

Quality and Outcomes Report: Month 7 2014/2015

Governing Body meeting

G

4 December 2014

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

Quality & Outcomes Report

Month 7 position

For the December 2014 meeting
of the Governing Body

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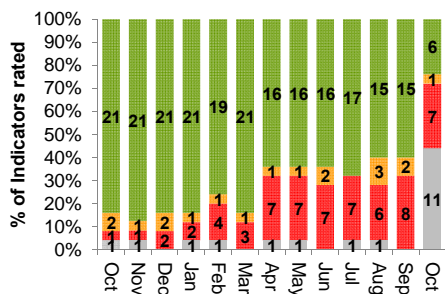
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Highest Quality Health Care

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?

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Quality Premium

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

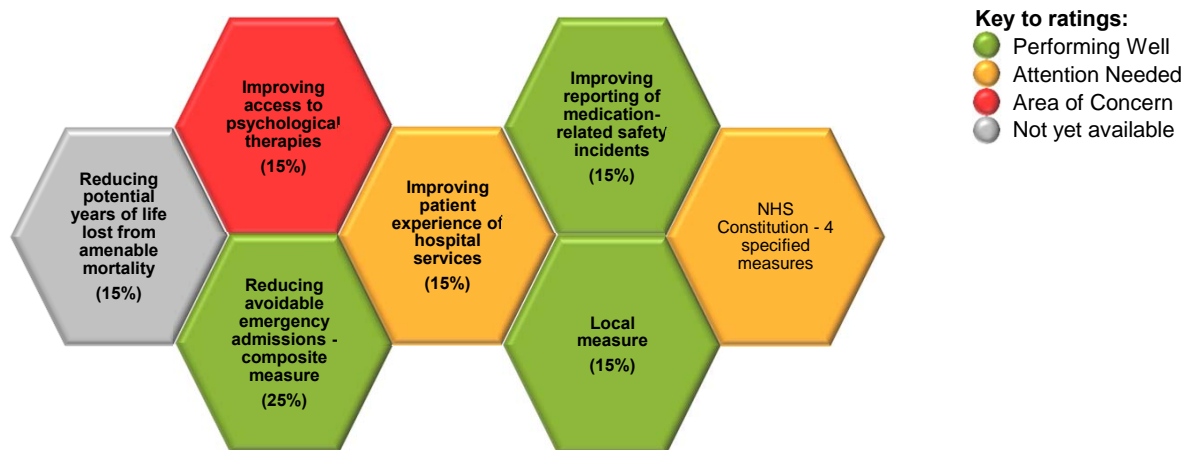
2013/14 Quality Premium

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>
Reducing potential years of life lost (PYLL) from amenable mortality	
● Potential years of life lost (PYLL) from causes considered amenable to health care	21
Improving access to psychological therapies (IAPT)	
● Proportion of people who have depression and/or anxiety disorders who receive psychological therapies	22
Reducing avoidable emergency admissions - composite measure of 4 parts	
● Reduction in emergency admissions for acute conditions that should not usually require hospital admission	20
● Reduction in unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	21
● Reduction in unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	23
● Reduction in emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	23
Improving patient experience of hospital services	
● Friends and Family Test - action plan for FFT improvements and delivery of agreed rollout plan to timetable	14
● Improvement in patient experience of hospital care (locally selected measure) - Inpatient Survey	19
Improving reporting of medication-related safety incidents	
● Improvement in the reporting of medication errors	11
Local measure	
● Local Priority 1: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	19
NHS Constitution - 4 specified measures	
● 92% of all patients wait less than 18 weeks for treatment to start	5
● 95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	6
● 93% of patients have a maximum 2 week (14 day) wait from referral with suspicion of cancer	7
● 75% of Category A (RED 1) ambulance calls resulting in an emergency response arriving within 8 minutes	8

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.

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

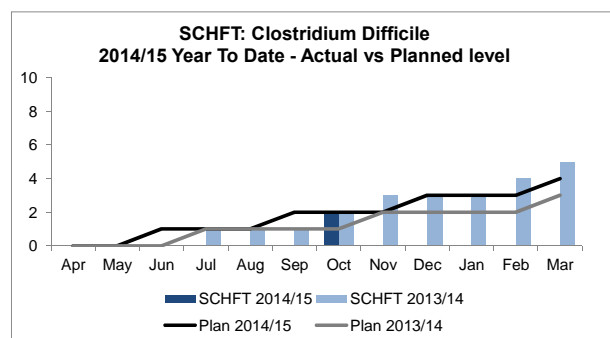
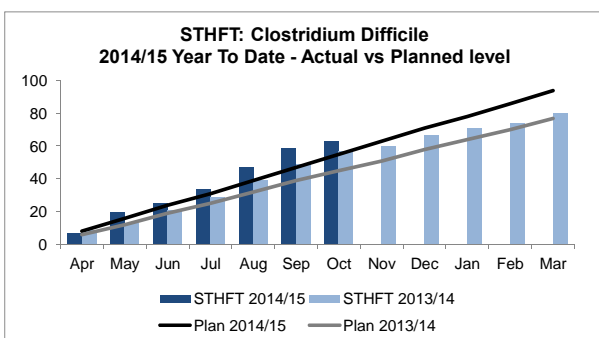
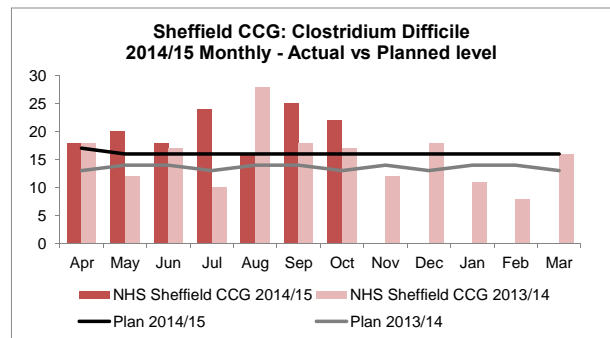
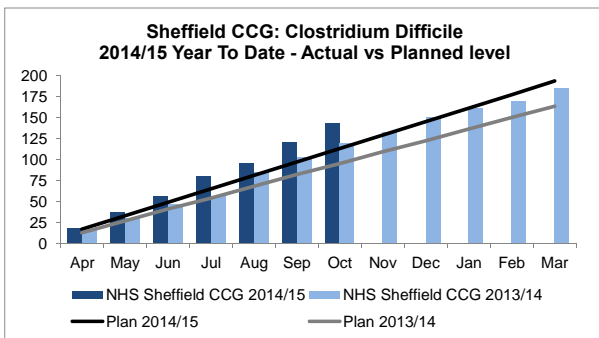
At STHFT, samples have been sent for ribotyping to establish potential linkage of cases and audit is underway. Due to maximum expected levels being breached in community/primary care and Hospital, there is further work underway to review antibiotic prescribing along the patient pathway to establish a 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	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate	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.

Acute Services Portfolio - Urgent Care

National required measures

Issues & Actions:

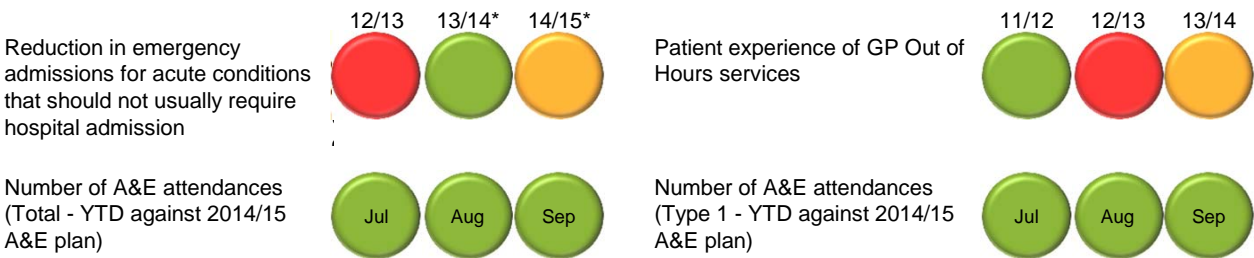
Reduction in emergency admissions for acute conditions that should not usually require hospital admission: Please note that this is part of a composite measure of 4 emergency admissions area as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 3. 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.



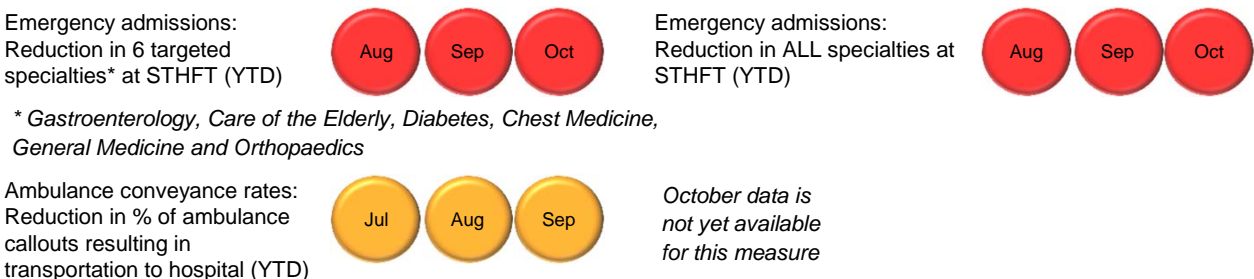
A&E ATTENDANCES: Total A&E attendances comprises: Type 1 (Main A&E), Type 2 (Single Specialty, e.g. STHFT Eye Casualty) and Type 3 (Other A&E e.g. STHFT Minor Injuries Unit).

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.

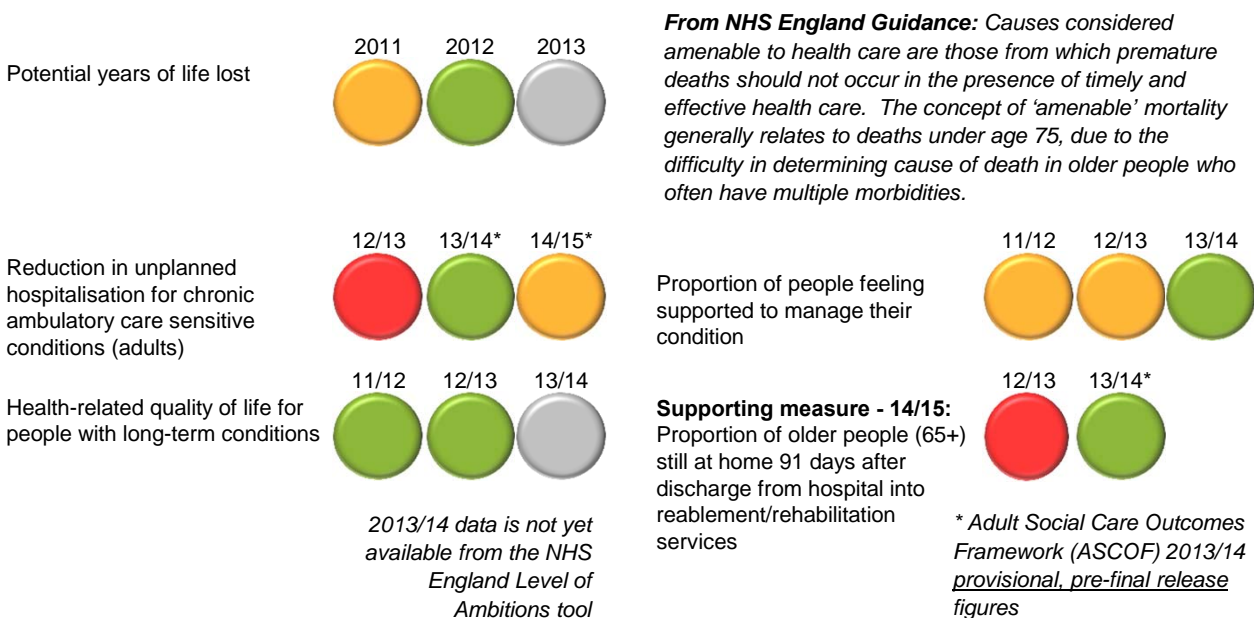
Reduction in unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (ACSC): Please note that this is part of a composite measure of 4 emergency admissions area as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 3. In 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:

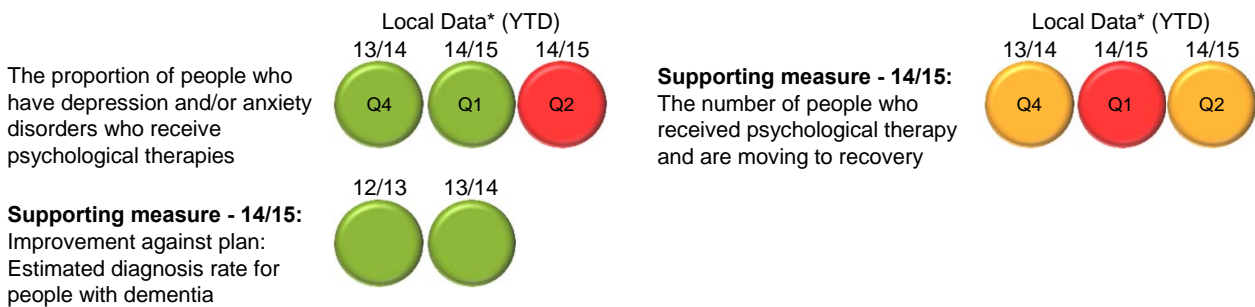
*** DATA CAVEAT:** The source to be used for this data in NHS England guidance is not yet available to CCGs in a form that can be used (and it would only give data for one of the two measures) and so, in order to monitor progress against these, quarterly data provided directly from Sheffield Health and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



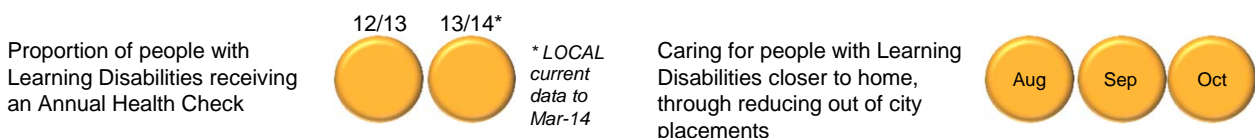
Locally selected measures

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:

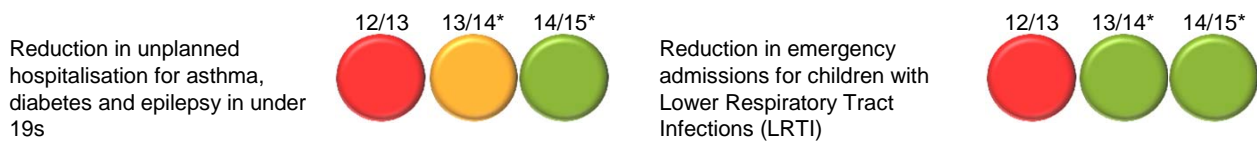
Reduction in unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s and Reduction in emergency admissions for children with Lower Respiratory Tract Infection (LRTI):

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:**

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



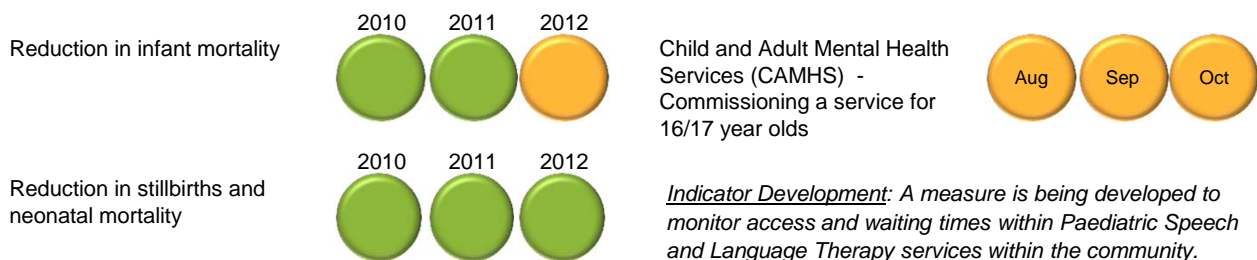
Locally selected measures

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)



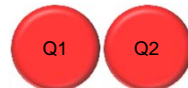
Outpatient Activity

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) ¹	85982	59804	25820
Number of attendances at A&E departments - Total (YTD) ¹	101879	76327	25820
Unplanned hospitalisation for chronic ambulatory care sensitive conditions ²	946.8	N/A	N/A
Emergency admissions - acute conditions that should not require admission ²	1474.7	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s ²	302.7	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) ²	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) ³	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) ³	70.32%	N/A	N/A	70.19%
Category A response in 19 mins (YTD) ³	97.70%	N/A	N/A	96.01%
Ambulance handover delays - of over 30 minutes ⁴	N/A	90	4	1448
Ambulance handover delays - of over 1 hour ⁴	N/A	7	3	376

Footnotes:

¹ Number of attendances at A&E departments:

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

² 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

³ Category A responses:

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

⁴ 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) ¹	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 ²	84.8%		
Cancer Waits (YTD)			
% 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:

¹ PYLL:

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

² 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 (NB: estimated figure using locally-available data) ¹	66.72%

Footnotes:

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

Quality Standards

	CCG	STHFT	SCHFT	SHSCFT
Patient Safety				
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
Patient Experience				
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) ¹		34.10%		
Friends and Family test: Inpatient - % Recommended (QTR) ¹		96.92%		
Friends and Family test: A&E - Response rate (QTR) ¹		22.05%		
Friends and Family test: A&E - % Recommended (QTR) ¹		82.08%		

Footnotes:

¹ **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%	▲

