

**NHS VALE OF YORK CLINICAL
COMMISSIONING GROUP**

SHADOW GOVERNING BODY MEETING



Meeting Date: **4 October 2012**

1. Title of Paper: Commissioning for Quality and Outcomes

2. Strategic Objectives

- Improve the quality and safety of commissioned services

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, clinical effectiveness and patient experience.

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 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. Evidence Base

Not applicable.

5. Risks relating to proposals in the paper.

Not applicable.

6. Summary of any finance/resource implications

Not applicable.

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

Patients' rights under the NHS Constitution regarding waiting times for General Surgery at York Hospital.

8. Equality Impact Assessment for the proposals

Not applicable

9. 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.

10. Action Required

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

11. 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: 4 October 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.

Vale of York CCG GPs and managers meet with York Hospitals NHS Foundation Trust on a monthly basis at the Contract Management Board (CMB) and the Sub Contract Management Boards for Quality and Performance to receive assurance on the quality of care commissioned by Vale of York CCG 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 Board and Sub Contract Management Board for Quality and Performance.

C.Difficile	Apr	May	June	July	Aug	Sept	Actual YTD	Annual Plan
York Teaching Hospitals NHS Foundation Trust	3	1	4	3	3	5	19	27

Dr Shaun O'Connell and the interim Performance Improvement Manager have reviewed the Root Cause Analysis reports for the C.Diff cases and some common trends have been identified:-

- Inappropriate use of antibiotics
- Issues with cleaning
- Other patients with C.Diff on the same ward
- Staffing vacancies/sickness
- Inter-hospital transfer forms not being completed

A meeting has been arranged with the Deputy Chief Nurse at York Teaching Hospital NHS Foundation Trust on 2 October 2012 to discuss the findings of these reports and to understand what action the Trust is taking to prevent further outbreaks of C.Diff on the wards.

There have been no cases of MRSA reported at York Hospital since April 2012.

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).

SHMI data published at the end of July 2012 stated that York Hospital's SHMI rate was 'as expected'. There have been no further updates.

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 Fliss Wood, interim Performance Improvement Manager represents the Vale of York CCG at the meeting. Discussions continue with the PCT's Director of Nursing and the CSU to determine how and when to handover the management of incidents.

2.4 SI Summary to 26 September 2012

Organisation	No of new SIs up to 26 September 2012	No of SIs reported within year	Never Events within 1 year	SIs closed up to 26 September 2012
York Teaching Hospital NHS Foundation Trust	3	15	0	13
Breakdown /Type of SI		Number reported		Status
23 Aug – 26 Sep 2012/23154 Delayed Diagnosis 2012/22471 Pressure Ulcer Grade 4 2012/20872 Intrapartum Death		3		Ongoing Ongoing Ongoing
17 July – 22 Aug 2012/ 18632 Delayed Diagnosis 2012/18575 Drug Incident (Insulin)		2		Ongoing Ongoing
26 June – 16 July 2012/16295 Outpatient Appointment Delay 2012/15350 Screening Issues		2		Ongoing Ongoing

Organisation	No of new SIs up to 26 September 2012	No of SIs reported within year	Never Events within 1 year	SIs closed up to 26 September 2012
Upto 25 June 12 2012/14837 Pressure Ulcer Grade 4 2012/13456 C Diff & Health Acquired Infections	2			Ongoing Ongoing
May 12 2012/11043 Pressure Ulcer Grade 4 2012/11045 Radiology/Scanning Incident	2			Ongoing Ongoing
April 12 2012/9975 Sub-optimal care of the deteriorating patient 2012/9968 Sub-optimal care of the deteriorating patient 2012/9459 Sub-optimal care of the deteriorating patient 2012/9423 Security	4			Ongoing Ongoing Ongoing Ongoing

The next SI Group is on Monday, 1 October 2012 and SIs are also on the agenda for the meeting between Dr Shaun O'Connell and the Deputy Chief Nurse from York Hospital on 2 October 2012.

2.5 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	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

Update on NPSA Alerts

We have not received an update from the national meeting on 12 September 2012 at the Royal College of Anaesthetists but will follow up with York Hospital and provide an update on any national recommendations and also how local trials are progressing in the November Quality report.

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.

3.1 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. York Hospital's performance in July was rated Amber in the dashboard at 81.1% against a target of 85%.
- 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. York Hospital's performance in July was 90.9% against the target of 90%. However, the overall year-to-date position is 88.2%.

York Hospital provided the following cancer update. 'Often patients are not aware they are on a suspected cancer pathway and are not able to attend in the timescales. The Trust is not allowed to adjust the target to reflect the fact that patients chose to wait longer or go on holiday. The idea nationally is that this is covered in the tolerance of 7% but York Hospital find that 7% is not enough to cover all those patients who are not able to attend, particularly over the summer holidays and Christmas. Typically the Trust would see approximately 600 fastrack patients per month – allowing a total of 42 patients to be seen outside the targets. Weekends and bank holidays are included in the 14 day fastrack count, measured from the day of receipt to referral. The Trust see approximately 120 Breast symptomatic patients per month, allowing for only 8 patients to be seen outside of the target'.

3.2 Ambulance Services and Out of Hours

Ambulance Turnaround (% >= 25 mins)	Up to 3 hrs	Up to 2 hrs	Up to 1.5 hrs
Week ending 19 August 2012	0	3	6
Week ending 26 August 2012	0	2	17
Week ending 2 September 2012	3	7	25
Week ending 9 September 2012	0	3	14
Week ending 16 September 2012	1	1	15

Ambulance response times: percentage of Red 1 and Red 2 999 calls responded to within 8 minutes. This target is rated Green in the July dashboard as York Hospital achieved 80.5% against a target of 75%.

Dr Shaun O'Connell has asked John Darley, an independent Consultant, to undertake a piece of work starting in October 2012 to investigate the problems with ambulance turnaround times at York Hospital and to identify if the issue is with the

YAS crews or ‘patient flow’ at the acute trust and put forward recommendations to reduce ambulance turnaround times at the Trust.

3.3 2012/13 CQUIN Scheme

On 20 September 2012 representatives from Vale of York CCG, York Teaching Hospitals NHS Trust, Scarborough Hospital and East Riding CCG met to agree the Q2 baseline position and improvement trajectories for the local indicators for the 2012/13 CQUIN Scheme. We have now agreed the baseline positions with York Teaching Hospitals NHS Foundation Trust and work is currently ongoing to update the CQUIN template with details of the agreed trajectories and this will be presented to Contract Management Board in October 2012 for approval.

4. Patient Experience

4.1 18 Weeks/52 Week Waiters

- York Hospital achieved the 18 weeks target in July 2012 - 90.6% of patients were admitted for treatment within 18 weeks of referral (90% target), and 97.1% were treated without admission within 18 weeks (95% target).
- At the September Contract Management Board meeting, York Teaching Hospitals NHS Foundation Trust provided a verbal update and confirmed that they have increased surgeon capacity at both Bridlington and York hospitals in order to deal with the backlog of patients in General Surgery who have waited over 52 weeks. The Trust are to provide Vale of York CCG with a written report on their progress at the end of September 2012.

4.2 Choose and Book

- The percentage of patients that arranged their outpatient appointment using the Choose and Book system was 25.2% in July, significantly short of the 70% level planned.

4.3 Patient Feedback

The Performance Improvement Manager attended the Patient Participation Meeting at Haxby Surgery on 19 September 2012, which was also attended by the local MP. The GPs gave a presentation to the group on the results of their patient survey and asked for feedback on the priorities identified for this year. The group also discussed the format of future meetings and ways to expand the membership to include representatives from other areas of the community e.g. young people, working parents etc.

5. Recommendations/Action Required

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