

**NHS VALE OF YORK CLINICAL
COMMISSIONING GROUP**

SHADOW GOVERNING BODY MEETING



Vale of York
Clinical Commissioning Group

Meeting Date: 6 September 2012

Report Sponsor:

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Shadow Governing Body

Report Author:

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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

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.

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: 6 September 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.

CCG GPs and managers meet with York Hospitals NHS Foundation Trust 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 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 Boards and Sub Contract Management Boards for Quality and Performance.

Dr O'Connell has reviewed the Root Cause Analysis forms for the C.Diff cases and the findings were discussed with York Hospital at the August Quality & Performance Sub-Group. The Chief Nurse and the Infection Control Team agreed to look into antibiotic prescriptions and the impact on C.Diff rates.

C.Difficile	Apr	May	June	July	Aug	Actual YTD	Annual Plan
York Teaching Hospitals NHS Foundation Trust	3	1	4	3	3	14	27

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'.

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 22 August 2012

Organisation	No of new SIs upto 22 August 2012	No of SIs reported within 1 year April 2012 – 22 August 2012	Never Events within 1 year April 2012 – 22 August 2012	SIs closed up to 22 August 2012
York Teaching Hospital NHS Foundation Trust	2	12	0	12
Breakdown /Type of SI		Number reported	Status	
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
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 Thursday, 30 August 2012 when above SIs will be reviewed, and if appropriate closed, by the PCT/CCG.

Julie Bolus, Director of Nursing for NHS North Yorkshire and York and Fliss Wood, Performance Improvement Manager at VOYCCG, are meeting with the Chief Nurse from York Hospital on 31 August 2012 to discuss the SIs relating to 'Sub-optimal care of the deteriorating patient' and C.Diff rates at the hospital.

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		Open

Update on NPSA Alerts

There is a national meeting on 12 September 2012 at the Royal College of Anaesthetists. This is entitled 'Replacing Luer connectors for neuraxial procedures - current challenges' which will be attended by a consultant anaesthetist. After this YTHFT will be able to give an update on any national recommendations and also how local trials are progressing. YTHFT don't anticipate that these alerts will be closed in advance of the September meeting

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 Stroke and Coronary Services

The data in the Vale of York Dashboard shows Q1 2012/13 performance against the target for stroke patients spending 90% of their time on a dedicated stroke ward. York Hospital achieved 86% against planned performance of 80% and the Trust also achieved the Q1 Transient Ischaemic Attack target.

Following the visit in July, York Hospital have achieved full accreditation as a level 2 Stroke Centre.

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. York Hospital's performance improved in June and was rated Green in the dashboard at 88.5% against a target of 85%. However, the Trust failed the overall Q1 target achieving 84.1% against the 85% target due to the poor performance in May.

- 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 improved in June and achieved 93.3% a target of 90%. However, the Trust failed the overall Q1 target – the table below shows the breakdown of the breaches.

Site	0-62 weeks	63+ weeks	Total
Breast	48	7	55
Gynae	1	0	1
Lower GI	6	1.5	7.5
Total	55	8.5	63.5

The main reason for the breast breaches was due to 'patient choice' i.e. patients declined appointments due to holiday commitments which resulted in delays and caused the Trust to breach this target.

3.3 Ambulance Services and Out of Hours

Ambulance response times: percentage of Red 1 and Red 2 999 calls responded to within 8 minutes. This target is rated RED in the dashboard as York Hospital achieved 80.5% against planned performance of 95%.

Ambulance Turnaround (% >= 25 mins)	Up to 3 hrs	Up to 2 hrs	Up to 1.5 hrs
Week ending 5 August 2012	1	3	7
Week ending 12 August 2012	0	2	9

York Hospital presented a report on 'Improving Ambulance Turnaround' at the August Contract Management Board based on a 2 week pilot in June 2012. During the pilot the Trust agreed to implement the following actions to understand the impact on A&E performance:-

- Trial a two week placement of a Yorkshire Ambulance Service clinical supervisor in Emergency Department
- Launch the self handover education for staff
- Trial an Emergency Department escalation to use available space
- Trial escalation from the bed management team during surges in ambulance activity
- Trial the use of a wall mounted C3 screen in Emergency Department

The evaluation of the pilot showed that during the 2 weeks pilot in June, York Hospital was placed second in the regional performance reports. This was against

the background of the hospital being on red alert and under significant operational pressure.

Recommendations

- **Presence of a Yorkshire Ambulance Service clinical supervisor in Emergency Department** - whilst this would not be a sustainable use of resources for Yorkshire Ambulance Service discussions are ongoing to provide a 'standpoint' for ambulances on the hospital site which would mean that YAS staff could be based in York. Work is also ongoing to ensure accurate capture of timing intervals within the re-launched handover process (particularly the handover time) enabling Yorkshire Ambulance Service to manage the post-handover part of the process with individual crews where appropriate.
- **Self-handover process** – Staff have been re-trained in the handover process, however, there are still some barriers to full implementation (i.e. crews still waiting to hand over to the triage nurse) but further educational work is planned, initially through Yorkshire Ambulance Service crew road shows.
- **Use of available space in Emergency Department** - Capital works are being planned to provide additional capacity within the Emergency Department. Use of further space is linked to the escalation process with the bed management team. Work is also ongoing at York Hospital to pilot of an Acute Assessment Area which would improve flow of patients from the Emergency Department to the Acute Medical Unit and reduce waiting times for beds.
- **Escalation from the bed management team to expedite flow** - Further work is being undertaken on patient flow - confirming the triggers and expected actions. This ongoing work will be supported by the participation of both Yorkshire Ambulance Service and York Hospital in a regional collaborative project to share best practice.

VOYCCG are currently working with two local practices (Haxby & Pickering) to introduce staggered timings for admitting patients to York Hospital earlier in the day in order to reduce the afternoon peak in activity at A&E. John Darley from NHS North Yorkshire and York is also going to work with the hospital to review emergency admissions and identify alternative ways of treating patients without admitting them to hospital.

4. Patient Experience

4.1 18 Weeks/52 Week Waiters

- York Hospital achieved the 18 weeks target in June 2012 - 91.8% of patients were admitted for treatment within 18 weeks of referral (90% target), and 97.5% 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, at the beginning of August 2012 42 patients waited over 52 weeks. In order to rectify this position, Dr Mark Hayes wrote to York Hospital on 14 August 2012 requesting the names and addresses of these patients and their registered GPs, so that the CCG could write

to the patients and advise them of their rights under the NHS Constitution to request an alternative provider.

- The letter also requested that York Hospital produce an action plan detailing when the Trust would be in a position to clear the backlog of patients waiting over 52 weeks for General Surgery. Mike Proctor, Deputy Chief Executive, at York Hospital tabled a paper at the August Contract Management Board (see Appendix 1) confirming that 'the Trust is committed to treating all patients waiting over 52 weeks by the end of September' and that the following actions have been undertaken:-
 - review and validation of the waiting lists
 - undertake capacity and demand analysis including conversion rates
 - optimise current capacity including Outpatients
 - source additional capacity (using theatres at Bridlington Hospital)
 - develop Clinical Alliances to share capacity
 - review waiting list policy to address patients choosing to defer treatment.
- As the CCG have now received assurance from York Hospital that they are going to clear the backlog of 52 weeks waiters for General Surgery, it was agreed that the CCG would not write to patients at this stage.

4.2 Choose and Book

- The percentage of patients that arranged their outpatient appointment using the Choose and Book system was 27% in June, significantly short of the 70% level planned. Lisa Barker from NHS North Yorkshire & York gave a presentation at the Vale of York GP Forum on 16 August 2012 and encouraged GPs to use Choose & Book for referrals and explained the data and reports which the GPs would be able to access going forward if the system was populated. The Choose & Book team have agreed to provide training for staff dealing with both Ophthalmology and MSK referrals so that data is captured relating to onward referrals which will help to boost the Choose & Book usage locally.

4.3 Patient Feedback

Leeds & York Partnership NHS Foundation Trust attended the York Carers Meeting on 20 August 2012 to talk about the services provided by the 'new integrated organisation' and to recruit members for the Foundation Trust. Frank Bruno is the guest speaker at the Trust's Members' Day at Harewood House on 25 September 2012 and Nicola Adams, the Olympic gold medallist, will also be attending the event.

Carers raised issues about the PALS service, which is currently operated via a telephone service from Leeds, and asked if it would be possible for the Trust to operate a 'face to face' service based in York. The Trust agreed to look into this issue and are hoping to recruit some volunteers who may be able to assist with the PALS service in York.

5. Recommendations/Action Required

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

1. Introduction

There has been a 9% increase in referrals to general surgery at York Hospital. This increased demand has increased the backlog of patients waiting over 18 weeks and has resulted in 32 patients waiting over 52 weeks. This increased demand has resulted in delays in follow up appointments. The current wait is 10 weeks.

This is further compounded by patients choosing to defer their surgery for long periods. Currently these patients are still kept on the waiting list and not referred back to the GP.

The Trust is committed to treating all patients within the 18 weeks and treating all patients waiting over 52 weeks by the end of September. The team are working with the Clinicians and Directorate team to address the problem.

The following actions have been undertaken:

- Review and validate waiting lists
- Undertake capacity and demand analysis including conversion rates
- Optimise current capacity including Out patients
- Source additional capacity
- Develop Clinical Alliances to share capacity
- Review waiting list policy to address patients choosing to defer treatment

2. Performance trajectory

Based on the current position of 32 patients waiting over 52 weeks it is estimated that performance will be the following:

August	September	October	November	December
32	6 (all choice, 4 treated in Oct, 2 November)	2 (by choice, treated November)	0	0

The backlog of patients is currently 208 patients waiting over 18 weeks. Based on the current rate of referral we can project the following performance.

August	September	October	November	December	Jan	Feb	March
208	178	156	122	102 (90%)	85	64	51

This would enable the Trust to achieve 90% inpatient RTT.

Mike Proctor