

Performance, Quality and Outcomes Report: Position Statement

Governing Body meeting

6 September 2018

J

Author(s)	Jane Howcroft, Programme and Performance Assurance Manager Rachel Clewes, Senior Programme and Performance Analyst
Sponsor Directors	Brian Hughes, Director of Commissioning and Performance Mandy Philbin, Chief Nurse
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 has shared their revised and more fully developed Action Plan with the CCG and this forms the basis of ongoing dialogue and assurance with the Trust. The Director of Commissioning and Performance will deliver a presentation on A&E and the wider context around emergency care as part of delivering this report.</p> <p>Diagnostic waiting times: STH has been implementing Recovery Plans for two specialities which have been unable to meet the six week standard for several months: Echocardiography and Dexa scanning. Significant progress has been made, in June 98.58% of patients had their test within six weeks of referral, bringing the Trust very close to the national standard of 99%. The CCG remains assured that Echocardiography will meet the six week standard in October. We are now monitoring delivery in another challenged speciality, Peripheral Neurophysiology, where the Trust has staffing vacancies.</p> <p>Ambulance response times: The latest figures show that YAS are still not meeting the response times in Category 1-4 calls, and work continues to develop and strengthen the service to enable it to meet these national standards.</p> <p>Education Health Care Plans: In July 58.3% of request for EHCP's were completed within the 20 week timescale. The average wait, year to date, remains 28 weeks; however the current in month average is 18 weeks. This is in the context of a sustained increase in the numbers of EHCPs requested by families.</p> <p><u>Performance and quality highlights</u></p> <p>Continuing Health Care: The CCG is meeting both national CCG performance targets which is a reflection of the significant work which has been undertaken. The national target is that 80% of referrals should be completed within 28 days; in Quarter 1 of this year, Sheffield achieved 92%. Local monthly data shows that the CCG continued to meet the standard in July.</p> <p>The national expectation is that 15% or less of assessments for CHC should be</p>	

completed outside an acute hospital setting, in Quarter 1, 100% of our CHC assessments took place outside hospital.

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 (we were ranked as first out of 207 CCGs for our RTT performance in the national Improvement Assessment Framework).

Early Intervention In Psychosis: The EIP service struggled for during 2017/18 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 June) show that 100% of patients were seen within two weeks; thereby achieving the target for the fourth month in a row.

To note- Air Quality and health impacts

Governing Body members will recall that we had planned to present a report on Air Quality in Sheffield and the impacts on health; including mapping against areas of deprivation and investigating potential links between areas of poor Air Quality and hospital admissions. This work has been undertaken, however the situation is complex and the data raises more questions which require further analysis. The causes for emergency respiratory admissions and cardiovascular disease are multi-factorial, and air quality is just one element.

It is proposed to convene a small group to look at the findings in more detail, and to undertake further analysis. Governing Body are asked to note that this work is ongoing.

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?
<i>Please attach if completed. Please explain if not, why not</i> <i>No - none necessary</i>
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
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 6 September 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			
* All Quarterly data relates to Quarter 1 of 2018/19, except for Early Intervention in Psychosis and IAPT . We use latest Quarterly data where we are able to. ** 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%		95.99%	Jun-18		95.15%	93.37%					
	No patients wait more than 52 weeks for treatment to start	0		0	Jun-18		0	0					
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		98.58%	Jun-18		98.54%	99.42%					
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	89.94%	91.51%	Jul-18		89.82%	98.56%					
	No patients wait more than 12 hours from decision to admit to admission	0		0	Jul-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%	94.21%	Jun-18		94.08%						
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	92.02%	88.57%	Jun-18		90.34%						
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from referral with suspicion of cancer to first treatment	96%	97.30%	97.91%	Jun-18		93.55%						
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.61%	98.58%	Jun-18		99.24%						
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	93.69%	96.67%	Jun-18		94.57%						
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	98.43%	100.00%	Jun-18		98.02%						
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	84.90%	79.84%	Jun-18		72.55%						
	2 month (62 day) wait from referral from an NHS screening service	90%	88.64%	78.57%	Jun-18		81.25%						
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	81.82%	81.82%	Jun-18		79.03%						
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		7 mins 19 secs	Jul-18								7 mins 19 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		20 mins 27 secs	Jul-18								20 mins 27 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		122 mins 01 secs	Jul-18								122 mins 01 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		201 mins 16 secs	Jul-18								201 mins 16 secs

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
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		6.79%	Jun-18		19.75%	2.06%		6.79%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		0.86%	Jun-18		0.70%	0.00%		0.86%
	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		3.38%	Jun-18		3.37%	1.03%		3.38%
	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		0.12%	Jun-18		0.27%	0.00%		0.12%
Mixed Sex Accommodation (MSA) breaches	Zero instances of mixed sex accommodation which are not in the overall best interest of the patient	0		0	Jun-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		0	Jun-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%	91.57%						86.36%	

Highest Quality Healthcare Mental Health Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	53%	85.42%	100.00%	Jun-18			100.00%	100.00%	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	4.8% (Qtr target)	5.16%	1.77%	May-18				1.80%	
	Proportion of IAPT patients moving to recovery	50.00%	50.19%	48.60%	May-18				48.18%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	89.61%	90.35%	May-18				90.60%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	99.28%	99.12%	May-18				99.15%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with Dementia	71.5%		79.10%	Jul-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	There were no patients waiting over 52 weeks in June.	Not applicable	None
Diagnostic Waits - STHFT	<p>Diagnostic waits continue to be monitored through monthly Contract Management Group (CMG) meetings.</p> <p>The numbers of patients waiting longer than six weeks for <u>Echocardiography</u> and <u>Dexa Scanning</u> reduced significantly in June, in line with the recovery action plans devised by STH (only 4 patients waited longer than six weeks for their Dexa scan). We are assured that the Trust remains on track to meet the target for Echocardiography in October.</p> <p>Unfortunately, 65 patients waited over six weeks for <u>Peripheral Neurophysiology</u> tests in June. This was due to medical staffing vacancies in the department. The Trust has drawn up a comprehensive Recovery Plan, which includes training physiologists to undertake some tests, funding for additional clinics delivered by existing staff, and additional reporting from an external provider.</p>	STH are planning to deliver the six week standard for Peripheral Neurophysiology in September 2018. 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	<p>Progress on the A&E waiting time target is now being monitored on a quarterly basis within the report as well as monthly (instead of using year to date figures).</p> <p>STH's performance in July was 89.82%, a small improvement from the reported June position of 89.19%. A wide range of actions are being taken at Trust level which include: training Emergency Nurse Practitioners in management of minor illnesses; improving systems and processes around liaising with the 111 service to ensure patients are referred to A&E appropriately; and recruiting additional medical capacity to cover weekend shifts. 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.</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 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	<p>The standard for the two week symptomatic breast pathway was missed due to 22 breaches; 17 of these were due to patients cancelling their booked appointments; the other 5 were delays due to patient choice. STHFT are currently performing the following actions to ensure timely investigations and treatment of Cancer patients and to address where performance is fragile, in certain key specialities.</p> <ul style="list-style-type: none"> • Work is being undertaken to profile the theatre time needed for complex head and neck cases, and some prostate surgery is being undertaken through additional capacity which has been secured in a neighbouring Trust. • 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. • Engagement with the SYB&ND Cancer Alliance pathway improvement work. • Additional Multi- Disciplinary Team reviews are scheduled so that patient journeys are not delayed when an MDT would have fallen on the Bank Holiday. 	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 replaced the previous way of measuring performance.</p> <p>YAS are still unable to report the performance data at CCG level, so the Sheffield data is still not available.</p> <p>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.</p> <p>YAS continues to have one of the best "Hear and Treat" rates -performance in June was 7.5% (this is when the caller receives advice on self-care, or signposting, eg to pharmacy, and no further care is needed). Only East of England performs better than YAS on this element of service.</p> <p>Oversight and management of business cases for YAS service development is being co-ordinated by the Lead Commissioner Wakefield CCG.</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 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). Early feedback indicates that this service is progressing well, a full evaluation will be carried out in September.</p> <p>YAS has a senior on-site clinical presence to support smooth interface between ambulance staff and the hospital, and the effective transfer of patients. YAS and STH are in discussion around how this function could be strengthened.</p> <p>The STH senior team have visited the A&E in Hull to see what could be learned from how the Trust uses electronic systems to support handover.</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>SCHFT: One patient cancelled in April, due to no HDU bed being available. The operation was re-arranged within 28 days, but unfortunately it had to be cancelled, again due to lack of a HDU bed.</p> <p>STHFT: The number of operations cancelled on the day which could not be re-dated in 28 days reduced significantly in Q1 of 2017 -18, compared to the previous quarter (down from 16 to 6). Two patients were not re-dated because of pressure on critical care beds; two patients were not re-dated due to lack of dedicated theatre time, and two patients were not re-dated within the time frame as the clinician was on leave.</p>	<p>SCH improved in May 2018, with no breaches reported. 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>
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 as detailed in last month's report.</p> <p>Action being taken: Despite repeated focus on this target through Contract Management Group, (CMG) there are still continued concerns about performance.</p> <p>In July, 3 of the 22 patients discharged did not receive a follow up in 7 days (86.36%); however two of these patients were recalled to the service through a Community Treatment Order to receive medication and were then discharged with a treatment plan. The other patient was not followed up due to staff sickness, and the automated messaging to colleagues to pick up this patient did not work - this technical problem has now been resolved by the SHSC Information Department. The patient was seen a few days later.</p> <p>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>We continue to closely monitor CPA 7 day follow up within Contract Management Group (CMG). The CCG has continued concerns about the performance of SHSC on this target, including data recording.</p>	<p>To continue to receive monitoring reports on this national target.</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 Measures Performance Dashboard: Actions			
Early Intervention in Psychosis (EIP)	The target for 18/19 has been updated to 53% (from 50%). We have congratulated the service on their substantial improvement and achievement of the waiting time target. The CCG has however also formally requested that SHSC provide plans to achieve the second part of the national target, around access to NICE compliant treatment. These plans are due to be shared with the CCG by the end of September.	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 note the continued delivery of the waiting time standard, and to endorse the actions being taken with regard to service improvement.
Improved Access to Psychological Therapies (IAPT) Recovery Rate	<p>The <u>target for the proportion of people accessing IAPT services</u> has been increased from 18% to 19% for 2018/19. The target uses an estimation for the number of people in Sheffield that have depression and / or anxiety disorders, this figure has also been updated for 2018/19 to reflect the increased estimated need.</p> <p><u>IAPT recovery rate</u> Achieving the 50% recovery target in Sheffield remains a challenge, as has been consistently reported to Governing Body, because the service accepts referrals for people with the most complex needs, who do not always achieve full recovery. The most recent performance is again slightly below 50%; therefore the CCG will continue to keep this target under review. The Integrated IAPT Pathways for 10 long term conditions continues to make progress with positive outcomes for patients. As previously stated, this service innovation did destabilise the core IAPT service as core staff successfully applied for new roles within the new service. However, the Service Manager continues to manage the two services through this transitional phase.</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	Jul-18	Plan	0	1	Plan	0	0	Plan	0	0						
Incidence of Healthcare Associated Infections - Clostridium Difficile (Cdiff)	Jul-18	Plan	16	17	Plan	7	11	Plan	0	1						
	July-18 YTD	Plan	64	72	Plan	28	27	Plan	1	4						
Serious Incidents - Number opened in month	Jul-18	No target		6	No target		2	No target		0	No target		3	No target		0
Serious Incidents - Never Events	July-18 YTD				Target	0	1	Target	0	1	Target	0	0	Target	0	0
PATIENT EXPERIENCE																
Patient Reported Outcome Measures (PROMS) - Health gain (EQ-5D Index) - hip replacement surgery (primary)	Apr16-Mar17 (Jun release)				England Average	0.445	0.417									
Patient Reported Outcome Measures (PROMS) - Health gain (EQ-5D Index) - knee replacement surgery (primary)	Apr16-Mar17 (Jun release)				England Average	0.325	0.317									
Friends and Family Test - Response rate - A & E	May-18				Target	20%	17.6%	Children's Trust average	3.4%	2.3%						
Friends and Family Test - Response rate - Inpatients	May-18				Target	30%	34.0%	Children's Trust average	29.5%	39.0%						
Friends and Family Test - Number of responses - Mental Health	May-18							Children's Trust average	29.3	45	Average for Trust last 12 months	155.6	231			
Friends and Family Test - Proportion recommended - A & E	May-18				England Average	86.7%	86.0%	Children's Trust average	91.4%	93.2%						
Friends and Family Test - Proportion recommended - Inpatients	May-18				England Average	95.8%	96.7%	Children's Trust average	93.7%	82.8%						
Friends and Family Test - Proportion recommended - Mental Health	May-18							Children's Trust average	85.3%	93.3%	England Average	89.0%	97.0%			
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%			
Patient Complaints - Number of complaints responded to within agreed timescale	Various				Internal target	85%	90% (June 18 YTD)	Internal target	85%	75% (Q4 17/18)	Internal target	75%	23% (Q4 17/18)			
2018 GP Patient Survey - Percentage of patients who rate their experience as "Good" or "Fairly Good"	2018	England Average	84%	83.00%												
Mixed Sex Accommodation - Number of breaches	Jun-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	Q1 18-19	Target	15%	0%												
Continuing Healthcare (CHC) - Proportion of Referrals completed within 28 days	Q1 18-19	Target	80%	92%												
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 Jul 18 YTD	Target	20 wks	28 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>STHFT had 11 cases in July June, over the monthly ceiling of 7 cases. As required nationally, 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. Infection Prevention Control (IPC) audits are in progress and a deep clean planned for one of the wards affected.</p> <p>SCHFT had 1 case in July. The outcome of the RCA is awaited; however initial analysis indicates that the infection may have been unavoidable and was not a true case of C. Diff.</p> <p>NHS Sheffield CCG had 17 cases of C. difficile in July. 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>One Sheffield patient was diagnosed with MRSA in July, who had received no relevant health care intervention prior to the bacteraemia. This has been officially designated as a community onset case</p>	Weekly monitoring.	None requested.
Never Events and Serious Incidents	One investigation into a Serious Incident in the independent sector was opened in July. No new "Never Events" have been reported for July.	Weekly monitoring.	None requested.
Patient Experience			
Friends and Family Test	<p>STHFT: 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.</p> <p>SCHFT: FFT response rates for A&E and outpatients continue to be very low. Different methods of promotion and collection are being trialled to try to improve this. Although the proportion of inpatients that would recommend the Trust is low the position has improved significantly over the last two years, rising from 68% in May 2016, to 76% in May 2017, to 83% in May 2018. Performance against the Trust's internal target for responding to complaints dropped in Q4.</p> <p>SHSCFT: The Trust continues to receive low numbers of responses to FFT, but there has been an improvement in May 2018 with 231 responses, the highest number since June 2017. 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%.</p>	Ongoing.	None required.
Primary Care Patient Experience Survey	83% patients reported that their overall experience of their GP practice was good, compared to a national score of 84% (across the city, results ranged from 54% to 100%). 66% patients reported that their overall experience of making an appointment was good, compared to a national score of 69% (across the city, results ranged from 58% to 83%). The survey questions focus around access, booking appointments and experience of care. For each question Sheffield on the whole scored within 4% of the national averages.		

Highest Quality Health Care Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
Continuing Healthcare (CHC)	<p>Proportion of CHC assessments undertaken in hospital: 0% as at Q1 2018/19.</p> <p>The CCG introduced a new pathway in June 2017, which avoids the Decision Support Tool (DST) being completed in hospital. National evidence points to this providing a more accurate assessment of the patient's ongoing care needs. The Q1 2018/19 quarterly return demonstrates that 0 assessments were completed in an acute setting from April to June and we expect this to continue.</p> <p>Referrals completed within in 28 days</p> <p>Compliance analysis of the 28 day process that 92% of assessments undertaken between April and June were completed within 28 days. This surpasses 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. Monthly monitoring continues around compliance in this area. In July, there was just one breach of the 28 day standard; the overall performance remained at 99.0%</p>	<p>Zero DSTs were completed in hospital during Q1 18/19; thereby surpassing the national target, which requires 15%, or less.</p> <p>The Q1 return submitted to NHSE shows that 92% 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>Currently the LA maintains 3,109 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 136 requests for EHCP in the last 12 months.</p> <p>In July we received 79 request for EHCP assessment – the largest number of requests to date, 58.3% 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>36 new EHCP's were issued in July, of which 21 cases were issued within 20 weeks (the average was 16 weeks), 10 cases had taken between 20 and 40 weeks and 5 had taken 40-60 weeks. There are currently 124 cases to be finalised (49 cases have draft plans issued with families), the longest two waits are between 40 and 60+ weeks.</p> <p>9 new tribunals requests were lodged in June, currently two relate to a health need and the CCG is involved in progressing them.</p>	Ongoing.	None requested.
Safeguarding			
Safeguarding	A separate report on Safeguarding has been submitted to Governing Body this month, as per the quarterly schedule.		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
Orchard House	Orchard Care	Adult social care	Accommodation for persons who require nursing or personal care, Learning disabilities	18/07/2018	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	https://www.cqc.org.uk/location/1-2810093262
Heeley Bank Care Home	Countrywide Care Homes Limited	Adult social care	Accommodation for persons who require nursing or personal care, Dementia, Diagnostic and screening procedures, Physical disabilities, Treatment of disease, disorder or injury, Caring for adults over 65 yrs	18/07/2018	Requires improvement	Is the service safe? – Requires improvement 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/1-310212652
UK Event Medical Services Limited Sheffield	UK Event Medical Services Limited	Patient transport services	Caring for people whose rights are restricted under the Mental Health Act, Dementia, Eating disorders, Learning disabilities, Mental health conditions, Physical disabilities, Sensory impairments, Substance misuse problems, Transport services, triage and medical advice provided remotely, Treatment of disease, disorder or injury, Caring for adults under 65 yrs, Caring for adults over 65 yrs	23/07/2018	Focused Inspection - no legal requirement to rate.	Some recommendations made for improvement, and some good practice commended.	https://www.cqc.org.uk/location/1-207098781
Dr I A McKenzie	Dr I A McKenzie	Primary medical services	Diagnostic and screening procedures, Mental health conditions, Physical disabilities, Services in slimming clinics, Treatment of disease, disorder or injury, Caring for children (0 - 18yrs), Caring for adults under 65 yrs, Caring for adults over 65 yrs	26/07/2018	Focused Inspection - no legal requirement to rate.	This inspection was an announced focussed inspection carried out on 11 June 2018, to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that CQC identified in their previous inspection on 7 December 2017.	https://www.cqc.org.uk/location/1-135025013
Beechy Knoll Care Home	Pearlcare (Richmond) Limited	Residential home	Accommodation for persons who require nursing or personal care, Dementia, Learning disabilities, Caring for adults over 65 years.	25/07/2018	Requires improvement	Is the service safe? – Good Is the service effective? – Requires Improvement Is the service caring? – Good Is the service responsive? – Good Is the service well-led? – Requires improvement	https://www.cqc.org.uk/location/1-133518019

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	0.0%
Good	83	97.6%
Requires Improvement	1	1.2%
Inadequate	1	1.2%
TOTAL	85	100.0%

Data as at Quarter 1 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	0.9%
Good	86	76.8%
Requires Improvement	21	18.8%
Inadequate	4	3.6%
TOTAL	112	100.0%

Data as at Quarter 1 2018-19

CCG IAF for 2017/18

The IAF ratings were published nationally on 12th July and NHS Sheffield CCG was assessed as "Good", for the second year running, based on our delivery in the previous year (April 2017 to March 2018). There are four ratings: "Outstanding"; "Good" "Requires Improvement" or "Inadequate".

The IAF results are available to the public on the MyNHS website here: <https://www.nhs.uk/service-search/performance-indicators/organisations/ccg-year-end-2015-assurance-assessment?ResultsViewId=1176>

Across the South Yorkshire and Bassetlaw Integrated Care System, Doncaster, Barnsley and Bassetlaw were rated as "Outstanding", and Rotherham and Sheffield were rated as "Good".

The IAF measures a CCG's performance in a balanced way, assessing Quality of Leadership (25% of the overall score), Financial Management (25% of the score) and our performance against 50 indicators which look at outcomes of care, health outcomes, access to services, patient experience, public health indicators, and corporate governance. The 50 indicators provide a very broad overview of a CCG's performance, looking at issues as diverse as: one year survival from all cancers; women's experiences of maternity services; dementia care planning; neonatal mortality; patient experience of GP services, access to extended ours services in primary care, and inequalities in hospital admissions.

The indicator "dashboard" allows CCGs to look at changes from year to year, and to compare ourselves nationally and with our peers (NHS England benchmarks us against 10 other CCGs which are deemed to have similar characteristics).

There were six areas where Sheffield improved last year:

- Personal Health Budgets (increased uptake)
- Reduction in injuries from falls in people aged 65 and over
- Appropriate prescribing of antibiotics in primary care
- Utilisation of electronic referrals
- One year survival from all cancers
- Primary care workforce (increased number of GPs and Practice Nurses per 1,000 weighted patients).

There was one area which showed a slight deterioration, compared to the previous year:

- Percentage of children aged 10 -11 classified as overweight or obese; this rose from 33.9% the previous year to 34.6%. For context, the best performing CCG in our peer group, Greater Preston, had also increased, from 30.6% to 31.4%. The national rate is 33.5%. We will be reporting on Sheffield's approach to tackling childhood obesity in future Performance, Quality and Outcomes reports.

There are a handful of areas where Sheffield was assessed as in the lower 25% of performers; these were areas which we are already addressing and regularly report on to Governing Body, for example, IAPT recovery rate and two week wait for early intervention in psychosis.

CCGs were measured against five new indicators in 2017 -18:

- Improving access to psychological therapies (proportion of people entering treatment as compared to estimated prevalence of need): Sheffield is in the top 25% performing CCGs.
- Completeness of the GP learning disability register: Sheffield is in the top 25% performing CCGs.
- Percentage of deaths with three or more emergency admissions in the last three months of life. This is seen as an indicator of anticipatory care at the end of life. Sheffield CCG is assessed as average against this indicator, ranking 100th out of 207 CCGs.
- Evidence that the CCG has prioritised raising awareness of Sepsis amongst health care professionals. The CCG has made pleasing progress in implementing our Sepsis Action Plan and was assessed as "Good" against this indicator.
- Compliance with statutory guidance on public and patient participation in commissioning of health and care. The CCG was rated "Amber" against this indicator, based on an assessment carried out by NHS England in July 2017. The CCG was notified of this assessment in November of last year and since then has put an action plan in place to address the areas where improvements were needed (the plan was signed off by the Strategic Patient Engagement Experience and Equality Committee in February 2018).

Summary

It is a notable achievement for Sheffield CCG to retain a "Good" rating in the context of the challenges we faced in the last year. Of our CCG peer group, four CCGs were assessed as "In Need of Improvement" and only one as "Outstanding". The CCG will continue to address the areas where we need to improve.