

INTEGRATED QUALITY AND PERFORMANCE EXCEPTION REPORT - **JANUARY 2015**

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Summary

			Current Performance	Target	Commentary
Unplanned Care	YAS	RED Combined Response Times (VoY CCG)	71.5% (December)	75%	All CCGs are working with YAS to monitor the trajectory against the remedial action plan. Unison are planning a series of strikes in the next few months and we will be seeking assurance on impact.
		% Handovers in 15 minutes (YTHFT)	71.6% (December)	100%	
	A&E	4 Hour Waiting Times	86.5% (December)	95%	Recruitment remains a challenge especially in A and E. The December figure of 86.5% for the VoY CCG shows a significant reduction in performance level, due to increased activity and acuity levels over Christmas and problems with bed capacity.
		12 hour breaches	2 (December)		There were 2 breaches on 29 th December, 1 at Scarborough and 1 at York. 7 additional breaches in January, 5 on the 5 th and 2 on the 9 th , all at York. See Christmas and New Year review section for additional details.

			Current Performance	Target	Commentary
Planned Care	Diagnostic Waiting Times		3.85% (December)	<1%	There were 141 breaches of the 6 week target in December, 133 of which occurred at York Trust. CT is a key concern with one scanner unavailable due to planned maintenance. Extra hours of work were planned for the remaining scanner but the number of acute patients requiring a CT increased substantially during December.
	RTT	18 Weeks - Admitted Pathway (Adjusted) – VoY CCG Level	89.96% (December)	90%	The cessation of elective activity over the Christmas period resulted in an increase of 46 patients on the admitted backlog. Elective TCIs due to bed shortages continues to be a problem with 84 TCIs on the York site in the first 11 days of January. The current 18 week incomplete pathways have reached a year-long high of 1861 patients not seen within 18 weeks (an increase from 1655 in November). York Trust December RTT admitted patients' performance is 83.8%, though within this the VoY CCG performance is 89%. This is despite significant backlogs within specific specialties. General surgery is now also emerging as a specialty with capacity problems.
		52 Week Breaches	0 (December)	0	There is a potential risk of 52 week breach in neurology in January, if additional capacity cannot be identified.

	Cancer	All 2 Week Waits	84.5% (November)	93%	Impacted by the increase in volume of skin cancer referrals. Work is ongoing to improve the skin cancer pathway. Changes to the RSS process for breast cancer referrals were implemented on 5 th December, data will be monitored over the coming months to assess the impact.
		Breast Symptomatic	82.0% (November)	93%	Target for VoY CCG was achieved in October for the first time since February 2014, subsequent drop in November to back below target.
	Delayed discharges from Health and Social Care		Bed Days: Health - 566 Social – 639 (November)	Government Priority: DTOCs are currently at 34 as at 21st January and additional funding has been released from the government to health and social care via CYC to identify a reduction of 25% in 2 weeks and 50% in 4 weeks. This will be monitored via NHSE on a weekly basis.	

Mental Health	Current Performance	Commentary
IAPT	4.1% (prevalence) 50.9% (recovery)	The overall prevalence rate has shown a drop from 4.9% in October to 4.1% in November, but there was improvement in recovery rate from 49.2% in October to 50.9% in November, exceeding the 50% target.

Special Report: York Hospital Christmas and New Year Period 2014/15

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST		Tue 23-Dec	Wed 24-Dec	Mon 29-Dec	Tue 30-Dec	Wed 31-Dec	Fri 02-Jan	Mon 05-Jan
A&E	A&E Closures	0	0	0	0	0	0	0
	A&E Divert	0	0	0	0	0	0	0
	Number of A&E Attendances	177	1142	208	183	375	686	227
	Number not seen within 4 hours	19	229	68	35	45	126	44
	% of A&E attendances seen within 4hrs	89.27%	79.95%	67.31%	80.87%	88.00%	81.63%	80.62%
	Trolley Waits - 4 to 12 hours	3	39	18	11	9	42	21
Urgent & Elective	Trolley Waits - 12 hours or greater	0	0	2	0	0	0	5
	Urgent operations cancelled for the 2nd or subsequent time in previous 24hrs	0	0	0	0	0	0	0
	Urgent operations cancelled in previous 24 hours	0	0	0	0	0	0	0
Ambulance Handovers	Number of elective operations cancelled in previous 24 hours	0	0	12	4	6	8	30
	Ambulance handover delays 30-60 mins	3	44	14	5	21	22	17
	Ambulance handover delays 1-2 hours	1	43	9	9	0	33	14
Bed Utilisation &	Ambulance handover delays 2 hours+	0	20	9	1	0	15	8
	Bed utilisation %	84.0%	92.2%	95.6%	94.4%	93.9%	98.4%	98.5%
	Number of beds closed due to D&V / norovirus like symptoms	22	22	12	6	0	0	5
	Of these beds closed, number unoccupied	21	3	0	0	0	0	0
	Number of beds unavailable due to delayed transfers of care	42	36	35	34	33	36	38

Key

% of A&E attendances seen within 4 hrs

Failing to achieve 95% 4 hour A&E target

Achieving 95% 4 hour A&E target

All other indicators

More than 0

Equal to 0

The data covers the period from Tuesday 23rd December 2014 to Monday 05th January 2015. Numbers for Wednesday 24th December include activity from 24th to 28th December inclusive, and numbers for Wednesday 31st December include activity from 31st December to 1st January inclusive. A&E numbers shown against all Fridays include activity from the subsequent Saturday and Sunday.

The number of calls offered to NHS 111 was unprecedented over the Christmas bank holiday weekend. Call volumes began to increase on Friday 26th December, and peaked with 11,329 calls being offered on Saturday 27th December when NHS 111 escalated to alert level 4. On an average weekend NHS 111 would plan for between 5000-6000 calls per day, and the increased volume of calls had an impact on the health services across Yorkshire and the Humber.

York Hospital was extremely busy over Christmas, particular on Friday 26th and Saturday 27th December. There were a large number of seriously ill patients and those requiring resus who were admitted.

Only 39% of ambulance handovers were achieved within the 15 minute target on 26th December, this increased slightly to 42% on 27th December. A number of other hospitals also struggled with ambulance handovers on these dates, including Scarborough, Hull, Friarage, Harrogate, Airedale, Doncaster and Pinderfields.

Monday 29th December was a challenging day with bed utilisation at 95.6% at York Hospital. The Trust began cancelling elective operations to create additional capacity for both A&E and GP admissions. The elective orthopaedic ward was opened as an escalation area, but the Trust had to declare two 12 hour breaches as there were no beds available to move patients out of A&E. A further 7 breaches have been declared subsequently in January 2015, however an investigation noted no harm, safety or quality issues arising. All patients received a full apology. Nurse staffing and sickness was also an issue. York Hospital held a Silver Command meeting to agree how best to manage the situation, and engage with partners across the Vale of York in order to facilitate patient discharges. There were 35 delayed transfers of care at York Hospital on this date.

The Trust remained on Red Alert for the week in between Christmas and New Yearth and elective operations had to be cancelled due to high bed occupancy. New Year's Eve was relatively quiet in A&E, getting busier again at the weekend.

On Monday 5th January York Hospital was in a worsening position and contemplated declaring a Major Incident. At one stage there were 29 patients waiting for beds and there was a concern that York would not be able to accommodate evening admissions. To compound matters, Scarborough Hospital declared a Major Incident at 13.00 on 5th January, which resulted in ambulance crews being diverted to York. This resulted in five 12 hour breaches in A&E. Ward 38 was opened as an escalation ward and York Hospital opened 14 additional community beds, including 9 at Malton Hospital. Staffing the escalation wards with nurses proved difficult for the Trust. All inpatient electives were cancelled for the week but some day surgery went ahead.

Scarborough, Hull, St James and LGI were also experiencing problems on 5th January, and the Area Team convened Regional and Yorkshire & Humber teleconference calls to assist in providing mutual aid.

On the evening of Monday 5th January Mike Proctor, Deputy Chief Executive at York Teaching Hospitals Foundation Trust, was interviewed on local radio and national television regarding the Major Incident at Scarborough Hospital. This resulted in a reduction in the number of attendances at York Hospital on Tuesday 6th January, and provided some welcome 'breathing space'.

Medical patients were outliers in surgical beds at York Hospital, so the Trust cancelled a planned audit day on 6th January so that every patient had a senior review, which helped to facilitate more discharges.

York Hospital were on Red Alert status throughout the Christmas and New Year period, and failed to meet the A&E 4 hour target of 95%. However, all parties agreed that in this pressured environment, patient care was the key priority, over and above achieving targets.

Age UK undertook a record number of patient journeys home from hospital last week, and worked closely with the RATS team to help prevent hospital admissions.

As at Monday 12th January 2015, York Hospital was still on Red Alert and under severe pressure. Patients admitted in A&E were acutely ill, and the Trust reported they were using more IV drugs than usual. 18 escalation beds were open at York plus the additional 14 community beds. There was no D&V on site, and ambulance handovers improved for the week 5-11 January when York Hospital achieved 70% within the 15 minute target and an average turnaround time of 22 minutes.

Section 1: Unplanned Care

1.1 Yorkshire Ambulance Service

1.1.1 Response Times

TABLE 1.1 – CCG Performance	Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Category A 8 minute response time (VoY CCG) Target >=75%	Red 1	76.1%	72.8%	58.8%	67.6%	65.7%	72.1%	71.6%	74.5%	70.1%
	Red 2	73.6%	73.9%	74.9%	74.4%	75.1%	77.5%	75.4%	73.8%	71.6%
	Red Combined	73.8%	73.8%	74.0%	73.9%	74.5%	77.1%	75.1%	73.8%	71.5%

TABLE 1.2 – YAS performance	Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Category A 8 minute response time (YAS) Target >=75%	Red 1	69.8%	69.6%	68%	69.2%	71.3%	68.7%	73.1%	71.5%	63.4%
	Red 2	70.6%	69.5%	68.4%	68.0%	70.3%	70.7%	73.9%	72.2%	60.4%
	Red Combined	70.6%	69.5%	68.4%	68.0%	70.4%	70.6%	73.8%	72.2%	60.6%

Vale of York did not achieve the 75% target for 8 minute performance in December, with a figure of 71.5%, however 75.9% of Red calls received a response within 9 minutes. 8 minute performance in the Vale of York is better than the overall YAS figure.

TABLE 1.3 – CCG Performance	Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Category A 19 minute response time (VoY CCG) Target >=95%	Red 1	90.8%	95.1%	95.3%	96.3%	97.0%	97.7%	97.7%	100%	95.4%
	Red 2	95.7%	94.9%	94.8%	93.5%	94.3%	95.2%	94.7%	93.6%	92.1%
	Red Combined	95.4%	94.9%	94.8%	93.7%	94.5%	95.4%	94.8%	94.0%	92.3%

TABLE 1.4 – YAS Performance	Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Category A 19 minute response time (YAS) Target >=95%	Red 1	97.2%	97.0%	96.7%	96.1%	96.9%	97.6%	97.8%	97.9%	95.9%
	Red 2	96.1%	95.8%	95.5%	95.0%	96.1%	96.4%	96.7%	96.5%	92.2%
	Red Combined	96.2%	95.9%	95.5%	95.1%	96.1%	96.5%	96.8%	96.6%	92.5%

Vale of York did not achieve the 95% target for 19 minute performance, with 92.5%. 95.2% of responses were within a 22 minute timeframe.

1.2.2 Handover Times

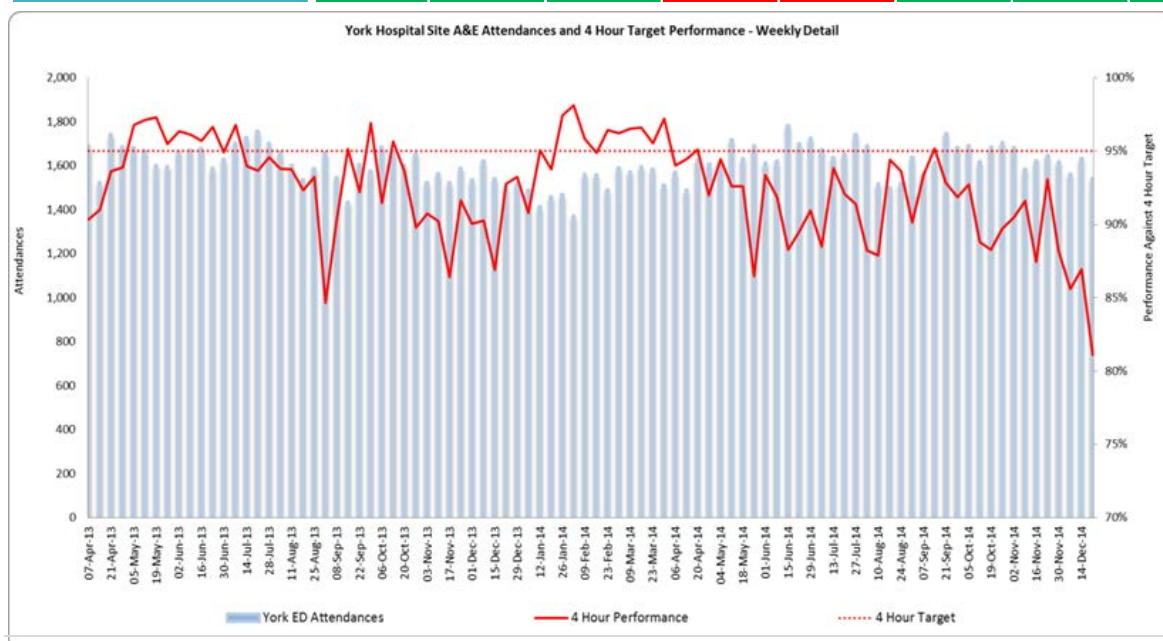
TABLE 1.5 – YAS Handover Performance	Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
% Handovers in <15 minutes (Target 100%)	Scarborough Hospital	72.0%	69.9%	65.8%	61.3%	61.3%	57.4%	60.1%	73.1%	70.0%
	York Hospital	83.4%	79.8%	83.1%	91.1%	89.8%	91.3%	89.2%	89.3%	72.7%
	YTHFT Total	78.6%	75.6%	75.6%	78.1%	77.7%	77.0%	77.3%	82.7%	71.6%

Following a number of consecutive months where YAS failed to meet contractual requirements in relation to expected service standards for red and green performance, commissioners with the agreement of YAS, asked the Good Governance Institute (GGI) to undertake a review and make recommendations to remedy these. The recommendations made by the GGI stretch across a wide range of topics including organisational leadership, middle management roles and responsibilities, reporting and management information, delivery mechanisms and development of a commercial strategy.

One of the proposals put forward addresses the turnaround of ambulances on conveyance to A&E; a proposal around 'self-handover' has been put forward to the CCG, however there are concerns about the governance, safety and management of this proposal within the team. Further discussions will be held.

1.3 Accident and Emergency (A & E)

TABLE 1.6	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
% of A&E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival – YTHFT (Target >=95%)	94.6%	94.3%	93.0%	93.0%	92.5%	92.5%	90.6%	90.2%	86.5%
12 hour trolley waits in A&E – YTHFT (Target <1)	0	0	0	1 (York)	1 (Scarb)	0	0	0	2



The A&E 4 hour target declined significantly in December as outlined above. This was not helped by nursing and medical vacancies. Equally this was not helped by a shortage of care home beds and/or social care placements (including a sudden withdrawal of care home beds by one provider on Christmas Eve).

Silver Command was mobilised and worked effectively to monitor and manage each day across the system. Likewise many of the SRG schemes were up and running, with a positive impact on resilience (notably the UCPs, the RATs extension and Age UK Transport Home schemes). An Urgent & Emergency Care Summit was held on 8th January to reflect on the urgent care activity over December, and to identify key activities and potential new schemes which could be explored and mobilised as a priority in Q4 in order to further address the recovery of urgent care and build resilience in the system. The Action Plan from this Summit will be ratified by the CIB/SRG group on 29th January. Additionally the CIB/SRG will also review every existing SRG scheme in order to validate the impact on the system and identify priority schemes for embedding across the system year-round from 1st April 2015.

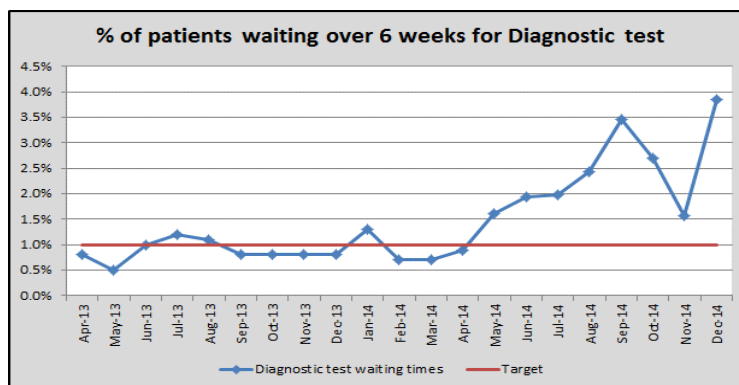
Key areas identified in the Urgent & Emergency Care Summit include:

- System wide workforce planning task and finish group
- Bringing discharge peaks down and earlier in the day
- Increasing expertise in managing blocked catheters
- Improving the flow and transport of GP referrals to AMU/ED
- Sharing of information around across the system (e.g. frequent flyers)

Section 2: Planned Care

2.1 Diagnostics

TABLE 2.1	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Diagnostic test waiting times - % of patients waiting over 6 weeks (VoY CCG) (Target <1.0%)	0.9%	1.6%	1.9%	2.0%	2.4%	3.4%	2.7%	1.6%	3.85%



York Trust as a provider achieved the diagnostics target in November with <1.0% of patients waiting over 6 weeks. However for the Vale of York CCG patients the target was not achieved. In November there were 67 breaches of the 6 week target, down from 95 in October. 2 of these breaches occurred at Leeds Teaching Hospitals NHS Trust, and the remaining 65 were at YTHFT. The main area of concern in November was non-obstetric ultrasound which accounted for 46 of the 67 breaches, however this has seen a consistent improvement with a reduction in number of breaches from 87 in September and 63 in October.

In December, there were 141 breaches of the 6 week target, equating to the figure of 3.85%. 133 of these breaches occurred at York Trust, with the remaining 8 split between Hull & East Yorkshire Hospitals Trust, Leeds Teaching Hospitals Trust, and Norfolk and Norwich University Hospitals Foundation Trust.

Non-obstetric ultrasound continues to improve with 38 breaches, down from 46 in November. A key area of concern for December is CT with 64 breaches, almost 11%. This is due to one of the CT scanners at York Trust being unavailable due to planned maintenance. Although extra hours of working were planned for the remaining scanner, the number of acute patients requiring a CT increased substantially during December and the acute work took priority.

December Diagnostics Detail – Vale of York CCG

Group	Diagnostics Name	Activity All Types	Total Waiting List	Waiting Over 6 weeks	Percent
Physiological Measurement	AUDIOLOGY_ASSESSMENTS	691	518	4	0.77%
	ECHOCARDIOGRAPHY	591	162	7	4.32%
	ELECTROPHYSIOLOGY	4	0	0	0%
	PERIPHERAL_NEUROPHYS	63	29	0	0%
	SLEEP_STUDIES	87	41	0	0%
	URODYNAMICS	17	46	0	0%
	Sub-Total	1,453	796	11	1.38%
Imaging	BARIUM_ENEMA	16	13	0	0%
	CT	1,609	586	64	10.92%
	DEXA_SCAN	23	118	0	0%
	MRI	1,256	584	7	1.2%
	NON_OBSTETRIC_ULTRASOUND	3,210	890	38	4.27%
	Sub-Total	6,114	2,191	109	4.97%
Endoscopy	COLONOSCOPY	253	188	0	0%
	CYSTOSCOPY	265	152	18	12.5%
	FLEXI_SIGMOIDOSCOPY	151	105	0	0%
	GASTROSCOPY	362	234	2	0.85%
	Sub-Total	1,031	679	21	3.09%
Total		8,598	3,666	141	3.85%

2.2.1 18 Week Waits

Monthly Referral to Treatment (RTT) waiting times for completed **admitted** pathways (on an adjusted basis). % within 18 weeks

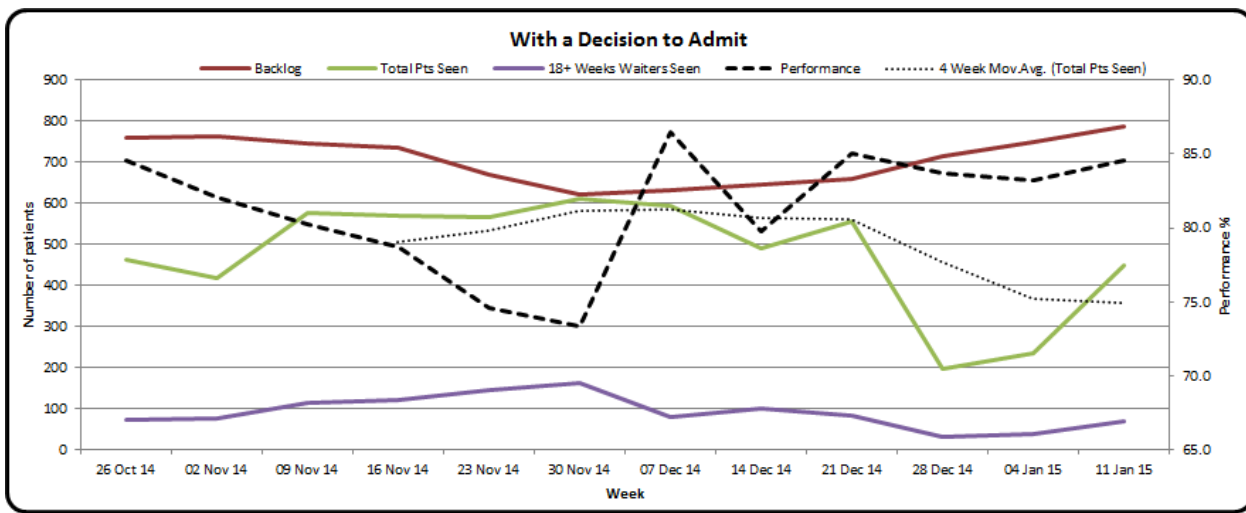
Treatment Function	Target	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Cardiology	90%	100.0%	93.3%	94.6%	83.7%	89.4%	98.0%
Cardiothoracic Surgery	90%	79.2%	61.1%	81.0%	65.0%	86.4%	78.6%
Dermatology	90%	100.0%	100.0%	85.7%	73.3%	81.8%	100.0%
ENT	90%	69.9%	51.4%	55.1%	65.0%	60.7%	77.8%
Gastroenterology	90%	100.0%	100.0%	100.0%	97.9%	100.0%	99.1%
General Medicine	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
General Surgery	90%	95.4%	96.9%	96.4%	95.4%	94.3%	96.4%
Geriatric Medicine	90%	-	-	-	-	-	-
Gynaecology	90%	89.6%	81.4%	78.4%	93.2%	87.9%	85.5%
Neurology	90%	-	100.0%	-	-	-	-
Neurosurgery	90%	100.0%	-	100.0%	-	-	100.0%
Ophthalmology	90%	89.3%	76.1%	70.8%	84.1%	69.9%	79.9%
Oral Surgery	90%	-	-	-	-	-	-
Other	90%	93.9%	76.9%	91.8%	88.1%	88.0%	91.2%
Plastic Surgery	90%	75.0%	73.3%	95.8%	95.0%	73.7%	93.3%
Respiratory Medicine	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Rheumatology	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Trauma & Orthopaedics	90%	95.0%	81.3%	89.8%	94.2%	92.8%	94.7%
Urology	90%	92.0%	83.9%	90.0%	88.2%	68.8%	77.4%
Total	90%	92.3%	83.7%	86.3%	89.6%	84.5%	90.0%

Monthly Referral to Treatment (RTT) waiting times for completed **non-admitted** pathways. % within 18 weeks

Treatment Function	Target	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Cardiology	95%	96.5%	96.6%	96.1%	95.0%	94.7%	95.2%
Cardiothoracic Surgery	95%	100.0%	66.7%	100.0%	83.3%	71.4%	100.0%
Dermatology	95%	95.5%	94.7%	93.5%	83.2%	82.5%	84.8%
ENT	95%	98.1%	97.1%	98.2%	97.6%	100.0%	97.6%
Gastroenterology	95%	96.1%	92.6%	93.8%	92.1%	96.8%	95.7%
General Medicine	95%	99.3%	97.3%	100.0%	96.3%	98.9%	97.9%
General Surgery	95%	98.7%	97.8%	97.2%	98.7%	98.6%	97.8%
Geriatric Medicine	95%	99.3%	97.3%	100.0%	99.3%	100.0%	100.0%
Gynaecology	95%	94.8%	99.0%	96.7%	99.2%	100.0%	99.3%
Neurology	95%	95.8%	94.5%	97.8%	96.9%	95.7%	97.6%
Neurosurgery	95%	100.0%	-	75.0%	100.0%	100.0%	75.0%
Ophthalmology	95%	97.5%	97.9%	97.3%	97.1%	98.9%	97.9%
Oral Surgery	95%	-	-	-	-	-	-
Other	95%	96.6%	97.8%	96.7%	97.6%	97.1%	96.4%
Plastic Surgery	95%	88.9%	96.3%	94.7%	92.6%	95.8%	95.7%
Respiratory Medicine	95%	82.1%	85.9%	84.4%	86.7%	91.4%	95.7%
Rheumatology	95%	88.0%	92.0%	89.7%	93.0%	94.1%	96.1%
Trauma & Orthopaedics	95%	97.2%	96.9%	96.0%	97.4%	96.9%	96.1%
Urology	95%	97.2%	96.2%	93.4%	94.8%	92.0%	96.2%
Total	95%	96.5%	96.4%	96.0%	95.3%	96.3%	96.2%

Monthly Referral to Treatment (RTT) waiting times for **incomplete** pathways. % within 18 weeks

Treatment Function	Target	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Cardiology	92%	96.7%	97.1%	95.0%	94.4%	97.0%	98.1%
Cardiothoracic Surgery	92%	89.5%	72.2%	71.8%	79.5%	71.3%	76.5%
Dermatology	92%	96.4%	96.3%	93.9%	91.5%	90.8%	94.9%
ENT	92%	90.2%	92.0%	93.1%	94.3%	94.1%	96.7%
Gastroenterology	92%	95.6%	95.0%	94.8%	95.4%	95.2%	96.3%
General Medicine	92%	99.2%	98.7%	98.0%	97.3%	96.8%	97.1%
General Surgery	92%	95.9%	96.1%	96.5%	95.5%	94.6%	94.8%
Geriatric Medicine	92%	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%
Gynaecology	92%	94.8%	94.8%	96.9%	97.1%	96.8%	96.8%
Neurology	92%	93.9%	96.3%	95.2%	94.9%	95.4%	94.5%
Neurosurgery	92%	93.9%	94.1%	91.7%	100.0%	97.4%	94.3%
Ophthalmology	92%	94.0%	93.9%	94.3%	94.0%	94.4%	94.2%
Oral Surgery	92%	-	-	-	100.0%	-	-
Other	92%	96.5%	96.1%	96.9%	97.3%	96.4%	95.7%
Plastic Surgery	92%	92.0%	94.2%	89.8%	84.9%	87.1%	89.1%
Respiratory Medicine	92%	92.4%	90.8%	91.8%	93.3%	92.4%	90.9%
Rheumatology	92%	94.5%	94.4%	94.8%	96.5%	94.7%	95.0%
Trauma & Orthopaedics	92%	94.3%	93.7%	95.4%	95.1%	96.1%	96.3%
Urology	92%	93.4%	92.0%	91.4%	88.1%	89.4%	92.1%
Total	92%	94.7%	94.6%	94.8%	94.5%	94.4%	95.2%



In November, the % of Vale of York CCG patients on completed admitted pathways (adjusted) who were seen within 18 weeks was 84.49% against a target of 90%, equating to 1558 patients out of 1844. ENT saw the lowest % of patients meeting the 18 week target with 60.67%, or 91 out of 150 patients. This was followed by Urology with 68.81% (75/109 patients) and Ophthalmology (232/332 patients). During November the RTT admitted backlog reduced by 156 patients from October. However, the impact of the cessation of elective activity (156 TCI cancellations in December) over the Christmas period resulted in an increase in 46 patients on the admitted backlog.

The December figure for the Vale of York CCG patients on completed admitted pathways (adjusted) seen at all providers within 18 weeks is 89.96%, or 1415 out of 1573 patients. Urology and ENT remained the lowest target specialty, with Urology at 77.39% or 89/115 patients, and ENT at 77.78%, or 70/90 patients.

The York Trust December performance for admitted patients is 83.8%, though within this the performance for VoY CCG patients is 89%. This is despite significant backlogs within specific specialties including: ophthalmology, neurology, rheumatology, dermatology, ENT & Max Fax (though ENT & Max Fax have managed to reduce their backlog slightly due to outsourcing activity over Christmas). General surgery is now also emerging as a specialty with capacity.

Elective TCIs due to bed shortages continues to be a problem, with 84 TCIs on the York site in the first 11 days of January.

The Planned Care Working Group met on the 21st January to review the November and December 2014 period and progress work streams around specific specialties with the most significant backlog issues. The impact of the unplanned care on planned care over the Christmas period has been great, with the current 18 week incomplete pathways reaching a year-long high of 1861 patients not seen within 18 weeks (an increase from 1655 in November). The previous highest level was 1650 patients in April 2013. The CCGs and Trust must now work closely to accurately plan the recovery of backlog activity during the remainder of Q4 in 2014/15, and plan and profile activity effectively given local capacity throughout 2015/16. This will require the CCG to identify and contract with additional providers to deliver sufficient capacity, as well as to proactively work with all providers through the System Resilience Group (SRG) to profile and phase activity throughout the year, including challenging holiday and winter periods. The SRG must also address critical and longer-term transformation around:

- Workforce development
- Pathway transformation in certain specialties (to this end work has already begun around reviewing the ophthalmology pathways in the VoY), and
- The role the CCG has to further support both the reduction in demand for acute services from primary care, and the delivery of 24/7 services with providers and primary care problems.

2.3 Cancer

	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14
All cancer 2 week waits (VoY CCG) (Target >=93%)	87.2%	86.2%	84.3%	90.2%	83.1%	81.3%	86%	84.5%
Breast Symptoms (cancer not suspected) 2 week waits (VoY CCG) (Target >=93%)	59.5%	54.3%	64.4%	84.2%	83.8%	92.5%	93.5%	82.0%

In October 2014, the percentage of patients meeting standard for the Vale of York CCG for all cancer 2 week waits was 86% against a target of 93%. This equates to 688 patients out of 800. In November 2014 the percentage dipped to 84.5%, or 707 patients out of 837.

The Trust has had problems with staffing in Dermatology, and the issue has been compounded with the increased volume of referrals. As at mid-January 2015, a new referral to Dermatology would be likely to wait until September 2015 for an appointment. A locum is now in place, and links are being made with Head and Neck as some patients should be seen there rather than by Dermatology. Work is ongoing between Dr Joan Meakins, the CCG and the Trust to make improvements to the skin cancer pathway, including the requirement to send a photograph with referrals.

Changes to the RSS process for breast cancer referrals were implemented on 5th December, so we will monitor the data over the coming months to assess the impact.

The target of 93% for breast symptoms 2 week waits was achieved for the Vale of York CCG in October 2014 for the first time since February 2014, with 116 out of 124 patients, or 93.5%, being seen within the target timeframe. In November 2014 the % fell to 82.0%, or 91 out of 111 patients. The non-compliance with this target was down to patient choice, as there was capacity in the clinics.

York Trust are reporting that they expect to fail Quarter 3, but are predicting to achieve target in Quarter 4.

	Target	Actual			Trajectory	
		Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15
Cancer urgent referrals: 2 weeks	93%	93.0%	86.1%	85.9%	90.0%	93.0%
Cancer urgent referrals: 2 weeks breast symptoms	93%	81.7%	45.6%	78.6%	93.0%	93.0%

Cancer by speciality – Vale of York CCG patients at York Teaching Hospital Foundation Trust:

VoY CCG - Cancer Two Week Wait with Provider (York Teaching Hospital Foundation Trust)	Q1 2014-15			Q2 2014-15			Nov-14		
	Total referrals	Seen within 14 days	% meeting standard	Total referrals	Seen within 14 days	% meeting standard	Total referrals	Seen within 14 days	% meeting standard
Tumour type									
Suspected brain/central nervous system tumours	2	2	100.0%						
Suspected breast cancer	372	220	59.1%	351	315	89.7%	149	134	89.9%
Suspected children's cancer	8	7	87.5%	6	5	83.3%	1	1	100.0%
Suspected gynaecological cancer	136	131	96.3%	160	154	96.3%	60	59	98.3%
Suspected haematological malignancies (excluding acute leu	7	7	100.0%	12	12	100.0%	2	2	100.0%
Suspected head & neck cancer	242	229	94.6%	215	203	94.4%	82	80	97.6%
Suspected lower gastrointestinal cancer	350	323	92.3%	337	316	93.8%	153	140	91.5%
Suspected lung cancer	60	53	88.3%	63	60	95.2%	16	16	100.0%
Suspected other cancer	12	12	100.0%	13	13	100.0%	3	3	100.0%
Suspected skin cancer	451	383	84.9%	578	352	60.9%	118	27	22.9%
Suspected testicular cancer	15	14	93.3%	14	11	78.6%	4	4	100.0%
Suspected upper gastrointestinal cancer	256	240	93.8%	265	248	93.6%	105	103	98.1%
Suspected urological malignancies (excluding testicular)	320	295	92.2%	308	281	91.2%	124	119	96.0%
All types	2231	1916	85.9%	2322	1970	84.8%	817	688	84.2%

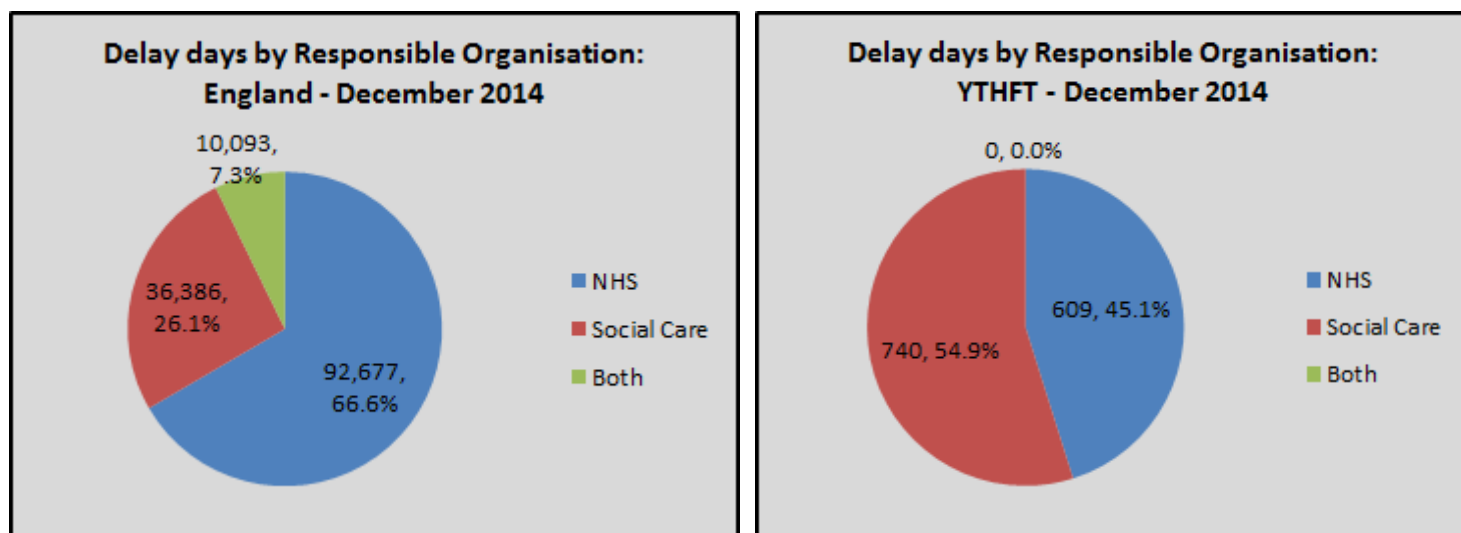
2.4 Delayed Transfers of Care

Bed days delayed by responsible organisation figures:

TABLE 2.4	England								
	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
NHS	79,458 (68.2%)	86,949 (68.4%)	84,055 (68.3%)	89,779 (67.7%)	91,833 (66.4%)	92,861 (67.3%)	94,874 (66.3%)	92,924 (66.5%)	92,677 (66.6%)
Social Care	29,084 (25.0%)	31,745 (25.0%)	30,639 (24.9%)	34,048 (25.7%)	37,160 (26.9%)	35,796 (25.9%)	38,311 (26.8%)	37,004 (26.5%)	36,386 (26.1%)
Both	7,929 (6.8%)	8,345 (6.6%)	8,387 (6.8%)	8,875 (6.7%)	9,209 (6.7%)	9,411 (6.8%)	9,933 (6.9%)	9,730 (7.0%)	10,093 (7.3%)

TABLE 2.5	York Teaching Hospitals NHS Foundation Trust								
	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
NHS	400 (54.9%)	555 (51.2%)	593 (40.8%)	674 (43.6%)	636 (55.1%)	592 (49.7%)	437 (36.0%)	566 (47.0%)	609 (45.1%)
Social Care	316 (43.4%)	508 (46.9%)	767 (52.7%)	872 (56.4%)	518 (44.9%)	598 (50.3%)	777 (64.0%)	639 (53.0%)	740 (54.9%)
Both	12 (1.6%)	20 (1.8%)	95 (6.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

Chart 2.1 – Delayed Discharges by Responsible Organisation:



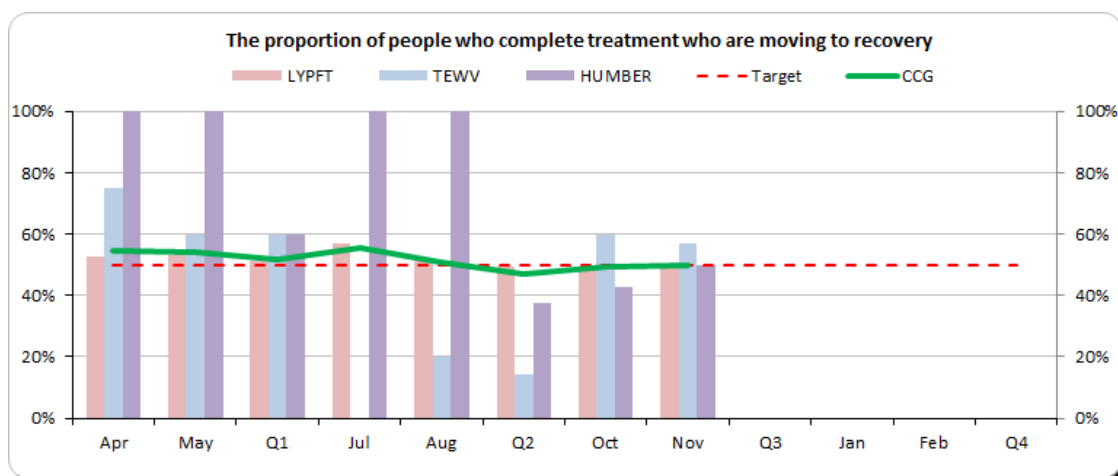
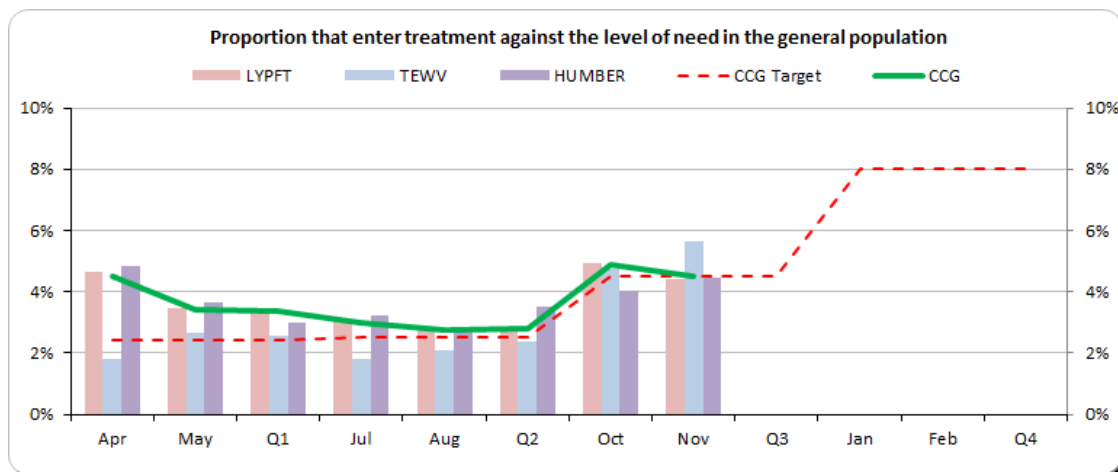
Over several months North Yorkshire County Council (NYCC) and the City of York Council (CYC) have been struggling to provide sufficient hours for re-ablement and home care. In November and December more than one provider gave notice to both councils to reduce the number of care hours available. This has impacted on delayed transfers of care and patient flow from both acute and non-acute beds.

Equally we are still very much aware that although the Trust have implemented their choice and discharge policy highlighting that patients fit for discharge should return home or to placement as quickly as possible, sometimes patients choose to remain in hospital whilst working through choice issues with regard to alternative placements, which can cause beds to be blocked for patients requiring admission.

DTOCs are currently at 34 as at 21st January. New assurance from the Secretary of State and NHSE has now been issued which requires a reduction of 25% in 2 weeks and 50% in 4 weeks. Weekly teleconference and reporting mechanisms are being put in place and a grant has been provided to facilitate this improvement to CYC.

Section 3: Mental Health

3.1 IAPT



IAPT performance has decreased from 4.9% in October to 4.1% in November, however there has been an improvement in recovery rates from 49.2% in October to 50.9% in November. Rolling Quarter 3 performance (combining October and November) lies at 4.5% and 50.0% respectively. Provider breakdown shows:

- TEWV saw an improvement in IAPT from 4.7% in October to 6.5% in November. There was a 10% fall in recovery from 60% to 50%.
- HUMBER are newly included in the analysis, and saw an improvement in IAPT from 4.0% to 4.9% October to November. Additionally there was a 17% improvement in recovery from 42.9% to 60.0%.
- LYPFT provide nearly 90% of the CCG activity, data for the Q3 period is shown below:

LYPFT only	Actual		Target	
	Oct	Nov	Dec	Q3
Number Entering Treatment	123	96	154	373
Prevalence Rate	4.9%	3.9%	6.2%	5.0%
Recovery Rate	49.1%	50.0%	51.0%	50.0%

October and November are the actual figures provided, those entered in December are forecast to achieve the 5% Q3 prevalence and 50% recovery targets. The CCG and PCU have agreed a contract variation with LYPFT to increase activity relating to IAPT for 2014/15 and 2015/16.

If the Q3 target of 5% is not achieved, a monetary penalty will be enforced. November saw a 1% decline in the prevalence rate from 4.9% to 3.9%, but an improvement in recovery to 50% and therefore meeting target.