

INTEGRATED QUALITY AND PERFORMANCE GOVERNING BODY ASSURANCE REPORT - **MAY 2015**

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Summary

			Current Performance	Target	Commentary
Unplanned Care	YAS	RED Combined 8 min Response (VoY CCG)	72.9% (March)	75%	Ambulance handover figures continued to be below target in March. This may have been due in part to some of the handover area at York hospital being used for the Ambulatory Care pilot, discussion ongoing.
		% Handovers in 15 minutes (York Trust)	70.2% (March)	100%	
	A&E	4 Hour Waiting Times (York Trust)	88.6% (March)	95%	4 hour waits continued to be below target in March; discussions around the impact of the various winter pressures schemes are ongoing with the Trust.
		12 hour breaches (York Trust)	4 (Scarborough) (March)	0	There were 4 12 hour breaches at York Trust Scarborough site during March, these were Scarborough Ryedale and East Riding patients.

			Current Performance	Target	Commentary
Planned Care	Diagnostic Waiting Times (VoY CCG)		3.56% (March)	<1%	There were 147 breaches of the 6 week target in March, 142 of which occurred at York Trust. CT accounts for 71 breaches due to continued effect of capital replacement scheme due to finish in July 15, and Cystoscopy accounts for a further 56 breaches.
	RTT (VoY CCG)	18 Weeks - Admitted Pathway (Adjusted)	86.99% (March)	90%	234/1798 patients were seen outside the 18 week target. 184 of these 234 breaches were at York Trust.
		52 Week Breaches	1 (March)	0	There was one 52 week breach at York Trust in March, in Urology. There are currently 5 patients on Incomplete Pathways in the 47-52 week bracket.
	Cancer (VoY CCG)	All 2 Week Waits	92.8% (March)	93%	Performance has deteriorated slightly from 94% in February to 92.8% in March. This equates to 74 out of 1,029 patients seen outside the 14 day target.
		Breast Symptomatic	88.4% (March)	93%	8 out of 69 patients were seen outside of the 14 day target, or 88.4%, down from 92.2% or 4 out of 51 patients in February.
	Delayed discharges from Health and Social Care (York Trust)		Bed Days: Health – 264 Social – 298 (March)		Bed days continue to reduce in March to 562. This is a reflection of the continued work to improve Delayed Transfers of Care.

Mental Health	Current Performance	Commentary
IAPT	12.3% (prevalence) 49.4% (recovery) (Rolling months to end Q4)	The overall combined LYPFT, TEVV and Humber rolling figure for Quarter 4 for patients entering treatment is 12.3%, down very slightly from 12.4% in February. Recovery rate is at 49.4%, again slightly down from the rolling February position of 51.3%. Within this, the rolling Quarter 4 figures for LYPFT are 13.0% entering treatment, and 51.8% recovery rate.

Section 1: Unplanned Care

1.1 Yorkshire Ambulance Service

1.1.1 Response Times

TABLE 1.1 – CCG Performance		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Cat A 8 minute response time (VoY CCG) Target >=75%	Red 1	76.1 %	72.8 %	58.8 %	67.6 %	65.7 %	72.1 %	71.6 %	74.5 %	70.1 %	74.1 %	77.9 %	74.3 %
	Red 2	73.6 %	73.9 %	74.9 %	74.4 %	75.1 %	77.5 %	75.4 %	73.8 %	71.6 %	72.4 %	75.5 %	72.8 %
	Red Combined	73.8 %	73.8 %	74.0 %	73.9 %	74.5 %	77.1 %	75.1 %	73.8 %	71.5 %	72.5 %	75.6 %	72.9 %

TABLE 1.2 – YAS performance		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Cat A 8 minute response time (YAS) Target >=75%	Red 1	69.8 %	69.6 %	68%	69.2 %	71.3 %	68.7 %	73.1 %	71.5 %	63.4 %	70.6 %	71.6 %	73.5 %
	Red 2	70.6 %	69.5 %	68.4 %	68.0 %	70.3 %	70.7 %	73.9 %	72.2 %	60.4 %	67.2 %	70.0 %	72.3 %
	Red Combined	70.6 %	69.5 %	68.4 %	68.0 %	70.4 %	70.6 %	73.8 %	72.2 %	60.6 %	67.5 %	70.1 %	72.4 %

Vale of York did not achieve the 75% target for 8 minute performance in March 2015, with combined Red performance of 72.9%, and YTD performance of 74.0%. 8 minute performance in the Vale of York remains better than the overall YAS figure which stands at 72.4% for March and 69.4% YTD. Both Vale of York and YAS overall met the 75% target at 9 minutes for Red combined.

TABLE 1.3 – CCG Performance		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Cat A 19 minute response time (VoY CCG) Target >=95%	Red 1	90.8 %	95.1 %	95.3 %	96.3 %	97.0 %	97.7 %	97.7 %	100 %	95.4 %	95.5 %	96.1 %	97.1 %
	Red 2	95.7 %	94.9 %	94.8 %	93.5 %	94.3 %	95.2 %	94.7 %	93.6 %	92.1 %	93.2 %	95.1 %	94.2 %
	Red Combined	95.4 %	94.9 %	94.8 %	93.7 %	94.5 %	95.4 %	94.8 %	94.0 %	92.3 %	93.4 %	95.2 %	94.3 %

TABLE 1.4 – YAS Performance		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Cat A 19 minute response time (YAS) Target >=95%	Red 1	97.2 %	97.0 %	96.7 %	96.1 %	96.9 %	97.6 %	97.8 %	97.9 %	95.9 %	97.2 %	97.8 %	97.6 %
	Red 2	96.1 %	95.8 %	95.5 %	95.0 %	96.1 %	96.4 %	96.7 %	96.5 %	92.2 %	95.0 %	96.1 %	96.2 %
	Red Combined	96.2 %	95.9 %	95.5 %	95.1 %	96.1 %	96.5 %	96.8 %	96.6 %	92.5 %	95.2 %	96.2 %	96.3 %

Vale of York did not achieve the 95% target for Red combined 19 minute response, with performance of 94.3% in March and 94.4% YTD. The 95% target was met at 20 minutes.

April performance information is not yet available, however in week commencing 13th April 2015 YAS reduced their escalation level to REAP 3 (moderate pressure) from REAP 4 since January.

1.1.2 Handover Times

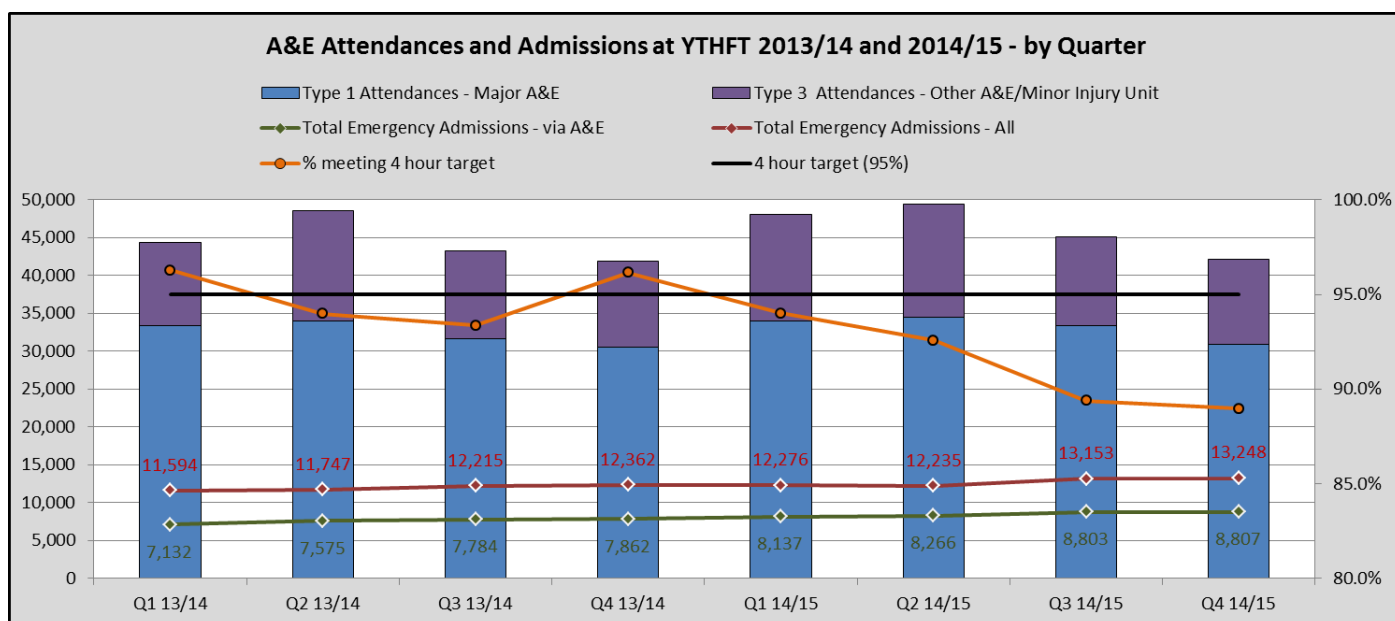
TABLE 1.5 – YAS Handover Performance		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
% Handovers in <15 minutes (Target 100%)	Scarb	72.0 %	69.9 %	65.8 %	61.3 %	61.3 %	57.4 %	60.1 %	73.1 %	70.0 %	76.9 %	72.3 %	52.7 %
	York	83.4 %	79.8 %	83.1 %	91.1 %	89.8 %	91.3 %	89.2 %	89.3 %	72.7 %	77.7 %	77.5 %	83.4 %
	York Trust	78.6 %	75.6 %	75.6 %	78.1 %	77.7 %	77.0 %	77.3 %	82.7 %	71.6 %	77.4 %	75.3 %	70.2 %

Average handover time at Scarborough in March was 26 minutes 59 seconds, and at York was 12 minutes and 32 seconds. The number of handovers taking greater than 2 hours during March was 51, up from 16 in February. 10 of these 51 March handovers >2hours were at York, and 41 were at Scarborough.

Handover times at York should continue to improve as overall YAS performance improves. The handover area at York hospital was used for part of February and March to support the Ambulatory Care Unit pilot, however this has now ceased and the new substantive service will be re-sited.

1.2 Accident and Emergency (A & E)

TABLE 1.6	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
% A&E attendances meeting 4 hour target: YHFT (Target >=95%)	94.6 %	94.3 %	93.0 %	93.0 %	92.5 %	92.5 %	90.6 %	90.2 %	86.5 %	89.5 %	89.3 %	88.6 %
12 hour trolley waits in A&E – York Trust (Target <1)	0	0	0	1 (York)	1 (Scarb)	0	0	0	2	7	0	4 (S&R and ER)



There were four 12 hour breaches during March at York Trust, all at the Scarborough site. These were patients from Scarborough & Ryedale and East Riding CCGs. There were no 12 hour breaches for Vale of York patients.

York Trust has not met the 4 hour target for any quarter of 2014/15. Quarter 4 performance has been affected by a combination of demand from Primary Care, internal A&E processes, effective assessment and patient flow through the hospital and discharge into the community. York Trust have produced an Emergency Care Recovery Plan and aspire to meet the A&E target by September 2015, but have identified the following risks to delivery:

- Workforce constraints, ability to recruit and retain staff
- Rise in attendance levels
- Rise in admissions
- Bed closures – due to staffing shortfalls or norovirus/C.Diff
- Withdrawal of funding related to system resilience schemes
- Changes to OOH service that affect the ability to stream patients

System Resilience schemes for 2015-16 are currently being finalised and contracts drawn up. Those schemes that are ongoing from winter 2014-15 will continue where the Unplanned Care Working Group indicated there was evidence of improvement. However, YHFT have not provided evidence around the impact and effectiveness of a number of their schemes and therefore discussions around continued funding in some areas will be difficult. The recovery plan details a number of areas of improvement for A&E, however initial thoughts are that this does not link strongly enough to the proposed outcomes.

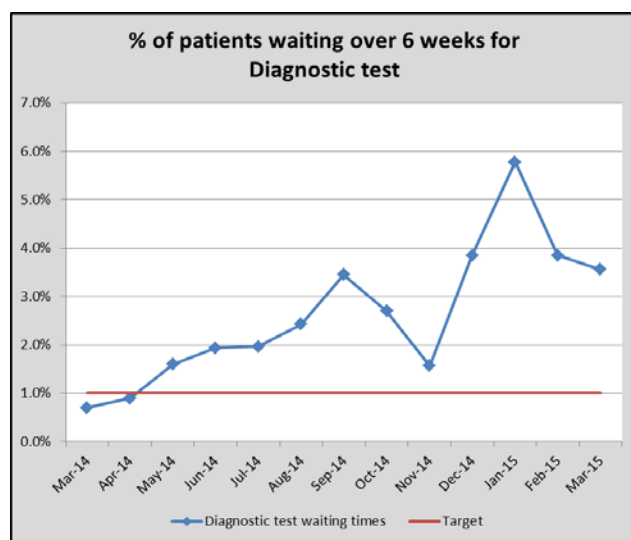
There is a tripartite meeting taking place this week to gain further assurance and for Monitor to decide next steps.

Section 2: Planned Care

2.1 Diagnostics

TABLE 2.1	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Diagnostics - % of patients waiting >6 wks (VoY CCG) (Target <1.0%)	0.9%	1.6%	1.9%	2.0%	2.4%	3.4%	2.7%	1.6%	3.85 %	5.85 %	3.85 %	3.56 %

Group	Diagnostics Name	Activity All Types	Total Waiting List	Waiting Over 6 weeks	Percent
Physiological Measurement	AUDIOLOGY_ASSESSMENTS	748	558	0	0%
	ECHOCARDIOGRAPHY	633	136	1	0.74%
	ELECTROPHYSIOLOGY	3	2	0	0%
	PERIPHERAL_NEUROPHYS	59	35	0	0%
	SLEEP_STUDIES	87	46	0	0%
	URODYNAMICS	29	20	0	0%
	Sub-Total	1,559	797	1	0.13%
Imaging	BARIUM_ENEMA	16	27	0	0%
	CT	1,830	731	71	9.71%
	DEXA_SCAN	35	139	0	0%
	MRI	1,305	653	6	0.92%
	NON_OBSTETRIC_ULTRASOUND	2,857	1,043	3	0.29%
	Sub-Total	6,043	2,593	80	3.09%
Endoscopy	COLONOSCOPY	227	167	3	1.8%
	CYSTOSCOPY	272	151	56	37.09%
	FLEXI_SIGMOIDOSCOPY	121	100	2	2%
	GASTROSCOPY	560	326	5	1.53%
	Sub-Total	1,180	744	66	8.87%
Total		8,782	4,134	147	3.56%



There were 147 breaches of the 6 week target in March, equating to 3.56% of patients not receiving a diagnostic test within 6 weeks. 142 of these breaches occurred at York Trust.

CT has continued to see a slight improvement with 71 breaches in March (9.71%), down from 84 in February and 148 in January.

Core service hours for CT are 09:00 – 17:00 and are currently provided on 2 scanners. There are plans to establish a resident CT Radiographer service which would eliminate the need for an on-call service; the 5 vacancies required to deliver this service are currently out for recruitment with plans to interview in May 2015.

Additional CT sessions are provided on a voluntary basis by staff as waiting list initiative (WLI) working, from 17:00 – 20:00 Monday to Friday as well as weekend working. Approximately 14% of monthly CT scans are being provided by staff as additional activity on a voluntary basis. This is unsustainable and high risk in terms of performance delivery and clinical governance.

Both York site CT scanners are in the process of being replaced and brought to a back to back configuration, this work started in December 2014 and both scanners are expected to be fully operational from 1st July 2015.

Demand for CT scans is expected to increase by 4% in the next year, based on previous years' average percentage increase. In addition, nationally the hospital is an outlier in the use of Barium Enema testing rather than CT Colonography, this is a quality issue. Further developments are also expected in repatriating CT cardiac angio diagnostics and reducing VIU cardiac invasive procedures. It is estimated that the CT service would have sufficient capacity to meet demand and address the current accumulating backlog by October 2015, if agency staff can be sourced to run a third scanner (or a mobile CT unit can be provided) from August 2015.

The Trust are currently outsourcing 100 MRI scans to Nuffield York each month. Long term, York Trust are looking to operate a 7 day service from Autumn 2016.

Cystoscopy performance continues to deteriorate with 56 breaches in March, equating to 37.09% of patients not receiving a diagnostic test within 6 weeks. Cystoscopy breaches were in Urology due to a shortage of theatre staffing, York Trust are trying to put on additional weekend lists to cover.

2.2 Referral to Treatment Times (RTT)

2.2.1 18 Week Waits

VoY CCG March RTT Performance by Speciality – Admitted Adjusted Pathways

March 2015

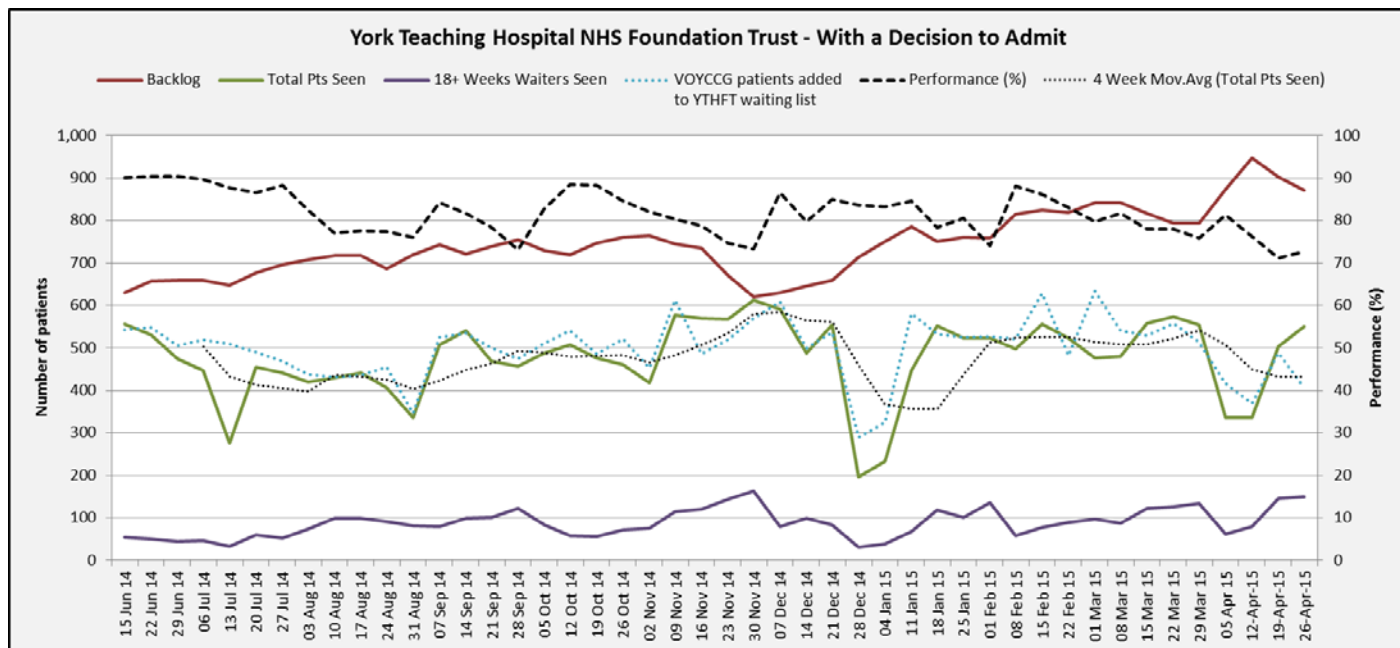
Speciality	Total Patients	Seen Within 18 Weeks	Seen Outside 18 Weeks	% Seen Within 18 Weeks
CARDIOLOGY	59	54	5	91.53%
CARDIOTHORACIC SURGERY	16	13	3	81.25%
DERMATOLOGY	13	11	2	84.62%
ENT	67	57	10	85.07%
GASTROENTEROLOGY	99	99	0	100.00%
GENERAL MEDICINE	12	12	0	100.00%
GENERAL SURGERY	340	319	21	93.82%
GERIATRIC MEDICINE	0	0	0	0.00%
GYNAECOLOGY	63	45	18	71.43%
NEUROLOGY	1	1	0	100.00%
NEUROSURGERY	3	2	1	66.67%
OPHTHALMOLOGY	347	273	74	78.67%
ORAL SURGERY	1	1	0	100.00%
OTHER	143	121	22	84.62%
PLASTIC SURGERY	29	24	5	82.76%
RESPIRATORY MEDICINE	16	16	0	100.00%
RHEUMATOLOGY	7	7	0	100.00%
TRAUMA & ORTHOPAEDICS	456	407	49	89.25%
UROLOGY	126	102	24	80.95%
Grand Total	1,798	1,564	234	86.99%

6 month trend

Treatment Function	Target	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Cardiology	90%	83.7%	89.4%	98.0%	96.2%	94.7%	91.5%
Cardiothoracic Surgery	90%	65.0%	86.4%	78.6%	72.2%	77.8%	81.3%
Dermatology	90%	73.3%	81.8%	100.0%	62.5%	87.5%	84.6%
ENT	90%	65.0%	60.7%	77.8%	73.3%	81.6%	85.1%
Gastroenterology	90%	97.9%	100.0%	99.1%	97.7%	100.0%	100.0%
General Medicine	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
General Surgery	90%	95.4%	94.3%	96.4%	93.2%	94.3%	93.8%
Geriatric Medicine	90%	-	-	-	-	-	-
Gynaecology	90%	93.2%	87.9%	85.5%	94.3%	71.4%	71.4%
Neurology	90%	-	-	-	100.0%	100.0%	100.0%
Neurosurgery	90%	-	-	100.0%	100.0%	100.0%	66.7%
Ophthalmology	90%	84.1%	69.9%	79.9%	79.9%	87.4%	78.7%
Oral Surgery	90%	-	-	-	-	-	100.0%
Other	90%	88.1%	88.0%	91.2%	92.2%	91.1%	84.6%
Plastic Surgery	90%	95.0%	73.7%	93.3%	81.3%	70.4%	82.8%
Respiratory Medicine	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Rheumatology	90%	100.0%	100.0%	100.0%	100.0%	-	100.0%
Trauma & Orthopaedics	90%	94.2%	92.8%	94.7%	96.1%	89.7%	89.3%
Urology	90%	88.2%	68.8%	77.4%	83.0%	90.5%	81.0%
Total	90%	89.6%	84.5%	90.0%	89.9%	89.7%	87.0%

March figures show that 86.99% of Vale of York CCG patients on completed admitted pathways (adjusted) were seen within 18 weeks, against a target of 90%. This equates to 234/1798 patients being seen outside of this target timeframe.

The graph below demonstrates RTT waiting list over time alongside information on numbers of VoY patient referrals.



York Trust’s performance within the overall VOY CCG performance was 85.44% in March 2015. The Trust has endeavoured to reduce the overall backlog, however due to a combination of operational pressures, shortages in staff and bed capacity, and an increased number of patients being added to the waiting list, the overall position has deteriorated in Quarter 4 2014/15.

Whilst some progress was made in reducing the Trust’s admitted backlog from July to November 2014, the exceptional operational pressures felt over winter 2014/15 resulted in high levels of elective cancellations due to bed shortages at both York and Scarborough sites from December 2014 to date.

York Trust have undertaken a comprehensive review at speciality and sub-speciality level to determine ways to get back on track on a sustainable basis. The Trust used the IMAS modelling tool to quantify the admitted backlog that exists in each speciality and have used this data to predict future growth and how to reduce the backlog over time.

The high level outputs from the model in terms of performance recovery are captured in the table below:

Specialty	Current Admitted Backlog	Sustainable Admitted backlog	Current GAP	High/Medium Confidence trajectory	Low (High Risk) confidence trajectory
General Surgery	154	57	97	Dec 15	May 15
Urology	128	17	111	Aug 15	Jul 15
Orthopaedics	81	41	40	-	Aug 15
Gynaecology	79	10	69	-	Jul 15
Ophthalmology	192	54	138	Nov 15	Jul 15
ENT	62	15	47	n/a	May 15
Max Fax	152	21	131	-	-
TRUST	873	240	633	Dec 15	Sept 15

The trajectory which includes low confidence rating remedial actions should be seen as the best case scenario (high risk) and the Trust aim to achieve performance delivery as soon as possible. However, low confidence actions include sub-contracting large volumes of cataract surgery to Harrogate and other private providers, where these agreements are not already in place as well as additional activity performed at the Trust which is not staffed at the time of the report. High and medium remedial actions include increasing productivity, enhanced processes for patient scheduling, additional (agreed) evening sessions and outsourcing.

The Trust will also be aiming to increase baseline capacity in order to secure sustainable service delivery. Further work is being undertaken to fully cost the level of investment required to support the activity incorporated into the modelling.

At present, Max Fax is the only speciality that does not have sufficient remedial action plans to deliver a sustainable admitted backlog before the end of March 2016. However, further work is being undertaken to resolve this.

In order to prevent the backlog growing again in the future, multiple actions will need to be addressed by York Trust. These include:

- Streamlining Pathways – process of vetting referrals, reducing first Outpatient Appointment waits, reducing diagnostic waiting times, forward planning for seasonal variation (Christmas / Summer).
- Diverting referrals – whilst this recovery plan is being enacted, work with CCGs to divert referrals at an early stage in their pathway.
- Improved referrals – work with CCGs to establish clear referral criteria and reduce inappropriate referrals.
- Maximise elective capacity across all sites – plan to safeguard Scarborough elective work and also fully optimise Bridlington site.

2.2.1 52 Week Waits

There was one 52 week breach at York in February and March in Urology. This patient was unavailable for treatment throughout March, and was treated on 2nd April 2015.

2.3 Cancer

TABLE 2.2 Vale of York CCG – All Providers	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
All cancer 2 week waits (VoY CCG) (Target ≥93%)	87.2 %	86.2 %	84.3 %	90.2 %	83.1 %	81.3 %	86.0 %	84.5 %	80.9 %	78.7 %	94.0 %	92.8 %
Breast Symptoms (cancer not suspected) 2 week waits (VoY CCG) (Target ≥93%)	59.5 %	54.3 %	64.4 %	84.2 %	83.8 %	92.5 %	93.5 %	82.0 %	96.8 %	98.2 %	92.2 %	88.4 %

Cancer by speciality – Vale of York CCG patients at York Teaching Hospital Foundation Trust:

VoY CCG - Cancer Two Week Wait with Provider (York Teaching Hospital Foundation Trust)	Q1 2014-15			Q2 2014-15			Q3 2014-15			Q4 2014-15		
	Total referrals	Seen within 14 days	% meeting standard	Total referrals	Seen within 14 days	% meeting standard	Total referrals	Seen within 14 days	% meeting standard	Total referrals	Seen within 14 days	% meeting standard
Tumour type												
Suspected brain/central nervous system tumours	2	2	100.0%									-
Suspected breast cancer	372	220	59.1%	351	315	89.7%	416	393	94.5%	394	381	96.7%
Suspected children's cancer	8	7	87.5%	6	5	83.3%	5	5	100.0%	7	5	71.4%
Suspected gynaecological cancer	136	131	96.3%	160	154	96.3%	176	168	95.5%	177	162	91.5%
Suspected haematological malignancies (excluding acute leukaemia)	7	7	100.0%	12	12	100.0%	9	8	88.9%	11	10	90.9%
Suspected head & neck cancer	242	229	94.6%	215	203	94.4%	246	233	94.7%	241	232	96.3%
Suspected lower gastrointestinal cancer	350	323	92.3%	337	316	93.8%	463	429	92.7%	348	329	94.5%
Suspected lung cancer	60	53	88.3%	63	60	95.2%	67	65	97.0%	83	81	97.6%
Suspected other cancer	12	12	100.0%	13	13	100.0%	11	10	90.9%	3	3	100.0%
Suspected skin cancer	451	383	84.9%	578	352	60.9%	430	130	30.2%	523	341	65.2%
Suspected testicular cancer	15	14	93.3%	14	11	78.6%	9	9	100.0%	4	4	100.0%
Suspected upper gastrointestinal cancer	256	240	93.8%	265	248	93.6%	267	255	95.5%	387	373	96.4%
Suspected urological malignancies (excluding testicular)	320	295	92.2%	308	281	91.2%	369	351	95.1%	428	387	90.4%
All types	2231	1916	85.9%	2322	1970	84.8%	2468	2056	83.3%	2606	2308	88.6%

Cancer two week waits - All Cancers

There has been a 20% increase in the volume of referrals in Quarter 4 2014/15 compared to the same period in 2013/14. This large increase in referrals has been further compounded by consultant workforce issues in Dermatology. A locum dermatologist has been recruited and whilst the speciality is not yet achieving the 93% standard, performance has improved since earlier in the year.

Cancer two week waits – Breast

The Trust centralised this service onto the York site in August 2014. This was due to ongoing radiologist workforce shortages at the Scarborough site. Improvement has been significant and sustained since this centralisation. The Trust had been confident that the 93% target would be met in Quarter 4 2014/15, however a high proportion of patient choice decisions to wait longer than 14 days for an appointment meant that the Trust have been unable to achieve the target. There is no longer a capacity gap for this service.

All patients who chose to wait longer than 14 days for their appointment in January and February 2015 (n=16) have since been contacted by the Trust to understand the rationale for this. The reasons stated were social (exams/work), and a lack of understanding that they would be offered an appointment so quickly. Work is currently ongoing to improve communication to patients. No patient cited travelling to York as a reason to wait longer.

In addition, a new pathway was developed by Vale of York CCG that reduced breast pain referrals from the Breast Symptomatic 14 day pathway. This has significantly reduced the number of referrals into the Trust, which means the Trust can have a reduced proportion of patient choice breaches per month without failing target. Referrals in Quarter 4 2014/15 have reduced by 52% compared with Quarter 4 2013/14.

The standard is at considerable risk for April and Quarter 1 2015/16 as a result of 10 breach patients being referred into the Trust outside the standard fast track process resulting in the delayed offer of appointment. Guidance is being sought from the National Cancer Waiting team, however at this moment should these patients be included then achievement of the standard in Quarter 1 is unlikely. It is therefore expected that performance will be on track from Quarter 2 2015/16.

62 day first treatment (GP referrals)

In February 2015 York Trust performance was 71.8% against a target of 85%, this was a continued deterioration from the January position which was 75.4%. Prior to January the Trust has consistently met this target. The significant failure in Quarter 4 2014/15 was caused by the exceptional bed pressures felt over the winter and the resulting high levels of elective cancellations due to bed shortages. York Hospital took the unprecedented step of cancelling non-urgent elective cancer surgery in January and February. The Trust had to significantly reduce the volume of elective throughput from December 2014 onwards on a patient safety basis. Neighbouring tertiary centres have also had severely restricted capacity throughout January and February, which affected the Trust's overall position.

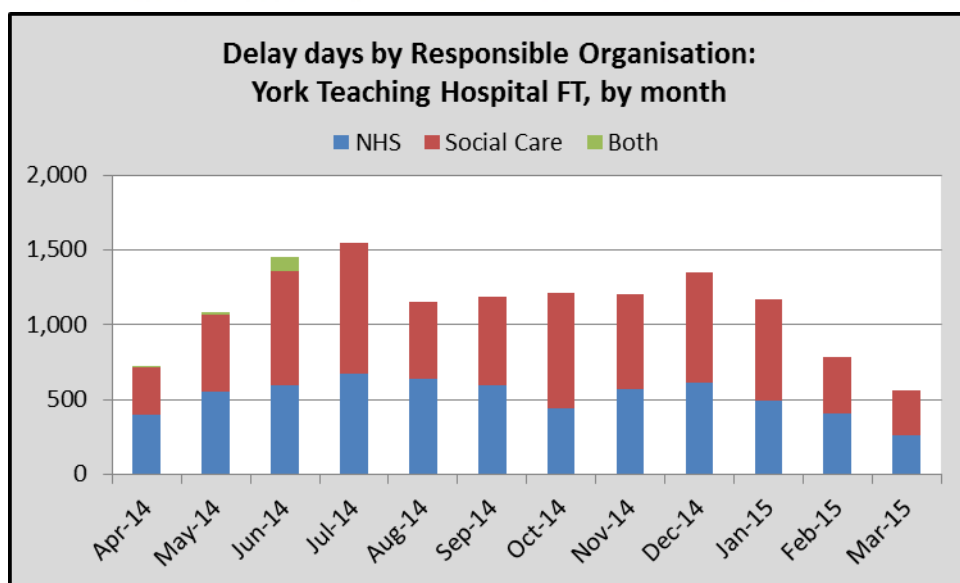
The Trust will continue to track all patients on the 62 day pathway on a weekly basis, led by the Head of Operational Performance. The Trust is confident that this standard will be met from Quarter 1 2015/16, however there is an element of risk associated with this due to cancelled patients who have now breached.

2.4 Delayed Transfers of Care

Bed days delayed by responsible organisation figures:

TABLE 2.3	England											
	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
NHS	79,458 (68.2%)	86,949 (68.4%)	84,055 (68.3%)	89,779 (67.7%)	91,833 (66.4%)	92,861 (67.3%)	94,874 (66.3%)	92,924 (66.5%)	92,677 (66.6%)	102,357 (67.7%)	89,354 (66.6%)	91,491 (65.2%)
Social Care	29,084 (25.0%)	31,745 (25.0%)	30,639 (24.9%)	34,048 (25.7%)	37,160 (26.9%)	35,796 (25.9%)	38,311 (26.8%)	37,004 (26.5%)	36,386 (26.1%)	39,027 (25.8%)	35,062 (26.1%)	37,686 (26.9%)
Both	7,929 (6.8%)	8,345 (6.6%)	8,387 (6.8%)	8,875 (6.7%)	9,209 (6.7%)	9,411 (6.8%)	9,933 (6.9%)	9,730 (7.0%)	10,093 (7.3%)	9,709 (6.4%)	9,912 (7.4%)	11,130 (7.9%)

TABLE 2.4	York Teaching Hospitals NHS Foundation Trust											
	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
NHS	400 (54.9%)	555 (51.2%)	593 (40.8%)	674 (43.6%)	636 (55.1%)	592 (49.7%)	437 (36.0%)	566 (47.0%)	609 (45.1%)	493 (42.1%)	403 (51.6%)	264 (47.0%)
Social Care	316 (43.4%)	508 (46.9%)	767 (52.7%)	872 (56.4%)	518 (44.9%)	598 (50.3%)	777 (64.0%)	639 (53.0%)	740 (54.9%)	678 (57.9%)	378 (48.4%)	298 (53.0%)
Both	12 (1.6%)	20 (1.8%)	95 (6.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

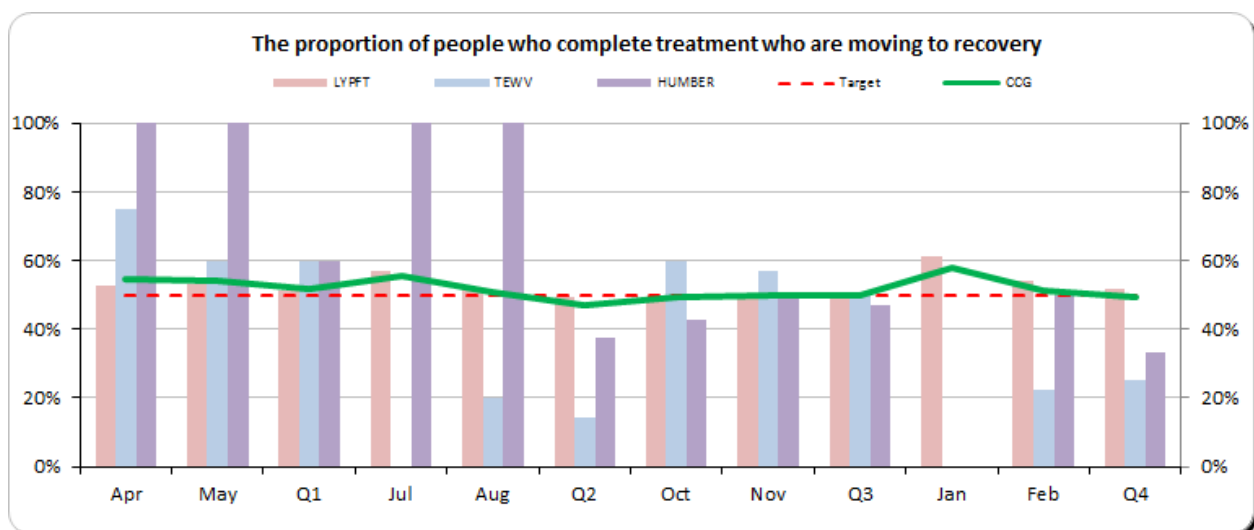
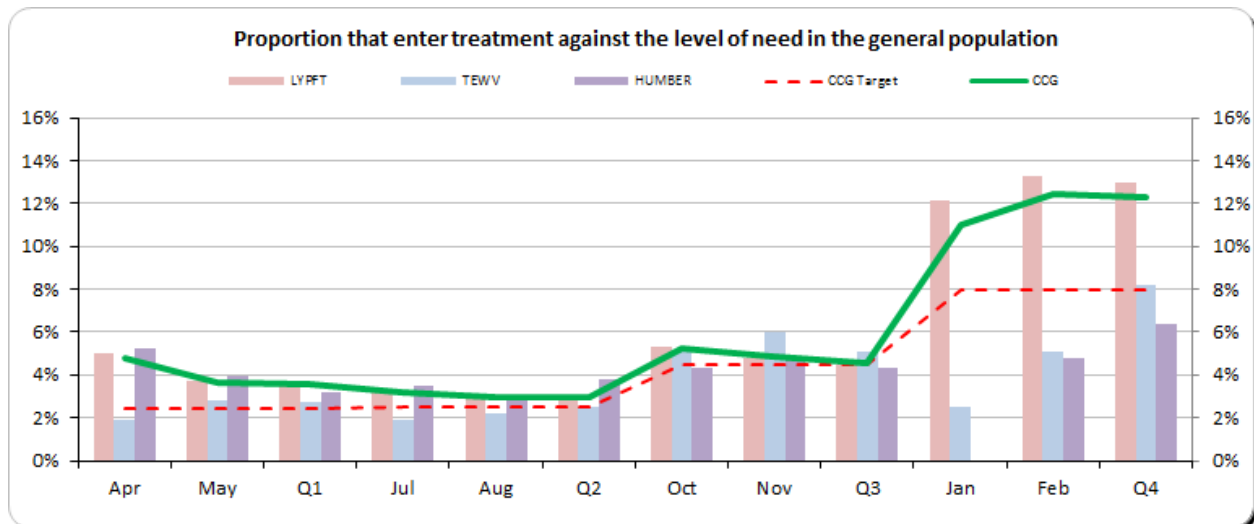


Total delayed bed days continued to decrease in March to 562, split between NHS at 264 days and Social Care at 298 days. Work continues to progress to reduce Delayed Transfers of Care, with weekly meetings taking place at York hospital and larger meetings taking place approximately once a month between leads from the CCG, City of York council, York Trust and CHC with the aim of sharing best practice and improving consistency of process going forward.

Work is being undertaken to look at the requirement for step down beds during 2015/16 and discussions are ongoing between the CCG, CYC and the Trust.

Section 3: Mental Health

3.1 IAPT



The overall combined LYPFT, TEWV and Humber rolling figure for Quarter 4 for patients entering treatment is 12.3%, down very slightly from 12.4% in February. Recovery rate is at 49.4%, again slightly down from the rolling February position of 51.3%.

Within this, the rolling Quarter 4 figures for LYPFT are 13.0% entering treatment, and 51.8% recovery rate.

Section 4: Patient Safety Incidents

4.1 Healthcare Associated Infections (HCAI)

There were 2 new cases of MRSA bacteraemia at York Hospital during April, in addition to the 2 reported in March. Prior to the 2 cases in March it had been 578 days since the last case of MRSA bacteraemia. One of the cases in March has been successfully appealed in favour of the Trust and attributed to third party, the PIR for the second case has been completed and will be reviewed. An investigation into the April cases is awaited.

4.2 Serious Incidents and Never Events

A Never Event occurred on the York Hospital site in May. The patient was operated on by staff from Harrogate and was a Harrogate patient.

There was one Serious Incident declared on 15th April, the death of a community patient who was known to mental health services.

An investigation into the crash on the A64 which led to the death of a patient known to mental health services continues.

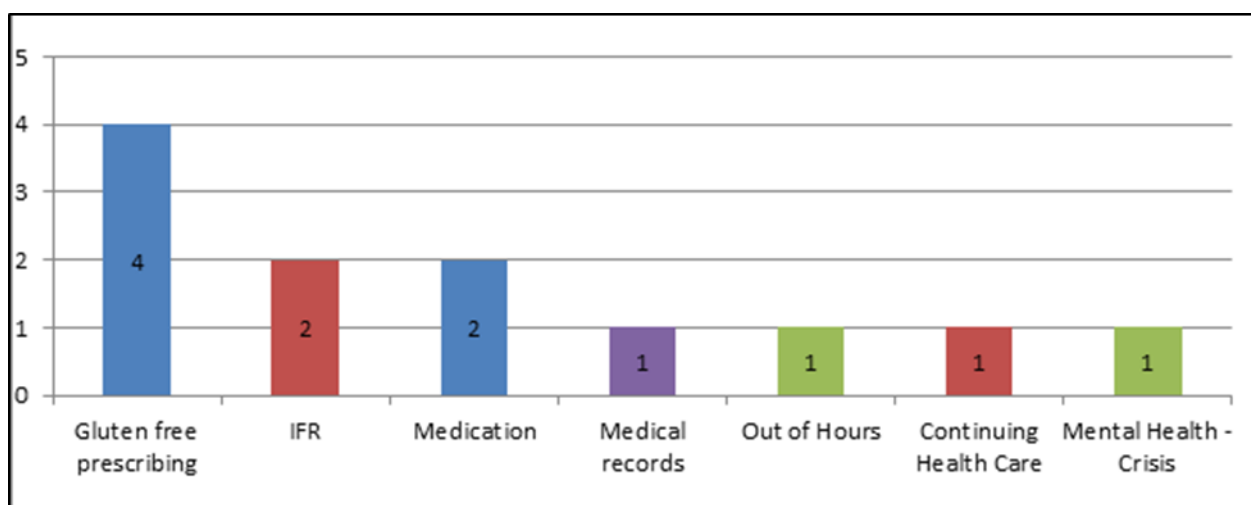
An external review of serious incidents in LYPFT is due to be completed in July 2015.

Section 5: Complaints and Concerns

No new complaints were received regarding the CCG during April 2015, however there was a slight increase in patient experience contacts recorded with 47 against an average per month of 41. This is in part due to increased dialogue with local partners and voluntary agencies, particularly from Healthwatch York who have moved from quarterly to monthly reporting.

Of the 47 contacts received, 12 were issues relating directly to the CCG, these are detailed in the chart below.

CCG contacts by Service/Speciality and Primary Issue - April



Gluten Free prescribing concerns have continued to decrease month on month. A decision on the 6 month review of the service is awaited.

Two medication contacts were received, these were resolved in house by the CCG pharmacy lead.

The OOH concern related to access to the service in the early morning, the patient was advised to wait until their GP surgery opened.

The mental health query was from a young person who reported self-harming and was looking for support.