

Performance, Quality and Outcomes Report: Position Statement

Governing Body papers

7 May 2020

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Purpose of Paper	
To update Governing Body on key performance, quality and outcomes measures.	
Key Issues	
<p><u>Introduction and context</u></p> <p>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. Agencies are working together in a very proactive and co-ordinated way to ensure that the hospitals can provide care for people who become ill with COVID-19. Public information around physical distancing and isolation where needed, and health advice, have been made available to help the public stay well and to avoid becoming asymptomatic carriers of the virus. Sheffield's citizens are playing their part by observing the national guidelines on staying at home, as well as many who are volunteering.</p> <p>You can find out more about how health and social care are responding to COVID-19 in your area here: https://www.sheffieldccg.nhs.uk/Your-Health/coronavirus.htm</p> <p>The NHS does however continue to provide services for people with other health care needs, right through from local GPs, mental health and learning disability services, and Hospital based care. Services such as Accident and Emergency remain open, and some planned outpatient appointments and operations are continuing to go ahead. In some services, patients can access help and support using technology such as videoconferencing.</p> <p>What this month's report will cover in terms of performance</p> <p>This month's report is much smaller 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.</p> <ul style="list-style-type: none"> • 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 acknowledges that during the COVID-19 pandemic, the NHS has had to change how it works and what is prioritised. They have 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 fully back on line, when the timing is appropriate.

NHS England have issued detailed guidance about what data collections have been suspended temporarily, in order to reduce the burden on the service. We have been notified that information on several standards and indicators which we normally discuss in this report will not be collected between 1 April 2020 to 30 June 2020, for example:

- cancelled operations
- delayed transfers of care
- Friends and Family Test.

The usual information we provide on health care acquired infections (eg MRSA) is temporarily unavailable, due to the fact that infection control and prevention staff are fully deployed tackling issues relating to COVID-19.

Changes to local services

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. Local services in Sheffield have responded to this guidance 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 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.
- STH have deferred routine elective surgery in all specialities, but capacity being maintained for patients who have been identified as a priority according to national guidance (eg cancer patients)
- Routine cancer screening is being temporarily suspended

- Non urgent diagnostic tests are being deferred where this is clinically safe.

These temporary changes will out of necessity affect the delivery of the national standards we normally monitor and report on. These and other changes have been put in place to deliver maximum capacity for the system to respond to COVID-19, whilst ensuring that patients who have urgent non COVID-19 health care needs can still be attended to.

Quality highlights

The main focus of the CCG's Quality Team at present is to reduce the burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic. On the 28th March 2020 NHS England / Improvement (NHS E/I) announced changes to governance and meetings; reporting and assurance; and other areas including Human Resource and staff-related activities. Additionally,

- Draft guidance was published on anticipated changes to some quality and patient safety functions.
- The Coronavirus Act 2020 reinforced the step down of continuing health care assessments.
- NHS England / NHS Improvement published a Patient Safety Briefing which described interim guidance for the COVID 19 pandemic regarding which quality and patient safety functions will be considered for prioritisation and others which can be paused in the interests of focusing clinical and managerial effort on the national incident response.
- Never events and serious incidents will continue to be reported. Where these have occurred, providers will initiate a core response kept in place so that any immediate action to protect patient safety can be undertaken. The mandatory requirement to undertake investigations is likely to be removed. However, if an investigation (or appropriate response for deriving learning) can be achieved this should be undertaken but there is no requirement on providers to meet the 60 day deadline for submission. All Serious Incident reports will continue to be reviewed to ensure that there are no fundamental failings to address learning points

There will be an impact on the CCG quality assurance processes, with some activities being changed and some being stopped. The CCG will retain oversight of providers by:

- Attendance at provider Quality Committee meetings which will be held by telephone or video conference.
- Liaising with providers regarding the published guidance to obtain assurance regarding how they aim to manage this.
- Adherence to Duty of Candour principles must continue to be upheld, with oversight being managed pragmatically and will focus on critical issues.
- SCCG is awaiting publication of the CQC inspection report for Sheffield Health and Social Care NHSFT which is expected in May 2020. There are some concerns about the findings of the CQC report and in anticipation the CCG has completed a

Quality Risk Profile which is to be shared and risk assessed alongside with the Trust.

- Mixed Sex Accommodation national reporting has been suspended between 1 April 2020 to 30 June 2020. SCCG have requested assurance from providers about how they will monitor these breaches during this period.

Care Quality Commission (CQC)

On the 6th March providers were informed that all routine CQC inspections have been suspended to reduce the pressure on health and social care providers. The changes that have been introduced are:

- stopping routine inspections from 16th March
- a shift towards other, remote methods to give assurance of safety and quality of care
- some inspection activity in a small number of cases, for example where there are allegations of abuse
- giving extra support to registered managers in adult social care

There have been no known CQC inspections of Sheffield services since 16th March. However, CQC will continue to publish reports for those providers previously inspected and the CCG will continue to monitor and take appropriate and proportionate action in response to the findings.

CQUIN (Commissioning for Quality and Innovation)

The operation of CQUIN (both CCG and specialised) for Trusts will be 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, is 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.

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.

Working with you to make Sheffield

HEALTHIER

NHS
Sheffield
Clinical Commissioning Group

Performance, Quality & Outcomes Report

2020/21 : Position statement
using latest information
for the May 2020 meeting
of the Governing Body

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

	Performance Indicator	Target	CCG Quarterly Q3 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%		92.61%	Feb-20	91.69%	87.10%		
	No patients wait more than 52 weeks for treatment to start	0		1	Feb-20	0	0		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	85.73%	89.02%	Mar-20	86.83%	95.81%		
	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%	94.90%	95.93%	Feb-20	95.75%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	93.86%	92.18%	Feb-20	92.15%	-		
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	97.75%	97.81%	Feb-20	95.84%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.66%	98.20%	Feb-20	99.28%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	88.16%	92.94%	Feb-20	94.85%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	98.35%	94.12%	Feb-20	95.69%	-		
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	78.68%	77.97%	Feb-20	70.54%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	88.00%	90.00%	Feb-20	80.95%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient (85% threshold)	(85% threshold)	84.06%	93.33%	Feb-20	74.29%	-		
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		7 mins 13 secs	Feb-20				7 mins 13 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		18 mins 46 secs	Feb-20				18 mins 46 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		105 mins 51 secs	Feb-20				105 mins 51 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		135 mins 17 secs	Feb-20				135 mins 17 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		12.02%	Feb-20	7.86%	3.45%		12.02%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		3.39%	Feb-20	0.12%	0.00%		3.39%
	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		6.10%	Feb-20	3.75%	5.81%		6.10%
	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		0.38%	Feb-20	0.26%	0.00%		0.38%

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

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
RTT - SCHFT	<p>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 SCFT have been working with them to improve waiting times.</p> <p>The actions SCFT had put in place prior to Covid-19 to support reducing the backlog included developing potential 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.</p> <p>SCFT have explored options and for some specialties (e.g. urology) have these now in place ready to implement post Covid-19 to support addressing any backlog in the waiting list.</p> <p>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 and where the patient needed to see seen face to face have been put on hold; some other appointments are taking place using technology such as videoconferencing.</p> <p>SCFT are also undertaking increased non-face to face follow up appointments where these are possible. It is hoped that these increased non-face to face follow ups, will reduce the historic follow up backlog. This will release more capacity to undertake new first appointments, once this is</p>	<p>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.</p> <p>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 to continue in some instances which may result in increased efficiency, which may result in additional capacity to support reducing any first appointment backlog.</p>	None
RTT - STHFT	<p>STH have narrowly missed the 92% target for the first time in over three years, delivering 91.69% in February .</p> <p>National guidance stipulates that normal contract management meetings should be suspended temporarily in order to enable the service to focus on responding to the pandemic. The CCG does however still have some intelligence about the areas where RTT is challenged.</p> <p>In February, there were only three specialties performing below the standard; these have been experiencing challenges for some time. In Neurology, there are capacity issues due to a national shortage of clinicians. Trauma & Orthopaedics and Plastic Surgery are high demand specialties.</p> <p>STH NHSFT has also 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.</p>		None
Cancer Waiting Times - 62 day waits	<p>In February, 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.</p> <p>This is the third consecutive month that the 2 week wait breast symptoms has not met the target. Whilst all the reasons are 'patient choice', STHFT are aware that the service was only able to offer appointments between 10-14 days. The limiting factor on running additional clinics was solely breast radiology availability - this continues to be an issue nationally with breast radiology a hard to recruit profession.</p> <p>Performance for the 62 Day standard, unfortunately continues to cause concern, with no significant variance in performance (neither deteriorating or improving). Extensive guidance on treatment prioritisation for surgery, system anti cancer treatments (eg chemotherapy) and radiotherapy will likely see pathways elongated with significant future breaches. At present some treatments are continuing but prioritised in line with NHSE guidance which sees many conditions graded priority three; suitable to be treated in twelve weeks.</p> <p>62 day performance remains highly variable with low numbers impacting on the target. This is through a combination of patient choice, patient fitness and complexity of cases.</p>	<p>STHFT expect March CWT performance to be relatively stable with the impact of COVID not being seen in performance until April or May, In the meantime we will see backlogs of patients waiting to be diagnosed and treated on the rise.</p>	<p>To note the continued work undertaken locally and across the Cancer Alliance to address immediate capacity and performance issues.</p>

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

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
	<p>STH internal command and control structures are working effectively and continue to work closely with SYB ICS Cancer Alliance to ensure that cancer management processes are robust and reflect the amended clinical and administrative guidelines in place at a national level. STH continue to prioritise cancer with a focus on delivering obligatory care.</p>		
A & E Waits	<p>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 2020 and up to the 19th April 2020.</p> <p>Increased demand across all of the services provided by Yorkshire Ambulance Service (YAS) has been affecting delivery and the achievement of KPI metrics (though early indicators are that YAS were meeting targets mid way through April 2020, this will need validation).</p> <p>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.</p> <p>Key trends from March:</p> <ul style="list-style-type: none"> - There was a 40% increase in 999 demand in March. - Conveyance to A&E by ambulance reduced by 10%. - Hear and Treat (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. 	<p>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.</p> <p>STH are currently not able to deliver the 95% constitutional standard for the four hour A&E wait on a consistent basis.</p>	<p>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.</p>
Ambulance handover / crew clear times	<p>The year to date average 15 minute ambulance crew 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.</p> <p>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.</p>	<p>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</p>	<p>To continue to endorse the approach of monitoring ambulance handover performance, the monitoring of any necessary mitigating actions through monthly Contract Management Group.</p>