



*North Yorkshire and York*

Health and Business Intelligence

# **Vale Of York CCG**

## **Core Performance Dashboard**

### **July 2012**

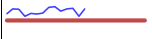
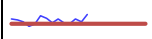

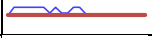





# CONTENTS


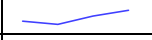

	Page
<b>Summary assessment</b>	<b>3</b>
<b>Performance and Quality Indicators</b>	
<b>Domain 1: Preventing people from dying prematurely</b>	<b>4</b>
<b>Domain 2: Enhancing quality of life for people with long term conditions</b>	<b>4</b>
<b>Domain 3: Helping people recover from episodes of ill health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

## SUMMARY OF PERFORMANCE

	Quality	Performance	Finance	QIPP	Transition
Current assessment for review at B&D	A	A	R	A	O
Outcome of B&D Meeting 03 July 2012	R	A	R	R	A

# VALE OF YORK CCG PERFORMANCE AND QUALITY INDICATORS





Indicator	Objective	Coverage	Latest Performance			Year to Date	Q/P	RAG Rating	Score Matrix	
			Period Covered	Planned Performance	Actual Performance					
<b>Domain 1: Preventing people from dying prematurely</b>										
Ambulance response times: percentage of Category A (life threatening) 999 calls responded to within 19 minutes.	Minimum of 95% during 2012-13	CCG	-	95%	See Note (a)		Under Development	P		
Ambulance response times: percentage of Category A (life threatening) 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	CCG	Apr-12	75%	78.9%		78.9%	P	G	3
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	Host ProvComm	May-12	90%	95.7%		94.1%	P	G	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	Host ProvComm	May-12	93%	100.0%		97.7%	P	G	
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	Host ProvComm	May-12	96%	100.0%		99.7%	P	G	
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	Host ProvComm	May-12	98%	98.3%		99.0%	P	G	1
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	Host ProvComm	May-12	94%	89.5%		86.5%		A	
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	Host ProvComm	May-12	94%	n/a		n/a		n/a	
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	Host ProvComm	May-12	85%	79.3%		83.0%	P	R	0
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	Host ProvComm	May-12	90%	87.9%		85.7%	P	A	1
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	Host ProvComm	May-12	90%	n/a		n/a		n/a	

<b>Domain 2: Enhancing Quality of Life for People with Long Term Conditions</b>										
Number of episodes of crisis resolution/home treatment care provided	444	Patch	Q4 11/12	444	635		-	Q	G	3
Number of newly diagnosed cases of first episode psychosis for whom early intervention is provided.	36	Patch	Q4 11/12	9	23		55	Q	G	3
% of patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days.	95.0%	Patch	Q4 11/12	95.0%	94.3%		21.1%	Q	A	1
% of people who have depression and/or anxiety disorders who receive psychological therapies (IAPT).	6.23% average 2012-13	PCT	Q4 11/12	0.40%	0.5%		2.4%	Q	G	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	-	Top Quartile	See Note (b)		Under Development	Q		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults).	Top Quartile	CCG	-	Top Quartile	See Note (c)		Under Development	Q		
Unplanned hospitalisation for for asthma, diabetes and epilepsy in under 19's	Top Quartile	CCG	-	Top Quartile	See Note (c)		Under Development	Q		

# VALE OF YORK CCG PERFORMANCE AND QUALITY INDICATORS

Indicator	Objective	Coverage	Latest Performance			Year to Date		Q/P	RAG Rating	Score Matrix
			Period Covered	Planned Performance	Actual Performance					
<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.	Top Quartile	CCG	-	Top Quartile	See Note (c)		Under Development	Q		
Percentage of stroke patients that spend at least 90% of their time in hospital on a dedicated stroke ward.	Minimum of 80%	Host ProvComm	Q4 11/12	80.0%	77.7%		82.0%	P	A	1
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	Q4 11/12	60.0%	70.8%		68.9%	P	G	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	Host ProvComm	May-12	23.0	19.7		-	P	G	3
95th percentile for non-admitted patients that were on a RTT pathway	Maximum 18.3 weeks	Host ProvComm	May-12	18.3	15.6		-		G	
95th percentile for patients still on a 18 week pathway	Maximum 28 weeks	Host ProvComm	Apr-12	28.0	20.2		-		G	
Percentage of patients admitted for hospital treatment within 18 weeks of referral by their GP or other healthcare professional.	Minimum of 90% during 2011-12	Host ProvComm	May-12	90%	94.3%		93.9%	P	G	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 2011-12	Host ProvComm	May-12	95%	97.8%		97.8%	P	G	3
Percentage of patients still waiting for treatment within 18 weeks of referral by their GP or other healthcare professional.	Minimum of 92% during 2011-12	Host ProvComm	May-12	92%	93.1%		93.3%	P	G	3
Percentage of patients that waited over 6 weeks for a diagnostic test.	<1% of patients	Host ProvComm	May-12	<1%	0.1%		0.3%	P	G	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 2011-12	Host ProvComm	Jun-12	95%	96.9%		97.2%	P	G	3
Mixed Sex Accommodation Breaches per 1000 FCEs (No of breaches)	<1 per 1000 FCEs	Host ProvComm	May-12	<1	0.0		-	P	G	3
Patient Experience survey (IP 2011 Q41) involved satisfactorily in decisions about care and treatment	Same or Best Perf Category	Host provider	2011	Same or Best Perf Category	Same		-	Q	G	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		-	Q	G	3
Staff survey (2011 KF1) % staff feeling satisfied with the quality of work and patient care they are able to deliver	Average or better	Host provider	2011	Average or better	Average		-	Q	G	3
Staff survey (2011 KF34) staff recommendation of the trust as a place to work or receive treatment.	Average or better	Host provider	2011	Average or better	Above Average		-	Q	G	3
Proportion of GP referrals to first outpatient appointments booked using Choose and Book	70%	CCG	May-12	70%	26.3%		-	Q	R	0
% of patients with electronic access to their medical records	Performance against plan	CCG	Under Development	Performance against plan	Under Development		-	Q		

# VALE OF YORK CCG PERFORMANCE AND QUALITY INDICATORS

Indicator	Objective	Coverage	Latest Performance			Year to Date	Q/P	RAG Rating	Score Matrix	
			Period Covered	Planned Performance	Actual Performance					
<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 in 2012-13	Host provider	Jun-12	No more than 1	0		0	P	<b>G</b>	3
Number of patients the PCT is responsible for with Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia infections.	Less than in 2011-12	Host provider	Jun-12	No more than 13	2		8	Q	<b>G</b>	3
Number of patients the PCT is responsible for with Clostridium difficile infections.	No more than 27 in 2012-13	Host provider	Jun-12	No more than 2	5		8	P	<b>R</b>	0
% of adult inpatients who have a Venous Thrombosis Embolism (VTE) risk assessment on admission.	90%	Host provider	May-12	90%	93.1%		92.9%	Q	<b>G</b>	3
Summary Hospital Mortality Index	As expected or better	Host provider	Q2 11/12	As expected or better	As expected		-	Q	<b>G</b>	3
Hospital Standardised Mortality Ratio	As expected or better	Host provider	Q4 11/12	As expected or better	As expected		As expected	Q	<b>G</b>	3
Rate of Untoward Incidents per 100 admissions	-	Host provider	Q2 11/12	-	8.4		-	Q		
Rate of severe/death incidents per 100 admissions	-	Host provider	Under Development	-	Under Development		-	Q		
% of untoward incidents that were harm/death	-	Host provider	Q2 11/12	-	0.4%		-	Q		
Rate of Serious Untoward Incidents per 100 admissions	-	Host provider	Under Development	-	Under Development		-	Q		
Total Never Events reported	Zero	Host provider	May-12	Zero	0		0	Q	<b>G</b>	3

## 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 RAG.

The scores are summed across the Performance and Quality categories and

**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 - 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).

## Note

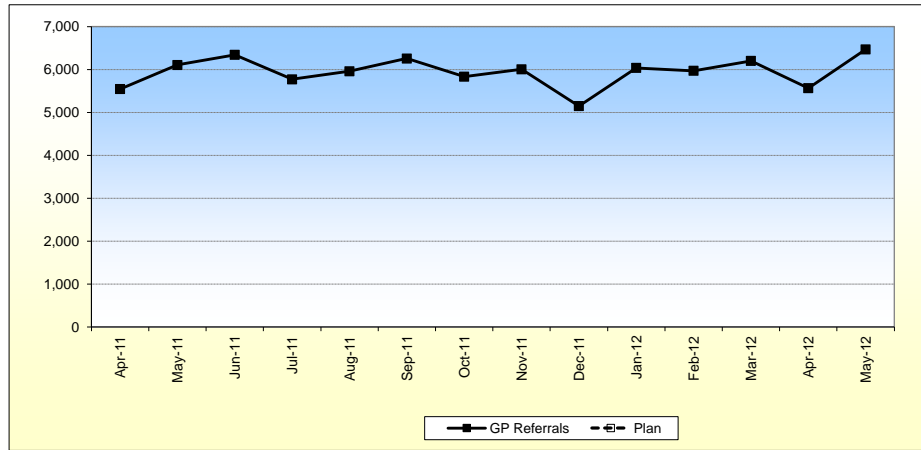
(a) We are working with YAS to build this performance indicator for specific CCG areas based on individual incident data. These will be available in the next Dashboard.

(b) The results of the July to September 2011 survey will be released at practice level on 14 June from which we will derive CCG scores.

(c) National benchmarking for these indicators is not yet available. The PCT is working on producing locally based benchmarking which will be available in the next Dashboard.

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

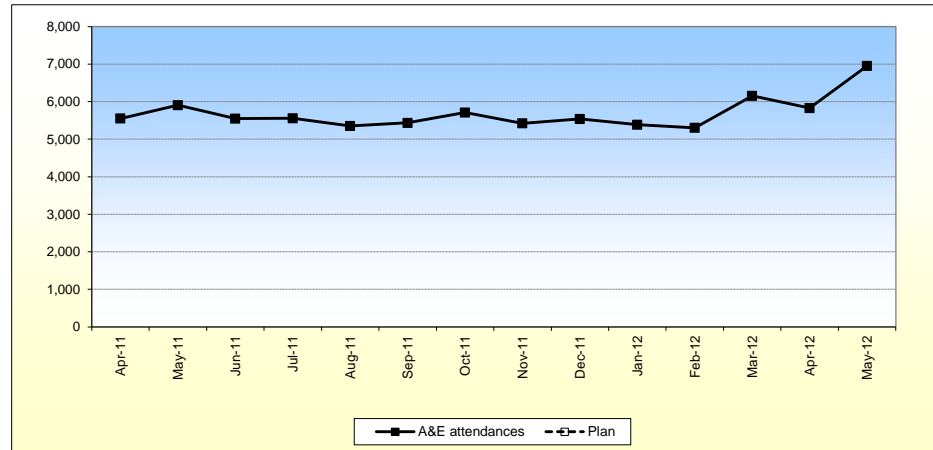
**Number of GP Referrals Received: April 2011 to May 2012 (Provider based)**



**GP Referrals Received (year to date)**

2012-13	12,030
Plan 2012-13	-
2011-12	11,649
% Var from plan	-
% Var on 2011-12	3.3%

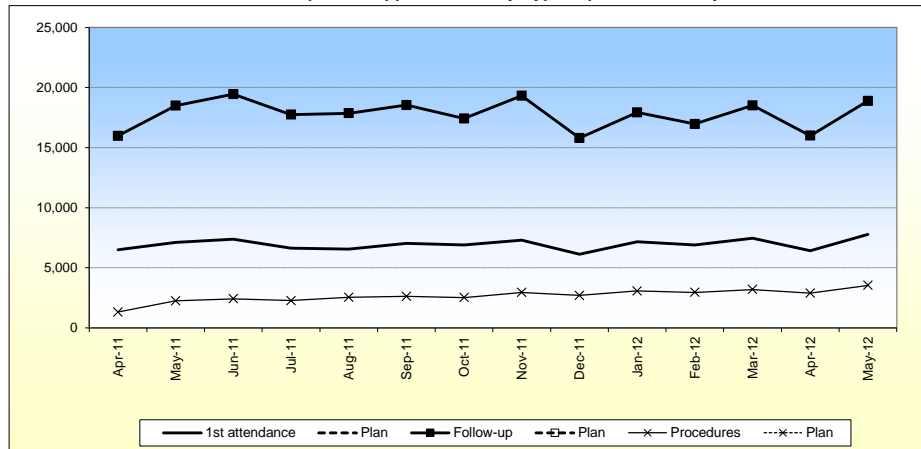
**Number of Accident and Emergency Attendances: April 2011 to May 2012**



**A&E attendances (year to date)**

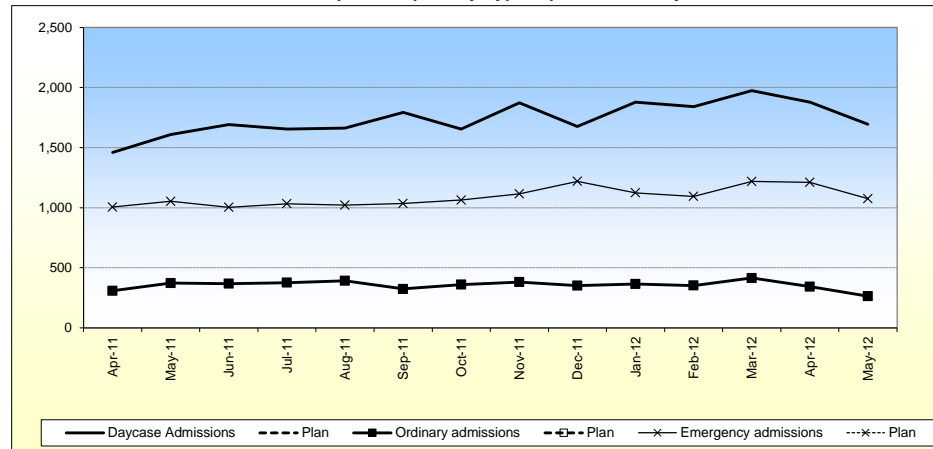
2012-13	12,778
Plan 2012-13	-
2011-12	11,454
% Var from plan	-
% Var on 2011-12	11.6%

**Number of Outpatient Appointments by Type: April 2011 to May 2012**



Outpatients	1st attendances	Follow-ups	Procedures	Fup:1st Ratio
2012-13	14,219	34,885	6,439	2.5
Plan 2012-13	-	-	-	-
2011-12	13,614	34,477	3,556	2.5
% Var from plan	-	-	-	-
% Var on 2011-12	4.4%	1.2%	81.1%	-3.1%

**Number of Inpatient Spells by Type: April 2011 to May 2012**



Inpatients	Ord Elective spells	Daycase spells	Emg spells
2012-13	606	3,575	2,286
Plan 2012-13	-	-	-
2011-12	681	3,070	2,059
% Var from plan	-	-	-
% Var on 2011-12	-11.0%	16.4%	11.0%

**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 e contained within capital resource limit
- A balanced cash position
- Full compliance with Better Payment Practice Code (BPPC)

**Year End Forecast (£000)**

Duty	Target £m	YE Outturn £m	Var £m
------	-----------	---------------	--------

CCG Budget	339.1	343.9	£4.9
To operate within the Capital Resource Limit (memo note of NYY position)	19.3	19.3	£0.0
To operate within the overall cash limit (memo note of NYY position)	1,222.7	1,222.7	0.0
BPPC - To pay at least 95% of non NHS creditors within 30 days (NYY Position)	95%	90%	-5%

Year end forecast R

**£**

**Year end forecast and key movements since last month:**

Based on 2 months actual and 1 month estimated data the York Hospitals acute contract is showing signs of pressure, most notable in non elective Care and first outpatients attendances.

There are small overspends forecast with Leeds and York Partnerships and the Nuffield Hospital. the former is part of the transfer agreement and the latter driven by activity demands.

there is also a forecast overspend against partnerships, the expenditure relates to Mental Health out of area placements , further detail is to be sought from PCT to ensure it is

**Year to date position:**

Year to date position as described above is showing most significant variance with York Hospitals foundation Trust

**Year to date position (£000) as at 31 May 2012**

Directorate	Plan	Actual	Variance	
	£m	£m	£m	%
CCG Budget	83,365.1	86,635.5	3,270.4	3.9%
Commissioned Services NHS	4,489.8	4,399.5	-90.3	2.0%
Commissioned Services Non NHS	8,365.8	8,368.5	2.7	0.0%
Prescribing	11,006.5	11,085.3	78.8	-0.7%
Corporate Services	tba	tba	tba	tba
share of Planned deficit	-1,307.4	0.0	1,307.4	100.0%
Total (Surplus)/Deficit	1,307.4	3,270.4	1,963.0	150.1%

Year to date position R

**Notes**

**Key Risks to the Financial Position:**

Whilst at the end on month 3 there is no reported overtrade on our main acute contract there is significant pressure on the contract, invalidated activity information suggests this could be as high as £2m at the end of the first quarter, year end forecast would need to take into account proposed QIPP schemes and a forward prediction of activity trends.

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

The delivery of the QIPP programme is essential to the delivery of an acceptable and sustainable financial outturn.

**Key actions to be taken:**

Monitoring and corrective action required to address demand presenting to York hospitals trust.

Review of prescribing expenditure  
continual review of QIPP delivery



# Overall Financial Position (NYY) - Month 3

Area	Cumulative to Date as at 30 June 2012			Forecast 2012/13 Outturn		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000	£000	£000	£000	£000	£000
<b>Commissioned Services</b>						
York Hospitals Foundation Trust (Acute services)	39,662.2	41,509.4	1,847.2	164,492.3	164,492.3	0.0
York Hospitals Foundation Trust (Community Services)	7,782.9	7,782.9	0.0	31,131.7	31,131.7	0.0
Harrogate District Foundation Trust (Acute services)	19,896.9	19,896.9	0.0	79,587.8	79,587.8	0.0
Harrogate District Foundation Trust (Community services)	7,285.9	7,285.9	0.0	29,143.6	29,143.6	0.0
Scarborough & North East Yorkshire NHS Trust	15,765.1	16,419.1	654.0	64,391.8	64,391.8	0.0
Leeds and York Partnership Trust	7,612.8	7,639.0	26.2	30,451.1	30,556.1	105.0
Yorkshire Ambulance Service	7,970.5	7,996.2	25.7	31,881.8	31,881.8	0.0
Leeds Teaching Hospital Trust	6,700.8	6,700.8	0.0	26,803.3	26,803.3	0.0
Ramsey Hospital - clifton park york	2,188.2	2,119.9	-68.3	8,752.8	8,728.8	-24.0
Hull & East Yorkshire NHS Trust	2,564.7	2,360.3	-204.4	10,258.6	10,258.6	0.0
Nuffield Hospital - York	515.3	515.3	0.0	2,061.2	2,167.1	105.9
Mid Yorkshire	528.0	528.0	0.0	2,111.8	2,111.8	0.0
Tees Esk & Wear Valley MH	9,563.1	9,563.1	0.0	38,252.3	38,219.1	-33.2
South Tees Foundation Trust	18,332.5	17,932.5	-400.0	73,330.1	73,330.1	0.0
<b>Total Major NHS Contracts above £1m</b>	<b>146,368.9</b>	<b>148,249.3</b>	<b>1,880.4</b>	<b>592,650.2</b>	<b>592,803.9</b>	<b>153.7</b>
Other NHS Contracts below £1m.	16,682.1	17,237.4	555.3	67,959.5	68,274.6	315.1
NHS Non Contract Activity	3,784.5	3,828.5	44.0	15,138.1	15,537.1	399.0
Private Providers contracts below £1m	1,088.8	1,082.6	-6.2	4,355.4	4,423.1	67.7
Other NHS Commissioning	2,501.6	2,411.9	-89.7	10,006.4	7,094.4	-2,912.0
<b>Total NHS contracts</b>	<b>24,057.0</b>	<b>24,560.4</b>	<b>503.4</b>	<b>97,459.4</b>	<b>95,329.2</b>	<b>-2,130.2</b>
Partnerships	1,724.5	1,884.0	159.5	6,898.5	7,893.4	994.9
Hospice payments	821.5	791.9	-29.6	3,286.1	3,245.2	-40.9
Pooled Budgets	3,719.8	3,719.8	0.0	14,879.1	14,729.1	-150.0
Continuing Care	16,059.5	15,891.4	-168.1	64,238.1	63,965.6	-272.5
Funded Nursing Care	3,265.7	3,281.8	16.1	13,062.8	13,127.2	64.4
<b>Total Non NHS Contracts</b>	<b>25,591.0</b>	<b>25,568.9</b>	<b>-22.1</b>	<b>102,364.6</b>	<b>102,960.5</b>	<b>595.9</b>
<b>Total Commissioned Services</b>	<b>196,016.9</b>	<b>198,378.6</b>	<b>2,361.7</b>	<b>792,474.2</b>	<b>791,093.6</b>	<b>-1,380.6</b>
<b>Primary Care</b>						
Prescribing	29,621.3	29,824.9	203.6	118,485.0	119,297.2	812.2
<b>Total Primary Care</b>	<b>29,621.3</b>	<b>29,824.9</b>	<b>203.6</b>	<b>118,485.0</b>	<b>119,297.2</b>	<b>812.2</b>
Corporate Services	tba	tba	tba	tba	tba	tba
Share of overall PCT deficit	-3,459.2	0.0	3,459.2	-13,837.0	0.0	13,837.0
<b>Total Corporate Services</b>	<b>-3,459.2</b>	<b>0.0</b>	<b>3,459.2</b>	<b>-13,837.0</b>	<b>0.0</b>	<b>13,837.0</b>
<b>Total Commissioned &amp; Corporate Services</b>	<b>222,179.0</b>	<b>228,203.5</b>	<b>6,024.5</b>	<b>897,122.2</b>	<b>910,390.8</b>	<b>13,268.6</b>

# Overall Financial Position (VOYCCG) - Month 3

Area	Cumulative to Date as at 30 June 2012			Forecast 2012/13 Outturn		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000	£000	£000	£000	£000	£000
<b>Commissioned Services</b>						
York Hospitals Foundation Trust (Acute services)	36,015.9	38,137.9	2,122.0	149,369.8	149,369.8	0.0
York Hospitals Foundation Trust (Community Services)	3,968.1	3,968.1	0.0	15,872.3	15,872.3	0.0
Harrogate District Foundation Trust (Acute services)	323.5	256.5	-67.0	1,294.2	1,294.2	0.0
Harrogate District Foundation Trust (Community services)	1,884.6	1,884.6	0.0	7,538.4	7,538.4	0.0
Scarborough & North East Yorkshire NHS Trust	1,004.1	1,243.9	239.8	4,101.0	4,101.0	0.0
Leeds and York Partnership Trust	7,382.2	7,407.7	25.5	29,528.9	29,630.8	101.9
Yorkshire Ambulance Service	3,085.5	3,095.5	10.0	12,342.2	12,342.2	0.0
Leeds Teaching Hospital Trust	2,908.4	3,166.3	257.9	11,633.6	11,633.6	0.0
Ramsey Hospital - clifton park york	1,627.7	1,629.3	1.6	6,510.8	6,510.8	0.0
Hull & East Yorkshire NHS Trust	1,127.3	594.6	-532.7	4,509.4	4,509.4	0.0
Nuffield Hospital - York	467.9	473.4	5.5	1,871.7	1,991.1	119.4
Mid Yorkshire	452.1	458.4	6.3	1,808.5	1,808.5	0.0
Tees Esk & Wear Valley MH	238.4	238.4	0.0	953.5	952.6	-0.9
South Tees Foundation Trust	324.7	227.6	-97.1	1,298.9	1,298.9	0.0
<b>Total Major NHS Contracts above £1m</b>	<b>60,810.4</b>	<b>62,782.2</b>	<b>1,971.8</b>	<b>248,633.2</b>	<b>248,853.6</b>	<b>220.4</b>
Other NHS Contracts below £1m.	1,810.8	1,750.2	-60.6	7,391.4	7,248.6	-142.8
NHS Non Contract Activity	1,530.2	1,545.9	15.7	6,120.7	6,264.1	143.4
Private Providers contracts below £1m	257.6	250.1	-7.5	1,030.2	1,036.0	5.8
Other NHS Commissioning	891.2	853.3	-37.9	3,564.9	2,417.3	-1,147.6
<b>Total NHS contracts</b>	<b>4,489.8</b>	<b>4,399.5</b>	<b>-90.3</b>	<b>18,107.2</b>	<b>16,966.0</b>	<b>-1,141.2</b>
Partnerships	696.7	757.2	60.5	2,787.1	3,172.5	385.4
Hospice payments	304.6	293.6	-11.0	1,218.2	1,203.0	-15.2
Pooled Budgets	1,262.4	1,262.4	0.0	5,106.1	5,054.6	-51.5
Continuing Care	5,001.9	4,949.7	-52.2	20,007.5	19,923.0	-84.5
Funded Nursing Care	1,100.2	1,105.6	5.4	4,400.6	4,422.3	21.7
<b>Total Non NHS Contracts</b>	<b>8,365.8</b>	<b>8,368.5</b>	<b>2.7</b>	<b>33,519.5</b>	<b>33,775.4</b>	<b>255.9</b>
<b>Total Commissioned Services</b>	<b>73,666.0</b>	<b>75,550.2</b>	<b>1,884.2</b>	<b>300,259.9</b>	<b>299,595.0</b>	<b>-664.9</b>
<b>Primary Care</b>						
Prescribing	11,006.5	11,085.3	78.8	44,025.9	44,340.3	314.4
<b>Total Primary Care</b>	<b>11,006.5</b>	<b>11,085.3</b>	<b>78.8</b>	<b>44,025.9</b>	<b>44,340.3</b>	<b>314.4</b>
Corporate Services	tba	tba	tba	tba	tba	tba
Share of overall PCT deficit	-1,307.4	0.0	1,307.4	-5,229.5	0.0	5,229.5
<b>Total Corporate Services</b>	<b>-1,307.4</b>	<b>0.0</b>	<b>1,307.4</b>	<b>-5,229.5</b>	<b>0.0</b>	<b>5,229.5</b>
<b>Total Commissioned &amp; Corporate Services</b>	<b>83,365.1</b>	<b>86,635.5</b>	<b>3,270.4</b>	<b>339,056.3</b>	<b>343,935.3</b>	<b>4,879.0</b>

Quality, Innovation, Productivity and Prevention Schemes 2012-13

VALE OF YORK																
Ref	Scheme	Monthly				Year to date				Forecast Outturn (£000)	Annual Target (£000)	Milestone performance	Engagement	Overall Risk		Currently we have only received April financials and April and May milestones. SHA attending future meetings. Financial implication of schemes not delivering has not been fully assessed and whilst new schemes are being explored they do not have detailed action plans. Overall more work is required on clearer milestones and accurate RAG rating of scheme risks and commentary. £2.7 million of significant risk with Lucentis, MSK and contracting shortfall (ARMD) - 37% non delivery and this is if all other schemes deliver.
		Planned savings (£000)	Actual Savings (£000)	Variance (£000)	Variance %	Planned savings (£000)	Actual Savings (£000)	Variance (£000)	Variance %					RAG	change	
VoY01	Elective Care Pathways	£5	£5	£0	0%	£10	£10	£0	£0	£205	£205	Fair	Good	Fair	●	There are 4 schemes within this pathway redesign. Menopausal bleeding service is implemented and has been completed. Currently this scheme is ranked as 'good' and believe this is only fair. There are delays to two of the other three pathways being delivered dermatology and ophthalmology. These are delayed from June to August and where due to be implemented in September. Ophthalmology GOS18 pathway is up and running but cataracts and glaucoma. This has been picked up by the CCG with LS/SO/C work streams leads. It is anticipated this is 3 months behind for these two pathways. Cardiology is in progress and not due yet. RP to confirm the revised timelines and impact on the financials. The cardiology Arrhythmia services is on track to deliver. Referral advice and guidance is being explored and this will enable GPs and Consultants to work more closely. SF to forward B&A contact for e-consultation to RP. RP to confirm new schemes, values and activity reductions and overall impact on financial savings of existing schemes.
VoY02	Long Term Conditions	£0	£0	£0	-	£0	£0	£0	-	£1,162	£1,162	Fair	Good	Fair	●	The SPOC is delayed to December and RP to confirm financial implications of this delay. Financial savings are not due until month 6. In terms of risk stratification, NCT and telehealth 50% of the practice population are covered with Priority, Haxby and Strensall - early adopters. This links to the improvement programme and RP to forward CQUINs agreed schemes which outlines provider agreement. Currently no targets for deployment of telehealth but that are using Haxby Hall for nursing home trial. Need to revise the milestones as not detailed enough and understand financial implications of delays to SPOC and whether this can be brought back on track.
VoY04	Urgent Care	£8	£8	£0	0%	£17	£17	£0	£0	£100	£100	Fair	Good	Fair	●	Currently only £100k against these work streams and not anticipated to deliver until much later in the year. Cellulitis and Falls due in Dec/Jan and catheterisation and paediatric due Feb or April 2013. This has been caught up in the contract discussions relating to integration of the walk in centre. Understand this is resolved but need to confirm with KK financial implication. RP to take forward.
VoY05	MSK expansion	£122	£93	£-30	-24%	£245	£160	£-85	-35%	£1,101	£1,739	Poor	Good	Poor	●	There are currently three stands to this work. The procurement to reduce tariff, activity reduction and introduction of new services. The procurement has been completed and reduced price in place. However the activity is increasing and the development of new services has been delayed by the CCP judgement but we know have this. Now have can progress Pain Management. The work on these specifications have been done. Data for increased activity is being reviewed through CMB. KK is leading on this due to contractual implications. Agreed RP will speak to AB about more detailed milestones and confirm financials are on track to deliver.
VoY06	Contracting	£178	£128	£-50	-28%	£356	£236	£-119	-34%	£1,429	£2,135	Fair	Fair	Poor	●	This work streams relate to follow ups, Consultant to consultant referrals and ARMD process. ARMD not gone into the contract and therefore significant impact of £700k. Need to urgently develop new schemes to replace. RP to confirm.
VoY07	Lucentis	£0	£0	£0	0%	£0	£0	£0	0%	£1,489	£1,489	Fair	Fair	Poor	●	Significant risk - CCG will support PCT approach re procurement. Scheduled to deliver by October.
VoY08	Medicine Management	£40	£40	£0	0%	£81	£81	£0	0%	£486	£486	Fair	Fair	Fair	●	RP/AB need to obtain this information. PM to agree with Ken Latta how can obtain this information.
<b>TOTAL</b>		<b>£354</b>	<b>£274</b>	<b>£-80</b>	<b>-23%</b>	<b>£708</b>	<b>£504</b>	<b>£-204</b>	<b>-29%</b>	<b>£5,971</b>	<b>£7,316</b>	<b>Fair</b>	<b>Fair</b>	<b>Poor</b>	<b>●</b>	