Performance, Quality and Outcomes Report: Position Statement

Governing Body Papers

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Authors	Jane Howcroft, Programme and Performance Assurance Manager Rachel Clewes, Senior Programme and Performance Analyst
Sponsor Directors	Brian Hughes, Director of Commissioning and Performance Mandy Philbin, Chief Nurse

Purpose of Paper

To update Governing Body on key performance, quality and outcomes measures.

Key Issues

1. Areas of concern, which remain under review

Improving Access to Psychological Therapies (IAPT)

Access: Access to IAPT for August remains below the target - this represents the new national increased and cumulative target of 22% for the year, increased from 19% last year. A number of actions have taken place to address this, including targeting an increase in numbers accessing the groups across the city and also increasing referrals within the Long Term Conditions pathways. Recruitment of Psychological Wellbeing Practitioners remains a challenge locally and nationally, however 8 trainees have been recruited which should have an impact within the next quarter.

Recovery: Governing Body members will be aware that SHSC has struggled to deliver the national standard on a consistent basis for 50% of patients moving towards recovery. The service is developing a more tailored approach for groups with complex needs where traditionally the recovery rate is not as high as for those with common mental illnesses – this will hopefully better meet the needs of people with multiple conditions.

Cancer waiting times

A number of the Cancer Waiting times were not met at either a CCG or STH level. The Cancer Alliance is addressing the capacity and demand issues which affect STH and neighbouring providers' issues through joint action. A number of actions are taking place to try and reduce the waiting times.

2. Performance and quality highlights

Delayed Transfers of Care

The previous seven months of data show continued reduction since last year in the volume of days where patients are experiencing delays in their transfer of care out of hospital. In September, Sheffield again met the national target. This significant and sustained improvement is the outcome of co-ordinated work across the health and social care system.

Education Health Care Plans (EHCPs)
The average timescale for EHCP continues to meet the national standard of 20 weeks, with the average time for completion in Sheffield of 18 weeks. This achievement was sustained in October.

Urgent and Emergency Care Survey
The survey captured the experiences of people who received treatment from A&E and urgent care centres and was published in October 2019. For STH, nearly 9 out of 10 people reported an 'overall feeling that they had a good experience'. Also for all questions related to A&E, STH benchmarked as 'about the same' as other trusts providing urgent and emergency care services.

Referral to Treatment (RTT) / Diagnostics
STH continue to meet the RTT standard for the number of patients receiving treatment within 18 weeks. In addition the target for 99% of patients receiving a diagnostic test in 6 weeks has been met for the last 3 months at STH.

3. Issues to Note

Ambulance response times

At the time of the production of this report, the CCG had not received information from Yorkshire Ambulance Service NHS Trust (YAS) relating to response time performance in September; we have therefore included the data from August in this report and will provide an update in January.

System resilience for the winter period

Agencies across Sheffield have worked together to produce a Winter Plan which will enable services to anticipate and respond to spikes in demand. The CCG has been working with the 111 service, YAS, Foundation Trust and primary care partners to develop a range of alternative services and pathways which patients can use instead of attending A&E. Further detail can be found in the body of the report.

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

What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) 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:

1.2   System wide or specific provider capacity problems emerge in secondary and/or primary care to prevent delivery of statutory requirements of the NHS Constitution.

2.1   Providers delivering poor quality care and not meeting quality targets particularly in a period of system wide organisational changes.

Description of Assurances for Governing Body

- Quality & Outcomes Report to Governing Body
- A&E Delivery Board Minutes
- Operational Resilience Group
- PMO assurance documentation and delivery plans
- Contracting Monitoring Board minutes
- Primary Care escalation meetings (supporting Primary Care Framework)
- Quality Assurance Committee minutes
- Commissioning for Quality Strategy
- Safeguarding and Serious Incident reports
- CQC inspection review of providers and provider action plans
- Clinical Audit reports

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?

Not completed; the attached report is a position statement on quality and performance standards and describes work being taken forward to address any shortcomings in CCG core business.

Have you involved patients, carers and the public in the preparation of the report?

This paper reports on the achievement of quality and performance measures of our providers, including contractual and national Constitutional requirements. Reporting is based on nationally agreed data sets and standards. Patient views are addressed in the Quality dashboard, in the patient reported outcome measures (PROMS), and in the coverage of Trust performance relating to complaints and the Friends and Family Test.

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q2 19/20**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		92.79%	Sep-19		92.82%	88.19%		
	No patients wait more than 52 weeks for treatment to start	0		0	Sep-19		0	2		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		99.59%	Sep-19		99.68%	98.36%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	87.36%	86.48%	Oct-19		82.95%	97.83%		
	No patients wait more than 12 hours from decision to admit to admission	0		0	Oct-19		0	0		
Cancer Waits: From GP Referral to First Outpatient Appointment (YTD)	2 week (14 day) wait from referral with suspicion of cancer	93%	94.54%	95.54%	Sep-19		95.95%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	96.60%	98.15%	Sep-19		97.74%	-		
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	98.02%	98.61%	Sep-19		94.17%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.38%	99.06%	Sep-19		99.64%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	92.00%	91.46%	Sep-19		90.24%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	93.20%	92.16%	Sep-19		92.31%	100.00%		
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	78.95%	78.63%	Sep-19		67.95%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	97.22%	90.91%	Sep-19		86.21%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	84.09%	100.00%	Sep-19		81.67%	-		
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		6 mins 50 secs	Aug-19					6 mins 50 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		17 mins 4 secs	Aug-19					17 mins 4 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		86 mins 58 secs	Aug-19					86 mins 58 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		88 mins 2 secs	Aug-19					88 mins 2 secs

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

	Performance Indicator	Target	CCG Quarterly Q2 19/20**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
Ambulance handover / crew clear times	Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	Local Reduction		11.36%	Sep-19		12.10%	3.14%		11.36%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		2.76%	Sep-19		0.39%	0.00%		2.76%
	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	Local Reduction		5.20%	Sep-19		2.82%	4.40%		5.20%
	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	Local Reduction		0.22%	Sep-19		0.06%	0.00%		0.22%
Mixed Sex Accommodation (MSA) breaches	Zero instances of mixed sex accommodation which are not in the overall best interest of the patient	0		0	Sep-19		0	0	0	
Cancelled Operations	Operations cancelled, on or after the day of admission, for non-clinical reasons to be offered another date within 28 days	Local Reduction	6			*	4	2		
	No urgent operation to be cancelled for a 2nd time or more	Local Reduction		0	Sep-19		0	0		
Mental Health	People under adult mental illness specialties on CPA (Care Plan Approach) to be followed up within 7 days of discharge	95%	92.86%			*			90.91%	

Highest Quality Healthcare - Mental Health / DTOC Measures Performance Dashboard

	Performance Indicator	Target	CCG Quarterly Q2 19/20**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	56%	86.05%	100.00%	Sep-19		100.00%	100.00%		
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	5.5% (Qtr target)	5.01%	1.34%	Aug-19				1.35%	
	Proportion of IAPT patients moving to recovery	50.00%	50.55%	49.41%	Aug-19				48.84%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	89.46%	86.81%	Aug-19				86.96%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	98.98%	97.80%	Aug-19				97.83%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		79.30%	Oct-19					
Delayed Transfers of Care (DTOC)	Total number of delayed days (from acute and non-acute) when a patient is ready for discharge but is still occupying a bed	4,212 (Qtr target)	3,701	1,102	Sep-19	No individual provider target for DTOC bed days	916	41		