

Month 1 Quality and Outcomes Report

Governing Body meeting

G

6 June 2013

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Key messages	
<p>1. This is the new Sheffield CCG Quality and Outcomes report, the design and content of which reflects the principles agreed at CCG Governing Body on 7 February 2013.</p> <p>As this is a public document, the aim has been to include a degree of 'context setting' and to use plain English, rather than NHS terminology.</p> <p>2. The Quality Standards section has been partially redesigned and will be further developed as the CCG approach to ensuring and reporting on quality is reviewed, in light of the Francis Report.</p> <p>3. An assessment of current levels of achievement against 2013/14 requirements, using the most recent data available, suggests that Sheffield is already well placed for delivery of the majority of the NHS Constitution Rights and Pledges.</p>	
Assurance Framework (AF)	
<p>Risk Reference Number: 95 (2012/13)</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed</p> <p>Performance monitoring reports produced for CET, Planning & Delivery Board, CCG committee and Cluster Board. Performance links with operational leads each month for progress reports and remedial action plans when appropriate. Escalation through operational leads to the Planning and Delivery Group.</p> <p>The achievement of national targets and standards further link directly to the following elements of the 2012/13 Assurance Framework (AF):</p> <ul style="list-style-type: none"> 1.1 Delivery of safe and efficient health care, 1.2 Commissioning of health services to ensure they remain affordable, and 2.1 Effective Health Care <p>Is this an existing or additional control?</p> <p>Existing 2.1.2A (2012/13)</p>	

Equality/Diversity Impact
<p><i>Has an equality impact assessment been undertaken?</i> No</p> <p><i>Which of the 9 Protected Characteristics does it have an impact on?</i> None</p>
Public and Patient Engagement
None
Recommendations
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> • How Sheffield CCG compares to other similar CCGs on key areas of Health Outcomes (as described in the Summary) • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • The key issues relating to Quality, Safety and Patient Experience • Initial assessment against measures relating to the Quality Premium

Quality & Outcomes Report

Month 1 position

For the June 2013 meeting of the
Governing Body

Our patients are
at the heart of
our decisions.

Doctors, nurses
and other health
professionals
will be making
the decisions.

We want you
to have more
care closer to
home.

We will ask
patients and the
public for input
in every decision.

We will achieve
the highest
standards for all
our patients.

We will manage
change well for
the benefit of
our patients.

There will be
innovative
projects across
the whole of
Sheffield.



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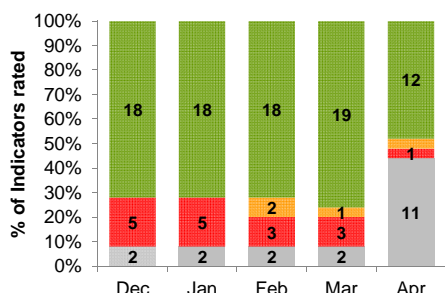
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Sheffield Clinical Commissioning Group - Summary Position

Highest Quality Health Care

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

NHS Constitution - Rights & Pledges



The chart shows how CCG delivery of the 25 NHS Constitution Rights & Pledges for 2013/14 is progressing, month-on-month.

The number of rights and pledges being successfully delivered is indicated by the green sections of the bars. Amber shows those which are close to being delivered, red those where significant improvement is needed. Grey indicates areas that are not yet being measured (due to commence 2013/14) or where data is not yet available.

PLEASE NOTE: There will always be at least 9 greys (Cancer Waits) in the most recent month, as data for these is a month behind.

Please see pages 3-6 of this CCG Quality & Outcomes Report for more details of all those indicators rated in the chart and also those pledges not currently being met.

Pledges not currently being met:

	A&E 4hr waits
	52+ week waiters (relates to 1 patient at SCHFT)

Headlines

Patients referred for suspected Cancer: Patients continue to be seen quickly (within 2 weeks) and, where needed, receive treatment within a maximum of 2 months from referral.

Maximum 18 week waiting time for all other referrals: Sheffield CCG and Sheffield Children's NHS Foundation Trust (SCHFT) are meeting their requirement that over 90% of admitted and 95% of non-admitted patients are being treated within 18 weeks. Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) did just miss the inpatient 90% requirement, but the CCG are in discussion with the Trust regarding the affected specialties, plus a number of issues that may potentially also be affected. In addition, discussions are on-going with SCHFT regarding the one patient who is reported as waiting over 52 weeks. These cases are usually extremely complex cases and will have been receiving on-going care and diagnostic tests, but the planned definitive treatment is still to be undertaken.

A&E waiting times: Waiting times continue to be affected by high numbers of patients attending the department and also low bed availability for patient admissions at STHFT. Work between the CCG and the Trust continues, to help reduce unnecessary use of A&E services and to ensure patients continue to receive a high quality service. An A&E recovery and improvement plan has been requested by NHS England from each health community. Sheffield CCG's will give a detailed description of how the Sheffield health community will ensure national NHS Constitution commitments in respect of A&E performance will be met in 2013/14 and, also, will be sustained beyond this year.

Diagnostic test waiting times: Over 99% of Sheffield patients are waiting less than 6 weeks for these tests to be carried out.

Quality Standards

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

Building on the recommendations from the Francis Report, the CCG approach to ensuring and reporting on quality standards (overall and at individual provider level) is under review. The Highest Quality Health Care section of this CCG Quality and Outcomes report (and this part of the Summary) will be informed by the results of the above work. In the meantime, CCG reporting will continue to focus on the measures used during 12/13. Nationally, the focus on improving outcomes around the Quality, Safety and Patient Experience of health care is described in 2 specific areas or 'domains'. The headlines with regard to Sheffield CCG's current achievements and challenges in each of these domains are set out below.

Headlines

Ensuring that people have a positive experience of care:

The Friends and Family Test - All Sheffield providers required to undertake the Friends and Family Test (STHFT, Claremont and Thornbury Hospitals) have begun to use the test to collect feedback from patients. This data is being collated nationally and reporting on the data is expected to be available from June 2013.

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

C.Diff - The 18 cases attributable to the CCG reported in April is slightly higher than last month and also higher than the 13 intended during the first month of 2013/14. STHFT is reporting 9 cases, against their intended 6. However, SCHFT have not reported any cases.

MRSA - A new 'zero tolerance' process is in place for 2013/14. The CCG reported 1 case in April, as did STHFT (the same case, attributable to Sheffield CCG). No cases have been reported by SCHFT.



Sheffield Clinical Commissioning Group - Summary Position

Best Possible Health Outcomes

Our commitment to ensure the commissioning decisions and actions we take improve health care for the people of Sheffield

Nationally, the focus on improving health outcomes covers 5 key areas or 'domains'. The national required measures relating to these domains are largely quarterly or even annual measures (see pages 14-17).

Due to these publication intervals, in the majority of cases the data - and thus most commentary - for these indicators has not changed since the previous report in May 2013.

Work is being undertaken by the five CCG Clinical Portfolio teams to identify locally selected measures that will supplement the national data and provide a more timely and locally focussed assessment of progress in these areas.

Locally selected measures for the Children and Young People portfolio and for the Mental Health and Learning Disabilities portfolio are included in this month's report and can be seen on page 16. Locally selected measures for the Acute - Elective Care, Acute - Urgent Care and Long Term Conditions portfolio areas are subject to further consultation and we expect these to be included in the July report.

Public Health

Work is continuing by Public Health colleagues to identify appropriate measures from the Public Health Outcomes Framework which can meaningfully be reported quarterly to both the City Council and the CCG.

The table in Appendix E shows those indicators which have been identified as potential candidates. Unfortunately, up-to-date quarterly data is not available on these yet, but the most recent annual data available to Public Health colleagues is included for each indicator. It is expected that, once the content and format of this quarterly section is finalised, then it will be incorporated into the main body of this report alongside the Best Possible Health Outcomes section.

The data that is available shows that Sheffield is underperforming in terms of offenders reoffending, statutory homelessness, under 18 conceptions (though the trend is improving) and the take-up of NHS health checks. By contrast we do well on breastfeeding, cancer screening and vaccination coverage.

The intention is that, in future quarters, Public Health will provide up to date data and commentary on actions being taken to address particular problems. Consideration is also being given to appropriate indicators, other than Public Health Outcomes Framework indicators, which could usefully be reported.

Quality Innovation, Productivity and Prevention (QIPP) Outcomes

The CCG approach to reporting on QIPP is being reviewed to strengthen the focus on 'improvement outcomes'.

The QIPP section of this Quality and Outcomes Report (and this part of the Summary) will continue to be shaped by this work for future publications, but the initial proposal for reporting the 4 identified QIPP areas - Continuing Health Care (CHC), Right First Time (RFT), Elective - Adults and Medicines Management - is set out in pages 18 and 19.





Highest Quality Health Care

NHS Constitution - Rights & Pledges

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

The majority of NHS Rights and Pledges have been in place throughout 2012/13, so we are able to show Sheffield's current level of achievement in each area using the most recent data available. In one or two cases, there is no data available yet and so an assessment cannot be made at this time.

Key to ratings:

-  Pledge being met
-  Close to being met
-  Area of concern
-  Not yet available

Data up to March relates to the financial year 2012/13; the new financial year 2013/14 is April data onwards.

Referral To Treatment 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 June 2013:

PLEASE NOTE: The Department of Health have noted that they will be releasing April 2013 Referral To Treatment submissions back to Providers (Trusts) following the discovery that Oral Surgery waits have been wholly allocated to CCGs; due to changes in Specialist Commissioning rules, they should be distributed between CCGs and NHS England. We do not currently have an indication of how Sheffield CCG data will be affected, but it should be noted that the positions reported in this section are subject to change.

Patients waiting over 52 weeks: Discussions are on-going with SCHFT to establish detailed information regarding the patient who they are reporting as waiting over 52 weeks. These cases are usually extremely complex cases and will have been receiving on-going care and diagnostic tests, but the planned definitive treatment is still to be undertaken.

The CCG have met the pledges on the proportion of patient seen within 18 weeks in April, but there are some issues in meeting these at Provider (Trust) level:

Admitted Patients waiting 18 weeks: For the first time since April 2012, STHFT have missed the requirement that 90% of their admitted patients are treated within 18 weeks (they measured 89.21% for Sheffield registered patients). Having previously raised concerns around 3 specialties, the CCG had been advised that 2 of them (Urology and Plastic Surgery) were forecasting achieving the measure in April but have unfortunately missed it. The CCG are in discussion with the Trust regarding these 2 specialties, plus Trauma & Orthopaedics (where a number of actions are now in place to address historical

90% of admitted patients start treatment within 18 weeks from referral



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



95% of non-admitted patients start treatment within 18 weeks from referral



Further Measure for 2013/14:
No patients waiting more than 52 weeks



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 June 2013:

The CCG have met the pledge on the proportion of patient seen within 6 weeks in April, but there are some issues in meeting these at Provider (Trust) level. In April, SCHFT had a number of patients waiting longer than 6 weeks, the main area of concern being in Audiology. The Trust have identified that administrative issues in the specialty have now been addressed and they anticipate a return to zero breaches from the end of May/early June.

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



Highest Quality Health Care

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, those who are fit to go home need to be discharged safely and rapidly, but without their care being rushed.

Issues & Actions June 2013:

The reported position is predominantly based on STHT, as they make up the majority of the CCG's activity. As at the end of April, SCHT was also just below 95%; this is the first month they have not met this pledge, although in-month May data suggests they are now achieving again.

NHS England has asked each health community to develop an A&E recovery and improvement plan and for this to be signed off by local Urgent Care Boards and submitted to NHS England by the end of May. The Sheffield UCB is meeting on May 29th to sign off the health community plan. The plan will describe, in detail, how the Sheffield health community will ensure national NHS Constitution commitments in respect of A&E performance will be met in 2013/14 and, also, will be sustained beyond this year.

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



Further measure for 2013/14:
No patients waiting more than 12 hours from decision to admit to admission



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 June 2013:

As noted last month, due to the transitions taking place within the NHS, there is currently a national issue in that no NHS England Area Teams, Clinical Commissioning Groups (CCGs) or Commissioning Support Units (CSUs) are able to access data held in the National Cancer Waiting Times Database. Work is on-going to rectify this but, in the interim, NHS England have made some CCG monthly data available, enabling us to provide an overall indication of how the CCG are managing the cancer waits pledges.

From GP Referral to First Outpatient Appointment

93% of patients have a max. 2-week wait from referral with suspicion of cancer



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



From Diagnosis to Treatment

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



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



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



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



From Referral to First Treatment

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



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



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



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

Highest Quality Health Care

Category A ambulance calls

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 June 2013:

In 2012/13, Yorkshire Ambulance Trust were not able to meet the pledge respond to 75% or more of Red 1 in calls within 8 minutes. However, they responded to over 75% of calls in April. meaning the pledge is currently being met for 2013/14.

YAS are in the process of developing plans with commissioners to ensure that this pledge is met for the remainder of this year. Performance is formally reviewed monthly by commissioners at the Yorkshire & Humber Contracting Board.

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



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



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



NOTE: The 3 ambulance indicators shown here are rated on 13/14 pledge requirement - for final performance against 12/13 target, please see Appendix page A5.

Further measure for 2013/14:
Ambulance Handover - delays over 30 mins & 60 mins in clinical handover of patients to A&E



Further measure for 2013/14:
Crew Clear time - delays over 30 mins & 60 mins in Ambulance being ready for next call



Mixed Sex Accommodation 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 June 2013:

As the CCG had 1 attributable instance at SCHFT in September 2012 and performance for this indicator takes account of the whole year, the pledge was not met for 2012/13. However, there have been no breaches in April at any of the Sheffield-based Trusts, nor attributed to NHS Sheffield from other Trusts, meaning the pledge is currently being met for 2013/14.

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



continued overleaf

Highest Quality Health Care

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: NHS England have not published a threshold for this, stating that data is not collected on a commissioner basis and cannot be mapped to CCG. However, they do note that success for a Provider (Trust) would be a reduction in the number of cancelled operations. In order to give an illustration of how well the CCG might fare on this, we have used the total reported positions for Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Children's NHS Foundation Trust (assuming the majority of their recorded patients are Sheffield-registered and these do also make up the majority of the Sheffield CCG position) to estimate performance.

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



Further measure for 2013/14:

No urgent operation to be cancelled for a 2nd time



Mental Health

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

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



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

Highest Quality Health Care

Quality and Safety

Quality Dashboard: Quarter 4 2012/13

	CCG	Provider Trusts		
		STHFT	SCHFT	SHSCFT
REGULATIONS				
Registration with CQC with no Compliance Conditions *	-			
EXTERNAL/INTERNAL INSPECTIONS & REVIEWS				
NHSLA Review **	-			
PATIENT SAFETY				
Compliance with the Health Act (Hygiene Code)	-			
MRSA blood stream infections				
Clostridium Difficile				
Patient Safety Incidents	-			
CLINICAL EFFECTIVENESS AND AUDIT				
Commissioning for Quality and Innovation (CQUINs) data	-			
PATIENT & STAFF EXPERIENCE				
Experience of Staff	-			
Patient Experience Service User Feedback (includes Surveys, PALS & Complaints)	-			

* CQC = Care Quality Commission

** NHSLA = NHS Litigation Authority

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

Regulations

There are no regulatory visits to report since last month's report.

Cases and Reviews

As at April 2013	New	Open	Review Type
Safeguarding Children	0	4	1 SCR, 3 CRs
Safeguarding Adults	0	5	Not specified whether SCR or CR

As at April 2013	New	Open	Review Type
Domestic Homicides	0	5	Not specified whether DHR or SIR

Key to Review Type

CR = Case Review

SCR = Serious Case Review - process is the same as for a Case Review, but has an independent chair / author

SIR = Serious Incident Review

DHR = Domestic Homicide Review - process is the same as for a Serious Incident Review, but has an independent chair / author

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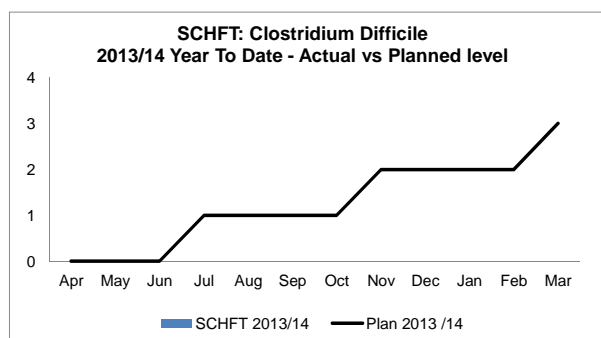
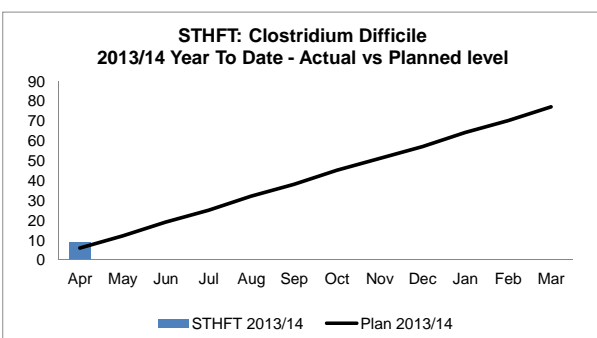
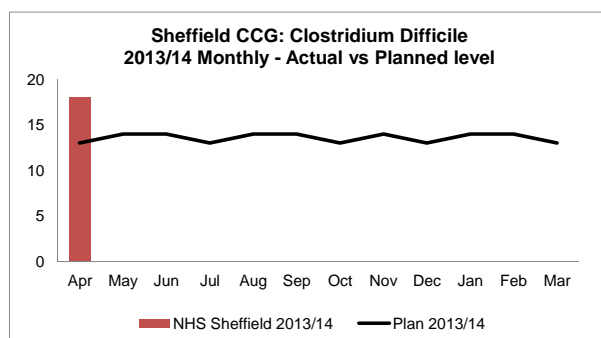
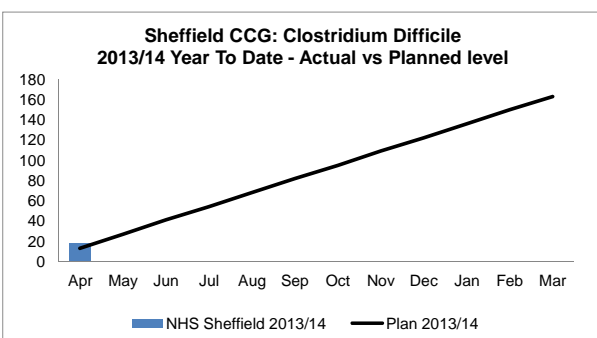
Highest Quality Health Care

Quality and Safety

Patient Safety - Health Care Acquired Infections (HCAIs)

This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2013/14 overall.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections during Apr-13	1	1	0	18	9	0
Intended level during this month	0	0	0	13	6	0
Number of infections so far in 2013/14	1	3	0	18	9	0
Intended level for this year	0	0	0	13	6	0



Clostridium Difficile

For Sheffield CCG, 9 of the cases are attributable to STHFT, with the remaining 9 cases being community associated.

MRSA Bacteraemia

A new Zero Tolerance process via Public Health England is in place from April 13. STHFT have had 1 case in April and to date. The Post Infection Review has been completed and the action plan will be monitored by Sheffield CCG.

Ensuring that People have a positive experience of care

Audit and Effectiveness

Commissioning for Quality and Innovation (CQUINs)

Quarter 4 2012/13 CQUINs data has now been published. Overall, good progress has been made in improving a wide range of services during 2012/13 across the three Foundation Trusts: Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care NHS Foundation Trust.

Patient Experience

Eliminating Mixed Sex Accommodation

There have been no breaches in April 2013 in any of the Sheffield-based Trusts, nor attributed to Sheffield CCG from other Trusts.

Friends and Family Test

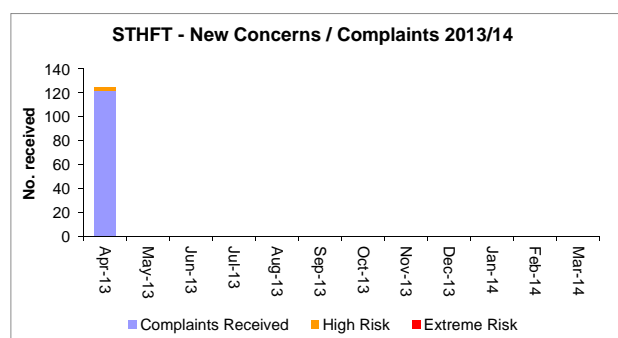
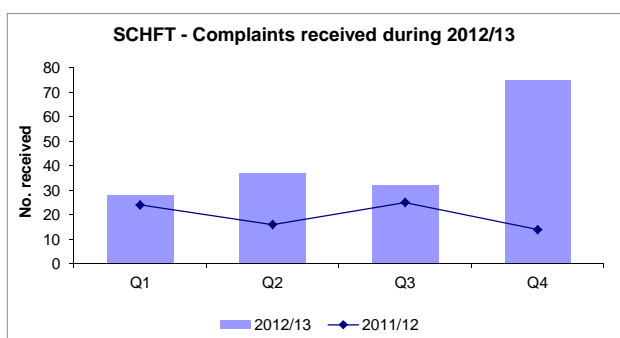
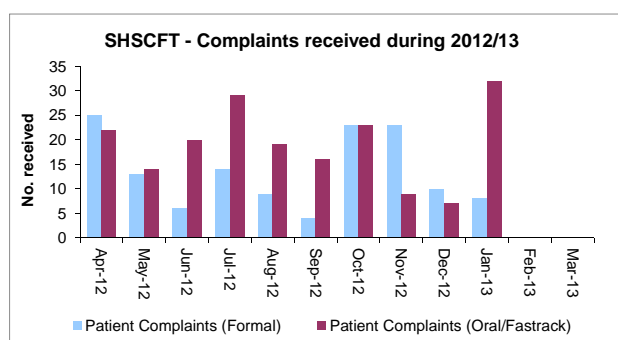
All Sheffield providers have now commenced their data collection and reporting, in line with the Department of Health requirements. Comparative data will be available from June 2013.

Highest Quality Health Care

Patient Experience of NHS Trusts

Patient Complaints

Reasons for Complaints:	
STHFT (Feb13 - Apr13)	Attitude Appropriateness of medical treatment Communication with patient
SCHFT (Apr12 - Dec12)	Appointment Issues Clinical Treatment



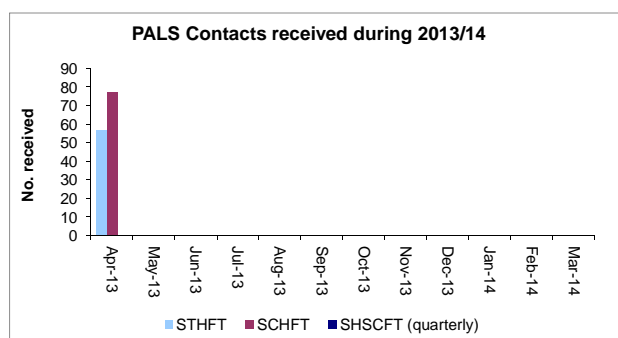
Patient Compliments

STHFT: 72 letters of thanks received in April 2013

SHSCFT: 106 compliments were received during January.

PALS Contacts

Reasons for PALS Contacts:	
SCHFT (Apr13)	Care and Treatment(15) Support (10) Appointments (8)
SHSCFT (Q1 12/13)	Access to Services (4) Complaint (3) General / Service provision / Admin (1)



Individual Initiatives

STHFT - During April the Trust responded to 86% of complaints within 25 working days, meeting the 85% target. The Trust's complaints handling process will be reviewed in light of the findings of the Ombudsman's Annual Report and any recommendations from the Francis enquiry.

SCHFT - During the last financial year, SCHFT have seen an increase in the number of formal complaints received from 79 during 2011/12 to 120 during 2012/13. There is on-going work within the department to establish and increase the actual learning from complaints, with the introduction of a 'Learning from Complaints Report Form' which each relevant Directorate completes and monitors on a monthly basis.

SHSCFT (Sheffield Health and Social Care NHS Foundation Trust) - During Q3, 100% of complaints were acknowledged within the statutory timescale. Of these, 77% were investigated and responded to within the agreed timescale.

The information above is the latest information available for each provider.

Patient Environment Action Teams (PEAT) - Results 2012

	RHH / NGH / Weston Park	Main	Becton	Longley / Michael Carlisle	Forrest Close	Forrest Lodge	Grenoside Grange	Beech Hill
Environment	Good	Good	Good	Good	Good	Good	Excellent	Excellent
Food	Good	Good	Good	Excellent	Excellent	Excellent	Excellent	Good
Privacy & Dignity	Good	Acceptable	Excellent	Good	Good	Good	Excellent	Excellent

Highest Quality Health Care

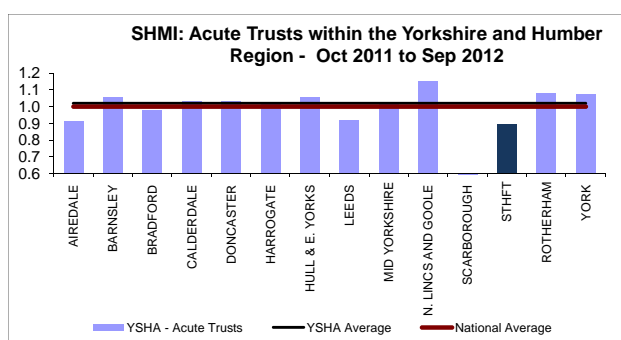
Summary Hospital Mortality Indicator - Performance Update and Benchmarking

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.

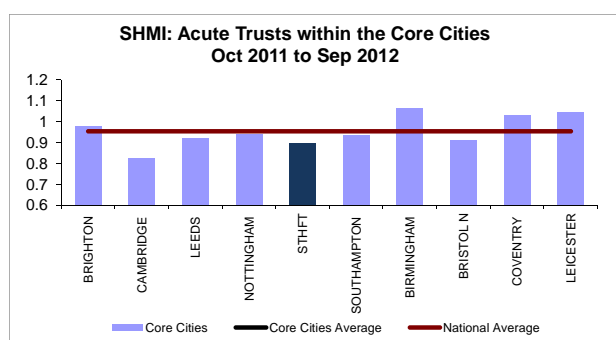
The expected number of deaths is calculated from a risk-adjusted model with a patient case-mix of age, gender, admission method, year index, Charlson Co-morbidity Index and diagnosis grouping.

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 used for creating the dataset is a full 36 months up to and including the most recently available data in the dataset. The STHFT value for October 2011 to Sep 2012, at 0.8982, is lower than for July 2011 to June 2012 and is below the expected value.



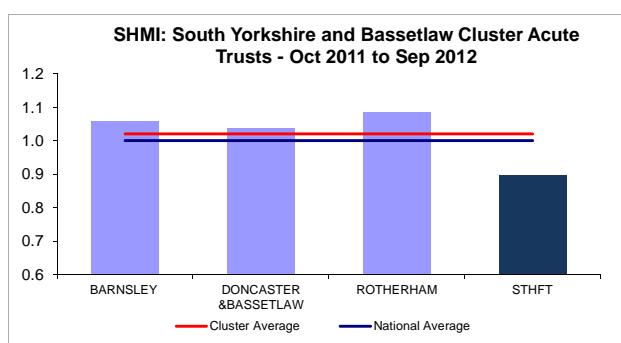
Of all the acute trusts in the Yorkshire and Humber Region (Y&H), STHFT has the lowest SHMI value.

STHFT are 11.9% below the Y&H average value and are 19th lowest out of 142 acute trusts nationally. This compares to a July 2011 to June 2012 position of 9.8% below the Y&H average and 26th lowest respectively.



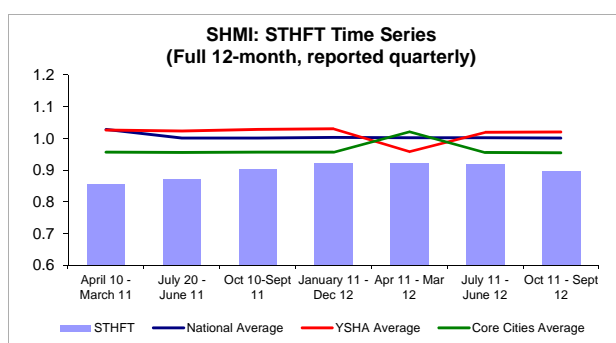
STHFT has the 2nd lowest SHMI value of the Core Cities. Cambridge University Hospitals NHS Foundation Trust has the lowest.

The STHFT value is 5.8% lower than the Core Cities average.



Within the South Yorkshire & Bassetlaw cluster, STHFT have a lower value than the other trusts. This equates to 11.9% lower than the cluster average. The next lowest trust is Doncaster & Bassetlaw.

STHFT is the only acute trust in the cluster to be below the cluster and national average positions.



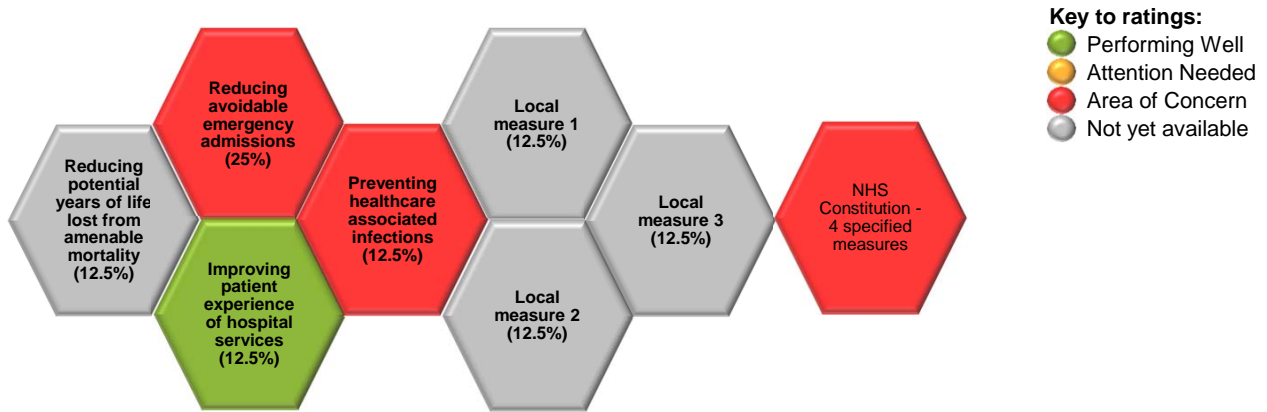
The STHFT value has increased over the time series, although it is still better (lower) than expected.

The latest position of 0.8982 (Oct-11 to Sep-12) is 2.2% lower than the previous period (Jul-11 to Jun-12).

Quality Premium Dashboard

The quality premium is intended to reward clinical commissioning groups (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 2013/14.

A percentage of the quality premium will be paid for achievement of each of the improvements as set out below. The amount paid will be reduced for CCGs who do not meet the 4 specified NHS Constitution Rights & Pledges. A reduction of 25% will be made to the quality premium for each relevant NHS Constitution measure not met.



Assessment of CCGs against the Quality Premium commenced in April 2013, but information will not be available until June at the earliest. However, to give a sense of Sheffield CCG's likely starting point from April 2013, this report makes an assessment of our current levels of achievement, using the most recent data available. In some cases, there is no existing data (prior to April 2013) and so an assessment cannot be made at this time.

Reducing potential years of life lost from amenable mortality

This represents a focus by the NHS on preventing people from dying prematurely. The aim is to reduce the number of potential years of life lost by ensuring more effective prevention, earlier diagnosis, better support and treatment in the community and in hospital, for the illnesses which may lead to people in Sheffield dying early.

This is a new measure for 2013/14 for which the definition and source of data requires some further clarification. Data is expected to be available only annually so the use of more regular proxy measures to assess progress will be explored.

Potential years of life lost



continued overleaf

Quality Premium Dashboard

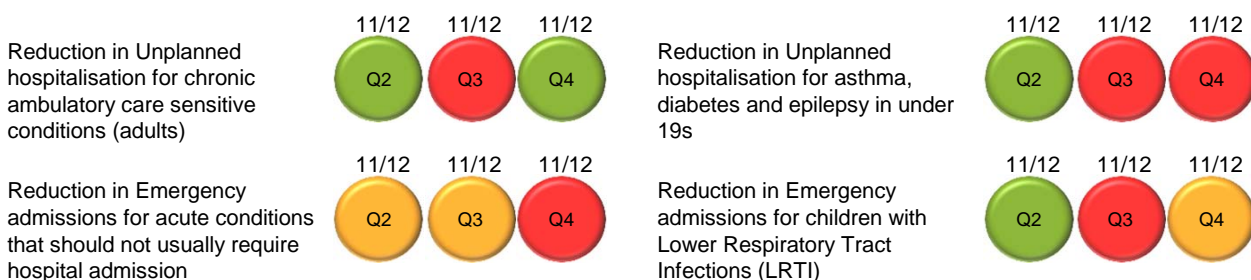
Reducing avoidable emergency admissions

Good management (across the health and care system) of long term conditions is needed to promote swift recovery and re-ablement after acute illness, improve the quality of care for patients and reduce the need for emergency admissions.

Issues & Actions June 2013

The Red, Amber, Green (RAG) rating is based on whether a reduction was shown from the previous quarter.

No further data is available since May's report. The position on Emergency Admission rates remains high and the Right First Time (RFT) programme in Sheffield is focussed on alternative service models to prevent avoidable emergency admissions. Benchmarking information suggests that readmission rates after an acute episode in Sheffield have scope for improvement. Throughout 2012/13, the rate did not have any significant change and, therefore, this will be an area of focus in 2013/14 and these discussions are part of the current negotiations with STHFT.



Improving patient experience of hospital services

The Friends and Family Test (FFT) identifies whether patients would recommend their hospital to others. Use of the FFT, which started from April 2013, will help identify poor performance and encourage staff to make improvements, leading to a more positive experience of care for patients.

NB: 'Apr' = measurement of this indicator will commence in 2013/14.



Preventing healthcare associated infections

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

Clostridium Difficile: Sheffield CCG have committed to having no more than 163 cases of infection in 2013/14; this is more challenging than the commitment of 191 in 2012/13

MRSA: A new Zero Tolerance process via Public Health England is in place from April 2013, meaning that Commissioners (CCGs) and Providers (Trusts) should not have any cases of MRSA infection in 2013/14.

Issues & Actions June 2013:

Sheffield CCG had an MRSA case recorded in April, that occurred at STHFT. The Post Infection Review has been completed and the action plan will be monitored by Sheffield CCG.

They also had 18 Clostridium Difficile recorded, attributed equally from STHFT and from Community settings

Please see the Highest Quality Health Care - Quality and Safety section on pages 7-8 for more information on HCAls.



Quality Premium Dashboard

Local measures

Issues & Actions June 2013

These measure have now been confirmed with NHS England and the CCG are establishing the method of reporting against these, for future reports.

Local measure 1: Reduction in Emergency spell bed nights for Ambulatory care sensitive conditions



Local measure 2: Identify alternative service provision and health care for patients who would otherwise would have received secondary care/hospital attendance



Local measure 3: Reduce the average waiting times in Speech & Language Therapy (SALT) at SCHFT



NHS Constitution - 4 specified measures

Issues & Actions June 2013

A&E 4 hour waits - for commentary on this area, please see the 'A&E Waits' section of Highest Quality Health Care: NHS Constitution - Rights & Pledges (page 4).

Category A (RED 1) response within 8mins

For commentary on this area, please see the 'Category A ambulance calls' section of Highest Quality Health Care: NHS Constitution - Rights & Pledges (page 5).

92% of all patients are seen and start treatment within 18 weeks of a routine referral



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



85% of patients have a max. two month (62-day) wait from GP referral to starting treatment for cancer



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



Best Possible Health Outcomes





Our commitment to ensure the commissioning decisions and actions we take improve health care for the people of Sheffield

The work of Sheffield CCG is organised around 5 areas - the 5 'portfolios' of this report section. For each area there are a number of nationally decided measures where all CCGs are expected to show improvements are being made. In addition, Sheffield CCG are identifying some locally chosen measures for each of these areas.

From April 2013 the CCG will aim to demonstrate, via these national and local measures, on-going improvement across each of the 5 areas.

Where possible an assessment of Sheffield's current level of achievement in each area is shown, using the most recent data available. In some cases, no data will be available until after April and so an assessment cannot be made at this time.

Key to ratings:

-  Improving
-  Not Improving
-  Area of Concern
-  Not yet available

All data relates to the financial year 2012/13 unless stated otherwise.

Acute - Elective Care

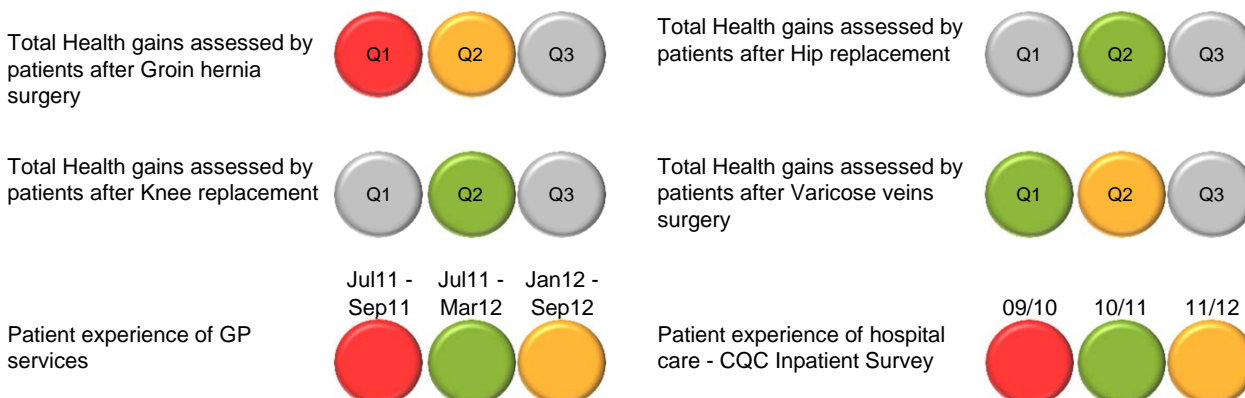
Issues & Actions June 2013:

As noted last month, Sheffield CCG is fully aware of, and monitoring, the provider position in relation to scores generated via the Patient Reported Outcome Measures (PROMs) programme. They will continue to work with STHT to review progress and service quality.

As reported last month, the latest Inpatient survey results, based on feedback from 426 patients between September 2012 and January 2013, have recently been published (April 2013) by the CQC. STHT results are comparable with most other Trusts and they will be producing an action plan in response to the findings.

NB: If Q1 is rated grey, numbers for this measure were small and so a score/figures not published. Q3 data is not currently available, so will be rated in due course.

National required measures



Locally selected measures

The elective portfolio team will establish local measures that will focus on access to services and patient experience, ensuring that the services commissioned are effective and meeting the needs of patients. The team are currently exploring how best to measure this and in a format that can easily be reported on.

continued overleaf

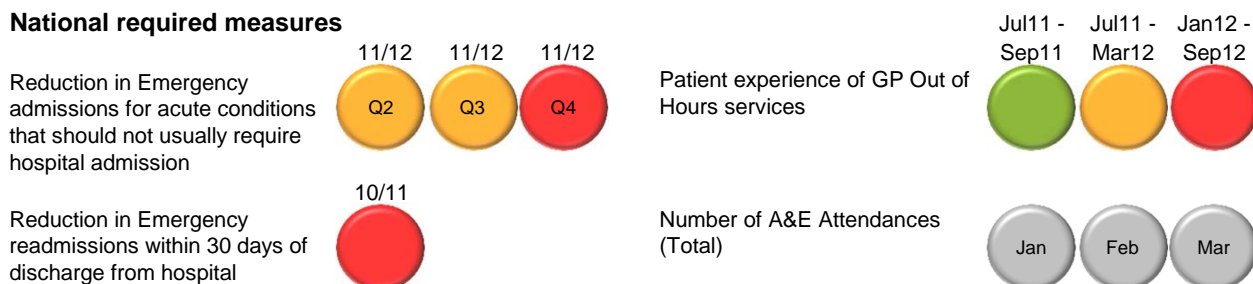
Best Possible Health Outcomes

Acute - Urgent Care

Issues & Actions June 2013:

For Emergency Admissions commentary, please see the 'Reducing avoidable emergency admissions' section of the Quality Premium Dashboard (page 12).

National required measures



Number of A&E Attendances (Type 1)



NOTE: A&E Attendances are, as yet, unrated; an activity target was not required for 12/13, although one has been submitted for 13/14 and an appropriate measure for monitoring throughout the year is being established.

Locally selected measures

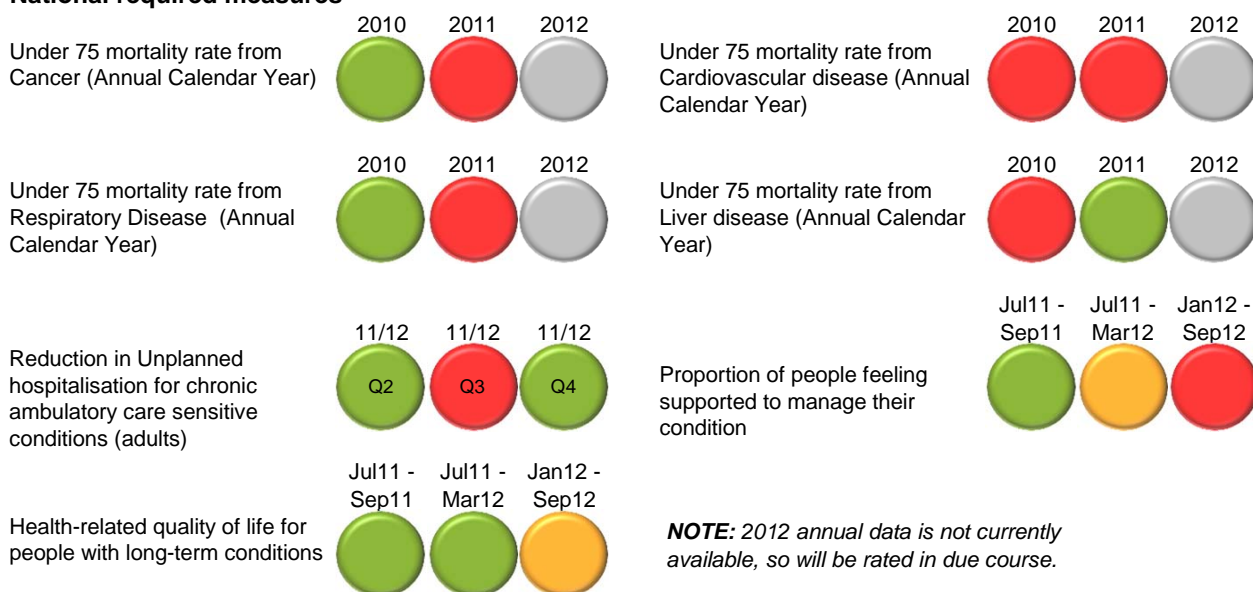
Portfolio Clinical and Management leads are currently discussing measures to monitor, with one possibility being patient experience of A&E services.

Long Term Conditions

Issues & Actions June 2013:

With regard to health-related quality of life and the proportion of people feeling supported to manage their condition, Sheffield's strategic commissioning framework for Long Term Conditions (LTCs) continues to emphasise self-care and self-management as a key constant. Risk stratification, care planning and using care planning as a mechanism to equip and enable people to self care is now identified as a priority by the Portfolio.

National required measures



NOTE: 2012 annual data is not currently available, so will be rated in due course.

Locally selected measures

Additional measures which the Portfolio Clinical and Management leads wish to be reported to the CCG Governing Body are now in the process of being identified, as the Portfolio has agreed its focus for 2013/14.

Best Possible Health Outcomes

Mental Health and Learning Disabilities

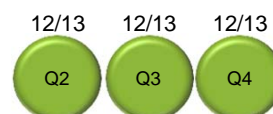
'Apr' = measurement of this indicator will commence in 2013/14.

National required measures

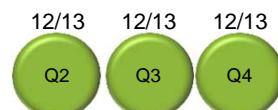
Improvement against plan:
Estimated diagnosis rate for
people with dementia



The proportion of people who
have depression and/or anxiety
disorders who receive
psychological therapies



The number of people who
received psychological therapy
and are moving to recovery



Locally selected measures

Leads have identified the measures below and are now establishing the method of reporting improvements and also the frequency of these for future reports.

Proportion of people with
Learning Disabilities receiving
an Annual Health Check



Caring for people closer to
home, through reducing out of
City placements



Children and Young People

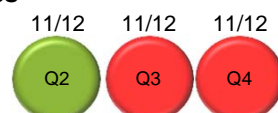
Issues & Actions June 2013:

Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s - as noted last month. work continues in reviewing this position with our provider.

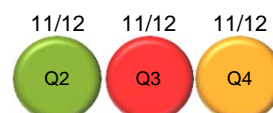
Emergency readmissions for children with LRTI - work continues in reviewing the data, the case mix and the pathway with our provider and also in reviewing the clinical management within primary care to assess the need to develop further plans in this area.

National required measures

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



Reduction in Emergency
readmissions for children with
Lower Respiratory Tract
Infections (LRTI)



Locally selected measures

The measures below are services that are undergoing change, have a Citywide interest with partners and are strategic priorities.

Whilst these local measures have been identified, leads are now establishing the method of reporting improvements and also the frequency of these for future reports.

Reduction in Infant Mortality



Child and Adult Mental Health
Services (CAMHS) -
Commissioning a service for
16/17 year olds



Patient experience of Maternity
Care



Improving experience for
families of children with complex
needs





Best Possible Health Outcomes

Activity Measures

These indicators relate to outline plans which the CCG is required to submit nationally, before it has completed local discussion with providers.

Elective first finished consultant episodes (FFCEs)



All first outpatient attendances



Non-elective FFCEs







Quality Innovation Productivity and Prevention (QIPP)

The CCG's Commissioning Intentions for 2013/14 sets out our approach to quality improvement, service redesign and innovation, which contribute to delivering the system reform and improved patient experience aspects of QIPP.

Our QIPP delivery will include some key quality and financial benefits from the Right First Time city wide programme. Achievement of financial return on investment is addressed in the Finance Report to the Governing Body.

Key to ratings:

-  Improving
-  Not Improving
-  Area of Concern
-  Not yet available

Continuing Health Care (CHC)

Continuing Health Care (CHC) is a package of care (health and social care, to meet their reasonable requirements) provided for an adult over an extended period, to meet physical or mental health needs that have arisen as a result of illness, including some people who may be nearing the end of their life. Eligibility for an episode of CHC is assessed, by CHC nurses, using a nationally produced decision support tool. Some patients near the end of life may be fast-tracked for eligibility for CHC.

The CCG is committed to ensuring that these services provide the appropriate level and quality of care to meet clients' needs, whilst ensuring value for money for the public purse.

Issues & Actions June 2013:

Quality outcome indicators are under development and will be available next month.

Right First Time (RFT)

In 2013/14, the RFT partnership programme will continue to focus on reducing avoidable emergency admissions and excess lengths of stay for frail elderly people. In addition, the programme will also focus on the physical health needs of patients with serious mental illness. Lastly, the programme will work to create a more effective urgent care system (A&E and acute assessment) for adults and children.

Issues & Actions June 2013:

Progress in April and May includes:

- Commitment from all Localities to initiate Integrated Community Teams at GP Association* level;
- The CCG are on track to end the current pathway that transfers frail older people to long term care and are moving towards a more personalised approach that will enable people to regain as much independence as possible;
- Testing of primary care streaming continues;
- Work on addressing the physical health needs of people with serious mental ill health is under way.

** GP Practice Associations: The city is one of the first in the country to pilot the development of Practice Associations - bringing groups of neighbouring surgeries together to raise and equalise the quality of care provided in local communities, and to work together with other health workers and organisations.*

Reduction in emergency admissions for ambulatory care sensitive conditions by 1,300



Reduction in excess bed days (days over the expected amount for a given procedure) by 5,200



Reduction in unnecessary A&E attendances by 7,000



Reduction in Children's short stay (less than 2 days) admissions by 350



continued overleaf

Quality Innovation Productivity and Prevention (QIPP)

Elective Adults

The elective care QIPP programme is focussed on transforming outpatient services and some inpatients services, around specialist advice, diagnosis and treatment, so that patients receive services when clinically appropriate, by the relevant clinician and in the most appropriate location.

Patients will continue to have access to specialist services and expertise in hospital when clinically needed, with some care delivered in a different location to a hospital and, in some cases, taking advantage of technology to provide on-going review and monitoring of their condition.

Issues & Actions June 2013:

Primary Care Referral Education Support Sheffield (PRESS): We have launched two new exciting initiatives to support primary care adopt and implement existing clinical care pathways. These include a new web-based information portal, which makes it easier for GPs to access relevant information relating to clinical care pathways, referral support and education. The second initiative is a referral education and support service which provides peer review of referrals for GPs. Both these initiatives are designed to support primary care to make informed clinical decisions about the appropriate care pathway for their patients.

Endocrinology pathways: We have now agreed 4 new endocrinology pathways which cover excessive perspiration, excessive body hair, low testosterone and thyroid problems. Two education events for GPs are planned to raise awareness this month.

Indicator Development

The Portfolio is developing a number of measures that will reflect the outcome of a range of initiatives. The focus should be, as far as possible, able to demonstrate the impact of the positive changes on patient care as well as providing assurance that the initiatives are progressing as planned. This will require some careful consideration to ensure the right indicators are adopted and that they can be adequately measured with regular sources of reliable information.

A suggested measure is listed below which is aimed at measuring the impact on patients of shifting some surgical foot and ankle procedures into the community to be undertaken by podiatric consultants, which supports the CCG overall aims.

Measure positive patient outcomes 6 months post operative in foot and ankle surgical procedures undertaken by podiatric surgeons



Medicines Management

Medicines remain the most frequent therapeutic intervention offered by the NHS and their costs; both direct and indirect account for more than 15% of the CCG budget.

The Medicines Management team work to ensure that patients in Sheffield are treated with safe, clinically effective, evidence based medicines that deliver value to patients and the health economy. The team work within GP practices and input into interface groups to develop a shared approach (including a comprehensive formulary) to the use of medicines across primary and secondary care.

Issues & Actions June 2013:

Quality outcome indicators are under development and will be available next month.

Appendices

Quality & Outcomes Report

Our patients are at the heart of our decisions.

Doctors, nurses and other health professionals will be making the decisions.

We want you to have more care closer to home.

We will ask patients and the public for input in every decision.

We will achieve the highest standards for all our patients.

We will manage change well for the benefit of our patients.

There will be innovative projects across the whole of Sheffield.

Appendix A: Health Economy Performance Measures Summary

Red, Amber and Green (RAG) ratings shown below represent the latest known position for performance against each relevant indicator.

The table below highlights all performance measures in NHS England's document 'Everyone Counts: Planning for Patients 2013/14' divided, where appropriate, into portfolios.

Where possible, the RAG rating is against April 2013 performance, as at the 23rd May 2013 and is year to date where appropriate.

57 indicators are reported below.

Please note that some targets are made up of several indicators.

Key

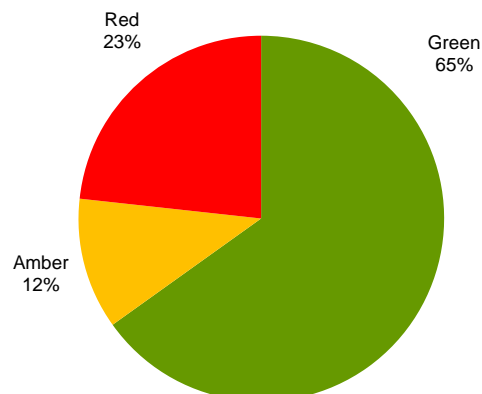
* - Data is currently not available for the Indicator

N/A - The indicator is not applicable to this Trust

WIP - Method of measurement is work in progress for this indicator

YTD - Year To Date

Sheffield CCG RAG Distribution



Acute - Elective Care

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

% seen/treated within 18wks - Admitted pathway
 % seen/treated within 18wks - Non-Admitted pathway
 % still not seen/treated within 18wks - Incomplete Pathway
 Number waiting 52+ weeks - Admitted pathway
 Number waiting 52+ weeks - Non-Admitted pathway
 Number waiting 52+ weeks - Incomplete pathway

CCG	STHFT	SCHFT
90.06%	89.21%	96.81%
96.58%	96.53%	96.03%
94.55%	94.33%	96.46%
0	0	0
0	0	0
1	0	1

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test

0.62%	0.08%	3.81%
-------	-------	-------

Cancer Waits

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

95.27%	93.00%	100.00%
93.33%	95.00%	N/A
98.71%	98.00%	100.00%
97.96%	97.00%	97.91%
100.00%	100.00%	100.00%
100.00%	99.00%	N/A
93.10%	90.00%	N/A
100.00%	96.00%	N/A
96.15%	92.00%	N/A

Activity

Number of Elective Admissions (FFCEs) (YTD)
 Number of First Outpatient Attendances (YTD)
 Number of Cancelled Operations offered another date within 28 days

76134	63673	8603
198110	170014	19965
N/A	8	0

Quality Standards

Patient Reported Outcome Measures (PROMs) - Hip replacement
 Patient Reported Outcome Measures (PROMs) - Knee replacement
 Patient Reported Outcome Measures (PROMs) - Groin hernia
 Patient Reported Outcome Measures (PROMs) - Varicose veins
 Patient overall experience of GP Services
 Patient experience of hospital care
 Friends and Family test

0.53	N/A	N/A
0.72	N/A	N/A
0.06	N/A	N/A
0.17	N/A	N/A
86.79%	N/A	N/A
WIP	WIP	WIP
Due June	Due June	Due June

continued overleaf

Appendix A: Health Economy Performance Measures Summary

Acute - Urgent Care

Non Elective Care (Right First Time/Long Term Conditions)

% seen/treated within 4 hours of arrival in A&E (YTD)	CCG	STHFT	SCHFT
Emergency Readmissions within 30 days	*	92.29%	94.73%
Non-elective Admissions first finished consultant episodes (FFCEs) (YTD)	12.08%	N/A	N/A
Number of attendances at A&E departments - Type 1 (YTD)	62987	50577	9060
Number of attendances at A&E departments - Total (YTD)	14417	8824	4386
Unplanned Hospitalisation for chronic ambulatory care sensitive conditions	22796	10849	4386
Emergency admissions - acute conditions that should not require admission	220.4	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	366.0	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI)	67.4	N/A	N/A
Urgent Operations cancelled for the second time	216.2	N/A	N/A
Patient overall experience of out of hours GP Services	N/A	0	0
	69.82%	N/A	N/A

Yorkshire Ambulance Service (YAS) Ambulance Response Times

Category A response in 8 mins (RED 1 - most time-critical e.g. cardiac arrest)	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 2 - less time-critical e.g. strokes and fits)	75.28%	N/A	N/A	83.85%
Category A response in 19 mins	78.04%	N/A	N/A	80.89%
Ambulance handover - delays over 30mins & 60mins in handover to A&E	97.62%	N/A	N/A	98.41%
Crew Clear - delays over 30mins & 60mins in ambulance ready for next call	Due May	Due May	Due May	N/A
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	Due May	Due May	Due May	N/A
	0	0	0	N/A

Footnote: A&E - The position reported is the Sheffield cohort of the provider position

Long Term Conditions

	CCG
Under 75 mortality rate from Cardiovascular Disease (CVD) per 100,000	65.54
Under 75 mortality rate from Respiratory Disease per 100,000	23.41
Under 75 mortality rate from Cancer per 100,000	118.93
Under 75 mortality rate from Liver disease per 100,000	14.06
Proportion of people feeling supported to manage their condition	67.99%
Health-related quality of life for people with long-term conditions	54.76%

Mental Health & Learning Disabilities

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by Mental Health services, after psychiatric inpatient care	100.00%
Proportion of people entering psychological treatment against the level of need in the general population	5.83%
The proportion of those referred that enter psychological treatment	67.06%
The proportion of people who are moving to recovery, following psychological treatment	80.35%
Estimating the diagnosis rate of people with dementia	WIP

Quality Standards

Health Care Acquired Infections (HCAI)

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	1	1	0	N/A
Clostridium Difficile (C Diff) (YTD)	18	9	0	N/A
Mixed sex accommodation breaches (YTD)	0	0	0	0

APPENDIX B: Sheffield CCG - Integrated Performance Measures Return

Integrated Performance Measures Return (IPMR) - Health Priorities (Department of Health-identified)

Sheffield CCG: IPMR - Health Priorities				
	Target	Q3 12/13	Q4 12/13	Quarterly Change
Maternity				
12 week maternity appointments	90% *	96.22%	94.09%	▼
Stroke				
Stroke patients - time on stroke unit	80% *	87.81%	87.61%	▼
TIA assessed and treated within 24 hours	60% *	100.00%	100.00%	◄►
Diabetic Retinopathy				
Diabetic retinopathy screening	100%	110.46%	109.32%	▼
Delayed Transfers of Care (DTOC age 18+)				
Average DTOC per 100,000 (acute)**		0.810	0.700	▼
Average DTOC per 100,000 (non-acute) **		3.094	2.836	▼
NHS Health Checks				
People aged 40-74 eligible for - and offered - an NHS Health Check	20%	Please see narrative section below		
* = 2010/11 targets - no trajectories/targets required by the Department of Health for 2011/12 onwards				
** = Calculated using Attribution dataset GP registered populations 2011 (IC website) until 2012 available				

The Q4 position for key 2012/13 IPMR targets shows that all targets are being achieved, with the exception of NHS Health Checks.

NHS Health Checks

Sheffield were committed to delivering the 2012/13 target of 20% of the eligible population being offered a health check. Sheffield planned to deliver a formal, systematic screening programme on a 5-year rolling basis, in which 20% of eligible people are screened - with 9% receiving a check - in 2012/13.

This equates to 14,776 of the eligible population of 147,753 being offered a check - and 13,298 actually receiving a check.

(This proportion is likely to increase in the subsequent years of the programme).

However, as at the end of March (Q4), only 9,360 of the eligible patients had been offered an NHS Health Check and only 3,819 patients have received an NHS Health Check, equating to 6.33%.

Action:

In Sheffield, approximately half the amount of GP practices are delivering health checks and work is being carried out to support the GPs not yet reporting activity. The GPs reporting activity only started to do so in the last few months of 2012, so the monitoring is more indicative of the activity occurring over 6 months rather than 12. The CCG have seen a month-on-month increase in health checks and there had been more activity in quarter 4 than quarter 3. This trend is expected to continue into 2013/14.

PLEASE NOTE: This is no longer a national CCG indicator in 2013/14, but has become a Public Health Outcomes Framework indicator and they will be measured on this. (Please see Indicator IDs 2.22(i) and 2.22(ii) in Appendix E - Quarterly Report of Public Health Outcome Framework.)

APPENDIX C: Mental Health Trust Performance Measures

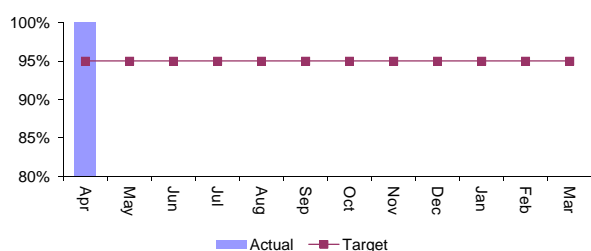
Sheffield Health and Social Care NHS Foundation Trust

One of the seven targets highlighted in the table below has not been achieved in April. Key points to note are:

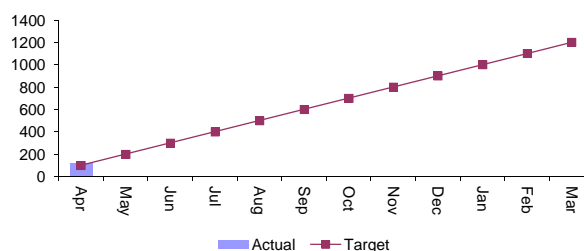
1. Crisis Resolution/Home Treatment: As at the end of April, there have been 120 home treatment interventions against a 12-month target of 1,202. This equates to 19.8% more patients benefiting from this service than originally planned in April.
2. CPA 7 day follow up: April's monthly performance is 100%. Actions to strengthen confidence in on-going performance are being implemented, including team-level review and confirmation reporting that follow up has taken place in advance of the 7 day period lapsing and more consistent approaches and actions from day 5 onwards, regarding maintaining proactive actions to contact the client to ensure they remain well.
3. Psychosis intervention: Capacity in March of 255 fell short of the 270 target level, having achieved in previous months. The position for April is 208. The Trust introduced a reconfiguration of its range of Community Mental Health Teams (CMHT) related services during 2012/13, moving from 15 separate teams to 5. As part of this, the provision of early intervention services was integrated closer within the main CMHT model. The caseload reviews undertaken as part of all the team changes have had some influence on the reduced caseloads of people on the Early Intervention Services (EIS) pathways. The Trust has raised this issue with the CCG as an area that would benefit from further joint review and arrangements are in hand for this.
4. Psychological therapy services: The quarter 4 performance for psychological therapy indicators is exceeding their respective target levels.

SHSCFT Indicators				
	Target	March	April	Monthly Change
Crisis Resolution / Home treatment	1202	1418	120	▼
Psychosis intervention - New cases (YTD)	90	107	12	▼
Psychosis intervention - Maintain Capacity	270	255	208	▼
CPA 7 day follow up (YTD)	95%	96.50%	100.00%	▲
Anxiety/depression:		Q3	Q4	
% receiving Psychological therapy	3.3%	5.38%	5.83%	
% referred for psychological therapy receiving it	65.5%	62.82%	67.06%	
Psychological therapy pts. move to recovery	44.40%	76.28%	80.30%	

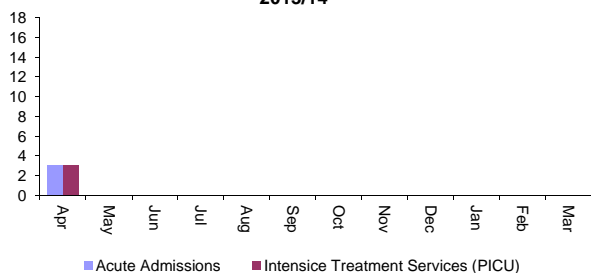
SHSCFT: % of CPA Clients followed up within 7 days - 2013/14



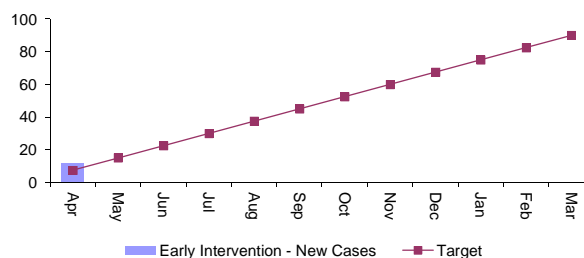
SHSCFT: Crisis Resolution Home Treatment Episodes - 2013/14 YTD



SHSCFT: Admissions referred out of Sheffield 2013/14



SHSCFT: Early Intervention - new cases accepted 2013/14 YTD



APPENDIX C: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

For April 2013, both the Category A 8 (overall) and 19 minute targets continued to be achieved at the Yorkshire Ambulance Service (YAS) Trust level.

The 8 minute target has been further split into two parts: Red 1 and Red 2. This split reflects the way Ambulance Trusts already sub-divide their Category A calls for operational purposes:

1. Red 1 calls are the most time-critical and cover cardiac arrest patients who are not breathing and do not have a pulse and other severe conditions such as airway obstruction. These make up less than 5% of all calls.
2. Red 2 calls are serious but less immediately time-critical and cover conditions such as stroke and fits.

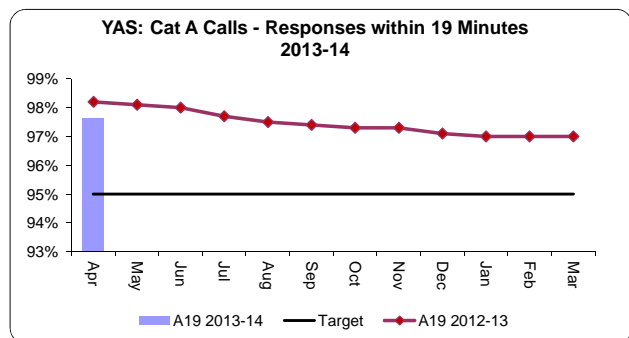
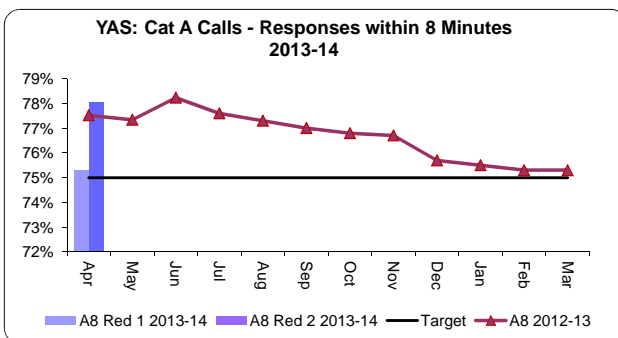
2013/14 Contract

The new commissioning and contract management arrangements for 2013/14 are in place, with Sheffield CCG acting as lead for YAS for the South Yorkshire CCGs and West and South Yorkshire and Bassetlaw Commissioning Support Unit acting in a contract management capacity on behalf of commissioners.

A proportion of Sheffield GP Urgent calls from 1 August 2013 will be undertaken by Arriva Transport Solutions Ltd. Arrangements are being made to ensure the transition from YAS to Arriva run smoothly.

YAS Indicators

	Target	March	April	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	72.50%	75.28%	▲
Cat A 8 minutes Red 2 (YTD)	75%	75.50%	78.04%	▲
Cat A 19 minutes (YTD)	95%	97.00%	97.62%	▲



Data has increasingly become available for the new 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	February	March	Monthly Change
Re-contact after discharge (phone)		4.5%	8.7%	▲
Re-contact after discharge (Treatment at scene)		7.1%	7.5%	▲
Re-contact after discharge (Frequent Caller)		2.1%	2.3%	▲
Time to answer call (Median)	5 sec	1	1	◀▶
Time to answer call (95th Percentile)		24	21	▼
Time to answer call (99th Percentile)		82	68	▼
Time to treatment (Median)		5.7	5.5	▼
Time to treatment (95th Percentile)		14.4	14.1	▼
Time to treatment (99th Percentile)		22	21.6	▼
Call closed with advice (Phone advice)		6.1%	5.6%	▼
Call closed with advice (Transport)		30.1%	29.4%	▼
Clinical Indicators				
		November	December	
Outcome from Cardiac Arrest (CA) All		18.6%	20.0%	▲
Outcome from CA Utstein Group (UG)		43.8%	30.2%	▼
Outcome from acute STEMI Angioplasty		82.6%	79.9%	▼
STEMI Care Bundle		78.4%	86.8%	▲
Outcome from Stroke 60 min to Stroke Unit		62.7%	55.9%	▼
Stroke - Appropriate Care Bundle		97.2%	91.0%	▼
Outcome from CA - Survival to Discharge All		6.4%	7.0%	▲
Outcome from CA - Survival to Discharge UG		23.3%	17.5%	▼
Service Experience		N/A	N/A	

APPENDIX D: Contract Activity

Sheffield Teaching Hospitals NHS Foundation Trust

PLEASE NOTE: STHFT are working on April contract monitoring and going through an internal checking process, but are unable to provide accurate reporting at present. Therefore, the position reported here is for 2012/13 and reporting of the 2013/14 position will commence next month.

Performance Against Contract Target at Month 12, April 2012 - March 2013

Total Referrals: 1.4% above target

Outpatient First Attendances: 1.9% above target

Elective Inpatient Spells: 4.4% above target

GP Referrals: 1.7% above target

Follow-up Attendances: 4.0% above target

Non Elective Spells: 5.1% above target

Figure 1. Total Referrals

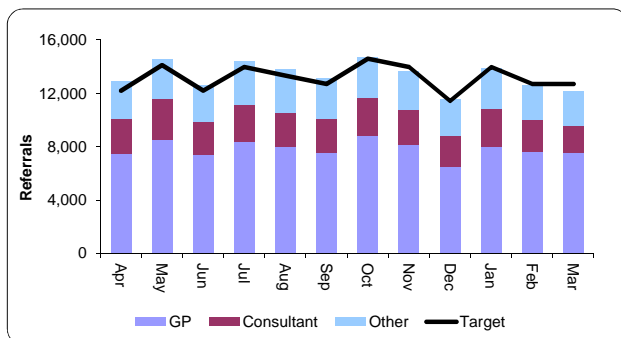


Table 1. Referrals to Outpatient First Attendance

	Actual	Target	Var	% Var
Total Referrals	160,185	157,995	2,190	1.4%
GP Referrals	94,132	92,549	1,583	1.7%
Consultant Referrals	31,089	33,056	-1,967	-6.0%
Other Referrals	34,964	32,390	2,574	7.9%
Consultant:GP Referrals Ratio	0.33	0.36	-0.03	-7.5%

Figure 2. Outpatient First Attendances

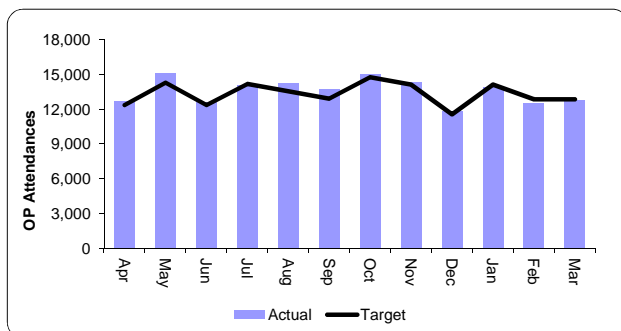


Figure 4. Elective Spells

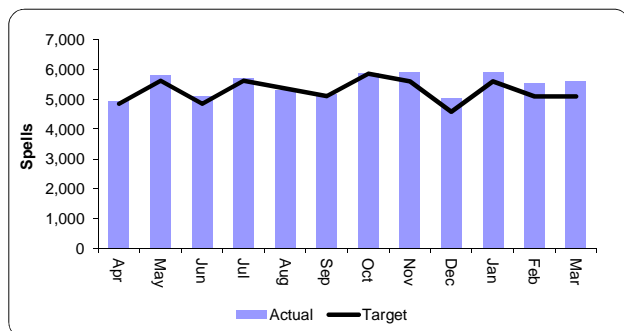


Figure 3. Outpatient Follow-up Attendances

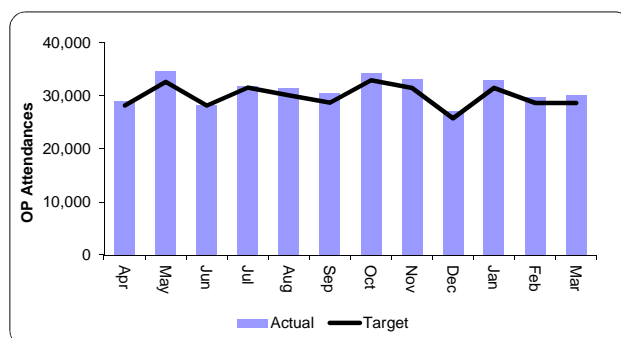


Figure 5. Non Elective Spells

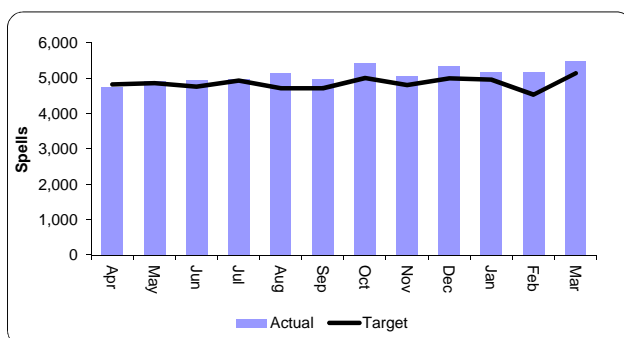


Table 2. Outpatient Activity

	Actual	Target	Var	% Var
First	163,051	160,050	3,001	1.9%
Follow-up	372,976	358,752	14,224	4.0%
OP Payable Procedures	69,124	68,455	669	1.0%
Follow-ups:First Ratio	2.29	2.24	0.05	2.1%

	Actual	Target	Var	% Var
Elective	66,078	63,308	2,770	4.4%
Non Elective	61,272	58,317	2,955	5.1%
Excess Bed Day Costs (£000s)	£10,215	£11,663	£-1,448	-12.4%

Source: STHFT Contract Monitoring, excluding SCG activity

Excludes Clinical Psychology, Diabetes, Hearing Services and Palliative Medicine outpatient referrals and attendances

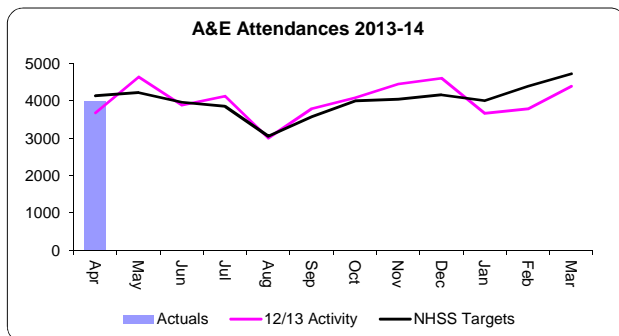
Excludes Restorative Dentistry outpatient referrals

Excess Bed Day Costs include MFF (market forces factor)

APPENDIX D: Contract Activity

Sheffield Children's NHS Foundation Trust

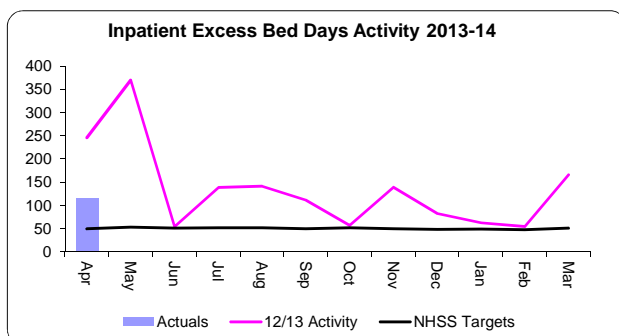
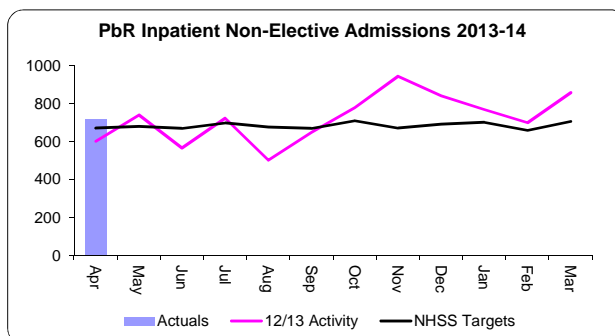
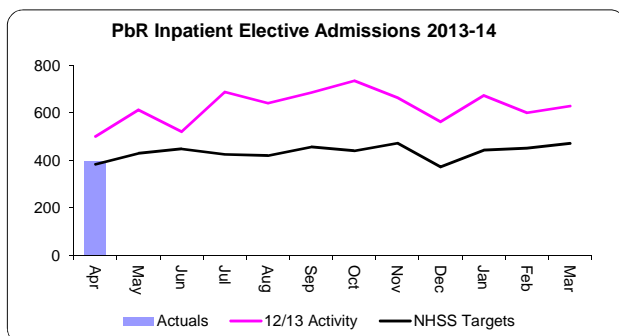
2013/14 Actual performance against Plan and 2012/13 performance



A&E activity fluctuated throughout 2012/13, but the first month of 2013/14 shows a slight decrease in attendances and is also below target level.

As at the end of April, SCHFT's cumulative A&E performance is 94.73%, just below the '95% within 4 hours' target level; this is the first month that they have fallen below 95%.

It should be noted that all A&E attendances at the Trust are Type 1 in nature.

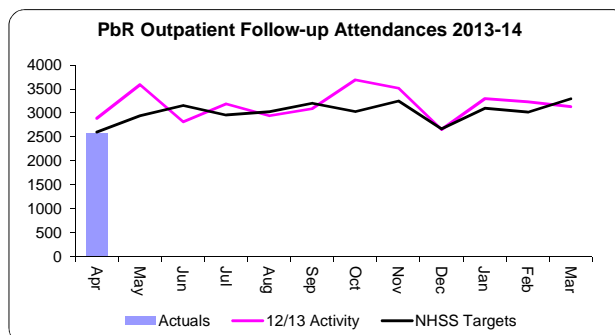
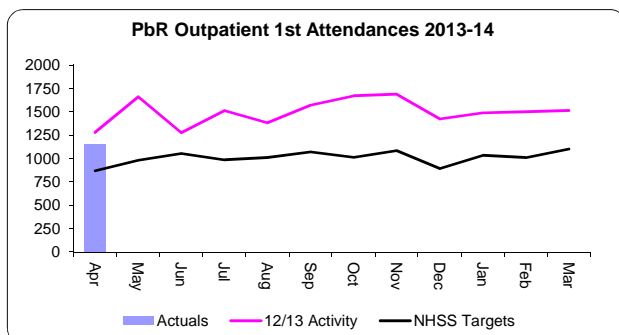


In the first month of 2013/14, electives admissions have decreased significantly from those levels seen in 2012/13, although they remain at target level.

After seeing March non-elective admissions rising to levels above those seen in 2011/12, levels in April have reduced; however, they are just above the target for the first month of 2013/14.

Excess bed days have also fallen since March, although there have been around double the planned amount for the month.

Outpatient first and follow-up attendances continue to fluctuate into 2013/14 but, whilst follow-ups are slightly below target level, firsts are well above.



Position to April 2013:

SCHFT outpatient firsts are overtrading by 288 attendances and follow-ups are undertrading by 32. In terms of elective activity, there is currently an overtrade of 14 spells. Non-elective activity is currently overtrading by 46 spells. Excess bed days are underperforming by 66 bed-days. There is currently an undertrade on A&E attendances of 132.

Activity figures are from SCHFT contract monitoring information
SCHFT Finance Team

Appendix E: Public Health Outcome Framework (PHOF) Indicators

Quarterly Report of Public Health Outcome Framework (PHOF) Indicators for Sheffield CCG Governing Body

Date: 22-May-12

PHOF Indicator ID	PHOF Indicator	Latest Annual time period	Value	Statistically significant compared to England	General Trend Annual	Change last annual period	Notes
1.13 (i)	% of Offenders who re-offend in a rolling 12 month period	2010	28.2	Worse	A	A	Crude rate per 1,000 population
1.13 (ii)	The average number of re-offences committed per offender in a rolling 12 month period	2010	0.75	No Diff	A	R	Crude rate per offender
1.15 (i)	Statutory Homelessness Acceptances (households found to be eligible for assistance, unintentionally homeless and falling within a priority need group)	2011/12	6.0	Worse	R	R	Rate per 1,000 households
1.15 (ii)	Statutory Homelessness: Households in temporary accommodation	2011/12	0.73	Better	G	G	Rate per 1,000 households
2.2 (i)	Breastfeeding: % Initiating breastfeeding	2012/13	77.7	Better	A	R	% of mothers
2.2 (ii)	Breastfeeding: % Babies receiving breast milk at 6-8 weeks	2012/13	50.8	Better	A	G	% of babies
2.3	Smoking status of Mothers at time of delivery	2012/13	14.1	No Diff	R	A	% of mothers smoking
2.4	Conception Rate of Under 18 year olds	2011	35.2	Worse	G	G	per 1,000 females aged 15-17
2.15(i)	Successful completion of drug treatment: Opiate (for example Heroin) users	2011	8.5	No Diff	G	G	% of adult users in treatment
2.15(ii)	Successful completion of drug treatment: Non-Opiate users	2011	38.8	No Diff	G	G	% of adult users in treatment
2.20(i)	% women eligible for breast screening adequately screened - coverage	2012	79.0	Better	G	G	% women eligible for breast screening adequately screened (aged 53-70yrs)
2.20(ii)	% women eligible for cervical screening adequately screened - coverage	2012	75.8	Better	A	A	% women eligible for breast screening adequately screened (aged 53-70yrs)
2.21(iv)	(iv) % babies registered within the area (currently CCG) both at birth and at the time of the report who are eligible for newborn blood spot screening and have a conclusive result recorded on the Child Health System within an effective timeframe.	Not Available					
2.21(v)	(iv) % babies eligible for newborn hearing screening for whom the screening process is complete within 4 weeks corrected age (hospital programmes - well babies, all programme NICU (Neonatal Intensive Care Unit) babies) or 5 weeks corrected age (community programmes - well-babies).	Not Available					
2.21(vii)	Diabetic Retinopathy (damage to the retina caused by complications of diabetes) Screening	2011/12	92	Better	G	G	(% aged 12+ offered screening who attended a digital screening event)
2.22(i)	% of Eligible population who are offered and an NHS Health Check Programme	2012/13	6.1	Worse			(% eligible population aged 40-74 offered a check during financial yr)
2.22(ii)	% of Eligible population who have received an NHS Health Check	2012/13	2.5	Worse			(% eligible population aged 40-74 offered a check during financial yr, who received one)
3.2	Chlamydia Diagnoses (positive, for 15-24 year olds)	2011	1909.7	Better	G	G	Crude rate per 100,000 aged 15-24 yr old
3.3 (iii)1	DTaP/IPV/Hib (Diphtheria, Tetanus, Pertussis (whooping cough), polio and Haemophilus influenzae type b) vaccination coverage: 1 year olds	2011/12	95.0	No Diff	G	G	%
3.3 (iii)2	DTaP/IPV/Hib (Diphtheria, Tetanus, Pertussis (whooping cough), polio and Haemophilus influenzae type b) vaccination coverage: 2 year olds	2011/12	96.6	No Diff	G	A	%
3.3 (iv)	MenC (Meningitis C) vaccination coverage for 1 year olds	2011/12	93.7	No Diff	G	A	%
3.3 (v)	PCV (Pneumococcal Conjugate Vaccine) coverage - for 1 year olds	2011/12	94.1	No Diff	G	G	%
3.3 (vi)2	Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 2 year olds	2011/12	93.9	Better	G	R	%
3.3 (vi)5	Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 5 year olds	2011/12	92.6	Better	N/A	N/A	%
3.3 (vii)	PCV (Pneumococcal Conjugate Vaccine) booster vaccination for 2 year olds	2011/12	92.8	Better	G	G	%
3.3 (viii)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 2 year olds	2011/12	92.4	Better	G	G	%
3.3 (ix)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 5 year olds	2011/12	94.5	Better	G	G	%
3.3 (x)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving Two doses for 5 year olds	2011/12	87.5	Better	G	G	%
3.3 (xii)	HPV (Human Papilloma Virus) vaccination coverage - for 12-13 year olds	2011/12	93.0	Better	G	G	%

Provided by: Public Health Intelligence Team (Ann Richardson), Sheffield City Council