



Vale of York  
Clinical Commissioning Group

# Vale of York CCG

## Core Performance Dashboard

### for the April 2013 Meeting of the Governing Body

**Report Compiled by:**  
**Report Checked by:**  
**Report Date:**

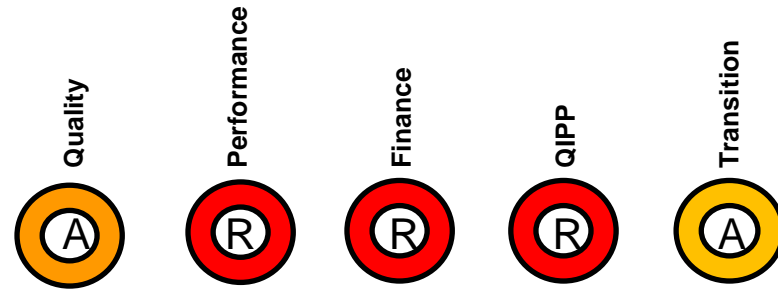
Business Intelligence, North Yorkshire and Humber Commissioning Support Unit  
Vale of York CCG Chief Operating Officer  
21st March 2013

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# SUMMARY OF PERFORMANCE

Current assessment



## VALE OF YORK CCG PERFORMANCE AND QUALITY INDICATORS

Domain	Indicator	Objective	Coverage	Period Covered	Planned Performance	Actual Performance	Recovery plan in place	Recovery date	Assurance
Domain 1: Preventing people from dying prematurely	Ambulance response times: percentage of Red 1 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	CCG	Jan-13	75%	67.9%	ambulance turnaround collaborative plan in place agreed by all key stakeholders. Action plan under development following CCG led meeting with Trusts	to be confirmed	The Clinical Commissioning Group (CCG) called a meeting between the Chief Executive of Yorkshire Ambulance Service (YAS), Chief and Deputy Chief Executive of York teaching Hospital, members of the Area Team of the NHS Commissioning Board and Associate CCG Accountable Officers to discuss concerns over a number of performance areas including ambulance turnaround which it is believed may be contributing to the difficulty in meeting ambulance response times. Other actions include YAS Clinical Supervisor in place in Accident and Emergency, further enhance and develop triage of minors (crew referral)-CCG to support finding right clinician support, confirm standpoint for ambulances. See supporting analysis in Appendix A.
	Ambulance response times: percentage of Red 2 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	CCG	Jan-13	75%	74%			
	Ambulance response times: percentage of Red 2 999 calls responded to within 19 minutes.	Minimum of 95% during 2012-13	CCG	Jan-13	95%	94.3%			
	Percentage of patients referred by a primary care professional for treatment/investigation of breast symptoms (excluding those where cancer is suspected) who are seen by a specialist within 14 days.	Minimum of 93% during 2012-13	Provider (Signal Report)		Dec-12	93%	92.7%		The data for this indicator is based on the providers own Signal report in order to report the position based on the York site only. The Signal report reports on the total activity for all patients that access the Trusts services regardless of commissioner. The Signal report suggests this indicator is underperforming, however the national data available to the CCG as a commissioner suggests that the target has been achieved in both December and January. Therefore, it can be assumed that the target has been met for the population which the CCG is responsible for.
Domain 2: Enhancing Quality of Life for People with Long Term Conditions	Number of episodes of crisis resolution/home treatment care provided	Minimum of 1776 in 2012-13	PCT	Q3 12/13	444	373			As part of 2013/14 contract discussions we will be working towards data disaggregated into CCG's which will enable the CCG to understand the performance as it relates specifically to Vale of York CCG.
Domain 4: Ensuring that people have a positive experience of care	95th percentile for admitted patients that were on a Referral to Treatment (RTT) pathway	Maximum 23 weeks	Combined York/Scarborough	Jan-13	23	24			The CCG recognises that the Norovirus outbreak between November to February resulted in elective operations being cancelled and that this may have put some pressure in the system, particularly when combined with increased pressures from A&E and compromised patient flow through the hospital. The CCG is working with the Trust to look at ways we can support the Trust improve their performance.  See appendix C
	Number of patients still waiting for treatment where they have waited 52 weeks or more after referral by their GP or other healthcare professional.	Zero	Combined York/Scarborough	Jan-13	0	13	action plan and trajectory requested	to be confirmed	As at 6th March, five patients had breached 52 weeks, two in General Surgery, two in Ophthalmology and one in Urology. All have 'To Come In' dates in March or the beginning of April. The situation was discussed at the recent meeting (referred to above) and an action plan and trajectory has been requested by the end of the March.  See appendix C
	Percentage of patients that wait no longer than 4 hours in A&E from arrival to either discharge or admission.	Average of 95% over 2012-13	Provider (Signal Report)		Jan-13	95%	92.9%	action plan requested	to be confirmed

## VALE OF YORK CCG PERFORMANCE AND QUALITY INDICATORS

Domain	Indicator	Objective	Coverage	Period Covered	Planned Performance	Actual Performance	Recovery plan in place	Recovery date	Assurance
	Mixed Sex Accommodation Breaches per 1000 Finished consultant episodes (FCEs) (No of breaches)	<1 per 1000 FCEs	Combined York/Scarborough	Jan-13	<1	1.2 (12)			This relates to breaches in the medical assessment unit on two separate occasions. On two separate occasions a female patient required urgent admission to a bed, only available bed was in a male bay. This has resulted in a total of twelve breaches (ie 6 people affected on each occasion). This is unusual for York Teaching Hospitals Trust and although poor patient experience, it is not considered to have been a patient safety incident. The CCG will continue to monitor this performance.
	Proportion of GP referrals to first outpatient appointments booked using Choose and Book	70.0%	CCG	Jan-13	70%	23.8%			Choose and book has been discussed in the Governing Body and while performance against the target for use of the choose and book system is poor, the CCG is reasonably assured that GPs do discuss and offer choice to patients. Development of a referral support service will further this commitment.
Domain 5: Providing a safe environment and protecting from harm	Number of patients the PCT is responsible for with Clostridium difficile infections.	No more than 27	Host Provider	Feb-13	No more than 2	4	in place for 2012/13 to request 2013/14	to be agreed	As at the 8th March, York Foundation Trust (YFT) had reported 37 cases against a target of 27. There are three cases that the trust are appealing with the Department of Health for which they are awaiting an official response. The action plans and containment policy have been shared with Vale of York CCG and the Trust undertake Root Cause Analysis (RCA) for all reported cases of CDiff.
	Total Never Events reported	0	Combined York/Scarborough	Feb-13	0	1			Surgical Error Never Event - Cataracts (30/01/2013). A total of three never events have been reported for the financial year.

# VALE OF YORK CCG PERFORMANCE AND QUALITY INDICATORS

Indicator	Objective	Coverage	Latest Performance				Year to Date	Q/P	Score Matrix
			Period Covered	Planned Performance	Actual Performance	RAG Rating			
<b>Domain 1: Preventing people from dying prematurely</b>									
Ambulance response times: percentage of Red 1 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	CCG	Jan-13	75%	67.9%	R	71.3%	P	0
Ambulance response times: percentage of Red 2 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	CCG	Jan-13	75%	74%	A	73.9%		
Ambulance response times: percentage of Red 1 999 calls responded to within 19 minutes.	Minimum of 95% during 2012-13	CCG	Jan-13	95%	98.8%	G	98%		
Ambulance response times: percentage of Red 2 999 calls responded to within 19 minutes.	Minimum of 95% during 2012-13	CCG	Jan-13	95%	94.3%	A	95.3%		
Percentage of patients urgently referred by a primary care professional for suspected cancer that are seen by a specialist within 14 days.	Minimum of 90% during 2012-13	Provider (Signal Report)	Dec-12	90%	94.1%	G	-	P	1
Percentage of patients referred by a primary care professional for treatment/investigation of breast symptoms (excluding those where cancer is suspected) who are seen by a specialist within 14 days.	Minimum of 93% during 2012-13	Provider (Signal Report)	Dec-12	93%	92.7%	A	-	P	
Percentage of patients that wait no more than 31 days from the date of the decision to undergo treatment to receive their first stage of treatment for cancer.	Minimum of 96% during 2012-13	Provider (Signal Report)	Dec-12	96%	99.2%	G	-	P	3
Percentage of patients that wait no more than 31 days to receive their second or subsequent stage of treatment for cancer where that treatment is drug therapy.	Minimum of 98% during 2012-13	Provider (Signal Report)	Dec-12	98%	100%	G	-	P	3
Percentage of patients that wait no more than 31 days to receive their second or subsequent stage of treatment for cancer where that treatment is surgery.	Minimum of 94% during 2012-13	Provider (Signal Report)	Dec-12	94%	100%	G	-	P	
Percentage of patients that wait no more than 31 days to receive their second or subsequent stage of treatment for cancer where that treatment is radiotherapy.	Minimum of 94% during 2012-13	Combined York/Scarb	Jan-13	94%	n/a	G	n/a	P	
Percentage of patients urgently referred by a primary care professional that wait no more than 62 days from the date of referral to receive their first stage of treatment for cancer.	Minimum of 85% during 2012-13	Combined York/Scarb	Jan-13	85%	89.3%	G	88%	P	3
Percentage of patients referred by an NHS Screening Service that wait no more than 62 days from the date of referral to receive their first stage of treatment for cancer.	Minimum of 90% during 2012-13	Combined York/Scarb	Jan-13	90%	100%	G	93.1%	P	3
Percentage of patients that have their priority upgraded by a consultant that suspects cancer that wait no more than 62 days to receive their first stage of treatment.	Minimum of 90% during 2012-13	Combined York/Scarb	Jan-13	90%	100%	G	100%	P	

<b>Domain 2: Enhancing Quality of Life for People with Long Term Conditions</b>									
Number of episodes of crisis resolution/home treatment care provided	Minimum of 1776 in 2012-13	PCT	Q3 12/13	444	373	R	1152	Q	0
Number of newly diagnosed cases of first episode psychosis for whom early intervention is provided.	Minimum of 84 in 2012-13	PCT	Q3 12/13	21	40	G	110	Q	3
Percentage of people who have depression and/or anxiety disorders who receive psychological therapies (IAPT).	6.23% average 2012-13	PCT	Q3 12/13	0.4%	1.2%	G	3.2%	Q	3
Proportion of people with a LTC who are "supported by people providing health and social care services to manage their condition".	Top Quartile	CCG	Q2 12/13	Top Quartile	89.2%	G	-	Q	3
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults).	Same or fewer admissions	CCG	Apr-Dec 2012	Same or fewer admissions	Worse	G	-	Q	3
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19's	Same or fewer admissions	CCG	Apr-Dec 2012	Same or fewer admissions	Same	G	-	Q	3

# VALE OF YORK CCG PERFORMANCE AND QUALITY INDICATORS

Indicator	Objective	Coverage	Latest Performance				Year to Date	Q/P	Score Matrix
			Period Covered	Planned Performance	Actual Performance	RAG Rating			
<b>Domain 3: Helping people recover from episodes of ill health or injury</b>									
Emergency admissions for acute conditions that should not usually require hospital admission.	Same or fewer admissions	CCG	Apr-Dec 2012	Same or fewer admissions	Worse	G	-	Q	3
Percentage of stroke patients that spend at least 90% of their time in hospital on a dedicated stroke ward.	Minimum of 80%	Host ProvComm	Q3 12/13	80%	85.6%	G	86.3%	P	3
Percentage of non-admitted patients, who have a Transient Ischaemic Attack and a higher risk of stroke, who are treated (including all relevant investigations) within 24 hours of contacting a healthcare professional.	Minimum of 60%	Host ProvComm	Q3 12/13	60%	76.9%	G	82.6%	P	3

<b>Domain 4: Ensuring that people have a positive experience of care</b>									
95th percentile for admitted patients that were on a RTT pathway	Maximum 23 weeks	Combined York/Scarb	Jan-13	23	24	A	-	P	3
95th percentile for non-admitted patients that were on a RTT pathway	Maximum 18.3 weeks	Combined York/Scarb	Jan-13	18.3	16.1	G	-	P	
95th percentile for patients still on a 18 week pathway	Maximum 28 weeks	Combined York/Scarb	Jan-13	28	21.2	G	-	P	
Percentage of patients admitted for hospital treatment within 18 weeks of referral by their GP or other healthcare professional.	Minimum of 90% during 2012-13	Provider (Signal Report)	Jan-13	90%	92.1%	G	-	P	3
Percentage of non-admitted patients treated by a consultant (or consultant led service) within 18 weeks of referral by their GP or other healthcare professional.	Minimum of 95% during 2012-13	Provider (Signal Report)	Jan-13	95%	97.1%	G	-	P	3
Percentage of patients still waiting for treatment within 18 weeks of referral by their GP or other healthcare professional.	Minimum of 92% during 2012-13	Provider (Signal Report)	Jan-13	92%	92.8%	G	-	P	0
Number of patients still waiting for treatment where they have waited 52 weeks or more after referral by their GP or other healthcare professional.	Zero	Combined York/Scarb	Jan-13	0	13	R	-	P	
Percentage of patients that waited over 6 weeks for a diagnostic test.	<1% of patients	Provider (Signal Report)	Jan-13	<1%	0.3%	G	-	P	3
Percentage of patients that wait no longer than 4 hours in A&E from arrival to either discharge or admission.	Average of 95% over 2012-13	Provider (Signal Report)	Jan-13	95%	92.9%	A	-	P	1
Mixed Sex Accommodation Breaches per 1000 FCEs (No of breaches)	<1 per 1000 FCEs	Combined York/Scarb	Jan-13	<1	1.2 (12)	R	-	P	0
Patient Experience survey (IP 2011 Q41) Patients involved satisfactorily in decisions about care and treatment	Same or Best Perf Category	Host provider	2011	Same or Best Perf Category	Same	G	-	Q	3
Patient Experience survey (IP 2011 Q73) Overall level of respect and dignity	Same or Best Perf Category	Host provider	2011	Same or Best Perf Category	Same	G	-	Q	3
Proportion of GP referrals to first outpatient appointments booked using Choose and Book	70%	CCG	Jan-13	70%	23.8%	R	-	Q	0

# VALE OF YORK CCG PERFORMANCE AND QUALITY INDICATORS

Indicator	Objective	Coverage	Latest Performance				Year to Date	Q/P	Score Matrix
			Period Covered	Planned Performance	Actual Performance	RAG Rating			
<b>Domain 5: Providing a safe environment and protecting from harm</b>									
Number of patients the PCT is responsible for with Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections.	No more than 2	Host provider	Feb-13	No more than 2	0	G	0	P	3
Number of patients the PCT is responsible for with Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia infections.	No more than 29	Host provider	Feb-13	No more than 2	0	G	21	Q	3
Number of patients the PCT is responsible for with Clostridium difficile infections.	No more than 27	Host provider	Feb-13	No more than 2	4	R	35	P	0
Percentage of adult inpatients who have a Venous Thrombosis Embolism (VTE) risk assessment on admission.	90%	Combined York/Scarab	Jan-13	90%	93.4%	G	93.2%	Q	3
Summary Hospital Mortality Index	As expected or better	Combined York/Scarab	Q1 12/13	As expected or better	As expected	G	As expected	Q	3
Total Never Events reported	0	Combined York/Scarab	Feb-13	0	1	R	3	Q	0
Total Number of Serious Incidents	-	Host provider	Feb-13	-	4		19		

## RAG Rated Performance for Latest Performance

**Green** = achieved planned performance for current period

**Amber** = within 5% of planned performance for current period

**Red** = under-performing against planned performance by more than 5%

For items based on quartiles, Green = Upper quartile, Amber = Inter-quartile range, and Red = Lower quartile

For items based on trend, Green = gradient in line with objective, Amber = gradient is "flat", Red = gradient is opposite to objective.

For mortality, Green = either "as expected" or "lower than expected", Red = "higher than expected".

## Coverage

The data presented is available in a number of formats regarding coverage. The following sets out a brief explanation of the terms used:

CCG - the data are based on the registered patients of the relevant CCG practices, regardless of provider.

Patch - this is an area that approximates to the CCG geographical coverage, normally based on the former PCG/PCT "patches" e.g. Selby & York.

Host Provider - this data relates to all the patients of a provider "hosted" by the CCG regardless of which practice they are registered with e.g. YHFT is hosted by VoYCCG.

Host ProvComm - this data relates to the Host provider as described above, but is limited to patients that are the responsibility of NHS North Yorkshire and York (not exclusively the CCG).

Combined York/Scarab - from July-12 onwards Scarborough Trust merged with York Trust and therefore official data is submitted as York Trust only and at present separation of the two is not possible

Provider (Signal Report) - where available the data from York Trust's Signal Report is shown instead of Combined York/Scarab data

## Scoring

The RAG rating for each indicator is converted into a score for each item: Green = 3 points, Amber = 1 point, and Red = 0 points.

However, in some cases the indicators are grouped to provide a better balance between different areas. The scoring matrix column indicates where groups exist.

In these cases, the combined score is derived from a matrix of possible combinations of RAG. The combinations are as follows:

Red in any individual indicator results in Red overall for the group

If two indicators are grouped, then a Green and Amber combination results in Amber overall.

If three indicators are grouped, then if two indicators are Amber the group is Amber, if one indicator is Amber, the group is Green.

Groups where the individual indicators are wholly Green, Red or Amber, retain the same overall RAG.

The scores are

**Green** = 90% or higher

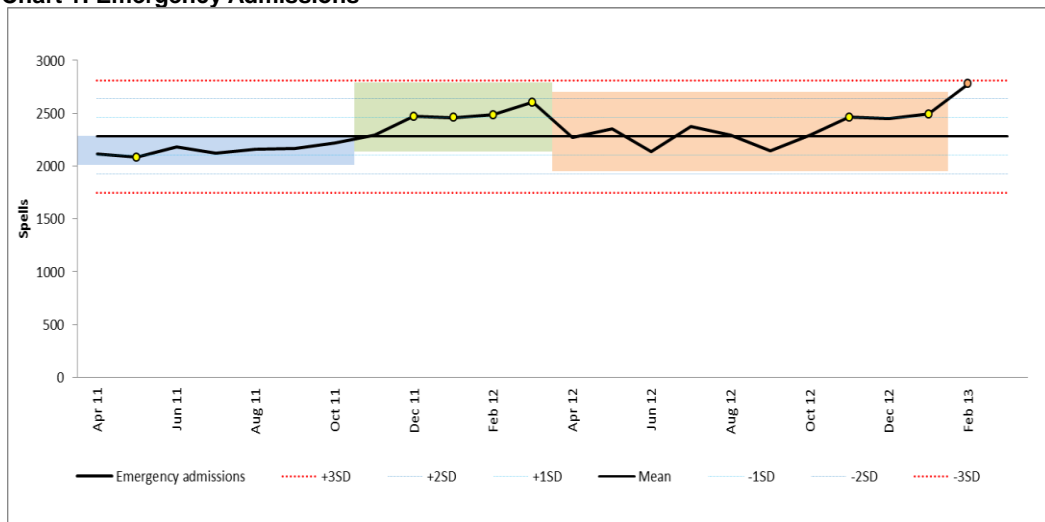
**Amber** = 75% or higher, but less than 90%

**Red** = Less than 75%



# Secondary Care Activity Trends at York Foundation Trust

**Chart 1: Emergency Admissions**



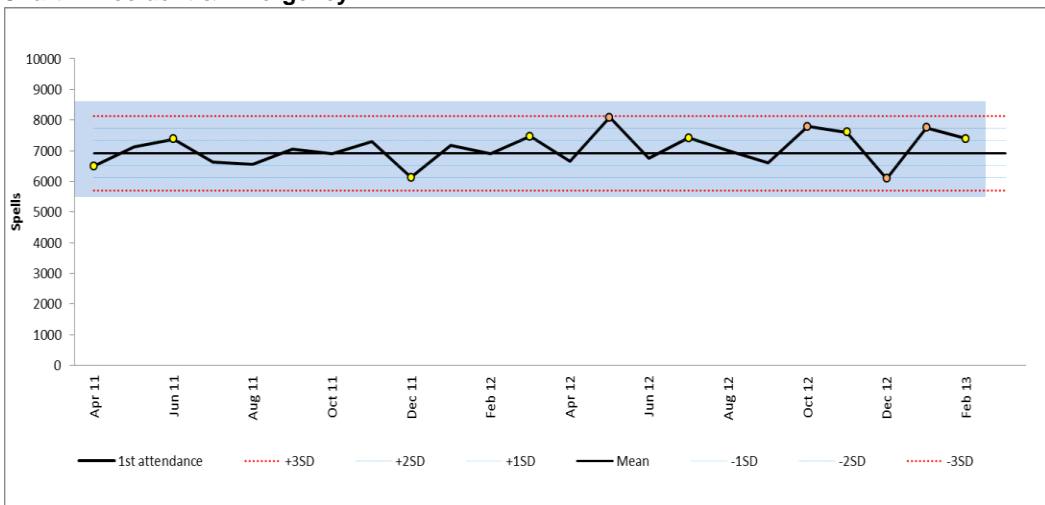
Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	2,768	2,698	2,865	2,831	2,851	2,830	2,943	3,038	3,202	3,162	3,116	3,300
2012-13	2,863	3,048	2,790	2,987	2,951	2,836	3,009	3,057	3,119	2,494	2,778	**

Year on year comparison	Activity
Apr-Feb 2011-12	32,304
Apr-Feb 2012-13	31,932
Variance	-372
% Variance	-1%

Chart 1 identifies stepped changes in emergency activity as expected due to seasonality. The 2% growth in year on year activity is within normal levels of statistical variation and may be attributable to demographic growth.

\*\* February 2013 activity is based on estimates using fast track data and is therefore subject to change.

**Chart 2: Accident & Emergency**



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	7,213	7,489	7,046	7,104	6,968	6,860	7,255	6,960	7,070	6,712	6,860	7,680
2012-13	5,679	6,731	6,607	6,795	6,497	6,299	6,531	6,180	6,155	7,745	7,396	**

Year on year comparison	Activity
Apr-Feb 2011-12	77,537
Apr-Feb 2012-13	69,627
Variance	-7,910
% Variance	-10%

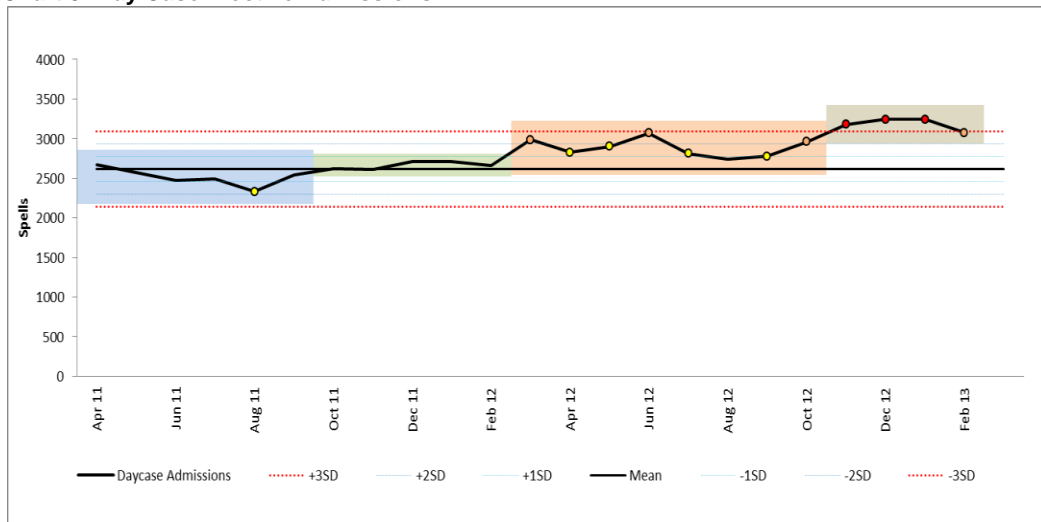
The Walk In Centre (WIC) service at Monkgate transferred to the York Foundation Trust in mid April 2012. Chart 2 plots the total monthly activity at both the A&E Department in York hospital and Monkgate WIC during 2011/12 for consistency purposes. The control chart clearly demonstrates a stepped change reduction in overall activity, consistent with the point at which the WIC service transferred.

Overall, the casemix has become more complex with a reduction in activity classified and coded as minor attendances (levels 3 & 5) and an increase in activity classified as standard and major (levels 1, 2 and 4). Regardless of the change in coding complexity, the QIPP plans relating to the WIC transfer has delivered in line with the planned assumptions.

\*\* February 2013 activity is based on estimates using fast track data and is therefore subject to change.

# Secondary Care Activity Trends at York Foundation Trust

**Chart 3: Day Case Elective Admissions**



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	2,290	2,574	2,712	2,613	2,554	2,666	2,746	2,862	2,585	2,840	2,792	3,127
2012-13	2,694	3,179	2,777	3,083	2,867	2,780	3,243	3,331	2,781	3,398	2,927	

Year on year	Activity
Apr-Feb 2011-12	29,234
Apr-Feb 2012-13	33,060
Variance	3,826
% Variance	13%

Chart 3 clearly identifies a stepped change of day case activity which is consistent with the introduction of the 2012/13 Payment by Results (PbR) guidance which incentivised acute providers to treat more patients as day cases through best practice top-up payments for procedures which were considered most appropriate to be undertaken in a day case setting.

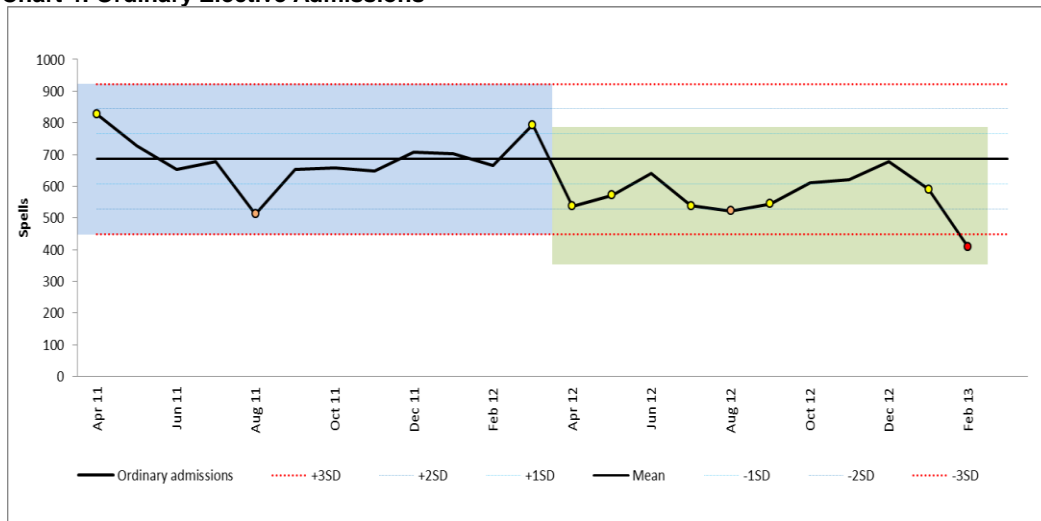
Whilst there has been a decrease in ordinary elective admissions, there has been a net increase in elective admissions overall of 2,600 spells. There has not however, been any financial increase in comparison to the 2011/12 contractual spend for electives

Analytical investigations will be undertaken to identify the conversion rates from outpatient to elective (ordinary and elective) activity, to determine if there have been any changes to thresholds or clinical practices.

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

*\*\* February 2013 activity is based on estimates using fast track data and is therefore subject to change.*

**Chart 4: Ordinary Elective Admissions**



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	709	728	715	711	561	683	690	710	674	735	696	831
2012-13	512	626	580	589	547	544	670	650	581	618	389	

Year on year	Activity
Apr-Feb 2011-12	7,612
Apr-Feb 2012-13	6,306
Variance	-1,306
% Variance	-17%

In conjunction with the stepped increase noted above in Chart 3 in relation to Day Case activity, Chart 4 demonstrates a corresponding decrease in Ordinary Elective admissions. As noted above, this is the result of PbR incentivising a shift in patient care being provided in a day case setting.

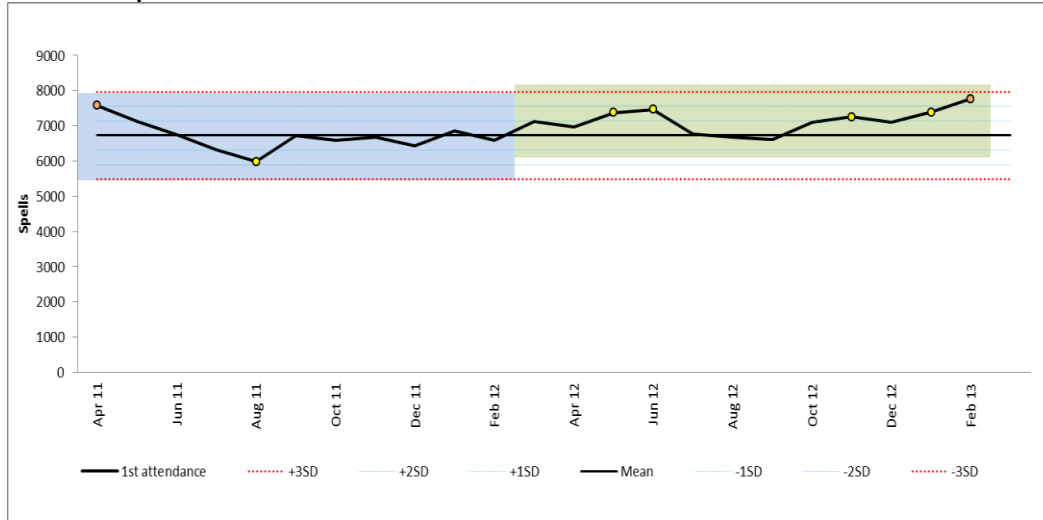
*N.b. The trend analysis in chart 4 has been adjusted for working days*

*\*\* February 2013 activity is based on estimates using fast track data and is therefore subject to change.*

**2,520 net change in overall elective activity**

# Secondary Care Activity Trends at York Foundation Trust

**Chart 5: Outpatient First Attendances**



TO UPD. TO UPDATE FOR APRIL DASHBOA

Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	6,497	7,117	7,384	6,624	6,554	7,039	6,910	7,309	6,132	7,177	6,893	7,463
2012-13	6,644	8,084	6,753	7,420	6,995	6,604	7,782	7,599	6,092	7,745	7,396	**

Year on year	Activity
Apr-Feb 2011-12	75,636
Apr-Feb 2012-13	79,114
Variance	3,478
% Variance	5%

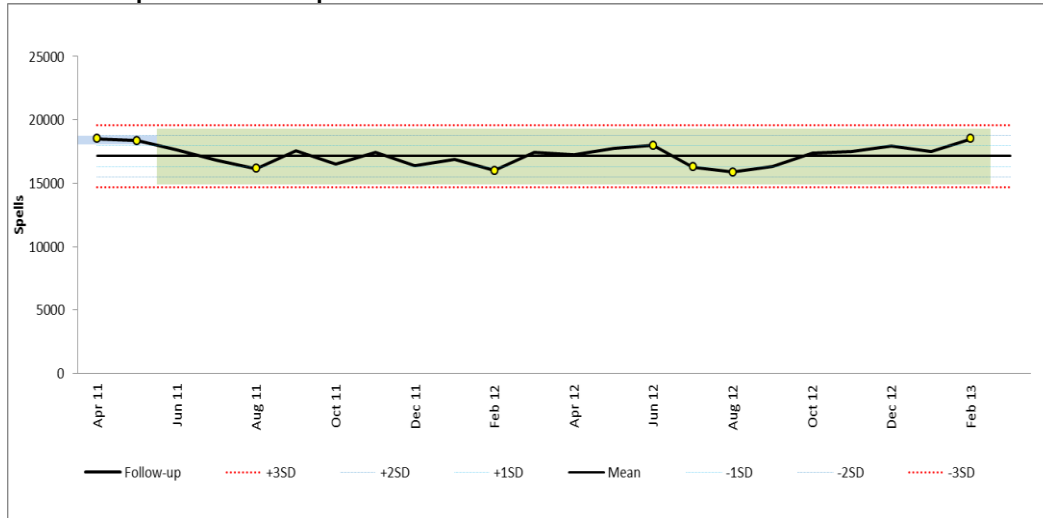
Chart 5 demonstrates that there has been a slight stepped increase in activity year on year. This is due to an increase in both internal and external demand to the provider.

The internal demand has been challenged as part of the year end discussions with the trust.

*N.b. The trend analysis in chart 5 has been adjusted for working days*

*\*\* The January - February 2013 activity is based on estimates using fast track data and is therefore subject to change.*

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



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	15,859	18,344	19,274	17,598	17,688	18,370	17,281	19,085	15,593	17,712	16,748	18,283
2012-13	16,460	19,466	16,260	17,825	16,618	16,335	19,029	18,328	15,365	18,317	17,621	**

Year on year	Activity
Apr-Feb 2011-12	193,552
Apr-Feb 2012-13	191,624
Variance	-1,928
% Variance	-1%

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

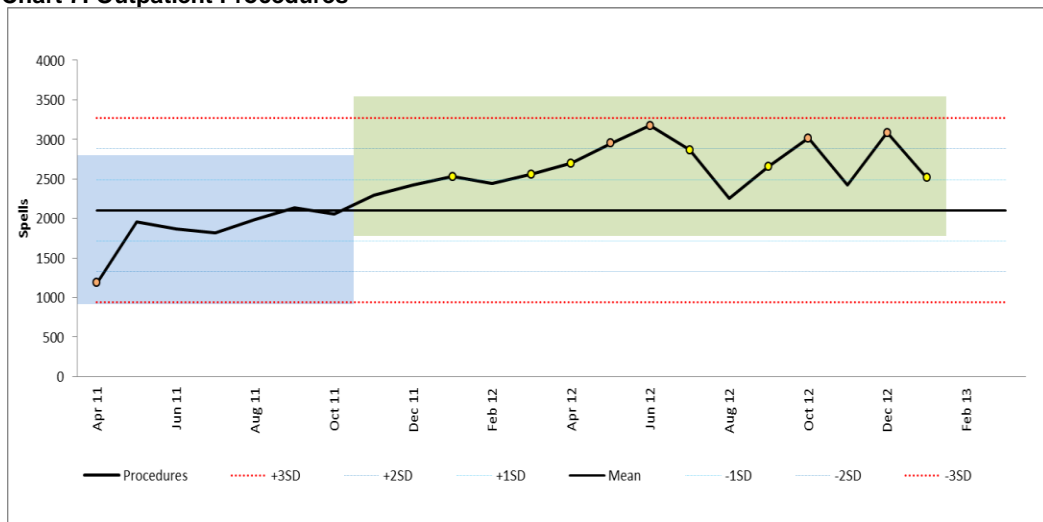
The activity is paid based on a capped ratio of first to follow up attendances of 1 : 1.2

*N.b. The trend analysis in chart 6 has been adjusted for working days*

*\*\* The January - February 2013 activity is based on estimates using fast track data and is therefore subject to change.*

# Secondary Care Activity Trends at York Foundation Trust

**Chart 7: Outpatient Procedures**



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	1,017	1,955	2,050	1,909	2,176	2,234	2,154	2,516	2,309	2,650	2,555	2,680
2012-13	2,570	3,233	2,871	3,139	2,358	2,659	3,304	2,539	2,644	2,634	***	

Year on year	Activity
Apr-Dec 2011-12	18,320
Apr-Dec 2012-13	25,317
Variance	6,997
% Variance	38%

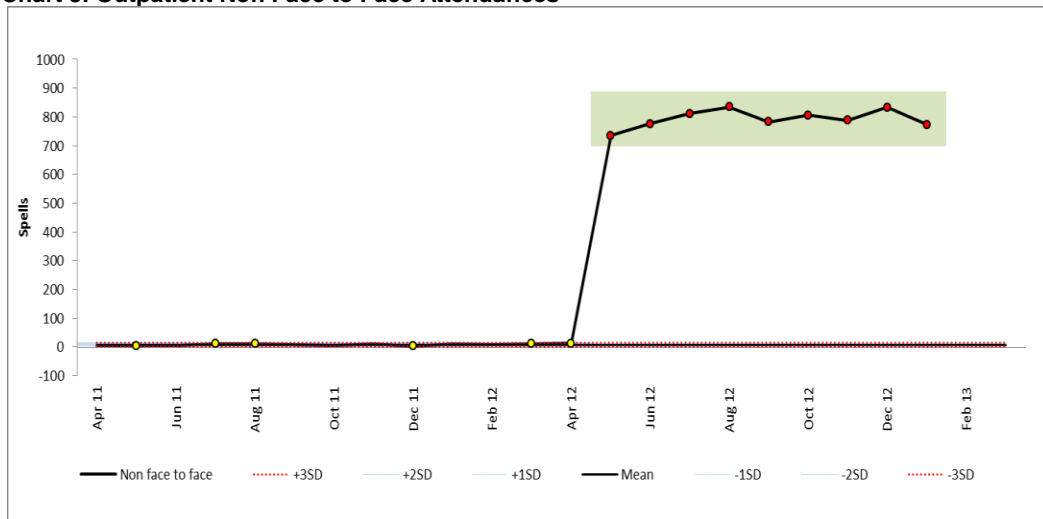
The increase in outpatient procedures is the result of the expanding scope of Payment by Results (PbR). In 2011/12 there were 49 chargeable outpatient procedures, which increased to 79 in 2012/13.

The gradual increasing trend in Chart 7 represents the trusts developing ability to capture and code more procedures undertaken in outpatients to maximise the benefit as appropriate from PbR. The decrease in activity classified as outpatient follow-ups is therefore most likely attributable to such activity shifting to being classified as outpatient procedures.

Whilst some of the outpatient procedures would have been previously classified as first attendances, the majority of procedures would have previously have been classified as follow-ups. Therefore, to determine an overview of the situation in outpatients overall, a crude calculation can be applied to sum the procedures and follow-ups (April - December) and compare activity year on year - this suggests a net increase of approximately 13%.

\*\*\*N.b. Fast-track data is not available to estimate the latest positions for outpatient procedures due to the time required for

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



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	5	4	6	11	12	8	6	10	3	10	7	11
2012-13	12	805	702	888	874	782	882	825	714	810	**	

Year on year	Activity
Apr-Feb 2011-12	82
Apr-Feb 2012-13	7,294
Variance	7,212
% Variance	8795%

Following the Payment by Results (PbR) Code of Conduct, the trust served notice to code and count and charge non face to face activity where appropriate, chargeable at £23 each. The trust have provided detailed assurance to support payment in line with PbR.

Whilst the trend analysis in Chart 8 suggests that there is an increase in activity in February, this indication should be considered with caution as the data is based on an extrapolation calculation to estimate the month end position based on fast track data. The fast-track data available at the point of analysis was up to the 10th of February, or working day 6 out of 20, therefore significant change in the actual months position relatively likely.

N.b. The trend analysis in chart 8 has been adjusted for working days.

\*\* The January - February 2013 activity is based on estimates using fast track data and is therefore subject to change.

# Financial Performance - Vale Of York CCG

## Overall position and financial duties

### Executive Summary:

The key performance measures for CCG and the PCT are included in the table below and include.

- Expenditure contained with PCT revenue resource limit this is presented at CCG level
- Capital expenditure contained within capital resource limit
- A balanced cash position
- Full compliance with Better Payment Practice Code (BPPC)

£

### Year end forecast and key movements since last month:

Based on 10 months actual and 1 month estimated data a significant year end overtrade variance is forecast against the York Hospitals acute contract. The pressure areas are most notable in non elective care, first outpatients attendances and high cost drugs (non SUS).

Based on M09 data there is significant pressure against the Yorkshire Ambulance Service contract, work is on-going to assess the number of "GP urgents". Private Provider contracts are also showing significant signs of pressure with overspends notably forecast against Nuffield. These overtrades are activity driven. There is also a forecast overspend against partnerships, the expenditure relates to Mental Health out of area placement.

There has been a significant improvement in the prescribing position as a result of a nationally negotiated reduction in tariff for category M drugs.

Notes:

### Key Risks to the Financial Position

The variances against the acute contracts assume that QIPP continues to be delivered, if QIPP does not achieve the planned level of savings, the reported position will significantly worsen. The delivery of the QIPP programme is essential to the delivery of an acceptable and sustainable financial outcome.

Increased rates of referral and demand in the acute sector pose a significant risk to the overall CCG position.

### Year End Forecast (£m)

Duty	Target	YE Projection	Var
Operate Revenue Resource Limit	344,211.9	354,004.4	£9,792.5
To operate within the Capital Resource Limit	tba	tba	tba
To operate within the overall cash limit	tba	tba	tba
BPPC - To pay at least 95% of non NHS creditors within 30 days	tba	tba	tba

### Year to date position (£m) as at 28th February 2013

Directorate	Plan	Actual	Variance	
	£m	£m	£m	%
Resource Limit	315,301.7	324,267.3	8,965.6	3.9%
Commissioned Services NHS	249,599.2	254,308.4	4,709.2	-2.8%
Commissioned Services Non-NHS	30,214.2	30,277.2	63.0	1.2%
Primary Care	40,293.7	39,681.8	-611.9	-2.1%
Corporate Services	tba	tba	tba	tba
Total Expenditure	-4,805.3	0.0	4,805.3	100.0%
Total (Surplus)/Deficit	4,805.3	9,344.0	4,538.8	150.8%

### Key actions to be taken:

Monitoring and corrective action required to address demand presenting to York Hospitals Trust and Nuffield York.

Continual review of prescribing expenditure.

Continual review of QIPP delivery.

Year end forecast

R

Year to date position

R

## OVERALL FINANCIAL POSITION - Vale Of York CCG

Area	Cumulative to Date as at 28th February 2013			Forecast 2012/13 Outturn (Month 11)			Month 10	Monthly Change
	Budget	Actual	Variance	Budget	Actual	Variance	Variance	
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Commissioned</b>								
York Hospitals Foundation Trust (Acute services)	146,249.4	147,660.4	1,411.0	159,870.3	161,412.8	1,542.5	4,709.7	3,167.2
York Hospitals Foundation Trust (Community Services)	14,801	15,576	775.9	16,146.0	16,992.4	846.4	461.1	385.3
Harrogate District Foundation Trust (Acute services)	1,209	1,202	-7.5	1,321.9	1,310.9	-11.0	-11.4	0.4
Harrogate District Foundation Trust (Community services)	7,401	7,498	97.4	8,073.9	8,180.2	106.3	167.9	-61.7
Scarborough & North East Yorkshire NHS Trust	3,915	3,975	59.9	4,279.6	4,345.1	65.5	54.9	10.6
Leeds and York Partnership Trust	27,990	27,012	-977.9	30,534.6	29,467.8	-1,066.8	-1,053.0	-13.8
Yorkshire Ambulance Service	11,314	11,806	492.5	12,342.2	12,879.4	537.2	568.1	-30.9
Leeds Teaching Hospital Trust	10,981	10,937	-44.4	11,979.3	11,930.8	-48.5	-48.5	0.0
Ramsey Hospital - Clifton park York	7,187	6,853	-334.2	7,840.3	7,475.7	-364.6	-443.8	79.2
Hull & East Yorkshire NHS Trust	2,554	2,527	-26.7	2,786.3	2,757.2	-29.1	-27.9	-1.2
Nuffield Hospital - York	1,723	2,969	1,246.7	1,879.2	3,239.3	1,360.1	1,369.0	-8.9
Mid Yorkshire	1,757	1,746	-11.7	1,921.0	1,908.2	-12.8	-8.9	-3.9
Tees Esk & Wear Valley MH	1,208	1,288	80.0	1,318.2	1,405.4	87.2	80.4	6.9
South Tees Foundation Trust	1,209	1,227	17.9	1,321.9	1,341.5	19.6	19.6	0.0
<b>Total Major NHS Contracts above £1m</b>	<b>236,583</b>	<b>242,332</b>	<b>5,748.1</b>	<b>258,439.2</b>	<b>264,717.3</b>	<b>6,278.1</b>	<b>5,837.2</b>	<b>440.9</b>
Other NHS Contracts below £1m.	6,353	6,040	-313.6	6,945.3	6,602.5	-342.8	-866.0	523.2
NHS Non Contract Activity	3,966.2	4,009.6	43.4	4,326.8	4,374.1	47.3	129.1	-81.8
Private Providers contracts below £1m	946.0	1,031.6	85.6	1,032.0	1,125.3	93.3	100.9	-7.5
Other NHS Commissioning	1,750	896	-854.3	1,909.4	977.5	-931.9	-932.0	0.1
<b>Total NHS contracts</b>	<b>249,599</b>	<b>254,308</b>	<b>4,709.2</b>	<b>272,652.7</b>	<b>277,796.8</b>	<b>5,144.0</b>	<b>4,269.2</b>	<b>874.8</b>
Partnerships	2,761	3,125	363.5	3,012.2	3,408.8	396.6	610.3	-213.7
Hospice payments	1,116	1,109	-7.5	1,217.9	1,209.7	-8.2	-8.2	0.0
Pooled Budgets	4,006.9	4,106.8	99.9	4,371.2	4,480.1	108.9	3.0	105.9
Continuing Care	18,302.3	17,789.6	-512.7	19,966.1	19,406.8	-559.3	-523.6	-35.7
Funded Nursing Care	4,027	4,147	119.8	4,393.5	4,524.2	130.7	104.2	26.5
<b>Total Non NHS Contracts</b>	<b>30,214</b>	<b>30,277</b>	<b>63.0</b>	<b>32,960.9</b>	<b>33,029.6</b>	<b>68.7</b>	<b>185.7</b>	<b>-117.0</b>
<b>Total Commissioned Services</b>	<b>279,813</b>	<b>284,586</b>	<b>4,772.2</b>	<b>305,613.6</b>	<b>310,826.4</b>	<b>5,212.8</b>	<b>4,455.0</b>	<b>757.8</b>
<b>Primary Care</b>								
Prescribing	40,293.7	39,681.8	-233.4	43,840.3	43,178.0	-662.4	-794.3	131.9
<b>Total Primary Care</b>	<b>40,293.7</b>	<b>39,681.8</b>	<b>-233.4</b>	<b>43,840.3</b>	<b>43,178.0</b>	<b>-662.4</b>	<b>-794.3</b>	<b>131.9</b>
Corporate Services	tba	tba	tba	tba	tba	tba	tba	
Share of overall PCT deficit	-4,805.3	0.0	4,805.3	-5,242.1	0.0	5,242.1	5,242.1	0.0
<b>Total Corporate Services</b>	<b>-4,805.3</b>	<b>0.0</b>	<b>4,805.3</b>	<b>-5,242.1</b>	<b>0.0</b>	<b>5,242.1</b>	<b>5,242.1</b>	<b>0.0</b>
<b>Total Commissioned &amp; Corporate Services</b>	<b>315,301.7</b>	<b>324,267.3</b>	<b>9,344.0</b>	<b>344,211.9</b>	<b>354,004.4</b>	<b>9,792.5</b>	<b>8,902.8</b>	<b>889.7</b>

Quality, Innovation, Productivity and Prevention Schemes 2012-13

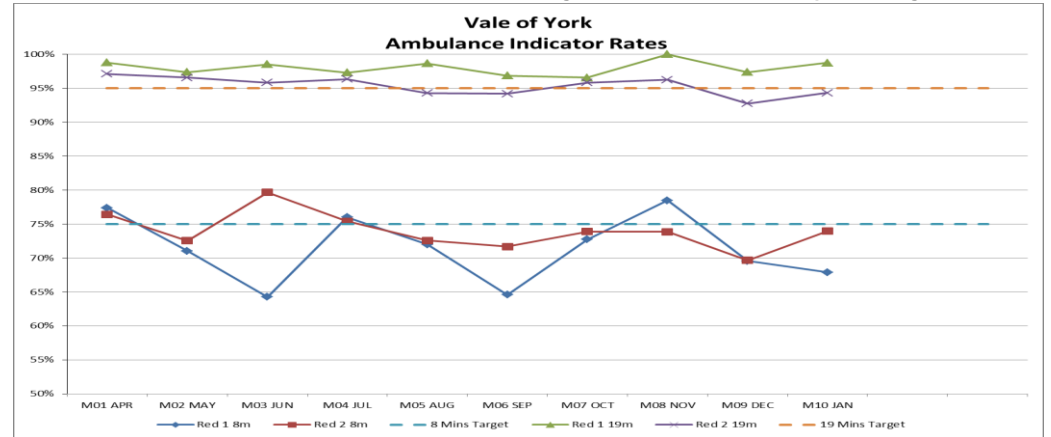
VALE OF YORK (Month 9)																
Ref	Scheme	Monthly				Year to date				Forecast Outturn (£000)	Annual Target (£000)	Milestone Performance	Engagement	Overall Risk		Comments
		Planned savings (£000)	Actual Savings (£000)	Variance (£000)	Variance %	Planned savings (£000)	Actual Savings (£000)	Variance (£000)	Variance %							
VoY01	Elective Care Pathways	£28	£5	-£23	-82.1%	£123	£43	-£80	-65.0%	£70	£205	Fair	Fair	Fair	▲	Post-menopausal Bleeding (PMB) scheme running and delivering as change in pathway and tariffs deliver savings as per plan. Palpatations pathway commenced January 2013.
VoY02	Long Term Conditions	£129	£113	-£16	-12.40%	£581	£547	-£34	0	£747	£1,162	Fair	Fair	Fair	▲	Initial neighbourhood care teams now rolled out to phase 2/3. Training and coach ongoing. Intermediate care team in place with 38 virtual beds for step down opportunities.
VoY04	Urgent Care	£8	£14	£6	75.0%	£75	£84	£9	12.0%	£112	£100	Good	Good	Good	▲	The payment mechanisms for the Urgent Care Centre (UCC) have now been agreed, and the current savings are slightly higher than assumed in QIPP.
VoY05	MSK expansion	£152	£65	-£87	-57.2%	£1,281	£538	-£743	-58.0%	£717	£1,739	Fair	Fair	Fair	●	Whilst the original procurement for an Orthopaedic Musculoskeletal (MSK) service is now fully operational there are issues around the expansion and whether the MSK service is the most appropriate route. The pathways in these specialities will still be reviewed however.
VoY06	Contracting	£178	£111	-£67	-37.6%	£1,602	£797	-£805	-50.2%	£1,299	£2,135	Fair	Fair	Fair	●	Adjustment made for new to follow up ratios and consultant to consultant as per the contract. The scheme will continue to under deliver against the Age-related Macular Degeneration (ARMD) tariff changes as agreement made through Subject Matter Experts (SME) not in line with QIPP assumptions.
VoY07	Drug for Age-related Macular Degeneration (ARMD)	£248	£25	-£223	-	£744	£226	-£518	-1	£302	£1,489	Fair	Fair	Poor	●	
VoY08	Medicine Management	£41	£41	£0	0.0%	£365	£365	£0	0.0%	£486	£486	Good	Good	Good	●	Need update from Medicines Management Team.
<b>TOTAL</b>		<b>£784</b>	<b>£374</b>	<b>-£410</b>	<b>-52.3%</b>	<b>£4,771</b>	<b>£2,600</b>	<b>-£2,171</b>	<b>-45.5%</b>	<b>£3,733</b>	<b>£7,316</b>	<b>Fair</b>	<b>Fair</b>	<b>Poor</b>	<b>●</b>	

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

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

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

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



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

Red 2	8 mins	19 mins	Total Red 1's	% within 8 mins	% within 19 mins	Crude Target (8 mins)	Crude Target (19 mins)	8 mins target under achieved by:-	19 mins target under achieved by:-
Apr-12	827	1046	1077	76%	97%	808	1023	0	0
May-12	793	1049	1086	73%	97%	815	1032	22	0
Jun-12	803	965	1007	80%	96%	755	957	0	0
Jul-12	849	1083	1124	75%	96%	843	1068	0	0
Aug-12	757	974	1033	73%	94%	775	981	18	7
Sep-12	744	975	1035	72%	94%	776	983	32	8
Oct-12	833	1080	1127	74%	96%	845	1071	12	0
Nov-12	791	1029	1069	74%	96%	802	1016	11	0
Dec-12	849	1130	1218	70%	93%	914	1157	65	27
Jan-13	835	1064	1128	74%	94%	846	1072	11	8

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

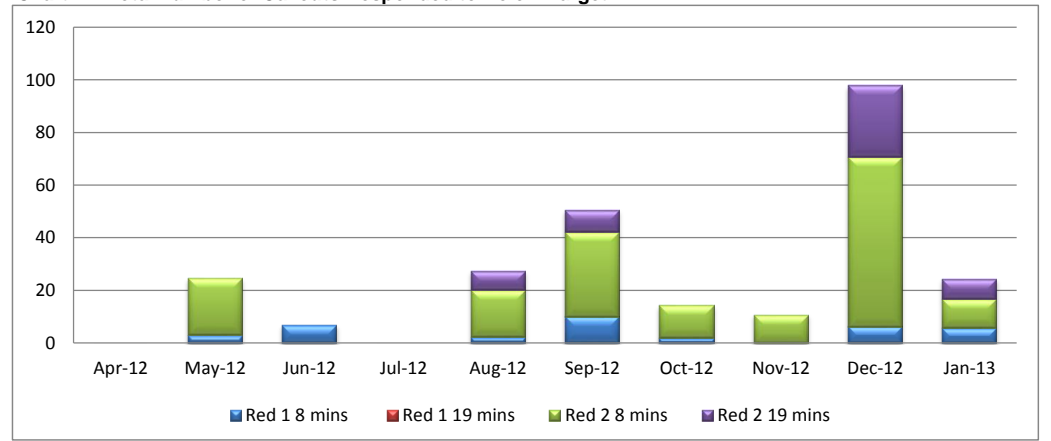


Chart A and tables 1 & 2 provide a time series in relation to the YAS performance during the current financial year for citizens who required an ambulance within the Vale of York geographical area. The YAS Key Performance Indicators (KPI's) require ambulances to arrive at the scene to attend to citizens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

The Red 1 category relates to situations in which citizens require an ambulance for immediately life threatening situations for which there are on average 84 occurrences per month. The data shows during 12/13, YAS have consistently responded to the Red 1 category calls and achieved the 19 minute target, however they have failed to meet the 8 minute target seven times over the latest ten month period for which the data is available for.

The Red 2 category relates to non-life threatening situations for which there are on average 1,090 occurrences per month. YAS have not achieved the 8 minute target for six consecutive months, and have only achieved the 95% target six times over the past ten months.

Chart B shows the total number of instances for which the targets have underperformed by on a monthly basis. December was a particularly challenging month for YAS with approximately 13% additional demand compared to the

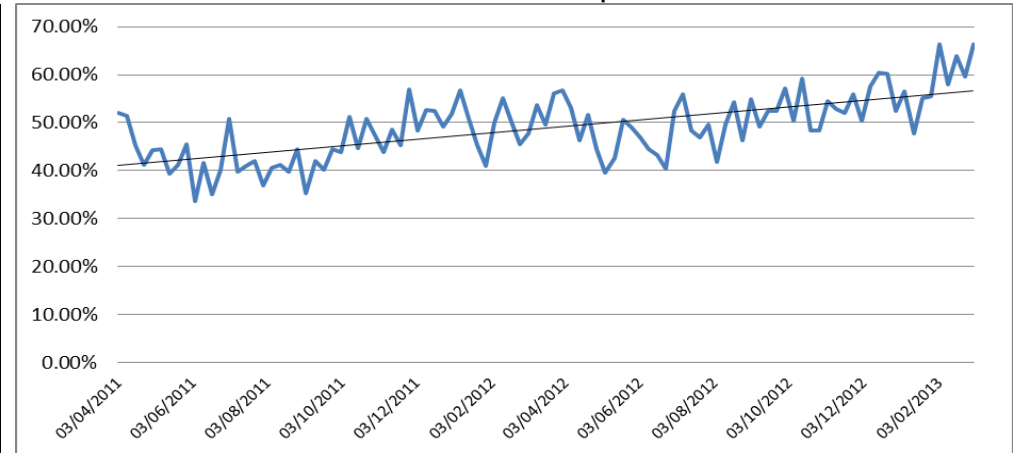


# Appendix A - Yorkshire Ambulance Service (YAS) Turnaround Times

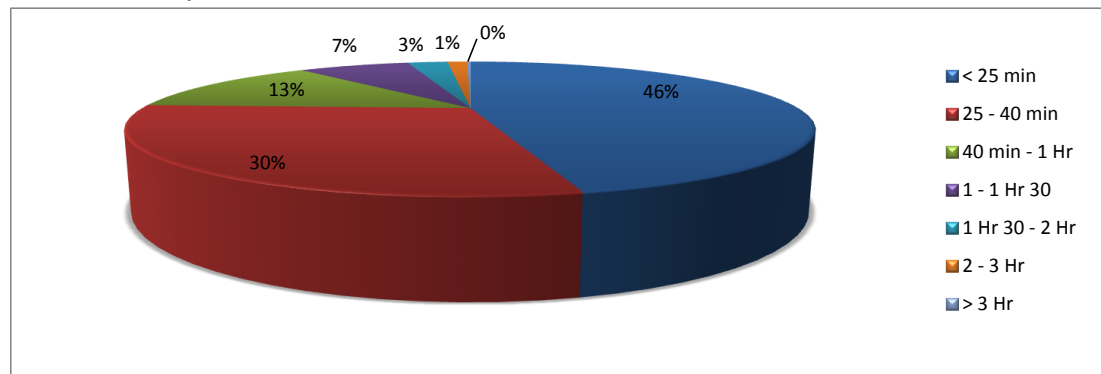
**Table 3:- Ambulance Turnaround Times at York Hospital over the last 12 Weeks**

Week ending	< 25 min	25 - 40 min	40 min - 1 Hr	1 - 1 Hr 30	1 Hr 30 - 2 Hr	2 - 3 Hr	> 3 Hr	% > 25 min	WTE's Lost
03-Mar-13	189	189	99	51	22	11	1	66%	8.2
24-Feb-13	215	176	77	38	13	13	0	60%	-
17-Feb-13	200	180	87	55	26	7	0	64%	7.8
10-Feb-13	220	161	85	35	18	4	1	58%	5.9
03-Feb-13	181	175	82	59	22	10	8	66%	9.2
27-Jan-13	199	126	60	36	18	7	2	56%	5.5
20-Jan-13	209	145	64	30	14	4	0	55%	-
13-Jan-13	232	137	56	16	2	1	0	48%	-
06-Jan-13	214	141	65	47	13	11	2	57%	6.6
30-Dec-12	235	142	54	31	18	13	2	53%	6.0
23-Dec-12	205	160	74	41	17	16	1	60%	-
16-Dec-12	204	154	81	40	23	13	0	60%	-

**Chart 9:- Ambulance Turnaround - % > 25 min at York Hospital**



**Chart 10:- January 2013 Turnaround Time Cohorts**



Month	< 25 min	25 - 40 min	40 min - 1 Hr	1 - 1 Hr 30	1 Hr 30 - 2 Hr	2 - 3 Hr	> 3 Hr	% > 25 min
January 2013	854	549	245	129	47	23	4	54%

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

Table 3 shows the latest available 12 weeks of data relating to ambulance turnaround times at York Foundation Trust (York site only). During this period, an average of 59% of ambulances were not turned around within 25 minutes of arriving at the Accident and Emergency (A&E) department. The 'WTE's Lost' column shows the weekly number of Whole Time Equivalents of ambulance staff time that was been lost due to a delay in turnaround times, based on the assumption that any ambulance waiting over 25 minutes is considered delayed, and for each ambulance there are two staff members.

Chart 9 provides a weekly time series of the percentage of ambulances being turned around in excess of 25 minutes from the hospital, and suggests that there is an upward trend of ambulances being delayed.

Chart 10 shows that in January 46% of ambulances were available to be re-despatched within 25 minutes of arriving at the hospital. This means there were 997 ambulance cases that were turned around over 25 minutes. Nearly 25% were delayed by more than 15 minutes and over 10% by more than 35 minutes.

# Appendix B - 18 Week Referral to Treatment Times

Chart 11:- 95th percentile for admitted patients that were on a RTT pathway

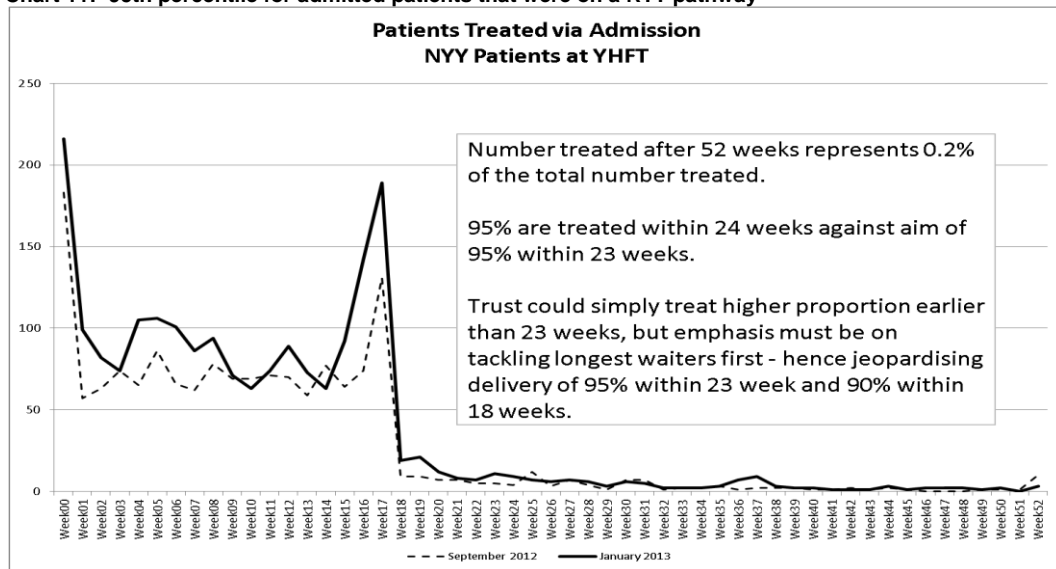


Chart 12:- Snapshot Position of Waiting List by Number of Weeks Waiting

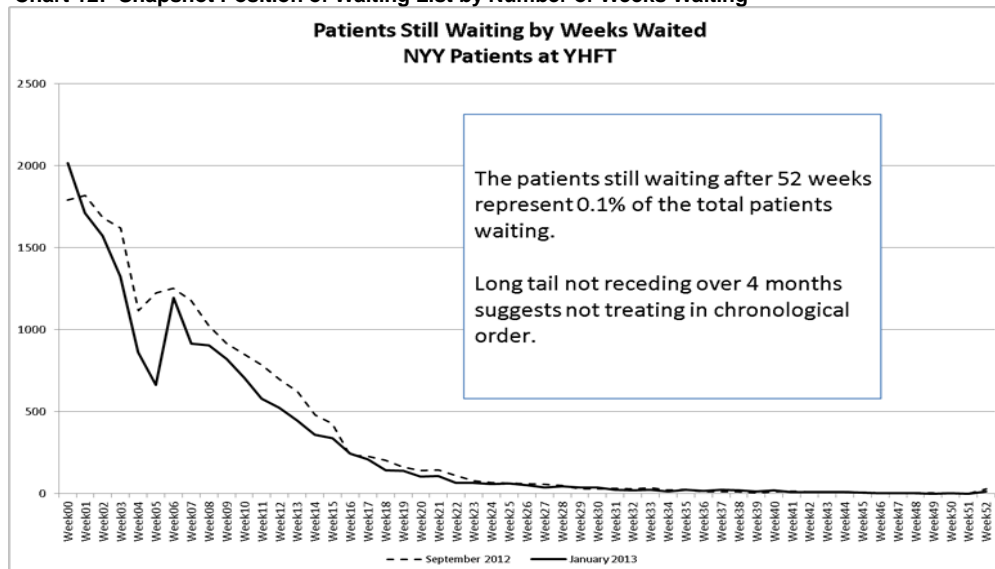


Chart 13: Number of Patents Waiting Over 52 Week Waits for Hospital Admission

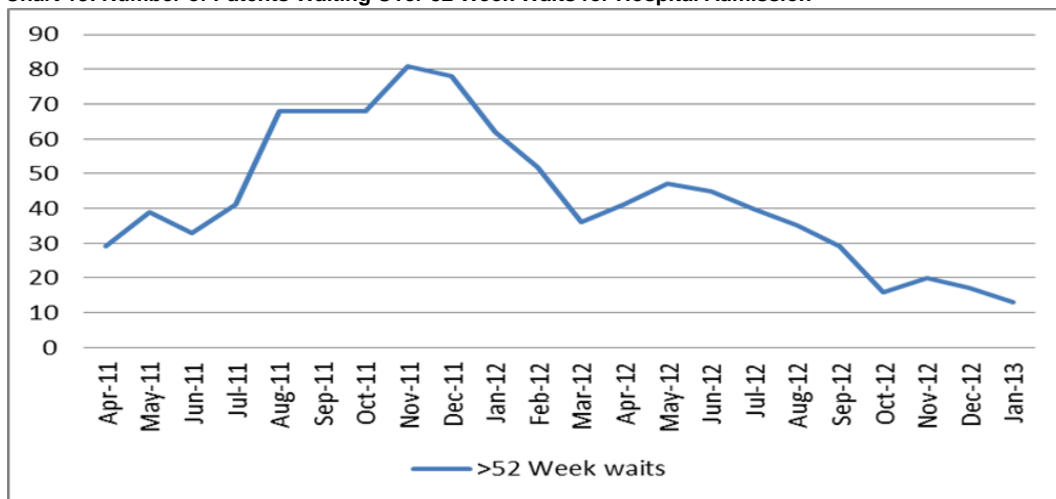
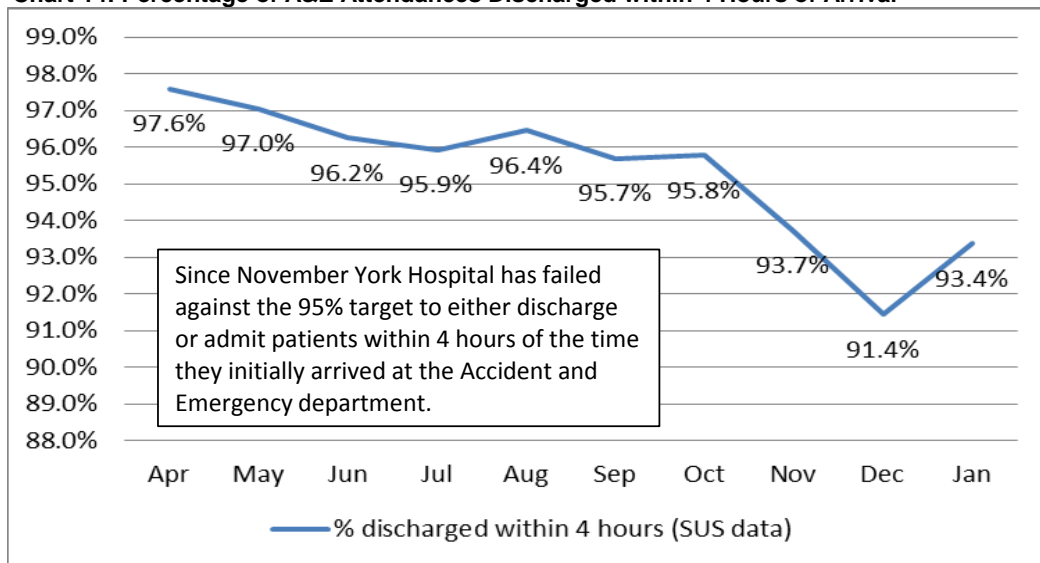


Table 4:- Number of Patients Waiting Over 52 Weeks at York Hospital

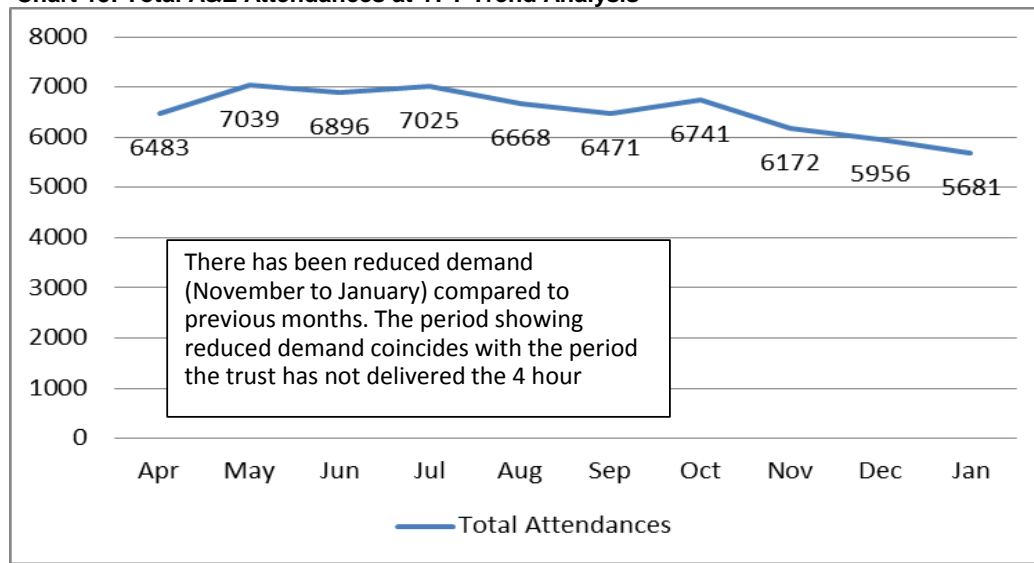
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011/12	29	39	33	41	68	68	68	81	78	62	52	36
2012/13	41	47	45	40	35	29	16	20	17	13		

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

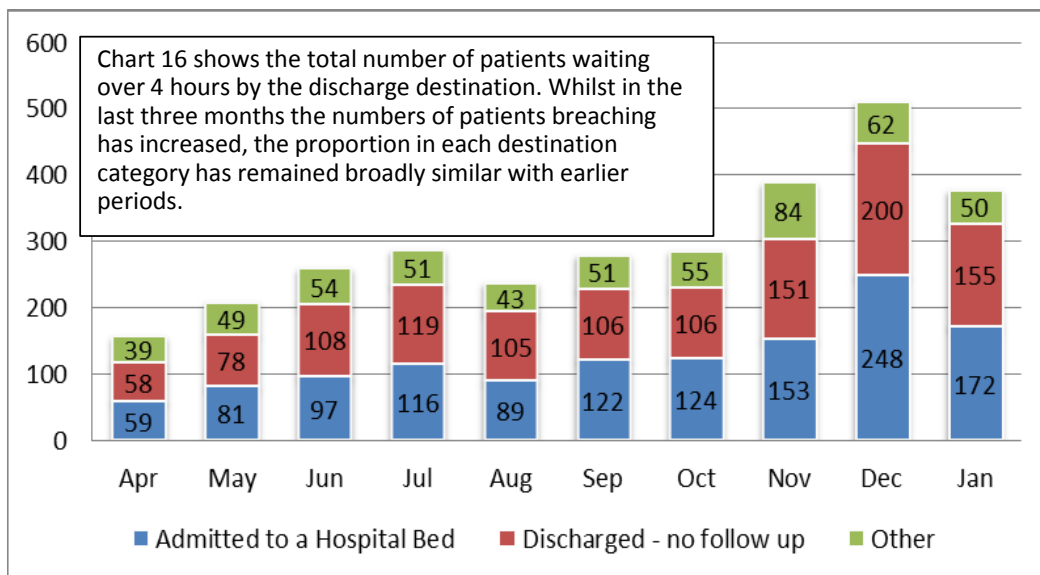
**Chart 14: Percentage of A&E Attendances Discharged within 4 Hours of Arrival**



**Chart 15: Total A&E Attendances at YFT Trend Analysis**



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



**Chart 17: Accident and Emergency Casemix**

