



North Yorkshire and Humber  
Commissioning Support Unit



# INTEGRATED QUALITY AND PERFORMANCE GOVERNING BODY ASSURANCE REPORT - **OCTOBER 2014**

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## Summary Page

	Current Performance	Target	Commentary	
<b>Unplanned Care</b>	<b>Yorkshire Ambulance Service (Vale of York CCG)</b>			
	RED 1 Response Times	<b>65.7% (August)</b>	75%	Recovery Plan in place through YAS CMB (P4)
	RED 2 Response Times	<b>75.1% (August)</b>	75%	Recovery Plan in place through YAS CMB (P4)
	<b>A&amp;E</b>			
	4 Hour Waiting Times	<b>92.5% (August)</b>	95%	Planned fail for Quarter 2. Unplanned Care Working Group actions to resolve (P5)

	Current Performance	Target	Commentary	
<b>Planned Care</b>	<b>Diagnostics</b>			
	Diagnostic Waiting Times	<b>2.4% (August Unvalidated)</b>	<1%	Cystoscopy and MRI.
	<b>RTT 18 Weeks</b>			
	Admitted Pathway (Adjusted)	<b>83.7% (August Unvalidated)</b>	90%	Planned fail to Quarter 3. Recovery plan in place.
	<b>Cancer</b>			
	All 2 Week Waits	<b>85.90% (Quarter 1)</b>	93%	Breast and Dermatology. System Resilience Recovery plan in place.
	Breast Symptoms	<b>59.10% (Quarter 1)</b>	93%	Amalgamation of the York and Scarborough sites from August 1 <sup>st</sup> . Breast pain pathway being developed (RSS).
	Delayed discharges from Health and Social Care	<b>Bed Days: Health - 674 Social – 872 (July)</b>		Actions include YHFT, CYC, NYCC and CCG identifying solutions to improve delays (P14).

	Current Performance	Target	Commentary	
<b>Mental Health</b>	IAPT - % People Receiving Psychological Therapies	<b>3.4% (July)</b>	15%	Actions in place through the PCU CMB include LYPFT increase to 8% by Quarter 4. Voluntary sector procurement for 7% remainder.

## Section 1: Unplanned Care

### 1.1 Yorkshire Ambulance Service

TABLE 1.1 – CCG Performance	Target	April 14	May 14	June 14	July 14	August 14
Category A (Red 1) 8 minute response time (VoY CCG)	>=75%	76.1%	72.8%	58.8%	67.6%	65.7%
Category A (Red 2) 8 minute response time (VoY CCG)	>=75%	73.6%	73.9%	74.9%	74.4%	75.1%

TABLE 1.2 – YAS performance	Target	April 14	May 14	June 14	July 14	August 14
response time (YAS)	>=75%	69.8%	69.6%	68%	69.2%	71.3%
Category A (Red 2) 8 minute response time (YAS)	>=75%	70.6%	69.5%	68.4%	68.0%	70.3%

TABLE 1.3	Target	April 14	May 14	June 14	July 14	August 14
Category A 19 minute transportation time (VoY CCG)	>=95%	95.4%	94.9%	94.8%	93.7%	94.5%

A recovery plan (YAS overall performance) as part of the system resilience work has been presented to commissioners which will deliver a combined Red target of 75% by December 2014. This plan will be monitored closely on a weekly basis.

YAS overall performance Improvement trajectories are as follows:-

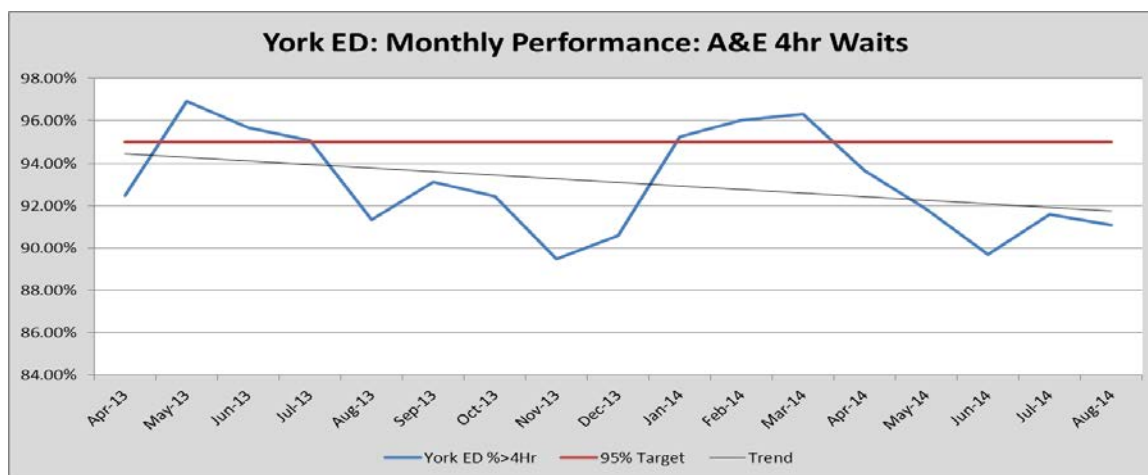
- August 71%, September 72-73%, October 74%, December 75%

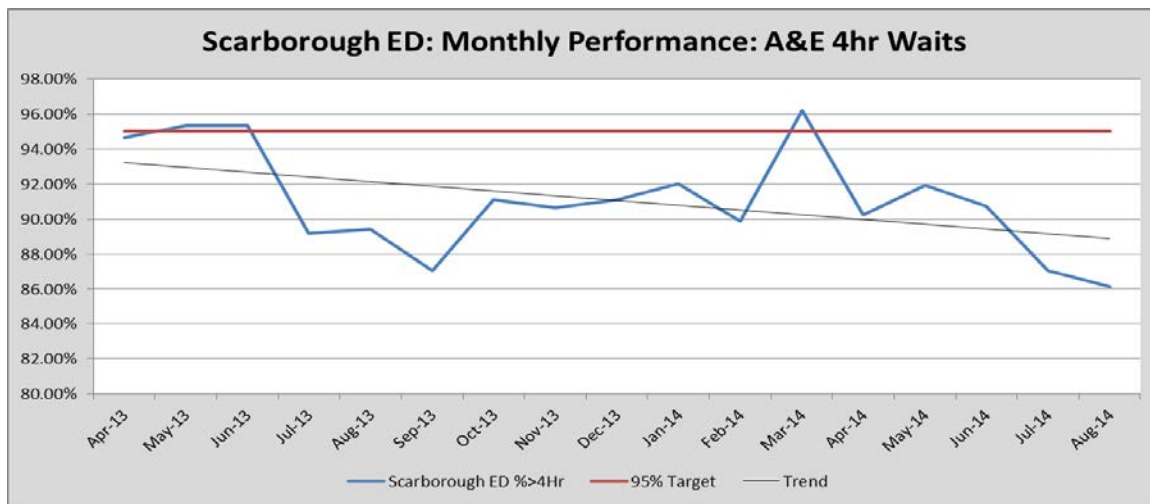
For the Vale of York CCG this forecast is expected to be higher with a Red combined target of 77% by December 2014.

The Vale of York CCG Unplanned Care Working Group (UCWG) also has system resilience plans in place including the Urgent Care Practitioner Scheme, which was introduced in December 2013. Crews work on a see and treat basis preventing unnecessary hospital admissions and make onward referrals as appropriate.

### 1.2 Accident and Emergency (A & E)

The trust have failed the A & E 4 hour target in July (92.8%) and August (92.5%), but are aiming to achieve 95% in September. However, they have stated that they will fail the overall Quarter 2 target.





## Mitigations

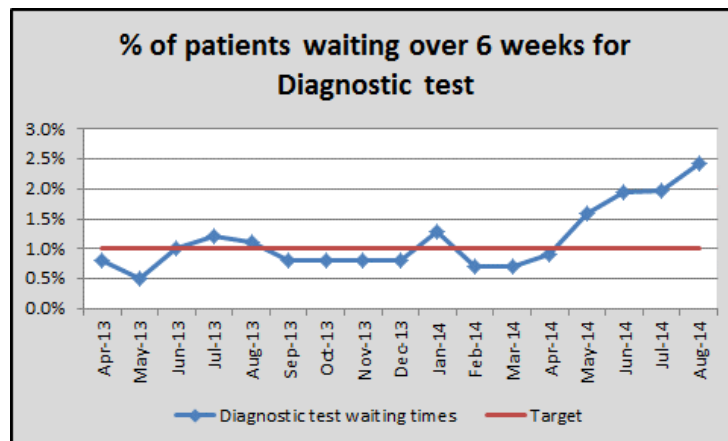
The Unplanned Care Working Group (UCWG) in line with system resilience is working closely with YTHFT to identify recovery plans and the timescales for their delivery. Schemes in progress include:

- RATS (Rapid Access Team) enhancement: this scheme will be reinstated from the autumn. It will increase the hours the team are working until 8pm on a weekday and provide weekend cover so that patients can have access to a therapist and social care assessment, potentially avoiding an overnight admission. This was successful during last winter's trial period.
- ArcLight Homeless Support Worker: this scheme will be reinstated this autumn and will provide cover for evenings and nights. This worker can be called by A & E staff to support homeless people who have minor or no medical requirements, yet significant social care requirements. They will manage this patient, provide a bed for the night, and assist in onward signposting. This scheme managed a small number of patients during last winter's trial period but was seen as very successful in managing a complex patient demographic.
- GP in A & E and Extended hours for GP's: schemes have been approved in principle. These schemes employ GP's in slightly different roles, working directly in A & E as an integrated part of the team to support patient flow. They will also provide additional hours/slots within GP surgeries to help manage increased demand and prevent overflow to A & E.
- Additional middle grade and nurse staffing in A & E and AMU: additional support is to be provided to cover the twilight and overnight shifts which tend to become busier as the day time demand increases in times of surge within the system. This enables quicker throughput of the less serious cases and additional support for emergency situations.
- Psychiatric Liaison team: phased implementation from October 2014 to provide 24/7 access to mental health expertise for patients with mental health issues entering via A & E. The team will manage these patients appropriately and also provide enhanced mental health training for A & E staff. This scheme works alongside the existing elderly care ward based MHALT team in York Hospital.
- Transitional waiting area for mental health patients: this is a new scheme to provide staffing support for patients who are discharged from A & E and need to be transferred to an in-patient bed at Bootham Hospital; this will improve patient safety in transfer, improve the quality of their experience, and free up clinical staff in both hospitals.
- GP in hour's scheme – this scheme has now been in place since March 2014 and has had a successful three month review. A six month review will take place in October and it is hoped that then this scheme is formally approved as a substantive plan. This gives ambulance crews the opportunity to telephone a GP if they think that a patient doesn't require assessment at A & E but could be managed by their local surgery. This reduces conveyance to A & E.

## Section 2: Planned Care

### 2.1 Diagnostics

TABLE 2.1	Target	April 14	May 14	June 14	July 14	August 14
Diagnostic test waiting times - % of patients waiting over 6 weeks (VoY GGC)	<1.0%	0.9%	1.6%	1.9%	2.0%	2.4%



In August there were 89 breaches (an increase from 80 in July) of the 6+ week target.

Main areas of concern include:

- Cystoscopy (n=26). A lack of theatre nurses at York Hospital has meant that procedures have been cancelled. The trust have currently 10 vacancies C.F. RTT mitigation. The trust are currently exploring the possibility of sub-contracting with the Duchy in Harrogate.
- MRI (n=34). A lack of resource in July 2014 saw an increased waiting time for MRI diagnostics. This is now resolving with timeframe extensions to the service and possible sub contracts with the Nuffield.

#### Diagnostics Detail – August 2014 (Unvalidated data):

Group	Diagnostics Name	Activity All Types	Total Waiting List	Waiting Over 6 weeks	Percent
Physiological Measurement	AUDIOLOGY_ASSESSMENTS	720	448	1	0.22%
	ECHOCARDIOGRAPHY	571	36	0	0%
	ELECTROPHYSIOLOGY	4	0	0	0%
	PERIPHERAL_NEUROPHYS	53	39	1	2.56%
	SLEEP_STUDIES	78	42	0	0%
	URODYNAMICS	28	23	2	8.7%
	<b>Sub-Total</b>	<b>1,454</b>	<b>588</b>	<b>4</b>	<b>0.68%</b>
Imaging	BARIUM_ENEMA	24	9	0	0%
	CT	1,756	473	3	0.63%
	DEXA_SCAN	23	92	0	0%
	MRI	1,345	881	34	3.86%
	NON_OBSTETRIC_ULTRASOUND	3,724	1,009	17	1.68%
	<b>Sub-Total</b>	<b>6,872</b>	<b>2,464</b>	<b>54</b>	<b>2.19%</b>
Endoscopy	COLONOSCOPY	202	189	1	0.53%
	CYSTOSCOPY	165	142	26	18.31%
	FLEXI_SIGMOIDOSCOPY	107	76	0	0%
	GASTROSCOPY	345	211	4	1.9%
	<b>Sub-Total</b>	<b>819</b>	<b>618</b>	<b>31</b>	<b>5.02%</b>
<b>Total</b>		<b>9,145</b>	<b>3,670</b>	<b>89</b>	<b>2.43%</b>

## 2.2 Referral to Treatment Times (RTT)

Monthly Referral to Treatment (RTT) waiting times for completed **admitted pathways** (on an adjusted basis). % within 18 weeks

Treatment Function	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14 (Unvalidated)
Cardiology	90%	100.0%	100.0%	95.0%	100.0%	93.3%
Cardiothoracic Surgery	90%	79.2%	82.4%	78.9%	79.2%	61.1%
Dermatology	90%	80.0%	100.0%	100.0%	100.0%	100.0%
ENT	90%	88.7%	91.8%	88.6%	69.9%	51.4%
Gastroenterology	90%	100.0%	100.0%	100.0%	100.0%	100.0%
General Medicine	90%	100.0%	100.0%	100.0%	100.0%	100.0%
General Surgery	90%	91.3%	92.2%	93.6%	95.4%	96.9%
Geriatric Medicine	90%	100.0%	-	-	-	-
Gynaecology	90%	84.9%	87.5%	90.7%	89.6%	81.4%
Neurology	90%	100.0%	50.0%	100.0%	-	100.0%
Neurosurgery	90%	50.0%	-	100.0%	100.0%	-
Ophthalmology	90%	93.7%	95.2%	94.0%	89.3%	76.1%
Oral Surgery	90%	-	-	-	-	-
Other	90%	92.2%	89.7%	92.9%	93.9%	76.9%
Plastic Surgery	90%	75.0%	93.3%	85.7%	75.0%	73.3%
Respiratory Medicine	90%	100.0%	100.0%	100.0%	100.0%	100.0%
Rheumatology	90%	100.0%	100.0%	100.0%	100.0%	100.0%
Trauma & Orthopaedics	90%	91.0%	91.0%	92.9%	95.0%	81.3%
Urology	90%	91.8%	89.6%	92.5%	92.0%	83.9%
Total	90%	91.8%	92.6%	93.3%	92.3%	83.7%

In line with system resilience YHFT have agreed a recovery plan with commissioners to ensure they recover the position in relation to the RTT admitted pathway by the end of Quarter 3. Note that the Trust had previously agreed a planned fail with Monitor and the CCG for admitted patients for the months of July, August and September in order to work through the backlog in a chronological order.

Due to staffing shortages with theatre nurses (15.33 WTE) and consultants the Trust have recently had to cancel theatre lists in September as follows:-

**w/c 8 Sept 2014:** 10 lists cancelled, **w/c 15 Sept 2014:** 8 lists cancelled, **w/c 22 Sept 2014:** 5 lists cancelled

The backlog of patients waiting for surgery has therefore increased and the Trust has confirmed that the following specialities will not meet the RTT target until December 2014:-

- Cardiothoracic- impact related to consultant and senior theatre staff. Unlikely to achieve before December
- ENT – currently sub-contracting work to Nuffield
- Gynaecology – aspiration to resolve before December if theatre staffing improves
- Trauma and Orthopaedics – specific surgeons are required for foot and ankle surgery. This should resolve by December
- Urology – this is unlikely to improve before December due to the lack to senior theatre staff

Currently YHFT have managed to recruit 5 theatre nurses who will start in September. 10 vacancies remain outstanding (recruitment is underway).

## 2.3 Cancer

Cancer pathways remain a concern and the targets have continued to slip, which have resulted in system back logs, albeit small when exploring actuals numbers involved (except for breast symptoms 2 week waits and skin cancer). Following the Planned Care Group meeting on the 17<sup>th</sup> September 2014 a system resilience recovery plan is in progress.

- In Quarter 1, the figure for all cancer 2 week waits was 85.9% against a target of 93%. This equates to 1916 patients out of 2231.
- The figure for breast symptoms 2 week waits was 59.1% against a target of 93%. This equates to 230 patients out of 389.

## Mitigations

- Dr Joan Meakins from the CCG is working with Dr Ben Mancey-Jones (YHFT) on a new care pathway for 'Breast Pain' (RSS). This will reduce the number of 2 week referrals and improve performance.
- The Trust have centralised the breast service to York from 1st August. This is working well but improved performance is not expected to be seen until at least Quarter 3.

TABLE 2.2	Target	Q1 14/15
All cancer 2 week waits	>=93%	85.9%

Cancer Two Week Wait with Provider	Q1 2014-15			Jul-14		
	Total referrals	Seen within 14 days	% meeting standard	Total referrals	Seen within 14 days	% meeting standard
Tumour type						
Suspected brain/central nervous system tumours	2	2	100.0%			
Suspected breast cancer	372	220	59.1%	147	133	90.50%
Suspected children's cancer	8	7	87.5%	2	2	100%
Suspected gynaecological cancer	136	131	96.3%	67	65	97.00%
Suspected haematological malignancies (excluding acute leukaemia)	7	7	100.0%	5	5	100%
Suspected head & neck cancer	242	229	94.6%	93	88	94.6%
Suspected lower gastrointestinal cancer	350	323	92.3%	116	112	96.6%
Suspected lung cancer	60	53	88.3%	27	27	100.0%
Suspected other cancer	12	12	100.0%	2	2	100.0%
Suspected sarcoma				1	1	100.0%
Suspected skin cancer	451	383	84.9%	247	201	81.4%
Suspected testicular cancer	15	14	93.3%	4	2	50.0%
Suspected upper gastrointestinal cancer	256	240	93.8%	88	82	93.2
Suspected urological malignancies (excluding testicular)	320	295	92.2%	115	104	90.4%
All types	2231	1916	85.9%	914	824	90.2%

TABLE 2.3	Target	Q1 14/15
Breast Symptoms (cancer not suspected) 2 week waits	>=93%	59.1%

## 2.4 Delayed Transfers of Care

- There has been an increase in delayed discharge rates throughout the year. All partner agencies are working together to look to resolve this issue.
- A rapid improvement event took place in June 2014 with all partner agencies which reviewed the process for discharge. Whilst successful this has not, as yet, impacted on length of stay.
- YHFT are currently reviewing their discharge policy and patient choice policy in conjunction with partners i.e. CYC, East Riding and NYCC. This should result in an improvement in discharge but without additional step down beds or home care/ re-ablement this may cause difficulties.
- The CCG is currently in negotiation with CYC re the provision of 6 additional Step Down beds as well as exploring other areas for step up/ step down which could significantly improve delay. This includes additional therapy services for patients to aid recovery.
- CYC are additionally reviewing the capacity of their current providers for both re-ablement and long-term care.

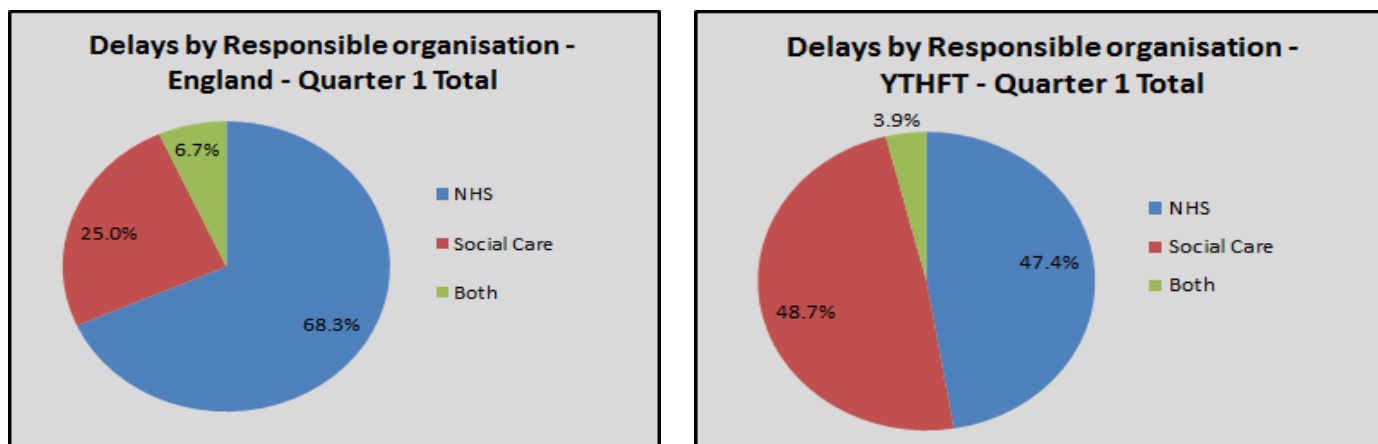
### Bed days delayed by responsible organisation figures:

TABLE 2.6	England			
	April	May	June	July
NHS	79,458 (68.2%)	86,949 (68.4%)	84,055 (68.3%)	89,779 (67.7%)
Social Care	29,084 (25.0%)	31,745 (25.0%)	30,639 (24.9%)	34,048 (25.7%)
Both	7,929 (6.8%)	8,345 (6.6%)	8,387 (6.8%)	8,875 (6.7%)



TABLE 2.7	York Teaching Hospitals NHS Foundation Trust			
	April	May	June	July
NHS	400 (54.9%)	555 (51.2%)	593 (40.8%)	674 (43.6%)
Social Care	316 (43.4%)	508 (46.9%)	767 (52.7%)	872 (56.4%)
Both	12 (1.6%)	20 (1.8%)	95 (6.5%)	0 (0.0%)

Chart 2.8 – Delayed Discharges by Responsible Organisation:



### Section 3: Mental Health

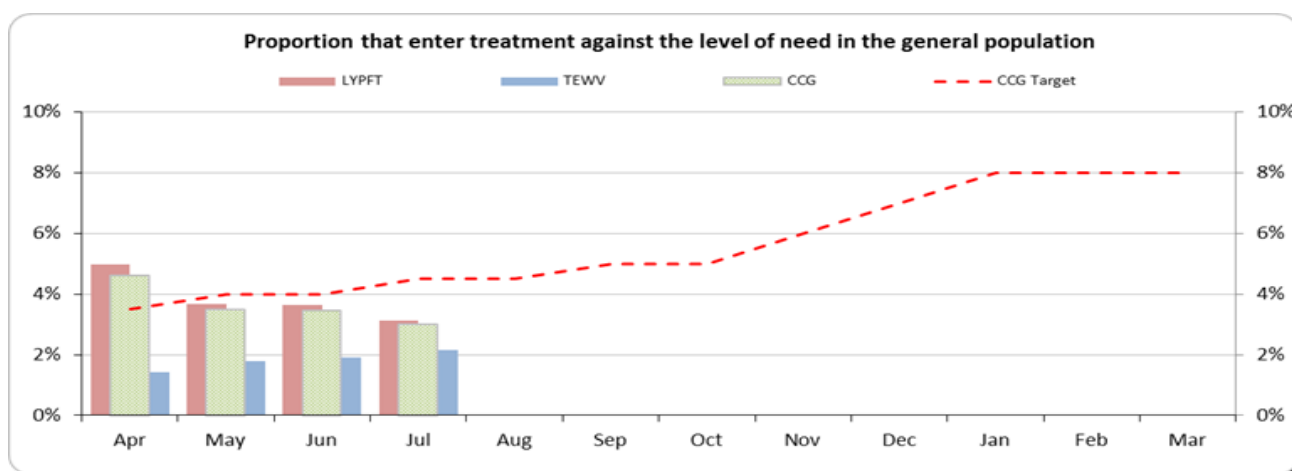
#### 3.1 Improving Access to Psychological Therapies (IAPT)

The CCG with the PCU have been exploring all options to enable the achievement of the National Target (15%) by year end. Work is on-going with LYPFT who have provided assurance that the expected forecast target by March 2014 (Q4) will be above 8%.

An Initial Viability Assessment was taken to the CCGs senior management team meeting on the 16<sup>th</sup> September 2014. Funding for voluntary sector additional activity was approved which means that a specification can be finalised to enable the additional 7% of additional activity. In line with this a procurement time frame will be developed.

It is expected that the 15% target will not be realised until 2015 Quarters 1-2.

#### IAPT KPI 1 - Provider data analysis - Rolling 3 month showing overall CCG position and each provider:



Validated activity for July 2014 – 3.4%