

## Performance, Quality and Outcomes Report: Position Statement

### Update to Governing Body

Item 3

7 December 2017

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<b>Purpose of Paper</b>	
To update Governing Body on key performance, quality and outcomes measures.	
<b>Key Issues</b>	
<p><u>Areas of concern, which remain under review</u></p> <ul style="list-style-type: none"> <li>• <b>A&amp;E 4 hour waits:</b> The proportion of Sheffield CCG’s adult patients admitted, transferred or discharged within 4 hours of arrival at A&amp;E, remains below the national standard for 2017/18. The locally agreed improvement trajectory of 90% is not currently being met for the Quarter. The CCG is monitoring progress against a number of work streams designed to improve performance. STH provides a daily update and detailed weekly data, and progress is discussed monthly at Contract Monitoring Group using an Assurance Framework which has been agreed with the Trust.</li> <li>• <b>Diagnostic Waits:</b> The proportion of Sheffield CCG’s patients receiving their diagnostic test within six weeks of referral continued to decline in September. Recovery plans are in place for the DEXA Scanning and Sleep Studies departments, and we expect to see a return to delivering the standard in the next two to three months. The Echocardiography department is not able to meet the standard at present, despite a number of mitigating actions being taken. This particularly relates to hard to fill vacancies, due to national workforce shortages.</li> </ul> <p><u>Performance highlights</u></p> <ul style="list-style-type: none"> <li>• <b>Referral to treatment:</b> The CCG continues to deliver the 18 week standard.</li> <li>• <b>Early intervention in psychosis:</b> The national target is that 50% of patients with a first episode of psychosis should be seen within two weeks; performance in September at SHSC exceeded this, achieving 60%. The cumulative performance across the year however continues to fall short of the target.</li> <li>• <b>CHC assessments:</b> Latest monthly data for October shows a marked improvement on Quarter 2 for assessments undertaken outside a hospital setting, demonstrating the positive impact of new arrangements.</li> <li>• <b>Improved Access to Psychological Therapies:</b> The local service continues to surpass the national waiting time standards.</li> </ul>	

## Development of the Performance, Quality and Outcomes Report (PQOR)

This month's report includes a new Quality Dashboard, developed by members of the working group tasked with re-design of the PQOR. This report includes information on three new measures, which relate to Continuing Health Care assessments and Personal Health Budgets. Comments and feedback on this are invited from Governing Body.

The new Outcomes section of PQOR is being developed, using the "Starting Well, "Living Well" and "Ageing Well" themes to reflect the joint work with Sheffield City Council, and using national Public Health England data.

### **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

### **Governing Body Assurance Framework**

#### ***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:

2.1 Providers delivering poor quality care and not meeting quality targets

2.3 That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy

### **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?**

***Please attach if completed. Please explain if not, why not***

*No - none necessary*

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

It does not directly support this but as a public facing document is part of keeping the public informed.

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**HEALTHIER**

**NHS**  
**Sheffield**  
Clinical Commissioning Group

# Performance, Quality & Outcomes Report

2017/18: Position statement  
using latest information  
for the December 2017 meeting  
of the Governing Body

## 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
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%	Oct-17	95.80%		95.74%	92.31%		
	No patients wait more than 52 weeks for treatment to start	0	Oct-17	0		0	0		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%	Oct-17	92.37%		91.23%	99.00%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E (YTD position)	95%	Oct-17 YTD	92.38%		91.26%	97.72%		
	No patients wait more than 12 hours from decision to admit to admission	0	Oct-17	0		0	0		
Cancer Waits: From GP Referral to First Outpatient Appointment (YTD)	2 week (14 day) wait from referral with suspicion of cancer	93%	Sep-17 YTD	96.02%		95.96%			
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	Sep-17 YTD	96.50%		96.55%			
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from referral with suspicion of cancer to first treatment	96%	Sep-17 YTD	98.54%		97.21%			
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	Sep-17 YTD	99.77%		99.77%			
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	Sep-17 YTD	96.17%		95.01%			
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	Sep-17 YTD	98.94%		99.10%			
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	Sep-17 YTD	84.94%		78.26%			
	2 month (62 day) wait from referral from an NHS screening service	90%	Sep-17 YTD	98.88%		97.27%			
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	Sep-17 YTD	79.59%		71.29%			
Ambulance response times	Category 1 calls resulting in an emergency response arriving within 8 minutes (in-month)	75%	Aug-17	65.79%					65.79%
	No further data is for Ambulance Response times is available in this format. Remaining 2017-18 performance measures to be confirmed by NHSE								

## 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	Sep-17	8.15%		11.93%	0.56%		8.15%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction	Sep-17	1.65%		0.45%	0.00%		1.65%
	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	Sep-17	3.03%		1.91%	0.00%		3.03%
	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	Sep-17	0.14%		0.16%	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	Oct-17	0		0	0	0	
Cancelled Operations	Operations cancelled, on or after the day of admission, for non-clinical reasons to be offered another date within 28 days	Local Reduction	2017/18 Q2	2		1	1		
	No urgent operation to be cancelled for a 2nd time or more	Local Reduction	Sep-17	1		1	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%	Oct-17 YTD	94.33%				94.33%	

## Highest Quality Healthcare Mental Health Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	50%	Oct-17	60.00%			none for this month	60.00%	
Crisis Resolution / Home Treatment	Number of episodes of home treatment provided to people experiencing mental health crisis as an alternative to hospital	701	Oct-17	914				914	
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
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 are still in the STH Echocardiography department and there are also breaches in the Dexa Scan and Sleep Studies services. Work is still underway to attempt to recruit to vacant posts, however there are national skills shortages in echocardiography. STH are looking at opportunities to re-design how services are delivered, for example: using electronic referrals between departments to eliminate unnecessary delays; ensuring that referrals do not duplicate recent requests, and training specialist cardiology nurses with enhanced assessment skills, so as to reduce the referrals for echocardiography.	Sleep Studies department expect to return to delivering the standard in January 2018. Dexa Scanning have been successful in recruiting staff and a recovery plan is being developed. Echocardiography remain 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.
Diagnostic Waits - SCHFT	There were a small number of breaches of the diagnostic wait target in September across a few specialities at SCH; however the Trust continues to meet the national target. The CCG has been briefed in detail on all the issues and will monitor the situation proactively, to ensure that the position does not deteriorate, thereby jeopardising delivery of the national standard.		To endorse the approach of monitoring SCHFT achievement of diagnostic waiting times and any necessary mitigating actions, through monthly Contract Review Meetings with the Trust for escalation in Contract Management Boards if needed.
A & E Waits	The Urgent Care portfolio continues to monitor performance on a daily basis. An Assurance Framework has been developed and progress is monitored through regular discussions about performance held with the Trust within formal contracting and performance meetings. This includes discussions regarding recruitment to new medical posts and the impact of service improvements within the Trust. Oversight and governance 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 are working with system partners to ensure there are agreed metrics in place for monitoring system performance during winter that are supported by robust resiliency plans.	The Sustainability and Transformation Fund (STF) trajectory targets for Q1 & Q2 2017/18 were achieved; however delivery of the target for Q3 is likely to be a challenge due to daily variability in performance.	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	STH 62 day performance has remained fairly static during Q2 and fell just below the target for the CCG in September. STH <i>provider</i> performance for the Quarter is missing the target by a wider margin at 77.88%, even though there has been improvement in September's figures to 82.02%. The 62 day Consultant upgrade is also slightly below target for the quarter but improved to 100% in month for September. This shows that the actions STHFT are taking is having some positive effect, although year to date performance is still below the target. There are Executive Director led work streams for those cancer sites where performance targets are currently not met, specifically Head & Neck and Gastro- intestinal. Agency Radiotherapists are in place to boost capacity.	STHFT has put processes in place to implement the Inter - Provider Transfer Policy that was agreed at the Cancer Alliance Board, version 3.0, and will be reporting on this basis going forwards. This is expected to have a positive impact on the 62 day standard (wait from GP referral).	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 noted previously, performance has 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 noted overleaf, hospital turnaround times increased in August at STHFT and also across the YAS-wide footprint.</p> <p>The following actions are still being actively used in support of improved performance:</p> <ol style="list-style-type: none"> <li>1. Improving Hear and Treat rates by expanding the number of jobs in the clinical queue, which in turn reduces the demands on ambulance staff.</li> <li>2. NHS England has approved the national roll out of the new ambulance standards which has a different set of measures, implementation is expected to commence next year.</li> </ol> <p>YAS 999 did not meet the Red 1 target of 75% in August (65.8%) or year to date (70.4%). Sheffield Category 1 for September 2017 achieved 74.9% with year to date achievement of 74.6% - close to target. Furthermore, Green calls continue to be a challenge. The monitoring and service improvement process is assured and managed through the Regional Contract Management Board. Further discussions are being undertaken with YAS, including via the Yorkshire &amp; Humber 999/111 CMB meeting and the YAS Locality Director for SYB.</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 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.
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)	There was 1 cancellation at STHFT during September. The patient was a spinal surgery patient; at the time there were a high number of spinal trauma cases, leading to a shortage of both critical care and base ward beds.	Ongoing monitoring.	None requested.
Mental Health CPA 7 day follow up	SHSCT achieved 100% follow up of Care Programme Approach patients within 7 days of discharge in the month of September and October, the year to date figure is 94.33%. Underperformance earlier in the year therefore means that year to date achievement remains below the target.	SHSC continually seek to meet this target on a month by month basis.	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														
<b>Mental Health Measures Performance Dashboard: Actions</b>																	
<b>Early Intervention in Psychosis (EIP)</b>	<p>Although the Trust performed better than the target in September, delivery of this target has not been achieved in year and so remains rated as "red". The CCG and SHSC have worked together to develop a business case for investment to strengthen the service and increase staffing. The additional investment will also enable the service to move closer to compliance with NICE standards.</p> <p>Additional analysis as requested by Governing Body last month on EIP patients and the length of time they were waiting:</p>	<p>This is to be determined, once the implementation plan for investments has been agreed in detail.</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: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 10%;">0-2 weeks</th> <th style="width: 10%;">2-6 weeks</th> <th style="width: 10%;">6-12 weeks</th> <th style="width: 10%;">12 weeks +</th> <th style="width: 10%;">Total</th> <th style="width: 10%;">% in 2 weeks</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Number of EIP patients YTD (Apr-Oct17)</td> <td style="text-align: center;">65</td> <td style="text-align: center;">45</td> <td style="text-align: center;">13</td> <td style="text-align: center;">8</td> <td style="text-align: center;">131</td> <td style="text-align: center;">49.62%</td> </tr> </tbody> </table>			0-2 weeks	2-6 weeks	6-12 weeks	12 weeks +	Total	% in 2 weeks	Number of EIP patients YTD (Apr-Oct17)	65	45	13	8	131	49.62%
	0-2 weeks	2-6 weeks	6-12 weeks	12 weeks +	Total	% in 2 weeks											
Number of EIP patients YTD (Apr-Oct17)	65	45	13	8	131	49.62%											
<b>Improved Access to Psychological Therapies (IAPT)</b>	<p>The CCG continues to narrowly miss the 50% target for patients achieving recovery on completion of their IAPT treatment; the service does treat patients with more complex needs, some of whom will need more time and support to recover.</p> <p>At the November Governing Body meeting, members enquired if IAPT data is available at General Practice level; unfortunately it is not collected in this detail.</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 are asked to continue to receive these updated position statements, until this standard is delivered consistently.</p>														



## Highest 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		
<b>PATIENT SAFETY</b>													
Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)	Q1 17/18			Target	95%	95.20%	Target	95%		Target	95%		
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	Oct-17	Plan	0	0	Plan	0	1	0	0				
Incidence of Healthcare Associated Infections - Clostridium Difficile (Cdiff)	Oct-17	Plan	16	25	Plan	7	4	Plan	0	0			
	Oct-17 YTD	Plan	113	158	Plan	51	44	Plan	2	1			
Serious Incidents - Number opened in month	Oct-17	No target		10	No target		5	No target		1	No target		3
Serious Incidents - Never Events	Oct-17 YTD				Target	0	6	Target	0	0	Target	0	0
<b>PATIENT EXPERIENCE</b>													
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	Sep-17			Target	20%	23.1%	England Average	12.5%	1.8%			
Friends and Family Test	Response rate - Inpatients	Sep-17			Target	30%	31.6%	England Average	25.3%	25.6%			
Friends and Family Test	Response rate - Mental Health	Sep-17						England Average	2.8%	32.3%	England Average	2.8%	0.8%
Friends and Family Test	Proportion recommended - A & E	Sep-17			England Average	86.9%	86.9%	England Average	86.9%	90.4%			
Friends and Family Test	Proportion recommended - Inpatients	Sep-17			England Average	95.8%	95.5%	England Average	95.8%	72.0%			
Friends and Family Test	Proportion recommended - Mental Health	Sep-17						England Average	88.7%	85.71%	England Average	88.7%	97.79%
Staff Friends and Family Test	Proportion recommended - as a place of work	Q1 17-18			England Average	63.8%	75.7%	England Average	63.8%	64.5%	England Average	63.8%	68.8%
Staff Friends and Family Test	Proportion recommended - as a place of care	Q1 17-18			England Average	80.9%	90.2%	England Average	80.9%	90.6%	England Average	80.9%	73.8%
Patient Complaints	Number of complaints responded to within agreed timescale	Q1 17-18			Internal target	85%	89.0%	Internal target	85%	68.0%	Internal target	85%	76.0%
CQC national patient survey	Emergency Department 2016 - Overall Experience Score	2016									Benchmarked against other Trusts as 'about the same'		6.6/10
CQC national patient survey	Community Mental Health Survey 2017 - Overall Experience Score	2017									Benchmarked against other Trusts as 'about the same'		6.6/10
Mixed Sex Accommodation	Number of breaches	Oct-17	Target	0	0	Target	0	0	Target	0	0	0	
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								
<b>HOSPITAL MORTALITY</b>													
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
<b>Patient Safety</b>			
Healthcare Associated Infections	STH have a C Diff reduction plan. The CCG monitors cases weekly and works closely with STHT to ensure all appropriate action is taken. For MRSA, there was 1 case in October; which was a contaminant from a patient with MRSA on their skin so not a true clinical bacteraemia. The Healthcare Worker who took the blood culture was re-assessed for sampling technique.	Weekly monitoring.	None requested.
<b>Patient Experience</b>			
Friends and Family Test	SCH is undertaking a number of activities to promote FFT to try and improve response rates. The proportion of people who would recommend the inpatient service is low and SCH is analysing the data to try to understand the causes of this. SHSCT response rates for FFT are low. It should be noted that Trusts use different methods of recording their total population and therefore that comparison to the England average is not a reliable indicator. Notwithstanding this, the response rate is low. The Trust plans to trial an easy-read version of the FFT feedback cards and is currently conducting an audit of feedback methods used across the Trust.	Ongoing.	None required.
CQC Community Mental Health Survey	Although the overall patient experience score was 'about the same' as other trusts, SHSCT was benchmarked as 'worse than other trusts' on questions relating to organising care and reviewing care. SHSCT was not benchmarked as 'better' on any questions. It should be noted that the sample size for this survey is small (212 respondents overall, 90-159 people answered the questions on which the Trust scored 'worse'). The Trust has developed a 5 year Service User Engagement Strategy and is implementing a number of actions at board level to improve the Trust's processes for gaining assurance that service user feedback is actively sought and leads to service improvement.	Ongoing	None required
CQC Emergency Department Survey	The overall patient experience score was 'about the same' as other trusts. STH was benchmarked 'worse than other trusts' on questions relating to waiting times and feeling threatened by other patients, and 'better' on a question about knowing who to contact if follow-up care was needed. The sample size was small (126-213 people answered the questions on which the Trust scored 'better' or 'worse'). This survey was published in October 2017. STH has robust processes in place for triangulating patient experience feedback and developing action plans in response.	Ongoing.	None required.
Continuing Healthcare (CHC)	<p><b>Proportion of CHC assessments undertaken in hospital</b></p> <p>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><b>Referrals completed within in 28 days</b></p> <p>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>	The latest data, for October 2017, showed that the proportion of assessments taking place in an acute setting was 0% (against target of less than 15%). This is very encouraging evidence for the effectiveness of the new pathways.	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.

## 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
Ash House Residential Home	Ash House (Yorkshire) Limited	Adult social care	Accommodation for persons who require nursing or personal care, Dementia, Mental health conditions, Caring for adults over 65 yrs	02/11/2017	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	<a href="http://www.cqc.org.uk/location/1-115440705">http://www.cqc.org.uk/location/1-115440705</a>
Mickley Hall - Care Home with Nursing Physical Disabilities	Leonard Cheshire Disability	Adult social care	Accommodation for persons who require nursing or personal care, Diagnostic and screening procedures, Physical disabilities, Treatment of disease, disorder or injury, Caring for adults under 65 yrs, Caring for adults over 65 yrs	03/11/2017	Requires improvement	Is the service safe? – Requires Improvement Is the service effective? – Good Is the service caring? – Requires Improvement Is the service responsive? – Good Is the service well-led? – Requires Improvement	<a href="http://www.cqc.org.uk/location/1-120087103">http://www.cqc.org.uk/location/1-120087103</a>
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	02/11/2017	Requires improvement	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	<a href="http://www.cqc.org.uk/location/1-222659082">http://www.cqc.org.uk/location/1-222659082</a>