

Quality & Outcomes Report: Month 12 - 2016/17

Governing Body meeting

4 May 2017

Item 1

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Purpose of Paper	
To update Governing Body on key performance, quality and outcomes measures.	
Key Issues	
<ul style="list-style-type: none"> • A&E 4hr Waits: The proportion of Sheffield CCG's patients admitted, transferred or discharged within 4 hours of arrival at A&E currently remains below the national 95% standard both in-month (February national / March local proxy) and for 2016/17 to date. • Ambulance Response Times: Alignment of the Ambulance Response Programme reporting - a pilot in which Yorkshire Ambulance Service (YAS) are participating - to the national standards (75% of both Category A RED 1 and RED 2 calls resulting in an emergency response arriving within 8 minutes) is not yet clear; however, local proxy measures indicate response times remain below such thresholds. • Ambulance Handover Times: The number of delays over 30 minutes in clinical handover of patients to A&E reduced in-month (February) at both YAS and local provider level but remain above expected levels. • Improving Access to Psychological Therapy: The proportion of Sheffield CCG's IAPT patients moving to recovery met the national 50% standard in-month (December, latest published data) - but remains below this threshold for 2016/17 to date. 	
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 • Assessment against measures relating to the Quality Premium 	

The latest version of the Governing Body Assurance Framework can be found at M:\Corporate\BAF & Risk Register or contact Sue Laing 0114 305 1092 or suelaing1@nhs.net)

Which of the CCG's objectives does this paper support?

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

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?

Please attach if completed. Please explain if not, why not

No - none necessary

(the template can be found at <http://www.intranet.sheffieldccg.nhs.uk/equality-impact-assessments.htm>
(or contact Elaine Barnes elaine.barnes3@nhs.net / 0114 305 1581)

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

2016/17: Month 12 position

For the May 2017 meeting
of the Governing Body

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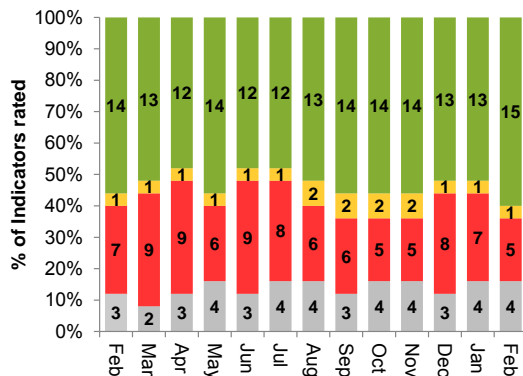
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Highest Quality Health Care - NHS Constitution - Rights & Pledges

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 are currently available for March and so the chart shows as at the end of February.)

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

2016/17 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 February.
- Cancer waiting times** - the national standards continue to be met overall for Sheffield patients for 2016/17 to date, as at the end of February.
- Improving Access to Psychological Therapies (IAPT) access** - the national standard continues to be above required levels as at the end of December (latest available national data).
- IAPT waiting times** - the latest available national data (December) 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 February.

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 February 2017) **11 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 - 13).

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 February but continue to experience challenges in a number of specialities.	To endorse the approach of routine monitoring STHFT delivery against the national standard for RTT.	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 in February but the CCG remains in discussion with STHFT to establish the likelihood that this will continue in the coming months.	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 local daily data for March indicates that STHFT did not meet the 2016/17 pledge or the agreed Sustainability and Transformation Funding (STF) Improvement Trajectory for this measure. At the time of writing (18th April) the 2017/18 year to date performance was 91.71% of patients seen/treated within 4hrs.	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 Contract Performance Notice (CPN).	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 max. 2 month (62 day) wait from urgent GP referral	STHFT overall performance improved in February but remains below the national standard in-month and for the year to date, and is also not meeting the agreed STF Improvement Trajectory for this measure.	To endorse the approach proposed by the newly established 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.	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 February for both those over 30 minutes and those over 1 hour but both remain above expected levels. (The reported position at STHFT level also improved in February, having been worsening since October, 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	Although the standard has been met since July (to the most recent month's data, in February) the CCG continues to experience higher levels of demand than that 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% in December. However, both the CCG and the Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) position continues to fall short of the 50% YTD. This is related to the way referral data is reported for patients who would normally be considered too complex for IAPT services.	Governing Body are asked to note that although the monthly recovery rate was 50% in December, meaning the YTD position continues to improve, the YTD position remains below 50%. Governing Body are therefore asked to continue to receive updated position statements until the YTD position has exceeded 50%.	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 March, the current 2016/17 position (prior to finalised position) is that 218 cases attributable to the CCG have been reported, compared to a forecast for the year of 194. STHFT have reported 110, compared to a forecast for the year of 87. SCHFT have reported 6, compared to a forecast for the year of 3.
- **MRSA** - No cases have been reported for the CCG, STHFT or SCHFT in March. There has been 1 case reported so far in 2016/17 (prior to finalised position) for the CCG, 3 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 54 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 is expected in May/June.

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.

Public Health Quarterly Report

As noted previously, the former quarterly Public Health Outcomes Framework (PHOF) dashboard of public health indicators (the value of which is limited by the time-lag in the data) has been replaced with a more timely narrative, structured around key public health topics and/or areas of progress on public health outcomes in the City.

The latest quarterly update, supplied by the Public Health Intelligence Team in Sheffield City Council, is included on pages 20 - 21.

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.

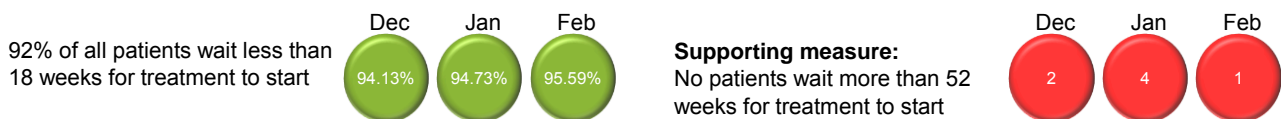
NOTE: "Supporting measure" = NHS Constitution support measure specified by NHS England (NHSE)

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



Issues & Actions - STHFT:

Patients waiting more than 18 weeks for treatment to start: As shown above, the national standard continues to be met and has further increased in February. As noted last month, just one specialty (General Medicine, which has small numbers) did not achieve 92% at STHFT - see below for further information.

Patients waiting more than 52 weeks for treatment to start: As noted last month, 1 Sheffield Ophthalmology patient was reported for this measure, at STHFT - see below for further information.

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. Over the last few months, performance against the 18 weeks incomplete waiting times has been met and continues to improve. As a result the Contract Performance Notice (CPN) covering specialty level achievement of the standard has been withdrawn.

52+ week waits: There were a total of 17 trust-wide breaches between December and February as a result of a 'letter created not printed' problem STHFT have had with the Lorenzo patient administration system. 7 of these breaches were for Sheffield CCG patients, 1 of which remained in February. There are not expected to be any breaches in relation to this issue in March 2017.

There is a SUI (serious untoward incident) in place that relates to this issue.

Expected timeframe for improvement: Sustainability and Transformation Funding (STF) trajectories have been agreed (see next page). STHFT will be compliant with the STF trajectory at aggregate level throughout 2016/17.

Action requested of Governing Body: To endorse the approach of routine monitoring of STHFT delivery against the national standard for RTT and the agreed improvement trajectories.

Issues & Actions - SCHFT:

Patients waiting more than 18 weeks for treatment to start: The number of patients waiting over 18 weeks for Dermatology increased to 42 for February 2017. The Trust is recruiting an extra consultant to manage the activity and has provided verbal assurance that this number will decrease for March 2017. This will be monitored at the monthly contact performance meeting and assurance sought for improvement.

RTT STF information overleaf

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

STF Trajectory

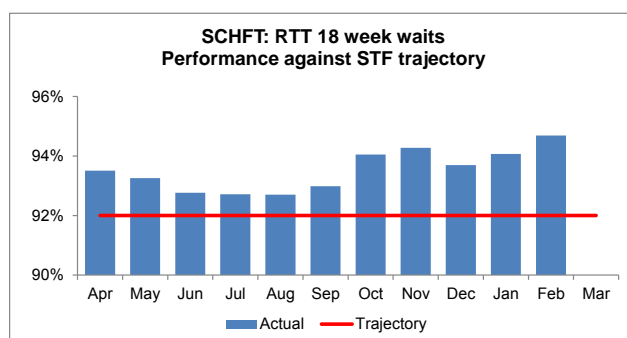
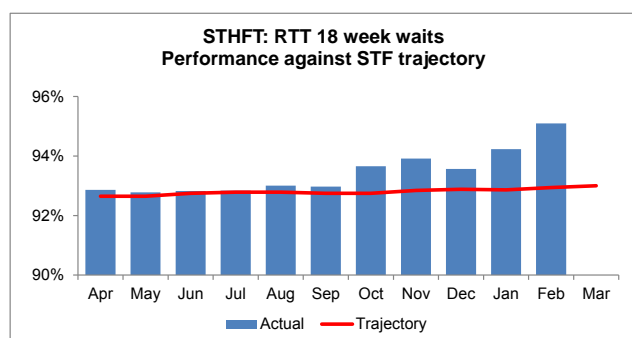
As part of the requirements to access STF, both STHFT and SCHFT have agreed an improvement trajectory for RTT waiting times with the CCG, NHS Improvement (NHSI) and NHSE.

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.

NOTE: March Provider-level data has not yet been published and so the STHFT and SCHFT positions below are as at the end of February.

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%	93.9%	93.6%	94.2%	95.1%	
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%	94.3%	93.7%	94.1%	94.7%	



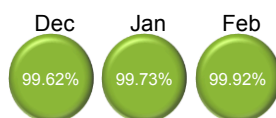
Diagnostic test waiting times

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

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



Issues & Actions - STHFT:

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.

Expected timeframe for improvement: The STF Improvement trajectory (see below) is based upon full achievement of the national standard of 99% by September 2016. The Trust have achieved the standard from October 2016 to February 2017 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 PCMB meetings with the Trust.

STF Trajectory

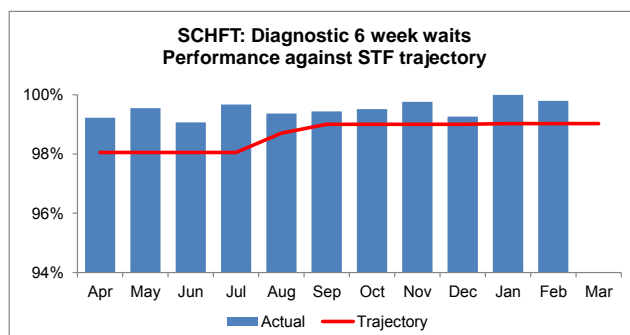
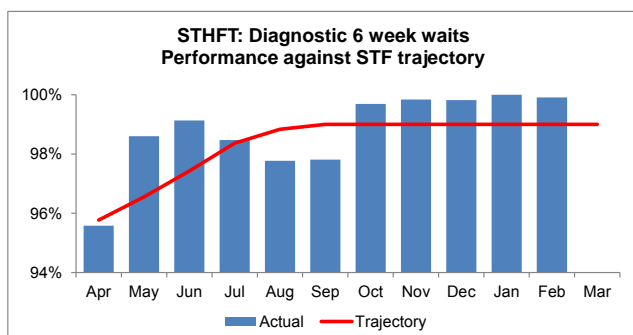
As part of the requirements to access STF, both STHFT and SCHFT have agreed an improvement trajectory for Diagnostic waiting times with the CCG, NHSI and NHSE.

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.

NOTE: February Provider-level data has not yet been published and so the STHFT and SCHFT positions below are as at the end of January.

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

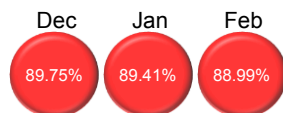
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	Trajectory	95.8%	96.6%	97.4%	98.4%	98.8%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	Actual	95.6%	98.6%	99.1%	98.5%	97.8%	97.8%	99.7%	99.8%	99.8%	99.97%	99.9%	
SCHFT	Trajectory	98.1%	98.1%	98.1%	98.1%	98.7%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	Actual	99.2%	99.5%	99.1%	99.7%	99.4%	99.4%	99.5%	99.8%	99.3%	99.993%	99.8%	



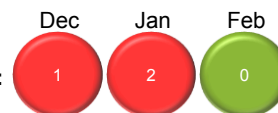
A&E waits

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 - COMBINED TRUST POSITION:
No patients wait more than 12 hours from decision to admit to admission



Issues & Actions:

A&E 4hr waits: The nationally published A&E positions are available for February and are rated above. Local daily data for March indicates that STHFT are not meeting the pledge, with only 81.77% of patients seen/treated within 4 hours YTD*; the month of March itself saw 87.86% and so has improved since February (81.37%).

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 February (and local daily data indicates this is also the case for March).

Action being taken: As noted previously, the CCG has issued a Contract Performance Notice (CPN), as a result of which STHFT have provided a Remedial Action Plan (RAP). The CCG met with STHFT on 8th February 2017 to agree the outstanding requirements in order that the RAP can be signed off and received an update on the metric development for assessing delivery of the RAP, with a focus on breaking down the 4 hour waiting time standard to create internal standards. The CCG continues to hold STHFT to account through the PCMB and continues to monitor performance through the A&E Delivery Board.

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.

A&E Department performance is a product of whole urgent care pathway performance.

The challenges of winter continued in February with high patient acuity, large numbers of emergency admissions and pressure upon resuscitation facilities. However daily performance was more consistent, as internal improvements in the pathway started to impact upon performance.

Flow out of the hospital is another key area of work. The work of the joint CCG/STHFT/Sheffield City Council taskforce continues, supported by the already existing joint work undertaken by the weekly Flow group. Reportable delayed transfers of care peaked on 1st March but have since declined by 45%.

Expected timeframe for improvement: In March 2017, the Trust were expected to achieve a cumulative monthly performance of 90%. For Quarter 1 2017/18, 90% cumulative performance is expected for the combined quarter position.

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 PCMB, in line with the CPN.

A&E STF information overleaf

A&E waits - continued

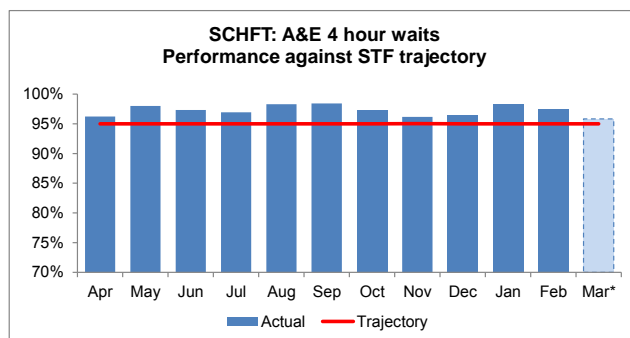
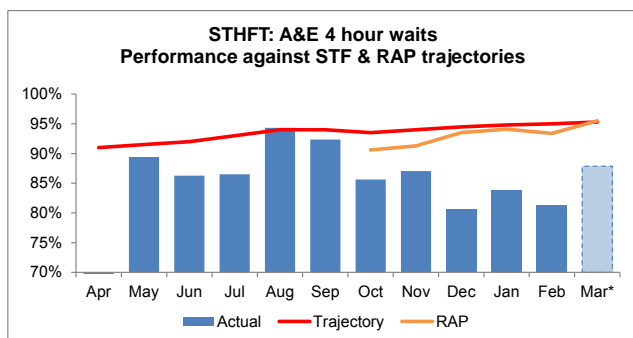
STF Trajectory

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 (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	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	-	89.4%	86.3%	86.5%	94.3%	92.4%	85.6%	87.0%	80.6%	83.8%	81.4%	87.9%
	RAP	-	-	-	-	-	-	90.6%	91.3%	93.5%	94.1%	93.4%	95.5%
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%	96.5%	98.3%	97.4%	95.8%

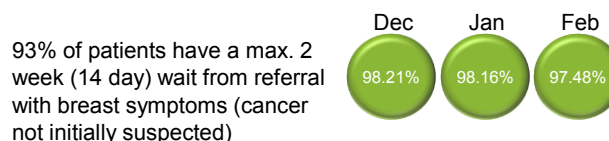
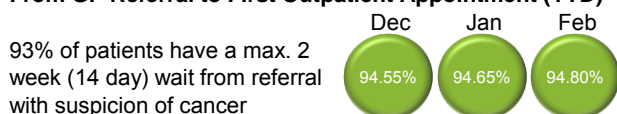


* Mar-17 local data is available, as a proxy for national data

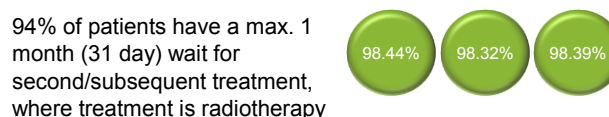
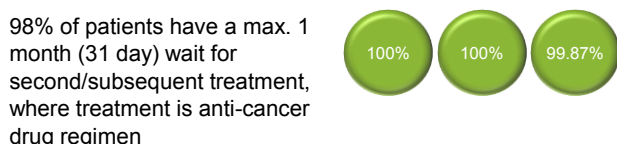
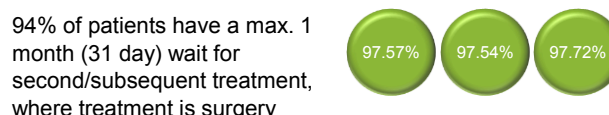
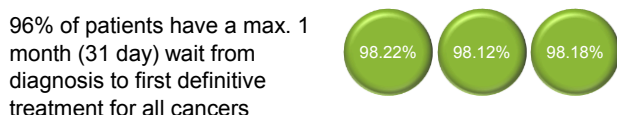
Cancer waits

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.

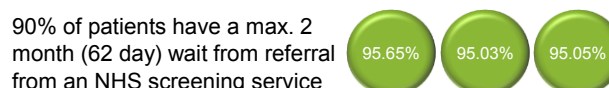
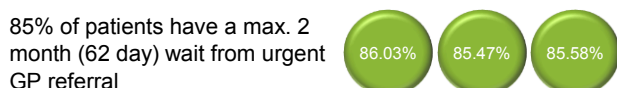
From GP Referral to First Outpatient Appointment (YTD)



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 continues to meet all the cancer waiting times pledges for 2016/17 year to date; these were also met in-month for February, with the exception of the 2 week breast symptom standard, which fell to 91.62% (was 97.88% in January).

STHFT also continue to meet the pledges for 2016/17 YTD for Sheffield patients; in addition, their in-month performance for the 62 day maximum wait from urgent GP referral for this cohort improved to 86.79% (was 80.17% in January).

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

- The 62 day standard improved to 81.76% (was 74.78% in January) and YTD also improved slightly to 79.02% (was 78.77% in December) but remains under the target of 85%. The Trust is also not yet meeting the agreed STF Improvement Trajectory for this measure (see next page).
- The 2 week breast symptom treatment standard dipped below the target of 93% (with 91.75%, having been 98.00% in January) although remains above YTD.
- The 62 day consultant upgrade standard worsened (with 81.03%, having been 82.35% in January) but YTD performance continues to improve. It should also be noted that there is no national standard/target for this measure.

Action being taken: There continues to be ongoing dialogue with STHFT to enable delivery of their internal improvement plans, in particular ensuring that there is continued focus on areas of challenge where breaches are reported, ensuring that initial appointments are offered as soon as possible, with the aim to do so within 7 days.

The Cancer Intelligence work-stream is working to enable the delivery of the inter-provider transfer policy for the region to improve the timeliness of shared pathways and waiting times performance. The work-stream has also initiated work to develop an Alliance approach to the performance management of waiting times, to further engender joint responsibility. These actions should ensure improvement is delivered.

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

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

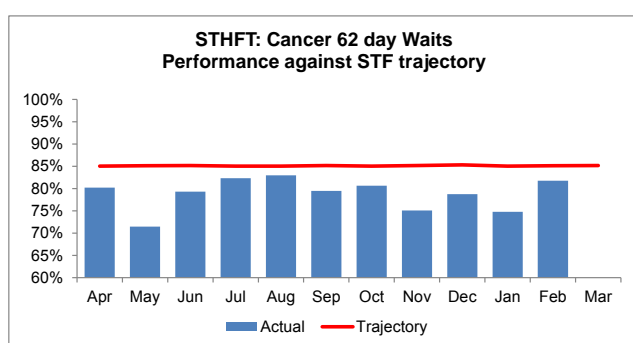
Cancer waits - continued

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%	75.1%	78.8%	74.8%	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.

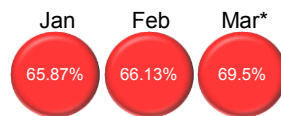
As noted below, the transition by YAS to reporting against the Ambulance Response Programme (ARP) has meant changes to coding of 999 calls and performance; it is therefore not possible to align to the 2016/17 national measures using this new YAS reporting. Performance against these measures for the beginning 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. 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)



* Mar-17 in-month position
 is provisional and subject to
 amendment.

Issues & Actions:

Ambulance response times: As noted last month, 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 though, hospital turnaround times did decrease in February at STHFT and also across a number of Yorkshire hospitals.

Action being taken: Keys action in place to improve 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 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.

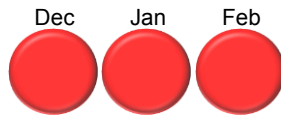
Action requested of Governing Body: None this month.

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.

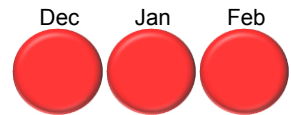
Supporting measure - YAS POSITION:

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 for both those over 30 minutes and those over 1 hour have decreased in February but still remain well above expected levels. Although the number of crew clear delays decreased slightly for both those over 30 minutes and those over 1 hour, these 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 also decreased; during February, there were 444 delayed handovers over 30 minutes (of which 85 were over 60 minutes) in comparison January, when there were 590 over 30 minutes (of which 152 were over 60 minutes).

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 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.

A number of changes to improve handover performance have been, or are about to be, implemented. STHFT and YAS are working together to ensure correct procedures are followed. STHFT has implemented a new approach to pit-stop where handover occurs.

Ambulance handover performance is a product of whole urgent care pathway 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	Dec	Jan	Feb
Ambulance Handovers - delays over 30mins	10.39%	13.06%	10.53%
Ambulance Handovers - delays over 1hr	2.56%	4.04%	2.80%
Crew Clear - delays over 30mins	1.96%	1.96%	2.02%
Crew Clear - delays over 1hr	0.09%	0.12%	0.11%

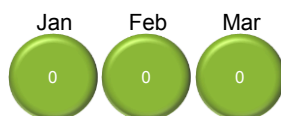
STHFT (Northern General)	Dec	Jan	Feb
Ambulance Handovers - delays over 30mins	11.52%	17.03%	12.50%
Ambulance Handovers - delays over 1hr	1.56%	4.39%	2.39%
Crew Clear - delays over 30mins	0.74%	0.69%	0.97%
Crew Clear - delays over 1hr	0.14%	0.12%	0.06%

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



Issues & Actions:

No instances were recorded for the above measure in 2016/17 for the CCG. However, once such breach was reported in March at STHFT (for a non-Sheffield patient). This has been discussed in-depth with the Trust - a patient was taken to the ward from recovery room and then taken back to recovery as there was not a bed available and no bed available elsewhere in the hospital; there was only one patient involved since all the other patients on the unit were in an area that is exempt. The issue was that the patient was fit to be transferred out of recovery and therefore not exempt from the EMSA Rules. No harm came to the patient.

Cancelled Operations

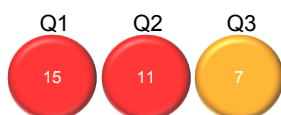
It is distressing for patients to have an operation cancelled at short notice. If an operation has to be cancelled at the last minute for reasons which are not clinical reasons, then patients should be offered another date within 28 days of the original date.

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 Trusts.

Supporting measure -

COMBINED TRUST POSITION:

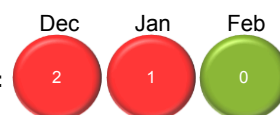
Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days



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: As noted last month, 4 such cancelled operations (where the patient was not subsequently offered another binding appointment for surgery within 28 days) were reported by STHFT in Quarter 3 of 2016/17; this is a decrease from the 10 reported in Q2 16/17. The position reported in Q3 has seen an improvement and the CCG will continue to closely monitor the position.

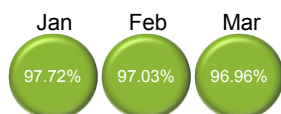
3 such cancelled operations were reported by SCHFT in Q3 16/17; this is an increase from the 1 reported last quarter. 2 of the patients were the responsibility of NHSE and the responsibility for the other patient is currently unclear. The patients were not rebooked within 28 days because of a shortage of available beds. The CCG will continue to closely monitor the position.

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: All but 1 patient in March were followed up within 7 days; they have since been seen by the service. Regarding the second client not followed up within 7 days in February (who went missing during their inpatient to community stay and SHSCFT were continuing to work with police and family contacts to locate them) further details are awaited on this. As shown above, the 2016/17 YTD position remains above the national standard of 95%.

Mental Health measures

	Target	February	March
CPA 7 day follow up (YTD)	95%	97.03%	96.96%
Early Intervention in Psychosis (EIP) - % seen within 2wks	50%	64.71%	Not yet available
Crisis Resolution / Home Treatment (YTD)	1202	1357	1499

	Target	November	December
% receiving Psychological Therapy (IAPT) (YTD) *	13.53%**	13.41%	14.46%
% IAPT patients moving to recovery (YTD) *	50%	48.22%	48.38%
% waiting 6wks or less, from referral, for IAPT *	75%	88.24%	88.89%
% waiting 18wks or less, from referral, for IAPT *	95%	100.00%	100.00%

** The CCG's 16/17 plan/ambition, as per 15/16, is to achieve 18.04% - each month should therefore see around 1.5%, i.e. 13.53% by the end of Dec-16)

EIP - % seen within 2 weeks: As noted previously, the position in February continues to be well above the 50% target. Governing Body will be aware however that 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 continues to be met in February, 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.

Expected timeframe for improvement: The action plan, as noted above, will be complete by the end of June 2017.

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 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: Although the proportion of people receiving IAPT in the first nine months of 2016/17 is performing well against plan, the year-to-date (YTD) recovery rate remains below 50%. 50% was achieved in December however, meaning the YTD figure is improving.

Moving to recovery

Action being taken: Although Governing Body members will be well aware of the issues that have and will continue to impact on the overall recovery rate, the YTD position is continuing to improve. However, although 50% was achieved in December, the YTD position remains below 50% target. The CCG are therefore exploring other issues that may be impacting on the sustained delivery of this target, including (but not limited to) the possible correlation between the waiting time between the first and second IAPT appointment. This exploratory work is, however, at a very early stage.

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 to note that although the monthly recovery rate was 50% in December, meaning the YTD position continues to improve, the YTD position remains below 50%. Governing Body are therefore asked to continue to receive updated position statements until the YTD position has exceeded 50%.

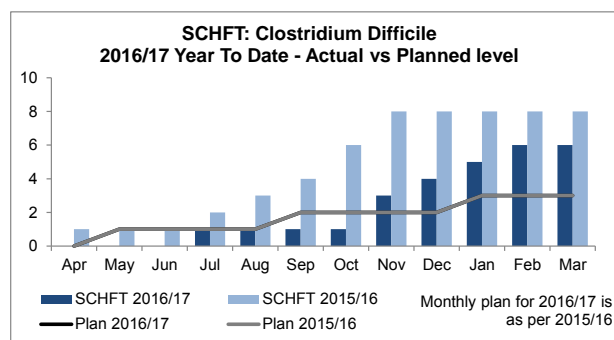
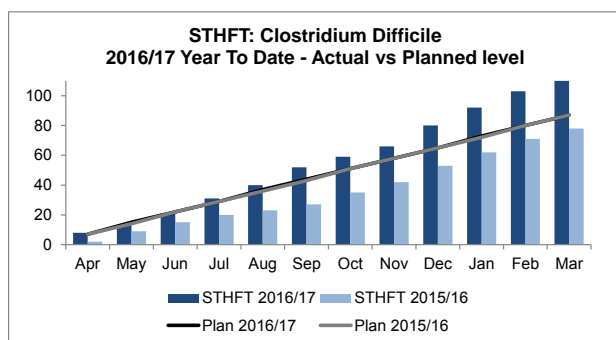
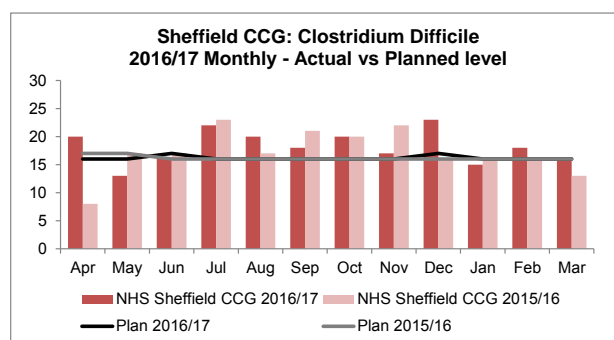
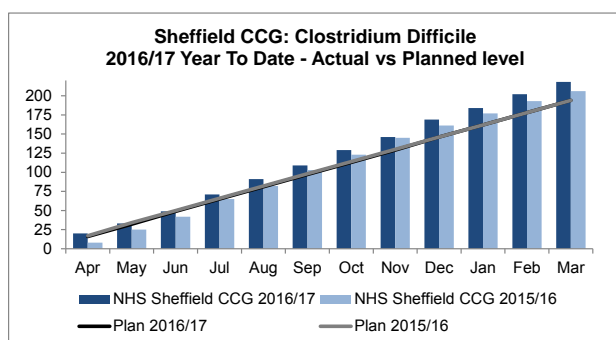
Treating and caring for people in a safe environment and protecting them from harm

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 2016/17 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Mar-17	0	0	0	16	7	0
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	218	110	6
Number of infections forecast for this period	0	0	0	194	87	3



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 16 cases reported in March (2 fewer than in February) for Sheffield CCG:

- 4 were STHFT (of a total 7 STHFT-reported cases)
- 10 were community associated, with a hospital admission in the last 56 days
- 2 were community associated, with no recent hospital contact/admission

The annual total for the CCG is 218 cases. The C.Diff report will be written shortly which will confirm the total number of lapses of care.

5 of the STHFT cases occurred on separate wards where there have not been any other recent cases. For the 2 occurring on separate wards where there has been at least one other recent case, samples have been sent for typing and audits are underway.

The STHFT total for the year is 110 cases. As shown in last month's report, up to Quarter 3 (Apr-16 to Dec-16) the total was 80 cases, of which 27 were lapses in care. The Quarter 4 review meeting for RCAs (root cause analyses) is to be held shortly.

No cases were reported at SCHFT in March. Their annual total is 6 cases. RCAs have now been received and discussed with Consultant Microbiologists. It has been agreed that 2 out of the 6 were lapses in care.

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 in March.

NOTE: Although 5 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 March and so there are 3 cases reported in 2016/17 to date. Please note the December case previously reported (and, as noted in the month 9 report, expected to be allocated to a third party) has been assigned to STHFT and they are still in discussion with NHSE with regard to the rationale behind this decision.

SCHFT - No cases were reported in March and therefore, in 2016/17 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 Public Health England on a monthly basis since January 2011. STHFT has an annual internal target of 42 cases or less, and, although there are no identified clusters, to date (as at the end of March, prior to finalised position) they have had 57 cases.

The funding for providing universal decolonisation of patients in medical and surgical directorates is being assessed internally with STHFT at the moment.

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 starting 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 will be able to access this data direct.

Regulations

Care Quality Commission (CQC) Regulatory Reviews

Sheffield Health and Social Care NHS Foundation Trust

The CQC visited SHSCFT in November 2016. The final report has now been published and the trust has been rated 'Good'. A Quality Summit was held on 6th April and a draft action plan has been developed.

The Mental Health Act (MHA) on-site inspection took place on 5th April and the CCG was involved in this visit.

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. SCHFT's update will be provided in next month's report.

Summary Hospital Mortality Indicator - Quarterly Update and Benchmarking

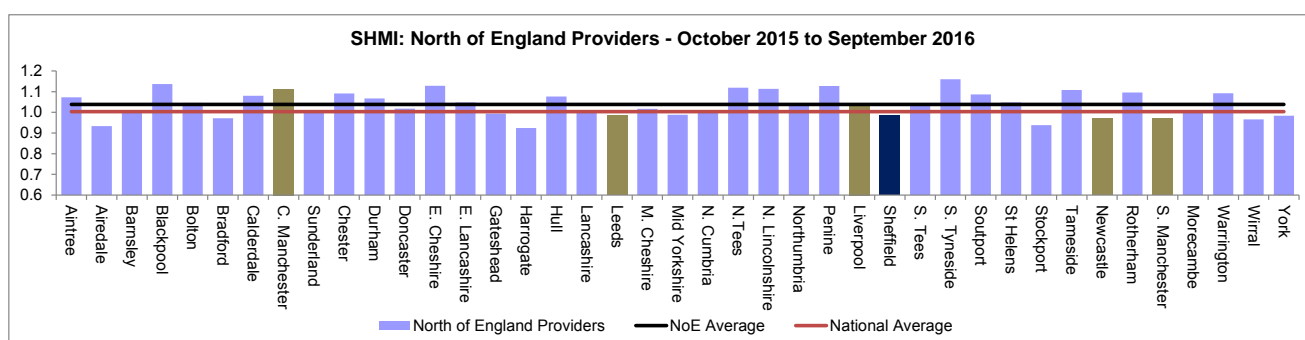
The Summary Hospital Mortality Indicator (SHMI) is a ratio of the observed number of deaths to the expected number of deaths for a provider; the lower the ratio, the better, as less deaths are occurring.

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.

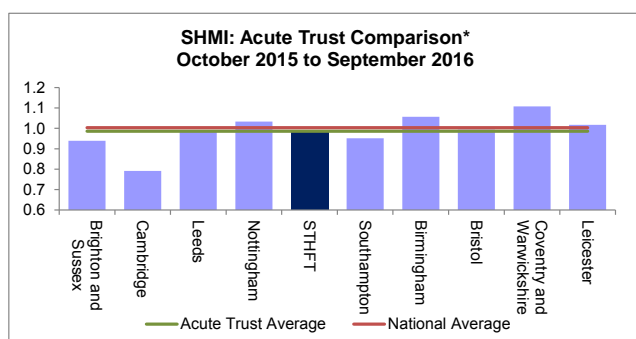
A 3-year dataset is used to create the risk adjusted models and a 1-year dataset is used to score the indicator. The 1-year dataset used for scoring is a full 12 months up to and including the most recently available data on the dataset. The 3-year dataset is a full 36 months up to and including the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

The STHFT value for October 2015 to September 2016, at 0.986, is higher than July 2015 to June 2016 (0.964) but is still below the expected value. This is a positive position for Sheffield residents.



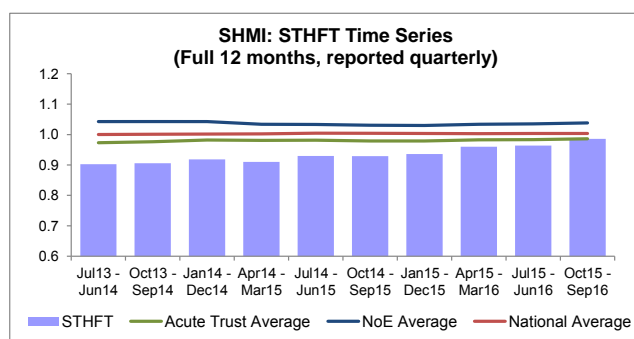
The above chart shows providers who have submitted data in the North of England (NoE). Sheffield (STHFT) has been distinguished by the **dark blue** bar and the other core cities that lie within the NoE by the **tan** bars.

STHFT is the tenth best ranked provider within the NoE and 50th on a National level. 15 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, marginally) of the other trusts that have submitted data and are just below both the area and National average positions. This equates to 0.01% lower than the Acute Trust average and 1.74% 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 0.986 (Oct15 to Sep16) is 2.31% higher than the previous period (0.964 - Jul15 to Jun15) but still remains just below the National, North of England and Acute Trust averages.

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 January/February 2017 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 is as at December 2016.
- Inflammatory Bowel Disease, where data remains at November 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 Q4 2014/15, hence this remains grey pending further intelligence being obtained (although, up to this point, performance is showing notable improvement).

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 <i>*invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin</i>	-		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. <i>CCG Planned performance for Q4 2016/17 = 92%</i>	-		25%
	Patients should be admitted, transferred or discharged within 4hrs of their arrival at an A&E department. <i>CCG planned performance mirrors the STF trajectories (see page 8) submitted by STHFT and SCHFT.</i>	-		25%
	Max. 2 month (62 day) wait from urgent GP referral to 1st definitive treatment for cancer <i>CCG Planned performance for Q4 2016/17 = 85%</i>	-		25%
	Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes. <i>The alignment of the new Ambulance Response pilot to the NHS Constitution measures and thus Quality Premium is not yet clear.</i>	-		25%

continued overleaf

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

Measures currently RAG rated as Red or Amber:

E-referrals: The proportion of GP referrals made by e-referrals (at CCG level) has remained relatively static since around July 2015. Having dipped slightly in August and September 2016, the proportion did increase in October and November but then dipped again in December and January (most recent available data) and so is not yet an improvement on the end of 2015/16.

As noted previously, from August 2016 all GP routine referrals in the 7 CASES specialties* are required to be made via e-referral as part of the Locally Commissioned Services with GP practices. This is expected to give some in-year increase in e-referral use from that point, although it is unlikely to produce a significant effect on the bottom-line figure.

** 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 not be until July 2017, having changed from a bi-annual to an annual collection.

Local Measure - Delayed transfers of care (DTC) from hospital: Following a significant increase in the reported number of delayed discharges during April and May last year, June to August did see a decrease but then September to November again saw increased numbers; December did decrease slightly but there was a significant increase in January and again in February - the monthly average number of delays now stands at 137 (had been 142 at the beginning of 2016/17 but was down to 119 in August). As noted last month, given the high averages to this point in the year, it is now not possible to meet the 5% reduction on 2015/16 levels and this measure therefore cannot be achieved.

The joint CCG/STHFT/Sheffield City Council task force has developed an improvement plan which is overseen by the CCG chaired weekly FLOW group. The plan is focused on reducing inappropriate demand for services and ensuring pathways are fit for purpose. To make this happen, there is a focus on developing and supporting the team and ensuring timely and accurate information is available to all. The work is also supported by broader work streams such as seven day working and the implementation of the five high impact changes at the STHFT.

It should be noted that significant reductions in DTC have been seen in April 2017 as this whole-system service improvement plan is implemented. A city-wide summit has been arranged for 23rd May.

A&E 4hr waits: See NHS Constitution section - A&E waits (page 7 - 8).

Cancer 62 day waits: See NHS Constitution section - Cancer waits (pages 9 - 10).

Public Health Quarterly Report to Sheffield CCG Governing Body - April 2017

This is a narrative report structured around key public health topics and/or public health outcomes in the City which are of relevance and importance to the CCG, including required improvement actions.

Tuberculosis

Tuberculosis remains a priority within the City due to incidence and the number of health protection incidents which require a screening response. Currently there is an ongoing incident in Sheffield with a large number (up to 200) contacts identified for screening. This reactive work is costly, labour intensive and has the potential to cause anxiety both for individuals and partner organisations. The number of cases of active TB can be reduced by identifying latent TB through screening high risk groups and providing appropriate treatment.

NHS England (NHSE) continues to provide funding to the CCG for the next phase of latent TB screening. Screening is delivered through practices which have signed up and patients who test positive are referred to secondary care. This service is core CCG business and in the next phase a commissioning lead for increasing the number of practices signed up to deliver the screening is required. As the funding for this work will taper off, the latent TB service needs to become part of standard TB service commissioned from STHFT. This will require a service specification to be put in place.

This is set in the context of an overall decline in the number of cases of TB in England (30% over the last 4 years) but still one of the highest rates of TB in Western Europe. Public Health England (PHE) and NHSE, working with many local and national partners, aim to continue this decrease by actively implementing the Collaborative TB Strategy for England. This will contribute to the World Health Organisation's goal of eliminating TB as a public health problem by 2035.

Person and Community-Centred Approaches

Empowering people and communities, as a foundation for a radical upgrade in prevention, care and support, is central to improving health and wellbeing outcomes in Sheffield. Such person and community-centred approaches aim to achieve systematic, city-wide and sustainable behaviour change, by empowering people to take more control over their health and wellbeing by:

- Putting people, families and communities at the heart of health, care and wellbeing
- Valuing and building on personal and community strengths and assets
- Ensuring people feel supported, in control, socially connected and independent
- Establishing a health and care system and workforce that truly listens to what is important to people and works with them to build the best environment to meet their goals

There are a range of activities being taken forward to develop this approach. Of note for this report are:

Person-centred care subgroup - There is a proposal to establish a person-centred care subgroup of the Active Support and Recovery Board. The purpose of the subgroup will be to drive forward the whole ethos of a personalised, coordinated and enabling approach to care. Care planning, shared decision making and supported self-management all fall under this umbrella which also includes workforce development, culture and the behaviour change needed to assert and support the development of care outside of hospital. Ollie Hart is the CCG's clinical lead for person-centred care and has been proposed as co-chair of the subgroup together with Greg Fell, Director of Public Health (DPH).

Workforce development - For person and community-centred ways of working to become widely understood and valued they need to be woven into the infrastructure of the whole health and social care system. Sheffield City Council (SCC) is reviewing its Making Every Contact Count (MECC) Healthy Conversations and Coaching for Wellbeing training for front line staff and considering how to further embed this thinking into 'everyday business'. SCC is working closely with CCG colleagues to generate stronger links with the health and activation coaching approach within primary health.

Making Every Contact Count (MECC) Yorkshire and Humber Conference - The MECC work at SCC is subject to a research project being supported by SchARR (The University of Sheffield's School of Health and Related Research). As a means of sharing the learning from this work and showcasing good practice across the Yorkshire and Humber area, SCC has teamed up with Health Education England Yorkshire and Humber and PHE Yorkshire and Humber to offer a regional conference to be held on 26th April 2017. The conference programme goes beyond 'What is MECC?' into implementation and evaluation in order to address key questions on training, evaluation, impact and scalability. The conference is fully subscribed now but videos from the day and key learning will be circulated and people can engage via twitter through the new **#meccithappen**

Health trainers - The health trainer service supports people motivated to change or lead healthy lifestyles and is focussed on areas of the City with a higher than average level of deprivation. This service is particularly suitable for people with long term conditions and/or people wishing to make healthy behaviour changes, as the health trainer can support in goal setting, action planning and maintaining new behaviours. Various primary and community referral routes exist, including from the GP or practice nurse, and service provision will (typically) entail 6-7 weeks of 1:1 support.

continued overleaf

Public Health Quarterly Report to Sheffield CCG Governing Body - continued

Health Trainers (continued) - We are seeking to create stronger alignment between the service and a number of key care pathways including: stroke, fibromyalgia and, with Macmillan, 'Living With and Beyond Cancer' and 'Active Every Day'. For further information contact aziz.muthana@sheffield.gcsx.gov.uk who provides an overall city-wide management function for the service.

Community support workers - Community support workers are based in GP practices across Sheffield. They work with patients and carers with low level support needs, mainly to signpost patients/carers to the help and support they need to remain well and independent in their community. This service is being used by all practices. There is now an additional e-referral route to this service available on the GP's clinical system that can be used for social prescribing. Information including 'how to' guides can be found on the practice support area of the CCG's intranet along with a new button called 'Social Prescribing'. This new referral route is being offered **in addition** to existing methods for contacting the community support worker service or local Voluntary, Community & Faith (VCF) managed hub. For further information contact Andrew.wallace@sheffield.gov.uk

Books on prescription - SCC's library service is keen to reinstate and enhance the 'Books on Prescription' service as part of the 'Library Delivery Ambitions' strategy around health. Further discussion will be held by the library service with GP practices to agree the best way forward. For further information contact nick.partridge@sheffield.gov.uk

Teenage Pregnancy

PHE has recently updated information on teenage pregnancy in local authorities. This latest position (2015) shows the Sheffield under 18 conception rate has continued to reduce and now stands at 23.6 per 1,000 girls aged 15-17 years. This is already better than the local target of 24.2 per 1,000 by 2016 but remains worse than the England average of 20.8. Sheffield now has the second lowest rate among the core cities. The rate for under 16 year olds, of 5.7 per 1,000 girls aged 11-15 years (2013-2015) increased marginally over the previous period but the overall trend is reducing. Sheffield's under 16 rate is higher than both the regional and national averages however.

The PHE data also show that the proportion of teenage conceptions leading to abortion in Sheffield is now consistently lower than regional and national averages. This may indicate problems with access to termination services for young people in Sheffield. We aim to undertake more detailed work on the behaviours and attitudes of young people most at risk of becoming pregnant to help us understand the reasons why they do or do not access termination services and why - and to what extent - this may be changing. This will rely on being able to access data from partners and will be included in the Teenage Pregnancy Action Plan.

Alcohol and Drug Misuse

Implementation of the City's Alcohol Strategy 2016-2020 is ongoing and overseen by the Alcohol Strategy Implementation Group which meets on a quarterly basis chaired by the DPH. The Group has recently agreed its Year 1 priorities. Work is also ongoing to develop the current version of the alcohol electronic screening tool into a whole population targeted and self-screening web application.

Sheffield's substance misuse services were inspected by the CQC during November 2016 as part of SHSCFT's inspection (the results were released in March 2017). The services were rated as 'Good' overall with specific service area ratings of one 'requiring improvement', four 'good' and one 'outstanding'. The latter was for responsiveness of the treatment services, citing their open access model for assessment and crisis support, and lack of barriers to treatment as an area of best practice. Other specific examples of best practice identified included the screening tool, Juice clinic for steroid and other performance and image enhancing drug users, and the wound care clinic which delivers on average 600-700 interventions per quarter.

Tobacco Control

The new Sheffield Tobacco Control Strategy aims to reduce population prevalence of smoking in Sheffield and was approved by SCC Cabinet on 15th February 2017. The new strategy and commissioning model maintains investment at the current level of £987k for a further 3-5 years but this investment is shifted so that there is greater expenditure on wider tobacco control (£220,000 investment shift). The new strategy and future commissioning model are based on a detailed Tobacco Health Needs Assessment (HNA) 2016-17, stakeholder and public consultation on the new proposed model and has been developed in collaboration with partners in the City, by the Tobacco Control Board. The CCG also invests £90k per year in the Specialist Midwifery Stop Smoking Service. This investment has been maintained at this level since 2012. The HNA can be viewed here: <https://data.sheffield.gov.uk/stories/s/Sheffield-Health-Needs-Assessments/hb5c-7389>

As part of the development of the new strategy and future commissioning model, all key stakeholders in the City including the CCG attended a market testing briefing meeting on 9th March 2017 to comment and shape the new Sheffield tobacco control model. A number of questions were raised at the event by stakeholders, which commissioners are considering in the development of the new tobacco control programme 2017-2020. SCC plan to launch the tender of the new tobacco control services on 28th April 2017. New contracts will start on 1st October 2017. The CCG is warmly invited to attend the Tobacco Control Board to inform the future tobacco control programme for the City.

Provided by: Public Health Intelligence Team, SCC