Core Performance Dashboard
Summary Position

March 2014

Performance Summary:

For the month of January 2013, there were 27 Key Performance Indicators (KPIs) against which performance was rated, with 9 KPI's underachieving against the target. The tables below provide a high level summary in relation to the exceptions:

18

6

3

Under performance Key Performance Indicators:

1	Target	Achieve-ment	RAG rating	Comments
Diagnostic test waiting times	1%	1.3%	Amber	Performance of 1.33% against a target of 1%. 58 were seen after 6 weeks out of a total of 4370. York was the main provider who breached this target with Leeds and South Tees contributing small numbers. Of the 55 patients at York, 51 were Cystoscopies, the other 4 were made up of Echocardiology, Colonoscopy, Gastroscopy and Urodynamics. South Tees had 2 Neurophysiology and Leeds had a Gastroscopy. This target was met in quarter 2 & quarter 3.

2	Target	Achieve-ment	RAG rating	Comments
All Cancer 2 week waits	93%	88.4%	Amber	Performance of 88.4% against a target of 93%. 639 were seen within 14 days out of 723. York was the main provider who breached this target. There were 84 patients who waited over 14 days. Nearly half was for suspected gynaecological cancer, 10 suspected skin cancer, 15 urological malignancies. The remainder spread across 5 other cancers. Delay reasons were: over half were delayed due to outpatient capcity being inadequate, no radiographer available and the rest was down to patient choice in rebooking appointment to a move convenient date. This target was met in the previous three quarters, it is unusal to breach.

3	Target	Achieve-ment	RAG rating	Comments
Cancer day 31 day Surgery	94%	90.9%	Amber	Performance of 90.9% against a target of 94%. 30 were seen within 31 days out of 33. York and Leeds were the main providers who breached this target. There were 3 patients who waited over 31 days for surgery. Delay reasons were: 2 patients delayed due to capacity and bed shortage and the other was due to Christmas break and not being escalated further. This target was met in the previous three quarters.

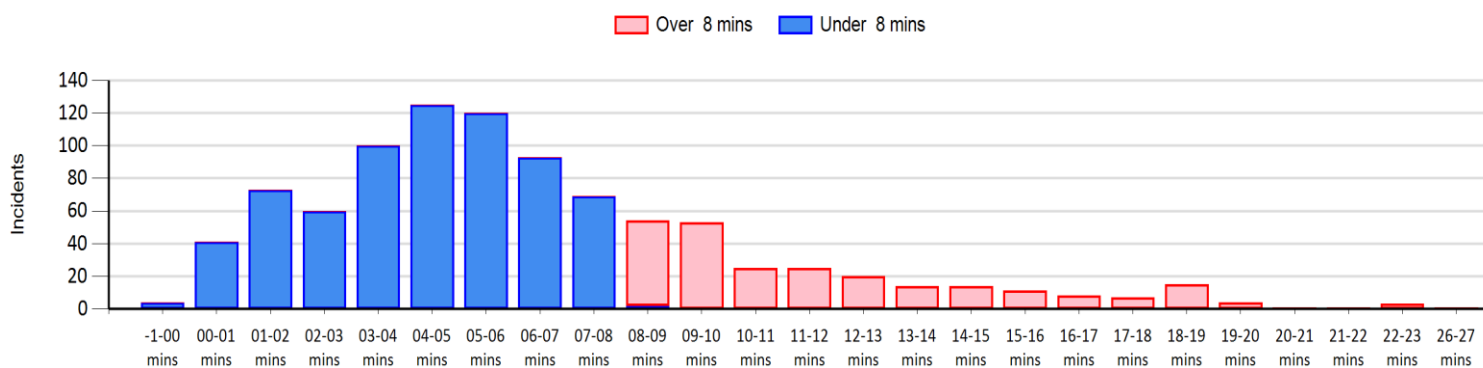| 4	Target	Achieve-ment	RAG rating	Comments
Cancer day 31 day Radiotherapy	94%	92.6%	Amber	Performance of 92.6% against a target of 94%. 50 were seen within 31 days out of 54. Leeds was the main provider who breached this target. Delay reasons were: OP and machine capacity and provider delay. This target was met in the previous three quarters.

5	Target	Achieve-ment	RAG rating	Comments
% 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)	85%	77.9%	Red	Performance of 77.9% against a target of 85%. 53 were seen within 62 days out of 68. York was the main provider who breached this target with Harrogate contributing a single patient. There were 14 patients who waited over 62 days. 6 were Lower Gastrointestinal and 4 Urological. The remainder made up of 4 other cancers. Delay reasons were: most delays were clincial reasons and some capciaty and a few patient choice to rebook. This target was met in the previous three quarters. Only previous breach was Dec 2013.

6	Target	Achieve-ment	RAG rating	Comments
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	90%	88.9%	Amber	Performance of 88.9% against a target of 90%. 8 were seen within 62 days out of 9. Delay reason: patient choice to delay colonoscopy combined with clinical decision which required a PET scan. This target was met in the previous three quarters.

7	Target	Achieve-ment	RAG rating	Comments
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG)	75%	64.2%	Red	Performance of 64.2% against a target of 75%. 61 Red 1 calls were responded to within 8 minutes out of 95. An assurance Executive to Executive Team meeting arranged (April 2014). As a service YAS (Yorkshire Ambulance Service) meets this target.

Red 1 999 Calls reponded to within 8 mins by Time Band

Minimum of 75% in 2013-14 | 73.76% responded to within 8 mins | Longest response 00:27:18

8	Target	Achieve-ment	RAG rating	Comments
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG)	75%	71.60%	Amber	Performance of 71.6% against a target of 75%. 876 Red 1 calls were responded to within 8 minutes out of 1223. As a service YAS (Yorkshire Ambulance Service) meets this target.

Red 2 999 Calls reponded to within 8 mins by Time Band

Minimum of 75% in 2013-14 | 73.35% responded to within 8 mins | Longest response 00:58:33
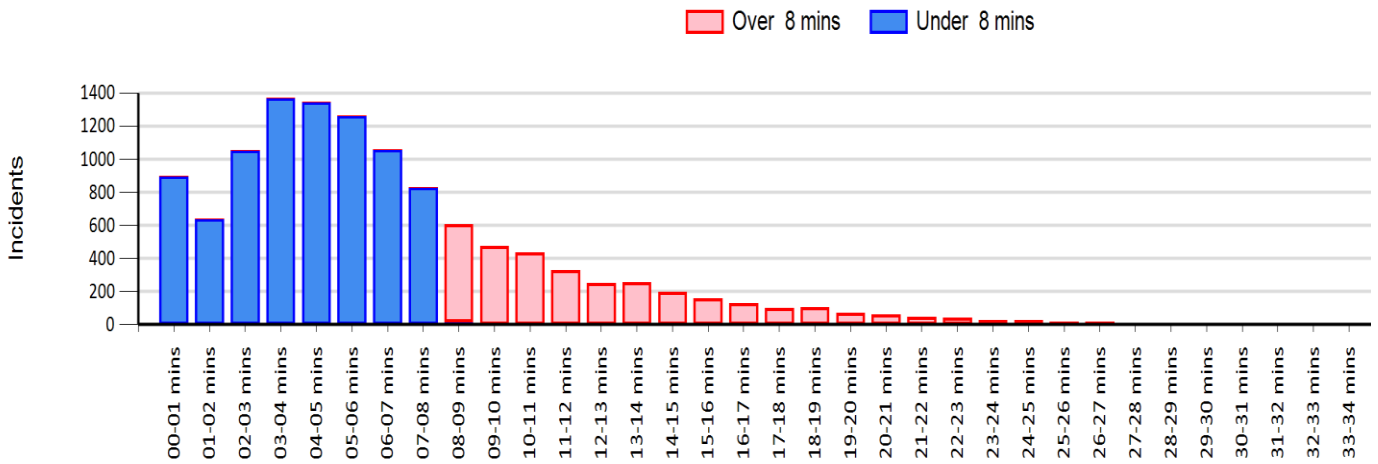
Red 1 and Red 2 Within 8 mins by Rurality

4
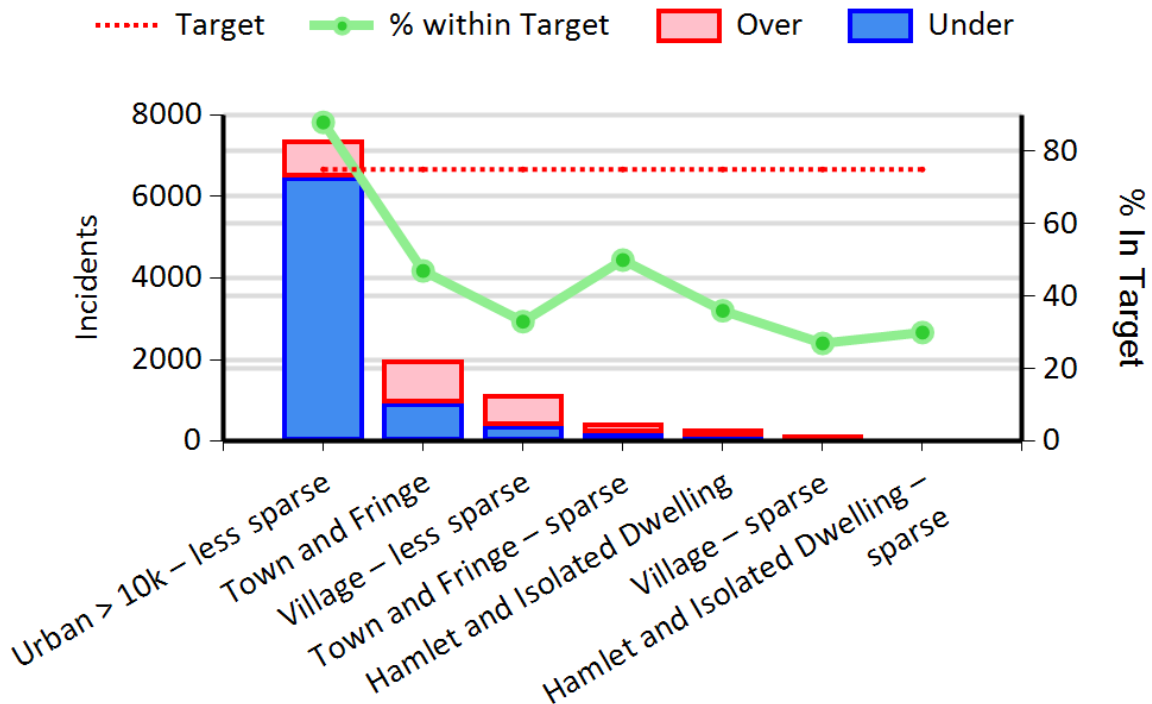
Red 1 and Red 2 Within 8 mins by Month
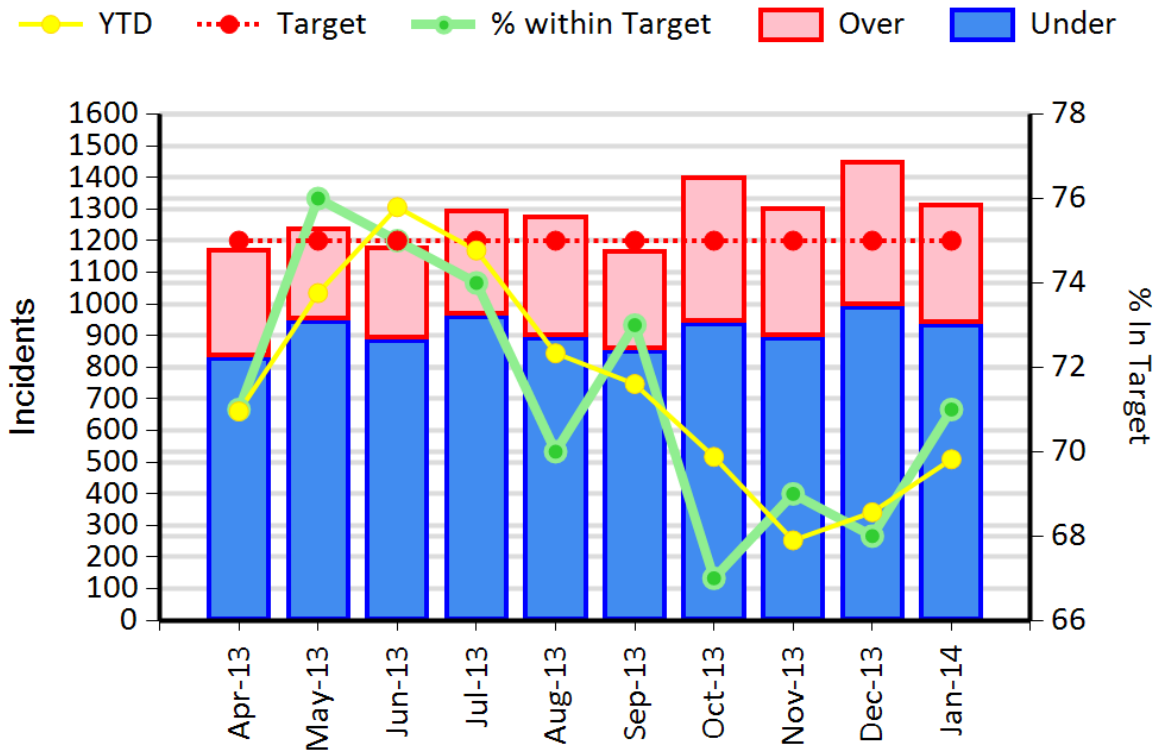
9	Target	Achieve-ment	RAG rating	Comments
% of people who have depression and/or anxiety disorders who receive psychological therapies	4.1%	1.6%	Red	Performance of 1.6% against a target of 4.1%. 41 people with depression receiving psychological therapies out of 2605. Data produced by HSCIC from the IAPT dataset.

NHS Constitution 13/14 - Vale of York CCG

Generated on: 11 March 2014

NHS

North Yorkshire and Humber Commissioning Support Unit

NHS Constitution

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

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 13/14	Jul 2013	Aug 2013	Sep 2013	Q2 13/14	Oct 2013	Nov 2013	Dec 2013	Q3 13/14	Jan 2014	Feb 2014	Mar 2014	Q4 13/14	13/14	Direction of Travel
Referral to Treatment pathways: admitted	CCG	90.0%	91.9%	91.9%	91.8%	91.8%	90.7%	91.4%	91.7%	91.2%	92.7%	91.2%	92.5%	92.1%	91.4%			91.4%	91.7%	⬇
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%	96.2%	96.7%	96.2%	96.1%			96.1%	96.1%	⬇
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%	92.8%	93.3%	93.3%	93.9%			93.9%	93.9%	⬆
Number of >52 week Referral to Treatment in Admitted Pathways	CCG	0	2	5	1	8	1	0	1	2	0	0	0	0	0			0	10	▬
Number of >52 week Referral to Treatment in Non-admitted Pathways	CCG	0	0	2	0	2	0	0	1	1	0	0	0	0	0			0	3	▬
Number of >52 week Referral to Treatment in Incomplete Pathways	CCG	0	1	2	2	2	2	3	1	1	0	0	0	0	0			0	0	▬

02 - Diagnostic test waiting times

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 13/14	Jul 2013	Aug 2013	Sep 2013	Q2 13/14	Oct 2013	Nov 2013	Dec 2013	Q3 13/14	Jan 2014	Feb 2014	Mar 2014	Q4 13/14	13/14	Direction of Travel
Diagnostic test waiting times	CCG	1.0%	0.8%	0.5%	1.0%	1.0%	1.2%	1.1%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	1.3%			1.3%	1.3%	⬇

03 - A&E waits

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 13/14	Jul 2013	Aug 2013	Sep 2013	Q2 13/14	Oct 2013	Nov 2013	Dec 2013	Q3 13/14	Jan 2014	Feb 2014	Mar 2014	Q4 13/14	13/14	Direction of Travel
A&E waiting time - total time in the A&E department, SitRep data	% of YFHT & HaDFT activity (CCG weighted)	95.0%	94.7% ⚠	97.1% ✓	96.9% ✓	96.3% ✓	94.9% ⚠	93.6% ⚠	93.6% ⚠	94.0% ⚠	94.1% ⚠	92.6% ⚠	93.3% ⚠	93.4% ⚠	95.5% ✓			95.5% ✓	94.7% ⚠	⬆
A&E Attendances - Total, SitRep data	% of YFHT & HaDFT activity (CCG weighted)		6,700 ▬	8,412 ▬	7,214 ▬	22,327 ▬	7,918 ▬	9,657 ▬	6,875 ▬	24,450 ▬	8,665 ▬	6,608 ▬	6,498 ▬	21,772 ▬	7,579 ▬			7,579 ▬	76,127 ▬	▬
A&E Attendances - Type 1, SitRep data	% of YFHT & HaDFT activity (CCG weighted)		4951 ▬	6158 ▬	4930 ▬	16039 ▬	5310 ▬	6311 ▬	4709 ▬	16330 ▬	6070 ▬	4624 ▬	4538 ▬	15233 ▬	5368 ▬			5368 ▬	52970 ▬	⬇
12 hour trolley waits in A&E - York	YFT (Trust wide)	1	0 ✓	0 ✓	0 ✓	0 ✓	1 🔴	0 ✓	0 ✓	1 🔴	0 ✓	0 ✓	0 ✓	0 ✓	0 ✓			0 ✓	1 🔴	▬

04 - Cancer waits - 2 week wait

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 13/14	Jul 2013	Aug 2013	Sep 2013	Q2 13/14	Oct 2013	Nov 2013	Dec 2013	Q3 13/14	Jan 2014	Feb 2014	Mar 2014	Q4 13/14	13/14	Direction of Travel
All Cancer 2 week waits	CCG	93.0%	95.4% ✓	94.3% ✓	95.4% ✓	94.9% ✓	95.2% ✓	91.9% ⚠	93.7% ✓	93.5% ✓	98.0% ✓	95.1% ✓	96.3% ✓	96.5% ✓	88.4% ⚠			88.4% ⚠	94.3% ✓	⬇
Breast Symptoms 2 week waits	CCG	93.0%	96.4% ✓	97.5% ✓	92.4% ⚠	95.4% ✓	91.2% ⚠	91.8% ⚠	96.8% ✓	94.0% ✓	98.5% ✓	92.3% ⚠	99.0% ✓	96.5% ✓	97.5% ✓			97.5% ✓	95.6% ✓	⬆

05 - Cancer waits - 31 days

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 13/14	Jul 2013	Aug 2013	Sep 2013	Q2 13/14	Oct 2013	Nov 2013	Dec 2013	Q3 13/14	Jan 2014	Feb 2014	Mar 2014	Q4 13/14	13/14	Direction of Travel
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% ✓	99.3% ✓	97.6% ✓	98.4% ✓	96.3% ✓			96.3% ✓	98.3% ✓	⬇

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 13/14	Jul 2013	Aug 2013	Sep 2013	Q2 13/14	Oct 2013	Nov 2013	Dec 2013	Q3 13/14	Jan 2014	Feb 2014	Mar 2014	Q4 13/14	13/14	Direction of Travel
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% ⚠️	100% ✅	96.0% ✅	96.2% ✅	90.9% ⚠️			90.9% ⚠️	95.8% ✅	⬇️
Cancer day 31 waits: subsequent cancer treatments-anti cancer drug regimens	CCG	98.0%	100% ✅	97.9% ⚠️	100% ✅	99.4% ✅	100% ✅	98.0% ⚠️	100% ✅	99.4% ✅	100% ✅	100% ✅	100% ✅	100% ✅	100% ✅			100% ✅	99.7% ✅	➖
Cancer day 31 waits: subsequent cancer treatments-radiotherapy	CCG	94.0%	97.6% ✅	100% ✅	100% ✅	98.5% ✅	100% ✅	100% ✅	97.7% ✅	99.3% ✅	100% ✅	91.3% ⚠️	93.9% ⚠️	95.7% ✅	92.6% ⚠️			92.6% ⚠️	97.2% ✅	⬇️

06 - Cancer waits - 62 days

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 13/14	Jul 2013	Aug 2013	Sep 2013	Q2 13/14	Oct 2013	Nov 2013	Dec 2013	Q3 13/14	Jan 2014	Feb 2014	Mar 2014	Q4 13/14	13/14	Direction of Travel
% 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% ✅	86.3% ✅	87.1% ✅	88.2% ✅	90.1% ✅		89.5% ✅	89.3% ✅	83.1% ⚠️	87.5% ✅	77.9% 🛑			77.9% 🛑	85.7% ✅	⬇️
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	CCG	90.0%	100% ✅	100% ✅	100% ✅	100% ✅	100% ✅	75.0% 🛑	100% ✅	87.5% ⚠️	100% ✅	91.7% ✅	92.9% ✅	95.2% ✅	88.9% ⚠️			88.9% ⚠️	93.7% ✅	⬇️
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% ✅	- ▬	100% ✅	100% ✅	100% ✅	- ▬	- ▬	100% ✅	100% ✅			100% ✅	100% ✅	➖

07 - Category A ambulance calls

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 13/14	Jul 2013	Aug 2013	Sep 2013	Q2 13/14	Oct 2013	Nov 2013	Dec 2013	Q3 13/14	Jan 2014	Feb 2014	Mar 2014	Q4 13/14	13/14	Direction of Travel
Ambulance clinical quality – Cat A (Red 1) 8 min response time	CCG	75.0%	66.7% 🔴	72.5% 🟡	71.8% 🟡	70.4% 🟡	74.2% 🟡	73.2% 🟡	82.5% 🟢	76.5% 🟢	75.0% 🟢	71.1% 🟡	72.1% 🟡	72.8% 🟡	64.2% 🔴			64.2% 🔴	72.5% 🟡	⬇
Ambulance clinical quality – Cat A (Red 1) 8 min 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% 🟢	76.2% 🟢	72.7% 🟡	76.2% 🟢	76.4% 🟢			76.4% 🟢	78.2% 🟢	⬆
Ambulance clinical quality – Cat A (Red 2) 8 min response time	CCG	75.0%	71.3% 🟡	76.7% 🟢	75.4% 🟢	74.5% 🟡	74.4% 🟡	69.9% 🔴	72.3% 🟡	72.2% 🟡	66.5% 🔴	68.5% 🔴	68.1% 🔴	67.7% 🔴	71.6% 🟡			71.6% 🟡	71.3% 🟡	⬆
Ambulance clinical quality – Cat A (Red 2) 8 min response time (YAS)	YAS (region)	75.0%	78.0% 🟢	78.7% 🟢	78.6% 🟢	78.4% 🟢	74.6% 🟡	74.3% 🟡	74.4% 🟡	74.4% 🟡	74.0% 🟡	74.0% 🟡	71.8% 🟡	73.2% 🟡	76.1% 🟢			76.1% 🟢	75.4% 🟢	⬆
Ambulance clinical quality - Cat A 19 min transportation time (VoY CCG)	CCG	95.0%	94.8% 🟡	95.8% 🟢	95.8% 🟢	95.5% 🟢	95.0% 🟡	93.8% 🟡	95.0% 🟡	94.6% 🟡	94.9% 🟡	93.8% 🟡	93.3% 🟡	94.0% 🟡	95.2% 🟢			95.2% 🟢	94.7% 🟡	⬆
Ambulance clinical quality - Cat A 19 min transportation time (YAS)	YAS (region)	95.0%	97.6% 🟢	97.8% 🟢	97.6% 🟢	97.7% 🟢	97.3% 🟢	97.3% 🟢	97.2% 🟢	97.3% 🟢	97.5% 🟢	97.2% 🟢	96.6% 🟢	97.1% 🟢	97.6% 🟢			97.6% 🟢	97.4% 🟢	⬆

08 - Mixed Sex Accommodation breaches

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 13/14	Jul 2013	Aug 2013	Sep 2013	Q2 13/14	Oct 2013	Nov 2013	Dec 2013	Q3 13/14	Jan 2014	Feb 2014	Mar 2014	Q4 13/14	13/14	Direction of Travel
Mixed Sex Accommodation (MSA) Breaches (Rate per 1,000 FCEs)	CCG	0.0	0.0 🟢	0.0 🟢	0.0 🟢	0.0 🟢	1.4 🔴	0.2 🟡	0.0 🟢	0.5 🟡	0.0 🟢	0.1 🟡	0.0 🟢	0.0 🟡	0.0 🟢			0.0 🟢	0.2 🟡	⬆
Number of MSA breaches for the reporting month in question	CCG	1	0 🟢	0 🟢	0 🟢	0 🟢	13 🔴	2 🟡	0 🟢	15 🔴	0 🟢	1 🟡	0 🟢	1 🟡	0 🟢			0 🟢	16 🔴	⬆

09 - Cancelled operations

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 13/14	Jul 2013	Aug 2013	Sep 2013	Q2 13/14	Oct 2013	Nov 2013	Dec 2013	Q3 13/14	Jan 2014	Feb 2014	Mar 2014	Q4 13/14	13/14	Direction of Travel
Cancelled Operations - York	YFT (Trust wide)	6.0%			0.7% ✅	0.7% ✅			0.0% ✅	0.0% ✅			0.0% ✅	0.0% ✅					0.2% ✅	⬆
No urgent operations cancelled for a 2nd time - York	YFT (Trust wide)	1	0 ✅	0 ✅	0 ✅	0 ✅	0 ✅	0 ✅	0 ✅	0 ✅	0 ✅	0 ✅	0 ✅	0 ✅	0 ✅			0 ✅	0 ✅	▬

10 - Mental Health

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 13/14	Jul 2013	Aug 2013	Sep 2013	Q2 13/14	Oct 2013	Nov 2013	Dec 2013	Q3 13/14	Jan 2014	Feb 2014	Mar 2014	Q4 13/14	13/14	Direction of Travel
% 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% 🔺			95.1% ✅	95.1% ✅					94.1% 🔺	⬆
% of people who have depression and/or anxiety disorders who receive psychological therapies	CCG	4.12%	2.38% 🛑	1.27% 🛑	2.42% 🛑	2.02% 🛑	2.50% 🛑	2.04% 🛑	2.50% 🛑	2.34% 🛑	1.88% 🛑	1.57% 🛑							2.34% 🛑	▬
% of people who are moving to recovery	CCG		37.93% 🛑	57.90% ✅	51.61% ✅	50.00% ▬	31.25% 🛑	57.90% ✅	48.39% 🛑	46.54% ▬									48.24% ▬	▬

Treating and caring for people in a safe environment an protecting them from avoidable harm

Indicator	Level of Reporting	Apr 2013	May 2013	Jun 2013	Q1 13/14	Jul 2013	Aug 2013	Sep 2013	Q2 13/14	Oct 2013	Nov 2013	Dec 2013	Q3 13/14	Jan 2014	Feb 2014	Mar 2014	Q4 13/14	13/14	Direction of Travel	Comments
Incidence of healthcare associated infection (HCAI): MRSA	CCG (Community)	0	0	1	1	0	1	0	1	0	0	0	0	0	0		0	2	—	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		✅	✅	🔴	🔴	✅	🔴	✅	🔴	✅	✅	✅	✅	✅	✅		✅	🔴		
Incidence of healthcare associated infection (HCAI): MRSA - York FT	YFT (trust wide)	0	0	0	0	1	1	0	2	0	0	1	1	0				0	3	—	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		✅	✅	✅	✅	🔴	🔴	✅	🔴	✅	✅	🔴	🔴	✅				✅	🔴		
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile).	CCG (Community)	8	6	12	26	5	7	9	21	14	7	10	31	6			6	84	—	
		5	6	6	17	6	6	6	18	6	6	6	18	6	6	6	12	65		
		🔴	✅	🔴	🔴	✅	🔴	🔴	🔴	🔴	🔴	🔴	🔴	✅			✅	🔴		
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile) - York FT	YFT (trust wide)	7	5	9	21	4	6	2	12	5	8	8	21	1			1	55	—	
		4	4	4	12	4	4	4	12	4	3	3	10	3	3	3	3	37		
		🔴	🔴	🔴	🔴	✅	🔴	✅	✅	🔴	🔴	🔴	🔴	✅			✅	🔴		

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