Core Performance Dashboard

December 2013

Report Compiled by: Business Intelligence, North Yorkshire & Humber Commissioning Support Unit
Quality & Performance Team, NHS Vale of York CCG

Report Checked by :   NHS Vale of York CCG, Chief Nurse

Reporting Period :   October 2013

1. Performance Summary

Overall, performance in October was relatively good with 24 Key Performance Indicators (KPI's) achieving the required standard of performance.

There was however a total of 7 Key Performance Indicator (KPI's) Red/Amber/Green (RAG) rated as either Red or Amber. Exception reporting is provided for these indicators to describe the actions being taken to resolve these areas of under-performance, as follows:-

	Key Performance Indicator (KPI)	Target	Achievement	RAG rating	Page(s)
1	A&E waiting time - total time in the A&E department	95%	94.1%	Amber	3 - 4
2	Cancer day 31 waits: subsequent cancer treatments-surgery	94%	92.9%	Amber	5
3	Ambulance clinical quality – Category A (Red 2) 8 minute response time	75%	66.5%	Red	6-8
	Ambulance clinical quality – Category A (Red 2) 8 minute response time (YAS)	75%	74.0%	Amber	6-8
	Ambulance clinical quality - Category A 19 minute transportation time (VoY CCG)	95%	94.9%	Amber	6-8
4	% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	95%	92.9%	Amber (based on Q2)	9
5	% of people who have depression and/or anxiety disorders who receive psychological therapies (IAPT)	Exception report related to lack of data to enable reporting against this indicator			9-11
6	Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile).	6	14	Red	11-12
	Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile) - York FT	4	5	Red	11-12
Appendix A - Core KPI report					13-19

Health outcomes are reported annually. No new data is available during this reporting period. Quality indicators will be reported in line with frequency of the availability of validated data. This report is the first version in the new dashboard format. Work will continue to develop and enhance the quality element of the report as data comes available.
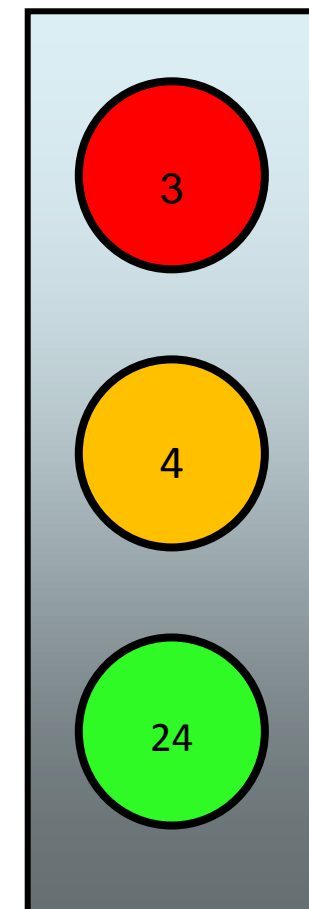
1: A&E waiting time (4 hour waits)	As At	Period Actual	Indicator Status	National Target or Tolerance	Forecast Outturn
	October 2013	94.1%	Amber	95%	95%

Indicator	Tar-get	Apr 2013	May 2013	Jun 2013	Q1 2013/ 2014	Jul 2013	Aug 2013	Sep 2013	Q2 2013/ 2014	Oct 2013	Nov 2013	Dec 2013	Q3 013/ 2014	Jan 2014	Feb 2014	Mar 2014	Q4 2013/ 2014	2013/ 2014	Direction of Travel
A&E waiting time - total time in the A&E department	95.0%	94.8%	97.2%	96.8%	96.3%	95.0%	93.5%	93.5%	94.0%	94.1%			94.1%					95.0%	⬆

Comments (Underlying Cause/Narrative):

As previously reported this underperformance does not appear to be caused by either increased activity or patient flows through the department, however the cause appears to be influenced by addressing the backlog during busy periods out of hours. The staffing levels have been reviewed and York Teaching Foundation Trust is recruiting as part of their winter resilience plan. Delivery of this target remains a risk due to expected winter pressures in A&E. Winter pressures funding identified and secured to support A&E flow and admission avoidance schemes in primary and community care. York Teaching Foundation Trust has developed an action plan to aid improvement in the A&E department. This action plan is monitored at the Quality & Performance Group and progress reported to the Contract Monitoring Board (both groups meet monthly).

A new capital build scheme is due to start in January 2014 to increase capacity from 13 cubicles to 20 (7 new cubicles). In the interim additional nursing capacity will be used to manage patient flow. Recovery plan in place. All schemes to be in place by January 2014. Position agreed with Monitor that the Trust confident in delivering A&E target. Absolute focus to achieve target for the end of quarter four 2013/2014. Confidence in maintaining target by quarter 2 2014/2015.

The Friends & Family Test ("Would you recommend this service to your friends and family?") latest data published by NHS England shows that the vast majority of people are reporting a positive experience in the department. Although the numbers are low to be significantly reliable people are recommending the service. The hospital reported a 9.8% response rate in quarter one, which has increased to 23.8% in quarter two. In October the hospital introduced a token system to encourage response rates. Early indications are that this has increased response rates.

Expected Return to Plan Date:

Return to plan by end March 2014 and assurance maintained by quarter two 2014/2015

Recovery Plan

Code	Action description	Status	Progress to date	Expected Outcome	Update/Comment/s
1	A patient flow project to identify any process issues.	Completed	Analysis completed and recruitment to increased medical & nursing staff underway.	Improvement in patient flow.	The Trust is experiencing difficulty in recruiting consultant and additional medical grade staff. This is a national problem.
2	Ward 24a open on a daily basis to directly admit GP referred patients. This accommodates 10 patients. This relieves pressure from the Emergency Department however is closed on a night so all patients who require an overnight stay need to be transferred to other wards.	Completed	The ward is reported to be working well. Feedback to be brought to the Quality & Performance group meeting January 2014.	Improved patient experience and reduced pressure on A&E.	-
3	19 Bedded resilience escalation ward to open in December	Completed	Recruitment completed and ward ready for use.	Increase bed capacity.	Bed capacity monitored daily.
4	To Pilot frailty service to commence in February	In development	Defining pathway and service specification.	Improvement in patient flow & experience.	-
5.	Additional mental health practitioner in A&E over weekend	Completed	Additional support in place.	Improved patient experience.	Early indications are that this additional support is beneficial to patients & A&E staff.

2: Cancer day 31 waits: subsequent cancer treatments-surgery	As At	Period Actual	Indicator Status	National Target or Tolerance	Forecast Outturn
	October 2013	92.9%	Amber	94%	94%

Indicator	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
Cancer day 31 waits: subsequent cancer treatments-surgery	94.0%	⬆	97.4% ✅	93.8% ⚠️	96.8% ✅	95.8% ✅	97.1% ✅	97.6% ✅	96.4% ✅	97.1% ✅	92.9% ⚠️								96.4% ✅

Comments (Underlying Cause/Narrative):

This target breached by two patients. Reported breach 48 and 53 days. The first breach was due to theatre list overran and the second patient choice.

Expected Return to Plan Date:

Expected return to plan by the November 2013

Recovery Plan

Code	Action description	Status	Progress to date	Expected Outcome	Update/Comment/s
1	The position was challenged at the Contract Quality and Performance meeting 17 December 2013. It is unusual that this target is breached.	open	-	Return to performance target	-

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3: Ambulance	As At	Period Actual	Indicator Status	National Target or Tolerance	Forecast Outturn
Ambulance clinical quality – Category A (Red 2) 8 minute response time	October 2013	66.5%	Red	75%	95%
Ambulance clinical quality – Category A (Red 2) 8 minute response time (YAS)	October 2013	74%	Amber	75%	
Ambulance clinical quality – Category A 19 minute transportation time (VoY CCG)	October 2013	94.9%	Amber	95%	95%

Indicator	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/2014	Jul 2013	Aug 2013	Sep 2013	Q2 2013/2014	Oct 2013	Nov 2013	Dec 2013	Q3 2013/2014	Jan 2014	Feb 2014	Mar 2014	Q4 2013/2014	2013/2014
Ambulance clinical quality – Category A (Red 2) 8 minute response time	75.0%	⬇	71.3% 🔺	76.7% ✅	75.4% ✅	74.5% 🔺	74.4% 🔺	69.9% 🛑	72.3% 🔺	72.2% 🔺	66.5% 🛑			66.5% 🛑					72.3% 🔺
Ambulance clinical quality – Category A (Red 2) 8 minute response time (YAS)	75.0%	⬇	78.0% ✅	78.7% ✅	78.6% ✅	78.4% ✅	74.6% 🔺	74.3% 🔺	74.4% 🔺	74.4% 🔺	74.0% 🔺			74.0% 🔺					76.1% ✅
Ambulance clinical quality - Category A 19 minute transportation time (VoY CCG)	95.0%	⬆	94.8% 🔺	95.8% ✅	95.8% ✅	95.5% ✅	95.0% 🔺	93.8% 🔺	95.0% 🔺	94.6% 🔺	94.9% 🔺			94.9% 🔺					95.0% 🔺

Comments (Underlying Cause/Narrative):

There has been increased demand for Yorkshire Ambulance Service services in Quarter 2 compared with Quarter 1. The Emergency Care Practitioner Model is established at Tadcaster and Pickering. Work is progressing to further role out Emergency Care Practitioners out in areas where response times are considered particularly poor. Additional funded ECP's are expected to have a significant impact, and more planned to come online in February 2014. Work is progressing to identify the areas for deployment. The CCG geographical area does hinder response times - seasonal implications (heavy traffic congestion), environmental factors (rural areas) and handover delays at Accident & Emergency department. Any delay in handover at Accident & Emergency departments can delay deployment back into areas. The Contracting Team will implement financial penalties in quarter three for Accident & Emergency department handover times where delays to handover greater than 30 & 60 minutes.

Future Actions for consideration:

- To have discussions with all GP practices around MDT support for 'frequent attenders'
- Increase First responders in rural areas
- Future work with providers to reduce the volume of calls received from nursing homes
- Review of location of emergency ambulances and alternative transport methods

There is evidence that work is progressing to address capacity verses demand. The key is ensuring appropriate diversion tactics are in place. The implementation of Emergency Care Practitioners will support response times and ensure that the most appropriate ambulance is used.

The CCG Quality Team to review the NHS Vale of Yorkshire Clinical Commissioning Group Yorkshire Ambulance Service assurance process and ensure effective communication channels between East Riding Clinical Commissioning Group. Engaged with the ambulance service via the North Yorkshire quality sub group is imperative.

The Chief Executive of the Yorkshire Ambulance service is attending the CCG Senior Management Team meeting in January 2014 to discuss the concerns.

Expected Return to Plan Date:

Expected return to plan by end of March 2014

Recovery Plan

Code	Action description	Status	Progress to date	Expected Outcome	Update/Comment/s
1	Emergency Care Practitioner role out.	On-going	More planned to come online in February 2014.	Improved ambulance performance	Update February 2014
2	Preparing to undertake an audit of the top 10 users of the ambulance service.	Planning stage	Plan start date January 2014	This will help identify alternative care pathways to reduce demand.	Update February 2014
3	To improve patient experience a programme of Commissioning for Quality and Innovation (CQUIN) has been implemented.	On-going	There are two schemes to address Patient Transport and Emergency. It is too early to feedback any significant progress on these domains as the data is being validated.	Improve patient experience	Update February 2014
4	Board to Board meeting scheduled	January 2014	Update February 2014	CCG assurance and improved communication channels	-
5	Frequent callers/high intensity users and in-hours GP referral will be on the GP forum agenda.	Planned	Forum date - January 2014. Management/monitoring plans are currently being worked up for both these schemes.	Identification and improved pathway of care for high intensity users.	-
6	Targeted interventions through the Winter Resilience Plan to reduce demand and divert activity away from Accident & Emergency	On-going		Improved patient experience and ambulance performance.	Performance will be monitored by the Urgent Care Board.

4: Percentage of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	As At	Period Actual	Indicator Status	National Target or Tolerance	Forecast Outturn
	October 2013	Q2 data	92.9%	95%	93.6%

Comments (Underlying Cause/Narrative):

Data quality issues. The quarter one performance target was 94.4% against a target of 95%. The target has not been met in quarter two. The breaches are by small numbers. In September the indicator was 92.9%. This was caused by two patients where staff after numerous attempts being made. Contact was eventually established 9 and 8 days after discharge. The services clinical IT system cannot send out reminders to care coordinators who are at risk of breaching a CPA review.

Expected Return to Plan Date:

Expected return to plan by end Q4

Recovery Plan

Code	Action description	Status	Progress to date	Expected Outcome	Update/Comment/s
1	A new IT group has been established, with senior membership by the informatics service. The provision of timely and actuate activity reports will be one of the groups key objectives.	On-going	The informatics team is developing a report to enable clinical staff to better anticipate CPA review dates	All discharged patients from inpatient units followed up within 7 days.	IT system to be implemented by December 2013. The indicator will be monitored at the Monthly Contract Monitoring Board monthly.

5: Percentage of people who have depression and/or anxiety disorders who receive psychological therapies (IAPT)	As At	Period Actual	Indicator Status	National Target or Tolerance	Forecast Outturn
	October 2013	Q1 data	Red	4.1%	1.03%

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
% of people who have depression and/or anxiety disorders who receive psychological therapies	CCG	1.03%	–	2.4%	1.3%	2.4%	2.0%													2.0%

Expected Return to Plan Date:

Expected return to plan by end Q4

Recovery Plan

Code	Action description	Status	Progress to date	Expected Outcome	Update/Comment/s
1	The performance target for this service is low (4.1% for 2013/14) and do not have full assurance that the activity trajectory for 2013/14 will be achieved Large number of non-attendance which is blocking access. Need to ascertain why and put into action methods to reduce non-attendance. Challenging waiting times for first appointment. Expect further clarification. The implementation of central HUB has been delayed.	On-going	• An IAPT Service Improvement Plan is in place. • Monthly data quality reports are being developed and will be reported in Q3. The quality of this data will be continually monitored. **Actions taken:** • Referral process is being streamlined • New Telephone routine assessment process being finalised. • The IAPTs manual has been written & distributed to all staff. • Three members of staff are due to start their 'High Intensity' training at Sheffield University.	Improve access and patient experience	• The Action plan needs time to embed. The expected increased performance will not happen until Q3. • All referrals to be stored & triaged electronically by Q3. • New Telephone routine assessment process to be implemented by Oct 2013 Expect an increase of

Future actions:

- Promote IAPT with member practices to increase referrals.
- Review and update action plan
- Full service review

Interim Service Manager IAPT to be invited to the next Performance and Finance Committee

routine assessments by Q3.

6: Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.dif). Community and Acute	As At	Period Actual	Indicator Status	National Target or Tolerance	Forecast Outturn
	October 2013	Oct 2013	Red	47 community / 28 acute	66 community / 38 acute

Indicator	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/2014	Jul 2013	Aug 2013	Sep 2013	Q2 2013/2014	Oct 2013	Nov 2013	Dec 2013	Q3 2013/2014	Jan 2014	Feb 2014	Mar 2014	Q4 2013/2014	2013/2014
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile). Community	47	–	8	6	12	26	5	7	9	21	14	5		19					66
			🔴	✅	🔴	🔴	✅	🔴	🔴	🔴	🔴	✅		🔴					🔴
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile) - York FT	28	–	7	5	9	21	4	6	2	12	5			5					38
			🔴	🔴	🔴	🔴	✅	🔴	✅	✅	🔴			🔴					🔴

Comments (Underlying Cause/Narrative):

Both targets have breached. The winter period is historically a high reported timeframe. Work needs to continue to monitor direction of travel.

Community – Further work needs to be undertaken to disseminate lessons-learnt from root cause analysis. Further exploration is required in triangulating the relationship between primary & acute prescribing.

Acute - significant work has been undertaken to triangulate prescribing, hand hygiene audit and ward cleanness. In addition to reviewing prescribing practice and the introduction of monitoring and reviewing antibiotic prescribing reviews. The target is monitored weekly and the Trust will be challenged at the Monthly Contract Monitoring Board. The CCG has stated its intent to enforce the Financial Penalty in the NHS Standard Contract Schedule 4 Part H. The Trust is not an outliner nationally.

Expected Return to Plan Date:

This indicator has breached target.

Recovery Plan

Code	Action description	Status	Progress to date	Expected Outcome	Update/Comment/s
1	A hospital C.difficile reduction plan is in place and reviewed on an on-going basis.	On-going	Roundtable learning event 4 December 2013 held. Rational to explore the patients journey (primary, community, acute)	Identification of risk factors and re-fresh of C.difficile strategy	C.difficile Action Plan: • Revised action plan to be taken to the Quality & Performance subgroup meeting (Dec 2013) • Timeline triangulation to be undertaken by YTFT (15.01.14) • Timescale for electronic prescribing – potential CQUIN next year? • Rapid assessment unit – C.difficile risk screening tool not live – update required on timescale for implementation – potential CQUIN • Deep drive ward 34 & 16 • Further triangulation against pre and post admission antibiotic prescribing 15.01.14 Plan to ask a third party to review the York C.difficile strategy (Quarter 4).
2	Exploration of root cause analysis and lessons learnt	On-going	Roundtable learning event 4.12.13. To explore the patients journey (primary, community, acute)	Lessons learnt disseminated and reduction in cases	Feedback to GP's and wider dissemination of learning

Appendix A - Core KPI Report 2013/14 – NHS Vale of York CCG (Generated on 13th December 2013)

01 - Referral To Treatment waiting times for non-urgent consultant-led treatment

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
Referral to Treatment pathways: admitted	CCG	90.0%	⬆	91.8% ✅	91.7% ✅	91.3% ✅	91.6% ✅	90.7% ✅	91.4% ✅	91.7% ✅	91.2% ✅	92.7% ✅			92.7% ✅					91.6% ✅
Referral to Treatment pathways: non-admitted	CCG	95.0%	⬇	96.2% ✅	96.4% ✅	96.2% ✅	96.3% ✅	96.2% ✅	95.5% ✅	95.8% ✅	95.9% ✅	95.7% ✅			95.7% ✅					96.0% ✅
Referral to Treatment pathways: incomplete	CCG	92.0%	⬆	93.3% ✅	93.5% ✅	93.7% ✅	93.7% ✅	93.6% ✅	92.7% ✅	93.0% ✅	93.0% ✅	93.0% ✅			93.0% ✅					93.0% ✅
Number of >52 week Referral to Treatment in Admitted Pathways	CCG	0	–	2 ⚠	5 ⚠	1 ⚠	8 ⚠	1 ⚠	0 ✅	1 ⚠	2 ⚠	0 ✅			0 ✅					10 🔴
Number of >52 week Referral to Treatment in Non-admitted Pathways	CCG	0	–	1 ⚠	2 ⚠	0 ✅	3 ⚠	0 ✅	0 ✅	1 ⚠	1 ⚠	0 ✅			0 ✅					4 ⚠
Number of >52 week Referral to Treatment in Incomplete Pathways	CCG	0	–	1 ⚠	2 ⚠	2 ⚠	2 ⚠	2 ⚠	3 ⚠	1 ⚠	1 ⚠	0 ✅			0 ✅					0 ✅

02 - Diagnostic test waiting times

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
Diagnostic test waiting times	CCG	1.0%	⬇	0.8% ✅	0.5% ✅	1.0% 🔼(amber)	1.0% 🔼(amber)	1.2% 🔼(amber)	1.1% 🔼(amber)	0.8% ✅	0.8% ✅	0.8% ✅			0.8% ✅					0.8% ✅

03 - A&E waits

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
A&E waiting time - total time in the A&E department	% of YFHT (CCG weighted)	95.0%	⬇	94.8% 🔼(amber)	97.2% ✅	96.8% ✅	96.3% ✅	95.0% 🔼(amber)	93.5% 🔼(amber)	93.5% 🔼(amber)	94.0% 🔼(amber)	94.1% 🔼(amber)			93.3% 🔼(amber)					94.7% 🔼(amber)
A&E Attendances	% of YFHT		-	6903	7051	7361	21315	8304	8099	7052	23455	7302			7302					52,072
A&E Attendances - Type 1	% of YFHT		_	2681	2737	2682	8100	2953	2821	2566	8340	2710			2710					19150
12 hour trolley waits in A&E - York	YFHT (Trust wide)	1		0 ✅	0 ✅	0 ✅	0 ✅	1 🛑	0 ✅	0 ✅	1 🛑	0 ✅			0 ✅					1 🛑

04 - Cancer waits - 2 week wait

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
All Cancer 2 week waits	CCG	93.0%	⬇	95.4% ✅	94.3% ✅	95.4% ✅	94.9% ✅	95.2% ✅	91.9% 🔼(amber)	93.7% ✅	93.5% ✅	98.0% ✅								94.2% ✅

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
Breast Cancer 2 week waits	CCG	93.0%	⬇	96.4% ✅	97.5% ✅	92.4% ⚠️	95.4% ✅	91.2% ⚠️	91.8% ⚠️	96.8% ✅	94.0% ✅	98.5% ✅								94.8% ✅

05 - Cancer waits - 31 days

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
Cancer 31 day waits: first definitive treatment	CCG	96.0%	⬇	98.7% ✅	99.3% ✅	98.2% ✅	98.7% ✅	98.7% ✅	98.1% ✅	98.1% ✅	98.5% ✅	98.4% ✅								98.6% ✅
Cancer day 31 waits: subsequent cancer treatments-surgery	CCG	94.0%	⬆	97.4% ✅	93.8% ⚠️	96.8% ✅	95.8% ✅	97.1% ✅	97.6% ✅	96.4% ✅	97.1% ✅	92.9% ⚠️								96.4% ✅
Cancer day 31 waits: subsequent cancer treatments-anti cancer drug regimens	CCG	98.0%	⬆	100.0% ✅	97.9% ⚠️	100.0% ✅	99.4% ✅	100.0% ✅	98.0% ⚠️	100.0% ✅	99.4% ✅	100.0% ✅								99.4% ✅
Cancer day 31 waits: subsequent cancer treatments-radiotherapy	CCG	94.0%	⬆	97.6% ✅	100.0% ✅	100.0% ✅	98.5% ✅	100.0% ✅	100.0% ✅	97.7% ✅	99.3% ✅	100.0% ✅								98.9% ✅

06 - Cancer waits - 62 days

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
% patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer (inc 31 day Rare cancers)	CCG	85.0%	⬆	86.1%	90.9%	86.8%	87.3%	87.1%	88.2%	90.1%	89.0%	89.5%								88.2%
				✅	✅	✅	✅	✅	✅	✅	✅	✅								✅
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	CCG	90.0%	⬇	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	87.5%	100.0%								93.2%
				✅	✅	✅	✅	✅	🛑	✅	⚠	✅								✅
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	CCG	90.0%	–	–	-	-	-	100.0%	-	100.0%	100.0%	100.0%								100.0%
				–	-	-	-	✅	-	✅	✅	✅								✅

07 - Category A ambulance calls

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
Ambulance clinical quality – Category A (Red 1) 8 minute response time	CCG	75.0%	⬇	66.7%	72.5%	71.8%	70.4%	74.2%	73.2%	82.5%	76.5%	75.0%			75.0%					74.0%
				🛑	⚠	⚠	⚠	⚠	⚠	✅	✅	✅			✅					⚠
Ambulance clinical quality – Category A (Red 1) 8 minute response time (YAS)	YAS (region)	75.0%	⬇	75.3%	76.8%	75.6%	75.9%	80.7%	83.1%	81.6%	81.9%	79.3%			79.3%					79.5%
				✅	✅	✅	✅	✅	✅	✅	✅	✅			✅					✅

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
Ambulance clinical quality – Category A (Red 2) 8 minute response time	CCG	75.0%	⬇	71.3% (amber)	76.7% (green)	75.4% (green)	74.5% (amber)	74.4% (amber)	69.9% (red)	72.3% (amber)	72.2% (amber)	66.5% (red)			66.5% (red)					72.3% (amber)
Ambulance clinical quality – Category A (Red 2) 8 minute response time (YAS)	YAS (region)	75.0%	⬇	78.0% (green)	78.7% (green)	78.6% (green)	78.4% (green)	74.6% (amber)	74.3% (amber)	74.4% (amber)	74.4% (amber)	74.0% (amber)			74.0% (amber)					76.1% (green)
Ambulance clinical quality - Category A 19 minute transportation time (VoY CCG)	CCG	95.0%	⬆	94.8% (amber)	95.8% (green)	95.8% (green)	95.5% (green)	95.0% (amber)	93.8% (amber)	95.0% (amber)	94.6% (amber)	94.9% (amber)			94.9% (amber)					95.0% (amber)
Ambulance clinical quality - Category A 19 minute transportation time (YAS)	YAS (region)	95.0%	⬆	97.6% (green)	97.8% (green)	97.6% (green)	97.7% (green)	97.3% (green)	97.3% (green)	97.2% (green)	97.3% (green)	97.5% (green)			97.5% (green)					97.5% (green)

08 - Mixed Sex Accommodation breaches

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
Mixed Sex Accommodation (MSA) Breaches (Rate per 1,000 FCEs)	CCG	0.0	⬆	0.0 (green)	0.0 (green)	0.0 (green)	0.0 (green)	1.4 (red)	0.2 (amber)	0.0 (green)	0.5 (amber)	0.0 (green)			0.0 (green)					0.2 (amber)
Number of MSA breaches for the reporting month in question	CCG	1	⬆	0 (green)	0 (green)	0 (green)	0 (green)	13 (red)	2 (amber)	0 (green)	15 (red)	0 (green)			0 (green)					15 (red)

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09 - Cancelled operations

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
Cancelled Operations	YFHT (Trust wide)	6.0%	⬆	0%	0%	0.7%	0.7%	0%	0%	0%	0%	0%			0%					0.3%
				✅	✅	✅	✅	✅	✅	✅	✅	✅			✅					✅
No urgent operations cancelled for a 2nd time - York	YFHT (Trust wide)	1	▬	0	0	0	0	0	0	0	0	0			0					0
				✅	✅	✅	✅	✅	✅	✅	✅	✅			✅					✅

10 - Mental Health

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	CCG	95.0%	⬇			94.4%	94.4%			92.9%	92.9%									93.6%
						🔺	🔺			🔺	🔺									🔺
% of people who have depression and/or anxiety disorders who receive psychological therapies	CCG	1.03%	–	2.4%	1.3%	2.4%	2.0%													2.0%
				🔴	🔴	🔴	🔴													🔴
% of people who are moving to recovery	CCG	50.00%	–		57.9%		57.9%													57.9%
					✅		✅													✅

12 - Health Care Acquired Infections (HCAI's)

Indicator	Level of Reporting	Target	Direction of Travel	Apr 2013	May 2013	Jun 2013	Q1 2013/14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/14	2013/14
Incidence of healthcare associated infection (HCAI): MRSA	CCG (Community)	0	–	0	0	1	1	0	1	0	1	0	0		0					2
				🟢	🟢	🔴	🔴	🟢	🔴	🟢	🔴	🟢	🟢		🟢					🔴
Incidence of healthcare associated infection (HCAI): MRSA - York FT	YFHT (Trust wide)	0	–	0	0	0	0	1	1	0	2	0			0					2
				🟢	🟢	🟢	🟢	🔴	🔴	🟢	🔴	🟢			🟢					🔴
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile).	CCG (Community)	47	–	8	6	12	26	5	7	9	21	14	5		19					66
				🔴	🟢	🔴	🔴	🟢	🔴	🔴	🔴	🔴	🟢		🔴					🔴
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile) - York FT	YFHT (Trust wide)	28	–	7	5	9	21	4	6	2	12	5			5					38
				🔴	🔴	🔴	🔴	🟢	🔴	🟢	🟢	🔴			🔴					🔴