

NHS Vale of York Clinical Commissioning Group Quality and Performance Governing Body Report

Report produced: August 2016

Latest validated data: June 2016

Yorkshire Ambulance Service (YAS) Response Times

Current Performance

- The most recent validated data for Vale of York CCG is June 2016
- Vale of York performance for Red 8 minute response time was **65.7%** against 75% target.
- There are no agreed targets for Amber or Green calls at this pilot stage.

Current issues impacting on performance:

- ❖ YAS are still not achieving the 75% target for Red calls responded to within 8 minutes. The change to categories with the introduction of the Ambulance Response Programme (ARP) in mid April 2016 means that there are significantly fewer calls classed as Red, and therefore only a small number now need to be reached outside 8 minutes for the 75% target to be missed.
- ❖ The 3 month ARP pilot phase finished in mid-July 2016. The ARP categories will continue to be used while YAS await the evaluation of the pilot from NHS England. At this stage there continue to be no agreed targets for Amber or Green calls.
- ❖ High bed occupancy at York Hospital impacts on patient flow across the Trust and results in patients remaining in ED for longer than necessary, thereby creating delays for ambulance crews handing over patients. This has a knock on effect on response times as crews tied up at the hospital are unable to respond to new calls.

Mitigating actions include:

- ❖ When reporting against the new ARP categories there is likely to be a larger focus on tail end of performance as opposed to percentage within x number of minutes. This would reflect the actual time taken to reach calls, i.e. if the 8 minute target is missed then currently this gives no indication of whether the target was missed by a few seconds or a number of minutes. The use of tail end of performance would allow for a more accurate view of actual outcome and impact for patients. This is yet to be confirmed and will be part of the evaluation of the pilot by NHS England.
- ❖ Staff training at YAS has been reduced to a minimum this month to cope with increased demand for annual leave over the school summer holiday period. YAS are also putting out life-cycle and motorcycles for extra weekend cover.

Yorkshire Ambulance Service (YAS) Handover Times

Current Performance

- The most recent validated data for Vale of York is June 2016
- Performance for York Trust combined was **53.3%** (target 100%); this is a decrease from May performance of 57.2%. York hospital site performance was 60.3%, and Scarborough hospital site was 44.1%
- The most recent **unvalidated** data for Vale of York is week ending 31st July 2016, which shows handover performance of 64% combined, 75% at York hospital and 49% at Scarborough

Current issues impacting on performance:

- ❖ York Trust reported 468 ambulance handovers greater than 30 minutes in June 2016, an increase of 103.5% from the June 2015 figure of 230. Year to date 2016/17 there have been 1,183 handovers greater than 30 minutes compared to 955 in the same period 2015/16, an increase of 23.9%. Overall ambulance arrival volumes according to YAS data were 3756 in June 2016 compared to 3558 in June 2015. Ambulance arrival volumes have remained largely consistent at York Trust over the past 12 months with 3741 per month on average, 1580 at Scarborough and 2161 at York.
- ❖ Partners are aware that they are not working together in an optimum way to provide rapid handover; this is discussed regularly at the Urgent Care Working Group

Mitigating actions include:

- ❖ Ensuring there is sufficient nursing workforce to cover the Ambulance Assessment Area is critical in order to reduce delays; York Trust are working to improve this from July 2016. The area is operational on a daily basis until 02:00 subject to workforce availability
- ❖ YAS Clinical Supervisors attend the Emergency Department (ED) to assist during periods of severe pressure
- ❖ CCGs and YAS are currently in discussion regarding cohorting patients as part of an escalation plan in order to release crews from ED in times of pressure
- ❖ There is a regional Ambulance Handover Improvement Meeting taking place in mid-August facilitated by NHS Improvement. This will be attended by representatives from Yorkshire Ambulance Service, CCGs and acute trusts. The purpose of the event is to review handover delays from an acute trust and ambulance perspective and identify system wide schemes to improve performance. The event will be an opportunity to share learning and identify best practice across the locality.

Finance and Contracting implications:

- ❖ The CCG have asked for an up to date action plan to describe the mitigations the Trust are putting in place to ensure they come in under their agreed NHS England target of 'less than 2015/16 outturn'.
- ❖ There is currently a significant financial risk associated with this as a proportion of the £13m Sustainability and Transformation Fund (STF) funding is held against this target.
- ❖ As this target is subject to the STF rules the CCG are unable to apply any local consequences of this breach.

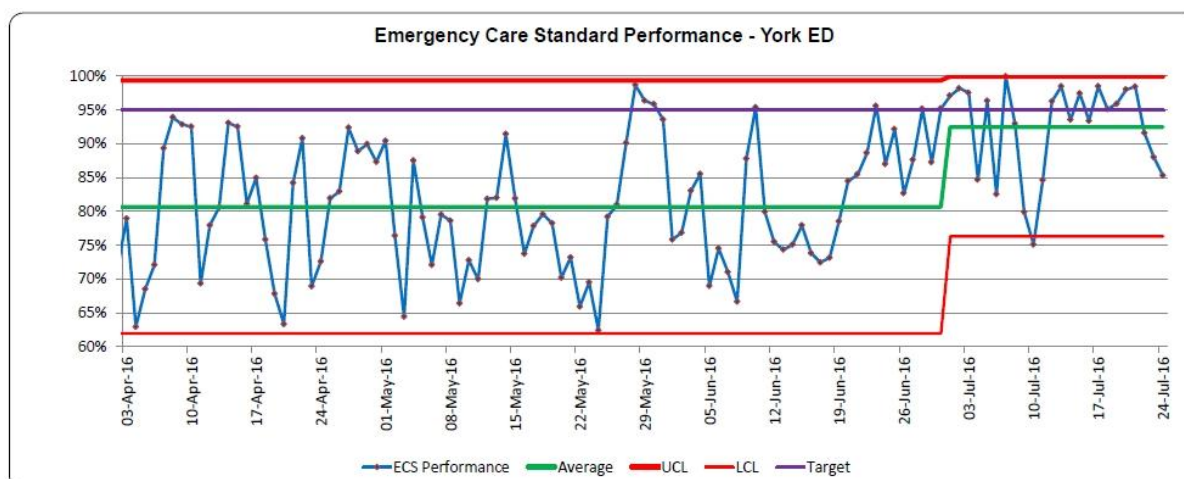
Emergency Department (ED)

Current Performance

- The most recent validated data available for Vale of York is June 2016
- Performance against 4 hour target for Vale of York was **87.2%** (target 95%). This is a slight decrease from the April figure of 87.9%
- The most recent **unvalidated** figures for York Trust are for week ending 31st July 2016 and show performance of **94.09%**
- **Sustainability and Transformation Fund Trajectory has been achieved by York Trust for June at 87.18% against a trajectory of 87%.**

Current issues impacting on performance:

- ❖ York Trust have now met the Sustainability and Transformation Fund Trajectory for every month in Quarter 1 2016/17.
- ❖ The ED front door model continues having gone live on 1st July, including the Clinical Navigator role. Between 4th and 10th July, 182 patients were streamed away from ED directly to, for example, specialties, ambulatory care or primary care. Significant improvements in performance have been seen in recent weeks, the graph below shows a step change to denote change of process on 1st July.



- ❖ In June 2016 there were 16,091 attendances at York Trust compared to 16,477 in June 2015 (2.3% decrease). There were a total of 2,063 breaches of the 4 hour target (1,219 admitted, 844 non-admitted) across all sites in June 2016. The number of patients waiting over 8 hours in ED was 35 (York 221, Scarborough 114); an increase of 15 (4.7%) on May.
- ❖ The Trust had 4,319 non-elective admissions (excluding maternity and paediatrics) in June 2016 compared to 3,850 in June 2015, a 12.2% rise. This includes an increase of 282 admissions (23.6%) where patients stayed less than 24 hours. The largest percentage rise was seen in GP admissions with 21.5% from 1,152 to 1,400.

Mitigating actions include:

- ❖ York Trust are actively recruiting into the ED workforce with specific adverts for ED staff. They are continuing to use locum doctors to cover mid-grade and consultant vacancies at York and Scarborough sites. In the interim, ED are actively aiming to ensure that key critical roles such as the Clinical Navigator and staff in the Ambulance Assessment Area are covered.
- ❖ The planned 'No Delays' programme commenced on 11th July covering both sites and is progressing well; feedback on actions being taken forward will be reported next month.
- ❖ Work is ongoing as part of the Trust bed modelling regarding the establishment of a Medical Assessment Unit to cohort patients with zero length of stay. Staff consultation forms part of the reconfiguration.
- ❖ Additional Emergency Nurse Practitioner (ENP) will be in place overnight in coming weeks in the Urgent Care Centre at York to manage minor illness cases.

Finance and Contracting implications

- ❖ The CCG is funding both the Trust element and the Northern Doctors Urgent Care (NDUC) element of the ED Front Door model on a block basis so we need to monitor closely to ensure utilisation is at a level that offsets the costs incurred by Commissioners.
- ❖ We are getting regular information from the Trust and while the number of people being referred back to their own GP is not as high as anticipated there has been a significant reduction in ED attendances and we would expect this to improve as confidence in the Clinical Navigator role improves.

2016/17 Emergency Department (ED) Improvement Plan – National Initiative

A letter has been received by all CCGs, Mental Health Providers, Acute Providers, Local Authorities, Ambulance Trusts and Community Trusts from NHS England (NHSE). The letter outlines plans for the recovery of the ED target to 95% by the end of 2016/17. Having reviewed performance nationally over the last year it has been clear that there had been less opportunity to expand the bed base to cope with

demand and that systems which had reformed their processes and pathways fared much better. Therefore there is a need for much more focus on improvement.

Refreshed local leadership arrangements are required to encourage system focus and accountability as well as new regional oversight arrangements. The new joint NHSI (NHS Improvement) and NHSE improvement plan will provide support to those systems who most require it.

System Resilience Groups (SRGs) are required to be transformed into Local A&E Delivery Boards to focus solely on urgent care by 1st September 2016.

There are also 5 mandated improvement initiatives required:

- 1. Streaming at the front door – to ambulatory and primary care.**
This will reduce waits and improve flow through emergency departments by allowing staff in the main department to focus on patients with more complex conditions.
- 2. NHS 111 – Increasing the number of calls transferred for clinical advice.**
This will decrease call transfers to ambulance services and reduce A&E attendances.
- 3. Ambulances – DoD and code review pilots; HEE increasing workforce.**
This will help the system move towards the best model to enhance patient outcomes by ensuring all those who contact the ambulance service receive an appropriate and timely clinician and transport response. The aim is for a decrease in conveyance and an increase in 'hear and treat' and 'see and treat' to divert patients away from the ED.
- 4. Improved flow – 'must do's that each Trust should implement to enhance patient flow.**
This will reduce inpatient bed occupancy, reduce length of stay, and implementation of the 'SAFER' bundle will facilitate clinicians working collaboratively in the best interests of patients.
- 5. Discharge – mandating 'Discharge to Assess' and 'trusted assessor' type models.**
All systems moving to a 'Discharge to Assess' model will greatly reduce delays in discharging and points to home as the first port of call if clinically appropriate. This will require close working with local authorities on social care to ensure successful implementation for the whole health and care system.

Further detailed guidance will follow. Local A&E Delivery Boards will coordinate and oversee these initiatives.

Out of Hours (OOH)

Current Performance

- The most recent validated data available for Vale of York is June 2016
- Urgent Face to Face consultations within 2 hours are at **94.7%** and less urgent within 6 hours **97.5%**, both against target of 95%
- Speak to clinician calls within 2 hours are at **94.1%**, within 2 - 6 hours at **86.8%**, and within 6 hours+ at **97.7%**, all against target of 95%

Current issues impacting on performance:

- ❖ Continued issues with high demand for 'urgent' calls which need to be seen within 2 hours, this is largely driven by NHS111 streaming rather than 'real' urgent demand. Otherwise performing well against all targets.

Mitigating actions include:

- ❖ Work has commenced on the clinical advisory hub which will provide enhanced support for clinical diagnoses within the NHS111 operation – the knock on effect will be to provide more accurate and targeted feed through of information to OOH.

Diagnostics

Current Performance

- The most recent validated data available for Vale of York is June 2016
- **99.0%** of diagnostic tests took place within 6 weeks, a slight decrease from May performance of 99.2% but still meeting 99% target

Current issues impacting on performance:

- ❖ Performance for Vale of York CCG against the 99% Diagnostics target in June 2016 was 99.0%
- ❖ York Trust achieved the Diagnostic target in June 2016 with 99.3% against 99% target. This is the 8th consecutive month the target has been met by York Trust.
- ❖ Yorkshire Health Solutions continue to carry out some non-obstetric ultrasound work in order to help with overall Diagnostic performance.

Finance and Contracting implications

- ❖ Activity and spend with Yorkshire Health Solutions continues to increase but there is anecdotal evidence that scans are being repeated by the Trust when referrals are made. This is being picked up with individual Consultants as and when the CCG are made aware of it.

18 Week Referral to Treatment (RTT)

Current Performance

- The most recent validated data available for Vale of York is June 2016
- 92.4% (target 92%) of patients on incomplete pathways have been waiting no more than 18 weeks from referral, a slight decrease from 92.9% in May 2016
- **Sustainability and Transformation Fund Trajectory has been achieved by York Trust for June at 92.49% against a trajectory of 92%.**

Current issues impacting on performance:

- ❖ York Trust have now met the Sustainability and Transformation Fund Trajectory for every month in Quarter 1 2016/17.
- ❖ The Trust achieved 92.49% against the 92% target for Incomplete pathways in June 2016. The following specialities did not achieve the target – General Surgery (90.23%), Urology (86.92%), Maxillofacial (84.43%), Thoracic Medicine (91.3%).
- ❖ The Admitted backlog has increased by 167 (9.1%) in June. This has been driven by increases in the backlog for Ear, Nose and Throat (+35), General Surgery (+30), Maxillofacial (+29), Ophthalmology (+27) and Dermatology (+27)
- ❖ 27 lists were cancelled due to theatre staff shortages in June and effects of agency staff restrictions. By October all new starters in nursing staff will be in place.
- ❖ There has been one 52 week breach for a Vale of York patient which occurred at Hull Trust in general surgery. The patient was referred early July 2015 and was a complex case requiring multiple investigations and tests. An error on the pathway was found and rectified, this together with patient choice delay resulted in the breach. The patient has subsequently had their surgery.

Mitigating actions include:

- ❖ Alternative options to recruit to remaining theatre staff and Health Care Assistant vacancies are being explored, including bespoke recruitment for theatres, social media and open days.
- ❖ Ophthalmology continue to utilise CESP and Medicare weekend lists to increase their capacity, with a rolling programme that will continue for the foreseeable future.
- ❖ Gynaecology have recommenced outsourcing patients to Spire in Hull. This will continue until September when their theatre staffing issues should be resolved, and should help to reduce the growing Admitted backlog. 17 patients have accepted to have their procedure carried out at Spire since May.
- ❖ Urology continue to undertake evening and Sunday lists at Bridlington. Work is now underway to identify suitable patients to be treated at Nuffield York, commencing in July 2016.
- ❖ Negotiations are underway with Maxillofacial to allow York surgeons to use Ramsey and Nuffield theatres and theatre staff while remaining within their job

plans. This will enable Maxillofacial to backfill their lists within the Trust and increase capacity.

Finance and Contracting implications

- ❖ As RTT is part of the STF the CCG are unable to apply any penalties in this area but the Trust have kept us briefed that the backlog continues to rise and at this stage they are unable to get the figures to a sustainable level.
- ❖ The Trust have continued to transfer some patients to Ramsay at Clifton Park so the CCG's activity is slightly higher than anticipated but still within plan at this stage (the CCG did take a decision to include some of the transfers in our plan with Ramsay for 2016/17)
- ❖ The Trust have confirmed that they will be sub-contracting some Vascular General Surgery to Nuffield and moving some of the Urology backlog patients to Bridlington so the CCG will likely see the impact of this in elective daycases and inpatients in August and September data, which may give additional pressure.

Cancer

Current Performance

- The most recent validated data available for Vale of York is June 2016
- Performance against the 14 day target of 93% was **94.9%** in June for All Tumour Types. Breast Symptomatic performance was at **95%**
- All 31 day treatments met target for a 14th consecutive month
- 62 day treatments following urgent GP Referral met the target of 85% with **85.1%**. 62 day treatments following Screening Referral narrowly missed target at **88.9%** against 90% target.

Current issues impacting on performance:

- ❖ June data for York Trust is not yet available however the Trust achieved all cancer targets in May 2016 with the exception of 31 day subsequent surgery with 88.5% against target of 94%. This represents 3 patient breaches, 2 of which were due to elective capacity in Head and Neck.
- ❖ York Trust met the Sustainability and Transformation Fund trajectory targets for April and May and continues to benchmark well against national performance, achieving 85.5% against the 62 day first treatment target in May compared to 81.3% nationally.

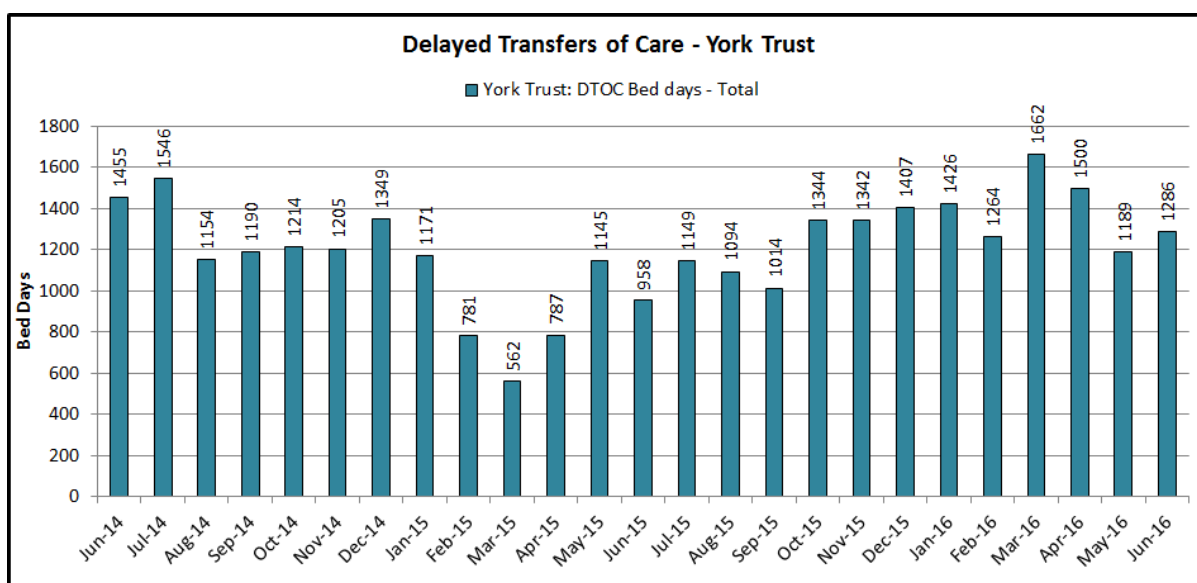
Mitigating actions include:

- ❖ All directorates at York Trust are continuing to work on timed clinical pathways to improve compliance with the national standard, specifically for Breast, Colorectal, Lung and Prostrate.

- ❖ Lung – work is ongoing at network level to support possible implementation of national aspiration lung pathway. Local gap analysis is being completed for both York and Scarborough pathways.
- ❖ Prostate – revised pathway work being developed for York and Scarborough which in pilot has shown reduced wait for patients.
- ❖ Colorectal – revised pathway for York developed, work ongoing to finalise.
- ❖ Breast – revised pathway from Yorkshire and Humber Strategic Clinical Network in development. Clinical review of new pathway completed.
- ❖ A new process has been proposed to allow GPs to refer directly to CT rather than wait for consultant referral where renal masses have been developed through ultrasound. This is aimed at reducing unnecessary waits, while maintaining the same level of diagnostics requested. Rollout of the proposed process is to be discussed between the Trust and CCGs.

Delayed Transfers of Care (DTOC)

- ❖ After peaking in March 2016 at 1,662 delayed days within the month, DTOC numbers at York Trust have been significantly improved over the past 3 months down to 1,189 in May and 1,286 in June 2016, as can be seen in the graph below:



- ❖ A number of actions have taken place over the past few months which have contributed to this reduction.
- ❖ York Trust and the Local Authorities have agreed and signed up to a joint protocol for the transfer of care of patients being discharged from acute and non-acute beds.
- ❖ Leaflets and letters are being issued to patients who are medically fit for discharge but are delaying in beds at the Trust and Community Hospitals.
- ❖ Discharge Liaison Officers are now in post and operational on the wards which is helping to facilitate earlier in the day discharges using the Discharge Lounge.
- ❖ City of York Council (CYC) recently commissioned 2 new providers which increased the number of home care packages available in York and has helped

to free up the bottleneck of patients waiting in acute beds for home care packages.

- ❖ The introduction of Discharge to Assess Pathways has also increased capacity within the local health economy and enables patients to be assessed either at home or in a step down bed; numbers are still small however.
- ❖ Continuing Health Care delays have seen some recent improvement in York – the team have increased capacity by using temporary workers.
- ❖ A residential care home in Selby gave back hours to North Yorkshire County Council (NYCC) which is impacting on NYCC capacity
- ❖ School holidays and annual leave are impacting on both CYC and NYCC teams.

Healthcare Associated Infections

Current Performance – financial year to date

- ❖ C-Difficile infections for 2016/17 stand at 10 against a full year trajectory of 43 for York Trust (as of w/e 31st July 2016)
- ❖ MRSA bacteraemias for York Trust stand at 1 against a 0 trajectory for 2016/17 (as of w/e 31st July 2016)

- ❖ CCG participation in all Post Infection Reviews (PIRs) is proving valuable with insight into organisation issues, improvements and areas of concerns.
- ❖ Agreement has been made to conduct the PIR of 3 outstanding C-Difficile infections from 2015 to establish if learning has occurred and allow closure and assignment against trajectory.

Learning Disability Mortality Review Programme

An NHS England led Yorkshire and The Humber programme for Learning Disabilities Mortality Review (LeDeR) is underway aiming to make practice and service improvements as well as integration of learning to change policy. National level data collection, with the University of Bristol will help generate common themes, learning points and recommendations. The review is part of the LeDeR programme and one of three strands, reducing admission through the work of the Transforming Care Partnerships, mortality review and antipsychotics and two project posts in Yorkshire and The Humber will co-ordinate this as part of the NHS England national learning disabilities programme. The model for review of deaths is likely to require coordination via CCGs and Local Authorities in terms of notifying NHS England when there is a death and the scope of the review will be 4 years to 74 years, with data suggesting approximately 300 deaths across Yorkshire and The Humber that will be subject to review over the next year.

Progress will be monitored by Regional Quality Surveillance Groups and Safeguarding Boards will be asked to review the lessons learned and share that learning through their networks. Participation is voluntary and no additional resource

is required from CCGs and integration to existing processes, such as Child death Overview Panels rather than duplication.

Mixed Sex Accommodation (MSA)

There has been one breach of MSA for a Vale of York Patient in June 2016 in a hospital in the South of the UK. There was a delay in bed availability following the decision to transfer the patient out of critical care.

Serious Incidents

- ❖ Concern about obtaining both Serious Incident (SI) assurance from York Trust and evidence of embedded learning continues. A detailed action plan including escalation through Sub-CMB (Contract Management Board) to request robust strategic action plans to provide increased assurance and allow the closure of historic incidents and action plans is underway.
- ❖ The system wide Serious Incident investigation into operational difficulties on the Scarborough Hospital site at the beginning of April 2016, led on by Vale of York CCG's Head of Quality Assurance in partnership with York Trust, is complete. Recommendations were identified following a multi-agency meeting which reviewed the information and evidence obtained. These have been incorporated into an action plan which has been circulated to all stakeholders for agreement and a follow up meeting will be organised.
- ❖ An internal review of SI management processes provided by the shared team hosted by Hull CCG has taken place in order to ensure effective service delivery. Revised terms of reference have been agreed and changes to the format of meetings, minutes and ongoing discussions to update the information received in the quarterly report are underway.
- ❖ A second Never Event was reported from York Trust in June in addition to the Surgical Invasive Procedure Patient reported last month. This was a wrong route administration of medication which occurred on 30th June. A letter of concern from the CCG regarding recent Never Events and Serious Incidents has been received by the Medical Director and Chief Nurse at York Trust with a meeting for discussion and action planned for August.

Improving Access to Psychological Therapies (IAPT)

Current Performance

- The most recent **unvalidated** data available for Vale of York is June 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 June are at **11.0%**, down from 12.1% in May, against 15% target
- Recovery rates in June are at **44.1%**, down from 48.6% in May, against 50% target

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 12.3%, Recovery 43.8%
- YTD: Humber – Prevalence 16.5%, Recovery 48.5%

Following investigations into the data held on the previous provider's system 'IAPTUS', it has been identified that there is additional data for Vale of York CCG which was recorded in the system separately to the core IAPT service. From these investigations the provider has identified activity for an additional 10 members of staff. The activity for these clinicians has thus not been submitted to 'the Bureau' and will therefore impact on prevalence, recovery and waiting clearance times currently reported by HSCIC (Health and Social Care Information System). The data has been refreshed locally which shows an improvement in the access and recovery performance but a deterioration in the waiting time targets.

Inherent data quality, new provider systems, staff transitions onto the new system, skill set training and understanding their responsibilities are all contributing to the current quality issues. Until these data quality issues are fully understood, resolved and confidence in the data is achieved, we do not feel that timescales for recovery trajectories can currently be developed. Once these issues are resolved, revised trajectories will be set and regularly monitored.

At the TEWV Contract Quality Committee on 2nd August 2016 the importance of data accuracy and quality was emphasised. It was agreed at the meeting that TEWV will prioritise close scrutiny of the IAPT data and then set recovery projections and confirm with the CCG.

The CCG is also aware that the Intensive Support Team from NHS England is to meet with TEWV and discuss current performance and the data issues. This is with a view to develop a sustainable level of delivery at the levels expected both nationally and locally with the commissioner. If the provider does not deliver the targets as expected in a sustainable manner the CCG will not hesitate to issue an improvement notice in the future.

Patient Experience Update

The Partnership Commissioning Unit (PCU) continue to work with Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV) to clarify the provision of therapy treatment within the contract and hopefully avoid delays in appointments for patients. The Tuke Centre is now sending letters to patients when their referral has been received, with an indication of when they can expect an appointment. One complainant has advised us that they will be referring their case to the Health Service Ombudsman as they remain dissatisfied with the length of time they waited for mental health assessment and treatment.

A PCU retrospective funding complaint which was referred to the Health Service Ombudsman (HSO) in March 2016 has been upheld on the grounds that a deceased patient's estate had suffered an injustice as it was wrongly denied the opportunity to

establish whether the patient had CHC (Continuing Health Care) eligibility. The HSO have recommended that a retrospective assessment is undertaken. The PCU has accepted the decision and a re-assessment is being undertaken.

The CCG and PCU continue to work together to ensure we can provide a seamless, timely and quality service to complainants.

Complaints

No formal complaints were received relating directly to the Vale of York CCG.

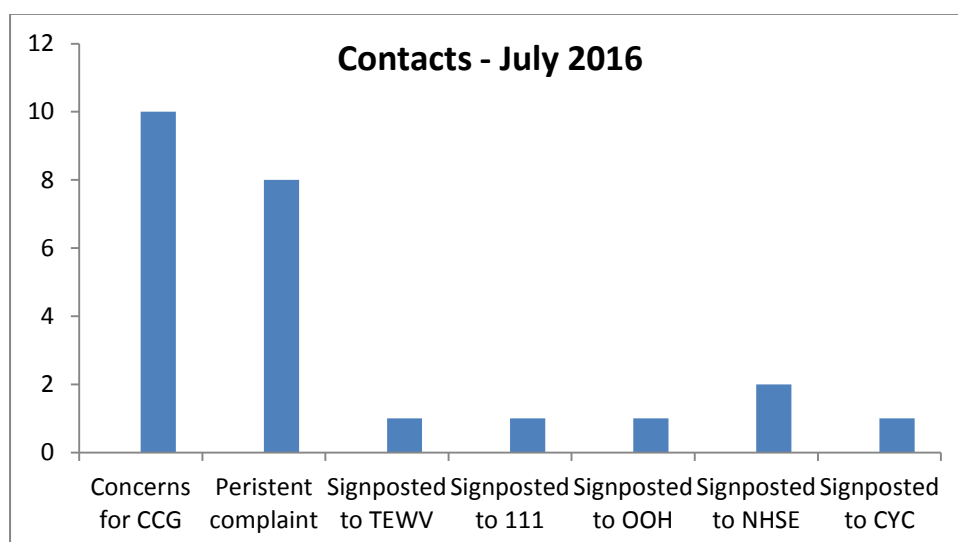
2 complaints signposted to other organisations:

1 complaint was forwarded to the Yorkshire Ambulance Service for investigation (relating to NHS 111) and 1 to Yorkshire Doctors for the Out of Hours Service.

22 concerns/enquiries:

- 8 emails from persistent contacts requiring no further action
- 4 concerns were signposted to other organisations – 2 to NHS England, 1 to TEWV, 1 to City of York Council
- Parent of a patient raised issues regarding medication
- 3 enquiries about the gluten free voucher scheme and future plans
- Information regarding a school nursing team
- Clarification regarding IVF referral
- Enquiry relating to the impact of the CCG's financial situation on their specific surgery
- 3 comments regarding diabetes education over the next five years

The graph below demonstrates the reasons for contact.



Example of learning from a complaint/concern:

A patient contacted us wanting to make a complaint about the NHS 111 service and was unclear who provided the service after checking the CCG website (the NHS 111

website directed him to his local CCG). As a result we have reviewed the information on our website and will update it to explain that the Yorkshire Ambulance Service provides this in our area and include their contact details.

Patient Opinion:

There were 18 posts relating to York Hospital in July – 14 positive comments and 4 negative.

Patient Experience update from York Hospital

The Chief Nurse report for July reports that the results of the national inpatient survey 2015 indicated that patients did not know how to give feedback about their experience of care.

Learning from complaints and concerns highlights the benefits of early discussion of concerns for example, while the patient is in hospital.

Posters, featuring photographs of matrons, have been created and are on all ward entrance doors.

Copies of the 'Your Experiences Matter' leaflet should be available in all wards and outpatient areas – stocks are checked monthly.

Every Friends & Family Test (FFT) box now has a poster explaining the purpose of asking for this feedback and blank cards available for completion.

In June, the Trust received 387 PALS contacts, 33 complaints and 4 new cases were referred to the Health Service Ombudsman. 44 compliments were received by the Chief Executive.

Patient Experience update from TEWV

TEWV data is currently being reviewed and an update will be included in future reports.

Managing Care Home Closure

NHS England together with partners have published good practice guidance for Local Authorities, CCGs, NHSE, Care Quality Commission (CQC), Providers and Partners in the event of a care home closure. It helps partners co-ordinate action, avoid duplication and prevent confusion from providers of health and care staff in the home closing or that receive residents from homes that close. Managing Care Home Closure aims to ensure that when closure arises, there is a joined-up and effective response from all partners to minimise as much as possible the impact on people using services, their families, carers and advocates.