

July 2014



# INTEGRATED QUALITY AND PERFORMANCE EXCEPTION REPORT – JULY 2014



# PATIENT PATHWAY

## PREVENTION

The Female mortality gap between the most deprived and least deprived areas of CYC has increased to 5.9 years.

## PRIMARY CARE

3 complaints  
1 Serious Incident  
1 Ombudsman complaint

## URGENT CARE

YAS April /May  
Red 1 & 2 8 Min response time below target.  
  
YHFT Q1 A&E 4hr: 93.92% (95%) -UV.

## ACUTE

CCG working with York Hospital to agree Recovery Plan for RTT, Diagnostics and Cancer waiting times.

## COMMUNITY HOSPITALS

We are working to source relevant intelligence to report on this sector

## COMMUNITY SERVICES

Increase in the reporting of pressure ulcers and falls in line with 2014/15 CQUIN Scheme

## Patient Experience

Health watch York have won a national award for their work with the Deaf and accessing health services and are currently consulting on their paper 'Discrimination against Disabled People in York'. Included are soft concerns around children with complex needs and the public sector understanding of.

## MENTAL HEALTH

CCG working with LYPFT on Interim placement of patients from Bootham Park Hospital- and longer term MHS

## CONTINUING CARE

Concerns that assessments and funding requests are taking too long to process

## SAFEGUARDING

No reported safeguarding concerns for children. Cause for Concerns and monitoring of care homes (SVA)

## Analysis summary

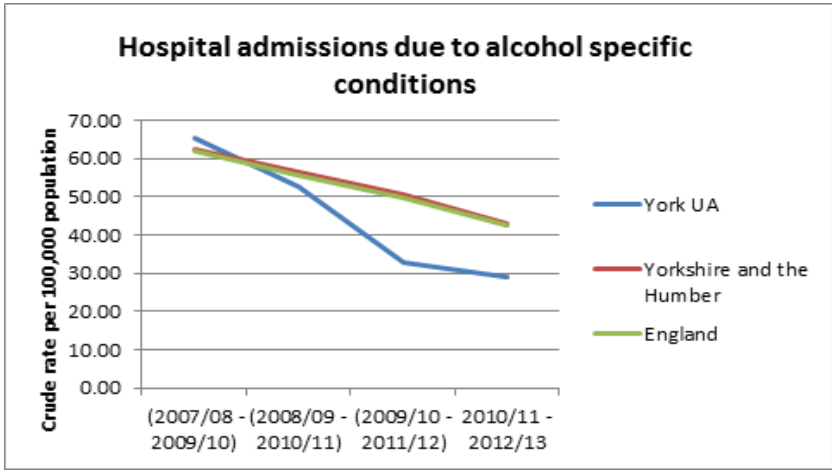
April and May Red 8 minute performance has caused concern to NHSE, CCG Commissioners and YAS. YAS-wide May year-to-date performance is 70% for both Red 1 and Red 2 priorities and Green response is also below the agreed minimum standards. In Vale of York YAS performance has been slightly better achieving a combined Red figure of 73.76% in April, 73.79% in May. Contract queries have been raised by the lead Commissioners.

Reasons for underperformance identified by YAS include meal break arrangements, high red demand and unwillingness by staff to take overtime. Meal break arrangements and their impact on rotas are being reviewed. A Recovery Plan is currently being put in place which will lead to sustainability.

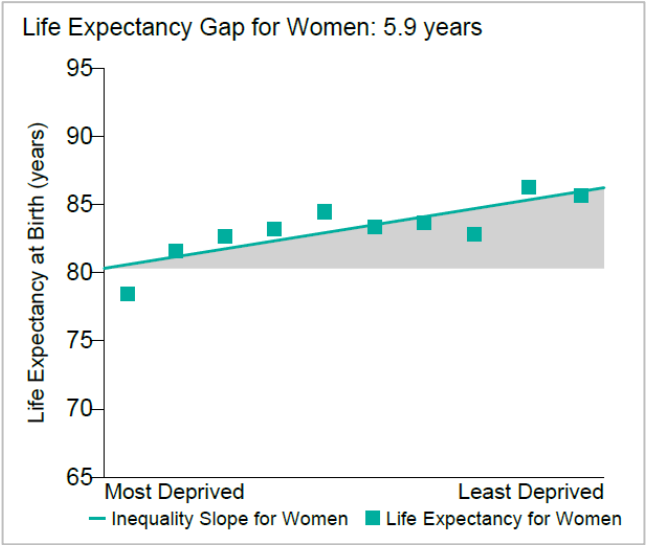


# 1: Prevention: York Unitary Authority.

Many of the indicators in this section are refreshed annually or quarterly (but not yet available). Since the last report, the data relating to Hospital admissions for under 18s due to alcohol specific conditions has been refreshed with a positive direction of travel.



The Life Expectancy Gap for Women Chart, to the right shows that there is a 5.9 year life expectancy gap for women within the York Local Authority. (PHE Health profiles published July-14)



The table below shows the health of Obese Children, and that of adults with excess weight is significantly better than the England Average. The Health of Obese Adults is not significantly different from the England Average. (PHE Health profiles published July-14)

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average

Indicator	Local No Per Year	Local value	Eng value	Eng worst	England Range		Eng best
					25th Percentile	75th Percentile	
9 Obese children (Year 6)	270	16.4	18.9	27.3	10.1	10.1	10.1
14 Obese adults	n/a	20.7	23.0	35.2	11.2	11.2	11.2
15 Excess weight in adults	307	58.4	63.8	75.9	45.9	45.9	45.9

## 2: Primary Care:

2.1	Number	Time period	Comments
<b>Serious Incidents</b>	2	May 2014	PCC/Safeguarding – Pharmacist omitted medication for Parkinson’s leading to an unplanned admission Screening and Imms- PCC Cold Chain storage issues effecting multiple patients – fact finding currently undertaken

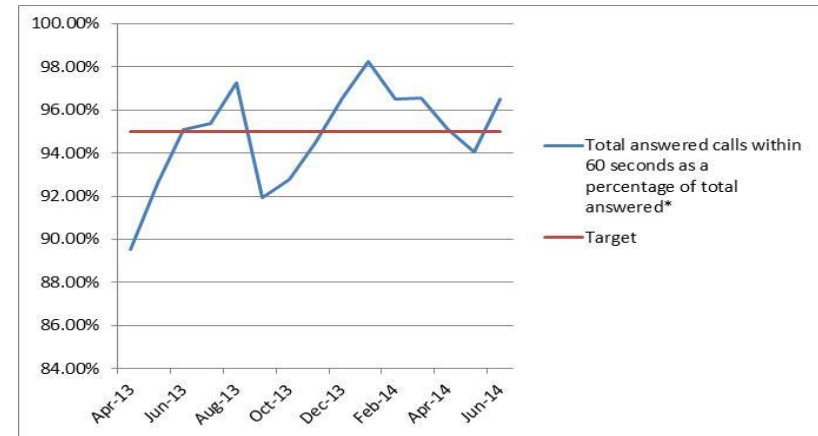
2.2	Number	Time period	Comments
<b>Complaints</b>	3	May 2014	1 GP complaint related to communication issues within surgery

2.3	Number	Time period	Comments
<b>Ombudsman Complaints</b>	1	June 2014	Signing not available at GP Practice. Mitigation- NHSE exploring equipment

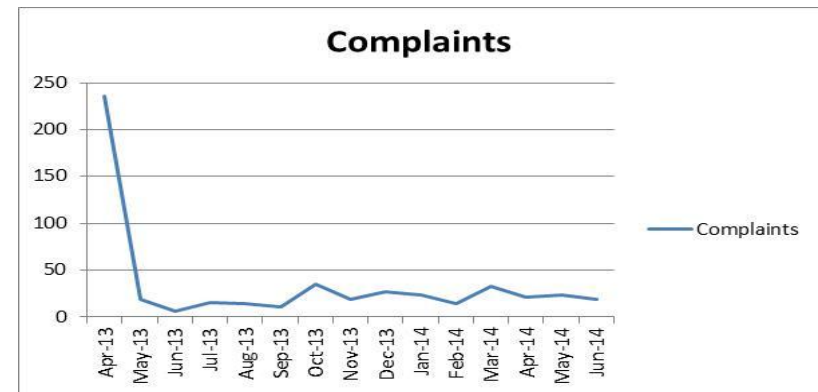


### 3: Urgent Care:

3.1	%ages / Numbers			Comments
	Apr 14	May 14	Jun 14	
NHS111 - Total answered calls within 60 seconds as a percentage of total answered*	95.13% 108,872	94.05% 112,218	96.53% 104,093	Since Apr 13 performance against target has been variable



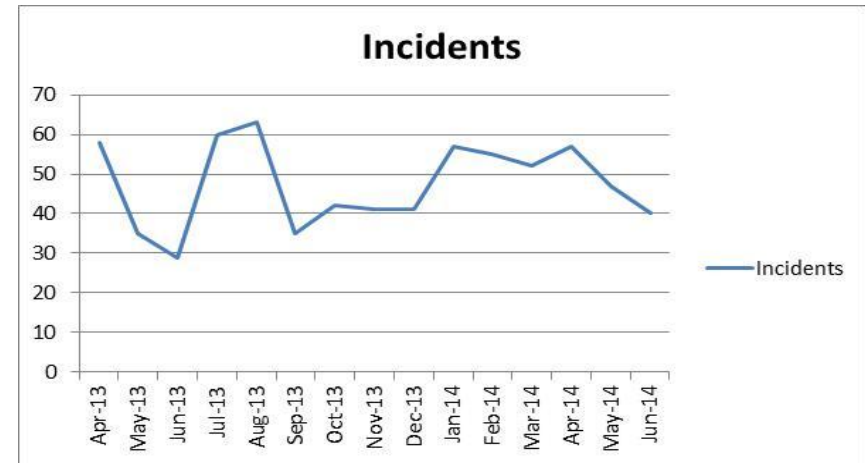
3.2	Numbers			Comments
	Apr 14	May 14	Jun 14	
NHS111 - Complaints	21	24	19	Complaints relate to communication or time delay.





**3: Urgent Care:**

3.3	Numbers			Comments
	Apr 14	May 14	Jun 14	
NHS111 - Incidents	57	47	40	Q1 2014 total = 144 incidents- trends delay in assessment to treatment, wrong area



### 3: Urgent Care:

## NHS111 North Region Benchmarking: week ending 6<sup>th</sup> July 2014

### 111 Outcomes: week ending 6th July 2014

Service Area	Led to ambulance dispatch	Recommended to attend A&E	Recommended to attend primary and community care	Recommended to attend other service	Did not recommend to attend other service
England	11.3%	8.3%	60.4%	4.0%	16.0%
North Region	13.3%	8.8%	58.1%	3.6%	16.1%
NE England NHS111	17.9%	8.7%	57.2%	6.6%	9.2%
NW NHS111	13.2%	8.7%	51.2%	1.3%	25.6%
Blackpool NHS111	12.3%	10.4%	63.0%	1.0%	13.3%
Yorkshire & Humber NHS111	9.7%	7.4%	61.1%	5.4%	16.4%

### 111: Weekly Summary for week ending 6th July 2014

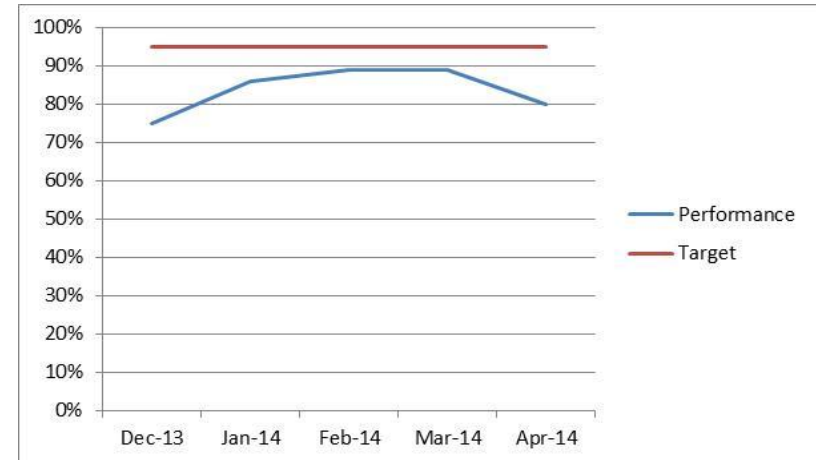
Service Area	%age calls answered within 60 seconds	%age calls abandoned after 30 seconds	%age calls triaged	%age of calls where a call back was offered	%age of call backs within 10 minutes
England	93.7%	1.2%	85.3%	9.3%	50.7%
North Region	94.5%	1.5%	83.8%	6.8%	52.4%
NE England NHS111	87.2%	4.1%	90.5%	1.0%	38.7%
NW NHS111	96.0%	0.6%	96.9%	7.4%	72.3%
Blackpool NHS111	96.7%	0.8%	82.9%	3.8%	69.3%
Yorkshire & Humber NHS111	97.9%	0.5%	84.9%	15.2%	29.4%

The current performance of Yorkshire and Humber NHS111 is satisfactory compared to England, North Region and regional providers.

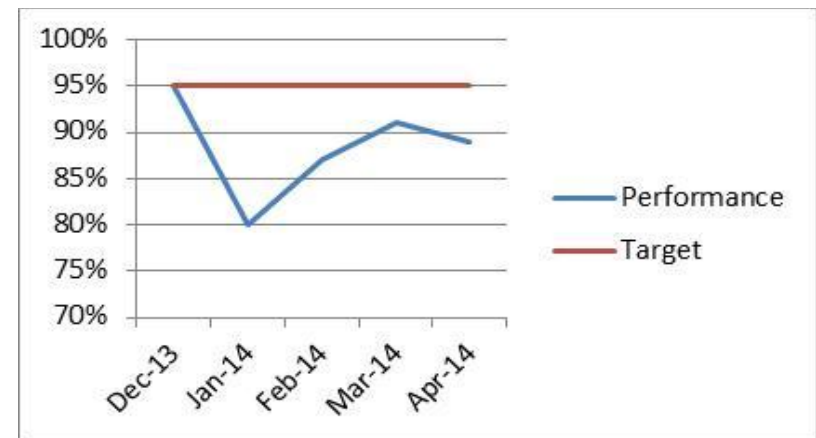


### 3: Urgent Care:

3.5	Target	Achievement	RAG rating	Comments
<b>OOH: Home visit: F2F consultations started for urgent cases within 2 hours of definitive assessment</b>	>=95%	80% (Apr14)	Red	This has been consistent as a dip in performance and more work needs to be undertaken to understand the root cause of this and quality implications. Patient experience is generally positive.



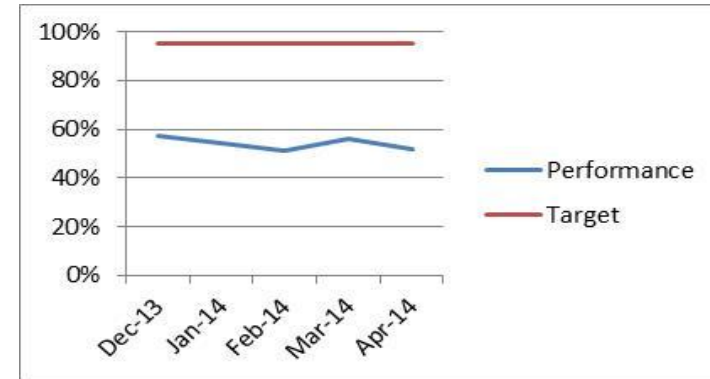
3.6	Target	Achievement	RAG rating	Comments
<b>OOH: PCC: F2F consultations started for urgent cases within 2 hours of definitive assessment</b>	>=95%	89% (Apr14)	Red	This has been consistent as a dip in performance and more work needs to be undertaken to understand the root cause of this and quality implications. Patient experience is generally positive.



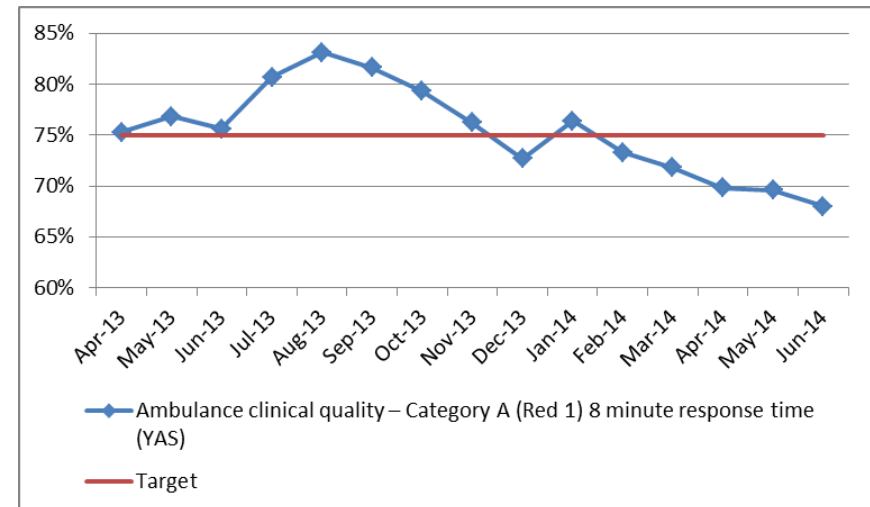


### 3: Urgent Care:

3.7	Target	Achievement	RAG rating	Comments
<b>OOH: Urgent calls identified and triaged within 20 minutes</b>	>=95%	52% (Apr 14)	<b>Red</b>	This has been consistent as a dip in performance and more work needs to be undertaken to understand the root cause of this and quality implications. Patient experience is generally positive.

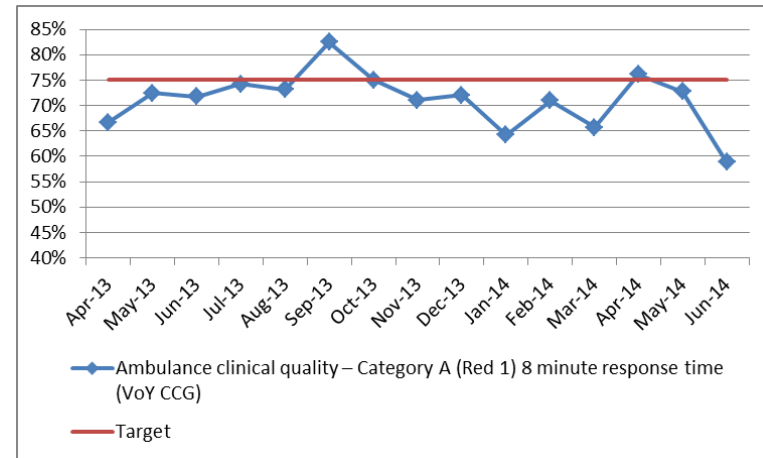


3.8	Target	Achievement May 14	Achievement June 14	RAG rating	Comments
<b>Ambulance clinical quality – Category A (Red 1) 8 minute response time (YAS)</b>	>=75%	69.6% 1,150 out of 1,653	68.0% 1,133 out of 1,666	<b>Red</b>	April and May Red 8 minute performance has caused concern to both YAS and Commissioners. YAS-wide June year-to-date performance is 69.5% for both Red 1 and Red 2 priorities and Green response is also below the agreed minimum standards. Contract queries have been raised by the lead Commissioners

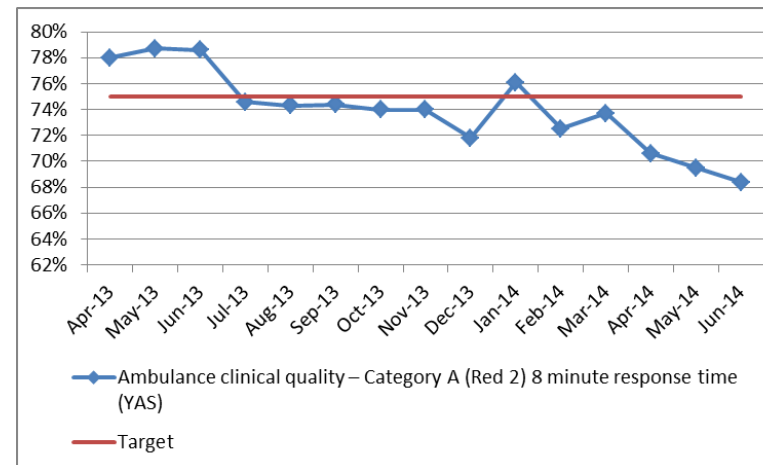


### 3: Urgent Care:

3.9	Target	Achievement May 14	Achievement June 14	RAG rating	Comments
<b>Ambulance clinical quality – Category A (Red 1) 8 minute response time (VoY CCG)</b>	>=75%	<b>72.8%</b> 59 out of 81	<b>58.8%</b> 50 out of 85	<b>Red</b>	Vale of York wide June year-to-date performance is 73.9% for both Red 1 and Red 2 priorities



3.10	Target	Achievement May 14	Achievement June 14	RAG rating	Comments
<b>Ambulance clinical quality – Category A (Red 2) 8 minute response time (YAS)</b>	>=75%	<b>69.5%</b>	<b>68.4%</b>	<b>Red</b>	In June, 15361 Red 2 calls were responded to within 8 minutes out of 22457.

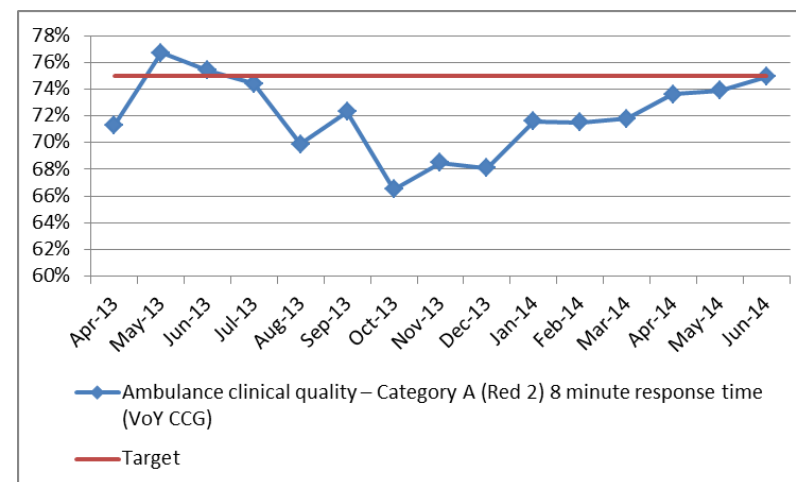




### 3: Urgent Care:

NB: Unplanned Care is part of a Government wide initiative for system resilience. Following YHFT’s ECHIST report publication in June 2014, actions are being taken forward by the UCWG which involve all key partners and will see the system move forward to a level of sustainability and quality. Supporting actions will be presented in subsequent reports. This includes the ambulance trust who have submitted plans for sustainability. Currently under scrutiny.

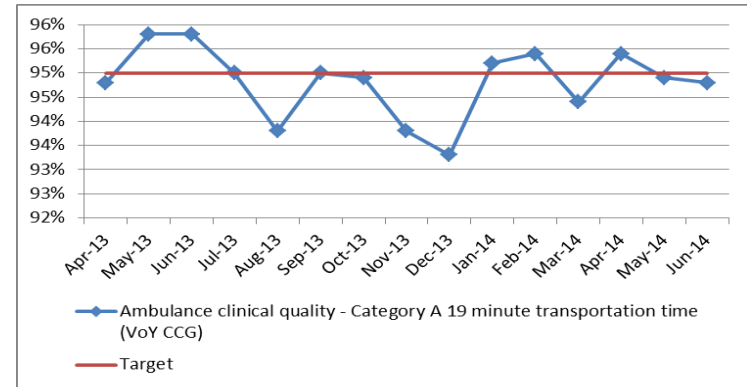
3.11	Target	Achievement May 14	Achievement June 14	RAG rating	Comments
Ambulance clinical quality – Category A (Red 2) 8 minute response time (VoY CCG)	>=75%	73.9%	74.9%	Amber	In June, 1088 Red 2 calls were responded to within 8 minutes out of 1452.



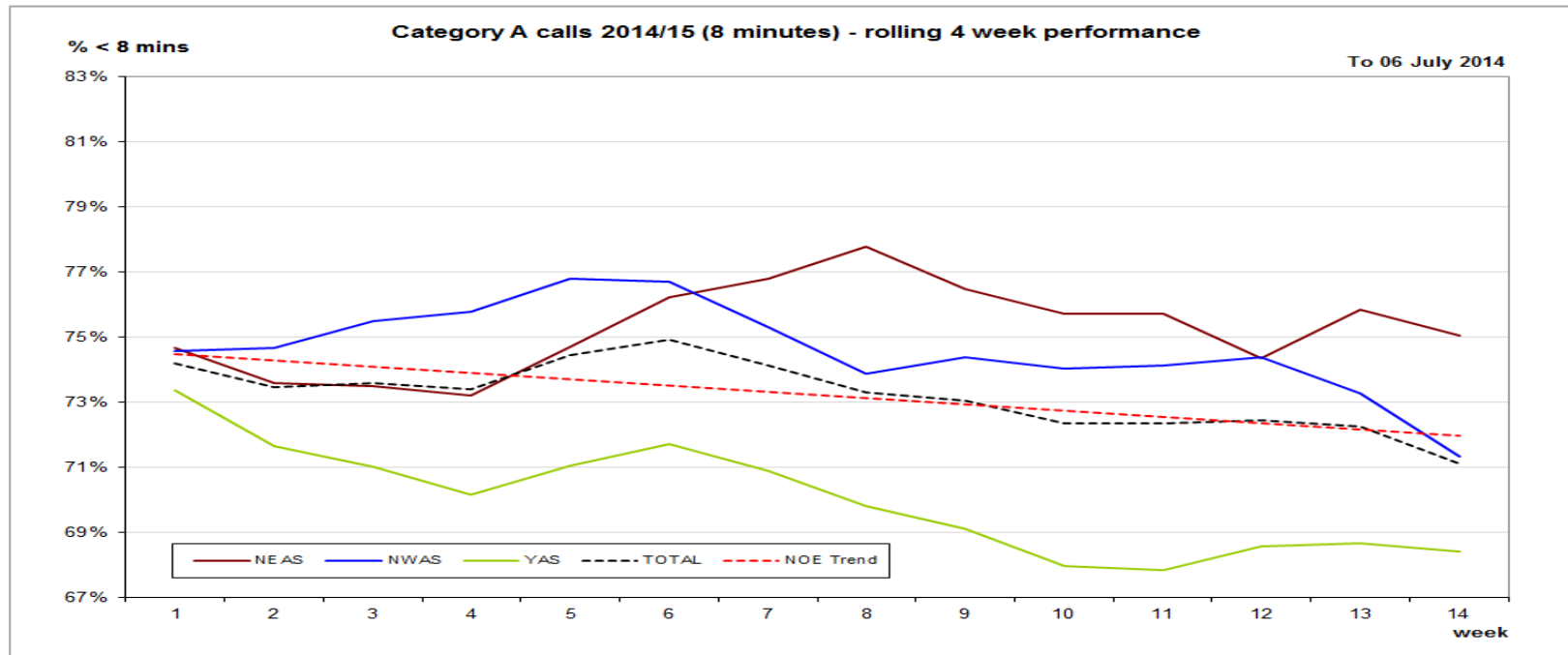


3: Urgent Care:

3.12	Target	Achievement May 14	Achievement June 14	RAG rating	Comments
Ambulance clinical quality - Category A 19 minute transportation time (VoY CCG)	>=95%	94.9%	94.8%	Amber	In June, 1457 Category A calls were responded to within 19 minutes out of 1537.



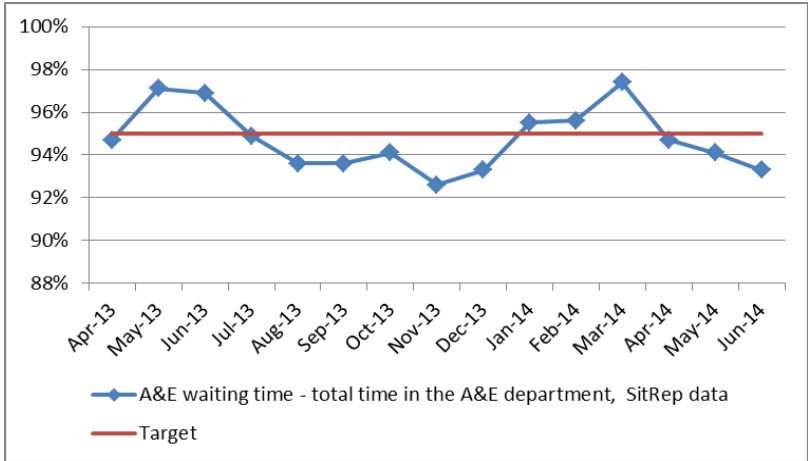
YAS Category A Calls as a comparator to those Trusts within the North (July 6<sup>th</sup> 2014)





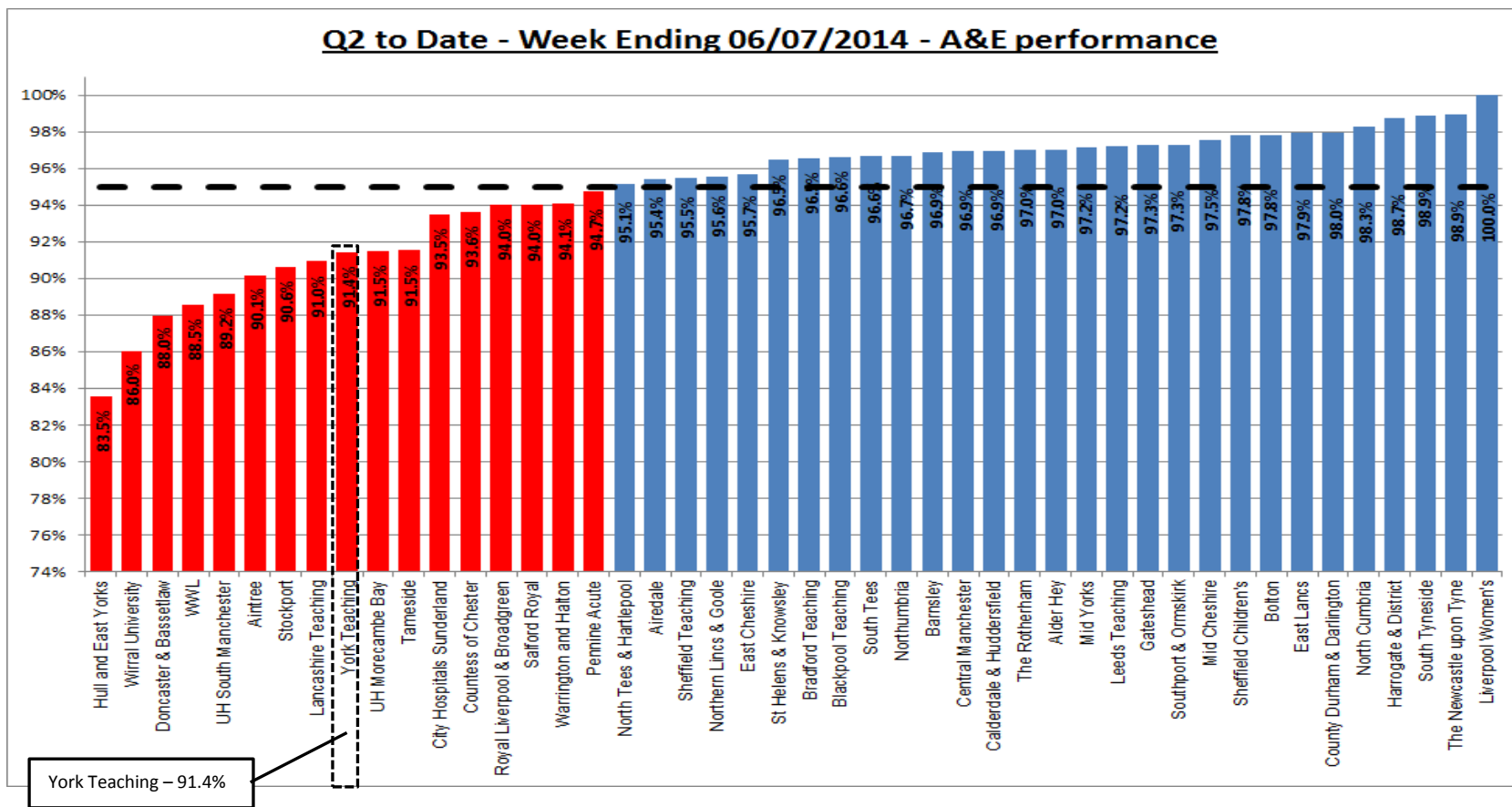
3: Urgent Care:

3.13	Target	Achievement May 14	Achievement June 14	RAG rating	Comments
A&E waiting time - total time in the A&E department, SitRep data	>=95%	94.1% 8,792 Seen out of 9,340	93.3% 5,338 Seen out of 5,721	Amber	<p>York Hospital failed to meet the A&amp;E 4 hour waiting target in both April (94.6%), May (94.3%) and June (93.3%) against the target of 95%.</p> <p>Ambulance handover times have greatly improved since the opening of the new ambulance assessment area at York Hospital on 16 June 2014 and the week ending 6 July 2014 the Trust achieved 90% of ambulance handovers in under 15 mins with an average handover time of 8:49 mins with an average turnaround time of 20:38 mins.</p>



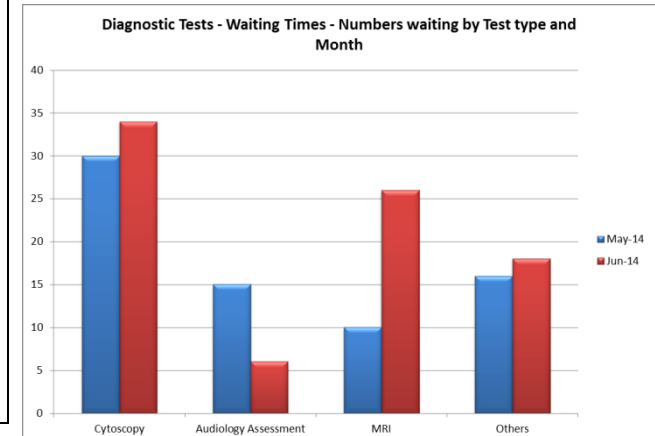
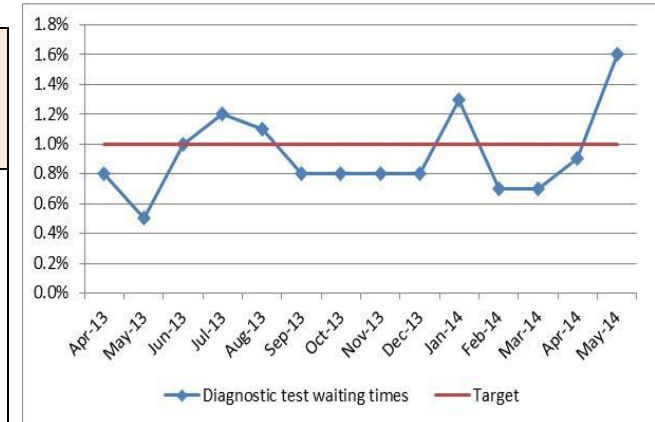
### 3: Urgent Care:

#### York Teaching FT as a comparator to other North Region Trusts (July 6<sup>th</sup> 2014)



**4: Acute:**



4.1	Target	Achievement May 14	Achievement June 14	RAG rating	Comments
Diagnostic test waiting times	<1.0%	1.6% (Validated)	1.9% (Un-Validated) ↓	Amber	<p><b>In May-14, there were 71 breaches</b> of the 6 week target. Most breaches were in Cystoscopy (30), Audiology Assessment (15) and MRI (10). The remainder were across Sleep Studies, CT, Colonoscopy, Gastroscopy and Non-Obstetric Ultrasound. All but 11 of the breaches were at York Trust, with 5 at Leeds Teaching, 5 at HEY and 1 at Barnsley FT.</p> <p>York Hospital have a resourcing/staffing problem with Cystoscopy services and the Trust are currently trying to fill vacancies.</p> <p><b>In June there were 84 breaches</b> of the 6+ weeks target covering 8 diagnostic procedures.</p> <p>Cystoscopy (34), Audiology Assessments (6), MRI (26), 5 CT, 4 Gastroscopy, 2 Non-Obstetric Ultrasound, 1 Peripheral Neurophys, 1 Sleep Studies; HEY breaches: 4 CT, Barnsley breaches: 1 MRI</p>



## 4: Acute:

The IMAS Report on RTT has been produced and was presented to the CCG w/c 7<sup>th</sup> July 2014. Actions include working with the CCG (system resilience), given the government challenge to clear RTT backlogs and waiting in August and September and to sustain the RTT pathway through activity modelling thereafter.

A unify submission was completed by YHFT w/e 6<sup>th</sup> July 2013. This will be scrutinised by the CCG and assurance and support provided by NHSE Area Team.

4.2	Target	Achievement May 14	Achievement June 14	RAG rating	Comments				
Number of >52 week Referral to Treatment in Non-admitted Pathways	0	1 (Validated)	0 (Un-validated) 	Amber	1 Thoracic Medicine patient waited over 52 weeks at Hull and East Yorkshire Trust (May 14).				
(June 14)Non-Admitted Long Waits – Patients Treated In:					<b>18-36 weeks</b>	<b>36-42 weeks</b>	<b>42-47 weeks</b>	<b>47-52 weeks</b>	<b>52 weeks +</b>
					136	4	3	3	0
	Target	Achievement May 14	Achievement June 14	RAG rating	Specialty	Performance (June-14)	Status	Comments	
Referral to Treatment pathways: non-admitted	>=95%	97.5% (Validated)	97.0% (Un-validated) 	Green	Cardiothoracic Surgery	80%	Failure	<ul style="list-style-type: none"> <li>ENT -80% (4/5)</li> <li>Gastroenterology – 94.7% (250/264)</li> <li>Thoracic Medicine – 86.9% (106/114)</li> </ul>	
					Gastroenterology	94.7%	Failure		
					Thoracic Medicine	86.9%	Failure		



## 4: Acute:

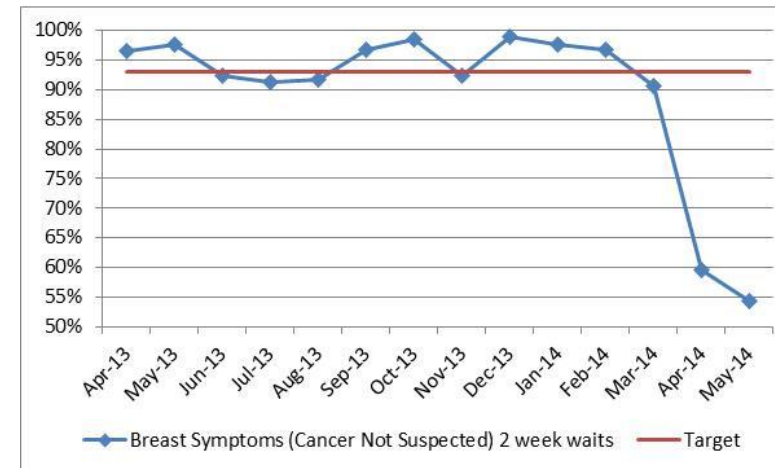
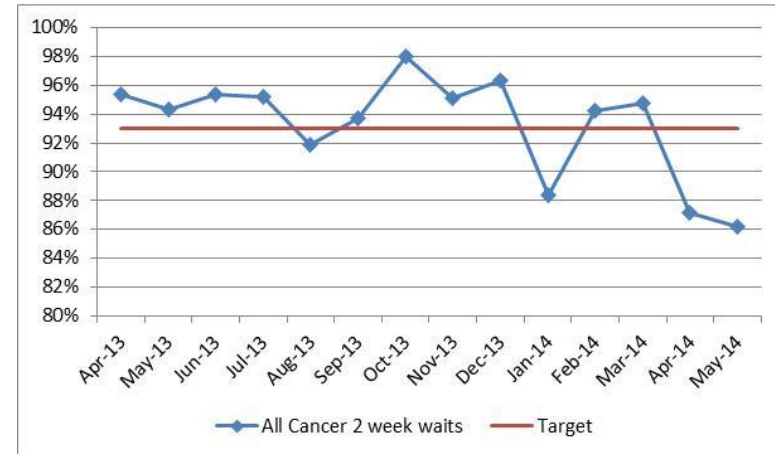
4.3	Target	Achievement May 14	Achievement June 14	RAG rating	Comments					
Number of >52 week Referral to Treatment in Incomplete Pathways	0	3 (validated)	4 (Un-validated) ↓	Amber	3 Trauma & Orthopaedics patients waited over 52 weeks; 1 at Clifton Park Hospital and 2 at Spire (Hull and East Riding) Hospital. (May 14)  June- 5 patients waited over 52 weeks; 1 patient on the Admitted Pathway in the T&O specialty at Clifton Park hospital and 4 patients on the Incomplete Pathway (Still Waiting) 1 in the Urology specialty at York trust and 2 in T&O specialty and 1 in the Urology specialty at Spire (Hull & East Riding) hospital.					
(June 14) Incomplete Pathways – Patients waiting for Treatment In:					<b>18-36 weeks</b>	<b>36-42 weeks</b>	<b>42-47 weeks</b>	<b>47-52 weeks</b>	<b>52 weeks +</b>	
					<b>709</b>	<b>15</b>	<b>11</b>	<b>3</b>	<b>4</b>	
	Target	Achievement May 14	Achievement June 14	RAG rating	Comments					
Referral to Treatment pathways: incomplete	>=92%	94.99% (Validated)	94.83% (Un-validated) ↓	Green						

## 4: Acute:

4.4	Target	Achievement May 14	Achievement June 14	RAG rating	Comments				
Number of >52 week Referral to Treatment in Admitted (Adjusted) Pathways	0	0 (May 14 Validated)	1 (Un-validated) ↓	Green	<ul style="list-style-type: none"> <li>Trauma &amp; Orthopaedics – 1 x 52 week Breach @ Clifton Park Hospital</li> </ul> (Figures un-validated)				
Admitted (Adjusted) Long Waits – Patients Treated In:					18-36 weeks	36-42 weeks	42-47 weeks	47-52 weeks	52 weeks +
					103	6	2	0	1
	Target	Achievement May 14	Achievement June 14	RAG rating	Specialty	Performance (June-14)	Status	Comments	
Referral to Treatment pathways: admitted	>=90%	92.61% (May 14 Validated)	93.34% (Un-validated) ↑	Green	Cardiothoracic Surgery	79.0%	Failure	<ul style="list-style-type: none"> <li>Cardiothoracic Surgery – 79.0% (15/19)</li> <li>ENT – 88.6% (62/70)</li> <li>Plastic Surgery – 85.71% (24/28)</li> </ul> (Figures Un-Validated)	
					ENT	88.6%	Failure		
					Plastic Surgery	85.71%	Failure		

4: Acute:

4.5	Target	Achievement	RAG rating	Comments
All Cancer 2 week waits	>=93%	86.2% (May 14)	Red	In May-14, 607 were seen within 2 weeks out of 704.  York was the main provider who breached this target. Delay reasons were mainly capacity issues on the Scarborough site and patient choice, which then has a knock-on effect on the York service.
4.6	Target	Achievement	RAG rating	Comments
Breast Symptoms (Cancer Not Suspected) 2 week waits	>=93%	54.3% (May 14)	Red	In May-14, 69 were seen within 2 weeks out of 127.  York was the main provider who breached this target. Delay reasons were mainly due to clinic capacity at the Scarborough Site and patient choice (prefer to be seen at Scarborough which results in delays)



4: Acute:

4.7	Target	Achievement	RAG rating	Comments
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>=93%	0% (May 14)	Red	In May-14, 0 were seen within 62 days out of 1.  York was the main provider who breached this target.

Cancer pathways remain a concern for the VoYCCG- these targets have continued to slip. An update with action plan will be requested at the CMB in July 2014. This work will also form part of the system resilience work.

4.8	Target	Achievement	RAG rating	Comments
Incidence of healthcare associated infection (HCAI): MRSA	0	2 (Apr 14 to date)	Red	VoY CCG had 1 case in Apr-14 and 1 in Jun-14. The conclusion of the RCAs is that the April case was unavoidable. The June case was potentially avoidable with lessons learned re communication of specimen results between GP practice and care home; GP practice to "flag" patients notes if known MRSA.

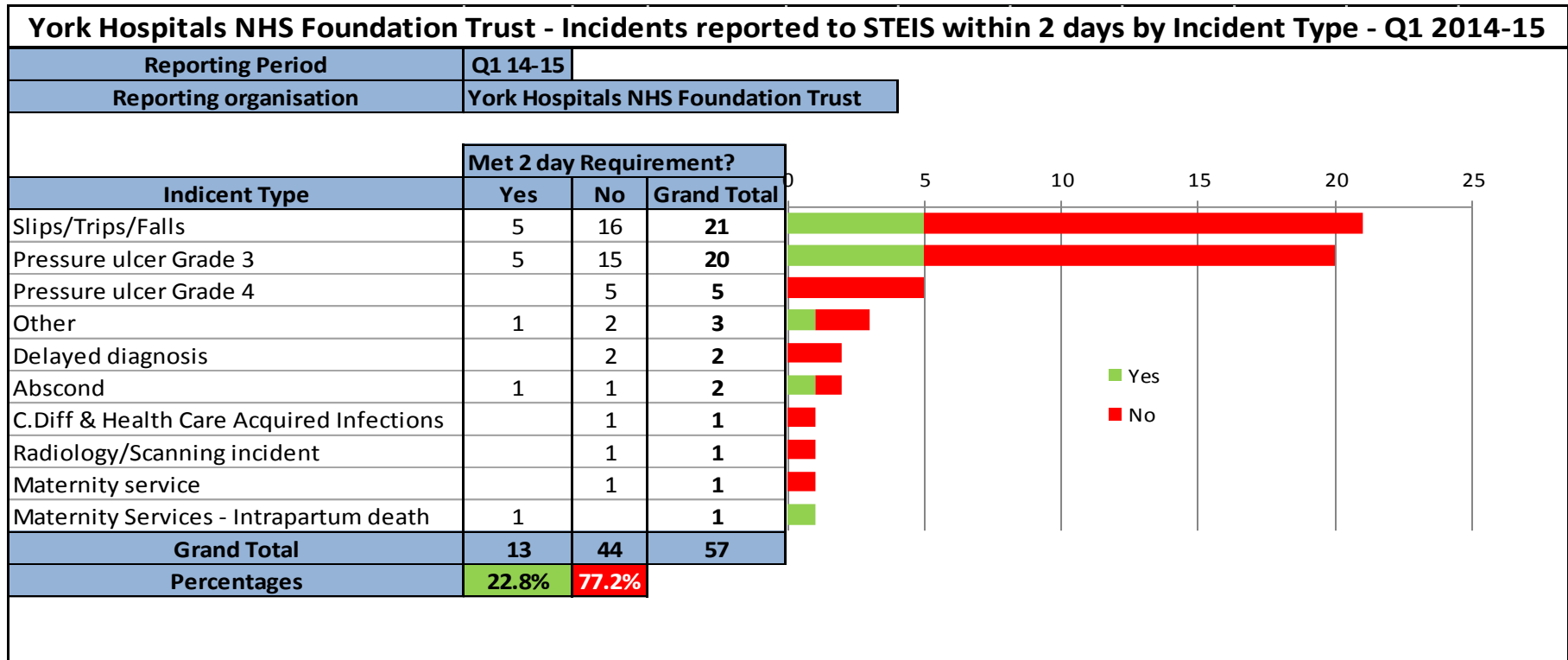
## 4: Acute:

4.9	Number			Comments
	Apr 14	May 14	Jun 14	
<b>Serious Incidents</b> (VoY CCG patients in brackets)	5 (5)*	5 (2)*	5 (4)	Q1 - 11 SIs for VoY CCG patients: 5 falls, 2 grade 4 pressure ulcers, 1 grade 3 pressure ulcer, 1 abscond, 1 delayed diagnosis, 1 intrapartum death. Falls that result in serious fracture have not seen a decrease. The Trust will be asked for a refresh of the action plan at CMB in July 2014. *Note: In addition, April 1 x De-log, May 1 x De-log, these have not been not included in the Q1 figures.

4.10	Number			Comments
	Apr 14	May 14	Jun 14	
<b>Quarter 1 complaints for all services provided by YTHT - includes acute, community hospitals and community services, Trust has not provided breakdown by sector.</b>	51	38	58	Quarter 1 - majority of complaints (100 out of 147) about "aspects of clinical treatment" - similar proportion each month.

**NB August 2014. 1 Serious Incident related to a 12 hour trolley wait. This has been escalated to NHSE as per guidance. No Harm noted and was as a result of a wait for a North Yorkshire Mental Health bed. RCA in progress. North Yorkshire bed capacity being explored by the PCU.**

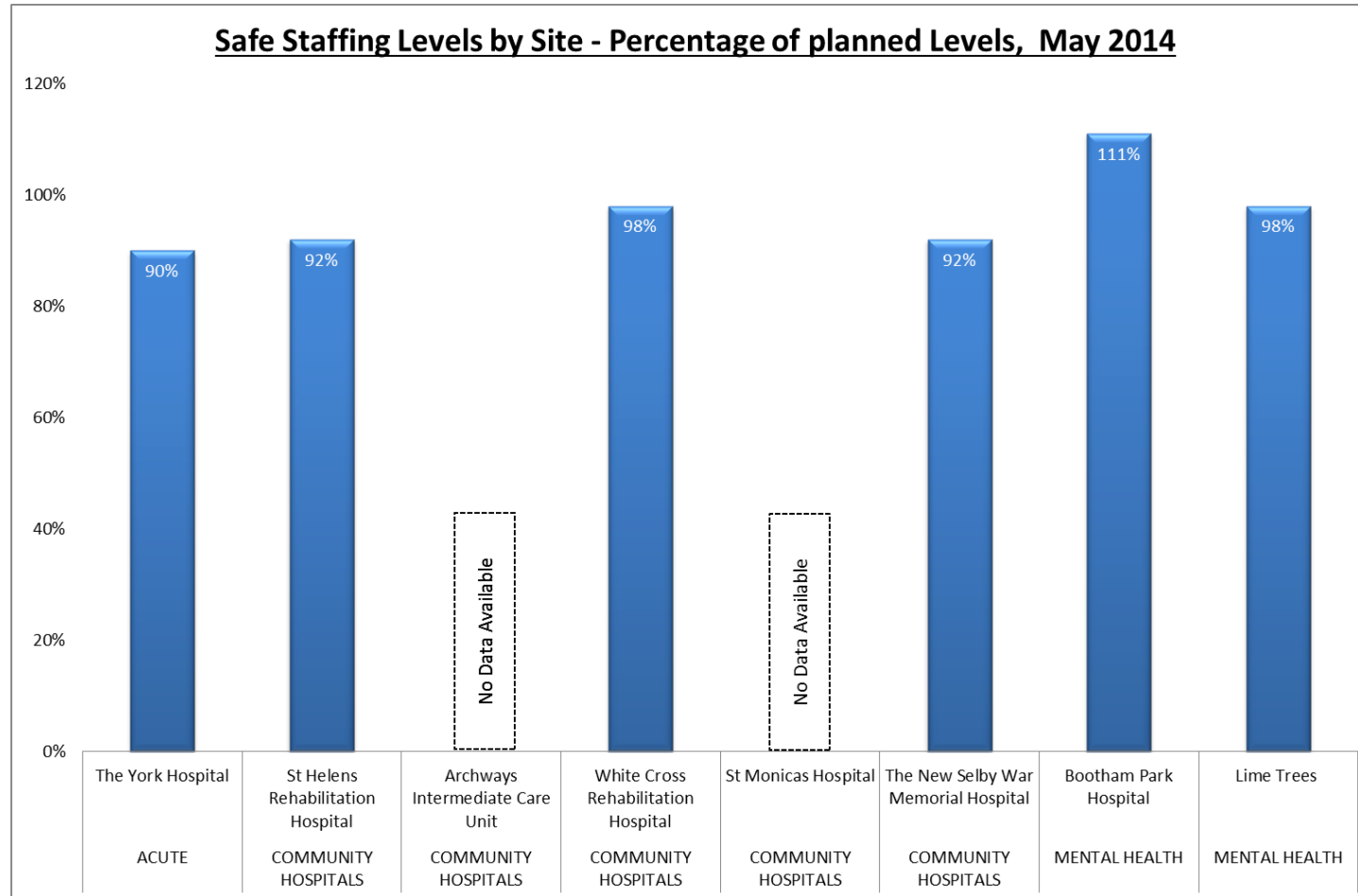
**4: Acute:**





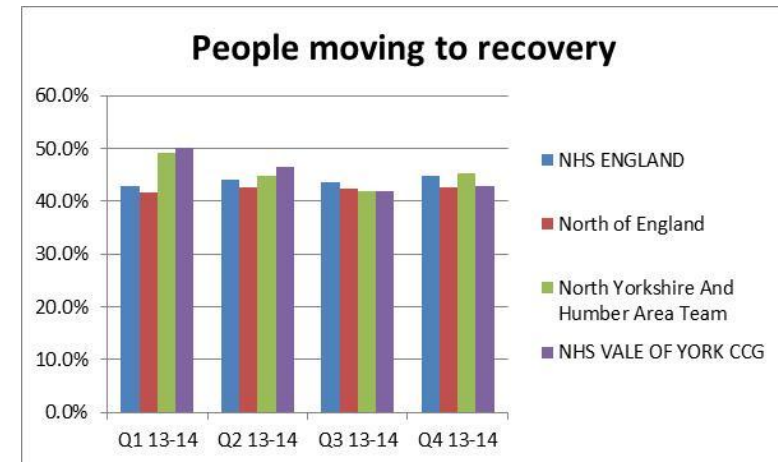
The timeframes from incident to STEIS log to receipt of RCA (National Target) mean that YHFT are an outlier. While a National problem this is currently being explored with YHFT to improve this process. Delays may mean further error and enhance clinical risk and safety.

4: Acute:

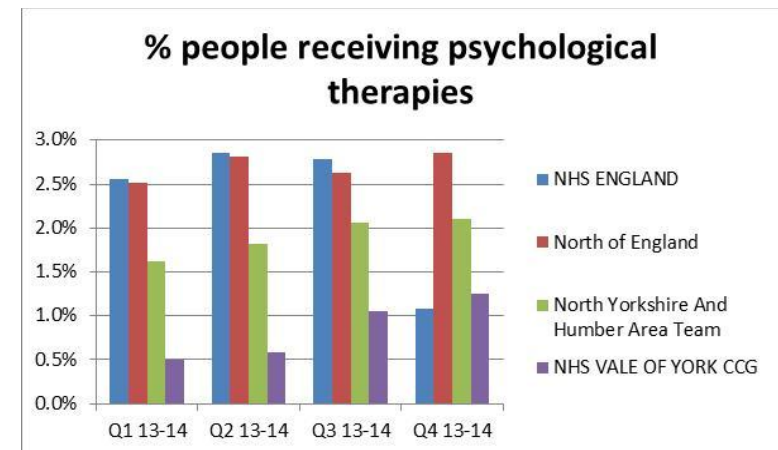


## 5: Mental Health:

5.1	Target	Achievement	RAG rating	Comments
% of people who are moving to recovery	>=50%	44.8% (2013-14)	Red	This target has slowly decreased over the last few months. The CCG will need to understand why this has occurred. This will be raised at the CMB in July alongside IAPT (see 5.2 below).



5.2	Target	Achievement	RAG rating	Comments
% of people who have depression and/or anxiety disorders who receive psychological therapies	>=4.12%	3.4% (2013-14)	Red	The PCU with the CCG are currently working through this pathway with LYFPT and other agencies. LYFPT have agreed a trajectory of 8% by Q4 14/15. ECHIST are exploring alternative pathways to reach 15%.





## 6: Community Hospitals:

### Malton Hospital

A Root Cause Analysis for a fractured neck of femur following a fall showed that staff need education around the risk assessment process and associated interventions required on care plans. 3 training sessions have been arranged for staff to cover these points.

### St Monica's Hospital

A Root Cause Analysis from a Fractured Neck of Femur identified that comfort rounds needs to be undertaken more frequently for patients at risk of falls.

6.1	Total Number (3 months)	Time period			Comments
		April	May	June	
Serious Incidents (VoY CCG Patients in brackets)	5(3)	2(0)	1(1)	2(2)	Q1 - 3 SIs for VoY CCG patients, all falls.

6.2	Comments
Complaints	Trust has not provided a breakdown of data – please see Acute for total complaints for all services provided by YHT.

## 7: Community Services:

Increase in the reporting of pressure ulcers and falls in line with 2014/15 CQUIN Scheme.

7.1	Time period			Comments
	April	May	June	
<b>Serious Incidents</b> (VoY CCG patients in brackets)	4 (3)*	4 (1)	2(0)	Q1 4 SIs for VoY CCG patients, all pressure ulcers. Note: *In addition, 1x De-log April, this has not been included in the Q1 figures.

## 8: Continuing Care:

The CHC Team are currently implementing SystemOne which will enable improved data collection, monitoring and surveillance. The CCG are aware of delays in the time taken for CHC assessments and funding requests. This has an impact on delayed transfers of care from both York Hospital and Leeds & York Partnership Foundation Trust acute wards. More information will be populated to include activity of CHC/FNC and fast track in the next report. This is currently being monitored by the CCG to gain understanding of numbers, activity and resulting concerns. Queries with regard to quality controls around CHC assessments for fast track are currently being explored.

8.1	Number	Time period	Comments
Serious Incidents	0	May 2014	

8.2	Number	Time period	Comments
Complaints	3	May 2014	2 re delays in service provision – 1 re current assessment