



*Vale of York  
Clinical Commissioning Group*

# **NHS Vale of York Clinical Commissioning Group Quality and Patient Experience Report – December 2016**

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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.

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

The Vale of York CCG Quality and Patient Safety Committee will start to meet bi-monthly from December 2016. The overall objective of the Committee will ensure that services commissioned 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.

The terms of reference will be ratified at the first meeting.

## Infection Prevention and Control

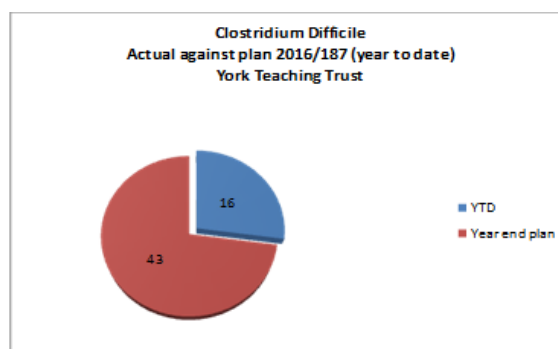
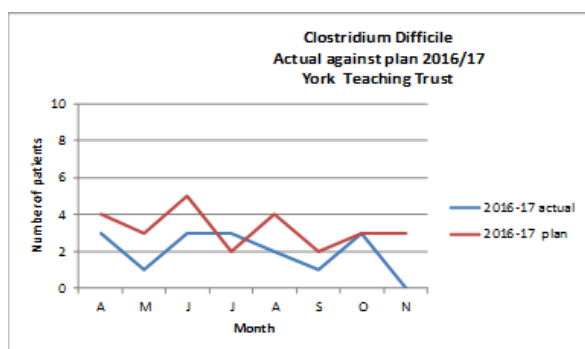
### Overall assurance processes

Since the Commissioning Support (CS) Infection Prevention and Control (IPC) Lead left post in early 2015 there have been difficulties in coordination and oversight of infection prevention. A shared IPC specialist role was advertised twice before successful recruitment took place. The post holder is an extremely experienced IPC nurse who is integrating into the different CCGs and she will be working with and understanding all the processes and risks. Progress in gaining assurance has continued with CCG attendance at all Post Infection Reviews as opposed to just those with no lapses in care. This has provided insight and additional assurance on the organisational IPC improvements and actions. A CCG IPC Locality meeting to improve communication and practice across care settings has been set up. Although feedback is received from the regional Antimicrobial Stewardship group it has been agreed that medicines management representation is required, as well as a Primary Care GP. In the future it is hoped that the meeting can be joined with the Scarborough and Ryedale CCG meeting and include a review of infections from a more commissioner led perspective.

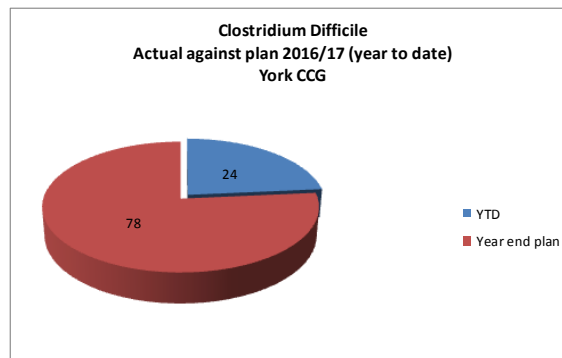
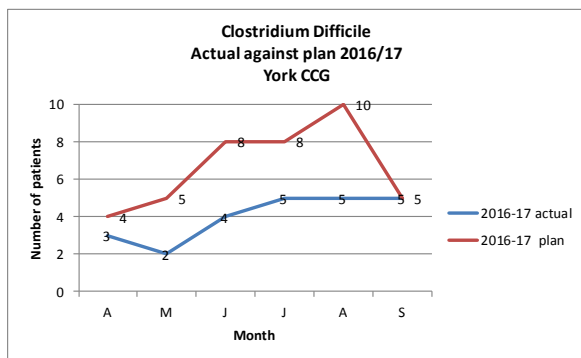
### Current Health Care Associated Infection (HCAI) data

The graphs below illustrate that the clostridium difficile (C Dif) infection numbers continue to fall. Post infection review (PIR) occurs for every case and the CCG attends to obtain assurance and learning is often identified despite the positive data trajectory.

The graphs below show YTHFT current position based on their C Diff objective.



At the end of quarter 2, 24 CCG attributable cases have been reported as opposed to 46 cases at the end of quarter 2 in 15/16, which demonstrates a significant decrease in cases over the same time period, as detailed below



## Clostridium Difficile Infections for Vale of York CCG patients

This table describes C-Diff infections for all Vale of York patients and where there were lapses in care in Q2 2016

| Description   | July | Aug | Sept |
|---|------|-----|------|
| <b>Vale of York CCG Attributable Cases (All)</b>            | 5    | 5   | 5    |
| <b>Vale of York CCG Lapse in Care (All)</b>                 | 0    | 2   | 0    |
| <b>YTHFT Attributable Cases (All)</b>                       | 3    | 2   | 1    |
| <b>YTHFT Lapse in Care (All)</b>                            | 0    | 2   | 0    |
| <b>Harrogate &amp; District FT Attributable Cases (All)</b> | 1    | 4   | 4    |
| <b>Harrogate &amp; District Lapse in Care (All)</b>         | 0    | 1   | 0    |

## Methicillin-resistant Staphylococcus Aureus (MRSA)

MRSA cases are shown below against a trajectory of zero. A post Infection review of all cases is completed which the CCG attends and themes identified are :-

- MRSA screening not undertaken in line with trust policy on admission,
- MRSA screening not undertaken on transfer to another ward
- Lack of repeat screen at 30 days since admission
- One patient did not receive decolonisation prior to line insertion.
- Not receiving prophylactic antibiotics in line with MRSA status prior to theatre

One case has been reported as a non-trust attributable case however it has been agreed this is a trust attributable case and a case in October has been reported as a community case but the patient was transferred from Selby hospital.

**MRSA Bacteraemia Infections(MRSABSI)**

|  | Apr | May | Jun | Jul | Aug | Sep | Oct |
|--|-----|-----|-----|-----|-----|-----|-----|
| <b>Vale of York CCG Attributable Cases (All)</b> | 1   | 0   | 1   | 0   | 1   | 0   | 3   |
| <b>YTHFT Attributable Cases (All)</b>            | 1   | 0   | 1   | 0   | 2   | 0   | 1   |
| <b>HDFT Attributable Cases (All)</b>             | 0   | 0   | 0   | 0   | 0   | 0   | 0   |

**E coli bacteraemias (EcoliBSI)**

On the 18th November 2016 The Secretary of State announced a requirement for a reduction in 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 blood stream infections over 3 years based on 2015/2016 figures. The current data is only available as a CCG attributable number however it is noted that a significant increase in cases occurred during July, August and September 2016 based on the same period in 15/16. This demonstrates a 47% increase in cases over this time period. The year to date figures demonstrate an overall increase from 124 at the end of quarter 2 in 15/16 to 158 cases at the end of quarter 2 in 16/17.

**E Coli BSI**

|  | Apr | May | Jun | Jul | Aug | Sep | Total |
|--|-----|-----|-----|-----|-----|-----|-------|
| <b>Vale of York CCG Attributable Cases (All)</b> | 22  | 17  | 24  | 31  | 32  | 32  | 158   |

In response to the recommendations from April 2017 it is expected that the national PHE driven focus will alter slightly from C Dif and MRSA to maintain those levels with no increase and reduce to gram negative bacteraemia encompassing e-coli, kleibesella and proteus. However e-coli numbers are increasing with the current prevalence at 175 cases year to date for Vale of York CCG. There is an expectation that a 50% reduction in the number of cases will be required over the next 3 years. Agreement about exactly what will be required and how this will be achieved as a reduction in line with the target will be a challenge. Further information is expected on December 16<sup>th</sup> 2016.

**Outbreak updates**

The Outbreak look back exercise into the norovirus outbreak in 2015 chaired by Scarborough and Scarborough and Ryedale CCG has resulted in an action plan which is being shared across the Vale of York CCG where appropriate. Regularly scheduled multidisciplinary outbreak meetings take place with a focus on communication and cross system working. These are increased if an outbreak situation develops. A communication plan is underway to raise awareness of any outbreak situation in real time

## Serious Incidents (SI)

Serious Incidents can be an important insight into both the incident reporting culture within an organisation and embracing the opportunity to learn when incidents happen. 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.

High levels of incident reporting can be indicative of a healthy organisational culture of learning when things go wrong. The table below gives insight into the comparator between the total number of Serious Incidents declared to date and the previous year.

|                                 | York Hospitals | Scarborough Hospitals | TEWW | Yorkshire Ambulance Service NHS Trust | South Tees FT | HDFT | Co-commissioning |
|---------------------------------|----------------|-----------------------|------|---------------------------------------|---------------|------|------------------|
| SIs reported 15/16              | 105            | 87                    | 38   | 15                                    | 12            | 116  | 2                |
| SIs reported year to date 16/17 | 63             | 31                    | 29   | 9                                     | 10            | 76   | 1                |

Completion of the investigation report within the required 60 day timeframe can be a challenge as investigators undertake these tasks as well as their substantive role.

The table below shows the total number of open serious incidents as at 16 November 2016. Increased information to explain these numbers is contained below

| 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 |                 |
| YTHFT - York Site | 185               | 50                    | 98         | 37             | 44   | 89         | 32             | 0               |
| YTHFT - Scar Site | 139               | 39                    | 58         | 42             | 35   | 48         | 35             | 3               |
| TEWV              | 56                | 0                     | 9          | 47             | 0  | 5          | 35             | 2               |
| <b>TOTAL</b>      | <b>380</b>        | <b>89</b>             | <b>165</b> | <b>126</b>     | <b>79</b>                                  | <b>142</b> | <b>102</b>     | <b>5</b>        |

### York Teaching Hospital Foundation Trust (YTHFT)

YTHFT have commenced a programme of Serious Incident training to increase the number of available trained investigators within the organisation. This has resulted in an increase in the standard of completed investigation reports received by the CCG. The CCG have been asked to attend an internal SI training day in January 2017 to present a session on what Commissioners need to see in an investigation to obtain assurance. It is hoped that this will allow reports meet commissioners' requirements and be closed more quickly.

YTHFT 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, as demonstrated in the table above. The Trust have shared their Falls and Pressure Ulcer strategic action plans, and at a subsequent meeting the Deputy Director of Patient Safety was able to provide increased depth of information about the action plan to the Head of Quality Assurance. A summary of this is currently being finalised which will include a plan to progress to being able to close the outstanding cases as assurance is gained, combined with evidence of this from attendance and on-going review of cases at the falls and pressure ulcer panel.

Concern has 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. Work is progressing to ensure all incidents are reported and investigated commensurate to the level of harm.

In 2015/16, 20% of SIs declared at York Hospital sites concerned pressure ulcers and at the end of Q 2 2016 26% of SIs concern pressure ulcers. During 2015/16, 53% of SIs declared at York Hospital sites concerned falls which resulted in harm. At the end of Q2 2016 47% of SIs relate to falls. The numbers reflect increased awareness, incident reporting and emphasises the need for evidence and assurance of embedded improvements and learning. CCG attendance at the falls and pressure ulcer panel has provided insight into organisational improvement, robust challenge to ward level staff and evidence of gradual learning combined with competing challenges such as staffing, equipment and training.

Serious Incidents are not routinely closed until assurance is provided that all recommended actions have been completed. Commissioners remain concerned that there is a lack of evidence to demonstrate assurance that actions have been implemented and to assure lessons are learnt and recommendations are implemented. This process is currently under discussion and it is hoped that by progressing and closing historical incidents will allow the Trust to concentrate on current incidents and actions and provide the evidence of completion of action plans.

Providers attended the CCG SI panel for the first time in October 2016, a progressive move with the aim to try to increase timely clarification of queries allowing more timely closure of incidents. This is a significant change to process which will take some time to establish and monitor effectiveness.

### **Never Events**

2 Never Events were declared by YTHFT for Vale of York patients. 1 Never Event was declared by Hull & East Yorkshire Hospitals NHS Trust (HEY) for a Vale of York patient in Quarter 2.



## **York Teaching Hospital Foundation Trust (YTHFT)**

- Medication Incident – medication was administered through the incorrect route at Whitecross Court.
- Wrong Site Surgery- this occurred at Bridlington Hospital when a skin incision was made prior to hip aspiration, an error of the incorrect side was noted at that point.

The CCG has received updates on developments of Safer Surgery checklists and department specific NaTSSIPs following previous Never Events through sub Contract Management Board with additional assurance requested for the December meeting.

Following the concerns over Never Events and management of serious incidents a meeting was held in August 2016 with the Chief Nurse and Medical Director of YHFT with Vale of York and Scarborough CCGs attendance to discuss and agree actions. To date no response on the action notes has been received by the CCG from YHFT although no further never events have occurred. This is being escalated through the contractual route.

### **12 Hour Trolley Waits**

There have been 2 12 hour trolley waits since the last report. One in November at York Hospital with a wait of 14 hours and 40 minutes (with a decision to admit 2 hours 11 minutes after arrival) – no harm occurred to the patient.

The other incident was in September 2016 which was a wait for a Vale of York patient attending an A&E not in our region. The wait was for a mental health bed.

A meeting to review the action plan from the multi-agency investigation into the series of 12 hour breaches which occurred in April 2016 at Scarborough Hospital is scheduled for 1<sup>st</sup> December 2016. Whilst significant progress has been made there are still significant challenges when periods of high activity occur. The team at YTHFT in conjunction with NHSE and the CCG have redefined the REAP levels which are now called OPEL and map both in and out of the acute setting with the aim of increased clarity of system wide communication. Increased collaborative working has started in A&E between YAS and A&E staff. A full capacity protocol has been devised for Scarborough Hospital which describes the 'gridlock' situation and actions. A workforce audit has made recommendations to alter the current ways of working which is being reviewed by the Chief Nurse Team.

### **Duty of Candour**

Compliance with full adherence to the Duty of Candour requirement remains a concern. The Trust do acknowledge there are issues and have informed 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. Whilst this process is not yet fully

established and evidence of written apologies is not demonstrated within all the investigation reports received there is substantial evidence of significant improvements. This is monitored and additional assurance requested through sub CMB.

### **Hull and East Yorkshire Hospitals NHS Trust (HEY) incidents for Vale of York CCG patients**

Never Event - Surgical Invasive procedure, the incorrect spinal area was operated on which was discovered due to worsening symptoms post operatively -Castle Hill Hospital

SI - Suboptimal Care of deteriorating patient - Castle Hill Hospital

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

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 invited to attend the TEWV SI panel where incidents are discussed by a multi-disciplinary team. The Head of Quality Assurance has dialled into panels and obtained assurance through the robust review of cases. A recent and significant increase in completion of investigations has occurred and discussions are underway to agree how best to review outstanding action plans, gain assurance and close the cases if applicable. TEWV have decided that not all investigations require an action plan but that an overarching action plan will encompass actions. The CCG has requested a time line for this. TEWV have been formally invited to attend the CCG SI panel and have accepted this which it is hoped will start in December.

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

There have been 9 SIs reported in 2016/17 for the North Yorkshire CCG localities. 1 relates to a Vale of York patient which was a treatment delay for a patient who had fallen and injured her hip and there was a delay in the ambulance arriving.

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.

There have been a number of concerns raised by GPs across the CCG regarding delay in ambulance response times to practices. In response the CCG have attended YAS's Quality Board to feedback the issues raised. Quality Leads from NHS 111 and YAS have agreed to attend a Council of Clinical Representatives meeting to improve communication and understanding of the NHSE Ambulance Response Pilot as well as gain further awareness of Primary Care's concerns about potential clinical risk.

## Patient Experience

The Quality team has successfully recruited to an experienced Patient Experience Officer who leads on timely responses to both informal and formal complaints. In addition, patient experience data is collated from our commissioned providers which give us important insight to support our assurance processes.

### i) Vale of York CCG Complaints

2 formal complaints were handled within the CCG during October 2016

- Relative unhappy with Continuing Health Care (CHC) assessment and attempts by the team to resolve his concerns. Currently under investigation.
- Patient unhappy with the outcome of Individual Funding Request (IFR) panel and unsuccessful appeal. Currently under investigation.

31 concerns/enquiries handled within the CCG

- 8 emails from persistent contacts requiring no further action
- Enquiry from a pharmacy regarding the new provider of continence equipment
- Enquiry from Leeds General Infirmary regarding community service provision for a patient due to be discharged home
- Patient concerned about waiting time for wheelchair assessment
- Enquiry from a cataract surgery provider to clarify patient choice policy
- Contact from a patient regarding access to mental health support
- Enquiry about funding for the manufacture of a personal prosthesis
- Contact regarding transfer to a new GP Practice
- Query regarding changing patient details on practice database
- 2 enquiries about the Individual Funding Request process
- Enquiry regarding access to Botox clinic for a patient following a stroke
- Clarification of the current Body mass index (BMI) threshold for hip surgery
- Patient removed themselves from monthly medication ordering system at their pharmacy due to over-supply, following recent medicines management publicity
- Query regarding In Vitro Fertilisation (IVF) funding
- CCG copied into 9 letters from GPs to York Hospital regarding alleged breaches to contract - NHS England issued guidance on new requirements for hospitals in the NHS Standard Contract 2016-17 (Improving how hospitals work with general practice). The CCG is discussing this with local contract management boards, GPs and the Local Medical Council (LMC) to determine the best approach. Information will be provided to practices to explain the current position and the Trust's initiatives to get the Standards in place.

### ii) Other Organisation Complaints / Concerns

17 Complaints/concerns signposted to other organisations

**York Hospital:**

- Patient unhappy with treatment in the Emergency Department
- Relative experiencing difficulty in contacting the district nursing service
- Patient unhappy with waiting time for an ultrasound guided injection
- X-ray report not available for review at GP appointment
- Discharge team at Leeds General Infirmary querying arrangements for patient being transferred back to York

#### **Yorkshire Ambulance Service:**

- Relative unhappy with the 111 service

#### **GPs**

- Copied into a concern relating to a lack of referral and prescription issues and confirmed the practice manager was already aware and investigating.
- Query re prescription

#### **Leeds & York Partnership NHS Foundation Trust**

- Concerns re Lime Trees Mental Health Unit

#### **NHS England**

- Signposted 3 contacts with primary care complaints
- Complaint regarding an optician not arranging a British Sign Language interpreter for patient's appointment

#### **Tees, Esk & Wear Valley NHS Foundation Trust**

- Concerns re community mental health team
- Enquiry re travel expenses for family visiting a mental health patient admitted acutely to a hospital in the Midlands

#### **City Of York Council**

- Concern re needles left near public car park

#### **NHS Business Service Authority**

- Patient lost their NHS prescription exemption card

### **iii) Other Sources of Patient Feedback**

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

#### **Patient Opinion website**

In October there were 5 compliments posted for York Hospital.

## **Yor-Insight**

This is a reporting mechanism on the Vale of York CCG website for staff to raise issues, areas of concern or to share good practice and is monitored regularly. There are currently no issues to report.

## **Reader's letters in the local press**

- 2 letters of thanks to York Hospital
- 1 letter of thanks to Archways and expressing regret about the planned closure

## **Healthwatch**

The three Healthwatch organisations operating across the Vale of York CCG have recently shared their work plans for the coming year and these include:

York Healthwatch will be seeking views on Continuing Healthcare and Domiciliary Care. They will continue to run a monthly community equipment and wheelchair services forum. They will also continue their work looking at the future of mental health services in York working closely with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), the CCG and other local organisations to support public engagement throughout the consultation process for the new hospital. Healthwatch York will be a member of the Quality and Patient Experience Committee.

Healthwatch North Yorkshire's work plan includes looking into rural communities' access to Health and Social Care Services. They are also reviewing Yorkshire Ambulance Service (YAS) handover and turnaround times. Gathering data from each of the North Yorkshire CCG's they will compare and contrast the performance of YAS across the county's hospitals and benchmark with national standards and performance. This project is being run with a specific focus on Scarborough Hospital.

East Riding Healthwatch's focus will include mental health, home care, residential care and hospital discharge. They will also be continuing their dedicated engagement with 'hard to reach' and "seldom heard" groups.

## **York Teaching Hospital Foundation Trust (YTHFT)**

284 Patient Advice and Liaison Service (PALS) contacts were recorded across the Trust in September 2016. There were 30 complaints at York Hospital and 14 at Scarborough Hospital in September 2016; a total of 226 have been reported year to date.

A draft of a new YTHFT Policy for Handling Complaints and Concerns has been completed. It has received initial review and comment from the Deputy Chief Nurse and is now subject to consultation with matrons, directorate managers and via Patient Experience Steering Group.

The three directorates receiving most complaints are Acute and General Medicine, Emergency Department, Obstetrics and Gynaecology. The numbers for Acute and General Medicine and Emergency Department remain generally consistent with previous months. The numbers received by the Obstetrics and Gynaecology Directorate are significantly higher than previous months however, a detailed review has not identified any common theme or trends.

The Trauma and Orthopaedic Directorate are also above usual levels. Ward 28 has been the source of the majority of these complaints and the matron is developing a ward action plan which describes learning to mitigate against reoccurrence.

YTHFT's Friends and Family Test (FFT) results for August 2016 shows achievement of the target for 90% of patients to who would recommend the Trust. The inpatient rate was 96.5%. The Emergency Department rate is 85.6% compared to a national average of 85%. The Scarborough Emergency Department rate dropped to 71% in July. This has been highlighted to the Emergency Department team, narrative comments indicate the majority of dissatisfaction is linked to waiting times and communication.

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

The latest information available is for September 2016 when no complaints were received. 13 concerns were handled by the PALS team and 5 compliments were received. No trends were identified.

Friends & Family Test - During the period of September 2016 there were 12 community teams surveyed. 7 teams scored 100%, 3 teams scored between 80% and 86%, 1 team scored 50% (this was based on 2 responses received) and another team scored 0% (this was based on 1 response received);

### **Friends & Family Test – Independent Providers**

The table below shows the October 2016 Net Promoter Scores for Clifton Park Hospital and the Nuffield Hospital in York in response to the question 'How likely are you to recommend this hospital?'

| <b>Organisation</b>            | <b>Inpatient</b> | <b>Day Patient</b> |
|--------------------------------|------------------|--------------------|
| Nuffield York                  | 95%              | 92%                |
| Clifton Park Hospital - Ramsay | 99%              | 100%               |

## **Clifton Park Hospital Friends and Family Responses**

'From start to finish I was kept informed and kept at ease. All staff from reception to surgeon were friendly which is a great thing these days. Keep up the good work'

'Good environment, clean and comfortable. Excellent communication, given all information needed and opportunity to ask questions. Skilled team who all work well together'

'I have found everything and everybody to be kind and friendly and very efficient – I will be very happy to return'

'My experience s a day and an inpatient have always been extremely pleasant. The staff are professional and have a caring manner, easy to talk to, put you at ease. The treatment has been most successful too. Thank you'

## **Nuffield York Friends and Family Responses**

'The whole experience of being treated at York Nuffield was first class from start to finish. The quality of staff and service was impeccable and the Consultant was most knowledgeable, patient, friendly, kind and reassuring and honest medical person I have ever met. 10/10 faultless throughout'

'All staff are excellent – in particular Nurse Emma was wonderful as was the nurse in Recovery, the anaesthetist and consultant'

'Every member of staff has been extremely helpful and professional throughout. The facilities are fantastic'

'Everyone was so helpful and caring. Particular mention to the ward manager, pharmacy manager and physio'.

## **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 contributes to this.

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. In the latest results (August 2016) there were anomalies in the data and 7 practices had not submitted any data. The CCG are working with GP practices to better understand processes and any learning. Further information will be reported in the near future.

## 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.

| Practice:                   | Date of latest CQC report: | Overall rating: | Practice:                  | Date of latest CQC report: | Overall rating: |
|-----------------------------|----------------------------|-----------------|----------------------------|----------------------------|-----------------|
| Beech Tree Surgery          | 05/03/2015                 | Good            | Pickering Medical Practice | 19/11/2015                 | Good            |
| Dalton Terrace Surgery      | 17/12/2015                 | Good            | Pocklington Group Practice | 21/07/2016                 | Good            |
| East Parade Surgery         | 20/04/2016                 | Good            | Posterngate Surgery        | 14/01/2016                 | Good            |
| Elvington Medical Practice  | 26/11/2015                 | Good            | Priory Medical Group       | 13/09/2016                 | Good            |
| Escrick Surgery             | 04/02/2016                 | Good            | Scott Road Medical Centre  | 08/10/2015                 | Good            |
| Front Street Surgery        | 08/05/2015                 | Good            | Sherburn Group Practice    | 13/08/2015                 | Good            |
| Haxby Group Practice        | 10/12/2015                 | Good            | South Milford Surgery      | 20/08/2015                 | Good            |
| Helmsley Surgery            | 22/08/2016                 | Good            | Stillington Surgery        | 08/10/2015                 | Good            |
| Jorvik Gillygate Practice   | 03/03/2016                 | Good            | Tadcaster Medical Centre   | 23/07/2015                 | Good            |
| Kirkbymoorside Surgery      | 18/07/2016                 | Good            | Terrington Surgery         | 22/08/2016                 | Good            |
| Millfield Surgery           | 17/09/2015                 | Good            | Tollerton Surgery          | 05/03/2015                 | Good            |
| MyHealth                    | 18/07/2016                 | Good            | Unity Health               | 03/03/2016                 | Good            |
| Old School Medical Practice | 26/08/2016                 | Good            | York Medical Group         | 14/01/2016                 | Good            |

A separate paper outlining further quality indicators is tabled for the Quality and Patient Experience Committee December 2016 which will need to be approved at the Primary Care Commissioning Co-committee. A workshop with the Council of



Representatives is to be held in the new year focussing on quality and getting input into further development of our Quality Assurance Strategy.

## 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. 2 care homes have closed since the last update (Oakhaven and Grove House Residential Homes).

- 1 rated as **Outstanding**
- 50 rated as **Good**
- 25 rated as **Requiring Improvement**
- 3 rated as **Inadequate**
- 3 not yet inspected under the new CQC methodology

### Care Home Update – Adult Safeguarding perspective

**St Catherine's** (Shipton by Beningbrough) – suspension fully lifted – following evidence of sustained improvements.

**Moorlands** (York) – inadequate rating (Aug 2016) being managed by CQC and Local Authority contract team.

**Lake & Orchard** (Selby) – requires improvement rating (Feb 2016) – several safeguarding concerns in Orchard unit – now in North Yorkshire 'collective care' processes. North Yorkshire have recently completed an assurance visit which we are awaiting feedback from. Health-funded patients have been reassessed by the Continuing Healthcare team.

**Dennison House** (Selby) – inadequate rating being managed by CQC and Local Authority. People requiring nursing care were transferred to alternative placements when home de-registered for nursing.

**Holgate House** (York) – inadequate rating (Aug 2016) being managed by CQC and Local Authority.

**Tees Esk and Wear Valleys (TEWV)** have recently been inspected by the CQC. The inspection will review all 5 domains including if services are safe, effective, caring, responsive and well-led. The final report and rating is awaiting completion and we will include in a subsequent report.

**St Leonard's Hospice** in York was inspected by the CQC in July 2016 and achieved an overall outstanding rating. The service was responsive and focused on providing a tailored service which people helped plan and develop. There were appropriate systems in place to ensure flexibility to people so that their care needs could be met either at home, in the hospice or in the wider community. In addition the service provided good support to relatives and carers.

Excellent leadership and management was demonstrated at the service. The culture was open and inclusive which meant that people received a tailored service which was flexible to their needs.

### **Care Homes Strategy**

The CCG will work on a multi-agency basis to collaboratively deliver improvements in the quality of care in care homes and provided by domiciliary care, including medicines management, intermediate care and rehabilitation and through the CCG's 'Partners in Care' Forum. This Forum is a CCG led group which meets regularly with care home representatives to share best practice, implement initiatives and support continuous quality improvement examples of this work were reported in the last quality report. In addition the CCG has developed a pipeline of schemes and support to care homes which is being developed into a strategy. The CCG will recruit to a Quality Lead post who will focus on supporting care homes and frail elderly in general. Examples of schemes and support are as follows, full strategy will come to the Quality Committee in the new year:-

- Increased use of urgent care Practitioners
- Development of trusted assessor role
- Discharge to assess models
- Further development and monitoring of care home quality indicators
- Support for improved nutrition and hydration
- Support for pressure ulcer prevention (react to red) are we having a separate paragraph on this just to say what it is and progress so far?
- Increase medication reviews
- GP support to care homes
- Voluntary sector support
- Support for continence
- End of life care

### **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 prevention of avoidable pressure ulcers in the community is one of the biggest challenges that care organisations face - a challenge which currently costs the NHS

and care organisations in the UK around £6.5 billion per year. Pressure ulcers affect around 700,000 people in the UK every year and many of these will develop whilst an individual is being cared for in a formal care setting (hospital, nursing home or care home). The reality is that many pressure ulcers are avoidable if simple knowledge is provided and preventative best practice is followed.

Vale of York CCG have committed to a six month project which supports this initiative. A Nurse Specialist and Assistant Practitioner will commence in post in the New Year and provide training and awareness raising across our Care Home sector. We will continue to report on progress of this exciting project.

## **Dementia**

The CCG is aware of the on-going challenge to place people with complex dementia. At present there are 15 cases waiting for a care home bed. The Vulnerable Adults and Mental Health commissioning team is working through alternative options and a paper has been submitted to the Senior Management Team for consideration to understand the challenges for placing people with Dementia in Nursing Homes within York.

### **Dementia Diagnosis Rates**

There has been an increase in the rate of dementia diagnoses across Vale of York CCG GP Practices during October 2016 and is now reporting at 55.3%. The clinical and commissioning leads have agreed an action plan in response and NHS England local dementia quality manager and the regional clinical lead for dementia are working closely with the CCG.

Seven of the GP practices which are reporting the lowest rates have been contacted and four have arranged for the clinical lead to work with them to re-run the report and review the cases generated. In addition, the clinical lead will run a Webinar for both SystemOne and EMIS practices and have agreed to fund an increase in the clinical resource available to review cases. Dementia was the focus of one of the workshops at the recently held Clinical Summit with consultants from YHFT and GPs. Ideas for improvement were generated from this workshop which the CCG will follow up.

## **Learning Disabilities Mortality Programme**

Alongside the work relevant to reduce premature mortality as part of the countywide Learning Disability Screening Task Force the CCG is seeking assurance from all providers about their action to reduce death related problems. In addition, the CCG will continue to seek assurance from our providers in response to the Learning Disability Mortality Review (LeDeR) pilot and work with Primary Care to raise awareness. This includes strengthening Learning Disability Registers and the requirements for annual health checks. A paper outlining the LeDeR programme went to Governing Body earlier in the year.

## 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, more recent data is showing deterioration against the Vale of York CCG performance of the constitutional targets. These include the 31 day wait to treatment, the 62 day wait from urgent referral and the 62 day wait from screening.

## Diabetes

The figures reported in the IAF for diabetes training did not reflect the level of training actually delivered in the community. The CCG is working with practices to ensure that the data is accurately recorded to reflect 37% which is the current level of delivery.

Incidentally, this is one of the highest rates in the region.

Vale of York CCG continue to work with their partners to submit a bid for national funding re structured education improvements, expanding the MDT to include social care and developing podiatry capacity in the community.

## Maternity

### i) Smoking at Time of Delivery

Vale of York CCG have previously been an outlier for the number of women smoking at the time of delivery. However the provisional Quarter 2 figures show an improving position moving to 9.7% from 12% (national average 10.2%). This continues to be considered at the Regional Maternity Network Meeting.

### ii) Perinatal Mental Health (PNMH)

The PCU worked with partners and key stakeholders to map local PNMH service provision and identify strengths and weaknesses. A gap was identified in specialist perinatal mental health workers. On behalf of the four North Yorkshire CCGs, the PCU submitted an application to the PNMH Community Services development fund (NHS England) on the 16th September 2016 to address the gap in specialist perinatal mental health workers. The outcome was unsuccessful, so we plan to form a sub-group to take this work forward, and work with TEWV as part of the service development plan.

### iii) Maternity Dashboard

The regional dashboard has recently been published and YHFT benchmark favourably against the majority of indicators. However, on-going reviews of the indicators where YHFT are slight outliers are already captured in the Trust dashboard and have action plans against them.

## Mortality

The CCG continues to support providers to develop effective strategies for learning from mortality and reduction of avoidable deaths. Development of assurance based on the robustness of the investigation behind the Standard Hospital Mortality Rate figure is key as part of this process.

The CCG's main provider is participating in the National Mortality Case Record Review Programme. The aim of the 3 year programme is to understand and introduce a standardised methodology for reviewing case records of adult patients who have died in acute general hospitals in England and Scotland.

### Summary Hospital-level Mortality Indicator by Site

| Indicator   | Jul 12 - Jun 13 | Oct 12 - Sep 13 | Jan 13 - Dec 13 | Apr 13 - Mar 14 | Jul 13 - Jun 14 | Oct 13 - Sep 14 | Jan 14 - Dec 14 | Apr 14 - Mar 15 | Jul 14 - Jun 15 | Oct 14 - Sep 15 | Jan 15 - Dec 15 | Apr 15 - Mar 16 |
|-------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| York        | 96              | 93              | 93              | 95              | 98              | 99              | 97              | 96              | 95              | 93              | 94              | 95              |
| Scarborough | 108             | 104             | 105             | 107             | 108             | 109             | 107             | 108             | 107             | 107             | 108             | 107             |
| Trust       | 101             | 97              | 98              | 99              | 102             | 103             | 101             | 101             | 99              | 99              | 99              | 100             |

The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at Trust level across the NHS in England using a standard methodology. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers all deaths reported of patients who were admitted to non-specialist acute NHS trusts in England and either die while in hospital or within 30 days of discharge.

### Analysis of Performance

The latest SHMI report indicates the Trust to be in the 'as expected' range. The April 2015 - March 2016 SHMI saw a 1 point increase for the Trust and York, and a 1 point reduction for Scarborough.

There were a total of 171 inpatients deaths across the Trust in October, including 54 at Scarborough and 101 at York. This is a 2% decrease for the Trust compared with

October 2015 (175 inpatient deaths). Year to date there have been a total of 1,177 inpatient deaths across the Trust compared to 1,161 YTD 2015/16. This is a 1.4% increase year on year.

6 deaths occurred in York Emergency Department and 7 occurred in Scarborough Emergency Department in October. In October 2015 there were 12 deaths in York ED and 4 in Scarborough ED. Year to date there have been a total of 97 ED deaths across the Trust compared to 104 YTD 2015/16. This is a 7% decrease year on year.

The CCG is also an active participant in reducing mortality for people with serious mental health and ensuring that Mental Health Providers are feeding back progress and developments. In addition the North Yorkshire and York Suicide Task Prevention Group and Early Suicide Surveillance Group review data on a quarterly basis to detect themes and subsequent actions to address this. The plans are to also include all drug and alcohol deaths and apply the same process.

## **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 December 2016 and we will continue to report of progress.

## **Children and Young People**

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 September 2016 this figure stands at 107.

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.

### **ii) SEND (Special Educational Needs and Disabilities)**

From 27 June to 1 July 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of North Yorkshire County Council (NYCC) to judge the effectiveness of the area in implementing the reforms for children and young people

who have special educational needs and/or disabilities as set out in the Children and Families Act 2014.

The lead inspector also conducted a further visit to the local area on the 3 and 4 October 2016 to gather further evidence.

## **Main findings**

There is an ambitious culture which is beginning to empower change at all levels of the workforce. Leaders are aware of strengths and areas for development. They focus support and resources where they are most needed.

- Early identification of needs is a strength of the local area's work. A new referral system is saving time and speeding up the initial accurate assessment of needs.
- The needs of children and young people are supported well through effective outreach work from special schools and enhanced mainstream schools (these are schools which have additionally resourced provision for children and young people who have special educational needs and/or disabilities).
- The large majority of education, health and care plans evaluated by inspectors were strong and effectively supported the progress of children and young people.
- Transition arrangements between settings are effective, ensuring that children and young people have a settled start in new places of learning.
- The differences in outcomes in the early years, key stage 1 and key stage 2 between children who have special educational needs and/or disabilities and their peers are wider than the national averages.
- The local offer does not give parents and carers or professionals a comprehensive understanding of the support available in the local area; this needs further development.
- The joint commissioning of support and services between education, health and care agencies is at an early stage of development and requires further improvement.
- Not all areas have a range of post-19 opportunities for young people to continue their journey to adulthood.
- The support given to families after their children receive a diagnosis of autism is not well developed in all localities. As a result, further improvement is required as it is not yet good enough.
- Although many children and young people's statements of special educational needs have been converted to education, health and care plans, the local area is not currently meeting the required timescales for conversion. This means that not enough children are gaining the advantages brought by the reforms quickly enough.

The CCG received the report in November 2016 and we will continue to work with the Local Authority to gain assurance about their actions to address the gaps outlined in the findings of this report.

### iii) Child and Adolescent Mental Health Services (CAMHS)

NHS England has recently announced funds to Clinical Commissioning Groups (CCGs) to reduce waiting times for treatment and the CCG has received funding in October 2016. We have an action plan in place although more work needs to be done so that the CCG continues to receive further funding in January 2017. 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. This number is now reducing 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.

### 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

| Description               | Status   | Total |
|---------------------------|----------|-------|
| Local Resolutions         | Pending  | 28    |
|                           | Complete | 7     |
| Independent Review Panels | Pending  | 0     |
|                           | Complete | 1     |

A separate progress report on CHC is tabled for the Quality and patient Experience meeting December 2016

### Special Schools Update

From 1 October 2016 the CCG took over responsibility for commissioning special schools. Following an external review commissioned by CYC (the outgoing commissioner) the following was reported:

#### Overview of the current service:

Hob Moor Oaks School caters for children 2-11yrs. It is part of Hob Moor Children's Centre, currently working towards Academy status, and caters for children with a wide range of learning needs including autism, profound multiple or severe learning difficulties and complex health needs.



It is uniquely part of a federation between a mainstream primary and a primary special school. There are currently 92 children on roll, some of whom have a dual placement in mainstream school. Most children transition to Applefields School after year 6. It is envisaged that the school roll will continue to grow on all sites.

Applefields School is a secondary school for children and young people 11- 19yrs who have a wide range of learning needs including autism, profound multiple and severe learning difficulties and complex health needs. There are currently 151 pupils on roll, some of whom have a dual placement in mainstream school, there are also 20 students who attend Manor academy satellite provision.

The children who attend these special schools have a variety of complex needs, often involving a number of different health care disciplines from cardiac, neurology to life limiting conditions care. These complex needs are often compounded by a child's limited communication, requiring health professionals to understand a child and be able to interpret correctly. It is these complex needs which require a skilled professional to be able to assess their needs correctly and have the skills to respond appropriately to the multi-complexity and often quickly changing needs

## **Methodology**

1. Comprehensive literature review and review of all current guidance
2. Review of internal policies and procedure (as available)
3. Review of aligned service specifications e. g Paediatricians, Community Children's Nursing team (to date unavailable)
4. Review of job descriptions
5. Observations/shadowing of practice
6. Interviews with Special school nursing staff
7. Informal/formal interviews with key stakeholders
8. Participation and views of children, young people and carers/parents

## **Recommendations / findings in summary**

- Excellent model in place for support from paediatricians to the school and on the whole parents were happy with the service they received from the school nurses.
- There is a need to improve staff competence, leadership and development
- Improvements to documentation and access to IT are needed
- An increase in the number and quality of EHCP (education health care plans) is required
- Improvements to medicines management processes, policies and training are required
- Attention is needed to the environment in order for the school nurses to undertake safe IPC practices
- Opportunities for improved safeguarding training and support
- Opportunities for improved support for children's continence including an urgent review of provision of supplies

- The request from parents and the school for increased support for health promotion and
- A recommendation that the service operates all year round.

### Progress to date

The CCG has agreed to roll over the contract with YHFT (the current providers of the service) until end March 2018 in order to scope and develop a service specification for special schools and agree on a future model.

It is unclear as yet how the Healthy Child Programme (the responsibility of CYC) will input into special schools.

Funding for special schools did not follow to the CCG when split from generic school nursing service and negotiations continue between finance officers in the CCG and CYC.

The Quality Team in the CCG is working closely with YHFT on the plan to improve quality issues raised in the report.

A summary of the external review has been shared with schools and parents by the author, attended by the CCG.

### 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 (YHFT) 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 YHFT 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 YHFT, 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 |