

# INTEGRATED QUALITY AND PERFORMANCE GOVERNING BODY ASSURANCE REPORT - **MARCH 2015**

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## Summary

			Current Performance	Target	Commentary
Unplanned Care	YAS	RED Combined Response Times (VoY CCG)	75.6% (February)	75%	YAS response and handover times were impacted by the unprecedented demand for A&E services following the New Year Bank holiday. Response time performance improved during February with the CCG meeting the 75% target for the first time since April 14.
		% Handovers in 15 minutes (York Trust)	75.3% (February)	100%	
	A&E	4 Hour Waiting Times (York Trust)	89.3% (February)	95%	The Trust failed the A&E target in February and are expected to fail Q4. This is due to complex patients requiring care in A&E and shortages of both nursing and medical staff, however the Trust recently recruited to all but one of their nursing vacancies in A&E.
		12 hour breaches (York Trust)	0 (February)	0	Zero 12 hour breaches in February.

			Current Performance	Target	Commentary
Planned Care	Diagnostic Waiting Times (VoY CCG)		3.82% (February unvalidated)	<1%	There were 140 breaches of the 6 week target in February, 138 of which occurred at York Trust. CT accounts for 84 breaches due to staff sickness, along with the impact of the capital replacement scheme, due to finish in July 2015.
	RTT (VoY CCG)	18 Weeks - Admitted Pathway (Adjusted)	89.81% (February unvalidated)	90%	158/1550 patients were seen outside the 18 week target. 121 of these 158 breaches were at York Trust. The Trust are currently undertaking a detailed piece of work by speciality, looking at core capacity, additional in-house and independent sector capacity.
		52 Week Breaches	1 (February unvalidated)	0	There was one 52 week breach at York Trust in February, in Urology. There are currently 5 patients on Incomplete Pathways in the 47-52 week bracket.
	Cancer (VoY CCG)	All 2 Week Waits	78.7% (January)	93%	179/839 patients were seen outside the 14 day target. Skin cancer remains the key concern with January performance of 38.5%.
		Breast Symptomatic	98.2% (January)	93%	55/56 patients were seen within 14 days, and the remaining patient was seen between 17-21 days.
	Delayed discharges from Health and Social Care (York Trust)		Bed Days: Health - 493 Social - 678 (January)	Following the requirement from the Secretary of State and NHSE to reduce Delayed Transfers of Care by 50% in 4 weeks, the DTOC target was exceeded for VoY CCG and SR CCG over the course of 5 weeks from the baseline of 48 patients, to 16.	

Mental Health	Current Performance	Commentary
IAPT	11.7% (prevalence) 50.0% (recovery) (Rolling months to end February)	The overall prevalence rate increased to 12.2% in February, and although recovery rate dropped to 45.9%, the rolling months position at end February is 11.7% prevalence, 50.0% recovery. These figures account only for LYPFT and TEWV as Humber data is yet to be supplied.

## 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
Category 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 %
	Red 2	73.6 %	73.9 %	74.9 %	74.4 %	75.1 %	77.5 %	75.4 %	73.8 %	71.6 %	72.4 %	75.5 %
	Red Combined	73.8 %	73.8 %	74.0 %	73.9 %	74.5 %	77.1 %	75.1 %	73.8 %	71.5 %	72.5 %	75.6 %

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
Category 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 %
	Red 2	70.6 %	69.5 %	68.4 %	68.0 %	70.3 %	70.7 %	73.9 %	72.2 %	60.4 %	67.2 %	70.0 %
	Red Combined	70.6 %	69.5 %	68.4 %	68.0 %	70.4 %	70.6 %	73.8 %	72.2 %	60.6 %	67.5 %	70.1 %

Vale of York achieved the 75% target for 8 minute performance in February 2015, for the first time since April 2014. Both Red 1 and Red 2 calls met the target. 8 minute performance in the Vale of York is consistently better than the overall YAS figure, for YAS as a whole 8 minute performance in February was 70.1%, with the >75% target not met until the 9 minute mark.

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
Category 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 %
	Red 2	95.7 %	94.9 %	94.8 %	93.5 %	94.3 %	95.2 %	94.7 %	93.6 %	92.1 %	93.2 %	95.1 %
	Red Combined	95.4 %	94.9 %	94.8 %	93.7 %	94.5 %	95.4 %	94.8 %	94.0 %	92.3 %	93.4 %	95.2 %

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
Category 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 %
	Red 2	96.1 %	95.8 %	95.5 %	95.0 %	96.1 %	96.4 %	96.7 %	96.5 %	92.2 %	95.0 %	96.1 %
	Red Combined	96.2 %	95.9 %	95.5 %	95.1 %	96.1 %	96.5 %	96.8 %	96.6 %	92.5 %	95.2 %	96.2 %

Vale of York achieved the 95% target in January for 19 minute performance for both Red 1 and Red 2 calls, with Red combined performance of 95.2%.

### 1.1.2 Handover Times

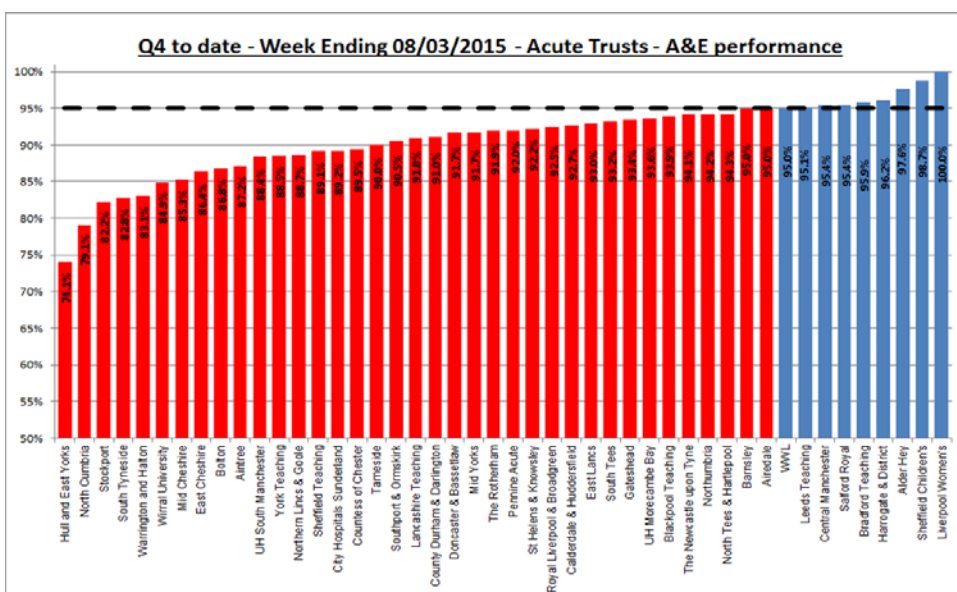
TABLE 1.5 – YAS Handover Performance		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
% Handovers in <15 minutes (Target 100%)	Scarb	72.0 %	69.9 %	65.8 %	61.3 %	61.3 %	57.4 %	60.1 %	73.1 %	70.0 %	76.9 %	72.3 %
	York	83.4 %	79.8 %	83.1 %	91.1 %	89.8 %	91.3 %	89.2 %	89.3 %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

The average handover time at Scarborough Hospital in February was 15 minutes 01 seconds, and at York Hospital was 13 minutes and 54 seconds. There were 2,391 handovers between both sites which met the target of <15 minutes, out of 3,430 total arrivals (1,439 at Scarborough, 1,991 at York).

The number of handovers taking greater than 2 hours continued to improve during February with 16, down from 39 in January and 70 in December. 10 of these 16 February handovers >2hours were at York, and 6 were at Scarborough.

### 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
% of A&E attendances where patient was admitted, transferred or discharged within 4 hours of arrival – York Trust (Target >=95%)	94.6 %	94.3 %	93.0 %	93.0 %	92.5 %	92.5 %	90.6 %	90.2 %	86.5 %	89.5 %	89.3 %
12 hour trolley waits in A&E – York Trust (Target <1)	0	0	0	1 (York)	1 (Scarb)	0	0	0	2	7	0



York Hospital remained on Red Alert status throughout January and February 2015. Due to staffing shortages the Trust could not always open the ambulance assessment area, impacting further on both A&E performance and ambulance handover times. Despite this, a number of positive patient experiences of A&E during February were

recorded, five of six contacts were positive feedback regarding staff and the waiting times patients encountered. There were also a number of good news stories in the local press detailing good patient experiences in A&E.

A&E appointed a new Directorate Manager in February, and the Trust have recruited to all but one of their nurse vacancies in this department, however consultant recruitment is an ongoing concern. A&E are also working on a development programme to further develop the skills of Health Care Assistants, to assist with COMFE rounds and patient observations.

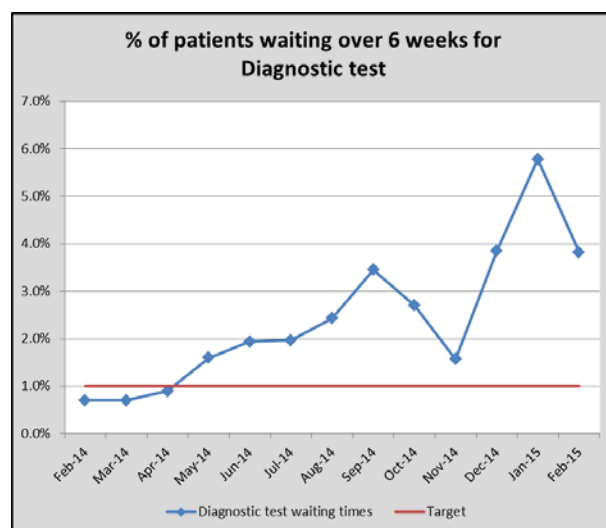
Recruitment of nurses across the Trust is ongoing with plans to recruit internationally, and arrangements have been made through Search recruitment for interviews to take place in Spain during March and April, with anticipated start dates during April & May 2015. The Trust are also looking to the Philippines to recruit.

## 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
<b>Diagnostics - % of patients waiting &gt;6 weeks (VoY CCG) (Target &lt;1.0%)</b>	0.9%	1.6%	1.9%	2.0%	2.4%	3.4%	2.7%	1.6%	3.85%	5.85%	3.82% (provisional)

Group	Diagnostics Name	Activity All Types	Total Waiting List	Waiting Over 6 weeks	Percent
Physiological Measurement	AUDIOLOGY_ASSESSMENTS	758	505	2	0.4%
	ECHOCARDIOGRAPHY	546	223	1	0.45%
	ELECTROPHYSIOLOGY	1	1	0	0%
	PERIPHERAL_NEUROPHYS	66	25	1	4%
	SLEEP_STUDIES	87	31	0	0%
	URODYNAMICS	28	31	0	0%
	<b>Sub-Total</b>	<b>1,486</b>	<b>816</b>	<b>4</b>	<b>0.49%</b>
Imaging	BARIUM_ENEMA	33	12	0	0%
	CT	1,655	716	84	11.73%
	DEXA_SCAN	31	144	0	0%
	MRI	1,302	476	3	0.63%
	NON_OBSTETRIC_ULTRASOUND	2,865	678	14	2.06%
	<b>Sub-Total</b>	<b>5,886</b>	<b>2,026</b>	<b>101</b>	<b>4.99%</b>
Endoscopy	COLONOSCOPY	234	145	1	0.69%
	CYSTOSCOPY	232	207	34	16.43%
	FLEXI_SIGMOIDOSCOPY	119	92	0	0%
	GASTROSCOPY	416	377	0	0%
	<b>Sub-Total</b>	<b>1,001</b>	<b>821</b>	<b>35</b>	<b>4.26%</b>
<b>Total</b>		<b>8,373</b>	<b>3,663</b>	<b>140</b>	<b>3.82%</b>



Unvalidated figures show that in February 2015, there were 140 breaches of the 6 week target, equating to 3.82% of patients not receiving a diagnostic test within 6 weeks. 138 of these breaches occurred at York Trust.

CT has seen a slight improvement with 84 breaches in February (11.73%), which while still well above target is an improved position from January when there were 148 breaches, or 18.95% of patients not receiving a CT scan within 6 weeks. CT scanners are currently being replaced by the Trust and this work will not be fully completed until July 2015. In addition, planned CT scans had to be cancelled in January to accommodate unplanned admissions with urgent requirements.

The breaches in non-obstetric ultrasound over the past couple of months were due to sickness at York Trust with a specialist Radiologist being absent, and the situation is expected to be resolved by March 2015. This has begun to be reflected in the unvalidated February figures, with non-obstetric ultrasound seeing a decrease from 46 breaches in January (4.66%) to 14 in February (2.06%).

The sickness of the specialist Radiologist has also impacted on Cystoscopy performance, which continues to be an issue with 34 breaches in February (16.43%), up slightly from 31 in January (16.58%).

## 2.2 Referral to Treatment Times (RTT)

### 2.2.1 18 Week Waits

#### VoY CCG February RTT Performance by Speciality – Admitted Adjusted Pathways (Unvalidated)

##### February 2015 (Unvalidated)

Speciality	Total Patients	Seen Within 18 Weeks	Seen Outside 18 Weeks	% Seen Within 18 Weeks
CARDIOLOGY	57	54	3	94.74%
CARDIOTHORACIC SURGERY	9	7	2	77.78%
DERMATOLOGY	8	7	1	87.50%
ENT	87	71	16	81.61%
GASTROENTEROLOGY	76	76	0	100.00%
GENERAL MEDICINE	5	5	0	100.00%
GENERAL SURGERY	335	316	19	94.33%
GERIATRIC MEDICINE	0	0	0	0.00%
GYNAECOLOGY	56	40	16	71.43%
NEUROLOGY	1	1	0	100.00%
NEUROSURGERY	1	1	0	100.00%
OPHTHALMOLOGY	275	239	36	86.91%
ORAL SURGERY	0	0	0	0.00%
OTHER	97	88	9	90.72%
PLASTIC SURGERY	22	16	6	72.73%
RESPIRATORY MEDICINE	16	16	0	100.00%
RHEUMATOLOGY	0	0	0	0.00%
TRAUMA & ORTHOPAEDICS	410	369	41	90.00%
UROLOGY	95	86	9	90.53%
<b>Grand Total</b>	<b>1,550</b>	<b>1,392</b>	<b>158</b>	<b>89.81%</b>

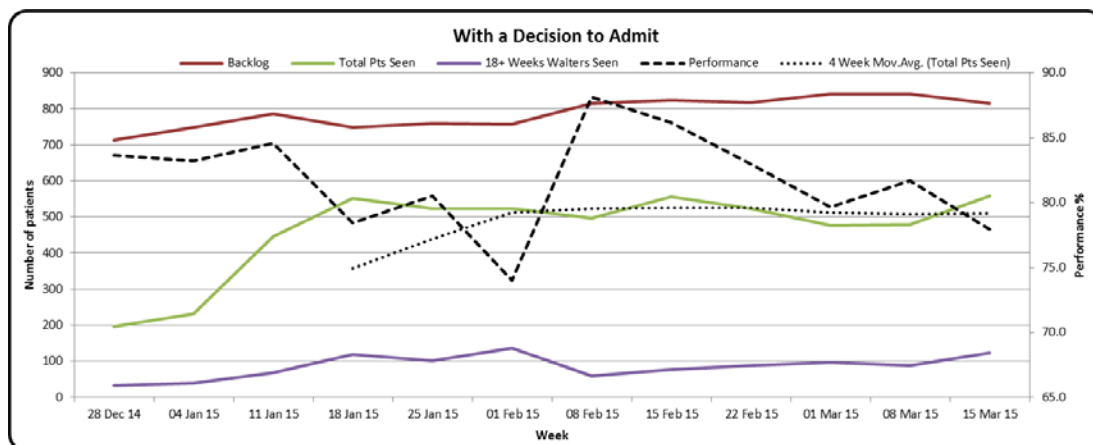
##### 6 month trend

Treatment Function	Target	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Cardiology	90%	94.6%	83.7%	89.4%	98.0%	96.2%	94.7%
Cardiothoracic Surgery	90%	81.0%	65.0%	86.4%	78.6%	72.2%	77.8%
Dermatology	90%	85.7%	73.3%	81.8%	100.0%	62.5%	87.5%
ENT	90%	55.1%	65.0%	60.7%	77.8%	73.3%	81.6%
Gastroenterology	90%	100.0%	97.9%	100.0%	99.1%	97.7%	100.0%
General Medicine	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
General Surgery	90%	96.4%	95.4%	94.3%	96.4%	93.2%	94.3%
Geriatric Medicine	90%	-	-	-	-	-	-
Gynaecology	90%	78.4%	93.2%	87.9%	85.5%	94.3%	71.4%
Neurology	90%	-	-	-	-	100.0%	100.0%
Neurosurgery	90%	100.0%	-	-	100.0%	100.0%	100.0%
Ophthalmology	90%	70.8%	84.1%	69.9%	79.9%	79.9%	86.9%
Oral Surgery	90%	-	-	-	-	-	-
Other	90%	91.8%	88.1%	88.0%	91.2%	92.2%	90.7%
Plastic Surgery	90%	95.8%	95.0%	73.7%	93.3%	81.3%	72.7%
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%	89.8%	94.2%	92.8%	94.7%	96.1%	90.0%
Urology	90%	90.0%	88.2%	68.8%	77.4%	83.0%	90.5%
<b>Total</b>	<b>90%</b>	<b>86.3%</b>	<b>89.6%</b>	<b>84.5%</b>	<b>90.0%</b>	<b>89.9%</b>	<b>89.8%</b>

Unvalidated February figures show that 89.81% of Vale of York CCG patients on completed admitted pathways (adjusted) were seen within 18 weeks, against a target of 90%. This equates to 158/1550 patients being seen outside of this target timeframe.

Gynaecology was the speciality with the lowest performance at 71.4%, with 16/56 patients being seeing outside 18 weeks, all at York Trust. The next lowest performance is Plastic Surgery with 72.7%, or 6/22 patients seen outside 18 weeks. 4 of these patients were at Hull & East Yorkshire, and 2 at Leeds Teaching Hospitals Trust.

The other specialities to fail the 90% target were ENT, Ophthalmology, Dermatology and Cardiothoracic Surgery. Ophthalmology has been identified as a particular problem at the Scarborough site. Urology and Ophthalmology are also both challenging at York, and the Planned Care Working Group will work to better understand the case mix for Ophthalmology.



The RTT Admitted backlog has increased, and has been impacted by Outpatient capacity delivered during October to date. The number of referrals is quite flat but the conversion rate is going up. Winter pressures resulted in cancelled operations at both Scarborough and York sites, due to bed capacity problems. To take one week in February as an example, 98 patient operations were cancelled, 16 of which were on the 18 week clock pathway.

Problems with discharge delays and the increasing acuity of patients are also resulting in a longer length of stay. Significant work has been undertaken by the CCG, Trust and CYC around Delayed Transfers of Care in order to bring the level down during January and February. This has been supported by additional central funding.

Monitor is currently reviewing the overall RTT position at the Trust. As of February 2015, the Trust's current reported trajectory for recovery to Monitor is August 2015. The Trust is using the IMAS demand and capacity planning tool to model trajectories and sustainability going forward. This will look at core Trust capacity, additional in house capacity, and independent sector capacity, as well as reviewing demand based on the current waiting list, backlog and referral patterns by speciality.

York Trust had a meeting with their Directorate Managers on 27<sup>th</sup> February to go through these detailed trajectories and look at options such as increasing theatre throughput and/or day cases. The IMAS Modelling outputs to date were presented to the SRG Planned Care Working Group on 18<sup>th</sup> March 2015, and work is ongoing.

The Trust has indicated through updates to CMB that not all specialities will be sustainable, and the recovery target timescales for some specialities may not be acceptable to Commissioners. There may be implications in terms of delivering significant additional capacity to recover constitutional targets within acceptable timescales. Capacity across the system is extremely challenging to address due to the significant vacancies and sickness issues in the local workforce. Repeated attempts to recruit to certain specialities and roles remains challenging, and dependency on agency and locum cover is high.

The Head of Radiology from Derby Hospital is to undertake an external review of Radiology Services at York, to understand productivity/skill mix/developments and review demand. There is a national shortage of radiographers and radiologists, and recruitment is challenging.

## 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
All cancer 2 week waits (VoY CCG) (Target >=93%)	87.2%	86.2%	84.3%	90.2%	83.1%	81.3%	86%	84.5%	80.9%	78.7%
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%

### 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			Jan-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%	106	106	100.0%
Suspected children's cancer	8	7	87.5%	6	5	83.3%	5	5	100.0%	3	3	100.0%
Suspected gynaecological cancer	136	131	96.3%	160	154	96.3%	176	168	95.5%	44	41	93.2%
Suspected haematological malignancies (excluding acute leukaemia)	7	7	100.0%	12	12	100.0%	9	8	88.9%	3	2	66.7%
Suspected head & neck cancer	242	229	94.6%	215	203	94.4%	246	233	94.7%	70	69	98.6%
Suspected lower gastrointestinal cancer	350	323	92.3%	337	316	93.8%	463	429	92.7%	116	104	89.7%
Suspected lung cancer	60	53	88.3%	63	60	95.2%	67	65	97.0%	28	26	92.9%
Suspected other cancer	12	12	100.0%	13	13	100.0%	11	10	90.9%	2	2	100.0%
Suspected skin cancer	451	383	84.9%	578	352	60.9%	430	130	30.2%	213	79	37.1%
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%	107	101	94.4%
Suspected urological malignancies (excluding testicular)	320	295	92.2%	308	281	91.2%	369	351	95.1%	129	110	85.3%
All types	2231	1916	85.9%	2322	1970	84.8%	2468	2056	83.3%	825	647	78.4%



In January, 78.7% of Vale of York CCG patients were seen within the 14 day target, or 660 out of 839 patients. This is the first time performance has been below 80% in the past year. Of the 170 patients seen outside of the target time frame, 106 were not seen until after 28 days. Skin cancer accounted for the majority of the 14 day breaches, with 134 patients seen outside of this timescale, and 96 of those in longer than 28 days. However, the new Dermatology consultant is having a positive impact with recent performance expected to be near compliance with target.

York Trust’s performance for VoY CCG patients in January was 78.4%, with 647 out of 825 patients seen within 14 days.

Performance for Breast Symptomatic (cancer not suspected) continues to improve, with 98.2% of patients (55 out of 56) seen within 14 days. The one patient who was not seen within target, was seen between 17 and 21 days. The new RSS pathway has resulted in a reduced number of two week wait breast symptomatic referrals in January and February 2015, which has had an impact on performance.

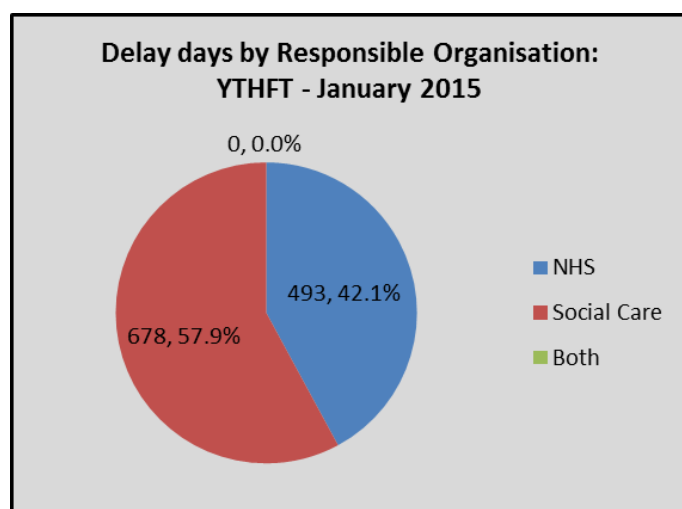
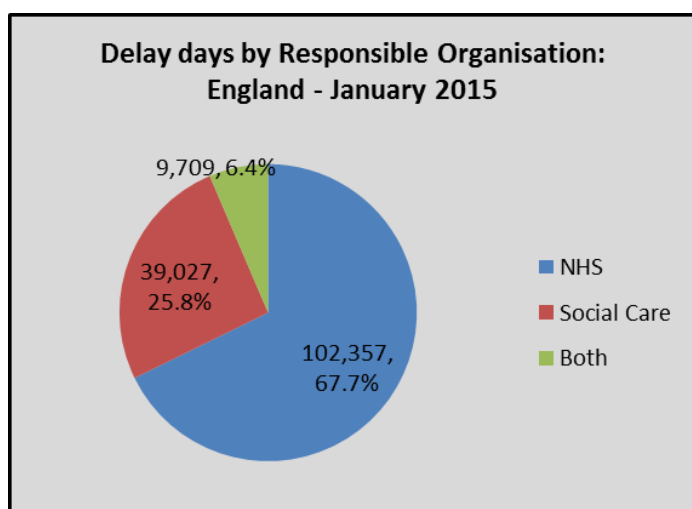
## 2.4 Delayed Transfers of Care

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
<b>NHS</b>	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%)
<b>Social Care</b>	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%)
<b>Both</b>	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%)

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
<b>NHS</b>	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%)
<b>Social Care</b>	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%)
<b>Both</b>	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%)

Chart 2.1 – Delayed Discharges by Responsible Organisation:



Following the requirement laid out by the Secretary of State and NHSE to reduce Delayed Transfers of Care by 50% in 4 weeks, Vale of York and Scarborough Ryedale CCGs have been working to meet this target from a joint baseline of 48 patients. Weekly sitrep meetings have been held between key players including leads from CYC, CCG, CHC and York Hospital, and there has been good engagement from all parties. Examples of specific actions taken to reduce DTOC include:

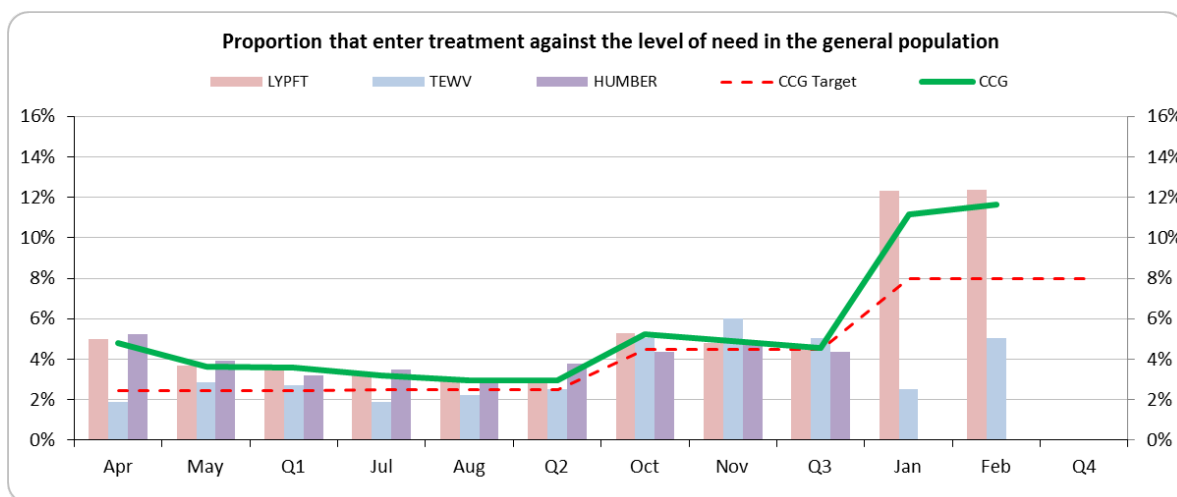
- Two letters have been drafted by CYC with VoY CCG, and in February were approved by the legal team. One letter is for patients awaiting discharge to residential or nursing home placement, and one is for those awaiting care at home. The letters explain to the patient what the process will be at the point of discharge if the first choice of accommodation or package of care is not yet available, and will clarify that remaining on the hospital ward is not the right place to stay following completion of treatment. These letters will be trialled over the coming months and their impact assessed.
- CYC and Age UK continue to work together on the Age UK 'Bridge the Gap' scheme, to provide short term care for those patients awaiting a longer term care package. This scheme has allowed a number of patients to be discharged where there has been a gap before their package of care is available, and has been extended to continue until the end of May 2015.
- Proactive discussions have been held around the rent or purchase of specific equipment which would allow a patient to be discharged, with City of York Council, Continuing Health Care and the CCG working together to agree a way forward.
- Local Authority funding has been used to fund additional step down beds at Mulberry Court.
- CYC have agreed to extend funding for 2 assessor posts to speed patient assessments for CYC care homes.

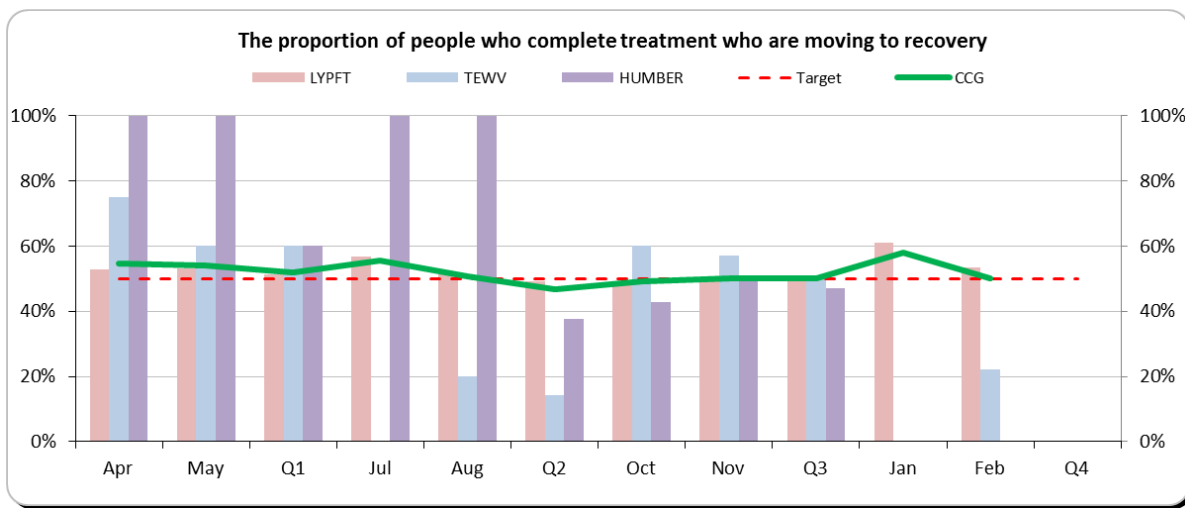
By the date of the deadline set by the Secretary of State and NHSE, Vale of York and Scarborough Ryedale CCGs had successfully not only achieved but exceeded the 50% reduction target, with 16 Delayed Transfers of Care down from 48, with the split being 12 York (from starting point of 35) and 4 Scarborough (from starting point of 13).

A meeting was held on Wednesday 18<sup>th</sup> March between the leads from CYC, CHC, York Trust and VoY CCG, to discuss lessons learned over the past few weeks. It was agreed that meetings of the same group will continue to be held on a monthly basis, as having leads from each area together on a regular basis has helped to drive change and give a bigger picture view of the system.

### Section 3: Mental Health

#### 3.1 IAPT





Overall prevalence rate increased to 12.2% in February, and although recovery rate dropped to 45.9%, the rolling months position at end February is 11.7% prevalence, 50.0% recovery. These figures account only for LYPFT and TEVV as Humber data is yet to be supplied.

The improved LYPFT position which is now exceeding target, is mainly due to a full complement of staff now being in post and established provision of services to provide real sustainability. In TEVV, the numbers of Vale of York CCG patients is very small, and spread over a wide location with ongoing work to promote existing services within GP practices.

## Section 4: Patient Safety Incidents

### 4.1 York Trust – Failed Safety Notice

The Trust have been made aware via a Failed Safety Notice that the automated machine at Bridlington has been incorrectly programmed by the manufacturer, and this has resulted in a specific digital flexible scope used for urological stone procedures being inadequately decontaminated. The risk to patients is extremely low as the machine is still cleaned, and patients receive prophylaxis prior to procedure. The decontamination machine has already been re-programmed by the manufacturer and the scope has been re-processed and deemed clean and safe to use.

### 4.2 Leeds York Partnership Serious Incidents

The Trust has declared 3 serious incidents; 2 fatal suicides and 1 attempted suicide. All service users known to mental health services.

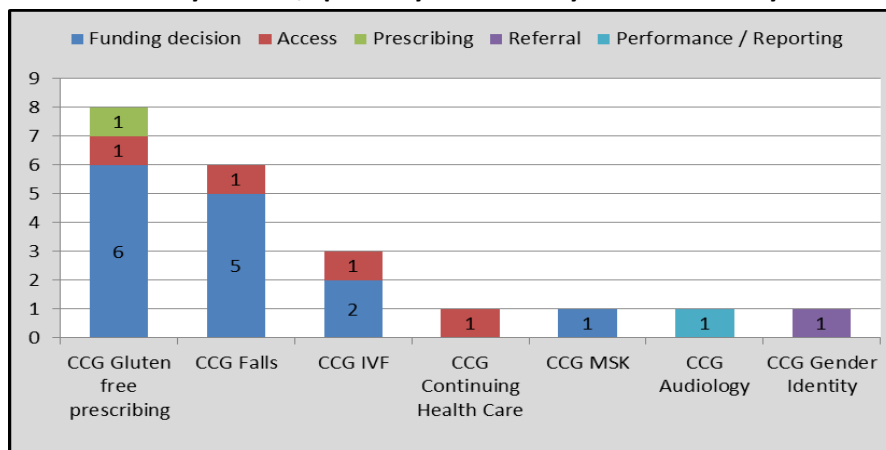
### 4.3 Healthcare Associated Infections

A case of MRSA bacteraemia has been recorded in February 2015, attributed to the CCG and identified on admission to hospital in York. The last case recorded was in June 2014.

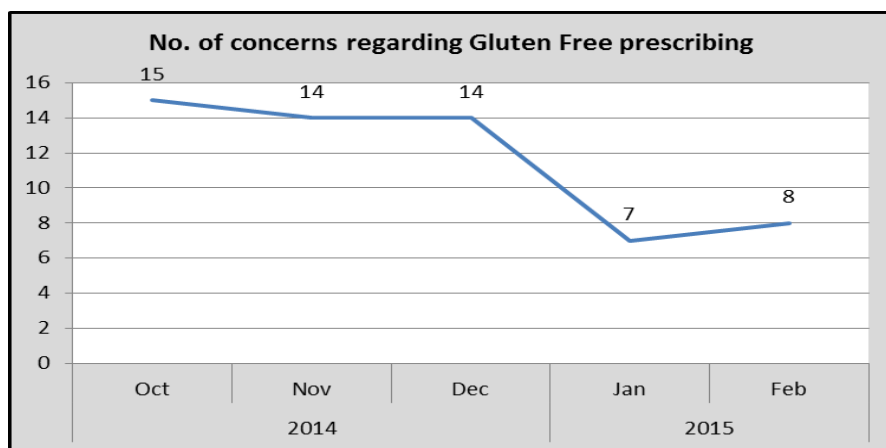
## Section 5: Complaints and Concerns

No new complaints were received for the CCG during February. There was a large increase in the amount of patient experience feedback received in February with 65 contacts, up from 33 in January. This was largely due to the Q3 submission report from Healthwatch York. Within these 65 contacts, 20 were concerns which were directly related to the CCG, the other contacts were related to services including GP practices, LYPFT and dentists. The chart below outlines the variety of issues raised which related directly to the CCG:

## CCG contacts by Service/Speciality and Primary Issue - February



### 5.1 Gluten Free Prescribing



There were 8 new concerns raised with the CCG in February regarding the changes to Gluten Free prescribing. These include 5 queries regarding the removal of 'mixes' from the list of products available, which remains a consistent theme for patients. Included in the concerns was a letter from Coeliac UK expressing an interest in the outcome of the current review into the policy changes implemented in September 2014.

As part of this review, a patient engagement event took place on 10<sup>th</sup> March involving 35 patients. This event was advertised through the local Coeliac UK group, to individuals who have contacted the CCG directly and through the wider media and partners. The information gathered at this event, plus all of the previously received patient concerns, are being fed into the review process being undertaken by the CCG. An online survey to gather wider views on this matter is ongoing. A review paper will be presented to the CCG senior management team in early May.

### 5.2 Falls Service

Six queries were received in February regarding the announcement in December that the Falls Service would be decommissioned from January 2015. These queries were from individuals wishing to understand how they and others will still be able to access this type of support, which they found valuable, in the future.

### 5.3 Soft Intelligence Tool

An online tool to allow staff within General Practice to share concerns and patient experience issues is currently being finalised. This tool has been discussed at the Practice Managers' forum, where it was met with a very positive response in terms of providing a simple and convenient method to feedback. The intention is to expand the use of this tool to include colleagues working in care homes and community based settings in the future. It is anticipated that the use of this tool will lead to a significant increase in useful and constructive insights which will be fed directly into the CCG Patient Experience Lead, and can then be shared across the organisation.