

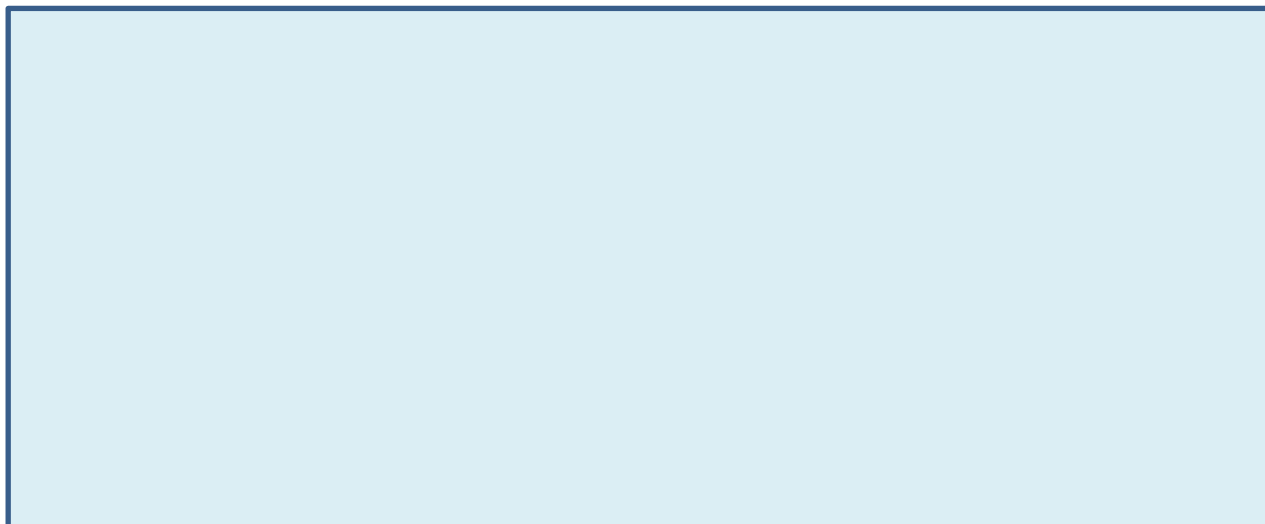
# NHS Vale of York Clinical Commissioning Group Quality and Performance Governing Body Report

Report produced: September 2015

Latest validated data: July/August 2015

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## YAS Response Times



### **Current issues impacting on performance:**

- ❖ YAS often deliver the combined Red target but fail to meet the Red1 target
- ❖ Quality Indicators – ‘Survival to Discharge’ rates for YAS in the Vale of York CCG are good. Nationally there is a downward trend in Stroke 60 results and this is the same at YAS
- ❖ Problems recruiting staff on the East coast – national shortage of paramedics
- ❖ Currently have 405 WTE against an establishment of 428
- ❖ Tense industrial relations due to change in shift patterns

### **Mitigating actions include:**

- ❖ YAS actively recruiting to paramedic posts
- ❖ Clinical Supervisor posts filled which will support staff development and appraisals.

### **YAS CQC Inspection Report published August 2015**

A CQC inspection of Yorkshire Ambulance Service took place between 12<sup>th</sup> and 15<sup>th</sup> January 2015 with unannounced inspections on 19<sup>th</sup> January 2015 and 9<sup>th</sup> February 2015 and inspected four core services:

- ❖ Emergency Operations Centres
- ❖ Urgent and Emergency Care
- ❖ Patient Transport Services
- ❖ Resilience Services including the Hazardous Area Response Team (HART)

Overall, YAS was rated as ‘Requires Improvement’ but Caring was rated as ‘Good’. The CQC report also identified three areas where YAS are required to make improvements:

- ❖ All ambulances and equipment are appropriately cleaned and infection control procedures are followed

- ❖ Equipment and medical supplies are checked and are fit for purpose
- ❖ Staff are up to date with their mandatory training

CQC saw several areas of outstanding practice including:

- ❖ The trust's 'Restart a Heart' campaign trained 12,000 pupils in 50 schools across Yorkshire
- ❖ YAS supported 1,055 volunteers within the Community First Responder and Volunteer Care Service scheme
- ❖ Green initiatives to reduce carbon in the atmosphere
- ❖ The emergency operations call centre was an accredited Advanced Medical Priority Dispatch System (AMPDS) centre of excellence
- ❖ Mental Health nurses working in the emergency operations centre to give effective support to patients requiring crisis and mental health support

**Mitigating actions include:**

- ❖ YAS are producing an action plan to address the issues raised in the CQC report

**Finance & Contracting implications:**

- ❖ The CCG operate a block Contract with YAS for this service. All applicable penalties against performance targets not achieved have been applied in Q1

## **YAS Handover Times**



**Current issues impacting on performance:**

- ❖ Clinical staff availability at York Hospital to facilitate clinical handovers
- ❖ Lack of available cubicles to accommodate patients

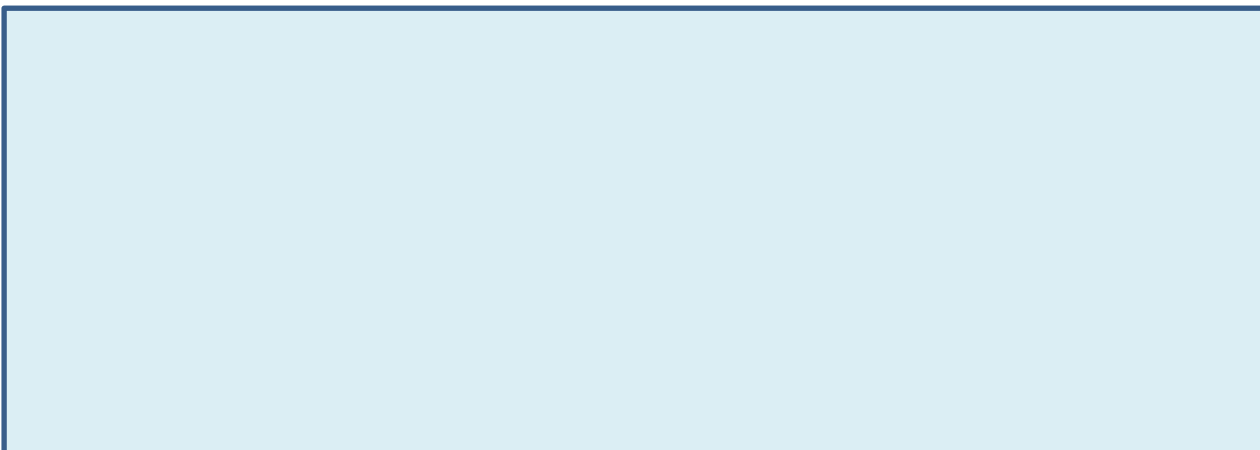
**Mitigating actions include:**

- ❖ New nursing staff for York A&E are due to start in September 2015
- ❖ Business Case going to Corporate Directors to increase staff and extend the opening hours of the ambulance assessment area at York Hospital

**Finance & Contracting implications:**

- ❖ None

## A&E



### **Current issues impacting on performance:**

- ❖ Medical and nursing staff shortages

### **Mitigating actions include:**

- ❖ Work is on-going on plans to reconfigure the 'front-door' of A&E with a five minute review on arrival for patients presenting with minor injury and illness. This will include input from Primary Care, Advanced and Emergency Nurse Practitioners and additional integrated administration support for communication with GPs. Detailed modelling is taking place at present, and a workforce model will be proposed to Senior Managers at both organisations by the start of October.
- ❖ Service redesign has reviewed the work of the Rapid Assessment Team (RATS) which manages people with no need for admission to the Acute Trust but additional rehabilitation or social needs; this team forms an integral part of the evening and weekend provision
- ❖ Following the outcomes of the paper 'Why did people wait longer last winter', flow out of A&E is also being reviewed; additional support in Ambulatory Care and an Older Persons Assessment Lounge is coming online prior to winter.
- ❖ Work is on-going to orient the new junior doctor training cohort which commenced in August
- ❖ The trust are continuing with plans to roll out further pathways on the Ambulatory Care Unit

### **Finance & Contracting implications:**

- ❖ There are a number of schemes being considered by the CCG to help improve performance in A&E. The majority of these will require additional investment over and above the contract value and this will need to be considered alongside the obvious benefits of improving performance. As at the end of June the Trust has incurred penalties totalling £218k relating to the A&E 4 hour target.

## Out of Hours

The GP OOH Service has been provided by Yorkshire Doctors Urgent Care (YDUC) since 1<sup>st</sup> April 2015. The new specification that YDUC are working to is outcome based, and hence over the first quarter a large number of Key Performance Indicators (KPIs) have been monitored to ensure the CCG understands how well the service is working. The first quarter review took place in August 2015 as part of the monthly contract management arrangements.

Key achievements in this time:

- ❖ Monthly data has been received against all local and national quality indicators since commencement
- ❖ April (month 1) was a difficult month in terms of mobilisation prior to an exceptionally busy Easter weekend, initial teething problems with some of the logistical aspects of the new IT system, and staff managing the new booking system via NHS111
- ❖ Performance in month 1 overall was at 95.46%
- ❖ Following this however, all subsequent months have achieved the overall target of 95%, including months with bank holidays and local sporting events occurring
- ❖ National quality indicators are all at 100% apart from those relating to urgent dispositions (as detailed below)
- ❖ Key indicators include 95.05% overall performance in August; reduced slightly from July at 96.36%
- ❖ Information is also split into activity by care home, by GP practice, where care plans are available and other demographic indicators
- ❖ A Quarter 1 quality report was also submitted in August; this gives details of the complaints, compliments, incidents etc. recorded and a useful case study of how the NHS111 booking system is working and the benefits to patients over previous systems

Monthly meetings are currently taking place with York Trust to discuss any issues arising within the A&E department and to improve relationships between the teams. There have been misunderstandings about the presence of GPs in the OOH area within York Hospital; because there is a commissioning expectation around meeting timed targets it may be that there isn't a physical presence in this area at all times of the night and weekend. This does not mean that there is any pass-through of patients from the OOH process into A&E and where there are spikes in activity this is usually the case across all of the Unplanned Care system.

Key areas of delivery review include the 30 minute 'Healthcare Support - Urgent' disposition from NHS111. An audit undertaken on Saturday 25<sup>th</sup> July has clearly shown that many of the calls being allocated to an 'urgent' disposition are not appropriate – the average proportion of cases marked as 'urgent' has increased from approximately 15% to 56% over the transition and there is not the capacity to manage these within the OOH team. Work is ongoing to manage the pathways

appropriately so that dispositions which truly require a response within 30 minutes can be prioritised for Healthcare worker assurance as well as patient safety.

Areas where there are ongoing discussions around further improvement are end of life medication access, improvement in communications between stakeholders, continued improvements on the Directory of Service and the partnership with NHS111.

Overall, the performance against KPIs has been excellent, the level of data being provided on a monthly basis is significantly better than we previously received and the items for further development are identified and actioned quickly.

## Diagnosics



### **Current issues impacting on performance:**

- ❖ Overall diagnostic performance improved in July
- ❖ 27 radiology breaches in August but significant improvement at York
- ❖ Cystoscopy – resourcing problems at York Hospital with nurse staffing
- ❖ Echo breaches expected at Scarborough due to staffing difficulties

### **Mitigating actions include:**

- ❖ Cystoscopy – Trust have additional capacity available from end of August
- ❖ NHS Elect are undertaking a mapping exercise in September 2015 to review Capacity & Demand and improve patient flow
- ❖ Endoscopy – problem at the East Coast - Medinet will continue provide additional sessions at weekends until the backlog is cleared

### **Finance & Contracting implications:**

- ❖ In order to improve performance in Vale of York the CCG have sourced additional capacity through independent Providers. Yorkshire Health Solutions currently have an indicative contract value of £80k but the forecasted outturn for 2015/16 is closer to £450k for outsourced non-obstetric ultrasound activity.

## 18 Week Referral to Treatment (RTT)



### **Current issues impacting on performance:**

- ❖ Elective cancellations on both York and Scarborough sites due to lack of beds have impacted on overall performance
- ❖ Changes in Ophthalmology plans had a significant impact on overall RTT plans
- ❖ Max Fax remains challenging as complex cases take significant theatre time which impacts on waiting list capacity

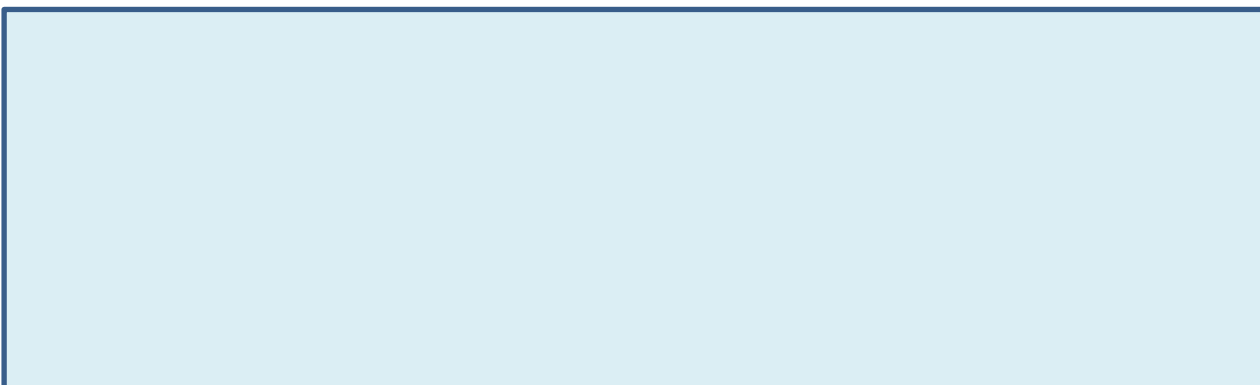
### **Mitigating actions include:**

- ❖ Trust are developing additional plans for Max Fax in September/October 2015
- ❖ Additional weekend cataract lists have been put in place on Scarborough site
- ❖ VoYCCG have completed a Health Needs Assessment on Ophthalmology which is being presented at the Ophthalmology Program Board in October

### **Finance & Contracting implications:**

- ❖ The CCG are currently reporting a significant overtrade against the Contract with York in daycases and outpatient attendances, of which 80% is attributable to those specialties being targeted in the Trust's RTT recovery plan. As at the end of June this amounts to over £500k
- ❖ Ramsay Healthcare have provided additional capacity to treat the Trauma and Orthopaedic breach patients. While this speciality is now achieving the 18 week target, the CCG has a YTD overtrade against the contract with Ramsay of £135k

## **Cancer**



### **Current issues impacting on performance:**

- ❖ Dermatology is experiencing capacity shortfalls due to staff sickness, this is also impacting on the 2 week wait skin cancer targets

### **Mitigating actions include:**

- ❖ New locum in post which will minimise Dermatology breaches in September
- ❖ Holding one CT slot per day at York to minimise delays in the lung cancer pathway
- ❖ Dermatology project for referrals through RSS begins in October

### **Finance & Contracting implications:**

- ❖ None

## Stroke Update

- ❖ 33 patients have been transferred from Scarborough to York since the transfer of the hyper-acute Stroke service.
- ❖ 11 patients have been repatriated to Scarborough Hospital with the majority returning straight home.
- ❖ Positive progress in all areas with no concerns highlighted by patients.

## Healthcare Associated Infections

### **Current Performance – financial year to date**

- C-Difficile infections stand at 34 against a full year trajectory of 43 for York Trust (as of 6<sup>th</sup> September 2015)
- MRSA bacteraemias stand at 6 against a 0 trajectory (last case June 2015)

York Trust have commissioned an external review of all Infection Prevention and Control (IP&C) policies and processes to ensure best practice is being applied. Report due November 2015. As previously reported there is a link to the rise in C-Difficile cases nationally related to the failure of the flu vaccine last winter. We continue to meet monthly with the Trust to evaluate all RCAs and agree any 'lapses in care' in line with the national guidance (The guidance gives commissioners the option to discount, from the year-end total, those infections where they are in agreement with the Trust that there have been "no lapses in care". Where the Trust has exceeded its annual C Difficile target, commissioners then have the discretion to not impose sanctions for these cases).

## Serious Incidents

LYPFT requested an external review of all suicides of patients known to their mental health services between 2002 and 2011 and specifically looked at 12 serious incident investigation reports in 2013-14 and their findings. Staff were also interviewed. Overview of the findings was given to the trust and partners in September 2015. Main messages are:

- ❖ When benchmarked nationally, LYPFT is *not* an outlier in terms of the numbers of suicides
- ❖ Recommendations for further work were shared and an action plan for any improvements is being developed with staff.

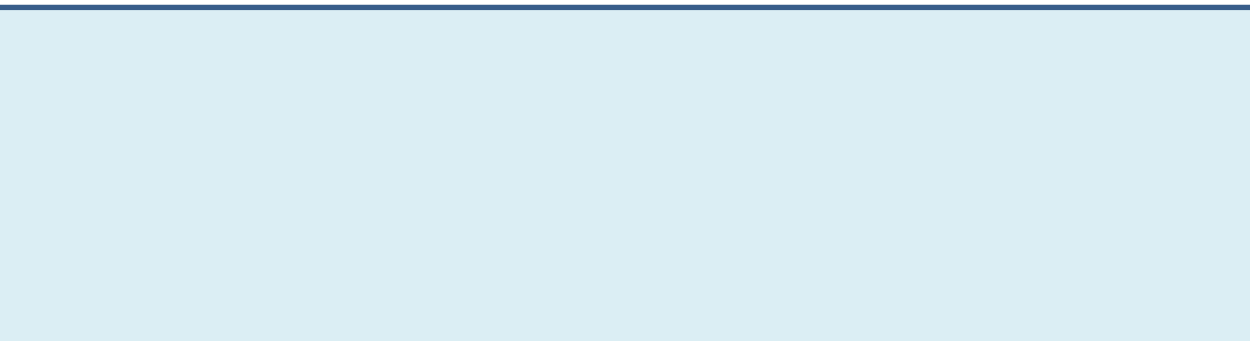
The final report will be available at the end of October 2015.

Work continues with York Trust to improve the overall assurance of serious incident investigations, particularly for falls resulting in harm and development of pressure ulcers which is being escalated through the contract management process.

A Vale of York patient experienced a Never Event at York Hospital in June – wrong site surgery, maxillofacial department.



## Improving Access to Psychological Therapies (IAPT)



- ❖ Performance is variable in particular around school and bank holidays
- ❖ There continues to be a lag between data submitted by the provider and HSCIC validated data with the processing of the latter reducing the rates of performance

## Patient Experience Update

### Children's / adolescent mental health services

There have been a small number of concerning cases regarding appropriate care and treatment, as well as gaps in service, for young people / adolescents with mental health conditions. These have included individuals with Asperger's and Autism and the reported lack of effective support available locally.

As part of the issues raised, members of the families involved have also reported negative experiences when trying to engage and work with services in the care of their child. Two particular cases reported in July have noted the stress and anxiety caused when their child was potentially being discharged, without the families having the required support in place at home.

### GP Practice visits regarding 'Patient Experience'

At the time of writing, 6 GP practice visits have been completed regarding patient experience issues which include PPGs (Patient Participation Groups), Carers, FFT (Friends and Family Test) and Complaints. A further 12 visits are booked to be completed in the next month. Initial themes that are emerging are:

- ❖ Recruitment of members to PPGs
- ❖ The need to continue promotion and take up of electronic services (which echoes previous feedback from recent GP patient survey)
- ❖ Low response rates regarding FFT generally

Once visits have been completed, the information provided will be written up to inform a plan of work that can support our member practices with the issues identified.

Through one such visit, an issue was identified regarding a local pharmacy and their request to see Warfarin patients' 'yellow book' when providing their prescription. Initially this had been reported as deterring patients from using that pharmacy due to not having the 'yellow book' available and therefore not receiving the prescription. Subsequent investigation has highlighted that this approach follows good practice to help monitor and support patients with their medicines management. A message

regarding this practice as a reminder will be developed and shared through our LPC and prescribing networks as a result.