

# NHS Vale of York Clinical Commissioning Group Quality and Performance Intelligence Report

Report produced: October 2016

Latest validated data: August 2016

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## Yorkshire Ambulance Service (YAS) Response Times

### **Current Performance**

- The most recent validated data for Vale of York CCG is August 2016
- Vale of York performance for Red 8 minute response time was **74.9%** against 75% target.
- There are no agreed targets for Amber or Green calls at this pilot stage.

### **Current issues impacting on performance:**

- ❖ Red 8 minute response time is performing at its best since May 2015.
- ❖ Over a 4 period YAS are, on average, 6.4% up in activity (May +6.5%, June +9%, July +8.9% and Aug +1.3%)
- ❖ Scarborough and Ryedale CCG over the same period are up 15% in activity.
- ❖ This increase in activity along with Emergency Department turnaround issues at both York and Scarborough hospitals and transfers between departments and the occasional diversion do inevitably lead to crew shift which will impact on performance.
- ❖ Rota's are being redesigned to include a spread of shift start times and shift lengths to better stagger cover. This will mean that the service will be better resourced around peak demand periods. YAS are working closely with the staff and Union to instigate the plan. It is anticipated that these new rota's will be in place for some areas soon but multi-vehicle bases are more challenging and will take longer.
- ❖ YAS staffing for the Vale of York locality has been excellent.

### **Mitigating actions include:**

- ❖ YAS, York Trust, Scarborough and Ryedale CCG, East Riding CCG and Vale of York CCG signed up to the Handover Concordat and agreed the following tangible actions which will reduce lost time associated with ambulance handover delays and will enable crews to be released more efficiently:-
  - Improve handover/co-ordination process at times of heightened pressure
  - Ensure effective streaming and disposition of ambulance arrivals at the Emergency Department takes place, including self-handover of patients
  - Understand the profile of acuity versus transportation in order to establish what 'out of hospital' options are currently missing across North Yorkshire and York.

### **Finance and Contracting implications:**

- ❖ None

## Yorkshire Ambulance Service (YAS) Handover Times

### **Current Performance**

- The most recent validated data for Vale of York is August 2016
- Performance for York Trust combined was **56.4%** (target 100%); this is an decrease from July performance of 60.3%. York hospital site performance was 70.8%, and Scarborough hospital site was 37%
- The most recent **unvalidated** data for Vale of York is week ending 9th October 2016, which shows handover performance of 54% combined, 67% at York hospital and 38% at Scarborough

### **Current issues impacting on performance:**

- ❖ Ambulance handover times at Scarborough Hospital were impacted by the additional traffic going to the Coast during the school holidays in August 2016.
- ❖ There has been a significant increase in number of breaches over 60 minutes on the Scarborough site.
- ❖ York Trust have been prioritising the provision of a dedicated staff member for the Ambulance Assessment Area as they recognise the impact on handover time this had had.

### **Mitigating actions include:**

- ❖ As detailed in the YAS response times section Partners have signed up to a Handover Concordat and agreed actions which will serve to mitigate current issues.
- ❖ Scarborough and Ryedale CCG issued a Performance Notice to York Trust relating to the failure by the Trust to deliver against the expected National Targets for Ambulance Handovers at Q1.
- ❖ On 12 August 2016 NHS England hosted a joint event with YAS at Quarry House in Leeds which focused on the risk for patients and service delivery created by ambulance handover and/or turnaround delays.
- ❖ YAS are undertaking a 24hr survey of handovers over the month. YAS are seeing this as a learning opportunity to:
  - better understand the reasons for patient conveyance to the Emergency Department (particularly around self-handovers)
  - explore the streaming of activity
  - identify 'gaps' in current services
  - explore the use of alternatives to Emergency Department attendance including the use of the Urgent Care Practitioner teams.

### **Finance and Contracting implications:**

- ❖ None

## Emergency Department (ED)

### Current Performance

- The most recent validated data available for Vale of York is August 2016
- Performance against 4 hour target for Vale of York was **90.6%** (target 95%). This is a decrease from the July figure of 92.7%
- The most recent **unvalidated** figures for York Trust are for week ending 9th October 2016 and show performance of **86.00%**
- **Sustainability and Transformation Fund Trajectory has been achieved by York Trust for August at 90.5% against a trajectory of 89%.**

### Current issues impacting on performance:

- ❖ York Trust have now met the Sustainability and Transformation Fund Trajectory for every month in 2016/17.
- ❖ In August 16 there were 17,385 attendances compared to 17,728 in August 15 (1.9% decrease). There were a total of 1,647 breaches (1,017 admitted, 630 non-admitted) across all sites in August. The number of patients waiting over 8 hours in ED was 269 (York 7, Scarborough 198) and increase of 122 (83%) on July.
- ❖ Performance at York Hospital site in September 2016 using unvalidated data showed that the 95% hour target was met or exceeded on 12 out of the 31 days in the month, with a further 7 days being between 90% and 94.9%. Performance reached a low of 76.98%.
- ❖ York Trust had 4,464 non-elective admissions (excluding maternity and paediatrics) in August 2016 compared to 4,010 in August 2015, a 11.3% rise. This includes an increase of 332 admissions (27.5%) where patients stayed less than 24 hours.
- ❖ Work continues on the expansion of clinical pathways and redirecting patients to the most effective places for their care.
- ❖ Performance shows a trend of reducing on Sundays due to the increased number of attendances and use of locum staff to fill gaps in medical staffing.
- ❖ The colder weather at the beginning of October resulted in increased attendances at ED due to respiratory conditions.

### Mitigating actions include:

- ❖ The ED Front Door Model continues, and has demonstrated significant improvement in time to triage from 43 minutes in July to 35 minutes in August. In August, 784 patients were seen in the ED Front Door Primary Care area supported by Yorkshire Doctors.
- ❖ Root Cause Analysis is being trialled at York Hospital for each day that falls below the Sustainability and Transformation Fund Trajectory. These will outline the contributing factors and then be discussed and used to create actions in order to help performance to remain consistent.

- ❖ The revised nursing staff model Business Case has been finalised and has been submitted for scrutiny. It will be discussed at Corporate Directors at the end of Sept 16
- ❖ York Trust continues to actively recruit into the ED workforce with specific adverts for ED staff while continuing to use locum doctors to cover mid-grade and consultant vacancies. In the interim, ED is actively aiming to ensure that key critical roles are covered in order to reduce delay.

### **Finance and Contracting implications**

- ❖ None

### **Out of Hours (OOH)**

#### **Current Performance**

- The most recent validated data available for Vale of York is August 2016
- Urgent Face to Face consultations within 2 hours are at **90.89%** and less urgent within 6 hours **94.22%**, both against target of 95%
- Speak to clinician calls within 2 hours are at **93.95%**, within 2 - 6 hours at **83.53%**, and within 6 hours+ at **94.31%**, all against target of 95%

#### **Current issues impacting on performance:**

- ❖ Both July and August had very high numbers of OOH contacts; with similar high numbers in the adjoining area of Scarborough and Ryedale CCG who also use Yorkshire Doctors Urgent Care to provide OOH and urgent care services. This is linked to the seasonal demand.
- ❖ A review has taken place into the recording and timing of home visits as it is believed that some staff are incorrectly recording these, affecting reported response times.
- ❖ NHS111 continue to also experience high numbers of patients presenting through the pathway system as urgent 2 hour face to face consultations.

#### **Mitigating actions include:**

- ❖ 6 additional GPs have joined the team over the summer and are part of rotas. Coverage from September onwards is good, with rotas for Christmas being planned already. Yorkshire Doctors Urgent Care are also covering the Emergency Department Front Door primary care provision well and supporting the improvements in the ED standard achievement within their workforce.
- ❖ It is expected that the review and communications with GPs around home visit recording will have a positive impact on a number of targets from September onwards.
- ❖ NHS111 pathways will continue to deliver high numbers whilst in place, however, the new clinical advisory hub, led by the West Yorkshire Vanguard, is expected to

impact on the numbers moving through to OOH as urgent cases. Priority is being given to management of dental queries, End of Life care and other key areas that the CCG see as high users of the service here in Vale of York.

- ❖ Information around training and appraisal of GPs will be delivered in the October report.

## Diagnosics

### Current Performance

- The most recent validated data available for Vale of York is August 2016
- **98.6%** of diagnostic tests took place within 6 weeks, a slight decrease from June performance of 99.0%

### Current issues impacting on performance:

- ❖ Vale of York CCG did not meet the 99% Diagnostics target in August 2016, with performance of 98.6%. This equates to 51 patients waiting over 6 weeks for a Diagnostic test.
- ❖ 36 of these breaches were at York Trust, with an additional 13 at Hull and East Yorkshire and 2 at Leeds Teaching Hospitals. The largest number of breaches were in CT at Hull with 11, followed by Non-Obstetric Ultrasound at York Trust with 8, then MRI at York Trust with 6.
- ❖ York Trust did meet the 99% target in August 2016 with performance of 99.2%.

### Finance and Contracting implications

- ❖ None

## 18 Week Referral to Treatment (RTT)

### Current Performance

- The most recent validated data available for Vale of York is August 2016
- **91.5%** (target 92%) of patients on incomplete pathways have been waiting no more than 18 weeks from referral, a decrease from 91.8% in July 2016
- Sustainability and Transformation Fund Trajectory has not been achieved by York Trust for August at 91.6% against a trajectory of 92%.

### Current issues impacting on performance:

- ❖ Vale of York CCG did not achieve the Incomplete target on an aggregate level for the second month running. This equates to 1,428 patients out of 16,820 waiting over 18 weeks.
- ❖ The areas which did not meet target on a speciality level were Urology (80.70%), Plastic Surgery (81.43%), Respiratory Medicine (88.54%), Ophthalmology

(89.15%), General Surgery (90.17%), Gynaecology (91.09%), Trauma & Orthopaedics (91.99%)

- ❖ The Vale of York figure is calculated based on treatment for Vale of York patients at any provider. Although the vast majority of the CCG's patients are treated at York Trust, many different providers was taken into account so the target failure cannot be easily allocated to any one provider.
- ❖ York Trust did not achieve the 92% target on an aggregate level in August 2016 with performance of 91.6%. A number of specialities did not achieve, including Maxillofacial (83.07%), Urology (84.92%), Thoracic Medicine (88.14%), General Surgery (89.48%), Ophthalmology 91.7% and Plastic Surgery 91.36%
- ❖ The admitted backlog at York Trust has increased. This has largely been driven by increases in the backlog for Ophthalmology (+32), Cardiology (+31), Thoracic Medicine (+27), Restorative Dentistry (+25) T&O (+21) and Urology (+16) .
- ❖ 19 lists (lower number of lists were requested due to annual leave) were cancelled due to theatre staff shortages in July (10 General Surgery, 5 ENT, 2 Gynaecology, 1 Urology, 1 Maxillofacial). By October all nurse staff new starters will be in place but will commence their supernumerary period at this point.

#### **Mitigating actions include:**

- ❖ Ophthalmology are in the process of negotiating a greater number of patients to be seen by Consultant Eye Surgeons Partnership from Dec to Feb; to help mitigate winter pressures.
- ❖ Max Fax are focussing on ensuring validation is up to date following the corporate meeting, as well as relaunching the 'Roles and Responsibilities' through the directorate. The specialty is currently in discussion with Ramsey and Nuffield to rent sessional space, to help mitigate lost lists due to theatre staffing. There are also plans to transfer small number of skin lesions to Selby from October.
- ❖ Rheumatology has now recruited, however 2 consultants will shortly be going on maternity leave, which will affect capacity at York (SGH will have cover).
- ❖ Gynaecology continues to offer the Spire Hull to patients; however uptake has been low, with just 7 patients agreeing to have their procedure undertaken at Spire in August. Negotiations are also underway to utilise York Nuffield theatre capacity.
- ❖ The York Trust Winter Plan is going to the Board for sign-off in November 2016. Electives are not in the same position as last year due to the number of cancelled lists and the Trust are only looking to restrict the number of electives for 2 weeks in January 2017 to accommodate 'winter pressures' following the Xmas/New Year Bank Holiday.

#### **Finance and Contracting implications**

- ❖ None

## Cancer

### **Current Performance**

- The most recent validated data available for Vale of York is August 2016
- Performance against the 14 day target of 93% was **91.1%** in August for All Tumour Types. Breast Symptomatic performance was at **93.9%**
- All 31 day treatments met target for a 15th consecutive month
- 62 day treatments following urgent GP Referral against a target 85% was **91.3%**. 62 day treatments following Screening Referral achieved **92.90%** against 90% target.

### **Current issues impacting on performance:**

- ❖ Vale of York CCG achieved all cancer targets in August 2016 with the exception of the 14 day target. This represents 77 patients in total who were treated beyond the 14 day target. 15 were seen in 15 to 16 days, 28 in 17 to 21 days, 27 in 22 to 28 days and 7 seen after 28 days.
- ❖ Data is not yet available for August at York Trust level; however the Trust did achieve 5 out of the 7 targets for July 2016.
- ❖ York Trust has not achieved the 14 Day Fast Track or the 14 day Symptomatic Breast targets for July, achieving 89.6% and 90.0% respectively, compared to a target of 93%.
- ❖ Delays occurred due to a Consultant leaving and then a GP with Special Interest was off sick for 6 weeks which seriously impacted on capacity.
- ❖ The majority of the 14 Day delays relate to Skin patients on the East Coast with a polling range of 4/6 weeks. This will have a knock-on impact to 62 Day targets in the next 2/3 months.
- ❖ Dermatology is also a challenge for Hull and South Tees Hospitals at present.
- ❖ 'Patient Choice' and the summer holidays, as patients were not available to attend, also impacted on 14 Day delay.
- ❖ York Trust achieved the STF 62 days first treatment target for July, achieving 85.2%.

### **Mitigating actions include:**

- ❖ Capacity issues have arisen as a result of high volumes of patients compounded by reduced Consultant availability due to both AL and sickness. As a result of the increasing demand the specialty has taken the difficult decision to extend the polling range of the 2 week wait service on the e-referral service to beyond 14 days to ensure that patients are able to make an informed choice of provider, and are able to book within 14 days.



## Delayed Transfers of Care (DTOC)

### Current issues impacting on performance:

- ❖ Discharge to Assess pathways have helped to reduce the number of patients delaying in acute beds at York Hospital.
- ❖ City of York Council have commissioned 2 new care providers and this has helped to reduce the delays with home care packages in York.
- ❖ CHC brokerage is not as effective as it could be and the team are struggling to find accommodation for patients with complex behaviour and nursing needs
- ❖ Tees Esk & Wear Valleys NHS Foundation Trust (TEWV) have been more proactive in reporting DTOCs since July 2016 and this has highlighted a number of delaying patients with long lengths of stay at Meadowfields in York and Worsley Court at Selby. These delays are now being tracked at the weekly SitRep meeting and TEWV are working with the Local Authorities and CHC to find alternative accommodation for these complex patients.
- ❖ Following a refurbishment, Peppermill Court re-opened on Monday, 10 October 2016 and will provide both male and female inpatient mental health beds in York.

### Mitigating actions include:

- ❖ York Hospital have a number of patients delaying whilst they wait for their preferred care home. York Trust is now implementing the 'Joint Transfer of Care Policy' and is formally writing and discussing alternative options with these patients in order to facilitate their discharge. These are difficult conversations and there has been some resistance amongst hospital staff regarding implementation but York Trust are now providing training and support to both managers and nurses.
- ❖ Weekly SitReport meetings are held with York Hospital, Tees Esk & Wear Valleys NHS Foundation Trust and Local Authorities to monitor progress and follow-up complex cases
- ❖ The shortage of Dementia Nursing beds and problems with CHC patients has been escalated to the Strategic SitRep Meeting

## Healthcare Associated Infections (HCAI)

### Current Performance – financial year to date

- ❖ C-Difficile infections for 2016/17 stand at 13 against a full year trajectory of 43 for York Trust (as of w/e 2<sup>nd</sup> October 2016)
- ❖ MRSA bacteraemias for York Trust stand at 4 against a 0 trajectory for 2016/17 (as of w/e 2<sup>nd</sup> October 2016)

- ❖ CCG participation in all the Post Infection Reviews is continuing to be a valuable insight into organisational issues, improvements, areas of concern and suggestions for quality improvement initiatives.
- ❖ Three outstanding Post Infection Reviews from 2015 have been completed with no lapses in care identified and no new lessons identified. This demonstrates the improvements in practices which have been made in the last 12 months. This means that for 2015/16 the Trust were under contracted trajectory and therefore no financial penalties will apply.
- ❖ The Vale of York Locality HealthCare Associated Infection : Infection Prevention and Control meeting is providing a useful forum for sharing practice and system wide improvement plans
- ❖ The Scarborough and Ryedale CCG led Norovirus look back exercise highlighted some actions which are transferrable to the Vale of York CCG. The Head of Quality Assurance is involved in subsequent work streams and projects.
- ❖ A new shared Infection Prevention and Control Specialist Nurse has commenced in post.

## Serious Incidents (SI)

- ❖ The recent review of Serious Incident management has resulted in successful improvements to process and the progression towards the aim of inviting providers to attend a CCG SI panel in order to answer questions about the reports is complete. Following acceptance of this offer by York Trust this is due to commence at October's SI panel.
- ❖ Strategic action plans for falls and pressure ulcers have been received from York Trust following requests for evidence of learning, embedding improved practice and providing increased assurance to allow closure of historic SI's. The Vale of York CCG will review these in detail and an update will be provided next month.
- ❖ Following the Chief Nurse's meeting with the Medical Director and Chief Nurse at York Trust following a series of Never Events a letter capturing agreements and actions has been issued and the CCG awaits a response. Following a review of the completed investigation a request for more information on process and use of checklists has made. This was followed up with a request at sub contract monitoring board for an update on overall use of pre procedure checklists and progress on the Trust's compliance with NatSIPs (Safety standards for invasive procedures).
- ❖ York Trust's compliance with all aspects of CQC Regulation 20, Duty of Candour remains a concern. This was raised again at sub CMB. An update was provided that an audit had been completed and shared with the Board which would be forwarded to the Vale of York CCG and work was underway to devise a policy. The Vale of York CCG expressed concern that embedding of a culture of being open was more complex than a policy. An offer of sharing good Duty of Candour practice from other organisations was made to the York Trust and was accepted.
- ❖ Concerns identified relating to assurance of both capacity within the patient safety team at Tees, Esk & Wear Valleys NHS Trust (TEWV) and robust consideration of all issues within completed investigation reports has resulted in the Vale of York CCG being invited to attend their SI panel where incidents are reviewed by a multidisciplinary team and senior members of staff. The Head of

Quality assurance has dialled in to three panels to date and has been very reassured by the discussions, the openness to questions and evidence of organisational willingness to learn and improve.

- ❖ Previous concerns regarding Marie Stopes International – good progress is being made against the required CQC action plan with a move to re-open services in a phased way from October 2016. A Quality Summit will be held when the CQC report is published. Women in the Vale of York CCG area are receiving services from alternative providers.
- ❖ A 12 hour trolley breach affecting a Vale of York patient, occurred in April 2016 but was not reported to the CCG until the end of September 2016. The breach occurred in NHS Eastern Cheshire CCG area in an acute list. The patient attended ED and required a mental health bed but none were available in York. Bed eventually found in Durham. A full Root Cause Analysis has been conducted to capture lessons and has been shared with the CCG and will be shared with TEWV.

## Primary care coding of dementia

### Current Performance

- The most recent data available for Vale of York is August 2016 and current performance is at 52.7% which is a fall from the July position of 54.2%.

Disappointingly there has been a slight fall in the coding of dementia diagnoses in primary care. The clinical lead and lead commissioner have worked on an action plan to redeem the position by the end of the year. They are also in discussion with the Quality Manager at NHS England and the Clinical Strategy Team at NHS England. NHS England's Clinical Network for Dementia has provided a small fund which will be used to increase the clinical review of patients identified by system queries in a bid to increase the rate of coding to the 67% national target for the Vale of York.

## Improving Access to Psychological Therapies (IAPT)

### Current Performance

- The most recent **unvalidated** data available for Vale of York is August 2016. This is based on local data received directly from providers, as national validated figures from the Health and Social Care Information Centre (HSCIC) are 3 months in arrears. Please note that unvalidated figures can change significantly once processed and validated, so these figures are an indication only
- Access levels in August are at **11.5%**, up from 8.6% in July, which is in line with the planned trajectory but below the 15% target
- Recovery rates in August are at **43.3%**, down from 49.6% in July. This is close to the planned trajectory of 45% against a national target of 50%.

Data above is for combined service provision from Tees, Esk & Wear Valleys NHS Trust (TEWV) and Humber Trusts, year to date breakdown being:

- YTD: TEWV – Prevalence 11.3%, Recovery 44.6%
- YTD: Humber – Prevalence 16.0%, Recovery 48.5%

- ❖ Concerns over performance figures, both current and historic, were found to be as a result of the North Yorkshire part of the Vale of York service not being included correctly. Figures have now been refreshed.
- ❖ Provider giving assurance of meeting national expectations in line with the current service improvement plan.
- ❖ Provider is receiving support from the Intensive Support Team at NHS England.

## Patient Experience Update

2 formal complaints were handled within the Vale of York CCG during September 2016

- Patient unhappy with lack of communication and compassion from continuing healthcare nurse, causing stress to patient and his family. The Partnership Commissioning Unit (PCU) is currently investigating.
- Patient had 5 sessions of therapy for mental health problems but believes no more funding is available and this is having a devastating effect on his life, has also recently been diagnosed with ADHD & Aspergers. PCU currently investigating.

53 concerns/enquiries handled within the CCG

- Pharmacy policy officer for Scottish Government wanting information on the gluten free food voucher scheme
- Delay in engineer rectifying a problem with a headrest on a wheelchair\*
- Delay at wheelchair centre in casting a new seating system for child\*
- Contact on behalf of UNISON regarding concerns about Archways closure
- Concern that questions re Archways closure were not fully answered at the public Governing Body meeting
- 6 emails in support of proposed commissioning changes to BMI threshold/smoking cessation prior to hip & knee surgery and 11 not in support
- 1 letter from a patient requiring hip surgery who does not meet current or proposed BMI criteria
- Dispensing enquiry and whether prescription can be sent via recorded delivery to patient
- Appointment delay in mental health service whilst awaiting recruitment of clinician
- Concern regarding new ordering system for continence equipment
- Consultant enquiry regarding specialist occupational therapy for a child
- 10 emails from persistent contacters requiring no further action
- Contact regarding fast track application for palliative care
- Advice for family whose relative fell ill whilst abroad
- Advice re new prescribing policy
- Advice on how to arrange a Continuing Healthcare assessment

- Enquiry on behalf of the Royal National Institute of Blind People as to whether recent commissioning proposals include cataract surgery
- 11 letters received following advice from the LMC (Local Medical Committee) to GPs to write to providers and CCGs reporting alleged breaches in 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 LMC to determine the best approach.

\*Concerns have been raised, including those received via the CCG and from media publications, about delays in providing equipment to wheelchair users. The four North Yorkshire CCGs who commission the wheelchair service have been working very closely with the current service provider – Harrogate District Foundation Trust – to address these. A new provider (Nottingham Rehabilitation Services in partnership with Blatchfords, a specialised wheelchair organisation currently delivering NHS Community Wheelchair Services nationally) has taken over the contract and service commences on 1st December 2016. The CCG wants to ensure that service users get the best possible service during the period of transfer.

Healthwatch York is also working with Healthwatch North Yorkshire and Vale of York CCG to support the involvement of people using community equipment and wheelchair services.

#### 5 Compliments

- 4 residents with coeliac disease praising the gluten free food voucher system and proposed top up card method
- Positive feedback regarding the recently published efforts to reduce medicine wastage

#### **12 Complaints/concerns signposted to other organisations**

York Hospital:

- Patient with on-going complaint/claim advised to continue to conclusion
- Patient unhappy with emergency and specialist care
- Concerns re district nursing and Macmillan Service
- Relative seeking fast track assessment of father from elderly medicine consultant

Partnership Commissioning Unit:

- GP wanting to discuss patient care at Tuke Centre
- Legal firm requesting CHC information on behalf of a client.

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

- Relative unhappy with lack of communication re medication changes

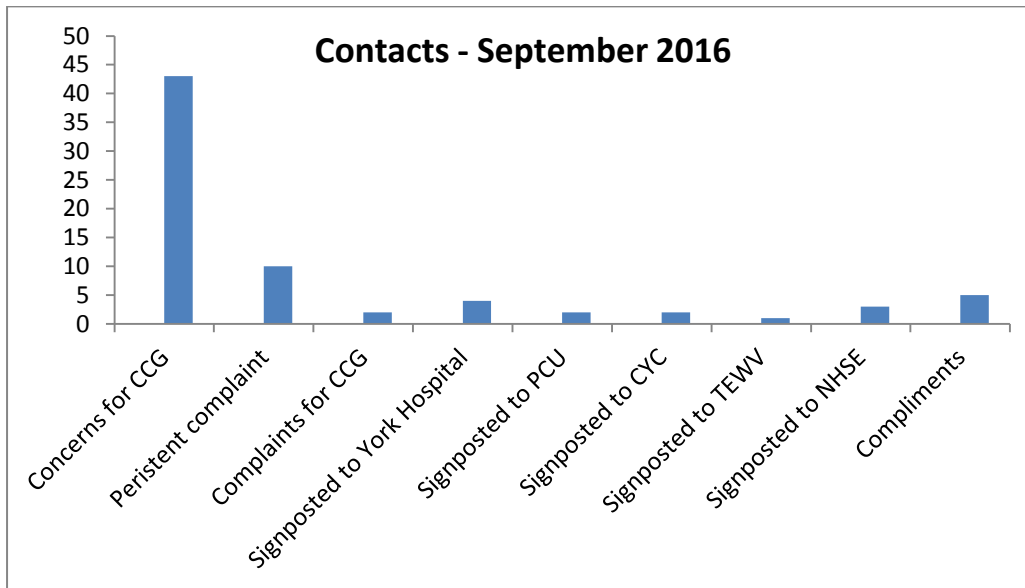
City of York Council:

- School requiring annual training for staff in use of EpiPens
- Patient unhappy with social care assessment

#### NHS England

- Complaint regarding changes to appointment system at GP surgery
- Concerns re GP and pharmacy
- Advice re accessing GP records

The graph below shows the reasons for contact



#### Learning from complaint/concerns

- We met with a widower who wanted to share his experiences (positive and negative) of caring for his wife at home at the end of her life. He was assured that his feedback will be used constructively, it is being shared with the Assistant Director of Nursing and the Chief Nurse at York Hospital and where possible used to re-shape service design (which he also wants to be involved in).
- A complainant was unhappy with poor communication and misinformation from the Continuing Healthcare Team. Recent recruitment to the administration team will help to improve the service and ensure enquiries are handled in a timely and courteous manner. The Continuing Healthcare team have also been reminded of who to direct people to if they have been unable to resolve issues and people want to make a complaint.

#### 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 September there were 9 compliments for York Hospital (1 negative comment) and 1 compliment for Selby Hospital

Referral Support Service feedback – this is reviewed quarterly, no areas of concern to report.

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 –

- 2 letters of thanks to York Hospital
- 2 letters referring to Archways closure as a false economy and an example of the NHS in crisis.

Healthwatch - anonymous feedback relating to our providers or the CCG directly is reviewed and monitored. The Healthwatch York website is currently rating York Hospital 4 stars (out of 5) based on 50 reviews. No comments posted on any other services currently.

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

Latest information available relates to August 2016. 333 PALS contacts were recorded across the Trust, 31 complaints at York and 19 at Scarborough.

A full review of the Complaints and Concerns Policy is underway, taking into account feedback from the many internal and external stakeholders in the process. A new administration/management process, putting the emphasis on directorate-level ownership, is being proposed. The Child Health directorate have put themselves forward to pilot this process.

A PALS standard operating procedure has been produced to promote consistency of working practice within the team and support two new staff members. The PALS team is now fully staffed at 3.68 WTE, with a full time member of staff at Scarborough; this is improving the responsiveness of the service for patients/carers. The York PALS office move to the main corridor has been approved and funded. The new office will be clearly branded and have a welcoming, private patient/carer meeting area.

Friends & Family Test (FFT) - The York Trust continues to meet its target for 90% of patients to recommend the Trust. The inpatient rate was 96.5%. The ED rate is 83.8% compared to a national average of 86%. The Scarborough ED rate has dropped to 71%. This has been flagged to the ED team – narrative comments indicate the majority of dissatisfaction is linked to waiting times.

The Patient Experience Team Friends & Family Test administration processes are becoming embedded and enabling the team to proactively work with wards and departments to look at the learning from their reports and support service improvements. Two recent examples include engaging with ward 25 about length of time to answer call bells/help people get to the toilet; and working with the team from Bronte Ward to increase the space available for patient care (in response to feedback about the room being too small).

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

Latest information available is for August 2016 when 2 complaints were received; 1 relating to communication and 1 clinical care. 15 concerns were handled by the PALS team and 5 compliments were received.

No trends were identified.

Friends & Family Test - During the period of July (latest information available) there were 11 community teams surveyed, 5 teams scored 100%, 2 teams scored between 90% and 96%, 1 team scored 83%, 1 team scored 77% and 2 teams scored between 50% and 67%.

### GP Friends & Family Test Results

(latest information available is for July 2016)

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.

GP PRACTICE	List Size	Total Responses	Extremely Likely	Likely	Neither	Unlikely	Extremely unlikely	Don't Know
TADCASTER MEDICAL CENTRE	8,416	6	2	1	1	1	0	1
SOUTH MILFORD SURGERY	9,658	4	*	*	*	*	*	*
SHERBURN GROUP PRACTICE	8,987	30	14	8	2	3	1	2
JORVIK GILLYGATE PRACTICE	19,617	41	26	8	1	3	3	0
UNITY HEALTH	20,951	67	56	9	0	0	2	0
PICKERING MEDICAL PRACTICE	10,493	79	59	12	3	2	3	0
ESCRICK SURGERY	5,939	5	4	0	0	0	0	1
THE OLD SCHOOL MEDICAL PRACTICE	7,385	no data						
FRONT STREET SURGERY	4,317	2	*	*	*	*	*	*
PRIORY MEDICAL GROUP	55,857	242	180	42	8	5	7	0
DALTON TERRACE SURGERY	7,713	1	*	*	*	*	*	*
YORK MEDICAL GROUP	43,031	no data						
BEECH GROVE MEDICAL PRACTICE	3,831	1	*	*	*	*	*	*
EAST PARADE MEDICAL PRACTICE	2,072	1	*	*	*	*	*	*
HAXBY GROUP PRACTICE	32,877	159	89	39	6	10	13	2
MY HEALTH GROUP	18,837	309	175	38	23	18	30	25
ELVINGTON MEDICAL PRACTICE	7,223	13	13	0	0	0	0	0
POCKLINGTON GROUP PRACTICE	15,645	5	3	0	1	0	1	0
TERRINGTON SURGERY	1,126	no data						
STILLINGTON SURGERY	3,230	no data						
TOLLERTON SURGERY	3,352	no data						
MILLFIELD SURGERY	7,335	0	0	0	0	0	0	0
HELMSLEY SURGERY	3,225	no data						
KIRKBYMOORSIDE SURGERY	5,941	4	*	*	*	*	*	*
SCOTT ROAD MEDICAL CENTRE	10,869	13	5	2	1	1	2	2
POSTERNGATE SURGERY	16,314	11	7	3	0	0	0	1
BEECH TREE SURGERY	15,766	no data						