

Performance, Quality and Outcomes Report: Position Statement

Governing Body papers

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><u>Referral to Treatment Time (RTT) at Sheffield Children's NHS Foundation Trust</u></p> <p>Sheffield Children's NHSFT did not meet the national standards for 18 weeks referral to treatment in January 2020. This was due to the ongoing impact of the pensions and tax issue affecting Consultant overtime. Funding has been provided by NHSE at a national level to alleviate this issue, however the impact continues to be felt due to the Trust not being able to run additional surgical lists at weekends last autumn.</p> <p><u>Improving Access to Psychological Therapies (IAPT)</u></p> <p>Following a request from NHS England, the CCG and Sheffield Health and Social Care NHSFT have submitted an IAPT improvement plan. This sets out the actions being taken locally to ensure we can meet the recovery target on a consistent basis, and to meet the access target on a sustainable basis (particularly as it becomes higher in 2020-21). The plan involves the development of new initiatives, including establishing a self-referral team, and service enhancements such as additional supervision and training for staff.</p> <p>Recent concerns relating to the COVID-19 virus have meant that fewer patients are attending IAPT groups and face to face appointments, which will mean that performance against the access target may continue to be fragile in the coming months.</p> <p><u>Cancelled operations</u></p> <p>There were thirteen elective operations which were cancelled in Quarter 3, and then not re-arranged within the standard 28 days. The detailed reasons can be found in the main body of the report, however the main reasons were emergency cases taking precedence, or other operations taking longer than planned.</p>	

2. Performance and quality highlights

Improved timeliness of responding to complaints at SHSC NHS Trust

In response to a request from the CCG, SHSC is implementing an improvement plan with regard to complaints handling. 69% of complaints received during Q3 had been responded to within target timeframes, a significant improvement on the previous quarter.

Delayed Transfers of Care (from hospital to next stage of patient journey)

The reduction in the number of daily delays continues to reduce, as a result of system wide collaboration.

Improved ambulance response times and reduction in lost ambulance hours

Yorkshire Ambulance Services delivered the operational standard response times for all four of the emergency and urgent categories.

Whilst handover and crew clear times at STH NHS FT continue to miss the standards, the average number of hours lost per day has significantly increased over a 30-day period.

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.