

NHS Vale of York Clinical Commissioning Group Quality and Performance Governing Body Report

Report produced: March 2016

Latest validated data: January/February 2016

Yorkshire Ambulance Service (YAS) Response Times

Current Performance

- The most recent validated data for Vale of York is February 2016
- Performance for Red Combined 8 minute response time was up slightly from January performance of 70.4% to **71.2%**, remaining under the 75% target which was met at 9 minutes
- Performance for Red Combined 19 minute response time saw a slight increase from 92.0% in January to **92.5%** in February, however still under the 95% target which was met at 22 minutes
- The most recent **unvalidated** data for Vale of York is week ending 27th March 2016, which shows 8 minute performance of 67.9% and 19 minute performance of 91.3%

Current issues impacting on performance:

- ❖ Flooding over the Christmas and New Year period has meant that journeys in certain areas had to take longer than they would normally; this was the case well into February
- ❖ High volumes were seen across all of the Urgent Care System towards the end of January as there was an increase in Norovirus, and flu rates and respiratory issues

Mitigating actions include:

- ❖ Urgent Care Practitioner response during the period of flooding was excellent; staff were proactively moved to key areas in Tadcaster and Central York, support for Primary Care was offered and where possible changes in process took place to reduce journey times for all health professionals
- ❖ Urgent care communications throughout January continued to suggest patients should reference other healthcare providers (Community Pharmacy, Primary Care) during the busy periods

Finance & Contracting implications:

- ❖ Penalties will be applied through the YAS contract.

Yorkshire Ambulance Service (YAS) Handover Times

Current Performance

- The most recent validated data for Vale of York is February 2016
- Performance for York Trust combined was **52.4%** (target 100%); this is a **decrease** from January performance of 62.4%. York hospital site performance was 59.2%, and Scarborough hospital site was 42.1%
- The most recent **unvalidated** data for Vale of York is week ending 27th March 2016, which shows handover performance of 50% combined, 62% at York hospital and 33% at Scarborough

Current issues impacting on performance:

- ❖ Staff shortages in the Emergency Department (ED) and reduced bed capacity due to Norovirus have resulted in excessive handover times at York Hospital
- ❖ Week commencing 25 January 2016 was particularly challenging for YAS with long delays and crew handovers taking place at the hospital.
- ❖ Admissions to the Acute Medical Unit (AMU) were also problematic and again delayed crews at York

Mitigating actions include:

- ❖ YAS provided on-site supervisor and Hospital Ambulance Liaison Officer (HALO) to assist with handovers
- ❖ YAS/York Trust are reviewing current escalation plan in line with Hull Royal
- ❖ York Trust are introducing Manchester Triage system to improve patient flow.
- ❖ Attendances at the start of January were lower; this is difficult to evidence cause and effect but may be due to the high number of additional Primary Care appointments provided for urgent care management - 3100 additional appointments were provided and filled in this period
- ❖ York Trust and YAS staff have commenced a longer-term plan for management of handover times, to be monitored by the Urgent Care Working Group (UCWG)

Finance & Contracting implications:

- ❖ Penalties will be applied through the YAS Contract

Emergency Department (ED)

Current Performance

- The most recent validated data available for Vale of York is January 2016
- Performance against 4 hour target for Vale of York was **86.8%** (target 95%). This is a **decrease** from the December figure of 89.3%
- The most recent **unvalidated** figures for York Trust are for week ending 20th March 2016 and show performance of **85.25%**

Current issues impacting on performance:

- ❖ York Trust failed the ED 4 hour target for the 22nd consecutive month, achieving 86.8% in January.
- ❖ Median bed occupancy was 95.16% in January 2016 at York Hospital and 94.78% at Scarborough Hospital.
- ❖ Comparing the month of January 2016 to the month of January 2015: ED attendances increased by 7%, GP admissions increased by 12.70% and Elderly & Medical non-elective admissions increased by 7%.
- ❖ Medical staffing shortages, particularly out of hours and at weekends impact on the time for 'senior review'.
- ❖ ED performance directly impacted on the number of 12 hour trolley waits with 6 in total during February, all on the Scarborough Hospital site.

Mitigating actions include:

- ❖ 2 week trial of OPAL (Older People's Assessment Lounge) 'in reach' commenced on 11th January within York ED. All pending admissions are monitored by an acute Care of the Elderly Consultant, in order to reduce medical delays, length of stay and possibly avert admissions.
- ❖ A small pilot of the 'Discharge to Assess' model has commenced and has shown success in discharging patients to their own home, once medically optimised, for assessment and on-going rehabilitation needs. This reduces overall length of stay and potentially the need for a community hospital stay.
- ❖ External support has been arranged to commence in February to establish the Manchester Triage System into ED. This is a risk management tool used to manage patient flow when demand exceeds capacity.
- ❖ An additional WTE (whole time equivalent) will also commence in February, to support developments to internal and YAS pathways and processes. It is hoped this will improve patient flow through the front door.
- ❖ Changes are being made to the internal transfer team to enable porters and other staff to transfer clinically appropriate patients in a more timely manner.
- ❖ Work is on-going in relation to a fully-managed primary care 'front door model', (Emergency Department Front Door), with NHS Vale of York Clinical Commissioning Group in York. The aim of this is to ensure primary care patients are cohorted in order to be seen by the most appropriate staff.
- ❖ New national guidance on the management of 12 hour trolley waits has been published. NHS Vale of York Clinical Commissioning Group are in discussion with York Trust to ensure processes meet this guidance to ensure patients are kept safe and cared for.
- ❖ ECIP (Emergency Care Improvement Programme) facilitated an event during January which identified appropriate patients who could be discharged with support from both acute and community hospitals and worked to achieve that

Finance & Contracting implications:

- ❖ NHS Vale of York Clinical Commissioning Group are currently funding two schemes to try and support flow in ED, the GP in ED (Emergency Department) and the additional funding for Yorkshire Doctors Urgent Care to accept direct transfers to the Out of Hours (OOH) GP on a weekend. The Emergency Department Front Door model is unlikely to be ready to be piloted until Q2 at the earliest so given current performance NHS Vale of York Clinical Commissioning Group will need to consider committing the additional funding for one or both of these schemes into Q1 of 2016/17.

Out of Hours (OOH)

Current Performance

- The most recent validated data available for Vale of York is January 2016
- Urgent Face to Face consultations within 2 hours are at **89.11%** and less urgent within 6 hours **94%**, both against target of 95%
- Speak to clinician calls within 2 hours are at **88.8%**, within 2 - 6 hours at **86.4%**, and within 6 hours+ at **95.2%**, all against target of 95%

- ❖ Staffing for OOH was difficult as for other areas of the system during January, especially the last weekend where there was a significant increase in demand
- ❖ Yorkshire Doctors Urgent Care have continued to staff the contract variation to provide additional support for 'warm transfers' from ED for primary care conditions, however utilisation of these sessions by the end of January was very low; between 10-20%. Additional communications have been sent to staff to try to improve utilisation as this level cannot be justifiably sustained at these rates.

Diagnostics

Current Performance

- The most recent validated data available for Vale of York is January 2016
- **98.8%** (target 99%) of diagnostic tests took place within 6 weeks, a **decrease** from December performance of 99.0%

Current issues impacting on performance:

- ❖ York Trust achieved the 6 week diagnostic target in January 2016 with performance at 99.09%, although NHS Vale of York Clinical Commissioning Group missed the target by 0.2% with 98.8%. This was due to additional breaches at Central Manchester University Hospitals (1), Leeds Teaching Hospitals (2), and South Tees Hospital (1).

Finance & Contracting implications:

- ❖ NHS Vale of York Clinical Commissioning Group continue to see significant overtrade with Yorkshire Health Solutions for Ultrasound activity to help relieve some capacity at the Trust

18 Week Referral to Treatment (RTT)

Current Performance

- The most recent validated data available for Vale of York is January 2016
- **93.4%** (target 92%) of patients on incomplete pathways have been waiting no more than 18 weeks from referral, a **decrease** from 94.1% in December

Current issues impacting on performance:

- ❖ York Trust achieved the overall incomplete target in January 2016 with performance at 93.46%.
- ❖ General Surgery, Urology, Paediatric Surgery and Anaesthetics (Pain) failed the incomplete target; this is partially due to the reduction in elective capacity lists undertaken as part of the Winter Resilience Plan.
- ❖ York Trust's Admitted backlog increased to 665 as at 31 January 2016.
- ❖ The increase is predominantly in 3 specialities: Orthopaedics, Urology and Ophthalmology due to theatre staffing shortages, cancelled electives due to bed shortages and reduced activity as part of the Winter Plan.

Mitigating actions include:

- ❖ Orthopaedic work has been sub-contracted to Ramsay at York.
- ❖ Improved utilisation of the Bridlington site.
- ❖ York Trust are holding a Recruitment Fare on 23rd April 2016 for Theatre Nurses

Finance & Contracting implications:

- ❖ Significant overtrade at Ramsay Healthcare (over £200k in one month) due to a high number of transfers in Orthopaedics for patients either breaching or close to breaching the 18 week target.

Cancer

Current Performance

- The most recent validated data available for Vale of York is January 2016
- Performance against the 14 day target of 93% was **93.8%** in January for All Tumour Types. Breast Symptomatic performance was **97.4%**
- All 31 day treatments met target for a 9th consecutive month
- 62 day treatments following urgent GP referral **decreased** from 91.0% in December, to **83.50%** in January, against target of 85%

Current issues impacting on performance:

- ❖ 1460 Fastrack referrals were received in December 2015 – the highest number ever recorded at York Hospital.
- ❖ In Q3 York Trust did not achieve the 62 day 1st treatment target of 85%, achieving 84.5%, although this did benchmark well against the national Q3 performance of 83.52%.

Mitigating actions include:

- ❖ Risk to delivery of the lung pathway due to changes made to surgical activity administration by Hull and East Yorkshire Trust resulting in long delays for patients.

- ❖ All Directorates are working on timed clinical pathways to improve compliance with the national standard, specifically for Breast, Colorectal, Lung and Prostate.

Finance & Contracting implications:

- ❖ No implications to report.

Stroke Update

- ❖ Overall the new Stroke Service is working well but recently Scarborough Hospital needed to divert stroke patients to the York site due to Advanced Nurse Practitioner sickness
- ❖ YAS expressed concerns regarding the impact of journeys between York and Scarborough at the Clinical Network Group.
- ❖ Clinical Networks are developing a Band 6 Specialist Stroke Nurse profile to ensure uniformity across the patch.
- ❖ Stroke Service will come under the Urgent & Emergency Care Networks (UECN) going forward.

Healthcare Associated Infections

Current Performance – financial year to date

- ❖ C-Difficile infections stand at 60 against a full year trajectory of 48 for York Trust (as of w/e 21st February 2016)
- ❖ MRSA bacteraemias for York Trust stand at 7 against a 0 trajectory (as of w/e 21st February 2016)

- ❖ C-Difficile increased again to 63 for York Trust week ending 6 March 2016.
- ❖ There has been an increase in MRSA bacteraemia at York Trust – 1 in February, Post Infection Review underway (5 in Scarborough and 2 in York Hospital in total for the year)
- ❖ The trust has undergone a complete review of all infection control governance arrangements resulting in a Strategic Executive Infection Prevention and Control Committee chaired by the Chief Executive. A work plan to reduce incidence and ensure compliance of excellent IPC (Infection Prevention and Control) practice will be signed off by York Trust Board of Directors in March and then shared with Commissioners.
- ❖ York Trust have experienced a high number of bed closures due to confirmed Norovirus in both Scarborough and York Hospital sites significantly affecting ED performance.

Serious Incidents

- ❖ Falls resulting in moderate or severe harm continue to be of concern at York Trust. Total numbers of falls are similar to this time last year. Learning from investigations in Q3 demonstrates the following issues:

- Compliance with falls risk assessment completed within 6 hours of transfer
 - Compliance with re-assessed every 7 days
 - 68% of patients fell going to or from the toilet
 - Accuracy of risk assessments
- ❖ Pressure ulcer incidents continue to be of concern at York Trust. Learning from incidents which resulted in declaration of serious incidents in Q3 demonstrates learning in the following areas:
- There continue to be issues with non-concordance by patients in the majority of cases
 - Inaccurate assessments of skin integrity
 - Disease progression was a high feature often resulting in the inability to stop pressure ulcer deterioration
 - There were equipment problems and staff education requirements in some of the incidents
 - Poor documentation and delays in referrals to Tissue Viability Nurses
 - An updated strategic plan for falls and pressure ulcers is being developed in agreement with commissioners to ensure continued focus.

NHS Vale of York Clinical Commissioning Group has an intention to develop a programme of pressure ulcer reduction in care homes with the aim to reduce admissions to acute hospitals. Admissions to hospital with pre-existing pressure ulcers continue to rise.

Never Events – there has been one Never Event at York Trust in February 2016 relating to the administration of insulin. Investigation is underway.

Maternity

Throughout April to July 2014 the Strategic Clinical Network (SCN) Maternity Team undertook engagement visits with each of the Provider Trusts across Yorkshire & the Humber (Y&H). Key themes were identified, one of which was Maternity Dashboards. All Y&H Provider Trusts maternity dashboards were received and the review highlighted variation in the indicators being reported, data definitions and thresholds as well as a disparity in governance processes.

In the absence of a national approach and to develop a unified Maternity Dashboard for Y&H, the Maternity SCN held a workshop for stakeholders. The purpose of the workshop was to identify a Y&H-wide, core set of indicators with clear definitions and thresholds. This has now been developed and launched. The first publication of the dashboard shows data for Q2 and demonstrates:

Out of 33 indicators York is an outlier (positive or negative) in the following areas:

Indicator	Threshold	York	Y&H average
% of women - normal births	≥ 60.9%	64.7%	65.9%
% of women - assisted vaginal births	12.9%	11.0%	10.6%
% of women - Elective C/Section	≤ 11%	12.2%	10.2%
% of women - Emergency C/Section	≤ 15.2%	12.7%	13.6%
% of women - Total all C/Sections	≤ 26.2%	25.0%	23.8%
% of women booked <13 weeks	≥ 90%	86.4%	89.1%
annual rate for ALL stillborn babies / 1000 births	< 4.7	2.2	4
% of women commenced breastfeeding	≥ 74.4%	67.6%	69.8%
% of women who smoke at booking	≤ 11%	16.5%	17.6%
% of women who smoke at time of delivery	≤ 11%	14.6%	14.2%

Improving Access to Psychological Therapies (IAPT)

Current Performance

- The most recent **unvalidated** data available for Vale of York is January 2016. This is based on local data received directly from providers, as national validated figures from the Health and Social Care Information Centre (HSCIC) are 3 months in arrears. Please note that unvalidated figures can change significantly once processed and validated, so these figures are an indication only
- Access levels are at **10.4%**, up from 10.1% in December, against 15% target
- Recovery rates are also up at **48.6%**, from 38.4% in December, against 50% target

Data above is for combined service provision from YTSE (York, Tadcaster, Selby & Easingwold area – previously delivered by Leeds York Partnership Foundation Trust), TEWV (Tees, Esk & Wear Valleys NHS Trust - North Yorkshire area) and Humber Trusts. From April 2016 it is expected the YTSE and TEWV data will be combined. Breakdown being:

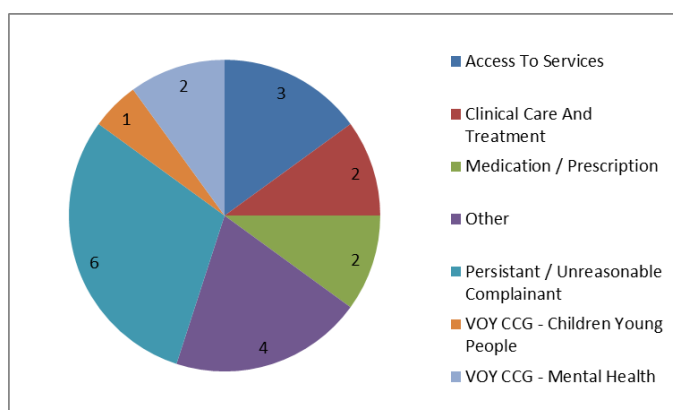
- YTD: YTSE – Prevalence 8.8%, Recovery 45.2%
- YTD: TEWV – Prevalence 8.0%, Recovery 48.3%
- YTD: Humber – Prevalence 9.7%, Recovery 51.3%

Tees, Esk & Wear Valleys NHS Trust are aware of commissioner expectations in relation to performance of IAPT services and at a recent meeting it was agreed that they would begin to reliably deliver all targets during Quarter 3 2016/17.

Access and Recovery targets will remain volatile until then, principally due to the fact that therapists are being introduced to the TEWV version of Paris which is their activity based system.

Patient Experience Update

- ❖ NHS Vale of York Clinical Commissioning Group received 1 new complaint in February 2016 (Partnership Commissioning Unit Retrospective Continuing Healthcare). 2 Complaints were completed within February 2016 (1 x commissioning & 1 x Partnership Commissioning Unit Retrospective Continuing Healthcare). Neither complaint was upheld, and both were completed within the specified timeframes.
- ❖ During February 2016 the Parliamentary and Health Service Ombudsman (PHSO) requested details of 1 completed case (Partnership Commissioning Unit Retrospective Continuing Healthcare). This is currently being reviewed by PHSO.
- ❖ During February 2016, 20 Patient Advice and Liaison Service queries were received by NHS Vale of York Clinical Commissioning Group. The themes of these were as shown in the chart below, no themes were identified from the category 'Others':



- ❖ No contacts have been received to NHS Vale of York Clinical Commissioning Group's soft intelligence tool "YoR Insight" during February 2016.

Quality Governance – Clinical Commissioning Group internal audit report

The audit was undertaken in September 2015. The objective of the audit was to provide assurance on the effectiveness of arrangements in place to manage and improve quality through the contract management process with York Trust. The report gave limited assurance. Changes have already been made to the terms of reference and membership of the Quality & Performance sub-Contract Management Board, with additional actions required on the flow and action on quality issues escalated to Contract Management Board (CMB) and strengthen links with the System Resilience Group (SRG) & Urgent Care Working Group (UCWG). A repeat review is to be undertaken in 6 months.