

**Quality & Outcomes Report: 2015/2016 Summary position and overview**

**Governing Body**

**26 May 2016**

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<b>Is your report for Approval / Consideration / Noting</b>	
Consideration	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
Potential additional funds via achievement of Quality Premium measures for 2014/15 and subsequently 2015/16 Quality Premium measures.	
<b>Audit Requirement</b>	
<b><u>CCG Objectives</u></b>	
<b><i>Which of the CCG's objectives does this paper support?</i></b>	
<ol style="list-style-type: none"> <li>1. To improve patient experience and access to care</li> <li>2. To improve the quality and equality of healthcare in Sheffield</li> </ol> <p>Specifically the risks:</p> <ol style="list-style-type: none"> <li>2.1 Providers delivering poor quality care and not meeting quality targets</li> <li>2.3 That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy</li> </ol>	
<b><u>Equality impact assessment</u></b>	
<b><i>Have you carried out an Equality Impact Assessment and is it attached? No</i></b> <b><i>If not, why not?</i></b> None necessary	
<b><u>PPE Activity</u></b>	
<b><i>How does your paper support involving patients, carers and the public?</i></b> It does not directly support this but as a public facing document is part of keeping the public informed.	
<b>Recommendations</b>	
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> <li>• Sheffield performance on delivery of the key NHS Outcomes</li> <li>• Sheffield performance on delivery of the NHS Constitution Rights and Pledges</li> <li>• Key issues relating to Quality, Safety and Patient Experience</li> <li>• Assessment against measures relating to the Quality Premium</li> </ul>	



# Quality & Outcomes Report

**2015/16**

**Summary position and overview**

For the 26<sup>th</sup> May 2016 meeting  
of the Governing Body

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**PLEASE NOTE: At time of publication, the majority of the data on performance for Month 1 (April) of 2016/17 is not yet available.**

**Therefore, this month's Quality & Outcomes Report focusses primarily on providing Month 12 (March 2016) updates and a summary position and overview of 2015/16.**

## Highest Quality Health Care

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

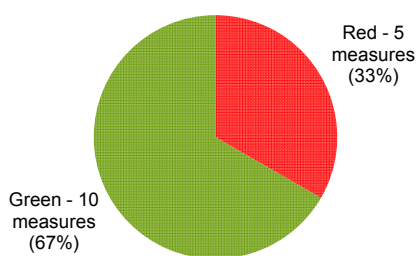
## NHS Constitution - Rights & Pledges

### 2015/16 Headlines

These pledges to patients on how long they wait to be seen and to receive treatment remain an important aspect of what we are committed to delivering for the people of Sheffield during 2015/16. **10 of the 15** core rights and pledges were successfully delivered in 2015/16.

In respect of the pledges not currently being met for Sheffield patients, further information on the action being taken by the CCG and providers to improve performance - along with expected timescales for delivery of improvement and any action requested from the CCG Governing Body - are set out in the NHS Constitution section (pages 4 - 10).

### NHS Constitution - Core Measures (15): 2015/16 position



#### Red:

Diagnostic waits over 6wks  
A&E 4hr waits  
Ambulance response times (RED 1) within 8mins  
Ambulance response times (RED 2) within 8mins  
Ambulance response times (R1/R2 combined) within 19mins

#### Amber:

-

#### Green:

RTT Incomplete waits over 18wks  
Cancer waits (all 9 measures)

### 2015/16 Summary

The CCG continues to focus on improving health outcomes for the people of Sheffield by commissioning the delivery of safe, good quality, sustainable services and compassionate care. Some of the headlines from 2015/16 are set out below:

- Achievement throughout the year of the NHS Constitution pledge for 18 week referral to treatment waiting times (92% of all patients waiting less than 18 weeks for treatment to start) at Sheffield and Trust level.
- NHS Constitution waiting times pledges for patients referred for suspected cancer continue to be met at Sheffield level.
- Working closely with our providers and partner organisations across the whole Sheffield Health and Care system, we have ensured effective action at system-level to address the challenges presented by on-going demands on A&E services and on the wider care system, including GP and community services. This includes, for example:
  - work with Primary Care Sheffield on the largest Prime Minister's Challenge Fund pilot in the country, with 16 innovative schemes across the city to provide more access to health and care services out of hours, increase pharmacy support, enable practices to work together to meet the urgent care needs of patients and support patients with self-care
  - implementation of a clinical protocol to enable paramedics to contact and organise services via Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) so that patients can be supported and treated at home, preventing people attending hospital unnecessarily
  - seeking assurance, via A&E site visits, that the quality of care and patient experience is being maintained whilst action is taken to improve A&E waiting times
- Sheffield's achievements in preventing health care acquired infections have continued, with only one case of MRSA attributed to the CCG during 2015/16 and Clostridium Difficile levels just slightly above the forecast position.
- Two new mental health access and waiting times standards for Psychosis Early Intervention and waiting times for access to psychological therapies have been successfully implemented.

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## 2015/16 Headlines - continued:

We have been awarded a Quality Premium payment, in recognition of improvements made in the quality of services and health outcomes during 2014/15 in Sheffield. This non-recurrent payment of £1.49 million was used, in 2015/16, to further improve the quality of services, with a particular focus on primary care services.

Further information on what the CCG has achieved in the last 12 months, including progress on our organisational priorities and how we have improved services for the people of Sheffield, can be found in the CCG Annual Report for 2015/16. This will be available on the CCG website in June - <http://www.sheffieldccg.nhs.uk/our-information/getinformed.htm>

## **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:

### **2015/16 Summary**

- **C.Diff** - In 2015/16 (full year as at the end of March), 206 cases attributable to the CCG were reported, which is slightly above the forecast for the year of 194. STHFT reported 78, compared to a forecast for the year of 87. SCHFT reported 8 cases, compared to a total forecast for the year of 3.
- **MRSA** - 1 case was assigned to the CCG in 2015/16 (3 others attributed to the CCG were, following Post Infection Review/arbitration, assigned to a third party). No cases were reported for STHFT or SCHFT in 2015/16.

**Ensuring that people have a positive experience of care:** Patient experience information will be provided in this report for those meetings of the Governing Body that are held in public (alternate months). Each update will focus on a different provider, rotating Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care NHS Foundation Trust. The updates will also include Friends and Family Test published results for that provider (FFT - identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care).

## **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 for 2015-2019, the CCG set out five key ambitions. An update on progress against these ambitions during 2015/16 is provided in pages 16 - 18.

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## CCG Assurance - NHS England Assessment

### 2015/16 CCG Assurance Framework

The NHS England assurance 2015/16 full-year review for Sheffield took place on 26th April 2016. Members of the CCG Commissioning Executive Team (CET) met with colleagues from NHS England to undertake an assessment of how well the CCG is fulfilling its function of commissioning safe, good quality, sustainable services and compassionate care.

As part of a very positive and open discussion, the CCG shared details of achievements and successes over the last 12 months, highlighting the significant progress being made by the CCG in its leadership, planning and delivery of sustainable health services for the people of Sheffield. This was received positively by NHS England colleagues, who expressed confidence in the actions which the CCG is taking. They did also recognise the significant challenges the CCG will face in 2016/17 through the size of the financial challenge and some areas of concern on the under-achievement of performance measures by providers.

The outcome of the assessment will not be formally notified to the CCG until after completion of the NHS England national moderation process. Once available, the outcome will be shared in this report and also published on the CCG website at: <http://www.sheffieldccg.nhs.uk/our-information/how-are-we-doing.htm>

## 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 full Quality Premium guidance can be accessed at: <https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/>

### 2016/17 Quality Premium

Details of the measures for 2016/17 and current available data on CCG progress against each measure will be included in the next edition of this report.

In summary, the identified areas for improvement in 2016/17 are:

- Proportion of cancers diagnosed at stages 1 and 2
- Patient reported experience (via GP Patient Survey) of making a GP appointment
- Proportion of GP referrals made by e-referrals
- Antibiotic prescribing in primary and secondary care
- Three locally selected measures (and levels of improvement) from areas of opportunity in the CCG Right Care Commissioning for Value pack. Following work with Clinical Portfolios, Public Health colleagues and the CCG Executive Team, local measures have now been agreed and submitted in relation to:
  - Delivering improvements in the use of the Care Planning Approach in Mental Health services
  - Reducing the number of delayed transfers of care from hospital
  - Improved cost effectiveness and sustainable use of resources in Gastroenterology related prescribing

### 2015/16 Quality Premium - expected level of achievement

A summary position, at local level, in respect of Sheffield's likely level of achievement against the 2015/16 Quality Premium measures will be provided once all relevant data is available. Current available data on CCG progress against each measure can be found in the Quality Premium section (page 15).




The provisional national assessment, by NHS England, of each CCG's level of achievement is expected to be released in October/November 2016 and will be included in this 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.

#### 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:** Although meeting the RTT standard overall, STHFT continue to experience challenges in some specific specialities. Remedial action plans and improvement trajectories for each underperforming speciality at STHFT have recently been received and are currently being reviewed by the CCG. These will enable monitoring during 2016/17 against expected speciality recovery dates as part of contract monitoring.

Additionally, as part of the requirements to access System Transformation Funding, Trusts must agree improvement trajectories for RTT (at overall Trust level) with the CCG, Monitor and NHS England. Once the trajectories referenced above have been reviewed and agreed, further information and progress by STHFT against the trajectories will be shared as part of this report.

**Action requested of Governing Body:** To endorse the approach of monitoring STHFT remedial action plans and improvement trajectories for each underperforming speciality through monthly Contract Management Board meetings with STHFT.

**SCHFT:** The Trust met the RTT Incomplete pledge for Sheffield patients and at a Trust wide level in March. The 2016/17 RTT Incomplete improvement trajectory submitted by SCHFT indicates that it will achieve the pledge each month. However, the Stress Test (a predictive modelling tool devised by NHS England to gain a better understanding of NHS Trusts' RTT predicted performance in the next 6 months) run at the end of March suggested that the Trust has a 37% risk of breaching the target during the next six months. Trusts are required to have a probability score of 30% or less.

**Action being taken:** The Trust have agreed to formally share their internal version of the Stress Test as part of their monthly performance report. This will be available 4 weeks before NHS England release the data for publication on Unify (data collection system). The performance report will be reviewed at the monthly Contract Review Group meeting with the CCG. The Trust is monitoring the causes of the deterioration in the probability score and taking actions as necessary.

**Action requested of Governing Body:** To endorse the approach of monitoring SCHFT Stress Test scores at the monthly Contract Review Group meetings, with escalation to Contract Management Board meetings where necessary.

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



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## Diagnostic test waiting times

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

### Issues & Actions:

**STHFT:** The Trust did not meet the diagnostic waiting time standard for Sheffield patients in March (based upon provisional data) with 96.45% of patients seen within 6 weeks, which is a similar level to the February position of 96.38%. This equates to 264 patients waiting longer than 6 weeks for diagnostic tests at STHFT. The majority of these breaches were for Colonoscopies (an increase from 75 to 109), Gastroscopies and Flexi Sigmoidoscopies. There has been a significant reduction in the numbers of breaches within Peripheral Neurophysiology and Sleep Studies. The Trust is implementing plans to increase capacity in all of these areas.

It should also 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.

**Action being taken:** STHFT plans to increase capacity across the key areas identified by increasing staffing (consultant recruitment) and creating additional capacity for tests.

The CCG is working with the Trust, through the remedial action plan process, to understand key issues preventing achievement of the standard and identify any steps that can be taken to support delivery. The need to improve diagnostic waiting times as part of the overall 18 week referral to treatment pathway is recognised in CCG planning of capacity for 2016/17. Diagnostics trajectories for improvement are reflected in the revised elective Referral to Treatment waiting times remedial action plan and trajectories which have recently been received from the Trust. These are currently being reviewed by the CCG and once agreed, will enable achievement to be monitored and any necessary mitigating actions agreed with STHFT on a monthly basis as part of CCG contract monitoring.

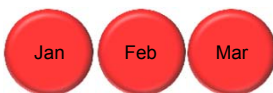
**Expected timeframe for improvement:** As part of the requirements to access System Transformation Funding, the Trust must agree and achieve an improvement trajectory for diagnostics with the CCG, Monitor and NHS England. Discussions are being progressed by the CCG regarding agreement of the trajectories and timescales for achievement. Once this is finalised, further information on the trajectory - and STHFT progress against trajectory - will be shared as part of this report.

**Action requested of Governing Body:** To endorse the approach of monitoring STHFT achievement of diagnostic waiting times and any necessary mitigating actions, through monthly Contract Management Board meetings with the Trust.

**SCHFT:** The Trust met the Diagnostic waits pledge for Sheffield patients in March, with 99.84% seen within 6 weeks. Their internal performance report indicates that this is also the case at a Trust-wide level (all patients) with 99.2%.

Once the 2016/17 improvement trajectory for diagnostics submitted by SCHFT is finalised, further information on the trajectory - and SCHFT progress against trajectory - will be shared as part of this report.

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



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## 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. Following the transfer to the Lorenzo patient administration system at the end of September, **full validated data for STHFT is just becoming available from the beginning of May** and so monitoring of the position for STHFT (and thus for the full CCG position, as STHFT constitutes the majority of this) can recommence in the next edition of this report. Initial indications are that STHFT (and so also the CCG) are not currently meeting the pledge for 2016/17.

SCHFT continued to meet the pledge for 95% of patients to be seen/treated within 4 hours as at the end of March - and so achieved this for 2015/16. However, SCHFT performance for March and into early April this year falls short of the levels seen in the same period in 2015. The CCG is exploring this with the Trust to ensure any underlying cause is understood and can be addressed.

**Action being taken:** The CCG has issued STHFT with a contractual performance notice to ensure all key actions are being taken to improve performance and the availability from May of full validated data for STHFT A&E waiting times is an important step forward. The STHFT A&E Improvement Board, on which the CCG is represented, formally reviews progress and this is supported by a number of other bilateral discussions.

A programme of site visits to A&E, by CCG Executive and Clinical Leads, has been implemented to provide assurance with regard to quality of care and patient experience.

**Expected timeframe for improvement:** As part of the requirements to access System Transformation Funding, the Trust must agree and achieve an improvement trajectory for the A&E 4 hour standard with the CCG, Monitor and NHS England. Once this is finalised, further information on the trajectory - and STHFT progress against trajectory - will be shared as part of this report.

**Action requested of Governing Body:** To endorse the approach of monitoring STHFT achievement of the A&E standard and any necessary mitigating actions through monthly Contract Management Board meetings with the Trust, in line with the contractual performance notice.

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.

As noted above, the latest available data for STHFT is towards the end (25th) September 2015.

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

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## Cancer waits

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

### Issues & Actions:

Although STHFT are meeting the pledges for 2015/16 (whole-year) for Sheffield patients, they continue to experience some challenges with regard to monthly performance for 62 day maximum wait from Urgent GP referral; 31 day wait for first treatment; 31 day wait for subsequent treatment (Surgery).

There is ongoing dialogue with STHFT to enable delivery of their internal improvement plan, within which key areas have been identified (for example, capacity within Urology) and actions are being undertaken to address these. In addition we are requesting that we jointly review their 62 day pathway breach reports via our Clinical Lead for Cancer: this will provide important assurance to timeliness of pathways in STHFT.

The STHFT improvement plan is accompanied by the work to improve shared care pathways across the region via a Cancer Network Task and Finish Group, tasked by the Cancer Strategy Board. Input has been secured from the Cancer Intensive Support Team to strengthen (the STHFT) improvement plans. Collectively these actions should ensure improvement is delivered.

Based on anticipated improvement on timeliness of referrals from other hospitals into STHFT, the Trust plan to deliver the standard for 62 day maximum wait from GP referral from April 2016. As part of the requirements of System Transformation Funding, the Trust must agree an improvement trajectory for the 62 day maximum wait with the CCG, Monitor and NHS England. New national guidance (operational from October) on the allocation between Trusts of cancer waiting times breaches will have an impact on achievement of the trajectory. A clear process for implementation of the allocation process has been agreed by the Cancer Strategy Board and will be implemented through the Cancer Network Task and Finish Group.

**Action requested of Governing Body:** To endorse the approach of continuing to monitor improvement plans and trajectories for Cancer waiting times via the Cancer Network Task and Finish Group, whilst ensuring any necessary escalation to Contract Management Board as and when appropriate.

### 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).

## Ambulance response 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:** As noted last month, the NHS Constitution service standards for RED 1 and RED 2 8 minute performance were not achieved for 2015/16. In addition, the measure for Category A 19 minute response also fell just short of the standard for 2015/16.

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

**Action being taken:** During 2015/16, commissioners of the 999 service from YAS 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.

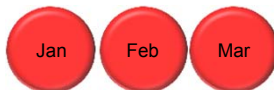
Commissioners indicated to YAS that they wish to carry these forward into 2016/17. YAS have provided commissioners and NHS Improvement with an indicative trajectory for 2016/17. This trajectory does not show YAS performance returning to NHS Constitution standards and requires investment of additional resource. Commissioners have not accepted the trajectory. Discussions are continuing between commissioners and YAS regarding the 2016/17 contract settlement and YAS have been asked for a new trajectory for 2016/17.

Wakefield CCG, as the lead contractor for the 999 contract, continues to explore the range of issues with YAS as part of the 2016/17 contract negotiation process. The Governing Body of Sheffield CCG should address all concerns directly with Wakefield CCG.

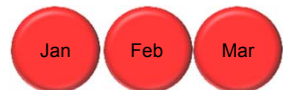
**Expected timeframe for improvement:** Discussions are continuing between commissioners and YAS, with input from NHS England and NHS Improvement, regarding the 2016/17 contract settlement and performance trajectory; therefore no timescale has yet been agreed.

**Action requested of Governing Body:** To support the action being taken through discussions between commissioners and YAS, with input from NHS England and NHS Improvement, with respect to the 2016/17 contract settlement and performance trajectory.

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)



*continued overleaf*

## Ambulance handover times

### Issues & Actions:

**Ambulance Handover and Crew Clear delays:** As noted last month, the number of ambulance handover delays significantly increased once again in March for both those over 30 minutes and those over 1 hour and therefore these remain well above expected levels. The number of crew clear delays again decreased slightly for those over 30 minutes but those over 1 hour saw a significant increase; both are also still above expected levels.

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

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

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

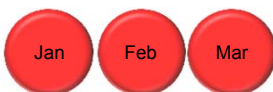
**Action being taken:** The CCG Urgent Care portfolio continue to work with STHFT and YAS to address this important performance and patient experience issue. Based on best practice at a number of other Yorkshire & Humber providers, STHFT has developed and implemented escalation plans (jointly agreed with YAS) to ensure that additional on-site senior management support is provided at times of high demand to further support operational flow and reduce delays. Performance is reviewed daily by the Urgent Care team and is discussed at regular city-wide teleconferences.

Local data on delayed handovers at STHFT is now being used to complement the YAS level data (which covers all Trusts served by YAS). The use of local data will support monitoring of performance and any necessary mitigating actions through monthly Contract Monitoring Group meetings with the Trust. Handover data is reported to the city-wide Chief Executive group each weekday.

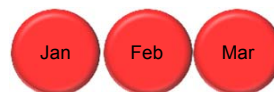
**Expected timeframe for improvement:** An expected timeframe for improvement is yet to be agreed. However, the local data for the whole of April is now available and confirms the improvement, at STHFT level, which was indicated in last month's report. At STHFT A&E, during April, there were 251 delayed handovers over 30 minutes and 19 over 60 minutes, in comparison with the number for March of 540 delayed over 30 minutes and 107 over 60 minutes.

**Action requested of Governing Body:** To endorse the approach of monitoring Ambulance Handover performance and any necessary mitigating actions through monthly Contract Monitoring Group meetings with the Trust.

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



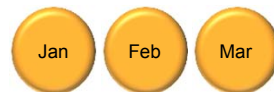
**Supporting measure:**  
Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E (subset of measure to left)



**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)



**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.

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## Mixed Sex Accommodation (MSA) breaches

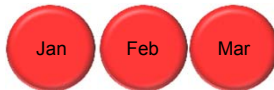
*Being in mixed-sex hospital accommodation can be difficult for some patients for a variety of personal and cultural reasons. Therefore, mixed-sex accommodation needs to be avoided, except where it is in the overall best interest of the patient or reflects their personal choice.*

### Issues & Actions:

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

### **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, 4 such cancelled operation (where the patient was not subsequently offered another binding appointment for surgery within 28 days) were reported by STHFT in Quarter 3 2015/16. This is an increase from the 1 reported in Q2 15/16.

SCHFT did not report any patients not offered another appointment within 28 days in Q3.

### **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 or more



## 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.

##### 2015/16 summary

##### Clostridium Difficile:

- Sheffield CCG - The total number of cases recorded in 2015/16 was slightly over the expected amount (206 vs 194) but is less than the total recorded in 2014/15 (213 vs 193).
- STHFT - The total number of cases recorded in 2015/16 is within the expected amount (78 vs 87) and is also lower than the total recorded in 2014/15 (93 vs 94).
- SCHFT - The total number of cases recorded in 2015/16 exceeded the expected amount (8 vs 3) and was higher than the total recorded in 2014/15 (6 vs 4).

##### MRSA:

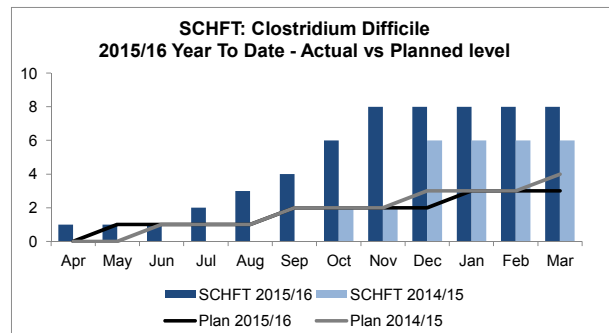
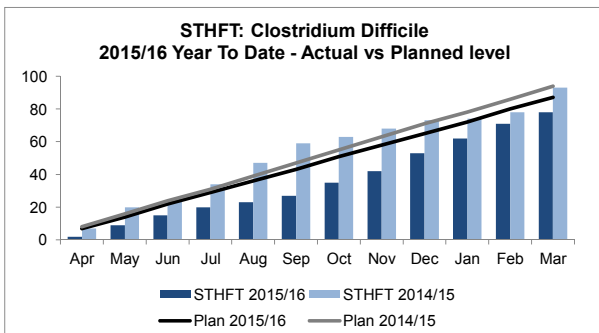
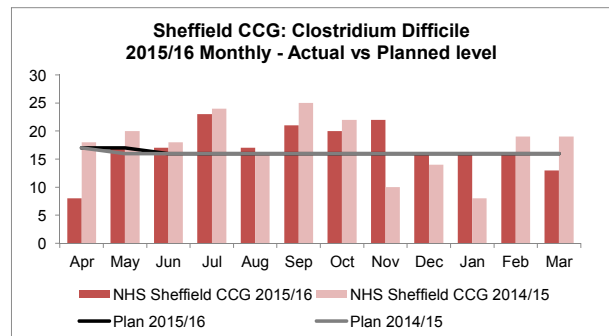
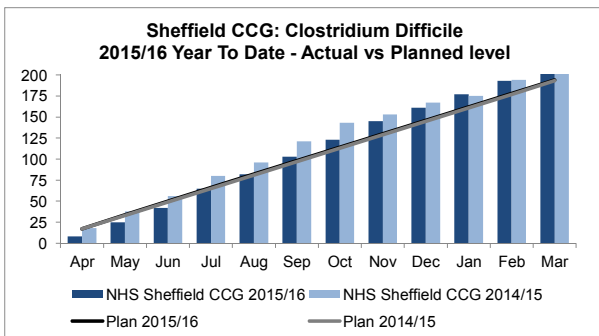
- Sheffield CCG - Although 4 cases were attributed to the CCG (i.e. the patient was a Sheffield resident) in 2015/16, only 1 case was assigned to the CCG. Assignment of a case following a Post Infection Review is the important factor because the organisation that has been assigned the case takes responsibility for it and any shared learning that is identified.
- STHFT - No cases were recorded in 2015/16.
- SCHFT - No cases were recorded in 2015/16.

##### 2016/17 April summary - full reporting to commence in the next edition of this report.

- Clostridium Difficile:** Preliminary April data indicates that 20 cases were recorded for the CCG (7 more than in March), 8 were recorded for STHFT and none were recorded for SCHFT.
- MRSA:** Preliminary April data indicates that 1 case occurred at STHFT; a Post Infection Review (PIR) is underway. The patient is not a Sheffield resident and will therefore not be included in the CCG figures. (No cases recorded at 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 Mar-16	0	0	0	13	7	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	206	78	8
Number of infections forecast for this period	0	0	0	194	87	3



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

- continued

#### 2016/17 Commissioning for Quality and Innovation (CQUIN) scheme

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals. The CQUIN scheme is available to any provider of healthcare services commissioned under an NHS Standard Contract. The scheme is intended to deliver clinical quality improvements and drive transformational change, and impact on reducing inequalities in access to services, the experiences of using them and the outcomes achieved.

The national CQUINs were published on 10<sup>th</sup> March for the 2016/17 contract.

The national indicators are:

1. NHS staff health and wellbeing
2. Identification and early treatment of Sepsis
3. Improving the physical health for patients with severe mental illness (PSMI) (Mental Health only)
4. Cancer 62 day waits
5. Antimicrobial resistance

We are currently reviewing the requirements for Trusts but on first look the Sepsis indicator is extremely challenging and it is anticipated that this will apply to STHFT and SCHFT. The majority of the indicators in the scheme are broken down into sub-indicators. The progress with local schemes is good, with the three Foundation Trusts having agreed a scheme in principle.

#### Regulations

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

There are no updates to report this month.

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

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

The following section is concerned with experience of care across health services, including eliminating mixed sex accommodation and GP In-hours/Out-of-hours services (bi-annual update - next is due around July 2016).

For the CCG Governing Body meetings held in public (which, from February 2016, occur in alternate months) this section will also include a focus on patient experience (including FFT published results) at one of the three Sheffield Trusts: Sheffield Teaching Hospital NHS Foundation Trust, Sheffield Children's NHS Foundation Trust or Sheffield Health and Social Care NHS Foundation Trust - these will be on rotation. SHSCFT's update will be provided in the next edition of this report.

#### Eliminating Mixed Sex Accommodation

**2015/16 summary:** There were no breaches in March 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 has therefore not been met for 2015/16.

Please see the NHS Constitution - Rights & Pledges section of this report (page 10) for monitoring of the MSA measure.



## Clostridium Difficile - Quarterly Update and Benchmarking

### Summary of 2015/16 \*

Although Sheffield CCG is committed to working with local providers to minimise the number of Clostridium Difficile (C.Diff) infection cases, the number recorded in 2015/16 was just over target; based on validated data there were 206 cases attributable to the CCG - the forecast level was 194. (In 2014/15, there were 213 cases against a forecast level of 193.)

For STHFT, the commitment was to have no more than 87 cases in 2015/16, compared to 94 last year. The number of cases incurred in March (13) was fewer than the previous 3 months (all 16) and in 2015/16 as a whole, STHFT had 15 fewer cases (78) than in 2014/15 (93) and met their forecast.

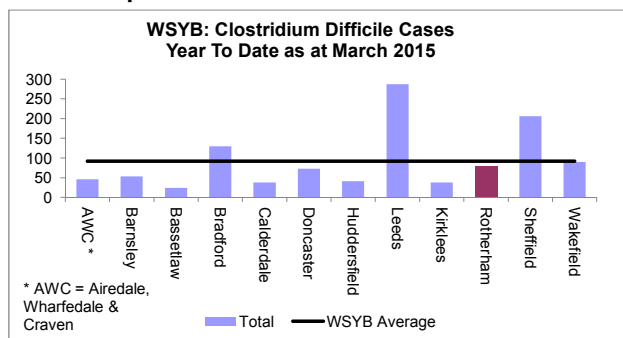
For SCHFT, the commitment was to have no more than 3 cases in 2015/16, compared to 4 last year. No cases were recorded after December but, for 2015/16 as a whole, SCHFT has 2 more cases (8) than in 2014/15 (6) and, as with last year, therefore exceeded their forecast.

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

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

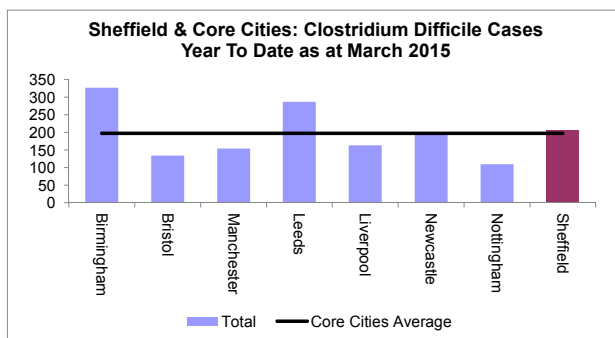
In each of the charts below, Sheffield's position (CCG or STHFT/SCHFT) is distinguished by the **highlighted bar**.

### CCG Comparison



The chart above shows that, in 2015/16, Sheffield had the second highest number of C.Diff infections in the West and South Yorkshire and Bassetlaw (WSYB) area.

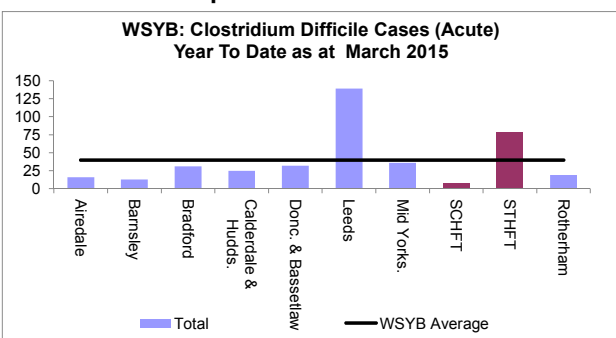
Sheffield was above the regional average of 92.1 C.Diff cases, along with Leeds.



When compared to the core Cities, Sheffield had the third highest number of C.Diff cases in 2015/16.

With 206, Sheffield was just above the core Cities average of 197.5 C.Diff cases, along with Birmingham and Leeds.

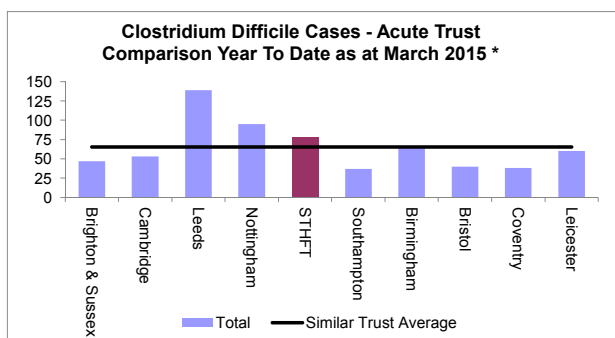
### Acute Trust Comparison



The chart above shows that STHFT had the second highest number of C.Diff cases in 2015/16 of WSYB acute trusts.

78 cases were reported for STHFT against a regional average of 39.7; this equates to 89.66% of their annual target of 87 cases in 2015/16.

SCHFT had the lowest number of C.Diff cases in the region but reported 8 cases in 2015/16 against a plan of 3.



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

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

The 78 cases reported at STHFT was higher than the average for the group, of 65.3 cases. Leeds, Nottingham and Birmingham were also above the group average.

## Summary Hospital Mortality Indicator - Quarterly Update and Benchmarking

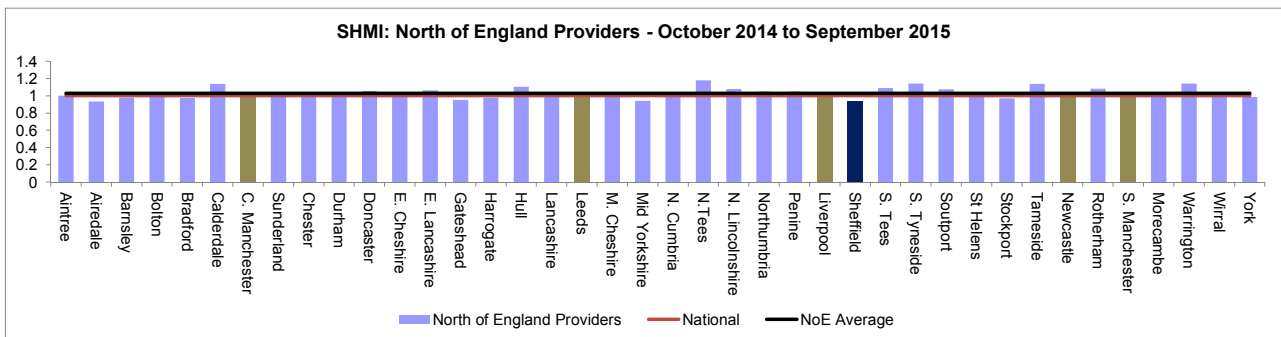
The Summary Hospital Mortality Indicator (SHMI) is a ratio of the observed number of deaths to the expected number of deaths for a provider; the lower the ratio, the better, as less deaths are occurring.

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

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

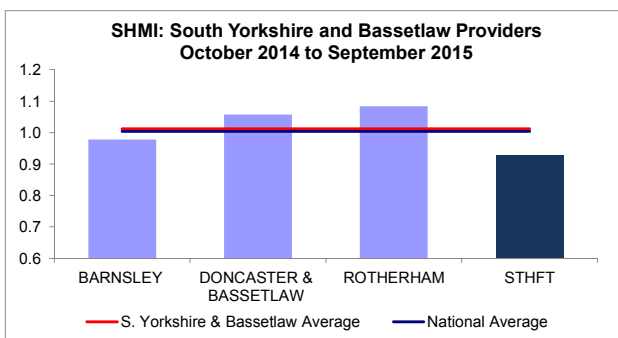
A 3-year dataset is used to create the risk adjusted models and a 1-year dataset is used to score the indicator. The 1-year dataset used for scoring is a full 12 months up to and including the most recently available data on the dataset. The 3-year dataset is a full 36 months up to and including the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

The STHFT value for October 2014 to September 2015, at 0.929, is very slightly lower than for July 2014 to June 2015 (0.930) and is still below the expected value. This is a positive position for Sheffield residents.



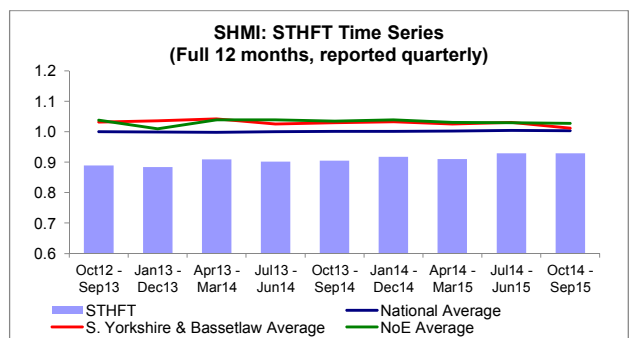
To reflect the new NHS landscape, the above chart shows providers who have submitted data in the North of England (NoE). Sheffield (STHFT) has been distinguished by the **dark blue** bar and the other core Cities that lie within the NoE by the **tan** bars.

STHFT is the best ranked provider within the NoE and 19th on a National level. 18 of the above trusts are below the National average, of which 4 (STHFT, Central Manchester, Newcastle and South Manchester) are Core Cities within the NoE. On a National core Cities level, only Cambridge has a lower value (10th) than STHFT.



Within the South Yorkshire & Bassetlaw area, STHFT have a lower value than the other trusts that have submitted data. This equates to 8.17% lower than the area average and 7.42% lower than the National average. The next lowest trust is Barnsley.

STHFT and Barnsley are below both the area and National average positions.



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

The latest position of 0.929 (Oct-14 to Sep-15) is 5.38% lower (better) than the previous period (0.930 - Jul-14 to Jun-15).

## 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%
<b>NHS Constitution requirements</b>	<b>Constitution measure</b>			<b>Reduction applied to QP if not achieved</b>
NHS Constitution measures affecting Quality Premium	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral *	-	Green	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: availability - and other STHFT info - in the NHS Constitution section (page 6)

**Patient Safety - Improved Antibiotic Prescribing:** As noted last month, local data for Quarter 3 of 2015/16, in comparison to the baseline year (2013/14) indicates good progress continues to be made and, if this is maintained over the year, we are on track to achieve the Quality Premium measure. Local data for Quarter 4 is not yet available.

#### Measures not currently being met

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

**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 2015/16 is shown 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.

During 2015/16, 7550 care plans have been completed. Patients have been asked to provide feedback, via a survey, on their experience of care planning. From the 377 responses returned to date we know that:

- 86% said they felt more confident about managing their own health
- 62% said they would make changes in terms of their health or managing their condition as a result of the appointment

We have continued to develop our approach to person centred care and care planning, and secured funding to continue the programme in 2016/17.

#### **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 work with **Age UK Sheffield** to help us better understand the role of the voluntary sector in the development of integrated teams in the community.

St Luke's Hospice are piloting the use of technology to increase the reach of their specialist community palliative care team. In addition, we have a Macmillan GP working with the CCG to support primary care with the new national guidance around the very end of life - *One Chance to Get it Right* - via a series of events for Primary Care colleagues and GP practice visits. Sheffield is taking part in the National Diabetes Prevention Programme (NDPP) which aims to identify those people known to be at high risk of developing diabetes and help them to change their lifestyle and thus reduce their risk of developing the disease. The next stage is for the CCG to take part in a procurement exercise to appoint the provider that will deliver the service for Sheffield.

The CCG's Primary Care Development Nurses have worked with GP Practices to identify **patients with Atrial Fibrillation** (a heart condition that causes an irregular and often abnormally fast heart rate) who could benefit from receiving anti-coagulation treatment, as this will help us to continue to prevent strokes in Sheffield. We are hopeful that the data being collected for 2015/16 will show a positive change in those receiving appropriate anti-coagulation. Additionally, we are **working with the Stroke Association** to help integrate the new 'Life after Stroke' centre which they are developing, into the Stroke patient pathway.

We have continued our work on the **respiratory programme** and are testing a new way of providing education and support to people with Chronic Obstructive Pulmonary Disease (COPD). We have also been working hard to ensure that more people that will benefit are able to access pulmonary rehabilitation.

The **Cancer Health Needs Assessment** completed in 2015/16 in collaboration with Public Health colleagues has generated a number of improvement plans to address health inequalities identified around the incidence, diagnosis and deaths from cancer. We have initiated patient, public and wider stakeholder engagement work to inform the development of the improvement programme.

We are also working closely with Sheffield Teaching Hospitals NHS Foundation Trust to improve the **waiting times** from referral to treatment, for those people who are referred by their GP with a suspicion of cancer.

The implementation of a **revised colorectal pathway** for patients requiring follow-up after treatment for colorectal cancer has now been embedded. This aims to ensure that more patients are able to benefit from receiving their follow-ups closer to home with their GP, rather than having to return to the hospital.

*continued overleaf*

### **Ambition 2 - continued:**

Whilst continuing to engage with people in Sheffield to review **local needs and priorities for urgent care** in the city and inform planning of future services, we have undertaken work with partner organisations across the city to improve care for patients across the urgent care pathway. We have worked closely with partner organisations to make sure that when patients no longer need hospital care, they are able to be discharged safely and swiftly. This is not only in the best interest of the patient being discharged but, just as importantly, means that hospital beds are available for those patients who require admission from the Accident and Emergency department. This in turn allows emergency care staff to focus on the next patient arriving at the department.

### **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 a **new approach to commissioning outpatient services**. This new approach (known as CASES) has been discussed with patients, to gain insight into their experiences and their view that the changes we are planning are the right ones.

Some of the patients we spoke to gave examples of their experiences in attending hospital when they did not think it was necessary - that a phone call or information provided to their GP would be good alternatives. Many asked us to do more to give them the information they need to help them manage their own healthcare. This information has been used in our clinician to clinician discussions across a number of specialties at the hospital (STHFT) and is helping us to collaboratively develop the CASES concept in more detail.

Following the patient event a **patient lead** has continued to provide insight as the CASES concept has been developed.

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

We are now moving forward to implement a CASES pilot across seven hospital specialties, continuing to build on the joint working between primary and secondary care that has been the focus of work to date between the CCG Elective Care portfolio, STHFT and, via Primary Care Sheffield, GP Practices. This is in addition to the improvements already made during 2015/16 in the following specific areas:

- **Endometrial Sampling** - in the past women have had to go to hospital in order to receive this simple sampling procedure - we are now extending a successful pilot we developed with GPs and Gynaecology consultants to train more GP practices to offer the service across Sheffield practices.
- In Sheffield we conduct very high numbers of **gastroscopies** - Gastroenterology consultants told us they felt that a number of these were not really necessary and patients could avoid having to undergo this rather unpleasant procedure. We have therefore worked together with the hospital to develop new pathways, educational resources and guidelines to help referrers to know when the right time is to refer the patient for the procedure.
- **Oraya Therapy** - we have supported consultants at STHFT to implement this new treatment which means that patients can receive an alternative therapy in ophthalmology. The new service means some patients no longer need to receive as many eye injections at the hospital.

### **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**

Following work to expand the **Mental Health Liaison Service** to extend the hours of service and improve response times at A&E, the CCG is going out to tender for a new enhanced service. The enhanced service will provide more Mental Health liaison expertise to help improve the care of people with mental health problems, learning disability, autism and dementia when coming into contact with physical health services at STHFT and in the community.

Continued work between mental health practitioners working directly with South Yorkshire Police officers in the police control room and out on the road, **assessing and dealing with people in mental health crisis**, is resulting in fewer people needing to be taken into police cells as a 'place of safety'. Additionally, agreement has been reached with Sheffield Health and Social Care NHS Foundation Trust to increase capacity at SHSCFT to respond to those who do need a place of safety.

Recruitment of additional staff to the **Early Intervention Service** is enabling people experiencing psychosis to be seen earlier by specialist clinicians and Sheffield is meeting the new national standards for provision of such services.

*continued overleaf*

### **Ambition 4 - continued:**

The **IAPT (Improving Access to Psychological Therapies)** service continues to manage people with more complex needs compared to other IAPT services. The CCG has supported work to provide a wider range of ways for people to access the **service**, including improved online resources.

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.

A Psychiatric Intensive Care Unit, opened in December 2015 by SHSCFT, will reduce the number of people going out of city for intensive mental health care services.

The CCG's plans for commissioning **Learning Disability services**, and how these services are delivered, is being informed by a citywide Health Needs Assessment which has been undertaken with Public Health colleagues in Sheffield City Council.

People with learning disability who are being cared for in a hospital environment have received an in-depth review of their care through the completion of **Care and Treatment Reviews**. This forms part of our work on Transforming Care - the nationally mandated programme to enable more people to live in the community, with the right support, and close to home. Care and Treatment reviews ensure individuals are getting the right care, in the right place that meets their needs, and that they are involved in decisions about their care.

We have worked on redesigning the autism and neurodevelopment service for people over the age of 16. This redesign has been informed by work with people with direct experience of autism ('experts by experience') and family carers.

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

Having received 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 to support implementation of our plan.

The first phase of delivery of our local transformation plan is now underway. We have new provision in place for individuals within eating disorders, are reducing waiting times for eating disorder services and have developed proposals for a new home treatment service.

New ways of **providing mental health support into our schools** within Sheffield are being piloted. This is alongside pilot initiatives for mental health in-reach in schools for children and young people in school who need emotional wellbeing support. The initiatives aim to improve the skills and knowledge of staff working in schools (with funding secured from the Department for Education).

The **engagement of young people** in how we are transforming the provision of services is building, with young people from an organisation called Chilypep helping to lead service redesign and telling us what is important to young people in Sheffield.

A joint panel involving health, education and social care for children with complex needs has been established which is working to improve the assessment and review processes for this group of children, removing duplication and improving joint planning arrangements.

The Children's Portfolio has undertaken an engagement exercise with families that use **Ryegate Respite Unit**. This has provided some qualitative data which is informing the review and options appraisal for the children's overnight respite service.

Working with the Council and NHS Foundation Trusts in the city, the Portfolio has finalised a **new pathway for health input into Education, Health and Care (EHC) Plans for children and young people with special educational needs and disabilities**. The new process will ensure health services are systematically and effectively involved in EHC plans where appropriate and will provide reassurance and clarity to young people and their families on how health are involved.

We have worked with Sheffield Children's NHS Foundation Trust to develop a new clinic to ensure children needing access to healthcare from a specialist get access from their local GP surgery and we are working to get this rapid access clinic up and running so children get the right care as quickly as possible.

# 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 March 2016 performance as at the 11th May 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      YTD - Year To Date      QTR - Quarterly  
 N/A - Measure is not applicable to this organisation      WIP - Method/format of measurement is work in progress

<b>Acute Services Portfolio - Elective Care</b>	<i>NOTE: STHFT &amp; SCHFT figures here (bar Referrals and Cancelled operations) are their Sheffield CCG cohort; it is <u>not</u> the Trust total position</i>		
<b>Referral to Treatment - from GP to seen/treated within 18 weeks</b>	CCG	STHFT	SCHFT
% still not seen/treated within 18wks - Incomplete pathway	92.47%	92.13%	94.75%
Number waiting 52+ weeks - Incomplete pathway	0	0	0
<b>Diagnostic Waits - receiving a diagnostic test within 6 weeks</b>			
% receiving a diagnostic test within 6wks	96.65%	96.45%	99.84%
<b>Elective Care</b>			
Total elective spells: All specialties (YTD) <sup>1</sup>	77691	68730	3790
Ordinary elective spells: All specialties (YTD) <sup>1</sup>	15473	12639	1379
Daycase elective spells: All specialties (YTD) <sup>1</sup>	62218	56091	2411
Total elective spells: G&A specialties (YTD) <sup>1</sup>	73004	64080	3790
Ordinary elective spells: G&A specialties (YTD) <sup>1</sup>	12039	9237	1379
Daycase elective spells: G&A specialties (YTD) <sup>1</sup>	60965	54843	2411
First outpatient attendances: All specialties (YTD) <sup>1</sup>	233679	206462	15530
First outpatient attendances: G&A specialties (YTD) <sup>1</sup>	209761	184375	14818
First outpatient attendances following GP referral: All specialties (YTD) <sup>1</sup>	105105	96148	3240
First outpatient attendances following GP referral: G&A specialties (YTD) <sup>1</sup>	99765	91071	3231
Total referrals for a first outpatient appointment: G&A specialties (YTD) <sup>1</sup>	198784	176727	9649
GP written referrals for a first outpatient appointment: G&A specialties (YTD) <sup>1</sup>	123314	111498	3734
Other referrals for a first outpatient appointment: G&A specialties (YTD) <sup>1</sup>	75470	65229	5915
All subsequent (follow-up) outpatient attendances: All specialties (YTD) <sup>1</sup>	503714	457076	18644
Cancelled operations offered another date within 28 days (QTR)	*	4	0
<b>GP services</b>			
Patient overall experience of GP services (Good - rate per 100)	76.36		
Patient overall experience of GP services (Poor - rate per 100)	8.91		
<b>Quality Premium 2015/16: Locally selected measure</b>			
Increase in all GP referred routine first outpatient appointments being booked by electronic means	25.53%		

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

## APPENDIX A: Health Economy Performance Measures Summary

### Urgent Care

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

#### Non-elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD) <sup>2</sup>	95.78%	94.85%	97.89%
LOCAL: % seen/treated within 4 hours of arrival in A&E (YTD) <sup>2</sup>	-	94.87%	97.67%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0
Non-elective spells: All specialties (YTD) <sup>1</sup>	66116	59350	2967
Non-elective spells: G&A specialties (YTD) <sup>1</sup>	52048	45720	2967
A&E attendances - Type 1 A&E departments (YTD) <sup>3</sup>	158986	50774 *	50699
A&E attendances - All A&E departments (YTD) <sup>3</sup>	188254	65363 *	50699
Unplanned hospitalisation for chronic ambulatory care sensitive conditions <sup>4</sup>	944.3	N/A	N/A
Emergency admissions - acute conditions that should not require admission <sup>4</sup>	1372.0	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s <sup>4</sup>	188.6	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) <sup>4</sup>	395.9	N/A	N/A
LOCAL: Unplanned hosp for chronic ambulatory care sensitive conditions <sup>4</sup>	716.30	N/A	N/A
LOCAL: Em admissions - acute conditions that should not require admission <sup>4</sup>	1086.96	N/A	N/A
LOCAL: Unplanned hosp for asthma, diabetes and epilepsy in under 19s <sup>4</sup>	189.85	N/A	N/A
LOCAL: Em admissions for children with lower respiratory infections (LRTI) <sup>4</sup>	324.29	N/A	N/A
Urgent operations cancelled for the second time	*	0	0

#### GP Out-of-hours services

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

#### Yorkshire Ambulance Service (YAS)

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest YTD) <sup>5</sup>	74.94%	N/A	N/A	70.94%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) <sup>5</sup>	74.47%	N/A	N/A	71.35%
Category A response in 19 mins (YTD) <sup>5</sup>	97.82%	N/A	N/A	94.99%
Ambulance handover delays - of over 30 minutes <sup>6</sup>	N/A	666	1	4033
Ambulance handover delays - of over 1 hour <sup>6</sup>	N/A	114	0	1082
Ambulance crew clear delays - of over 30 minutes <sup>6</sup>	N/A	34	0	529
Ambulance crew clear delays - of over 1 hour <sup>6</sup>	N/A	10	0	51

#### 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)	-479.05
--	---------

### 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 &amp; 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) <sup>7</sup>	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	94.10%	94.08%	100.00%
% seen within 2 weeks - as above, for breast symptoms	97.13%	97.31%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	97.81%	98.03%	95.00%
% treated within 31 days - subsequent treatment (surgery)	95.96%	95.81%	100.00%
% treated within 31 days - subsequent treatment (drugs)	99.86%	99.85%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	99.75%	99.74%	N/A
% treated within 62 days - following an urgent GP referral	88.33%	88.45%	N/A
% treated within 62 days - following referral from an NHS screening service	96.20%	96.39%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	85.26%	85.43%	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)	98.32%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	15.62%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	40.72%
Proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment	67.39%
Proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment	92.39%
Estimated diagnosis rate for people with dementia <sup>8</sup>	81.4%

### 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)	206	78	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 <sup>9</sup>		30.93%	
Friends and Family test: Inpatient - % Recommended <sup>9</sup>		95.73%	
Friends and Family test: A&E - Response rate <sup>9</sup>		22.56%	
Friends and Family test: A&E - % Recommended <sup>9</sup>		80.81%	

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

**FOOTNOTES OVERLEAF**

## Footnotes:

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

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

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

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

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

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

- CCG position = total reported from any provider in nationally submitted SUS data (as per NHS England source guidance)
- STHFT & SCHFT positions = total reported from the provider on the national A&E SITREP collections
- SCHFT has a Main A&E department only, so all attendances are Type 1 in nature
- \* **NOTE:** STHFT position remains as at the end of August 2015, as official data is not yet available (see note on page 1)

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

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

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

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

#### **<sup>6</sup> Ambulance handover/crew clear times:**

- Whilst official data source and data quality is determined, CCG position reported is as per the YAS total position

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

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

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

### Mental Health, Learning Disabilities and Dementia

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

- Mar-16 position from NHS England (informed by Health and Social Care Information Centre - HSCIC - data)

### Quality Standards

#### **<sup>9</sup> Friends and Family Test:**

- Rated against improvement on previous period

## APPENDIX B: Mental Health Trust Performance Measures

### Sheffield Health and Social Care NHS Foundation Trust

#### Crisis Resolution / Home Treatment

As at the end of March (so completing 2015/16) there were 1,418 home treatment interventions against the 12-month target of 1,202; this equates to 17.97% more patients benefiting from this service than originally planned during 2015/16.

#### CPA 7 day follow up

March's monthly performance was 95.65%, as 1 patient was not followed up within 7 days. A visit/attempts to contact the patient were made during the 7 days; the patient has subsequently received their follow-up. Given this occurrence, along with the 2 follow-ups over 7 days recorded in December and the ones in November and July, the final 2015/16 YTD position stands at 98.32%; this does, however, remain above the national target of 95%.

#### Psychosis intervention

During 2015/16 the focus of performance reporting for the EIS (Early Intervention Service) 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). This access target needs to have been achieved by 1<sup>st</sup> April 2016.

The nationally submitted data for these first few months shows the SHSCFT position fluctuates quite widely; due to small numbers, a change in 1 person not seen can have a big effect on the percentage seen within 2 weeks. The CCG continue to receive weekly updates on the position and discussions are ongoing around improving and sustaining delivery of the new standard, including staff recruitment, staff retention and delivery of full range of NICE (National Institute for Health and Care Excellence) approved care packages.

#### 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:** The Sheffield IAPT service has an open approach to accepting referrals and therefore often works with both severe and complex patients plus patients whose needs are considered below the threshold of other IAPT services. This is regarded positively by the CCG and referrers. However, this adversely impacts on the local 'recovery rate'.

**IAPT 6 week / 18 week waiting times:** These access targets need to be achieved by 1<sup>st</sup> April 2016. With discussions around these continuing between the CCG and the trust - and the position from local, estimated data - the CCG has had assurance from SHSCFT that they will achieve both the 6 week and the 18 week standard.

SHSCFT Indicators				
	Target	February	March	Change
Crisis Resolution / Home Treatment (YTD)	1202	1294	1418	▲
Psychosis Intervention - new cases (YTD)	75	197	228	▲
Psychosis Intervention - maintain capacity (YTD)	270	249	255	▲
CPA 7 day follow up (YTD)	95%	98.54%	98.32%	▼
		December	January	
% receiving Psychological Therapy (IAPT) (YTD) *	18.04%**	13.91%	15.62%	▲
% IAPT patients moving to recovery (YTD) *	50%	40.77%	40.72%	▼
% waiting 6wks or less, from referral, for IAPT *	75%	72.73%	67.39%	▼
% waiting 18wks or less, from referral, for IAPT *	95%	94.32%	92.39%	▼

*\*\* 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 31st March  
2016 - full 2015/16 position*

Across the Yorkshire & Humber region, the final 2015/16 year to date (YTD) RED 1 and RED 2 combined 8 minute performance worsened to 71.32% against the service standard of 75%. RED 1 and RED 2 combined 19 minute performance worsened very slightly to 94.99% and therefore ends the year just below the 95% service standard. For CCG Quality Premium purposes, YAS RED 1 overall 8 minute performance is measured; YTD performance currently stands at 70.94%, the same as earlier in the 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 decreased 74.49% against a (non-contractual) service standard of 75%.) Of the 21 CCGs served by YAS, Sheffield had the 5th best 2015/16 combined 8 minute performance level; performance varied widely, from around 47% to around 81%.

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 - 'floor' target - in brackets): GREEN 1 (20 min response) - 82.92% (80%), GREEN 2 (30 min response) - 75.89% (85%), GREEN 3 (20 min triage) - 84.14% (80%), GREEN 3 (30 min response) - 79.56% (80%), GREEN 4 (60 min triage) - 94.70% (95%), GREEN 4 (60 min response) - 94.49% (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 - pages 8 and 9) for information on issues and actions for RED measures.

YAS Indicators	Target	February	March	Monthly Change
Category A (RED 1) responses within 8mins (YTD)	75%	71.20%	70.94%	▼
Category A (RED 2) responses within 8mins (YTD)	75%	71.54%	71.35%	▼
Category A (RED combined) responses within 19mins (YTD)	95%	95.12%	94.99%	▼
Ambulance Handovers - delays over 30mins as a % of total arrivals with a handover time	Minimise -	3088 9.32%	4033 11.46%	▲
Ambulance Handovers - delays over 1hr as a % of total arrivals with a handover time	Minimise -	812 2.45%	1082 3.07%	▲
Crew Clear - delays over 30mins as a % of total arrivals with a handover time	Minimise -	535 1.62%	529 1.50%	▼
Crew Clear - delays over 1hr as a % of total arrivals with a handover time	Minimise -	36 0.11%	51 0.14%	▲

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	January	February	Monthly Change
Re-contact after discharge (Phone)		2.16%	5.52%	▲
Re-contact after discharge (Treatment at scene)		1.42%	2.77%	▲
Re-contact after discharge (Frequent Caller)		2.00%	2.56%	▲
Time to answer call (Median)	5 seconds	1	1	◄►
Time to answer call (95th Percentile)		25	22	▼
Time to answer call (99th Percentile)		75	69	▼
Time to treatment (Median)		6.37	6.05	▼
Time to treatment (95th Percentile)		15.88	15.26	▼
Time to treatment (99th Percentile)		23.80	23.00	▼
Call closed with advice (Phone advice)		8.24%	7.92%	▼
Call closed with advice (without Transport)		30.67%	29.76%	▼
<b>Clinical Indicators</b>		<b>October</b>	<b>November</b>	
Outcome from Cardiac Arrest (CA) All		21.92%	26.10%	▲
Outcome from CA Utstein Group (UG)		45.16%	54.17%	▲
Outcome from acute STEMI Angioplasty		89.32%	79.28%	▼
STEMI Care Bundle		87.63%	74.36%	▼
Outcome from Stroke 60 min to Stroke Unit		53.59%	51.07%	▼
Stroke - Appropriate Care Bundle		98.81%	98.04%	▼
Outcome from CA - Survival to Discharge All		8.88%	7.52%	▼
Outcome from CA - Survival to Discharge UG		26.67%	29.17%	▲
Service Experience		N/A	N/A	



# APPENDIX B: NHS 111 Performance Measures

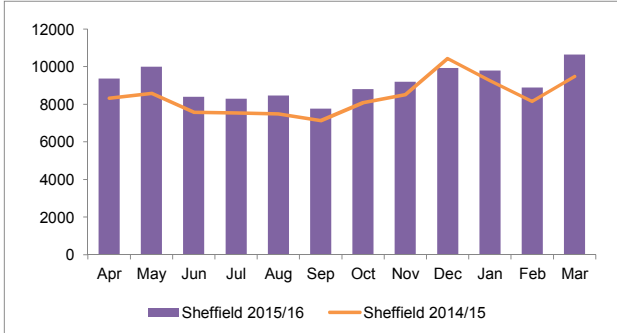
## NHS 111 Activity

Performance against National Target at Month 12, March 2016  
Compared, where possible, to National data

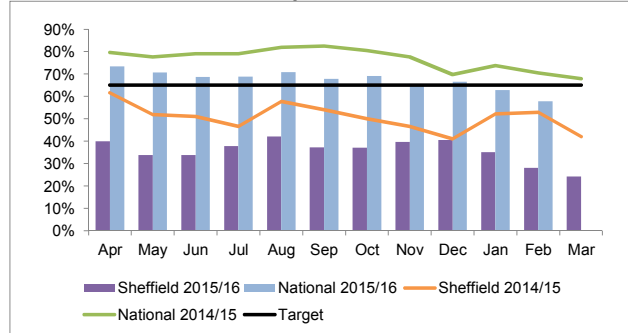
**PLEASE NOTE:** Due to data availability, National data will usually be 1 month behind Local data

### Sheffield Activity

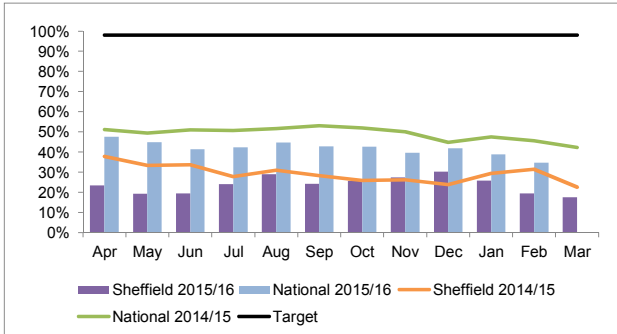
**Chart 1: Calls received**



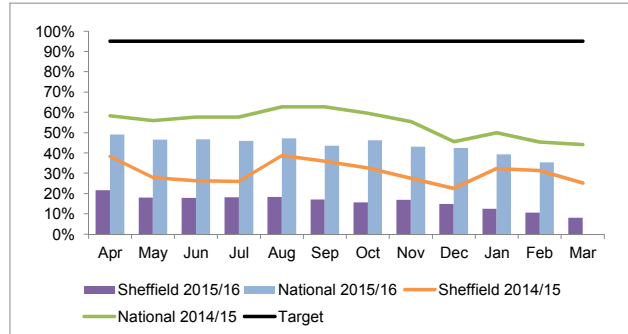
**Chart 2: Clinical Calls completed within 10 minutes**



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



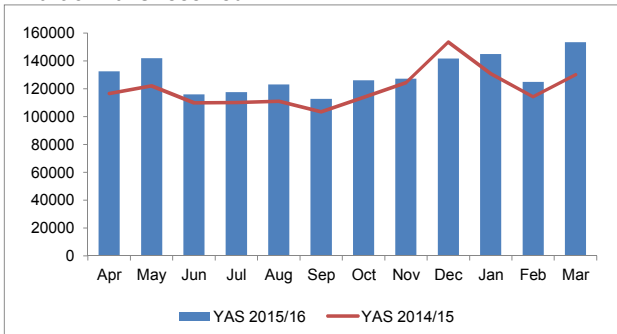
**Chart 4: % of warm transfers\* ≥ 95%**



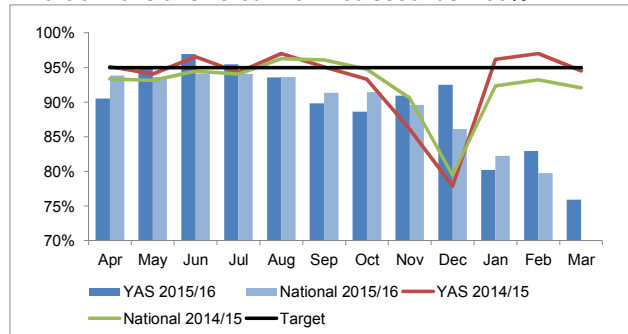
\* A warm transfer is where the call handler transfers the call to a clinical advisor within the same telephone call

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

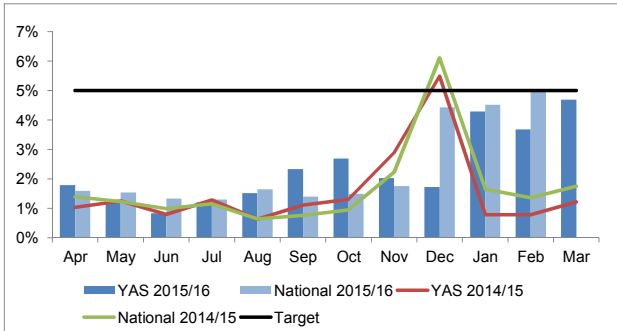
**Chart 5: Calls received**



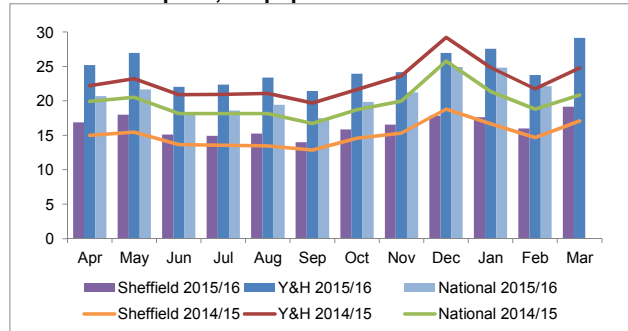
**Chart 6: Calls answered within 60 seconds ≥ 95%**



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



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

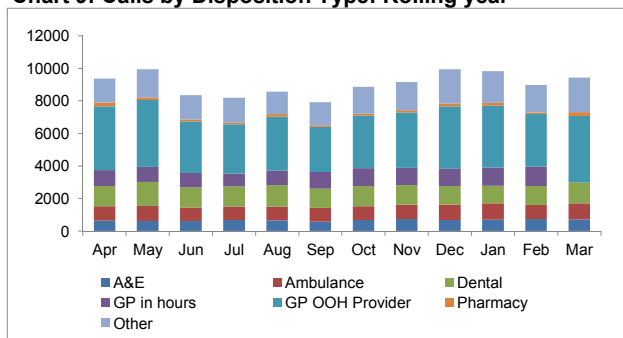


**Data sources:** YAS / Sheffield data - YAS minimum data set (MDS)  
National data - NHS England minimum data set (MDS)

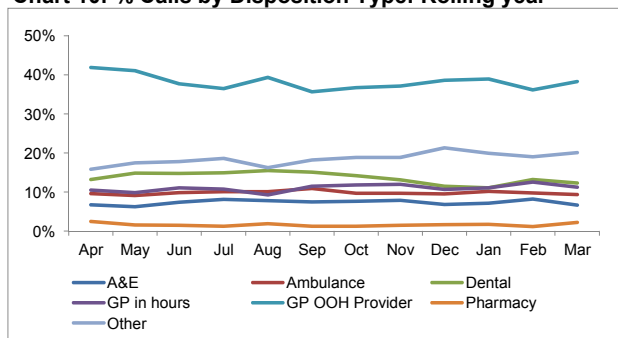
## APPENDIX B: NHS 111 Performance Measures

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

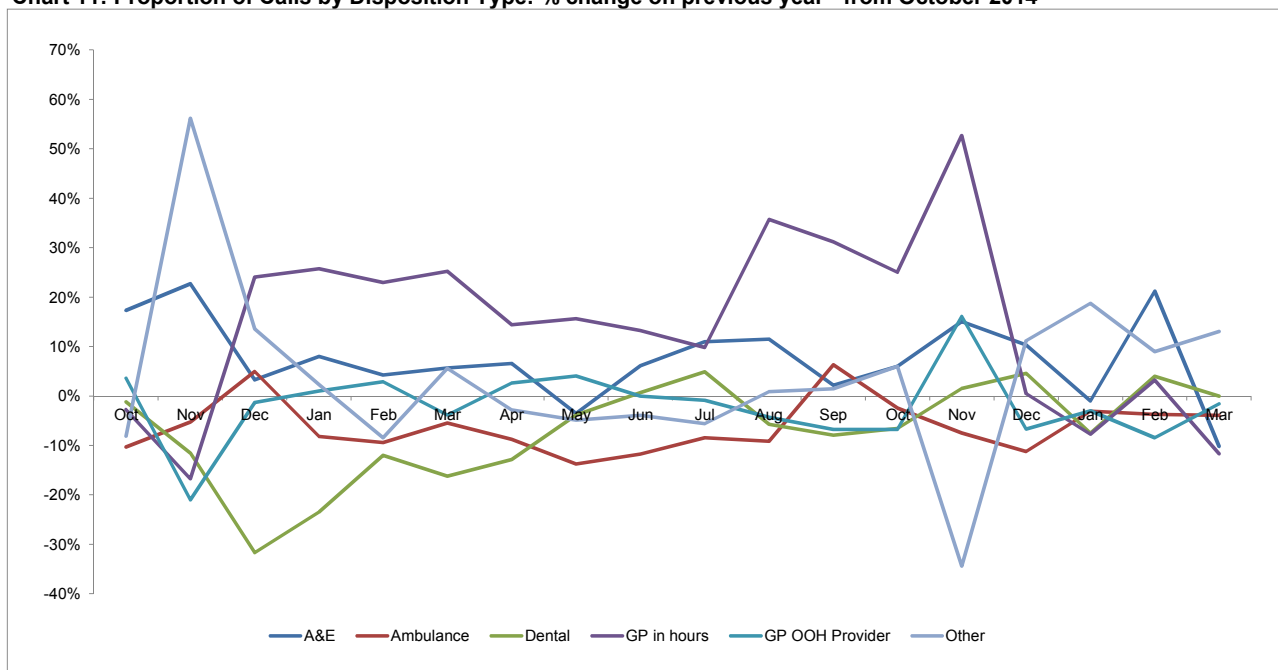
**Chart 9: Calls by Disposition Type: Rolling year**



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



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



**Chart 11 notes:**

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

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

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



## APPENDIX C: Contract Activity

### Sheffield Teaching Hospitals NHS Foundation Trust

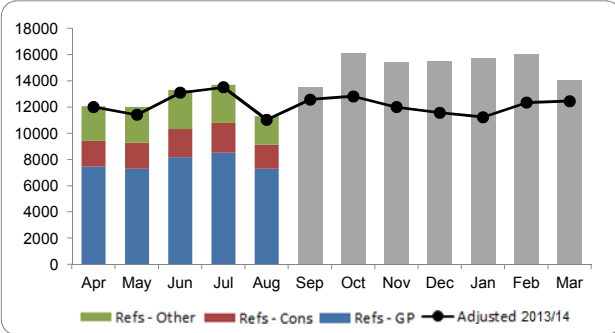
Performance against Sheffield CCG Activity Target at Month 12, April 2015 - March 2016

**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-M12 (GREY BARS) MAY THEREFORE CHANGE IN FUTURE MONTHS.**

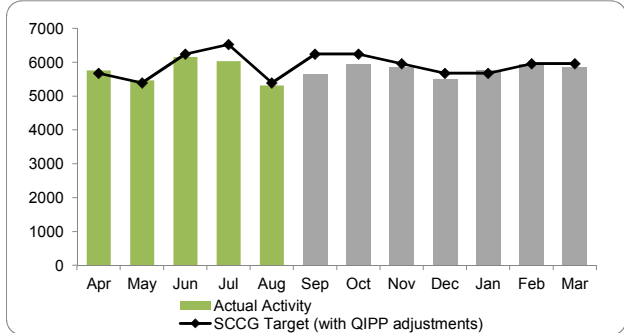
Outpatient First Attendances: 4.4% below plan  
 Outpatient Follow-ups: 6.8% below plan  
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 2.3% below plan  
 Inpatient Non-elective Spells: 2.1% above plan  
 A&E Attendances: 2.4% below plan

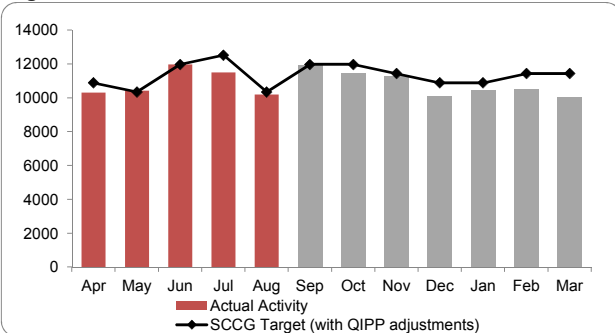
**Figure 1: Referrals<sup>1</sup>**



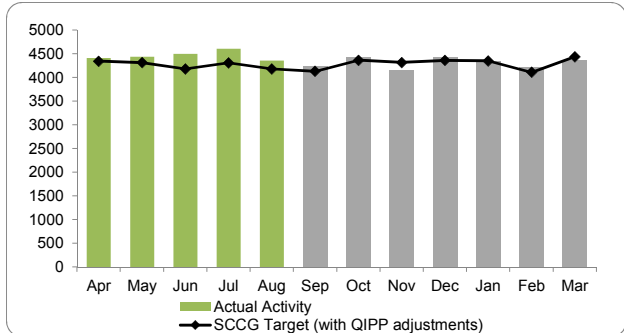
**Figure 4: Electives**



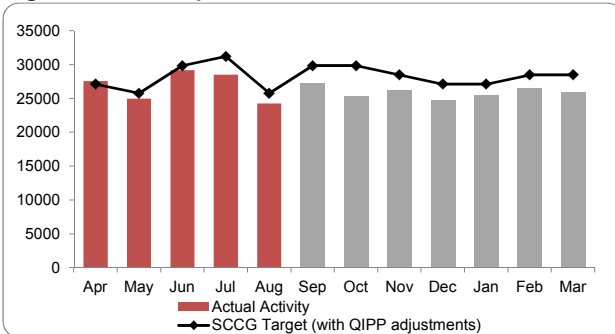
**Figure 2: Firsts<sup>2</sup>**



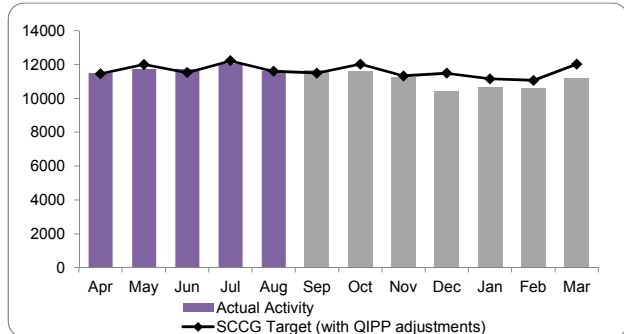
**Figure 5: Non-Electives**



**Figure 3: Follow-ups<sup>3</sup>**



**Figure 6: Accident and Emergency**



**Table 1. Outpatient Activity**

Activity	2015/16	Target	Var	% Var
Firsts	130,140	136,101	-5,961	-4.4%
Follow-ups	316,207	339,111	-22,904	-6.8%
Follow-ups:First Ratio	2.43	2.49	-0.06	-2.5%

Source: STHFT Contract Monitoring

**Notes:**

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

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

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

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

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

<sup>2</sup> First outpatient attendances exclude CDU (Clinical Decision Unit). CDU Attendances are overperforming by 1634 (6%).

<sup>3</sup> Unallocated OP attendances have been attributed to follow-ups.

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

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

Activity	2015/16	Target	Var	% Var
Electives	69,319	70,944	-1,625	-2.3%
Non Electives	52,462	51,396	1,066	2.1%
Excess Bed Day Costs (£000s)	£ 8,191	£ 7,069	£ 1,122	15.9%
A&E	136,100	139,424	-3,324	-2.4%

## APPENDIX C: Contract Activity

### Sheffield Children's NHS Foundation Trust

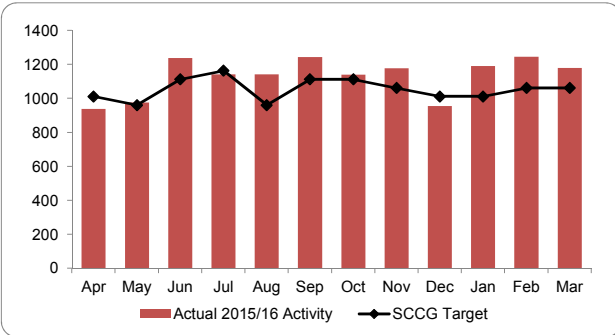
Performance against Sheffield CCG Activity Target at Month 12, April 2015 - March 2016

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

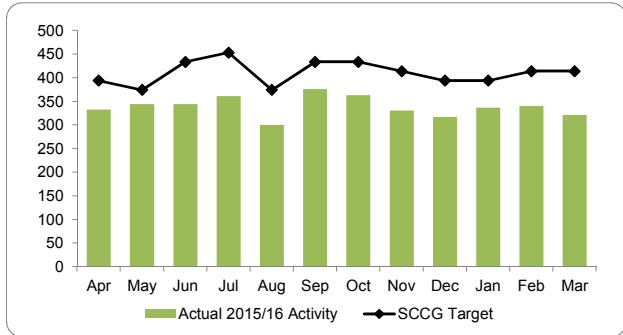
Outpatient First Attendances: 7.4% above plan  
 Outpatient Follow-ups: 10% above plan  
 Outpatient Procedures: 132.9% above plan

Inpatient Elective Spells: 17.4% below plan  
 Inpatient Non-elective Spells: 8.3% above plan  
 A&E Attendances: 3% above plan

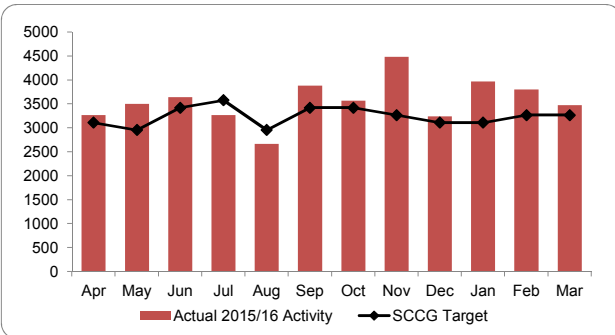
**Figure 1: Firsts**



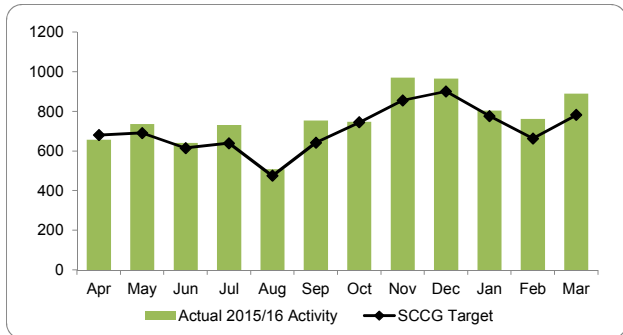
**Figure 4: Electives**



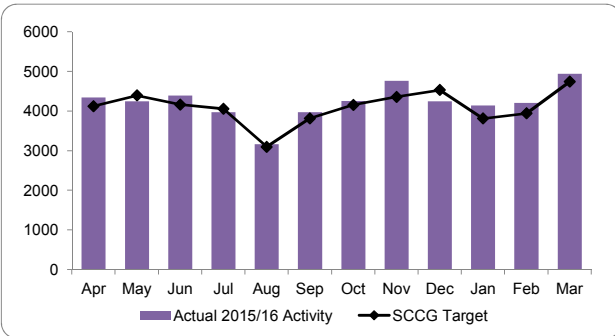
**Figure 2: Follow-ups**



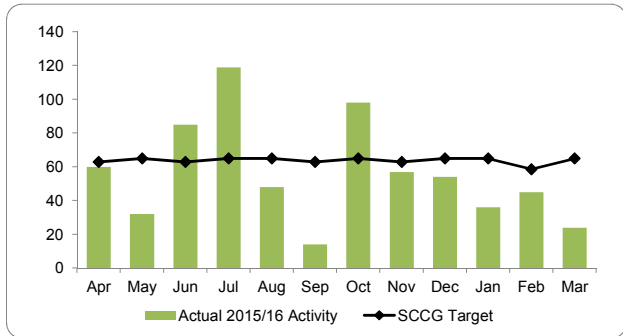
**Figure 5: Non-Electives**



**Figure 3: Accident and Emergency**



**Figure 6: Excess Bed Days**



**Table 1. Outpatient Activity**

Activity	2015/16	Target	Var	% Var
Firsts	13,575	12,642	933	7.4%
Follow-ups	42,769	38,888	3,881	10.0%
OP Payable Procedures	16	7	9	132.9%
Follow-ups:First Ratio	3.15	3.08	0.07	2.4%

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

Activity	2015/16	Target	Var	% Var
Electives	4,067	4,925	-858	-17.4%
Non Electives	9,171	8,469	702	8.3%
Excess Bed Day Costs (£000s)	£ 205	£ 222	£ 18	-8.0%
A&E	50,664	49,210	1,454	3.0%

Source: SCHFT Contract Monitoring (SLAM)

**Notes:**

Sheffield CCG Activity Only

## 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.

Doncaster CCG has reported an increase in performance within April 2016. The progress made means the current position is well within the planned amount for this point of the trajectory; however, this can change in subsequent months. Cases continue to be reclassified as not PUPOCs.

The chart below shows progress to date on PUPOCs.

