

Item 8.1

Core Performance Dashboard Summary Position

February 2014

Report Compiled by:

Commissioning Support Unit

Business Intelligence, North Yorkshire & Humber
Quality & Performance Team, Vale of York CCG

Report Checked by: Vale of York, Chief Nurse

Reporting Period : December 2013

Performance Summary:

November 2013 dashboard update: Quarter three performance data has still not been validated, however there is further information obtained in relation to access (see below).

% of people who have depression and/or anxiety disorders who receive psychological therapies	Performance of 2.3% against a target of 4.1%. 732 people with depression receiving psychological therapies out of 31260. Data produced by HSCIC from the IAPT dataset.
% of people who are moving to recovery	Performance of 46.5% against a target of 50.0%. 47 people moving to recovery out of 101. Data produced by HSCIC from the IAPT dataset.

For the month of December 2013, there were 32 Key Performance Indicators (KPIs) against which performance was rated, with 11 KPI's underachieving against the target. The tables below provides a high level summary in relation to the exceptions:



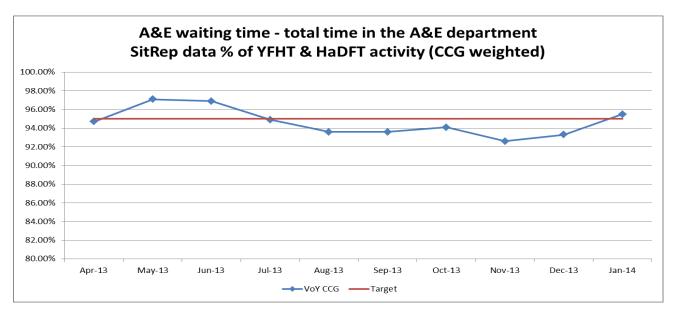




Under performance Key Performance Indicators:

1	Target	Achieve- ment	RAG rating	Comments
A&E waiting time - total time in the A&E department	95%	93.3%	Amber	There were 6219 attendances during December and 5801 individuals were seen within 4 hours. In January the target was met (see blow).

Indicator	Level of Reporting	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
A&E waiting time - total time in the A&E department, SitRep data	% of YFHT & HaDFT activity (CCG weighted)	94.70%	97.10%	96.90%	94.90%	93.60%	93.60%	94.10%	92.60%	93.30%	95.50%



2	Target	Achieve- ment	RAG rating	Comments
Cancer day 31 day Radiotherapy	94%	93.9%	Amber	Performance of 93.9% against a target of 94%. 31 individuals were seen within 31 days out of 33. Leeds were the main provider who breached this target. Delay reasons cited were outpatient and radiology machine capacity. The target was breached by 2 individuals.

3	Target	Achieve- ment	RAG rating	Comments
% patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer (inc 31 day Rare cancers)	85%	83.1%	Amber	Performance of 83.1% against a target of 85%. 59 were seen within 62 days out of 71. York was the main provider who breached this target. Main tumour types covered were Breast, Gynaecological, Haematological, Head & Neck, Lower Gastrointestinal, Lung, Skin, Upper Gastrointestinal and Urological. Delay reasons were: complex cases, clinical reasons and patient choice.

4	Target	Achieve- ment	RAG rating	Comments
Ambulance clinical quality – Category A (Red 1) 8 minute response time	75%	72.12%	AMBER	Performance of 72.1% against a target of 75%. 75 Red 1 calls were responded to within 8 minutes out of 104.

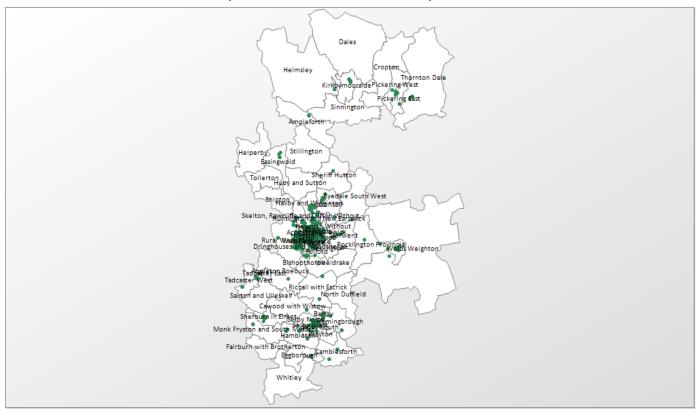
5	Target	Achieve- ment	RAG rating	Comments
Ambulance clinical quality – Category A (Red 1) 8 minute response time (YAS)	75%	72.72%	AMBER	Performance of 72.7% against a target of 75%. 1,237 Red 1 calls were responded to within 8 minutes out of 1,701.

6	Target	Achieve- ment	RAG rating	Comments
Ambulance clinical quality – Category A (Red 2) 8 minute response time	75%	68.10%	RED	Performance of 68.1% against a target of 75%. 918 Red 2 calls were responded to within 8 minutes out of 1348.

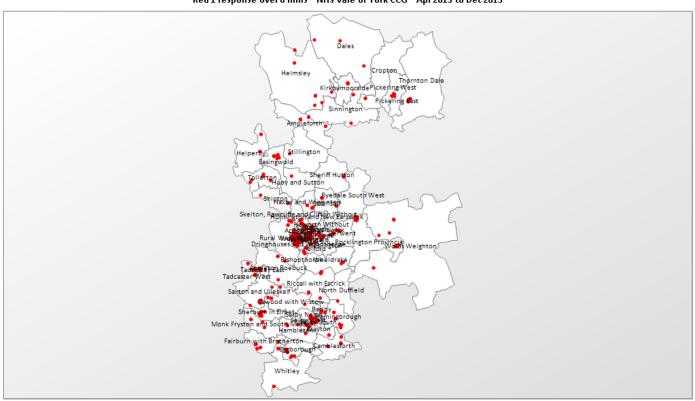
7	Target	Achieve- ment	RAG rating	Comments
Ambulance clinical quality – Category A (Red 2) 8 minute response time (YAS)	75%	71.80%	AMBER	Performance of 71.8% against a target of 75%. 16,433 Red 2 calls were responded to within 8 minutes out of 22,887.

The two maps below show the Ambulance Red 1 response within 8 minutes. The first map shows graphically the locations where the response rate was within 8 minutes and the second where the response rate was over 8 minutes.

Red 1 response within 8 mins ~ NHS Vale of York CCG ~ Apr 2013 to Dec 2013



Red 1 response over 8 mins ~ NHS Vale of York CCG ~ Apr 2013 to Dec 2013



8	Target	Achieve- ment	RAG rating	Comments
Ambulance clinical quality - Category A 19 minute transportation time (VoY)	95%	93.3%	AMBER	Performance of 93.3% against a target of 95%. Year to date position as end of quarter three position is 94%. 23,752 calls were responded to within 19 minutes out of 24,588.

9	Target	Achieve- ment	RAG rating	Comments
MRSA (York FT)	0	Jan-14 0, YTD 3	RED	There has been one reported case in December There are 3 cases reported as at the end of Quarter three.

10	Target	Achieve- ment	RAG rating	Comments
C.Difficile (VoY) Community	Jan 6, YTD 59	Jan-14 5, YTD 83	RED	The target is no more than 6 reported cases each month. The position in December was 10 cases. End of quarter three position 78/53 cases

11	Target	Achieve- ment	RAG rating	Comments
C.Difficile (York FT)	Jan 3, YTD 37	Jan-14 1, YTD 55	RED	The cases in December are above the estimated target in month and the year to date position is already far beyond the target for the year (end of quarter three position 54/34)

NHS Constitution 2013/14 - Vale of York CCG

NHS

North Yorkshire and Humber Commissioning Support Unit

Generated on: 06 February 2014

NHS Constitution

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

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 2013/1 4	Jul 2013	Aug 2013	Sep 2013	Q2 2013/1 4	Oct 2013	Nov 2013	Dec 2013	Q3 2013/1 4	Jan 2014	Feb 2014	Mar 2014	Q4 2013/1 4	2013/1 4	Direction of Travel
Referral to Treatment pathways: admitted	CCG	90.0%	91.9%	91.9%	91.8%	91.8%	90.7%	91.4%	91.7%	91.2%	92.7%	91.2%	92.5%	92.1%					91.7%	•
Referral to Treatment pathways: non- admitted	CCG	95.0%	96.2%	96.4%	96.2%	96.3%	96.2%	95.5%	95.8%	95.9%	95.7%	96.2%	96.7%	96.2%					96.1%	
Referral to Treatment pathways: incomplete	CCG	92.0%	93.3%	93.5%	93.7%	93.7%	93.6%	92.7%	93.0%	93.0%	93.0%	92.8%	93.3%	93.3%					93.3%	
Number of >52 week Referral to Treatment in Admitted Pathways	CCG	0	2	5	1	8	1	0	1	2	0	0	0	0					10	•
Number of >52 week Referral to Treatment in Non- admitted Pathways	CCG	0	0	2	0	2	0	0	1	1	0	0	0	0					3	
Number of >52 week Referral to Treatment in Incomplete Pathways	CCG	0	1	2	2	2	2	3	1	1	0	0	0	0					0	

02 - Diagnostic test waiting times

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 2013/1 4	Jul 2013	Aug 2013	Sep 2013	Q2 2013/1 4	Oct 2013	Nov 2013	Dec 2013	Q3 2013/1 4	Jan 2014	Feb 2014	Mar 2014	Q4 2013/1 4	2013/1 4	Direction of Travel
Diagnostic test			0.8%	0.5%	1.0%	1.0%	1.2%	1.1%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%					0.8%	
waiting times	CCG	1.0%																		

03 - A&E waits

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 2013/1 4	Jul 2013	Aug 2013	Sep 2013	Q2 2013/1 4	Oct 2013	Nov 2013	Dec 2013	Q3 2013/1 4	Jan 2014	Feb 2014	Mar 2014	Q4 2013/1 4	2013/1 4	Direction of Travel
A&E waiting time - total time in the	% of YFHT & HaDFT		94.7%	97.1%	96.9%	96.3%	94.9%	93.6%	93.6%	94.0%	94.1%	92.6%	93.3%	93.4%	95.5%			95.5%	94.7%	
A&E department, SitRep data	activity (CCG weighted)	95.0%																		
A&E Attendances -	% of YFHT & HaDFT activity		6413	8052	6905	21369	7578	9243	6580	23401	8294	6325	6219	20838	7254			7254	72861	
Total, SitRep data	(CCG weighted)		-		-		-	-	-						-					
A&E Attendances - Type 1, SitRep	% of YFHT & HaDFT activity		4951	6158	4930	16039	5310	6311	4709	16330	6070	4624	4538	15233	5368			5368	52970	
data	(CCG weighted)														-					
12 hour trolley	YFT (Trust	1	0	0	0	0	1	0	0	1	0	0	0	0					1	
waits in A&E - York	wide)	1																		

04 - Cancer waits - 2 week wait

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 2013/1 4	Jul 2013	Aug 2013	Sep 2013	Q2 2013/1 4	Oct 2013	Nov 2013	Dec 2013	Q3 2013/1 4	Jan 2014	Feb 2014	Mar 2014	Q4 2013/1 4	2013/1 4	Direction of Travel
All Cancer 2 week waits	CCG	93.0%	95.4%	94.3%	95.4%	94.9%	95.2%	91.9%	93.7%	93.5%	98.0%	95.1%	96.3%	96.5%					95.0%	
Breast Cancer 2 week waits	CCG	93.0%	96.4%	97.5%	92.4%	95.4%	91.2%	91.8%	96.8%	94.0%	98.5%	92.3%	99.0%	96.8%					95.5%	

05 - Cancer waits - 31 days

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 2013/1 4	Jul 2013	Aug 2013	Sep 2013	Q2 2013/1 4	Oct 2013	Nov 2013	Dec 2013	Q3 2013/1 4	Jan 2014	Feb 2014	Mar 2014	Q4 2013/1 4	2013/1 4	Direction of Travel
Cancer 31 day			98.7%	99.3%	98.2%	98.7%	98.7%	98.1%	98.1%	98.5%	98.4%	99.3%	97.6%	98.4%					98.5%	
waits: first definitive treatment	CCG	96.0%																		4
Cancer day 31 waits: subsequent	CCG	94.0%	97.4%	93.8%	96.8%	95.8%	97.1%	97.6%	96.4%	97.1%	92.9%	100.0	96.0%	96.1%					96.3%	
cancer treatments- surgery	333	0 1.0 / 0																		
Cancer day 31 waits: subsequent	000	00.00/	100.0	97.9%	100.0	99.4%	100.0	98.0%	100.0	99.4%	100.0	100.0	100.0	100.0					99.6%	
cancer treatments- anti cancer drug regimens	CCG	98.0%																		
Cancer day 31 waits: subsequent	CCG	94.0%	97.6%	100.0	100.0	98.5%	100.0	100.0	97.7%	99.3%	100.0	91.3%	93.9%	95.8%					97.8%	
cancer treatments- radiotherapy	230	3 0 / 0																		

06 - Cancer waits - 62 days

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 2013/1 4	Jul 2013	Aug 2013	Sep 2013	Q2 2013/1 4	Oct 2013	Nov 2013	Dec 2013	Q3 2013/1 4	Jan 2014	Feb 2014	Mar 2014	Q4 2013/1 4	2013/1 4	Direction of Travel
% patients receiving first definitive treatment for cancer within			86.1%	90.9%	86.8%	87.3%	87.1%	88.2%	90.1%	89.0%	89.5%	89.3%	83.1%	87.3%					87.9%	
two months (62 days) of an urgent GP referral for suspected cancer (inc 31 day Rare cancers)	CCG	85.0%																	②	₩.
Percentage of patients receiving first definitive treatment for			100.0	100.0	100.0	100.0	100.0	75.0%	100.0	87.5%	100.0	91.7%	92.9%	95.2%					94.2%	
cancer within 62- days of referral from an NHS Cancer Screening Service.	CCG	90.0%																		
Percentage of patients receiving first definitive treatment for cancer within 62-	CCG	90.0%	-	-	-	-	100.0	-	100.0	100.0	100.0	-	-	100.0					100.0	_
days of a consultant decision to upgrade their priority status.																				

07 - Category A ambulance calls

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 2013/1 4	Jul 2013	Aug 2013	Sep 2013	Q2 2013/1 4	Oct 2013	Nov 2013	Dec 2013	Q3 2013/1 4	Jan 2014	Feb 2014	Mar 2014	Q4 2013/1 4	2013/1 4	Direction of Travel
Ambulance clinical			66.7%	72.5%	71.8%	70.4%	74.2%	73.2%	82.5%	76.5%	75.0%	71.1%	72.1%	72.8%					73.4%	_
quality – Category A (Red 1) 8 minute response time	CCG	75.0%																		•
Ambulance clinical quality – Category			75.3%	76.8%	75.6%	75.9%	80.7%	83.1%	81.6%	81.9%	79.3%	76.2%	72.7%	76.2%					78.4%	
A (Red 1) 8 minute response time (YAS)	YAS (region)	75.0%				②	②												②	•

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 2013/1 4	Jul 2013	Aug 2013	Sep 2013	Q2 2013/1 4	Oct 2013	Nov 2013	Dec 2013	Q3 2013/1 4	Jan 2014	Feb 2014	Mar 2014	Q4 2013/1 4	2013/1 4	Direction of Travel
Ambulance clinical quality – Category			71.3%	76.7%	75.4%	74.5%	74.4%	69.9%	72.3%	72.2%	66.5%	68.5%	68.1%	67.7%					71.3%	
A (Red 2) 8 minute response time	CCG	75.0%																		4
Ambulance clinical quality – Category			78.0%	78.7%	78.6%	78.4%	74.6%	74.3%	74.4%	74.4%	74.0%	74.0%	71.8%	73.2%					75.3%	
A (Red 2) 8 minute response time (YAS)	YAS (region)	75.0%	②	②	②	②													②	•
Ambulance clinical quality - Category			94.8%	95.8%	95.8%	95.5%	95.0%	93.8%	95.0%	94.6%	94.9%	93.8%	93.3%	94.0%					94.6%	
A 19 minute transportation time (VoY CCG)	CCG	95.0%		②	②	②														•
Ambulance clinical quality - Category			97.6%	97.8%	97.6%	97.7%	97.3%	97.3%	97.2%	97.3%	97.5%	97.2%	96.6%	97.1%					97.3%	
A 19 minute transportation time (YAS)	YAS (region)	95.0%																		•

08 - Mixed Sex Accommodation breaches

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 2013/1 4	Jul 2013	Aug 2013	Sep 2013	Q2 2013/1 4	Oct 2013	Nov 2013	Dec 2013	Q3 2013/1 4	Jan 2014	Feb 2014	Mar 2014	Q4 2013/1 4	2013/1 4	Direction of Travel
Mixed Sex			0.0	0.0	0.0	0.0	1.4	0.2	0.0	0.5	0.0	0.1	0.0	0.1					0.2	
Accommodation (MSA) Breaches (Rate per 1,000 FCEs)	CCG	0.0																		
Number of MSA breaches for the			0	0	0	0	13	2	0	15	0	1	0	1					16	
reporting month in question	CCG	1																		

09 - Cancelled operations

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 2013/1 4	Jul 2013	Aug 2013	Sep 2013	Q2 2013/1 4	Oct 2013	Nov 2013	Dec 2013	Q3 2013/1 4	Jan 2014	Feb 2014	Mar 2014	Q4 2013/1 4	2013/1 4	Direction of Travel
Cancelled Operations - York	YFT (Trust wide)	6.0%			0.7%	0.7%			0.0%	0.0%									0.3%	
No urgent operations	YFT (Trust		0	0	0	0	0	0	0	0	0	0	0	0					0	
cancelled for a 2nd time - York	wide)	1																		_

10 - Mental Health

Indicator	Level of Reporting	Target	Apr 2013	May 2013	Jun 2013	Q1 2013/1 4	Jul 2013	Aug 2013	Sep 2013	Q2 2013/1 4	Oct 2013	Nov 2013	Dec 2013	Q3 2013/1 4	Jan 2014	Feb 2014	Mar 2014	Q4 2013/1 4	2013/1 4	Direction of Travel
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	CCG	95.0%				94.4%			92.9%	92.9%			95.1%	95.1%					94.1%	•
% of people who have depression and/or anxiety disorders who receive psychological therapies	CCG	4.12%	2.38%			2.02%													2.34%	•
% of people who are moving to recovery	CCG		37.93 %	57.90 %	51.61 %	50.00 %	31.25 %	57.90 %	48.39 %	46.54 %									48.24 %	•

Indicator	Level of Reporting	Apr 2013	May 2013	Jun 2013	Q1 2013/ 14	Jul 2013	Aug 2013	Sep 2013	Q2 2013/ 14	Oct 2013	Nov 2013	Dec 2013	Q3 2013/ 14	Jan 2014	Feb 2014	Mar 2014	Q4 2013/ 14	2013/ 14	Direction of Travel
Incidence of healthcare associated infection (HCAI): MRSA	CCG (Community)	0	0	1	1	0	1	0	1	0	0	0	0	0			0	2	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Incidence of healthcare associated infection (HCAI): MRSA - York FT	YFT (trust wide)	0	0	0	0	1	1	0	2	0	0	1	1	0			0	3	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile).	CCG (Community)	8	6	12	26	5	7	9	21	14	7	10	31	5			5	83	
		5	6	6	17	6	6	6	18	6	6	6	18	6	6	6	6	59	
						②													
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile) - York FT	YFT (trust wide)	7	5	9	21	4	6	2	12	5	8	8	21	1			1	55	
		4	4	4	12	4	4	4	12	4	3	3	10	3	3	3	3	37	