

## Performance, Quality and Outcomes Report: Position Statement

Governing Body meeting

1 November 2018

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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> <p><b>Diagnostic waits:</b> STH is continuing to work through its recovery plans for the three challenged areas of Peripheral Neurophysiology, Dexa Scanning and Echocardiography. The number of people waiting over six weeks increased very slightly in August compared to July; however the Trust is expecting that the standard will be met in October.</p> <p><b>A&amp;E 4 hour waits:</b> The proportion of Sheffield CCG's <u>adult</u> patients admitted, transferred or discharged within 4 hours of arrival at STH's A&amp;E, continues to remain below the Constitutional standard of 95% and the interim improvement target of 90%. The Trust continues to share regular updates with the CCG regarding progress on implementing their action plan. In common with many other Trusts, recruiting to senior clinical posts remains challenging. The CCG is co-ordinating city wide escalation plans ahead of the winter months, including pre-agreed actions for times when escalation is needed.</p> <p><b>Delayed Transfers of Care (DTC):</b> This area is covered for the first time this month in the Performance, Quality and Outcomes Report. A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice. Delayed transfers can be the result of delayed processes within the NHS, social care, or across both sectors, and can occur for a number of reasons.</p> <p>Patients can often be delayed waiting for onwards care. For example, intermediate care services occupy an important middle ground between primary and hospital care for patients leaving hospital. These services include bed-based care, rehabilitation and re-enablement services, which often provide a much-needed 'step-down' service for people moving between more intensive hospital care and independent living or social care. Agreeing that a patient is fit for discharge, as well as acquiring a care package and getting paperwork completed on time, can also be difficult. Assessments must be made of the additional support and care patients will need after leaving hospital, such as care workers providing support for daily activities, and installing hand rails within patient's homes to improve their safety and mobility. Delays can arise because a patient's assessments are not planned and completed before they have recovered sufficiently to be discharged. Completing an early assessment of onward care needs generally requires agreement</p> |   |

from a multidisciplinary group of acute clinicians, social workers and other care workers. This can be a time-consuming and complex process. Other factors can also come into play. These include disagreements between families/patients and providers concerning where the patient should be transferred; waiting for equipment to be installed in the community; awaiting public funding; and housing issues.

**Sheffield Health and Social Care NHS FT - Care Quality Commission (CQC) inspection:** SHSC was inspected by the CQC earlier this year as part of the “well-led” inspection programme. One clinical area was rated as “Outstanding”, and four as “Good”, however three core areas were rated as “Requires Improvement” and one as “Inadequate”: This has resulted in an overall provider rating of “Requires Improvement”. In particular, the 24 hour Single Point of Access service needed to be strengthened, as demand for this service had been far higher than envisaged. SHSC took action to recruit additional staff to meet the need for this service.

The CQC inspection highlighted some areas of good practice and noted the feedback from service users and carers regarding the care and compassion they received. The Trust is working to address the CQC’s recommendations for improvement.

#### Performance and quality highlights

**CHC:** Sheffield CCG continues to meet both nationally measured standards: proportion of people assessed for ongoing care outside hospital, and proportion of CHC referrals completed within 28 days.

**Cancer:** all of the cancer waiting time standards were met in August for Sheffield CCG’s commissioned activity. This good performance however should be considered within the context that STH continued to struggle to meet all targets for all their patients and that some specialities are facing increased demand and some gaps in capacity. These issues are being addressed strategically by the CCGs and Trusts together in the local Cancer Alliance.

**Early Intervention Service In Psychosis (EIP):** The EIP service continues to meet the national standard for patients to be seen within two weeks; achieving the target for the fifth month in a row, after investment and improvement work. We have therefore ceased reporting on this standard in the dashboard.

It should be noted that the EIP service has started to work closely with practices in Sheffield’s University neighbourhood. New students arrive at an age where emerging psychosis is most common, and can be vulnerable due to being away from home for the first time. EIS specialist staff are now seeing students in the general practices near where they live, and for the first time were involved in the “Intro Weeks” for both universities as students registered for their health care.

#### **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.

# Performance, Quality & Outcomes Report

2018/19: Position statement  
using latest information  
for the 1 November meeting  
of the Governing Body

## Highest Quality Healthcare NHS Constitution Measures Performance Dashboard

| Performance Indicator  |   | Target          | CCG Quarterly Q1 18/19 | 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 |
| * Mental Health CPA 7 day followup & Cancelled Operations (28 days) trend lines are using latest quarterly (not monthly) data. |   |                 |                        |                             |        |   |  |                               |                                |                             |
| Referral To Treatment waiting times for non-urgent consultant-led treatment  | All patients wait less than 18 weeks for treatment to start   | 92%             |                        | 95.00%                      | Aug-18 |   | 93.75%                                 | 92.67%                        |                                |                             |
|  | No patients wait more than 52 weeks for treatment to start  | 0               |                        | 2                           | Aug-18 |   | 0                                      | 0                             |                                |                             |
| Diagnostic test waiting times  | Patients wait 6 weeks or less from the date they were referred  | 99%             |                        | 97.82%                      | Aug-18 |   | 97.65%                                 | 99.98%                        |                                |                             |
| A&E Waits  | Patients are admitted, transferred or discharged within 4 hours of arrival at A&E   | 95%             | 89.94%                 | 89.06%                      | Sep-18 |   | 87.18%                                 | 96.63%                        |                                |                             |
|  | No patients wait more than 12 hours from decision to admit to admission   | 0               |                        | 0                           | Sep-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%             | 94.95%                 | 96.27%                      | Aug-18 |   | 96.49%                                 |                               |                                |                             |
|  | 2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)                                      | 93%             | 92.02%                 | 95.65%                      | Aug-18 |   | 94.90%                                 |                               |                                |                             |
| Cancer Waits: From Diagnosis to Treatment (YTD)  | 1 month (31 day) wait from referral with suspicion of cancer to first treatment   | 96%             | 97.30%                 | 97.35%                      | Aug-18 |   | 92.43%                                 |                               |                                |                             |
|  | 1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen                            | 98%             | 99.61%                 | 100.00%                     | Aug-18 |   | 100.00%                                |                               |                                |                             |
|  | 1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy  | 94%             | 93.69%                 | 95.59%                      | Aug-18 |   | 95.79%                                 |                               |                                |                             |
| Cancer Waits: From Referral to First Treatment (YTD)   | 1 month (31 day) wait for second/subsequent treatment, where treatment is surgery   | 94%             | 98.43%                 | 94.23%                      | Aug-18 |   | 93.64%                                 |                               |                                |                             |
|  | 2 month (62 day) wait from urgent GP referral   | 85%             | 84.90%                 | 85.44%                      | Aug-18 |   | 77.70%                                 |                               |                                |                             |
|  | 2 month (62 day) wait from referral from an NHS screening service   | 90%             | 88.64%                 | 91.67%                      | Aug-18 |   | 86.00%                                 |                               |                                |                             |
| Ambulance response times   | 2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient                                | (85% threshold) | 81.82%                 | 85.71%                      | Aug-18 |   | 77.97%                                 |                               |                                |                             |
|  | Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)      | 7 mins          |                        | 7 mins 18 secs              | Sep-18 |   |  |                               |                                | 7 mins 18 secs              |
| Ambulance response times   | Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)            | 18 mins         |                        | 20 mins 20 secs             | Sep-18 |   |  |                               |                                | 20 mins 20 secs             |
|  | Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)      | 120 mins        |                        | 117 mins 55 secs            | Sep-18 |   |  |                               |                                | 117 mins 55 secs            |
|  | Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time) | 180 mins        |                        | 230 mins 16 secs            | Sep-18 |   |  |                               |                                | 230 mins 16 secs            |

## Highest Quality Healthcare NHS Constitution Measures Performance Dashboard

| Performance Indicator                  |   | Target          | CCG       |          | CCG Latest monthly Position | CCG Performance against standard (latest 6 months)* | Latest Provider Total Monthly Position |                               |                                |                             |       |
|--|---|-----------------|-----------|----------|-----------------------------|---|--|-------------------------------|--------------------------------|-----------------------------|-------|
|  |   |                 | Quarterly | Q1 18/19 |                             |   | Sheffield Teaching Hospital            | Sheffield Children's Hospital | Sheffield Health & Social Care | Yorkshire Ambulance Service |       |
| Ambulance handover / crew clear times  | Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E                                | Local Reduction |           |          | 6.54%                       | Aug-18  |  | 16.26%                        | 2.94%                          |                             | 6.54% |
|  | Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E                                    | Local Reduction |           |          | 0.66%                       | Aug-18  |  | 1.28%                         | 0.00%                          |                             | 0.66% |
|  | 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 |           |          | 3.31%                       | Aug-18  |  | 3.20%                         | 0.00%                          |                             | 3.31% |
|  | 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 |           |          | 0.15%                       | Aug-18  |  | 0.22%                         | 0.00%                          |                             | 0.15% |
| Mixed Sex Accommodation (MSA) breaches | Zero instances of mixed sex accommodation which are not in the overall best interest of the patient   | 0               |           |          | 0                           | Aug-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 | 7         |          |                             |   |  | 6                             | 1                              |                             |       |
|  | No urgent operation to be cancelled for a 2nd time or more  | Local Reduction |           |          | 1                           | Aug-18  |  | 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%             | 91.57%    |          |                             |   |  |                               |                                | 93.33%                      |       |

## Highest Quality Healthcare Mental Health / DTOC Measures Performance Dashboard

|   |  |                    |        |        |        |  |       |  |        |  |
|---|--|--------------------|--------|--------|--------|--|-------|--|--------|--|
| Early Intervention in Psychosis (EIP)             | Proportion of EIP patients seen in 2 weeks   | 53%                | 85.42% | 84.62% | Aug-18 |  |       |  | 84.62% |  |
| Improved Access to Psychological Therapies (IAPT) | Number of patients receiving IAPT as a proportion of estimated need  | 4.8% (Qtr target)  | 5.09%  | 1.76%  | Jul-18 |  |       |  | 1.79%  |  |
|   | Proportion of IAPT patients moving to recovery   | 50.00%             | 49.66% | 49.49% | Jul-18 |  |       |  | 50.00% |  |
|   | Proportion of IAPT patients waiting 6 weeks or less from referral  | 75.00%             | 89.56% | 88.68% | Jul-18 |  |       |  | 88.89% |  |
|   | Proportion of IAPT patients waiting 18 weeks or less from referral   | 95.00%             | 99.05% | 99.06% | Jul-18 |  |       |  | 99.07% |  |
| Dementia Diagnosis                                | Estimated rate of prevalence of people aged over 65 diagnosed with dementia  | 71.5%              |        | 78.60% | Aug-18 |  |       |  |        |  |
| Delayed Transfers of Care (DTOC)                  | Total number of delayed days (from acute and non-acute) when a patient is ready for discharge but is still occupying a bed | 4,306 (Qtr target) | 6,670  | 2,536  | Aug-18 |  | 2,258 |  | 221    |  |

## 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                   | There were 2 Sheffield patients waiting over 52 weeks in August. One of these patients was waiting within Urology at Chesterfield Royal Hospital NHSFT; the reason for the long wait was due to the patient's choice. This patient was due to come in for treatment in September. The second patient waiting over 52 weeks was at Northern Lincolnshire and Goole NHSFT. The Trust is currently experiencing significant pressure within the pain service, which has unfortunately led to increased waits for patients. The service is currently considering a number of interventions required to resolve the capacity issues, with a view to resolve the issue of overdue and excessive waiting times for patients. This patient is due to commence treatment in November 2018.  | We will continue to monitor these patients until they have been seen.  | None  |
| Diagnostic Waits - STHFT            | Diagnostic waits continue to be monitored through monthly Contract Management Group (CMG) meetings; as can be seen, the Trust is very close to the required national standard. The numbers of patients waiting longer than six weeks for <u>Dexa Scanning</u> reduced in August, in line with the recovery action plans devised by STH. The numbers in <u>Echocardiography</u> and <u>Peripheral Neurophysiology</u> increased slightly compared to July; however the Trust has organised additional sessions and predicts that the standard will be met in October, as per the recovery plan.   | STH are planning to deliver the six week standard in October. The CCG will continue to monitor progress.   | 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                         | STH's performance in September was 87.2%, a decrease from the reported August position of 89.82%. A wide range of actions are being taken by the Trust, including: arrangements to improve medical cover overnight have been agreed, and funding to recruit additional three consultants has been secured. STH's Trust Executives meet with A&E each month to monitor progress on the detailed "Action 95" improvement plan, and the CCG receives an update each week. Experts from the national Emergency Care Intensive Support team (ECIST) and NHS Improvement spent time in the department at the start of October, with the aim of suggesting a range of actions that could be taken to strengthen performance. An interim report from this visit has just been shared with the CCG. It suggests a number of recommendations and these are currently being discussed between STH, YAS and the CCG.   | The Trust is implementing its detailed Action Plan and is working towards achieving the interim performance target of 90% in Quarter 3, in line with the NHS Improvement / NHS England trajectory.   | To continue to endorse the CCG's ongoing monitoring of STHFT's progress towards achievement of the A&E standard and the delivery of any necessary mitigating actions, as agreed through the Performance Contract Management Board.  |
| Cancer Waiting Times - 62 day waits | NHS Sheffield Clinical Commissioning Group (SCCG) met all the cancer waiting times standards in August 2018 although, as a provider, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) failed to meet the 31 day first and subsequent pathway standards, and the 62 day standards. STHFT continue to progress actions to support pathways with known problems or where performance is under pressure. These actions include speciality specific recovery plans, which include sourcing additional capacity both internally and externally, considering the availability of resources e.g. theatres across the Integrated Care System. Ongoing implementation of a system-wide lower gastro-intestinal pathway, redesign in urology and a review of head and neck capacity are being co-ordinated by the Cancer Alliance. The Cancer Alliance will also lead follow up reviews to build on the 62 day deep dives completed in July 2018 and STHFT will be part of the first wave together with system wide approaches to demand and capacity planning for colo-rectal and urological cancers. | The reported constraints on capacity, and increasing demand in some key specialities, particularly Head and Neck, Gastroenterology and Urology create pressures at STHFT and other neighbouring providers. These issues are leading to longer waits than the standard, and are affecting performance across the Cancer Alliance and are being addressed through joint action, it continues to be anticipated that these issues will not be resolved until well into Quarter Three. | To note the continued work under taken locally and across the Cancer Alliance to address immediate capacity issues and also to develop integrated pathways to sustain service delivery and performance. To continue to monitor progress against internal improvement plans and escalate to the PCMB as appropriate. |
| Ambulance Response Times            | 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 replaced the previous way of measuring performance. YAS remains unable to report the performance data at CCG level, so the Sheffield data is still not available. Work is ongoing with regard to training staff, re-designing services and ensuring that vehicle fleet is modernised to enable YAS to meet all the targets. Oversight and management of business cases for YAS service development is being co-ordinated by the Lead Commissioner Wakefield CCG.   | 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.   | None this month.  |

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

| Area  | Action being taken   | Expected timeframe for improvement   | Action requested of Governing Body   |
|---|--|--|--|
| Ambulance Handover times  | <p>Whilst ambulance handover performance for STH has seen a small improvement, handover times are still too long (some days have had delays over 1 hour). STHFT is one of the three acute Trusts highlighted as a continuing concern within Yorkshire and Humber.</p> <p>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). This initiative was reviewed in September, and found to be working well, therefore it will be continued. YAS has a senior on-site clinical presence to support smooth interface between ambulance staff and the hospital, and the effective transfer of patients. In addition, as outlined above, experts from NHS Improvement spent time in the department at the start of October, in order to understand local processes and pathways with the aim of suggesting a range of initiatives that can be implemented in the immediate and short term to support performance into the run up to Christmas. An interim report has just been shared which makes a number of recommendations and these are currently being discussed between STH, YAS and the CCG.</p> | The CCG continues to facilitate meetings between STH & YAS to discuss measures to improve performance moving forward.  | 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. |
| Cancelled Operations - (on day of admission)                      | Seven patients were cancelled in quarter one; quarter two information is not yet available but will be reported on in future Dashboards.   | Ongoing monitoring.  | None requested.  |
| Cancelled Operations - (Urgent operations cancelled for 2nd time) | There was one operation cancelled in August 2018. This was in relation to a spinal surgery patient. Unfortunately the operation was cancelled firstly due to lack of HDU beds and then again three days later, due another case taking precedence. The patient received their surgery later in the same week.  | Ongoing monitoring.  | None requested.  |
| Mental Health CPA 7 day follow up                                 | <p>There are still continued concerns about performance. This issue has been escalated to the Quality and Performance Group, who have asked for an action plan to be reported back to Contract Monitoring Group. If this is not received in time, or is not satisfactory, this issue will be escalated through contractual discussions.</p> <p>CMG received assurance in September from SHSC Senior Operational Managers that a new daily monitoring process has been instigated, with alerts to senior managers of any breaches. They have reported that there were no breaches in August. We have requested written confirmation of the process that SHSC implement in older people's services, as this is a modified approach to CPA. The CCG will continue to raise CPA follow up at Quality Monitoring Group and will apply contract performance notice to the provider if there is no sustained progress on this target.</p>   | <p>CPA 7 day follow up continues to be monitored on a monthly basis and a regular report on breaches is sent to the CCG. The breaches in August were as a result of service users transferring to other cities, and contact and handover with the out of city services were made in order to secure follow up with the remaining breaches as a result of Service User DNA's – despite contact from services. The CCG were satisfied with the reasoning behind the non achievement of target.</p> <p>CPA was raised again within Contract Management Group (CMG) in October. It was agreed that SHSC would start to report on data for the alternative processes within Older People's Services that are in place to review collaborative care plans and that are considered to be commensurate with the requirements of the CPA process. Sheffield CCG will put in a revised Performance Measure to ensure that SHSC report on when there has been a review of the collaborative care plan, medication review, and application of a risk management tool as a proxy measure. It is anticipated that this, with the above actions reported last month will start to improve this performance.</p> | 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 / DTOC Measures Performance Dashboard: Actions</b> |  |  |  |
| Improved Access to Psychological Therapies (IAPT) Recovery Rate     | <p>Achieving the 50% recovery target in Sheffield still remains a slight challenge, therefore the CCG will continue to keep this target under review. Whilst there was an increase over the early part of the summer period so that the service met this target for the first time, it is noted that the recovery target will likely to remain fragile to sustain as IAPT are, as previously reported, working with clients who are more complex than the national average for IAPT services, and the recovery rate will always be reduced for this cohort, therefore due to the additional complexity of their needs. IAPT continues to substantially exceed the 6 week and 18 week waiting times target, so providing a positive experience for patients and referral agents.</p> <p>It is noted that whilst the recovery target remains fragile, IAPT are, as previously reported, working with clients who are more complex than the national average for IAPT services, and therefore the recovery rate will always be reduced for this cohort due to the complexity of their needs.</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. |
| Delayed Transfers of Care (DTOC)                                    | <p>An ambitious programme has been put in place to identify patients early who can be discharged from hospital to another setting, in order to undertake a more appropriate and accurate assessment of their longer term support needs. A simplified process is in place, with three routes to the next stage of care.</p> <p><u>Route 1</u> is a return home to independent living, with the same care in place as before the hospital admission, or an increase in care.</p> <p><u>Route 2</u> is for patients to return to their own home for re-enablement and assessment of ongoing care needs.</p> <p><u>Route 3</u> is for people who need to be in a care setting whilst they receive rehabilitation, and a longer term assessment of their needs is undertaken. All three routes are supported by a range of services including therapies and community nursing.</p> <p>This new approach has resulted in increased demand for Route 2, with a shift in demand from both routes 1 and 3. This increase in demand is not yet fully aligned to assessment and re-enablement capacity, resulting in delays as the system is readjusting. System leaders have undertaken detailed analysis of the delays and are in the process of agreeing a recovery plan that will include resilience across winter.</p> <p>The CCG is currently looking at how we can put in some additional system capacity to support flow from the Route 2 services until such a time that we have stabilised the three routes. Additionally we have increased the level of the director support being provided to ensure that barriers are unblocked.</p> | Ongoing  | None   |

## 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 18/19                  |                  |             | Target                        | 95%         | 95.06%                        |                               |                                |                |                                  |             |                |                               |           |      |   |
| 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 | 37.6        | 40.84                         | Provider Actual previous year | 76.95                          | 88.84          | Provider Actual previous year    | 59.87       | 69.79          |                               |           |      |   |
| Proportion of patient safety incidents resulting in severe harm or death  | Apr - Sep17               |                  |             | Provider Actual previous year | 0.09        | 0.24                          | Provider Actual previous year | 0.00                           | 0.00           | Provider Actual previous year    | 1.18        | 0.81           | Provider Actual previous year | 2.23      | 1.09 |   |
| Incidence of Healthcare Associated Infections - MRSA  | Sep-18                    | Plan             | 0           | 0                             | Plan        | 0                             | 0                             | Plan                           | 0              | 0                                |             |                |                               |           |      |   |
| Incidence of Healthcare Associated Infections - Clostridium Difficile (Cdiff)   | Sep-18                    | Plan             | 16          | 12                            | Plan        | 7                             | 9                             | Plan                           | 0              | 0                                |             |                |                               |           |      |   |
|   | Sep-18 YTD                | Plan             | 96          | 103                           | Plan        | 28                            | 47                            | Plan                           | 1              | 5                                |             |                |                               |           |      |   |
| Serious Incidents - Number opened in month  | Sep-18                    | No target        |             | 4                             | No target   |                               | 3                             | No target                      |                | 1                                | No target   |                | 0                             | No target |      | 0 |
| Serious Incidents - Never Events  | Sep-18 YTD                |                  |             |                               | Target      | 0                             | 1                             | Target                         | 0              | 2                                | Target      | 0              | 0                             | Target    | 0    | 0 |
| <b>PATIENT EXPERIENCE</b>   |                           |                  |             |                               |             |                               |                               |                                |                |                                  |             |                |                               |           |      |   |
| Patient Reported Outcome Measures (PROMS) Health gain (EQ-5D Index) - hip replacement surgery (primary)   | Apr17-Mar18 (Aug release) |                  |             | England Average               | 0.470       | 0.455                         |                               |                                |                |                                  |             |                |                               |           |      |   |
| Patient Reported Outcome Measures (PROMS) Health gain (EQ-5D Index) - knee replacement surgery (primary)  | Apr17-Mar18 (Aug release) |                  |             | England Average               | 0.340       | 0.339                         |                               |                                |                |                                  |             |                |                               |           |      |   |
| Friends and Family Test Response rate - A & E   | Aug-18                    |                  |             | Target                        | 20%         | 19.7%                         | Children's Trust average      | 3.1%                           | 4.4%           |                                  |             |                |                               |           |      |   |
| Friends and Family Test Response rate - Inpatients  | Aug-18                    |                  |             | Target                        | 30%         | 32.3%                         | Children's Trust average      | 42.2%                          | 94.5%          |                                  |             |                |                               |           |      |   |
| Friends and Family Test Number of responses - Mental Health   | Aug-18                    |                  |             |                               |             |                               | Children's Trust average      | 74.0                           | 19             | Average for Trust last 12 months | 170.0       | 176            |                               |           |      |   |
| Friends and Family Test Proportion recommended - A & E  | Aug-18                    |                  |             | England Average               | 87.7%       | 88.7%                         | Children's Trust average      | 93.7%                          | 94.1%          |                                  |             |                |                               |           |      |   |
| Friends and Family Test Proportion recommended - Inpatients   | Aug-18                    |                  |             | England Average               | 95.7%       | 95.3%                         | Children's Trust average      | 93.0%                          | 80.3%          |                                  |             |                |                               |           |      |   |
| Friends and Family Test Proportion recommended - Mental Health  | Aug-18                    |                  |             |                               |             |                               | Children's Trust average      | 84.4%                          | 78.9%          | England Average                  | 90.1%       | 94.9%          |                               |           |      |   |
| Staff Friends and Family Test Proportion recommended - as a place of work   | Q1 18-19                  |                  |             | England Average               | 63.0%       | 76.6%                         | England Average               | 65.2%                          | 63.2%          | England Average                  | 65.2%       | 60.6%          |                               |           |      |   |
| Staff Friends and Family Test Proportion recommended - as a place of care   | Q1 18-19                  |                  |             | England Average               | 79.6%       | 92.0%                         | England Average               | 81.0%                          | 89.7%          | England Average                  | 81.0%       | 66.5%          |                               |           |      |   |
| Patient Complaints Number of complaints responded to within agreed timescale  | Various                   |                  |             | Internal target               | 85%         | 90% (Jul18 YTD)               | Internal target               | 85%                            | 75% (Q4 17/18) | Internal target                  | 75%         | 38% (Q1 18/19) |                               |           |      |   |
| National Cancer Patient Experience Survey The average rating given by respondents when asked to rate their care on a scale of zero (very poor) to 10 (very good)  | 2018                      | England Average  | 8.8         | 8.9                           |             |                               |                               |                                |                |                                  |             |                |                               |           |      |   |
| Mixed Sex Accommodation Number of breaches  | Aug-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  | Q2 18-19                  | Target           | 15%         | 0%                            |             |                               |                               |                                |                |                                  |             |                |                               |           |      |   |
| Continuing Healthcare (CHC) Proportion of Referrals completed within 28 days  | Q2 18-19                  | Target           | 80%         | 96%                           |             |                               |                               |                                |                |                                  |             |                |                               |           |      |   |
| <b>HOSPITAL MORTALITY</b>   |                           |                  |             |                               |             |                               |                               |                                |                |                                  |             |                |                               |           |      |   |
| Summary Hospital-Level Mortality Indicator (SHMI)   | Apr17-Mar18               |                  |             | England Average               | 1.0036      | 0.9617                        |                               |                                |                |                                  |             |                |                               |           |      |   |
| <b>CHILDREN &amp; YOUNG PEOPLE</b>  |                           |                  |             |                               |             |                               |                               |                                |                |                                  |             |                |                               |           |      |   |
| Average delivery time for Education Healthcare Plans (EHCP)   | Up to Sept 18 YTD         | Target           | 20 wks      | 28wks                         |             |                               |                               |                                |                |                                  |             |                |                               |           |      |   |

## 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               | <p><u>Clostridium difficile</u><br/> <b>STHFT</b> had 9 cases for September (total to date 47) which is 4 cases over the national target for September. RCA (Root Cause Analysis) review of cases for Q1 is in progress with STH to determine if lapses have occurred or not.<br/> <b>SCHFT</b> has had zero cases in September. RCAs have now been received on all 5 and all agreed as no lapses in care/unavoidable.<br/> <b>NHS Sheffield CCG</b> had 12 cases of C. difficile in September. RCAs continue. An annual report will be provided to CCC in November which includes analysis of the risk factors associated with community cases, identification of any cases where there is a lapse in care, comparison with the previous year, as well as providing recommendations that can be included in the CCG C.difficile Action Plan, which is monitored by the Antimicrobial Stewardship Group on a 6 monthly basis.</p> <p><u>MRSA Bacteraemia</u><br/>                     In September there were zero cases.</p>  | Weekly monitoring.  | None requested.                    |
| Never Events and Serious Incidents             | <p>Never Events are defined as Serious Incidents that are wholly preventable, because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.<br/>                     No new never events were reported during September.<br/>                     The ones reported in the dashboard relate to 2 that occurred in June and 1 in August, the detail of which have already been reported.</p>  | Weekly monitoring.  | None requested.                    |
| <b>Patient Experience</b>                      |  |                     |                                    |
| 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 areas where the proportion of people who would not recommend the service is higher than the national average.<br/> <u>SCHFT</u>: FFT response rates for A&amp;E and outpatients continue to be very low. The response rate for inpatients has improved. Although the proportion of inpatients that would recommend the Trust is low at 80% in August 2018, the position has improved over the last two years (73% August 2016, 76% August 2017). Performance against the Trust's internal target for responding to complaints dropped in Q4.<br/> <u>SHSCFT</u>: The Trust continues to receive low numbers of responses to FFT, but there has been an improvement over recent months with over 200 responses per month being received May-July 2018, and 176 in August. 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 percentage of complaints responded to within target in Q4 was very low at 23% improving to 38% in Q1.</p> | Ongoing.            | None required.                     |
| National Cancer Patient Experience Survey 2017 | The National Cancer Patient Experience Survey results were published in September 2018. Sheffield scored within the expected range for 45/52 questions, above the expected range for six questions, and below the expected range for one question regarding hospital inpatient care: "All staff asked patient what name they preferred to be called by." There was no significant change in results for any question from 2016.  | Ongoing             | None required.                     |
| Patient Complaints                             | The number of complaints responded to within agreed timescale at Sheffield Health and Social Care Foundation Trust is below the internal target of 75%. The response rate has improved from 23% in Q4 to 38% in Q1 18/19. The CCG is continuing to gain assurance that the Trust is striving to improve this situation.  | Ongoing.            | None required.                     |

## Highest Quality Health Care Quality Dashboard Actions

| Area                                     | Commentary / Action being taken  | Expected timeframes   | Action requested of Governing Body |
|--|--|---|------------------------------------|
| <b>Children and Young People</b>         |  |   |                                    |
| <b>Education Healthcare Plans (EHCP)</b> | <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>Currently the LA maintains 3,155 Education Health Care Plans, of which there is an education and health element of 52%, this total has remained consistent since last year. Compared to this time last year, there has been an additional 122 requests for EHCP in the last 12 months.</p> <p>In September we received 22 request for EHCP assessment. 76.6% of requests for EHCP's were completed within the 20 week timescale although the whole year effect average is 28 weeks we are starting to see a gradual improvement for full year effect but the current in month average is 18 weeks.</p> <p>13 new EHCP's were issued in August, of which 10 cases were issued within 20 weeks (the average was 16 weeks), 11 cases had taken between 20 and 40 weeks and 0 had taken 40-60 weeks.</p> <p>There are currently 134 cases to be finalised (33 cases have draft plans issued with families, 27 await agree to assess decision), 114 are within 0-20 weeks, 20 within 20-40 weeks.</p> <p>10 new tribunals requests were lodged in September, 3 tribunals relate to health which the CCG are aware of and working in collaboration with SCC to resolve.</p> | <p>The CYP portfolio is working closely with the SEND team in Sheffield to support EHCP delivery. The SEND team has recently had staff leave and have appointed agency to assure the ongoing service delivery and continued service improvement while they go out to permanently recruit.</p> <p>However, the number of EHCP's completed under 20 weeks is improving but the full year affect is still impacted by last year's performance issues caused by transferring statement of educational need to EHCP's (these have all been resolved).</p> <p>Health's involvement does require additional improvement to support delivery in the review process for EHCP, the commissioning manager is scoping this with the head of SEND. Health's involvement in the overall delivery of first time EHCP does not impact on the delivery time.</p> | None requested.                    |
| <b>Safeguarding</b>                      |  |   |                                    |
| Safeguarding                             | <p>A short Serious Incident Review has been completed following an alleged forced marriage of a young man with one action for the man's GP. Planning continues for two large Clinical Education sessions on safeguarding on 5 December: Level 3 Child Safeguarding for GPs and annual update on child and adult topics for Nurses, and Health Care Assistants in General Practice.</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 Inspection report | Overall CQC Rating                                  | CQC Rating   | Report  |
|---|---|-------------------------------------|--|---------------------------|---|--|---|
| New Horizons Homecare Services Limited                | New Horizons Homecare Services Limited                | Adult social care                   | Dementia, Mental health conditions, Personal care, Physical disabilities, Sensory impairments, Substance misuse problems, Caring for adults under 65 yrs, Caring for adults over 65 yrs  | 03/10/2018                | Requires Improvement                                | Is the service safe? – Requires Improvement<br>Is the service effective? – Requires Improvement<br>Is the service caring? – Good<br>Is the service responsive? – Good<br>Is the service well-led? – Requires Improvement                                 | <a href="http://www.cqc.org.uk/location/1-4502912818">http://www.cqc.org.uk/location/1-4502912818</a> |
| Access Support Services - SADACCA Ltd                 | S.A.D.A.C.C.A. Limited                                | Adult social care                   | Dementia, Mental health conditions, Personal care, Physical disabilities, Sensory impairments, Caring for adults over 65 yrs   | 04/10/2018                | Requires Improvement                                | Is the service safe? – Requires Improvement<br>Is the service effective? – Requires Improvement<br>Is the service caring? – Requires Improvement<br>Is the service responsive? – Requires Improvement<br>Is the service well-led? – Requires Improvement | <a href="http://www.cqc.org.uk/location/1-696047102">http://www.cqc.org.uk/location/1-696047102</a>   |
| Sheffield Health and Social Care NHS Foundation Trust | Sheffield Health and Social Care NHS Foundation Trust | Hospitals                           | Acute wards for adults of working age and psychiatric intensive care units, Community mental health services for people with learning disabilities or autism, Community-based mental health services for adults of working age, Community-based mental health services for older people, Forensic inpatient/secure wards, Long stay/rehabilitation mental health wards for working age adults, Mental health crisis services and health-based places of safety, Substance misuse services, Wards for older people with mental health problems, Wards for people with learning disabilities or autism | 05/10/2018                | Requires Improvement                                | Is the service safe? – Requires Improvement<br>Is the service effective? – Good<br>Is the service caring? – Good<br>Is the service responsive? – Good<br>Is the service well-led? – Requires Improvement   | <a href="http://www.cqc.org.uk/provider/TAH">http://www.cqc.org.uk/provider/TAH</a>                   |
| Bupa - Stannington Road, Sheffield                    | Xeon Smiles UK Limited                                | Primary Medical Services            | Diagnostic and screening procedures, Services for everyone, Surgical procedures, Treatment of disease, disorder or injury  | 02/10/2018                | Focussed Inspection - no legal requirement to rate. |  | <a href="http://www.cqc.org.uk/location/1-3489806597">http://www.cqc.org.uk/location/1-3489806597</a> |
| Lowedges Clinic                                       | Dr John Revill  | Primary Medical Services            | Surgical procedures, Caring for adults under 65 yrs, Caring for adults over 65 yrs   | 02/10/2018                | Focussed Inspection - no legal requirement to rate. |  | <a href="http://www.cqc.org.uk/location/1-1102547672">http://www.cqc.org.uk/location/1-1102547672</a> |

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for all GP practices within Sheffield CCG locality. The table shows the number of Sheffield practices rated under the 4 current CQC ratings.

| Practice Overall Rating | Number of Sheffield GP Practices | Proportion of GP Practices |
|-------------------------|----------------------------------|----------------------------|
| Outstanding             | 0                                | 0%                         |
| Good                    | 85                               | 98%                        |
| Requires Improvement    | 2                                | 2%                         |
| Inadequate              | 0                                | 0%                         |
| <b>TOTAL</b>            | <b>87</b>                        | <b>100%</b>                |

Data as at Quarter 2 2018-19

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for all GP practices within Sheffield CCG locality. The table shows the number of Sheffield practices rated under the 4 current CQC ratings.

| Practice Overall Rating | Number of Sheffield Care Homes | Proportion of Care Homes |
|-------------------------|--------------------------------|--------------------------|
| Outstanding             | 1                              | 1%                       |
| Good                    | 85                             | 76%                      |
| Requires Improvement    | 22                             | 20%                      |
| Inadequate              | 4                              | 4%                       |
| <b>TOTAL</b>            | <b>112</b>                     | <b>100%</b>              |

Data as at Quarter 2 2018-19