

Quality & Outcomes Report: Month 9 2015/2016

Governing Body

4 February 2016

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Is your report for Approval / Consideration / Noting	
Consideration	
Are there any Resource Implications (including Financial, Staffing etc)?	
Potential additional funds via achievement of Quality Premium measures for 2014/15 and subsequently 2015/16 Quality Premium measures.	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
<ol style="list-style-type: none"> 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield 	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached? No if not, why not?</i> None necessary	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
It does not directly support this but as a public facing document is part of keeping the public informed.	
Recommendations	
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> • 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 	

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NHS

**Sheffield
Clinical Commissioning Group**

Quality & Outcomes Report

2015/16: Month 9 position

For the February 2016 meeting
of the Governing Body

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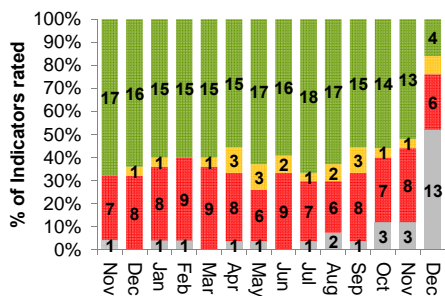
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(Quarterly update from the Policy, Performance and Communications Service, Sheffield City Council)

Highest Quality Health Care

NHS Constitution - Rights & Pledges



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

The chart shows how CCG delivery of the 25 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:

	Diagnostic 6+wk waits, Ambulance response times (RED 1 and RED 2) within 8mins, Ambulance handover delays (30min+ and 1hr+), Mixed Sex Accommodation
	Cancer waits (62days for treatment following consultant's decision to upgrade priority of patient: NOVEMBER YTD POSITION), Ambulance crew clear delays (30min+ and 1hr+)

2015/16 Headlines

These Rights and Pledges remain an important aspect of what we are committed to delivering for the people of Sheffield during 2015/16. Currently, **10 of the 15** core rights and pledges are being successfully delivered.

PLEASE NOTE, regarding Sheffield Teaching Hospitals NHS Foundation Trust data: The Trust implemented a new patient administration system (Lorenzo) in late September. This is still impacting upon reporting. Agreement to pause reporting has been agreed with Monitor in relation to A&E data and it is now expected that reporting will recommence by the end of January 2016. The Trust is internally reviewing the data on a weekly basis with a view to reporting data externally after one week of internal reporting with no issues. 18 weeks and Diagnostic waiting times data has been submitted, although data quality reconciliation is ongoing.

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 December.

The nationally reported year to date position for Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) remained just under the 95% standard as at the end of August (full September to December data not yet available, as detailed in the above note). Sheffield is experiencing similar pressures on A&E to those being seen nationally and the CCG continues to work closely with STHFT to ensure patients continue to receive a high quality service.

Patients referred for suspected Cancer: All cancer waits pledges are being achieved for Sheffield patients, whether they were referred to STHFT or other hospitals. (The measure for Patients having a maximum 2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient is lower than in recent months; however, this does not have an operational standard and is not centrally assessed by NHS England.)

The 62 day standard (85%) remains challenging at both a national and local level. The impact of shared pathways (where patients are referred on by the hospital at which they were first seen) is a national issue but locally the impact for STHFT has been demonstrated as greater than experienced elsewhere.

Progress on improving shared pathways to enable recovery of the standard is being reviewed via the Cancer Waiting Times Task and Finish Group; this group meets next on the 9th February. The Task and Finish Group was established to improve timeliness of shared pathways and now has agreed trajectories in place and is monitoring progress against these. Executive level oversight has been requested by the Cancer Strategy Board. Each organisation has been written to by the Board's chair to ensure the delivery of the agreed trajectories and improvement plans is overseen at executive director level.

continued overleaf

2015/16 Headlines - continued

Waiting times & access to Diagnostic tests:

18 week pledge:

As noted previously, National recording and reporting of RTT waiting times has been revised and as a result, with effect from October 2015, the measures for Admitted and Non-admitted patients starting treatment within 18 weeks from referral are no longer required/monitored. Therefore, our reporting of RTT for the NHS Constitution now focuses on the Incomplete (patients not yet seen) measure.

For both STHFT and SCHFT, provisional December data indicates the Trusts have met the Incomplete pledge for Sheffield patients and also at a Trust-wide level (i.e. for all patients).

Diagnostic waits:

- **STHFT** - Provisional December data indicates the Trust has not achieved the standard (patients seen within 6 weeks) for Sheffield patients or overall. The majority of 6+ week waits for Sheffield patients were in Peripheral Neurophysiology, Colonoscopy, Gastroscopy, Flexi Sigmoidoscopy and Sleep Studies. With regard to Gastroenterology, there are known capacity issues and the Trust is planning to recruit additional consultants, which will improve waiting times. The CCG is liaising with the Trust to obtain further information on the underlying cause of the other breaches.
- **SCHFT** - The Trust achieved the standard for Sheffield patients but not overall in December. Actions around Sleep Studies should be completed by the end of January and the specialty should therefore be achieving the target sustainably from February onwards. The CCG is currently awaiting further information from the Trust as to the cause of the remaining 6+ week waits, the majority of which were in Endoscopy.

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

Quality and Safety

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

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

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

- **C.Diff** - In 2015/16 so far (as at the end of December), 145 cases attributable to the CCG have been reported, which is just below the forecast for this point in the year of 146. STHFT have reported 42, compared to a forecast for this point in the year of 65. SCHFT have reported 8 cases, compared to a total forecast for the year of 3.
- **MRSA** - 1 case has been assigned to the CCG so far in 2015/16 (3 others attributed to the CCG have, following Post Infection Review/arbitration, been assigned to a third party). No cases have been reported for STHFT or SCHFT so far in 2015/16.

Ensuring that people have a positive experience of care:

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

- The STHFT percentages of respondents who would recommend A&E and Maternity services increased between October and November but for Inpatients decreased slightly.
- The response rates for both A&E and Inpatients increased between October and November. (Maternity combined response rate is not reliably calculable, given different areas of service/methods.)

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 five key ambitions. An update on progress against these ambitions during Quarter 3 of 2015/16 is provided on pages 14 - 15.

CCG Assurance - NHS England Assessment

2015/16 CCG Assurance Framework

The next assurance meeting, in respect of Quarter 2 of 2015/16, is scheduled for mid-February 2016.

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.

The CCG Quality Premium achievement for 2014/15 has now been confirmed and Sheffield has achieved 52.5% of the 2014/15 Quality Premium measures. This compares well to other CCGs in the region.

The resulting Quality Premium payment for Sheffield is £1.49 million which will be invested in our programmes of work to improve quality and outcomes for our population.

2015/16 Quality Premium

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

Public Health Quarterly Report

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




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

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 and, with effect from October 2015, revised RTT measures.

Key to ratings:

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

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

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

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

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

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.

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



Supporting measure:

No patients wait more than 52 weeks for treatment to start



Diagnostic test waiting times

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

Issues & Actions:

STHFT: The Trust did not meet the diagnostic waiting time standard for Sheffield patients in December, with 94.14% of patients seen within 6 weeks. As a whole Trust (i.e. for all patients - Sheffield and non-Sheffield) STHFT also did not meet the pledge, with 93.97% of patients seen within 6 weeks. For the CCG, this means 410 patients waited longer than 6 weeks for diagnostic tests at STHFT, a significant increase compared to last month. The majority of these patients were in Peripheral Neurophysiology with Colonoscopy, Gastroscopy, Flexi Sigmoidoscopy. Sleep Studies are also reporting significant numbers of breaches. The CCG is liaising with the Trust to obtain further information on the underlying cause of these breaches. With regard to Gastroenterology, there are known capacity issues and the Trust is planning to recruit additional consultants, which will improve waiting times.

It should be noted that, following the implementation by STHFT of a new patient administration system (Lorenzo) towards the end of September, reconciliation to ensure the quality of Diagnostics reporting under the new system is still being completed.

SCHFT: The Trust met the Diagnostic waits pledge for Sheffield patients in December, with 99.14% seen within 6 weeks. However, provisional data suggests that the Trust has not met the pledge at a Trust-wide level (all patients) with 97.08% - 23 patients waiting 6 weeks or over. 9 of these were in Sleep Studies - where implementation of remedial actions to address capacity issues should be completed by the end of January and Sleep Studies should be achieving the target sustainably from February onwards. The CCG is currently awaiting further explanation from the Trust as to the cause of the remaining 6+ week waits, the majority of which were in Endoscopy.

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

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



A&E waits

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

Issues & Actions:

A&E 4hr waits: The position towards the end of September was still meeting the pledge for the CCG (and for SCHFT) but the STHFT position remained just under the 95% standard. Full validated data is not yet available for October, November or December to date for STHFT - and therefore also for the full CCG position, as STHFT constitutes the majority of this. However, indications (from the use of related datasets) are that the position has deteriorated since the last available data was received.

Further actions: GP Admissions

Pathways for patients who are identified by their GP as needing possible admission and referred to STHFT via the Single Point of Access (SPA) team, have been redefined in the last few months. Rather than this referral being viewed as a confirmed admission, the focus is on assessment of the patient (by the STHFT team) for potential admission or use of alternatives to hospital care where appropriate. This redefined pathway has been renamed, from 'GP bed bureau' to 'Assess to Admit'.

Patients are taken directly to the Assess to Admit unit (they would previously have been taken to A&E) thus reducing pressure upon the A&E department and the pathway acts as an additional filter to unnecessary admission.

An additional pathway has also been trialled over winter to ensure patients arrive in hospital within 90 minutes of GP request for possible admission, in order to maximise access opportunity for timely assessment and avoid unnecessary admissions. The impact of this trial will be reviewed during April with a business case developed if appropriate.

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



Supporting measure:

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



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

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

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

The supporting measure remains at August'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 from Consultant upgrade: This waiting times pledge does not have an operational standard so, for indicative purposes, is rated against previous months' performance. However it is clear from recent NHS England guidance that this will therefore not be centrally assessed (although will be monitored and published as national statistics).

The percentage of Sheffield patients for whom the pledge was met in November was 77.78%, bringing the performance for 2015/16 to date to 84.17% (the lowest in-month position since June and also lower, YTD, than last month). Although this does not have an operational standard, STHFT continue to undertake root cause analysis to identify any underlying reasons for identified delays, in order to address them as part of the improvement plans.

From GP Referral to First Outpatient Appointment (YTD)

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



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



From Diagnosis to Treatment (YTD)

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



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



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



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



From Referral to First Treatment (YTD)

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



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



Patients having a max. 2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient



NOTE: The Consultant Upgrade indicator on the left does not have a national target so, for indicative purposes, is rated against previous performance (i.e. whether worsening or improving).

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

Commissioners of the 999 service from YAS have invested in three key demand management schemes for 2015/16 to help ensure that calls are directed to/addressed by the most appropriate service: additional clinicians in the 111 call centre to reduce calls through to 999; mental health nurses in the 999 call centre to reduce the number of avoidable responses; frequent caller management to reduce the number of avoidable 999 calls. YAS presented their remedial action plan and trajectory for the remainder of the year to commissioners at a meeting in October. The performance year to date is such that the NHS Constitution service standards for RED 1 and RED 2 8 minute performance will not be achievable for 2015/16.

Ambulance Handover and Crew Clear delays: The number of ambulance handover delays significantly decreased in December for both those over 30 minutes and those over 1 hour, although these remain above expected levels. The number of crew clear delays also decreased significantly for both those over 30 minutes and those over 1 hour, although these 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, although the position in Sheffield is more challenging than in other YAS areas. STHFT have now implemented an agreed escalation protocol with YAS to improve handover times. Performance is monitored on a daily basis by the CCG, STHFT and YAS and is a key element of the STHFT A&E remedial action plan.

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

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

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

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



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



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



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

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



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



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



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



Mixed Sex Accommodation (MSA) breaches

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

Issues & Actions:

There was 1 breach at a non-Sheffield provider in September that has been attributed to Sheffield CCG and, as this measure is for 2015/16 as a whole, the pledge is therefore not being met.

Supporting measure:

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



Cancelled Operations

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

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

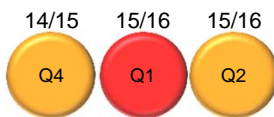
Issues & Actions:

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days: As noted previously, 1 such cancelled operation (where the patient was not subsequently offered another binding appointment for surgery within 28 days) was reported by STHFT in Quarter 2 2015/16. This is a decrease from the 5 reported in Q1 15/16. 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 Q2.

Supporting measure:

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



Supporting measure:

No urgent operation to be cancelled for a 2nd time



Mental Health

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

Supporting measure:

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



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

Quality and Safety

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

Patient Safety - Health Care Acquired Infections (HCAIs)

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

Clostridium Difficile: The 2015/16 commitment for Sheffield CCG is to have no more than 194 reported C.Diff cases during 2015/16. For STHFT and SCHFT, this commitment is 87 and 3 respectively. Of the 16 cases reported in December (6 fewer than reported the previous month) for Sheffield CCG:

- 9 were STHFT (of a total 11 STHFT-reported cases)
- 2 were community associated, with a hospital admission in the last 56 days
- 5 were community associated, with no recent hospital contact/admission

5 of the 11 STHFT cases (3 Sheffield and 2 non-Sheffield residents) occurred on separate wards with no other cases. 4 (all Sheffield residents) occurred on the same ward; samples have been sent for ribotyping and the Infection Prevention Control (IPC) audits are being undertaken. Ribotyping results are awaited, as 3 or more cases of the same ribotype would be reported as a serious incident. 1 (Sheffield resident) occurred on a ward that has had several other cases in the past 2 months (this was reported as a serious incident in November). The sample has been sent for ribotyping and IPC audits and monitoring continues. 1 (Sheffield resident) occurred on a ward with 1 other case; the samples have been sent for ribotyping and IPC audits are underway.

SCHFT did not record any cases in December. We are still awaiting 2 Root Cause Analyses (RCAs) from SCHFT for cases recorded previously and a meeting is planned in late January with Microbiology and Infection Control staff to discuss the cases.

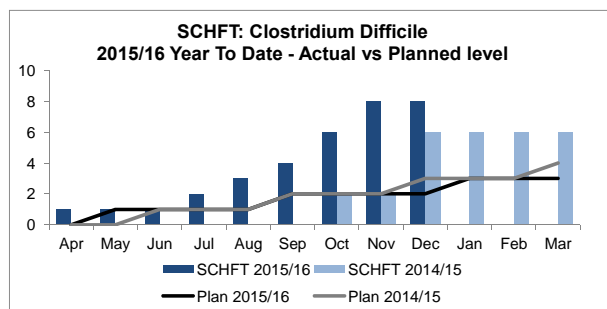
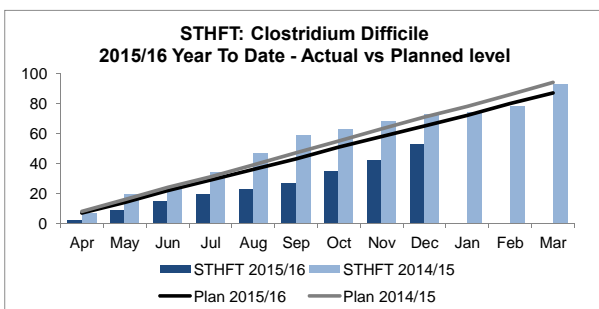
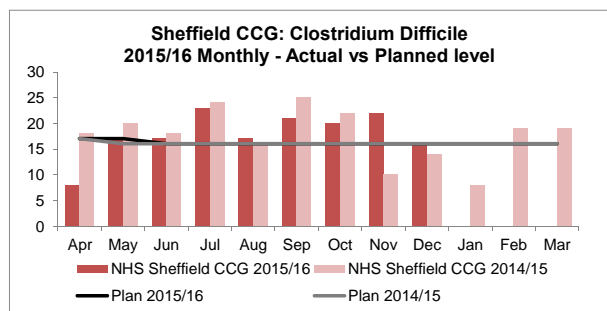
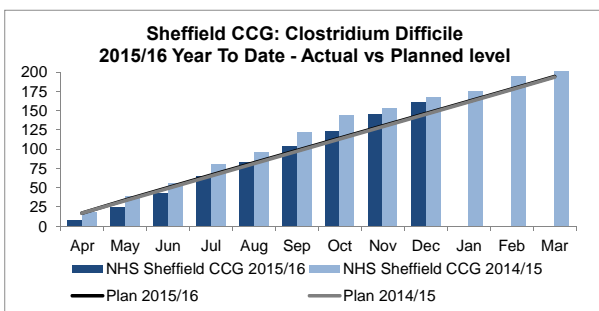
MRSA: No cases were reported in December. As noted last month, the case in October was awaiting assignment by the Regional Arbitration Panel (the patient had not accessed any healthcare prior to the bacteraemia and as such the CCG referred it for arbitration for assignment to third party as a non-healthcare case - acquisition unknown); this has now been assigned to a third party.

PLEASE NOTE: Although 4 cases have been attributed to the CCG (i.e. the patient is a Sheffield resident) in 2015/16 so far, assignment of a case following a Post Infection Review is the important factor because the organisation that has been assigned the case takes responsibility for it and any shared learning that is identified.

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

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

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Dec-15	0	0	0	16	11	0
Number of infections forecast for this month	0	0	0	16	7	0
Number of infections recorded so far in 2015/16	1	0	0	145	42	8
Number of infections forecast for this period	0	0	0	146	65	2



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 carried out an onsite inspection during the week commencing 7th December 2015. Verbal feedback has been provided to STHFT and a draft action plan has been developed which has been seen by the CCG. Further unannounced visits were undertaken. A written report is now awaited.

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 - most recent is included in this month's report on page 12).

For the CCG Governing Body meetings held in public (which will from February 2016 will happen in alternate months) this section will include a focus on patient experience at Sheffield Teaching Hospital NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care NHS Foundation Trust. Therefore, the next patient experience update will be included in next month's Quality and Outcomes report in preparation for the March 2015 meeting.

Eliminating Mixed Sex Accommodation

There were no breaches in December at any of the Sheffield-based Trusts, nor attributed to the CCG from other Trusts. However, as this measure is based on the whole year, due to the breach at a non-Sheffield provider in September that had been attributed to Sheffield CCG, the pledge is therefore not being met for 2015/16. As noted previously, the CCG has been in contact with the Trust to obtain further details about this occurrence.

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.

November 2015 Summary (with September 2015 and October 2015 for comparison for Sheffield only)	Sheffield (STHFT)						England	
	September 2015		October 2015		November 2015		November 2015	
	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate
A&E	83.46%	20.68%	74.50%	17.61%	77.84%	18.95%	86.87%	13.10%
Inpatients (IP)	96.60%	33.95%	96.01%	25.28%	94.88%	29.96%	95.71%	25.10%
Maternity touch points 1 - 4	93.57%	N/A	93.13%	N/A	95.69%	N/A	95.55%	N/A

Notes:

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

STHFT - FFT Supporting Information - November update

Although there are no national targets for response rates, the Trust remains committed to maintaining good response rates for FFT to ensure feedback data is robust. The Trust has therefore set response rate targets for Inpatients at 30%, and A&E and Maternity Services at 20%. There are no targets for Outpatients or Community Services.

Whilst A&E at Northern General Hospital (NGH) had an increase of 1.4% from October to November in its response rate, it is the only area which did not achieve their response rate target this month. The impact of this is a reduction of the overall response rate to below the target, with a 17% response rate. The Minor Injuries Unit and Eye Casualty both received strong response rates of 23.2% and 24.9% respectively.

Although the percentage of patients who would not recommend A&E Services (NGH) has improved by 2%, it continues to be quite high at 18%. A review of all FFT comments for A&E received for Quarter 3 2015/16 (October to December 2015) will be undertaken to identify the main themes being raised in negative responses.

New FFT cards for Inpatients, Maternity, Community and Eye Casualty have now been printed and will be distributed over the next few weeks. The new cards offer patients the choice of completing the survey using the FFT card, by texting their feedback to a short code, or by following a link to complete the survey online. Dementia-friendly cards are being used on all Geriatric and Stroke Medicine (GSM) wards and Community settings.

A number of Day Case areas are currently trialling the SMS/IVM (Interactive Voice Message) method to see if this positively impacts on their response rates. These are: Day Surgery Unit - NGH (the Bev Stokes DSU), Endoscopy - NGH & Royal Hallamshire Hospital (RHH), Day Surgery Unit - RHH, Neuro Day Case Unit - RHH and Theatre Admissions Unit - RHH.

Patient Experience of GP Services

One of NHS England's Outcomes ambitions for the domain 'Increasing the number of people having a positive experience of care outside hospital, in general practice and the community' is to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services. This is measured using results from the bi-annual GP Patient Survey to ascertain the level of patients experiencing poor care, by identifying the total number of responses of either 'fairly poor' or 'very poor' experience across the two questions:

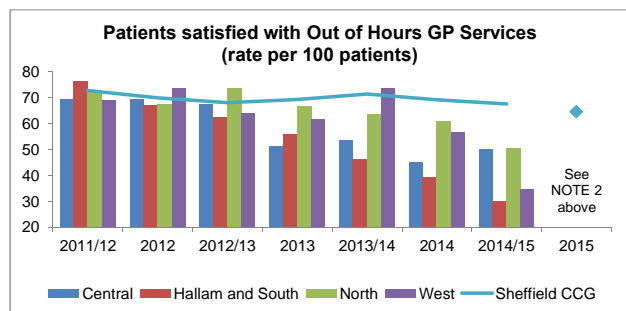
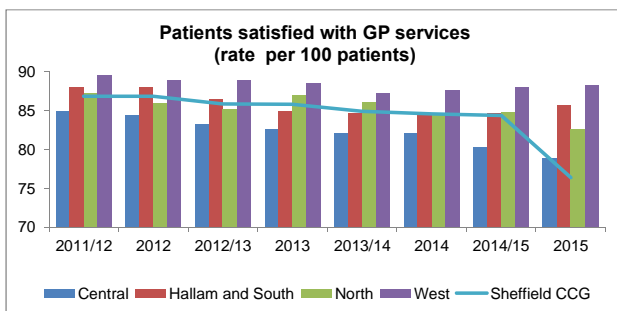
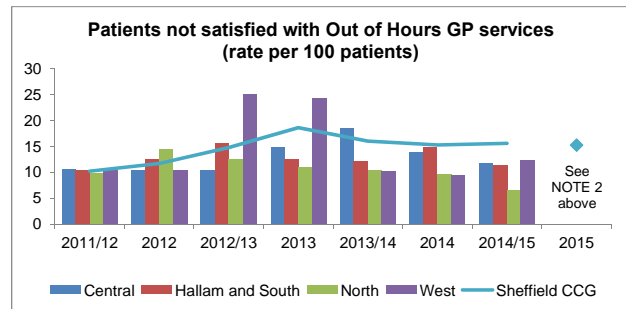
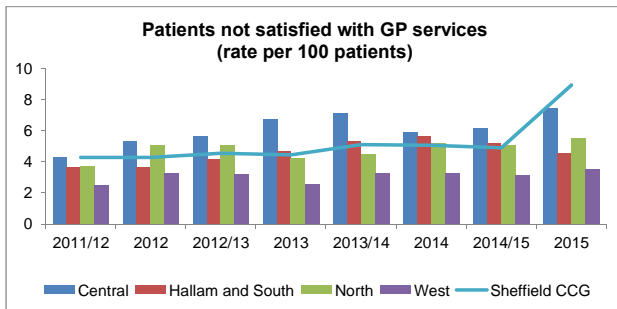
- "Overall, how would you describe your experience of your GP Surgery?"
- "Overall, how would you describe your experience of Out of Hours GP services?"

The charts below show selected measures from the GP Patient Survey, which is published every 6 months. This page remains in the report due to links to National Outcomes measures; please see APPENDIX A: Health Economy Performance Measures Summary for the most recent position of the areas below. Two surveys are run per year, with the final annual position being calculated from an aggregate of these - depending on the 2 composite surveys, this will be a calendar year (i.e. 2015) or a financial year (i.e. 2015/16). Results are shown here by Sheffield CCG Locality for comparison against the total CCG position.

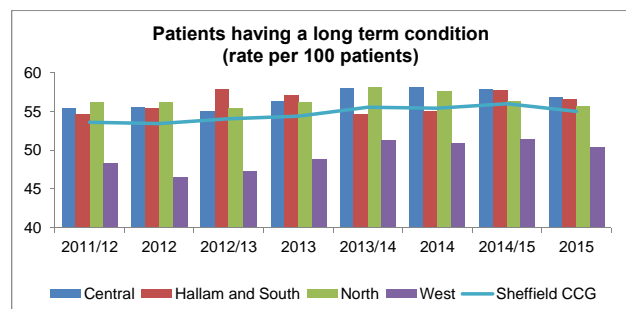
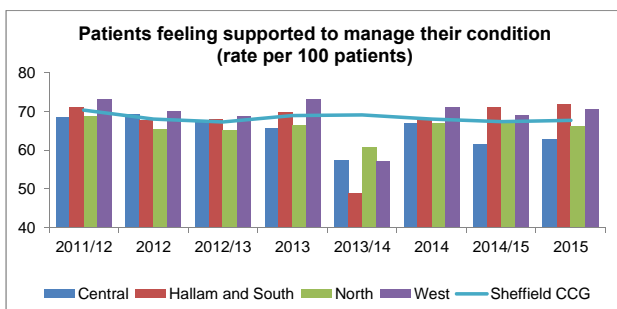
NOTE 1: CCG data is published separately and is an aggregate of all practices that the CCG is responsible for but Locality positions are calculated from the individual practice figures that are published. Low response numbers (less than 10) are suppressed to ensure individual patients and their responses are not identifiable, therefore the Locality numbers can be significantly under-counted and hence rates can look very different from the overall CCG position. (This particularly affects out-of-hours GP Service responses which, given the nature/demand, are much lower than those for GP Services.)

NOTE 2: As notified by the survey providers, the **out of hours** questions were redesigned for July-September fieldwork (2015) to reflect changes to service provision and are therefore **no longer directly comparable with previous results**. The CCG rate shown for this (◆) is only for 1 wave of the survey; practice-level data will not be available until the July 2016 publication.

Patients' overall satisfaction with their GP Service and Out-of-Hours GP Service: The first pair of charts below illustrate progress against the NHS England Outcomes ambition to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services. This measures whether patients selected either 'fairly poor' or 'very poor' as their overall experience of their GP Surgery and/or out-of-hours GP services. The second pair of charts illustrates those patients selecting either 'fairly good' or 'very good' experience across the same two questions; these are also monitored nationally.



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



Quality Premium

Composition of 2015/16 Quality Premium

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

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

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

A&E 4hr waits: Please see data note re: STHT in the Summary (page 1) and info in the NHS Constitution section (page 5)

Patient Safety - Improved Antibiotic Prescribing: Local data for Quarter 2 of 2015/16 in comparison to the baseline year (2013/14) indicates progress continues to be made towards achieving the targets. However, there is caution in interpreting the data at Q2, particularly for part a) of the measure, as Antibacterial prescribing increases in the winter months (Q3 and Q4).

Local Data for Q3 of 2015/16 is expected to become available next month and will be published in the March Quality & Outcomes Report.

Measures not currently being met

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.

Sheffield CCG Commissioning Intentions - 2015/16 Quarter 3 (October - December) update:

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 against these ambitions during Quarter 3 of 2015/16 is provided below.

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

For people who have long term health conditions, person-centred holistic plans help to maximise their independence and reduce deterioration and crises in their health. 90% of Sheffield GP Practices, along with community nursing services across the city, are participating in the GP-led Person-centred care planning service. To date during 2015/16, 5,842 care plans have been completed.

A further 100 patients are in the process of being surveyed in respect of their experience of care planning. The first 200 survey responses from patients were very positive, with 88% saying they felt more confident about managing their own health and 65% that, as a result of the care planning appointment, they would make changes in terms of their health or managing their condition.

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

We have continued to engage with people in Sheffield to review local needs and priorities for urgent care in the city and inform planning of future services. Healthwatch, an independent consumer champion for health and social care, have sought the views of patients attending Sheffield Children's NHS Foundation Trust (SCHFT) Accident and Emergency, Broad Lane Walk-in Centre and the Minor Injuries Unit at The Royal Hallamshire Hospital (Sheffield Teaching Hospitals NHS Foundation Trust - STHFT). The Healthwatch survey asked patients why they had come to this particular service and what other services they had tried to use before attending.

The city-wide review of urgent care services is also being informed by issues and opportunities for urgent care services for children and young people identified by the CCG's Children, Young People and Maternity portfolio.

We are working closely with STHFT and patient transport providers on improving patient transport services across the city. Over the winter period, extra transport is being provided to assist with discharging people home in a timely way and ensuring that patients whose GP feels they may need admission can be swiftly transported to hospital.

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 continue to make progress in development of the CASES (Clinical Assessment, Services, Education, Support) model, a new approach to commissioning outpatient services.

CASES aims 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

A number of areas have been identified where CCG clinical leads and STHFT colleagues believe joint working and service developments will result in improved patient experience and better use of clinician's skills and resources. The portfolio is currently defining the scope of a pilot to test a number of the elements of the new model which they plan to commence from April 2016.

continued overleaf

2015/16 Quarter 3 (October - December) Update - continued

The CCG Clinical Director for Elective Care has been working with Gastroenterology consultants at STHFT to improve the referral guidance for patients in need of endoscopy. Consultants have been asked to work with GPs by providing education and training to support use of the new guidance.

The successful endometrial sampling pilot testing has been extended. These tests are now able to be carried out in the GP Practice in order to provide the service to more patients. GP practices have been contacted with an invitation for clinicians to undertake training. Following sharing of results from evaluation of the Sheffield pilot, a number of other CCGs have contacted Sheffield as they are interested in implementing a similar service in their area.

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

We have expanded the Mental Health liaison service to extend the hours of service and improve response times at A&E. This development is in conjunction with street triage service with mental health workers and the police working closely to better manage the care of people with Mental Health crisis in the community. Additionally, we have published our Sheffield action plan as part of the national Mental Health Crisis Care Concordat and are continuing to work with partners across the city to improve care for people experiencing Mental Health Crisis.

A Psychiatric Intensive Care Unit was opened in December 2015 by Sheffield Health and Social Care Trust. This will reduce the number of people going out of city for intensive mental health care services and will provide an improved therapeutic environment for patients.

Recruitment of additional staff to the Early Intervention Service is enabling people experiencing psychosis to be seen earlier by specialist clinicians.

People with Dementia are getting better access to treatment as waiting times are beginning to decrease for the memory service and the rate of diagnosis of Dementia is increasing (Sheffield diagnosis rate is 15% higher than national rates).

IAPT (Improving Access to Psychological Therapies) services in Sheffield have, to date, seen more people than during the same period last year and the service continues to manage people with more complex needs compared to other IAPT services.

Over the last year, a number of people with enduring mental ill health have been brought back to Sheffield for more appropriate care closer to home, enabling them to leave inappropriate long-term inpatient care. Additionally, this year has seen more people leaving inpatient rehabilitation services and moving onto community based packages of care to promote their recovery and deinstitutionalisation.

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

Following full assurance by NHS England of Sheffield's Transformation Plan for Emotional Wellbeing and Mental Health for Children and Young People, we were awarded transformation funds. This has allowed the CCG and partners to start implementing a plan to improve services and support for Children and Young People.

Funding from the Department for Education has been secured to deliver new pilot initiatives for mental health in-reach in schools. The initiatives aim to improve the skills and knowledge of staff working in schools and provide a new service for children and young people in school who need emotional wellbeing support.

To ensure the health needs of victims of child sexual exploitation (CSE) are met, the CCG has developed a new health service for victims of CSE. This service will be integrated with the city's CSE service which is delivered by Sheffield City Council.

The CCG has finalised an improved pathway for perinatal mental health which involves universal health services, maternity services and mental health services. This provides clear information to women and health services on the support available and how to access it.

In partnership with Sheffield City Council we have established working arrangements to ensure the city delivers the new reforms for children with Special Educational Needs and Disabilities (SEND). This brings together a range of health services including community paediatrics, school nursing, CAMHS (Child and Adolescent Mental Health Services) and adult learning disability services to improve joint working arrangements and provide a focus on achieving the outcomes for this cohort of children and young people.

New strategic priorities for Sheffield's Children's Health and Wellbeing Partnership Board have been agreed which provide a focus for all partners on the work required to improve the health and wellbeing of the child and young people population of Sheffield.

Appendices

Quality & Outcomes Report

APPENDIX A: Health Economy Performance Measures Summary

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

Red, amber and green (RAG) ratings represent the latest known position for performance against each relevant measure. **Where possible, the RAG rating is against December 2015 performance as at the 22nd January 2016 - year to date where appropriate.**

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

Key

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

YTD - Year To Date

QTR - Quarterly

WIP - Method/format of measurement is work in progress

Acute Services Portfolio - Elective Care

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

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

% still not seen/treated within 18wks - Incomplete pathway

Number waiting 52+ weeks - Incomplete pathway

CCG	STHFT	SCHFT
93.23%	93.08%	94.25%
0	0	0

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving a diagnostic test within 6wks

94.61%	94.14%	99.41%
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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

Cancelled operations offered another date within 28 days (QTR)

47541	41414	2467
9397	7446	899
38144	33968	1568
44699	38597	2467
7049	5120	899
37650	33477	1568
148785	130942	9490
132855	116164	9043
64692	58443	2025
59887	53807	2019
142034	125543	7056
88695	79848	2753
53339	45695	4303
336998	306271	11754
*	1	0

GP services

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

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

76.36
8.91

Quality Premium 2015/16: Locally selected measure

Increase in all GP referred routine first outpatient appointments being booked by electronic means

23.70%

continued overleaf (inc. all footers / notes)

APPENDIX A: Health Economy Performance Measures Summary

Urgent Care

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

Non-elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD) ²	95.78%	94.85%	98.05%
LOCAL: % seen/treated within 4 hours of arrival in A&E (YTD) ²	-	94.87%	97.93%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0
Non-elective spells: All specialties (YTD) ¹	41186	37040	1774
Non-elective spells: G&A specialties (YTD) ¹	32847	28996	1774
A&E attendances - Type 1 A&E departments (YTD) ³	101932	50774	31429
A&E attendances - All A&E departments (YTD) ³	121311	65363	31429
Unplanned hospitalisation for chronic ambulatory care sensitive conditions ⁴	941.9	N/A	N/A
Emergency admissions - acute conditions that should not require admission ⁴	1373.4	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s ⁴	189.7	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) ⁴	400.6	N/A	N/A
LOCAL: Unplanned hosp for chronic ambulatory care sensitive conditions ⁴	398.09	N/A	N/A
LOCAL: Em admissions - acute conditions that should not require admission ⁴	626.29	N/A	N/A
LOCAL: Unplanned hosp for asthma, diabetes and epilepsy in under 19s ⁴	80.66	N/A	N/A
LOCAL: Em admissions for children with lower respiratory infections (LRTI) ⁴	66.81	N/A	N/A
Urgent operations cancelled for the second time	*	0	0

NOTE - A&E Atts: STHFT & SCHFT not complete

GP Out-of-hours services

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

Yorkshire Ambulance Service (YAS)

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest YTD) ⁵	76.62%	N/A	N/A	71.66%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) ⁵	74.70%	N/A	N/A	71.53%
Category A response in 19 mins (YTD) ⁵	97.93%	N/A	N/A	95.27%
Ambulance handover delays - of over 30 minutes ⁶	N/A	444	2	1850
Ambulance handover delays - of over 1 hour ⁶	N/A	51	1	281
Ambulance crew clear delays - of over 30 minutes ⁶	N/A	20	2	480
Ambulance crew clear delays - of over 1 hour ⁶	N/A	2	0	29

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)	-179.45
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Active Ageing, Cancer, End of Life Care and Long Term Conditions

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

	CCG	NOTE: STHFT & SCHFT Cancer waits figures are their Sheffield CCG cohort; it is <u>not</u> the Trust total position
Potential years of life lost (PYLL - rate per 100,000) ⁷	1976.3	
Proportion of people feeling supported to manage their condition	64.6%	
Health-related quality of life for people with long-term conditions	72.0	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	76.5%	

Cancer Waits (YTD)

	CCG	STHFT	SCHFT
% seen within 2 weeks - from GP referral to first outpatient appointment	93.64%	93.63%	100.00%
% seen within 2 weeks - as above, for breast symptoms	97.16%	97.44%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	97.96%	98.23%	93.33%
% treated within 31 days - subsequent treatment (surgery)	96.24%	96.10%	100.00%
% treated within 31 days - subsequent treatment (drugs)	99.80%	99.79%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	99.64%	99.63%	N/A
% treated within 62 days - following an urgent GP referral	88.38%	88.58%	N/A
% treated within 62 days - following referral from an NHS screening service	96.24%	96.20%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	84.17%	83.92%	N/A

continued overleaf (inc. all footers / notes)

APPENDIX A: Health Economy Performance Measures Summary

Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	98.26%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	11.21%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	40.91%
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	TBC
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	TBC
Estimated diagnosis rate for people with dementia ⁸	82.0%

Children, Young People and Maternity

The 2 National measures monitored by this portfolio

- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

- Emergency admissions for children with lower respiratory infections (LRTI)

ultimately relate to Urgent Care and so are summarised in that portfolio section; please see previous page.

Quality Standards

Patient Safety

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia infections (YTD)	1	0	0	N/A
Clostridium Difficile (C Diff) infections (YTD)	161	53	8	N/A
Mixed Sex Accommodation (MSA) breaches (YTD)	1	0	0	0
Hospital deaths attributable to problems in care	WIP	WIP	WIP	WIP

Patient Experience

	WIP	WIP	WIP
Patient experience of hospital care	WIP	WIP	WIP
Friends and Family test: Inpatient - Response rate ⁹		29.96%	
Friends and Family test: Inpatient - % Recommended ⁹		94.88%	
Friends and Family test: A&E - Response rate ⁹		18.95%	
Friends and Family test: A&E - % Recommended ⁹		77.84%	

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

FOOTNOTES OVERLEAF

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 in to the total
- The majority of the activity measures will be monitored against nationally submitted SUS (secondary uses service) data
GP Referrals data is not available via SUS and so will, as per previous years, continue to be monitored via the Monthly Activity Return (MAR) or Quarterly Activity Return (QAR) submitted to the Department of Health
- Measures on the number of referrals will not be rated for STHFT or SCHFT as plans are not provided for these by CCG
- * G&A specialties = General & Acute - does not include, for example, Obstetrics, Mental Health and Community services

² % seen/treated within 4 hours of arrival in A&E: CURRENTLY AS AT END OF SEPTEMBER, APART FROM SCHFT

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

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 reported from the provider on the national A&E SITREP collections
- SCHFT has a Main A&E department only, so all attendances are Type 1 in nature

⁴ Emergency Admissions/Unplanned Hospitalisation:

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

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

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

⁷ PYLL:

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

Mental Health, Learning Disabilities and Dementia

⁸ Dementia diagnosis rate:

- PROVISIONAL Nov-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 December, there have been 1,013 home treatment interventions against the 12-month target of 1,202; this equates to 12.37% more patients benefiting from this service than originally planned by the ninth month of 2015/16.

CPA 7 day follow up

November's monthly performance was 91.67% due to 2 patients not being followed up within 7 days; the CCG are awaiting further information and actions taken on these from SHSCFT. This, along with the follow-up over 7 days recorded in July and the one last month, means the 2015/16 YTD position has reduced again to 98.26%; this does, however, remain above the national target of 95%.

Psychosis intervention

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

During 2015/16 the focus of performance reporting for the EIS pathway is changing to reflect the new national standards relating to access to treatment within 2 weeks of referral. A new collection commenced in January 2016 (to cover December 2015 data) and monitoring should therefore be available for next month's report.

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

** Nationally published data is now available for these measures and so has replaced the local data - provided directly from Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) - that was being used until we could replicate these. Please note that, although this data is several month's behind the locally available data, this is the most appropriate reporting, being the official data source quoted in national guidance.*

The number of people who received psychological therapy and are moving to recovery: It is now apparent that, through continuing to take on a range of patients including those with complex conditions, the service is not achieving the 50% recovery target. The locally-calculated moving to recovery rate for December was 44.85% (very much in line with the national average) although some further analysis shows that 'Clinically Significant Improvement' is 58% and the 'Recovery Rate' when severity is removed is 66%.

The service remains confident that recovery rates will improve as the agreed service developments are embedded and they strive to meet the challenges of increasingly working with more severe and complex patients; an approach that is endorsed from a commissioning perspective.

PLEASE NOTE - regarding reporting of IAPT waiting times: A meeting has been scheduled for early February to discuss reporting on this. This will therefore be included in next month's report.

SHSCFT Indicators				
	Target	November	December	Change
Crisis Resolution / Home Treatment (YTD)	1202	893	1013	▲
Psychosis Intervention - new cases (YTD)	75	120	148	▲
Psychosis Intervention - maintain capacity (YTD)	270	236	241	▲
CPA 7 day follow up (YTD)	95%	99.03%	98.26%	▼
		September	October	
% receiving Psychological Therapy (IAPT) (YTD) *	18.04%**	9.61%	11.21%	▲
% IAPT patients moving to recovery (YTD) *	50%	41.99%	40.91%	▼
% waiting 6wks or less, from referral, for IAPT *	75%	TBC	TBC	◀▶
% waiting 18wks or less, from referral, for IAPT *	95%	TBC	TBC	◀▶

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

APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

Percentages quoted in the narrative below are as at 15th January 2016

Across the Yorkshire & Humber region, year to date (YTD) RED 1 and RED 2 combined 8 minute performance has worsened slightly to 71.68% against the service standard of 75%. RED 1 and RED 2 combined 19 minute performance also worsened slightly to 95.23% but 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 71.50%, 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 stands at a slightly improved 75.09% 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 (30 min) and GREEN 4 response (expected service standard in brackets): GREEN 1 (20 min response) - 83.61% (80%), GREEN 2 (30 min response) - 76.15% (85%), GREEN 3 (20 min triage) - 87.59% (80%), GREEN 3 (30 min response) - 79.74% (80%), GREEN 4 (60 min triage) - 99.28% (95%), GREEN 4 (60 min response) - 95.7% (95%) (both G4 are still November YTD - latest data available).

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

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

YAS Indicators				
	Target	November	December	Monthly Change
Category A (RED 1) responses within 8mins (YTD)	75%	72.05%	71.66%	▼
Category A (RED 2) responses within 8mins (YTD)	75%	71.61%	71.53%	▼
Category A (RED combined) responses within 19mins (YTD)	95%	95.47%	95.27%	▼
Ambulance Handovers - delays over 30mins as a % of total arrivals with a handover time	Minimise	2297 6.78%	1850 5.61%	▼
Ambulance Handovers - delays over 1hr as a % of total arrivals with a handover time	Minimise	353 1.04%	281 0.85%	▼
Crew Clear - delays over 30mins as a % of total arrivals with a handover time	Minimise	544 1.61%	480 1.46%	▼
Crew Clear - delays over 1hr as a % of total arrivals with a handover time	Minimise	55 0.16%	29 0.09%	▼

Data is available for the quality indicators and shows there is a varying degree of fluctuation month-on-month. As target levels have not yet been published, RAG ratings are not reflected in the table below.

Quality Indicators	Target	October	November	Monthly Change
Re-contact after discharge (Phone)		1.06%	1.72%	▲
Re-contact after discharge (Treatment at scene)		2.90%	2.78%	▼
Re-contact after discharge (Frequent Caller)		1.47%	1.78%	▲
Time to answer call (Median)	5 seconds	1	1	◄►
Time to answer call (95th Percentile)		20	23	▲
Time to answer call (99th Percentile)		55	66	▲
Time to treatment (Median)		5.52	5.57	▲
Time to treatment (95th Percentile)		14.23	14.34	▲
Time to treatment (99th Percentile)		21.78	21.28	▼
Call closed with advice (Phone advice)		7.23%	7.78%	▲
Call closed with advice (without Transport)		31.66%	30.32%	▼
Clinical Indicators		July	August	
Outcome from Cardiac Arrest (CA) All		28.13%	34.09%	▲
Outcome from CA Utstein Group (UG)		65.52%	65.79%	▲
Outcome from acute STEMI Angioplasty		86.41%	87.65%	▲
STEMI Care Bundle		88.16%	87.50%	▼
Outcome from Stroke 60 min to Stroke Unit		55.78%	56.98%	▲
Stroke - Appropriate Care Bundle		98.95%	97.80%	▼
Outcome from CA - Survival to Discharge All		10.96%	11.27%	▲
Outcome from CA - Survival to Discharge UG		41.38%	37.14%	▼
Service Experience		N/A	N/A	

APPENDIX B: NHS 111 Performance Measures

NHS 111 Activity



NHS
Yorkshire and Humber
Commissioning Support

Performance against National Target at Month 8, November 2015*

Compared, where possible, to National data

* = Month 9 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

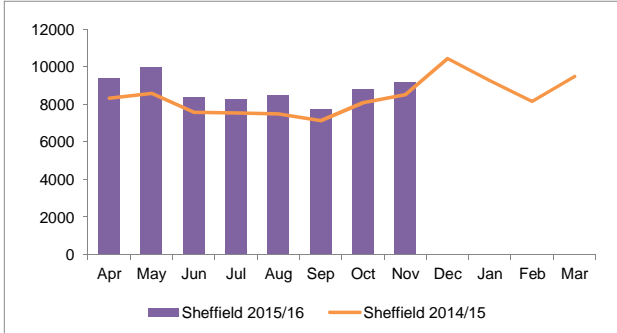


Chart 2: Clinical Calls completed within 10 minutes

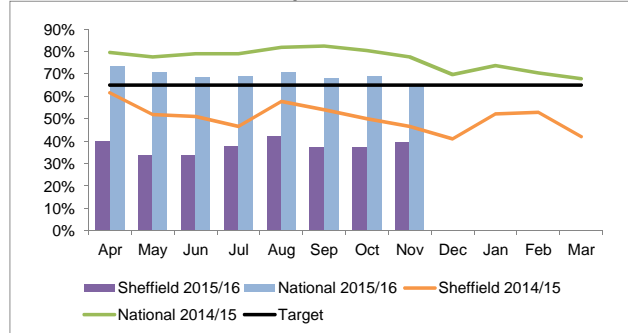


Chart 3: % of Clinical call-backs within 10 minutes ≥ 98%

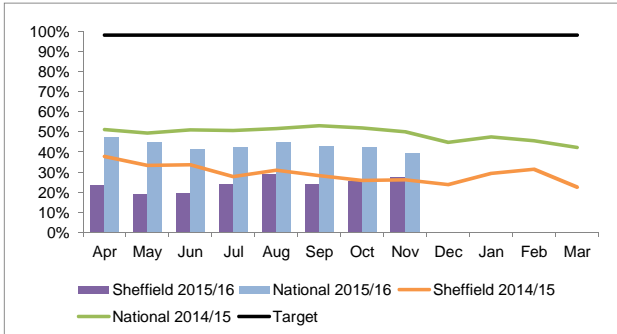
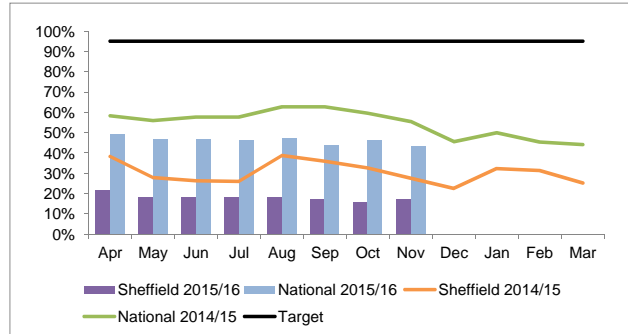


Chart 4: % of warm transfers* ≥ 95%



* 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

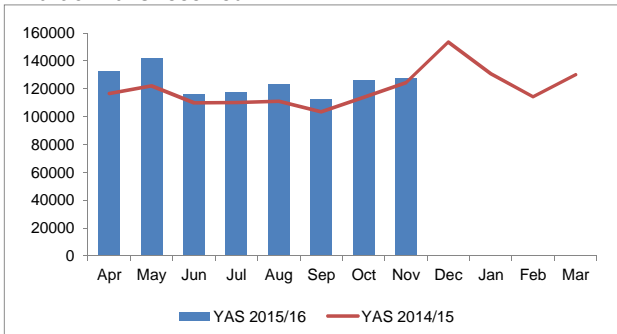


Chart 6: Calls answered within 60 seconds ≥ 95%

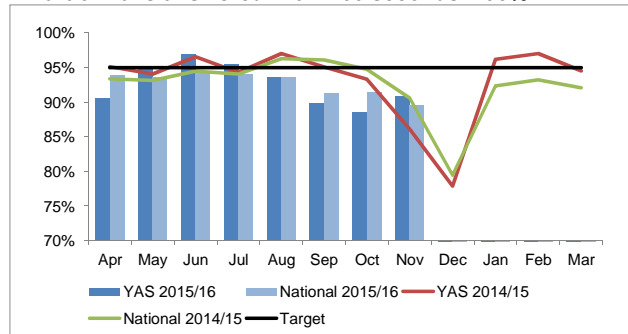


Chart 7: Calls abandoned after 30 seconds ≤ 5%

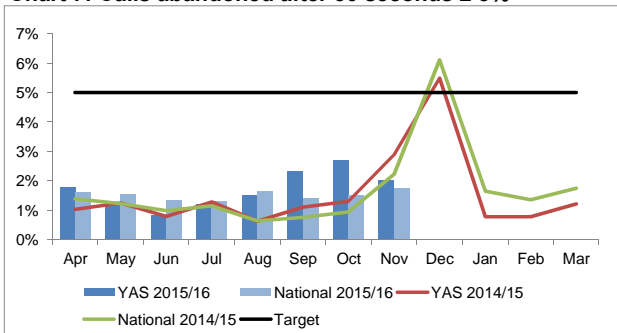
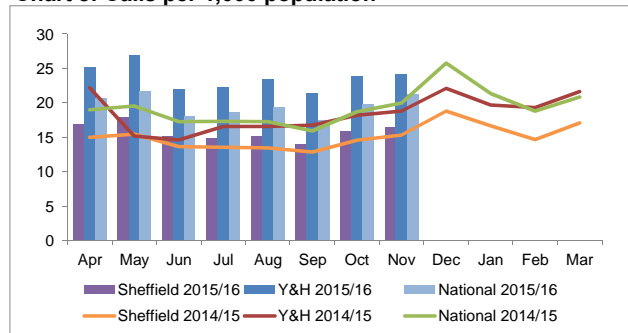


Chart 8: Calls per 1,000 population



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

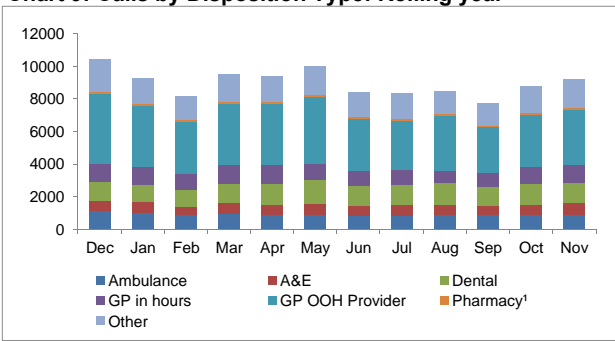


Chart 10: % Calls by Disposition Type: Rolling year

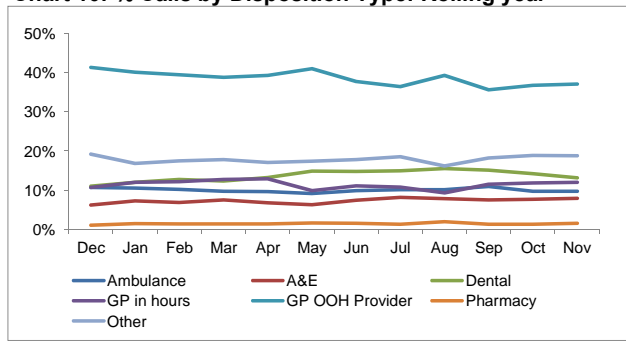


Chart 11: Proportion of Calls by Disposition Type: % change on previous year - from October 2014 *

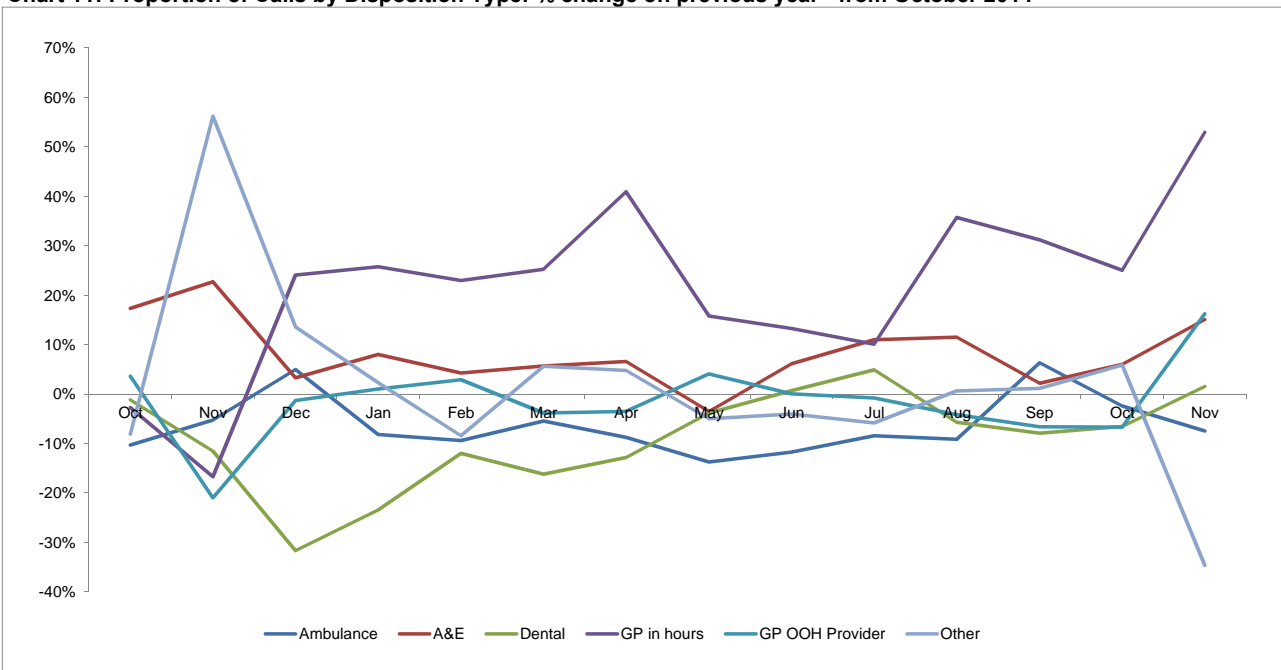


Chart 11 notes:

* 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

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 9, April 2015 - December 2015

PLEASE NOTE: DUE TO IMPLEMENTATION OF A NEW PATIENT ADMINISTRATION SYSTEM (LORENZO) AT THE END OF SEPTEMBER IT IS BELIEVED THAT THE FULL VOLUME OF ACTIVITY HAS NOT YET BEEN REPORTED. ACTIVITY FOR M6-M9 (GREY BARS) MAY THEREFORE CHANGE IN FUTURE MONTHS.

Outpatient First Attendances: 3.4% below plan
 Outpatient Follow-ups: 7.1% below plan
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 3.3% below plan
 Inpatient Non-elective Spells: 2.7% above plan
 A&E Attendances: 1.7% below plan

Figure 1: Referrals¹

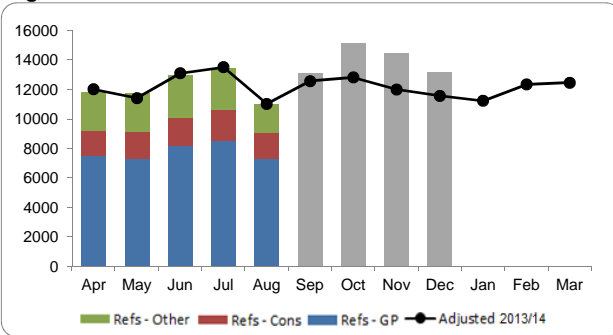


Figure 4: Electives

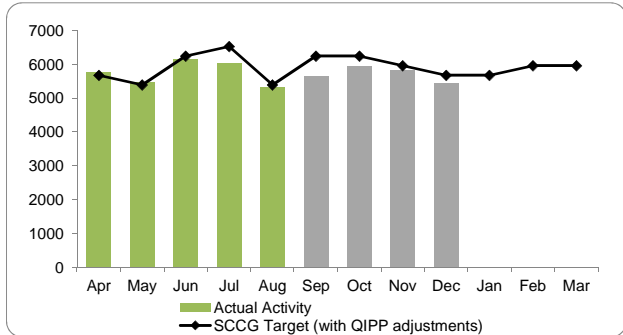


Figure 2: Firsts²

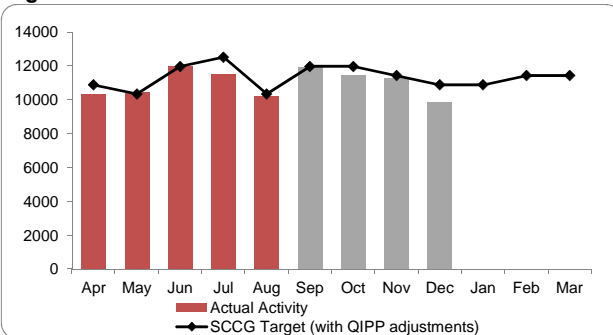


Figure 5: Non-Electives

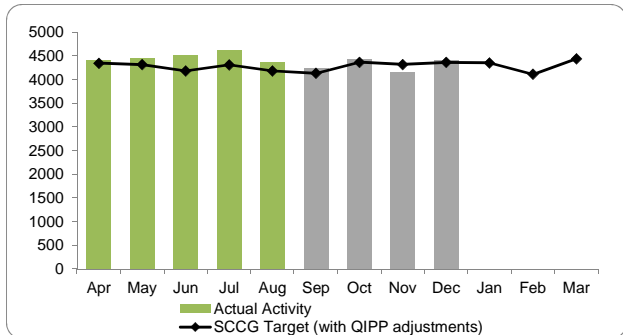


Figure 3: Follow-ups³

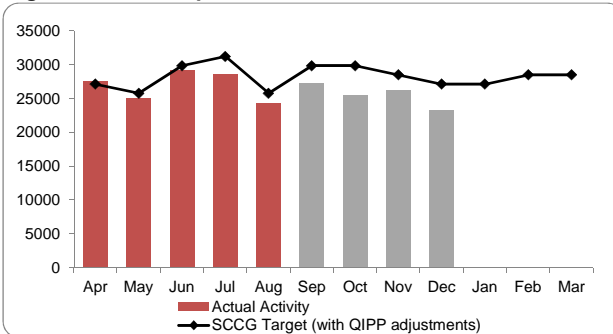


Figure 6: Accident and Emergency

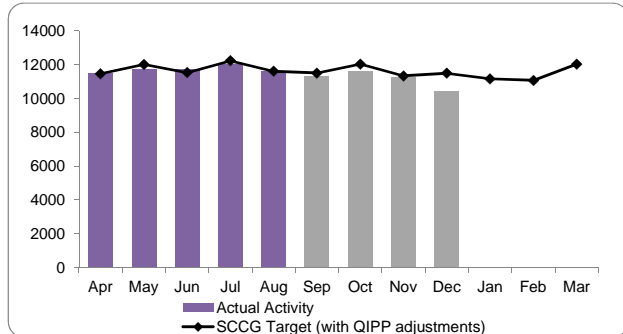


Table 1. Outpatient Activity

Activity	2015/16	Target	Var	% Var
Firsts	98,899	102,348	-3,449	-3.4%
Follow-ups	236,845	255,011	-18,166	-7.1%
Follow-ups:First Ratio	2.39	2.49	-0.10	-3.9%

Table 2. Inpatient and A&E Activity

Activity	2015/16	Target	Var	% Var
Electives	51,605	53,350	-1,745	-3.3%
Non Electives	39,543	38,497	1,046	2.7%
Excess Bed Day Costs (£000s)	£ 5,988	£ 5,311	£ 677	12.7%
A&E	103,358	105,174	-1,816	-1.7%

Notes:

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

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

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

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

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

² First outpatient attendances exclude CDU (Clinical Decision Unit). CDU Attendances are overperforming by 1482 (7.2%).

³ Unallocated OP attendances have been attributed to follow-ups.

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

Source: STHFT Contract Monitoring

APPENDIX C: Contract Activity



Sheffield Children's NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 9, April 2015 - December 2015

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

Outpatient First Attendances: 4.6% above plan
 Outpatient Follow-ups: 7.7% above plan
 Outpatient Procedures: 190.4% above plan

Inpatient Elective Spells: 17.1% below plan
 Inpatient Non-elective Spells: 7.5% above plan
 A&E Attendances: 1.8% above plan

Figure 1: Firsts

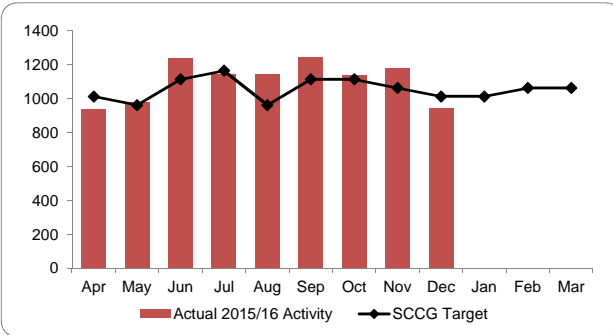


Figure 4: Electives

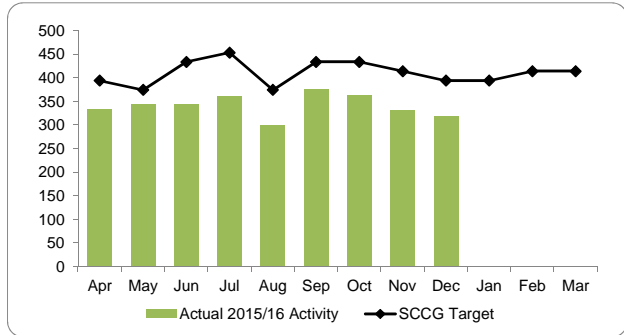


Figure 2: Follow-ups

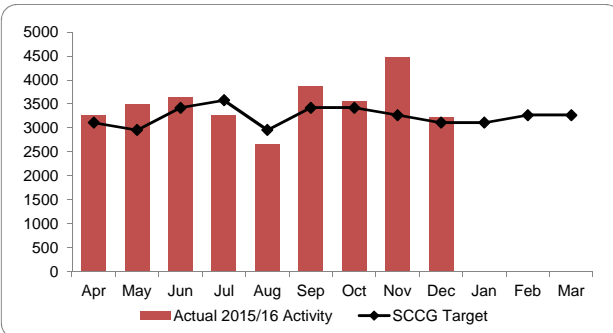


Figure 5: Non-Electives

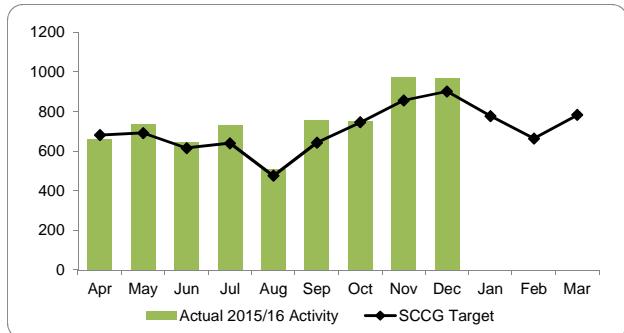


Figure 3: Accident and Emergency

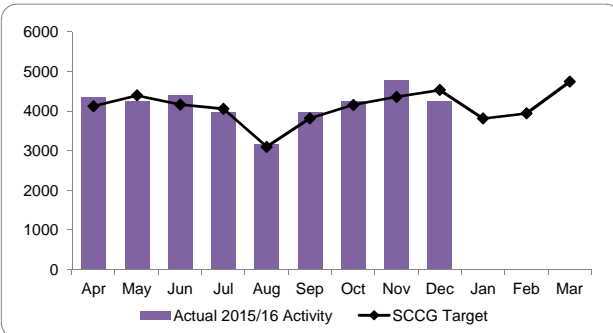


Figure 6: Excess Bed Days

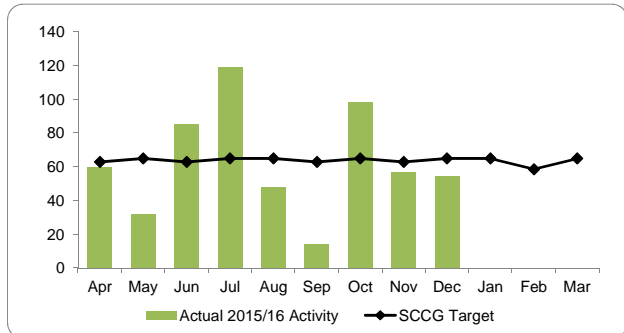


Table 1. Outpatient Activity

Activity	2015/16	Target	Var	% Var
Firsts	9,942	9,507	435	4.6%
Follow-ups	31,503	29,244	2,259	7.7%
OP Payable Procedures	15	5	10	190.4%
Follow-ups:First Ratio	3.17	3.08	0.09	3.0%

Table 2. Inpatient and A&E Activity

Activity	2015/16	Target	Var	% Var
Electives	3,070	3,704	-634	-17.1%
Non Electives	6,713	6,245	468	7.5%
Excess Bed Day Costs (£000s)	£ 175	£ 168	£ 8	4.7%
A&E	37,367	36,710	657	1.8%

Source: SCHFT Contract Monitoring (SLAM)

Notes:

Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, January 2016

APPENDIX D: Previously Unassessed Periods of Care (PUPOC)

Previously Unassessed Periods of Care (PUPOC)

Background information

NHS England now requires CCGs to publish progress on "PUPOCs". A "PUPOC" is a previously unassessed period of care.

Historically, all CCGs received requests from patients (or their representatives) for a 'retrospective' assessment, for eligibility for continuing healthcare (CHC). This meant the CCG had to look at whether the patient should have been eligible for CHC for a period in the past and if so, reimburse the patient for the cost of their care. In 2012, NHS England introduced a programme of cut-off dates for making such requests. No further requests can now be made for such PUPOCs, for care that occurred before March 2013 (unless there are exceptional circumstances).

Nationally, over 59,000 PUPOC applications were made. Sheffield received 499 such requests within that deadline. There are a range of complexities in dealing with PUPOCs - the volume of requests and the required work has presented a challenge for many CCGs. Sheffield CCG's PUPOCs are being assessed by a team now hosted by Doncaster CCG, which also provides this service to 11 other CCGs. The Chief Nurse at Doncaster CCG discusses performance on PUPOCs with senior colleagues at NHS England each month.

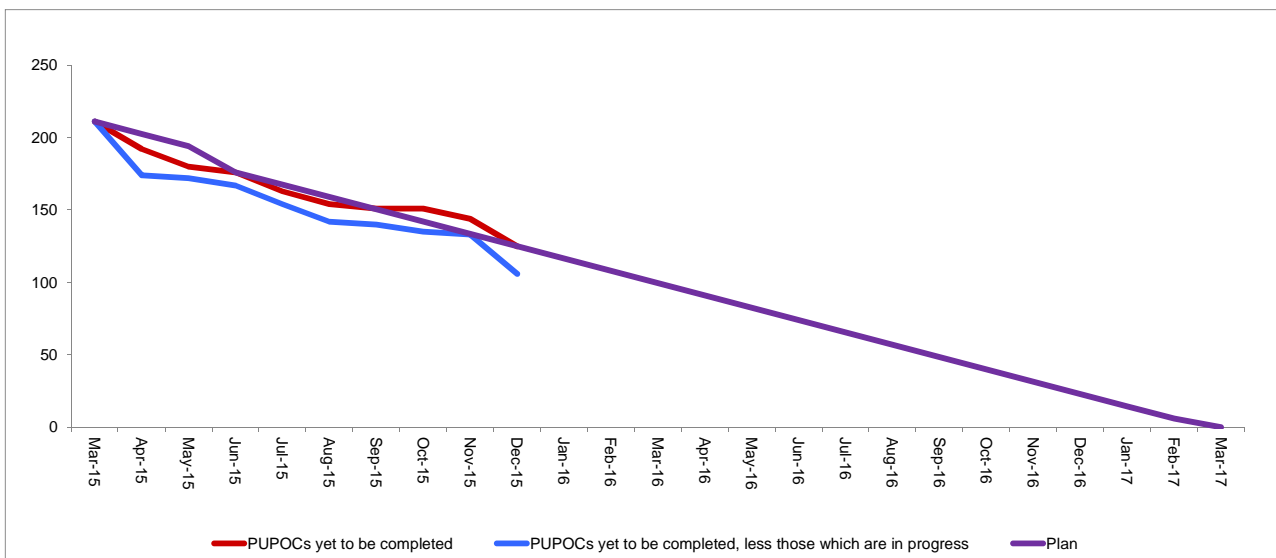
The Parliamentary and Health Service Ombudsman (PHSO) has set an expectation that all cases will have had an initial assessment and decision letter by March 31st 2017. Of note is the fact that the PHSO's deadline does not include any subsequent appeals that may arise.

In every case, a patient or their family is significantly affected by PUPOCs. In some cases, patients (or their family) have paid significant sums for care for their loved ones. Sheffield CCG's intent is to complete every PUPOC within timescale. The CCG is conscious of both the desire for 'closure' that patients and families will have and also the need to ensure that appropriate decisions are made and to ensure that the CCG does not fund care when the patient was not eligible.

Monitoring

NHS England has now set trajectories for each CCG, to ensure completion by the required date. NHS England is also RAG rating performance of each CCG. Where other CCGs being supported by Doncaster CCG have amber or red ratings, this and other pressures may lead to calls for resources to be diverted away from Sheffield CCG's PUPOCs. Recruiting and retaining nurses in this team has and continues to be problematic and represents a risk to delivery.

The chart below shows progress to date on PUPOCs. Following a data cleansing exercise, the number of outstanding PUPOCs has fallen. A small number of the cases have been removed as they are now discounted from PUPOCs; these will instead be reviewed by the Continuing Healthcare team.



Public Health Quarterly Report to Sheffield CCG Governing Body

18th January 2016

This is a narrative report structured around key public health topics and/or public health outcomes in the City, including relevant actions being taken. This time we focus on the key messages for Sheffield from the Yorkshire and Humber PHE (Public Health England) Centre Quarterly Intelligence Review (November 2015). The following eight PHOF (Public Health Outcomes Framework) indicators for Sheffield are identified as being in the 4th (worst) quartile of Local Authorities in England.

NOTE: Where sections below reference core cities - the Core Cities Network represents 8 core cities in England outside of London; these are Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham and Sheffield.

Healthy life expectancy for women

The current average healthy life expectancy for Sheffield women is 59.1 years (2011-2013) against an overall life expectancy of around 82 years. The local position has worsened from 61.2 in 2009-2011. In comparison, the England average is 63.9 years and overall life expectancy of 83.1 years, although this also shows a slight deterioration over 2009-2011 (64.2 years). Sheffield ranks 7th out of the 8 core cities for this indicator although it should be noted that the figures for Liverpool (59.6), Nottingham (59.8) and Newcastle (59.9) are similar. Manchester had the lowest healthy life expectancy for women, at 56.8 years. The main causes of premature morbidity (and mortality) in women (as for men) remain Cancer and CVD (cardiovascular disease).

Utilisation of outdoor space for exercise/health reasons

Latest data shows that 15.3% of Sheffield people used outdoor space for health or exercise reasons during the period March 2013 to February 2014. This trend is improving (from 11.4% in 2011-2012) but remains worse than the England average of 17.1%. When compared with the core cities, Sheffield ranks 6th out of 8 although there is quite a wide range, from 23.3% (Bristol) to 7.8% (Nottingham).

The methodology for this indicator is not without its challenges however, given that it is an estimate derived from a Natural England national survey, defined as the weighted estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes. Visits to the natural environment are defined as time spent "out of doors" e.g. in open spaces in and around towns and cities, including parks, canals and nature areas; the coast and beaches; and the countryside, including farmland, woodland, hills and rivers. This could be anything from a few minutes to all day. It may include time spent close to home or workplace, further afield or while on holiday in England. However this does not include: routine shopping trips or; time spent in own garden.

During each survey interview, respondents are asked to indicate how many visits they have taken to the natural environment in the last 7 days. If any visits have been taken in this period, they are then asked to provide details of one visit (if more than one has been taken, the visit asked about is randomly selected).

Low birth weight

In 2014, 3.1% of live term Sheffield babies were recorded as having a birth weight of less than 2500g. This is compared with 2.9% for England. The trend in the percentage of low birth weight babies in Sheffield thus increased following a period of improvement and, over the last 8 years, has ranged from 2.8% to 3.7%. Sheffield ranked 3rd out of the 8 core cities. Birmingham had the highest rate at 4.1% and Bristol and Liverpool the lowest at 2.6%. The Infant Mortality Strategy Delivery Plan continues to monitor early access to maternity care to ensure that women are receiving support from a midwife or maternity healthcare professional for an assessment of health and social care need, risks and choices by the end of the 13th week in pregnancy (currently maintaining rate of 95% booking).

Smoking at time of delivery

At 15.1% in 2014-2015, the percentage of Sheffield women smoking at the time of the birth of their baby was higher than it had been for the last 8 years although it remained below the highest point of 16.2% in 2006-2007. The local figure compared unfavourably with that of England (11.4%) and the core cities, where Sheffield was ranked 7th out of 8 with only Liverpool having a higher rate (16.2%). A range of targeted interventions are being delivered to reduce maternal smoking rates which take a woman-centred whole pathway approach to reducing prevalence and encourage wide stakeholder engagement. Maternity Services provide specialist Stop Smoking support, including activities which focus on promoting smokefree environments in the home. A community based maternal relapse prevention service was also recently commissioned by SCC (Sheffield City Council) Public Health team.

continued overleaf

Public Health Quarterly Report to Sheffield CCG Governing Body - continued

Tooth decay in 5 year olds

Based on the 2012 survey of 5 year olds, the mean number of teeth per Sheffield child sampled which were actively decayed, filled, extracted or missing was 1.3 compared with 0.9 for England. This represented a small reduction over the 2008 survey where the mean was 1.7 teeth per child compared with 1.1 nationally. Nevertheless, the figure for Sheffield remains high and ranking is unchanged at 5th out of 8 core cities. Tooth decay is a predominantly preventable disease. Significant levels remain (28% of five-year-old children have observable decay), resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic. Inclusion of this indicator in the PHOF is intended to encourage prioritisation of oral health and oral health improvement initiatives to reduce tooth decay.

MMR (measles, mumps and rubella vaccine) one dose coverage in 2 year olds

Following improvement over 2010-2011 to 2012-2013, coverage of one dose of MMR in Sheffield two year olds dropped to 90.8% in 2013-2014, below the England average of 92.7% (the target is 95%). Prior to this point, Sheffield had been on a par with England and ranked 4th out of the 8 core cities. This ranking has now dropped to 7th place, with only Birmingham achieving lower (88.3%). The very latest local data (April to June 2015) shows coverage increased to 91.2% (a similar picture to 2013-2014) but this is still below levels achieved in 2010, 2011 and 2012. Coverage in 5 year olds however (one and two doses respectively) continues to improve and is better than the England average although only 'middle of the pack' among the core cities. The Sheffield vaccination and immunisation group (which includes representation from the CCG and Public Health) are currently developing and implementing a 2 year improvement plan. This plan includes a number of actions by a range of partners represented on the group to increase uptake of vaccinations including those that are lower than comparable areas. This will include MMR.

People presenting with HIV late stage infection

The proportion of people newly diagnosed with HIV presenting with late stage infection is increasing in Sheffield, running counter to the national trend. It now stands at 56% (2012-2014), equivalent to between 15 to 20 people per year, compared with 42.2% for England. This places Sheffield bottom of the 8 core cities with all the rest except Nottingham (55.3%) achieving rates under 48%. The proportion of people presenting with HIV at a late stage of infection is included as an indicator within the PHOF as a measure of avoidable disease and the effectiveness of sexual health promotion and treatment services. Approximately 90% of deaths among HIV positive individuals within one year of diagnosis are among those diagnosed late. Late diagnosis can lead, for the individual patient, to higher risk of death in the short term and poorer health in the longer term, as well as the risk of onward transmission (thus further avoidable cases of HIV) and higher healthcare costs. Public Health and Sexual Health Services are currently considering an evidence review detailing effective methods for reducing the number of people newly diagnosed with HIV presenting with late stage infection. Sexual Health Services are also increasing access to screening for HIV through point of care testing.

Incidence of tuberculosis

The incidence of TB in Sheffield increased from 10.5 new cases per 100,000 population in the early 1980s to 16.1 per 100,000 in 2012-2014 (approximately 90 new cases per year). This is significantly higher than the average for England which stands at 13.5 per 100,000 population. TB incidence reduced over the period 2005-2010 in Sheffield but more recent data show the disease is on the rise again. This is a dynamic situation that could change significantly in the future. For example, in 2010, 10% of our TB cases were accounted for by university students who have previously been considered a low risk group. Sheffield ranks 4th out of the 8 core cities although this ranges from 8.77 in Liverpool to 35.19 in Birmingham. A substantial amount of work on TB is currently taking place with the Sheffield TB Network group (chaired by Public Health and including representation from the CCG and a GP) leading work to implement Latent TB Infection Screening in people aged 16-35 from high TB incidence countries. Roll out of this screening programme locally is in phases with the first phase, practices serving university students, commencing in January 2016.