

Quality and Outcomes Report: Position Statement

Update to Governing Body

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Purpose of Paper	
To update Governing Body on key performance, quality, safeguarding and outcomes measures.	
Key Issues	
<ul style="list-style-type: none"> • Diagnostic Waits: The proportion of Sheffield CCG's patients receiving their diagnostic test within 6 weeks of referral did not meet the national standard of 99% in May; it had previously been consistently achieved since October 2016. • A&E 4hr Waits: The proportion of Sheffield CCG's patients admitted, transferred or discharged within 4hrs of arrival at A&E, although generally improving, remains below the national standard for 2017/18 so far (June/July local data proxy). • Ambulance Response Times: Alignment of the Ambulance Response Programme reporting - a pilot in which Yorkshire Ambulance Service (YAS) are participating - to the national standards (75% of both Category A RED 1 and RED 2 calls resulting in an emergency response arriving within 8 minutes) is not yet clear; however, local proxy measures indicate response times remain below such thresholds. • Ambulance Handover Times: The number of delays over 30 minutes in clinical handover of patients to A&E increased in-month (May) at both YAS and local provider level and remain above expected levels. • Improving Access to Psychological Therapy: The proportion of Sheffield CCG's IAPT patients moving to recovery did not meet the national 50% target in-month (March, latest published data) - and remains below this threshold for 2016/17 in total; it did, however, achieve 50% for Quarter 4 overall (how NHS England are monitoring this measure). 	
Is your report for Approval / Consideration / Noting	
Consideration	
Recommendations / Action Required by Governing Body	
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • Key issues relating to Quality, Safety and Patient Experience • Assessment against measures relating to the Quality Premium 	

Governing Body Assurance Framework
<p><i>Which of the CCG's objectives does this paper support?</i></p> <p>1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield Specifically the risks: 2.1 Providers delivering poor quality care and not meeting quality targets 2.3 That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy</p>
Are there any Resource Implications (including Financial, Staffing etc)?
Not applicable at this time
Have you carried out an Equality Impact Assessment and is it attached?
<p><i>Please attach if completed. Please explain if not, why not</i> <i>No - none necessary</i></p>
Have you involved patients, carers and the public in the preparation of the report?
It does not directly support this but as a public facing document is part of keeping the public informed.

Quality & Outcomes Report

2017/18: Position statement
using latest information
for the August 2017 update
to Governing Body

Sheffield Clinical Commissioning Group - Summary Position 1 - 4

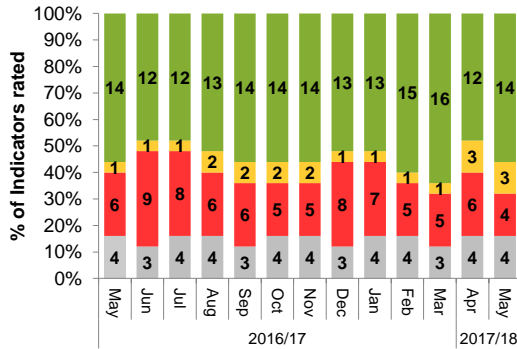
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Highest Quality Health Care - NHS Constitution - Rights & Pledges

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



The chart shows how CCG delivery of the 25 NHS Constitution Rights & Pledges for the first two months of 2017/18, following on from our performance last year. The number of rights and pledges being successfully delivered is indicated by the green sections of the bars. Amber shows those which are close to being delivered, red those where significant improvement is needed. Grey indicates areas where data is not yet available for the current month.

For those areas where delivery of pledges is not currently on track - as identified in the tables below - further information is given in the NHS Constitution - Rights & Pledges section of this report (pages 5 - 13).

Headlines

Highlights:

- **Referral To Treatment waiting times** - the national standard for patients being seen within 18 weeks continues to be met overall for Sheffield patients as at the end of May.
- **Cancer waiting times** - the national standards continue to be met overall for Sheffield patients as at the end of May.
- **Improving Access to Psychological Therapies (IAPT) access** - the 2016/17 plan/ambition for this measure was exceeded (March 2017 - latest available national data).
- **IAPT waiting times** - the latest available national data (March) shows that the waiting times standards for both 6 weeks and 18 weeks continue to be met.
- **Early Intervention in Psychosis (EIP) pathways** - the national standard continues to be met overall for Sheffield patients as at the end of May.

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 2017) **9 of the 15** core rights and pledges are being successfully delivered. A summary of areas of concern, key issues and the action requested from the CCG Governing Body is set out below/overleaf. Further detailed information on the action being taken by the CCG and providers to improve performance - along with expected timescales for delivery of improvement - are set out in the NHS Constitution section (pages 5 - 13).

Diagnostic waits	Issue	ACTION requested from Governing Body	Page
99% of patients wait 6 weeks or less from the date they were referred	In May 2017, for the first time since September 2016, neither the CCG nor Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) met the standard for this measure. STHFT were also therefore below the agreed Sustainability and Transformation Funding (STF) Improvement Trajectory for May.	To endorse the approach of monitoring STHFT achievement of diagnostic waiting times and any necessary mitigating actions, through monthly Performance and Contract Management Board (PCMB) meetings with the Trust.	6
A&E waits	STHFT local daily data for June indicates that the Trust are not yet meeting the 2017/18 standard; they are however meeting the agreed STF Improvement Trajectory for this measure. At the time of writing (18th July) the 2017/18 year to date performance shows 92.01% of patients were seen/treated within 4hrs.	To endorse the actions being taken and the continued monitoring of STHFT progress towards achievement of the A&E standard and any necessary mitigating actions through the PCMB.	7-8

continued overleaf

Sheffield Clinical Commissioning Group - Summary Position

2016/17 Headlines - continued

Cancer waits	Issue	ACTION requested from Governing Body	Page
85% of patients have a maximum 2 month (62 day) wait from urgent GP referral	STHFT overall performance for May remains below the national standard in month (and therefore 2017/18 to date) and also the agreed STF Improvement Trajectory.	To endorse the approach proposed by the Cancer Alliance to develop a common performance management framework for cancer waiting times across the region, whilst continuing to monitor progress against internal improvement plans and escalate to the PCMB as appropriate.	9-10
Ambulance response times			
75% of Category A (RED 1) calls resulting in an emergency response arriving within 8 minutes	Yorkshire Ambulance Service (YAS) are piloting phase 2.2 of the new Ambulance Response Programme (ARP). The alignment of the ARP reporting to the NHS Constitution measures (and therefore how performance will be monitored going forward) is not yet clear. Information from YAS is available that provides an update on performance but this is not easily mapped against the Constitution measures.	None requested this month.	11
75% of Category A (RED 2) calls resulting in an emergency response arriving within 8 minutes			
Ambulance handover times			
Reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	YAS level ambulance handover delays increased in May for both those over 30 minutes and those over 1 hour and therefore both remain above expected levels. (The reported position at STHFT level also worsened and is still above expected levels.)	To endorse the approach of monitoring ambulance handover performance and any necessary mitigating actions through monthly Contract Monitoring Group (CMG) meetings with the Trust.	12
Reduction in the number of delays over 1 hour in clinical handover of patients to A&E (subset of previous measure)			

Highest Quality Health Care - Mental Health

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

A summary of areas of concern, key issues and the action requested from the CCG Governing Body is set out below. Further detailed information on the action being taken by the CCG and providers to improve performance - along with expected timescales for delivery of improvement - are set out in the Mental Health section (page 14).

Mental Health	Issue	ACTION requested from Governing Body	Page
Early Intervention in Psychosis - % seen within 2 weeks	As noted last month, although the standard has been met since July 2016 (to the most recent month's data, for April 2017 - May data not yet available) the CCG continues to experience higher levels of demand than predicted - based on national guidance and epidemiology.	Governing Body are asked to endorse the actions being taken (the development of an action plan to ensure that all individuals have access to a full portfolio of NICE compliant interventions) and agree to accept further updates as required.	14
% IAPT patients moving to recovery (YTD)	The recovery rate is generally improving month on month and the CCG recovery rate returned to 50% or above from December 2016 to February 2017 (although March 2017 dipped just below). However, both the CCG and the Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) position, although not achieving 50% for 2016/17 overall, did achieve this for Quarter 4 (the first quarter to do so).	Governing Body are asked to continue to receive updated position statements until this measure is consistently achieving the national target of 50% (monthly as well as quarterly).	14

Highest Quality Health Care - Quality and Safety

Our commitment to ensure patients receive the highest quality of care, and to listen to and act on their feedback and concerns

Nationally, the focus on improving outcomes around the quality, safety and patient experience of health care is described in two specific areas, or 'domains' - headlines are shown below:

Treating and caring for people in a safe environment and protecting them from avoidable harm - reducing the number of patients getting Clostridium Difficile (C.Diff) & MRSA:

- **C.Diff** - As at the end of June, the year-to-date (YTD) position is that 72 cases attributable to the CCG have been reported, compared to a forecast for this point in the year of 49. STHFT have reported 25, compared to a forecast for this point in the year of 22. Sheffield Children's NHS Foundation Trust (SCHFT) have reported 1, compared to a forecast for this point in the year of 1.
- **MRSA** - No cases were reported in June. There have not been any cases reported so far in 2017/18 for the CCG, 1 for STHFT and none for SCHFT.

Ensuring that people have a positive experience of care: Patient experience information will be provided in this report for those meetings of the Governing Body that are held in public (usually alternate months). Each update will focus on a different provider, rotating STHFT, SCHFT and SHSCFT. The updates will also include Friends and Family Test (FFT) published results for that provider (identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care).

CCG Assurance - NHS England Assessment

CCG Improvement Assessment Framework (IAF) for 2016/17

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

Our "Good" rating demonstrates significant progress compared to our rating for the previous year, which was "Requires Improvement". The composition of the rating was different to what we had been expecting. Our IAF rating of "Good" is made up of the following elements:

- Performance and outcome measures on a "Summary Dashboard" - 50%; these 56 indicators cover the categories:
 - Better Health
 - Better Care
 - Sustainability
 - Well Led
- Quality of leadership - 25%
- Financial management - 25%

The CCG is in the top 25% of performers for a number of indicators, including:

- Education support for people newly diagnosed with diabetes
- Diagnosis of dementia in primary care
- Providing local care for people with complex mental health problems
- Patient experience of cancer care
- Waiting times for hospital treatment
- Probity and corporate governance

The areas where we were assessed as in most need of improvement were:

- A&E waiting times
- Rate of recovery for people accessing psychological therapies (IAPT)

Our performance on both of these standards has improved since the IAF assessment period last year, whilst remaining under close scrutiny, and will continue to be addressed in this report.

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

- **Dementia:** "Outstanding", *as expected, as per September 2016 baseline*. A key factor in our outstanding score is that our practices do well at "case finding" - the numbers of diagnoses in primary care as compared to the expected prevalence of the disease from public health studies.
- **Cancer:** "Good", *as expected, as per September 2016 baseline*.
- **Mental health:** "Requires improvement", this is *better than expected, in the September 2016 baseline we had been assessed as being in the "greatest need of improvement" category*.

We will be notified of our ratings on the remaining three Clinical Priority Areas (Maternity, Diabetes and Learning Disabilities) later in the year. We have not yet been notified of the methodology for the IAF for the current year, 2017/18.

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 are included on pages 18 - 19.

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

Highest Quality Health Care - NHS Constitution: Rights & Pledges

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

- Key to ratings:**
- Pledge being met
 - Close to being met
 - Area of concern

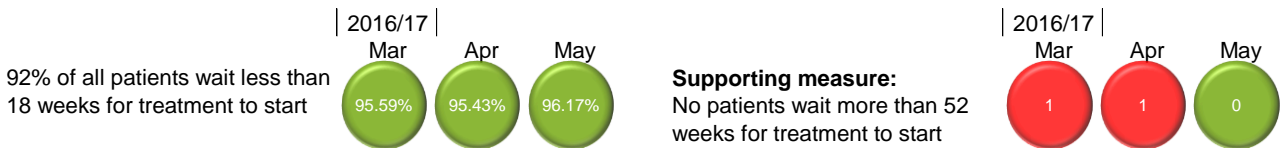
The NHS Constitution Rights & Pledges for 2017/18 are, at the time of writing, understood to be as per those monitored in 2017/18.

ALL INDICATORS/RAG RATINGS BELOW SHOW THE CCG POSITION, UNLESS OTHERWISE STATED
 The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year 2017/18.

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

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

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



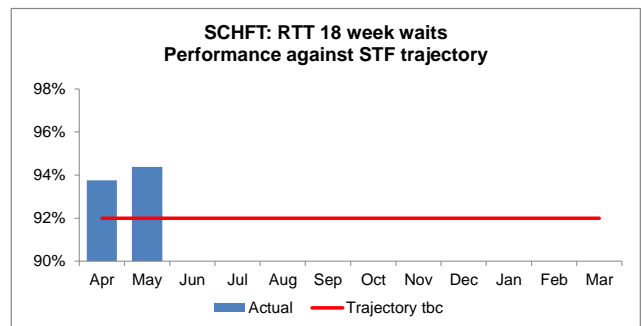
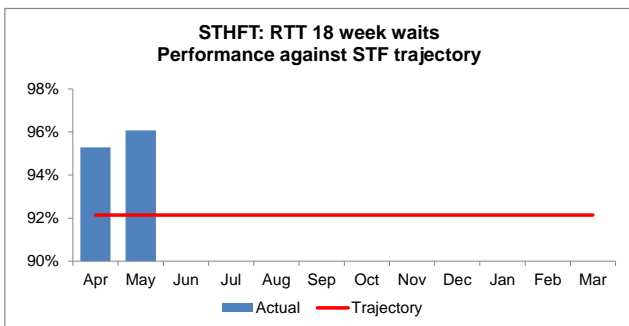
Sustainability and Transformation Fund (STF) Improvement Trajectory

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

Performance against these will be monitored by the CCG through the contract monitoring arrangements. The trajectories - and charts showing monthly provider progress against these - are shown below.

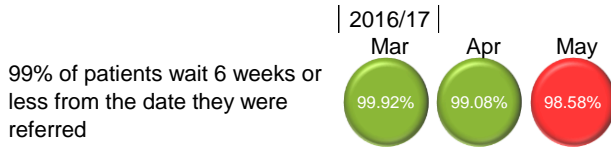
RTT WAITS: 92% of all patients wait less than 18 weeks for treatment to start (Incomplete waits)

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	Trajectory	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%
	Actual	95.3%	96.1%										
SCHFT	Trajectory tbc	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
	Actual	93.8%	94.4%										



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:

This is the first month the CCG has not achieved this standard since September 2016; this is also the case for Sheffield CCG patients seen at STHFT and SCHFT as a provider (all patients, wherever they are registered) - see below for information on any actions being taken and timeframe for improvement.

Action being taken: Diagnostic waits trajectories for improvement continue to be monitored through Contract Management Group (CMG) meetings on a monthly basis and by escalation to the Performance and Contract Management Board (PCMB). There are currently ultrasound radiography vacancies in STHFT's Echocardiography department. The reduced capacity, together with an increase in the number of tests requested, has led to increasing diagnostic waits in this speciality. The Trust is taking steps to recruit to these posts; it should be noted however that there is a national shortage of these clinical staff.

Expected timeframe for improvement: This is partially dependent on recruitment but will be discussed in greater detail at the next CMG.

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

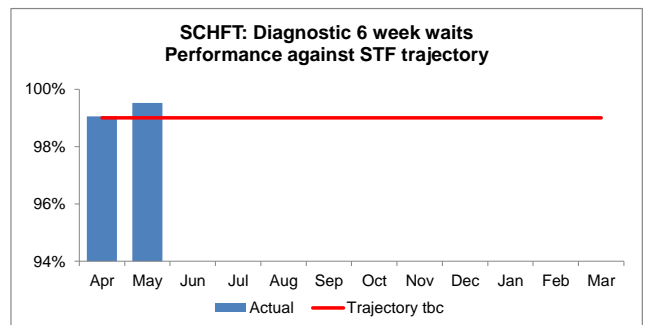
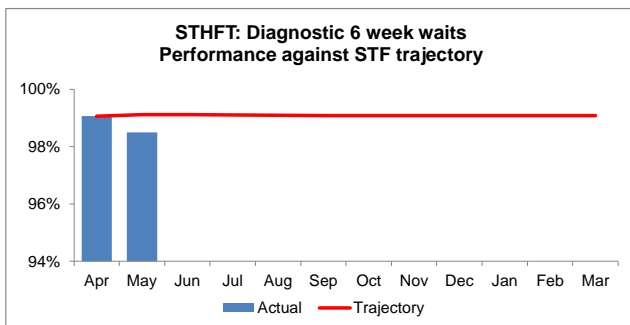
STF Improvement Trajectory

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

Performance against these will be monitored by the CCG through the contract monitoring arrangements. The trajectories - and charts showing monthly provider progress against these - are shown below.

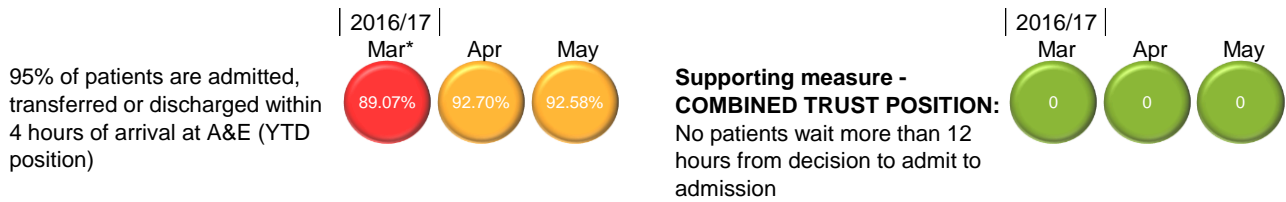
DIAGNOSTIC WAITS: 99% of patients wait 6 weeks or less from the date they were referred

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	Trajectory	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%
	Actual	99.1%	98.5%										
SCHFT	Trajectory tbc	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	Actual	99.0%	99.5%										



A&E waits

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



Issues & Actions:

A&E 4hr waits: The nationally published A&E positions are available for May and are rated above for the CCG.

STHFT: Local daily data for June indicates that performance at STHFT is improving, with 92.04% of patients seen/treated within 4 hours year to date so far in 2017/18 (June in-month was 93.13%) although they are not yet meeting the national standard. The Trust is however meeting the Sustainability and Transformation Fund (STF) improvement trajectory for Quarter 1 of 2017/18 so far, as shown over the page.

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

* PLEASE NOTE: As April 2016 data was not available for STHFT, reporting up to March 2017 does not reflect the full 2016/17 position.

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

Action being taken: The Urgent Care portfolio continues to monitor performance on a daily basis. Regular discussions about performance are held with the Trust on a Monday and at Flow group on a Wednesday. Daily (weekday) Key Performance Indicators are provided to city-wide partners. The monthly A&E Delivery Board changes its remit next month, becoming the Urgent and Elective Transformation Delivery Board.

The CCG has agreed with STHFT that we will trial the use of an Assurance Framework to gather together information on a range of work streams included in the Trust's Remedial Action Plan for A&E. The Framework will be completed by staff at the Trust and the CCG, who will ensure that it captures the most up to date intelligence around progress on the key projects. It will be used to support discussions with STHFT at the monthly CMG.

Expected timeframe for improvement: For Quarter 1 2017/18, 90% cumulative performance is expected for the combined quarter position. Local data (as at 30th June) shows Q1 performance above 90%. There are still some days when performance is a challenge but recovery is quicker due to the significant improvement in system flow.

Action requested of Governing Body: To endorse the actions being taken and the continued monitoring of STHFT progress towards achievement of the A&E standard, via the Assurance Framework, and any necessary mitigating actions through PCMB.

A&E STF information overleaf

A&E waits - continued

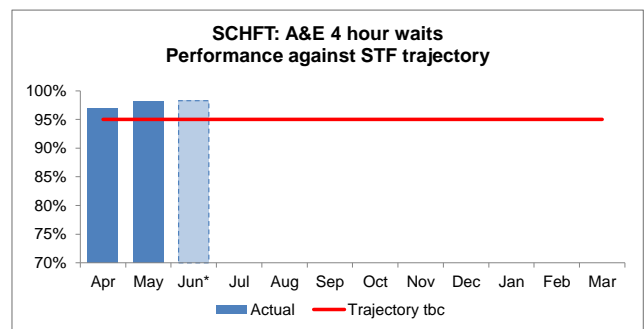
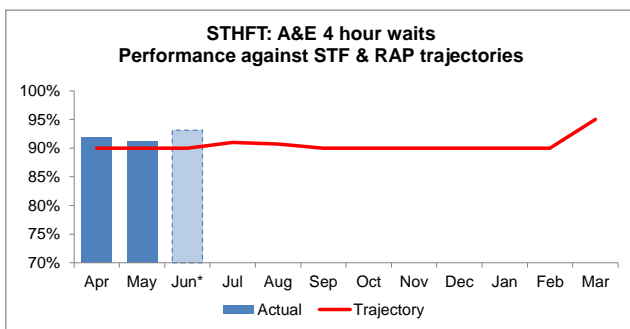
STF Improvement Trajectory

As part of the requirements to access STF, both STHFT and SCHFT have agreed an improvement trajectory for A&E 4hr waits with the CCG, NHSI and NHSE.

Performance against these will be monitored by the CCG through the contract monitoring arrangements. The trajectories - and charts showing monthly provider progress against these (along with the RAP trajectory agreed for STHFT) - are shown below.

A&E WAITS: 95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E

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

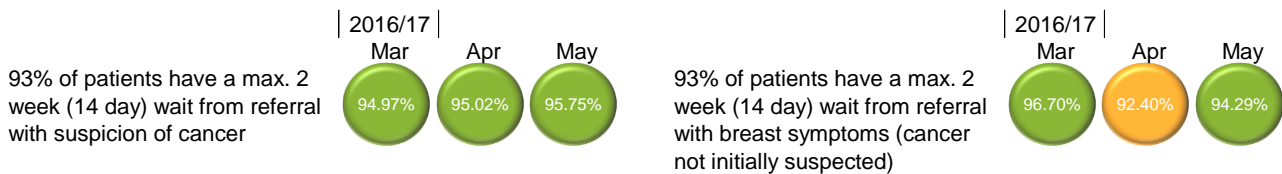


* Jun-17 local data is available, as a proxy for national data

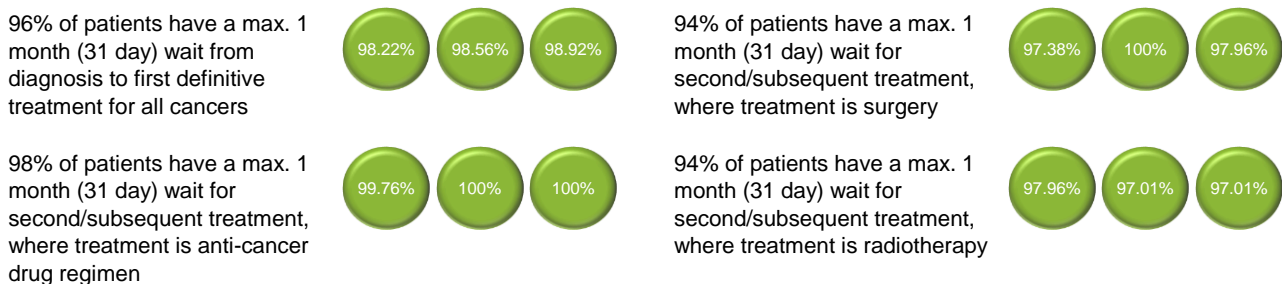
Cancer waits

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

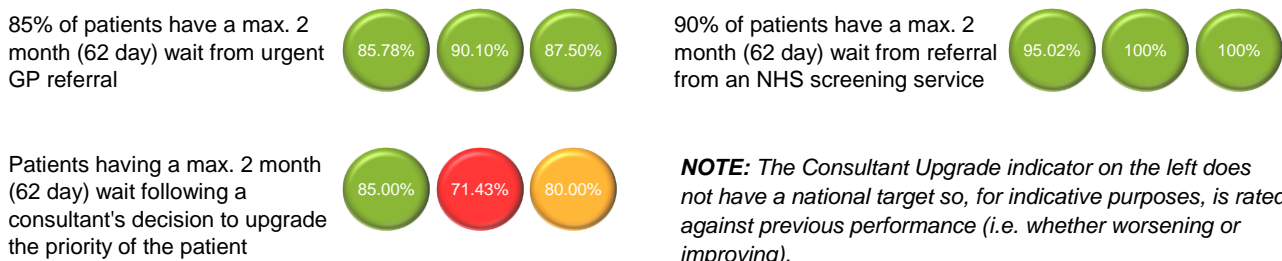
From GP Referral to First Outpatient Appointment (YTD)



From Diagnosis to Treatment (YTD)



From Referral to First Treatment (YTD)



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

Issues & Actions:

As shown above, the CCG met all the cancer waiting times pledges for 2016/17 (March year-to-date (YTD) figure). For 2017/18 so far (April and May) all but one pledge is being met, the exception being:

- The 62 day consultant upgrade standard - May in-month performance was 87.50% but, following lower performance in April, the YTD figure is 80.00%. Whilst this measure does not have a national standard/target set, it does remain below our guide threshold of 85%; it does however continue to improve on the 68.75% in-month for March 2017.

STHFT also met all pledges for 2017/18 so far for Sheffield patients with the same exception:

- The 62 day consultant upgrade standard - May in-month performance was 85.71% but as above, following lower performance in April, the YTD figure is 78.57%; again, it does however continue to improve on the 70.37% in-month for March 2017.

The 2 week breast symptom improved considerably to 95.85% in-month in May and 94.48% YTD, so is now achieving the 93% standard.

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

- The 62 day standard worsened to 78.35% (was 83.57% in April) and, at 80.69% YTD, is still not yet at the national standard or the agreed 2017/18 STF Improvement Trajectory for this measure (see next page).
- The 62 day consultant upgrade standard also worsened in-month to 70.83% (was 71.74% in April) and is at 71.28% YTD. As noted above however, there is no national standard/target for this measure.

Cancer waits actions and STF information overleaf

Cancer waits - continued

Action being taken: STHFT are continuing to monitor closely their cancer waiting times and escalating all patients reaching day 75 on their pathway for clinical review on a weekly basis. Their internal improvement plan continues to be delivered for Upper Gastrointestinal (GI), Lower GI and Head and Neck.

Confirmation of the Inter-Provider Transfer policy for the region by the Cancer Intelligence work-stream is expected by the end of July with the aim of improving the timeline performance of shared pathways. In addition the work-stream is investigating an Alliance approach to performance management of waiting times to ensure joint responsibility.

An appointment has been made within the CCG for a Senior Commissioning Manager to monitor progress going forward.

Expected timeframe for improvement: As per Trust STF improvement trajectory - see below. Performance did generally improve in April and, although there were some fluctuations in May, it is expected that all standards will be met for the full Quarter 1 (April to June) 2017/18 position.

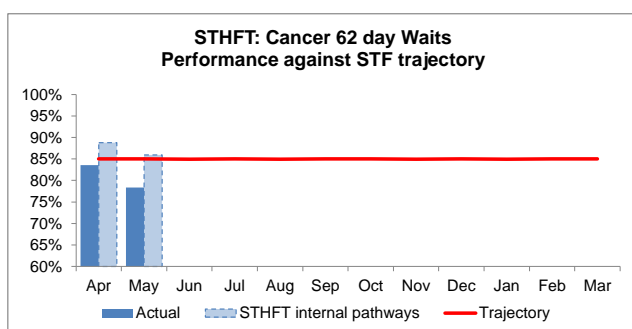
Action requested of Governing Body: To endorse the approach proposed by the Cancer Alliance to develop a common performance management framework for cancer waiting times across the region (aligned to the STF trajectory) whilst continuing to monitor progress against internal improvement plans and escalate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

STF Improvement Trajectory

As part of the requirements to access STF, STHFT has agreed an improvement trajectory for Cancer 62 day waits with the CCG, NHSI and NHSE. (SCHFT trajectory not required.) Performance against these will be monitored by the CCG through the contract monitoring arrangements. The trajectories - and charts showing monthly provider progress against these - are shown below.

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

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	Trajectory	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
	Actual	83.6%	78.3%										
	For info: STHFT internal pathways	88.8%	85.9%										
SCHFT	Not applicable												



NOTE - from STHFT assumption accompanying their STF trajectory:

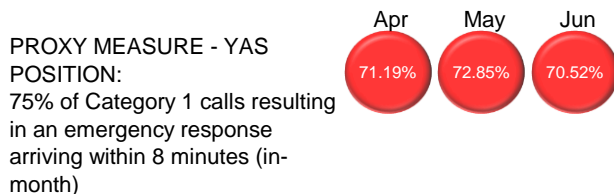
"The level of performance and trajectory are dependent upon satisfactory performance from surrounding DGHs (District General Hospitals) in referring patients in a timely manner and the regional enactment through the Cancer Alliance of a set of rules regarding patient referrals and the time points these should be on pathways. These will allow the full implementation across South Yorkshire of the new national arrangements for cancer pathway management."

Ambulance response times

Category A calls are for immediately life threatening conditions. RED 1 calls are the most time-critical and include cardiac arrest, patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction. RED 2 calls are serious but less immediately time-critical conditions such as stroke and fits.

As noted in 2016/17 reports, the transition by Yorkshire Ambulance Service (YAS) to reporting against the Ambulance Response Programme (ARP) has meant changes to coding of 999 calls and performance; it was therefore not possible to align to the 2016/17 national measures using this new YAS reporting and this is also currently the case for 2017/18.

Until further guidance is available around potential changes to the national measures, we are now monitoring the measure below that NHSE are using for ARP pilot sites - this itself has changed with the commencement of phase 2.2 of the programme. Please note that the definition of call types is different to that used previously - it is now defined as "Category 1 - Cardiac arrest or peri-arrest (Response standard within 8 minutes)".



Issues & Actions:

Ambulance response times: As noted previously, performance has suffered in recent months due to the increased demand for responses that require an ambulance, increased job cycle demand due to hospital handover (i.e. from arrival at hospital to ability to take next call) and other delays and also service reconfigurations. As noted overleaf, hospital turnaround times increased in May at STHFT and also across the YAS-wide footprint.

Action being taken: Key actions in place to improve performance:

- 1) Improving Hear and Treat rates by expanding the number of jobs in the clinical queue which in turn reduces the demands on ambulance staff.
- 2) Reducing vehicle ratio per incident by reviewing allocation procedures. This will free up ambulances for other jobs.
- 3) Improving allocation times will speed up the response and reduce the tail of performance. CAD development is ongoing to introduce auto allocation to improve allocation for high priority incidents.
- 4) Improving hours on the road by introducing new rotas and putting staff on the road at the right times of day to cope with demand.
- 5) Working with hospitals to improve turnaround which will free up more ambulance hours to respond to increasing demand.
- 6) Working with NHS England to review ARP pilot and implement agreed actions.
- 7) Options appraisal ongoing to review Nature of Call vs keyword to improve early red predict by 35%. This helps to get ambulances calls for the most critically ill to dispatchers quicker.

Performance is being closely monitored at the YAS 999 CMB hosted by NHS Wakefield CCG.

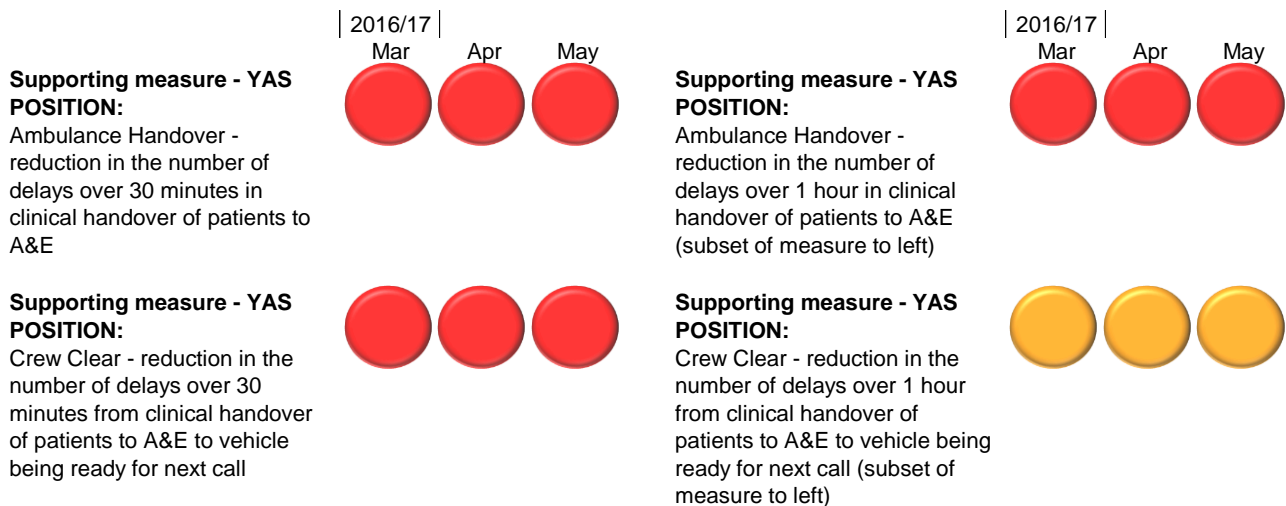
The Sheffield CCG Quality Team have undertaken a detailed analysis of Sheffield performance which was reported in the Quality & Outcomes Report: 2016/17 Summary Position and Overview (for 25th May Governing Body). As noted last month, further analysis has now been conducted, looking at South Yorkshire and Bassetlaw (SYB) performance and this has highlighted concerns with a disparity between overall performance and performance in SYB. Further discussions are being undertaken with YAS, including via the Yorkshire & Humber 999/111 CMB meeting and the YAS Locality Director for SYB.

Expected timeframe for improvement: Progress is being monitored by the Urgent Care Team, A&E Delivery Board and at the Yorkshire & Humber 999/111 CMB meeting.

Action requested of Governing Body: None this month.

Ambulance handover times

PLEASE NOTE: Data for the supporting measures in this section is taken directly from YAS reports. As with the Response Times measures, RAG ratings are based on all hospitals across the YAS footprint, not just the two Sheffield acute trusts.



Issues & Actions:

Ambulance Handover and Crew Clear delays: The number of ambulance handover delays increased in May and therefore still remain above expected levels. The number of crew clear delays also increased; these therefore also remain above expected levels.

It is important to note that delayed handovers are occurring across the geographical area served by YAS, not just in Sheffield. However, at STHFT A&E, handover delays have increased; during May, there were 212 delayed handovers over 30 minutes (of which 8 were over 60 minutes) in comparison to April, when there were 152 over 30 minutes (of which 2 were over 60 minutes). May was another challenging month for the Sheffield urgent care system and handover performance is a product of the whole urgent care pathway performance.

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

Action being taken: The CCG Urgent Care portfolio continues to work with STHFT and YAS to address this issue. Performance is reviewed daily by the Urgent Care team and is discussed regularly with partners.

Local data on delayed handovers at STHFT is used to complement the YAS level data (which covers all Trusts served by YAS) and supports monitoring of performance and any necessary mitigating actions through monthly CMG meetings with the Trust. Handover data is reported daily to the city-wide Chief Executive group.

Expected timeframe for improvement: Ambulance handover performance worsened in May due to the Cyber attack causing operational disruptions over a number of days. As this was an exceptional incident, performance in June is expected to improve.

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

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

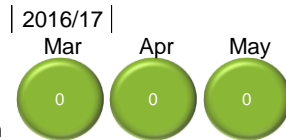
YAS	Mar	Apr	May	STHFT (Northern General)	Mar	Apr	May
Ambulance Handovers - delays over 30mins	5.62%	5.60%	6.94%	Ambulance Handovers - delays over 30mins	10.31%	4.82%	7.62%
Ambulance Handovers - delays over 1hr	0.71%	0.79%	0.93%	Ambulance Handovers - delays over 1hr	0.74%	0.06%	0.29%
Crew Clear - delays over 30mins	2.20%	2.41%	2.59%	Crew Clear - delays over 30mins	1.18%	1.05%	1.40%
Crew Clear - delays over 1hr	0.10%	0.10%	0.12%	Crew Clear - delays over 1hr	0.12%	0.03%	0.07%

Mixed Sex Accommodation (MSA) breaches

Being in mixed-sex hospital accommodation can be difficult for some patients for a variety of personal and cultural reasons. Therefore, MSA needs to be avoided, except where it is in the overall best interest of the patient or reflects their personal choice.

Supporting measure:

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



Cancelled Operations

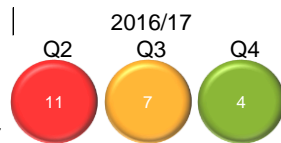
It is distressing for patients to have an operation cancelled at short notice. If an operation has to be cancelled at the last minute for reasons which are not clinical reasons, then patients should be offered another date within 28 days of the original date.

PLEASE NOTE: There is no published threshold for the first measure below. NHSE have however noted that success for a Provider (Trust) would be a reduction in the number of cancelled operations. The position reported below (as with the second measure) is based on the combined total reported positions for both STHFT and SCHFT, to give an indication of performance. A green rating will be based on a continuing reduction of cancelled operations from both Trusts.

Supporting measure -

COMBINED TRUST POSITION:

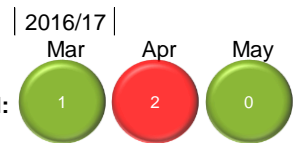
Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days



Supporting measure -

COMBINED TRUST POSITION:

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



Issues & Actions:

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days: As previously noted, 3 such cancelled operations (where the patient was not subsequently offered another binding appointment for surgery within 28 days) were reported by STHFT in Quarter 4 of 2016/17; this is a decrease from the 4 reported in Quarter 3. The CCG will continue to closely monitor the position.

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

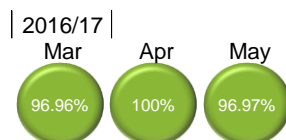
Urgent operation cancelled for a 2nd time or more: No cancellations occurred at STHFT or SCHFT during May.

Mental Health

When patients are discharged from psychiatric inpatient care, they should be followed up by Mental Health Services within 7 days, to ensure that they have appropriate care and support.

Supporting measure:

95% of people under adult mental illness specialties on CPA to be followed up within 7 days of discharge (YTD)



NOTE: CPA = Care Programme Approach. This is a particular way of assessing, planning and reviewing someone's mental health care needs.

Issues & Actions:

The scheduled monthly update of this position has not yet been provided by SHSCFT.

Mental Health measures

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

	Target	February	March
% receiving Psychological Therapy (IAPT) (YTD) *	18.04%**	17.74%	19.48%
% IAPT patients moving to recovery (YTD) *	50%	48.93%	48.96%
% waiting 6wks or less, from referral, for IAPT *	75%	91.46%	90.36%
% waiting 18wks or less, from referral, for IAPT *	95%	100.00%	98.80%

** The CCG's 16/17 plan/ambition, as per 15/16, was to achieve 18.04% - this has therefore been met for 16/17

EIP - % seen within 2 weeks: As noted previously, Governing Body will be aware that, although this measure remains above the standard, this does have a qualitative element to it, whereby individuals referred to the service should be treated with a NICE-approved care package. We know that this is not the case for all individuals and we are therefore working with our providers to ensure every individual, based on their presenting needs, has access to the right intervention.

Action being taken: Although performance against the 2 week wait continued to be met in May, we are currently developing an action plan to ensure that all individuals have access to a full portfolio of NICE compliant interventions. This is a key component of the NHS Operational Planning and Contracting Guidance 2017-19. This will require some degree of reconfiguration, although the details of this have not yet been finalised. This includes development of a business case and a request for investment.

Expected timeframe for improvement: Further details on the action plan noted above have been requested and a refresh is expected prior to the next meeting in August. Further work will progress throughout July on the investment plan.

Action requested of Governing Body: Governing Body are asked to endorse the actions being taken and agree to accept further updates as required.

IAPT

* Nationally published data is now available for these measures and so has replaced the local data - provided directly from SHSCFT - that was being used until we could replicate these. Please note that, although this data is several months behind the locally available data, this is the most appropriate reporting, being the official data source quoted in national guidance.

The number of people who received psychological therapy and are moving to recovery: For the first time in 4 months, the monthly position has dipped below 50% (to 49.35% in March). However, the proportion of people moving to recovery during 2016/17, whilst not quite achieving the target of 50% YTD, did achieve 50.68% during Quarter 4; this is the first time that 50% has been achieved for a full quarter, which is the monitoring used by NHS England.

Moving to recovery

Action being taken: Although Governing Body members will be well aware of the issues that have and will continue to impact on the overall recovery rate. The 2016/17 YTD position did improve and, as noted above, Quarter 4 did meet the 50% target.

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

Expected timeframe for improvement: An updated position will be presented to Governing Body until this measure is consistently achieving the national target of 50% (monthly as well as quarterly).

Action requested of Governing Body: Governing Body are therefore asked to continue to receive these updated position statements.

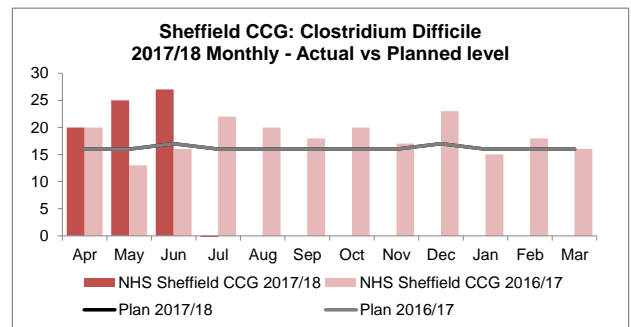
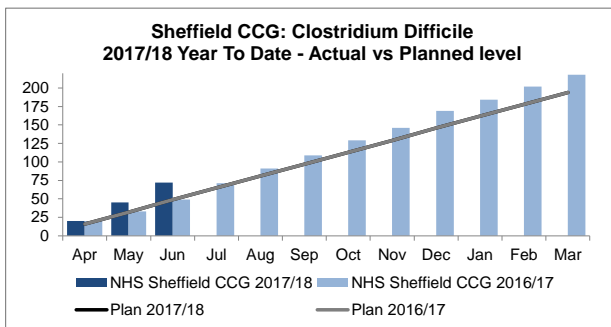
Treating and caring for people in a safe environment and protecting them from harm

Patient Safety - Health Care Acquired Infections (HCAIs)

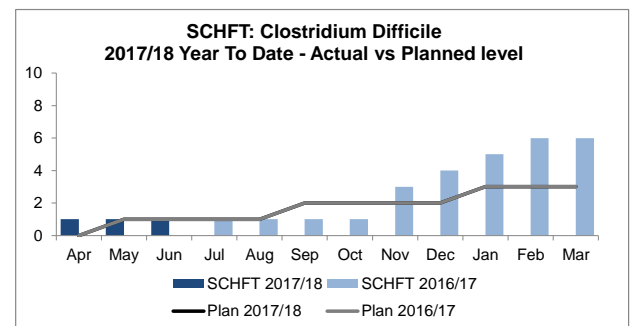
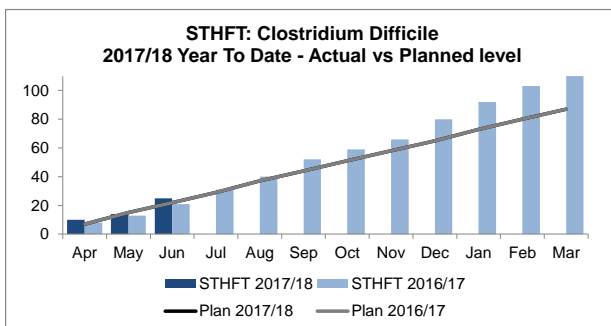
Preventing infections resulting from medical care or treatment in hospital (inpatient or outpatient), care homes, or the patient's own home.

This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2017/18 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Jun-17	0	0	0	27	11	0
Number of infections forecast for this month	0	0	0	17	7	0
Number of infections recorded so far in 2017/18	0	1	0	72	25	1
Number of infections forecast for this period	0	0	0	49	22	1



Note for all 4 charts: Monthly plans/phasing for 2017/18 is as per 2016/17, so only 1 plan line shows



Clostridium Difficile (C.Diff): The 2017/18 objectives for acute providers and CCGs are as per those for 2016/17. Therefore, the commitment is for Sheffield CCG to have no more than 194 reported C.Diff cases during the year. For STHFT and SCHFT, this commitment is 87 and 3 respectively.

PLEASE NOTE: Public Health England has changed the definition of prior healthcare interaction and the timeframe in order to better understand origin of cases. Therefore, cases are now logged as:

- Healthcare Onset - Healthcare Associated (HOHC) - acute trust cases
- Community Onset - Healthcare Associated (COHC) - patient has been admitted to the acute trust in the previous 4 weeks
- Community Onset - Indeterminate Association (COIA) - patient has been admitted to the acute trust in the previous 12 weeks but not the most recent 4 weeks
- Community Onset - Community Associated (COCA) - no recent hospital admission within the last 12 weeks

Of the 27 cases reported in June (2 more than in May) for Sheffield CCG:

- 8 were STHFT (of the 11 STHFT-reported cases)
- 8 were COHC
- 3 were COIA
- 7 were COCA
- 1 was community onset but origin unknown, as this was an out of area patient case and unable to obtain data

7 of these 27 cases are the same ribotype/strain (015) which is quite a common type. 4 of these cases have occurred on separate wards at STHFT (3 of which have not had other recent cases and 1 ward has had another case but not the same ribotype). 3 cases have occurred in the community, of which 2 are linked geographically by postcode but not GP Practice. Microbiology are aware of the situation and it is being monitored.

continued overleaf

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

C.Diff - continued: Of the 11 cases reported for STHFT, 9 occurred on separate wards with no other cases and the remaining 2 on a ward where there has been another recent case; samples have been sent for typing and Infection Prevention and Control (IPC) audits are underway.

No cases were reported at SCHFT in May.

Clinical Education event

Antibiotic prescribing, particularly of broad spectrum antibiotics, can be a contributory factor in increased incidence of C.Diff. The CCG's annual infectious disease learning event this year focussed on best practice in antibiotic prescribing. It was organised by the CCG's Infection Control Lead Nurse, our Antimicrobial Stewardship Lead and colleagues from STHFT and Public Health England (PHE). The event was attended by 253 GPs and Practice Nurses and looked at detection and management of Sepsis and new guidance for Urinary Tract Infections in children.

Meticillin-Resistant Staphylococcus Aureus (MRSA): No cases were reported as assigned to the CCG in May.

NOTE: Although 1 case has been attributed to the CCG (i.e. the patient was a Sheffield resident) so far in 2017/18, in April, this case has not formally been assigned to the CCG - this was to STHFT. Assignment of a case following a Post Infection Review is the important factor because the organisation that has been assigned the case takes responsibility for it and any shared learning that is identified.

STHFT - No cases were reported in June and so there is 1 case reported in 2017/18 to date.

SCHFT - No cases were reported in June and therefore, in 2017/18 to date, no cases have been assigned to the Trust.

Meticillin-Susceptible Staphylococcus Aureus (MSSA): Although there is no national target set for MSSA Bacteraemia, mandatory data has been collected by PHE on a monthly basis since January 2011. As with last year, STHFT has an annual internal target of 42 cases or less.

7 cases were reported in June and so, year to date, there are currently 24 cases. STHFT continue to pursue the universal decolonisation project and are looking at funding for piloting; this is being discussed at regular meetings.

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

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

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

Regulations

Care Quality Commission (CQC) Regulatory Reviews: The Sheffield Walk in Centre was inspected by the CQC in January and the report was published in June; the service scored 'Good' overall.

continued overleaf

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

Serious Incidents

The table below provides an update on new Serious Incidents (SIs) in May and June 2017.

Key Issues: Increasing numbers of SIs ongoing relating to high numbers of new incidents reported in recent times. Some of this reflects improved ability to report community patient deaths, many of which are subsequently not judged to meet SI criteria.

Serious Incident Position for May and June 2017					
Organisation	Number of SIs Opened May	Number of SIs Opened June	Number of SIs Closed / De-logged May	Number of SIs Closed / De-logged June	Total Ongoing
SCHFT	2	2	0	0	14
SHSCFT	3	1	0	7	36
STHFT	4	5	1	6	29
Independent Providers	0	0	0	1	1
YAS	1	0	2	0	3
SCCG (not including Safeguarding)	0	0	0	0	0
SCCG Safeguarding Children	0	0	0	0	0
SCCG Safeguarding Adults	0	0	0	0	0
Total Serious Incidents	10	8	3	14	83

Ensuring that people have a positive experience of care

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

This section is concerned with experience of care across health services, including eliminating mixed sex accommodation (if anything of detail to add to the NHS Constitution - Rights & Pledges section of this report (page 13) - collection published monthly) and GP In-hours/Out-of-hours services (was a bi-annual update although, as of July 2016, this is being collected in a single wave, with results being published each July).

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

Composition of 2016/17 Quality Premium

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

Likelihood of achievement - initial assessment

The RAG ratings below represent the likelihood of each measure being achieved (*Green = Likely to be achieved; Amber = Less likely; Red = Unlikely to be achieved*) based on the most recent available data - which in most cases is now March 2017 (i.e. the end of 2016/17) - and any additional intelligence from the relevant operational leads.

The exceptions to are:

- GP patient experience, where results from the July 2017 published survey are used.
- Cancers diagnosed at early stage, for which the latest available nationally published data is Q1 2015/16, hence this remains grey pending further intelligence being obtained (although, up to this point, performance is showing general improvement).

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

continued overleaf

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

Measures currently RAG rated as Red or Amber:

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

Work is on-going to determine reasons for apparent differences in locally recorded e-Referral System (ERS) usage figures and national figures for Sheffield. CCG and eMBED (the health consortium that provides business/clinical systems support to the CCG) staff are meeting with the ERS National Team in July to seek to resolve the final performance position.

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

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

Experience of making a GP Appointment: Performance against this measure has changed only slightly over the 5 most recent GP Patient Surveys and the Survey published this month (fieldwork from January - March 2017) showed 60.79% of respondents reporting a 'good experience'; this is a slight reduction on the 70.37% seen in the July 2016 publication and therefore did not meet the improvement criteria required for this measure.

The CCG's Primary Care Team has initiated a number of work streams designed to support patient access in primary care and to ensure that practices are resilient to deliver changing patterns of need and new models of care.

The CCG are working with 5 GP Support Managers, who have been selected because of their talent and experience in developing their own practices in Sheffield. A specific Support Manager has been appointed to support practices struggling to deliver good access. This work will initially concentrate on a few practices that have been identified as benchmarking lower than the Sheffield average in delivering good access (through the national GP Patient Survey).

All practices were asked to return a resilience template in May 2017. The Primary Care Team are in the process of analysing this data and this will shape further work with other practices on supporting improved access.

Local Measure - Delayed transfers of care (DTC) from hospital: Following a significant increase in the reported number of delayed discharges during April and May last year, June to August did see a decrease but, with the exception of December, numbers had been increasing until a reduction seen in March, the final month of 2016/17 - the monthly average number of delays was 138 (had been 142 at the beginning of 2016/17 but was down to 119 in August). As noted previously, given the high averages to this point in the year, it was not possible to meet the 5% reduction on 2015/16 levels.

The city-wide summit took place on 23rd May and an action plan is being developed. The work of the task group, overseen by the weekly Flow meeting chaired by the CCG - with the active participation of all city-wide partners - continues. It should be noted that, from local data, significant reductions in DTC were seen in May 2017 as this whole-system service improvement plan is implemented. The locally reported number of Sheffield delays at the end of May was 77.

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