

**GOVERNING BODY MEETING**

*Scarborough and Ryedale  
Clinical Commissioning Group*

Meeting Date: 23<sup>rd</sup> January 2018

**Report's Sponsoring Governing Body  
Member: Carrie Wollerton, Executive Nurse**

**Report Author: Prepared by the CCG  
Quality & Performance Team**

**1. Title of Paper: Performance Exception Report October and November 2018**

**2. Strategic Objectives supported by this paper:**

(check those which apply)

- To create a viable & sustainable organisation, whilst facilitating the development of a different, more innovative culture
- To commission high quality services which will improve the health & wellbeing of the people in Scarborough & Ryedale
- To build strong effective relationships with all stakeholders and deliver through effectively engaging with our partners
- To support people within the local community by enabling a system of choice & integrated care
- To deliver against all national & local priorities incl QIPP and work within our financial resources

**3. Executive Summary:**

This briefing report provides an overview of the performance for the months October and November 2018. The main narrative in regards to quality and performance continues to be contained within the Quarterly Quality and Outcomes report.

The composite position in the dashboard continues to be provided as an appendix.

Key areas where performance is challenged include:

- Diagnostic waiting times remain under target but improving
- Improving Access to Psychological Therapies; struggling to improve against an increased target
- A&E Waiting Times; performance against the 4 hour target remains poor
- Referral to Treatment pathways; decline in performance in number of areas, against overall reduction in waiting list and reduction in number of patients waiting over 36 weeks
- Diagnosis rates for people with dementia remain under target
- Treatment within 62 days of an urgent referral for suspected cancer
- Incidence of Health Care Associated Infection (E.Coli)
- Cancer waiting times

**4. Risks relating to proposals in this paper:**

This paper provides an update to the Governing Body. The risks relating to Quality and Outcomes are managed through the Quality and Performance Committee where detailed

discussions and action planning takes place across a range of services. A risk register is maintained by the Quality and Performance Committee

**5. Summary of any finance / resource implications:**

N/A

**6. Any statutory / regulatory / legal / NHS Constitution implications:**

N/A

**7. Equality Impact Assessment:**

N/A

**8. Any related work with stakeholders or communications plan:**

N/A


**9. Recommendations / Action Required**

The Governing Body is asked to note this report

**10. Assurance**

The Quality and Performance Committee receives bi-monthly reports relating to the quality and outcomes of patient care on a wide range of subject areas and the Governing Body continue to receive bi-monthly and quarterly reports in public session.

For further information please contact:

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## Performance Headlines 2018/19: October and November 2018 data

### Performance and Exceptions Report

This summary reflects indicators that are underperforming against the targets in the reporting period (generally in this report covering October 2018 & November 2018). Governing Body members should refer to Appendix 1 for the detailed information and to quarterly quality and outcome reports for further actions to address under performance.

The Governing Body is asked to:-  
Note the exceptions to performance against the national standards and actions underway to address these issues.

### Diagnostic waiting times – Oct 2.2% / Nov 2.6% Target < 1%

Diagnostic waiting time performance remains below the national target but showed improvement in both October and November over levels seen in previous months. There were 38 breaches in October and 44 breaches in November. Of the 44 in November there were 4 breaches at Hull and East Yorkshire Hospitals NHS Trust (HEY) and 1 breach at Leeds Teaching Hospital (LTH) with the remainder at York Teaching Hospital NHS Foundation Trust (YFT). The main breach areas at York were: MRI, DEXA, Non-Obstetric ultrasound and Gastroscopy, with some patients waiting over 13 weeks. The overall diagnostic waiting list continues to reduce with ongoing work with NHS Improvement and NHS Elect supporting improvement in performance. The project reviewing system demand and capacity is ongoing.

### Proportion of people that enter treatment against the level of need in the general population (Improving Access to Psychological Therapies) – October 14.6%/ November 13.4% Target 16.8%

This standard increased from 15% to 16.8% in April 2018. Discussions are on-going with CCGs and the Provider to develop plans to achieve this increase. Recruitment and retention issues are impacting on delivery; however, performance against this target has started to improve and achieved 14.6% in October which was the highest position seen since March 2018. However, this improvement has not continued into November.

### A&E waiting time - % of patients seen and discharged within 4 hours - SRCCG patients (includes Urgent Care Centre) – October 90.1% / November 88.2% Target 95%

A&E 4hr performance continued to be a challenge in October and November as the department continued to see increases in patient attendances on the Scarborough site as well as bed pressures. Winter plans have been finalised and the trust is working with multi-agency group to support timely discharge to ease flow.

There were no 12 hour trolley wait breaches during this period, with the last breach being seen in April 2018.

Ambulance handovers remain challenging on the Scarborough site, however, the average handover time remains at just over 20 minutes which is an improvement on earlier in the year. National approval for the capital build of the new assessment area on Scarborough site will support improvement of patient flow in A&E from January 2019.

### Referral to Treatment (RTT) pathways: incomplete – October 85.7% / November 84.4% Target 92%

Incomplete pathways are the waiting times for patients waiting to start their treatment following initial referral. RTT performance remains below the target rate of 92%. All specialties, with the exception of Cardiothoracic Surgery, General Medicine, Geriatric Medicine, Gynaecology and Neurosurgery, are not achieving the standard with lowest performance seen in Rheumatology at 69.9% and Ophthalmology at 67.3%.

Overall waiting list numbers have reduced in November, through a combination of reduced demand, increased activity, and waiting list validation. The number of patients waiting over 36 weeks has also reduced.

Further action by providers includes referrals into Independent Sector providers and validation actions at YFT to commence in December which should support continued improvements. There have been four 52 week breaches identified in this period; 3 at LTH in trauma and orthopaedics, and one at YFT in General Surgery. LTH has secured external capacity to support recovery of their long wait position and YFT is working with commissioners to determine how any additional capacity could be provided within system resource.

**Proportion of people who complete treatment who are moving to recovery (Improving Access to Psychological Therapies) – Oct 50.7% / Nov 52.7% Target 50%**

Performance in this indicator has been steadily improving and the required target rate of 50% has been achieved over the last 7 months.

**Estimated diagnosis rate for people with dementia - October 59.2%/ November 58.7% Target 66.7%**

Dementia diagnosis rates continue to fluctuate below the target, with a slight fall in performance being seen during October and November.  
Work continues in the locality to target practice level variation.

**Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer (inc 31 day rare cancers) – October 83.7%/ November 64.7% Target 85%**

Performance has been variable throughout 2018/19. During this reporting period there have been 19 breaches. The majority of these breaches were as a result of diagnostic test or treatment planning delay.

Lower GI and Urology accounted for 5 of the 7 breaches in this area in October. Upper and lower GI accounted for 6 of 11 breaches in November with a mixture of areas making up the other 5 breaches. The majority of breach reasons were for patients being unfit for treatment, or delayed due to a complex diagnostic pathway. YFT has received some additional national funding for diagnostics to support improvement in the 62 day pathway. This includes extra capacity in MRI, and radiographic support for CT.

**Incidence of Healthcare Associated Infection (HCAI): Meticillin-Resistant Staphylococcus Aureus (MRSA), Clostridium difficile (C.Diff) & E.coli**

MRSA Bacteraemia: There has been 1 MRSA bacteraemia case assigned to SRCCG from the 1<sup>st</sup> April, against a zero objective. The case was subject to a post infection review by a multi-disciplinary panel and deemed unavoidable.  
Clostridium difficile: SRCCG has 13 attributable cases from 1<sup>st</sup> April against a year end objective of 34 cases. This is an improved position on the same period in 2017-18.  
E.coli bacteraemia: SRCCG have 92 cases attributed E.coli cases from 1<sup>st</sup> April 2018 against an annual objective of 94 cases. A collaborative reduction plan has been developed and we are working with key stakeholders regarding proactive actions including antimicrobial stewardship and supporting care homes to reduce E.coli acquisition, Urinary Tract Infections, and falls whilst improving hydration. We have secured support from NHSI to provide education regarding antimicrobial stewardship to prescribers and identify key areas for improvement

**All cancer 2 week waits - October 88.3% / November 95.4% Target 93%**

During this reporting period performance has improved, and in November the target was achieved. Previous levels of underperformance have been addressed with dermatology cancer patients now being seen at a clinic in Malton. Upper Gastrointestinal cancers still appear to be an issue, with inadequate out-patient capacity and patient choice being the main reasons for delay. Early indications show that further improvements in performance in Dermatology have been made during first week of December.

**Cancer 31 day waits: first definitive treatment - October 96.4% / November 98.5% Target 96%**

Performance improved over this reporting period with 4 breaches being seen across 150 patients treated in the two month period. The main area of concern continued to be in Urology in October; however this position improved in November to 100%.

Indicator	Level of Reporting		Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Q1 2018/19	Q2 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
<b>Planned Care</b>																			
<b>Referral to Treatment</b>																			
Referral to Treatment pathways: incomplete	CCG	Actual	87.8%	87.9%	87.8%	86.2%	86.4%	86.7%	87.5%	87.2%	86.9%	85.7%	85.7%	84.4%	86.9%	86.6%	86.3%		↓
		Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%		
Number of >52 week Referral to Treatment in Incomplete Pathways	CCG	Actual	2	0	0	0	3	0	2	3	3	3	2	4	5	9	20		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Diagnostics</b>																			
Diagnostic test waiting times	CCG	Actual	4.4%	2.2%	1.7%	3.7%	4.8%	3.9%	4.4%	4.7%	5.4%	4.8%	2.2%	2.6%	4.4%	4.8%	2.6%		↓
		Target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%		
<b>Cancer</b>																			
All Cancer 2 week waits	CCG	Actual	87.4%	88.7%	86.7%	87.6%	88.2%	85.5%	89.8%	87.2%	81.5%	83.0%	88.3%	95.4%	87.7%	83.7%	87.3%		↑
		Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		
Breast Symptoms (Cancer Not Suspected) 2 week waits	CCG	Actual	97.0%	97.1%	100.0%	100.0%	89.7%	95.2%	87.9%	92.7%	96.9%	100.0%	100.0%	94.7%	91.8%	96.1%	94.5%		↓
		Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		
Cancer 31 day waits: first definitive treatment	CCG	Actual	100.0%	98.8%	97.3%	98.5%	98.4%	98.8%	96.6%	95.1%	95.7%	96.4%	98.5%	98.6%	95.8%	97.1%			↑
		Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%		
Cancer 31 day waits: subsequent cancer treatments-surgery	CCG	Actual	90.9%	95.5%	91.7%	86.7%	100.0%	94.7%	93.8%	95.0%	94.7%	100.0%	93.3%	84.6%	95.3%	95.7%	94.1%		↓
		Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%		
Cancer 31 day waits: subsequent cancer treatments-anti cancer drug regimens	CCG	Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		-
		Target	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%		
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	CCG	Actual	100.0%	90.5%	95.2%	95.0%	100.0%	96.0%	96.4%	95.5%	88.9%	100.0%	97.2%	100.0%	97.1%	94.5%	96.8%		↓
		Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%		
% 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)	CCG	Actual	79.5%	81.0%	69.2%	80.6%	71.9%	73.3%	82.5%	57.9%	80.6%	77.1%	83.7%	64.7%	76.5%	71.8%	74.3%		↓
		Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	CCG	Actual	100.0%	100.0%	100.0%	50.0%	100.0%	87.5%	100.0%	87.5%	80.0%	100.0%	90.0%	100.0%	95.7%	88.6%	92.3%		-
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	CCG	Actual	100.0%	Nil Return	100.0%	100.0%	100.0%	Nil Return	0.0%	66.7%	Nil Return	50.0%	Nil Return	100.0%	50.0%	60.0%	62.5%		
		Target																	
<b>Cancelled Operations</b>																			
Cancelled Operations - York	YFT (Trust Wide)	Actual	0.4%			6.1%			8.2%			5.7%			8.2%	5.7%	7.1%		↓
		Target	1.0%			7.8%			11.7%			14.4%			11.7%	14.4%	5.1%		
No urgent operations cancelled for a 2nd time - York	YFT (Trust Wide)	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Mixed Sex Accommodation</b>																			
Mixed Sex Accommodation (MSA) Breaches (Rate per 1,000 FCEs)	CCG	Actual	0.00	0.00	0.00	0.00	0.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.08	0.00	0.0		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Number of MSA breaches for the reporting month in question	CCG	Actual	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

Indicator	Level of Reporting		Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Q1 2018/19	Q2 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
<b>Unplanned Care</b>																			
<b>A&amp;E</b>																			
A&E waiting time - total time in the A&E department, SitRep data	% of YFHT activity (CCG weighted)	Actual	83.0%	81.5%	81.8%	81.2%	85.1%	90.1%	90.0%	88.0%	92.5%	90.3%	90.9%	89.6%	88.5%	90.3%	89.6%		↓
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
A&E - % Attendances - Type 1, SitRep data	% of YFHT activity (CCG weighted)	Actual	71.8%	69.2%	70.1%	68.2%	74.2%	83.2%	83.0%	79.6%	87.6%	84.0%	85.5%	83.4%	80.3%	83.6%	82.6%		↓
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
A&E waiting time -% of patients seen and discharged within 4 hours - CCG Patients (Includes UCC)	CCG (SUS Data)	Actual	85.04%	81.01%	78.86%	79.65%	80.28%	87.42%	89.39%	84.54%	87.69%	86.71%	90.14%	88.18%	85.79%	86.28%	86.78%		↑
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
Percentage of patients assessed within 20 minutes within the Urgent Care Centre (Yorkshire Doctors)	Provider Data	Actual	49.19%	59.24%	57.66%	52.54%	51.62%	52.42%	56.18%	42.61%	52.31%	49.48%	56.33%		53.41%	48.05%	51.42%		↑
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
<b>Trolley Waits</b>																			
12 hour trolley waits in A&E - Scarborough & Ryedale CCG	CCG	Actual	2	9	5	15	6	0	0	0	0	0	0	0	6	0	6		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12 hour trolley waits in A&E - York	YFT (Trust Wide)	Actual	5	14	15	40	12	0	0	0	0	0	0	0	12	0	12		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Ambulance performance - YAS</b>																			
Category 1 - Mean	YAS (Region)	Actual	00:08:12	00:08:10	00:08:07	00:08:17	00:08:02	00:08:20	00:07:38	00:07:19	00:07:03	00:07:18	00:07:10	00:07:02	00:08:01	00:07:13	00:07:32		↓
		Target	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00		
Category 1 - 90th Centile	YAS (Region)	Actual	00:14:19	00:13:56	00:13:57	00:14:15	00:13:44	00:14:11	00:12:55	00:12:31	00:12:05	00:12:28	00:12:23	00:12:13	00:13:39	00:12:21	00:12:54		↓
		Target	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00		
Category 2 - Mean	YAS (Region)	Actual	00:27:58	00:26:57	00:25:08	00:25:38	00:21:39	00:22:54	00:21:30	00:20:29	00:19:26	00:20:19	00:19:58	00:20:29	00:22:02	00:20:05	00:20:50		↑
		Target	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00		
Category 2 - 90th Centile	YAS (Region)	Actual	01:00:47	00:59:30	00:55:13	00:57:34	00:45:53	00:48:43	00:45:08	00:42:40	00:39:47	00:42:10	00:41:37	00:42:36	00:46:35	00:41:32	00:43:31		↑
		Target	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00		
Category 3 - 90th Centile	YAS (Region)	Actual	02:41:47	02:31:51	02:24:28	02:25:24	00:54:00	02:24:07	02:12:53	02:07:31	01:59:28	01:57:25	01:57:34	01:58:25	02:14:27	02:01:28	02:01:03		↑
		Target	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00		
Category 4 - 90th Centile	YAS (Region)	Actual	04:22:05	03:45:02	03:33:15	03:17:37	01:06:51	03:37:09	02:43:11	03:12:55	02:45:47	03:51:53	02:47:56	03:44:04	02:54:07	03:16:52	04:09:20		↓
		Target	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00		
<b>Ambulance Handover Time</b>																			
Ambulance handover time - % Delays over 30 minutes (Scarborough General Hospital)	Trust Site	Actual	32.1%	33.2%	32.5%	37.5%	26.0%	22.2%	17.1%	27.4%	20.1%	19.7%	18.1%	21.4%	22.0%	22.2%	21.5%		↑
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - % Delays over 60 minutes (Scarborough General Hospital)	Trust Site	Actual	12.4%	15.5%	16.9%	18.1%	13.6%	8.7%	5.5%	11.5%	6.1%	7.5%	5.5%	7.4%	9.5%	8.3%	8.25%		↓
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - % Delays over 30 minutes (York Hospital)	Trust Site	Actual	26.7%	17.7%	18.0%	20.4%	8.4%	6.0%	7.6%	10.3%	4.6%	11.6%	7.9%	10.0%	7.37%	8.91%	8.36%		↓
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - Delays of +30 minutes (York Hospital)	Trust Site	Num	544	356	336	398	193	119	137	179	91	264	183	239	449	534	1405		
Ambulance handover time - Total Delays (York Hospital)	Trust Site	Den	2039	2016	1864	1949	2305	1976	1814	1737	1985	2270	2330	2399	6095	5992	16816		
Ambulance handover time - % Delays over 60 minutes (York Hospital)	Trust Site	Actual	14.1%	7.7%	9.0%	9.3%	3.3%	0.7%	1.9%	3.0%	0.2%	4.8%	1.8%	3.2%	2.02%	2.74%	2.41%		↓
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - Delays of +60 minutes (York Hospital)	Trust Site	Num	287	155	168	181	75	14	34	52	3	109	42	77	123	164	406		
Ambulance handover time - Total Delays (York Hospital)	Trust Site	Den	2039	2016	1864	1949	2305	1976	1814	1737	1985	2270	2330	2399	6095	5992	16816		

Indicator	Level of Reporting		Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Q1 2018/19	Q2 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
<b>Mental Health/ IAPT</b>																			
<b>IAPT</b>																			
Proportion of people that enter treatment against the level of need in the general population	CCG	Actual	15.4%	16.1%	15.6%	14.9%	14.0%	13.8%	11.8%	13.7%	13.3%	13.8%	14.6%	13.4%	13.2%	13.6%	13.5%		↑
		Target	15.0%	15.0%	15.0%	15.0%	16.8%	16.8%	16.8%	16.8%	16.8%	16.8%	16.8%	16.8%	16.8%	16.8%	16.8%		
Proportion of people who complete treatment who are moving to recovery	CCG	Actual	43.8%	41.2%	51.9%	37.5%	44.8%	61.2%	56.9%	54.9%	52.7%	55.8%	50.7%	52.7%	54.8%	54.5%	53.6%		↑
		Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%		
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	CCG	Actual	96.2%			96.4%			97.1%			100.0%			97.1%	100.0%	98.4%		↑
		Target	95.0%			95.0%			95.0%			95.0%			95.0%	95.0%	95.0%		
<b>Dementia</b>																			
Estimated diagnosis rate for people with dementia.	CCG	Actual	58.1%	58.6%	58.7%	58.5%	57.7%	58.5%	60.9%	60.7%	58.5%	59.8%	59.2%	58.7%	60.9%	59.7%	59.3%		↓
		Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%		
<b>HCAI and Quality</b>																			
<b>Hospital Infections</b>																			
Incidence of healthcare associated infection (HCAI): MRSA	CCG ATTRIBUTED	Actual	0	1	0	0	0	1	0	0	0	0	0	0	1	0	1		-
		Target	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 ATTRIBUTED	Actual	2	2	2	1	1	3	1	0	2	1	1	4	5	3	13		↑
		Target	4	1	5	2	2	3	2	3	1	4	4	4	7	8	34		
Healthcare acquired infections (HCAI): MRSA	YFT TRUST APPORTIONED	Actual	0	0	0	0	1	0	1	0	1	0	0	0	2	1	3		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Healthcare associated infection (HCAI): Clostridium difficile (C.difficile)	YFT TRUST APPORTIONED	Actual	3	5	4	3	4	7	6	3	4	1	0	3	17	8	28		↑
		Target	8	10	5	5	3	1	3	3	2	1	3	2	7	6	45		
Healthcare acquired infection (HCAI) measure (E.Coli)	CCG ATTRIBUTED	Actual	11	10	11	10	8	11	11	13	11	17	12	9	30	41	92		↓
		Target	6	10	9	8	7	6	8	10	6	7	8	9	21	23	94		
<b>Serious Incidents/ Never Events</b>																			
Number of Serious Incidents (NHS Scarborough & Ryedale CCG)	CCG	Actual	3	10	3	7	2	2	2	1	3	6	6	2	6	10	24		↓
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Number of Never Events (NHS Scarborough and Ryedale CCG)	CCG	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Smoking at time of Delivery</b>																			
Maternal smoking at delivery.	CCG	Actual	19.3%			16.8%			15.9%			16.0%			15.9%	16.0%	15.9%		↓
		Target	19.0%			19.0%			19.0%			19.0%			19.0%	19.0%	19.0%		