

Quality & Outcomes Report: Month 3 2014/2015

Update to Governing Body

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Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications (including Financial, Staffing etc)?	
Potential additional funds via achievement of Quality Premium measures for 2013/14 and subsequently 2014/15 Quality Premium measures.	
Audit Requirement (This section must be filled in even if it is a nil return)	
<u>CCG Objectives</u> Which of the CCG's objectives does this paper support? 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield The latest version of the Governing Body Assurance Framework can be found at L:\SHARED\BAF & Risk Register or contact Sue Laing 0114 305 1092 or suelaing1@nhs.net)	
<u>Equality impact assessment</u> Have you carried out an Equality Impact Assessment and is it attached? No If not, why not? None necessary. (the template can be found at http://www.intranet.sheffieldccg.nhs.uk/equality-impact-assessments.htm (or contact Elaine Barnes elaine.barnes3@nhs.net / 0114 305 1581)	
<u>PPE Activity</u> How does your paper support involving patients, carers and the public? It does not directly support this but as a public facing document is part of keeping the public informed.	
Recommendations	
The Governing Body is asked to: Discuss and note - <ul style="list-style-type: none"> • Sheffield performance on delivery of the key NHS Outcomes • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • Key issues relating to Quality, Safety and Patient Experience • Assessment against measures relating to the Quality Premium 	

Quality & Outcomes Report

Month 3 position

August 2014

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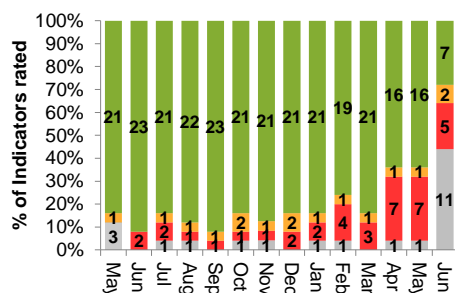
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Highest Quality Health Care

NHS Constitution - Rights & Pledges



Our commitment to patients on how long they wait to be seen and to receive treatment

The chart shows how CCG delivery of the 25 NHS Constitution Rights & Pledges for 2014/15 is progressing, month-on-month. The number of rights and pledges being successfully delivered is indicated by the green sections of the bars. Amber shows those which are close to being delivered, red those where significant improvement is needed. Grey indicates areas where data is not yet available for the current month.

PLEASE NOTE: There will always be at least 9 greys (Cancer Waits) in the most recent month, as data for these is a month behind.

For those areas where delivery of pledges is not currently on track - as identified in the table below - further information is given in the NHS Constitution - Rights & Pledges section of this report (pages 5 - 9).

Pledges not currently being met:

	RTT 18+wk waits for Admitted patients, RTT 52+wk waits, Diagnostic 6+wk waits, Ambulance response times (RED 1 and RED 2) within 8mins
	Cancer 2+wk (14 day) waits from referral with breast symptoms (May position), Ambulance handover delays (30min+ and 1hr+)

2014/15 Headlines

These Rights and Pledges remain an important aspect of what we are committed to delivering for the people of Sheffield during 2014/15. Currently, 13 of the 17 core rights and pledges are being successfully delivered.

A&E waiting times: All local providers continue to meet the pledge for 95% of patients to be seen/treated within 4 hours. Initial data to mid-July (still to be validated) shows that, despite Sheffield Teaching Hospitals (STHFT) experiencing several days with challenging levels of A&E activity and admissions, the overall 95% continues to be achieved. (Sheffield Children's NHS Foundation Trust (SCHFT) is achieving well above the 95%.)

The CCG might expect to see minor fluctuations in activity associated with this measure but it is usually met daily. However, trend data has demonstrated a pattern of compromised performance at weekends; this has been noted and the provider (STHFT) challenged.

Patients referred for suspected Cancer: Sheffield continues to achieve the pledges on maximum waiting times for patients referred for suspected Cancer. For patients referred with breast symptoms (cancer not initially suspected) who should wait no more than 2 weeks (14 days) from referral to first outpatient appointment, STHFT fell just short of the national required standard during May (and for the year to date). However, it is expected that this pledge will be met once again in June.

It is important to note that Sheffield continues to more than meet the pledge that patients will wait no more than 62 days to begin first definitive treatment following an urgent GP referral for suspected cancer, in contrast to the overall national position.

Waiting times & access to Diagnostic tests:

18 week pledge: The difficulties which continue to be experienced nationally are also being seen in Sheffield. As the position at both STHFT and SCHFT is of concern, the CCG is working closely with local providers to address the challenges being experienced in ensuring that the majority of Sheffield patients are seen and start any necessary treatment within 18 weeks from their referral. Meetings continue and improvement plans are being discussed.

Diagnostic waits: The provision by STHFT of diagnostic tests within 6 weeks of referral remains an issue due largely to delays in Echocardiography resulting from a combination of capacity and staffing difficulties. Although there has been some improvement, the number of patients waiting over 6 weeks is still very high; focussed work with the Trust, along with formal contractual sanctions, is being pursued in order to resolve the situation and meetings between the CCG and Trust continue. SCHFT are currently meeting the required levels, although this remains at risk due to the significant rise in numbers waiting for the tests, so is being monitored in conjunction with the 18 week waits risk.

Ambulance response times: In June (and for the year to date) the number of emergency calls resulting in a response arriving within 8 minutes has continued to fall short of the 75% pledge. Work continues between the three lead CCGs and Yorkshire Ambulance Service (YAS) to review the position and the plans YAS is putting in place to achieve improvements. This includes further meetings and the use of contractual sanctions.

Quality and Safety

Our commitment to ensure patients receive the highest quality of care, and to listen to and act on their feedback and concerns

Nationally, the focus on improving outcomes around the quality, safety and patient experience of health care is described in two specific areas, or 'domains' - headlines are shown below:

Headlines

Treating and caring for people in a safe environment and protecting them from avoidable harm - reducing the number of patients getting Clostridium Difficile (C.Diff) & MRSA:

- C.Diff - 18 cases attributable to the CCG were reported in June; in 2014/15 so far, 56 cases have been reported, compared to the 49 forecast for this point in the year. STHFT reported 5 cases in June, against a forecast of 8 (25 cases to date, compared to the 24 forecast); SCHFT have had no cases to report in 2014/15.
- MRSA - 2 cases attributable to the CCG were reported in June so, as 3 cases have been reported to date (1 in April) the 'zero tolerance' policy in place for 2014/15 has not been achieved. No cases have been reported so far for STHFT or SCHFT.

Ensuring that people have a positive experience of care:

The Friends and Family Test (FFT - identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care) May 2014:

The STHFT score for A&E increased in May, but decreased slightly for Inpatients, Combined A&E/Inpatients and Maternity. However, the scores for each of these are still at or above the 50 classed by NHS England as excellent. Response rates for A&E and Maternity increased, whilst those for Inpatients and Combined A&E/Inpatients decreased.

CCG Assurance - NHS England Assessment

The CCG's Quarter 4 meeting with NHS England has now taken place. The CCG continues to be assessed as '**ASSURED**' for each one of the six assessment domains:

- Are patients receiving clinically commissioned, high quality services?
- Are patients and the public actively engaged and involved?
- Are CCG plans delivering better outcomes for patients?
- Does the CCG have robust governance arrangements?
- Are CCGs working in partnership with others?
- Does the CCG have strong and robust leadership?

A full-year summary report will be received from NHS England (South Yorkshire and Bassetlaw) Area Team in the near future. In the meantime, the feedback from the Area Team is that "It is clear that the CCG has had a positive first year and should be proud of what it has achieved."

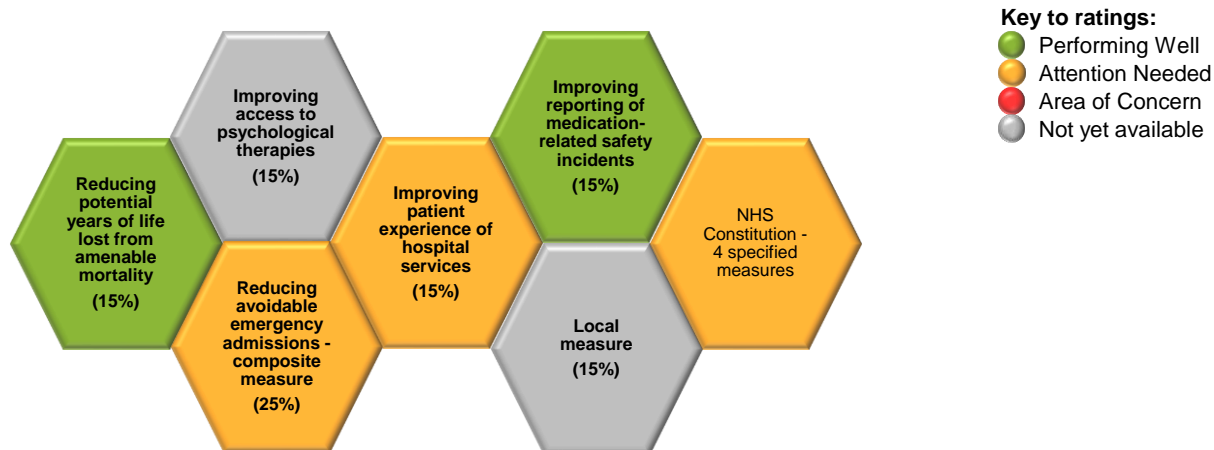
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Quality Premium

The Quality Premium is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

To be eligible for a Quality Premium payment, a CCG must manage within its total resources envelope for 2014/15. A percentage of the Quality Premium will be paid for achievement of each of the improvements as set out below. The amount paid will be reduced for CCGs who do not meet the 4 specified NHS Constitution Rights & Pledges; a reduction of 25% will be made to the quality premium for each relevant NHS Constitution measure not met. Each CCG's 2014/15 Quality Premium achievement will be assessed at national level by NHS England.

The current Sheffield CCG estimated position is set out below. This uses relevant local data combined with the nationally available data and is based on the most recent data/intelligence available for each area.



Please see below for a list of the measures that make up this Quality Premium matrix and where in the report they can be located. Also included is the most recent rating for each measure - for further information, please see the relevant page:

	Page
Reducing potential years of life lost (PYLL) from amenable mortality	
● Potential years of life lost (PYLL) from causes considered amenable to health care	17
Improving access to psychological therapies (IAPT)	
● Proportion of people who have depression and/or anxiety disorders who receive psychological therapies	18
Reducing avoidable emergency admissions - composite measure of 4 parts	
● Reduction in emergency admissions for acute conditions that should not usually require hospital admission	16
● Reduction in unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	17
● Reduction in unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	19
● Reduction in emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	19
Improving patient experience of hospital services	
● Friends and Family Test - action plan for FFT improvements and delivery of agreed rollout plan to timetable	12
● Improvement in patient experience of hospital care (locally selected measure) - Inpatient Survey	15
Improving reporting of medication-related safety incidents	
● Improvement in the reporting of medication errors	11
Local measure	
● Local Priority 1: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	15
NHS Constitution - 4 specified measures	
● 92% of all patients wait less than 18 weeks for treatment to start	5
● 95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	6
● 93% of patients have a maximum 2 week (14 day) wait from referral with suspicion of cancer	7
● 75% of Category A (RED 1) ambulance calls resulting in an emergency response arriving within 8 minutes	8

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Best Possible Health Outcomes

Our commitment to ensure the commissioning decisions and actions we take improve health care for the people of Sheffield

For 2014/15, the measures most likely to be used for national oversight of improvements being delivered by CCGs are the NHS Outcome measures and supporting measures set out in the Best Possible Health Outcomes section of this report (pages 15 - 20). These are measures against which all CCGs have submitted planned levels of achievement.

Due to publication intervals of the national information, in some cases 2014/15 data is not yet available for these measures. However, the CCG Clinical Portfolio teams are continuing to monitor, where possible, some locally selected measures that supplement the national measures.

Acute Services Portfolio - Elective Care: Joint working, with colleagues in STHFT, across specialties continues. The Musculoskeletal Commissioning for Outcomes partnership work continues as planned, along with the citywide engagement with patients and the public. Further development of the PRESS (Primary Care Referral Education Support for Sheffield) portal content has commenced.

Acute Services Portfolio - Urgent Care: Work has commenced on the review of Gastroenterology services with an associated defined project plan, whilst scoping and clinical engagement (resulting in the redesign of service and patient pathways for each) has started in Geriatric, General and Respiratory medicine.

Data showing the triangulation between activity, cost and length of hospital stay will be used to prioritise the starting order of the reviews. A dedicated senior project manager will lead this programme of work.

Proposals are being considered (as part of System Resilience discussions) for work across a number of organisations to help reduce emergency and unplanned hospital activity and also to address the requirement for appropriate referral destinations for patients in the community.

Long Term Conditions, Cancer and Older People: Work continues to progress and includes a greater emphasis on prevention and on the provision of services closer to home. Engagement with Local Authority colleagues on the development of plans for integrated commissioning of health and social care also continues.

Mental Health, Learning Disabilities and Dementia: The health and service inequalities and social exclusion faced by people with mental health, learning disabilities or dementia remain a priority focus. Parity of esteem between physical and mental health is a legal obligation in the NHS and addressing this imbalance needs to be a CCG priority.




Children and Young People: The portfolio continues to look into the variation in spend, activity and outcomes to develop future plans and to focus priorities. Work also continues to develop a mental health treatment service for 16 and 17 year olds and young people with mental health needs. A plan with regard to children's Urgent Care is evolving and aligning to the strategic direction of adult Urgent Care. Work has progressed in refreshing the Children's Joint Work Programme with Sheffield City Council, SCHFT and STHFT through engagement in the Children's Health and Wellbeing Board; this includes development of joint performance measures for improving child health.

NHS Constitution - Rights & Pledges

Our commitment to patients on how long they wait to be seen and to receive treatment

The NHS Constitution - Rights & Pledges for 2014/15 consists of the same measures that were monitored in 2013/14. However, some that were core measures last year have been re-classified as supporting measures for this year.

Key to ratings:

-  Pledge being met
-  Close to being met
-  Area of concern

The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year, 2014/15

NOTE: "Supporting measure - 14/15" = NHS Constitution support measure specified by NHS England for 2014/15

Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment

Patients referred to see a specialist should be seen and, where necessary, receive treatment in a timely fashion, whether admitted to hospital for treatment or treated without being admitted. The majority of patients should be seen and start any necessary treatment within 18 weeks from their referral. No patient should have to wait more than 52 weeks.

Issues & Actions:

STHFT: The admitted pledge was not met at Trust or CCG level in June; the non-admitted pledge was met at CCG level, but not at Trust level. The CCG has applied all contractual sanctions as per the requirements of the contract. The CCG continues to have significant concerns regarding 18 week waits performance. STHFT have shared Trust and speciality level improvement action plans with the CCG and committed to both Monitor and the CCG that Trust level targets will be achieved by the end of October 2014. A further Director-level performance review meeting was held on the 21st July, where key areas of underperformance were discussed in detail. Following this meeting it is likely that the CCG will issue a formal contract query to STHFT regarding 18 week waits delivery.

2 patients waited over 52 weeks at STHFT in June, within the specialty of Cardiology; STHFT have agreed to share the outcomes of the root cause analysis for these breaches with commissioners.

SCHFT: The Trust has not met either the admitted or non admitted pledges for Sheffield patients in June, although they met all 3 at a Trust-wide level. Maintenance of these targets at a Trust-wide level (the level at which contractual sanctions are applied) is still at high risk due in part to the recent introduction of a new Patient Administration System and, as Lead Commissioner, the CCG is working closely with the Trust to monitor and support their progress towards a reduced level of risk. It is unlikely that this will be achieved before the autumn and may result in Sheffield patients continuing to breach the targets until this point.

1 Sheffield patient had waited longer than 52 weeks at the end of June; this is the same patient who breached in May and they had an admission date scheduled for early July. The CCG has agreed a Remedial Action Plan with the Trust and it is still anticipated that SCHFT will have treated all patients within 52 weeks by the end of July.

PLEASE NOTE: For the measures below, the most recent month's data is provisional/pre-sign off and therefore may be subject to a slight change once published.

90% of admitted patients start treatment within 18 weeks from referral



92% of all patients wait less than 18 weeks for treatment to start



95% of non-admitted patients start treatment within 18 weeks from referral



Supporting measure - 14/15:
No patients wait more than 52 weeks



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Diagnostic test waiting times

Prompt access to diagnostic tests is important in ensuring early diagnosis and so is central to improving outcomes for patients e.g. early diagnosis of cancer improves survival rates.

Issues & Actions:

STHFT: The pledge was not met in June, with only 93.76% of patients waiting 6 weeks or less. There has been some improvement in the 6wk+ waits - from 610 in May to 460 in June - but it is still at an unacceptably high level when compared to the same period in the previous year. The issues remain mainly in the area of Echocardiography, within the speciality of Cardiology. The CCG continues to apply all contractual consequences and has now taken the decision to issue a formal contract query; this will see an Executive-level discussion scheduled within the coming weeks with specific actions agreed for improvement. The CCG has also requested an on-site visit to help develop the understanding of the issues being faced within Cardiology.

SCHFT: The Trust have again met the pledge for Sheffield patients although, at both a Sheffield and Trust-wide level, this remains at risk due to the significant increase in the number of patients waiting for these diagnostic tests. This in part related to the implementation of a new Patient Administration System and is being monitored in conjunction with the 18 week waits risk.

PLEASE NOTE: For the measure below, the most recent month's data is provisional/pre-sign off and therefore may be subject to a slight change once published.

99% of patients wait 6 weeks or less from the date they were referred



A&E waits

It is important that patients receive the care they need in a timely fashion and within 4 hours of their arrival at A&E. Patients who require admission need to be placed in a bed as soon as possible and those who are fit to go home need to be discharged safely and rapidly, but without their care being rushed.

95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E



Supporting measure - 14/15:
No patients wait more than 12 hours from decision to admit to admission



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Cancer waits

It is important for patients with cancer or its symptoms to be seen by the right person, with appropriate expertise, within two weeks. This is to ensure early diagnosis and so is central to improving outcomes. If diagnosed with cancer, patients need to receive treatment within clinically appropriate timeframes to help ensure the best possible outcomes.

Issues & Actions:

Patients having a max. 2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected): The performance for all cancer waiting times targets are monitored, at least weekly, by STHFT. Referrals into the breast service (2 week wait and breast symptomatic) have both seen an increase in referrals over the past few months.

All patients have been offered an appointment within 14 days following receipt of referral. However, from April until the end of May, the majority of patients would have been offered an outpatient appointment towards day 13 in the pathway. Breast services have addressed this and, from the beginning of June, the offer of a 1st appointment has steadily reduced and the service is now offering an appointment by day 7 in the pathway. STHFT have worked with the service to ensure first appointment dates are as early in the pathway as possible, to allow flexibility if subsequently cancelled by patients.

Breast services will continue to monitor performance and endeavour to offer patients an appointment within 7 days from receipt of referral and additional appointments should patients decline/cancel a 1st outpatient appointment.

Further actions

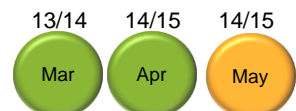
A communication has been sent to Sheffield GPs to remind them that all patients referred to breast services should expect to be offered an appointment within 14 days from receipt of referral and that it would be helpful to encourage patients to take up this offer; this also applies to 2 week waits referrals where there is a suspicion of cancer.

From GP Referral to First Outpatient Appointment

93% of patients have a max. 2 week (14 day) wait from referral with suspicion of cancer



93% of patients have a max. 2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)



From Diagnosis to Treatment

96% of patients have a max. 1 month (31 day) wait from diagnosis to first definitive treatment for all cancers



94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is surgery



98% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen



94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy

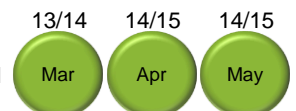


From Referral to First Treatment

85% of patients have a max. 2 month (62 day) wait from urgent GP referral



90% of patients have a max. 2 month (62 day) wait from referral from an NHS screening service



85% of patients have a max. 2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient



NOTE: The Consultant Upgrade indicator on the left does not have a national target so, for indicative purposes, is rated against the North of England threshold.

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Category A ambulance calls

Category A calls are for immediately life threatening conditions. RED 1 calls are the most time-critical and include cardiac arrest, patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction. RED 2 calls are serious but less immediately time-critical conditions such as stroke and fits.

Issues & Actions:

Ambulance Response Times: As the pledges have not been met for RED 1 or RED 2 calls resulting in an emergency response arriving within 8 minutes in June (and are also unlikely to be met in July) commissioners are applying the full range of contractual sanctions to YAS where performance is below contractual requirements. Formal contract query notices have been issued. A remedial action plan has been received from YAS and is being reviewed by commissioners with regard to the level of assurance needed that year-end service standards will be met.

Please see APPENDIX B: Ambulance Trust Performance Measures for further information on YAS performance.

Ambulance handover times: As noted previously, YAS are working to reduce the number of hospital handover delays. These had generally been reducing since November/December, until a rise in April and May. In June, delays over 30 minutes decreased from 772 to 742 and the subset of delays over 1 hour decreased from 122 to 97.

PLEASE NOTE: There are sometimes good reasons why there is a 'delay' recorded for hospital handover. YAS have approached commissioners asking for a small number of exclusions to be noted in the contract - including 'resus patients' who have special needs - and discussions are on-going between YAS and commissioners about excluding these patients from the data. Locally, hospitals can find that their data is skewed, depending on whether they are a specialist centre.

Indicator Development: Data used for the 2 supporting measures below is taken directly from YAS reports. As with the Ambulance Response Times measures, RAG (red, amber, green) ratings are based on all hospitals across the YAS footprint, not just the two Sheffield acute trusts.

75% of Category A (RED 1) calls resulting in an emergency response arriving within 8 minutes



75% of Category A (RED 2) calls resulting in an emergency response arriving within 8 minutes



95% of Category A calls resulting in an ambulance arriving within 19 minutes



Supporting measure - 14/15:
Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E



Supporting measure - 14/15:
Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E (subset of measure to left)



Mixed Sex Accommodation (MSA) breaches

Being in mixed-sex hospital accommodation can be difficult for some patients for a variety of personal and cultural reasons. Therefore, mixed-sex accommodation needs to be avoided, except where it is in the overall best interest of the patient or reflects their personal choice.

Supporting measure - 14/15:
Zero instances of mixed sex accommodation which are not in the overall best interest of the patient



Cancelled Operations

It is distressing for patients to have an operation cancelled at short notice. If an operation has to be cancelled at the last minute for reasons which are not clinical reasons, then patients should be offered another date which is within 28 days of the original date.

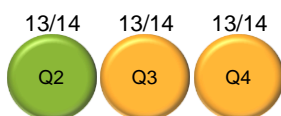
PLEASE NOTE: There is no published threshold for this measure. NHS England have, however, noted that success for a Provider (Trust) would be a reduction in the number of cancelled operations. The position reported below is based on the combined total reported positions for both Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Children's NHS Foundation Trust, to give an indication of performance. A green rating will be based on a continuing reduction of cancelled operations.

Issues & Actions:

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days: As noted previously, the CCG are aware of the slight rise in breaches at STHFT during Q4 13/14 and are picking up the issue with the Trust via the usual contracting route.

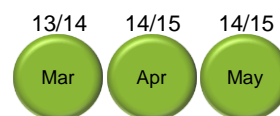
Supporting measure - 14/15:

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days



Supporting measure - 14/15:

No urgent operation to be cancelled for a 2nd time



Mental Health

When patients are discharged from psychiatric inpatient care, they should be followed up by Mental Health Services within 7 days, to ensure that they have appropriate care and support.

Supporting measure - 14/15:

95% of people under adult mental illness specialties on CPA to be followed up within 7 days of discharge



NOTE: CPA = Care Programme Approach. This is a particular way of assessing, planning and reviewing someone's mental health care needs.

Quality and Safety

Treating and caring for people in a safe environment and protecting them from harm

Patient Safety - Health Care Acquired Infections (HCAIs)

Preventing infections resulting from medical care or treatment in hospital (inpatient or outpatient), care homes, or the patient's own home.

Clostridium Difficile: The 2014/15 commitment for Sheffield CCG is 193. For STHFT and SCHFT, they are 94 and 4 respectively.

Of the 18 cases reported in June for Sheffield CCG:

- 5 were STHFT (of a total 5 STHFT-reported cases)
- 11 were community associated, with a hospital admission in the last 56 days
- 2 were community associated, with no recent hospital contact/admission

No cases were reported in June for SCHFT.

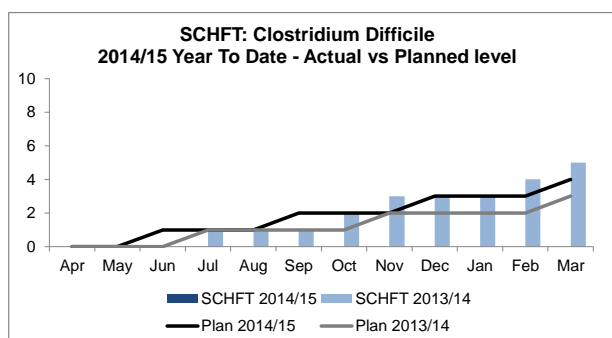
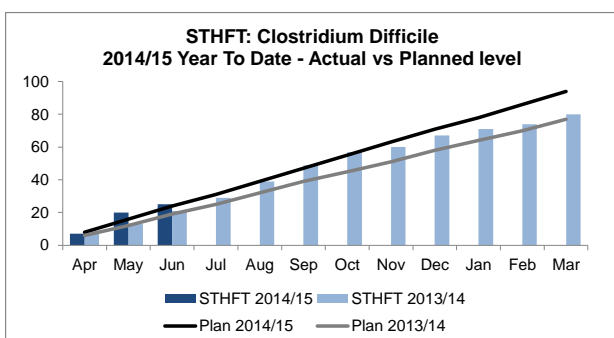
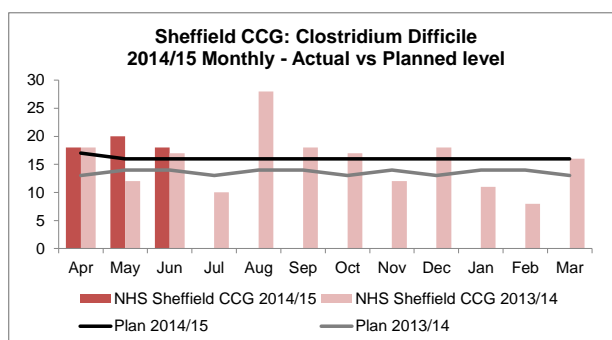
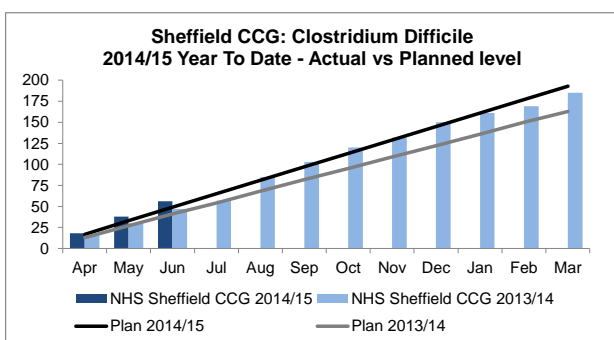
MRSA: 2 cases of MRSA bacteraemia were reported in June and have been allocated to the CCG; both were community-associated, occurring in different care homes. Unfortunately one patient has since died and MRSA was identified as the cause of death; the CCG are therefore required to report the case as a serious incident. The Post Infection Review (PIR) has been completed and it was established that the case was extremely complex and the bacteraemia was found to be unavoidable. The coroner has been informed and agrees with the outcome of the Multidisciplinary Team (MDT). The PIR for the second case has yet to be held and is being led by STHFT Primary and Community Care Services due to this being an Intermediate Care patient.

As 3 cases have been reported to date (1 was in April) for the CCG, the 'zero tolerance' policy in place for 2014/15 has not been achieved.

No cases were reported in June for STHFT or SCHFT.

This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2014/15 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Jun-14	2	0	0	18	5	0
Number of infections forecast for this month	0	0	0	16	8	0
Number of infections recorded so far in 2014/15	3	0	0	56	25	0
Number of infections forecast for this period	0	0	0	49	24	0



Treating and caring for people in a safe environment and protecting them from harm

- continued

Regulations

Routine Regulatory visits - Care Quality Commission (CQC) Reports

Sheffield Health and Social Care NHS Foundation Trust Inspections:

Cottam Road* was inspected on 16th July 2014; this was a return CQC inspection following a visit in February 2014. The report has not yet been published.

* *Type of service: Residential homes*

Specialisms/services: Accommodation for persons who require nursing or personal care, Learning disabilities

2014/15 Quality Premium - Improving the reporting of medication-related safety incidents measure

Research shows that organisations that regularly report more patient safety incidents usually have a stronger learning culture where patient safety is a high priority. Medication incidents are Patient Safety Incidents related to an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicines advice.

As part of the 2014/15 Quality Premium measures (see page 3 for summary), the CCG has agreed an action plan to achieve increased reporting at both STHFT and SCHFT of medication-related safety incidents. Reporting will be quarterly, with Quarter 1 available in August.

Ensuring that people have a positive experience of care

Eliminating Mixed Sex Accommodation

There have been no breaches from April to June 2014 at any of the Sheffield-based Trusts, nor attributed to the CCG from other Trusts, meaning the pledge is currently being met for 2014/15. Please see the NHS Constitution - Rights & Pledges section of this report (page 8) for monitoring of the MSA measure.

Increasing the number of people having a positive experience of care outside hospital, in general practice and the community

One of NHS England's Outcomes ambitions for this domain is to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services.

This is measured using weighted* results from the bi-annual GP Patient Survey to ascertain the level of patients experiencing poor care, by identifying the total number of responses of either 'fairly poor' or 'very poor' experience across the two questions:

- "Overall, how would you describe your experience of your GP Surgery?"

- "Overall, how would you describe your experience of Out of Hours GP services?"

The baseline rate per 100 patients (2012) for the CCG was 6.2 and the plan is to reduce the rate to 5.9 in 2014/15. From the most recent survey results (2013/14, published in July 2014) 6.29 per 100 patients selected 'fairly poor' or 'very poor' and so the CCG is not yet on track to reach the required rate by the end of 2014/15.

For separate progress monitoring of the 2 parts of this measure, please see the Best Possible Health Outcomes section of this report (page 15: Acute Services Portfolio - Elective Care for 'Patient experience of GP services' and page 16: Acute Services Portfolio - Urgent Care for 'Patient experience of GP Out of Hours services').

For a comparison of survey results by GP Locality, please see the Patient Experience section of this report (page 14: Patient Experience of GP Practices).

* From <http://gp-patient.co.uk/faq/weighted-data>: "Weighting adjusts the data to account for differences between all patients at a practice and patients who actually complete the questionnaire....The weighted data has been adjusted to give a more accurate picture of how all patients would feel about a practice if every patient had responded. It's useful for practices where fewer patients of a certain group (for example, younger patients) have filled in the survey than we would expect....The unweighted data is raw, unadjusted data. It's useful if you care about seeing individual responses, but less representative of how all patients at a practice might feel."

Ensuring that People have a positive experience of care

- continued

Friends and Family Test (FFT)

The FFT identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care. Use of the FFT, which commenced in acute NHS providers from April 2013 for both Inpatients and A&E and from October 2013 for Maternity, will help identify poor performance and encourage staff to make improvements, leading to a more positive experience of care for patients.

Patients have a choice of 5 responses as to whether they'd recommend: "extremely likely", "likely", "neither likely nor unlikely", "unlikely" or "extremely unlikely". There are two key targets within the process:

- The response to the survey categories (called the 'net promoter' score - see below for calculation method - where a score of over 50 is classed as excellent by NHS England)
- The response rate (represented as a percentage)

The score is calculated as follows: The proportion of responses that are *promoters* ("extremely likely") and the proportion that are *detractors* ("neither likely nor unlikely", "unlikely" or "extremely unlikely") are calculated. The proportion of *detractors* is then subtracted from the proportion of *promoters* to give an overall 'net promoter' score (as a number, not %).

May 2014 Summary (with April 2014 for comparison for Sheffield only)

	Sheffield (STHFT)				South Yorkshire & Bassetlaw		England	
	April 2014		May 2014		May 2014		May 2014	
	Score	Response rate	Score	Response rate	Score	Response rate	Score	Response rate
A&E	46.50	23.58%	50.37	27.26%	39.79	21.81%	53.67	19.06%
Inpatients (IP)	78.12	36.35%	76.72	29.85%	76.52	29.31%	73.61	35.86%
Combined A&E / IP	63.64	29.07%	63.49	28.48%	55.83	24.54%	63.16	24.51%
Maternity touch points 1-4	61.90	7.26%	58.91	9.89%	70.95	22.07%	70.83	20.14%

STHFT Scores - summary: The scores for all four areas for May are 50 (classed as 'excellent') or over and have remained relatively stable between April and May. The scores for A&E, Inpatients and Combined A&E / IP are all better than or similar to (South Yorkshire & Bassetlaw) SYB and England. The Maternity score however remains notably below SYB and England.

STHFT Response rates - summary: Although response rates for A&E and Maternity increased between April and May, those for Inpatients and Combined A&E / IP decreased. The response rate for A&E is better than the SYB and England positions. The response rate for Inpatients is better than SYB but behind England. The Maternity response rate remains considerably behind SYB and England positions.

A&E and Inpatients

A&E: The score increased marginally and the response rate continued to increase.

Inpatients: Both score and response decreased; the score marginally, but the response rate more discernibly.

Combined A&E / IP: Both score and response rate have remained much the same, although show a marginal decrease.

Maternity

There are 4 Maternity touch points: Antenatal care, Birth, Postnatal ward, Postnatal Community provision. The combined score for these remains stable, but decreased marginally between April and May, although only touch point 3 - Postnatal ward - had a score under 50 (37.93%). The combined response rate increased notably between April and May, but the touch point 4 - Postnatal Community provision - response rate continues to be the lowest (4.51%) of all the Maternity touch points.

Actions

The CCG is in discussions with STHFT regarding results for A&E and Maternity. The Trust expects that efforts initiated in May 2014 - such as Interactive Voice Messaging, removing age exclusion in Maternity and the analysis of the low score performing wards of Q3 and Q4 last year - will start to show improvements in both response rates and scores from May/June.

2014/15 Quality Premium - Friends and Family Test measures

As part of the 2014/15 Quality Premium measures (see page 3 for summary) the CCG has agreed an action plan for the achievement of further improvements to FFT performance. Reporting will be quarterly, with Quarter 1 available in August.

Rollout of the FFT to Day Surgery/Outpatient Departments: The deadline by which to have these in place is April 2015, but STHFT are working on early implementation and will provide an update to the CCG by 31st October 2014.

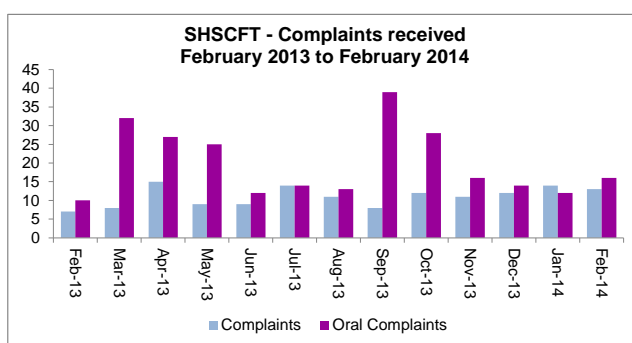
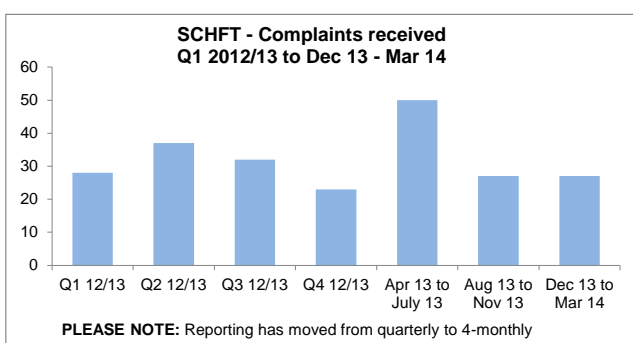
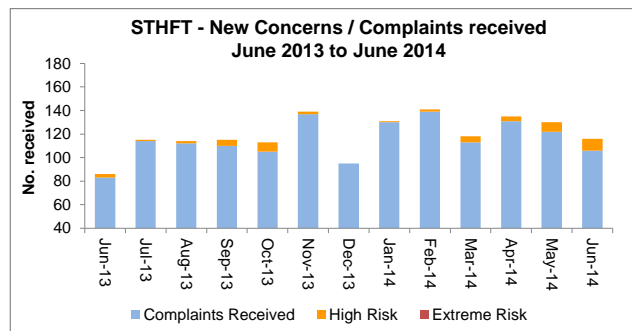
Patient Experience of NHS Trusts

PLEASE NOTE: The information below is the latest information available for each Provider.

Patient Complaints

Reasons for Complaints:	
STHFT June 13 - June 14	Attitude Appropriateness of medical treatment General nursing care Communication with patient
SCHFT Apr 13 - Mar 14	Care and treatment Attitude of staff - medical Appointments - delay or cancellation
SHSCFT * Jul 13 - Sep 13	All aspects of clinical treatment Attitude of staff

* Sheffield Health and Social Care NHS Foundation Trust



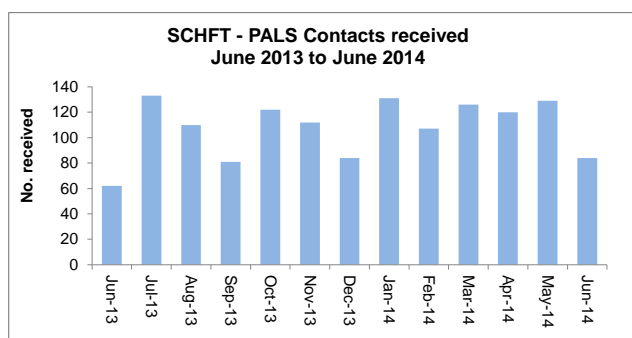
Patient Compliments

STHFT: 32 letters of thanks were received in June 2014, bringing the total reported so far in 2014/15 to 136.

SHSCFT: 204 compliments were received in February 2014, bringing the total reported so far in 2013/14 to 1,088,

Patient Advice and Liaison Service (PALS) Contacts

Reasons for PALS Contacts:	
SCHFT May 14	Care & Treatment (18) Support (16) Appointments (14)



Further Information

STHFT: 106 new complaints were received in June 2014. The Trust work to a target of responding to 85% of complaints within 25 working days; the response rate achieved in May was 75%. Work to clear a backlog of complaints is on-going and it is expected that performance against the target will improve throughout the year.

SCHFT: During 2013/14, the Trust received 104 formal complaints, a reduction on the previous year when 120 complaints were received. 84 PALS contacts were received during June.

SHSCFT: During Q3 2013/14, 39 formal complaints were received; this is consistent with the previous 4 quarters, during which the number of complaints received ranged between 31 and 39. During Q3, 42 oral and fastrack complaints were received; this is a reduction from Q2, when 83 were received.

Patient Experience of GP Services

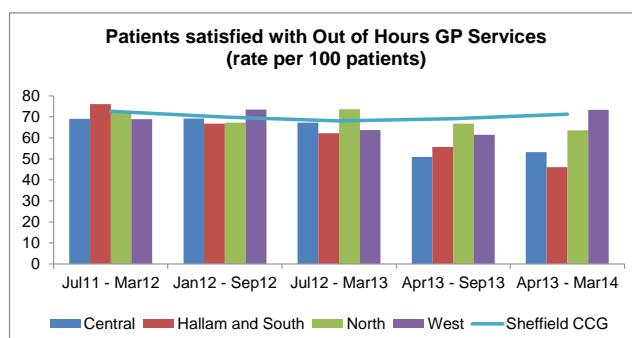
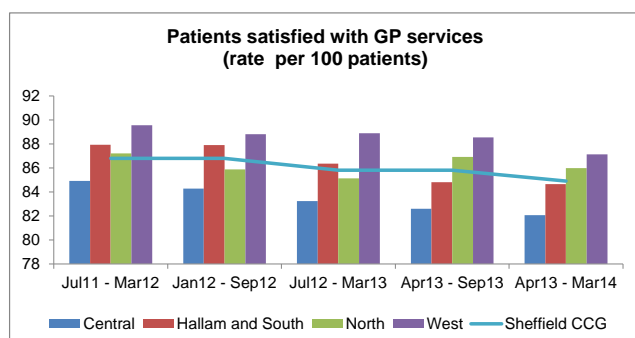
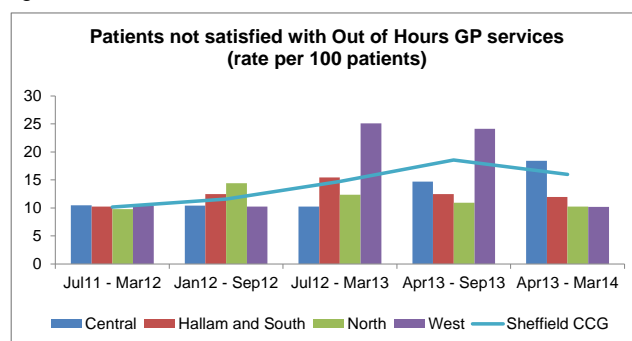
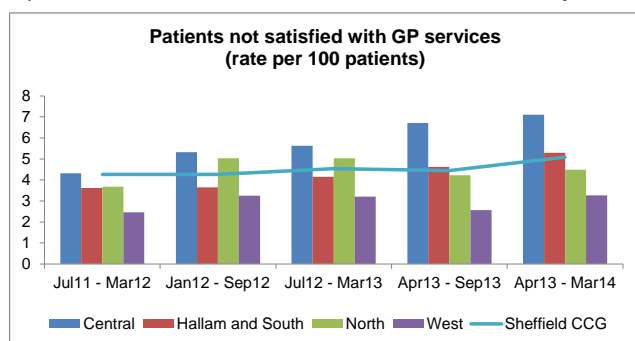
The charts below show selected measures from the GP Patient Survey, which is published every 6 months. Two surveys are run per year, with the final annual position being calculated from an aggregate of these. Results are shown here by Sheffield CCG Locality (Central, Hallam and South, North, West) for comparison against the total CCG position.

PLEASE NOTE: CCG data is published separately and is an aggregate of all practices that the CCG is responsible for, but Locality positions are calculated from the individual practice figures that are published. As low response numbers (less than 10) are suppressed so individual patients and their responses are not identifiable, the Locality numbers/rates may therefore on occasion look slightly lower than the overall CCG position.

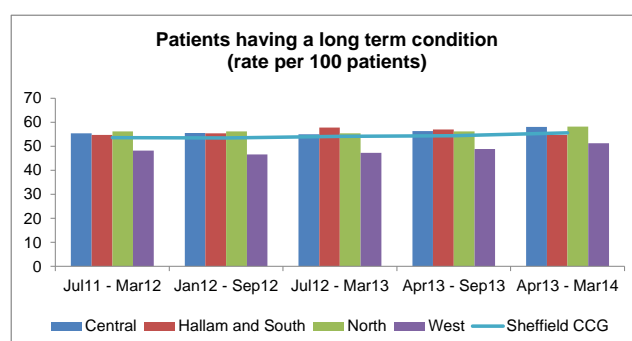
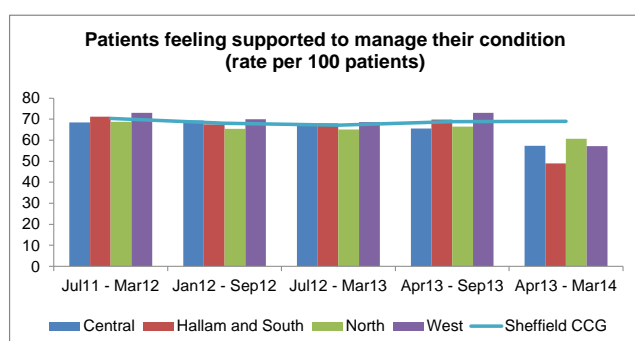
Patients' overall satisfaction with their GP Service and Out-of-Hours GP Service: The first pair of charts below illustrate progress against the NHS England Outcomes ambition to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services. This measures whether patients selected either *'fairly poor'* or *'very poor'* as their overall experience of their GP Surgery and/or Out of Hours GP services.

- For separate progress monitoring of the 2 parts of this measure, please see the Best Possible Health Outcomes section of this report (page 15: Acute Services Portfolio - Elective Care for 'Patient experience of GP services' and page 16: Acute Services Portfolio - Urgent Care for 'Patient experience of GP Out of Hours services').
- For more information on progress of the composite measure (including data notes) please see the Quality & Safety section of this report (page 11: Ensuring that people have a positive experience of care).

The second pair of charts illustrates those patients selecting either *'fairly good'* or *'very good'* experience across the same two questions; this is included for additional information only - it is no longer a National Outcomes measure.



Proportion of patients who feel supported to manage their condition: The first chart contains the proportion of patients who feel supported to manage their condition, whilst the second is for the proportion of patients who have answered positively as to whether they have a long term condition, for additional information.



Best Possible Health Outcomes

Our commitment to ensure the commissioning decisions and actions we take improve health care for the people of Sheffield

The work of Sheffield CCG is organised around 4 clinical portfolio areas, with the Acute portfolio sub-divided into Elective Care and Urgent Care. The nationally decided measures, where all CCGs are expected to show that improvements are being made, have been assigned to each of the clinical portfolio areas. Each of the clinical portfolios have, where appropriate, identified additional locally determined measures relating to their priorities.

Where possible, an assessment of Sheffield's current level of achievement in each area is shown, using the most recent data available based on the national measurement criteria. In some cases, no data will be available and so an assessment cannot be made at this time.

Key to ratings:
 Improving
 Not Improving
 Area of Concern
 Not yet available
Unless otherwise stated

The Red, Amber, Green (RAG) rating is based on whether a reduction was shown from the previous time period (unless otherwise stated)

The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year, 2014/15

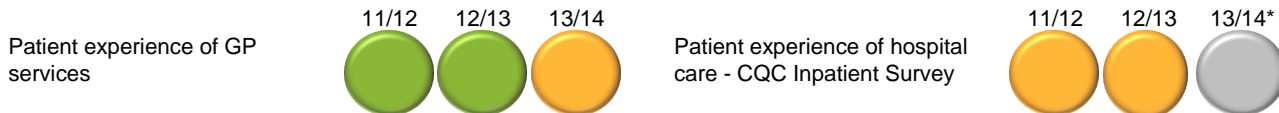
NOTE: "Supporting measure - 14/15" = Outcomes support measure specified by NHS England for 2014/15

Acute Services Portfolio - Elective Care

National required measures

Issues & Actions:

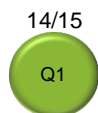
Patient experience of GP services: This is 1 component of a 2-part composite measure of GP patient experience; please see the Quality & Safety - Ensuring that people have a positive experience of care section of this report (page 11) for information.



* 2013/14 results will be shown once available.

Quality Premium 2014/15: Locally selected measure

Identify alternative service provision and health care for patients who otherwise would have received secondary care/hospital based attendance



For 2014/15, CCGs were required to submit plans nationally for one local measure; the measure to the left is Sheffield CCG's identified **Local Priority 1**.

Portfolio: Locally selected measures

The patient satisfaction measure is based on areas such as risks being explained, assistance received and problems/discomfort following the procedure. This area is judged to be green, as the Jun-14 local score increased slightly to 89.99% (with any score above 78% being judged nationally as good). As an additional measure, 95.4% of people said they would have surgery again under the same conditions (again, an increase from last month).

Total Health gains assessed by patients after Community-based Podiatric surgery *



* = To allow for the receipt of all 3 patient surveys, information will always relate to 6 months prior to the reporting period. e.g. for Jun-14, this covers experience of surgical procedures carried out during Dec-13.

continued overleaf

Acute Services Portfolio - Urgent Care

National required measures

Issues & Actions:

Reduction in emergency admissions for acute conditions that should not usually require hospital admission:

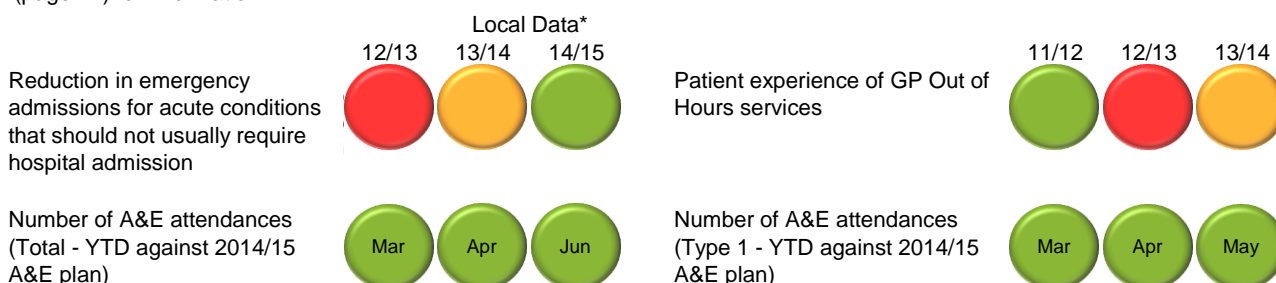
Previously, this measure was rated on whether the most recent position was an improvement on the last data period. However, CCGs were required to submit a plan for their ambition for reducing emergency admissions each year from 2014/15 until 2018/19. The baseline required by NHS England for this measure was 2012/13 data.

It should be noted that the plan relates to a composite measure of 4 emergency admissions as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 3. In that section, the composite measure is given a rating but for this single component (and each of the other 3) the rating given is on the same plan, as a guide to how well each component is progressing.

* LOCAL DATA CAVEAT:

- Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red.
- Local 14/15 YTD data - rates are calculated using the most recently published populations.

Patient experience of GP Out of Hours services: This is 1 component of a 2-part composite measure of GP patient experience; please see the Quality & Safety - Ensuring that people have a positive experience of care section of this report (page 11) for information.



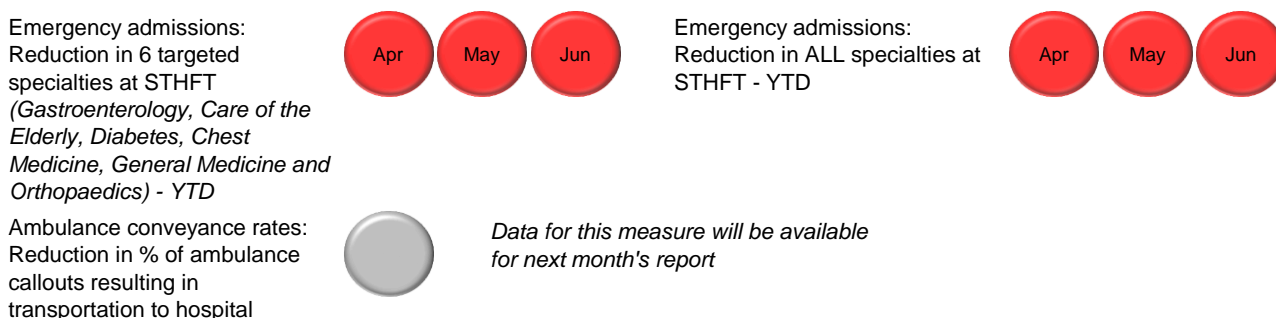
A&E ATTENDANCES: Total A&E attendances comprises: Type 1 (Main A&E), Type 2 (Single Specialty, e.g. STHFT Eye Casualty) and Type 3 (Other A&E e.g. STHFT Minor Injuries Unit).

Locally selected measures

Issues & Actions:

In 2014/15 we are developing specific plans to reduce admissions in 6 key specialties through pathway changes including working with the ambulance service and more generally with STHFT around alternatives to admission. These, alongside Long Term Conditions, Cancer and Older People portfolio actions, will contribute to the planned reduction of 1,555 emergency admissions in the year.

Work has commenced on the service review of Gastroenterology with an associated defined project plan, whilst scoping and clinical engagement (resulting in the redesign of service and patient pathways for each) has started in Geriatric, General and Respiratory medicine.



Long Term Conditions, Cancer and Older People

National required measures

Issues & Actions:

Reduction in unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (ACSC):

Previously, this measure was rated on whether the most recent position was an improvement on the last data period. However, CCGs were required to submit a plan for their ambition for reducing emergency admissions each year from 2014/15 until 2018/19. The baseline required by NHS England for this measure was 2012/13 data.

It should be noted that the plan relates to a composite measure of 4 emergency admissions as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 3. In that section, the composite measure is given a rating but for this single component (and each of the other 3) the rating given is on the same plan, as a guide to how well each component is progressing.

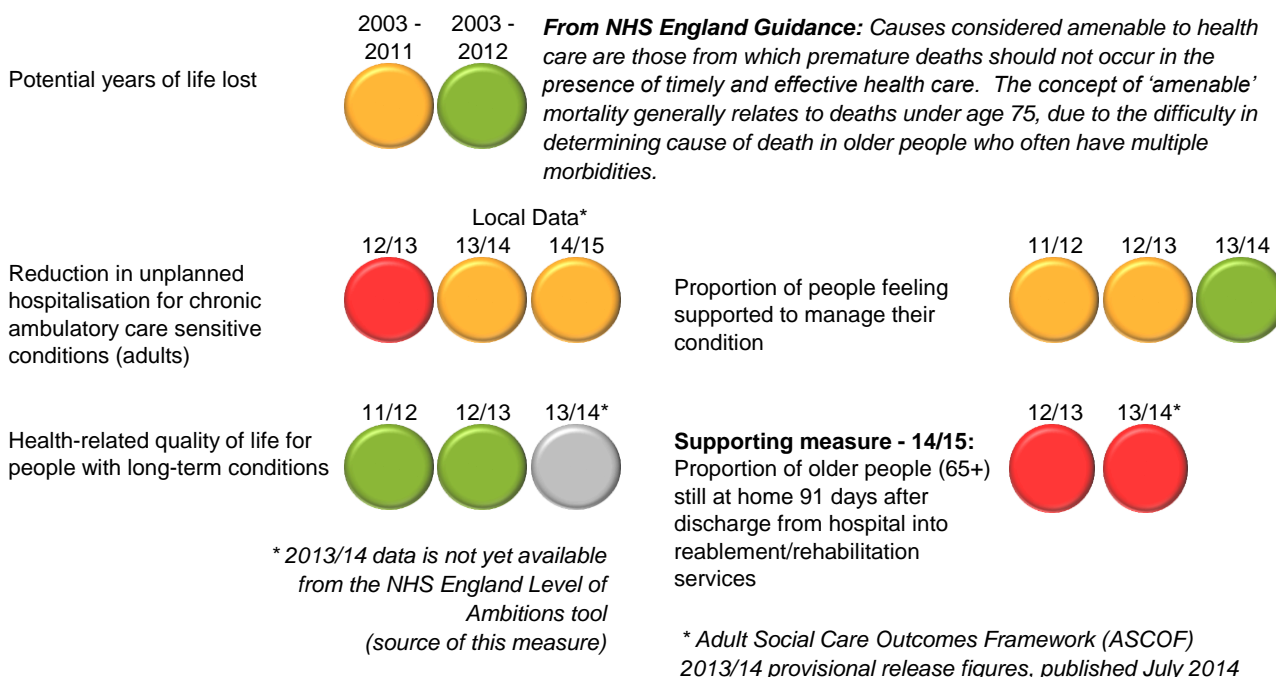
* LOCAL DATA CAVEAT:

- Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red.
- Local 14/15 YTD data - rates are calculated using the most recently published populations.

Although this measure remains amber, data shows a slowly improving position. Work is progressing and will now also look to establishing improved understanding of the CCG and Better Care Fund contribution.

Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement / rehabilitation services:

Initial findings show that the data this is based on is old (12/13) and therefore does not reflect recent changes to the intermediate care system such as the Right First Time (RFT) led changes to intermediate care pathways and the decommissioning of West Wing (intermediate care facility for people with dementia). It also shows that Sheffield has almost double the national average % of people going through this sort of reablement / rehabilitation pathway and therefore the patient profile is likely to be different. The portfolio will continue to work to understand the detail behind this measure.



Locally selected measures

The portfolio team is developing an information dashboard from which, for 2014/15, they will be selecting a small number of local measures, to include in future Quality and Outcomes Reports; a discussion on the dashboard is scheduled for the September portfolio meeting.

The first evaluation report on the GP-led care planning service has been received and it is expected that this will also help identify effective local measures for 2014/15.

Mental Health, Learning Disabilities and Dementia

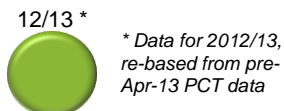
National required measures

Issues & Actions:

The number of people who received psychological therapy and are moving to recovery: Overall, the service to the population of Sheffield offers more flexible entry criteria than is nationally mandated, so in Sheffield more people enter the service, some of whom fall outside the national criteria. This is likely to affect the proportion who will ultimately move to recovery, which is currently just below the planned level of 50%.

Supporting measure - 14/15:

Improvement against plan:
Estimated diagnosis rate for people with dementia

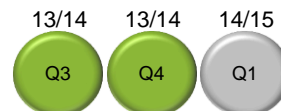


Supporting measure - 14/15:

The number of people who received psychological therapy and are moving to recovery



The proportion of people who have depression and/or anxiety disorders who receive psychological therapies



NOTE: Quarter 1 2014/15 Improving Access to Psychological Therapies (IAPT) data will be available in August.

Locally selected measures

Issues & Actions:

Proportion of people with Learning Disabilities (LD) receiving an Annual Health Check (AHC): The CCG is continuing to encourage uptake of the AHC for 2014/15. Agreed additional capacity within the portfolio will enable further work on a number of initiatives to improve access and closer working with NHS England, the contract holders for the Directly Enhanced Service (DES) AHCs. GP practices have been provided with information (from the Sheffield Case Register) to enable them to update their records with those who should be invited for a check. This now includes those who will be 14-17 years old in 2014/15, as health checks have been extended this year to cover the younger population. 74 out of 87 Sheffield practices have signed up to complete the DES this year. 13 are outstanding, or have said that they will not deliver the DES. Most practices that should have attended training did so, on training that the CCG offered. There are some practices that still need to attend to fulfil their contractual obligations; NHS England are deciding whether to process late applications for signing up to the contract.

Updates on the % of the eligible population receiving a health check will be provided in future reports. There may be work across the region and with NHS England around the quality of the AHCs.

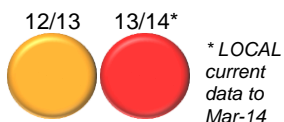
Caring for people with Learning Disabilities closer to home, through reducing out of city placements: The CCG continues to work with partners to ensure that plans to return people are progressed as part of the Winterbourne Concordat*. The moves of most people are either complete or are in progress over the summer. There has been some improvement around the development of the Local Authority (LA) Accommodation Strategy to be more responsive to the needs of this group, with involvement of a Mental Health Commissioning Team Senior Commissioning Manager, which will address one of the barriers. Additionally, the recent LA tender for Supported Living included the provision of "enhanced care" to increase the number of local providers with additional competency in complex needs, such as challenging behaviour, forensic and offender histories. This will increase capacity to return people placed out of city to local support provision and reduce the numbers of people leaving the city for their support over the next 12 months.

New capacity has commenced within the CCG to progress work further on the Concordat over the next 12 months, with the Department of Health indicating that, nationally, progress has not been as extensive as required and the need to ensure greater engagement of children's commissioners and providers.

** From the Dept. of Health Winterbourne View Review - Concordat: Programme of Action: "The concordat / agreement sets out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. It sets out specific actions to which each organisation has committed to take forward within clear timeframes."*

Indicator Development: It is the intention, for 2014/15, to add in a local measure on waiting times for dementia diagnosis.

Proportion of people with Learning Disabilities receiving an Annual Health Check



Caring for people with Learning Disabilities closer to home, through reducing out of city placements



Children and Young People

National required measures

Issues & Actions:

Reduction in unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s and

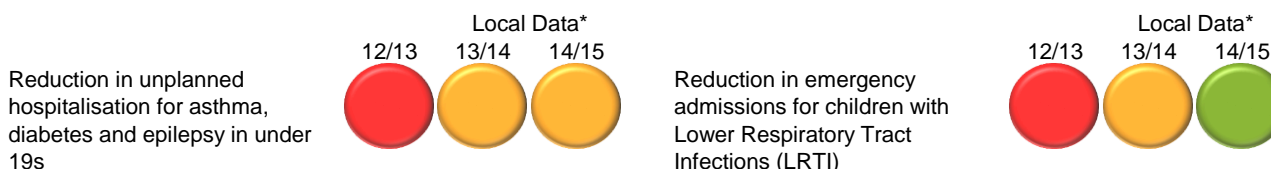
Reduction in emergency admissions for children with Lower Respiratory Tract Infection (LRTI): Previously, this measure was rated on whether the most recent position was an improvement on the last data period. However, CCGs were required to submit a plan for their ambition for reducing emergency admissions each year from 2014/15 until 2018/19. The baseline required by NHS England for this measure was 2012/13 data.

It should be noted that the plan relates to a composite measure of 4 emergency admissions as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 3. In that section, the composite measure is given a rating but for these 2 components (and the other 2) the rating given is on the same plan, as a guide to how well each component is progressing.

* LOCAL DATA CAVEAT:

- Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red.
- Local 14/15 YTD data - rates are calculated using the most recently published populations.

Work continues on the development of pathways for improving management of specific conditions within primary care in an attempt to reduce attendance at A&E by children whose condition could be managed within primary care.



Locally selected measures

The Children and Young People clinical portfolio has identified the measures below as services that are undergoing change, have a Citywide interest with partners and are strategic priorities. Whilst these local measures have been identified, CCG leads are continuing to establish the method of reporting improvements and also the frequency of these for future reports.

Issues & Actions:

Reduction in infant mortality and Reduction in stillbirths and neonatal mortality: The source of data to monitor the infant mortality measure has been amended to single-year rates (as opposed to the 3yr average rates used previously) as this is as per the NHS Outcomes Framework guidance. As information on stillbirths and neonatal mortality is also included in the published data, a measure has been added to monitor this as well.

The Sheffield position is generally comparable to the National position for both measures although, whilst stillbirths and neonatal mortality in Sheffield have been lower than the National rate for the past few years, the infant mortality rate is slightly higher. Annual figures are subject to wide fluctuations due to small numbers; however, indications from the Sheffield Child Death Review Process show a fall in Sheffield Infant Deaths for 2013. Targets are currently being reviewed and the Delivery Plan is to be revised.

Child and Adult Mental Health Services (CAMHS): There are plans to mobilise new provision from October; new clinical pathways are being considered and an implementation plan is being developed.



Activity Measures

PLEASE NOTE: These measures relate to progress against outline plans which the CCG were required to submit nationally, for all activity that might be attributed to the CCG - that is, the majority of activity would be expected from STHFT and SCHFT, but there will be Sheffield CCG registered patient activity at other Trusts around the country, for which an estimate has been factored in to the total. This progress is monitored via the Monthly Activity Return (MAR) or Quarterly Activity Return (QAR) submitted to the Department of Health.

These plans - and hence the MAR/QAR data - are for General & Acute (G&A) specialties only - it does not include, for example, Obstetrics, Mental Health and Community services.

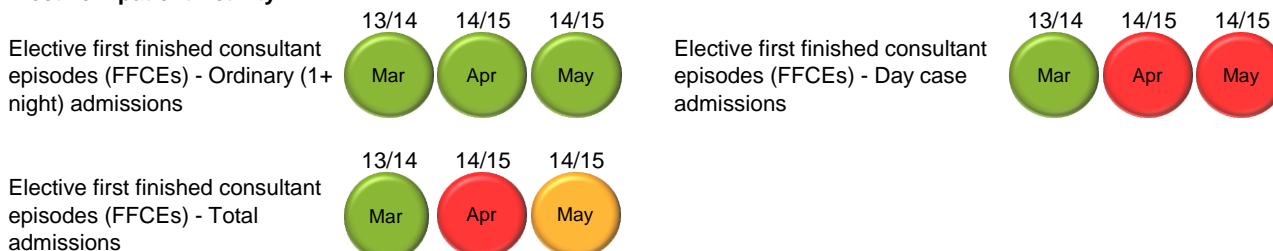
The Trusts' Contract Activity monitoring - as summarised in Appendix C of this report - is the agreed Sheffield CCG-purchased plan for STHFT and SCHFT respectively; however, these plans - and hence also the monitoring - are based on all specialties, not just G&A, as per the CCG-submitted plans.

Therefore, the measures below cannot be interpreted directly in conjunction with Trusts' contract/activity monitoring reporting.

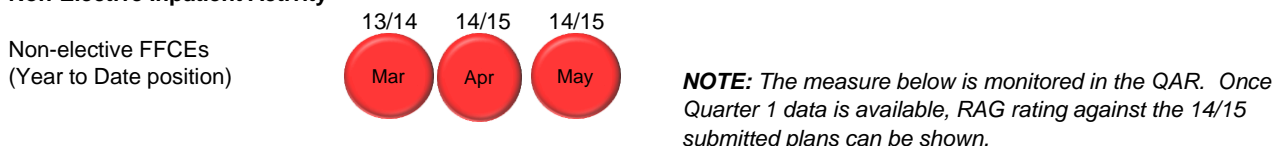
All the measures below are rated on their year to date position

Those that start from April are new for 14/15 and no plan was submitted for previous years.

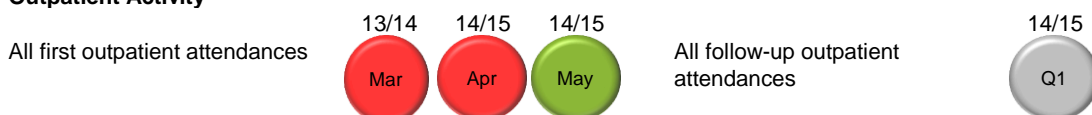
Elective Inpatient Activity



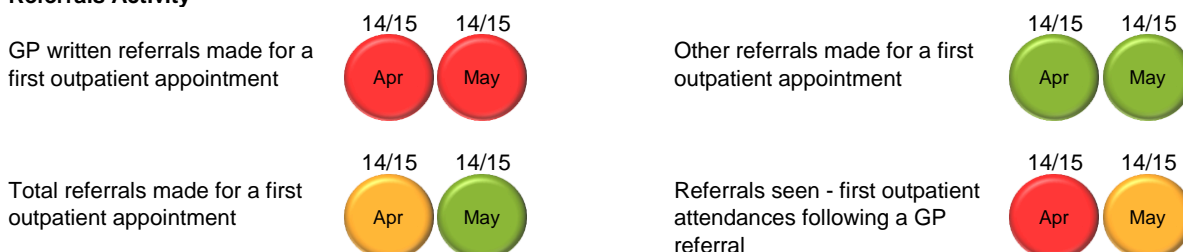
Non-Elective Inpatient Activity



Outpatient Activity



Referrals Activity



Appendices

Quality & Outcomes Report

Appendix A: Health Economy Performance Measures Summary

The tables below highlight all measures in NHS England's document 'Everyone Counts: Planning for Patients 2014/15 - 2018/19' divided, where appropriate, into portfolios. Red, Amber and Green (RAG) ratings represent the latest known position for performance against each relevant measure. **Where possible, the RAG rating is against June 2014 performance as at the 24th July 2014 - year to date where appropriate.**

PLEASE NOTE: Some targets are made up of several measures. Also, Referral to Treatment and Diagnostic Waits data is non-published data and is therefore subject to change once the final, published data is available.

Key

* - Data is currently not available for the measure

YTD - Year To Date

QTR - Quarterly

N/A - Measure is not applicable to this organisation

WIP - Method/format of measurement is work in progress

Acute Services Portfolio - Elective Care

Referral to Treatment - from GP to seen/treated within 18 weeks

	CCG	STHFT	SCHFT
% seen/treated within 18wks - Admitted pathway	87.45%	87.35%	85.82%
% seen/treated within 18wks - Non-admitted pathway	95.80%	95.90%	94.19%
% still not seen/treated within 18wks - Incomplete pathway	93.95%	93.97%	93.72%
Number waiting 52+ weeks - Admitted pathway	2	2	0
Number waiting 52+ weeks - Non-admitted pathway	0	0	0
Number waiting 52+ weeks - Incomplete pathway	1	0	1

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test	94.47%	93.95%	99.62%
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Elective Care

Number of total elective admissions (FFCEs) (YTD)	12531	11046	765
Number of elective ordinary admissions (FFCEs) (YTD)	2247	1703	298
Number of elective daycase admissions (FFCEs) (YTD)	10284	9343	467
Number of first outpatient attendances (YTD)	28532	26253	910
Number of first outpatient attendances following GP referral (YTD)	13475	12338	378
Number of GP written referrals (YTD)	18828	17325	617
Number of other referrals (YTD)	12400	10742	796
Number of total referrals (YTD)	31228	28067	1413
Number of all subsequent outpatient attendances (YTD) ¹	463331	425808	16048
Number of cancelled operations offered another date within 28 days	N/A	3	0

Footnotes:

¹ **Activity:** Latest position is Q4 13/14 - as measure is new for 14/15 with no targets submitted for 13/14, cannot RAG yet

Acute Services Portfolio - Urgent Care

Non Elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	95.79%	98.00%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0
Non-elective admissions (FFCEs) (YTD)	10533	8621	1362
Number of attendances at A&E departments - Type 1 (YTD) ¹	14390	10350	4521
Number of attendances at A&E departments - Total (YTD) ¹	16860	13016	4521
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	955.1	N/A	N/A
Emergency admissions - acute conditions that should not require admission	1520	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	301	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI)	689	N/A	N/A
Urgent operations cancelled for the second time	N/A	0	0
Patient overall experience of out of hours GP services	71.31%	N/A	N/A

Yorkshire Ambulance Service (YAS)

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest) ²	68.34%	N/A	N/A	69.11%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) ²	69.06%	N/A	N/A	69.50%
Category A response in 19 mins ²	97.28%	N/A	N/A	95.88%
Ambulance handover delays - of over 30 minutes ³	N/A	32	2	742
Ambulance handover delays - of over 1 hour ³	N/A	0	0	97

Footnotes:

¹ **Number of attendances at A&E departments:**

- CCG position = total reported from any provider recording Sheffield-registered patient activity (national A&E data)
- STHFT & SCHFT positions = total provider position (local data, as national is not available by exact months)
- SCHFT has a Main A&E department only, so all attendances are Type 1 in nature

² **Category A responses:**

- CCG position has been included for information, but all CCGs are officially measured against the YAS total position

³ **Ambulance handover/crew clear times:**

- Whilst official data source and data quality is determined, CCG position reported is as per the YAS total position

* **CCG data is not collected and so is estimated from provider data submissions**

Appendix A: Health Economy Performance Measures Summary

Long Term Conditions, Cancer and Older People

Potential years of life lost (PYLL)	CCG
Health-related quality of life for people with long-term conditions	-3.67
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	56.18%
	76.8%

Cancer Waits (YTD)

	CCG	STHFT	SCHFT
% seen within 2 weeks - from GP referral to first outpatient appointment	93.95%	93.98%	100.00%
% seen within 2 weeks - as above, for breast symptoms	91.73%	91.56%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	98.80%	98.77%	100.00%
% treated within 31 days - subsequent treatment (surgery)	98.04%	97.98%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	N/A
% treated within 31 days - subsequent treatment (radiotherapy)	100.00%	100.00%	N/A
% treated within 62 days - following an urgent GP referral	91.40%	91.30%	N/A
% treated within 62 days - following referral from an NHS screening service	96.30%	95.83%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	95.83%	95.83%	N/A

Mental Health, Learning Disabilities and Dementia

Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	SHSCFT
Proportion of people entering psychological treatment against the level of need in the general population	96.49%
Proportion of people who are moving to recovery, following psychological treatment	17.11%
Estimated diagnosis rate for people with dementia (NB: estimated figure using locally-available data)	47.23%
	68.10%

Quality Standards

Patient Safety

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	3	0	0	N/A
Clostridium Difficile (C Diff) (YTD)	56	25	0	N/A
Mixed Sex Accommodation (MSA) breaches (YTD)	0	0	0	0
Hospital deaths attributable to problems in care	WIP	WIP	WIP	WIP
Improving the reporting of medication-related safety incidents	WIP	WIP	WIP	WIP

Patient Experience

Patient overall experience of GP services	84.89%	N/A	N/A
Patient experience of hospital care	79.90%	WIP	WIP
Friends and Family test: Inpatient - Response rate (QTR) ¹		24.61%	
Friends and Family test: Inpatient - Score (QTR) ¹		65.57	
Friends and Family test: A&E - Response rate (QTR) ¹		17.76%	
Friends and Family test: A&E - Score (QTR) ¹		52.56	

Footnotes:

¹ **Friends and Family Test:** Response rated against a national target of 15%; Score rated against the national average

APPENDIX B: Mental Health Trust Performance Measures

Sheffield Health and Social Care NHS Foundation Trust

1. Crisis Resolution / Home Treatment: As at the end of June, there have been 315 home treatment interventions against a 12-month target of 1,202. This equates to 4.8% more patients benefiting from this service than originally planned by the end of June.

2. CPA 7 day follow up: June's monthly performance was 100%, bringing the YTD figure up to 96.49%, above the 95% target.

3. Psychosis intervention: Activity over the last year is more closely aligned to the target thresholds. Following a service review development, plans are in place to improve the retention of clients on the Early Intervention Service (EIS) pathway.

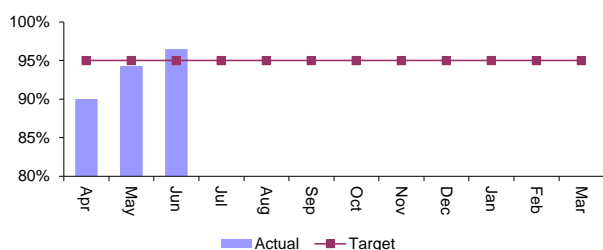
4. Psychological therapy services (Improving Access to Psychological Therapies - IAPT):

- The quarter 4 performance for the proportion of patients receiving psychological therapy achieved target level in 2013/14, with 17.11% YTD as at the end of quarter 4 against the 2013/14 plan of 15%.
- Please see narrative in the Best Possible Health Outcomes (Mental Health, Learning Disability and Dementia) section of this report (page 18) for information on issues and actions regarding the rate of people who received psychological therapy and are moving to recovery.

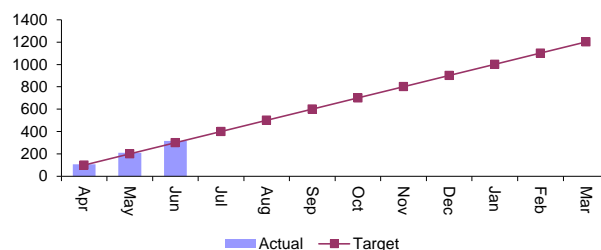
SHSCFT Indicators (all are YTD)

	Target	May	June	Change
Crisis Resolution / Home Treatment	1202	209	315	▲
Psychosis Intervention - new cases	90	22	38	▲
Psychosis Intervention - maintain capacity	270	147	138	▼
CPA 7 day follow up	95%	90.00%	96.49%	▲
Anxiety/depression (IAPT):		Q3 13/14	Q4 13/14	
% receiving Psychological therapy	15%	12.42%	17.11%	▲
Psychological therapy pts. moving to recovery	50%	47.67%	47.23%	▼

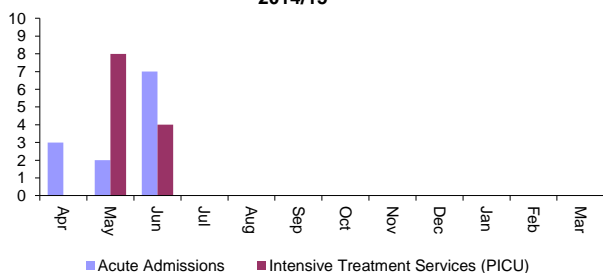
SHSCFT: % of CPA Clients followed up within 7 days - 2014/15



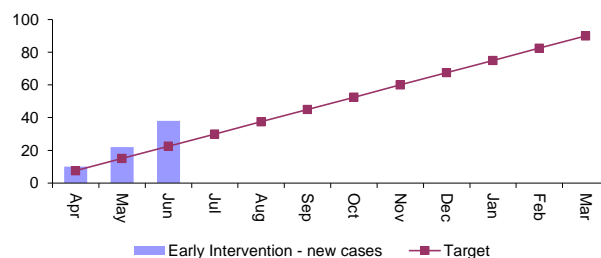
SHSCFT: Crisis Resolution / Home Treatment Episodes - 2014/15 YTD



SHSCFT: Admissions referred out of Sheffield 2014/15



SHSCFT: Early Intervention - new cases accepted 2014/15 YTD



APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

Percentages quoted in the two paragraphs below are as at 20th July 2014

Across the Yorkshire & Humber region, year to date (YTD) RED 1 and RED 2 combined 8 minute performance decreased further to 69.21% against the service standard of 75% and RED 1 and RED 2 combined 19 minute performance was 95.71% against the 95% service standard, deteriorating further since June. For CCG Quality Premium purposes, YAS RED 1 overall 8 minute performance is measured; YTD performance currently stands at 69.45% against the NHS Constitution service standard of 75%. (Sheffield CCG's YTD RED 1 and RED 2 combined 8 minute performance stands at 68.61%.)

For 2014/15, commissioners agreed with YAS to maintain the 95% performance standard across GREEN calls, but introduce a lower 'floor' in respect of performance against which a sanctions regime will apply. In addition, a review will be undertaken in 2014/15 of the clinical conditions categorised as GREEN calls, to ensure that patient safety is not compromised by the approach to call classification. YAS YTD performance remains generally well below expectations for the following call categories (expected service standard in brackets): GREEN 1 (20 min response) - 70.75% (80%), GREEN 2 (30 min response) - 77.61% (85%), GREEN 3 (20 min response) - 87.09% (80%), GREEN 3 (30 min response) - 77.88% (80%). GREEN 4 performance is reported monthly in arrears and is also below expectations.

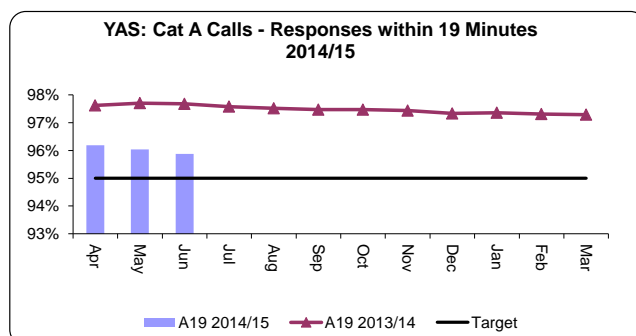
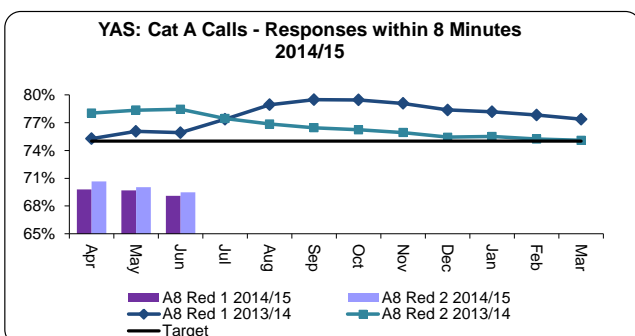
NOTE: RED 1 - most time-critical, covers cardiac arrest patients who aren't breathing & don't have a pulse and other severe conditions such as airway obstruction; these make up less than 5% of all calls. RED 2 - serious but less immediately time-critical; covers conditions such as stroke and fits. GREEN 1 & 2 - serious but non life-threatening. GREEN 3 & 4 - non life-threatening.

Actions to address performance issues:

Please see the NHS Constitution - Rights & Pledges section of this report (Category A ambulance calls - page 8) for information on actions.

YAS Indicators (all are YTD)

	Target	May	June	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	69.67%	69.11%	▼
Cat A 8 minutes Red 2 (YTD)	75%	70.03%	69.50%	▼
Cat A 19 minutes (YTD)	95%	96.04%	95.88%	▼



Data is available for the quality indicators and shows there is a varying degree of fluctuation month-on-month. As target levels have not yet been published, RAG ratings are not reflected in the table below.

Quality Indicators	Target	April	May	Monthly Change
Re-contact after discharge (Phone)		1.4%	1.6%	▲
Re-contact after discharge (Treatment at scene)		3.6%	3.9%	▲
Re-contact after discharge (Frequent Caller)		2.1%	2.9%	▲
Time to answer call (Median)	5 sec	1	1	◀▶
Time to answer call (95th Percentile)		22	21	▼
Time to answer call (99th Percentile)		66	74	▲
Time to treatment (Median)		6.4	6.9	▲
Time to treatment (95th Percentile)		16.9	16.8	▼
Time to treatment (99th Percentile)		27.2	24.7	▼
Call closed with advice (Phone advice)		4.8%	6.9%	▲
Call closed with advice (Transport)		31.3%	33.6%	▲
Clinical Indicators		January	February	
Outcome from Cardiac Arrest (CA) All		27.1%	23.2%	▼
Outcome from CA Utstein Group (UG)		62.5%	62.5%	◀▶
Outcome from acute STEMI Angioplasty		86.3%	77.0%	▼
STEMI Care Bundle		81.1%	79.2%	▼
Outcome from Stroke 60 min to Stroke Unit		61.0%	64.1%	▲
Stroke - Appropriate Care Bundle		97.3%	97.2%	▼
Outcome from CA - Survival to Discharge All		9.3%	10.8%	▲
Outcome from CA - Survival to Discharge UG		35.0%	50.0%	▲
Service Experience		N/A	N/A	

APPENDIX B: NHS 111 Performance Measures



West and South Yorkshire and Bassetlaw
Commissioning Support Unit

NHS 111 Activity

Performance against National Target at Month 2, May 2014 (Month 3 data not yet finalised)
Compared, where possible, to National data



PLEASE NOTE: Due to data availability, National data will usually be 1 month behind Local data

Sheffield Activity

Chart 1: Calls received

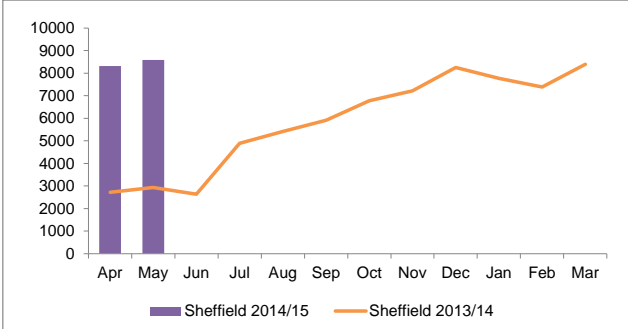


Chart 2: Clinical Calls completed within 10 minutes

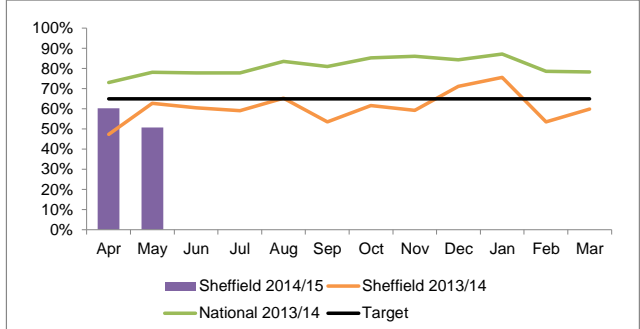


Chart 3: % of Clinical call-backs within 10 minutes \geq 98%

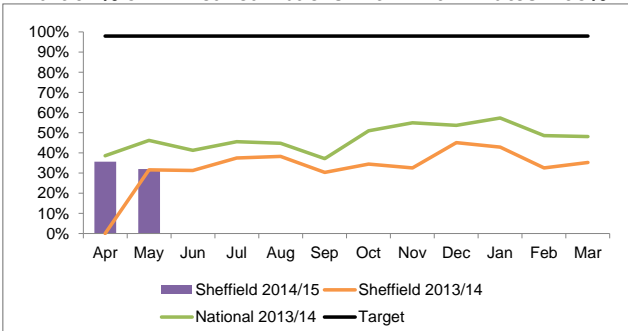
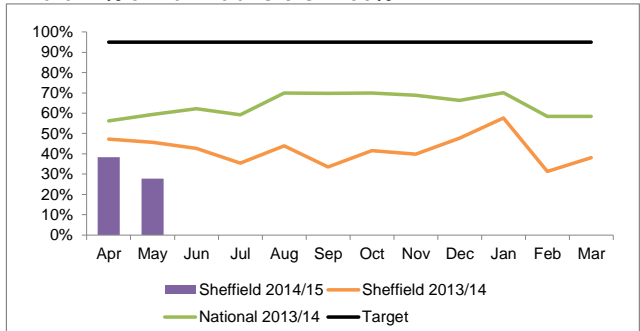


Chart 4: % of warm transfers* \geq 95%



* A warm transfer is where the call handler transfers the call to a clinical advisor within the same telephone call

Yorkshire Ambulance Service (YAS) Activity (Yorkshire & Humber NHS 111 service provider)

Chart 5: Calls received

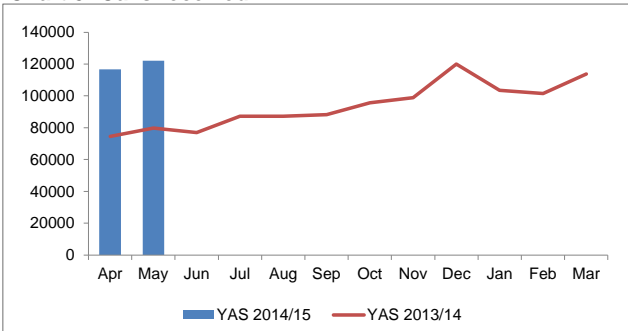


Chart 6: Calls answered within 60 seconds \geq 95%

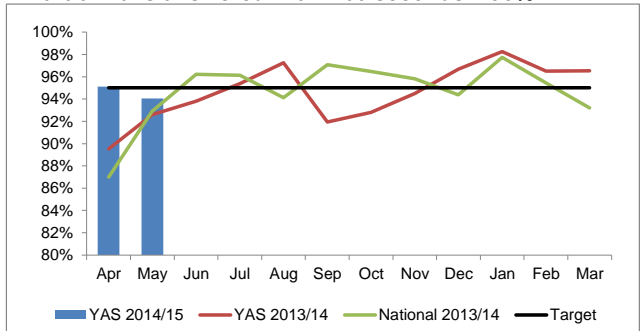


Chart 7: Calls abandoned after 30 seconds \leq 5%

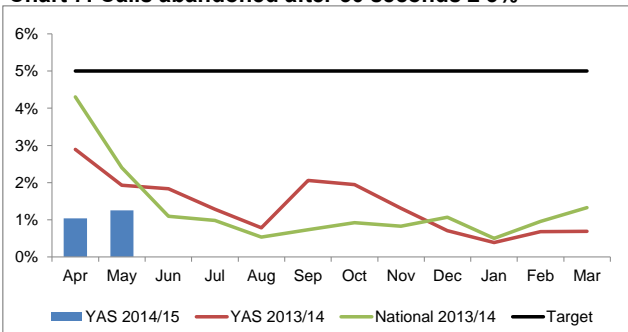
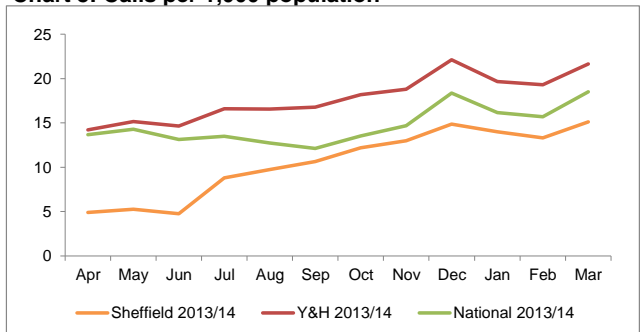


Chart 8: Calls per 1,000 population



Data sources: YAS / Sheffield data - YAS minimum data set (MDS)
National data - NHS England minimum data set (MDS)

APPENDIX C: Contract Activity



Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 3, Apr 2014 - Jun 2014

PLEASE NOTE: The financial performance is reported separately in the Finance Report

Outpatient First Attendances: 0.6% below plan
 Outpatient Follow-ups: 2.2% above plan
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 3.3% above plan
 Inpatient Non-elective Spells: 6.3% above plan
 A&E Attendances: 2.1% above plan

Figure 1: Referrals¹

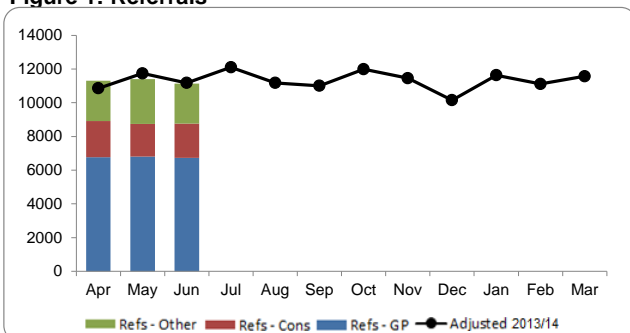


Figure 4: Electives

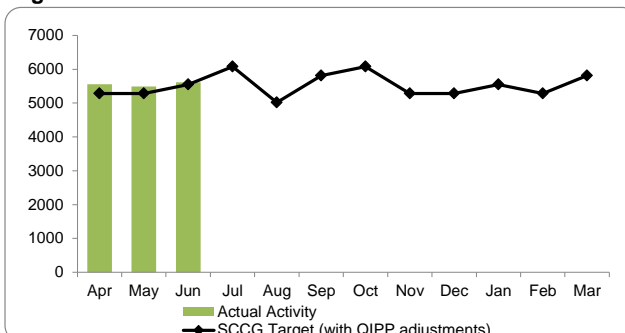


Figure 2: Firsts²

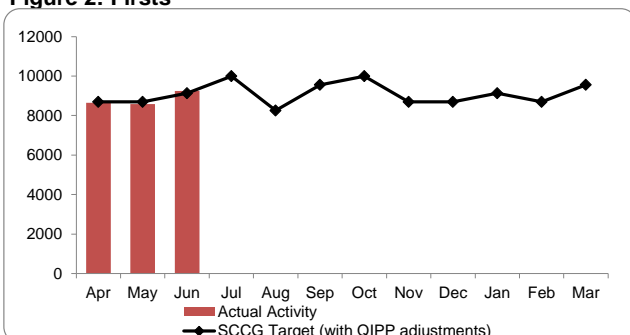


Figure 5: Non-Electives

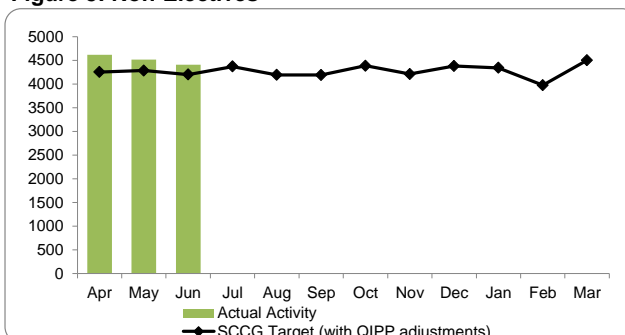


Figure 3: Follow-ups

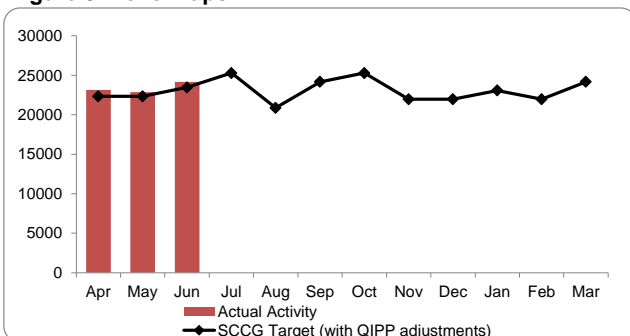


Figure 6: Accident and Emergency

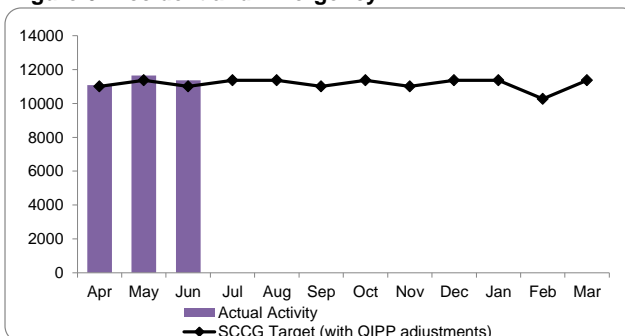


Table 1. Outpatient Activity

Activity	2014/15	Target	Var	% Var
Firsts	31,564	31,769	-205	-0.6%
Follow-ups	81,988	80,207	1,781	2.2%
Follow-ups:First Ratio	2.60	2.52	0.07	2.9%

Table 2. Inpatient and A&E Activity

Activity	2014/15	Target	Var	% Var
Electives	16,655	16,119	536	3.3%
Non Electives	13,536	12,735	801	6.3%
Excess Bed Day Costs (£000s)	£ 2,097	£ 2,286	-£ 189	-8.3%
A&E	34,108	33,390	718	2.1%

Source: STHFT Contract Monitoring

Notes:

¹ Referrals compared to 2013/14, adjusted for working days and counting changes.

Includes all Sheffield activity (CCG and NHS England) for specialties >50% CCG commissioned.

All remaining data is Sheffield CCG only (i.e. excluding NHS England commissioned activity - specialised and dental).

Outpatient attendances exclude Clinical Psychology, Diabetes, Hearing Services, Palliative Medicine and Obstetrics.

² First outpatient attendances exclude CDU (Clinical Decision Unit).

CDU Attendances are overperforming by 597 (9.5%).

Excess Bed Day Costs include MFF (Market Forces Factor).

Produced by NHS Sheffield CCG Contract Team, July 2014

APPENDIX C: Contract Activity



Sheffield Children's NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 2, Apr 2014 - May 2014 (Month 3 data not yet available)

PLEASE NOTE: The financial performance is reported separately in the Finance Report

Outpatient First Attendances: 16.5% below plan
 Outpatient Follow-ups: 4.4% below plan
 Outpatient Procedures: 53.2% below plan

Inpatient Elective Spells: 8.2% below plan
 Inpatient Non-elective Spells: 5% below plan
 A&E Attendances: 0.1% below plan

Figure 1: Firsts

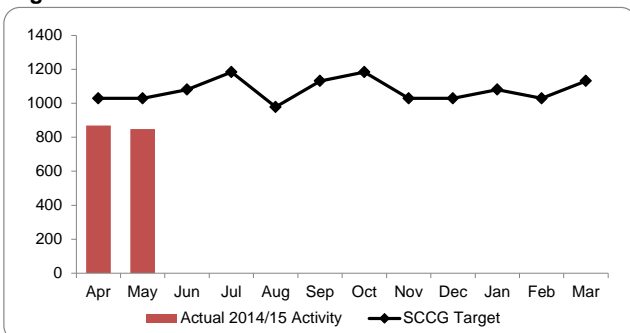


Figure 4: Electives

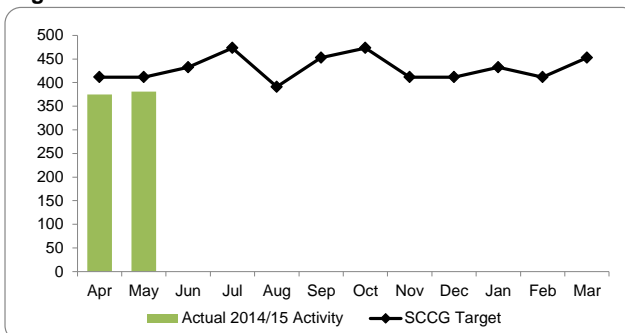


Figure 2: Follow-ups

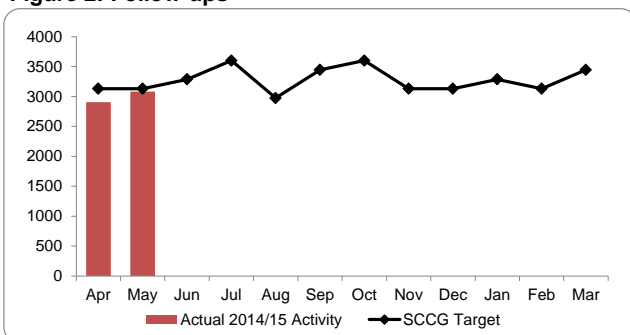


Figure 5: Non-Electives

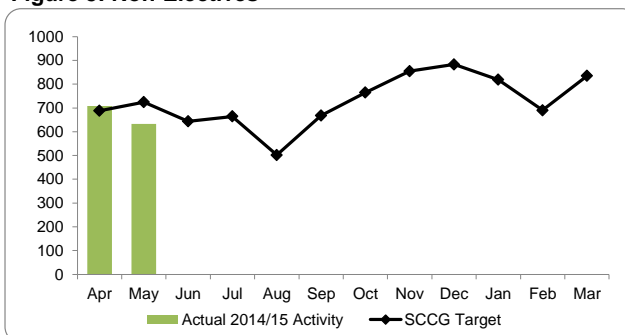


Figure 3: Accident and Emergency

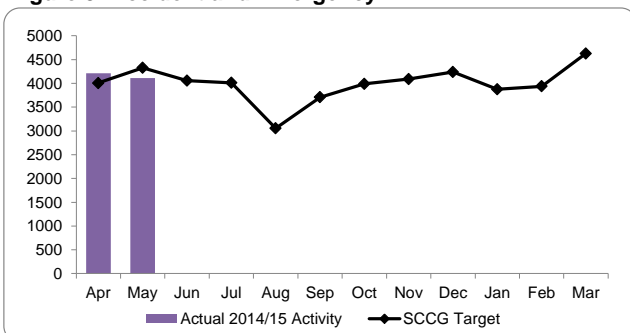


Figure 6: Excess Bed Days

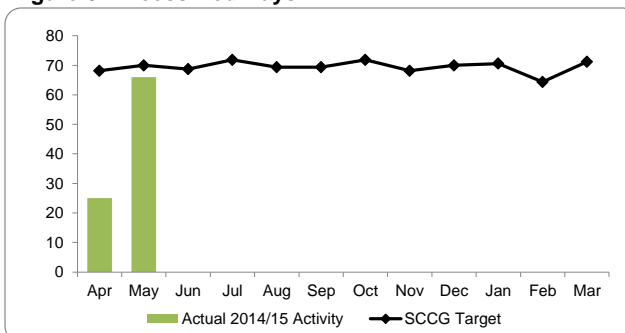


Table 1. Outpatient Activity

Activity	2014/15	Target	Var	% Var
Firsts	1,718	2,058	-340	-16.5%
Follow-ups	5,984	6,259	-275	-4.4%
OP Payable Procedures	1	2	-1	-53.2%
Follow-ups:First Ratio	3.48	3.04	0.44	14.5%

Table 2. Inpatient and A&E Activity

Activity	2014/15	Target	Var	% Var
Electives	756	823	-67	-8.2%
Non Electives	1,341	1,412	-71	-5.0%
Excess Bed Day Costs (£000s)	£ 28	£ 48	-£ 20	-42.1%
A&E	8,325	8,335	-10	-0.1%

Source: SCHFT Contract Monitoring (SLAM)

Notes:

Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, July 2014