

Month 7 Quality and Outcomes Report

Governing Body meeting

M

5 December 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 continues to be 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>Assurance Framework Number:</p> <ul style="list-style-type: none"> 1.3 System wide or specific provider capacity problems emerge to prevent delivery of NHS Constitution and/or NHS E required pledges (Domain 3) 2.1 Providers delivering poor quality care and not meeting quality targets (Domain 4) <p>How does this paper provide assurance to the Governing Body that the risk is being addressed?</p> <p>The Quality and Outcomes report provides the latest information and data on the key quality outcomes that CCGs are required to provide assurance against. Where appropriate, clinical portfolio teams provide regular updates each month on progress reports and remedial action plans on those areas that are not achieving the required levels of performance. Reporting also takes place at CET and Planning and Delivery Group. Escalation through operational leads is to the Planning and Delivery Group, in the first instance.</p> <p>Is this an existing or additional control: Existing</p>	

Equality/Diversity Impact
<p>Has an equality impact assessment been undertaken? NO</p> <p>Which of the 9 Protected Characteristics does it have an impact on? None</p>
Public and Patient Engagement
None planned
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

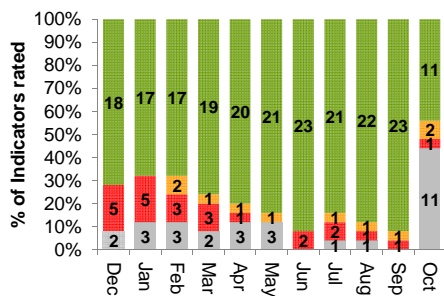
Month 7 position

For the December 2013 meeting
of the Governing Body

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Highest Quality Health Care

NHS Constitution - Rights & Pledges



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

The chart shows how CCG delivery of the 25 NHS Constitution Rights & Pledges for 2013/14 is progressing, month-on-month. Please see pages 5-8 of this report for more details of all those indicators rated in the chart.

The number of rights and pledges being successfully delivered is indicated by the green sections of the bars. Amber shows those which are close to being delivered, red those where significant improvement is needed. Grey indicates areas where data is not yet available for the current month.

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

Pledges not currently being met:	
	Ambulance Crew Clear times
	Ambulance handovers, 52+ week waits

Headlines

In October (where data is available), Sheffield CCG continued to achieve almost all of NHS Constitution Rights and Pledges. In general, patients in Sheffield are receiving excellent access to healthcare services. The following highlights the key 'high profile' measures that the CCG is keen to retain a focus on:

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.

Waiting times & access to Diagnostic tests: Sheffield CCG, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Children's NHS Foundation Trust (SCHFT) continue to meet their requirements to ensure the majority of patients are seen and treated within 18 weeks - and 6 weeks for diagnostic tests. However, there was 1 patient in October at STHFT, attributed to the CCG, who had waited over 52 weeks to be seen; the Trust have confirmed that this patient has now received treatment. The CCG have raised concerns with STHFT and is monitoring the situation closely and has put in place additional measures in an attempt to prevent non-achievement of pledges at Trust-level during the winter period.

A&E waiting times: All local providers continue to meet the pledge for 95% of patients to be seen/treated within 4 hours. This remains a priority focus area and the CCG continue to work closely with all their providers to ensure that the excellent performance is sustained and patients continue to have a good experience and receive high quality care from A&E and urgent care services in the city. The Urgent Care Working Group will oversee business continuity plans over the winter period; a number of additional schemes to improve capacity and flow over this period have been approved and are being mobilised.

Ambulance & crew response times: Yorkshire Ambulance Service (YAS) continue to meet the national requirements around ambulance response times, although a contract query was issued (and sanctions imposed) for in-month issues since July with meeting the requirement for Red 2 calls seen within 8 minutes. A draft action plan has been prepared by YAS; this will be updated and formally re-submitted in response to some queries. The timeliness of clinical handover of patients from ambulance crews to A&E clinical teams and ambulance crews being ready for their next call following handover is still below what is expected. YAS are working to reduce the number of delays and Commissioners have agreed with them, for 2013/14, that they will reinvest any handover penalties accrued, providing satisfactory improvement plans are in place.

Quality and Safety

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

Nationally, the focus on improving outcomes around the quality, safety and patient experience of health care is described in two specific areas, or 'domains'. Sheffield CCG's current achievements and challenges in these are set out below:

Headlines

Ensuring that people have a positive experience of care:

The Friends and Family Test (FFT) - The combined scores at Quarter 2 are good (for STHFT, they are consistently greater than 75 and higher than the combined score of other similarly sized - and similar type - Trusts). However, the response rate still requires improvement and so will be kept under regular review. A 3-month trial commenced in November in STHFT A&E of texting patients following discharge, to improve response rates. Nurse Directors are now monitoring Inpatient wards weekly and will be following up those with lower than average scores; this approach demonstrated improvements in October on the lowest-scoring 10 wards.

continued overleaf

Ensuring that people have a positive experience of care - continued:

Delivery of the nationally agreed FFT rollout plan to the national timetable - The FFT in maternity services at STHFT has now been implemented and the Trust are now awaiting publication of scores. Plans are in place to roll out to Day Surgery and Community services by 2014.

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 17 cases attributable to the CCG reported in October is the same as last month, but is higher than the 13 forecast for the month. STHFT reported 8 cases, against their forecast 7. SCHFT have reported 1 case this month, against their forecast 3.

MRSA - As 2 cases attributable to the CCG have been reported (1 in April and 1 in September), the 'zero tolerance' policy in place for 2013/14 has not been achieved.

Quality Premium

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. This summary makes an assessment of our current levels of achievement, using the most recent data available. Please see below for a list of the measures that make up this Quality Premium matrix and where in the report they can be located. Also included is the most recent rating for each measure - for further information, please see the relevant page:

	<u>Page</u>
Reducing potential years of life lost from amenable mortality	
● Potential years of life lost (PYLL) from causes considered amenable to health care	17
Reducing avoidable emergency admissions	
● Reduction in Emergency admissions for acute conditions that should not usually require hospital admission	16
● Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	17
● Reduction in Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	19
● Reduction in Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	19
Improving patient experience of hospital services	
● Friends and Family Test - delivery of the nationally agreed rollout plan to the national timetable	11
● Patient experience of hospital care and A&E services - measured by Friends and Family Test	11
Preventing healthcare associated infections	
● Zero cases of MRSA	9
● Number of cases of Clostridium Difficile is below agreed threshold	9
Local measures	
● Local Priority 1: Reduction in STHFT / SCHFT Emergency spell bed nights for Ambulatory Care Sensitive Conditions (ACSC) (Sheffield definition)	17
● Local Priority 2: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	15
● Local Priority 3: Reduce the average waiting times in Speech & Language Therapy (SALT) at SCHFT from 21 weeks	19
NHS Constitution - 4 specified measures	
● 92% of all patients are seen and start treatment within 18 weeks of a routine referral	5
● 95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	6
● 85% of patients have a max. two month (62-day) wait from GP referral to starting treatment for cancer	6
● 75% of Category A (RED 1) ambulance calls resulting in an emergency response arriving within 8 minutes	7

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 and in some cases annual measures (see pages 15-20).

Due to publication intervals of the national information, in several cases the data - and therefore the commentary - for these national measures has not changed since the previous report. However, the five CCG Clinical Portfolio teams are monitoring, where possible, some locally selected measures that supplement the national measures by providing either a more timely, or more locally-focussed, assessment of progress in the portfolio areas.

Acute Services Portfolio - Elective Care: The portfolio continues to look at ways of improving elective care. With reference to the local measure on patient experience of Community-based podiatric surgery, the CCG continues to receive positive feedback on this service.

Acute Services Portfolio - Urgent Care: A small number of key indicators have been identified following discussions within the CCG and the Commissioning Support Unit (CSU), intended to assist in the reporting of the system's delivery of key changes in the Urgent Care System and progression towards 7 day working. It is anticipated there will be a level of iteration before these can be finalised and reported on a regular basis.

Long Term Conditions, Cancer and Older People: With reference to Chronic Obstructive Pulmonary Disease (COPD), a clinical effectiveness audit has been undertaken of the community clinic service and an action plan has been agreed as a result. The programme of work to identify and assess all those with oxygen in the community is nearly complete and a service is now in place to enable all patients with a clinical need for oxygen to benefit from specialist assessment. Issues have been identified regarding spirometry and an option appraisal of plans to deliver improvements has been undertaken. Work is underway to ensure co-ordination between primary and secondary care regarding respiratory therapy.

Mental Health, Learning Disabilities and Dementia: The health and service inequalities faced by people with mental health, learning disabilities or dementia remain a priority focus of the portfolio.

Children and Young People: Work continues in looking at the children's urgent care pathway with the CCG's provider and the plan is to review the clinical management within primary care, to assess the need to develop further plans in this area. The CCG leads are continuing to establish the method of reporting improvements for the chosen local measures and also the frequency of these for future reports.

Quality Innovation, Productivity and Prevention (QIPP) Outcomes

Two of the schemes are progressing well and delivering the required efficiencies across the QIPP programme; the programmes for Continuing Health Care (CHC) and Medicines Management.

There are still parts of the two other schemes - the Right First Time (RFT) and Acute Service (Elective) programmes - that, although developing & progressing well, the planned impact has not yet been fully realised.

The latest update on individual schemes is provided in the detailed QIPP section of this report (see pages 21-24).

CCG Assurance and the Balanced Scorecard

The quarter 2 assurance process is now underway. The CCG submitted the self-certification within the required timeframe and the Q2 checkpoint meeting with NHS England will take place on 4th December 2013.

Based on the submitted self-certification, the following areas are noted:

- 1) Provider Issues - there are only a small number of concern areas i.e. the CCG are working with local providers on some aspects of quality.
- 2) Clinical Governance, Emergency Preparedness and plans in response to Winterbourne - no areas of concern.
- 3) Local Priorities - no areas of concern.
- 4) Timeliness & Quality of Internal & External Audit - no concern.

continued overleaf

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 (MMT) 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.

The MMT continue to make good progress in all three areas. The team have responded to updated safety advice around fentanyl prescribing in 91% of practices. The work looking at patients on a combination of aspirin with clopidogrel, prasugrel or ticagrelor has been completed in 86% of practices and NPSA insulin alert work in two thirds of practices. The MMT continue to work with practices to ensure benefits are maximised across the city.

Opioid prescribing (pain relief): MMT will identify all patients prescribed fentanyl patches and ensure that practices are fully compliant with all current Medicines and Healthcare Products Regulatory Agency (MHRA) guidance and Care Quality Commission (CQC) recommendations



Insulin prescribing: MMT will identify all patients being prescribed insulin and will ensure that practices are fully compliant with the National Patient Safety Agency (NPSA) alert, including use of an appropriate insulin passport



Cardiovascular disease (CVD): Patients prescribed combined therapies (combinations of clopidogrel and prasugrel with aspirin) will be reviewed by the team, to ensure appropriate prescribing to reduce risk of harm. This is in line with the Sheffield guidelines for the use of anti-platelets in the prevention and treatment of CVD



Appendices

Quality & Outcomes Report

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 October 2013 performance as at the 22nd November 2013 - year to date where appropriate.

58 indicators are reported below.

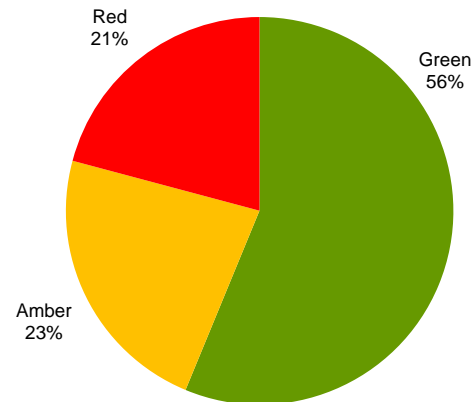
Please note that some targets are made up of several indicators.

Please also note that Referral to Treatment and Diagnostic Waits data is non-published data and is therefore subject to change once the final, published data is available.

Key

* - Data is currently not available for the 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
 QTR - Quarterly

Sheffield CCG RAG Distribution



Acute Services Portfolio - Elective Care

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

	CCG	STHFT	SCHFT
% seen/treated within 18wks - Admitted pathway	91.06%	90.83%	91.28%
% seen/treated within 18wks - Non-Admitted pathway	96.32%	96.26%	96.41%
% still not seen/treated within 18wks - Incomplete Pathway	92.66%	92.36%	95.29%
Number waiting 52+ weeks - Admitted pathway	0	0	0
Number waiting 52+ weeks - Non-Admitted pathway	1	1	0
Number waiting 52+ weeks - Incomplete pathway	0	0	0

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test	0.14%	0.14%	0.25%
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Cancer Waits (YTD)

% seen within 2 weeks - from GP referral to first outpatient appointment	94.09%	94.50%	100.00%
% seen within 2 weeks - as above, for breast symptoms	96.24%	96.50%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	99.06%	98.49%	100.00%
% treated within 31 days - subsequent treatment (surgery)	98.17%	98.32%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	99.93%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	99.77%	99.60%	N/A
% treated within 62 days - following an urgent GP referral	92.60%	89.27%	N/A
% treated within 62 days - following referral from an NHS screening service	98.20%	95.49%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	95.04%	94.27%	N/A

Activity

Number of Elective Admissions (FFCEs) (YTD)	36883	32110	2653
Number of First Outpatient Attendances (YTD)	86482	78860	3461
Number of Cancelled Operations offered another date within 28 days	N/A	1	1

Quality Standards

Patient Reported Outcome Measures (PROMs) - Hip replacement	0.48	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Knee replacement	0.31	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Groin hernia	0.08	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Varicose veins	0.17	N/A	N/A
Patient overall experience of GP Services	85.82%	N/A	N/A
Patient experience of hospital care	77.30%	WIP	WIP
Friends and Family test: Inpatient - Response (QTR)		22.66%	
Friends and Family test: Inpatient - Score (QTR)		77.44	
Friends and Family test: A&E - Response (QTR)		6.73%	
Friends and Family test: A&E - Score (QTR)		70.16	

Footnotes:

¹ Friends and Family Test:

- Response rated against a national target of 15%; Score rated against the national average, as currently no set target

continued overleaf

Appendix A: Health Economy Performance Measures Summary

Acute Services Portfolio - Urgent Care

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

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	95.38%	97.66%
Emergency Readmissions within 30 days	12.08%	N/A	N/A
Non-elective Admissions (FFCEs) (YTD)	30457	24936	3802
Number of attendances at A&E departments - Type 1 (YTD) ¹	83642	57820	25141
Number of attendances at A&E departments - Total (YTD) ¹	99143	74014	25141
Unplanned Hospitalisation for chronic ambulatory care sensitive conditions	220.4	N/A	N/A
Emergency admissions - acute conditions that should not require admission	366.0	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	67.4	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	68.03%	N/A	N/A

Yorkshire Ambulance Service (YAS) Ambulance Response Times

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest) ³	82.50%	N/A	N/A	79.47%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) ³	77.90%	N/A	N/A	76.23%
Category A response in 19 mins ³	98.86%	N/A	N/A	97.47%
Ambulance handover: % handovers to A&E within 15mins ²	*	80.4%	95.4%	82.2%
Crew Clear: % post-handovers (ambulance ready for next call) within 15mins ²	*	84.5%	84.4%	77.2%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0	N/A

Footnotes:

¹ Number of attendances at A&E departments:

- CCG position = total reported from any Provider recording Sheffield-registered patient activity (national A&E data)
- STHFT & SCHFT positions = total provider position (local data, as national is not available by exact months)
- SCHFT has a Main A&E department only, so all attendances are Type 1 in nature

² Ambulance handover/crew clear times:

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

³ Category A responses:

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

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

Long Term Conditions, Cancer and Older People

	CCG
Potential years of life lost (PYLL)	2.62%
Under 75 mortality rate from Cardiovascular Disease (CVD) per 100,000	73.75
Under 75 mortality rate from Respiratory Disease per 100,000	24.55
Under 75 mortality rate from Cancer per 100,000	131.57
Under 75 mortality rate from Liver disease per 100,000	16.58
Proportion of people feeling supported to manage their condition	68.50%
Health-related quality of life for people with long-term conditions	54.02%

Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by Mental Health services, after psychiatric inpatient care	99.30%
Proportion of people entering psychological treatment against the level of need in the general population	8.52%
The proportion of people who are moving to recovery, following psychological treatment	47.90%
Estimating the diagnosis rate of people with dementia (NB: estimated figure using locally-available data)	63.6%

Quality Standards

Health Care Acquired Infections (HCAI)

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	2	1	0	N/A
Clostridium Difficile (C Diff) (YTD)	121	57	2	N/A
Mixed sex accommodation breaches (YTD)	0	0	0	0

APPENDIX B: Mental Health Trust Performance Measures

Sheffield Health and Social Care NHS Foundation Trust

1. Crisis Resolution/Home Treatment: As at the end of October, there have been 842 home treatment interventions against a 12-month target of 1,202. This equates to 20% more patients benefiting from this service than originally planned by the end of October.

2. CPA 7 day follow up: October'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: Activity over the last year is more closely aligned to the target thresholds. New Community Mental Health Team (CMHT) models have reduced the numbers of dedicated EIS cases over the Q3 period, which is being reviewed in light of the new service pathways.

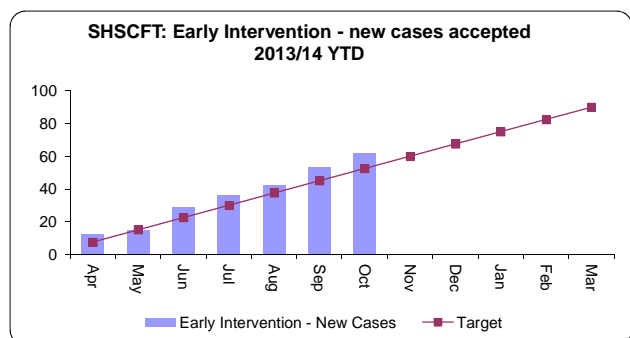
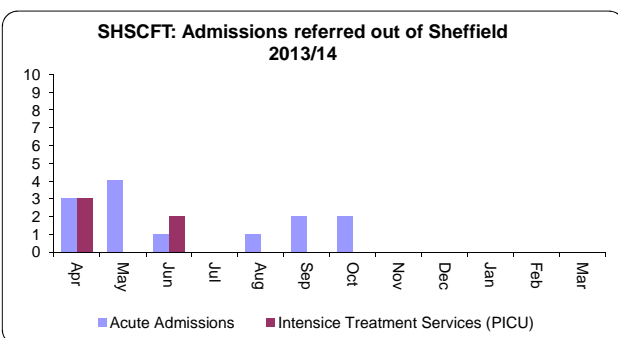
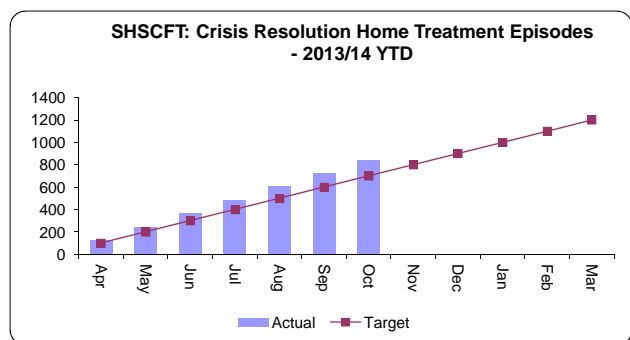
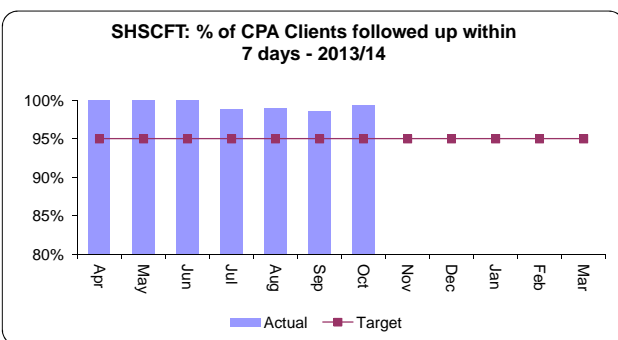
4. Psychological therapy services:

- The quarter 2 performance for the proportion of patients receiving psychological therapy continues towards target level; with 8.52% as at the end of quarter 2 against the half-way plan of 7.5%, good progress is being made towards 15% by the end of 2013/14.
- With regards to the proportion of patients having completed treatment that are moving to recovery: As noted in the Best Possible Health Outcomes - Mental Health, Learning Disabilities and Dementia section (page xx) last year's plan for patients having completed treatment and moving to recovery was 44.4% and this was achieved. However, NHS England have noted that the recovery rate should reach 50% by 2014/2015. Whilst not currently meeting this at the half-way point, the CCG do not foresee any issues in reaching the requirement by the end of this year.

SHSCFT Indicators

All indicators are Year to date

	Target	September	October	Change
Crisis Resolution / Home treatment	1202	725	842	▲
Psychosis intervention - New cases	90	53	62	▲
Psychosis intervention - Maintain Capacity	270	180	177	▼
CPA 7 day follow up	95%	98.50%	99.30%	▲
Anxiety/depression:				
		Q1	Q2	
% receiving Psychological therapy	15%	4.33%	8.52%	▲
Psychological therapy pts. move to recovery	50%	47.36%	47.90%	▲



APPENDIX B: Ambulance Trust Performance Measures

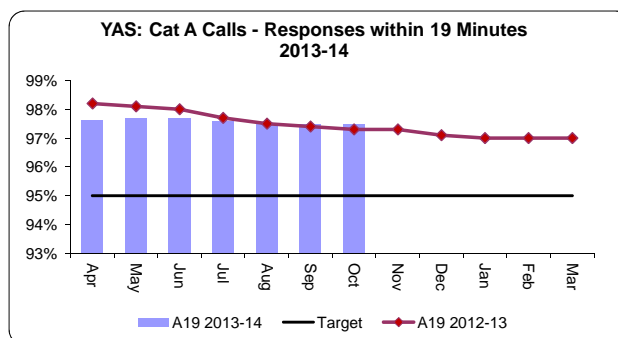
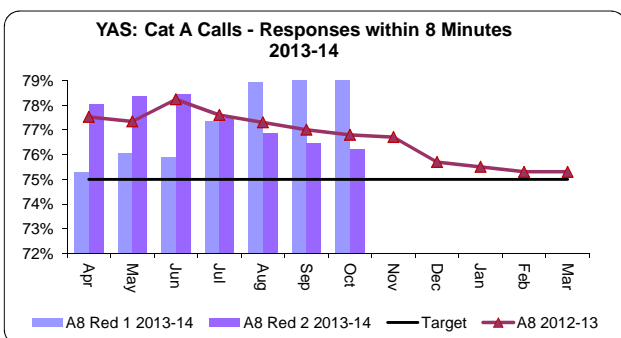
Yorkshire Ambulance Service

For October 2013, both the Category A 8 minute (Red 1 & Red 2) and 19 minute targets continued to be achieved at the Yorkshire Ambulance Service (YAS) Trust level. Performance is formally reviewed monthly by commissioners at the Yorkshire & Humber 999 Contract Management Board. (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. Red 2 calls are serious but less immediately time-critical and cover conditions such as stroke and fits.)

Key Risks: YAS have provided winter planning documentation setting out actions to mitigate the impact of adverse weather this winter. However, achievement of the R2 8 minute target and Green targets (G1 & 2 - serious but non life-threatening, G3 & 4 - non life-threatening) in 2013/14 remains a considerable cause for concern. With the exception of G4 calls, YAS are currently underperforming against all their green targets.

Key points to note: Although YTD performance within target, there have been in-month issues since July. A contract query was issued in August in respect of underperformance against the green calls targets. Further discussions have since taken place with YAS and an action plan to ensure performance is improved, to ensure the agreed targets are achieved will be presented to commissioners by 13th December 2013. A further contract query was issued (and sanctions imposed) for October underperformance against the 75% target for R2 8 minute performance. A draft action plan for an improved and sustainable level of performance in 2013/14 has been prepared by YAS and will be updated and formally re-submitted in response to the contract queries issued for underperformance against target in July through to the end of October.

YAS Indicators	Target	September	October	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	79.50%	79.47%	▼
Cat A 8 minutes Red 2 (YTD)	75%	76.45%	76.23%	▼
Cat A 19 minutes (YTD)	95%	97.47%	97.47%	▲



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

Quality Indicators	Target	August	September	Monthly Change
Re-contact after discharge (Phone)		7.4%	6.5%	▼
Re-contact after discharge (Treatment at scene)		4.8%	4.5%	▼
Re-contact after discharge (Frequent Caller)		1.9%	1.9%	◄►
Time to answer call (Median)	5 sec	1	1	◄►
Time to answer call (95th Percentile)		33	21	▼
Time to answer call (99th Percentile)		79	72	▼
Time to treatment (Median)		5.6	5.5	▼
Time to treatment (95th Percentile)		13.9	14	▲
Time to treatment (99th Percentile)		20.8	21	▲
Call closed with advice (Phone advice)		4.5%	4.2%	▼
Call closed with advice (Transport)		30.5%	30.1%	▼
Clinical Indicators		May	June	
Outcome from Cardiac Arrest (CA) All		24.0%	21.0%	▼
Outcome from CA Utstein Group (UG)		28.0%	57.9%	▲
Outcome from acute STEMI Angioplasty		91.7%	95.1%	▲
STEMI Care Bundle		78.6%	85.7%	▲
Outcome from Stroke 60 min to Stroke Unit		65.4%	70.6%	▲
Stroke - Appropriate Care Bundle		98.5%	98.4%	▼
Outcome from CA - Survival to Discharge All		10.5%	7.1%	▼
Outcome from CA - Survival to Discharge UG		4.2%	19.4%	▼
Service Experience		N/A	N/A	

APPENDIX C: Contract Activity



Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 7, Apr - Oct 2013

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

Outpatient First Attendances: 3.4% above plan
 Outpatient Follow-ups: 2.8% above plan
 Outpatient Procedures: 11.7% above plan

Inpatient Elective Spells: 1.3% above plan
 Inpatient Non-elective Spells: 4.2% above plan
 A&E Attendances: 5.5% above plan

Figure 1: Referrals¹

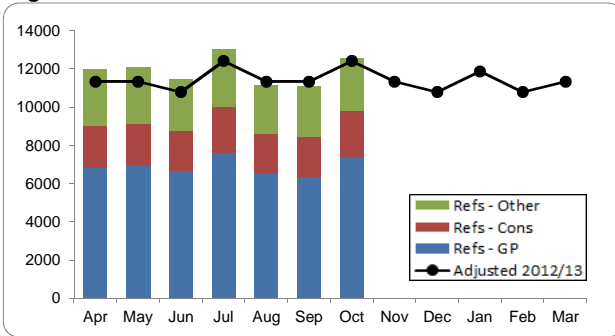


Figure 4: Electives

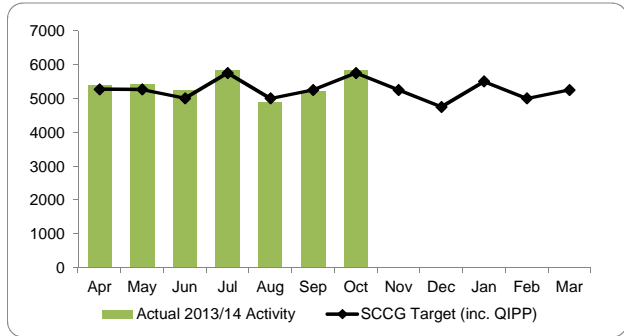


Figure 2: Firsts²

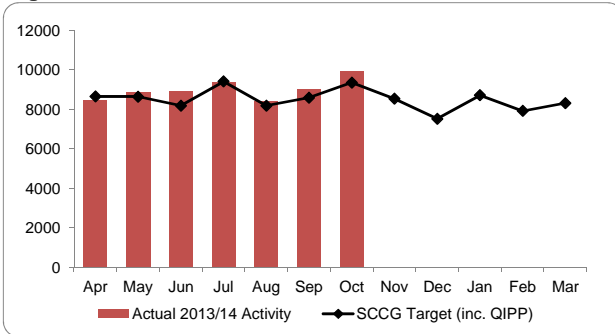


Figure 5: Non-Electives

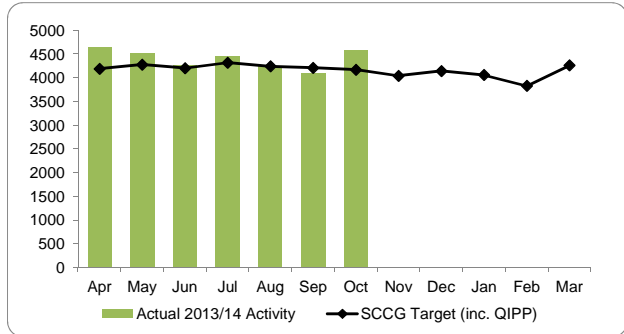


Figure 3: Follow-ups

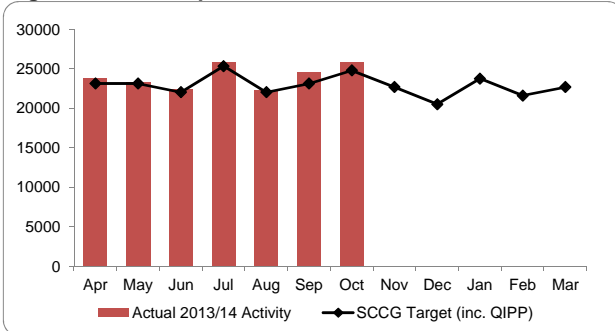


Figure 6: Accident and Emergency

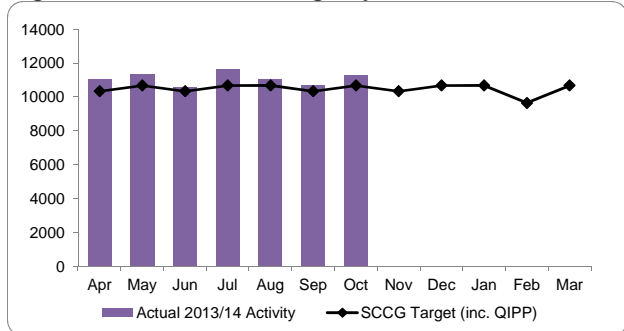


Table 1. Outpatient Activity

Activity	2013/14	Target	Var	% Var
Firsts	63,133	61,070	2,063	3.4%
Follow-ups	168,187	163,668	4,519	2.8%
OP Payable Procedures	37,757	33,803	3,954	11.7%
Follow-ups:First Ratio	2.66	2.68	-0.02	-0.6%

Table 2. Inpatient and A&E Activity

Activity	2013/14	Target	Var	% Var
Electives	37,775	37,307	468	1.3%
Non Electives	30,859	29,620	1,239	4.2%
Excess Bed Day Costs (£000s)	£ 5,669	£ 5,697	£ -29	-0.5%
A&E	77,833	73,777	4,056	5.5%

Source: STHT Contract Monitoring

Notes:

¹ Referrals compared to 2012/13, adjusted for working days and counting changes.

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

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

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

² First outpatient attendances excludes CDU (Clinical Decision Unit) Attendances. CDU Attendances are overperforming by 1626 (12.4%).

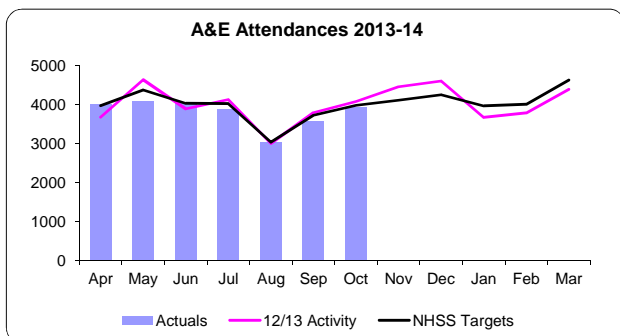
Excess Bed Day Costs include MFF (Market Forces Factor).

Produced by NHS Sheffield CCG Contract Team, November 2013

APPENDIX C: Contract Activity

Sheffield Children's NHS Foundation Trust

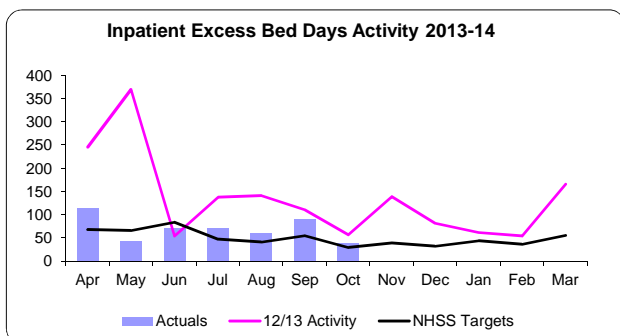
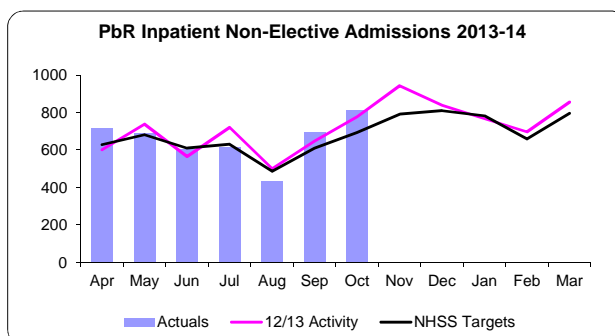
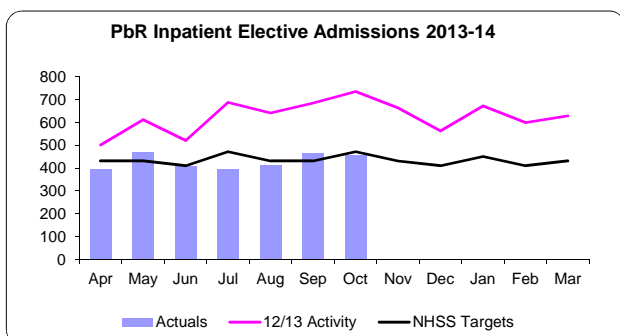
2013/14 Actual performance against Plan and 2012/13 performance



A&E activity in 2013/14 continues to follow a similar pattern to that seen in 2012/13, but the first 7 months of 2013/14 still show a slight decrease in attendances. Activity is just below the target level for October.

Following their dip below the '95% within 4 hours' target level in April and improvement in May to September, as at the end of October, SCHFT's cumulative A&E performance has risen again slightly, to 97.66%.

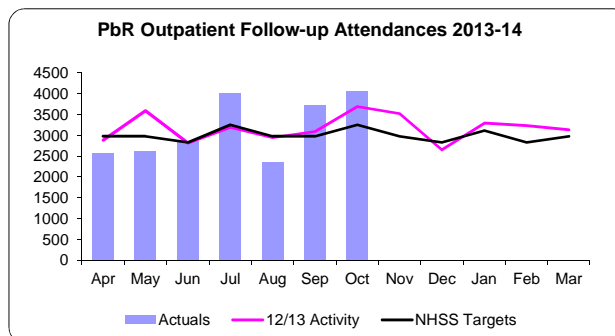
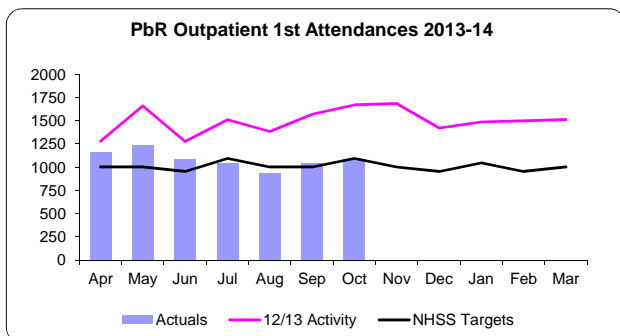
It should be noted that all A&E attendances at the Trust are Type 1 in nature.



Elective activity this year has remained lower than that seen in 2012/13 and October is just below the planned level. Non-elective admission levels have risen again in October and are above the both planned level and the level seen at this point last year.

Although still lower than the level seen in September, excess bed days are still slightly above the planned amount for the month.

Outpatient first attendances remain below the levels seen last year, but are just under plan; follow-ups in October have risen again from the levels seen last month and are still above the planned level.



Position to October 2013:

SCHFT outpatient firsts are overtrading by 412 attendances and follow-ups are overtrading by 827. In terms of elective activity, there is currently an undertrade of 67 spells. Non-elective activity is currently overtrading by 224 spells. Excess bed days are overperforming by 101 bed-days. There is currently an undertrade on A&E attendances of 610.

Activity figures are from SCHFT contract monitoring information
SCHFT Finance Team

Appendix D: Public Health Outcome Framework (PHOF) Indicators

Quarterly Report of Public Health Outcome Framework (PHOF) Indicators for Sheffield CCG Governing Body							
							Date: 19-Nov-13
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 from 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 from 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)	2012/13	5.1	Worse(*)	A	G	Rate per 1,000 households
1.15 (ii)	Statutory Homelessness: Households in temporary accommodation	2012/13	0.76	Better(*)	A	R	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
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	2012	7.0	Worse	A	R	% of adult users in treatment
2.15(ii)	Successful completion of drug treatment: Non-Opiate users	2012	33.1	Worse	A	R	% of adult users in treatment
2.20(i)	% women eligible for breast screening adequately screened - coverage	2013	78.7	Better	G	A	% women eligible for breast screening adequately screened (aged 53-70yrs)
2.20(ii)	% women eligible for cervical screening adequately screened - coverage	2013	74.6	Better	R	R	% women eligible for breast screening adequately screened (aged 53-70yrs)
2.21(iv)	(iv) % babies registered within the area (currently CCG) both at births 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 who are offered and an NHS Health Check Programme	2012/13	6.1	Worse	G	G	(% eligible population aged 40-74 offered a check during financial yr)
2.22(ii)	% of Eligible who have received an NHS Health Check	2012/13	2.5	Worse	G	G	(% eligible population aged 40-74 offered a check during financial yr, who received one)
3.2	Chlamydia Diagnoses (for 15-24 year olds)	2012	1852	Better	N/A	N/A	Crude rate per 100,000 aged 15-24 yr old ¹
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	%

NOTE: (*) statistical significance not available

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

FOOTNOTE ¹ In 2012, several changes were made to the collection and reporting of chlamydia activity data, to deliver a simpler and more representative national surveillance system. It is important to note that as a result of the revisions, chlamydia data for 2012 onwards are not directly comparable with data reported in earlier years.