

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

Report produced: November 2015

Latest validated data: September/October 2015

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## YAS Response Times

### Current Performance

- The most recent validated data for Vale of York is October 2015
- Performance for Red Combined 8 minute response time was **68.2%** (target 75%); this is a **decrease** from August performance of 73.1%. The 75% target was met at 9 minutes
- Performance for Red Combined 19 minute response time was **90.8%** (target 95%); this is a **decrease** from August performance of 92.0%. The 95% target was met at 24 minutes
- The most recent **unvalidated** data for Vale of York is week ending 15<sup>th</sup> November 2015, which shows Red Combined 8 minute performance of 71.2% and 19 minute performance of 90.7%

### Current issues impacting on performance:

- ❖ During September YAS took a number of staff off ambulance crews to accommodate Electronic Patient Report training, which had an impact on performance
- ❖ The closure of Bootham Park Hospital means that ambulance crews need to take Mental Health patients requiring 136 facilities outside the Vale of York locality, to Harrogate, Northallerton, or Scarborough

### Mitigating actions include:

- ❖ Electronic Patient Report training has been scaled down in October 2015

### Finance & Contracting implications:

- ❖ We have now reached our contract value so will be required to pay for any additional activity in Q4.

## YAS Handover Times

### Current Performance

- The most recent validated data for Vale of York is September 2015
- Performance for York Trust combined was **70.5%** (target 100%); this is a **decrease** from August performance of 73.2%. York hospital site performance was 74.2%, and Scarborough hospital site was 65.4%
- The most recent **unvalidated** data for Vale of York is week ending 15<sup>th</sup> November 2015, which shows handover performance of 62.5.% combined, 60.7% at York hospital and 64.9% at Scarborough

### Current issues impacting on performance:

- ❖ A number of wards have been closed at York hospital due to Norovirus (up to a peak of 124 beds) which has impacted on the overall bed capacity, resulting in patient flow delays out of the Emergency Department and consequent ambulance handover delays
- ❖ Staffing shortages at York hospital also continue to impact on patient flow

**Mitigating actions include:**

- ❖ The ECIP team attended York hospital during October and have made recommendations around 5 key work streams to improve flow
- ❖ Discussions continue with York Trust around potential improvements such as ambulatory care, acute frailty support, and re-design of the front door of ED to redirect patients to the appropriate treatment option more quickly

**Finance & Contracting implications:**

- ❖ No implications.

**A&E**

**Current Performance**

- The most recent validated data available for Vale of York is September 2015
- Performance against 4 hour target was **89.8%** (target 95%). This is a **decrease** from the August figure of 91.8%
- The most recent **unvalidated** figures for York Trust are for week ending 15<sup>th</sup> November 2015 and show performance of 81.82%

**Current issues impacting on performance:**

- ❖ The bed closures due to Norovirus have affected patient flow, which has in turn impacted on ED performance and resulted in a number of 12 hour trolley breaches in October and November 2015.

**Mitigating actions include:**

- ❖ York hospital ED are working with the University of Sheffield on a 6 month trial to develop a 'national model' for Senior Doctor led assessments, with the objective being to speed up the assessment process in order to achieve 4 hour target and reduce admissions
- ❖ The VOY CCG Innovation and Improvement team continue to support development of new options around acute frailty, the ED front door and new pathways for primary care (such as DVT)
- ❖ Staffing has been improved across ED during September; however these staff were still supernumerary at this point and will be working in their registered nurse capacity from November

- ❖ An extraordinary System Resilience Group meeting was convened in October including ECIP. The following priorities were identified:
  - Intermediate care – especially for Scarborough Ryedale
  - Use of 111 services
  - Choose and book
  - Early Supported Discharge
  - Discharge to assess
  - Delayed transfers of care (DTC)
- ❖ Partners are progressing ideas and plans and a follow up meeting is scheduled for the end of November. Agreed plans will be reported back through Quality and Finance Committee
- ❖ A new SRG Escalation Framework and reporting process is being implemented across the health economy from Monday 9<sup>th</sup> November 2015, with the aim of improving collaboration between partners
- ❖ As part of this work a new Urgent Care Monitoring Dashboard was launched on Tuesday 10<sup>th</sup> November, this will continue to be provided weekly on a Tuesday morning. The objective of the Dashboard is to gain a shared understanding of the whole system picture throughout Winter, and to encourage sharing of information between partners to highlight upcoming issues and actions which can be taken to support and assist in times of pressure. The Dashboard includes a summary of performance information and any significant issues from partners within the SRG area, including local authorities and service providers including NHS 111, YAS, York Trust, TEWV, YDUC and Age UK.

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

- ❖ We have agreed a payment mechanism for ambulatory care. Working on a model for those patients to avoid ED attendance altogether resulting in further savings.

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

#### **Current Performance**

- The most recent validated data available for Vale of York is September 2015
  - Urgent Face to Face consultations within 2 hours are at **93.7%** and less urgent within 6 hours **98.8%**, both against target of 95%
  - Emergency calls within 1 hour are at **94.5%**, urgent calls within 2 hours at **93.6%**, and less urgent within 6 hours at **99.2%**, all against target of 95%
- ❖ There was an increase in referrals towards the end of September which created delays for some patients. OOH have also stepped in to support the York hospital ED team on some occasions. The service is currently running at capacity.
  - ❖ Prison and Military OOH cover are still under discussion, although it is anticipated to finalise the service specification, contract and KPIs for the Prison (Full Sutton) service on 13<sup>th</sup> November 2015. Further tender can then be considered.

## Diagnostics

### **Current Performance**

- The most recent validated data available for Vale of York is September 2015
- 99.15% (target 99%) of diagnostic tests took place within 6 weeks, an increase from August performance of 98.6% and the first time the target has been met by VOY since April 2014

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

- ❖ Diagnostic target was achieved by both York Trust and Vale of York in September 2015

### **Mitigating actions include:**

- ❖ Solitan system has been rolled out across both York and Scarborough sites which will provide more information around radiology activity, performance and management reporting of scan information
- ❖ Reviewing GP referral data to identify practices with high variation from CCG averages, against each modality
- ❖ NHS Elect have been reviewing the Cystoscopy services at York hospital and the actions from the workshop are being worked through by the directorate

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

- ❖ Agreed expenditure on Yorkshire Health Solutions to achieve required performance which is not in budget.

## 18 Week Referral to Treatment (RTT)

### **Current Performance**

- The most recent validated data available for Vale of York is September 2015
- 94.2% (target 92%) of patients on incomplete pathways have been waiting no more than 18 weeks from referral, a slight decrease from 94.3% in August

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

- ❖ York Trust achieved the overall incomplete target in September 2015, but there were speciality level fails in General Surgery, Ophthalmology and Max-Fax surgery
- ❖ The admitted backlog for patients waiting over 18 weeks reduced to 572 as at 25<sup>th</sup> October 2015, trend is downward
- ❖ Ophthalmology currently has more admitted backlog patients than anticipated in original projections; this is largely due to the delayed start of private sector

capacity on the Scarborough site. Currently projected to be sustainable by February 2015

**Mitigating actions include:**

- ❖ York Trust are projecting that the following specialities will achieve sustainable Admitted backlogs prior to December 2015: Ear, Nose & Throat, General Surgery, Gynaecology, Urology and T&O
- ❖ Max-Fax – The Trust are exploring further ways to deliver additional capacity both internally and externally for this complex work
- ❖ Dermatology outpatient nurses will provide additional support in theatre to allow more Max-Fax surgery
- ❖ 15 Gynaecology patients have agreed to transfer to Spire Hull

**Finance & Contracting implications:**

- ❖ As of last month there have been some significant cost implications to achieving these targets.

## Cancer

**Current Performance**

- The most recent validated data available for Vale of York is September 2015
- The 14 day target of 93% was met in September for All Tumour Types with performance of **93.0%**, up from 91.7% in August. Breast Symptomatic also saw an **increase** from 91.5% in August to **96.9%** in September
- All 31 day treatments met target for a 5<sup>th</sup> consecutive month
- 62 day treatments following urgent GP referral **increased** from 80.2% in August, to **84.0%** in September, however did not meet the target of 85%

**Current issues impacting on performance:**

- ❖ Dermatology has experienced severe capacity shortfalls due to Consultant staff sickness and this has impacted on the Trust's ability to deliver the 14 day fast track target
- ❖ 67 patient breaches of the 14 day target in September 2015 were due to patient choice
- ❖ The Trust are not achieving the 62 day first treatment target and there are risks concerning treatments undertaken at tertiary centres, that have not been uploaded to the National Cancer Database

**Mitigating actions include:**

- ❖ Some Dermatology two week referrals have been diverted to the Head & Neck team

**Finance & Contracting implications:**

- ❖ No further implications.

## Stroke Update

- ❖ The external review of the new stroke pathway between York and Scarborough took place on 6<sup>th</sup> October 2015, and included a discussion of 3 months' worth of data and an opportunity to walk around the site and talk to members of the team. The pathway was endorsed by the reviewers and it was suggested that it may be used as a Beacon site to help support other reconfiguration decisions across Yorkshire and Humber
- ❖ It was noted that there is still room for improvement particularly regarding door to scan and door to needle times at both sites, and some tips to help achieve best practice were shared. These will be discussed at the next Stroke Working Group and an action plan developed
- ❖ The team were asked to consider developing their use of telemedicine to support TIA clinic delivery at the Scarborough site and prevent the need for patients to York to access this service. The development of nurse roles to provide nurse led TIA clinics was also recommended and this will be fed into the Yorkshire and Humber wide work on nurse competencies and training.
- ❖ Commissioners were asked to consider expanding the coverage of the Early Supported Discharge service to cover all patients.
- ❖ The recommendation is now likely to be for this pathway to become a permanent change rather than an interim measure. Communications team will be clarifying the requirements in terms of public consultation and working with us all to develop an appropriate programme of consultation/engagement.

## Healthcare Associated Infections

### **Current Performance – financial year to date**

- C-Difficile infections stand at 37 against a full year trajectory of 43 for York Trust (as of w/e 01<sup>st</sup> November 2015)
- MRSA bacteraemias for York Trust stand at 6 against a 0 trajectory (last case June 2015)

- ❖ York Trust have commissioned an external review of their infection prevention and control processes and procedure, and the action plan resulting from this will be shared with commissioners in due course

## Serious Incidents

- ❖ There were a total of 13 x 12 hour trolley waits during October, directly relating to the lack of beds due to Norovirus. 8 of the 12 patients were Vale of York residents. All 48 hour reports have been received and discussed with the Chief Nurse of York Trust – no adverse clinical impact resulted from the waits, all patients were placed on hospital beds and received appropriate

nutrition/hydration and nursing care. One patient died and a thorough investigation is taking place but is not expected to demonstrate any linkage from the extended wait

- ❖ A task and finish group has commenced at York Trust to examine and improve system, process and quality relating to serious incidents
- ❖ The CCG has met with OOH provider Yorkshire Doctors Urgent Care (YDUC) and have gained assurance around their management of incidents and serious incidents
- ❖ Following transfer of the contract from LYPFT to TEWV for mental health services, it has emerged that for a number of service users, evidence cannot be found to demonstrate appropriate procedures have been followed for detention under the Mental Health Act. Processes to rectify this are being escalated immediately, CQC and NHSE are aware

## Improving Access to Psychological Therapies (IAPT)

### Current Performance

- The most recent **unvalidated** data available for Vale of York is September 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 remained static with **7.4%** in both August and September
- Recovery rates **increased** from **42.9%** in August to 47.8% in September, however are still not meeting the target of 50%

- ❖ September prevalence rate remained at 7.4% against 15% target, and recovery rate increased to 47.8% against 50% target. Year to date prevalence rate is at 8.7% and recovery rate at 47.1%
- ❖ Data is for combined service provision from Leeds York Partnership Foundation Trust (LYPFT), Tees Esk Wear Valley (TEWV) and Humber Trusts. The breakdown is:
  - September: LYPFT Prevalence 7.0%; Recovery 47.9%, TEWV Prevalence 8.8%; Recovery 44.4%, Humber Prevalence 13%; Recovery 50%.
  - YTD: LYPFT Prevalence 8.7%; Recovery 46.4%, TEWV Prevalence 8.0%; Recovery 50%, Humber Prevalence 9.7%; Recovery 59.5%.
- ❖ It has been noted that GPs are still not referring, and current numbers are not enough to reach prevalence. Engagement with GPs to encourage referrals is ongoing, waiting time for assessment is now minimal.



## Patient Experience Update

- ❖ In the last 2 months some significant changes have been made to the Patient Experience Team working practices at York Teaching Hospital NHS Foundation Trust with the aim of improving the quality of responses; these include -
  - Datix Web case management system will be used to log all complaints from 01<sup>st</sup> September 2015
  - Patient Experience Team will be able to share information with colleagues across the Trust for complaints, claims, incidents, serious incidents and safeguarding cases
  - Staff will be trained how to use the Datix Web and new templates have been produced to promote tailored communications for individuals
  - A 'good practice' document for complaints handling and investigations has been shared with Directorates
  - ED and Elderly Medicine are trialling a new approach of contacting the complainant by phone or face to face to talk through and understand the issues

The CCG is therefore receiving improved information and assurance.

ED & Inpatient response rates for Friends and Family Test are below the national average but Maternity response rates are 28.5% which is 6.5% higher than the national average. Patient Experience Team are working on an action plan with key directorates to improve response rates but on a positive note, of the patients who did respond, 94% of inpatients would recommend the Trust.

### **Primary Care Patient Experience**

The CCG Patient Experience Lead undertook a programme of outreach visits which was offered to all of the member practices within the NHSE Vale of York CCG area. In the time available to conduct the visits, 20 (out of a possible 30) practices took up the opportunity to meet as part of this piece of work.

The four subjects covered as part of the visits were:

1. Patient Participation Groups (PPG)
2. Carers
3. Friends and Family Test (FFT)
4. Complaints

The intention for these visits was to understand what was happening regarding these four specific patient experience subjects across our member practices. From these discussions and information the CCG has developed a range of suggestions and ideas on how the CCG may be able to work with them in future to support or develop their practice. The full report on findings from the visits will be shared with member practices from November and agreement reached for ongoing support.

## **Nurse and Midwife Revalidation**

The Chief Nurse of England Jane Cummings has confirmed the agreement for nurse and midwife revalidation to go ahead from April 2016.

Revalidation is required every 3 years, and has additional requirements to the previous arrangement. The requirement for the change was a recommendation from the Francis enquiry into care at the Mid Staffordshire NHS Trust and aims to increase public confidence and improve competence of the profession. All four UK countries are now moving gradually from a 'getting ready' phase into a 'supporting preparedness and implementing' phase from October 2015 to April 2016, following which it is hoped that revalidation will be in its 'operational' phase with the focus on supporting nurses and midwives who will revalidate for the first time over the coming 3 years. Now that the NMC has made its final decision to launch revalidation, momentum and support for revalidation will significantly increase.

The CCG is actively training and providing support to Practice Nurses and Care home registered nurses for the change and gaining assurance from all providers that plans are in place for the change. Further plans include support and training for member practice staff who may be required to confirm that requirements have been met for their nursing staff. Changes to the CCG website are also in development to provide a dedicated resource for Practice Nurses and revalidation resources.