NHS VALE OF YORK CLINICAL COMMISSIONING GROUP SHADOW GOVERNING BODY MEETING	**NHS** **Vale of York** **Clinical Commissioning Group**

Meeting Date: 5 July 2012

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1.   Title of Paper: Commissioning for Quality and Outcomes

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2.   Strategic Objectives supported by this paper:
- Performance & Quality Improvement – 2012-13 Commissioning for Quality and Innovation (CQUIN) Scheme

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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: 5 July 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. This paper summarises the quality and outcomes of main services commissioned in 2012/13.

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 new Operating Framework for 2012/13 which was published on 24 November 2011.

During the year, we have met with all local providers predominantly 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. This mechanism will continue in 2012/13 and will increasingly be led by the CCG. The mechanisms in place to receive assurance on the quality of care that is being commissioned are the Contract Management Board (CMB) and the Quality and Performance Group. These meetings will take place on a monthly basis and allow discussion and challenge between CCG and 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	Actual YTD	Annual Plan
York Teaching Hospitals NHS Foundation Trust	3	1	2	6	27
Scarborough & North East Yorkshire NHS Healthcare Trust	0	3	1	4	24

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

2.2. Mortality

At the last Shadow Governing Body meeting members asked for clarification regarding mortality indicators. There are two separate mortality indicators used by VoY CCG to monitor patient safety: the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-Level Mortality Indicator (SHMI). A brief explanation of each follows.

Hospital Standardised Mortality Ratio (HSMR)

The HSMR indicator focuses on deaths that occur in hospital where the number of deaths over a given period is expressed as a proportion of the expected number of deaths adjusted to account for the type of care provided by the hospital and the casemix of patients. The PCT obtains this indicator from a system provided by Dr Foster Intelligence, and is updated quarterly, with the ability to select any period of time defined by standard quarters (Apr-June, Jul-Sep etc).

The table below shows the most recent HSMR results for York Hospitals NHS FT. This includes a mortality banding into one of three categories:

- "Higher than expected" is where the lower control limit is higher than 100 (the point at which observed = expected);
- "As expected" is where the lower control limit is less than or equal to 100, and the higher control limit is higher than 100; and
- "Lower than expected" is where the higher control limit is less than 100.

HSMR for York Hospitals NHS FT
Elective and non-elective spells

	Spells	Crude Mortality Rate %	Relative Risk (Observed over Expected)	Lower control limit	Higher control limit	Band*
2011/12-Q1	6,536	4.2	106.7	94.4	120.3	As expected
2011/12-Q2	6,497	3.8	97.8	85.9	110.9	As expected
12 months ending Sept 2011	*26,375*	*4.2*	*104.3*	*98.2*	*110.6*	*As expected*
2011/12-Q3	6,881	3.8	89.3	78.7	100.9	As expected
2011/12-Q4	6,836	4.2	99	87.9	111.2	As expected
2011-12 Total	**26,750**	**4.0**	**98**	**92.1**	**104.1**	**As expected**

* determined by comparing the confidence limit to 100.

Summary Hospital-Level Mortality Indicator (SHMI)

SHMI is a new indicator introduced by a working party set up by NHS Medical Director Bruce Keogh to define a new single indicator that would gain consensus support across the NHS. The SHMI, like the HSMR, is a ratio of the observed number of deaths to the expected number of deaths for a provider, but includes deaths within 30 days of discharge from hospital whereas the HSMR does not.

A mortality banding similar to the one used for HSMRs is published ("as expected" etc), but two sets of control limits are published – one based on unadjusted data (PO – based on a Poisson distribution) and one based on data that excludes the top and

bottom 10% of cases (OD - adjusted for "Over Dispersion"). The OD method is used to construct the published bandings, as it is less likely to incorrectly identify providers as being in the "higher than expected" mortality band, and thus focuses investigations onto providers that are stronger candidates for investigation than would be the case under the PO based bandings.

The SHMI is published at regular quarterly intervals by the Information Centre for NHS and Social Care (IC), but only covers a 12 month period – sub-periods are not available as they are for HSMR. The most recent results published in April 2012 cover the 12 months to September 2011.

SHMI for York Hospitals NHS FT

	Actual deaths	Expected deaths	Ratio	PO Lower limit	PO Upper limit	OD Lower limit	OD Upper limit	Band*
12 months ending March 2011	1,443	1,254	1.150	0.915	1.090	0.877	1.140	Higher than expected
12 months ending June 2011	1,775	1,603	1.107	0.925	1.080	0.879	1.138	As expected
12 months ending Sept 2011	1,807	1,620	1.116	0.925	1.079	0.877	1.140	As expected

* determined by comparing the ratio to the OD Lower and Upper limits.

York Teaching Hospital NHS Foundation Trust have launched a Reducing Mortality Programme. Dr O'Connell was able to attend one of the key planning meetings with clinicians and managers to observe this. They are working in a number of areas to achieve an aim of having a HSMR of < 95 and a SHMI of <100 by January 2013. In particular they are focusing on improving identification and management of the deteriorating patient and better care around the clock every day of the year (24/7/365).

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 as a commissioning organisation 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.

2.4 SI Summary to 26 June 2012

Organisation	No of new SIs in June 2012	No of SIs reported within year 1 April 2012 –26 June 2012	Never Events within year 1 April 2012 – 26 June 2012	*SIs closed up to 26 June 2012*
York Teaching Hospital NHS Foundation Trust	2	8	0	2

Breakdown /Type of SI	Number reported	Status
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

Overall PCT 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%.

York continue to progress business plans with a view to maintaining their accreditation. The follow up visit has been scheduled for July. The Scarborough review and prep meeting took place on 2 May 2012 as planned. It was noted that the trust has made a good deal of progress towards the accreditation standards and is working with colleagues at YTHT to develop the service. The stroke team are preparing a business case to address staffing levels and monitoring equipment which would enable the provision of hyper-acute care and increased therapy input to the unit, and are looking at potential solutions to reach the required consultant levels which include re-advertising the vacant post in the summer and working with colleagues in York to share out-of-hours rotas.

3.2 Cancer

The following cancer targets are scored Red in the Vale of York CCG performance Dashboard:-

- Percentage of patients that wait no more than 31 days to receive their second or subsequent stage of treatment for cancer where the treatment is surgery. Actual performance was 83.3% against planned performance of 94%.
- Percentage of patients referred by an NHS Screening Services that wait no more than 62 days from the date of referral to receive their first stage of treatment for cancer. Actual performance was 82.6% against a target of 90%.

3.3 Ambulance Services and Out of Hours

Ambulance Turnaround times continue to be an issue in York. Week ending 25 June 2012 York had 12 ambulances waiting up to 1.5 hours

In April 2012 York Teaching Hospitals NHS Foundation Trust successfully opened their new Urgent Care Centre (UCC), providing a dedicated space for patients to be seen with 'minor' injuries and illness, located next to the Emergency Department. This development has included the transfer of Walk in Centre form Monkgate to the UCC.

The benefits of the UCC, although early days, have been:-

- An improved environment providing more clinical space availability to see patients and improving privacy and dignity for patients. Staff also have access to couches to provide appropriate examinations and the additional space has ensured that clinical staff are not wasting time trying to identify an available space in which to see patients.

- Relocating the walk in centre reduces the duplication of patients attending the incorrect service initially and being redirected or being seen in the walk in centre and subsequently referred to the Emergency Department. Once staff are trained to be dual skilled (minor illness and injury) this will become even more efficient as all staff can see patients as they arrive.

- The majority of patients are seen by a clinical decision maker within one hour of arrival - as the staff within the UCC are just seeing 'minors' they do not face extended waits as higher priority patients are continually seen in front of them.

- As only one ED medic is assigned to the UCC typically the remaining staff can focus on seeing and treating the 'majors' which should result in decisions being made for patients within cubicles in a more timely fashion.

- It offers an opportunity to forge closer working links with the OOH GP service due to the closer clinical workspaces, more similar workloads and the transfer of staff with OOH GP experience.

Progress of the UCC will be monitored at the Quality and CMB Meetings.

4.   Patient Experience

4.1   Access

- 93.3% of patients were admitted for treatment within 18 weeks of referral (90% standard), and 97.9% were treated without admission within 18 weeks (95% standard).

- The Trust continue to have a large backlog of patients in General Surgery who have already breached the 18 week waiting time (270 in total) of which 50 have waited 52 weeks. The Trust are currently preparing a trajectory indicating when the long waiters will be treated, when the backlog will be cleared, and what impact this will have on overall performance. Regular discussions with regard to progress will take place in the Quality and CMB meetings.

Areas where the Vale of York CCG will be developing recovery plans to ensure ongoing delivery of planned levels of access include:

- 94.3% of Mental Health patients on Care Programme Approach (CPA) discharged from inpatient care were followed up within 7 days (95% standard).

- The percentage of patients that arranged their outpatient appointment using the Choose and Book system was 28.8%, significantly short of the 70% level planned. The CCG will consult with its member practices who have not chosen to provide this services to explore their reasons behind their decision and with their consent share this feedback with the commissioner of this service..

4.2   Patient Feedback

Vale of York CCG are holding their second Patient Congress at the Regen Centre in Riccall at 6.00 p.m. on Thursday, 28 June 2012.

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 2012-13 CQUIN Scheme. The Scheme is worth 1.5% of the total contract value and comprises 4 national and 6 local indicators:-

National Indicators
- VTE risk assessment
- Patient Experience
- Safety Thermometer
- Dementia

Local Indicators
- Improvement Programme for Neighbourhood Care Teams
- 60% of all acute admissions are to be seen by a decision making clinician within 4 hours of admission
- Reduction in length of stay in the Elderly Bed Base in acute hospitals
- Improved Occupancy levels in the Elderly Bed Base in community hospitals
- Effective Discharge
- End of Life Care – death in the place of choice

The local CQUIN is a joint, highly innovative investment decision by the Vale of York CCG and York Teaching Hospitals NHS Foundation Trust to invest in the knowledge and skills, team working capacity and capability of their workforce in an improvement science based development programme for both acute and neighbourhood care teams. The programme looks at the quality of care from the patient's perspective and feedback will be used redesign patient services. The agreed targets relate to reducing hospital mortality and the length of stay in acute elderly medical and community inpatient facilities.

6.   Actions Required

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