Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Quality & Outcomes Report: Month 3 - 2016/2017

Update to Governing Body

Author(s)	Susanna Ettridge - Performance Intelligence Lead, Sheffield CCG Julie Glossop - Head of Development and Delivery, Sheffield CCG
Sponsor	Peter Moore - Integrated Commissioning Programme Director, Sheffield CCG Kevin Clifford - Chief Nurse, Sheffield CCG

Is your report for Approval / Consideration / Noting

Consideration

Are there any Resource Implications (including Financial, Staffing etc)?

Potential additional funds via achievement of Quality Premium measures for 2015/16 and subsequently 2016/17 Quality Premium measures.

Audit Requirement

CCG Objectives

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

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached? *No*
If not, why not? None necessary

PPE Activity

How does your paper support involving patients, carers and the public?
It does not directly support this but as a public facing document is part of keeping the public informed.

Recommendations

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the key NHS Outcomes
- 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

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Quality & Outcomes Report

2016/17: Month 3 position

August 2016

Contents

Sheffield Clinical Commissioning Group - Summary Position 1 - 3

Highest Quality Health Care 4 - 15

NHS Constitution - Rights & Pledges 4 - 11

Mental Health 12 - 13

Quality and Safety 14 - 15

- Treating and caring for people in a safe environment and protecting them from harm 14 - 15
- Ensuring that people have a positive experience of care 15

Quality Premium 16 - 17

Appendices A1 - A9

APPENDIX A: Health Economy Performance Measures Summary A1 - A4

APPENDIX B: NHS 111 Performance Measures A5 - A6

APPENDIX C: Contract Activity A7 - A8

- Sheffield Teaching Hospitals NHS Foundation Trust A7
- Sheffield Children's NHS Foundation Trust A8

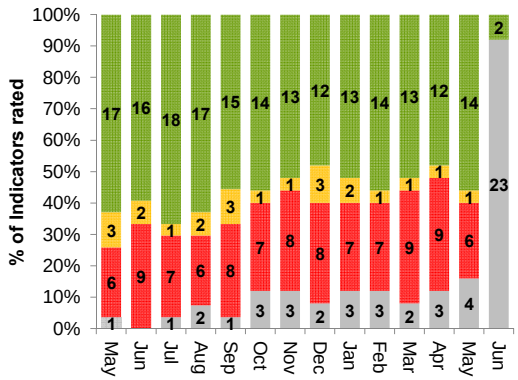
APPENDIX D: Previously Unassessed Periods of Care (PUPOC) A9

APPENDIX E: Sustainability and Transformation Fund (STF) Improvement Trajectories 2016/17 A10

Sheffield Clinical Commissioning Group - Summary Position

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.

PLEASE NOTE: There will always be at least 12 greys (2 on A&E Waits, 9 on Cancer Waits and 1 on Cancelled Operations) in the most recent month, as national data for these is a month behind.

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 - 11).

2016/17 Headlines

Highlights

- **Cancer waiting times** - the majority of these standards continue to be met for Sheffield patients
- **Diagnostic waiting times** - performance has continued to improve for Sheffield patients during June
- **IAPT (Improving Access to Psychological Therapies) access** - the standard continues to exceed national requirements and also the local ambition (for 2015/16 - latest published position)
- **Referral To Treatment waiting times** - standards are being met overall for Sheffield patients. Although there are still some challenges at STHFT and individual specialities where the standards are not yet being met, focussed work is underway with the Trust to address this.

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 May 2016) **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 - 11).

Referral To Treatment (RTT)	Issue	**ACTION** requested from Governing Body	Page
92% of all patients wait less than 18 weeks for treatment to start	**STHFT** are expected to meet the referral to treatment standard for incomplete pathways overall in June but continue to experience challenges in a number of specialities.	**STHFT:** To support the challenge being made to STHFT regarding the level of assurance on delivery against the RTT standards. To agree for CET (Commissioning Executive Team) to review and sign off the Remedial Action Plan. **SCHFT:** To note the currently fluctuating level of risk of the Trust not meeting the standard within the next 6 months.	4-5
Diagnostic test waiting times			
99% of patients wait 6 weeks or less from the date they were referred	**STHFT** are not currently meeting the national standard; full achievement is expected by September 2016.	**STHFT:** To endorse the continued monitoring of STHFT achievement of diagnostic waiting times and any necessary mitigating actions, through monthly Contract Management Board meetings.	6
A&E waits			
95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	**STHFT** local data for June indicates that they are not meeting the pledge. At the time of writing (20th July) year to date performance was 86.99% of patients seen/treated within 4 hours.	**STHFT:** To endorse continued monitoring of STHFT performance and mitigating actions (in line with the contractual performance notice which has been issued) through monthly Performance and Contract Management Board meetings.	7

continued overleaf

Sheffield Clinical Commissioning Group - Summary Position

2016/17 Headlines - continued

Cancer waits	Issue	**ACTION** requested from Governing Body	Page
85% of patients have a max. 2 month (62 day) wait from urgent GP referral	**STHFT** performance remains below the national standard for the month of May and also for the year to date, with a further decrease on the April position.	**STHFT:** To endorse the approach of monitoring cancer waiting times performance through STHFT Performance and Contract Management Board meetings, in line with a contractual performance notice process.	8
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 the new Ambulance Response Programme (ARP). The alignment of the ARP reporting to the NHS Constitution measures is not yet clear and further information is being sought.	None requested this month.	9
75% of Category A (RED 2) calls resulting in an emergency response arriving within 8 minutes			
Ambulance handover times			
Reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	**YAS** level ambulance handover delays increased in May and remain above expected levels. (Local data at **STHFT** level for June shows continued reduction in the number of delays at the Trust.)	**STHFT:** To endorse the approach of monitoring ambulance handover performance and any necessary mitigating actions through monthly Contract Monitoring Group meetings with the Trust.	10
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 (pages 12 - 13).

Mental Health	Issue	**ACTION** requested from Governing Body	Page
Early Intervention in Psychosis - % seen within 2 weeks	Performance against the 2 week wait target remains below 50% in June 2016. The trust is experiencing levels of demand almost double that predicted based on national guidance and epidemiology.	**SHSCFT:** Governing Body are asked to note the actions being taken - working closely with the Trust to ensure a minimum of 50% of people are seen within 2 weeks of referral.	11
% IAPT patients moving to recovery (YTD)	The recovery rate falls short of the national standard of 50%. This is related to the way referral data is reported for patients who would normally be considered too complex for IAPT services.	**SHSCFT:** Governing Body are asked to note the actions being taken by SHSCFT on changes to how data is being captured and to agree to receive an update in September 2016.	11
% waiting 6 weeks or less, from referral, for IAPT	The national reported position at the end of March 2016 shows waiting time standards not being met. This relates to previously documented data quality problems, the impact of which reduces each month. The standards will be reported nationally as having been met by the end of May 2016.	**SHSCFT:** Governing Body are asked to agree to continue to receive updates.	12
% waiting 18wks or less, from referral, for IAPT			

continued overleaf

Sheffield Clinical Commissioning Group - Summary Position

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** - In 2016/17 so far (as at the end of June), 49 cases attributable to the CCG have been reported, which is in line with the forecast for this point in the year. STHFT have reported 21, compared to a forecast for this point in the year of 22. SCHFT have not reported any cases, compared to a forecast for this point in the year of 1.
- **MRSA** - 2 case have been reported for the CCG in June, giving 3 so far in 2016/17. 1 case has been reported in June for STHFT, giving 2 so far in 2016/17. No cases have been reported for SCHFT so far in 2016/17.

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 Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care NHS Foundation Trust. The updates will also include Friends and Family Test published results for that provider (FFT - 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

2015/16 CCG Assurance - Confirmation of Sheffield CCG

The CCG was recently assessed by NHS England as part of the CCG Assurance (2015/16) which sees how well CCGs are fulfilling their functions of commissioning safe, good quality, sustainable services and compassionate care.

We have now received formal feedback that the CCG has been rated as 'requires improvement'.

The CCG received a 'good' rating in four out of the five components including being a 'well led organisation', 'delegated functions', 'financial management' and 'performance'. However, we received 'requires improvement' for the 'planning' component and because of this it has brought our overall rating down. This is because criteria states that if four components are rated as 'good' and the 'finance' or 'planning' component is assessed as 'requires improvement' then a CCG will receive an overall rating of 'requires improvement'.

We are disappointed with the overall rating but feel that it should not distract from all the good work that has been recognised in the other four domains. We are working with NHS England to improve our financial position and hope that in future assessments we will receive a more positive overall rating.

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. The CCG IAF is intended to embed the 'triple aim' of the Five Year Forward View: better health for their local populations, better care for patients and better value for the taxpayer.

Reporting on progress against the requirements of the CCG IAF will be included in this report in coming months as the relevant data becomes available.

Quality Premium

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

The full Quality Premium guidance can be accessed at: https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/

2016/17 Quality Premium: Details of the measures for 2016/17 and current available data is included on page 16 - 17.

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.

The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year 2016/17.

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

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

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

Issues & Actions:

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

STHFT: The Trust is expected to meet the referral to treatment standard for incomplete pathways overall in June. However, they continue to experience challenges in a number of specialities. Action plans are in place to address performance and improve waiting times performance.

52+ week waits: The CCG are not expecting any 52+ week waits at STHFT in June.

Action being taken: Further work is required in order to provide the appropriate level of assurance that STHFT are developing a sustainable position at specialty level for access times. STHFT and the CCG met to review the existing Remedial Action Plan (RAP) for 18 week RTT and diagnostic waiting times and agreed a revised plan will be completed. This will be reported through to the Integrated Performance and Delivery Group and the resulting remedial action plan will be signed off by CET (Commissioning Executive Team) once received. The RAP will align with improvement trajectories for 18 weeks agreed as part of STHFT requirements to access monies from the Sustainability and Transformation Fund (STF) in 2016/17. Monitoring of performance against the standards and the agreed RAP will continue through the Contract Monitoring Group and issues of concern and escalation will be discussed at the Performance and Contract Management Board. The RTT STF trajectory for STHFT (along with SCHFT's) is shown overleaf - further information on the STF is included in APPENDIX E: STF Improvement Trajectories 2016/17.

The CCG and STHFT have met to review reporting against all trajectories and to understand STHFT waiting list and performance management processes. Specialties are reviewed on a monthly basis against performance and agreed delivery plans and supported, where necessary, to develop these further. These meetings will be accountable to a sub-committee of the STHFT Trust Board.

Expected timeframe for improvement: STF trajectories have been agreed. STHFT will be compliant with national standards throughout 2016/17. Revised specialty level plans are awaited.

Action requested of Governing Body:
- To support the challenge being made to STHFT regarding the level of assurance on delivery against the RTT standards.
- To agree for CET to review and sign off the Remedial Action Plan.
- To endorse the approach of routine monitoring against the national standard for RTT and the agreed improvement trajectories.

continued overleaf - SCHFT issues and actions and CCG ratings

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

Issues & Actions:

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

SCHFT: The Trust is expected to meet the RTT Incomplete pledge for Sheffield patients and at a Trust wide level in June. This is due to an increase in the number of patients on an incomplete pathway.

52+ weeks waits: The Trust is expected to meet the pledge for all patients to wait less than 52 weeks for treatment at the end of June. The patient who waited longer than 52 weeks in May was treated in June.

Action being taken: The CCG discussed the issues identified last month (rise in the number of patients on an incomplete pathway and details of the actions being taken by the Trust to reduce these) at the May Contract Review Group. The CCG is still waiting for a formal response from the Trust. The timeliness of responses to such queries will be escalated to the Contract Management Board if this does not improve.

As with STHFT, System Transformation Funding (STF) improvement trajectories have been agreed for the Trust. Performance against these will be monitored by the CCG through the contract monitoring arrangements. The trajectory for SCHFT (along with STHFT's) is shown below - further information on the STF is included in APPENDIX E: STF Improvement Trajectories 2016/17.

Action requested of Governing Body: To note the currently fluctuating level of risk of the Trust not meeting the standard within the next 6 months.

PLEASE NOTE: *For the measures below, the most recent month's data is provisional/pre-sign off and therefore may be subject to a slight change once published.*

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

Supporting measure:
No patients wait more than 52 weeks for treatment to start

STF Trajectory 2016/17		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	% Performance	92.6%	92.6%	92.7%	92.8%	92.8%	92.7%	92.7%	92.8%	92.9%	92.9%	92.9%	93.0%
SCHFT	% Performance	92.1%	92.0%	92.0%	92.0%	92.1%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

continued overleaf

Highest Quality Health Care - NHS Constitution - Rights & Pledges

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:

STHFT: The Trust met the diagnostic waiting times standard for Sheffield patients in June (based upon provisional data) with 99.10% against a waiting times standard of 99% of patients seen within 6 weeks; this is the first time the Trust have met the pledge, for Sheffield patients, since August 2015 and performance reflects a continued improvement on the 98.64% delivered last month and 95.69% in April. They have also exceeded the target for the agreed recovery plan in place for month 3 of 2016/17 (97.4%) at a Trust-wide (all patients) level. The June position equates to 66 patients waiting longer than 6 weeks for diagnostic tests at STHFT (compared to 101 last month). The highest numbers of breaches were in Peripheral Neurophysiology (23, compared to 9 last month), Colonoscopy (18, compared to 40 last month) and Gastroscopy (10, compared to 33 last month).

Action being taken: As part of the requirements to access System Transformation Funding (STF), the Trust have agreed an improvement trajectory for diagnostics with the CCG, NHS Improvement and NHS England. The trajectory for STHFT (along with SCHFT's) is shown below - further information on the STF is included in APPENDIX E: STF Improvement Trajectories 2016/17.

Diagnostics trajectories for improvement are being monitored through Contract Management Group meetings on a monthly basis and by escalation to the Performance and Contract Management Board to ensure early warning of any deterioration and that any necessary mitigating actions are agreed with STHFT.

Further improvements in endoscopy are anticipated - starting from July, STHFT have commissioned additional capacity in the independent sector.

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. STHFT have implemented a revised process to manage delivery of 18 week referral to treatment pathways and action plans to deliver commissioned activity on a specialty-by-specialty basis. These monthly meetings will focus on delivery of agreed plans and will report to a subcommittee of the Trust Board for governance purposes.

Expected timeframe for improvement: The STF Improvement trajectory in place and was met for month 3. Full achievement of the national standard of 99% is expected by September 2016.

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

SCHFT: The Trust met the Diagnostic waits pledge for Sheffield patients in June with 99.33% seen within 6 weeks and is expected to also meet it at a Trust-wide level (all patients).

As with STHFT, STF improvement trajectories have been agreed; the trajectory for SCHFT (along with STHFT's) is shown below - further information on the STF is included in APPENDIX E: STF Improvement Trajectories 2016/17.

PLEASE NOTE: *For the measure below, the most recent month's data is provisional/pre-sign off and therefore may be subject to a slight change once published.*

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

STF Trajectory 2016/17		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	% Performance	95.8%	96.6%	97.4%	98.4%	98.8%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
SCHFT	% Performance	99.0%	99.0%	99.1%	99.1%	99.1%	99.1%	99.1%	99.0%	99.0%	99.0%	99.0%	99.0%

continued overleaf

Highest Quality Health Care - NHS Constitution - Rights & Pledges

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: Following STHFT's transfer to the Lorenzo patient administration system at the end of September 2015, full validated data became available again from the beginning of May and so monitoring of the position for STHFT (and thus for the full CCG position, as STHFT constitutes the majority of this) has recommenced.

The nationally published A&E positions are available for May. Local data for the month of June indicates that STHFT are not meeting the pledge, with only 86.29% of patients seen/treated within 4 hours. Issues affecting the performance continue to be system wide, including demand that could be managed out of a hospital setting, delays in patient flows through the system and, in some cases, delays in patients being discharged from hospital. The CCG's Out of Hospital Strategy aims to address many of these issues.

PLEASE NOTE: As April data is not going to be available for the Trust, 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 May (and local data indicates this is also the case for June).

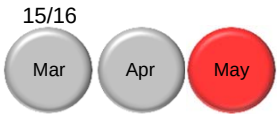
Action being taken: As noted last month, the CCG has issued STHFT with a contractual performance notice to ensure all key actions are being taken to improve performance. STHFT have an internal improvement programme to achieve 'excellence' in their urgent care pathways, which is cross cutting across the hospital system. This programme will be monitored by an internal STHFT Programme Board and the A&E Improvement Board, on which the CCG is represented at Accountable Officer and Director level. This is supported by a number of bilateral discussions between senior colleagues in the CCG and STHFT.

The CCG continues to hold STHFT to account through the Performance Contract Management Board and in July the CCG received an additional update against the STHFT 5 point action plan. A further (more detailed) plan has now been received. This will be considered by the CCG Integrated Performance and Delivery Board and CET (Commissioning Executive Team) to ensure we have assurance that the plan is robust and will deliver to their agreed improvement trajectory. The CCG, through the Systems Resilience Group (SRG), is leading a citywide response to address underperformance at STHFT A&E. Members of the SRG met with the Emergency Care Intensive Support Team on 13th July. The establishment of an Urgent Care Delivery Board with representation from across the system is to be established which will ensure delivery of key actions to support the improvement. The implementation of the system wide action plan agreed to tackle delayed transfers of care with the aim of ensuring a collaborative city wide approach aiming to support the timely discharge of patients from hospital.

Expected timeframe for improvement: As part of the requirements to access System Transformation Funding, the Trust has agreed an improvement trajectory for the A&E 4 hour standard with the CCG, NHS Improvement and NHS England. STF improvement trajectories have been agreed The trajectory for STHFT (along with SCHFT's) is shown below - further information on the STF is included in APPENDIX E: STF Improvement Trajectories 2016/17.

Action requested of Governing Body: To endorse the actions being taken and the continued monitoring of STHFT achievement of the A&E standard and any necessary mitigating actions through monthly Performance and Contract Management Board meetings, in line with the contractual performance notice.

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



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

PLEASE NOTE: *National A&E data has changed from a weekly to a monthly collection and changes to the process mean this will now be published a month later than previously. As noted above, prior to May the latest available data for STHFT was towards the end (25th) September 2015.*

STF Trajectory 2016/17		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	% Performance	91.0%	91.5%	92.0%	93.0%	94.0%	94.0%	93.5%	94.0%	94.5%	94.8%	95.0%	95.3%
SCHFT	% Performance	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

Highest Quality Health Care - NHS Constitution - Rights & Pledges

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.

Issues & Actions:

The CCG is meeting all the pledges in May (and 2016/17 to date) with the exception of patients having a maximum 2 month (62 day) wait from urgent GP referral to treatment; this decreased to 76.11% (it was 88.18% in April 2016) and is well below the national standard, as is the year to date position (82.06%). STHFT overall performance also decreased, to 71.47% in-month, and so remains below the standard.

Action being taken: A contract performance notice is being issued to STHFT in respect of 62 day and 31 day cancer waiting times to ensure all key actions are being taken to improve performance. The STHFT improvement plan is accompanied by the work to improve shared care pathways across the region via a Cancer Network Task and Finish Group (TFG) tasked by the Cancer Strategy Board. Input has been secured from the Cancer Intensive Support Team (IST) to strengthen improvement plans (including STHFT). The IST-led demand and capacity planning session has been held, with subsequent use of best practice tools to ensure effective resourcing and deployment of MDT (Multi-Disciplinary Team) coordinators planned. Collectively these actions should ensure improvement is delivered. As part of the requirements of System Transformation Funding, the Trust agreed an improvement trajectory for the 62 day wait with the CCG, NHS Improvement and NHS England. The trajectory for STHFT is shown below - further information on the STF is included in APPENDIX E: STF Improvement Trajectories 2016/17. New national guidance (operational from October 2016) on the allocation between Trusts of cancer waiting times breaches will have an impact on achievement of the trajectory. A clear process for implementation of the allocation process has been agreed by the Cancer Strategy Board and implementation is now being taken forward by the Cancer Waiting Times TFG.

Expected timeframe for improvement: As per Trust improvement trajectory (STF) - see below.

Action requested of Governing Body: To endorse the approach of monitoring cancer waiting times performance through the STHFT Performance and Contract Management Board meetings, in line with a contractual performance notice process. Also, to endorse continuing to monitor improvement plans and trajectories via the Cancer Network TFG.

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).*

STF Trajectory 2016/17		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	% Performance	85.0%	85.1%	85.2%	85.0%	85.0%	85.2%	85.0%	85.2%	85.3%	85.0%	85.1%	85.2%
SCHFT	Not applicable												

Highest Quality Health Care - NHS Constitution - Rights & Pledges

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.

Issues & Actions:

Ambulance response times:
Yorkshire Ambulance Service (YAS) is one of three Ambulance Trusts piloting the new Ambulance Response Programme (ARP) so, from 21st April, YAS commenced reporting performance against this new programme. This has meant changes to coding of 999 calls and performance.

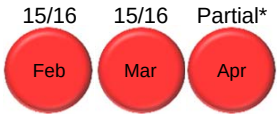
The alignment of the ARP reporting to the NHS Constitution measures is not yet clear.

Action being taken: Commissioners are liaising with NHS England and NHS Improvement regarding the Ambulance Response Programme (ARP) and the changes to coding of 999 calls and performance. Further information about performance will be provided when received.

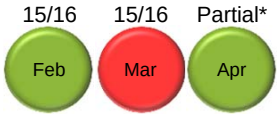
Expected timeframe for improvement: As per the above, this will be communicated once known.

Action requested of Governing Body: None this month.

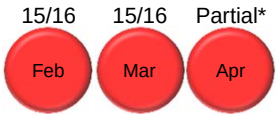
75% of Category A (RED 1) calls resulting in an emergency response arriving within 8 minutes (YTD)



95% of Category A calls resulting in an ambulance arriving within 19 minutes (YTD)



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



*** PLEASE NOTE: The performance above is only based on data for 1st April 2016 to 20th April 2016, as this was the point at which YAS commenced reporting against the Ambulance Response Programme (ARP). As noted above, this has meant changes to coding of 999 calls and performance; it is not possible to align to the national measures using this new YAS reporting.**

continued overleaf

Highest Quality Health Care - NHS Constitution - Rights & Pledges

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.*

Issues & Actions:

Ambulance Handover and Crew Clear delays: The number of ambulance handover delays increased in May for both those over 30 minutes and those over 1 hour and so remain above expected levels. The number of crew clear delays increased for those over 30 minutes and also increased slightly for those over 1 hour; both are also still above expected levels.

It is important to note that delayed handovers are occurring across the geographical area served by YAS, not just in Sheffield.

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

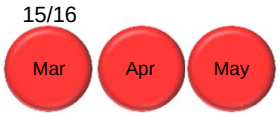
Action being taken: The CCG Urgent Care portfolio continues to work with STHFT and YAS to address this important performance and patient experience issue. Based on best practice at a number of other Yorkshire & Humber providers, STHFT has developed and implemented escalation plans (jointly agreed with YAS) to ensure that additional on-site senior management support is provided at times of high demand to further support operational flow and reduce delays. Performance is reviewed daily by the Urgent Care team and is discussed at regular city-wide teleconferences.

Local data on delayed handovers at STHFT is now being used to complement the YAS level data (which covers all Trusts served by YAS). The use of local data will support monitoring of performance and any necessary mitigating actions through monthly Contract Monitoring Group meetings with the Trust. Handover data is reported to the city-wide Chief Executive group each weekday.

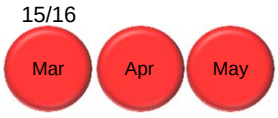
Expected timeframe for improvement: An expected timeframe for improvement is yet to be agreed. However, the local data for the whole of June is now available and confirms the continuing improvement, at STHFT level, which was indicated in last month's report. At STHFT A&E, during June, there were 152 delayed handovers over 30 minutes and 6 over 60 minutes, in comparison with the 218 over 30 minutes and 1 over 60 minutes in May.

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

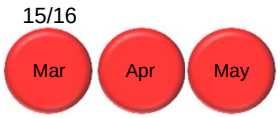
Supporting measure: Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E



Supporting measure: 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: 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: 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)

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

	Mar	Apr	May
Ambulance Handovers - delays over 30mins	11.46%	6.95%	7.74%
Ambulance Handovers - delays over 1hr	3.07%	1.41%	1.60%
Crew Clear - delays over 30mins	1.50%	1.74%	1.71%
Crew Clear - delays over 1hr	0.14%	0.14%	0.13%

continued overleaf

Highest Quality Health Care - NHS Constitution - Rights & Pledges

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, mixed-sex accommodation needs to be avoided, except where it is in the overall best interest of the patient or reflects their personal choice.

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

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

Cancelled Operations

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

PLEASE NOTE: There is no published threshold for these measures. NHS England have, however, noted that success for a Provider (Trust) would be a reduction in the number of cancelled operations. The position reported below is based on the combined total reported positions for both Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Children's NHS Foundation Trust, to give an indication of performance. A green rating will be based on a continuing reduction of cancelled operations.

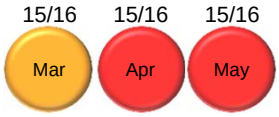
Issues & Actions:

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, 13 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 2015/16; this is an increase from the 4 reported in Q2 15/16. The Trust noted that this increase can be accounted for by the doctors' strikes in Q4, which created an additional pressure on top of the usual winter pressures; it should also be noted that the flu season was later than usual, with the greatest impact felt in Q4.

As with the previous four quarters, SCHFT did not report any patients not offered another appointment within 28 days in Q4 2015/16.

No urgent operation cancelled for a 2nd time or more: There were no cancellations reported by STHFT in May 2016. The review of the previous 2 cancellations (in April, as reported last month) is yet to be concluded.

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

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.*

Highest Quality Health Care - Mental Health

Mental Health measures

	Target	April	May
CPA 7 day follow up (YTD)	95%	98.08%	98.72%
Early Intervention in Psychosis - % seen within 2wks	50%	47.83%	48.00%
Crisis Resolution / Home Treatment (YTD)	1202	247	380
	(2015/16)	**February**	**March**
% receiving Psychological Therapy (IAPT) (YTD) *	18.04%**	17.32%	19.05%
% IAPT patients moving to recovery (YTD) *	50%	40.89%	40.93%
% waiting 6wks or less, from referral, for IAPT *	75%	67.50%	70.59%
% waiting 18wks or less, from referral, for IAPT *	95%	91.25%	94.12%

*** CCG's 15/16 plan/ambition, as per 14/15, is to achieve 18.04%*

Early Intervention in Psychosis - % seen within 2 weeks: The nationally submitted data shows the SHSCFT position fluctuates quite widely; due to small numbers, a change in 1 person not seen can have a big effect on the percentage seen within 2 weeks. The target was met in April but dipped below in both May and June.

Action being taken: Despite the numbers being relatively small, performance against the 2 week wait target remains below 50% in June 2016. As noted in the last report, the Trust is experiencing far higher-than-anticipated levels of demand, which is almost double that predicted based on national guidance and epidemiology. The action plan for how to address this unprecedented level of demand is currently being completed. A range of options are being considered.

Expected timeframe for improvement: The position is being closely monitored and, in light of the high demand for the service, it is unlikely that significant improvement will be made in the immediate term. We are working closely with the Trust to ensure that, as a minimum, 50% of people are seen within 2 weeks of referral. Any further improvement on this will be determined following the completion of the agreed action plan and any identified solutions.

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

Psychological therapy services (Improving Access to Psychological Therapies - IAPT)

** Nationally published data is now available for these measures and so has replaced the local data - provided directly from Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) - that was being used until we could replicate these. Please note that, although this data is several month's behind the locally available data, this is the most appropriate reporting, being the official data source quoted in national guidance.*

The number of people who received psychological therapy and are moving to recovery: The proportion of people receiving IAPT in 2015/16 was above the planned ambition for the year but the proportion for those moving to recovery remained below the national target.

Moving to recovery

Action being taken: As part of the meeting between the Trust and the CCG to discuss the access standards (see overleaf) the recovery rate target was also discussed. Based on local data, the recovery rate will hit 50% by the end of June 2016, based largely on the impact of the service reconfiguration (as noted in the last report). The Trust are however (again as noted previously) currently working on changes to how data is being captured to ensure that they are not disadvantaged as a result of accepting referrals for patients who would normally be considered too complex for IAPT services. The outcome of this analytical work will be reported back to the CCG at the end of July, although early indications show that the impact on the recovery rate will be around 2-3%. To reiterate however, this is not about further changing the configuration of the service, rather about how data is captured and reported.

Expected timeframe for improvement: An updated position will be presented to Governing Body in September 2016.

Action requested of Governing Body: Governing Body are asked to note the actions being taken, to note the issues regarding this standard, and to agree to receive an update in September 2016.

continued overleaf - further IAPT national measures

IAPT 6 week / 18 week waiting times: National published data for the end of 2015/16 (so as at 31st March) indicates that both measures fell short of the national standards.

Action being taken: As previously noted, the national reported position on both the 6 week and 18 week IAPT access shows that, at the end of March 2016, Sheffield Health and Social Care NHS Foundation Trust (the Trust) have not met either standard. Based on locally extracted data however, the Trust have reported to their board (via their monthly Board Performance Report) that both access standards have been met. There is therefore clearly a disparity between local and national data. Given previous attempts to rectify this, the CCG has formally raised this with the Trust, initially via letter and latterly via a meeting. This issue relates to well documented data quality problems that the Trust experienced at the beginning of 2015, whereby the initial contact for some patients (now reported as being the date at which a person enters treatment) was being incorrectly recorded. Although this has now been rectified, historical data submitted to the Health and Social Care Information Centre cannot be amended and therefore there are a number of patients whose initial waiting period is being reported as being artificially higher than it should be. Given the historical nature of this problem the number of patients to whom this issue relates is reducing each month; there are currently 31 patients remaining whose initial contact date is incorrect. Having discussed this in some detail with the Trust, we are confident that this is genuinely a data recording issue and, based on the amended data set, the position as reported locally is indeed factually correct.

Expected timeframe for improvement: As noted above, the gap between national and local data will continue to improve as the number of patients who have an incorrect treatment start date complete their course of treatment. Estimates show that although the figures will not match entirely, the standards will be reported nationally as having been met by the end of May 2016.

Action requested of Governing Body: Governing Body are asked to note the action that has been taken, and to agree to continue to receive updates.

Highest Quality Health Care - Quality and Safety

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

Patient Safety - Health Care Acquired Infections (HCAIs)

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

Clostridium Difficile: 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 June (3 more than in May) for Sheffield CCG:
- 5 were STHFT (of a total 8 STHFT-reported cases)
- 6 were community associated, with a hospital admission in the last 56 days
- 5 were community associated, with no recent hospital contact/admission

7 of the STHFT cases occurred on separate wards; the other case occurred on a ward where there has been one other recent case. The IPC (Infection Prevention and Control) audit and ribotyping is in progress.

No cases were recorded for SCHFT in June.

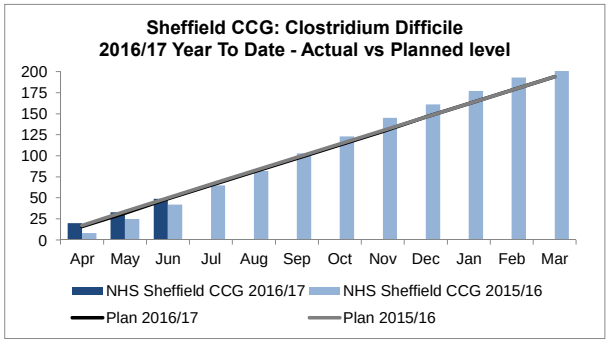
MRSA: 2 community cases were reported by STHFT in June for the CCG. One of the patients resides in a facility managed by Sheffield Health and Social Care Trust (SHSCFT). The Post Infection Review (PIR) has been undertaken and it is expected that, following arbitration, the case will be assigned to SHSCFT under the third party criteria. The other patient unfortunately died but MRSA was not included as a cause of death. The case was attributed to the CCG as the patient had been to the GP 2 days previously, although the treatment given was not a contributing factor in the MRSA bacteraemia.

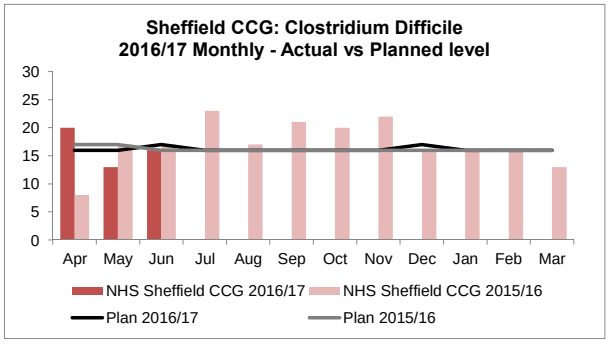
STHFT - 1 case was reported in June in a patient who had been in hospital for a number of weeks. The PIR has been undertaken and the case has been assigned to STHFT.

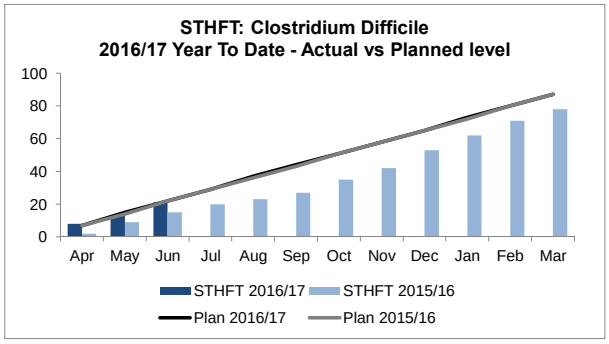
SCHFT - No cases were reported in June - and therefore in 2016/17 to date - for SCHFT.

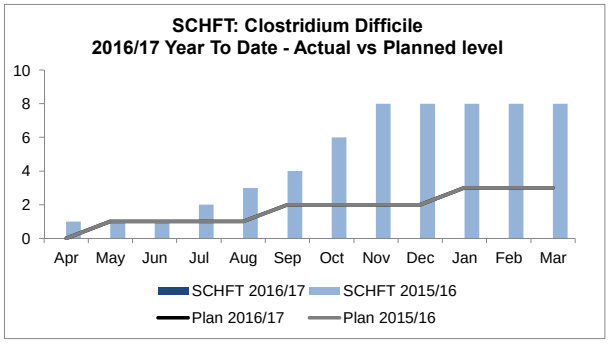
This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2016/17 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Jun-16	2	1	0	16	8	0
Number of infections forecast for this month	0	0	0	17	7	1
Number of infections recorded so far in 2016/17	3	2	0	49	21	0
Number of infections forecast for this period	0	0	0	49	22	1









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

- continued

2016/17 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 national CQUINs were published on 10th March for the 2016/17 contract.

The national indicators are:
1. NHS staff health and wellbeing
2. Identification and early treatment of Sepsis
3. Improving the physical health for patients with severe mental illness (PSMI) (Mental Health only)
4. Cancer 62 day waits
5. Antimicrobial resistance

Regulations

Care Quality Commission (CQC) Regulatory Reviews

There are no updates to report this month.

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.

The following section is concerned with experience of care across health services, including eliminating mixed sex accommodation and GP In-hours/Out-of-hours services (bi-annual update - next is due around July/August 2016).

For the CCG Governing Body meetings held in public (which, from February 2016, occur in alternate months) this section will also include a focus on patient experience (including FFT published results) at one of the three Sheffield Trusts: Sheffield Teaching Hospital NHS Foundation Trust, Sheffield Children's NHS Foundation Trust or Sheffield Health and Social Care NHS Foundation Trust - these will be on rotation. STHFT's update will be provided in next month's report.

Eliminating Mixed Sex Accommodation

There were no breaches in April or May at any of the Sheffield-based Trusts, nor attributed to the CCG from other Trusts, meaning the pledge is currently being met for 2016/17. (June data was not available prior to production of this month's report.)

Please see the NHS Constitution - Rights & Pledges section of this report (page 11) for monitoring of the MSA measure.

Quality Premium

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

For this month, the RAG ratings below represent an initial assessment of the likelihood of each measure being achieved (*Green = Likely to achieved; Amber = Less likely; Red = Unlikely to be achieved*) based on the most recent available data which in most cases is the position for March/April 2015/16 and any additional intelligence from the relevant operational leads. The exceptions to this being:

- Delayed Transfers of Care, where May 2016 data is available
- Cancers diagnosed at early stage for which the latest available nationally published data is Q4 2013, hence this remains grey pending further intelligence being obtained.

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

Area	Quality Premium measure	Part *	Overall *	Proportion of QP
Antimicrobial resistance (AMR) Improving antibiotic prescribing in primary care	This Quality Premium measure consists of two parts (each worth 50% of the Quality Premium payment available for this indictor): a) reduction in the number of antibiotics prescribed in primary care			10%
	b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care			
Cancers diagnosed at early stage	CCGs will need to either: 1. Demonstrate a 4 percentage point improvement in the proportion of cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 & 2 in the 2016 calendar year compared to the 2015 calendar year OR 2. Achieve greater than 60% of all cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 & 2 in the 2016 calendar year **invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin*	-		20%
Increase in the proportion of GP referrals made by e-referrals	CCGs will need to either: 1. Meet a level of 80% by March 2017 (March 2017 performance only) and demonstrate a year on year increase in the percentage of referrals made by e-referrals (or achieve 100% e-referrals) OR 2. Have March 2017 performance exceeding March 2016 performance by 20%	-		20%
Overall experience of making a GP appointment	CCGs will need to demonstrate, in the July 2017 publication, either: 1. Achieving a level of 85% of respondents who said they had a good experience of making an appointment OR 2. A 3 percentage point increase from July 2016 publication on the percentage of respondents who said they had a good experience of making an appointment	-		20%
Local measures	15% of people in contact with mental health services to be on Care Programme Approach by the end of 2016/17	-		10%
	Delayed transfers of care from hospital (for age 18+): 5% reduction in average number of patients delayed by end of 16/17 in comparison to 15/16 average	-		10%
	70% of patients with Inflammatory Bowel Disease (IBD) to be receiving biosimilar alternatives to the Infliximab reference product, where appropriate, by the end of 2016/17	-		10%
NHS Constitution requirements	**Constitution measure -** CCGs are required to achieve their planned level of performance (as submitted to NHS England) during Quarter 4 2016/17			**Reduction applied to QP if not achieved**
NHS Constitution measures affecting Quality Premium	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral. *CCG Planned performance for Q4 2016/17 = 92%*	-		25%
	Patients should be admitted, transferred or discharged within 4hrs of their arrival at an A&E department. *CCG planned performance mirrors the STF trajectories (see page 7) submitted by STHFT and SCHFT.*	-		25%
	Max. 2 month (62 day) wait from urgent GP referral to 1st definitive treatment for cancer *CCG Planned performance for Q4 2016/17 = 85%*	-		25%
	Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes. *The alignment of the new Ambulance Response pilot to the NHS Constitution measures and thus Quality Premium is not yet clear.*	-		25%

continued overleaf

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

Quality Premium

Measures currently RAG rated as Red or Amber:

Local Measure - Delayed transfers of care from hospital: April and May have seen a significant increase in the reported number of delayed discharges. Consequently, achievement of this Quality Premium measure is currently at risk. A system wide action plan has been agreed to tackle delayed transfers of care, supported by Director level conversations between STHFT, the CCG and Sheffield City Council.

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

E-referrals: The proportion of GP referrals made by e-referrals (at CCG level) appears relatively static in the latter months of 2015/16. Further information on planned actions to deliver the required improvement is being requested.

Experience of making a GP Appointment: Performance against this measure has changed only slightly over the 4 most recent Patient Surveys (published Jan 2015 - July 2016). July published data shows 70.37% of respondents reporting a 'good experience'.

Appendices

Quality & Outcomes Report

APPENDIX A: Health Economy Performance Measures Summary

The tables below highlight measures from NHS England's Five Year Forward View, as recorded in the document 'The Forward View Into Action: Planning For 2015/16' divided, where appropriate, into portfolios. This will be updated with any 2016/17 changes in due course.

Red, amber and green (RAG) ratings represent the latest known position for performance against each relevant measure. **Where possible, the RAG rating is against June 2016 performance as at the 20th July 2016 - year to date where appropriate.**

PLEASE NOTE: Some targets are made up of several measures. Also, Referral to Treatment and Diagnostic Waits data is non-published data and is therefore subject to change once the final, published data is available.

Key

* - Data is currently not available for the measure	YTD - Year To Date	QTR - Quarterly
N/A - Measure is not applicable to this organisation	WIP - Method/format of measurement is work in progress	

Acute Services Portfolio - Elective Care

NOTE: *STHFT & SCHFT figures here (bar Referrals and Cancelled operations) are their Sheffield CCG cohort; it is not the Trust total position*

	CCG	STHFT	SCHFT	
Referral to Treatment - from GP to seen/treated within 18 weeks				
% still not seen/treated within 18wks - Incomplete pathway	92.76%	92.45%	94.73%	
Number waiting 52+ weeks - Incomplete pathway	0	0	0	
RTT = May-16 as Jun-16 not available at time of compilation				
Diagnostic Waits - receiving a diagnostic test within 6 weeks				
% receiving a diagnostic test within 6wks	99.08%	99.10%	99.33%	
Elective Care				
Total elective spells: All specialties (YTD) [1]	84838	75268	4063	
Ordinary elective spells: All specialties (YTD) [1]	17169	14150	1485	2016/17 targets are yet to be finalised and also split down to Trust level
Daycase elective spells: All specialties (YTD) [1]	67669	61118	2578	
Total elective spells: G&A specialties (YTD) [1]	79705	70178	4063	
Ordinary elective spells: G&A specialties (YTD) [1]	13298	10316	1485	
Daycase elective spells: G&A specialties (YTD) [1]	66407	59862	2578	
First outpatient attendances: All specialties (YTD) [1]	269519	239267	17683	
First outpatient attendances: G&A specialties (YTD) [1]	243462	215484	16629	
First outpatient attendances following GP referral: All specialties (YTD) [1]	123750	114051	3564	
First outpatient attendances following GP referral: G&A specialties (YTD) [1]	118330	108917	3552	
Total referrals for a first outpatient appointment: G&A specialties (YTD) [1]	37216	33270	1782	
GP written referrals for a first outpatient appointment: G&A specialties (YTD) [1]	23497	21320	685	
Other referrals for a first outpatient appointment: G&A specialties (YTD) [1]	13719	11950	1097	
All subsequent (follow-up) outpatient attendances: All specialties (YTD) [1]	553413	503721	19815	
Cancelled operations offered another date within 28 days (QTR)	*	4	0	
GP services				
Patient overall experience of GP services (Good - rate per 100)	76.36			
Patient overall experience of GP services (Poor - rate per 100)	8.91			

continued overleaf (inc. all footers / notes)

APPENDIX A: Health Economy Performance Measures Summary

Urgent Care

NOTE: *STHFT & SCHFT Non-elective spells figures are their Sheffield CCG cohort; it is not the Trust total position*

Non-elective Care	CCG	STHFT	SCHFT	
% seen/treated within 4 hours of arrival in A&E (YTD) [2]	91.25%	89.41%	97.14%	
LOCAL: % seen/treated within 4 hours of arrival in A&E (YTD) [2]	-	87.61%	97.20%	
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	-	0	0	
Non-elective spells: All specialties (YTD) [1]	71947	64587	3241	16/17 targets to be finalised / split down to Trust level
Non-elective spells: G&A specialties (YTD) [1]	56599	49715	3241	
A&E attendances - Type 1 A&E departments (YTD) [3]	TBC	TBC	TBC	
A&E attendances - All A&E departments (YTD) [3]	TBC	TBC	TBC	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions [4]	894.2	N/A	N/A	
Emergency admissions - acute conditions that should not require admission [4]	1302.4	N/A	N/A	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s [4]	201.0	N/A	N/A	
Emergency admissions for children with lower respiratory infections (LRTI) [4]	382.2	N/A	N/A	
LOCAL: Unplanned hosp for chronic ambulatory care sensitive conditions [4]	716.30	N/A	N/A	
LOCAL: Em admissions - acute conditions that should not require admission [4]	1086.96	N/A	N/A	
LOCAL: Unplanned hosp for asthma, diabetes and epilepsy in under 19s [4]	189.85	N/A	N/A	
LOCAL: Em admissions for children with lower respiratory infections (LRTI) [4]	324.29	N/A	N/A	
Urgent operations cancelled for the second time	*	0	0	

GP Out-of-hours services	
Patient overall experience of out of hours GP services (Good - rate per 100)	67.43
Patient overall experience of out of hours GP services (Poor - rate per 100)	15.53

Yorkshire Ambulance Service (YAS)	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest YTD) [5]	75.22%	N/A	N/A	69.69%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) [5]	77.12%	N/A	N/A	74.16%
Category A response in 19 mins (YTD) [5]	97.91%	N/A	N/A	95.71%
Ambulance handover delays - of over 30 minutes [6]	N/A	156	1	2718
Ambulance handover delays - of over 1 hour [6]	N/A	1	0	563
Ambulance crew clear delays - of over 30 minutes [6]	N/A	37	5	599
Ambulance crew clear delays - of over 1 hour [6]	N/A	8	1	47

Active Ageing, Cancer, End of Life Care and Long Term Conditions

The National measures on unplanned admissions for chronic ACSC monitored by this portfolio ultimately relates to Urgent Care, so are summarised in that section, above

	CCG
Potential years of life lost (PYLL - rate per 100,000) [7]	1976.3
Proportion of people feeling supported to manage their condition	64.6%
Health-related quality of life for people with long-term conditions	72.0
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	76.5%

NOTE: *STHFT & SCHFT Cancer waits figures are their Sheffield CCG cohort; it is not the Trust total position*

Cancer Waits (YTD)	CCG	STHFT	SCHFT
% seen within 2 weeks - from GP referral to first outpatient appointment	94.45%	94.48%	92.31%
% seen within 2 weeks - as above, for breast symptoms	97.55%	97.78%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	96.21%	96.38%	100.00%
% treated within 31 days - subsequent treatment (surgery)	95.96%	95.79%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	100.00%	100.00%	N/A
% treated within 62 days - following an urgent GP referral	82.06%	82.43%	N/A
% treated within 62 days - following referral from an NHS screening service	100.00%	100.00%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	92.31%	92.16%	N/A

continued overleaf (inc. all footers / notes)

APPENDIX A: Health Economy Performance Measures Summary

Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	98.72%
Early Intervention in Psychosis - % with a NICE approved care package seen within 2wks of referral	48.00%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	19.05%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	40.93%
Proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment	70.59%
Proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment	94.12%
Estimated diagnosis rate for people with dementia [8]	82.0%

Children, Young People and Maternity

The 2 National measures monitored by this portfolio
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
- Emergency admissions for children with lower respiratory infections (LRTI)
ultimately relate to Urgent Care and so are summarised in that portfolio section; please see previous page.

Quality Standards

Patient Safety	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia infections (YTD)	3	2	0	N/A
Clostridium Difficile (C Diff) infections (YTD)	49	21	0	N/A
Mixed Sex Accommodation (MSA) breaches (YTD)	0	0	0	0
Hospital deaths attributable to problems in care	WIP	WIP	WIP	WIP
Patient Experience				
Patient experience of hospital care	WIP	WIP	WIP	
Friends and Family test: Inpatient - Response rate [9]		29.03%		
Friends and Family test: Inpatient - % Recommended [9]		95.83%		
Friends and Family test: A&E - Response rate [9]		22.73%		
Friends and Family test: A&E - % Recommended [9]		86.87%		

*** CCG data is not collected and so is estimated from provider data submissions**

FOOTNOTES OVERLEAF

APPENDIX A: Health Economy Performance Measures Summary

Footnotes:

Acute Services Portfolio - Elective Care and Urgent Care

[1] **Activity (Elective, Non-elective and Outpatient) measures:**
These measures cannot be interpreted directly in conjunction with Trusts' contract/activity monitoring reporting
- Trusts' Contract Activity monitoring - as summarised in APPENDIX C of this report - is the agreed Sheffield CCG-purchased plan for STHFT and SCHFT respectively - for all (i.e. not just G&A*) activity
- The measures here relate to progress against outline plans which the CCG were required to submit nationally, for all activity that might be attributed to the CCG - that is, the majority of activity would be expected from STHFT and SCHFT but there will be Sheffield CCG registered patient activity at other Trusts around the country, for which an estimate has been factored in to the tota
- The majority of the activity measures will be monitored against nationally submitted SUS (secondary uses service) data GP Referrals data is not available via SUS and so will, as per previous years, continue to be monitored via the Monthly Activity Return (MAR) or Quarterly Activity Return (QAR) submitted to the Department of Health
- Measures on the number of referrals will not be rated for STHFT or SCHFT as plans are not provided for these by CCG

* G&A specialties = General & Acute - does not include, for example, Obstetrics, Mental Health and Community services

[2] **% seen/treated within 4 hours of arrival in A&E:** **WILL NOT BE FULL YTD IN 2016/17 AS NO APRIL DATA FOR STHFT**
- CCG position = total reported from any provider on the national A&E SITREP collections - allocated to CCGs using proportions of each provider's A&E activity data submitted to SUS for that CCG - mapping provided by the Department of Health (as per NHS England source guidance)
- STHFT & SCHFT positions = total reported from the provider on the national A&E SITREP collections
- LOCAL: STHFT & SCHFT positions = total provider position from their daily A&E data

As national SITREP data is a month behind, local position is provided for a more up-to-date/timely position for the Trusts
It is not accurate to provide a % for the CCG from these but an overall picture of performance can be estimated

[3] **Number of attendances at A&E departments:**
- CCG position = total reported from any provider in nationally submitted SUS data (as per NHS England source guidance)
- STHFT & SCHFT positions = total reported from the provider on the national A&E SITREP collections
- SCHFT has a Main A&E department only, so all attendances are Type 1 in nature

[4] **Emergency Admissions/Unplanned Hospitalisation:**
- Position shown here is the latest published figure (Oct-14 to Sep-15 PROVISIONAL)
  This figure is the Directly standardised rate (DSR) per 100,000 registered patients (the 2 children's measures use <19s only)
- LOCAL position shown here is the latest YTD position taken from nationally submitted SUS (secondary uses service) data
  This figure is the indirectly standardised rate per 100,000 registered patients (the 2 children's measures use under 19s only)

[5] **Category A responses:**
- CCG position has been included for information, but all CCGs are officially measured against the YAS total position

NOTE: Numbers above for April are only partial - please see page 9 for further information

[6] **Ambulance handover/crew clear times:**
- Whilst official data source and data quality is determined, CCG position reported is as per the YAS total position

Active Ageing, Cancer, End of Life Care and Long Term Conditions

[7] **PYLL:**
- 2014 position; RAG in Quality Premium section is greyed out because this will be the 2015 position and this will not be published until c.Sep-16 - direction of travel/expected position is therefore not yet known for certain

Mental Health, Learning Disabilities and Dementia

[8] **Dementia diagnosis rate:**
- Jun-16 position from NHS England (via Health and Social Care Information Centre - HSCIC - data)

Quality Standards

[9] **Friends and Family Test:**
- Rated against improvement on previous period

APPENDIX B: NHS 111 Performance Measures

NHS 111 Activity

Performance against National Target remains at Month 2, May 2016
Compared, where possible, to National data

PLEASE NOTE: *Due to data availability, National data will usually be 1 month behind Local data*

Sheffield Activity

Chart 1: Calls received

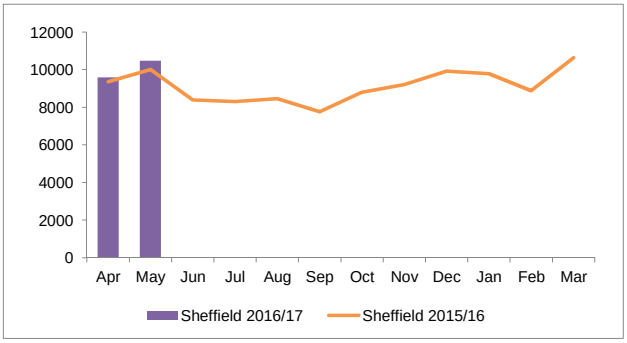


Chart 2: Clinical Calls completed within 10 minutes

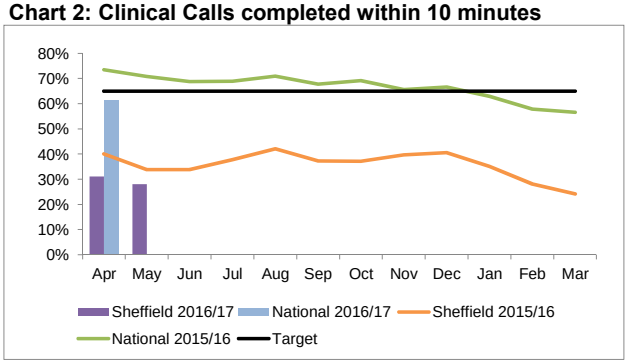


Chart 3: % of Clinical call-backs within 10 minutes ≥ 98%

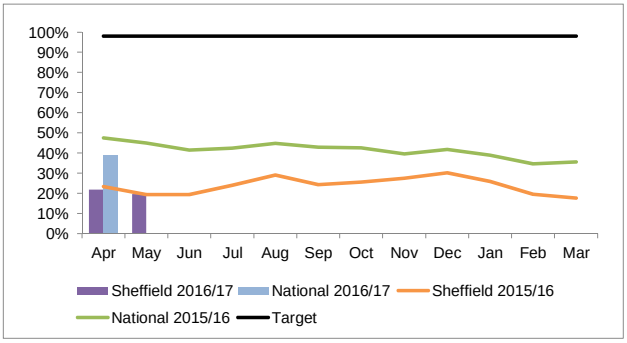
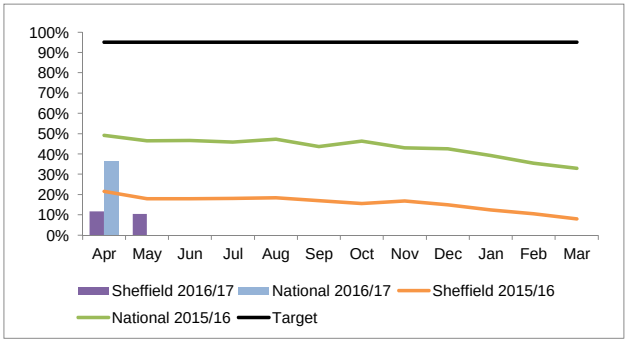


Chart 4: % of warm transfers* ≥ 95%



* A warm transfer is where the call handler transfers the call to a clinical advisor within the same telephone call

Yorkshire Ambulance Service (YAS) Activity (Yorkshire & Humber NHS 111 service provider)

Chart 5: Calls received

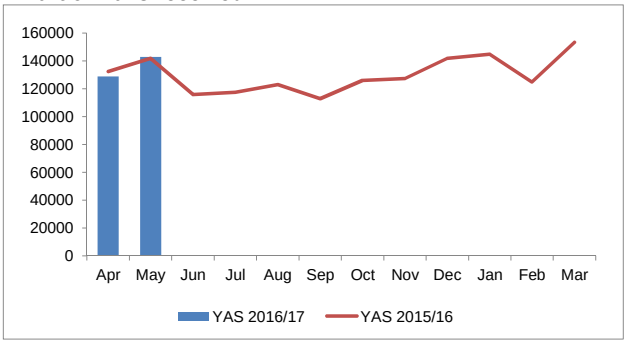


Chart 6: Calls answered within 60 seconds ≥ 95%

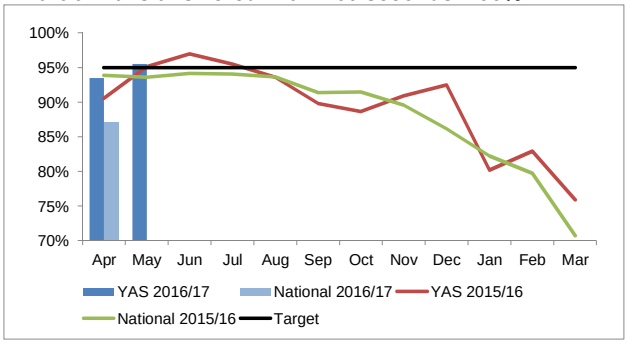


Chart 7: Calls abandoned after 30 seconds ≤ 5%

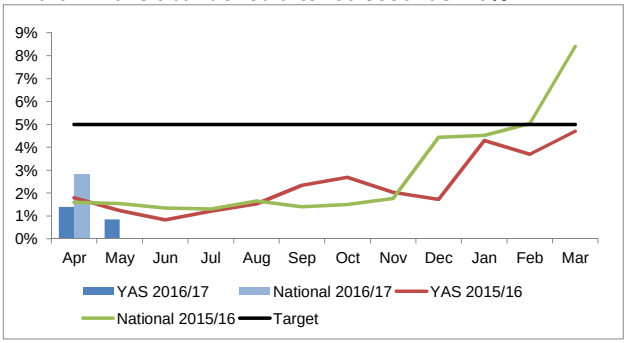
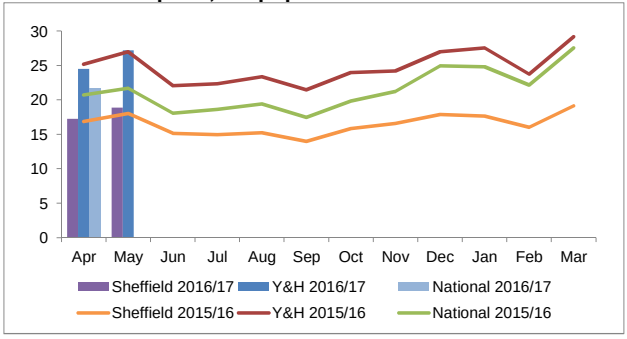


Chart 8: Calls per 1,000 population



Data sources: YAS / Sheffield data - YAS minimum data set (MDS)
National data - NHS England minimum data set (MDS)

APPENDIX B: NHS 111 Performance Measures

YAS Activity: NHS 111 Calls by Disposition Type (Disposition = where calls are directed to)

Chart 9: Calls by Disposition Type: Rolling year

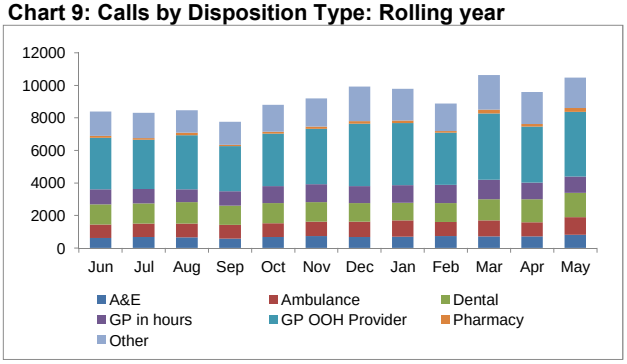


Chart 10: % Calls by Disposition Type: Rolling year

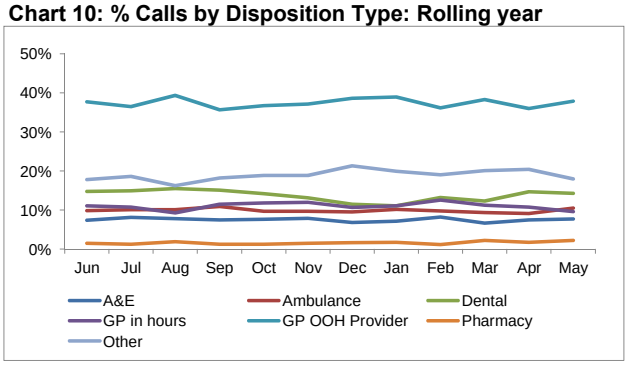


Chart 11: Proportion of Calls by Disposition Type: % change on previous year - from April 2015

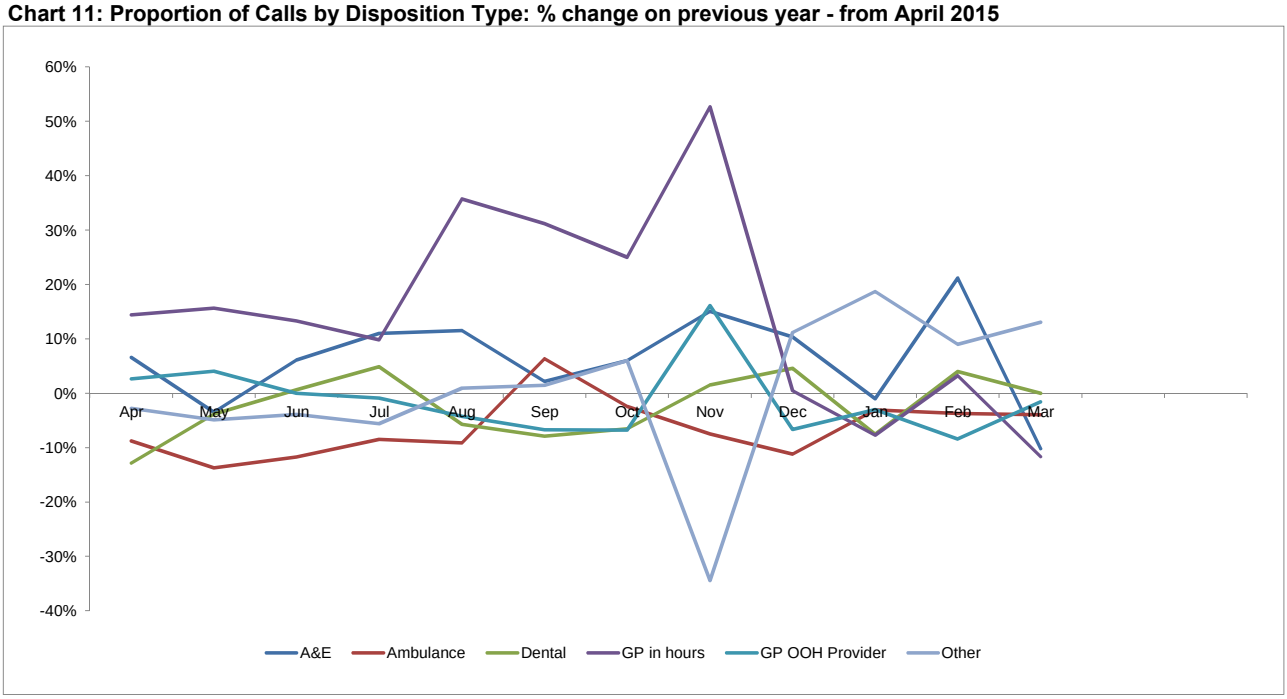


Chart 11 notes:

Other = 111 Calls that are not triaged (i.e. wrong number) or result in dispositions of Primary Care (largely Walk-in Centre), Other Service or Self Care, excluding calls referred to GP In-Hours, GP OOH, Dental or Pharmacies.

The Pharmacy cohort has been removed from Chart 11 (% change year-on-year); this proportion of calls has only just begun to level out, as use of this disposition code has only recently started to be consistently applied in the call recording - therefore previous proportions skew the overall chart position.

APPENDIX C: Contract Activity

Sheffield Teaching Hospitals NHS Foundation Trust

Performance against Sheffield CCG Activity Target at Month 3, Apr 2016 - Jun 2016

PLEASE NOTE: The financial performance is reported separately in the Finance Report

Outpatient First Attendances:	7% below plan	Inpatient Elective Spells:	3.7% below plan
Outpatient Follow-ups:	7.8% below plan	Inpatient Non-elective Spells:	5.5% below plan
(Outpatients includes OP procedures)		A&E Attendances:	0.9% below plan

Figure 1: Referrals [1]

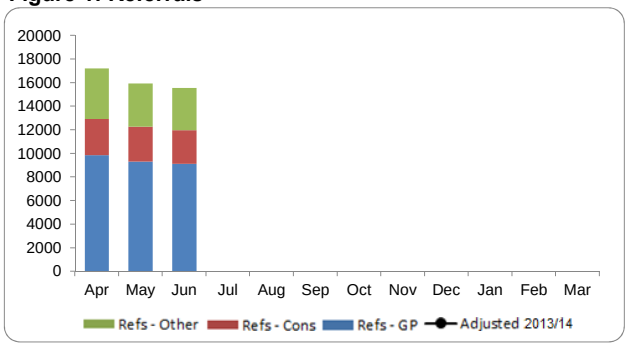


Figure 2: Firsts [2]

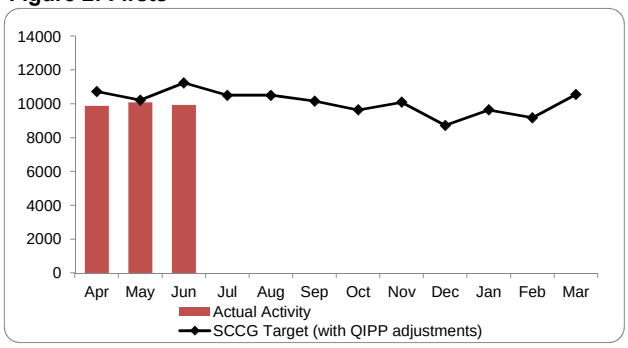


Figure 3: Follow-ups [3]

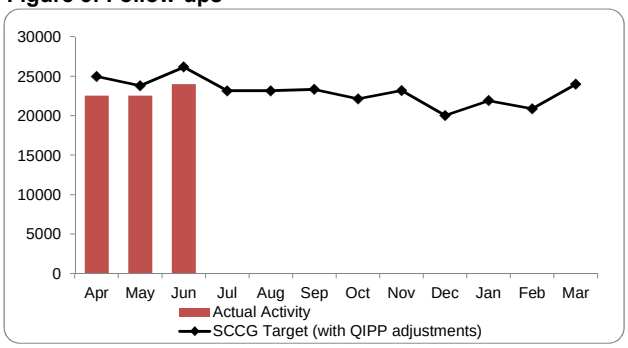


Figure 4: Electives

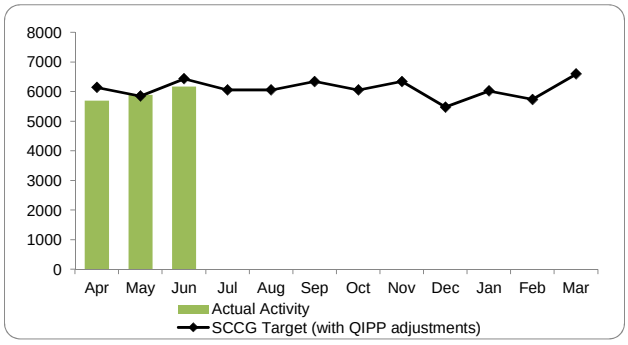


Figure 5: Non-Electives

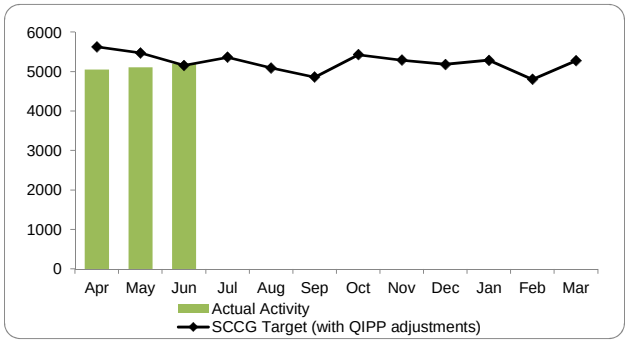


Figure 6: Accident and Emergency

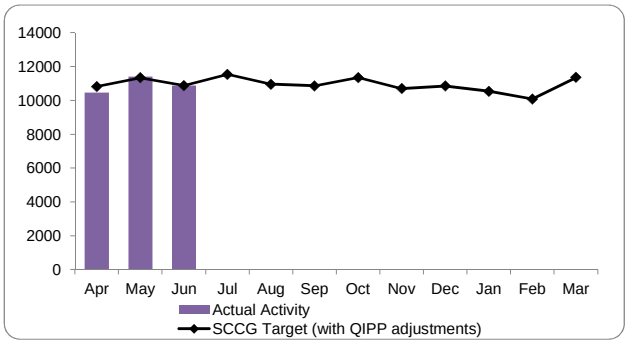


Table 1. Outpatient Activity

Activity	2016/17	Target	Var	% Var
Firsts	29,934	32,191	-2,257	-7.0%
Follow-ups	69,136	74,973	-5,837	-7.8%
Follow-ups:First Ratio	2.31	2.33	-0.02	-0.8%

Table 2. Inpatient and A&E Activity

Activity	2016/17	Target	Var	% Var
Electives	17,772	18,447	-675	-3.7%
Non Electives	15,366	16,261	-895	-5.5%
Excess Bed Day Costs (£000s)	£ 2,527	£ 1,791	£ 736	41.1%
A&E	32,769	33,059	-290	-0.9%

Source: STHFT Contract Monitoring

Notes:

Additional non-recurrent activity to achieve 18WW has been phased across the year. This is currently being reviewed and phasing may change in-year

[1] Due to Lorenzo issues a comparison with the 2015/16 referrals baseline could not be included.
Includes all Sheffield activity (CCG and NHS England) for specialties >50% CCG commissioned.
All remaining data is Sheffield CCG only (i.e. excluding NHS England commissioned activity - specialised & dental) and excludes MSK contract Activity.
Outpatient attendances exclude Clinical Psychology, Diabetes, Hearing Services, Palliative Medicine and Obstetrics.

[2] First outpatient attendances exclude CDU (Clinical Decision Unit). CDU Attendances are overperforming by 568 (7.6%).

[3] Unallocated OP attendances have been attributed to follow-ups.
Excess Bed Day Costs include MFF (Market Forces Factor).

APPENDIX C: Contract Activity

Sheffield Children's NHS Foundation Trust

Performance against Sheffield CCG Activity Target at Month 3, April 2016 - June 2016

PLEASE NOTE: The financial performance is reported separately in the Finance Report

Outpatient First Attendances:	3.2% above plan	Inpatient Elective Spells:	4.3% below plan
Outpatient Follow-ups:	5% above plan	Inpatient Non-elective Spells:	9.7% above plan
Outpatient Procedures:	32.1% below plan	A&E Attendances:	1.9% above plan

Figure 1: Firsts

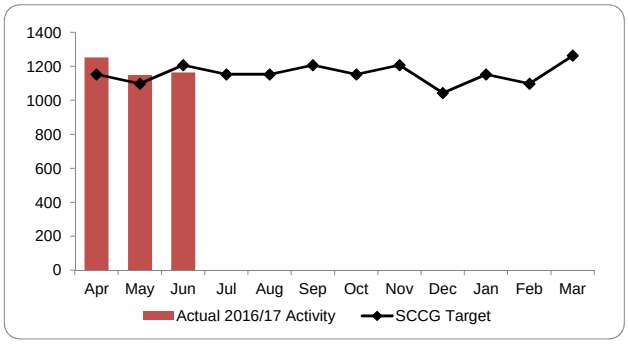


Figure 2: Follow-ups

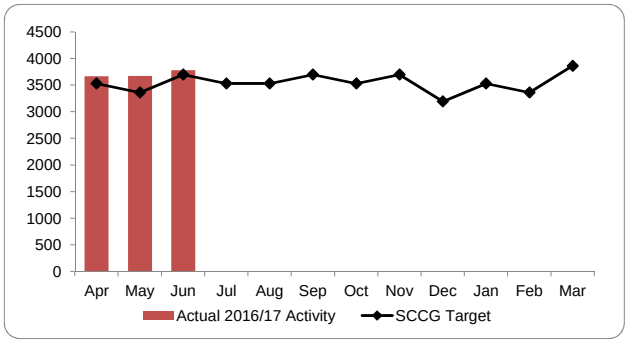


Figure 3: Accident and Emergency

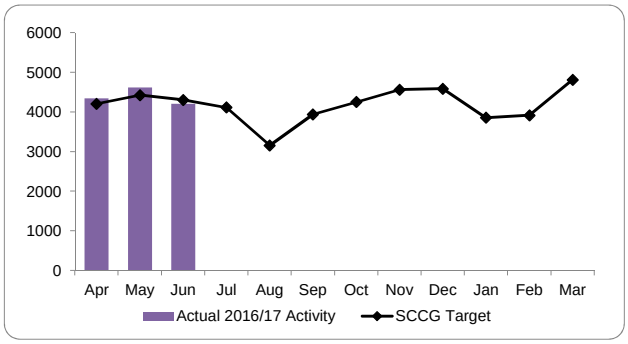


Figure 4: Electives

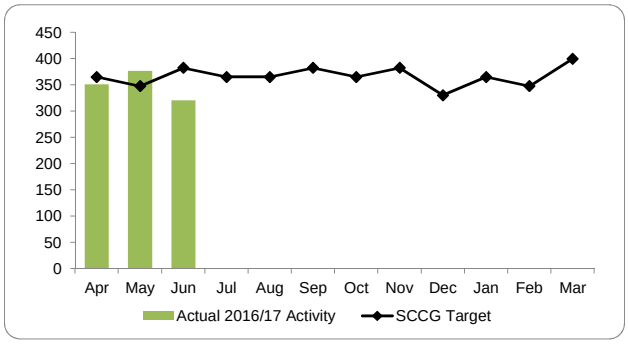


Figure 5: Non-Electives

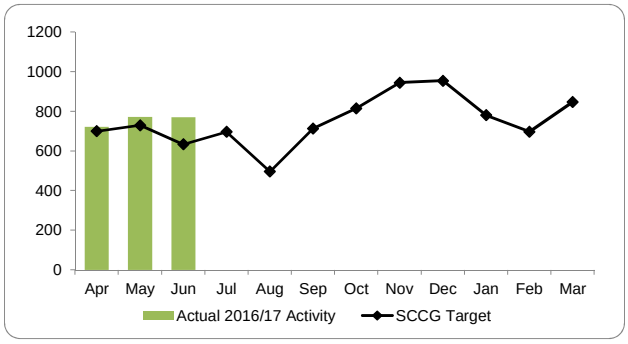


Figure 6: Excess Bed Days

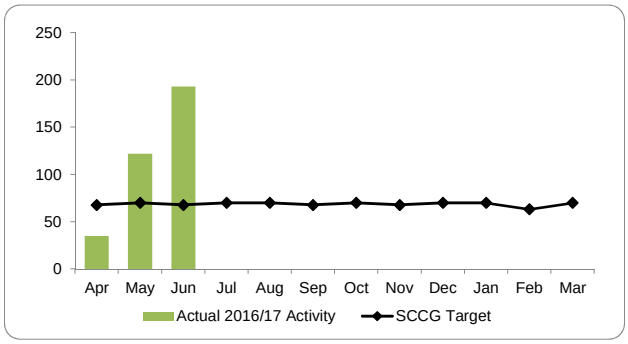


Table 1. Outpatient Activity

Activity	2016/17	Target	Var	% Var
Firsts	3,569	3,459	110	3.2%
Follow-ups	11,128	10,597	531	5.0%
OP Payable Procedures	3	4	-1	-32.1%
Follow-ups:First Ratio	3.12	3.06	0.05	1.8%

Table 2. Inpatient and A&E Activity

Activity	2016/17	Target	Var	% Var
Electives	1,049	1,096	-47	-4.3%
Non Electives	2,264	2,064	200	9.7%
Excess Bed Day Costs (£000s)	£ 125	£ 66	£ 59	89.5%
A&E	13,172	12,932	240	1.9%

Source: SCHFT Contract Monitoring (SLAM)

Notes:

Sheffield CCG Activity Only

APPENDIX D: Previously Unassessed Periods of Care (PUPOC)

Previously Unassessed Periods of Care (PUPOC)

Background information

NHS England now requires CCGs to publish progress on "PUPOCs". A "PUPOC" is a previously unassessed period of care.

Historically, all CCGs received requests from patients (or their representatives) for a 'retrospective' assessment, for eligibility for continuing healthcare (CHC). This meant the CCG had to look at whether the patient should have been eligible for CHC for a period in the past and if so, reimburse the patient for the cost of their care. In 2012, NHS England introduced a programme of cut-off dates for making such requests. No further requests can now be made for such PUPOCs, for care that occurred before March 2013 (unless there are exceptional circumstances).

Nationally, over 59,000 PUPOC applications were made. Sheffield received 499 such requests within that deadline. There are a range of complexities in dealing with PUPOCs - the volume of requests and the required work has presented a challenge for many CCGs. Sheffield CCG's PUPOCs are being assessed by a team now hosted by Doncaster CCG, which also provides this service to 11 other CCGs. The Chief Nurse at Doncaster CCG discusses performance on PUPOCs with senior colleagues at NHS England each month.

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

In every case, a patient or their family is significantly affected by PUPOCs. In some cases, patients (or their family) have paid significant sums for care for their loved ones. Sheffield CCG's intent is to complete every PUPOC within timescale. The CCG is conscious of both the desire for 'closure' that patients and families will have and also the need to ensure that appropriate decisions are made and to ensure that the CCG does not fund care when the patient was not eligible.

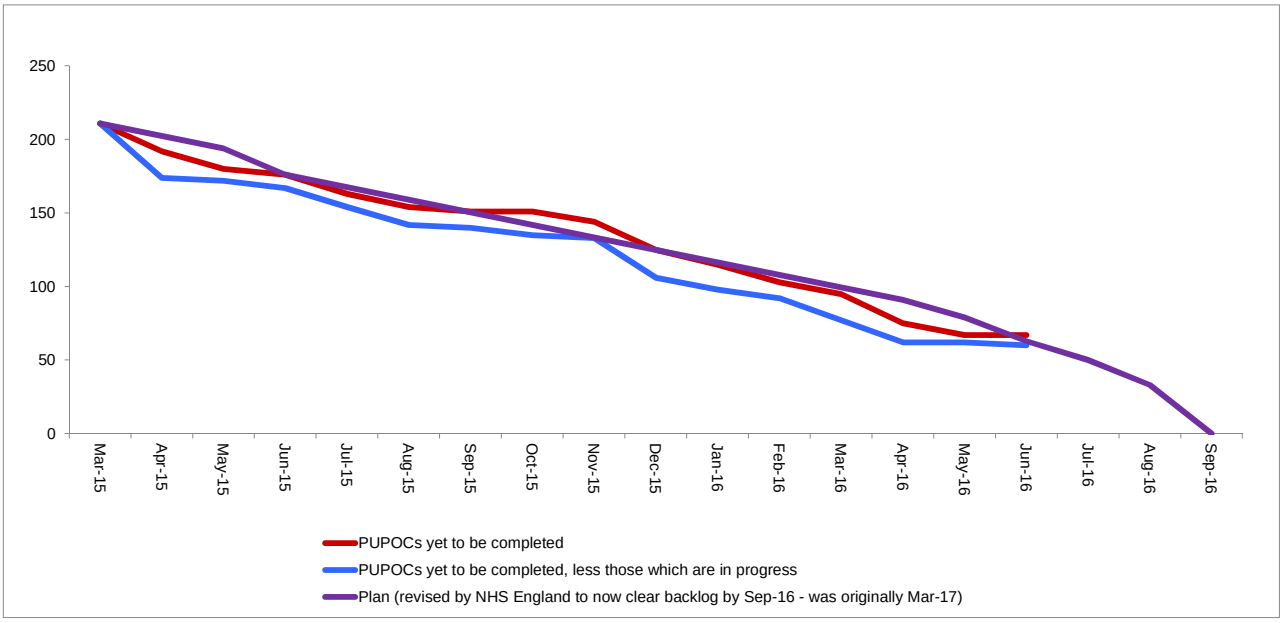
Monitoring

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

There has been minimal change since the last submission although some cases have been transferred, by agreement with the CCG, to review. This will likely to show progress in subsequent months.

There is a risk that the PUPOCs will not be completed by the NHSE deadline of the end of September 2016. We continue to work with Doncaster CCG and other CCGs to explore options for completing PUPOC applications as quickly as practicable.

The chart below shows progress to date on PUPOCs.



APPENDIX E: STF Improvement Trajectories 2016/17

Sustainability and Transformation Fund (STF) - Improvement Trajectories

Acute providers have, as part of the planning process for 2016/17, been asked by NHS Improvement (Monitor & NHS Trust Development Authority), to submit improvement trajectories in some key national measures. The achievement of these improvement trajectories is linked to Sustainability and Transformation Funding as per the Planning process for 2016/17.

Allocation of the fund has been calculated by NHS Improvement and agreed with NHS England nationally, together with an assurance process with a number of criteria which providers have to achieve in order to receive their funding. However, they will not be subject to standard contract sanctions on these standards (i.e. there will be no double jeopardy).

The sanctions covered by double jeopardy are:

- % of service users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral
- % of service users waiting less than six weeks from referral for a diagnostic test
- % of A&E attendances where the service user was admitted, transferred or discharged within four hours of their arrival at an A&E department
- % of service users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer
- zero tolerance RTT waits over 52 weeks for incomplete pathways
- trolley waits in A&E longer than 12 hours
- all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes
- all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 minutes

Performance will be judged against the recovery trajectories that will form part of the NHS standard contract for 2016/17.

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	% Performance	91.0%	91.5%	92.0%	93.0%	94.0%	94.0%	93.5%	94.0%	94.5%	94.8%	95.0%	95.3%
SCHFT	% Performance	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

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	% Performance	92.6%	92.6%	92.7%	92.8%	92.8%	92.7%	92.7%	92.8%	92.9%	92.9%	92.9%	93.0%
SCHFT	% Performance	92.1%	92.0%	92.0%	92.0%	92.1%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

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	% Performance	95.8%	96.6%	97.4%	98.4%	98.8%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
SCHFT	% Performance	99.0%	99.0%	99.1%	99.1%	99.1%	99.1%	99.1%	99.0%	99.0%	99.0%	99.0%	99.0%

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	% Performance	85.0%	85.1%	85.2%	85.0%	85.0%	85.2%	85.0%	85.2%	85.3%	85.0%	85.1%	85.2%
SCHFT	Not applicable												