

Quality & Outcomes Report: Month 3 2015/2016

Update to Governing Body

August 2015

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Is your report for Approval / Consideration / Noting	
Consideration	
Are there any Resource Implications (including Financial, Staffing etc)?	
Potential additional funds via achievement of Quality Premium measures for 2014/15 and subsequently 2015/16 Quality Premium measures.	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
<ol style="list-style-type: none"> 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield 	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached? 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	
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> • Sheffield performance on delivery of the key NHS Outcomes • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • Key issues relating to Quality, Safety and Patient Experience • Assessment against measures relating to the Quality Premium 	

Quality & Outcomes Report

2015/16: Month 3 position

August 2015

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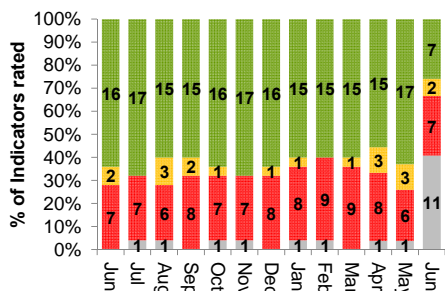
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Highest Quality Health Care

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 27 NHS Constitution Rights & Pledges for 2015/16 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 4 - 8).

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+)
	Cancer waits (31days for second/subsequent treatment - surgery: MAY YTD POSITION), Ambulance crew clear delays (30min+ and 1hr+)

2015/16 Headlines

These Rights and Pledges remain an important aspect of what we are committed to delivering for the people of Sheffield during 2015/16. Currently, **12 of the 17** core rights and pledges are being successfully delivered.

A&E waiting times: Sheffield Children's NHS Foundation Trust (SCHFT) continue to meet the pledge for 95% of patients to be seen/treated within 4 hours, as at the end of June and for Quarter 1 as a whole. The position for Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) was also above the 95% standard in June and for Quarter 1.

Patients referred for suspected Cancer: For 2015/16 to date (as at the end of May), Sheffield achieved all but one of the pledges (for patients to have a maximum 31 day wait for second/subsequent treatment, where treatment is surgery); however, it should be noted that this pledge has been achieved in-month for May. The position continues to be monitored by the CCG and STHFT as the provider concerned.

Waiting times & access to Diagnostic tests:

18 week pledge:

- **STHFT** - The Trust continues to achieve the Non-admitted and Incomplete (patients not yet seen) standards. The CCG continues to work closely with the Trust to manage achievement of the Admitted standard.
- **SCHFT** - The Trust achieved all three standards overall (for all patients) in June but for Sheffield patients did not achieve the Admitted or Non-admitted standards. The Remedial Action Plan continues to be actively managed by the CCG to ensure sustained improvement against these standards.

Diagnostic waits:

- **STHFT** - The Trust did not achieve the standard (patients seen within 6 weeks - 99%) in June and the CCG is continuing to closely monitor this position.
- **SCHFT** - The Trust achieved the standard for Sheffield patients in June but provisional data suggests it was not achieved at a Trust-wide level (i.e. for all patients - Sheffield or non-Sheffield population).

Ambulance response times: The percentage of calls resulting in an emergency response arriving within 8 minutes has decreased and is therefore still not on track to meet the related standards for 2015/16.

Commissioners continue to work with Yorkshire Ambulance Service (YAS) to improve performance and, with YAS, have invested in three key demand management schemes for 2015/16 to help ensure that calls are directed to/addressed by the most appropriate service.

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:

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** - In 2015/16 so far (as at the end of June), 42 cases attributable to the CCG have been reported, compared to the 50 forecast for this point in the year. STHFT have reported 15, compared to a forecast of 22. SCHFT have reported 1 case, which is in line with the forecast.
- **MRSA** - 1 case attributable to the CCG has been reported so far in 2015/16. No cases have been reported for STHFT or SCHFT so far in 2015/16.

Ensuring that people have a positive experience of care:

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

- The STHFT percentage of respondents who would recommend Inpatient services has decrease slightly between April and May but those recommending A&E and Maternity services have risen, the latter notably so.
- As with last month, response rates for A&E decreased marginally but for Inpatients decreased notably.

Best Possible Health Outcomes

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

In its Commissioning Intentions 2015-2019, the CCG set out a five key ambitions. Highlights of our progress during the first year (2014/15) of our 2015-2019 plan were set out in 2014/15: Month 12's report. A further update on progress during Quarter 1 of 2015/16 will be provided in next month's Quality and Outcomes Report.

CCG Assurance - NHS England Assessment

2014/15 CCG Assurance Framework

The 6 dimensions of the NHS England CCG Assurance Framework for 2014/15 are:

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

The assurance meeting in respect of Quarter 4 of 2014/15 took place in early July. The outcome of this assessment is still to be confirmed and an update will be provided in next month's Quality and Outcomes Report.

2015/16 CCG Assurance Framework

The final operational guidance for Assurance of CCGs during 2015/16 is still awaited, along with the revised CCG 'dashboard' of measures relating to quality of services, health outcomes and performance of the local health system.

A further update will be provided in next month's Quality and Outcome Report.

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 the year. A percentage of the Quality Premium will be paid for achievement of each of the agreed improvement measures. The amount paid will be reduced for each relevant NHS Constitution measure not met.

Each CCG's Quality Premium achievement is assessed at national level by NHS England and notified to the CCG during October / November.

2015/16 Quality Premium: The proposed improvement measures and thresholds for Sheffield CCG are awaiting final confirmation from NHS England and may be impacted by the national changes made to the reporting of 18 week Referral To Treatment (RTT) standards whereby only the 18 week Incomplete standard (patients not yet seen) will be monitored (see page 4 for further details of 18 week standards).




Details of the expected key measures for 2015/16 and current available data on CCG progress against each measure can be found in the Quality Premium section (page 15). As we move into Quarter 2 of 2015/16 and further data becomes available, an overview of progress against each of the main Quality Premium domains will be included in this summary section.

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 2015/16 are the same as those monitored in 2014/15, with the addition of the re-established Ambulance Crew Clear delays measures. The final guidance for Assurance of CCGs during 2015/16 is still awaited and any resulting amendments will be noted in future reports as necessary.

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 2015/16.

NOTE: "Supporting measure" = NHS Constitution support measure specified by NHS England

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: 18 weeks measures - In June the Trust did not meet the Admitted standard (90%) for Sheffield patients, with 88.01% of patients seen within 18 weeks, nor at Trust-wide level (i.e. for all patients - Sheffield or non-Sheffield population - this was 88.71%). Although overall performance against the Admitted standard is improving at Trust level, the CCG has on-going concerns with regard to performance in Cardiology, Orthopaedics and Urology.

STHFT did, however, meet both the Non-admitted standard (95%) and Incomplete standard (patients not yet seen - 92%).

SCHFT: 18 weeks measures - The Trust did not meet the Admitted standard for Sheffield patients but has achieved all three standards at a Trust-wide level. Pending the Trust's performance against the Diagnostic pledge in June, the CCG's intention is therefore to close down the outstanding Trust-wide Contract Query, whilst continuing to monitor the position for Sheffield patients.

OTHER: 52 weeks supporting measure - There were no patients waiting over 52 weeks at either STHFT or SCHFT in June but 1 wait has been reported (on an Incomplete pathway) for a Sheffield patient seen at the University Hospitals of Leicester NHS Trust; the CCG are in contact with the provider to gain further details on this.

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:

No patients wait more than 52 weeks



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Diagnostic test waiting times

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

Issues & Actions:

STHFT: The Trusts did not meet the Diagnostic waits pledge for Sheffield patients (with 98.66% seen within 6 weeks) nor at Trust-wide level (98.69%). Key areas of underperformance were identified within Urodynamics and some areas of Endoscopy provision. The CCG will continue to monitor closely.

SCHFT: The Trust met the Diagnostic waits pledge for Sheffield patients in June, with 99.24% seen within 6 weeks. Unfortunately, provisional data suggests that the Trust has again not met the pledge at a Trust-wide level (all patients) with 98.80%, although performance has improved from previous months.

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 (YTD position)



Supporting measure: 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.

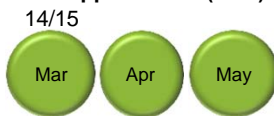
Issues & Actions:

Maximum 31 day wait for second/subsequent treatment (surgery): The standard was not met in April, with a number of patients waiting over 31 days at STHFT; this is the first time since 2009/10. In May, the standard was met but the year-to-date position (how this measure is monitored) still remains just below the required 94%.

This appears to be mainly due to elective capacity issues and the CCG continues to discuss this with the Trust to understand and monitor the position. Nationally, the Cancer Waiting Times Task Force has identified 8 key priorities to improve and sustain cancer performance and these will practically support the CCG and STHFT going forward.

From GP Referral to First Outpatient Appointment (YTD)

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 (YTD)

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 (YTD)

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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Ambulance response and handover times

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: The pledges for RED 1 and RED 2 calls resulting in an emergency response arriving within 8 minutes are not currently on track to meet the standard for 2015/16. In addition, although April and May saw levels of response above those at the end of 2014/15, both RED 1 and RED 2 - and therefore also year-to-date - performance worsened in June.

Commissioners of the 999 service from YAS have invested in three key demand management schemes for 2015/16 to help ensure that calls are directed to/addressed by the most appropriate service: additional clinicians in the 111 call centre; mental health nurses in the 999 call centre; frequent caller management.

Ambulance Handover and Crew Clear delays: The number of ambulance handover delays over 30 minutes increased in June but decreased slightly for those over 1 hour. The number of crew clear delays over 30 minutes increased slightly in June but decreased for those over 1 hour. Both handover and crew clear delays are still above expected levels.

It is important to note that delayed handovers are occurring across the geographical area served by YAS, not just in Sheffield.

YAS and STHFT have introduced the new 'self handover' clinical protocol at the Northern General Hospital - this went live during July. This 'self handover' mirrors an established process already used at some other sites in Yorkshire & Humber, whereby patients who are not acutely unwell are not formally handed-over, but wait in A&E as if they made their own way there. This is one of a number of joint initiatives between YAS, STHFT and the CCG that are all aimed at improving patient experience at a number of points in the urgent care pathway.

PLEASE NOTE: There are sometimes good reasons why there is a 'delay' recorded for hospital handover, for example 'resus patients' who have special needs. Locally, hospitals can find that their data is skewed, depending on whether they are a specialist centre. It should be noted however that, where possible, any issues are dealt with on the day with acute trusts through normal routes.

Overarching actions: YAS are currently consulting with their staff on a revised workforce model which will give greater flexibility and resilience to the organisation and are in the process of seeking additional ambulance and paramedic support to boost available resources.

Please see APPENDIX B: Ambulance Trust Performance Measures for further information on YAS performance, including numbers for the 2 most recent months.

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



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



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



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

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



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



Supporting measure: Crew Clear - reduction in the number of delays over 30 minutes from clinical handover of patients to A&E to vehicle being ready for next call



Supporting measure: Crew Clear - reduction in the number of delays over 1 hour from clinical handover of patients to A&E to vehicle being ready for next call (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:

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 these measures. NHS England have, however, noted that success for a Provider (Trust) would be a reduction in the number of cancelled operations. The position reported below is based on the combined total reported positions for both Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Children's NHS Foundation Trust, to give an indication of performance. A green rating will be based on a continuing reduction of cancelled operations.

Issues & Actions:

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days: As noted previously, 3 such cancelled operations (where the patient was not subsequently offered another binding appointment for surgery within 28 days) were reported by STHFT in Quarter 4 2014/15. This is an increase from the 1 reported in Q2 and 2 reported in Q3. The CCG continues to monitor performance closely; where required the CCG has applied contractual sanctions.

Supporting measure:

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:

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:

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



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 2015/16 commitment for Sheffield CCG is to have no more than 194 reported C.Diff cases during 2015/16. For STHFT and SCHFT, this commitment is 87 and 3 respectively.

Of the 17 cases reported in June (the same number as reported the previous month) for Sheffield CCG:

- 4 were STHFT (of a total 6 STHFT-reported cases) - all occurred on separate wards with no other recent cases
- 6 were community associated, with a hospital admission in the last 56 days
- 6 were community associated, with no recent hospital contact/admission
- 1 was community associated but hospitalised out of area and is awaiting RCA (root cause analysis) to determine if there was previous hospital admission

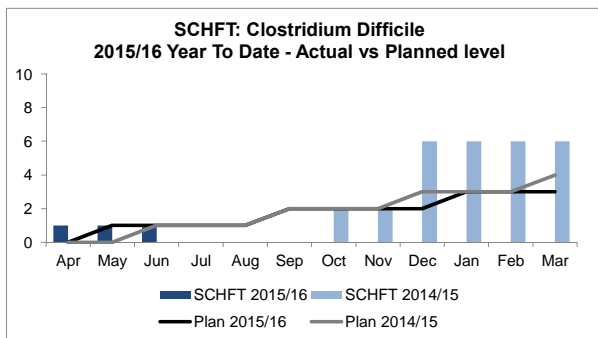
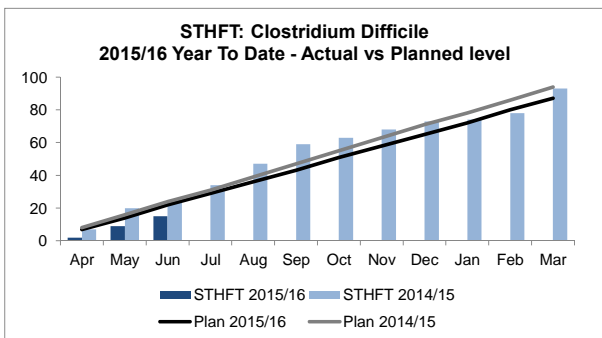
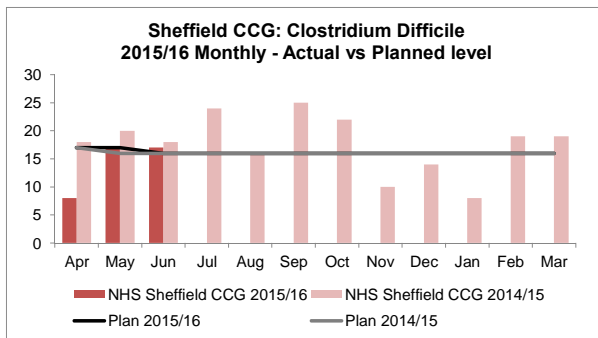
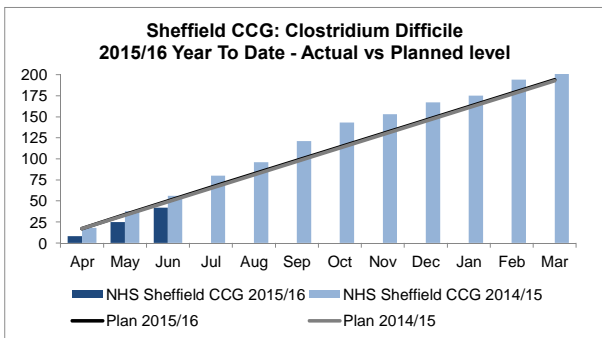
No cases were reported in May for SCHFT.

MRSA: 1 community associated case was reported in June for Sheffield CCG. The Post Infection Review identified that the patient had not accessed any community healthcare in the previous 3 months and was assessed as unavoidable. 1 other community associated case reported in April, following a review, has been assigned to a third party, not the CCG.

No cases were reported in June - and therefore in 2015/16 to date - 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 2015/16 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Jun-15	1	0	0	17	6	0
Number of infections forecast for this month	0	0	0	16	8	0
Number of infections recorded so far in 2015/16	1	0	0	42	15	1
Number of infections forecast for this period	0	0	0	50	22	1



continued overleaf

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

Regulations

Care Quality Commission (CQC) Regulatory Reviews

Sheffield Health and Social Care TNHS Foundation rust

A final action plan has now been agreed with SHSCFT except for the Intensive Support Service (ISS) report. This is still awaiting publication following a further inspection on 16th June. The informal feedback immediately following the inspection appeared positive. There is no current indication as to when the report will be available.

Ensuring that people have a positive experience of care

It is important that patients experience good care in all services whether at their GP Practice, via out-of-hours services, in hospital or in the community.

The following section is concerned with experience of care across health services, encompassing eliminating mixed sex accommodation, experience of care in hospital (including Friends and Family Test) and GP In-hours/Out-of-hours services. Each month, this section will also include a focus on patient experience of one of the Sheffield Trusts.

Eliminating Mixed Sex Accommodation

There were no breaches in June at any of the Sheffield-based Trusts, nor attributed to the CCG from other Trusts, meaning the pledge is currently being met for 2015/16. Please see the NHS Constitution - Rights & Pledges section of this report (page 8) for monitoring of the MSA measure.

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Patient Experience of NHS Trusts: Friends and Family Test

The FFT identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care. Use of the FFT, which commenced in acute NHS providers from April 2013 for both Inpatients and A&E and from October 2013 for Maternity, aims to help identify poor performance and encourage staff to make improvements, leading to a more positive experience of care for patients.

May 2015 Summary (with March 2015 and April 2015 for comparison for Sheffield only)	Sheffield (STHFT)						England	
	March 2015		April 2015		May 2015		May 2015	
	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate
A&E	82.28%	22.86%	83.59%	22.21%	84.91%	22.13%	88.30%	14.15%
Inpatients (IP)	94.70%	56.22%	96.35%	31.92%	95.41%	25.19%	95.67%	26.76%
Maternity touch points 1 - 4	95.60%	N/A*	94.77%	N/A	98.28%	N/A	95.65%	N/A

STHFT Percentage of respondents who would recommend services - summary:

The percentage of respondents who would recommend A&E and Maternity touch points 1-4 increased - but for Inpatients decreased - between April and May. In May, the percentage of respondents who would recommend Maternity touch points 1-4 was higher than the England average position but the Inpatients and A&E positions were lower (Inpatients marginally so). Whilst the percentages for England are shown above for information, direct comparison does not provide a true reflection and is not recommended.

STHFT Response rates - summary:

The response rate for A&E decreased marginally between April and May but the high response in Eye Casualty is continuing to help A&E achieve a strong response rate. The Inpatient response rate showed a notable decrease during this period. The response rates in May for A&E was notably higher than the England but Inpatients was slightly lower. (*Maternity combined response rate is no longer reliably calculable, given different areas/methods.)

Maternity touch points 1-4:

There are 4 Maternity touch points: Antenatal care, Birth, Postnatal ward, Postnatal Community provision.

Regarding the percentage of respondents who would recommend each Maternity touch point for April and May:

- Touch point 1 (Antenatal care) remains high and increased notably from 94.92% to 97.01%
- Touch point 2 (Birth) remains high and increased notably from 96.94% to 100.00%
- Touch point 3 (Postnatal ward) remains high and increased notably from 90.12% to 96.55%
- Touch point 4 (Postnatal Community provision) remains high and increased notably from 97.96% to 100.00%

FFT Supporting Information

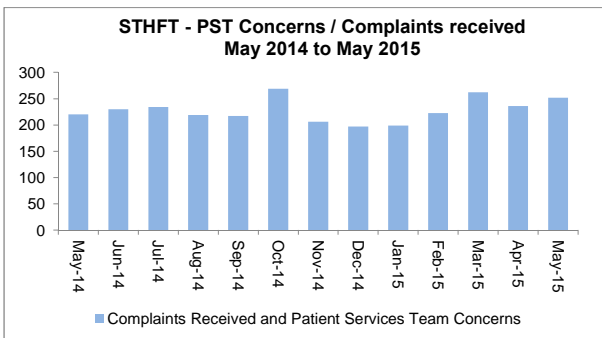
A new Survey Contractor, Health Care Communications (HCC), has now been appointed to improve the way the FFT is delivered across STHFT. A workshop event has been organised for 28th July where the Trust FFT and Local Surveys will be discussed and planned. Meetings with HCC have already outlined numerous areas of improvement, including a re-launch of FFT to raise more awareness of the survey, improved internal communications and a more consistent approach to marketing material including posters, surveys, leaflets and reports.

From 1st June, volunteers have been visiting wards to help hand out FFT cards to patients who are due for discharge on that day, to help increase response rates.

National data for Outpatients will not be available until the end of July 2015.

Patient Experience of NHS Trusts: Focussing this month on STHFT

PLEASE NOTE: Each month we focus on a different provider: the following information relates to Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)



Subject of complaints June 2014 to May 2015

Subject	Quantity	% of Subjects raised
1. Attitude	141	5%
2. Appropriateness of medical treatment	140	5%
3 Communication with patient	342	13%
4 General Nursing Care	109	4%
5 Communication with relative/carer	93	4%
	61	4%

Complaints: 357 formal complaints were received during quarter 3 2014/15, decreasing to 298 during quarter 4. 327 informal complaints were received during quarter 3, increasing to 388 during quarter 4. By combining the number of formal complaints received and the number of informal concerns, a total of 686 were raised during quarter 4, a slight increase from 684 received during quarter 3 but a decrease compared to the 729 received during the same quarter of 2013/14.

There was a significant reduction in the number of complaints received during quarter 4 2014/15. The lowest number of formal complaints were received since quarter 3 of 2010, when 287 complaints were received. However, more informal concerns were recorded during quarter 4 than in any other quarter since informal concerns were first recorded in December 2011. A higher proportion of complaints are being managed informally which often results in a swifter resolution of the concern for the complainant and has less impact on resources. During 2014/15, the Trust treated 1,213 patients for every formal complaint received, which equates to 0.08% of patients treated making a formal complaint.

The Trust works to a locally set target of responding to at least 85% of formal complaints within 25 working days. In addition, informal concerns are managed within 2 working days. The Trust has not achieved the 85% target for the past two financial years; in 2014/15, 76% of formal complaints were responded to within 25 working days. However, emphasis has been placed on managing complaints informally, where appropriate, during this time. This has resulted in a 32% increase in informal concerns from 2012/13 to 2013/14 and a further 6% increase from 2013/14 to 2014/15. The higher proportion of concerns managed informally results in the more complex complaints that take longer to resolve being left in the formal process, which has an impact on response times. The Trust is planning to trial a tiered response time to complaints, with complaints being responded to in 10, 25, or 40 working days depending on the complexity of the concerns raised. The timeframe will be agreed with the complainant at the outset.

Attitude and communication consistently feature in the top three most raised subjects in formal complaints and informal concerns. They also regularly feature in the top three most raised subjects through website feedback and comment cards. The Trust is running a programme of 'Improving Patient Experience' workshops aiming to improve the attitude of staff and how patients are communicated with.

During 2014/15, 31 complaints were referred to the Parliamentary and Health Service Ombudsman. Decisions have been reached in 13 cases. One complaint was upheld, 12 complaints were not upheld.

Website Feedback and Comment Cards: During quarter 4, 215 comments cards were completed and 96 comments left via website feedback. 74% of the feedback was positive and 51% of this positive feedback related to attitude.

Frequent Feedback: 2,369 Frequent Feedback inpatient interviews were undertaken during quarter 3 and 1,943 were undertaken during quarter 4. Quarter 4 usually sees a reduction in completed surveys as the availability of many of the younger volunteers (who carry out Frequent Feedback interviews with patients) is impacted due to study commitments. However, for the whole of 2014/15, 9,127 interviews were completed, a 36% increase compared with 6,726 for 2013/14.

The target for measures of essential care (support at mealtimes, help getting to the toilet/bathroom, treated with dignity and respect, pain control) was 91.6% for the year 2014/15. The Trust did not achieve this target during 2014/15, with a composite score of 86.8%. There will not be a CQUIN scheme for 2015/16, so these measures will be monitored through the Patient Experience Committee.

Patient Opinion: 121 stories about the Trust have been posted on Patient Opinion since 1st January 2015. The majority of stories were positive, particularly in relation to care, staff, and attitude. 'What could be improved' included communication and discharge information. Where stories are critical of the care received, the author of the story is invited to provide more detail if necessary so that their concerns can be properly investigated.

Patient Experience of GP Services

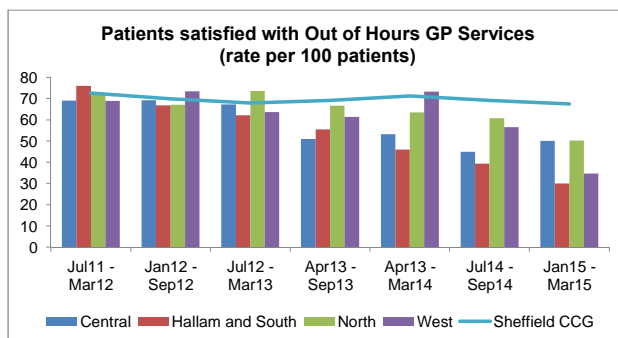
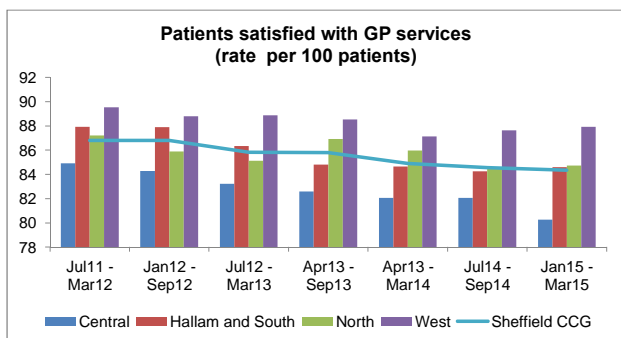
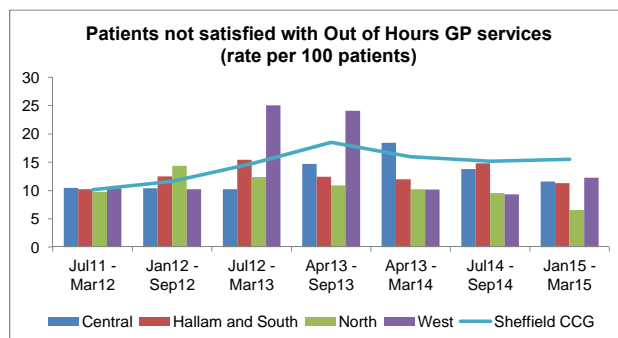
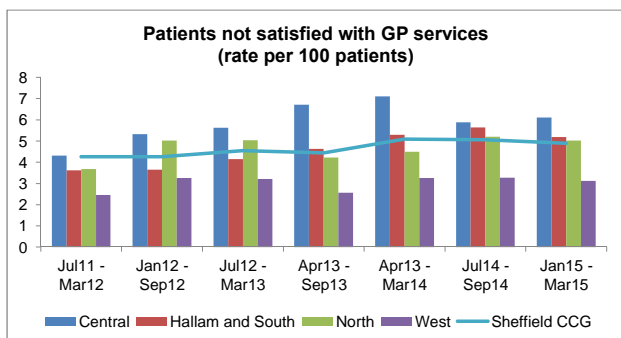
One of NHS England's Outcomes ambitions for the domain 'Increasing the number of people having a positive experience of care outside hospital, in general practice and the community' is to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services. This is measured using 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?"

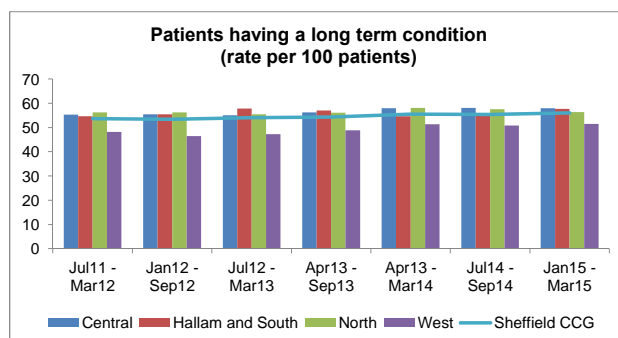
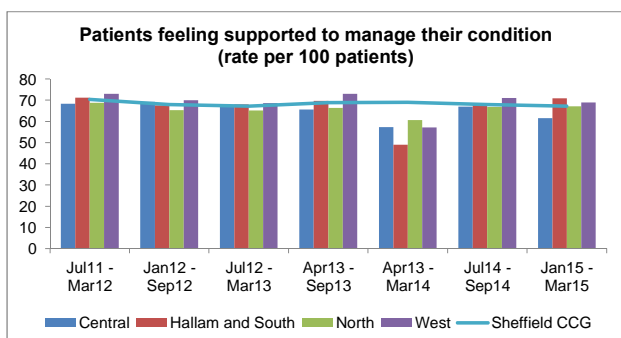
The charts below show selected measures from the GP Patient Survey, which is published every 6 months. This page remains in the report due to links to National Outcomes measures; please see APPENDIX A: Health Economy Performance Measures Summary for the most recent position of the areas below. Two surveys are run per year, with the final annual position being calculated from an aggregate of these. Results are shown here by Sheffield CCG Locality 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. Low response numbers (less than 10) are suppressed to ensure individual patients and their responses are not identifiable, therefore the Locality numbers/rates may 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. The second pair of charts illustrates those patients selecting either 'fairly good' or 'very good' experience across the same two questions; these are also monitored nationally.



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



Composition of 2015/16 Quality Premium

* RAG (red, amber, green) rating for the measure's components - where applicable - and for the overall measure

Area	Quality Premium measure	Part *	Overall *	Proportion of QP
Reducing premature mortality	Reducing potential years of life lost	-		10%
Urgent and emergency care	Avoidable emergency admissions - composite measure of: a) unplanned hospitalisation for chronic ambulatory care sensitive conditions			20%
	b) unplanned hospitalisation for asthma, diabetes and epilepsy in children			
	c) emergency admissions for acute conditions that should not usually require hospital admission			
	d) emergency admissions for children with lower respiratory tract infection			
	Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays	-		10%
Mental health	Reduction in the number of patients attending an A&E department for mental health-related needs who wait more than 4hrs to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E	-		10%
	Reduction in the number of people with severe mental illness who are currently smokers	-		15%
	Increase in the proportion of adults in contact with secondary mental health services who are in paid employment	-		5%
Patient safety	Improved antibiotic prescribing in primary and secondary care - composite measure of: a) reduction in the number of antibiotics prescribed in primary care			10%
	b) reduction in the proportion of broad spectrum antibiotics prescribed in prim care			
	c) secondary care providers validating their total antibiotic prescription data			
Local measures	5% reduction (vs 2013/14 baseline) in the volumes of "Not Normally Admitted" under 75s (including children) at the two local hospitals	-		10%
	A rise to 17% (FOT 14/15 8% ,2012/13 baseline 11.4%) of all GP referred routine out-patient firsts being booked by electronic means	-		10%
NHS Constitution requirements	Constitution measure			Reduction applied to QP if not achieved
NHS Constitution measures affecting Quality Premium	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	-		10%
	Patients on admitted non-emergency pathways should have waited no more than 18 weeks from referral to admission for treatment	-		10%
	Patients on non-admitted non-emergency pathways should have waited no more than 18 weeks from referral to start of treatment	-		10%
	Patients should be admitted, transferred or discharged within 4hrs of their arrival at an A&E department	-		30%
	Max. 2 week (14 day) wait from urgent GP referral to 1st outpatient appointment for suspected cancer	-		20%
	Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes	-		20%

NOTE: Measures in grey are awaiting further clarification or data availability

Measures not currently being met

Unplanned hospitalisation for chronic ambulatory care sensitive conditions: Local data continues to show a slowly improving position which is now very close to meeting the required level. The Long Term Conditions, Cancer, Older People and End of Life care portfolio is developing a strategy and project plans are being developed to improve the quality of care for respiratory patients which should reduce emergency admissions. A number of citywide programmes are expected to impact on this, for example the integrated commissioning programme with Sheffield City Council and the Prime Minister's challenge fund (PMCF). We are actively participating in the development of the four programmes within integrated commissioning and are making links with the initiatives within the PMCF.

Patients on admitted non-emergency pathways should have waited no more than 18 weeks from referral to admission for treatment: See NHS Constitution section - Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment (page 4).

Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes: See NHS Constitution section - Ambulance response and handover times (page 7).

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 5 clinical portfolio areas. 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.

An overview of current CCG progress against all of these measures, categorised by clinical portfolio, is shown in APPENDIX A: Health Economy Performance Measures Summary.

Additionally, progress against the new Mental Health waiting times measures, introduced for 2015/16 to support the "Parity of Esteem" agenda for Mental Health, is set out in an updated APPENDIX B: Mental Health Trust Performance Measures.

For the vast majority of national Health Outcome measures, updates on progress (via nationally published data) are only available quarterly or, in some cases, annually. Therefore, rather than continuing to display 'static' narrative against each of these measures, an update on CCG progress will be included quarterly.

This quarterly update will focus on progress against the key ambitions for improving health outcomes which the CCG set out in its Commissioning Intentions 2015-2019.

The update for Quarter 1 will be included in next month's Quality and Outcomes Report.

Appendices

Quality & Outcomes Report

APPENDIX A: Health Economy Performance Measures Summary

The tables below highlight measures from NHS England's Five Year Forward View, as recorded in the document 'The Forward View Into Action: Planning For 2015/16' divided, where appropriate, into portfolios. Also included are any additional measures that the portfolios have chosen to monitor.

Red, amber and green (RAG) ratings represent the latest known position for performance against each relevant measure. **Where possible, the RAG rating is against June 2015 performance as at the 23rd July 2015 - 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

NOTE: STHFT & SCHFT figures here (bar Referrals and Cancelled Operations) are their Sheffield CCG cohort; it is not the Trust total position

Referral to Treatment - from GP to seen/treated within 18 weeks

	CCG	STHFT	SCHFT
% seen/treated within 18wks - Admitted pathway	89.04%	88.10%	86.73%
% seen/treated within 18wks - Non-admitted pathway	97.12%	96.98%	97.61%
% still not seen/treated within 18wks - Incomplete pathway	94.76%	94.80%	93.31%
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	1	0	0

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving a diagnostic test within 6wks	98.71%	98.66%	99.24%
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Elective Care

Total elective spells: All specialties (YTD) ¹	13815	12127	722
Ordinary elective spells: All specialties (YTD) ¹	2736	2227	225
Daycase elective spells: All specialties (YTD) ¹	11079	9900	497
Total elective spells: G&A specialties (YTD) ¹	12870	11186	722
Ordinary elective spells: G&A specialties (YTD) ¹	1983	1478	225
Daycase elective spells: G&A specialties (YTD) ¹	10887	9708	497
First outpatient attendances: All specialties (YTD) ¹	38684	34019	2483
First outpatient attendances: G&A specialties (YTD) ¹	34095	29786	2289
First outpatient attendances following GP referral: All specialties (YTD) ¹	17018	15405	483
First outpatient attendances following GP referral: G&A specialties (YTD) ¹	15009	13425	479
Total referrals for a first outpatient appointment: G&A specialties (YTD) ¹	33152	28875	1728
GP written referrals for a first outpatient appointment: G&A specialties (YTD) ¹	20844	18511	675
Other referrals for a first outpatient appointment: G&A specialties (YTD) ¹	12308	10364	1053
All subsequent (follow-up) outpatient attendances: All specialties (YTD) ¹	91888	83600	3253
Cancelled operations offered another date within 28 days (QTR)	*	3	0

GP services

Patient overall experience of GP services (Good - rate per 100)	84.34
Patient overall experience of GP services (Poor - rate per 100)	4.90

Quality Premium 2015/16: Locally selected measure

Increase in all GP referred routine first outpatient appointments being booked by electronic means	WIP
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Locally selected measure

Total health gains assessed by patients after Community-based Podiatric surgery	89.95%
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continued overleaf (inc. all footers / notes)

APPENDIX A: Health Economy Performance Measures Summary

Urgent Care

NOTE: STHFT & SCHFT Non-elective spells figures are their Sheffield CCG cohort; it is not the Trust total position

Non-elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	96.08%	95.29%	98.72%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0
Non-elective spells: All specialties (YTD) ¹	12300	11135	526
Non-elective spells: G&A specialties (YTD) ¹	9803	8717	526
A&E attendances - Type 1 A&E departments (YTD) ²	29508	20305	9516
A&E attendances - All A&E departments (YTD) ²	34846	26086	9516
Unplanned hospitalisation for chronic ambulatory care sensitive conditions ³	972.9	N/A	N/A
Emergency admissions - acute conditions that should not require admission ³	1435	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s ³	244	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) ³	526	N/A	N/A
LOCAL: Unplanned hosp for chronic ambulatory care sensitive conditions ³	1.30	N/A	N/A
LOCAL: Em admissions - acute conditions that should not require admission ³	1.97	N/A	N/A
LOCAL: Unplanned hosp for asthma, diabetes and epilepsy in under 19s ³	0.18	N/A	N/A
LOCAL: Em admissions for children with lower respiratory infections (LRTI) ³	0.33	N/A	N/A
Urgent operations cancelled for the second time	*	0	0

GP Out-of-hours services

Patient overall experience of out of hours GP services (Good - rate per 100)	67.43
Patient overall experience of out of hours GP services (Poor - rate per 100)	15.53

Yorkshire Ambulance Service (YAS)

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest YTD) ⁴	76.23%	N/A	N/A	74.33%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) ⁴	74.64%	N/A	N/A	72.19%
Category A response in 19 mins (YTD) ⁴	98.06%	N/A	N/A	95.90%
Ambulance handover delays - of over 30 minutes ⁵	N/A	109	0	1995
Ambulance handover delays - of over 1 hour ⁵	N/A	3	0	315
Ambulance crew clear delays - of over 30 minutes ⁵	N/A	18	0	390
Ambulance crew clear delays - of over 1 hour ⁵	N/A	1	0	22

Quality Premium 2015/16: Locally selected measure

Reduction in emergency admissions for acute conditions that should not usually require hospital admission for under 75s (including children) at STHFT and SCHFT	WIP
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Locally selected measures

Reduction in Emergency Admissions in all specialties (YTD variance from plan)	527.05
Reduction in % of ambulance callouts resulting in transportation to hospital (YTD)	74.22%

Long Term Conditions, Cancer, Older People and End of Life Care

NOTE: STHFT &

SCHFT Cancer waits figures are their Sheffield CCG cohort; it is not the Trust total position

	CCG
Potential years of life lost (PYLL - rate per 100,000) ⁶	2244.0
Proportion of people feeling supported to manage their condition	67.26%
Health-related quality of life for people with long-term conditions	70.5
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	84.8%

Cancer Waits (YTD)

	CCG	STHFT	SCHFT
% seen within 2 weeks - from GP referral to first outpatient appointment	94.46%	94.40%	100.00%
% seen within 2 weeks - as above, for breast symptoms	98.63%	98.94%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	97.80%	97.75%	N/A
% treated within 31 days - subsequent treatment (surgery)	93.67%	93.51%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	N/A
% treated within 31 days - subsequent treatment (radiotherapy)	100.00%	100.00%	N/A
% treated within 62 days - following an urgent GP referral	90.34%	91.28%	N/A
% treated within 62 days - following referral from an NHS screening service	100.00%	100.00%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	88.24%	88.24%	N/A

continued overleaf (inc. all footers / notes)

APPENDIX A: Health Economy Performance Measures Summary

Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	100.00%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	4.87%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	45%
Proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment	82.19%
Proportion of people that wait 18 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment	97.75%
Estimated diagnosis rate for people with dementia ⁷	66.72%
Locally selected measure	CCG
Proportion of people with LD receiving an Annual Health Check (YTD - progress)	[Yellow Bar]

Children, Young People and Maternity

The 2 National measures monitored by this portfolio ultimately relate to Urgent Care, so are summarised in that section, above

Locally selected measure	CCG
Reduction in infant mortality (progress)	[Yellow Bar]
Reduction in stillbirths and neonatal mortality (progress)	[Green Bar]
Child and Adolescent MH Services (CAMHS) - commissioning a service for 16/17yr olds (YTD - progress)	[Green Bar]

Quality Standards

Patient Safety

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia infections (YTD)	1	0	0	N/A
Clostridium Difficile (C Diff) infections (YTD)	42	15	1	N/A
Mixed Sex Accommodation (MSA) breaches (YTD)	0	0	0	0
Hospital deaths attributable to problems in care	WIP	WIP	WIP	WIP

Patient Experience

	WIP	WIP	WIP
Patient experience of hospital care	WIP	WIP	WIP
Friends and Family test: Inpatient - Response rate (QTR) ⁸		44.84%	
Friends and Family test: Inpatient - % Recommended (QTR) ⁸		95.00%	
Friends and Family test: A&E - Response rate (QTR) ⁸		21.16%	
Friends and Family test: A&E - % Recommended (QTR) ⁸		83.63%	

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

FOOTNOTES OVERLEAF

Footnotes:

Acute Services Portfolio - Elective Care and Urgent Care

¹ Activity (Elective, Non-elective and Outpatient) measures:

These measures cannot be interpreted directly in conjunction with Trusts' contract/activity monitoring reporting

- Trusts' Contract Activity monitoring - as summarised in APPENDIX C of this report - is the agreed Sheffield CCG-purchased plan for STHFT and SCHFT respectively - for all (i.e. not just G&A*) activity
- The measures here 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 into the total
- The majority of the activity measures will be monitored against nationally submitted SUS (secondary uses service) data
GP Referrals data is not available via SUS and so will, as per previous years, continue to be monitored via the Monthly Activity Return (MAR) or Quarterly Activity Return (QAR) submitted to the Department of Health
- Measures on the number of referrals will not be rated for STHFT or SCHFT as plans are not provided for these by CCG
- * G&A specialties = General & Acute - does not include, for example, Obstetrics, Mental Health and Community services

² Number of attendances at A&E departments:

- CCG position = total reported from any provider on the national A&E SITREP collections - allocated to CCGs using proportions of each provider's A&E activity data submitted to SUS for that CCG - mapping provided by the Department of Health
- STHFT & SCHFT positions = total provider position (local data, as national is not currently available by exact months)
- SCHFT has a Main A&E department only, so all attendances are Type 1 in nature

³ Emergency Admissions/Unplanned Hospitalisation:

- Position shown here is the latest published figure (Oct-13 to Sep-14 PROVISIONAL)
This is the Directly standardised rate (DSR) per 100,000 registered patients (the 2 children's measures use under 19s only)
- LOCAL position shown here is the latest YTD position taken from nationally submitted SUS (secondary uses service) data
This figure is the indirectly standardised rate per 100,000 registered patients (the 2 children's measures use under 19s only)

⁴ Category A responses:

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

⁵ Ambulance handover/crew clear times:

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

Long Term Conditions, Cancer, Older People and End of Life Care

⁶ PYLL:

- 2013 position; RAG in Quality Premium section is amber because this will be the 2014 position and this is not yet published - direction of travel/expected position is therefore not yet known for certain

Mental Health, Learning Disabilities and Dementia

⁷ Dementia diagnosis rate:

- PROVISIONAL 2013/14 position from the Primary Care Tool

Quality Standards

⁸ Friends and Family Test:

- Rated against improvement on previous period

APPENDIX B: Mental Health Trust Performance Measures

Sheffield Health and Social Care NHS Foundation Trust

Crisis Resolution / Home Treatment

As at the end of June, there have been 368 home treatment interventions against the 12-month target of 1,202; this equates to 22.5% more patients benefiting from this service than originally planned by the third month of 2015/16.

CPA 7 day follow up

June's monthly performance was 100%, with the 2015/16 YTD position also at 100% and therefore remains above the national target of 95%.

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.

During 2015/16 the focus of performance reporting for the EIS pathway will change to reflect the new national standards relating to access to treatment within 2 weeks of referral.

Psychological therapy services (Improving Access to Psychological Therapies - IAPT)

*** DATA CAVEAT:** The source to be used for this data in NHS England guidance has not yet been fully reconciled to locally available data and so, in order to monitor progress against these in the meantime, data provided directly from Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) is used in the table below. PLEASE NOTE THAT JUNE'S DATA IS PROVISIONAL AND THEREFORE SUBJECT TO AMENDMENT.

Following a meeting between the CCG, CSU and SHSCFT to look at requirements and monitoring for 2015/16, SHSCFT have given assurance around improved data collection and training for staff on the appropriate recording of activity on their system. A monthly report of the 2015/16 IAPT measures is still in development but SHSCFT have been able to provide the April to June positions for the 4 IAPT measures shown below (with the exception of those moving to recovery - only June was provided for this).

The SHSCFT IAPT manager has met with commissioners to look at proposals for bidding against national money made available for improving IAPT services; the proposals centre around improving access by broadening technical solutions, making more material available for self-management through mobile apps and online availability.

It should be noted that the Mental Health Commissioning Team are considering the potential impact of city-wide programmes on the IAPT service, for example PMCF (Prime Minister's Challenge Fund) and "Ageing Better".

The number of people who received psychological therapy and are moving to recovery: As noted previously, the National team have recognised that the Sheffield service is doing all the right things to improve recovery rates. The service continues to work through their clinical plan, focussing on improving recovery rates and their general management plan, focussing on resolving national and local data issues.

SHSCFT Indicators	Target	May	June	Change
Crisis Resolution / Home Treatment (YTD)	1202	252	368	▲
Psychosis Intervention - new cases (YTD)	75	25	25	◀▶
Psychosis Intervention - maintain capacity (YTD)	270	213	212	▼
CPA 7 day follow up (YTD)	95%	100.00%	100.00%	◀▶
% receiving Psychological Therapy (IAPT) (YTD) *	18.04%**	3.20%	4.87%	▲
% IAPT patients moving to recovery (YTD) *	50%	N/K	45%	▼
% waiting 6wks or less, from referral, for IAPT *	75%	79%	82.19%	▲
% waiting 18wks or less, from referral, for IAPT *	95%	97.8%	97.75%	▼

** CCG's 15/16 plan/ambition, as per 14/15, is to achieve 18.04%

APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

Percentages quoted in the 2 paragraphs below are as at 19th July 2015

Across the Yorkshire & Humber region, year to date (YTD) RED 1 and RED 2 combined 8 minute performance has worsened to 71.73% against the service standard of 75%. RED 1 and RED 2 combined 19 minute performance has also decreased slightly to 95.76%, although this still exceeds the 95% service standard. For CCG Quality Premium purposes, YAS RED 1 overall 8 minute performance is measured; YTD performance currently stands at 71.92%, a decrease from last month, against the NHS Constitution standard of 75%. (Sheffield CCG's YTD RED 1 and RED 2 combined 8 minute performance decreased to 74.09% against a (non-contractual) service standard of 75%.)

For 2014/15 and 2015/16, commissioners agreed with YAS to maintain the 95% performance standard across GREEN calls but introduce a lower 'floor' in respect of performance within individual months, to be contract managed in accordance with General Condition 9 of the contract, including potential withholding of payment for breach of remedial action plan.

YAS YTD GREEN performance was below the minimum level for GREEN 2, GREEN 3 and GREEN 4 response (expected service standard in brackets): GREEN 1 (20 min response) - 84.61% (80%), GREEN 2 (30 min response) - 76.43% (85%), GREEN 3 (20 min triage) - 87.64% (80%), GREEN 3 (30 min response) - 79.30% (80%). GREEN 4 (60 min triage) - 99.30% (95%), GREEN 4 (60 min response) - 91.3% (June in-month) (95%)

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 (Ambulance response and handover times - page 7) for information on issues and actions for RED measures.

YAS Indicators				
	Target	May	June	Monthly Change
Category A (RED 1) responses within 8mins (YTD)	75%	74.33%	72.71%	▼
Category A (RED 2) responses within 8mins (YTD)	75%	73.09%	72.19%	▼
Category A (RED combined) responses within 19mins (YTD)	95%	96.22%	95.90%	▼
Ambulance Handovers - delays over 30mins as a % of total arrivals with a handover time	Minimise -	1406 4.39%	1995 6.27%	▲
Ambulance Handovers - delays over 1hr as a % of total arrivals with a handover time	Minimise -	354 1.11%	315 0.99%	▼
Crew Clear - delays over 30mins as a % of total arrivals with a handover time	Minimise -	381 1.19%	391 1.23%	▲
Crew Clear - delays over 1hr as a % of total arrivals with a handover time	Minimise -	34 0.11%	22 0.07%	▼

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	April	May	Monthly Change
Re-contact after discharge (Phone)		1.7%	1.8%	▲
Re-contact after discharge (Treatment at scene)		3.3%	3.5%	▲
Re-contact after discharge (Frequent Caller)		1.6%	1.0%	▼
Time to answer call (Median)	5 seconds	1	1	◀▶
Time to answer call (95th Percentile)		18	18	◀▶
Time to answer call (99th Percentile)		30	35	▲
Time to treatment (Median)		6.2	6	▼
Time to treatment (95th Percentile)		15.9	15.6	▼
Time to treatment (99th Percentile)		24.4	24.3	▼
Call closed with advice (Phone advice)		9.7%	9.9%	▲
Call closed with advice (Transport)		31.2%	31.3%	▲
Clinical Indicators		January	February	
Outcome from Cardiac Arrest (CA) All		21.4%	23.8%	▲
Outcome from CA Utstein Group (UG)		50.0%	67.9%	▲
Outcome from acute STEMI Angioplasty		79.3%	79.8%	▲
STEMI Care Bundle		89.4%	89.2%	▼
Outcome from Stroke 60 min to Stroke Unit		58.6%	57.7%	▼
Stroke - Appropriate Care Bundle		98.1%	99.1%	▲
Outcome from CA - Survival to Discharge All		7.9%	12.4%	▲
Outcome from CA - Survival to Discharge UG		40.0%	54.2%	▲
Service Experience		N/A	N/A	

APPENDIX B: NHS 111 Performance Measures

NHS 111 Activity



Performance against National Target at Month 2, April 2015 *

Compared, where possible, to National data

* = Month 3 2015/16 data is not yet available

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

Sheffield Activity

Chart 1: Calls received

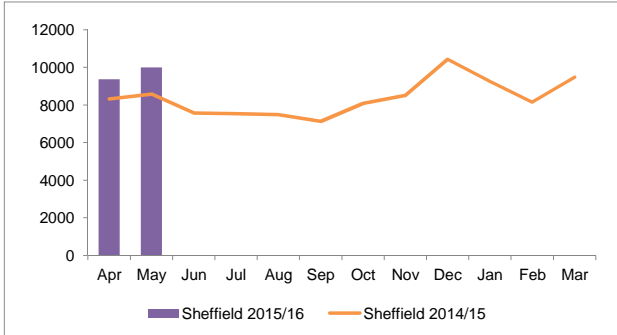


Chart 2: Clinical Calls completed within 10 minutes

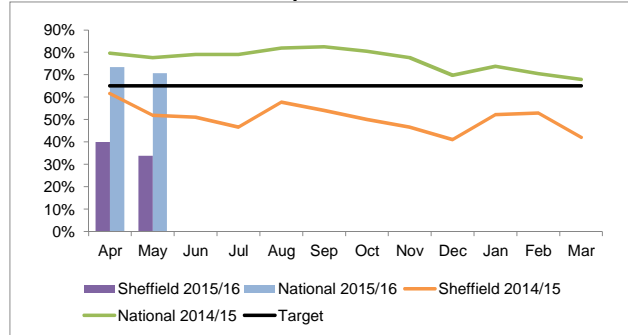


Chart 3: % of Clinical call-backs within 10 minutes ≥ 98%

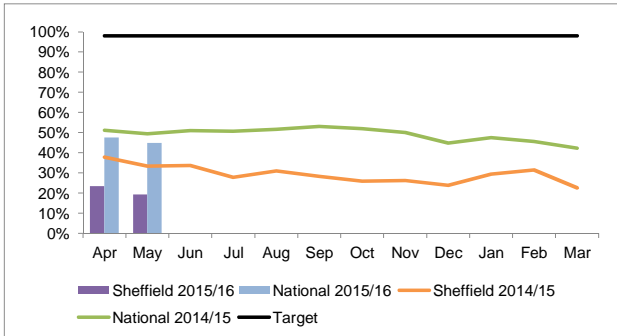
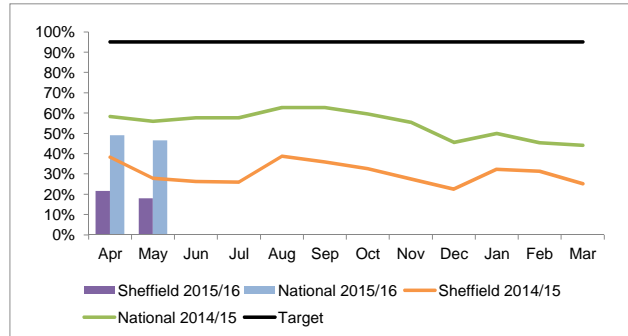


Chart 4: % of warm transfers* ≥ 95%



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

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

Chart 5: Calls received

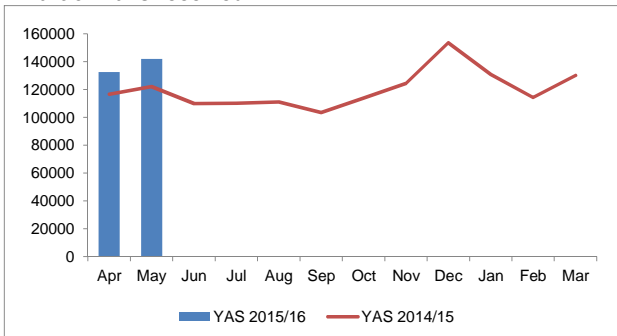


Chart 6: Calls answered within 60 seconds ≥ 95%

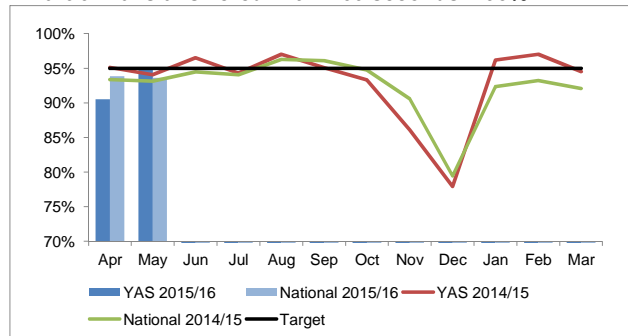


Chart 7: Calls abandoned after 30 seconds ≤ 5%

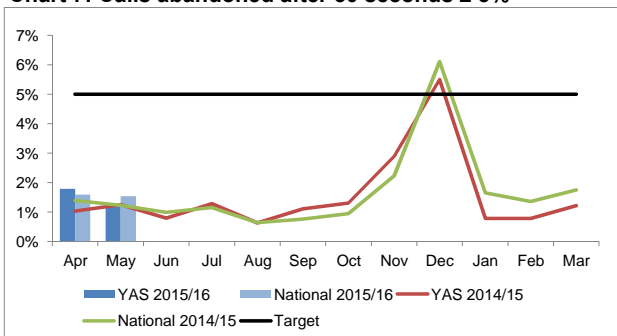
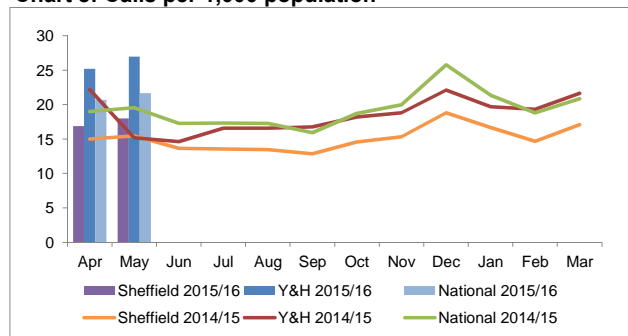


Chart 8: Calls per 1,000 population



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

APPENDIX B: NHS 111 Performance Measures

YAS Activity: NHS 111 Calls by Disposition Type (Disposition = where calls are directed to)

Chart 9: Calls by Disposition Type: Rolling year

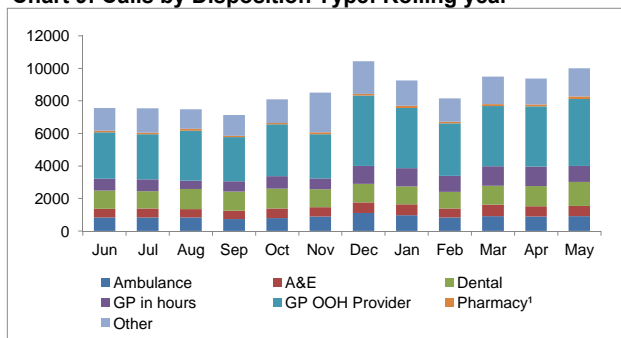


Chart 10: % Calls by Disposition Type: Rolling year

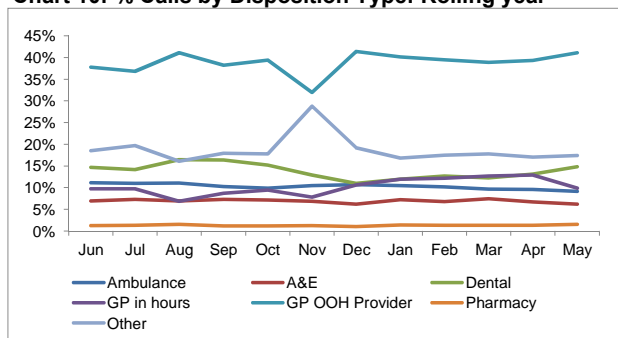


Chart 11: Proportion of Calls by Disposition Type: % change on previous year - from October 2014 *

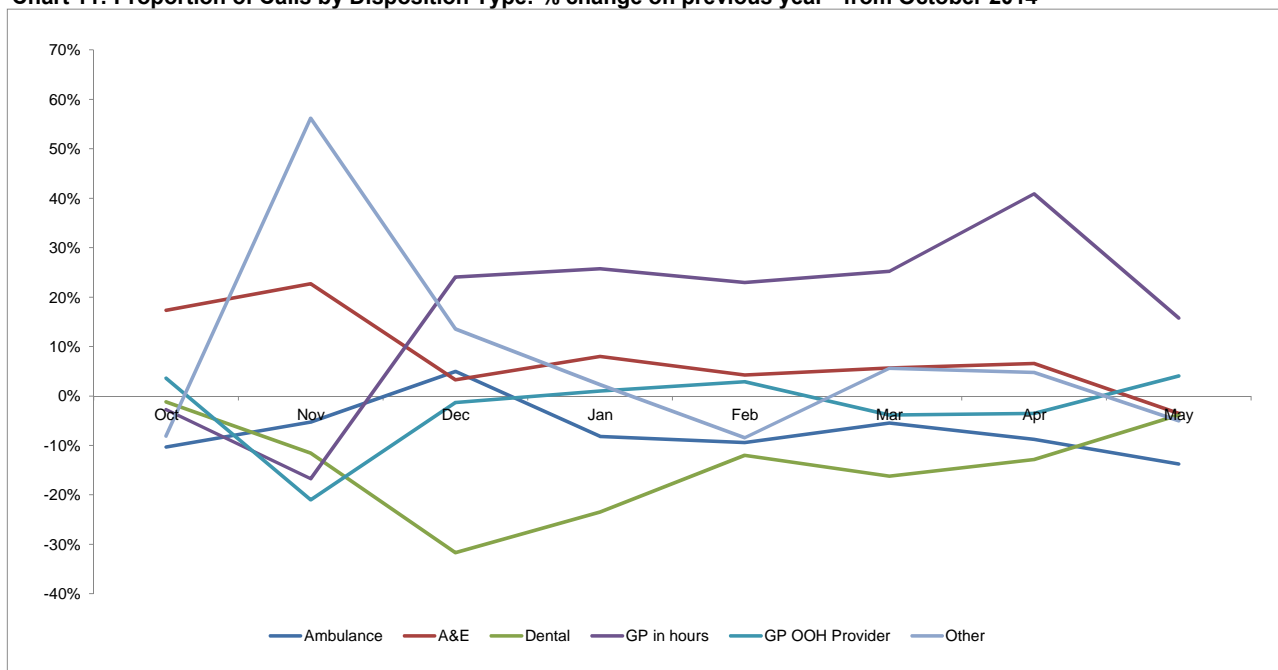


Chart 11 notes:

* Following the introduction of 111 there was a phased handover of services into the 111 Directorate. 111 did not cover all services until October 2014 and any data before this date does not accurately reflect demand.

Other = 111 Calls that are not triaged (i.e. wrong number) or result in dispositions of Primary Care (largely Walk-in Centre), Other Service or Self Care, excluding calls referred to GP In-Hours, GP OOH, Dental or Pharmacies.

The Pharmacy cohort has been removed from Chart 11 (% change year-on-year); this proportion of calls has only just begun to level out, as use of this disposition code has only recently started to be consistently applied in the call recording - therefore previous proportions skew the overall chart position.

Performance against Sheffield CCG Activity Target at Month 3, Apr 2015 - Jun 2015

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

Outpatient First Attendances: 2% below plan
 Outpatient Follow-ups: 1.7% below plan
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 0.3% below plan
 Inpatient Non-elective Spells: 3.8% above plan
 A&E Attendances: 0% above plan

Figure 1: Referrals ¹

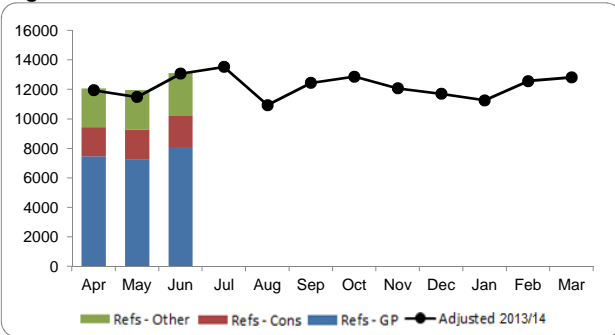


Figure 4: Electives

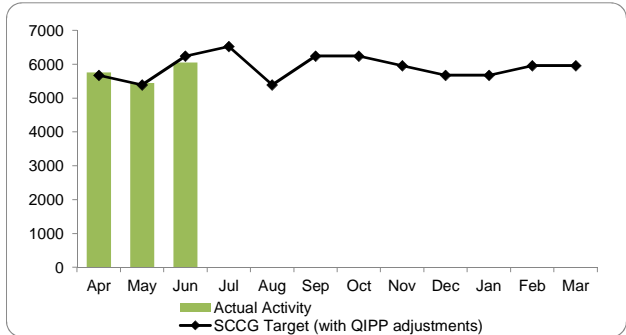


Figure 2: Firsts ²

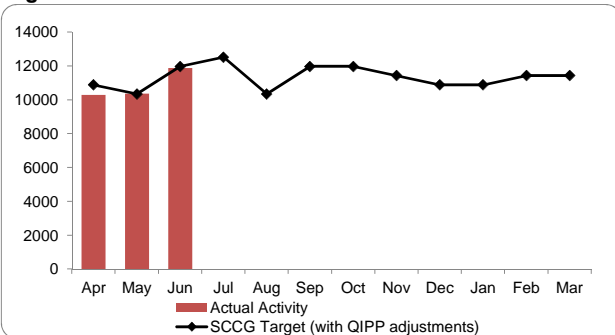


Figure 5: Non-Electives

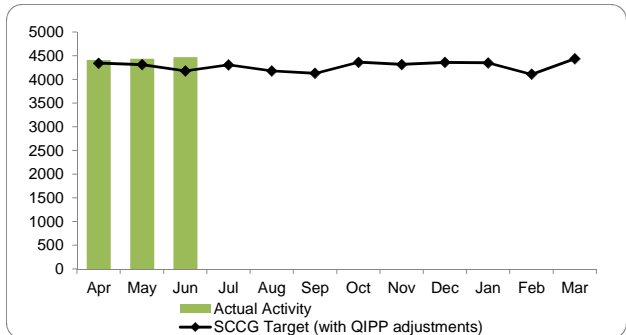


Figure 3: Follow-ups

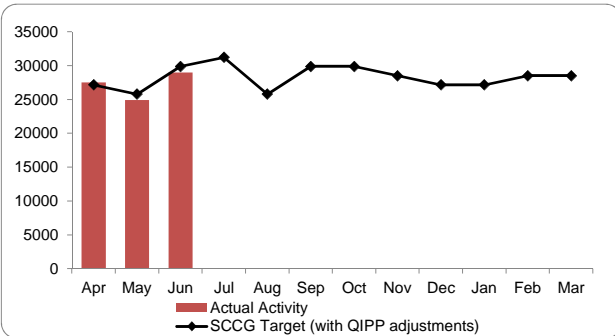


Figure 6: Accident and Emergency

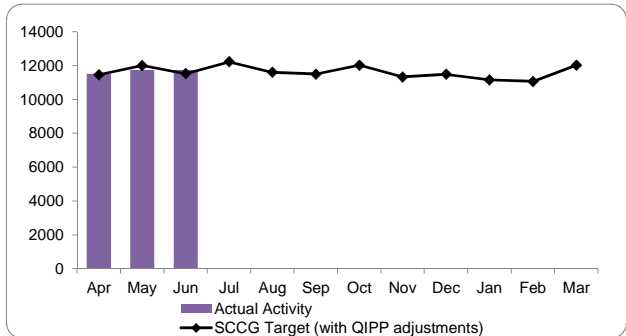


Table 1. Outpatient Activity

Activity	2015/16	Target	Var	% Var
Firsts	32,548	33,209	-661	-2.0%
Follow-ups	81,477	82,845	-1,368	-1.7%
Follow-ups:First Ratio	2.50	2.49	0.01	0.3%

Table 2. Inpatient and A&E Activity

Activity	2015/16	Target	Var	% Var
Electives	17,263	17,310	-47	-0.3%
Non Electives	13,324	12,839	485	3.8%
Excess Bed Day Costs (£000s)	£ 1,932	£ 1,758	£ 174	9.9%
A&E	35,014	35,001	13	0.0%

Source: STHT Contract Monitoring

Notes:

Additional non-recurrent activity to achieve 18WW has been phased across the year. This is currently being reviewed and phasing may change in-year

¹ Referrals compared to 2014/15, 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 1204 (18%).

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

Performance against Sheffield CCG Activity Target at Month 3, Apr 2015 - June 2015

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

Outpatient First Attendances: 0.4% above plan
 Outpatient Follow-ups: 8.6% above plan
 Outpatient Procedures: 40.3% below plan

Inpatient Elective Spells: 13.5% below plan
 Inpatient Non-elective Spells: 2.5% above plan
 A&E Attendances: 2.4% above plan

Figure 1: Firsts

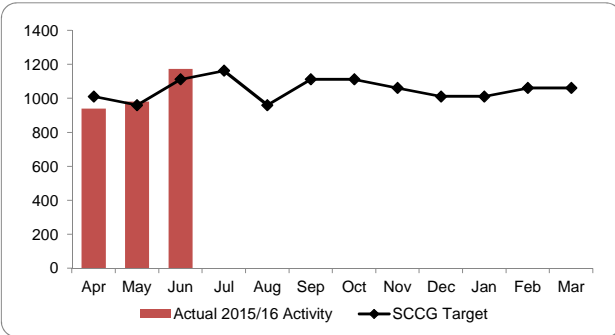


Figure 4: Electives

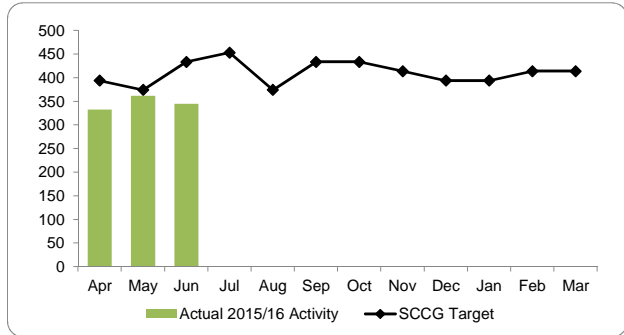


Figure 2: Follow-ups

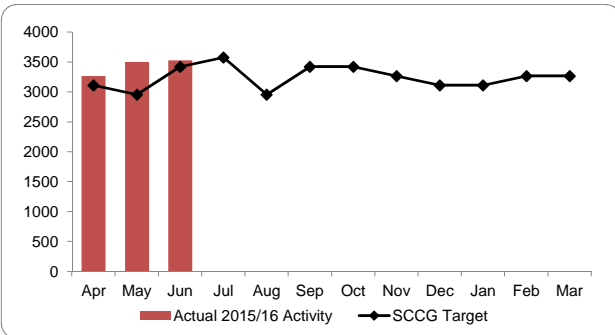


Figure 5: Non-Electives

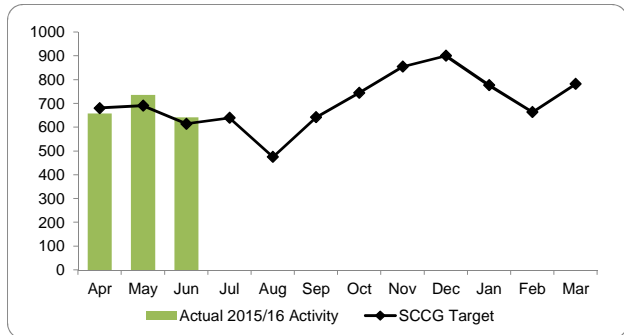


Figure 3: Accident and Emergency

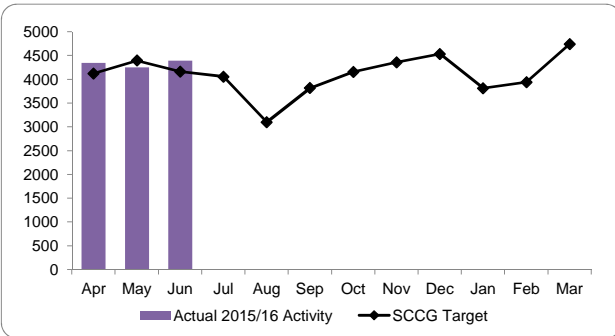


Figure 6: Excess Bed Days

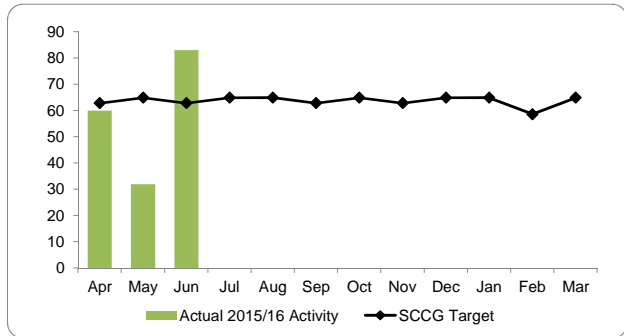


Table 1. Outpatient Activity

Activity	2015/16	Target	Var	% Var
Firsts	3,096	3,085	11	0.4%
Follow-ups	10,300	9,489	811	8.6%
OP Payable Procedures	1	2	-1	-40.3%
Follow-ups:First Ratio	3.33	3.08	0.25	8.1%

Table 2. Inpatient and A&E Activity

Activity	2015/16	Target	Var	% Var
Electives	1,040	1,202	-162	-13.5%
Non Electives	2,036	1,986	50	2.5%
Excess Bed Day Costs (£000s)	£ 56	£ 57	£ -1	-1.8%
A&E	12,991	12,684	307	2.4%

Source: SCHFT Contract Monitoring (SLAM)

Notes:

Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, July 2015