

NHS Vale of York Clinical Commissioning Group Governing Body Assurance Report

Report produced: July 2015

Latest data: May 2015

Foreword:

This assurance report is the first draft of a proposed new format. The principles being applied are as follows:

- ❖ Data will focus on a single month, with the exception of a small number of indicators which have a significantly longer publication lag
- ❖ This single month focus will improve consistency as the relationship between data sets will be directly comparable
- ❖ All data is Validated or Public, and therefore far less subject to later amendments
- ❖ All data will have been reviewed and discussed at the relevant sub-group, and therefore more in depth narrative will be available to assist in understanding the data, rather than seeing the numbers without the context

There are a number of options for the structuring of the report, e.g. by provider, by pathway or by definition of quality (i.e. clinical effectiveness, patient safety & patient experience). There are also options around presentation of the data e.g. presented together in an annex, integrated throughout the report. The development of the report will therefore be iterative and comments are welcomed.

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System wide progress since last report:

An initial draft of the system wide recovery plan (short term) has been developed across NHS Vale of York CCG, Scarborough and Ryedale CCG, East Riding CCG and York Teaching Hospital Foundation Trust. This plan sets out the proposed work across Planned and Unplanned Care to address immediate performance pressures, and support the longer term sustainability of local health services. This brings together work across System Resilience Schemes, Innovation and Improvement, Primary Care and the York Trust recovery plan to achieve the constitutional targets.

Standards applied to performance data throughout the report:

To assist with at a glance identification, colour coding applied to level description as below:

All data at England level highlighted in	purple
All data at VOYCCG level highlighted in	blue
All data at York Trust level highlighted in	pink

RAG ratings are based on the following standard unless otherwise indicated:

At or above target	🟢
Up to 5% away from meeting target	🟡
More than 5% away from meeting target	🔴

NHS 111

Level:	Measure:	Definition:	Target	Mar-15	Apr-15	May-15
Yorkshire & Humber	Calls Offered	All calls received	-	130,118	132,344	141,779
England				1,137,856	1,130,894	1,184,177
Yorkshire & Humber	% answered in 60 seconds	Of calls answered, % within 60 seconds of being queued for an advisor	>95%	94.5%	90.5%	95.1%
England				92.1%	93.9%	93.6%
Yorkshire & Humber	Disposition: 999	% resulting in an emergency ambulance being dispatched (R1 or R2, G1 or G2)	-	9.5%	9.1%	8.7%
Yorkshire & Humber	Disposition: A&E	% referred to a Type 1 or 2 A&E dept.	-	7.2%	7.1%	7.1%
Yorkshire & Humber	Disposition: PCC	% recommended to attend a primary care provider, e.g. GP, Dental, MIU, Pharmacist	-	63.2%	64.1%	64.2%
Yorkshire & Humber	Disposition: Self Care	% not recommended to contact any service but given self-care advice	-	16.2%	15.7%	15.7%

There was a significant increase in calls received during May; this was largely due to the increased call volume over the two bank holiday weekends. The busiest day over the two bank holiday weekends was consistently the Sunday, with the alert level raised from REAP (Resourcing Escalatory Action Plan) 1 (normal service) to REAP 3 (pressure) for Sunday 3rd May, and REAP 2 (concern) for Sunday 24th May. The target for calls answered within 60 seconds was missed on both of these days, however was met for the month of May as a whole.

Yorkshire Ambulance Service (YAS)

Level:	Measure:	Definition:	Target	Mar-15	Apr-15	May-15
VOYCCG	Total Responses - all types	A response is a call that has had a vehicle arrive at the scene	-	3,455	3,214	3,398
YAS			-	61,180	58,631	59,942
VOYCCG	Total Responses - Red Combined	Combined figures for Red 1 and Red 2 calls. Red 1 = respiratory/cardiac arrest, Red 2 = all other life threatening emergencies. Response required within 8 minutes. If this is non conveying then a conveying response is required within 19 minutes.	-	1,381	1,249	1,330
YAS			-	25,048	23,283	24,023
VOYCCG	% in 8 minutes		>75%	72.9%	76.5%	75.4%
YAS			>75%	72.4%	72.8%	73.5%
VOYCCG	% in 19 minutes		>95%	94.3%	94.5%	95.7%
YAS			>95%	96.3%	96.2%	96.3%

Level:	Measure:	Definition:	Target	Mar-15	Apr-15	May-15
Scarborough site	% handovers in 15 minutes	Time between arrival of the ambulance at A&E, to handover of the patient to the care of A&E staff should be 15 minutes or less.	100%	52.7%	53.9%	51.3%
	Average handover time			00:26:59	00:23:42	00:26:45
York site	% handovers in 15 minutes			83.4%	74.2%	79.0%
	Average handover time			00:12:32	00:15:02	00:14:11
York Trust	% handovers in 15 minutes		70.2%	65.6%	67.9%	

Level:	Measure:	Definition:	Target	Mar-15	Apr-15	May-15
Scarborough site	Total Arrivals	Total ambulance arrivals at A&E department	-	1,805	1,572	1,524
York site	Total Arrivals			2,070	2,099	2,189
York Trust	Total Arrivals			3,675	3,671	3,713

Vale of York CCG have met the response time targets for 8 minute and 19 minute Red Combined calls during May. This is the second consecutive month the 8 minute target has been met for VOY, the 19 minute target was narrowly missed last month with 94.5% performance against 95% target. Vale of York responses continue to achieve better performance against target than YAS overall.

Handover performance at York Trust overall has declined in recent months, with 67.9% performance in May against the handovers within 15 minutes target of 100%. This can largely be attributed to performance at Scarborough hospital site, where handover performance has been in the low fifties for the past 3 months, while York hospital site is in the mid-seventies to mid-eighties. This is also reflected in the actual average handover time, which at Scarborough in May was 26 minutes and 45 seconds, compared to 14 minutes and 11 seconds at York. Volume of arrivals at each site has remained consistent with previous months.

YAS have proposed a number of actions at Contract Management Board (CMB) meetings to ensure continued improvement throughout 2015/16, including:

- Hub and spoke solution; replacement of out of date premises with fit for purpose modern ambulance resources correctly located for demand
- Paramedic recruitment day held mid-April and supplemented with recruitment from abroad; Skype interviews are being held with paramedics in Australia
- Consultation on a new workforce model with advanced paramedic and Band 6 roles closed at the end of April
- The pilot which took place in 2014-15 for Fire and Rescue Community Responder training is being expanded beyond Hull and East Yorkshire, and the next phase will include Helmsley

York Teaching Hospital Foundation Trust has put forward a proposal for a dedicated team to staff the ambulance assessment area at York Hospital 24/7.

Level:	Measure:	Definition:	Target	Oct-14	Nov-14	Dec-14
VOYCCG	% ROSC (Return of spontaneous circulation) on arrival at hospital	Of patients who had resuscitation commenced/continued by ambulance service following cardiac arrest, proportion with ROSC on arrival at hospital	-	8.3%	15.4%	21.4%
YAS				23.5%	28.9%	21.9%
England				27.4%	27.7%	26.5%
VOYCCG	% FAST (Face Arm Speech Test) positive patients arriving at hyperacute stroke unit within 60 minutes	Of FAST positive patients potentially eligible for stroke thrombolysis, proportion arriving at hyperacute stroke unit within 60 minutes	-	74.3%	52.9%	71.4%
YAS				54.0%	54.7%	44.8%
England				58.9%	56.6%	53.0%
VOYCCG	% Survival to Discharge rate following cardiac arrest	Of patients who had resuscitation commenced/continued by ambulance service following cardiac arrest, proportion who were discharged from hospital alive	-	8.3%	7.7%	7.7%
YAS				11.3%	15.4%	9.7%
England				8.2%	8.7%	7.3%

Ambulance Quality Indicators for YAS have a longer publication lag than other data sets, as they are related to outcomes. The most recent month data is available for Vale of York CCG, YAS overall and England average is December 2014. For this period Vale of York CCG performed better than England average for both the percentage of FAST (Face Arm Speech Test) positive patients arriving at a hyperacute stroke unit within 60 minutes, and Survival to Discharge rate following cardiac arrest. VOY performance has been better than England average for 5 out of the last 6 months on the Survival to Discharge measure.

Vale of York CCG performance in December for the Return of Spontaneous Circulation (ROSC) on arrival at hospital measure was just below England average with 21.4% against 26.5% for England.

Accident & Emergency (A&E)

Level:	Measure:	Definition:	Target	Mar-15	Apr-15	May-15
VOYCCG (sitrep data)	% meeting 4 hour target	% of A&E attendances where patient was discharged, admitted or transferred within 4 hours of arrival. Includes Type 1 ED, Type 3 MIU & UCCs. VOYCCG is weighted accounting for 49.9% of A&E attendances for VOY patients are at YTHFT, & 1.14% at HDFT	>95%	88.5%	87.2%	88.0%
York Trust (sitrep data)				88.4%	87.1%	87.9%
VOYCCG (sitrep data)	Number of A&E attendances, All Types	Number of A&E attendances of all types including Type 1 ED, Type 3 MIU, plus UCCs. VOYCCG is weighted as measure above	-	6,861	9,272	7,624
York Trust (sitrep data)				13,644	18,452	15,192
VOYCCG (sitrep data)	Number of A&E attendances, Type 1 only	Number of A&E attendances at Type 1 Emergency Departments only. VOYCCG is weighted as measure above	-	4,955	6,513	5,044
York Trust (sitrep data)				9,860	12,959	10,031

A&E performance for Vale of York CCG is weighted based on 49.9% of A&E attendances for VOY patients taking place at York Teaching Hospitals Foundation Trust, and 1.14% at Harrogate and District Foundation Trust. VOY performance for the 4 hour target in May was 88%, against 87.9% for York Trust overall. Performance both at CCG and Trust level has consistently been between 86% and 89% for the past 6 months, missing the target of 95% by some way.

Attendances were down in May from April, both for Type 1 attendances at Emergency Departments, and attendances of all types including those at Type 3 Minor Injury Units and Urgent Care Centres.

A number of actions are underway at York Trust with the aim of improving performance, including:

- ❖ The interim Ambulatory Care Unit opened at York Hospital on 1st June, it is anticipated this will help to reduce A&E admissions.
- ❖ York A&E has recruited 11 registered nurses, to begin work in September 2015. Some of these nurses are newly qualified and will be part of a new preceptorship programme in A&E.
- ❖ York Trust has also recruited two Band 8a managers, one to be based at each site of York and Scarborough, to support the directorate managers.

GP Out of Hours (OOH) Service

Level:	Measure:	Definition:	Target	Mar-15	Apr-15	May-15
VOYCCG	Total Calls	Total calls received	-	-	2,949	3,418
VOYCCG	Dispositions within 2 hours	Calls requiring action within 2 hours	-	-	1,576	1,787
VOYCCG	Urgent Face to Face consultation within 2 hours	F2F consultation (OOH centre or patients residence) must be started within 2/6 hours after definitive clinical assessment by NHS111 or clinician in the GP OOHs service	>95%	-	81.2%	86.7%
VOYCCG	Less urgent Face to Face consultation within 6 hours		>95%	-	93.8%	97.1%
VOYCCG	Emergency calls within 1 hour		>95%	-	92.1%	86.4%
VOYCCG	Urgent calls within 2 hours	Calls from 111 requiring a call back from GP OOH clinician to be completed within 1/2/6 hours as applicable	>95%	-	90.7%	87.1%
VOYCCG	Less urgent calls within 6 hours		>95%	-	97.9%	98.2%

Yorkshire Doctors Urgent Care (YDUC) commenced in providing GP services Out of Hours from 1st April 2015. The first week of operation included the Easter holidays with a huge demand experienced by all areas of the urgent care system. The bank

holidays in May also led to high call volume, with almost 500 more calls received in May than in April.

Performance targets have not been met in a number of face to face and call back measures, although performance improved in most areas from April to May. June 2015 will be the first month since YDUC began providing the OOH service, which does not contain bank holidays and their associated peak in demand, and hence we expect to see a further improvement.

There are ongoing discussions around the amount of NHS111 'urgent' dispositions that have been sent through to the OOH service; these are currently running at 53% of the total calls received, whilst many of these are not clinically urgent on presentation. There have also been some issues around the inappropriate use of the healthcare professional line, which we expect to be resolved in July's data.

Diagnostics

Note - Due to small target RAG rating for Diagnostics is set at:

G = At or above target

A = Up to 1% away from meeting target

R = More than 1% away from meeting target

Level:	Measure:	Definition:	Target	Mar-15	Apr-15	May-15
VOYCCG England	% waiting over 6 weeks	Percentage of patients at the end of the month waiting over 6 weeks for a diagnostic test	<1%	3.6% 1.5%	4.0% 2.0%	3.0% 1.8%
VOYCCG England	Number waiting over 6 weeks	Number of patients who have been waiting over 6 weeks at the end of the reported month	-	147 12,969	157 16,782	122 15,141
VOYCCG England	Total waiting list	Number of patients still waiting at the end of the reported month	-	4,134 842,269	3,921 834,067	4,098 835,388

Diagnostics performance for Vale of York CCG improved slightly in May to 2.98%, down from 4% in April, however this still falls short of meeting the target of no more than 1% of patients waiting more than 6 weeks for a diagnostic test. This target has not been met for VOY CCG since April 2014, however this is consistent with national performance where target has not been met since November 2013, albeit with VOY performance being approximately 2% further from target than the England average.

The specialities with the poorest performance against Diagnostic targets in May were Cystoscopy (38.6%) and Gastroscopy (5.68%).

Cystoscopy delays can be attributed to shortages in theatre staffing at York Trust, with two senior theatre nurses recently retiring. York Trust is currently training nurses to provide additional resource for this service, and additional lists were booked for June.

The majority of the Gastroscopy breaches were at the Scarborough site and will be outsourced to Medinet.

The CT scanner replacement programme which has had an impact on Diagnostics over a number of previous months is due to be fully operational from 1st July 2015, although performance in May is already much improved in CT with 1.06%.

MRI Scans continue to be outsourced to Nuffield, the Trust has increased the number from 50 to 100 per month.

A CQUIN scheme has been agreed with York Trust to better identify delays in scan reporting, and to deliver specific improvements by the end of Quarter 4 2015/16.

Referral to Treatment (RTT) times

Note - Due to small target RAG rating for 52 week breaches is set at:

G = At target

A = Up to 1

R = More than 1

Level:	Measure:	Definition:	Target	Mar-15	Apr-15	May-15
VOYCCG	% within 18 weeks - Incomplete Pathway	% of patients on Incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	>92%	94.6%	94.2%	94.1%
England				93.1%	93.3%	93.5%
VOYCCG	Total patients on Incomplete pathway	Number of patients who are still waiting to start treatment at the end of the month	-	14,691	14,645	14,397
England				3,006,879	3,025,705	3,174,354
VOYCCG	52 week breaches - Incomplete pathway	Number of patients on Incomplete RTT pathways waiting over 52 weeks	0	1	1	1
England				477	411	634

In June 2015, the admitted and non-admitted operational standards were abolished, and the incomplete standard is now the sole measure of patients' constitutional right to start treatment within 18 weeks. Other RTT pathways will continue to be monitored through the Planned Care Working Group (PCWG).

Vale of York CCG has met and in most cases exceeded the incomplete 18 week standard over the past 2 years, with performance sitting at over 94% against target of 92% every month since February 2014. Vale of York performance is consistently higher than the national England average for this measure.

There was one 52 week breach at York Trust in May, in General Surgery. This was due to an admin error with the clock stop process. The patient has now been treated.

Cancer

Level:	Measure:	Definition:	Target	Mar-15	Apr-15	May-15
VOYCCG	% seen within 14 days - All Tumour Types	% of patients seen within 14 days of an urgent referral with suspected cancer	>93%	92.8%	93.3%	93.2%
England				94.5%	92.7%	94.3%
VOYCCG	% seen within 14 days - Breast symptomatic	% of patients seen within 14 days of an urgent referral with breast symptoms, cancer not initially suspected	>93%	88.4%	90.0%	92.4%
England				94.5%	92.7%	94.5%
VOYCCG	Number of referrals - All Tumour Types	Total number of referrals received during the period for all tumour types	-	1029	855	871
VOYCCG	Number of referrals - Breast symptomatic	Total number of referrals received during the period for breast symptomatic, cancer not initially suspected	-	69	100	66

Level:	Measure:	Definition:	Target	Mar-15	Apr-15	May-15
VOYCCG	% 31 days first treatment	Waiting time should be a maximum of 31 days between diagnosis and the start of first definitive treatment. This is measured from the point at which the patient is informed of a diagnosis of cancer, and agrees their package of care.	96%	96.9%	94.5%	98.1%
England				97.7%	97.3%	97.6%
VOYCCG	% 31 days subsequent treatment - surgery	Waiting time should be a maximum of 31 days for a second or subsequent treatment. The operational standard varies dependent on type of treatment.	94%	100.0%	100.0%	96.2%
England				95.3%	94.2%	95.2%
VOYCCG	% 31 days subsequent treatment - drug		98%	100.0%	100.0%	100.0%
England				99.7%	99.7%	99.6%
VOYCCG	% 31 days subsequent treatment - radiotherapy		94%	100.0%	97.6%	100.0%
England				98.2%	97.4%	97.9%
VOYCCG	% 62 days GP referral	Waiting time should be a maximum of 62 days to begin first definitive treatment following an urgent referral for suspected cancer from their GP.	85%	75.0%	82.6%	86.1%
England				83.7%	82.7%	80.8%
VOYCCG	% 62 days screening referral	Waiting time should be a maximum of 62 days to begin first definitive treatment following referral from an NHS cancer screening service.	90%	100.0%	100.0%	100.0%
England				92.9%	93.0%	92.6%

Vale of York CCG met the target for the percentage of patients seen within 14 days of an urgent referral for all tumour types, but missed the target for the same measure for breast symptomatic by 0.6%, with performance of 92.4% against a target of 93%. Vale of York CCG performance is on a par with national performance for these two measures. Referral numbers have decreased slightly after a spike in May; the reason for this increased volume is as yet unknown. Similarly there was a rise in referral numbers for breast symptomatic in April, which has returned to normal level in May.

Vale of York CCG met all 31 day targets for first and subsequent treatments in May, as well as the 62 day target for treatment following referral from an NHS cancer screening service. VOY performance was better than the England average for all of these measures. VOY also met the target for treatment within 62 days following an urgent GP referral for suspected cancer in May; this is the first time the 85% target has been met since July 2014, and VOY performance exceeded national average by over 5%.

York Trust is re-establishing a Cancer Board, the first meeting of which will take place on 16th July. A regular cancer commissioners group is also being set up between York and Scarborough.

Delayed Transfers Of Care (DTOCs)

Level:	Measure:	Definition:	Target	Mar-15	Apr-15	May-15
York Trust	Number of DTOC (Delayed Transfer of Care) patients at month end	A DTOC occurs when a patient is medically fit for discharge and is still occupying a bed. This measure is a snapshot of the number of patients with a DTOC at midnight on the last Thursday of the month so will fluctuate.	-	26	25	37
Leeds York Partnership				6	8	6
England				4,946	4,742	4,970
York Trust	DTOC (Delayed Transfer of Care) bed days	Number of Delayed Days during the reporting period. This is a cumulative figure so is not directly comparable to the single day snapshot of patient numbers above.	-	562	787	1,145
Leeds York Partnership				168	371	214
England				140,307	138,011	136,923

Delayed Transfers of Care are measured in two ways, by patient number and by bed days. Patient numbers are a snapshot taken at midnight on the last Thursday of the month, whereas bed days are measured cumulatively for the month as a whole.

There was an increase in both patient number and bed days at York Trust in May, the highest both have been since January 2015. Around two thirds of these delays were acute patients, and a third were non-acute. This increase in figures can be attributed in part to the bank holidays during May, which can lead to fewer discharges over these periods. The key issue causing delays is still the shortage of packages of care provided by social care. Partners continue to meet weekly in order to expedite delays where possible.

DTOCs at Leeds York Partnership Foundation Trust (LYPFT) have remained relatively consistent over the past 6 months in terms of patient numbers, with between 5 and 8 patients at the time of reporting. Bed days have fluctuated however, with a spike of 371 during April, reducing to more normal levels with 214 in May.

Improving Access to Psychological Therapies (IAPT)

Level:	Measure:	Definition:	Target	Jan-15	Feb-15	Mar-15
VOYCCG	Prevalence: Number of referrals	The proportion of people entering treatment against the level of need in the general population (local estimate based on Psychiatric Morbidity Survey). For common mental health conditions treated in IAPT services, it is expected that a minimum of 15% of those in need would willingly enter treatment if available.	-	230	290	305
VOYCCG	Prevalence: Number entering Treatment		-	288	277	292
VOYCCG	Prevalence: Monthly prevalence rate		>15%	🟡 11.1%	🟡 10.6%	🟡 11.2%
VOYCCG	Recovery: Number completing treatment		Recovery rate is calculated by the number of people who are moving to recovery, divided by the number of people who have completed treatment minus the number of people who have completed treatment that were not at caseness at initial assessment.	-	46	97
VOYCCG	Recovery: Number moving to recovery	-		22	37	60
VOYCCG	Recovery: Number not at caseness	-		8	20	17
VOYCCG	Recovery: Monthly recovery rate	>50%		🟢 57.9%	🟡 48.1%	🟡 48.0%

Low referral numbers have been cited for the reduction in performance since the Quarter 4 improvement. The Partnership Commissioning Unit (PCU) are working with Leeds York Partnership Foundation Trust (LYPFT) to promote the service, and have informed all Vale of York practices that waiting times are now negligible and that GPs need to be referring into the IAPT pathway.

Health Care Associated Infections (HCAI)

Level:	Measure:	Definition:	Target	Mar-15	Apr-15	May-15
York Trust	Total MRSA cases (All CCGs)	The total number of MRSA cases reported by York Trust, regardless of CCG	0	1	2	2
VOYCCG: at York Trust	Of the above, number of VOY patients	Of the total number of MRSA cases reported by York Trust, the number which were VOYCCG patients	0	1	1	0
VOYCCG: non-hospital	Number of MRSA cases for VOY patients, non-hospital setting	Number of MRSA cases reported for VOYCCG patients acquired in non-hospital setting	0	tbc	tbc	tbc
VOYCCG	Total VOYCCG MRSA cases	Total number of MRSA cases reported for VOYCCG patients in reporting period	0	tbc	tbc	tbc

York Trust	Total C Diff cases (All CCGs)	The total number of C Diff cases reported by York Trust, regardless of CCG	48 (full year)	5	7	8
York Trust	Number of C Diff cases due to 'lapse in care'	TBC	tbc	tbc	tbc	tbc
VOYCCG: at York Trust	Of the above, number of VOY patients	Of the total number of C Diff cases reported by York Trust, the number which were VOYCCG patients	-	tbc	tbc	tbc
VOYCCG: non-hospital	Number of C Diff cases for VOY patients, non-hospital setting	Number of C Diff cases reported for VOYCCG patients acquired in non-hospital setting	-	tbc	tbc	tbc
VOYCCG	Total VOYCCG C Diff cases	Total number of C Diff cases reported for VOYCCG patients in reporting period	tbc	tbc	tbc	tbc

The increase in MRSA bacteraemia and C-Diff infections at York Trust is of concern, particularly on the Scarborough site. A full root and branch review of system and process is being undertaken by the new DiPC (Chief Nurse) with support from NHS England.

The new contractual process of identifying 'lapses in care' for C-Diff is being established in agreement with Commissioners. All cases undergo a root cause analysis investigation where any gaps in best practice are identified by clinical teams and shared with Commissioners. Any potential financial penalties are applied to lapses in care cases only. York Trust is establishing the same process for other infections also in order to ensure learning is identified and shared to prevent recurrence.

Serious Incidents (SIs) and Never Events

Level:	Measure:	Definition:	Target	Mar-15	Apr-15	May-15
VOYCCG at York Trust	VOY: York Trust: York & Scarborough acute, community & community hospitals	Number of Serious Incidents (SIs) declared for Vale of York CCG patients at the specified provider.	-	5	4	5
VOYCCG at HDFT	VOY: Harrogate and District NHS FT - acute and community		-	0	0	1
VOYCCG at STFT	VOY: South Tees NHS FT - acute and community		-	0	0	0
VOYCCG at LTHFT	VOY: Leeds Teaching Hospitals NHS Trust - acute		-	0	1	0
VOYCCG at LYPFT	VOY: Leeds York Partnership NHS FT		-	2	2	0
VOYCCG at YAS	VOY: Yorkshire Ambulance Service		-	0	0	0
VOYCCG at TEWV	VOY: Tees, Esk & Wear Valleys NHS FT		-	0	1	0
VOYCCG at Private Provider	VOY: Private Provider		-	-	1	0
VOYCCG Total	VOY: Total SIs	Total SIs declared for Vale of York CCG patients	-	7	9	6
VOYCCG Total	VOY: Never Events	Number of Never Events declared for Vale of York CCG patients	-	0	0	0

The majority of SIs are falls with harm, and pressure ulcers. A new national framework for Serious Incident reporting has been published and the CCG is working with providers to ensure a common understanding of the application of this new guidance. The reporting of Serious Incidents in Primary Care is in development.

Summary Hospital-level Mortality Index (SHMI)

Level:	Measure:	Definition:	Target	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14
York Trust	Summary Hospital-level Mortality Indicator (SHMI)	The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers all deaths reported of patients who were admitted to non-specialist acute NHS trusts in England and either die while in hospital or within 30 days of discharge.	-	0.994	1.019	1.029

York Trust's SHMI is within expected range. Following the Keogh review, Professor Nick Black was commissioned to undertake a review of avoidable deaths. The conclusion was that death rates are of little value and should be used cautiously.

The most valuable measure of identifying avoidable harm (in patients who have survived and those who have died) is to undertake case note reviews, ideally undertaken with primary care and secondary care together. Focus should be broadened to look at where people die as a measure of quality. The more deaths in hospital the higher the death rate, the higher the SHMI. York Trust undertake mortality reviews on patients who have died and lessons learned are shared.

Patient Experience

The official launch of the Friends and Family Test (FFT) question in Mental Health, Community services and Primary Care commenced in January 2015. The roll-out to inpatient cases and day cases began from April 2015, where previously day cases and those under-16 were excluded.

At the point of writing, limited Friends and Family Test (FFT) data for May had been made available. Future editions of this report section will look to incorporate this information where publication schedules allow.

York Teaching Hospital Foundation Trust

There are now no set targets or thresholds in place for FFT response rates, as the national CQUIN for this was not carried over into 2015/16. The focus for the Trust has moved to the qualitative feedback that is gathered from the FFT free text boxes. Information about how the work is progressing to collate this feedback has been requested.

	Indicator	Response rate		Percentage Recommended	
		Apr	May	Apr	May
Inpatient	Inpatient - York	16.0%	17.4%	95.2%	96.3%
	Inpatient - Scarborough	16.4%	16.5%	96.8%	96.2%
	Inpatient - England*	25.6%	N/A	95.2%	N/A
A&E	A&E - York	8.3%	8.6%	79.8%	82.4%
	A&E - Scarborough	6.7%	7.3%	79.0%	75.1%
	A&E - England*	14.8%	N/A	87.5%	N/A
Community	Community – York	3.0%	2.4%	99.2%	96.0%
	Community – England*	3.4%	N/A	95.0%	N/A
Maternity	Antenatal - YTHFT	26.4%	27.5%	93.2%	91.0%
	Antenatal – England*	N/A	N/A	95.3%	N/A
	Labour and birth – YTHFT	31.0%	25.6%	95.2%	98.0%
	Labour and birth – England*	N/A	N/A	97.2%	N/A
	Postnatal – YTHFT	30.4%	28.9%	94.0%	96.6%
	Postnatal – England*	N/A	N/A	93.7%	N/A
	Postnatal community – YTHFT	24.3%	18.3%	100.0%	98.5%
Postnatal community - England*	N/A	N/A	97.7%	N/A	

*excludes independent sector providers

Mental Health

Leeds and York Partnership Foundation Trust (LYPFT) has been collating and sharing the 'free text' comments received from FFT responses. The table below shows LYPFT results plus two other providers in the region for comparison.

Trust Name	Response rate		Percentage Recommended	
	Mar	Apr	Mar	Apr
Leeds and York Partnership NHS Foundation Trust	0.5%	0.1%	88%	82%
Humber NHS Foundation Trust	3.8%	3.3%	89%	85%
South West Yorkshire Partnership NHS Foundation Trust	2.5%	2.3%	80%	78%

Primary Care

A total of 10 GP practices within the Vale of York recorded no data for FFT in March and/or April. It has been acknowledged by NHS England that some practices experienced issues in submitting data via CQRS during this period. In addition, 12 practices reported less than 10 responses from patients in either March and/or April. Following the reporting of these low response rates a programme of outreach to all NHS Vale of York practices will be implemented.

Concerns, Complaints and Compliments:

York Teaching Hospitals Foundation Trust

During May, nine contacts were recorded on Patient Opinion about services and treatments provided by York Teaching Hospitals Foundation Trust. Of these, six were compliments about the high quality of staffing, their care and attention, communication and compassion experienced by patients.

Two contacts were received directly by the CCG relating to delays in outpatient appointments in Rheumatology and blood test services. A response from the Trust confirmed that steps were being taken to recruit a ninth Rheumatologist to the staff team to reduce the pressures on this service.

The CCG is working with York Trust to understand trends and learning from complaints received into the Trust directly.

Leeds and York Partnership Foundation Trust

Only one issue on Patient Opinion was recorded for Mental Health services in May, regarding a patient who had their appointment at Bootham Park Hospital cancelled while waiting on site. The Service Manager apologised and highlighted the likely cause of the issue as the transfer to a new IT system.

YAS – NHS 111

Two patient complaints were reported for May. One related to a 'failed' referral to the GP OOH service. As a result the call back / contact was not made and the patient was required to attend A&E directly. A near miss was recorded when staff at NHS 111 contacted Yorkshire Doctors Urgent Care (YDUC) regarding the routine checking of their nhs.net account for call backs. This was not being done by YDUC; however arrangements have now been put in place to address this.

Yorkshire Doctors – GP Out of Hours (OOH)

Four concerns were raised regarding the GP OOH provision during May, two were received by the CCG and two directly by the provider.

Three out of four of these concerns related to waits or delays in care. Waits of 3-4 hours for follow up contacts have been recorded; local District Nurses have also reported long delays in being able to make contact. District Nurses have also reported being advised to attend A&E directly with a patient's drug chart to amend prescriptions.

In addition, concerns regarding the clinical care provided have been highlighted in patients' and professionals' accounts of the service.

Areas in development for future reports include:

- ❖ Primary Care
- ❖ Children & Maternity Services
- ❖ Mental Health (in addition to IAPT)
- ❖ Workforce information in relation to quality e.g. staffing levels and vacancies
- ❖ Compliance with statutory & mandatory training
- ❖ Indicators of harm highlighted by providers as priority areas for improvement e.g. falls with harm, pressure ulcers, suicides.