

Quality & Outcomes Report: Month 8 2014/2015

Governing Body meeting

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

Quality & Outcomes Report

Month 8 position

For the January 2015 meeting
of the Governing Body

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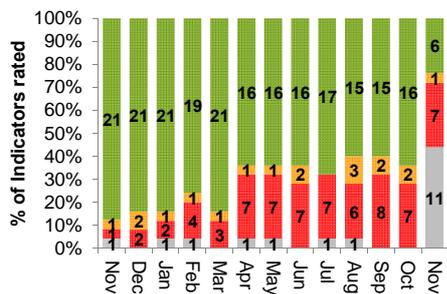
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Highest Quality Health Care

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 5 - 9).

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+)
	A&E 4hr waits

2014/15 Headlines

These Rights and Pledges remain an important aspect of what we are committed to delivering for the people of Sheffield during 2014/15. Currently, 12 of the 17 core rights and pledges are being successfully delivered.

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 for 2014/15 to date as at the end of November. However, the position within Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) has deteriorated significantly and initial data to mid-December (still to be validated) shows that the challenging levels of A&E activity and admissions mean that delivery of the current quarter (October to December) achievement of the 95% is no longer possible. Discussions continue between the CCG and STHFT's A&E department to understand and address this lower performance and to do everything possible to recover the position by the end of the year.

Patients referred for suspected Cancer: Sheffield continues to achieve the pledges on maximum waiting times for patients referred for suspected cancer, including the pledge that patients will wait no more than 62 days to begin first definitive treatment following an urgent GP referral for suspected cancer; this is in contrast to the overall National position (although in-month it has dipped below 90% for the third time since December 2013).

Waiting times & access to Diagnostic tests:

18 week pledge:

The pledge at CCG level (all Sheffield CCG patients) for 90% of patients to start treatment within 18 weeks of referral was not met again in November, with 87.99% seen within 18 weeks.

At Trust level (i.e. for all patients - Sheffield or non-Sheffield population) STHFT have not reached the operational standard for Admitted patients (90%) for November. SCHFT did not meet any of the 18 week standards in November. The CCG is monitoring this high priority area on a weekly basis and continues to use formal contract queries and contractual penalties.

Diagnostic waits:

At CCG level (all Sheffield CCG patients), the pledge for 99% patients to receive their diagnostic test 6 weeks of referral is still not fully met; in November, 97.84% were within 6 weeks.

The previously improved STHFT position in October has worsened again in November, specifically in relation to Echocardiography, Cystoscopy and Urodynamics. SCHFT has not met the pledge at a Trust-wide level (all patients) for the fifth month in a row. Formal contract queries are now in place with both Trusts and contractual penalties continue to be applied.

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2014/15 Headlines - continued

Ambulance response times: In November (and for the year to date) the number of emergency calls resulting in a response arriving within 8 minutes has continued to fall short of the 75% pledge. Work continues between commissioners and Yorkshire Ambulance Service (YAS) to review the position and the plans YAS is putting in place to achieve improvements. A monthly trajectory for planned improvement on current levels for combined RED 8 minute performance has been put in place, a revised remedial action plan has been received and contractual sanctions continue to be applied.

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** - 10 cases attributable to the CCG were reported in November against a forecast of 16; in 2014/15 so far, 153 cases have been reported, compared to the 129 forecast for this point in the year. All cases are analysed and are being closely monitored so that any trends can be identified and followed up. STHFT reported 5 cases in November, against a forecast of 8 (68 cases to date, compared to the 63 forecast). SCHFT did not report any cases in November (2 cases to date, compared to the 2 forecast).
- **MRSA** - 1 case attributable to the CCG was reported in November and, as 4 cases have been reported to date (this plus 1 in April and 2 in June) the 'zero tolerance' policy in place for 2014/15 has not been achieved. STHFT are likely to be allocated 1 in November (the CCG case mentioned above), bringing their cases to 3 to date. No cases have been reported so far in 2014/15 for 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):

- The STHFT October percentages of respondents who would recommend the services in each of the 3 areas - A&E, Inpatients and Maternity - have improved or remained consistent with those in September. The Trust is looking into feedback from the A&E FFT and liaising with A&E Senior Managers to improve the experience of patients.
- Response rates continue to fluctuate across Inpatients and A&E and STHFT are working with individual wards to improve quarter 4 response rates.

CCG Assurance - NHS England Assessment

The assurance meeting in respect of Quarter 2 of 2014/15 took place in early December and the outcome will be reported in the February Quality & Outcomes Report. The CCG continues to demonstrate that it is taking appropriate action, in collaboration with providers, on the current national challenges being experienced in Sheffield also. It is therefore expected that the CCG will continue to be rated as fully '**assured**' in respect of all 6 dimensions of the NHS England CCG Assurance Framework (as set out below):

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

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Quality Premium

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

2014/15 Quality Premium

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

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Best Possible Health Outcomes

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

For 2014/15, the measures most likely to be used for national oversight of improvements being delivered by CCGs are the NHS Outcome measures and supporting measures set out in the Best Possible Health Outcomes section of this report (pages 16 - 21). These are measures against which all CCGs have submitted planned levels of achievement.

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

Acute Services Portfolio - Elective Care: The portfolio continues to develop its commissioning intentions for 2015/16 and beyond with a focus on bringing care closer to home, developing integrated patient care pathways and focusing on improved outcomes for patients. Building on work from last year we are seeking to extend the number of specialities who are part of the outpatient letter scheme, thus improving the timeliness and quality of information sent by STHFT to patients' GPs.

The portfolio Clinical Lead is currently volunteering in Sierra Leone and will return mid-January; during this time his role is being covered by other clinical colleagues with the support of the CCG.

Acute Services Portfolio - Urgent Care: In addition to work to address the issues around A&E, the portfolio continues to focus on a number key projects including reducing avoidable admissions to hospital and the conveying of patients to hospital that could otherwise be supported by community services. The portfolio is currently developing its high-level strategy for urgent care, which aims to identify how urgent care services can best be developed and configured for the population of Sheffield. A paper outlining a proposed approach is planned to go to the public session of the Governing Body in February 2015.

Long Term Conditions, Cancer and Older People: We continue to work with our primary care and public health colleagues on improving prevention and self care, and in our service redesign we are focussing on improving co-ordination and the provision of services closer to home.

Our priorities for 2015/16 will be person-centred care planning, services for people with cancer, people at end of life, people with respiratory conditions and those with cardiovascular disease, people who are frail and those with a number of different conditions. In addition, staff within the portfolio continue to contribute to the city-wide programme of joint commissioning with Sheffield City Council under the Better Care Initiative and also to the Sheffield Ageing Better programme funded through the Big Lottery Fund.

Mental Health, Learning Disabilities and Dementia: The portfolio has identified the following programmes of work within its commissioning intentions; primary care, physical health including liaison psychiatry, complex needs, crisis and personality disorder. It remains committed to embedding parity of esteem within the work of the CCG.

In response to recent publications such as 'Achieving Better Access to Mental Health Services by 2020' [<https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020>] we are in the process of defining more local measures that reflect these priorities and work areas.

The proportion of people who have depression and/or anxiety disorders who receive psychological therapies, and also the number moving to recovery, remains below the required standard. The CCG are working with Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) to understand the underlying causes (which may be related to data and reporting rather than service performance) and to identify appropriate actions. An update will be provided in next month's Quality & Outcomes Report.

Children and Young People: The children's portfolio has been working on plans for 2015/16 based upon a review of priorities.

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. There is an emerging urgent care plan being developed for Children in line with the citywide urgent care strategy.

NHS Constitution - Rights & Pledges

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

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

Key to ratings:

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

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

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

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

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

Issues & Actions:

The pledge (at CCG level) for 90% of patients to start treatment within 18 weeks of referral is not being met; in November, 87.99% of patients were within this time. Also, whilst no admitted patients waited over 52 weeks, there was 1 non-admitted patient who waited over 52 weeks and a further 2 patients still on 'incomplete pathways' (not yet seen) who have been waiting more than 52 weeks.

STHFT: At Trust level (i.e. for all patients - Sheffield or non-Sheffield population) STHFT have not reached the operational standard for Admitted patients (90%) for November, achieving only 87.82%; this is the tenth month in a row where the standard has not been met. However, for the second month in a row, the Trust did meet the Non-admitted standard (95%) with 95.03% and also the Incomplete standard (patients not yet seen - 92%) with 93.00%.

The specialities of Cardiology and Orthopaedics remain areas of significant challenge and the Trust continues to target long waiters in line with recent National directives. The CCG continues to have in place a formal contract query related to the delivery of 18 week waits performance, is monitoring this high priority area on a weekly basis and will continue to apply all contractual penalties related to 18 week waits underperformance.

SCHFT: As a provider (all patients) the Trust did not meet any of the 18 week waiting time standards in November. The November position for Admitted patients was 81.62%, Non-admitted was 92.33% and Incomplete (patients not yet seen) was 89.62%. Consequently, the CCG will be issuing the Trust with a formal contract query on 18 weeks waiting times in early January and will continue to apply all contractual penalties related to 18 week waits underperformance.

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

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



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



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



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



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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:

The pledge for 99% patients to receive their diagnostic test 6 weeks of referral is still not fully met; in November 97.84% were within 6 weeks.

STHFT: At Trust level (all patients) STHFT is achieving 97.87% against a 99% standard and the CCG continues to have in place a formal contract query. The improved position reported for October (66 patients waiting longer than the 6 week timeframe) has not been maintained into November, with 145 patients not receiving tests within 6 weeks. This deterioration is due to increases in the numbers waiting more than 6 weeks for Echocardiography (54), significant numbers in Cystoscopy (51) and Urodynamics (15). The CCG is working with STHFT to understand the emerging issues within Cystoscopy. All contractual penalties have been applied as per the terms of the contract.

SCHFT: The Trust met the Diagnostic waits pledge for Sheffield patients in November. However, provisional information suggests that the Trust has not met the pledge at a Trust-wide level (all patients) for the fifth month in a row, with 11 patients waiting over 6 weeks, giving 98.50%. As a result, the CCG has taken the decision to issue a formal contract query to SCHFT. Actions agreed with the Trust, as a result of the contract query, will be shared with CCG Governing Body in February. All contractual penalties have been applied as per the terms of the contract.

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.

Issues & Actions:

Please see the previous Summary section (2014/15 Headlines - page 2) for information on issues and actions around A&E waiting times.

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



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



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Cancer waits

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

From GP Referral to First Outpatient Appointment (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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Category A ambulance calls

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

Issues & Actions:

Ambulance Response Times: The pledges for RED 1 or RED 2 calls resulting in an emergency response arriving within 8 minutes have again not been met in November (and are also unlikely to be met in December). Formal contract query notices have been issued and a monthly trajectory for planned improvement on current levels for combined RED 8 minute performance has been accepted.

Following external support, commissioned by the CCG from the Good Governance Institute (GGI), to provide assurance to commissioners that sustainable performance improvement can be achieved, commissioners have now received a revised remedial action plan for RED (most time critical and serious) and GREEN (less time-critical, non life-threatening) performance, incorporating recommendations made by the GGI.

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

Ambulance handover times: In comparison to the numbers seen in October, when delays over 30 minutes increased significantly, numbers have reduced slightly in November - to 1,184 (delays over 30 mins) and 248 (delays over 1 hour) - but are still well above expected levels. This is against a backdrop of previously reducing levels of delays (since last November/December) but with some fluctuations.

The increase in delayed handovers has occurred across the geographical area served by YAS, not just in Sheffield. The underlying issues form part of system-wide discussions including Sheffield Systems Resilience Group meetings and all parties are working to reduce handover times.

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

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

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



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



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



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Mixed Sex Accommodation (MSA) breaches

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

Supporting measure - 14/15:

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



Cancelled Operations

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

PLEASE NOTE: There is no published threshold for 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.

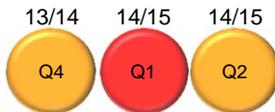
Issues & Actions:

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: The number of operations cancelled at STHFT for non-clinical reasons (and where the patient was not subsequently offered another binding appointment for surgery within 28 days) decreased from 8 in Quarter 1 2014/15 to 1 in Quarter 2 2014/15. The CCG continues to monitor performance closely; where required the CCG has applied contractual sanctions.

SCHFT reported 2 patients not offered another appointment within 28 days in Q2, having not had any breaches in the previous two quarters; the Trust is investigating the causes of these.

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 (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 2014/15 commitment for Sheffield CCG is 193. For STHFT and SCHFT, they are 94 and 4 respectively.

- Of the 10 cases reported in November for Sheffield CCG:
- 4 were STHFT (of a total 4 STHFT-reported cases)
 - 3 were community associated, with a hospital admission in the last 56 days
 - 3 were community associated, with no recent hospital contact/admission

Due to maximum expected levels being breached in community/primary care and Hospital, there is further work underway to review antibiotic prescribing along the patient pathway.

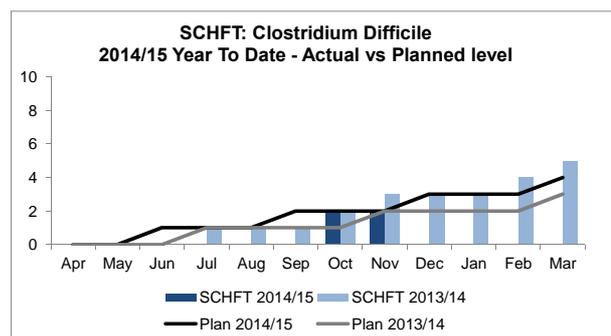
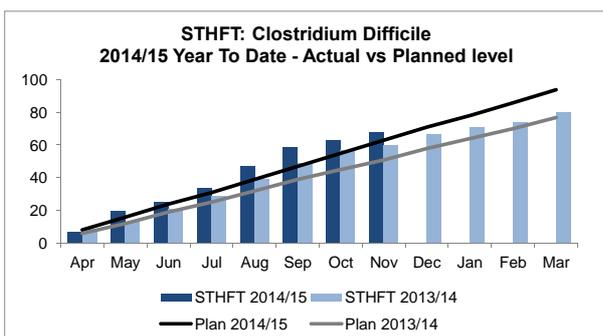
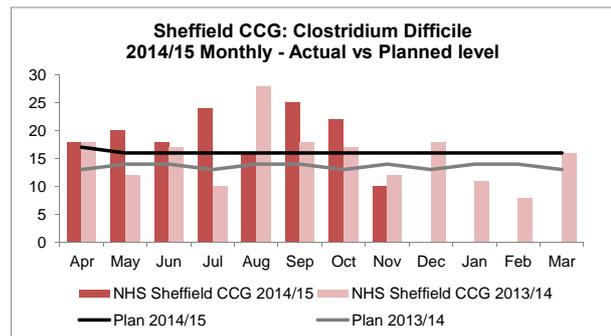
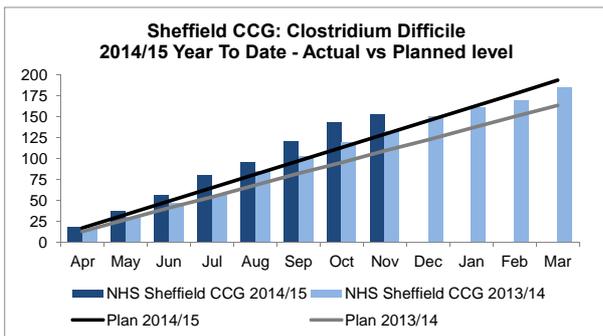
No cases were reported for SCHFT in November.

MRSA: 1 case was reported for Sheffield CCG in November; however, this is a contaminant - not a true blood stream infection but a contaminated sample by the blood taker. The Post Infection Review is underway but likely assignment of the case will be to STHFT; the Trust did not record any further cases.

No cases have been reported in November, or 2014/15 to date, for 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 Nov-14	1	1	0	10	5	0
Number of infections forecast for this month	0	0	0	16	8	1
Number of infections recorded so far in 2014/15	4	3	0	153	68	2
Number of infections forecast for this period	0	0	0	129	63	2



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

- continued

Regulations

Care Quality Commission (CQC) Regulatory Reviews

Yorkshire Ambulance Service

The Yorkshire Ambulance Service has been notified that they will receive an inspection by the CQC at some point in January 2015. This will be closely monitored by the Regional Contract Monitoring Board.

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 for increased reporting at both STHFT and SCHFT of medication-related safety incidents. A baseline position for medication incident reporting was provided 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 to March 2014). Achievement of the quality premium will be via a 5% increase over the baseline period for the same quarter in 2014/15.

Quarter 1 2014/15 Position

The Sheffield Children's NHS Foundation Trust (SCHFT) position for Q1 has now been confirmed as 139 reported medication safety incidents, showing an increase of 6.9% on the 130 baseline position.

As previously reported, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) showed an increase in reported medication safety incidents of 11.5% in Q1, successfully surpassing the expected 5% increase.

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.

** This will include quarterly updates on the Staff Friends and Family Test, which looks at whether care would be recommended to others by those actually working within the Trusts.*

Eliminating Mixed Sex Accommodation

There have been no breaches from April to November 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.

The CQC National Accident and Emergency Department Patient Experience Survey

This survey (published on 2 December 2014) relates to the experiences of people over the age of 16 who attended an NHS A&E department during January, February or March 2014.

The overall results both nationally and for STHFT are generally encouraging. Further consideration of the results and possible areas for further improvement of patient experience will be reported at the Governing Body meeting in February. STHFT results can be found at www.cqc.org.uk/provider/RHQ/survey/4

continued overleaf

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.

The NHS England review of the FFT, published in July 2014, suggested that the presentation of the data move away from using the Net Promoter Score (NPS) as a headline score and use an alternative measure. In line with this recommendation, this report uses the percentage of respondents who would recommend the service, in place of the NPS; this is the proportion of respondents who are 'extremely likely' and 'likely' to recommend.

October 2014 Summary (with August and September 2014 for comparison for Sheffield only)	Sheffield (STHFT)						England	
	August 2014		September 2014		October 2014		October 2014	
	Respondents who would recommend	Response rate						
A&E	85.00%	22.24%	78.71%	21.36%	79.30%	20.57%	86.87%	19.61%
Inpatients (IP)	97.14%	26.70%	97.41%	41.65%	97.14%	31.17%	94.03%	37.64%
Maternity touch points 1-4	95.35%	N/A*	93.32%	N/A*	94.66%	N/A*	93.84%	N/A*

STHFT Percentage of respondents who would recommend services - summary: The percentage of respondents who would recommend the services in all 3 areas - A&E, Inpatients and Maternity touch points 1-4 - has shown a marginal improvement or little variation between September and October. With the exception of A&E, the percentages of respondents who would recommend services in October remains similar to that for the whole of England. Whilst the percentages for England are shown above, direct comparison does not provide a true reflection and is not recommended.

STHFT Response rates - summary: The response rate for A&E fell marginally between September and October, whilst the response rate for Inpatients fell notably. The response rate for A&E in October is marginally higher than that across England, whilst Inpatients is now notably lower. (*Combined response rate for Maternity is no longer calculable.)

A&E and Inpatients: The percentage of respondents who would recommend A&E improved marginally between September and October from what had been a steady decline. However, the percentage of patients who would not recommend A&E ('Very unlikely' and 'Unlikely' response categories) has increased notably over the last three months.

Whilst Inpatient scores have shown little variation and remain high, the response rate has fluctuated notably over the last three months and fell between September and October.

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 September and October:

- Touch point 1 (Antenatal care) remains high and increased from 95.00% to 97.14%
- Touch point 2 (Birth) remains high, but decreased from 96.36% to 92.86%
- Touch point 3 (Postnatal ward) remains high and increased notably from 90.13% to 97.08%
- Touch point 4 (Postnatal Community provision) has lowered, decreasing notably from 90.24% to 89.74%

FFT Actions: STHFT have undertaken an analysis of all negative comments received relating to A&E from FFT free text commentary. The analysis highlighted that 'staff attitude' and 'waiting times' are the themes receiving most negative comments and the Trust is taking these issues forward with A&E Senior Managers to improve patient experience.

STHFT are working with individual wards to improve quarter 4 response rates in A&E and Inpatients.

continued overleaf

Friends and Family Test (FFT) - continued

Staff FFT - Quarter 1 2014/15:

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), Sheffield Children's NHS Foundation Trust (SCHFT) and Sheffield Health and Social Care NHS Foundation Trust (SHSCFT)

The FFT for staff uses the same response categories as for patients but, for staff, asks two questions: 'How likely are you to recommend this organisation to friends and family if they needed care or treatment?' and 'How likely are you to recommend this organisation to friends and family as a place to work?'

The Staff FFT rollout forms part of the Commissioning for Quality and Innovation (CQUIN) payment programme and, as rollout has occurred, this has been achieved. There is no target in the CQUIN for the percentage of staff who would recommend their Trust as a place to work/for treatment although, generally, the higher this percentage is, the better; a summary of the Q2 14/15 results is shown below - with Q1 14/15 for comparison - for information.

Quarter 2 2014/15 Summary (with Quarter 1 2014/15 for comparison)	Staff FFT by Provider Trust							
	Quarter 1 2014/15				Quarter 2 2014/15			
	Would recommend their trust as a place for treatment	Would <i>not</i> recommend their trust as a place for treatment	Would recommend their trust as a place to work	Would <i>not</i> recommend their trust as a place to work	Would recommend their trust as a place for treatment	Would <i>not</i> recommend their trust as a place for treatment	Would recommend their trust as a place to work	Would <i>not</i> recommend their trust as a place to work
STHFT	87.00%	3.92%	67.54%	14.97%	88.41%	2.45%	73.89%	10.43%
SCHFT	88.89%	0.00%	69.44%	8.33%	92.34%	1.44%	75.25%	8.10%
SHSCFT	73.66%	6.46%	68.95%	10.77%	74.18%	7.61%	69.25%	11.34%

Summary:

- Staff confidence in STHFT as a place to work and as a place for treatment improved between Q1 and Q2
- Staff confidence in SCHFT as a place to work and as a place for treatment improved between Q1 and Q2
- Staff confidence in SHSCT did not show a marked change between Q1 and Q2

Action: STHFT is considering undertaking a review and further analysis of Staff FFT results and their relationship with Patient FFT results.

2014/15 Quality Premium - Friends and Family Test measures

The Quality Premium target for the CCG relating to FFT (see page 3 for summary) requires STHFT to deliver against an agreed action plan by Quarter 4 (which includes action taken as a result of feedback), roll-out of the FFT and targets for improving positive / reducing negative feedback/responses.

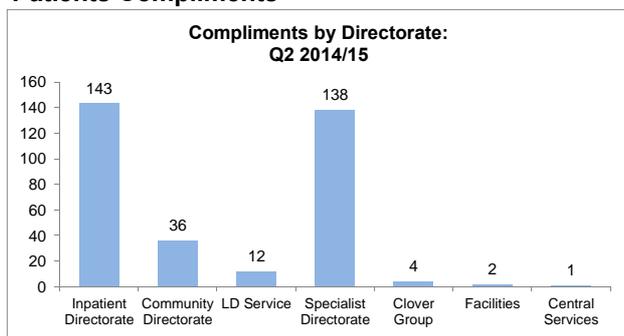
STHFT have produced a comprehensive action plan to improve specific concerns identified via the FFT process and is now implementing the action plan. Similarly, the required FFT roll-out has been achieved; FFT rolled out to Outpatient and Day Case services in October and Community roll-out is on track for January 2015.

continued overleaf

Patient Experience of NHS Trusts: Focussing this month on SHSCFT

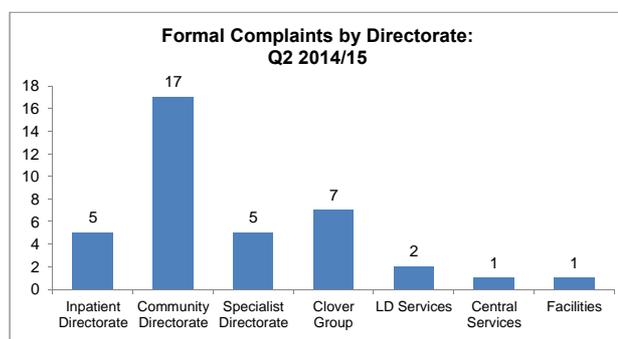
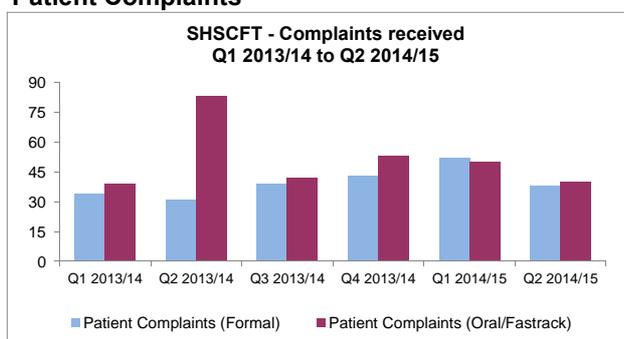
PLEASE NOTE: Each month we focus on a different provider: the following information relates to Sheffield Health and Social Care NHS Foundation Trust (SHSCFT)

Patients Compliments



*LD = Learning Disability

Patient Complaints



Sheffield Health and Social Care Trust receives far more compliments than complaints. During Quarters 1 and 2 of 2014/15, 213 and 336 compliments were received, with the majority being about the Specialist Directorate and the Inpatient Directorate. The total number of compliments received during Q1 and Q2 2014/15 (548) is equivalent to the total number received during the same period in 2013/14 (549).

SHSCFT received 52 formal complaints during Q1 2014/15; this is an increase of 52% on the number received during the same period in 2013/14 (34) and an increase of 21% on the number received during Q4 2013/14 (43). However, in Q2 the number of formal complaints received decreased to 38, comparable with the number received during Q2 2013/14 (31). During Q2, 79% of complaints were responded to within a timeframe agreed with the complainant.

The increase during Q1 14/15 appears to be primarily in complaints about the Community Directorate. The number of formal complaints received about them quarterly is as follows: 13/14: Q1 - 14, Q2 - 12, Q3 -18, Q4 - 20. 14/15: Q1 - 30, Q2 -17

There are four locality teams in the Community Directorate. The proportion of complaints received by each locality varies from quarter to quarter; the figures do not show a trend as to which locality gets most complaints. In Q1 2014/15 the South West Locality Team received the highest number of complaints (14). In Q2 the South West Locality Team and the North Locality Team received the highest number of complaints (7 and 6 respectively).

Of the formal complaints received about the Community Directorate, the majority related to 'all aspects of clinical care' and the second highest category was 'attitude of staff'. This is consistent with the subject matter of complaints across the Trust as a whole and with the subject of complaints received in 2013/14 and previous years.

SHSCFT record whether each complaint is upheld, partially upheld or not upheld. During 2013/14, 46% of complaints were upheld/partially upheld. For Q1 2014/15, this proportion decreased slightly to 40% and then increased in Quarter 2 to 61%. The proportion of complaints about the Community Directorate that were upheld or partially upheld was 33% during Q1 and 59% during Q2. SHSCFT provide detailed reports to their Quality Assurance Committee which summarise the content of each complaint, the outcome of the investigation and the actions taken as a result.

In August 2014, SHSCFT recruited a Head of Service - User Experience and Monitoring. SHSCFT is establishing a Service User Experience Group, the purpose of which is to include improving quality of service user experience and engagement and ensuring that all services are using service user experience to drive quality and improvement.

Four stories about SHSCFT have been posted on Patient Opinion and NHS Choices sites since 1st April 2014. Two stories related to the Eating Disorder Service and the patients were very positive about their experiences. One story related to clinical concerns and another related to problems booking appointments.

Patient Experience of GP Services

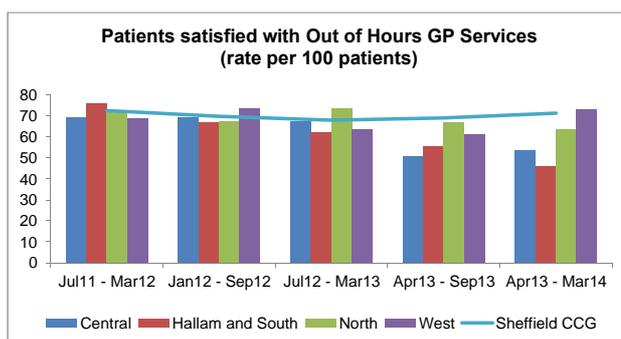
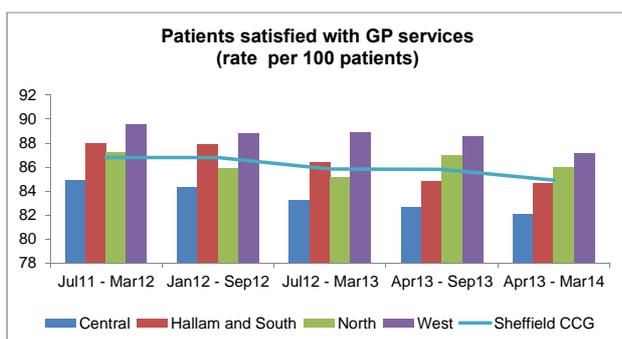
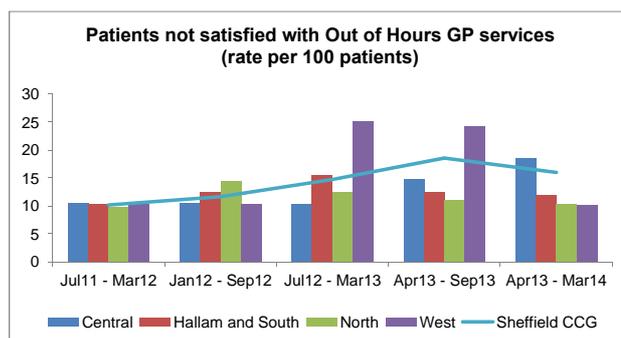
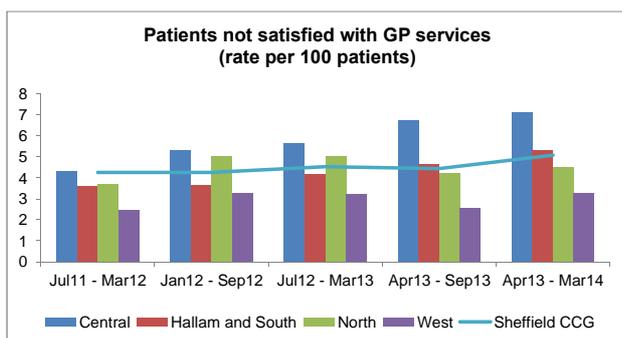
One of NHS England's Outcomes ambitions for the domain 'Increasing the number of people having a positive experience of care outside hospital, in general practice and the community' is to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services. This is measured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

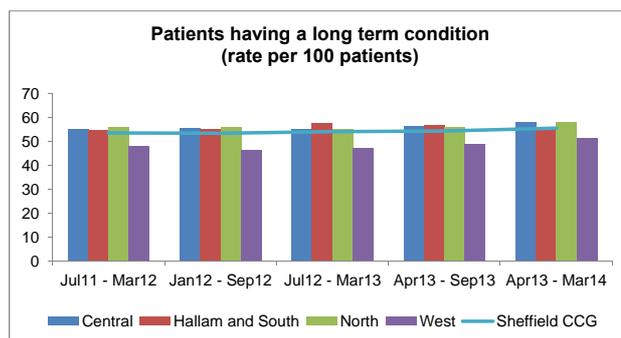
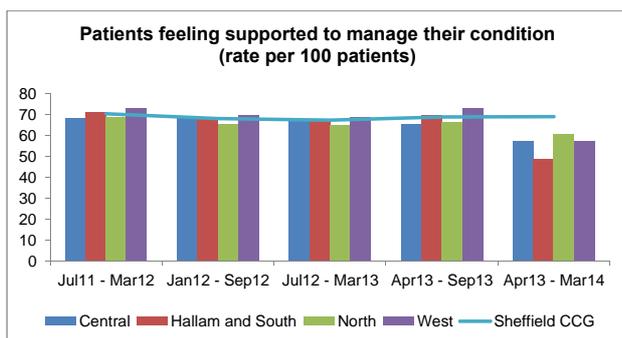
The charts below show selected measures from the GP Patient Survey, which is published every 6 months. This page remains in the report due to links to National Outcomes measures; please see the Best Possible Health Outcomes section (page 16: Acute Services Portfolio - Elective Care for 'Patient experience of GP services' and page 17: Acute Services Portfolio - Urgent Care for 'Patient experience of GP Out of Hours services'). 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; this is included for additional information only - it is no longer a National Outcomes measure.



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



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

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

Key to ratings:
 Improving
 Not Improving
 Area of Concern
 Not yet available
Unless otherwise stated

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

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

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

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

Acute Services Portfolio - Elective Care

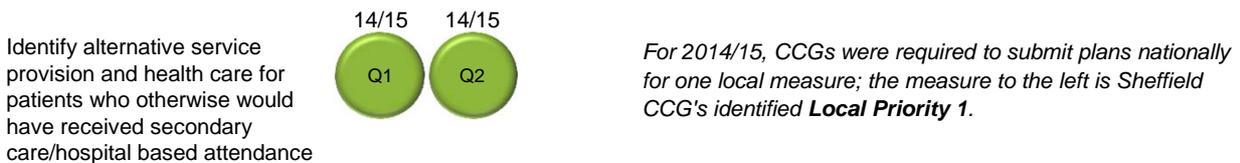
National required measures

Issues & Actions:

Patient experience of GP services: This is 1 component of a 2-part composite measure of GP patient experience; please see the Quality & Safety - Ensuring that people have a positive experience of care section of this report (page 15) for information.

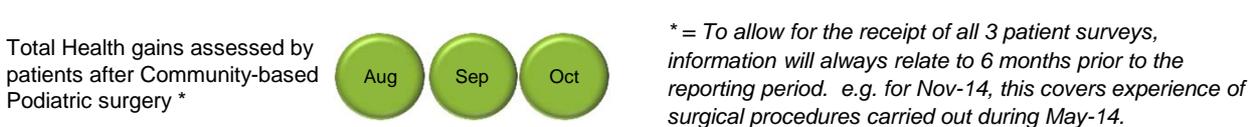


Quality Premium 2014/15: Locally selected measure



Portfolio: Locally selected measures

The patient satisfaction measure is based on areas such as risks being explained, assistance received and problems/discomfort following the procedure. This area is judged to be green as, although the Nov-14 local score decreased very slightly to 90.17%, any score above 78% is being judged nationally as good. As an additional measure, 94.7% of people said they would have surgery again under the same conditions (again, a decrease from last month).



continued overleaf

Acute Services Portfolio - Urgent Care

National required measures

Issues & Actions:

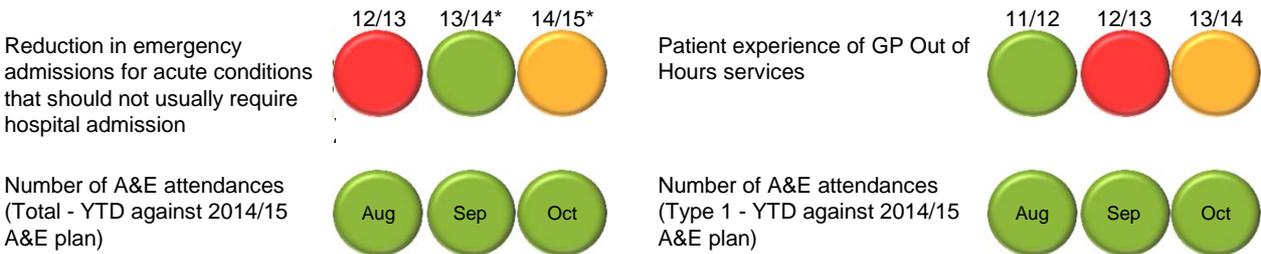
Reduction in emergency admissions for acute conditions that should not usually require hospital admission: Please note that this is part of a composite measure of 4 emergency admissions area as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 3.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

*** DATA CAVEAT:**

- 13/14 - National PROVISIONAL (complete year) data published by the Health and Social Care Information Centre.
- 14/15 - Local YTD data; rates are calculated using the most recently published populations - currently available position is as at the end of October.

Work continues on redefining patient assessment pathways in CDU/MAU (Clinical Decision Unit/Medical Assessment Unit - STHFT) to prevent emergency admissions being converted into hospital stays. Discussions are also taking place around patient admissions to the Frailty Unit where these are for assessment only and it is possible an admission may be able to be avoided. Good progress has been made in discussions to create linkages between YAS ambulance teams and SPA (Single Point of Access - a service that manages patient referrals from health professionals into all community health services) to facilitate timely access to community services as opposed to conveyance to hospital. A new protocol is being developed enabling paramedic teams to contact SPA to organise ongoing care rather than convey patients to hospital.

Patient experience of GP Out of Hours services: This is 1 component of a 2-part composite measure of GP patient experience; please see the Quality & Safety - Ensuring that people have a positive experience of care section of this report (page 15) for information.



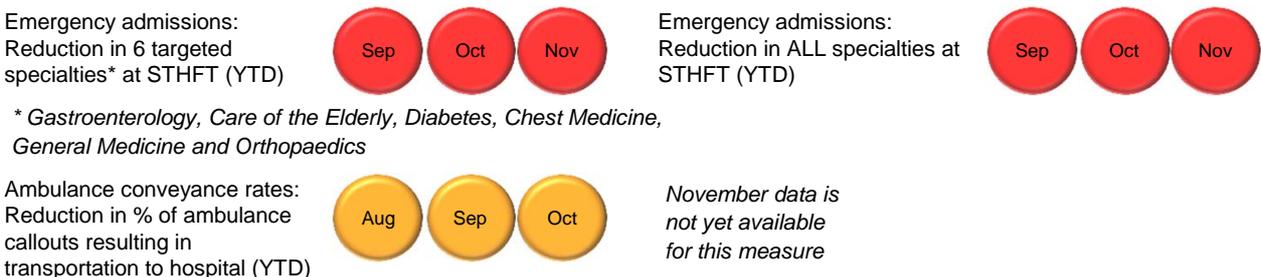
A&E ATTENDANCES: Total A&E attendances comprises: Type 1 (Main A&E), Type 2 (Single Specialty, e.g. STHFT Eye Casualty) and Type 3 (Other A&E e.g. STHFT Minor Injuries Unit).

Locally selected measures

Issues & Actions:

Focus continues on the areas of Respiratory Medicine and Gastroenterology (clinical areas providing the greatest concern in terms of urgent / emergency hospital attendances and admissions). A number of in-year initiatives - such as a business case to supply care homes & nursing homes citywide with pulse oximeter (to test patient oxygen levels) - have been identified in the area of Respiratory Medicine and additional work is now being undertaken in Gastroenterology to identify potential opportunities for 2015/16.

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



Long Term Conditions, Cancer and Older People

National required measures

Issues & Actions:

Potential years of life lost (PYLL): The publication of the PYLL data for 2013 shows a marked rise back to 2011 levels; this was not the anticipated position and the data does not fit with previously seen patterns for Sheffield. An initial query to the Health and Social Care Information Centre (HSCIC) resulted in them confirming they have no issues with the data they have used to calculate these figures.

Having looked, for comparison, at other core cities, some show a similar pattern to Sheffield others do not. Sheffield City Council's Public Health Intelligence Team are continuing to investigate PYLL data at individual record level and, if any anomalies are identified, a further discussion will take place with the HSCIC, and potentially with NHS England, should concerns be identified regarding the robustness of the indicator.

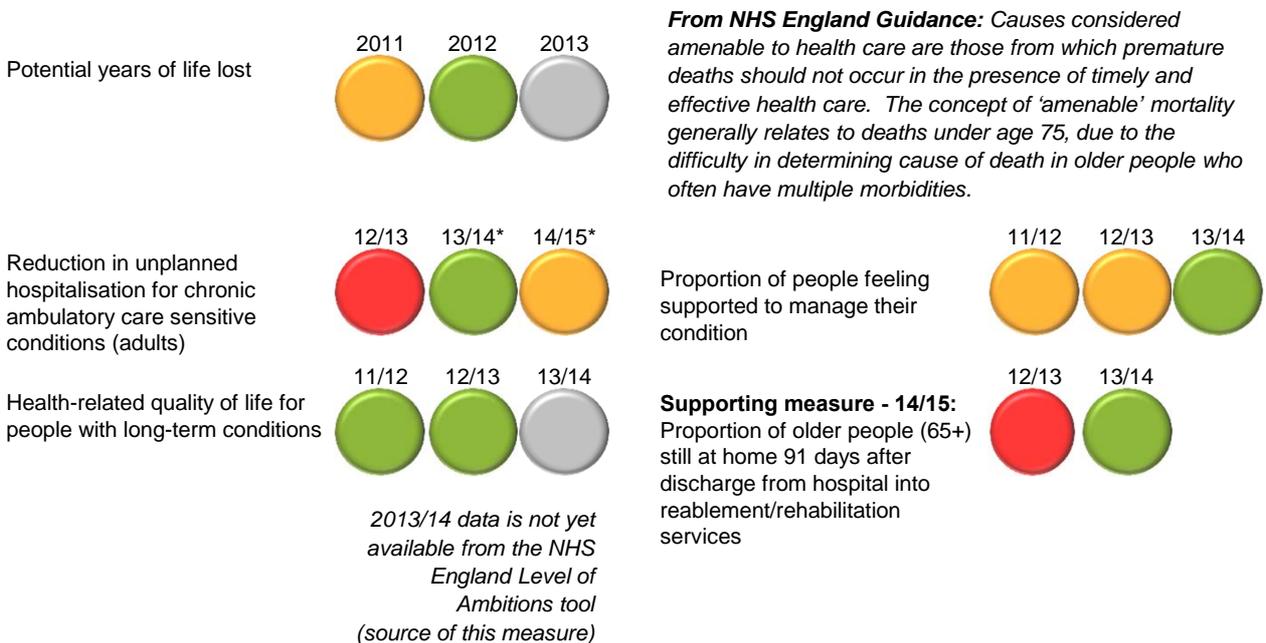
Reduction in unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (ACSC): Please note that this is part of a composite measure of 4 emergency admissions area as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 3. In that section, the composite measure is rated but for this single component (and each of the other 3) a rating is given on the same basis, as a guide to how well each is progressing.

* DATA CAVEAT:

13/14 - National PROVISIONAL (complete year) data published by the Health and Social Care Information Centre.

14/15 - Local YTD data; rates are calculated using the most recently published populations - currently available position is as at the end of October.

As noted previously, although this measure remains amber, local data shows a slowly improving position. The Long Term Conditions Portfolio is developing a strategy and project plans are being developed to improve the quality of care for respiratory patients which in turn should reduce emergency admissions.



Locally selected measures

Following our care planning pilot in 2013/14, we launched a new person-centred care planning scheme in November 2014 to start in January 2015. The scheme builds on the work that practices are already doing as part of their contract with NHS England to reduce unplanned admissions and will focus on supporting patients to identify what is important to them and increasing more co-ordinated support. Training is being organised for both primary care and community nursing, and locality support teams, to help the process are being recruited.

Locally selected measures will be developed for 2015/16 in line with the CCG's commissioning intentions and will include a measure on respiratory activity.

Mental Health, Learning Disabilities and Dementia

National required measures

Issues & Actions:

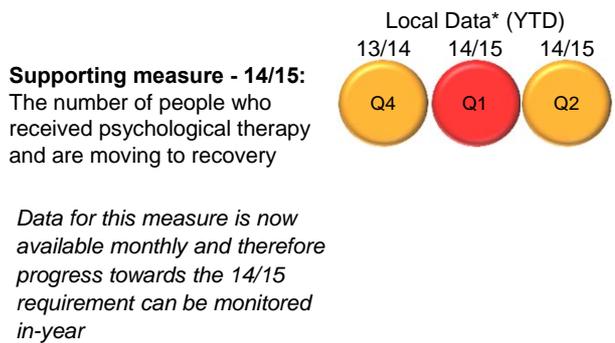
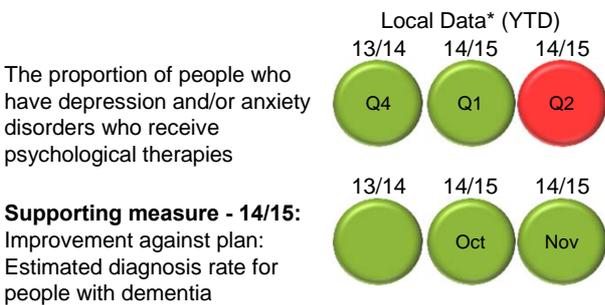
The proportion of people who have depression and/or anxiety disorders who receive psychological therapies and The number of people who received psychological therapy and are moving to recovery:

* **DATA CAVEAT:** The source to be used for this data in NHS England guidance is not yet available to CCGs in a form that can be used and so, in order to monitor progress against these, quarterly data provided directly from Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) is used.

Improving Access to Psychological Therapies (IAPT): The continued shortfall being reported for the proportion of people who have depression and/or anxiety disorders who receive psychological therapies, and also the number moving to recovery, is being reviewed in order that the underlying causes can be identified and appropriate actions taken to improve the situation. The service is of the view that the apparent underperformance in both aspects of IAPT (access and recovery) results from data anomalies and not actual service performance.

The service invited the national performance team to visit them to review data collection and reporting and this took place during December. A full report from the visit is awaited but in advance of that report a number of data anomalies were noted by the national team which would impact positively on both access and recovery rates. The CCG will be meeting with the service in January to consider service provision and reporting, and review processes in these areas. Further details will be provided by the portfolio in next month's Quality & Outcomes Report.

Estimated diagnosis rate for people with dementia: The portfolio continues to work hard to achieve improvements in the dementia diagnosis rate. A number of work areas contribute to this, including a recent service redesign of the Memory Management Service which aims to reduce waiting times (to be added as a local measure in future reports) and increase the diagnosis rate. A small amount of funding is available from the Strategic Clinical Network to support continuing improvement.



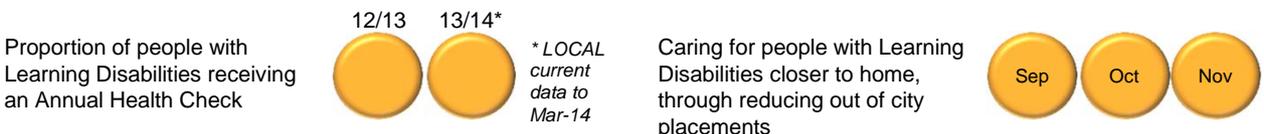
Locally selected measures

Issues & Actions:

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

Caring for people with Learning Disabilities closer to home, through reducing out of city placements: The CCG continues to work with partners to ensure that plans to return people to Sheffield are progressed as part of the Winterbourne Concordat*. There remains one person of the original Winterbourne cohort still to return; they are expected to return by the end of the year. We wish to keep 'out of city placements' in our local measures and will redefine the measure in the coming months. We are working in partnership with Sheffield City Council to develop further accommodation to help facilitate return from out of city and to prevent future out of city placements.

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



Children and Young People

National required measures

Issues & Actions:

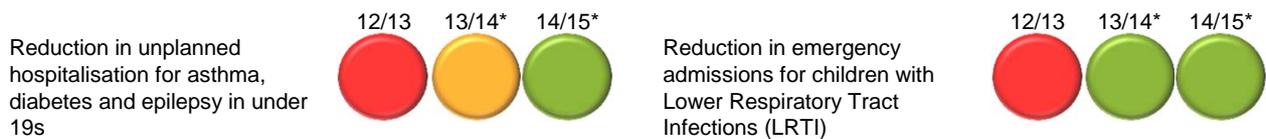
Reduction in unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s and Reduction in emergency admissions for children with Lower Respiratory Tract Infection (LRTI):

Please note that this is part of a composite measure of 4 emergency admissions area as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 3. In that section, the composite measure is rated but for these 2 components (and for the other 2) a rating is given on the same basis, as a guide to how well each is progressing.

*** DATA CAVEAT:**

13/14 - National PROVISIONAL (complete year) data published by the Health and Social Care Information Centre.

14/15 - Local YTD data; rates are calculated using the most recently published populations - currently available position is as at the end of October.



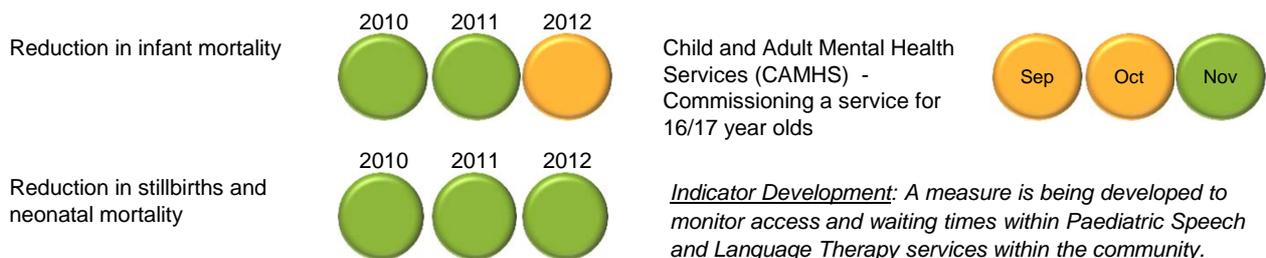
Locally selected measures

The Children and Young People portfolio has identified the measures set out below as those which represent services that are undergoing change, have a Citywide interest with partners and are strategic priorities. Whilst these local measures have been identified, CCG leads are continuing to establish the method of reporting improvements and also the frequency of these for future reports.

Issues & Actions:

Reduction in infant mortality: The Sheffield position is generally comparable to the National position although is slightly higher. Work continues on the roll-out of the infant mortality citywide strategy.

Child and Adult Mental Health Services (CAMHS): The new service provision for young people with learning disabilities and mental health is now in place. A Citywide service for all individuals will be in place from January 2015; recruitment has now commenced.



continued overleaf

Activity Measures

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

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

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

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

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

Those that start from April 2014 / Q1 14/15 are new for 14/15 and no plan was submitted for previous years.

Elective Inpatient Activity

Elective first finished consultant episodes (FFCEs) - Ordinary (1+ night) admissions



Elective first finished consultant episodes (FFCEs) - Day case admissions



Elective first finished consultant episodes (FFCEs) - Total admissions



Non-Elective Inpatient Activity

Non-elective FFCEs (Year to Date position)



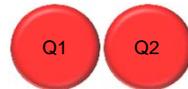
Outpatient Activity

All first outpatient attendances



NOTE: The measure below is monitored in the QAR.

All follow-up outpatient attendances



Referrals Activity

GP written referrals made for a first outpatient appointment



Other referrals made for a first outpatient appointment



Total referrals made for a first outpatient appointment



Referrals seen - first outpatient attendances following a GP referral



Appendices

Quality & Outcomes Report

Appendix A: Health Economy Performance Measures Summary

The tables below highlight all measures in NHS England's document 'Everyone Counts: Planning for Patients 2014/15 - 2018/19' divided, where appropriate, into portfolios. Red, Amber and Green (RAG) ratings represent the latest known position for performance against each relevant measure. **Where possible, the RAG rating is against November 2014 performance as at the 22nd December 2014 - year to date where appropriate.**

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

Key

* - Data is currently not available for the measure
N/A - Measure is not applicable to this organisation

YTD - Year To Date

QTR - Quarterly

WIP - Method/format of measurement is work in progress

Acute Services Portfolio - Elective Care

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

	CCG	STHFT	SCHFT
% seen/treated within 18wks - Admitted pathway	87.99%	87.39%	82.76%
% seen/treated within 18wks - Non-admitted pathway	95.32%	95.47%	91.81%
% still not seen/treated within 18wks - Incomplete pathway	93.05%	93.00%	89.62%
Number waiting 52+ weeks - Admitted pathway	0	0	0
Number waiting 52+ weeks - Non-admitted pathway	1	1	0
Number waiting 52+ weeks - Incomplete pathway	2	0	2

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test	97.84%	97.71%	99.57%
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Elective Care

Number of total elective admissions (FFCEs) (YTD)	45708	40239	2680
Number of elective ordinary admissions (FFCEs) (YTD)	8054	6158	1044
Number of elective daycase admissions (FFCEs) (YTD)	37654	34081	1636
Number of first outpatient attendances (YTD)	107644	98000	4072
Number of first outpatient attendances following GP referral (YTD)	51661	46762	1665
Number of GP written referrals (YTD)	69281	63619	2050
Number of other referrals (YTD)	43270	37980	2362
Number of total referrals (YTD)	112551	101599	4412
Number of all subsequent (follow-up) outpatient attendances (YTD)	235391	215362	7848
Number of cancelled operations offered another date within 28 days (QTR)	N/A	1	2

Acute Services Portfolio - Urgent Care

Non Elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	94.59%	98.01%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0
Non-elective admissions (FFCEs) (YTD)	36343	29904	4399
Number of attendances at A&E departments - Type 1 (YTD) ¹	100393	69911	30389
Number of attendances at A&E departments - Total (YTD) ¹	118974	89337	30389
Unplanned hospitalisation for chronic ambulatory care sensitive conditions ²	946.8	N/A	N/A
Emergency admissions - acute conditions that should not require admission ²	1474.7	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s ²	302.7	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) ²	662.7	N/A	N/A
Urgent operations cancelled for the second time	N/A	0	0
Patient overall experience of out of hours GP services	71.21%	N/A	N/A

Yorkshire Ambulance Service (YAS)

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest YTD) ³	72.01%	N/A	N/A	70.19%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) ³	70.65%	N/A	N/A	70.45%
Category A response in 19 mins (YTD) ³	97.79%	N/A	N/A	96.09%
Ambulance handover delays - of over 30 minutes ⁴	N/A	87	1	1184
Ambulance handover delays - of over 1 hour ⁴	N/A	5	0	248

Footnotes:

¹ Number of attendances at A&E departments:

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

² Emergency Admissions/Unplanned Hospitalisation:

- Position shown here is the latest published figure (Apr-13 to Mar-14 PROVISIONAL) and RAG rating may therefore differ from that shown in the Best Possible Health Outcomes section of this report, where rating is on locally calculated 14/15 interim data

³ Category A responses:

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

⁴ Ambulance handover/crew clear times:

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

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

Appendix A: Health Economy Performance Measures Summary

Long Term Conditions, Cancer and Older People

	CCG	STHFT	SCHFT
Potential years of life lost (PYLL) ¹	1985.10		
Health-related quality of life for people with long-term conditions	71.90%		
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services ²	84.8%		
Cancer Waits (YTD)			
% seen within 2 weeks - from GP referral to first outpatient appointment	93.86%	93.85%	97.22%
% seen within 2 weeks - as above, for breast symptoms	95.52%	95.62%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	98.33%	98.37%	100.00%
% treated within 31 days - subsequent treatment (surgery)	97.80%	97.76%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	N/A
% treated within 31 days - subsequent treatment (radiotherapy)	99.81%	99.81%	N/A
% treated within 62 days - following an urgent GP referral	90.14%	90.06%	N/A
% treated within 62 days - following referral from an NHS screening service	94.74%	94.44%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	93.88%	93.71%	N/A

Footnotes:

¹ PYLL:

- 2012 position; 2013 is currently being validated and so will be reported at a later date

² Still at home after 91 days:

- 2013/14 Adult Social Care Outcomes Framework (ASCOF) submission

Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	95.16%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	8.80%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	44.99%
Estimated diagnosis rate for people with dementia (NB: estimated figure using locally-available data) ¹	69.2%

Footnotes:

¹ **Dementia diagnosis rate:** November 2014 position from the Primary Care Tool/Health & Social Care Information Centre

Quality Standards

	CCG	STHFT	SCHFT	SHSCFT
Patient Safety				
MRSA bacteraemia (YTD)	4	3	0	N/A
Clostridium Difficile (C Diff) (YTD)	153	68	2	N/A
Mixed Sex Accommodation (MSA) breaches (YTD)	0	0	0	0
Hospital deaths attributable to problems in care	WIP	WIP	WIP	WIP
Improving the reporting of medication-related safety incidents	WIP	WIP	WIP	WIP
Patient Experience				
Patient overall experience of GP services	84.96%	N/A	N/A	
Patient experience of hospital care	WIP	WIP	WIP	
Friends and Family test: Inpatient - Response rate (QTR) ¹		34.10%		
Friends and Family test: Inpatient - % Recommended (QTR) ¹		96.92%		
Friends and Family test: A&E - Response rate (QTR) ¹		22.05%		
Friends and Family test: A&E - % Recommended (QTR) ¹		82.08%		

Footnotes:

¹ **Friends and Family Test:** Rated against improvement on previous period (Quarter 1 2014/15)

APPENDIX B: Mental Health Trust Performance Measures

Sheffield Health and Social Care NHS Foundation Trust

1. Crisis Resolution / Home Treatment: As at the end of November, there have been 876 home treatment interventions against a 12-month target of 1,202; this equates to 8.69% more patients benefiting from this service than originally planned by the end of November.

2. CPA 7 day follow up: November's monthly performance was 100%, bringing the YTD figure to 95.16%, an improvement from October and above the target of 95%.

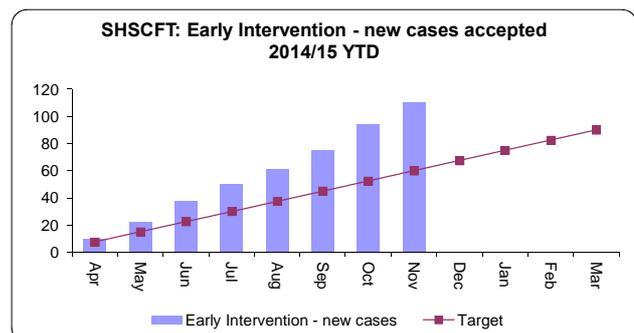
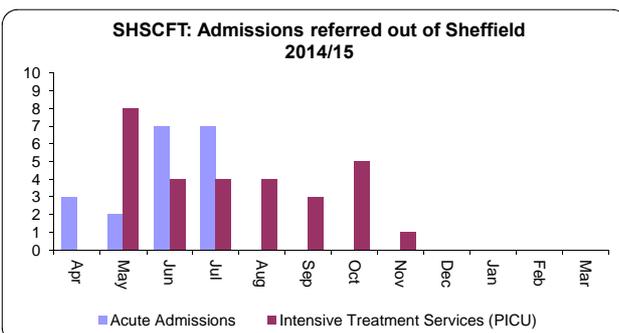
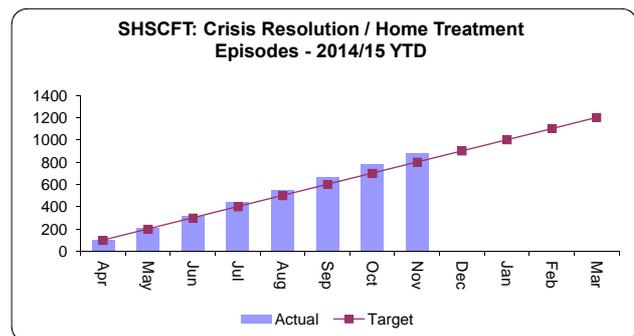
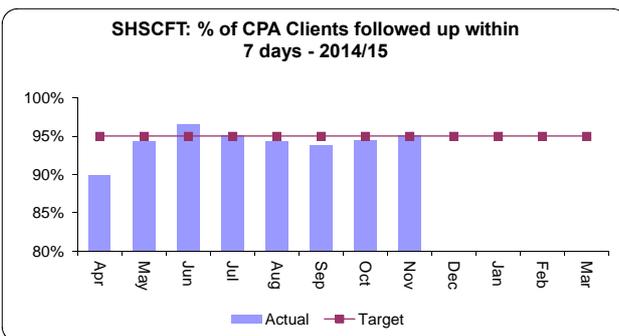
3. Psychosis intervention: Activity over the last year is more closely aligned to the target thresholds. Following a service review development, plans are in place to improve the retention of clients on the Early Intervention Service (EIS) pathway.

4. Psychological therapy services (Improving Access to Psychological Therapies - IAPT): As illustrated in the SHSCFT Indicators table below:

- The Quarter 2 performance for the proportion of patients receiving psychological therapy is still below the level required by the end of the second quarter (against the expectation at this point of 2014/15 using half of the full-year target - 18.04% - to gauge performance). Whilst this half-year position is not too far away from plan, Q2 in-quarter performance was a reduction from that seen in Q1 (4.33%, down from 4.47%) which is a possible cause for concern.
- The Q2 performance for the proportion of psychological patients moving to recovery has improved considerably since Q1 (46.80%, up from 42.93%) although this is still a way from the 50% required by the end of 2014/15.

Please see narrative in the Best Possible Health Outcomes (Mental Health, Learning Disability and Dementia) section of this report (page 19) for information on issues and actions regarding the rate of people who received psychological therapy and are moving to recovery.

SHSCFT Indicators (all are YTD)				
	Target	October	November	Change
Crisis Resolution / Home Treatment	1202	781	876	▲
Psychosis Intervention - new cases	90	94	110	▲
Psychosis Intervention - maintain capacity	270	154	155	▲
CPA 7 day follow up	95%	94.41%	95.16%	▲
Anxiety/depression (IAPT):		Q1 14/15	Q2 14/15	
% receiving Psychological therapy	9.02%	4.47%	8.80%	▲
Psychological therapy pts. moving to recovery	50%	42.93%	44.99%	▲



APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

Percentages quoted in the 2 paragraphs below are as at 13th December 2014

Across the Yorkshire & Humber region, year to date (YTD) RED 1 and RED 2 combined 8 minute performance has worsened to 70.09% against the service standard of 75% and RED 1 and RED 2 combined 19 minute performance has also worsened to 95.99% although this is still exceeding the 95% service standard. For CCG Quality Premium purposes, YAS RED 1 overall 8 minute performance is measured; YTD performance currently stands at 69.88%, a very slight improvement, against the NHS Constitution standard of 75%. (Sheffield CCG's YTD RED 1 and RED 2 combined 8 minute performance decreased to 70.49% against a (non-contractual) service standard of 75%.)

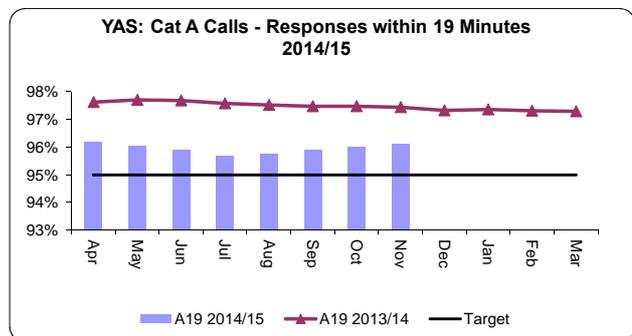
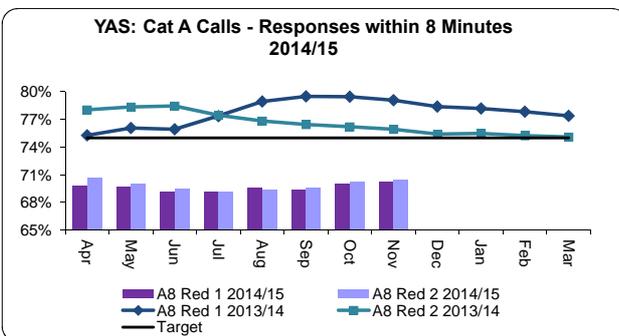
For 2014/15, commissioners agreed with YAS to maintain the 95% performance standard across GREEN calls, but introduce a lower 'floor' in respect of performance against which a sanctions regime will apply. YAS YTD GREEN performance remains generally below expectations (expected service standard in brackets): GREEN 1 (20 min response) - 74.60% (80%), GREEN 2 (30 min response) - 79.36% (85%), GREEN 3 (20 min triage) - 85.62% (80%), GREEN 3 (30 min response) - 80.15% (80%). GREEN 4 (60 min triage) - 99.1% (October YTD) and GREEN 4 (60 min response) - 89.5% (October in-month, excludes Health Care Professional (HCP) calls).

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: Commissioners have now received a trajectory for improvement to GREEN performance. Please see the NHS Constitution - Rights & Pledges section of this report (Category A ambulance calls - page 8) for information on actions for RED measures.

YAS Indicators (all are YTD)

	Target	October	November	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	69.98%	70.19%	▲
Cat A 8 minutes Red 2 (YTD)	75%	70.19%	70.45%	▲
Cat A 19 minutes (YTD)	95%	96.01%	96.09%	▲



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	September	October	Monthly Change
Re-contact after discharge (Phone)		8.2%	8.5%	▲
Re-contact after discharge (Treatment at scene)		3.7%	3.4%	▼
Re-contact after discharge (Frequent Caller)		1.7%	1.2%	▼
Time to answer call (Median)	5 sec	1	1	◄►
Time to answer call (95th Percentile)		21	26	▲
Time to answer call (99th Percentile)		72	88	▲
Time to treatment (Median)		5.9	5.8	▼
Time to treatment (95th Percentile)		15.1	14.96	▼
Time to treatment (99th Percentile)		22.7	22.44	▼
Call closed with advice (Phone advice)		4.4%	7.8%	▲
Call closed with advice (Transport)		32.6%	32.8%	▲
Clinical Indicators		<u>June</u>	<u>July</u>	
Outcome from Cardiac Arrest (CA) All		14.2%	23.2%	▲
Outcome from CA Utstein Group (UG)		41.9%	48.0%	▲
Outcome from acute STEMI Angioplasty		84.8%	95.6%	▲
STEMI Care Bundle		84.0%	85.0%	▲
Outcome from Stroke 60 min to Stroke Unit		58.8%	59.7%	▲
Stroke - Appropriate Care Bundle		97.6%	98.0%	▲
Outcome from CA - Survival to Discharge All		12.6%	13.3%	▲
Outcome from CA - Survival to Discharge UG		51.6%	45.5%	▼
Service Experience		N/A	N/A	

APPENDIX B: NHS 111 Performance Measures

NHS 111 Activity

Performance against National Target at Month 8, November 2014
Compared, where possible, to National data



NHS
Yorkshire and Humber
Commissioning Support

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

Sheffield Activity

Chart 1: Calls received

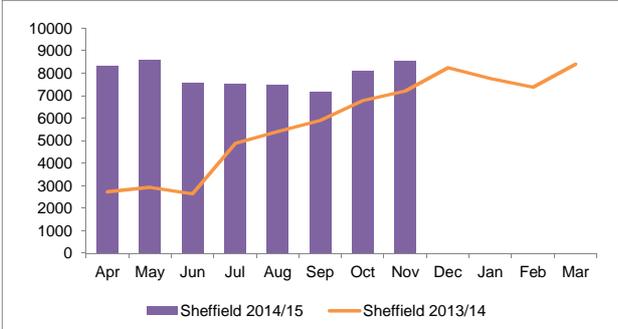


Chart 2: Clinical Calls completed within 10 minutes

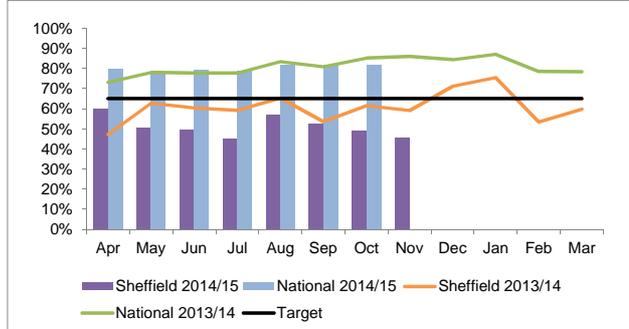


Chart 3: % of Clinical call-backs within 10 minutes ≥ 98%

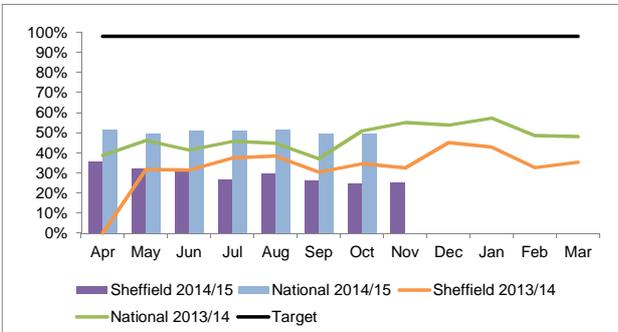
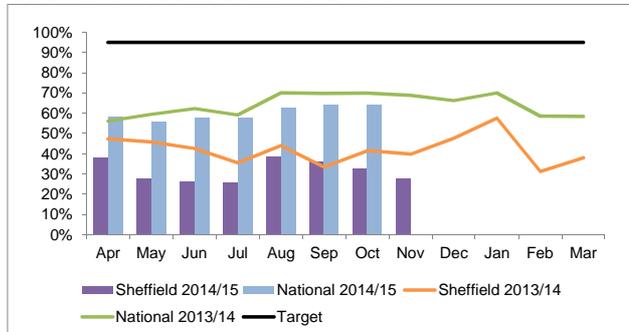


Chart 4: % of warm transfers* ≥ 95%



PLEASE NOTE: No data was recorded in Apr-13 for Sheffield

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

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

Chart 5: Calls received

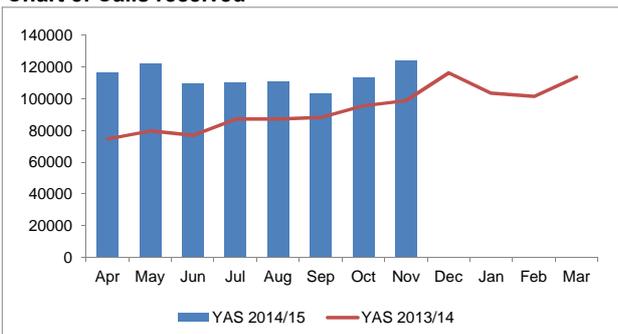


Chart 6: Calls answered within 60 seconds ≥ 95%

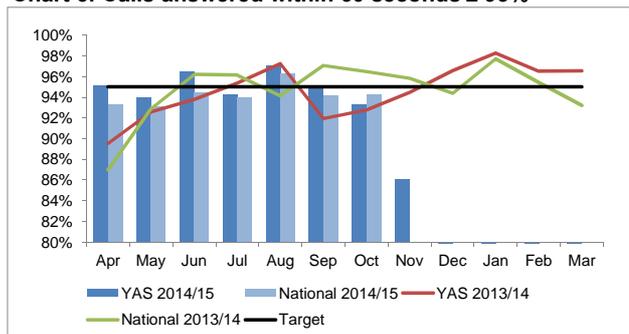


Chart 7: Calls abandoned after 30 seconds ≤ 5%

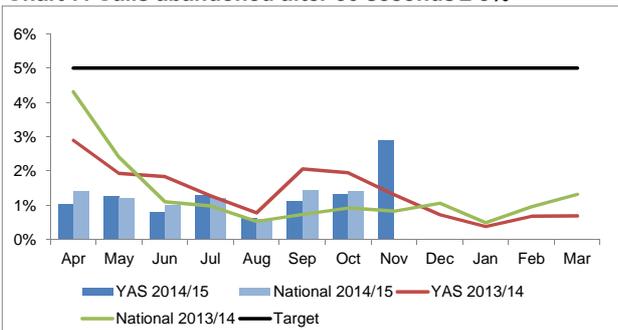
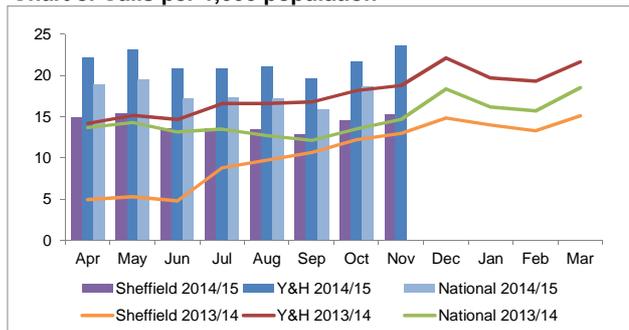


Chart 8: Calls per 1,000 population



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

APPENDIX C: Contract Activity



Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 8, Apr 2014 - Nov 2014

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

Outpatient First Attendances: 2.3% above plan
 Outpatient Follow-ups: 2.2% above plan
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 2.8% above plan
 Inpatient Non-elective Spells: 6.2% above plan
 A&E Attendances: 1.5% above plan

Figure 1: Referrals¹

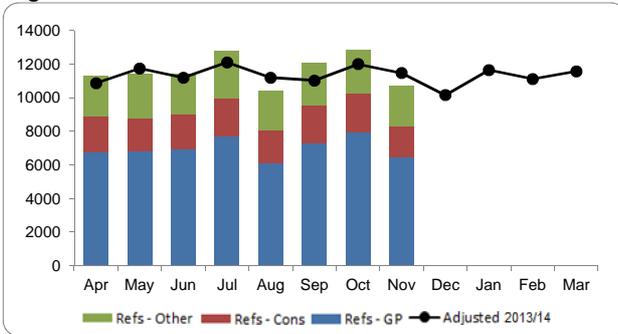


Figure 4: Electives

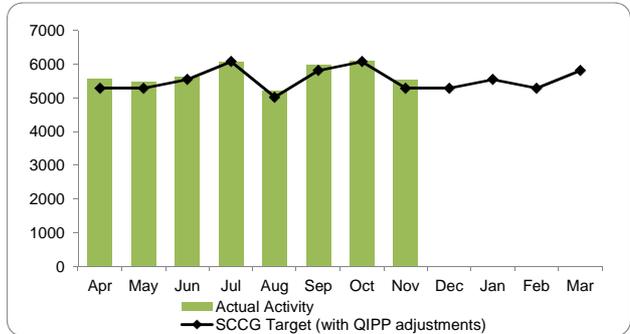


Figure 2: Firsts²

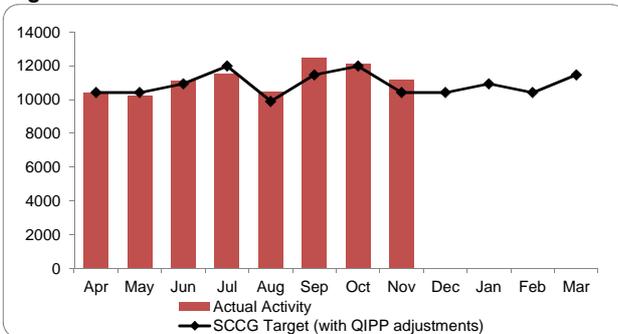


Figure 5: Non-Electives

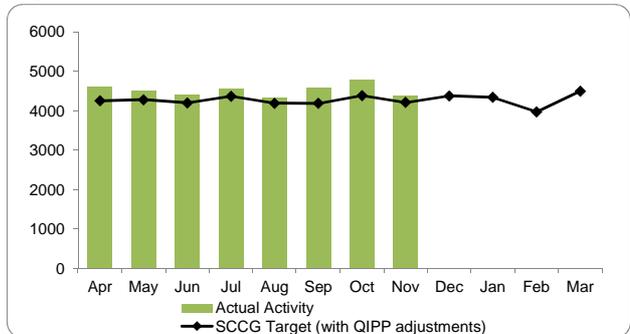


Figure 3: Follow-ups

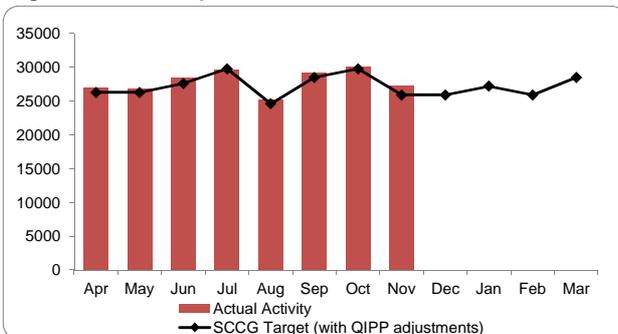


Figure 6: Accident and Emergency

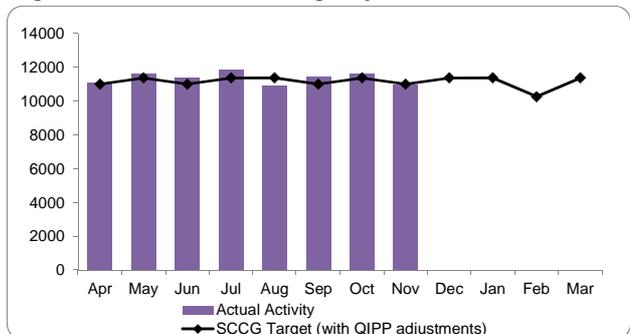


Table 1. Outpatient Activity

Activity	2014/15	Target	Var	% Var
Firsts	89,481	87,495	1,986	2.3%
Follow-ups	223,565	218,831	4,734	2.2%
Follow-ups:First Ratio	2.50	2.50	0.00	-0.1%

Table 2. Inpatient and A&E Activity

Activity	2014/15	Target	Var	% Var
Electives	45,614	44,392	1,222	2.8%
Non Electives	36,181	34,076	2,105	6.2%
Excess Bed Day Costs (£000s)	£ 5,346	£ 6,129	£ 783	-12.8%
A&E	90,847	89,530	1,317	1.5%

Source: STHFT Contract Monitoring

Notes:

- ¹ Referrals compared to 2013/14, adjusted for working days and counting changes. Includes all Sheffield activity (CCG and NHS England) for specialties >50% CCG commissioned. All remaining data is Sheffield CCG only (i.e. excluding NHS England commissioned activity - specialised and dental). Outpatient attendances exclude Clinical Psychology, Diabetes, Hearing Services, Palliative Medicine and Obstetrics.
- ² First outpatient attendances exclude CDU (Clinical Decision Unit). CDU Attendances are overperforming by 909 (5.2%). Excess Bed Day Costs include MFF (Market Forces Factor).

Produced by NHS Sheffield CCG Contract Team, December 2014

APPENDIX C: Contract Activity



Sheffield Children's NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 7, Apr 2014 - Oct 2014 (Month 8 data not yet available)

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

Outpatient First Attendances: 1.2% below plan
 Outpatient Follow-ups: 5.5% below plan
 Outpatient Procedures: 11.5% below plan

Inpatient Elective Spells: 16.7% below plan
 Inpatient Non-elective Spells: 3% below plan
 A&E Attendances: 1.4% above plan

Figure 1: Firsts

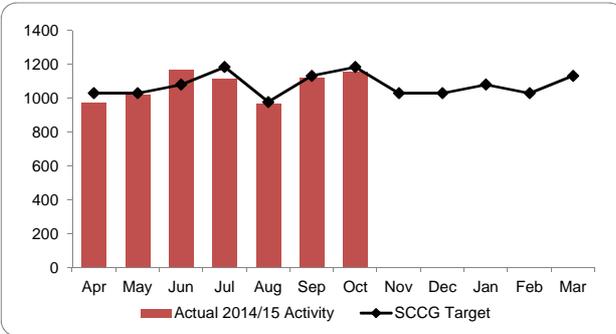


Figure 4: Electives

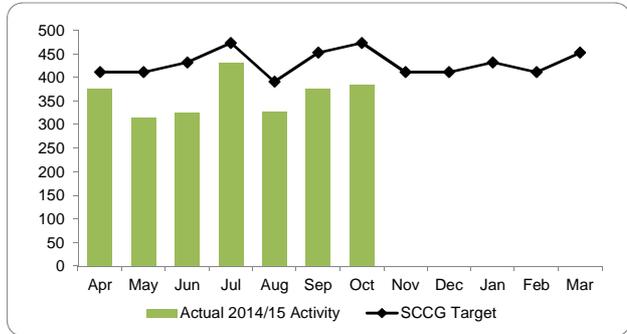


Figure 2: Follow-ups

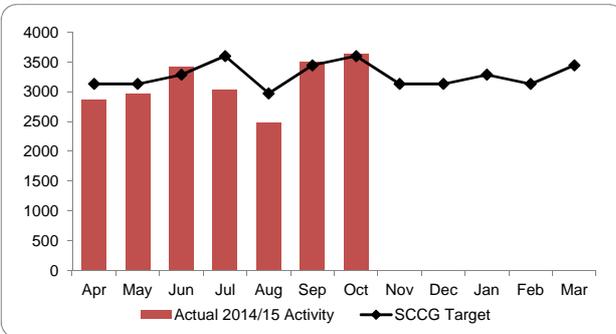


Figure 5: Non-Electives

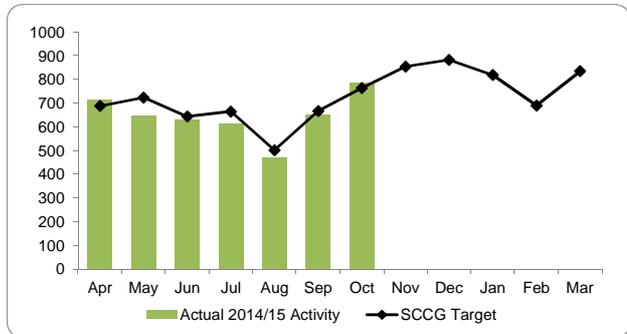


Figure 3: Accident and Emergency

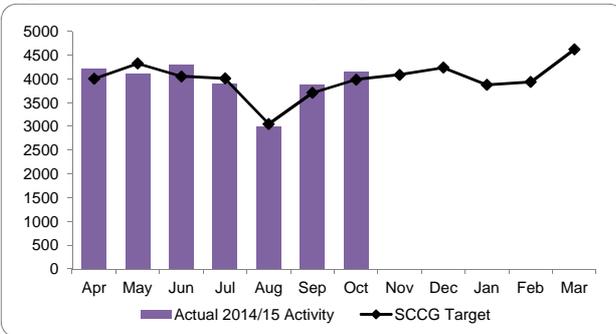


Figure 6: Excess Bed Days

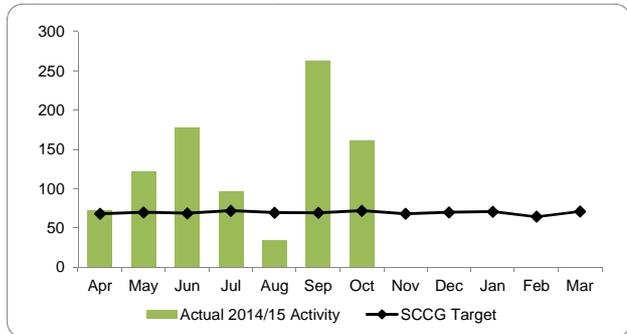


Table 1. Outpatient Activity

Activity	2014/15	Target	Var	% Var
Firsts	7,524	7,616	-92	-1.2%
Follow-ups	21,896	23,160	-1,264	-5.5%
OP Payable Procedures	7	8	-1	-11.5%
Follow-ups:First Ratio	2.91	3.04	-0.13	-4.3%

Table 2. Inpatient and A&E Activity

Activity	2014/15	Target	Var	% Var
Electives	2,536	3,046	-510	-16.7%
Non Electives	4,512	4,654	-142	-3.0%
Excess Bed Day Costs (£000s)	£ 129	£ 170	£ 41	-23.9%
A&E	27,542	27,160	382	1.4%

Source: SCHFT Contract Monitoring (SLAM)

Notes:
 Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, December 2014