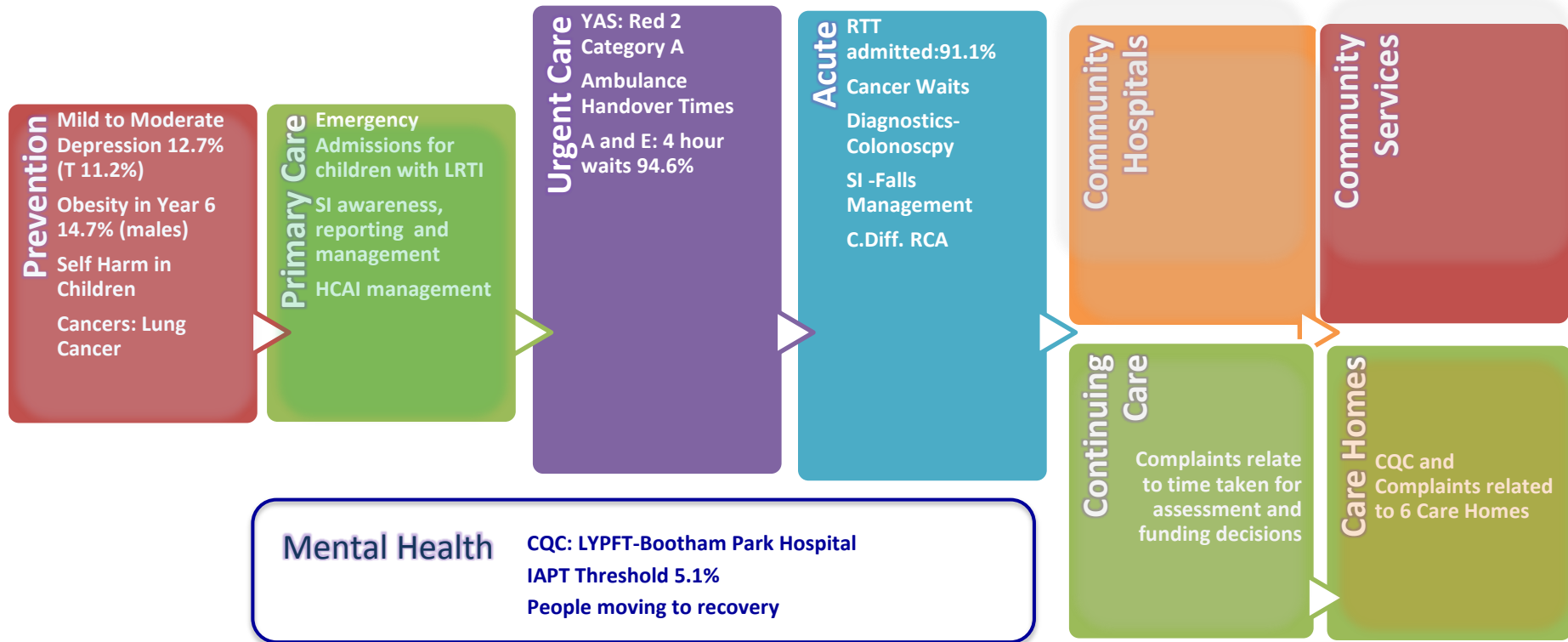


NHS Vale of York CCG Performance and Quality Exception Report – May 2014

Item 9



Analysis Summary

This initial high level Quality and Performance Exception Report for the month of May 2014 is based on the triangulation of quality and performance data and uses patient experience information to inform the quality of care delivered. (NB this remains work in development).

Summary Headlines

Headlines for April- May 2014

Demand for urgent care in April-May 2014 appears to have increased and has significantly impacted on performance. Yorkshire Ambulance Service (YAS) has failed to meet their overall Category 1+2 Red Targets in April. Equally hand over times for the week ending the 19/20th May 2014 saw only 57% of patients handed over in under 15 minutes with an average handover time of 30 minutes. This increased to 75.8% for the week ending 25th May, meaning delays for the next call conveyance.

Since April 2014 and particularly in relation to the Easter period A& E at YHFT have been on Red Alert on many occasions. They state that GP referrals have increased significantly during this period especially those patients with complex medical conditions. This was particularly significant on the 17th April 2014 when over 103 patients were admitted non electively the day before the Easter Weekend. The volume of GP admits on this Thursday peaked at 47 (mean 35). This impacted on admitted flow and discharge and was not helped by norovirus which closed 2 bays. For May 2014 breaches to the 4 hour wait in A&E have averaged 91.5% with the week ending 25th May dipping significantly to 86.5%. To note activity has not seen a significant increase in May 2014 and we are working with the Trust to understand the root cause of this issue. This will include exploring variations and increases in activity in Primary Care and A&E staffing levels.

RTT and Cancer Waits are also causing significant concern. Although growth assumptions for 2014/15 have not increased it would appear that capacity, process and system issues are causing impact especially in relation to back log issues. Unvalidated figures for April 2014 suggest RTT-admitted was 91.1%, non-admitted 96.6% and incomplete 94.3%. The Trust have also had 7 breaches in relation to 52 week waiters caused by re-referrals from outsourced providers (Nuffield and Spire). The Trust have recently informed the commissioner that May data may suggest further breaches and failures. The issues appear to be mainly around capacity and backlog in specialities such as Trauma and Orthopaedics, General Surgery, gynaecology and Urology. RTT recent forecasts suggest that this may remain an issue and the commissioner will need urgent discussions with YHFT with regard to this.

Cancer waits also remain an issue with the main areas being breast 2 week waits (90.7% March 2014), 31 days to definitive treatment (March 95.7%) and 62 weeks (83.3% March 2014). The Trust cite a 19% increase in referral rates from primary care especially in relation to breast symptoms although definite diagnosis rates remain unchanged. An action plan from The National team remains outstanding in relation to RTT and Cancer Waits.

Other headlines within this report include the IAPT trajectory forecast. VoYCCG increased to 5.1% in Jan 2014; however the expected forecast outturn for 2014/15 predicts 8% against a National expected target of 15%. The CCG are working with providers to ensure that we look to explore all alternative solutions including third sector and voluntary providers.

Work with LYFPT continues with regard to the estate at Bootham Park Hospital and quality-safety concerns. The Trust are working with the CCG and partners including NHS property Services to explore interim solutions. In the longer term and in line with the CCG Strategic vision partners in consultation with the public will explore a future proof fit for purpose vision for high quality mental health services in the Vale of York. This work has commenced.

Patient Experience

Across the Vale of York CCG patients are generally happy with the quality of care received. We are working closely with HealthWatch and other forums to further engage, interact and respond to our population's experience of care.

Areas for improvement include timeliness of CHC assessments, A&E - staffing communication / attitude and an awareness and respect for those children with complex needs.

On a positive and to be congratulated YHFT 2013 inpatient survey results indicate that 70% of patients rated their care as 7 +/10, and 81% said they were treated with respect and dignity.

Urgent Care - 111

	22/05/2014	23/05/2014	24/05/2014	25/05/2014	26/05/2014	27/05/2014	28/05/2014
	THU	FRI	SAT	SUN	MON	TUE	WED
Total number of calls offered over a 24 hour period	2870	3042	6274	6459	5675	3136	2800
Total number of calls answered over a 24 hour period	2756	3013	6182	6172	5592	3099	2757
Total number of out of area calls answered over a 24 hour period	0	0	0	0	0	0	0
Total number of phantom calls received over a 24 hour period	0	0	0	0	0	0	0
Total number of calls answered not requiring 111	236	253	365	390	370	276	208

Urgent Care - 111 - Patient Experience

Patient Experience - NHS 111	Jan-14	Feb-14	Apr-14	Trend: Jan 14- Apr 14
Complaints - NHS 111 - Total	17	11	16	To be developed
Complaints - NHS 111 - Attitude/Conduct	2	3	0	
Complaints - NHS 111 - Clinical	11	4	8	
Complaints - NHS 111 - Operations	4	4	8	
Serious Incidents	Since March 2013 9 Serious Incidents (SIs) have been reported by NHS 111 (YAS). 5 serious incidents have been investigated and closed. 4 serious incidents remain open 1 incident in May- no harm identified. Delayed Response			

NHS 111 annual overview of patient satisfaction.

- 6989 patients were surveyed across the year with 934 responses being received in 9th April, equating to 13%
- 88% of respondents agreed/ strongly agreed that they were happy with the time taken for their call to be answered
- 92% of respondents agreed/strongly agreed that the call taker listened carefully
- 95% of respondents agreed/strongly agreed that they had been treated with dignity and respect
- 92% of respondents outlined that they followed the advice they that were given

Urgent Care – Out of Hours – Patient Experience

Patient Experience -OOH	Dec-13	Jan-14	Feb-14	Trend: Dec 13 - Feb 14
Complaints - OOH	n/a	n/a	n/a	tbd
Patient Safety - Urgent care (OOH)	Feb-14	Mar-14	Apr-14	Trend: Jan 14- Apr 14
Serious Incidents - total - OOH - by provider (HDFT)	0	1	0	tbd

Activity and Analysis to be further developed

Urgent Care – Ambulance

Indicator (Quality & Performance)	Current Period	Assurance Period	Target / Threshold	Performance	Latest 3 periods			Mitigation - Action: Timeframe
					Feb	Mar	Apr	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (YAS - VoYCCG)	Apr-14	Quarter Actual	72.5%	76.1%	71.0%	65.7%	76.1%	NB: New CQUIN threshold target of 72.5% with effect from April 2014.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (YAS - VoYCCG)	Apr-14	Quarter Actual	72.5%	73.6%	71.5%	71.8%	73.6%	
Ambulance clinical quality - Category A 19 minute transportation time (YAS - VoYCCG)	Apr-14	Quarter Actual	95.0%	95.4%	95.4%	94.4%	95.4%	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (YAS)	Apr-14	Quarter Actual	75.0%	69.8%	73.3%	71.8%	69.8%	YAS didn't achieve their overall target due to under performance in West and South Yorkshire.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (YAS)	Apr-14	Quarter Actual	75.0%	70.6%	72.5%	73.7%	70.6%	
Ambulance clinical quality - Category A 19 minute transportation time (YAS)	Apr-14	Quarter Actual	95.0%	96.2%	96.8%	97.0%	96.2%	

VOYCCG met the Red 1 & 2 targets in April 2014. However overall YAS failed to meet the Red 1 & 2 targets due to under performance in West and South Yorkshire. Further work will be undertaken to explore their quality outcomes (stemi) against this measure.

VOYCCG activity was over plan by 10% meaning that conveyance rates were higher than forecast. The UCWG will be exploring actions to ensure YAS achieve the threshold target in line with the 2014/15 CQUIN (increase of activity to baseline position of 72.5%). Actions will include primary care, care home activity, working with A&E and awareness

Urgent Care – Ambulance Patient Experience

Quality/Patient Experience and Involvement - YAS Ambulance (EOC)	Jan	Feb	Apr	Trend: Jan 2014 - Apr 2014	Comments
Complaints - EOC Total	33	42	44	tbd	NB - March data not available
Complaints - EOC Attitude	0	1	0	tbd	
Complaints - EOC Call Handling	8	7	4	tbd	
Complaints - EOC Delayed Response	24	29	40	tbd	
Complaints - EOC Other	1	5	0	tbd	

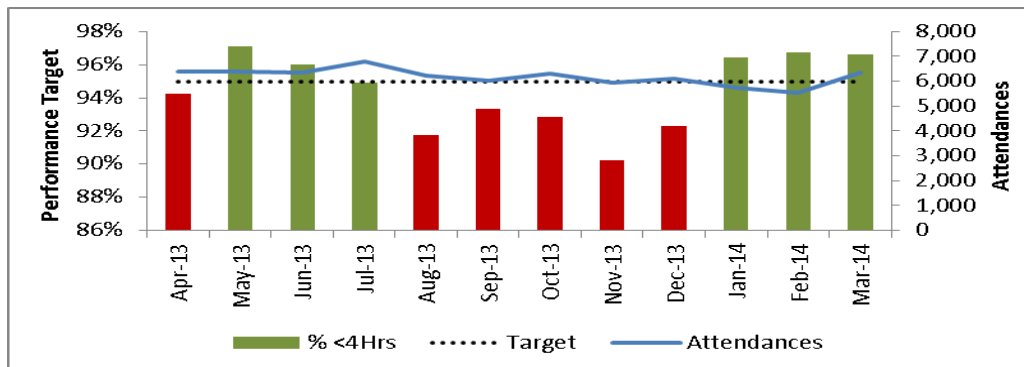
Quality/Patient Experience and Involvement - YAS Ambulance (A&E)	Jan	Feb	Apr	Trend: Jan 2014 - Apr 2014	Comments
Complaints - A&E Total	76	40	56	tbd	NB - March data not available
Complaints - A&E Attitude	29	10	12	tbd	
Complaints - A&E Clinical	16	6	12	tbd	
Complaints - A&E Operations	31	24	32	tbd	

Patient Safety - Urgent care (Ambulance)	Feb-14	Mar-14	Apr-14	Trend: Jan 14- Apr 14	Comments
Serious Incidents - total - Ambulance – VoY CCG patients	0	0	0	tbd	

Further analysis on patient experience data is required

Urgent Care - Accident and Emergency

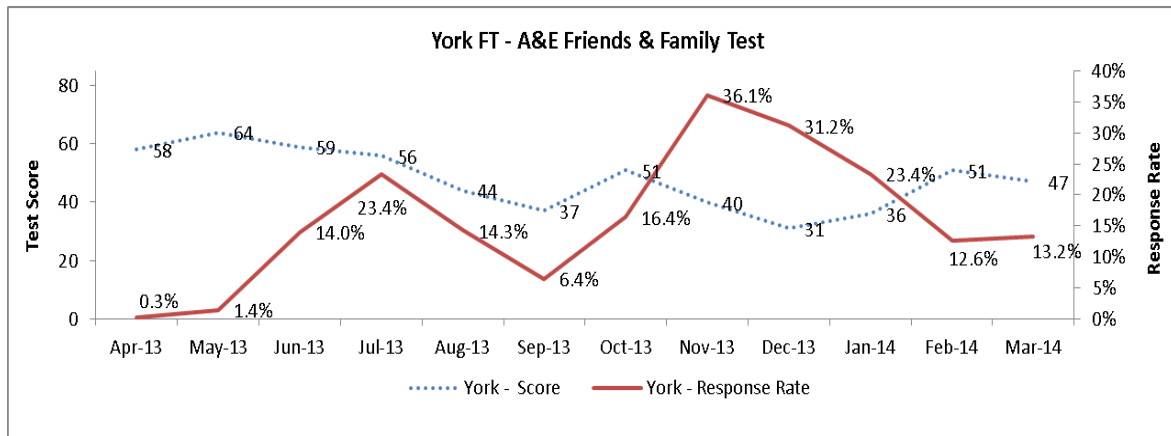
Indicator (Quality & Performance)	Current Period	Assurance Period	Target / Threshold	Performance	Latest 3 periods			Mitigation - Action: Timeframe
					Jan-14	Feb-14	Mar-14	
Accident & Emergency - A&E					Jan-14	Feb-14	Mar-14	
A&E waiting time - total time in the A&E Department (Source: SitRep data)	Mar-14	Quarter Actual	95.0%	96.2%	95.5%	95.6%	97.4%	Action plan in place with the UCWG. Awaiting ECHIST report. April unvalidated 94.6%
A&E Attendances - Total (Source: SitRep data)	Mar-14	YTD	74,807	89,596	7,579	6,560	6,909	
A&E Attendances - Type 1 (Source: SitRep data)	Mar-14	YTD	N/A	65,076	5,609	4,786	4,945	
12 hour trolley waits in A&E - York	Mar-14	YTD	0	1	0	0	0	
Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)	Current Period	Assurance Period	Target/Threshold	Performance	2006/09	2007/10	2008/11	England Mean 42.7 (10-13)
	2010-13	Annual (3 year period)	Not yet set	28.9	66.1	65.1	52.6	



The Trust is regularly on Red Alert and the CCG has requested a report from the Trust on their April and May A&E performance to understand the reasons for not achieving the 4 hour A&E target and the delays in ambulance handovers. This will also be triangulated with ambulance response rates. An initial Trust high level report highlights increasing GP referrals via A&E - which the CCG need to understand further

Urgent Care – A&E - Patient Experience

Patient Experience - York Trust	Dec-13	Jan-14	Feb-14	Trend: Dec 2013 - Feb 2014	Comments
Complaints - Emergency Medicine	3	3	3	tbd	
Patient Experience - Friends and Family Test - A&E	Jan-14	Feb-14	Mar-14	Trend: Apr 2013 - Mar 2014	
Friends and Family Test - net promoter score	36	51	47	tbd	
Friends and Family Test - response rate (%)	23.4%	12.6%	13.2%	tbd	
Patient Safety - Urgent care (A&E)	Feb-14	Mar-14	Apr-14	Trend: Jan 14- Apr 14	
Serious Incidents - total - A&E - by provider (YHFT)	1	2	1	tbd	Feb SI - Delayed diagnosis. March SI's - 1 x medication error, 1 x Delayed Diagnosis. April - missed diagnosis.
Serious Incidents - total - A&E - VoY CCG patients	0	2	0	tbd	March SI's - 1 x medication error, 1 x Delayed Diagnosis

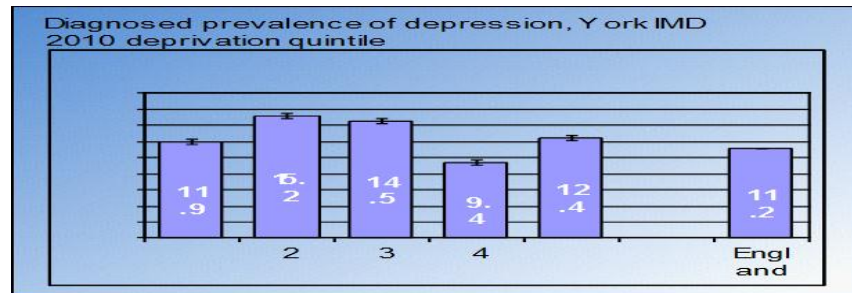


The A&E Department has started to show a decrease in the FFT response rate. This coincides with the building work starting in the A&E department which has impacted on patient flow through A&E (awaiting ECIST report on patient flow improvement). The Trust have recruited a project manager to implement the rollout of FFT in both acute and community services and this is included in 2014/15 CQUIN Scheme.

Mental Health

Indicator (Quality & Performance)	Current Period	Assurance Period	Target / Threshold	Performance	Latest 3 periods		
					Jun-13	Sep-13	Dec-13
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	Mar-14	Quarter Actual	95.0%	100.0%	94.4%	92.9%	95.1%
% of people who have depression and/or anxiety disorders who receive psychological therapies (IAPT)	Jan-14	Quarter Actual	15.00%		Nov-13	Dec-13	Jan-14
					4.50%	3.20%	5.10%
% of people who are moving to recovery	Dec-13	Quarter Actual	50.0%	41.8%	Oct-13	Nov-13	Dec-13
					45.2%	58.1%	36.5%

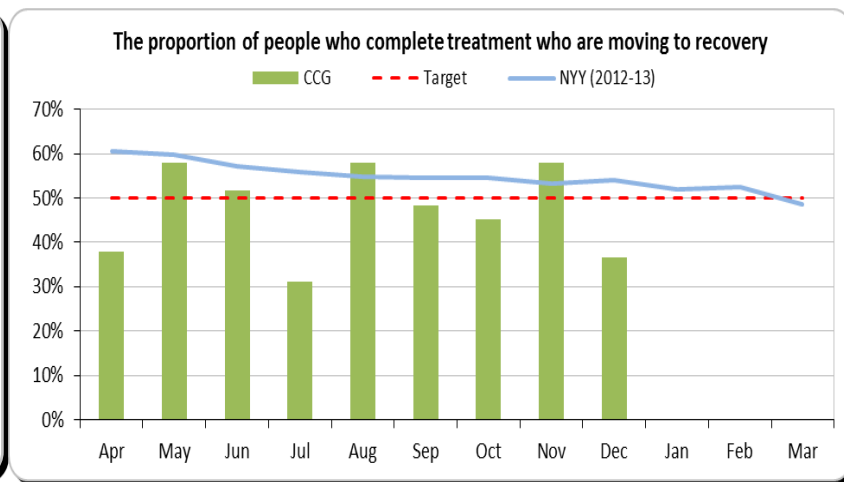
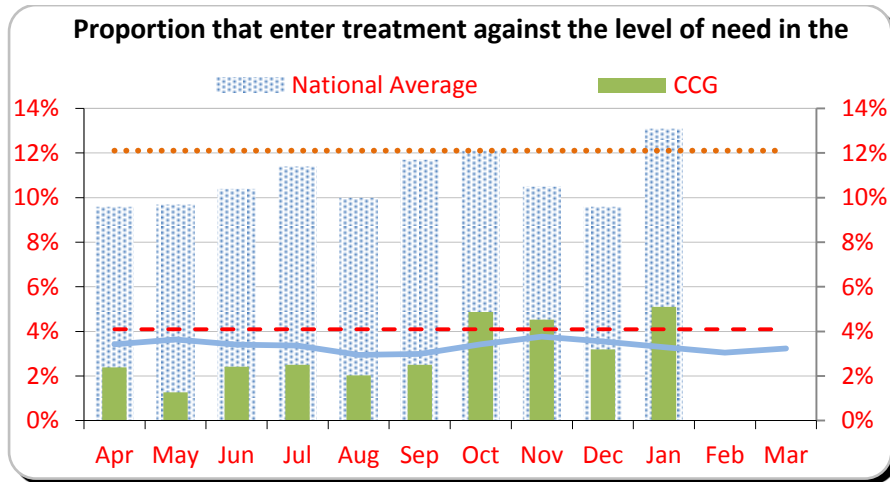
Monthly Key Performance Indicators Report (2013-14)													
MONTHLY:	CCG	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
SQU16_04 (KPI4/KPI1)		2.4%	1.3%	2.4%	2.5%	2.0%	2.5%	4.9%	4.5%	3.2%	5.1%		
Recovery Rate (KPI6a/(KPI5 - KPI6b))		37.9%	57.9%	51.6%	31.3%	57.9%	48.4%	45.2%	58.1%	36.5%			



Mild to moderate Depression is above the English average in York

Mental Health

Patient Safety - Serious Incidents by provider (LYPT and TEWV)	Feb-14	Mar-14	Apr-14	Trend: Jan - Apr 2014		
Serious Incidents - total (by provider)	1	4	3			Feb SI - Serious Incident by outpatient (in receipt), March SI's 4 x Unexpected Death, Community Patient (in receipt). April SI's 1 x Unexpected Death, Community Patient (in receipt), 2 x Suspected suicides.
Never Events - total (by provider)	0	0	0			
Patient Safety - Serious Incidents by VOY CCG patients (LYPFT and TEWV)	Feb-14	Mar-14	Apr-14	Trend: Jan - Apr 2014		
Serious Incidents - total (by VoY CCG patients)	0	2	22			LYPFT - 3 x Suspected Suicides . TEWV - 1 x Unexpected Death, Community Patient (in receipt). **just reported by TEWV.



Mental Health – Patient Experience

Patient Experience - Leeds and York Partnership NHS FT	Q3: 2013-14	Q4: 2013-14							
Complaints	44	34							↑ Please refer to commentary box below for themes
Patient Experience - Tees and Esk Wear Valley	Q3: 2013-14	Q4: 2013-14							
Complaints									data to be sourced
Patient Safety - Serious Incidents by provider (LYPT and TEWV)	Feb-14	Mar-14	Apr-14	Trend: Jan - Apr 2014					
Serious Incidents - total (by provider)	1	4	3					↑ Feb SI - Serious Incident by outpatient (in receipt), March SI's 4 x Unexpected Death, Community Patient (in receipt). April SI's 1 x Unexpected Death, Community Patient (in receipt), 2 x Suspected suicides.	
Never Events - total (by provider)	0	0	0						—
Patient Safety - Serious Incidents by VOY CCG patients (LYPFT and TEWV)	Feb-14	Mar-14	Apr-14	Trend: Jan - Apr 2014					
Serious Incidents - total (by VoY CCG patients)	0	2	22					— LYPFT - 3 x Suspected Suicides . TEWV - 1 x Unexpected Death, Community Patient (in receipt). **just reported by TEWV.	
Never Events - total (by VoY CCG patients)	0	0	0						—

Patient Experience:

Overall patients are positive about their experience of Mental Health services in York.

Key themes for Mental Health complaints in Quarter 3 2013/14:

- Communication difficulties across services, with a stress upon the transition processes between CAMHS and Adult Services;
- Prolonged waiting times for referral to Specialist Services and Specialist Assessment;
- A lack of involvement in care processes of family and carers, with a diagnosis not effectively being discussed and a lack of collaborative approaches and involvement in care planning;
- Housing support, as well as the availability of a bed for a local student;
- The lack of an appropriate nutritional choice at Bootham Park Hospital;
- The ability to access cognitive behavioural therapy and high intensity workers.

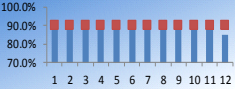


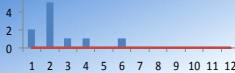
Mental Health

Mental Health Summary

Diagnosis of depression is higher than the English National Average of 11.2 (n=12.4%). This means that it is crucial that mental health services are of high quality across the VoYCCG. IAPT remains a concern, whilst the target threshold has increased month on month to 5.1% January 2014- forecast Q4 data 2014/15 suggests that the VoYCCG will not achieve the 15% National target. The VoYCCG is working with providers (including third sector and independent) to explore how this threshold can be met as well as working with mental health providers and the public to identify the future vision for mental health services across the VoY.

Work with LYFPT and partners in York continue in relation to identifying, in line with public consultation, mental health pathways- services that are fit for the future including sustainable estate. This is following the CQC concern around estate issues in relation to Bootham Park Hospital. The CCG are working with LYFPT to ensure that services are safe and risk minimised as well as exploring interim estate solutions.

Acute - RTT

Indicator (Quality & Performance)	Current Period	Assurance Period	Target / Threshold	Performance	Latest 3 periods			Trend	Mitigation - Action: Timeframe
					Jan-14	Feb-14	Mar-14		
Referral to Treatment pathways: admitted	Mar-14	Quarter Actual	90.0%	89.1%	91.4%	91.2%	85.0%		↓ Referral to treatment times have dropped significantly in Q3 due to systems, process and capacity issues. Monitor aware. External report due W/E 29th May 2014. April data unvalidated - 91.1%
Referral to Treatment pathways: non-admitted	Mar-14	Quarter Actual	95.0%	96.5%	96.1%	96.9%	96.5%		↓ April data (unvalidated) 96.6%
Referral to Treatment pathways: incomplete	Mar-14	Quarter Actual	92.0%	95.9%	93.9%	94.4%	95.9%		↑ April data unvalidated 94.3%
Zero tolerance RTT waits over 52 weeks for incomplete pathways	Mar-14	Last month in Quarter	0	0	0	0	0		—

Main themes continue with RTT/ Cancer Waits (admitted) continuing to fail threshold. Specialities include General Surgery, Trauma and Orthopaedics, ENT and Gynaecology. Diagnostics are also incurring failure rates with colonoscopy and gastroscopy breaches being seen. These may also impact on RTT delays. An external report due W/E 29th May will review systems, process and capacity issues related to this to further understand the root cause. Growth assumptions for 2014/15 indicate that growth (demand) is not significant/related to the cause of this issue. The CCG will be working with the Trust to further understand and look to resolve this issue. Cancer Waits – especially in relation to Breast 2 week wait and the 62 day waits have fallen below the threshold. Analysis indicates that there has been a significant step change in relation to GP referrals this year (n=19% increase). Further analysis is required.

In relation to patient safety - fracture neck of femur – fall rates continue to remain consistent, as does HCAI data, although both MRSA and C Diff are below the threshold – which may mean that positive change in relation to HCAI and its management is occurring. Further analysis of this data is required as well as work with YHFT to action plan and resolve these issues.

Quality and Performance Report

Indicator (Quality & Performance)	Current Period	Assurance Period	Target / Threshold	Performance	Latest 3 periods			Trend	Mitigation - Action: Timeframe
					Jan-14	Feb-14	Mar-14		
Diagnostic test waiting times	Mar-14	Quarter Actual	1.0%	0.7%	1.3%	0.7%	0.7%	▲	PROVISIONAL Diagnostics data for April 2014. There were 37 breaches of the 6+ weeks target for VoY CCG. Covering 6 diagnostic procedures. Main area- colonoscopy VALIDATED data will be available in 2 weeks time.
All Cancer 2 week waits	Mar-14	Quarter Actual	93.0%	92.6%	88.4%	94.2%	94.8%	▲	Awaiting External Report for cancer waits (system and process). Report now outstanding.
Breast Cancer 2 week waits	Mar-14	Quarter Actual	93.0%	94.5%	97.5%	96.7%	90.7%	▼	Awaiting External Report for cancer waits (system and process). Report due W/E 29th May
Cancer 31 day waits: first definitive treatment	Mar-14	Quarter Actual	96.0%	96.4%	96.3%	97.2%	95.7%	▼	Awaiting External Report for cancer waits (system and process). Report due W/E 29th May
Cancer 31 day waits: subsequent cancer treatments - surgery	Mar-14	Quarter Actual	94.0%	93.5%	90.9%	96.7%	100.0%	▲	Awaiting External Report for cancer waits (system and process). Report due W/E 29th May
Cancer 31 day waits: subsequent cancer treatments - anti-cancer drug regimes	Mar-14	Quarter Actual	98.0%	100.0%	100.0%	100.0%	100.0%	▬	
Cancer 31 day waits: subsequent cancer treatments - radiotherapy	Mar-14	Quarter Actual	94.0%	96.8%	92.6%	98.0%	100.0%	▲	
% patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer (incl 31 day Rare cancers)	Mar-14	Quarter Actual	85.0%	81.6%	77.9%	85.3%	83.3%	▼	Awaiting External Report for cancer waits (system and process). Report due W/E 29th May
% patients receiving first definitive treatment for cancer within two months (62 days) of referral from an NHS Cancer Screening Service	Mar-14	Quarter Actual	90.0%	94.4%	88.9%	100.0%	92.3%	▼	Awaiting External Report for cancer waits (system and process). Report due W/E 29th May
% patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer (incl 31 day Rare cancers)	Mar-14	Quarter Actual	90.0%	100.0%	100.0%	Nil return	Nil return	▬	Awaiting External Report for cancer waits (system and process). Report now outstanding.

Acute

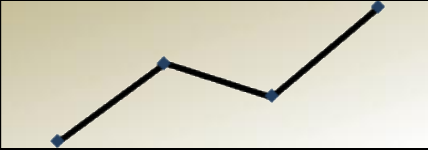




Mixed Sex Accommodation (MSA) breaches (Rate per 1,000 FCEs)	Mar-14	Quarter Actual	0.00	0.00	0.00	0.00	0.00		↑	
Number of MSA breaches for the reporting month in question	Mar-14	Quarter Actual	0	0	0	0	0		↑	YTD figures for 2013/14
Emergency admissions for acute conditions that should not usually require hospital admission	Sep-13	Rolling 12 months	1280.2	1306.5	Mar-12 1059.6	Mar-13 1280.2	Jun-13 1294.3		↓	
Emergency admissions for acute conditions that should not usually require hospital admission - proxy	Feb-14	YTD	1114.4	1162.8	Dec-13 107.1	Jan-14 119.7	Feb-14 86.8		↑	
Emergency admissions within 30 days of discharge from hospital	2011/12	Annual	11.0	10.9	Mar-11 11.0	Mar-12 10.9			↑	
Emergency admissions for children with Lower Respiratory Infections	Sep-13	Rolling 12 months	432.1	419.4	Mar-12 437.9	Mar-13 432.1	Jun-13 434.6		↑	
Emergency admissions for children with Lower Respiratory Infections - proxy	Proxy data currently unavailable									

Acute





Increased health gain as assessed by patients for elective procedures for hip replacement	Dec-13	Rolling 12 months	0.452	0.440	Mar-13 0.452	Jun-13 Suppressed data	Sep-13 0.462		↓	
Increased health gain as assessed by patients for elective procedures for knee replacement	Dec-13	Rolling 12 months	0.000	0.338	0.338	Suppressed data	0.339		↓	
Increased health gain as assessed by patients for elective procedures for groin hernia	Dec-13	Rolling 12 months	0.071	0.053	0.071	Suppressed data	0.071		↓	
Increased health gain as assessed by patients for elective procedures for varicose veins	Dec-13	Rolling 12 months	0.056	Suppressed data	0.056	Suppressed data	Suppressed data		—	
Delayed Transfers of Care	Jan-14	Feb-14	Mar-14	Trend: Jan 2014 - Mar 2014						
Delayed Transfers of Care (Leeds Teaching Hospitals)	1	0	0						—	Total number of Delayed Transfers of Care at month end (York UA as local authority)
Delayed Transfers of Care (York Teaching Hospital NHS FT)	33	22	11						↑	Total number of Delayed Transfers of Care at month end (York UA as local authority)

Quality and Performance Report

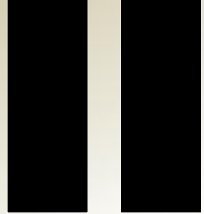
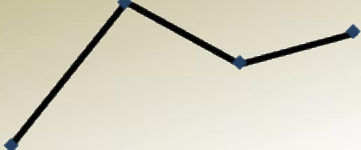



Acute – Patient Experience

Patient Safety - Serious Incidents by provider (YHT)	Feb-14	Mar-14	Apr-14	Trend: Jan - Apr 2014		
Serious Incidents - total (by provider)	4	12	19		Serious Incidents have increased month on month - increased trend with fractures NOF	↓
Serious Incidents - falls that resulted in a fracture	4	9	12			↓
Serious Incidents - pressure ulcers	0	1	6			↓
Serious Incidents - medication errors	0	1	1			—
Never events	0	0	1			↓

Acute – Patient Experience

Patient Safety - HCAI (*National MESS data - April's data not available as not yet validated)	Jan-14	Feb-14	Mar-14	Trend: Jan - Mar 2014		
*MRSA bacteraemia (Acute, including community hospitals – total by provider (YHFT))	0	1	0			↑
*C Difficile (Acute including community hospitals – total by provider (YHFT))	1	8	4		Significantly over trajectory; issues with HCAI strategy and plan flagged to Trust. April 2014 data 4 cases of C.diff were assigned to VOY CCG in April. This is 2 below the month objective as demonstrated in Figure 2 and 4 cases (50%) less than April 20	↑
*MSSA bacteraemia (Acute including community hospitals – total by provider (YHFT))	2	5	4		There are no national metrics for this organism but it has been part of the mandatory reporting scheme since January 2011. In April 2014 VoY CCG have had 9 cases of MSSA bacteraemia assigned to them which is an increase of 5 cases compared with April 2013. A review of the cases is being instigated to identify common themes	↑
*E. Coli (Acute, including community hospitals – total by provider (YHFT))	40	33	41		Not an outlier compared with national data. In April 2014 VoY CCG have had 32 cases of E.coli bacteraemia assigned to them which is an increase of 16 cases (100%) compared with April 2013.	↓

Acute – Patient Experience

Patient Safety - HCAI - local indicators	Feb-14	Mar-14	Apr-14	Trend - Jan - Apr 2014	
Carbapenemase Producing Enterobacteriaceae (CPE) (Acute, including community hospitals) – total by provider	0	1	1		No national threshold or national reporting data capture system yet. • 2 CPE cases in York Foundation Trust (YFT) , 1 index from a returning traveller and 1 case linked to the index (cross transmission) identified via patient screening. YFT failed to notify VOY CCG.
Antimicrobial pathway compliance with indication (acute, including A&E and community hospitals) – by provider (YHFT)	76%	70%	73%		Upward trend
Antimicrobial pathway compliance with duration or review date(acute, including A&E and community hospitals)- by provider (YHFT)	75%	72%	80%		Upward trend
Hand hygiene compliance (acute, including A&E and community hospitals)- by provider YHFT)	99%	99%	99%		
Number of ward closure with suspected or confirmed norovirus (Acute by provider – YHFT)	8	1	2		

Care Homes, Domiciliary Care and other:

Location	Complainant	Nature of Complaint	Action	Open/ Closed
Dunnington Lodge	CQC	Potential negligence: staffing levels- capability, documentation	Home closing in June 2014.	-
York House	complaint	Potential negligence - staffing issue	CYC are leading on this investigation	Open
Birchlands	CQC	Potential negligence- staffing levels	Senior strategy meeting held- action plan in place	Open
Haxby Hall	complaint	Potential negligence- staffing	senior strategy meeting held- action plan in place	Open
Minster Grange	complaint	Potential negligence- staffing, medication, manual handling	CYC and Safeguarding team are working together to support home and resolve issues.	Suspended
Moorlands	CQC	Outstanding compliance issues	CYC visiting in June 2014 and CQC are due to re-inspect	Open
Bootham Park Hospital	CQC	SI-discharge planning	Investigation underway ERCCG	Open
Other: 2 individual cases involving mutli-partners	complaint	other	investigation underway	Open

The CCG are aware that there have been no reported complaints or SI/HCAI noted within care homes across York. This may be based on awareness and reporting methodology- this is work that will need to be undertaken in 2014/15 to establish a correct picture. The Panorama programme on care homes aired in April 2014 has raised the profile and scrutiny of homes across England. For York and the CCG we have been working with Health Watch, CYC and have established a care homes working group to work with care homes across York to promote high quality care. No concerns other than the above are noted at this point in time.