

## Quality and Outcomes Report: Month 5 2014/2015

Governing Body meeting

E

2 October 2014

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<b>Is your report for Approval / Consideration / Noting</b>	
Noting	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
Potential additional funds via achievement of Quality Premium measures for 2013/14 and subsequently 2014/15 Quality Premium measures.	
<b>Audit Requirement</b>	
<b><u>CCG Objectives</u></b>	
<b><i>Which of the CCG's objectives does this paper support?</i></b>	
<ol style="list-style-type: none"> <li>1. To improve patient experience and access to care</li> <li>2. To improve the quality and equality of healthcare in Sheffield</li> </ol>	
<b><u>Equality impact assessment</u></b>	
<b><i>Have you carried out an Equality Impact Assessment and is it attached? No If not, why not?</i></b> None necessary.	
<b><u>PPE Activity</u></b>	
<b><i>How does your paper support involving patients, carers and the public?</i></b>	
It does not directly support this but as a public facing document is part of keeping the public informed.	
<b>Recommendations</b>	
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> <li>• Sheffield performance on delivery of the key NHS Outcomes</li> <li>• Sheffield performance on delivery of the NHS Constitution Rights and Pledges</li> <li>• Key issues relating to Quality, Safety and Patient Experience</li> <li>• Assessment against measures relating to the Quality Premium</li> </ul>	



# Quality & Outcomes Report

## Month 5 position

For the October 2014 meeting  
of the Governing Body

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- Patient Experience of GP Services	15

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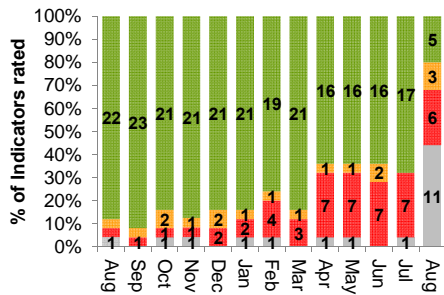
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Highest Quality Health Care

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 and Non-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, 12 of the 17 core rights and pledges are being successfully delivered.

The challenges across the health system, both nationally and locally, with regard to demand on A&E and wider hospital services, and the impact on waiting times for patients to be seen and treated, have been on-going 'headline' issues for the CCG since the start of 2014/15. To ensure that these, and any further emerging issues are being addressed effectively, the CCG will be carrying out a 'stocktake' of the remedial activity that is underway with local providers and partners. This is expected to take place during October.

**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. Initial data to late September (still to be validated) shows that, despite Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) experiencing some days with challenging levels of A&E activity and admissions, the overall 95% is still being achieved for the year to date position. Sheffield Children's NHS Foundation Trust (SCHFT) is achieving well 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.

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

18 week pledge: As indicated in last month's report, performance against the 18 week standard will appear to worsen in the short-term, in line with work to ensure patients currently waiting longer than 18 weeks are seen and treated at the earliest opportunity. The August position for STHFT does represent a further reduction in performance at trust level for both admitted and non-admitted patients - as shown on page 5.

Although performance was expected to 'dip' and the overall positive impact of any additional work would not be expected to become visible in waiting times data until October/November at the earliest, there is some concern that achievement of the 18 week standard in this timeframe may be at risk. A formal contract query has been raised with STHFT and the CCG continues to apply all contractual consequences for 18 weeks as per the terms of the agreed contract.

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## 2014/15 Headlines - continued

**Diagnostic waits:** The provision by STHFT of diagnostic tests within 6 weeks has continued to improve during August, although it remains slightly below the 99% standard. Following meetings and focussed work between the CCG and STHFT, there is further improvement in diagnostic waits for Echocardiography, but an increase in breaches within Gastroscopy and Colposcopy which will be monitored closely. The diagnostic waits pledge is expected to be met by the end of September.

SCHFT has not met the Diagnostic Waits pledge for Sheffield patients for the first time this financial year. Most of those (5 out of 6) who have breached the 6 weeks in August are patients waiting for MRIs. At trust-wide level, provisional information suggests that the Trust has also not met the pledge for the second month in a row, but the number of patients on the waiting list continues to reduce. The CCG continues to monitor the position and progress over the next month towards SCHFT meeting the 99% standard in September.

**Ambulance response times:** In August (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) - supported by the NHS Trust Development Authority, Care Quality Commission and NHS England Area Teams - to review the position and the plans YAS is putting in place to achieve improvements. This includes further meetings and the use of contractual sanctions.

## Quality and Safety

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

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

### Headlines

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

- **C.Diff** - 16 cases attributable to the CCG were reported in August against a forecast of 16; in 2014/15 so far, 96 cases have been reported, compared to the 81 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 13 cases in August, against a forecast of 8 (47 cases to date, compared to the 39 forecast)  
SCHFT have not had any cases to report so far in 2014/15.
- **MRSA** - No cases attributable to the CCG were reported in August 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. 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) July 2014: The July STHFT scores for Inpatients and Combined A&E/Inpatients are similar to those seen in June, although response rates did decrease slightly. The Maternity score has increased substantially. A&E score decreased slightly and remains below the '50' classed by NHS England as excellent.

## CCG Assurance - NHS England Assessment

The NHS England CCG Assurance framework for 2014/15 continues to focus on the same 6 dimensions as those used during 2013/14, specifically:

- 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?

The first quarterly assurance meeting for 2014/15 took place in mid-September; formal feedback from this will be shared in due course, but Sheffield CCG continues to demonstrate consistent achievement across all of the above.

## 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>
<b>Reducing potential years of life lost (PYLL) from amenable mortality</b>	
● Potential years of life lost (PYLL) from causes considered amenable to health care	18
<b>Improving access to psychological therapies (IAPT)</b>	
● Proportion of people who have depression and/or anxiety disorders who receive psychological therapies	19
<b>Reducing avoidable emergency admissions - composite measure of 4 parts</b>	
● Reduction in emergency admissions for acute conditions that should not usually require hospital admission	17
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● Reduction in emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	20
<b>Improving patient experience of hospital services</b>	
● Friends and Family Test - action plan for FFT improvements and delivery of agreed rollout plan to timetable	13
● Improvement in patient experience of hospital care (locally selected measure) - Inpatient Survey	16
<b>Improving reporting of medication-related safety incidents</b>	
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● Local Priority 1: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	16
<b>NHS Constitution - 4 specified measures</b>	
● 92% of all patients wait less than 18 weeks for treatment to start	5
● 95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	6
● 93% of patients have a maximum 2 week (14 day) wait from referral with suspicion of cancer	7
● 75% of Category A (RED 1) ambulance calls resulting in an emergency response arriving within 8 minutes	8

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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 16 - 21). 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 continues to focus on key projects and delivery of QIPP (Quality Innovation, Productivity and Prevention) savings. The MSK (musculoskeletal) Commissioning for Outcomes project hosted its second, highly successful, patient engagement event in September and work to develop and agree patient outcomes is nearing completion. The portfolio is currently developing its high-level strategy for elective care which aims to identify how elective services can best be delivered for the population of Sheffield.

**Acute Services Portfolio - Urgent Care:** Gastroenterology and Respiratory Medicine have identified action plans with timelines and dates for delivery of discreet projects in each clinical area. The Specialty Review Group has been asked to identify new areas of work for scrutiny, based on refreshed and revised data and work is on-going to further develop the Urgent Care Strategy for 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 is increasingly working with colleagues across other 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 health and service inequalities and social exclusion faced by people with mental health, learning disabilities or dementia remain a priority focus. Parity of esteem between physical and mental health is a legal obligation in the NHS and addressing this imbalance needs to be a CCG priority. A successful PLI (protected learning initiative) event took place on 3rd September, with good attendance, to further raise awareness of this agenda with primary care colleagues.

**Children and Young People:** The children's portfolio has looked recently at variation in spend, activity and outcomes to inform and further develop future plans and to focus priorities. Plans are being developed to progress some of the programmes of work around elective care and children's urgent care. The portfolio has been focused on implementation of statutory duties and development of partnership planning and commissioning arrangements.






**NHS Constitution - Rights & Pledges**

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

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

**Key to ratings:**

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

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

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

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

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

**Issues & Actions:**

**STHFT:** Governing Body were advised in last month's report that 18 week wait performance may 'dip' further during August due to the requirements on STHFT to prioritise long waiters in the system. As expected, the August position does represent a further reduction in performance at trust level; pledges for admitted patients and for non-admitted patients were not met in August (admitted was at 84.40% against the operational standard of 90%, non-admitted was at 92.56% against the operational standard of 95%) and the pledge on incomplete pathways has also failed to be achieved for the first time this financial year (91.98% against the operational standard of 92%).

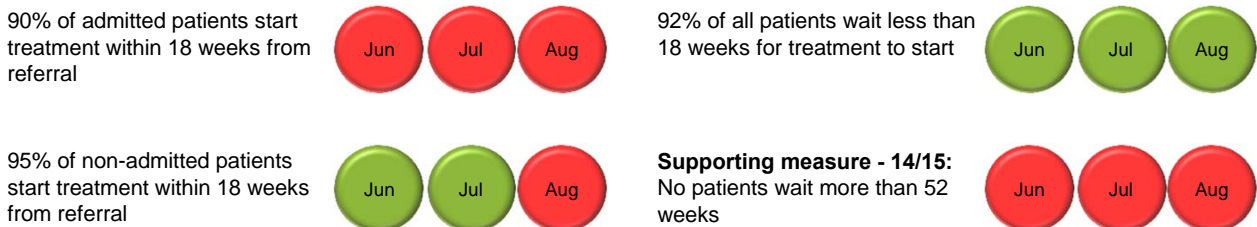
Although performance was expected to 'dip' in August, there is some concern that 'turnaround' of performance will not be achieved in the expected timeframes. The CCG has taken the decision to issue a formal contract query in respect of 18 week and 52 week waits and continues to apply all contractual consequences for 18 week wait performance as per the terms of the agreed contract.

**SCHFT:** The trust has again not met any of the 18 weeks waits pledges for Sheffield patients and provisional data indicates that they have also not met pledges for admitted and incomplete pathways at a trust-wide level (i.e. for all patients - Sheffield or non-Sheffield population).

Although it had been identified that performance may deteriorate during August, the pledges for admitted and incompletes were not met by the majority of specialities and investigations into the cause of this are underway.

SCHFT had no Sheffield patients in August waiting more than 52 weeks for treatment and just 1 non-Sheffield patient waiting longer than 52 weeks.

**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.



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## Diagnostic test waiting times

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

### Issues & Actions:

**STHFT:** The trust performance for August shows improvement on the July position, although it remains below the 99% standard - STHFT reported 138 breaches of the 6-week waiting time in August in comparison to 177 for July.

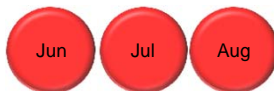
We continue to see improvement in diagnostic waits for Echocardiography, but have noted an increase in breaches within Gastroscopy and Colposcopy, which will be monitored closely. The 99% standard is expected to be met by the end of September.

**SCHFT:** The trust has not met the Diagnostic Waits pledge for Sheffield patients for the first time in 2014/15. Most of those (5 out of 6) who have breached the 6 weeks in August are patients waiting for MRIs.

Provisional information suggests that the trust has also not met the pledge at trust-wide level (all patients) for the second month in a row, although the number of patients on the waiting list continues to reduce. The CCG continues to monitor the position and progress over the next month towards SCHFT meeting the 99% standard in September.

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

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



## A&E waits

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

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



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



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## Cancer waits

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

### From GP Referral to First Outpatient Appointment

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



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



### From Diagnosis to Treatment

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



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



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



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



### From Referral to First Treatment

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



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



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



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

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## Category A ambulance calls

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

### Issues & Actions:

**Ambulance Response Times:** As the pledges have again not been met for RED 1 or RED 2 calls resulting in an emergency response arriving within 8 minutes in August (and are also unlikely to be met in September) commissioners are applying the full range of contractual sanctions to YAS where performance is below contractual requirements. Formal contract query notices have been issued.

Following submission of a remedial action plan by YAS, discussions are taking place between commissioners and YAS - supported by the NHS Trust Development Authority, Care Quality Commission and NHS England Area Teams - on what further action is required, including the application of further contractual sanctions.

CCGs have commissioned external support from the Good Governance Institute (GGI) to ensure YAS can achieve its contractual obligations and provide assurance to commissioners that sustainable performance improvement can be achieved. The GGI will report to commissioners at the end of September outlining their recommendations.

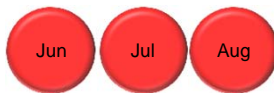
Please see APPENDIX B: Ambulance Trust Performance Measures for further information on YAS performance.

**Ambulance handover times:** As noted previously, YAS are working to reduce the number of hospital handover delays. These have generally been reducing since November/December, with some fluctuations and, in August, delays over 30 minutes decreased from 860 to 760 and the subset of delays over 1 hour decreased from 149 to 132.

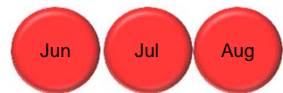
PLEASE NOTE: There are sometimes good reasons why there is a 'delay' recorded for hospital handover. YAS have approached commissioners asking for a small number of exclusions to be noted in the contract - including 'resus patients' who have special needs - and discussions are on-going between YAS and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

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

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



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



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



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



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



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## Mixed Sex Accommodation (MSA) breaches

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

### Supporting measure - 14/15:

Zero instances of mixed sex accommodation which are not in the overall best interest of the patient



## Cancelled Operations

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

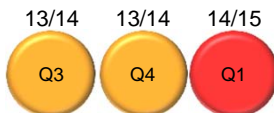
**PLEASE NOTE:** There is no published threshold for this measure. NHS England have, however, noted that success for a Provider (Trust) would be a reduction in the number of cancelled operations. The position reported below is based on the combined total reported positions for both Sheffield Teaching 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:** The number of operations cancelled for non-clinical reasons (and where the patient was not subsequently offered another binding appointment for their surgery within 28 days) increased from 3 during Q4 2013/14 to 8 during Q1 2014/15. The CCG is monitoring this closely in Q2 and has applied contractual sanctions as per the terms of the contract.

### Supporting measure - 14/15:

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



### Supporting measure - 14/15:

No urgent operation to be cancelled for a 2nd time



## Mental Health

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

### Issues & Actions:

91.30% of patients were followed up within 7 days in August, reducing the position for the year to date to 94.29%. 2 patients were not within this time frame and case reviews are being undertaken. As this measure involves small numbers for Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) the percentage followed up can fluctuate quite widely, but it is expected that the position will be meeting the pledge again next month.

### Supporting measure - 14/15:

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



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

## Quality and Safety

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

#### Patient Safety - Health Care Acquired Infections (HCAIs)

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

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

Of the 16 cases reported in August for Sheffield CCG:

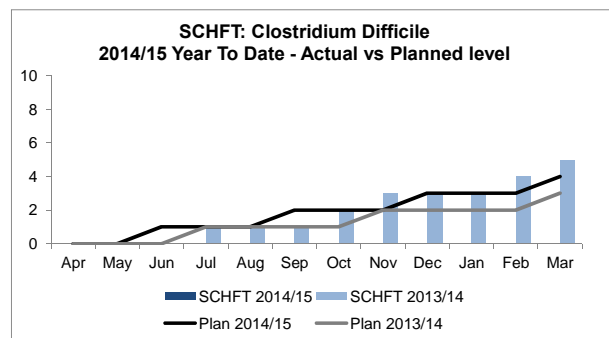
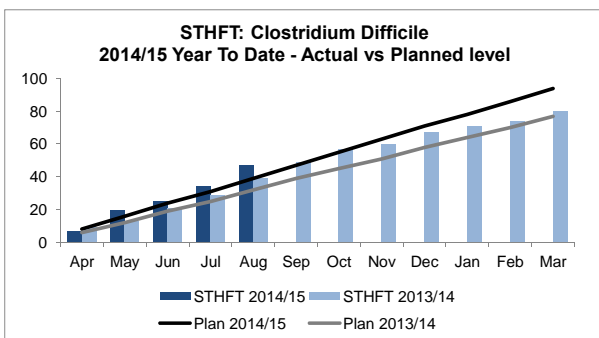
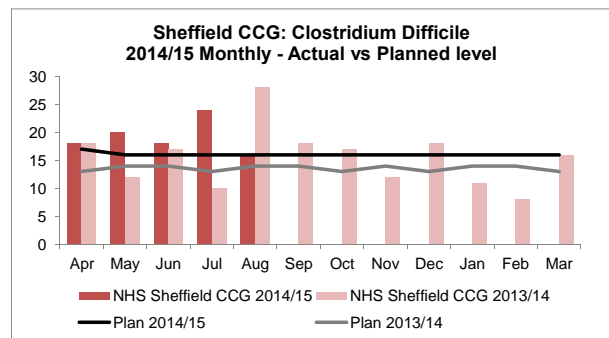
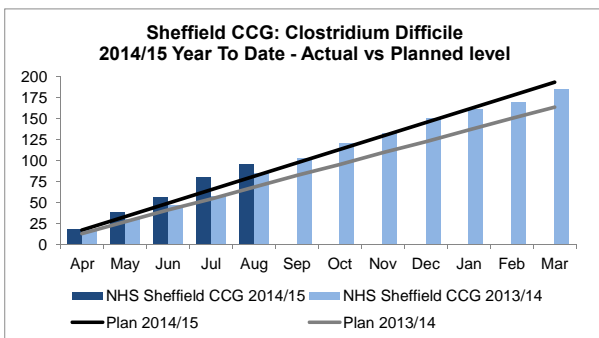
- 8 were STHFT (of a total 9 STHFT-reported cases)
- 1 was St Luke's Hospice
- 4 were community associated, with a hospital admission in the last 56 days
- 3 were community associated, with no recent hospital contact/admission

No cases were reported in August for SCHFT.

**MRSA:** No cases have been reported in August for Sheffield CCG, STHFT or SCHFT.

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

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Aug-14	0	0	0	16	13	0
Number of infections forecast for this month	0	0	0	16	8	0
Number of infections recorded so far in 2014/15	3	1	0	96	47	0
Number of infections forecast for this period	0	0	0	81	39	1



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

### Regulations

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

##### Sheffield Health and Social Care NHS Foundation Trust

An inspection took place at Cottam Road\* on 16th July 2014; this was a return CQC inspection following a visit in February 2014. The report shows there have been improvements since February but work still needs to be undertaken to improve record-keeping. This includes the recording of information on a number of care plans and documenting Mental Capacity Act (MCA) capacity assessments. The other area for further action is staff training. An action plan to address these is in place.

\* *Type of service: Residential homes*

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

##### St Luke's Hospice

An inspection took place at the Hospice on Tuesday 12<sup>th</sup> August. The report is now published and the Hospice is fully compliant with all the areas.

### 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 has been 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 2014/5.

A 6-month performance update on this measure will be provided in November/December.

*continued overleaf*

## Ensuring that people have a positive experience of care

### Eliminating Mixed Sex Accommodation

There have been no breaches from April to August 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 2 parts of this measure, please see the Best Possible Health Outcomes section of this report (page 22: Acute Services Portfolio - Elective Care for 'Patient experience of GP services' and page 23: 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 15: 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.

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 %).

July 2014 Summary (with June 2014 for comparison for Sheffield only)	Sheffield (STHFT)				South Yorkshire & Bassetlaw		England	
	June 2014		July 2014		July 2014		July 2014	
	Score	Response rate	Score	Response rate	Score	Response rate	Score	Response rate
A&E	47.92	24.94%	47.07	22.56%	56.95	14.59%	53.04	20.23%
Inpatients (IP)	75.78	36.66%	74.53	33.94%	75.45	31.46%	73.99	38.25%
Combined A&E / IP	64.03	30.55%	62.77	27.85%	66.90	20.50%	63.01	26.05%
Maternity touch points 1-4	73.13	-	72.58	-	75.23	-	69.37	-

**STHFT Scores - summary:** Scores show little variation between June and July, although all have decreased slightly. Whilst Inpatients and Maternity remain well over 50 (the score classed as 'excellent' by NHS England) A&E remains under this. The July scores for all areas except A&E remain similar to or higher than the SYB and England positions.

**STHFT Response rates - summary:** The response rates for A&E, Inpatient and Combined A&E/IP decreased between June and July. The response rate for Maternity touch points 1- 4 is not available (see below). July response rates for A&E and Combined A&E/IP are greater than SYB and England positions; the Inpatient response rate, whilst greater than that of SYB, is below that of England.

**Maternity:** There are 4 Maternity touch points: Antenatal care, Birth, Postnatal ward, Postnatal Community provision. The combined Maternity touch points 1-4 score has remained stable between June and July. All four individual Maternity touch points have July scores over 50; however, whilst those for Antenatal care, Birth and Postnatal ward are either marginally lower than or similar to SYB and higher than England, Postnatal Community provision is marginally lower than SYB and England.

Please note that the combined response rate is no longer available. This is because the Maternity FFT involves women answering questions about antenatal care, their experience of birth and care immediately after birth, and their care after they have gone home; these different parts of the maternity care pathway are often provided by different NHS organisations and can be accessed in a variety of ways. It is therefore not possible to work out exactly how many women would have been eligible to answer each of the FFT questions in each organisation.

**FFT Actions:** As expected, efforts over the last few months such as the use of Interactive Voice Messaging, removing age exclusion in maternity, increased effort to collect mobile numbers and analysis of low score performing wards, seem to be keeping responses higher than levels seen earlier in the year. However, similar results are not yet apparent in A&E performance.

### 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 and targets for reducing negative responses and increasing net promoter scores. The STHFT action plan identified three themes of concerns identified through FFT; noise at night, quality of food and ward environment temperature. Work is on-going to meet the other targets due at Q4.

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.

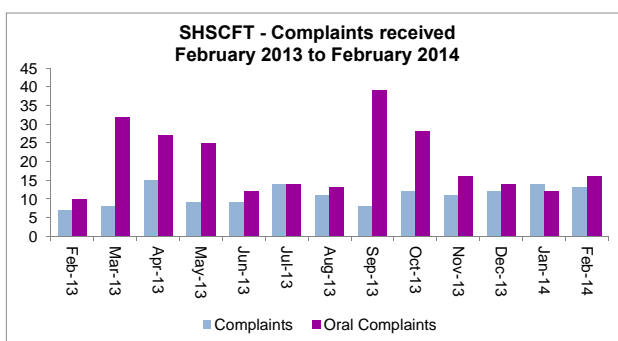
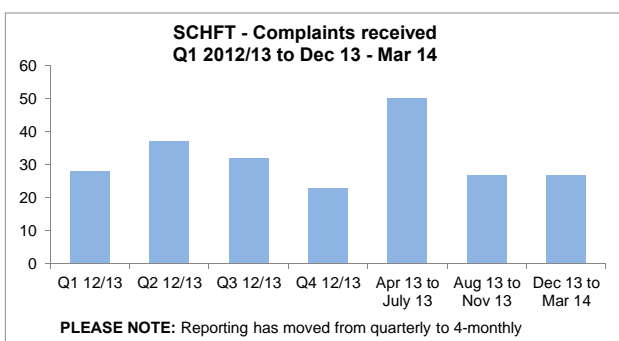
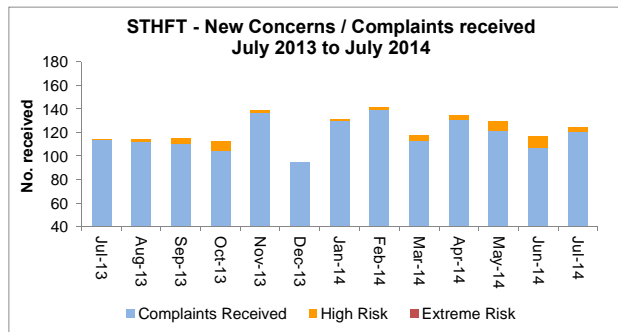
## Patient Experience of NHS Trusts

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

### Patient Complaints

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

\* Sheffield Health and Social Care NHS Foundation Trust



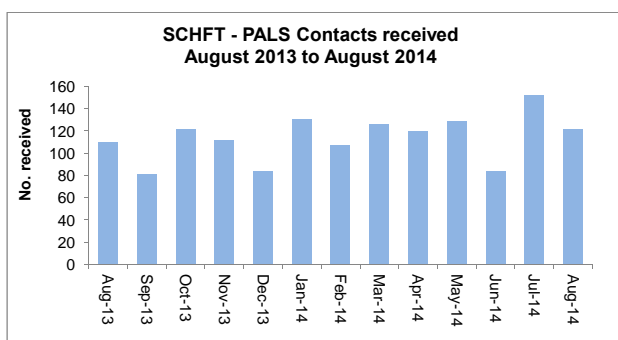
### Patient Compliments

**STHFT:** 55 letters of thanks were received in June 2014, bringing the total reported so far in 2014/15 to 219.

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

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

Reasons for PALS Contacts:	
<b>SCHFT</b> Aug 14	Care & Treatment (27) Support (22) Parking (17)



### Further Information

**STHFT:** 121 new complaints were received in July 2014. The Trust work to a target of responding to 85% of complaints within 25 working days; the response rate achieved in July was 70%. 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. 152 PALS contacts were received during July and 122 were received in August.

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

## Patient Experience of GP Services

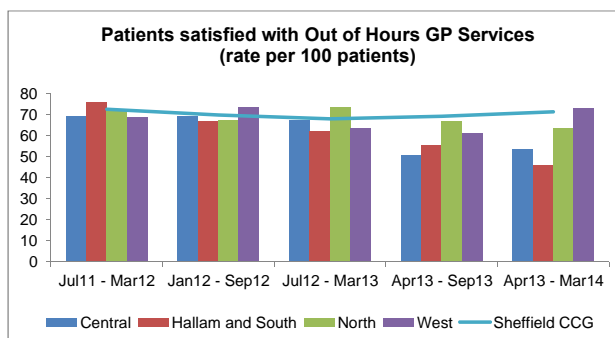
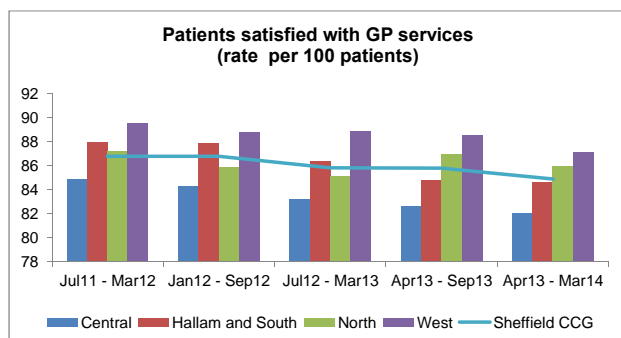
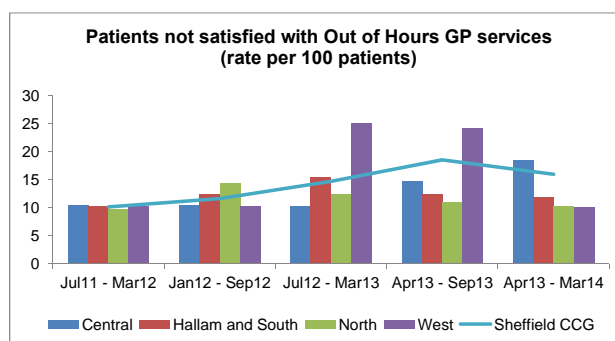
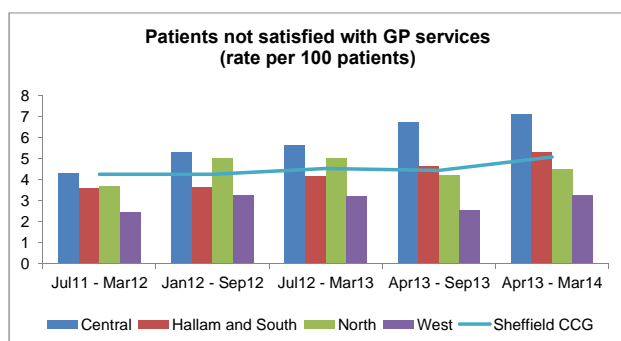
The charts below show selected measures from the GP Patient Survey, which is published every 6 months (this page will remain in the report due to links to National Outcomes measures as detailed below). Two surveys are run per year, with the final annual position being calculated from an aggregate of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

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

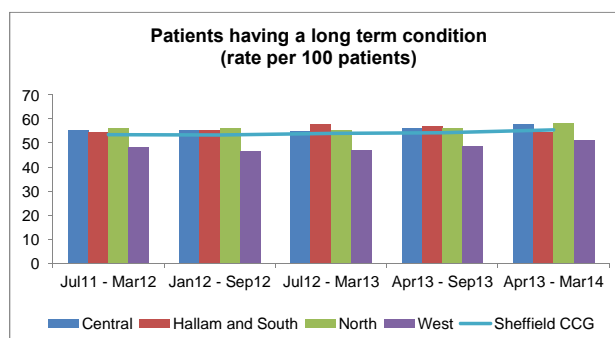
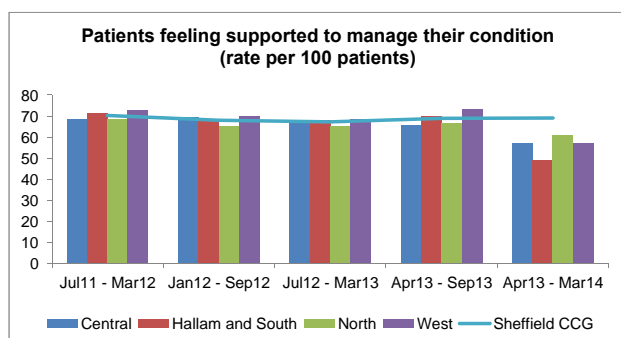
**Patients' overall satisfaction with their GP Service and Out-of-Hours GP Service:** The first pair of charts below illustrate progress against the NHS England Outcomes ambition to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services. This measures whether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

- For separate progress monitoring of the 2 parts of this measure, please see the Best Possible Health Outcomes section of this report (page 16: Acute Services Portfolio - Elective Care for 'Patient experience of GP services' and page 17: Acute Services Portfolio - Urgent Care for 'Patient experience of GP Out of Hours services').
- For more information on progress of the composite measure (including data notes) please see the Quality & Safety section of this report (page 12: Ensuring that people have a positive experience of care).

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



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



# 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  
**Unless otherwise stated**

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

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

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

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

## Acute Services Portfolio - Elective Care

### National required measures

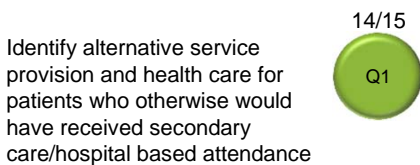
**Issues & Actions:**

**Patient experience of GP services:** This is 1 component of a 2-part composite measure of GP patient experience; please see the Quality & Safety - Ensuring that people have a positive experience of care section of this report (page 12) for information.



\* 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**.

### 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 Aug-14 local score increased to 90.54%, with any score above 78% is being judged nationally as good. As an additional measure, 95.9% of people said they would have surgery again under the same conditions (another slight increase from last month).



\* = 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 Aug-14, this covers experience of surgical procedures carried out during Feb-14.

continued overleaf

**Acute Services Portfolio - Urgent Care**

**National required measures**

**Issues & Actions:**

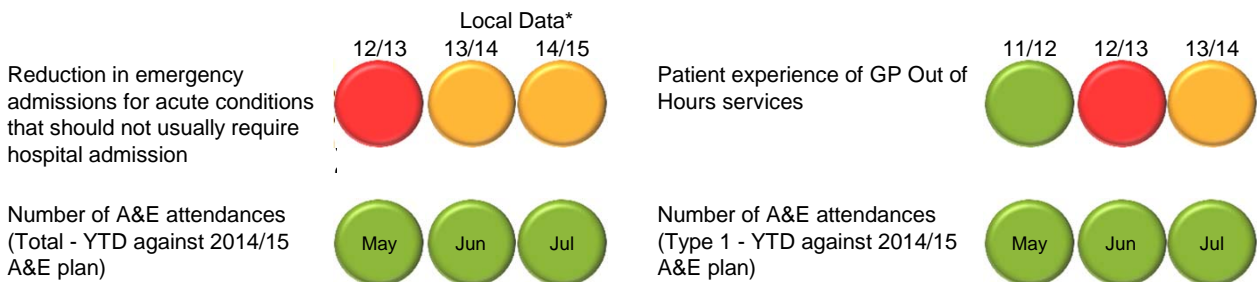
**Reduction in emergency admissions for acute conditions that should not usually require hospital admission:** Please note that this is part of a composite measure of 4 emergency admissions area as detailed, along with location in this report, in the Summary Position - Quality Premium section on page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

**\* LOCAL DATA CAVEAT:**

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

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 (with an associated reduction in tariff). Reduction in ambulance transports to hospital is being facilitated by increasing access of ambulance crews to the Directory of Services (DoS) - supplying ambulance crews with bypass contact numbers in order to enable a rapid clinician-to-clinician conversation - and an exploration of current pathway adherence by ambulance crews.

**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 6 speciality reviews are supported by robust data sets and associated action plans. The areas of Respiratory Medicine and Gastroenterology (clinical areas providing the greatest concern in terms of non-elective activity) are supported by action plans with specific outputs, milestones and delivery dates.

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



\* Gastroenterology, Care of the Elderly, Diabetes, Chest Medicine, General Medicine and Orthopaedics



## Long Term Conditions, Cancer and Older People

### National required measures

#### Issues & Actions:

**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.

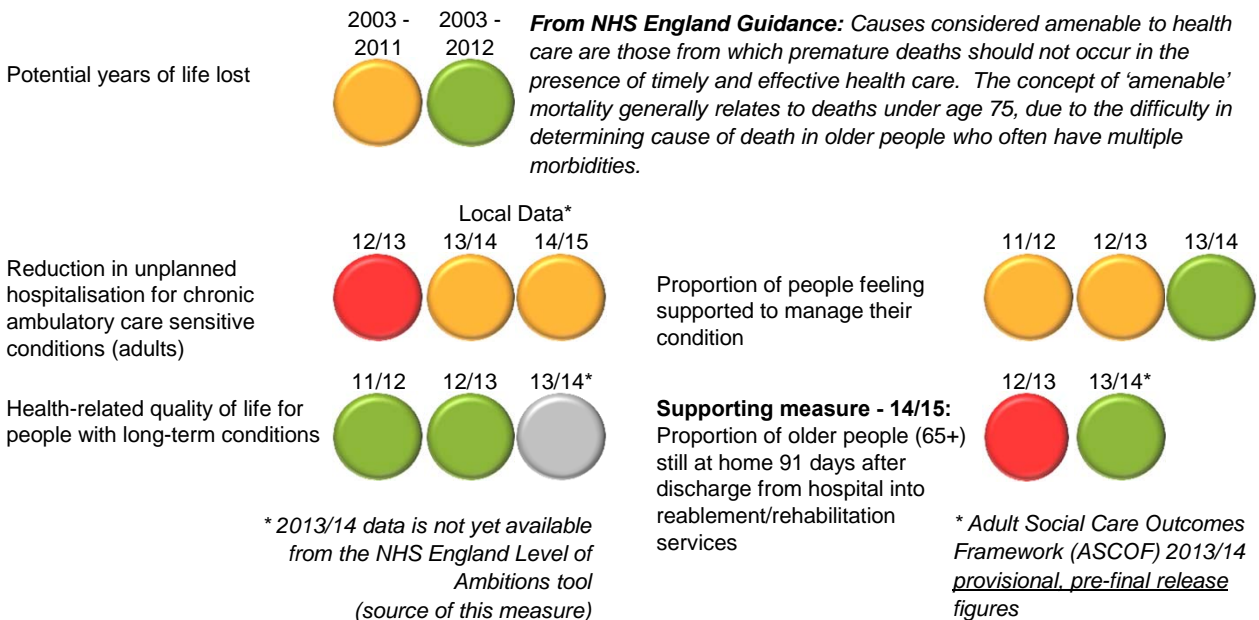
#### \* LOCAL DATA CAVEAT:

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

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.

**Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement / rehabilitation services:** The Adult Social Care Outcomes Framework (ASCOF) 2013/14 provisional release figures, published in July 2014, indicated that Sheffield was at 69.0% for this measure; as this was lower than both the previous year (76.8%) and the 13/14 National average (81.9%) the measure was rated red.

However, Sheffield City Council identified an issue with quarter 4 data which has now been rectified. Their 13/14 submission has been updated as part of the National timescales to produce the final cut of the ASCOF; this will be published in due course. As the National measure for this just takes quarter 4 as the full-year figure, this accounted for appearing very low on the provisional National data; the corrected data has brought the position more in-line with what the Council were previously reporting. As the refreshed position is 84.8% - which is an improvement on 12/13 and is also higher than the National average - this measure is now rated green.



### Locally selected measures

The portfolio team is developing an information dashboard from which, for 2014/15, they will be selecting a small number of local measures to include in future Quality and Outcomes Reports; a discussion on the dashboard is scheduled for the September portfolio meeting. The first evaluation on the GP-led care planning service has been received. There will be a new locally commissioned care planning scheme starting in November 2014 which will demonstrate learning from the pilot and will complement the national Enhanced Service to reduced unplanned admissions.

**Mental Health, Learning Disabilities and Dementia**

**National required measures**

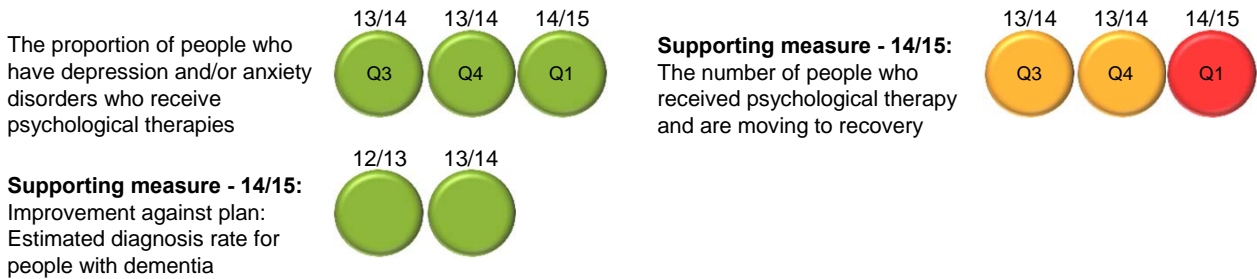
Issues & Actions:

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

Following a recent drop in recovery rates, from a relatively stable 47-48% to the reported level of around 43%, the CCG is discussing with SHSCFT any underlying issues. The CCG is assured that the trust understand the things that impact on recovery rates - level of dropout after 2 or 3 sessions (and so the need for keeping people in treatment); good focussed therapy and supervision; and working with the right patients.

The trust have offered an assurance that they will renew their improvement workstream around 'moving to recovery' rates and have an action plan in place by the end of September for improvement, which will be shared with the CCG as the commissioners of the service. During the next 3 months, the service will be the focus of a review and 'moving to recovery' rates will be one component of the review.

**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 to future reports) and increase the diagnosis rate.



**Locally selected measures**

Issues & Actions:

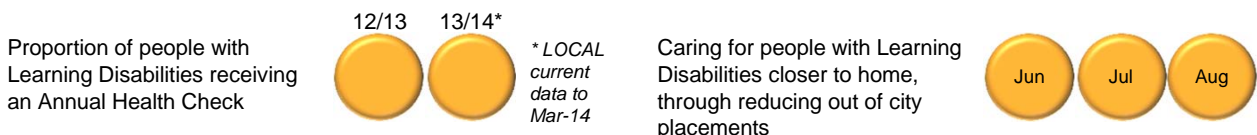
**Proportion of people with Learning Disabilities (LD) receiving an Annual Health Check (AHC):** The CCG is continuing to encourage uptake of the AHC for 2014/15. Updates on the percentage of the eligible population receiving a health check will be provided in future reports.

**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 are progressed as part of the Winterbourne Concordat\*. The moves of most people are either complete or are in progress over the summer. New capacity has commenced within the CCG to progress work further on the Concordat over the next 12 months, with the Department of Health indicating that, nationally, progress has not been as extensive as required and the need to ensure greater engagement of children's commissioners and providers.

Sheffield City Council are currently consulting on their LD commissioning strategy which will have implications for reducing 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."*

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



**Children and Young People**

**National required measures**

**Issues & Actions:**

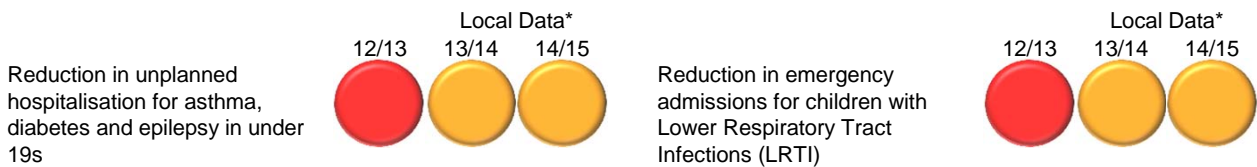
**Reduction in unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s and Reduction in emergency admissions for children with Lower Respiratory Tract Infection (LRTI):**

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.

**\* LOCAL DATA CAVEAT:**

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

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. Work is also evolving on a plan to enhance the skills of GPs within primary care in the management of specific conditions; this is mainly respiratory (asthma) currently, but the programme being developed will look at a wider range.



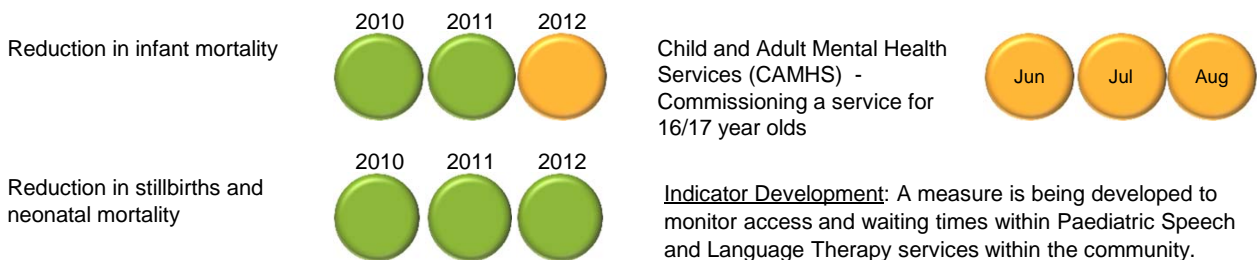
**Locally selected measures**

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 has continued on the roll-out of the infant mortality citywide strategy and a recent stakeholder event considered new opportunities to reduce risk factors, for example development of clinical skills in the management of psychosis in young people.

**Child and Adult Mental Health Services (CAMHS):** There are plans to mobilise new provision from October; new clinical pathways are being developed between providers.





**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 August 2014 performance as at the 18th September 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	83.27%	83.88%	72.26%
% seen/treated within 18wks - Non-admitted pathway	93.43%	93.34%	93.81%
% still not seen/treated within 18wks - Incomplete pathway	92.07%	92.47%	88.60%
Number waiting 52+ weeks - Admitted pathway	0	0	0
Number waiting 52+ weeks - Non-admitted pathway	0	0	0
Number waiting 52+ weeks - Incomplete pathway	9	8	0

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

% receiving diagnostic test	97.68%	97.62%	98.47%
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#### Elective Care

Number of total elective admissions (FFCEs) (YTD)	25890	22804	1583
Number of elective ordinary admissions (FFCEs) (YTD)	4585	3510	585
Number of elective daycase admissions (FFCEs) (YTD)	21305	19294	998
Number of first outpatient attendances (YTD)	59415	54352	2021
Number of first outpatient attendances following GP referral (YTD)	28251	25691	841
Number of GP written referrals (YTD)	39417	36273	1221
Number of other referrals (YTD)	25155	21835	1572
Number of total referrals (YTD)	64572	58108	2793
Number of all subsequent outpatient attendances (YTD)	116054	106582	3847
Number of cancelled operations offered another date within 28 days	N/A	8	0

### Acute Services Portfolio - Urgent Care

#### Non Elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	95.63%	98.18%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0
Non-elective admissions (FFCEs) (YTD)	19843	17046	2577
Number of attendances at A&E departments - Type 1 (YTD) <sup>1</sup>	57750	40256	18122
Number of attendances at A&E departments - Total (YTD) <sup>1</sup>	68281	51324	18122
Unplanned hospitalisation for chronic ambulatory care sensitive conditions <sup>2</sup>	955.1	N/A	N/A
Emergency admissions - acute conditions that should not require admission <sup>2</sup>	1520	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s <sup>2</sup>	301	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) <sup>2</sup>	689	N/A	N/A
Urgent operations cancelled for the second time	N/A	0	0
Patient overall experience of out of hours GP services	71.21%	N/A	N/A

#### Yorkshire Ambulance Service (YAS)

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest YTD) <sup>3</sup>	69.78%	N/A	N/A	69.57%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) <sup>3</sup>	69.47%	N/A	N/A	69.34%
Category A response in 19 mins (YTD) <sup>3</sup>	97.42%	N/A	N/A	95.76%
Ambulance handover delays - of over 30 minutes <sup>4</sup>	N/A	41	0	760
Ambulance handover delays - of over 1 hour <sup>4</sup>	N/A	1	0	132

#### Footnotes:

##### <sup>1</sup> Number of attendances at A&E departments:

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

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

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

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

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

##### <sup>4</sup> Ambulance handover/crew clear times:

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

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

## Appendix A: Health Economy Performance Measures Summary

### Long Term Conditions, Cancer and Older People

	CCG
Potential years of life lost (PYLL)	-3.67
Health-related quality of life for people with long-term conditions	71.90%
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services <sup>1</sup>	84.8%

### Cancer Waits (YTD)

	CCG	STHFT	SCHFT
% seen within 2 weeks - from GP referral to first outpatient appointment	93.90%	93.89%	100.00%
% seen within 2 weeks - as above, for breast symptoms	93.80%	93.78%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	98.55%	98.64%	100.00%
% treated within 31 days - subsequent treatment (surgery)	97.01%	96.94%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	N/A
% treated within 31 days - subsequent treatment (radiotherapy)	99.67%	99.67%	N/A
% treated within 62 days - following an urgent GP referral	90.56%	90.49%	N/A
% treated within 62 days - following referral from an NHS screening service	96.49%	96.15%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	94.90%	94.90%	N/A

### Footnotes:

<sup>1</sup> **Dementia diagnosis rate:** 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)	94.29%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	4.47%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	42.93%
Estimated diagnosis rate for people with dementia ( <b>NB:</b> <i>estimated figure using locally-available data</i> ) <sup>1</sup>	66.72%

### Footnotes:

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

### Quality Standards

#### Patient Safety

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	3	1	0	N/A
Clostridium Difficile (C Diff) (YTD)	91	47	0	N/A
Mixed Sex Accommodation (MSA) breaches (YTD)	0	0	0	0
Hospital deaths attributable to problems in care	WIP	WIP	WIP	WIP
Improving the reporting of medication-related safety incidents	WIP	WIP	WIP	WIP

#### Patient Experience

	CCG	STHFT	SCHFT	SHSCFT
Patient overall experience of GP services	84.96%	N/A	N/A	
Patient experience of hospital care	79.90%	WIP	WIP	
Friends and Family test: Inpatient - Response rate (QTR) <sup>1</sup>		34.23%		
Friends and Family test: Inpatient - Score (QTR) <sup>1</sup>		76.87		
Friends and Family test: A&E - Response rate (QTR) <sup>1</sup>		25.19%		
Friends and Family test: A&E - Score (QTR) <sup>1</sup>		47.92		

### Footnotes:

<sup>1</sup> **Friends and Family Test:** Response rated against improvement on previous period  
Score rated against the 50 classed by NHS England as 'excellent'











