Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance, Quality and Outcomes Report: Position Statement

Governing Body meeting

18 June 2020

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Purpose of Paper

To update Governing Body on key performance measures in the context of the current COVID-19 pandemic, and to describe the quality assurance activities which we continue to undertake to meet our duties and responsibilities.

Key Issues

Introduction and context

The COVID-19 pandemic has presented an immense challenge to health and social care in the UK, and every part of the system has been affected. The Department for Health and Social Care (DHSC) and NHS England / Improvement have issued guidance which required the NHS to work in very different ways, in order to meet the challenges of the pandemic.

Some of our local services have been temporarily suspended, whilst many more continue to be delivered, but in different ways. The CCG is keen to reinforce the national message that the NHS remains open and available for those who need it.

In order to reduce the burden of reporting, and to free up resources for managing the pandemic, many of our regular reporting requirements have been suspended temporarily by NHS England (our regulatory body). We have been notified that information on several standards and indicators we normally cover in this report will not be collected between 1 April 2020 to 30 June 2020, for example: cancelled operations, delayed transfers of care, mixed sex accommodation and Friends and Family Test.

What this month's Performance Dashboard will cover

This month's performance report is much shorter than usual, as we are focussing on the four key areas which NHS England (our regulatory body) has asked us to concentrate on, which reflect national Constitutional standards.

- Accident and Emergency 4 hours waits and 12 hour 'trolley waits'.
- Ambulance standards - Handover, Crew Clear and Response times.
- Referral to treatment within 18 weeks (waiting times for elective or planned

treatments).

- Cancer waiting times.

NHS England has asked CCGs to monitor and report on performance in these four vital areas, in order to understand how COVID-19 is impacting on services and the patients who need to use them. This will also help the NHS to understand how the system is coping and the actions which will need to be taken later to bring services back on line.

Meeting national expectations and priorities

The CCG has made several significant adjustments to respond to the pandemic. Several of our staff who are qualified nurses are working on the COVID-19 testing service for NHS staff and the public. Some administrative staff have been temporarily deployed to support general practice, and some staff have been delivering prescriptions to pharmacies and taking medications to patients in their own homes .

The DHSC has issued detailed guidance concerning how CCGs need to work closely with Local Authorities to support care homes, and this has been an important focus for us throughout May, particularly delivering enhanced training and support around infection prevention and control.

The NHS is beginning to plan now for the "Phase Two" response to the pandemic, which concerns how services can be reinstated in a gradual and sustainable way, promoting the safety of patients and staff. Detailed guidance was issued on 30 April which we are working our way through with Trusts, Sheffield City Council, primary care and care homes.

Changes to how local services are delivered in order to ensure people can still access advice and treatment

National guidance has been issued to NHS hospitals and community services so that maximum capacity and flexibility can be freed up to respond to COVID-19, whilst ensuring that every day health services are there for everyone who needs them. We know that there have been significant reductions in people attending A&E and contacting their practices regarding non COVID-19 matters. This is a concern, as people may have serious illness which needs attention; this includes mental health conditions which may have arisen or been made worse by the anxiety and uncertainty of our current situation.. The CCG has been proactively communicating the message to our populations that **"**the NHS is open and is here to support you." Our Chair, Dr Terry Hudsen, reinforced these messages in an interview with The Star newspaper on 21 May.

Local services in Sheffield have responded to COVID-19 by making changes to how services are delivered. Some examples of temporary service changes include:

- Routine appointments in primary care, and follow up for people with long term conditions, are being delivered by telephone or online where possible.

- Creation of a children and young people's Intensive Treatment at Home service to support children and young people to remain at home in a mental health crisis, and to support those who do present at A&E to return home safely.

- IAPT services (psychological support) have been centralised, focussing on delivery

of support via telephone and on-line. This includes specific support for people who need specific help with managing their mental health in the context of COVID-19.

- Sheffield Teaching Hospitals NHS FT (STH) have reduced their theatre sessions for elective care but maintain essential services across the week to respond to surgical emergencies (eg for cancer patients).

The impact of COVID-19 on elective performance

This month's Performance Dashboard includes figures for the 18 week Referral to Treatment and six week Diagnostic Waiting Time standards relating to **March 2020**. This is the most up to date validated data; however, because Governing Body is taking place later in the month we now have the *provisional* figures for **April 2020**, when the services were having to rapidly adapt to respond to high numbers of confirmed and suspected COVID-19 cases.

Our local provider Trusts reduced their elective capacity in April, in line with national guidance which requested hospitals to pause the bulk of elective treatment, in order to prioritise responding to the pandemic.

To illustrate the impact of COVID-19 on the elective care in April, the provisional performance is set out below:

<u>RTT 18 week incomplete pathways</u>

April incomplete waits provisional performance against the 92% national standard:

- Sheffield CCG was 84.70% (decrease from 90.16% in March)
- STH NHSFT for CCG was 86.07% (decrease from 90.68% in March)
- Sheffield Children's NHSFT for CCG was 79.34% (decrease from 88.43% in March)

<u>Diagnostic waits</u>

NHS England and NHS Digital have temporarily paused the mandatory central returns on the six week diagnostic standard as part of reducing administrative burden on the service; however we have *local* and *provisional* data for April. This data set does not capture Sheffield patients who are waiting to be seen at providers outside the city.

Diagnostic waits in April, compared to the 99% national standard:

- Sheffield CCG was 46.24% (compared to 97.08% in March)
- STH NHSFT performance for Sheffield was 45.92% (compared to 97.27% in March)
- Sheffield Children's NHS FT for Sheffield was 57.85% (compared to 96.83% in March)

The Chief Executive of the NHS, Sir Simon Stevens, wrote to commissioners and providers on 29 April 2020 to ask that local systems begin to consider their capacity to deliver elective care and to bring services back on line. Providers were asked to factor in issues such as infection prevention and control, availability of blood, consumables and equipment so that the NHS could begin to deliver normal services in a safe and sustainable way. The performance data for May and June should start to reflect increased elective capacity

being delivered.

Quality Assurance

The CCG's Quality Team remain focused on reducing the burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic. This is in line with guidance issued on 28 March 2020 from NHS England / Improvement (NHS E/I), which announced changes to governance and meetings; reporting and assurance; and other areas including and staff-related activities. The CCG continues to work within this national framework.

ON 1 and 15 May 2020 the NHS National Patient Safety Team published Patient Safety COVID-19 updates, with the following key messages:

- Maternity incidents should still be reported to Healthcare Safety Investigation Branch (HSIB) although it will only investigate the most serious maternity cases.

- All NHS organisations who are employers must report COVID-19 workforce deaths that meet the criteria of the Health and Safety Executive's RIDDOR reporting of COVID-19 guidance.

- The role of the Freedom to Speak Up Guardian should be promoted. The whole NHS and care system must demonstrate the values of a just culture: being open and transparent, whilst avoiding criticism of individuals who are trying their best under very difficult circumstances.

- Organisations need to continue to respond to national patient safety alerts.

- Patient safety record keeping – NHS Resolution has issued advice on important aspects of record keeping during the response to COVID-19 in relation to local policies, procedures, staffing levels and equipment supply, as well as aspects of patient documentation.

- The deadlines for Trusts to publish their 2019/20 Quality Accounts have been revised. There is now no fixed deadline by which providers must publish their 2019/20 Quality Account. However, in light of pressures caused by COVID-19, NHS England and NHS Improvement (NHSE/I) recommend a deadline of 15 December 2020. To allow for scrutiny (as required by the Quality Account regulations), each Trust should also agree an appropriate timescale to provide a draft Quality Account to stakeholders for comment; a date of 15 October 2020 is considered reasonable to do this. It is important to note that these timelines are not prescribed in legislation - it is a recommendation from NHSE/I.

- There is a strong emphasis on optimising Infection Prevention and Control (IPC) measures during COVID-19. IPC guidance has been published which provides advice for health and social care workers who are involved in receiving, assessing and caring for possible, or confirmed , COVID-19 patients. The guidance provides a suite of IPC measures which need to be considered and implemented collectively to be effective. This includes appropriate segregation of COVID-19 and non-COVID-19 patients.

NHS Sheffield CCG continues to retain oversight of providers and gain assurance through:

- Attendance at provider Quality Committee meetings which will be held by telephone or video conference.
- Liaising with providers to obtain assurance how they will meet compliance with the guidance.
- Requesting assurance that Duty of Candour principles continue to be upheld, with oversight being managed pragmatically and focused on critical issues.

Care Quality Commission (CQC)

On 6 March 2020, providers were informed that all routine CQC inspections were suspended to reduce the pressure on health and social care providers. There have been no known CQC inspections of Sheffield services since 16 March.

The CQC will continue to publish reports for those providers previously inspected. SCCG will continue to monitor and take appropriate and proportionate action in response to their findings .

The CQC published its findings on the Sheffield Health and Social Care NHSFT on 30 April, unfortunately the Trust received an overall rating of 'Inadequate'. This rating was based on an assessment across all five domains:

- “Safe” and “Well-led” were rated as “inadequate”
- “Effective and responsive” as rated as “requires improvement”
- “Caring” was assessed as “good.”

The CCG has completed a Quality Risk Profile for SHSC which has been shared with NHS England and with the Trust. Enhanced quality assurance led by NHS England / NHS Improvement, the CCG and the CQC has commenced.

CQUIN (Commissioning for Quality and Innovation)

The operation of CQUIN (both CCG and specialised) for Trusts remains suspended for the period from April to July 2020; there is no requirement for providers to implement CQUIN, or carry out CQUIN audits or submit CQUIN performance data.

National Audit Programme

All national clinical audit, confidential enquiries and national joint registry data collection, including for national VTE risk assessment, remains suspended. Data collection for the child death database and MBRRACE-UK-perinatal surveillance data will continue as this is important in understanding the impact of COVID-19. It has been confirmed that PICANET (Paediatric Intensive Care Audit Network) will continue as normal.

NICE (National Institute for Clinical Excellence)

NICE Interim process and methods for developing rapid guidelines on COVID-19 state that NICE has now ceased regular publication of guidance unless it relates specifically to COVID-19. NICE will identify any existing guidance that is impacted by new recommendations on COVID-19. Links between new and existing guidance will be included. There will be no public consultation on the draft guideline. Targeted peer review will be used to ask reviewers specific questions about the draft guideline.

Healthcare acquired infections

Sheffield Children's NHSFT have had one MRSA Bacteraemia case which will be reported as attributable to them during April. SCFT have not had an MRSA Bacteraemia for 14 years. The patient was a known to be MRSA positive since 31 March. An in-house investigation called a Post Infection Review will be undertaken, the outcome will be confirmed, and learning fed back into the organisation.

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 and 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.

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NHS Sheffield Clinical Commissioning Group

Performance, Quality & Outcomes Report

2020/21 : Position statement using latest information

for the June 2020 meeting
of the Governing Body

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q4 19/20	CCG Latest monthly Position		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%		90.16%	Mar-20	91.69%	87.10%		
	No patients wait more than 52 weeks for treatment to start	0		3	Mar-20	0	2		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	87.62%	92.00%	Mar-20	90.95%	95.21%		
	No patients wait more than 12 hours from decision to admit to admission	0		0	Mar-20	0	0		
Cancer Waits: From GP Referral to First Outpatient Appointment (YTD)	2 week (14 day) wait from referral with suspicion of cancer	93%	94.96%	95.62%	Mar-20	95.65%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	90.82%	89.42%	Mar-20	89.86%	-		
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	97.87%	98.40%	Mar-20	96.24%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.17%	100.00%	Mar-20	99.63%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	92.65%	94.94%	Mar-20	94.22%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	93.67%	96.36%	Mar-20	91.89%	100.00%		
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	78.37%	82.69%	Mar-20	77.46%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	90.00%	87.50%	Mar-20	86.49%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	84.06%	88.00%	Mar-20	77.27%	-		
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		8 mins 01 secs	Mar-20				8 mins 01 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		23 mins 53 secs	Mar-20				23 mins 53 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		134 mins 44 secs	Mar-20				134 mins 44 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		174 mins 15 secs	Mar-20				174 mins 15 secs
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		10.56%	Mar-20	9.33%	0.00%		10.56%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		2.21%	Mar-20	0.52%	0.00%		2.21%
	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		7.41%	Mar-20	5.39%	1.32%		7.41%
	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		0.47%	Mar-20	0.45%	0.00%		0.47%

Produced by
Information and Intelligence Team, NHS Sheffield CCG

Highest Quality Health Care - NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
RTT 52 week waits	In March, three Sheffield patients were waiting over 52 weeks for their surgery or procedure. Two of these were waiting at Sheffield Children's NHSFT in 'Other' specialties. The other patient was waiting for treatment at Manchester University NHSFT in Gynaecology. In compliance with central directives regarding the COVID-19 pandemic, the CCG has not contacted the providers to determine reasons for these long waits.	We will continue to monitor the situation with regard to these three patients until we can confirm they have received their treatment.	None
RTT - SCHFT	Prior to the COVID-19 outbreak, Sheffield Children's NHSFT were breaching the referral to treatment (RTT) waiting time target. The reasons for this included the ongoing impact of the national pensions issue, which had meant that additional waiting list initiatives had not been carried out in the autumn / winter. A further contributing factor has been in Oral Surgery, where referrals are received at SCFT from other providers after the 18 week cut off point has already breached. Oral Surgery is commissioned by NHS England, and SCFT have been working with them to improve waiting times. The actions SCFT had put in place prior to COVID-19 to reduce the backlog included developing options to obtain additional surgical capacity, as well as undertaking wait list validation to ensure accurate picture of the position. The wait list validation has now been undertaken; however, given the service changes which have been necessary as a result of COVID-19, it will be difficult to see the impact this work has had on overall RTT performance. SCFT do expect their RTT position to deteriorate as a result of Covid-19, as in order to comply with national guidance, non-urgent elective procedures have been cancelled. Some non-urgent first outpatient appointments where the patient needed to see seen face to face have been put on hold; however some other appointments are taking place using technology such as videoconferencing. SCFT are undertaking non-face to face follow up appointments, where these are possible. It is hoped that this increased number of non-face to face follow ups will reduce the historic follow up backlog. This will release more capacity to undertake new first appointments, which will start to happen gradually as COVID related restrictions begin to lift.	SCFT are working closely to monitor the impact of COVID-19 on wait lists and whilst referrals have slowed down at present, they understand they are likely to increase again in the future creating an additional pressure. Furthermore, SCFT will look analyse the impact of non-face to face appointments to understand if there is any learning which can be used post COVID-19.	None
RTT - STHFT	STH FT missed the 92% target for the 18 week waiting time target in March, delivering 90.16%. March was when Trusts were instructed to suspend elective activity, in order to create capacity for COVID 19 patients. National guidance regarding COVID 19 stipulates that normal contract management meetings should be suspended temporarily, in order to enable the service to respond to the pandemic. Through our ongoing relationship with STH, the CCG is aware of challenges in the specialty areas which are currently not able to deliver 92% . In Neurology, there are ongoing capacity issues, due to a national shortage of clinicians. Trauma & Orthopaedics and Plastic Surgery are high demand specialties. STH NHSFT has suspended non urgent elective treatments and diagnostics as per national guidance; however patients who do require urgent treatment (for example, cancer surgery) are still being seen.	The CCG will be working closely with STH to understand their plans to bring elective capacity back on stream as and when it is safe, in line with NHS guidance issued 30 April 2020.	None

Highest Quality Health Care - NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Cancer Waiting Times - 62 day waits	In March, the CCG did not meet all the Cancer Waiting Times targets. The issues which have been previously reported are still affecting STH performance, with the added pressure of Covid-19. The overall two week waiting time standard continues to be met. Two week wait referrals, including those for breast symptoms, reduced significantly at the end of March due to COVID-19 and remained low for a few weeks, but are now gradually increasing. The two week target for breast cancer symptoms was again not met. This is partly due to patients choosing to contact the hospital to make their appointment several days into the two week window, and also capacity in clinics which is caused by insufficient capacity in breast radiology. This continues to be an issue nationally, with breast radiology a hard to recruit profession. The 31 day standard where the treatment is chemotherapy has been achieved; the majority of these treatments have gone ahead during the pandemic. The 31 day standard relating to radiotherapy is ahead of trajectory, due to internal service redesign work which has improved proceses; the majority of treatments have continued despite COVID-19. The 31 day standard (surgery) was not met at the STH provider level due to reduced surgical capacity in March; reductions in activity related to the COVID-19 pandemic will have affected the performance in April and May, as will subsequently be seen when figures are published. The 62 day waiting time standard is still not being met, new clinical guidance on treatment prioritisation for surgery, radiotherapy and system anti-cancer drugs will mean that some pathways are lengthened, which will lead to further breaches.	Changes to service delivery, with some reduced capacity, is expected to impact on delivery of Cancer waiting time targets in April and May. STH continues to have command and control structures in place as is proper in a pandemic, and is working closely with the Cancer Alliance to ensure that cancer management processes are robust, and reflect national guidance for this time, The Trust continues to prioritise cancer services and other urgent care needs during thsi phase of the COVID-19 response.	To note the continued work undertaken locally and across the Cancer Alliance to address immediate capacity and performance issues, and to note the impact of COVID-19 on delivery of the standards..
A & E Waits	Despite the performance variation on a day-to-day basis, as at 19th April 2020, STH's total average performance was tracking at 89.4% (an improved position from 86.9% on 19th March 2020). In the same time period Sheffield Children's NHSFT was performing at 95% and has been consistently maintaining a good performance level throughout March and April. Increased demand across all of the services provided by Yorkshire Ambulance Service (YAS) has been affecting delivery and the achievement of key performance metrics (early indications suggest that YAS were meeting targets mid way through April 2020, however this will need validation). Primary Care Sheffield are using designated primary care Hubs to provide assessment facilities across Sheffield for patients with a positive COVID-19 test result, or symptoms suggestive of being positive. This is to ensure that all patietns who need primary care services can receive them. Key trends from March: - There was a 40% increase in 999 demand in March. - Conveyance to A&E by ambulance reduced by 10%. - Hear and Treat perfromance (where calls are assessed and treated without the need to dispatch an ambulance) was up by 87.5% to 9000 cases. - 124% increase in demand for the NHS 111 service. - Once the NHS 111 online service and National COVID-19 helpline were in place, this eased call demand volume. - There has been redeployment of staff from the wider YAS workforce to support other service areas	STH have been managing the Clinical Decision Unit (CDU) differently, which has had a positive impact on 4 hour performance and flow with non-admitted patients going through CDU freeing up space elsewhere in system.	To continue to endorse the CCG's ongoing monitoring of STHFT's progress towards achievement of the A&E standard and the delivery of any necessary mitigating actions, as agreed through the Contract Management Board.
Ambulance Response Times (ARP)	A number of the ARP performance measures were not achieved in March as the impact of COVID-19 was felt. A full review of the performance metrics for Ambulance Response Times will be completed and appropriate recovery plans and trajectories agreed as part of YAS's overarching COVID-19 recovery plan.	Progress continues to be closely monitored.	None this month.
Ambulance handover / crew clear times	The year to date average 15 minute ambulance crew handover handover has improved from 52.7% in February to 67.4% in March. Sheffield Children's NHS FT handovers remain consistent with no breaches over 1 hour. YAS continues to be a critical partner in Sheffield CCG's response to the current Covid-19 pandemic. Escalating to REAP Level 4, (Resource Escalation Action Plan, which indicates Extreme pressure) has enabled YAS to restructure its workforce with Clinical staff moved to frontline roles to support service provision across all three business critical service lines, 999, Integrated Urgent Care (111) and Patient Transport Service.	The CCG continues to facilitate meetings between STH & YAS to discuss measures to improve performance moving forward, particularly in view of the additional pressure of COVID-19	To continue to endorse the approach of monitoring ambulance handover performance, the monitoring of any necessary mitigating actions through monthly Contract Management Group.