Quality and Outcomes Report: Month 4 2015/2016

Governing Body meeting

3 September 2015

Author(s) | Susanna Ettridge, Senior Associate: Performance and Service Improvement / Data Stewardship, Yorkshire and Humber Commissioning Support
Julie Glossop, Senior Commissioning and Performance Manager, Sheffield CCG

Sponsor | Rachel Gillott, Deputy Chief Operating Officer, Sheffield CCG
Kevin Clifford, Chief Nurse, Sheffield CCG

Is your report for Approval / Consideration / Noting

Consideration

Are there any Resource Implications (including Financial, Staffing etc)?


Audit Requirement

CCG Objectives

Which of the CCG’s objectives does this paper support?
1. To improve patient experience and access to care
2. To improve the quality and equality of healthcare in Sheffield

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached? No
If not, why not? None necessary

PPE Activity

How does your paper support involving patients, carers and the public?
It does not directly support this but as a public facing document is part of keeping the public informed.

Recommendations

The Governing Body is asked to discuss and note:
• Sheffield performance on delivery of the key NHS Outcomes
• Sheffield performance on delivery of the NHS Constitution Rights and Pledges
• Key issues relating to Quality, Safety and Patient Experience
• Assessment against measures relating to the Quality Premium
Quality & Outcomes Report

2015/16: Month 4 position

For the September 2015 meeting of the Governing Body
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<td>A10</td>
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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 52+wk waits, Diagnostic 6+wk waits, Ambulance response times (RED 1 and RED 2) within 8mins, Ambulance handover delays (30min+ and 1hr+), Ambulance crew clear delays (30min+), Cancer waits (62days for treatment following a consultant's decision to upgrade priority of patient: JUNE YTD POSITION)
- 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, 13 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 July. The year to date position for Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) was also above the 95% standard as at the end of July.

Patients referred for suspected Cancer: Following the issues noted in last month's report, the pledge for a 31 day wait for second/subsequent treatment (where treatment is surgery) is 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 in such shared pathways and will be taking an active role in driving this forward.

Waiting times & access to Diagnostic tests:

18 week pledge:
- STHFT - The Trust achieved all three 18 weeks standards (Admitted, Non-admitted and Incomplete - patients not yet seen) in July. They also met all three for Sheffield patients.
- SCHFT - The Trust achieved all three standards for Sheffield patients in July but overall (for all patients) did not achieve the Non-admitted standard and the Trust is working to manage achievement of this.

Diagnostic waits:
- STHFT - The Trust achieved the standard (patients seen within 6 weeks) for both Sheffield patients and overall in July.
- SCHFT - The Trust achieved the standard for both Sheffield patients and overall in July.

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.

Commissioners continue to work with Yorkshire Ambulance Service (YAS) to improve performance and, with 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.
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 July), 64 cases attributable to the CCG have been reported, compared to the 66 forecast for this point in the year. STHFT have reported 20, compared to a forecast of 29. SCHFT have reported 2 cases, which is just over the 1 forecast for this point in 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 percentage of respondents who would recommend A&E and Inpatient services has increased slightly between May and June but those for those recommending Maternity services has decreased notably.
- Response rates for Inpatient increased notably between May and June but decreased 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.

An update on progress during Quarter 1 of 2015/16 is included in the Best Possible Health Outcomes section (pages 18 - 19).

CCG Assurance - NHS England Assessment

**2014/15 CCG Assurance Framework**

The assurance meeting in respect of Quarter 4 of 2014/15 took place in early July. We have been advised that the outcome of this assessment is expected to be published in October.

**2015/16 CCG Assurance Framework**

The operational guidance for Assurance of CCGs during 2015/16 has now been published. The full operating manual is available on the NHS England website at:


An overview of operational guidance for Governing Body can be found in APPENDIX D: 2015/16 CCG Assurance Framework - Overview.

continued overleaf
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 17). It is expected that, by the October Quality and Outcomes report, sufficient data will be available for an overview of progress to be included in this summary section.
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 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.

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

<table>
<thead>
<tr>
<th>Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

Issues & Actions:

**STHFT: 18 weeks measures** - The Trust met all three pledges for Sheffield patients and at a Trust-wide level (i.e. for all patients - Sheffield or non-Sheffield) in July. This is the first time in fourteen months that the Admitted standard has been achieved for Sheffield patients. The CCG has on-going concerns with regard to performance in Cardiology, Orthopaedics and Urology.

52 weeks supporting measure - STHFT recorded 1 wait (on an Incomplete pathway) for Sheffield patients in July; the CCG are looking into this with the Trust.

**SCHFT: 18 weeks measures** - The Trust met all three pledges for Sheffield patients and has achieved the Admitted and Incomplete standards for the 'Other' specialty at a Trust-wide level (all patients). The Trust did not meet the Non-admitted standard because of capacity issues in Neurodisability and is in discussions with NHS England (who commission this specialty) regarding potential solutions.

52 weeks supporting measure - There were no Sheffield patients waiting over 52 weeks SCHFT in July.

**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
- 95% of non-admitted patients start treatment within 18 weeks from referral
- 92% of all patients wait less than 18 weeks for treatment to start
- No patients wait more than 52 weeks

produced by: Updated on: NHS Yorkshire and Humber Commissioning Support Page 4 24/08/15
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:

Although the CCG did not meet the Diagnostic waits pledge in July, with 98.87% seen within 6 weeks, the position has improved slightly on the previous month (98.71%). Both Sheffield local Acute Trusts are meeting the standard, but there have been some patients waiting over 6 weeks at other providers and these are being looked into.

**STHFT**: The Trust met the pledge for Sheffield patients in July, with 99.03% seen within 6 weeks and provisional data also shows it being met at Trust-wide level (all patients) with 99.05%. The number of Sheffield patients waiting over 6 weeks (for all specialties) has reduced from 94 to 65. This pledge has been achieved in 5 of the last 7 months and so the CCG will continue to monitor progress.

**SCHFT**: The Trust met the Diagnostic waits pledge for Sheffield patients in July, with 99.36% seen within 6 weeks. For the first time in 13 months, provisional data indicates that they also met the pledge at a Trust-wide level (all patients) with 99.55%.

**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, July’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 June’s position, as this cannot be calculated from the local data.

continued overleaf
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.

Issues & Actions:

62 day wait following consultant upgrade: This waiting times pledge does not have an operational standard so, for indicative purposes, is rated against a threshold set by NHS England North of England.

The percentage of Sheffield patients for whom the pledge was met in June was 82.46%. The total number of Sheffield patients on this pathway was 22, of which 5 patients exceeded the 62 day timeframe. A root cause analysis of pathways is being implemented at STHFT to identify the underlying reasons for identified delays, in order that they can be understood and addressed.

From GP Referral to First Outpatient Appointment (YTD)

<table>
<thead>
<tr>
<th>Month</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>93% of patients have a max. 2 week (14 day) wait from referral with suspicion of cancer</td>
<td></td>
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</tbody>
</table>

From Diagnosis to Treatment (YTD)

<table>
<thead>
<tr>
<th>Month</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>96% of patients have a max. 1 month (31 day) wait from diagnosis to first definitive treatment for all cancers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>98% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen</td>
<td></td>
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<tr>
<td>94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

From Referral to First Treatment (YTD)

<table>
<thead>
<tr>
<th>Month</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>85% of patients have a max. 2 month (62 day) wait from urgent GP referral</td>
<td></td>
<td></td>
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<tr>
<td>85% of patients have a max. 2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>90% of patients have a max. 2 month (62 day) wait from referral from an NHS screening service</td>
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</tbody>
</table>

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. In addition, although April and May saw levels of response above those at the end of 2014/15, both RED 1 and RED 2 - and therefore also year-to-date - performance worsened in June and July.

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.

Ambulance Handover and Crew Clear delays: The number of ambulance handover delays decreased significantly in July for both those over 30 minutes and those over 1 hour but remain above expected levels. The number of crew clear delays increased for both those over 30 minutes and those over 1 hour and so 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 currently consulting 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.

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)

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

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

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

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 1 hour from clinical handover of patients to A&E to vehicle being ready for next call (subset of measure to left)

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.

continued overleaf
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: 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

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 STFT and SCHFT, this commitment is 87 and 3 respectively.

Of the 22 cases reported in July (5 more than reported the previous month) for Sheffield CCG:
- 4 were STFT (of a total 5 STFT-reported cases) - 2 occurred on separate wards with no other recent cases, 2 on separate wards with other recent cases; The IPC (infection prevention control) audit and ribotyping is on-going
- 8 were community associated, with a hospital admission in the last 56 days
- 10 were community associated, with no recent hospital contact/admission

RCAs (root cause analyses) are on-going and so the cause of this increase in cases is yet to be determined.

The case reported in July for SCHFT (on the Burns Unit) is a non-Sheffield resident. The RCA has been received and it has been agreed that this was an unavoidable case, with no other linked cases on the ward.

MRSA: No cases were reported in July for the CCG.

No cases were reported in July - and therefore in 2015/16 to date - for STFT 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.

<table>
<thead>
<tr>
<th>MRSA Bacteraemia</th>
<th>Clostridium Difficile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CCG</td>
</tr>
<tr>
<td>Number of infections recorded during Jul-15</td>
<td>0</td>
</tr>
<tr>
<td>Number of infections forecast for this month</td>
<td>0</td>
</tr>
<tr>
<td>Number of infections recorded so far in 2015/16</td>
<td>1</td>
</tr>
<tr>
<td>Number of infections forecast for this period</td>
<td>0</td>
</tr>
</tbody>
</table>

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Page 9
Treating and caring for people in a safe environment and protecting them from harm
- continued

Regulations

Care Quality Commission (CQC) Regulatory Reviews

Sheffield Teaching Hospitals NHS Foundation Trust

The CQC will be undertaking a formal inspection of the Trust in December 2015. Further information will be provided when available.

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 July 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.

<table>
<thead>
<tr>
<th>June 2015 Summary</th>
<th>Sheffield (STHFT)</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>April 2015</td>
<td>May 2015</td>
</tr>
<tr>
<td>Respondents who would recommend</td>
<td>83.59%</td>
<td>84.91%</td>
</tr>
<tr>
<td>Response rate</td>
<td>22.21%</td>
<td>22.13%</td>
</tr>
</tbody>
</table>

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 May and June:
- Touch point 1 (Antenatal care) remains high but decreased notably from 97.01% to 90.00%
- Touch point 2 (Birth) remains high but decreased notably from 100.00% to 90.70%
- Touch point 3 (Postnatal ward) remains high but decreased notably from 96.55% to 89.66%
- Touch point 4 (Postnatal Community provision) remains high, sustaining 100%

FFT Supporting Information

A review of patient comments from the FFT identified that, on some wards, patients had concerns with noise at night and low temperatures causing them to feel cold. Volunteers visited a ward to interview patients on these subjects for a period of 2 weeks. Whilst patients overall were quite understanding and appreciated that noise could not always be helped, the FFT comments and interview responses highlighted the following common concerns:
- Noise of equipment (e.g. ward entrance alarm, bleeper, IV drips and ward telephone)
- Lights
- Staff talking
- Other patients

Noise: On discussion with the Deputy Nurse Director, Matron and Charge Nurse a decision was made to trial ear plugs and eye masks on two wards. Updated Nursing Care Guidelines will be distributed to staff on these wards to remind staff of professional conduct at night to promote a good night’s sleep. Where possible, equipment will be adjusted to a quieter setting. Longer term plans involve working with Estates on a solution to implement a light system for ward entrance alarms and telephones during the night. As a month's trial, ear plugs and eye masks will be available to patients on the two specific wards mentioned in patient comments.

Following this, FFT data will be reviewed and repeat volunteer interviews will be undertaken to ascertain if comments on noise have reduced and whether patient experience has improved on these wards. If there is a significant improvement, a roll-out plan will be developed to make ear plugs and eye masks available on all wards across the Trust.

Temperature on wards: On reviewing patient comments from the FFT, one ward specifically mentioned some patients had commented on how cold the ward can be. A number of patients commented that extra blankets would help, as well as turning off the air conditioning. In response to this, there is now a provision of extra blankets and anti-slip socks for patients who request them. Additionally, notices have also been installed on this ward to advertise the availability of extra blankets and socks. Longer term plans for this ward are to provide local control of the air conditioning. Work is currently on-going with Estates to investigate whether a thermostat and A/C controller can be installed at the Nurses’ Station.

After a month of the advertisement and provision of extra blankets and socks, FFT data will be reviewed and volunteer interviews undertaken to see if comments on temperature have reduced and whether patient experience of this ward has improved as a result.
Patient Experience of NHS Trusts: Focussing this month on SCHFT

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

Complaints in Quarter 1 2015/16

39 formal complaints were received during Quarter 1 2015/16. 74% of complaints were acknowledged within the statutory timeframe of 3 working days. 69% of complaints that were closed were closed within the Trust's target of 25 working days; 47% of complaints were not upheld, 21% were partially upheld and 32% were upheld.

Communication, both written and oral, continued to be a prominent theme of complaints. Complaints received during Quarter 1 included poor communication to parents regarding late cancellations of appointments/surgery, communication regarding follow-up arrangements and information sent to the general practitioner. Other issues received during Quarter 1 related to the late notice closure of Ryegate House due to staffing shortages and care/aftercare of disabled children attending for day case surgery.

Patient Advice and Liaison Service (PALS)

PALS responded to 538 enquiries during April to July 2015. Parking continued to be a major theme, with 30% of PALS contacts relating to parking. There are currently no car parking facilities at the main Children’s Hospital site due to construction work.

Patient and service user experience surveys

The Trust conducts regular service user experience surveys. 39 service evaluation or patient/staff experience projects were registered between April and July 2015. Since April 2015, patient/carer information has been improved as a result of a survey of the Late Effects Service, Haematology and Oncology. In relation to the Well Being & Mental Health Division, actions have been identified regarding improving parking arrangements, ensuring service users are informed about disabled access and increasing advertising of the service. Action plans are monitored in conjunction with the Division/Project Leads until the actions are completed.

Patient-Led Assessments of the Care Environment (PLACE)

PLACE assessments are undertaken by the Trust in partnership with members of the public (known as patient assessors) who must be at least 50% of the team. They focus on the environment in which the care is provided, as well as cleanliness, food, hydration and the provision of privacy and dignity. The following PLACE assessments took place recently at the following sites:

- 11th May 2015: SCHFT Main Site
- 22nd May 2015: Becton (for children and young adults aged up to 18 with mental health issues and learning disabilities)
- 28th May 2015: Ryegate (for the assessment and ongoing treatment of children with a wide range of neurological and neurodisability needs)

The results have not yet been released.

Patient Opinion and www.nhs.uk

Seven stories about SCHFT have been posted on www.nhs.uk and on Patient Opinion since 1st January 2015. The stories can be viewed at: https://www.patientopinion.org.uk/opinions?nacs=RCUEF&submittedonafter=01%2F01%2F2015#/?page=1. Three of the stories were primarily positive, four were primarily negative. Positive themes included staff being polite, friendly and kind, good communication and high standards of care. Negative themes included poor communication, lack of information sharing, waiting times in A&E and poor standard of food.
Highest Quality Health Care

Clostridium Difficile - Quarterly Update and Benchmarking

Sheffield CCG is committed, by working with local providers, to having no more than 194 cases of Clostridium Difficile (C.Diff) infections in 2015/16. Based on validated data up to the end of June 2015*, there have been 42 cases attributable to the CCG so far this year - the forecast level for the same period was 49.

For STHFT, the commitment is no more than 87, compared to 94 last year. The number of cases incurred in June (6) is less than the previous month (7). So far in 2015/16 (April to June) STHFT have had 10 less cases (15) than in the same period last year (25).

For SCHFT, the commitment is no more than 3, compared to 4 last year. 1 case has been recorded so far in 2015/16.

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

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

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

CCG Comparison

![WSYB: Clostridium Difficile Cases Year To Date as at June 2015](chart1)

The chart above shows that, year to date (YTD) Sheffield has the third highest number of C.Diff infections in the West and South Yorkshire and Bassetlaw (WSYB) area.

Sheffield is above the regional average of 24.3 C.Diff cases, along with Leeds and Bradford & Airedale.

Acute Trust Comparison

![WSYB: Clostridium Difficile Cases (Acute) Year To Date as at June 2015](chart2)

The chart above shows that STHFT has the second highest number of YTD C.Diff cases as at the end of June 2015.

15 cases have been reported for STHFT against a regional average of 10.2; this equates to 17.2% of their annual target of 87 cases.

SCHFT have reported 1 case so far in 2015/16 against a plan of 3.

When compared to the core Cities, Sheffield has the fourth highest number of C.Diff cases as at the end of June 2015.

Sheffield is just below the core Cities average of 45.4 C.Diff cases.

![Clostridium Difficile Cases - Acute Trust Comparison Year To Date as at June 2015 *](chart3)

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

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

The 15 cases reported at STHFT is lower than the average for the group, of 17.5 cases. Leeds and Nottingham are above the group average.

Produced by:
NHS Yorkshire and Humber Commissioning Support

Page 13
Summary Hospital Mortality Indicator - Quarterly Update and Benchmarking

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

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

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

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

The STHFT value for January 2014 to December 2014, at 0.918, is slightly higher than for October 2013 to September 2014 (0.905) but is still below the expected value. This is a positive position for Sheffield residents.

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

STHFT is the second best ranked within the NoE and 19th on a National level. 11 of the above trusts are below the National average, of which 3 (STHFT, South Manchester and Newcastle) are core Cities within the NoE. On a National core Cities level, only Cambridge has a lower value than STHFT.

Within the South Yorkshire & Bassetlaw area, STHFT have a lower value than the other trusts that have submitted data. This equates to 11.12% lower than the area average and 8.35% lower than the National average. The next lowest trust is Barnsley.

STHFT is the only acute trust in the area to be below the National average position and, along with Barnsley, are also under the area position.

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

The latest position of 0.918 (Jan-14 to Dec-14) is 1.369% higher than the previous period (Oct-13 to Sep-14 - 0.906).
NHS Safety Thermometer

The NHS Safety Thermometer records the presence or absence of four ‘harm’ indicators, detailed below. The concept of harm free care was designed to bring focus to the patient’s overall experience.

The patient Safety Thermometer was introduced as part of the Commissioning for Quality and Innovation (CQUIN) payment programme from August 2012 for acute trusts and then for specialist and non-acute trusts. The data is based on prevalence surveys - data collection is during one day per month, for a sample number of patients, on four clinical indicators (harms) and is published nationally.

This is the third time the CCG has reported data to the Governing Body and provides information on STHFT performance, with some SCHFT and SHSCFT performance now also included.

The data shows variability in performance within all indicators. An overview has been included for both SCHFT and SHSCFT, as the numbers for both organisations are very small in comparison to STHFT.

Performance Summary:
- Harm Free care - there is no significant trend or increase in harm free care during the last 12 months
- Falls with Harm - there was an increase in falls without harm in June 2014 - no other trends
- Pressure Ulcers - no trends in pressure ulcers
- Catheters and UTIs - no significant trends in performance
- New VTEs in hospital - no significant trends in performance

- Charts for each area are shown below, and include a brief definition of the indicator and any items of note, where relevant

Caution needs to be taken when interpreting this data:
- It is difficult to benchmark organisations using this data since the challenges for large acute teaching hospitals/tertiary/community services cannot accurately be compared to district general hospitals/hospitals without community services.
- Due to data collection methodology being prevalence data, the data shown below in the charts is not directly comparable to other data available in relation to each indicator.

Sheffield Teaching Hospitals NHS Foundation Trust

Harm Free care: This is the number of patients in the sample that are harm free from pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism (VTE).

Numbers for those in the patient sample who have a recorded harm (pressure ulcers, falls, UTIs in patients with a catheter or VTEs) are shown above each bar in the chart.

Patient Falls: Any fall that the patient has experienced within the previous 72 hours (3 days) in a care setting, including home if the patient is on a district nursing caseload.

Numbers for those in the patient sample with severe harm following a fall are shown above each bar in the chart; in both March 2015 and May 2015, 1 patient in the sample died following a fall.

continued overleaf
**Highest Quality Health Care**

**Pressure Ulcers:** Numbers for those in the patient sample with a pressure ulcer are shown above each bar in the chart.

**Catheters and UTIs:** Numbers for those in the patient sample with a catheter who have a urinary tract infection are shown above each bar in the chart.

**New VTEs:** Numbers for those in the patient sample who have developed a venous thromboembolism following admission to hospital are shown above each bar in the chart.

**Sheffield Children’s NHS Foundation Trust**

**Harm Free Care:** Numbers for those in the patient sample who have a recorded harm (pressure ulcers, falls, UTIs in patients with a catheter or VTEs) are shown above each bar in the chart.

**Sheffield Health and Social Care NHS Foundation Trust**

**Harm Free Care:** Numbers for those in the patient sample who have a recorded harm (pressure ulcers, falls, UTIs in patients with a catheter or VTEs) are shown above each bar in the chart.

**PLEASE NOTE:** From July 2013, the numbers of Harm Free and All Harm include the SHSCFT Acute Hospital Ward, the Mental Health Ward and the Nursing Home, whilst the numbers prior to this only contained figures from the Acute Hospital Ward.

*It should also be noted that was only a small increase in the numbers of harm since the change in July 2013, which suggests that most harms occur in the Acute Hospital Ward.*
## 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

<table>
<thead>
<tr>
<th>Area</th>
<th>Quality Premium measure</th>
<th>Part*</th>
<th>Overall*</th>
<th>Proportion of QP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing premature mortality</td>
<td>Reducing potential years of life lost</td>
<td>-</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Urgent and emergency care</td>
<td>Avoidable emergency admissions - composite measure of:</td>
<td></td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) unplanned hospitalisation for chronic ambulatory care sensitive conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) unplanned hospitalisation for asthma, diabetes and epilepsy in children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) emergency admissions for acute conditions that should not usually require hospital admission</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) emergency admissions for children with lower respiratory tract infection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays</td>
<td>-</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td>Reduction in the number of patients attending an A&amp;E department for a 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&amp;E</td>
<td>-</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduction in the number of people with severe mental illness who are currently smokers</td>
<td>-</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase in the proportion of adults in contact with secondary mental health services who are in paid employment</td>
<td>-</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Patient safety</td>
<td>Improved antibiotic prescribing in primary and secondary care - composite measure of:</td>
<td></td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) reduction in the number of antibiotics prescribed in primary care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) secondary care providers validating their total antibiotic prescription data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local measures</td>
<td>5% reduction (vs 2013/14 baseline) in the volumes of “Not Normally Admitted” under 75s (including children) at the two local hospitals</td>
<td>-</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>-</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

### NHS Constitution requirements

<table>
<thead>
<tr>
<th>Constitution measure</th>
<th>Reduction applied to QP if not achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral</td>
<td>- 10%</td>
</tr>
<tr>
<td>Patients on admitted non-emergency pathways should have waited no more than 18 weeks from referral to admission for treatment</td>
<td>- 10%</td>
</tr>
<tr>
<td>Patients on non-admitted non-emergency pathways should have waited no more than 18 weeks from referral to start of treatment</td>
<td>- 10%</td>
</tr>
<tr>
<td>Patients should be admitted, transferred or discharged within 4hrs of their arrival at an A&amp;E department</td>
<td>- 30%</td>
</tr>
<tr>
<td>Max. 2 week (14 day) wait from urgent GP referral to 1st outpatient appointment for suspected cancer</td>
<td>- 20%</td>
</tr>
<tr>
<td>Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes</td>
<td>- 20%</td>
</tr>
</tbody>
</table>

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

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**Patient Safety - Improved Antibiotic Prescribing:** Quarter 1 data is expected to be made available in early September and will be included in the October Quality and Outcomes Report.

**Measures not currently being met**

**Unplanned hospitalisation for chronic ambulatory care sensitive conditions:** As noted previously, local data continues to show a slowly improving position which is now very close to meeting the required level. The Long Term Conditions, Cancer, Older People and End of Life care portfolio is developing a strategy and project plans to improve the quality of care for respiratory patients which should reduce emergency admissions. A number of citywide programmes are expected to impact on this, for example the integrated commissioning programme with Sheffield City Council and the Prime Minister’s challenge fund (PMCF). We are actively participating in the development of the four programmes within integrated commissioning and are making links with the initiatives within the PMCF.

**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. An update on progress in relation to these five key ambitions is provided below:

**2015/16 Quarter 1 (April - June) Progress Update**

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

90% of Sheffield GP Practices, along with community nursing services across the city, are participating in the GP-led Person-centred care planning service. For people who have long term health conditions these person-centred holistic plans help to maximise their independence and reduce deterioration and crises in their health.

To enable further development of the service, feedback is being gathered from patients and staff on their experience of care planning and how it is supporting patients to manage their health and wellbeing.

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

As a result of work to achieve greater integration of health and social care support services, paramedics are able to organise services to support and treat patients at home (where appropriate) via Sheffield Teaching Hospitals NHS Foundation Trust. This has prevented over 425 people attending hospital unnecessarily during April to June 2015.

In consultation with the citizens of Sheffield, Sheffield clinicians and other key stakeholders, we are reviewing urgent care services for the city to assess options for improvement within existing resources, recognising that the urgent care system must be able to meet demand while remaining clinically effective, patient focused and safe. Public meetings, surveys and the Patient Opinion independent feedback platform for health services have been used to understand what local people want when making use of urgent care services.

In partnership with Macmillan Cancer Care, we are developing a Macmillan GP role in the city to help primary care achieve earlier diagnosis of cancer, better care for those living with and beyond cancer, and ongoing improvements in end of life care. We have brought together the views of patients, carers, providers and partners into an End of Life Care strategy to direct our work over the next five years.

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

We are continuing to work with providers of health care to ensure that, wherever clinically appropriate, patients receive their planned care within local community based services and when patients need to be referred to hospital that this should happen seamlessly.

A new approach to the commissioning of outpatient services, developed collaboratively with Sheffield clinicians, was shared with Sheffield citizens at a Public Engagement event in July. The new approach is called ‘CASES’ which stands for Clinical Assessment, Services, Education, Support and it will enable us to provide Sheffield patients with services that deliver:

- Joined up working between GPs and hospital clinicians
- Services delivered in the community
- Education for clinicians and patients
- Support for patients to help them manage their own healthcare
- Increased use of technology (e.g. telemedicine)
- Ensuring every contact counts for patients

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

In relation to Mental Health services, we have worked with Sheffield Health and Social Care NHS Foundation Trust to provide more community preventative and early intervention services, so that people are able to access services aimed at helping them with their recovery at an earlier stage. We have also invested in Street Triage mental health workers to work alongside the police to respond more appropriately to crisis situations arising out of the deterioration of someone’s mental health conditions.

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

To help improve the physical and mental health and wellbeing of patients with Mental Health conditions and their experience of care, a series of Mental Health ‘master classes’ have been delivered for GPs and Practice Nurses. These provide staff with additional knowledge and skills when working with patients who have mental health issues.

We have successfully reduced the number of people needing to go out of city for mental health care, thus improving the experience and care of people with mental health conditions and avoiding the strain for their families of their loved ones being many miles from home.

Reduced waiting times for Community Learning Disability Services - we have worked with Sheffield Health and Social Care NHS Foundation Trust to make a significant reduction in the waiting times for people with learning disability needing to see a clinical psychologist, speech and language therapist, occupational therapist, community nurse or physiotherapist within the learning disability team.

In response to the Crisis Care Concordat national “call to arms” to improve crisis care for people with mental health problems we have:
- established a multi-agency partnership, led by the CCG including South Yorkshire Police, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children’s NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, Sheffield City Council, Health Watch and Yorkshire Ambulance Service
- developed a comprehensive action plan to improve information to service users, the out-of-hours response from police and mental health workers and the availability of alternative safe places to care for someone in crisis instead of in a police cell

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

The CCG has worked closely with Sheffield City Council, Service users and providers to develop a strategy for improving the emotional wellbeing and mental health of children and young people. The strategy will now be used to inform the Child and Adolescent Mental Health Service (CAMHS) transformation work following publication of the new ‘Future in Mind’ guidance.

The first personal health budgets have been developed for children that qualify for Children’s Continuing Health Care. Where requested by parents or carers, personal health budgets offer families greater choice and flexibility around the support provided.

The Best Start Strategy, to promote high quality parenting practices, play, learning and development; to support families to become healthy and resilient; and to work in partnership with community, voluntary and statutory agencies and schools has been completed and signed off by Sheffield City Council and the CCG. Work is now progressing to develop the programmes needed to achieve the outcomes.

We have published guidance for GPs on managing childhood constipation and soiling.

Education sessions have been delivered for Primary Care on Mental Health Issues for Young People, supporting Primary Care to better recognise and meet their needs, and on Safeguarding, with particular reference to child sexual exploitation and female genital mutilation to prevent, recognise and support victims more effectively.
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 portfolios have 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 July 2015 performance as at the 20th August 2015 - year to date where appropriate.

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

Key
- Data is currently not available for the measure
N/A - Measure is not applicable to this organisation
YTD - Year To Date
QTR - Quarterly
WIP - Method/format of measurement is work in progress

### Acute Services Portfolio - Elective Care

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>CCG</th>
<th>STHFT</th>
<th>SCHFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>% seen/treated within 18wks - Admitted pathway</td>
<td>91.41%</td>
<td>90.36%</td>
<td>92.92%</td>
</tr>
<tr>
<td>% seen/treated within 18wks - Non-admitted pathway</td>
<td>96.81%</td>
<td>96.80%</td>
<td>96.05%</td>
</tr>
<tr>
<td>% still not seen/treated within 18wks - Incomplete pathway</td>
<td>94.12%</td>
<td>94.03%</td>
<td>93.34%</td>
</tr>
<tr>
<td>Number waiting 52+ weeks - Admitted pathway</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number waiting 52+ weeks - Non-admitted pathway</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>CCG</th>
<th>STHFT</th>
<th>SCHFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>% receiving a diagnostic test within 6wks</td>
<td>98.97%</td>
<td>99.03%</td>
<td>99.36%</td>
</tr>
</tbody>
</table>

**Elective Care**

- Total elective spells: All specialties (YTD) 1
- Ordinary elective spells: All specialties (YTD) 1
- Daycase elective spells: All specialties (YTD) 1
- Total elective spells: G&A specialties (YTD) 1
- Ordinary elective spells: G&A specialties (YTD) 1
- Daycase elective spells: G&A specialties (YTD) 1
- First outpatient attendances: All specialties (YTD) 1
- First outpatient attendances: G&A specialties (YTD) 1
- First outpatient attendances following GP referral: All specialties (YTD) 1
- First outpatient attendances following GP referral: G&A specialties (YTD) 1
- Total referrals for a first outpatient appointment: G&A specialties (YTD) 1
- GP written referrals for a first outpatient appointment: G&A specialties (YTD) 1
- Other referrals for a first outpatient appointment: G&A specialties (YTD) 1
- All subsequent (follow-up) outpatient attendances: All specialties (YTD) 1
- Canceled operations offered another date within 28 days (QTR)

**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 21.42%

**Locally selected measure**

- Total health gains assessed by patients after Community-based Podiatric surgery 87.54%

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

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* - Data is currently not available for the measure
YTD - Year To Date
QTR - Quarterly
N/A - Measure is not applicable to this organisation
WIP - Method/format of measurement is work in progress

continued overleaf (inc. all footers / notes)
### Urgent Care

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>CCG</th>
<th>STHFT</th>
<th>SCHFT</th>
<th>YAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% seen/treated within 4 hours of arrival in A&amp;E (YTD)</td>
<td></td>
<td>95.09%</td>
<td>98.78%</td>
<td></td>
</tr>
<tr>
<td>Trolley waits in A&amp;E (patients waiting over 12 hours to be seen/treated)</td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Non-elective spells: All specialties (YTD)</td>
<td>14744</td>
<td>13127</td>
<td>755</td>
<td></td>
</tr>
<tr>
<td>A&amp;E attendances - Type 1 A&amp;E departments (YTD)</td>
<td>44376</td>
<td>30648</td>
<td>13947</td>
<td></td>
</tr>
<tr>
<td>Unplanned hospitalisation for chronic ambulatory care sensitive conditions (YTD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency admissions - acute conditions that should not require admission (YTD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency admissions for children with lower respiratory infections (LRTI) (YTD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOCAL: Unplanned hosp for chronic ambulatory care sensitive conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOCAL: Em admissions - acute conditions that should not require admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOCAL: Unplanned hosp for asthma, diabetes and epilepsy in under 19s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOCAL: Em admissions for children with lower respiratory infections (LRTI) (YTD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent operations cancelled for the second time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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)

| Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest YTD)   | CCG          | STHFT        | SCHFT        |              |
| Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD)|              |              |              |              |
| Category A response in 19 mins (YTD)                                              |              |              |              |              |
| Ambulance handover delays - of over 30 minutes                                     |              |              |              |              |
| Ambulance handover delays - of over 1 hour                                        |              |              |              |              |
| Ambulance crew clear delays - of over 30 minutes                                   |              |              |              |              |
| Ambulance crew clear delays - of over 1 hour                                      |              |              |              |              |

### 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) | -160.5       |              |              |              |

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

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

| Potential years of life lost (PYLL - rate per 100,000)                               | 2941.0       |              |              |              |
| 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)

| % seen within 2 weeks - from GP referral to first outpatient appointment            | CCG          | STHFT        | SCHFT        |              |
| % seen within 2 weeks - as above, for breast symptoms                              |              |              |              |              |
| % treated within 31 days- from diagnosis to first definitive treatment             |              |              |              |              |
| % treated within 31 days - subsequent treatment (surgery)                         |              |              |              |              |
| % treated within 31 days - subsequent treatment (drugs)                           |              |              |              |              |
| % treated within 31 days - subsequent treatment (radiotherapy)                    |              |              |              |              |
| % treated within 62 days - following an urgent GP referral                        |              |              |              |              |
| % treated within 62 days - following referral from an NHS screening service       |              |              |              |              |
| % treated within 62 days - following Consultant's decision to upgrade priority    |              |              |              |              |

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

***Quality Premium 2015/16***ords of note. See bottom of next page.***

**Quality Premium 2015/16***

Reduction in % of ambulance callouts resulting in transportation to hospital (YTD) 73.64%

---

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

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| 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)**

- % seen within 2 weeks - from GP referral to first outpatient appointment
- % seen within 2 weeks - as above, for breast symptoms
- % treated within 31 days- from diagnosis to first definitive treatment
- % treated within 31 days - subsequent treatment (surgery)
- % treated within 31 days - subsequent treatment (drugs)
- % treated within 31 days - subsequent treatment (radiotherapy)
- % treated within 62 days - following an urgent GP referral
- % treated within 62 days - following referral from an NHS screening service
- % treated within 62 days - following Consultant's decision to upgrade priority

**Quality Premium 2015/16**

Reduction in % of ambulance callouts resulting in transportation to hospital (YTD) 73.64%
### Mental Health, Learning Disabilities and Dementia

<table>
<thead>
<tr>
<th>Measure</th>
<th>SHSCFT</th>
<th>Proportion of people entering psychological treatment against the level of need in the general population (YTD)</th>
<th>Proportion of people who are moving to recovery, following psychological treatment (YTD)</th>
<th>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</th>
<th>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</th>
<th>Estimated diagnosis rate for people with dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)</td>
<td>100.00%</td>
<td>6.48%</td>
<td>45.18%</td>
<td>82.97%</td>
<td>98.87%</td>
<td>70.33%</td>
</tr>
<tr>
<td>Proportion of people entering psychological treatment against the level of need in the general population (YTD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of people who are moving to recovery, following psychological treatment (YTD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated diagnosis rate for people with dementia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Locally selected measure

<table>
<thead>
<tr>
<th>Measure</th>
<th>CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of people with LD receiving an Annual Health Check (YTD - progress)</td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Measure</th>
<th>CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in infant mortality (progress)</td>
<td></td>
</tr>
<tr>
<td>Reduction in stillbirths and neonatal mortality (progress)</td>
<td></td>
</tr>
<tr>
<td>Child and Adolescent MH Services (CAMHS) - commissioning a service for 16/17yr olds (YTD - progress)</td>
<td></td>
</tr>
</tbody>
</table>

### Quality Standards

<table>
<thead>
<tr>
<th>Patient Safety</th>
<th>CCG</th>
<th>STHFT</th>
<th>SCHFT</th>
<th>SHSCFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA bacteraemia infections (YTD)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Clostridium Difficile (C Diff) infections (YTD)</td>
<td>64</td>
<td>20</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Mixed Sex Accommodation (MSA) breaches (YTD)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hospital deaths attributable to problems in care</td>
<td>WIP</td>
<td>WIP</td>
<td>WIP</td>
<td>WIP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Experience</th>
<th>WIP</th>
<th>WIP</th>
<th>WIP</th>
<th>WIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends and Family test: Inpatient - Response rate (QTR)</td>
<td>29.20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends and Family test: Inpatient - % Recommended (QTR)</td>
<td>95.30%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends and Family test: A&amp;E - Response rate (QTR)</td>
<td>21.92%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends and Family test: A&amp;E - % Recommended (QTR)</td>
<td>84.53%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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

1 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 into 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

2 % 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)
  HOWEVER, as this is a month behind local data (currently used for Trust monitoring) have not included here, as not comparable
- STHFT & SCHFT positions = total provider position (local data, as national is not currently available by exact months)

3 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 provider position (local data, as national is not currently available by exact months)
- SCHFT has a Main A&E department only, so all attendances are Type 1 in nature

4 Emergency Admissions/Unplanned Hospitalisation:
- Position shown here is the latest published figure (Oct-13 to Sep-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)

5 Category A responses:
- CCG position has been included for information, but all CCGs are officially measured against the YAS total position

6 Ambulance handover/crew clear times:
- Whilst official data source and data quality is determined, CCG position reported is as per the YAS total position

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

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

Mental Health, Learning Disabilities and Dementia

8 Dementia diagnosis rate:
- PROVISIONAL 2014/15 position from the Primary Care Tool

Quality Standards

9 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 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 JULY DATA IS PROVISIONAL AND THEREFORE SUBJECT TO AMENDMENT.

The number of people who received psychological therapy and are moving to recovery: It is expected that the service will be achieving the nationally required 50% recovery rate by the end of November. It should be noted that the service are in line with the national average on recovery rates.

<table>
<thead>
<tr>
<th>SHSCFT Indicators</th>
<th>Target</th>
<th>June</th>
<th>July</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Resolution / Home Treatment (YTD)</td>
<td>1202</td>
<td>368</td>
<td>496</td>
<td>▲</td>
</tr>
<tr>
<td>Psychosis Intervention - new cases (YTD)</td>
<td>75</td>
<td>25</td>
<td>48</td>
<td>▲</td>
</tr>
<tr>
<td>Psychosis Intervention - maintain capacity (YTD)</td>
<td>270</td>
<td>212</td>
<td>237</td>
<td>▲</td>
</tr>
<tr>
<td>CPA 7 day follow up (YTD)</td>
<td>96%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>▲</td>
</tr>
<tr>
<td>% receiving Psychological Therapy (IAPT) (YTD)</td>
<td>18.04%**</td>
<td>4.87%</td>
<td>6.48%</td>
<td>▲</td>
</tr>
<tr>
<td>% IAPT patients moving to recovery (YTD)</td>
<td>50%</td>
<td>45%</td>
<td>45.18%</td>
<td>▲</td>
</tr>
<tr>
<td>% waiting 6wks or less, from referral, for IAPT</td>
<td>75%</td>
<td>62%</td>
<td>62.97%</td>
<td>▲</td>
</tr>
<tr>
<td>% waiting 18wks or less, from referral, for IAPT</td>
<td>95%</td>
<td>97.8%</td>
<td>98.87%</td>
<td>▲</td>
</tr>
</tbody>
</table>

** 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 2 paragraphs below are as of 17th August 2015

Across the Yorkshire & Humber region, year to date (YTD) RED 1 and RED 2 combined 8 minute performance has worsened to 71.39% against the service standard of 75%. RED 1 and RED 2 combined 19 minute performance has also decreased slightly to 95.61%, although 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 71.62%, 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 slightly to 74.09% 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) - 84.17% (80%), GREEN 2 (30 min response) - 76.17% (85%), GREEN 3 (20 min triage) - 87.64% (80%), GREEN 3 (30 min response) - 79.20% (80%), GREEN 4 (60 min triage) - 99.29% (95%), GREEN 4 (60 min response) - 91.3% (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.

<table>
<thead>
<tr>
<th>YAS Indicators</th>
<th>Target</th>
<th>June</th>
<th>July</th>
<th>Monthly Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category A (RED 1) responses within 8mins (YTD)</td>
<td>75%</td>
<td>72.11%</td>
<td>72.20%</td>
<td>▼</td>
</tr>
<tr>
<td>Category A (RED 2) responses within 8mins (YTD)</td>
<td>75%</td>
<td>72.19%</td>
<td>71.85%</td>
<td>▼</td>
</tr>
<tr>
<td>Category A (RED combined) responses within 19mins (YTD)</td>
<td>95%</td>
<td>95.90%</td>
<td>95.75%</td>
<td>▼</td>
</tr>
<tr>
<td>Ambulance Handovers - delays over 30mins as a % of total arrivals with a handover time</td>
<td>Minimise</td>
<td>1905</td>
<td>1905</td>
<td>▼</td>
</tr>
<tr>
<td>Ambulance Handovers - delays over 1hr as a % of total arrivals with a handover time</td>
<td>Minimise</td>
<td>315</td>
<td>129</td>
<td>▼</td>
</tr>
<tr>
<td>Crew Clear - delays over 30mins as a % of total arrivals with a handover time</td>
<td>Minimise</td>
<td>391</td>
<td>491</td>
<td>▲</td>
</tr>
<tr>
<td>Crew Clear - delays over 1hr as a % of total arrivals with a handover time</td>
<td>Minimise</td>
<td>22</td>
<td>35</td>
<td>▲</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Quality Indicators</th>
<th>Target</th>
<th>May</th>
<th>June</th>
<th>Monthly Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-contact after discharge (Phone)</td>
<td>1.8%</td>
<td>1.5%</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td>Re-contact after discharge (Treatment at scene)</td>
<td>3.5%</td>
<td>3.2%</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td>Re-contact after discharge (Frequent Caller)</td>
<td>0.0%</td>
<td>1.1%</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Time to answer call (Median)</td>
<td>5 seconds</td>
<td>1</td>
<td>1</td>
<td>▲</td>
</tr>
<tr>
<td>Time to answer call (95th Percentile)</td>
<td>18</td>
<td>19</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Time to answer call (99th Percentile)</td>
<td>35</td>
<td>65</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Time to treatment (Median)</td>
<td>15.6</td>
<td>16.7</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Time to treatment (95th Percentile)</td>
<td>24.3</td>
<td>26</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Call closed with advice (Phone advice)</td>
<td>9.9%</td>
<td>8.8%</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td>Call closed with advice (Transport)</td>
<td>31.3%</td>
<td>31.6%</td>
<td>▲</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Indicators</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome from Cardiac Arrest (CA) All</td>
<td>23.8%</td>
<td>20.3%</td>
</tr>
<tr>
<td>Outcome from CA Utstein Group (UG)</td>
<td>67.9%</td>
<td>56.7%</td>
</tr>
<tr>
<td>Outcome from acute STEMI Angioplasty</td>
<td>79.8%</td>
<td>80.0%</td>
</tr>
<tr>
<td>STEMI Care Bundle</td>
<td>89.2%</td>
<td>75.8%</td>
</tr>
<tr>
<td>Outcome from Stroke 60 min to Stroke Unit</td>
<td>57.7%</td>
<td>57.3%</td>
</tr>
<tr>
<td>Stroke - Appropriate Care Bundle</td>
<td>99.1%</td>
<td>97.9%</td>
</tr>
<tr>
<td>Outcome from CA - Survival to Discharge All</td>
<td>12.4%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Outcome from CA - Survival to Discharge UG</td>
<td>54.2%</td>
<td>46.7%</td>
</tr>
<tr>
<td>Service Experience</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
APPENDIX B: NHS 111 Performance Measures

NHS 111 Activity

Performance against National Target at Month 3, June 2015 *
Compared, where possible, to National data
* = Month 4 2015/16 data is not yet available
PLEASE NOTE: Due to data availability, National data will usually be 1 month behind Local data

Sheffield Activity

Chart 1: Calls received

Chart 2: Clinical Calls completed within 10 minutes

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

Chart 4: % of warm transfers* ≥ 95%

* 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

Performance against Sheffield CCG Activity Target at Month 4, Apr 2015 - Jul 2015

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

Outpatient First Attendances: 3.1% below plan
Outpatient Follow-ups: 3.6% below plan
(Inpatient includes OP procedures)

Inpatient Elective Spells: 2.1% below plan
Inpatient Non-elective Spells: 4.8% above plan
A&E Attendances: 0.4% below plan

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

Table 1. Outpatient Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>2015/16</th>
<th>Target</th>
<th>Var</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firsts</td>
<td>44,331</td>
<td>45,730</td>
<td>-1,399</td>
<td>-3.1%</td>
</tr>
<tr>
<td>Follow-ups</td>
<td>109,857</td>
<td>113,941</td>
<td>-4,084</td>
<td>-3.6%</td>
</tr>
</tbody>
</table>

Follow-ups:First Ratio | 2.48 | 2.49 | -0.01 | -0.5%

Table 2. Inpatient and A&E Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>2015/16</th>
<th>Target</th>
<th>Var</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electives</td>
<td>23,325</td>
<td>23,837</td>
<td>-512</td>
<td>-2.1%</td>
</tr>
<tr>
<td>Non Electives</td>
<td>17,962</td>
<td>17,147</td>
<td>815</td>
<td>4.8%</td>
</tr>
<tr>
<td>Excess Bed Day Costs (£000s)</td>
<td>£2,623</td>
<td>£2,356</td>
<td>£267</td>
<td>11.3%</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>47,057</td>
<td>47,228</td>
<td>-171</td>
<td>-0.4%</td>
</tr>
</tbody>
</table>

Notes:

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

2. First outpatient attendances exclude CDU (Clinical Decision Unit). Excess Bed Day Costs include MFF (Market Forces Factor).

Source: STHFT Contract Monitoring

Produced by NHS Sheffield CCG Contract Team, August 2015

Produced by: Updated on: NHS Yorkshire and Humber Commissioning Support 24/08/15
Sheffield Children's NHS Foundation Trust

Performance against Sheffield CCG Activity Target at Month 4, Apr 2015 - July 2015

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

Outpatient First Attendances: 1% above plan
Outpatient Follow-ups: 4.6% above plan
Outpatient Procedures: 30% above plan

Inpatient Elective Spells: 16.4% below plan
Inpatient Non-elective Spells: 5.4% above plan
A&E Attendances: 1.3% above plan

Table 1. Outpatient Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>2015/16</th>
<th>Target</th>
<th>Var</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firsts</td>
<td>4,289</td>
<td>4,248</td>
<td>41</td>
<td>1.0%</td>
</tr>
<tr>
<td>Follow-ups</td>
<td>13,667</td>
<td>13,066</td>
<td>601</td>
<td>4.6%</td>
</tr>
<tr>
<td>OP Payable</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>30.0%</td>
</tr>
</tbody>
</table>

Follow-ups:First Ratio 3.19 3.08 0.11 3.6%

Table 2. Inpatient and A&E Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>2015/16</th>
<th>Target</th>
<th>Var</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electives</td>
<td>1,383</td>
<td>1,655</td>
<td>-272</td>
<td>-16.4%</td>
</tr>
<tr>
<td>Non Electives</td>
<td>2,768</td>
<td>2,625</td>
<td>143</td>
<td>5.4%</td>
</tr>
<tr>
<td>Excess Bed Day</td>
<td>101</td>
<td>74</td>
<td>27</td>
<td>36.2%</td>
</tr>
</tbody>
</table>

Source: SCHFT Contract Monitoring (SLAM)

Notes:
Sheffield CCG Activity Only
2015/16 CCG Assurance Framework - Overview

The new framework reflects the considerable changes in the NHS environment since CCGs were authorised in 2013 - including 5-year Forward View, more challenging NHS performance and finance positions, opportunity for CCGs to take on greater role in primary care and specialised commissioning.

The five components of the new assurance framework are *Well led organisation; Delegated functions; Finance; Performance; Planning*. The key areas of enquiry for each component are set out on page 6.

Within the *Well led organisation* component, NHS England requires a particular focus on the following functions as specific topics for discussion in assurance reviews due to the complexity of the issues or the degree of risk involved:

- NHS Continuing Healthcare
- Safeguarding of vulnerable patients
- Equality and health inequalities
- Learning disability
- Use of research
- Special Educational Needs and Disabilities

*Involving patient and public representatives in assurance meetings*

The assurance framework guidance for 2015/16 notes that “An independent participant should be invited to meetings where assurance assessments are going to be considered”. Clarity is still awaited on whether this is a recommended approach or a requirement, and whether the responsibility to identify and recruit suitable representatives rests with the CCG or NHS England regional team.
**Possible Assurance Outcomes**

- **Assured as outstanding**
  NHS England is fully assured by a CCG’s performance in a component of assurance.

- **Assured as good**
  There are minor concerns or a higher level of risk but the CCG is managing it effectively.

- **Limited assurance, requires improvement**
  A CCG has more serious challenges and a higher level of risk in a component.

- **Not assured**
  NHS England is satisfied that a CCG is (a) failing or is (b) at risk of failing to discharge its functions in a component.

**Enhanced Oversight and Special measures**

CCGs with components of assurance assessed as limited assurance and not assured will receive enhanced oversight and support from NHS England which may include the application of special measures.

The special measures regime is designed to address severe, persistent and chronic performance challenges, financial challenges and/or governance difficulties where the CCG lacks leadership capability to deliver sustained improvement.

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**Proportionate, risk based assurance approach**

The previous quarterly assurance meeting regime is replaced by a continuous assurance approach throughout the year and a full annual assessment against all 5 components after the end of Quarter 4.

The frequency of in-year assurance meetings is determined by the level of CCG risk/health economy challenge, recognising that CCGs have different starting positions, with different populations and challenges.

NHS England will agree with each CCG a proportionate schedule of assurance discussions for the year based on the CCG’s previous assurance status and the current degree of risk it faces.
APPENDIX D: 2015/16 CCG Assurance Framework - Overview

Sources of Evidence

A number of sources of evidence will inform the assurance process and will include:

- CCG delivery dashboard, updated during 2015/16
- Intelligence received from local partners and other organisations, such as the CCG, NHS Improvement reviews and reports
- Insight gathered from patients, eg, Friends and Family test, patient surveys, patient participation groups and engagement
- Relevant local Joint Strategic Needs Assessments, joint health and wellbeing strategies
- CCG outcome indicator sets 2015/16
- Insights from quality surveillance groups, risk summits etc
- Annual EPRR assurance report, Local Health Resilience Partnership (LHRP) work-programme, exercise evaluation reports and post-incident reviews
- Local HealthWatch organisations, which highlight issues of local concern and opportunities for improving services
- CCG Annual report and annual governance statement
- 360 degree stakeholder survey which enables CCGs to continue to improve quality and outcomes for patients, while building stronger relationships with their stakeholders
- Delegated and directed functions self-certification, including a declaration on conflicts of interest
- CCG produced documents such as CCG constitution, board papers, internal and external audits, financial & strategic plans
- CCG financial resilience self-assessment checklist

A CCG scorecard will be developed during 2015/16 for publication as part of MyNHS. This will provide a clear, common information source for assurance from 2016/17.

Assurance Components & Key Areas of Enquiry

<table>
<thead>
<tr>
<th>Well led organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has strong and robust leadership;</td>
</tr>
<tr>
<td>2. Has robust governance arrangements, including for the management of potential conflicts of interest and adherence to the CCGs’ code of conduct policies;</td>
</tr>
<tr>
<td>3. Involves and engages patients and the public actively;</td>
</tr>
<tr>
<td>4. Works in partnership with others, including other CCGs;</td>
</tr>
<tr>
<td>5. Secures the range of skills and capabilities it requires to deliver all of its commissioning functions, using support functions effectively and getting best value for money; and</td>
</tr>
<tr>
<td>6. Has effective systems in place to ensure compliance with its statutory functions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delegated Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Governance and the management of potential conflicts of interest</td>
</tr>
<tr>
<td>8. Procurement</td>
</tr>
<tr>
<td>9. Expiry of contracts</td>
</tr>
<tr>
<td>10. Availability of services</td>
</tr>
<tr>
<td>11. Outcomes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Finance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Financial performance</td>
</tr>
<tr>
<td>13. Financial controls</td>
</tr>
<tr>
<td>14. Financial governance, resources and processes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Performs against the range of measures in the delivery dashboard.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Has an assured annual plan</td>
</tr>
<tr>
<td>17. Is performing to plan in year</td>
</tr>
<tr>
<td>18. Has an assured System Resilience Group plan</td>
</tr>
<tr>
<td>19. Has an assured Better Care Fund plan that complies with Guidance for the operationalisation of the BCF in 2015-16</td>
</tr>
<tr>
<td>20. Has a long term plan to implement the 5 year forward view</td>
</tr>
</tbody>
</table>