

Performance, Quality and Outcomes Report: Position Statement

Governing Body papers

5 March 2020

Authors	Jane Howcroft, Programme and Performance Assurance Manager Rachel Clewes, Senior Programme and Performance Analyst
Sponsor Directors	Brian Hughes, Director of Commissioning and Performance Alun Windle, Chief Nurse
Purpose of Paper	
To update Governing Body on key performance, quality and outcomes measures.	
Key Issues	
<p>1. <u>Areas of concern, which remain under review</u></p> <p><u>Trolley Waits</u></p> <p>In January, one patient at Sheffield Teaching Hospitals NHSFT waited more than 12 hours in A&E from the decision to admit to their eventual admission to a bed. This is often referred to as “trolley wait” and is very unusual in Sheffield. The patient had very complex mental health needs and lived outside Sheffield; it was very difficult to find an inpatient mental health bed near the patient’s home. The Trust submitted a detailed report to NHS England / NHS Improvement and they have confirmed that they are satisfied with how it was dealt with, and have classified it as a “clinical exception”.</p> <p><u>Referral to Treatment Time (RTT) at Sheffield Children’s NHS Foundation Trust</u></p> <p>Sheffield Children’s NHSFT did not meet the national standards for 18 weeks referral to treatment in December 2019. This was due to the ongoing impact of the pensions and tax issue affecting Consultant overtime. Funding has been provided by NHSE at a national level to alleviate this issue, however the impact continues to be felt due to the Trust not being able to run additional surgical lists at weekends last autumn.</p> <p><u>Never Event</u></p> <p>Sheffield Teaching Hospitals NHSFT have reported a further Never Event, bringing this to seven in total from April to December 2019, compared to two in the same period in 2018.</p> <p><u>Improving Access to Psychological Therapies (IAPT)</u></p> <p>Following a request from NHS England, the CCG and Sheffield Health and Social Care NHSFT have submitted an IAPT improvement plan. This sets out the actions being taken locally to ensure we can meet the recovery target on a consistent basis, and to meet the access target on a sustainable basis (particularly as it becomes higher in 2020-21). The plan involves the development of new initiatives, including establishing a self-referral team, and service enhancements such as additional supervision and training for staff.</p>	

Healthcare acquired infections: E Coli

The total number of E Coli infections to the end of Quarter 2 was 338 cases. The CCG has a 10% reduction target, which meant that by the end of Quarter 2 we should not have exceeded 258 cases, therefore we have breached our target.

In Quarter 2 there were 169 cases, of these, 114 were community acquired, 21 were healthcare associated and 34 were hospital attributable.

There is a joint E Coli reduction plan in place with STH and a Steering Group which meets quarterly. Implementation of the plan is monitored by the Antimicrobial Stewardship Group, chaired by Dr Andrew McGinty our clinical lead

2. Performance and quality highlights

Mental Health Care Programme Approach (CPA) 7 day follow up

The latest quarter data shows that this target is being met at both a CCG and provider level. During the Quarter 3, 95.65% of Sheffield patients on a Care Plan Approach were followed up within 7 days.

Delayed Transfers of Care

Sheffield did not meet our rebased target for DTOCs in December, which is to achieve no more than 46.7 beds delayed per day. This was in the context of winter pressures and public holidays. However, in terms of overall performance, the average number of delays per day was 40.2, well below target. This significant and sustained improvement is the outcome of co-ordinated work across the health and social care system.

Education Health Care Plans (EHCPs)

The average timescale for EHCP continues to meet the national standard of 20 weeks, with the average time for completion in Sheffield of 18 weeks. This achievement was sustained in December.

Referral to Treatment (RTT) / Diagnostics

Sheffield Teaching Hospitals NHSFT continue to meet the RTT standard for the number of patients receiving treatment within 18 weeks. In addition the target for 99% of patients receiving a diagnostic test in 6 weeks has been met for the last 6 months at STH.

Continuing Healthcare (CHC)

Latest data for Quarter 3 shows that Sheffield continues to do better than the national standard for the two key CHC performance measures: Proportion of Decision Support Tool assessments undertaken in a non-hospital setting, and proportion of referrals completed in 28 days.

Is your report for Approval / Consideration / Noting

Consideration.

Recommendations / Action Required by Governing Body
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> • 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?
<p>Which of the CCG's Objectives does this paper support?</p> <ol style="list-style-type: none"> 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield <p>Specifically, the risks:</p> <ol style="list-style-type: none"> 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. <p>Description of Assurances for Governing Body</p> <ul style="list-style-type: none"> • 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 March 2020 meeting
of the Governing Body

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q2 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 & Cancelled Operations (28 days) trend lines are using latest quarterly (not monthly) data. ** All Quarterly data relates to Quarter 3 2019/20, except for IAPR where Q2 2019/20 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%		92.65%	Dec-19		92.00%	86.30%		
	No patients wait more than 52 weeks for treatment to start	0		0	Dec-19		0	0		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		99.87%	Dec-19		99.90%	99.80%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	85.73%	84.97%	Jan-20		81.62%	97.48%		
	No patients wait more than 12 hours from decision to admit to admission	0		1	Jan-20		1	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%	94.98%	Dec-19		95.35%	-		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	93.86%	90.64%	Dec-19		91.00%	-		
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	97.75%	96.84%	Dec-19		94.85%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.66%	100.00%	Dec-19		99.56%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	88.16%	78.46%	Dec-19		80.07%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	98.35%	100.00%	Dec-19		98.94%	-		
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	78.68%	79.53%	Dec-19		74.26%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	88.00%	92.86%	Dec-19		85.19%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient (85% threshold)	(85% threshold)	84.06%	91.67%	Dec-19		82.02%	-		
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		7 mins 46 secs	Dec-19					7 mins 46 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		27 mins 12 secs	Dec-19					27 mins 12 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		176 mins 46 secs	Dec-19					176 mins 46 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		198 mins 01 secs	Dec-19					198 mins 01 secs

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q2 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		18.59%	Dec-19		11.99%	3.85%		18.59%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		6.94%	Dec-19		1.58%	0.00%		6.94%
	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		5.10%	Dec-19		3.88%	1.28%		5.10%
	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		0.36%	Dec-19		0.35%	0.00%		0.36%
Mixed Sex Accommodation (MSA) breaches	Zero instances of mixed sex accommodation which are not in the overall best interest of the patient	0		0	Dec-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	13				7	6		
	No urgent operation to be cancelled for a 2nd time or more	Local Reduction		0	Dec-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%	95.65%						96.67%	

Highest Quality Healthcare - Mental Health / DTOC Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	56%		70.00%	Dec-19			--	71.00%	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	5.5% (Qtr target)	4.92%	1.73%	Nov-19				1.74%	
	Proportion of IAPT patients moving to recovery	50.00%	48.85%	48.75%	Nov-19				48.75%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	87.14%	86.52%	Nov-19				86.52%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	98.93%	98.88%	Nov-19				98.88%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		79.10%	Jan-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	1,597	Dec-19		1,437		49	

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 December (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 November 2019, the CCG did not meet all the Cancer Waiting Times targets. Performance was discussed at the recent Cancer Alliance Board and at the Operational Cancer meeting in November, where a number of factors relating to STH performance were highlighted, including: an increase in demand, 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 main driver of lower performance in 31 day targets, in particular those that require radiotherapy. Radiotherapy 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 FT performance is increasingly variable on a day to day basis, fluctuating between 66.5% to 93.2% in January. The total average for the last 30 days has improved slightly from last month (82.22%), partly thanks to some days where performance has been closer to the 95% standard. SCFT maintains consistent good performance.</p> <p>In order to supporting the Sheffield unscheduled care system and support performance at STH A&E, the CCG has commissioned Extended Access Hubs in primary care. Utilisation was good in January, with 2,575 appointments out of 2,792 (92.2%) filled.</p> <p>NHS 111 have utilised 76.1% of directly bookable appointments during the month of January 2020. Following analysis of additional return codes added in January for the Walk In Centre, there was a noticeable increase in appointments booked for February, with 82% utilisation rate.</p> <p>Implementation of the YAS Operational Demand pilot role commenced in February 2020. The purpose of the role is to support with minimising delays in ambulance handovers and turnarounds. It is intended to ensure that YAS maintain operational resilience, enabling them to respond to any potential or outstanding 999 calls. This pilot will enhance collaborative work with acute trusts, to ensure effective patient flow.</p> <p>The mid- winter review commenced in January and continues, recognising that as the systems remain pressured, this review will inform learning from actions already taken. The learning from the review will highlight practical steps that can be easily implemented as we move into the next few months, building into Easter planning.</p> <p>The daily system performance communication email has been developed, 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>The social media system wide campaign launched 20 January 2020, which is aimed at target audiences, the data will be available following the first month. A proposal document has been sent to community organisations regarding community engagement. Work on the staff education element of the programme is ongoing. An outcomes dashboard has been developed to support the Task & Finish Group. Phase 1 of the campaign is due to run for 3 months; an evaluation will then take place.</p>	<p>STH are not delivering the 95% constitutional standard for the four hour A&E wait. As above the CCG has developed a front door plan to deliver an increase in the number of people who access advice and treatment in other settings rather than A&E. We continue to work closely with STH and monitor their progress on their "Action 95" improvement plan.</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>
12 hour Trolley Waits	<p>During January, one patient was reported as a 'Trolley Wait' - this means that they waited more than 12 hours from a decision to admit to admission. This is a very rare occurrence in Sheffield.</p> <p>This involved a patient known to mental health services outside Sheffield, who was taken to ambulance to A&E. There was a multi-agency and out-of-Sheffield organisation involvement for this patient, who had complex needs. There were a number of factors which added to the breach. The patient was initially seen by teams from STH and SHSC in a timely fashion, however finding a suitable inpatient bed for this patient near their home took a very long time. The search for a bed was escalated, with an Executive Director taking responsibility for sourcing an appropriate bed for this person. During this week, there were critical shortages of inpatient mental health beds around the region.</p> <p>STH has reported into NHSE regarding the breach; NHSE were assured by the lengths STH went to in order to avoid the breach, in the context of bed shortages over a wide geographical area. Consequently, the breach has been recorded as a clinical exception with the National NHS England / NHS Improvement team.</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
one			
Ambulance Response Times	<p>There has been an increase in demand for all types of calls and last month they rose again to the highest point in the previous 12 months. These demand increases above forecasted levels saw further decline against all Ambulance Response standards. In addition, the categorisation of calls continues to be of higher acuity resulting in a significant shift in volumes of Category 1 and Category 2 calls.</p> <p>Increased demand for Category 1 led to a significant deterioration of workforce plans and levels of operational hours were at planned levels for this period. Although the demand for Category 2 was below expected levels, the pressure from the shift in incidents to a higher category has had a detrimental impact upon performance.</p> <p>Hospital turnaround performance continues to significantly impact on available operational hours and resulted in significant call cycle time extension. Work with acute hospitals and systems to improve processes continues with greater regional involvement from NHSI and local management focus on ways to reduce the impact on service delivery.</p> <p>See, Treat and Refer improved as a percentage of all calls as did Hear and Treat. There was a subsequent significant reduction in those patients conveyed to hospital which shows a positive exception and further demonstrates system level effect when demand increases.</p>	Progress continues to be closely monitored by the Urgent Care Team, Urgent and Emergency Care Transformation Delivery Board and at the Yorkshire & Humber 999/111 Contract Management Board meeting.	None this month.
Ambulance handover / crew clear times	<p>Ambulance handovers at STHFT remain challenging with variable performance daily. SCFT handovers remain consistent with no breaches over 1 hour. Ambulance crew "lost hours" have reduced by 8.4% YTD with Northern General Hospital being the only acute Trust in the Yorkshire & Humber region to improve their position. Other Trusts' positions have in some cases deteriorated by over 200%.</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 speciality, rather than via A&E.</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.	To continue to endorse the approach of monitoring ambulance handover performance, the monitoring of any necessary mitigating actions through monthly Contract Management Group.
Mixed Sex Accommodation (MSA) breaches	<p>There were no Mixed Sex Accommodation breaches for Sheffield patients or Sheffield providers during December.</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.</p>	Ongoing monitoring.	None requested.
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 SCFT were a result of bed availability and business as usual cancellations due to emergencies taking priority. However, 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 alternate 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). The reasons for the breaches are being investigated and will be reported in detail next month.</p>	Ongoing monitoring.	None requested.

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

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Mental Health / DTOC Measures Performance Dashboard: Actions			
Early Intervention in Psychosis (EIP)	<p>Whilst EIP service is achieving its targets above consistently and comfortably, there are concerns that other parameters are not being achieved around the delivery of services to people with a presentation of "At Risk Mental State," and the delivery of a workforce profile to reflect national best practice. NHSI have indicated that Sheffield needs to invest more in order to meet national accreditation standards.</p> <p>A recovery plan has been submitted to NHS Improvement, and this will be monitored by the Mental Health Commissioning Team (MHCT) through a bimonthly meeting, with monthly updates at Contract Management Group.</p> <p>In addition, SHSC have developed a business case for further investment which will be presented to the MHCT in February 2020.</p>	Ongoing	None requested
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, and outreach to large employer groups.</p> <p>The MHCT Clinical Director has discussed options with the IAPT service around the how we count and report recovery rates for non-complex clients separately. This will be further explored as part of the recovery plan.</p>	It is anticipated that the access target will be achieved during Quarter 4 19/20 / Quarter 1 20/21.	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	The IAPT Recovery Rate target was met in September for SCCG, however this dropped slightly in October and November to 49.49% and 48.75% respectively. The recovery plan submitted to NHSE also addresses the recovery rate. Local, provisional data for December and January 2019 shows that the target was met that month, however further validation is required.	Ongoing.	
Delayed Transfers of Care (DTOC)	<p>Sheffield's DTOC target was rebased last year to an average of 46.7 beds delayed per day, which has not been reflected in previous Governing Body reports. Delayed bed days increased during December to an average of 51.5 beds per day, compared to the target of 46.7. This was as expected due to the seasonal effect of winter pressures and public holidays, however Sheffield remains still well below our threshold, for the year to date our average number of delays per day is 40.2.</p> <p>In terms of system wide impacts, there are some early indications that reductions in DTOC are creating pressures in other parts of the system, for example, waiting times for the Discharge Support Team are increasing, We are looking closely at this as part of the Ageing Well board programme and will report back in due course on any actions required, to ensure patient flow is maintained.</p>	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)	Q2 19/20			Target	95%	95.04%										
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	Jan-20	No target		7	No target		4	No target		1	No target		2	No target		0
Serious Incidents - Never Events	Jan 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 (Provisional data)			England Average	0.469	0.429										
Patient Reported Outcome Measures (PROMS) - Health gain (EQ-5D Index) - knee replacement surgery (primary)	Apr18-Mar19 (Provisional data)			England Average	0.341	0.345										
Friends and Family Test - Response rate - A & E	Dec-19			Target	20%	17.1%	Children's Trust average	7.3%	13.0%							
Friends and Family Test - Response rate - Inpatients	Dec-19			Target	30%	24.8%	Children's Trust average	22.9%	19.8%							
Friends and Family Test - Number of responses - Mental Health	Dec-19						Children's Trust average	14	16	Average for Trust last 12 months	166	109				
Friends and Family Test - Proportion recommended - A & E	Dec-19			England Average	84.2%	85.9%	Children's Trust average	84.0%	77.4%							
Friends and Family Test - Proportion recommended - Inpatients	Dec-19			England Average	95.8%	95.7%	Children's Trust average	95.3%	89.2%							
Friends and Family Test - Proportion recommended - Mental Health	Dec-19						Children's Trust average	51.4%	81.3%	England Average	88.8%	93.6%				
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%	94% (Dec19)	Internal target	85%	56% (Dec19)	Internal target	75%	33% (Q2 19/20)				
CQC national patient survey - National Maternity Services Survey	2019			Benchmarked against national score as 'about the same'												
Mixed Sex Accommodation - Number of breaches	Dec-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	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)	Apr18-Mar19			England Average	1.0012	0.9747										
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><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>A Never Event was reported as taking place in January, which was a 'Surgical/invasive procedure incident meeting Serious Incident criteria'. A Patient admitted for renal dialysis, which required insertion of a guide wire; unfortunately the wire was not removed correctly and a subsequent X ray revealed that it had been retained, it was then removed.</p> <p>This is the seventh Never Event reported by the Trust this financial year. The Trust has been working on an action plan to address the issues. Further assurance is being sought from the Trust.</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 December.</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.</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 falling compliance with complaints handling targets at SHSC, the CCG formally requested a remedial action plan. The plan is now being implemented in order to address this issue. In Q1, 0% complaints were responded to within 25 days. This improved to 33% in Q2</p>	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
Patient Experience			
Friends and Family Test (FFT)	<p><u>STHFT:</u> Patient 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 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>SCFT:</u> A&E - patient response rate has been 14% - 17% for 14 months (Oct 2018 – Nov 2019). A significant proportion (10%-15%) state that they would NOT recommend the service. <u>Inpatients</u> -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, November 2019 saw a 4% increase to 22%, highlighting a small but steady increase throughout September 2019 – November 2019. 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. Between April and November 2019, the recommend rate has been 88-91%. The proportion of patients that would recommend the Trust fluctuates but overall has improved over the past two years. The changes in collection methods mean that the data is not strictly comparable. <u>Staff FFT:</u> 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>SHSCFT:</u> The recommend rate is consistently high (90-100%). However the number of responses is low and the 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, 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 November 2019, 109 responses were received. SHSC triangulates FFT comments with other sources of patient experience data, which is good practice. Staff FFT: 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.

Highest Quality Health Care - Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
National Maternity Services Survey 2019	<p>During January 2020 the CQC published the results of the 2019 National Maternity Services Survey. Women who gave birth during February 2019 were surveyed about their experiences of care during labour and birth, as well as the quality of antenatal and postnatal support received.</p> <p>For questions relating to labour and birth, STH was benchmarked as "about the same" as other Trusts. There was a statistically significant improvement in the responses to two questions since the survey was last conducted in 2018: "Were you treated with respect and dignity?" and "If your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?"</p> <p>For questions related to postnatal care, the Trust benchmarked as 'better' for "In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?" and 'about the same' for all other questions. There was a statistically significant improvement in the response to the question "Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?"</p> <p>For questions related to antenatal care, the Trust benchmarked as 'about the same' for all questions and there was no statistically significant change in question scores.</p>	Ongoing	None
Safeguarding			
Safeguarding	<p>Current Active Cases – there are 9 current active cases. A SCR 'Archie' has concluded and the case closed. The overview report was published on 12th February. There were no specific actions for the CCG.</p> <p>CQC have inspected SHSC and have included safeguarding. We await the final report and any action plan.</p> <p>SHSC are conducting a review of their safeguarding structures and performance. The CCG has been invited to contribute.</p> <p>The CCG has now received formal feedback from the Section 11 challenge meeting and is addressing a couple of actions</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
No providers were 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	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/RCUEE	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				