



Vale of York  
Clinical Commissioning Group

# Vale of York CCG

## Core Performance Dashboard

### May 2013

**Report Compiled by:**  
**Report Checked by:**  
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Business Intelligence, North Yorkshire and Humber Commissioning Support Unit  
Vale of York CCG Chief Operating Officer  
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## SUMMARY OF PERFORMANCE

### Current assessment

Domain 1: Preventing people from dying prematurely



Domain 2: Enhancing quality of life for people with long term conditions



Domain 3: Helping people recover from episodes of ill health or injury



Domain 4: Ensuring that people have a positive experience of care



Domain 5: Providing a safe environment and protecting from harm



Domain 6: Enhancing quality of life for people with Mental Health conditions (LYPFT)



Finance



QIPP



## EXCEPTION REPORT FOR QUALITY AND PERFORMANCE INDICATORS

Domain	Indicator	Objective	Coverage	Period Covered	Planned Performance	Actual Performance	RAG rating	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	CCG	Feb-13	75%	69.1%	R	Yes	TBC	Following on from previous reports and updates regarding ambulance performance. A report on various issues has been presented to the Governing Body which sets out the CCG response and plans for future monitoring. Further analysis is in appendix A.
	Ambulance response times: percentage of Red 2 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	CCG	Feb-13	75%	73.2%	A	Yes	TBC	
	Ambulance response times: percentage of Red 2 999 calls responded to within 19 minutes.	Minimum of 95% during 2012-13	CCG	Feb-13	95%	94.5%	A	Yes	TBC	
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	Q4 12/13	444	388	R	No	estimated June 2013	As previously reported, 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 Vale of York CCG.
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	Host ProvComm	Mar-13	23	23.9	A	Yes	end of Q1	This indicator has to some extent been affected by the problems associated with increased winter pressures. We expect to see an overall improvement in the referral to treatment times and will work with the Trust to better understand plans for remainder of 13/14. See supporting analysis in appendix B
	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	Host ProvComm	Mar-13	0	6	R	Yes	end of Q1	The backlog is in General Surgery. As at 12 May 2013, five patients had waited over 52 weeks all but one dated.
	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)	Feb-13	95%	93.2%	A	Yes	Review end of Q1	The latest 4 week average using the weekly fast-track report is 95.5% and therefore YFT are now achieving the target.
	Proportion of GP referrals to first outpatient appointments booked using Choose and Book	70.0%	CCG	Feb-13	70%	23.3%	R			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 reasonably assured that GPs do discuss and offer choice to patients. Development of a 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	Host provider	Mar-13	No more than 3	5	R	Yes	13/14 trajectory to be agreed	39 cases were reported as at end of March 2013 against a target of 27. The Trust therefore missed their 12/13 target and penalties have been applied with a plan to reinvest money in improvements in 13/14 As at 8 May 2013 - A total of 9 cases were reported against their annual plan of 43.
Domain 6: Enhancing quality of life for people with Mental Health conditions (LYPFT)	Delayed Transfers of Care.	Maximum Delay of 7.5%	CCG	Mar-13	7.5%	8.36%	A	Yes	To be agreed	These issues relate to performance at Leeds and York Partnership Foundation Trust and are being addressed through contract management routes. Improvements have been made in 2013/14 to date, however action plans are still in development with a view to achieving improvements in Quarter 2
	Proportion of admissions to inpatient services that were gate kept by the crisis resolution home treatment teams.	95%	CCG	Mar-13	95.0%	89.7%	R			
	Cumulative Adult inpatient Bed Occupancy rate (including home leave).	Maximum safety compliance of 90%	CCG	2012/13	90.0%	93%	A			
	Cumulative rate of re-admissions to adult inpatient beds within 28 days of discharge (excluding Forensic Services in line with national codes).	Decreasing with Maximum of 4%	CCG	2012/13	4.0%	9.55%	R			
	Proportion of people who have depression and/or anxiety disorders who receive psychological therapies (IAPT).	6.23% for 2012-13	PCT	Q4 12/13	1.56%	0.8%	R			
	Proportion of IAPT service users who complete treatment who are moving to recovery.	Minimum of 50%	PCT	Q4 12/13	50.0%	48.6%	A			

# PERFORMANCE AND QUALITY KEY PERFORMANCE INDICATORS (KPI's)

Key Performance Indicator (KPI)	Objective	Coverage	Latest Performance				Year to Date	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 1 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	CCG	Feb-13	75%	69.1%	<b>R</b>	71.1%	0
Ambulance response times: percentage of Red 2 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	CCG	Feb-13	75%	73.2%	<b>A</b>	73.8%	
Ambulance response times: percentage of Red 1 999 calls responded to within 19 minutes.	Minimum of 95% during 2012-13	CCG	Feb-13	95%	96.3%	<b>G</b>	97.8%	
Ambulance response times: percentage of Red 2 999 calls responded to within 19 minutes.	Minimum of 95% during 2012-13	CCG	Feb-13	95%	94.5%	<b>A</b>	95.3%	
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	Provider (Signal Report)	Feb-13	90%	93.9%	<b>G</b>	-	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)	Feb-13	93%	98.3%	<b>G</b>	-	
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)	Feb-13	96%	98.5%	<b>G</b>	-	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)	Feb-13	98%	100%	<b>G</b>	-	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)	Feb-13	94%	96.8%	<b>G</b>	-	
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	Jan-13	94%	n/a	<b>G</b>	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	Jan-13	85%	89.3%	<b>G</b>	88.0%	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	Host ProvComm	Jan-13	90%	100%	<b>G</b>	93.1%	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	Host ProvComm	Jan-13	90%	100%	<b>G</b>	100%	
						<b>A</b>		

Domain 1 - Overall Red/Amber/Green (RAG) rating

<b>Domain 2: Enhancing quality of life for people with long term conditions (LTC's)</b>								
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%	<b>G</b>	-	3
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults).	Same or fewer admissions	CCG	Apr 2012-Feb 2013	Same or fewer admissions	Same	<b>G</b>	-	3
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19's	Same or fewer admissions	CCG	Apr 2012-Feb 2013	Same or fewer admissions	Same	<b>G</b>	-	3
						<b>G</b>		

Domain 2 - Overall RAG rating

# PERFORMANCE AND QUALITY KEY PERFORMANCE INDICATORS (KPI's)

Key Performance Indicator (KPI)	Objective	Coverage	Latest Performance				Year to Date	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 2012-Feb 2013	Same or fewer admissions	Worse	<b>G</b>	-	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	Q4 12/13	80%	83.9%	<b>G</b>	85.7%	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	Q4 12/13	60%	77.6%	<b>G</b>	80.8%	3
Domain 3 - Overall RAG rating						<b>G</b>		

<b>Domain 4: Ensuring that people have a positive experience of care</b>								
95th percentile for admitted patients that were on a Referral To Treatment (RTT) pathway	Maximum 23 weeks	Host ProvComm	Mar-13	23	23.9	<b>A</b>	-	3
95th percentile for non-admitted patients that were on a RTT pathway	Maximum 18.3 weeks	Host ProvComm	Mar-13	18.3	16.7	<b>G</b>	-	
95th percentile for patients still on a 18 week pathway	Maximum 28 weeks	Host ProvComm	Mar-13	28	21	<b>G</b>	-	
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)	Feb-13	90%	91.9%	<b>G</b>	-	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)	Feb-13	95%	96.1%	<b>G</b>	-	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)	Feb-13	92%	92.6%	<b>G</b>	-	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	Host ProvComm	Mar-13	0	6	<b>R</b>	-	
Percentage of patients that waited over 6 weeks for a diagnostic test.	<1% of patients	Provider (Signal Report)	Feb-13	<1%	0.62%	<b>G</b>	-	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)	Feb-13	95%	93.2%	<b>A</b>	-	1
Mixed Sex Accommodation Breaches per 1000 FCEs (No of breaches)	<1 per 1000 FCEs	Host ProvComm	Feb-13	<1	0.0 (0)	<b>G</b>	-	3
Patient Experience survey (IP 2012 Q41) involved satisfactorily in decisions about care and treatment	Same or Best Perf Category	Host provider	2012	Same or Best Perf Category	Same	<b>G</b>	-	3
Patient Experience survey (IP 2012 Q73) overall level of respect and dignity	Same or Best Perf Category	Host provider	2012	Same or Best Perf Category	Same	<b>G</b>	-	3
Proportion of GP referrals to first outpatient appointments booked using Choose and Book	70%	CCG	Feb-13	70%	23.3%	<b>R</b>	-	0
Domain 4 - Overall RAG rating						<b>R</b>		

# PERFORMANCE AND QUALITY KEY PERFORMANCE INDICATORS (KPI's)

Key Performance Indicator (KPI)	Objective	Coverage	Latest Performance				Year to Date	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 CCG is responsible for with Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections.	No more than 2	Host provider	Mar-13	No more than 2	0	<b>G</b>	0	3
Number of patients the CCG is responsible for with Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia infections.	No more than 29	Host provider	Mar-13	No more than 3	0	<b>G</b>	21	3
Number of patients the CCG is responsible for with Clostridium difficile infections.	No more than 27	Host provider	Mar-13	No more than 3	5	<b>R</b>	39	0
Percentage of adult inpatients who have a Venous Thrombosis Embolism (VTE) risk assessment on admission.	90%	Host provider	Feb-13	90%	93.2%	<b>G</b>	93.2%	3
Summary Hospital Mortality Index	As expected or better	Host provider	Q2 12/13	As expected or better	As expected	<b>G</b>	As expected	3
						<b>A</b>		

Domain 5 - Overall RAG rating

<b>Domain 6: Enhancing quality of life for people with Mental Health conditions (LYPFT)</b>								
Delayed Transfers of Care.	Maximum Delay of 7.5%	CCG	Mar-13	7.5%	8.36%	<b>A</b>	Improving due to > coverage	1
Number of newly diagnosed cases of first episode psychosis for whom early intervention is provided.	Minimum of 34 in 2012/13	CCG	2012/13	34	62	<b>G</b>	62	3
Proportion of admissions to inpatient services that were gate kept by the crisis resolution home treatment teams.	95%	CCG	Mar-13	95.0%	89.7%	<b>R</b>	93.3%	0
Proportion of patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days.	95%	CCG	Mar-13	95.0%	100.0%	<b>G</b>	96.1%	3
Cumulative Adult inpatient Bed Occupancy rate (including home leave).	Maximum safety compliance of 90%	CCG	2012/13	90.0%	93%	<b>A</b>	93.0%	1
Cumulative rate of re-admissions to adult inpatient beds within 28 days of discharge (excluding Forensic Services in line with national codes).	Decreasing with Maximum of 4%	CCG	2012/13	4.0%	9.55%	<b>R</b>	Decreasing from 11.5% Oct	0
Proportion of people who have depression and/or anxiety disorders who receive psychological therapies (IAPT).	6.23% for 2012-13	PCT	Q4 12/13	1.56%	0.8%	<b>R</b>	3.3%	0
Proportion of those referred to IAPT services that enter treatment.	Minimum of 50%	PCT	Q4 12/13	50.0%	59.6%	<b>G</b>	53.1%	3
Proportion of IAPT service users who complete treatment who are moving to recovery.	Minimum of 50%	PCT	Q4 12/13	50.0%	48.6%	<b>A</b>	53.6%	1
Number of Mental Health Never events.	0	CCG		0	0	<b>G</b>		3
						<b>R</b>		

Domain 6 - Overall RAG rating

# KEY PERFORMANCE INDICATORS (KPI's) - SUPPORTING NOTES

## RAG (red/amber/green) 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".

## Key Performance Indicator (KPI) level 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.

## Domain Level Scoring

The scores are summed across the Performance and Quality categories and expressed as a percentage of the total maximum possible score for each domain.

As there are a varied number of indicators within each domain, it is necessary to apply different scoring criteria to attribute an overall RAG rating which is presented in the summary assessment.

The scoring criteria is as follows:-

Domains 1, 4 & 6     **Green** = 90% or higher  
                              **Amber** = 75% or higher, but less than 90%  
                              **Red** = Less than 75%

Domains 2, 3         **Green** = 80% or higher  
                              **Amber** = 65% or higher, but less than 80%  
                              **Red** = Less than 65%

Domain 5             **Green** = 85% or higher  
                              **Amber** = 70% or higher, but less than 85%  
                              **Red** = Less than 70%

## 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).

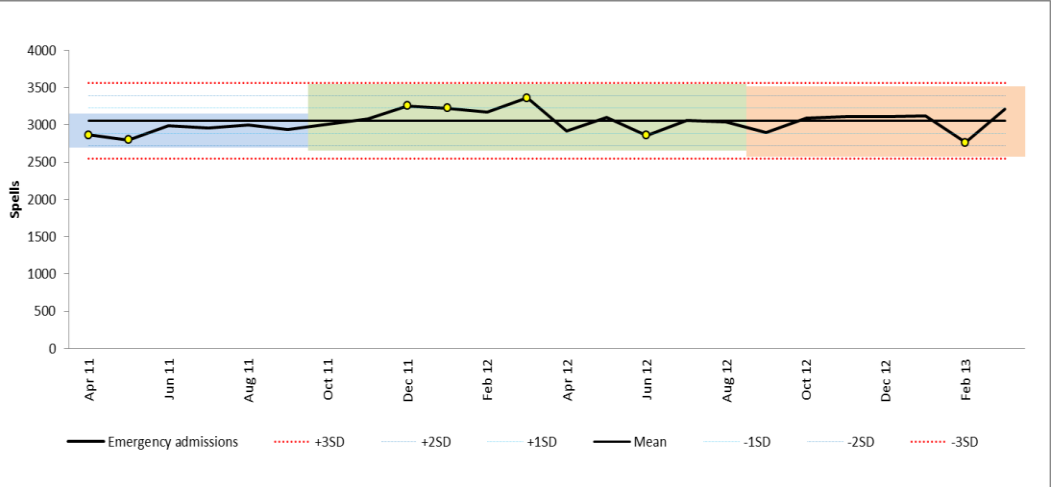
Combined York/Scarb - from July-12 onwards Scarborough General Hospital Trust merged with York Foundation Trust and therefore official data is submitted as York Foundation Trust only.

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 - Vale of York CCG at all Acute Providers

**Chart 1: Emergency Admissions**

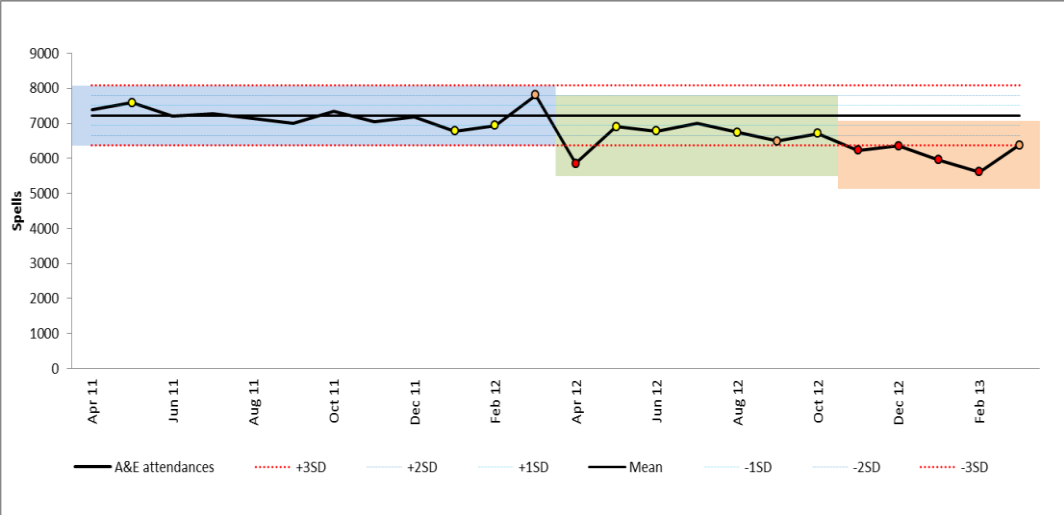


Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	2,865	2,800	2,985	2,957	2,995	2,942	3,007	3,084	3,258	3,226	3,176	3,364
2012-13	2,919	3,106	2,862	3,063	3,036	2,900	3,092	3,111	3,112	3,117	2,763	3,217

Year on year comparison	Activity
Apr-Mar 2011-12	36,659
Apr-Mar 2012-13	36,298
Variance	-361
% Variance	-1.0%

Chart 1 identifies stepped changes in emergency activity as expected due to seasonality.  
*N.b.: Excludes Pocklington Practice*

**Chart 2: Accident & Emergency**



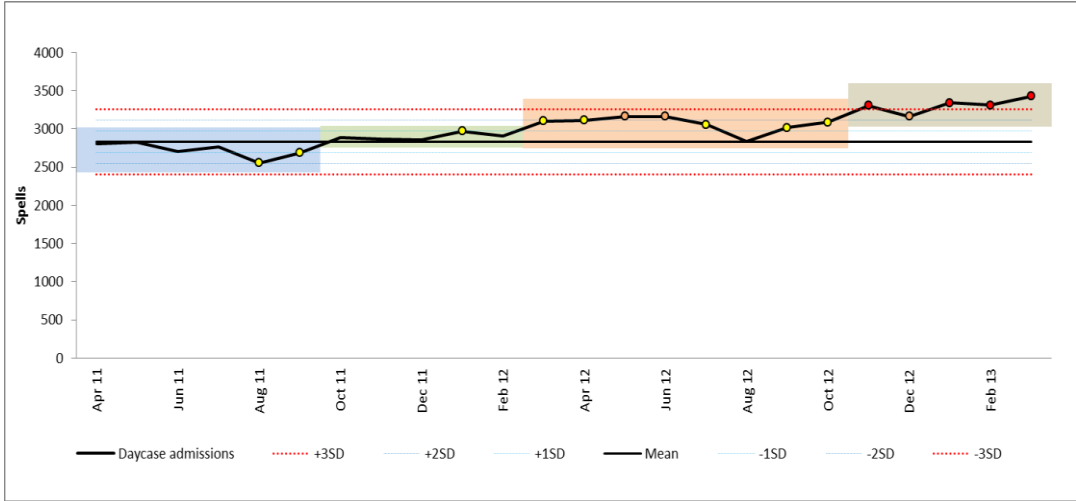
Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	7,378	7,591	7,199	7,275	7,146	6,994	7,351	7,057	7,173	6,776	6,933	7,805
2012-13	5,850	6,906	6,777	7,006	6,741	6,493	6,708	6,224	6,360	5,956	5,612	6,376

Year on year comparison	Activity
Apr-Mar 2011-12	86,678
Apr-Mar 2012-13	77,009
Variance	-9,669
% Variance	-11%

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.  
*N.b.: Excludes Pocklington Practice*

# Secondary Care Activity Trends - Vale of York CCG at all Acute Providers

**Chart 3: Day Case Elective Admissions**



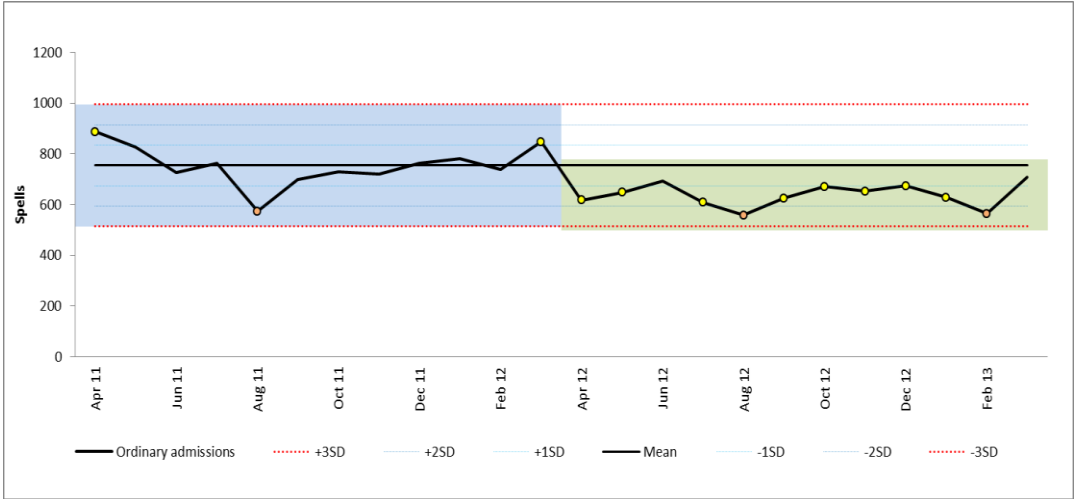
Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	2,403	2,694	2,838	2,768	2,677	2,814	2,884	3,000	2,722	2,972	2,913	3,254
2012-13	2,817	3,314	2,865	3,203	2,968	2,872	3,383	3,464	2,865	3,503	3,154	3,266**

Year on year	Activity
Apr-Mar 2011-12	33,939
Apr-Mar 2011-12	37,674
Variance	3,735
% Variance	11%

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.

*N.b. The trend analysis in chart 3 has been adjusted for working days. Excludes Pocklington Practice*

**Chart 4: Ordinary Elective Admissions**



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	760	786	762	762	600	733	728	755	727	780	737	888
2012-13	559	678	628	638	585	596	734	683	609	658	537	674**

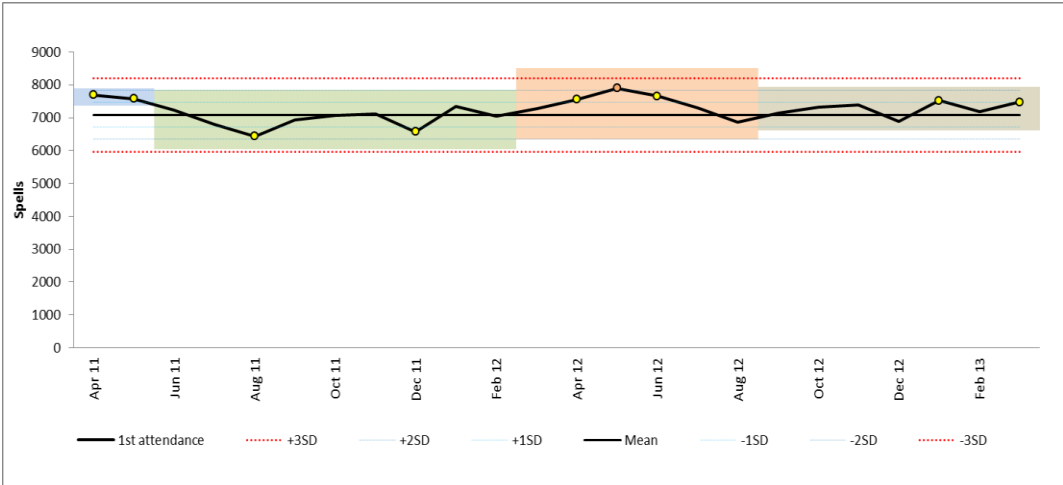
Year on year	Activity
Apr-Mar 2011-12	9,018
Apr-Mar 2011-12	7,579
Variance	-1,439
% Variance	-16%

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. Excludes Pocklington Practice*

# Secondary Care Activity Trends - Vale of York CCG at all Acute Providers

**Chart 5: Outpatient First Attendances**



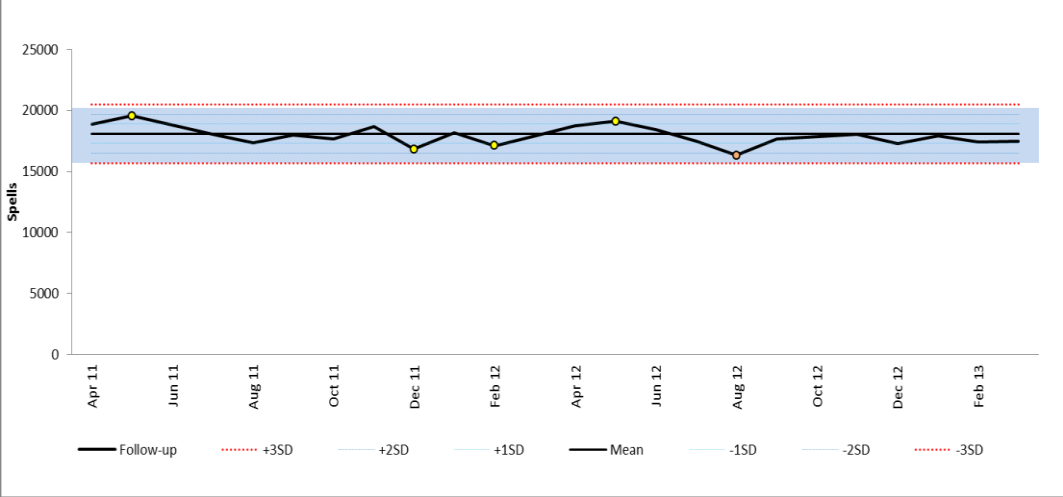
Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	6,594	7,211	7,581	6,801	6,742	7,251	7,061	7,465	6,256	7,336	7,054	7,630
2012-13	6,838	8,278	6,930	7,646	7,191	6,804	8,006	7,741	6,223	7,880	6,839	7,118

Year on year	Activity
Apr-Mar 2011-12	84,982
Apr-Mar 2011-12	87,494
Variance	2,512
% Variance	3%

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 providers.

*N.b. The trend analysis in chart 5 has been adjusted for working days.  
Excludes Pocklington Practice  
2012/13 includes data for therapies which was previously unavailable via SUS.*

**Chart 6: Outpatient Follow-up Attendances**



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	16,176	18,637	19,685	18,065	18,148	18,864	17,666	19,594	16,023	18,207	17,129	18,767
2012-13	16,954	20,015	16,692	18,314	17,111	16,844	19,564	18,886	15,660	18,770	16,592	16,629

Year on year	Activity
Apr-Mar 2011-12	216,961
Apr-Mar 2011-12	212,031
Variance	-4,930
% Variance	-2%

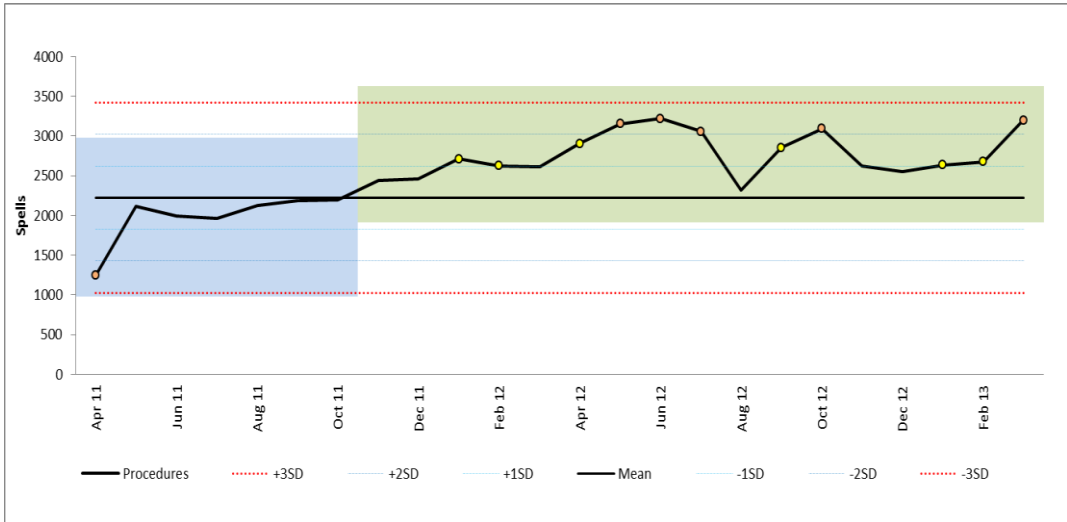
Chart 6 shows that there has been no statistically significant variation in activity trends since April 2011.

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.  
Excludes Pocklington Practice*

# Secondary Care Activity Trends - Vale of York CCG at all Acute Providers

**Chart 7: Outpatient Procedures**



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	1,071	2,016	2,093	1,961	2,225	2,290	2,200	2,557	2,342	2,715	2,626	2,736
2012-13	2,627	3,307	2,913	3,206	2,425	2,720	3,386	2,747	2,313	2,760	2,550	3,048

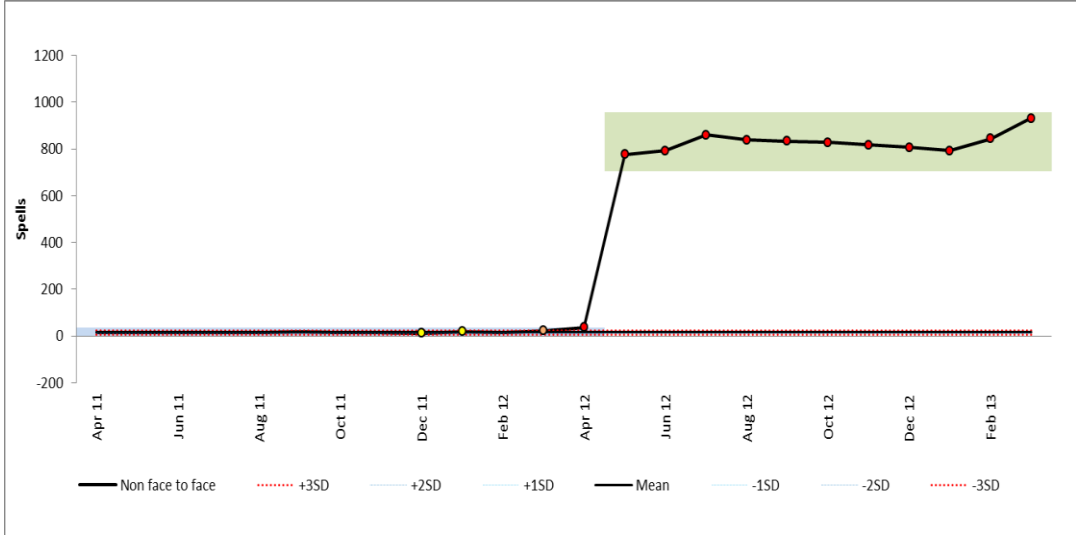
Year on year	Activity
Apr-Mar 2011-12	26,832
Apr-Mar 2011-12	34,002
Variance	7,170
% Variance	27%

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 providers developing the 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.

*Nb. The trend analysis in chart 8 has been adjusted for working days. Excludes Pocklington Practice*

**Chart 8: Outpatient Non Face to Face Attendances**



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	14	13	16	15	15	18	14	14	11	19	14	24
2012-13	34	813	716	900	879	793	907	856	730	830	803	886

Following the Payment by Results (PbR) Code of Conduct, York Foundation 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.

*Nb. The trend analysis in chart 8 has been adjusted for working days. Excludes Pocklington Practice*

**Quality, Innovation, Productivity and Prevention Schemes 2012-13**

**VALE OF YORK (Month 12)**

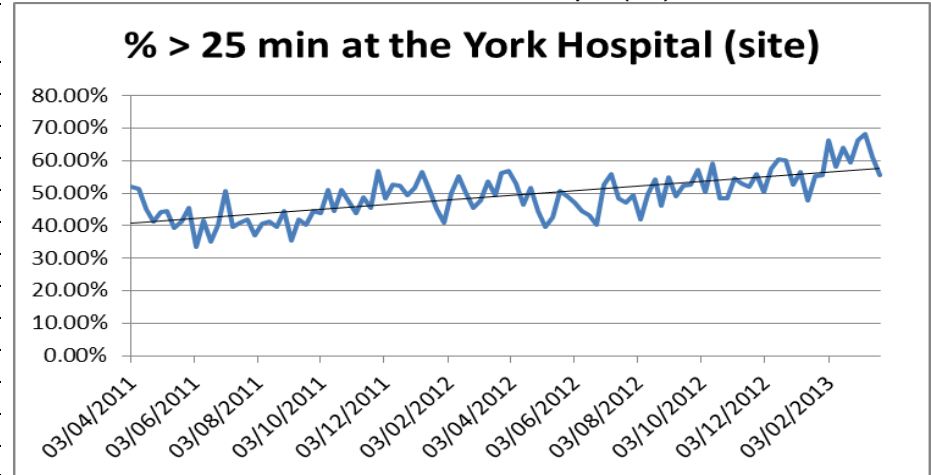
Ref	Scheme	Monthly				Year to date				Forecast Outturn (£000)	Annual Target (£000)	Milestone Performance	Engagement	Overall Risk		Comments
		Planned savings (£000)	Actual Savings (£000)	Variance (£000)	Variance %	Planned savings (£000)	Actual Savings (£000)	Variance (£000)	Variance %					RAG	change	
VoY01	Elective Care Pathways	£27,563	£10,000	-£17,563	-63.7%	£205,347	£77,040	-£102,688	-50.0%	£70,000	£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	£193,671	£147,000	-£46,671	-24.1%	£1,162,028	£957,896	-£110,789	-9.5%	£780,896	£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	£8,333	£13,557	£5,224	62.7%	£100,000	£112,284	£10,237	10.2%	£112,284	£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	£152,397	£80,000	-£72,397	-47.5%	£1,738,685	£727,761	-£815,429	-46.9%	£742,160	£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	£177,945	£111,214	-£66,731	-37.5%	£2,135,342	£1,176,538	-£892,468	-41.8%	£1,298,950	£2,135	Fair	Fair	Fair	●	Adjustment made for new to follow up ratios and consultant to consultant as per the contract. assumptions.
VoY07	Drug for Age-related Macular Degeneration (ARMD)	£248,132	£25,142	-£222,990	-89.9%	£1,488,793	£301,706	-£741,107	-49.8%	£301,706	£1,489	Fair	Fair	Poor	●	The scheme will continue to under deliver against the Age-related Macular Degeneration (ARMD) tariff changes as agreement made through System Management Executive (SME) not in line with QIPP
VoY08	Medicine Management	£40,500	£40,500	£0	0.0%	£485,811	£486,000	£0	0.0%	£486,000	£486	Good	Good	Good	●	Achieved
<b>TOTAL</b>		<b>£848,542</b>	<b>£427,413</b>	<b>-£421,129</b>	<b>-49.6%</b>	<b>£7,316,006</b>	<b>£3,839,225</b>	<b>-£2,652,244</b>	<b>-36.3%</b>	<b>£3,791,996</b>	<b>£7,316</b>	<b>Fair</b>	<b>Fair</b>	<b>Poor</b>	●	

# Appendix A - Yorkshire Ambulance Service (YAS) Turnaround Times York Site

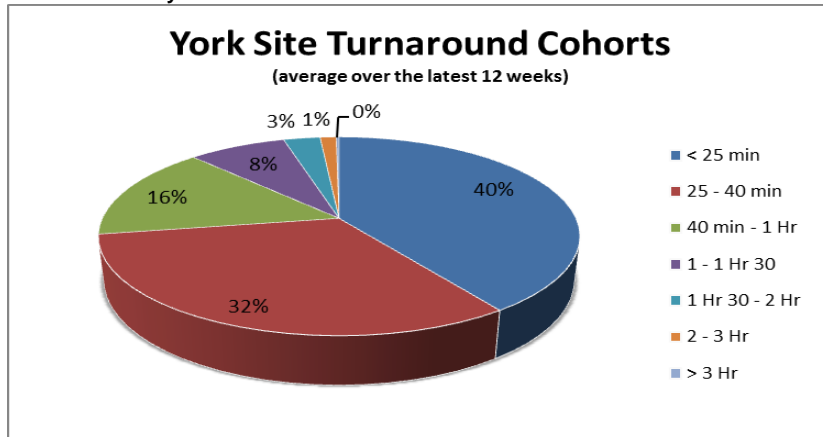
**Table 1:- Ambulance Turnaround Times at York Foundation Trust over the last 12 Weeks**

Week ending	< 25 min	25 - 40 min	40 min - 1 Hr	1 - 1 Hr 30	1 Hr 30 - 2 Hr	2 - 3 Hr	> 3 Hr	% > 25 min	Lost WTE's
24-Mar-13	244	181	70	37	15	3	0	56%	5.3
17-Mar-13	198	176	82	39	10	3	0	61%	5.3
10-Mar-13	163	191	112	35	6	5	0	68%	5.8
03-Mar-13	189	189	99	51	22	11	1	66%	8.2
24-Feb-13	215	176	77	38	13	13	0	60%	*
17-Feb-13	200	180	87	55	26	7	0	64%	7.8
10-Feb-13	220	161	85	35	18	4	1	58%	5.9
03-Feb-13	181	175	82	59	22	10	8	66%	9.2
27-Jan-13	199	126	60	36	18	7	2	56%	5.5
20-Jan-13	209	145	64	30	14	4	0	55%	*
13-Jan-13	232	137	56	16	2	1	0	48%	*
06-Jan-13	214	141	65	47	13	11	2	57%	6.6
<b>Average</b>	<b>205</b>	<b>165</b>	<b>78</b>	<b>40</b>	<b>15</b>	<b>7</b>	<b>1</b>	<b>60%</b>	<b>7</b>

**Chart 1:- Ambulance Turnaround - % > 25 min at York Hospital (site)**



**Chart 2:- January 2013 Turnaround Time Cohorts**



Turnaround times have a consequential impact on the ability of YAS to achieve their response times.

Table 1 shows the latest available 12 weeks of data relating to ambulance turnaround times at York Foundation Trust (York site only). During this period, an average of 60% of ambulances were not turned around within 25 minutes of arriving at the Accident and Emergency (A&E) department. The 'WTE's Lost' column shows the weekly number of Whole Time Equivalents of ambulance staff time that was lost due to a delay in turnaround times, based on the assumption that any ambulance waiting over 25 minutes is considered delayed, and for each ambulance there are two staff members.

Chart 1 provides a weekly time series of the percentage of ambulances being turned around in excess of 25 minutes from the hospital, and suggests that there is an upward trend of ambulances being delayed.

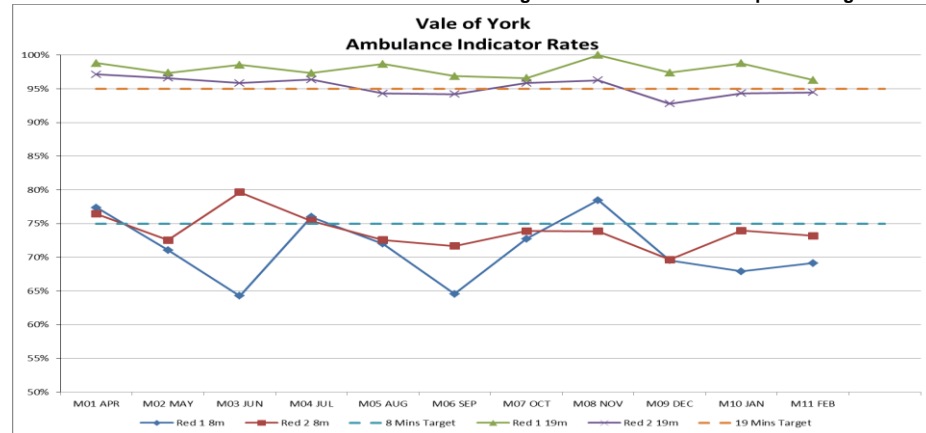
Chart 2 shows the time cohorts of ambulances which were available to be re-despatched within 25 minutes of arriving at the hospital.

## Appendix A - Yorkshire Ambulance Service (YAS) Response Times (VoY CCG)

**Table 1:- YAS Red 1 Category Breakdown**

Red 1	8 mins	19 mins	Total Red 1 Callouts	% within 8 mins (target 75%)	% within 19 mins (target 95%)	Crude Target (8 mins)	Crude Target (19 mins)	8 mins target under achieved by:-	19 mins target under achieved by:-
Apr-12	65	83	84	77%	99%	63	80	0	0
May-12	54	74	76	71%	97%	57	72	3	0
Jun-12	45	68	69	65%	99%	52	66	7	0
Jul-12	57	73	75	76%	97%	56	71	0	0
Aug-12	54	74	75	72%	99%	56	71	2	0
Sep-12	62	93	96	65%	97%	72	91	10	0
Oct-12	64	85	88	73%	97%	66	84	2	0
Nov-12	62	79	79	78%	100%	59	75	0	0
Dec-12	80	112	115	70%	97%	86	109	6	0
Jan-13	55	80	81	68%	99%	61	77	6	0
Feb-13	56	78	81	69%	96%	61	77	5	0

**Chart 1:- Red 1 and 2 Ambulance Call-outs Performance against 8 and 19 Minute Response Targets**



**Table 2:- YAS Red 2 Category Breakdown**

Red 2	8 mins	19 mins	Total Red 1's	% within 8 mins (target 75%)	% within 19 mins (target 95%)	Crude Target (8 mins)	Crude Target (19 mins)	8 mins target under achieved by:-	19 mins target under achieved by:-
Apr-12	827	1046	1082	76%	97%	812	1028	0	0
May-12	793	1049	1093	73%	96%	820	1038	27	0
Jun-12	803	965	1008	80%	96%	756	958	0	0
Jul-12	849	1083	1126	75%	96%	845	1070	0	0
Aug-12	757	974	1043	73%	93%	782	991	25	17
Sep-12	744	975	1038	72%	94%	779	986	35	11
Oct-12	833	1080	1127	74%	96%	845	1071	12	0
Nov-12	791	1029	1071	74%	96%	803	1017	12	0
Dec-12	849	1130	1219	70%	93%	914	1158	65	28
Jan-13	835	1064	1129	74%	94%	847	1073	12	9
Feb-13	702	906	959	73%	94%	719	911	17	5

**Chart 2:- Total number of Callouts Responded to Below Target**

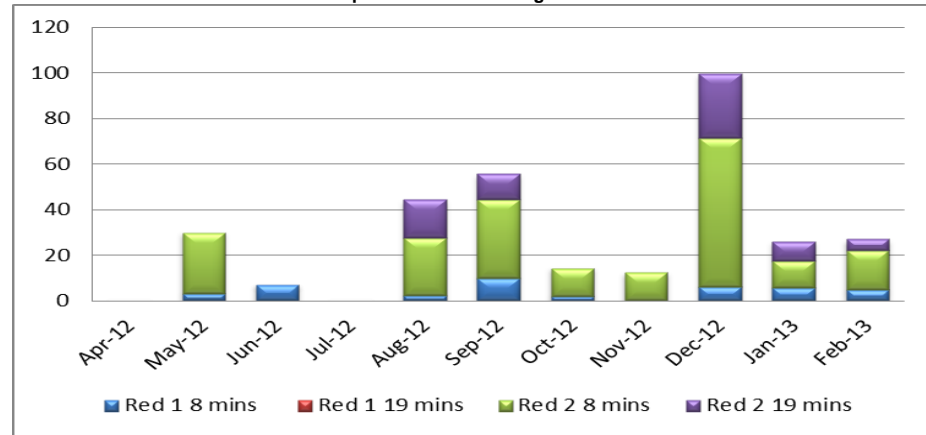


Chart 1 and tables 1 & 2 provide a time series in relation to the YAS performance during the previous financial year for citizens who have required an ambulance within the Vale of York geographical catchment area. The YAS Key Performance Indicators (KPI's) require ambulances to arrive at the scene to attend to citizens within 8 minutes for 75% of the callouts and 19 minutes for 95% of the callouts.

The red 1 category relates to situations in which citizens require an ambulance for immediately life threatening situations for which there are on average 84 occurrences per month. The data shows that during 12/13, YAS have failed to achieve the target on 41 separate occasions within 8 minutes, but have however attended all incidents within 19 minutes. The Red 2 category relates to non-life threatening situations for which there are on average 1081 occurrences per month. YAS have not achieved the 8 minute target for seven consecutive months, and have only achieved the 95% target six times over the past eleven months.

Chart 2 shows the total number of callouts for which the targets have been missed by each month.

## Appendix B - Admitted Patient Care Referral to Treatment (RTT Times)

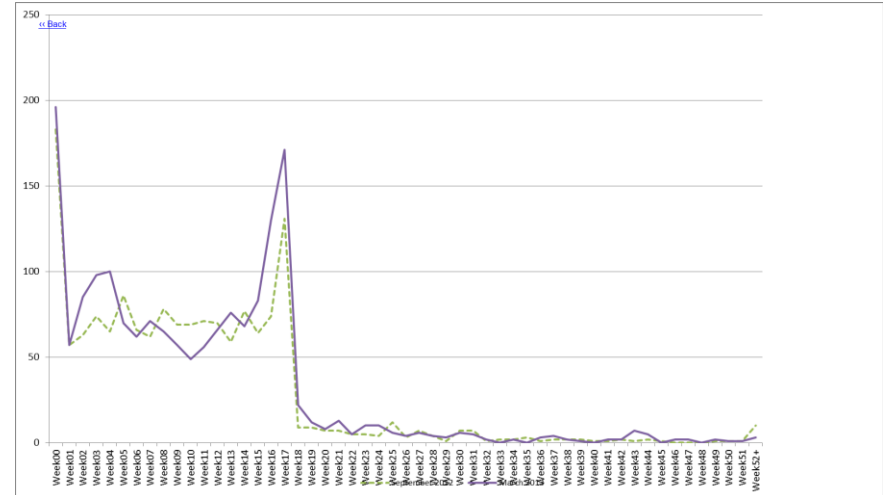
### 18 Weeks Referral To Treatment Summary (RTT) at York Foundation Trust

The following table shows that General Surgery, Urology and Gynaecology are the specialities which patients are waiting longer from referral to treatment as at March 2013 for admitted patients

Spec code	Spec name	TOTAL	< 18 weeks	>= 18 weeks	>= 30 weeks	>= 40 weeks	52+ weeks	Current Month Trajectory	% <18 weeks	% >=18 weeks	% Unknown
100	General Surgery	401	356	45	18	14	2	90.00%	88.78%	11.2%	0.5%
101	Urology	108	92	16	8	4	1	90.00%	85.19%	14.8%	0.9%
110	Trauma & Orthopaedics	293	274	19	4	1	0	90.00%	93.52%	6.5%	0.0%
120	Ear, Nose & Throat (ENT)	87	81	6	4	0	0	90.00%	93.10%	6.9%	0.0%
130	Ophthalmology	370	336	34	13	6	0	90.00%	90.81%	9.2%	0.0%
140	Oral Surgery	134	123	11	0	0	0	90.00%	91.79%	8.2%	0.0%
150	Neurosurgery	0	0	0	0	0	0	90.00%	0.00%	0.0%	0.0%
160	Plastic Surgery	1	1	0	0	0	0	90.00%	100.00%	0.0%	0.0%
170	Cardiothoracic Surgery	0	0	0	0	0	0	90.00%	0.00%	0.0%	0.0%
300	General Medicine	1	1	0	0	0	0	90.00%	100.00%	0.0%	0.0%
301	Gastroenterology	92	92	0	0	0	0	90.00%	100.00%	0.0%	0.0%
320	Cardiology	47	39	8	0	0	0	90.00%	82.98%	17.0%	0.0%
330	Dermatology	7	7	0	0	0	0	90.00%	100.00%	0.0%	0.0%
340	Thoracic Medicine	12	12	0	0	0	0	90.00%	100.00%	0.0%	0.0%
400	Neurology	0	0	0	0	0	0	90.00%	0.00%	0.0%	0.0%
410	Rheumatology	1	1	0	0	0	0	90.00%	100.00%	0.0%	0.0%
430	Geriatric Medicine	1	1	0	0	0	0	90.00%	100.00%	0.0%	0.0%
502	Gynaecology	107	96	11	4	2	0	90.00%	89.72%	10.3%	0.0%
X01	Other	53	48	5	1	0	0	90.00%	90.57%	9.4%	0.0%
Total		1,715	1,560	155	52	27	3	90.00%	90.96%	9.0%	0.0%

### Referral to Treatment Length of wait from referral to treatment at York Foundation Trust

As at March 2013, the number treated after 52 weeks represents 0.2% of the total number treated. 95% are treated within 24 weeks against the aim of 95%. The 95th percentile is currently 23.9 weeks.

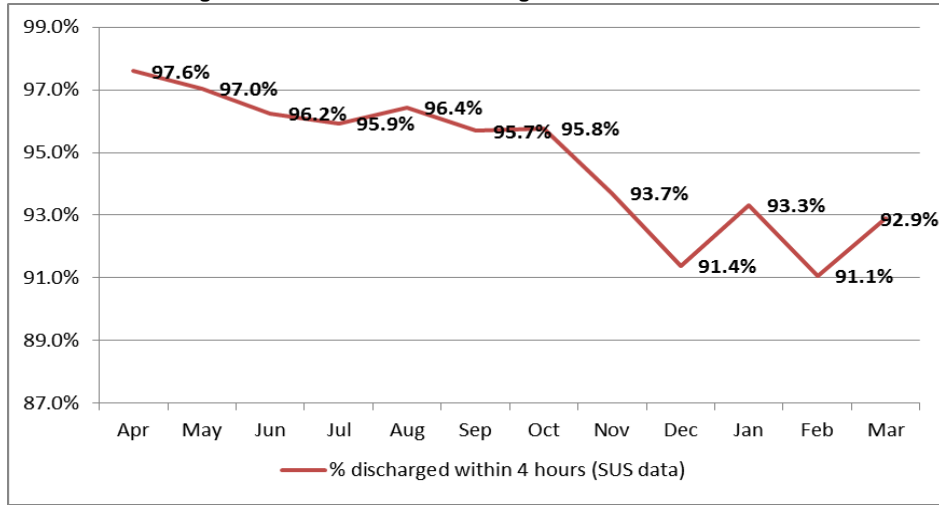


n.b. The above analysis and information is based on York Foundation Trust combined across the York and Scarborough hospital sites

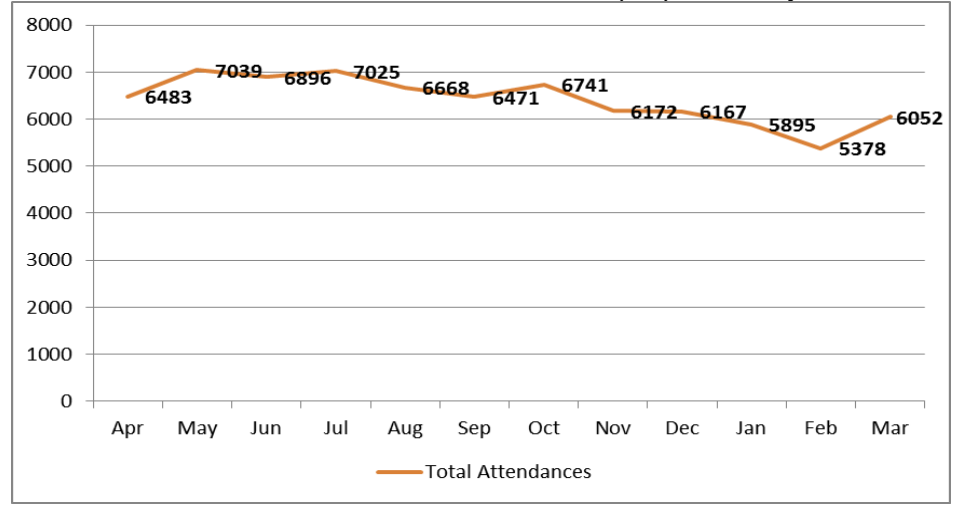


## Appendix C - Accident & Emergency (A&E) over 4 Hour Waits at York Foundation Trust (YFT)

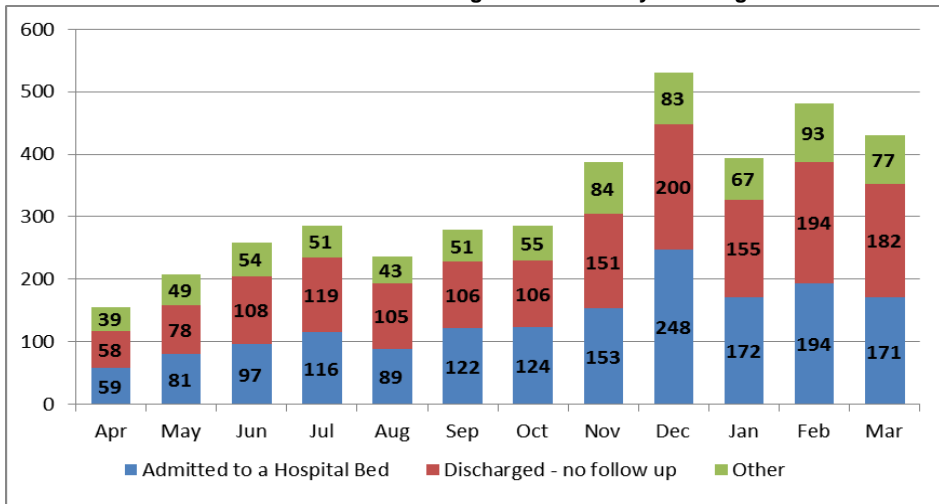
**Chart 14: Percentage of A&E Attendances Discharged within 4 Hours of Arrival**



**Chart 15: Total A&E Attendances at York Foundation Trust (YFT) Trend Analysis**



**Chart 16: Number of A&E Attendances Waiting over 4 Hours by Discharge Destination**



**Chart 17: Accident and Emergency Casemix**

