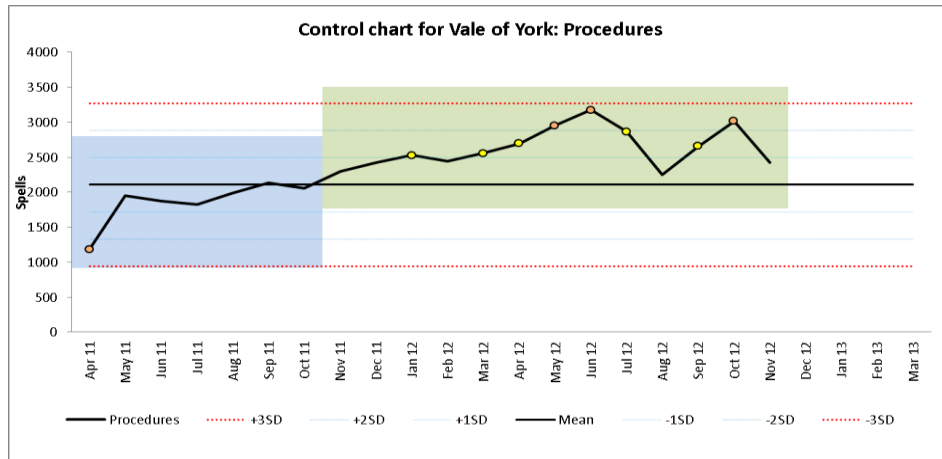
## Secondary Care Activity Trends and Trajectories\* : Vale Of York CCG



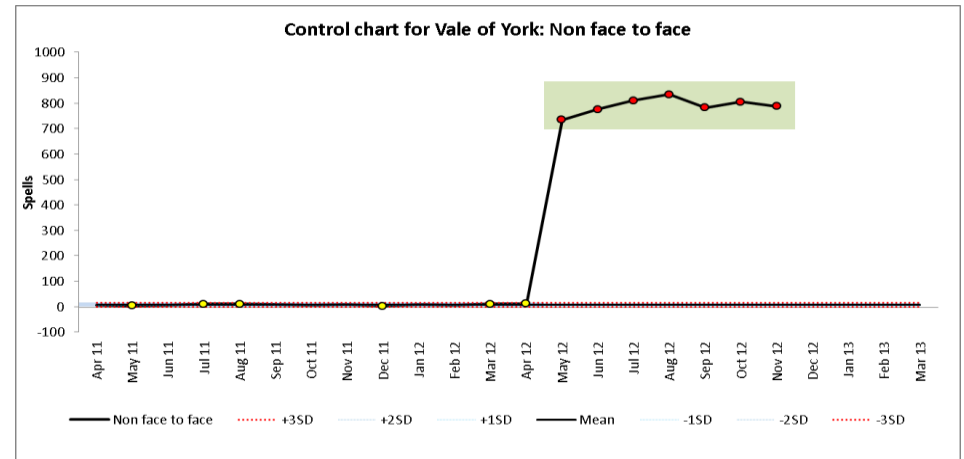
**Activity**  
 Apr-Nov 2011-12 55,434  
 Apr-Nov 2012-13 57,881  
 Variance 2,447  
 % Variance 4%



**Activity**  
 Apr-Oct 2011-12 124,414  
 Apr-Oct 2012-13 122,028  
 Variance -2,386  
 % Variance -2%



**Activity**  
 Apr-Nov 2011-12 16,011  
 Apr-Nov 2012-13 22,673  
 Variance 6,662  
 % Variance 42%



**Activity**  
 Apr-Nov 2011-12 62  
 Apr-Nov 2012-13 5,770  
 Variance 5,708  
 % Variance 9206%

# Financial Performance - Vale of York CCG

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 and key movements since last month:

Based on 8 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 ongoing 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

## Notes

### Key Risks to the Financial Position:

The variances against the acute contracts assume that an element of QIPP is still 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 outturn.

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

### Year End Forecast (£000)

Duty	Target	YE Outturn	Var
CCG Budget	0.0	0.0	£0.0
To operate within the Capital Resource Limit (memo note of NYY position)	tba	tba	tba
To operate within the overall cash limit (memo note of NYY position)	tba	tba	tba
BPPC - To pay at least 95% of non NHS creditors within 30 days (NYY Position)	tba	tba	tba

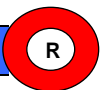
### Year to date position (£000) as at 31 December 2012

Directorate	Plan	Actual	Variance	
	£m	£m	£m	%
CCG Budget	0.0	0.0	0.0	3.9%
Commissioned Services NHS	1,954.3	2,460.9	506.6	-2.8%
Commissioned Services Non NHS	227,852.4	233,380.6	5,528.1	1.2%
Prescribing	0.0	0.0	0.0	-2.1%
Corporate Services	tba	tba	tba	tba
share of Planned deficit	0.0	0.0	0.0	100.0%
Total (Surplus)/Deficit	8,301.2	0.0	-8,301.2	150.8%

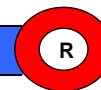
### Key actions to be taken

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

Year end forecast



Year to date position



## Overall Financial Position (VOYCCG) - Month 9

Area	Cumulative to Date as at 31 December 2012			Forecast 2012/13 Outturn			M07 Variance £000	Monthly Change
	Budget	Actual	Variance	Budget	Actual	Variance		
	£000	£000	£000	£000	£000	£000		
<b>Commissioned Services</b>								
York Hospitals Foundation Trust (Acute services)	116,785	121,754	4,969.0	156,694.8	161,387.9	4,693.1	2,742.9	1,950.2
York Hospitals Foundation Trust (Community Services)	12,092	12,520	427.9	16,122.7	16,465.1	342.4	117.4	225.0
Harrogate District Foundation Trust (Acute services)	985	963	-22.1	1,321.9	1,310.0	-11.9	6.0	-17.9
Harrogate District Foundation Trust (Community services)	6,055	6,236	180.6	8,073.9	8,201.1	127.2	15.1	112.1
Scarborough & North East Yorkshire NHS Trust	3,188	3,263	74.8	4,277.6	4,351.8	74.2	48.3	26.0
Leeds and York Partnership Trust	22,786	21,282	-1,503.5	30,381.1	29,352.4	-1,028.7	-52.7	-976.0
Yorkshire Ambulance Service	9,257	9,786	529.5	12,342.2	12,910.3	568.1	431.7	136.4
Leeds Teaching Hospital Trust	8,984	8,948	-36.3	11,979.3	11,930.8	-48.5	-48.5	0.0
Ramsey Hospital - clifton park york	5,880	5,659	-221.5	7,840.3	7,536.7	-303.6	-311.9	8.3
Hull & East Yorkshire NHS Trust	2,099	2,067	-32.3	2,798.8	2,730.8	-68.0	-92.6	24.6
Nuffield Hospital - York	1,409	2,465	1,055.7	1,879.2	3,234.9	1,355.7	1,303.9	51.8
Mid Yorkshire	1,432	1,499	66.9	1,921.0	1,961.5	40.5	-8.7	49.2
Tees Esk & Wear Valley MH	989	1,054	65.3	1,318.2	1,397.7	79.5	72.0	7.5
South Tees Foundation Trust	985	999	14.0	1,321.9	1,340.7	18.8	18.8	0.0
<b>Total Major NHS Contracts above £1m</b>	<b>192,926.7</b>	<b>198,494.6</b>	<b>5,567.9</b>	<b>258,272.9</b>	<b>264,111.9</b>	<b>5,839.0</b>	<b>4,241.8</b>	<b>1,597.2</b>
Other NHS Contracts below £1m.	5,051	4,404	-647.6	6,777.4	5,908.5	-868.9	-868.9	0.0
NHS Non Contract Activity	3,245	3,454	209.2	4,326.8	4,539.3	212.5	146.9	65.6
Private Providers contracts below £1m	774	821	46.6	1,032.0	1,091.9	59.9	57.7	2.2
Other NHS Commissioning	1,423	637	-786.4	1,897.7	977.3	-920.4	-773.1	-147.3
<b>Total NHS contracts</b>	<b>203,420.2</b>	<b>207,810.0</b>	<b>4,389.8</b>	<b>272,306.8</b>	<b>276,628.8</b>	<b>4,322.0</b>	<b>2,804.4</b>	<b>1,517.6</b>
Partnerships	1,954	2,461	506.6	2,605.7	3,216.0	610.3	546.3	64.0
Hospice payments	904	925	20.5	1,205.7	1,208.5	2.8	-21.2	24.0
Pooled Budgets	3,249	3,316	67.6	4,331.8	4,334.0	2.2	-84.0	86.2
Continuing Care	15,032	15,356	324.0	20,042.9	19,665.1	-377.8	-1,155.7	777.8
Funded Nursing Care	3,293	3,512	219.6	4,390.2	4,497.7	107.5	-70.4	177.9
<b>Total Non NHS Contracts</b>	<b>24,432.2</b>	<b>25,570.6</b>	<b>1,138.3</b>	<b>32,576.3</b>	<b>32,921.3</b>	<b>345.0</b>	<b>-785.0</b>	<b>1,129.9</b>
<b>Total Commissioned Services</b>	<b>227,852.4</b>	<b>233,380.6</b>	<b>5,528.1</b>	<b>304,883.1</b>	<b>309,550.0</b>	<b>4,666.9</b>	<b>2,019.4</b>	<b>2,647.6</b>
<b>Primary Care</b>								
Prescribing	33,296.7	33,011.9	-284.8	43,840.3	43,336.2	-504.1	-198.0	-306.1
<b>Total Primary Care</b>	<b>33,296.7</b>	<b>33,011.9</b>	<b>-284.8</b>	<b>43,840.3</b>	<b>43,336.2</b>	<b>-504.1</b>	<b>-198.0</b>	<b>-306.1</b>
<b>Corporate Services</b>								
Corporate Services	tba	tba	tba	tba	tba	tba	tba	0.0
Share of overall PCT deficit	-3,057.9	0.0	3,057.9	-5,242.1	0.0	5,242.1	5,242.1	0.0
<b>Total Corporate Services</b>	<b>-3,057.9</b>	<b>0.0</b>	<b>3,057.9</b>	<b>-5,242.1</b>	<b>0.0</b>	<b>5,242.1</b>	<b>5,242.1</b>	<b>0.0</b>
<b>Total Commissioned &amp; Corporate Services</b>	<b>258,091.3</b>	<b>266,392.5</b>	<b>8,301.2</b>	<b>343,481.3</b>	<b>352,886.2</b>	<b>9,404.9</b>	<b>7,063.5</b>	<b>2,341.5</b>

Quality, Innovation, Productivity and Prevention Schemes 2012-13

VALE OF YORK (Month 8)

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%	£95	£38	-£57	-60.0%	£83	£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 to commence December 2012.
VoY02	Long Term Conditions	£129	£147	£18	13.95%	£452	£534	£82	0	£734	£1,162	Fair	Fair	Fair	▲	Initial neighbourhood care team now operational covering three practices within York; Strensall, Haxby and Priory. Training and coach on-going. Intermediate care team in place with 38 virtual beds for step down opportunities. Needs further analysis to look at levels of growth which are offsetting Quality, Innovation, Productivity and Prevention (QIPP) delivery. Excess bed days pro-rata as at August freeze are below 11/12 actual thus this has been used to show delivery against the QIPP scheme.
VoY04	Urgent Care	£8	£14	£6	75.0%	£67	£75	£8	11.9%	£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%	£977	£440	-£537	-55.0%	£754	£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. We are now also including other providers outside of North Yorkshire into the assessment as there is a reduction in the number of referrals to other providers e.g. Northern Lincolnshire and Goole Hospitals (NLAG). The calculations looks at Physio and includes the cost of the MSK service.
VoY06	Contracting	£178	£111	-£67	-37.6%	£1,424	£797	-£627	-44.0%	£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 per the agreement made through SME not in line with QIPP assumptions.
VoY07	Lucentis	£0	£0	£0	-	£496	£201	-£295	-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. Discussions are on-going centrally around the move to Avastin.
VoY08	Medicine Management	£41	£41	£0	0.0%	£324	£324	£0	0.0%	£486	£486	Good	Good	Good	●	Need update from Medicines Management Team.
<b>TOTAL</b>		<b>£536</b>	<b>£383</b>	<b>-£153</b>	<b>-28.5%</b>	<b>£3,835</b>	<b>£2,409</b>	<b>-£1,426</b>	<b>-37.2%</b>	<b>£3,770</b>	<b>£7,316</b>			<b>Poor</b>	●	