

Performance, Quality and Outcomes Report: Position Statement

Governing Body meeting

Item 1

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Purpose of Paper	
To update Governing Body on key performance, quality and outcomes measures.	
Key Issues	
<p>1. <u>Areas of concern, which remain under review</u></p> <p>A&E four hour wait: This remains an area of close scrutiny, as despite concerted effort across the health and social care community, the standard is not being met. Additional medical and nursing capacity has been put in place at STH, and the inter-agency Operational Resilience Group continues to put interventions in place to mitigate winter pressures – for example, additional capacity in primary care.</p> <p>Ambulance handovers: Handover times of patients from ambulance crews to STH A&E staff remain too long. As well as contributing to poor patient experience, these delays keep ambulances off the road and contribute to delays elsewhere. Yorkshire Ambulance Service NHSFT and STH NHSFT are working together to address this, with the daily presence of a HALO (Hospital Ambulance Liaison Officer).</p> <p>Cancer waiting times: In January, the CCG met just four of the nine cancer waiting time standards. This is due to a number of complex factors, including rising overall demand and increased numbers of patients who are requiring surgery. The CCG works with STH NHFT and the wider Cancer Alliance to address capacity problems and to target investment where it can make the most difference.</p> <p>2. <u>Performance and quality highlights</u></p> <p>Diagnostics: STH continues to deliver the 6 week waiting time standard for diagnostics, having made significant progress in addressing in a range of challenged specialities.</p> <p>Elective referral to treatment times (RTT): The CCG again delivered the 18 week standard for the waiting times from referrals to treatment in January, as did both our local providers.</p> <p>Continuing Health Care: The CCG continues to surpass the national standards for completion of assessments outside hospital (evidence shows that a more accurate assessment can be made of a person’s ongoing care needs this is undertaken outside an acute setting). In addition, the CCG also surpasses the standard for completion of referrals.</p>	

Health care associated infections: There were no MRSA bacteraemia infections in January.

3. Quality assurance

NHS Sheffield CCG's Governing Body met with the Board of Directors at Sheffield Health and Social Care (SHSC) NHS FT in February, to gain assurance on quality improvement. Our Quality Assurance Committee (QAC) met with the QAC at Sheffield Children's NHSFT in March to update on quality issues. The Care Quality Commission inspected Sheffield Children's NHS FT (SCH) in March and their findings will be made public in due course.

A "table top exercise" is being arranged with both SHSC and SCH look at how safeguarding issues are addressed in the transition from the child and adolescent mental health service to the adult service, to highlight any areas which need greater clarity or improvement.

4. To note in this month's report

NHS England recognises good performance against a set of quality measures each year. Achievement of each target attracts a payment; on the other hand, potential payments can be withheld if certain core standards are not met. The Quality Premium scheme is made up of a common set of national indicators and some more localised ones. There is a "time lag" on reporting of some indicators, which means that the money is released in subsequent years.

Last month we reported on the Quality Premium for 2017-18, as the last element of data had been published which related to that year. This month we report progress on the financial year which has just ended, 2018-19.

Is your report for Approval / Consideration / Noting

Consideration

Recommendations / Action Required by Governing Body

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to Quality, Safety and Patient Experience

Governing Body Assurance Framework

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

2.2 That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy

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

Not applicable at this time

Have you carried out an Equality Impact Assessment and is it attached?

Please attach if completed. Please explain if not, why not
No - none necessary

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.