

NHS Vale of York Clinical Commissioning Group Performance Report

Report produced: February 2017

Latest validated data: December 2016 / January 2017

Summary

Outlined below are the highlights of current performance based on updates since 12th January to 17th February 2017.

Performance has deteriorated further since November, and from December to January (based on unvalidated data from YHFT covering the Christmas and New year period) as the winter pressures have impacted on delivery in an already extremely pressured system locally. Performance in A&E 4hr, 12 hour trolley waits, ambulance handovers >60 mins, RTT incomplete pathway and cancer 2WW and 31 days surgery have all declined. YHFT did not stop delivery of all elective activity over winter (as requested by NHSI) but has delivered to a reduced winter plan. The only performance improvement and recovery has been against the Cancer 62 day target which reached 94.8% above the 85% target in January. At this time it is proving challenging for robust forecasting in performance trajectories to be undertaken monthly as performance at YHFT is quite volatile and the impact of staff and bed capacity, particularly during the winter period, are having a significant impact on performance from month to month.

It should be noted that YHFT have not met some of their performance trajectories (STF planned trajectories for A&E and RTT) for Q3 2016/17 and therefore their STF monies are at risk. It is likely that this will also be the case for Q4. They have submitted an appeal to NHSI and the CCG has worked with NHSE to provide supporting analysis and clarity around expectations for the system to support performance improvement from January 2017 onwards in support of YHFT successfully appealing for their STF monies. There is also a requirement for the Trust to submit their final STF trajectories for 2017/18 in April 2017 (i.e. after validated year-end performance has been confirmed) and the CCG will discuss any refresh of our CCG planning trajectories with the Trust in the week commencing 20/2/17 in order to support any refreshed (and final) submission of our CCG finance and activity plans which incorporate these constitutional targets on the 27/2/17.

Any refreshed planning submissions will be based on current levels of assurance based on known recovery and mitigating action plans in delivery or being delivered by the relevant groups within our system. These include the A&E Delivery Board, which met on 16/2/17 to review the winter period and agree specific actions to support improvement in A&E 4 hour performance above 80%.

There is a requirement from NHSE & NHSI for the worst performing systems to agree a more realistic A&E 4 hr delivery performance trajectory below 95% for 1/4/17; as such the A&E Delivery Board will work to clarify what this would be between 80-85% as soon as possible with NHSI & NHSE.

Likewise the system RTT recovery group will meet again in early March to focus on further pathway-specific actions to support pressures on both the admitted backlog

and non-admitted pathways. Fundamental to this will be the completion of the refreshed demand and capacity modelling that YHFT are completing in February and which will incorporate all assumptions around demand from primary care and current capacity available by specialty.

There has been significant effort by YHFT into organising the transfer of elective activity from the RTT backlog into ISP providers in order to utilise regional NHSE RTT backlog funding available (£450,000) and this is being monitored weekly by the Trust, CCG and NHSE. This has not, however, been available to support delivery of activity to alleviate pressure on the non-admitted backlog as it is not possible to deliver without additional activity provided at above tariff levels.

YHFT is delivering a cancer recovery plan which is part of their overarching Trust Performance Improvement Plan (this remains unapproved as at 20/2/17). Additionally, the CCG is working with the Cancer Alliance Exec Board and YHFT to prepare an update on the Trust approach to mitigating performance issues in cancer and identify any regional pressures impacting on their various pathways, including access to diagnostics (specifically radiology). There will also be further consideration of the pathways in cancer which are experiencing persistent breaches, including head & neck and skin, to understand better the impact they have on cancer performance overall and the system actions required to improve performance back to target across all tumour sites.

It is therefore unlikely that there will be a return to constitutional target for A&E 4 hr performance and RTT incomplete performance by the end of 2016/17 but there is potential for recovery in Cancer 2WW, Cancer 31 day and diagnostics. A full year end forecast will be prepared for the committee in March 2017 alongside the confirmation of any refresh in activity submissions around constitutional target trajectories.

The final CCG trajectories submission on 27/2/17 will also refresh, as required by NHSE, our planned trajectories for children's mental health treatment standards and eating disorders standards (4 weeks and 1 week urgent) and wheelchair access

Overview

Section	Measure	Relates to	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	
Yorkshire Ambulance (YAS) Response Times	Category A (Red) 8 minute Response Time	Vale of York	75%	72.1%	70.9%	65.7%	70.2%	74.9%	62.5%	76.4%	68.3%	61.9%		
Yorkshire Ambulance (YAS) Handover Times	15 min Target	York Trust	100%	57.2%	57.2%	53.3%	60.3%	56.4%	61.0%	54.4%	50.2%	47.7%		
		York		65.2%	57.2%	60.3%	70.0%	70.8%	70.2%	62.2%	54.5%	49.9%		
		Scarborough		46.0%	57.0%	44.1%	47.0%	37.0%	47.7%	41.6%	43.3%	44.3%		
Emergency Department	% meeting 4 hour target	Vale of York	95%	86.8%	87.9%	87.2%	92.7%	90.6%	91.0%	85.5%	81.9%	81.2%		
		York Trust		86.7%	86.7%	87.2%	92.6%	90.5%	90.9%	85.5%	81.8%	81.1%		
	Sustainability & Transformation Fund	Trajectory		85.0%	86.0%	87.0%	88.0%	89.0%	89.5%	90.0%	90.5%	91.0%	91.0%	
	Number of Attendances	York Trust		15,129	16,979	16,091	17,709	17,385	16,371	16,491	14,904	15,414		
	Number of 4 hour Breaches	York Trust		2,008	2,059	2,063	1,303	1,647	1,486	2,398	2,711	2,908		
	Waiting more than 8 Hours	York		182	285	221	47	71	39	222	377	543		
		Scarborough		208	35	114	100	198	136	257	289	177		
	York Trust		390	320	335	147	269	175	479	666	720			
	Non-Elective Admissions	York Trust		4,029	4,297	4,319	4,305	4,464	4,413	4,412	4,098	4,287		
Out of Hours	Urgent face to face consultations within 2 hours	Vale of York	95%	94.7%	94.3%	94.7%	92.3%	90.9%	93.4%	95.2%	94.2%	89.7%	93.7%	
	Less urgent face to face consultations within 2-6 hours			96.1%	97.5%	97.5%	94.7%	94.2%	98.0%	96.9%	98.9%	94.6%	97.4%	
	Speak to the Clinician within 2 hours.			95.9%	96.5%	94.1%	92.3%	94.0%	100.0%	98.5%	96.6%	90.8%	95.4%	
	Speak to the Clinician within 2-6 hours.			84.6%	88.7%	86.8%	83.9%	83.5%	89.7%	91.4%	91.9%	77.8%	87.7%	
	Speak to the Clinician within 6+ hours.			94.4%	95.3%	97.7%	95.8%	94.3%	97.7%	94.8%	96.5%	89.6%	94.3%	
Diagnostics	Patients Waiting Greater than 6 weeks	Vale of York	99%	98.6%	99.2%	99.0%	98.7%	98.6%	99.1%	98.7%	98.8%	98.3%		
		York Trust		99.2%	99.4%	99.3%	99.1%	99.2%	99.4%	99.2%	99.2%	99.0%		
18 Week Referral to Treatment	Incomplete pathways seen < 18 weeks from referral	Vale of York	92%	92.4%	92.9%	92.4%	91.8%	91.5%	91.6%	91.5%	90.8%	90.6%		
		York Trust		92.6%	92.9%	92.5%	92.0%	91.6%	90.8%	90.9%	89.9%	81.1%		
	Sustainability & Transformation Fund	Trajectory		92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	
	Admitted Backlog	York Trust		+66	-38	+167	+212	+152	+305	-	-	-		
	Theatre Lists Cancelled	York Trust		-	26	27	36	19	47	-	-	-		
Cancer	Patients seen < 14 days of an urgent suspect Cancer referral	Vale of York	93%	94.9%	94.1%	94.9%	94.7%	91.1%	94.5%	88.1%	92.1%	98.1%		
		York Trust		92.6%	93.3%	92.3%	89.6%	88.7%	92.7%	86.2%	89.8%	TBC		
	Patients seen < 14 days of an urgent referral with Breast Symptoms, Cancer not initially suspected	Vale of York	93%	96.2%	100%	95.0%	94.1%	93.9%	96.2%	96.7%	98.2%	95.5%		
		York Trust		94.4%	98.3%	96.1%	90.0%	94.0%	95.8%	97.6%	97.8%	TBC		
	Patients seen < 31 days of Cancer Diagnosis and package of care agreement	Vale of York	96%	99.4%	99.3%	100.0%	99.5%	98.3%	96.2%	98.0%	96.2%	98.5%		
		York Trust		99.2%	99.0%	100.0%	99.2%	99.6%	98.0%	98.2%	97.1%	TBC		
	Patients seen < 31 days for second of subsequent Cancer Treatment - Surgery	Vale of York	94%	97.8%	90.9%	98.0%	97.2%	100%	92.1%	97.5%	86.7%	84.8%		
		York Trust		100%	88.5%	98.0%	100%	100%	92.7%	100%	83.3%	TBC		
	Patients seen < 31 days for second of subsequent Cancer Treatment - Drugs	Vale of York	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
		York Trust		100%	100%	100%	100%	100%	100%	100%	99%	TBC		
	Patients seen < 31 days for second of subsequent Cancer Treatment - Radiotherapy	Vale of York	94%	100%	97.3%	100%	100%	100%	100%	100%	100%	100%	97.4%	
		York Trust		-	-	-	-	-	-	-	-	-	-	
Patients seen < 62 days to first definitive treatment following an urgent referral for suspected Cancer	Vale of York	85%	85.4%	89.3%	85.1%	84.5%	91.3%	71.8%	75.0%	77.1%	81.7%			
	York Trust		86.6%	85.5%	87.2%	85.2%	88.8%	77.1%	77.8%	80.2%	TBC			
	Vale of York		90%	83.3%	100.0%	88.9%	90.0%	92.9%	83.3%	96.0%	84.6%	94.2%		
York Trust	90.0%	93.3%		89.7%	91.7%	93.2%	92.6%	94.9%	93.4%	TBC				
Delayed Transfer of Care (York UA)	Acute	NHS		247	135	162	122	141	182	203	221	200		
		Social Care		246	222	105	102	53	125	47	101	79		
		Both		0	0	0	0	0	0	0	9	14		
		Total		493	357	267	224	194	307	250	331	293		
	Non-Acute	NHS		130	239	232	276	354	428	458	346	294		
		Social Care		144	97	373	472	387	208	235	340	301		
		Both		29	10	126	0	0	39	57	104	76		
Total		303	346	731	748	741	675	750	790	671				
Dementia	Estimated Diagnosis rate for People with Dementia	Vale of York	66.7%	51.1%	50.8%	53.1%	54.2%	52.7%	54.7%	55.3%	55.7%	55.1%		
Improving Access to Psychology Therapies (Unvalidated)	% of people entering treatment against the level of need in the general population	Trajectory	-						11.5%	11.9%	13.1%	14.2%	13.8%	15.0%
		Vale of York	15%				8.6%	11.5%	12.7%	14.1%	13.1%	10.1%		
		TEWV					8.3%	11.3%	12.9%	14.3%	12.9%	10.2%		
		Humber					13.9%	16.5%	8.7%	8.7%	18.3%	9.6%		
	% of people not at caseness at their last session.	Trajectory	-						45.0%	46.0%	47.0%	48.0%	49.0%	50.0%
		Vale of York	50%				49.6%	43.3%	46.1%	43.9%	56.6%	44.0%		
		TEWV					50.5%	42.4%	48.8%	41.9%	55.9%	43.0%		
		Humber					44.4%	53.3%	21.4%	80.0%	63.6%	62.5%		
	6 Week Finished Treatment	Trajectory	-						65.0%	67.0%	69.0%	71.0%	73.0%	75.0%
		Vale of York	75%				66.1%	76.0%	79.6%	77.6%	81.3%	93.6%		
TEWV									75.9%	80.5%	93.2%			
Humber									100%	90.9%	100%			

Headlines

The key items to be noted this month (December 2016) are:

- ❖ **Yorkshire Ambulance Response** Category 1 performance is reporting at 61.9% against 75% target. A decrease from last month's position of 68.3%
- ❖ **Yorkshire Ambulance Handover times** continue to fail to achieve target and have fallen to an in year low of 47.7% this month.
- ❖ **Emergency Department** performance continues to be an issue. Performance has continued to fail to achieve the 95% target and has continued decreased to 81.1%
- ❖ **Out of Hour** capacity during January has been much better and performance has improved. However, performance around urgent face to face consultations within 2 hours continues to fail the 95% target.
- ❖ Aggregated **18 Week Referral to Treatment** – incomplete pathways has failed to achieve target for the 6th consecutive month. York Trust has now failed to meet the sustainability and transformation fund trajectory for the fifth consecutive month.
- ❖ Two **Cancer** measures failed to achieve target. Patients seen in less than 31 days for a subsequent surgical cancer treatment has failed to achieve target for the second month in a row and now stands at 84.8%. Patients seen in less than 62 days to first definitive treatment has risen from 77.1% to 81.7% although this remains short of the 85% target.
- ❖ The estimated diagnostic rate for people with **Dementia** has decreased from 55.7% to 55.1%.
- ❖ **Improving Access to psychology therapies** % of people entering treatment performance has decreased this month – reporting 10.1% against 13.8%. % of people not at caseness has also decreased and is now reporting at 44.0%, below the agreed trajectory of 49%

Yorkshire Ambulance Service (YAS) Response Time

Current Performance

- The most recent validated data for Vale of York CCG is December 2016
- Vale of York performance for Category 1 8 minute response time was 61.9% against a 75% target.

Current issues impacting on performance:

- ❖ York Hospital average bed capacity was 93% throughout January 2017 and consequently ambulance crews experienced significant delays in getting crews turned around which impacted on their ability to meet Category 1 &2 response times.
- ❖ The Trust experienced 48 x 12 hour breaches in January 2017, 10 at York ED.
- ❖ Nurse staffing issues across the Trust also impacted on patient flow.

Mitigating actions include:

- ❖ Support from YAS during January has been good and their interaction with the system calls during the difficult periods has been productive
- ❖ Diverts to other regional partners have been arranged on occasions when the pressure on the system has been greatest
- ❖ Discussions are ongoing around the use of UCPs to manage early morning visits with community teams and GPs
- ❖ Additional transport options have been supported for one short period during January to ensure discharges are expedited

Finance and Contracting implications:

- ❖ No known implications.

Yorkshire Ambulance Service (YAS) Handover Times

Current Performance

- The most recent validated data for Vale of York is December 2016.
- Performance for York Trust combined was 47.7% (target 100%); this is a decrease from November performance of 50.2%. York hospital site performance was 49.9%, and Scarborough hospital site was 44.3%.
- The most recent **unvalidated** data for Vale of York is week ending 12th January which shows handover performance of 39% combined, 48% at York hospital and 25% at Scarborough.

Current issues impacting on performance:

- ❖ York Hospital average bed capacity was 93% in January which impacted on patient flow and delays with ambulance handover delays.
- ❖ There was continued pressure on performance during January; Ward 37 was closed due to flu, and a number of bays on other ward were also affected.
- ❖ Nurse staffing across the Trust impacted on patient flow and on handover times.

Mitigating actions include:

- ❖ YAS deployed Clinical Supervisors to work in the Emergency Department to assist with clinical handovers.
- ❖ The issue of Ambulance Handover has been highlighted as a key priority for the Emergency Department Streaming programme during Q4 of 2016-17. All actions from the ED streaming work are continuing to be progressed, with the support of partners
- ❖ YAS are promoting self-handovers to all crews at York Hospital.
- ❖ York Trust continued to embed the Ambulance Assessment area although staffing remains variable. York Trust continues to prioritise staffing of this area wherever possible.
- ❖ York Trust are proceeding with the development of a 5 cubicle ambulance handover / assessment area in Scarborough, commencing in January 2017.
- ❖ York Trust are also using queue nurses to assess patients at Scarborough Hospital.
- ❖ The CMB on 25th January outlined a number of actions for the YTH and YDUC teams to work on together to understand how the clinical navigator can be used with the ambulance service to improve ED flow
- ❖ All actions from the ED streaming work are continuing to be progressed, with the support of partners
- ❖ The CMB on 25th January outlined a number of actions for the YTH and YDUC teams to work on together to understand how the clinical navigator can be used with the ambulance service to improve ED flow

Finance ad Contracting implications:

- ❖ No known implications.

Emergency Department (ED)

Current Performance

- The most recent validated data available for Vale of York is December 2016.
- Performance against 4 hour target for Vale of York was 81.2% (target 95%). This is an decrease from the November figure of 81.9%.

- The most recent **unvalidated** figures for York Trust are for week ending 5th February 2017 and show a performance of 76.3%.
- York Trust failed to achieve the Sustainability and Transformation Fund Trajectory for December with a performance of 81.1% against a trajectory of 91%.

Current issues impacting on performance:

- ❖ In December 16 there were 15,414 attendances compared to 15,567 in December 15 (1% decrease as a result of the primary care streaming). York Trust had total of 2,908 breaches (1,856 admitted, 1,052 non-admitted) across all sites in December. The number of patients waiting over 8 hours in A&E was 720 (York 543; Scarborough 177); an increase of 54 (8.1%) on November.
- ❖ December 16 saw 4,287 admissions across the Trust a 3.4% rise vs. December 15 (4,142), which includes an increase of 182 admissions (14.1%) where patients stayed less than 24 hours (assessment unit). Largest percentage rise was seen in ED admissions (2,879 to 3,179; 10.4%).
- ❖ December 16 saw a conversion rate of 32.4% at York Hospital, and 50.3% at Scarborough General Hospital.
- ❖ York Trust experienced surge pressures in the last week of December, against a background of increasing non-elective demand and high bed occupancy. The strategic developments to improve streaming at the front door ED showed impact in December despite the surge, with an overall reduction in attendances. The Trust has agreed system escalation processes and implemented the winter plan, including additional assessment capacity at York site, the Scarborough Community Response team and additional support staff on bank holidays.
- ❖ Surge pressures (24th December -2nd January): of the 45 patients admitted to ICU from ED between the 1st December and 2nd January on the York site, 21 of those were admitted between the 24th and 2nd January; increases in footfall (+522 14%), Type 1 attendances (+174 6%) and ambulance arrival (+123 9%) compared to the same period in 2015/16 and Non-elective admissions (excluding obstetrics and paediatrics) increased 8.98% (+111) across the Trust between 24th December and 2nd January 2017 compared to the same period in 2015/16. The increase attendance and level of acuity of patients during this period resulted in bed occupancy above the upper control limit and unplanned escalation areas were opened in response. The ability to divert was limited due to the local and national pressures. The trust continues to experience high pressure and is prioritising discharge supported by the community teams, to move back to planned escalation levels.
- ❖ In December 2016 there were 18 deaths reported in York ED and 12 in Scarborough ED. These are the highest figures for the last 4 years. Reasons for the deaths include the acuity of the patients presenting at ED and high bed

occupancy rates resulting in delays in patients being transferred to the wards, and consequently an increase in the number of deaths in ED.

- ❖ There are significant vacancies in ED – both medical and nursing. This has had an impact on performance and increased the usage of agency staffing.
- ❖ Across York Trust there has been an increase in both long and short term staff sickness which has had an impact on patient flow and ED performance.
- ❖ There was an increase in the number of ED complaints in December which related to ‘waiting times’ and complaints about staff attitudes at ED reception in York. The complaints regarding staff attitudes have been investigated and findings suggest that issues are arising because of a misunderstanding of the roles of staff in the department by those attending AE. Steps are being considered as to how to better distinguish Administration Staff from Clinical Staff.

Mitigating actions include:

- ❖ A&E Delivery Board undertook an initial review of ‘Winter performance’ on 16 February 2017 with NHS England and NHS Improvement; this will be augmented by a longer workshop in March
- ❖ The new model provides consistent nursing numbers 24/7 for all major ED functions including Resus, Ambulance Assessment and Streaming and was approved by York Trust Board in January 2017.
- ❖ Recruitment of Senior ED Consultants is ongoing.
- ❖ York Trust Patient Safety Team reviews all hospitals deaths on a weekly basis, including ED deaths.
- ❖ A Stress Audit is being undertaken with ED staff.

Finance ad Contracting implications:

- ❖ No known implications.

Out of Hours (OOH)

Current Performance

- The most recent validated data available for Vale of York is January 2017
- Urgent Face to Face consultations within 2 hours are at 93.7% and less urgent within 6 hours 97.4%, both against target of 95%
- Speak to clinician calls within 2 hours are at 95.4%, within 2 - 6 hours at 87.7%, and within 6 hours+ at 94.3% , all against a target of 95% (all January 2017 data).

Current issues impacting on performance:

- ❖ A review meeting has been held with the team around the December issues, and a number of actions have already been put in place to understand how lessons can be learnt for Easter. Assurance around staffing has already been received

and additional staffing is already in place during the weekends in February and March. Capacity during January has been much better and we are anticipating a return to targets being met.

Diagnosics

Current Performance

- The most recent validated data available for Vale of York is December 2016.
- 98.3% of diagnostic tests took place within 6 weeks, an decrease from the prior months performance of 98.8%

Current issues impacting on performance:

- ❖ Vale of York CCG did not meet the 99% Diagnostics target in December 2016, with performance of 98.3%. This equates to 62 patients waiting over 6 weeks for a Diagnostic test.
- ❖ 43 of these breaches were at York Trust, with an additional 12 at Hull and East Yorkshire Hospitals, 3 at Leeds Teaching, 2 at Nuffield and 1 each at Central Manchester and South Tees.
- ❖ The largest numbers of breaches were in MRI at York with 14, 9 in CT at Hull and 9 in Sleep Studies at York.
- ❖ York Trust met the 99% target in December 2016 with performance of 99.0%.
- ❖ The diagnostic target has been met in York Trust in December (99%), however the trajectory has been decreasing in cystoscopy, MRI and sleep studies. The one-stop Urology service is due to commence at the end of February, which will change the pathway for cystoscopy and may have an impact on overall performance due to reporting methods. Sleep studies have increased demand against currently capacity and a service improvement project is underway to review the pathway, an additional 5 reports a week are scheduled from mid-January with recruitment on-going.

Finance and Contracting implications

- ❖ No known implications

18 Week Referral to Treatment (RTT)

Current Performance

- The most recent validated data available for Vale of York is December 2016
- 90.61% (target 92%) of patients on incomplete pathways have been waiting no more than 18 weeks from referral, a decrease from 90.76% in November 2016
- Sustainability and Transformation Fund Trajectory has not been achieved by York Trust at 81.1% against a trajectory of 92%

Current issues impacting on performance:

- ❖ Vale of York CCG did not achieve the incomplete target on an aggregate level for the fifth month in a row. This equates to 1,468 out of 15,635 patients waiting over 18 weeks.
- ❖ The areas which did not meet target on a speciality level were Urology (83.38%), Plastic Surgery (84.97%), Respiratory Medicine (86.85%), General Surgery (85.71%), Gynaecology (88.35%), Rheumatology (88.57%), Trauma & Orthopaedics (89.48%) and Gastroenterology (91.96%).
- ❖ York Trust failed to achieve the 92% target for December delivering 89.29% against the incomplete RTT standard. This is the fifth consecutive month the Trust has failed the standard. The Trust has not met the Q3 STF trajectory. The Q4 trajectory has a 0% tolerance and as such the current forecast is not to achieve for January, however the trajectory remains to recovery the position by the end of Quarter 4.
- ❖ The position has been impacted by the urgent pressures across the Trust with 58.7% of cancellations in December related to bed shortages. Due to the surge in Acute pressures unplanned escalation areas were opened in addition to the winter plan, which included elective wards.
- ❖ The recovery plan agreed in October remains in place, with significant performance improvements in Ophthalmology in December (93.5%) . The performance position for Gynaecology has been impacted by a reduction in outsourcing availability in November and alternative options are being explored. Waiting List initiatives have been utilised to address the backlog, however it has continued to increase, current position is 45% above plan.
- ❖ The performance trajectory has not been met for specialities most impacted by theatre capacity in the summer, including General Surgery, Urology and MaxFac and have been subsequently affected by cancellations. The non-admitted specialities are a focus for RTT recovery work in Quarter 4, with Gastroenterology, Dermatology, Rheumatology and Respiratory experiencing performance challenges. This has been exacerbated by cancellation of outpatients appointments due to winter pressures in combination with capacity challenges due to staff vacancies and sickness.
- ❖ Theatre productivity continues to improve. There was a reduction in requested lists through December in line with the Winter plan and the bank holiday periods, of requested lists only 6% were not delivered and no lists were cancelled due to staffing shortages. The recruitment drive has continues with University visits in January and an open day in February.

Mitigating actions include:

- ❖ The new theatre plan is in place which aims to cut out variation in requests and improved utilisation. Work continues with surgical directorates to reduce late starts and to fully utilise the theatre lists.

Finance and Contracting implications

- ❖ York Trust are sub-contracting some activity to Nuffield York for Urology and are also leasing theatre capacity from Ramsay Healthcare for Gynaecology and Max Fax lists. The Trust is also transferring some breached Orthopaedic activity to Clifton Park. While this will all help contribute to improving the declining RTT position, there are affordability issues within the CCG to consider as the costs of this additional capacity have no offset.
- ❖ The Trust is working to a plan for delivering RTT backlog activity through outsourcing to ISPs or renting ISP theatre and bed capacity to deliver their activity at tariff. This is being monitored weekly by the CCG, NHSE and regionally.

Cancer

Current Performance

- The most recent validated data available for Vale of York is December 2016
- Performance against the 14 day target of 93% was 98.1% for All Tumour Types. Breast Symptomatic performance was at 95.5%
- Performance against the 31 days targets - subsequent treatment surgery of 94% was 84.8%. The other 31 day targets achieved their targets.
- 62 day treatments following urgent GP Referral against a target 85% was 81.7%. 62 day treatments following Screening Referral achieved 94.2% against 90% target.

Current issues impacting on performance:

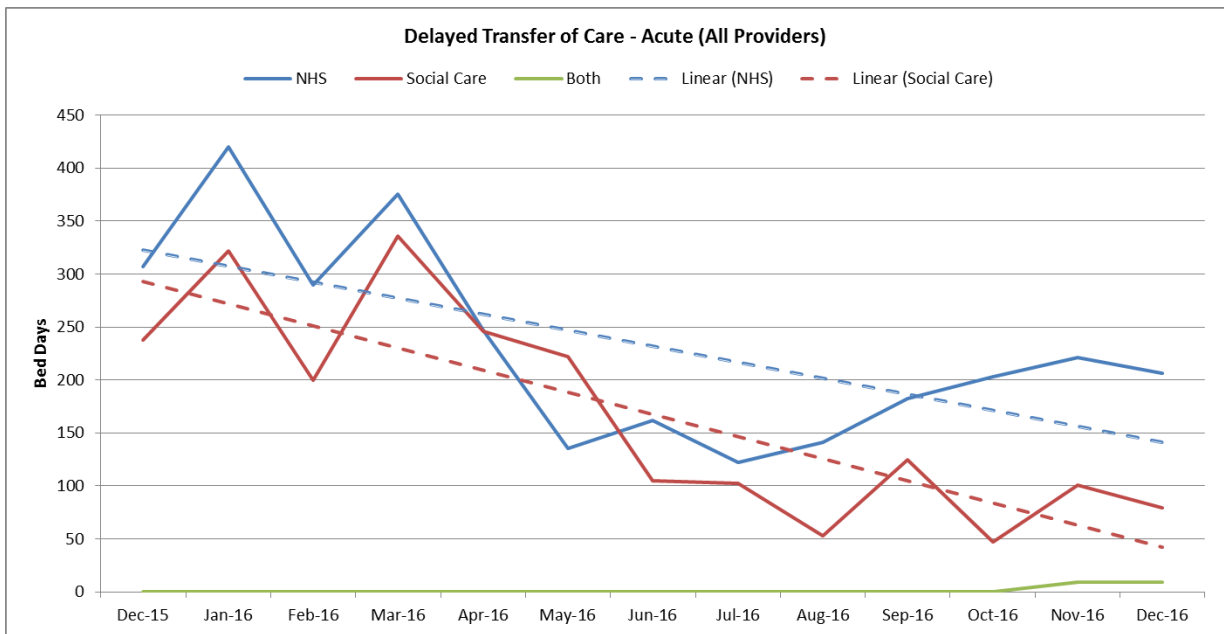
- ❖ Vale of York CCG failed two targets this month.
- ❖ Performance against the 31 days target for second or subsequent surgery failed at 84.8% against a target of 94%. This represents 5 out of 33 patients being treated beyond 31 days.
- ❖ Performance against the 62 days treatment following urgent GP referral failed at 81.7% against a target of 85%. This represents 17 out of 93 patients being treated beyond 62 days.
- ❖ Data for YHFT in January at 94.7% December showed 2WW at 93.9% and unvalidated January at 88.5%; for 31 days December 98% and unvalidated January at 94.7%; and for 62 days at 84.8% December and unvalidated January at 94.8%.
- ❖ The 14 day fast track has not been achieved since May 2016 primarily due to Skin breaches resulting from capacity issues in Dermatology. Demand management schemes have been implemented with the Referral Support Service across both Vale of York and Scarborough and Ryedale CCGs for skin referrals and expanded use of Dermatoscopes in GP practices to provide digital images. There has been an improvement in performance during November and

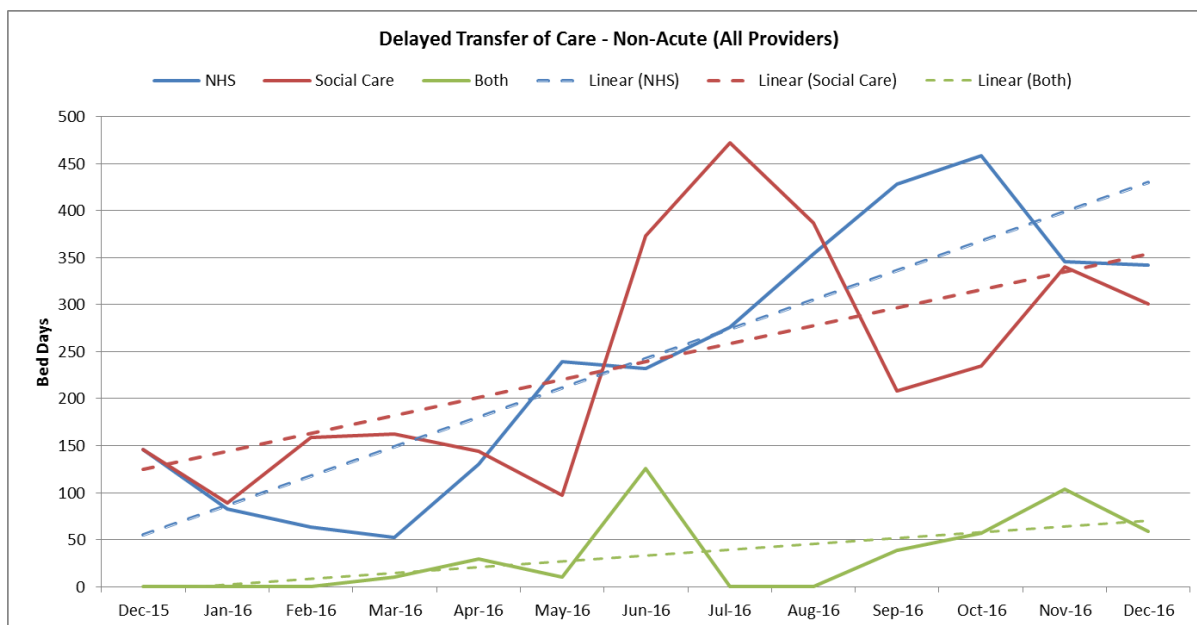
indications for December show continued improvements, despite the winter pressures experienced by the Trust. This is forecast to meet trajectory for Q4.

- ❖ The Trust did not achieve the 62 day standard from referral to first treatment. Specialities underperforming include Skin, Head and Neck, lung, Gynaecology and Urology. This is due to a combination of factors, including increased demand for specialities, vacancies and tertiary capacity. Recovery actions have been developed focussing on capacity and demand management, data validation and points of referral and embedding of timed pathways.

Delayed Transfers of Care (DTOC)

Current Performance





Current issues impacting on performance:

- ❖ The closure of Worsley Court has had a positive impact on DTOCs and resulted in a decrease in the reported number of non-acute DTOCs in December 2016.
- ❖ CYC are utilising step down beds in order to get patients out of acute beds whilst waiting for home care packages.
- ❖ There is a lack of Dementia Nursing beds in North Yorkshire and the City of York and often the only placements available for these complex patients are in Hornsea which is not ideal for families or patients.
- ❖ North Yorkshire County Council is reporting a shortage of home care packages.

Mitigating actions include:

- ❖ Vale of York CCG and the Partnership Commissioning Unit are currently working together to address the shortage of EMI dementia beds across North Yorkshire and York.
- ❖ Weekly DTOC meetings are being held with Vale of York CCG, North Yorkshire County Council, City of York Council, CHC and Tees, Esk & Wear Valleys NHS Trust to understand and expedite delays the Mental Health delays.
- ❖ Weekly DTOC meetings are also held with York Hospital, Community Services, CHC and CYC to expedite DTOCs.
- ❖ Complex Discharge Programme Task & Finish Group, chaired by Wendy Scott, has been established and will report to the A&E Delivery Group on the timely discharge of patients across the system.
- ❖ Group will review the supported discharge process and explore the opportunities for closer working between York Teaching Hospitals and CYC teams and being co-located at Archways.

Healthcare Associated Infections (HCAI)

Current Performance – financial year to date

- ❖ The most recent published data available for Vale of York is for December 2016.
- ❖ MRSA bacteraemias stands at 6 year to date and C-Difficile at 45 year to date across all providers.
- ❖ York Trust for Week Ending 5th February 2017 were assigned 7 MRSA bacteraemias incidences year to date against a 0 trajectory and 36 C-Difficile infections year to date against a full year trajectory of 43

- ❖ The overall C difficile rate continues to reduce however there has been a peak in December with review currently underway of 2 cases on the same ward. Organising the Peer Infection Reviews (PIR) and obtaining staff attendance to ensure PIRs are completed quickly is remaining very challenging during prolonged periods of high activity however they remain robust multidisciplinary reviews with commissioner input. Processes have been approved to improve the processes to increase the robustness of community PIR's with increased involvement from medicines management team
- ❖ 7TH MRSA at York Trust relates to a HDFT patient and is currently under arbitration about the assignment to York Trust as is suspected to be a contaminant.

Dementia

Current Performance

- The most recent data available for Vale of York is December 2016 and current performance is at 55.1% which is a decrease from the November position of 55.7%.
- ❖ With the additional support of the regional GP Lead for dementia, Vale of York CCG will work with practices to provide support and improve performance towards the achieving the dementia diagnosis target.
- ❖ Vale of York CCG is working with the Council of Representatives to explore the primary care approach to diagnosis and this will be supported by some further additional resources provided by NHSE. Although progress remains slow, this will need close management and supervision.

Improving Access to Psychological Therapies (IAPT)

Current Performance

- Access levels in December are at 10.1%, down from 13.1% in November, which is below the planned trajectory of 13.8% and below the 15% target.
- Recovery rates in December are at 44.0% down from 56.6% in November. This is below the planned trajectory of 49% and fails to achieve the national target of 50%.
- The 6 week finished treatment target in December is at 93.6% up from 81.3% in November. This is above the planned trajectory of 73.0% and the national target of 75.0%.

Data above is for combined service provision from Tees, Esk & Wear Valleys NHS Trust (TEWV) and Humber Trusts, year to date breakdown being:

- ❖ TEWV – Prevalence 10.2%, Recovery 43.0%.
- ❖ Humber – Prevalence 9.6%, Recovery 62.5%%,
- ❖ Total – Prevalence 10.1%, Recovery 44.0%

The access positions for 6 week finished treatment in the current month are:

- ❖ TEWV – 93.2%.
- ❖ Humber – 100%
- ❖ Total – 93.6%

The Intensive Support Team (IST) locality visit will take place on 23rd February. The objective is to identify solutions which will ensure reliable and sustainable delivery of all the national performance metrics for IAPT services. There has also been a STP Transformation Funding bid developed and submitted via the STP to NHS England, and the CCG awaits for the outcome of that bid – due mid-March.

Child and Adolescent Mental Health Services

Current Performance

- From the validated waiting list dated 31st January 2017 there were 195 waits for 1st appointment, of which 14 were in excess of 8 weeks.

- ❖ Further validation work is being undertaken on those waiting for their second appointment and this will be reported by the end of February 2017.

- ❖ The CCG is currently working with TEWV to identify additional capacity across all sectors to target this backlog, as part of the NHS England funded Waiting List Initiatives project.