

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
N/A - Measure is not applicable to this organisation

YTD - Year To Date

QTR - Quarterly

WIP - Method/format of measurement is work in progress

Acute Services Portfolio - Elective Care

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

	CCG	STHFT	SCHFT
% seen/treated within 18wks - Admitted pathway	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.

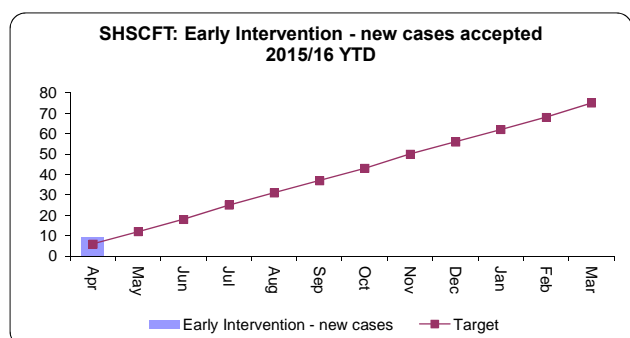
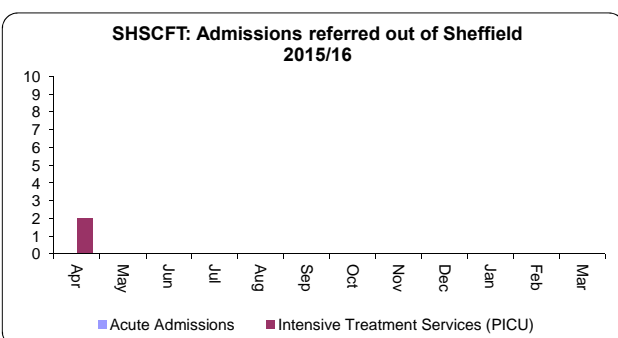
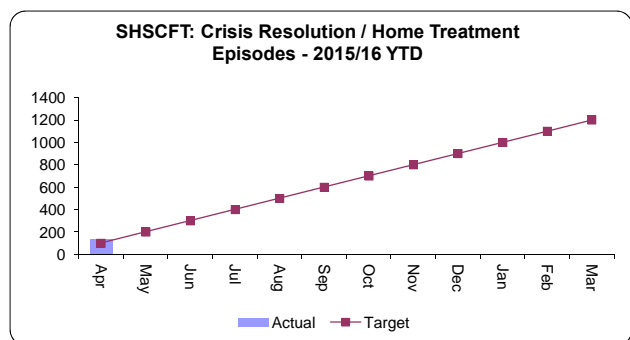
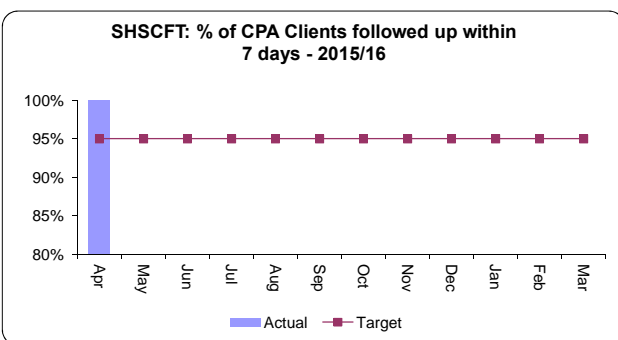
4. Psychological therapy services (Improving Access to Psychological Therapies - IAPT): As illustrated in the SHSCFT Indicators table below, local data for these measure shows that:

- 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):		<u>Q3 14/15</u>	<u>Q4 14/15</u>	
% 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%.)

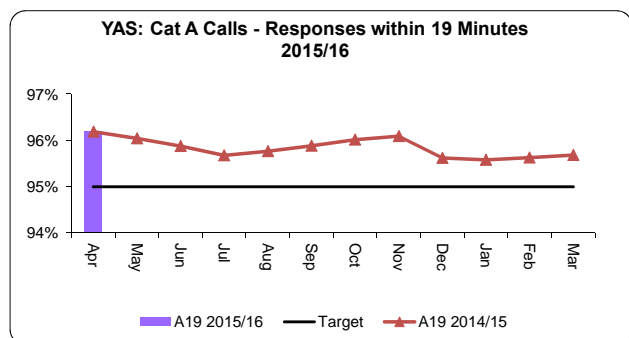
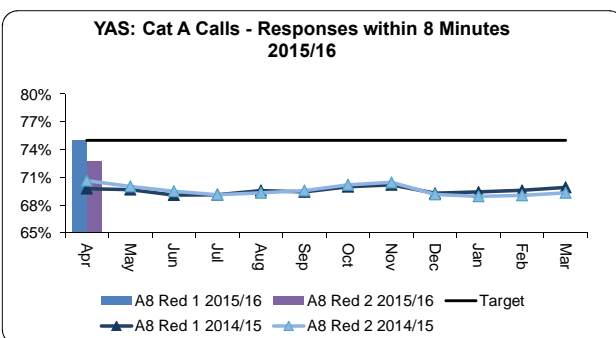
For 2014/15 and 2015/16, commissioners agreed with YAS to maintain the 95% performance standard across GREEN calls but introduce a lower 'floor' in respect of performance within individual months, to be contract managed in accordance with General Condition 9 of the contract, including potential withholding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

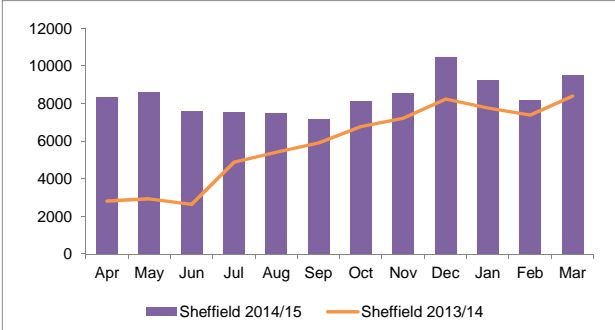


Chart 2: Clinical Calls completed within 10 minutes

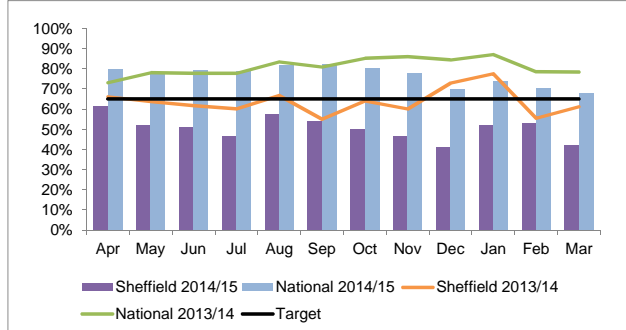


Chart 3: % of Clinical call-backs within 10 minutes ≥ 98%

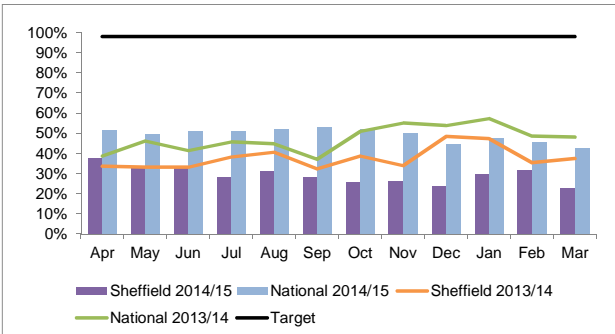
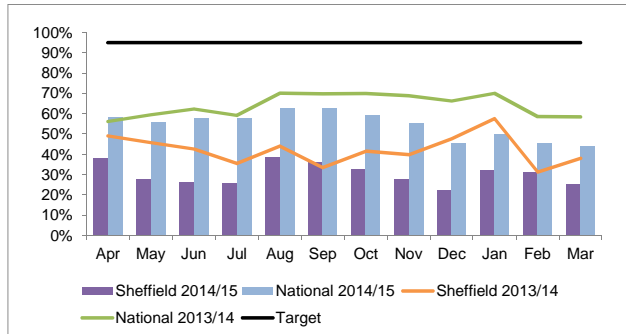


Chart 4: % of warm transfers* ≥ 95%



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

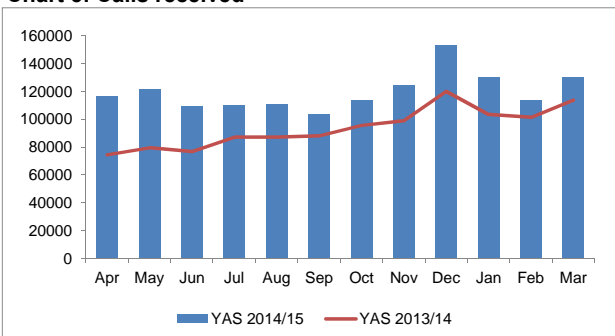


Chart 6: Calls answered within 60 seconds ≥ 95%

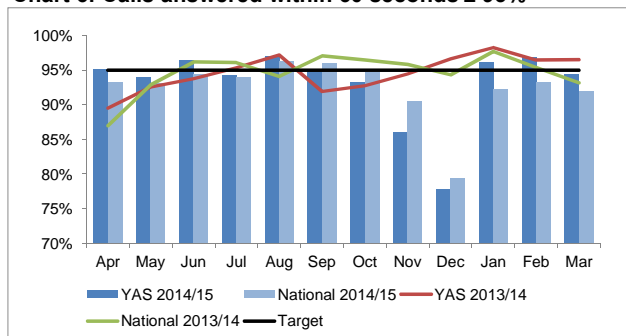


Chart 7: Calls abandoned after 30 seconds ≤ 5%

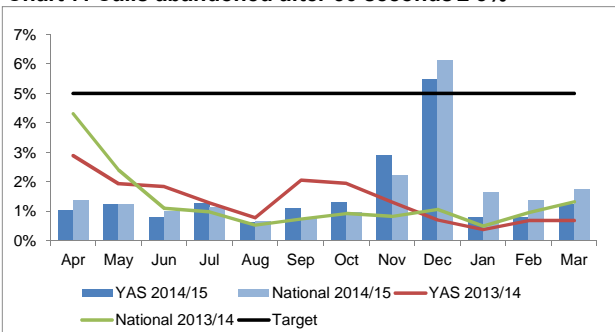
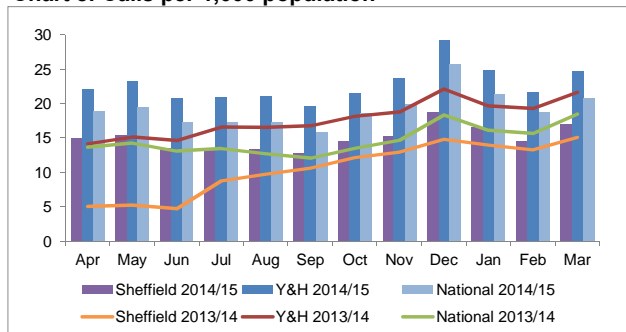


Chart 8: Calls per 1,000 population



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

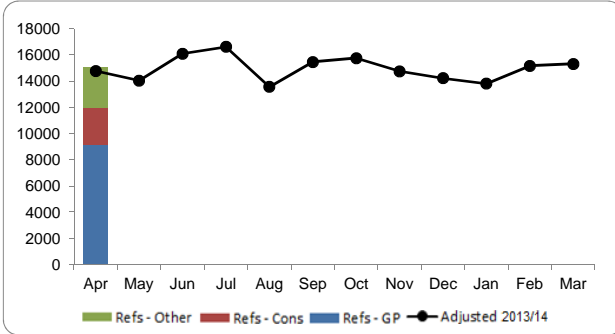


Figure 4: Electives

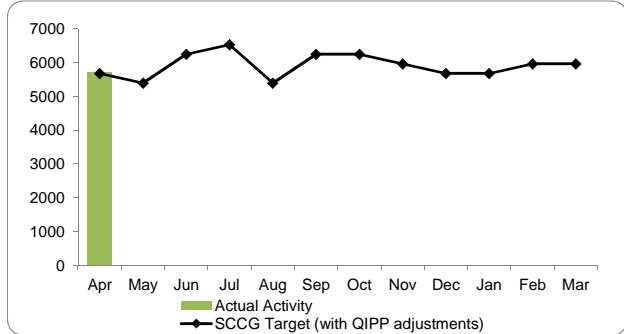


Figure 2: Firsts²

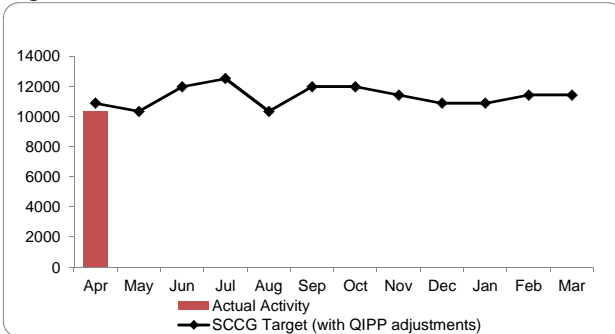


Figure 5: Non-Electives

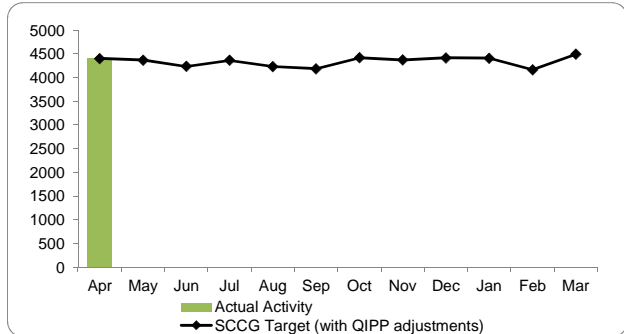


Figure 3: Follow-ups

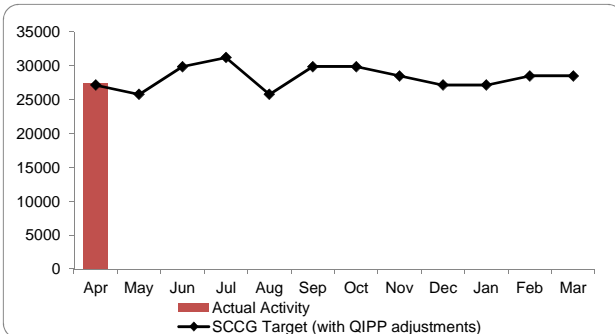


Figure 6: Accident and Emergency

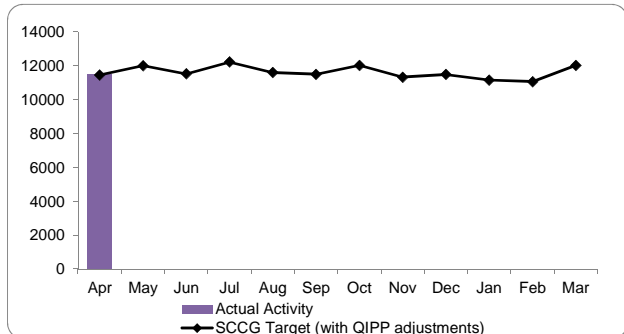


Table 1. Outpatient Activity

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

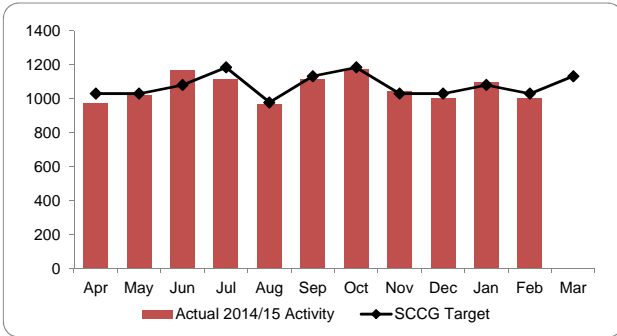


Figure 4: Electives

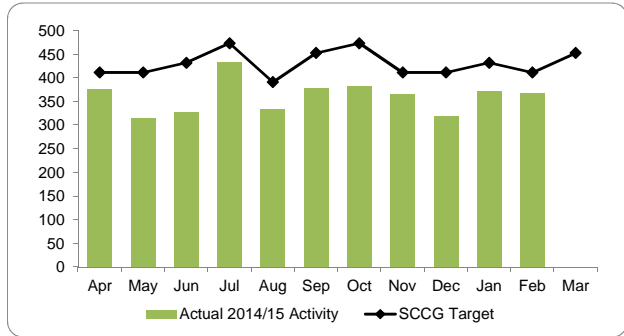


Figure 2: Follow-ups

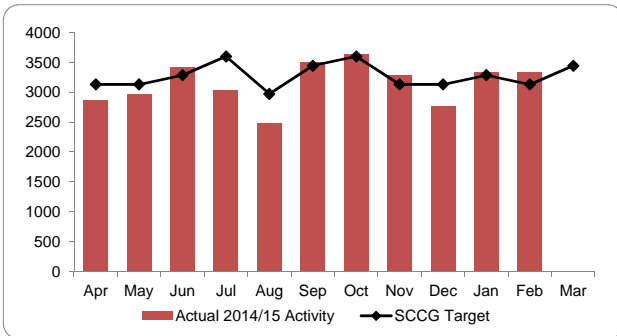


Figure 5: Non-Electives

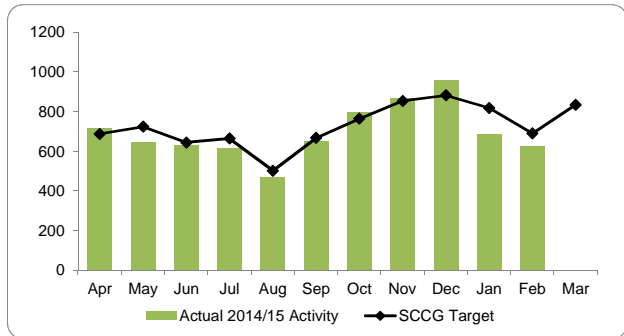


Figure 3: Accident and Emergency

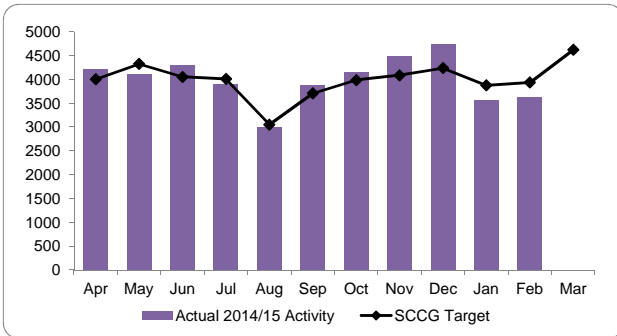


Figure 6: Excess Bed Days

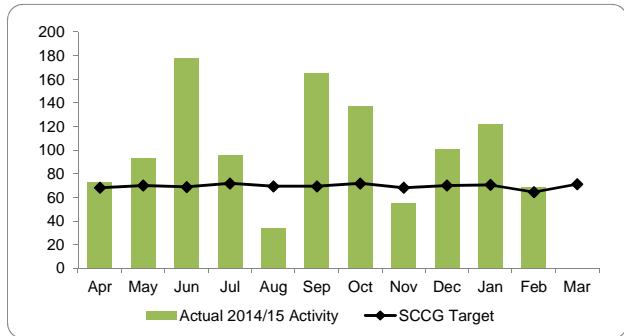


Table 1. Outpatient Activity

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.

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