

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

Report produced: May 2016

Latest validated data: March 2016

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## Yorkshire Ambulance Service (YAS) Response Times

### Current Performance

- The most recent validated data for Vale of York is March 2016
- Performance for Red Combined 8 minute response time was down slightly from February performance of 71.2% to **69.5%**, remaining under the 75% target which was met at 9 minutes
- Performance for Red Combined 19 minute response time saw a decrease from 92.5% in February to **90.6%** in March, still under the 95% target which was met at 25 minutes
- The most recent **unvalidated** data for Vale of York is week ending 8<sup>th</sup> May 2016, which shows 8 minute performance of 70%.

### Current issues impacting on performance:

- ❖ Delays in ambulance turnaround times at York Hospital are still having a significant negative impact on the availability of crews.
- ❖ YAS were invited by NHSE to take part in Phase 2 of the Ambulance Response Programme (ARP), as part of which NHSE have undertaken a clinical review of ambulance response codes and created three new response categories - Red, Amber and Green. These new categories cover:
  - **Life-threatening emergency (Red response standard - within 8 minutes)**
  - **Serious but not life-threatening emergency (Amber response standard - within 19 or 30 minutes)**
  - **Non-emergency (Green response standard - 1 to 4 hours)**
- ❖ The ARP has been running in Wales for a year, and in this time a marked improvement in outcomes and response times has been seen with no reported patient safety incidents.
- ❖ 00:01 on Thursday 21<sup>st</sup> April YAS began working to these new categories. Local feedback from YAS reports a positive impact on performance against the Red 8 minute target, and data will be monitored over coming months to assess the impact of these changes.

### Mitigating actions include:

- ❖ Review of daily data has been reinstated for May; this will enable more rapid and targeted review of issues.
- ❖ There is ongoing pressure for York Trust and YAS to jointly deliver on the longer term outcomes previously described to manage some of the barriers to timely ambulance handover.
- ❖ There is continued support from YAS' Urgent Care Practitioners (UCPs) for calls.

## Yorkshire Ambulance Service (YAS) Handover Times

### Current Performance

- The most recent validated data for Vale of York is March 2016
- Performance for York Trust combined was **51.6%** (target 100%); this is a slight **decrease** from February performance of 52.4%. York hospital site performance was 59.0%, and Scarborough hospital site was 40.1%
- The most recent **unvalidated** data for Vale of York is week ending 8<sup>th</sup> May 2016, which shows handover performance of 55% combined, 57% at York hospital and 51% at Scarborough

### Current issues impacting on performance:

- ❖ During March at York and Scarborough hospital sites combined, 222 ambulances waited over 30 minutes and 224 waited over 60 minutes to handover patients.
- ❖ Increased attendances in the Emergency Department (ED), high bed occupancy and delays to see an ED doctor have all contributed to the delays at York Hospital.
- ❖ Due to medical and nursing staff shortages there have been closures of the ambulance handover area and the observation ward in ED, as well as reduced staffing on the Acute Medical Unit (AMU), which has impacted on patient flow and contributed to the increase in handover delays.
- ❖ There continues to be an issue with data accuracy due to the process of recording the point of handover within the hospital.

### Mitigating actions include:

- ❖ Cohorting of elderly patients on AMU to ensure quicker decision making by senior clinicians.
- ❖ Discharge Liaison Officers (DLOs) have been recruited and started work in April 2016 which has helped to speed up discharges and improve patient flow.
- ❖ York Hospital have emphasised the importance of staffing the handover area even when under pressure from shortages in other areas.
- ❖ York Hospital and YAS are exploring the possibility of moving to individual PINs for ED staff to improve tracking of the handover process within the hospital.
- ❖ Ongoing review of the action plan is taking place at each Urgent Care Working Group (UCWG) with the requirement for YAS and York Trust to report progress.
- ❖ Contracting discussions have progressed to be clearer about the trajectories for this year to achieve targets.

## Emergency Department (ED)

### Current Performance

- The most recent validated data available for Vale of York is March 2016
- Performance against 4 hour target for Vale of York was **83.5%** (target 95%). This is a **decrease** from the February figure of 84.9%
- The most recent **unvalidated** figures for York Trust are for week ending 8<sup>th</sup> May 2016 and show performance of **87.41%**

### Current issues impacting on performance:

- ❖ York Trust failed the ED 4 hour target for the 24<sup>th</sup> consecutive month, achieving 83.4% (Type 1, 2, 3) with a total of 2,785 breaches across the Trust in March 2016. Within this performance York Hospital site was 80.9% against target, with 6,582 Type 1 attendances and 1,258 breaches.
- ❖ As stated in the YAS section above, increased attendances in ED, high bed occupancy (92.4% in March) and delays in time to senior ED review have all contributed to the delays at York Hospital.
- ❖ There was a high level of sickness amongst staff and infection issues for patients in March; subsequent closure of wards and beds had significant impact on patient flow and onward transit of patients from ED in particular.
- ❖ Easter took place towards the end of March, with associated bank holiday demand and reduced capacity in GP services.
- ❖ Junior doctor strikes had little impact in ED; consultants were responsible for patient triage and discharges on the wards.

### Mitigating actions include:

- ❖ The contract variation and GP in ED schemes were in place until the end of March, supporting minor ailment services.
- ❖ Work is ongoing in relation to a Primary Care 'Emergency Department Front Door' Model, current update as below:
  - Continuing to aim for a start date of July 2016
  - Clinical model agreed
  - Primary Care involvement from York Medical Group feeding into the Vale of York Clinical Network (VCN)
  - Drop-in engagement sessions with GPs have taken place, happy with pathway and York Trust agreeing admission and referral rights with different specialities
  - Handover card to give to patients to refer back to GP is also agreed
  - Business case presented within the CCG on 25<sup>th</sup> May 2016
- ❖ GP out of hours (OOH) worked closely with NHS111 to provide the best pathways for patients including additional weekend triage and navigation from

within Yorkshire Doctors Urgent Care (YDUC) to support appropriate management.

- ❖ Regular escalation calls have been held between the CCG and the Trust, increasing to daily calls in times of pressure.

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

- ❖ York Trust are required to meet their agreed trajectories for ED every month during 2016/17, any failure to meet trajectory could jeopardise their Service Transformation Fund (STF) funding of £13million, thereby increasing the Trust's deficit position and by default the Vale of York system's overall funding gap.

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

### **Current Performance**

- The most recent validated data available for Vale of York is March 2016
- Urgent face to face consultations within 2 hours are at **95.1%** and less urgent within 6 hours **98.0%**, both against target of 95%
- Speak to clinician calls within 2 hours are at **85.7%**, within 2 - 6 hours at **83.1%**, and within 6 hours+ at **91.1%**, all against target of 95%

- ❖ Achievement of targets continues overall.
- ❖ March was a very busy month with a larger than normal volume of patients, due in part to Easter falling early this year.
- ❖ There were some staffing pressures during March due in part to the Norovirus outbreak in the region, these pressures have now eased.
- ❖ Work on reviewing end to end case studies to further refine joint working protocols with NHS111 took place during April.
- ❖ Governance and quality reports continue to be produced and show excellent patient satisfaction levels.

## **Diagnostics**

### **Current Performance**

- The most recent validated data available for Vale of York is March 2016
- **99.1%** (target 99%) of diagnostic tests took place within 6 weeks, a slight decrease from February performance of 99.6% but still above target

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

- ❖ The CCG has met the Diagnostics target for four of the past 5 months, falling just outside the target in January by 0.2%.
- ❖ York Trust achieved the target for the 7<sup>th</sup> consecutive month.
- ❖ High demand, staff sickness and annual leave have resulted in some delays in York Hospital this month.

## 18 Week Referral to Treatment (RTT)

### **Current Performance**

- The most recent validated data available for Vale of York is March 2016
- 92.4% (target 92%) of patients on incomplete pathways have been waiting no more than 18 weeks from referral, a slightly decreased position from 93.4% in February but still above target

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

- ❖ Both the CCG and York Trust continued to meet the incomplete target on an aggregate level this month, although some individual specialities did not meet target.
- ❖ The admitted backlog at York Trust has increased by 154, in part due to significant bed closures as a result of the Norovirus outbreak.
- ❖ Surgical capacity has been significantly reduced as a result of the restriction on the use of non-framework agency staff and the planning for the junior doctor strike.

### **Mitigating actions include:**

- ❖ Waiting list continues to be actively managed by York Trust.
- ❖ Ongoing recruitment of theatre nurses and Operating Department Practitioners (ODPs)

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

- ❖ As described in the ED section, York Trust are also required to meet their agreed trajectories for RTT every month during 2016/17, any failure to meet trajectory could jeopardise their Service Transformation Fund (STF) funding of £13million, thereby increasing the Trust's deficit position and by default the Vale of York systems overall funding gap.

## Cancer

### **Current Performance**

- The most recent validated data available for Vale of York is March 2016
- Performance against the 14 day target of 93% was 94.7% in March for All Tumour Types. Breast Symptomatic performance was also 94.7%
- All 31 day treatments met target for a 11th consecutive month
- 62 day treatments following urgent GP referral increased from 86.9% in February, to 90.5% in March, against target of 85%

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

- ❖ NHS Vale of York Clinical Commissioning Group continued to perform well against all 14 day, 31 day and 62 day targets in March 2016.

- ❖ York Trust level data is not yet available for March but in February the Trust met all cancer targets with the exception of the 62 treatment following urgent GP referral standard, for which they achieved 84.1% against the 85% target.
- ❖ Almost three quarters of patient breaches at York Trust in February were due to either complex diagnostic pathways or patient choice.

### **Mitigating actions include:**

- ❖ As described in last month's Quality and Performance Intelligence Report, one of the pathways at York Trust which impacts upon achievement of the 62 day target is the lung pathway, where a significant number of patients go to Hull Hospital. Delays with this pathway have been escalated to the Chief Operating Officer and Chief Executive Officer at Hull.

## **Healthcare Associated Infections**

### **Current Performance – financial year to date**

- ❖ C-Difficile infections for 2016/17 stand at 3 against a full year trajectory of 43 for York Trust (as of w/e 15<sup>th</sup> May 2016)
- ❖ MRSA bacteraemias for York Trust stand at 1 against a 0 trajectory for 2016/17 (as of w/e 15<sup>th</sup> May 2016)

- ❖ Annual report and end of year position for 2015/16 will be provided in the Quarterly Quality Report for the extra Quality and Finance Committee meeting to be held in June 2016.

## **Serious Incidents**

- ❖ Work continues to improve processes and assurance with York Trust, with CCG attendance at falls and pressure ulcer panels and development of strategic plans
- ❖ NHS Vale of York CCG's Head of Quality Assurance is leading on the system wide serious incident investigation into operational difficulties on the Scarborough site at the beginning of April 2016, in partnership with York Trust, NHS East Riding CCG, Hull, NHS Scarborough and Ryedale CCG and the Yorkshire Ambulance Service. Terms of reference have been agreed.
- ❖ The serious incident into CT scans reported in last month's report only relates to the Scarborough Hospital site but may include Vale of York patients. Investigation and look back exercise is underway.
- ❖ Work continues with City of York Council into the strategic response to suicides at York University. York University report was released into the public domain.
- ❖ The lessons learnt review into the closure of Bootham Park Hospital was presented to Overview and Scrutiny Committee – all partners are required to develop an action plan and submit to NHS England by the end of May 2016.
- ❖ A permissions hearing was held in May in relation to the closure of Bootham Park Hospital – the CCG remain as an interested party to the judicial review.

## Improving Access to Psychological Therapies (IAPT)

### Current Performance

- The most recent **unvalidated** data available for Vale of York is March 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 are at **5.0%**, down from 7.2% in February, against 15% target
- Recovery rates are down to **28.4%**, from 51.6% in February, against 50% target

Data above is for combined service provision from YTSE (York, Tadcaster, Selby & Easingwold area – previously delivered by Leeds York Partnership Foundation Trust), TEWV (Tees, Esk & Wear Valleys NHS Trust - North Yorkshire area) and Humber Trusts. From April 2016 it is expected the YTSE and TEWV data will be combined. Breakdown being:

- YTD: YTSE – Prevalence 8.3%, Recovery 44.5%
- YTD: TEWV – Prevalence 8.8%, Recovery 44.6%
- YTD: Humber – Prevalence 9.6%, Recovery 53.1%

Despite some initial actions and a remedial action plan developed by the new provider and implementing a new system, the CCG is not achieving the national metrics on access, recovery and both 6-week and 18-week referral to treatment. This has been escalated to the May Contract Management Board for further discussion with Tees, Esk and Wear Valleys NHS Foundation Trust.

IAPT performance in March was particularly poor against target, although this was anticipated due to the changeover of systems at TEWV as described in last month's Quality and Performance Intelligence Report. Provisional local information from TEWV is reporting that access has improved to 14.5% in April against 15% target, and recovery has improved to 39% against 50% target.

There is a new lead for IAPT in place at Tees Esk and Wear Valleys NHS Trust, and an improvement event for all IAPT services has been held.

Appropriate numbers of patients are being referred by primary care to meet target – 350 per month required, 341 referrals received.

### Primary Care Coding for Dementia

A report has been received from NHS England which indicates that NHS Vale of York Clinical Commissioning Group is currently on the high risk list for dementia, due to sustained non-delivery of the dementia diagnosis rate for the past 6 months. The CCG submits monthly assurance returns which are reviewed by tripartite.



Despite a DES (Directed Enhanced Services) in 2015/16 the CCG's performance falls short of the national target of 67% by around 13%. The clinical lead has written to all GPs reiterating requirements and providing strategies to improve this. There is a small pilot project working with some targeted care homes to work closely with their principal practices relating to the recognising and recording of memory loss, cognitive impairment and dementia. This work will take place in June in York before extending it to some further homes identified by the Local Authority as requiring support.

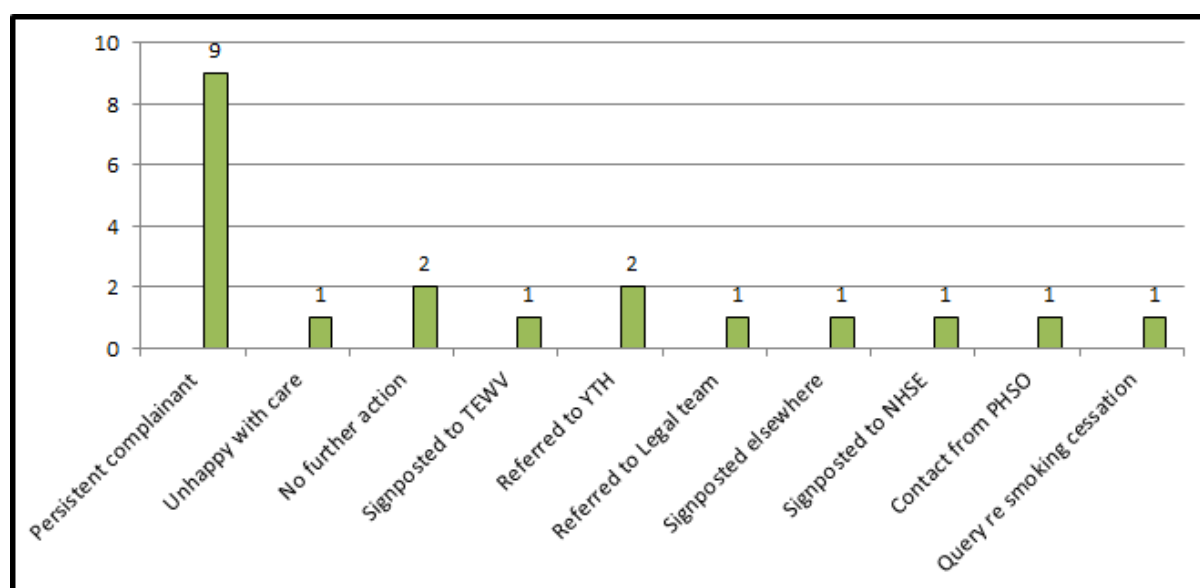
## Quality Premium

The Quality Premium submission for NHS Vale of York Clinical Commissioning Group was completed on 29th April 2016. The annual Quality Premium scheme is about rewarding CCGs for improvements in the quality of services they commission. The 2016/17 Quality Premium payment is calculated on the basis of £5 per head of population, therefore based on estimates of the current GP registered population the maximum potential payment for the CCG is approximately £1,755,280.

This potential payment is dependent upon achievement of 4 mandatory measures and 3 locally set measures, and is subject to reductions for any failures of the Quality Gateway, Financial Gateway or NHS Constitution Gateway. The CCG is still awaiting approval confirmation for two of the local measures from NHS England. A full explanation of the 2016/17 Quality Premium was provided as an appendix to Quality and Finance Committee in May 2016.

## Patient Experience Update

21 contacts have been received by the Patient Relations Team at NHS Vale of York CCG in April, 1 of which was a compliment. No complaints were received. The graph below demonstrates the reasons for contact:



9 PALS (Patient Advice and Liaison Service) contacts were received from a persistent complainant with no new issues raised therefore no action was taken.

The PALS contacts requiring action concerning York Trust were provided with contact details for the relevant teams within the organisation.

2 of the PALS contacts required no further action and 3 were signposted to other organisations to address.

One of the queries from the Parliamentary and Health Service Ombudsman (PHSO) was a request for more information, however no records were found for this case so it has been queried with them whether the case related to Vale of York. The second query was regarding IVF where a patient had historically paid for this treatment prior to the CCG commissioning this. No complaint has been received by the CCG, the patient contacted PHSO directly and the CCG are awaiting further contact from the Ombudsman.

No contacts were received into Yor-insight, the CCG's soft intelligence tool, in April 2016.

Future updates for this report will include increased amalgamation of data, particularly regarding mental health services and feedback from providers as some gaps in this area have been identified.