

NHS Vale of York Clinical Commissioning Group  
Extended Quality Report for Governing Body –  
September 2016

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## **Introduction**

This is the first Extended Quality report compiled for the Quality and Finance Committee. It contains information on quality not usually reported through the CCG governance structure. It aims to give more rounded assurance on the services the CCG commissions and the wider health economy. It should be read in conjunction with the draft Quality Assurance Strategy in order to increase understanding of how quality is assured by the Quality and Performance Team. That strategy also contains the key priorities in line with our Operating Plan and the Better Care and Better Health domains of the new CCG Improvement and Assessment Framework, which will be further developed in future reports. Assurance on both children and adult safeguarding is presented in separate reports by the Designated Professionals Team. Our Infection Prevention and Control Strategy will be presented at a future meeting.

The report has been updated slightly for Governing Body due to the time between submission to Quality and Finance in June and Governing Body in September 2016.

**Michelle Carrington**

**Chief Nurse**

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## Infection Prevention and Control

Since the Commissioning Support (CS) Infection Prevention and Control (IPC) Lead left post in early 2015 there have been some difficulties in coordination and oversight of infection prevention. A shared IPC specialist role had been advertised twice with no recruitment but an appointment is now underway. Progress in gaining assurance has occurred with CCG attendance at all Post Infection Reviews as opposed to just those with no lapses in care. This is providing insight and additional assurance on the organisational IPC improvements and actions. A CCG IPC Locality meeting to try to improve communication and practice across care settings has taken place at the end of June. The CCG has received the strategic action plan from the internal IPC review at York Trust and concerns remain regarding organisational embedding of robust IPC practices.

There have been 2 reported cases of Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia occurring in Vale of York CCG patients during Quarter 1 2016/17, the same number as quarter 4 2015/16. Four cases were reported at year-end 2015/16 (1 in Quarter 1, 1 in Quarter 2 and 2 in Quarter 4), the same number as reported in 2014/15.

There has been a reduction in the number of Clostridium Difficile infection during quarter 1 2016/17, with the total for 9 cases for Vale of York. 3 attributed to YTHFT and 6 community acquired compared with 19 cases of Clostridium Difficile Infection (CDI) assigned to Vale of York CCG during Quarter 4 2015/16; 8 Community attributed cases and 11 Trust attributed cases, of which all 11 cases were attributed to YTHFT. This represents a decrease of 9 cases compared to the same period last year (28 cases).

The Vale of York CCG year-end position 2015/16 total stands at 89 cases against the annual threshold of 78 (representing 14% over threshold). 61 out of the 89 are community cases (compared with 42 community cases in 2014/15) and 28 are acute cases.

For YHFT the year-end position 2015/16, stands at 65 cases against an annual threshold of 48. Fourteen cases have been upheld by the CCG through the post infection review process as having “no lapse in care” which directly contributed to the CDI. This means the 14 no lapses in care cases are taken from the overall leaving a total of 50 against a trajectory of 48. However there are 3 remaining cases to undergo a PIR which may mean YHFT comes in under trajectory for 2015/16 resulting in no contractual penalties.

There have been 18 cases of Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia assigned to Vale of York CCG in Quarter 4 2015/16; 11 community attributed and 7 Trust attributed (5 to York Trust, 1 to Leeds Trust and 1 to South Tees). This represents a decrease of 3 cases compared to the same period last

year (21 cases). At year-end 2015/16, the total stands at 67 cases, showing a decrease of 15 cases from 2014/15, when 82 cases were reported, representing a 22% improvement in performance.

There have been 86 cases of Escherichia Coli (E.coli) bacteraemia assigned to Vale of York CCG during Quarter 4 of 2015/16. This represents an increase of 30 cases compared to the same period last year. The total at year-end 2015/16 (269 cases) shows a decrease of 11 cases compared with last year (280 cases).

## Serious Incidents

A review of CCG methods of efficiently processing Serious Incident (SI) investigations has occurred with the shared SI Team. The SI Team are hosted by Hull CCG and work across Hull, East Riding, Scarborough Ryedale and Vale of York CCGs. The CCG are awaiting outstanding action plans where challenge has been made when actions do not address root causes of incidents and require more robust processes, assurance and evidence of completion of action plans and sustained learning. Plans to review the amendments are scheduled for August with the ambition to progress to inviting providers to the joint CCG review meetings. This will enable faster resolution of uncertainties within reports increasing assurance.

New guidance was issued in 2016 with regards to 12 hour trolley waits in Emergency Departments. A clear process has been agreed with all CCGs for York Teaching Hospital NHS Foundation Trust (YTHFT) and a process flowchart has been devised. All 12 hour trolley waits will continue to be declared as serious incidents. NHS England (NHSE) are considering if these SIs can be de-logged if no harm has occurred, in line with national SI guidance, however concern exists whether this will affect accurate monitoring of numbers.

A multi- agency SI investigation into several 12 hour breaches on the Scarborough Hospital site is complete with recommendations made to improve the system wide responses to surges in activity and problems with patient flow.

Inconsistencies continue in the application of the definitions of a Serious Incident from the NHS framework however more frequent requests for de-logging are occurring. Discussions to progress towards a robust balance between maintaining consistent incident reporting and appropriate investigating are underway with YHFT.

There were 2 recent Never Events relating to wrong site surgery and serious concerns exist relating to the consistent adherence to the safer surgery checklist in YTHFT (one in April and one in June). A joint (Vale of York and Scarborough Ryedale CCGs) performance query was sent to the Medical Director for response prior to a possible contract performance notice being issued and a meeting is scheduled with the Medical Director and Chief Nurse for August.

The second Never Event in YHFT in June was a wrong route administration of medication which occurred on 30th June and is currently being investigated.

Progress against the implementation of the NHSE NatSSIPS which were published in September 2015 has been requested. NatSSIPS ('National Safety Standards for Invasive Procedures') is a national initiative to support NHS organisations in providing safer care and to reduce the number of patient safety incidents related to invasive procedures in which surgical Never Events can occur. They cover all invasive procedures including those performed outside of the operating department which is where one of the Never Events occurred, it does not replace the existing World Health Organisation (WHO) Surgical Checklist, but enhances it by looking at additional factors such as the need for staff education and training. It also encourages organisations to review current local processes for invasive procedures and ensure compliance with the new national standards. This will be done by organisations working in collaboration with staff to develop their own set of 'Local Safety Standards for Invasive Procedures' (LocSSIPs). No update on progress against this has been received as yet. NatSSIPS equally applies to primary care where minor surgical procedures may take place and we are working with colleagues to ensure guidance is applied.

Trust compliance with Duty of Candour requirements remains a concern. As a result of which this has been added to the contract for 2016-17 and more detailed reporting to provide assurance on all aspects of the requirements has been requested at sub CMB (Contract Management Board)..

Falls with harm and pressure ulcers also remain concerning. CCG attendance at the Trust Falls and Pressure Ulcer SI review panel is proving beneficial to gain an overview of overarching themes and trends which evidence non-compliance with guidance and areas requiring inclusion in provider strategic action plans which the CCG have requested in order to sign off retrospective action plans and increase assurance.. Much good practice and evidence of committed caring nursing care has been seen

1 The breakdown of SIs for VoYCCG is detailed below

Vale of York CCG	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Total
York Hospitals NHS FT- acute	1	4	7	8	3	4	6	6	3	2	14	6	64
York Hospitals NHS FT – community	3	0	0	1	1	2	0	0	2	0	0	0	9
York Hospitals NHS FT - community hospitals	0	0	0	2	0	1	0	4	1	1	3	1	13
Scarborough Hospitals – acute	0	0	1	2	0	1	0	0	0	0	0	1	5
Scarborough Hospitals - community	0	0	0	0	0	0	0	0	0	0	0	0	0
Scarborough Hospitals - community hospitals	0	1	0	0	0	0	1	0	0	0	0	0	2
Harrogate and District NHS FT- acute	0	1	0	0	0	0	0	0	0	0	0	0	1
Harrogate and District NHS FT- community	0	0	0	0	0	0	0	0	0	0	0	0	0
South Tees Hospitals NHS FT – acute	0	0	0	0	0	0	0	0	0	0	0	0	0
South Tees Hospitals NHS FT – community	0	0	0	0	0	0	0	0	0	0	0	0	0
Leeds Teaching Hospitals NHS FT – acute	1	0	0	0	0	0	0	0	0	0	0	0	1
Leeds York Partnership NHS FT	2	0	2	0	3	0	0	0	0	0	0	0	7
Yorkshire Ambulance Service	0	0	0	0	1	2	0	0	0	2	1	1	7
Tees Esk Wear Valley NHS FT	1	0	0	0	0	0	1	0	0	2	1	3	8
Private Provider	1	0	0	1	0	0	0	0	0	0	0	0	2
Co-commissioning Primary Care & CCG SIs	0	0	0	0	0	0	1	0	0	0	0	0	1
Humber FT	0	0	0	0	0	0	0	0	0	0	0	1	1
<b>TOTAL</b>	<b>9</b>	<b>6</b>	<b>10</b>	<b>14</b>	<b>8</b>	<b>10</b>	<b>9</b>	<b>10</b>	<b>6</b>	<b>7</b>	<b>19</b>	<b>13</b>	<b>121</b>

Note: Scarborough Hospital is part of York Teaching Hospital NHS FT but the figures are not double-counted – a Trust total for the CCG would be obtained by combining the monthly figures from York Hospitals NHS FT with those of Scarborough Hospitals

## Number of SI's reported in Quarter 1 2016/17 by provider per CCG

CCG	YTHFT (York Hospital sites)	YTHFT (Scarborough Hospital sites )	TEWV	Co-Commissioning
VoY CCG	34	2	5	0
SR CCG	1	16	4	0
ERY CCG	0	4	0	0
HaRD CCG	0	1	4	0
HRW CCG	0	0	3	0
Leeds CCGs	0	0	0	0

Tees, Esk and Wear Valley NHS Trust (TEWV) provide the majority of Mental Health services for the CCG's patients. Concerns have recently been identified relating to the efficient and timely management of the serious Incidents at TEWV. A discussion and subsequent plan has been devised to address joint CCG concerns including CCG participation in TEWV SI review panels which will provide increased assurance on process, governance, quality of reports and correct identification of root causes, themes and trends.

## Patient Experience

The Vale of York CCG Patient Relations Officer has commenced in post. The Quality and Performance team are already seeing improvements in the Patient Experience function which will improve and develop to provide more in depth assurance and increased amalgamation of data with other sources within the CCG and providers.

### i) Vale of York CCG Complaints – year end position 2015/16

During 2015/16 23 new complaints were received; a further 4 cases were reopened during 2015/16 relating to the Partnership Commissioning Unit (PCU).

- 12 – Continuing Healthcare - Retrospective Assessment.
- 5 – Continuing Healthcare - Current
- 5 – CCG Commissioning decisions
- 1 – CCG Commissioning Individual Funding Request

Details of the commissioning related themes from complaints were:

- Changes to gluten free prescribing
- Withdrawal of spinal injections and phlebotomy services at Selby War Memorial Hospital
- Delays in phlebotomy clinics at Selby War Memorial Hospital
- Patient moved several times between mental health units
- Withdrawal of free prescription for test strips for INR (International Normalised Ratio) testing
- Access to Child and Adolescent Mental Health Services (CAMHS)



## ii) Partnership Commissioning Unit (PCU) Complaints

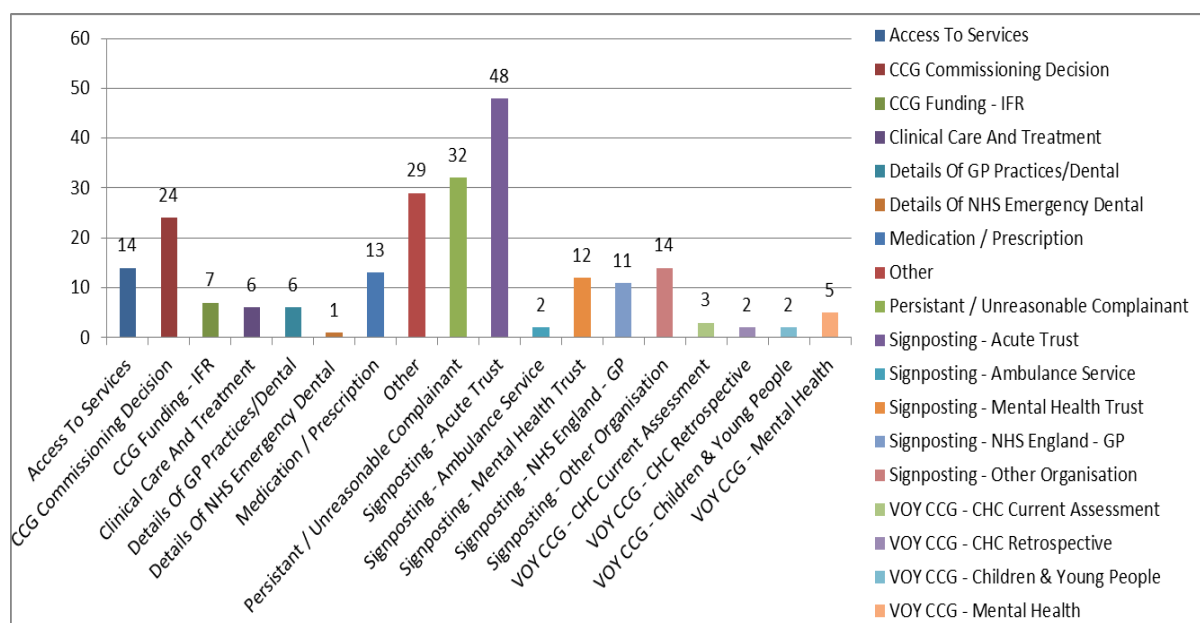
There continue to be issues relating to PCU complaints and the receipt of adequate level and quality of information to enable an appropriate response to go out. This has resulted in late responses. The CCG Quality and Performance Team and Chief Nurse now review all complaints for the PCU and a detailed review of process is scheduled now the new Patient Relations Officer is in post. 4 PCU cases were re-opened relating to retrospective Continuing Healthcare complaints.

Of all the completed cases for the Vale of York Clinical Commissioning Group, 2 complaint cases were upheld. Both cases were in respect of PCU complaints and in both cases, it was agreed that the PCU would re-open the files and undertake retrospective reviews. In July 2016 the CCG was informed that one PCU case has been upheld by the Ombudsman and the PCU have accepted all the recommendations in the letter. A response is being prepared which will contain the required actions to address the concerns in the case.

PCU complaints for Vale of York patients in 2015-16 totalled 24 with 18 of these related to retrospective continuing health care funding.

## iii) Patient Advice and Liaison Service (PALS)

During 2015/16, 231 PALS contacts were received for the Vale of York CCG. The graph below shows the categories of these contacts:





Summary of type of contact	Total 2014-15	Total 2015-16		Quarter 1 2015-16	Quarter 2 2015-16	Quarter 3 2015-16	Quarter 4 2015-16
New Complaints	37	23		3	8	5	7
PALS	124	231		101	35	48	47
Compliments	0	1		0	0	0	1
Parliamentary and Health Service Ombudsman	1	3		1	0	0	2
NHS England	34	33		9	8	10	6
<b>Total</b>	<b>196</b>	<b>291</b>		<b>114</b>	<b>51</b>	<b>63</b>	<b>63</b>

Particular themes identified from the contacts categorised as 'CCG Commissioning Decisions' and 'Access to Services' were in respect of:

- Gluten free prescribing
- Access to fertility treatments
- Physiotherapy and Musculoskeletal services
- GP Out of hours services

#### iv) Primary Care Complaints

NHS England still retain accountability and responsibility for primary care complaints even when CCGs have full delegation. Practices are responsible for completing a return called the K041b, which will include figures on the complaints that they have received direct. NHS England will complete a K041b for the complaints they have received for Vale of York practices. CCGs do not see the data from the KO41b which primary care complete themselves and this is not included in the current plans.

The national NHS England Complaints team are in the process of developing a Complaints Dashboard for CCGs which is currently being piloted across the country. Despite delegated co-commissioning and requests for further information NHS England do not provide any detail or further analysis of the complaints they receive, a summary of which is listed in the table below:

Service	Total 2015-16	Quarter 1 2015-16	Quarter 2 2015-16	Quarter 3 2015-16	Quarter 4 2015-16
Dental	6	1	1	3	1
GP	22	7	6	6	3
GP Joint with another organisation	0	0	0	0	0
Other NHS England functions	3	1	0	0	2
Pharmacy	2	0	1	1	0
<b>Total</b>	<b>33</b>	<b>9</b>	<b>8</b>	<b>10</b>	<b>6</b>

### Commissioning for Quality and Innovation (CQUIN)

Any provider of healthcare services commissioned under an NHS Standard Contract is eligible for CQUIN. Depending on provider performance, the CQUIN Scheme is worth a maximum of 2.5% of the value of the contract.

Below are details of both the 2015/16 Scheme indicators and outcomes together with the proposed CQUIN indicators for 2016/17 for Vale of York CCG Providers.

### i) York Teaching Hospital NHS Foundation Trust (YTHFT) CQUIN

Value: £4,125,074 for Acute and £465,165 for Community Services Contract

2015/16 Scheme Indicators	2015/16 Outcome	2016/17 Scheme Indicators
Acute Kidney Injury	Achieved	Health & Wellbeing for NHS staff
Sepsis Screening/Treatment	Partial Achievement	Healthy food for NHS staff, visitors and patients
Dementia	Achieved	Improving uptake of flu vaccinations for frontline clinical staff
Ambulatory Care Conditions	Achieved	Antimicrobial Resistance
Paediatric Transitional Plans	Achieved	Identification & Early Treatment of Sepsis
Scan Reporting Times	Achieved	Acute Catheter Care
Post take ward round checklist	Achieved	Safety in Glucose Monitoring
Community Patient Experience	Achieved	Insulin Care
Community Nursing MDTs	Achieved	Improving Mental Health paediatrics
		John's Campaign - Dementia
		Community Transformation

### ii) Yorkshire Ambulance Service - Emergency Services CQUIN

Value: £217,895

2015/16 Scheme Indicators	2015/16 Outcome	2016/17 Scheme Indicators
Improving safety in Emergency Operations Centre	Achieved	Health & Wellbeing for NHS staff
Paramedic Pathfinder	Not achieved	Healthy food for NHS staff, visitors and patients
Improve management of Sepsis	Achieved	Improving uptake of flu vaccinations for frontline clinical staff
Pain Management – improve effectiveness and patient experience in assessment and management of pain	Achieved	Sepsis
Mental Health pathway	Achieved	Ambulance Mortality Review
		Assessing Quality of Cardio-Pulmonary Resuscitation
		End to End Reviews
		Health Care Professional Calls

NHS111 will be incorporated in the YAS Emergency Services CQUIN 2016/17.

### iii) Yorkshire Ambulance Service - Patient Transport CQUIN

**Value: £42,801**

2015/16 Scheme Indicators	2015/16 Outcome	2016/17 Scheme Indicators
Improve the experience of patients with complex needs	Achieved	Patient Experience – Utilising CLERICs Patient Portal functionality to develop and implement an online system that will improve patients experience in relation to transport services across all sites.
Patient Experience in relation to transport outbound from specific sites	Achieved	Patient Experience – To develop and implement a Courtesy Call service that will improve patients experience in relation to transport services across all sites.

### iv) Leeds & York Partnership Foundation Trust (LYPFT) CQUIN

**Value: £476,085**

LYPFT Contract ended on 30 September 2015.

2015/16 Scheme Indicators
Engaging Dementia patients in meaningful therapeutic activity
Physical Health (Inpatients) focusing on smoking cessation and nutritional support
Co-production of Crisis Plans – improving the service user experience of CPA
Improving diagnosis and re-attendance rates within 7 days for patients with mental health needs at A&E

### v) Tees, Esk and Wear Valley NHS Trust (TEWV) CQUIN

**Value: £571,519**

The TEWV contract commenced with effect from 1 October 2015.

2016/17 Scheme Indicators
Health & Wellbeing for NHS staff
Healthy food for NHS staff, visitors and patients
Improving uptake of flu vaccinations for frontline clinical staff
Improving Physical healthcare to reduce premature mortality in People with Serious Mental Illness (PSMI)
Communication with GPs
Learning Disabilities – Health Checks & Action Plans

Mental Health – CAMHS Transitions
Mental Health – Avoidable Mental Health Act Detentions
Physical Health – Frailty Identification and Care Planning

## vi) CQUIN Indicators - Independent Providers

### Nuffield York – Value: £91,543

2015/16 Scheme Indicators	2015/16 Outcome	2016/17 Scheme Indicators
Phased Admissions	Achieved	Phased Admissions
Rapid Recovery	Achieved	Medication Safety Thermometer
Dementia – staff training	Achieved	Pre-Operative Health MOT
Medication advice given to patients	Achieved	

### Ramsay Health, Clifton Park Hospital – Value: £228, 447

2015/16 Scheme Indicators	Outcome	2016/17 Scheme Indicators
Phased Admissions	Achieved	Phased Admissions
Rapid Recovery	Achieved	Medication Safety Thermometer
Dementia – staff training	Achieved	Effective Discharge
Medication advice given to patients re potential side effects	Achieved	Hand Hygiene

## Quality Accounts

All NHS Foundation Trusts are required to produce reports on the quality of care (as part of their annual reports). Quality Reports help trusts to improve public accountability for the quality of care they provide. Commissioners are required to write statements (along with other partners) in relation to the quality account which is also published as part of the document.

### i) York Teaching Hospital NHS Foundation Trust (YTHFT)

The key the Trust use to describe achievement against their quality objectives are as follows:

Green	=The target specified has been achieved
Amber	=More than 50% progress towards meeting the target has been made
Red	=Less than 50% progress has been made towards achieving the target

**2015/16 achievement as reported by YTHFT:**

<b>Patient Safety</b>	<b>Achievement:</b>
<b>Improve the care of acutely ill and deteriorating patients: 4 indicators</b>	
<ul style="list-style-type: none"> <li>The Post-Take Ward Round Checklist is embedded for all acute medicine, elderly and acute surgery inpatients.</li> </ul>	
<ul style="list-style-type: none"> <li>90% of patients admitted urgently with a major risk factor for Acute Kidney Injury (AKI) will have recorded in their discharge summary: stage of AKI, medicines review and type and list of blood samples required for monitoring.</li> </ul>	
<ul style="list-style-type: none"> <li>90% of patients with severe sepsis will have antibiotics initiated within one hour of presentation.</li> </ul>	
<ul style="list-style-type: none"> <li>Patients have a medical review by a senior doctor within 14 hours of arrival to the Medical Admissions Unit.</li> </ul>	<b>York</b>
	<b>Scarb</b>
<b>Reduce harm to patients: 4 indicators</b>	
<ul style="list-style-type: none"> <li>Over 90% of patients (aged 75 or over) acutely admitted with delirium or dementia, have a dementia specific assessment and are referred for further diagnostic advice and specialist treatments on all our hospital sites. In addition we will ensure that carers of people with dementia and delirium feel adequately supported.</li> </ul>	
<ul style="list-style-type: none"> <li>In theatre, the surgical safety checks include a team safety briefing at the beginning of the operating list and a STOP at the point of knife to skin.</li> </ul>	
<ul style="list-style-type: none"> <li>Reduce serious injury to patients following a fall in hospital by a further 20%.</li> </ul>	
<ul style="list-style-type: none"> <li>Enhanced supported discharge for patients following a stroke.</li> </ul>	
<b>Improve infection prevention and control: 2 indicators</b>	
<ul style="list-style-type: none"> <li>We continue, through effective audit/surveillance and Post Infection Review to monitor and benchmark rates of Healthcare Associated Infection aiming to demonstrate a continual reduction below the national mean.</li> </ul>	
<ul style="list-style-type: none"> <li>We improve practice in relation to invasive device management through enhanced and specific education and training initiatives (ANTT, Device Management role).</li> </ul>	

<b>Clinical Effectiveness and outcomes</b>	
<b>Monitor the prevalence of pressure ulcers: 2 indicators</b>	
<ul style="list-style-type: none"> <li>Report the prevalence of patients in our care who have a category 2-4 pressure ulcer (old or new) as measured using the Safety Thermometer tool and aim to maintain the prevalence in line with the national benchmark.</li> </ul>	
<ul style="list-style-type: none"> <li>Continue learn from pressure ulcer development by reporting all category 3 and 4 pressure ulcers as Serious Incidents and aim to reduce the incidence by 20%.</li> </ul>	
<b>Improve the monitoring of critical medicines and antimicrobials: 3 indicators</b>	
<ul style="list-style-type: none"> <li>Monitor the prescription of antimicrobials; specifically the indications for the prescription and the review dates and improve compliance with the antimicrobial prescribing policy.</li> </ul>	
<ul style="list-style-type: none"> <li>Monitor and reduce the number of missed doses and the frequency of prescribing errors by 20%.</li> </ul>	
<ul style="list-style-type: none"> <li>Will have designed and tested processes for implementation of EPMA (Electronic Prescribing and Medicines Administration) throughout the Trust.</li> </ul>	
<b>Reduce our mortality rates: 2 indicators</b>	
<ul style="list-style-type: none"> <li>Continue the consultant led, systematic review of all in-patient deaths in the acute hospital and GP led review in our community hospitals.</li> </ul>	
<ul style="list-style-type: none"> <li>Work towards achieving a SHMI (Summary Hospital Level Mortality Indicator) of less than 100 for both acute hospital sites.</li> </ul>	<p><b>York</b></p> <p><b>Scarb</b></p>
<b>Patient Experience: 4 indicators</b>	
<ul style="list-style-type: none"> <li>The Trust will develop and launch a Patient Experience Strategy.</li> </ul>	
<ul style="list-style-type: none"> <li>Across the Trust the Friends and Family Test will achieve a 90%+ score for patients reporting that they would recommend the Trust to their Friends and Family if they needed similar care or treatment.</li> </ul>	
<ul style="list-style-type: none"> <li>'Knowing How We Are Doing Boards' will be rolled out to all wards and departments across the Trust and reviewed on a rolling quarterly basis.</li> </ul>	
<ul style="list-style-type: none"> <li>Will provide local information reports to improve the patient experience.</li> </ul>	
<b>Improve excellence in end of life care: 2 indicators</b>	
<ul style="list-style-type: none"> <li>Achieving best practice standards with end of life care.</li> </ul>	
<ul style="list-style-type: none"> <li>All patients have appropriate and inclusive DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decision making</li> </ul>	

**Good news story:**

The Trust awarded an Efficiency Award to an individual who made a significant impact on waiting times for patients. The aim of the project was to reduce the 18 week backlog of patients waiting to be admitted in General Surgery and Urology.

Policy says that patients should be placed in chronological order unless there is a clinical need to prioritize them. It was noticed that this did not always happen for various reasons. The idea was to send a monthly email to the waiting list team and consultants, detailing which patients were awaiting dates for surgery and when they needed to be placed on the list. This was to ensure the correct patients were being placed each month in the correct order.

This approach was tested by using the Plan, Do, Study, Act cycle.

**Results** - This simple idea reduced the patients waiting over 36 weeks from 44 to 1. In addition, patients waiting over 18 weeks reduced from 140 to 42. This is despite managing the most challenging winter crisis that the organisation has seen for a number of years. This idea is now being trialed in Scarborough.

This project has a positive effect on patient experience by reducing waiting times and has a positive financial impact by reducing financial penalties. In addition it meets Trust Values by 'Caring about what we do'.

**The Trust has stated the following quality indicators for 2016/17:**

Patient safety – reduce mortality (review by senior doctor, sepsis and case note reviews), reduce harm (reduce falls, increase incident reporting)

Clinical effectiveness and outcomes – critical medication and antimicrobials (insulin, electronic prescribing), Healthcare Associated Infections (HCAs) (reduce C-Diff, MRSA, MSSA)

Patient experience – volunteering, learning from complaints, increase results from friends and family test, paediatric mental health

**ii) Clifton Park**

- Achieved 96.9% patient satisfaction score for 2015/16
- Implementation of phased admissions to reduce the waiting and fasting times for patients from admission to surgery.
- Excellent PLACE (Patient-Led Assessments of the Care Environment) Assessment score of 94.60% overall for cleanliness, food, privacy and dignity and the condition, appearance and maintenance of facilities.

**Clifton Park has stated the following indicators for 2016/17:**

Patient Safety – enhanced recovery programme, hand hygiene

Clinical Effectiveness – PROMs (Patient Reported Outcome Measures)



Patient Experience – fasting times and staggered admissions, improving day care processes, effective discharge (medication information, physio and follow-up appointments)

## Regulatory Inspection Assurance

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

There are 27 GP Practices in York in total, 23 of which have been inspected using the new CQC methodology and all have been rated as ‘Good’ overall. 6 practices are still to be inspected: Clifton Medical Practice, Helmsley Surgery, Kirkbymoorside Surgery, MyHealth and Terrington Surgery.

Practice:	Date of latest CQC report:	Overall rating:	Practice:	Date of latest CQC report:	Overall rating:
Beech Grove Medical Practice	26/04/2016	Good	Petergate Surgery	28/05/2015	Good
Beech Tree Surgery	05/03/2015	Good	Pickering Medical Practice	19/11/2015	Good
Clifton Medical Practice	Not yet inspected	N/A	Pocklington Group Practice	21/07/2016	Good
Dalton Terrace Surgery	17/12/2015	Good	Posterngate Surgery	14/01/2016	Good
East Parade Surgery	20/04/2016	Good	Priory Medical Group*	31/05/2016	Good
Elvington Medical Practice	26/11/2015	Good	Scott Road Medical Centre	08/10/2015	Good
Escrick Surgery	04/02/2016	Good	Sherburn Group Practice	13/08/2015	Good
Front Street Surgery	08/05/2015	Good	South Milford Surgery	28/08/2015	Good
Haxby Group Practice	10/12/2015	Good	Stillington Surgery	08/10/2015	Good
Helmsley Surgery	Inspection underway	N/A	Tadcaster Medical Centre	23/07/2015	Good
Jorvik Gillygate Practice	03/03/2016	Good	Terrington Surgery	Inspection underway	N/A
Kirkbymoorside Surgery	18/07/2016	Good	Tollerton Surgery	05/03/2015	Good
Millfield Surgery	17/09/2015	Good	Unity Health	03/03/2016	Good
MyHealth	18/07/2016	Good	York Medical Group	14/01/2016	Good
Old School Medical Practice	18/03/2016	Good			

\*9 individual surgeries within Priory Medical Group have inspection ratings, The one contained in the table above is specifically related to Priory Medical Centre. All 8 other surgeries were also rated as Good.

**York Integrated Care Team (Priory Medical Group or PMG) – was recently inspected and found to have an area of outstanding practice:**

Quotes from the CQC include: ‘PMG employ a range of health care professionals (for example: registered nurses, care workers, physiotherapist and occupational therapists) to work as York Integrated Care Team (YICT). They also work with local authority social services (specific hours are allocated) and voluntary organisations. Their innovative approach, contacting patients who may be in need of support, assures appropriate support such as ‘step down care’ can be provided within two hours. This integrated person-centred care had enabled patients more choice with their care and support. The team reviews all hospital admissions and discharges each day. We saw that Non Elective Admissions (NEAs) were 5% lower than the CCG average and Accident and Emergency attendances (A&E) were 2.4% lower than CCG average. Some patients had become self-caring and had not needed further support from health and social care teams. We saw evidence of a CCG funded project York Integrated Care Team (YICT) which had proved to have a positive impact on meeting the needs of vulnerable patients within the practice’.

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

The CCG maintain a database of care homes within the Vale of York area, currently we are regularly monitoring any concerns including the CQC ratings of 86 homes of various service types including Nursing, Residential, Dementia, Mental Health and Learning Disability.

As at mid-June 2016, of the 86 homes the CCG are monitoring the CQC ratings are as below:

- 1 rated as **Outstanding** (*Christmas Lodge, York*)
- 47 rated as **Good**
- 18 rated as **Requiring Improvement**
- 4 rated as **Inadequate**
- 16 not yet inspected using the new CQC methodology

The Planning Guidance for 2016/17 Delivering the Five Year Forward View, makes it clear that systems need to develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures and the CCG contributes to this support to care homes. Details are provided in the table below of specific concerns which the CCG are involved in addressing at this time along with the Designated Professional for Adult Safeguarding and the Infection Prevention and Control Team. In addition support is provided by the CCG’s Partners in Care forum.

Care home:	Additional information:	Narrative:
<p><b>Birchlands Astonbrook Haxby, York</b></p> <p><b>Type of Service:</b> Nursing &amp; Residential</p>	<p><b>Resident Capacity:</b> 54  <b>Level of Suspension:</b> Phased (2 admissions per 4 weeks)  <b>Collective Care:</b> No  <b>CQC Rating:</b> Inspection due  <b>Number of safeguarding cases known to PCU in 2016:</b> 0</p>	<p>Sister home of Moorlands. Re-financed in 2015 following company going into administration. Safeguarding enquiries completed &amp; Suspension fully lifted due to improvements made</p>
<p><b>Moorlands</b></p> <p><b>Type of Service:</b> Nursing &amp; Residential - Dementia</p>	<p><b>Resident Capacity:</b> 68  <b>Level of Suspension:</b> None  <b>Collective Care:</b> No  <b>CQC Rating:</b> Inadequate – January 2016  <b>Number of safeguarding cases known to PCU in 2016:</b> 0</p>	<p>Managers have agreed with rating but mitigated that they have made improvements and given short time of new company CQC have agreed to re-inspect.</p>
<p><b>South Park Four Seasons, York</b></p> <p><b>Type of Service:</b> Nursing including Dementia</p>	<p><b>Resident Capacity:</b> 80 (44 Dementia, 36 General)  <b>Level of Suspension:</b> Phased (5 admissions per month – of which only 2 may be CHC funded)  <b>Collective Care:</b> No  <b>CQC Rating:</b> Requires Improvement – March 2016  <b>Number of safeguarding cases known to PCU in 2016:</b> 0</p>	<p>Inadequate in 2015 now moved to 'requires improvement' in all areas. Suspension now fully lifted due to improvements made.</p>
<p><b>St Catherine's Wellburn Care, Shipton by Beningbrough, York</b></p> <p><b>Type of Service:</b> Nursing &amp; Residential including Dementia</p>	<p><b>Resident Capacity:</b> 44 (22 Dementia, 22 General)  <b>Level of Suspension:</b> Phased (2 admissions per 4 weeks in total across NYCC and Health)  <b>Collective Care:</b> Yes  <b>CQC Rating:</b> Requires Improvement – May 2016  <b>Number of safeguarding cases known to PCU in 2016:</b> 2</p>	<p>Acknowledged Improvements made in last 3 months. Assurance visit from CCG/PCU undertaken.</p>
<p><b>Denison House Eldercare Ltd., Selby</b></p> <p><b>Type of Service:</b> Residential</p>	<p><b>Resident Capacity:</b> 35  <b>Level of Suspension:</b> Full  <b>Collective Care:</b> Yes  <b>CQC Rating:</b> Inadequate – April 2016  <b>Number of safeguarding cases known to PCU in 2016:</b> 4</p>	<p>Owner/manager has submitted an action plan to CQC. All residents have been re-assessed by NYCC &amp; CHC – some assurance gained from these assessments that needs are being met.</p>

<b>Pennyghael</b>  <b>Type of Service:</b> Residential	<b>Resident Capacity:</b> N/A – now closed <b>Level of Suspension:</b> N/A – now closed <b>Collective Care:</b> N/A – now closed <b>CQC Rating:</b> Inadequate – February 2016 <b>Number of safeguarding cases known to PCU in 2016:</b> 3	Alleged neglect. Awaiting outcome from safeguarding enquiries.
<b>Amelia</b>  <b>Type of Service:</b> Nursing	<b>Resident Capacity:</b> 80 <b>Level of Suspension:</b> None <b>Collective Care:</b> No <b>CQC Rating:</b> Good – December 2015 <b>Number of safeguarding cases known to PCU in 2016:</b> 1	Medication error – case investigated by police – now with CPS.
<b>Minster Grange</b>  <b>Type of Service:</b> Nursing	<b>Resident Capacity:</b> 80 <b>Level of Suspension:</b> None <b>Collective Care:</b> No <b>CQC Rating:</b> Inspected May 2016 – Awaiting report <b>Number of safeguarding cases known to PCU in 2016:</b> 1	–One case being investigated by police - now with CPS. Further enquiry now progressing by safeguarding team
<b>Woodlands</b>  <b>Type of Service:</b> Neurological rehabilitation	<b>Resident Capacity:</b> 27 – 4 bed transitional ventilation unit <b>Level of Suspension:</b> None <b>Collective Care:</b> No <b>CQC Rating:</b> Good – April 2016 <b>Number of safeguarding cases known to PCU in 2016:</b> 6+	Numerous safeguarding enquiries now concluded. Assurance gained that service is safe.
<b>Holgate House</b>  <b>Type of Service:</b> Mental Health / Learning Disability	<b>Resident Capacity:</b> 30 (Currently 19 residents) <b>Level of Suspension:</b> Yes <b>Collective Care:</b> No <b>CQC Rating:</b> Inadequate – 2015, Inadequate – May 2016 <b>Number of safeguarding cases known to PCU in 2016:</b> 0	Formerly Haisthorpe House – inadequate rating in 2015. Bought by Milewood Healthcare – slow progress with improvements – in special measures - being monitored closely by CYC & CQC. Will be re-inspected within 6 months
<b>Lake &amp; Orchard</b>  <b>Type of Service:</b> Nursing / Dementia	<b>Resident Capacity:</b> Up to 99 – Lake 18, Orchard 43 <b>Level of Suspension:</b> None <b>Collective Care:</b> No <b>CQC Rating:</b> Requires Improvement – February 2016 <b>Number of safeguarding cases known to PCU in 2016:</b> 2 – new concerns	Watching brief – potential concerns being raised that are similar to those raised 2014/15. May go into collective care

## Dementia

Primary care coding of dementia still remains a challenge for the CCG and although a number of initiatives have taken place there will be additional scrutiny from the Medical Directorate at NHS England. The Senior Management Team (SMT) at the CCG agreed to support some dedicated resource to support an increase in coding and the Clinical Lead, Chief Nurse, Head of Partnership Commissioning Unit (PCU) and Commissioning Lead have arranged to meet to formulate a comprehensive action plan.

York Trust are embedding person-centred Dementia friendly care through their Dementia Strategy. The strategy has been reviewed following staff workshops held on both sites in February. Dementia Champions have been recruited from across all staff groups and a bespoke Study Day was held in March 2016. The five key themes of the strategy are:

### **Patient Experience – key points**

- Minimise ward moves
- Prioritise Bed Managers having Dementia Training to raise awareness of detrimental effect of multiple moves for dementia patients and subsequent impact on increased confusion possibly resulting in delayed discharges.
- Use of a patient identifier (blue Dementia flower)
- ‘John’s Campaign’ - including ‘open visiting’ to be more flexible for dementia patients is being implemented

### **Dementia Training**

- eLearning available on the Learning Hub. Continue to raise awareness via Dementia Friends sessions. Tees, Esk and Wear Valley NHS Trust (TEWV) will be involved with bespoke training.

### **Environment – key points**

- Design of new wards does not always place sufficient emphasis on being ‘dementia friendly’ – e.g. visual signage and dimmable lighting to help alleviate anxiety.
- Redesign of Oak Ward (Scarborough Hospital) to be funded from a donation by the RVS (Royal Voluntary Service).
- Upcoming Charity Appeal Launch for a rolling programme of fundraising, which could pay for signage and equipment

### **Communication**

- Involving staff, families and carers. Carers’ survey completed and actions developed

## Documentation

- Working across all Stakeholders to develop a standardised document which 'travels' with the patient across their care pathways.

A member of the Quality and Performance Team attends the quarterly Dementia Steering Group. A copy of the 'Dementia Dashboard' used by the Trust is received and scrutinised monthly by the CCG. The dashboard includes indicators such as assessment, mortality, re-admission rates and length of stay. All patients are screened on admission to a ward using AMTS (abbreviated mental test score). Of note is that it is highlighted that 'failures' increase as a result of greater confusion when patients have had several ward/bed moves.

It has also been identified that better GP awareness would aid patients' referral on to liaison services.

## Maternity

The regional maternity dashboard is proving useful with YHFT trust performance comparing favourably with other maternity units; however it has been acknowledged that data amalgamation for both sites masks the true picture of cross site differences. Smoking and breast feeding initiation on the Scarborough site remains a concern and additional specialist is in place. Challenges in identifying provision of specialist perinatal mental health midwife have been identified with regional training programmes to increase awareness and knowledge being promoted. A Consultant psychiatrist at YHFT has a specialist interest in the area, with contracted plans for nursing and consultant time to develop training packages for all grades of maternity staff.

Actions are underway to address user concerns on lack of continuity of carer and a new Midwifery on call scheme to cover peaks in activity on delivery suite is working well with positive effect.

Serious incidents within maternity continue to be robustly investigated with relevant action plans.

### i) Paediatrics

Informative and productive meetings have taken place between some of the York Trust paediatric team and the CCG. Recruitment to specialist posts within the Trust including a Child and Adolescent Mental Health Services (CAMHS) worker in the Emergency Department with a plan to train other staff in mental health issues for children and young people. A quality dashboard is under development to map with national standards. The CCG and York Trust meetings around assurance have been really collaborative and the CCG could see evidence of focussed work with improving outcomes around the areas of paediatric patient safety.

## **ii) Special School Nursing Service**

The school nursing service, currently being delivered by York Trust with funding from City of York Council (CYC) contains both the generic school nursing service and special school nursing service. The generic school nursing service is being taken back in house by CYC from September 2016 and the special school nursing service will be commissioned by the CCG. CYC have commissioned an external review of the special school service in order to support the design of the new service and the report has now been received. The CCG has agreed to roll over the contract to YHFT from October 1<sup>st</sup> to at least April 2017 while it develops a robust service specification and contract. A number of quality issues raised in the report are being taken forward by the Assistant Chief Nurse for Community and Children's Services.

## **Clinical Research and Effectiveness Committee (CREC) and Research Sub-Committee**

The overall purpose of the CREC is to provide strategic direction and oversight of the promotion, use and development of research and clinical effectiveness, consistent with the Vale of York Clinical Commissioning Group's statutory duties. The group also provides a forum for consideration of any specific issue, policy or best practice guidance as well as an interface with other relevant CCG areas of work (for example innovation). To date CREC has reviewed over a hundred clinical policies, guidelines and commissioning statements to support the RSS (Referral Support Service), clinical advice to primary care and IFR (Individual Funding Requests). Recently we have established a separate Research Sub-Committee to give more time to the development of our collaboration with the Centre for Health Economics at York University (where the CCG contributes the majority of the Research Capability Funding (RCF) allocation) and strengthen our involvement in and support of research activity. The CCG's new Research Policy will go to Governing Body in September for approval.

## **Individual Funding Request (IFR) Annual Report**

Clinicians, on behalf of their patients, are entitled to make a request (an Individual Funding Request or IFR) to the CCG for treatment that is not normally commissioned by them under defined conditions.

On 1 March 2016, North of England Commissioning Support (NECS) assumed responsibility for the IFR Service to the eight clinical commissioning groups (CCGs) within the Yorkshire and Humber region; this extends the service provided by NECS to eighteen CCGs. Vale of York CCG is working with NECS to agree our commissioning policies and standard operating procedures.

This following provides a summary of the IFR activity which has been transacted during 2015/16 and the outcome of the funding decisions which have been made. A



revised format of the Annual Report will be published for 2016/17 in line with the service requirements which NECS are delivering.

### IFR activity 2015/16

Cases referred to IFR:	Cases approved:	Cases declined	
885	457	367	
<b>Top 10 cases approved:</b>			<b>Volumes</b>
Cyst Excision			80
Circumcision in Secondary Care under GA			56
Benign lesion removal			42
Tear Duct Surgery			33
Opinion Only			26
Vasectomy in Secondary Care under GA			26
Lipoma Excision			25
Ganglion Removal			20
Ectropian Surgery			16
Pressure Relief Mattress, Paeds standing frame and Paeds walking frame (combined)			35
<b>Top 10 cases declined:</b>			
Benign lesion removal			65
Cyst Excision			53
Lipoma Excision			22
Bilateral Breast Reduction			19
Ganglion Removal			15
Anal Skin Tag removal			12
Facet Joint Injection			10
IVF/ICSI Treatment			10
Knee Replacement			10
Abdominoplasty			9
<b>Number of appeals considered</b>			0

We are working with NECS to understand the reasons for cases declined to inform commissioning policies and will share the report on an individual basis with GP practices.

### Partnership Commissioning Unit (PCU)

The PCU commissions and monitors the contracts on behalf of 4 CCGs for mental health, learning disabilities, children and maternity and adult safeguarding. Quality will be reported through this report in forthcoming editions and the PCU Annual Report has been received by the Quality and Finance Committee.