

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

Report produced: January 2016

Latest validated data: November/December 2015

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## YAS Response Times

### Current Performance

- The most recent validated data for Vale of York is December 2015.
- Performance for Red Combined 8 minute response time was **70.6%** (target 75%); this is a **decrease** from November performance of 73.5%. The 75% target was met at 9 minutes.
- Performance for Red Combined 19 minute response time was also down at **90.8%** (target 95%), from 92.8% in November. The 95% target was met at 25 minutes.
- The most recent **unvalidated** data for Vale of York is week ending 17<sup>th</sup> January 2016, which shows 8 minute performance of 73.0% and 19 minute performance of 92.6%

### Current issues impacting on performance:

- ❖ Performance against the urgent and emergency targets remains static at slightly under the expected levels, but this is similar to the rest of Yorkshire and targets are met within a minute or so of the projected times
- ❖ Turnaround times (as described below) impact on the flow within the system; the below actions will impact on the overall performance
- ❖ Staffing and establishment are variable across the period, which can make staffing of all areas difficult

### Mitigating actions include:

- ❖ YAS are continuing to recruit against their establishment
- ❖ Turnaround times are one of the focus areas for the Urgent Care Working Group (UCWG) during Q4
- ❖ Regular monthly reviews of performance data continue so that levels can be maintained and improved

### Finance & Contracting implications:

- ❖ Currently YAS are under-trading against their contract and even with anticipated higher levels of patient demand over the winter period, are predicting that they will finish the financial year at a level below the contracted numbers

## YAS Handover Times

### Current Performance

- The most recent validated data for Vale of York is December 2015
- Performance for York Trust combined was **65.8%** (target 100%); this is an **increase** from November performance of 63.8%. York hospital site performance was 68.4%, and Scarborough hospital site was 62.0%
- The most recent **unvalidated** data for Vale of York is week ending 17<sup>th</sup> January 2016, which shows handover performance of 67.7% combined, 73% at York hospital and 56.5% at Scarborough.

### **Current issues impacting on performance:**

- ❖ Handover performance at York Trust decreased from 64.9% in October to 63.8% in November. High bed occupancy and long waits to see an ED doctor were contributing factors to the reduction in performance.
- ❖ Issues with the process of handover and the responsibility for 'closing' open handovers have been identified at both sites at York Trust

### **Mitigating actions include:**

- ❖ As part of the Winter Plan, 20 beds were opened on Ward 24 at York Hospital on 7<sup>th</sup> December, which should help to alleviate bed pressures and elective cancellations
- ❖ A data review is taking place between VOYCCG, York Trust and YAS colleagues to understand where data does and does not correlate between York Trust and YAS recording
- ❖ Additional staff education is taking place to ensure episodes are closed efficiently and no additional time is added through miscommunication of responsibility
- ❖ The ECIP team are reviewing flow w/c 11<sup>th</sup> January so there will be additional actions resulting from this review and report

### **Finance & Contracting implications:**

- ❖ No specific finance and contracting implications other than the applicable Handover penalties that will be applied to the Trust as in previous months.

## **Emergency Department (ED)**

### **Current Performance**

- The most recent validated data available for Vale of York is November 2015
- Performance against 4 hour target for Vale of York was **84.7%** (target 95%). This is a **decrease** from the October figure of 87.3%
- The most recent **unvalidated** figures for York Trust are for week ending 10<sup>th</sup> January 2016 and show performance of 82.8%

### **Current issues impacting on performance:**

- ❖ Staff shortages with both Registered Nurses and HCAs across the Trust impact on patient flow and have a knock-on effect on ED performance
- ❖ The variability of Locum Doctor awareness of local systems and processes, particularly at a weekend, can impact on overall departmental performance
- ❖ There were significant bed closures due to Norovirus during November, with up to 119 beds closed at York during the first week of the month. This improved towards the middle of November.

### **Mitigating actions include:**

- ❖ ED Consultant roles are being advertised

- ❖ Recruiting overseas nurses to fill vacancies – all staff recruited to start in September 2015 have their PIN numbers, and further recruitment has happened from the EU with staggered start dates.
- ❖ As mentioned in the YAS section above, as part of the Winter Plan, 20 beds were opened on Ward 24 at York Hospital on 7th December
- ❖ The Older People's Assessment Lounge (OPAL) has not opened as planned, the Trust report this is due to not being able to staff the winter escalation beds and OPAL. However, the plan is to in-reach elderly consultants to ED and to admit elderly patients directly to elderly wards instead of going through AMU
- ❖ Nurse in Charge and Doctor in Charge roles have been introduced in ED. They undertake hourly board rounds and progress/chase patients through the department
- ❖ Senior Manager is now working 2pm-10pm shift, 7 days per week, which is helping to address patient flow issues
- ❖ ECIP Safer Start campaign is being undertaken week commencing 11<sup>th</sup> January 2016, to identify blockages in the current system

### **Finance & Contracting implications:**

- ❖ The CCG, together with Northern Doctors and York Hospital, continue to work through possible Primary Care triage models for ED but in the interim the CCG have agreed a contract variation with Northern Doctors to accept a number of transfers of patients from ED with primary care symptoms over the busy periods (Friday evening to Monday evening). The CCG are funding this at premium rates using GPs from out of area so this is not a long term solution, but we are currently validating the data over the Christmas period to assess what impact this had on ED capacity.

### **Out of Hours (OOH)**

#### **Current Performance**

- The most recent validated data available for Vale of York is November 2015
- Urgent Face to Face consultations within 2 hours are at **93.4%**, an **increase** from October performance of 89.9%, and less urgent within 6 hours at **98.3%**, an **increase** from October performance of 94.3%. Both measures are against target of 95%
- Performance for Speak to Clinician calls within 2 hours was **95.7%**, within 2-6 hours was **89.4%**, and in 6+ hours **96.1%**, all against target of 95%

- ❖ The decrease in October performance was rectified in November; it was described that the issues in October were due to the additional capacity being introduced to the Scarborough ED site which stretched the available resource
- ❖ More clinicians were recruited to the team in November, providing additional capacity and ensuring targets were mostly met

- ❖ Demand for the service continues to increase; the monthly reviews continue to keep a close view of the ongoing work and service improvements
- ❖ Ongoing work includes improved clinical data sharing with St Leonards Hospice so that Special Patient Notes are kept up to date for end of life (EOL) patients
- ❖ Additional support for ED on Friday/Saturday/Sunday/Monday has been implemented from 18<sup>th</sup> December 2015; this will be reviewed at the Contract Management Board (CMB) on 27<sup>th</sup> January and reported and reviewed after that.

## Diagnosics

### **Current Performance**

- The most recent validated data available for Vale of York is November 2015
- **99.3%** (target 99%) of diagnostic tests took place within 6 weeks, an **increase** from October performance of 98.8%

### **Current issues impacting on performance:**

- ❖ Vale of York achieved the 99% target in November, with just 27 patients waiting over 6 weeks
- ❖ York Trust also achieved the 99% target for Diagnostics in November, this is the third consecutive month of compliance for the Trust
- ❖ Waiting times for Ultrasound continue to fall (currently 4 weeks) and there is a reduced need for Waiting List Initiatives (WLI) for CT to maintain the 6 week standard
- ❖ Reporting turnaround times also continue to improve against the 21 day standard in line with CQUIN requirements

### **Finance & Contracting implications:**

- ❖ We continue to overtrade significantly on our non-obstetric ultrasound contract with Yorkshire Health Solutions and we are paying for a significant amount of sub contracted MRI work through Nuffield. While this is having the desired effect on performance it is a financial pressure. As well as scan reporting times, the CCG may need to consider a piece of work to ensure appropriateness of scan referrals, some of the GP information packs should highlight where practices are outliers.

## 18 Week Referral to Treatment (RTT)

### **Current Performance**

- The most recent validated data available for Vale of York is November 2015
- **94.8%** (target 92%) of patients on incomplete pathways have been waiting no more than 18 weeks from referral, an **increase** from 94.3% in October and the highest performance since December 2014

### **Current issues impacting on performance:**

- ❖ York Trust achieve the Incomplete pathways target in November with performance of 94.7%
- ❖ York Trust have reported that Anaesthetics (Pain) was the only speciality to fail the Incomplete target in November, with performance of 84.46% against 94% target and over £13k of associated fines. Discussions are ongoing with CCGs regarding the commissioned pathways for this service
- ❖ Ophthalmology and Maxillo-Facial Surgery have maintained their Incomplete performance into November, due to significant backlog clearance
- ❖ There were 130 elective cancellations of patients on an 18 week pathway during November, due to bed shortages. The Trust report that these bed shortages were caused by increased non elective demand (+6%)
- ❖ Theatre staffing on the York site remained challenging throughout November and 18 routine lists were cancelled. It is envisaged that an advert for specific theatre nurse staffing will attract suitable candidates and reduce vacancies
- ❖ The Trust predict that they will achieve a sustainable admitted backlog (240) in March 2016. This is adrift of the original target date of December 2015 due to cancellation of operations resulting from bed pressures
- ❖ Non-elective surgery will be significantly scaled back in January 2016 as part of the Winter Plan; this will impact on the further reduction of the admitted 18 week backlog and may put at risk the planned trajectories for achieving the target
- ❖ The Christmas period is likely to cause significant increases in the backlog and this is likely to continue over the coming weeks before corrective measures can take effect. Theatre staffing issues over January (whereby theatre agency staff are choosing not to work for the new capped rates) and upcoming Junior Doctors strikes also represent a risk to the planned electives

### **Finance & Contracting implications:**

- ❖ As in previous months, all the additional elective work required to recover the 18 week position was over and above the planned level of activity for this year so this is a financial pressure at this stage. We will need to review the current backlog remaining to ensure appropriate plans are agreed for maintenance of the 18 week performance.

## **Cancer**

### **Current Performance**

- The most recent validated data available for Vale of York is November 2015
- The 14 day target of 93% was met in November for All Tumour Types with **95.4%**, up from 94.5% in October. Breast Symptomatic performance decreased from 94.6% in October to **92.8%** in November, narrowly missing the 93% target by the equivalent of 1 patient
- All 31 day treatments met target for a 7<sup>th</sup> consecutive month
- 62 day treatments following urgent GP referral improved from 79.3% in October to **82.3%** in November, however still missed the target of 85%

### **Current issues impacting on performance:**

- ❖ The latest published data is November 2015 which shows Vale of York and York Trust both met the 14 day fast track target for VOY patients with performance of 95.4%
- ❖ York Trust also met the 14 day Breast Symptomatic target for VOY patients in November with performance of 93.7%, however Vale of York as a whole did not meet the target due to an additional breach of target at Frimley Health NHS Foundation Trust

### **Mitigating actions include:**

- ❖ Discussions are ongoing between the Trust and CCGs in regards to rewriting the cancer fast track proformas
- ❖ Pathway redesign work will commence for prostate cancer in January 2016
- ❖ York Trust have undertaken detailed breach analysis for Head and Neck in conjunction with clinicians, to identify remedial actions, and an action plan is now in place which covers all elements of the pathway
- ❖ A joint Medical Director and operational cancer lead meeting was held with Leeds Teaching Hospital this month, and joint work is to commence on Head and Neck and Upper GI pathways
- ❖ Dermatology referrals have been submitted via RSS since the end of 2013, and have been clinically triaged as part of this process since Feb 2014. Whilst some referrals are still made to YTHFT by letter, the vast majority are made via this route. The referral software has always had the functionality to receive photographs with the referrals, and practices are encouraged to attach them, but the uptake of this has been variable. It's not possible to pull an automated report which shows how many dermatology referrals have a photograph attached – this requires a manual count. Feedback from reviewers shows that the numbers submitted with photos is starting to increase, and this is proving helpful in helping direct patients to the most appropriate place. We expect number of referrals with photos to increase as a result of the indicative budget project.

### **Finance & Contracting implications:**

- ❖ No specific actions at this stage.

## **Stroke Update**

- ❖ SSNAP Data for July to September 2015 reflects the changes to Stroke Services across York and Scarborough localities and a reduction in performance in some areas which will be picked up at the next Stroke Working Group. The CCG has requested further assurance regarding performance below:
- ❖ **Scanning** – below national average performance for both 1 hour and 12 hour scanning and median time scan is 20 mins higher than the national. This is a reduction in performance since the last quarter.

- ❖ **Stroke unit** – only 52% patients admitted within 4 hrs – a reduction since pre pathway change with no detriment to patients – median time to unit is still under 4 hours. We know that the Scarborough cohort are arriving in a little over 5 hours so it is likely that the position for VOY patients is unchanged – proportion of stay on stroke unit is very good at 95%.
- ❖ **Thrombolysis** – 100% of eligible patients thrombolysed and 40% within 1 hour. Median door to needle time is still over an hour and needs to reduce to under an hour. This is likely linked to ability to scan quickly.
- ❖ **Specialist assessment and MDT processes**– very good scores regarding specialist nurse assessment which is recorded as an average of 14 minutes from arrival at hospital. 92% of patients are seen by the consultant within 24 hours. All patients having a formal swallow screen within 72 hours but 81% screened within 4 hours (above national average)
- ❖ **Therapy Services** - Very good compliance with Occupational Therapy targets but lower achievement for Physiotherapy and poor compliance for Speech & Language Therapy (reflective of staffing shortages). High percentage of patients assessed by therapy staff within 72hours and have rehabilitation goals agreed by the team within 5 working days.
- ❖ **Standards by discharge**- continence planning is good at 95% as is mood and cognition screening at 93%. Patients who have been screened for nutrition and seen a dietician is scored at 88% which is still above the national average.
- ❖ **Discharge planning** areas for improvement are:
  - availability of Early Supported Discharge, due perhaps in part to the gaps in provision but will need further confirmation about the percentage of eligible patients receiving before we can be sure what the main issues are.
  - Patients being given a named contact on discharge- very low with a team centred score of 16%. This may be due to data recording as the previous achievement was 96% with no obvious reason for a change in process.
  - Joint health and social care planning has improved since last quarter but there has been a slight dip in patients in Atrial Fibrillation having an anticoagulation plan.

## Healthcare Associated Infections

### Current Performance – financial year to date

- C-Difficile infections stand at 50 against a full year trajectory of 48 for York Trust (as of w/e 10<sup>th</sup> January 2016)
- MRSA bacteraemias for York Trust stand at 6 against a 0 trajectory (last case June 2015)

- ❖ York Trust are over trajectory for C-Difficile cases – to date no lapses in care have been identified in post infection reviews (PIRs).



- ❖ The CCG has received learning from the 6 cases of MRSA earlier in the year. Main findings were variation in practice across the pathway from screening to hand hygiene. Action plan has been submitted to the CCG with further assurance requested – there have been no further cases since June 2015.
- ❖ The action plan following the external review of HCAI at York Trust has been agreed to be shared with the CCG following Board approval in January.
- ❖ Changes to the contract for community HCAI support currently being provided by Harrogate Foundation Trust has been agreed by the CCG. This will result in improved support and assurance for primary care on community associated HCAIs.
- ❖ There is a risk of gaps in specialist HCAI support for the CCG once the Commissioning Support closes in March. This is mainly due to likely gaps in service while specialist nurse recruitment takes place

## **Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)**

TEWV took over the contract from Leeds York Partnership Foundation Trust (LYPFT) on October 1st 2015. Quality reports have been submitted monthly for assurance during the mobilisation period, and discussed at contract management meetings. From the period 1st October – end November 2015 no significant risks have been identified for patient experience, patient safety, health care associated infections or safeguarding children / adults.

The CCG has received assurance on plans to move patients from Peppermill Court to alternative services in readiness for updating works to be completed to provide acute services in around 6 months time.

## **Serious Incidents**

Bootham Park Hospital Closure – a claim has been submitted by individuals wishing to seek judicial review of the decision to close the hospital. Legal processes are in progress and Vale of York CCG are cited as one of the defendants.

The CQC published their report for Bootham Park Hospital on 8 January 2016. This report relates to the findings of the unannounced inspection in September 2015, when the service was provided by Leeds York Partnership NHS FT, which led to the closure of the hospital. Only the in-patient wards were inspected and only the 'are services safe' domain assessed. Findings were:

- Safe staffing levels were not maintained
- The environment was not safe: people were put at risk due to poor maintenance
- Areas that were deemed to be unsafe for patients were not locked
- Risk assessments did not reflect the current risk to patients

Action the provider MUST take to improve

- The trust must ensure the safety of people who use the service and staff working at the service by completing maintenance in a timely fashion.
- The trust must carry out regular checks of both hot and cold water temperatures.
- The trust must ensure risk assessments are effectively carried out and clearly documented in care files.
- The trust must ensure staffing numbers are at agreed establishment levels and are sufficient to keep people safe.
- The trust must effectively mitigate ligature risks.
- The trust must manage and mitigate the possibility of infection by ensuring infection control measures are implemented and utilised in the laundry area.
- The trust must implement measures to ensure staff have a clear line of sight across all patient-accessible areas of the ward.

The hospital closed to patients on the 30 September 2015

## Improving Access to Psychological Therapies (IAPT)

### Current Performance

- The most recent **unvalidated** data available for Vale of York is November 2015. This is based on local data received directly from providers, as national validated figures from the 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 **7.2%** in November against 15% target
- Recovery rate in November was **41.6%** against 50% target

- ❖ The unvalidated data has some missing elements this month due to reports not yet being made available to TEWV from LYPFT. Therefore there may be significant changes when data is validated. This is being discussed in meetings scheduled for late January 2016.
- ❖ YTD prevalence rate is at 8.2% (6.8% below target) and recovery rate at 45.5% (4.5% below target)
- ❖ Service is now being provided by TEWV since October however current referral numbers have not been provided to TEWV by LYPFT
- ❖ Data above is for combined service provision from LYPFT, TEWV and Humber Trusts. Breakdown being:
  - YTD: LYPFT – Prevalence 8.2%, Recovery 44.8%
  - YTD: TEWV – Prevalence 7.6%, Recovery 45.7%
  - YTD: Humber – Prevalence 9.2%, Recovery 57.1%

Additional detail on specific indicators is shown below, this applies only to the TEVV provision, there are 4 Vale of York GP practices in that patch:

<b>Indicator</b>	<b>Comments</b>
PHQ 13_5 – The proportion of people who enter treatment against the level of need in the general population	The position for November is 5.05% of people who have entered treatment against the level of need, which is a deterioration on the reported position of 7.57% in October.  Referrals from the 4 GP practices are quite small and as a result, performance can fluctuate significantly month on month.
PHQ13_6 – The proportion of people who complete treatment who are moving to recovery	The position for November is 33.33% of people who completed treatment have moved to recovery, which is remains consistent on the reported position in October. This relates to 7 patients
E.H.2_A1: The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment	The position for November is that 7 patients completed treatment and 3 entered treatment within 6 weeks of referral which equates to 42.86% and is below the target of 95%. Of the 4 patients who completed treatment and did not enter treatment within 6 weeks; 2 were recorded on IAPTus which was for assessment and treatment at first appointment, these were for routine assessments and therefore have taken a long time to move through the pathway. Two were received pre April 2015 and so had to wait for their second appointment.

Treatment options for all patients across the Vale of York come into 2 categories, low and high intensity.

There are 10 different treatments for low intensity treatment (such as books and websites) and 12 in the high intensity category (such as CBT and counselling).

Data on waiting times is only available for September 2015 where the mean waiting time for Referral to Treatment during September was just over 8 weeks, the median wait being just over 4 weeks.

## **Christmas and New Year 2015/16 Update**

Heavy rainfall over the Christmas and New Year period resulted in floods across North Yorkshire and York.

On Saturday, 26 December 2015 the River Wharfe burst its banks and flooded parts of Tadcaster, including the GP surgery and Health Centre. Staff and volunteers worked throughout the weekend to clear the GP Surgery and staff were able to operate a reception and dispensing service for patients when it re-opened on

Tuesday, 28 December 2015. The GPs arranged to run clinics out of neighbouring practices at Sherburn, Boston Spa, Bramham, South Milford and have also taken over a consulting room at a Pharmacy on the west-side of Tadcaster, following the collapse of the bridge on Tuesday, 29 December 2015. The GP surgery has extensive internal structural damage and will take 6-12 months to repair.

Staff from the CS have been also on site at both the GP Surgery and Health Centre as the IT and telephony systems were damaged by the flooding. Both systems are now fully operational but telecoms across North Yorkshire have been variable following the floods which damaged a BT sub-station in York and the Vodafone station in Leeds.

Tadcaster Health Centre is currently closed and the following services have been re-provisioned from other sites:- Physiotherapy, Podiatry, Baby Clinic, Elderly Medicine, Continence, Mental Health. Sexual Health, AAA Screening, Drug & Alcohol, Speech & Language and Retinal Screening Clinics. The reception staff have transferred to Sherburn and the District Nurses are working from an alternative base but have been affected by the road closures around Tadcaster and neighbouring villages. Urgent Care Practitioners assisted with GP home visits.

On Sunday, 27 December 2016 the Environment Agency made the decision to raise the flood gate on the River Foss resulting in approximately 600 homes in the centre of York being flooded. A rest centre was set-up at Archbishop Holgate School and GP out of hours service (OOH) provided medication and repeat prescriptions for the people who had to be evacuated.

Fortunately, York Hospital and TEWV Mental Health Services were unaffected by the flood water, however, staff did experience problems travelling to and from work due to the road closures caused by the flooding throughout the City. Telephony was also affected. The Emergency Department at York Hospital achieved the 4 hour performance target on 25, 26 & 27 December 2015.

New Year was slightly more challenging and NHS111 received 9184 calls on Saturday, 2 January 2016 which represent a 50% increase on a 'normal' Saturday. GP OOH were extremely busy on Saturday, 2 January 2016 receiving over 600 calls and undertaking 50 home visits in the York and Selby area. York Hospital ED achieved 94.7% on Saturday, 2 January 2016, but performance dipped on Sunday, 3 January 2016 due to issues with medical staffing which resulted in the staff coming in to 4 hour breaches on Monday, 4 January 2016. Monday was a busy day at York Hospital and at one stage they were reporting a 'minus' bed position due to the volume of acutely unwell patients being admitted and less discharges being made than anticipated.

CYC also had a busy Christmas. Windsor House care home flooded, as did some sheltered housing, the week prior to Christmas. The residents had to be relocated to other CYC accommodation, mainly residential care home beds, reducing overall capacity in the system. However, the home has subsequently re-opened and most of the residents are now back at Windsor House. Provision of home care packages

is an on-going challenge and care workers have also been impacted by the road closures in the City.

Fortunately none of the GP surgeries in the City of York were affected by the flooding and opened as normal on Tuesday, 29 December 2016. Over the Christmas and New Year period, 3103 extra appointments were offered in primary care from 19 practices.

Vale of York CCG operated a 24/7 On-Call Director throughout this period.

The flooding, communications outages and staff availability problems that took place during the Christmas break are already being reviewed by organisations involved for lessons learnt; NHS111 issued a comprehensive report in early January. Overall, the provision of alternate solutions in testing circumstances has been good; issues in communication and escalation have been identified in some areas, and there seems to have been a significant shift in capacity where patients were (correctly) using NHS111 and the GP OOH services preferentially over ED. This is a trend in the right direction and may indicate some visibility of the different communications that have been publicised.

There were also some very good examples of staff and different organisations working very well together; the Urgent Care Practitioners have been working with the staff at Tadcaster Medical Centre and community teams to perform home visits for vulnerable patients, as well as offering the loan of their Static Medical Unit. Immediate changes have been made where necessary and a review of the System Wide Escalation Policy is taking place; to be completed by the end of February. Following this a summit has been planned at UCWG, to synchronise with other provider learning point meetings, to ensure that an overall review of resilience problems are ongoing.

NHSE are also holding a Flooding De-brief with 'Health' organisations across North Yorkshire on Friday, 12 February 2016.

## **Patient Experience Update**

- ❖ A new Patient Relations Manager started with VoY CCG in December and will be reviewing the complaints and patient experience processes within the CCG. This will include consideration of increased clarity for the definitions of PALS concerns and complaints. Agreement has been made to continue and expand the use of 'Safeguard' system for recording complaints data processes which brings VoY CCG in line with other CCG's.
- ❖ VoY CCG has received 4 new complaints in November and December, all relating to Continuing Healthcare reviews. 3 of these were retrospective complaints and 1 was current. 1 of the retrospective cases did not proceed further as necessary consent could not be obtained
- ❖ During November and December 30 PALS queries were received by VoY CCG. This is a significant increase in number and thought to be attributable to changes of staff and the logging onto Safeguard instigated by the new Patient Relations Manager as all significant contacts and concerns are now being logged. 9 of

these queries were received from a known frequent complainant where there are approved non response strategies in place. 3 of the 5 concerns regarding Access to Services were in relation to Musculoskeletal Services and recent changes which have occurred. Of the 'Others', no specific themes were identified and details of the contacts were as below.

- ❖ 2 contacts have been received to YoR Insight in December. The contacts are from different staff and settings in primary care so although the numbers are very low they demonstrate the potential this soft intelligence feedback mechanism has. Increased engagement with all areas of primary care is scheduled for 2016, providing an opportunity to promote YoR Insight. The findings from the previous Patient Relations Manager visits to practices have been shared and plans are developing to continue this.

#### **Healthwatch:**

- ❖ The new Patient Relations Manager has met with some representatives from Healthwatch. An issue had been fed back that some patients requiring Continuing Health Care felt they weren't being treated as 'people' by staff dealing with their complaints / concerns and the language being used. Whilst no details were provided in terms of the volumes of patients making these observations, this issue is being considered as part of the Clinical Commissioning Group's engagement work.

#### **York Trust:**

- ❖ There continue to be on-going concerns around the capacity in the Patient Experience Team which are creating operational issues. There is no PALS data available for the Scarborough site. Priorities for the next six months were presented to the patient experience group recently and have started to be addressed with the appointment of a complaints manager who will join the Trust in January. The other vacant roles are currently being recruited to. The Trust have commissioned a new provider to undertake the Family and Friends test which has temporarily affected response rate. They have confirmed that improvements to the PALS is one of the current objectives. The total number of complaints in November are in line with other months. The main area of complaints is aspects of clinical treatment and for PALS the highest number is for information and advice followed by clinical care / treatment, communication issues and delay / cancellation of appointments. There were 2 New Ombudsman cases in November; 1 York and 1 Community.

#### **TEWV:**

- ❖ In the period 1st October to end November 2015 there were a total of 5 complaints relating to Vale of York patients – 3 related to clinical care, 1 attitude of staff and 1 communication. No complaints have been received relating to out of area care following the closure of Bootham Park Hospital.
- ❖ Peppermill Court is now closed to allow refurbishment ready for opening as an inpatient unit in the Summer. We are also currently awaiting the CQC decision on whether to re-open Bootham Park Hospital to outpatients.