



Vale of York
Clinical Commissioning Group

Vale of York CCG

Core Performance Dashboard

for the May 2013 Meeting of the Governing Body

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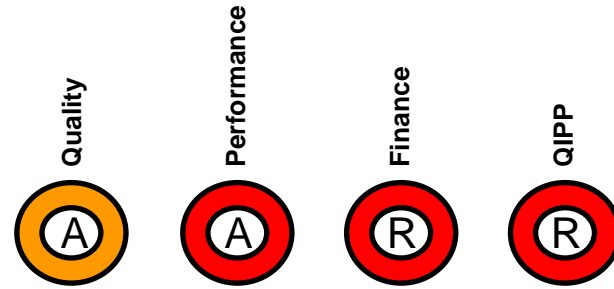
Business Intelligence, North Yorkshire and Humber Commissioning Support Unit
Vale of York CCG Chief Operating Officer
22nd April 2013

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SUMMARY OF PERFORMANCE

Current assessment



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			
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	Feb-13	75%	69.1%	R	71.1%	P	0
Ambulance response times: percentage of Red 2 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	CCG	Feb-13	75%	73.2%	A	73.8%		
Ambulance response times: percentage of Red 1 999 calls responded to within 19 minutes.	Minimum of 95% during 2012-13	CCG	Feb-13	95%	96.3%	G	97.8%		
Ambulance response times: percentage of Red 2 999 calls responded to within 19 minutes.	Minimum of 95% during 2012-13	CCG	Feb-13	95%	94.5%	A	95.3%	P	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)	Feb-13	90%	93.9%	G	-		
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)	Feb-13	93%	98.3%	G	-		
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)	Feb-13	96%	98.5%	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)	Feb-13	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)	Feb-13	94%	96.8%	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	Host ProvComm	Feb-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	Host ProvComm	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	Host ProvComm	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	Host ProvComm	Jan-13	90%	100%	G	100%	P	

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	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 2012-Feb 2013	Same or fewer admissions	Same	G	-	Q	3
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19's	Same or fewer admissions	CCG	Apr 2012-Feb 2013	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			
Domain 3: Helping people recover from episodes of ill health or injury									
Emergency admissions for acute conditions that should not usually require hospital admission.	Same or fewer admissions	CCG	Apr 2012-Feb 2013	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

Domain 4: Ensuring that people have a positive experience of care									
95th percentile for admitted patients that were on a RTT pathway	Maximum 23 weeks	Host ProvComm	Feb-13	23	25.2	R	-	P	3
95th percentile for non-admitted patients that were on a RTT pathway	Maximum 18.3 weeks	Host ProvComm	Feb-13	18.3	16.8	G	-	P	
95th percentile for patients still on a 18 week pathway	Maximum 28 weeks	Host ProvComm	Feb-13	28	21.1	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)	Feb-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)	Feb-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)	Feb-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	Host ProvComm	Feb-13	0	6	R	-	P	
Percentage of patients that waited over 6 weeks for a diagnostic test.	<1% of patients	Provider (Signal Report)	Feb-13	<1%	0.22%	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)	Feb-13	95%	90.8%	A	-	P	1
Mixed Sex Accommodation Breaches per 1000 FCEs (No of breaches)	<1 per 1000 FCEs	Host ProvComm	Jan-13	<1	0	G	-	P	3
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			
Domain 5: Providing a safe environment and protecting from harm									
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 3	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 3	4	R	35	P	0
Percentage of adult inpatients who have a Venous Thrombosis Embolism (VTE) risk assessment on admission.	90%	Host provider	Jan-13	90%	93.4%	G	93.2%	Q	3
Summary Hospital Mortality Index	As expected or better	Host provider	Q1 12/13	As expected or better	As expected	G	As expected	Q	3
Total Never Events reported	0	Host provider	Mar-13	0	0	G	2	Q	3
Total Number of Serious Incidents	-	Host provider	Mar-13	-	0		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".

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 score. The scores are

Green = 90% or higher

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

Red = Less than 75%

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/Scarb - 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

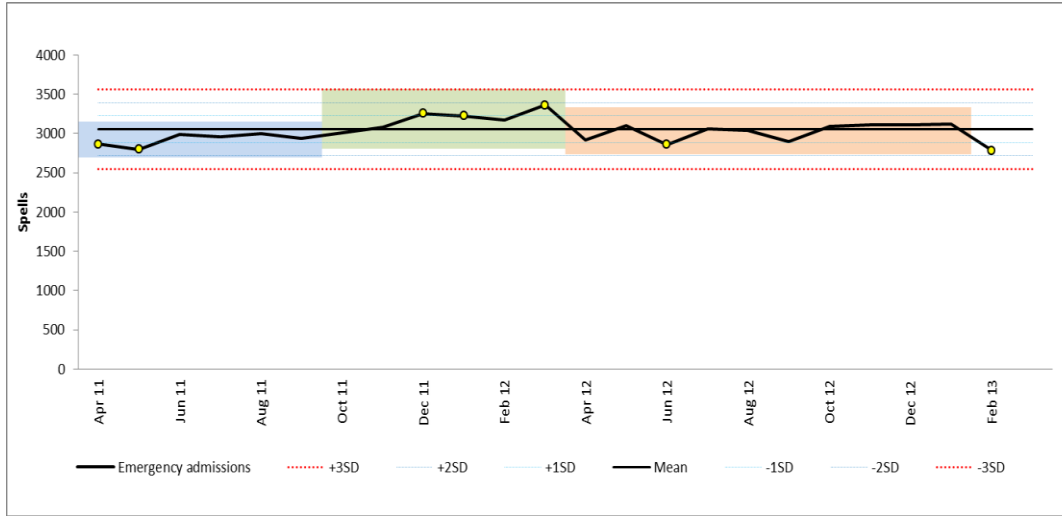
Provider (Signal Report) - where available the data from York Trust's Signal Report is shown instead of Combined York/Scarb data

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	Feb-13	75%	69.1%	Yes	TBC	Following a meeting with the Chief Executive of Yorkshire Ambulance Service (YAS), Chief Executive and Deputy Chief Executive of York Foundation Trust Hospital, members of the Area Team of the NHS Commissioning Board and Associate CCG Accountable Officers an action plan has been developed which is currently being implemented. The measures will serve to support the improved flow of patients through Accident and Emergency and should in turn help with ambulance turnaround times. Separate work is also ongoing within the Ambulance Trust to address areas of poor performance. Further analysis in Appendix A and also see analysis regarding domain 4.
	Ambulance response times: percentage of Red 2 999 calls responded to within 8 minutes.	Minimum of 75% during 2012-13	CCG	Feb-13	75%	73.2%	Yes	TBC	
	Ambulance response times: percentage of Red 2 999 calls responded to within 19 minutes.	Minimum of 95% during 2012-13	CCG	Feb-13	95%	94.5%	Yes	TBC	
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	No	estimated June 2013	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 RTT pathway	Maximum 23 weeks	Host ProvComm	Feb-13	23	25.2	Yes	end of Q1	This indicator has to some extent been affected by the problems associated with increased winter pressures. See supporting analysis in appendix B
	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	Host ProvComm	Feb-13	0	6	Yes	end of Q1	There is a small backlog in General Surgery however all patients have To Come In (TCI) dates in April.
	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)	Feb-13	95%	90.8%	Yes	Review end of Q1	A contract query was issued in March 2013 and a remedial action plan has been received which is under review. The plan will include milestones and improvement trajectories. The York Foundation Trust are piloting a new assessment area to improve turnaround times in A&E. See analysis in appendix C.
	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 3	4	Yes	13/14 trajectory to be agreed	39 cases of C.Diff were reported as at 31 March 2013. Through the Quality sub groups, the CCG continue to monitor this area and will be working with York Foundation Trust to minimise cases over 2013/14.

Secondary Care Activity Trends - Vale of York CCG

Chart 1: Emergency Admissions



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	2,865	2,800	2,985	2,957	2,995	2,942	3,007	3,084	3,258	3,226	3,176	3,364
2012-13	2,919	3,106	2,862	3,063	3,036	2,900	3,092	3,111	3,112	3,117	2,782	**

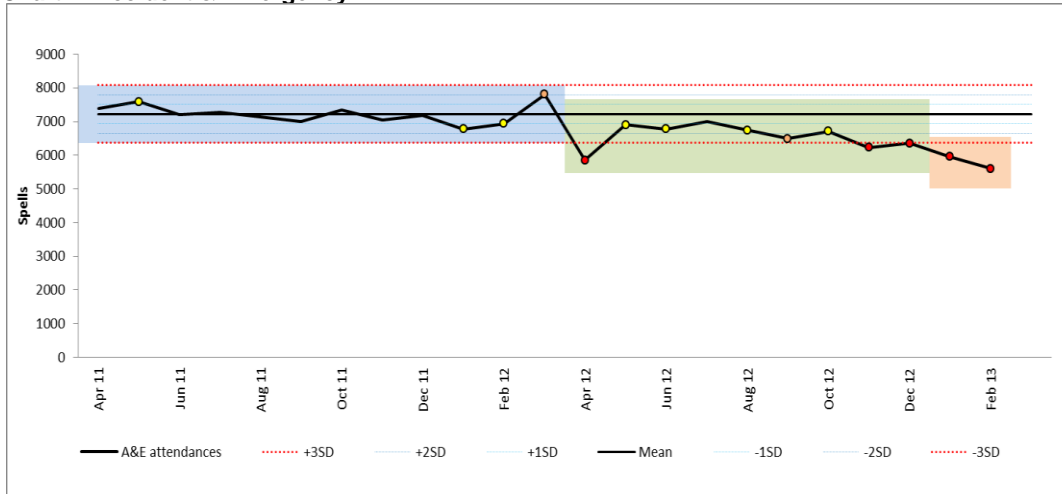
Year on year comparison	Activity
Apr-Feb 2011-12	33,295
Apr-Feb 2012-13	33,100
Variance	-195
% Variance	-0.6%

Chart 1 identifies stepped changes in emergency activity as expected due to seasonality.

Nb: Excludes Pocklington Practice

***March 2013 activity is presently unavailable.*

Chart 2: Accident & Emergency



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	7,378	7,591	7,199	7,275	7,146	6,994	7,351	7,057	7,173	6,776	6,933	7,805
2012-13	5,850	6,906	6,777	7,006	6,741	6,493	6,708	6,224	6,360	5,956	5,597	**

Year on year comparison	Activity
Apr-Feb 2011-12	78,873
Apr-Feb 2012-13	70,618
Variance	-8,255
% Variance	-10%

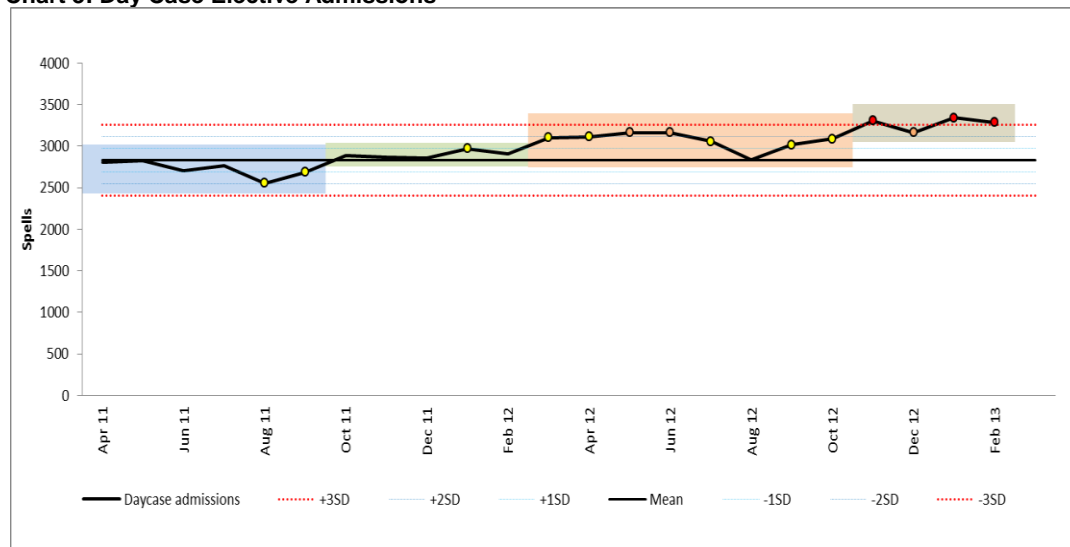
The Walk In Centre (WIC) service at Monkgate transferred to the York Foundation Trust in mid April 2012. Chart 2 plots the total monthly activity at both the A&E department in York hospital and Monkgate WIC during 2011/12 for consistency purposes. The control chart clearly demonstrates a stepped change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

Nb: Excludes Pocklington Practice

***March 2013 activity is presently unavailable.*

Secondary Care Activity Trends - Vale of York CCG

Chart 3: Day Case Elective Admissions



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	2,403	2,694	2,838	2,768	2,677	2,814	2,884	3,000	2,722	2,972	2,913	3,254
2012-13	2,817	3,314	2,865	3,203	2,968	2,872	3,383	3,464	2,865	3,503	3,129	**

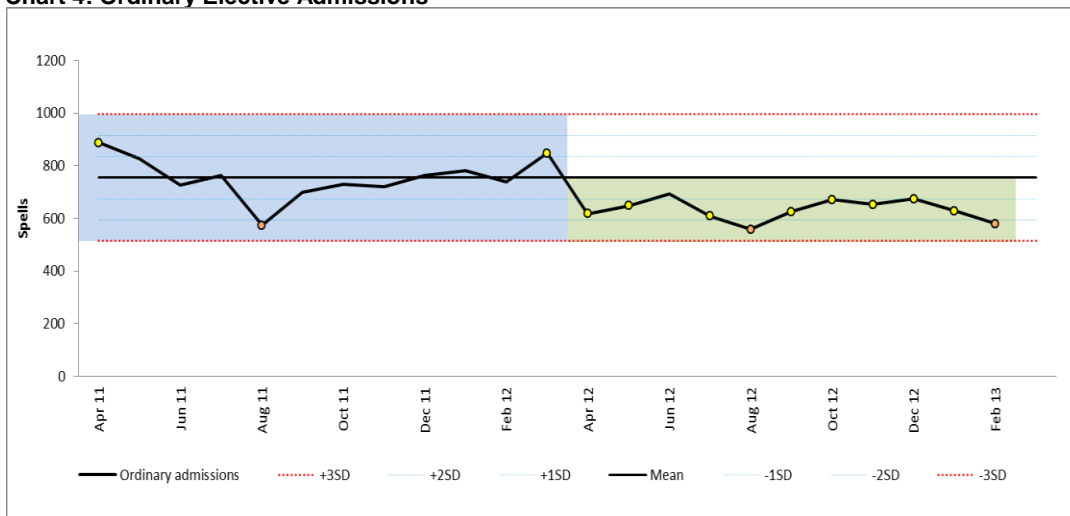
Year on year	Activity
Apr-Feb 2011-12	30,685
Apr-Feb 2012-13	34,383
Variance	3,698
% Variance	12%

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.

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

**** March 2013 activity is presently unavailable.**

Chart 4: Ordinary Elective Admissions



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	760	786	762	762	600	733	728	755	727	780	737	888
2012-13	559	678	628	638	585	596	734	683	609	658	552	**

Year on year	Activity
Apr-Feb 2011-12	8,130
Apr-Feb 2012-13	6,920
Variance	-1,210
% Variance	-15%

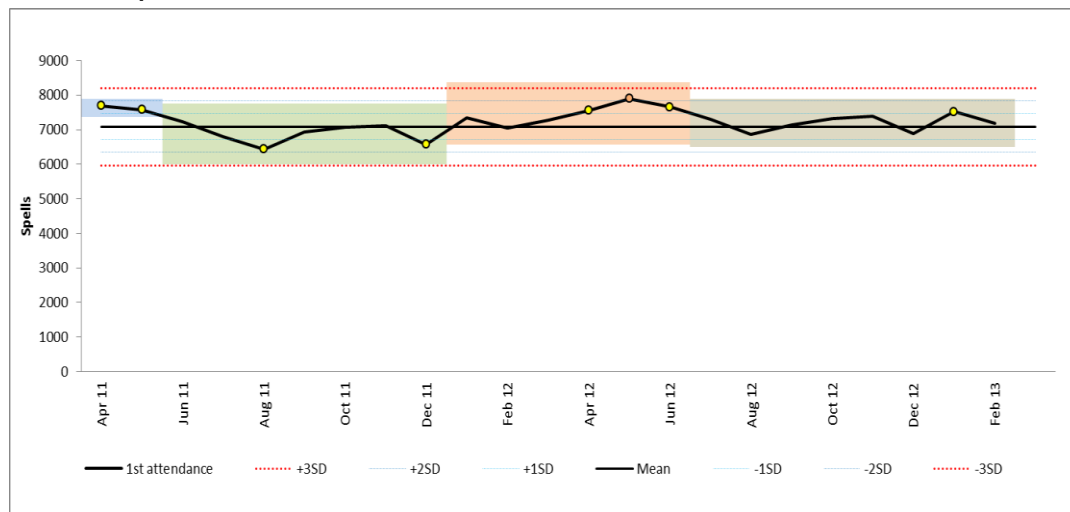
In conjunction with the stepped increase noted above in Chart 3 in relation to Day Case activity, Chart 4 demonstrates a corresponding decrease in Ordinary Elective admissions. As noted above, this is the result of PbR incentivising a shift in patient care being provided in a day case setting.

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

**** March 2013 activity is presently unavailable**

Secondary Care Activity Trends - Vale of York CCG

Chart 5: Outpatient First Attendances



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	6,594	7,211	7,581	6,801	6,742	7,251	7,061	7,465	6,256	7,336	7,054	7,630
2012-13	6,838	8,278	6,930	7,646	7,191	6,804	8,006	7,741	6,223	7,880	6,850	**

Year on year	Activity
Apr-Feb 2011-12	77,352
Apr-Feb 2012-13	80,387
Variance	3,035
% Variance	4%

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 providers.

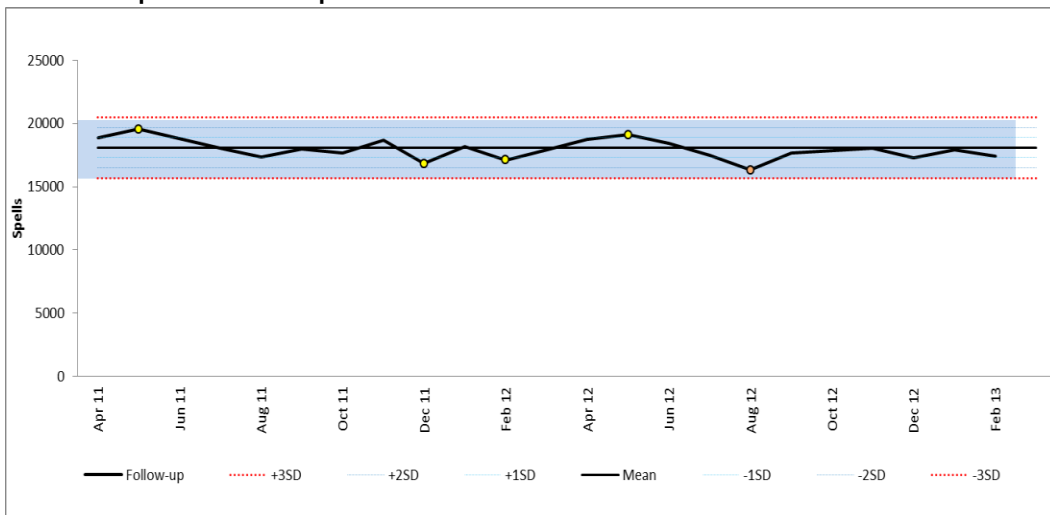
The internal demand at York Health Trust has been challenged as part of the year end discussions .

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

Excludes Pocklington Practice

2012/13 includes data for therapies which was previously unavailable via SUS.

Chart 6: Outpatient Follow-up Attendances



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	16,176	18,637	19,685	18,065	18,148	18,864	17,666	19,594	16,023	18,207	17,129	18,767
2012-13	16,954	20,015	16,692	18,314	17,111	16,844	19,564	18,886	15,660	18,770	16,592	**

Year on year	Activity
Apr-Feb 2011-12	198,194
Apr-Feb 2012-13	195,402
Variance	-2,792
% Variance	-1%

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

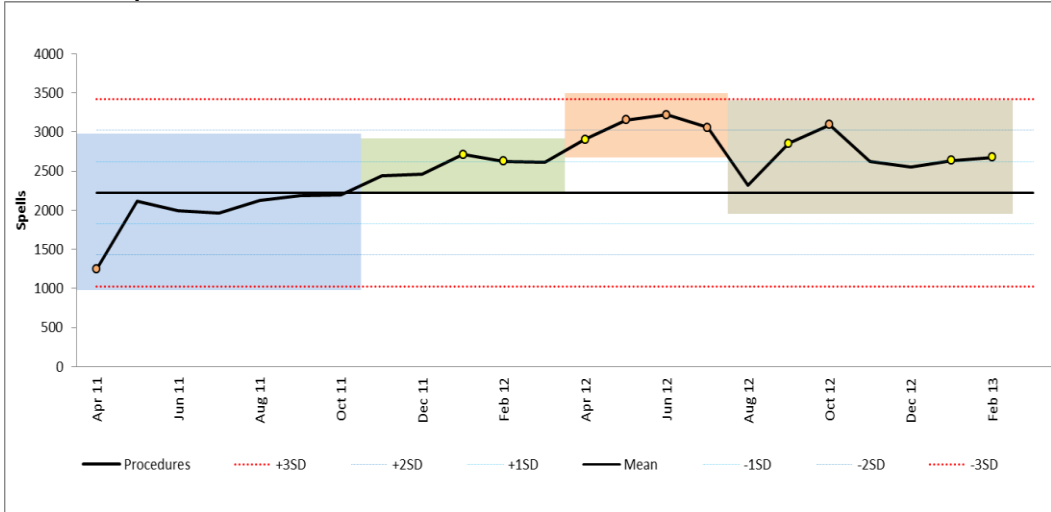
The activity is paid based on a capped ratio of first to follow up attendances of 1 : 1.2

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

Excludes Pocklington Practice

Secondary Care Activity Trends - Vale of York CCG

Chart 7: Outpatient Procedures



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	1,071	2,016	2,093	1,961	2,225	2,290	2,200	2,557	2,342	2,715	2,626	2,736
2012-13	2,627	3,307	2,913	3,206	2,425	2,720	3,386	2,747	2,313	2,760	2,550	**

Year on year	Activity
Apr-Feb 2011-12	24,096
Apr-Feb 2012-13	30,954
Variance	6,858
% Variance	28%

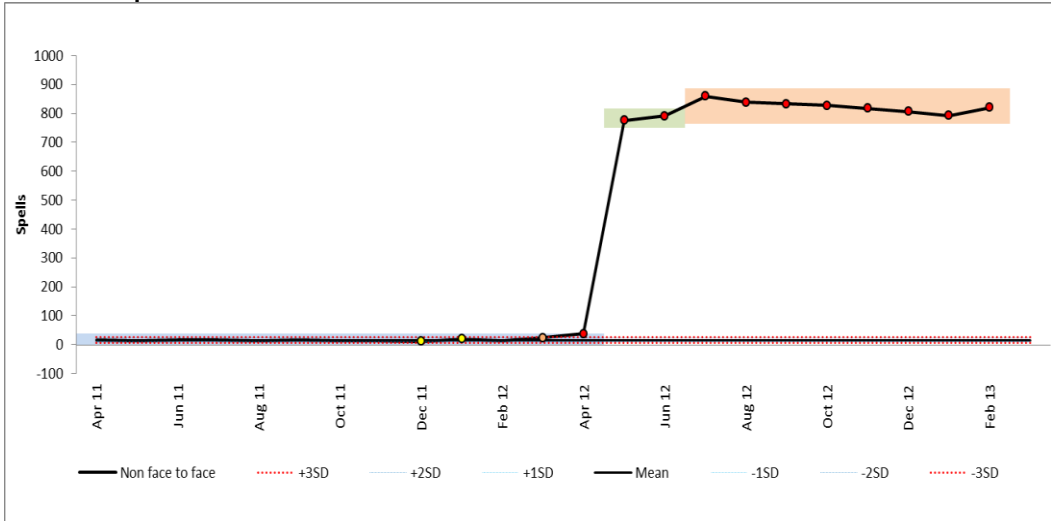
The increase in outpatient procedures is the result of the expanding scope of Payment by Results (PbR). In 2011/12 there were 49 chargeable outpatient procedures, which increased to 79 in 2012/13.

The gradual increasing trend in Chart 7 represents the providers developing the 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.

Nb. The trend analysis in chart 8 has been adjusted for working days. Excludes Pocklington Practice

**** March 2013 activity is presently unavailable**

Chart 8: Outpatient Non Face to Face Attendances



Activity volume	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011-12	14	13	16	15	15	18	14	14	11	19	14	24
2012-13	34	813	716	900	879	793	907	856	730	830	782	**

Following the Payment by Results (PbR) Code of Conduct, York Foundation Trust served six months notice to code, count and charge for non face to face activity where appropriate, to be paid for at the national tariff price of £23 each. Activity therefore became chargeable from April 2013. The Trust has provided detailed assurance to support that this activity is appropriate for payment in line with the PbR guidance.

Nb. The trend analysis in chart 8 has been adjusted for working days. Excludes Pocklington Practice

**** March 2013 activity is presently unavailable**

Quality, Innovation, Productivity and Prevention Schemes 2012-13

VALE OF YORK (Month 10)																
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 %					RAG	change	
VoY01	Elective Care Pathways	£27,563	£4,753	£-22,810	-82.8%	£150,221	£47,533	£-102,688	-68.4%	£70,000	£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	£193,671	£117,000	£-76,671	-39.59%	£774,685	£663,896	£-110,789	0	£780,896	£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	£8,333	£13,557	£5,224	62.7%	£83,333	£93,570	£10,237	12.3%	£112,284	£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	£152,397	£65,000	£-87,397	-57.3%	£1,433,896	£618,467	£-815,429	-56.9%	£742,160	£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 specialties will still be reviewed however.
VoY06	Contracting	£177,945	£111,214	£-66,731	-37.5%	£1,779,450	£886,982	£-892,468	-50.2%	£1,298,950	£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 System Management Executive (SME) not in line with QIPP assumptions.
VoY07	Drug for Age-related Macular Degeneration (ARMD)	£248,132	£25,142	£-222,990	-	£992,529	£251,422	£-741,107	-1	£301,706	£1,489	Fair	Fair	Poor	●	
VoY08	Medicine Management	£40,500	£40,500	£0	0.0%	£405,000	£405,000	£0	0.0%	£486,000	£486	Good	Good	Good	●	Need update from Medicines Management Team.
TOTAL		£848,542	£377,166	£-471,375	-55.6%	£5,619,114	£2,966,870	£-2,652,244	-47.2%	£3,791,996	£7,316	Fair	Fair	Poor	●	

Appendix A - Yorkshire Ambulance Service (YAS) Turnaround Times York Site

Table 1:- 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	Lost WTE's
24-Mar-13	244	181	70	37	15	3	0	56%	5.3
17-Mar-13	198	176	82	39	10	3	0	61%	5.3
10-Mar-13	163	191	112	35	6	5	0	68%	5.8
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
Average	205	165	78	40	15	7	1	60%	7

Chart 1:- Ambulance Turnaround - % > 25 min at York Hospital (site)

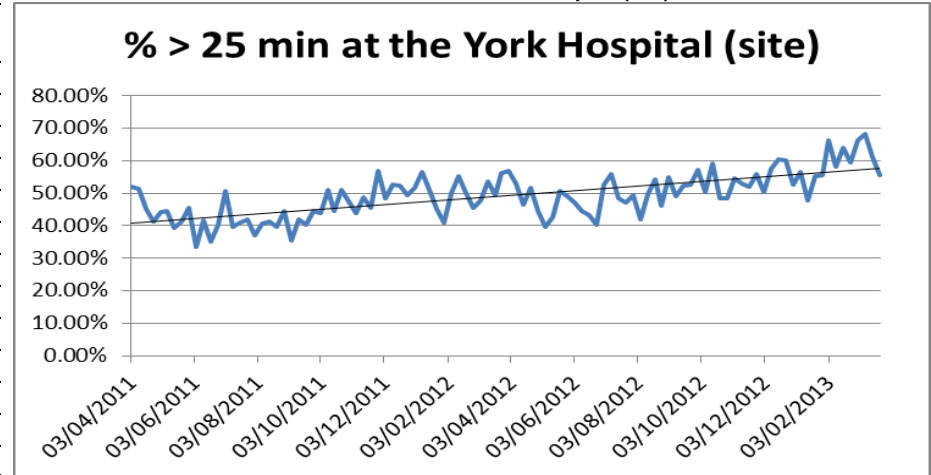
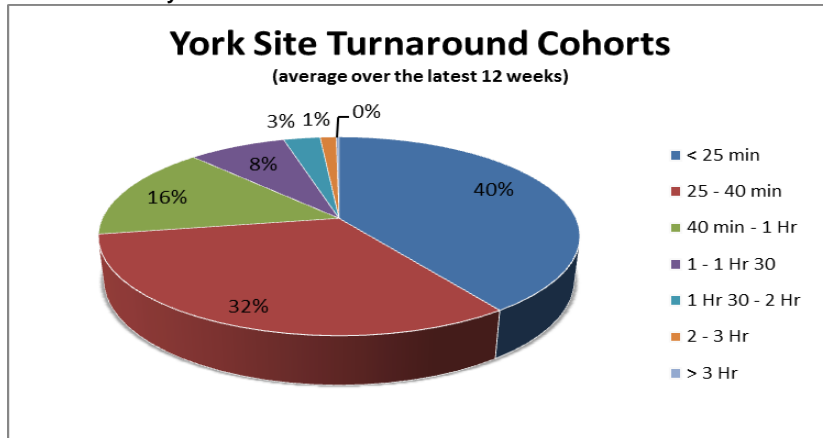


Chart 2:- January 2013 Turnaround Time Cohorts



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

Table 1 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 60% 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 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 1 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 2 shows the time cohorts of ambulances which were available to be re-despatched within 25 minutes of arriving at the hospital.

Appendix A - Yorkshire Ambulance Service (YAS) Response Times (VoY CCG)

Table 1:- YAS Red 1 Category Breakdown

Red 1	8 mins	19 mins	Total Red 1 Callouts	% within 8 mins (target 75%)	% within 19 mins (target 95%)	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	65%	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
Feb-13	56	78	81	69%	96%	61	77	5	0

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

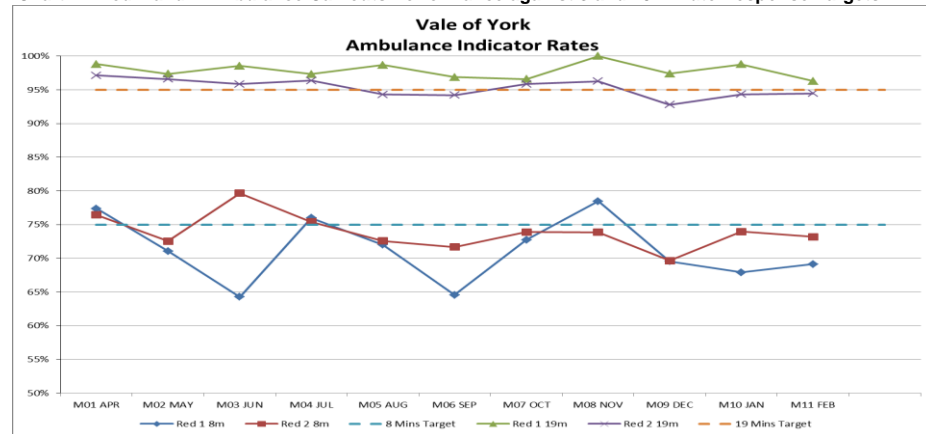


Table 2:- YAS Red 2 Category Breakdown

Red 2	8 mins	19 mins	Total Red 1's	% within 8 mins (target 75%)	% within 19 mins (target 95%)	Crude Target (8 mins)	Crude Target (19 mins)	8 mins target under achieved by:-	19 mins target under achieved by:-
Apr-12	827	1046	1082	76%	97%	812	1028	0	0
May-12	793	1049	1093	73%	96%	820	1038	27	0
Jun-12	803	965	1008	80%	96%	756	958	0	0
Jul-12	849	1083	1126	75%	96%	845	1070	0	0
Aug-12	757	974	1043	73%	93%	782	991	25	17
Sep-12	744	975	1038	72%	94%	779	986	35	11
Oct-12	833	1080	1127	74%	96%	845	1071	12	0
Nov-12	791	1029	1071	74%	96%	803	1017	12	0
Dec-12	849	1130	1219	70%	93%	914	1158	65	28
Jan-13	835	1064	1129	74%	94%	847	1073	12	9
Feb-13	702	906	959	73%	94%	719	911	17	5

Chart 2:- Total number of Callouts Responded to Below Target

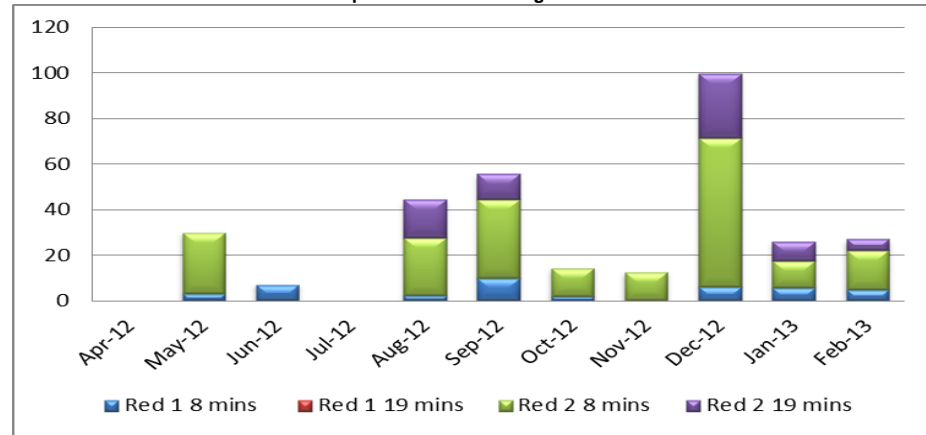


Chart 1 and tables 1 & 2 provide a time series in relation to the YAS performance during the current financial year for citizens who have required an ambulance within the Vale of York geographical catchment area. The YAS Key Performance Indicators (KPI's) require ambulances to arrive at the scene to 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 that during 12/13, YAS have failed to achieve the target on 41 separate occasions within 8 minutes, but have however attended all incidents within 19 minutes. The Red 2 category relates to non-life threatening situations for which there are on average 1081 occurrences per month. YAS have not achieved the 8 minute target for seven consecutive months, and have only achieved the 95% target six times over the past eleven months.

Chart 2 shows the total number of callouts for which the targets have been missed by each month.

Appendix B - 18 Week Referral to Treatment Times

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

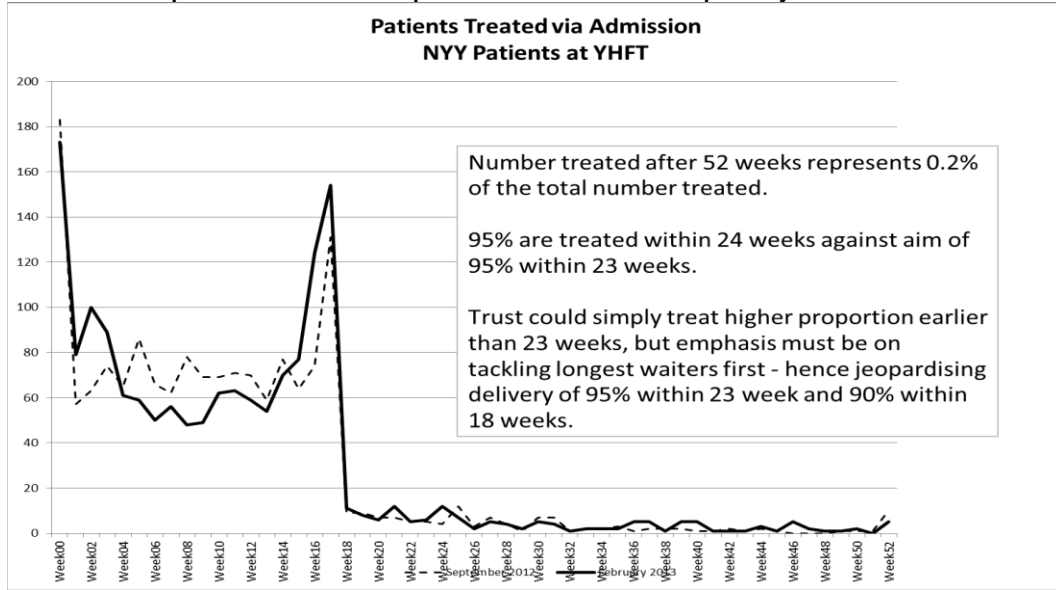


Chart 12:- Snapshot Position of Waiting List by Number of Weeks Waiting

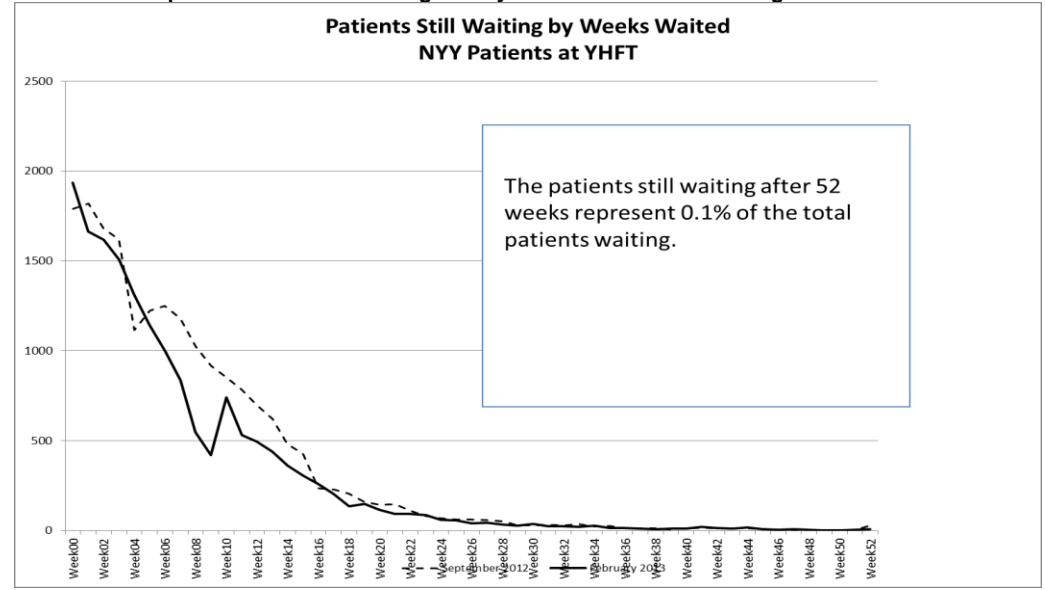


Chart 13: Number of Patents Waiting Over 52 Week Waits for Hospital Admission

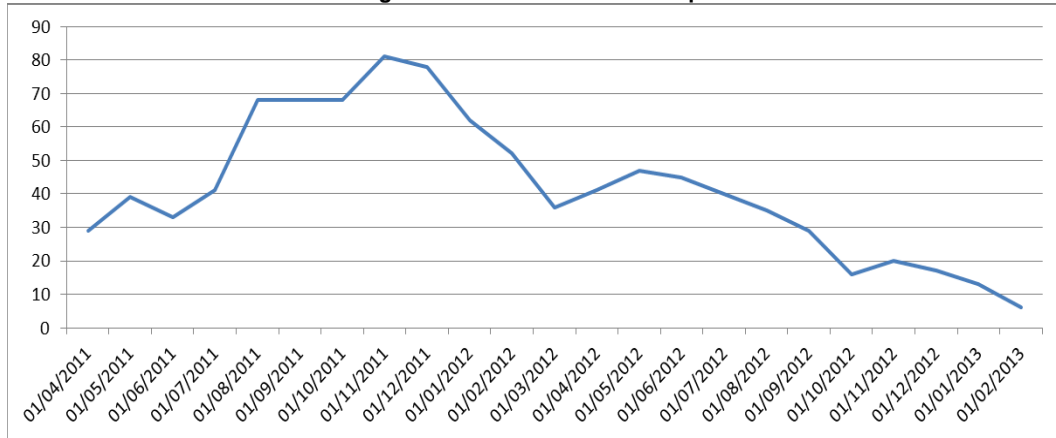


Table 4:- Number of Patients Waiting Over 52 Weeks at York Hospital

	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	6	

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

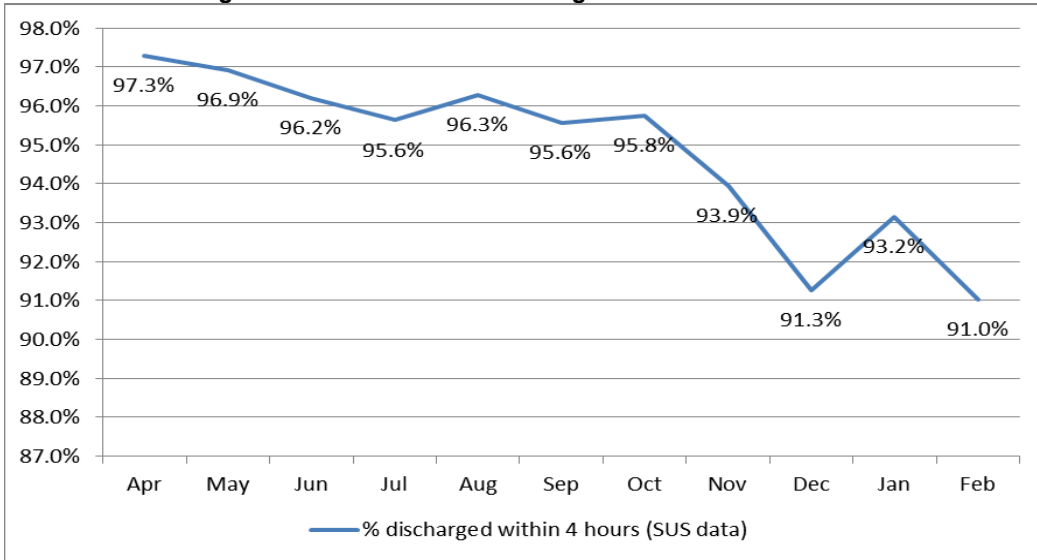


Chart 15: Total A&E Attendances at YFT Trend Analysis

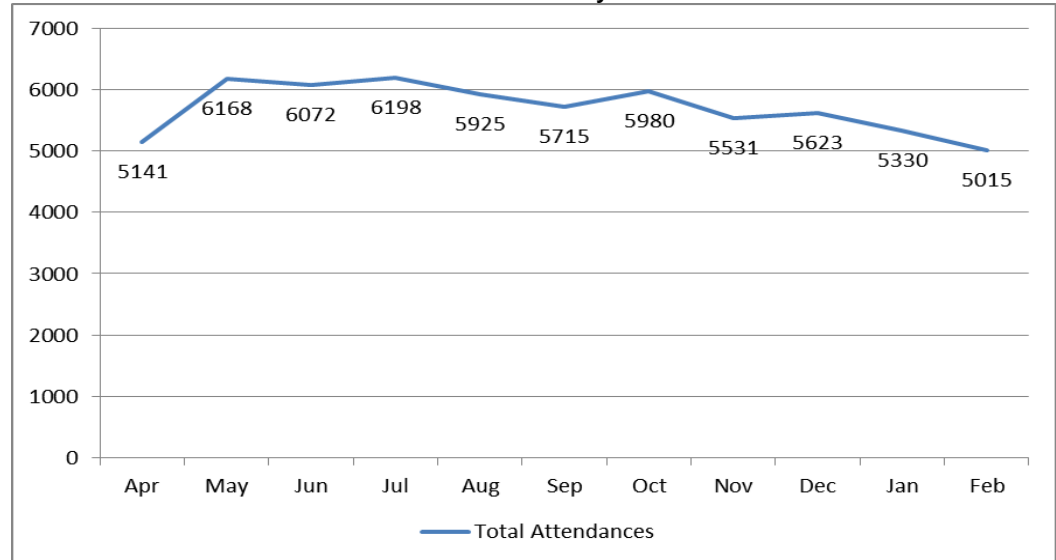


Chart 16: Number of A&E Attendances Waiting over 4 Hours by Discharge Destination

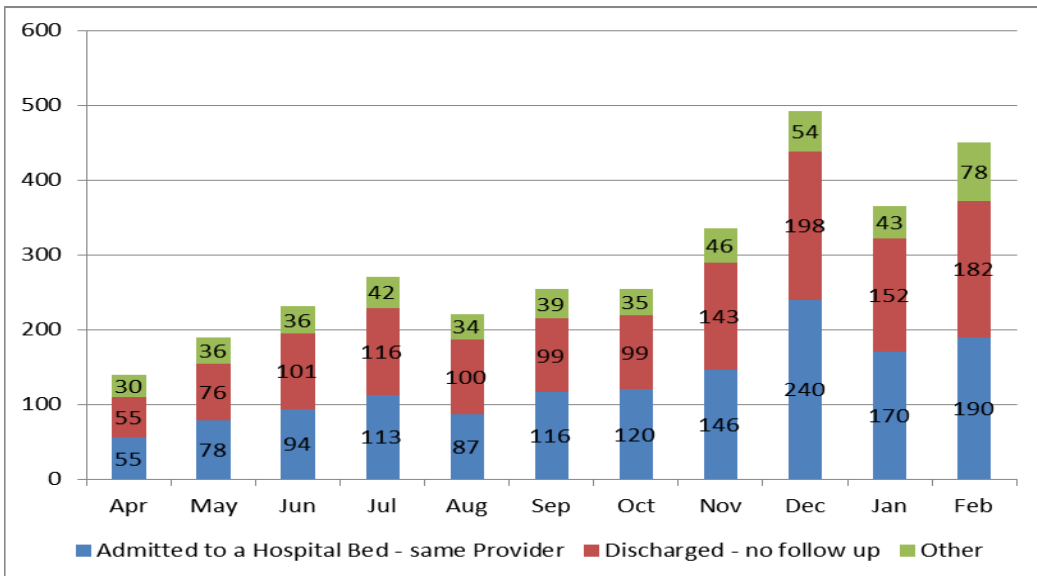


Chart 17: Accident and Emergency Casemix

