

Quality and Outcomes Report: Month 8 2015/2016

Governing Body meeting

G

14 January 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 	

Working with you to make Sheffield

H E A L T H I E R

NHS

Sheffield

Clinical Commissioning Group

Quality & Outcomes Report

2015/16: Month 8 position

For the January 2016 meeting
of the Governing Body

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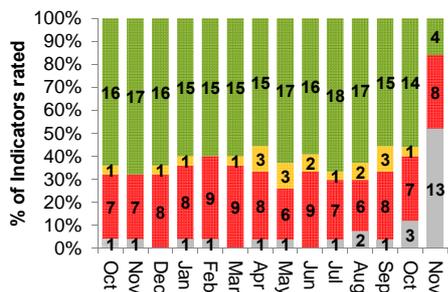
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Highest Quality Health Care

NHS Constitution - Rights & Pledges



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

The chart shows how CCG delivery of the 25 (please see note on page 2 regarding changes to National RTT reporting) 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+), Ambulance crew clear delays (30min+ and 1hr+), Mixed Sex Accommodation
	(none)

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, **11 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 in January 2016. 18 weeks and Diagnostic waiting times data has been submitted, although data quality reconciliation is yet to be completed.

A&E waiting times: Sheffield Children's NHS Foundation Trust (SCHFT) continue to meet the pledge for 95% of patients to be seen/treated within 4 hours, as at the end of November.

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, October and November 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.

However, 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. This continues to be reflected in the majority of breaches (of the 62 day maximum timeframe from urgent GP Referral to first definitive treatment) relating to shared pathways and the timeliness of referrals from the first seen provider to STHFT. This is being addressed a range of actions including:

- **A local STHFT remedial action plan**
- **A Network Task and Finish Group** to improve timeliness of shared pathways. Tasked by the Cancer Strategy Board, this group is chaired by Sheffield CCG and includes commissioners and providers from all organisations referring into Sheffield (including Sheffield). This group has agreed:
 - **A remedial action plan**
 - **Local Trajectories for improved timeliness of referral**
 - **Local improvement plans**
- **Executive Level Oversight** - by request to the Cancer Strategy Board each organisation has been written to by the Board's chair to ensure that deliver of the trajectories and improvement plans is overseen at executive director level.

Progress continues to be monitored locally as well as via the Cancer Strategy Board.

continued overleaf

2015/16 Headlines - continued

Waiting times & access to Diagnostic tests:

18 week pledge:

As noted last month, changes to 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 November 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 November data indicates the Trust has not achieved the standard (patients seen within 6 weeks) for Sheffield patients or overall. The CCG is currently awaiting further information from the Trust as to the cause of these.
- SCHFT - The Trust achieved the standard for Sheffield patients but not overall in November. The CCG is currently awaiting further information from the Trust as to the cause of these.

Ambulance response times: The percentage of calls resulting in an emergency response arriving within 8 minutes has improved slightly in November but 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 November), 145 cases attributable to the CCG have been reported, which is above the forecast for this point in the year of 130. STHFT have reported 42, compared to a forecast for this point in the year of 58. SCHFT have reported 8 cases, compared to a total forecast for the year of 3.
- **MRSA** - 3 cases attributable to the CCG (June, September and October) have been reported so far in 2015/16, two of which has been referred for arbitration as they are not felt to be attributable to the CCG. No cases have been reported for STHFT or SCHFT so far in 2015/16.

Ensuring that people have a positive experience of care:

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

- The STHFT percentages of respondents who would recommend services all decreased between September and October - those for Inpatients and Maternity only slightly but those for A&E notably so.
- The response rates for both A&E and Inpatients also decreased notably between September and October. (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. Progress against these ambitions during Quarter 2 of 2015/16 was included in last month's report. An update for Q3 will be provided in March (Month 10's report).

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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.

Early indications are that for 2014/15, the CCG achievement was slightly better than forecast levels. This is still to be finally confirmed and so an update and further details will be provided in due course.

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, will be available in next month's report.

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 (please see note in this section, below).

Key to ratings:

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

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

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

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

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

Issues & Actions:

STHFT: 18 weeks measures - Provisional November data* indicates the Trust has met the Incomplete (patients not yet seen) pledge for Sheffield patients and at a Trust-wide level (i.e. for all patients - Sheffield or non-Sheffield).

52 weeks supporting measure - STHFT did not have any Sheffield patients waiting over 52 weeks for treatment to start (Incomplete waits) during November.

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

SCHFT: 18 weeks measures - The Trust met the Incomplete pledge for both Sheffield patients and at a Trust-wide level (all patients) in November.

52 weeks supporting measure - There were no Sheffield patients waiting over 52 weeks for treatment to start at SCHFT in November.

CHANGE TO NATIONAL RTT MEASURES - WITH EFFECT FROM OCTOBER 2015:

As noted last month, national recording and reporting of RTT waiting times has been revised and, as a result, the **90% of admitted patients start treatment within 18 weeks from referral** and **95% of non-admitted patients start treatment within 18 weeks from referral** measures are no longer nationally required/monitored.

Therefore, our reporting of the NHS Constitution measures now focuses on the two measures below, with the supporting measure now also monitoring only those patients who are still waiting for treatment to start after 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



continued overleaf

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 November, with 96.12% of patients seen within 6 weeks. As a whole Trust, STHFT also did not meet the pledge, with 96.05% of patients seen within 6 weeks. For the CCG, this means 280 patients waited longer than 6 weeks for diagnostic tests at STHFT. The majority of these patients were in Peripheral Neurophysiology with Colonoscopy, Gastroscopy and Flexi Sigmoidoscopy 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.

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 November, with 99.17% seen within 6 weeks. Unfortunately, provisional data suggests that the Trust has not met the pledge at a Trust-wide level (all patients) with 97.8% - 17 patients waiting over 6 weeks. 13 of these were in Sleep Studies, which has been performing well in recent months. Further information on the cause of these breaches is awaited from the Trust.

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.

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.

Cancer waits

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

From GP Referral to First Outpatient Appointment (YTD)

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



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



From Diagnosis to Treatment (YTD)

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



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



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



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



From Referral to First Treatment (YTD)

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



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



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



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

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Ambulance response and handover times

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

Issues & Actions:

Ambulance response times: The pledges for RED 1 and RED 2 calls resulting in an emergency response arriving within 8 minutes have, as with last month, improved slightly but are still not currently on track to meet the standard for 2015/16 as at the end of November. 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. Achievement of the NHS Constitution service standards for RED 1 and RED 2 8 minute performance by the end of 2015/16 is unlikely.

Ambulance Handover and Crew Clear delays: The number of ambulance handover delays significantly increased in November for those over 30 minutes but decreased for those over 1 hour; both remain above expected levels. The number of crew clear delays increased for both those over 30 minutes (although this, as a proportion of total crew clears, was the same as last month) and those over 1 hour; these are also both 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. There has been a tri-partite meeting between YAS, STHFT and the CCG in order to understand the potential issues and actions to mitigate the current situation. It has been agreed that, from late November, GP direct admission patients will travel (with Arriva) direct to the STHFT assessment units, rather than via the emergency department. YAS and STHFT have also agreed to clearly define specific criteria to identify those patients who can travel directly to the relevant specialties at the Royal Hallamshire Hospital, rather than having to arrive initially at the Northern General Hospital A&E department and then be transferred across the city.

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

Overarching actions: YAS are continuing to develop their workforce and deployment model. YAS are also continuing to invest heavily in both St John's and private ambulance providers to provide additional resource to support the organisation. Please see APPENDIX B: Ambulance Trust Performance Measures for further information on YAS performance, including numbers for the 2 most recent months.

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



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



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



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

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



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



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



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



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. As noted last month, the CCG has been in contact with the Trust to obtain further details on this occurrence.

Supporting measure:

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



Cancelled Operations

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

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

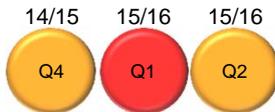
Issues & Actions:

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days: As noted last month, 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 22 cases reported in November (2 more than reported the previous month) for Sheffield CCG:

- 6 were STHFT (of a total 7 STHFT-reported cases)
- 7 were community associated, with a hospital admission in the last 56 days
- 8 were community associated, with no recent hospital contact/admission
- 1 was SCHFT (of a total 2 SCHFT-reported cases)

6 of the 7 STHFT cases (5 Sheffield and 1 non-Sheffield resident) occurred on separate wards with no other cases. The other case (a Sheffield resident) occurred on a ward with one other case; the samples have been sent for ribotyping and Infection Prevention Control (IPC) audits are underway.

SCHFT recorded 2 cases in November - a Sheffield resident (which is a recurrence of the case in October and was reported in last month's report) and a non-Sheffield resident. The Root Cause Analyses (RCAs) undertaken in 2015/16 to date show that all but 2 of the 8 cases occurred on separate wards. Ribotyping has indicated that the 2 cases on the same ward are not the same strain, indicating cross-infection has not occurred. However, there are 2 patients with the same ribotype (the August and October case) and, although they were not on the same ward, the SCHFT IPC Team are reviewing the movements of both children.

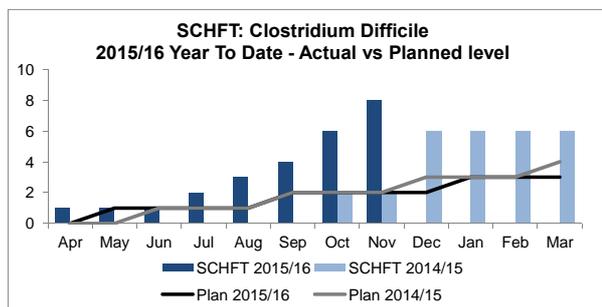
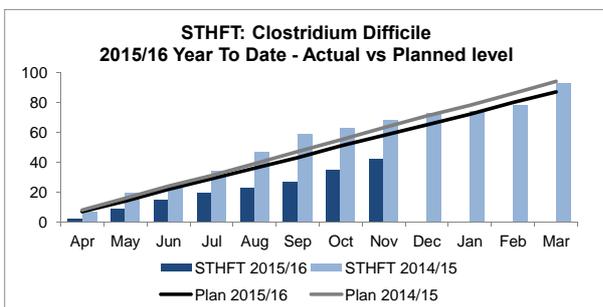
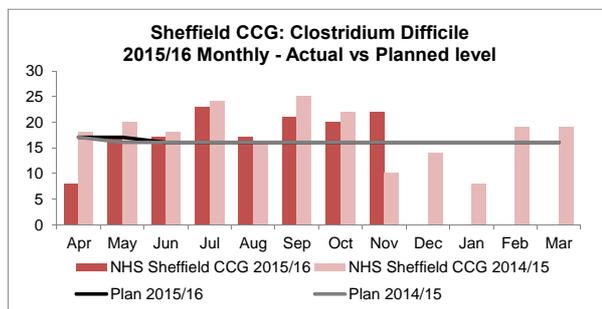
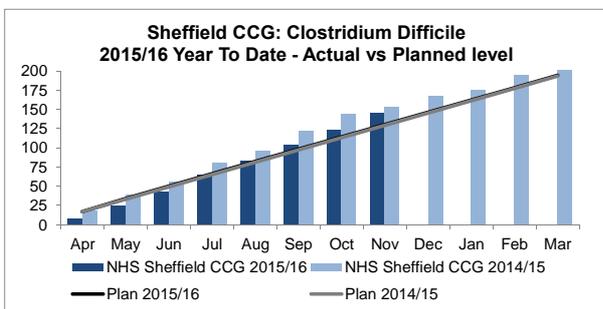
MRSA: No cases were reported in November.

As noted previously, the case in September was awaiting assignment by the Regional Arbitration Panel (the patient had not accessed any healthcare prior to the bacteraemia and as such the CCG is 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. One of the October cases is now also awaiting assignment by the Regional Arbitration Panel.

No cases were reported in October - 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 Nov-15	0	0	0	22	7	2
Number of infections forecast for this month	0	0	0	16	7	0
Number of infections recorded so far in 2015/16	3	0	0	145	42	8
Number of infections forecast for this period	0	0	0	130	58	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 have undertaken an onsite inspection during the week commencing 7th December 2015 and we are expecting feedback from the Trust at the end of December.

Ensuring that people have a positive experience of care

It is important that patients experience good care in all services whether at their GP Practice, via out-of-hours services, in hospital or in the community.

The following section is concerned with experience of care across health services, encompassing eliminating mixed sex accommodation, experience of care in hospital (including Friends and Family Test) and GP In-hours/Out-of-hours services (bi-annual update - the next is due around Month 9's Quality and Outcomes Report). Each month, this section will also include a focus on patient experience of one of the Sheffield Trusts.

Eliminating Mixed Sex Accommodation

There were no breaches in November 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.

October 2015 Summary (with August 2015 and September 2015 for comparison for Sheffield only)	Sheffield (STHFT)						England	
	August 2015		September 2015		October 2015		October 2015	
	Respondents who would recommend	Response rate						
A&E	84.29%	20.25%	83.46%	20.68%	74.50%	17.61%	87.20%	13.58%
Inpatients (IP)	96.13%	23.89%	96.60%	33.95%	96.01%	25.28%	95.52%	25.12%
Maternity touch points 1 - 4	96.59%	N/A	93.57%	N/A	93.13%	N/A	95.44%	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 - October update

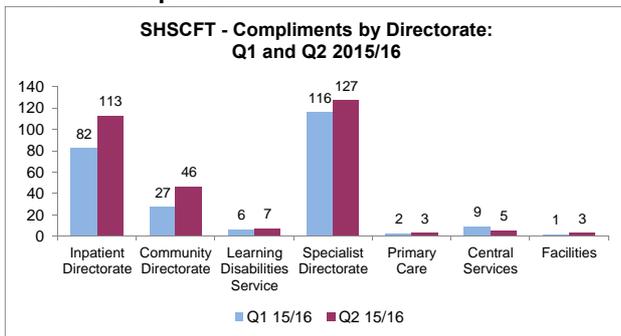
Although there are no national targets for response rates, STHFT is committed to maintaining good response rates for FFT to ensure feedback data is robust. The Trust has therefore set response rate targets for Inpatients at 30%, and A&E and Maternity Services at 20%. There are no targets for Outpatients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

The percentage of respondents who would recommend A&E has decreased significantly from 83.46% in September to 74.50% in October. The Information Services Team suggests that a possible reason for more negative responses in this area may be due to the implementation of Lorenzo (the new Patient Administration System - see note regarding the Trust's data on page 1). Since moving onto Lorenzo, the time to process patients has increased, which has seen increased delays through the A&E process. A more detailed analysis of patient feedback will be undertaken to investigate any themes from negative responses.

Patient Experience of NHS Trusts: Focussing this month on SHSCFT

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

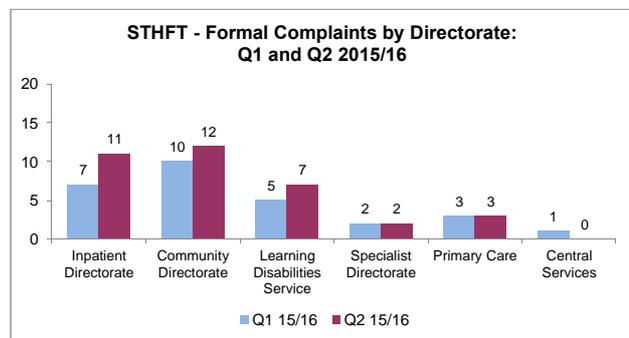
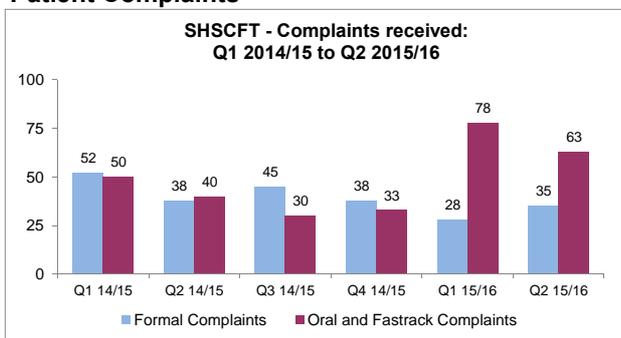
Patient Compliments



As the last update was for 2014/15, both Q1 and Q2 of 2015/16 are included here (and in the chart below right) for completeness.

*LD = Learning Disability

Patient Complaints



Compliments

Sheffield Health and Social Care NHS Foundation Trust (SHSCT) receives far more compliments than complaints. During Quarters 1 and 2 of 2015/16, a total of 547 compliments were received. The majority of compliments were about the Specialist and the Inpatient Directorates.

Complaints

The number of formal complaints rose from 147 during 2013/14 to 173 during 2014/15. However, during Q1 and Q2 of 2015/16 the number of complaints was 63, a notable reduction on the same period of 2014/15 (90) and more akin to the number received during the same period of 2013/14 (65). There were 141 oral or fastrack complaints during Q1 and Q2 (compared to 90 during the same period in 2014/15 and 122 during the same period in 2013/14). The Community and Inpatient Directorates received the highest number of complaints.

Although the number of complaints received has reduced, the proportion of complaints responded to within the Trust's target of 25 working days has continued to drop, to 53% in Q2, the lowest ever recorded. SHSCFT record whether each complaint is upheld, partially upheld or not upheld.

The proportion of complaints upheld/partially upheld was 46% during 2013/14, 53% during 2014/15 and 50% during Q1 and Q2 of 2015/16 (excludes complaints still under investigation). SHSCFT provides detailed reports to its Quality Assurance Committee which summarise the content of each complaint, the outcome of the investigation and the actions taken as a result.

PLACE (Patient Led Assessment of the Care Environment)

The PLACE assessments (published August 2015) consider five key areas: cleanliness; condition, appearance and maintenance; privacy, dignity and wellbeing; food and hydration; dementia. Overall, the Trust scored at or above the national average in all categories. In one of the sub categories (organisational food) the Trust scored slightly lower than the national average. The Trust was in the top 20 organisations nationally for the dementia domain outcomes. An action plan has been produced to address issues highlighted in the PLACE report.

Patient Opinion and NHS Choices

Since 1st January 2015, three stories about SHSCFT have been posted on Patient Opinion and three on NHS Choices. One was positive (relating to a GP practice run by the Trust). The remainder are negative and relate to staff attitude, communication and care.

Friends and Family Test - Mental Health

The latest data available is for October 2015. Of those who responded, 96% would recommend the Trust. However, the response rate was low (0.9%).

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)

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).

A Q2 fall in prescribing in part b) of the measure may be due to increased awareness of the recommended indications for co-amoxiclav following the audits undertaken by the Medicines Management Team. During the World Antibiotic Awareness Week, incorporating the European Antibiotic Awareness Day (18th November) a number of communications regarding antibiotic prescribing were sent to practices and CCG staff. The theme was 'Antibiotics: Handle with Care' - the main message being to highlight that antibiotics are a precious resource and should be preserved.

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:

Sheffield CCG Commissioning Intentions for 2015-2019 set out five key ambitions for improving health outcomes for the population of Sheffield. Progress against these ambitions during Quarter 2 of 2015/16 was included in last month's report. An update for Q3 will be provided in March (Month 10's report).

Appendices

Quality & Outcomes Report

APPENDIX A: Health Economy Performance Measures Summary

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

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

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

Key

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

Acute Services Portfolio - Elective Care	<i>NOTE: STHFT & SCHFT figures here (bar Referrals and Cancelled operations) are their Sheffield CCG cohort; it is <u>not</u> the Trust total position</i>		
Referral to Treatment - from GP to seen/treated within 18 weeks	CCG	STHFT	SCHFT
% still not seen/treated within 18wks - Incomplete pathway	94.34%	94.26%	94.51%
Number waiting 52+ weeks - Incomplete pathway	0	0	0
Diagnostic Waits - receiving a diagnostic test within 6 weeks			
% receiving a diagnostic test within 6wks	96.39%	96.12%	99.17%
Elective Care			
Total elective spells: All specialties (YTD) ¹	47541	41414	2467
Ordinary elective spells: All specialties (YTD) ¹	9397	7446	899
Daycase elective spells: All specialties (YTD) ¹	38144	33968	1568
Total elective spells: G&A specialties (YTD) ¹	44699	38597	2467
Ordinary elective spells: G&A specialties (YTD) ¹	7049	5120	899
Daycase elective spells: G&A specialties (YTD) ¹	37650	33477	1568
First outpatient attendances: All specialties (YTD) ¹	148785	130942	9490
First outpatient attendances: G&A specialties (YTD) ¹	132855	116164	9043
First outpatient attendances following GP referral: All specialties (YTD) ¹	64692	58443	2025
First outpatient attendances following GP referral: G&A specialties (YTD) ¹	59887	53807	2019
Total referrals for a first outpatient appointment: G&A specialties (YTD) ¹	123410	108838	6189
GP written referrals for a first outpatient appointment: G&A specialties (YTD) ¹	77110	69319	2381
Other referrals for a first outpatient appointment: G&A specialties (YTD) ¹	46300	39519	3808
All subsequent (follow-up) outpatient attendances: All specialties (YTD) ¹	336998	306271	11754
Cancelled operations offered another date within 28 days (QTR)	*	1	0
GP services			
Patient overall experience of GP services (Good - rate per 100)	84.34		
Patient overall experience of GP services (Poor - rate per 100)	4.90		
Quality Premium 2015/16: Locally selected measure			
Increase in all GP referred routine first outpatient appointments being booked by electronic means	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%	98.57%
LOCAL: % seen/treated within 4 hours of arrival in A&E (YTD) ²	-	94.87%	98.05%
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	73376	50774	22302
A&E attendances - All A&E departments (YTD) ³	87250	65363	22302
Unplanned hospitalisation for chronic ambulatory care sensitive conditions ⁴	961.0	N/A	N/A
Emergency admissions - acute conditions that should not require admission ⁴	1415.7	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s ⁴	232.7	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) ⁴	440.9	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

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	76.21%	N/A	N/A	72.05%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) ⁵	74.78%	N/A	N/A	71.61%
Category A response in 19 mins (YTD) ⁵	98.00%	N/A	N/A	95.47%
Ambulance handover delays - of over 30 minutes ⁶	N/A	686	2	2297
Ambulance handover delays - of over 1 hour ⁶	N/A	74	0	353
Ambulance crew clear delays - of over 30 minutes ⁶	N/A	28	1	544
Ambulance crew clear delays - of over 1 hour ⁶	N/A	6	0	55

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	<i>NOTE: STHFT & SCHFT Cancer waits figures are their Sheffield CCG cohort; it is <u>not</u> the Trust total position</i>
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	93.57%	93.55%	100.00%
% seen within 2 weeks - as above, for breast symptoms	97.07%	97.31%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	98.00%	98.26%	91.67%
% treated within 31 days - subsequent treatment (surgery)	96.01%	95.87%	100.00%
% treated within 31 days - subsequent treatment (drugs)	99.77%	99.76%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	99.58%	99.57%	N/A
% treated within 62 days - following an urgent GP referral	88.62%	88.75%	N/A
% treated within 62 days - following referral from an NHS screening service	97.35%	97.33%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	85.12%	84.93%	N/A

continued overleaf (inc. all footers / notes)

APPENDIX A: Health Economy Performance Measures Summary

Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	99.01%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	9.61%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	41.99%
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)	3	0	0	N/A
Clostridium Difficile (C Diff) infections (YTD)	145	42	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		25.28%	
Friends and Family test: Inpatient - % Recommended ⁹		96.01%	
Friends and Family test: A&E - Response rate ⁹		17.61%	
Friends and Family test: A&E - % Recommended ⁹		74.50%	

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

² % seen/treated within 4 hours of arrival in A&E: 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 (Apr-14 to Mar-15 PROVISIONAL)
This figure is the Directly standardised rate (DSR) per 100,000 registered patients (the 2 children's measures use <19s only)
- LOCAL position shown here is the latest YTD position taken from nationally submitted SUS (secondary uses service) data
This figure is the indirectly standardised rate per 100,000 registered patients (the 2 children's measures use under 19s only)

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 November, there have been 946 home treatment interventions against the 12-month target of 1,202; this equates to 18.05% more patients benefiting from this service than originally planned by the eighth month of 2015/16.

CPA 7 day follow up

November's monthly performance was 94.74% due to 1 patient not followed up within 7 days (following several unsuccessful attempts to make contact with them) but they have now been seen. This, along with the follow-up over 7 days recorded in July, means the 2015/16 YTD position has reduced to 99.01%; this does, however, remain above the national target of 95%.

Psychosis intervention

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

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

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

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

PLEASE NOTE: Reporting of the latest IAPT waiting times position for has been delayed and will be included in next month's report.

SHSCFT Indicators				
	Target	October	November	Change
Crisis Resolution / Home Treatment (YTD)	1202	833	946	▲
Psychosis Intervention - new cases (YTD)	75	106	117	▲
Psychosis Intervention - maintain capacity (YTD)	270	233	236	▲
CPA 7 day follow up (YTD)	95%	99.46%	99.01%	▼
		August	September	
% receiving Psychological Therapy (IAPT) (YTD) *	18.04%**	7.89%	9.61%	▲
% IAPT patients moving to recovery (YTD) *	50%	41.63%	41.99%	▲
% 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 17th December 2015

Across the Yorkshire & Humber region, year to date (YTD) RED 1 and RED 2 combined 8 minute performance has remained almost unchanged at 71.76% against the service standard of 75%. RED 1 and RED 2 combined 19 minute performance worsened slightly to 95.35% 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 71.74%, 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 74.84% 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) - 83.86% (80%), GREEN 2 (30 min response) - 76.17% (85%), GREEN 3 (20 min triage) - 87.59% (80%), GREEN 3 (30 min response) - 79.75% (80%). GREEN 4 (60 min triage) - 99.28% (95%), GREEN 4 (60 min response) - 95.7% (November YTD - latest data available) (95%)

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

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

YAS Indicators				
	Target	October	November	Monthly Change
Category A (RED 1) responses within 8mins (YTD)	75%	71.60%	72.05%	▲
Category A (RED 2) responses within 8mins (YTD)	75%	71.60%	71.61%	▲
Category A (RED combined) responses within 19mins (YTD)	95%	95.50%	95.47%	▼
Ambulance Handovers - delays over 30mins as a % of total arrivals with a handover time	Minimise -	2077 6.32%	2297 6.78%	▲
Ambulance Handovers - delays over 1hr as a % of total arrivals with a handover time	Minimise -	412 1.25%	353 1.04%	▼
Crew Clear - delays over 30mins as a % of total arrivals with a handover time	Minimise -	529 1.61%	544 1.61%	▲
Crew Clear - delays over 1hr as a % of total arrivals with a handover time	Minimise -	36 0.11%	55 0.16%	▲

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	September	October	Monthly Change
Re-contact after discharge (Phone)		1.86%	1.06%	▼
Re-contact after discharge (Treatment at scene)		3.15%	2.90%	▼
Re-contact after discharge (Frequent Caller)		1.63%	1.47%	▼
Time to answer call (Median)	5 seconds	1	1	◄►
Time to answer call (95th Percentile)		20	20	◄►
Time to answer call (99th Percentile)		61	55	▼
Time to treatment (Median)		5.80	5.52	▼
Time to treatment (95th Percentile)		15.11	14.23	▼
Time to treatment (99th Percentile)		22.80	21.78	▼
Call closed with advice (Phone advice)		7.55%	7.23%	▼
Call closed with advice (without Transport)		31.19%	31.66%	▲
Clinical Indicators		June	July	
Outcome from Cardiac Arrest (CA) All		28.30%	28.13%	▼
Outcome from CA Utstein Group (UG)		56.25%	65.52%	▲
Outcome from acute STEMI Angioplasty		84.85%	86.41%	▲
STEMI Care Bundle		85.06%	88.16%	▲
Outcome from Stroke 60 min to Stroke Unit		53.56%	55.78%	▲
Stroke - Appropriate Care Bundle		97.38%	98.95%	▲
Outcome from CA - Survival to Discharge All		12.75%	10.96%	▼
Outcome from CA - Survival to Discharge UG		50.00%	41.38%	▼
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 7, October 2015*

Compared, where possible, to National data

* = Month 8 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

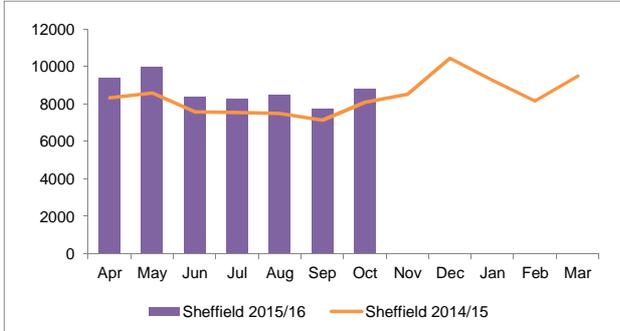


Chart 2: Clinical Calls completed within 10 minutes

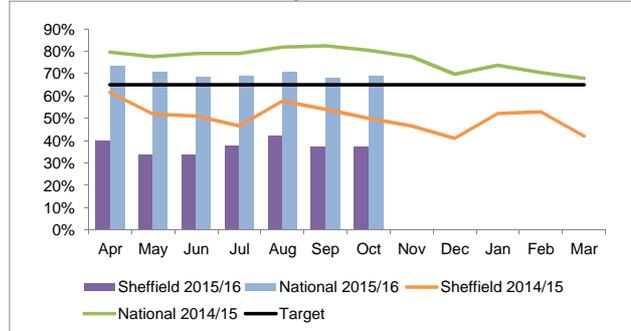


Chart 3: % of Clinical call-backs within 10 minutes ≥ 98%

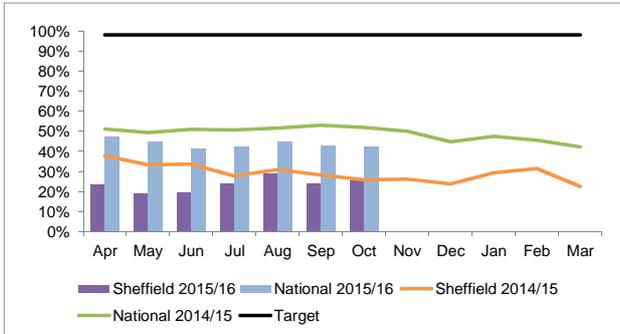
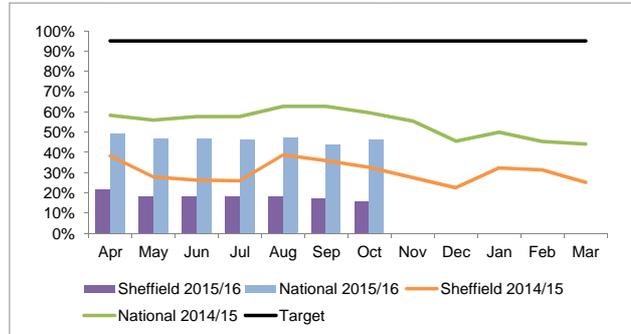


Chart 4: % of warm transfers* ≥ 95%



* 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

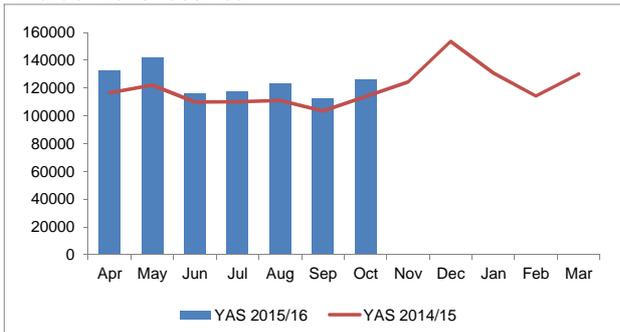


Chart 6: Calls answered within 60 seconds ≥ 95%

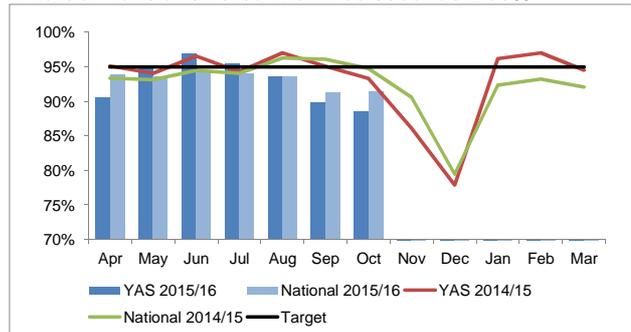


Chart 7: Calls abandoned after 30 seconds ≤ 5%

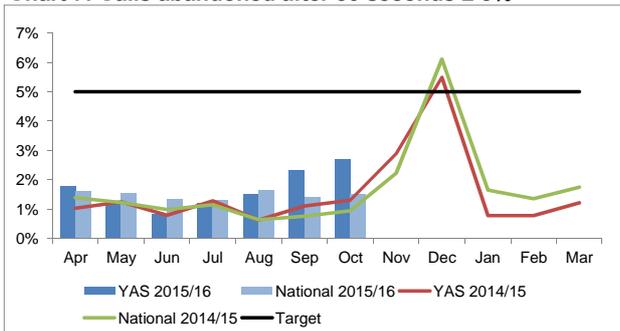
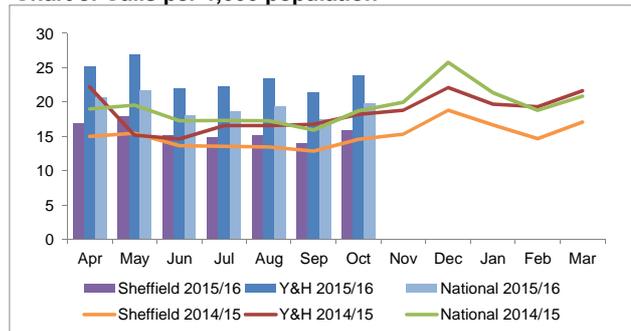


Chart 8: Calls per 1,000 population



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

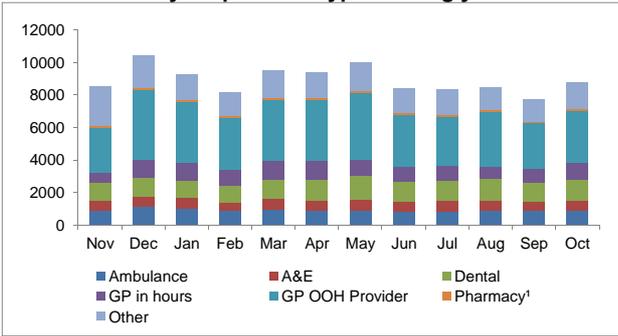


Chart 10: % Calls by Disposition Type: Rolling year

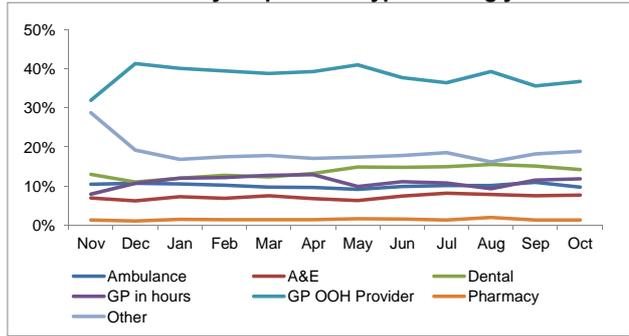


Chart 11: Proportion of Calls by Disposition Type: % change on previous year - from October 2014 *

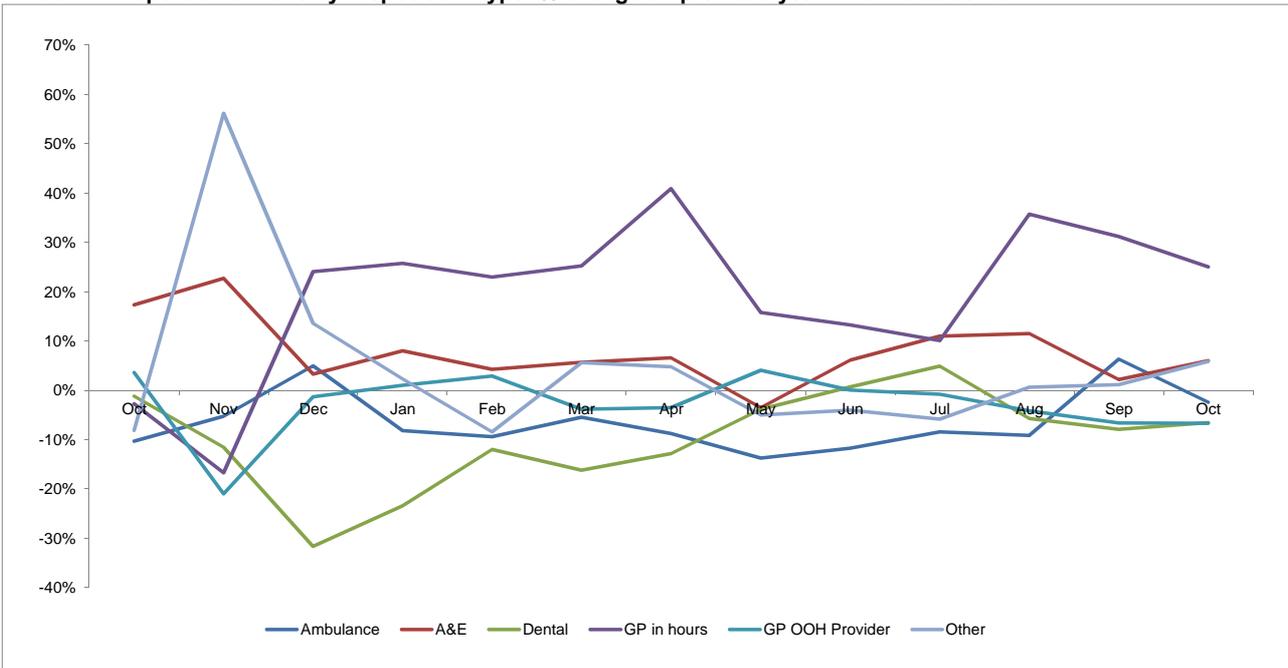


Chart 11 notes:

* 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 8, April 2015 - November 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-M8 (GREY BARS) MAY THEREFORE CHANGE IN FUTURE MONTHS.

Outpatient First Attendances: 3% below plan
 Outpatient Follow-ups: 5.7% below plan
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 3.2% below plan
 Inpatient Non-elective Spells: 2.9% above plan
 A&E Attendances: 0.8% below plan

Figure 1: Referrals¹

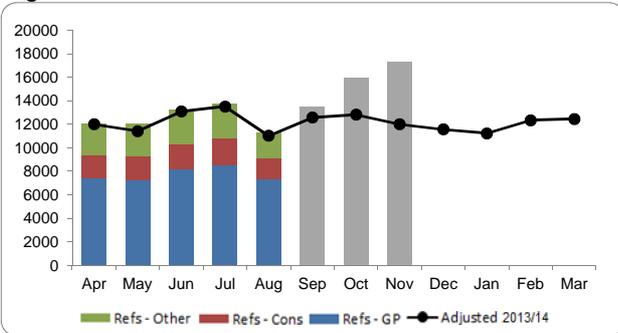


Figure 4: Electives

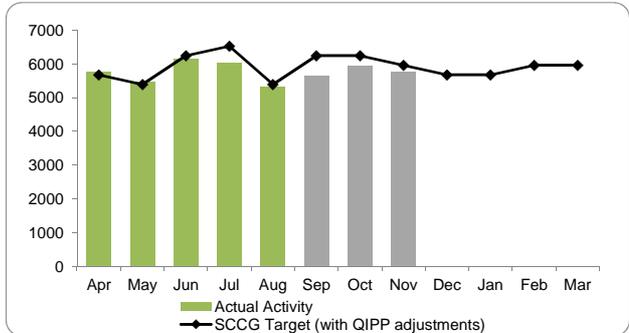


Figure 2: Firsts²

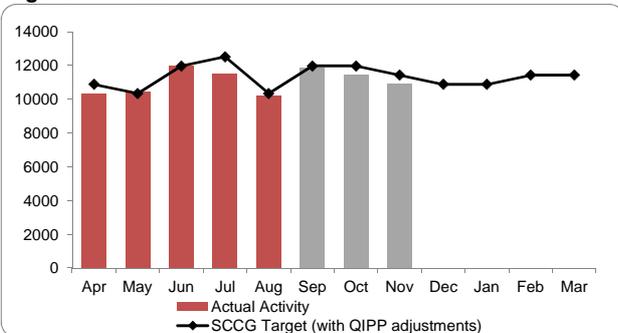


Figure 5: Non-Electives

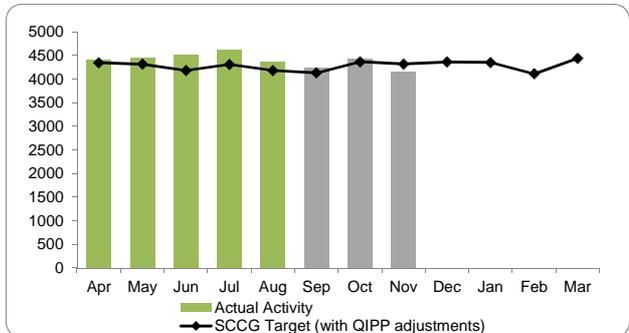


Figure 3: Follow-ups³

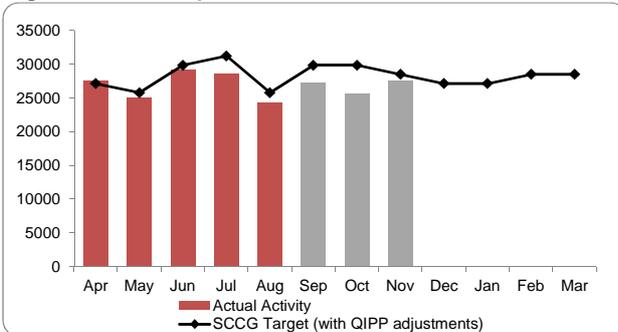


Figure 6: Accident and Emergency

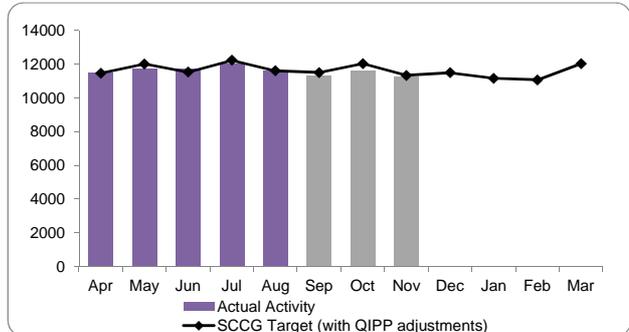


Table 1. Outpatient Activity

Activity	2015/16	Target	Var	% Var
Firsts	88,703	91,460	-2,757	-3.0%
Follow-ups	214,899	227,882	-12,983	-5.7%
Follow-ups:First Ratio	2.42	2.49	-0.07	-2.8%

Table 2. Inpatient and A&E Activity

Activity	2015/16	Target	Var	% Var
Electives	46,126	47,674	-1,548	-3.2%
Non Electives	35,120	34,137	983	2.9%
Excess Bed Day Costs (£000s)	£ 5,238	£ 4,712	£ 525	11.1%
A&E	92,934	93,685	-751	-0.8%

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 1903 (10.4%).

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

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

Source: STHT Contract Monitoring

APPENDIX C: Contract Activity



Sheffield Children's NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 8, April 2015 - November 2015

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

Outpatient First Attendances: 5.8% above plan
 Outpatient Follow-ups: 7.7% above plan
 Outpatient Procedures: 138.3% above plan

Inpatient Elective Spells: 16.9% below plan
 Inpatient Non-elective Spells: 7.5% above plan
 A&E Attendances: 2.9% above plan

Figure 1: Firsts

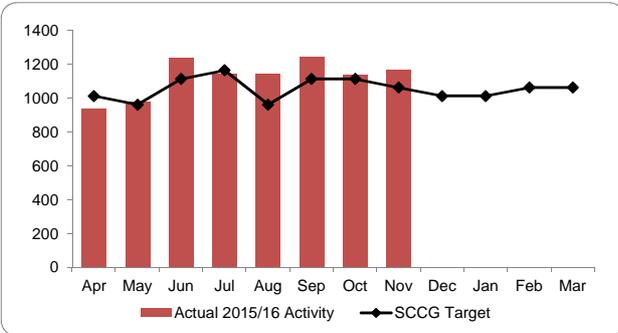


Figure 4: Electives

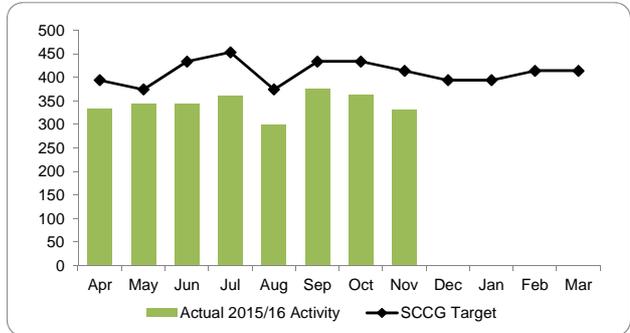


Figure 2: Follow-ups

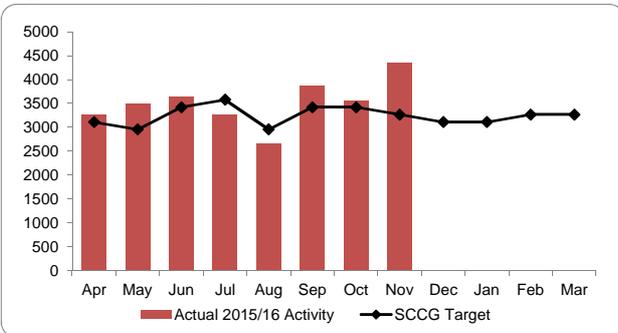


Figure 5: Non-Electives

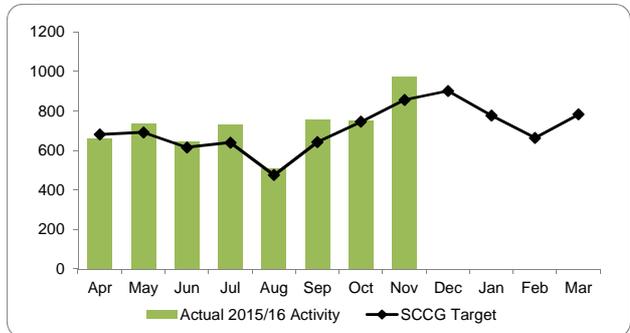


Figure 3: Accident and Emergency

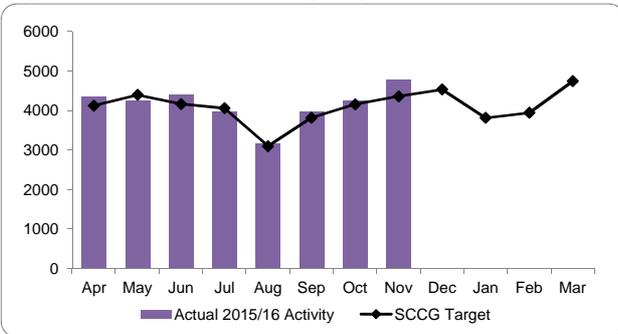


Figure 6: Excess Bed Days

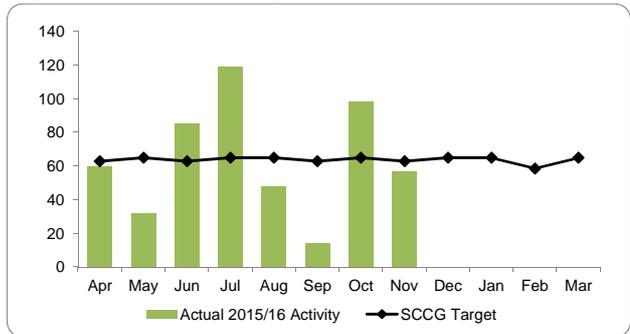


Table 1. Outpatient Activity

Activity	2015/16	Target	Var	% Var
Firsts	8,987	8,495	492	5.8%
Follow-ups	28,138	26,133	2,005	7.7%
OP Payable Procedures	11	5	6	138.3%
Follow-ups:First Ratio	3.13	3.08	0.05	1.8%

Table 2. Inpatient and A&E Activity

Activity	2015/16	Target	Var	% Var
Electives	2,752	3,310	-558	-16.9%
Non Electives	5,748	5,345	403	7.5%
Excess Bed Day Costs (£000s)	£ 161	£ 149	£ 12	8.2%
A&E	33,117	32,176	941	2.9%

Source: SCHFT Contract Monitoring (SLAM)

Notes:
 Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, December 2015

APPENDIX D: Previously Unassessed Periods of Care (PUPOC)

Previously Unassessed Periods of Care (PUPOC)

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.

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 and Sheffield's status is currently green. Some 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. Governing Body members should note that, although NHS England have given a green RAG rating, Sheffield CCG is behind trajectory for completing these. However, the gap between completed PUPOCs and trajectory is the same as the number of cases currently allocated. As allocated cases tend to be completed within the same month, we believe this deficit to be manageable.

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.

Performance data on PUPOCs will be included in this report each month, going forward.

