

Highest Quality Healthcare NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	Reporting period (CCG)	CCG 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 times	Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	Local Reduction	Oct-17	7.60%		12.04%	2.54%		7.60%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction	Oct-17	1.55%		0.86%	0.00%		1.55%
	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	Oct-17	3.23%		1.76%	0.85%		3.23%
	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 (subset	Local Reduction	Oct-17	0.14%		0.03%	0.00%		0.14%
Mixed Sex Accommodation (MSA) breaches	Zero instances of mixed sex accommodation which are not in the overall best interest of the patient	0	Nov-17	3		0	0	3	
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	2017/18 Q2	2		1	1		
	No urgent operation to be cancelled for a 2nd time or more	Local Reduction	Oct-17	2		2	0		
Mental Health	People under adult mental illness specialties on CPA (Care Plan Approach) to be followed up within 7 days of discharge (YTD)	95%	Nov-17 YTD	93.71%				93.71%	

Highest Quality Healthcare Mental Health Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	50%	Nov-17	63.64%			100.00%	52.94%	
Crisis Resolution / Home Treatment	Number of episodes of home treatment provided to people experiencing mental health crisis as an alternative to hospital	801	Nov-17	1035				1035	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	7.52%	Aug-17	7.79%				7.82%	
	Proportion of IAPT patients moving to recovery	50.00%	Aug-17	49.37%				48.99%	
	Proportion of IAPT patients waiting 6 weeks of less from referral	75.00%	Aug-17	91.36%				91.36%	
	Proportion of IAPT patients waiting 18 weeks of less from referral	95.00%	Aug-17	100.00%				100.00%	

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 (for October)	During October, 1 patient waited over 52 weeks for Plastic Surgery at Mid Essex Hospital. This has been confirmed as a Sheffield patient and a genuine breach. We are unable to confirm whether the patient has since been seen as the provider (Mid Essex Hospital) did not complete an activity submission for November. Further updates will be provided next month.	Oct 17 issue only	None
Diagnostic Waits - STHFT	Diagnostic waits continue to be monitored through monthly Contract Management Group (CMG) meetings and escalated to the Performance and Contract Management Board (PCMB). The largest number of diagnostic waiting time breaches is still in the Echocardiography department, however the position improved in November with 326 people waiting longer than the standard, compared to 536 in October. There are also breaches in the Dexa Scan service (the position worsened in November) and in Sleep Studies services. With regards to echocardiography, it has been agreed across the Accountable Care System to refer patients from neighbouring CCGs back to their local DGH, which will start to reduce the breaches at STH further in the new year.	The Sleep Studies department expect to return to delivering the standard in January 2018. The Dexa Scanning department has recruited new staff who are undergoing training. A recovery plan is being developed which will include clearing the backlog of waiters. Echocardiography remains unable to deliver the six week standard at present.	To endorse the approach of monitoring STHFT achievement of diagnostic waiting times and any necessary mitigating actions, through monthly PCMB meetings with the Trust.
A & E Waits	The Urgent Care portfolio continues to monitor performance on a daily basis. Regular discussions regarding A&E performance are held with the Trust within formal contracting and performance meetings. This includes discussions regarding the impact of service improvements within the Trust. The numbers of patients attending A&E are within the expected range for the time of year; however the level of dependency and acuity of illness is high and this is a factor in the longer waits. Oversight of this performance target is provided by the Urgent and Emergency Transformation Delivery Board, which continues its dual role of providing assurance on system performance, as well as leading future transformation of the system. STH and the CCG have worked with system partners to ensure there are agreed metrics in place for monitoring system performance during winter that are supported by robust resilience and plans.	The Sustainability and Transformation Fund (STF) trajectory targets for Q1 & Q2 2017/18 were achieved; however delivery of the target for Q3 is unlikely to be met.	To endorse the actions being taken and the continued monitoring of STHFT progress towards achievement of the A&E standard, via the Assurance Framework, and the delivery of any necessary mitigating actions agreed through the Performance Contract Management Board.
Cancer Waiting Times - 62 day waits	STHFT 62 day performance has again fell below the target, but this was as anticipated. The pathways where there are breaches in the waiting time standard are: Head & Neck, Lower Gastro-intestinal, Haematology, Sarcoma and Urology. Issues relating to transfers between providers account for 50% of the breaches and this is being addressed by the Cancer Alliance, with support from NHS Improvement. Additional radiographers have been funded by the NHS England and NHS Improvement 62 day Recovery Fund, which has meant that breaches associated with radiotherapy treatments have reduced. The CCG is awaiting a decision as to whether we have been successful in our bid for further Recovery Fund resources to assist with capacity issues in Urology and Upper & Lower Gastro-intestinal. It is hoped that a decision to fund will be agreed by the end of December, so that implementation can begin early in 2018. The agreed local threshold for the 62 day Consultant upgrade (Trust level data) is still not being met; as numbers are relatively low, small fluctuations can result in STH missing the threshold. The number of breaches in October had reduced to 4.5, compared to 10 the previous month (breaches which affect both the referring Trust and STH are regarded as "shared", hence the 0.5 breach). STH also saw the 62 day screening fall below target for the first time during 2017 to 88.64% (target 90%), but this was attributed to patient choice.	If the NHSE / NHSI funding is awarded, there is an expectation that performance will improve during Q4.	To endorse the approach proposed by the Cancer Alliance to develop a common performance management framework for cancer waiting times across the region (aligned to the STF trajectory) whilst continuing to monitor progress against internal improvement plans and escalate to the PCMB as appropriate.

Highest Quality Health Care NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Ambulance Response Times	<p>As has been reported previously, ambulance response times have suffered in recent months due to the increased demand for responses that require an ambulance, increased job cycle times due to hospital handover (i.e. from arrival at hospital to ability to take next call) and also service reconfigurations. As shown in the dashboard, hospital turnaround times increased in August at STHFT and also across the YAS-wide footprint. <i>Please note:</i> August 2017 represents the most recent data available; we are unable to report on any more up to date figures at the present time. We are anticipating more guidance on the implementation and timetable for the new national ambulance response standards in the new year. These will replace the old way of measuring performance.</p> <p><u>Action being taken:</u> YAS are still pursuing improvement of "Hear and Treat" rates by expanding the number of jobs in the clinical queue, which in turn reduces the demands on ambulance staff.</p>	Progress is being monitored by the Urgent Care Team, Urgent and Emergency Care Transformation Delivery Board and at the Yorkshire & Humber 999/111 Contract Management Board meeting.	None this month.
Ambulance Handover times	Local data on delayed handovers at STHFT is used to complement the YAS level data (which covers all Trusts served by YAS) and supports monitoring of performance, and any necessary mitigating actions, through monthly Contract Management Group meetings with the Trust. Handover data is reported daily to the city-wide Chief Executive group, and is a key system trigger for escalation. Ambulance handover performance for STH continued to decline in September.	The CCG has been facilitating meetings between STH & YAS to discuss measures to improve performance moving forward including STH piloting new front door processes.	To continue to endorse the approach of monitoring ambulance handover performance and the monitoring of any necessary mitigating actions through monthly Contract Management Group meetings with the Trust.
Mixed Sex Accommodation breaches	Unfortunately there was a mixed sex accommodation breach at a ward for older people at Sheffield Health and Social Care (SHSC) NHS FT. This took place in November 2017. A female patient with acute mental health needs had to be admitted as an emergency from STH; in order to find her a bed, unfortunately a male patient had to be moved. This male patient had his own room on the ward, with his own toilet, but the nearest bathing facilities were designated for female patients. This situation affected the male patient and the two neighbouring female patients, for a total of six nights. This situation could not be resolved prior to this, because other planned patient moves were unable to take place in timely manner. This was a highly unusual situation, which is unlikely to be repeated.	Not applicable.	None requested.
Cancelled Operations - (on day of admission)	<p>During Quarter 2, there were 2 cancelled operations (where the patient was not subsequently offered another binding appointment for surgery within 28 days) reported, 1 for STHFT and 1 for SCHFT. This is an increase from the 0 reported in Quarter 1.</p> <p>For STH, the patient was a Vascular Surgery Patient originally scheduled in August, which unfortunately had to be cancelled due to over-run of the list. This was subsequently rearranged for early October; the consultant confirmed that there was no adverse clinical impact on the patient due to the delay.</p> <p>For SCH, the patient was booked in for a Neurosurgical procedure in September, but this had to be cancelled as an emergency took precedent. The patient was rebooked and underwent surgery in November.</p>	Cancelled operations will continue to be monitored through Contract Management Group (CMG) meetings and escalated to the Performance and Contract Management Board (PCMB) if required.	None requested.
Cancelled Operations - (Urgent operations cancelled for 2nd time)	Two patients were listed for orthopaedic surgery to repair complex fractures; unfortunately both were cancelled due to heavy trauma workload in the Trust on the day, and the associated lack of theatre time.	Ongoing monitoring.	None requested.
Mental Health CPA 7 day follow up	SHSC FT achieved 100% follow up of Care Programme Approach (CPA) patients within 7 days of discharge in the months of September and October. The year to date figure is 94.33%, against a target of 95%. The CCG wishes to see consistent achievement of this target across the year, and raised this issue through Contract Management Group in December. The SHSC Clinical Director and Deputy Medical Director believe that there are more appropriate care planning processes in place for older people in the Trust than the CPA to meet patient need, which means that they under record this population against the target. The CCG are challenging this position and a further clinically led discussion is scheduled for January.	This issue is kept under regular review with the Trust.	To continue to receive monitoring reports on this national target.

Highest Quality Health Care NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body														
Mental Health Measures Performance Dashboard: Actions																	
Early Intervention in Psychosis (EIP)	<p>SHSC FT has delivered the delivery of this target for the last two months, but the target has not been achieved in year overall, and so remains rated as "red". The CCG and SHSC have agreed investment to strengthen the service and increase staffing to better meet the two week target and to move closer to compliance with NICE standards.</p> <p>Additional analysis as requested by Governing Body 2 months ago on EIP patients and the length of time they were waiting:</p>	<p>The additional investment is expected to impact positively on the service in Quarter 4 of 2017/18. The CCG is however aware that referrals have significantly increased to this service, and therefore we will be monitoring the situation closely, in terms of SHSC being able to sustain the waiting times.</p>	<p>Governing Body are asked to endorse the actions being taken and agree to accept further updates as required.</p>														
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>0-2 weeks</th> <th>2-6 weeks</th> <th>6-12 weeks</th> <th>12 weeks +</th> <th>Total</th> <th>% seen in 2 weeks YTD</th> </tr> </thead> <tbody> <tr> <td>Number of EIP patients YTD (Apr-Nov17)</td> <td style="text-align: center;">79</td> <td style="text-align: center;">51</td> <td style="text-align: center;">14</td> <td style="text-align: center;">9</td> <td style="text-align: center;">153</td> <td style="text-align: center;">51.63%</td> </tr> </tbody> </table>			0-2 weeks	2-6 weeks	6-12 weeks	12 weeks +	Total	% seen in 2 weeks YTD	Number of EIP patients YTD (Apr-Nov17)	79	51	14	9	153	51.63%
	0-2 weeks	2-6 weeks	6-12 weeks	12 weeks +	Total	% seen in 2 weeks YTD											
Number of EIP patients YTD (Apr-Nov17)	79	51	14	9	153	51.63%											
Improved Access to Psychological Therapies (IAPT)	<p>The CCG continues to narrowly miss the 50% target for patients achieving recovery on completion of their IAPT treatment. As previously stated, the service treats patients with more complex needs, some of whom will need more time and support to recover due to this complexity. The IAPT service has recently expanded into ten new service areas to support people with long standing medical conditions and the CCG will be monitoring the impact of this development on the wider service and on patient outcomes.</p>	<p>An updated position will be presented to Governing Body until this measure is consistently achieving the national target of 50% (monthly as well as quarterly).</p>	<p>Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.</p>														

High Quality Health Care Quality Dashboard

Performance Indicator	Reporting period	Sheffield CCG		Sheffield Teaching Hospital		Sheffield Children's Hospital		Sheffield Health & Social Care		Yorkshire Ambulance Service			
		Target / Average	Latest data	Target / Average	Latest data	Target / Average	Latest data	Target / Average	Latest data	Target / Average	Latest data		
PATIENT SAFETY													
Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)	Q2 17/18			Target	95%	95.69%							
Rate of reporting of patient safety incidents per 1000 bed days, using the National Reporting and Learning System (Trusts which report a higher number of incidents tend to have a more effective safety culture)	Oct16 - Mar17			Group Average (Acute)	40.14	37.60	Group Average (Specialist)	41.73	76.95	Group Average (Mental Health)	44.33	59.87	
Proportion of patient safety incidents resulting in severe harm or death	Oct16 - Mar17			Group Average (Acute)	0.38	0.09	Group Average (Specialist)	0.21	0.00	Group Average (Mental Health)	1.13	1.18	
Incidence of Healthcare Associated Infections - MRSA	Nov-17	Plan	0	0	Plan	0	0	Plan	0	0			
Incidence of Healthcare Associated Infections - Clostridium Difficile (Cdiff)	Nov-17	Plan	16	23	Plan	7	6	Plan	0	0			
	Nov-17 YTD	Plan	129	181	Plan	58	50	Plan	2	1			
Serious Incidents - Number opened in month	Nov-17	No target		6	No target		1	No target		2	No target		0
Serious Incidents - Never Events	Nov-17 YTD				Target	0	7	Target	0	0	Target	0	0
PATIENT EXPERIENCE													
Patient Reported Outcome Measures (PROMS)	Health gain (EQ-5D Index) - hip replacement surgery (primary)	Apr16-Mar17			England Average	0.442	0.410						
Patient Reported Outcome Measures (PROMS)	Health gain (EQ-5D Index) - knee replacement surgery (primary)	Apr16-Mar17			England Average	0.325	0.324						
Friends and Family Test	Response rate - A & E	Oct-17			Target	20%	19.6%	England Average	12.7%	2.0%			
Friends and Family Test	Response rate - Inpatients	Oct-17			Target	30%	30.2%	England Average	25.1%	30.8%			
Friends and Family Test	Response rate - Mental Health	Oct-17						England Average	2.7%	16.0%	England Average	2.7%	1.1%
Friends and Family Test	Proportion recommended - A & E	Oct-17			England Average	86.6%	86.8%	England Average	86.6%	87.9%			
Friends and Family Test	Proportion recommended - Inpatients	Oct-17			England Average	95.8%	94.9%	England Average	95.8%	72.5%			
Friends and Family Test	Proportion recommended - Mental Health	Oct-17						England Average	86.5%	100.0%	England Average	86.5%	95.83%
Staff Friends and Family Test	Proportion recommended - as a place of work	Q2 17-18			England Average	62.3%	70.0%	England Average	62.3%	64.6%	England Average	62.3%	54.2%
Staff Friends and Family Test	Proportion recommended - as a place of care	Q2 17-18			England Average	79.6%	89.7%	England Average	79.6%	89.7%	England Average	79.6%	65.1%
Patient Complaints	Number of complaints responded to within agreed timescale	Q2 17-18			Internal target	85%	97.0%	Internal target	85%	83.0%	Internal target	85%	no data
CQC national patient survey	Children & Young People's Survey 2016 - Overall Experience Score for 0-7 year olds	2016						Benchmarked against other providers as 'about the same'					
	Children & Young People's Survey 2016 - Overall Experience Score for 8-15 year olds						Benchmarked against other providers as 'worse than expected'						
Mixed Sex Accommodation	Number of breaches	Nov-17	Target	0	3	Target	0	0	Target	0	3		
Continuing Healthcare (CHC)	Proportion of DST's (Decision Support Tool) completed on patients in an acute hospital setting	Jul17-Sep17	Target	15%	35.20%								
Continuing Healthcare (CHC)	Proportion of Referrals completed within 28 days	Jul17-Sep17	Target	80%	63.16%								
Integrated Personal Commissioning (IPC)	Number of open Personal Health Budgets	Q2 17-18	Target	228	261								
HOSPITAL MORTALITY													
Summary Hospital-Level Mortality Indicator (SHMI)	Apr16-Mar17				England Average	1.0047	0.9826						

Highest Quality Health Care Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
Patient Safety			
Healthcare Associated Infections	The CCG is still finalising the Quarter 2 C.difficile numbers to agree how many should be classed as avoidable or unavoidable. STH remains within target, as at 06.12.17 they had 51 cases, against a target of 65 for the end of December. SCH are also still within target. There were zero cases of MRSA Bacteraemia in November.	Weekly monitoring.	None requested.
Never Events	One "never event" occurred at STHFT during December. This was surgical Invasive Incident meeting the Serious Incident criteria of 'Incorrect Level Spinal Surgery'. STHFT Investigation Report and Action plan are due to be submitted in February 2018 as per national guidance.	Ongoing	None required. A Serious Incident Report is sent to the Governing Body on a quarterly basis containing further details.
Patient Experience			
Friends and Family Test	STHFT: Response rates for FFT are good. STH closely monitors FFT response and recommendation rates and takes action when rates drop. A 'deep dive' has been conducted to understand the reason behind the low recommendation rates in community services. SCHFT: SCH's Care Experience Strategy has been published and the associated action plan is being finalised. Currently SCH's formal reporting does not fully triangulate complaints data with other patient experience data, but the strategy aims to address this and there is a monthly Care Experience Group at which themes and trends are discussed. SHSCFT: The Trust has a strong Service User Engagement Strategy with an emphasis on co-production and involvement of service-users at all levels. The strategy is supported by an appropriate action plan and recent staff appointments. Progress in implementing the strategy has been limited in some areas, particularly in relation to developing robust reporting and governance structures. As a result the Trust is not able to consistently evidence service improvements resulting from experience feedback. A number of innovative actions are planned to improve this.	Ongoing.	None required.
CQC Community Children & Young People's Survey 2016	SCH were categorised as 'worse than expected' for overall experiences of 8-15 year old, and as 'about the same' for overall experiences of 0-7 year olds. SCH were benchmarked 'worse than other trusts' on questions to Children/young people aged 8 to 15 relating to: • 'Was it quiet enough for patients to sleep when needed in the hospital' • 'Were you given enough privacy when you were receiving care and treatment', • 'If you had any worries, did a member of staff talk with you about them' And benchmarked 'worse than other trusts' on questions to children/young people aged 12 to 15 relating to: • 'Was the ward suitable for someone of your age' SCH benchmarked 'better than other Trusts' on a question to Parents/carers of 0 to 7 year olds relating to: • Were you treated with dignity and respect by the people looking after your child? There were 351 respondents, with a response rate of 28% for SCH, compared to 34,708 respondents with a response rate of 26% for all Trusts. The survey was published in November 2017. Currently SCH's formal reporting does not fully triangulate complaints data with other patient experience data, but the strategy aims to address this and there is a monthly Care Experience Group at which themes and trends are discussed. SCH are working with ward managers of the areas which were highlighted as worse than expected, to agree action plans to address the issues raised. The new wards when open will address the suitability of wards both through the specific teenage rooms. The wards are encouraged to work with the Artfelt charity when refurbishing environments to ensure it is suitable for all age ranges. The care experience mission statement and action plan incorporates all staff responsibilities, especially focusing on feedback and providing evidence it has been actioned such as the 'you said we did' boards and quarterly care experience newsletter.	Ongoing	None required

Highest Quality Health Care Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
Mixed Sex Accommodation breaches	<p>Unfortunately there was a mixed sex accommodation breach at a ward for older people at Sheffield Health and Social Care (SHSC) NHS FT. This took place in November 2017. A female patient with acute mental health needs had to be admitted as an emergency from STH; in order to find her a bed, unfortunately a male patient had to be moved. This male patient had his own room on the ward, with his own toilet, but the nearest bathing facilities were designated for female patients. This situation affected the male patient and the two neighbouring female patients, for a total of six nights.</p> <p>This situation could not be resolved prior to this, because other planned patient moves were unable to take place in timely manner. This was a highly unusual situation which is unlikely to be repeated.</p>		
Continuing Healthcare (CHC)	<p>Proportion of CHC assessments undertaken in hospital The CCG introduced a new pathway in June 2017, which avoids the Decision Support Tool (DST) being completed in hospital. National evidence points to this providing a more accurate assessment of the patient's ongoing care needs. Some hospitals outside of Sheffield do however require DST completion on their wards for Sheffield residents; and this will be addressed as we evaluate our new pathway so we do expect a nominal amount of in-hospital DSTs. The proportion of DSTs carried out in non-hospital settings has been building up over the last 6 months as the old system has been phased out.</p> <p>Referrals completed within in 28 days The CCG has a detailed understanding of the cases which unfortunately breached the 28 day standard, and is working to improve processes to improve our ability to deliver on this standard. There can be a variety of reasons why the referrals cannot be completed within the time, for example, patients may become more ill and be admitted to hospital, the DST may be more complex than expected and take longer to complete, or the family members may not be available to participate in the process.</p>	<p>The latest data, for November 2017, showed that the proportion of assessments taking place in an acute setting remains at 0% (against target of less than 15%). This is very encouraging evidence for the effectiveness of the new pathways.</p> <p>The next official Quarterly data will be available in February 2018.</p>	None required.
Integrated Personal Commissioning (IPC)	Integrated Personalised Commissioning is a key national initiative which aims to give people more choice and control over their care, and care which is personalised to them. A core element of this is expanding the number of people who have Personal Health Budgets (PHBs), both in numbers and to different client groups. Sheffield is an "early adopter" site and as such has agreed a cumulative target with NHS England that 560 Personal Health Budgets will be in place by 31 March 2018.	Work is ongoing to put plans in place to progress towards the end of year target, and close attention is being paid to capturing the numbers on a monthly basis so as to ensure delivery.	None required.
Safeguarding			
Safeguarding	Two successful Protected Learning Initiatives (PLI's) were held on the 8 November 2017. One primarily for GPs on "The Management of Those Whose Health Needs Have Been Neglected, By Themselves Or Others", which 215 GP's plus other practice staff attended. The second event was aimed at Practice Nurses and Health Care Assistants and covered a variety of safeguarding topics, including: Fabricated or Induced Illness (FI); using the Alcohol Screening Tool; Responsibilities for Looked After Children (LAC); Domestic Abuse, specifically Adult Family Violence and lastly Self-Neglect in adults. 155 staff attended this event. Positive evaluations were received for both events with the take home messages being to discuss concerns and challenge the situation and the recognition of carers needs (GP event). From the nurses event attendees now better recognise how domestic abuse affects young people and also have greater knowledge re FI.	None	Governing Body to note
Safeguarding	The CCG safeguarding team are undertake a review of all health providers within the city whether they are contracted with or not by SCCG and will be working with them to gain assurance from a safeguarding perspective.	Ongoing	Governing Body to note

Highest Quality Health Care Provider CQC Ratings

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for providers within Sheffield CCG locality. The CQC monitors, inspects and regulates health and social care services. Only providers that are rated as 'Requires Improvement' or 'Inadequate' in the month will be displayed for information in the table below.

Organisation Name	Provider Name	Organisation Inspection Directorate	Specialism / Services	Date of Insepection report	Overall CQC Rating	CQC Rating	Report
The Matthews Practice Belgrave	Belgrave and White Lane Surgery	Primary medical services	Diagnostic and screening procedures, Family planning services, Maternity and midwifery services, Services for everyone, Surgical procedures, Treatment of disease, disorder or injury	22/11/2017	Inadequate	Is the service safe? – Inadequate Is the service effective? – Inadequate Is the service caring? – Requires Improvement Is the service responsive? – Inadequate Is the service well-led? – Inadequate	http://www.cqc.org.uk/location/1-542061312
Wainwright Crescent	Sheffield Health and Social Care NHS Foundation Trust	Adult social care	Accommodation for persons who require nursing or personal care, Mental health conditions, Caring for adults under 65 yrs	23/11/2017	Requires Improvement	Is the service safe? – Requires Improvement Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Good Is the service well-led? – Requires Improvement	http://www.cqc.org.uk/location/TAHYR
Cygnets Hospital Sheffield	Cygnets NW Limited	Hospitals	Assessment or medical treatment for persons detained under the 1983 Act, Caring for people whose rights are restricted under the Mental Health Act, Diagnostic and screening procedures, Mental health conditions, Treatment of disease, disorder or injury, Caring for adults under 65 yrs, Caring for adults over 65 yrs	30/11/2017	Focused Inspection	Is the service safe? – Requires Improvement Is the service effective? – Requires Improvement Is the service caring? – Requires Improvement Is the service responsive? – Requires Improvement Is the service well-led? – Requires Improvement	http://www.cqc.org.uk/location/1-222659082
Aaron House	Ackroyd House Limited	Adult social care	Accommodation for persons who require nursing or personal care, Dementia, Caring for adults over 65 yrs	30/11/2017	Requires improvement	Is the service safe? – Requires Improvement Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Requires Improvement Is the service well-led? – Good	http://www.cqc.org.uk/location/1-145373438
Pexton Grange	Brancaster Care Homes Limited	Adult social care	Accommodation for persons who require nursing or personal care, Dementia, Diagnostic and screening procedures, Physical disabilities, Treatment of disease, disorder or injury, Caring for adults under 65 yrs, Caring for adults over 65 yrs	09/12/2017	Requires improvement	Is the service safe? – Requires Improvement Is the service effective? – Requires Improvement Is the service caring? – Good Is the service responsive? – Good Is the service well-led? – Requires Improvement	http://www.cqc.org.uk/location/1-2326485604

Quality Premium

Composition of 2016/17 Quality Premium

Assessment of expected award of Quality Premium in recognition of performance in 2016/17

The CCG has undertaken an exercise with NHS England to validate information on achievement of the national and local indicators which make up the Quality Premium for last year. We can now be clear on how we will be assessed and what this will mean for us financially, with the exception of the indicator around cancer diagnosis at an early stage, (the data for this will not be available until February 2018.)

The CCG will be required to account for how we use this funding; at present we are seeking confirmation of exactly when we will receive it and what the requirements are around the sum associated with early cancer diagnosis, which if we have achieved the target, will be awarded to us late in the year.

Area	Quality Premium measure	Achieved?	Proportion of QP
Antimicrobial resistance (AMR) Improving antibiotic prescribing in primary care	This Quality Premium measure consists of two parts (each worth 50% of the Quality Premium payment available for this indicator): a) reduction in the number of antibiotics prescribed in primary care	Yes	10%
	b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care	Yes	
Cancers diagnosed at early stage	CCGs will need to either: 1. Demonstrate a 4 percentage point improvement in the proportion of cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 & 2 in the 2016 calendar year compared to the 2015 calendar year OR 2. Achieve greater than 60% of all cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 & 2 in the 2016 calendar year <i>*invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin</i>	Data not available until February 2018	20%
Increase in the proportion of GP referrals made by e-referrals	CCGs will need to either: 1. Meet a level of 80% by March 2017 (March 2017 performance only) and demonstrate a year on year increase in the percentage of referrals made by e-referrals (or achieve 100% e-referrals) OR 2. Have March 2017 performance exceeding March 2016 performance by 20%	No	20%
Overall experience of making a GP appointment	CCGs will need to demonstrate, in the July 2017 publication, either: 1. Achieving a level of 85% of respondents who said they had a good experience of making an appointment OR 2. A 3 percentage point increase from July 2016 publication on the percentage of respondents who said they had a good experience of making an appointment	No	20%
Local measures	15% of people in contact with mental health services to be on Care Programme Approach by the end of 2016/17	Yes	10%
	Delayed transfers of care from hospital (for age 18+): 5% reduction in average number of patients delayed by end of 16/17 in comparison to 15/16 average	No	10%
	70% of patients with Inflammatory Bowel Disease (IBD) to be receiving biosimilar alternatives to the Infliximab reference product, where appropriate, by the end of 2016/17	Yes	10%
NHS Constitution requirements	Constitution measure CCGs are required to achieve their planned level of performance (as submitted to NHS England) during Quarter 4 2016/17		Reduction applied to QP if not achieved
NHS Constitution measures affecting Quality Premium	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral.	Yes	33%
	Patients should be admitted, transferred or discharged within 4hrs of their arrival at an A&E department.	No	33%
	Max. 2 month (62 day) wait from urgent GP referral to 1st definitive treatment for cancer	Yes	33%
	Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes. <i>This was a national target, however YAS participated in the pilot scheme for the new Ambulance Response Programme (ARP), which paved the way for the new national standards.</i>		Not applicable-see below

Comments regarding indicators which we did not meet for 2016/17:

E-referrals: The proportion of GP referrals made electronically (at CCG level) remained relatively static from July 2015 to the end of March 2017. Having dipped slightly in August and September 2016, the proportion did increase in October and November but then dipped again in the last quarter, and so did not show the required improvement on the end of 2015/16.

Work continues in the current year to increase the proportion of referrals which are made electronically, for example through use of the CASES referral system in the seven target specialities. An education event was held for administrative staff in general practice in November 2107, jointly run by the CCG, Primary Care Sheffield and STH. The event was designed to support staff in more effective use of electronic referral methods and to raise awareness of the benefit for patients.

Experience of making a GP Appointment: The most recent publication of the GP Patient Survey (in July 2017) highlighted that 60.79% of respondents reported a 'good experience'; this is a slight reduction on the 70.37% seen in the July 2016 publication and therefore did not meet the improvement criteria required for this measure.

The CCG's Primary Care Team has initiated a number of work streams designed to support patient access in primary care and to ensure that practices are resilient to deliver changing patterns of need and new models of care.

The CCG are working with five GP Support Managers, who have been selected because of their talent and experience in developing their own practices in Sheffield. A specific Support Manager has been appointed to support practices struggling to deliver good access.

Local Measure - Delayed transfers of care (DTC) from hospital: Following a significant increase in the reported number of delayed discharges during April and May 2016, numbers fluctuated throughout the year and did not come down significantly. As reported previously, given the high averages to this point in the year, it was not possible to meet the 5% reduction on 2015/16 levels.

Governing Body will be aware of the significant progress which has been made on DTC in the current year; however the Quality Premium relates to a historic assessment of our performance in 2016/17.

A&E 4 hour waits: This assessment relates to historic performance in the previous year; Governing Body will be aware of the work being undertaken by the CCG and Trust to improve our achievement of the target in 2017/18.

Red 1 Ambulance calls: In recognition that YAS participated in the national ARP pilot, and that this meant that services were delivered and measured in a different way (anticipating the new national arrangements), NHS England decided that those CCGs affected would not incur the 25% penalty reduction for non-delivery of the old Red 1 standard. The penalty was therefore applied in a three way split across the other three areas (18 weeks, A&E waits, and 62 day cancer waits) - as per table above.