

Quality and Outcomes Report: Month 1 2015/2016

Governing Body meeting

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4 June 2015

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Sponsor	Rachel Gillott, Interim Chief Operating Officer, Sheffield CCG Kevin Clifford, Chief Nurse, Sheffield CCG
Is your report for Approval / Consideration / Noting	
Consideration	
Are there any Resource Implications (including Financial, Staffing etc)?	
Potential additional funds via achievement of Quality Premium measures for 2014/15 and subsequently 2015/16 Quality Premium measures.	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
<ol style="list-style-type: none"> 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield 	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached? No if not, why not?</i> None necessary	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
It does not directly support this but as a public facing document is part of keeping the public informed.	
Recommendations	
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> • Sheffield performance on delivery of the key NHS Outcomes • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • Key issues relating to Quality, Safety and Patient Experience • Assessment against measures relating to the Quality Premium 	

Quality & Outcomes Report

2015/16: Month 1 position

For the June 2015 meeting
of the Governing Body

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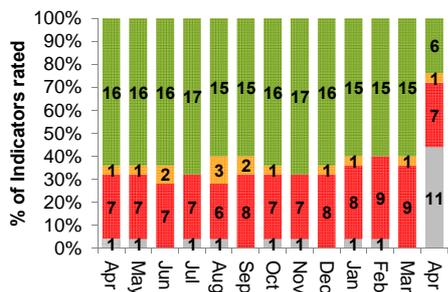
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Highest Quality Health Care

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 2015/16 is progressing, month-on-month. The number of rights and pledges being successfully delivered is indicated by the green sections of the bars. Amber shows those which are close to being delivered, red those where significant improvement is needed. Grey indicates areas where data is not yet available for the current month.

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

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

2015/16 Headlines

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

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

As noted last month, the challenges Sheffield are experiencing in relation to A&E are part of wider, national issues so, although Sheffield did not meet the 95% standard, it is important to put this in a national context. As at 26th April 2015, of 140 providers with a main A&E Department (Type 1) only 35 achieved the 95% standard; STHFT was rated 76th of 140; SCHFT was rated 3rd of 140. Performance at STHFT is broadly similar to other adult providers in the South Yorkshire and Bassetlaw area.

However, the STHFT position against the 4 hour standard during April 2015 was lower than that seen during April 2014. There have been director-level meetings between the CCG and STHFT and a contract performance notice was issued to the Trust on 21st May 2015.

Patients referred for suspected Cancer (2014/15 year-end update): Sheffield achieved all of the pledges on maximum waiting times for patients referred for suspected cancer, including the pledge that patients will wait no more than 62 days to begin first definitive treatment following an urgent GP referral for suspected cancer; this is in contrast to the overall National position.

Waiting times & access to Diagnostic tests:

18 week pledge:

STHFT - The Trust continues to achieve the Non-admitted (95%) and Incomplete (patients not yet seen - 92%) standards. The CCG continues to work closely with the Trust to manage the Admitted standard (90%) with a view to meeting this also.
SCHFT - The Trust achieved all three standards overall in April. The Remedial Action Plan continues to be actively managed by the CCG to ensure sustained improvement against these standards.

Diagnostic waits:

STHFT - The Trust did not quite achieve the standard in April for Sheffield patients but, as a Provider (i.e. for all patients - Sheffield or non-Sheffield population) it was achieved. The CCG are closely monitoring Gastroscopy, one of the specialties where breaches increased in April.
SCHFT - The Trust did not meet the standard for Sheffield patients in April and provisional data suggests that it was also not met at a Trust-wide level (all patients). The specific action relating to Diagnostic waits on the Remedial Action Plan is due to be completed by the end of May and SCHFT is undertaking further work to understand the cause of people waiting over 6 weeks in relation to Audiology Assessments.

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2015/16 Headlines - continued

Ambulance response times: In April, the number of emergency calls resulting in a response arriving within 8 minutes increased considerably, although continue to fall short of the 75% pledge.

Commissioners with Yorkshire Ambulance Service (YAS) have invested in three key demand management schemes for 2015/16 to help ensure that calls are directed to/addressed by the most appropriate service; additional clinicians in the 111 call centre, mental health nurses in the 999 call centre and frequent caller management.

They continue to work with YAS to improve performance where necessary.

Quality and Safety

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

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

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

- **C.Diff** - In April, 8 cases attributable to the CCG were reported, compared to the 17 forecast for this first month of 2015/16. STHFT reported 2, compared to the 7 forecast. SCHFT reported 1 case, compared to the 0 forecast.
- **MRSA** - No cases attributable to the CCG were reported in April. No cases were reported for STHFT or SCHFT in April.

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 percentages of respondents who would recommend the services in each of the 3 areas - A&E, Inpatients and Maternity - have remained broadly consistent between February and March (Inpatients and Maternity decreased but A&E increased marginally).
- Response rates for A&E increased marginally between February and March but Inpatients once again increased notably during the month.

CCG Assurance - NHS England Assessment

The assurance meeting in respect of Quarter 3 of 2014/15 took place in mid-April. Formal feedback from NHS England has not yet been received. It is expected that this will be available in time for next month's Quality and Outcomes report.

CCGs are assessed against the 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?

Further details of this and the results of previous quarterly assessments are available at:

http://www.sheffieldccg.nhs.uk/our-information/How_are_we_doing.htm.

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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.

2015/16 Quality Premium - final details of the nationally determined and locally selected improvement measures and thresholds for Sheffield CCG are under discussion with NHS England. We expect to be able to share further information during July/August.

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	20
Improving access to psychological therapies (IAPT)	
● Proportion of people who have depression and/or anxiety disorders who receive psychological therapies	21
Reducing avoidable emergency admissions - composite measure of 4 parts	
● Reduction in emergency admissions for acute conditions that should not usually require hospital admission	19
● Reduction in unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	20
● Reduction in unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	22
● Reduction in emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	22
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	18
Improving reporting of medication-related safety incidents	
● Improvement in the reporting of medication errors	11
Local measure	
● Local Priority 1: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	18
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

continued overleaf

Best Possible Health Outcomes

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

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

Public Health Quarterly Report

As noted previously, the former quarterly Public Health Outcomes Framework (PHOF) dashboard of public health indicators (the value of which is limited by the time-lag in the data) has been replaced with a more timely narrative, structured around key public health topics and/or areas of progress on public health outcomes in the City.

The latest quarterly report is shown in APPENDIX D as supplied by Public Health Intelligence Team - part of the Policy, Performance and Communications Service at Sheffield City Council.

NHS Constitution - Rights & Pledges

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

The NHS Constitution - Rights & Pledges for 2015/16 are expected to consist of the same measures that were monitored in 2014/15 and this is reflected in the measures below. The final guidance for Assurance of CCGs during 2015/16 is still awaited Assurance and any resulting amendments will be noted in future reports as necessary.

Key to ratings:

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

The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the financial year 2014/15. Where data for 2015/16 is known this is shown but, at this stage of the year, 2015/16 data is not yet available for all measures.

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

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

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

Issues & Actions:

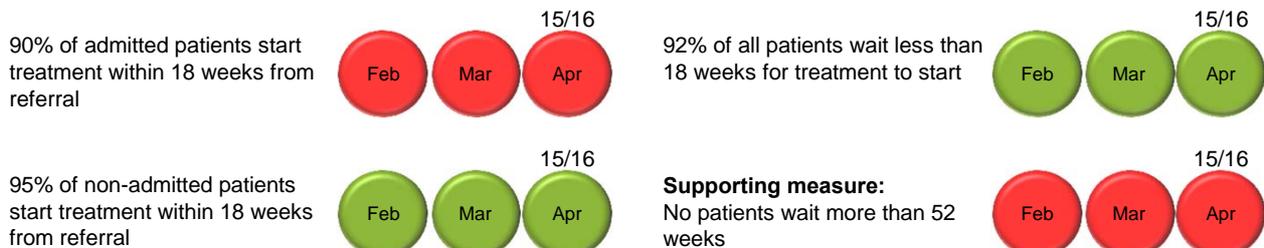
STHFT: 18 weeks measures - In April, as a Provider (i.e. for all patients - Sheffield or non-Sheffield population) STHFT have continued to achieve both the Non-admitted standard (95%) and Incomplete standard (patients not yet seen - 92%). However, they have not met the Admitted 90% standard, with 85.29% of patients starting treatment within 18 weeks; this is the fifteenth month in a row that they have not met the standard. The CCG continues to work closely with STHFT to manage performance in this area and at speciality level, the improvement trajectory target for April was achieved by STHFT. The CCG continues to apply all contractual sanctions related to the delivery of 18 week waits targets.

52 weeks supporting measure - The Trust had 1 Sheffield resident waiting more than 52 weeks at the end of April on a Non Admitted pathway within ENT. Contractual sanctions can only be applied to patients waiting more than 52 weeks on an Incomplete pathway

SCHFT: 18 weeks measures - The Trust met all three 18 week pledges for Sheffield patients but provisional data suggests that the Trust failed to achieve the Admitted and Non-admitted pledges for the 'Other' speciality for all patients. The outstanding Contract Query Remedial Action Plan continues to be actively managed by the CCG to ensure a sustained improvement in the achievement of these pledges.

52 weeks supporting measure - The Trust had 1 Sheffield resident waiting more than 52 weeks at the end of April on a Non-admitted pathway. Contractual sanctions can only be applied to patients waiting more than 52 weeks on an Incomplete pathway.

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



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Diagnostic test waiting times

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

Issues & Actions:

STHFT: The Trusts did not quite meet the Diagnostic waits pledge for Sheffield patients in April, with 98.96% seen within 6 weeks. However, as a Provider (all patients) the Trust did meet the diagnostic test target in April with 99.00% of patients seen within 6 weeks. The number 6wk+ waits did however increase from 57 in the previous month to 72 this month.

The CCG will monitor closely performance in Gastroscopy, as this was an area where increased numbers of breaches were identified in April.

SCHFT: The Trust did not meet the Diagnostic waits pledge for Sheffield patients in April, with 98.3% seen within 6 weeks. Provisional data suggests that the Trust has also not met the pledge at a Trust-wide level (all patients) either (98.2%).

The specific action relating to Diagnostic waits on the Remedial Action Plan is still on course for completion at the end of May. The Trust is undertaking further work to understand the cause of repeated breaches of the waiting time standard in relation to Audiology Assessments. 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.



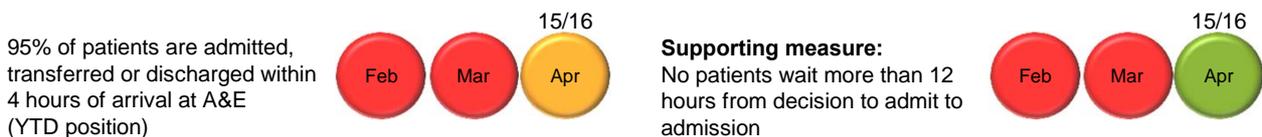
A&E waits

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:

4hr waits: The CCG combined position for this measure (A&E waiting times for Sheffield patients, wherever they are seen at an A&E department) remained slightly under the required 95% standard and the pledge has therefore not quite been met for April 2015/16. Performance at STHFT and most surrounding providers has improved but not to the standard required. SCHFT continues to achieve the standard and is one of the best performing trusts in the country.

An urgent care review is being undertaken by the CCG and Governing Body has been updated on progress. The review will look at all aspects of urgent care and will seek to address both service and performance issues across Sheffield.



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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 and RED 2 calls resulting in an emergency response arriving within 8 minutes, although much improved from the end of 2014/15, have not been met in April.

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

At the end of April, across the YAS footprint, RED demand was down 5.2% overall. However, this masks substantial variation across CCGs. Sheffield RED demand was up 5.7%. Total demand in April was down 2.7% but again this masks great variation across CCGs. Sheffield CCG saw overall demand increase by 6.7%. Bradford Districts CCG saw overall YTD demand fall by 14.5%. However, it is not advisable that one month's data is used to extrapolate for the remainder of the year.

Formal contract queries will be issued in relation to performance below agreed contractual levels. As necessary, a remedial action plan will be requested containing milestones for improvement.

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

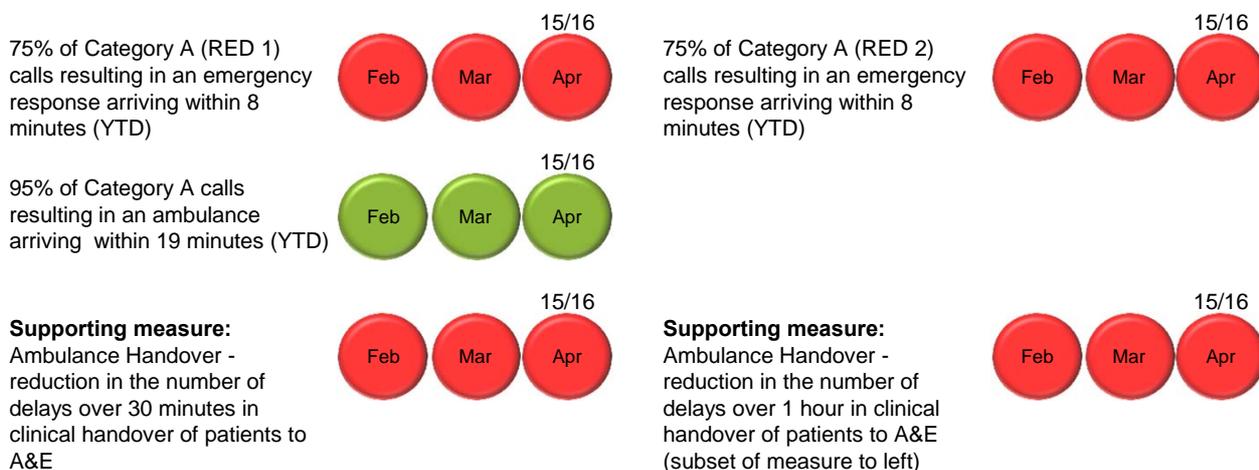
Ambulance handover times: The number of delays has decreased in April - to 2,007 (delays over 30 mins, compared to 2,222 in March) and 541 (delays over 1 hour, compared to 688 in March) - but are still above expected levels.

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

YAS are currently introducing the new 'self handover' clinical protocol at the Northern General Hospital. Delays in YAS being able to hand patients over to A&E clinical staff offers a poor patient experience and delays YAS responding to other 999 calls. This 'self handover' mirrors an established process already used at some other sites in Yorkshire & Humber, whereby patients who are not acutely unwell are not formally handed-over, but wait in A&E as if they made their own way there.

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

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. Two further supporting measures for 2015/16 on Crew Clear times following Ambulance Handover will be included from next month.



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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:

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: 3 such cancelled operations (where the patient was not subsequently offered another binding appointment for surgery within 28 days) were reported by STHFT in Quarter 4 2014/15. This is an increase from the 1 reported in Q2 and 2 reported in Q3. The CCG continues to monitor performance closely; where required the CCG has applied contractual sanctions.

SCHFT did not report any patient not offered another appointment within 28 days in Q4.

Supporting measure:

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



Supporting measure:

No urgent operation to be cancelled for a 2nd time



Mental Health

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

Supporting measure:

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



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

Quality and Safety

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

Patient Safety - Health Care Acquired Infections (HCAIs)

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

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

Of the 8 cases reported in April (a decrease from the 19 reported the previous month) for Sheffield CCG:
 - 2 were STHFT (of a total 2 STHFT-reported cases) - both occurred on separate wards that have had recent cases; samples have been sent for typing and IPC (Infection Prevention and Control) audits are underway.
 - 3 were community associated, with a hospital admission in the last 56 days
 - 3 were community associated, with no recent hospital contact/admission

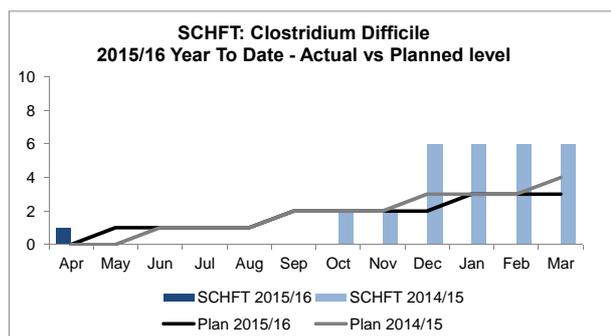
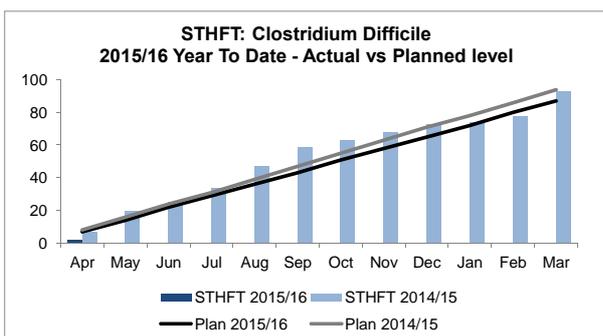
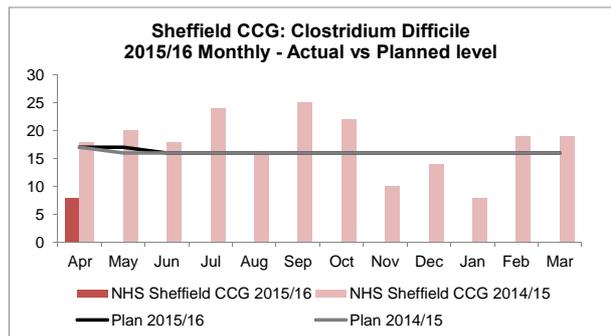
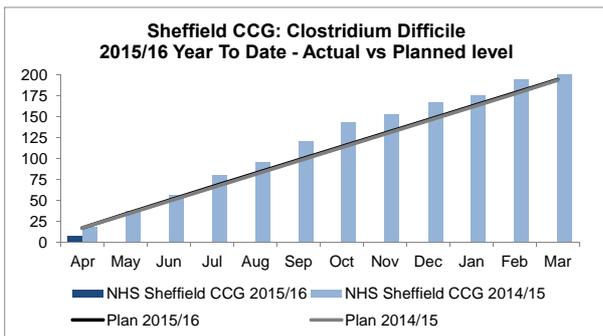
1 cases has been reported in April for SCHFT, for a patient jointly managed by Neurology and Infectious Diseases; Root Cause Analysis to follow. This patient is not a Sheffield resident so is not reported in Sheffield CCG figures.

MRSA: 1 community case was reported in April. A Post-Infection Review (PIR) was undertaken and the case was classed as an unavoidable acquisition, as the patient had no relevant prior healthcare contact. To note, this is the same GP Practice as the case in February, however ribotyping is showing that the cases are not linked. The case will now be sent to the regional arbitration panel as there were no lessons to be learned and we will propose assignment to a third party - acquisition unknown, rather than assignment to Sheffield CCG.

No cases have been reported in April for STHFT or SCHFT.

This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2015/16 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Apr-15	0	0	0	8	2	1
Number of infections forecast for this month	0	0	0	17	7	0
Number of infections recorded so far in 2015/16	0	0	0	8	2	1
Number of infections forecast for this period	0	0	0	194	87	3



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

Regulations

Care Quality Commission (CQC) Regulatory Reviews

There have been no regulatory inspections of key providers this month.

Sheffield Health and Social Care Trust

Following the formal inspection during October / November 2014, the Trust has now received the draft reports which are subject to fact and accuracy checking. A Quality summit with the CQC is scheduled for 4th June 2015.

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 agreed an action plan for increased reporting at both STHFT and SCHFT of medication-related safety incidents. The reporting baseline period was 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.

Locally reported data indicates that both SCHFT and STHFT are on track in relation to the required 5% increase over the baseline period but this is subject to publication of the national data which is not due until October.

Ensuring that people have a positive experience of care

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

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

Eliminating Mixed Sex Accommodation

There were no breaches in April at any of the Sheffield-based Trusts, nor attributed to the CCG from other Trusts, meaning the pledge is currently being met for 2015/16. Please see the NHS Constitution - Rights & Pledges section of this report (page 9) monitoring of the MSA measure.

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.

March 2015 Summary (with January 2015 and February 2015 for comparison for Sheffield only)	Sheffield (STHFT)						England	
	January 2015		February 2015		March 2015		March 2015	
	Respondents who would recommend	Response rate						
A&E	84.53%	20.18%	82.01%	20.18%	82.28%	22.86%	86.97%	22.87%
Inpatients (IP)	94.74%	33.92%	95.62%	43.62%	94.70%	56.22%	94.88%	45.06%
Maternity touch points 1 - 4	97.45%	N/A*	97.26%	N/A*	95.60%	N/A*	94.30%	N/A*

STHFT Percentage of respondents who would recommend services - summary:

The percentage of respondents who would recommend A&E services increased marginally - and in Inpatients and Maternity touch points 1-4 decreased marginally - between February and March. In March, the percentages of respondents who would recommend A&E and Inpatients services were lower than the England average position, whilst the Maternity touch points 1-4 position was marginally higher than that of England. Whilst the percentages for England are shown above for information, direct comparison does not provide a true reflection and is not recommended.

STHFT Response rates - summary:

The response rate for A&E increased between February and March and the Inpatient response rate showed a notable increase during this period. The response rate for March in A&E was similar to the England average response rate, whilst the response rate for Inpatients was notably higher than the England average. (*Maternity combined response rate is no longer reliably calculable, given different areas/methods.)

Maternity touch points 1-4:

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

Regarding the percentage of respondents who would recommend each Maternity touch point for February and March:

- Touch point 1 (Antenatal care) remains high but decreased notably from 96.63% to 90.48%
- Touch point 2 (Birth) remains high but decreased from 98.11% to 95.88%
- Touch point 3 (Postnatal ward) remains high but decreased from 95.29% to 93.75%
- Touch point 4 (Postnatal Community provision) remains high and increased from 98.82% to 100.00%

continued overleaf

Friends and Family Test (FFT) - continued

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 - rolling out of the FFT to day case / outpatients and community, and targets for improving positive / reducing negative feedback / responses. The action plan had identified three areas for improvement; a number of issues with food and its delivery, noise on the ward and ward environment temperatures.

Performance

The action plan for food and mealtimes was delivered and the project will continue into 2015/16. Actions for noise and ward temperatures were delayed due to the need to focus on areas of more immediate concern during quarter 4. Work is now commencing on these initiatives and will be completed during 2015/16.

The roll-out to outpatients, day cases and community was achieved.

A target was set for reducing the number of negative responses during 2014/15 from a baseline combined (A&E / IP) score of 4.3% to 4.2%. The end of year performance was 4.7% and so this was not met.

A second target was set to improve the number of positive responses during the year from a baseline combined score of 91.2% to 91.7%. The end of year performance was 90.2% and so this also was not met.

Patient Experience of NHS Trusts: Focussing this month on SCHFT

PLEASE NOTE: Each month we focus on a different provider: the following information relates to Sheffield Children's NHS Foundation Trust (SCHFT).



Complaints in 2014/15

120 formal complaints were received during 2014/15. The most common reason for complaining was 'care and treatment', primarily relating to dissatisfaction with diagnosis or treatment outcomes. The Trust reports that communication was a major theme of complaints. The Trust has experienced significant problems with the implementation of the new patient administration software; time spent in sorting out these issues has distracted staff from other written communication. The Trust has a project team reviewing clinic and theatre processes to simplify these and improve written communication. The other communication issues chiefly involve differences between families and clinical staff over diagnosis or treatment plan. The Trust is reviewing patient information leaflets, administrative processes and staff skills in communicating. An increase in patient dependency across the hospital and staffing shortages on the acute neurosciences unit led to the temporary closure of Ryegate Respite Service on 16th March; this lasted for a month and understandably caused a number of complaints from families who rely on respite from caring responsibilities.

The Patient Advice and Liaison Service responded to 460 enquiries during the year. Of these, 123 related to parking; there are currently no car parking facilities at the main Children's Hospital site due to construction work.

Surveys 2014/15 - The Trust has reported the following results:

Inpatient survey 2014/15: The survey of 850 families (30.9% response) showed that the majority of children and parents ranked their care well. The Trust was significantly better than other children's units at providing written information and pain relief. The Trust showed significant improvement over previous surveys in parents feeling their child was safe on the hospital ward, and in providing privacy and dignity on the ward.

Neonatal unit survey 2014/15: The survey of 189 families (35% response) showed that the majority of patients ranked their care well. The Surgical Unit was in the top 20% in areas such as staff communication, support with feeding, nearby parent accommodation and emotional support. The Trust was an outlier in not allowing parents to be present during ward rounds. Staff felt strongly that this was a patient confidentiality issue. All parents are given the opportunity to have a confidential update with the surgeon or senior nurse. The staff could do more to promote local parent support groups such as BLISS (UK charity who work to provide the best possible care and support for all premature and sick babies and their families). Improved information will be made available in future.

Health visitor survey 2014/15: The survey of 1,000 families (35.1% response) showed that the majority of families ranked their care well. Health visitors are regarded as being available and/or flexible with appointments; the health visitors' manner was viewed as caring. Action plans are being developed for improvement and include more visits around time of children weaning to solid food, more convenient appointments and better communication when appointments are delayed.

CAMHS (Child and Adult Mental Health Services) surveys 2014/15: During November-December 2014, 109 parent questionnaires and 74 young person questionnaires were completed, representing 26% and 18% of all unique patient appointments during the collection period, respectively. The majority of parent/carers (89%) and young people (78%) agreed with the statement "Overall, the help I received here is good". Responses to this question have improved since the same period last year. Areas for improvement are mainly about accessibility of clinic appointments and convenience of appointments.

The above information is taken from the following reports to the Trust Board on 28th April 2015: *Annual Integrated Governance Report* and *Draft (1) Quality Report 2014/15 (Incorporating Quality Accounts)*.

Patient Opinion

11 stories about SCHFT have been posted on Patient Opinion since 1st April 2014. The stories can be viewed at <https://www.patientopinion.org.uk/opinions?submittedonafter=01%2F04%2F2014&nacs=rcuef>. Six of the stories were primarily positive, five were primarily negative. Positive themes included good communication, speed of response, professional, supportive and caring staff, good standard of cleanliness, successful surgery and good standard of care. Negative themes included poor communication, poor staff attitude, misinformation, poor food and poor standard of cleanliness.

Patient Experience of GP Services

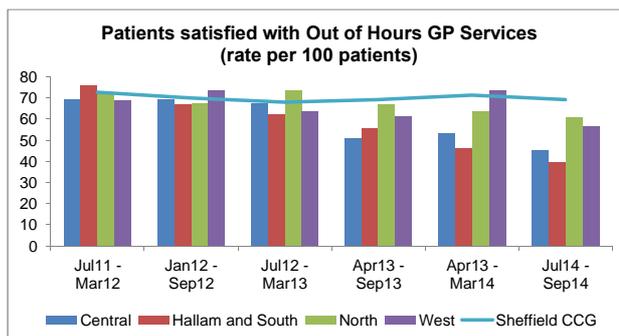
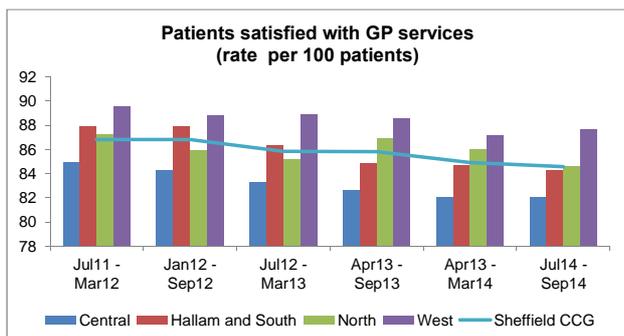
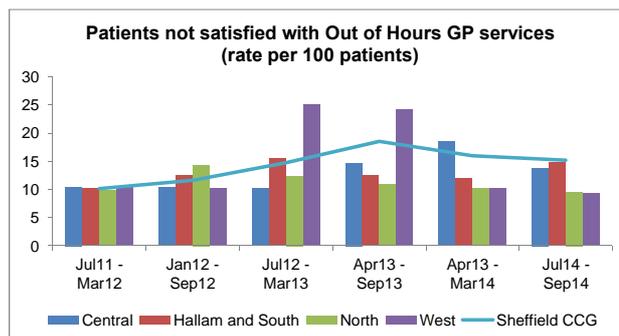
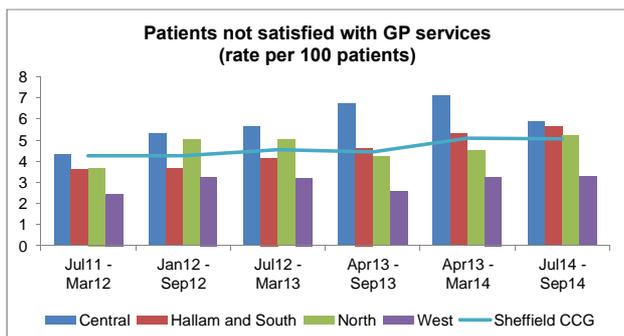
One of NHS England's Outcomes ambitions for the domain 'Increasing the number of people having a positive experience of care outside hospital, in general practice and the community' is to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services. This is measured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

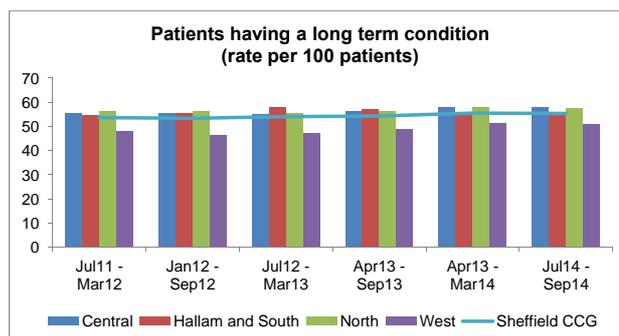
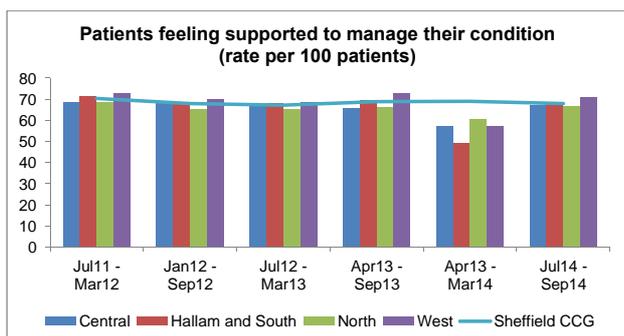
The charts below show selected measures from the GP Patient Survey, which is published every 6 months. This page remains in the report due to links to National Outcomes measures; please see the Best Possible Health Outcomes section (page 18: Acute Services Portfolio - Elective Care for 'Patient experience of GP services' and page 19: 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.)



Clostridium Difficile - Quarterly Update and Benchmarking

Summary of 2014/15 *

Although Sheffield CCG is committed to working with local providers to minimise the number of Clostridium Difficile (C.Diff) infection cases, the 2014/15 target was exceeded; based on validated data, there were 213 cases attributable to the CCG - the forecast level was 193.

For STHFT, the commitment was to have no more than 94 cases in 2014/15, compared to 77 last year. The number of cases incurred in March (15) is more than the previous month (4) and in 2014/15 as a whole STHFT had 13 more cases (93) than in the same period last year (80) but they did meet their forecast.

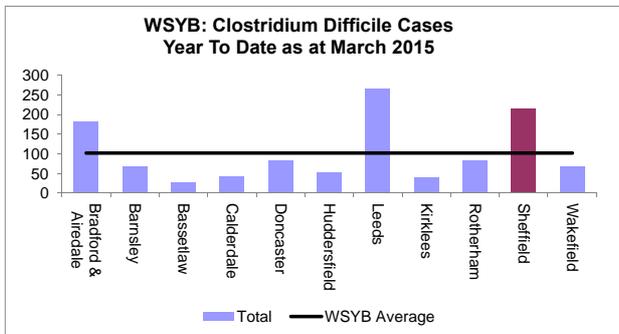
For SCHFT, the commitment was to have no more than 4 cases in 2014/15, compared to 3 last year. 6 cases were recorded, so this was exceeded.

* Although April data for C.Diff is shown in the Quality and Safety section of this report, March is used here to allow for full 2014/15 benchmarking of National figures, as National data becomes available slightly later.

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

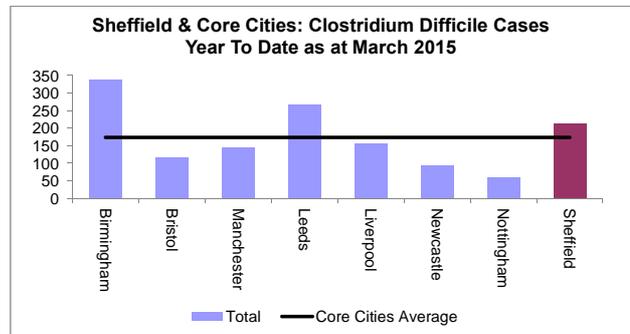
In each of the charts below, Sheffield's position (CCG or STHFT) is distinguished by the highlighted bar.

CCG Comparison



The chart above shows that, in 2014/15, Sheffield had the second highest number of C.Diff infections in the West and South Yorkshire and Bassetlaw (WSYB) area.

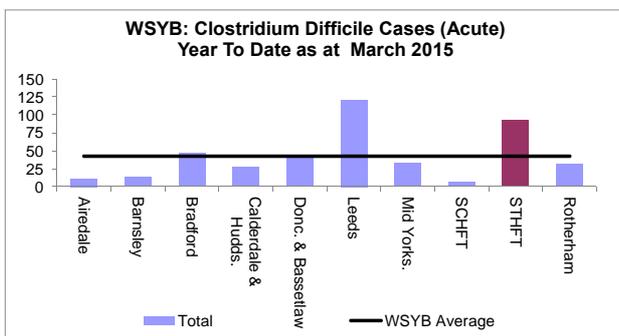
Sheffield was above the regional average of 101.3 C.Diff cases, along with Leeds and Bradford & Airedale.



When compared to the core Cities, Sheffield had the third highest number of C.Diff cases as at the end of March 2015.

Sheffield was above the core Cities average of 173.9 C.Diff cases, along with Birmingham and Leeds.

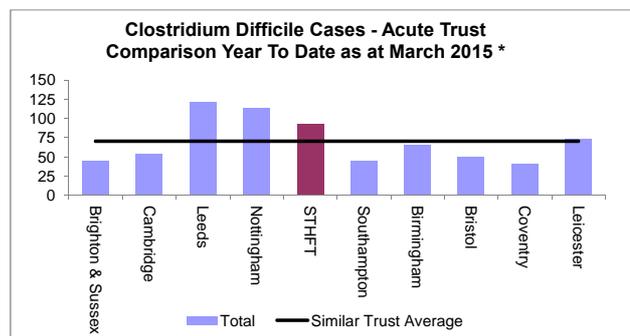
Acute Trust Comparison



The chart above shows that STHFT had the second highest number of C.Diff cases in 2014/15 of WSYB acute trusts.

93 cases were reported for STHFT against a regional average of 42.5; this equates to 98.94% of their annual target of 94 cases.

SCHFT had the lowest number of C.Diff cases in the region but reported 6 cases in 2014/15 against a plan of 4.



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

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

The 93 cases reported at STHFT was higher than the average for the group, of 70.1 cases. Leeds and Nottingham were also above the group average.

Summary Hospital Mortality Indicator - Quarterly Update and Benchmarking

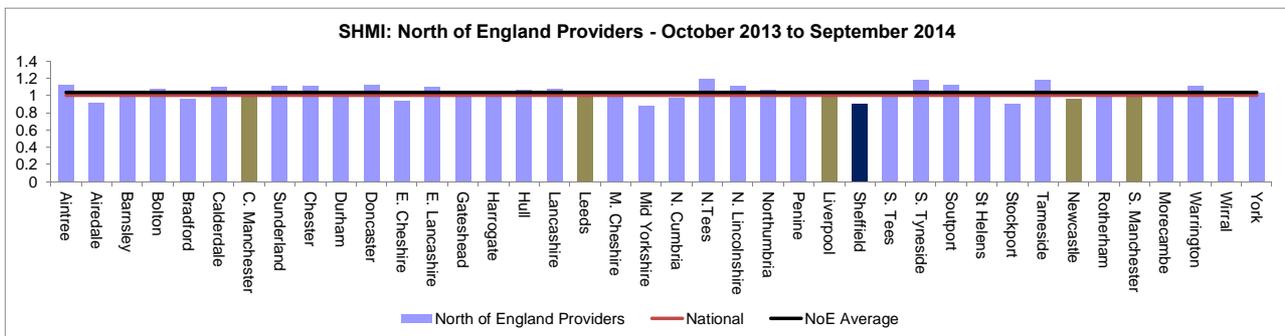
The Summary Hospital Mortality Indicator (SHMI) is a ratio of the observed number of deaths to the expected number of deaths for a provider; the lower the ratio, the better, as less deaths are occurring.

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

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

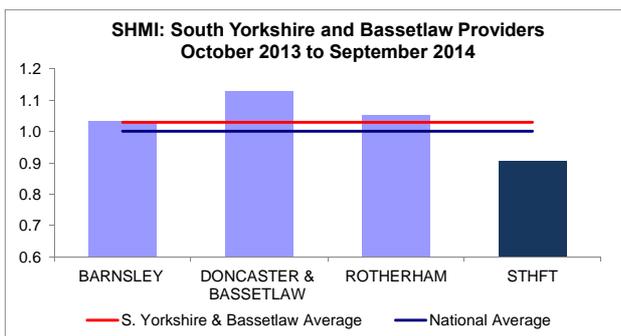
A 3-year dataset is used to create the risk adjusted models and a 1-year dataset is used to score the indicator. The 1-year dataset used for scoring is a full 12 months up to and including the most recently available data on the dataset. The 3-year dataset is a full 36 months up to and including the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

The STHFT value for October 2013 to September 2014, at 0.905, is slightly higher than for July 2013 to June 2014 (0.902) but is still below the expected value. This is a positive position for Sheffield residents.



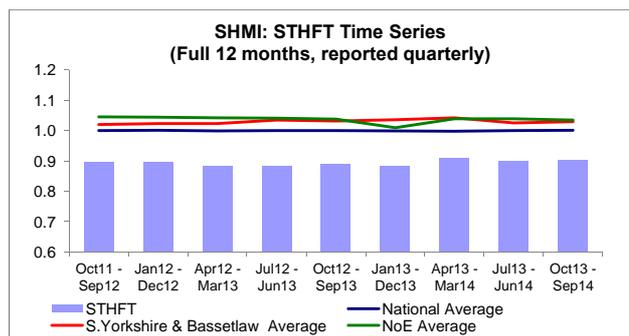
To reflect the new NHS landscape, the above chart shows providers who have submitted data in the North of England (NoE). Sheffield (STHFT) has been distinguished by the **dark blue** bar and the core Cities that lie within the NoE by the **tan** bars.

STHFT is the third best ranked within the NoE and 18th on a National level. 11 of the above trusts are below the National average, of which 4 (STHFT, Central Manchester, Newcastle and South Manchester) are core Cities within the NoE. On a National core Cities level, only Cambridge has a lower value than STHFT.



Within the South Yorkshire & Bassetlaw area, STHFT have a lower value than the other trusts that have submitted data. This equates to 12.06% lower than the area average and 9.54% lower than the National average. The next lowest trust is Barnsley.

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



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

The latest position of 0.905 (Oct-13 to Sep-14) is 0.355% higher than the previous period (Jul-13 to Jun-14).

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

The work of Sheffield CCG is organised around 5 clinical portfolio areas. The nationally decided measures, where all CCGs are expected to show that improvements are being made, have been assigned to each of the clinical portfolio areas. Each of the clinical portfolios have, where appropriate, identified additional locally determined measures relating to their priorities.

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.

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

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 financial year 2014/15. Where data for 2015/16 is known this is shown but, at this stage of the year, 2015/16 data is not yet available for a lot of the measures.

NOTE: "Supporting measure = Outcomes support measure specified by NHS England.

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

Identify alternative service provision and health care for patients who otherwise would have received secondary care/hospital based attendance



*For 2014/15, CCGs were required to submit plans nationally for one local measure; the measure to the left is Sheffield CCG's identified **Local Priority 1**.*

Portfolio: Locally selected measures

The patient satisfaction measure is based on areas such as risks being explained, assistance received and problems/discomfort following the procedure. This area is judged to be green as, although the local score decreased very slightly to 89.18% in April, any score above 78% is being judged nationally as good. As an additional measure, 94.3% of people said they would have surgery again under the same conditions (again, a very slight decrease from last month).



** = To allow for the receipt of all 3 patient surveys, information will always relate to 6 months prior to the reporting period. e.g. for Apr-15, this covers experience of surgical procedures carried out during Oct-14.*

continued overleaf

Urgent Care

National required measures

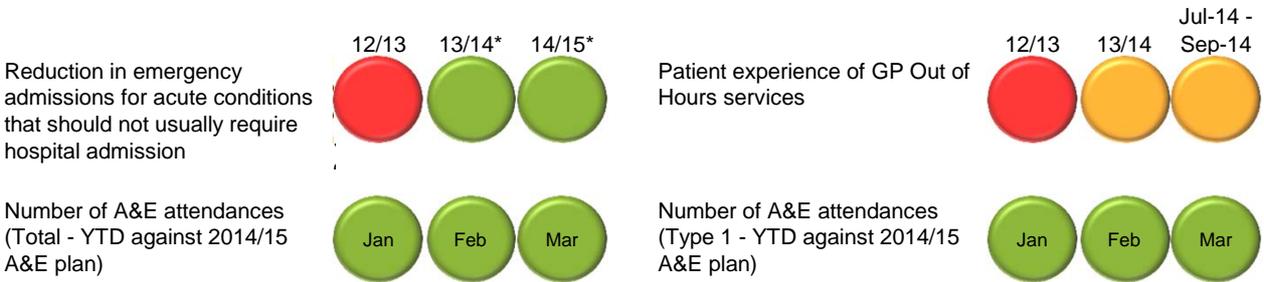
Issues & Actions:

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 March, so this is now the full local estimation for 2014/15.

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.



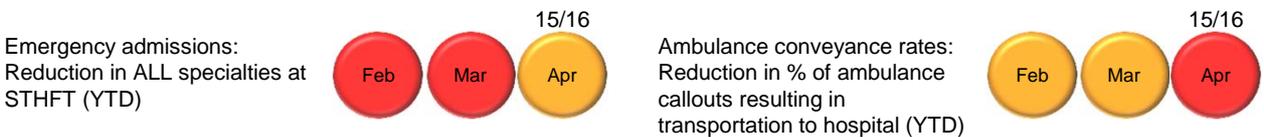
A&E ATTENDANCES: Total A&E attendances comprises: Type 1 (Main A&E), Type 2 (Single Specialty, e.g. STHFT Eye Casualty) and Type 3 (Other A&E e.g. STHFT Minor Injuries Unit).

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). The lessons learnt from initiatives undertaken this year will be incorporated into the urgent care review. The learning will inform what we do next in both of these clinical areas and other specialities.

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.



continued overleaf

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

National required measures

Issues & Actions:

Potential years of life lost (PYLL): Following publication of the data covering 2013 and the unanticipated deterioration in Sheffield's position, the validity of 2012 data was questioned with the Health and Social Care Information Centre (HSCIC). On a numbers front, there look to have been fewer deaths in Sheffield than expected in 2012 and back to a normal level in 2013; Each 2012 Sheffield death also involved a slightly lower average years of life lost 'score'. The national-level data for 2012 shows a similar effect. This might be due to fluctuation in the timing of winter effects and weather patterns / community illness levels cannot easily be ruled out. Significant further work is needed to fully understand with a view to forecasting future patterns of deaths.

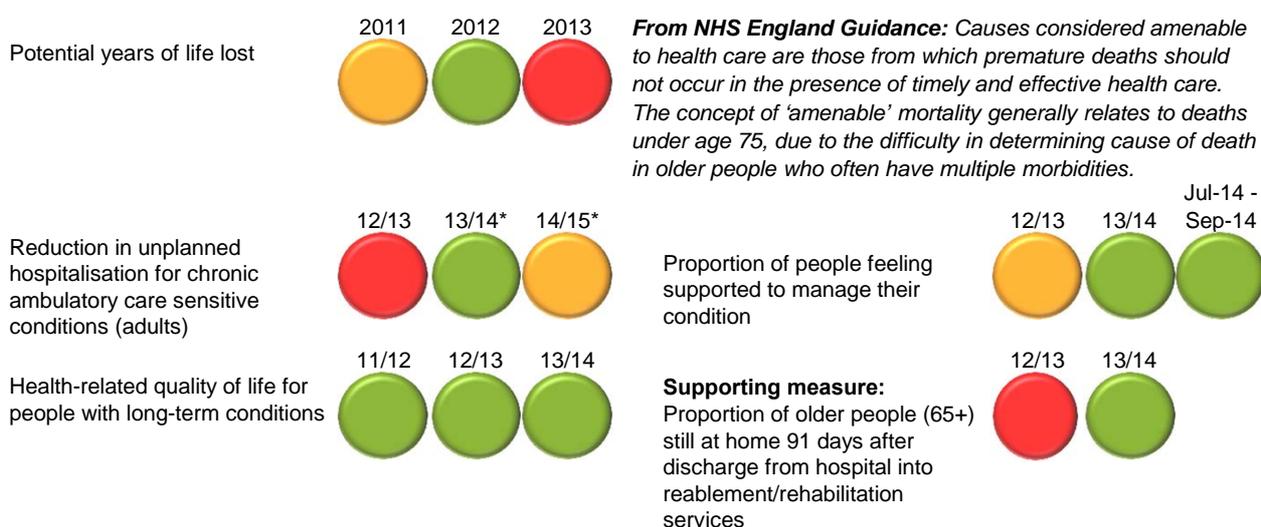
PLEASE NOTE: The measure is rated as red here as the position has worsened since the previous year. However, in the Summary Position - Quality Premium section on page 3, it is rated as amber. This is because the 2014/15 Quality Premium will be based on the change between 2013 and 2014; as the position has been fluctuating between years - and also as 2014 will not be available until later this year - we cannot yet be certain of the direction of travel.

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 March, so this is now the full local estimation for 2014/15.

As noted previously, although this measure remains amber, local data continues to show a slowly improving position. The 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. A number of citywide programmes are expected to impact on this, for example the integrated commissioning programme with Sheffield City Council and the Prime Minister's challenge fund (PMCF). We are actively participating in the development of the four programmes within integrated commissioning and are making links with the initiatives within the PMCF.



Locally selected measures

The new person-centred care planning scheme started in February 2015. The scheme builds on the work that GP 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. Both primary care and community nursing have now completed the first set of training. Locality support teams have been recruited and have started their work in supporting practices.

Locally selected measures will be considered at the next portfolio meeting on 10th June.

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:

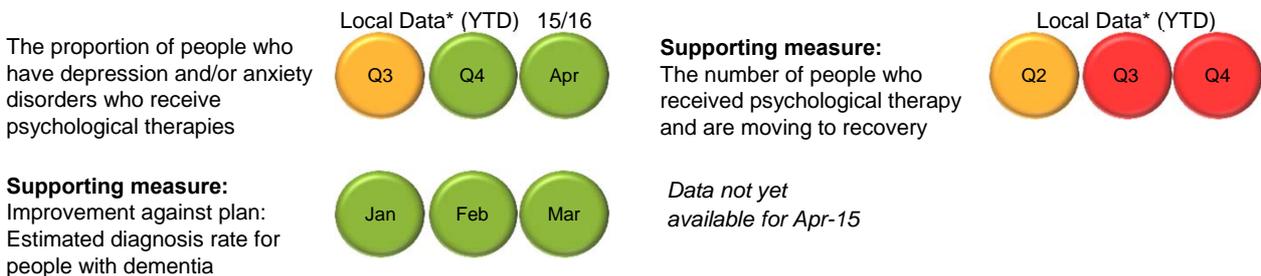
*** DATA CAVEAT:** The source to be used for this data in NHS England guidance has not yet been fully reconciled to locally available data and so, in order to monitor progress against these in the meantime, data provided directly from Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) is used.

The number of people who received psychological therapy and are moving to recovery: As noted previously, the National team have recognised that the Sheffield service is doing all the right things to improve recovery rates and recovery rates are expected to improve once the data related issues (outlined in month 9's report) have been resolved.

As noted last month, for March (in-month position) the service reported achievement of 51% which has improved the position, although not sufficiently to bring the full-year position to 50%. The service continues to work through their clinical plan, focussing on improving recovery rates, and their general management plan focussing on resolving national and local data issues.

A meeting has taken place between the CCG, CSU and SHSCFT to look at requirements and monitoring for 2015/16. SHSCFT have given assurance around improved data collection and training for staff on the appropriate recording of activity on their system. In future months they will be providing a monthly report of the 2015/16 IAPT measures (including the new National measures on IAPT waiting times); this is in development but they have been able to provide the April position for the proportion of people receiving psychological therapies - the first measure below.

It should be noted that the Mental Health Commissioning Team are considering the potential impact of city-wide programmes on the IAPT service, for example PMCF and "Ageing Better".

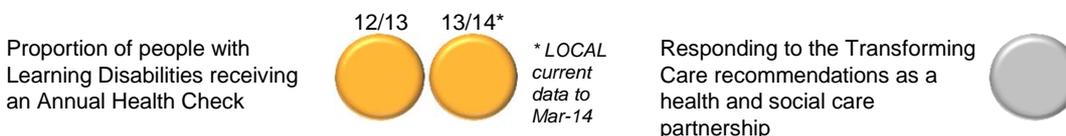


Locally selected measures

Issues & Actions:

Proportion of people with Learning Disabilities (LD) receiving an Annual Health Check (AHC): The new NHS England contract was published at the start of April and the CCG have alerted GPs to this contract through GP communication routes. The Clinical Director will shortly be writing to practices to encourage sign-up to the contract and we will be offering training to practices wishing to deliver the DES (directed enhanced service). A PLI (protected learning initiative) event on LD is planned for September and we are writing to NHS England to ask, if practices are late to sign up to the contract but express an interest in signing up to the contract, whether they will be able to sign up later in the contractual year. The CCG is continuing to encourage uptake of the AHC for 2015/16. Updates on the percentage of the eligible population receiving a health check will be provided in future reports.

INDICATOR DEVELOPMENT - Responding to the Transforming Care recommendations as a health and social care partnership: New guidance has been published - 'Assuring Transformation' - relating to data collection nationally; we are currently in discussion with SHSCFT to track admissions to hospital placements across the Intensive Support Service (ISS) and Mental Health acute inpatient beds as a new requirement. We have raised this within the contract meeting with SHSCFT relating to their responsibilities to provide us with data. The action plan for Transforming Care is in development, led by Sheffield City Council.



Children, Young People and Maternity

National required measures

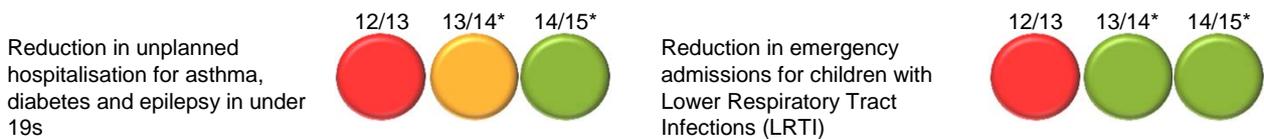
Issues & Actions:

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 March, so this is now the full local estimation for 2014/15.



Locally selected measures

The 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): As noted previously, the service for 16 and 17 year olds for CAMHS is now in place citywide; further work is progressing on the transition protocols between children's and adult mental health services. Also, further work is being undertaken to look at a transformation plan for CAMHS; we plan to explore reporting on this in the future, in relation to outcomes.



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

All data below relates to 2014/15, as data for month 1 (April) 2015/16 is not yet available

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 measures from NHS England's Five Year Forward View, as recorded in the document 'The Forward View Into Action: Planning For 2015/16' divided, where appropriate, into portfolios. Red, Amber and Green (RAG) ratings represent the latest known position for performance against each relevant measure. **Where possible, the RAG rating is against April 2015 performance as at the 21st May 2015 - year to date where appropriate.**

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

Key

* - Data is currently not available for the measure YTD - Year To Date QTR - Quarterly
N/A - Measure is not applicable to this organisation 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	86.13%	84.50%	92.00%
% seen/treated within 18wks - Non-admitted pathway	96.91%	96.91%	96.23%
% still not seen/treated within 18wks - Incomplete pathway	94.13%	93.91%	94.68%
Number waiting 52+ weeks - Admitted pathway	1	0	0
Number waiting 52+ weeks - Non-admitted pathway	2	1	1
Number waiting 52+ weeks - Incomplete pathway	0	0	0

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test	98.87%	98.96%	98.29%
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Elective Care

Number of total elective admissions (FFCEs) (YTD)	78814	69171	4461
Number of elective ordinary admissions (FFCEs) (YTD)	13328	10197	1682
Number of elective daycase admissions (FFCEs) (YTD)	65486	58974	2779
Number of first outpatient attendances (YTD)	188647	167653	10587
Number of first outpatient attendances following GP referral (YTD)	90011	80532	3091
Number of GP written referrals (YTD)	118770	108275	3472
Number of other referrals (YTD)	72628	64272	3597
Number of total referrals (YTD)	191398	172547	7069
Number of all subsequent (follow-up) outpatient attendances (YTD)	473708	432752	16400
Number of cancelled operations offered another date within 28 days (QTR)	N/A	3	0

Acute Services Portfolio - Urgent Care

Non Elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	93.52%	98.61%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0
Non-elective admissions (FFCEs) (YTD)	59404	51298	4697
Number of attendances at A&E departments - Type 1 (YTD) ¹	171297	117890	53755
Number of attendances at A&E departments - Total (YTD) ¹	202016	150483	53755
Unplanned hospitalisation for chronic ambulatory care sensitive conditions ²	954.1	N/A	N/A
Emergency admissions - acute conditions that should not require admission ²	1448	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s ²	274	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) ²	649	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	83.33%	N/A	N/A	74.94%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) ³	71.96%	N/A	N/A	72.65%
Category A response in 19 mins (YTD) ³	98.03%	N/A	N/A	96.20%
Ambulance handover delays - of over 30 minutes ⁴	N/A	186	1	2007
Ambulance handover delays - of over 1 hour ⁴	N/A	16	0	541

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 (Oct-13 to Sep-14 PROVISIONAL) and RAG rating may therefore differ from that shown in the Best Possible Health Outcomes section of this report, where rating is against locally calculated interim data

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
Potential years of life lost (PYLL) ¹	2244.0
Health-related quality of life for people with long-term conditions	70.5
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	84.8%

Cancer Waits (YTD)

	CCG	STHFT	SCHFT
% seen within 2 weeks - from GP referral to first outpatient appointment	94.13%	94.16%	98.53%
% seen within 2 weeks - as above, for breast symptoms	95.88%	96.01%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	98.56%	98.57%	100.00%
% treated within 31 days - subsequent treatment (surgery)	97.60%	97.54%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	N/A
% treated within 31 days - subsequent treatment (radiotherapy)	99.76%	99.76%	N/A
% treated within 62 days - following an urgent GP referral	89.57%	89.56%	N/A
% treated within 62 days - following referral from an NHS screening service	96.24%	96.13%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	93.00%	92.65%	N/A

Footnotes:

¹ PYLL:

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

Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	100.00%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	2.02%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	44.81%
Estimated diagnosis rate for people with dementia (NB: estimated figure using locally-available data) ¹	66.72%

Footnotes:

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

Quality Standards

Patient Safety

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	0	0	0	N/A
Clostridium Difficile (C Diff) (YTD)	8	2	1	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 ¹	N/A	455	144	N/A

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) ²		44.84%	
Friends and Family test: Inpatient - % Recommended (QTR) ²		95.00%	
Friends and Family test: A&E - Response rate (QTR) ²		21.16%	
Friends and Family test: A&E - % Recommended (QTR) ²		83.63%	

Footnotes:

¹ **Reporting of medication-related safety incidents:** Local data; nationally-submitted figures will be available later in 2015/16

² **Friends and Family Test:** Rated against improvement on previous period

APPENDIX B: Mental Health Trust Performance Measures

Sheffield Health and Social Care NHS Foundation Trust

1. Crisis Resolution / Home Treatment: As at the end of April, there have been 134 home treatment interventions against the 12-month target of 1,202; this equates to 34% more patients benefiting from this service than originally planned in the first month of 2015/16.

2. CPA 7 day follow up: April's monthly performance was 100% and therefore remains above the national 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.

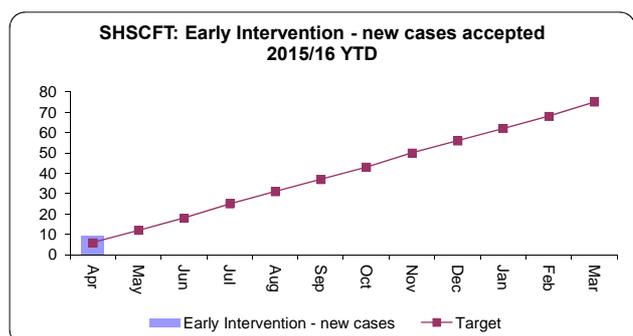
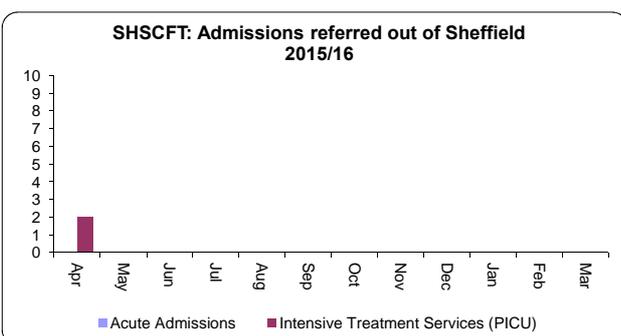
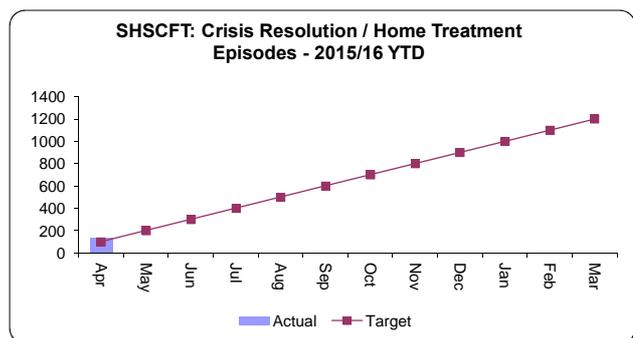
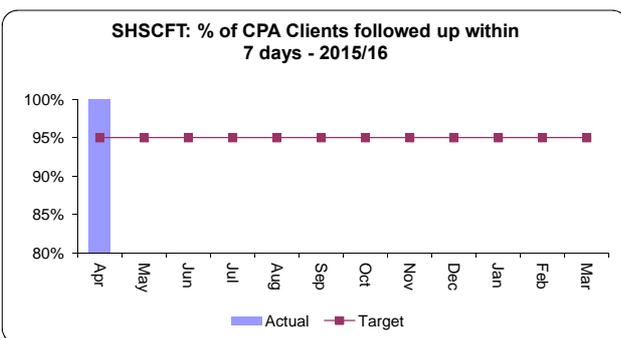
4. Psychological therapy services (Improving Access to Psychological Therapies - IAPT): As illustrated in the SHSCFT Indicators table below, local data for these measure shows that:

- The YTD Quarter 4 performance for the proportion of patients receiving psychological therapy is above the level required by the end of 2014/15 - 18.04%*.
- The YTD Quarter 4 performance has increased between Q3 and Q4 (in-quarter performance for the proportion of psychological patients moving to recovery has increased significantly since Q3 - 47.17%, up from 41.81%) although this does not meet 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 21) for information on issues and actions regarding the rate of people who received psychological therapy and are moving to recovery and also for new, local monthly monitoring of those receiving psychological therapies.

SHSCFT Indicators (all are YTD)	Target (2015/16)	March (2014/15)	April (2015/16)	Change
Crisis Resolution / Home Treatment	1202	1310	134	▼
Psychosis Intervention - new cases	75	174	9	▼
Psychosis Intervention - maintain capacity	270	166	218	▲
CPA 7 day follow up	95%	96.06%	100.00%	▲
Anxiety/depression (IAPT):		Q3 14/15	Q4 14/15	
% receiving Psychological therapy	18.04%*	13.45%	19.14%	▲
Psychological therapy pts. moving to recovery	50%	43.97%	44.81%	▲

** National target 15% but, in order to meet Quality Premium criteria, must achieve submitted 2014/15 QP plan of 18.04%*



APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

Percentages quoted in the 2 paragraphs below are as at **14th May 2015**

Across the Yorkshire & Humber region, year to date (YTD) RED 1 and RED 2 combined 8 minute performance has improved to 73.13% against the service standard of 75% and RED 1 and RED 2 combined 19 minute performance has also improved to 96.24% and so still exceeds the 95% service standard. For CCG Quality Premium purposes, YAS RED 1 overall 8 minute performance is measured; YTD performance currently stands at 74.78%, a slight increase, against the NHS Constitution standard of 75%. (Sheffield CCG's YTD RED 1 and RED 2 combined 8 minute performance decreased slightly to 73.44% against a (non-contractual) service standard of 75%.)

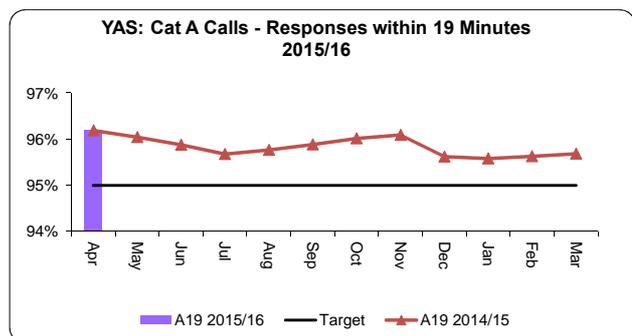
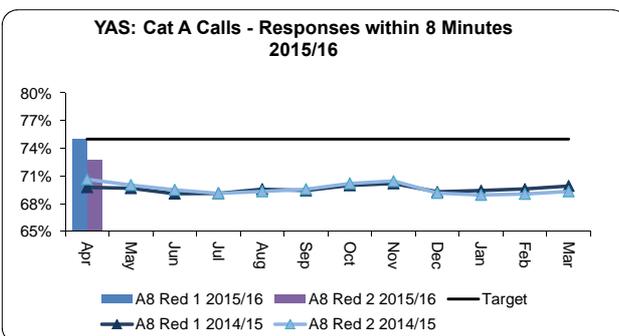
For 2014/15 and 2015/16, commissioners agreed with YAS to maintain the 95% performance standard across GREEN calls but introduce a lower 'floor' in respect of performance within individual months, to be contract managed in accordance with General Condition 9 of the contract, including potential withholding of payment for breach of remedial action plan. YAS YTD GREEN performance was below the minimum level for GREEN 2 and GREEN 4 response (expected service standard in brackets): GREEN 1 (20 min response) - 85.14% (80%), GREEN 2 (30 min response) - 77.22% (85%), GREEN 3 (20 min triage) - 87.63% (80%), GREEN 3 (30 min response) - 81.97% (80%). GREEN 4 (60 min triage) - 99.31% (95%).

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

Service Demand and Actions to address performance issues: Please see the NHS Constitution - Rights & Pledges section of this report (Category A ambulance calls - page 8) for information on issues and actions for RED measures.

YAS Indicators (all are YTD)

	Target (2015/16)	March (2014/15)	April (2015/16)	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	69.91%	74.94%	▲
Cat A 8 minutes Red 2 (YTD)	75%	69.32%	72.65%	▲
Cat A 19 minutes (YTD)	95%	95.68%	96.20%	▲



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	February	March	Monthly Change
Re-contact after discharge (Phone)		3.2%	4.0%	▲
Re-contact after discharge (Treatment at scene)		3.4%	3.5%	▲
Re-contact after discharge (Frequent Caller)		2.1%	2.1%	◄►
Time to answer call (Median)	5 sec	1	1	◄►
Time to answer call (95th Percentile)		19	19	◄►
Time to answer call (99th Percentile)		43	47	▲
Time to treatment (Median)		6.3	6.1	▼
Time to treatment (95th Percentile)		16	15.8	▼
Time to treatment (99th Percentile)		24.5	24.2	▼
Call closed with advice (Phone advice)		6.9%	10.2%	▲
Call closed with advice (Transport)		31.7%	n	▲
Clinical Indicators		<u>November</u>	<u>December</u>	
Outcome from Cardiac Arrest (CA) All		28.9%	21.9%	▼
Outcome from CA Utstein Group (UG)		57.7%	48.4%	▼
Outcome from acute STEMI Angioplasty		85.6%	81.8%	▼
STEMI Care Bundle		80.2%	80.7%	▲
Outcome from Stroke 60 min to Stroke Unit		54.7%	44.8%	▼
Stroke - Appropriate Care Bundle		97.8%	98.9%	▲
Outcome from CA - Survival to Discharge All		15.4%	9.7%	▼
Outcome from CA - Survival to Discharge UG		40.0%	40.7%	▲
Service Experience		N/A	N/A	

APPENDIX B: NHS 111 Performance Measures

NHS 111 Activity

Performance against National Target at Month 12, March 2015

Compared, where possible, to National data

* = Month 1 2015/16 not yet available

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



Sheffield Activity

Chart 1: Calls received

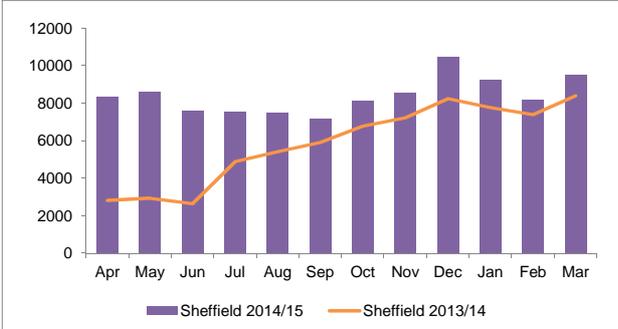


Chart 2: Clinical Calls completed within 10 minutes

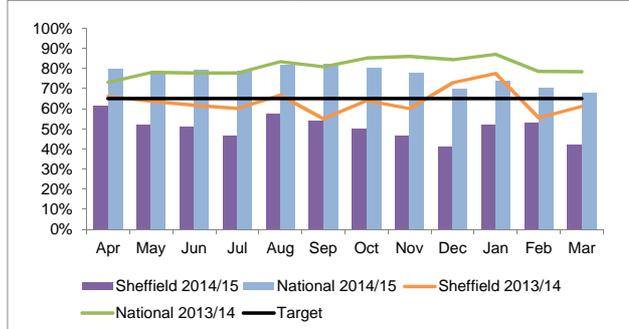


Chart 3: % of Clinical call-backs within 10 minutes ≥ 98%

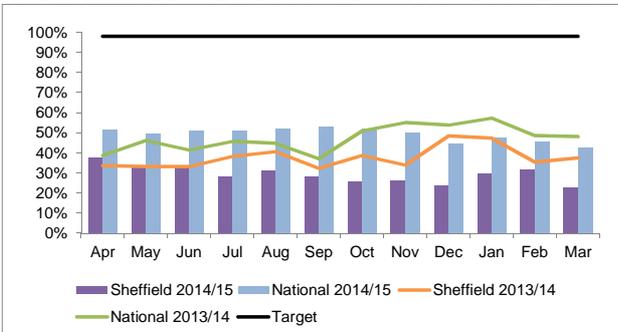
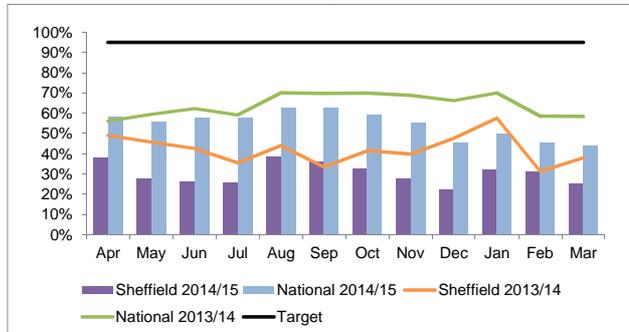


Chart 4: % of warm transfers* ≥ 95%



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

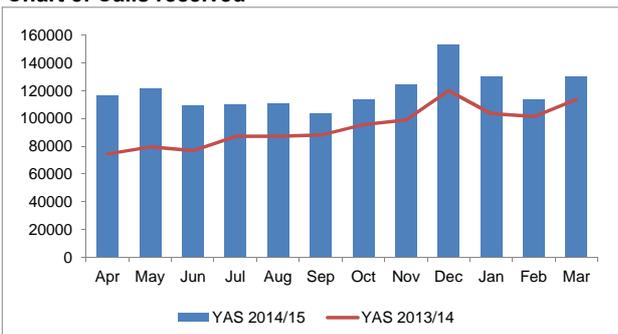


Chart 6: Calls answered within 60 seconds ≥ 95%

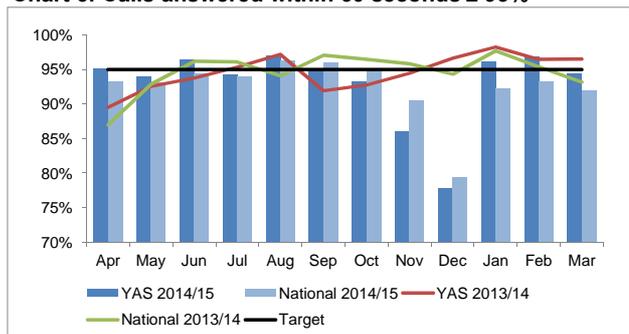


Chart 7: Calls abandoned after 30 seconds ≤ 5%

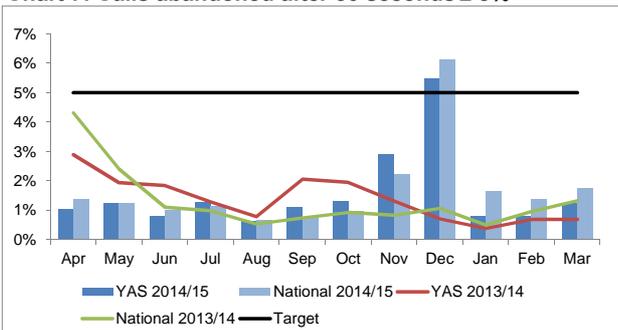
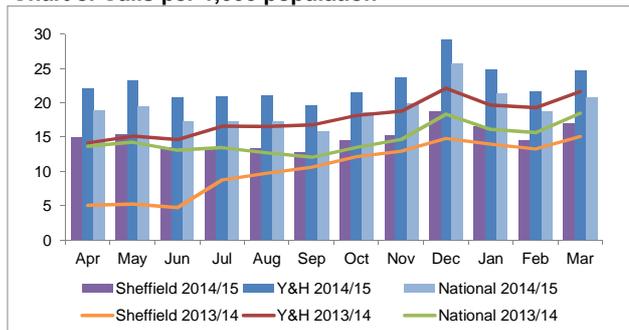


Chart 8: Calls per 1,000 population



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 1, Apr 2015

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

Outpatient First Attendances: 5% below plan
 Outpatient Follow-ups: 0.7% above plan
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 0.6% above plan
 Inpatient Non-elective Spells: 0.2% above plan
 A&E Attendances: 0.5% above plan

Figure 1: Referrals¹

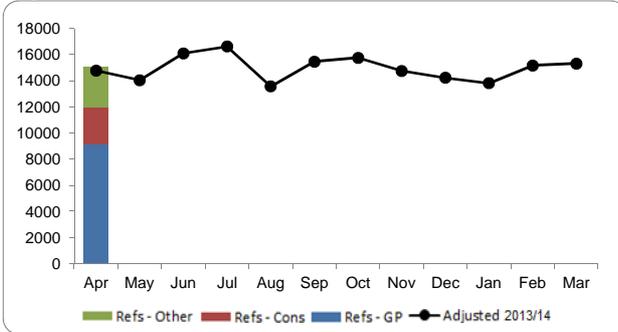


Figure 4: Electives

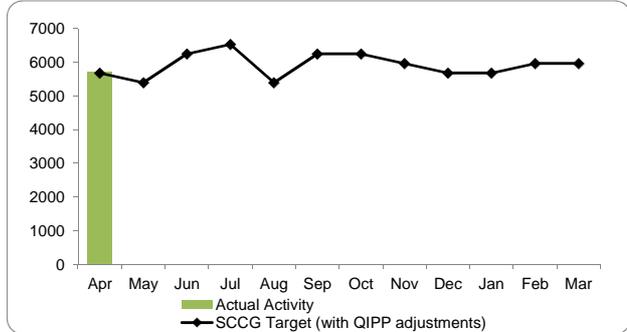


Figure 2: Firsts²

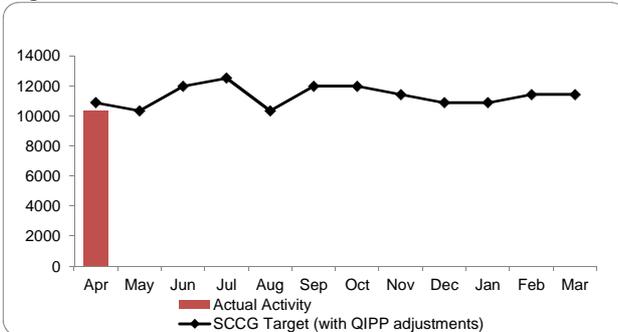


Figure 5: Non-Electives

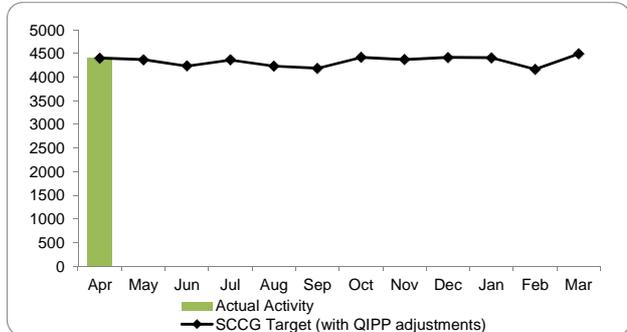


Figure 3: Follow-ups

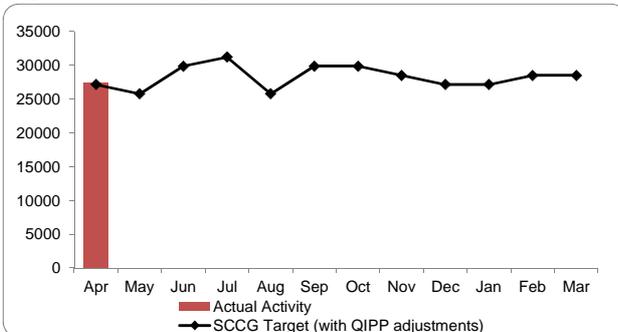


Figure 6: Accident and Emergency

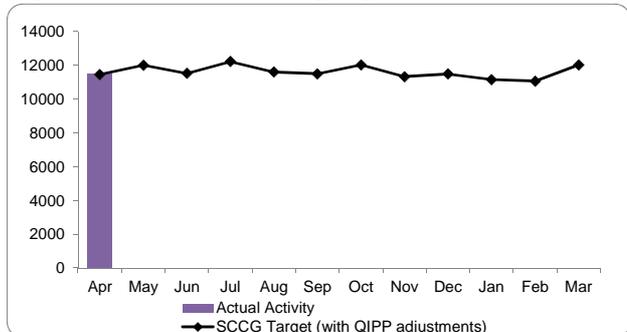


Table 1. Outpatient Activity

Activity	2015/16	Target	Var	% Var
Firsts	10,347	10,888	-541	-5.0%
Follow-ups	27,339	27,162	177	0.7%
Follow-ups:First Ratio	2.64	2.49	0.15	5.9%

Table 2. Inpatient and A&E Activity

Activity	2015/16	Target	Var	% Var
Electives	5,710	5,676	34	0.6%
Non Electives	4,413	4,403	10	0.2%
Excess Bed Day Costs (£000s)	£ 726	£ 661	£ 64	9.7%
A&E	11,517	11,463	54	0.5%

Source: STHT Contract Monitoring

Notes:

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

¹ Referrals compared to 2014/15, adjusted for working days and counting changes.

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

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

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

² First outpatient attendances exclude CDU (Clinical Decision Unit). CDU Attendances are overperforming by 458 (20.9%).

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

Produced by NHS Sheffield CCG Contract Team, May 2015

APPENDIX C: Contract Activity



Sheffield Children's NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 11*, Apr 2014 - Feb 2015 (*later data not yet available)

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

Outpatient First Attendances: 0.6% below plan
 Outpatient Follow-ups: 4.2% below plan
 Outpatient Procedures: 22% below plan

Inpatient Elective Spells: 15.8% below plan
 Inpatient Non-elective Spells: 2.2% below plan
 A&E Attendances: 2.5% above plan

Figure 1: Firsts

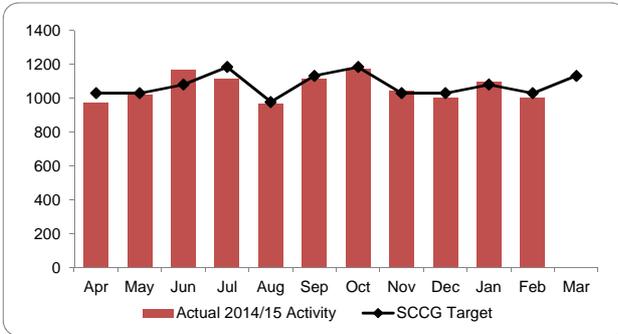


Figure 4: Electives

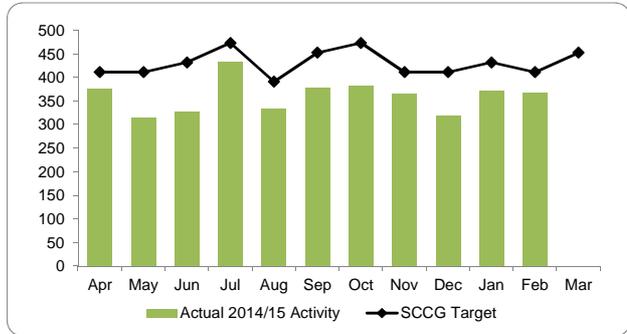


Figure 2: Follow-ups

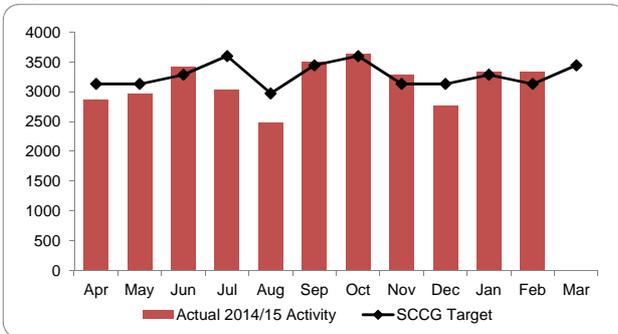


Figure 5: Non-Electives

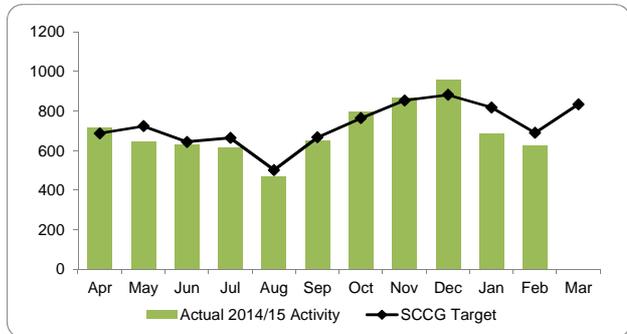


Figure 3: Accident and Emergency

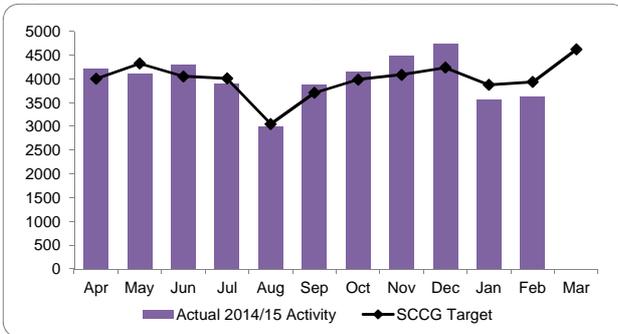


Figure 6: Excess Bed Days

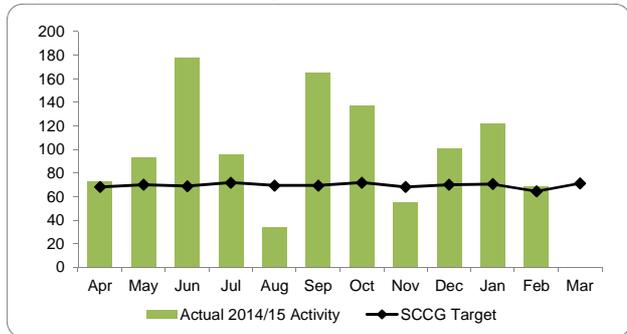


Table 1. Outpatient Activity

Activity	2014/15	Target	Var	% Var
Firsts	8,589	8,645	-56	-0.6%
Follow-ups	25,179	26,289	-1,110	-4.2%
OP Payable Procedures	7	9	-2	-22.0%
Follow-ups:First Ratio	2.93	3.04	-0.11	-3.6%

Table 2. Inpatient and A&E Activity

Activity	2014/15	Target	Var	% Var
Electives	2,912	3,458	-546	-15.8%
Non Electives	5,389	5,508	-119	-2.2%
Excess Bed Day Costs (£000s)	£ 139	£ 194	£ 55	-28.2%
A&E	32,042	31,250	792	2.5%

Source: SCHFT Contract Monitoring (SLAM)

Notes:

Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, March 2015

Public Health Quarterly Report to Sheffield CCG Board

20th May 2015

This is a narrative report structured around key public health topics and/or public health outcomes in the City, including relevant actions being taken.

Tuberculosis

The new Sheffield TB network has been auditing Sheffield's position against the recently published Public Health England collaborative Tuberculosis Strategy for England. One of the strands of the strategy relates to Latent Tuberculosis Infection (LTBI) screening for people who have newly arrived from countries with a high incidence (greater than 150 per 100,000) of TB. The group has been working hard to develop a business case for LTBI screening to submit to NHS England for funding. A first bid has been submitted and we continue to work with colleagues across the City, including clinicians, to both refine elements of the bid and to audit Sheffield's position against other themes of the strategy.

Roma Slovak Health Needs Assessment (HNA)

Work has commenced on the initial phase of an HNA of the Roma Slovak community within Sheffield. This phase of the work, due for completion at the end of June 2015, is focussed on: literature review; baseline profile of patients registered with GP practices; and if time permits, interviews with all relevant GP practices. The second phase of work (over the summer months) will focus on qualitative research with members of the community and other relevant stakeholders and providers.

Public Health Core Offer Annual Work Plan

The annual core offer work plan was signed off by the Council's Executive Management Team and Commissioning Executive Team in April 2015. As before, it is aligned to the CCG's clinical portfolios.

Homeless Health Needs Audit

A health needs audit of people who are homeless is in preparation using the framework developed by 'Homeless Link'. It is a practical way for us as commissioners and voluntary sector organisations to gather this type of information and provides a structure for driving forward practical and strategic change. The audit will gather information about:

- Usage of health services
- Physical health needs
- Mental health needs
- Levels of substance use, including dual diagnosis
- Vaccinations and screening
- Client background

A stakeholder event to launch the audit will be held on 19th June 2015. Final report is planned for October 2015.

Increasing employment opportunities for people with health conditions and disabilities

There was a discussion at the Health and Wellbeing Board in April regarding the above issue. This is one of the work programmes within the Health and Wellbeing Strategy. Some investment has been secured from the Council's Employment and Skills Service to improve opportunities and remove some barriers. Further meetings with representatives from the Board and the CCG are planned. A Public Health/Department for Work and Pensions funded pilot scheme with Job Centre Plus is underway across north, north east and central areas of the City and GPs are encouraged to refer patients into this scheme if they feel better employment opportunities would benefit their patients. The project is being delivered by Local voluntary/community/faith sector organisations (SOAR, ZEST and Manor Castle Development Trust). Two of the aims are to bring the employment and health worlds of the City closer together and to reduce health and disability barriers to employment. Some GPs have already referred into the project. Further details of the scheme are available from Chris Shaw Chris.shaw@Sheffield.gov.uk.

Excess winter deaths and morbidity and the health risks associated with cold homes

NICE (National Institute for Health and Care Excellence) have recently published Guideline NG6 'Excess winter deaths and morbidity and the health risks associated with cold homes'. The Council has already invested some Public Health resource into delivering advice and support for residents living in cold homes and a report summarising the Sheffield situation and potential further actions will be produced and submitted to the CCG for comment over the summer. For further details contacts Chris Shaw at the above address.

Provided by: Public Health Intelligence Team - Policy, Performance and Communications Service at Sheffield City Council