

**Quality and Outcomes Report: Month 12 2014/2015**

**Governing Body meeting**

**7 May 2015**



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



# Quality & Outcomes Report

## Month 12 position

For the May 2015 meeting  
of the Governing Body

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## Highest Quality Health Care

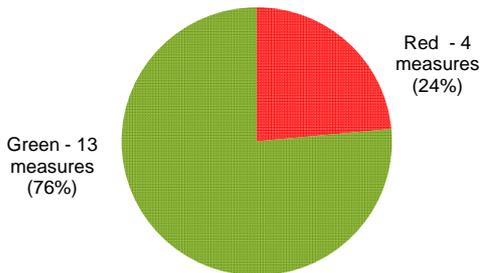
### NHS Constitution - Rights & Pledges

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

#### 2014/15 Headlines

These Rights and Pledges remain an important aspect of what we are committed to delivering for the people of Sheffield during 2014/15. Currently, 13 of the 17 core rights and pledges are being successfully delivered (Cancer waits are not yet published for March 2015). Further information is given in the NHS Constitution - Rights & Pledges section of this report (pages 6 - 10).

#### NHS Constitution - Core Measures (17): 2014/15 year-end position \*



#### Red:

RTT Admitted waits over 18wks  
A&E 4hr waits  
Ambulance response times (RED 1) within 8mins  
Ambulance response times (RED 2) within 8mins

#### Amber:

-

#### Green:

RTT Non-admitted waits over 18wks  
RTT Incomplete waits over 18wks  
Diagnostic waits over 6wks  
Cancer waits (all 9 measures - \* TBC for Mar-15)  
Ambulance response times (R1/R2 combined) within 19mins

#### 2014/15 Summary

The CCG continues to focus on improving health outcomes for the people of Sheffield and ensuring our providers deliver safe, good quality services and compassionate care.

By working closely with our providers and partner organisations across the whole Sheffield Health and Care system, we have:

- achieved on-going good performance and improvement against local and national measures and have robust plans in place to address the challenges presented by the on-going demands on A&E services and also on the wider care system, including GP and community services.
  - The challenges Sheffield experienced in relation to A&E were part of wider, national issues so, although Sheffield did not meet the 95% standard, it is important to put this in a national context. South Yorkshire and Bassetlaw was the third best performing area in the country. Of 140 providers with a Main A&E Department (Type 1) only 32 achieved the 95% standard. Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) was rated 81st of 140. Sheffield Childrens' NHS Foundation Trust (SCHFT) was rated 2nd of 140.
- significantly improved delivery of 18 week referral to treatment waiting times, with all but the standard for Admitted patients at STHFT now being met, and this is expected to be achieved in the first quarter of 2015/16.
- continued to meet all the NHS Constitution waiting time pledges for patients referred for suspected cancer, in contrast to the overall national position.
- achieved consistent assessment as 'fully assured' under the NHS England national assurance process for all CCGs which began in April 2013.
- achieved an NHS England 'Quality Premium Payment' in recognition of improvements made in the quality of services and health outcomes during 2013/14 in Sheffield. This non-recurrent payment of £1.7 million was used, in 2014/15, to: further improve the quality of services; improve outcomes from the provision of health services; reduce inequalities in access. We are on track to achieve a further Quality Premium Payment for 2014/15.

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### 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 2014/15, 213 cases attributable to the CCG have been reported, compared to the 183 forecast for the year. All cases are analysed and are being closely monitored so that any trends can be identified and followed up. STHFT has reported 93 cases for 2014/15, just coming in under the 94 forecast. SCHFT has reported 6 cases, compared to the 3 forecast.
- **MRSA** - No case attributable to the CCG were reported in March but, as 5 cases have been reported to date (1 in April, 2 in June, 1 in November and 1 in February) the 'zero tolerance' policy in place for 2014/15 has not been achieved. 1 case was reported for STHFT in March, bringing their total 2014/15 cases to 4. No cases have been reported in 2014/15 for SCHFT.

### **Ensuring that people have a positive experience of care:**

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

- The STHFT percentages of respondents who would recommend the services in each of the 3 areas - A&E, Inpatients and Maternity - have remained fairly consistent between January and February (A&E and Maternity decreased marginally but Inpatients increased marginally). The Trust continues to look into initiatives to ultimately improve the experience of patients in A&E.
- Response rates for A&E remained the same in February as they were in January but Inpatients increased notably during this period. The Trust are working with their FFT survey provider, using initiatives proving successful at other trusts, to improve response rates during the last 2 weeks in March.

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## Quality Premium

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

### 2014/15 Quality Premium

To be eligible for a Quality Premium payment, a CCG must manage within its total resources envelope for 2014/15. A percentage of the Quality Premium will be paid for achievement of each of the improvements as set out below. The amount paid will be reduced for CCGs who do not meet the 4 specified NHS Constitution Rights & Pledges; a reduction of 25% will be made to the quality premium for each relevant NHS Constitution measure not met. Each CCG's 2014/15 Quality Premium achievement will be assessed at national level by NHS England.

The current Sheffield CCG estimated position is set out below. This uses relevant local data combined with the nationally available data and is based on the most recent data/intelligence available for each area.



Please see below for a list of the measures that make up this Quality Premium matrix and where in the report they can be located. Also included is the most recent rating for each measure - for further information, please see the relevant page:

	<u>Page</u>
<b>Reducing potential years of life lost (PYLL) from amenable mortality</b>	
● Potential years of life lost (PYLL) from causes considered amenable to health care	19
<b>Improving access to psychological therapies (IAPT)</b>	
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<b>Improving reporting of medication-related safety incidents</b>	
● Improvement in the reporting of medication errors	12
<b>Local measure</b>	
● Local Priority 1: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	17
<b>NHS Constitution - 4 specified measures</b>	
● 92% of all patients wait less than 18 weeks for treatment to start	6
● 95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	7
● 93% of patients have a maximum 2 week (14 day) wait from referral with suspicion of cancer	8
● 75% of Category A (RED 1) ambulance calls resulting in an emergency response arriving within 8 minutes	9

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## Best Possible Health Outcomes

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

### 2014/15 Summary

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 are set out below:

#### **Ambition 1: All those who are identified to have emerging risk of admission, through risk stratification, are offered a care plan, agreed between them and their clinicians.**

The CCG has been working with local practices to develop the GP led local care planning service, which aims to ensure that people who have long term health conditions have a proactive, holistic plan to maximise their independence and reduce deterioration and crises in their health. 93% of Sheffield GP Practices have now been trained in the care planning process.

#### **Ambition 2: To have integrated primary and community based health and social care services underpinned by care planning and a holistic approach to long-term conditions management to support people living independently at home.**

Work to achieve greater integration of health and social care support services for the benefit of patients has been progressed by building links between the Single Point of Access (SPA) for Sheffield Teaching Hospitals NHS Foundation Trust Community Services, Social care colleagues and the Yorkshire Ambulance Service. This has included physical co-location of SPA and social care colleagues and is enabling patients to be signposted or given access to the best service for them, often cutting out multiple steps in the system. It is also enabling paramedics to arrange additional care and support for patients in their homes rather than as previously where patients would have been transported to hospital. This has a significant impact for frail elderly patient and their carers.

In partnership with Macmillan Cancer Care, the CCG has supported a city-wide Cancer Survivorship programme, looking at the needs of people living with and beyond cancer, and disseminating the findings of new research.

We have contributed to a successful Big Lottery bid for the "Ageing Better" programme, focusing on preventing and reducing social isolation and loneliness in older people.

#### **Ambition 3: Care requiring a specialist clinician will be brought closer to home, changing the place or method of delivery for a significant proportion of current hospital attendances.**

We are continuing to work with providers of health care to ensure that, wherever clinically appropriate, patients receive their planned care (e.g. investigations, interventions such as physiotherapy etc.) within local community based services; when patients need to be referred to hospital that this should happen seamlessly. To achieve this work has been undertaken to develop new commissioning approaches that will support greater working across organisational boundaries, between GPs, hospital clinicians and community services to jointly deliver the best care for that patient.

Pilot studies have been undertaken during 2014/15, to test the possibilities around care being delivered in a different way. For example a dermatology pilot has supported clinicians to be able to view photographic images of skin lesions and so undertake diagnosis without the need for the patient to travel to hospital.

When a referral is needed, GPs now have access to an online portal which means clinicians can easily find all the information they need to help them make a referral to hospital. Additionally, work to increase the use of electronic ways of booking hospital appointments will support patients in choosing the hospital, date and time of appointment to suit them.

Recognising the value to patients that pharmacists can offer, Sheffield CCG is working in partnership with a local pharmacy to provide a wide range of Community Pharmacy services including minor ailments, out-of-hours and the dispensing of medicines in an emergency.

Informed by the urgent care centre piloted last year, the CCG is undertaking a review of the city's urgent care system. This will involve working with local people and clinicians, both in hospital and primary care, to genuinely understand local needs and develop the best services for Sheffield which will be sustainable into the future.

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### Summary of 2014/15 - continued

**Ambition 4: We will reduce the number of excess early deaths in adults with serious mental illness to be in line with the average of the best three core cities in England and achieve similar improvements in life expectancy for people with learning disabilities.**

We have achieved an above national average rate of ensuring that people with dementia get a diagnosis and we are working to further improve waiting times for the service.

To improve mental health crisis care in the city, we have worked to develop our understanding of gaps and what services help people in crisis. A local action plan has been developed with partners including all of the local hospital trusts, the police, ambulance service, the voluntary sector and social care to improve the out-of-hours service. This is in line with the national "Crisis Care Concordat" initiative.

To ensure that people with learning disabilities, mental health conditions, autism and dementia are accessing care equally to the rest of the population, Sheffield GP Practices were asked to review all people registered with their practice and audit what "reasonable adjustments" are needed by those with learning disabilities, mental health conditions, autism and dementia.

The use of 'out of city' placements for people requiring hospital admission for mental health problems has been reduced and we have returned people with mental health problems and learning disability from out of city placements to live closer to their families.

**Ambition 5: We will have put in place support and services that will help all children have the best possible start in life.**

The new 'Itchy, Wheezy, Sneezzy' project has established allergy clinics in general practice which provide allergy care for children and young people based in the community, which means they can be seen by a specialist closer to home, instead of having to go in to hospital.

A new mental health service has been developed for 16 and 17 year olds which means that a dedicated, age-appropriate service is now available to this group for the first time.

We have undertaken a review of child safeguarding arrangements with Sheffield Children's NHS Foundation Trust and will be making improvements to a number of services during 2015/16 as a result of this work.

## NHS Constitution - Rights & Pledges

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

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

#### Key to ratings:

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

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

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

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

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

#### Issues & Actions:

**STHFT: 18 weeks measures** - In March, 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 84.79% of patients starting treatment within 18 weeks; this is the fourteenth month in a row that they have not met the standard. As the Trust continues to target long waiters (in Cardiology) performance is expected to remain under target into April. It is expected that, from May onwards, improvement in Admitted performance will be realised.

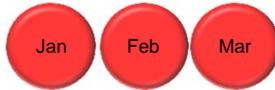
**52 weeks supporting measure** - The Trust had 1 patient waiting more than 52 weeks in March, in ENT; the CCG is working with STHFT to understand the rationale for the breach.

**SCHFT: 18 weeks measures** - The Trust met all three 18 week standards for Sheffield patients and all non-Sheffield patients in the 'Other' specialty grouping. This is the first time the Trust has hit all three targets at a provider level since June 2014.

**52 weeks supporting measure** - The Trust had 1 Sheffield resident waiting more than 52 weeks at the end of March, although this patient is the responsibility of NHS England (i.e. waiting for a service commissioned by them, rather than the CCG). The Trust had a further 4 non-Sheffield patients waiting over 52 weeks and the CCG is continuing to monitor the Remedial Action Plan to ensure the Trust achieves this standard for all patients as quickly as possible.

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

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



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



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



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



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## Diagnostic test waiting times

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

### Issues & Actions:

**STHFT:** The Trust has continued to maintain strong diagnostics performance for the third consecutive month, with 99.27% seen within 6 weeks. The CCG continues to monitor closely the level of breaches within Urodynamics and Gastroscopy, as these speciality areas have contributed to a slight increase in the number of 6 week waits from the previous month, up from 41 to 57.

**SCHFT:** The Trust met the Diagnostic waits pledge for Sheffield patients in February, with 99.43% seen within 6 weeks. However, provisional data suggests that the Trust has not met the pledge at a Trust-wide level (all patients) for the ninth month in a row, with 9 patients waiting over 6 weeks, giving 98.90%.

The commencement of specific actions relating to Diagnostic waits on the Remedial Action Plan have been delayed into April but the target date for completion (end of May) is still achievable. It should be noted that the number of patients who breached the target during 2014/15 (59) has reduced significantly from those who breached in 2013/14 (101). All contractual penalties have been applied as per the terms of the contract.

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

99% of patients wait 6 weeks or less from the date they were referred



## A&E waits

It is important that patients receive the care they need in a timely fashion and within 4 hours of their arrival at A&E. Patients who require admission need to be placed in a bed as soon as possible and those who are fit to go home need to be discharged safely and rapidly, but without their care being rushed.

### Issues & Actions:

**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 been met for 2014/15. At STHFT, the last two quarters of 2014 /15 have been very challenging; the acuity of patients has been the most significant challenge.

It is important to put this in a national context. As at 29/03/15 (from Unify2 - nationally collected data) no region had achieved the 95% standard. Only two area teams - Cumbria, Northumberland and Tyne and Wear and West Yorkshire - had achieved the standard. South Yorkshire and Bassetlaw was the third best performing area team in the country. Only 32 of 140 providers of Type 1 A&E services (Main A&E Department) achieved the overall 4 hour standard. STHFT was rated 81<sup>st</sup> of 140 on Type 1 only performance; SCHFT was rated 2<sup>nd</sup> of 140 on Type 1 only performance.

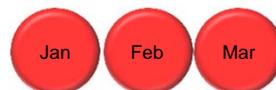
An urgent care review is being undertaken by the CCG and Governing Body will be updated at the May meeting on progress. The review will look at all aspects of urgent care and will seek to address both service and performance issues across Sheffield.

**12hr (trolley) waits:** 4 trolley waits occurred in early 2015 at STHFT. A robust Trust internal enquiry into the reasons for these waits has been undertaken and an action plan has been put in place. There have been no more 12 hour trolley waits since then. To ensure appropriate monitoring and reporting structures are in place, there has been a review of the provider's performance and reporting processes.

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



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



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## Cancer waits

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

### From GP Referral to First Outpatient Appointment (YTD)

93% of patients have a max. 2 week (14 day) wait from referral with suspicion of cancer



93% of patients have a max. 2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)



### From Diagnosis to Treatment (YTD)

96% of patients have a max. 1 month (31 day) wait from diagnosis to first definitive treatment for all cancers



94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is surgery



98% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen



94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy



### From Referral to First Treatment (YTD)

85% of patients have a max. 2 month (62 day) wait from urgent GP referral



90% of patients have a max. 2 month (62 day) wait from referral from an NHS screening service



85% of patients have a max. 2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient



**NOTE:** The Consultant Upgrade indicator on the left does not have a national target so, for indicative purposes, is rated against the North of England threshold.

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## Category A ambulance calls

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

### Issues & Actions:

**Ambulance Response Times:** The pledges for RED 1 and RED 2 calls resulting in an emergency response arriving within 8 minutes have again not been met in March and were therefore not met for 2014/15.

During March 2015, commissioners agreed with YAS that performance related penalties in 2014/15 would be capped at £1m and this amount immediately reinvested with YAS, which allows them to continue to invest in performance improvement initiatives into 2015/16.

A trajectory for both RED (most time critical and serious) and GREEN (less time-critical, non life-threatening) performance has been requested from YAS as part of the contractual settlement for 2015/16.

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

**Ambulance handover times:** The number of delays has increased in March - to 2,222 (delays over 30 mins, compared to 1,741 in February) and 688 (delays over 1 hour, compared to 458 in February) - and so are 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 as NGH was identified as one of the hospitals in Yorkshire & Humber with particular problems regarding patient handover. 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.

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



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



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



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



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



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## Mixed Sex Accommodation (MSA) breaches

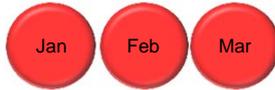
*Being in mixed-sex hospital accommodation can be difficult for some patients for a variety of personal and cultural reasons. Therefore, mixed-sex accommodation needs to be avoided, except where it is in the overall best interest of the patient or reflects their personal choice.*

### Issues & Actions:

Although there were no breaches in March, because this measure is for the year as a whole - and there were 2 breaches at STHFT in December - the pledge has not been met for 2014/15.

### Supporting measure - 14/15:

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



## Cancelled Operations

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

**PLEASE NOTE:** There is no published threshold for these measures. NHS England have, however, noted that success for a Provider (Trust) would be a reduction in the number of cancelled operations. The position reported below is based on the combined total reported positions for both Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Children's NHS Foundation Trust, to give an indication of performance. A green rating will be based on a continuing reduction of cancelled operations.

### Issues & Actions:

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

As also noted, SCHFT reported one patient not offered another appointment within 28 days in Q3, a decrease from the two reported in Q2. The operation was cancelled twice because all HDU beds were occupied on the day; the Trust are in discussions with NHS England, the responsible commissioner for critical care, regarding potential to increase capacity.

**Supporting measure - 14/15:** Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days



**Supporting measure - 14/15:** No urgent operation to be cancelled for a 2nd time



## Mental Health

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

### Supporting measure - 14/15:

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



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

## Quality and Safety

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

#### Patient Safety - Health Care Acquired Infections (HCAIs)

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

**Clostridium Difficile:** The 2014/15 commitment for Sheffield CCG is 193. For STHFT and SCHFT, they are 94 and 4 respectively. Of the 19 cases reported in March for Sheffield CCG:

- 12 were STHFT (of a total 15 STHFT-reported cases) - 6 occurred on separate wards with no other recent cases, 4 on separate wards that have had recent cases and 2 cases on the same ward within 2 days of each other; for the latter 2 cohorts, samples have been sent for typing and IPC (Infection Prevention and Control) audits are underway.

- 5 were community associated, with a hospital admission in the last 56 days

- 1 was community associated, with no recent hospital contact/admission

- 1 was possibly a children's community case - details are awaited

Root Cause Analysis to date has not indicated any potential linkages between the cases.

The other 3 STHFT cases were non-Sheffield residents that all occurred on separate wards. 2 cases were on wards with no recent cases and 1 was on a ward that had a recent case; samples have been sent for typing and IPC audits are underway.

No cases have been reported in March for SCHFT.

**MRSA:** No cases were reported in March for Sheffield CCG.

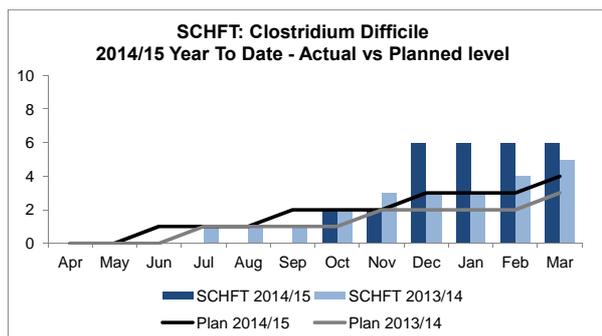
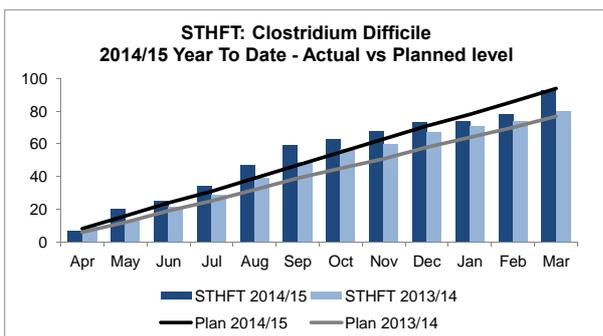
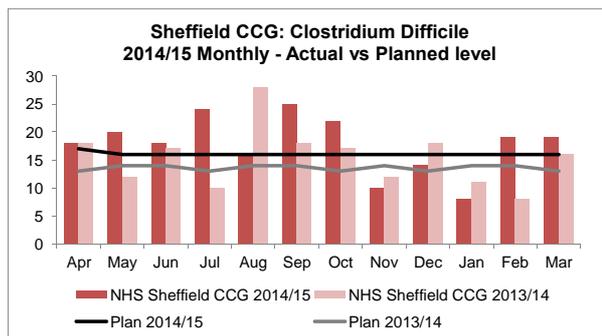
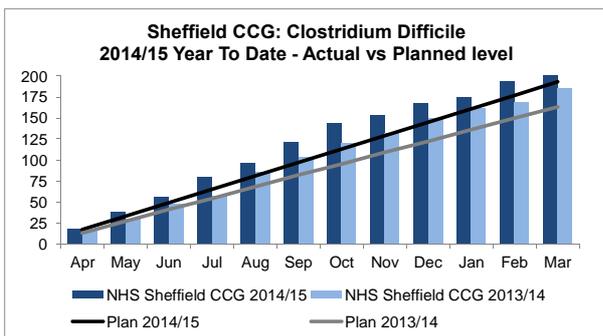
Regarding the Community case that occurred in February - following the Post Infection Review (PIR) the case went to the NHS England North region MRSA arbitration panel and was assigned to a third party (i.e. not a healthcare provider) as there was no previous known healthcare given to the patient. The case was an unavoidable acquisition from an unknown source, with no identified lessons to be learnt. Assignment is an important indicator monitored by the CQC, as it identifies which organisation takes responsibility for any shared learning which is then disseminated as required.

1 case (a non-Sheffield resident) was reported in March for STHFT.

No cases have been reported in March - and therefore none were reported for 2014/15 as a whole - for SCHFT.

This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2014/15 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Mar-15	0	1	0	19	15	0
Number of infections forecast for this month	0	0	0	16	8	1
Number of infections recorded so far in 2014/15	5	4	0	213	93	6
Number of infections forecast for this period	0	0	0	193	94	3



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

- continued

### Regulations

#### Care Quality Commission (CQC) Regulatory Reviews

##### St Luke's Hospice

Following an unannounced CQC inspection at St Luke's Hospice, undertaken August 13<sup>th</sup>-14<sup>th</sup> 2014, the report has been published. The CQC has rated St Luke's as Good in all areas.

### 2014/15 Quality Premium - Improving the reporting of medication-related safety incidents measure

*Research shows that organisations that regularly report more patient safety incidents usually have a stronger learning culture where patient safety is a high priority. Medication incidents are Patient Safety Incidents related to an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicines advice.*

As part of the 2014/15 Quality Premium measures (see page 3 for summary), the CCG has agreed an action plan for increased reporting at both STHFT and SCHFT of medication-related safety incidents. A baseline position for medication incident reporting was provided via the Medicines Safety Group, which will monitor the levels for each subsequent period. The reporting baseline period has been set as Q4 2013/14 (the period of January to March 2014). Achievement of the Quality Premium will be via a 5% increase over the baseline period for the same quarter in 2014/15.

Locally reported data indicates that both SCHFT and STHFT were on track for Q3 in relation to the required 5% increase over the baseline period.

## 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 March at any of the Sheffield-based Trusts, nor attributed to the CCG from other Trusts. However, as there were 2 breaches at STHFT in December, the pledge has therefore not been met for 2014/15. Please see the NHS Constitution - Rights & Pledges section of this report (page 10) for 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.

February 2015 Summary (with December 2014 and January 2015 for comparison for Sheffield only)	Sheffield (STHFT)						England	
	December 2014		January 2015		February 2015		February 2015	
	Respondents who would recommend	Response rate						
A&E	82.22%	18.75%	84.53%	20.18%	82.01%	20.18%	87.95%	21.15%
Inpatients (IP)	95.39%	36.56%	94.74%	33.92%	95.62%	43.62%	94.72%	40.14%
Maternity touch points 1 - 4	96.24%	N/A*	97.45%	N/A*	97.26%	N/A*	95.22%	N/A*

**STHFT Percentage of respondents who would recommend services - summary:** The percentage of respondents who would recommend A&E and Maternity touch points 1-4 services decreased marginally - and in Inpatients increased marginally - between January and February. In February, the percentage of respondents who would recommend A&E was lower than the England average position, whilst the Inpatients position was similar to that of England and the Maternity touch points 1-4 position was marginally lower 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 remained the same between January and February, whilst the Inpatient response rate showed a notable increase during this period. The response rate for February in A&E was slightly lower than the England average response rate, whilst the response rate for Inpatients was 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 January and February:

- Touch point 1 (Antenatal care) remains high and increased from 93.75% to 96.63%
- Touch point 2 (Birth) remains high and increased from 97.97% to 98.11%
- Touch point 3 (Postnatal ward) remains high but decreased from 97.28% to 95.29%
- Touch point 4 (Postnatal Community provision) remains high but decreased from 100.00% to 98.82%

### Further Action

To ensure STHFT achieve an improved response rate for March 2015 in A&E and Inpatients, the Trust are working with their FFT survey provider to use agent calls on wards with the lowest response rate and highest throughput of patients for the last 2 weeks in March.

Agent calls use the same principle as Interactive Voice Message, however patients will be contacted by an actual person to gain their FFT feedback rather than an automated call. Healthcare Communications have previously used this method with other Trusts and found that it delivers very high (60%+) response rates.

*continued overleaf*

### Friends and Family Test (FFT) - continued

#### 2014/15 Quality Premium - Friends and Family Test measures

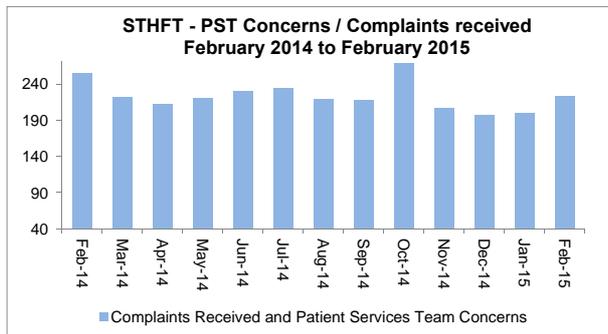
The Quality Premium target for the CCG relating to FFT (see page 3 for summary) requires STHFT to deliver against an agreed action plan by Quarter 4 (which includes action taken as a result of feedback), roll-out of the FFT and targets for improving positive / reducing negative feedback/responses.

As noted previously, STHFT have produced a comprehensive action plan to improve specific concerns identified via the FFT process and is now implementing the action plan. Similarly, the required FFT roll-out has been achieved; FFT rolled out to Outpatient and Day Case services in October and the January deadline for completing the roll-out to Community Services was achieved. FFT data for these areas will be reported to NHS England from April 2015.

As also noted, as at Quarter 3, progress on making improvements to positive and negative feedback FFT scores are not on track to achieve the level of improvement expected by Quarter 4. This is in part due to the winter pressures in A&E and the CCG is currently establishing if any further action can be taken to help improve this going forward.

## Patient Experience of NHS Trusts: Focussing this month on STHFT

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



### Subject of complaints March 2014 to February 2015

Subject	Quantity	% of Subjects raised
1. Attitude	136	10%
2. Appropriateness of medical treatment	130	10%
3 Communication with patient	101	8%
4 General Nursing Care	71	5%
5 Unhappy with outcome of Surgery	61	5%

**Complaints:** There was an increase in the number of combined (formal and informal) concerns received during February 2015 (223). However, this follows a period of 3 consecutive months where a lower number of combined concerns had been received. The number of combined concerns received in February 2015 is within the expected range for this time of year. The proportion of complaints responded to within 25 working days continues to be below the 85% target, falling to 72% in February 2015. An action plan to improve response times to complaints is in place and new systems for handling complaints are being piloted.

Attitude, appropriateness of medical treatment, communication with patient and general nursing care continue to be the issues most frequently raised by complainants. A number of initiatives aim to improve attitude and communication, including the introduction of the PROUD\* values and an on-going programme of customer service workshops. These workshops support good customer care and four workshops take place each month.

\* *PROUD Values: Patients First (ensure that the people we serve are at the heart of all that we do), Respectful (be kind, respectful, fair and value diversity), Ownership (celebrate our successes, learn continuously and ensure we improve), Unity (work in partnership with others), Deliver (be efficient, effective and accountable for our actions).*

**Website Feedback and Comment Cards:** During quarter 2, 189 comments cards were completed and 101 comments left via website feedback. 74% of the feedback was positive and 48% of this positive feedback related to attitude.

**Frequent Feedback:** 2,876 Frequent Feedback inpatient interviews were undertaken between during quarter 2, the highest number of interviews recorded for a single quarter since the survey was introduced. The target for measures of essential care (support at mealtimes, help getting to the toilet/bathroom, treated with dignity and respect, pain control) is 91.6% for the year 2014/15. At the end of quarter 2, the year to date Trust score was 85.6%. Patients getting support at mealtimes was the lowest scoring measure. To address this, the Voluntary Services Team are prioritising wards scoring low for mealtime support to place volunteers to assist patients at meal times.

**The National Cancer Patient Experience Survey:** The National Cancer Survey 2014 was carried out across 153 acute hospital NHS Trusts on all adult patients (aged 16 and over) with a primary diagnosis of cancer who had been admitted as an inpatient or day case patient and discharged between September and November 2013.

2,877 eligible patients from STHFT were sent a survey. The response rate was 65% compared to the national response rate of 64%.

Compared to the other trusts that took part in the survey, STHFT was in the highest scoring 20% of Trusts on seven questions: Patient given a choice of different types of treatment; Hospital staff gave information about support groups; Hospital staff gave information on getting financial help; Patient has seen information about cancer research in the hospital; Taking part in cancer research discussed with patient; Staff told patient who to contact if worried post discharge; Staff definitely did everything to control side effects of radiotherapy. Compared to the previous year, the Trust scored significantly better on three questions: Given easy to understand written information about test; Patient first told they had cancer by a hospital doctor; Had an outpatients appointment in the last 12 months.

STHFT was in the lowest 20% of trusts for one question: Always given enough privacy when discussing condition/treatment. Compared to the previous year, the trust scored significantly worse on one question: Patient definitely involved in decisions about care and treatment.

Directorates and teams providing care for patients with cancer will use the patient comments, which provide substance and context to scores, to produce an action plan to improve services for patients.

The full results for STHFT can be found at <https://www.quality-health.co.uk/surveys/national-cancer-patient-experience-survey>.

## Patient Experience of GP Services

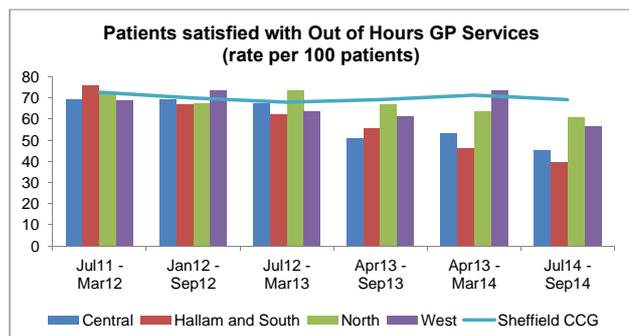
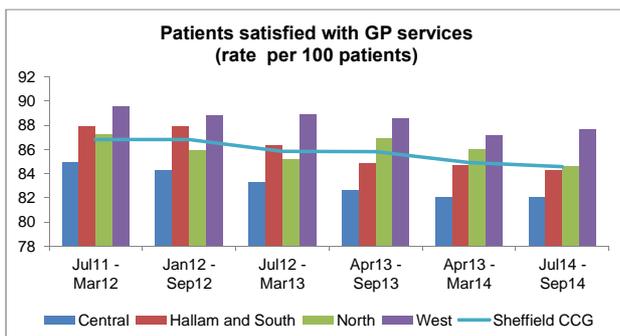
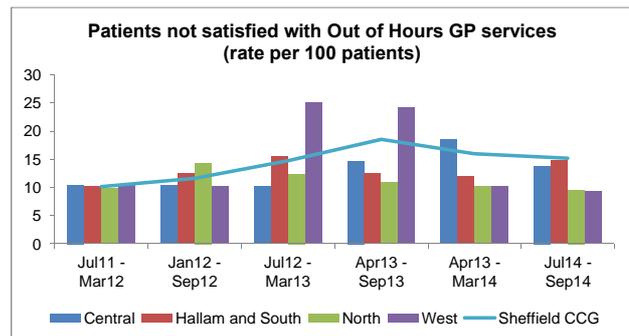
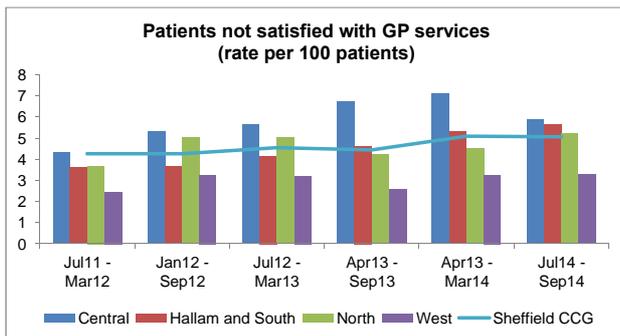
One of NHS England's Outcomes ambitions for the domain 'Increasing the number of people having a positive experience of care outside hospital, in general practice and the community' is to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services. This is measured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

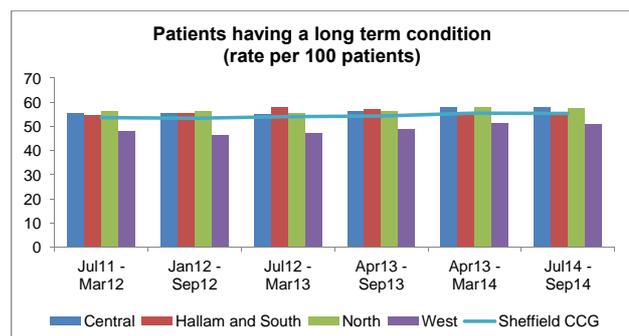
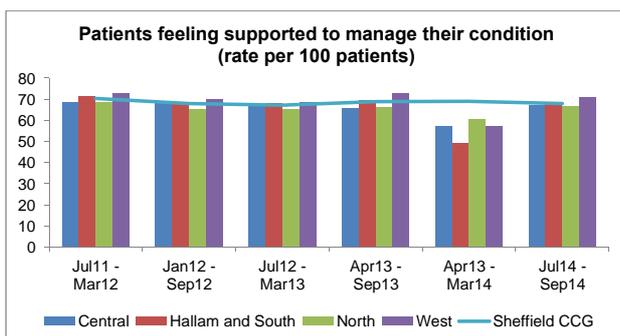
The charts below show selected measures from the GP Patient Survey, which is published every 6 months. This page remains in the report due to links to National Outcomes measures; please see the Best Possible Health Outcomes section (page 17: Acute Services Portfolio - Elective Care for 'Patient experience of GP services' and page 18: Urgent Care for 'Patient experience of GP Out of Hours services'). Two surveys are run per year, with the final annual position being calculated from an aggregate of these. Results are shown here by Sheffield CCG Locality for comparison against the total CCG position.

**PLEASE NOTE:** CCG data is published separately and is an aggregate of all practices that the CCG is responsible for, but Locality positions are calculated from the individual practice figures that are published. Low response numbers (less than 10) are suppressed to ensure individual patients and their responses are not identifiable, therefore the Locality numbers/rates may on occasion look slightly lower than the overall CCG position.

**Patients' overall satisfaction with their GP Service and Out-of-Hours GP Service:** The first pair of charts below illustrate progress against the NHS England Outcomes ambition to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services. This measures whether patients selected either 'fairly poor' or 'very poor' as their overall experience of their GP Surgery and/or Out of Hours GP services. The second pair of charts illustrates those patients selecting either 'fairly good' or 'very good' experience across the same two questions; this is included for additional information only - it is no longer a National Outcomes measure.



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



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

The work of Sheffield CCG is organised around 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.

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

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

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

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

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

## Acute Services Portfolio - Elective Care

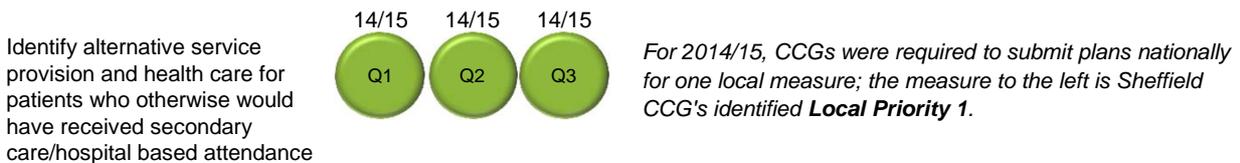
### National required measures

#### Issues & Actions:

**Patient experience of GP services:** This is 1 component of a 2-part composite measure of GP patient experience; please see the Quality & Safety - Ensuring that people have a positive experience of care section of this report (page 16) for information.



### Quality Premium 2014/15: Locally selected measure



### Portfolio: Locally selected measures

The patient satisfaction measure is based on areas such as risks being explained, assistance received and problems/discomfort following the procedure. This area is judged to be green as, although the local score decreased very slightly to 89.24% in March, any score above 78% is being judged nationally as good. As an additional measure, 94.5% of people said they would have surgery again under the same conditions (a very slight increase from last month).



*continued overleaf*

**Urgent Care**

**National required measures**

**Issues & Actions:**

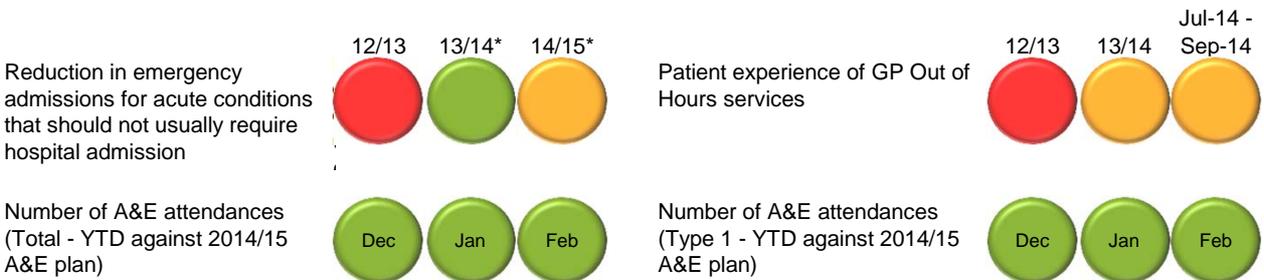
**Reduction in emergency admissions for acute conditions that should not usually require hospital admission:** Please note that this is part of a composite measure of 4 emergency admissions area as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 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 February.

The pilot that allows YAS paramedics access to SPA (Single Point of Access - a service that manages patient referrals from health professionals into all community health services) to reduce unnecessary journeys to hospital and allow patients swifter access to a range of more appropriate community services continues. In March 2015, 10 patients were not conveyed to hospital, receiving services closer to home. The project team is meeting in late April to review progress.

**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 16) for information.



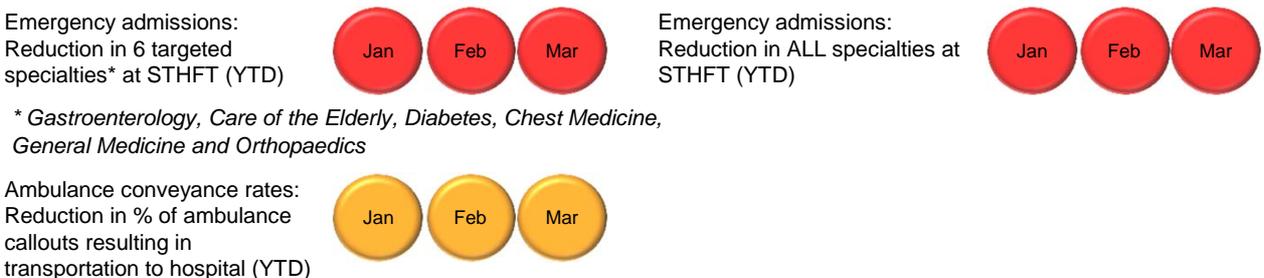
**A&E ATTENDANCES:** Total A&E attendances comprises: Type 1 (Main A&E), Type 2 (Single Specialty, e.g. STHFT Eye Casualty) and Type 3 (Other A&E e.g. STHFT Minor Injuries Unit).

**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.



\* Gastroenterology, Care of the Elderly, Diabetes, Chest Medicine, General Medicine and Orthopaedics

*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.

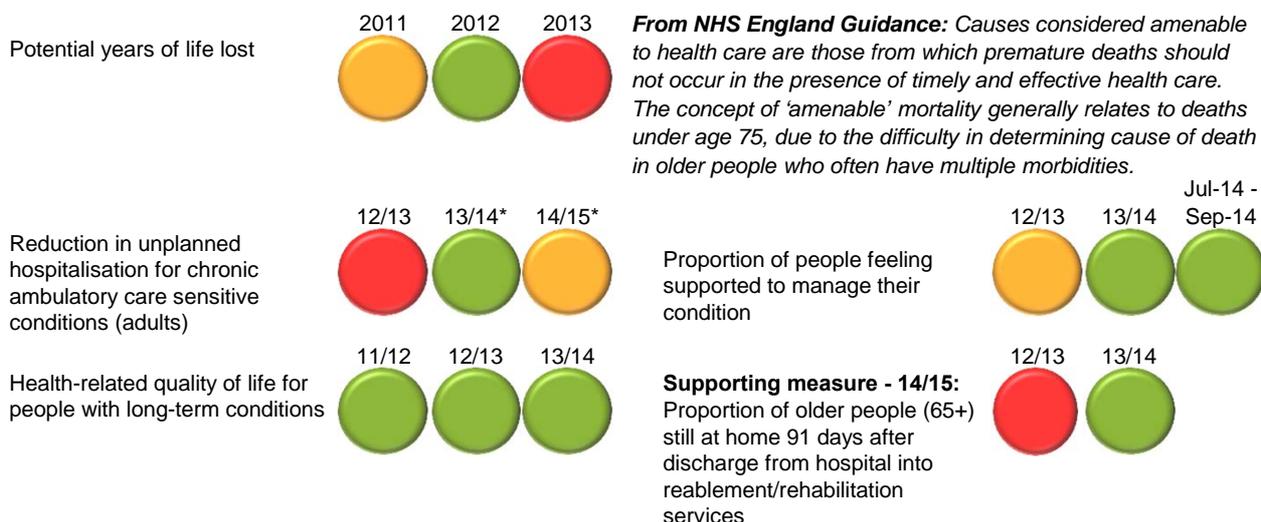
**PLEASE NOTE:** The measure is rated as red here as the position has worsened since the previous year. However, in the Summary Position - Quality Premium section on page 3, it is rated as amber. This is because the 2014/15 Quality Premium will be based on the change between 2013 and 2014; as the position 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 February.

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.



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

## Mental Health, Learning Disabilities and Dementia

### National required measures

#### Issues & Actions:

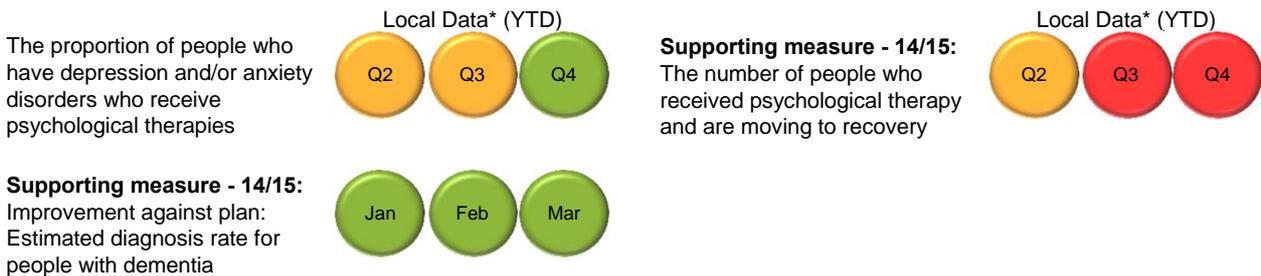
**The proportion of people who have depression and/or anxiety disorders who receive psychological therapies and The number of people who received psychological therapy and are moving to recovery:**

**\* DATA CAVEAT:** The source to be used for this data in NHS England guidance has not yet been fully reconciled to locally available data and so, in order to monitor progress against these in the meantime, quarterly 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. However, nationally reported data is not expected to show the 50% standard for recovery rates at the end of Q4. This is partly attributable to some data anomalies but also to the fact that the service supports referrals which don't meet strict IAPT criteria, including patients with Long Term Conditions (LTC) and Medically Unexplained Symptoms (MUS) who are managed by the service under a national pilot arrangement. For all these cases, whilst the patient's condition improves as a result of IAPT interventions, the proportion who 'move to recovery' within the IAPT definition is recognised as being significantly less than is expected for patients who meet the standard IAPT threshold for acceptance by an IAPT service.

However, it should be noted that 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.



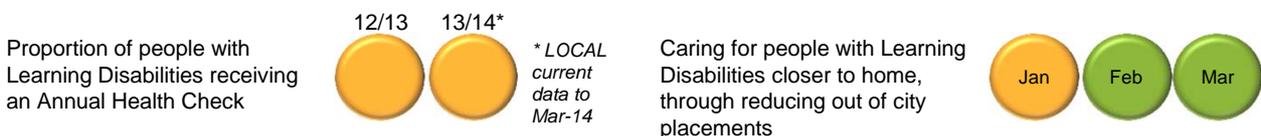
### Locally selected measures

#### Issues & Actions:

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

**Caring for people with Learning Disabilities closer to home, through reducing out of city placements:** The CCG continues to work with partners to ensure that plans to return people to Sheffield are progressed as part of the Winterbourne Concordat\*. The last person of the original Winterbourne cohort has now returned to Sheffield. 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 are working in partnership with Sheffield City Council on a new action plan for 'Transforming Care' and to develop further accommodation to help facilitate return from out of city and to prevent future out of city placements.

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



**Children, Young People and Maternity**

**National required measures**

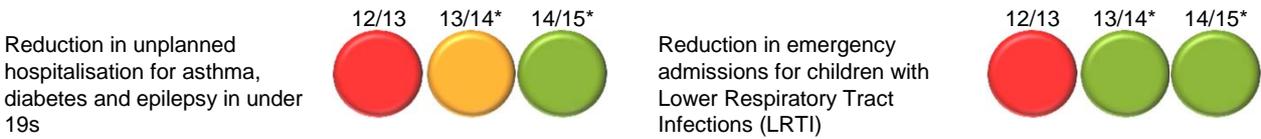
**Issues & Actions:**

**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:**

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



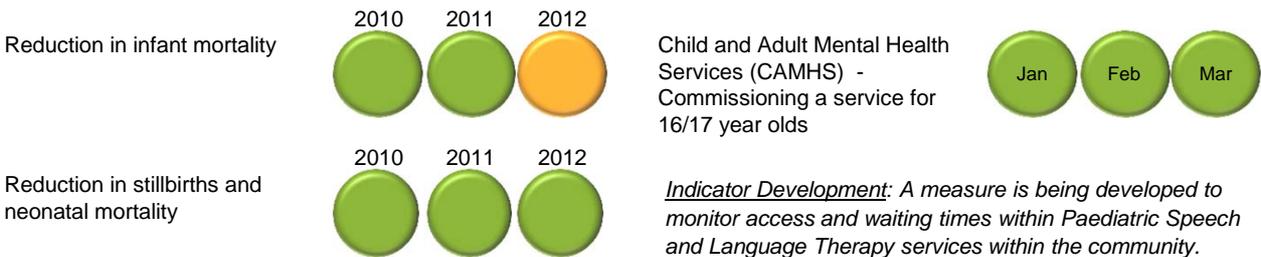
**Locally selected measures**

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.



*continued overleaf*

## Activity Measures

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

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

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

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

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

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

### Elective Inpatient Activity

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



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



Elective first finished consultant episodes (FFCEs) - Total admissions



### Non-Elective Inpatient Activity

Non-elective FFCEs (Year to Date position)



### Outpatient Activity

All first outpatient attendances



**NOTE:** The measure below is monitored in the QAR.

All follow-up outpatient attendances



### Referrals Activity

GP written referrals made for a first outpatient appointment



Other referrals made for a first outpatient appointment



Total referrals made for a first outpatient appointment



Referrals seen - first outpatient attendances following a GP referral



# Appendices

## Quality & Outcomes Report



## Appendix A: Health Economy Performance Measures Summary

The tables below highlight all measures in NHS England's document 'Everyone Counts: Planning for Patients 2014/15 - 2018/19' divided, where appropriate, into portfolios. Red, Amber and Green (RAG) ratings represent the latest known position for performance against each relevant measure. **Where possible, the RAG rating is against March 2015 performance as at the 22nd April 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	86.08%	84.51%	90.91%
% seen/treated within 18wks - Non-admitted pathway	96.64%	96.59%	95.32%
% still not seen/treated within 18wks - Incomplete pathway	93.96%	93.87%	93.85%
Number waiting 52+ weeks - Admitted pathway	0	0	0
Number waiting 52+ weeks - Non-admitted pathway	0	0	0
Number waiting 52+ weeks - Incomplete pathway	3	1	1

#### Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test	99.21%	99.27%	99.43%
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#### Elective Care

Number of total elective admissions (FFCEs) (YTD)	71543	62659	4101
Number of elective ordinary admissions (FFCEs) (YTD)	12269	9347	1576
Number of elective daycase admissions (FFCEs) (YTD)	59274	53312	2525
Number of first outpatient attendances (YTD)	171607	152985	9360
Number of first outpatient attendances following GP referral (YTD)	81964	73523	2792
Number of GP written referrals (YTD)	107311	97898	3170
Number of other referrals (YTD)	66281	58607	3346
Number of total referrals (YTD)	173592	156505	6516
Number of all subsequent (follow-up) outpatient attendances (YTD)	354769	323978	12046
Number of cancelled operations offered another date within 28 days (QTR)	N/A	2	1

### Acute Services Portfolio - Urgent Care

#### Non Elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD) *	94.06%	92.68%	97.88%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	4	0
Non-elective admissions (FFCEs) (YTD)	54392	46818	4424
Number of attendances at A&E departments - Type 1 (YTD) <sup>1</sup>	155599	107782	48457
Number of attendances at A&E departments - Total (YTD) <sup>1</sup>	183455	137279	48457
Unplanned hospitalisation for chronic ambulatory care sensitive conditions <sup>2</sup>	954.1	N/A	N/A
Emergency admissions - acute conditions that should not require admission <sup>2</sup>	1448	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s <sup>2</sup>	274	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) <sup>2</sup>	678	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) <sup>3</sup>	72.13%	N/A	N/A	69.91%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) <sup>3</sup>	69.58%	N/A	N/A	69.32%
Category A response in 19 mins (YTD) <sup>3</sup>	97.33%	N/A	N/A	95.68%
Ambulance handover delays - of over 30 minutes <sup>4</sup>	N/A	120	3	2222
Ambulance handover delays - of over 1 hour <sup>4</sup>	N/A	9	0	688

#### Footnotes:

##### <sup>1</sup> 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

##### <sup>2</sup> 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

##### <sup>3</sup> Category A responses:

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

##### <sup>4</sup> 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) <sup>1</sup>	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	93.96%	93.99%	98.28%
% seen within 2 weeks - as above, for breast symptoms	95.44%	95.52%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	98.41%	98.42%	100.00%
% treated within 31 days - subsequent treatment (surgery)	97.74%	97.69%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	N/A
% treated within 31 days - subsequent treatment (radiotherapy)	99.74%	99.73%	N/A
% treated within 62 days - following an urgent GP referral	89.28%	89.27%	N/A
% treated within 62 days - following referral from an NHS screening service	96.45%	96.34%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	93.42%	93.60%	N/A

### Footnotes:

#### <sup>1</sup> 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)	96.06%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	19.14%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	44.81%
Estimated diagnosis rate for people with dementia ( <b>NB:</b> <i>estimated figure using locally-available data</i> ) <sup>1</sup>	66.72%

### Footnotes:

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

### Quality Standards

#### Patient Safety

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	5	4	0	N/A
Clostridium Difficile (C Diff) (YTD)	213	93	6	N/A
Mixed Sex Accommodation (MSA) breaches (YTD)	2	2	0	0
Hospital deaths attributable to problems in care	WIP	WIP	WIP	WIP
Improving the reporting of medication-related safety incidents <sup>1</sup>	N/A	357	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) <sup>2</sup>		30.97%	
Friends and Family test: Inpatient - % Recommended (QTR) <sup>2</sup>		96.63%	
Friends and Family test: A&E - Response rate (QTR) <sup>2</sup>		19.47%	
Friends and Family test: A&E - % Recommended (QTR) <sup>2</sup>		80.29%	

### Footnotes:

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

<sup>2</sup> **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 March (and therefore the end of 2014/15) there have been 1,310 home treatment interventions against the 12-month target of 1,202; this equates to 8.98% more patients benefiting from this service than originally planned by the end of 2014/15.

**2. CPA 7 day follow up:** March's monthly performance was 100%, bringing the full 2014/15 YTD figure to 96.06%, a slight increase from February and therefore remaining above the target of 95%.

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

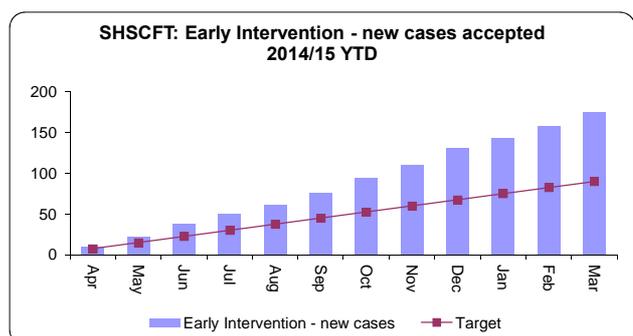
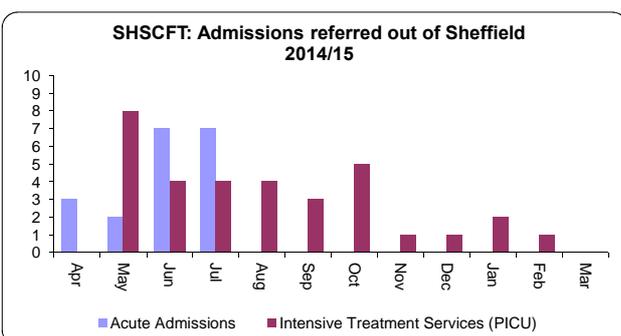
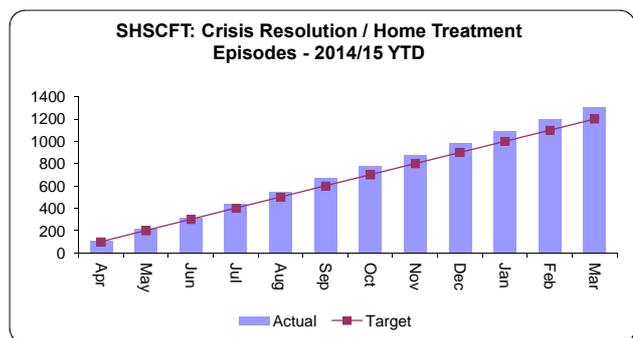
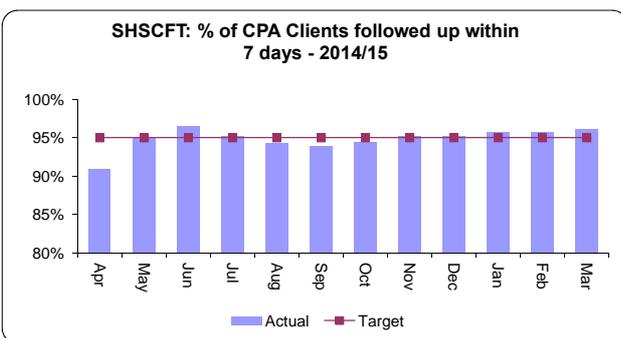
**4. Psychological therapy services (Improving Access to Psychological Therapies - IAPT):** As illustrated in the SHSCFT Indicators table below, local data for these measure shows that:

- 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 20) for information on issues and actions regarding the rate of people who received psychological therapy and are moving to recovery.

SHSCFT Indicators (all are YTD)	Target	February	March	Change
Crisis Resolution / Home Treatment	1202	1202	1310	▲
Psychosis Intervention - new cases	90	158	174	▲
Psychosis Intervention - maintain capacity	270	161	166	▲
CPA 7 day follow up	95%	95.71%	96.06%	▲
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 **19th April 2015**

In addition to the YAS Indicators table further down the page, the 2014/15 YTD (end-of-year) position for other YAS measures

Measure (target in brackets)	RED COMBINED 8 min (75%)	RED 1 19 min (-)	RED 2 19 min (-)	GREEN 1 20 min (80%)	GREEN 2 30 min (85%)	GREEN 3 20 min triage (80%)	GREEN 3 30 min (80%)	GREEN 4 60 min triage (95%)
2014/15 YTD	69.36%	97.10%	95.58%	77.40%	78.98%	87.44%	79.82%	99.31%

Across the Yorkshire & Humber region, year to date (YTD) RED 1 and RED 2 combined 8 minute performance has improved to 71.56% against the service standard of 75% and RED 1 and RED 2 combined 19 minute performance has also improved very slightly to 95.79% 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 74.04%, a significant increase, against the NHS Constitution standard of 75%. (Sheffield CCG's YTD RED 1 and RED 2 combined 8 minute performance increased significantly to 74.14% against a (non-contractual) service standard of 75%.)

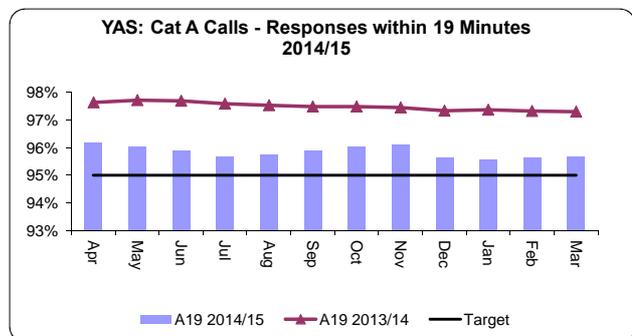
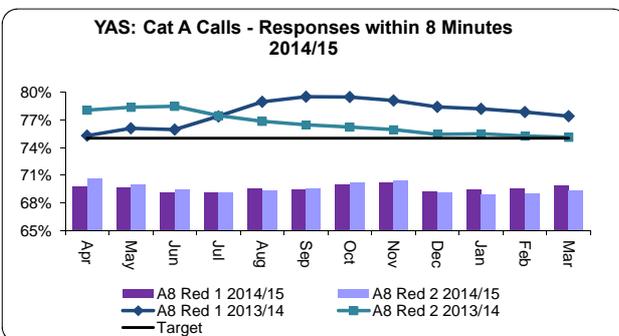
For 2014/15 and 2015/16, commissioners agreed with YAS to maintain the 95% performance standard across GREEN calls but introduce a lower 'floor' in respect of performance within individual months, to be contract managed in accordance with General Condition 9 of the contract, including potential withholding 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) - 84.52% (80%), GREEN 2 (30 min response) - 76.01% (85%), GREEN 3 (20 min triage) - 87.67% (80%), GREEN 3 (30 min response) - 83.23% (80%). GREEN 4 (60 min triage) - 99.32% (95%) and GREEN 4 (60 min response) - 91.1% (March in-month, excludes Health Care Professional (HCP) calls) (95%).

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

**Actions to address performance issues:** Please see the NHS Constitution - Rights & Pledges section of this report (Category A ambulance calls - page 9) for information on actions for RED measures.

#### YAS Indicators (all are YTD)

	Target	February	March	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	69.59%	69.91%	▲
Cat A 8 minutes Red 2 (YTD)	75%	69.04%	69.32%	▲
Cat A 19 minutes (YTD)	95%	95.63%	95.68%	▲



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	January	February	Monthly Change
Re-contact after discharge (Phone)		3.1%	3.2%	▲
Re-contact after discharge (Treatment at scene)		3.9%	3.4%	▼
Re-contact after discharge (Frequent Caller)		1.3%	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)		48	43	▼
Time to treatment (Median)		6.9	6.3	▼
Time to treatment (95th Percentile)		17.3	16	▼
Time to treatment (99th Percentile)		26.6	24.5	▼
Call closed with advice (Phone advice)		10.4%	6.9%	▼
Call closed with advice (Transport)		32.0%	31.7%	▼
<b>Clinical Indicators</b>		<b>October</b>	<b>November</b>	
Outcome from Cardiac Arrest (CA) All		23.5%	28.9%	▲
Outcome from CA Utstein Group (UG)		58.1%	57.7%	▼
Outcome from acute STEMI Angioplasty		87.4%	85.6%	▼
STEMI Care Bundle		85.5%	80.2%	▼
Outcome from Stroke 60 min to Stroke Unit		54.0%	54.7%	▲
Stroke - Appropriate Care Bundle		97.5%	97.8%	▲
Outcome from CA - Survival to Discharge All		11.3%	15.4%	▲
Outcome from CA - Survival to Discharge UG		36.7%	40.0%	▲
Service Experience		N/A	N/A	

# APPENDIX B: NHS 111 Performance Measures

## NHS 111 Activity



Performance against National Target at Month 11, February 2015\*

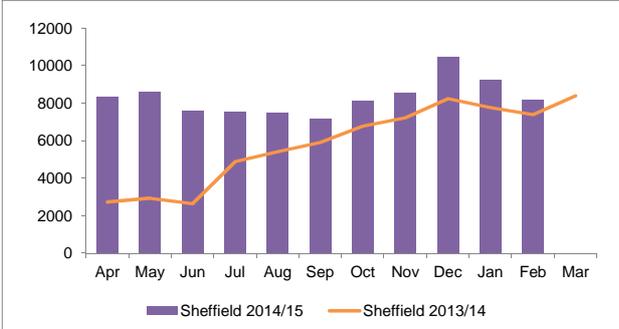
Compared, where possible, to National data

\* = February 2015 data is provisional and may therefore change in future reports (Month 12 data not yet available)

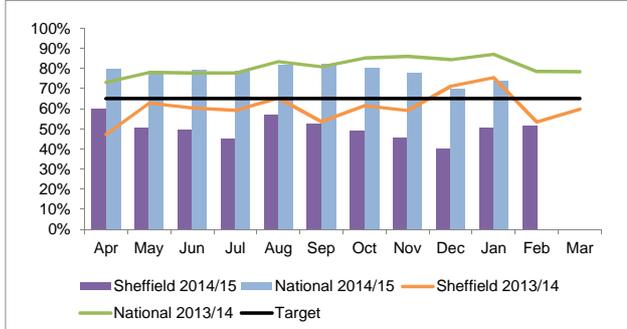
**PLEASE NOTE:** Due to data availability, National data will usually be 1 month behind Local data

### Sheffield Activity

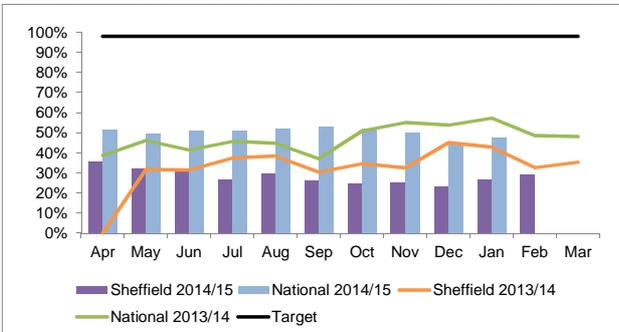
**Chart 1: Calls received**



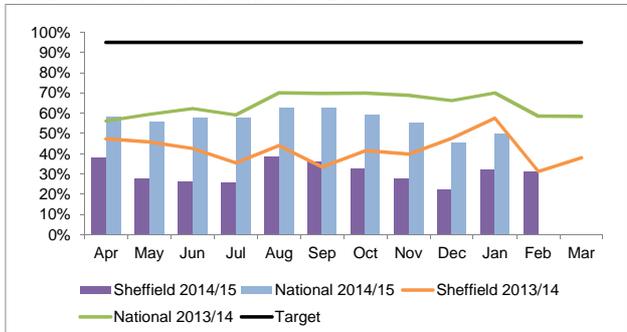
**Chart 2: Clinical Calls completed within 10 minutes**



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



**Chart 4: % of warm transfers\* ≥ 95%**

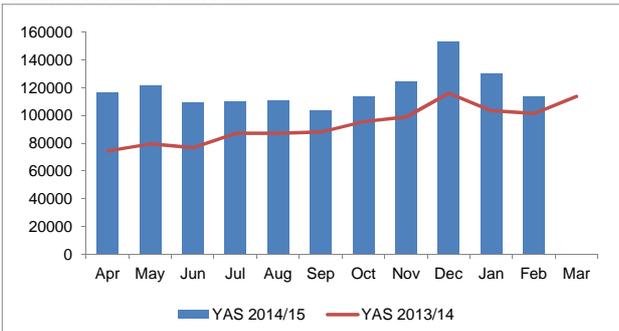


PLEASE NOTE: No data was recorded in Apr-13 for Sheffield

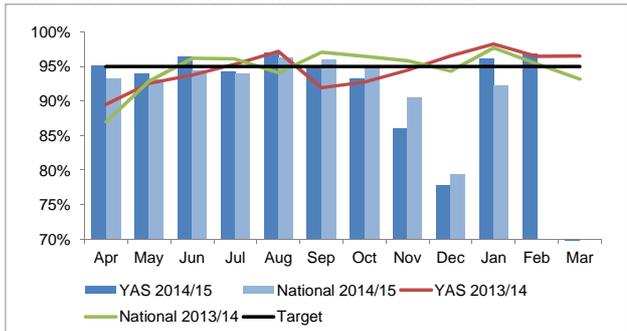
\* A warm transfer is where the call handler transfers the call to a clinical advisor within the same telephone call

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

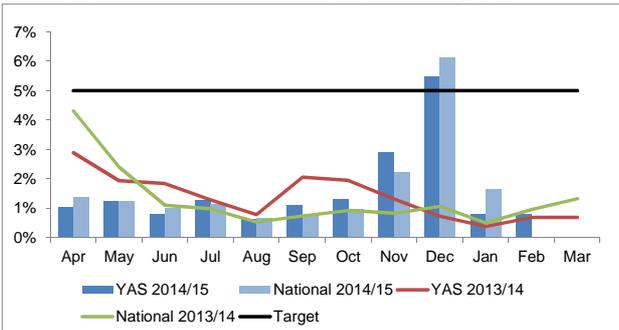
**Chart 5: Calls received**



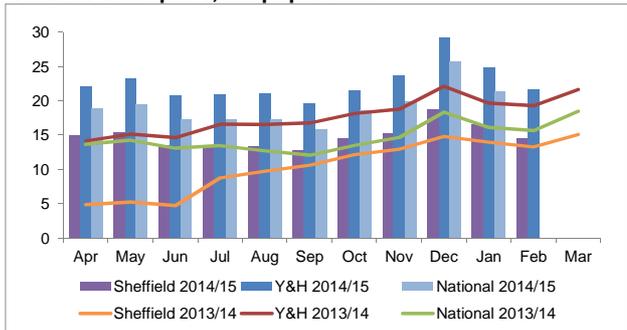
**Chart 6: Calls answered within 60 seconds ≥ 95%**



**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

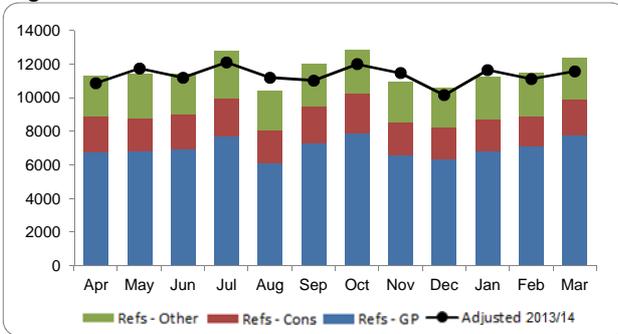
Performance against Sheffield CCG Activity Target at Month 12, Apr 2014 - Mar 2015

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

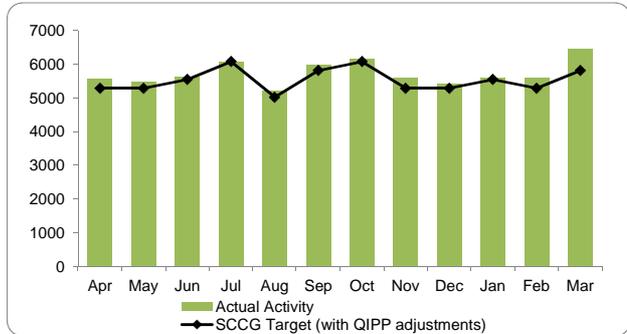
Outpatient First Attendances: 2.1% above plan  
 Outpatient Follow-ups: 2.3% above plan  
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 3.7% above plan  
 Inpatient Non-elective Spells: 5.6% above plan  
 A&E Attendances: 0.7% above plan

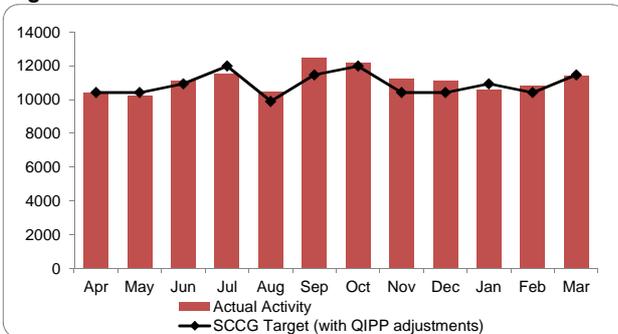
**Figure 1: Referrals**<sup>1</sup>



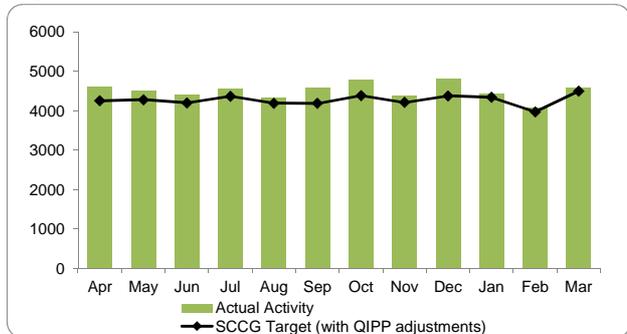
**Figure 4: Electives**



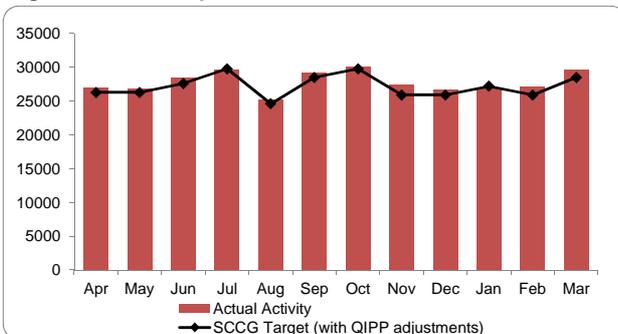
**Figure 2: Firsts**<sup>2</sup>



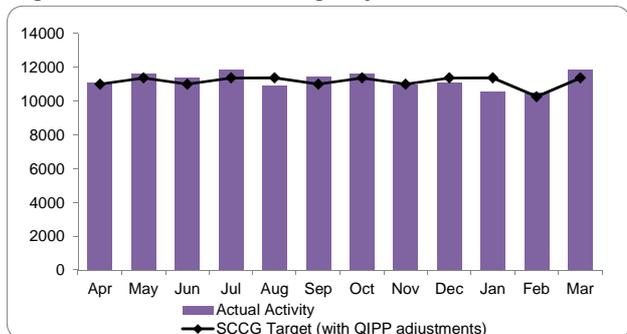
**Figure 5: Non-Electives**



**Figure 3: Follow-ups**



**Figure 6: Accident and Emergency**



**Table 1. Outpatient Activity**

Activity	2014/15	Target	Var	% Var
Firsts	133,467	130,722	2,745	2.1%
Follow-ups	334,023	326,362	7,661	2.3%
Follow-ups:First Ratio	2.50	2.50	0.01	0.2%

**Table 2. Inpatient and A&E Activity**

Activity	2014/15	Target	Var	% Var
Electives	68,788	66,324	2,464	3.7%
Non Electives	54,122	51,266	2,856	5.6%
Excess Bed Day Costs (£000s)	£ 7,913	£ 9,168	-\$ 1,255	-13.7%
A&E	134,835	133,928	907	0.7%

Source: STHFT Contract Monitoring

**Notes:**

<sup>1</sup> Referrals compared to 2013/14, adjusted for working days and counting changes.

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

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

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

<sup>2</sup> First outpatient attendances exclude CDU (Clinical Decision Unit).

CDU Attendances are overperforming by 1906 (7.3%).

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

Produced by NHS Sheffield CCG Contract Team, April 2015

# APPENDIX C: Contract Activity



## Sheffield Children's NHS Foundation Trust

## Sheffield Clinical Commissioning Group

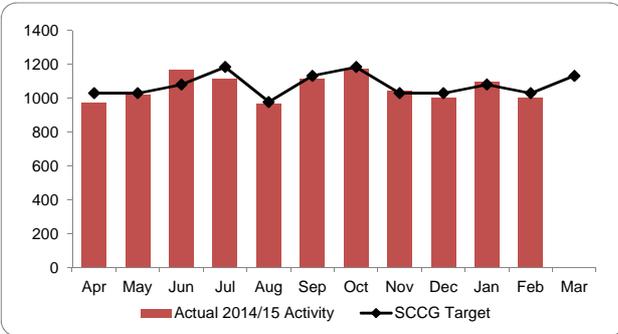
Performance against Sheffield CCG Activity Target at Month 11\*, Apr 2014 - Feb 2015 (\*Month 12 data not yet available)

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

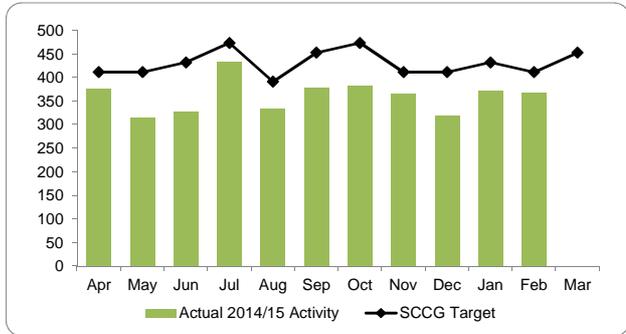
Outpatient First Attendances: 0.6% below plan  
 Outpatient Follow-ups: 4.2% below plan  
 Outpatient Procedures: 22% below plan

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

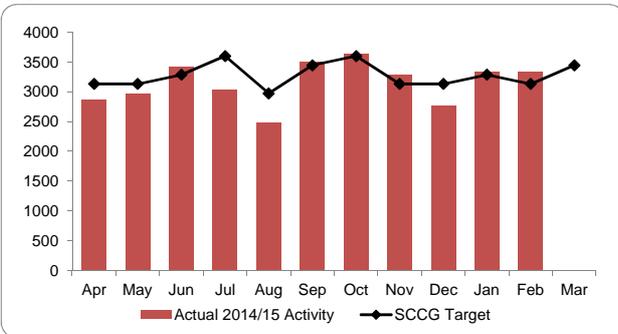
**Figure 1: Firsts**



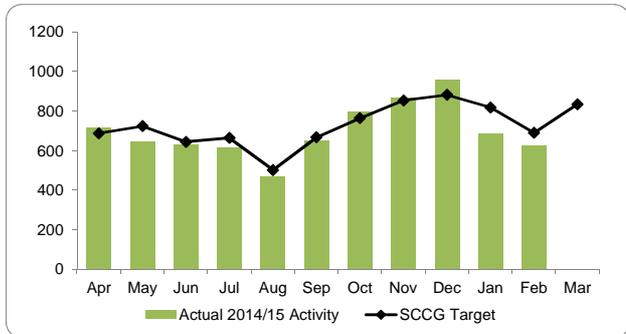
**Figure 4: Electives**



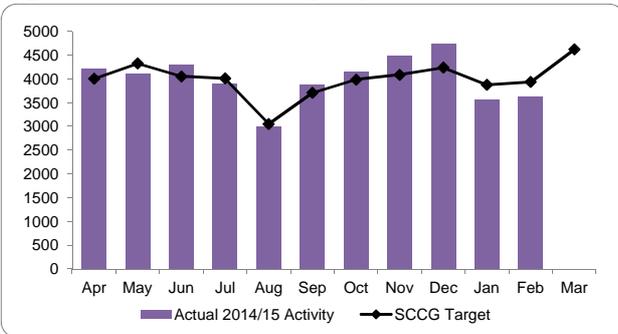
**Figure 2: Follow-ups**



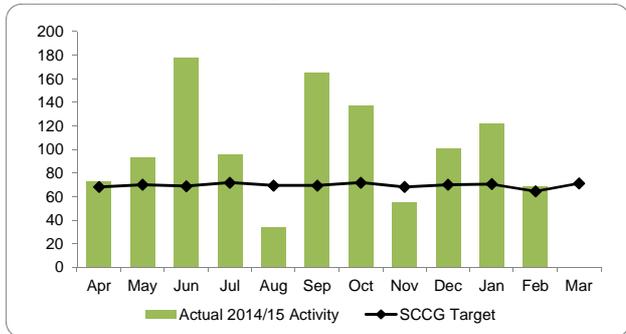
**Figure 5: Non-Electives**



**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