



**Vale of York**  
Clinical Commissioning Group

# **NHS Vale of York Clinical Commissioning Group Quality and Patient Experience Report – February 2017**

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## Purpose of the Report

The purpose of this report is to provide an overview of the Vale of York Clinical Commissioning Group in relation to the quality of services across our main provider services. In addition it provides an update about the Vale of York CCG's Quality team's important work relating to quality improvements that affect the wider health and care economy.

Key pieces of improvement work that the team is involved in include

- Review of Continuing Health Care provision
- End of Life Care for those patients requiring fast track funding,
- Special School Nursing Review
- Care Home Strategy development
- Maternity services transformation project

## Sustainability and Transformation Plans (STP)

The NHS guidance published in 2014 "Five Year Forward View (FYFV)" requires CCGs to develop "placed based" plans in partnership with other CCGs, local authorities and provider organisations. These plans are seen to be crucial to achieving the triple aims of the FYFV:

1. Improving health and well-being of the population
2. Better quality for patients - through care design
3. A financially sustainable system

To-date 44 STPs have been established. Vale of York CCG is part of the Humber, Coast and Vale STP and an initial plan has been published.

The first Place Based Partnership Board meet on the 1 March 2017 to progress the development of the locality model with key partners across the health and social care economy.

The second STP Quality Leads meeting took place in January 2017. This is attended by all of the Executive Nurses across the STP footprint which comprises of 6 CCGs and its purpose is to ensure that quality forms an integral part of all STP work streams. Each work stream will have Executive Nurse representation as well as developing a standardised approach to development of a shared STP quality assurance strategy and assurance visit framework.

## CCG Improvement and Assessment Framework (IAF) 2016/17

NHS England (NHSE) has introduced an improvement and assessment framework to replace the existing CCG Assurance Framework and CCG performance dashboard. The new framework takes a more central place in the overall arrangements for public accountability of the NHS.

The IAF will align to the STP triple aims and will help to demonstrate Vale of York CCG's contribution to achieving these aims.

Vale of York CCG continues to receive information from NHS England that updates the CCG's benchmark position against the six clinical priorities areas. These include

- Mental Health
- Dementia
- Learning Disabilities
- Cancer
- Diabetes
- Maternity

We will continue to report on our plans to improve areas where we are shown to be under-performing and key actions are included in the body of this report.

The CCG's quarterly assurance meeting with NHS England is planned for 9 February 2017. The latest data relevant to the six clinical priorities will be available for the next reporting period.

### **Quality and Patient Experience Committee**

The Vale of York CCG Quality and Patient Safety Committee started to meet bi-monthly from December 2016. Terms of Reference were agreed at the inaugural meeting. The overall objective of the Committee is to ensure that commissioned services are safe, effective, provide good patient experience and ensure continuous improvement in line with the NHS Constitution (2011) underpinned by the CCG Quality Assurance Strategy. In line with the NHS Constitution, this also includes:

- Actively seeking patient feedback on health services and engage with all sections of the population with the intention of improving services.
- As a membership organisation, working with NHS England, support primary medical and pharmacy services to deliver high quality primary care.

### **NHS England Quality Surveillance Group (QSG) - Yorkshire and Humber Region**

The CCG attends the QSG where information is shared regarding individual providers across the Yorkshire and Humber region. The group facilitates triangulation of data which is used as an enhanced quality surveillance measure. Quality risk profiles are discussed at this group and actions agreed.

Following the last meeting in January 2017 and further discussion with NHS England's Senior Management Team it was agreed to convene a Quality Review meeting regarding York Teaching Hospital. Attendees will include Vale of York CCG, Scarborough and Ryedale CCG and NHS England to discuss the enhanced surveillance status of York Teaching Hospital. There have been a number of 12

trolley waits, predominantly at Scarborough Hospital which will form part of this discussion.

The CCG asks for assurance relevant to the safety of patients whilst waiting for more than 12 hours on a trolley in the Emergency Department (ED). The clock starts following a decision to admit the patient into a hospital bed. The trolley wait is then declared as a Serious Incident and the Trust are asked to submit a report within 48 hours which considers key aspects of the patients care whilst in the ED. This includes whether the patients have been offered a drink and food as well as whether their clinical needs have been met within an acceptable timeframe.

The CCG then decides on the level of assurance provided relevant to the safety of the patient whilst in the department. All of the CCG's January 2017 12 hour trolley waits have been de logged following review of the information provided. However York Teaching Hospital have requested a meeting to review the 48 hour reports and suggest additional approaches to gaining assurance for the patients that are affected.

In addition, the CCG is an active member at the A&E Delivery Board where the wider system issues regarding patient activity in ED is reviewed.

## **Quality Risk Profile Tool (NHS England)**

The quality risk profile (QRP) tool is used to systematically assess risks to the quality of provision at a point in time. The tool is used where persistent or increasing quality concerns have been identified. This provides focus on the issues which may need further exploration and is shared at the regional Quality Surveillance Group. The profile can be re-run at any time to demonstrate an increasing or decreasing level of provider assurance.

Additionally the QRP

- Brings together key quality information about an organisation in one place
- Displays information in an easily accessible format
- Combines both quantitative and qualitative information
- Enables commissioners, regulators, other stakeholders and providers to have a shared understanding of the current risks to quality

The tool has been developed to reflect a wide range of provider types. Each type of provider has their own set of specific metrics depending on the service that is provided.

The CCG met with NHS England to undertake a QRP for York Teaching Hospital in December, 2016. The QRP is being repeated by Scarborough and Ryedale CCG, who commission from the same acute provider, to triangulate with the outcomes of the discussion with NHS England and subsequently shared with the provider. In serious cases the results may lead to a single item QSG or Risk Summit.

## **Assurance Visits – York Teaching Hospital**

The CCG have been approached by their Chief Nurse team to join York Teaching Hospital's ward assurance visits. A ward accreditation tool is being used which assesses the hospital environment and awards a bronze, silver or gold dependent on the level of assurance reach against a detailed list of criteria.

We look forward to the invitation and will report back on this experience.

## **Infection Prevention and Control**

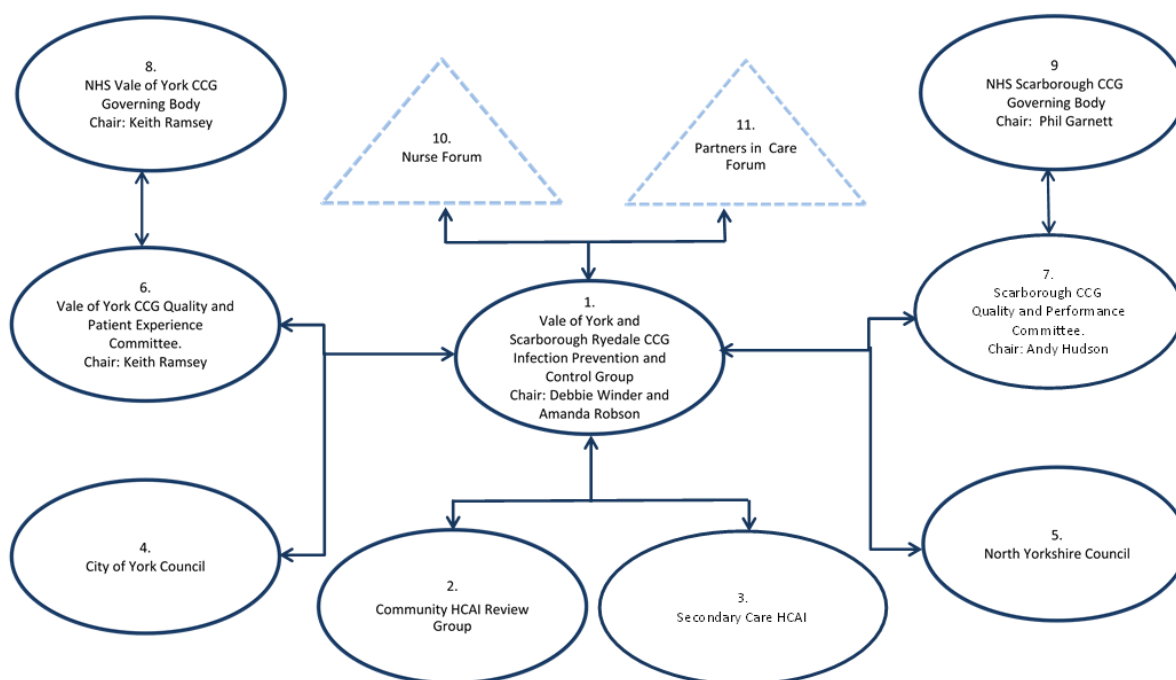
### **General Update**

As commissioners of local healthcare services, Vale of York CCG has the responsibility for working across organisational boundaries and taking a whole health economy view to ensure that the delivery of infection prevention and control is prioritised. The CCG ensures that provider organisations of commissioned services have appropriately trained and educated staff in place and that the principles of infection prevention and control are fully embedded. The CCG also ensures that patient education is available and that individual patient needs are considered and works with providers to continue to reduce the risk of Health Care Associated Infection (HCAI).

Challenges remain in the time Vale of York have IPC expertise allocated as the shared IPC specialist is only doing Vale of York work 2 days a month. Negotiations are underway to review the costings and allocation received. The Head of Quality assurance continues to attend provider post infection reviews of MRSA and C dif cases which provide valuable insight into organisational progress in IPC practices and issues which can influence or impact on this.

It is proposed that Scarborough Ryedale CCG and Vale of York CCG commence joint infection prevention and control meetings. This would support the Sustainability and Transformation Plan (STP), support the proposed Scarborough Ryedale and Vale of York Operational Group (COG) and require provider staff to attend one meeting. It will be a joint overview meeting incorporating the two existing meetings and merge action plans to develop a more efficient process across the health and social care economy. Membership would include representation from both City of York Council and North Yorkshire County Council to support engagement with infection prevention and control across social care.

## Vale of York and Scarborough Ryedale CCG Infection Prevention and Control Reporting Structure



### Proposed New Meetings

- NHS Vale of York CCG & NHS Scarborough & Ryedale CCG Infection Prevention and Control Group

In December 2016, it was agreed that the Vale of York CCG Infection Prevention and Control locality Meeting, and Scarborough & Ryedale CCG (SRCCG) Infection Prevention & Control Group combine, whilst maintaining each organisation's accountability arrangements. The joint Vale of York and Scarborough & Ryedale CCGs' Infection Prevention and Control Group membership will include representation from both City of York and North Yorkshire Councils, with the aim of supporting collaborative working across both health and social care. The meeting will provide a forum for assurance that providers across the health economy have appropriate systems and processes in place to assist and demonstrate good clinical practice. The meeting will also provide a platform for professional confirm and challenge ensuring that learning across the health economy is shared. GP prescribing Lead representation is required from each CCG. The first meeting is scheduled to take place in March 2017. See the attached diagram to explain reporting arrangements and governance.

- Vale of York & Scarborough & Ryedale Community Health Care Acquired Infection (HCAI) review Group

In view of the expanding HCAI agenda it has been agreed there is a requirement to put in place a more robust process for the review of community attributed HCAI cases. The proposed process is that one meeting will incorporate all HCAI's in line with Public Health England (PHE) guidance. The aim of this group will be to agree 'no lapse in care' for cases of HCAI attributable to primary care. A meeting

is scheduled to take place on the 2nd February 2017 between the IPC specialist nurse, medicines management representation and the HDFT community IPC team to agree the process for the reviews and establish terms of reference for this group.

- York Teaching Hospital HCAI Reviews

The current process for the review of MRSA Blood Stream Infections and Clostridium difficile cases are robust and will continue. Each case is reviewed as they occur with commissioner involvement to agree “lapses in care”. This process will need to expand from moving forward to include all cases of HCAI in line with Public Health England (PHE) guidance.

## **Outbreak Management**

### **Norovirus**

As previously reported York Teaching Hospital again experienced Norovirus outbreaks during the months of November 2016 and December 2016 at Scarborough and Bridlington sites which resulted in a significant number of bed closures. The resultant negative impact for patients in terms of patients flow throughout the hospitals, the impact for the hospital’s emergency department and ambulance turnaround was substantial.

As reported in 2016, Scarborough and Ryedale CCG led a look back exercise which included round table multi agency discussions, development of an action plan and development of a multi-agency pathway for viral gastroenteritis.

Pending ratification by the group, the pathway details a number of triggers that alerts all parts of the health and care system to viral gastroenteritis both in hospital and across the community. If required, the pathway also triggers the community and hospital Infection Prevention and Control (IPC) teams to attend weekly ‘Partner Calls’ so that any emerging issues in the hospital or in the community can be communicated. Monthly meetings of this group continue and collaborative working approach is now well embedded. The group has taken a major lead in communications with the public and partners with good practice being widely shared. The pathway has been reviewed and will be taken back to the group for further ratification. NHS England has been involved in the pathway’s development with the aim of sharing the pathway at a local and regional level.

### **Flu**

Flu has been intermittently present in Quarter 3 in both community and secondary care settings. Collaborative working between CYC and the CCG has promoted vaccination with a supporting robust communication strategy however data collection on numbers of patients immunised remains unreliable with not all practices recording vaccination rates. Issues with District nursing teams and training led to small localised delays in vaccination of some vulnerable groups and communication with



senior management colleagues at the provider rectified this situation very quickly. Wards have been closed in the acute provider but no outbreak has been declared.

## **NHS England (NHSE) monthly Return**

In September 2016, NHSE requested that each CCG submit 'lapse in care' data for both MRSA BSI and C diff cases. The data-set required is all primary care attributed cases and secondary care information where the CCG is the lead commissioner. The submission of this data is to determine wider themes and trends across the whole health economy.

## **HCAI Surveillance**

### **MRSA Blood Stream Infection (MRSA BSI)**

In the period April 2016 to December 2016 there have been six MRSA BSI cases attributed to Vale of York CCG. Three of these cases were identified as pre 48hr cases (patients who have been in secondary care <48hrs at diagnosis) and as such attributable to the CCG. The remaining three cases were identified as post 48hr cases (patients who had been in the acute setting for < 48hrs at diagnosis) and are therefore attributable to secondary care. All six cases were reported via the national reporting system.

**Table 1 : MRSA BSI by Attributable Organisation**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Vale of York CCG</b>	1	0	1	0	1	0	3	0	0
<b>York Teaching Hospital</b>	1	0	1	0	2	0	2	0	0
<b>Hull &amp; East Yorkshire Hospitals</b>	0	0	0	0	0	0	0	1	1

The secondary care information above in table 1 is the total number of MRSA BSI attributable to the organisation and therefore includes cases at York Teaching Hospital which are attributable to other CCG's and not attributable to Vale of York CCG. Comparison against other local providers demonstrates that York Teaching Hospital is an outlier in terms of numbers of cases. It is acknowledged that a significant number of MRSA BSI cases have been linked to compliance with the Trusts MRSA policy. The Trust has recently updated their policy to ensure there is a clear process for staff to follow in relation to screening and decolonisation treatment. To embed the new policy staff across the organisation have received refresher training. The CCG continues to monitor and is involved in the review of each case and will seek further assurance and information if any further cases where lapses in care are identified or recurrent themes evident.

Themes and trends identified:

York Teaching Hospital :

- MRSA screening not undertaken in line with trust policy on admission, on transfer to another ward and at 30 days since admission appears to be a theme running through 3 of the cases.
- One patient did not receive decolonisation prior to a line insertion,
- One patient did not receive prophylactic antibiotics in line with his MRSA status prior to theatre
- Please note: One case has been reported as a non-trust attributed case however it has been agreed this is a trust attributed case and is included in the numbers for York Teaching Hospital.

Hull and East Yorkshire Hospitals (HEY) :

- One case is a Scarborough Ryedale CCG patient; this patient is linked to another patient with the same strain of MRSA, genome sequencing is awaited to determine if the strains are indistinguishable.
- The second case is a patient who had several hospital admissions within a short space of time. Following a cardiac arrest at home, the patient required a level three cardiac bed which required admission out of area. On admission to HEY the MRSA status of the patient was unknown, however the patient had screened positive on a previous admission at an out of area hospital. The patient was screened at HEY and found to be a mupirocin resistant MRSA which required a change of treatment. The patient had cardiac stenting and was found to be MRSA BSI positive 6 days after admission.

### **Clostridium difficile**

In the period April 2016 to December 2016, 45 cases of *Clostridium difficile* (*C diff*) were attributed to Vale of York CCG, which is 15 cases under the 2016/17 objective of 60 cases.

**Table 2 : C Diff Infections by Organisation**

Description	Type	July	Aug	Sept	Oct	Nov	Dec
Vale of York CCG	Attributable Cases	5	5	5	7	5	9
	Lapse in Care	0	2	1	0	1*	1*
York Teaching Hospital	Attributable Cases	3	2	1	3	2	8
	Lapse in Care	0	2	0	1*	1*	1*
Harrogate and District	Attributable Cases	1	4	4	4	3	2
	Lapse in Care	0	1	0	0	1*	1*
Hull and East Yorkshire Hospitals	Attributable Cases	2	6	5	3	4	1
	Lapse in Care	0	0	0	0	1*	1*

\*Awaiting Review

The CCG figures above are the total attributed cases they include both pre and post 72 hours (as an inpatient) cases.

Themes and trends identified:

York Teaching Hospital : Inappropriate antibiotic prescribing, delay in sampling and isolation were identified through the post infection review process for the C diff cases.

Hull and East Yorkshire : Antibiotic prescribing not in line with current guidance, delay in sampling

Harrogate and District : Poor antimicrobial prescribing was identified in some of the cases during the review process. Delay in sampling was felt to be a factor in one case.

Vale of York CCG is on trajectory to end the year at or under objective along with local acute providers. The exception to this improving profile is Harrogate and District which at the end of December 2016 were 2 cases over objective and have requested an external review of their process. Internally a full review of the cases has been undertaken with five cases identified as lapses in care which were potentially avoidable cases.

In September 2016 following a request from NHS England, monthly reporting of the outcomes from C diff ‘lapse in care’ reviews commenced. There are three CCG cases still to review for Quarter 3 as activity levels within the provider has impacted on attendance at the review. Table 2 above highlights the number of cases identified as lapse in care which demonstrates that the majority of the cases are unavoidable.

## MSSA BSI

Table 3 : MSSA BSI by Attributable Organisation

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Vale of York CCG</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>3</b>	<b>10</b>	<b>1</b>	<b>11</b>	<b>1</b>	<b>8</b>
<b>York Teaching Hospital</b>	9	1	2	2	5	0	8	4	5
<b>Harrogate &amp; District</b>	2	2	1	0	2	1	1	0	0
<b>Hull and East Yorkshire Hospitals</b>	5	3	2	6	3	5	4	2	5

MSSA BSI continue to be reported as per PHE requirements, All three secondary care organisations have seen an increase in the number of MSSA BSI at the end of quarter 3 2016 compared to the end of quarter 3 in 2015. The number of CCG attributed cases reported at the end of quarter 3 2016/17 was seven cases higher than reported at the end of quarter 3 2015/16.

York Teaching Hospital has reported a significant number of MSSA BSI cases compared to other local secondary care providers. The increase in cases reported in August and October is reflected in a small increase in cases of MRSA BSI in these

months. Further work in relation to these increases will be undertaken with the Trust to understand any possible reasons for these increases identify any themes and trends across cases and use this as an opportunity to prepare robust processes for new e coli BSI directive.

## **E.coli BSI**

On 18th November 2016, Jeremy Hunt announced a requirement to reduce the number of E. coli BSI across the whole healthcare economy. It is expected that this will entail a 50% reduction in the number of E.coli BSI over 3 years based on 2015/2016 figures.

The current data is only available as a CCG attributed figure. At the end of Quarter 3 233 cases of E coli BSI have been reported, which is an increase of 48 cases based on the end of Quarter 3 2015/16. It was noted in quarter 2 there had been an increase in cases and this trend has continued into quarter 3.

The review of these cases moving forward will form part of the work plan for 2017/18. At present we are still awaiting clarification from Public health England around the expected required reduction in cases and the review process.

## **Quality Premium**

NHS England has released a Quality Premium: Reducing Gram Negative Bloodstream Infections (GNBSIs) and inappropriate antibiotic prescribing in at risk groups. This Quality Premium measure consists of three parts:

- a) reducing gram negative blood stream infections (BSI) across the whole health economy
- b) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care
- c) sustained reduction of inappropriate prescribing in primary care.

This will form part of the IPC work plan for 2017/18.

## **Serious Incidents**

Serious Incidents are an important insight into both the incident reporting culture within an organisation and the culture of valuing the opportunity to learn from incidents.

A good quality Serious Incident investigation report provides assurance that appropriate issues have been identified with relevant actions included in the action plan to reduce the risk of recurrence. The importance of a good quality report is discussed further on in this section.

High levels of incident reporting can be indicative of a healthy organisational culture of recognition of the importance of learning when things go wrong. The table below gives insight into the total number of Serious Incidents declared to the end of Quarter

3 2016 and the preceding year. Of value to note is that Tees Esk and Wear Valley have already reported more SI's to the end of Q3 2016/17 than in the whole of the preceding year.

Organisation	15/16	16/17
York Hospitals	105	74
Scarborough Hospitals	87	47
Tees Esk and Wear Valley	38	44
Yorkshire Ambulance Service	15	10
South Tees	12	13
Harrogate and District	116	105
Co-Commissioning	2	1

Completion of the investigation report within the required 60 day timeframe can be a challenge as lead investigators undertake Serious Incident investigations which can take in excess of 10 hours as well as their substantive role. The allocation of adequate time for investigators to undertake a report can be reflective of the value the organisation places on serious incidents.

The table below shows the total number of serious incidents reported by quarter for ALL CCG's, not just Vale of York CCG

	YHFT (York Hospital sites)				YHFT (Scarborough Hospital sites)				TEWV				Co-Commissioning			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2016-17																
Number reported within Quarter	31	30	13		19	11	17		16	13	15		0	1	0	
Number reported within 48 hours of date Incident identified	31	29	13		19	11	17		15	13	15		0	1	0	
Reports due to be submitted	28	33	27		30	19	13		9	18	11		0	0	1	
Number meeting timescale	28	31	27		29	17	13		1	5	4		0	0	0	
Number of extension requests made in quarter	0	0	0		2	2	1		8	10	6		0	0	0	
Number of reports due where an extension was agreed (Inc. from previous quarters)	0	0	0		1	4	1		0	13	5		0	0	0	
Number of reports submitted where an extension was agreed (Inc. from -previous quarters)-	0	0	0		1	3	0		0	12	5		0	0	0	
Number meeting agreed timescale	0	0	0		1	3	0		0	5	0		0	0	0	
Number of late reports submitted in quarter (no extension requests)	0	2	0		1	2	0		7	4	1		0	0	1	
Number de-logged in quarter (these may include SIs reported during previous quarters)	2	4	5		0	4	4		0	0	0		0	0	0	
% reported within 48 hours	100	94	100		100	100	100		94	100	100		0	0	0	
Number of Never Events	2	1	0		0	1	0		0	0	0		0	0	0	

The table below presents the number of SI's reported by providers for each CCG in quarter 3.

Clinical Commissioning Group	York Teaching Hospital (York Sites)	York Teaching Hospital (Scarborough Sites)	Tees Esk and Wear Valley	Primary Care
Vale of York	12	3	7	0
Scarborough & Ryedale	1	10	0	0
East Riding of Yorkshire	0	3	0	0
Harrogate and Rural District	0	0	3	0
Hambleton, Richmondshire and Whitby	0	1	4	0
Other	0	0	1	0

### Quality of Serious Incident Reports

The CCG are involved in the review and grading of SI reports received and an adequate report is crucial to assurance. The table below demonstrates how many reports by organisation have been graded as inadequate. This delays closure and contributes to an administrative backlog. This also raises concerns that resource is concentrated on 'managing' the SI's rather than supporting learning and quality improvement. Work to try to refine CCG internal processes continues to support efficient productive communications. Concerns with the reports from YTH historically often related to action plans not identifying key issues. The Trust has commenced training sessions for investigators and the Chief Nurse and Head of Quality Assurance were delighted to receive an invitation and recently presented a session on what commissioners want from an SI report. The quality of the reports received has improved significantly since the training was commenced.

Tees Esk and Wear Valley have made an organisational decision that an action plan may not always be necessary if no root cause or contributory factors are identified in the SI report due to internal concerns that too many action plans were underway which often had similar actions and managing them was logistically very challenging. The CCG's have all questioned this and a meeting is scheduled for 6th February to discuss the concerns the CCG's have regarding assurance and governance. The Head of Quality Assurance dials into the TEWV SI panel when possible and robust discussions and scrutiny of SI reports and actions occur.

Grading of reports reviewed	YHTFT (York Hospital sites)				YHTFT (Scarborough Hospital sites)				TEVV				Co-Commissioning			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2016-17																
Adequate	25	28	25		20	16	17		1	15	13		0	0	0	
Not Adequate	0	2	0		3	0	1		3	4	1		0	1	0	
Grading of action plans reviewed																
Adequate	23	28	24		20	15	16		1	12	4		0	0	0	
Not Adequate	1	1	1		3	1	2		3	6	1		0	1	0	

These tables illustrate the numbers of SI's which remain outstanding, more detail on the reasons and plans to improve this situation is provided below

Clinical Commissioning Group	York Teaching Hospital (York Sites)	York Teaching Hospital (Scarborough Sites)	Harrogate and District	Tees Esk and Wear Valley	South Tees Hospitals
Vale of York	177	13	1	27	0
Scarborough & Ryedale	9	96	0	12	0
East Riding of Yorkshire	6	40	0	0	0
Hambleton, Richmondshire and Whitby	4	6	0	16	18
Harrogate and Rural District	1	0	149	13	0
Other	2	1	14	2	0
	<b>199</b>	<b>156</b>	<b>164</b>	<b>70</b>	<b>18</b>

Providers	Open SIs on Steis	Serious Incident Type			Final report received Awaiting CCG Closure			Overdue Reports
		Pressure ulcers	Falls	Other Clinical	Pressure ulcers	Falls	Other Clinical	
York Trust - York Site	199	53	99	47	48	95	32	0
York Trust - Scarborough Site	156	44	62	50	38	57	36	3
Tee Esk and Wear Valley	70	0	10	60	0	8	44	0
<b>TOTAL</b>	<b>425</b>	<b>97</b>	<b>171</b>	<b>157</b>	<b>86</b>	<b>160</b>	<b>112</b>	<b>3</b>

## **York Teaching Hospital**

York Teaching Hospital continues to have a high number of outstanding SI's as a consequence of the historical lack of assurance obtained from falls and pressure ulcer SI's. The Trust have shared their Falls and Pressure Ulcer strategic action plans, which combined with results of subsequent meetings and information obtained through review of cases at falls and pressure ulcer panels which the CCG attend the Chief Nurse has written to the Medical Director and Chief Nurse to agree to close historical outstanding SI's. Concerns had also been raised that YTHFT are reporting incidents which do not fall within the scope of the current NHS Serious Incident Framework 2015 regarding the declaration of Pressure Ulcers and Falls which generates excess work for internal and CCG SI teams. The Chief Nurse letter to the Trust has asked to progress to ensure incidents are reported in line with the framework. This will significantly affect the number of SI's reported and bring YTH more in line with other providers within the region.

Another historical consequence resulting from lack of assurance was that unlike other CCGs Vale of York had not agreed to close SI's until assurance is provided that all recommended actions have been completed. This is now an improved position and this process is currently under discussion. It is hoped that by progressing and closing historical incidents will allow the Trust to concentrate on current incidents and actions, provide the evidence of completion of action plans and the CCG will obtain increased assurance from Quality visits, reduction in recurring themes of serious incidents and evidence of improvements in action.

The CCG's have also process mapped internal management of SI's and are working to increase efficiency of communications with providers. On going discussions are underway as well as review of the hosted SI service.

## **Never Events**

No Never Events were declared by York Teaching Hospital for Vale of York patients in Quarter 3.

## **12 Hour Trolley Waits**

As of 20/1/2017 there have been a significant number of 12 hour trolley waits across York Teaching Hospital sites. 12 SI's have been logged for York site involving 19 patients, and 11 SI's logged affecting 49 patients at Scarborough site. Whilst the total number of VoY patients affected is small (10 all at the York site) and the reasons are complex and multifaceted, patient safety and the assurance on the quality of care is paramount. The existing process of informing the CCG is embedded and a 48 hour report is completed designed to assure the CCG that no patient harm has occurred. If the CCG agree the SI can then be de-logged. Whilst this is not the process throughout the country NHSE require this to continue. The quality of the 48 hour reports recently received has been lacking in detail and some concerning omissions regarding clinical detail. A meeting is scheduled imminently with the Deputy Chief Nurse at York Teaching Hospital and the CCG to agree how



best to efficiently fulfil all necessary requirements without diverting excess resources away from patient care. Senior staff have been present in the departments to support staff, apologise to patients and families with anecdotal evidence of inspirational team working and staff commitment.

### **Duty of Candour**

Compliance with full adherence to the Duty of Candour requirement remains a concern however improvements are being seen in SI reports and at panel meetings. The Trust have acknowledged there have been challenges and have assured commissioners they are committed to progressing to full compliance by apologising for an incident and writing the apology, involving the patient or relative in the investigation, offering a copy of the report and then inviting the family to meeting to discuss the findings of the investigation. This continues to be monitored and additional assurance requested through sub CMB.

### **Tees, Esk & Wear Valley NHS Foundation Trust (TEWV)**

As illustrated earlier in the report TEWV had an unprecedented peak in the number of Serious Incidents reported early in 2016. These did not relate purely to Vale of York CCG patients but in combination with capacity issues within the patient safety team at TEWV resulted in significant delay in investigations being completed or any subsequent queries raised by the CCG answered. In an attempt to provide increased assurance and reduced queries the CCG has been attending the TEWV SI panel where incidents are discussed by a multi-disciplinary team. The Head of Quality Assurance dials into panels and obtained assurance through the robust review of cases. A recent and significant increase in completion of investigations has occurred and action plans received. As TEWV have made an organisation decision that not all investigations require an action plan but an overarching action plan will encompass actions increased explanation is required with a conference call scheduled for 6th February. TEWV have started to attend the CCG SI panel which has helped build relationships and improved communication.

### **Yorkshire Ambulance Service (YAS)**

There have been 11 treatment delay SIs reported in Quarter 3 for the North Yorkshire CCG localities. 2 relate to a Vale of York patients. YAS SIs are managed by Greater Huddersfield CCG however the CCG are informed through a StEIS alert and any concerns raised by the CCG are addressed in the YAS review panel.

YAS's Director for Planned and Urgent Care attended Council of Clinical Representatives in January 2016 following concerns raised by GPs and challenged by the CCG regarding delay in ambulance response times to practices. The presentation was well received and YAS agreed to a further local meeting with the CCG to consider alternatives to Ambulance conveyance from GPs and their practices. In addition further communication has been shared with all practices about the Ambulance Response Pilot response times and how and where to raise concerns and incidents as they arise.

## Maternity

### Smoking at Time of Delivery

The improving position continues with overall less people smoking at time of delivery than Q2, but slightly more than Q1, plus an increase in the total numbers of women smoking. Further clarity has been sought about the increase in the number of women who's smoking status was 'not known' in Q3 to establish whether this is due to patients not disclosing, or the question not being asked.

### National Maternity Review

York Teaching Hospital has developed an action plan outlining priorities and actions in implementing recommendations from the National Maternity Review. Quarterly meetings continue to be held between the PCU and providers to discuss more detailed steps identified in this action plan to address priorities.

A regional meeting is scheduled to progress the maternity strategy in line with the development of Sustainability and Transformation plans and footprints.

### Maternity Services Liaison Committee (MSLC)

Following the recently re-identification of MSLC key priorities - home birth, reduction of still birth, smoking cessation, breast feeding and perinatal mental health plus the identified need for increased user engagement significant progress has been made. The Head of Engagement in the Vale of York CCG is supporting MSLC and plans to engage service users on specific areas has been agreed. An annual plan with attached related actions has been devised and an annual report brought to this committee at the end of Q4 2018.

### NMC and Independent Midwives

The NMC has recently ruled that Independent Midwives do not have adequate indemnity to cover intrapartum care and have forbidden them to practice if they have not obtained additional insurance which is difficult to find. The Independent Midwives have begun a judicial review. The CCG has been working with the Head of Midwifery and the Independent Midwives to try to support women who had chosen to employ independent midwives before this ruling.

## Yorkshire Ambulance Service Quality Performance

YAS provide the CCG with a monthly Quality Dashboard that gives an overview of their Key Performance Indicators. A nominated YAS lead will assess each indicator and report green, amber or red risk ratings dependent on performance against the safe, effective, caring, responsive and well led CQC indicators for that month. This report will make reference to any exceptions (amber and red risks) and resultant mitigating action for the month of November 2016.

<b>Indicator - safe</b>	<b>Performance</b>	<b>Action</b>
Recruitment and retention plan		Continued focus on recruitment and training in line with Transformation Plan. Whole time equivalent continuing to increase month on month, although currently slightly behind plan. Partial mitigation achieved through improved clinician recruitment over last month and Trust expected to be broadly in line with plan by year end.
<b>Indicator - effective</b>	<b>Performance</b>	<b>Action</b>
Ambulance Clinical Quality Indicators (quarterly) and action arising - Survival to Discharge - Return of Spontaneous Circulation(ROSC)/ STEMI (Myocardial Infarction)/ Stroke		A fall in the performance in the clinical indicators for STEMI requires focus on pain score and analgesia. There has been a fall in the stroke standard as result of increased journey times.
Handover Delays (System Wide Indicator)		Lost hours at hospitals continue to be higher than in 2015-16. This puts additional pressure on 999 responses as ambulances because staff are delayed at hospitals leading to increased job cycle times.
Complaint themes and lessons learned		Clinical/patient care is the category with greatest percentage of complaints this month. This relates to an increase in these types of complaints for NHS 111
<b>Indicator - Responsive</b>	<b>Performance</b>	<b>Action</b>
Category 1 Performance within 8 minutes – target 75%		Category 1 Performance for November is 65.7% and Year to Date is also 65.7%. Performance remains below the 75% Target.
Ambulance Demand vs last year (Arrived at Scene) 5% or above red		Overall CCG demand (responses at scene) is 6.7% above the same 8 months in 2015-16. in November 2016 CCG responses were up 4.5% comparing November 2016 to November 2015
<b>Indicator – Well Led</b>	<b>Performance</b>	<b>Action</b>
PDR (appraisal) rate		The current PDR rate is 81.60% against the trust stretch target of 90%, Action continues to be in place to improve participation, which includes the realignment and resetting of the PDR process for management and support services staff as part of the business planning process.

## Patient Experience Update

The CCG's Patient Experience Officer is a pivotal member of the Quality and Patient Experience Team and facilitates, promotes and supports the collection of user feedback from a variety of sources. This supports a strategic approach to collating and analysing patient experience to better understand the experiences of those in receipt of services across the Vale of York.

This involves dealing directly with patients and members of the public, other CCGs, providers and other health and social care organisations whether face to face, by telephone or in correspondence ensuring that all issues are acknowledged and an appropriate level of investigation is undertaken in line with local and national guidance and timeframes.

### i) Vale of York CCG Complaints

One complaint was raised for a Vale of York patient who was unhappy with care and communication from St James's University Hospital in Leeds and who asked the CCG to raise a complaint on their behalf.

12 formal complaints were registered in the CCG during November and December 2016.

- 1 regarding the planned thresholds for elective surgery relating to BMI and smoking.
- 8 complaints relating to Continuing Health Care (CHC) were forwarded to the Partnership Commissioning Unit for investigation which included:
  - 2 challenging the appropriateness of previous assessment check lists
  - 1 was from a patient who had experienced a long delay and lack of communication regarding a CHC assessment
  - A relative complained that her father had been denied a personal health budget despite meeting the criteria
  - A relative complained that her husband's CHC funding had been withdrawn and this contradicted the fast track pathway guidance
  - Family unhappy with how a CHC assessment was conducted
  - Relative had concerns and questions regarding health care funding
  - Family unhappy that a retrospective review had previously been declined resulting in an alleged injustice to the deceased's estate
- 3 complaints relating to Mental Health Services were forward to the Partnership Commissioning Unit for investigation which included:
  - A delay in treatment from mental health services
  - Long delay for child awaiting an autism assessment
  - Lack of support and treatment from mental health services for teenage patient

## **Parliamentary & Health Service Ombudsman (PHSO)**

A complaint was referred to the PHSO for investigation (second and final part of the NHS Complaints Procedure) as the complainant remained unhappy with the outcome of the investigation regarding a retrospective CHC assessment. The PHSO upheld the complaint and made a recommendation for this to be reviewed.

The CHC team further reviewed the patient records from the nursing home and the GP. A period of four weeks was identified when the patient rapidly deteriorated and would have been eligible for fast track funding. A reimbursement form (for care home fees) was sent to the complainant, with an apology.

The PHSO were satisfied that their recommendation had been complied with and closed the case.

The PHSO advised the CCG in November that they would be investigating another complaint relating to CHC assessments. A complainant remained unhappy with the assessment for his father which he felt was flawed and did not reflect his father's condition at that time. Copies of the complaint file and all other relevant documentation have been sent to the PHSO and we await their findings.

### **91 concerns/enquiries/compliments were managed by the CCG**

56 emails from persistent contacts requiring no further action (majority of this increase in contact was related to USA politics and not relevant to the NHS)

2 enquiries regarding the gluten free food top up card scheme and 1 compliment regarding the scheme

7 concerns/enquiries relating to proposed plans for BMI & smoking thresholds for planned surgery

2 concerns relating to delays in providing flu vaccinations (1 at a surgery and 1 from the district nursing service)

Enquiry regarding whether previously agreed NHS funding could be reassigned to contribute to private fees

Enquiry regarding funding for specialised jaw surgery

3 concerns/enquiries regarding wheelchair assessments/provision (new provider from 1 December 2016)

Feedback regarding options for new mental health hospital

Clarity regarding prescribing policy

Clarity provided on referral options

Enquiry regarding physiotherapy self-referral

- Patient given conflicting advice about whether primary or secondary care should refer them for a MRI following attendance at the Emergency Department at York Hospital
- Enquiry regarding electronic referral systems from GPs to secondary care
- 1 letter from a GP surgery regarding an alleged breach of contract, that is, York Teaching Hospital failed to enable an onward referral
- Family concerned that their father is being discharged to an unsuitable care home
- Advice given on access to ADHD treatment (Attention Deficit Hyperactivity Disorder)
- Patient unable to access medication and support for ADHD (adult)
- Long waiting list for mental health therapy (children)
- Family unhappy with CHC assessment
- Relative unhappy that a PCU staff member had not attended planning meetings regarding a patient transferring between mental health facilities
- Enquiry from a primary school regarding specialised equipment for a pupil
- 2 enquiries regarding IVF policy
- Enquiry from a care home regarding new version of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) notices for residents
- Information from the Sporting Memories Foundation regarding male mental health.
- Practice nurse seeking infection control advice

### **CHC Assessments**

A number of complaints and concerns raised by families mention a lack of communication and information about the CHC assessment process. Relatives may be involved and included in all other aspects of care for the patient but feel excluded by the assessment process. The CHC team are using this feedback to inform a project reviewing the process to ensure that patients and families do receive information and clear advice, and are aware that they can contact the CHC team directly to discuss any concerns.

### **Attention Deficit Hyperactivity Disorder (ADHD) & Autism Spectrum Disorder (ASD) Service**

The CCG continues to hear from patients who are post diagnosis but require medication review and/or on-going support. Whilst the pathway is clear for people with ADHD and ASD who also have mental health issues / conditions (via care from

Tees, Esk & Wear Valleys NHS Trust) there remains a number of people with an ADHD or ASD diagnoses who do not have mental health issues / conditions, but have a lower level of need that still requires intervention and support. These services are not currently commissioned by the CCG.

A number of people have raised their concerns regarding this, one example resulting in distressing circumstances because were unable to access support and medication review. The negative impact on their lives and those around them has been significant and stressful.

In response to this feedback the CCG has reviewed its commissioned services provided by TEWV. This has resulted in discussions with TEWV to undertake medication reviews under a set of criteria via a contract variation. Additionally, mental health expertise will support the Independent Funding Review Panel so that cases are reviewed in a timely way to mitigate against delays for service users.

### **Child & Adolescent Mental Health Services (CAMHS)**

Tees, Esk & Wear Valleys (TEWV) report that there is currently a waiting list for the Low Mood and Anxiety Clinic and for children awaiting assessments of ADHD and ASD and this is reflected in concerns raised with the CCG. TEWV are reviewing how the service is structured and have set up a Single Point of Access with the aim of streamlining the referral process for referrers and families. It is hoped this new way of working will deliver speedier responses. Additional funding has been made available to try and address the current waiting times. TEWV have also recently been successful in gaining funding to be able to offer more intensive home treatment for the York and Selby area and they hope to begin recruitment of staff into this service early in 2017. The CCG has seen a significant reduction in the CAMHS waiting list and this is referred to further on page 34 of this report.

### **Tees, Esk & Wear Valleys (TEWV)**

TEWV Patient Advice & Liaison Service (PALS) reported that a concern had been raised regarding difficulties in contacting the York & Selby IAPT service (Improving Access to Psychological Therapies) by telephone. This was further highlighted when PALS experienced the same issue. Investigation found that the service only had one incoming telephone line. The service now has two phone lines to improve client access.

New leaflets and signage have been distributed to all the GP surgeries in the catchment area for both GP information and client distribution. This was also communicated in the GP Surgery meetings. Leaflets have also been distributed to local community centres and off site areas that the clinicians work from.

This has successfully improved clients ability to reach the service and they are able to speak to an administrator, rather than having to leave messages. There is also an up to date message service for those who are unsuccessful if both lines happen to be in use when they call.

## **Continuing Health Care Paediatric Equipment**

The CCG received feedback from a service user that vital paediatric equipment was being delivered to the GP practice instead of home resulting in additional journeys and inconvenience. In response the CCG reviewed this process to ensure that the equipment is now delivered directly to home.

## **Repatriation of Paediatric Patients from outside of area**

The CCG were made aware of a patient who was waiting to transfer back to York Teaching Hospital from a hospital outside of the Vale of York area and worked alongside staff at York Hospital to facilitate this.

## **ii) Other Organisation Complaints / Concerns**

13 Complaints/concerns signposted to other organisations

### **City of York Council:**

- Concern raised regarding a member of the housing team
- Enquiry re care home fee increase

### **Clifton Park Hospital (part of Ramsay Health):**

- Issue with communication prior to and following surgery

### **York Teaching Hospital**

- Copied into letter to hospital from a relative worried about his wife's condition and forthcoming orthopaedic surgery – PALS at York confirmed the concerns and his wife's immediate needs were being addressed urgently
- GP Practice concerned that there is an administrative delay in breast clinic letters being typed and sent to GPs.
- Concern regarding discharge assessment
- 

### **Yorkshire Doctors (part of Vocare)**

- 2 concerns regarding the Out of Hours GP Service

### **Partnership Commissioning Unit – Continuing Health Care Team**

- Letter relating to assessment (not a complaint)

### **NHS England**

- Enquiry regarding specialist dentist for children

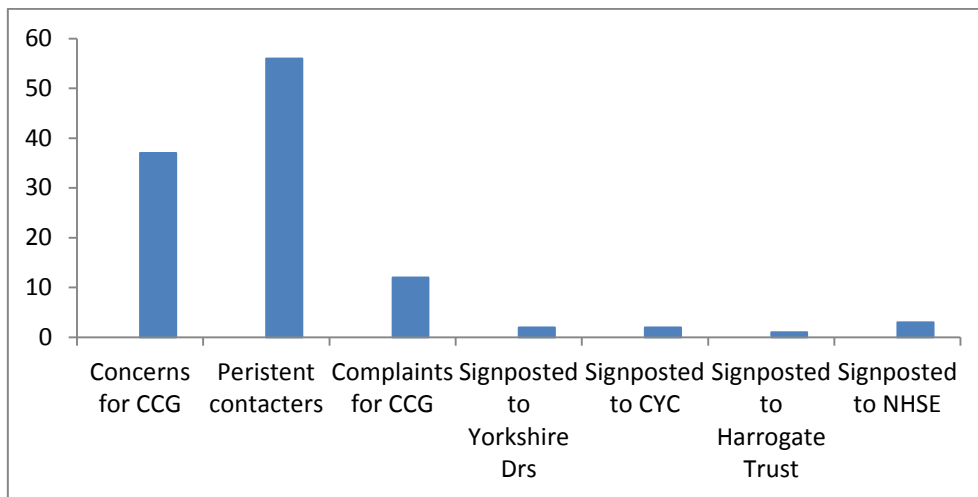


- Incomplete information provided to a practice by the children’s immunisation team
- Feedback regarding breast screening programme

**Harrogate & District NHS Foundation Trust:**

- Concern relating to the Minor Injuries Unit at Selby Hospital

The graph below shows the reasons for contact in November & December:



**iii) Other Sources of Patient Feedback**

These are reviewed regularly so that any themes, trends or potential issues can hopefully be identified early, escalated and resolved where possible. Any learning will be reported here.

**Patient Opinion website** – in December there were 26 compliments and 3 negative postings for services provided by York Teaching Hospital NHS Foundation Trust.

**Yor-Insight** – this is a reporting mechanism on the Vale of York website for staff to raise issues, areas of concern or to share good practice and is monitored regularly. No issues to report.

**Reader’s letters** in the local press –

- 1 letter in praise of the York Hospital
- 1 letter complimenting the Yorkshire Ambulance Service
- 1 compliment regarding ease of access to appointments at My Health Group
- 3 letters of concern regarding mental health services in the York area

- 5 negative letters regarding government decisions and the impact on the NHS in general

### **NHS Choices** (the official website of the National Health Service in England)

These are the current ratings available at the time of writing, based on feedback by users. Providers not listed have not yet been rated.

<b>Hospital</b>	<b>Rating (out of a score of 5)</b>	<b>Number of ratings</b>
York	4	184
Scarborough	4	98
Selby War Memorial	4.5	26
Malton	4	12

### **Healthwatch York**

Positive feedback posted on the website for:

- Lifestyles Care Home
- Fulford Nursing Home
- Haxby Group Practice
- Yorkshire Ambulance Service
- York Hospital
- and 1 negative posting regarding a discharge from York Hospital.

Healthwatch York asked residents what topics they should look into and one of the most popular was access to GP services. Following changes to the appointment system at Unity Health, Healthwatch have launched a survey to find out how patients feel about these changes. The findings of the survey will be published early in 2017.

### **York Teaching Hospital**

279 PALS contacts were recorded across the Trust in October. There were 21 complaints at York, 12 at Scarborough and 3 in Community in October; a total of 262 have been reported year to date.

22 compliments were received by the Chief Executive in October 2016. This is in addition to the many cards and letters received directly by wards and departments.

The Friends & Family Test (FFT) the Trust achieved a 26.9% response rate to the Inpatient FFT in October 2016 compared to 20.3% in October 2015. A total of 2,832 responses were received from inpatients across the Trust. The 90% target for the percentage of respondents recommending the Trust was achieved across all sites.

The Trust achieved a 17.7% response rate to the ED FFT in October (York: 18.9%, Scarborough 12.7%). The Trust is yet to achieve the 90% target for the percentage

of respondents recommending the ED departments, the Trust has consistently achieved 70-80% between April and October 2016.

The Trust achieved a 0.8% response rate to the Community FFT in October. This includes a 31.1% response rate achieved by the Community Hospitals alone.

Response rates to the Maternity FFT saw a drop in October to 21.01% (September 37.7%). The biggest decrease was seen in Postnatal Community who achieved a response rate of 12.1%, their lowest performance since December 2015.

The 90% target for the percentage of respondents recommending the Trust was achieved across all areas in October.

### **Yorkshire Doctors**

4 complaints were closed during November (3 relating to the Urgent Care Centre within York Hospital and 1 about the Out Of Hours GP Service). No new complaints were received in November.

1 compliment was received regarding care in the York Urgent Care Centre.

### **Friends & Family Test (November 2016)**

York Urgent Care Centre scored 42% of users extremely likely to recommend the service to friends and family should they need similar care, 33% likely, 17% neither and 8% unlikely to recommend.

Selby Urgent Care Centre scored 56% extremely likely and 44% likely to recommend.

### **Tees, Esk & Wear Valley NHS Foundation Trust (TEWV)**

Latest information available is for November 2016 when 1 complaint was received. 11 concerns were handled by the PALS team and 2 compliments were received. Lessons learnt from complaints are reported and monitored through the Trust's internal quality assurance framework.

**The Friends and Family Test** - during the period of November there were 11 community teams surveyed and 1 inpatient ward. 6 teams scored 100%, 5 teams scored between 75% and 99%, and 1 team scored 67%.

### **GP Friends & Family Test (FFT)**

NHS England (NHSE) guidance states that the FFT does not provide results that can be used to directly compare practices. The flexibilities in collection methodologies and variation in populations in different areas mean we are not comparing like with like.

There are no response rate targets or minimum response numbers for GP practices. However, NHSE records each practice's list size to put the number of responses

collected into context. The CCG are working with GP Practices to better understand processes and any learning. Further information will be reported in future.

In the latest results (October 2016) there were anomalies in the data and 9 practices had not submitted any data. NHS England are writing to all practices to remind them of the importance of collecting and submitting FFT data (about 70% of practices currently submit each month) and that it is a contractual requirement to do so. The letter explains that changes have recently been made to the process to make it easier to submit data and provides guidance and support for practices experiencing problems.

## Commissioning for Quality and Innovation (CQUIN)

### Commissioning for Quality & Innovation (CQUIN) 2017-19

The 2017-19 CQUIN scheme is intended to deliver clinical quality improvements and drive transformational change.

The indicators below for NHS providers aim to improve quality and outcomes for patients including reducing health inequalities, encourage collaboration across different providers and improve the working lives of NHS staff.

Depending on provider performance, the CQUIN Scheme is worth a maximum of 2.5%, payable in addition to the Actual Annual Value of the NHS Contract. 1.5% of the CQUIN is assigned to the Clinical and Transformational indicators detailed in the table below.

### CQUIN Schemes 2017-18 – NHS Providers

York Hospital Acute	York Hospital Community	TEWV	YAS	NHS 111
NHS Staff Health and Wellbeing	NHS Staff Health and Wellbeing	NHS Staff Health and Wellbeing	NHS Staff Health and Wellbeing	NHS Staff Health and Wellbeing
Proactive and Safe Discharge	Proactive and Safe Discharge	Child and Young Person MH Transition	Ambulance Conveyance	111 referrals to A&E and 999
Reducing the impact of serious infections	Wound Care	Physical Health for people with Severe Mental Illness	+ locally devised indicators if required	+ locally devised indicators if required
Improving services for people with mental health needs who present to A&E	Physical Health for people with Severe Mental Illness	Improving services for people with mental health needs who present to A&E		

e-Referrals	Preventing ill health by risky behaviours – alcohol and tobacco	Preventing ill health by risky behaviours – alcohol and tobacco		
Offering Advice and Guidance	Personalised Care/ support planning	+ locally devised indicators if required		

The remaining 1% is assigned to support local areas on STPs and achieving financial balance.

### Independent Provider CQUIN Schemes 2017-18

The local indicators below have been agreed with our two independent providers and depending on performance, are worth 2.5% of the contract value.

<b>Clifton Park Hospital</b>	<b>Nuffield, York</b>
Staff Health & Wellbeing – Flu vaccination	Staff Health & Wellbeing – Flu vaccination
Implementation of National Safety Standards for Invasive Procedures	Implementation of National Safety Standards for Invasive Procedures – Theatres, Diagnostics and Outpatients
Radiology Referrals	

Quarter 3 performance for 2016/17 CQUIN schemes will be reported April 2017 Quality and Patient Experience Report.

## Regulatory Inspection Assurance

The CQC require all providers of health care to be registered by law with the CQC. Registration is subject to compliance with a regulatory framework based upon a series of regulations known as the “essential standards of quality and safety”.

### i) Primary care – Care Quality Commission (CQC) Inspections

There are 26 GP Practices in the Vale of York Commissioning Group. All have now been inspected under the new CQC methodology and have been rated as ‘Good’ overall and this was recognised in the local press this month.

A workshop with the Council of Representatives will be held in the new year focussing on quality and getting input into further development of our Quality Assurance Strategy. A starter set of indicators were agreed at QPEC in Dec 2016 and the dashboard is in development.

## ii) Care Homes – Care Quality Commission (CQC) Inspections and Concerns

The CCG maintain a record of care homes within the Vale of York area. Currently 82 are regularly monitored.

- 1 rated as Outstanding (Christmas Lodge)
- 50 rated as Good
- 25 rated as Requiring Improvement
- 3 rated as Inadequate (Holgate House, Denison House, Moorlands)  
3 not yet inspected under the new CQC methodology (Connaugh Court, Apple Tree and Woodside)

### Care Home Update – Adult Safeguarding perspective

**Dennison House** – has been rated as an inadequate service for a number of months – CQC have progressed service to first level panel hearing at which the service were given a further six months to establish improvements.

The adult safeguarding team are attending a collective care meeting early in February 2016 so will be able to provide an update following this.

**Moorlands** – has been rated as an inadequate service for a number of months. A joint assurance visit by City of York Council contracts team and the adults safeguarding team took place in January 2016. – No immediate concerns were noted only minor concerns with documentation. CQC will be re-inspecting in February 2016 and the area quality manager is supporting the care home manager to make significant improvements. Additionally the Manager has been invited to the Partners in Care meeting to engage with CCG for support.

**Lake & Orchard (Selby)** – a high number of safeguarding concerns have been received and this service is in NYCC collective care processes. The safeguarding concerns mostly relate to care in the Orchard unit (nursing). The PCU visited in December 2016 and gained some assurance from the new manager who had been in post since beginning of November 2016 and has already made significant improvements.

An unexplained death occurred in January on Lake unit (residential) and an investigation of this is currently underway with North Yorkshire Police.

CQC have re-inspected and the next collective care meeting is in February 2017. The PCU and NYCC staff will undertake a full assurance audit before next collective care meeting. Service is in voluntary suspension.

## **Care Homes**

The plan to recruit to the CCG's Quality Lead post to support Care Homes and Domiciliary Care Providers is underway and we will continue to report on the quality improvements and work plan associated with this role.

## **React to Red**

React to Red is a Pressure Ulcer Prevention training scheme for Care Homes and other Care Providers committed to educating as many people as possible about the risks of pressure ulcers and the simple steps that can be taken to avoid them.

The CCG have committed to a six month project which supports this initiative. However recruitment to the Nurse Specialist and Assistant post to support this initiative has been delayed owing to challenges associated with the secondment of staff from their provider organisations. The CCG will continue to pursue these secondments to these roles when the Quality Lead is in post.

## **CHC Collaborative Improvement Programme**

NHSE have launched a new CHC Collaborative Improvement Programme which the CCG are participating in. The aim is to share establish national standards of practice and reduce variation in service user and carer experience linked to the quality, timeliness and speed of assessment, eligibility decision making and appeal processes. Also the programme aims to achieve the requirements of the spending review which sets a target of reducing growth in CHC expenditure

**Dementia Diagnosis Rates** Coding of dementia diagnoses across Vale of York CCG remain below the national expectation of 67%. The current rate is 55.1% which is a worsening position from the last reporting period (55.7%). In response to NHS England the clinical and commissioning leads continue to work through the action plan with support from their regional dementia quality manager.

A further telephone conference between the primary care clinical lead and the regional clinical lead for dementia is scheduled for 26th January 2017. During the final quarter of 2016/17, with support from NHS England, all practices will be encouraged to run the dementia toolkit, review practice records for coding validation and to nominate a practice lead (GP, Nurse or Practice Manager) to support the establishment of a primary care dementia network.

In addition, a list of patients who are currently being treated for dementia in secondary care and/or resident in care homes is being checked against primary care records to increase rates.

Dementia was the focus of one of the workshops at the pre-Christmas Clinical Summit with consultants from York Teaching Hospital and GPs. Ideas for improvements were generated from this workshop and the CCG will continue to follow these up.

## **Commissioning for Value Mental Health and dementia pack (NHS Right Care)**

Commissioning for Value Mental Health and dementia pack (NHS Right Care) has been published in January 2017. The pack contains data across a range of mental health and dementia services. The NHS Right Care programme is about improving population-based healthcare through focusing on value and unwarranted variation and the CCG will be analysing their data in the following weeks.

## **Learning Disabilities Mortality Programme (LeDeR)**

The CCG received notification of a death in December 2016 which has been logged on the national LeDeR system. An appropriately trained LeDeR reviewer will lead the review and updates will be shared prospectively.

The LeDeR Programme has been established following the Confidential Enquiry into the Premature Deaths of People with Learning Disability. LeDeR includes review of deaths of people with learning disabilities, aged between 4 and 74, whether they were known to services or not.

LeDeR also complements the NHS Operational Planning and Contracting Guidance for 2017/19 which contains 2 'must-dos' for people with learning disabilities:

- "Improve access to healthcare for people with a learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.
- Reduce premature mortality by improving access to health services, education and training of staff, and by making reasonable adjustments for people with a learning disability and/or autism."

LeDeR is not a formal investigation, a complaints process or an avenue to apportion blame. Instead it focuses on the learning that can be gained from reviewing the circumstances in which a person with learning disabilities dies, and also their care and treatment through their life. LeDeR also looks into wider equality issues, with more detailed reviews taking place of people from BME communities and the deaths of people aged between 18 and 24.

The CCG is working with providers to contract for Key Performance Indicators relevant to these outcomes from April 2017. Additionally, gaining assurance within Primary Care is a key priority and is being led by the Clinical Lead and Senior Improvement and Innovation Manager. This work will also include Learning Disability register compliance as well as the requirement for annual physical health checks.

## **Cancer**

The CCG continues to report positively against all cancer improvement and assessment indicators and are ranked in the top 7 of CCG's in England. These include



- Cancer diagnosed at early stage
- People with urgent GP referral having first definitive treatment for cancer within 62 days of referral
- One year survival from all cancers
- Cancer patient experience.

However, York Teaching Hospital cancer performance against a number of targets is showing deterioration. These include the patients waiting more than 14 days for Fast Track referrals, 31 Days for subsequent Surgery and 62 day waits for cancer treatment following referral.

Cancer performance dipped in Quarter 2 (July, August and September 2016) and whilst it has remained challenging through Quarter 3 (October, November and December 2016) the direction of travel is for improvement. With the exception of 31 days subsequent surgery, unvalidated data for December 2016 shows an improving performance position against the Cancer targets.

The improvement through December 2016 is against a back-drop of increasing urgent pressure and resulting cancellations of routine cases, and demonstrates the priority and commitment of all staff to achieve the cancer targets. As part of York Teaching Hospitals' Operational Performance Recovery Plan specific action has been taken forward in Dermatology, where significant capacity issues have impacted. In response York Teaching Hospital have been working with the CCG to support pathway redesign and digital imaging in primary care to improve triage. In addition the CCG has been asked to develop a bid for STP transformational funding which includes support for early diagnosis, survivorship and recovery.

## Diabetes

The CCG have worked with their partners to submit a bid for national funding to support care for people living with diabetes which includes

- Application for funding for a multidisciplinary foot care team (MDFT)
- Application for funding to enable an increase in achievement of the 3 NICE recommended treatment targets (working with York Hospital Foundation Trust) and to support the integration between primary and secondary care teams with mental health and social care provision.

## End of Life Care

As the second procurement for palliative and end of life care packages (Fast Track) failed to secure any interest for the Vale of York, the CCG has now commenced a desktop review of services available locally.

The review paper will present some options for improvements to local services as well as next steps in addressing the fast track provision. The paper is due to be discussed with the Clinical Executive and the Senior Management Team in January 2017 and we will continue to report of progress.

Additionally the CCG's Macmillan GP Lead has been reviewing end of life care documentation across both the Vale of York CCG and Scarborough and Ryedale CCG. There are lots of excellent examples of good practice in this area and the CCGs are working to standardise this approach across Community Services and Primary Care. At present each team hold separate notes for each patient, the ambition being to create an electronic record that can be shared.

## **Children, Young People and Maternity**

The PCU continue to support Vale of York CCG in providing assurance across a range of services

### **i) Children's Autism Diagnostic and Assessment Service**

The numbers of children and young people waiting for an autism assessment is high in York. As of the end of November 2016 this figure stands at 104.

A recent event was held by Tees, Esk and Wear Valley NHS Trust which described the improvements needed as well as reviewing the full pathway and making recommendations. In the short term the CCG and TEWV are putting in additional capacity so that the assessments can be carried out in the short term and the numbers of young people waiting is reduced.

Since the last reporting period improvements have been seen in terms of the diagnostic rates which are up from 50% to 60% and the numbers of appointments have increased but this is yet to impact on the waiting times which still stands at 43 weeks against the NICE standard of 12 weeks.

TEWV's service development plan describes a plan to reduce this and stretch targets are being agreed to reduce the waiting times by 50% within an agreed timeframe. The CCG awaits more detail and will continue to seek assurance against these measures to improve services for children and young people.

### **ii) Child and Adolescent Mental Health Services (CAMHS)**

NHS England has announced funds to Clinical Commissioning Groups (CCGs) to reduce waiting times for treatment and the CCG has received funding in October 2016. Further NHS England funding is available into 2017 and the CCG has an action plan in place with the service to monitor improvement. CAMHS are progressing with their initial data analysis and continue to work closely with the Vale of York CCG Mental Health leads.

The numbers associated with the original waiting list was 520 but is now showing significant improvement. Following validation of the waiting list there are now 166 people waiting in excess of 8 weeks. This number continues to reduce and there are a number of initiatives that have been put in place to ensure that that waiting times continue to reduce.

An enhanced community eating disorders team for children and young people has been developed, and the service is working towards the new access and waiting time standards.

In addition NHS England has launched a consultation on five service specifications for Children and Adolescent Mental Health Service (CAMHS) Tier 4 which the CCG will keep appraised of in terms of understanding the impact for local services.

## Worsley Court Closure

Worsley Court closed on 23 December 2016. It provided a 14 bedded male in patient service for assessment and treatment for older adults with dementia.

A CQC inspection was carried out in November 2016 that included significant levels of concern about staffing numbers and training compliance at Worsley Court. In response TEWV's action planning to address these concerns included expediting the redesign of their in-patient services which included the closing of Worsley Court earlier than planned. TEWV are planning to re-open this service at Acomb Gables in February 2017 and will ensure that staffing establishments and training compliance are addressed in the interim.

Patients affected by the closure were all found alternative placements. However the discharge of 1 patient was open to scrutiny following a number of concerns raised by the Care Home he was discharged to.

The CCG carried out a look back exercise with those affected and worked with NYCC to eventually find a suitable alternative placement.

## Retrospective Appeals – Continuing Health Care (CHC)

The CHC team continue to provide an in house local resolution process to patients and families who appeal the decision about Continuing Health Care funding. If the outcome of this process is not accepted patients and families hold the right to proceed to an Independent Review Panel which is facilitated externally by NHSE.

The figures for Vale of York CCG are included in the table below for November and December 2016

Description	Status	Total
Local Resolutions	Pending	32
	Complete	3
Independent Review Panels	Pending	0
	Complete	0

## Risk Register

The following risks related to Quality are included on the Risk Register (Covalent):

### PCU17.9 Disaggregation of Special School Nursing

The CCG is now the Responsible Commissioner for Special School Nursing. The City of York Council are withdrawing funding from the current provider (York Teaching Hospital) from September 30th 2016. The CCG is rolling over the current contract until at least April 2017. Further development is needed to improve the service specification and the quality of service. Transfer of funding from CYC to the CCG is not agreed.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		2	2	4	31-Aug-2017

### Q&P17.07 YTHFT Serious Incident processes may not be effectively managed

Good management of serious incidents when they occur is a marker of safe, transparent practice to learn from mistakes and prevent reoccurrence. At YTHFT, there are concerns regarding the internal process management, quality of investigations and repeat incidents occurring.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		4	2	8	31-Mar-2017

### Q&P17.16 Lack of assurance with regards to safeguarding adults

There is the potential for the service to not be adequately covered. There is also a possibility that the current service model is not fit for purpose.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	3	3	9		3	2	6	31-Mar-2017

### Q&P 17.17 TEWV Serious Incident processes may not be effectively managed

Good management of serious incidents when they occur is a marker of safe, transparent practice to learn from mistakes and prevent reoccurrence. At TEWV, there are concerns regarding the internal process management, quality of investigations and identification of relevant actions.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	3	12	4	3	12		4	2	8	31-Mar-2017

### Q&P17.18 Lack of specialist infection prevention expertise

There has been a significant delay in recruiting to shared CCG specialist IPC post and the existing Bank Nurses are currently struggling to meet demand and one is leaving. There will be a delay in the new recruit shared between CCG's becomes orientated. The Head of Quality Assurance is having to pick up a significant amount of work to ensure assurance is maintained.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
3	4	12	3	4	12		1	1	1	30-Nov-2017

### Q&P17.10 Lack of assurance on quality and performance monitoring in Primary Care

The CCG accepted full delegation of primary care co-commissioning from 1 April 2015. As for other providers, the CCG will need to ensure services are safe and high quality. Quality and Performance monitoring processes will need to be developed, agreed and embedded.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		4	2	8	31-Mar-2017