

## Quality and Outcomes Report: 2016/17 Summary Position and Overview

Governing Body meeting

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25 May 2017

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<b>Purpose of Paper</b>	
To update Governing Body on key performance, quality, safeguarding and outcomes measures.	
<b>Key Issues</b>	
<ul style="list-style-type: none"> <li>• <b>A&amp;E 4hr Waits:</b> The proportion of Sheffield CCG's patients admitted, transferred or discharged within 4hrs of arrival at A&amp;E was below the national 95% standard in 2016/17 and, although improving, remains below for 2017/18 so far (April/May local data proxy).</li> <li>• <b>Ambulance Response Times:</b> 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.</li> <li>• <b>Ambulance Handover Times:</b> The number of delays over 30 minutes in clinical handover of patients to A&amp;E reduced in-month (March) at both YAS and local provider level but remain above expected levels.</li> <li>• <b>Improving Access to Psychological Therapy:</b> The proportion of Sheffield CCG's IAPT patients moving to recovery met the national 50% standard in-month (January, latest published data) - but remains below this threshold for 2016/17 to date.</li> </ul>	
<b>Is your report for Approval / Consideration / Noting</b>	
Consideration	
<b>Recommendations / Action Required by Governing Body</b>	
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> <li>• Sheffield performance on delivery of the NHS Constitution Rights and Pledges</li> <li>• Key issues relating to Quality, Safety and Patient Experience</li> <li>• Assessment against measures relating to the Quality Premium</li> </ul> <p><b>The CCG is currently reviewing the format of this report and would request expressions of interest from Governing Body members to help define the structure and content of the proposed revised report by being part of a Task and Finish Group.</b></p>	

<b>Governing Body Assurance Framework</b>
<p><b><i>Which of the CCG's objectives does this paper support?</i></b></p> <p>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</p>
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>
Not applicable at this time
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
<p><b><i>Please attach if completed. Please explain if not, why not</i></b>  <i>No - none necessary</i></p>
<b>Have you involved patients, carers and the public in the preparation of the report?</b>
It does not directly support this but as a public facing document is part of keeping the public informed.

# Quality & Outcomes Report

**2016/17**

Summary position and overview

For the 25<sup>th</sup> May 2017 meeting  
of the Governing Body

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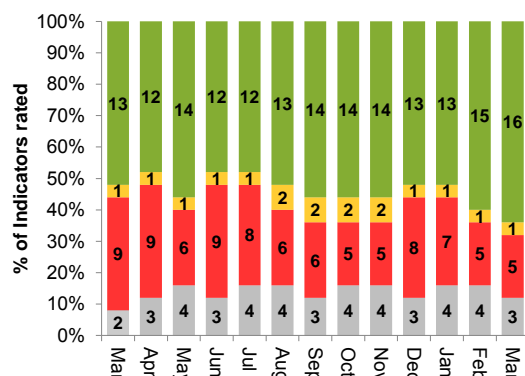
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## Highest Quality Health Care - NHS Constitution - Rights & Pledges

### 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.

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 - 12).

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

#### 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. For 2016/17, **11 of the 15** core rights and pledges were 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 - 12).

A&E waits	Issue	ACTION requested from Governing Body	Page
95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	<p><b>STHFT</b> 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.</p> <p>At the time of writing (10th May) the 2017/18 year to date performance shows 91.45% of patients seen/treated within 4hrs.</p>	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).	6-7
Cancer waits	Issue	ACTION requested from Governing Body	Page
85% of patients have a max. 2 month (62 day) wait from urgent GP referral	<p><b>STHFT</b> overall performance worsened in March (having improved in February) and remains below the national standard in-month and for 2016/17 overall.</p>	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.	8-9

continued overleaf

## 2016/17 Headlines - continued

Ambulance response times			
75% of Category A (RED 1) calls resulting in an emergency response arriving within 8 minutes	<b>Yorkshire Ambulance Service (YAS)</b> 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.	10
75% of Category A (RED 2) calls resulting in an emergency response arriving within 8 minutes			
Ambulance handover times			
Reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	<b>YAS</b> level ambulance handover delays decreased in March for both those over 30 minutes and those over 1 hour but both remain above expected levels. (The reported position at <b>STHFT</b> level also improved in March 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.	11
Reduction in the number of delays over 1 hour in clinical handover of patients to A&E (subset of previous measure)			

## Highest Quality Health Care - Mental Health

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

A summary of areas of concern, key issues and the action requested from the CCG Governing Body is set out below. Further detailed information on the action being taken by the CCG and providers to improve performance - along with expected timescales for delivery of improvement - are set out in the Mental Health section (page 13).

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 March) the <b>CCG</b> 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.	13
% IAPT patients moving to recovery (YTD)	<p>The recovery rate is generally improving month on month and the <b>CCG</b> recovery rate returned to 50% in December and January.</p> <p>However, both the <b>CCG</b> and the <b>Sheffield Health and Social Care NHS Foundation Trust (SHSCFT)</b> position continued to fall short of the 50% for 2016/17. This is related to the way referral data is reported for patients who would normally be considered too complex for IAPT services.</p>	Governing Body are asked to note that although the monthly recovery rate was 50% in December and January, meaning the YTD position continues to improve, this does however remain below 50%. Governing Body are therefore asked to continue to receive updated position statements until the YTD position has exceeded 50%.	13

*continued overleaf*

## 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 2016/17, 218 cases attributable to the CCG were reported, compared to a forecast for the year of 194. STHFT reported 110, compared to a forecast for the year of 87. SCHFT reported 6, compared to a forecast for the year of 3.
- **MRSA** - No cases were reported for the CCG, STHFT or SCHFT in March. 1 case was reported in 2016/17 for the CCG, 2 for STHFT and no cases reported 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; NHS England have communicated that the next data refresh is now expected in July.

## 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 23 - 24.

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

# Highest Quality Health Care - NHS Constitution: Rights & Pledges

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

Key to ratings:

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

The NHS Constitution Rights & Pledges for 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.

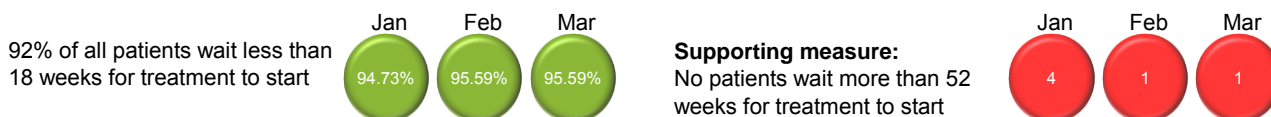
**NOTE: "Supporting measure" = NHS Constitution support measure specified by NHS England (NHSE)**

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



**Patients waiting more than 18 weeks for treatment to start:** As shown above, the national standard continues to be met in March and has remained the same as February. This month, all specialties met the standard of 92%.

**Patients waiting more than 52 weeks for treatment to start:** During March, 1 Sheffield patient was reported for this measure in Trauma & Orthopaedics at Imperial College Healthcare NHS Trust (London). The patient had been identified as a result of ongoing data clean-up exercises across the trust and had been scheduled to be seen at another provider but returned; however, the pathway has since been closed and therefore will not carry over to the April position.

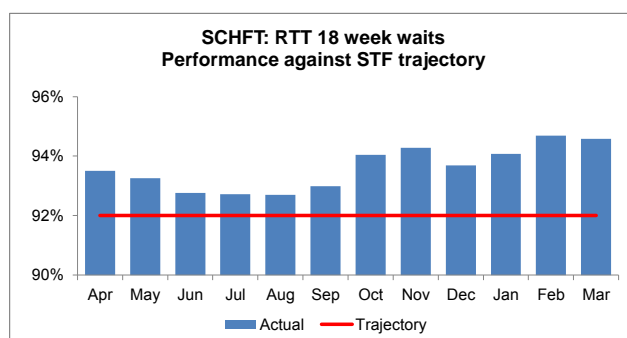
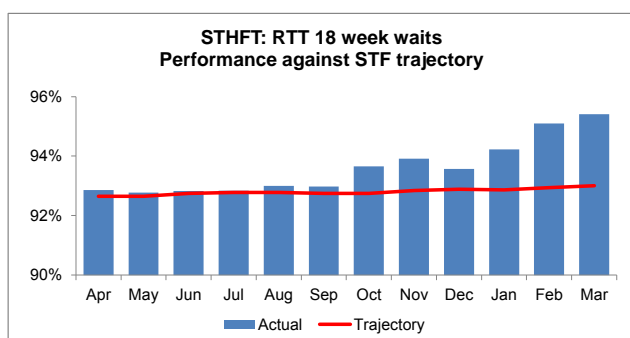
### STF Trajectory

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.

### 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%	95.4%
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%	94.6%





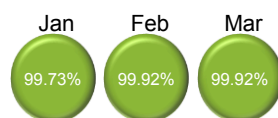
## Diagnostic test waiting times

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:** April RTT data was not available prior to production of this month's report and so the performance position - and RAG rating - is as at March. 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



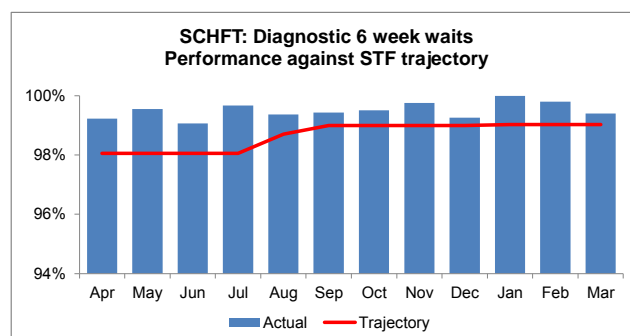
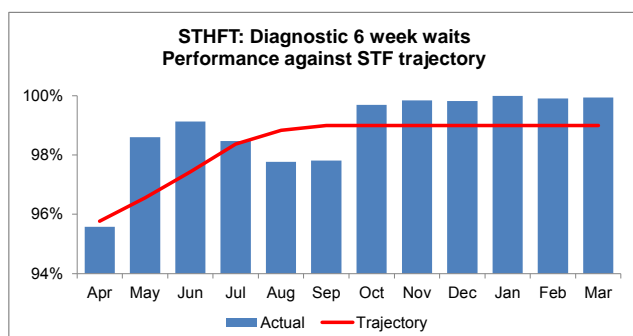
### STF Trajectory

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.

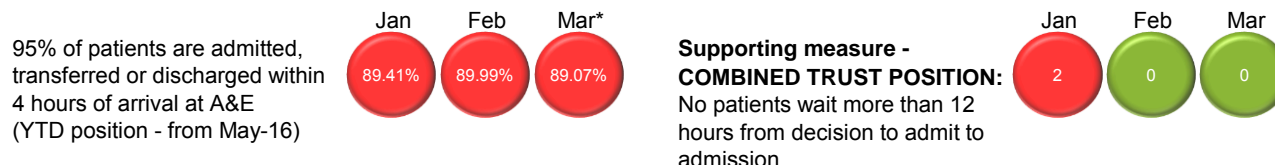
### DIAGNOSTIC WAITS: 99% of patients wait 6 weeks or less from the date they were referred

		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%	99.8%	99.8%	99.997%	99.9%	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%	99.4%



## A&E waits

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



### Issues & Actions:

**A&E 4hr waits:** The nationally published A&E positions are available for March and are rated above. Local daily data for April indicates that whilst performance at STHFT is improving, with 91.89% of patients seen/treated within 4 hours in the first month of 2017/18 (March in-month was 87.86%), they are still not yet meeting the pledge. The Trust is however meeting the Sustainability and Transformation Fund (STF) improvement trajectory for Quarter 1 so far.

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 was not available for STHFT, reporting does not reflect the full 2016/17 position.

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

**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 in February 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 CMG and 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 March with high patient acuity, large numbers of emergency admissions and pressure upon resuscitation facilities. However performance began to recover during the month, although has not yet reached the performance target.

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 1<sup>st</sup> March but have since declined by 58%.

**Expected timeframe for improvement:** In March 2017, the Trust were expected to achieve a cumulative monthly performance of 89%. 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 progress towards 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

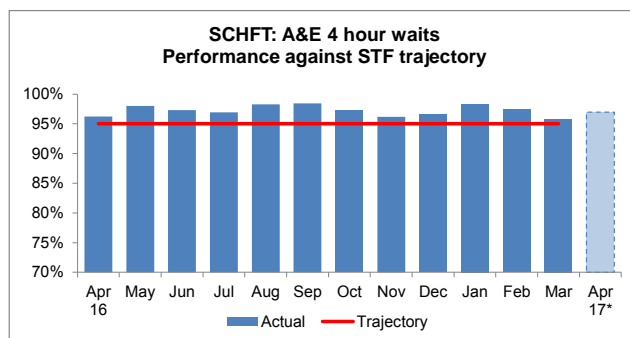
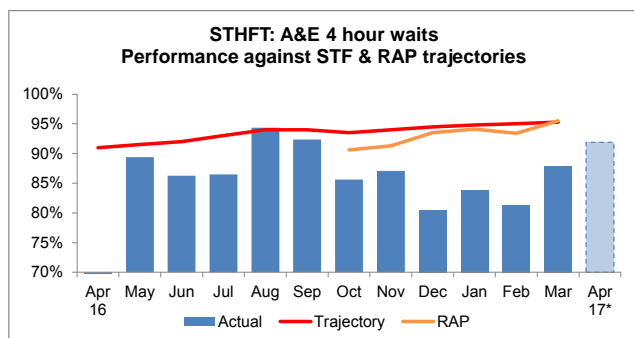
### STF Trajectory

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%



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

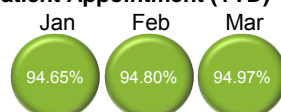
Reporting against the 2017/18 STF trajectory will commence in next month's report

## Cancer waits

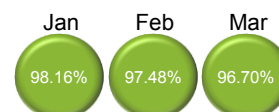
*It is important for patients with cancer or its symptoms to be seen by the right person, with appropriate expertise, within two weeks. This is to ensure early diagnosis and so is central to improving outcomes. If diagnosed with cancer, patients need to receive treatment within clinically appropriate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

### From GP Referral to First Outpatient Appointment (YTD)

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

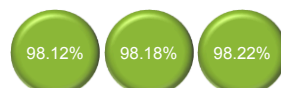


93% of patients have a max. 2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)

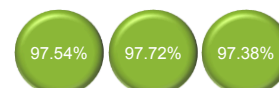


### From Diagnosis to Treatment (YTD)

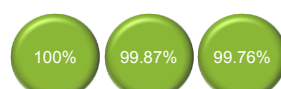
96% of patients have a max. 1 month (31 day) wait from diagnosis to first definitive treatment for all cancers



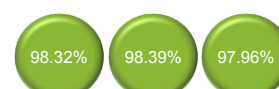
94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is surgery



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

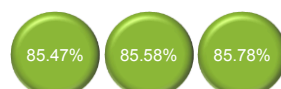


94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy

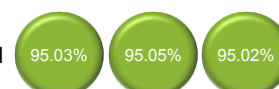


### From Referral to First Treatment (YTD)

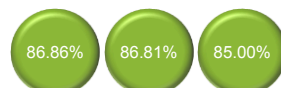
85% of patients have a max. 2 month (62 day) wait from urgent GP referral



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



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



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

### Issues & Actions:

As shown above, the CCG met all the cancer waiting times pledges for 2016/17; these were also met in-month for March, with the exception of the 2 week breast symptom standard, which fell to 90.79% (was 91.62% in February). Whilst the 62 day consultant upgrade measure does not have a national standard/target, this did fall below previous performance and thresholds in March but the 2016/17 position remains at 85%.

STHFT also met the pledges for 2016/17 for Sheffield patients; however, their in-month performance for the 62 day maximum wait from urgent GP referral for this cohort did worsen, to 86.03% (was 86.79% in February) and 2 week breast symptoms also remained below the national standard, with 90.64% (was just below, with 91/89%, in February).

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

- The 62 day standard worsened to 79.18% (was 81.76% in February). The 2016/17 total position improved slightly to 79.14% (was 79.02% in February) but was under the 85% standard. The Trust also did not meet the agreed 2016/17 STF Improvement Trajectory for this measure (see next page), however did receive funds due to the assumption submitted with the trajectory.
- The 2 week breast symptom treatment standard worsened to 91.09% (was 91.75% in February) although the 2016/17 total position was above the 93% standard. There has been a high volume of referrals and there is a supporting services issue (radiotherapy capacity). Plans are in place to address this.
- 31 day subsequent treatment for radiotherapy treatments dipped below the national 94% standard to 92.64% (was 96.06% in February) although the 2016/17 total position was above the standard. Issues/actions are as above.
- The 62 day consultant upgrade standard worsened considerably to 68.60% (was 81.03% in February) and so 2016/17 total 2016/17 performance did not improve. As noted above however, there is no national standard/target for this measure.

*Cancer waits actions and STF information overleaf*

## Cancer waits - continued

**Action being taken:** 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 below.

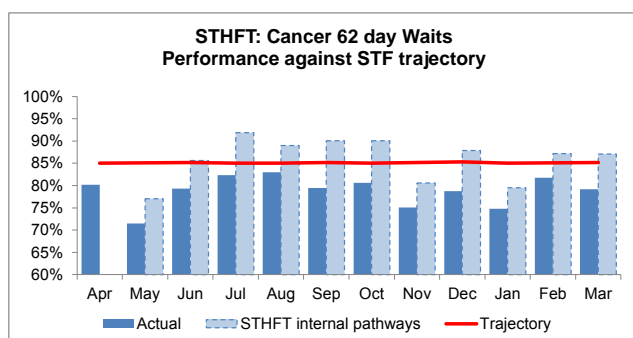
**Action requested of Governing Body:** To endorse the approach proposed by the newly established Cancer Alliance to develop a common performance management framework for cancer waiting times across the region (aligned to the Sustainability and Transformation Plans) whilst continuing to monitor progress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

### 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%	79.2%
For info: STHFT internal pathways		77.0%	85.6%	91.9%	89.0%	90.1%	90.1%	80.6%	87.9%	79.5%	87.2%	87.1%	
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.

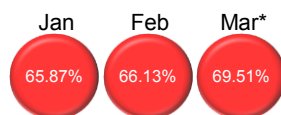
As noted below, the transition by YAS to reporting against the Ambulance Response Programme (ARP) has meant changes to coding of 999 calls and performance; it is therefore not possible to align to the 2016/17 national measures using this new YAS reporting. Performance against these measures for the beginning of 2016/17 (\*1<sup>st</sup> April 2016 to 20<sup>th</sup> 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 previously, performance has suffered in recent months due to the increased demand for responses that require an ambulance, increased job cycle demand due to hospital handover (i.e. from arrival at hospital to ability to take next call) and other delays and also service reconfigurations. As noted overleaf though, hospital turnaround times did decrease in March 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.

The Sheffield CCG Quality Team have undertaken a detailed analysis of performance. YAS have not met the target of 75% (of Category 1 calls resulting in an emergency response arriving within 8 minutes) in March or for Quarter 4; however the tail of performance is short, with 75% of patients receiving an ambulance in 8 hours 42 minutes.

**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.

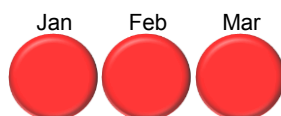
**Action requested of Governing Body:** None this month.

## 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.

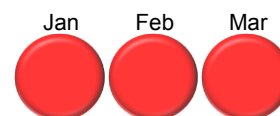
### Supporting measure - YAS POSITION:

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



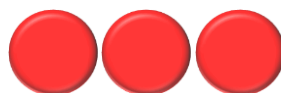
### Supporting measure - YAS POSITION:

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 have decreased considerably in March but still remains above expected levels. However, the number of crew clear delays increased for those over 30 minutes; these (along with those over 1hr) 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 considerably; during March, there were 392 delayed handovers over 30 minutes (of which 28 were over 60 minutes) in comparison to February, when there were 444 over 30 minutes (of which 85 were over 60 minutes). March was another challenging month for the Sheffield urgent care system and handover performance is a product of the whole urgent care pathway performance.

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

**Action being taken:** The CCG Urgent Care portfolio continues to work with STHFT and YAS to address this issue. Performance is reviewed daily by the Urgent Care team and is discussed 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 also implemented a new approach to pit-stop, where handover occurs, which includes recruitment of additional staff to improve the process.

**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	Jan	Feb	Mar
Ambulance Handovers - delays over 30mins	13.06%	10.53%	5.62%
Ambulance Handovers - delays over 1hr	4.04%	2.80%	0.71%
Crew Clear - delays over 30mins	1.96%	2.02%	2.20%
Crew Clear - delays over 1hr	0.12%	0.11%	0.10%

STHFT (Northern General)	Jan	Feb	Mar
Ambulance Handovers - delays over 30mins	17.03%	12.50%	10.31%
Ambulance Handovers - delays over 1hr	4.39%	2.39%	0.74%
Crew Clear - delays over 30mins	0.69%	0.97%	1.18%
Crew Clear - delays over 1hr	0.12%	0.06%	0.12%

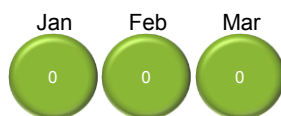


## Mixed Sex Accommodation (MSA) breaches

*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:** As noted last month, no instances were recorded for the above standard 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:** 3 such cancelled operations (where the patient was not subsequently offered another binding appointment for surgery within 28 days) were reported by STHFT in Quarter 4 of 2016/17; this is a decrease from the 4 reported in Quarter 3. The CCG will continue to closely monitor the position.

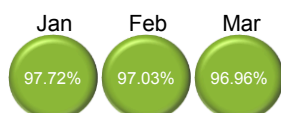
There was 1 such cancelled operation reported by SCHFT in Q4 16/17; this is a decrease from the 3 reported in Quarter 3. The CCG will continue to closely monitor the position.

## 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:** As shown above, the national standard of 95% was met in 2016/17. As noted last month, all but 1 patient in March were followed up within 7 days and had 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) - the Trust are in regular contact/liaison with family members and 'keeping in touch' with how the client is doing that way but have not yet managed to connect/meet directly with the client despite on-going efforts. The team will shortly be reviewing the situation and current plans.



## 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%	59.09%
Crisis Resolution / Home Treatment (YTD)	1202	1357	1499

	Target	December	January
% receiving Psychological Therapy (IAPT) (YTD) *	15.03%**	14.46%	16.21%
% IAPT patients moving to recovery (YTD) *	50%	48.38%	48.53%
% waiting 6wks or less, from referral, for IAPT *	75%	88.89%	88.41%
% waiting 18wks or less, from referral, for IAPT *	95%	100.00%	97.10%

\*\* 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. 15.03% by the end of Jan-17)

**EIP - % seen within 2 weeks:** The position in March continues to be above the 50% target. As noted previously, 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 March, 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%. However, 50% was achieved for the second month in a row in January, meaning the YTD figure continues to improve.

### 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, although remains below the 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 and January, meaning the YTD position continues to improve, this does however remain below 50%. Governing Body are therefore asked to continue to receive updated position statements until the YTD position has exceeded 50%.

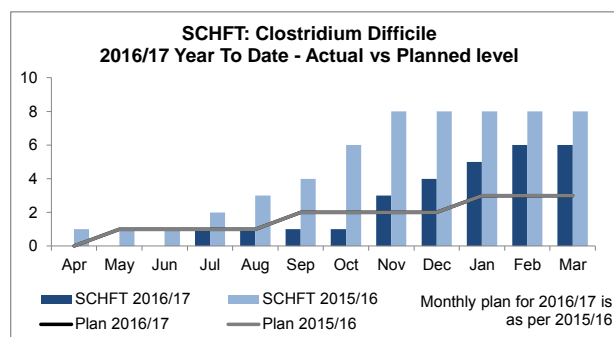
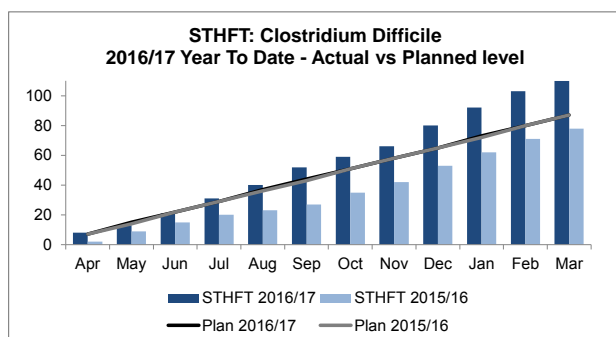
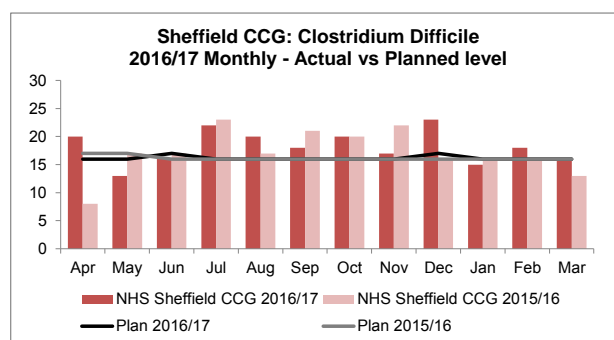
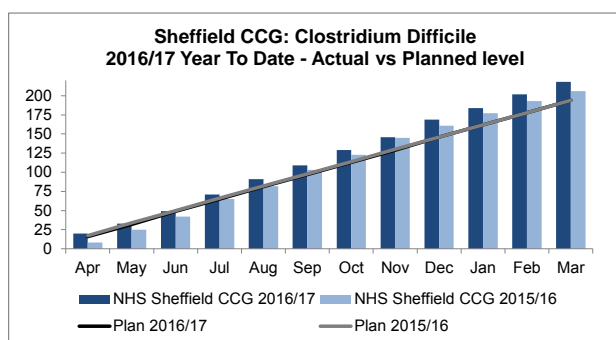
## Treating and caring for people in a safe environment and protecting them from harm

### 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)

**2016/17 summary** (commitment for the CCG and Providers was as per 2015/16)

- Sheffield CCG - The total number of cases recorded in 2016/17 was over the expected amount (218 vs 194) and also more than the total recorded in 2015/16 (206).
- STHFT - The total number of cases recorded in 2016/17 was over the expected amount (110 vs 87) and also more than in 2015/16 (78).
- SCHFT - The total number of cases recorded in 2016/17 was over the expected amount (6 vs 3) but there were fewer than in 2015/16 (8).

**2017/18 - April summary from preliminary data** (full reporting to commence in next month's report)

Of the 19 cases reported in April (3 more than in March) for Sheffield CCG:

- 9 were STHFT (of a total 10 STHFT-reported cases) \*
- 3 were community associated, with a hospital admission in the last 56 days
- 6 were community associated, with no recent hospital contact/admission
- 1 was SCHFT (their sole reported case)

\* Please note this number is yet to be verified with STHFT and as such the breakdown of the number of cases occurring on wards with no recent cases versus recent cases is not currently available.

The root cause analysis (RCA) for the case reported at SCHFT in April is to be undertake.

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

### Meticillin-Resistant Staphylococcus Aureus (MRSA)

#### 2016/17 summary

- Sheffield CCG - Although 5 cases have been attributed to the CCG (i.e. the patient was a Sheffield resident) in 2016/17, only 1 of these cases - from June - was formally 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 - 2 cases were recorded in 2016/17 (please note that the December case previously reported has been re-assigned to a third party by NHSE ).
- SCHFT - No cases were recorded in 2016/17.

#### 2017/18 - April summary from preliminary data (full reporting to commence in next month's report)

- Sheffield CCG - No cases were reported in April.
- STHFT - 1 case was reported in April and the post infection review (PIR) is currently in progress.
- SCHFT - No cases were reported in April.

**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, 57 cases were recorded in 2016/17.

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

2017/18 - April data is not yet available

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

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

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

### Regulations

#### Care Quality Commission (CQC) Regulatory Reviews

No updates for this report.

### Serious Incidents

Serious Incident Position for March and April 2017					
Organisation	Number of SIs Opened March	Number of SIs Opened April	Number of SIs Closed / De-logged March	Number of SIs Closed / De-logged April	Total Ongoing
SCHFT	4	2	1	0	10
SHSCFT	6	10	1	1	39
STHFT	4	2	4	3	27
Independent Providers	0	0	1	1	2
YAS	1	0	0	0	3
SCCG (not including Safeguarding)	0	0	0	0	0
SCCG Safeguarding Children	0	0	0	0	0
SCCG Safeguarding Adults	0	0	0	0	0
<b>Total Serious Incidents</b>	<b>15</b>	<b>14</b>	<b>7</b>	<b>5</b>	<b>81</b>

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

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

### Safeguarding

#### Safeguarding Activity Report Q4 2016 2017

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

#### Joint Safeguarding Adults and Children activity

**NHS England (NHSE) Yorkshire and Humber Regional Safeguarding Forum. Most of the work undertaken is through the local South Yorkshire & Bassetlaw Network**

Activity being undertaken includes:

- The action plan developed following the assurance exercise undertaken with NHSE (looking at how we benchmark against the requirements within the NHSE document 'Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework') has now been completed.
- Care Quality Commission (CQC) Children Looked after and Safeguarding (CLAS) Inspection.
  - Sheffield was inspected during the week commencing 26<sup>th</sup> October 2015 and the final report was published on 31<sup>st</sup> December 2015. Action plans were submitted from all three Provider Trusts and the CCG. These are being monitored through Trust safeguarding meetings and supervision and are now nearing completion. The CQC have not requested any updates.
- Joint Targeted Area Inspections Safeguarding Children (Ofsted/CQC/Her Majesty's Inspectorate of Constabulary (HMIC))
  - The CCG and Providers are working together with the Local Authority to prepare for the new inspection regime. The theme for any inspections held between May 2017 and December 2017 is neglect, with a focus on neglect in older children and young people.

#### Policies

A safeguarding supervision policy for CCG staff is in development.

#### GP training and assurance

Throughout the year, monthly locality based training sessions are being delivered for both safeguarding adults and children. In order to gain greater assurance that GP Practices meet the CCG safeguarding standards, an annual assurance declaration was included in the 2017/18 contracts. No returns have yet been received.

#### Provider Trust Contracting and Assurance

Annual assurance declarations have been prepared ready for sending out in Quarter 1 of 2017/18.

We have received from our main provider Trusts their Quarter 4 data against the safeguarding Key Performance Indicators (KPIs) and any issues are being addressed.

#### Safeguarding Adults

##### **Summary of Sheffield Adults' Cases**

There are currently no outstanding cases or action plans.

#### Safeguarding Children

##### **Summary of Sheffield Children's Cases**

The CCG has had involvement either as a corporate body or previous contractor of General Practice and action plans are on-going or are pending in four open cases, one of which is being held jointly with a neighbouring local authority. All cases are being closely monitored and the CCG has received regular assurance from providers through 1:1 meetings, supervision and attendance at individual Trusts' safeguarding meetings that their action plan status and progress of implementation of recommendations is on target.

*continued overleaf*

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

#### Safeguarding Activity Report Q4 2016 2017 - continued

##### Domestic Abuse and Domestic Homicide Reviews Domestic Homicide Reviews (DHRs)

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

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

##### Prevent Provider Assurance

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

**Action for Governing Body / Recommendations:** The Governing Body is asked to: endorse the above report

Prepared by: Sue Mace: Designated Nurse Safeguarding Children  
Rachel Welton: Designated Professional Safeguarding Adults  
On behalf of: Penny Brooks: Chief Nurse

### Ensuring that people have a positive experience of care

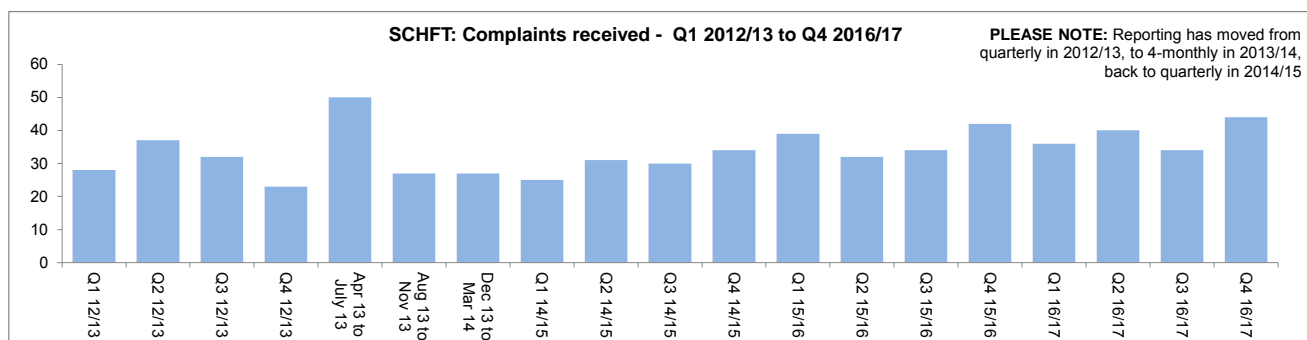
*It is important that patients experience good care in all services whether at their GP Practice, via out-of-hours services, in hospital or in the community.*

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 12) - 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 is in the following section of this report.

## Patient Experience of NHS Trusts: Focussing this month on SCHFT

**PLEASE NOTE:** Figures quoted below are the latest available data for each area of Patient Experience



### Complaints in 2016/17

During 2016/17, the Trust received 122 complaints. 92% were acknowledged within 3 working days and 52% were closed within the agreed deadline of 25 working days. Four complaints were referred to the Ombudsman of which one was upheld. The Trust plans to review the complaints system, with the aim being to improve compliance through timely completion.

The most frequent subjects\* of complaints in 2016/17 were:

- Communications (52 complaints)
- Clinical treatment (38 complaints)
- Values and behaviour (33 complaints)
- Patient Care (14 complaints)
- Waiting times (12 complaints)
- Appointments (11 complaints)
- Access to treatment or drugs (10 complaints)
- Admissions, discharges, or transfers (10 complaints)
- Privacy, dignity and wellbeing (7 complaints)

(\*complaints can have multiple subjects)

### Friends and Family Test

The response rates and results of the FFT are shown in the charts overleaf. The Trust reports that during Quarter 4, 81.7% of patients stated that they were either 'extremely likely' or 'likely' to recommend the Trust's services to their friends and family (79.5% for Inpatients and 89.4% for Outpatients). This was an average increase of 1.5% from Quarter 3.

Response rates for FFT are low, particularly for Outpatients, and this impacts on the reliability of the data. The Trust is trialling methods to increase the response rate, such as having a dedicated day each week to collect data.

### Patient Experience Strategy and Youth Forum

The Trust is working with children, young people and carers to develop a Patient Experience Strategy which will be published soon. A Youth Forum has been established. The Forum contributes to the patient engagement and experience work of the Trust in a range of ways including visiting the Clinical Research Facility and sharing their experience on social media, taking part in recruitment and sitting on interview panels, consultation on the appearance of the new pharmacy, providing feedback on the environment of the hospital and supporting PLACE assessments (patient-led assessments of the care environment).

### Patient Experience Service Evaluations

As of 31<sup>st</sup> March 2017, there were 115 Patient Experience projects registered. This was made up of 70 on-going projects and 45 in the process of change management.

Actions undertaken as a result of surveys included:

- Play Specialists have produced a parent information booklet/leaflet on their services
- Improved signage has been installed around the Trust, particularly as the new build has changed many thoroughfares to departments
- Improved information on ward based patient information boards, including the installation of quality boards
- Improved aesthetics on wards. This work will continue as the work on the new build progresses
- Introduced telephone pre-operative assessments for long distance patients to avoid them having to make additional journeys to Sheffield
- Review of patient information available
- Refurbishment of the waiting areas
- Provision of water coolers

Patient experience audits will be integrated into the Patient Experience strategy during 2017/18.

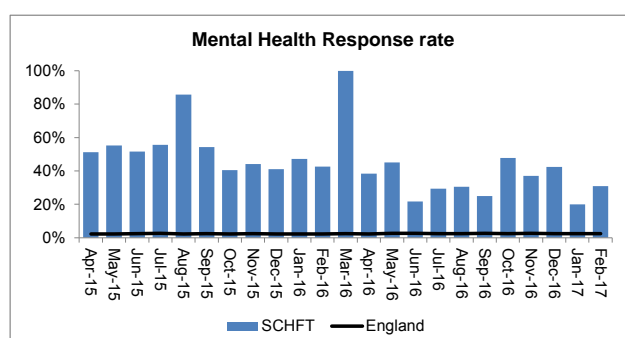
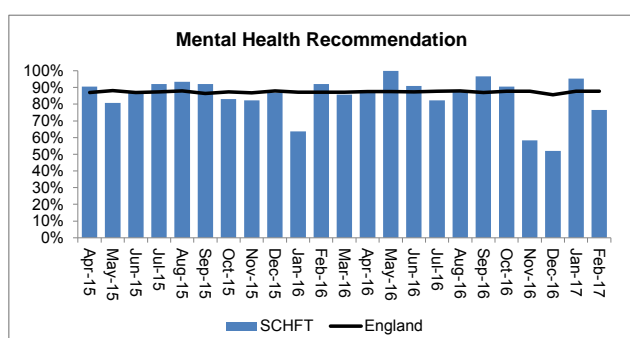
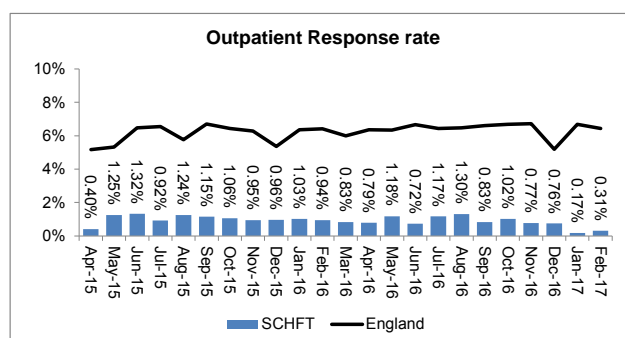
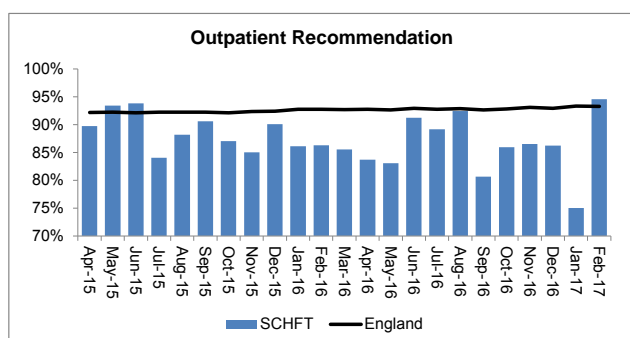
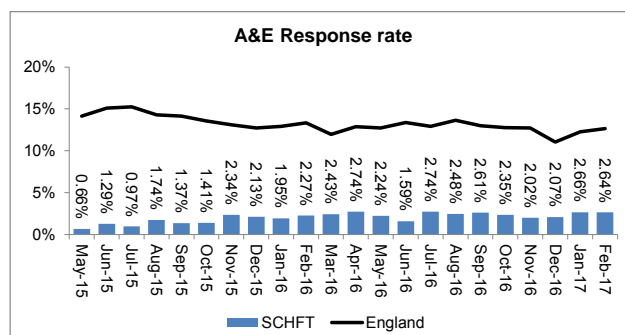
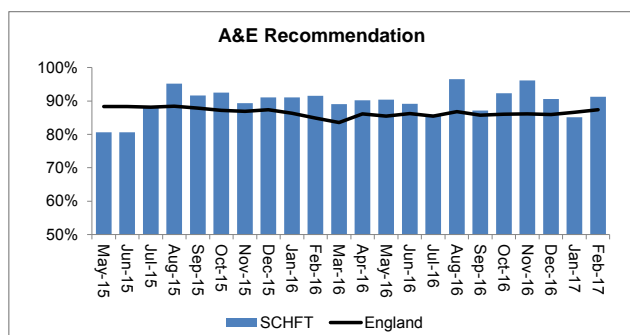
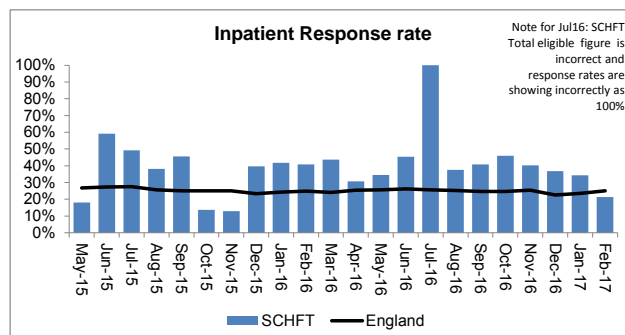
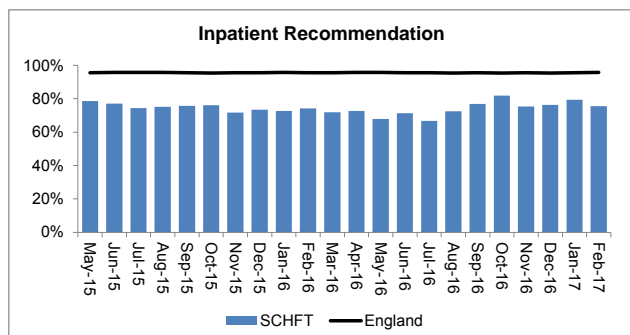
## Friends and Family Test: Summary of published results for SCHFT

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

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

### Note:

- Whilst the percentages for England are shown in the charts below/overleaf for information, direct comparison does not provide a true reflection and is not recommended









## NHS Safety Thermometer

The NHS Safety Thermometer records the presence or absence of four 'harm' indicators, detailed below. The concept of harm free care was designed to bring focus to the patient's overall experience.

The patient Safety Thermometer was introduced as part of the Commissioning for Quality and Innovation (CQUIN) payment programme from August 2012 for acute trusts and then for specialist and non-acute trusts. The data is based on prevalence surveys - data collection is during one day per month, for a sample number of patients, on four clinical indicators (harms) and is published nationally.

This data is reported to the Governing Body as a bi-annual update and provides information on STHFT performance, with some SCHFT and SHSCFT performance now also included.

The data shows slight variability in performance within all indicators. An overview has been included for both SCHFT and SHSCFT, as the numbers for both organisations are very small in comparison to STHFT.

### Performance Summary - STHFT:

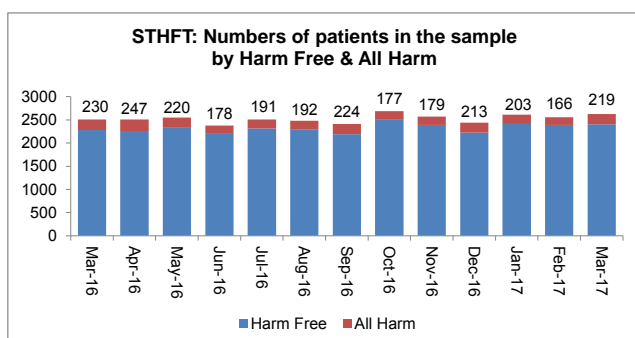
- **Harm Free care**
- **Falls with Harm**
- **Pressure Ulcers**
- **Catheters and UTIs**
- **New VTEs in hospital**

Charts for each area are shown below and include a brief definition of the indicator and any items of note, where relevant

Caution needs to be taken when interpreting this data:

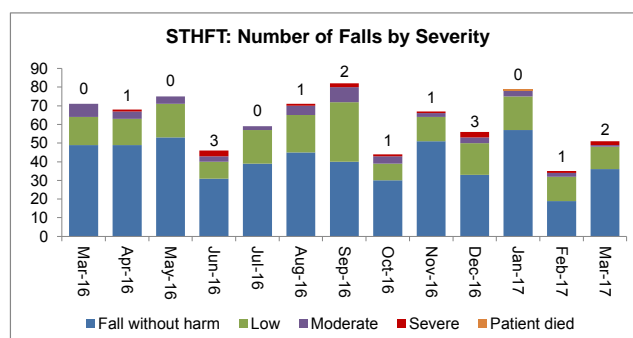
- It is difficult to benchmark organisations using this data since the challenges for large acute teaching hospitals/tertiary/community services cannot accurately be compared to district general hospitals/hospitals without community services.
- Due to data collection methodology being prevalence data, the data shown below in the charts is not directly comparable to other data available in relation to each indicator.

### Sheffield Teaching Hospitals NHS Foundation Trust



**Harm Free care:** This is the number of patients in the sample that are harm free from pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism (VTE).

Numbers for those in the patient sample who have a recorded harm (pressure ulcers, falls, UTIs in patients with a catheter or VTEs) are shown above each bar in the chart.

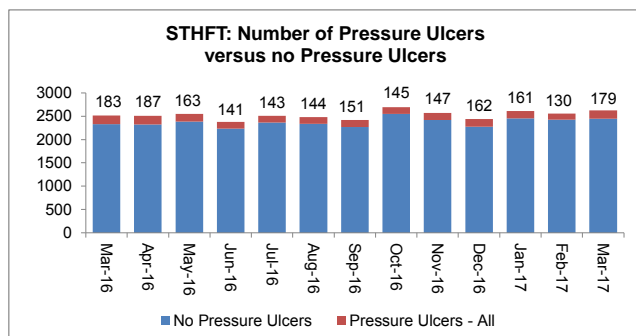


**Patient Falls:** Any fall that the patient has experienced within the previous 72 hours (3 days) in a care setting, including home if the patient is on a district nursing caseload.

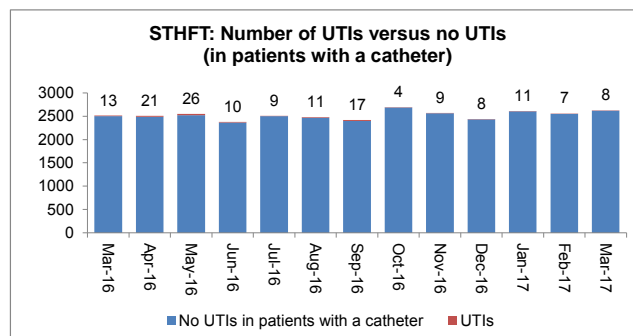
Numbers for those in the patient sample with severe harm following a fall are shown above each bar in the chart; in January 2017, 1 patient in the sample died following a fall.

*continued overleaf*

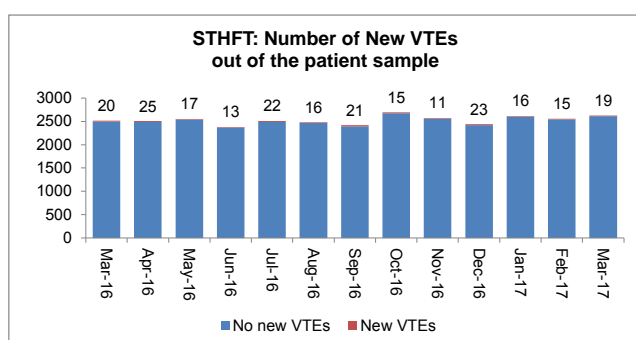
## NHS Safety Thermometer - continued



**Pressure Ulcers:** Numbers for those in the patient sample with a pressure ulcer are shown above each bar in the chart.

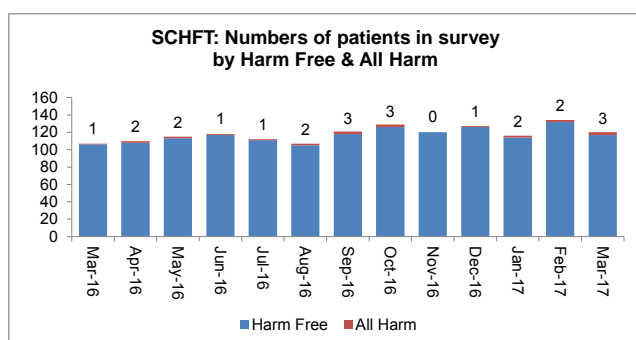


**Catheters and UTIs:** Numbers for those in the patient sample with a catheter who have a urinary tract infection are shown above each bar in the chart.



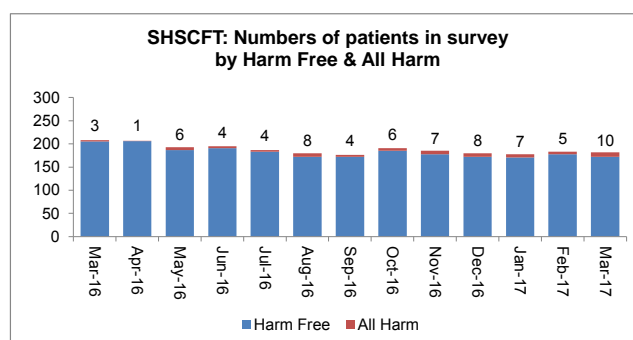
**New VTEs:** Numbers for those in the patient sample who have developed a venous thromboembolism following admission to hospital are shown above each bar in the chart.

### Sheffield Children's NHS Foundation Trust



**Harm Free Care:** Numbers for those in the patient sample who have a recorded harm (pressure ulcers, falls, UTIs in patients with a catheter or VTEs) are shown above each bar in the chart.

### Sheffield Health and Social Care NHS Foundation Trust



**Harm Free Care:** Numbers for those in the patient sample who have a recorded harm (pressure ulcers, falls, UTIs in patients with a catheter or VTEs) are shown above each bar in the chart.

## 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 February/March 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 Q1 2015/16, hence this remains grey pending further intelligence being obtained (although, up to this point, performance is showing general improvement).

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%
<b>NHS Constitution requirements</b>	<b>Constitution measure - CCGs are required to achieve their planned level of performance (as submitted to NHS England) during Quarter 4 2016/17</b>			<b>Reduction applied to QP if not achieved</b>
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 7) 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 from December to February (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 (DTOC) 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, with the exception of December, numbers have been increasing since - the monthly average number of delays most recent published snapshot is February) now stands at 137 (had been 142 at the beginning of 2016/17 but was down to 119 in August). As noted previously, given the high averages to this point in the year, it is 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, from local data, significant reductions in DTOC were seen in April 2017 as this whole-system service improvement plan is implemented. A city-wide summit has been arranged for 23<sup>rd</sup> May.

**A&E 4hr waits:** See NHS Constitution section - A&E waits (page 6 - 7).