

Quality and Outcomes Report: Position Statement

Update to Governing Body

Item 2

5 October 2017

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Purpose of Paper	
To update Governing Body on key performance, quality and outcomes measures.	
Key Issues	
<ul style="list-style-type: none"> • A&E 4 hour waits: The proportion of Sheffield CCG's adult patients admitted, transferred or discharged within 4hrs of arrival at A&E, remains below the national standard for 2017/18 so far (July/ August data). Performance is however meeting the locally agreed trajectory for improvement. An Assurance Framework is in place to support monitoring through the contractual process. Regular discussions are taking place with STH around the factors which have led to dips in performance; which includes high numbers of complex patients presenting for treatment. • Ambulance Handover Times: The number of delays over 30 minutes in clinical handover of patients to A&E continues to be above the expected level (which is zero). This is further evidence of the acuity of patients being conveyed. • Diagnostic Waits: The proportion of Sheffield CCG's patients receiving their diagnostic test within 6 weeks of referral did not meet the national standard of 99% in July. Capacity issues in echocardiography at STH are contributing to this; unfortunately the Trust has vacancies in the department and there is a national shortage of staff with these qualifications and experience. The situation is being reviewed at Contract Monitoring Group. • Early Intervention in Psychosis: The national target is that 50% of patients with a first episode of psychosis should be seen within two weeks; SHSC did not meet this target in July. None of the nine patients with a first diagnosis were seen within the two weeks, although they did receive a triage assessment. The other 51 people referred that month had second or subsequent diagnoses of psychosis, and they were clinically assessed as being in greater need of treatment, and thus had to prioritised. This small service is currently under great pressure. 	

Is your report for Approval / Consideration / Noting
Consideration
Recommendations / Action Required by Governing Body
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • Key issues relating to Quality, Safety and Patient Experience
Governing Body Assurance Framework
<p><i>Which of the CCG's objectives does this paper support?</i></p> <ol style="list-style-type: none"> 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield <p>Specifically the risks:</p> <p>2.1 Providers delivering poor quality care and not meeting quality targets</p> <p>2.3 That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy</p>
Are there any Resource Implications (including Financial, Staffing etc)?
Not applicable at this time
Have you carried out an Equality Impact Assessment and is it attached?
<p><i>Please attach if completed. Please explain if not, why not</i></p> <p><i>No - none necessary</i></p>
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
It does not directly support this but as a public facing document is part of keeping the public informed.

Quality & Outcomes Report

2017/18: Position statement
using latest information
for the October 2017 meeting
of the Governing Body

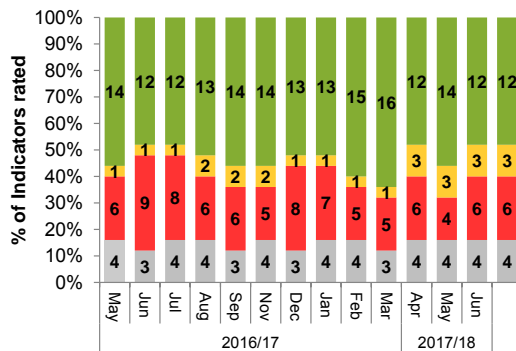
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Highest Quality Health Care - NHS Constitution - Rights & Pledges

Our commitment to patients on how long they wait to be seen and to receive treatment



The chart shows how CCG delivery of the 25 NHS Constitution Rights & Pledges for the first three months of 2017/18, following on from our performance last year. The number of rights and pledges being successfully delivered is indicated by the green sections of the bars. Amber shows those which are close to being delivered, red those where significant improvement is needed. Grey indicates areas where data is not yet available for the current month.

For those areas where delivery of pledges is not currently on track - as identified in the tables below - further information is given in the NHS Constitution - Rights & Pledges section of this report (pages 4 - 13).

Headlines

Highlights:

- **Referral To Treatment waiting times** - the national standard for patients being seen within 18 weeks continues to be met overall for Sheffield patients as at the end of July.
- **Cancer waiting times** - the national standards continue to be met overall for Sheffield patients as at the end of July, with the exception of the 62 day standard and the 62 day Consultant Upgrade.
- **Improving Access to Psychological Therapies (IAPT) access** - the 2017/18 plan/ambition for this measure was exceeded (May 2017 - latest available national data).
- **IAPT waiting times** - the latest available national data (May) shows that the waiting times standards for both 6 weeks and 18 weeks continue to be met.
- **Early Intervention in Psychosis (EIP) pathways** - the national standard was not met overall for Sheffield patients as at the end of July (see Mental Health section for explanation).

NHS Constitution

The NHS Constitution pledges to patients on how long they wait to be seen and to receive treatment remain an important aspect of what we are committed to delivering for the people of Sheffield. Currently (based on latest published data - the majority of which is as at July 2017) **10 of the 15** core rights and pledges are being successfully delivered. A summary of areas of concern, key issues and the action requested from the CCG Governing Body is set out below/overleaf. Further detailed information on the action being taken by the CCG and providers to improve performance - along with expected timescales for delivery of improvement - are set out in the NHS Constitution section (pages 5 - 13).

Diagnostic waits	Issue	ACTION requested from Governing Body	Page
99% of patients wait 6 weeks or less from the date they were referred	In July 2017, for the third month in a row, neither the CCG nor Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) met the standard for this measure. STHFT were also therefore below the agreed Sustainability and Transformation Funding (STF) Improvement Trajectory for July.	To endorse the approach of monitoring STHFT achievement of diagnostic waiting times and any necessary mitigating actions, through monthly Performance and Contract Management Board (PCMB) meetings with the Trust.	5
A&E waits			
95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	STHFT national data for August indicates that the Trust are not yet meeting the 2017/18 standard; they are however meeting the agreed STF Improvement Trajectory for this measure. The year to date figures for August was 92.83% for CCG.	To endorse the actions being taken and the continued monitoring of STHFT progress towards achievement of the A&E standard, via the Assurance Framework, and any necessary mitigating actions through PCMB.	6-7

continued overleaf

Sheffield Clinical Commissioning Group - Summary Position

2016/17 Headlines - continued

Cancer waits	Issue	ACTION requested from Governing Body	Page
85% of patients have a maximum 2 month (62 day) wait from urgent GP referral	STHFT overall performance for July remains below the national standard in-month (and therefore 2017/18 to date) and also the agreed STF Improvement Trajectory.	To endorse the approach proposed by the Cancer Alliance to develop a common performance management framework for cancer waiting times across the region (aligned to the STF trajectory) whilst continuing to monitor progress against internal improvement plans and escalate to the PCMB as appropriate.	8-9
Ambulance response times			
75% of Category A (RED 1) calls resulting in an emergency response arriving within 8 minutes	Yorkshire Ambulance Service (YAS) are piloting phase 2.2 of the new Ambulance Response Programme (ARP). The alignment of the ARP reporting to the NHS Constitution measures (and therefore how performance will be monitored going forward) is not yet clear. Information from YAS is available that provides an update on performance but this is not easily mapped against the Constitution measures.	None requested this month.	10
75% of Category A (RED 2) calls resulting in an emergency response arriving within 8 minutes			
Ambulance handover times			
Reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	YAS level ambulance handover delays increased in July for both those over 30 minutes and those over 1 hour but still both remain above expected levels. (The reported position at STHFT level also deteriorated and is still above expected levels.)	To endorse the approach of monitoring ambulance handover performance and any necessary mitigating actions through monthly CMG meetings with the Trust.	11
Reduction in the number of delays over 1 hour in clinical handover of patients to A&E (subset of previous measure)			

Highest Quality Health Care - Mental Health

Mental Health - access and waiting times standards: Pledges to patients on access to - and waiting times for - psychological therapies are not part of the NHS Constitution Rights & Pledges but are an equally important element of what we are committed to delivering for the people of Sheffield.

A summary of areas of concern, key issues and the action requested from the CCG Governing Body is set out below. Further detailed information on the action being taken by the CCG and providers to improve performance - along with expected timescales for delivery of improvement - are set out in the Mental Health section (page 14).

Mental Health	Issue	ACTION requested from Governing Body	Page
Early Intervention in Psychosis - % seen within 2 weeks	The proportion of EIP patients seen in 2 weeks for July fell to 0%. The detail of what happened during July within this service is detailed in page 13. However it should be noted that, the CCG continues to experience higher levels of demand than predicted - based on national guidance and epidemiology.	Governing Body are asked to endorse the actions being taken and agree to accept further updates as required.	13
% IAPT patients moving to recovery (YTD)	The recovery rate for the CCG has remained around 50% each month and the year to date figure (up to May17 is up to 50%.	Governing Body are asked to continue to receive updated position statements until this measure is consistently achieving the national target of 50% (monthly as well as quarterly).	13

Highest Quality Health Care - Quality and Safety

Our commitment to ensure patients receive the highest quality of care, and to listen to and act on their feedback and concerns

Nationally, the focus on improving outcomes around the quality, safety and patient experience of health care is described in two specific areas, or 'domains' - headlines are shown below:

Treating and caring for people in a safe environment and protecting them from avoidable harm - reducing the number of patients getting Clostridium Difficile (C.Diff) & MRSA:

- **C.Diff** - As at the end of August, the year-to-date (YTD) position is that 109 cases attributable to the CCG have been reported, compared to a forecast for this point in the year of 81. STHFT have reported 34, compared to a forecast for this point in the year of 37. Sheffield Children's NHS Foundation Trust (SCHFT) have reported 1, compared to a forecast for this point in the year of 1.
- **MRSA** - No cases were reported in July. There have not been any cases reported so far in 2017/18 for the CCG, 1 for STHFT and none for SCHFT.

Ensuring that people have a positive experience of care: Patient experience information will be provided in this report for those meetings of the Governing Body that are held in public (usually alternate months). Each update will focus on a different provider, rotating STHFT, SCHFT and SHSCFT. The updates will also include Friends and Family Test (FFT) published results for that provider (identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care).

CCG Assurance - NHS England Assessment

CCG Improvement Assessment Framework (IAF) for 2016/17

An update was provided last month on the CCG's rating of "Good" for 2016/17. Publication of the assessment against the three remaining Clinical Priority Areas (Maternity, Diabetes, Learning Disabilities) is expected later in the autumn, and briefing will be provided for Governing Body when this data is released. The guidance for how CCGs will be assessed for 2017/18 has not yet been issued.

Quality Premium

The Quality Premium is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. To be eligible for a Quality Premium payment, a CCG must manage within its total resources envelope for the year. A percentage of the Quality Premium will be paid for achievement of each of the agreed improvement measures. The amount paid will be reduced for each relevant NHS Constitution measure not met.

The full Quality Premium guidance can be accessed at:

<https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/>

2017/18 Quality Premium: Details of the measures for 2017/18 and current available data will be provided for the next public Governing Body meeting in November; there is a considerable delay in publication of some of the national data which means the outcome cannot be predicted with any accuracy at this stage.

2015/16 & 2016/17 Quality Premium: Information on the assessment of our Quality Premium achievement will be shared with Governing Body, once available. Some data items have still not been reported on nationally which is why we do not yet have the

Highest Quality Health Care - NHS Constitution: Rights & Pledges

Our commitment to patients on how long they wait to be seen and to receive treatment

Key to ratings:

- Pledge being met
- Close to being met
- Area of concern

The NHS Constitution Rights & Pledges for 2017/18 are, at the time of writing, understood to be as per those monitored in 2017/18.

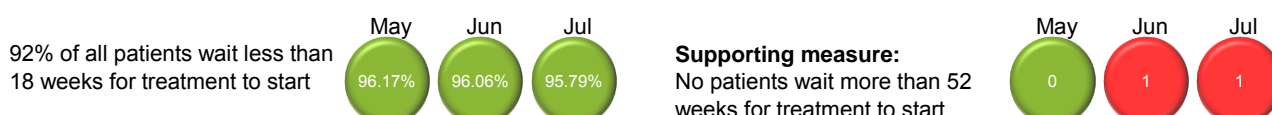
ALL INDICATORS/RAG RATINGS BELOW SHOW THE CCG POSITION, UNLESS OTHERWISE STATED

The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year 2017/18.

NOTE: "Supporting measure" = NHS Constitution support measure specified by NHS England (NHSE)

Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment

Patients referred to see a specialist should be seen and, where necessary, receive treatment in a timely fashion, whether admitted to hospital for treatment or treated without being admitted. The majority of patients should be seen and start any necessary treatment within 18 weeks from their referral. No patient should have to wait more than 52 weeks.



Issues & Actions:

PLEASE NOTE: August RTT data was not available prior to production of this month's report and so the performance position - and RAG rating - is as at July. However, information on any actions being taken and timeframe for improvement have been updated as appropriate - see below.

Patients waiting more than 52 weeks for treatment to start: During July, 1 patient was recorded as waiting over 52 weeks at SCHFT. This was a Dermatology patient who attended a minor operations appointment on 25/07/2017. Any 52 weeks waits are reviewed at the Contract Review and Contract Management Board meetings. The Quarterly Quality meeting also looked at this issue in September and is satisfied that no patient has come to harm.

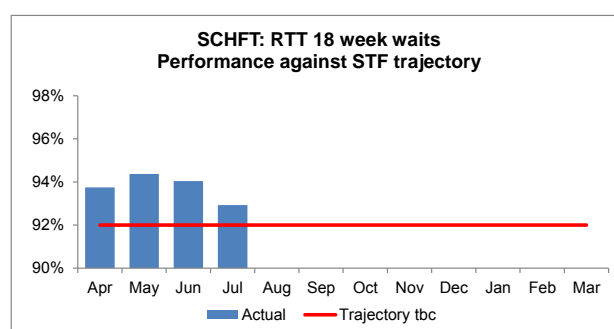
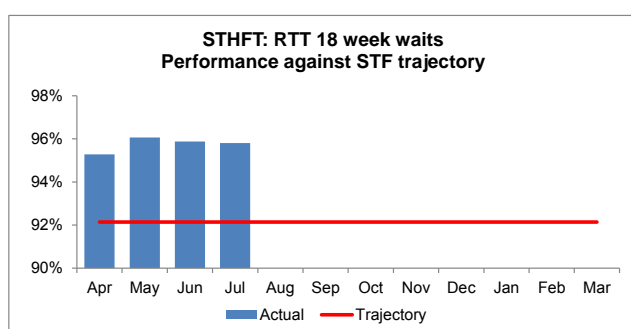
Sustainability and Transformation Fund (STF) Improvement Trajectory

As part of the requirements to access STF, both STHFT and SCHFT have agreed an improvement trajectory for RTT waiting times with the CCG, NHS Improvement (NHSI) and NHSE.

Performance against these will be monitored by the CCG through the contract monitoring arrangements. The trajectories - and charts showing monthly provider progress against these - are shown below.

RTT WAITS: 92% of all patients wait less than 18 weeks for treatment to start (Incomplete waits)

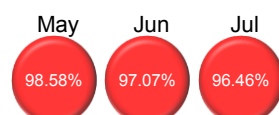
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	Trajectory	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%
	Actual	95.3%	96.1%	95.9%	95.8%								
SCHFT	Trajectory tbc	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
	Actual	93.8%	94.4%	94.0%	92.9%								



Diagnostic test waiting times

Prompt access to diagnostic tests is important in ensuring early diagnosis and so is central to improving outcomes for patients e.g. early diagnosis of cancer improves survival rates.

99% of patients wait 6 weeks or less from the date they were referred



Issues & Actions:

PLEASE NOTE: August Diagnostics data was not available prior to production of this month's report and so the performance position - and RAG rating - is as at July. However, information on any actions being taken and timeframe for improvement have been updated as appropriate - see below.

This is the third month the CCG has not achieved this standard since September 2016; this is also the case for Sheffield CCG patients seen at STHFT and STHFT as a provider (all patients, wherever they are registered) - see below for information on any actions being taken and timeframe for improvement.

Action being taken: Diagnostic waits continue to be monitored through monthly Contract Management Group (CMG) meetings and escalated to the Performance and Contract Management Board (PCMB). The largest number of diagnostic waiting time breaches are in the STH Echocardiography department, driven by ultrasound radiography vacancies and increased requests for testing. STH are working to recruit to these vacancies, however there is a national workforce shortage in this specialty. The Trust is also validating the waiting list to ensure that there are no duplicate test requests and is exploring the possibility of using capacity in nearby NHS hospitals to resolve this current capacity issue; the Trust will also look at local independent sector capacity if required.

Expected timeframe for improvement: The CCG is pursuing a timescale for improvement through the CMG mechanism and will update governing Body next month.

Action requested of Governing Body: To endorse the approach of monitoring STHFT achievement of diagnostic waiting times and any necessary mitigating actions, through monthly PCMB meetings with the Trust.

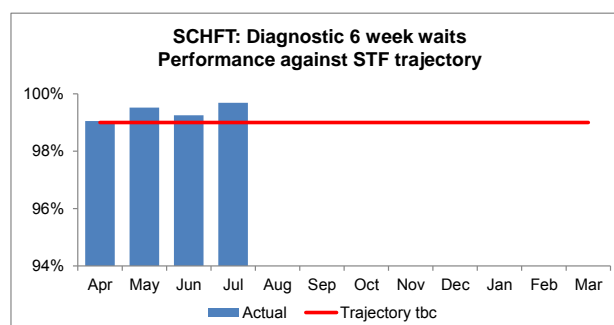
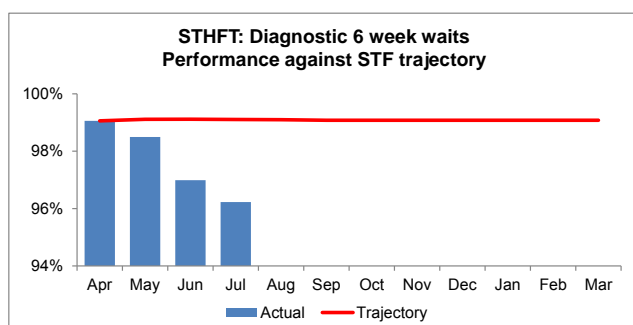
STF Improvement Trajectory

As part of the requirements to access STF, both STHFT and SCHFT have agreed an improvement trajectory for Diagnostic waiting times with the CCG, NHSI and NHSE.

Performance against these will be monitored by the CCG through the contract monitoring arrangements. The trajectories - and charts showing monthly provider progress against these - are shown below.

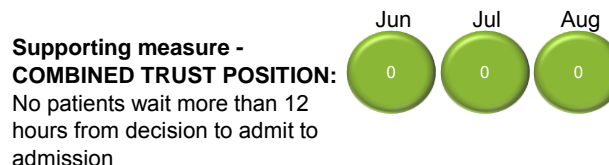
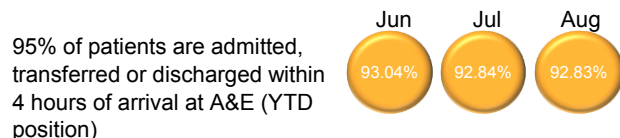
DIAGNOSTIC WAITS: 99% of patients wait 6 weeks or less from the date they were referred

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	Trajectory	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%
	Actual	99.1%	98.5%	97.0%	96.2%								
SCHFT	Trajectory tbc	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	Actual	99.0%	99.5%	99.3%	99.7%								



A&E waits

It is important that patients receive the care they need in a timely fashion and within 4 hours of their arrival at A&E. Patients who require admission need to be placed in a bed as soon as possible and those who are fit to go home need to be discharged safely and rapidly, but without their care being rushed.



Issues & Actions:

A&E 4hr waits: The nationally published A&E positions are available for August and are rated above for the CCG.

STHFT: National data indicates that performance at STHFT has improved for patients seen/treated within 4 hours for August to 91.89%, (from 90.99% in July), meaning that they are not yet meeting the national standard (95%), however they currently continue to meet the local Sustainability and Transformation Fund trajectory.

The CCG is working closely with STHFT to understand the factors which contribute to variability in A&E performance, which are both system wide and within the Trust. There have been several days with very good performance this quarter, mixed in with days where performance drops, particularly when there is a high number of very ill and complex patients, or multiple trauma cases.

SCHFT continue to meet the standard for 95% of patients to be seen / treated within 4 hours as at the end of August.

Action being taken: The Urgent Care portfolio continues to monitor performance on a daily basis. Regular discussions about performance are held with the Trust at Flow group meetings between operational leads from all system organisations on a Wednesday. Daily (weekday) Key Performance Indicators are provided to city-wide partners. The A&E Delivery Board has now transformed into the Urgent and Emergency Transformation Delivery Board. This new body serves a dual role of providing assurance on system performance as well as leading future transformation of the system.

An assurance framework has been developed and agreed with STHFT to gather information on service improvement and to assess progress towards eventual achievement of the national standard. Updates are provided to the CCG on a weekly basis and the framework will be used to support discussions with STHFT at the monthly Contract Monitoring Group.

Expected timeframe for improvement: The STF trajectory target for Q1 17/18 was achieved and although there has been a dip in performance at the start of Q2, current performance continues to be above the STF trajectory. There are still some days when performance is a challenge due to various factors and these are discussed with STH operational leads and via contract monitoring.

Action requested of Governing Body: To endorse the actions being taken and the continued monitoring of STHFT progress towards achievement of the A&E standard, via the Assurance Framework, and any necessary mitigating actions through PCMB.

A&E STF information overleaf

A&E waits - continued

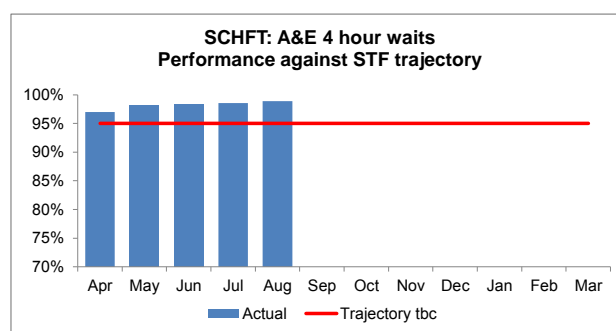
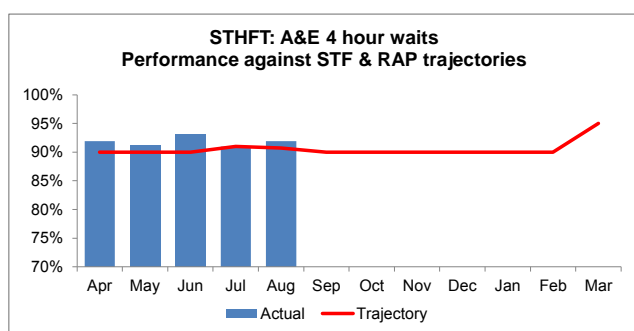
STF Improvement Trajectory

As part of the requirements to access STF, both STHFT and SCHFT have agreed an improvement trajectory for A&E 4hr waits with the CCG, NHSI and NHSE.

Performance against these will be monitored by the CCG through the contract monitoring arrangements. The trajectories - and charts showing monthly provider progress against these (along with the RAP trajectory agreed for STHFT) - are shown below.

A&E WAITS: 95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	Trajectory	90.0%	90.0%	90.0%	91.0%	90.7%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%
	Actual	91.9%	91.1%	93.1%	91.0%	91.9%							
SCHFT	Trajectory tbc	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
	Actual	97.0%	98.2%	98.3%	98.5%	98.9%							

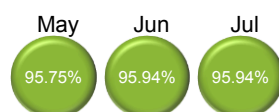


Cancer waits

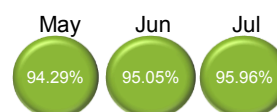
It is important for patients with cancer or its symptoms to be seen by the right person, with appropriate expertise, within two weeks. This is to ensure early diagnosis and so is central to improving outcomes. If diagnosed with cancer, patients need to receive treatment within clinically appropriate timeframes to help ensure the best possible outcomes.

From GP Referral to First Outpatient Appointment (YTD)

93% of patients have a max. 2 week (14 day) wait from referral with suspicion of cancer

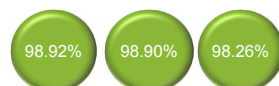


93% of patients have a max. 2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)

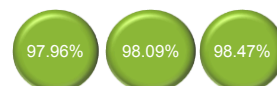


From Diagnosis to Treatment (YTD)

96% of patients have a max. 1 month (31 day) wait from diagnosis to first definitive treatment for all cancers



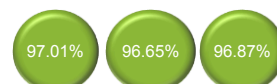
94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is surgery



98% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen

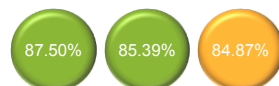


94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy



From Referral to First Treatment (YTD)

85% of patients have a max. 2 month (62 day) wait from urgent GP referral



90% of patients have a max. 2 month (62 day) wait from referral from an NHS screening service



Patients having a max. 2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient



NOTE: The Consultant Upgrade indicator on the left does not have a national target so, for indicative purposes, is rated against previous performance (i.e. whether worsening or improving).

Issues & Actions:

As shown above, the CCG met all but 2 of the cancer waiting times pledges for 2017/18 year to date (up to July). The exceptions are:

- The 62 day standard did not meet the target in July (83.33%) and the YTD figure also slipped below the target to 84.87% (target for this measure is 85%).
- The 62 day consultant upgrade standard, did not meet the target in month (72.73%), the YTD figure is 78.95% - whilst this measure does not have a national standard/target set, it did fall below our guide threshold of 85%. This measure has deteriorated since 80.0% in-month for June.

STHFT did not meet all pledges in July for Sheffield patients; 62 day standard is now at 83.05% in July (was 82.08% in June) and the 62 day consultant upgrade was at 80.0% for June, and is now down to 66.67% in July.

STHFT as a provider (all patients, wherever they are registered) did not meet three of the pledges in-month in July:

- The 31 day subsequent treatment (Radiotherapy) fell below the target to 92.44% (was 95.50% in June). Outpatient capacity in Radiotherapy needs to be carefully monitored going forward.
- The 62 day standard improved slightly to 75.84% (was 75.63% in June) and is still not yet at the national standard or the agreed 2017/18 STF Improvement Trajectory for this measure (see next page).
- The 62 day consultant upgrade standard deteriorated in-month to 66.67% (was 77.08% in June). As noted above however, there is no national standard/target for this measure. On analysis it was noted that this figure related to three patients, two of which were delayed due to patient choice.

Cancer waits actions and STF information overleaf

Cancer waits - continued

Action being taken: STHFT have implemented specific Executive Director led work stream for those cancer sites whose performance are currently challenged. There are a number of issues associated with outpatient capacity and administration that will be addressed with STHFT Cancer Medical Director.

Inter Provider Transfers (IPT) - STHFT have helpfully summarised the ongoing issues relating to the IPT policy. Clarity on the agreement and progression of a standard approach to patient referrals between organisations is urgently required. A continued discussion and lack of agreement are clearly not in patients' best interests and these are effectively placing individual organisational performance ahead of patients – the disparity between CCG population performance and the organisational performance in local providers is stark. Further work has been initiated within the Cancer Intelligence Group to pursue options on resolution of the non-agreement of IPT dates between DGHs and STHFT.

Sheffield are anticipating further difficulties and needs further support and direction from the Cancer Alliance to ensure that a robust and reasonable IPT is implemented as speedily as possible. It is not expected that a measurable changes in performance across the footprint will be seen until a system that places responsibility for performance in the same place as action can be taken to drive improvement is properly embedded. STHFT have put processes in place to implement the IPT Policy that was agreed at the Cancer Alliance Board, version 3.0, and will be reporting on this basis going forwards.

STH trajectory remains 85% for each quarter.

Expected timeframe for improvement: As per Trust STF improvement trajectory - see below. It is understood that monthly assessment of Cancer Performance is problematic due to the small numbers and can cause significant variation that rectifies itself on a quarterly basis. Performance did generally improve in April and, although there were some fluctuations in May, it is expected that all standards will be met for the full Quarter 1 (April to June) 2017/18 position.

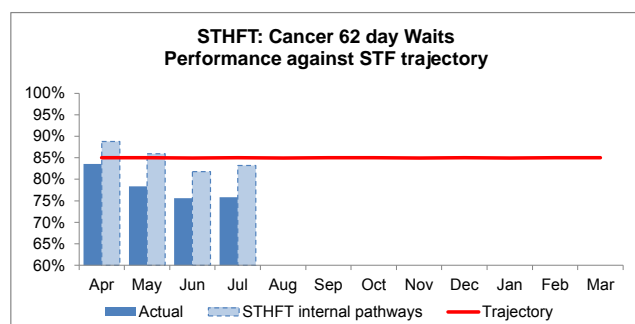
Action requested of Governing Body: To endorse the approach proposed by the Cancer Alliance to develop a common performance management framework for cancer waiting times across the region (aligned to the STF trajectory) whilst continuing to monitor progress against internal improvement plans and escalate to the PCMB as appropriate.

STF Improvement Trajectory

As part of the requirements to access STF, STHFT has agreed an improvement trajectory for Cancer 62 day waits with the CCG, NHSI and NHSE. (SCHFT trajectory not required.) Performance against these will be monitored by the CCG through the contract monitoring arrangements. The trajectories - and charts showing monthly provider progress against these - are shown below.

CANCER WAITS: 85% of patients have a max. 2 month (62 day) wait from urgent GP referral

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	Trajectory	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
	Actual	83.6%	78.3%	75.6%	75.8%								
For info: STHFT internal pathways		88.8%	85.9%	81.8%	83.2%								
SCHFT	Not applicable												



NOTE - from STHFT assumption accompanying their STF trajectory:

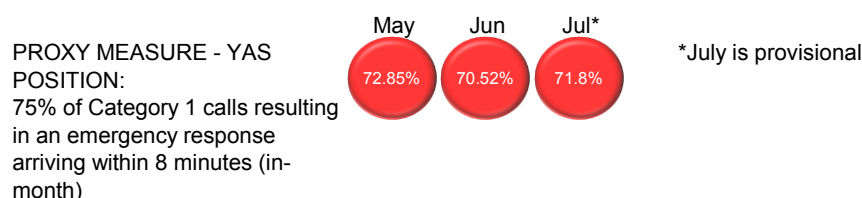
"The level of performance and trajectory are dependent upon satisfactory performance from surrounding DGHs (District General Hospitals) in referring patients in a timely manner and the regional enactment through the Cancer Alliance of a set of rules regarding patient referrals and the time points these should be on pathways. These will allow the full implementation across South Yorkshire of the new national arrangements for cancer pathway management."

Ambulance response times

Category A calls are for immediately life threatening conditions. RED 1 calls are the most time-critical and include cardiac arrest, patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction. RED 2 calls are serious but less immediately time-critical conditions such as stroke and fits.

As noted in 2016/17 reports, the transition by Yorkshire Ambulance Service (YAS) to reporting against the Ambulance Response Programme (ARP) has meant changes to coding of 999 calls and performance; it was therefore not possible to align to the 2016/17 national measures using this new YAS reporting and this is also currently the case for 2017/18.

Until further guidance is available around potential changes to the national measures, we are now monitoring the measure below that NHSE are using for ARP pilot sites - this itself has changed with the commencement of phase 2.2 of the programme. Please note that the definition of call types is different to that used previously - it is now defined as "Category 1 - Cardiac arrest or peri-arrest (Response standard within 8 minutes)".



Issues & Actions:

Ambulance response times: As noted previously, performance has suffered in recent months due to the increased demand for responses that require an ambulance, increased job cycle demand due to hospital handover (i.e. from arrival at hospital to ability to take next call) and other delays and also service reconfigurations. As noted overleaf, hospital turnaround times increased in May at STHFT and also across the YAS-wide footprint.

Action being taken: The below actions are still being actively used in support of improved performance:

- 1) Improving Hear and Treat rates by expanding the number of jobs in the clinical queue which in turn reduces the demands on ambulance staff.
- 2) Reducing vehicle ratio per incident by reviewing allocation procedures. This will free up ambulances for other jobs.
- 3) Improving allocation times will speed up the response and reduce the tail of performance. CAD development is ongoing to introduce auto allocation to improve allocation for high priority incidents.
- 4) Improving hours on the road by introducing new rotas and putting staff on the road at the right times of day to cope with demand.
- 5) Working with hospitals to improve turnaround which will free up more ambulance hours to respond to increasing demand.
- 6) Working with NHS England to review ARP pilot and implement agreed actions.
- 7) Options appraisal ongoing to review Nature of Call vs keyword to improve early red predict by 35%. This helps to get ambulances calls for the most critically ill to dispatchers quicker.

Performance is being closely monitored at the YAS 999 CMB hosted by NHS Wakefield CCG.

The Sheffield CCG Quality Team has undertaken a detailed analysis of Sheffield performance which was reported in the Quality & Outcomes Report: 2016/17 Summary Position and Overview (for 25th May Governing Body). YAS 999 have not met the Red 1 target of 75% in July: 71.8% or YTD (71.6%). Sheffield Red 1 for July 2017 achieved 73.1% with YTD achieving 71.6%. Furthermore, Green calls remain a challenge. This process is assured and managed through the Regional Contract Management Board. Further discussions are being undertaken with YAS, including via the Yorkshire & Humber 999/111 CMB meeting and the YAS Locality Director for SYB.

Expected timeframe for improvement: Progress is being monitored by the Urgent Care Team, Urgent and Emergency Care Transformation Delivery Board and at the Yorkshire & Humber 999/111 CMB meeting.

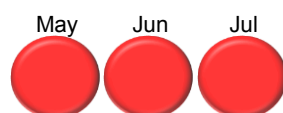
Action requested of Governing Body: None this month.

Ambulance handover times

PLEASE NOTE: Data for the supporting measures in this section is taken directly from YAS reports. As with the Response Times measures, RAG ratings are based on all hospitals across the YAS footprint, not just the two Sheffield acute trusts.

Supporting measure - YAS POSITION:

Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E



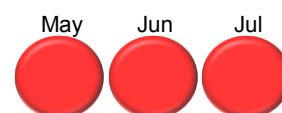
Supporting measure - YAS POSITION:

Crew Clear - reduction in the number of delays over 30 minutes from clinical handover of patients to A&E to vehicle being ready for next call



Supporting measure - YAS POSITION:

Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E (subset of measure to left)



Supporting measure - YAS POSITION:

Crew Clear - reduction in the number of delays over 1 hour from clinical handover of patients to A&E to vehicle being ready for next call (subset of measure to left)



Issues & Actions:

Ambulance Handover and Crew Clear delays: The number of ambulance handover delays increased in July and still remain above expected levels. The number of crew clear delays also increased; and still also remain above expected levels.

It is important to note that delayed handovers are occurring across the geographical area served by YAS, not just in Sheffield. However, at STHFT A&E, handover delays have increased; during July, there were 171 delayed handovers over 30 minutes (of which 3 were over 60 minutes) in comparison to June, when there were 119 over 30 minutes (of which 5 were over 60 minutes). July was another challenging month for the Sheffield urgent care system and handover performance is a product of the whole urgent care pathway performance.

PLEASE NOTE: There are sometimes good reasons why there is a 'delay' recorded for hospital handover, for example 'resus patients' who have special needs. Locally, hospitals can find that their data is skewed, depending on whether they are a specialist centre. It should be noted however that, where possible, any issues are dealt with on the day with acute trusts through normal routes.

Action being taken: The CCG Urgent Care portfolio continues to work with STHFT and YAS to address this issue. STH and YAS have provided assurances that best regional practice has been implemented with jointly agreed escalation measures in place.

Local data on delayed handovers at STHFT is used to complement the YAS level data (which covers all Trusts served by YAS) and supports monitoring of performance and any necessary mitigating actions through monthly CMG meetings with the Trust. Handover data is reported daily to the city-wide Chief Executive group.

Expected timeframe for improvement: Ambulance handover performance for STH improved in June before falling again in July. Ambulance handover continues to be monitored closely and is one of the key system triggers for escalation.

Action requested of Governing Body: To endorse the approach of monitoring ambulance handover performance and any necessary mitigating actions through monthly CMG meetings with the Trust.

Additional information: Delays as a proportion of total arrivals with a handover time

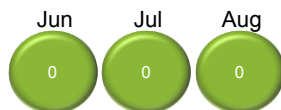
YAS	May	Jun	Jul	STHFT (Northern General)	May	Jun	Jul
Ambulance Handovers - delays over 30mins	6.94%	5.35%	5.98%	Ambulance Handovers - delays over 30mins	7.62%	4.59%	5.66%
Ambulance Handovers - delays over 1hr	0.93%	0.57%	0.79%	Ambulance Handovers - delays over 1hr	0.29%	0.19%	0.10%
Crew Clear - delays over 30mins	2.59%	2.52%	2.80%	Crew Clear - delays over 30mins	1.40%	1.39%	1.49%
Crew Clear - delays over 1hr	0.12%	0.10%	0.14%	Crew Clear - delays over 1hr	0.07%	0.04%	0.07%

Mixed Sex Accommodation (MSA) breaches

Being in mixed-sex hospital accommodation can be difficult for some patients for a variety of personal and cultural reasons. Therefore, MSA needs to be avoided, except where it is in the overall best interest of the patient or reflects their personal choice.

Supporting measure:

Zero instances of mixed sex accommodation which are not in the overall best interest of the patient



Cancelled Operations

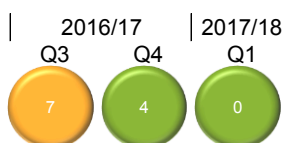
It is distressing for patients to have an operation cancelled at short notice. If an operation has to be cancelled at the last minute for reasons which are not clinical reasons, then patients should be offered another date within 28 days of the original date.

PLEASE NOTE: There is no published threshold for the first measure below. NHSE have however noted that success for a Provider (Trust) would be a reduction in the number of cancelled operations. The position reported below (as with the second measure) is based on the combined total reported positions for both STHFT and SCHFT, to give an indication of performance. A green rating will be based on a continuing reduction of cancelled operations from both

Supporting measure -

COMBINED TRUST POSITION:

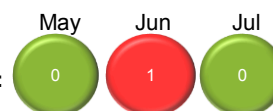
Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days



Supporting measure -

COMBINED TRUST POSITION:

No urgent operation to be cancelled for a 2nd time or more



Issues & Actions:

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days: During Quarter 1, there were no cancelled operations (where the patient was not subsequently offered another binding appointment for surgery within 28 days) reported by STHFT or SCHFT. This is a decrease from the 4 reported in Quarter 4.

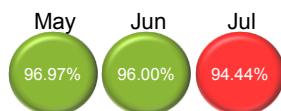
Urgent operation cancelled for a 2nd time or more: No cancellations occurred at STHFT or SCHFT during July.

Mental Health

When patients are discharged from psychiatric inpatient care, they should be followed up by Mental Health Services within 7 days, to ensure that they have appropriate care and support.

Supporting measure:

95% of people under adult mental illness specialties on CPA to be followed up within 7 days of discharge (YTD)



NOTE: CPA = Care Programme Approach. This is a particular way of assessing, planning and reviewing someone's mental health care needs.

Issues & Actions:

The scheduled monthly update of this position has not yet been provided by SHSCFT.

Mental Health measures

	Target	June	July
CPA 7 day follow up (YTD)	95%	96.00%	94.74%
Early Intervention in Psychosis (EIP) - % seen within 2wks	50%	50.00%	0.00%
Crisis Resolution / Home Treatment (YTD)	1202	419	534

	Target 17/18	April	May
% receiving Psychological Therapy (IAPT) (YTD) *	3.01%	1.38%	3.23%
% IAPT patients moving to recovery (YTD)	50%	50.67%	50.00%
% waiting 6wks or less, from referral, for IAPT	75%	91.36%	88.46%
% waiting 18wks or less, from referral, for IAPT	95%	100.00%	98.72%

* The CCG's 17/18 plan/ambition, as per 16/17, is to achieve 18.04% - each month should therefore see around 1.5%

EIP - % seen within 2 weeks: The target for EIP is 50% of people with first episode seen in 2 weeks, the performance for July was 0%. The service is not able to deliver against the expected NICE compliant standards, due to the number of (appropriate) referrals being 50% higher than the level that the service was designed for, based on nationally provided prevalence rates. Current caseloads of nearly all staff are between 28 - 31 people, the national recommendation is 15. The Medical Director and Deputy Medical Director have confirmed that the reason that the service achieved a 0% return specifically in July was based on clinical prioritisation of people with psychosis on existing caseloads who were presenting as a clinical risk requiring intervention. Of the 9 patients with a first episode of psychosis referred within the 2 week wait period, none were seen within the target time, due to these existing caseload demands. We are working with SHSC to develop an in year solution to this issue, and a case for investment is being presented to Governing Body for the medium to long term resolution of this performance and service gap.

Action being taken: Although performance against the 2 week wait continued to be met, we are currently developing an action plan to ensure that all individuals have access to a full portfolio of NICE compliant interventions. This is a key component of the NHS Operational Planning and Contracting Guidance 2017-19. This will require some degree of reconfiguration, although the details of this have not yet been finalised. This includes development of a business case and a request for investment.

Expected timeframe for improvement: A business case has been drafted and is under consideration. Further work will progress throughout September on the investment plan.

Action requested of Governing Body: Governing Body are asked to endorse the actions being taken and agree to accept further updates as required.

IAPT

* Nationally published data is now available for these measures and so has replaced the local data - provided directly from SHSCFT - that was being used until we could replicate these. Please note that, although this data is several months behind the locally available data, this is the most appropriate reporting, being the official data source quoted in national guidance.

The number of people who received psychological therapy and are moving to recovery: During the first 2 months of 2017/18, proportion of people moving to recovery achieved the target of 50%. However, there is another key target which relates to the proportion receiving of people potentially in need who are able to access psychological therapies. Our current target is to achieve around 1.5% per month in order to achieve 18.04% for the whole year. The figure for May (3.23%) is now better than our target, but will continue to be monitored through the next few months to ensure it is being consistently met.

Moving to recovery

Action being taken: Governing Body members will be aware that the recovery target has not been reached on a consistent basis. We continue to work closely with SHSC to ensure that they retain their focus on recovery rates, whilst maintaining caseloads which include people with more complex needs than the national average. Over the last quarter, the service has been developing new pathways for access and intervention for people with additional long term conditions and have been outreaching to BAME harder to reach communities. They have been in a period of recruitment for these new service pathways. There is a SRO identified to overview the IAPT service against our QIPP plan, which includes a focus on productivity and performance, to continue the dialogue on achieving national targets

Expected timeframe for improvement: An updated position will be presented to Governing Body until this measure is consistently achieving the national target of 50% (monthly as well as quarterly).

Action requested of Governing Body: Governing Body are therefore asked to continue to receive these updated position statements.

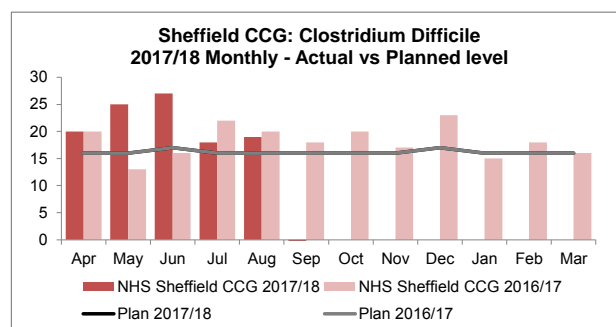
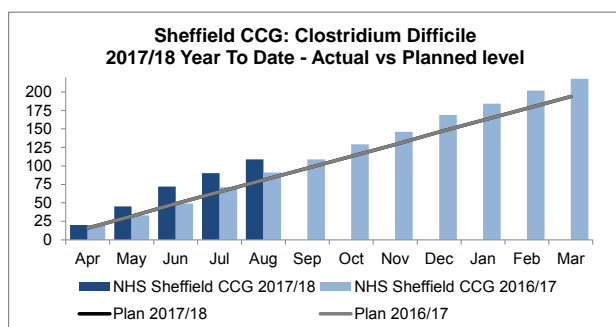
Treating and caring for people in a safe environment and protecting them from harm

Patient Safety - Health Care Acquired Infections (HCAIs)

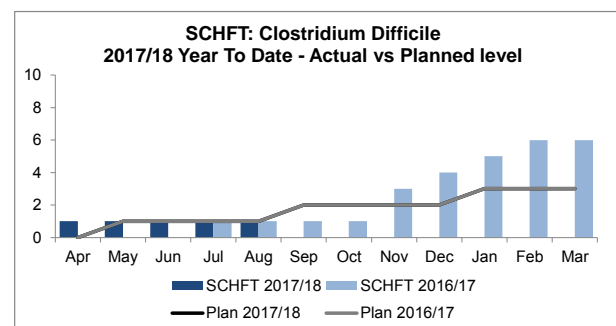
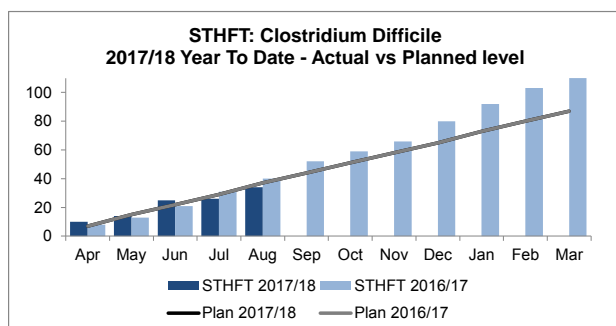
Preventing infections resulting from medical care or treatment in hospital (inpatient or outpatient), care homes, or the patient's own home.

This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2017/18 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Aug-17	0	0	0	19	8	0
Number of infections forecast for this month	0	0	0	16	8	0
Number of infections recorded so far in 2017/18	0	1	0	109	34	1
Number of infections forecast for this period	0	0	0	81	37	1



Note for all 4 charts: Monthly plans/phasing for 2017/18 is as per 2016/17, so only 1 plan line shows



Clostridium Difficile (C.Diff): The 2017/18 objectives for acute providers and CCGs are as per those for 2016/17. Therefore, the commitment is for Sheffield CCG to have no more than 194 reported C.Diff cases during the year. For STHFT and SCHFT, this commitment is 87 and 3 respectively.

PLEASE NOTE: Public Health England has changed the definition of prior healthcare interaction and the timeframe in order to better understand origin of cases. Therefore, cases are now logged as:

- Healthcare Onset - Healthcare Associated (HOHC) - acute trust cases
- Community Onset - Healthcare Associated (COHC) - patient has been admitted to the acute trust in the previous 4 weeks
- Community Onset - Indeterminate Association (COIA) - patient has been admitted to the acute trust in the previous 12 weeks but not the most recent 4 weeks
- Community Onset - Community Associated (COCA) - no recent hospital admission within the last 12 weeks

Of the 19 cases reported in August (1 more than in July) for Sheffield CCG:

- 6 were STHFT
- 4 were COHC
- 2 were COIA
- 7 were COCA

There have been 8 cases in August (6 Sheffield CCG residents as above and 2 other CCGs) which is an increase of 7 cases from July. 6 cases occurred on a ward with no recent cases and 2 of the cases occurred on wards with other recent cases. Samples have been sent for typing and audits are underway.

continued overleaf

Treating and caring for people in a safe environment and protecting them from harm - continued

Meticillin-Resistant Staphylococcus Aureus (MRSA): No cases were reported as assigned to the CCG in August.

NOTE: Although 1 case has been attributed to the CCG (i.e. the patient was a Sheffield resident) so far in 2017/18, in April, this case has not formally been assigned to the CCG - this was to STHFT. Assignment of a case following a Post Infection Review is the important factor because the organisation that has been assigned the case takes responsibility for it and any shared learning that is identified.

STHFT - No cases were reported in August and so there is 1 case reported in 2017/18 to date.

SCHFT - No cases were reported in August and therefore, in 2017/18 to date, no cases have been assigned to the Trust.

Meticillin-Susceptible Staphylococcus Aureus (MSSA): Although there is no national target set for MSSA Bacteraemia, mandatory data has been collected by PHE on a monthly basis since January 2011. As with last year, STHFT has an annual internal target of 42 cases or less.

There were 7 cases in August, so the total to the end of September is 33, this is against an STHFT internal target of 42.

2017-19 Commissioning for Quality and Innovation (CQUIN) scheme

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals. The CQUIN scheme is available to any provider of healthcare services commissioned under an NHS Standard Contract. The scheme is intended to deliver clinical quality improvements and drive transformational change, and impact on reducing inequalities in access to services, the experiences of using them and the outcomes achieved.

The new indicators have now been agreed with providers and are within the contracts. The scheme that started in April is for two years and some indicators require providers to submit to a national data base via the Unify 2 website; the CCG are able to access this data direct.

Regulations

Care Quality Commission (CQC) Regulatory Reviews: There have been no regulatory visits or reports to our main providers this month.

Treating and caring for people in a safe environment and protecting them from harm - continued

Serious Incidents

The table below provides an update on new Serious Incidents (SIs) in August 2017.

Key Issues: Increasing numbers of SIs ongoing relating to high numbers of new incidents reported in recent times. Some of this reflects improved ability to report community patient deaths, many of which are subsequently not judged to meet SI criteria.

Serious Incident Position for August 2017			
Organisation	Number of SIs Opened August	Number of SIs Closed / De-logged August	Total Ongoing
SCHFT	1	3	10
SHSCFT	5	0	37
STHFT	3	4	26
Independent Providers	0	0	1
YAS	0	0	3
SCCG (not including Safeguarding)	0	0	0
SCCG Safeguarding Children	0	0	0
SCCG Safeguarding Adults	0	0	0
Total SIs	9	7	77

A quarterly narrative report on Serious Incidents is provided separately to the Governing Body.

Ensuring that people have a positive experience of care

It is important that patients experience good care in all services whether at their GP Practice, via out-of-hours services, in hospital or in the community.

This section is concerned with experience of care across health services, including eliminating mixed sex accommodation (if anything of detail to add to the NHS Constitution - Rights & Pledges section of this report (page 13) - collection published monthly) and GP In-hours/Out-of-hours services . The annual patient survey on GP services was published in July and reported to the Governing Body last month.

For the CCG Governing Body meetings held in public (which occur in alternate months) this section will also include a focus on patient experience (including FFT published results) at one of the three Sheffield Trusts: STHFT, SCHFT or SHSCFT - these will be on rotation. SHTFT's update will provided in next month's report.