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NHS
Sheffield
Clinical Commissioning Group

Performance, Quality & Outcomes Report

2020/21 : Position statement
using latest information
for the April 2020 meeting
of the Governing Body

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q3 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
* Mental Health CPA 7 day follow-up & 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%		92.91%	Jan-20		92.00%	88.20%		
	No patients wait more than 52 weeks for treatment to start	0		0	Jan-20		0	0		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		99.84%	Jan-20		99.87%	99.22%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	85.73%	89.36%	Feb-20		87.30%	97.17%		
	No patients wait more than 12 hours from decision to admit to admission	0		0	Feb-20		0	0		
Cancer Waits: From GP Referral to First Outpatient Appointment (YTD)	2 week (14 day) wait from referral with suspicion of cancer	93%	94.90%	93.35%	Jan-20		93.50%	94.74%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	93.86%	91.03%	Jan-20		91.20%	-		
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	97.75%	97.37%	Jan-20		95.68%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.66%	99.22%	Jan-20		99.07%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	88.16%	90.74%	Jan-20		86.23%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	98.35%	90.38%	Jan-20		86.67%	100.00%		
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	78.68%	73.94%	Jan-20		69.83%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	88.00%	92.86%	Jan-20		84.85%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	84.06%	75.86%	Jan-20		76.42%	-		
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		6 mins 54 secs	Jan-20					6 mins 54 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		17 mins 54 secs	Jan-20					17 mins 54 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		90 mins 25 secs	Jan-20					90 mins 25 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		135 mins 19 secs	Jan-20					135 mins 19 secs

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q3 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		15.75%	Jan-20		13.87%	2.14%		15.75%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		5.32%	Jan-20		2.17%	0.00%		5.32%
	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		5.84%	Jan-20		4.31%	4.29%		5.84%
	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		0.39%	Jan-20		0.24%	0.00%		0.39%
Mixed Sex Accommodation (MSA) breaches	Zero instances of mixed sex accommodation which are not in the overall best interest of the patient	0		0	Jan-20		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	13				7	6		
	No urgent operation to be cancelled for a 2nd time or more	Local Reduction		0	Jan-20		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%	95.65%						95.65%	

Highest Quality Healthcare - Mental Health / DTOC Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	56%		66.00%	Jan-20				67.00%	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	5.5% (Qtr target)	4.78%	1.15%	Dec-19				1.16%	
	Proportion of IAPT patients moving to recovery	50.00%	49.22%	49.35%	Dec-19				49.35%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	86.93%	89.29%	Dec-19				89.29%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	99.29%	98.81%	Dec-19				100.00%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		79.20%	Feb-20					
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)	3,828	1,670	Jan-20		1,466		71	
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
RTT - SCHFT	<p>Sheffield Children's NHS FT did not meet the target for Referral to Treatment (RTT) waiting times from April to January, (this is the latest month's data available). The issues facing SCFT remain as reported in previous months, including the national issues around pensions and tax. NHS England have agreed to provide funding from November 2019 onwards to address the pension and tax issue; however the earlier impact of this issue is still being felt.</p> <p>To support addressing these issues, SCFT are working to validate wait lists, so they are absolutely assured of their RTT performance. In addition SCFT are considering (initially looking across the Integrated Care System) how they may insource or outsource capacity in certain specialities to support reducing wait times (to address reduced capacity still felt as a result of the pension tax issues).</p> <p>SCFT are working with STH and NHS England to look at solutions to Oral Surgery. STH undertake the activity, but in SCFT theatres; thus breaches occur at SCFT when the theatre is booked post 18 weeks as a result of capacity in STH staffing.</p>	Performance against target will continue to be reported until it is being consistently met.	None
Cancer Waiting Times - 62 day waits	<p>In January 2019, the CCG did not meet all the Cancer Waiting Times targets. The issues which have been previously reported are still affecting STH performance, including: increases in demand in certain specialities, notably urology, capacity challenges, workforce gaps, and issues concerning IPTs (Inter Provider Transfers).</p> <p>There has been a drop in performance for both upper and lower Gastro-Intestinal (GI). The lower GI pathway remains under pressure and this may be impacted upon further by the implementation and rollout of the Faecal Immunochemical Test (FIT) screening and by the recent Rod Stewart public awareness campaign. Urology were aiming for achieving the standard by the end of Q3, but there has been a significant increase in referrals regarding prostate cancer so this is an important area of focus for STH.</p> <p>Further issues surrounding Linear Accelerator (a machine used to deliver radiotherapy) capacity have been highlighted and a business case has been approved for an additional facility to be located within the Weston Park grounds, which would help to meet patient need, although further capacity may well be needed for the future. STH Linear Accelerators are some of the most intensively used nationally but demand continues to outstrip capacity. It is anticipated that the eighth Linear Accelerator at STH will be in place next summer.</p> <p>Head and neck pathway breaches continue to be a factor in lower performance in 31 day targets, in particular those that require radiotherapy. Radiotherapy is currently an issue with insufficient capacity to adequately plan/treat head and neck patients.</p> <p>62 day performance remains highly variable with low numbers impacting on the target. This is through a combination of patient choice, patient fitness and complexity of cases.</p>	Despite concerted work to manage capacity across the system, and additional support from the Cancer Alliance, it is likely that some of these issues will not be resolved until later in 2020, as workforce, capacity and availability of equipment continue to be challenging across the area covered by the Cancer Alliance.	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>STH performance remains variable on a day to day basis, however STH have met the 95% standard on a number of occasions. The total average performance in February improved from January (81.45%). Sheffield Children's NHSFT maintained a consistent good performance in February.</p> <p>The Extended Access Hubs in primary care continue to provide a service for patients and an alternative to A&E. During February, 2,735 appointments were used out of 3,052 available (89.6% used). NHS 111 utilised 82.9% of the bookable appointments into the Walk In Centre.</p> <p>Due to COVID-19, demand on the NHS111 service increased by 85%, 7,610 calls were offered, 4,651 calls answered, and 32.5 % calls were abandoned. Demand has not reached this level for 7 years.</p> <p>The mid- winter review continues, recognising that the systems remain pressured, and the impact of COVID-19 needing to be factored in. We are working with NHSE to plan contingency for the long Easter Bank Holiday weekend.</p> <p>The High Intensity User Scheme procurement is in progress, with bids due to be evaluated at the end of March.</p> <p>The daily system performance communication email continues, with additional value throughout COVID-19 planning, in order to indicate demand across the system as compared with historic activity. This provides an indicator of relative pressure over the previous week and has been welcomed by partners across the system partners.</p> <p>Four community organisations have been appointed to develop and deliver a community involvement programme to help improve awareness amongst the public around what services they should access and in what circumstances.</p>	<p>STH have been managing the Clinical Decision Unit (CDU) differently, which has had a positive impact on 4 hour performance and flow with non-admitted patients going through CDU freeing up space elsewhere in system.</p> <p>STH are currently not able to deliver the 95% constitutional standard for the four hour A&E wait on a consistent basis. STH have however met and maintained performance figures above 90% in February for 9 days, which is an encouraging improvement.)</p>	<p>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 Contract Management Board.</p>
Ambulance handover / crew clear times	<p>Implementation of the YAS Operational Demand pilot role commenced in February 2020, ambulance handovers remain challenging with variable performance daily. The year to date average 15 minute handover has improved from 51.85% in January to 52.69% in February. The average number of hours lost per day over a 30 day period has improved from 5.49 hours to -0.16. Sheffield Children's NHS FT handovers remain consistent with no breaches over 1 hour.</p> <p>YAS commenced implementing the nationally mandated framework for urgent ambulance and Inter Facility Transfer (IFT) requests in October; initial data suggests that the new IFT requesting system has had a positive impact, showing a reduction in the 999 call demand for the booking of transport by Health Care Practitioners.</p> <p>The Trust and CCG continue to work together to facilitate the ambulance service and hospitals working together to agree effective escalation procedures for periods of high demand, with agreed trigger and response mechanisms, supported by monthly system wide transport meetings, facilitated by the CCG. YAS are now using direct conveyance pathways to ensure that where appropriate, patients are taken directly to the</p>	<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 for remedial fire safety works.</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.</p>
Mixed Sex Accommodation (MSA) breaches	<p>There were no Mixed Sex Accommodation breaches for Sheffield patients or Sheffield providers during January.</p> <p>During November there was one Mixed Sex accommodation breach for a Sheffield patient. This was at St Mary's Hospital, London (Imperial College NHSFT). We have contacted Imperial College and are still awaiting a response on the reasons for the breach, despite chasing them for this information.</p>	<p>Ongoing monitoring.</p>	<p>None requested.</p>

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

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Cancelled Operations - (on day of admission)	<p>During Quarter 3 (October - December 2019), there were thirteen elective operations cancelled at the last minute for patients, and then not re-scheduled within 28 days - 7 at Sheffield Teaching Hospitals NHS FT and 6 at Sheffield Children's NHS FT.</p> <p>The breaches at Sheffield Children's NHS FT were a result of bed availability and cancellations due to emergencies taking priority. A major contributing factor in December was neuro-surgery, where three patients were cancelled due to lack of available beds. All three patients were offered alternative dates and treated; however the booking process meant that these dates did not adhere to the 28 day policy. The process has been reviewed to ensure reasonable dates are now offered and recorded. There are no ongoing concerns regarding the 28 day breaches at SCFT.</p> <p>The breaches at STH were in Orthopaedics (3), Vascular Surgery (3) and Colorectal Surgery (1). Critical care beds were unavailable for two of the patients and the other 5 were as a result of emergency cases needing the theatre time and the theatre list over running. The reason for each breach is investigated and reported on to Contract Management Group every month.</p>	Ongoing monitoring.	None requested.
Mental Health CPA 7 day follow up	<p>During February at SHSC, monthly target was achieved, with performance at 95.65%. Q3 >95%</p> <p>Provider figures submitted and published showed that two patients on the Care Programme Approach were not followed up within in 7 days. When this data was reviewed this, it became clear that one patient has been shown incorrectly as having been discharged, when unfortunately, they had died during their inpatient stay.</p> <p>The second service user was not also not a breach, as they were transferred to an Out of City placement in month. This means that the performance for February follow up in 7 days should be 100% and the</p>	Ongoing	To continue to receive monitoring reports on this national standard.
Mental Health / DTOC Measures Performance Dashboard: Actions			
Improved Access to Psychological Therapies (IAPT) Access	<p>The SHSC IAPT service continues to comfortably achieve the six and eighteen week waiting time targets.</p> <p>Local data SHSC data suggests that January figures for access show an improvement, following an expected dip in referrals and attendance in December. Sheffield CCG and the IAPT service have developed a recovery plan which was submitted to NHS England in January. The recovery plan will be monitored at bimonthly meetings with the MHCT and IAPT Service Leads, in addition to monthly Contract Management Group Discussion.</p> <p>A number of additional actions have been agreed to enhance the performance against access targets, including additional weekend and evening sessions by the IAPT leadership team.</p> <p>It should however be noted that the impact of the COVID-19 virus is already leading to a serious reduction in attendance in both group appointments and individual sessions, particularly for the health anxiety groups and Long Term Conditions Groups. This will inevitably seriously impact on the access targets for the service, especially as we had agreed a number of additional weekend and evening sessions and outreach to large employer groups.</p>	It had been anticipated that the access target would be achieved during Quarter 4 of 2019/20 / Quarter 1 20/21, but the national COVID-19 situation is now expected to negatively impact on this, as people avoid non urgent health care appointments.	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.
Improved Access to Psychological Therapies (IAPT) Recovery Rate	<p>The IAPT Recovery Rate target was met in September for the CCG, however this has dropped since and the latest figures show that the standard continues to be narrowly missed. The recovery plan submitted to NHSE includes actions to improve the recovery rate.</p> <p>Local, provisional data for December and January 2019 shows that the target was met that month, however further validation is required.</p>	Ongoing.	
Delayed Transfers of Care (DTOC)	As noted previously in the March report, the 2019/20 Better Care Fund target was to have average daily delays of no more than 46.7. At the end of December 2019r, the average was 38.8, 17.1% better than the target. With regard to the long term trend in performance, at the end of December 2019, there were 11,065 delayed days recorded, 48.7% fewer than at the same point in December 2018.	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					
PATIENT SAFETY																
Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)	Q3 19/20			Target	95%	95.35%										
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)	Oct18 - Mar19			Provider Actual previous year	40.84	47.49			Provider Actual previous year	69.79	58.32					
Number of patient safety incidents, using the National Reporting and Learning System	Oct18 - Mar19						Provider Actual previous year	1848	1294		Provider Actual previous year	824	1077			
Proportion of patient safety incidents resulting in severe harm or death	Oct18 - Mar19			Provider Actual previous year	0.24	0.23	Provider Actual previous year	0.00	0.15	Provider Actual previous year	0.81	0.86	Provider Actual previous year	1.09	0.74	
Incidence of Healthcare Associated Infections - MRSA	Jan-20	Plan	0	0	Plan	0	1	Plan	0	0						
Incidence of Healthcare Associated Infections - Clostridium Difficile (Cdiff)	Jan-20	Plan	17	20	Plan	14	17	Plan	1	0						
	Jan 20 YTD	Plan	175	177	Plan	139	118	Plan	10	9						
Incidence of Healthcare Associated Infections - E Coli Blood Stream Infection	Q2 18/19	Target	258	338	No Provider targets		88	No Provider targets		0						
Serious Incidents - Number opened in month	Feb-20	No target		6	No target		2	No target		1	No target		3	No target		0
Serious Incidents - Never Events	Feb 20 YTD				Target	0	7	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)	Apr18-Mar19 (Final data)			England Average	0.465	0.431										
Patient Reported Outcome Measures (PROMS) Health gain (EQ-5D Index) - knee replacement surgery (primary)	Apr18-Mar19 (Final data)			England Average	0.338	0.335										
Friends and Family Test Response rate - A & E	Jan-20			Target	20%	19.3%	Children's Trust average	8.6%	15.4%							
Friends and Family Test Response rate - Inpatients	Jan-20			Target	30%	24.7%	Children's Trust average	25.3%	23.4%							
Friends and Family Test Number of responses - Mental Health	Jan-20						Children's Trust average	24	10	Average for Trust last 12 months	163	91				
Friends and Family Test Proportion recommended - A & E	Jan-20			England Average	84.2%	86.7%	Children's Trust average	89.0%	80.6%							
Friends and Family Test Proportion recommended - Inpatients	Jan-20			England Average	95.8%	95.4%	Children's Trust average	95.6%	88.2%							
Friends and Family Test Proportion recommended - Mental Health	Jan-20						Children's Trust average	93.6%	90.0%	England Average	89.2%	95.6%				
Staff Friends and Family Test Proportion recommended - as a place of work	Q2 19-20			England Average	66.0%	76.1%	England Average	66.0%	65.4%	England Average	66.0%	57.9%				
Staff Friends and Family Test Proportion recommended - as a place of care	Q2 19-20			England Average	81.3%	92.0%	England Average	81.3%	88.9%	England Average	81.3%	66.9%				
Patient Complaints Number of complaints responded to within agreed timescale	Various			Internal target	85%	92% (Jan2020)	Internal target	85%	56% (Dec19)	Internal target	75%	69% (Q3 19/20)				
Mixed Sex Accommodation Number of breaches	Jan-20	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	Q3 19-20	Target	15%	0%												
Continuing Healthcare (CHC) Proportion of Referrals completed within 28 days	Q3 19-20	Target	80%	92%												
HOSPITAL MORTALITY																
Summary Hospital-Level Mortality Indicator (SHMI)	Oct18-Sep19			England Average	1.0026	0.9972										
CHILDREN & YOUNG PEOPLE																
Average delivery time for Education Healthcare Plans (EHCP)	Up to Jan 20 YTD	Target	20 wks	19 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>Due to COVID-19 planning and preparations, the narrative and figures for HCAI remain as last month.</p> <p><u>Clostridium difficile</u> STHFT had 17 cases in January, which was 3 more than in December. The total for the year, to the end of January, is 118 cases (the target for the end of that month was 139). SCFT had zero cases in January. The total to date is 9 cases (6 were classed as Healthcare Onset Healthcare Associated and 3 acute trust associated cases). 3 Root Cause Analysis (RCA) have been received so far, all with no lapses identified (ie unavoidable acquisition). NHS Sheffield CCG had 20 cases in January. RCAs continue. Total to end of January is 177, against a target end of January of 175.</p> <p><u>MRSA Bacteraemia</u> 1 case reported by STH in January hospital onset case. Post Infection Review is in progress.</p> <p><u>E Coli</u> Total for the year up to end of Quarter 2 is 338 cases. During the Quarter there were 169 cases, of these, 114 were community acquired, 21 were healthcare associated and 34 were hospital attributable. In accordance with the NHSE Quality Premium 10% reduction target is 258 (up to end of quarter 2). Therefore the CCG has breached the target, however reduction work continues in collaboration with STH and the ICS.</p>	The CCG undertakes weekly monitoring of Healthcare Associated Infections.	None requested.
Never Events and Serious Incidents	<p>The total number of Never Events for 2019/20 so far is 9, (7 for STHFT, 1 for SCHFT and 1 for independent providers).</p> <p>There were no Never Events reported for February.</p>	The CCG continues to undertake weekly monitoring.	None requested.
Mixed Sex Accommodation breaches	<p>There were no Mixed Sex Accommodation breaches for Sheffield patients or Sheffield providers during January.</p> <p>During November there was one Mixed Sex accommodation breach for a Sheffield patient. This was at St Mary's Hospital, London (Imperial College NHSFT). We have contacted Imperial College and are still awaiting a response on the reasons for the breach, despite chasing them for this information.</p>	Ongoing monitoring.	None requested.
Patient Complaints	<p>The number of complaints responded to within agreed timescale remains below target at Sheffield Health and Social Care NHSFT.</p> <p>In response to low compliance with complaints handling targets at SHSC, the CCG formally requested a remedial action plan. The plan is now being implemented and performance has improved. At the time of reporting, 69% of complaints received during Q3 had been responded to within target timeframes. Some of the complaints that remained open at the time of reporting were still within the target timeframe. Therefore the final compliance figure for Q3 is expected to be higher than 69%.</p>	Ongoing.	To maintain an overview of progress.
Patient Experience			
PROMS (Patient Reported Outcome Measures)	<p>Patients undergoing elective inpatient surgery for hip and knee replacement are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves. This is measured using a methodology called PROMS (Patient Reported Outcome Measures) using the EQ-5D index.</p> <p>Latest release of finalised PROMS data for April 2018 to March 2019 shows that the EQ-5D measure for primary hip replacements shows STH as below the England average. However, the Oxford Hip Score, which is a more sensitive measure shows the trust remains in line with the rest of the country.</p> <p>Provisional data for 2019-20 has been published and STH intend to monitor the data as it becomes available to look for trends. Meetings have been set up to map patient pathways alongside the existing finalised and provisional data and regular updates will be taken to the Healthcare Governance Committee and Trust Executive Group. The trust remain committed to close observation of the PROMS data.</p>	Ongoing	None required.

Highest Quality Health Care - Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
Friends and Family Test (FFT)	<p><u>STH NHSFT Patient FFT:</u> As at December 2019 patient response rates were below target for Inpatients, Community, Maternity and A&E. Response rates at target for Outpatients. Note, the response rate for A&E had improved from November 2019 up to 17.1% from 15.8%. Response rate for Maternity has dropped from November 2019 down to 18.4% from 23%. An action plan is in place to improve A&E FFT scores. Positive scores across all areas all meeting internally set targets. 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><u>STH NHS FT Staff FFT:</u> The response rate remains low, decreasing from 13% in Q1 to 11% in Q2 19/20. This reduction is in line with the trend in previous years, where response rates are highest during Q1 and subsequently reduce during Quarters 2 to 4. Recommendation rates are good for both 'place to work' (76%) and 'to receive care' (92%) sitting above the national average of 67% and 80% retrospectively.</p> <p><u>Sheffield Children's NHSFT Patient FFT:</u> A&E - Patient response rate is currently at 15.5%, January 2020 is the first month the response rate has improved after a four month decline between Sept 19-Dec19. A significant proportion (10%-15%) state that they would NOT recommend the service. Inpatients -The collection method was changed in April 2019 from bedside TVs to FFT cards and online collection. Between April and October 2019 the response rate had declined from 27-18%; however, January 2020 saw a 3% increase to 23%, highlighting a small but steady increase throughout September 2019 – January 2020. Whilst this is lower than the response rate when using bedside TVs it is still, on average, a good response rate and the current collection methods provide more reliable data. The recommend rate has slowly been declining since November 2019 (90%-88%), but overall has improved over the past two years. The changes in collection methods mean that the data is not strictly comparable.</p> <p><u>Sheffield Children's NHSFT Staff FFT:</u> The response rate is high (45% in Q2 19/20) and has significantly increased compared to 34% in Q2 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 (89-91%) for the past 2 years.</p> <p><u>SHSC NHS FT Patient FFT:</u> The patient recommend rate is consistently high (90-100%) . However the number of responses is low. The Trust set a target trajectory for increasing responses. There was an initial increase in the number of responses, during October 2018 - February 2019. This increase has not been sustained, and since February 2019 the Trust's trajectory targets have not been met. In January 2020, 91 responses were received, 18 less than the previous month. SHSC triangulates FFT comments with other sources of patient experience data, which is good practice.</p> <p><u>SHSC NHS FT Staff FFT:</u> The response rate is low at 6% for Q2 19/20, consistently underperforming the national average (currently at 11%) since Q4 16/17. The recommend for 'place to work' has increased from 50% in Q1 to 58% in Q2 19/20. This remains below the national average of 66% (Q2 19/20). The proportion of staff that would recommend the Trust as a place to receive care is also poor at 67% for Q2 19/20.</p>	Ongoing.	None required.
Safeguarding			
Safeguarding	<p>Current Active Cases – there are no new cases this month so 6 current cases are under formal review and 2 are awaiting police information prior to decision on formal review.</p> <p>CQC have inspected SHSC and have included safeguarding. The final report is still awaited and the CCG Safeguarding team will be monitoring the action plans relating to safeguarding.</p> <p>SHSC are conducting a review of their safeguarding structures and performance. The CCG has met with the interim deputy director and is working with her to plan the future structure.</p> <p>The CCG has now received formal feedback from the Section 11 challenge meeting and the action plan is ongoing.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</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
Manor Park Medical Centre	Manor Park Medical Centre	Primary medical services	Diagnostic and screening procedures, Maternity and midwifery services, Services for everyone, Surgical procedures, Treatment of disease, disorder or injury	11/02/2020	Requires improvement	Is the service safe? – Good Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Requires Improvement Is the service well-led? – Requires Improvement	http://www.cqc.org.uk/location/1-542307650
Niche Care Limited	Niche Care Sheffield	Adult social care	Dementia, Mental health conditions, Personal care, Physical disabilities, Sensory impairments, Caring for adults under 65 yrs, Caring for adults over 65 yrs	18/02/2020	Requires improvement	Is the service safe? – Requires Improvement Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Requires Improvement Is the service well-led? – Requires Improvement	https://www.cqc.org.uk/location/1-5778780896
SheffCare Limited	Burnt Tree Croft	Adult social care	Accommodation for persons who require nursing or personal care, Dementia, Caring for adults over 65 yrs	25/02/2020	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	http://www.cqc.org.uk/location/1-123398871

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	86	99%
Requires Improvement	1	1%
Inadequate	0	0%
TOTAL	87	100%

Data as at Quarter 3 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	95	86%
Requires Improvement	14	13%
Inadequate	0	0%
Awaiting inspection	2	2%
TOTAL	111	100%

Data as at Quarter 3 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 https://www.cqc.org.uk/provider/RHQ	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	Although the Trust was rated good, an action plan has been produced and in the process of being delivered during the last year and is generally on track. Quarterly assurance reports are provided to the CCG on delivery.
		Northern General Hospital	Good		
		Royal Hallamshire Hospital	Good		
		Weston Park Hospital	Requires Improvement		
		Charles Clifford Dental Hospital	Good		
https://www.cqc.org.uk/provider/RHQ/survey/5	29/01/2019	Maternity Services Survey 2018	Labour and birth	Benchmarked as 'About the same' as other providers	An action plan was developed following the publication of Maternity Services Survey 2018 and being delivered. We await 2019 results next January to see if improvements have been made.
			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 https://www.cqc.org.uk/location/RCUEF	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	In July, the Trust 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. The Trust continues to make progress against their CQC action plan and provide assurance to the CCG and the CQC.
		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 https://www.cqc.org.uk/provider/TAH	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 has an action plan in place to address key areas of concern. The CCG took some actions to gain further assurance, including a Board to Board meeting. The Trust are making progress against the CQC action plan and working closely with CQC. A further CQC inspection is anticipated after October. The CCG continues to have ongoing concerns relating to staffing levels and complaints management.
		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				