

Quality & Outcomes Report: Month 8 - 2016/2017

Governing Body meeting

Item 2

12 January 2017

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Is your report for Approval / Consideration / Noting	
Consideration	
Are there any Resource Implications (including Financial, Staffing etc)?	
Not applicable at this time.	
Audit Requirement	
<u>CCG Objectives</u> <i>Which of the CCG's objectives does this paper support?</i> 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield Specifically the risks: 2.1 Providers delivering poor quality care and not meeting quality targets 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	
<u>Equality impact assessment</u> <i>Have you carried out an Equality Impact Assessment and is it attached? No</i> <i>If not, why not? None necessary</i>	
<u>PPE Activity</u> <i>How does your paper support involving patients, carers and the public?</i> It does not directly support this but as a public facing document is part of keeping the public informed.	
Recommendations	
The Governing Body is asked to discuss and note: <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 • Assessment against measures relating to the Quality Premium 	

Quality & Outcomes Report

2016/17: Month 8 position

For the January 2017 meeting
of the Governing Body

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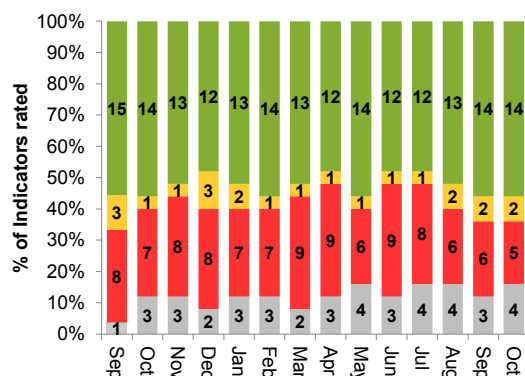
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Highest Quality Health Care - NHS Constitution - Rights & Pledges

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 2016/17 is progressing, month-on-month. 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. (Only 2 measures' November data is currently available and so the chart shows as at the end of October.)

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 - 14).

2016/17 Headlines

Highlights NOTE:

- **Referral To Treatment waiting times** - the national standards continue to be met overall for Sheffield patients as at the end of October.
- **Cancer waiting times** - the national standards continue to be met overall for Sheffield patients as at the end of October.
- **Improving Access to Psychological Therapies (IAPT) access** - the national standard continues to be above required levels as at the end of August (latest available national data).
- **IAPT waiting times** - the latest available national data (August) 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 November.

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 October 2016) **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 4 - 14).

Referral To Treatment (RTT)	Issue	ACTION requested from Governing Body	Page
92% of all patients wait less than 18 weeks for treatment to start	Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) met the referral to treatment standard for incomplete pathways overall in October but continue to experience challenges in a number of specialities.	STHFT: To support the challenge to STHFT regarding level of assurance on delivery against the RTT standards. To endorse the approach of routine monitoring of delivery against the RTT standard and agreed improvement trajectories.	4-5
Diagnostic test waiting times			
99% of patients wait 6 weeks or less from the date they were referred	STHFT are currently meeting the national standard but the CCG remains in discussion with STHFT to establish the likelihood that this will continue in the coming months.	STHFT: To endorse the continued monitoring of STHFT achievement of diagnostic waiting times and any necessary mitigating actions, through monthly Contract Management Board (CMB) meetings.	6-7
A&E waits			
95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	STHFT local daily data for November indicates that STHFT are not meeting the pledge or the agreed Sustainability and Transformation Funding (STF) Improvement Trajectory for this measure. At the time of writing (19th December) year to date performance was 87.88% of patients seen/treated within 4 hours.	STHFT: To endorse continued monitoring of STHFT performance and mitigating actions (in line with the contractual performance notice which has been issued) through monthly Performance and Contract Management Board (PCMB) meetings.	8-9

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 max. 2 month (62 day) wait from urgent GP referral	Despite meeting the standard for Sheffield patients, STHFT overall performance remains below the national standard as at October and for the year to date, and is also not meeting the agreed STF Improvement Trajectory for this measure.	STHFT : To endorse the approach by the newly established Cancer Alliance Board 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 CMB as appropriate.	10-11
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.	None requested this month.	12
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 considerably in October for those over 30 minutes and those over 1 hour; both remain above expected levels. (The reported position at STHFT level has also worsened in October, having previously shown continuing general improvement.)	STHFT : To endorse the approach of monitoring ambulance handover performance and any necessary mitigating actions through monthly Contract Monitoring Group (CMG) meetings with the Trust.	13
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 15).

Mental Health	Issue	ACTION requested from Governing Body	Page
Early Intervention in Psychosis - % seen within 2 weeks	Although the standard has been met from July to November, the CCG continues to experience higher levels of demand than that predicted - based on national guidance and epidemiology.	CCG : Governing Body are asked to endorse the actions being taken (the development of an action plan/business case for how to address the unprecedented level of demand, coupled with the development of a NICE compliant portfolio of treatment options, which will be presented to the CCG as part of the contract negotiation process).	15
% IAPT patients moving to recovery (YTD)	Although improving month on month - and having met the standard in-month for both July and August - the Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) recovery rate continues to fall short of the national standard of 50% YTD. This is related to the way referral data is reported for patients who would normally be considered too complex for IAPT services.	SHSCFT : Governing Body are asked note that 50% has now been achieved as at the end of July and August, although the YTD position remains below 50%.	15

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 November, the year-to-date (YTD) position is that 146 cases attributable to the CCG have been reported, compared to a forecast for this point in the year of 129. STHFT have reported 66, compared to a forecast for this point in the year of 58. SCHFT have reported 3, compared to a forecast for this point in the year of 2.
- **MRSA** - No cases have been reported for the CCG in November; there has been 1 so far in 2016/17. YTD, there have been 2 cases reported for STHFT and none for Sheffield Children's NHS Foundation Trust (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 (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

2016/17 CCG Assurance - The CCG Improvement and Assessment Framework (CCG IAF)

For 2016/17 a new assurance framework, the CCG Improvement and Assessment Framework (CCG IAF), has been introduced. This new framework became effective from the beginning of April 2016, replacing the existing CCG Assurance Framework.

Updated information has been published on MyNHS.net showing the performance of each CCG against 47 of the 60 CCG IAF indicators, as part of the following four assessment domains:

- **Better Health** - how the CCG is contributing towards improving the health and wellbeing of its population
- **Better Care** - care redesign, NHS constitutional standards, NHS outcomes
- **Sustainability** - financial balance and securing good value for patients
- **Leadership** - quality of CCG leadership, quality of plans, work with partners, CCG governance arrangements

An overview of the published information was provided in last month's report; the next data refresh should be published in January/February.

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/>

2016/17 Quality Premium: Details of the measures for 2016/17 and current available data is included on pages 18 - 19.

2015/16 Quality Premium: Information on the assessment of our Quality Premium achievement for last year will be shared with Governing Body once available.

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 2016/17 are the same as those monitored in 2015/16.

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 2016/17.

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

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.

92% of all patients wait less than 18 weeks for treatment to start



Supporting measure:

No patients wait more than 52 weeks for treatment to start



Issues & Actions:

PLEASE NOTE: November RTT data was not available prior to production of this month's report and so the performance position - and RAG rating - remains at October.

However, information on actions being taken and timeframe for improvement have been updated as appropriate - see below.

Action being taken: Work with STHFT continues to ensure robust plans are in place to deliver a sustainable position at specialty level for RTT access times.

After issuing a new Contract Performance Notice (CPN) covering specialty level achievement of the 18 weeks Incomplete waiting times standard in September 2016, the CCG have agreed a Remedial Action Plan (RAP) with STHFT. The RAP covers Orthopaedics and Spinal Surgery, Cardiology, Thoracic Medicine/Respiratory and Gastroenterology.

Delivery will be managed through fortnightly performance meetings and all but Gastroenterology were to be compliant with the operational standard by the end of November 2016. In October STHFT data, compliance in Orthopaedics and Thoracic Medicine/Respiratory continued (having been achieved in September). There had, however, been a deterioration in some other non CPN specialties (namely Gynaecology and Oral Surgery) in September and these continued to be below the standard in October. It has been agreed that the CPN will be closed down if STHFT achieve the standard for Cardiology, given that Gastroenterology is being managed via service review.

STHFT have shared revised capacity plans with the CCG and these are being reviewed alongside the RAP.

Expected timeframe for improvement: Sustainability and Transformation Funding (STF) trajectories have been agreed (see next page) and a RAP is in place to manage specialty level performance in several specialties. STHFT will be compliant with the STF trajectory at aggregate level throughout 2016/17.

Action requested of Governing Body:

- To support the challenge being made to STHFT regarding the level of assurance on delivery against the RTT standards.
- To agree for the CCG CCC to review and sign off the RAP.
- To endorse the approach of routine monitoring STHFT delivery against the national standard for RTT and the agreed improvement trajectories.

RTT STF information overleaf

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

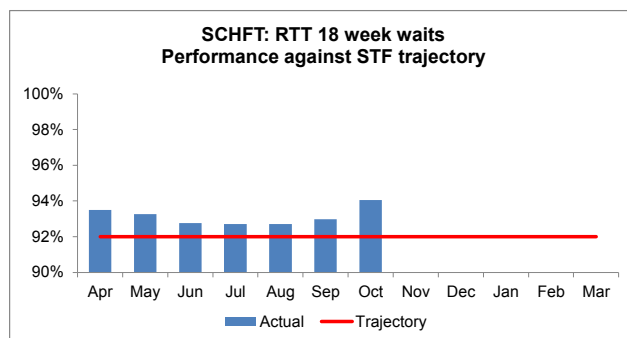
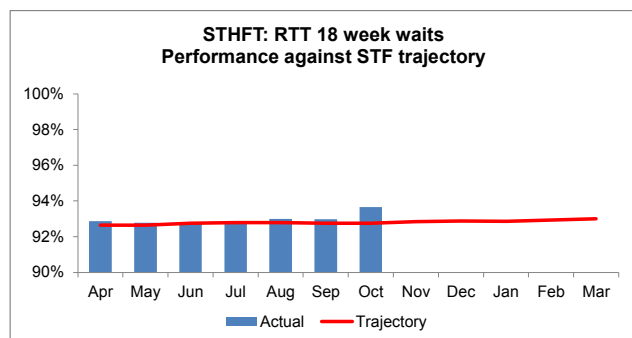
STF Trajectory

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 NHS England (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	92.6%	92.6%	92.7%	92.8%	92.8%	92.7%	92.7%	92.8%	92.9%	92.9%	92.9%	93.0%
	Actual	92.9%	92.8%	92.8%	92.8%	93.0%	93.0%	93.7%					
SCHFT	Trajectory	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	93.5%	93.3%	92.8%	92.7%	92.7%	93.0%	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.

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



Issues & Actions:

PLEASE NOTE: November Diagnostics data was not available prior to production of this month's report and so the performance position - and RAG rating - remains at October.

However, information on actions being taken and timeframe for improvement have been updated as appropriate - see below.

Action being taken: As noted last month, to ensure early warning of any deterioration and that any necessary mitigating actions are agreed with STHFT, Diagnostics trajectories for improvement continue to be monitored through CMG meetings on a monthly basis and by escalation to the PCMB.

Required improvements in diagnostic waiting times to deliver a robust 18 week referral to treatment pathway are recognised in CCG activity plans for 2016/17.

Specific issues in relation to the areas of underperformance (action being taken):

- Cystoscopies - a capacity shortfall has been identified and the service is currently undertaking additional sessions on weekends and evenings. A locum consultant started in November. The Directorate plans to achieve and maintain the position from November 2016 onwards.
- Clinical Neurophysiology - There is a lack of consultant medical staff due to a series of consultant absences. Additional clinics were undertaken by existing staff which enabled the service to drop the wait time back to under 6 weeks in July. A recent increase in referrals and an inability to maintain previous volumes of extra clinics resulted in the wait time extending out beyond 6 weeks again. The directorate have plans to recruit new staff and upskill existing staff. The Directorate aim to deliver the waiting times standard from November 2016.
- Gastroenterology - There is a national shortage of trained gastroenterologists (30 unfilled consultant posts in Yorkshire). An interim plan of utilising off-site endoscopy capacity and the appointment of 2 clinical fellows has helped to improve performance. The directorate is recruiting an additional nurse endoscopist. A workforce plan has been developed to advertise for additional consultant capacity. The current trajectory for the diagnostic waits standard delivery is February 2017.

Expected timeframe for improvement: The STF Improvement trajectory (see next page) is based upon full achievement of the national standard of 99% by September 2016. The Trust achieved the standard in October 2016 and is aiming to maintain this performance.

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

Diagnostics STF information overleaf

Diagnostic test waiting times - continued

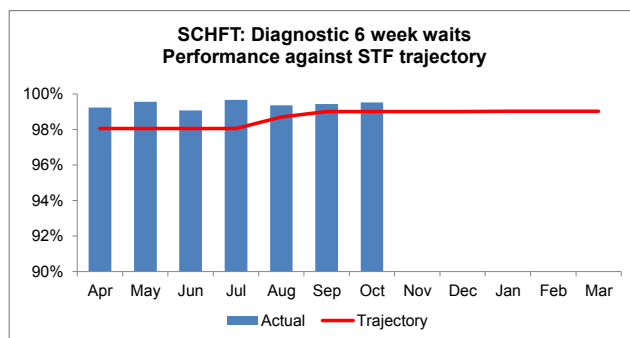
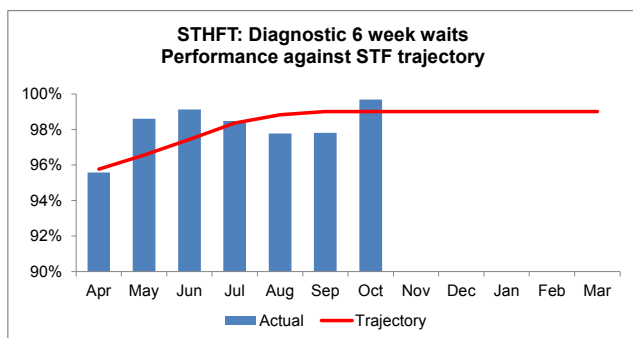
STF Trajectory

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	95.8%	96.6%	97.4%	98.4%	98.8%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	Actual	95.6%	98.6%	99.1%	98.5%	97.8%	97.8%	99.7%					
SCHFT	Trajectory	98.1%	98.1%	98.1%	98.1%	98.7%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	Actual	99.2%	99.5%	99.1%	99.7%	99.4%	99.4%	99.5%					



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.

95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E (YTD position - from May-16)



Supporting measure:

No patients wait more than 12 hours from decision to admit to admission



PLEASE NOTE: National A&E data has changed from a weekly to a monthly collection and changes to the process mean this will now be published a month later than previously.

Issues & Actions:

A&E 4hr waits: The nationally published A&E positions are available for October and are rated below. Local daily data for November indicates that STHFT are not meeting the pledge, with only 88.55% of patients seen/treated within 4 hours YTD*; the month of November itself saw 86.35% and so has actually improved slightly since October (85.60%).

Issues affecting the performance continue to be system-wide. The discharge of patients on complex pathways is under continuous review facilitated by daily system wide conversations.

* PLEASE NOTE: As April data is not available for STHFT, any reporting of the year to date position will not reflect the full picture for 2016/17.

SCHFT continue to meet the pledge for 95% of patients to be seen/treated within 4 hours as at the end of October (and local daily data indicates this is also the case for November).

Action being taken: The CCG has issued a contract performance notice, as a result of which STHFT have provided a remedial action plan. This has been reviewed and the Trust have been asked to develop this further to fully capture actions required to provide assurance that there will be a resilient A&E in place as we enter the winter period, fully compliant with national priorities and timescales.

The CCG continues to hold STHFT to account through the PCMB and wider Sheffield system and will continue to monitor performance through the recently constituted A&E Delivery Board which has replaced the Systems Resilience Group (SRG).

The urgent care portfolio has set up a control room to monitor performance on a daily basis. Formal meetings are held on Monday and Thursday to review progress against plans and the impact upon performance. Daily weekday Key Performance Indicators are provided to city-wide partners. Daily system-wide conference calls are held to review performance and to agree daily system-wide actions.

Expected timeframe for improvement: As per the remedial action plan (see above).

Action requested of Governing Body: To endorse the actions being taken and the continued monitoring of STHFT achievement of the A&E standard and any necessary mitigating actions through monthly PCMB meetings, in line with the CPN.

A&E STF information overleaf

A&E waits - continued

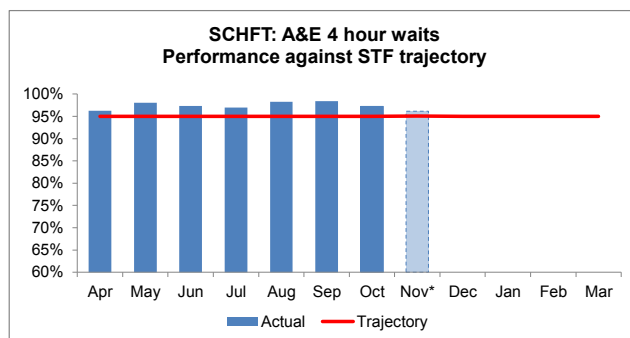
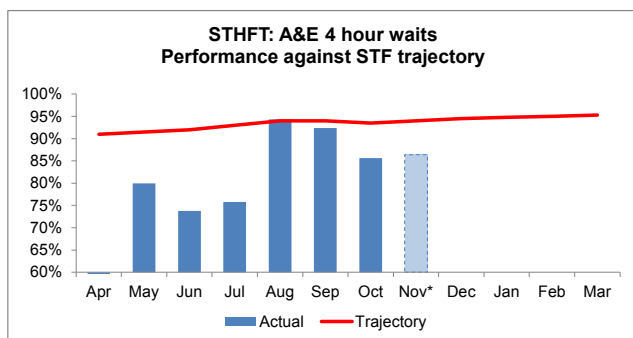
STF Trajectory

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 - 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	91.0%	91.5%	92.0%	93.0%	94.0%	94.0%	93.5%	94.0%	94.5%	94.8%	95.0%	95.3%
	Actual	-	80.0%	73.8%	75.8%	94.3%	92.4%	85.6%	86.3%				
SCHFT	Trajectory	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	96.2%	98.0%	97.3%	96.9%	98.3%	98.4%	97.2%	96.1%				



* Nov-16 local data is available, as a proxy for national data

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:

The CCG is meeting all the pledges in October (and 2016/17 to date) with the exception of patients having a maximum 2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient; there was however significant in-month improvement again in October for this measure and so YTD performance also continues to improve. It should also be noted that there is no national standard/target for this measure.

STHFT are meeting the pledges for the 2016/17 for Sheffield patients and their monthly performance overall for the 62 day maximum wait from urgent GP referral has again improved for this cohort. However, whilst STHFT overall performance improved, to 80.64% in-month (was 79.45% in September) this remains below the national standard in October and also YTD, with 79.59%. The Trust is therefore not yet meeting the agreed STF Improvement Trajectory for this measure (see next page). They are also still experiencing challenges in relation to the 62 day consultant upgrade pathways, although this also continues to improve (in-month was much improved but YTD still relatively low).

Action being taken: There continues to be ongoing dialogue with STHFT to enable delivery of their internal improvement plans; this should also improve the timeliness of pathways that have been upgraded. The Cancer Network task and finish group has now concluded. The Cancer Alliance Board was established in November and initiated discussions to take forward a common approach to the performance management of cancer waiting times. It agreed to the development of a Business Continuity (Cancer Data) Workstream through which this would be developed.

Expected timeframe for improvement: As per Trust STF improvement trajectory - see overleaf.

Action requested of Governing Body: To endorse the approach by the newly established Cancer Alliance Board 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 CMB as appropriate.

Cancer waits STF information overleaf

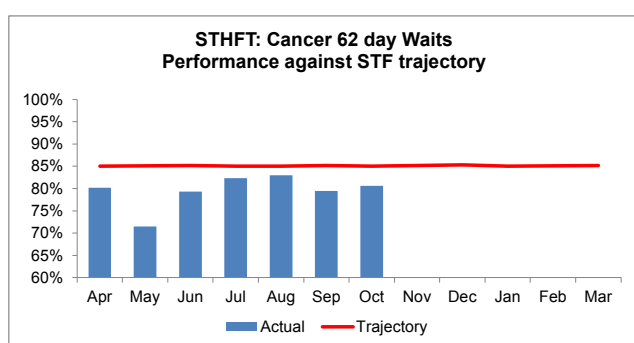
Cancer waits - continued

STF 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%	85.1%	85.2%	85.0%	85.0%	85.2%	85.0%	85.2%	85.3%	85.0%	85.1%	85.2%
	Actual	80.2%	71.5%	79.3%	82.3%	82.9%	79.5%	80.6%					
SCHFT	Not applicable												



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 below, the transition by YAS to reporting against the Ambulance Response Programme (ARP) has meant changes to coding of 999 calls and performance; it is therefore not possible to align to the 2016/17 national measures using this new YAS reporting. Performance against these measures for the beginning of 2016/17 (*1st April 2016 to 20th April 2016, as this was the point at which YAS commenced reporting against the first phase of the ARP) is shown below:

75% of Category A (RED 1) calls resulting in an emergency response arriving within 8 minutes (YTD)
 75% of Category A (RED 2) calls resulting in an emergency response arriving within 8 minutes (YTD)
 95% of Category A calls resulting in an ambulance arriving within 19 minutes (YTD)



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. As referenced in the Issues & Actions, 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)".

PROXY MEASURE - YAS POSITION:

75% of Category 1 calls resulting in an emergency response arriving within 8 minutes (in-month)



NOTE: Oct-16 consists of performance from 20th-31st October, when phase 2.2 of the ARP commenced; this has not been compared with earlier in Oct-16 or Sep-16, due to the change in category/what is being measured.

Issues & Actions:

Ambulance response times: Phase 2.2 of the NHSE-led ARP went live from Thursday 20th October 2016. YAS are one of two ambulances services nationally to belong to the trial. The pilot will run for 3 months initially, with evidence reviewed on a bi-weekly basis by NHSE. They will assess the impact on the patients both in terms of quality and performance.

There has been a further review of the clinical codes within both NHS Pathways and the Advanced Medical Priority Dispatch System (AMPDS) to ensure the most appropriate clinical response is made to every call and will see significant changes to the way we deliver our service and respond to patients. It will also enable us to decide on the most appropriate response for patients' needs. The aim is to examine whether the current system was appropriate in an environment where a longer time period was given to categorise the nature of the call and only those patients that were in cardiac arrest or at risk of cardiac arrest should receive an immediate response. It should improve the management of demand and allocation of a clinically-appropriate response and therefore deliver the right care, in the right place, at the right time. It will help to inform potential future changes in national performance standards. Categories are:

- Category 1 - Cardiac arrest or peri-arrest (Response standard within 8 minutes)
- Category 2 - Life-threatening emergency (Response standard within 19 minutes)
- Category 3 - Serious but not life-threatening emergency (Response standard within 40 minutes)
- Category 4 - Non-emergency (Response standard 1 to 4 hours)

Action being taken: Commissioners are liaising with NHSE and NHSI regarding the ARP and the changes to coding of 999 calls and performance. Further information about performance will be provided when received.

Performance is being closely monitored at the YAS 999 CMB hosted by Wakefield CCG. A contract performance notice has been issued to YAS and discussions are ongoing around this.

Expected timeframe for improvement: The position is being monitored by the Yorkshire and Humber CMB and further updates will be given as the programme develops.

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:

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 30 minutes from clinical handover of patients to A&E to vehicle being ready for next call



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 considerably in October for both those over 30 minutes and those over 1 hour and so remain above expected levels. The number of crew clear delays also increased for both those over 30 minutes and those over 1 hour increased and 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 also increased; during October, there were 275 delayed handovers over 30 minutes - of which 10 were over 60 minutes - in comparison with 108 over 30 minutes - of which 2 were over 60 minutes - in September.

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 important performance and patient experience issue. Performance is reviewed daily by the Urgent Care team and is discussed at regular city-wide teleconferences. Performance across South Yorkshire and Bassetlaw (SYB) is reviewed at the weekly teleconference with NHS England, SYB CCGs and YAS.

Local data on delayed handovers at STHFT is now being used to complement the YAS level data (which covers all Trusts served by YAS) and will support 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.

The Trust is undertaking construction work to improve the facilities where handover takes place. This should contribute to sustaining and improving future handover performance.

Expected timeframe for improvement: To be determined following further discussions between STHFT, YAS and the CCG. .

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	Aug	Sep	Oct
Ambulance Handovers - delays over 30mins	7.58%	7.81%	11.00%
Ambulance Handovers - delays over 1hr	1.58%	1.56%	2.77%
Crew Clear - delays over 30mins	1.79%	1.73%	1.73%
Crew Clear - delays over 1hr	0.09%	0.09%	0.12%

STHFT (Northern General)	Aug	Sept	Oct
Ambulance Handovers - delays over 30mins	3.78%	3.40%	8.01%
Ambulance Handovers - delays over 1hr	0.09%	0.06%	0.29%
Crew Clear - delays over 30mins	0.64%	0.94%	0.73%
Crew Clear - delays over 1hr	0.06%	0.13%	0.06%

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 these measures. NHSE have, however, noted that success for a Provider (Trust) would be a reduction in the number of cancelled operations. The position reported below 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.

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: 10 such cancelled operations (where the patient was not subsequently offered another binding appointment for surgery within 28 days) were reported by STHFT in Quarter 2 of 2016/17; this is a decrease from the 15 reported in Q1 16/17. The Trust noted that the doctors' strikes in Q4 and Q1 created additional pressures. The position reported in Q2 has seen an improvement and the CCG will continue to closely monitor the position.

1 such cancelled operation was reported by SCHFT in Q2 2016/17; there had not been any reported for the previous five quarters. This was for a patient whose operation was commissioned by NHSE and as such, NHSE has followed this up with the Trust.

No urgent operation cancelled for a 2nd time or more: One such cancellation occurred at STHFT during October; this patient has, however, subsequently been seen. The Trust undertakes a detailed exploration of any such cancellations. The patient was allocated a theatre slot but due to an over-running complex case surgery could not be done. The Trust explored the possibility of the patient being allocated to another theatre but this was not possible due to the volume of trauma activity already allocated to other lists.

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:

CPA 7 day follow up: There was 1 patient in November who was discharged into a care home and so did have staff around them each day but they were not followed up within 7 days; SHSCFT have confirmed that the patient has since been seen/checked up and is well/safe. The 2016/17 YTD position stands at 98.33% and so remains above the national standard of 95%.

Mental Health measures

	Target	October	November
CPA 7 day follow up (YTD)	95%	98.76%	98.33%
Early Intervention in Psychosis (EIP) - % seen within 2wks	50%	63.64%	71.43%
Crisis Resolution / Home Treatment (YTD)	1202	895	1029

	Target	July	August
% receiving Psychological Therapy (IAPT) (YTD) *	18.04%**	6.90%	8.33%
% IAPT patients moving to recovery (YTD) *	50%	47.13%	47.64%
% waiting 6wks or less, from referral, for IAPT *	75%	86.21%	84.81%
% waiting 18wks or less, from referral, for IAPT *	95%	98.85%	97.47%

** The CCG's 16/17 plan/ambition, as per 15/16, is to achieve 18.04% - each month should therefore see around 1.5%

EIP - % seen within 2 weeks: As noted previously, performance against this target can fluctuate quite widely due to the very small numbers; one person not being seen within 2 weeks can have a big impact on the overall percentage. Although performance dipped slightly in September, the position in October improved and November's position shows further improvement; the access target therefore continues to be met. It should be noted however that this target 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 NICE compliant treatment.

Action being taken: Although performance against the 2 week wait continues to be met in November, our providers continue to experience far higher-than-anticipated levels of demand. An action plan/business case for how to address this unprecedented level of demand, coupled with the development of a NICE compliant portfolio of treatment options, will be presented to the CCG as part of the contract negotiation process. This forms a key component of the NHS Operational Planning and Contracting Guidance 2017-19, which has mandated an extension to the EIS target, whereby 53% of people will need to be seen within 2 weeks by March 2019.

Expected timeframe for improvement: In light of the higher demand than that predicted by national guidance and epidemiology, it is unlikely that significant improvement will be made in the immediate term, although the access target is currently being met. We are continuing to work closely with our providers however to ensure that, as a minimum, 50% of people continue to be seen within 2 weeks of referral (which will be extended to 53% over the next two years) and will, importantly, be treated with a NICE-approved package of care. We are expecting a business case to be submitted shortly.

Action requested of Governing Body: Governing Body are asked to endorse the actions being taken

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 month's 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 receiving IAPT in the first five months of 2016/17 is progressing well against the planned ambition and the proportion of those moving to recovery remains above 50% for the second successive month. This is, however, the monthly position as at the end of August 2016; the year-to-date position remains below 50% (although this is now increasing).

Moving to recovery

Action being taken: As previously noted, our expectation was that the recovery rate would hit 50% by the end of July 2016. This position has been maintained into August 2016. Although the YTD position remains below 50%, this is improving.

Expected timeframe for improvement: An updated position will be presented to Governing Body until the YTD position has exceeded 50%.

Action requested of Governing Body: Governing Body are asked note that 50% has now been achieved as at the end of July and August, although the YTD position remains below 50%.

IAPT 6 week / 18 week waiting times: National published data for August 2016 indicates that both measures - for people being seen for IAPT within 6 and 18 weeks of referral - continue to be met.

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.

Clostridium Difficile (C.Diff): The 2016/17 objectives for acute providers and CCGs are as per those for 2015/16. 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.

Of the 17 cases reported in November (3 fewer than in October) for Sheffield CCG:

- 6 were STHFT (of a total 7 STHFT-reported cases)
- 5 were community associated, with a hospital admission in the last 56 days
- 4 were community associated, with no recent hospital contact/admission
- 1 occurred at SCHFT
- 1 occurred at Rotherham District General

5 of the 7 STHFT cases occurred on separate wards where there have not been any recent cases. The other 2 cases occurred on separate wards where there has been at least one other recent case; samples have been sent for ribotyping and audits are underway.

2 cases were reported at SCHFT in November; 1 Sheffield resident and 1 non-Sheffield resident. Both occurred on the same ward and ribotyping is underway, with RCAs (root cause analyses) awaited.

Meticillin-Resistant Staphylococcus Aureus (MRSA): No cases were reported in November for the CCG.

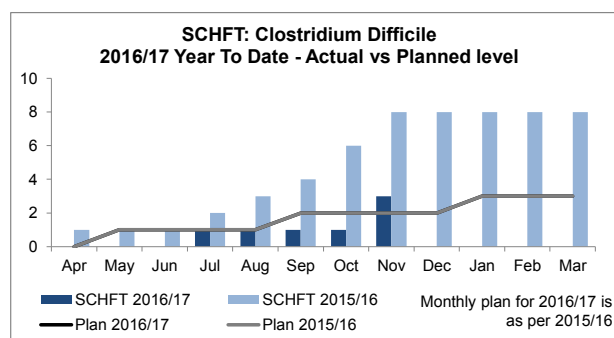
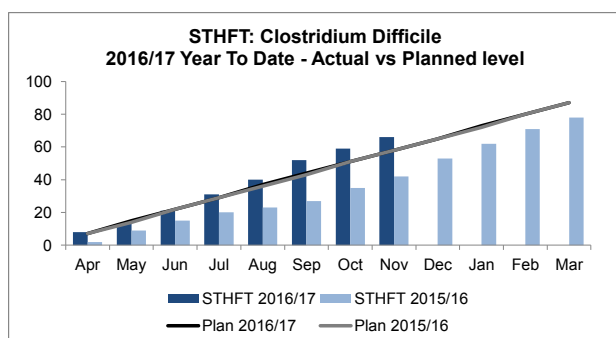
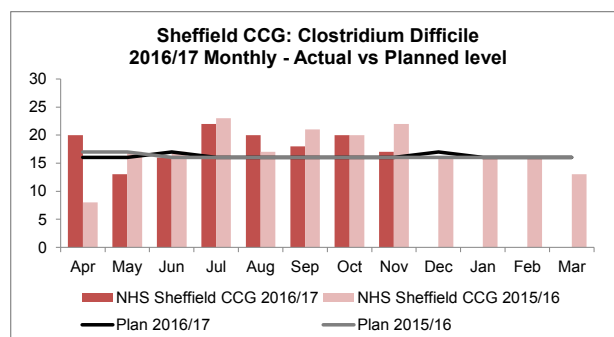
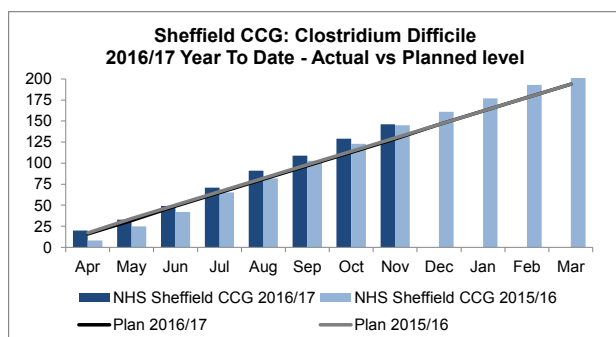
NOTE: Although 4 cases have been attributed to the CCG (i.e. the patient was a Sheffield resident) so far in 2016/17, only 1 of these cases - from June - has formally been assigned to the CCG. Assignment of a case following a Post Infection Review is the important factor because the organisation that has been assigned the case takes responsibility for it and any shared learning that is identified.

STHFT - No cases were reported in November and so there remain 2 cases reported in 2016/17 to date.

SCHFT - No cases were reported in November and therefore, in 2016/17 to date, no cases have been assigned to the Trust.

This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2016/17 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Nov-16	0	0	0	17	7	2
Number of infections forecast for this month	0	0	0	16	7	0
Number of infections recorded so far in 2016/17	1	2	0	146	66	3
Number of infections forecast for this period	0	0	0	129	58	2



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

Meticillin-Susceptible Staphylococcus Aureus (MSSA): Although there is no national target set for MSSA Bacteraemia, mandatory data has been collected by Public Health England on a monthly basis since January 2011. STHFT has an annual internal target of 42 cases and to date (as at the end of November) they have already had 44 cases.

STHFT are still considering the possibility of undertaking RCA (Root Cause Analysis) for all Trust attributable MSSA to identify any possible learning.

Regulations

Care Quality Commission (CQC) Regulatory Reviews

Sheffield Children's NHS Foundation Trust

A summary of the outcomes of the CQC inspection of SCHFT between 14th and 17th June 2016 was provided in last month's report. A Quality summit was held on 24th November which included development of next steps in response to the CQC report and examined areas where external support would be needed. An action plan is expected by 23rd December.

Sheffield Health and Social Care Trust NHS Foundation Trust

A CQC Inspection took place, commencing 14th November. The CCG provided feedback, including a focussed interview with the CQC. Some further unannounced visits were anticipated and no information has been provided to date on the outcome of the visit.

Claremont Hospital

A full inspection is planned at Claremont Hospital on 20th February 2017.

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 14) - 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, from February 2016, 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 will be provided in next month's report.

Composition of 2016/17 Quality Premium

* RAG (red, amber, green) rating for the measure's components - where applicable - and for the overall measure

Likelihood of achievement - initial assessment

The RAG ratings below represent an initial assessment of the likelihood of each measure being achieved (*Green = Likely to be achieved; Amber = Less likely; Red = Unlikely to be achieved*) based on the most recent available data which in most cases is the position for September/October 2016 and any additional intelligence from the relevant operational leads. The exceptions to this being:

- People in contact with MH services on a Care Programme Approach, where data remains at August 2016.
- Inflammatory Bowel Disease, where data remains at June 2016.
- GP patient experience, where results from the January-July 2016 survey are available.
- Cancers diagnosed at early stage, for which the latest available nationally published data is Q3 2014/15, hence this remains grey pending further intelligence being obtained.

As further data becomes available, future iterations of this update will then use the RAG rating to represent in-year progress against each measure.

Area	Quality Premium measure	Part *	Overall *	Proportion of QP
Antimicrobial resistance (AMR) Improving antibiotic prescribing in primary care	This Quality Premium measure consists of two parts (each worth 50% of the Quality Premium payment available for this indicator): a) reduction in the number of antibiotics prescribed in primary care b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care			10%
Cancers diagnosed at early stage	CCGs will need to either: 1. Demonstrate a 4 percentage point improvement in the proportion of cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 & 2 in the 2016 calendar year compared to the 2015 calendar year OR 2. Achieve greater than 60% of all cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 & 2 in the 2016 calendar year *invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin	-		20%
Increase in the proportion of GP referrals made by e-referrals	CCGs will need to either: 1. Meet a level of 80% by March 2017 (March 2017 performance only) and demonstrate a year on year increase in the percentage of referrals made by e-referrals (or achieve 100% e-referrals) OR 2. Have March 2017 performance exceeding March 2016 performance by 20%	-		20%
Overall experience of making a GP appointment	CCGs will need to demonstrate, in the July 2017 publication, either: 1. Achieving a level of 85% of respondents who said they had a good experience of making an appointment OR 2. A 3 percentage point increase from July 2016 publication on the percentage of respondents who said they had a good experience of making an appointment	-		20%
Local measures	15% of people in contact with mental health services to be on Care Programme Approach by the end of 2016/17	-		10%
	Delayed transfers of care from hospital (for age 18+): 5% reduction in average number of patients delayed by end of 16/17 in comparison to 15/16 average	-		10%
	70% of patients with Inflammatory Bowel Disease (IBD) to be receiving biosimilar alternatives to the Infliximab reference product, where appropriate, by the end of 2016/17	-		10%
NHS Constitution requirements	Constitution measure - CCGs are required to achieve their planned level of performance (as submitted to NHS England) during Quarter 4 2016/17			Reduction applied to QP if not achieved
NHS Constitution measures affecting Quality Premium	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral. CCG Planned performance for Q4 2016/17 = 92%	-		25%
	Patients should be admitted, transferred or discharged within 4hrs of their arrival at an A&E department. CCG planned performance mirrors the STF trajectories (see page 9) submitted by STHFT and SCHFT.	-		25%
	Max. 2 month (62 day) wait from urgent GP referral to 1st definitive treatment for cancer CCG Planned performance for Q4 2016/17 = 85%	-		25%
	Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes. The alignment of the new Ambulance Response pilot to the NHS Constitution measures and thus Quality Premium is not yet clear.	-		25%

continued overleaf

NOTE: Measures in grey are awaiting further clarification or data availability

Measures currently RAG rated as Red or Amber:

Local Measure - Delayed transfers of care (DTOC) from hospital: Following a significant increase in the reported number of delayed discharges during April and May, June to August saw a decrease but September increased again and October has increased further still; the monthly average number of delays had been reducing from the 142 at the beginning of 2016/17 (was down to 119 in August) but has started to rise again and stands at 123 as at the end of October. Achievement of this Quality Premium measure therefore remains at risk. As noted previously, a system-wide action plan has been agreed to tackle delayed transfers of care, supported by Director level conversations between STHFT, the CCG and Sheffield City Council. In addition, a joint post (between the 3 organisations) has been appointed to, with the purpose of delivering whole-system service improvement.

A&E 4hr waits: See NHS Constitution section - A&E waits (page 8 - 9).

E-referrals: The proportion of GP referrals made by e-referrals (at CCG level) appeared relatively static in the latter months of 2015/16 and increased slightly (around 1%) between May and June but had decreased slightly (around 2%) between July and August. However, a slight rise was reported in September. As noted previously, from August 2016 all GP routine referrals in the 7 CASES specialties* will be required to be made via e-referral as part of the Locally Commissioned with GP practices. This is expected to produce in-year increase in e-referral use from that point.

** CASES (Clinical Assessments, Services, Education and Support) provides a system by which we can test a shift in resources and funding from hospital to community GP locations, and develop educational opportunities for GPs and others to enhance their clinical work. The 7 specialties in the model are: Cardiology, Dermatology, ENT, Gastroenterology, Gynaecology, Respiratory (Thoracic) Medicine and Urology.*

Experience of making a GP Appointment: Performance against this measure has changed only slightly over the 4 most recent GP Patient Surveys. July published data (January - March 2016) shows 70.37% of respondents reporting a 'good experience'. The next publication of GP Patient Survey results will be in July 2017, having changed from a bi-annual to an annual collection.

Previously Unassessed Periods of Care (PUPOC)

PUPOC - for Continuing Health Care (CHC)

The Parliamentary and Health Service Ombudsman (PHSO) had set an expectation that all cases will have had an initial assessment and decision letter by the end of September 2016 (a change from the original date of 31st March 2017); of note is the fact that the PHSO's deadline does not include any subsequent appeals that may arise.

Following a meeting between South Yorkshire and Bassetlaw CCGs, the trajectory has now been extended to January 2017 by mutual agreement.

NHSE has now set trajectories for each CCG, to ensure completion by the required date. NHSE is also RAG rating performance of each CCG. Where other CCGs being supported by Doncaster CCG have amber or red ratings, this and other pressures may lead to calls for resources to be diverted away from Sheffield CCG's PUPOCs. Recruiting and retaining nurses in this team has and continues to be problematic and represents a risk to delivery.

Cases continue to be considered for Sheffield and November 2016 shows a marginal reduction in the outstanding cases/years overall. The trajectory shows the overall cases are behind schedule as at the end of November. 25 cases have been transferred to CHS Healthcare for completion and are awaiting ongoing work as at the end of this reporting timeframe. The cases remaining with Doncaster CCG team (11) are expected to be completed by the end of January 2017. Sheffield CCG has received assurance that the March 2017 deadline will be met.

The chart below shows progress to date on PUPOCs.

