

## Quality and Outcomes Report: Month 7 2014/2015

Governing Body meeting

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4 December 2014

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<b>Sponsor</b>	Idris Griffiths, Chief Operating Officer Kevin Clifford, Chief Nurse
<b>Is your report for Approval / Consideration / Noting</b>	
Consideration	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
Potential additional funds via achievement of Quality Premium measures for 2013/14 and subsequently 2014/15 Quality Premium measures.	
<b>Audit Requirement</b>	
<b><u>CCG Objectives</u></b>	
<b><i>Which of the CCG's objectives does this paper support?</i></b>	
<ol style="list-style-type: none"> <li>To improve patient experience and access to care</li> <li>To improve the quality and equality of healthcare in Sheffield</li> </ol>	
<b><u>Equality impact assessment</u></b>	
<b><i>Have you carried out an Equality Impact Assessment and is it attached?</i></b> No	
<b><i>If not, why not?</i></b> None necessary	
<b><u>PPE Activity</u></b>	
<b><i>How does your paper support involving patients, carers and the public?</i></b>	
It does not directly support this but as a public facing document is part of keeping the public informed.	
<b>Recommendations</b>	
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> <li>• Sheffield performance on delivery of the key NHS Outcomes</li> <li>• Sheffield performance on delivery of the NHS Constitution Rights and Pledges</li> <li>• Key issues relating to Quality, Safety and Patient Experience</li> <li>• Assessment against measures relating to the Quality Premium</li> </ul>	



# Quality & Outcomes Report

## Month 7 position

For the December 2014 meeting  
of the Governing Body

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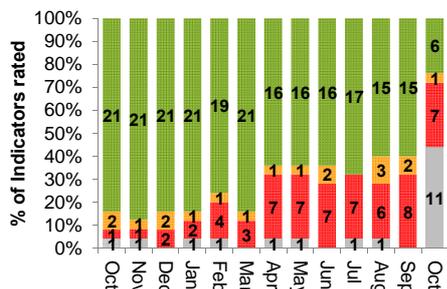
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## Highest Quality Health Care

### 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, Ambulance handover delays (30min+ and 1hr+)
	CPA 7 day follow-ups

#### 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 for 2014/15 to date as at the end of October. However, initial data to mid-November (still to be validated) shows that Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) experienced challenging levels of A&E activity and admissions and, for the current quarter (October to December) achievement of the 95% is unlikely. Discussions continue between the CCG and STHFT's A&E department to understand and address this lower performance. Sheffield Children's NHS Foundation Trust (SCHFT) continue to achieve above the 95% standard.

**Patients referred for suspected Cancer:** Sheffield continues to achieve the pledges on maximum waiting times for patients referred for suspected Cancer, including the pledge that patients will wait no more than 62 days to begin first definitive treatment following an urgent GP referral for suspected cancer; this is in contrast to the overall National position (although in-month it has dipped below 90% for the second time since December 2013).

#### Waiting times & access to Diagnostic tests:

##### 18 week pledge:

**STHFT:** At Trust-wide level (all patients - Sheffield and non-Sheffield) STHFT have, in October, met the Non-admitted standard (95%) for the first time since last October, but have not yet reached the operational standard for Admitted patients (90%). The specialties of Cardiology and Orthopaedics remain a significant challenge, with the Trust continuing to target those patients with long waiting times, in line with nationally requested additional activity.

**SCHFT:** At Trust-wide level, SCHFT have not met the standards for the third month in a row. This does not seem to be related to the impact of additional, nationally requested activity to ensure patients currently waiting longer than 18 weeks are seen and treated at the earliest opportunity.

Both STHFT and SCHFT are aiming to achieve 18 week wait pledges by December 2014.

##### Diagnostic waits:

**STHFT:** The Trust-wide position is improving, with continued reduction in the total number of patients not seen within 6 weeks. The total number not seen within 6 weeks is 66 for October, compared to 98 in September; in Echocardiography the number has reduced from 80 to 42.

**SCHFT:** The Trust did not meet the Diagnostic waits pledge at Trust level (all patients) in October. Although the number of patients on the waiting list has risen slightly, the number who have waited longer than 6 weeks has reduced. The CCG is now considering whether to issue a contract query.

*continued overleaf*

## 2014/15 Headlines - continued

**Ambulance response times:** In October (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 commissioners and Yorkshire Ambulance Service (YAS) to review the position and the plans YAS is putting in place to achieve improvements. A monthly trajectory for planned improvement on current levels for combined RED 8 minute performance has been put in place and contractual sanctions continue to be applied.

**Mental Health Follow-up within 7 days of discharge from Psychiatric Care:** The position has improved in October (and for the year to date). Going forward, it has been agreed that Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) will provide the CCG with an enhanced report for each patient not followed up within 7 days, to facilitate the CCG's understanding of the full patient picture behind that occurrence.

## 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** - 22 cases attributable to the CCG were reported in October against a forecast of 16; in 2014/15 so far, 143 cases have been reported, compared to the 113 forecast for this point in the year. All cases are analysed and are being closely monitored so that any trends can be identified and followed up. STHFT reported 4 cases in October, against a forecast of 8 (63 cases to date, compared to the 55 forecast). SCHFT reported 2 cases in October, against a forecast of 1 (2 cases to date, compared to the 2 forecast).
- **MRSA** - No cases attributable to the CCG were reported in October but, as 3 cases have been reported to date (1 in April, 2 in June) the 'zero tolerance' policy in place for 2014/15 has not been achieved. STHFT reported 1 case in October, bringing their cases to 2 to date. No cases have been reported so far in 2014/15 for 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): The STHFT September percentages of respondents who would recommend the services in Inpatients and Maternity are similar to those in August but those for A&E fell slightly. The trust have made efforts to improve Inpatients response rates which appear to have been successful.

## CCG Assurance - NHS England Assessment

Sheffield CCG continues to be rated as fully '**assured**' in respect of all 6 dimensions of the NHS England CCG Assurance Framework (as set out below). The assurance meeting in respect of Quarter 2 of 2014/15 will take place in early December and the outcome will be reported in the February Quality and Outcomes report.

- 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?

*continued overleaf*

## 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.

### 2013/14 Quality Premium

Provisional assessment by NHS England of 2013/14 achievement indicates that Sheffield has achieved a significant proportion of the identified improvements. The Potential Years of Life Lost (PYLL) assessment is being queried, as the nationally reported outcome differs from our local intelligence - see page 21 for further details. The final outcome is still to be confirmed and will be shared next month.

### 2014/15 Quality Premium

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:

	<u>Page</u>
<b>Reducing potential years of life lost (PYLL) from amenable mortality</b>	
● Potential years of life lost (PYLL) from causes considered amenable to health care	21
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● Local Priority 1: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	19
<b>NHS Constitution - 4 specified measures</b>	
● 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

*continued overleaf*

### 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 19 - 24). 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:** The portfolio is currently focussing on further development of the Elective Care Strategy and wider commissioning intentions and planning actions. Regarding the QIPP (Quality, Innovation, Productivity and Prevention) scheme identification for 2015/16 and beyond in order to meet challenging savings targets, this work is being undertaken across portfolios with CCG colleagues. The eReferral project remains an area of focus as we approach the end of December deadline to support electronic referrals only to STHFT.

**Acute Services Portfolio - Urgent Care:** The portfolio continues to focus on key projects and delivery of QIPP. The focus of current work is on reducing avoidable admissions and the conveying of patients to hospital that could otherwise be supported by community services. The portfolio is currently developing its high-level strategy for urgent care, which aims to identify how urgent care services can best be developed and configured for the population of Sheffield.

**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 and the portfolio team is increasingly working with colleagues across other CCG portfolios. 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 portfolio has identified the following areas within its commissioning intentions; primary care, physical health including liaison psychiatry, crisis and personality disorder. It remains committed to embedding parity of esteem within the work of the CCG. In response to recent publications such as 'Achieving Better Access to Mental Health Services by 2020' [<https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020>] we are in the process of defining more local measures that reflect these priorities and work areas.

**Children and Young People:** The children's portfolio has been working on plans for 2015/16 based upon a review of priorities. The portfolio has also been focused on implementation of statutory duties.

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 and on enhancing the skills of GPs within primary care in the management of specific conditions; this is mainly respiratory (asthma) currently, and also looking at the management of Low Birth Weight and continence; a pilot is also underway for Children with Allergy to see if their management in the community can be enhanced.

### Public Health Outcomes Framework (PHOF)

It has been agreed to replace the previous quarterly Public Health Outcomes Framework (PHOF) dashboard of public health indicators (the value of which is limited by the time-lag in the data) with a more timely narrative, structured around key public health topics and/or areas of progress on public health outcomes in the City.

Additionally, there will be annual update on progress against Public Health Outcome Framework (PHOF) measures as part of Month 12 Quality and Outcomes Report.

The latest quarterly report is shown in APPENDIX D as supplied by Public Health Intelligence Team - part of the Policy, Performance and Communications Service at Sheffield City Council.

## 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:** As a Provider (i.e. for all patients - Sheffield or non-Sheffield population) the Trust have not reached the operational standard for Admitted patients (90%) for October, achieving only 88.68%; this is the ninth month in a row they have not met the standard. The Trust did however meet the Non-admitted standard (95%) for October with 95.25% (having not met for the previous eleven months). They also met the Incomplete standard (patients not yet seen - 92%) as a Provider in October with 92.51%.

The specialties of Cardiology and Orthopaedics remain a significant challenge and the Trust has been targeting long waiters in response to recent National directives. The CCG continues to have in place a formal contract query related to the delivery of 18 week waits performance and is monitoring on a weekly basis; STHFT are aiming to achieve all 3 pledges, at Trust level, by December 2014. The CCG has and will continue to apply all contractual penalties related to 18 week waits.

**SCHFT:** The Trust have not met the 18 week waiting time standards for Sheffield patients and provisional data indicates that they have not met the standards Trust-wide (i.e. for all patients - Sheffield or non-Sheffield population) for the third month in a row. This does not seem to be related to the impact of additional, nationally requested activity to ensure patients currently waiting longer than 18 weeks are seen and treated at the earliest opportunity. The Trust has indicated that it is unlikely to meet the 18 week position by December 2014; the CCG will now issue a contract query against 18 week waiting times performance.

Provisional Trust-wide data for SCHFT indicates that they had 2 patients waiting more than 52 weeks for treatment in October, although neither of these were Sheffield patients. The contract query relating to 52 week waits remains in place.

**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:** 6 week waits Diagnostic performance at STHFT remains a concern and the CCG continues to have in place a formal contract query. However, the Trust position (for all patients - Sheffield or non-Sheffield population) is improving (98.03% for October against the 99% standard). The continued reduction in the total number of patients not seen within 6 weeks at Trust level, and also the number in Echocardiography, is positive. The number of patients not seen within 6 weeks in Echocardiography has reduced from 80 to 42 and in total (i.e. for all specialties) there were 66, compared to 98 in September.

**SCHFT:** The Trust met the Diagnostic waits pledge for Sheffield patients in October (having had patients waiting over 6 weeks in the previous three months). However, provisional information suggests that the Trust has not met the pledge at a Trust-wide level (all patients) for the fourth month in a row. The number of patients on the waiting list has risen again slightly, although the number of patients who have waited longer than 6 weeks has reduced. The CCG is now considering whether to issue a contract query against Diagnostic performance.

**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 (YTD position)



**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.*

### From GP Referral to First Outpatient Appointment (YTD)

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 (YTD)

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 (YTD)

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:** The pledges for RED 1 or RED 2 calls resulting in an emergency response arriving within 8 minutes have again not been met in October (and are also unlikely to be met in November). Commissioners are applying the full range of contractual sanctions to Yorkshire Ambulance Service (YAS) where performance is below contractual requirements. Formal contract query notices have been issued and a monthly trajectory for planned improvement on current levels for combined RED 8 minute performance has been accepted.

CCGs have commissioned external support from the Good Governance Institute (GGI) to ensure YAS can achieve its contractual obligations and provide assurance to commissioners that sustainable performance improvement can be achieved. Commissioners have requested a revised remedial action plan by the end of November for RED and GREEN (less time-critical, non life-threatening) performance, incorporating relevant recommendations made by the GGI.

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 have generally been reducing since last November/December with some fluctuations. However, in October, delays over 30 minutes increased significantly from 867 to 1,448 and the subset of delays over 1 hour also increased significantly from 134 to 376.

The increase in delayed handovers has occurred across the geographical area served by YAS, not just in Sheffield. YAS have identified a member of staff who will work specifically on improving turnaround delays and work to understand and address these delays forms part of the work of communities System Resilience Groups.

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. It should be noted however that, where possible, any issues are dealt with on the day with acute trusts through normal routes.

**Indicator Development:** Data used for the two 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 (YTD)



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



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



**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)



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## 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 these measures. 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.

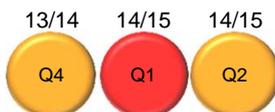
### Issues & Actions:

**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:** The number of operations cancelled at STHFT for non-clinical reasons (and where the patient was not subsequently offered another binding appointment for surgery within 28 days) decreased from 8 in Quarter 1 2014/15 to 1 in Quarter 2 2014/15. The CCG continues to monitor performance closely; where required the CCG has applied contractual sanctions.

SCHFT reported 2 patients not offered another appointment within 28 days in Q2, having not had any breaches in the previous two quarters; the Trust is investigating the causes of these.

### 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.*

### Issues & Actions:

96.67% of patients were followed up within 7 days in October (2 patients were not followed up within this time frame) increasing the position for the year to date to 94.41%. Although this involves small numbers of patients - meaning the percentage followed up can fluctuate quite widely - this is still slightly below the 95% standard. The CCG have agreed with Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) that they will provide an enhanced report - with a chronological history - each time there is a breach, to facilitate understanding of the full patient picture.

### Supporting measure - 14/15:

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



**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 22 cases reported in October for Sheffield CCG:

- 3 were STHFT (of a total 4 STHFT-reported cases)
- 1 was SCHFT (of a total 2 SCHFT-reported cases)
- 5 were community associated, with a hospital admission in the last 56 days
- 13 were community associated, with no recent hospital contact/admission

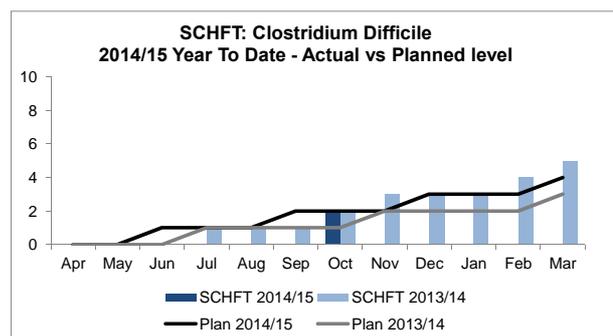
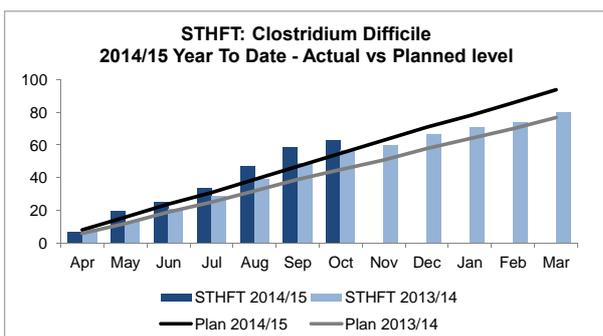
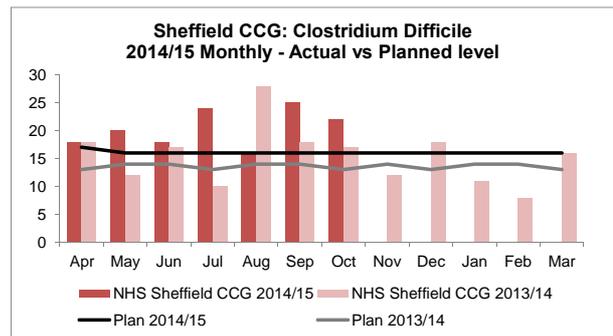
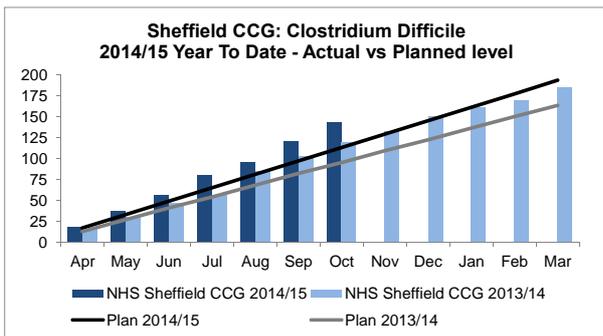
At STHFT, samples have been sent for ribotyping to establish potential linkage of cases and audit is underway. Due to maximum expected levels being breached in community/primary care and Hospital, there is further work underway to review antibiotic prescribing along the patient pathway to establish a wider period of prescribing practice on C Diff cases.

**MRSA:** 1 case (a non-Sheffield resident) was reported in October for STHFT. A Post Infection Review has been undertaken and the case is to undergo external arbitration, as STHFT and the relevant CCG agree this was an intractable case so should not be assigned to either CCG or STHFT, as the patient was severely immunocompromised and it could not have been avoided.

No cases have been reported in October for Sheffield CCG 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 Oct-14	0	1	0	22	4	2
Number of infections forecast for this month	0	0	0	16	8	1
Number of infections recorded so far in 2014/15	3	2	0	143	63	2
Number of infections forecast for this period	0	0	0	113	55	2



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

- continued

### Regulations

#### Care Quality Commission (CQC) Regulatory Reviews

##### Arriva Patient Transport and GP Urgent Service

The CCG has now received the CQC action plan and this is being performance managed through the normal contracting and assurance processes.

##### Sheffield Health & Social Care NHS Foundation Trust (SHSCFT)

For the whole week commencing 27th October, the CQC undertook a full-scale inspection of adult mental health and social care sites run by SHSCFT. The CCG participated in a focus group during the visit.

There were further unannounced visits that continued until the end of the following week. Social care site visits are to be completed by the end of November. Feedback has been limited and the Trust is expecting the draft report in January 2015.

### 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. A baseline position for medication incident reporting was provided to the CCG via the Medicines Safety Group, which will monitor the levels for each subsequent period. The reporting baseline period has been set as Q4 2013/14 (the period of January 2014 to March 2014). Achievement of the quality premium will be via a 5% increase over the baseline period for the same quarter in 2014/15.

##### Quarter 1 2014/15 Position

As reported last month, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) showed an increase in reported medication safety incidents of 11.5% in Q1, successfully surpassing the expected 5% increase.

Sheffield Children's NHS Foundation Trust (SCHFT), for Q1, shows 84 reported medication safety incidents. This is a decrease from the baseline of 130. The underlying causes and proposed actions are being explored with the Chief Pharmacist at SCHFT.

*continued overleaf*

## Ensuring that people have a positive experience of care

### Eliminating Mixed Sex Accommodation

There have been no breaches from April to October 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 9) 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 (2012) rate per 100 patients 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 two parts of this measure, please see the Best Possible Health Outcomes section of this report (page 19: Acute Services Portfolio - Elective Care for 'Patient experience of GP services' and page 20: 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 16: Patient Experience of GP Services).

\* 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."

section continued overleaf

## 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, aims to help identify poor performance and encourage staff to make improvements, leading to a more positive experience of care for patients.

The NHS England review of the FFT, published in July 2014, suggested that the presentation of the data move away from using the Net Promoter Score (NPS) as a headline score and use an alternative measure. In line with this recommendation, this report uses the percentage of respondents who would recommend the service, in place of the NPS; this is the proportion of respondents who are 'extremely likely' and 'likely' to recommend of the total number of respondents.

September 2014 Summary (with July and August 2014 for comparison for Sheffield only)	Sheffield (STHFT)						England	
	July 2014		August 2014		September 2014		September 2014	
	Respondents who would recommend	Response rate						
A&E	82.52%	22.56%	85.00%	22.24%	78.71%	21.36%	86.37%	19.50%
Inpatients (IP)	96.22%	33.94%	97.14%	26.70%	97.41%	41.65%	93.71%	36.57%
Maternity touch points 1-4	95.29%	N/A*	95.35%	N/A*	93.32%	N/A*	93.75%	N/A*

**STHFT Percentage of respondents who would recommend services - summary:** The percentage of respondents who would recommend the services in Inpatients and Maternity touch points 1-4 has shown little variation over the last three months; however, the percentage for those who would recommend A&E fell between August and September. With the exception of A&E, the percentages of respondents who would recommend services in September remains similar to that of England. Whilst the percentages for England are shown above, direct comparison does not necessarily provide a true reflection and is not recommended.

**STHFT Response rates - summary:** The response rate for A&E has remained relatively stable over the last three months, whilst the response rate for Inpatients has fluctuated considerably, increasing notably between August and September. The response rate for both A&E and Inpatients are similar to that of England. (\*A combined response rate for Maternity touch points 1-4 is no longer calculable.)

**A&E and Inpatients:** The percentage of respondents who would recommend A&E services has fallen since 2013/14 but now appears to have stabilised, as response rates have increased (although did fall slightly between August and September). FFT performance in A&E and Inpatient services does not currently show cause for concern.

**Maternity touch points 1-4:** There are 4 Maternity touch points: Antenatal care, Birth, Postnatal ward, Postnatal Community provision. Regarding the percentage of respondents who would recommend each Maternity touch point for Quarter 1 (Apr-Jun) and Quarter 2 (Jul-Sep):

- Touch point 1 (Antenatal care) remains high, although decreased marginally from 94.06% to 92.65%
  - Touch point 2 (Birth) remains high and increased from 96.74% to 97.21%
  - Touch point 3 (Postnatal ward) remains high and increased notably from 80.66% to 93.99%
  - Touch point 4 (Postnatal Community provision) remains high, although decreased marginally from 95.41% to 93.30%
- FFT performance in Maternity services does not currently show cause for concern.

**FFT Actions:** STHFT have made efforts to improve Inpatient response rates which were declining and these appear to have been successful. The Maternity response rate has fluctuated notably, after changes were made to the way the rate is calculated in June, but do not appear to be of concern.

FFT continued overleaf

### **Friends and Family Test (FFT) - continued**

#### **2014/15 Quality Premium - Friends and Family Test measures**

The Quality Premium target for the CCG relating to FFT (see page 3 for summary) requires STHFT to deliver against an agreed action plan by Quarter 4 (which includes action taken as a result of feedback), roll-out of the FFT and targets for improving positive / reducing negative feedback/responses.

The Quarter 2 data has been received and the target was met that requires STHFT to produce a comprehensive action plan to improve specific concerns identified via the FFT process. The Trust is now delivering the concerns identified in the action plan. Similarly, the target to work with the CCG on the FFT roll-out has been achieved; FFT rolled out to Outpatient and Day Case services in October and Community roll-out is on track for January 2015. The targets for making improvements to positive / reducing negative feedback/responses will be reported in Quarter 4.

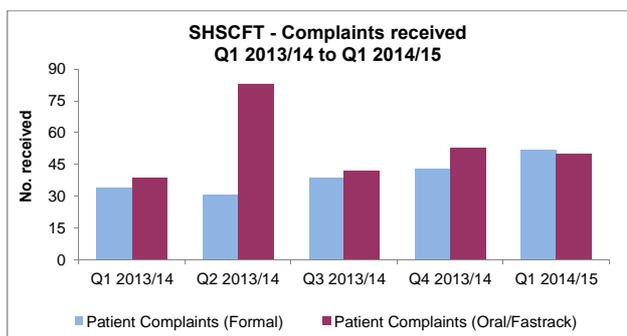
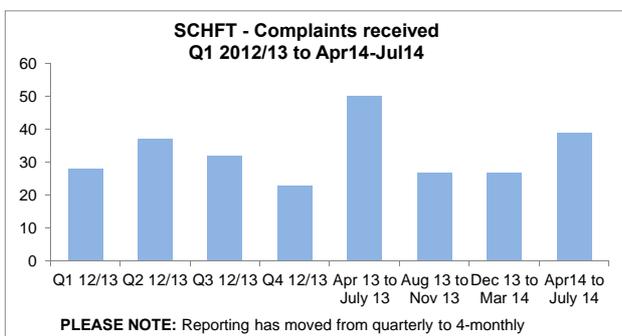
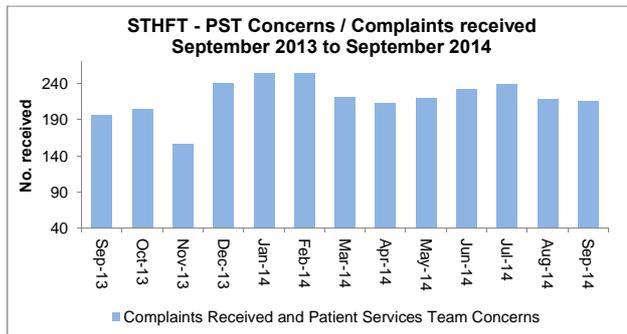
## Patient Experience of NHS Trusts

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

### Patient Complaints

Reasons for Complaints:	
<b>STHFT</b> Sep 13 - Sep 14	Communication with patient Attitude Delay in treatment Inappropriately discharged Appropriateness of medical treatment
<b>SCHFT</b> Apr 14 - Jul 14	Clinical Treatment Appointments - delay or cancellation Attitude of staff
<b>SHSCFT*</b> Apr 14 - Jun 14	All aspects of clinical treatment Attitude of staff

\* Sheffield Health and Social Care NHS Foundation Trust



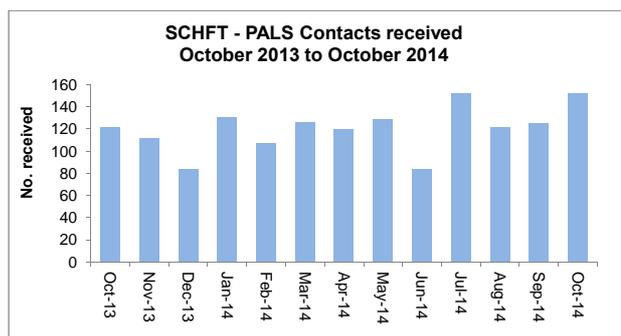
### Patient Compliments

**STHFT:** 61 letters of thanks were received in August 2014, bringing the total reported so far in 2014/15 to 280.

**SHSCFT:** 213 compliments were received during Q1 2014/15.

### Patient Advice and Liaison Service (PALS) Contacts

Reasons for PALS Contacts:	
<b>SCHFT</b> Oct 14	Parking (27) Appointments (16) Support (15)



### Further Information

**STHFT:** The Trust work to a target of responding to 85% of complaints within 25 working days; the response rate achieved in September was 86%. 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:** In April 2014 to July 2014, the Trust received 39 formal complaints, a reduction on the previous year (April 2013 - July 2013) when 50 complaints were received. 125 PALS contacts were received during September 2014 and 152 were received in October 2014.

**SHSCFT:** During Q1 2014/15, 52 formal complaints were received; this is higher than the previous 4 quarters, during which the number of complaints received ranged between 31 and 43. During Q1 2014/15, 50 oral and fastrack complaints were received; this is a reduction from Q4 2013/14, when 53 were received.

## Patient Experience of GP Services

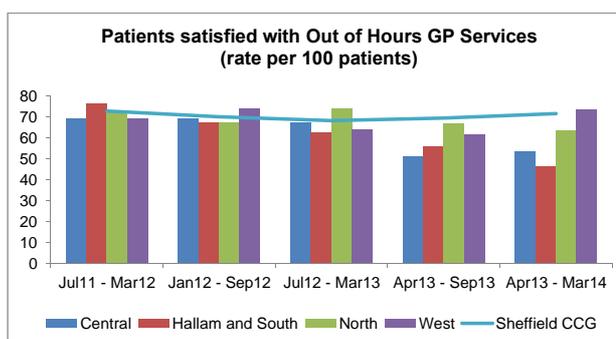
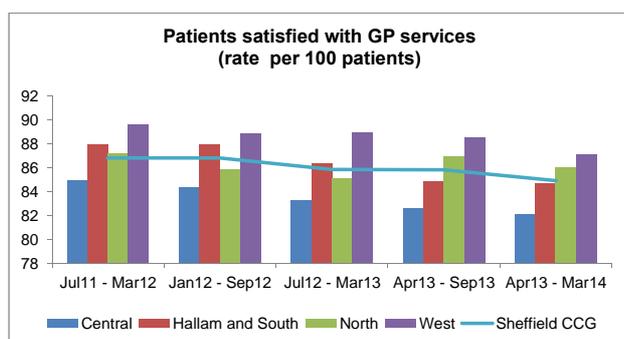
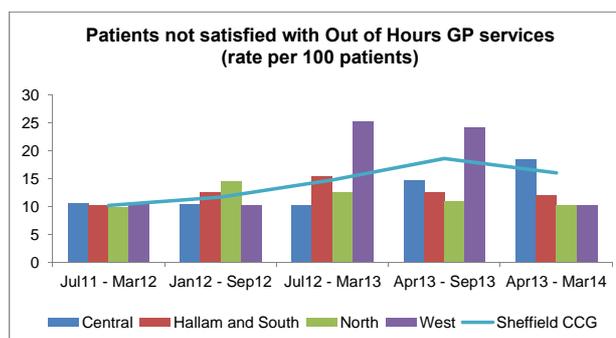
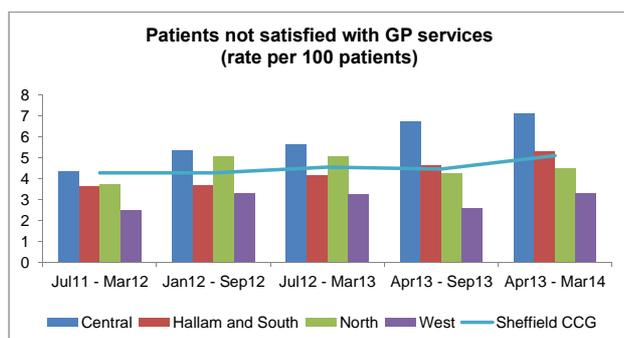
The charts below show selected measures from the GP Patient Survey, which is published every 6 months (this page will remain in the report due to links to National Outcomes measures as detailed below). Two surveys are run per year, with the final annual position being calculated from an aggregate of 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. Low response numbers (less than 10) are suppressed to ensure individual patients and their responses are not identifiable, therefore the Locality numbers/rates may on occasion look slightly lower than the overall CCG position.

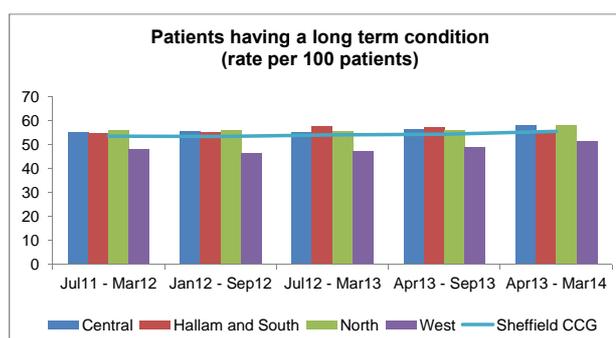
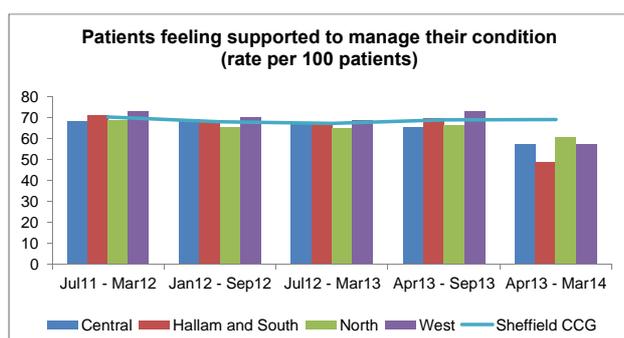
**Patients' overall satisfaction with their GP Service and Out-of-Hours GP Service:** The first pair of charts below illustrate progress against the NHS England Outcomes ambition to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services. This measures whether 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 19: Acute Services Portfolio - Elective Care for 'Patient experience of GP services' and page 20: 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 12: 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.



## Clostridium Difficile - Performance Update and Benchmarking

Sheffield CCG is committed, by working with local providers, to having no more than 193 cases of Clostridium Difficile (C.Diff) infections in 2014/15. Based on validated data up to the end of September 2014\*, there have been 121 cases attributable to the CCG so far this year - the forecast level for the same period was 97.

For STHFT, the commitment is no more than 94, compared to 77 last year. The number of cases incurred in September (12) is less than the previous month (13). So far in 2014/15 (April to September) STHFT have had 10 more cases (59) than in the same period last year (49).

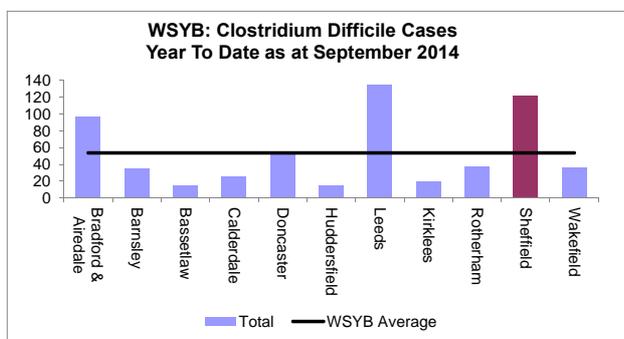
For SCHFT, the commitment is no more than 4, compared to 3 last year. No cases have been recorded so far in 2014/15.

\* Although October data for C.Diff is shown in the Quality and Safety section of this report, September is used here to allow for full benchmarking of National figures, as National data for this becomes available slightly later.

**PLEASE NOTE: For the core Cities chart - Birmingham, Leeds, Bradford & Airedale and Manchester are made up of 3 CCGs, Newcastle of 2 CCGs and the rest of 1 CCG.**

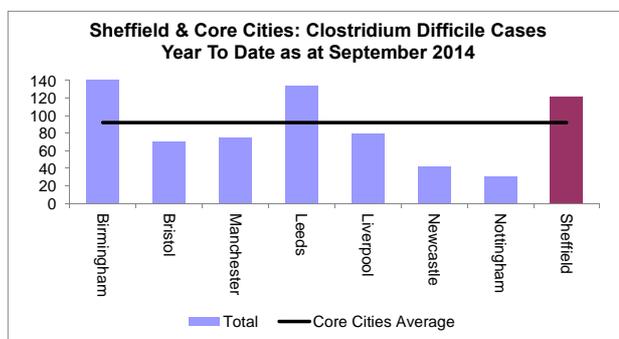
In each of the charts below, Sheffield's position (CCG or STHFT) is distinguished by the highlighted bar.

### CCG Comparison



The chart above shows that, year to date (YTD) Sheffield has the second highest number of C.Diff infections in the West and South Yorkshire and Bassetlaw (WSYB) area.

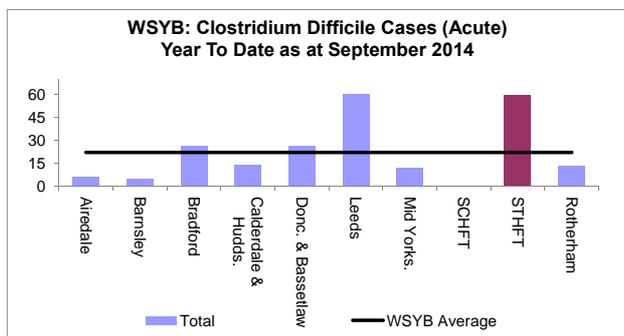
Sheffield is above the regional average of 53.5 C.Diff cases, along with Leeds and Bradford & Airedale.



When compared to the core Cities, Sheffield has the third highest number of C.Diff cases as at the end of September 2014.

Sheffield is above the core Cities average of 92.1 C.Diff cases, along with Birmingham and Leeds.

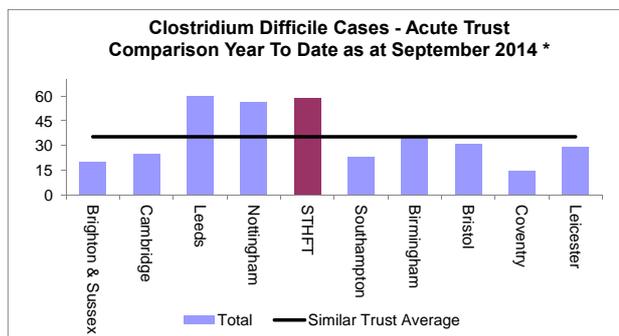
### Acute Trust Comparison



The chart above shows that STHFT has the second highest number of YTD C.Diff cases as at the end of September 2014.

59 cases have been reported for STHFT against a regional average of 22.1; this equates to 62.77% of their annual target of 94 cases.

SCHFT have reported no cases so far in 2014/15.



\* The Trusts compared have been chosen as they are Teaching/University Trusts of a large size.

STHFT has the second highest number of C.Diff cases when compared to these Trusts; Leeds has the highest number of cases.

The 59 cases reported at STHFT is higher than the average for the group, of 35.4 cases. Leeds and Nottingham are also above the group average.

## Summary Hospital Mortality Indicator - Performance Update and Benchmarking

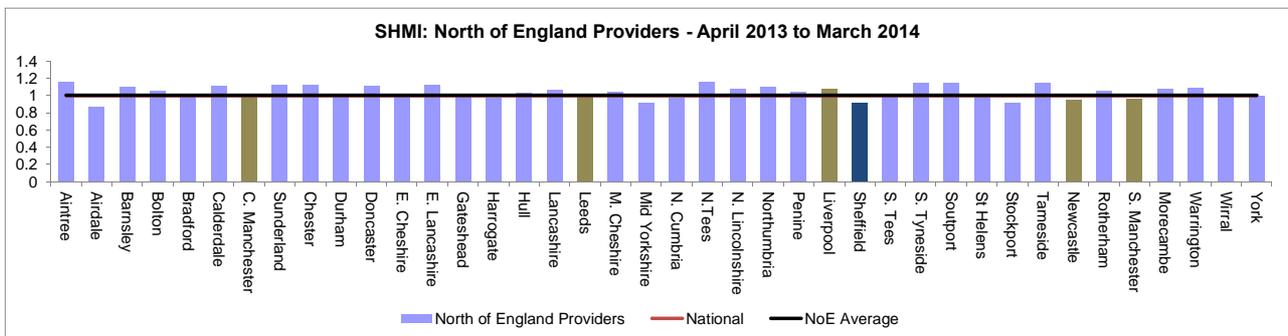
The Summary Hospital Mortality Indicator (SHMI) is a ratio of the observed number of deaths to the expected number of deaths for a provider; the lower the ratio, the better, as less deaths are occurring.

The observed number of deaths is the total number of patient admissions to the hospital that resulted in a death either in-hospital or within 30 days post-discharge from the hospital.

The expected number of deaths is calculated from a risk-adjusted model with a patient case-mix of age, gender, admission method, year index, Charlson Co-morbidity Index and diagnosis grouping.

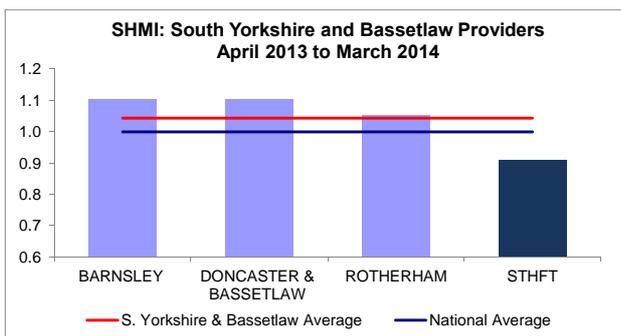
A 3-year dataset is used to create the risk adjusted models and a 1-year dataset is used to score the indicator. The 1-year dataset used for scoring is a full 12 months up to and including the most recently available data on the dataset. The 3-year dataset is a full 36 months up to and including the most recently available data on the dataset.

The STHFT value for April 2013 to March 2014, at 0.909, is higher than for January 2013 to December 2013 (0.884) but is still below the expected value. This is a positive position for Sheffield residents.



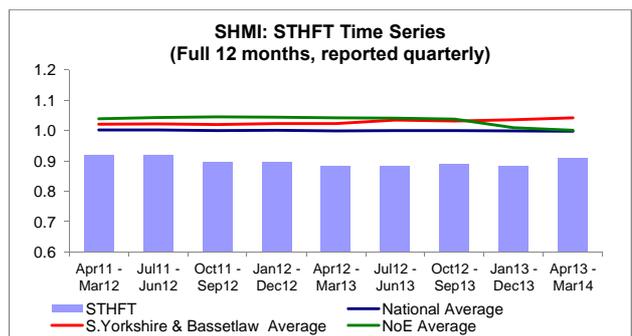
To reflect the new NHS landscape, the above chart shows providers who have submitted data in the North of England (NoE). Sheffield (STHFT) has been distinguished by the **dark blue** bar and the core Cities that lie within the NoE by the **tan** bars.

STHFT is the best ranked within the NoE and 16th on a National level. 13 of the above trusts are below the National average, of which 3 (STHFT, South Manchester and Newcastle) are core Cities within the NoE. On a National core Cities level, only Cambridge has a lower value than STHFT.



Within the South Yorkshire & Bassetlaw area, STHFT have a lower value than the other trusts that have submitted data. This equates to 12.76% lower than the area average and 8.95% lower than the National average. The next lowest trust is Rotherham.

STHFT is the only acute trust in the area to be below the area and National average positions.



The STHFT value has fluctuated slightly over the time series and remains better (lower) than expected.

The latest position of 0.909 (Apr-13 to Mar-14) is 2.83% higher than the previous period (Jan-13 to Dec-13).

## 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.

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

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.

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

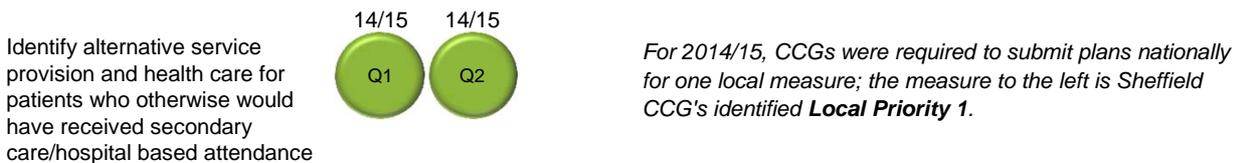
#### National required measures

##### 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 12) for information.



#### Quality Premium 2014/15: Locally selected measure



#### 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, although the Oct-14 local score decreased very slightly to 90.34%, any score above 78% is being judged nationally as good. As an additional measure, 95.5% of people said they would have surgery again under the same conditions (again, a very slight decrease from last month).



continued overleaf

**Acute Services Portfolio - Urgent Care**

**National required measures**

**Issues & Actions:**

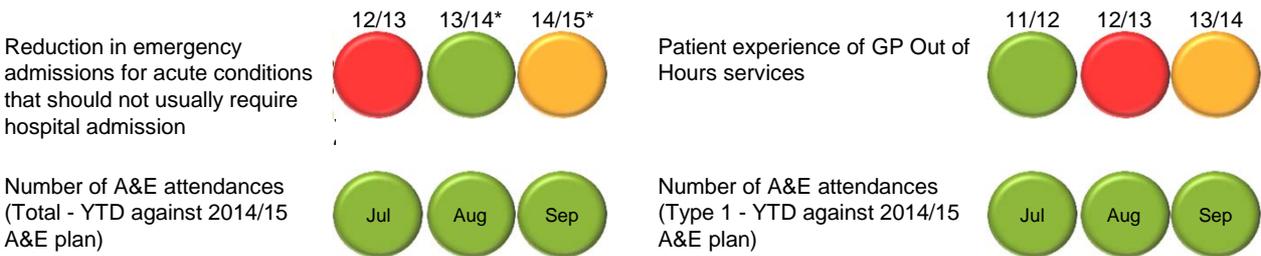
**Reduction in emergency admissions for acute conditions that should not usually require hospital admission:** Please note that this is part of a composite measure of 4 emergency admissions area as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 3. In that section, the composite measure is rated but for this single component (and each of the other 3) a rating is given on the same basis, as a guide to how well *each is progressing*.

**\* DATA CAVEAT:**

- 13/14 - National PROVISIONAL (complete year) data published by the Health and Social Care Information Centre.
- 14/15 - Local YTD data; rates are calculated using the most recently published populations - currently available position is as at the end of September.

Work continues on redefining patient assessment pathways in CDU/MAU (Clinical Decision Unit/Medical Assessment Unit - STHFT) to prevent emergency admissions being converted into acute stays. Clinical discussions are also taking place around patient admissions to the Frailty Unit where these are for assessment only and it is possible the use of an admission may be able to be avoided. Exploratory discussions are starting on creating linkages between YAS ambulance teams and SPA (Single Point of Access - a service that manages patient referrals from health professionals into all community health services) to facilitate timely access to community services as opposed to conveyance to hospital.

**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 12) for information.



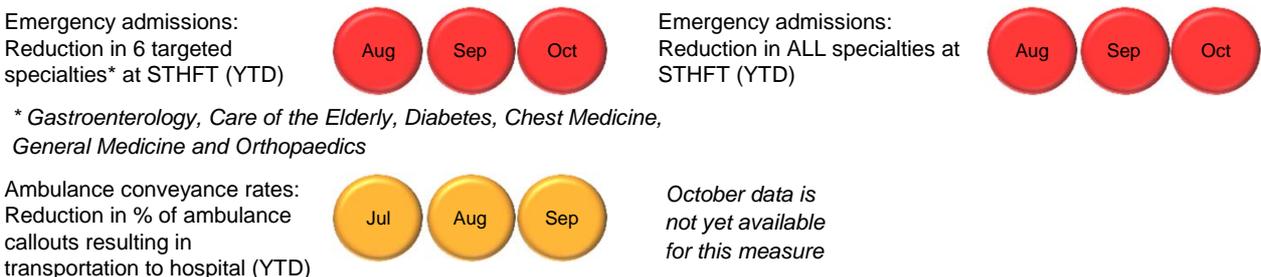
**A&E ATTENDANCES:** Total A&E attendances comprises: Type 1 (Main A&E), Type 2 (Single Specialty, e.g. STHFT Eye Casualty) and Type 3 (Other A&E e.g. STHFT Minor Injuries Unit).

**Locally selected measures**

**Issues & Actions:**

The initial scoping work around the speciality reviews has now been completed. Focus is now on the areas of Respiratory Medicine and Gastroenterology (clinical areas providing the greatest concern in terms of non-elective activity). A number of in-year initiatives - such as a business case to supply care homes & nursing homes citywide with pulse oximeter (to test patient oxygen levels) - have been identified in the area of Respiratory Medicine and additional work is now being undertaken in Gastroenterology to identify potential opportunities for 2015/16.

The Urgent Care programme continues to be integrated into all of the portfolios and is significantly represented in Right First Time, Long Term Conditions and Elective and Acute Care agendas.



**Long Term Conditions, Cancer and Older People**

**National required measures**

Issues & Actions:

**Potential years of life lost (PYLL):** The publication of the PYLL data for 2013 shows a marked rise back to 2011 levels; this was not the anticipated position and the data does not fit with previously seen patterns for Sheffield. An initial query back to the Health and Social Care Information Centre (HSCIC) has resulted in them confirming they are happy with the data they have used to calculate these figures.

Having looked in more details at some other core cities, some show a similar pattern others do not. Sheffield City Council's Public Health Intelligence Team have been asked to investigate at individual record level and, if any anomalies are identified, a further discussion will take place with the HSCIC. NHS England were notified of our query to HSCIC and, depending on the outcome of our investigations, further discussions may be needed with them as to the robustness of this indicator.

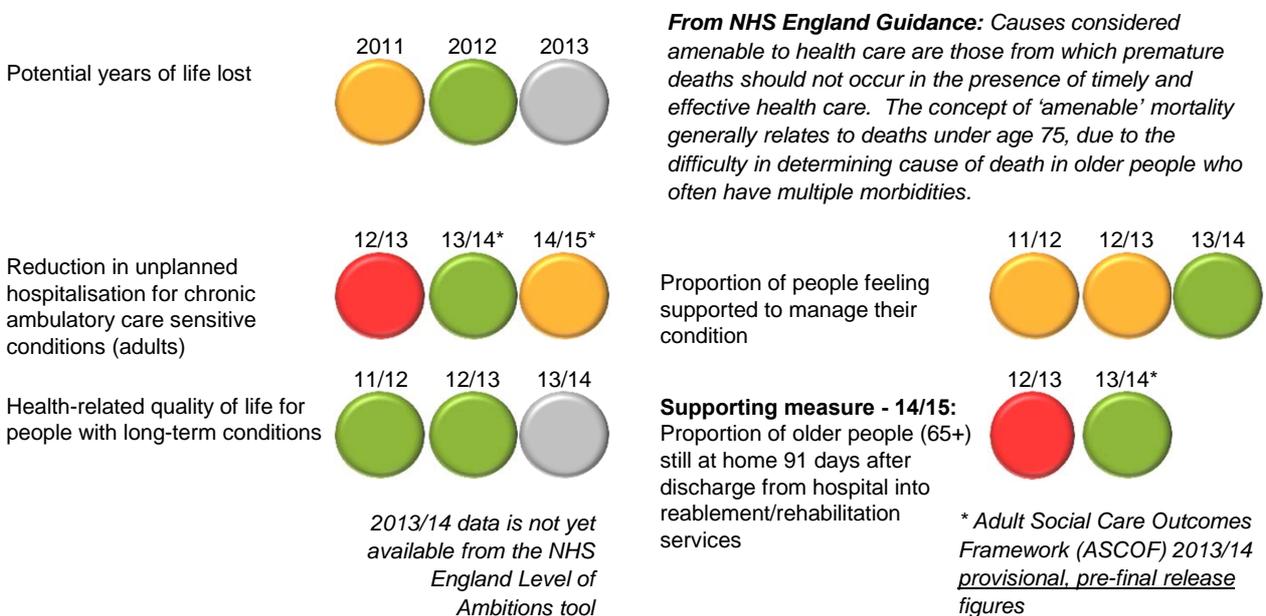
**Reduction in unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (ACSC):** Please note that this is part of a composite measure of 4 emergency admissions area as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 3. In that section, the composite measure is rated but for this single component (and each of the other 3) a rating is given on the same basis, as a guide to how well each is progressing.

**\* DATA CAVEAT:**

13/14 - National PROVISIONAL (complete year) data published by the Health and Social Care Information Centre.

14/15 - Local YTD data; rates are calculated using the most recently published populations - currently available position is as at the end of September.

As noted previously, 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. We are developing a strategy and workplan to improve the quality of care for respiratory patients which in turn should reduce emergency admissions.



**Locally selected measures**

There will be a new locally commissioned care planning scheme launched in November 2014, to start in January 2015, which will demonstrate learning from the pilot and will complement the national Enhanced Service to reduced unplanned admissions.

Locally selected measures will be developed for 2015/16 in line with commissioning intentions, including a measure on respiratory activity.

**Mental Health, Learning Disabilities and Dementia**

**National required measures**

Issues & Actions:

**The proportion of people who have depression and/or anxiety disorders who receive psychological therapies and The number of people who received psychological therapy and are moving to recovery:**

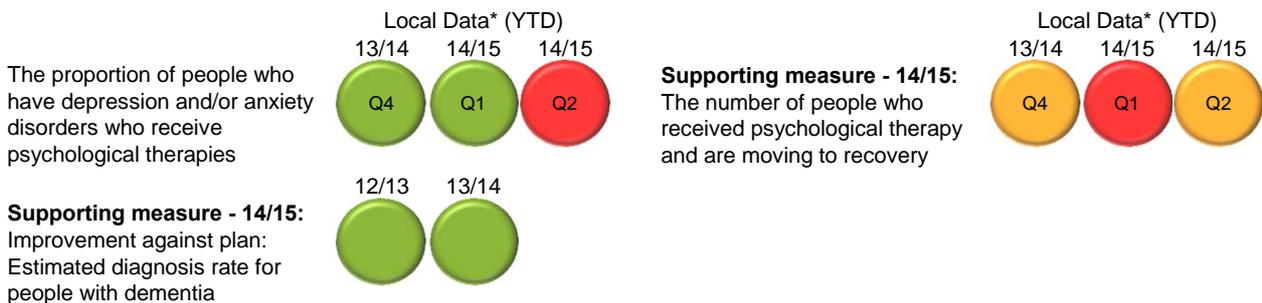
\* **DATA CAVEAT:** The source to be used for this data in NHS England guidance is not yet available to CCGs in a form that can be used (and it would only give data for one of the two measures) and so, in order to monitor progress against these, quarterly data provided directly from Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) is used.

Regarding those receiving psychological therapies: Although only just below the expected position at the halfway point of 2014/15, Quarter 2 in-quarter performance showed a decrease on that seen in Q1. An understanding of the underlying causes for this and what action can be taken to deliver improvement is being sought from SHSCFT.

Regarding those moving to recovery: A plan which should deliver improved performance was submitted last month but needs time to progress. The service is committed to improving recovery rates and the service manager is leading on the work stream to achieve this. They are liaising with the National IAPT team on ways in which the service can improve their reporting of data and calculation of recovery rates, for example the inclusion of anxiety disorder specific measures.

**Estimated diagnosis rate for people with dementia:** It is anticipated that the Dementia Prevalence Calculator will be updated on a monthly basis soon and therefore we should be able to update this measure more frequently in the future. The portfolio continues to work hard to achieve improvements in the dementia diagnosis rate. A number of work areas contribute to this, including a recent service redesign of the Memory Management Service which aims to reduce waiting times (to be added as a local measure in future reports) and increase the diagnosis rate.

The Dementia Data Quality Toolkit is currently being rolled out; this includes funding for practices who sign up to the new DES (Directly Enhanced Service) which incentivises the identification of people with dementia (undiagnosed) on GP practice registers. The Commissioning Executive Team and Governing Body are being briefed on Dementia and Dementia diagnostic rates.



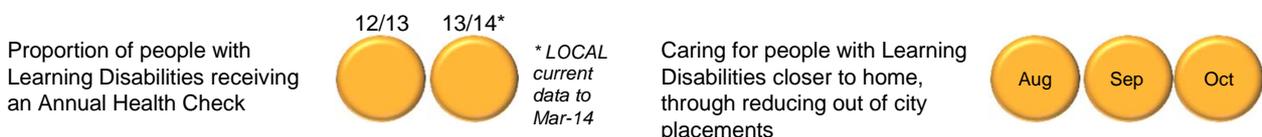
**Locally selected measures**

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. Updates on the percentage of the eligible population receiving a health check will be provided in future reports.

**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 to Sheffield are progressed as part of the Winterbourne Concordat\*. There remains one person of the original Winterbourne cohort still to return; they are expected to return by the end of the year. We wish to keep out of city placements in our local measures and will redefine the measure in the coming months. We are working in partnership with Sheffield City Council to develop further accommodation to help facilitate return from out of city and to prevent future out of city placements.

\* 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."



**Children and Young People**

**National required measures**

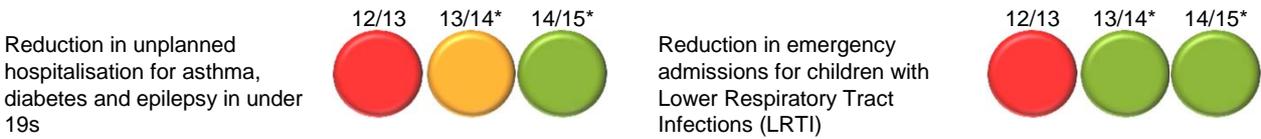
Issues & Actions:

**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):**

Please note that this is part of a composite measure of 4 emergency admissions area 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 rated but for these 2 components (and for the other 2) a rating is given on the same basis, as a guide to how well each is progressing.

**\* DATA CAVEAT:**

13/14 - National PROVISIONAL (complete year) data published by the Health and Social Care Information Centre.  
14/15 - Local YTD data; rates are calculated using the most recently published populations - currently available position is as at the end of September.



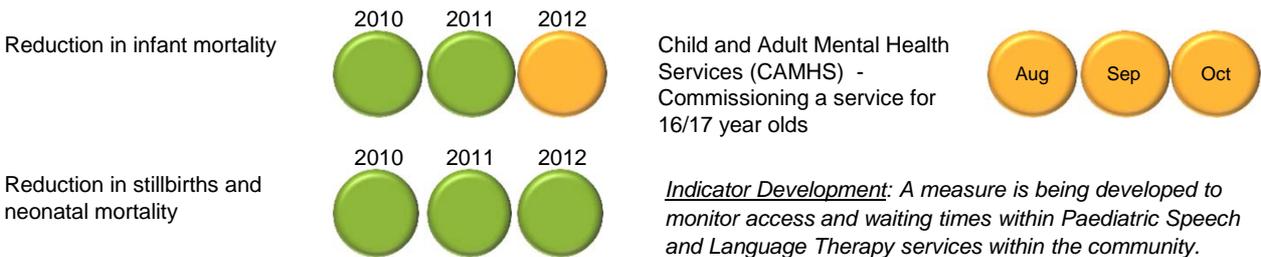
**Locally selected measures**

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:** The Sheffield position is generally comparable to the National position although is slightly higher. Work continues on the roll-out of the infant mortality citywide strategy.

**Child and Adult Mental Health Services (CAMHS):** The new service provision for young people with learning disabilities and mental health is now in place; a Citywide service for all individuals will be in place from January 2015.



continued overleaf

**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 2014 / Q1 14/15 are new for 14/15 and no plan was submitted for previous years.

**Elective Inpatient Activity**

Elective first finished consultant episodes (FFCEs) - Ordinary (1+ night) admissions



Elective first finished consultant episodes (FFCEs) - Day case admissions



Elective first finished consultant episodes (FFCEs) - Total admissions



**Non-Elective Inpatient Activity**

Non-elective FFCEs (Year to Date position)



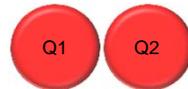
**Outpatient Activity**

All first outpatient attendances



**NOTE:** The measure below is monitored in the QAR.

All follow-up outpatient attendances



**Referrals Activity**

GP written referrals made for a first outpatient appointment



Other referrals made for a first outpatient appointment



Total referrals made for a first outpatient appointment



Referrals seen - first outpatient attendances following a GP referral



# 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 October 2014 performance as at the 20th November 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  
N/A - Measure is not applicable to this organisation

YTD - Year To Date

QTR - Quarterly

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	89.27%	89.15%	83.33%
% seen/treated within 18wks - Non-admitted pathway	95.90%	96.00%	94.18%
% still not seen/treated within 18wks - Incomplete pathway	92.42%	92.51%	89.12%
Number waiting 52+ weeks - Admitted pathway	0	0	0
Number waiting 52+ weeks - Non-admitted pathway	2	0	0
Number waiting 52+ weeks - Incomplete pathway	0	0	0

#### Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test	98.85%	98.93%	99.09%
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#### Elective Care

Number of total elective admissions (FFCEs) (YTD)	38603	34055	2294
Number of elective ordinary admissions (FFCEs) (YTD)	6844	5237	884
Number of elective daycase admissions (FFCEs) (YTD)	31759	28818	1410
Number of first outpatient attendances (YTD)	90829	82884	3312
Number of first outpatient attendances following GP referral (YTD)	43329	39311	1388
Number of GP written referrals (YTD)	58143	53505	1728
Number of other referrals (YTD)	36876	32233	2087
Number of total referrals (YTD)	95019	85738	3815
Number of all subsequent (follow-up) outpatient attendances (YTD)	235391	215362	7848
Number of cancelled operations offered another date within 28 days (QTR)	N/A	1	2

### Acute Services Portfolio - Urgent Care

#### Non Elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	95.13%	98.11%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0
Non-elective admissions (FFCEs) (YTD)	30800	25425	3634
Number of attendances at A&E departments - Type 1 (YTD) <sup>1</sup>	85982	59804	25820
Number of attendances at A&E departments - Total (YTD) <sup>1</sup>	101879	76327	25820
Unplanned hospitalisation for chronic ambulatory care sensitive conditions <sup>2</sup>	946.8	N/A	N/A
Emergency admissions - acute conditions that should not require admission <sup>2</sup>	1474.7	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s <sup>2</sup>	302.7	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) <sup>2</sup>	662.7	N/A	N/A
Urgent operations cancelled for the second time	N/A	0	0
Patient overall experience of out of hours GP services	71.21%	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 YTD) <sup>3</sup>	71.70%	N/A	N/A	69.98%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) <sup>3</sup>	70.32%	N/A	N/A	70.19%
Category A response in 19 mins (YTD) <sup>3</sup>	97.70%	N/A	N/A	96.01%
Ambulance handover delays - of over 30 minutes <sup>4</sup>	N/A	90	4	1448
Ambulance handover delays - of over 1 hour <sup>4</sup>	N/A	7	3	376

#### Footnotes:

##### <sup>1</sup> 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

##### <sup>2</sup> Emergency Admissions/Unplanned Hospitalisation:

- Position shown here is the latest published figure (Apr-13 to Mar-14 PROVISIONAL) and RAG rating may therefore differ from that shown in the Best Possible Health Outcomes section of this report, where rating is on locally calculated 14/15 interim data

##### <sup>3</sup> Category A responses:

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

##### <sup>4</sup> 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

	CCG	STHFT	SCHFT
Potential years of life lost (PYLL) <sup>1</sup>	1985.10		
Health-related quality of life for people with long-term conditions	71.90%		
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services <sup>2</sup>	84.8%		
<b>Cancer Waits (YTD)</b>			
% seen within 2 weeks - from GP referral to first outpatient appointment	93.65%	93.64%	97.22%
% seen within 2 weeks - as above, for breast symptoms	95.74%	95.97%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	98.59%	98.63%	100.00%
% treated within 31 days - subsequent treatment (surgery)	97.78%	97.73%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	N/A
% treated within 31 days - subsequent treatment (radiotherapy)	99.78%	99.78%	N/A
% treated within 62 days - following an urgent GP referral	90.79%	90.79%	N/A
% treated within 62 days - following referral from an NHS screening service	95.06%	94.74%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	94.85%	94.57%	N/A

#### Footnotes:

##### <sup>1</sup> PYLL:

- 2012 position; 2013 is currently being validated and so will be reported at a later date

##### <sup>2</sup> Still at home after 91 days:

- PROVISIONAL 2013/14 Adult Social Care Outcomes Framework (ASCOF) submission

### Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	94.41%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	8.80%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	44.99%
Estimated diagnosis rate for people with dementia ( <b>NB:</b> estimated figure using locally-available data) <sup>1</sup>	66.72%

#### Footnotes:

<sup>1</sup> **Dementia diagnosis rate:** PROVISIONAL 2013/14 position from the Primary Care Tool

### Quality Standards

	CCG	STHFT	SCHFT	SHSCFT
<b>Patient Safety</b>				
MRSA bacteraemia (YTD)	3	2	0	N/A
Clostridium Difficile (C Diff) (YTD)	143	63	2	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
<b>Patient Experience</b>				
Patient overall experience of GP services	84.96%	N/A	N/A	
Patient experience of hospital care	WIP	WIP	WIP	
Friends and Family test: Inpatient - Response rate (QTR) <sup>1</sup>		34.10%		
Friends and Family test: Inpatient - % Recommended (QTR) <sup>1</sup>		96.92%		
Friends and Family test: A&E - Response rate (QTR) <sup>1</sup>		22.05%		
Friends and Family test: A&E - % Recommended (QTR) <sup>1</sup>		82.08%		

#### Footnotes:

<sup>1</sup> **Friends and Family Test:** Rated against improvement on previous period (Quarter 1 2014/15)

## 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 October, there have been 781 home treatment interventions against a 12-month target of 1,202; this equates to 11.4% more patients benefiting from this service than originally planned by the end of October.

**2. CPA 7 day follow up:** October's monthly performance was 96.67%, bringing the YTD figure to 94.41%, an improvement from September but still below the target of 95%. 2 patients were not followed up within this time frame. Please see the NHS Constitution - Rights & Pledges section of this report (page 9) for information on issues and actions regarding this measure.

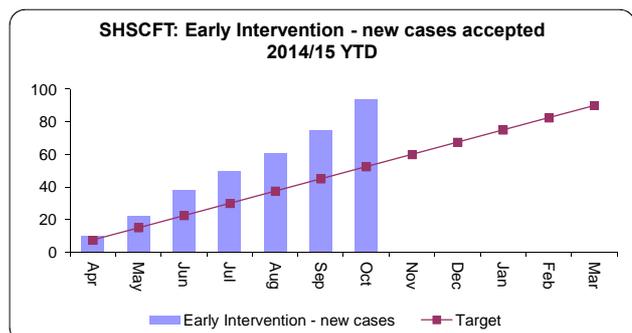
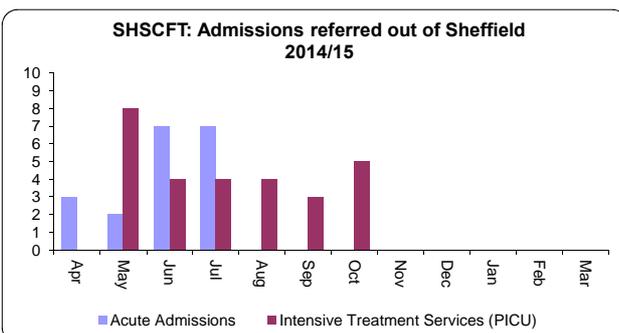
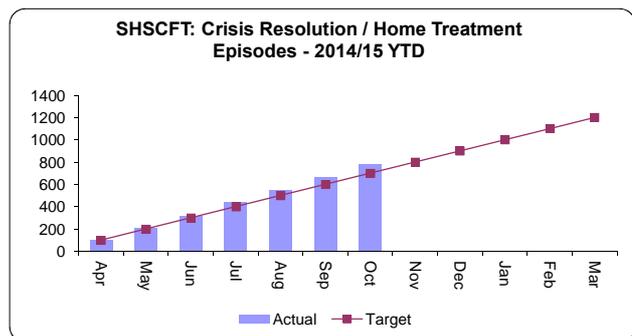
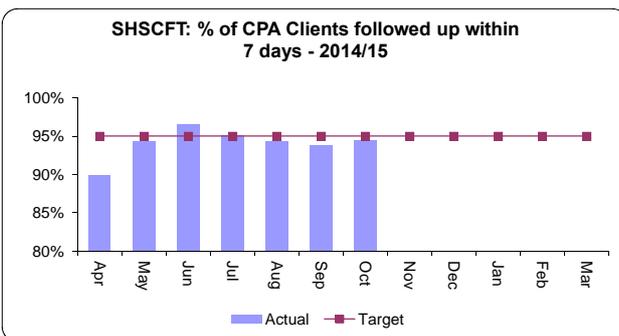
**3. Psychosis intervention:** Activity over the last year is more closely aligned to the target thresholds. Following a service review development, plans are in place to improve the retention of clients on the Early Intervention Service (EIS) pathway.

**4. Psychological therapy services (Improving Access to Psychological Therapies - IAPT):** As illustrated in the SHSCFT Indicators table below:

- The Quarter 2 performance for the proportion of patients receiving psychological therapy is still below the level required by the end of the second quarter (against the expectation at this point of 2014/15 using half of the full-year target - 18.04% - to gauge performance). Whilst this half-year position is not too far away from plan, Q2 in-quarter performance was a reduction from that seen in Q1 (4.33%, down from 4.47%) which is a possible cause for concern.
- The Q2 performance for the proportion of psychological patients moving to recovery has improved considerably since Q1 (46.80%, up from 42.93%) although this is still a way from the 50% required by the end of 2014/15.

Please see narrative in the Best Possible Health Outcomes (Mental Health, Learning Disability and Dementia) section of this report (page 22) 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	September	October	Change
Crisis Resolution / Home Treatment	1202	670	781	▲
Psychosis Intervention - new cases	90	75	94	▲
Psychosis Intervention - maintain capacity	270	153	154	▲
CPA 7 day follow up	95%	93.89%	94.41%	▲
Anxiety/depression (IAPT):		Q1 14/15	Q2 14/15	
% receiving Psychological therapy	9.02%	4.47%	8.80%	▲
Psychological therapy pts. moving to recovery	50%	42.93%	44.99%	▲



## APPENDIX B: Ambulance Trust Performance Measures

### Yorkshire Ambulance Service

Percentages quoted in the 2 paragraphs below are as at **13th November 2014**

Across the Yorkshire & Humber region, year to date (YTD) RED 1 and RED 2 combined 8 minute performance has improved to 70.35% against the service standard of 75% and RED 1 and RED 2 combined 19 minute performance has also improved slightly to 96.06% against the 95% service standard. For CCG Quality Premium purposes, YAS RED 1 overall 8 minute performance is measured; YTD performance currently stands at 69.84%, a very slight decrease, against the NHS Constitution standard of 75%. (Sheffield CCG's YTD RED 1 and RED 2 combined 8 minute performance stands at an improved 71.63% against a (non-contractual) service standard of 75%.)

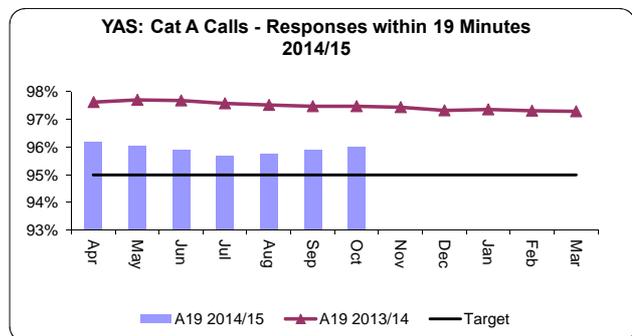
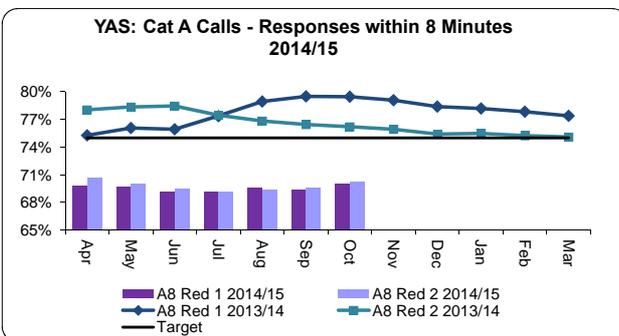
For 2014/15, commissioners agreed with YAS to maintain the 95% performance standard across GREEN calls, but introduce a lower 'floor' in respect of performance against which a sanctions regime will apply. In addition, a review will be undertaken in 2014/15 of the clinical conditions categorised as GREEN calls, to ensure that patient safety is not compromised by the approach to call classification. YAS YTD GREEN performance remains generally well below expectations (expected service standard in brackets): GREEN 1 (20 min response) - 73.05% (80%), GREEN 2 (30 min response) - 79.55% (85%), GREEN 3 (20 min triage) - 85.40% (80%), GREEN 3 (30 min response) - 79.82% (80%). GREEN 4 (60 min triage) - 99.1% (October YTD) and GREEN 4 (60 min response) - 89/5% (October in-month, excludes Health Care Professional (HCP) calls).

**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:** Commissioners are seeking a trajectory for improvements to GREEN performance. Please see the NHS Constitution - Rights & Pledges section of this report (Category A ambulance calls - page 8) for information on actions for RED measures.

#### YAS Indicators (all are YTD)

	Target	September	October	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	69.43%	69.98%	▲
Cat A 8 minutes Red 2 (YTD)	75%	69.56%	70.19%	▲
Cat A 19 minutes (YTD)	95%	95.88%	96.01%	▲



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	August	September	Monthly Change
Re-contact after discharge (Phone)		8.5%	8.2%	▼
Re-contact after discharge (Treatment at scene)		3.7%	3.7%	◄►
Re-contact after discharge (Frequent Caller)		1.3%	1.7%	▲
Time to answer call (Median)	5 sec	1	1	◄►
Time to answer call (95th Percentile)		19	21	▲
Time to answer call (99th Percentile)		60	72	▲
Time to treatment (Median)		5.9	5.9	◄►
Time to treatment (95th Percentile)		15.5	15.1	▼
Time to treatment (99th Percentile)		23.4	22.7	▼
Call closed with advice (Phone advice)		4.9%	4.4%	▼
Call closed with advice (Transport)		34.2%	32.6%	▼
<b>Clinical Indicators</b>		<u>May</u>	<u>June</u>	
Outcome from Cardiac Arrest (CA) All		20.3%	14.2%	▼
Outcome from CA Utstein Group (UG)		52.2%	41.9%	▼
Outcome from acute STEMI Angioplasty		83.2%	84.8%	▲
STEMI Care Bundle		83.7%	84.0%	▲
Outcome from Stroke 60 min to Stroke Unit		55.5%	58.8%	▲
Stroke - Appropriate Care Bundle		98.0%	97.6%	▼
Outcome from CA - Survival to Discharge All		7.2%	12.6%	▲
Outcome from CA - Survival to Discharge UG		41.2%	51.6%	▲
Service Experience		N/A	N/A	

# APPENDIX B: NHS 111 Performance Measures

## NHS 111 Activity

Performance against National Target at Month 7, October 2014  
Compared, where possible, to National data

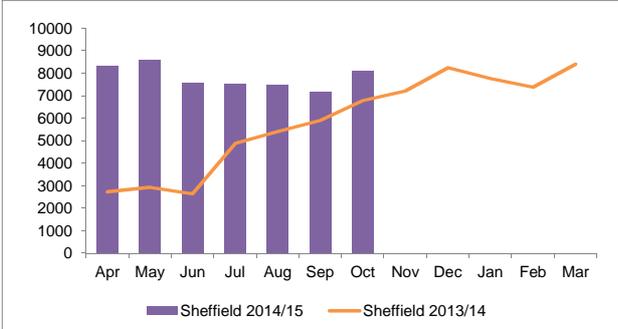


**NHS**  
Yorkshire and Humber  
Commissioning Support

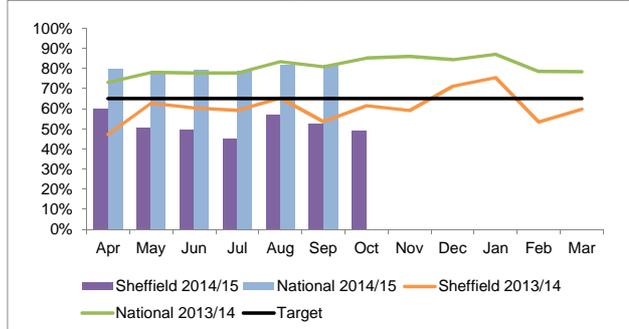
**PLEASE NOTE:** Due to data availability, National data will usually be 1 month behind Local data

### Sheffield Activity

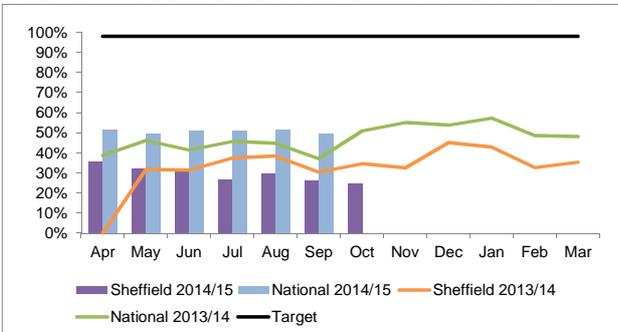
**Chart 1: Calls received**



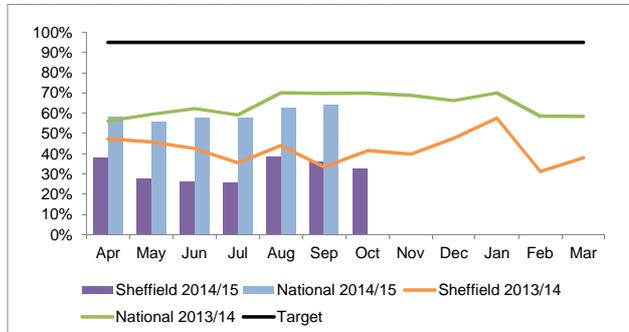
**Chart 2: Clinical Calls completed within 10 minutes**



**Chart 3: % of Clinical call-backs within 10 minutes ≥ 98%**



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

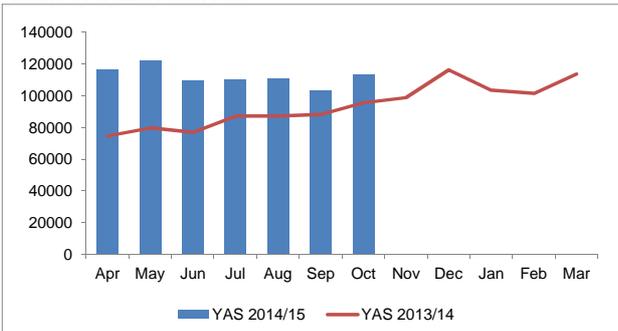


PLEASE NOTE: No data was recorded in Apr-13 for Sheffield

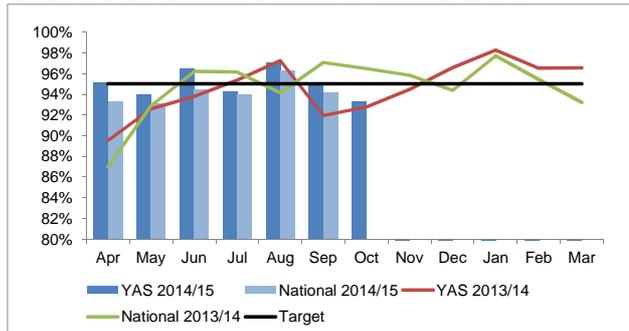
\* A warm transfer is where the call handler transfers the call to a clinical advisor within the same telephone call

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

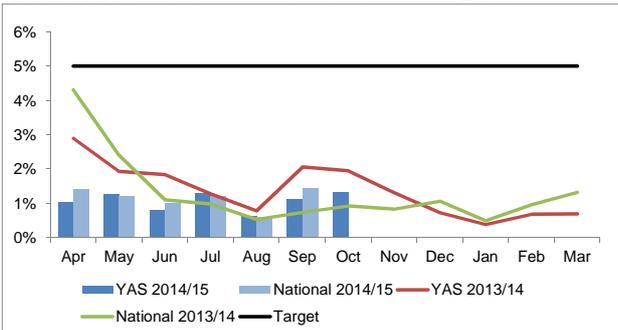
**Chart 5: Calls received**



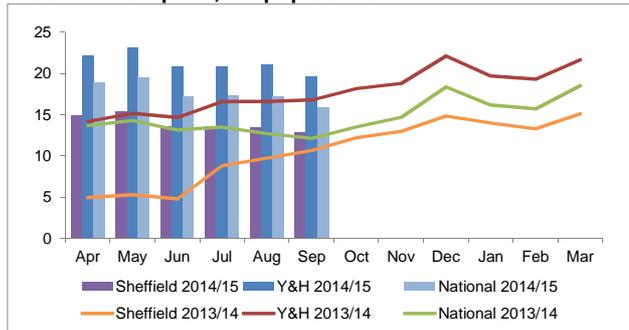
**Chart 6: Calls answered within 60 seconds ≥ 95%**



**Chart 7: Calls abandoned after 30 seconds ≤ 5%**



**Chart 8: Calls per 1,000 population**



October 2014 data for this chart is not yet available

**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

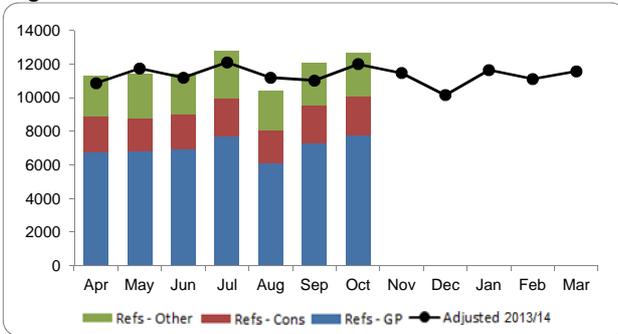
Performance against Sheffield CCG Activity Target at Month 7, Apr 2014 - Oct 2014

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

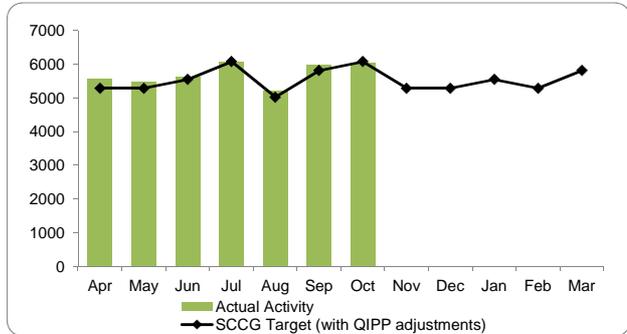
Outpatient First Attendances: 1.6% above plan  
 Outpatient Follow-ups: 1.7% above plan  
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 2.3% above plan  
 Inpatient Non-elective Spells: 6.5% above plan  
 A&E Attendances: 1.8% above plan

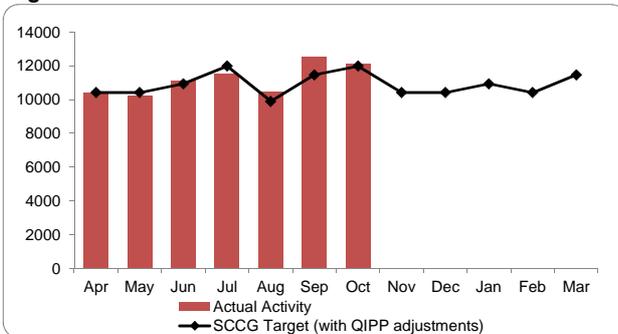
**Figure 1: Referrals<sup>1</sup>**



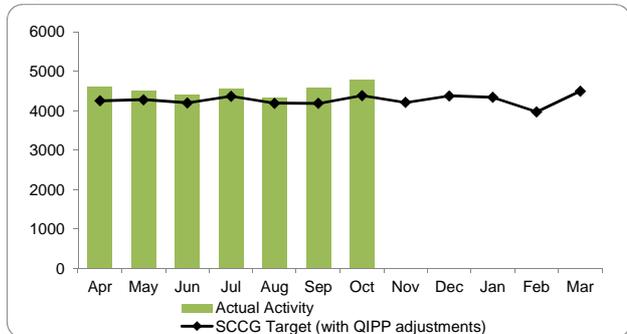
**Figure 4: Electives**



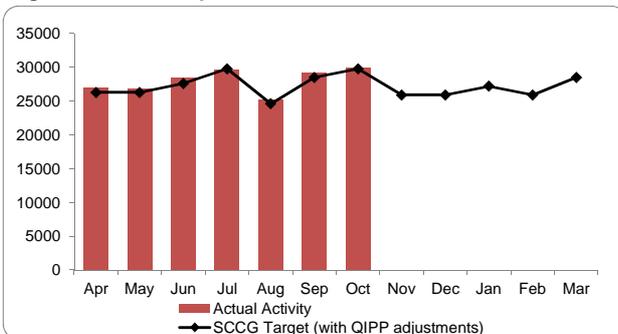
**Figure 2: Firsts<sup>2</sup>**



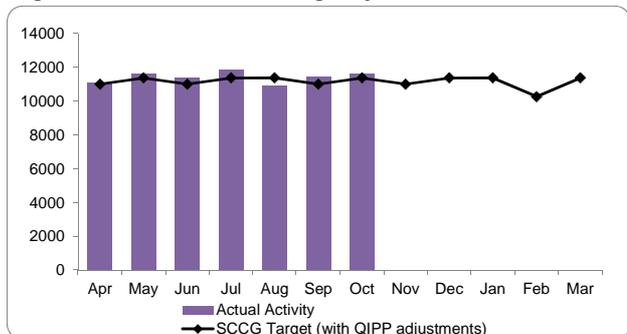
**Figure 5: Non-Electives**



**Figure 3: Follow-ups**



**Figure 6: Accident and Emergency**



**Table 1. Outpatient Activity**

Activity	2014/15	Target	Var	% Var
Firsts	78,323	77,079	1,244	1.6%
Follow-ups	196,130	192,920	3,210	1.7%
Follow-ups:First Ratio	2.50	2.50	0.00	0.0%

**Table 2. Inpatient and A&E Activity**

Activity	2014/15	Target	Var	% Var
Electives	39,990	39,107	883	2.3%
Non Electives	31,799	29,866	1,933	6.5%
Excess Bed Day Costs (£000s)	£ 4,656	£ 5,375	-\$ 719	-13.4%
A&E	79,908	78,522	1,386	1.8%

Source: STHFT Contract Monitoring

**Notes:**

<sup>1</sup> 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.

<sup>2</sup> First outpatient attendances exclude CDU (Clinical Decision Unit).

CDU Attendances are overperforming by 740 (4.8%).

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

Produced by NHS Sheffield CCG Contract Team, November 2014

# APPENDIX C: Contract Activity



## Sheffield Children's NHS Foundation Trust

## Sheffield Clinical Commissioning Group

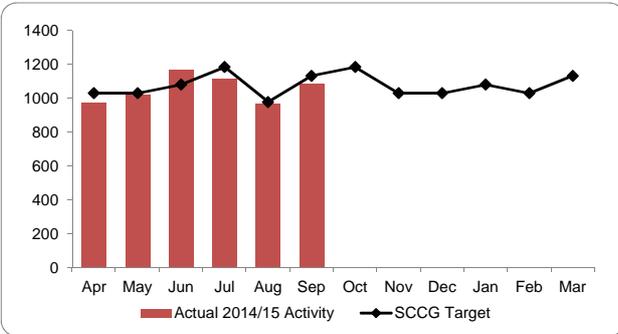
Performance against Sheffield CCG Activity Target at Month 6, Apr 2014 - Sep 2014 (Month 7 data not yet available)

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

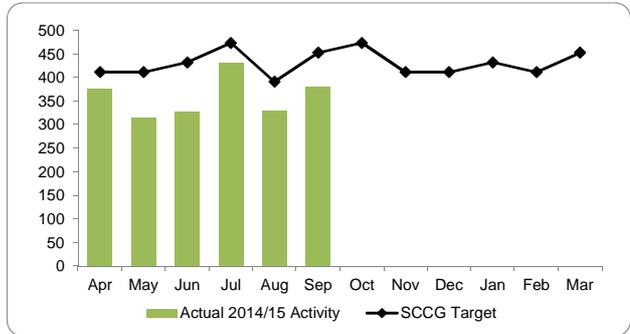
Outpatient First Attendances: 1.5% below plan  
 Outpatient Follow-ups: 6.5% below plan  
 Outpatient Procedures: 25.1% below plan

Inpatient Elective Spells: 16.2% below plan  
 Inpatient Non-elective Spells: 5% below plan  
 A&E Attendances: 0.9% above plan

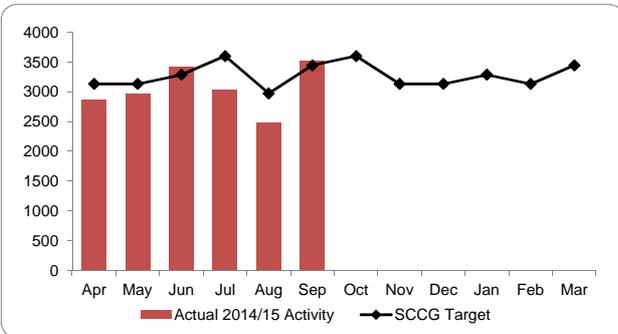
**Figure 1: Firsts**



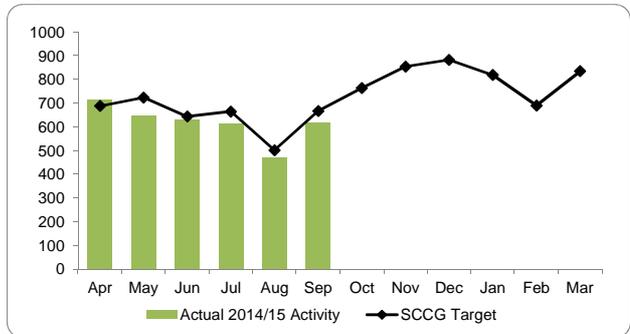
**Figure 4: Electives**



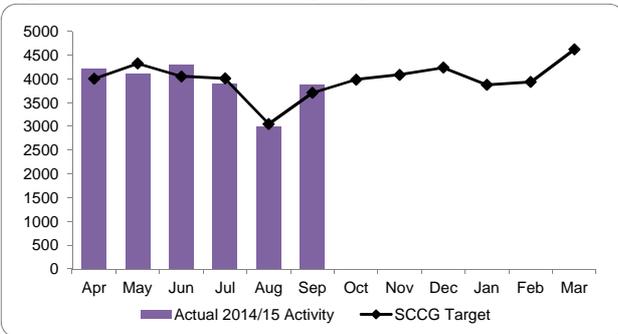
**Figure 2: Follow-ups**



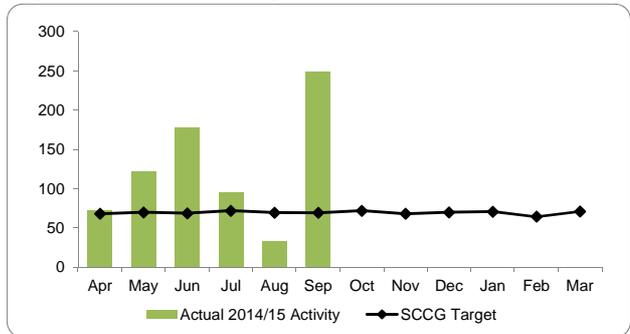
**Figure 5: Non-Electives**



**Figure 3: Accident and Emergency**



**Figure 6: Excess Bed Days**



**Table 1. Outpatient Activity**

Activity	2014/15	Target	Var	% Var
Firsts	6,333	6,432	-99	-1.5%
Follow-ups	18,284	19,560	-1,276	-6.5%
OP Payable Procedures	5	7	-2	-25.1%
Follow-ups:First Ratio	2.89	3.04	-0.15	-5.1%

**Table 2. Inpatient and A&E Activity**

Activity	2014/15	Target	Var	% Var
Electives	2,157	2,573	-416	-16.2%
Non Electives	3,693	3,889	-196	-5.0%
Excess Bed Day Costs (£000s)	£ 106	£ 145	£ 39	-27.1%
A&E	23,380	23,169	211	0.9%

Source: SCHFT Contract Monitoring (SLAM)

**Notes:**  
 Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, November 2014

### Public Health Quarterly Report to Sheffield CCG Board - 18<sup>th</sup> November 2014

This report replaces the previous quarterly Public Health Outcomes Framework (PHOF) dashboard of public health indicators (the value of which is limited by the time-lag in the data) with a more timely narrative, structured around key public health topics and/or areas of progress on public health outcomes in the City.

#### 1. Potential years of life lost (PYLL) from conditions considered amenable to healthcare

These are premature deaths that should not occur in the presence of timely and effective health care. In Sheffield there were nearly 500 such deaths in 2012. 60% were caused by cardiovascular disease (CVD - mainly ischaemic heart disease) and 25% were from cancer (mainly bowel and breast). The CCG CVD plan is already being implemented and a cancer plan is in development for 2015/16.

##### CCG PYLL plan for cardiovascular disease (CVD)

Action in 2014/15:

- Atrial Fibrillation (AF): rates of effective prescribing of anticoagulants for people with AF increased from 50% to 63.5% (previous efforts have seen only single percentage point increases).
- Chronic Heart Failure (CHF - as distinct from acute heart failure): The CCG has continued to build on a new diagnosis and treatment pathway, evaluation of which has demonstrated increased detection of heart failure and improved treatments.
- Familial hypercholesterolaemia (FH - a genetic condition that maintains dangerously high cholesterol levels): A new service has started for families with FH. This has involved establishing a specialist hospital clinic (supported by a grant from the British Heart Foundation), which provides genetic testing and screening for families carrying the genetic risk.

The 2015/16 plan will include more action on ischaemic heart disease.

##### CCG PYLL plan for cancer

The CCG PYLL cancer plan is at a much earlier stage of development. The priority for reducing premature mortality from cancer is to improve the stage of diagnosis of cancers. Delivering early diagnosis is likely to be dependent on a package of measures aimed at:

- Effective population screening (for prevention of some cancers as well as early detection)
- Raising awareness of symptoms to promote earlier presentation of patients with potential symptoms of cancer in general practice
- Earlier and more accurate diagnosis of the symptoms of cancer by GPs
- Ensuring timely access to diagnostics

#### 2. Tuberculosis (TB)

The newly established Sheffield Health Protection Committee has identified that further work needs to take place in relation to Public Health Outcomes Framework indicators related to both incidence of TB and treatment completion rate. The Public Health England National TB strategy is due for publication in November 2014 and a TB group will be established under the Health Protection Committee. The group will initially assess the Sheffield position in relation to the key themes in the strategy.

#### 3. Ebola

Work has been taking place across the health community to ensure plans to respond to any potential cases of Ebola are robust. STHFT and SCHFT have well-developed plans for cases arriving in A&E with STHFT also having well developed plans for treating a patient with Ebola in their Infectious Diseases Department. A number of exercises with a range of partners have taken place to test the plans including table top exercises on the 11<sup>th</sup> October 2014 and 4<sup>th</sup> November 2014 with a further exercise looking at the potential consequences of a case of Ebola with wider partners held on 11<sup>th</sup> November 2014. South Yorkshire Local Resilience Forum (LRF) has activated its Public Information and Communication subgroup which is coordinating communications across partners in South Yorkshire. Guidance for General Practice has been circulated and updates continue to be issued.

#### 4. Increasing employment for people with health conditions or disabilities

£375,000 (£200k Public Health, £175k Job Centre Plus) is being spent on a pilot project in the North/Central areas of the City seeking to improve employment and health outcomes for people on Employment Support Allowance. The project will create referral pathway and intervention which is available to all GPs in the areas who feel unemployment is a significant contributor to the current health of some of their patients. The contract for maintaining the referral pathway and delivering the intervention will be outcome based and will run for two years starting early in 2015.

#### 5. Government launches new 'Fit for Work' service

Almost 1 million (960,000) employees were on sick leave for a month or more each year on average between September 2010 and October 2013. As part of the Government's long-term economic plan the new service will help employees and employers to manage sickness absence. The company delivering the service will be based in Sheffield (Healthcare Ltd - a part of the Maximus Group). Sheffield will be one of the first delivery areas and contact with the CCG can be expected shortly.

Employees on sick leave will be helped to return to work by providing them with an occupational health assessment when they reach, or are expected to reach, more than 4 weeks' sickness absence. Employees will normally be referred by their GP. A resulting return to work plan will be shared with their employer and GP. More general health and work advice will be available to GPs, employers and employees via telephone and a website.

Provided by: Public Health Intelligence Team - Policy, Performance and Communications Service at Sheffield City Council