

Quality and Outcomes Report: Position Statement

Governing Body meeting

7 September 2017

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Purpose of Paper	
To update Governing Body on key performance, quality, safeguarding and outcomes measures.	
Key Issues	
<ul style="list-style-type: none"> • New Ambulance Quality and Performance standards: Yorkshire Ambulance Services took part in a two year pilot of new standards (the Ambulance Response Programme), which aimed to shift the focus from time-based targets to an emphasis on patients' clinical need. This pilot was the largest ever ambulance clinical trial in the world, and was evaluated by the University of Sheffield. <p>The outcomes from the pilot have now been incorporated into new national standards which will improve quality and safety and enable more appropriate, targeted responses to emergencies. The key changes will include:</p> <ul style="list-style-type: none"> - More appropriate care; so that the focus is on the right response, not just hitting a timed "arrival at scene" target. This will mean more appropriate and timely care for those patients who need a response at scene and transport to hospital. - Ambulances will now be expected to reach the most seriously ill patients in an average time of seven minutes. The 'clock' will only stop when the most appropriate response arrives on scene, rather than the first. - An end to the "hidden waits" experienced by some patients in the past, who could still be waiting for the right response even after a first responder had arrived. - There will be mandatory response times for all patients who call 999. Currently, patients whose call has been classed as "green" can wait six hours or more. These calls, which are around half of all ambulance calls, were not previously covered by a national target. Many of the patients waiting for these long periods were frail and elderly; they will now receive a faster response. - The new standards will reduce the instance of multiple vehicles to the same incident, freeing up vehicles and crews to attend other incidents. - The NHS will be working towards new standards for people experiencing heart attacks and strokes. By 2022, 90% of eligible patients will receive their definitive treatment in hospital (balloon inflation during angioplasty for heart attacks, and thrombolysis for those who need it, and CT scan for all other patients) within defined 	

time standards, with significant potential to save lives and prevent serious disability.

Detailed technical guidance has now been issued regulating the various components of the standards. Implementation will be rolled out on a phased basis in the autumn and winter, and will be supported by changes in the national ambulance contract.

- **A&E 4hr Waits:** The proportion of Sheffield CCG's patients admitted, transferred or discharged within 4hrs of arrival at A&E, although generally improving, remains below the national standard for 2017/18 so far (June/July local data proxy). Performance is however meeting the locally agreed trajectory for improvement. An Assurance Framework is in place to support monitoring through the contractual process.
- **Ambulance Handover Times:** The number of delays over 30 minutes in clinical handover of patients to A&E continues to be above expected levels, however the position in June was a marked improvement on May's performance.
- **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 June. Capacity issues in echocardiography at STH are contributing to this. The CCG is briefed on the Trust's action plan to address this and will monitor its implementation. The plan includes looking to other nearby NHS providers to temporarily use their capacity
- **CCG Improvement Assessment Framework:** The national CCG ratings for 2016/17 were published in July and Sheffield was assessed as "Good"; an improvement on the previous year's rating of "Requires Improvement".
- **Improving Access to Psychological Therapy:** The latest validated data (from April 2017) shows that the 50% recovery target was met in that month. This relates to the proportion of Sheffield CCG's IAPT patients moving to recovery from their mental health condition, upon completing their course of treatment. Performance against this target has been variable and we will continue to monitor and report on achievement.
- **Healthcare acquired infections:** There have been no cases of MRSA attributable to the CCG so far in year, and just one case reported at STH NHSFT. Clostridium Difficile infections are above plan; antimicrobial stewardship remains a key priority for the CCG and was the main subject for July's clinical education session for general practice staff.
- **Review of the Quality and Outcomes Report:** Work is under way to review the content, style and layout of this report with a view to achieving greater clarity and impact, and to streamline its production. The production team are working towards providing a report in its new format for Governing Body in November 2017. Dr Terry Hudson, Governing Body member, is involved in this work which also involves CCG colleagues from Quality, Public Health, Information and Performance Assurance.

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>
Have you involved patients, carers and the public in the preparation of the report?
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 September 2017 meeting
of the Governing Body

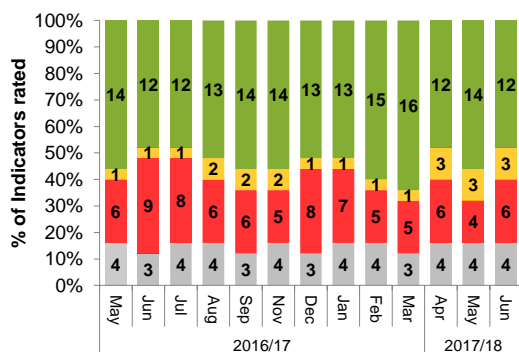
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Highest Quality Health Care - NHS Constitution - Rights & Pledges

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 5 - 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 June.
- **Cancer waiting times** - the national standards continue to be met overall for Sheffield patients as at the end of June, with the exception of the 62 day Consultant Upgrade.
- **Improving Access to Psychological Therapies (IAPT) access** - the 2017/18 plan/ambition for this measure was exceeded (April 2017 - latest available national data).
- **IAPT waiting times** - the latest available national data (April) 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 continues to be met overall for Sheffield patients as at the end of June.

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 June 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 June 2017, for the first time since September 2016, 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 June.	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.	6
A&E waits			
95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	STHFT national data for July indicates that the Trust are not yet meeting the 2017/18 standard; they are however meeting the agreed STF Improvement Trajectory for this measure. At the time of writing (16th August) the 2017/18 year to date performance shows 91.87% of patients were seen/treated within 4hrs.	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.	7-8

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 June 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, whilst continuing to monitor progress against internal improvement plans and escalate to the PCMB as appropriate.	9-10
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.	11
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 decreased in June for both those over 30 minutes and those over 1 hour and but still both remain above expected levels. (The reported position at STHFT level also improved but is still above expected levels.)	To endorse the approach of monitoring ambulance handover performance and any necessary mitigating actions through monthly Contract Monitoring Group (CMG) meetings with the Trust.	12
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	As noted last month, although the standard has been met since July 2016 (to the most recent month's data, for June 2017) 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 (the development of an action plan to ensure that all individuals have access to a full portfolio of NICE compliant interventions) and agree to accept further updates as required.	14
% IAPT patients moving to recovery (YTD)	The recovery rate is generally improving month on month and the CCG recovery rate returned to 50% or above from December 2016 to April 2017 (although March 2017 dipped just below).	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).	14

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 July, the year-to-date (YTD) position is that 90 cases attributable to the CCG have been reported, compared to a forecast for this point in the year of 65. STHT have reported 26, compared to a forecast for this point in the year of 29. 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 STHT 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 STHT, 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

CCG Assurance - NHS England Assessment

CCG Improvement Assessment Framework (IAF) for 2016/17

The national IAF ratings were published in July. NHS Sheffield CCG was assessed as "Good", based on our delivery in the year (April 2016 to March 2017). There are four ratings: "Outstanding"; "Good" "Requires Improvement" or "Inadequate".

Our "Good" rating demonstrates significant progress compared to our rating for the previous year, which was "Requires Improvement". Our IAF rating of "Good" is made up of the following elements:

- Performance and outcome measures on a "Summary Dashboard" (50% of the score) comprising 56 indicators addressing: Better Health, Better Care, Sustainability and Well Led organisation.
- Quality of leadership - 25% of overall score
- Financial management - 25% of overall score.

The CCG was assessed as being in the top 25% of performers for a number of indicators, including:

- People newly diagnosed with diabetes attending education to help them manage their condition
- Take up of Personal Health Budgets
- Investing in those services where data shows we could improve outcomes through increased expenditure
- Reducing expenditure in areas where data shows we could make savings and still improve outcomes
- Probity and Corporate Governance – ranked number one out of 209 CCGs and regarded as "fully compliant"
- Quality of leadership
- Quality of care in our acute providers – as measured by the CQC
- Patients' experience of cancer care
- Extended access offer in primary care – number of practices offering the full provision of extended access
- Patients waiting 18 weeks or less from referral to hospital treatment

The areas where we were assessed as in "most need of improvement" were issues which are well known to us and already the focus of our work: A&E waiting times and rate of recovery for people accessing psychological therapies (IAPT). Our performance on both of these standards has improved since the IAF assessment period last year, whilst remaining under close scrutiny, and will continue to be addressed in this report.

Alongside this, we have also been notified separately of our performance on three of the six Clinical Priority Areas:

- **Dementia:** "Outstanding". A key factor in this score is that our practices do well at "case finding" - the number of diagnoses in primary care as compared to the expected prevalence of the disease from public health studies.
- **Cancer:** "Good".
- **Mental health:** "Requires improvement", which relates to recovery rate for IAPT and waiting times for early intervention in psychosis (performance in both of these has improved since the IAF assessment period).

The CCG will be notified of our ratings on the remaining three Clinical Priority Areas (Maternity, Diabetes and Learning Disabilities) later in the year and Governing Body will be briefed on these when they are available.

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.

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 full results.

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: July RTT data was not available prior to production of this month's report and so the performance position - and RAG rating - is as at June. 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 June, 1 patient has been recorded as waiting over 52 weeks at SCHFT. This patient was found through validation of month end files. Patient was needed to be booked into a Dermatology minor operation list after a previous DNA but the appointment but was booked into the wrong clinic. The patient has now been treated.

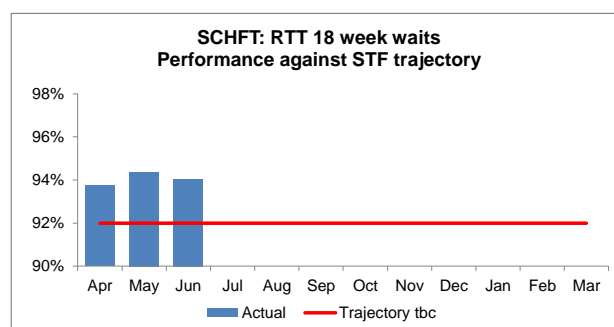
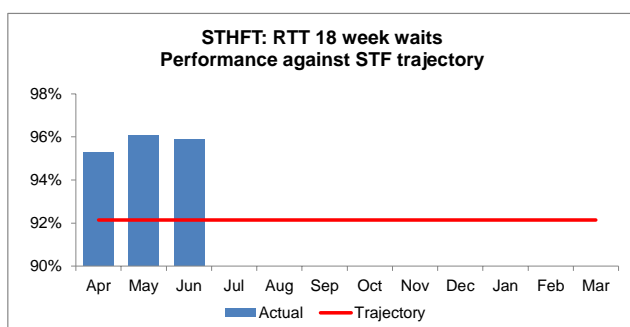
Sustainability and Transformation Fund (STF) Improvement Trajectory

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.

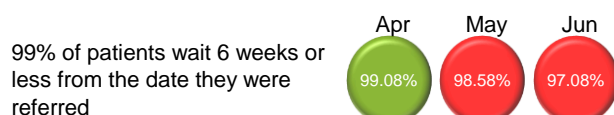
RTT WAITS: 92% of all patients wait less than 18 weeks for treatment to start (Incomplete waits)

		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%									
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%									



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.



Issues & Actions:

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

This is the second month the CCG has not achieved this standard since September 2016; this is also the case for Sheffield CCG patients seen at STHFT and SCHFT 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 speciality. 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.

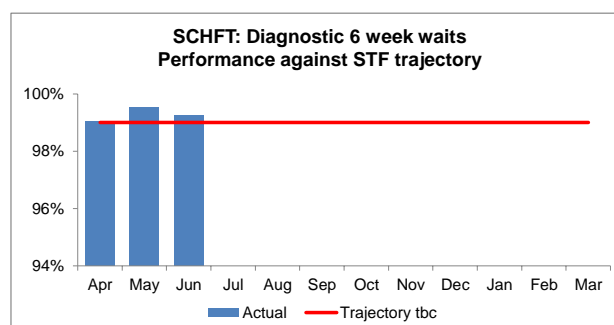
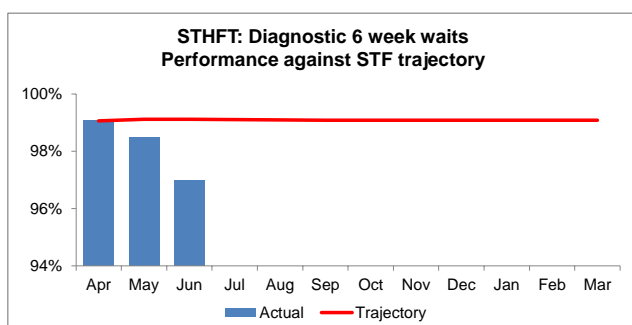
STF Improvement Trajectory

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.

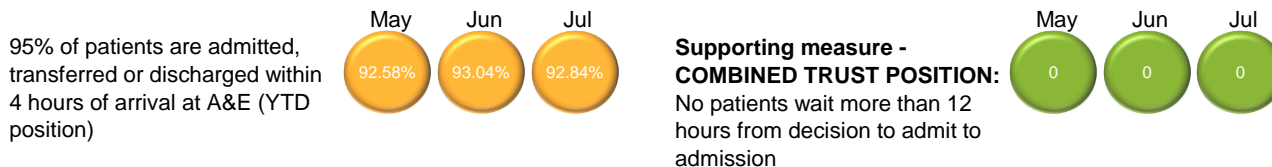
DIAGNOSTIC WAITS: 99% of patients wait 6 weeks or less from the date they were referred

		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%									
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%									



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 June (and following changes to reporting timetable, July is now also available) and are rated above for the CCG.

STHFT: National data is now available for June and July which indicates that performance at STHFT has improved for patients seen/treated within 4 hours for June (93.13%) but deteriorated again in July (90.99%) 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.

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

Action being taken: The Urgent Care portfolio continues to monitor performance on a daily basis. Regular discussions about performance are held with the Trust on a Monday and 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 Elective 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.

The contract performance notice remains in place with a remedial action plan (RAP) which the Trust is using to address a number of key areas including recruitment, inter site transfers and roll out of best practice across the hospital. In the meantime 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. It 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 is still above the STF trajectory. There are still some days when performance is a challenge but recovery is quicker due to the significant improvement in system flow.

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

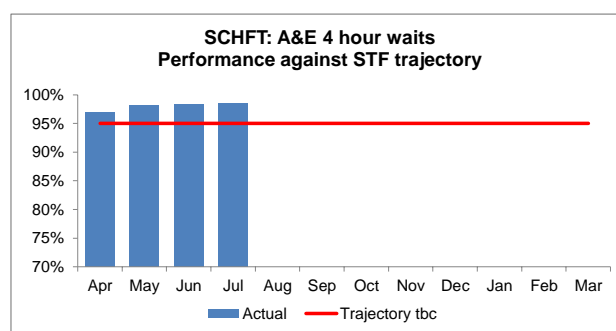
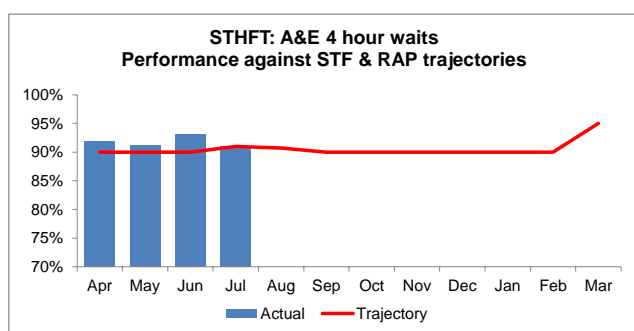
STF Improvement Trajectory

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

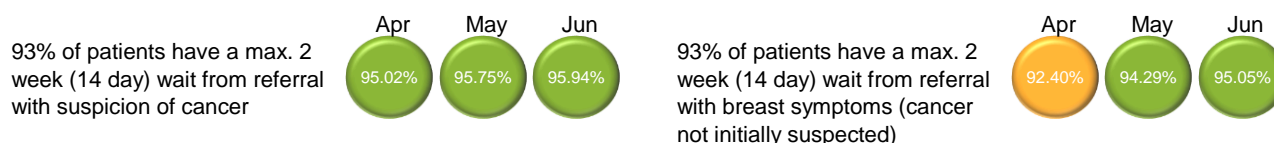
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	Trajectory	90.0%	90.0%	90.0%	91.0%	90.7%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%
	Actual	91.9%	91.1%	93.1%	91.0%								
SCHFT	Trajectory tbc	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
	Actual	97.0%	98.2%	98.3%	98.5%								



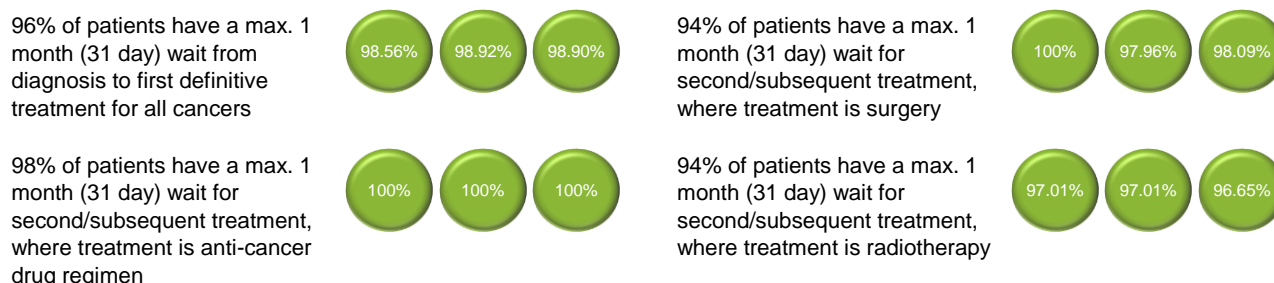
Cancer waits

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.

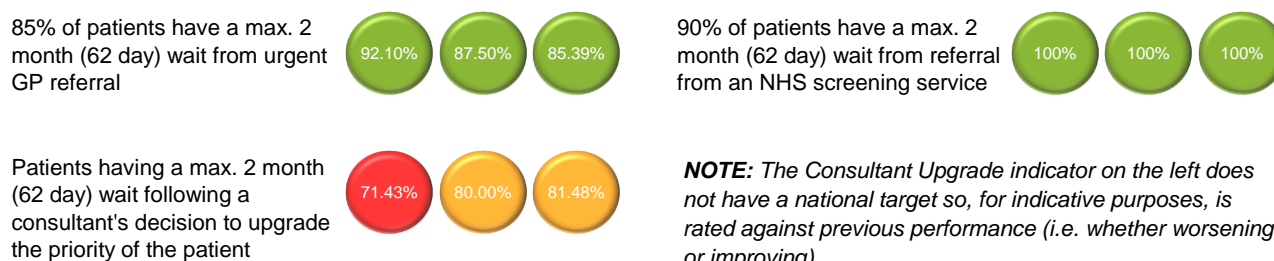
From GP Referral to First Outpatient Appointment (YTD)



From Diagnosis to Treatment (YTD)



From Referral to First Treatment (YTD)



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 the cancer waiting times pledges for 2016/17 (March year-to-date (YTD) figure). For new year to date figures, starting in April, all but one pledge is being met. The exception is:

- The 62 day consultant upgrade standard, did not meet the target in month (80.0%), the YTD figure is 81.48% - whilst this measure does not have a national standard/target set, it did fall below our guide threshold of 85%. This measure has improved since 71.43% in-month for April.

STHFT did not meet all pledges in June for Sheffield patients; 62 day standard has deteriorated and is now at 82.08% in June (down from 85.22% in May) and the 62 day consultant upgrade was at 85.71% for May, and is now down to 80.0% in June.

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

- The 62 day standard worsened to 75.63% (was 78.35% in May) 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 improved in-month to 77.08% (was 70.83% in May). As noted above however, there is no national standard/target for this measure.

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.

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.

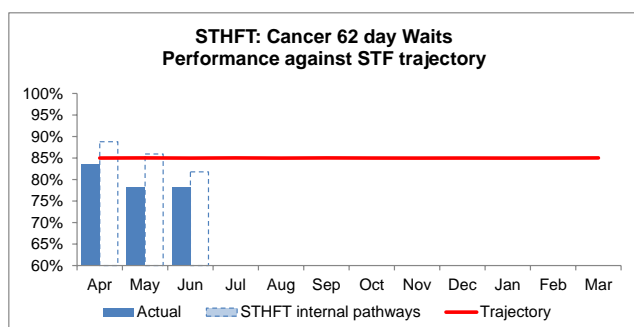
Action requested of Governing Body: To endorse the approach proposed by the Cancer Alliance to develop a common performance management framework for cancer waiting times across the region (aligned to the STF trajectory) whilst continuing to monitor progress against internal improvement plans and escalate 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%	78.3%									
	For info: STHFT internal pathways	88.8%	85.9%	81.8%									
SCHFT	Not applicable												



NOTE - from STHFT assumption accompanying their STF trajectory:

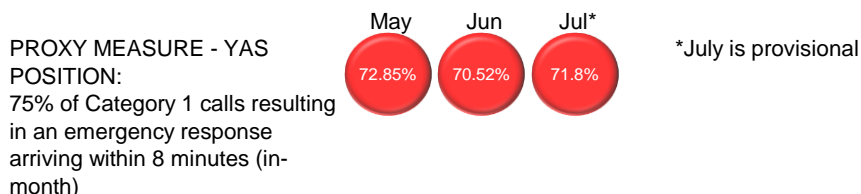
"The level of performance and trajectory are dependent upon satisfactory performance from surrounding DGHs (District General Hospitals) in referring patients in a timely manner and the regional enactment through the Cancer Alliance of a set of rules regarding patient referrals and the time points these 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 have 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 Q1 (June 70.5%) or YTD (71.5%). Sheffield Red 1 for June 2017 achieved 68.3% with YTD achieving 71%. 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.

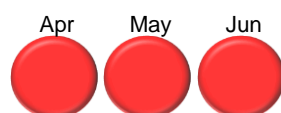
Action requested of Governing Body: None this month.

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



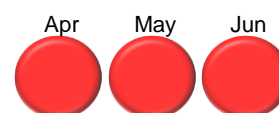
Supporting measure - YAS POSITION:

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 decreased in June but still remain above expected levels. The number of crew clear delays also decreased; but 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 decreased; during June, there were 119 delayed handovers over 30 minutes (of which 5 were over 60 minutes) in comparison to May, when there were 212 over 30 minutes (of which 8 were over 60 minutes). June 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. Performance is reviewed daily by the Urgent Care team and is discussed regularly with partners. Best regional practice has been implemented and jointly agreed escalation measures are 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 and will continue to be monitored closely. Ambulance handovers will form a key part of winter planning and handover processes/performance are currently under review as part of this.

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

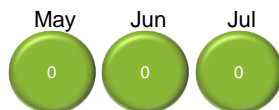
YAS	Apr	May	Jun	STHFT (Northern General)	Apr	May	Jun
Ambulance Handovers - delays over 30mins	5.60%	6.94%	5.35%	Ambulance Handovers - delays over 30mins	4.82%	7.62%	4.59%
Ambulance Handovers - delays over 1hr	0.79%	0.93%	0.57%	Ambulance Handovers - delays over 1hr	0.06%	0.29%	0.19%
Crew Clear - delays over 30mins	2.41%	2.59%	2.52%	Crew Clear - delays over 30mins	1.05%	1.40%	1.39%
Crew Clear - delays over 1hr	0.10%	0.12%	0.10%	Crew Clear - delays over 1hr	0.03%	0.07%	0.04%

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

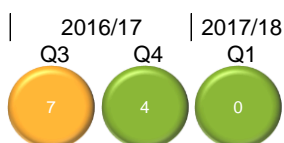
It is distressing for patients to have an operation cancelled at short notice. If an operation has to be cancelled at the last minute for reasons which are not clinical reasons, then patients should be offered another date within 28 days of the original date.

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 3, 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.

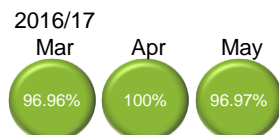
Urgent operation cancelled for a 2nd time or more: Both cancellations for this patient were due to lack of time. On both occasions the patient was starved in preparation for surgery which was not carried out due to more clinically urgent cases being put early on the list. The notes record apologies were given to the patient and explanations made at the time.

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.

Highest Quality Health Care - Mental Health

Mental Health measures

	Target	May	June
CPA 7 day follow up (YTD)	95%	96.97%	Not yet received
Early Intervention in Psychosis (EIP) - % seen within 2wks	50%	53.33%	50.00%
Crisis Resolution / Home Treatment (YTD)	1202	271	Not yet received

	Target 17/18	March 16/17	April 17/18
% receiving Psychological Therapy (IAPT) (YTD) *	1.50%	19.48%	1.38%
% IAPT patients moving to recovery (YTD) *	50%	48.96%	50.67%
% waiting 6wks or less, from referral, for IAPT *	75%	90.36%	91.36%
% waiting 18wks or less, from referral, for IAPT *	95%	98.80%	100.00%

** 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: As noted previously, Governing Body will be aware that, although this measure remains above the standard, this does have a qualitative element to it, whereby individuals referred to the service should be treated with a NICE-approved care package. We know that this is not the case for all individuals and we are therefore working with our providers to ensure every individual, based on their presenting needs, has access to the right intervention.

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: The proportion of people moving to recovery during 2016/17, whilst not quite achieving the target of 50%, did achieve 50.67% during the first month of 2017/18. 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 April (1.38%) was slightly under this, so will continue to be monitored through the next few months until 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

The CCG continues to work with SHSCFT to identify mitigating actions, including the link between waiting time for subsequent appointments and recovery. The CCG continues to explore with SHSCFT the possibility of pooling step 3 resources at a neighbourhood level due to capacity issues which may be impacting on recovery rate performance. The CCG is also working together with SHSCFT and NHSE to develop the integrated IAPT trial, which will involve embedding an IAPT service in musculo-skeletal services and providing IAPT as an option in social prescribing.

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.

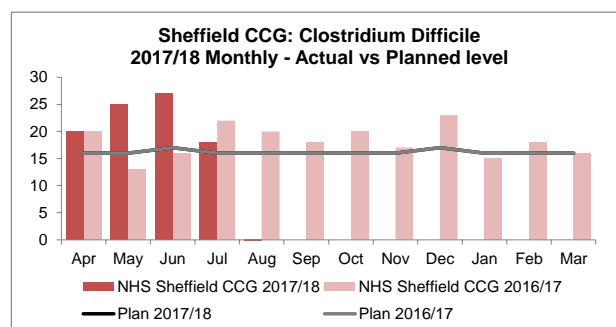
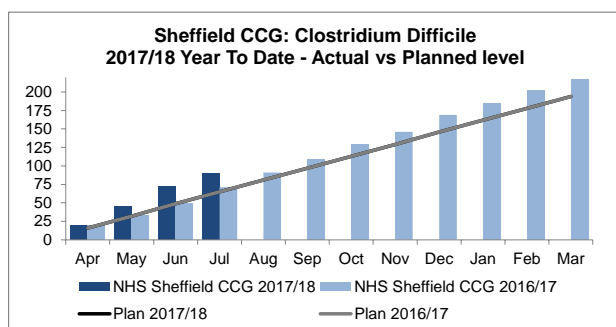
Treating and caring for people in a safe environment and protecting them from harm

Patient Safety - Health Care Acquired Infections (HCAIs)

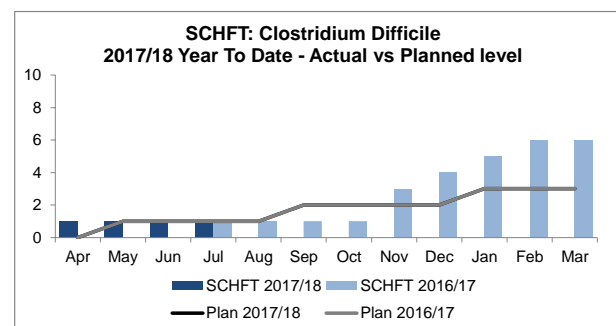
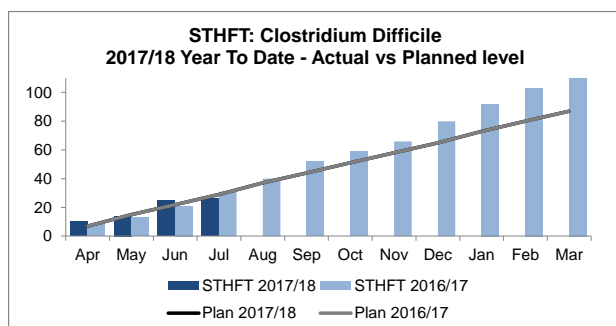
Preventing infections resulting from medical care or treatment in hospital (inpatient or outpatient), care homes, or the patient's own home.

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 Jul-17	0	0	0	18	1	0
Number of infections forecast for this month	0	0	0	16	7	0
Number of infections recorded so far in 2017/18	0	1	0	90	26	1
Number of infections forecast for this period	0	0	0	65	29	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 18 cases reported in July (9 less than in June) for Sheffield CCG:

- 1 was STHFT
- 7 were COHC
- 5 were COIA
- 5 were COCA

The 1 case reported at STHFT, occurred on a ward with no recent cases. No cases were reported at SCHFT in July.

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 July.

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 July and so there is 1 case reported in 2017/18 to date.

SCHFT - No cases were reported in June 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.

2 cases were reported in July and so, year to date, there are currently 26 cases. STHFT continue to pursue the universal decolonisation project and are looking at funding for piloting; this is being discussed at regular meetings.

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: Aspen - Claremont Hospital was inspected by the CQC in February; the service scored 'Outstanding' overall.

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 July 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 July 2017			
Organisation	Number of SIs Opened July	Number of SIs Closed / De-logged July	Total Ongoing
SCHFT	0	2	12
SHSCFT	0	5	32
STHFT	2	4	27
Independent Providers	0	0	1
YAS	0	1	3
SCCG (not including Safeguarding)	0	0	0
SCCG Safeguarding Children	0	0	0
SCCG Safeguarding Adults	0	0	0
Total Serious Incidents	2	12	83

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

Safeguarding

1. Introduction

This paper provides an updated position on the current safeguarding activity within SCCG which is monitored via the SCCG's Commissioning Safeguarding Children's Group (CSCG) and Commissioning Safeguarding Adults Group (CSAG). These groups have the remit to monitor all aspects of safeguarding children and adult's activity, and on-going activity against the organisations Serious Case Review (SCR) action plans.

2. Joint Safeguarding Adults and Children activity

NHS England (NHS E) Yorkshire and Humber Regional Safeguarding Forum. Most of the work undertaken is through the local South Yorkshire & Bassetlaw Network
Activity being undertaken includes:

2.1 Current re-design of the structure of the regional and local area meetings of network members to facilitate localised work streams

2.2 Care Quality Commission (CQC) Children Looked after and Safeguarding (CLAS) Inspection.

Sheffield was inspected week commencing 26th October 2015 and the final report was published on 31st December 2015. Action plans were submitted from all three Provider Trusts and the CCG. These are being monitored through Trust safeguarding meetings and supervision and are now nearing completion. CQC have not requested any updates.

2.3 Joint Targeted Area Inspections Safeguarding Children (Ofsted/CQC/Her Majesty's Inspectorate of Constabulary (HMIC))
The CCG and Providers are working together with the Local Authority to prepare for the new inspection regime. The theme for any inspections held between May 2017 and December 2017 is neglect with a focus on neglect in older children and young people. Monthly preparation meetings are now being held.

3. Policies

A safeguarding supervision policy for CCG staff has now been completed and is awaiting ratification.

The CCG's Managing Allegations Against Staff policy is in the process of being updated.

4. GP training and assurance

Throughout the year monthly locality based training sessions are being delivered for both safeguarding adults and children. In order to gain greater assurance that GP Practices meet the CCG safeguarding standards an annual assurance declaration was included in the 2017 - 2018 contracts. No returns have yet been received.

A Safeguarding Adult education event (protected learning or "PLI" session) for GP's and a general safeguarding Practice Nurse PLI are scheduled for 8 November 2017.

5. Provider Trust Contracting and Assurance

Annual assurance declarations have been submitted by the three main Provider NHS Trusts. Action plans to address any areas not rated as fully compliant are in development and progress will be monitored by the CCG.

Safeguarding Adults

6. Summary of Sheffield Adult's Cases

There are currently no outstanding cases or action plans.

7. Information Sharing

Information sharing arrangements within the CCG have been reviewed to ensure all necessary staff all have the same up to date information on current concerns and cases we are involved in and how this information is then reported upon and consideration given to themes and trends.

We are also working closely with SCC colleagues to appropriately share information between the two organisations.

Mental Capacity Act (MCA)

8. Supporting Care Homes meet their MCA duties

The CCG's MCA team are working closely with care homes to provide support and where required training, on care planning to ensure care plans are compliant with the MCA.

Safeguarding Children

9. Summary of Sheffield Children's Cases

SCCG has had involvement either as a corporate body or previous contractor of General Practice and action plans are on-going or are pending in four open cases, one of which is being held jointly with a neighbouring local authority. All cases are being closely monitored and the CCG has received regular assurance from providers through 1:1 meetings, supervision and attendance

Domestic Abuse and Domestic Homicide Reviews

10. Domestic Homicide Reviews (DHRs)

SCCG has had involvement either as a corporate body or previous contractor of General Practice and action plans remain on-going or are pending in two open cases. All cases are being closely monitored and the CCG has received regular assurance from providers through 1:1 meetings and attendance at Trust safeguarding meetings that their action plan status and progress of implementation of recommendations is on target.

Action plans from all DHRs are also monitored by the Sheffield First Safer and Sustainable Communities Partnership Board and published DHR reports can be found on their website.

11. Domestic Abuse Routine Enquiry by GP's

The CCG is recruiting GP practices to a pilot to undertake 'Routine Enquiry' in respect of Domestic Abuse.

Prevent

12. Provider Assurance

All of our three main acute provider trusts continue to submit their quarterly Prevent return to the CCG that they have to submit to NHS England. This details numbers of staff trained and number of Prevent referrals made in the last quarter.

Female Genital Mutilation

13. NHS Digital Data

The annual prevalence data for England has just been published by NHS Digital. This showed that Sheffield was eighth in the table of newly recorded cases, up one place from last year but actually only five more new cases. In total recorded cases (new and previously recorded combined) Sheffield remained in tenth position. As training continues it is expected that greater enquiry and recognition may result in a further increase in newly recorded cases so this does not mean that prevalence is increasing.

14. Action for Governing Body / Recommendations

The Governing Body is asked to: endorse the above report

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 (was a bi-annual update although, as of July 2016, this is being collected in a single wave, with results being published each July).

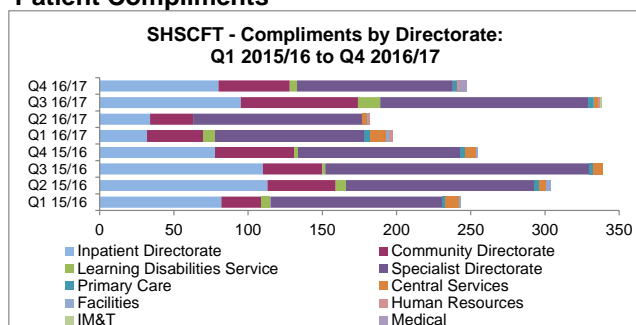
For the CCG Governing Body meetings held in public (which occur in alternate months) this section will also include a focus on patient experience (including FFT published results) at one of the three Sheffield Trusts: STHFT, SCHFT or SHSCFT - these will be on rotation. SHSCFT's update is provided in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

continued overleaf

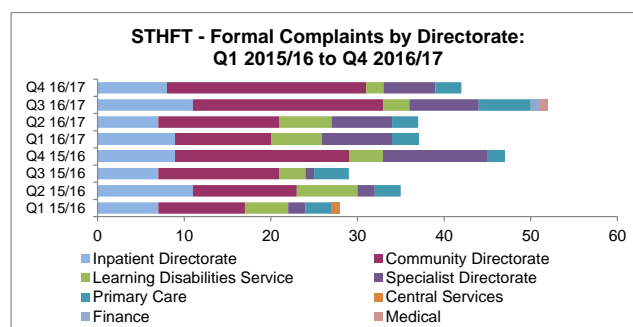
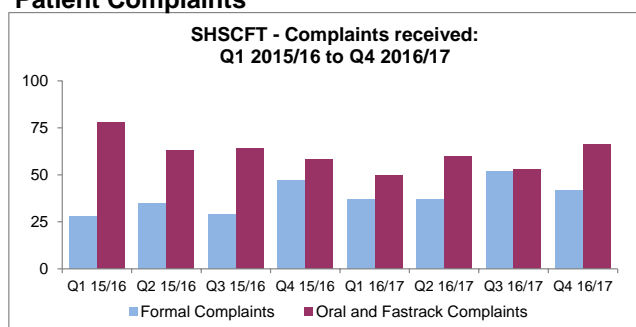
Patient Experience of NHS Trusts: Focusing this month on SHSCFT

PLEASE NOTE: Each month we focus on a different provider: the following information relates to Sheffield Health and Social Care NHS Foundation Trust (SHSCFT)

Patient Compliments



Patient Complaints



Compliments

SHSCFT receives far more compliments than complaints but the numbers of compliments has fallen slightly in 2016/17. During 2014/15 and 2015/16 the Trust received over 1,100 compliments each year. During 2016/17 the Trust received 961 compliments, with the highest number being about the Specialist Directorate.

Complaints

The number of formal complaints rose from 147 during 2013/14 to 173 during 2014/15, dropping to 140 in 2015/16. During 2016/17, complaints rose again, to 168. The Community and Inpatient Directorates received the highest number of complaints. The proportion of complaints responded to within agreed timescales dropped to 45% in 2015/16. Performance improved during 2016/17 and 77% of complaints received during quarter four were responded to within agreed timescales.

SHSCFT record whether each complaint is upheld, partially upheld or not upheld. The proportion of complaints upheld/partially upheld was 51% during quarter 4 2016/17. This proportion is consistent with previous years' data. SHSCFT provides detailed reports to its Quality Assurance Committee which summarise the content of each complaint, the outcome of the investigation and the actions taken as a result.

The number of concerns dealt with through the oral or fastrack complaints process rose from 154 in 2014/15 to 263 in 2015/16, falling to 229 in 2016/17.

Figure based on latest available data. At the time that the data was published an outcome had not been reached for all of the complaints received during quarter four, and so this figure is expected to change, but not significantly.

Patient Opinion and NHS Choices

Since 1st January 2017, five stories about SHSCFT have been posted by patients on Care Opinion and NHS Choices. One was positive (relating to effective treatment). The remainder are negative and relate to staff attitude, communication, administration and side effects of medication. Seven SHSCFT services have received ratings from the public on the Healthwatch Rate and Review website. Six of those services received a low rating of one or two stars (out of a maximum of five). However it should be noted that these ratings are based on low numbers of reviews. Most services have only received one review. Negative themes related to effectiveness of clinical treatment, poor attitude and communication, long referral times, lack of resources and lack of holistic treatment. Two reviews of the IAPT service comment that they were advised to complete an online course despite having no computer skills.

Friends and Family Test - Mental Health

The response rates and results of the FFT are shown in the charts overleaf. The response rate for FFT continues to be low. The Trust is developing more inclusive methods of data collection (web-based solution, tablet and large touch screen) in addition to the paper-based survey currently used and it is hoped that this will improve the response rate.

SHSCFT has an active Service User Engagement Group. A mapping exercise is being conducted to understand the level of service user engagement across the Trust, in order to share good practice and identify areas for improvement.

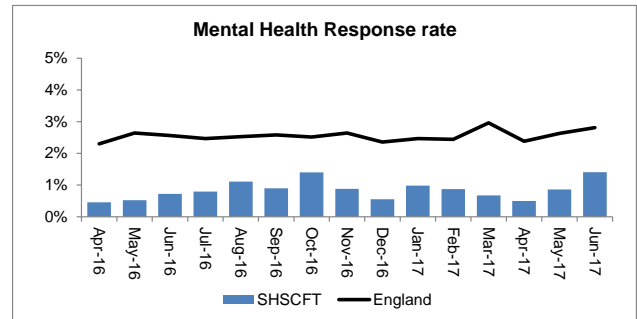
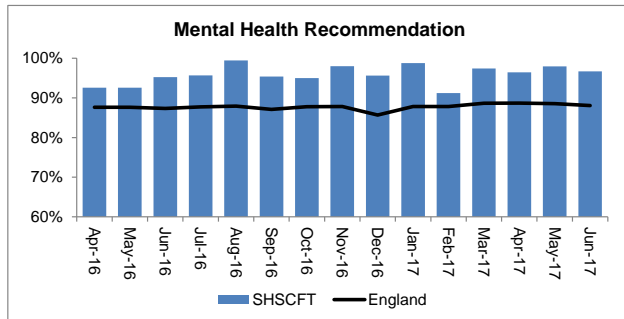
Friends and Family Test: Summary of published results for SHSCFT

The FFT identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care. Use of the FFT aims to help identify poor performance and encourage staff to make improvements, leading to a more positive experience of care for patients.

Patients have a choice of 5 responses as to whether they'd recommend the service where they received their care and treatment: "Extremely likely", "Likely", "Neither likely nor unlikely", "Unlikely" or "Extremely unlikely". There are two key measures from the FFT: % of responses for 'Extremely likely' and 'Likely' and % response rate.

Notes:

- Whilst the percentages for England are shown in the charts below/overleaf for information, direct comparison does not provide a true reflection and is not recommended
- The Mental Health FFT commenced in January 2015, with all Trusts reporting by April/May 2015



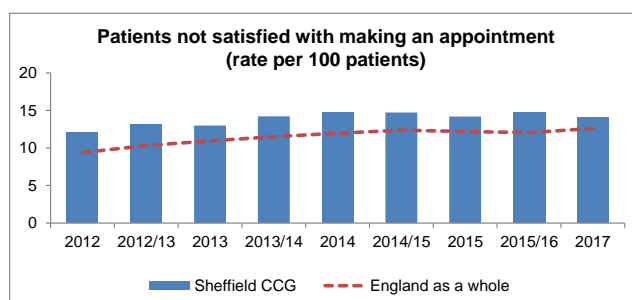
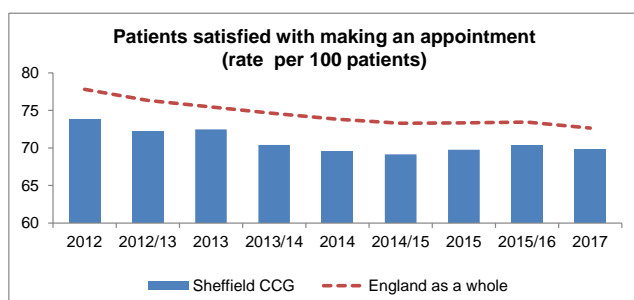
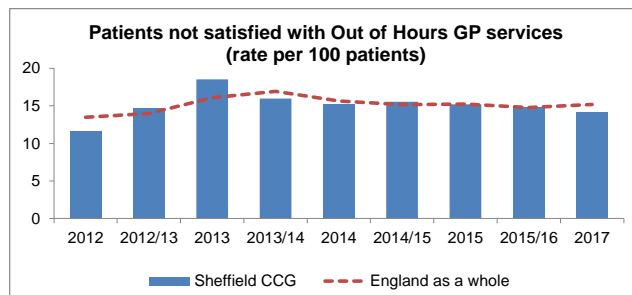
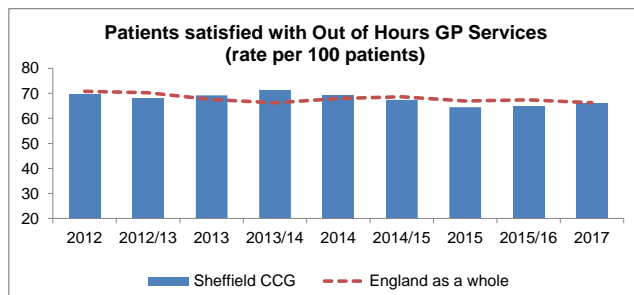
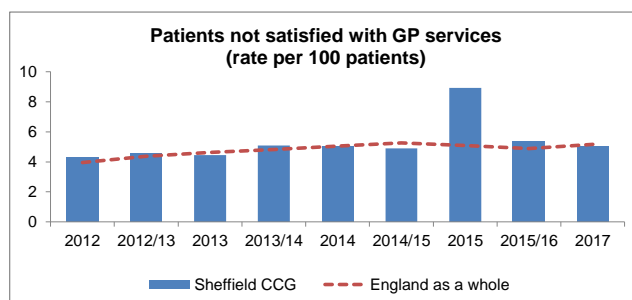
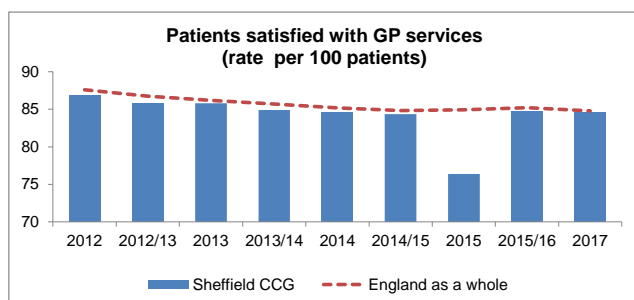
Patient Experience of GP Services

Part of NHS England's Outcomes ambitions for the domain '*Ensuring that people have a positive experience of care*' is to improve patient experience of primary care in both GP services and GP out-of-hours services and also to improve the experience of making a GP appointment. These are measured using results from the GP Patient Survey to ascertain the level of patients experiencing good care, by identifying the total number of responses of either '*fairly good*' or '*very good*' experience across three questions:

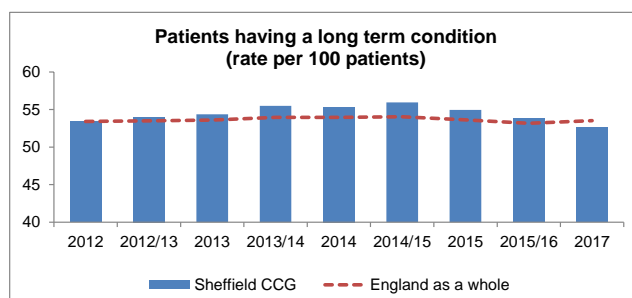
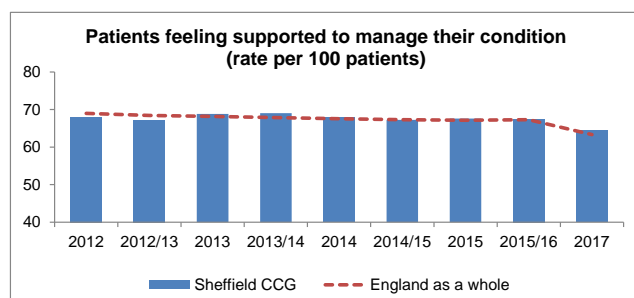
- "Overall, how would you describe your experience of your GP Surgery?"
- "Overall, how would you describe your experience of Out of Hours GP services?"
- "Overall, how would you describe your experience of making an appointment?"

The charts below show these measures from the Survey, which was published every 6 months, now published annually. Two surveys are run per year, with the final annual position being calculated from an aggregate of these - depending on the 2 composite surveys, this will be a calendar year (i.e. 2015) or a financial year (i.e. 2015/16). Results are shown here for Sheffield

Patients' overall satisfaction with their GP Service and Out-of-Hours GP Service: Includes previous national measure of whether patients selected either '*fairly poor*' or '*very poor*' as their overall experience, for comparison.



Proportion of patients who feel supported to manage their condition: Part of the domain '*Enhancing quality of life for people with long-term conditions*'. (The second chart shows the proportion of patients who have answered positively as to whether they have a long term condition, for additional information.)



Summary Hospital Mortality Indicator - Quarterly Update and Benchmarking

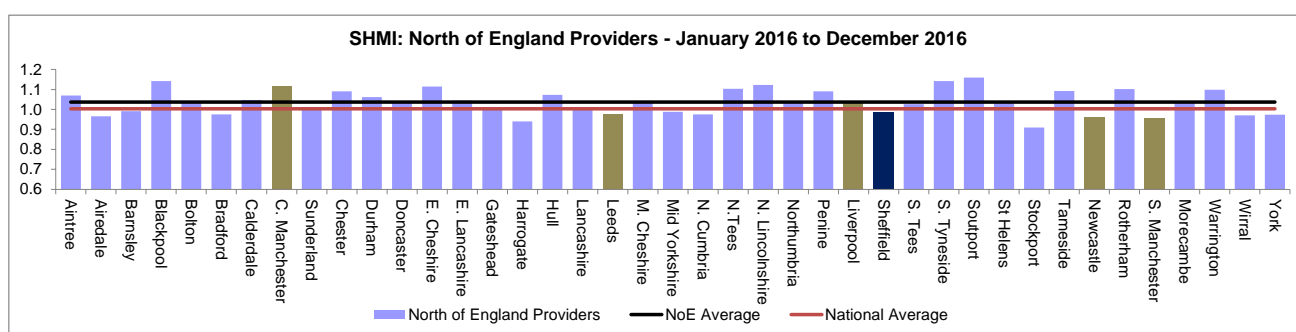
The Summary Hospital Mortality Indicator (SHMI) is a ratio of the observed number of deaths to the expected number of deaths for a provider; the lower the ratio, the better, as less deaths are occurring.

The observed number of deaths is the total number of patient admissions to the hospital that resulted in a death either in-hospital or within 30 days post-discharge from the hospital.

The expected number of deaths is calculated from a risk-adjusted model with a patient case-mix of age, gender, admission method, year index, Charlson Co-morbidity Index and diagnosis grouping.

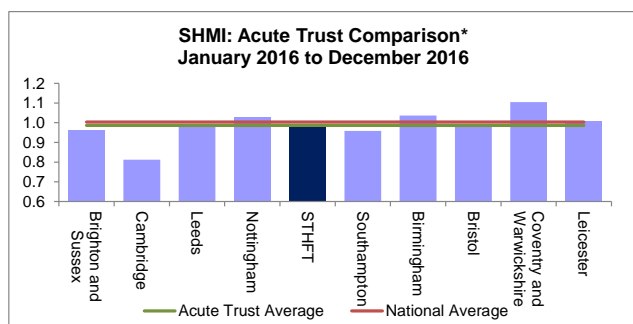
A 3-year dataset is used to create the risk adjusted models and a 1-year dataset is used to score the indicator. The 1-year dataset used for scoring is a full 12 months up to and including the most recently available data on the dataset. The 3-year dataset is a full 36 months up to and including the most recently available data on the dataset.

The STHFT value for January 2016 to December 2016, at 0.9846, is higher than October 2015 to September 2016 (0.968) but is still below the expected value. This is a positive position for Sheffield residents.



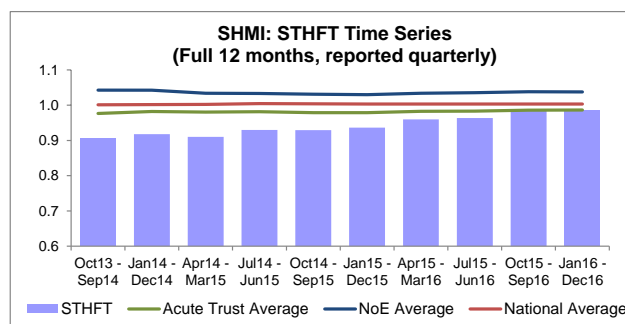
The above chart shows providers who have submitted data in the North of England (NoE). Sheffield (STHFT) has been distinguished by the **dark blue** bar and the other core cities that lie within the NoE by the **tan** bars.

STHFT is the eleventh best ranked provider within the NoE and 50th on a National level. 14 of the above trusts are below the National average, of which 4 (STHFT, Newcastle, Leeds and South Manchester) are core cities within the NoE.



* The Trusts compared have been chosen as they are Teaching/University Trusts of a large size.

Within this comparison set, STHFT have a lower value than all but four (Cambridge, Brighton & Sussex, Southampton and also Leeds) of the other trusts that have submitted data and are below both the area and National average positions. This equates to 0.18% lower than the Acute Trust average and 1.88% lower than the National average.



The STHFT value has fluctuated slightly over the time series and remains better (lower) than expected.

The latest position for STHFT of 0.9846 (Jan16 to Dec16) is 0.14% lower than the previous period (0.968 - Oct15 to Sep16) but still remains just below the National, North of England and Acute Trust averages.