

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 if not, why not?</i> None necessary.	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i> It does not directly support this but as a public facing document is part of keeping the public informed.	
Recommendations	
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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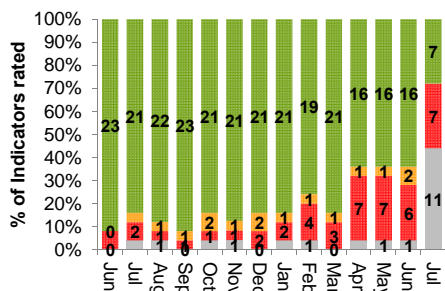
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Highest Quality Health Care

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:

	<u>Page</u>
Reducing potential years of life lost (PYLL) from amenable mortality	
● Potential years of life lost (PYLL) from causes considered amenable to health care	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
● Improvement in patient experience of hospital care (locally selected measure) - Inpatient Survey	22
Improving reporting of medication-related safety incidents	
● Improvement in the reporting of medication errors	12
Local measure	
● 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 STHFT 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 STHFT 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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Cancelled Operations

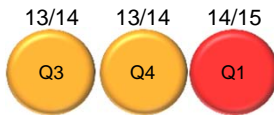
It is distressing for patients to have an operation cancelled at short notice. If an operation has to be cancelled at the last minute for reasons which are not clinical reasons, then patients should be offered another date which is within 28 days of the original date.

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.

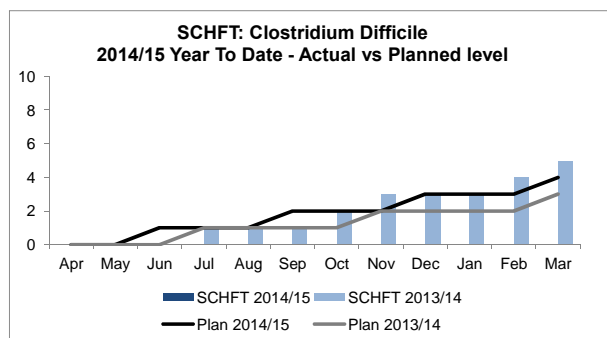
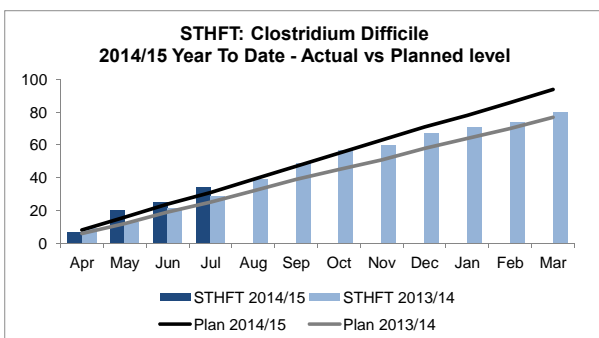
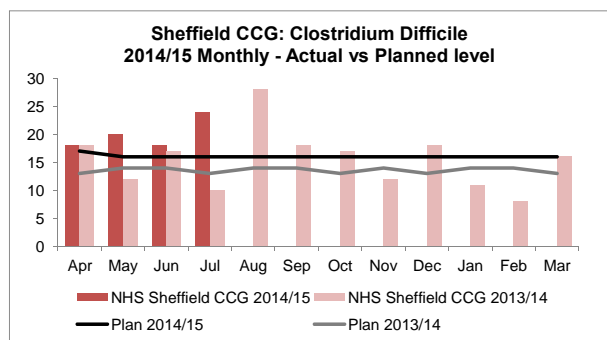
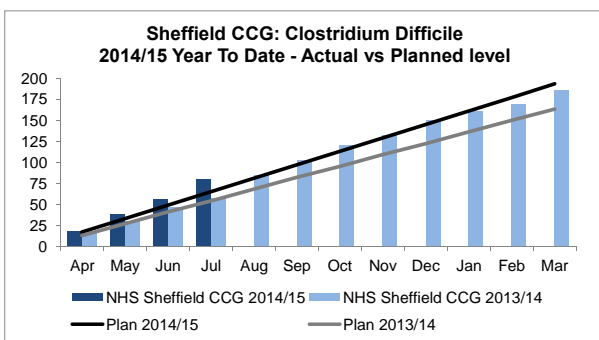
Of the 2 cases that occurred in late June, 1 case occurred in Intermediate Care and was initially classed as a community case. However, post infection review, this has now been assigned to STHFT for action due to prescribing issues. Both are still CCG cases.

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.

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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.

Children and Young People

National required measures

Issues & Actions:

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

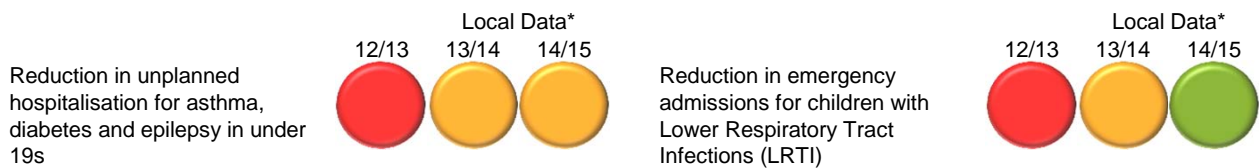
Reduction in emergency admissions for children with Lower Respiratory Tract Infection (LRTI): Previously, this measure was rated on whether the most recent position was an improvement on the last data period. However, CCGs were required to submit a plan for their ambition for reducing emergency admissions 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.



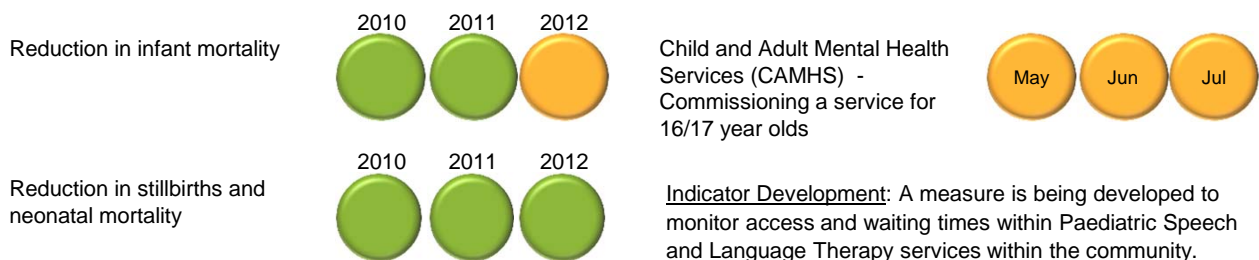
Locally selected measures

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.



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

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

