

**NHS VALE OF YORK CLINICAL
COMMISSIONING GROUP**

SHADOW GOVERNING BODY MEETING



Vale of York
Clinical Commissioning Group

Meeting Date: 2 August 2012

1. Title of Paper: Commissioning for Quality and Outcomes

2. Strategic Objectives supported by this paper:

- Performance & Quality Improvement – 2012-13 Commissioning for Quality and Innovation (CQUIN) Scheme

3. Executive Summary

The Operating Framework for the NHS in England 2012/13 sets out the priorities for the year and the core purpose of the NHS remains the delivery of improved quality for our patients by improving safety, effectiveness and patient experience.

This paper is structured to support this through the three dimensions of quality (Patient Safety, Clinical Effectiveness and Patient Experience) and provides an overview of the quality of health care being provided to patients in the Vale of York.

The purpose of this report is to highlight to the Shadow Governing Body the progress we are making in relation to Commissioning for Quality and Outcomes and provides assurance of the quality of services being commissioned.

The report provides information on a range of quality measures and key outcomes.

The paper should be read in conjunction with the Performance Dashboard which contains the range of indicators and measures that are discussed in this report.

4. Risks relating to proposals in this paper

Not applicable.

5. Summary of any finance / resource implications

The 2012-13 CQUIN Scheme for York Teaching Hospitals NHS Trust has been agreed at 1.5% of the contract value - the national element makes up 0.5% with a further 1% being allocated for local indicators.

6. Any statutory / regulatory / legal / NHS Constitution implications

Not applicable.

7. Equality Impact Assessment

Where specific performance issues are identified as having an impact on equality these will be addressed through the Contract Management Boards and Sub Contract Management Boards for Quality and Performance.

8. Any related work with stakeholders or communications plan

This will be undertaken through Contract Management Boards and Sub Contract Management Boards for Quality and Performance.

9. Action Required

The Shadow Governing Body is asked to note the contents of the paper.

10. Assurance

The Shadow Governing Body will receive monthly reports relating to the quality and outcomes of patient care.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Shadow Governing Body Meeting: 2 August 2012

Commissioning for Quality and Outcomes

1. Introduction

The purpose of this paper is to provide an overview to the Shadow Governing Body in relation to Commissioning for Quality and Outcomes.

The paper is structured using the domains of quality as described in the 2008 NHS review 'High Quality Care for All' which are patient safety, clinical effectiveness and patient experience. These domains remain as indicators of performance quality in the Operating Framework for 2012/13.

We meet with local providers on a monthly basis at the Contract Management Boards (CMB) and the Sub Contract Management Boards for Quality and Performance to receive assurance on the quality of care that we commission and to discuss and challenge any performance issues with the Provider.

2. Patient Safety

The Operating Framework for the NHS in England 2012/13 includes patient safety as a key focus within the quality of outcomes that we must achieve.

2.1 Infection Control

All providers have a focus on preventing health care acquired infections including Clostridium Difficile (C Diff) and Methicillin – Resistant Staphylococcus Aureus (MRSA). We monitor the year on year improvements that Trusts are required to achieve and support their actions via the Contract Management Boards and Sub Contract Management Boards for Quality and Performance. York Teaching Hospitals NHS Foundation Trust has agreed to provide Dr O'Connell with a copy of the Root Cause Analysis for each C.Diff case.

C.Difficile	Apr	May	June	July	Actual YTD	Annual Plan
York Teaching Hospitals NHS Foundation Trust	3	1	4	1	9	27
Scarborough & North East Yorkshire NHS Healthcare Trust	0	3	1	1	5	24

There have been no cases of MRSA reported this year at York or Scarborough.

2.2. Mortality

There are two separate mortality indicators used by Vale of York CCG to monitor patient safety: the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-Level Mortality Indicator (SHMI).

There have been no further updates on HSMR or SHMI since last month's report and both are currently 'as expected or better'. SHMI data is expected on 25 July 2012.

2.3 Never Events and Serious Incidents (SIs)

National Patient Safety Agency's (NPSA) 'National Framework for Reporting and Learning from Serious Incidents Requiring Investigation' was issued in March 2010. We continue to work to this framework and our role as a commissioner is to ensure that all SIs receive a detailed and thorough investigation with root causes being identified, learning shared, and action plans developed to reduce the risk of recurrence.

The PCT SI review group continues to meet on a 6 weekly basis; and CCG leads have been invited to join the meeting and start discussions about how and when to handover the management of incidents. At the most recent meeting the pathways for the management and administration of SIs was mapped in terms of the current system and proposals for changes following transition. The pathways have been shared with CCGs and we are currently considering the implications for how we approach this in the Vale of York CCG going forward.

SI Summary to 16 July 2012

Organisation	No of new SIs upto 16 July 2012	No of SIs reported within year 1 April 2012 - 16 July 2012	Never Events within year 1 April 2012 - 16 July 2012	SIs closed up to 16 July 2012
York Teaching Hospital NHS Foundation Trust	2	10	0	4
Breakdown /Type of SI		Number reported		Status
26 June – 16 July Outpatient Appointment Delay Screening Issues		2		Ongoing Ongoing
Upto 25 June 12 Pressure Ulcer Grade 4 C Diff & Health Acquired Infections		2		Ongoing Ongoing
May 12 Pressure Ulcer Grade 4 Radiology/Scanning Incident		2		Ongoing Ongoing
April 12 Sub-optimal care of the deteriorating patient Sub-optimal care of the deteriorating patient Sub-optimal care of the deteriorating patient Security		4		Ongoing Ongoing Ongoing Ongoing

NPSA Alerts

Alert	Deadline	Outstanding Action	Status
NPSA/2011/PSA001 – Safer spinal (intrathecal) epidural and regional devices Part A update	2 April 2012	Trust are working with adjacent Trusts on these alerts and are keeping the site updated on their progress, some of which relies on information and advice from national bodies. CCG will continue to monitor progress with Trust	Open
NPSA/2011/RRR003 – Minimising risks of mismatching spinal, epidural and regional devices with incompatible connectors	2 April 2012		Open

3. Clinical Effectiveness

The clinical effectiveness dimension of quality, means understanding success rates from different treatments for different conditions. Assessing this includes clinical measures such as mortality or survival rates, complication rates and measures of clinical improvement. Equally as important is the effectiveness of care from the patient's own perspective which can be measured through patient reported outcomes measures (PROMs). Examples include improvement in pain-free movement after a joint replacement, or returning to work after treatment for depression. Clinical effectiveness may also extend to personal well-being and ability to live an independent life.

3.1 Stroke and Coronary Services

Stroke

The data in the Vale of York Dashboard shows Q4 2011/12 performance against the target for stroke patients spending 90% of their time on a dedicated stroke ward, fell just short of the planned rate of 80% at 77.7%.

Provisional information from York Hospital on the 90% stay target for April and May is 91.03%. The figures for June are still being validated but are expected to achieve above the required 80%.

The York follow up visit from the Stroke Accreditation will take place on 25 July 2012 and the aim is for the provisional accreditation to become an outright accreditation at this point. The need to develop mechanisms for ensuring that standards are maintained post accreditation has been raised regionally, and the SHA has proposed that the Strategic Clinical Network for Stroke continue the reviews after 2013, but this would require a mandate from CCGs. It was agreed that self-certification, signed off by both CCG and provider Boards, would be sufficient as a process for reviews in the future.

The Scarborough review is due to take place on 20 July 2012. It is possible that the site will get a provisional accreditation but equally possible that they will be given a list of actions to complete before attempting accreditation again. There is likely to be some discussion about how the two sites will work together and share resources to

deliver an equitable service at both sites with clear recommendations being made on the day, which will help to drive service improvement forward.

Early Supported Discharge (ESD) services, a mechanism for six monthly reviews and access to psychological support still need to be developed. York and Scarborough localities will be attending a regional ESD event on 26 July 2012 and giving presentations on their progress, aims and challenges with regards to developing these services. It is hoped that the event will enable shared learning and solutions to barriers that have inhibited progress to date

3.2 Cancer

- Percentage of patients urgently referred by a primary care professional that wait no more than 62 days from the date of referral to receive their first stage of treatment for cancer. May performance was rated RED at 79.3% against a target of 85%. 17 patients breached this target and the reasons for the delays were:-
 - 4 delays with scans
 - 1 x 7 week wait for diagnostic flexible cystoscopy
 - 1 x 17 day wait for OGD and colonoscopy scheduling and reporting CT
 - 2 complex diagnosis
 - 4 prostate biopsy
 - 5 x referred from York to Leeds after 60+ days

- Percentage of patients that wait no more than 31 days to receive their second or subsequent stage of treatment for cancer where that treatment is surgery. May performance was rated AMBER at 89.5% against a target of 94%. 9 patients breached this target and the reasons for the delays were:-
 - 1 list overran and had to be rebooked
 - 1 patient must stop smoking
 - 5 x capacity issues (4 surgery, 1 drug treatment)
 - 2 radiotherapy

- Percentage of patients urgently referred by an NHS Screening Service that wait no more than 62 days from the date of referral to receive their first stage of treatment for cancer. May performance was rated AMBER at 87.9% against a target of 90%. 4 breast patients breached and the reasons for the delays were:-
 - 2 patients declined appointments due to holiday commitments
 - 1 patient declined 2 appointments for 1st and 2nd biopsy. 52 days by the time B3 result discussed.
 - Complex imaging – patient breached by 1 day after surgery brought forward.

3.3 Ambulance Services and Out of Hours

Ambulance Turnaround times continue to be an issue in York. Week ending 15 July 2012 York had 2 ambulances waiting up to 3 hours, 3 up to 2 hours and 21 up to 1.5 hours. Scarborough had 2 ambulances waiting up to 3 hours, 3 up to 2 hours and 21 up to 1.5 hours.

David Flory, Deputy NHS Chief Executive, wrote to PCT Cluster Chief Executives on 19 June 2012 regarding his increased concern about the ongoing problem of patient handovers from ambulances to hospitals, stating that the delays have an adverse impact on patients' experience of the service and may increase the risk of patient safety. The expectation is that handovers occur within 15 minutes of ambulances' arrival at the A&E department and PCT's should take a 'zero tolerance' approach to handover delays.

York Hospital has been working with Yorkshire Ambulance Service to improve the handover process. The Trust are to present a report to August Contract Management Board detailing the outcomes of this joint working and also the impact of the new Urgent Care Centre which provides a dedicated space for patients to be seen with 'minor' injuries and illness, located next to the Emergency Department.

4. Patient Experience

4.1 Access

- York Hospital achieved the 18 weeks target in May 2012 - 94.3% of patients were admitted for treatment within 18 weeks of referral (90% target), and 97.8% were treated without admission within 18 weeks (95% target).
- However, York Hospital continue to have a large backlog of patients in General Surgery who have already breached the 18 week waiting time (279 in total) of which 40 have waited 52 weeks. The PCT are issuing a formal Contract Query to York Hospital in respect of their 52 week backlog. At the July Contract Management Board (CMB) meeting the Trust were asked to prepare an action plan detailing when the 52 week waiters will be treated, when the backlog will be cleared, and what impact this will have on overall performance and capacity. The Trust was also asked to provide assurance that patients were being seen in 'date order'. Regular discussions with regard to progress will take place in the Quality and CMB meetings.
- The PCT are also issuing a formal Contract Query to York Hospital regarding the recording of ethnic coding in electronic patient records. April performance was 73% against a target of 90% and this has been an ongoing problem over several months. This data must be recorded in order to ensure all our patients are treated equitably regardless of their ethnicity.
- The percentage of patients that arranged their outpatient appointment using the Choose and Book system was 26.3% in May, significantly short of the 70% level planned. The SHA are keen to see an improvement in the take-up of Choose and Book and the CCG will consult with its member practices who have not chosen to provide this services to explore their reasons behind their decision.

4.2 Patient Feedback

Vale of York CCG held their second Patient Congress at the Regen Centre in Riccall on Thursday, 28 June 2012. Approximately 60 members of the public attended the event and the agreed priorities and outcomes will contribute to the Vale of York CCG Commissioning Strategy. Feedback from the evaluation forms was very positive and will be used to shape future engagement forums.

BBC Radio York have been interviewing healthcare staff and patients as part of their 'Health Week'. Interviews have taken place in various wards at York, Scarborough and the Nuffield Hospitals, Haxby Surgery a Care Home in New Earswick.

This morning a representative from the Patients' Association challenged York Hospital on their 18 week performance and Matthew Lamb, Director of Nuffield Health, contributed to the debate about NHS v Private healthcare.

5. Commissioning for Quality and Innovation (CQUIN)

Agreement has been reached with York Teaching Hospitals Foundation Trust and with partners in Scarborough and the East Riding on the indicators for the 2012-13 CQUIN Scheme. The Scheme is worth 1.5% of the total contract value and comprises 4 national and 6 local indicators. We are currently working with the Trust on baseline figures and improvement trajectories will be agreed at the end of Q2.

6. Leeds and York Partnership NHS Foundation Trust

The table below shows areas where performance is currently of concern.

Indicator	Compliance implication	Comments
CPA Reviews within 12 months	Risk to achievement of Monitor Q1 target	With the transfer of services from North Yorkshire and York the Trust was awarded an investment adjustment by Monitor with regard to the CPA 12 month review target. The Trust must achieve the 95% target by the 30 June 2012. There has been no improvement in performance since April, with May performance remaining at 91.3%. Monitoring has increased and caseload lists are sent out to care co-ordinators to ensure 95% compliance is achieved.
Trigger to Board Events	Locally determined Trigger to Board Events	5 Trigger to Board events have been reported in May (4 in North Yorkshire relating to medication errors) . Immediate action has been taken and full investigations have been completed
Mandatory Training	Areas for local reporting	Mandatory training take up below 80% compliance. Procedure for Mandatory Training has been revised, which increases clarity of the requirements and operational compliance reports are provided to services on a monthly basis.

Indicator	Compliance implication	Comments
Appraisal Figures	Areas for local reporting	The Trust total for appraisals as at 31 May 2012 is 37.1% against the Trust target of 85%. Percentage of appraisals recorded for North Yorkshire and York was 20.5%. A Task and Finish Group has been established to support the implementation of the new appraisal process and all managers are provided with appraisal details on a monthly basis.

6.1 North Yorkshire and York Services Care Quality Commission Action Plan

At the beginning of June 2012 a detailed review took place on work undertaken against each of the issues that had been raised with the Care Quality Commission through the due diligence process. As a result of this the following issues have been signed off as being addressed since the May performance report.

- Regulation 17: 'No evidence of established governance processes or co-ordinated routine activity for service user and carer involvement'
- Regulation 17: 'Lack of appropriate and accessible information on complaints at Peppermill Court and lack of permanent accessible information available on the ward'
- Regulation 12: 'Failure to maintain appropriate standards of cleanliness and hygiene in relation to equipment and re-usable devices at Peppermill Court'
- Regulation 12 'Lack of a robust governance structure in place from 'Ward to 'Board' and lack of monitoring systems and processes in place to ensure infection control standards are met'
- Regulation 15 'Records were held locally with regard to the completion of mandatory training with no central system in place to track compliance with training. The records held locally varied in quality and consistency'
- Regulation 23 'Insufficient Moving and Handling training resource and resuscitation training resource to deliver sufficient training capacity'
- Regulation 10 'No agreed procedure in place for clinical audit activity and limited processes in place to support clinical audit activity or the reporting of findings throughout the Trust. There appears to be little or no sharing of clinical audit findings outside of the team conducting the audit'

Out of the remaining 7 issues all of these are on track for completion by the specified timescales, with the exception of the Pharmacy action plan where a request will be made to Means Goal Group for an extension until the 31 August 2012. This is due to the recruitment of staff who are expected to be in post by this date.

All action plans continue to be monitored by the Lead Director and relevant Means Goal Group.

6.2 Patient Story – Bootham Park Hospital

I have previously been an in-patient on Ward 2 at Bootham Park Hospital (BPH), York, and I would like to say how well deserving Ward 2 staff are of the 'Star Wards Award'.

The ward ethos is run according to the 3R's - Rest, Recovery & Recuperation, and the care provided is based on this, according to the level of individual need. The Ward Manager takes an interest in the care of her patients, and staff and ensures that they are all provided with a safe environment at all times. The staff are very attentive to the in-patients needs, they fully assess the individuals needs and work very closely with the consultant responsible for overall care.

Therapeutic activities are carefully co-ordinated, and a programme of daily occupational therapy activities is provided to ensure all interests are catered for and that all in-patients are able to access useful daily occupation. The ward environment is kept very clean and tidy at all times. The Ward Manager ensures that it is a safe and comfortable environment for everyone.

I would like to congratulate all the staff on Ward 2 BPH, for achieving the well deserved Star Wards Award. The recognition of their hard work and dedication to mental health is a great accolade to the excellent level of care provided. Ward 2 staff at BPH provide an example of how in-patient mental health care should be delivered. Hopefully the newly formed Leeds and York NHS Partnership Foundation Trust will be inspired to replicate this level of excellence and care across Mental Health Services. It's a shame that the acute wards at BPH are single sex accommodation because the female in-patients are just as deserving of this level of care as the male in-patients.

Response from Leeds and York Partnership NHS Foundation Trust: (Posted on 25 May 2012)

I am Jeff Whiley and I am the Service Manager for the Acute Wards in Bootham Park Hospital.

Thank you for your positive feedback and congratulations to the Ward 2 staff on gaining the Star Wards Award. Having spoken to several members of staff and the ward manager about your posting I know how much it means to them to get good feedback like this.

I note your final comment about all in-patients deserving excellent care and I agree. If you have any particular knowledge about recent patient experience on our wards, or any concerns you would like to raise, please contact me at Bootham Park Hospital and I would be pleased to have the opportunity to discuss these with you. Alternatively, you can speak to or direct people towards our Patient Advice & Liaison Service on 0800 0525790 or pals.lypft@nhs.net. PALS can also put you in contact with me, should you wish to have a personal discussion.

Once again, thank you for taking the time to give us such generous feedback. Jeff

7. Actions Required

The Shadow Governing Body is asked to note the contents of this paper.