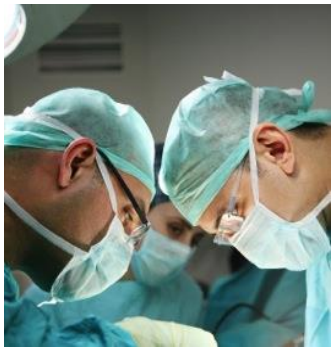
Sheffield Teaching Hospitals NHS
NHS Foundation Trust





INTEGRATED **PERFORMANCE** REPORT


BOARD OF DIRECTORS
20 JULY 2016

Contents

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS

Subject:	Integrated Performance Report
Supporting Directors:	Kirsten Major, Director of Strategy & Operations; Neil Priestley, Director of Finance; Hilary Chapman, Chief Nurse; Mark Gwilliam, Director of Human Resources & OD; David Throssell, Medical Director.
Author(s):	Paul Buckley, Deputy Director of Strategy & Planning; Balbir Bhogal, Director of Information and Performance; Annette Peck, Head of Information.
Status (see footnote):	A*

PURPOSE OF THE REPORT

To provide the Board with a detailed assessment of the performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.

RECOMMENDATIONS

The Board is asked to:

a) Receive the Integrated Performance Report for May 2016.
b) Note the performance standards that are being achieved.
c) Be assured that where performance standards are not currently met, a detailed analysis has been undertaken and actions are in place to ensure an improvement is made.

IMPLICATIONS

	STH Strategic Aims	Tick as appropriate
1	Deliver the best clinical outcomes	✓
2	Provide patient centred services	✓
3	Employ caring and cared for staff	✓
4	Spend public money wisely	✓
5	Deliver excellent research, education & innovation	✓

APPROVAL PROCESS

Meeting	Trust Executive Group	Finance, Performance & Workforce Committee	Board of Directors
Approved Y/N	Y	Y	
Date	13 July 2016	11 July 2016	20 July 2016

A = Approval; A* = Approval & Requiring Board Approval; D = Debate; N = Note.

Executive Summary

Deliver The Best Clinical Outcomes

- There have been 0 cases of Trust assigned MRSA bacteraemia recorded for the month of May. The year to date total is 1 case.
- There were 4 Trust attributable cases of MSSA bacteraemia recorded in May; this is worse than the monthly trajectory of 3.5 that the Trust has set itself. The full year performance is 10 cases of MSSA against an internal threshold of 7 cases.
- The Trust recorded 5 cases of *C.diff* for May. This is better than the monthly target of 7.25 cases. The full year performance is 13 cases of *C.diff* against an internal threshold of 13 and an NHSI threshold of 15.
- Update from Health Care Governance Committee:
    - Ten draft CQC reports for the Trust were published on 9 June 2016. Communications and media campaigns had been circulated. An action plan was submitted to the CQC on 7 July 2016. The Healthcare Governance Committee will monitor and maintain an oversight for the "must do" actions identified. A draft action plan will be submitted to the next meeting with key update presentations scheduled over the next six months. Signage showing the ratings is to be displayed across all premises.
    - Two new Information of Concern notifications had been received from the CQC for review by the Trust. The process of investigation has commenced.
    - Three new serious incidents had been reported relating to omission of methotrexate on discharge, urology follow up and haematology waiting list follow up. All are under investigation.
    - Two reports were presented to the Healthcare Governance Committee; The Integrated Risk and Assurance Report was, which highlighted nurse staffing as the highest overall risk (rating 20, Extreme). Four risks rated as 16 Extreme were care of older people, care of patients in an inappropriate setting, electronic patient record and under delivery of planned maintenance and refurbishment of the wards. Three risks rated as 15 Extreme: healthcare associated infection, midwifery staffing and IT stabilisation; and the NICE Implementation Annual Report 2015/16, highlighting that between April 2015 and March 2016, NICE released a total of 111 guidelines (Technology Appraisals, NICE Guidelines and Quality Standards), a 39% increase in publications from the previous financial year. Of the 111, only four were rated as 'amber' where there were issues around implementation. Meetings with relevant colleagues have been scheduled to address the issues.
- There are still a number of incidents not approved within 35 days but the number is significantly lower than in May 2015 at 1229 compared to 2388.
- The number of falls sustained by patients during this month was higher than has been recently reported but it remains within an 'expected' range.
- The average length of stay for non-elective spells remains above the benchmark.

Employ Caring & Cared For Staff

- The HR Business Partners are working with directorate teams to refine their action plans to support delivery of workforce targets.
- Sickness absence in May 2016 was 4.01% (a reduction in performance of 0.44%) against a target of 4%. The year to date figure was 4.19% compared with 4.18% for the same period the preceding year. These figures can be split as follows:
- Long term 2.44% (YTD), Short term 1.76% (YTD)
- There were 2456 episodes of sickness absence during May of which 494 were for more than 28 days and 61 are for 6 months and longer.
- All Directorates above the Trust target of 4% have developed their own action plans. These are continuously reviewed and the HR Business Partners are working with Directorates to ensure that anyone who has been off sick for more than 3 months has an individual action plan thereby ensuring that all long term sickness cases are pro-actively managed on a people focused basis. The Working Together programme partners are continuing the work relating to the procurement process for an absence management system. Representatives from the Working Together group and from the selected supplier attended the Trust on 2 June to provide an overview and demonstration of the proposed system and collect feedback from managers at various levels across the Trust. The feedback received from colleagues was very positive and is due to be fed back to TEG colleagues in July pending a final decision regarding the purchase of the system.

Employ Caring & Cared For Staff

- The Trust saw an increase in the number of appraisals carried out in the preceding 12-month period with the rate at the end of May 2016 standing at 83.8%, but did not achieve the target of 90%. Directorates have been asked to develop action plans in conjunction with their HR Business Partner to ensure that the target can be achieved in 2016/17 by realigning the timing of appraisals to avoid peak operational pressures wherever possible.
- There was a slight reduction in compliance levels for mandatory training with the figure of 87.4% at the end of May 2016. Monthly summits chaired by the Chief Executive continue to take place with regard to both appraisals and mandatory training.
- As part of the Staff Health and Wellbeing programme, the Trust will utilise the health check process adopted and proven successful by Sheffield Hallam University. A review of the current Managing Attendance Policy is underway. Engagement sessions have been facilitated with a range of colleagues across the organisation including TEG, Operational Board, CMB, Staff Side Partners and Service Managers and Matrons. Currently the process is in the consultation phase and a small working group consisting of staff side partners, managers and HR colleagues has been formed to conduct the formal consultation process which is due to conclude at the end of July by which time a draft policy will have been developed.
- In addition the Trust has joined the city wide 'Move More' campaign, as part of this year's Olympic celebrations with all the attendant health benefits, both physical and mental.
- The flu campaign for 2016/17 is about to commence with the aim of delivering the CQUIN target of 75% of frontline staff being vaccinated by 31 December 2016. The emphasis in the campaign will be on the health and wellbeing of staff, their families and their patients. More details will follow. Crucially, this is inextricably linked to managing the health and attendance of our workforce, particularly throughout the challenging winter period.
- The Occupational Health and HR teams are developing a Health and Wellbeing Workforce Strategy and a policy on Mental Wellbeing and Stress Management including opportunities for colleagues to access the 'Headspace' App, which is free to all NHS staff and introduces people to mindfulness techniques to help manage stress and build personal resilience. This App will be publicised and launched for use soon. The Health and Wellbeing agenda will be supported by Dawn Moore, Non Executive Director and staff side partners.
- Safer staffing – overall, the actual fill rate for day shifts for registered nurses was 94.4% and for other care staff against the planned levels was 107.9%. At night these fill rates were 92.6% for registered nurses and 109.7% for other care staff. On a number of individual wards the fill rate fell below 85% and the reasons for this are outlined in the paper discussed at the Healthcare Governance Committee.
- During May surge beds have been opened to provide additional capacity on an interim basis, though fewer beds have been needed than the previous months, with reallocation of staff from wards to safely staff these beds. The need for these additional surge beds is being assessed and monitored on a daily basis at the bed meetings

Spend Public Money Wisely

- The Month 2 position shows a £2,715.6k (1.7%) deficit against the plan (which is to deliver a full year £6.9m surplus).
- There was an activity under-performance of £2.9m after 2 months. Activity targets have increased for the new financial year. The latest analysis shows that there was a £2m under performance in April of which £1m was due to lost activity from the 4 days of Junior Doctor industrial action. The May under performance appears to relate to non-elective activity, which requires further understanding.
- There was an overall pay underspend of £0.1m (0.1%) to the end of May. Bank and Agency staffing costs are £1.9m lower than for the same period in 2015.
- There is a £0.5m under delivery against efficiency plans for the year to-date.
- Overall, Clinical Directorates reported positions £2.4m worse than their plans.
- The Financial Plan assumes neutrality on baseline contract income (tariffs, CQUIN, etc.) in the move from 2015/16 to 2016/17. However, there are significant risks to this assumption from difficult CQUIN targets, potential non-receipt of System Resilience funding and consequences of commissioner QIPP proposals. No potential losses are reflected in the May position.
- The Financial Plan and current position assumes receipt of £19.3m of national Sustainability and Transformation (S&T) funding. To receive this, the Trust has to meet conditions set by NHS Improvement on a financial "Control Total", service target trajectories and an agency staffing cost "Ceiling". The Control Total is still under discussion with NHS Improvement.
- The key risks for the year are delivery of activity/efficiency/financial plans; potential contract income losses as described above; and loss of S&T funding.

Spend Public Money Wisely

- There are no issues of concern at this stage in respect of the working capital position, balance sheet or capital programme.
- The position at the end of Month 2 is clearly a concern and work is on-going to address activity shortfalls, restrict expenditure, mitigate contract income losses and improve productivity and efficiency

Provide Patient Centred Services

- The number of referrals received was 5.8% below target in May 2016 but are 0.7% above for the year to date.
- New outpatient activity was 2.7% below target in May 2016 and 4.5% below for the year to date.
- Follow up activity was 7.4% below target in May 2016 and 6.3% below for the year to date.
- The level of elective inpatient activity was 4.1% above target in May 2016 and 1.1% above for the year to date. However, the target for MSK does not include the work contracted to the Independent sector so the over performance is over stated.
- Non elective activity was 5.0% below target in May 2016 and 4.0% below for the year to date.
- Accident and Emergency activity was 0.4% above target in May 2016 but is 1.6% below for the year so far.
- In May 2016 there was an average of 125 patients whose discharge was delayed.
- The number of operations cancelled on the day for non clinical reasons in May 2016 was 121 compared to 144 in April 2016 and there were four patients who were not readmitted within 28 days.
- The number of patients on incomplete pathways fell from 52,606 at the end of April 2016 to 51,805 at the end of May 2016. 92.8% of these had a waiting time of less than 18 weeks.
- The number of patients treated within 18 weeks for both admitted and non-admitted pathways were below the local targets of 90% for admitted and 95% for non-admitted at 85.9% and 94.2% respectively
- There were no patients waiting over 52 weeks at the end of May.
- The percentage of patients waiting less than 6 weeks for diagnostic tests increased in May to 98.6%, which is close to the target of 99% and above the planned recovery trajectory.
- The reporting of performance against the 4 hour standard in A&E recommenced in May. The overall performance for May was 89.4% compared to the target of 95%. This performance was extremely close to the trajectory agreed with NHSI and commissioners of 91.5%. However, the performance is monitored and reported daily and the target was achieved on 9 days in the month. There were no patients waiting over 12 hours for admission.
- The time taken for handover of ambulance patients improved in May with 65.7% being achieved within 15 minutes and only 0.45% exceeding 30 minutes compared to 2.2% in April.
- The percentage of outpatients cancelled by the hospital and those cancelled by the patient remain above target.
- The percentage of patients who did not attend for a new outpatient appointment was lower better the target in May for the third consecutive month. However, the percentage of patients who did not attend for a follow up outpatient appointment remains worse than target.
- The percentage of outpatient appointments that were booked through the e-Referral Service remains below target
- The collection of data on the ethnic origin of patients continues to be above target.
- Day surgery rates improved slightly in May but remain just below the target of 88% at 87.5%.
- For quarter 1 2016/17 the performance to date (as at 20 June 2016) against cancer targets remains challenging in some areas; 94.4% (target 96%) for 31 day first treatment, 93.8% (target 94%) for 31 day subsequent treatment (surgery) and 77.5% (target 85%) for 62 day referral to treatment. There is generally however significant flux in performance levels within quarter due to relatively small numbers of pathways. The GP 62 day performance continues to be a consequence of late referrals from other organisations, and the target was met for those patients whose pathway originated in STH. The other two targets relate directly to surgical capacity in urology and a comprehensive recovery plan has now been delivered. All other cancer targets are being achieved.
- Complaints – 91% of complaints were responded to within 25 working days.

Provide Patient Centred Services

- FFT response rates inpatient – the response rate in May was 29%, which is worse than the internal target of 30%. Further information is available in the exception report section.
- FFT response rates A&E– the response rate in May was 23%, which is above the internal target of 20%.
- FFT score inpatient – the score for May was 96%, which is above the internal target of 95%.

Deliver Excellent Research, Education & Innovation

As reported last month:

- Performance for 2015/16 for recruitment to trials is on target, as demonstrated by both the total number of patient accruals to portfolio studies and the percentage of clinical trials meeting the NIHR 70 day benchmark, which is used nationally as an indicator of efficient study setup.
- The number of patient accruals to portfolio adopted grant and commercial studies for 2015/16 Q3 was 1,948. This was 91% of our Yorkshire and Humber Clinical Research Network Q3 target of 2,150, with the Trust remaining one of the networks top performers. Performance over the three quarters is 105% against our Yorkshire and Humber Clinical Research Network YTD target of 6,450.
- Performance for clinical trials meeting the NIHR 70 day benchmark (from receipt of a Valid Research Application to Recruitment of First Eligible Patient) for 2015/16 Q1 was 96%. This is significantly above the NIHR national target of 80%.
- STH continues to maintain research performance as a result of several factors including shortened R&D setup times and active recruitment by researchers.

Trust Performance Overview

Indicator	Measure	Standard	Target Type	Current Data Month	Month Actual	YTD	Trend
CQC Compliance	Number of high risk indicators	Actual (increase or decrease)	National	May			
CQC Compliance	Priority banding for inspection	Category 5 or 6 by CQC	National	May			
Monitor Compliance	Continuity of Services Risk Rating	Category 3 or 4	National	Q4 15/16			
Monitor Governance Rating	Compliance with Monitor defined targets	Green/Amber or better	National	Q4 15/16			
Deliver The Best Clinical Outcomes							
Hospital Mortality	HSMR	As expected or lower	Local	Apr-15 to Mar-16			–
Hospital Mortality	SHMI	As expected or lower	Local	Jan-15 to Dec-15			–
MRSA bacteraemia	Actual numbers	Zero cases	Local	May			\
MSSA bacteraemia	Actual numbers	Max 3.5 case a month	Local	May			
C Diff	Actual numbers	May = 8 cases	National	May			\
Serious Untoward Incidents	Number of serious untoward incidents (SUI)	Number	Local	May	0	1	\
Serious Untoward Incidents	Approved SUI Report submitted within timescales	No overdue reports	Local	May			/
Incidents	Total number of incidents reported	Number of incidents reported	Local	May	2414	2037	\
Incidents	Incidents not approved after 35 days	Zero	Local	May			/
Average Length of Stay (by discharges)	Average LOS Elective	4.07 days (Dr Foster)	Local	Apr-15 to Mar-16			/
	Average LOS Non Elective	5.11 days (Dr Foster)	Local	Apr-15 to Mar-16			\
Staff Friends & Family	Recommend as a place to be treated	National Average (69%)	Local	2015			
Patient Falls	Number of patient falls	331 (5% reduction from 14/15)	Local	May			
Never Events	Number of never events	Zero	National	May			–
Employ Caring & Cared for Staff							
Sickness Absence	All days lost as a percentage of those available	4.00%	Local	May			\
Appraisals	Completed appraisals in last year	90%	Local	May			/
Mandatory Training	Overall percentage of completed mandatory training	90%	Local	May			\
Safer Staffing	Percentage of planned shifts worked by Registered Nurses/midwives during the day	85% of planned hours or greater worked	Local	May			/
	Percentage of planned shifts worked by Registered Nurses/midwives during the night	85% of planned hours or greater worked	Local	May			/
	Percentage of planned shifts worked by Clinical Support Workers during the day	85% of planned hours or greater worked	Local	May			\
	Percentage of planned shifts worked by Clinical Support Workers during the night	85% of planned hours or greater worked	Local	May			\
Staff Friends & Family	Recommend as a place to work	National Average (61%)	Local	2015			
Agency spend	Agency and bank spend as a percentage of total pay budget	8%	Local	May			/
Spend Public Money Wisely							
I & E	Variance from plan	On plan	Local	May			/
Contract performance	Variance from plan	On plan	Local	May			\
Efficiency	Variance from plan	On plan	Local	May			/
Cash	Actual	Above profile	Local	May			
Capital expenditure	Variance from plan	On plan	Local	Q4 15/16			

Data quality assessment is a separate dashboard on page 23

Trust Performance Overview (contd.)

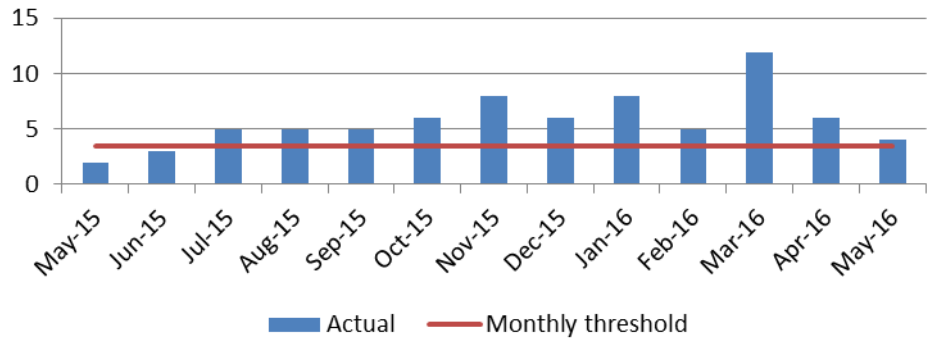
Indicator	Measure	Standard	Target Type	Current Data Month	Month Actual	YTD	Trend
Provide Patient Centred Services							
A&E 4-hour wait	Patients seen within 4 hours	95%	National	May			
>12 hr Trolley waits in A&E	No. of patients waiting > 12 hours	Zero	National	May			–
Ambulance turnaround	Time taken for ambulance handover of patient	100% within 15 minutes	National	May			/
Ambulance turnaround	Time taken for ambulance handover of patient	0% in excess of 30 minutes	National	May			\
18 week waits referral to treatment time	Percentage of admitted patients treated within 18 weeks	90%	Local	May			/
	Percentage of non-admitted patients treated within 18 weeks	95%	Local	May			/
	Percentage of patients on incomplete pathways waiting less than 18 weeks	92%	National	May			\
52 week waits	Actual numbers	Zero	National	May			–
6 week diagnostic waiting	Percentage of patients seen within 6 weeks	99%	National	May			/
Cancelled Operations	Number of operations cancelled on the day for non clinical reasons	75 per month	Local	May			\
	Number of patients cancelled on the day and not readmitted within 28 days	Zero	Local	May			–
Cancelled Outpatient appointments	Percentage of out-patient appointments cancelled by hospital	6.64% (National figure 2014/15)	Local	May			\
	Percentage of out-patient appointments cancelled by patient	6.20% (National figure 2014/15)	Local	May			/
DNA rate	Percentage of new out-patient appointments where patients DNA	7.72% (National figure 2014/15)	Local	May			/
	Percentage of follow-up out-patient appointments where patients DNA	7.97% (National figure 2014/15)	Local	May			/
Cancer Waits	Patient seen within 2 weeks	93%	National	Q4 15/16			
	Breast symptomatic seen within 2 weeks	93%	National	Q4 15/16			
	62 days from referral to treatment (GP referral)	85%	National	Q4 15/16			
	31 day first treatment	96%	National	Q4 15/16			
	31 day subsequent treatment (Surgery)	94%	National	Q4 15/16			
	31 day subsequent treatment (Radiotherapy)	94%	National	Q4 15/16			
	31 day subsequent treatment (Drugs)	98%	National	Q4 15/16			
e-Referral Service	Percentage of appointments booked through e-Referral	50%	Local	May			/
Ethnic Origin data collection	% valid ethnic group	85%	National	May			/
Elective Inpatient activity	Variance from contract schedules	On plan	Local	May			/
Non elective inpatient activity	Variance from contract schedules	On plan	Local	May			\
New outpatient attendances	Variance from contract schedules	On plan	Local	May			/
Follow up op attendances	Variance from contract schedules	On plan	Local	May			/
A&E attendances	Variance from contract schedules	On plan	Local	May			
Complaints	Percentage of complaints answered within 25 working days	85% answered within 25 days	Local	May			\
FFT Response Rates	Increased response rates for inpatient areas	30%	National	May			/
FFT Recommended	Patients recommending STH for treatment	95%	Local	May			\
FFT Response Rates	Increased response rates for A&E	20%	National	May			\
Community care –information completeness	RTT information completeness	50%	National	Q4 15/16			
	Referral information completeness	50%	National	Q4 15/16			
	Activity information completeness	50%	National	Q4 15/16			
Day surgery rates	BADS - day surgery rates	88%	Local	May			/
Mixed Sex Accommodation	Number of breaches of Mixed Sex Accommodation standard	Zero	National	May			–
Deliver Excellent Research, Education & Innovation							
Recruitment to trials	Total number of patient accruals to portfolio studies	7977	Regional -Y&H	Q3 15/16			
	70 Day Benchmark for recruitment of first patient to a clinical trial	80%	National	Q3 15/16			
Annually Reported Indicators							
Safety Thermometer	Harm free	95% harm free	National	2014			
Quality recommendation	% staff who would recommend STH to a friend / relative for treatment	69%	National	2015			
Work recommendation	% staff who would recommend STH as a place to work	61%	National	2015			
Staff Engagement	Staff engagement score	3.80	National	2015			

Data quality assessment is in a separate dashboard on page 23

Trust Performance Report by Exception

Deliver The Best Clinical Outcomes

MSSA Bacteraemia – Actual Numbers



Key Issues

During May 2016, the Trust did not meet its monthly target for MSSA, recording 4 cases against a target of 3.5.

Key Actions

Analysis of the data had not identified any clusters or patterns of infections in either individual clinical areas or by source of infection (i.e. intravenous lines, post-surgical infections etc.). However, over recent months a number of cases have been associated with intravenous lines. Improvement work has been undertaken in General Surgery and the strategies adopted are now being tested in Urology to see whether the improvements made in General Surgery can be replicated. In addition consideration is being given to whether patients should be decolonised, similar to the arrangements for MRSA.

Timescale

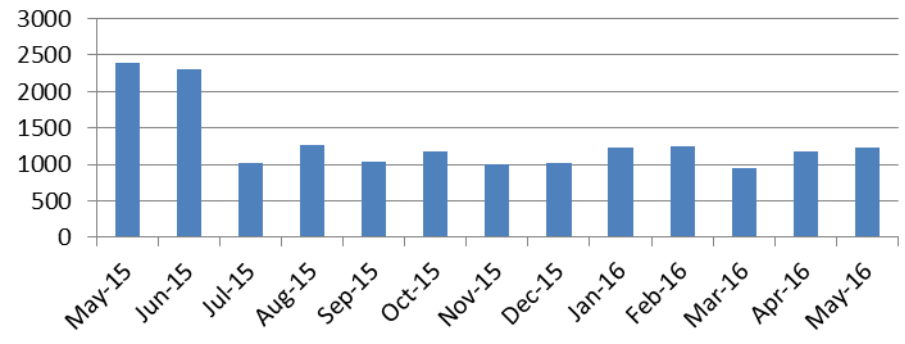
August 2016

Lead

Hilary Chapman, Chief Nurse

Deliver The Best Clinical Outcomes

Incidents – Number of incidents not approved after 35 days



Key Issues

The number of incidents not approved within 35 days. Most Directorates are continuing to experience difficulties in achieving this target for the approval of incidents, however there is evidence that this is improving

Key Actions

The drive to reduce the number of incidents requiring approval beyond 35 days has been continuing to fall and is now being supported by involving more managers in the processing of incident reports. This is particularly significant in the high reporting Directorates e.g. Emergency Medicine and Geriatric and Stroke Medicine

Timescale

September

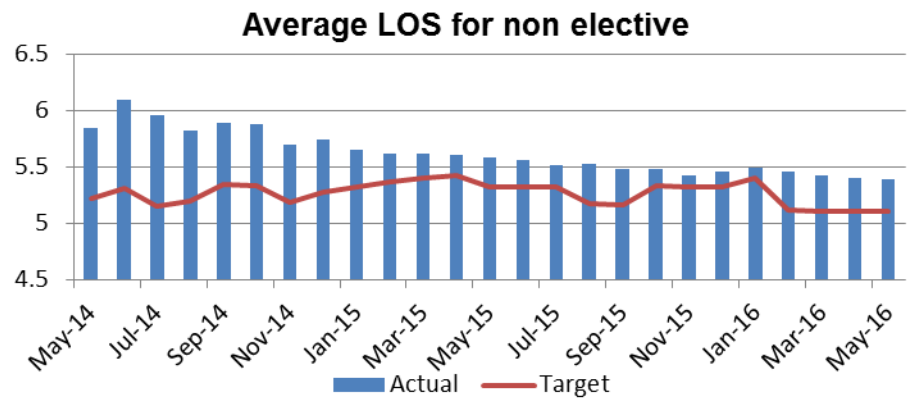
Lead

David Throssell, Medical Director

Trust Performance Report by Exception

Deliver The Best Clinical Outcomes

Average LOS (by discharges) – Average LOS Non Elective



Key Issues

The Dr. Foster based target for non elective length of stay (LoS) is 5.11 days and is based on the period April 2015 to March 2016. The actual LoS in April was 5.39 days.

Key Actions

The Excellent Emergency Pathway Programme has been established as part of *Making it Better*.

A workshop on the next steps for assessment took place 1st July with a wide group of stakeholders. Next steps currently being agreed. Many wards continue to work on improving processes, to improve discharge and reduce delay. A key current constraint is the current delays with Short Term Intervention Team (STIT). An action plan has been agreed and will be closely monitored

Timescale

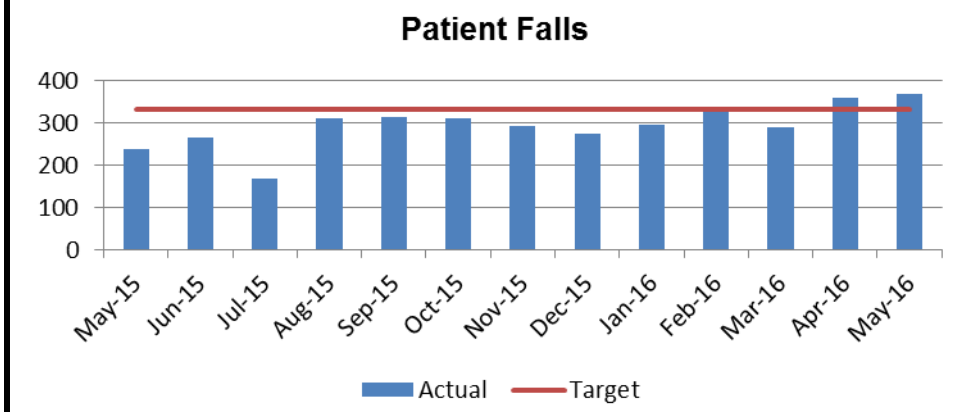
July 2016

Lead

Kirsten Major, Director of Strategy & Operations

Deliver The Best Clinical Outcomes

Patient Falls – Number of patient falls



Key Issues

The number of falls sustained by patients during this month was higher than has been recently reported but it remains within an 'expected' range.

Key Actions

The development of 'Safety Huddles' has continued to be adopted by a number of wards following improvements on some wards. Ward Q1 was the first ward to adopt this approach for the management of falls and achieved 9 weeks without a patient fall. The spread of this work is being managed on an individual ward basis with many wards requesting involvement to improve patient care and reduce harm.

Timescale

September 2016

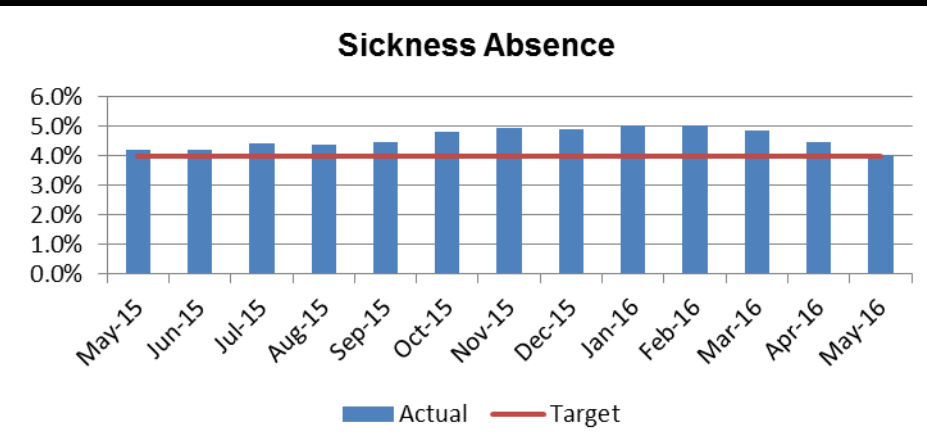
Lead

David Throssell, Medical Director

Trust Performance Report by Exception

Employ Caring & Cared for Staff

Sickness Absence – All days lost as a percentage of those available



Key Issues

The monthly sickness absence figure for May 2016 is 4.01% with a year to date figure of 4.19%. This is compared with the 2014/15 figure of 4.18% year to date as at end of May 2015.

Key Actions

An update to the action plan has been recently shared with TEG. All Directorates which are above the Trust target of 4% have developed their own action plans which are continuously reviewed. HR Business Partners continue to work with Directorates to develop individual action plans for all those staff who have been off sick for more than 3 months. Health assessments will be introduced shortly which will be rolled out across the over 40s. This is part of the Trust's involvement in the Healthy NHS Workforce programme. Revisions to the Managing Attendance policy are currently being discussed

Timescale

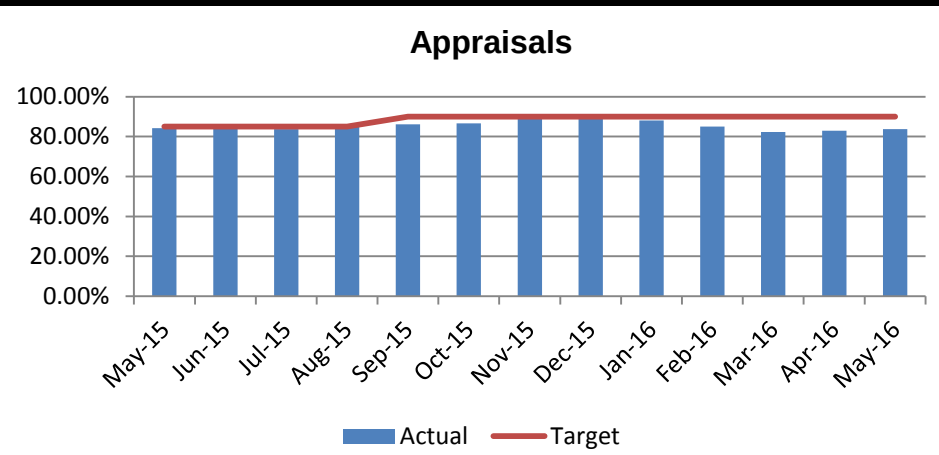
September 2016

Lead

Mark Gwilliam, Director of Human Resources & OD

Employ Caring & Cared for Staff

Appraisals - Completed appraisals in last year



Key Issues

The cumulative position for completed appraisals during the past twelve months at the end of May 2016 is 83.8%, which was short of the target of 90%.

Key Actions

Monthly summits continue to be held with members of the Operational Board and their representatives led by the Chief Executive. Directorates have been asked to develop action plans in conjunction with their HR Business Partner in order that they can achieve compliance of the target in 2016/17. This will include the need to realign the timing of appraisals.

Timescale

September 2016

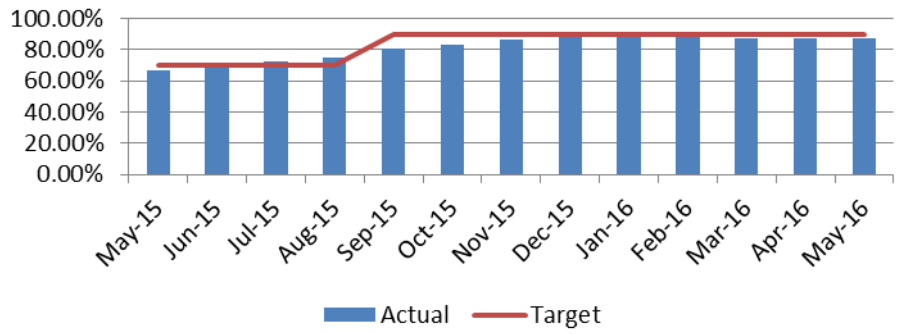
Lead

Mark Gwilliam, Director of Human Resources & OD

Trust Performance Report by Exception

Employ Caring & Cared for Staff

Mandatory Training – overall percentage of completed mandatory training



Key Issues

Compliance rates remain reasonably steady, albeit with a small decrease at the end of May 2016 with the rate being 87.4%. Progress continues towards the target of 90%.

Key Actions

Monthly Chief Executive led summits continue to be held with members of the Operational Board and their representatives resulting in continued progress being made towards the target. Central mandatory training sessions continue in order to make the training more readily available. In addition topic rolling programmes are being trialled. Clinical areas continue to make use of their clinical educators in delivering this training locally and further educators have been appointed to support the programme across the Trust.

Timescale

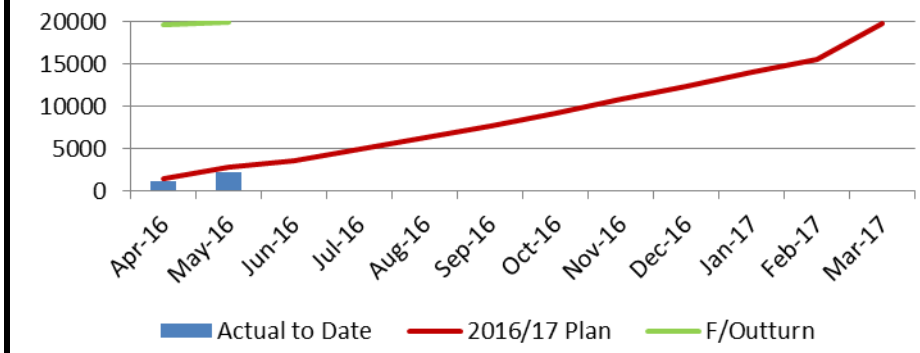
September 2016

Lead

Mark Gwilliam, Director of Human Resources & OD

Spend Public Money Wisely

Efficiency – Variance from plan



Key Issues

The 2016/17 total P&E risk adjusted plan is £19.8m. Directorates have underperformed at M2, with a deficit position of £0.5m or 19% behind plan, a slight improvement on M1.

Key Actions

The *Making it Better* programme has been launched and aims to lift the profile of improvement efforts across the Trust. Significant programmes of work are underway, for example on Acute Assessment, Seamless Surgery and the Hospital Wide Pharmacy Programme

Through the fortnightly meetings of the Chief Executive's Programme Management Office there will continue to be a focus on in month delivery.

Timescale

July 2016

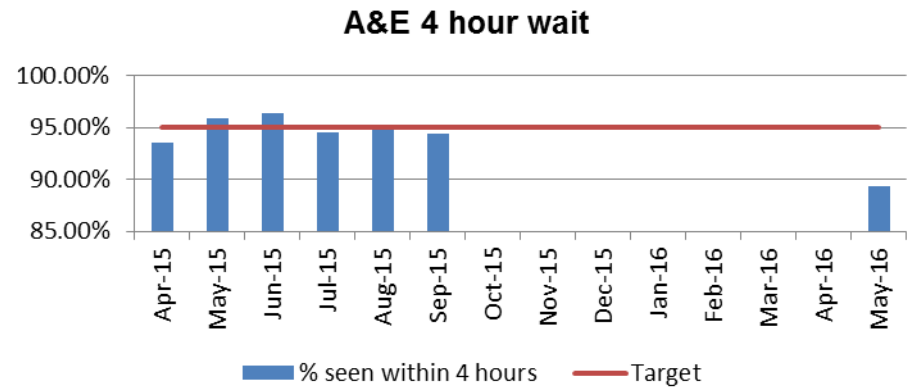
Lead

Neil Priestley, Director of Finance

Trust Performance Report by Exception

Provide Patient Centred Services

A&E 4-hour wait – Percentage of Patients seen within 4 hours



Key Issues

The percentage of patients seen within 4 hours in May 2016 remains below national requirements at 89.4% compared to the target of 95%. As part of the Sustainability and Transformation programme funding a recovery trajectory has been agreed for performance against the 4 hour standard. The trajectory for May is % 91.5%. Of the breaches recorded in May 2016, 50.6% were admitted.

Key Actions

The department introduced new processes to increase the use of and timeliness of patients moving appropriately to the Clinical Decisions Unit. The department continues to explore process improvements supported by the A&E Improvement group to further improve performance.

Timescale

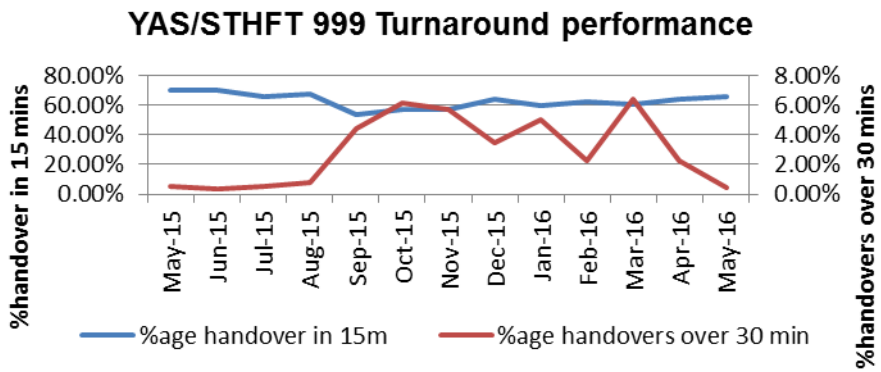
February 2017

Lead

Kirsten Major, Director of Strategy & Operations

Provide Patient Centred Services

Ambulance Turnaround - Time taken for ambulance handover of patient - 15 & 30 minutes



Key Issues

The percentage of 999 arrivals that were clinically handed over within 15 minutes of arriving in the Emergency Department (ED) has increased this month to 65.7%. The number of clinical handovers which took more than 30 minutes has also decreased to 0.45%. This represents 17 patients waiting longer than 30 minutes for handover during May. The delay in clinical handover times, in excess of 30 minutes can be linked to crowding in the ED and inability to create trolley space for new arrivals.

Key Actions

Audit of the ambulance service data for all clinical handovers in excess of 30 minutes continues. Work is continuing on improving the recording of the completion of the handover process. The introduction of a nurse led ambulance triage service that started in April 2016 has improved performance. The wider work on flow within ED is also working on profiling non-clinical staff to support timely registration.

Timescale

September 2016

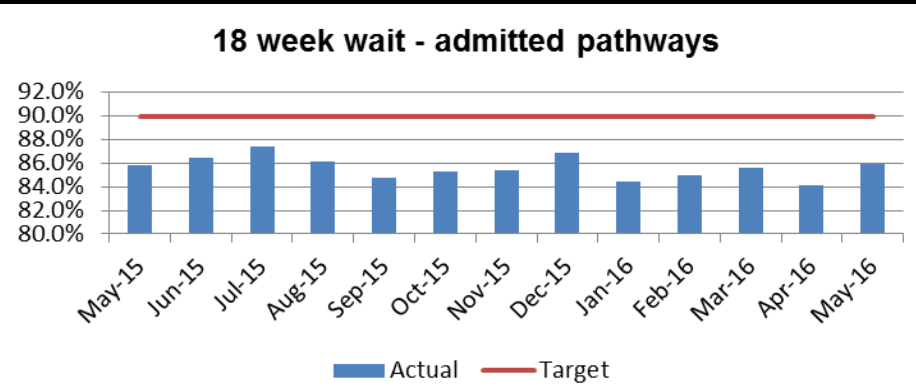
Lead

Kirsten Major, Director of Strategy & Operations

Trust Performance Report by Exception

Provide Patient Centred Services

18 week waits RTT - Percentage of admitted patients treated within 18 weeks



Key Issues

The percentage of admitted pathways seen within 18 weeks improved from 84.1% in April 2016 to 85.9% in May 2016. The specialties below target are Cardiology, General Surgery, Gynaecology, Ophthalmology, Oral Surgery, Plastic Surgery, Trauma & Orthopaedics, and the 'Other' category. Within the 'Other' category Colorectal Surgery, Upper GI Surgery, Maxillofacial Surgery, Paediatric Dentistry, Vascular Surgery and Vascular Radiology did not meet the target.

Key Actions

Detailed capacity and activity plans have been developed and reviewed at an organisational and Directorate level, led by the Chief Operating Officer and overseen by the Board Sub-Committee on waiting times. The delivery of the plans is being monitored on a regular basis.

Timescale

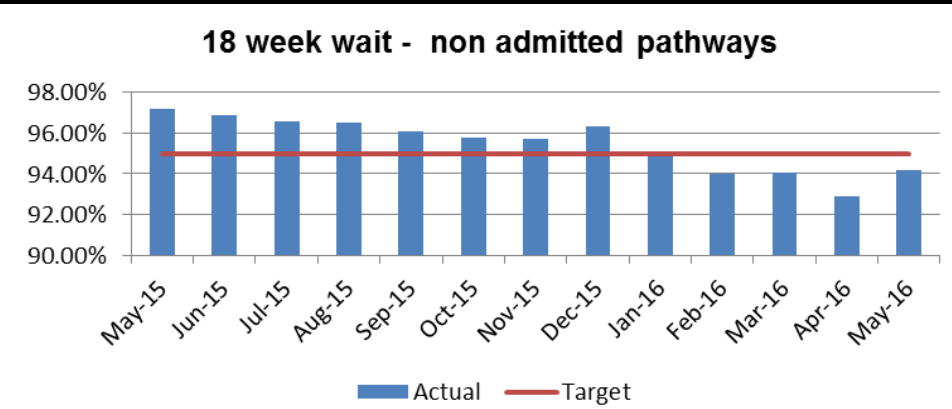
September 2016

Lead

Kirsten Major, Director of Strategy & Operations

Provide Patient Centred Services

18 week waits RTT - Percentage of non admitted patients treated within 18 weeks



Key Issues

The percentage of non-admitted pathways closed within 18 weeks was below target in May 2016 at 94.2%. Those specialties that did not manage to achieve the required target in May were Cardiology, Dermatology, ENT, Gastroenterology, Neurology, Oral Surgery, and 'Other'. Within the 'Other' category; Audiological Medicine, Colorectal Surgery, Hepatology, Obstetrics, Oral Medicine, Orthodontics, Paediatric Dentistry and Restorative Dentistry and Upper GI Surgery were below target.

Key Actions

All Directorates have produced plans and trajectories to recover the position as soon as possible. Performance is being monitored on a weekly basis and is overseen by the Board sub-committee on waiting times.

Timescale

September 2016

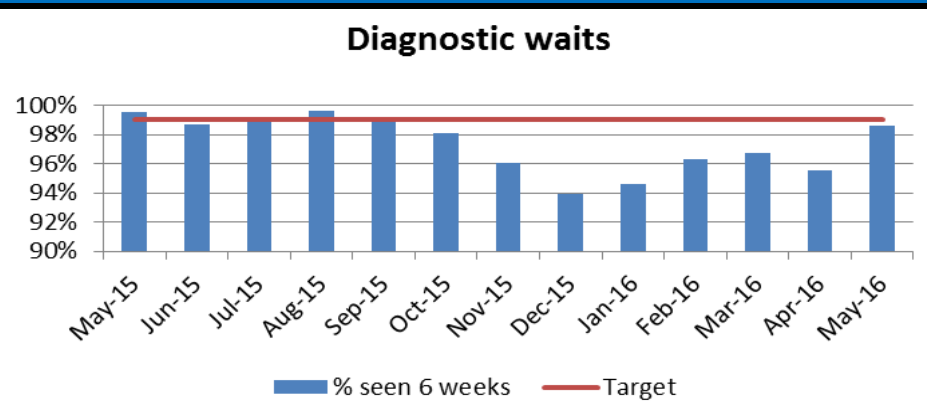
Lead

Kirsten Major, Director of Strategy & Operations

Trust Performance Report by Exception

Provide Patient Centred Services

6 week diagnostic waiting - Percentage of patients waiting less than 6 weeks



Key Issues

The percentage of patients waiting less than 6 weeks for a diagnostic test improved from 95.5% in April 2016 to 98.6% in May 2016. The tests that did not meet the target were Peripheral Neurophysiology, Urodynamics, Colonoscopy, Cystoscopy and Gastroscopy. As part of the Sustainability and Transformation programme funding a recovery trajectory has been agreed for diagnostic waits. The trajectory for May 2016 is 96.6%.

Key Actions

As reported previously, action plans are in place for all areas that will deliver the target overall by September 2016. Sleep Studies will meet the target by June. However, Endoscopy will be later as it is dependent on the successful recruitment of additional medical staff and therefore capacity.

Timescale

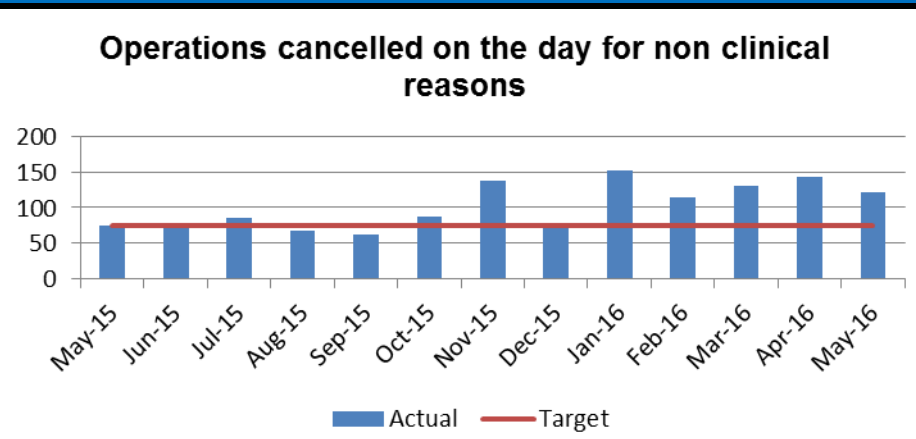
September 2016

Lead

Kirsten Major, Director of Strategy & Operations

Provide Patient Centred Services

Operations cancelled on the day for non clinical reasons



Key Issues

The number of operations cancelled on the day for non-clinical reasons increased in reduced in May 2016 to 121 compared to 144 in April 2016. There were only 7 cancellations due to lack of beds compared to 51 in April 2016 and 55 in March 2016. The main reasons were lack of clinical staff and administrative errors.

Key Actions

As reported last month improved scheduling of cases through theatres should reduce the number of cancellations for lack of theatre time. Directorates are to investigating cancellations to improve processes to reduce these.

Timescale

July 2016

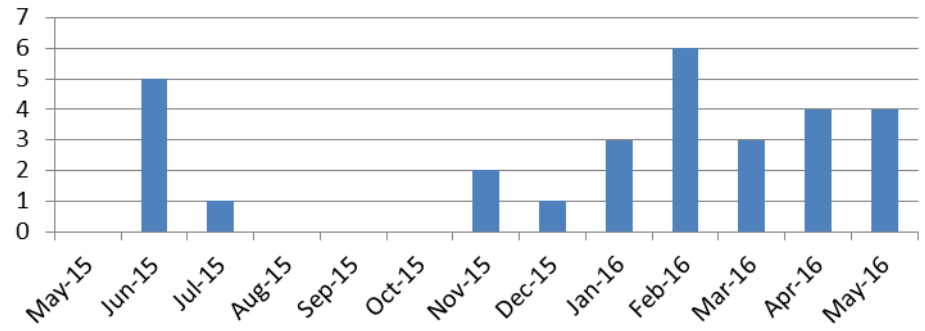
Lead

Kirsten Major, Director of Strategy & Operations

Trust Performance Report by Exception

Provide Patient Centred Services

Cancelled Operations not readmitted within 28 days



Key Issues

In May 2016 there were 4 patients whose operations were cancelled on the day who were not readmitted within 28 days. These were in Cardiology, Ophthalmology, Spinal Surgery and Vitreoretinal Surgery.

Key Actions

As reported previously, the improvements in scheduling and theatre booking will help to reduce these small numbers even further. Directorates are refining their processes to schedule the readmission of these patients as they are cancelled in as short a time frame as possible.

Timescale

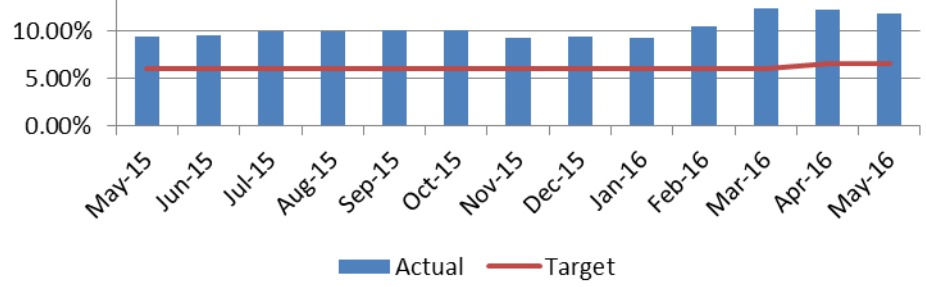
July 2016

Lead

Kirsten Major, Director of Strategy & Operations

Provide Patient Centred Services

Cancelled Outpatient Appointments – % of out-patient appointments cancelled by hospital



Key Issues

The percentage of outpatient appointments cancelled by the hospital remains above the national benchmark at 11.8% but this was lower than the 12.3% in April 2016.

Key Actions

Detailed analysis that has been shared with Directorates showed that there is a significant relationship between the length of time that an appointment is booked in advance and the likelihood that it will be cancelled by the hospital. Directorates are working up local action plans for improvement. These plans will be overseen by the Referral to Treatment and Activity Group.

Timescale

September 2016

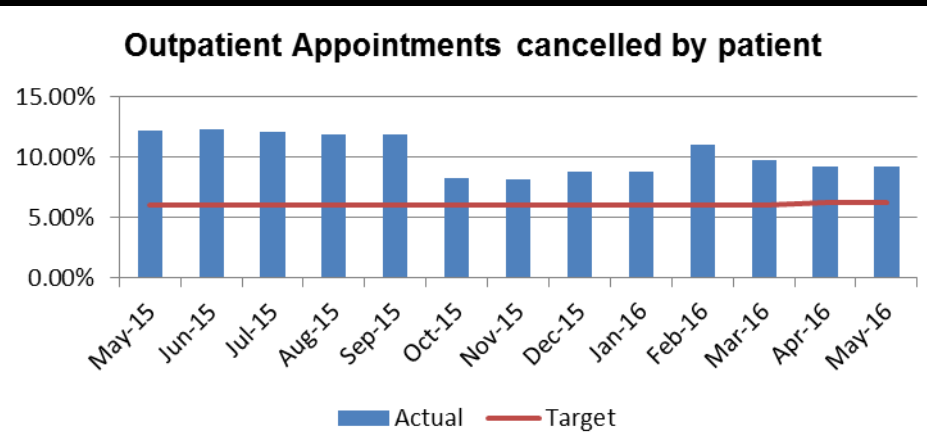
Lead

Kirsten Major, Director of Strategy & Operations

Trust Performance Report by Exception

Provide Patient Centred Services

Cancelled Outpatient Appointments - % of outpatient appointments cancelled by patient



Key Issues

The percentage of outpatient appointments cancelled by the patient in May 2016 was the same as in April 2016 at 9.2% compared to March 2016 to 9.7% and 11.1% in February 2016.

Key Actions

Detailed analysis has been shared with Directorates showed that if an appointment is booked via e-RS then the patient is less likely to cancel the appointment. Appointments made at short notice are more likely to be cancelled by the patient. Directorates are working up local action plans for improvement. These plans will be overseen by the Referral to Treatment and Activity Group.

Timescale

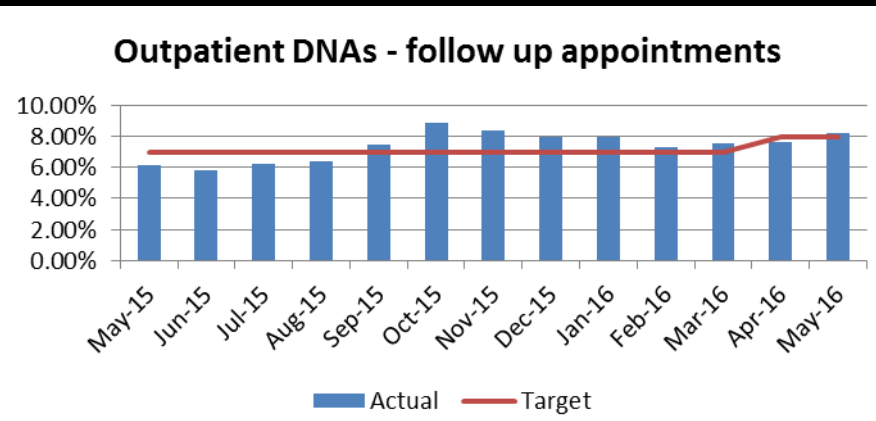
September 2016

Lead

Kirsten Major, Director of Strategy & Operations

Provide Patient Centred Services

DNA rate – Percentage of follow up appointments where the patient did not attend



Key Issues

The percentage of follow up outpatients where the patient did not attend rose in May 2016 to 8.23% compared to 7.63% in April 2016. The cumulative position is 7.93% which is just below the national benchmark level of 7.97%.

Key Actions

Actions are underway to reduce the DNA's. A number of Directorates are implementing contact centre services to improve the scheduling process. Letters sent to patients are also being reviewed.
A detailed piece of work analysing patient address information to ensure that this is accurate is also underway

Timescale

September 2016

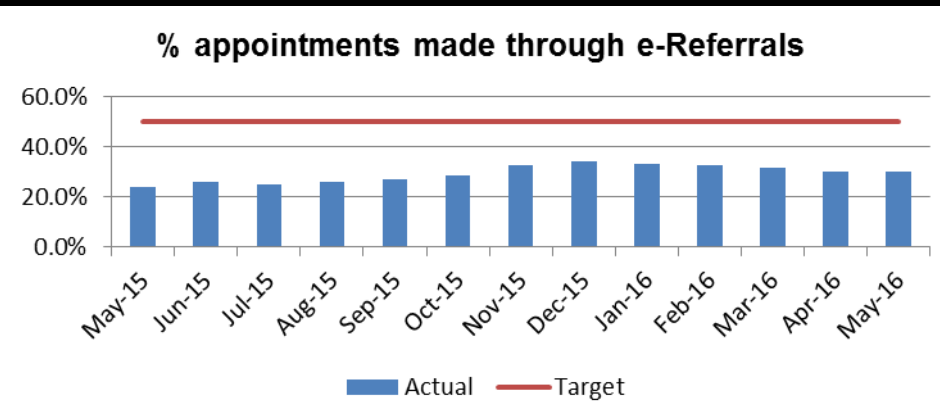
Lead

Kirsten Major, Director of Strategy & Operations

Trust Performance Report by Exception

Provide Patient Centred Services

e-Referral Service Utilisation - Percentage appointments booked through e-Referral Service



Key Issues

The percentage outpatient appointments made through e-Referrals Service (e-RS) has increased slightly from 30.14% in April 2016 to 30.20% in May 2016. The technical issues reported last month will have contributed to this slight reduction.

Key Actions

Work is underway to resolve the technical issues between the Trust system and the National Electronic Referrals Service.

A working group has been established with NHS Sheffield to drive an increase in the use of the electronic system.

Timescale

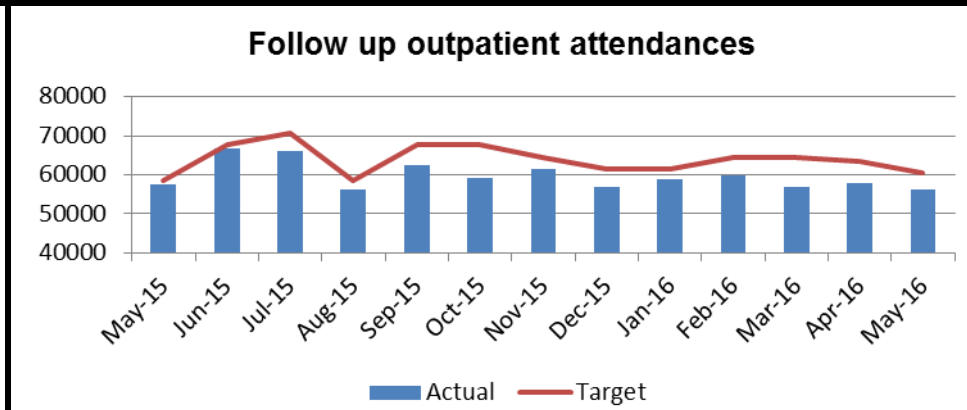
October 2016

Lead

Kirsten Major, Director of Strategy & Operations

Provide Patient Centred Services

Follow up outpatient attendances – variance from contract schedules



Key Issues

The number of follow up outpatient attendances was below target again in May 2016 and is now 6.3% below for the year to date

Key Actions

Directorates have produced capacity plans and these are being refined to ensure that the plans will deliver the required contract performance. The delivery of these plans is being monitored on a monthly basis.

Timescale

July 2016

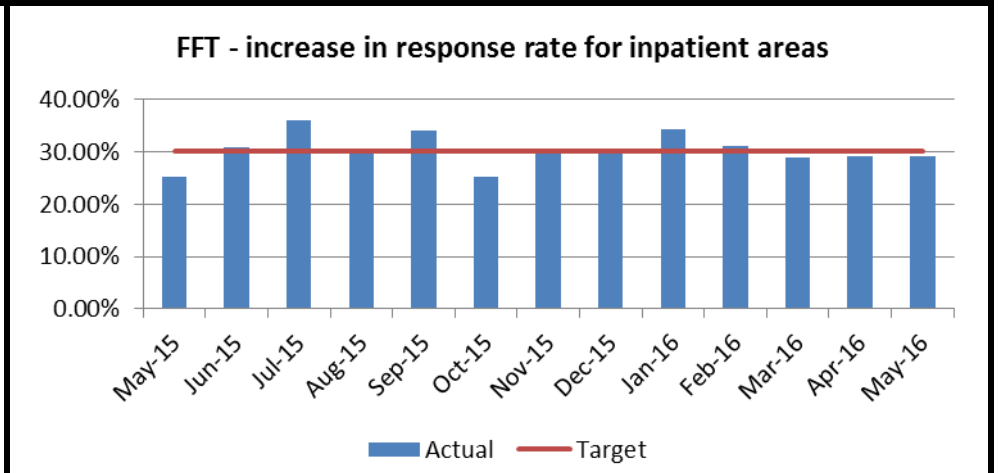
Lead

Kirsten Major, Director of Strategy & Operations

Trust Performance Report by Exception

Provide Patient Centred Services

FFT – Increase in response rate for inpatient areas



Key Issues

The Trust failed to achieve the internal response rate target for Friends and Family Test for inpatients during May 2016.

Key Actions

The response rate for inpatients has been consistently above 30% for most months. There are no issues identified to explain why the response rate has fallen below 30%. A review is currently being undertaken though to identify the inpatient wards with the lowest 12 month response rate. These wards will be selected to trial the use of SMS text messaging and Interactive Voice Messaging (IVM) to see if this improves their response rate.

Timescale

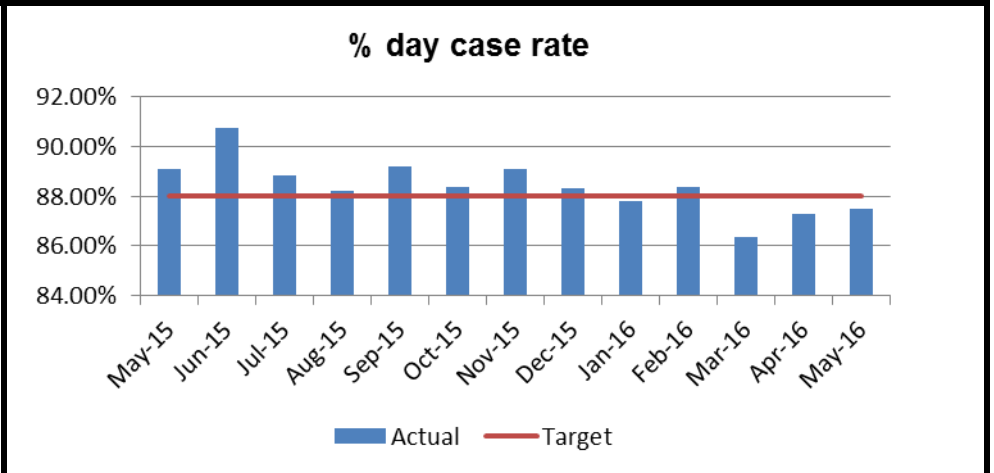
September 2016

Lead

Hilary Chapman, Chief Nurse

Provide Patient Centred Services

BADS – day surgery rates



Key Issues

The percentage of patients seen as day cases was below the British Association of Day Surgery (BADS) day surgery rate. In May 2016 it was 87.5% compared to the target of 88%. This is a slight improvement on the April 2016 of 87.3%

Key Actions

This is the third consecutive month that the percentage has fallen below the BADS rate. A detailed report on day surgery rates was provided last month and the actions highlighted are being progressed.

Timescale

September 2016

Lead

Kirsten Major, Director of Strategy & Operations

Directorate Dashboard

Indicator	Measure	Diab & Endo	Emerg Med	Gastro	Pharm	Resp Med	Integ Comm Care	GSM	Prim Care & Int/Serv	Therap & Pall Care	CCDS	ENT	Neuro	Ophthal
MRSA bacteraemia	Actual numbers													
MSSA bacteraemia	Actual numbers													
C Diff	Actual numbers													
Serious Untoward Incidents	Approved SUI Report submitted within timescales													
Serious Untoward Incidents	Number of Serious Untoward Incidents	0	0	0	0	1	1	2	0	0	0	0	0	0
Incidents ⊙	To be agreed													
Incidents ⊙	Incidents not approved after 35 days													
Average Length of Stay (by discharges) ⌖	Average LOS Elective													
	Average LOS Non Elective													
Patient Falls	Number of patient falls													
Never Events	Number of never events													
Sickness Absence	All days lost as a percentage of those available													
Appraisals ⌖	Completed appraisal in last year													
Mandatory Training ⌖	Overall percentage of completed mandatory training													
Agency spend	Agency and bank spend as a percentage of total pay budget													
I & E	Variance from plan													
Contract performance	Variance from plan													
Productivity & Efficiency	Variance from plan													
18 week waits referral to treatment time ⊙	Percentage of admitted patients treated within 18 weeks (90%)													
	Percentage of non-admitted patients treated within 18 weeks (95%)													
	Percentage of patients on incomplete pathways waiting less than 18 weeks (92%)													
52 week waits	Actual numbers													
6 week diagnostic waiting ⊙	Percentage of patients seen within 6 weeks													
Cancelled Operations	Number of operations cancelled on the day for non clinical reasons													
	Number of patients cancelled on the day and not readmitted within 28 days													
Cancelled Outpatient appointments	Percentage of out-patient appointments cancelled by hospital													
	Percentage of out-patient appointments cancelled by patient													
DNA rate	Percentage of new out-patient appointments where patients DNA													
	Percentage of follow-up out-patient appointments where patients DNA													
Cancer Waits ⌖	Patient seen within 2 weeks (93% compliance)													
	Breast symptomatic seen within 2 weeks (93% compliance)													
	62 days from referral to treatment (85% compliance)													
	31 day first treatment (96% compliance)													
e-Referral Service	Percentage of appointments booked through e-Referral													
Ethnic Origin data collection	% valid ethnic group (85%)													
Elective Inpatient activity	Variance from contract schedules													
Non elective inpatient activity	Variance from contract schedules													
New outpatient attendances	Variance from contract schedules													
Follow up op attendances	Variance from contract schedules													
Complaints	Percentage of complaints answered within 25 working days													
FFT Response Rates ⊙	Increased response rates for inpatient areas													
FFT Recommended ⊙	Patients recommending STH for treatment													
FFT Response Rates ⊙	Increased response rates for A&E													
Day surgery rates	BADS - day surgery rates													
Mixed Sex Accommodation	Number of breaches of Mixed Sex Accommodation standard													

Performance is YTD unless specified:

⊙ Last complete month

⌖ Rolling 12 months

⌖ Current quarter to date

Directorate Dashboard

Indicator	Measure	Lab Med	MIMP	OGN	MSK	OSSCA	Cardiac	Renal	Vasc	Comm Dis & Spec	Spec Rehab	Spec Cancer	Gen Surg	Plastic Surg	Urology
MRSA bacteraemia	Actual numbers														
MSSA bacteraemia	Actual numbers														
C Diff	Actual numbers														
Serious Untoward Incidents	Approved SUI Report submitted within timescales														
Serious Untoward Incidents	Number of Serious Untoward Incidents	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Incidents ⊙	To be agreed														
Incidents ⊙	Incidents not approved after 35 days														
Average Length of Stay (by discharges) ⌖	Average LOS Elective														
	Average LOS Non Elective														
Patient Falls	Number of patient falls														
Never Events	Number of never events														
Sickness Absence	All days lost as a percentage of those available														
Appraisals ⌖	Completed appraisal in last year														
Mandatory Training ⌖	Overall percentage of completed mandatory training														
Agency spend	Agency and bank spend as a percentage of total pay budget														
I & E	Variance from plan														
Contract performance	Variance from plan														
Productivity & Efficiency	Variance from plan														
18 week waits referral to treatment time ⊙	Percentage of admitted patients treated within 18 weeks (90%)														
	Percentage of non-admitted patients treated within 18 weeks (95%)														
	Percentage of patients on incomplete pathways waiting less than 18 weeks (92%)														
52 week waits	Actual numbers														
6 week diagnostic waiting ⊙	Percentage of patients seen within 6 weeks														
Cancelled Operations	Number of operations cancelled on the day for non clinical reasons														
	Number of patients cancelled on the day and not readmitted within 28 days														
Cancelled Outpatient appointments	Percentage of out-patient appointments cancelled by hospital														
	Percentage of out-patient appointments cancelled by patient														
DNA rate	Percentage of new out-patient appointments where patients DNA														
	Percentage of follow-up out-patient appointments where patients DNA														
Cancer Waits ⌗	Patient seen within 2 weeks (93% compliance)														
	Breast symptomatic seen within 2 weeks (93% compliance)														
	62 days from referral to treatment (85% compliance)														
	31 day first treatment (96% compliance)														
e-Referral Service	Percentage of appointments booked through e-Referral														
Ethnic Origin data collection	% valid ethnic group (85%)														
Elective Inpatient activity	Variance from contract schedules														
Non elective inpatient activity	Variance from contract schedules														
New outpatient attendances	Variance from contract schedules														
Follow up op attendances	Variance from contract schedules														
Complaints	Percentage of complaints answered within 25 working days														
FFT Response Rates ⊙	Increased response rates for inpatient areas														
FFT Recommended ⊙	Patients recommending STH for treatment														
FFT Response Rates ⊙	Increased response rates for A&E														
Day surgery rates	BADS - day surgery rates														
Mixed Sex Accommodation	Number of breaches of Mixed Sex Accommodation standard														

Performance is YTD unless specified:

⊙ Last complete month
⌖ Rolling 12 months
⌗ Current quarter to date

DASHBOARD OF ASSESSMENT OF DATA QUALITY

Indicator	Measure	Accuracy	Validity	Reliability & Consistency	Timeliness	Relevance	Completeness & Coverage
Hospital Mortality	HSMR						
Hospital Mortality	SHMI						
MRSA bacteraemia	Actual numbers						
MSSA bacteraemia	Actual numbers						
C Diff	Actual numbers						
Serious Untoward Incidents	Number of serious untoward incidents (SUI)						
Serious Untoward Incidents	Approved SUI Report submitted within timescales						
Incidents	Increase in incident reporting levels						
Incidents	Incidents not approved after 35 days						
Average Length of Stay (by discharges)	Average LOS Elective						
Average Length of Stay (by discharges)	Average LOS Non Elective						
Staff Friends & Family	Recommend as a place to be treated						
Patient Falls	Number of patient falls						
Never Events	Number of never events						
Sickness Absence	All days lost as a percentage of those available						
Appraisals	Completed appraisals in last year						
Mandatory Training	Overall percentage of completed mandatory training						
Safer Staffing	Percentage of planned shifts worked by Registered Nurses/midwives during the day						
Safer Staffing	Percentage of planned shifts worked by Registered Nurses/midwives during the night						
Safer Staffing	Percentage of planned shifts worked by Clinical Support Workers during the day						
Safer Staffing	Percentage of planned shifts worked by Clinical Support Workers during the night						
Staff Friends & Family	Recommend as a place to work						
Agency spend	Agency and bank spend as a percentage of total pay budget						
I & E	Variance from plan						
Contract performance	Variance from plan						
Efficiency	Variance from plan						
Cash	Actual						
Capital expenditure	Variance from plan						
A&E 4-hour wait	Patients seen within 4 hours						
>12 hr. Trolley waits in A&E	No. of patients waiting > 12 hours						
Ambulance turnaround	Time taken for ambulance handover of patient						
Ambulance turnaround	Time taken for ambulance handover of patient						
18 week waits referral to treatment time	Percentage of admitted patients treated within 18 weeks						
18 week waits referral to treatment time	Percentage of non-admitted patients treated within 18 weeks						
18 week waits referral to treatment time	Percentage of patients on incomplete pathways waiting less than 18 weeks						
52 week waits	Actual numbers						
6 week diagnostic waiting	Percentage of patients seen within 6 weeks						
Cancelled Operations	Number of operations cancelled on the day for non-clinical reasons						
Cancelled Operations	Number of patients cancelled on the day and not readmitted within 28 days						
Cancelled Outpatient appointments	Percentage of out-patient appointments cancelled by hospital						
Cancelled Outpatient appointments	Percentage of out-patient appointments cancelled by patient						

Indicator	Measure	Accuracy	Validity	Reliability & Consistency	Timeliness	Relevance	Completeness & Coverage
DNA rate	Percentage of new out-patient appointments where patients DNA						
DNA rate	Percentage of follow-up out-patient appointments where patients DNA						
Cancer Waits	Patient seen within 2 weeks						
Cancer Waits	Breast symptomatic seen within 2 weeks						
Cancer Waits	62 days from referral to treatment (GP referral)						
Cancer Waits	31 day first treatment						
Cancer Waits	31 day subsequent treatment (Surgery)						
Cancer Waits	31 day subsequent treatment (Radiotherapy)						
Cancer Waits	31 day subsequent treatment (Drugs)						
Choose & Book Utilisation	Percentage appointments booked through C&B						
Ethnic Origin data collection	% valid ethnic group						
Elective Inpatient activity	Variance from contract schedules						
Non elective inpatient activity	Variance from contract schedules						
New outpatient attendances	Variance from contract schedules						
Follow up op attendances	Variance from contract schedules						
A&E attendances	Variance from contract schedules						
Complaints	Percentage of complaints answered within 25 working days						
FFT Response Rates	Increased response rates for inpatient areas						
FFT Response Rates	Increased response rates for A&E						
Community care –information completeness	RTT information completeness						
Community care –information completeness	Referral information completeness						
Community care –information completeness	Activity information completeness						
Day surgery rates	BADS - day surgery rates						
Mixed Sex Accommodation	Number of breaches of Mixed Sex Accommodation standard						
Recruitment to trials	Total number of patient accruals to portfolio studies						
Recruitment to trials	70 Day Benchmark for recruitment of first patient to a clinical trial						
Safety Thermometer	Harm free						
Quality recommendation	% staff who would recommend STH to a friend / relative for treatment						
Work recommendation	% staff who would recommend STH as a place to work						
Staff Engagement	Staff engagement score						

Deep Dive - Care Quality Commission Strategy - Shaping the Future 2016-2021

The Care Quality Commission (CQC) has published its strategy for 2016 to 2021, setting out an ambitious vision for a more targeted, responsive and collaborative approach to regulation. *Shaping the future* describes how the CQC will combine learning from 22,000 comprehensive inspections with better use of intelligence from the public, providers and partners in order to focus inspections to where people may be at risk of poor care.

As services change the way they organise and deliver care the CQC's approach is evolving to reflect these changes. The CQC reports that the new strategy will help encourage services to innovate and collaborate in order to drive improvement, while ensuring that people continue to receive good, safe care.
Shaping the future sets out how CQC will build on the strong foundations of its current approach, using the unique picture of quality and in-depth understanding of the sectors it regulates, gained from its first round of comprehensive inspections. The strategy was developed following a year-long consultation period.
One of the key developments to the CQC's approach will be the improved use of information from the public, providers, other regulators and oversight bodies, in order to target resources more effectively to where risk to the quality of care provided is greatest, or to where quality is likely to have changed. In practice, this will mean more use of targeted unannounced inspections, based on information that is constantly updated – for example, if there is a sudden spike in people reporting poor care from a particular service. It would also mean longer intervals between inspections for services rated 'Good' or 'Outstanding' if they can continue to demonstrate that they are providing good care.

On the launch of the Strategy David Behan, Chief Executive of the Care Quality Commission stated:

> *'We'll also do more to help providers to monitor and report on their own quality; work with national and local partners to formalise the definition of quality and agree how we should measure it; and develop a shared data set, so providers are only asked for information once. This will make it easier for health and care services to know what is expected of them and to report on it – and easier for people to know what to expect from their care.*
>
> *'We'll do this by working smarter and faster – for example by using new technology and data to make better use of what people tell us, so that we can use the most up-to-date information to help spot when people might be at risk of poor care. We will improve the processes that underpin our inspections, so we can report what we find more quickly. And we'll be working closely with partners to ensure a more joined-approach that works better for the public and reduces the burden of regulation for providers.'*

Shaping the future sets out four priorities for CQC over the next five years:

1. **Encourage improvement, innovation and sustainability in care** – The CQC will work with others to support improvement, adapt its approach as new care models develop, and publish new ratings of NHS Foundation Trusts' use of resources.
2. **Deliver an intelligence-driven approach to regulation** – The CQC will use its information from the public and providers more effectively to target its resources where the risk to the quality of care provided is greatest and to check where quality is improving, and it will introduce a more proportionate approach to registration.
3. **Promote a single shared view of quality** – The CQC will work with others to agree a consistent approach to defining and measuring quality, collecting information from providers, and delivering a single vision of high-quality care.
4. **Improve its efficiency and effectiveness** – The CQC will work more efficiently, achieving savings each year, and improving how it works with the public and providers. This is a key priority as the CQC overall budget will reduce by £32 million by 2019/20, from £249m to £217m. At the same time, the main source of funding is switching from the Department of Health to fees paid by providers.

The new strategy sets out an ambitious vision for a more targeted, responsive and collaborative approach to regulation, so more people get high-quality care. The increased focus on co-regulation does have resource implications for Sheffield Teaching Hospitals. The new model requires an annual submission linked to the key lines of enquiry, every provider will receive an annual unannounced inspection and assessment against the well led domain will also take place yearly.
The functions of monitoring, inspection and reporting will evolve for acute and community services and the potential impact of these changes are noted below:

As part of the new Strategy the CQC will:	**Implications for Sheffield Teaching Hospitals:**
Focus inspections on core services (for example critical care, surgery) particularly those that require improvement or are inadequate, and extend the intervals between inspections for those that are good or outstanding.	Services that received a required improvement rating during the December 2015 inspection should expect a re-inspection within the next 12-24 months. These are likely to be unannounced. However areas that received a good or outstanding rating should continue to ensure that the quality of services reach the required standard as a sample of these services will also be re-inspected.
Update core service ratings on the basis of smaller, focused inspections and make more use of unannounced inspections.	It is unlikely that Sheffield Teaching Hospitals will receive a full comprehensive inspection again. Future inspections will be smaller but more focused and responsive to perceived changes in the quality of care delivered. The CQC will adopt a targeted and tailored approach to plan future inspections, using the Trust's regulatory history, the new insight model, information from the Trust and local knowledge to determine the scope of inspection (for example, which core services to review). The CQC will develop a set of 'triggers', which will prompt further investigation, where it is believed the quality of a service is poor or follow up where improvements are being made.
Hold an annual review of each provider to determine where to focus our inspection activity for the year ahead.	It is unclear at present if the annual review will be a formal face to face review or a CQC-led paper based exercise using all evidence available and data on the new CQC inSight system. This will include information up loaded by the Trust onto the CQC Provider Portal (The Provider Portal is an online system that allows registered providers to complete transactions with CQC quickly and efficiently) The approach will be monitored as the strategy is developed.
Expect providers to describe their own quality against our five key questions, and feed this information into the annual review.	The CQC will expect the Trust to give their view of the quality of care they are providing against the five key questions, as part of annual reporting processes, including what has changed over the year, our plans for improvement and examples of good practice. This information will be required to be uploaded by the Trust onto the inSight web portal. This requirement will have significant resource implications, depending on the level of granularity required and the impact of this change needs careful monitoring.
Produce shorter reports, more quickly, that make clear how we have come to our decisions.	This is a positive step forward for the Trust and the patients we serve.
With NHS Improvement, give a new rating of how efficiently and effectively NHS trusts and foundation trusts use their resources.	Development and testing of the assessment approach is underway, led by NHS Improvement. The CQC will consult publicly on the model later in 2016/17, including on how the use of resources rating is brought together with the CQC's existing quality ratings. As previously the impact of this change will require monitoring.
Develop approaches to inspect services that cross our current core service boundaries, like cancer and mental health services in an acute hospital.	It is likely that this change will result in more thematic reviews covering sector and organisational boundaries.

Conclusion

The new Care Quality Commission approach will result in smaller responsive but targeted onsite inspections. However this change will be supported by a greater focus on co-regulation with the Trust being required to submit annual information aligned to the five key questions (Safe, Effective, Caring, Responsive and Well Led). The Trust should ensure the systems and processes are in place to support an annual unannounced inspection alongside an annual review of the well led domain. As more information regarding implementation of the strategy becomes available further updates will be provided.