

# Month 11 Quality and Outcomes Report

Governing Body meeting

4 April 2013

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Key messages	
<ol style="list-style-type: none"> <li>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. 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.</li> <li>2. The Quality Standards section will be further developed as the CCG approach to ensuring and reporting on Quality is reviewed, in the light of the Francis Report.</li> <li>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 NHS Rights and Pledges.</li> </ol>	
Assurance Framework (AF)	
<p><b>Risk Reference Number:</b> 95</p> <p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed</b></p> <p>Performance monitoring reports produced for CET, Planning &amp; 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 Board Assurance Framework (BAF):</p> <ul style="list-style-type: none"> <li>1.1 Delivery of safe and efficient health care,</li> <li>1.2 Commissioning of health services to ensure they remain affordable, and</li> <li>2.1 Effective Health Care</li> </ul> <p><b>Is this an existing or additional control?</b></p> <p>Existing 2.1.2A</p>	

Equality/Diversity Impact
<p><b><i>Has an equality impact assessment been undertaken?</i></b> No</p> <p><b><i>Which of the 9 Protected Characteristics does it have an impact on?</i></b> None.</p>
Recommendations
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> <li>• how Sheffield CCG compares to other similar CCGs on key areas of Health Outcomes (as described in the Summary)</li> <li>• Sheffield performance (from 2012/13 data) on delivery of NHS Rights and Pledges</li> <li>• the key issues relating to Quality, Safety and Patient Experience</li> <li>• initial assessment against measures relating to the Quality Premium</li> </ul>

# Quality & Outcomes Report

## Month 11 - April 2013

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.



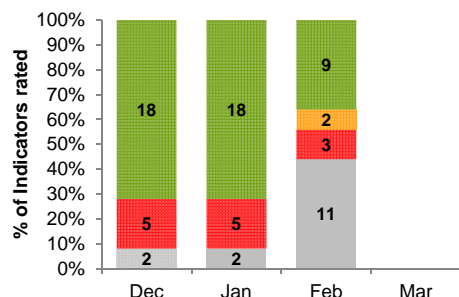
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# Sheffield Clinical Commissioning Group - Summary Position

## Highest Quality Health Care

### NHS Constitution - Rights & Pledges



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.

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

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

The number of rights and pledges being successfully delivered is indicated by the green 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.

#### Pledges not currently being met:

	A&E 4hr waits, Cat A (RED 1) calls within 8 mins, MSA breaches
	52+ week waiters, CPA 7 day follow-up

### 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. An increase in waiting times for treatment (and for Consultant upgraded referrals) in February was caused mainly by delays in treatment and Trust capacity issues but, as the numbers reported are small, performance fluctuates more widely and is not currently presenting cause for concern.

**Maximum 18 week waiting time for all other referrals:** More than 90% of Sheffield patients are being treated within 18 weeks of being referred. There are some areas (Cardiology, Cardiothoracic Surgery, Dermatology, General Surgery, Neurosurgery, Plastic Surgery, Trauma & Orthopaedics, Urology) where some patients are having to wait longer. The CCG is working with Sheffield Teaching Hospitals to improve waiting times in these areas.

**A&E waiting times:** The proportion of patients waiting for more than 4 hours to be seen in A&E at Sheffield Teaching Hospitals decreased during February. This is due to a combination of on-going increases in the number of people attending A&E and more beds being needed e.g. as a result of Norovirus, so A&E patients who need to be admitted are having to wait longer. Work between the CCG and Sheffield Teaching Hospitals was started earlier in the year to help reduce unnecessary use of A&E services and this is continuing.

**Diagnostic test waiting times:** Over 99% of Sheffield patients are waiting less than 6 weeks for these tests to be carried out. Having had a small number of patients waiting longer than 6 weeks in sleep studies for the previous 3 months, Sheffield Children's Trust have improved their performance and have now achieved this measure.

## 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 the 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: STHFT will be compliant with the mandatory reporting requirements and submit data to UNIFY2 from April 2013. Claremont is reporting from February 2013 internally and Thornbury confirmed they will be reporting on this indicator by May 2013.

**Treating and caring for people in a safe environment and protecting them from avoidable harm - Reducing the number of patients getting Clostridium Difficile & MRSA:**

**C.Diff:** 18 cases attributable to the CCG are reported this month, a reduction from last month. However with 216 cases YTD they are above the 2012-13 plan of 191. STHFT had 7 cases in February, bringing their YTD total to 94 against a 2012-13 plan of 131. There have been no cases reported for SCHFT in February; however with 6 cases YTD they have breached their 2012-13 plan of 3.

**MRSA:** There has been 1 case reported in February for the CCG, bringing the total number of cases to 4 against a 2012-13 plan of 6. No cases have been reported for STHFT and SCHFT in February; STHFT have a total of 3 cases YTD against a 2012-13 plan of 1.

## 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 headlines with regard to Sheffield CCG's current achievements and challenges in each of these domains are set out below.

#### Headlines

This month the focus is on describing how Sheffield CCG compares to other similar CCGs, drawing on data published by the NHS Commissioning Board in December 2012 and also input from CCG management and clinical leads.

#### **1. Preventing people from dying prematurely - *via better prevention, earlier diagnosis and improved treatment***

Overall, Sheffield is in line with or better than comparator areas for premature deaths, as measured by potential years of life lost from causes considered amenable to healthcare. At a more detailed level, Sheffield is in line with or better than comparator areas for premature deaths (under 75 years of age) from cardiovascular disease, respiratory disease and alcohol-related liver disease.

However, Sheffield has significantly worse outcomes for deaths under 75 years of age from Cancer. Improving these outcomes and reducing the number of potential years of life lost from Cancer is a particular area of the Sheffield CCG Commissioning Intentions plan for 2013/14.

#### **2. Enhancing quality of life for people with long term conditions - *via improvements in primary care, co-ordination and continuity of care, giving patients ownership of their care***

Sheffield is in line with comparator areas for unplanned hospitalisations for adults with chronic conditions such as Diabetes, COPD and Dementia. For asthma, diabetes and epilepsy in under 19s, Sheffield has significantly better outcomes, i.e. lower levels of unplanned hospitalisations than other similar CCGs.

With regard to mental health conditions, the levels of access to psychological therapy in Sheffield (via Sheffield Health and Social Care Trust) are good and show a high proportion of patients moving to recovery.

In the diagnosis of dementia, where early diagnosis and treatment is linked to improved outcomes, Sheffield has made significant progress. In the Alzheimer's Society dementia prevalence and diagnosis rates for 2012, Sheffield now ranks 2nd when compared to other PCTs in England and Wales, showing an estimated 63.6% of people with dementia diagnosed. However, there is still some way to go and we will continue to work to increase diagnosis rates during 2013/14.

#### **3. Helping people to recover from episodes of ill health or following injury - *via providing right support at right time, avoiding unnecessary hospital admissions, co-ordinating community based and hospital care and support***

Sheffield is in line with or better than comparator areas for emergency readmissions within 30 days of discharge from hospital and for emergency admissions for acute conditions that could have been avoided by better management in primary care; for example, ear/nose/throat infections, kidney/urinary infections.

However, for emergency admission for children with lower respiratory tract infection (LRTI), Sheffield has the second worst position of CCGs in England and so this is a particular area of focus for Sheffield CCG in 2013/14.

#### **4. Ensuring that People have a positive experience of care**

Please see the 'Highest Quality Health Care: Quality and Safety' section

#### **5. Treating and caring for people in a safe environment and protecting them from avoidable harm**

Please see the 'Highest Quality Health Care: Quality and Safety' section

## 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 the Quality and Outcomes Report (and this part of the summary) will be shaped by this work for future publications. In the meantime, CCG reporting of QIPP for 2012/13 continues in the current format and is set out on pages 18 & 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

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

### 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 April 2013:

STHFT has achieved the required zero position of patients waiting more than 52 weeks in February, having improved on last months position of 1 patient in this category.

SCHFT has reported 2 Sheffield-registered patients in this category in January and have reported the same position for this month; when factoring in non-Sheffield patients this figure rises. As previously reported, high priority discussions continue with the Trust including weekly position statements being received, and assurance has been given that zero 52+ week waiters will be achieved by 31st March 2013.

As reported last month, we have informed SCHFT formally that, beyond 1st April 2013, if there are any breaches we will apply the contract as per the Zero Tolerance requirements; we will also invoke immediate formal contract management processes with them.

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



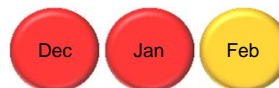
92% of all patients wait less than 18 weeks for treatment to start



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.*

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 April 2013:

STHFT has not achieved the target yet in Q4 and will not achieve the year end position. Recently it has been noted that the proportion of patients who are admitted to hospital compared to A&E attendances has increased, a trend that has been experienced across the North of England. A&E attendance growth overall in Sheffield is lower than that experienced in other acute providers across the North of England. This will be the subject of a joint review with the CCG and STHFT. The CCG is arranging for a programme of review around broader quality issues, in addition to waiting times. The 'Right First Time' programme is taking the lead on the system-wide changes needed to ensure appropriate urgent care response and patient flow through the health and social care system. This includes reviewing existing schemes and considering accelerating the implementation and impact thereof.

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.*

### 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, 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 April 2013:

It is unlikely that Yorkshire Ambulance Service (YAS) will achieve the Red 1 category by year end and their performance in other categories could also be at risk. YAS have deployed additional capacity to support the achievement of the required targets. YAS have additional impetus to achieve the targets, as this will be linked to their Foundation Trust application and status. YAS have plans for additional investment in 2013/14 to improve their vehicle fleet and they are currently reviewing their workforce model to ensure a more effective service delivery model.

(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 performance against 12/13 target, please see Appendix page A9.

### 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 April 2013:

There have been no breaches in February at any of the Sheffield-based Trusts, nor attributed to NHS Sheffield from other Trusts. However as the CCG had 1 attributable breach at SCHFT in September 2012 and the target for this indicator is cumulative, it is therefore rated as red.

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.

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



## Highest Quality Health Care

### Mental Health

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

#### **Issues & Actions April 2013:**

The Trust are performing marginally below the 95% performance threshold set as at the end of February. During Q3, performance was 96% and it is anticipated that the annual position for 12/13 will achieve the required 95%. If the target is not achieved, the service will be requested to develop a remedial plan against which they will be required to report on a monthly basis.

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



# Highest Quality Health Care

## Quality and Safety

### Quality Dashboard: Quarter 3 2012/13

	CCG	Provider Trusts		
		STHFT	SCHFT	SHSCFT
<b>REGULATIONS</b>				
Registration with CQC with no Compliance Conditions	-	G	G	G
<b>EXTERNAL/INTERNAL INSPECTIONS &amp; REVIEWS</b>				
NHSLA Review	-	G	G	G
<b>PATIENT SAFETY</b>				
Compliance with the Health Act (Hygiene Code)	-	G	G	G
MRSA blood stream infections	G	R	G	G
Clostridium Difficile	R	G	R	G
Patient Safety Incidents	-	G	G	G
<b>CLINICAL EFFECTIVENESS AND AUDIT</b>				
CQUINS data	-	G	G	A
<b>PATIENT &amp; STAFF EXPERIENCE</b>				
Experience of Staff	-	G	G	G
Patient Experience Service User Feedback (includes Surveys, PALS & Complaints)	-	G	A	G

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

#### Regulation

There have been no regulatory visits since the last report.

#### Health Care Acquired Infection

##### **Clostridium Difficile (C. Difficile) - Sheffield CCG**

There have been 18 cases reported in February, which is 2 cases over the monthly target of 16. Although still over target, this is a decrease from previous months:

8 - Community with no recent hospital admissions (sample either taken in community or on admission to hospital)

4 - Community attributable but have had recent admissions up to 56 days

6 - Attributable to STHFT of which:

5 cases all on different wards with no recent cases

1 case on a ward where there has been 1 other case; samples have been taken for ribotyping and audit is being undertaken

##### **Clostridium Difficile (C. Difficile) - Sheffield Teaching Hospital**

There have been 7 cases reported in February, which is 4 cases under the monthly target.

6 - Reported above and are Sheffield residents

1 - Non-Sheffield resident; case occurred on a ward which has not had a case since early January

##### **MRSA Bacteraemia**

STHFT have had zero cases in February. To date, they have had 3 cases against a target of 1.

SCHFT have had zero cases in February. To date, they have had zero cases against a target of 1 or less.

NHS Sheffield has had 1 case reported in February and an investigation (Post Infection Review) is underway. To date, NHS Sheffield has had 4 cases against a target of 6.

#### Safeguarding Adults

There are currently 5 Serious Case Reviews/Case Reviews (SCRs/CRs) open in Sheffield. No new reviews have been commissioned in February 2013.

#### Safeguarding Children

There are no new cases. There remain 5 open cases:

- Child B (CR) still awaiting the overview report

- Child T (CR) under the new SILP methodology. Recommendations still draft

- Child OW (Out of Area SCR) Lead by Haringey. The SSCB will submit a short report of their involvement and it will then be closed

- Child SP (CR) Lessons Learned Review scheduled for 1<sup>st</sup> May

- Child LA (SCR) Terms of reference, IMR authors and panel meeting dates now agreed

#### Domestic Homicides

There are currently 4 DH Reviews (DHRs) / Serious Incident Reviews (SIRs) open in Sheffield. A further homicide occurred in February 2013. A decision is awaited as to whether a full DHR will be carried out.

# Highest Quality Health Care

## Quality and Safety

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

#### Patient Experience

##### - Friends and Family Test

##### **Sheffield Teaching Hospital**

STHFT have confirmed they will be compliant with the mandatory reporting requirements. In respect of both A&E and acute inpatient wards, they are asking 100% of attendees/patients by March 2013, with reporting on this to commence in April 2013 and data submitted to UNIFY in April 2013.

As commissioned by the DH, the Trust undertook an assessment by Freedom Health in respect of their roll out of F&FT. Trusts were assessed against 3 areas: overall likelihood of success, operational readiness and submission readiness. STHFT scored 'highly likely' in each of these.

##### **Claremont**

Claremont has confirmed that all inpatients will be surveyed in January 2013, with reporting on this internally by February 2013.

##### **Thornbury**

Thornbury have confirmed that they intend to be asking 100% of inpatients by April 2013, with reporting on this by May 2013.

##### - Eliminating Mixed Sex Accommodation

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

##### - Compliments and Complaints - see next section on Patient Experience.

### Helping people to recover from episodes of ill health or following injury

#### Audit and Effectiveness

##### **PROMs Report - April 11 to March 12 data (published in February 2013)**

Patient Reported Outcome Measure reports are now being published quarterly with indications of health gains reported by patients undergoing four specific procedures.

##### **Sheffield Teaching Hospitals**

###### Adjusted Health Gain EQ5D

Groin hernia 0.086 (same as the England average of 0.086)  
Knee replacement 0.313 (above the England average of 0.302)  
Hip replacement 0.365 (below the England average of 0.416)  
Varicose vein 0.065 (below the England average of 0.0944)

The Trust is a positive outlier for the Aberdeen Varicose Vein score but continues to be a negative outlier for hip replacement EQ5D measure and STHFT are currently reviewing practice in Orthopaedics in conjunction with the YHPHO.

##### **Claremont Hospital**

###### Adjusted Health Gain EQ5D

Knee replacement 0.317 (above the England average of 0.302)  
Hip replacement 0.418 (above the England average of 0.416)

Claremont continues to be a positive outlier (upper 95%) for the knee replacement condition-specific measure.

##### **Thornbury Hospital**

###### Adjusted Health Gain EQ5D

Knee replacement 0.341 (above the England average of 0.302)  
Hip replacement 0.466 (above the England average of 0.416)

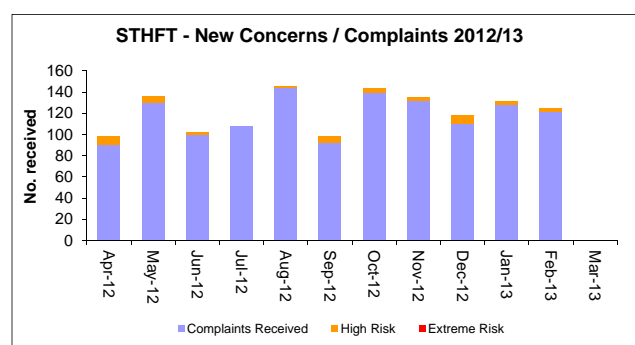
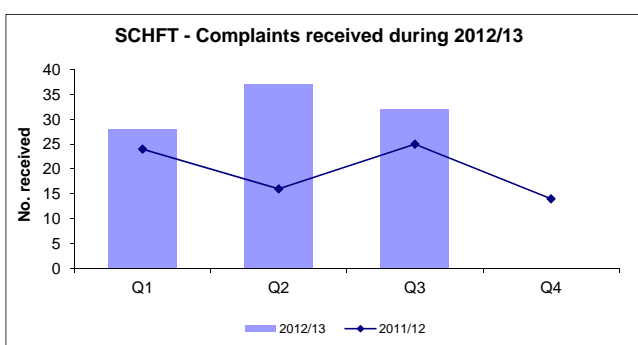
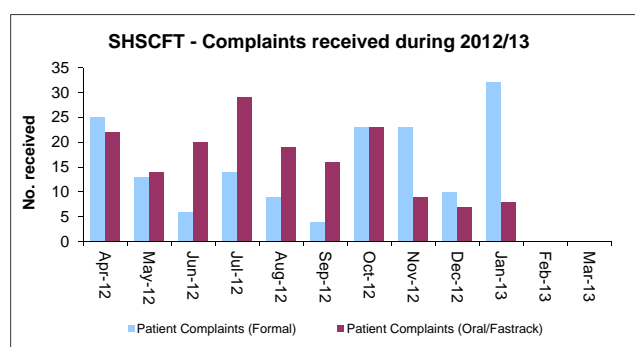
Thornbury continues to be a positive outlier (upper 95%) for hip replacement (EQ-VAS and condition-specific measure).

# Highest Quality Health Care

## Patient Experience

### Patient Complaints

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



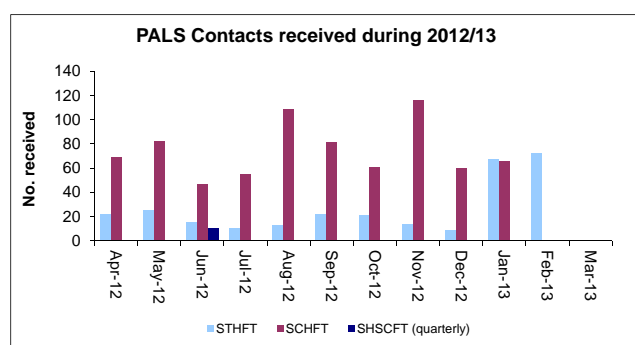
### Patient Compliments

**STHFT:** 43 letters of thanks received in February. In total, 536 letters of thanks received from Apr 2012 to Feb 2013.

**SHSCFT:** 106 compliments were received during January.

### PALS Contacts

Reasons for PALS Contacts:	
<b>SCHFT</b> (Jan13)	Care and Treatment(16) Parent Acc./Facilities (7) Child Protection(6)
<b>SHSCFT</b> (Q1 12/13)	Access to Services (4) Complaint (3) General / Service provision / Admin (1)



### Individual Initiatives

**STHFT** - During February, the Trust responded to 85% of complaints within 25 working days, meeting the 85% target. To date, the Trust has achieved 85% (Apr-Feb). Surgical Services, who achieved just 63% in January, achieved 87% in February.

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** - The Trust provided an interim report detailing number and nature of complaints. The report found that, although the number of complaints had increased compared with previous years, when compared with comparator organisations, the Trust is in line with those, reflecting a national trend in increase rather than raising concern.

**SHSCFT** - 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
<b>Environment</b>	Good	Good	Good	Good	Good	Good	Excellent	Excellent
<b>Food</b>	Good	Good	Good	Excellent	Excellent	Excellent	Excellent	Good
<b>Privacy &amp; Dignity</b>	Good	Acceptable	Excellent	Good	Good	Good	Excellent	Excellent

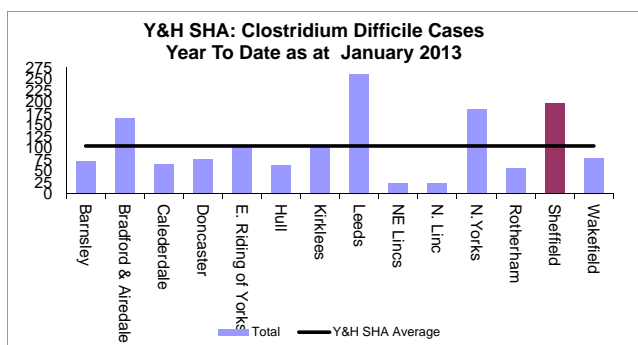
## Highest Quality Health Care

### Clostridium Difficile - Performance Update and Benchmarking

The 2012/13 Clostridium Difficile (C.Diff) target for Sheffield is 191, the same as last year. Based on validated data, there have been 198 cases attributable to Sheffield CCG in January 2013 cumulative, against a year to date target for of 159.

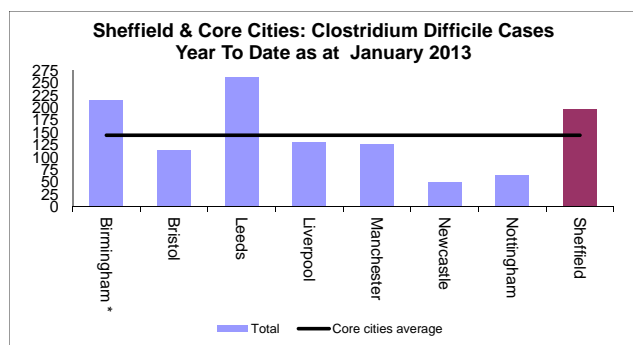
For STHFT the target is 134, the same as last year. The number of cases incurred in January (12) is a reduction compared to the previous month (6). STHFT have had the same number of cases cumulative in January 2013 (87) compared to January 2012 (87).

#### PCT Comparison



The chart above shows that, year to date (YTD) Sheffield has the 2nd highest number of C-Diff infections in the Yorkshire and Humber Strategic Health Authority (Y&H SHA).

Sheffield is above the regional average of 104.6 C.Diff cases along with Leeds, Bradford & Airedale and North Yorkshire & York.

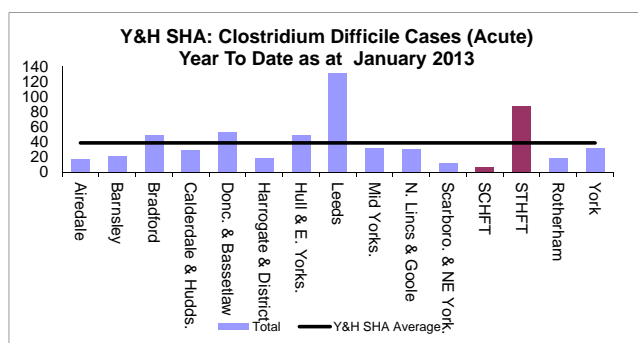


\* Birmingham is made up of three PCTs; Heart of Birmingham, Birmingham East & North, and South Birmingham.

When compared to the core Cities, Sheffield has the 3rd highest number of C.Diff cases as at the end of January 2013.

Sheffield, Birmingham and Leeds all have a higher number of infections than the core Cities average of 144.9.

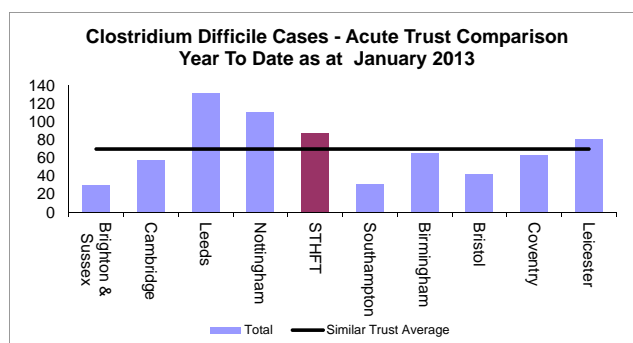
#### Acute Trust Comparison



The chart above shows that STHFT has the 2nd highest number of YTD C.Diff cases as at the end of January 2013.

87 cases have been reported for STHFT against a regional average of 38.7; this equates to 64.92% of their annual target of 134 cases.

SCHFT have the lowest number of C.Diff cases in the region with 6 cases reported YTD, against an annual target of 3 cases.



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

STHFT have had the 3rd highest number of C.Diff cases when compared to these Trusts; Nottingham and Leeds have the highest number of cases.

The 87 cases reported at STHFT is higher than the average for the group, of 69.8 cases. Nottingham, Leeds and Leicester are also above the group average.

# Highest Quality Health Care

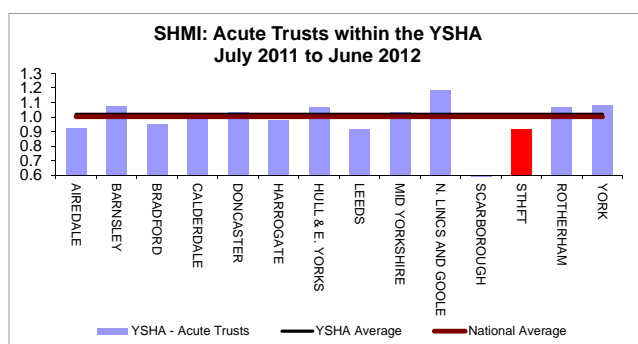
## Summary Hospital Mortality Indicator - Performance Update and Benchmarking

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 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.

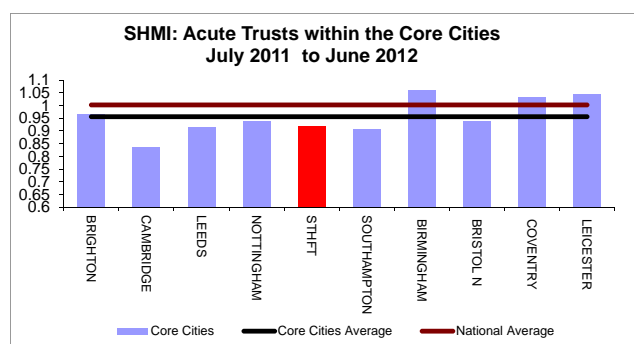
The expected number of deaths is calculated from a risk-adjusted model with a patient case-mix of age, gender, admission method, year index, Charlson Co-morbidity Index and diagnosis grouping.

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 years used for creating the dataset is a full 36 months up to and including the most recently available data on the dataset. STHFT value for July 2011 to June 2012 at 0.9186, is slightly lower than for April 2011 to March 2012 and is below the expected value.



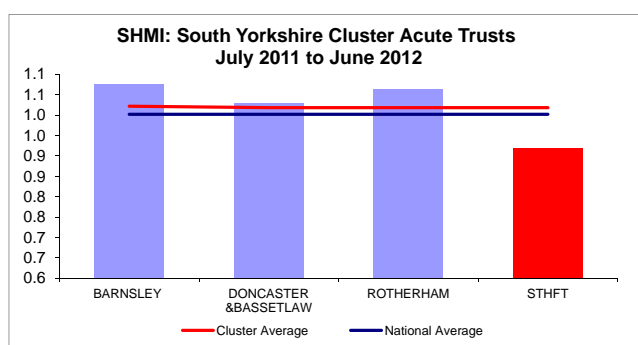
Of all the acute trusts in the Yorkshire and Humber Region, STHFT has the 2nd lowest SHMI value; only Leeds have a lower value.

STHFT are 9.8% below the Y&H average value and are 26th lowest out of 142 acute trusts nationally. This compares to an April 2011 to March 2012 position of 9.6% below the Y&H average and 27th lowest respectively.



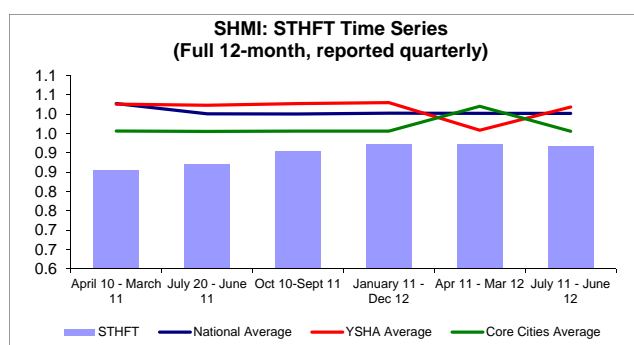
STHFT has the 4th lowest SHMI value of the Core Cities. Cambridge University Hospitals NHS Foundation Trust has the lowest.

The STHFT value is 3.9% lower than the Core Cities average.



Within the South Yorkshire & Bassetlaw cluster, STHFT have a lower value than the other trusts. This equates to 10.1% 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.

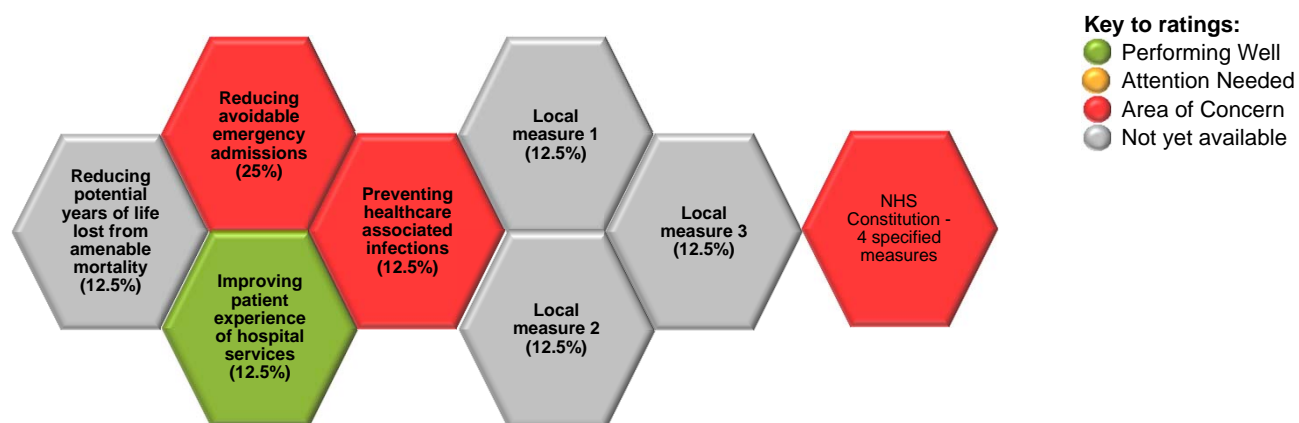
The latest position of 0.9186 (Jul-11 to Jun-12) is only 0.3% lower than the previous period (Apr-11 to Mar-12).



## 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 starts 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 no data will be available until after April 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

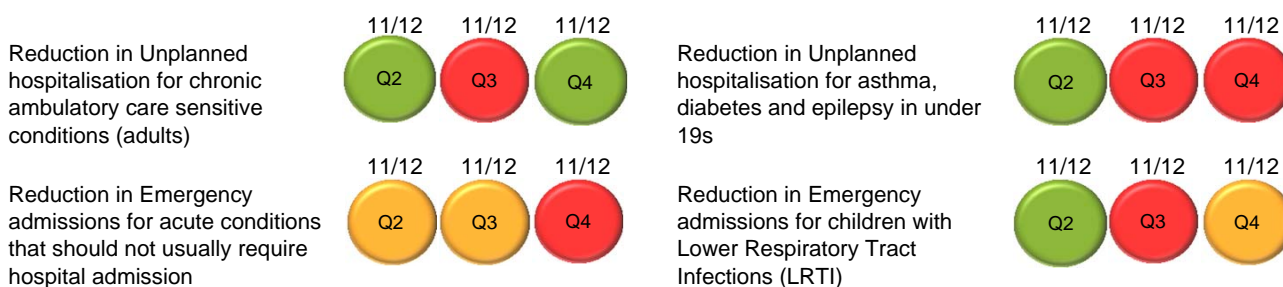
### Reducing avoidable emergency admissions

*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 April 2013

The RAG rating is based on whether a reduction was shown from the previous quarter.

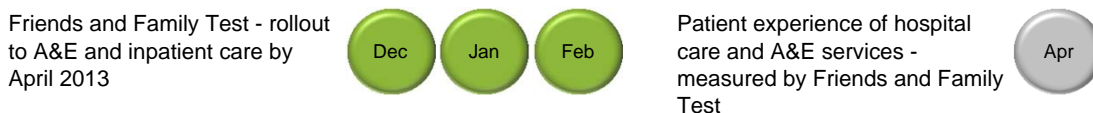
The position on Emergency Admission rates is high and the Right First Time (RFT) programme in Sheffield is focussed on alternative service models to prevent avoidable emergency admissions. Benchmarking information suggests that readmissions rates after an acute episode in Sheffield have scope for improvement. Throughout 2012/13 there has not been a significant change in the rates and, therefore, this will be an area of focus in 13/14 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 starts 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 (in- or out-patient), nursing homes, or the patient's own home.*

**The local C.Diff threshold for 2012/13 is no more than 191 cases of infection, this was breached in January with 198 cases. The 2013/14 target is 163.**

**MRSA for the CCG is currently achieving against the set 12/13 target (as indicated in the Quality Dashboard, page 7) but, as cases have been reported, this must be rated as red here, as the Quality Premium requires zero cases in order to achieve.**

#### Issues & Actions April 2013:

The level of achievement required for the quality premium is more challenging than the targets for reduction in HCAs in place for Sheffield CCG as part 2013/14 operational requirements.



## Quality Premium Dashboard

### Local measures

#### Issues & Actions April 2013

These are provisional until confirmed with the Local Area Team of the National Commissioning Board in early April.

**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:** Reduced waiting times for Speech & Language therapy



### NHS Constitution - 4 specified measures

#### Issues & Actions April 2013

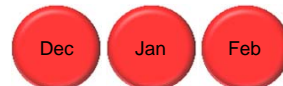
**A&E 4 hour waits** - STHFT has not achieved the target in Q4 and will not achieve the year end position. The CCG is arranging for a programme of review around broader quality issues, in addition to waiting times. Right First Time programme is taking the lead on the system-wide changes needed to ensure appropriate urgent care response and patient flow through the health and social care system. This includes reviewing existing schemes and considering accelerating the implementation and impact thereof.

**Category A (RED 1) response within 8mins** - It is unlikely that Yorkshire Ambulance Service will achieve the Red 1 category by year end and their performance in other categories is also at risk. YAS have deployed additional capacity to support the achievement of the required targets. YAS have additional impetus to achieve the targets, as this will be linked to their Foundation Trust application and status. YAS have plans for additional investment in 2013/14 to improve their vehicle fleet and they are currently reviewing their workforce model to ensure a more effective service delivery model.

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 - 80% 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 sections of this report. 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 has 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 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 April 2013:

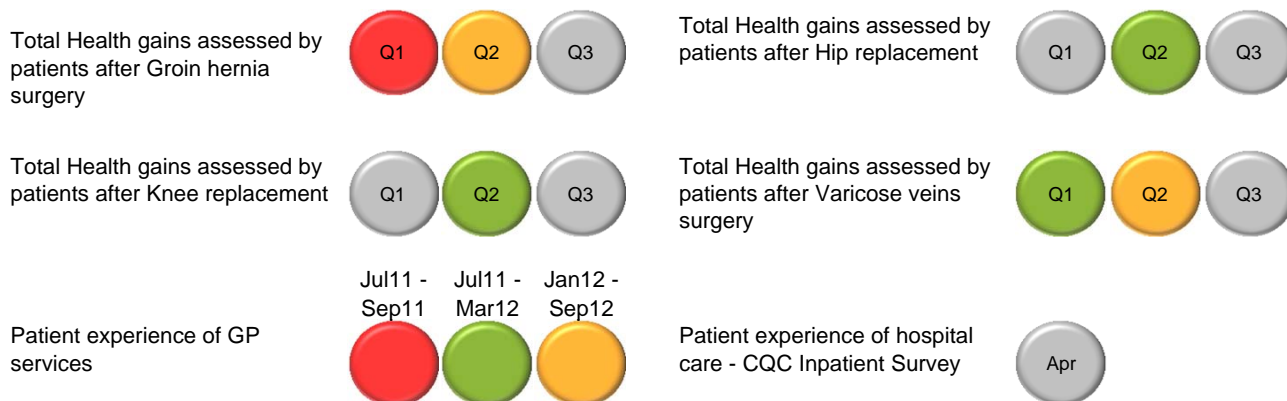
Sheffield CCG is fully aware of, and monitoring, the provider position in relation to hip replacement scores generated via the PROMs programme. STHFT are currently undertaking a strategic internal review of orthopaedic services, with a particular focus on hip surgery. The Trust are also liaising with the Yorkshire and Humber Quality Observatory, looking at a number of factors in detail, including the patient reported hip scores (mainly the EQ5D measure), peer performance, rates for revision and new surgical procedures, as well as consultant level data. We will continue to work with the Trust to review progress and service quality.

**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.

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

#### National required measures



#### Locally selected measures

*Additional measures which the Portfolio Clinical and Management leads wish to be reported to CCG Governing Body are in the process of being identified.*

Continued overleaf

## Best Possible Health Outcomes

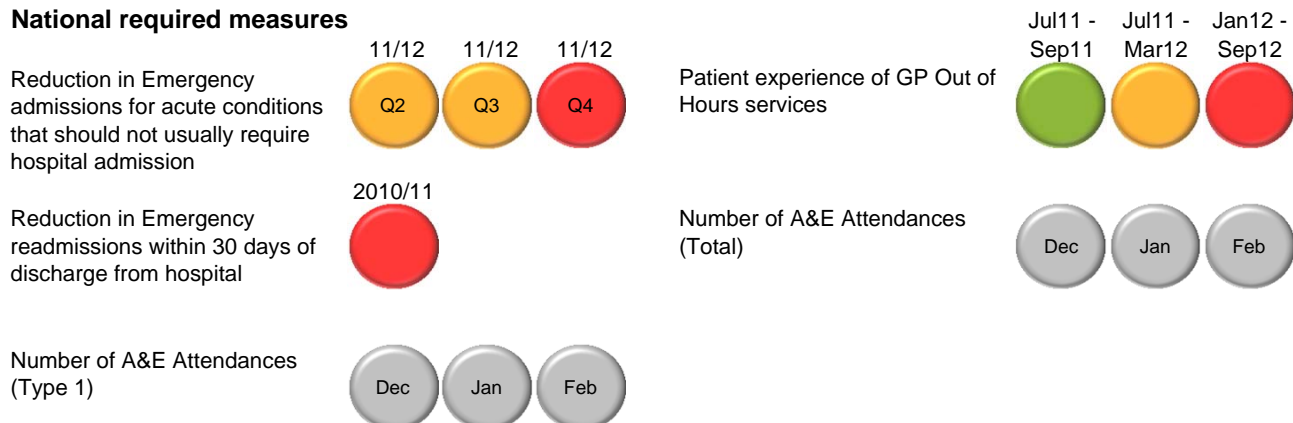
### Acute - Urgent Care

#### Issues & Actions April 2013:

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

*NB: Number of A&E Attendances are, as yet, unrated - an activity target was not submitted for 12/13 and, although one has been submitted for 13/14 this is currently only an annual activity figure. Therefore, we are working on an appropriate measure for monitoring throughout the coming year.*

#### National required measures



#### Locally selected measures

*Additional measures which the Portfolio Clinical and Management leads wish to be reported to CCG Governing Body are in the process of being identified.*

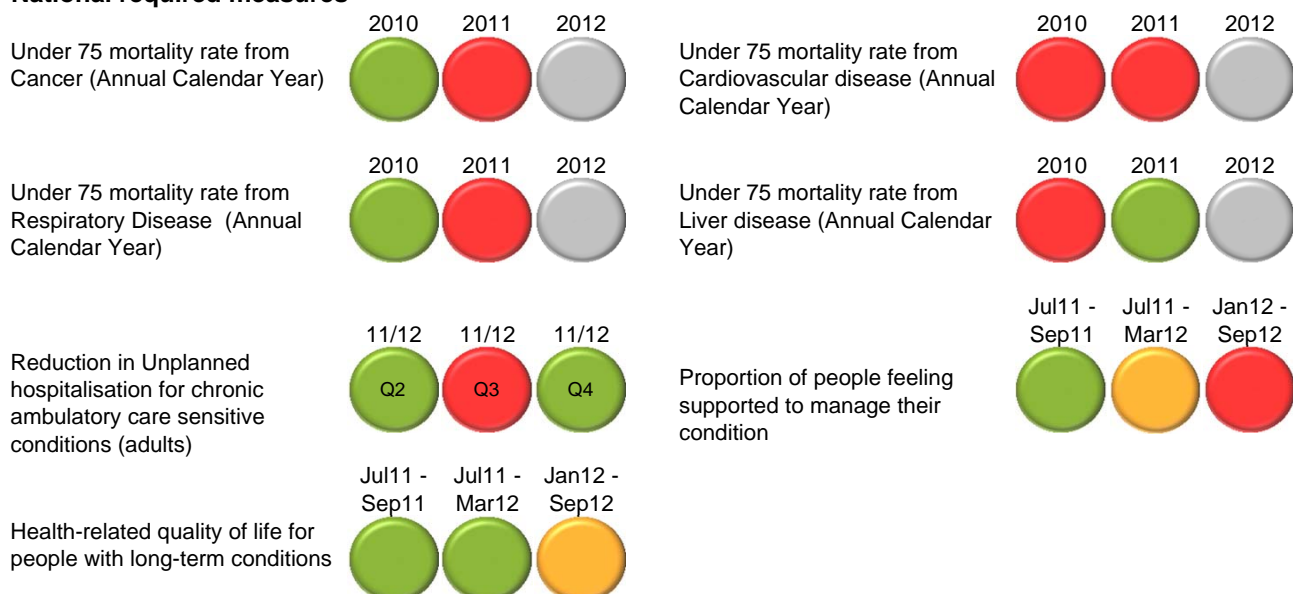
### Long Term Conditions

#### Issues & Actions April 2013:

With regard to health-related quality of life, proportion of people feeling supported to manage their condition Sheffield's strategic commissioning framework for LTCs emphasises self care and self management as a key constant. However, much is still to be done to better enable, empower and equip people to self care.

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

#### National required measures



#### Locally selected measures

*Additional measures which the Portfolio Clinical and Management leads wish to be reported to CCG Governing Body are in the process of being identified.*

## Best Possible Health Outcomes

### Mental Health and Learning Disabilities

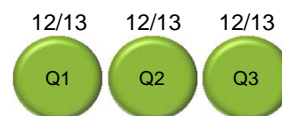
'Apr' = measurement of this indicator will commence in 2013/14.

#### National required measures

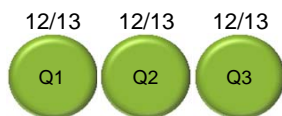
Improvement against plan:  
Estimated diagnosis rate for  
people with dementia



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

*Additional measures which the Portfolio Clinical and Management leads wish to be reported to CCG Governing Body are in the process of being identified.*

## Children and Young People

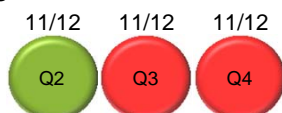
#### Issues & Actions April 2013:

**Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s** - We are reviewing this position with our provider; it has not been an area of concern and we suspect seasonal variation has impacted upon the last quarter's activity and that this peak in activity will fall.

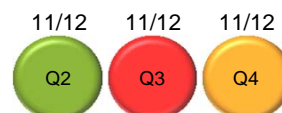
**Emergency readmissions for children with LRTI** - There is no public health assessment that concludes we should have higher rates of admission or higher prevalence of conditions relating to readmission of LRTI in Children. We are currently reviewing the data, the case mix and the pathway with our provider. We suspect there may be a coding issue which has impacted upon the high performance in this area, but we need to compare our clinical management and pathway with that of other core cities to understand this, which is something we plan to do. We will also be 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

*Additional measures which the Portfolio Clinical and Management leads wish to be reported to CCG Governing Body are in the process of being identified.*

## 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 finished first consultant  
episodes (FFCEs)



All first outpatient attendances



Non-elective FFCEs (First  
Finished Consultant Episode)







# 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.



RAG ratings shown below represent the latest known position for performance against each relevant indicator.

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

Where possible, the RAG rating is against February performance as at the 22nd March 2013 (year to date where appropriate).

57 indicators are reported below.

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

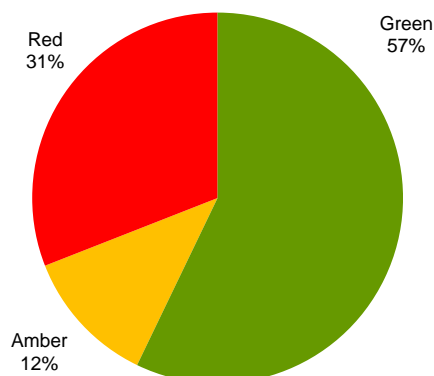
## Key

\* - 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.

## CCG RAG Distribution



## Elective Care

### 18 Weeks

RTT Waits (% treated ) Admitted  
 RTT Waits (% treated) Non-Admitted  
 RTT Waits (% treated) Incomplete Pathway  
 RTT Numbers waiting 52+ weeks - Admitted  
 RTT Numbers waiting 52+ weeks - Non-Admitted  
 RTT Numbers waiting 52+ weeks - Incomplete pathway

CCG	STHFT	SCHFT
90.95%	90.53%	95.64%
95.76%	97.27%	96.57%
93%	92.22%	96.14%
3	3	0
11	10	0
2	0	2

### Diagnostic Waits

Diagnostic Waits treated in 6wks

0.13%	0.05%	0.75%
-------	-------	-------

### Cancer Waits

2 week wait  
 2 week wait - breast symptoms  
 31 day wait - diagnosis to treatment  
 31 day wait - subsequent treatment (surgery)  
 31 day wait - subsequent treatment (drugs)  
 31 day wait - subsequent treatment (radiotherapy)  
 62 day- GP referral to 1st treatment  
 62 day wait (screening)  
 62 day wait (consultant upgrade)

95.13%	97.00%	97.82%
95.90%	93.00%	N/A
98.79%	99.00%	100.00%
98.03%	100.00%	100.00%
100.00%	100.00%	100.00%
97.47%	99.00%	N/A
92.54%	85.00%	N/A
98.70%	92.00%	N/A
98.70%	92.00%	N/A

### Activity

No. Elective FFCEs  
 No. 1st OP attendances  
 Cancelled Operations

6691	5614	728
16588	14261	1677
N/A	0	0

### Quality Standards

Proms - Hip replacement  
 Proms - Knee replacement  
 Proms - Groin replacement  
 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 April	Due April	Due April

Continued overleaf

## Non Elective Care

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

	CCG	STHFT	SCHFT
Total time (%) in A&E	*	93.67%	97.74%
Emergency Readmissions within 30 days	12.08%	N/A	N/A
Non elective FFCEs	5321	4265	781
Number of attendances at A&E departments in a month (Type 1)	*	9365	4050
Number of attendances at A&E departments in a month (Total)	20229	11578	4050
Unplanned Hospitalisation for chronic ambulatory care sensitive conditions	112.7	N/A	N/A
Emergency admissions - acute conditions that should not require admission	112.0	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	66.9	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI)	216..2	N/A	N/A
Urgent Operations cancelled for the second time	N/A	0	0
Patient overall experience of out of hours GP Services	69.82%	N/A	N/A

### YAS Ambulance

	CCG	STHFT	SCHFT	YAS
Cat A response in 8 mins (RED 1)	72.40%	N/A	N/A	73.80%
Cat A response in 8 mins (RED 2)	75.50%	N/A	N/A	77.00%
Cat A response in 19 mins	97.00%	N/A	N/A	98.20%
Ambulance handover time	Due April	Due April	Due April	N/A
Crew Clear	Due April	Due April	Due April	N/A
Trolley waits in A&E (>12 hours)	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 CV per 100000	65.54
Under 75 mortality rate from respiratory disease per 100000 per 100000	23.41
Under 75 mortality rate from Cancer per 100000	118.93
Under 75 mortality rate from Liver disease per 100000	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 Measures

	SHSCFT
CPA 7-day follow up	94.70%
Proportion of people enter treatment against the level of need in the general pop.	5.38%
The proportion of those referred that enter treatment	62.82%
The proportion of people who are moving to recovery	76.28%
Estimating the diagnosis rate of people with dementia	WIP

### Quality Standards

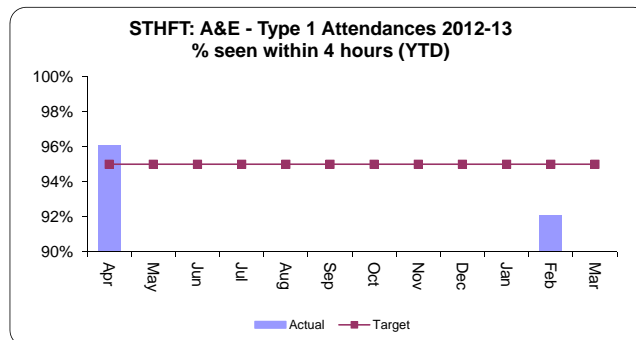
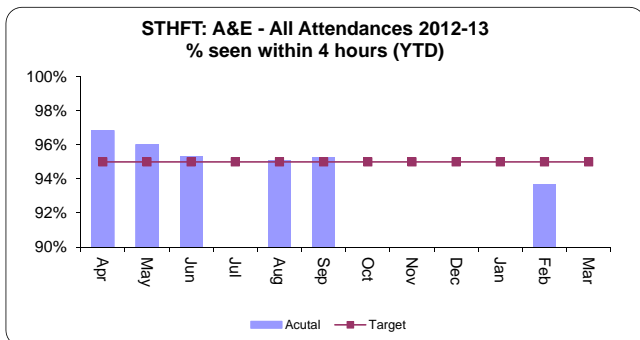
#### HCAI

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia	4	3	0	N/A
C-Difficile	216	94	6	N/A
Mixed sex accommodation breaches	1	0	1	0

Sheffield CCG is focussed on a number of headline measures; currently these include A&E, 18 weeks waiting times, infection control and cancer targets. The following provides a summary and details the key actions for the targets that have been identified as key concerns.

## Accident & Emergency

A&E	Target	January	February	Monthly Change
A&E <= 4 hour waits - STHFT (YTD)	95%	93.78%	93.67%	▼
A&E <= 4 hour waits - SCHFT (YTD)	95%	97.85%	97.74%	▼
A&E <= 4 hour waits - CCG (YTD)	95%	Not Available	Not Available	



## STHFT A&E

STHFT has not achieved the target in Q4 and will not achieve the year end position.

The CCG is arranging for a programme of review around broader quality issues, in addition to waiting times. A joint review will also focus on the higher rate of admission compared to attendances which has been experienced across providers in the North of England.

Right First Time Programme is leading on system wide response to urgent care and this will include reviewing existing schemes and considering accelerating the implementation and impact thereof.

*Continued overleaf*

## 18 Weeks Referral To Treatment (RTT)

The target for the RTT Specialties achieving is month-specific, as any specialty with less than 20 patients in a month is discounted.

18 Weeks RTT	Target	January	February	Monthly Change
<b>STHFT (Sheffield patients only)</b>				
RTT Admitted	90%	92.68%	90.53%	▼
RTT Specialties Achieving - Admitted*	16 (Feb)	11	10	▼
RTT Non-admitted	95%	97.27%	95.64%	▼
RTT Specialties Achieving - Non-admitted*	17 (Feb)	16	15	▼
RTT Incomplete pathways	92%	92.67%	92.22%	▼
<b>SCHFT (Sheffield patients only)</b>				
RTT Admitted	90%	95.41%	95.64%	▲
RTT Specialties Achieving - Admitted	1 (Feb)	1	1	◀▶
RTT Non-admitted	95%	96.67%	96.57%	▼
RTT Specialties Achieving - Non-admitted	1 (Feb)	1	1	◀▶
RTT Incomplete pathways	92%	95.17%	96.14%	▲
<b>CCG</b>				
RTT Admitted	90%	92.95%	90.95%	▼
RTT Specialties Achieving - Admitted	16 (Feb)	11	10	▼
RTT Non-admitted	95%	97.19%	95.76%	▼
RTT Specialties Achieving - Non-admitted	17 (Feb)	16	14	▼
RTT Incomplete pathways	92%	92.90%	92.70%	▼

\* Note: 19 specialties in total, two of these indicating numbers less than 20 patients therefore not included in measures.

## 18 Weeks RTT Waits

Three key 18 weeks RTT measures are now monitored at specialty level for 18 week wait performance (previously these were required at aggregate level only).

### STHFT - February data relates to Sheffield-registered patients only

**Admitted:** The Trust has achieved the overall 90% measure required with a performance of 90.53%; however, the decreasing trend indicated last month has continued in February and forms a key topic for discussion at the Executive Performance Group. The number of individual specialties not achieving the measure this month has risen to 6 from 5 in the previous month. Dermatology, Trauma & Orthopaedics (T&O) and Urology have underachieved against this measure for the last 4 months; Plastic Surgery for the previous 3. Cardiology and Cardiothoracic Surgery have also underachieved this month.

**Non-Admitted:** At 95.64%, the Trust has achieved the required 95% measure, although the performance trend is a decreasing one. At specialty level, Rheumatology and T&O did not achieve the measure, whilst Neurosurgery has improved its performance to achieve the measure this month.

**Incomplete Pathways:** This measure requires 92% of patients to receive their first definitive treatment within 18 weeks. The Trust has again achieved this measure at aggregate level. At specialty level, 6 underperformed against the requirement: Cardiology, General Surgery, Neurosurgery, Plastic Surgery, T&O and Urology.

### SCHFT - February data relates to Sheffield-registered patients only

**Admitted:** The Trust has again achieved this measure and with its performance of 95.64% slightly above that of last month, the upward performance trend evident over recent months continues. Only 1 specialty - 'Other' - is reported this month, 'Oral Surgery' being excluded due to a small volume of patients which exempts them from measurement.

**Non-admitted:** The Trust has again achieved this measure, although performance is slightly down on the previous month. Again only 1 specialty - 'Other' - is reported this month, 'Oral Surgery' being excluded due to a small volume of patients which exempts them from measurement.

**Incomplete Pathways:** The Trust continues to achieve this measure.

**Diagnostic Waits**

Diagnostic Waits over 6 weeks	Target	January	February	Monthly Change
<b>STHFT (Sheffield patients only)</b> Diagnostics: Waits over 6 weeks	1%	0.10%	0.05%	▼
<b>SCHFT (Sheffield patients only)</b> Diagnostics: Waits over 6 weeks	1%	1.30%	0.75%	▼
<b>CCG</b> Diagnostics: Waits over 6 weeks	1%	0.30%	0.13%	▼

**Diagnostic Waits:**

Diagnostic waits have been monitored nationally for several years. However, as part of the operating framework 12/13, providers are expected to have less than 1% of patients waiting over 6 weeks for 15 identified key diagnostic tests.

**STHFT:** Measure continues to be achieved.

**SCHFT:** Supported by close working between the Trust and the CCG, the Trust has improved its performance to achieve this measure in February having failed for the previous three consecutive months.

**Diagnostic Other** (measured against planned activity - this data cannot be split by provider, so an overall rating for the CCG has been applied):

Endoscopy: Year to date overperformance of 11.36% being a slight increase on the previous month's position of 10.5% above plan.

Non-Endoscopy: Year to date overperformance of 1.58% being an increase on the position of 0.93% above plan indicated last month.

**52+ Week Wait Patients (zero position required for this measure)**

**STHFT:** The Trust has achieved the required zero position, having improved on last month's position of 1 patient in this category.

**SCHFT:** The Trust reported 2 Sheffield-registered patients in this category in January and have reported the same position for this month; when factoring in non-Sheffield patients this figure rises. As previously reported, high priority discussions continue with the Trust including weekly position statements being received in order to achieve the required number of zero 52+ week waiters by 31st March 2013.

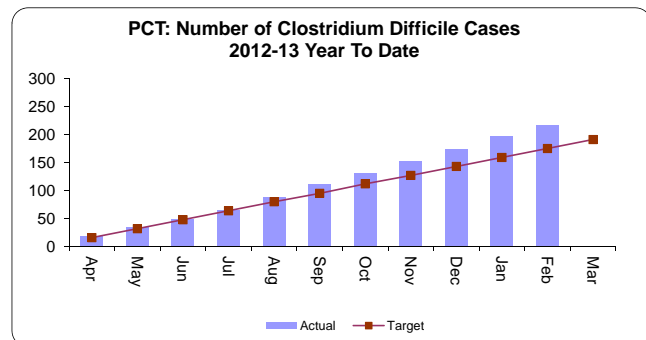
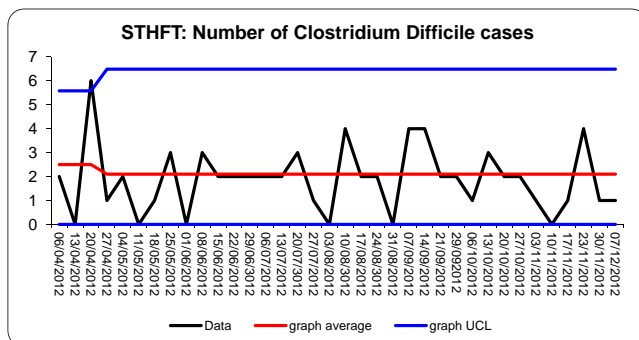
*As reported last month, we have informed SCHFT formally that, beyond 1st April 2013, if there are any breaches we will apply the contract as per the Zero Tolerance requirements; we will also invoke immediate formal contract management processes with them.*



## Infection Control - Health Care Acquired Infections (HCAI)

The 2012/13 targets are far more challenging than in previous years, providing less flexibility for breaches.

HCAI	Target	January	February	Monthly Change
MRSA - STHFT (YTD)	1	3	3	◀▶
MRSA - SCHFT (YTD)	1	0	0	◀▶
MRSA - CCG (YTD)	6	3	4	▲
Clostridium Difficile - STHFT (YTD)	134	87	94	▲
Clostridium Difficile - SCHFT (YTD)	3	6	6	◀▶
Clostridium Difficile - CCG (YTD)	191	198	216	▲



More information on Clostridium Difficile can be found in the Quality Dashboard section in the main report.

## Integrated Performance Measures Return (IPMR) - Health Priorities (DH-identified)

CCG: IPMR - Health Priorities	Target	Q2 12/13	Q3 12/13	Quarterly Change
<b>Maternity</b>				
12 week maternity appointments	90% *	95.54%	96.22%	▲
<b>Stroke</b>				
Stroke patients - time on stroke unit	80% *	88.74%	87.81%	▼
TIA assessed and treated within 24 hours	60% *	100.00%	100.00%	◀▶
<b>Diabetic Retinopathy</b>				
Diabetic retinopathy screening	100%	111.78%	110.46%	▼
<b>Delayed Transfers of Care (DTOC age 18+)</b>				
Average DTOC per 100,000 (acute)**		1.473	0.810	▼
Average DTOC per 100,000 (non-acute) **		2.725	3.094	▲

\* = 2010/11 targets - no trajectories/targets required by the Department of Health for 2011/12  
 \*\* = Calculated using Attribution dataset GP registered populations 2011 (IC website) until 2012 available

The Q3 position for key 2012/13 IPMR targets shows that all targets are being achieved.

The DTOC position fluctuates month on month. Although the Q3 average non-acute rate is higher than at Q2, current rates for both acute and non-acute (Q3 YTD - 1.289 and 2.910 respectively) remain very low and give no cause for concern.

NHS Health Checks commentary overleaf

**NHS Health Checks (other DH-identified IPMR Health Priority)**

Sheffield has been committed to delivering the 2012/13 target of 20% of the eligible population being offered a health check. Sheffield's plan is to deliver a formal, systematic screening programme on a 5-year rolling basis, in which 20% of eligible people are screened in 2012/13. (This proportion is likely to increase in the subsequent years of the programme).

As at the end of December (Q3), 4,102 eligible patients have been offered an NHS Health Check and 1,411 patients have received an NHS Health Check. This performance to date however means the planned levels for this year are not likely to be achieved. The month 10 position is not currently available. The operational lead is currently reviewing what the realistic end of year forecast performance is likely to be. This will be reported once it is available.

**Action:**

Support has been made available at the CCG to assist practices in meeting their target numbers. This will be closely monitored in the coming weeks and months to ensure sound progress is made towards improving the 2012/13 performance.

**Cancer Waiting Times (CWT)**

**PLEASE NOTE: Feb 2013 data is preview data only & illustrates a draft position. This is subject to change.**

CWT cumulative Year To Date (except for preview data)			
	Target	January	February
<b>STHFT</b>			
2 week wait	93%	95.00%	97.00%
2 week wait for Breast Symptoms	93%	96.00%	93.00%
62 days Standard	85%	82.00%	85.00%
62 days (Screening)	90%	100.00%	92.00%
62 days (Consultant Upgrade)	N/A	86.00%	92.00%
31 days to first treatment	96%	96.00%	99.00%
31 days to subsequent treatment (Surgery)	94%	93.00%	100.00%
31 days to subsequent treatment (Drug)	98%	100.00%	100.00%
31 days to subsequent treatment (Radiology)	94%	99.00%	99.00%
<b>SCHFT</b>			
2 week wait	93%	97.82%	Apr
31 days to first treatment	96%	100.00%	Apr
31 days to subsequent treatment (Surgery)	94%	100.00%	Apr
31 days to subsequent treatment (Drug)	98%	100.00%	Apr
<b>CCG</b>			
2 week wait	93%	95.13%	Apr
2 week wait for Breast Symptoms	93%	95.90%	Apr
62 days Standard	85%	92.54%	Apr
62 days (Screening)	90%	98.70%	Apr
62 days (Consultant Upgrade)	N/A	93.45%	Apr
31 days to first treatment	96%	98.79%	Apr
31 days to subsequent treatment (Surgery)	94%	98.03%	Apr
31 days to subsequent treatment (Drug)	98%	100.00%	Apr
31 days to subsequent treatment (Radiology)	94%	97.47%	Apr

**STHFT and CCG Cancer Waiting Times**

STHFT preview data for February and final data for January shows an overall continuation in the achievement in 2012/13 year to date. This includes the 2 underperforming targets at STHFT in January.

**Actions:**

Continued monitoring of performance to support early notice of - and collaborative action with - STHFT on any emerging issues.

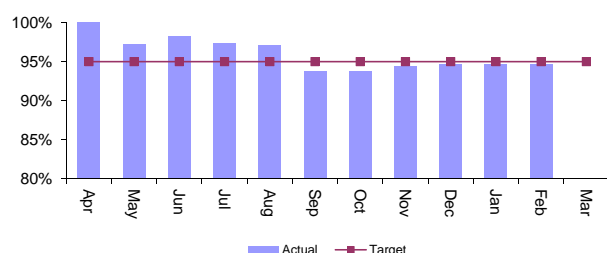
## Sheffield Health and Social Care NHS Foundation Trust

Three of the seven targets highlighted in the table below have not been achieved in February. Key points to note are:

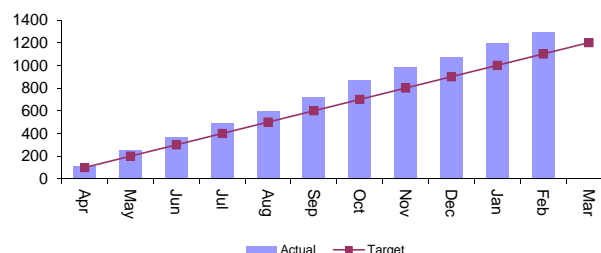
1. Crisis Resolution/Home Treatment: As at the end of February, there have been 1,292 home treatment interventions against a 11-month target of 1,101. A straight-line year-end forecast would translate to 1,409 interventions, compared to a 1,202 annual target. This would equate to a 17% over-performance.
2. CPA 7 day follow up: February's monthly performance has increased to 100%. The cumulative position at the end of February remains below the 95% achievement threshold at 94.6%. In summary, 3 cases were not followed up within 7 days in quarter 3 and 1 case was not followed up in January. 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 January of 261 fell short of the 270 target level, having achieved in previous months. The position for February is 258. This target is not expected to be problematic for the remainder of the year. Reasons for this are varied and the CCG will be discussing/reviewing with colleagues at SHSCFT in due course.
4. Psychological therapy services: The quarter 3 performance for psychological therapy indicators is exceeding their respective target levels, except for the % of referred patients who are receiving the therapy. The performance has been affected by capacity issues within the service. The Trust are addressing this and anticipate an improvement throughout quarter 4.

SHSCFT Indicators				
	Target	January	February	Monthly Change
Crisis Resolution / Home treatment	1202	1195	1292	▲
Psychosis intervention - New cases (YTD)	90	81	86	▲
Psychosis intervention - Maintain Capacity	270	261	258	▼
CPA 7 day follow up (YTD)	95%	94.70%	94.60%	▼
Anxiety/depression:		Q2	Q3	
% receiving Psychological therapy	3.3%	3.96%	5.38%	
% referred for psychological therapy receiving it	65.5%	73.61%	62.82%	
Psychological therapy pts. move to recovery	44.40%	77.46%	76.28%	

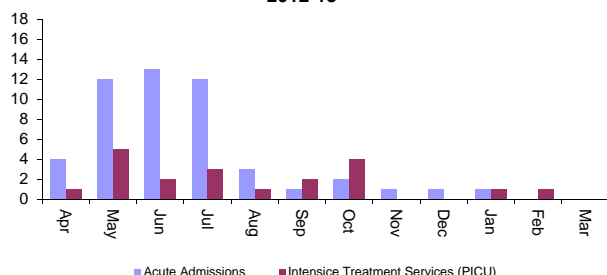
SHSCFT: % of CPA Clients Followed Up within 7 days



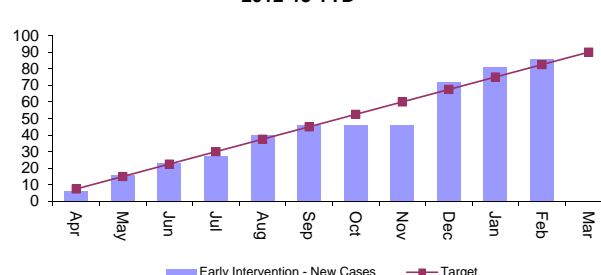
SHSCFT: Crisis Resolution Home Treatment Episodes 2012-13 YTD



SHSCFT: Admissions Referred out of Sheffield 2012-13



SHSCFT: Early Intervention - New Cases Accepted 2012-13 YTD



## APPENDIX B: Ambulance Trust Performance Measures

### Yorkshire Ambulance Service

For January 2012, both the Cat A 8 (overall) and 19 minute targets continued to be achieved at the 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.

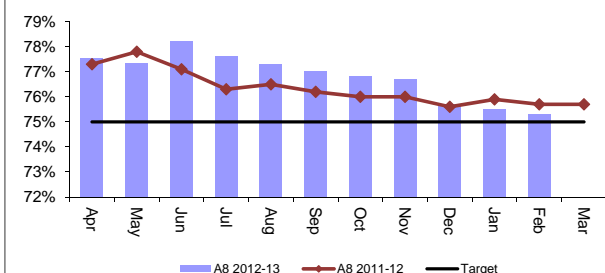
February performance has decreased for Cat 8 Red 1 to 72.4%. The overall Cat 8 target has reached the target.

**Action:** YAS have deployed additional capacity to support the achievement of the required targets and have additional impetus to achieve the targets, as this will be linked to their Foundation Trust application and status. They have plans for additional investment in 2013/14 to improve their vehicle fleet and they are currently reviewing their workforce model to ensure a more effective service delivery model.

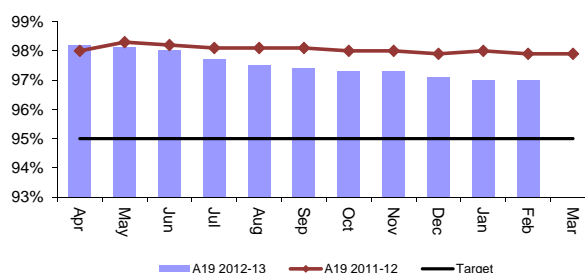
#### YAS Indicators

	Target	January	February	Monthly Change
Cat A 8 minutes Overall (Cuml)	75%	75.50%	75.30%	▼
Cat A 8 minutes Red 1 (Cuml)	80%	72.60%	72.40%	▼
Cat A 8 minutes Red 2 (Cuml)	75%	75.70%	75.50%	▼
Cat A 19 minutes (Cuml)	95%	97.00%	97.00%	◀▶

YAS: Cat A Calls - Responses within 8 Minutes  
2012-13



YAS: Cat A Calls - Responses within 19 Minutes  
2012-13



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	December	January	Monthly Change
Recon after discharge (phone)		15.1%	0.0%	▼
Recon after discharge (Treatment at scene)		9.1%	0.0%	▼
Recon after discharge (Frequent Caller)		1.8%	0.0%	▼
Time to answer call (Median)	5 sec	1	0	▼
Time to answer call (95th Percentile)		37	0	▼
Time to answer call (99th Percentile)		100	0	▼
Time to treatment (Median)		6	0	▼
Time to treatment (95th Percentile)		16.2	0	▼
Time to treatment (99th Percentile)		24.6	0	▼
Call closed with advice (Phone advice)		5.1%	0.0%	▼
Call closed with advice (Transport)		25.3%	0.0%	▼

#### Clinical Indicators

	September	October	Monthly Change
Outcome from Cardiac Arrest (CA) All	27.4%	0.0%	▼
Outcome from CA Utstein Group (UG)	60.9%	0.0%	▼
Outcome from acute STEMI Angioplasty	85.4%	0.0%	▼
STEMI Care Bundle	79.5%	0.0%	▼
Outcome from Stroke 60 min to Stroke Unit	62.6%	0.0%	▼
Stroke - Appropriate Care Bundle	96.5%	0.0%	▼
Outcome from CA - Survival to Discharge All	10.3%	0.0%	▼
Outcome from CA - Survival to Discharge UG	36.4%	0.0%	▼
Service Experience	N/A	N/A	

## Sheffield Teaching Hospitals NHS Foundation Trust

Performance Against Contract Target at Month 11, April - February 2013

**Total Referrals:** 1.4% above target  
**Outpatient First Attendances:** 2.1% above target  
**Elective Inpatient Spells:** 3.8% above target

**GP Referrals:** 1.2% above target  
**Follow-up Attendances:** 3.9% above target  
**Non Elective Spells:** 4.9% above target

Figure 1. Total Referrals

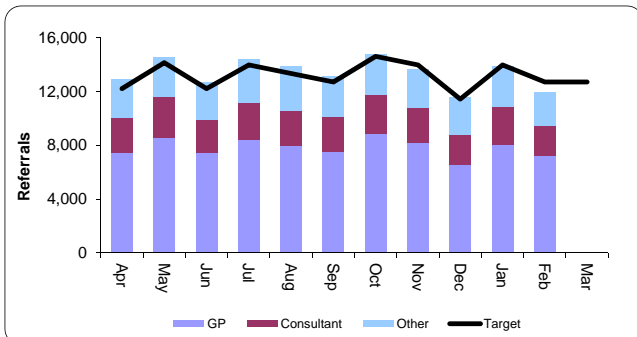


Table 1. Referrals to Outpatient First Attendance

	Actual	Target	Var	% Var
<b>Total Referrals</b>	147,268	145,290	1,978	1.4%
<b>GP Referrals</b>	86,151	85,122	1,029	1.2%
<b>Consultant Referrals</b>	28,853	30,390	-1,537	-5.1%
<b>Other Referrals</b>	32,264	29,778	2,486	8.3%
<b>Consultant:GP Referrals Ratio</b>	0.33	0.36	-0.02	-6.2%

Figure 2. Outpatient First Attendances

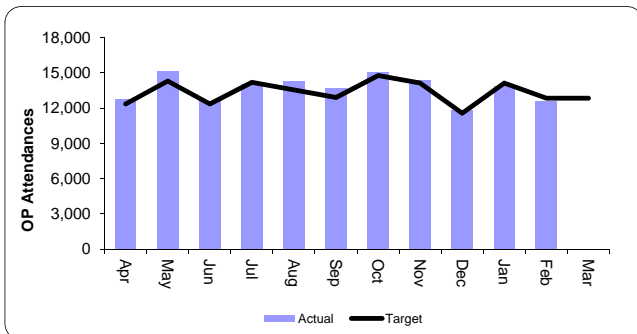


Figure 4. Elective Spells

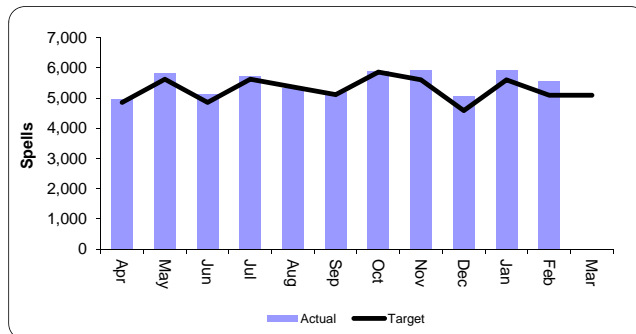


Figure 3. Outpatient Follow-up Attendances

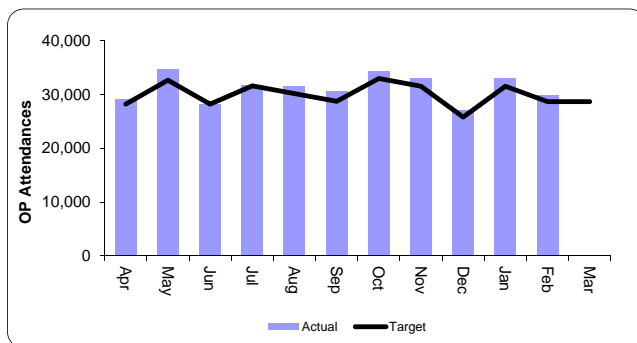


Figure 5. Non Elective Spells

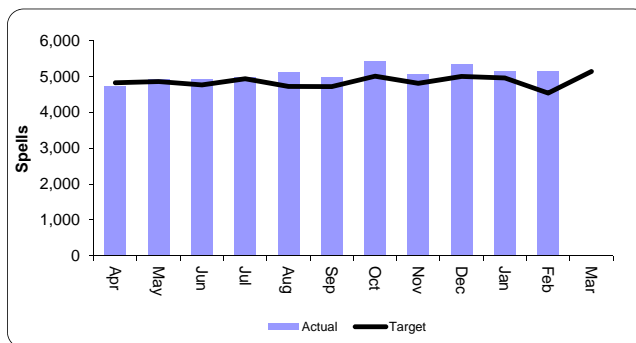


Table 2. Outpatient Activity

	Actual	Target	Var	% Var
<b>First</b>	150,227	147,195	3,032	2.1%
<b>Follow-up</b>	342,856	330,083	12,773	3.9%
<b>OP Payable Procedures</b>	63,479	62,934	545	0.9%
<b>Follow-ups:First Ratio</b>	2.28	2.24	0.04	1.8%

	Actual	Target	Var	% Var
<b>Elective</b>	60,435	58,211	2,224	3.8%
<b>Non Elective</b>	55,791	53,174	2,617	4.9%
<b>Excess Bed Day Costs (£000s)</b>	£9,302	£10,692	£-1,390	-13.0%

Source: STHFT Contract Monitoring, excluding SCG activity

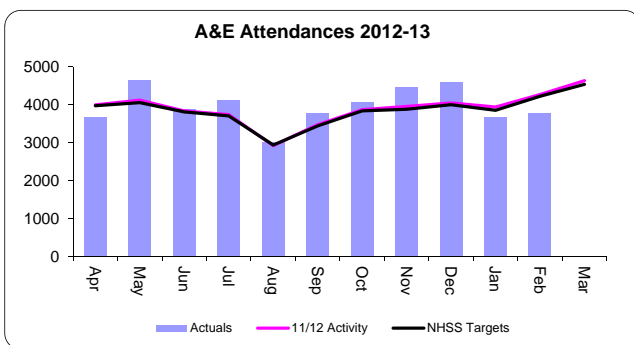
Excludes Clinical Psychology, Diabetes, Hearing Services and Palliative Medicine outpatient referrals and attendances

Excludes Restorative Dentistry outpatient referrals

Excess Bed Day Costs include MFF

## Sheffield Children's NHS Foundation Trust

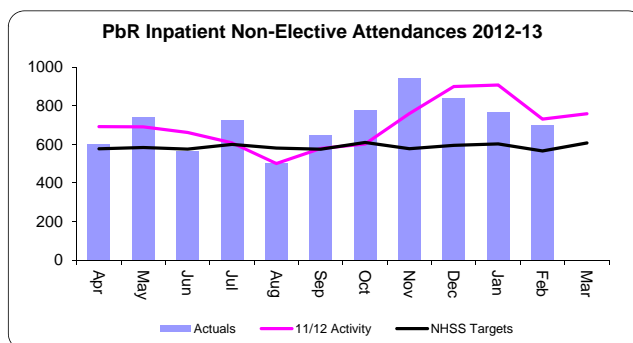
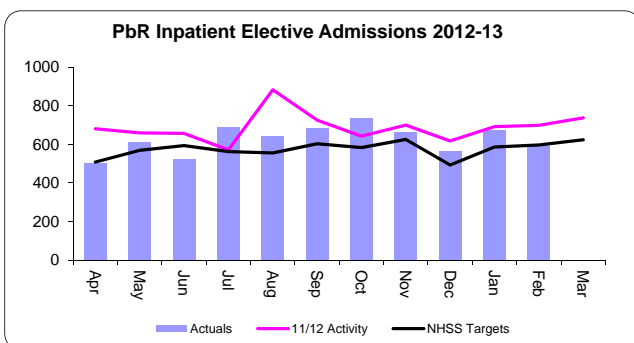
2012/13 Actual performance against Plan and 2011/12 performance



A&E activity continues to fluctuate into 2012/13. February has seen a slight rise in attendances following the reduced level in January. However, the February level is still below its target level.

As at the end of month 11, SCHFT's cumulative A&E performance is 97.74% and remains well above the '95% within 4 hours' target level, as was the case throughout 2011/12.

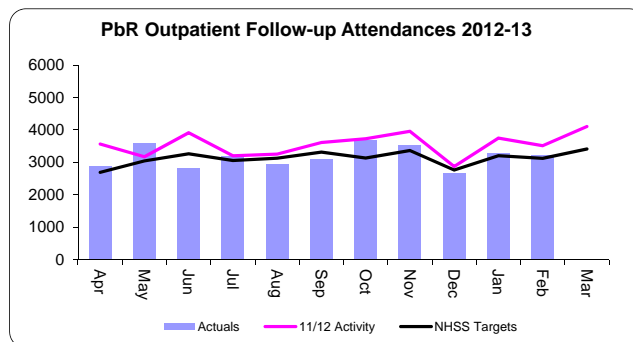
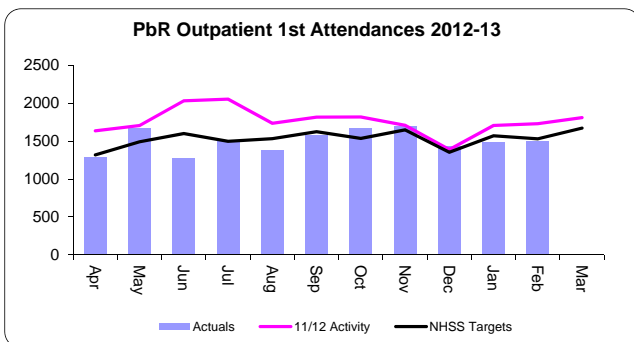
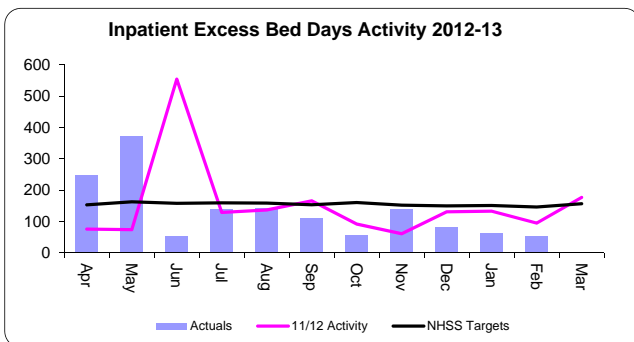
It should be noted that all A&E attendances at the Trust are Type 1 in nature.



Non-electives from September to February have seen marked increases from the levels seen in August and represent levels that have exceeded this year's targets for six months. However, levels have been below those seen in 11/12 since December.

Excess Bed days remain well below their target level for the ninth consecutive month.

Electives are at target level, having exceeded target for seven months. Outpatient firsts and follow-ups continue to fluctuate but remain close to target levels.



### Position to February 2013:

SCHFT outpatient firsts are undertrading by 242 attendances and follow-ups are overtrading by 788. In terms of elective activity, there is currently an overtrade of 604 spells. Non-elective activity is currently overtrading by 1,355 spells. Excess bed days are underperforming by 252 bed-days. There is currently an overtrade on A&E attendances of 2,010.

Activity figures are from SCH contract monitoring info  
SCH Finance Team