

**Quality and Outcomes Report: Month 6 2015/2016**

**Governing Body meeting**

**E**

**5 November 2015**

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<b>Sponsor</b>	Idris Griffiths, Chief Operating Officer, Sheffield CCG Kevin Clifford, Chief Nurse, Sheffield CCG
<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 2014/15 and subsequently 2015/16 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>	



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**H E A L T H I E R**

**NHS**

**Sheffield  
Clinical Commissioning Group**

# Quality & Outcomes Report

## 2015/16: Month 6 position

For the November 2015 meeting  
of the Governing Body

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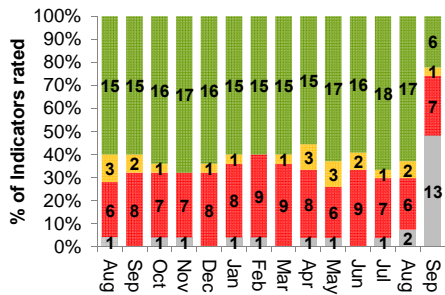
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## Highest Quality Health Care

### NHS Constitution - Rights & Pledges



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

The chart shows how CCG delivery of the 27 NHS Constitution Rights & Pledges for 2015/16 is progressing, month-on-month. The number of rights and pledges being successfully delivered is indicated by the green sections of the bars. Amber shows those which are close to being delivered, red those where significant improvement is needed. Grey indicates areas where data is not yet available for the current month.

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

For those areas where delivery of pledges is not currently on track - as identified in the table below - further information is given in the NHS Constitution - Rights & Pledges section of this report (pages 4 - 8).

#### Pledges not currently being met:

	RTT 18+wk waits for Admitted patients, Ambulance response times (RED 1 and RED 2) within 8mins, Ambulance handover delays (30min+ and 1hr+), Ambulance crew clear delays (30min+), Mixed Sex Accommodation
	Ambulance crew clear delays (1hr+)

### 2015/16 Headlines

These Rights and Pledges remain an important aspect of what we are committed to delivering for the people of Sheffield during 2015/16. Currently, **14 of the 17** core rights and pledges are being successfully delivered.

**PLEASE NOTE, regarding Sheffield Teaching Hospitals NHS Foundation Trust data: The Trust implemented a new patient administration system (Lorenzo) towards the end of September. This has impacted on reporting; agreement to pause reporting has been agreed with Monitor in relation to A&E data and it is expected that reporting will recommence the week commencing 2nd November 2015. 18 weeks and Diagnostics waiting times data has been submitted, although data quality reconciliation is yet to be completed.**

**A&E waiting times:** Sheffield Children's NHS Foundation Trust (SCHFT) continue to meet the pledge for 95% of patients to be seen/treated within 4 hours, as at the end of September. The nationally reported year to date position for Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) remained just under the 95% standard as at the end of August (full September data not yet available, as detailed in the above note). The CCG continues to engage with STHFT to better understand and address performance across A&E.

**Patients referred for suspected Cancer:** All cancer waits pledges are now being achieved for Sheffield patients. At Trust level (for all patients - Sheffield and non-Sheffield) STHFT continue to experience some challenges in respect of the 62 day maximum timeframe from urgent GP Referral to first definitive treatment. A key aspect of this is the timeliness of onward referrals into STHFT from other hospitals. Work to address this is being progressed via a task and finish group chaired by Sheffield CCG and bringing together all key providers and commissioners.

#### Waiting times & access to Diagnostic tests:

##### 18 week pledge:

- STHFT** - Provisional September data indicates the Trust has met the Non-admitted and Incomplete (patients not yet seen) pledges for Sheffield patients and at a Trust-wide level (i.e. for all patients) in September. The Trust did not meet the Admitted pledge for either Sheffield patients or the Trust as a whole. The CCG continues to engage with STHFT to better understand and address 18 weeks performance.
- SCHFT** - The Trust met the Incomplete pledge for both Sheffield patients and at a Trust-wide level (all patients) in September but has not met the Admitted or Non-admitted pledges for either Sheffield patients or at a Trust-wide level.

##### Diagnostic waits:

- STHFT** - Provisional September data indicates the Trust has not achieved the standard (patients seen within 6 weeks) for Sheffield patients or overall. The CCG continues to engage with STHFT to better understand and address Diagnostics performance.
- SCHFT** - The Trust achieved the standard for Sheffield patients and overall in September.

**Ambulance response times:** The percentage of calls resulting in an emergency response arriving within 8 minutes has again decreased in September and is therefore still not on track to meet the related standards for 2015/16. YAS continue to develop their workforce and deployment model and are also continuing to invest heavily in both St Johns and private ambulance providers to provide additional resource to support the organisation.

## Quality and Safety

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

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

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

- **C.Diff** - In 2015/16 so far (as at the end of September), 103 cases attributable to the CCG have been reported, which is slightly above the forecast for this point in the year of 98. STHFT have reported 27, compared to a forecast of 43. SCHFT have reported 4 cases, compared to a total forecast for the year of 3.
- **MRSA** - 2 cases attributable to the CCG (June and September) have been reported so far in 2015/16, one of which is being referred for arbitration as it is not felt to be attributable to the CCG. No cases have been reported for STHFT or SCHFT so far in 2015/16.

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

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

- The STHFT percentages of respondents who would recommend Inpatients and Maternity services increased between July and August but for A&E decreased slightly.
- The response rates for A&E increased slightly between July and August but decreased notably for Inpatients.

## Best Possible Health Outcomes

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

In its Commissioning Intentions 2015-2019, the CCG set out a five key ambitions. Progress against these ambitions during Quarter 1 of 2015/16 was included in Month 4's report. An update for Q2 will be provided in December (Month 7's report).

## CCG Assurance - NHS England Assessment

### 2015/16 CCG Assurance Framework

The assurance meeting in respect of Quarter 1 of 2015/16 took place in early October. The outcome of the assessment is yet to be notified.

### 2014/15 CCG Assurance Framework

The formal outcome of our Q4 2014/15 assessment was that overall the CCG was "Assured with support". This reflects the challenges experienced in Sheffield, as nationally during 2014/15, with regard to demand on A&E and wider hospital services, and the impact on waiting times for patients to be seen and treated.

It is important to note that this assessment of "Assured with support" indicates that NHS England remain generally assured of the CCG's position against the 6 dimensions of the 2014/15 NHS England CCG Assurance Framework and in 5 of the 6 domains the CCG was assessed as "Assured".

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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. To be eligible for a Quality Premium payment, a CCG must manage within its total resources envelope for the year. A percentage of the Quality Premium will be paid for achievement of each of the agreed improvement measures. The amount paid will be reduced for each relevant NHS Constitution measure not met.

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

### **2015/16 Quality Premium**




Details of the expected key measures for 2015/16 and current available data on CCG progress against each measure can be found in the Quality Premium section (page 13).

## NHS Constitution - Rights & Pledges

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

The NHS Constitution - Rights & Pledges for 2015/16 are the same as those monitored in 2014/15, with the addition of the re-established Ambulance Crew Clear delays measures.

#### Key to ratings:

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

The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year 2015/16.

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

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

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

#### Issues & Actions:

**STHFT: 18 weeks measures** - Provisional September data\* indicates the Trust has met the Non-admitted and Incomplete (patients not yet seen) pledges for Sheffield patients and at a Trust-wide level (i.e. for all patients - Sheffield or non-Sheffield). The Trust did not meet the Admitted pledge (90% seen within 18 wks) for either Sheffield patients (87.4%) or the Trust as a whole (87.6%). The CCG has on-going concerns with regard to speciality level performance in Cardiology, Orthopaedics, Urology, General Surgery and Plastic Surgery for both the Incomplete and Admitted standards. The CCG is working closely with the Trust in relation to this underperformance.

**52 weeks supporting measure** - The Trust did not report any Sheffield patients waiting over 52 weeks during September.

\* Following the implementation by STHFT of a new patient administration system (Lorenzo) towards the end of September, reconciliation to ensure the quality of RTT reporting under the new system is still being completed.

**SCHFT: 18 weeks measures** - The Trust met the Incomplete pledge for both Sheffield patients and at a Trust-wide level (all patients) in September. However, they have not met the Admitted or Non-admitted pledges for either Sheffield patients or at a Trust-wide level. Non-achievement of the Non-admitted pledge is partly due to the on-going capacity issues with Neurodisability (commissioned by NHS England) but discussions are being held with the Trust to ascertain the cause of the remaining underperformance.

**52 weeks supporting measure** - There were no Sheffield patients waiting over 52 weeks at SCHFT in September.

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

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



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

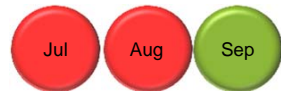


95% of non-admitted patients start treatment within 18 weeks from referral



#### **Supporting measure:**

No patients wait more than 52 weeks



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## Diagnostic test waiting times

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

### Issues & Actions:

**STHFT:** Provisional September data\* indicates the Trust did not meet the Diagnostic waits pledge for Sheffield patients in September, with 98.04% seen within 6 weeks and has also not met the pledge at a Trust-wide level (all patients) with 97.81%. Data has only just been submitted but discussions will be held with the Trust around data validation and to ascertain the cause of this underperformance.

\* Following the implementation by STHFT of a new patient administration system (Lorenzo) towards the end of September, reconciliation to ensure the quality of RTT reporting under the new system is still being completed.

**SCHFT:** The Trust met the Diagnostic waits pledge for Sheffield patients in September, with 99.33% seen within 6 weeks. Provisional data suggests that the Trust has also met the pledge at a Trust-wide level (all patients) with 99.10%.

**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:

**A&E 4hr waits:** The position towards the end of September was still meeting the pledge for the CCG and for SCHFT but the STHFT position remained just under the 95% standard. Although validated data is not yet available for October, unconfirmed intelligence from the Trust indicates that the position has deteriorated since the last available data was received.

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



### **Supporting measure:**

No patients wait more than 12 hours from decision to admit to admission



**PLEASE NOTE:** National A&E data has changed from a weekly to a monthly collection and changes to the process mean this will now be published a month later than previously.

For the A&E 4hr waits measure, September's rating is an estimated position based on local, daily figures from STHFT and SCHFT and will be replaced by the national data next month.

The latest available data for STHFT is as at 25th September 2015 - see note RE: the Trust's data on page 1.

The supporting measure remains at August's position, as this cannot be calculated from the local data.

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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.

*continued overleaf*

## Ambulance response and handover times

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

### Issues & Actions:

**Ambulance response times:** The pledges for RED 1 and RED 2 calls resulting in an emergency response arriving within 8 minutes are not currently on track to meet the standard for 2015/16 as at the end of September. Although April and May saw levels of response above those at the end of 2014/15, both RED 1 and RED 2 monthly - and therefore also year-to-date - performance has worsened since then.

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

YAS presented their remedial action plan and trajectory for the remainder of the year to commissioners at a meeting on 19th October. Achievement of the NHS Constitution service standards for RED 1 and RED 2 8 minute performance by end of 2015/16 remains challenging.

**Ambulance Handover and Crew Clear delays:** The number of ambulance handover delays decreased in September for both those over 30 minutes and those over 1 hour, although remain above expected levels. The number of crew clear delays increased for those over 30 minutes but decreased slightly for those over 1 hour and are also still above expected levels.

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

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

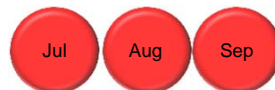
**Overarching actions:** YAS are continuing to develop their workforce and deployment model. YAS are also continuing to invest heavily in both St John's and private ambulance providers to provide additional resource to support the organisation.

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

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



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



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



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

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



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



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



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



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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:

There was 1 breach at a non-Sheffield provider in September that has been attributed to Sheffield CCG. The CCG is in contact with the Trust to obtain further details.

### Supporting measure:

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



## Cancelled Operations

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

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

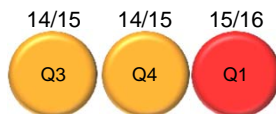
### Issues & Actions:

**Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days:** As noted last month, 5 such cancelled operations (where the patient was not subsequently offered another binding appointment for surgery within 28 days) were reported by STHFT in Quarter 1 2015/16. This is an increase from the 2 reported in Q3 14/15 and the 3 reported in Q4 14/15. The CCG continues to monitor performance closely; where required the CCG has applied contractual sanctions.

SCHFT did not report any patients not offered another appointment within 28 days in Q1.

### Supporting measure:

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



### Supporting measure:

No urgent operation to be cancelled for a 2nd time



## Mental Health

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

### Supporting measure:

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



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

## Quality and Safety

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

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

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

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

Of the 21 cases reported in September (4 more than reported the previous month) for Sheffield CCG:  
 - 3 were STHFT (of a total 4 STHFT-reported cases) - all 3 occurred on separate wards with no other cases  
 - 6 were community associated, with a hospital admission in the last 56 days  
 - 12 were community associated, with no recent hospital contact/admission

The other recorded case at STHFT was for a non-Sheffield resident and occurred on a ward with other recent cases. For all 4 recorded cases, the infection prevention control audit and ribotyping is on-going.

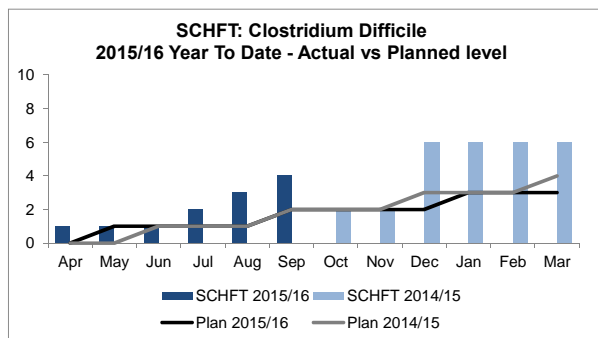
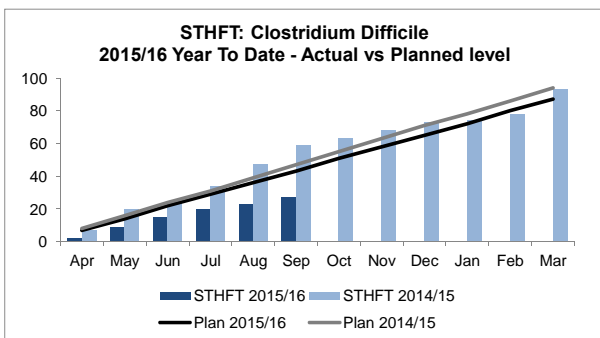
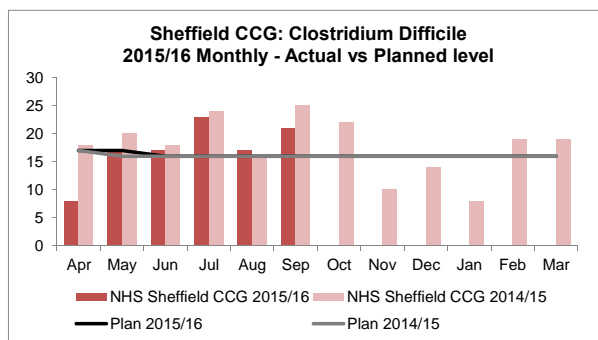
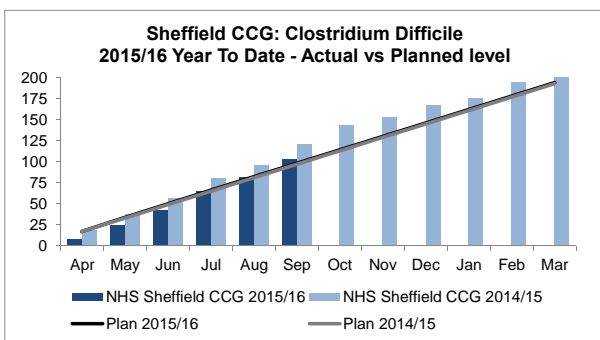
For the case reported in September at SCHFT, RCA (root cause analysis) is awaited and ribotyping is being undertaken. With 4 cases reported as at the end of September, the Trust have now exceeded their 2015/16 plan.

**MRSA:** 1 case was reported in September for the CCG. However, the patient had not accessed any healthcare prior to the bacteraemia and as such the CCG is referring it for arbitration for assignment to third party as a non- healthcare case - acquisition unknown.

No cases were reported in September - and therefore in 2015/16 to date - for STHFT or SCHFT.

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

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Sep-15	1	0	0	21	4	1
Number of infections forecast for this month	0	0	0	16	7	0
Number of infections recorded so far in 2015/16	2	0	0	103	27	4
Number of infections forecast for this period	0	0	0	98	43	2



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

#### **Regulations**

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

No further updates on CQC visits this month.

### **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 (bi-annual update - the next is due around Month 9's Quality and Outcomes Report). Each month, this section will also include a focus on patient experience of one of the Sheffield Trusts.

#### **Eliminating Mixed Sex Accommodation**

There was 1 breach at a non-Sheffield provider in September that has been attributed to Sheffield CCG. The CCG is in contact with the Trust to obtain further details.

Please see the NHS Constitution - Rights & Pledges section of this report (page 8) for monitoring of the MSA measure.

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## Patient Experience of NHS Trusts: Friends and Family Test

The FFT identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care. Use of the FFT aims to help identify poor performance and encourage staff to make improvements, leading to a more positive experience of care for patients.

August 2015 Summary (with June 2015 and July 2015 for comparison for Sheffield only)	Sheffield (STHFT)						England	
	June 2015		July 2015		August 2015		August 2015	
	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate
A&E	85.08%	21.12%	85.28%	19.39%	84.29%	20.25%	88.43%	14.29%
Inpatients (IP)	95.82%	30.70%	96.06%	35.82%	96.13%	23.89%	95.77%	25.55%
Maternity touch points 1 - 4	92.96%	N/A	96.21%	N/A	96.59%	N/A	95.56%	N/A

### Notes:

- Whilst the percentages for England are shown above for information, direct comparison does not provide a true reflection and is not recommended.
- Maternity combined response rate is no longer reliably calculable, given different areas/methods.

**Maternity touch points 1- 4:** There are 4 Maternity touch points. Regarding the percentage of respondents who would recommend each Maternity touch point for July and August:

- Touch point 1 (Antenatal care) remains high but decreased notably from 100% to 91.18%
- Touch point 2 (Birth) remains high and increased significantly from 85.00% to 98.00%
- Touch point 3 (Postnatal ward) remains high and increased significantly from 85.71% to 96.08%
- Touch point 4 (Postnatal Community provision) remains high, sustaining 100%

### STHFT - FFT Supporting Information

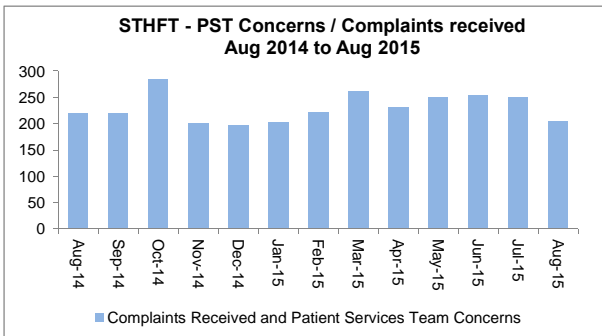
Although there are no national targets for response rates, the Trust are committed to receiving high response rates for FFT to ensure feedback data is high quality. The Trust has therefore set response rate targets for Inpatients at 30%, and A&E and Maternity Services at 20%.

Although response rates have seen a slight increase this month, Maternity Services continue to have a low response rate in Antenatal, Birth and Postnatal Ward. Post Natal Community continues to receive a strong response rate. An action plan has been introduced to re-emphasise the importance of FFT and STHFT expect to see an increase in responses from September.

A new Survey Contractor, Healthcare Communications, has now been appointed who will be working closely with STHFT to improve the way the Friends and Family Test is delivered across the Trust. This will include making the survey more inclusive and providing options for patients (such as an online survey, texting a short code or completing a card) and improvements to posters, cards and reporting. Patients receiving the FFT survey via Interactive Voice Message are now able to leave further feedback via a 2 minute voice message. This voice message is themed and will soon be included in FFT reporting.

## 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 September 2014 to August 2015

Subject	Quantity	% of Subjects raised
1. Attitude	127	5%
2. Appropriateness of medical treatment	127	5%
3 Communication with patient	324	12%
4 General Nursing Care	113	4%
5 Communication with relative/carer	109	4%

**Complaints:** 205 formal and informal complaints were received during August 2015, slightly less than the number received in August 2014 and August 2013; 100 of these were formal complaints. The Trust's response time to complaints is continuing to improve, with 91% of complaints being responded to within 25 working days in August 2015, above the 85% target.

**Comments:** During August 2015, 100 comments were received centrally of which 62% were positive and 38% negative. This is consistent with the previous 12 months during which 998 comments were received, 64% positive and 36% negative. The top five positive themes in August were staff attitude (40%), general nursing care (28%), communication - information provided (8%), waiting times (6%) and environment - cleanliness (5%). The top five negative themes in August were staff attitude (24%), waiting times (16%), communication with patient (12%), environment - cleanliness (6%), communication - information provided (6%). These themes are consistent with the themes of the previous 12 months.

**Patient Opinion:** 180 stories about the Trust have been posted on Patient Opinion since 1st January 2015. Some of these stories were initially posted on NHS Choices. The majority of stories were positive, particularly in relation to staff, care, nursing and attitude. 'What could be improved' included communication, discharge information and staffing levels. Where stories are critical of the care received, the author of the story is invited to provide more detail if necessary so that their concerns can be properly investigated. The areas that the most stories were written about were Accident and Emergency and the Jessop Wing (maternity unit). There were five stories about A&E, all of which are positive, particularly in relation to staff attitude. Some of the stories mention that the patient received good service from committed staff, despite staff clearly being very busy. There were seven stories relating to the Jessop Wing. Three were primarily positive, four were primarily negative. Recurring positive themes include good communication, caring attitude of staff, effective treatment and well trained staff. Recurring negative themes include low staffing levels and lack of beds, poor staff attitude, poor care, delays in being seen, lack of communication, poor discharge, lack of cleanliness, lack of pain relief and lack of support, especially post-natal support. Maternity services has a low overall response rate for the Friends and Family Test and STHFT has a plan in place to improve response rates.

### STHFT Annual Equality and Human Rights Report 2014-2015

The report provides information on work undertaken to support progress against six objectives:

- Our services are accessible to all. The Trust reviewed data on referrals by age gender and ethnicity for PhysioWorks and Weigh Ahead and referrals to community nursing services.
- Patients have equitable outcomes and experience. The action planned to support this was not undertaken. The following will be rolled forward to 2015/16: 'undertake a 'sharing good practice' event focusing on disability' and 'introduce an Equality and Diversity award'.
- To work in partnership to promote equality and inclusion. The Trust supported a new city wide initiative to promote financial inclusion 'Sheffield Money'. The Trust provided input into the Sheffield Health and Wellbeing Board health inequalities action plan focused on improving access to services.
- To have systems and processes that function well to promote equality and inclusion. The Trust's Equality Impact Analysis process was integrated into the updated business planning procedures. A new structure for the Trust Operational Equality Leads was implemented with a focus on one to one meetings. A report was produced on progress and highlighted and discussed areas of good practice. The Human Resources and Workforce Equality and Diversity Group which looks at operational action relevant to HR and the workforce continued to meet and undertook a range of actions.
- Staff do not experience discrimination and have equal opportunities. The Trust looked in more detail at information held about the diversity of staff. With Sheffield Hallam University, information on the number of students from Black Asian and Minority Ethnic groups entering health related courses was reviewed. Staff survey results on discrimination or harassment experienced by staff from Black Asian or Minority Ethnic groups were reviewed. The Trust Stonewall action plan continued to be implemented.
- To promote good relations, giving regard to tackling prejudice and promoting understanding. The Foundation Trust Membership was reviewed to ensure it broadly mirrors the ethnicity of the city. An event was organised to mark International Day Against Homophobia and Trans phobia. The Trust supported the Sheffield Hate Crime strategy action plan implementation and continued to be an active member of the Sheffield Equality Engagement group.

More information is available at:

[http://www.sth.nhs.uk/clientfiles/File/STH\\_Equality%20and%20HumanRights\\_MainReport\\_201415.pdf](http://www.sth.nhs.uk/clientfiles/File/STH_Equality%20and%20HumanRights_MainReport_201415.pdf)



## Quality Premium

### Composition of 2015/16 Quality Premium

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

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

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

**Patient Safety - Improved Antibiotic Prescribing:** Local data for Quarter 1 of 2015/16 in comparison to the baseline year (2013/14), indicates progress is being made towards achieving the Quality Premium measures. Local data for Quarter 2 is expected to be available during November and will be included in the December Quality & Outcomes Report.

#### Measures not currently being met

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

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

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

**Nationally decided measures:**

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

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

**Sheffield CCG Commissioning Intentions:**

Sheffield CCG Commissioning Intentions for 2015-2019 set out five key ambitions for improving health outcomes for the population of Sheffield. Progress against these ambitions during Quarter 1 of 2015/16 was included in Month 4's report. An update for Q2 will be provided in December (Month 7's report).

# Appendices

## Quality & Outcomes Report



## APPENDIX A: Health Economy Performance Measures Summary

The tables below highlight measures from NHS England's Five Year Forward View, as recorded in the document 'The Forward View Into Action: Planning For 2015/16' divided, where appropriate, into portfolios.

Red, amber and green (RAG) ratings represent the latest known position for performance against each relevant measure. **Where possible, the RAG rating is against September 2015 performance as at the 26th October 2015 - year to date where appropriate.**

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

### Key

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

YTD - Year To Date

QTR - Quarterly

WIP - Method/format of measurement is work in progress

### Acute Services Portfolio - Elective Care

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

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

	CCG	STHFT	SCHFT
% seen/treated within 18wks - Admitted pathway	88.55%	87.44%	89.26%
% seen/treated within 18wks - Non-admitted pathway	96.45%	96.52%	93.75%
% still not seen/treated within 18wks - Incomplete pathway	93.71%	93.58%	93.25%
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	0	0	0

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

% receiving a diagnostic test within 6wks	98.10%	98.04%	99.33%
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#### Elective Care

Total elective spells: All specialties (YTD) <sup>1</sup>	35260	30986	1731
Ordinary elective spells: All specialties (YTD) <sup>1</sup>	7065	5699	625
Daycase elective spells: All specialties (YTD) <sup>1</sup>	28195	25287	1106
Total elective spells: G&A specialties (YTD) <sup>1</sup>	32745	28490	1731
Ordinary elective spells: G&A specialties (YTD) <sup>1</sup>	5081	3732	625
Daycase elective spells: G&A specialties (YTD) <sup>1</sup>	27664	24758	1106
First outpatient attendances: All specialties (YTD) <sup>1</sup>	102040	89501	6555
First outpatient attendances: G&A specialties (YTD) <sup>1</sup>	90230	78479	6231
First outpatient attendances following GP referral: All specialties (YTD) <sup>1</sup>	44759	40391	1422
First outpatient attendances following GP referral: G&A specialties (YTD) <sup>1</sup>	39460	35195	1418
Total referrals for a first outpatient appointment: G&A specialties (YTD) <sup>1</sup>	85719	75018	4411
GP written referrals for a first outpatient appointment: G&A specialties (YTD) <sup>1</sup>	53983	48214	1663
Other referrals for a first outpatient appointment: G&A specialties (YTD) <sup>1</sup>	31736	26804	2748
All subsequent (follow-up) outpatient attendances: All specialties (YTD) <sup>1</sup>	236153	214714	8142
Cancelled operations offered another date within 28 days (QTR)	*	5	0

#### GP services

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

#### Quality Premium 2015/16: Locally selected measure

Increase in all GP referred routine first outpatient appointments being booked by electronic means	21.90%
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continued overleaf (inc. all footers / notes)

## APPENDIX A: Health Economy Performance Measures Summary

### Urgent Care

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

#### Non-elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD) <sup>2</sup>	95.78%	94.85%	98.75%
LOCAL: % seen/treated within 4 hours of arrival in A&E (YTD) <sup>2</sup>	-	94.87%	98.64%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0
Non-elective spells: All specialties (YTD) <sup>1</sup>	31243	28248	1215
Non-elective spells: G&A specialties (YTD) <sup>1</sup>	24658	21871	1215
A&E attendances - Type 1 A&E departments (YTD) <sup>3</sup>	73376	50774	22302
A&E attendances - All A&E departments (YTD) <sup>3</sup>	87250	65363	22302
Unplanned hospitalisation for chronic ambulatory care sensitive conditions <sup>4</sup>	961.0	N/A	N/A
Emergency admissions - acute conditions that should not require admission <sup>4</sup>	1415.7	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s <sup>4</sup>	232.7	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) <sup>4</sup>	440.9	N/A	N/A
LOCAL: Unplanned hosp for chronic ambulatory care sensitive conditions <sup>4</sup>	321.29	N/A	N/A
LOCAL: Em admissions - acute conditions that should not require admission <sup>4</sup>	514.33	N/A	N/A
LOCAL: Unplanned hosp for asthma, diabetes and epilepsy in under 19s <sup>4</sup>	60.29	N/A	N/A
LOCAL: Em admissions for children with lower respiratory infections (LRTI) <sup>4</sup>	58.66	N/A	N/A
Urgent operations cancelled for the second time	*	0	0

#### GP Out-of-hours services

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

#### Yorkshire Ambulance Service (YAS)

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest YTD) <sup>5</sup>	75.69%	N/A	N/A	71.24%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) <sup>5</sup>	74.49%	N/A	N/A	71.16%
Category A response in 19 mins (YTD) <sup>5</sup>	98.09%	N/A	N/A	95.55%
Ambulance handover delays - of over 30 minutes <sup>6</sup>	N/A	232	2	1244
Ambulance handover delays - of over 1 hour <sup>6</sup>	N/A	31	0	202
Ambulance crew clear delays - of over 30 minutes <sup>6</sup>	N/A	31	1	516
Ambulance crew clear delays - of over 1 hour <sup>6</sup>	N/A	4	0	38

#### Quality Premium 2015/16: Locally selected measure

Reduction in emergency admissions for acute conditions that should not usually require hospital admission for under 75s (including children) at STHFT and SCHFT (YTD variance from plan)	-183.1
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### Active Ageing, Cancer, End of Life Care and Long Term Conditions

*The National measures on unplanned admissions for chronic ACSC monitored by this portfolio ultimately relates to Urgent Care, so are summarised in that section, above*

	CCG
Potential years of life lost (PYLL - rate per 100,000) <sup>7</sup>	1976.3
Proportion of people feeling supported to manage their condition	67.26%
Health-related quality of life for people with long-term conditions	72.0
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	84.8%

*NOTE: STHFT & SCHFT Cancer waits figures are their Sheffield CCG cohort; it is not the Trust total position*

#### Cancer Waits (YTD)

	CCG	STHFT	SCHFT
% seen within 2 weeks - from GP referral to first outpatient appointment	93.51%	93.47%	100.00%
% seen within 2 weeks - as above, for breast symptoms	96.42%	96.76%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	97.80%	98.21%	87.50%
% treated within 31 days - subsequent treatment (surgery)	95.63%	95.54%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	99.39%	99.37%	N/A
% treated within 62 days - following an urgent GP referral	90.22%	90.48%	N/A
% treated within 62 days - following referral from an NHS screening service	98.51%	98.50%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	86.59%	86.93%	N/A

*continued overleaf (inc. all footers / notes)*

## APPENDIX A: Health Economy Performance Measures Summary

### Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	99.36%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	9.68%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	43.2%
Proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment	84.50%
Proportion of people that wait 18 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment	99.50%
Estimated diagnosis rate for people with dementia <sup>8</sup>	80.8%

### Children, Young People and Maternity

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

### Quality Standards

#### Patient Safety

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia infections (YTD)	2	0	0	N/A
Clostridium Difficile (C Diff) infections (YTD)	103	27	4	N/A
Mixed Sex Accommodation (MSA) breaches (YTD)	1	0	0	0
Hospital deaths attributable to problems in care	WIP	WIP	WIP	WIP

#### Patient Experience

Patient experience of hospital care	WIP	WIP	WIP
Friends and Family test: Inpatient - Response rate <sup>9</sup>		23.89%	
Friends and Family test: Inpatient - % Recommended <sup>9</sup>		96.13%	
Friends and Family test: A&E - Response rate <sup>9</sup>		20.25%	
Friends and Family test: A&E - % Recommended <sup>9</sup>		84.29%	

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

### FOOTNOTES OVERLEAF

## Footnotes:

### Acute Services Portfolio - Elective Care and Urgent Care

#### <sup>1</sup> Activity (Elective, Non-elective and Outpatient) measures:

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

- Trusts' Contract Activity monitoring - as summarised in APPENDIX C of this report - is the agreed Sheffield CCG-purchased plan for STHFT and SCHFT respectively - for all (i.e. not just G&A\*) activity
- The measures here relate to progress against outline plans which the CCG were required to submit nationally, for all activity that might be attributed to the CCG - that is, the majority of activity would be expected from STHFT and SCHFT but there will be Sheffield CCG registered patient activity at other Trusts around the country, for which an estimate has been factored in to the total
- The majority of the activity measures will be monitored against nationally submitted SUS (secondary uses service) data  
GP Referrals data is not available via SUS and so will, as per previous years, continue to be monitored via the Monthly Activity Return (MAR) or Quarterly Activity Return (QAR) submitted to the Department of Health
- Measures on the number of referrals will not be rated for STHFT or SCHFT as plans are not provided for these by CCG
- \* G&A specialties = General & Acute - does not include, for example, Obstetrics, Mental Health and Community services

#### <sup>2</sup> % seen/treated within 4 hours of arrival in A&E:

- CCG position = total reported from any provider on the national A&E SITREP collections - allocated to CCGs using proportions of each provider's A&E activity data submitted to SUS for that CCG - mapping provided by the Department of Health (as per NHS England source guidance)
- STHFT & SCHFT positions = total reported from the provider on the national A&E SITREP collections
- LOCAL: STHFT & SCHFT positions = total provider position from their daily A&E data  
*As national SITREP data is a month behind, local position is provided for a more up-to-date/timely position for the Trusts  
It is not accurate to provide a % for the CCG from these but an overall picture of performance can be estimated*

#### <sup>3</sup> Number of attendances at A&E departments:

- CCG position = total reported from any provider in nationally submitted SUS data (as per NHS England source guidance)
- STHFT & SCHFT positions = total reported from the provider on the national A&E SITREP collections
- SCHFT has a Main A&E department only, so all attendances are Type 1 in nature

#### <sup>4</sup> Emergency Admissions/Unplanned Hospitalisation:

- Position shown here is the latest published figure (Apr-14 to Mar-15 PROVISIONAL)  
This figure is the Directly standardised rate (DSR) per 100,000 registered patients (the 2 children's measures use <19s only)
- LOCAL position shown here is the latest YTD position taken from nationally submitted SUS (secondary uses service) data  
This figure is the indirectly standardised rate per 100,000 registered patients (the 2 children's measures use under 19s only)

#### <sup>5</sup> Category A responses:

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

#### <sup>6</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

### Active Ageing, Cancer, End of Life Care and Long Term Conditions

#### <sup>7</sup> PYLL:

- 2014 position; RAG in Quality Premium section is greyed out because this will be the 2015 position and this will not be published until c.Sep-16 - direction of travel/expected position is therefore not yet known for certain

### Mental Health, Learning Disabilities and Dementia

#### <sup>8</sup> Dementia diagnosis rate:

- PROVISIONAL Aug-15 position from the Primary Care Tool

### Quality Standards

#### <sup>9</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

#### Crisis Resolution / Home Treatment

As at the end of September, there have been 705 home treatment interventions against the 12-month target of 1,202; this equates to 17.30% more patients benefiting from this service than originally planned by the sixth month of 2015/16.

#### CPA 7 day follow up

September's monthly performance was 100% but, as there was a follow-up over 7 days recorded in July, the 2015/16 YTD position is 99.36% 100%; this does, however, remain above the national target of 95%.

#### Psychosis intervention

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

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

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

**\* DATA CAVEAT:** The source to be used for this data in NHS England guidance has not yet been fully reconciled to locally available data; local reporting has been written with national methodology and will be checked against nationally published figures once they are available. In order to monitor progress against these in the meantime, this local data - provided directly from Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) - is used in the table below.

PLEASE NOTE THAT SEPTEMBER DATA IS PROVISIONAL AND THEREFORE SUBJECT TO AMENDMENT.

**The number of people who received psychological therapy and are moving to recovery:** As noted previously, it is expected that by the end of November the service will be achieving the nationally required 50% recovery rate for the patients it accepts into treatment (for in-month performance rather than cumulative year to date (YTD) performance).

It should be noted that the Sheffield IAPT service generally adopts a more flexible approach with regard to accepting people into treatment (for example, offering services to patients with Medically Unexplained Symptoms and Long Term Conditions) than is the case with many IAPT services. This is regarded positively by commissioners. However, this flexibility impacts on their ability to achieve the 50% recovery rate. We are advised that for the cohort of patients that would normally be managed through a standard IAPT service, the Trust's 'moving to recovery' rate is currently 61%.

SHSCFT Indicators	Target	August	September	Change
Crisis Resolution / Home Treatment (YTD)	1202	595	705	▲
Psychosis Intervention - new cases (YTD)	75	59	82	▲
Psychosis Intervention - maintain capacity (YTD)	270	223	228	▲
CPA 7 day follow up (YTD)	95%	99.25%	99.36%	▲
% receiving Psychological Therapy (IAPT) (YTD) *	18.04%**	8.02%	9.68%	▲
% IAPT patients moving to recovery (YTD) *	50%	42.13%	43.20%	▲
% waiting 6wks or less, from referral, for IAPT *	75%	81.00%	84.50%	▲
% waiting 18wks or less, from referral, for IAPT *	95%	99.50%	99.50%	◀▶

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

## APPENDIX B: Ambulance Trust Performance Measures

### Yorkshire Ambulance Service

Percentages quoted in the narrative below are as at 18th October 2015

Across the Yorkshire & Humber region, year to date (YTD) RED 1 and RED 2 combined 8 minute performance has worsened slightly to 71.19% against the service standard of 75%. RED 1 and RED 2 combined 19 minute performance increased slightly to 95.49% and so this still exceeds the 95% service standard. For CCG Quality Premium purposes, YAS RED 1 overall 8 minute performance is measured; YTD performance currently stands at 71.35%, a slight decrease from last month, against the NHS Constitution standard of 75%. (Sheffield CCG's YTD RED 1 and RED 2 combined 8 minute performance worsened to 74.32% 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 is still below the minimum level for GREEN 2, GREEN 3 and GREEN 4 response (expected service standard in brackets): GREEN 1 (20 min response) - 83.77% (80%), GREEN 2 (30 min response) - 75.95% (85%), GREEN 3 (20 min triage) - 87.59% (80%), GREEN 3 (30 min response) - 79.30% (80%). GREEN 4 (60 min triage) - 99.27% (95%), GREEN 4 (60 min response) - 91.3% (remains at June in-month - later data not yet available) (95%)

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

**Actions to address performance issues:** Please see the NHS Constitution - Rights & Pledges section of this report (Ambulance response and handover times - page 7) for information on issues and actions for RED measures.

YAS Indicators	Target	August	September	Monthly Change
Category A (RED 1) responses within 8mins (YTD)	75%	71.47%	71.24%	▼
Category A (RED 2) responses within 8mins (YTD)	75%	71.31%	71.16%	▼
Category A (RED combined) responses within 19mins (YTD)	95%	95.60%	95.55%	▼
Ambulance Handovers - delays over 30mins as a % of total arrivals with a handover time	Minimise	1643 4.66%	1244 3.93%	▼
Ambulance Handovers - delays over 1hr as a % of total arrivals with a handover time	Minimise	231 0.66%	202 0.64%	▼
Crew Clear - delays over 30mins as a % of total arrivals with a handover time	Minimise	475 1.44%	516 1.63%	▲
Crew Clear - delays over 1hr as a % of total arrivals with a handover time	Minimise	39 0.12%	38 0.12%	▼

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	July	August	Monthly Change
Re-contact after discharge (Phone)		1.51%	2.17%	▲
Re-contact after discharge (Treatment at scene)		2.98%	3.06%	▲
Re-contact after discharge (Frequent Caller)		1.51%	1.82%	▲
Time to answer call (Median)	5 seconds	1	1	◀▶
Time to answer call (95th Percentile)		19	19	◀▶
Time to answer call (99th Percentile)		55	57	▲
Time to treatment (Median)		5.85	5.89	▲
Time to treatment (95th Percentile)		15.08	15.48	▲
Time to treatment (99th Percentile)		22.52	23.65	▲
Call closed with advice (Phone advice)		8.14%	8.24%	▲
Call closed with advice (without Transport)		32.50%	32.92%	▲
<b>Clinical Indicators</b>		<b>April</b>	<b>May</b>	
Outcome from Cardiac Arrest (CA) All		28.37%	26.97%	▼
Outcome from CA Utstein Group (UG)		69.23%	57.50%	▼
Outcome from acute STEMI Angioplasty		79.79%	80.19%	▲
STEMI Care Bundle		86.03%	84.54%	▼
Outcome from Stroke 60 min to Stroke Unit		57.01%	59.75%	▲
Stroke - Appropriate Care Bundle		98.17%	97.43%	▼
Outcome from CA - Survival to Discharge All		8.16%	10.78%	▲
Outcome from CA - Survival to Discharge UG		45.45%	35.90%	▼
Service Experience		N/A	N/A	

# APPENDIX B: NHS 111 Performance Measures

## NHS 111 Activity



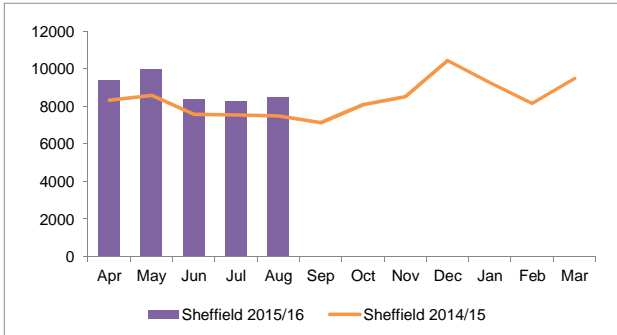
**NHS**  
Yorkshire and Humber  
Commissioning Support

Performance against National Target at Month 6, September 2015  
Compared, where possible, to National data

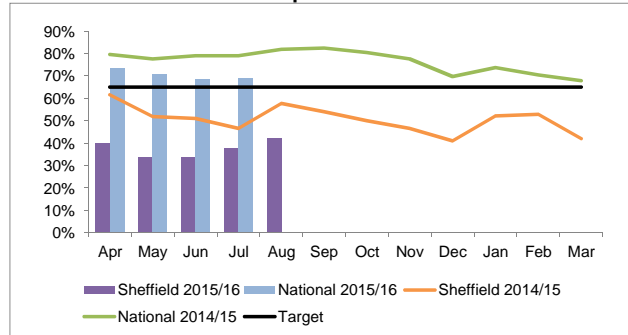
**PLEASE NOTE:** Due to data availability, National data will usually be 1 month behind Local data  
(although is currently 2 months behind, as August's position has not yet been published)

### Sheffield Activity

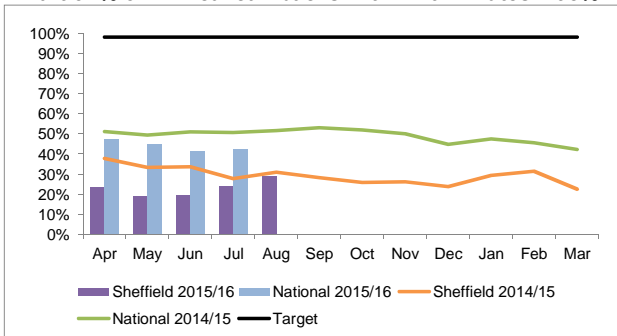
**Chart 1: Calls received**



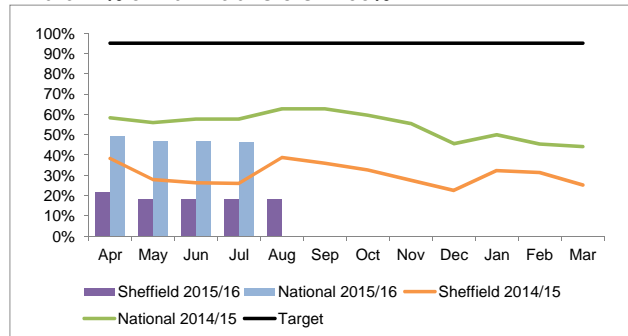
**Chart 2: Clinical Calls completed within 10 minutes**



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



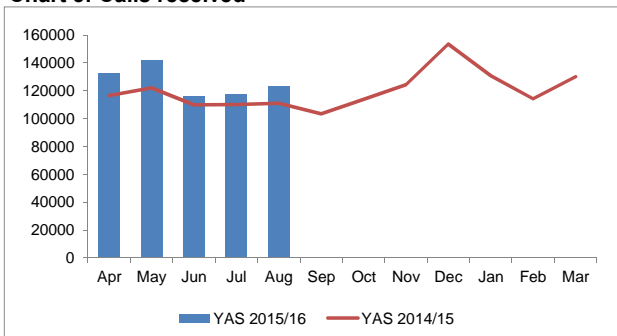
**Chart 4: % of warm transfers\* ≥ 95%**



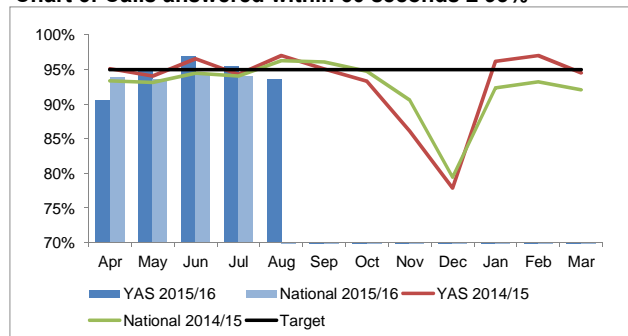
\* A warm transfer is where the call handler transfers the call to a clinical advisor within the same telephone call

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

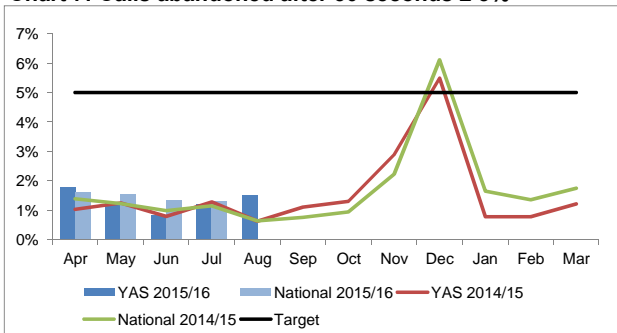
**Chart 5: Calls received**



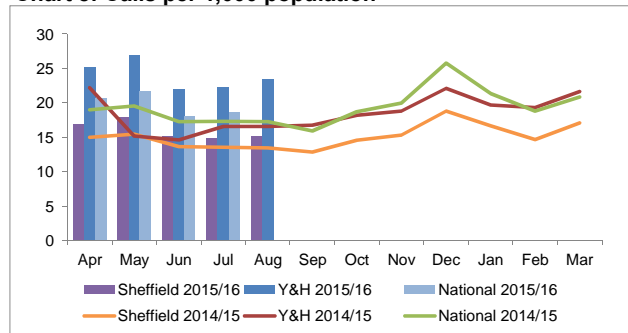
**Chart 6: Calls answered within 60 seconds ≥ 95%**



**Chart 7: Calls abandoned after 30 seconds ≤ 5%**



**Chart 8: Calls per 1,000 population**

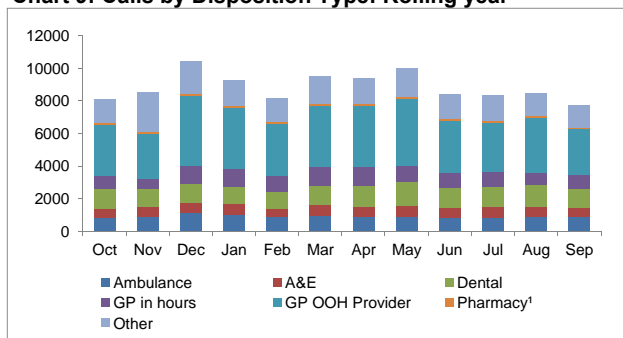


**Data sources:** YAS / Sheffield data - YAS minimum data set (MDS)  
National data - NHS England minimum data set (MDS)

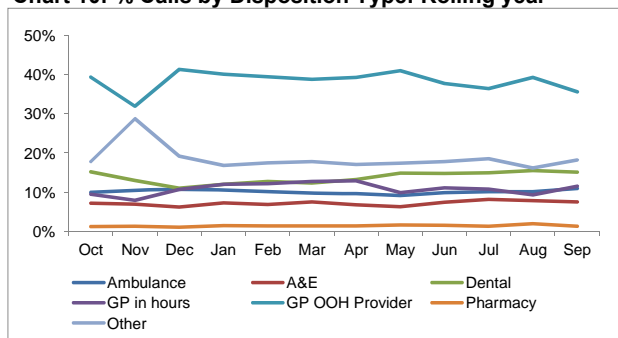
## APPENDIX B: NHS 111 Performance Measures

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

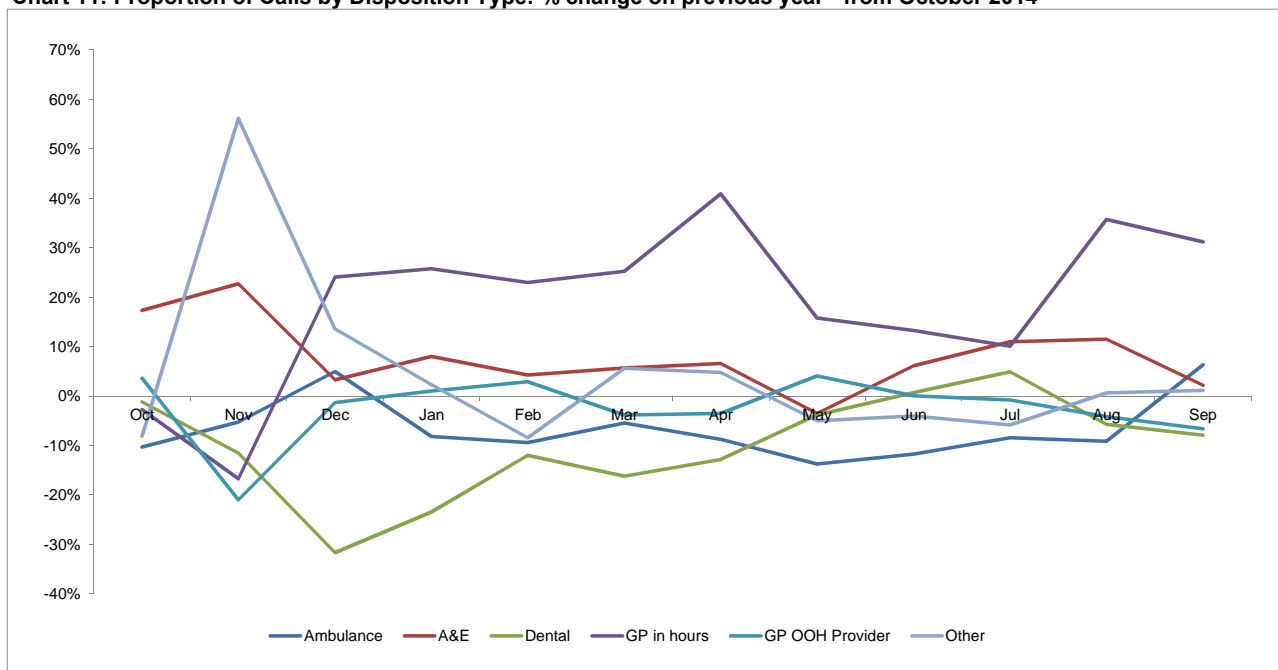
**Chart 9: Calls by Disposition Type: Rolling year**



**Chart 10: % Calls by Disposition Type: Rolling year**



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



**Chart 11 notes:**

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

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

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

Performance against Sheffield CCG Activity Target at Month 6, April 2015 - September 2015

**PLEASE NOTE:** DUE TO IMPLEMENTATION OF A NEW PATIENT ADMINISTRATION SYSTEM (LORENZO) AT THE END OF SEPTEMBER IT IS BELIEVED THAT THE FULL VOLUME OF ACTIVITY HAS NOT YET BEEN REPORTED; ESTIMATED SEPTEMBER POSITION IS SHOWN IN GREY BARS.

Outpatient First Attendances: 3.2% below plan  
 Outpatient Follow-ups: 5.1% below plan  
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 3.5% below plan  
 Inpatient Non-elective Spells: 4% above plan  
 A&E Attendances: 0.4% below plan

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

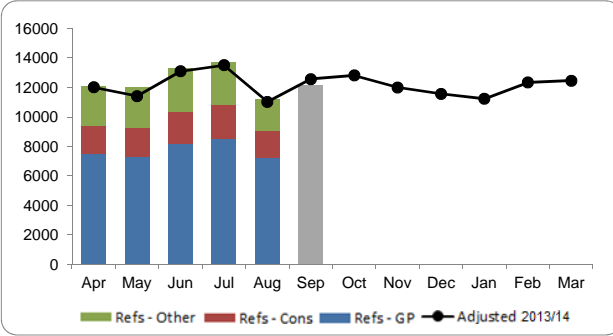


Figure 4: Electives

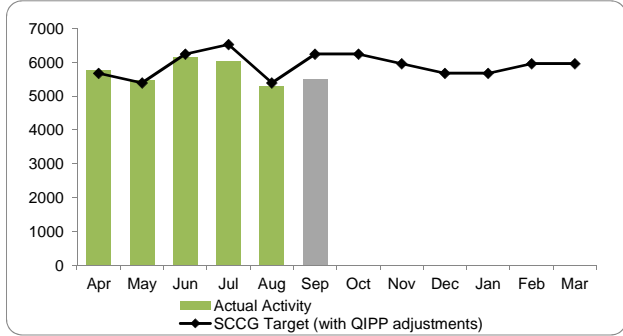


Figure 2: Firsts<sup>2</sup>

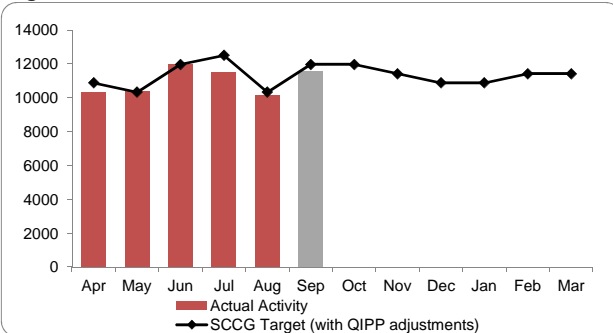


Figure 5: Non-Electives

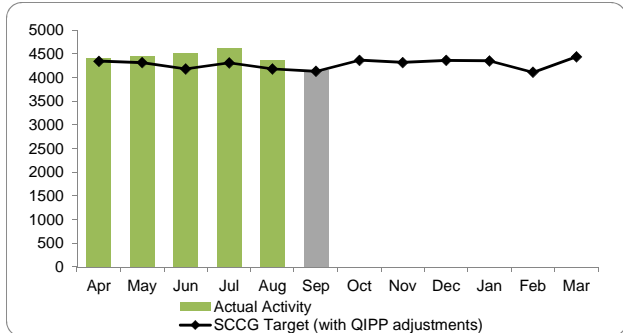


Figure 3: Follow-ups

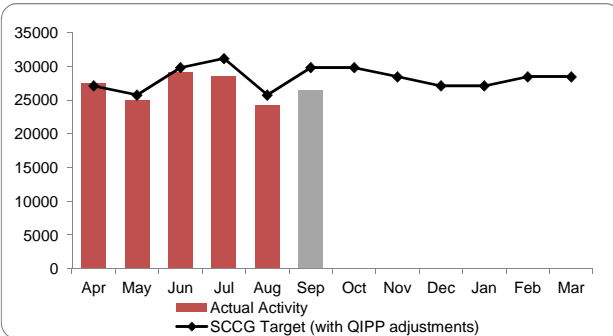


Figure 6: Accident and Emergency

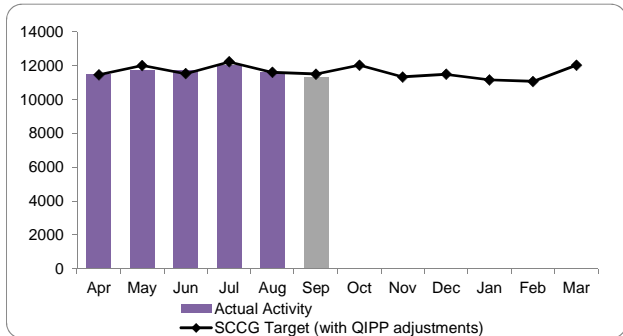


Table 1. Outpatient Activity

Activity	2015/16	Target	Var	% Var
Firsts	65,863	68,017	-2,154	-3.2%
Follow-ups	160,943	169,550	-8,607	-5.1%
Follow-ups:First Ratio	2.44	2.49	-0.05	-2.0%

Table 2. Inpatient and A&E Activity

Activity	2015/16	Target	Var	% Var
Electives	34,247	35,472	-1,225	-3.5%
Non Electives	26,477	25,458	1,019	4.0%
Excess Bed Day Costs (£000s)	£ 3,727	£ 3,534	£ 193	5.5%
A&E	70,040	70,331	-291	-0.4%

Source: STHFT Contract Monitoring

**Notes:**

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

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

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

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

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

<sup>2</sup> First outpatient attendances exclude CDU (Clinical Decision Unit). CDU Attendances are overperforming by 2203 (16.1%).

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

## APPENDIX C: Contract Activity



### Sheffield Children's NHS Foundation Trust

### Sheffield Clinical Commissioning Group

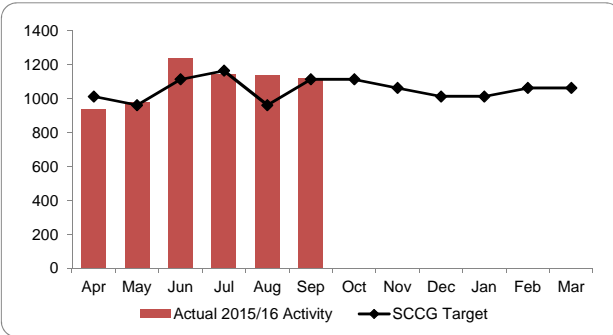
Performance against Sheffield CCG Activity Target at Month 6, April 2015 - September 2015

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

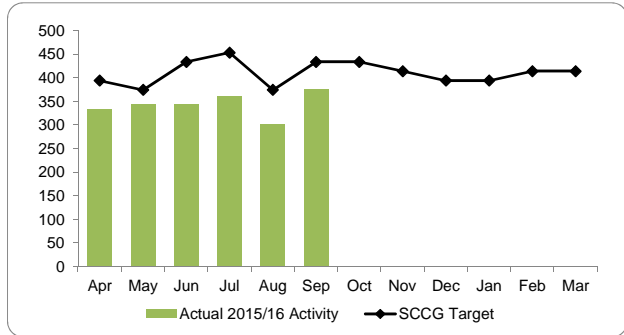
Outpatient First Attendances: 3.7% above plan  
 Outpatient Follow-ups: 4% above plan  
 Outpatient Procedures: 132.9% above plan

Inpatient Elective Spells: 16.4% below plan  
 Inpatient Non-elective Spells: 7.7% above plan  
 A&E Attendances: 1.9% above plan

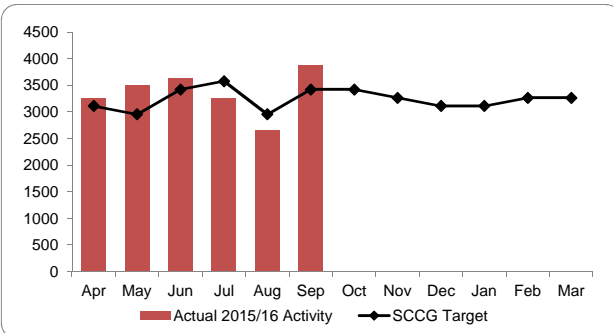
**Figure 1: Firsts**



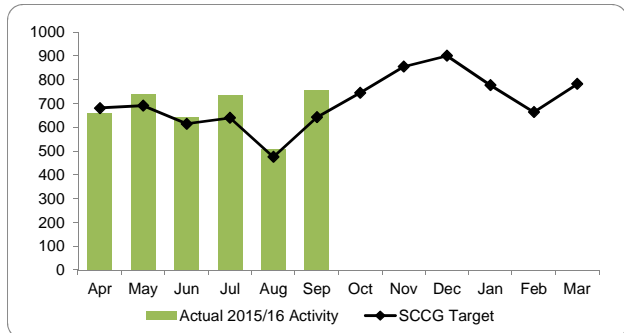
**Figure 4: Electives**



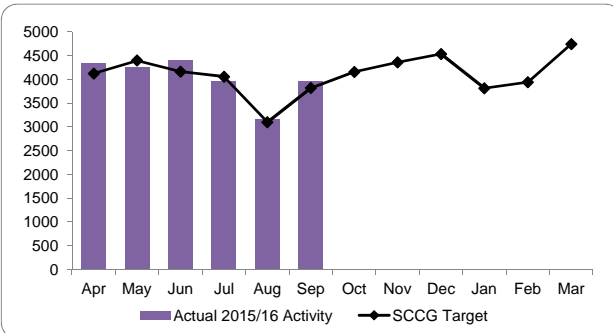
**Figure 2: Follow-ups**



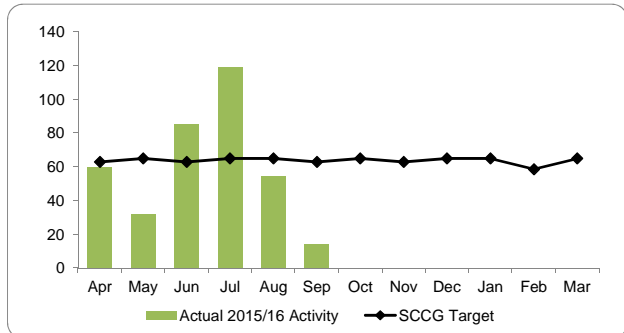
**Figure 5: Non-Electives**



**Figure 3: Accident and Emergency**



**Figure 6: Excess Bed Days**



**Table 1. Outpatient Activity**

Activity	2015/16	Target	Var	% Var
Firsts	6,557	6,321	236	3.7%
Follow-ups	20,217	19,444	773	4.0%
OP Payable Procedures	8	3	5	132.9%
Follow-ups:First Ratio	3.08	3.08	0.01	0.2%

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

Activity	2015/16	Target	Var	% Var
Electives	2,060	2,463	-403	-16.4%
Non Electives	4,031	3,744	287	7.7%
Excess Bed Day Costs (£000s)	£ 120	£ 112	£ 8	7.1%
A&E	24,098	23,658	440	1.9%

Source: SCHFT Contract Monitoring (SLAM)

**Notes:**

Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, October 2015