

Performance, Quality and Outcomes Report: Position Statement

Governing Body meeting

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5 July 2018

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Purpose of Paper																	
To update Governing Body on key performance, quality and outcomes measures.																	
Key Issues																	
<p><u>Areas of concern, which remain under review</u></p> <p>A&E 4 hour waits: The proportion of Sheffield CCG’s adult patients admitted, transferred or discharged within 4 hours of arrival at A&E, continues to remain below the Constitutional standard of 95%. STH is currently not on target to meet the NHS England / NHS Improvement trajectory for the first quarter of the year. The CCG and STH are in ongoing dialogue concerning the Trust’s plans to reach the standard. Performance has been improving in the last month, with several days at 90% and above, but it is not yet consistent.</p> <p>Cancelled operations: Unfortunately there were 20 operations cancelled (on, or after, the day of admission) in Quarter 4 of 2017/18 on non-clinical grounds. The NHS aims for as few cancellations as possible, due to the impact on patients and their families, however we recognise that at times there may be circumstances which mean that cancellations are unavoidable. The longer term trend for cancelled operations is that the number does remain consistently low:</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Q4, 2016/17</th> <th>Q1, 2017/18</th> <th>Q2, 2017/18</th> <th>Q3, 2017/18</th> <th>Q4, 2017/18</th> </tr> </thead> <tbody> <tr> <td>Number of cancelled operations</td> <td>4</td> <td>0</td> <td>2</td> <td>3</td> <td>20</td> </tr> </tbody> </table> <p>Seven day follow up of people on Enhanced Care Programme Approach (CPA) The national guidance for this service states that 95% of people should be followed up within seven days of discharge from the service. The Sheffield service is not consistently meeting this standard; in May 2018, 93.1% of patients were followed up in seven days.</p> <p>The CCG continues to pursue achievement of this target with SHSC through contracting discussions. In the last twelve months, 226 people were discharged from the service, of these, 209 were followed up within the seven day target period.</p>						Quarter	Q4, 2016/17	Q1, 2017/18	Q2, 2017/18	Q3, 2017/18	Q4, 2017/18	Number of cancelled operations	4	0	2	3	20
Quarter	Q4, 2016/17	Q1, 2017/18	Q2, 2017/18	Q3, 2017/18	Q4, 2017/18												
Number of cancelled operations	4	0	2	3	20												

Performance and quality highlights

Elective waiting times (Referral to Treatment): Sheffield CCG continues to deliver the 18 week waiting time target, at a standard better than the national target.

Early Intervention In Psychosis: The EIP service has struggled for much of the year to meet the standard of a two week maximum wait for 50% of clients. The target for this indicator has increased for 2018/19 to 53%. There has been some investment in new posts, accompanied by service redesign and a new organisational structure. The most recent figures (for April) show that 77.78% of patients were seen within two weeks that month. The CCG does not expect that SHSC will be able to sustain this level of performance but we are hopeful that the 53% standard will be met more consistently from now on.

Dementia Diagnosis: This is the first time this indicator has been reported in the Performance, Quality and Outcomes report. This measure compares the number of people expected to have dementia (using national prevalence data) with the number of people actually diagnosed with dementia, aged 65 and over. The data about people with dementia at each GP practice is published and then aggregated at a Sheffield level (as displayed in this report) so that the NHS (GPs and commissioners) can make informed choices about how to plan their services around their patients' needs. The local target is 71.5%, in Sheffield, 78.1% of estimated people with dementia were diagnosed during April. This means that our GPs are effectively case finding.

IAPT (Improved Access to Psychological Therapies): It is noted that the recovery rate has now been achieved for the first time, since the target was set, which is a significant achievement, due to the continued impact of the acceptance of referrals for people with the most complex needs, who do not always achieve full recovery. We have congratulated SHSC IAPT service for achieving this target, alongside implementation of other significant changes to service delivery as a result of the introduction of innovative new service pathways.

Developing reporting on health outcomes

The Performance Assurance team are developing a new section for this report, which will brief Governing Body on health outcomes for our citizens, and will look at the impact of our commissioning activity and partnership working on health status. The outcomes section will look at issues such as obesity, air quality and tobacco control, and how the work we are doing as a city –wide Accountable Care Partnership is impacting on health. The report will also consider the impact of health services commissioned by the CCG, where we have reliable 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
<p><i>Which of the CCG's objectives does this paper support?</i></p> <ol style="list-style-type: none"> 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield Specifically the risks: <ul style="list-style-type: none"> 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?
<p><i>Please attach if completed. Please explain if not, why not</i> <i>No - none necessary</i></p>
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.

Working with you to make Sheffield

HEALTHIER

NHS
Sheffield
Clinical Commissioning Group

Performance, Quality & Outcomes Report

2018/19: Position statement
using latest information
for the July 2018 meeting
of the Governing Body

Highest Quality Healthcare NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q4 17/18	CCG Latest 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%		95.76%	Apr-18		94.97%	93.81%		
	No patients wait more than 52 weeks for treatment to start	0		2	Apr-18		0	0		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		94.83%	Apr-18		94.39%	99.75%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	85.41%	90.89%	May-18		88.82%	98.26%		
	No patients wait more than 12 hours from decision to admit to admission	0		0	May-18		0	0		
Cancer Waits: From GP Referral to First Outpatient Appointment (YTD)	2 week (14 day) wait from referral with suspicion of cancer	93%	95.35%	95.07%	Apr-18		95.10%			
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	93.91%	93.94%	Apr-18		94.41%			
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from referral with suspicion of cancer to first treatment	96%	98.31%	96.93%	Apr-18		94.46%			
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.60%	100.00%	Apr-18		99.54%			
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	95.61%	87.50%	Apr-18		92.31%			
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	96.99%	95.24%	Apr-18		93.18%			
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	86.80%	87.27%	Apr-18		81.19%			
	2 month (62 day) wait from referral from an NHS screening service	90%	88.71%	87.50%	Apr-18		88.24%			
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient (85% threshold)	(85% threshold)	73.33%	75.00%	Apr-18		71.43%			
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		8 mins 20 secs	May-18					8 mins 20 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		22 mins 57 secs	May-18					22 mins 57 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		140 mins 25 secs	May-18					140 mins 25 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		221 mins 38 secs	May-18					221 mins 38 secs

Highest Quality Healthcare NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q4 17/18	CCG Latest 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		9.26%	Apr-18		20.55%	0.70%		9.26%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		2.09%	Apr-18		1.82%	0.00%		2.09%
	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		3.47%	Apr-18		2.90%	0.70%		3.47%
	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		0.14%	Apr-18		0.30%	0.70%		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		0	Apr-18		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	20				16	4		
	No urgent operation to be cancelled for a 2nd time or more	Local Reduction		0	Apr-18		0	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%	93.75%						93.10%	

* Mental Health CPA 7 day followup & Cancelled Operations (28 days) trend lines are using latest quarterly (not monthly) data

Highest Quality Healthcare Mental Health Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	53%	55.70%	77.78%	Apr-18				77.78%	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	4.51% (Qtr target)	5.16%	1.62%	Mar18 (month target = 1.5%)				1.65%	
	Proportion of IAPT patients moving to recovery	50.00%	50.19%	50.53%	Mar-18				50.52%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	89.61%	89.52%	Mar-18				88.79%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	99.28%	100.00%	Mar-18				99.07%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with Dementia	71.5%		78.10%	Apr-18					

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	<p>There has been one patient waiting over 52 weeks at Mid Essex Hospital since October 2017; this patient was still waiting in April. However, the Trust has informed us that this patient had their anaesthetic pre-assessment at the end of February, and their case is due to be reviewed by the Consultant, with a view to offering a date for surgery in the next couple of months. There are a number of long waiters at this particular Trust; each patient has had a clinical harm review carried out, including psychological harm review. All the patients receive regular updates, and have been offered an alternative surgeon.</p> <p>There was also a Sheffield patient waiting over 52 weeks at North Lincolnshire and Goole NHSFT within Trauma and Orthopaedics. This is still an incomplete pathway, however the patient was due to undergo their planned surgery at the end of June. The reason for the waiting time breach was lack of theatre capacity.</p>	We will continue to monitor these patients until they have been seen.	None
Diagnostic Waits - STHFT	<p>Diagnostic waits continue to be monitored through monthly Contract Management Group (CMG) meetings and escalated to the Performance and Contract Management Board (PCMB). There continue to be challenges in Cardiac Echo and Dexa Scanning.</p> <p><u>Echocardiography</u> Breaches in Echocardiography reduced significantly in April but still remain at a substantial number. STH continue to work closely with the SY&B Integrated Care System (ICS) on plans to both increase capacity (DGH support, alternative pay rates linked to actual procedures completed, workforce planning) and reduce demand (reviewing referral thresholds, regularity of reviews, removing any unnecessary repeat DGH/STH tests, redistributing regional DGH-level referrals back to DGHs)</p> <p><u>DEXA scanning</u> For DEXA scanning, breaches reduced slightly in month but the backlog is not being cleared as quickly as originally planned. New staff are now trained and in post. As for echocardiography, STH are looking at potential ICS solutions and ways in which to reduce demand.</p>	The Echocardiography service is forecasting that it will achieve the standard from October 2018. The DEXA scanning service is expected to achieve the standard from June 2018.	To endorse the approach of monitoring STHFT achievement of diagnostic waiting times and any necessary mitigating actions, through monthly PCMB meetings with the Trust.
2018/19: Position statement			
A & E Waits	<p>Progress on A&E waiting times against the target is now being monitored on a quarterly basis within the report as well as monthly (instead of using year to date figures). This is to enable Governing Body to see the figures in line with how the performance is being monitored nationally, but also to see the fluctuations in performance using the latest monthly figures.</p> <p>Performance in May at 88.82% for STHFT was an improvement from the April position of 84.79% (this performance reflected the challenges of winter pressures). STH has recently recruited to 11 new nursing roles in A&E; when these staff are in post it is expected that this additional capacity will make a positive impact.</p>	The Trust has developed a wide- ranging Action Plan and is currently working towards achievement of an interim performance target of 90% by the end of September 2018, in line with the NHS Improvement / NHS England trajectory.	To continue to endorse the actions taken and monitor the 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	<p>Progress regarding Cancer Waiting Times against the targets is also now being monitored on a quarterly basis within the report as well as monthly (instead of using year to date figures). This is to enable Governing Body to see the figures in line with how the performance is being monitored nationally (on a quarterly basis), but also to see the fluctuations in performance using the latest monthly figures.</p> <p>STHFT are currently performing the following actions to ensure timely investigations and treatment of Cancer patients and to address issues where performance targets are not being met:</p> <ul style="list-style-type: none"> • All teams at STH have provided action plan to further improve their CWT performance • A Patient Tracking List (PTL) report is circulated to all teams showing all patients on a GP 62 day pathway without a decision to treat by day 55. All pathways receive a senior clinical and managerial review • The Cancer Executive continue to engage with clinical and managerial teams to ensure performance is a key priority within the Trust • Engagement with the SYB&ND Cancer Alliance pathway improvement work. • Weekly calls are held between Trusts/CCGs to identify real time demand that exceeds expectations and to discuss IPT issues. • Engagement with SYB&ND Cancer Alliance performance governance monitoring. 	Trajectories from STHFT are showing that targets will be met by the end of the quarter, with the exception of screening targets as the solutions will take time to implement.	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>Ambulance services are now working to the new national response times which were developed following the Ambulance Response Pilots (ARP). YAS are now reporting on the new standards, which have replaced the previous way of measuring performance. The calls are now split into 4 main categories with Health Care Practitioner (non-paramedic) calls monitored separately. The four categories and the types of calls they relate to are outlined in the report. Category 1 (which is 12% of demand) equates to a national standard of 7 minutes mean response time. Category 2 equates to 60% of demand, and the national standard is 18 minutes mean response time. Category 3 equates to a national standard of 120 minutes and Category 4 to 180 minutes 90th centile response time. Categories 3 and 4 together equate to 25% of the overall demand. At present, YAS are only able to report performance across the whole area they serve, we do not yet have access to Sheffield specific data. The standards for the four call categories are not yet being met; however YAS have agreed a number of actions with their commissioners to improve performance, and a number of business cases for service developments have been submitted to the lead commissioner, Wakefield CCG. Currently YAS has the best "Hear & Treat" rates in the country at 6.5% (this is when the caller receives advice on self care, or signposting, eg to pharmacy, and no further care is needed).</p>	<p>Progress continues to be closely monitored by the Urgent Care Team, Urgent and Emergency Care Transformation Delivery Board and at the Yorkshire & Humber 999/111 Contract Management Board meeting.</p>	<p>None this month.</p>
Ambulance Handover times	<p>Whilst ambulance handover performance for STH has improved in April, the figures are still high with STHFT one of the three acute Trusts highlighted within the Yorkshire and Humber region.</p> <p><u>Action being taken:</u> At times of pressure, YAS continues to provide on-site senior management support at the front door of the Emergency Department to assist with the triaging and handover of patients. STHFT have also reviewed the front door triage process and have agreed to refresh the methodology adopted. Furthermore, STHFT has undertaken a significant recruitment drive to cover gaps in nursing staffing and the rota system has been completely overhauled.</p> <p>With regards to addressing local pressures, a dedicated YAS Patient Transport Service (PTS) crew is now supporting the 999 crew with the Intra Facility Transport activity (between the Northern General and Royal Hallamshire sites). An evaluation of this project will be carried out in September 2018.</p> <p>Improving ambulance handovers has been identified by Sheffield Urgent and Emergency Transformation and Delivery Board (UECTDB) as one of the key areas of focus for the Action on A&E Programme and a joint piece of work is being developed between STHFT, YAS and the CCG.</p>	<p>The CCG continues to facilitate meetings between STH & YAS to discuss measures to improve performance moving forward.</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 meetings with the Trust and support the decision by the UECTDB that this be an area of significant system focus moving forward.</p>
Cancelled Operations - (on day of admission)	<p>During Quarter 4, 20 cancelled operations were reported (where the patient was not subsequently offered another binding appointment for surgery within 28 days): 16 for STHFT and 4 for SCHFT. This is an increase from the 3 reported in Quarter 3.</p> <p><u>SCHFT:</u> 4 patients had their operations cancelled. One paediatric dentistry patient was cancelled due to no interpreter being available. This was a result of an administration error as the patient was not flagged as being cancelled for a non-clinical reason. This also follows a similar breach in October; it was discovered as a result of the action plan put in place to address the earlier breach. Governing Body are asked to continue to support the Trust in delivery of this action plan; which may reveal more historic breaches, but the Trust should ensure processes are put in place to avoid these in future.</p> <p>The Trust had 2 breaches in Ophthalmology, this was a result of equipment failure. The new equipment required could not be delivered within the 28 day timeframe. SCH's final breach was in Gastroenterology, which the patient being cancelled due to no HDU bed being available due to priorities. The patient was re-booked within 28 days, but this was subsequently cancelled for the same reason. The CCG is awaiting further information on action plans to mitigate these problems going forward, as well as confirmation that there was no patient harm as a result. Governing Body are asked to note the breaches and will be updated next month with actions being taken to address.</p> <p><u>STHFT:</u> There were 16 such cancelled operations at STHFT. This increased during quarter 4 due to the harsh and prolonged winter and the impact on theatre, bed and staffing capacity issues. The STHFT Elective Care Working Group have started receiving a monthly "deep dive" report to investigate whether there are further actions that can be taken to avoid such cancellations. The 2018/19 Quarter 1 position is expected to have improved.</p>	<p>SCH have improved in April 2018, only reporting 1 breach (due to no HDU bed being available). Although the patient was originally re-booked within the 28 days, the new appointment was again cancelled for the same reason, causing the breach. SCHFT have shared an action plan to improve 28 day breaches following those in previous months. The improvements which result from this action plan will continue to be monitored by the CCG.</p>	<p>Governing Body are asked to note the breaches and support management through SCH's action plan.</p>

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 CPA 7 day follow up	<p>Monitoring of CPA 7 day follow up will now be undertaken on a quarterly basis (instead of using year to date figures) within the report and reflect the latest CCG position rather than just for SHSCFT. This will enable the monitoring of all Sheffield patients for this indicator regardless of which service they were seen (this is in line with all other CCG indicators). The figures for SHSCFT will continue to be included on a monthly basis and will reflect the total provider position.</p> <p><u>Action being taken:</u> Despite repeated focus on this target through Contract Management Group, (CMG) there are still continued concerns about performance. We have requested a further action plan to address this underachievement, however a contributing factor to underperformance appears to be as a result of system errors in the figures in the Trust, which have been corrected the following month in arrears. The CCG received an update from the Director of Operations within SHSC at the June meeting of CMG, and assurance that all clients had received appropriate follow up. The recording of data in the Trust is currently being reviewed.</p>	We continue to closely monitor CPA 7 day follow up within Contract Management Group (CMG). Despite a focus on CPA through CMG in the first quarter of this year, there is the need for ongoing robust challenge to the provider, due to continued concerns about their performance on this target and data recording.	To continue to receive monitoring reports on this national target.

Mental Health Measures Performance Dashboard: Actions

Early Intervention in Psychosis (EIP)	<p>Progress of EIP against the target is now being monitored on a quarterly basis within the report as well as monthly. This is to enable Governing Body to see the figures in line with how the performance is being monitored nationally (on a quarterly basis), but also to see the fluctuations in performance using the latest monthly figures.</p> <p>The target for 18/19 has been updated to 53% (from 50% for 17/18). All performance from April 18 onwards will be monitored against this target. As can be seen, performance remains above target, including the increased target for 18/19, following the additional investment into the EIP service previously reported. We have congratulated the service on their substantial improvement and achievement of the targets, and have now discussed formally in Contract Management Group in June 2018, their plans to achieve the second part of the national target, around access to NICE compliant treatment. However, Governing Body are asked to note that referral rates continue to exceed original national trajectories, which is expected to continue.</p> <p><u>Action being taken:</u> CCG continues to robustly monitor performance through Contract Management Group, (CMG) to ensure continued implementation of the EIP standards and SHSC performance.</p> <p>Additional analysis as requested by Governing Body on EIP patients and the length of time they were waiting:</p>	SHSC are now compliant with access standard targets. We will request an updated SHSC provision of the NICE compliant standards for intervention through monthly CMG meetings until this aspect of the service is achieved.	Governing Body are asked to endorse the actions being taken and agree to accept further updates as required.																	
		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <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 Apr17-Apr18</th> </tr> </thead> <tbody> <tr> <td>Number of EIP patients (Apr17-Apr18)</td> <td>150</td> <td>90</td> <td>23</td> <td>11</td> <td>274</td> <td>54.74%</td> </tr> </tbody> </table>						0-2 weeks	2-6 weeks	6-12 weeks	12 weeks+	Total	% seen in 2 weeks Apr17-Apr18	Number of EIP patients (Apr17-Apr18)	150	90	23	11	274	54.74%
	0-2 weeks	2-6 weeks	6-12 weeks	12 weeks+	Total	% seen in 2 weeks Apr17-Apr18														
Number of EIP patients (Apr17-Apr18)	150	90	23	11	274	54.74%														
Improved Access to Psychological Therapies (IAPT)	<p>IAPT access and recovery rate targets are now being monitored on a quarterly basis within the report as well as monthly (instead of using year to date figures). This is to enable Governing Body to see the figures in line with how the performance is being monitored nationally (on a quarterly basis), but also to see the fluctuations in performance using the latest monthly figures.</p> <p>It is noted that the 50% recovery rate has now been achieved for the first time, since the target was set. This is a significant achievement, in the context of the fact that the service accepts referrals for people with the most complex needs, who do not always achieve full recovery. We have congratulated SHSC IAPT service for achieving this target, alongside implementation of other significant changes to service delivery, including introduction of innovative new service pathways.</p>	An updated position will be presented to Governing Body to monitor whether the service sustains this significant progress against the national target of 50% (monthly as well as quarterly).	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.																	

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					
PATIENT SAFETY																
Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)	Q4 17/18			Target	95%	95.08%										
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)	Apr - Sep17			Provider Actual previous year	36.69	37.60	Provider Actual previous year	90.93	68.46	Provider Actual previous year	85.99	83.03				
Proportion of patient safety incidents resulting in severe harm or death	Apr - Sep17			Group Average (Acute)	0.35	0.23	Group Average (Specialist)	0.22	0.58	Group Average (Mental Health)	1.04	1.03	Group Average (Ambulance)	2.40	1.80	
Incidence of Healthcare Associated Infections - MRSA	May-18	Plan	0	0	Plan	0	1	Plan	0	0						
Incidence of Healthcare Associated Infections - Clostridium Difficile (Cdiff)	May-18	Plan	16	18	Plan	7	5	Plan	0	2						
	May-18 YTD	Plan	32	37	Plan	14	11	Plan	1	3						
Serious Incidents - Number opened in month	May-18	No target		8	No target		1	No target		2	No target		1	No target		1
Serious Incidents - Never Events	May-18 YTD				Target	0	0	Target	0	0	Target	0	0	Target	0	0
PATIENT EXPERIENCE																
Patient Reported Outcome Measures (PROMS) Health gain (EQ-5D Index) - hip replacement surgery (primary)	Apr16-Mar17 (Feb release)				England Average	0.445	0.417									
Patient Reported Outcome Measures (PROMS) Health gain (EQ-5D Index) - knee replacement surgery (primary)	Apr16-Mar17 (Feb release)				England Average	0.324	0.317									
Friends and Family Test Response rate - A & E	Apr-18				Target	20%	18.7%	Children's Trust average	3.6%	2.9%						
Friends and Family Test Response rate - Inpatients	Apr-18				Target	30%	28.4%	Children's Trust average	31.8%	48.2%						
Friends and Family Test Number of responses - Mental Health	Apr-18							Children's Trust average	22.7	22	Average for Trust last 12 months	150.7	143			
Friends and Family Test Proportion recommended - A & E	Apr-18				England Average	86.7%	86.4%	Children's Trust average	91.5%	95.4%						
Friends and Family Test Proportion recommended - Inpatients	Apr-18				England Average	95.8%	95.8%	Children's Trust average	93.0%	82.4%						
Friends and Family Test Proportion recommended - Mental Health	Apr-18							Children's Trust average	84.7%	95.5%	England Average	88.8%	95.8%			
Staff Friends and Family Test Proportion recommended - as a place of work	Q4 17-18				England Average	63.0%	74.7%	England Average	63.0%	60.8%	England Average	63.0%	54.1%			
Staff Friends and Family Test Proportion recommended - as a place of care	Q4 17-18				England Average	79.6%	91.9%	England Average	79.6%	89.7%	England Average	79.6%	61.5%			
2018/19: Position statement Number of complaints responded to within agreed timescale	Various				Internal target	85%	83% (Apr18 YTD)	Internal target	85%	67% (Q4 17/18)	Internal target	75%	50% (Q3 17/18)			
CQC national patient survey Adult Inpatient Survey 2017	2017				Benchmarked against other providers as 'about the same'		8.5/10									
Mixed Sex Accommodation Number of breaches	Apr-18	Target	0	0	Target	0	0	Target	0	0	Target	0	0			
Continuing Healthcare (CHC) Proportion of DST's (Decision Support Tool) completed on patients in an acute hospital setting	Q4 17-18	Target	15%	0%												
Continuing Healthcare (CHC) Proportion of Referrals completed within 28 days	Q4 17-18	Target	80%	81%												
HOSPITAL MORTALITY																
Summary Hospital-Level Mortality Indicator (SHMI)	Oct16-Sept17				England Average	1.0050	0.9636									
CHILDREN & YOUNG PEOPLE																
Average delivery time for Education Healthcare Plans (EHCP)	Up to May 18	Target	20 wks	27 wks												

Highest Quality Health Care Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
Patient Safety			
Healthcare Associated Infections	<p><u>Clostridium difficile</u></p> <p>STH NHSFT had 5 cases for May, which is 2 under the monthly ceiling of 7 cases. As part of the NHS Improvement C.difficile Infection Objectives (published annually) the CCG reviews the Root Cause Analyses (RCAs) of C.difficile cases at STH. This is to determine if there have been any lapses in care in these patient episodes. The national focus is on lapses of care, rather than total numbers. Quarter 4 cases (2017-18) were due for review with STH Microbiology in late June.</p> <p>SCH NHSFT had 1 case in late April and a further case in late May. RCAs awaited.</p> <p>NHS Sheffield CCG had 18 cases of C. difficile in May. RCAs continue, no clusters have been identified and an annual report will be provided shortly which will be a "deep dive" as to the nature of the community cases, together with recommendations.</p> <p><u>MRSA Bacteraemia</u></p> <p>1 case at STH in May, this is likely to be assigned to STH. It is a Sheffield resident, but the patient is not registered with a Sheffield GP so will not be included in CCG figures. Further information requested from STH.</p>	Weekly monitoring.	None requested.
Patient Experience			
Friends and Family Test	<p><u>STHFT</u>: STH triangulates and analyses a wide range of patient experience data and takes action in response to trends identified. Response rates for FFT are good. STH closely monitors FFT response and recommendation rates and takes action when rates drop. This includes ward level improvement plans for inpatient area where the proportion of people who would not recommend the service is higher than the national average.</p> <p><u>SCHFT</u>: SCH has established a Care Experience Board to triangulate patient experience data and identify themes and trends. This Board met for the first time in April 2018. FFT response rates for A&E and outpatients are low. Different methods of promotion and collection are being trialled to try to improve this. The proportion of inpatients that would recommend the Trust continues to be low at 81% but does represent an improved position on previous months. Performance against the Trust's internal target for responding to complaints dropped in Q4.</p> <p><u>SHSCT</u>: The Trust has a Service User Engagement Strategy with an emphasis on co-production and involvement of service-users at all levels. Progress in implementing the strategy has been limited in some areas, and as a result the Trust is not able to consistently evidence service improvements resulting from experience feedback. The Trust continues to receive low numbers of responses to FFT (124 responses were received in March 2018).</p>	Ongoing.	None required.
CQC Adult Inpatient Survey	The CQC Survey of adult inpatients 2017 was published in June 2018. The survey was divided into 11 sections, focussing on different aspects of patients' experiences. Sheffield Teaching Hospitals benchmarked as 'about the same' as other Trusts for each section. There were a number of questions within each section and the Trust benchmarked as 'better' for 6 questions. The Trust did not benchmark as 'worse' for any questions.		

Highest Quality Health Care Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
Continuing Healthcare (CHC)	<p>Quarter 1 data (April to June18) is not yet available, data used is for Quarter 4 (Jan-Mar18).</p> <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. Q4 quarterly return demonstrates that 0 assessments were completed in an acute setting from January to March and we expect this to continue moving into the new financial year. This continues to be very encouraging in terms of ongoing effectiveness of the new pathway in relation to meeting the Quality Premium set by NHS England.</p> <p>Referrals completed within in 28 days Compliance against 28 day process showed in Q4 that 81% of assessments completed between January and March were completed within 28 days. This achieves the target set by NHS England of 80%. The team continues to monitor compliance on a regular basis regarding its ability to meet to this target. Local monitoring for May indicates that out of 69 decisions made in May, 3 breached the 28 day timeframe (95% achievement).</p>	<p>Local information shows that no DSTs were completed in hospital during May.</p> <p>Q4 return has been submitted to NHSE which shows that 81% of assessments were completed in 28 days.</p>	None required.
Children and Young People			
Education Healthcare Plans (EHCP)	<p>Education Health Care (EHC) plans have been established to replace Statements of Special Educational Needs for children and young people with special educational needs.</p> <p>EHC plans should be completed within 20 weeks; the average delivery time for Sheffield was 29 weeks, however this has recently improved down to 27 weeks over the last 2 months. The Local Authority has appointed additional staff and the delivery time is expected to continue to improve as more resource is focused on this.</p> <p>In May 2018 41% of first time EHCP's were delivered within 20 weeks, this is down 9% on last month.</p>	Ongoing.	None requested.
Safeguarding			
Safeguarding	<p>The CCG safeguarding team are continuing to review provision by all health providers within the city whether they are contracted with or not by SCCG, to then work with them to gain assurance from a safeguarding perspective.</p> <p>The CCG safeguarding team are commencing a number of audits with General Practice to demonstrate GP's commitment to fulfilling their safeguarding responsibilities.</p>	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
S10 Homecare	Mrs Ann Mills	Adult Social Care	Dementia, Mental health conditions, Personal care, Physical disabilities, Sensory impairments, Caring for adults over 65 yrs	15/05/2018	Requires Improvement	Is the service safe? – Inadequate Is the service effective? – Requires Improvement Is the service caring? – Good Is the service responsive? – Requires Improvement Is the service well-led? – Requires Improvement	http://www.cqc.org.uk/location/1-1340872136
Fulwood Lodge Care Home	Silver Healthcare Limited	Adult Social Care	Accommodation for persons who require nursing or personal care, Diagnostic and screening procedures, Treatment of disease, disorder or injury, Caring for adults over 65 yrs	15/05/2018	Requires Improvement	Is the service safe? – Inadequate Is the service effective? – Requires Improvement Is the service caring? – Requires Improvement Is the service responsive? – Requires Improvement Is the service well-led? – Inadequate	http://www.cqc.org.uk/location/1-113009894
Orchard House	Orchard Care	Adult Social Care	Accommodation for persons who require nursing or personal care, Learning disabilities	17/05/2018	Inadequate	Is the service safe? – Inadequate Is the service effective? – Requires Improvement Is the service caring? – Requires Improvement Is the service responsive? – Requires Improvement Is the service well-led? – Inadequate	http://www.cqc.org.uk/location/1-120113635
Norton Lees Hall and Lodge	Orchard Care Homes.Com (5) Limited	Adult Social Care	Accommodation for persons who require nursing or personal care, Dementia, Physical disabilities, Caring for adults over 65 yrs	19/05/2018	Inadequate	Is the service safe? – Inadequate Is the service effective? – Requires Improvement Is the service caring? – Requires Improvement Is the service responsive? – Requires Improvement Is the service well-led? – Inadequate	http://www.cqc.org.uk/location/1-622254811