

Quality and Outcomes Report: Month 2 2014/2015

Governing Body meeting

F

3 July 2014

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Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications (including Financial, Staffing etc)?	
Potential additional funds via achievement of Quality Premium measures for 2013/14 and subsequently 2014/15 Quality Premium measures.	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
<ol style="list-style-type: none"> 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield 	
<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 2 position

For the July 2014 meeting
of the Governing Body

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Appendix A: Health Economy Performance Measures Summary A1 - A2

Appendix B: Provider Performance Measures A3 - A5

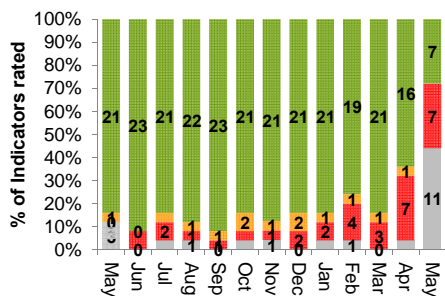
- Sheffield Health and Social Care NHS Foundation Trust A3
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- NHS 111 Activity A5

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- Sheffield Children's NHS Foundation Trust A7

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 - 8).

Pledges not currently being met:

	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
	None

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. We have started the year with 14 of the 17 core rights and pledges being successfully delivered.

A&E waiting times: All local providers continue to meet the pledge for 95% of patients to be seen/treated within 4 hours. Initial data to mid-June (still to be validated) shows that, despite Sheffield Teaching Hospitals (STHFT) experiencing a few days with challenging levels of A&E activity and admissions, the overall 95% continues to be achieved.

It is not unusual to see some fluctuation at certain times of year and the CCG continue to work closely with all providers to ensure that overall excellent performance is achieved and patients continue to have a good experience and receive high quality care from A&E and Urgent Care services in the city.

Patients referred for suspected Cancer: Sheffield continues to achieve the pledges on maximum waiting times for patients referred for suspected Cancer. This includes strong performance on the pledge that patients will wait no more than 62 days to begin first definitive treatment following an urgent GP referral for suspected cancer, in contrast to the overall national position where this is currently only just being met.

Waiting times & access to Diagnostic tests:

18 week pledge: The difficulties which are being seen nationally are also being experienced in Sheffield. The CCG is working closely with local providers to address the challenges being experienced in ensuring that the majority of Sheffield patients are seen and start any necessary treatment within 18 weeks from their referral. Although the overall position appears to have improved very slightly during May, the underlying challenges remain (particularly in relation to waiting times for Cardiology, Orthopaedics, Urology and Neurosurgery) and are the subject of targeted action plans agreed by the CCG with our local providers.

Diagnostic waits: The provision by STHFT of diagnostic tests within 6 weeks of referral remains an issue due largely to delays in Echocardiography resulting from a combination of capacity and staffing difficulties. Focussed work with the Trust, along with formal contractual sanctions, is being pursued in order to resolve the situation.

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

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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 - 20 cases attributable to the CCG were reported in May; in 2014/15 so far, 38 cases have been reported, slightly over the 33 forecast for this point of the year. STHFT reported 13 cases in May, against their forecast 8 (20 cases to date, compared to the 16 forecast); Sheffield Children's NHS Foundation Trust (SCHFT) have had no cases to report in 2014/15.
- MRSA - No cases attributable to the CCG were reported in May but, as 1 case was reported April, the 'zero tolerance' policy in place for 2014/15 has not been achieved. No cases have been reported so far for STHFT or SCHFT.

Ensuring that people have a positive experience of care:

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

The STHFT response rates have increased for A&E and Inpatients, but fell slightly for Maternity, where improvements are required. Inpatient and Maternity scores have improved, but combined A&E/Inpatient scores have decreased slightly as the A&E component continues to fall; however, the combined position scores are still above the 50 classed by NHS England as excellent. The CCG is in discussions with STHFT regarding results for A&E and Maternity.

CCG Assurance - NHS England Assessment

The CCG's Quarter 4 meeting with NHS England has now taken place. We are yet to receive formal confirmation of the CCG position, but initial feedback is that the CCG continues to be assessed as '**ASSURED**' for each one of the six assessment domains:

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

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Quality Premium

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

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

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



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

	<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	15
Improving access to psychological therapies (IAPT)	
● Proportion of people who have depression and/or anxiety disorders who receive psychological therapies	16
Reducing avoidable emergency admissions - composite measure of 4 parts	
● Reduction in Emergency admissions for acute conditions that should not usually require hospital admission	14
● Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	15
● Reduction in Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	17
● Reduction in Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	17
Improving patient experience of hospital services	
● Friends and Family Test - action plan for FFT improvements and delivery of agreed rollout plan to timetable	11
● Improvement in Patient experience of hospital care (locally selected measure) - Inpatient Survey	13
Improving reporting of medication-related safety incidents	
● Improvement in the reporting of medication errors	10
Local measure	
● Local Priority 1: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	13
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	6
● 75% of Category A (RED 1) ambulance calls resulting in an emergency response arriving within 8 minutes	7

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Best Possible Health Outcomes

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

For 2014/15, the measures most likely to be used for national oversight of improvements being delivered by CCGs are the NHS Outcome measures and supporting measures set out in the Best Possible Health Outcomes section of this report (pages 13 - 18). These are measures against which all CCGs have submitted planned levels of achievement.

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

Acute Services Portfolio - Elective Care: Joint working across specialties continues. Regular contracting and performance data analysis identifies areas for potential refocus; this now includes non-acute care, with areas for joint working being identified. The Musculoskeletal Commissioning for Outcomes (COBIC*) partnership work continues as planned and the citywide engagement with patients and the public has been launched and is also being supported via the CCG's 'Involve Me' network (see <http://www.sheffieldccg.nhs.uk/get-involved/involve-me.htm> for further info). Recruitment of portfolio support has been concluded, with new staff joining the CCG in July; this will enable further development of the PRESS (Primary Care Referral Education Support for Sheffield) portal content to be undertaken over the coming months.

** As described at <http://www.cobic.co.uk/what-we-do/cobic-explained.html>: "COBIC - Capitated Outcome-Based Incentivised Commissioning - is a common sense approach to securing both value for money and better outcomes for patients. As a contracting approach, COBIC releases commissioning organisations to get the best out of their responsibilities handed to them from the NHS reforms. Contracting for outcomes is a big step and a big change from existing contracts which reward for activity, whether it is good for patients or not. COBIC is a revolutionary change but goes with the grain of what clinicians and patient groups want to see."*

Acute Services Portfolio - Urgent Care: For 2014/15 the portfolio's main priority is to undertake systematic reviews of emergency admissions in 6 main specialties (with priority focus on Gastroenterology, Care of the Elderly, Chest Medicine and General Medicine) to see if more can be done to provide services in primary care (General Practice and Community Pharmacy) and the community to prevent or manage conditions so they do not become so serious that they need acute hospital admission. This will include a review of assessment units, to ensure they are able to effectively 'rule out' conditions which would require an admission and return people home as soon as practicable and the development of pathways for conditions which would not normally require hospital admission to see if there is more that could be done in the community to manage them safely at home. Three new local measures have been selected for monitoring against local plans and reporting on these will commence in next month's report.

Long Term Conditions, Cancer and Older People: Work continues to progress around both prevention and re-providing services outside of a hospital setting. This includes strong engagement with Local Authority colleagues on the development of plans for integrated commissioning of health and social care.

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

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

Quality Innovation, Productivity and Prevention (QIPP) Outcomes

2014/15 QIPP Outcomes

CCG Clinical Portfolio teams are in the process of defining how best to measure and report the quality and outcome improvements flowing from our 2014/15 QIPP programme. These are expected to be closely related to / linked with the planned outcomes of wider transformational work on, for example, the integrated commissioning of health and social care and so it is important that the approach taken reflects this. Further information on how this is progressing will be added as it becomes available.

Achievement of the financial return on investment aspect of QIPP is addressed in the Finance Report to the Governing Body.

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

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

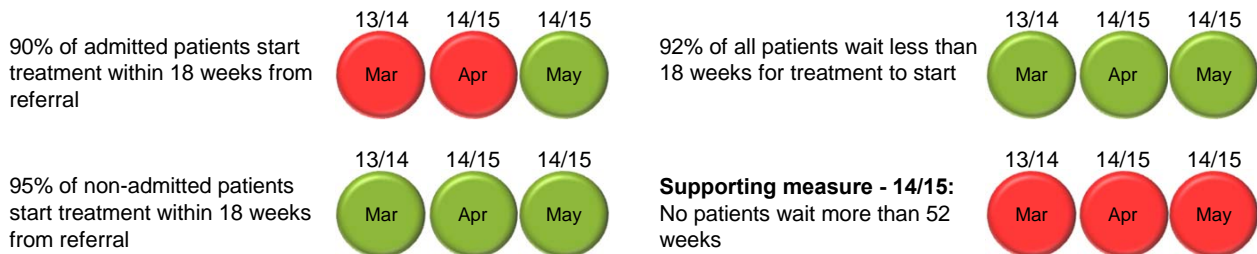
Patients referred to see a specialist should be seen and, where necessary, receive treatment in a timely fashion, whether admitted to hospital for treatment or treated without being admitted. The majority of patients should be seen and start any necessary treatment within 18 weeks from their referral.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

Issues & Actions:

STHFT: Although the overall position appears to have improved very slightly at CCG level during May, there are significant underlying challenges remaining at STHFT for admitted and non-admitted patients, with the incomplete pledge only just being met at speciality level. On-going concern remains in Cardiology, Orthopaedics, Urology and Neurosurgery. All contractual sanctions have been applied to date and the CCG is in receipt of STHFT's most up-to-date recovery action plan which is being monitored closely.

SCHFT: The Trust have met their pledges for Sheffield patients in relation to the admitted and incomplete pathways, but have not met the one for non-admitted patients; however, it is likely that they met all 3 pledges at a Trust-wide level for May. The Trust had 1 Sheffield patient on an incomplete pathway who waited over 52 weeks, along with a further 2 non-admitted patients (who do not count towards the pledge). Due to its 52 week performance at a Trust-wide level, the CCG has served the Trust with a contract query during June and the organisations are in the process of agreeing a remedial action plan. It is envisaged that this will result in the Trust achieving its 52 week requirements by the end of July 2014.

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.



Diagnostic test waiting times

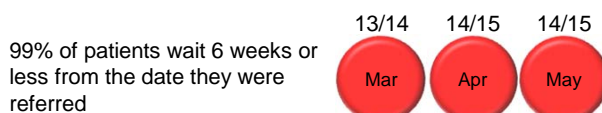
Prompt access to diagnostic tests is important in ensuring early diagnosis and so is central to improving outcomes for patients e.g. early diagnosis of cancer improves survival rates.

Issues & Actions:

STHFT: The provision by the Trust of diagnostic tests within 6 weeks of referral remains an issue due largely to delays in Echocardiography resulting from a combination of capacity and staffing difficulties. Focussed work with the Trust, along with formal contractual sanctions, is being pursued in order to resolve the situation.

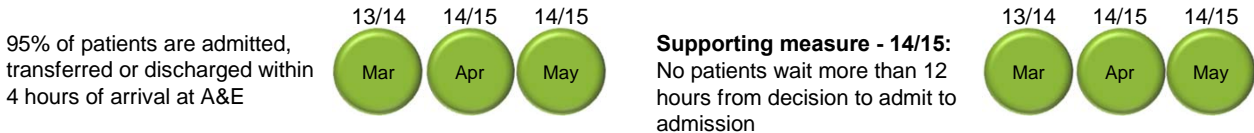
SCHFT: The Trust have again met the pledge for Sheffield patients although, at both a Sheffield and Trust-wide level, this remains at risk due to the significant increase in the number of patients waiting for these diagnostic tests. The cause of this increase is being explored with the Trust.

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.



A&E waits

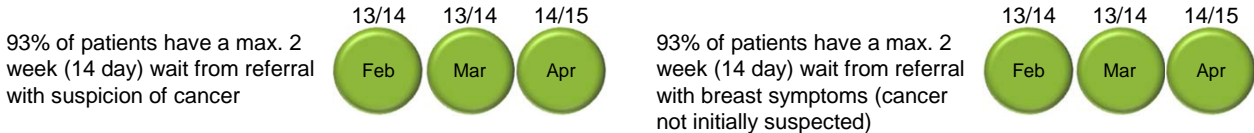
It is important that patients receive the care they need in a timely fashion and within 4 hours of their arrival at A&E. Patients who require admission need to be placed in a bed as soon as possible and those who are fit to go home need to be discharged safely and rapidly, but without their care being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



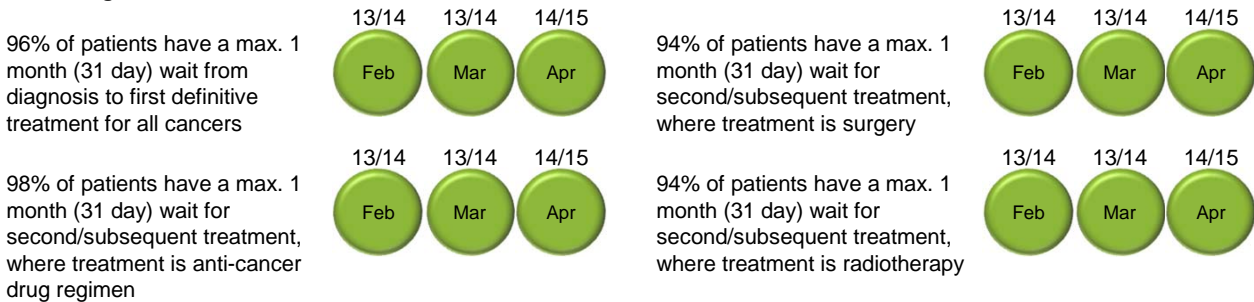
Cancer waits

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.

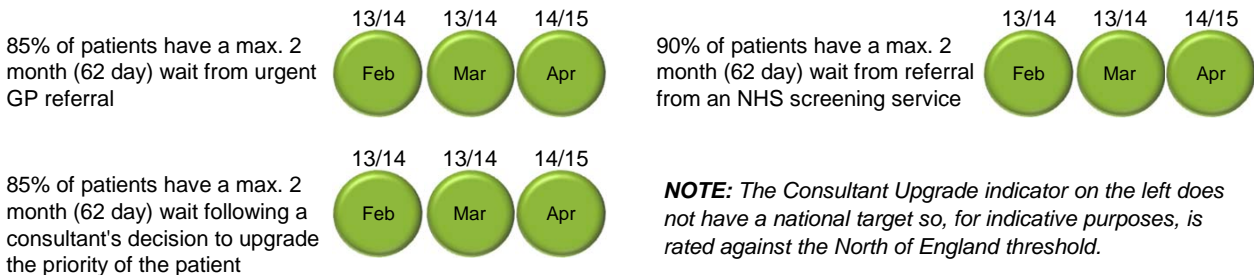
From GP Referral to First Outpatient Appointment



From Diagnosis to Treatment



From Referral to First Treatment



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Category A ambulance calls

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

Issues & Actions:

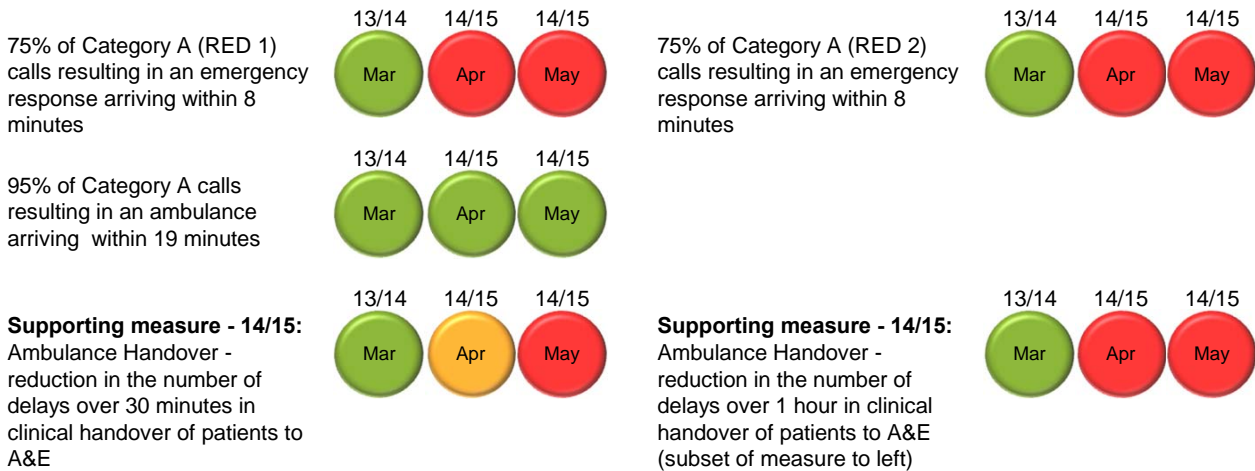
Ambulance Response Times: As the pledges have not been met for RED 1 or RED 2 calls resulting in an emergency response arriving within 8 minutes in May (and are also unlikely to be met in June) commissioners are applying the full range of contractual sanctions to Yorkshire Ambulance Service (YAS) where performance is below contractual requirements. Following publication of the April and May performance data, formal contract query notices were issued. A draft remedial action plan has been received from YAS; this has not been accepted by commissioners as yet, as the plan was incomplete and did not give assurance that year-end service standards would be met. A series of meetings have been arranged between mid June and early July with the YAS Chief Executive and YAS Executive Directors and the three lead CCG Accountable Officers to discuss the current position and YAS plans to improve performance.

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

Ambulance handover and crew clear times: As noted previously, YAS are working to reduce the number of hospital handover delays. These had generally been reducing since November/December, until a slight rise occurred in April and in May, delays over 30 minutes rose from 544 to 772 and the subset of delays over 1 hour rose from 80 to 122. These increases may be related to the issues mentioned above that YAS are experiencing.

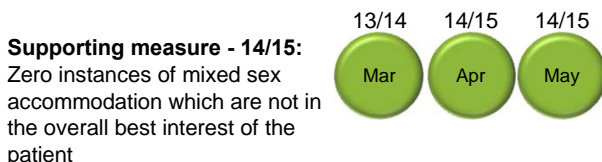
PLEASE NOTE: There are sometimes good reasons why there is a 'delay' recorded for hospital handover. YAS have approached commissioners asking for a small number of exclusions to be noted in the contract - including 'resus patients' who have special needs - and discussions are on-going between YAS and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

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



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.



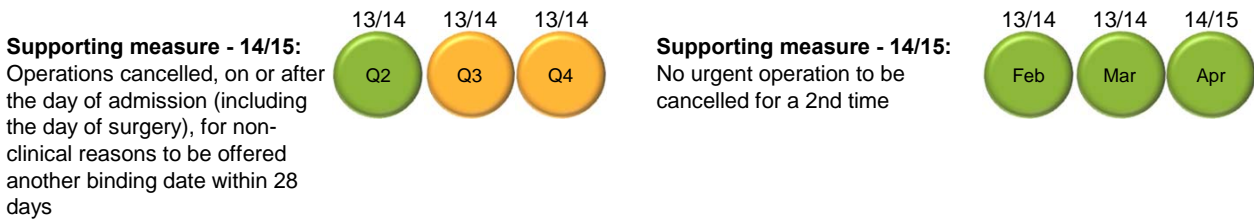
Cancelled Operations

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

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

Issues & Actions:

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

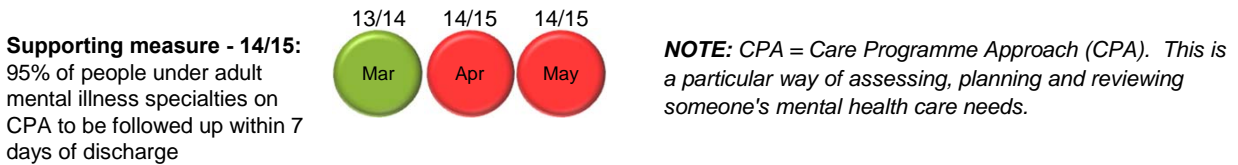


Mental Health

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:

After the low April performance, due to a low number of discharges during the month, the year-to-date position has improved to 94.29%, with 96.0% of people followed up within 7 days in May. If monthly positions continue to be above 95%, YTD performance should also then meet the pledge.



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 20 cases reported in May for Sheffield CCG:

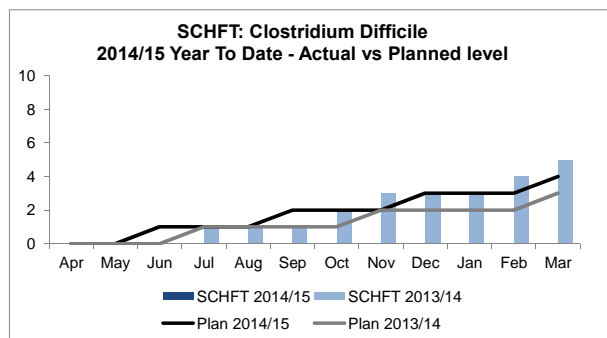
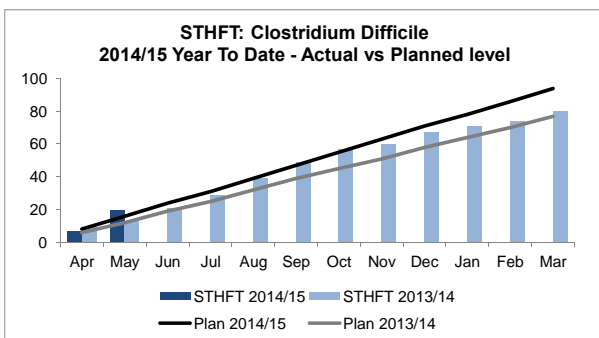
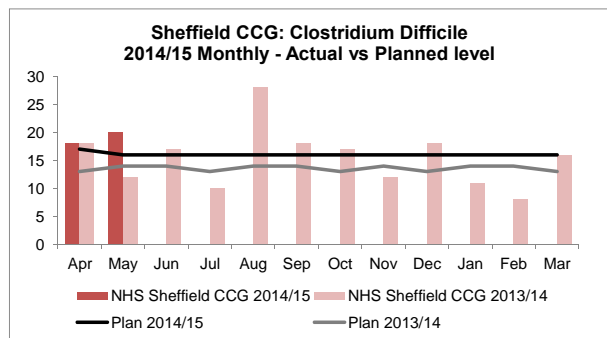
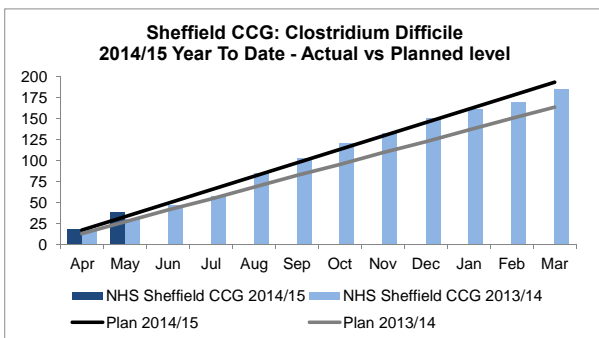
- 11 were STHFT (of a total 13 STHFT-reported cases)
- 5 were community associated, with a hospital admission in the last 56 days
- 4 were community associated, with no recent hospital contact/admission

No cases were reported for SCHFT.

MRSA: No cases were reported in May for the CCG, STHFT or SCHFT. However, as 1 case was reported April for the CCG, the 'zero tolerance' policy in place for 2014/15 has not been achieved.

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 May-14	0	0	0	20	13	0
Number of infections forecast for this month	0	0	0	16	8	0
Number of infections recorded so far in 2014/15	1	0	0	38	20	0
Number of infections forecast for this period	0	0	0	33	16	0



continued overleaf

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

Regulations

Routine Regulatory visits - Care Quality Commission (CQC) Reports

Sheffield Health and Social Care NHS Foundation Trust Inspections:

- Beighton Road* was inspected on 6th May 2014
- Handsworth** was inspected on 19th May 2014

Verbal feedback is that they are both compliant with the standards reviewed.

* *Type of service: Residential homes*

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

** *Type of service: Residential homes*

Specialisms/services: Accommodation for persons who require nursing or personal care, Learning disabilities, Physical disabilities, Caring for adults under 65 yrs, Caring for adults over 65 yrs

Sheffield Children's NHS Foundation Trust Inspection:

The CQC undertook a planned inspection of the Trust during the first two weeks in May, with an unannounced follow up visit on 22nd May 2014. No feedback will be given until July, after inspections at two other Children's Trusts, since this is part of a pilot inspection programme.

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

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

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

Ensuring that People have a positive experience of care

Eliminating Mixed Sex Accommodation: There have been no breaches in April or May 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 7) for monitoring of the MSA indicator.

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 Inpatient and A&E and from October 2013 for Maternity, will help identify poor performance and encourage staff to make improvements, leading to a more positive experience of care for patients.

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

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

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

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

	Sheffield (STHFT)				South Yorkshire & Bassetlaw		England	
	March 2014		April 2014		April 2014		April 2014	
	Score	Response rate	Score	Response rate	Score	Response rate	Score	Response rate
A&E	49.18	18.34%	46.50	23.58%	53.00	19.52%	54.54	18.59%
Inpatients (IP)	76.21	34.13%	78.12	36.35%	77.49	32.13%	73.82	34.94%
Combined A&E / IP	64.91	25.07%	63.64	29.07%	64.75	24.02%	63.89	24.03%
Maternity touch points 1-4	59.72	10.58%	61.90	7.26%	73.06	20.43%	69.85	19.36%

STHFT Response rates - summary: All response rates increased between March and April, with the exception of Maternity. Inpatient and A&E response rates are now better than SYB and England. Maternity response rates still require much improvement and remain well below SYB and England.

STHFT Scores - summary: The score for Inpatients continues to rise and is above both the SYB and England position. However, the score for A&E continues to fall and remains below the 50 classed as 'excellent' and also the SYB/England positions; as a result, the Combined A&E / IP score fell marginally and is also slightly below the SYB/Sheffield positions. The score for Maternity rose marginally, but remains below SYB and England.

A&E and Inpatients

A&E: The score is deteriorating as the response rate rises.

Inpatients: Performance is encouraging, with both the response rate and the score rising.

Combined A&E / IP: The response rate has improved, but the score has decreased marginally.

Maternity

There are 4 Maternity touch points: Antenatal care, Birth, Postnatal ward, Postnatal Community provision. The combined score for these improved between March and April, with only the Antenatal touch point score (49) below 50. The Postnatal Community response rates continue to be the lowest (3%) of all the Maternity touch points.

Actions

The CCG is in discussions with STHFT regarding results for A&E and Maternity. The Trust expects that efforts initiated - such as Interactive Voice Messaging, removing age exclusion in maternity (in May 2014) and the analysis of the low score performing wards of Q3 and Q4 in 2013/14 - will start/continue to show improvements in both response rates and scores from May/June.

2014/15 Quality Premium - Friends and Family Test measures

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

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

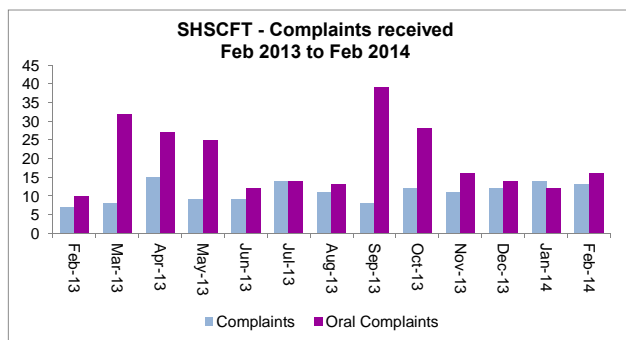
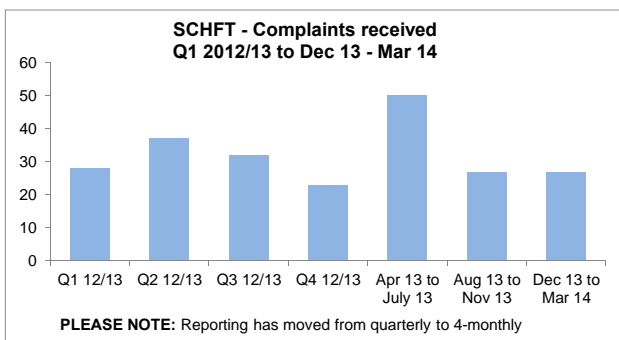
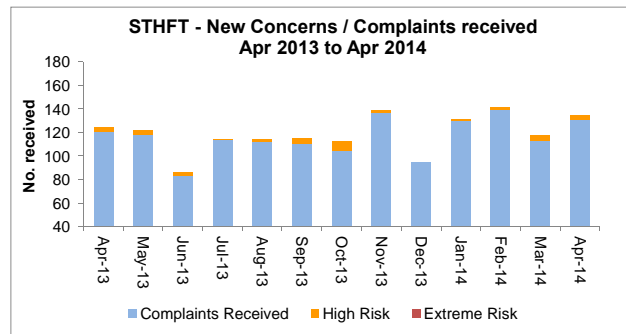
Patient Experience of NHS Trusts

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

Patient Complaints

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

* Sheffield Health and Social Care NHS Foundation Trust



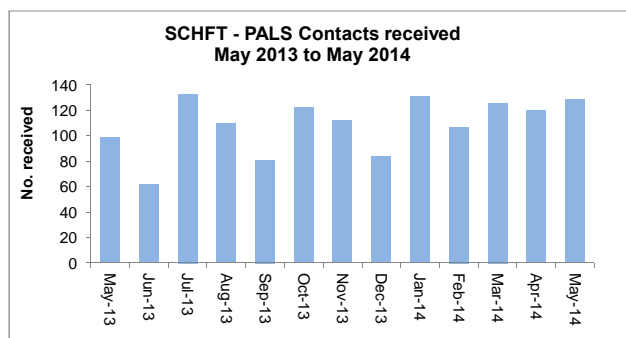
Patient Compliments

STHFT: 56 letters of thanks were received in April 2014 (the first month of 2014/15).

SHSCFT: 204 compliments were received in February 2014, bringing the total reported so far in 2013/14 to 1088.

Patient Advice and Liaison Service (PALS) Contacts

Reasons for PALS Contacts:	
SCHFT May 14	Support (27) Care & Treatment (19) Parking (17)



Further Information

STHFT: 131 new complaints were received in April 2014. The Trust work to a target of responding to 85% of complaints within 25 working days; the response rate achieved in April was 76%. Work to clear a backlog of complaints is on-going and it is expected that performance against the target will improve throughout the year.

SCHFT: During 2013/14, the Trust received 104 formal complaints, a reduction on the previous year when 120 complaints were received. 129 PALS contacts were received during May.





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

Best Possible Health Outcomes

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

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

Key to ratings:

-  Improving
-  Not Improving
-  Area of Concern
-  Not yet available

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

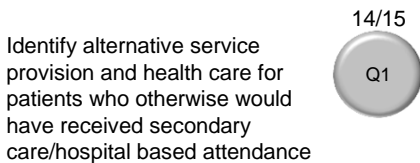
Acute Services Portfolio - Elective Care

National required measures



* 2013/14 results will be shown once available.

Quality Premium 2014/15: Locally selected measure



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

Q1 data is expected in July 2014.

Portfolio: Locally selected measures

The patient satisfaction measure is based on areas such as risks being explained, assistance received and problems/discomfort following the procedure. This area is judged to be green, as the May-14 local score remains at 89.98% (with any score above 78% being judged nationally as good). As an additional measure, 94.1% of people said they would have surgery again under the same conditions.



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

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Acute Services Portfolio - Urgent Care

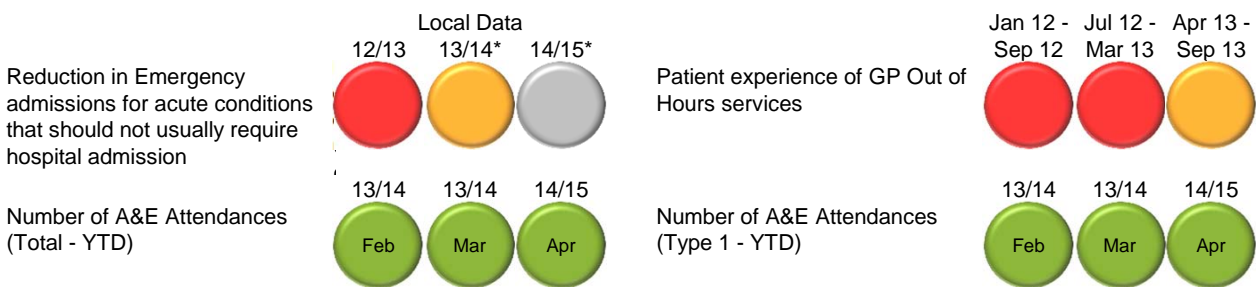
National required measures

Issues & Actions:

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

* **CAVEAT:** Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red. (Local 14/15 YTD data will hopefully be available to show in next month's report.)

The Urgent Care Acute portfolio leads are reviewing high admission rates in Gastroenterology, Care of the Elderly, Chest Medicine and General Medicine where appropriate, in conjunction with Long Term Conditions, Cancer and Older People portfolio leads. Work is also underway to review acute assessment units to ensure they are able to effectively 'rule out' conditions which would require an admission and return people home as soon as practicable. Equally, work is being undertaken on the development of pathways for conditions which would not normally require hospital admission to see if there is more that could be done in the community to manage patients with these conditions safely at home.



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

The Sheffield Urgent Care Working Group (UCWG) is overseeing a number of measures which will help the system's delivery of key changes in the Urgent Care system and progression towards 7 day working to be assessed and reported. These include A&E 4hr waits and attendances, which are already included in this report (NHS Constitution - Rights & Pledges section of this report, page 6).

Indicator Development: In future months, the three measures below have been chosen to monitor progress against local plans. In our Urgent Care Commissioning Plans for the period 2014/15 to 2018/19, we aim to reduce emergency admissions to acute hospital by 20% and ambulance conveyances to acute hospital to 50% of ambulances attending a 999 call. This is to ensure people receive the right level of care to meet their clinical need; at present, a number of people are admitted to acute hospital care when alternative, community-based services could reduce the need for acute admission.

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

Emergency Admissions:
Reduction in 6 targeted specialties at STHFT
(Gastroenterology, Care of the Elderly, Diabetes, Chest Medicine, General Medicine and Orthopaedics)



Emergency Admissions:
Reduction in all specialties at STHFT



Ambulance Conveyance Rates:
Reduction in % of ambulance callouts resulting in transportation to hospital



Long Term Conditions, Cancer and Older People

National required measures

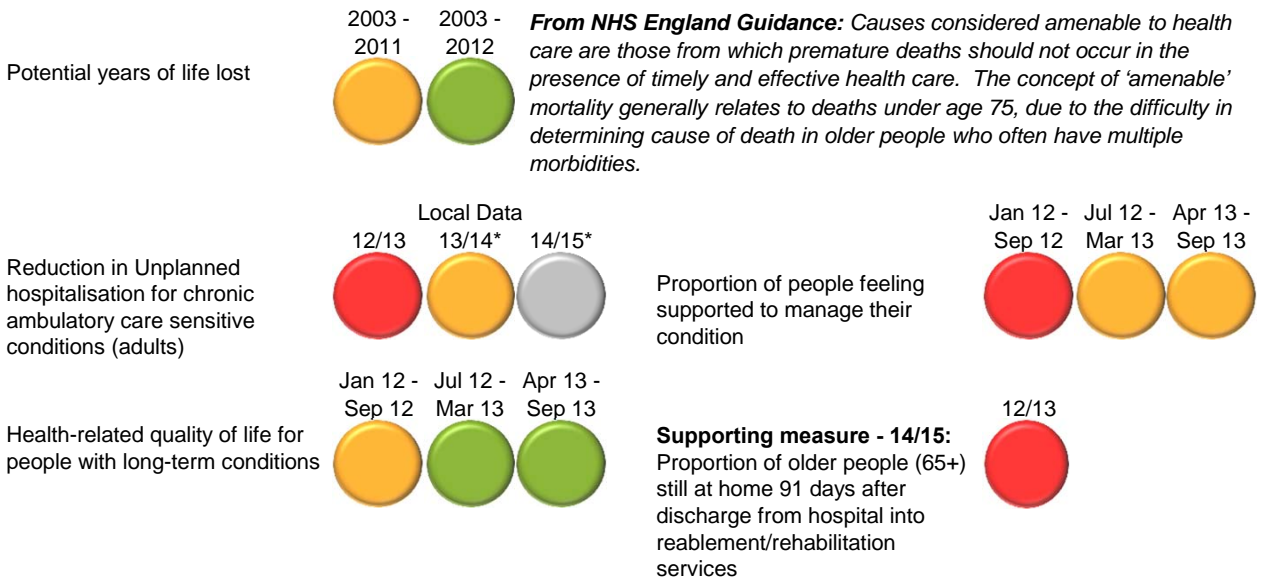
Issues & Actions:

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

* **CAVEAT:** Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red. (Local 14/15 YTD data will hopefully be available to show in next month's report.)

As noted previously, although local data on ambulatory care sensitive emergency bed-nights continues to show a progressive reduction, the number of ambulatory sensitive spells has continued to rise. However, our more detailed monitoring is showing the rate of increase to be slowing month-on-month. Work is progressing that is aimed at addressing some of the specific major causes of ambulatory admissions.

Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement / rehabilitation services: Initial findings show that the data this is based on is old (12/13) and therefore does not reflect recent changes to the intermediate care system such as the Right First Time (RFT) led changes to intermediate care pathways and the decommissioning of West Wing (intermediate care facility for people with dementia). It also shows that Sheffield has almost double the national average % of people going through this sort of reablement / rehabilitation pathway and therefore the patient profile is likely to be different. The portfolio will continue to work to understand the detail behind this measure.



Locally selected measures

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

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

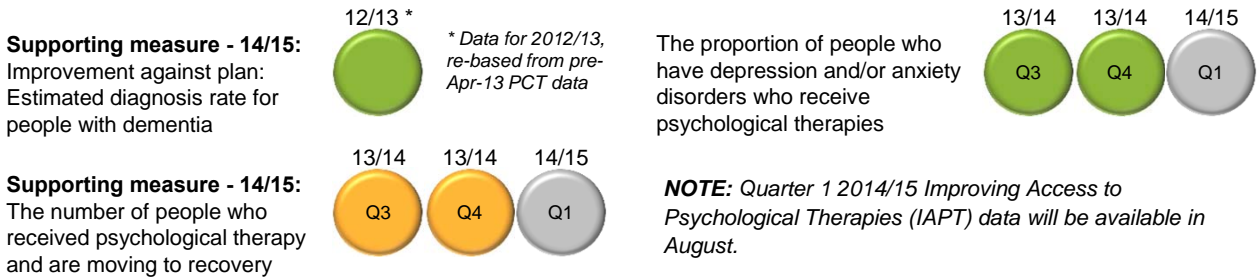
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Mental Health, Learning Disabilities and Dementia

National required measures

Issues & Actions:

The number of people who received psychological therapy and are moving to recovery: As noted last month, SHSCFT have a program that has targeted practices with the lowest moving to recovery rates; this has been positive for those practices. Overall, the service to the population of Sheffield offers more flexible entry criteria than is nationally mandated, so in Sheffield more people enter the service, some of whom fall outside the national criteria. This is likely to affect the proportion who will ultimately move to recovery, which is currently just below the planned level of 50%.



Locally selected measures

Issues & Actions:

Proportion of people with Learning Disabilities (LD) receiving an Annual Health Check (AHC): The CCG is continuing to encourage uptake of the AHC for 2014/15. Agreed additional capacity within the portfolio will enable further work on a number of initiatives to improve access and closer working with NHS England, the contract holders for the Directly Enhanced Service (DES) AHCs.

The names of all those on the Sheffield Case Register whom the CCG believe are eligible for an AHC have been made available to GP practices from 1st May, to enable them to update their records with those who should be invited for a check. This now includes those who will be 14-17 years old in 2014/15, as health checks have been extended this year to cover the younger population.

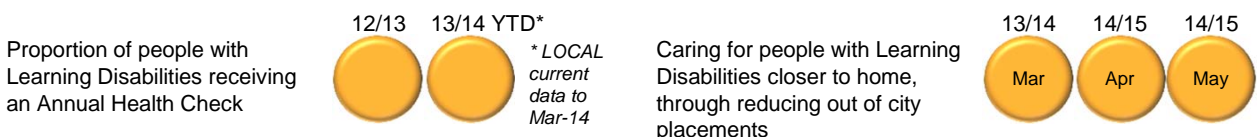
It is a requirement of providing this service that practice team members leading AHCs are offered training by their CCG and all practices have received an invitation to a session on 26th June, at the Quaker Meeting House. Updates on the % of the eligible population receiving a health check will be provided in future reports. There may be work across the region and with NHS England around the quality of the AHCs.

Reducing LD Out of City Placements: The CCG continues to work with partners to ensure that plans to return people are progressed as part of the Winterbourne Concordat*. The moves of most people are either complete or are in progress over the summer. There has been some improvement around the development of the Local Authority (LA) Accommodation Strategy to be more responsive to the needs of this group, with involvement of a Mental Health Commissioning Team (MHCT) Senior Commissioning Manager (SCM), which will address one of the barriers.

Additionally, the recent LA tender for Supported Living included the provision of "enhanced care" to increase the number of local providers with additional competency in complex needs, such as challenging behaviour, forensic and offender histories. This will increase capacity to return people placed out of city to local support provision and reduce the numbers of people leaving the city for their support over the next 12 months.

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

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



Children and Young People

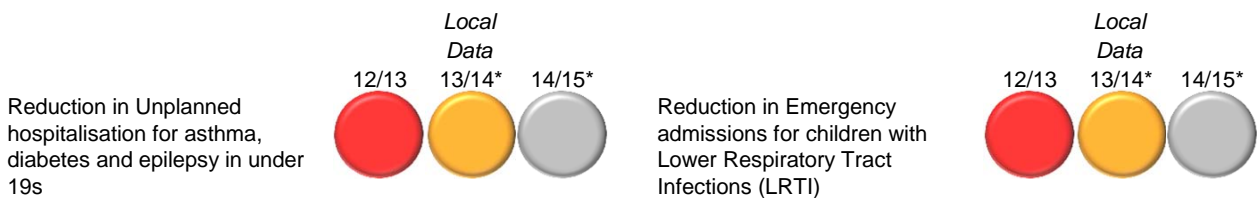
National required measures

Issues & Actions:

Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s: * **CAVEAT:** Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red. (Local 14/15 YTD data will hopefully be available to show in next month's report.)

Emergency admissions for children with Lower Respiratory Tract Infection (LRTI): The caveat above also applies to this measure. Whilst rated amber for the 2013/14 CCG position against 2012/13, detailed work has been undertaken with SCHFT to understand the local position relating to high recorded emergency admission for LRTI compared to other areas nationally. This has included looking at how data is recorded and the impact of the use of the paediatric assessment unit in Sheffield, leading to a negotiation around coding with the SCHFT. As noted last month, It has now been agreed that the Trust will consider the CCG's proposal to record this activity as Outpatient Attendances rather than Non-Elective Admissions.

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



Locally selected measures

The Children and Young People clinical portfolio has identified the measures below as services that are undergoing change, have a Citywide interest with partners and are strategic priorities.

Whilst these local measures have been identified, CCG leads are continuing to establish the method of reporting improvements and also the frequency of these for future reports.

Issues & Actions:

Reduction in Infant Mortality: As noted previously, work continues on the delivery of the infant mortality strategy, which is being reviewed within the Children's Health Board.

Child and Adult Mental Health Services (CAMHS): Negotiations are taking place with local providers; new clinical pathways are being considered and changes will be discussed in-year with providers following the development of an implementation plan.

Indicator Development: A measure is being developed to monitor access and waiting times within Paediatric Speech and Language Therapy services within the community.



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.

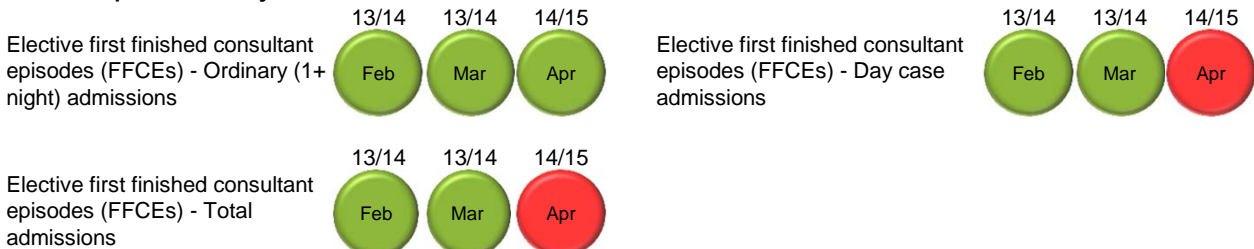
The Trusts' Contract Activity monitoring - as summarised in Appendix C of this report - is the agreed Sheffield CCG-purchased plan for STHFT and SCHFT respectively; however, these plans - and hence also the monitoring - are based on all specialties, not just G&A, as per the CCG-submitted plans.

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

Elective Inpatient Activity

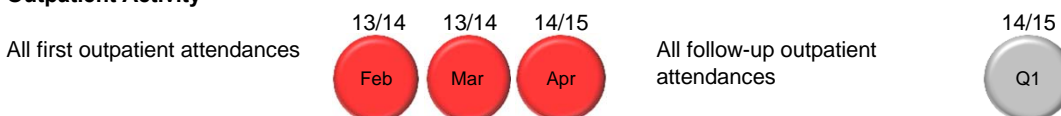


Non-Elective Inpatient Activity



NOTE: The measure below is monitored in the QAR. Once Quarter 1 data is available, RAG rating against the 14/15 submitted plans can be shown.

Outpatient Activity



Referrals Activity



Appendices

Quality & Outcomes Report

Appendix A: Health Economy Performance Measures Summary

The tables below summarise 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 May 2014 performance as at the 19th June 2014 - year to date where appropriate.**

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

Key

* - Data is currently not available for the measure

YTD - Year To Date

QTR - Quarterly

N/A - Measure is not applicable to this Trust

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	90.21%	89.62%	96.30%
% seen/treated within 18wks - Non-Admitted pathway	95.52%	95.59%	93.33%
% still not seen/treated within 18wks - Incomplete Pathway	93.06%	92.93%	93.63%
Number waiting 52+ weeks - Admitted pathway	0	0	0
Number waiting 52+ weeks - Non-Admitted pathway	3	1	2
Number waiting 52+ weeks - Incomplete pathway	2	1	1

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test	92.46%	91.81%	99.82%
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Elective Care

Number of Total Elective Admissions (FFCEs) (YTD)	6296	5555	384
Number of Elective Ordinary Admissions (FFCEs) (YTD)	1142	856	163
Number of Elective Daycase Admissions (FFCEs) (YTD)	5154	4699	221
Number of First Outpatient Attendances (YTD)	14415	13210	507
Number of All Subsequent Outpatient Attendances (YTD) ¹	463331	425808	16048
Number of First Outpatient Attendances following GP Referral (YTD)	6837	6283	169
Number of GP Written Referrals (YTD)	9363	8631	314
Number of Other Referrals (YTD)	6269	5498	326
Number of Total Referrals (YTD)	15632	14129	640
Number of Cancelled Operations offered another date within 28 days	N/A	3	0

Footnotes:

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

Acute Services Portfolio - Urgent Care

Non Elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	95.75%	98.04%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0
Non-elective Admissions (FFCEs) (YTD)	5333	4343	716
Number of attendances at A&E departments - Type 1 (YTD) ¹	14390	9845	4598
Number of attendances at A&E departments - Total (YTD) ¹	16860	12470	4598
Unplanned Hospitalisation for chronic ambulatory care sensitive conditions	963.3	N/A	N/A
Emergency admissions - acute conditions that should not require admission	1525	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	272	N/A	N/A
Emergency admissions for children with lower respiratory tract infections (LRTI)	777	N/A	N/A
Urgent Operations cancelled for the second time	N/A	0	0
Patient overall experience of out of hours GP Services	69.17%	N/A	N/A

Yorkshire Ambulance Service (YAS)

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest) ²	67.97%	N/A	N/A	69.67%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) ²	70.32%	N/A	N/A	70.03%
Category A response in 19 mins ²	97.67%	N/A	N/A	96.04%
Ambulance handover delays - of over 30 minutes ³	N/A	37	1	772
Ambulance handover delays - of over 1 hour ³	N/A	1	0	122

Footnotes:

¹ Number of attendances at A&E departments:

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

² Category A responses:

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

³ Ambulance handover/crew clear times:

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

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

Appendix A: Health Economy Performance Measures Summary

Long Term Conditions, Cancer and Older People

	CCG
Potential years of life lost (PYLL)	-3.67
Health-related quality of life for people with long term conditions	54.35%
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	76.8%

Cancer Waits (YTD)

	CCG	STHFT	SCHFT
% seen within 2 weeks - from GP referral to first outpatient appointment	93.80%	93.94%	100.00%
% seen within 2 weeks - as above, for breast symptoms	95.02%	94.91%	N/A
% treated within 31 days - from diagnosis to first definitive treatment	98.51%	98.48%	100.00%
% treated within 31 days - subsequent treatment (surgery)	97.87%	97.78%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	N/A
% treated within 31 days - subsequent treatment (radiotherapy)	100.00%	100.00%	N/A
% treated within 62 days - following an urgent GP referral	92.39%	92.39%	N/A
% treated within 62 days - following referral from an NHS screening service	100.00%	100.00%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	100.00%	100.00%	N/A

Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	94.29%
Proportion of people entering psychological treatment against the level of need in the general population	17.11%
Proportion of people who are moving to recovery, following psychological treatment	47.23%
Estimating the diagnosis rate of people with dementia (NB: estimated figure using locally-available data)	68.10%

Quality Standards

Patient Safety

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	1	0	0	N/A
Clostridium Difficile (C Diff) (YTD)	38	20	0	N/A
Mixed sex accommodation 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	85.80%	N/A	N/A
Patient experience of hospital care	79.90%	WIP	WIP
Friends and Family Test: Inpatient - Response (QTR) ¹		24.61%	
Friends and Family Test: Inpatient - Score (QTR) ¹		65.57	
Friends and Family Test: A&E - Response (QTR) ¹		17.76%	
Friends and Family Test: A&E - Score (QTR) ¹		52.56	

Footnotes:

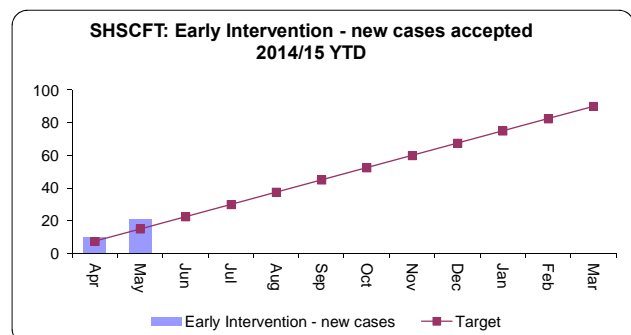
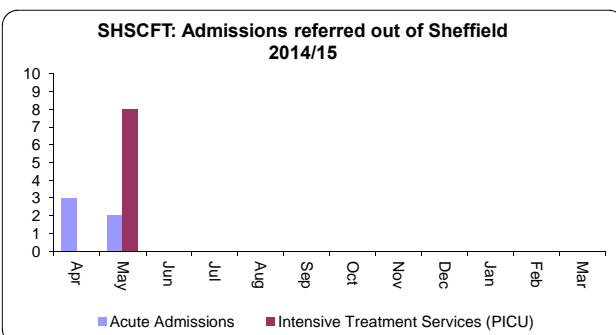
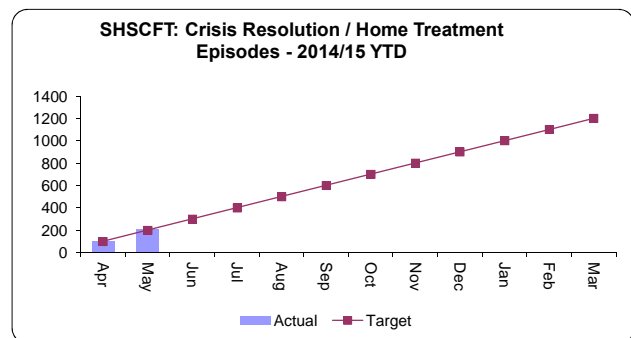
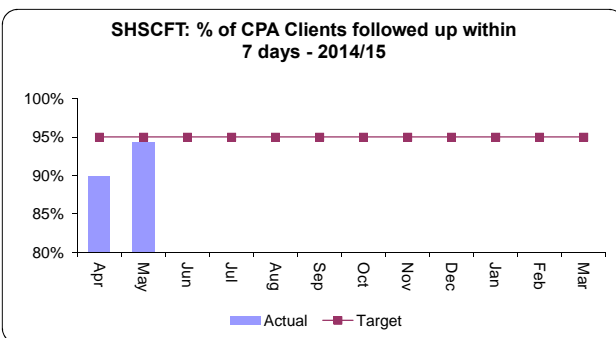
¹ **Friends and Family Test:** Response rated against a national target of 15%; Score rated against the national average

APPENDIX B: Mental Health Trust Performance Measures

Sheffield Health and Social Care NHS Foundation Trust

1. Crisis Resolution / Home Treatment: As at the end of May, there have been 209 home treatment interventions against a 12-month target of 1,202. This equates to 4.3% more patients benefiting from this service than originally planned by the end of May.
2. CPA 7 day follow up: May's monthly performance was 96.0%, bringing the YTD figure up to 94.29%, but still below the 95% target. This position is due to a low number of discharges during in April; 10 people were discharged and 1 person wasn't followed up.
3. Psychosis intervention: Activity over the last year is more closely aligned to the target thresholds. Following a service review development, plans are in place to improve the retention of clients on the Early Intervention Service (EIS) pathway.
4. Psychological therapy services (Improving Access to Psychological Therapies - IAPT):
 - The quarter 4 performance for the proportion of patients receiving psychological therapy achieved target level in 2013/14, with 17.11% YTD as at the end of quarter 4 against the 2013/14 plan of 15%.
 - Please see narrative in the Best Possible Health Outcomes (Mental Health, Learning Disability and Dementia) section of this report (page 16) 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	April	May	Change
Crisis Resolution / Home treatment	1202	107	209	▲
Psychosis Intervention - new cases	90	10	21	▲
Psychosis Intervention - maintain capacity	270	147	148	▲
CPA 7 day follow up	95%	90.00%	94.29%	▲
Anxiety/depression (IAPT):		Q3 13/14	Q4 13/14	
% receiving Psychological therapy	15%	12.42%	17.11%	▲
Psychological therapy pts. moving to recovery	50%	47.67%	47.23%	▼



APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

Percentages quoted in the two paragraphs below are as at **17th June 2014**

Across the Yorkshire & Humber (Y&H) region, YTD RED 1 and 2 combined 8 minute performance was 69.57% against the service standard of 75% and RED 1 and 2 combined 19 minute performance was 95.87% against the 95% service standard, deteriorating further since May. For CCG Quality Premium purposes, YAS RED 1 overall 8 minute performance is measured; YTD performance currently stands at 69.58% against the NHS Constitution service standard of 75%. (Sheffield CCG's YTD RED 1 and 2 combined 8 minute performance stands at 68.88%.)

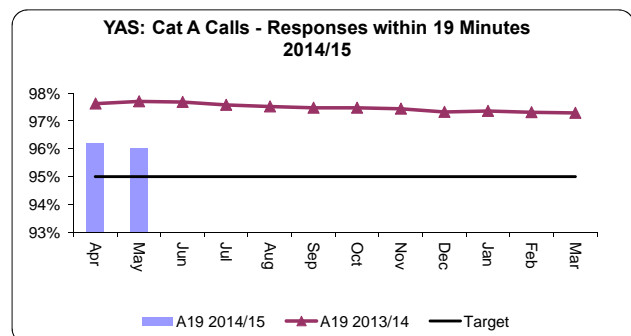
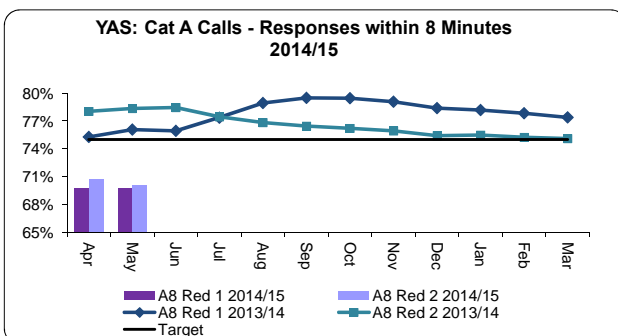
For 2014/15, commissioners agreed with YAS to maintain the 95% performance standard across GREEN calls, but introduce a lower 'floor' in respect of performance against which a sanctions regime will apply. In addition, a review will be undertaken in 2014/15 of the clinical conditions categorised as GREEN calls, to ensure that patient safety is not compromised by the approach to call classification. YAS YTD performance remains significantly below expectations for the following call categories: GREEN 1 (20 min response) - 69.70%, GREEN 2 (30 min response) - 78.44%, GREEN 3 (20 min response) - 77.04%, GREEN 3 (30 min response) - 89.60% (GREEN 4 performance is reported monthly in arrears and is also below expectations).

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

Actions to address performance issues:

Please see the NHS Constitution - Rights & Pledges section of this report (Category A ambulance calls - page 7) for information on actions.

YAS Indicators (all are YTD)	Target	April	May	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	69.78%	69.70%	▼
Cat A 8 minutes Red 2 (YTD)	75%	70.65%	70.00%	▼
Cat A 19 minutes (YTD)	95%	96.19%	96.00%	▼



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	March	April	Monthly Change
Re-contact after discharge (Phone)		0.0%	1.4%	▲
Re-contact after discharge (Treatment at scene)		4.1%	3.6%	▼
Re-contact after discharge (Frequent Caller)		2.0%	2.1%	▲
Time to answer call (Median)	5 sec	1	1	◄►
Time to answer call (95th Percentile)		21	22	▲
Time to answer call (99th Percentile)		52	66	▲
Time to treatment (Median)		5.6	6.4	▲
Time to treatment (95th Percentile)		14.3	16.9	▲
Time to treatment (99th Percentile)		22.2	27.2	▲
Call closed with advice (Phone advice)		4.8%	4.8%	◄►
Call closed with advice (Transport)		30.7%	31.3%	▲
Clinical Indicators		<u>December</u>	<u>January</u>	
Outcome from Cardiac Arrest (CA) All		28.9%	27.1%	▼
Outcome from CA Utstein Group (UG)		47.4%	62.5%	▲
Outcome from acute STEMI Angioplasty		87.0%	86.3%	▼
STEMI Care Bundle		82.2%	81.1%	▼
Outcome from Stroke 60 min to Stroke Unit		61.5%	61.0%	▼
Stroke - Appropriate Care Bundle		90.5%	97.3%	▲
Outcome from CA - Survival to Discharge All		8.2%	9.3%	▲
Outcome from CA - Survival to Discharge UG		28.6%	35.0%	▲
Service Experience		N/A	N/A	

APPENDIX B: NHS 111 Performance Measures



West and South Yorkshire and Bassetlaw
Commissioning Support Unit

NHS 111 Activity

Performance against National Target at Month 1, Apr 2014
Compared, where possible, to National data



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

Sheffield Activity

Chart 1: Calls received

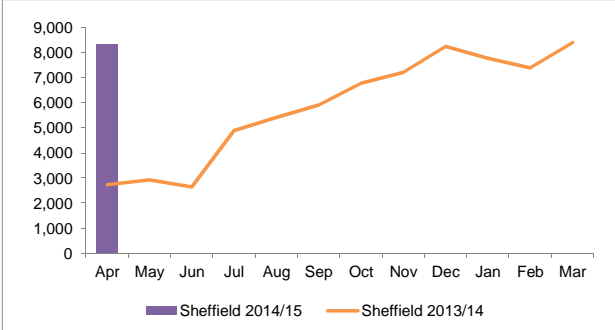


Chart 2: Clinical Calls completed within 10 minutes

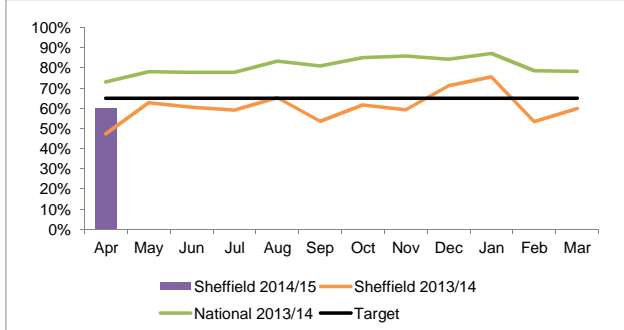


Chart 3: % of Clinical call-backs within 10 minutes ≥ 98%

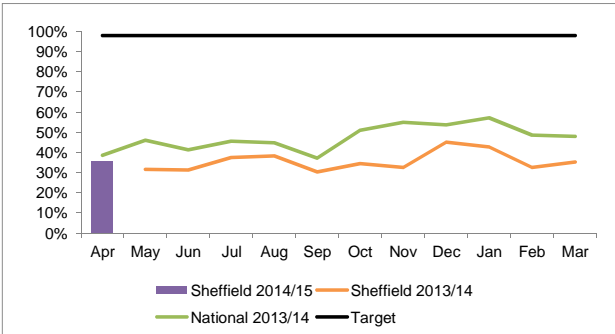
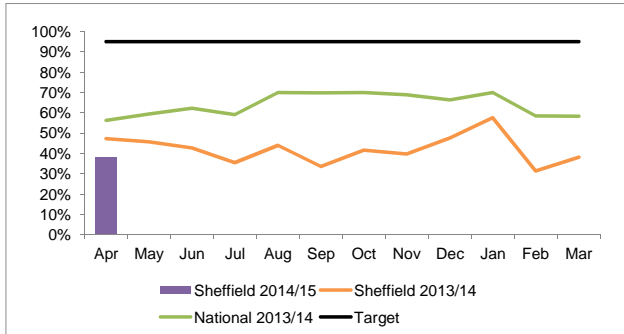


Chart 4: % of warm transfers* ≥ 95%



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

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

Chart 5: Calls received

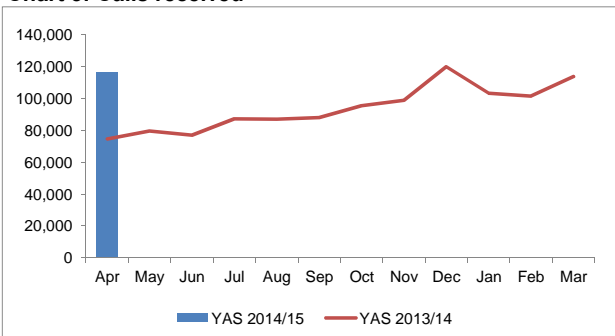


Chart 6: Calls answered within 60 seconds ≥ 95%

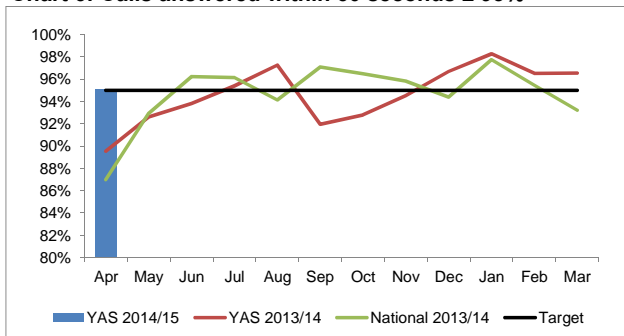


Chart 7: Calls abandoned after 30 seconds ≤ 5%

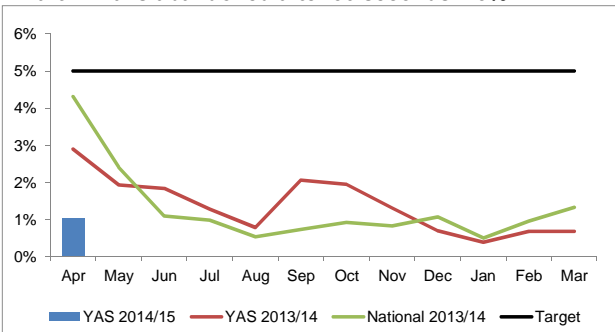
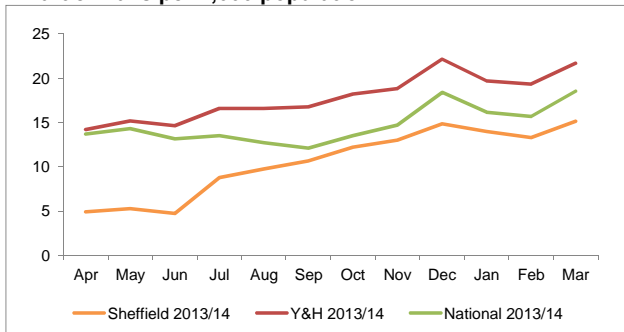


Chart 8: Calls per 1,000 population



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

APPENDIX C: Contract Activity



Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 2, Apr 2014 - May 2014

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

Outpatient First Attendances: 1.2% below plan
 Outpatient Follow-ups: 2.4% above plan
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 4% above plan
 Inpatient Non-elective Spells: 6.9% above plan
 A&E Attendances: 1.6% above plan

Figure 1: Referrals¹

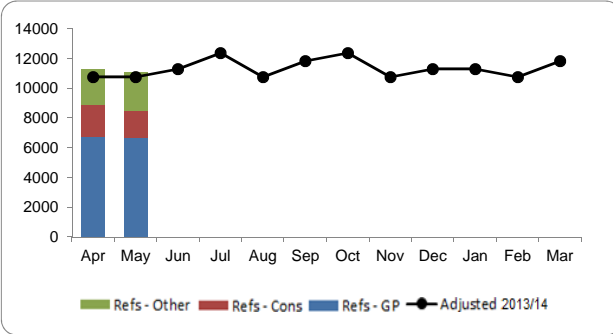


Figure 4: Electives

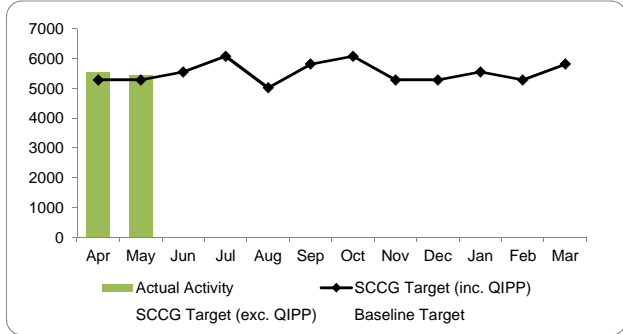


Figure 2: Firsts²

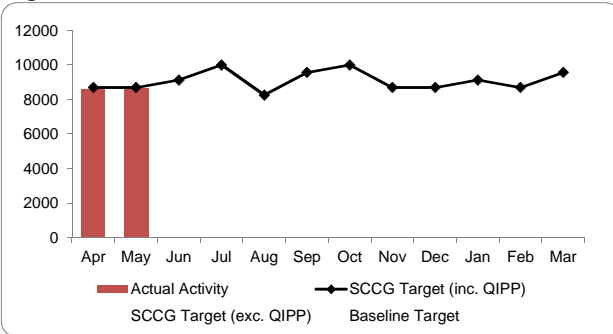


Figure 5: Non-Electives

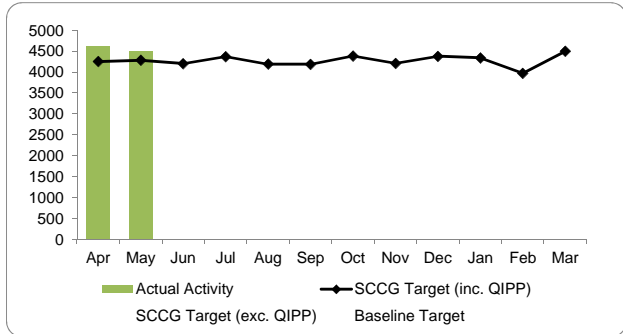


Figure 3: Follow-ups

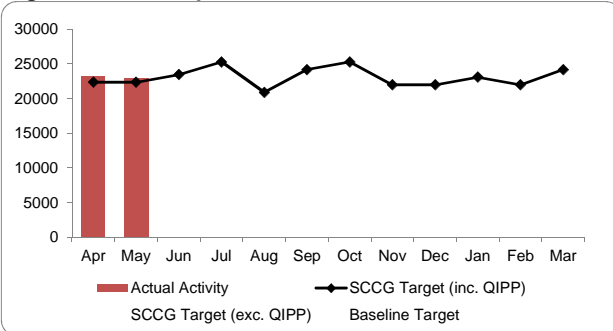


Figure 6: Accident and Emergency

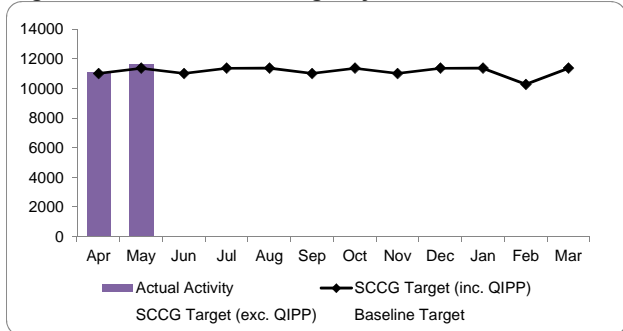


Table 1. Outpatient Activity

Activity	2014/15	Target	Var	% Var
Firsts	20,584	20,832	-248	-1.2%
Follow-ups	53,867	52,595	1,272	2.4%
Follow-ups:First Ratio	2.62	2.52	0.09	3.7%

Table 2. Inpatient and A&E Activity

Activity	2014/15	Target	Var	% Var
Electives	10,997	10,570	427	4.0%
Non Electives	9,123	8,535	588	6.9%
Excess Bed Day Costs (£000s)	£ 1,484	£ 1,532	£ 49	-3.2%
A&E	22,741	22,382	359	1.6%

Source: STHT Contract Monitoring

Notes:

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

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

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

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

² First outpatient attendances exclude CDU (Clinical Decision Unit). CDU Attendances are overperforming by 529 (12.8%).

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

Produced by NHS Sheffield CCG Contract Team, June 2014

APPENDIX C: Contract Activity



Sheffield Children's NHS Foundation Trust

Sheffield Clinical Commissioning Group

PLEASE NOTE: 2014/15 contracting information is not yet available for the Trust.
The position on this page therefore still relates to 2013/14.

Performance against Sheffield CCG Activity Target at Month 12, Apr 2013 - Mar 2014

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

Outpatient First Attendances: 2.8% above plan
Outpatient Follow-ups: 5.4% above plan
Outpatient Procedures: 44.8% above plan

Inpatient Elective Spells: 1.6% above plan
Inpatient Non-elective Spells: 3.6% above plan
A&E Attendances: 3.9% below plan

Figure 1: Firsts

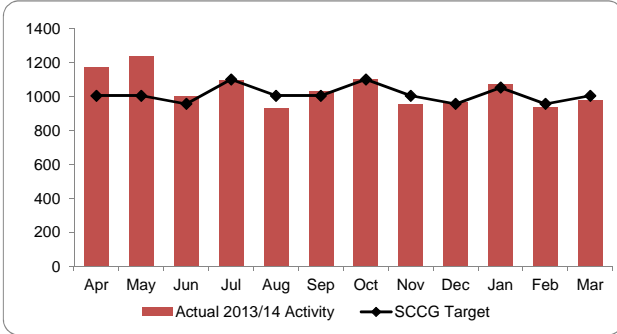


Figure 4: Electives

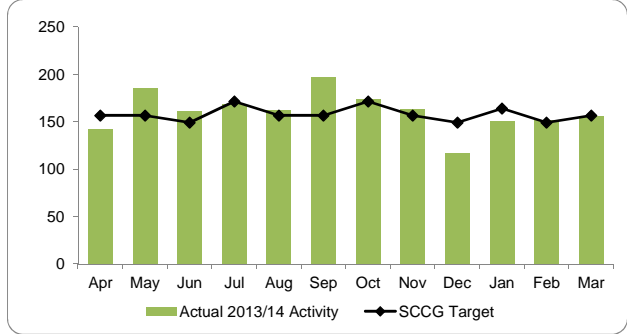


Figure 2: Follow-ups

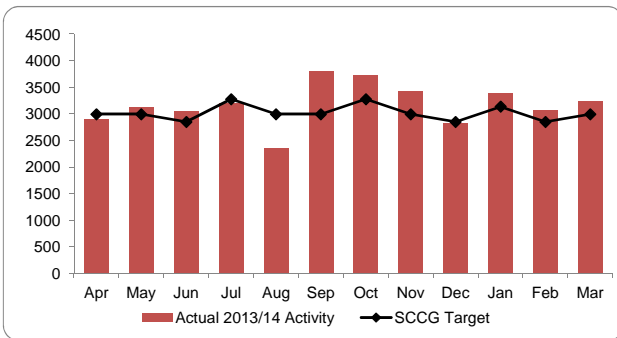


Figure 5: Non-Electives

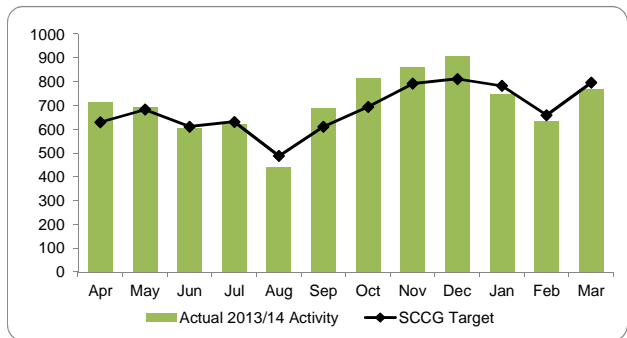


Figure 3: Accident and Emergency

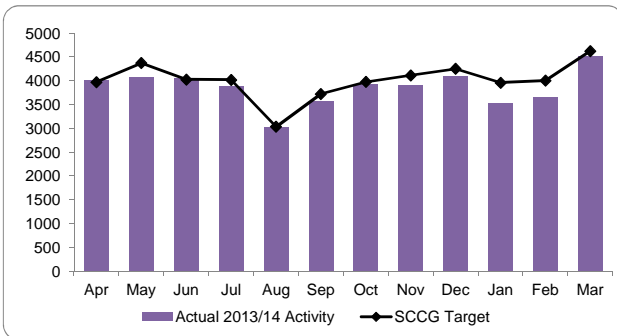


Figure 6: Excess Bed Days

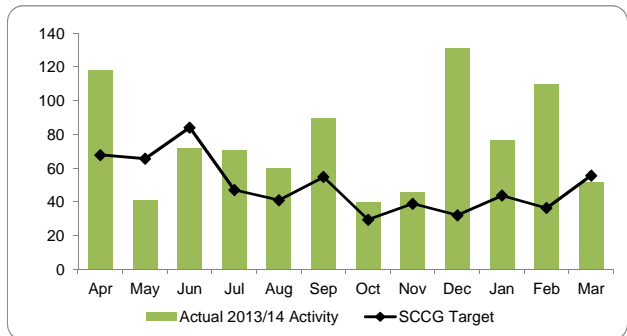


Table 1. Outpatient Activity

Activity	2013/14	Target	Var	% Var
Firsts	12,487	12,146	341	2.8%
Follow-ups	38,152	36,211	1,941	5.4%
OP Payable Procedures	42	29	13	44.8%
Follow-ups:First Ratio	3.06	2.98	0.07	2.5%

Table 2. Inpatient and A&E Activity

Activity	2013/14	Target	Var	% Var
Electives	1,926	1,896	30	1.6%
Non Electives	8,479	8,187	292	3.6%
Excess Bed Day Costs (£000s)	£ 265	£ 201	£ 64	32.1%
A&E	46,255	48,122	-1,867	-3.9%

Source: SCHFT Contract Monitoring (SLAM)

Notes:

Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, May 2014