

**Quality and Outcomes Report: Month 5 2015/2016**

**Governing Body meeting**

**1 October 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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**NHS**

**Sheffield  
Clinical Commissioning Group**

# Quality & Outcomes Report

## 2015/16: Month 5 position

For the October 2015 meeting  
of the Governing Body

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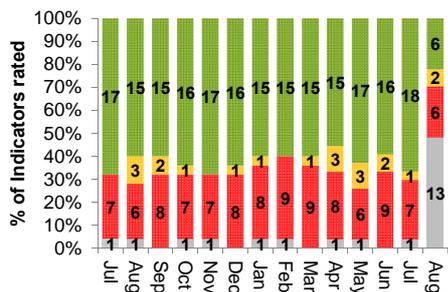
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*(Quarterly update from the Policy, Performance and Communications Service, Sheffield City Council)*

## 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, RTT 52+wk waits, Ambulance response times (RED 1 and RED 2) within 8mins, Ambulance handover delays (30min+ and 1hr+)
	Ambulance crew clear delays (30min+ and 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.

**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 August. The year to date position for Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) was just under the 95% standard as at the end of August, although mid-month data suggests the position is improving. However, the position towards the end of the year is looking increasingly challenging.

**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. Sheffield CCG recognises the need for this to be addressed with all those involved. Following discussion at the Strategic Clinical Network (SCN) Cancer Strategy group, a task and finish group has been established. It met for the first time on 16<sup>th</sup> September 2015 and is being chaired by Sheffield CCG. The group brings together all key providers and commissioners and will develop and agree a remedial action plan, encompassing the 8 key priorities identified by the National Cancer Action Team to recover the 62 day standard.

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

##### 18 week pledge:

- STHFT** - 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 August. The Trust did not meet the Admitted pledge for either Sheffield patients or the Trust as a whole.
- SCHFT** - The Trust met the Admitted and Incomplete pledges for both Sheffield patients and at a Trust-wide level (all patients) in August. The Trust has again not met the Non-admitted pledge for either Sheffield patients or at a Trust-wide level.

##### Diagnostic waits:

- STHFT** - The Trust achieved the standard (patients seen within 6 weeks) for both Sheffield patients and overall in August.
- SCHFT** - The Trust achieved the standard for Sheffield patients in August but not overall. The CCG is in discussions with SCHFT to understand the underlying reasons for this.

**Ambulance response times:** The percentage of calls resulting in an emergency response arriving within 8 minutes has decreased and is therefore still not on track to meet the related standards for 2015/16.

A remedial action plan and revised trajectory for remaining performance in 2015/16 have been requested from Yorkshire Ambulance Service (YAS). Commissioners continue to work with YAS to improve performance and, with them, 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.

### 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 August), 82 cases attributable to the CCG have been reported, which is as per the forecast for this point in the year. STHFT have reported 23, compared to a forecast of 36. SCHFT have reported 3 cases, which is over the 1 forecast for this point in the year and as per their total forecast for the year.
- **MRSA** - 1 case attributable to the CCG (June) has been reported so far in 2015/16. 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 A&E, Inpatient and Maternity services all increased between June and July.
- Response rates for Inpatients increased between June and July but decreased slightly for A&E.

### 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 last month's report. An update for Q2 will be provided in December.

### CCG Assurance - NHS England Assessment

#### **2015/16 CCG Assurance Framework**

The assurance meeting in respect of Quarter 1 of 2015/16 will take place in early October using the revised CCG Assurance Framework, details of which were shared in last month's Quality and Outcomes Report.

#### **2014/15 CCG Assurance Framework**

We are still awaiting the formal outcome of our Q4 2014/15 assessment, which is expected to be released during October.

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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).

As at the end of August, the overall position to date on Quality Premium measures is that 50% are showing good progress and therefore rated **GREEN** (likely to be achieved) and the remaining 50% are still awaiting data to give an indication of the current position.

### Public Health Quarterly Report

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

The latest quarterly report is shown in APPENDIX D as supplied by the Policy, Performance and Communications Service at Sheffield City Council.

## NHS Constitution - Rights & Pledges

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

The NHS Constitution - Rights & Pledges for 2015/16 are 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** - 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) in August. The Trust did not meet the Admitted pledge (90% seen within 18 wks) for either Sheffield patients (87.9%) or the Trust as a whole (88.9%). The CCG continues to work closely with STHFT on waiting times at speciality level in Cardiology, Orthopaedics, Urology, General Surgery and Plastic Surgery for both the Incomplete and Admitted pledges.

**52 weeks supporting measure** - The Trust had two Sheffield patients waiting over 52 weeks in August - one in Urology and one in Colorectal Surgery. The Urology patient has subsequently been admitted for treatment. The Colorectal patient has an Outpatient appointment booked in September.

**SCHFT: 18 weeks measures** - The Trust met the Admitted and Incomplete pledges for both Sheffield patients and at a Trust-wide level (all patients) in August. The Trust has again not met the Non-admitted pledge for either Sheffield patients or at a Trust-wide level because of capacity issues in Neurodisability. Discussions with NHS England (who commission this specialty) are on-going regarding potential solutions.

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

**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:** The Trust met the pledge for Sheffield patients in August, with 99.22% seen within 6 weeks and provisional data also shows it being met at Trust-wide level (all patients) with 99.29%. The number of Sheffield patients waiting over 6 weeks (for all specialties) has seen another decrease, from 65 to 50. This pledge has been achieved by the Trust in 6 of the last 8 months. The specialty with the highest number of patients waiting over 6 weeks was Urodynamics, with 25 (compared to 24 the previous month) and the CCG is working with STHFT to understand the issues.

**SCHFT:** The Trust met the Diagnostic waits pledge for Sheffield patients in August, with 99.03% seen within 6 weeks. Unfortunately, provisional data suggests that the Trust has again failed to meet the pledge at a Trust-wide level (all patients) with 98.74% (8 patient waiting over 6 weeks), although the number of patients on the waiting list has significantly reduced from previous months. The CCG is in discussions with SCHFT to understand the reasons for the 6+wk waiters and whether achievement of the pledge is expected to be maintained going forwards.

**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.

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, August'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 supporting measure remains at July'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.

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## 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. 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 worsened in June, July and August.

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 have formerly been asked for a remedial action plan and a revised trajectory for remaining performance in 2015/16.

**Ambulance Handover and Crew Clear delays:** The number of ambulance handover delays increased in August for both those over 30 minutes and those over 1 hour and so remain above expected levels. The number of crew clear delays decreased slightly for those over 30 minutes but increased 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 have consulted with their staff on a revised workforce model which will give greater flexibility and resilience to the organisation and are in the process of seeking additional ambulance and paramedic support to boost available resources.

A provider-to-provider (YAS and STHFT) discussion will be initiated in the next System Resilience Group meeting on 30th September.

**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.

### 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.

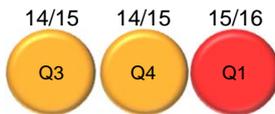
### Issues & Actions:

**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.

August data is not yet available.

## 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 17 cases reported in August (5 fewer than reported the previous month) for Sheffield CCG:
- 2 were STHFT (of a total 3 STHFT-reported cases) - 1 occurred on a ward with no other recent cases, 1 on a ward with other recent cases; The IPC (infection prevention control) audit and ribotyping is on-going
  - 6 were community associated, with a hospital admission in the last 56 days
  - 9 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 no other recent cases.

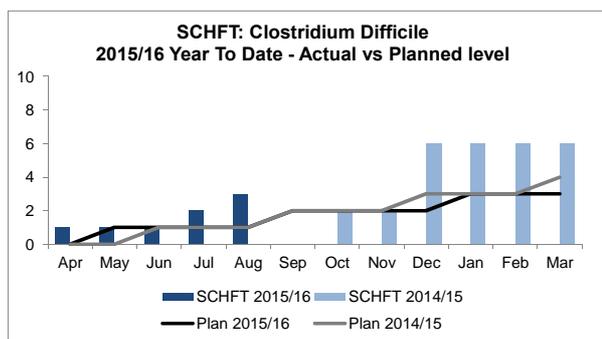
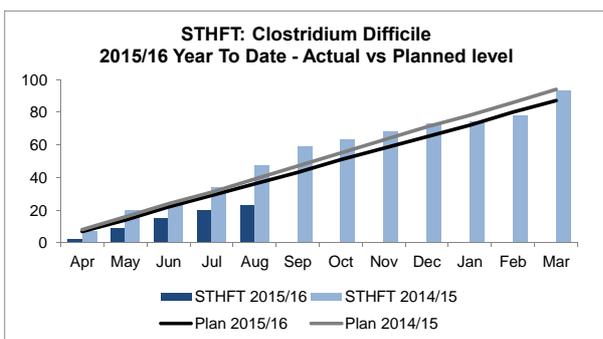
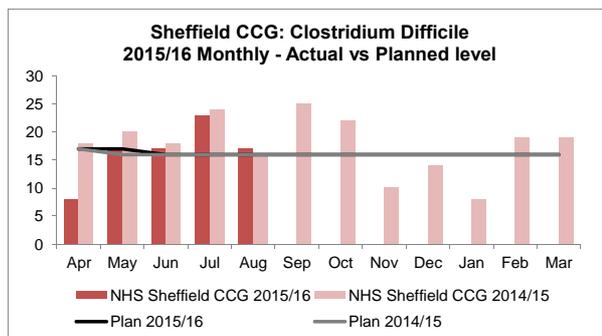
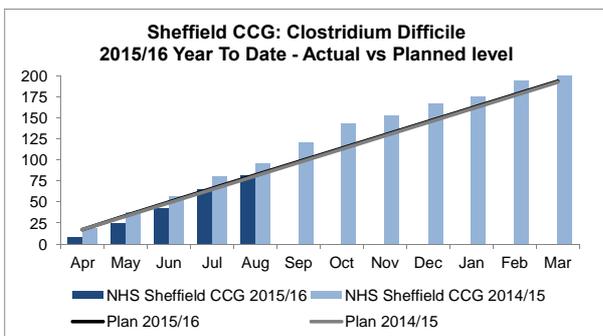
The case reported in August for SCHFT is a non-Sheffield resident and there were no other cases on the ward.

**MRSA:** No cases were reported in August for the CCG.

No cases were reported in August - 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 Aug-15	0	0	0	17	3	1
Number of infections forecast for this month	0	0	0	16	7	0
Number of infections recorded so far in 2015/16	1	0	0	82	23	3
Number of infections forecast for this period	0	0	0	82	36	1



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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

##### Yorkshire Ambulance Service (YAS)

YAS were inspected by the CQC in January 2015. The report has now been published and YAS have been assessed as 'Requiring Improvement'. However, YAS have made significant improvements since the previous CQC visit and are consequently now 'closer to good'.

The CQC always ask five questions of every service and provider. The areas for improvement are in the following 4 assessment fields:

"Is it safe?"

"Is it effective?"

"Is it responsive to people's needs?"

"Is it well-led?"

YAS received a grading of 'Good' for the remaining field:

"Is it caring?"

YAS have been asked to produce an action plan to address the issues raised; this is being managed and monitored by the Yorkshire and Humber YAS 999 contract management board and quality forum.

## 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 were no breaches in August at any of the Sheffield-based Trusts, nor attributed to the CCG from other Trusts, meaning the pledge is currently being met for 2015/16. Please see the NHS Constitution - Rights & Pledges section of this report (page 8) 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 aims to help identify poor performance and encourage staff to make improvements, leading to a more positive experience of care for patients.

July 2015 Summary (with May 2015 and June 2015 for comparison for Sheffield only)	Sheffield (STHFT)						England	
	May 2015		June 2015		July 2015		July 2015	
	Respondents who would recommend	Response rate						
A&E	84.91%	22.13%	85.08%	21.12%	85.28%	19.39%	88.16%	15.25%
Inpatients (IP)	95.41%	25.19%	95.82%	30.70%	96.06%	35.82%	95.85%	27.58%
Maternity touch points 1 - 4	98.28%	N/A	92.96%	N/A	95.21%	N/A	95.61%	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 June and July:

- Touch point 1 (Antenatal care) remains high, increasing notably from 90.00% to 100%
- Touch point 2 (Birth) remains high but decreased notably from 90.70% to 85.00%
- Touch point 3 (Postnatal ward) remains high but decreased notably from 89.66% to 85.71%
- Touch point 4 (Postnatal Community provision) remains high, sustaining 100%

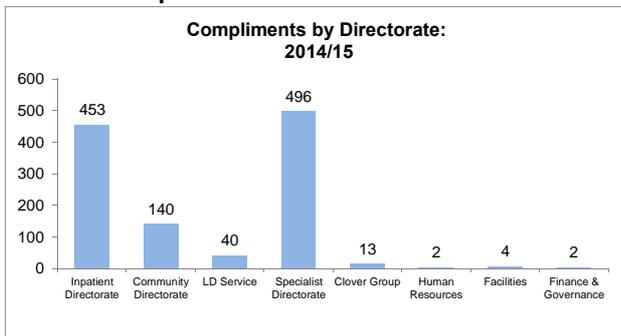
### FFT Supporting Information

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. A 'Surveys Strategy' will also be developed as part of the refresh of the Trust's approach to engagement and feedback. This will include improvements to the FFT, making the survey more inclusive, providing options for patients (such as an online survey, texting a short code or completing a card) and improving the marketing, including new posters and cards, and making reporting easier for staff.

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

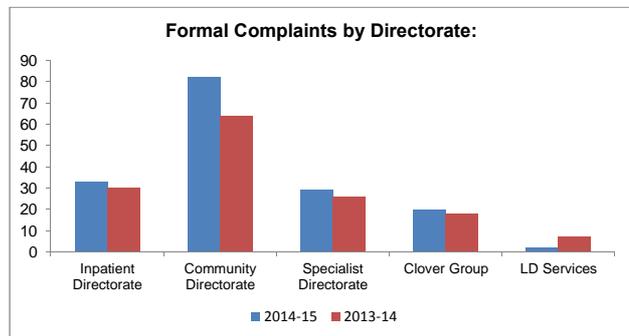
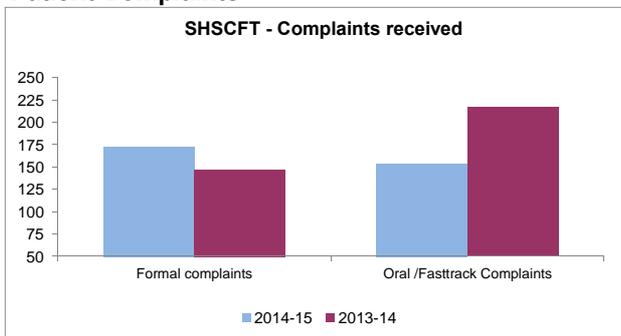
**PLEASE NOTE: Each month we focus on a different provider: the following information relates to Sheffield Health and Social Care NHS Foundation Trust (SHSCFT)**

### Patient Compliments



\*LD = Learning Disability

### Patient Complaints



Sheffield Health and Social Care NHS Foundation Trust receives far more compliments than complaints. During 2014/15, 1,150 compliments were received and 1,193 were received 2013/14. The majority of compliments were about the Specialist and the Inpatient Directorates.

However, the number of formal complaints continues to rise, with 173 received in during 2014/15, an increase of 17% on the number received during 2013/14 (147). In addition, there were 154 oral or fastrack complaints (compared to 217 during the previous year). The increase in formal complaints appears to be primarily about the Community Directorate. The Trust's Quality Assurance Committee is gaining assurance that the Community Directorate is dealing with and learning from these complaints. The majority of complaints across the Trust related to 'clinical treatment and care' followed by 'staff attitude'; this is consistent with previous years and with the subjects of complaints recorded nationally.

SHSCFT record whether each complaint is upheld, partially upheld or not upheld. During 2013/14, 46% of complaints were upheld/partially upheld. This proportion increased to 53% in 2014/15. SHSCFT provide detailed reports to their Quality Assurance Committee which summarise the content of each complaint, the outcome of the investigation and the actions taken as a result.

The Service Users Engagement Group was convened in December 2014 to ensure delivery of the strategy for service user involvement and monitoring which was approved by the Trust Board In January 2014 (<http://shsc.nhs.uk/wp-content/uploads/2014/05/06-Open-BoD-Jan-2014-Service-User-Engagement-Report.pdf>). The plan includes five subgroups working on process and system changes, as follows:

1. Identifying and further embedding service user experience monitoring across all of the Trust's services, via the Service User Experience Monitoring Unit
2. Developing the Trust's approach to collaboration with service users in recruitment
3. Developing the Trust's approach to collaboration with service users in training
4. Further development of the Trust's approach to service user and peer support
5. Embedding recovery principles to support a culture of recovery in appropriate areas

The group reports that all subgroups are making progress in delivering their objectives.

Within the Learning Disability Directorate, work is being undertaken by the Sharing Caring Project at Sheffield Mencap to assist the service to understand the experience of service users and their family carers, determine whether the service meets peoples' needs and expectations and consider the overall quality of care provided. The outcomes of this work will include understanding how well services are engaging with family carers and service users; identifying areas that can be improved, sharing and building on good practice; working with service areas to develop improvement strategies and to develop tools to support them to routinely engage well.

Since 1st January 2015, two stories about SHSCFT have been posted on Patient Opinion and NHS Choices. One was positive (relating to a GP practice run by the Trust) and one was negative (relating to referral criteria for mental health treatment).

## 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	-	Grey	10%
Urgent and emergency care	Avoidable emergency admissions - composite measure of: a) unplanned hospitalisation for chronic ambulatory care sensitive conditions	Amber	Green	20%
	b) unplanned hospitalisation for asthma, diabetes and epilepsy in children	Green	Green	
	c) emergency admissions for acute conditions that should not usually require hospital admission	Green	Green	
	d) emergency admissions for children with lower respiratory tract infection	Green	Green	
	Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays	-	Grey	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	-	Grey	10%
	Reduction in the number of people with severe mental illness who are currently smokers	-	Grey	15%
	Increase in the proportion of adults in contact with secondary mental health services who are in paid employment	-	Grey	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	Green	Green	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	-	Green	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	-	Green	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	-	Green	10%
	Patients on admitted non-emergency pathways should have waited no more than 18 weeks from referral to admission for treatment	-	Red	10%
	Patients on non-admitted non-emergency pathways should have waited no more than 18 weeks from referral to start of treatment	-	Green	10%
	Patients should be admitted, transferred or discharged within 4hrs of their arrival at an A&E department	-	Green	30%
	Max. 2 week (14 day) wait from urgent GP referral to 1st outpatient appointment for suspected cancer	-	Green	20%
	Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes	-	Red	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. However, it should be noted that Antibacterial prescribing increases in winter months (Q2 and Q3). Work is on-going at practice level through the prescribing incentive scheme and by the CCG Medicines Management Team in relation to antibiotic prescribing.

### Measures not currently being met

**Unplanned hospitalisation for chronic ambulatory care sensitive conditions:** Local data continues to show a slowly improving position and this cohort of the Emergency Admissions composite measure is now only very slightly under the required level. The Active Ageing, Cancer, End of Life Care and Long Term Conditions portfolio are participating in the development of a number of citywide programmes which are expected to impact on this measure through the integrated commissioning programme with Sheffield City Council and are making links with the initiatives within the Prime Minister's challenge fund (PMCF).

**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 last month's report. An update for Q2 will be provided in December.

# 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. Also included are any additional measures that the portfolio has chosen to monitor.

Red, amber and green (RAG) ratings represent the latest known position for performance against each relevant measure. **Where possible, the RAG rating is against August 2015 performance as at the 18th September 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

<b>Acute Services Portfolio - Elective Care</b>		<i>NOTE: STHFT &amp; SCHFT figures here (bar Referrals and Cancelled operations) are their Sheffield CCG cohort; it is <u>not</u> the Trust total position</i>		
	CCG	STHFT	SCHFT	
<b>Referral to Treatment - from GP to seen/treated within 18 weeks</b>				
% seen/treated within 18wks - Admitted pathway	88.81%	87.91%	90.43%	
% seen/treated within 18wks - Non-admitted pathway	96.49%	96.46%	94.22%	
% still not seen/treated within 18wks - Incomplete pathway	93.69%	93.56%	93.78%	
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	2	2	0	
<b>Diagnostic Waits - receiving a diagnostic test within 6 weeks</b>				
% receiving a diagnostic test within 6wks	99.18%	99.22%	99.03%	
<b>Elective Care</b>				
Total elective spells: All specialties (YTD) <sup>1</sup>	28774	25282	1426	
Ordinary elective spells: All specialties (YTD) <sup>1</sup>	5710	4610	502	
Daycase elective spells: All specialties (YTD) <sup>1</sup>	23064	20672	924	
Total elective spells: G&A specialties (YTD) <sup>1</sup>	26732	23255	1426	
Ordinary elective spells: G&A specialties (YTD) <sup>1</sup>	4091	3005	502	
Daycase elective spells: G&A specialties (YTD) <sup>1</sup>	22641	20250	924	
First outpatient attendances: All specialties (YTD) <sup>1</sup>	82023	71974	5285	
First outpatient attendances: G&A specialties (YTD) <sup>1</sup>	72418	63057	4972	
First outpatient attendances following GP referral: All specialties (YTD) <sup>1</sup>	36044	32629	1082	
First outpatient attendances following GP referral: G&A specialties (YTD) <sup>1</sup>	31806	28468	1078	
Total referrals for a first outpatient appointment: G&A specialties (YTD) <sup>1</sup>	70334	61563	3712	
GP written referrals for a first outpatient appointment: G&A specialties (YTD) <sup>1</sup>	43865	39186	1393	
Other referrals for a first outpatient appointment: G&A specialties (YTD) <sup>1</sup>	26469	22377	2319	
All subsequent (follow-up) outpatient attendances: All specialties (YTD) <sup>1</sup>	192957	175639	6569	
Cancelled operations offered another date within 28 days (QTR)	*	5	0	
<b>GP services</b>				
Patient overall experience of GP services (Good - rate per 100)	84.34			
Patient overall experience of GP services (Poor - rate per 100)	4.90			
<b>Quality Premium 2015/16: Locally selected measure</b>				
Increase in all GP referred routine first outpatient appointments being booked by electronic means	21.66%			
<b>Locally selected measure</b>				
Total health gains assessed by patients after Community-based Podiatric surgery	87.54%			

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>	95.95%	94.98%	98.79%
LOCAL: % seen/treated within 4 hours of arrival in A&E (YTD) <sup>2</sup>	-	94.93%	98.75%
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>	25116	22740	1006
Non-elective spells: G&A specialties (YTD) <sup>1</sup>	19839	17628	1006
A&E attendances - Type 1 A&E departments (YTD) <sup>3</sup>	59286	40605	18694
A&E attendances - All A&E departments (YTD) <sup>3</sup>	70378	52338	18694
Unplanned hospitalisation for chronic ambulatory care sensitive conditions <sup>4</sup>	972.9	N/A	N/A
Emergency admissions - acute conditions that should not require admission <sup>4</sup>	1435.9	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s <sup>4</sup>	243.8	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) <sup>4</sup>	526.3	N/A	N/A
LOCAL: Unplanned hosp for chronic ambulatory care sensitive conditions <sup>4</sup>	259.91	N/A	N/A
LOCAL: Em admissions - acute conditions that should not require admission <sup>4</sup>	416.61	N/A	N/A
LOCAL: Unplanned hosp for asthma, diabetes and epilepsy in under 19s <sup>4</sup>	50.52	N/A	N/A
LOCAL: Em admissions for children with lower respiratory infections (LRTI) <sup>4</sup>	51.33	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>	75.60%	N/A	N/A	71.47%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) <sup>5</sup>	74.60%	N/A	N/A	71.31%
Category A response in 19 mins (YTD) <sup>5</sup>	98.12%	N/A	N/A	95.60%
Ambulance handover delays - of over 30 minutes <sup>6</sup>	N/A	151	2	1618
Ambulance handover delays - of over 1 hour <sup>6</sup>	N/A	12	0	231
Ambulance crew clear delays - of over 30 minutes <sup>6</sup>	N/A	14	2	475
Ambulance crew clear delays - of over 1 hour <sup>6</sup>	N/A	0	0	39

#### 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)	-130.5
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#### Locally selected measures

Reduction in Emergency Admissions in all specialties (YTD variance from plan)	1024.43
Reduction in % of ambulance callouts resulting in transportation to hospital (YTD)	73.51%

### 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	<b>NOTE:</b> STHFT & SCHFT Cancer waits figures are their Sheffield CCG cohort; it is <u>not</u> the Trust total position
Potential years of life lost (PYLL - rate per 100,000) <sup>7</sup>	2244.0	
Proportion of people feeling supported to manage their condition	67.26%	
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	93.75%	93.69%	100.00%
% seen within 2 weeks - as above, for breast symptoms	96.28%	96.43%	N/A
% treated within 31 days - from diagnosis to first definitive treatment	97.63%	98.14%	83.33%
% treated within 31 days - subsequent treatment (surgery)	95.68%	95.60%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	99.27%	99.25%	N/A
% treated within 62 days - following an urgent GP referral	89.37%	89.74%	N/A
% treated within 62 days - following referral from an NHS screening service	98.11%	98.11%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	86.49%	87.50%	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)	100.00%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	8.02%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	42.13%
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	81.26%
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	99.10%
Estimated diagnosis rate for people with dementia <sup>8</sup>	70.3%

#### Locally selected measure

	CCG
Proportion of people with LD receiving an Annual Health Check (YTD - progress)	[Yellow bar]

### 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*

#### Locally selected measures

	CCG
Reduction in infant mortality (progress)	[Yellow bar]
Reduction in stillbirths and neonatal mortality (progress)	[Green bar]
Child and Adolescent MH Services (CAMHS) - commissioning a service for 16/17yr olds (YTD - progress)	[Green bar]

### Quality Standards

#### Patient Safety

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia infections (YTD)	1	0	0	N/A
Clostridium Difficile (C Diff) infections (YTD)	82	23	3	N/A
Mixed Sex Accommodation (MSA) breaches (YTD)	0	0	0	0
Hospital deaths attributable to problems in care	WIP	WIP	WIP	WIP

#### Patient Experience

	WIP	WIP	WIP
Patient experience of hospital care	WIP	WIP	WIP
Friends and Family test: Inpatient - Response rate <sup>9</sup>		35.82%	
Friends and Family test: Inpatient - % Recommended <sup>9</sup>		96.92%	
Friends and Family test: A&E - Response rate <sup>9</sup>		19.39%	
Friends and Family test: A&E - % Recommended <sup>9</sup>		80.29%	

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

#### FOOTNOTES OVERLEAF

# APPENDIX A: Health Economy Performance Measures Summary

## 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 (Jan-14 to Dec-14 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:

- 2013 position; RAG in Quality Premium section is not available because this will be the 2015 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

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

- PROVISIONAL 2014/15 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

**PLEASE NOTE:** The SHSCFT performance report was not provided in time for inclusion in this report; the narrative/position for the first 3 measures below is therefore as per last month.

#### Crisis Resolution / Home Treatment

As at the end of July, there have been 496 home treatment interventions against the 12-month target of 1,202; this equates to 23.8% more patients benefiting from this service than originally planned by the fourth month of 2015/16.

#### CPA 7 day follow up

July's monthly performance was 100%, with the 2015/16 YTD position also at 100% and therefore remains 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 AUGUST DATA IS PROVISIONAL AND THEREFORE SUBJECT TO AMENDMENT.

**The number of people who received psychological therapy and are moving to recovery:** As noted last month, it is expected that the service will be achieving the nationally required 50% recovery rate by the end of November. The recent dip in the percentage moving to recovery is being explored with the service.

SHSCFT Indicators	Target	July	August	Change
Crisis Resolution / Home Treatment (YTD)	1202	496	Not available	
Psychosis Intervention - new cases (YTD)	75	48	Not available	
Psychosis Intervention - maintain capacity (YTD)	270	237	Not available	
CPA 7 day follow up (YTD)	95%	100.00%	Not available	
% receiving Psychological Therapy (IAPT) (YTD) *	18.04%**	6.69%	8.02%	▲
% IAPT patients moving to recovery (YTD) *	50%	45.18%	42.13%	▼
% waiting 6wks or less, from referral, for IAPT *	75%	83.26%	81.26%	▼
% waiting 18wks or less, from referral, for IAPT *	95%	98.95%	99.10%	▲

\*\* 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 13th September 2015

Across the Yorkshire & Humber region, year to date (YTD) RED 1 and RED 2 combined 8 minute performance has worsened very slightly to 71.38% against the service standard of 75%. RED 1 and RED 2 combined 19 minute performance increased slightly to 95.64% 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 71.44%, 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 increased to 74.80% 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) - 84.19% (80%), GREEN 2 (30 min response) - 76.22% (85%), GREEN 3 (20 min triage) - 87.59% (80%), GREEN 3 (30 min response) - 79.51% (80%). GREEN 4 (60 min triage) - 99.29% (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	July	August	Monthly Change
Category A (RED 1) responses within 8mins (YTD)	75%	72.20%	71.47%	▼
Category A (RED 2) responses within 8mins (YTD)	75%	71.65%	71.31%	▼
Category A (RED combined) responses within 19mins (YTD)	95%	95.75%	95.60%	▼
Ambulance Handovers - delays over 30mins as a % of total arrivals with a handover time	Minimise -	1305 4.06%	1643 4.66%	▲
Ambulance Handovers - delays over 1hr as a % of total arrivals with a handover time	Minimise -	128 0.40%	231 0.66%	▲
Crew Clear - delays over 30mins as a % of total arrivals with a handover time	Minimise -	491 1.53%	475 1.44%	▼
Crew Clear - delays over 1hr as a % of total arrivals with a handover time	Minimise -	35 0.11%	39 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	June	July	Monthly Change
Re-contact after discharge (Phone)		1.5%	1.5%	◀▶
Re-contact after discharge (Treatment at scene)		3.5%	3.0%	▼
Re-contact after discharge (Frequent Caller)		1.1%	0.9%	▼
Time to answer call (Median)	5 seconds	1	1	◀▶
Time to answer call (95th Percentile)		19	19	◀▶
Time to answer call (99th Percentile)		65	55	▼
Time to treatment (Median)		6.4	5.9	▼
Time to treatment (95th Percentile)		16.7	15.1	▼
Time to treatment (99th Percentile)		26	22.5	▼
Call closed with advice (Phone advice)		8.8%	8.1%	▼
Call closed with advice (Transport)		31.6%	32.5%	▲
<b>Clinical Indicators</b>		<b>March</b>	<b>April</b>	
Outcome from Cardiac Arrest (CA) All		20.3%	28.4%	▲
Outcome from CA Utstein Group (UG)		56.7%	69.2%	▲
Outcome from acute STEMI Angioplasty		80.0%	79.8%	▼
STEMI Care Bundle		75.8%	86.0%	▲
Outcome from Stroke 60 min to Stroke Unit		57.3%	57.0%	▼
Stroke - Appropriate Care Bundle		97.9%	98.2%	▲
Outcome from CA - Survival to Discharge All		11.1%	8.2%	▼
Outcome from CA - Survival to Discharge UG		46.7%	45.5%	▼
Service Experience		N/A	N/A	

# APPENDIX B: NHS 111 Performance Measures

## NHS 111 Activity

Performance against National Target at Month 5, August 2015 \*  
Compared, where possible, to National data

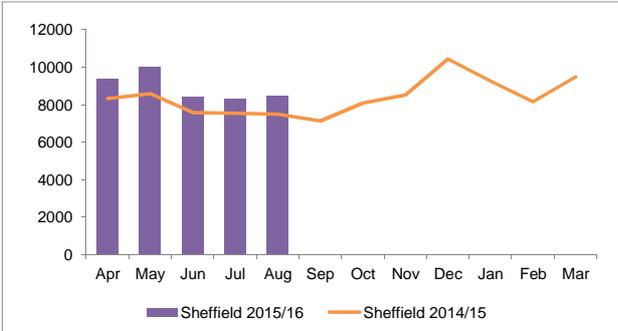


**NHS**  
Yorkshire and Humber  
Commissioning Support

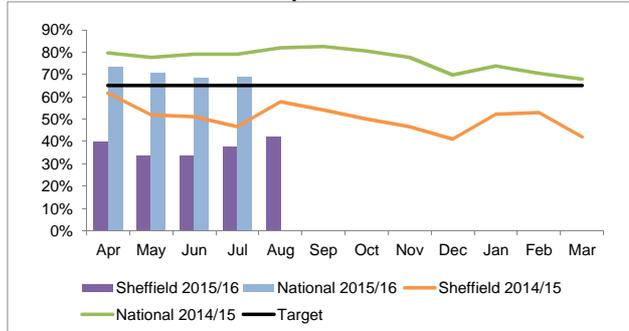
**PLEASE NOTE:** Due to data availability, National data will usually be 1 month behind Local data

### Sheffield Activity

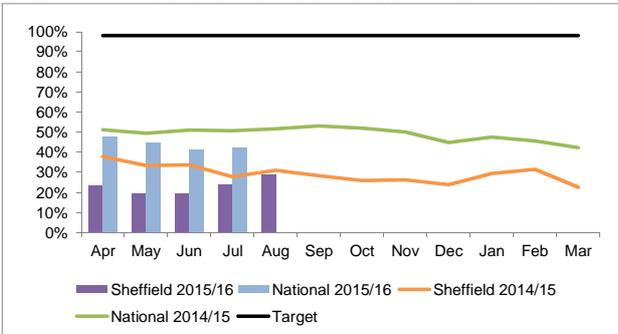
**Chart 1: Calls received**



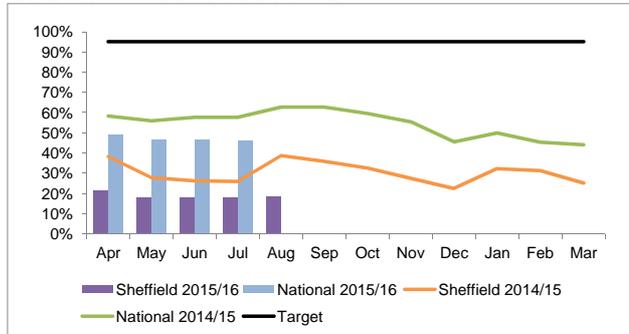
**Chart 2: Clinical Calls completed within 10 minutes**



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



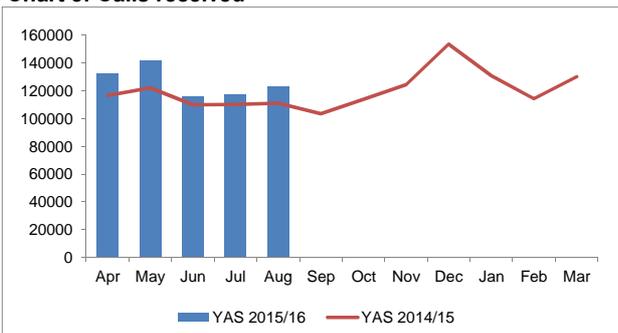
**Chart 4: % of warm transfers\* ≥ 95%**



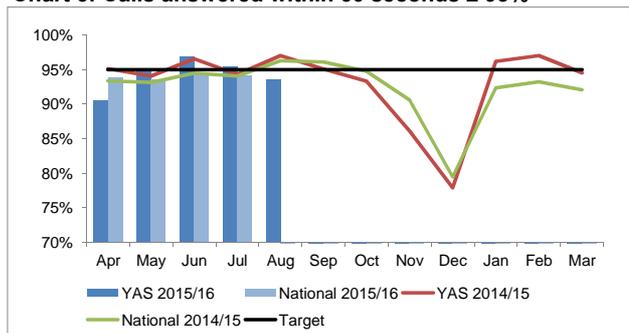
\* A warm transfer is where the call handler transfers the call to a clinical advisor within the same telephone call

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

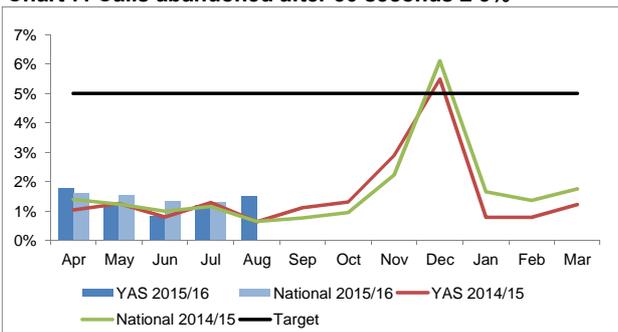
**Chart 5: Calls received**



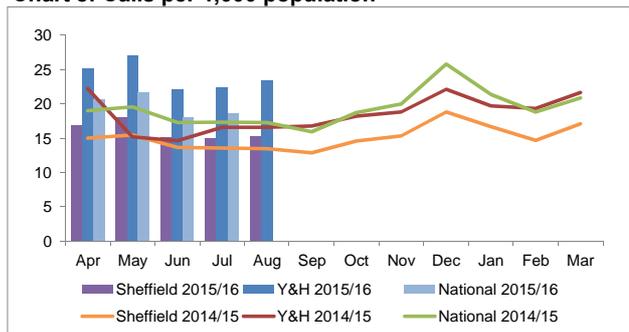
**Chart 6: Calls answered within 60 seconds ≥ 95%**



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



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

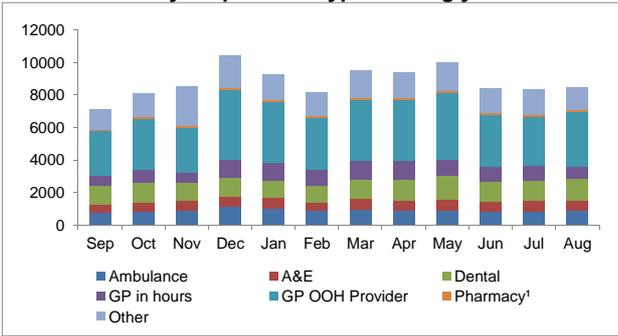


**Data sources:** YAS / Sheffield data - YAS minimum data set (MDS)  
National data - NHS England minimum data set (MDS)

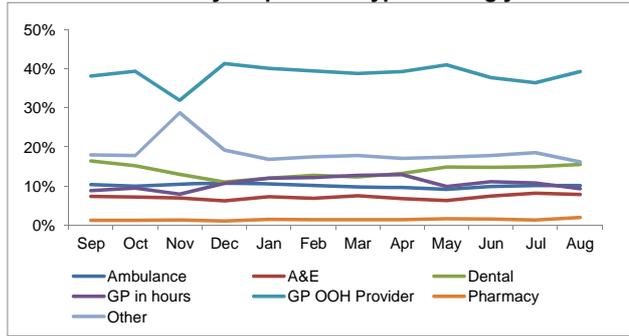
## APPENDIX B: NHS 111 Performance Measures

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

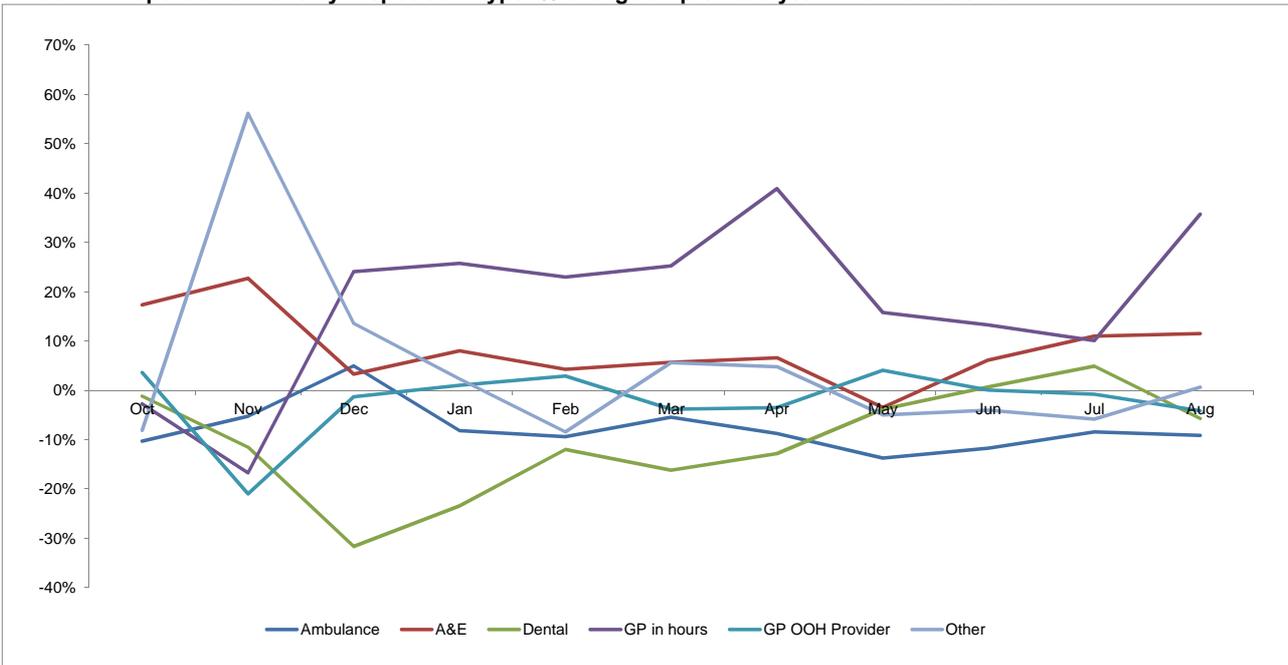
**Chart 9: Calls by Disposition Type: Rolling year**



**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.

# APPENDIX C: Contract Activity



## Sheffield Teaching Hospitals NHS Foundation Trust

## Sheffield Clinical Commissioning Group

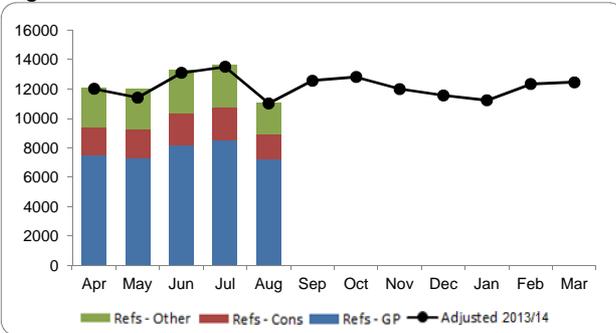
Performance against Sheffield CCG Activity Target at Month 5, Apr 2015 - Aug 2015

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

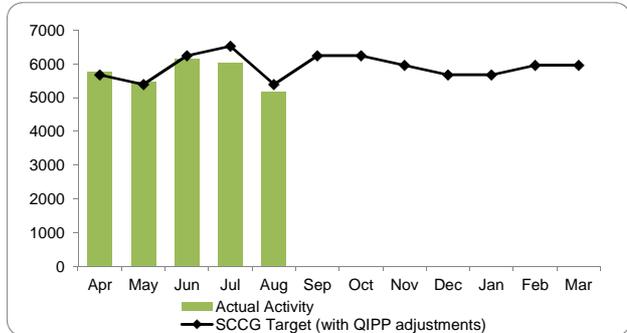
Outpatient First Attendances: 3.1% below plan  
 Outpatient Follow-ups: 4.1% below plan  
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 2.1% below plan  
 Inpatient Non-elective Spells: 4.7% above plan  
 A&E Attendances: 0.2% below plan

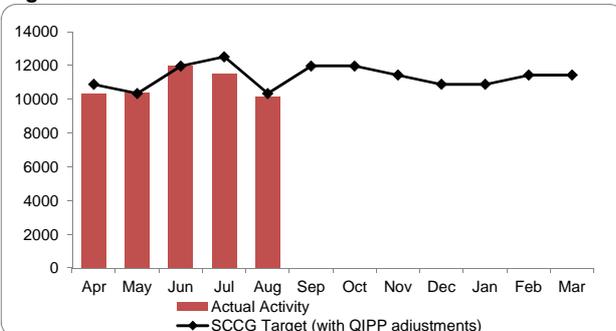
**Figure 1: Referrals<sup>1</sup>**



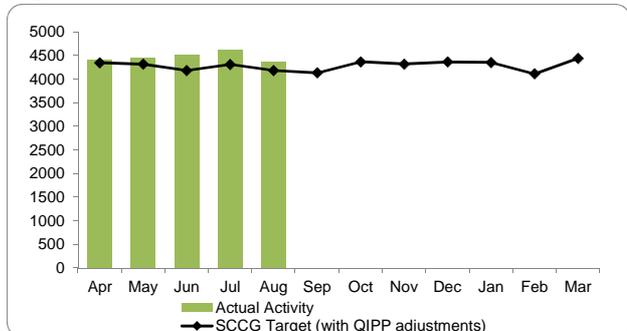
**Figure 4: Electives**



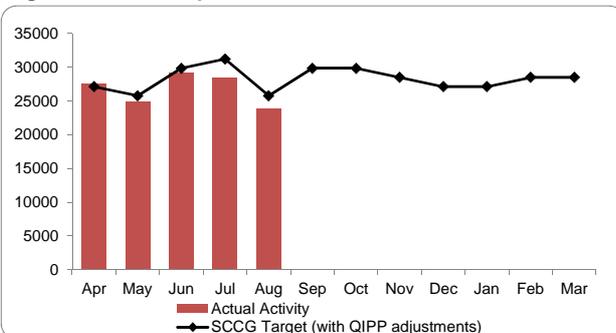
**Figure 2: Firsts<sup>2</sup>**



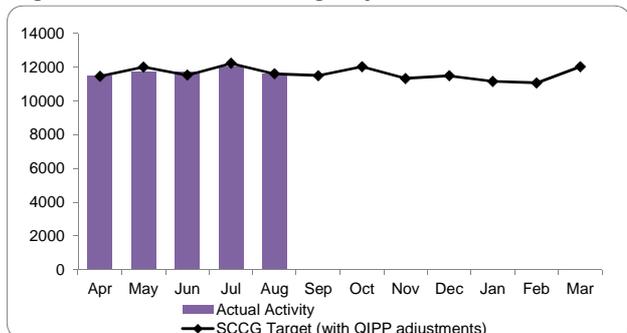
**Figure 5: Non-Electives**



**Figure 3: Follow-ups**



**Figure 6: Accident and Emergency**



**Table 1. Outpatient Activity**

Activity	2015/16	Target	Var	% Var
Firsts	54,324	56,074	-1,750	-3.1%
Follow-ups	133,925	139,714	-5,789	-4.1%
Follow-ups:First Ratio	2.47	2.49	-0.03	-1.1%

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

Activity	2015/16	Target	Var	% Var
Electives	28,607	29,229	-622	-2.1%
Non Electives	22,321	21,328	993	4.7%
Excess Bed Day Costs (£000s)	£ 3,232	£ 2,955	£ 277	9.4%
A&E	58,704	58,834	-130	-0.2%

Source: STHT Contract Monitoring

**Notes:**

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

<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 2371 (21%).

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

Produced by NHS Sheffield CCG Contract Team, September 2015

## APPENDIX C: Contract Activity



### Sheffield Children's NHS Foundation Trust

### Sheffield Clinical Commissioning Group

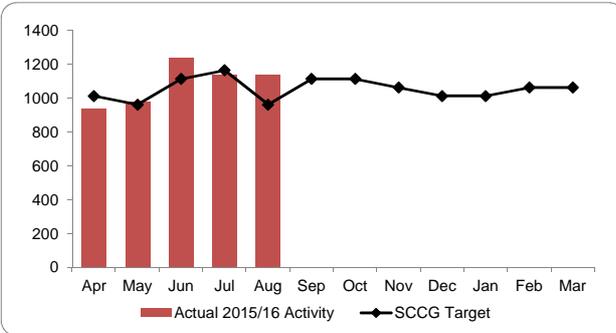
Performance against Sheffield CCG Activity Target at Month 5, Apr 2015 - August 2015

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

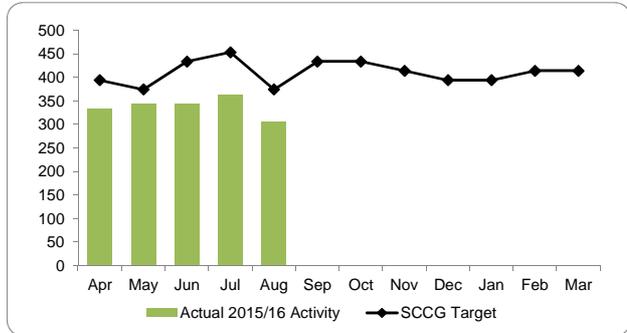
Outpatient First Attendances: 4.3% above plan  
 Outpatient Follow-ups: 1.9% above plan  
 Outpatient Procedures: 76.7% above plan

Inpatient Elective Spells: 16.8% below plan  
 Inpatient Non-elective Spells: 5.6% above plan  
 A&E Attendances: 1.5% above plan

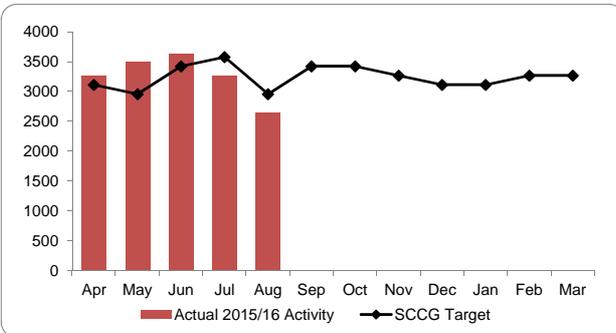
**Figure 1: Firsts**



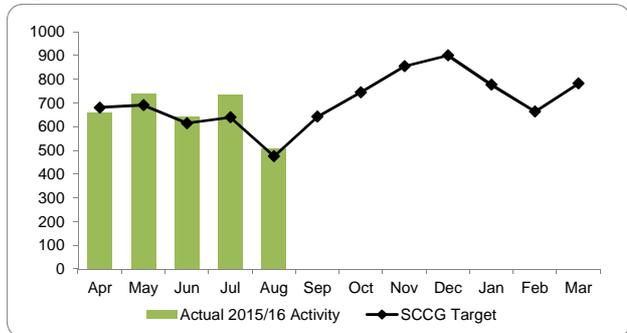
**Figure 4: Electives**



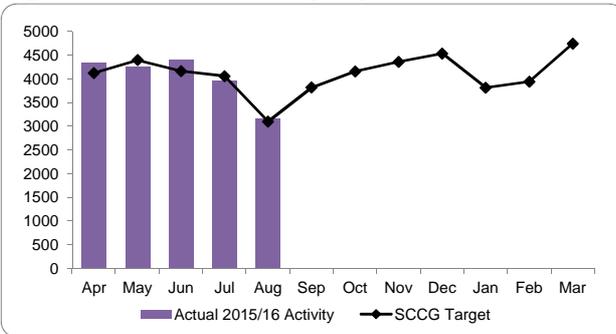
**Figure 2: Follow-ups**



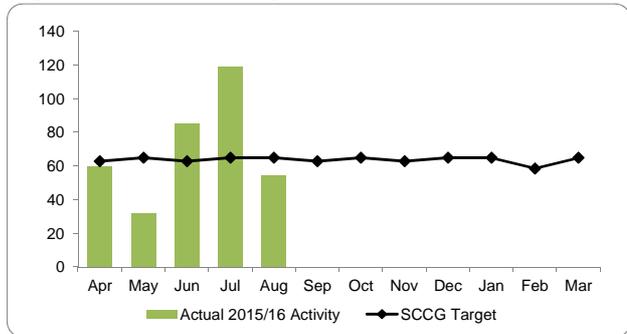
**Figure 5: Non-Electives**



**Figure 3: Accident and Emergency**



**Figure 6: Excess Bed Days**



**Table 1. Outpatient Activity**

Activity	2015/16	Target	Var	% Var
Firsts	5,431	5,208	223	4.3%
Follow-ups	16,320	16,022	298	1.9%
OP Payable Procedures	5	3	2	76.7%
Follow-ups:First Ratio	3.00	3.08	-0.07	-2.3%

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

Activity	2015/16	Target	Var	% Var
Electives	1,689	2,029	-340	-16.8%
Non Electives	3,276	3,101	175	5.6%
Excess Bed Day Costs (£000s)	£ 115	£ 93	£ 22	23.8%
A&E	20,129	19,840	289	1.5%

Source: SCHFT Contract Monitoring (SLAM)

**Notes:**  
 Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, September 2015

### Public Health Quarterly Report to Sheffield CCG Board

#### August 2015

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

#### Homeless 'Call for Evidence'

We are halfway through our Call for Evidence which has been taken forward by a partnership between the CCG, SCC (Sheffield City Council) and Health Watch. As Sheffield is currently refreshing its Homeless Strategy, undertaking a Homeless Health Needs Audit and consulting with service users and providers in preparation for the re-commissioning of homeless and young people's support and accommodation services, it is anticipated that this 'call for evidence' will provide additional insight into how other areas of the Country are addressing the needs of the client group. Chaired by the relevant Cabinet Member, the panel are considering evidence from experts on three key questions:

1. What kind of support is most effective in terms of preventing homelessness?
2. What works best for entrenched homeless people with complex and multiple needs who fail to engage with services and who live chaotic life styles? (*we are interested in a separate response about the needs of women*)
3. What models of accommodation with support work best for homeless young people (16 and 17 year olds in particular) to enable them to become successful adults and avoid becoming trapped in a lifecycle of homelessness?

We are pleased to report that over 19 national and local organisations have offered to present their expert advice. A report will be available to participants in due course and will also be of potential use for CCG commissioners as issues of mental and physical health, access to primary and secondary care and discharge arrangements are covered. For more information contact [vince.roberts@sheffield.gov.uk](mailto:vince.roberts@sheffield.gov.uk)

#### Healthy Weight Management

'Why Weight Sheffield' became the new service for healthy weight management for Sheffield on the 1<sup>st</sup> April 2015. They offer a range of programmes including:

- School Time Obesity Prevention (STOP) - working with schools to raise awareness of how children, young people and parents/carers can positively impact their lives through healthy eating and physical activity, over time reducing prevalence of overweight and obesity
- Alive n Kicking programme for children and young people aged 5-17 who are overweight and need support to reach and maintain a healthy weight (self-referral or can be referred by a professional)
- A range of programmes for adults within a tier 2 programme including Fit Fans, Your Shape, Shape Up 4 Business and Healthy Me Healthy Baby (self-referral or can be referred by a professional)
- A tier 3 programme, Fresh Start, for anyone who is obese or considering bariatric surgery (referral required)
- A range of training for any front line worker in Sheffield who would like increased knowledge and confidence to raise the issue of obesity and to offer advice and signposting

Why Weight Sheffield: 0114 321 1253 [www.whyweightsheffield.co.uk](http://www.whyweightsheffield.co.uk) [info@whyweightsheffield.co.uk](mailto:info@whyweightsheffield.co.uk)

#### Infant mortality and overweight/obesity

As part of the Healthy Weight Management Tier 2 offer a programme called 'Healthy Me Healthy Baby' which will begin in September 2015. The service will run within three Children's Centres offering a six week programme of healthy eating and physical activity. Additional swimming sessions for pregnant women will run across the City from September.

Why Weight Sheffield: 0114 321 1253 [www.whyweightsheffield.co.uk](http://www.whyweightsheffield.co.uk) [info@whyweightsheffield.co.uk](mailto:info@whyweightsheffield.co.uk)

#### Infant mortality and smoking

In January 2015 a new Smokefree Mums Relapse Prevention Service was launched in order to reduce relapse amongst new mothers. The free 12 week service is aimed at helping women who have quit smoking before or during pregnancy to remain Smokefree after their baby is born and offers a combination of Home Visits and Group Support. The groups are delivered from accessible Children's Centres across the City and transport can be provided free of charge for both the mother and baby. In addition, a new smoking in pregnancy campaign has been commissioned to help raise awareness of the dangers of smoking during pregnancy and to encourage pregnant smokers and their partners to quit. The campaign '#Mind the Bump', A Smokefree Start in Life, is aimed at tackling the harmful effects of tobacco.

#### Children and smoking

A Smokefree Playgrounds consultation was launched on the 18<sup>th</sup> July 2015. The consultation will run for 6 weeks and closes on the 4<sup>th</sup> September 2015. It is being delivered in partnership with Activity Sheffield, the Sheffield Smokefree Spaces Service, Friends of Parks Groups and Sheffield City Council Parks and Countryside team. The contact for more information is [sarah.hepworth@sheffield.qcsx.gov.uk](mailto:sarah.hepworth@sheffield.qcsx.gov.uk) and the web link for the consultation is: <http://bit.ly/1INIMsT>

*continued overleaf*

### Public Health Quarterly Report to Sheffield CCG Board - continued

#### Food

Fast Food - Trading Standards in partnership with Public Health have undertaken some exploratory work with a range of fast food outlets in four deprived neighbourhoods. In the next 6 months the team will pilot a healthier catering commitment with a number of outlets which it is hoped will improve the nutritional content of the food on sale by reducing the fat, salt and sugar content of commonly purchased products. In addition, a range of new Eat Well materials have been developed to support healthy eating messages particularly around portion size and the Eat Well plate. These can be accessed and downloaded from [www.sheffield.gov.uk/caresupport/health/lifestyle/eat-well.html](http://www.sheffield.gov.uk/caresupport/health/lifestyle/eat-well.html)

#### Cancer prevention

The Sheffield Cancer Health Needs Assessment (HNA) is now completed and is expected to be agreed by the Sheffield Cancer Advisory Group in September. A key finding from the HNA is the breadth of inequalities experienced across the cancer pathway. The HNA underpins the CCG-led Cancer Work Programme which aims to improve cancer outcomes for the City. The HNA findings are now being explored in the context of the Council's and Integrated Health and Social Care Commissioning. In addition, communications work was co-ordinated across the CCG and SCC to enhance the national Be Clear on Cancer (BCOC) campaign for Breast Cancer in women aged over 70. This builds on some of the networks developed as part of the Know the Warning Signs campaign in March and will be developed further for future BCOC campaigns.

#### Health inequalities: improving access to services

A position paper outlining an action plan for reducing inequalities in access to services has been approved by NHS Sheffield CCG CET (Commissioning Executive Team) and the SCC Health and Wellbeing Strategic Outcomes Board. Work is progressing to develop guidelines and an evidence-based toolkit/checklist approach to support commissioners and providers to reduce inequalities in access to services. The CCG will be invited to consider opportunities to 'trial' this resource later in the year.

#### Roma Slovak health

Public Health is working with Darnall Well Being to develop their Roma Health Project. This project has been developed in partnership with the Clover Group Practice and is funded through the Prime Minister's Challenge Bid award. The key aims are to:

- Embed a targeted, holistic community development approach to improving health & wellbeing outcomes for Slovak Roma patients
- Work with individuals and families to build health literacy
- Develop a dedicated core team to work in primary care and community settings, including a Slovak Roma Outreach Worker, Health Trainers and Coordinator
- Engage patients via existing clinics, community health campaigns and 1 to 1 support
- Increase knowledge, resilience and confidence of both individuals and families

The project will work closely with GPs to develop an holistic approach to improving relationships, engagement and communication with Slovak Roma in the North & East of the City. It will build on successful pilots to further develop provision which responds to patient and service needs (including for example, common childhood illnesses, appropriate use of services, family health, self-care, safeguarding and women & sexual health). The project will work with the practices with the highest Slovak Roma registrations i.e. Page Hall Medical Centre, Upwell Street Surgery, Firth Park Surgery, Pitsmoor Surgery, Tinsley Highgate and Darnall Primary Care (total 5,045) in collaboration with local voluntary sector providers and stakeholders.

#### Health trainers

We have secured funding to trial a Health Trainer post in Stocksbridge to address the health needs of men who have relocated to the area as part of a recovery programme and who are experiencing social isolation and low-level mental health issues. We will be working in collaboration with GPs, pharmacies, the library and VCF (Voluntary, Community and Faith sector) organisations to identify and engage with the relevant client group.

#### Practice champions

We secured joint funding from the CCG and the Council to continue the Practice Champions programme after Lottery funding expired earlier this year. The project is viewed as successful by the GPs involved, who have successfully recruited over 150 volunteers across the four practices (Clover Group Darnall, Heeley Green Medical Centre, Page Hall Medical Centre and Shiregreen Medical Centre). We intend to extend the initiative to neighbouring practices in coming months and have already engaged with two additional practices to this end.

*continued overleaf*

### Public Health Quarterly Report to Sheffield CCG Board - continued

#### Tuberculosis

The new Sheffield TB network has been auditing Sheffield's position against the recently published Public Health England collaborative Tuberculosis Strategy for England. One of the strands of the strategy relates to Latent Tuberculosis Infection (LTBI) screening for people who have newly arrived from countries with a high incidence (greater than 150 per 100,000) of TB. The group submitted a business case for LTBI screening to NHS England and we are hopeful that this will result in additional funds to support implementation in Sheffield. We have had an unusually high number of incidents in the last 18 months of active TB where screening of wider contacts has been required. This has incurred a cost to the CCG. A paper is currently being prepared for CET to outline the current issues in relation to TB and what further work is recommended.

#### Rollout of new vaccination programmes

A number of new vaccination programmes are being rolled out in both GP practices and schools settings. The table outlines new/changed vaccination programmes:

Vaccination	Replacing	Schedule	Setting
Meningococcal B	New programme	4 months, and 12/13 months	Primary care
Meningococcal ACWY	Men C	Age 14 years	School
Seasonal flu	Change of programme from pilot in 2014/15	School years 1 and 2 – age 5 rising 6 and 6 rising 7 years	School

A number of catch up programmes are also being put in place including Meningococcal B, Meningococcal ACWY for young people who are in school year 11 (aged 17/18) and Shingles vaccination for catch up groups aged over 70. The Sheffield Vaccination, Immunisation and Screening group is the local multi-agency group which oversees improving uptake. The CCG and SCC are represented on this group (Sue Berry and Ruth Granger respectively).

#### Liver disease

We are working with the CCG's clinical directors to hold a liver disease workshop on the 25<sup>th</sup> September 2015 (with support from PHE - Public Health England). This workshop will describe the picture of liver disease in Sheffield, discuss current work in the City, assess what's working well and suggest where things could be better. The output from this workshop will inform portfolio commissioning intentions for 2016/17. For more information about the workshop contact [susan.hird@nhs.net](mailto:susan.hird@nhs.net)

#### End of life care

We have completed an End of Life Care health equity audit (HEA) which looked at inequities in access to end of life care services in the City. The key findings, summarised below, have been shared with the End of Life Care group:

- Referrals to hospice in Sheffield appear to be proportionate for people from BME (Black and Minority Ethnic) groups compared to the percentage of people in Sheffield over 65 from BME groups
- However demand for EoLC services for this population will increase dramatically over the next 20 years as the percentage of people over 65 from BME groups rises to over 12%
- We must prepare for this by making sure that EoLC services are culturally appropriate and accessible to people from other backgrounds than white British
- More people are going to die in nursing homes in the future. Nursing home staff must be trained in how to deal with complex issues and how to give high quality end of life care for people with physical and psychological illness.