

NHS Vale of York Clinical Commissioning Group Performance Report

Report produced: January 2016

Latest validated data: November 2016

Summary

Outlined below is a current position summary as at 12th January 2017 as discussed at the CCG Delivery Assurance & Support meeting to augment the full performance report. This highlights the key mitigating actions to address each performance area where delivery is below trajectory or target.

It should be noted that the submission of the final Operational Plan on the 23rd December 2016 included a submission of two year Sustainability & Transformation Funding (STF) trajectories by the CCG on every performance area, including either maintenance at constitutional target levels or improvement towards the targets ('recovery').

These trajectories were agreed between the CCG and providers and based on current levels of assurance based on known recovery and mitigating action plans. There is a recognition that the CCG is now working as part of an emerging Accountable Care System (ACS) with emerging locality delivery groups. As such many of our existing recovery and action plans are being refreshed by this system of partner organisations.

There is supporting narrative to indicate the rationale for each trajectory available if Committee members require. There is only one area where there is currently insufficient assurance across the system to support return to constitutional target around the A&E 4 hour wait target.

The A&E Delivery Board is tasked with further strengthening current delivery plans for improving this performance in Q4 of 2016/17 and into 2017/18 if there is to be increased assurance around recovery and a reassessment of the trajectory for return to target by March 2019.

There is also one new additional nationally identified and prescribed trajectory for Personal Health Budgets (PHBs) which provides a significant and challenging requirement for improvement (1000%).

The CCG is also engaged with the Humber Coast & Vale STP around collaborative programmes of work that should support the Vale of York locality to return to constitutional targets; these include work programmes around Mental Health and Learning Disability Services, Cancer and Collaborative commissioning of acute services (including work around clinical thresholds and Right care pathways).

Planned Care

The current breaches in RTT incomplete pathways (18 week wait), cancer 14-day fast-track target, cancer 62-day target and some diagnostics 6 week targets are being addressed through the establishment of a system planned care recovery group due to meet on the 24th January 2017. This group will initially take stock of current performance position and key issues by pathway/diagnostic area. The group will also consider the YTHFT Performance Improvement Plan due for publication w/c 16th January 2017 and how this can be further augmented and strengthened through all partners in the system. The focus of this group will be on agreeing a system-wide approach to returning to sustainable delivery of all these NHS Constitutional targets. This work will be captured as part of the CCG Operational Plan in the emerging Planned Care programme.

Additionally, NHSE non-recurrent funding has been confirmed (£455K) to support managing the ophthalmology backlog during Q4 of 2016-17 and the CCG will continue to engage with NHSE around further treatment pathways with existing backlogs to access any available funding.

The CCG has also submitted a bid for STP transformational funding for two diabetes projects which are currently being finalised for submission via the HCV STP to NHSE on the 18th January 2017.

The Cancer Alliance continues to work on behalf of all CCGs (local 'places') within the HCV STP to develop and deliver the national cancer strategy and taskforce outcomes and has co-ordinated the bid for STP transformation funding for 3 cancer projects around risk stratification, early diagnosis and recovery.

All STP funding bids are available for the Committee to review if required and confirmation around any successful bids will be shared asap with all Committee members and Governing Body.

Unplanned Care

The continuing deterioration in performance over the Christmas and New Year period has been noted and the A&E Delivery Board (AEDB) on the 18th January will be considering the urgent actions to be taken to mitigate current system pressures. They will also be asked to ensure the existing AEDB plan which prioritises 5 main programmes of work (the 5 imperatives as defined nationally by NHSE/NHSI) is mobilised and strengthened if required, noting that ECIP have given explicit assurance that the 'front door' ED schemes captured within the first programme of work in the AEDB plan have already been fully implemented and this is supported by analysis of data showing a reduction in ED attendances since implementing these schemes.

Additionally there is on-going work, supported by the Emergency Care Improvement Programme (ECIP), in a number of workstreams which will drive the medium to long term sustainability.

Again, the A&ECB has submitted a bid for STP transformational funding for mental health liaison psychiatry service to further augment the current York Hospital and Scarborough Hospital EDs front door schemes.

Mental Health

Child & Adolescent Mental Health Services: From the waiting list identified in December 2016 there were 213 waits for 1st appointment, of which 72 were in excess of 8 weeks. Following validation there were 166 waits for 1st appointment, of which 27 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 January 2017. The CCG is currently working with TEWV to identify additional capacity across all sectors to target this backlog.

Improving Access to Psychological Therapies (IAPT) : Intensive Support Team (IST) work will commence in February to support additional improvement towards access and recovery targets. There has also been a STP Transformation Funding bid developed and submitted via the STP to NHS England

Dementia: With the additional support of the regional GP Lead for dementia, the CCG will work with practices to provide support and improve performance towards the achieving the dementia diagnosis target. The 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.

It should be noted that the CCG is now working directly with the mental health and learning disability services provider due to the on-going discussions about the future role of the PCU in providing commissioning support to the CCG.

Section	Measure	Relates to	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
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%	
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%	
		York		65.2%	57.2%	60.3%	70.0%	70.8%	70.2%	62.2%	54.5%	
		Scarborough		46.0%	57.0%	44.1%	47.0%	37.0%	47.7%	41.6%	43.3%	
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%	
		York Trust		86.7%	86.7%	87.2%	92.6%	90.5%	90.9%	85.5%	81.8%	
	Sustainability & Transformation Fund	Trajectory		85.0%	86.0%	87.0%	88.0%	89.0%	89.5%	90.0%	90.5%	
	Number of Attendances	York Trust		15,129	16,979	16,091	17,709	17,385	16,371	16,491	14,904	
	Number of 4 hour Breaches	York Trust		2,008	2,059	2,063	1,303	1,647	1,486	2,398	2,711	
	Waiting more than 8 Hours	York		182	285	221	47	71	39	222	377	
		Scarborough		208	35	114	100	198	136	257	289	
Non-Elective Admissions	York Trust		390	320	335	147	269	175	479	666		
				4,029	4,297	4,319	4,305	4,464	4,413	4,412	4,098	
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%
	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%
	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%
	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%
	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%
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%	
		York Trust		99.2%	99.4%	99.3%	99.1%	99.2%	99.4%	99.2%	99.2%	
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%	
		York Trust		92.6%	92.9%	92.5%	92.0%	91.6%	90.8%	90.9%	89.9%	
	Sustainability & Transformation Fund	Trajectory		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%	
		York Trust		92.6%	93.3%	92.3%	89.6%	88.7%	92.7%	86.2%		
	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%	
		York Trust		94.4%	98.3%	96.1%	90.0%	94.0%	95.8%	97.6%		
	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%	
		York Trust		99.2%	99.0%	100.0%	99.2%	99.6%	98.0%	98.2%		
	Patients seen < 31 days for second or subsequent Cancer Treatment - Surgery	Vale of York	94%	97.8%	90.9%	98.0%	97.2%	100%	92.1%	97.5%	86.7%	
		York Trust		100%	88.5%	98.0%	100%	100%	92.7%	100%		
	Patients seen < 31 days for second or subsequent Cancer Treatment - Drugs	Vale of York	98%	100%	100%	100%	100%	100%	100%	100%	100%	
		York Trust		100%	100%	100%	100%	100%	100%	100%		
Patients seen < 31 days for second or subsequent Cancer Treatment - Radiotherapy	Vale of York	94%	100%	97.3%	100%	100%	100%	100%	100%	100%		
	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%		
	York Trust		86.6%	85.5%	87.2%	85.2%	88.8%	77.1%	77.8%			
Patients seen < 62 days to first definitive treatment following referral from a NHS Cancer Screening	Vale of York	90%	83.3%	100.0%	88.9%	90.0%	92.9%	83.3%	96.0%	84.6%		
	York Trust		90.0%	93.3%	89.7%	91.7%	93.2%	92.6%	94.9%			
Delayed Transfer of Care	Acute	NHS		247	135	162	122	141	179	192		
		Social Care		246	222	105	102	53	125	47		
		Total		493	357	267	224	194	304	239		
	Non-Acute	NHS		130	239	232	276	354	377	346		
		Social Care		144	97	373	472	387	227	239		
	Total		274	336	605	748	741	604	585			
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%	
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%	
		Vale of York	15%				8.6%	11.5%	12.7%	14.1%	13.1%	
		TEWW					8.3%	11.3%	12.9%	14.3%	12.9%	
		Humber					13.9%	16.5%	8.7%	8.7%	18.3%	
	% of people not at caseness at their last session.	Trajectory	-					45.0%	46.0%	47.0%	48.0%	
		Vale of York	50%				49.6%	43.3%	46.1%	43.9%	56.6%	
		TEWW					50.5%	42.4%	48.8%	41.9%	55.9%	
		Humber					44.4%	53.3%	21.4%	80.0%	63.6%	
	6 Week Finished Treatment	Trajectory	-					65.0%	67.0%	69.0%	71.0%	
		Vale of York	75%				66.1%	76.0%	79.6%	77.6%	81.3%	
TEWW									75.9%	80.5%		
Humber									100%	90.9%		

Headlines

The key items to be noted this month are:

- ❖ **Yorkshire Ambulance Response** times are now reported under Phase 2.2 of NHS England-led Ambulance Response Programme (ARP). Category 1 performance is reporting at 68.3% against 75% target.
- ❖ **Yorkshire Ambulance Handover times** continue to fail to achieve target and have fallen to 50.2% this month from 54.4% last month across the York Trust sites.
- ❖ **Emergency Department** performance continues to be an issue. Performance has continued to fail to achieve the 95% target and has continued to fall to a low of 81.9%.
- ❖ **Out of Hour** activity was significantly higher than anticipated which has resulted in all targets being failed in December.
- ❖ Aggregated **18 Week Referral to Treatment** – incomplete pathways has failed to achieve target for the 5th month in a row. York Trust has now failed to meet the sustainability and transformation fund trajectory for the fourth month in a row.
- ❖ Four **Cancer** measures failed to achieve target. Patients seen in less than 14 days of an urgent suspected cancer has improved but remains below target. Performance around <31 days for subsequent surgical Cancer Treatment performance has dropped below 90% for the first time this year. Both 62 days measures failed at 77.1% and 84.6%.
- ❖ The estimated diagnostic rate for people with **Dementia** continues to rise (55.3% to 55.7% this month) and work is continuing to sustain this trajectory.
- ❖ **Improving Access to psychology therapies** % of people entering treatment has performed below the agreed trajectory – reporting 13.1% against 14.2%. The other measures are performing above trajectory.

Yorkshire Ambulance Service (YAS) Response Times

Current Performance

- The most recent validated data for Vale of York CCG is November 2016
- Vale of York performance for Category 1 8 minute response time was 68.3% against 75% target.

Current issues impacting on performance:

- ❖ Phase 2.2 of the NHS England-led Ambulance Response Programme (ARP) Pilot went live on 20th October 2016.
- ❖ York Hospital bed capacity was over 90% throughout December 2016 , with the exception of 4 days over the Xmas Bank Holiday, and consequently ambulance crews experienced significant delays in getting crews turned around which impacted on their ability to meet Category 1 & 2 response times.

Mitigating actions include:

- ❖ YAS deployed Clinical Supervisors to work in the Emergency Department at times of severe pressure to help release ambulance crews.
- ❖ YAS are undertaking further training with crews to promote self-handover of patients.
- ❖ UCPs are being used to help reduce hospital conveyances and treat patients in the Community.

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 November 2016
- Performance for York Trust combined was **50.2%** (target 100%); this is a decrease from October performance of 54.4%. York hospital site performance was 54.5%, and Scarborough hospital site was 43.3%.
- The most recent **unvalidated** data for Vale of York is week ending 8th January which shows handover performance of 31% combined, 32% at York hospital and 29% at Scarborough

Current issues impacting on performance:

- ❖ York Hospital bed capacity was over 90% in December, with the exception of 4 days over the Christmas Bank holidays and consequently handover delays were experienced.
- ❖ The 26th, 28th and 29th December were particularly challenging. Diverts were in place for periods of time on 28th and 29th. There were also severe ambulance delays on 1st Jan with 35 turnaround times at + 1 hour, 165 at +2 hrs, 5 at + 3hrs and 1 at +4 hrs.
- ❖ Infection rates decreased during December and there were very few beds closed due to this. SAFER is still considered to be the priority and further discussion as to how work around some of the initiatives contained within this bundle can be escalated is ongoing.

Mitigating actions include:

- ❖ YAS deployed Clinical Supervisors and the Locality Manager on call to work in the Emergency Department numerous times over the holiday period and the Regional Operation Team liaised with the hospital senior on-call teams.
- ❖ The issue of Ambulance Handover has been highlighted as a key priority for the Emergency Department Streaming programme during Q4 of 2016-17. A new task and finish group with senior membership has been formed and has met once already, with fortnightly meetings in diaries.
- ❖ The other actions detailed in the Concordat have been incorporated into this group and there have already been a number of positive actions identified and implemented.
- ❖ Actions from the self-handover audit will be reviewed at the next meeting on 19th January 2017.
- ❖ The Clinical Navigator role continues to be reviewed, developed and utilised. More potential navigation areas have been identified for discussion at the next Contract Monitoring Board on 25th January.
- ❖ 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 as quickly as possible.

Finance ad Contracting implications:

- ❖ No known implications.

Emergency Department (ED)

Current Performance

- The most recent validated data available for Vale of York is November 2016
- Performance against 4 hour target for Vale of York was **81.9%** (target 95%). This is an decrease from the October figure of 85.5%
- Performance has continued to deteriorate through December and the first weeks of January. The most recent **unvalidated** figures for York Trust are for week ending 1st January 2017 and show performance of **75.6%**
- **York Trust failed to achieve the Sustainability and Transformation Fund Trajectory for November with a performance of 81.81% against a trajectory of 90.5%.**

Current issues impacting on performance:

- ❖ York Trust failed the Sustainability and Transformation Fund Trajectory this month. Given on-going performance the expectation is that the trajectory will also fail in December.
- ❖ High bed occupancy has continued to impact patient flow at York Hospital
- ❖ In November 16 there were 14,904 attendances compared to 15,654 in November 15 (4.8% decrease). The Trust had a total of 2,711 breaches (1,774 admitted, 937 non admitted) across all sites in November. The number of patients waiting over 8 hours in A&E was 666 (York 377; Scarborough 289); an increase of 187 (39%) on October.
- ❖ Breach analysis data identified the top three reasons for breaches in January 2017 as Bed Waits, Emergency Department Delays and Delays in Assessments.
- ❖ Performance at York Hospital site in December 2016 using unvalidated data showed that the 95% hour target was not met at any point this month. Performance reached a high of 89.05% and a low of 55.04%
- ❖ November 16 saw 4,098 admissions across the Trust a 6.8% rise vs. November 15 (3,836), which includes an increase of 188 admissions (16.2%) where patients stayed less than 24 hours. Largest percentage rise was seen in ED admissions (2,553 to 2,828; 10.8%).

Mitigating actions include:

- ❖ Winter plan implementation and drop in sessions throughout December.
- ❖ The Acute and Emergency Care Recovery Plan has been revised into a single coherent plan that is aligned to the A&E Delivery Board. The plan has now been collated and task and finish groups are being led by the programme leads.
- ❖ There will be a review of performance meeting and action reporting to stakeholders.
- ❖ Work continues to finalise the new nursing model across both sites with on-going recruitment up to the new nursing numbers underway. The new model provides consistent nursing numbers 24/7 for all major ED functions including Resus, Ambulance Assessment and Streaming. The model is going forward to the York Trust Board in January for review and ratification.
- ❖ Recruitment of Senior ED Consultants is on-going.

Finance and Contracting implications

- ❖ York Trusts Governing Body papers for November make reference to plans to open Medical and Surgical Assessment units from December, as well as further utilising the existing Ambulatory Care Unit. Operationally Vale of York CCG would fully support this but there have been no conversations as yet about how these units will be funded. It is likely that the cohort of patients directed through these areas will not meet the criteria for an admission but unless the Provider and the Commissioner have a discussion to agree the most appropriate payment models then it is likely this activity will be captured and charged as non-elective attendances and attracting the relevant tariff.

Out of Hours (OOH)

Current Performance

- The most recent validated data available for Vale of York is December 2016
- Urgent Face to Face consultations within 2 hours are at **89.7%** and less urgent within 6 hours **94.6%**, both against target of 95%
- Speak to clinician calls within 2 hours are at **90.8%**, within 2 - 6 hours at **77.8%**, and within 6 hours+ at **89.6%** , all against a target of 95%

Current issues impacting on performance:

- ❖ Performance has dipped to its lowest point in the year resulting in all measures failing to achieve target.
- ❖ Activity rose by 27% in December compared to the average monthly level of activity year to date. Last year the comparable rise was 7%.

Diagnostics

Current Performance

- The most recent validated data available for Vale of York is November 2016
- **98.8%** of diagnostic tests took place within 6 weeks, an increase from the prior months performance of 98.7%

Current issues impacting on performance:

- ❖ Vale of York CCG did not meet the 99% Diagnostics target in October 2016, with performance of 98.8%. This equates to 45 patients waiting over 6 weeks for a Diagnostic test.
- ❖ 34 of these breaches were at York Trust, with an additional 10 at Hull and East Yorkshire Hospitals and 1 at University College London Hospitals.
- ❖ The largest numbers of breaches were in Cystoscopy at York with 15, 11 in MRI at York and then 8 in CT at Hull.
- ❖ York Trust met the 99% target in November 2016 with performance of 99.2%.

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 November 2016
- **90.76%** (target 92%) of patients on incomplete pathways have been waiting no more than 18 weeks from referral, a decrease from 91.51% in October 2016
- Sustainability and Transformation Fund Trajectory has not been achieved by York Trust for October at 89.9% 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 1,439 patients out of 15,572 waiting over 18 weeks.
- ❖ The areas which did not meet target on a speciality level were Urology (83.96%), Thoracic Medicine (85.74%), Plastic Surgery (87.27%), General Surgery (87.51%), Rheumatology (87.56%), Gastroenterology (89.27%), Trauma & Orthopaedics (89.93%) and Gynaecology (89.99%).
- ❖ One +52 week attendance was noted in the November position and related to a Trauma and Orthopaedics attendance at Imperial College Health Care NHS Trust
- ❖ Within York Trust performance deterioration has continued for specialities most impacted by theatre capacity, including General Surgery, Urology and MaxFax.

Whilst not meeting the incomplete target, Dermatology has seen performance improvement through the recovery plan, increasing to 89.03% in November. Capacity is challenging in Rheumatology with recruitment on-going.

- ❖ Cancellation of theatre lists due to staffing capacity continues to be a significant factor in the resultant increasing backlog of those patients awaiting elective procedures. This is expected to continue in December and January; however requests are declining due to winter plan. The recruitment drive has continued through November, with a reducing vacancy position down to approximately 10 WTE.
- ❖ Cancelled operations have had a significant impact on performance in November with 84 cancelled due to bed pressures. This represents 54.5% of cancellations, rising to 60% for the Scarborough site only. The Winter Plan is designed to alleviate some of this pressure.
- ❖ Theatre lists have continued to be cancelled during December 2016 and January 2017 due to bed capacity issues from winter pressures at both sites. At the January Quality and Performance meeting a backlog of 1300 patients was reported.
- ❖ New referral criteria for patients requiring Hip and Knee elective procedures has commenced for Scarborough and Ryedale CCG and East Riding CCG. Impact is being monitored. Vale of York CCG have now implemented new criteria on all elective procedures from January. Whilst it is difficult to quantify the reduction, the overall effect will have a detrimental impact on performance in the first instance as the profile of the waiting list changes.

Mitigating actions include:

- ❖ The new theatre plan is in place which aims to cut out variation in requests and improved utilisation. Work continues closely 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.
- ❖ NHSE have confirmed additional funding of 450k is available to VoY to address the current pressures in Ophthalmology and Outpatients. This additional resource does come with a number of caveats including that it must be spent before the end of the 2016/17 financial year and it must be used to utilise available independent sector capacity in the region.

Cancer

Current Performance

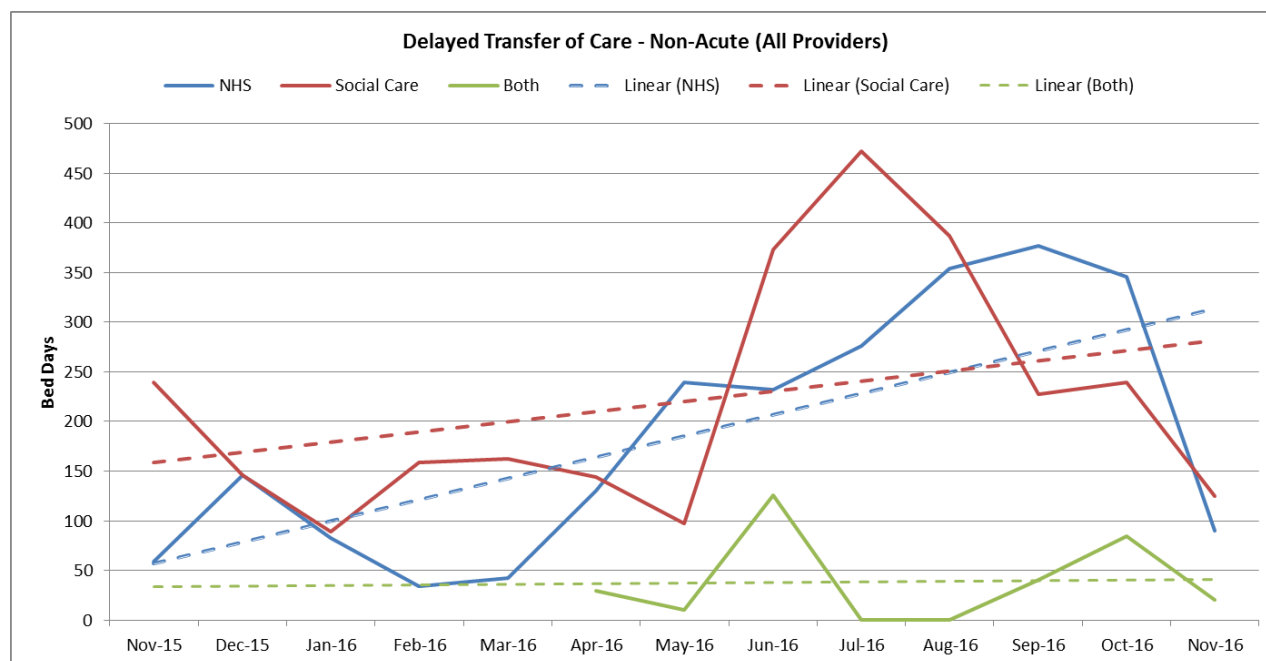
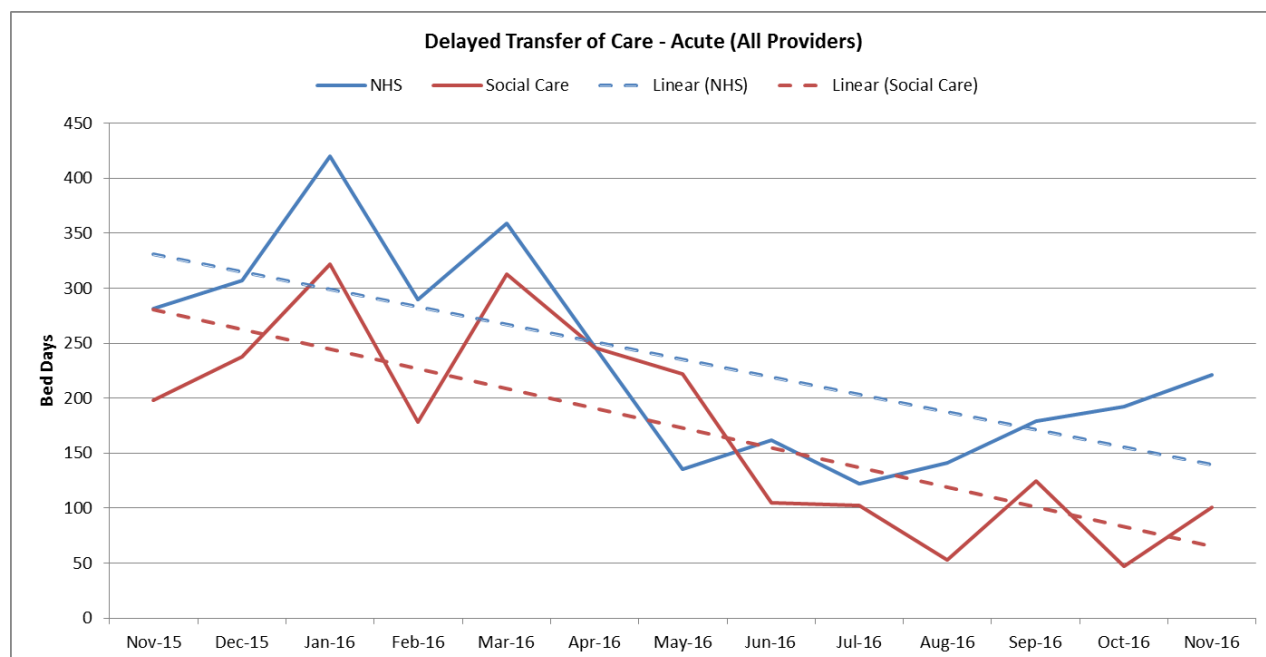
- The most recent validated data available for Vale of York is November 2016
- Performance against the 14 day target of 93% was 92.1% for All Tumour Types. Breast Symptomatic performance was at 98.2%
- Performance against the 31 days targets - subsequent treatment surgery of 94% was 86.7%. The other 31 day targets achieved their targets.
- 62 day treatments following urgent GP Referral against a target 85% was **77.1%**. 62 day treatments following Screening Referral achieved 84.6% against 90% target.

Current issues impacting on performance:

- ❖ Vale of York CCG failed three targets this month.
- ❖ Performance against the 14 days target – all tumours types was 92.1% against a target of 93%. This represents 68 out of 881 patients being treated beyond 14 days.
- ❖ Performance against the 31 days target for second or subsequent surgery failed at 86.7% against a target of 94%. This represents 4 out of 30 patients being treated beyond 31 days.
- ❖ Performance against the 62 days treatment following urgent GP referral failed at 77.1% against a target of 85%. This represents 22 out of 96 patients being treated beyond 62 days.
- ❖ Data is not yet available for November at York Trust level; however the Trust did achieve 5 out of the 7 targets for October 2016.
- ❖ York Trust has not achieved the 14 Day Fast Track, achieving 86.2%, compared to a target of 93%. The 14 fast track has not been achieved for the past 3 months (to October) 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, with York site expected to recover the performance position at the end of Q3.
- ❖ The Trust did not achieve the 62 day standard from referral to first treatment. Specialities underperforming areas include Skin, Head and Neck, lung, Gynaecology and Urology. There are a combination of factors contributing to the 62 day breach including increased demand for specialities, vacancies and tertiary capacity. A recovery plan is in development with the CCGs for the system in response to the continued underperformance.

Delayed Transfers of Care (DTOC)

Current Performance



Note : Tees, Esk & Wear Valleys NHS Trust corrected their reporting method in July.

Current issues impacting on performance:

- ❖ Biggest challenge is delays with Continuing HealthCare packages for complex patients.
- ❖ City of York Council are accommodating delayed patients in Step Down beds until home care packages are available.

- ❖ The closure of Worsley Court has had a positive impact on DTOCs and resulted in a decrease in the reported number of DTOCs.
- ❖ There is a lack of Dementia Nursing beds in North Yorkshire and the City of York.
- ❖ 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

Healthcare Associated Infections (HCAI)

Current Performance – financial year to date

- ❖ At York Trust for Week Ending 8th January 2017 :
- ❖ MRSA bacteraemias stand at 6 year to date against a 0 trajectory for 2016/17
- ❖ C-Difficile infections stand at 26 year to date against a full year trajectory of 43

- ❖ The last stand alone Vale of York locality meeting took place with some positive actions emerging. Future meetings will be with Scarborough and Ryedale and take a locality approach. Increased emphasis will be on a collaborative approaches to Infection Prevention & Control (IPC) and HCAI including primary care
- ❖ The overall C dif rate continues to reduce. Organising the Peer Infection Reviews (PIR) and obtaining staff attendance to ensure PIRs are completed quickly is proving challenging during periods of peak activity however they remain robust multidisciplinary reviews with commissioner input. Work is underway to improve the processes to increase the robustness of community PIR's with increased involvement from medicines management team
- ❖ Following the 2 cases of CPE (Carbapenamase-producing Enterobacteriaceae) identified at York Trust in November discussion on development of an action plan occurred at the Locality meeting. The need for a consistent approach across primary and secondary care was emphasised with the Vale of York CCG having a role.

Dementia

Current Performance

- The most recent data available for Vale of York is November 2016 and current performance is at 55.7% which is an increase from the October position of 55.3%.
- ❖ 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.
- ❖ Vale of York CCG is now working directly with the mental health and learning disability services provider due to the on-going discussions about the future role of the Partnership Care Unit in providing commissioning support to the Vale of York CCG.

Improving Access to Psychological Therapies (IAPT)

Current Performance

- The most recent **unvalidated** data available for Vale of York is November 2016. This is based on local data received directly from providers, as national validated figures from the Health and Social Care Information Centre (HSCIC) are 3 months in arrears. Please note that unvalidated figures can change significantly once processed and validated, so these figures are an indication only
- Access levels in November are at **13.1%**, down from **14.1%** in October, which is below the planned trajectory of 14.2% and below the 15% target
- Recovery rates in November are at **56.6%** up from 43.9% in October. This is above the planned trajectory of 48% and achieves the national target of 50%.
- The 6 week finished treatment target in November is at 81.3% up from 77.6% in October. This is above the planned trajectory of 69.0% 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 12.1% , Recovery 46.4% .
- ❖ Humber – Prevalence 14.5%, Recovery 47.9%,
- ❖ Total – Prevalence 12.2%, Recovery 46.5%

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

- ❖ TEWV – 80.5%.
- ❖ Humber – 90.9%
- ❖ Total – 81.3%

Intensive Support Team work will commence in February to support additional improvement towards access and recovery targets. There has also been a STP Transformation Funding bid developed and submitted via the STP to NHS England

Child and Adolescent Mental Health Services

Current Performance

- From the waiting list identified in December 2016 there were 213 waits for 1st appointment, of which 72 were in excess of 8 weeks. Following validation there were 166 waits for 1st appointment, of which 27 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 January 2017.
- ❖ The Vale of York CCG is currently working with TEWV to identify additional capacity across all sectors to target this backlog.