

## Performance, Quality and Outcomes Report: Position Statement

Governing Body meeting

5 September 2019

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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><b>1. <u>Areas of concern, which remain under review</u></b></p> <p><u>Diagnostics</u>                  During May and June, STH did not achieve the waiting times target for Diagnostics. The majority of the breaches were in Ultrasound as a result of workforce capacity issues - there is a shortage on a national level in Sonography. It is expected that STH will deliver the standard in July.</p> <p><u>Cancer waiting times</u>                  The following national waiting time standards for Cancer were not met on a CCG basis in May: the symptomatic Breast two week wait, the 31 day wait from diagnosis to first treatment, or the 62 day wait from urgent GP referral to first treatment. STH continue to focus on reducing the long wait list and have reinstated the weekly patient tracking list meeting to help achieve this. The meeting has strong clinical input with representation from all tumour sites. The CCG is working closely with the Cancer Alliance to ensure that where any breaches are as a result of inter- provider transfer that these are addressed with the corresponding hospitals and commissioners.</p> <p><u>IAPT Access</u>                  The performance measure for the rollout of IAPT services has been updated for 2019/20 – to increase the access to psychological therapies in order to address enduring unmet need. This is measured as the proportion of people that enter treatment against the level of need in the general population (ie the proportion of people who have depression and/or anxiety disorder who receive psychological therapies). The expectation is that by the end of 2019/20, 22% of the estimated people with an unmet need will access IAPT services. Early indications for the first month of 2019/20, are currently that the target is not being achieved.</p> <p><u>E Coli Blood Stream Infections</u>                  The Quality Premium was launched for reducing E Coli infections in April 2017 with a 10% reduction expected by March 2018. The target remains for 2019/20, with the expectation of no more than 515 cases for the year, for quarter 1, there were 169 cases across the CCG (which is over target). This will be a challenging target to achieve (as E coli is carried universally in the gut and some of these infections will not be due to</p>	

healthcare (either in acute or community setting)). Data collection that may identify themes and trends for reduction was not started until May 2018 as the Local Medical Committee raised an information governance concern. This is the first month that we have been able to include the data for EColi and this will continue to be reported on a quarterly basis.

### Patient Complaints

Sheffield Health and Social Care Foundation Trust (SHSCFT) complaints services are not meeting expected standards which has been ongoing during 2018-19. The CCG has requested a remedial action plan that was submitted on 13th August 2019. The CCG will provide feedback on the action plan by 28<sup>th</sup> August 2019. This will be managed through Contract Management Board.

### Never Events

There have been two never events in July at Charles Clifford Dental Hospital, and this now makes a cluster of six wrong site surgery never events at STHFT since February 2019. Three of these have been outside the theatre/usual environment. Only two reports have been received and these identify that safety procedural checks were not followed (the safer surgery checklist). Full details are in the private Serious Incident Report for September.

## **2. Performance and quality highlights**

### Education Health Care Plans (EHCPs)

Encouraging progress is being made in reducing the length of time taken to produce EHCPs; of the 30 agreed in June, all were issued with the national required timescale of 20 weeks. The average timescale for EHC plan completion for 2019 is now 18 weeks, this has been a gradual improvement year on year from 21 weeks in 2018.

### Recovery rate - Improving Access to Psychological Therapies (IAPT)

Governing Body members will be aware that our local provider, SHSC, has struggled to deliver the national standard for patients moving towards recovery on a consistent basis. It is encouraging therefore to see the 50% standard being delivered in three consecutive months.

### Healthcare Acquired Infections – Clostridium Difficile

During the month of July, the number of Clostridium Difficile infections was below target for CCG and for both Sheffield acute providers.

### GP Patient Survey 2019

Results from the GP Patient Survey were published in July 2019; this survey provides information on patients' overall experience of primary care services and their overall experience of accessing these services. 84% Sheffield respondents rated their GP practice as good. This was a slight improvement on 2018 (83%) and slightly above the national score of 83%. For the majority of questions relating to satisfaction with services, Sheffield scores were at or above the national average and were the same as or improved from 2018. Exceptions were ease of getting through on the phone, satisfaction with appointment times available, healthcare professionals being good at recognising mental health needs, and some aspects of care related to long term conditions.

### CQC Adult Inpatient Survey 2018

The results of the 2018 adult inpatient survey were published in June 2019; this survey

provides information on patients' experience of their care for patients that have been admitted to hospital for at least one night. STH benchmarked as 'about the same' as other Trusts. STH's performance had declined on 13 questions, relating to nurse, care and treatment, leaving hospital and overall views and experiences. For 12 of these questions, performance had also declined at a national level. The Trust is planning improvements in response to the survey.

### **Issues to note**

#### Improvement & Assessment Framework

NHS Sheffield CCG has been rated as 'good' by NHS England for the third year running as part of an annual assessment known as Improvement Assessment Framework. The results, published on 11 July 2019, show that Sheffield have improved in a number of areas, including waiting times for a diagnostic test, appropriate prescribing in primary care and reducing infant deaths and stillbirths.

As part of the process, the CCG had an annual review where they were commended by NHS England for their continued work to improve mental health services in the city. The review also shows that the CCG has made improvements with fewer patients being delayed leaving hospital which has in turn helped the NHS in Sheffield manage the busy winter period.

CCG have also improved public engagement, they have gone from requires improvement to good. In addition to this, GP practices in Sheffield are consistently diagnosing dementia in their patients at, or above, the level that could be expected leading to earlier interventions and treatments which can potentially improve outcomes for these patients. NHS England also commended the CCG on balancing the books and managing taxpayer's money by delivering all the financial standards.

### **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

### **What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?**

#### **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:

- 1.2 System wide or specific provider capacity problems emerge in secondary and / or primary care to prevent delivery of statutory requirements of the NHS Constitution.

2.1 Providers delivering poor quality care and not meeting quality targets particularly in a period of system wide organisational changes.

**Description of Assurances for Governing Body**

- Quality & Outcomes Report to Governing Body
- A&E Delivery Board Minutes
- Operational Resilience Group
- PMO assurance documentation and delivery plans
- Contracting Monitoring Board minutes
- Primary Care escalation meetings (supporting Primary Care Framework)
- Quality Assurance Committee minutes
- Commissioning for Quality Strategy
- Safeguarding and Serious Incident reports
- CQC inspection review of providers and provider action plans
- Clinical Audit reports

**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?**

Not completed; the attached report is a position statement on quality and performance standards and describes work being taken forward to address any shortcomings in CCG core business.

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

This paper reports on the achievement of quality and performance measures of our providers, including contractual and national Constitutional requirements. Reporting is based on nationally agreed data sets and standards. Patient views are addressed in the Quality dashboard, in the patient reported outcome measures (PROMS), and in the coverage of Trust performance relating to complaints and the Friends and Family Test.

# Performance, Quality & Outcomes Report

2019/20 : Position statement  
using latest information  
for the September 2019 meeting  
of the Governing Body

## Highest Quality Healthcare NHS Constitution Measures Performance Dashboard

Performance Indicator	Target	CCG Quarterly Q1 19/20**	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	
<small>* Mental Health CPA 7 day follow-up &amp; Cancelled Operations (28 days) trend lines are using latest quarterly (not monthly) data.                      ** All Quarterly data relates to Quarter 1 2019/20, except for IAPT where Q4 2018/19 is used. This is the latest available.</small>										
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		93.54%	Jun-19		93.05%	90.63%		
	No patients wait more than 52 weeks for treatment to start	0		0	Jun-19		0	0		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		97.57%	Jun-19		97.42%	99.99%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	87.14%	86.70%	Jul-19		83.52%	97.71%		
	No patients wait more than 12 hours from decision to admit to admission	0		0	Jul-19		0	0		
Cancer Waits: From GP Referral to First Outpatient Appointment (YTD)	2 week (14 day) wait from referral with suspicion of cancer	93%	93.88%	93.62%	Jun-19		93.66%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	89.23%	93.19%	Jun-19		93.33%			
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	94.58%	95.77%	Jun-19		92.36%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	100.00%	100.00%	Jun-19		99.63%			
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	93.83%	91.25%	Jun-19		94.72%			
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	97.16%	96.61%	Jun-19		88.15%			
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	81.18%	87.23%	Jun-19		74.29%			
	2 month (62 day) wait from referral from an NHS screening service	90%	95.56%	89.47%	Jun-19		87.50%			
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	81.82%	77.78%	Jun-19		79.01%	100.00%		
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		6 mins 48 secs	Jun-19					6 mins 48 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		18 mins 46 secs	Jun-19					18 mins 46 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		109 mins 26 secs	Jun-19					109 mins 26 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		273 mins 48 secs	Jun-19					273 mins 48 secs

## Highest Quality Healthcare NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q1 19/20**	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		12.56%	Jun-19		21.00%	1.46%		12.56%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		2.53%	Jun-19		1.52%	0.00%		2.53%
	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		4.87%	Jun-19		3.53%	2.19%		4.87%
	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		0.28%	Jun-19		0.35%	0.73%		0.28%
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-19		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	5				5	0		
	No urgent operation to be cancelled for a 2nd time or more	Local Reduction		0	Jun-19		0	0		
Mental Health	People under adult mental illness specialties on CPA (Care Plan Approach) to be followed up within 7 days of discharge	95%	98.61%						88.00%	

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

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	56%	68.89%	100.00%	Jun-19			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)	5.34%	1.65%	Apr-19				1.65%	
	Proportion of IAPT patients moving to recovery	50.00%	50.88%	51.46%	Apr-19				51.92%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	90.42%	88.89%	Apr-19				89.91%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	99.04%	99.07%	Apr-19				99.08%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		79.40%	Jul-19					
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	4,212 (Qtr target)	3,536	1,128	Jun-19		946		136	
No individual provider target for DTOC bed days										

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

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
<b>RTT - SCHFT</b>	<p>During April, SCH FT were under target for Referral to Treatment waiting times - 90.73% of patients waited over 18 weeks against the target of 92%. This improved in May to 91.64% and dropped slightly in June to 90.63%.</p> <p>There are two main factors contributing to the breaches:</p> <p>1) In common with many other NHS Trusts, SCH has been affected by national regulations around how consultants are remunerated, which has meant that additional work outside contracted hours is not rewarded at the same rate as previously, due to pension changes. Many consultants are choosing not to work these additional hours, which is impacting on the Trust's ability to run extra lists at weekends and in the evenings. SCH are looking to recruit new staff for particular specialities where there are particular capacity issues, however the impact of this will not be evident for a few months due to the lead in time for recruitment.</p> <p>2) SCH continue to have significant wait time pressures in oral surgery (which is an NHS England commissioned speciality). SCH receive many referrals from STH past 18 weeks, potentially due to valid clinical reasons, and thus the breach occurs at SCH. SCH are currently in discussions with STH and NHS England about how they can work together to mitigate this situation.</p> <p>To provide some context, the position in June relates to 857 SCH patients who were waiting over 18 weeks. 74 of these are as a result of point 2 above, for the others, point 1 is a significant contributing factor. The issue regarding consultant pay and pensions is being taken forward at a national level.</p>	Performance is forecast to have improved for July 2019 - this will be reported in next month's report.	None
<b>Diagnostic Waits - STHFT</b>	<p>In May and June, STHFT did not meet the diagnostics target, achieving 96.36% and 97.42% against a 99% target. They have previously had issues with this target but had been achieving since September 2018.</p> <p>There is a workforce capacity issue in Ultrasound, a speciality which has not previously experienced waiting time breaches. The overall number of breaches for June was lower than in May (256, compared to 360). STH has a remedial plan in place, which includes sourcing capacity from external providers, and the Trust expects to deliver the standard in July. Sonography is a shortage speciality at national level, which makes recruitment difficult and retention is challenging because of differential pay rates in other providers.</p>	The CCG will continue to monitor STH's diagnostics waiting time position, in order to ensure the planned improvement is achieved. It is expected that in July, the target was achieved (using local data) indicates that the target was achieved in July - this will be	To endorse the approach of monitoring STHFT achievement of diagnostic waiting times and any necessary mitigating actions, through monthly Contract Monitoring Board meetings with the Trust.
<b>Cancer Waiting Times - 62 day waits</b>	<p>The CCG has met the targets for: Cancer 2 week wait, Breast symptomatic, 31 day subsequent treatment (drug, and surgery) and 62 day standard.</p> <p>However the 31 day first treatment, 31 day subsequent radiotherapy, 62 day screening target or the 62 day consultant upgrade have not been met.</p> <p>Representatives from the CCG have met with the STH Cancer Executive and are aware of some of the challenges around specific tumour site pathways, the impact of patient choice in delaying treatment and delays caused from Inter Provider Transfers (IPT). Further issues exist around workforce capacity, and STH are in the process of employing additional Breast Radiographers that will help to improve performance in this tumour pathway.</p> <p>The CCG is working closely with the Cancer Alliance to ensure that where any breaches are as a result of inter provider transfer that these are addressed with the corresponding hospitals and commissioners</p>	<p>The Cancer Alliance is addressing the capacity and demand issues which affect STH and neighbouring providers' issues through joint action.</p> <p>Despite concerted work to manage capacity across the system and additional support from the Cancer Alliance it is probable that these issues will not be fully resolved until quarter 3 of 2019/20 as workforce, capacity and availability of equipment continue to be challenging across the Alliance footprint.</p>	To note the continued work undertaken locally and across the Cancer Alliance to address immediate capacity and performance issues.

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

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
A & E Waits	<p><u>STHFT A&amp;E</u> performance continues to show significant variance on a day to day basis, and is susceptible to workforce shortages, bed closures due to infections and the complexity of clinical needs of patients arriving in the department. The Trust continues to recruit staff at all levels although not all funded posts have been filled so far due to national workforce shortages. STH plans medical cover carefully on a week by week basis, aiming to ensure the most pressured shifts have the capacity and medical leadership needed to deliver shorter patient waits. <u>SCH</u> maintains a consistently good performance. The Sheffield System as a whole remains stable, working at Operational Pressures Escalation Level (OPEL) level 1 or 2. STHFT has not needed to escalate to level 3 since 7th Jan 2019.</p> <p>The CCG has been working with partners throughout July and August to develop the Sheffield Urgent and Emergency Care Transformational Delivery Board Winter Plan 2019/20. The draft plan will be reviewed by NHS England in early 4 September, to ensure comments can be incorporated into a final draft prior to formal agreement at the September A&amp;E Delivery Board. As part of Winter Planning the Sheffield System are reviewing the OPEL triggers and supporting actions for use at times of significant operational pressure, in order to better understand demand and plan sufficient capacity, so that patients do not wait unnecessarily for treatment.</p> <p>STH continues to develop its Front Door Programme plan 2019 - 20 which is one of the key work streams to improve four hour system performance. The A&amp;E GP streaming system continues to work well, triaging and signposting patients to appropriate services such as the GP Collaborative, although in August there are currently some rota gaps, in particular on Sunday nights which may result in temporary closure of GP streaming, the trust have advertised via a recruitment agency to cover shifts.</p> <p>With regard to unscheduled care services beyond A&amp;E, the Directory of Service (DoS) Gap Analysis has been completed, to ensure 111 are able to access and refer to the correct Health and Social Care services and pathways across the Sheffield system, and data has been reviewed to prioritise areas of development. Through the gap analysis process we have prioritised areas for development. With the support of the Sheffield DoS lead the Urgent Care team have undertaken a full review of Sheffield service profiles throughout June and July to ensure that the service profiles are accurate, are receiving appropriate referrals and reviewing service changes, these reviews are undertaken twice per year. The ultimate aim is to ensure that the DoS is providing real time information about available services and clinicians across all care settings that are available to support a patient as close to a patient's home as possible.</p>	<p>STH is not delivering the 95% constitutional standard for the four hour A&amp;E wait. The CCG is developing a plan to deliver an increase in the number of people who access advice and treatment in other settings rather than A&amp;E. Sheffield CCG's Urgent Care team have developed the 2019/ 20 objectives and work streams with a strong focus on Front Door performance which includes ambulance handover.</p>	<p>To continue to endorse the CCG's ongoing monitoring of STHFT's progress towards achievement of the A&amp;E standard and the delivery of any necessary mitigating actions, as agreed through the Performance Contract Management Board.</p>
Ambulance Response Times	<p>The NHS England Ambulance response standards for Life Threatening (Category 1) and Urgent Calls (Category3) have been met consistently in May 2019. The standards for Emergency Calls (Category 2) and the less urgent Category 4 were missed.</p> <p>Work continues with regards to training staff, re-designing services, and ensuring that the vehicle fleet is modernised to enable YAS to meet all the targets. An integrated workforce work stream is now established, with an external review being undertaken to understand staffing levels in order to meet national standards.</p> <p>The CCG facilitated workshops with the Single Point of Access service (SPA) and Yorkshire Ambulance Service, to review all the services, processes and clinical pathways which are in place as alternatives to A&amp;E or hospital admission. SPA and Yorkshire Ambulance Service workshops have taken place led in partnership with SCCG and STH. A Standard Operating Procedure has been agreed enabling core YAS crews to refer patients to the Sheffield Single Point of Access (SSPA). This will help to ensure appropriate conveyance to hospital by enabling routine &amp; consistent use of non-acute community pathways. Going forward the changes will be supported by a microsystems coaching approach in order to ensure the changes remain in place and future quality improvement and pathway development opportunities are identified. The Standard Operating Procedure has been agreed by the YAS Clinical Governance Team, YAS &amp; SPA aim to roll out by the end of August with a number of events taking place at the trust to support roll out to the crews and SPA</p>	<p>Progress continues to be closely monitored by the Urgent Care Team, Urgent and Emergency Care Transformation Delivery Board and at the Yorkshire &amp; Humber 999/111 Contract Management Board meeting.</p>	<p>None this month.</p>

## 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 / crew clear times	<p>Ambulance handovers remain challenging throughout July and August with variable performance daily, although the average number of hours lost per day over a 30 day period in July is steadily improving at 11.13 (June 12.72 lost hours). SCH handovers remain consistent with no breaches over 1 hr. Development of the Ambulance handover project has taken place through June; this has been developed in partnership with YAS, STHFT &amp; CCG, with the primary aims to:</p> <ul style="list-style-type: none"> <li>• Reduce volumes with self-handover and self-conveyance, wherever appropriate patients self-handover at A&amp;E, fit to sit supported and also self-conveyance to hospital.</li> <li>• Forecasting and reducing variation in conveyances to STH- streamlining flow from primary/ community care.</li> <li>• Implementation of standard acute processes- joint working between YAS, STH and wider system to ensure timely and efficient ambulance handover.</li> <li>• Implementation of processes for individual units - robust systems and processes routinely used and not just at time of system pressure.</li> </ul> <p>CCG, YAS &amp; STH contributory projects from other work streams are to standardise use of local community pathways with direct conveyance to Acute Specialities and Admission Units.</p>	The CCG continues to facilitate meetings between STH & YAS to discuss measures to improve performance moving forward, particularly in view of the additional pressure on the Trust created by the temporary closure of the Robert Hadfield wing.	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.
Mixed Sex Accommodation breaches	<p>There was one breach of the Mixed Sex Accommodation (MSA) standard in May. This was for a Sheffield patient at Hereford County Hospital, part of Wye Valley NHST.</p> <p>The patient was deemed fit for transfer from ITU to a ward bed on the morning of 23.5.19. As there was no bed available on the ward, the mixed sex accommodation breach was escalated to Level 3 and Level 4 Executive Team on call. The breach situation remained until the patient was discharged home from ITU in the afternoon of the following day, which led to an MSA breach for one night. The Trust explained that they cover a rural area with a pressured bed base in relation to demand.</p>	Ongoing monitoring.	None requested.
Cancelled Operations - (on day of admission)	<p>During Quarter 1 (April - June 2019), there were 5 elective operations cancelled at the last minute for patients, and then not re-scheduled within 28 days - all at STH FT. All were in different specialties and all patients have now been seen, details are below,</p> <ul style="list-style-type: none"> <li>• Maxillo-Facial Surgery patient, cancelled on 5.3.19 because the surgeon was unavailable. The specialty was unable to accommodate patient within 28 days due to high number of cancer and trauma cases. The patient declined a "To Come In" (TCI) date of 4 April and requested a date for the second week of May. The Patient was admitted on 14 May 2019</li> <li>• Vascular Surgery patient Cancelled 27/3/19, because the theatre list overran. The specialty was unable to re-book the patient within 28 days due to lack of capacity. The patient was admitted on 15 May.</li> <li>• Neurosurgery patient cancelled on 2nd May due to an emergency case needing theatre. The Specialty was not able to offer two dates with 3 weeks' notice. Patient has agreed a TCI of 8th July 2019.</li> <li>• Colorectal patient, cancelled on 30th May due to equipment failure. The specialty has explored a number of options, but, there has been an extended delay waiting for the equipment to become available. Patient has now been allocated a TCI of 5th August 2019.</li> <li>• HPB (Hepato-Pancreato-Biliary) Surgery patient, cancelled on 22nd May because the theatre list overran. The patient was cancelled again on day 28 for the same reason. The patient was admitted on 17th July for surgery.</li> </ul>	Ongoing monitoring.	None requested.
Mental Health CPA 7 day follow up	<p>There has been a concerning dip for performance in July to 88% (against the target of 95%), and an updated request on the breach will be submitted through the Contract Lead for SHSC. The CCG continues to monitor this through Contract Management Group to seek sustained performance improvement. We continue to receive anonymised individual patient level assurance around any breaches and follow up actions from the SHSC Operational Director to the CCG Head of Contracts.</p>	CPA, in line with monthly performance reporting, is a standard agenda item at the Contract Management Group (CMG). SHSC continue to focus on improving their data collection systems and the CCG will expect an improvement in order to achieve the national standard.	To continue to receive monitoring reports on this national standard.

## 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) Access	<p>The 50% recovery rate was delivered in April and Quarter 4, demonstrating that the target was met at both CCG and provider level which shows a more positive position and is expected to continue. The updated data for May has not yet been released by NHS England and is expected for the next report.</p> <p>Governing Body should note that this year we have a more challenging access target, as part of the NHS Plan, which aims to increase the number of people accessing IAPT as a proportion of the estimated unmet need. This increases access from 19% in 2018/19 to 22% in 2019/20, and will rise again to 25% in 2020/21. For this year, this equates to 5.5% per quarter. Based on current figures, we recognise that this target will be challenging to achieve (unless there is a large increase in numbers accessing IAPT during 2019/20). As previously stated, the new targets requires the service to see an <i>additional</i> 400 patients on average every quarter.</p> <p>The IAPT service has a planned "deep dive" into its performance at the end of July to look at where there are capacity gaps and to analyse any performance differences across the city. An action plan to address the increased targets will be developed by the Head of IAPT, and newly appointed Operational Lead. The data from the deep dive will be scrutinised in the September Contract Monitoring Group and will be reported next month.</p> <p>A bid has been submitted through the ICS for investment into primary care mental health services, and the Head of IAPT is involved in this bid, which will complement the IAPT service offer. This bid was successful, CCG and SHSC are working through an implementation plan.</p>	Ongoing.	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.
Delayed Transfers of Care (DTOC)	The number of delayed days throughout June remained below NHSE targets. Non validated local data continues to show a reduction in DTOC throughout July, however it is expected to increase in August. Work is ongoing across the health and social care community to work flexibly across services to support responding to increases in demands and some reduction in capacity over the summer period. This continues to be managed through the weekly FLOW meetings.	Additional work is progressing on reducing long length of stays.	None requested

## 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)	Q4 18/19			Target	95%	95.02%										
Rate of reporting of patient safety incidents per 1000 bed days, using the National Reporting and Learning System (Trusts which report higher number of incidents tend to have a more effective safety culture)	Apr18 - Sep18			Provider Actual previous year	37.6	44.21			Provider Actual previous year	83.03	69.68					
Number of patient safety incidents, using the National Reporting and Learning System	Apr18 - Sep18						Provider Actual previous year	1379	1551		Provider Actual previous year	723	695.00			
Proportion of patient safety incidents resulting in severe harm or death	Apr18 - Sep18			Provider Actual previous year	0.23	0.28	Provider Actual previous year	0.58	0.12	Provider Actual previous year	1.03	0.87	Provider Actual previous year	1.80	1.15	
Incidence of Healthcare Associated Infections - MRSA	Jul-19	Plan	0	1	Plan	0	0	Plan	0	0						
Incidence of Healthcare Associated Infections - Clostridium Difficile (Cdiff)	Jul-19	Plan	17	16	Plan	14	13	Plan	1	0						
	Jul-19 YTD	Plan	69	60	Plan	56	40	Plan	4	2						
Incidence of Healthcare Associated Infections - E Coli Blood Stream Infection	Q1 18/19	Target	129	169	No Provider targets		45	No Provider targets		0						
Serious Incidents - Number opened in month	Jul-19	No target		10	No target		5	No target		2	No target		2	No target		1
Serious Incidents - Never Events	Jul-19 YTD				Target	0	5	Target	0	0	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 (FINAL data)			England Average	0.468	0.449										
Patient Reported Outcome Measures (PROMS) Health gain (EQ-5D Index) - knee replacement surgery (primary)	Apr17-Mar18 (FINAL data)			England Average	0.338	0.342										
Friends and Family Test Response rate - A & E	May-19			Target	20%	20.5%	Children's Trust average	6.7%	15.2%							
Friends and Family Test Response rate - Inpatients	May-19			Target	30%	28.2%	Children's Trust average	24.5%	23.3%							
Friends and Family Test Number of responses - Mental Health	May-19						Children's Trust average	22	18	Average for Trust last 12 months	214	161				
Friends and Family Test Proportion recommended - A & E	May-19			England Average	85.3%	86.3%	Children's Trust average	87.5%	78.6%							
Friends and Family Test Proportion recommended - Inpatients	May-19			England Average	95.7%	94.8%	Children's Trust average	93.7%	88.4%							
Friends and Family Test Proportion recommended - Mental Health	May-19						Children's Trust average	60.4%	83.3%	England Average	89.7%	97.5%				
Staff Friends and Family Test Proportion recommended - as a place of work	Q4 18-19			England Average	65.0%	79.6%	England Average	65.0%	65.3%	England Average	65.0%	52.2%				
Staff Friends and Family Test Proportion recommended - as a place of care	Q4 18-19			England Average	80.0%	92.5%	England Average	80.0%	89.4%	England Average	80.0%	61.0%				
Patient Complaints Number of complaints responded to within agreed timescale	Various			Internal target	85%	90% (Jul19)	Internal target	85%	47% (2018/19)	Internal target	75%	24.5% (2018/19)				
CQC national patient survey Adult Inpatient Survey - Overall Experience Score	2018			Benchmarked against other providers as 'about the same'												
GP Patient Survey Percentage of patients who rate their experience as "Good" or "Fairly Good"	2019	England Average	82.9%	84.0%												
Mixed Sex Accommodation Number of breaches	Jun-19	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 19-20	Target	15%	0%												
Continuing Healthcare (CHC) Proportion of Referrals completed within 28 days	Q1 19-20	Target	80%	98%												
<b>HOSPITAL MORTALITY</b>																
Summary Hospital-Level Mortality Indicator (SHMI)	Jan18-Dec18			England Average	1.0014	0.9625										
<b>CHILDREN &amp; YOUNG PEOPLE</b>																
Average delivery time for Education Healthcare Plans (EHCP)	Up to Jul 19 YTD	Target	20 wks	18 wks												

## Highest Quality Health Care Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
<b>Patient Safety</b>			
<b>Healthcare Associated Infections</b>	<p>The targets for Clostridium Difficile (C.diff) have changed for 2019/20. This is because the C.diff guidance from April 2019 for acute trusts includes 'Acute Trust Attributable cases' (as in previous years) but also 'Acute Trust Associated cases' - this means cases diagnosed in the community, out-patients or shortly after admission but the patient has been an STH in-patient within the past 28 days. Therefore the objective for STH has increased and there will be a rise in the number of cases as some would previously have been classed as community cases.</p> <p><u>Clostridium difficile</u>            STHFT had 13 cases in July. Update on 2018-19: Root Cause Analysis (RCA) reviews of Quarter 4 are nearly finalised.            SCHFT has had zero cases in July.            NHS Sheffield CCG had 16 cases of C. difficile in July, which is six more than in June. RCAs continue.</p> <p><u>MRSA Bacteraemia</u>            1 case of MRSA in July, this is a community onset case. Post Infection Review is in progress.</p> <p><u>E Coli</u>            During Quarter 1, there were 169 cases of E Coli across the CCG. Of these, 102 were community acquired, 29 were healthcare associated and 37 were hospital attributable.</p>	The CCG undertakes weekly monitoring of Healthcare Associated Infections.	None requested.
<b>Never Events and Serious Incidents</b>	<p>The total number of Never Events for 2019/20 so far is 5 - 4 for STHFT and 1 for independent providers. There were two Never Events in July both of these were at STH. Both were a 'Surgical/invasive procedure incident meeting Serious Incident criteria'.</p> <p>1. A paediatric patient attended Charles Clifford Dental Hospital for removal of pulp and nerve from a tooth. A rubber dam was placed over the tooth, which is standard practice to inhibit saliva flow interfering with the treatment. When the work was checked by radiography, it became apparent that the wrong tooth had been drilled.</p> <p>2. A patient attended Charles Clifford for removal of two teeth. The patient then saw their usual dentist for a routine follow up, when it was identified that the incorrect tooth had been extracted.</p> <p>There has been a cluster of six wrong site surgery never events at STHFT since February 2019. Three of these have been outside the theatre/usual environment. Only two reports have been received and these identify that safety procedural checks were not followed (the safer surgery checklist) See Private Serious Incident Report for September Governing body.</p> <p>The Trust has taken immediate action at corporate level, with the Medical Director taking a lead. An action plan has been presented to Trust Executive Group in July and to Healthcare Governance in September. A trust wide campaign has now started to raise awareness of the 'Right Patient, Right Procedure'. The CCG is managing this via the contracting process and seeking assurance on delivery of the plan.</p> <p>STH has not been an outlier when benchmarked within the Shelford Group (peer group of similar Trusts) over the last three years for never events.</p>	The CCG continues to undertake weekly monitoring.	None requested.

## Highest Quality Health Care Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
<b>Patient Experience</b>			
Friends and Family Test	<p><b>STHFT:</b> 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. Staff FFT: response rate is low (6% in Q4 18/19). Throughout 2018/19 recommendation rates are good both for 'place to work' (76-80% 2018/19) and 'to receive care' (92-94%)</p> <p><b>SCHFT:</b> A&amp;E - response rate improved and has been at or above 15% since Sept 2018 (except Dec). There has been a corresponding drop in the recommend rate and between Sept 2018 and May 2019 10%-15% would NOT recommend the service. Inpatients - response rate was very high (82-99%) July 2018 -March 2019. There was concern that the collection method (via bedside TVs) skewed the data and it was changed, leading to a drop in responses. The proportion of patients that would recommend the Trust fluctuates but overall has improved, from 76% in May 2017 to 88% in May 2019. During April and May 2019, when the response rate reduced due to the change in collection method, the recommend rate (89% and 88%) was the highest that it had been in two years. The changes in collection methods mean that the data is not strictly comparable. However, it should be noted that in April and May 2019 the collection methods used have returned to the methods used prior to July 2018 and the recommendation rate had significantly improved. This indicates an improved patient experience. Staff FFT: response rate is high (46% in Q4 18/19). Over the past four years the recommendation rate for 'place to work' has decreased and has been at 61-65% for the past two years. The recommendation rate for the Trust as a 'place to receive care' is good (89-90% 2018/19).</p> <p><b>SHSCFT:</b> The recommend rate is consistently high (90-100%). However the response rate is low and the vast majority of FFT responses relate to the Memory Service. The Trust set a target trajectory for increasing responses. There was an initial increase in the number of responses, with 200-300 responses being received per month Oct 2018- Feb 2019, with the exception of December 2018. However, the increase has not been sustained and since February 2019 the Trust's trajectory targets have not been met. In May 2019 161 responses were received. Staff FFT: response rate is low (6% in Q4 18/19). Throughout 2018/19 recommendation rates are poor both for 'place to work' (52-61% 2018/19) and 'place to receive care' (61-68%).</p>	Ongoing.	None required.
CQC Inpatient Survey 2018	The results of the 2018 adult inpatient survey were published in June 2019. STH benchmarked as 'about the same' as other Trusts. STH's performance had declined on 13 questions, relating to Nurse, care and treatment, leaving hospital and overall views and experiences. For 12 of these questions, performance had also declined at a national level. The Trust is planning improvements in response to the survey.	Ongoing	None
GP Patient Survey 2019	84% Sheffield respondents rated their GP practice as good. This was a slight improvement on 2018 (83%) and slightly above the national score of 83%. For the majority of questions relating to satisfaction with services, Sheffield scores were at or above the national average and were the same as or improved from 2018. Exceptions were ease of getting through on the phone, satisfaction with appointment times available, healthcare professionals being good at recognising mental health needs, and some aspects of care related to long term conditions.	Ongoing	None
Mixed Sex Accommodation breaches	<p>There was one breach of the Mixed Sex Accommodation (MSA) standard in May. This was for a Sheffield patient at Hereford County Hospital, part of Wye Valley NHST.</p> <p>The patient was deemed fit for transfer from ITU to a ward bed on the morning of 23.5.19. As there was no bed available on the ward, the mixed sex accommodation breach was escalated to Level 3 and Level 4 Executive Team on call. The breach situation remained until the patient was discharged home from ITU in the afternoon of the following day, which led to an MSA breach for one night. The Trust explained that they cover a rural area with a pressured bed base in relation to demand.</p>	Ongoing monitoring.	None requested.
Patient Complaints	The number of complaints responded to within agreed timescale remains below target at Sheffield Children's NHSFT and at Sheffield Health and	Ongoing.	To maintain an overview of progress

## Highest Quality Health Care Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
	<p>Social Care NHSFT. The CCG is continuing to gain assurance that SCH are striving to improve their performance and appropriate action plans are in place.</p> <p>SCH have reported that of the complaints that were responded to in 2018/19, 47% were responded to within target. This is an improving picture with 82% of complaints responded to in Q4 being responded to within target. The CCG has asked the Trust to report on the proportion of complaints received that are responded to within target.</p> <p>In response to falling compliance with response times to complaints from SHSC, CCG have formally requested a remedial action plan to address this issue. The plan has been received and the CCG will feedback by 28th August 2019.</p> <p>SHSC have reported that, of the complaints responded to in 2018/19, 25% were responded to within target. The CCG has asked the Trust to report on the proportion of complaints received that are responded to within target.</p>		
<b>Children and Young People</b>			
<b>Education Healthcare Plans (EHCP)</b>	<p>Currently the Local Authority maintains 3,349 EHC Plans, a net increase of 24 from last month. In July there were 65 requests for EHC plan assessments (an increase of 14 from June but in line with July 2018) with a 78% agree to assess rate. In the last 12 months 549 new requests for EHCP have been received, compared with 509 in the previous year – an increase of 40 requests.</p> <p>26 new EHC plans were issued in July. Out of the 26, 25 were issued within 20 weeks (target). The average timescale for EHC plan completion for 2019 has fallen throughout the year and is now 18 weeks.</p> <p>There has been a new focus on Annual Reviews since May 19 which should improve statutory reporting. From May to July the outcome response rate to parents within 4 weeks increased from 36% to 60% and the rate for all letters sent out within 4 weeks increased from 16% to 52%. In July 26 new mediation cases were received by the LA – an increase of 3 from June. The number of families going directly to tribunal is falling with 27 cases in 2019 as opposed to 42 for same period in 2018. There were 13 new tribunal requests lodged in July (1 fewer than June) but it appears that the recent mediation work is having a tangible impact on preventing tribunal appeals.</p> <p>Health's involvement into the EHCP process continues to require improvement to support delivery of the EHCP review process, monitor provision delivery and review health reports going into EHCPs. There will be additional community therapy input to the SENDSAR service (commencement date to be confirmed).</p> <p>Following publication of the Written Statement Of Action (WSOA), the CCG Children's &amp; Young People's portfolio facilitated 3 SEND sessions to help improve understanding of the regulations in line with WSOA. These were attended by 22 colleagues and well received.</p> <p>Children and Young people's Portfolio team displayed information around SEND at this year's Annual Public Meeting on 11th July where members of the public were invited to share pressures and better understand the CCG's role in supporting children with SEND.</p> <p>CCG attended a Parent Carer Forum Fun Day on 26th July and collected nearly 100 completed questionnaires from parents of children with SEND to ask for their experiences and concerns. The questionnaire is now online.</p>	<p>Health's involvement into the EHCP process requires improvement to support delivery of the EHCP review process, monitor provision delivery and review health reports going into EHCPs. There will be additional therapy input to the SENDSAR service (commencement date to be confirmed), job descriptions are currently in development.</p>	<p>To maintain an overview of progress.</p>

## Highest Quality Health Care Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
<b>Safeguarding</b>			
Safeguarding	<p>Current Active Cases - there are currently 3 active child reviews, 2 domestic homicide reviews and 2 adult reviews. 1 Safeguarding Adult Review is in the initial scoping phase and 1 new domestic homicide review is under consideration.</p> <p>OFSTED have completed their inspection of Children's services and we are awaiting feedback.</p> <p>A Themed Child Death Overview Panel has been held on suicide and the local learning is now being collated.</p> <p>Assurance from the Local Authority regarding their statutory response to adult safeguarding concerns remains outstanding (Page 7 GB Q4 Safeguarding Report). A response has been requested prior to the next Sheffield Adult Safeguarding Partnership Executive meeting.</p>	<p>Ongoing</p> <p>September 2019</p> <p>December 2019</p> <p>October 2019</p>	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 either 'Requires Improvement' or 'Inadequate' in the month or have had a 'focussed inspection' 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
No providers rated as 'Requires Improvement' or 'Inadequate' for this month.							

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 1 2019-20

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	0	0%
Good	91	82%
Requires Improvement	17	15%
Inadequate	3	3%
<b>TOTAL</b>	<b>111</b>	<b>100%</b>

Data as at Quarter 1 2019-20

## Highest Quality Health Care - Provider CQC Ratings

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for the 3 largest providers within Sheffield CCG locality. (Sheffield Teaching Hospitals, Sheffield Children's Hospital and Sheffield Health and Social Care The CQC monitors, inspects and regulates health and social care services.

Organisation Name	Date of latest inspection report	Specialism / Services	CQC rating	CQC Rating	Comments
Sheffield Teaching Hospitals NHS Foundation Trust <a href="https://www.cqc.org.uk/provider/RHQ">https://www.cqc.org.uk/provider/RHQ</a>	14/11/2018	Overall Rating	Good	Is the service safe? – Good Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Outstanding Is the service well-led? – Good	The result is an improvement since the previous visit. An action plan is being developed to address those areas requiring improvement and being managed via the contracting process
		Northern General Hospital	Good		
		Royal Hallamshire Hospital	Good		
		Weston Park Hospital	Requires Improvement		
		Charles Clifford Dental Hospital	Good		
<a href="https://www.cqc.org.uk/provider/RHQ/survey/5">https://www.cqc.org.uk/provider/RHQ/survey/5</a>	29/01/2019	Maternity Services Survey 2018	Labour and birth	Benchmarked as 'About the same' as other providers	Comments for the survey have been included for last 6 months. Please see previous reports for details.
			Staff	Benchmarked as 'About the same' as other providers	
			Care in hospital after birth	Benchmarked as 'About the same' as other providers	
Sheffield Children's NHS Foundation Trust <a href="https://www.cqc.org.uk/location/RCUEF">https://www.cqc.org.uk/location/RCUEF</a>	16/07/2019	Overall Rating	Good	Is the service safe? – Requires Improvement Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Good Is the service well-led? – Good	SCH had a CQC inspection during April, the results of which were published on 16 July. The Trust has retained its overall rating of "Good", with Good reported in all domains apart from Safe. The Safe domain has been assessed as "Requires Improvement" as improvements are needed in Urgent and Emergency Care, Community services and Community and Inpatient CAMHS. Seven other services were rated "Good" for the Safe domain.  Two service areas, Transitional services and inpatient Mental Health, were upgraded from an overall assessment of "Requires Improvement" to "Good" during this inspection.
		Critical Care	Good		
		Medical Care	Good		
		Outpatients and diagnostic imaging	Good		
		Urgent and Emergency Services	Good		
		Neonatal services	Requires Improvement		
		Transitional services	Good		
		Surgery	Good		
		End of life care	Outstanding		
		Mental Health	Good		

## Highest Quality Health Care - Provider CQC Ratings

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for the 3 largest providers within Sheffield CCG locality. (Sheffield Teaching Hospitals, Sheffield Children's Hospital and Sheffield Health and Social Care The CQC monitors, inspects and regulates health and social care services.

Organisation Name	Date of latest inspection report	Specialism / Services	CQC rating	CQC Rating	Comments
Sheffield Health and Social Care NHS Foundation Trust <a href="https://www.cqc.org.uk/provider/TAH">https://www.cqc.org.uk/provider/TAH</a>	05/10/2018	Overall Rating	Requires Improvement	Is the service safe? – Requires Improvement Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Good Is the service well-led? – Requires Improvement	The Trust is being managed via the contracting process, site visits and a future Board to Board meeting.
		Wards for people with a learning disability or autism	Good		
		Long stay or rehabilitation mental health wards for working age adults	Good		
		Community mental health services with learning disabilities or autism	Good		
		Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement		
		Community-based mental health services for adults of working age	Good		
		Community-based mental health services for older people	Outstanding		
		Forensic inpatient/secure wards	Requires improvement		
		Mental health crisis services and health-based places of safety	Requires improvement		
		Substance misuse services	Good		
		Wards for older people with mental health problems	Good		

### CCG IAF for 2018/19

The IAF ratings were published nationally on 10th July and NHS Sheffield CCG was assessed as “Good”, for the third 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, Bassetlaw and Rotherham were rated as “Outstanding”, and Sheffield was 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 58 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 areas where Sheffield improved last year:**

##### Better Health / Better Care

- Waiting times for a diagnostic test
- Delayed transfers of care
- Neonatal mortality and stillbirths
- Reliance on specialist inpatient care for people with a learning disability and /or autism
- Anti-microbial resistance and appropriate prescribing in primary care

##### Sustainability / Leadership

- In year financial performance improved from Amber to Green
- Compliance with statutory guidance on patient and public participation – now rated as GREEN (was amber last time)

#### **There were areas that showed deterioration, compared to the previous year:**

##### Better Health / Better Care

- Diabetes patients having achieved all NICE recommended treatment targets
- Cancers diagnosed at early stage
- Waiting times for cancer treatment
- Childhood obesity
- Women’s experience of maternity services
- Maternal smoking at time of delivery
- Emergency admissions for urgent care sensitive conditions

##### Sustainability / Leadership

- Progress against Workforce Race Equality Standard
- Quality of CCG Leadership – now rated as AMBER (was Green last time)

#### **Summary**

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