

Quality & Outcomes Report: Month 4 2014/2015

Governing Body meeting

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4 September 2014

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| Sponsor | Idris Griffiths, Chief Operating Officer, Sheffield CCG Kevin Clifford, Chief Nurse, Sheffield CCG |
| Is your report for Approval / Consideration / Noting | |
| Noting | |
| Are there any Resource Implications? | |
| 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> 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? No</i> <i>If not, why not? None necessary.</i> | |
| <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 | |
| The Governing Body is asked to discuss and note - <ul style="list-style-type: none"> • Sheffield performance on delivery of the key NHS Outcomes • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • Key issues relating to Quality, Safety and Patient Experience • Assessment against measures relating to the Quality Premium | |

Quality & Outcomes Report

Month 4 position

For the September 2014 meeting
of the Governing Body

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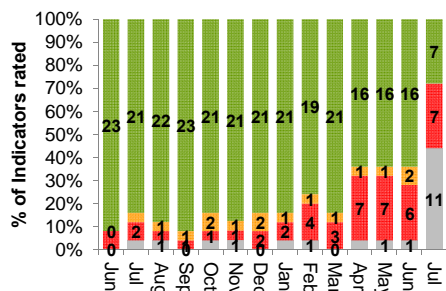
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Highest Quality Health Care

NHS Constitution - Rights & Pledges



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

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

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

For those areas where delivery of pledges is not currently on track - as identified in the table below - further information is given in the NHS Constitution - Rights & Pledges section of this report (pages 6 - 10).

Pledges not currently being met:

| | |
|--|--|
| | RTT 18+wk waits for Admitted patients, RTT 52+wk waits, Diagnostic 6+wk waits, Ambulance response times (RED 1 and RED 2) within 8mins, Ambulance handover delays (30min+ and 1hr+), Operations cancelled but offered another date within 28 days (Quarter 1 - April to June - position) |
| | 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. Currently, 13 of the 17 core rights and pledges are being successfully delivered.

A&E waiting times: All local providers continue to meet the pledge for 95% of patients to be seen/treated within 4 hours for 2014/15 to date. During July, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) did not meet the required 95% of patients in-month; remedial action was taken by STHFT and the situation has since improved. Initial data to mid-August (still to be validated) shows that, despite STHFT experiencing a few days early in the month with challenging levels of A&E activity and admissions, the overall 95% is being achieved daily and so is improving the year to date position. The Chief Nurse and Urgent Care Lead will undertake a site visit in early September and explore issues affecting current performance with senior clinicians and managers. 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. It is important to note that Sheffield also continues to more than meet the pledge that patients will wait no more than 62 days to begin first definitive treatment following an urgent GP referral for suspected cancer, in contrast to the overall national position.

Waiting times & access to Diagnostic tests:

18 week pledge: In response to the difficulties being experienced nationally, funding has been allocated via NHS England for health care providers to undertake additional hospital activity that will help ensure:

- patients currently waiting longer than 18 weeks are seen and treated at the earliest opportunity
- providers will once more begin to meet the 18 week pledge from September onwards

Locally, the CCG is working closely with local providers to ensure that additional activity is focussed appropriately to improve outcomes and experience for Sheffield patients. However, it is important to note that in the short term performance against the 18 week standard will appear to worsen, as those patients who are already waiting longer than 18 weeks are seen and begin to be recorded in the activity data. The overall positive impact of additional work is not expected to become visible in the 18 weeks waiting times data until October/November at the earliest.

Diagnostic waits: The provision by STHFT of diagnostic tests within 6 weeks of referral has improved significantly following meetings and focussed work between the CCG and STHFT. However, there are still issues due mainly to delays in Echocardiography, so this work continues and an action plan has been agreed that should see the pledge being met by the end of September. SCHFT are currently meeting the required standard, but this remains at risk and continues to be closely monitored, as provisional information for August suggests the standard has not been met this month with 9 patients waiting over 6 weeks.

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

Quality and Safety

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

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

Headlines

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

- C.Diff - 24 cases attributable to the CCG were reported in July; in 2014/15 so far, 80 cases have been reported, compared to the 65 forecast for this point in the year. Of the 24, 17 were community associated, 12 of which were community associated with no recent hospital contact/admission. All cases are analysed and, given the significant numbers reported during July, are being closely monitored so that any trends can be identified and followed up.
STHFT reported 9 cases in July, against a forecast of 7 (34 cases to date, compared to the 31 forecast)
SCHFT have had no cases to report so far in 2014/15.
- MRSA - No cases attributable to the CCG were reported in July 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) June 2014:

- The STHFT scores for Inpatients and Combined A&E/Inpatients are similar to those seen in May, but Maternity has increased substantially. A&E decreased slightly in June and is just below the 50 classed by NHS England as excellent.
- Response rates for Inpatients, Combined A&E/Inpatients and Maternity increased (the latter substantially), but those for A&E decreased slightly.

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?

Our first quarterly assurance meeting for 2014/15 is scheduled for mid-September and feedback from this will be shared in next month's Quality and Outcomes Report.

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Quality Premium

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

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

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



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

| | Page |
|--|------|
| Reducing potential years of life lost (PYLL) from amenable mortality | |
| ● Potential years of life lost (PYLL) from causes considered amenable to health care | 24 |
| Improving access to psychological therapies (IAPT) | |
| ● Proportion of people who have depression and/or anxiety disorders who receive psychological therapies | 25 |
| Reducing avoidable emergency admissions - composite measure of 4 parts | |
| ● Reduction in emergency admissions for acute conditions that should not usually require hospital admission | 23 |
| ● Reduction in unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) | 24 |
| ● Reduction in unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s | 26 |
| ● Reduction in emergency admissions for children with Lower Respiratory Tract Infections (LRTI) | 26 |
| Improving patient experience of hospital services | |
| ● Friends and Family Test - action plan for FFT improvements and delivery of agreed rollout plan to timetable | 14 |
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| Improving reporting of medication-related safety incidents | |
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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 | 22 |
| NHS Constitution - 4 specified measures | |
| ● 92% of all patients wait less than 18 weeks for treatment to start | 6 |
| ● 95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E | 7 |
| ● 93% of patients have a maximum 2 week (14 day) wait from referral with suspicion of cancer | 9 |
| ● 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 22 - 27). 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: A reinforced joint working relationship has been agreed with STHT in order to implement a strong project-based approach to delivering speciality-level change. A robust plan around review of the PRESS (Primary Care Referral Education Support for Sheffield) portal content has been developed, including a plan to have reviewed all content by the end of October (subject to availability of CCG membership clinical input to the process). The MSK (musculoskeletal) Commissioning for Outcomes programme continues on track with a paper due to Governing Body in December to agree the next steps for this programme of work.

Acute Services Portfolio - Urgent Care: Gastroenterology and Respiratory Medicine have identified action plans with timelines and dates for delivery of discrete projects in each clinical area. Clinical engagement and scoping continues in Orthopaedics, Geriatric Medicine, Diabetes and General Medicine and action plans will be available by 31st August. These will be monitored as a standing item at Sheffield's System Resilience Group meetings as a "Specialty Dashboard".

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

Mental Health, Learning Disabilities and Dementia: The health and service inequalities and social exclusion faced by people with mental health, learning disabilities or dementia remain a priority focus. Parity of esteem between physical and mental health is a legal obligation in the NHS and addressing this imbalance needs to be a CCG priority. The Mental Health Commissioning Team (MHCT) have a planned PLI (protected learning initiative) event on 3rd September to further raise awareness of this agenda with GPs.

In addition, an interactive presentation has been developed by the MHCT to highlight the needs of this population and the Parity of Esteem agenda; this is currently available to view internally on the CCG intranet:

http://www.intranet.sheffieldccg.nhs.uk/Downloads/MH_LD_D/Mental_Health_Commissioning_Intentions_Interactive.zip

In due course, this will also be made available on the CCG's internet site via the Mental Health, Learning Disabilities and Dementia clinical portfolio homepage:

http://www.intranet.sheffieldccg.nhs.uk/MH_LD_D.htm

Children and Young People: The portfolio is looking at variation in spend, activity and outcomes to inform and further develop future plans and to focus priorities. 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 STHT through engagement in the Children's Health and Wellbeing Board; this includes development of joint performance measures for improving child health.

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Public Health Outcomes Framework (PHOF)

The latest quarterly report on Public Health Outcomes Framework measures is shown in Appendix D as supplied by the Public Health Intelligence Team, Sheffield City Council. Highlights and/or updates since the last quarterly report are as follows:

Re-Offenders: Although Sheffield re-offender rates are statistically worse than England, the number of re-offenders has fallen substantially between the last report in Month 1 (for the June meeting of the Governing Body) and this month's update. Due to better prevention work, we are now dealing with a higher risk cohort of more entrenched offenders with complex needs. There are however on-going local projects to target these difficult cases.

Breastfeeding: The percentage of mothers initiating breastfeeding has increased from 77.8% in 2012/13 to 78.4 (locally calculated Sheffield resident rate) in 2013/14.

The percentage of babies still breastfeeding at 6-8 weeks of age has reduced from 50.8% in 2012/13 to 49.5% in 2013/14.

However, for both measures there have been data coverage issues due to the introduction of a new data reporting method, resulting in low coverage for Sheffield and the suppression of some figures.

Maternal Smoking at time of delivery: The rate has reduced from 14.1% in 2012/13 to 13.8% in 2013/14 but still remains significantly higher than England. The maternal smoking delivery plan is currently under review and there is also a maternal stop smoking service currently being commissioned.

Health Checks: The measures for health checks have been revised and now report cumulative totals of checks (offered and received for the eligible population) for the 5 year period 2013/14 - 2017/18 rather than a single financial year. As this is the first year of the 5 the % offered a check will appear low as the population denominator is for whole 5 years.




Of those offered a health check the % of persons actually receiving one is 46.9% for Sheffield, compared to an England average of 49% - a difference of is 2.1%. We are trying to improve this by work as part of the Sheffield CCG Quality Improvement Scheme to ensure universal coverage across Sheffield. We are also scoping the possibility of commissioning an additional targeted service to reach the eligible population who are at the highest risk of CVD (Cardiovascular Disease).

NHS Constitution - Rights & Pledges

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

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

Key to ratings:

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

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

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

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

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

Issues & Actions:

STHFT: The pledge for admitted patients was again not met in July; the pledge for non-admitted patients was met at CCG level (i.e. for Sheffield patients), but not at Trust level (i.e. for all patients - Sheffield or non-Sheffield population). The Trust-wide position as at the end of July continues to be a concern, as the admitted pledge was not met for the 6th month in a row (86.08% of patients started treatment within 18 weeks) and the non-admitted pledge was not met for the 9th month in a row (94.27% started treatment within 18 weeks). However, the Trust did meet the pledge for patients still waiting for treatment to start ("incomplete" waits).

It is important to note that for August, performance could dip further as STHFT prioritise long wait patients in response to the National initiative around 18 week waits delivery.

The CCG continues to engage in Director-level discussions with STHFT regarding delivery of 18 week waits performance, including the use of contractual sanctions. Following Director-level discussions in July - where Trust and speciality recovery plans were shared with the CCG - STHFT have confirmed that they expect to meet the 18 week waits pledges at Trust-wide level by the end of October; they have also agreed this plan with Monitor. The CCG has also undertaken an on-site visit to Cardiology, as this is one of the key areas of concern, and issued a formal contract query.

SCHFT: The Trust has not met the admitted, non-admitted or incomplete pledges for Sheffield patients in July, although provisional data indicates that they have met the admitted and non-admitted requirements at a Trust-wide level (i.e. for all patients - Sheffield or non-Sheffield population).

The combination of the on-going problems associated with the introduction of a new Patient Administration System, significant underperformance on elective activity and the additional work planned as a result of the National 18 week delivery initiative mean that achievement of the Trust-wide targets in August is unlikely. The CCG continues to work closely with the Trust to monitor and support their progress.

2 Sheffield patients waited longer than 52 weeks at the end of July, with a further 2 non-Sheffield patients also waiting over 52 weeks. The CCG will keep the Trust's Remedial Action Plan 'live' and will review whether further actions need to be added in the light of these additional breaches.

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

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



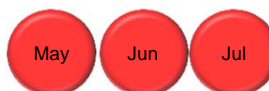
92% of all patients wait less than 18 weeks for treatment to start



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



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



Diagnostic test waiting times

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

Issues & Actions:

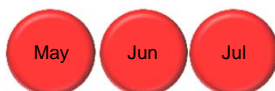
STHFT: The pledge was not met in July, with only 97.23% of Sheffield patients waiting 6 weeks or less. However, the substantial drop in the number of 6wk+ waits - from 380 (of which 360 were in Echocardiography) in June to 177 (169 in Echocardiography) in July - although still not acceptable, has significantly improved the Trust position. As this shows, the issues remain mainly in the area of Echocardiography, within the speciality of Cardiology.

The CCG issued a contract query in July and held an Executive-level performance meeting, followed by a site visit to Cardiology to gain assurance that actions had been taken to address the on-going issue. This has given the CCG a full overview of the issues and the actions and the CCG is assured that performance will improve; this is also supported by the significant improvement in July. STHFT have agreed a recovery plan with the CCG that will see delivery of the pledge by the end of September.

SCHFT: The Trust continued to meet the pledge for Sheffield patients in July. However, provisional information suggests that they have not met this at a Trust-wide level for the first time this financial year, with 9 patients waiting over 6 weeks. However, the number of patients waiting for a diagnostic test has decreased since June. The position continues to be monitored closely by the Contracting Team because of the impact of the Trust's transition to a new Patient Administration System and underperformance on elective activity.

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 July (and are also unlikely to be met in August) commissioners are applying the full range of contractual sanctions to YAS where performance is below contractual requirements. Formal contract query notices have been issued.

An Executive-level meeting (on 4th July 2014) between YAS and South Yorkshire and Bassetlaw CCGs, to discuss the on-going challenges in relation to YAS performance, agreed a number of specific actions, including:

- an updated remedial action plan
- involvement of an independent third party to provide external assurance to commissioners that remedial action plans are sufficient to resolve YAS performance issues by the end of 2014/15

A meeting has since taken place (on 14th August) to discuss the revised remedial action plan received from YAS. Commissioners are now reviewing this latest version in order to ascertain next steps. The external, third party support has been commissioned and is expected to be in place from mid-August.

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

Ambulance handover times: As noted previously, YAS are working to reduce the number of hospital handover delays. These had generally been reducing since November/December, with some fluctuations, but in July delays over 30 minutes increased from 742 to 860 and the subset of delays over 1 hour increased from 97 to 149.

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

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

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



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



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



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



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



Mixed Sex Accommodation (MSA) breaches

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

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



Cancelled Operations

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

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

Issues & Actions:

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days: The CCG is aware that during Q1 there was an increasing number of cancelled operations for non-clinical reasons where the patient was not subsequently offered an another binding appointment for their surgery within 28 days. 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.

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 24 cases reported in July for Sheffield CCG:

- 7 were STHFT (of a total 9 STHFT-reported cases)
- 5 were community associated, with a hospital admission in the last 56 days
- 12 were community associated, with no recent hospital contact/admission

No cases were reported in July for SCHFT.

MRSA: No cases have been reported in July for Sheffield CCG.

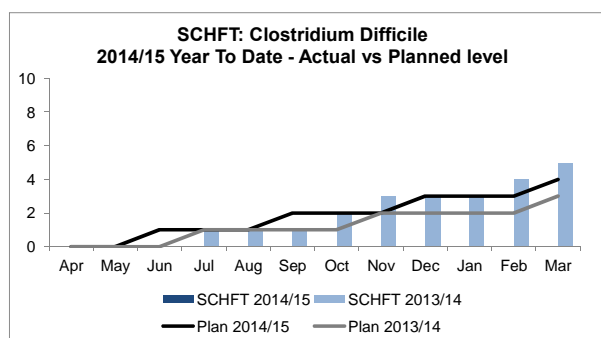
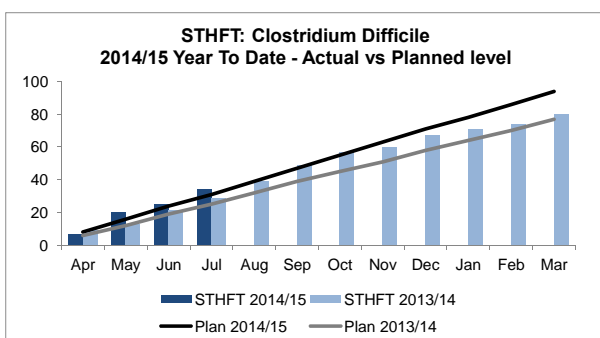
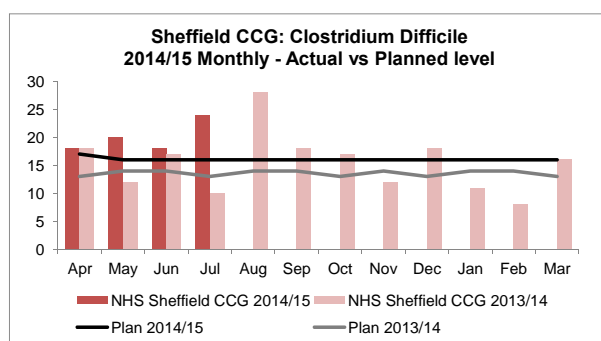
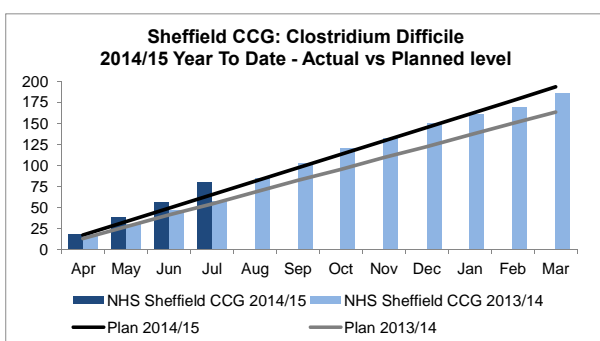
Of the 2 cases that occurred in late June, 1 case occurred in Intermediate Care and was initially classed as a community case. However, post infection review, this has now been assigned to STHFT for action due to prescribing issues. Both are still CCG cases.

As 3 cases have been reported to date (1 in April, 2 in June) for the CCG, the 'zero tolerance' policy in place for 2014/15 has not been achieved.

No cases were reported in July for STHFT or SCHFT.

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

| | MRSA Bacteraemia | | | Clostridium Difficile | | |
|---|------------------|-------|-------|-----------------------|-------|-------|
| | CCG | STHFT | SCHFT | CCG | STHFT | SCHFT |
| Number of infections recorded during Jul-14 | 0 | 0 | 0 | 24 | 9 | 0 |
| Number of infections forecast for this month | 0 | 0 | 0 | 16 | 7 | 0 |
| Number of infections recorded so far in 2014/15 | 3 | 1 | 0 | 80 | 34 | 0 |
| Number of infections forecast for this period | 0 | 0 | 0 | 65 | 31 | 0 |



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

- continued

Regulations

Care Quality Commission (CQC) Regulatory Reviews

Sheffield Children's NHS Foundation Trust

An inspection took place 7th - 9th May and there was also an unannounced visit on 22nd May. This was a Children's specific pilot using the new CQC methodology and an inspection team of 30. Prior to the report publication, the CQC carried out a moderation exercise taking into account the findings from at least one other Children's hospital (Alder Hey).

There were a number of actions that the Trust MUST take:

- Ensure the hospital cover out of hours is sufficiently staffed by competent staff with the right skill mix, particularly in A&E.
- Ensure consultant cover in critical care is sufficient and that existing consultant staff are supported while there are vacancies in the department.
- Review the process for on-going patient review for general paediatric patients following their initial consultant review to ensure there are robust processes for on-going consultant input into their care.

Sheffield Health and Social Care NHS Foundation Trust

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

* *Type of service: Residential homes*

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

St Luke's Hospice

An inspection took place at the Hospice on Tuesday 12th August. A report is being produced.

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

For separate progress monitoring of the 2 parts of this measure, please see the Best Possible Health Outcomes section of this report (page 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 17: Patient Experience of GP Practices).

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

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, 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 %).

| June 2014 Summary (with May 2014 for comparison for Sheffield only) | Sheffield (STHFT) | | | | South Yorkshire & Bassetlaw | | England | |
|--|-------------------|---------------|-----------|---------------|--------------------------------|---------------|-----------|---------------|
| | May 2014 | | June 2014 | | June 2014 | | June 2014 | |
| | Score | Response rate | Score | Response rate | Score | Response rate | Score | Response rate |
| A&E | 50.37 | 27.26% | 47.92 | 24.94% | 54.26 | 16.09% | 53.21 | 20.81% |
| Inpatients (IP) | 76.72 | 29.85% | 75.78 | 36.66% | 76.73 | 32.33% | 73.88 | 37.98% |
| Combined A&E / IP | 63.49 | 28.48% | 64.03 | 30.55% | 66.09 | 21.89% | 62.81 | 26.32% |
| Maternity touch points 1-4 | 58.91 | 9.89% | 73.13 | 40.11% | 72.83 | 34.87% | 71.77 | 20.34% |

STHFT Scores - summary: June scores are similar to those in May with the exception of Maternity which has increased significantly. The score for A&E fell marginally and is below 50 (the score classed as 'excellent'). With the exception of A&E, which is marginally lower, all other June scores are similar to those of SYB and England.

STHFT Response rates - summary: The response rate in A&E has decreased marginally between May and June. All other response rates have increased, Maternity touch points 1-4 notably so. All June response rates are better than or similar to SYB and England positions.

A&E and Inpatients

A&E: The score decreased marginally and the response rate also decreased.

Inpatients: The score remains much the same in June as in May, but the response rate recovered to levels seen previously.

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

Maternity

There are 4 Maternity touch points: Antenatal care, Birth, Postnatal ward, Postnatal Community provision. Both the combined score and the combined response rate increased considerably between May and June.

With the exception of the Postnatal Community provision (touch point 4) score (77.42) which is notably lower than SYB's (88.44), the scores and response rates for all the Maternity touch points are now notably improved and comparable to SYB and England.

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 increasing responses. 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 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. Quarter 1 (April 2014 to June 2014) data has been received and the target requiring STHFT to produce a comprehensive action plan to improve specific concerns identified via the FFT process has been met. Three themes have been identified: noise at night, quality of food and ward environment temperature. Work is on-going to meet the other targets due at Quarter 4.

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.

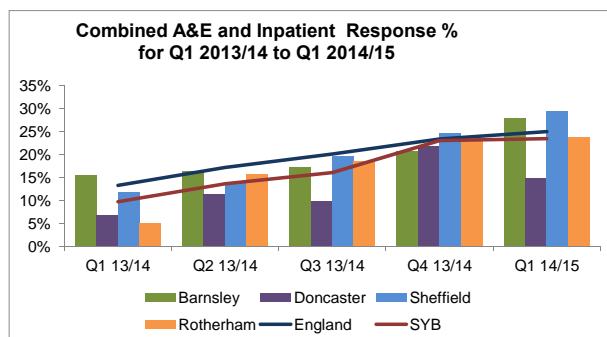
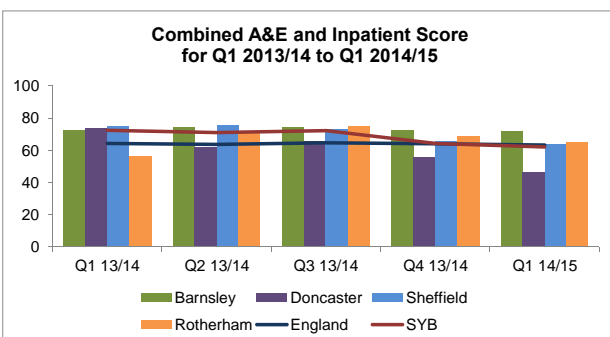
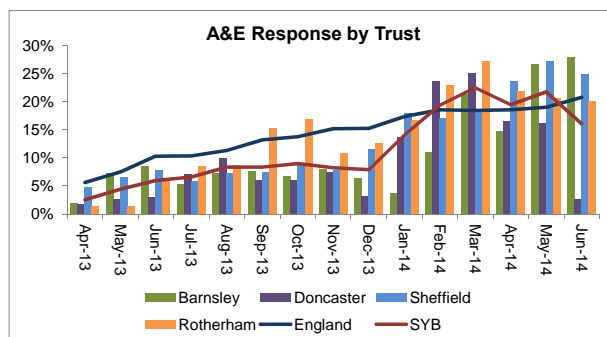
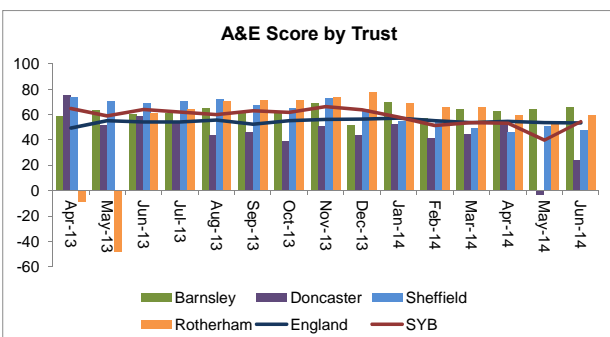
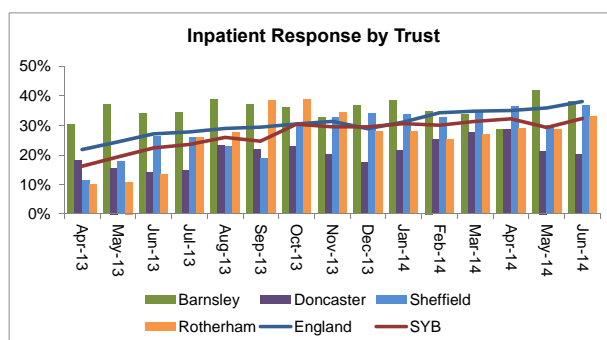
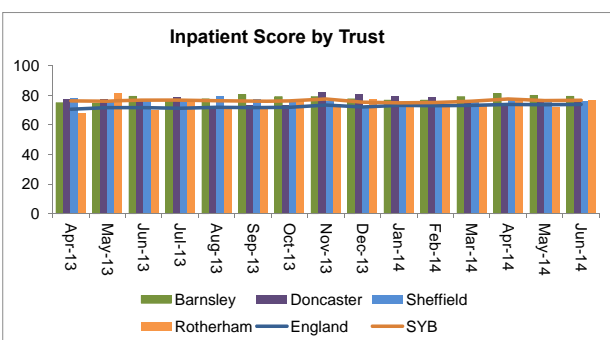
Ensuring that People have a positive experience of care

- continued

Friends and Family Test - 2014/15 summary, updated with Quarter 1 information:

- Overall Score for STHFT (A&E and Inpatients) for Q1 - 63.72
- (STHFT Q1 13/14 - 74.86, England Q1 14/15 - 63.26)
- Overall Response Rate for STHFT (A&E and Inpatients) for Q1 - 29.35%
- (STHFT Q1 13/14 - 11.84%, England Q1 14/15 - 24.96%)
- Overall Score for Sheffield Providers (A&E and Inpatients: includes Claremont & Thornbury) for Q1 - 64.26
- Overall Response Rate for Sheffield Providers (A&E and Inpatients: includes Claremont & Thornbury) for Q1 - 25.19%
- Maternity Score (Questions 1-4 combined) for Q1 - 68.17
- (England Q1 - 70.84)
- Maternity Response Rate (Questions 1-4 combined) for Q1 - 16.65%
- (England Q1 - 19.95%)

Note: In the charts below. SYB = South Yorkshire and Bassetlaw area



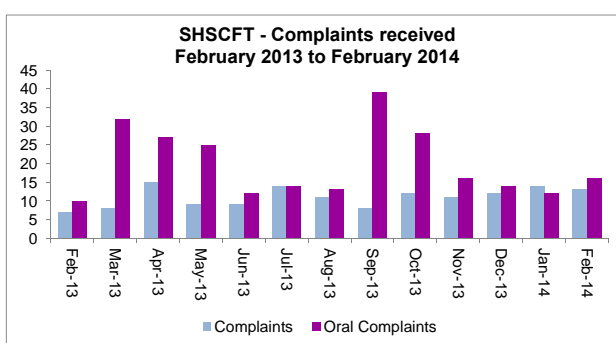
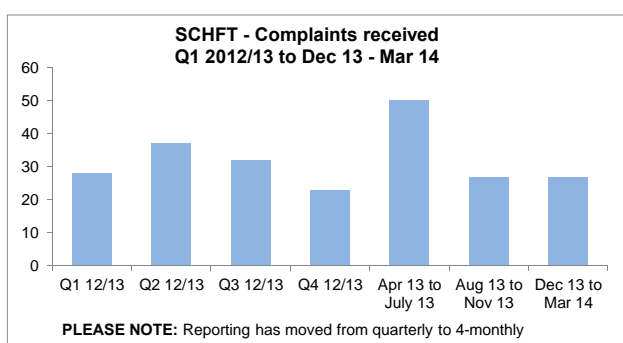
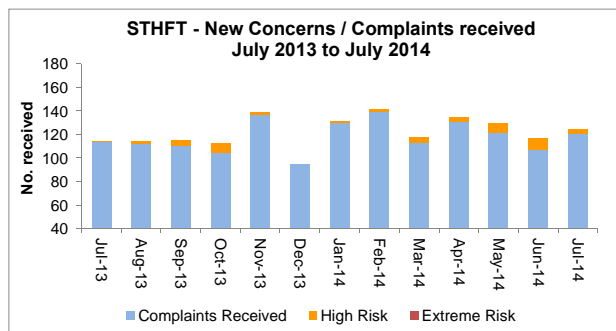
Patient Experience of NHS Trusts

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

Patient Complaints

| Reasons for Complaints: | |
|------------------------------------|--|
| STHFT July 13 - July 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



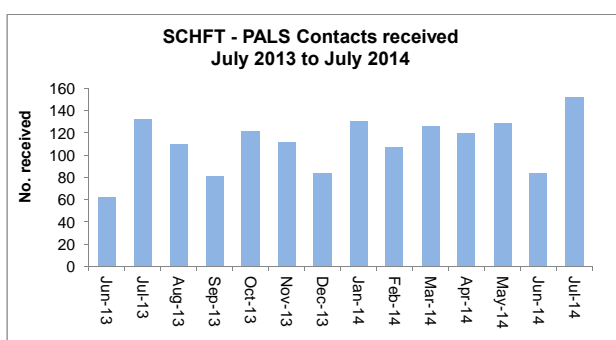
Patient Compliments

STHFT: 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: | |
|----------------------------|---|
| SCHFT Jun 14 | Care & Treatment (31) Parking (25) Support (23) |



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. 84 PALS contacts were received during June.

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

Patient Experience of GP Services

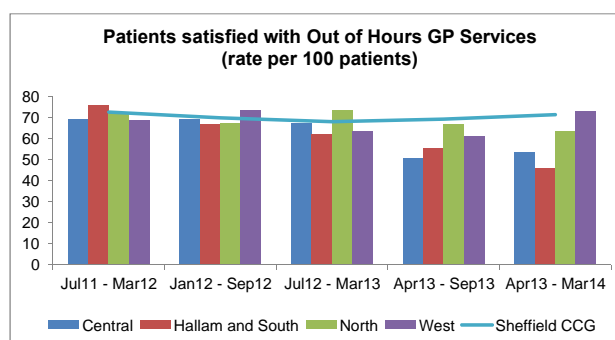
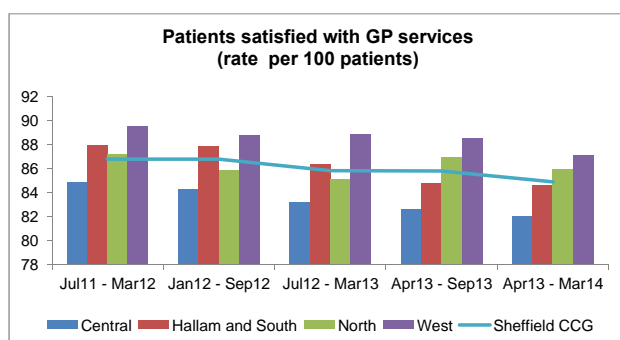
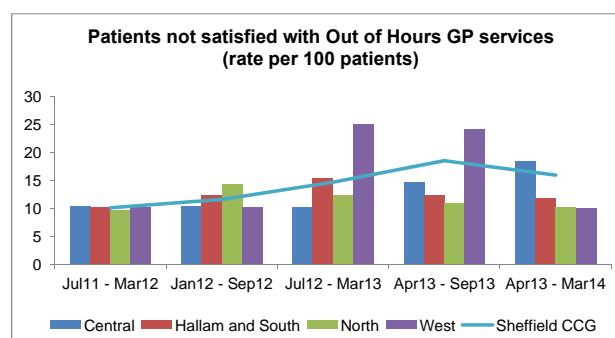
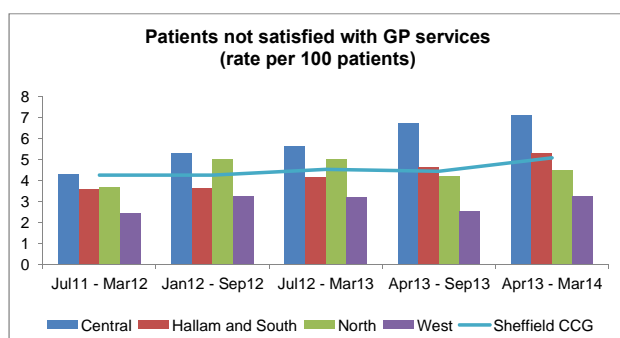
The charts below show selected measures from the GP Patient Survey, which is published every 6 months (this page will remain in the report due to links to National Outcomes measures as detailed below). Two surveys are run per year, with the final annual position being calculated from an aggregate of 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.

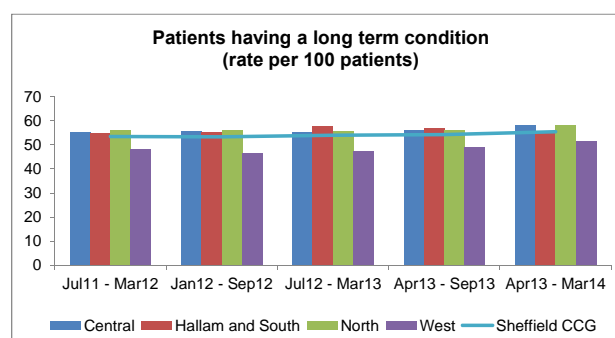
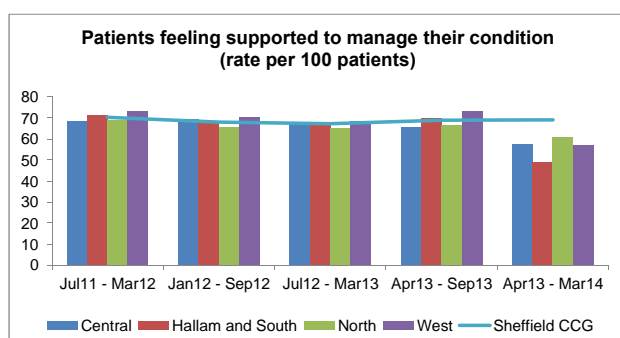
Patients' overall satisfaction with their GP Service and Out-of-Hours GP Service: The first pair of charts below illustrate progress against the NHS England Outcomes ambition to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services. This measures whether patients 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 22: Acute Services Portfolio - Elective Care for 'Patient experience of GP services' and page 16: Acute Services Portfolio - Urgent Care for 'Patient experience of GP Out of Hours services').
- For more information on progress of the composite measure (including data notes) please see the Quality & Safety section of this report (page 13: Ensuring that people have a positive experience of care).

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



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



Clostridium Difficile - Performance Update and Benchmarking

Sheffield CCG is committed, by working with local providers, to having no more than 193 cases of Clostridium Difficile (C.Diff) infections in 2014/15. Based on validated data up to the end of June 2014*, there have been 56 cases attributable to the CCG so far this year - the forecast level for the same period was 49.

For STHFT, the commitment is no more than 94, compared to 77 last year. The number of cases incurred in June (5) is less than the previous month (13). So far in 2014/15 (April to June) STHFT have had 4 more cases (25) than in the same period last year (21).

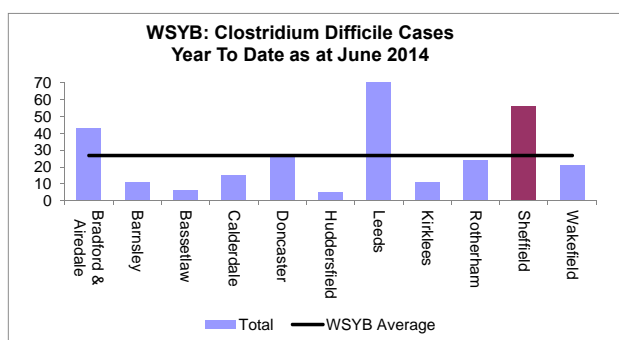
For SCHFT, the commitment is no more than 4, compared to 3 last year. No cases have been recorded so far in 2014/15.

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

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

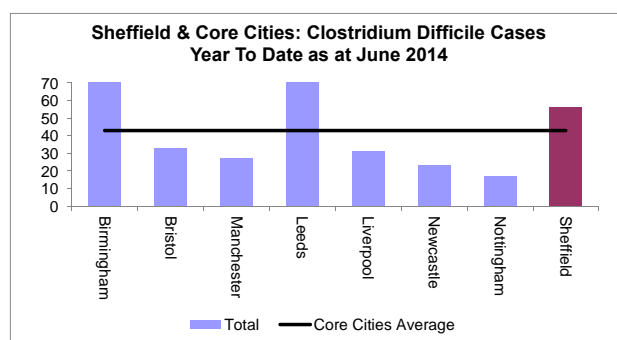
In each of the charts below, Sheffield's position (CCG or STHFT) is distinguished by the **highlighted bar**.

CCG Comparison



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

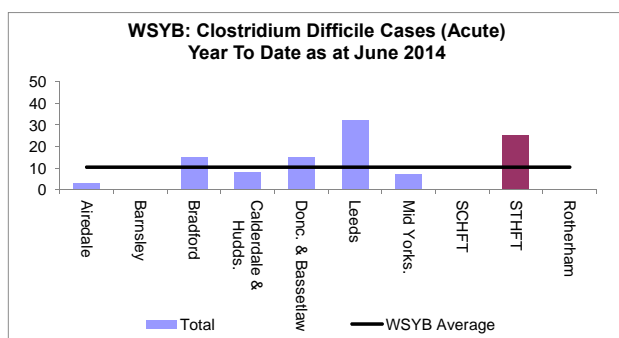
Sheffield is above the regional average of 26.8 C.Diff cases, along with Leeds and Bradford & Airedale.



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

Sheffield is above the core Cities average of 42.9 C.Diff cases, along with Birmingham and Leeds.

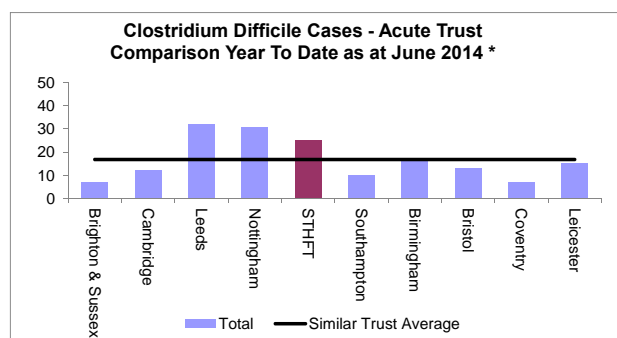
Acute Trust Comparison



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

25 cases have been reported for STHFT against a regional average of 10.5; this equates to 26.6% of their annual target of 94 cases.

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



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

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

The 25 cases reported at STHFT is higher than the average for the group, of 16.8 cases. Leeds and Nottingham are also above the group average.

Summary Hospital Mortality Indicator - Performance Update and Benchmarking

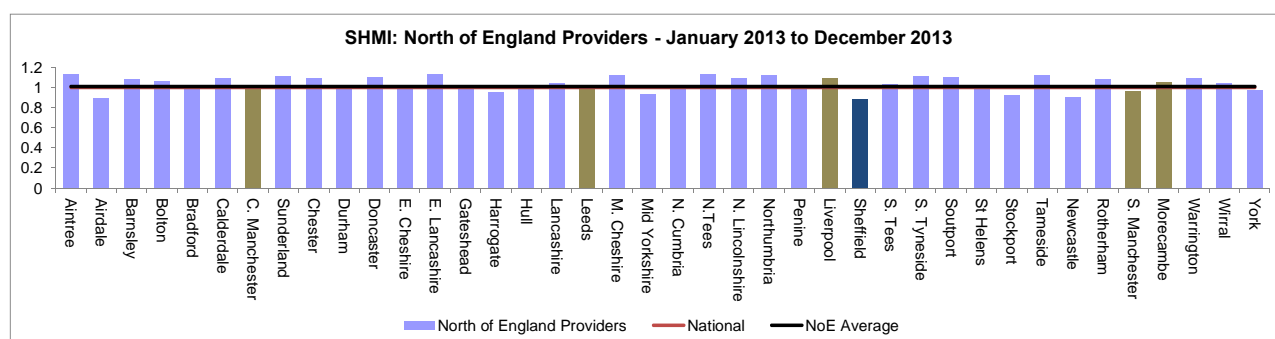
The Summary Hospital Mortality Indicator (SHMI) is a ratio of the observed number of deaths to the expected number of deaths for a provider; the lower the ratio, the better, as less deaths are occurring.

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

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

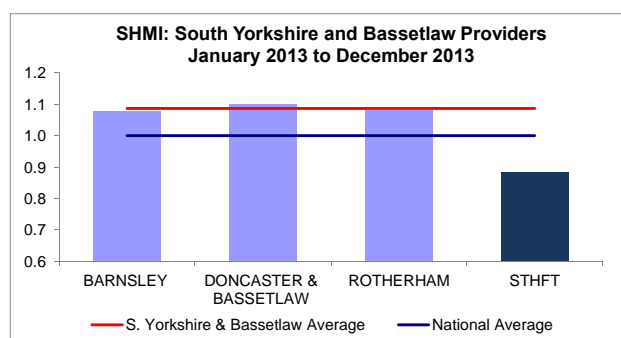
A 3-year dataset is used to create the risk adjusted models and a 1-year dataset is used to score the indicator. The 1-year dataset used for scoring is a full 12 months up to and including the most recently available data on the dataset. The 3-year dataset is a full 36 months up to and including the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

The STHFT value for January 2013 to December 2013, at 0.884, is slightly lower than for October 2012 to September 2013 (0.889) and is below the expected value. This is a positive position for Sheffield residents.



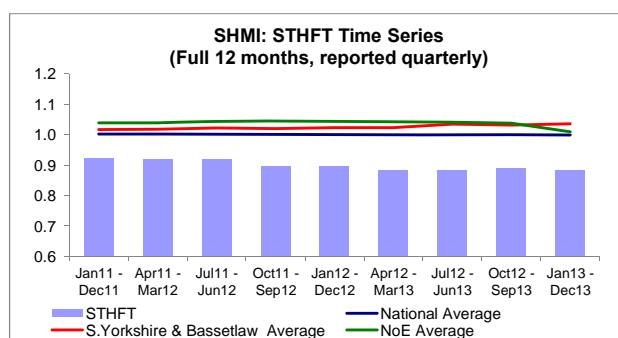
To reflect the new NHS landscape, the above chart shows providers who have submitted data in the North of England (NoE). Sheffield (STHFT) has been distinguished by the **dark blue** bar and the core Cities that lie within the NoE by the **tan** bars.

STHFT is the best ranked within the NoE and 16th on a National level. 10 of the above trusts are below the National average, of which 3 (STHFT, South Manchester and Newcastle) are core Cities within the NoE. On a National core Cities level, only Cambridge has a lower value than STHFT.



Within the South Yorkshire & Bassetlaw area, STHFT have a lower value than the other trusts that have submitted data. This equates to 18.63% lower than the area average and 11.56% lower than the National average. The next lowest trust is Barnsley.

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



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

The latest position of 0.884 (Jan-13 to Dec-13) is 0.56% lower than the previous period (Oct-12 to Sep-13).

NHS Safety Thermometer

The NHS Safety Thermometer records the presence or absence of four 'harm' indicators, detailed below. The concept of harm free care was designed to bring focus to the patient's overall experience.

The patient Safety Thermometer was introduced as part of the Commissioning for Quality and Innovation (CQUIN) payment programme from August 2012 for acute trusts and then for specialist and non-acute trusts. The data is based on prevalence surveys - data collection is during one day per month, for a sample number of patients, on four clinical indicators (harms) and is published nationally.

This is the second time the CCG has reported data to the Governing Body and the section will be developed during 2014/15. It provides information on STHFT performance, with some SCHFT and SHSCFT performance now also included.

The data shows variability in performance within all indicators. An overview has been included for both SCHFT and SHSCFT, as the numbers for both organisations are very small in comparison to STHFT.

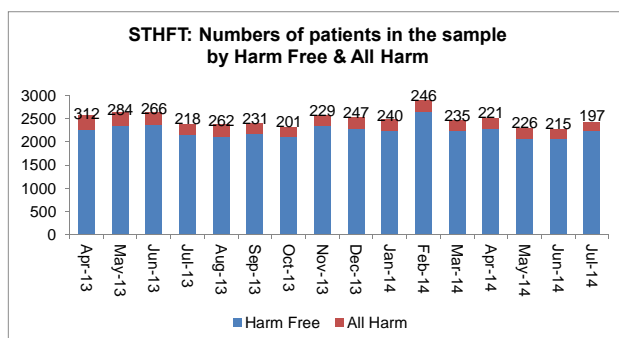
Performance Summary:

- **Harm Free care** - there is no significant trend or increase in harm free care during the last 12 months
 - **Falls with Harm** - no trends in falls causing harm
 - **Pressure Ulcers** - no trends in pressure ulcers
 - **Catheters and UTIs** - no significant trends in performance
 - **New VTEs in hospital** - no significant trends in performance
- Charts for each area are shown below, and include a brief definition of the indicator and any items of note, where relevant

Caution needs to be taken when interpreting this data:

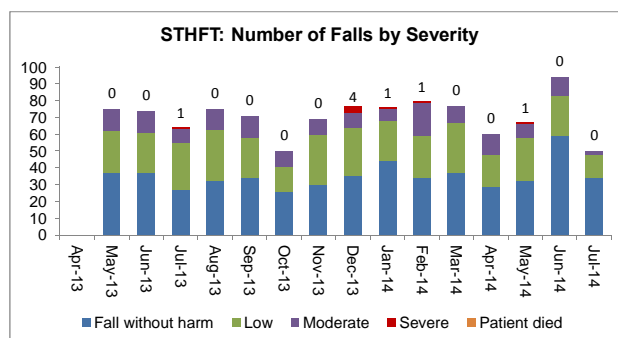
- It is difficult to benchmark organisations using this data since the challenges for large acute teaching hospitals/tertiary/community services cannot accurately be compared to district general hospitals/hospitals without community services.
- Due to data collection methodology being prevalence data, the data shown below in the charts is not directly comparable to other data available in relation to each indicator.

Sheffield Teaching Hospitals NHS Foundation Trust



Harm Free care: This is the number of patients in the sample that are harm free from pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism (VTE).

Numbers for those in the patient sample who that have a recorded harm (pressure ulcers, falls, UTIs in patients with a catheter or VTEs) are shown above each bar in the chart.



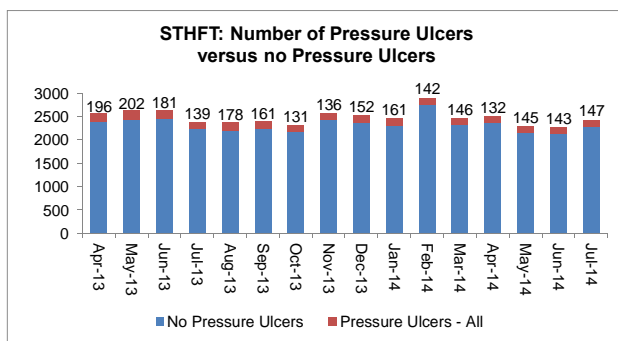
Patient Falls: Any fall that the patient has experienced within the previous 72 hours (3 days) in a care setting, including home if the patient is on a district nursing caseload.

Numbers for those in the patient sample with severe harm following a fall are shown above each bar in the chart; no patients in the sample died following a fall for any of the periods above.

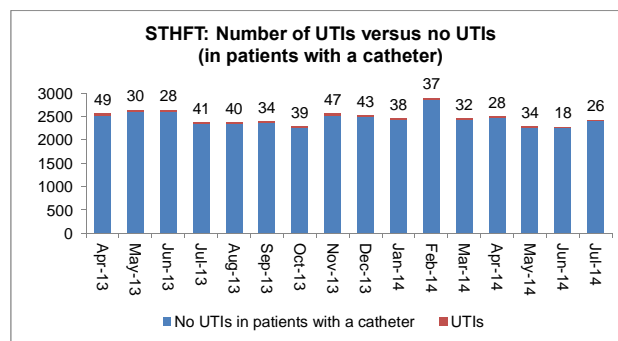
PLEASE NOTE: Falls data split by severity was not available until May 2013.

continued overleaf

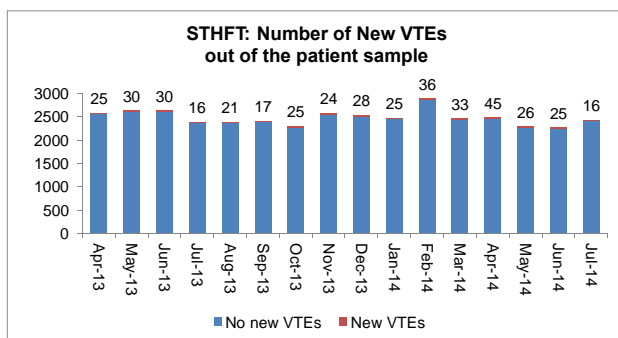
Highest Quality Health Care



Pressure Ulcers: Numbers for those in the patient sample with a pressure ulcer are shown above each bar in the chart.

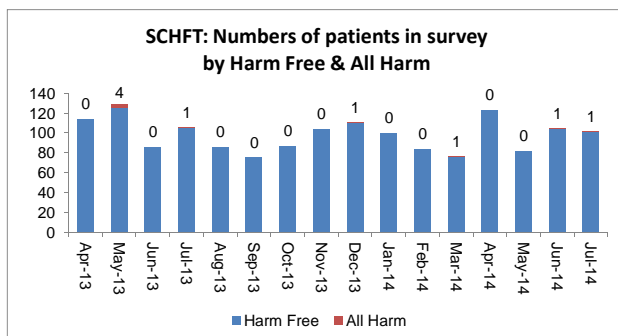


Catheters and UTIs: Numbers for those in the patient sample with a catheter who have a urinary tract infection are shown above each bar in the chart.



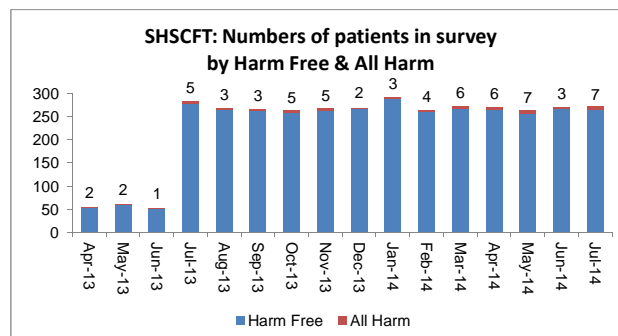
New VTEs: Numbers for those in the patient sample who have developed a venous thromboembolism following admission to hospital are shown above each bar in the chart.

Sheffield Children's NHS Foundation Trust



Harm Free Care: Numbers for those in the patient sample who that have a recorded harm (pressure ulcers, falls, UTIs in patients with a catheter or VTEs) are shown above each bar in the chart.

Sheffield Health and Social Care NHS Foundation Trust



Harm Free Care: Numbers for those in the patient sample who that have a recorded harm (pressure ulcers, falls, UTIs in patients with a catheter or VTEs) are shown above each bar in the chart.

PLEASE NOTE: From July 2013, the numbers of Harm Free and All Harm include the SHSCFT Acute Hospital Ward, the Mental Health Ward and the Nursing Home, whilst the numbers prior to this only contained figures from the Acute Hospital Ward.

It should also be noted that was only a small increase in the numbers of harm since the change in July 2013, which suggests that most harms occur in the Acute Hospital Ward.

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

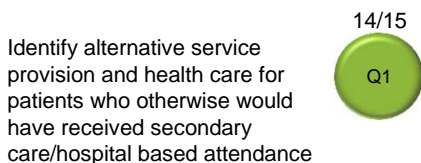
Issues & Actions:

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 13) 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, although the Jul-14 local score decreased slightly to 89.95%, any score above 78% is being judged nationally as good. As an additional measure, 95.5% of people said they would have surgery again under the same conditions (a 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 Jul-14, this covers experience of surgical procedures carried out during Jan-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:

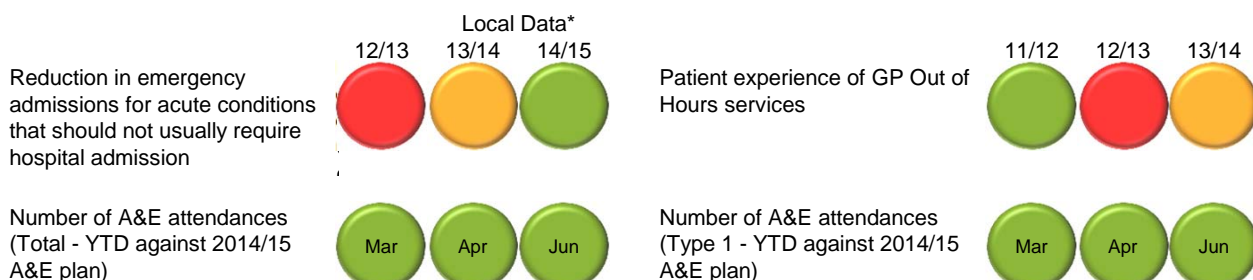
Previously, this measure was rated on whether the most recent position was an improvement on the last data period. However, CCGs were required to submit a plan for their ambition for reducing emergency admissions each year from 2014/15 until 2018/19. The baseline required by NHS England for this measure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

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

* LOCAL DATA CAVEAT:

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

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 13) for information.



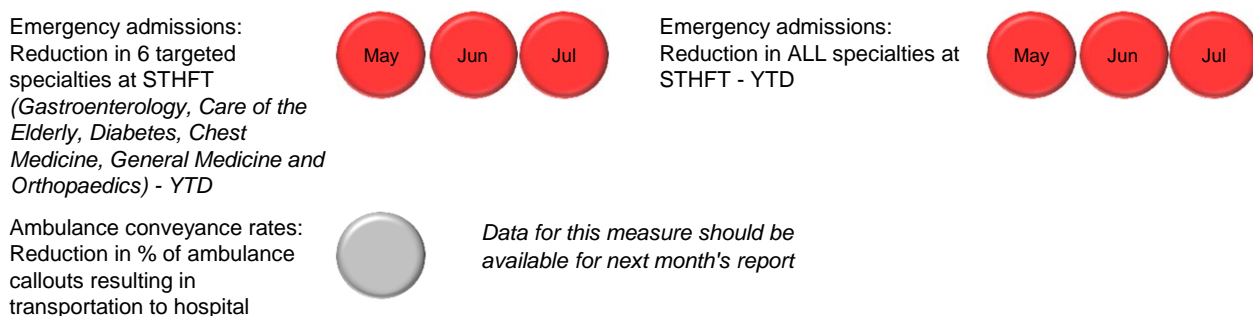
A&E ATTENDANCES: Total A&E attendances comprises: Type 1 (Main A&E), Type 2 (Single Specialty, e.g. STHFT Eye Casualty) and Type 3 (Other A&E e.g. STHFT Minor Injuries Unit).

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.



Long Term Conditions, Cancer and Older People

National required measures

Issues & Actions:

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

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

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

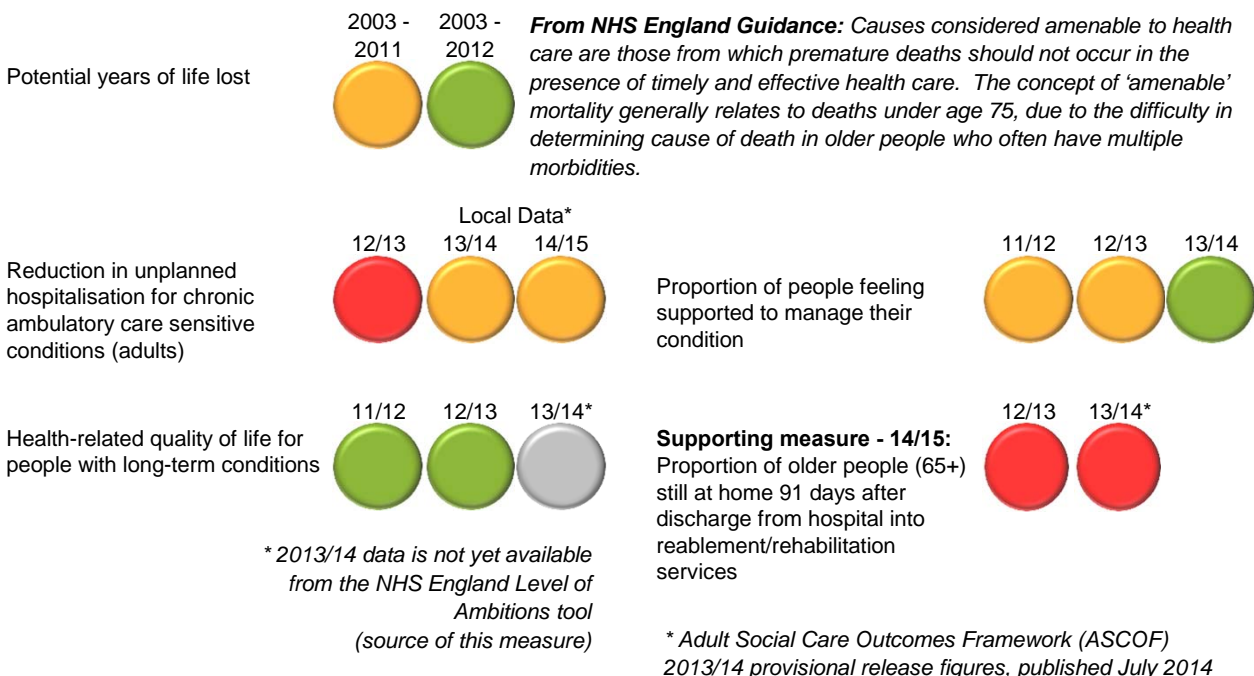
* LOCAL DATA CAVEAT:

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

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 will reduce emergency 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; a discussion on the dashboard is scheduled for the September portfolio meeting. The first evaluation report on the GP-led care planning service has been received and consultation is currently taking place on the quality incentive payments and the training and support which will be required for a new initiative to start in November 2014.

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 previously scheduled review and 'moving to recovery' rates will obviously be one component of the review.

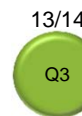
Supporting measure - 14/15:

Improvement against plan:
Estimated diagnosis rate for people with dementia



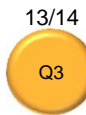
* Data for 2012/13, re-based from pre-Apr-13 PCT data

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



Supporting measure - 14/15:

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



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 and GP practices have been provided with information (from the Sheffield Case Register) to enable them to update their records with those who should be invited for a check. This now includes those who will be 14-17 years old in 2014/15, as health checks have been extended this year to cover the younger population.

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

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

The CCG continues to work with partners to ensure that plans to return people are progressed as part of the Winterbourne Concordat*. The moves of most people are either complete or are in progress over the summer.

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

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

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

Proportion of people with Learning Disabilities receiving an Annual Health Check



* LOCAL current data to Mar-14

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



Children and Young People

National required measures

Issues & Actions:

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

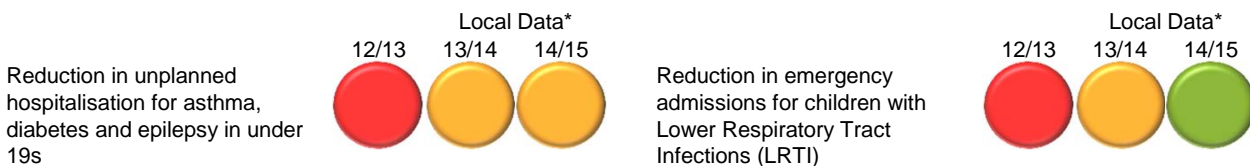
Reduction in emergency admissions for children with Lower Respiratory Tract Infection (LRTI): Previously, this measure was rated on whether the most recent position was an improvement on the last data period. However, CCGs were required to submit a plan for their ambition for reducing emergency admissions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

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

*** LOCAL DATA CAVEAT:**

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

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.



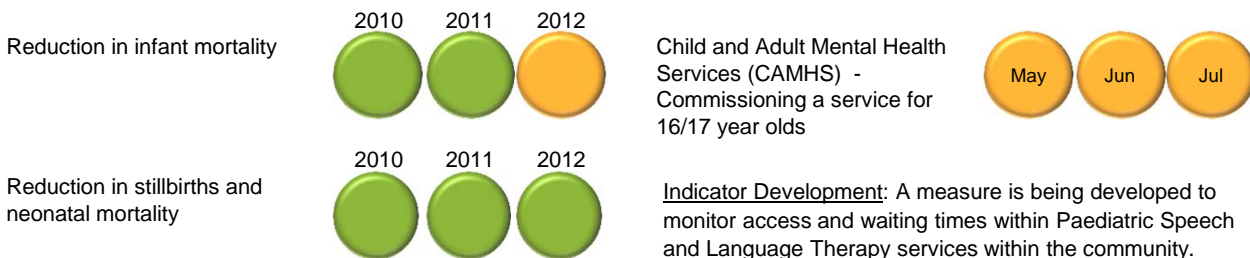
Locally selected measures

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: The Sheffield position is generally comparable to the National position although is slightly higher. Annual figures are subject to wide fluctuations due to small numbers; however, indications from the Sheffield Child Death Review Process show a fall in Sheffield Infant Deaths for 2013.

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



Activity Measures

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

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

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

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

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

Those that start from April 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 July 2014 performance as at the 21st August 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 | 85.82% | 85.30% | 87.07% |
| % seen/treated within 18wks - Non-admitted pathway | 95.42% | 95.44% | 94.42% |
| % still not seen/treated within 18wks - Incomplete pathway | 93.04% | 93.27% | 91.02% |
| 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 | 3 | 1 | 2 |

Diagnostic Waits - receiving a diagnostic test within 6 weeks

| | | | |
|-----------------------------|--------|--------|--------|
| % receiving diagnostic test | 97.23% | 97.05% | 99.36% |
|-----------------------------|--------|--------|--------|

Elective Care

| | | | |
|--|--------|--------|------|
| Number of total elective admissions (FFCEs) (YTD) | 18983 | 16330 | 1144 |
| Number of elective ordinary admissions (FFCEs) (YTD) | 3359 | 2580 | 418 |
| Number of elective daycase admissions (FFCEs) (YTD) | 15624 | 14127 | 587 |
| Number of first outpatient attendances (YTD) | 43581 | 40044 | 1356 |
| Number of first outpatient attendances following GP referral (YTD) | 20691 | 18849 | 606 |
| Number of GP written referrals (YTD) | 28588 | 26303 | 904 |
| Number of other referrals (YTD) | 18680 | 16087 | 1250 |
| Number of total referrals (YTD) | 47268 | 42390 | 2154 |
| 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) | * | 95.46% | 98.17% |
| Trolley waits in A&E (patients waiting over 12 hours to be seen/treated) | * | 0 | 0 |
| Non-elective admissions (FFCEs) (YTD) | 15588 | 12791 | 1994 |
| Number of attendances at A&E departments - Type 1 (YTD) ¹ | 14584 | 9866 | 4713 |
| Number of attendances at A&E departments - Total (YTD) ¹ | 17231 | 12637 | 4713 |
| Unplanned hospitalisation for chronic ambulatory care sensitive conditions | 955.1 | N/A | N/A |
| Emergency admissions - acute conditions that should not require admission | 1520 | N/A | N/A |
| Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s | 301 | N/A | N/A |
| Emergency admissions for children with lower respiratory infections (LRTI) | 689 | N/A | N/A |
| Urgent operations cancelled for the second time | N/A | 0 | 0 |
| Patient overall experience of out of hours GP services | 71.31% | N/A | N/A |

Yorkshire Ambulance Service (YAS)

| | CCG | STHFT | SCHFT | YAS |
|---|--------|-------|-------|--------|
| Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest) ² | 69.54% | N/A | N/A | 69.14% |
| Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) ² | 68.76% | N/A | N/A | 69.11% |
| Category A response in 19 mins ² | 97.23% | N/A | N/A | 95.67% |
| Ambulance handover delays - of over 30 minutes ³ | N/A | 52 | 0 | 860 |
| Ambulance handover delays - of over 1 hour ³ | N/A | 0 | 0 | 149 |

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 | 56.18% |
| Proportion of older people (65 and over) 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 | 93.95% | 93.95% | 100.00% |
| % seen within 2 weeks - as above, for breast symptoms | 93.92% | 93.95% | N/A |
| % treated within 31 days- from diagnosis to first definitive treatment | 98.27% | 98.23% | 100.00% |
| % treated within 31 days - subsequent treatment (surgery) | 97.22% | 97.16% | N/A |
| % treated within 31 days - subsequent treatment (drugs) | 100.00% | 100.00% | N/A |
| % treated within 31 days - subsequent treatment (radiotherapy) | 99.58% | 99.57% | N/A |
| % treated within 62 days - following an urgent GP referral | 91.15% | 91.09% | N/A |
| % treated within 62 days - following referral from an NHS screening service | 95.83% | 95.45% | N/A |
| % treated within 62 days - following Consultant's decision to upgrade priority | 94.52% | 94.29% | 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) | 95.12% |
| Proportion of people entering psychological treatment against the level of need in the general population | 4.47% |
| Proportion of people who are moving to recovery, following psychological treatment | 42.93% |
| Estimated diagnosis rate for people with dementia (NB: estimated figure using locally-available data) | 68.10% |

Quality Standards

Patient Safety

| | CCG | STHFT | SCHFT | SHSCFT |
|--|-----|-------|-------|--------|
| MRSA bacteraemia (YTD) | 3 | 1 | 0 | N/A |
| Clostridium Difficile (C Diff) (YTD) | 80 | 34 | 0 | N/A |
| Mixed Sex Accommodation (MSA) breaches (YTD) | 0 | 0 | 0 | 0 |
| Hospital deaths attributable to problems in care | WIP | WIP | WIP | WIP |
| Improving the reporting of medication-related safety incidents | WIP | WIP | WIP | WIP |

Patient Experience

| | | | |
|---|--------|--------|-----|
| Patient overall experience of GP services | 84.89% | N/A | N/A |
| Patient experience of hospital care | 79.90% | WIP | WIP |
| Friends and Family test: Inpatient - Response rate (QTR) ¹ | | 34.23% | |
| Friends and Family test: Inpatient - Score (QTR) ¹ | | 76.87 | |
| Friends and Family test: A&E - Response rate (QTR) ¹ | | 25.19% | |
| Friends and Family test: A&E - Score (QTR) ¹ | | 47.92 | |

Footnotes:

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

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 July, there have been 439 home treatment interventions against a 12-month target of 1,202. This equates to 8.73% more patients benefiting from this service than originally planned by the end of July.

2. CPA 7 day follow up: July monthly performance was 92%, reducing the YTD figure to 95.12%, although this remains above the 95% target.

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

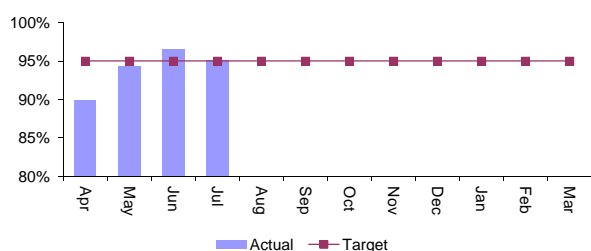
4. Psychological therapy services (Improving Access to Psychological Therapies - IAPT):

- The quarter 1 performance for the proportion of patients receiving psychological therapy is around the level required by the end of the first quarter, with 4.47% against the expectation at this point of 2014/15 of 4.51% (using a quarter of the full-year target - 18.04% - to gauge performance).
- Please see narrative in the Best Possible Health Outcomes (Mental Health, Learning Disability and Dementia) section of this report (page 25) for information on issues and actions regarding the rate of people who received psychological therapy and are moving to recovery.

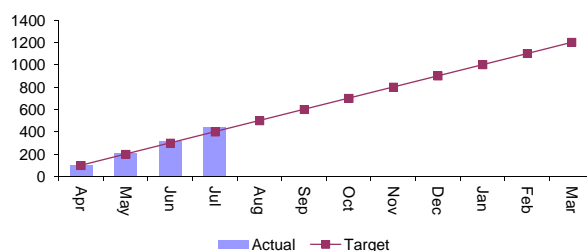
SHSCFT Indicators (all are YTD)

| | Target | June | July | Change |
|---|--------|----------|----------|-----------------------|
| Crisis Resolution / Home Treatment | 1202 | 315 | 439 | ▲ |
| Psychosis Intervention - new cases | 90 | 38 | 50 | ▲ |
| Psychosis Intervention - maintain capacity | 270 | 138 | 147 | ▲ |
| CPA 7 day follow up | 95% | 96.49% | 95.12% | ▼ |
| Anxiety/depression (IAPT): | | Q4 13/14 | Q1 14/15 | |
| % receiving Psychological therapy | 4.51% | 17.11% | 4.47% | N/A - new year/target |
| Psychological therapy pts. moving to recovery | 50% | 47.23% | 42.93% | ▼ |

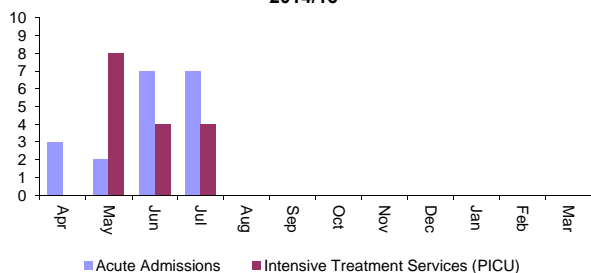
SHSCFT: % of CPA Clients followed up within 7 days - 2014/15



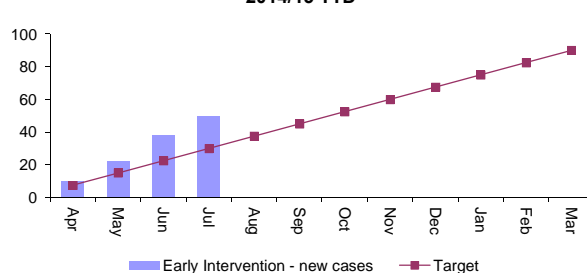
SHSCFT: Crisis Resolution / Home Treatment Episodes - 2014/15 YTD



SHSCFT: Admissions referred out of Sheffield 2014/15



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



APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

Percentages quoted in the two paragraphs below are as at **12th August 2014**

Across the Yorkshire & Humber region, year to date (YTD) RED 1 and RED 2 combined 8 minute performance has remained stable at 69.22% against the service standard of 75% and RED 1 and RED 2 combined 19 minute performance has remained stable at 95.70% against the 95% service standard. For CCG Quality Premium purposes, YAS RED 1 overall 8 minute performance is measured; YTD performance currently stands at 69.03% against the NHS Constitution service standard of 75%. (Sheffield CCG's YTD RED 1 and RED 2 combined 8 minute performance stands at 68.28%.)

For 2014/15, commissioners agreed with YAS to maintain the 95% performance standard across GREEN calls, but introduce a lower 'floor' in respect of performance against which a sanctions regime will apply. In addition, a review will be undertaken in 2014/15 of the clinical conditions categorised as GREEN calls, to ensure that patient safety is not compromised by the approach to call classification. YAS YTD GREEN performance remains generally well below expectations (expected service standard in brackets): GREEN 1 (20 min response) - 71.01% (80%), GREEN 2 (30 min response) - 77.60% (85%), GREEN 3 (20 min triage) - 86.52% (80%), GREEN 3 (30 min response) - 78.17% (80%). GREEN 4 performance is reported monthly in arrears and is also below expectations.

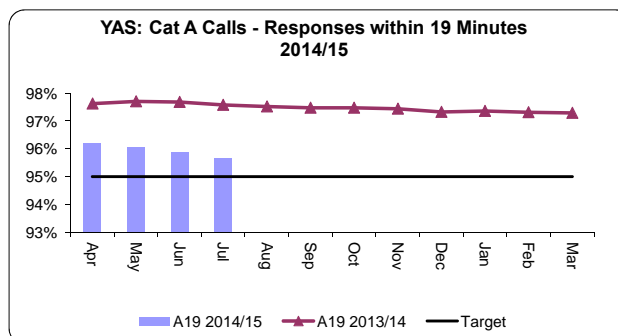
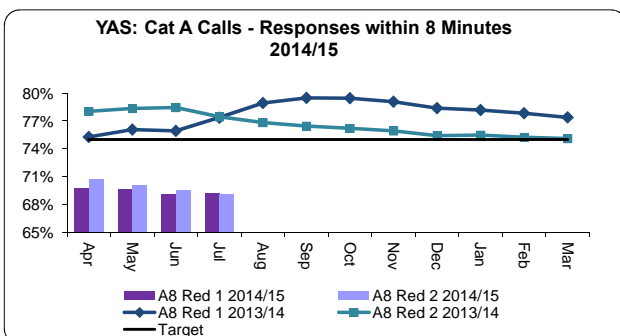
NOTE: RED 1 - most time-critical, covers cardiac arrest patients who aren't breathing & don't have a pulse and other severe conditions such as airway obstruction; these make up less than 5% of all calls. RED 2 - serious but less immediately time-critical; covers conditions such as stroke and fits. GREEN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

Actions to address performance issues:

Please see the NHS Constitution - Rights & Pledges section of this report (Category A ambulance calls - page 9) for information on actions.

YAS Indicators (all are YTD)

| | Target | June | July | Monthly Change |
|-----------------------------|--------|--------|--------|----------------|
| Cat A 8 minutes Red 1 (YTD) | 75% | 69.11% | 69.14% | ▲ |
| Cat A 8 minutes Red 2 (YTD) | 75% | 69.50% | 69.11% | ▼ |
| Cat A 19 minutes (YTD) | 95% | 95.88% | 95.67% | ▼ |



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 | May | June | Monthly Change |
|---|--------|-----------------|--------------|----------------|
| Re-contact after discharge (Phone) | | 1.6% | 2.6% | ▲ |
| Re-contact after discharge (Treatment at scene) | | 3.9% | 4.0% | ▲ |
| Re-contact after discharge (Frequent Caller) | | 2.9% | 1.2% | ▼ |
| Time to answer call (Median) | 5 sec | 1 | 1 | ◀▶ |
| Time to answer call (95th Percentile) | | 21 | 22 | ▲ |
| Time to answer call (99th Percentile) | | 74 | 75 | ▲ |
| Time to treatment (Median) | | 6.9 | 6.1 | ▼ |
| Time to treatment (95th Percentile) | | 16.8 | 15.9 | ▼ |
| Time to treatment (99th Percentile) | | 24.7 | 24.5 | ▼ |
| Call closed with advice (Phone advice) | | 6.9% | 6.7% | ▼ |
| Call closed with advice (Transport) | | 33.6% | 33.9% | ▲ |
| Clinical Indicators | | February | March | |
| Outcome from Cardiac Arrest (CA) All | | 23.2% | 24.2% | ▲ |
| Outcome from CA Utstein Group (UG) | | 62.5% | 37.9% | ▼ |
| Outcome from acute STEMI Angioplasty | | 77.0% | 86.3% | ▲ |
| STEMI Care Bundle | | 79.2% | 77.0% | ▼ |
| Outcome from Stroke 60 min to Stroke Unit | | 64.1% | 62.9% | ▼ |
| Stroke - Appropriate Care Bundle | | 97.2% | 97.7% | ▲ |
| Outcome from CA - Survival to Discharge All | | 10.8% | 9.1% | ▼ |
| Outcome from CA - Survival to Discharge UG | | 50.0% | 24.1% | ▼ |
| Service Experience | | N/A | N/A | |

APPENDIX B: NHS 111 Performance Measures

NHS 111 Activity



West and South Yorkshire and Bassetlaw
Commissioning Support Unit

Performance against National Target at Month 3, June 2014*

Compared, where possible, to National data.

* = June 2014 data is provisional and may therefore change in future reports

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



Sheffield Activity

Chart 1: Calls received

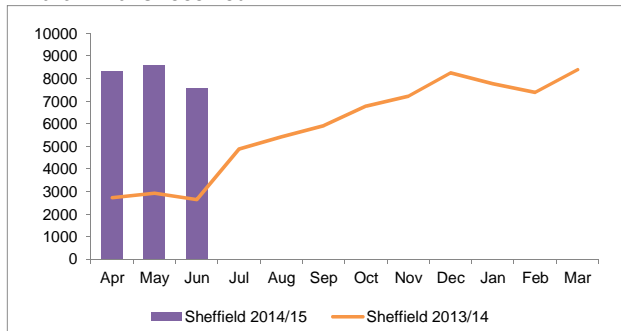


Chart 2: Clinical Calls completed within 10 minutes

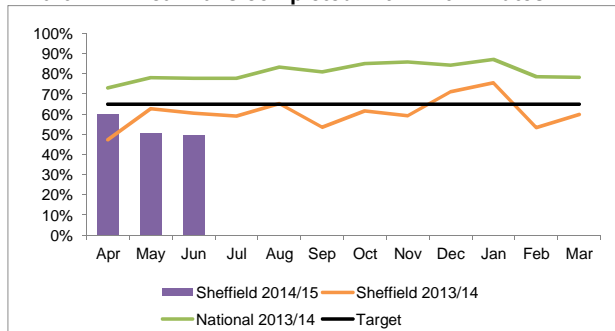


Chart 3: % of Clinical call-backs within 10 minutes ≥ 98%

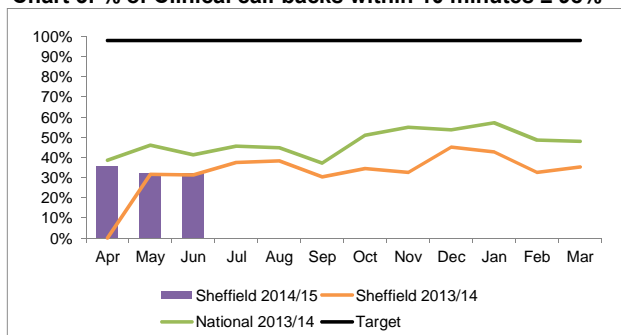
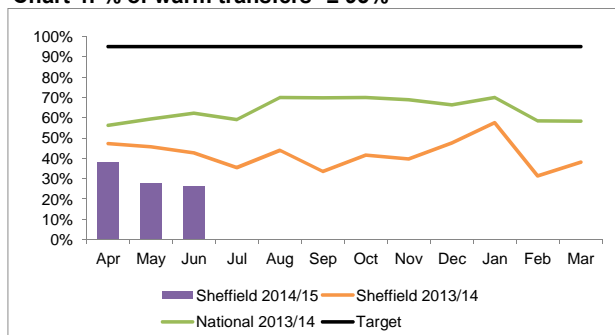


Chart 4: % of warm transfers* ≥ 95%



* 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

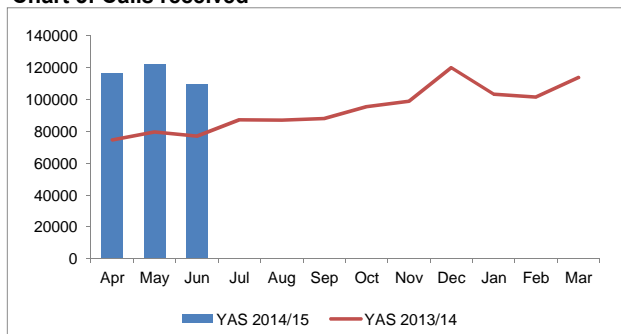


Chart 6: Calls answered within 60 seconds ≥ 95%

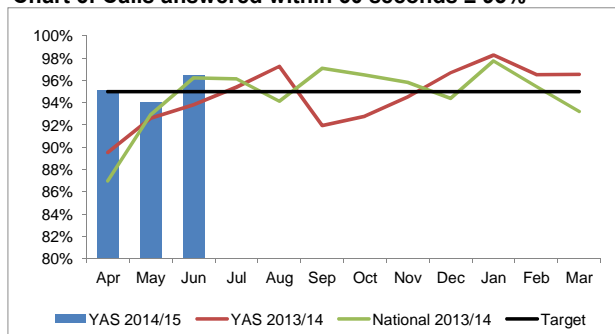


Chart 7: Calls abandoned after 30 seconds ≤ 5%

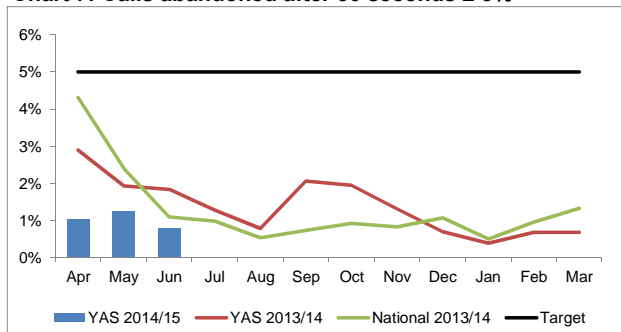
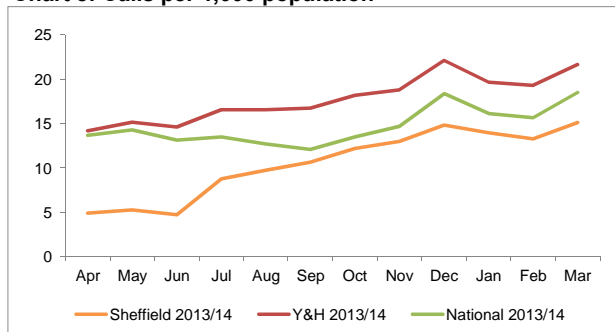


Chart 8: Calls per 1,000 population



Data for this chart is not yet available for 2014/15

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 4, Apr 2014 - Jul 2014

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

Outpatient First Attendances: 1.3% below plan
Outpatient Follow-ups: 1.4% above plan
(Outpatients includes OP procedures)

Inpatient Elective Spells: 2.4% above plan
Inpatient Non-elective Spells: 5.7% above plan
A&E Attendances: 2.7% above plan

Figure 1: Referrals¹

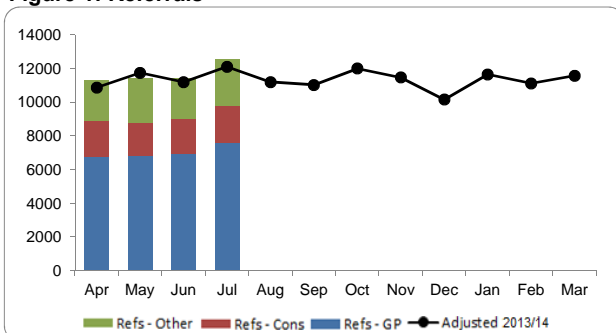


Figure 4: Electives

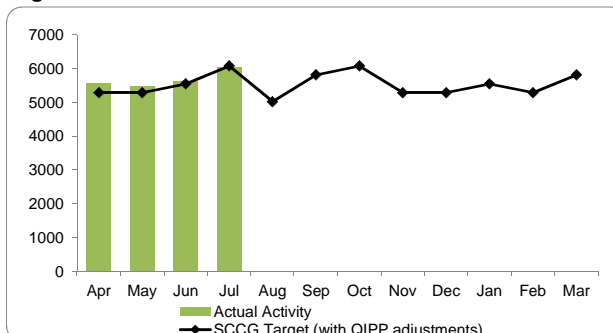


Figure 2: Firsts²

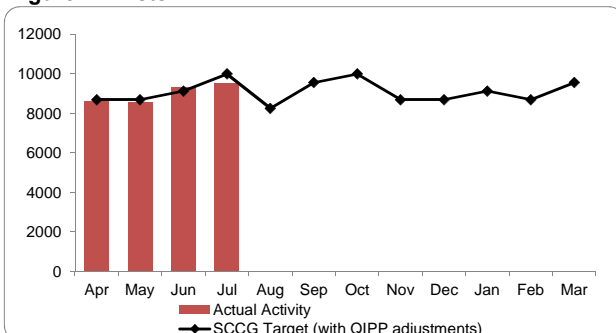


Figure 5: Non-Electives

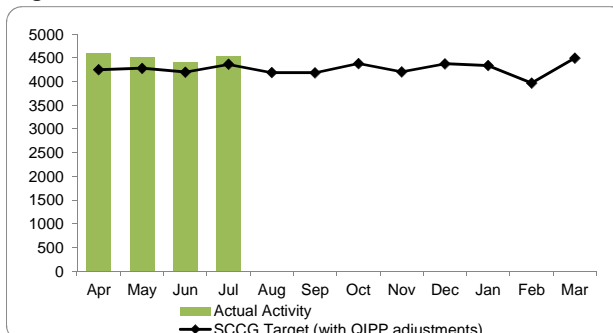


Figure 3: Follow-ups

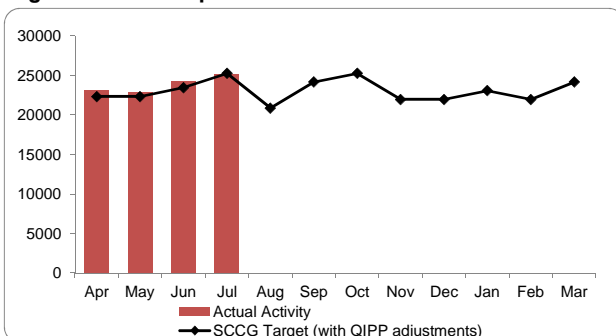


Figure 6: Accident and Emergency

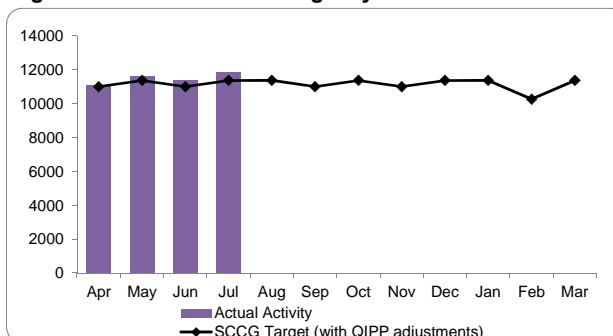


Table 1. Outpatient Activity

| Activity | 2014/15 | Target | Var | % Var |
|------------------------|---------|---------|-------|-------|
| Firsts | 43,178 | 43,748 | -570 | -1.3% |
| Follow-ups | 111,581 | 110,005 | 1,576 | 1.4% |
| Follow-ups:First Ratio | 2.58 | 2.51 | 0.07 | 2.8% |

Table 2. Inpatient and A&E Activity

| Activity | 2014/15 | Target | Var | % Var |
|------------------------------|---------|---------|---------|--------|
| Electives | 22,730 | 22,196 | 534 | 2.4% |
| Non Electives | 18,077 | 17,104 | 973 | 5.7% |
| Excess Bed Day Costs (£000s) | £ 2,728 | £ 3,064 | -\$ 336 | -11.0% |
| A&E | 45,963 | 44,765 | 1,198 | 2.7% |

Source: STHFT Contract Monitoring

Notes:

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

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

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

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

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

CDU Attendances are overperforming by 543 (6.2%).

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

Produced by NHS Sheffield CCG Contract Team, August 2014

APPENDIX C: Contract Activity



Sheffield Children's NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 2, Apr 2014 - May 2014 (Month 3 and Month 4 data not yet available)

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

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

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

Figure 1: Firsts

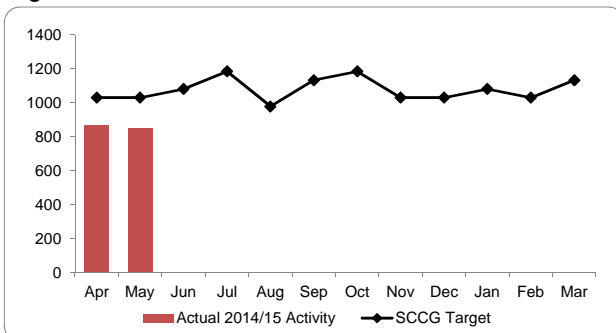


Figure 4: Electives

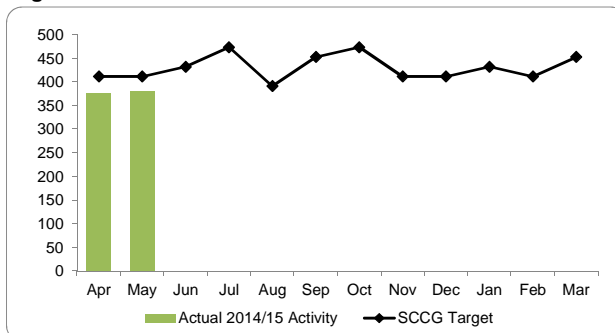


Figure 2: Follow-ups

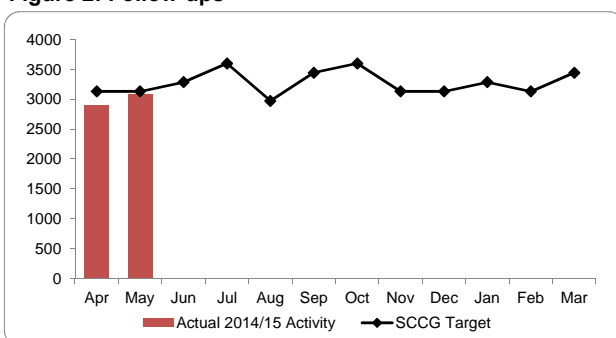


Figure 5: Non-Electives

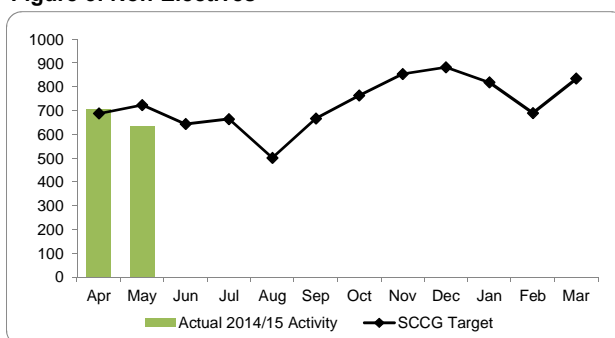


Figure 3: Accident and Emergency

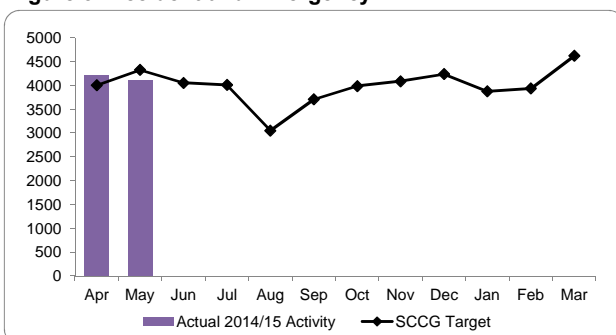


Figure 6: Excess Bed Days

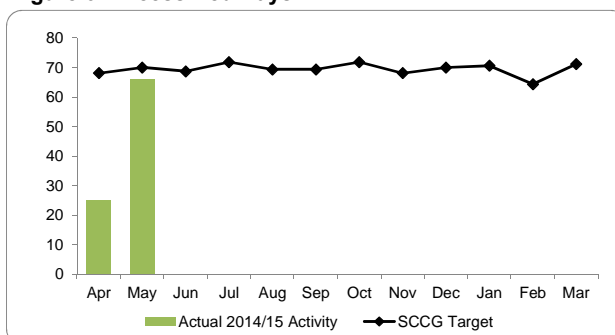


Table 1. Outpatient Activity

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

Table 2. Inpatient and A&E Activity

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

Source: SCHFT Contract Monitoring (SLAM)

Notes:

Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, July 2014

Appendix D: Public Health Outcome Framework (PHOF) Indicators

| Quarterly Report of Public Health Outcome Framework (PHOF) Indicators for Sheffield CCG Governing Body | | | | | | | |
|---|---|---------------------------|---------------------|---|----------------------|---------------------------|--|
| Date: 12th August 2014 | | | | | | | |
| PHOF Indicator ID | PHOF Indicator | Latest Annual time period | Value | Statistically significant compared to England | General Trend Annual | Change last annual period | Notes |
| 1.13 (i) | % of Offenders who re-offend from a rolling 12 month period | 2011 | 28.2 | Worse | A | A | Crude rate per 1,000 population |
| 1.13 (ii) | The average number of re-offences committed per offender from a rolling 12 month period | 2011 | 0.82 | Worse | A | R | Crude rate per offender |
| 1.15 (i) | Statutory Homelessness Acceptances (households found to be eligible for assistance, unintentionally homeless and falling within a priority need group) | 2012/13 | 5.1 | Worse(*) | A | G | Rate per 1,000 households |
| 1.15 (ii) | Statutory Homelessness: Households in temporary accommodation | 2012/13 | 0.76 | Better(*) | A | R | Rate per 1,000 households |
| 2.2 (i) | Breastfeeding: % Initiating breastfeeding | 2013/14 | 78.4 ⁽¹⁾ | not published | A | G | % of mothers |
| 2.2 (ii) | Breastfeeding: % Babies receiving breast milk at 6-8 weeks | 2013/14 | 49.5 | not published | A | R | % of babies |
| 2.3 | Smoking status of Mothers at time of delivery | 2013/14 | 13.8 | Worse | G | G | % of mothers |
| 2.4 | Conception Rate of Under 18 year olds | 2012 | 30.3 | Worse(*) | G | G | per 1,000 females aged 15-17 |
| 2.15(i) | Successful completion of drug treatment: Opiate (for example Heroin) users | 2012 | 7.0 | Worse | A | R | % of adult users in treatment |
| 2.15(ii) | Successful completion of drug treatment: Non-Opiate users | 2012 | 33.1 | Worse | A | R | % of adult users in treatment |
| 2.20(i) | % women eligible for breast screening adequately screened - coverage | 2013 | 78.7 | Better | G | A | % women eligible for breast screening adequately screened (aged 53-70yrs) |
| 2.20(ii) | % women eligible for cervical screening adequately screened - coverage | 2013 | 74.6 | Better | R | R | % women eligible for breast screening adequately screened (aged 53-70yrs) |
| 2.21(iv) | (iv) % babies registered within the area (currently CCG) both at births and at the time of the report who are eligible for newborn blood spot screening and have a conclusive result recorded on the Child Health System within an effective timeframe. | Not Available | | | | | |
| 2.21(v) | (iv) % babies eligible for newborn hearing screening for whom the screening process is complete within 4 weeks corrected age (hospital programmes - well babies, all programme NICU (Neonatal Intensive Care Unit) babies) or 5 weeks corrected age (community programmes - well-babies). | Not Available | | | | | |
| 2.22(iii) | % of the eligible population aged 40-74 offered an NHS Health Check (5 yr cumulative) | 2013/14 | 17.3 | No Diff | N/A | N/A | Cumulative % of the eligible population aged 40-74 offered an NHS Health Check in the 5 yr period 2013/14-2017/18 |
| 2.22(iv) | % of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check (5 yr cumulative) | 2013/14 | 46.9 | Worse | N/A | N/A | Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the 5 yr period 2013/14-2017/18 |
| 2.22(v) | % of the eligible population aged 40-74 who received an NHS Health check (5 yr cumulative) | 2013/14 | 8.1 | No Diff | N/A | N/A | Cumulative % of the eligible population aged 40-74 who received an NHS Health check in the 5 yr period 2013/14-2017/18 |

Appendix D: Public Health Outcome Framework (PHOF) Indicators

| Quarterly Report of Public Health Outcome Framework (PHOF) Indicators for Sheffield CCG Governing Body | | | | | | | |
|---|---|---------------------------|-------|---|----------------------|---------------------------|--|
| Date: 12th August 2014 | | | | | | | |
| PHOF Indicator ID | PHOF Indicator | Latest Annual time period | Value | Statistically significant compared to England | General Trend Annual | Change last annual period | Notes |
| 3.2 | Chlamydia Diagnoses (for 15-24 year olds) | 2012 | 1852 | Better | N/A | N/A | Crude rate per 100,000 aged 15-24 yr old. In 2012, several changes were made to the collection and reporting of chlamydia activity data, to deliver a simpler and more representative national surveillance system. It is important to note that as a result of the revisions, chlamydia data for 2012 onwards are not directly comparable with data reported in earlier years |
| 3.3 (iii)1 | DTaP/IPV/Hib (Diphtheria, Tetanus, Pertussis (whooping cough), polio and Haemophilus influenzae type b) vaccination coverage: 1 year olds | 2012/13 | 94.5 | No Diff | G | R | % |
| 3.3 (iii)2 | DTaP/IPV/Hib (Diphtheria, Tetanus, Pertussis (whooping cough), polio and Haemophilus influenzae type b) vaccination coverage: 2 year olds | 2012/13 | 96.7 | No Diff | A | A | % |
| 3.3 (iv) | MenC (Meningitis C) vaccination coverage for 1 year olds | 2012/13 | 90.4 | Worse | A | R | % |
| 3.3 (v) | PCV (Pneumococcal Conjugate Vaccine) coverage - for 1 year olds | 2012/13 | 93.8 | Worse | A | R | % |
| 3.3 (vi)2 | Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 2 year olds | 2012/13 | 93.6 | Better | A | R | % |
| 3.3 (vi)5 | Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 5 year olds | 2012/13 | 95.3 | Better | G | G | % |
| 3.3 (vii) | PCV (Pneumococcal Conjugate Vaccine) booster vaccination for 2 year olds | 2012/13 | 92.6 | Better | A | R | % |
| 3.3 (viii) | MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 2 year olds | 2012/13 | 92.3 | Better | G | A | % |
| 3.3 (ix) | MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 5 year olds | 2012/13 | 95.1 | Better | G | G | % |
| 3.3 (x) | MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving Two doses for 5 year olds | 2012/13 | 88.6 | Better | G | G | % |
| 3.3 (xii) | HPV (Human Papilloma Virus) vaccination coverage - for 12-13 year olds | 2012/13 | 93.3 | Better | G | G | % |
| NOTE: (*) statistical significance not available; (1) locally calculated Sheffield resident based | | | | | | | |

Provided by: Public Health Intelligence Team (Ann Richardson), Sheffield City Council