

Month 2 Quality and Outcomes Report

Governing Body meeting

4 July 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>Risk Reference Number: 95</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed</p> <p>Performance monitoring reports produced for CET, Planning & Delivery Board, CCG committee and Cluster Board. Performance links with operational leads each month for progress reports and remedial action plans when appropriate. Escalation through operational leads to the Planning and Delivery Group.</p> <p>The achievement of national targets and standards further link directly to the following elements of the Board Assurance Framework (BAF):</p> <ul style="list-style-type: none"> 1.1 Delivery of safe and efficient health care, 1.2 Commissioning of health services to ensure they remain affordable, and 2.1 Effective Health Care <p>Is this an existing or additional control?</p> <p>Existing 2.1.2A</p>	

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

Quality & Outcomes Report

Month 2 position

For the July 2013 meeting of the
Governing Body

Our patients are
at the heart of
our decisions.

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

We want you
to have more
care closer to
home.

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

We will achieve
the highest
standards for all
our patients.

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

There will be
innovative
projects across
the whole of
Sheffield.



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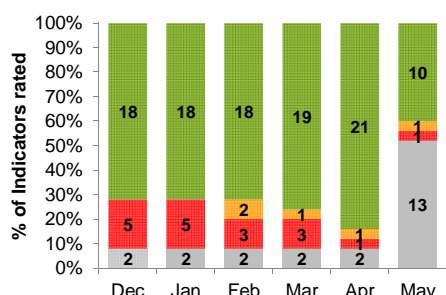
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Sheffield Clinical Commissioning Group - Summary Position

Highest Quality Health Care

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

NHS Constitution - Rights & Pledges



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

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

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

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

Pledges not currently being met:

52+ week waiters
A&E 4hr waits

Headlines

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

Maximum 18 week waiting time for all other referrals: Sheffield CCG, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Children's NHS Foundation Trust (SCHFT) are all meeting their requirement that over 90% of admitted and 95% of non-admitted patients are being treated within 18 weeks. At specialty level, STHFT have seen an improvement in the number of individual specialties meeting the pledge. Discussions with the Trust are taking place to understand the issues and the actions that they are taking around the few specialties that are not currently achieving.

SCHFT are now meeting the pledge to have no patients waiting over 52 weeks. The CCG are in discussion with senior management at STHFT to explore the reason for their reported long waiters in May, to ensure that there are not further patients in the system that will exceed 52 week waits.

A&E waiting times: SCHFT is meeting the pledge for 95% of patients to be seen/treated within 4 hours. Work between the CCG and STHFT continues, to help reduce unnecessary use of A&E services and to ensure patients continue to receive a high quality service. The Trust's performance continues to improve from May and into June. Sheffield's Urgent care board signed off an A&E recovery and improvement plan at the end of May. This is a detailed account of how the Sheffield health community will ensure national NHS Constitution commitments in respect of A&E performance will be met in 2013/14 and, also, will be sustained beyond this year.

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

Quality Standards

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

Building on the recommendations from the Francis Report, the CCG approach to ensuring and reporting on quality standards (overall and at individual provider level) is under review. The Highest Quality Health Care section of this CCG Quality and Outcomes report (and this part of the Summary) will be informed by the results of the above work. In the meantime, CCG reporting will continue to focus on some of the measures used during 12/13.

Nationally, the focus on improving outcomes around the Quality, Safety and Patient Experience of health care is described in 2 specific areas or 'domains'. The headlines with regard to Sheffield CCG's current achievements and challenges in each of these domains are set out below.

Headlines

Ensuring that people have a positive experience of care: The Friends and Family Test - All Sheffield providers are required to undertake the Friends and Family Test. Data from the Trusts is being collated nationally and it is felt that quarterly data will provide the most meaningful picture of performance, so is expected to be reported in September.

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 12 cases attributable to the CCG reported in May is lower than last month and also lower than the 14 forecast for the month. STHFT is reporting 4 cases, against their forecast 6. However, SCHFT have not reported any cases.

MRSA - A new 'zero tolerance' policy is in place for 2013/14. No cases were reported in May, but the policy is for 2013/14 in total, so the 1 case in April (STHFT, attributable to Sheffield CCG) will count towards this.



Sheffield Clinical Commissioning Group - Summary Position

Best Possible Health Outcomes

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

Nationally, the focus on improving health outcomes covers 5 key areas or 'domains'. The national required measures relating to these domains are largely quarterly or even annual measures (see pages 13-16).

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

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

Locally selected measures for the 'Acute Services - Elective', 'Children and Young People' and 'Mental Health and Learning Disabilities' portfolios are included in this month's report and can be seen on pages 13-15. Locally selected measures for the 'Acute Services - Urgent Care' and 'Long Term Conditions' portfolios are subject to further consultation and we expect these to be included in the August report.

Quality Innovation, Productivity and Prevention (QIPP) Outcomes

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

The QIPP section of this Quality and Outcomes Report (and this part of the Summary) will continue to be shaped by this work for future publications, but the initial proposal for reporting the 4 identified QIPP areas - 'Continuing Health Care' (CHC), 'Right First Time' (RFT), 'Elective Adults' and 'Medicines Management' - continues to be developed and is set out in pages 17-20.





Highest Quality Health Care

NHS Constitution - Rights & Pledges

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

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

Key to ratings:

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

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

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

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

Issues & Actions July 2013:

Patients waiting over 52 weeks: STHFT have reported that 4 patients were seen and treated after waiting more than 52 weeks. The reason for this is being explored with senior management at STHFT, to ensure that there are not further patients in the system that will exceed 52 week waits. The Trust have advised that there were some validation errors with this data and that not all of those reported were genuine breaches; the position is possible therefore less of an area of concern than initially thought. Final submission of their RTT data will hopefully confirm this.

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

Admitted Patients waiting 18 weeks: May has seen an improved position, after not meeting the pledge at STHFT in April, as reported last month. At specialty level, the Trust has seen an improved position with 4 specialties not meeting the pledge, compared to the 5 in April. The 2 specialties of Urology and Plastic Surgery which had been expected to achieve last month, have both achieved in May, which is the first time since October 2012 and November 2012 respectively. However, despite the improved position in these 2 specialties, there continue to be concerns with Trauma & Orthopaedics (where a number of actions are now in place to address historical issues in the specialty), General Surgery and 'Other', which includes a number of smaller specialist services. In addition, the fourth specialty to miss the pledge this month is Dermatology, which has previously achieved. The discussions with STHFT will include this specialty, to understand the issues and the actions that they are taking.

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



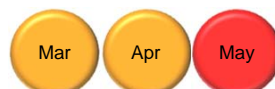
92% of all patients wait less than 18 weeks for treatment to start



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



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 July 2013:

The reported position is predominantly based on STHT, as the Trust make up the majority of the CCG's activity. SCHFT's position has improved from April and, at the end of May, they were once again seeing more than 95% of patients within 4 hours; this has continued into June. STHT have also seen an improved position with 93.82% of patients being seen within 4 hours by the end of May and it should be noted that current information received from the Trust indicates that recent performance has continued to improve throughout June; as at 23rd June, their performance had met the required 95%.

Sheffield's Urgent care board signed off an A&E recovery and improvement plan at the end of May. The plan describes, in detail, how the Sheffield health community will ensure national NHS Constitution commitments in respect of A&E performance will be met in 2013/14 and, also, will be sustained beyond this year.

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



No patients waiting more than 12 hours from decision to admit to admission



Cancer Waits

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

Issues & Actions July 2013:

Access to data held in the National Cancer Waiting Times Database has now been re-granted to authorised users, enabling us to fully report on the CCG position. The CCG position is that all targets were being met at the end of April.

From GP Referral to First Outpatient Appointment

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



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



From Diagnosis to Treatment

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



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



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



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



From Referral to First Treatment

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



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



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



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

Highest Quality Health Care

Category A ambulance calls

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

Issues & Actions July 2013:

The Yorkshire Ambulance Trust (YAS) have responded to over 75% of calls in April and May within the required 8 minutes for Red 1 category calls, meaning the pledge is currently being met for 2013/14. This is an improvement on their 2012/13 performance.

Performance is formally reviewed monthly by commissioners at the Yorkshire & Humber Contracting Board.

Ambulance handover and crew clear times: Data is becoming available on these measures, with discussions regarding validation taking place to enable future reporting.

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



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



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



NOTE: The 3 ambulance indicators shown here are rated on 13/14 pledge requirement - for final performance against 12/13 target, please see charts in Appendix, page A4.

Ambulance Handover - delays over 30 mins & 60 mins in clinical handover of patients to A&E



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 July 2013:

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

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



continued overleaf

Highest Quality Health Care

Cancelled Operations

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

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

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



No urgent operation to be cancelled for a 2nd time



Mental Health

When patients are discharged from psychiatric inpatient care, they should be followed up by Mental Health Services within 7 days, to ensure that they have appropriate care and support. This pledge is being in 13/14.

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



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

Highest Quality Health Care

Quality and Safety

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

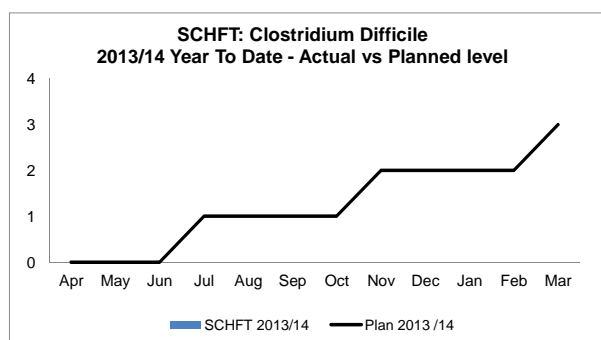
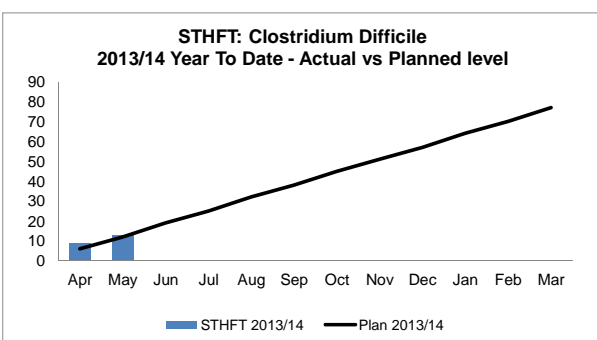
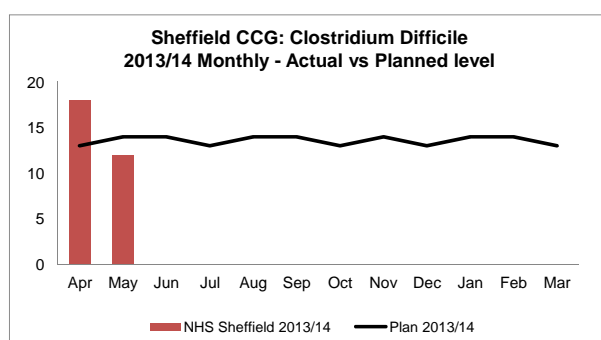
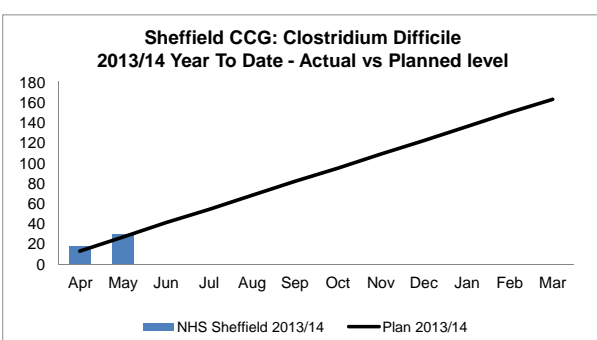
Regulations

There have been no regulatory visits since last month's report.

Patient Safety - Health Care Acquired Infections (HCAIs)

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

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during May-13	0	0	0	12	4	0
Number of infections forecast for this month	0	0	0	14	6	0
Number of infections recorded so far in 2013/14	1	1	0	30	13	0
Number of infections forecast for this period	0	0	0	27	12	0



Clostridium Difficile

For the 12 cases reported in May for Sheffield CCG:

- 3 are attributable to STHFT (from their 4 reported cases)
- 3 are community associated, with a hospital admission in the last 28 days and
- 6 are community associated with no recent hospital contact.

MRSA Bacteraemia

As noted last month, a new Zero Tolerance process via Public Health England came into place from April 13. No cases have been reported in May, so the position remains 1 reported case for the CCG, at STHFT, to date in 2013/14.

Ensuring that People have a positive experience of care

Patient Experience

Eliminating Mixed Sex Accommodation: Please see the NHS Constitution - Rights & Pledges section of this report (page 5) for information on MSA.

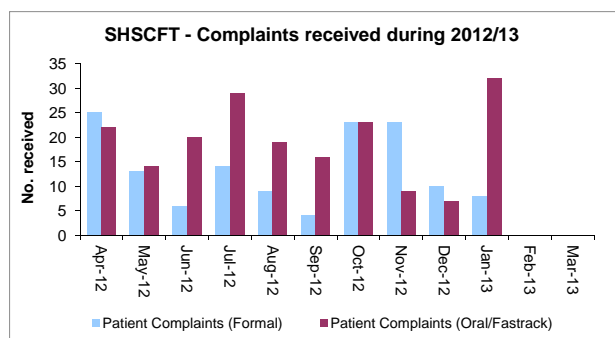
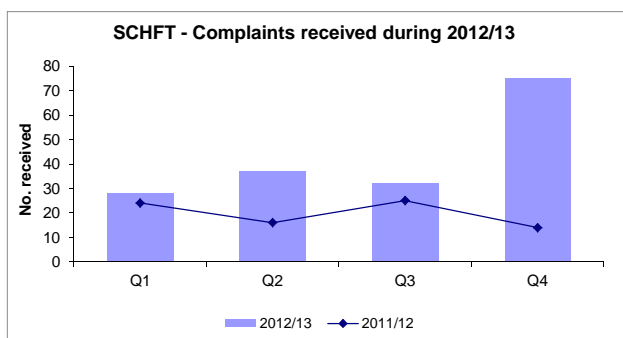
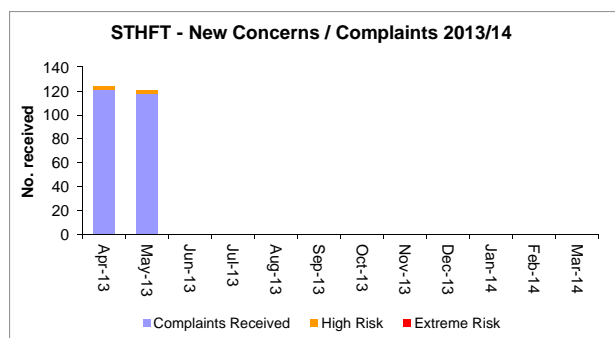
Friends and Family Test: Please see the Quality Premium Dashboard section of this report (page 11) for information on FFT.

Highest Quality Health Care

Patient Experience of NHS Trusts

Patient Complaints

Reasons for Complaints:	
STHFT (Apr13 - May13)	Attitude Appropriateness of medical treatment Communication with patient
SCHFT (Apr12 - Dec12)	Appointment Issues Clinical Treatment



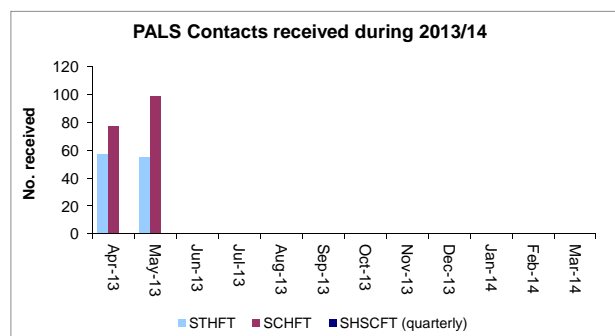
Patient Compliments

STHFT: 38 letters of thanks received in May 2013 bringing the total to 110

SHSCFT: 328 compliments were received during Q4.

PALS Contacts

Reasons for PALS Contacts:	
SCHFT (May13)	Care and Treatment(24) Support (24) Parental Responsibility (9)
SHSCFT (Q3 12/13)	Access to services (4) Complaint (3) General / Service provision / Admin (1)



Individual Initiatives

STHFT - During May, the Trust responded to 80% of complaints within 25 working days, not meeting the 85% target. The Trust's complaints handling process will be reviewed in light of the findings of the Ombudsman's Annual Report and any recommendations from the Francis enquiry.

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

SHSCFT (Sheffield Health and Social Care NHS Foundation Trust) - During Q4, 100% of complaints were acknowledged within the statutory timescale. Of these, 91% were investigated and responded to within the agreed timescale.

PLEASE NOTE: The information above is the latest information available for each Provider.

Highest Quality Health Care

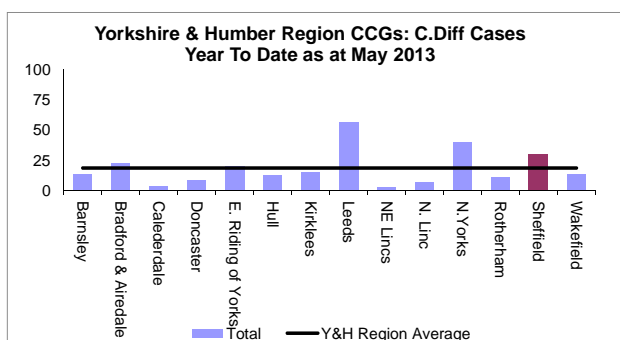
Clostridium Difficile - Performance Update and Benchmarking

Sheffield CCG have committed to having no more than 163 cases of Clostridium Difficile (C.Diff) infections in 2013/14; this is more challenging than the commitment of 191 in 2012/13. Based on validated data, there have been 30 cases attributable to the CCG so far this year (April 2013 to May 2013) - the forecast level for the same period was 27.

For STHFT, the commitment is no more than 77, compared to 134 last year. The number of cases incurred in May (4) is a reduction compared to the previous month (9). So far in 2013/14 (April to May) STHFT have had 1 less case (13) compared to the same period last year (14).

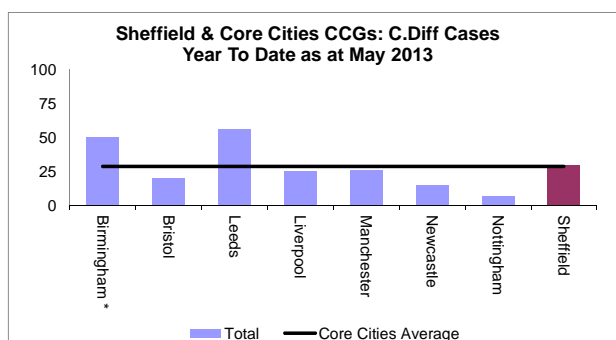
In each of the charts below, Sheffield's position (CCG or STHFT) are distinguished by the **highlighted bar**.

CCG Comparison



The chart above shows that, year to date (YTD), Sheffield has the third highest number of C.Diff infections in the Yorkshire and Humber region.

Sheffield is above the regional average of 18.5 C.Diff cases along with Leeds, Bradford & Airedale and North Yorkshire & York.

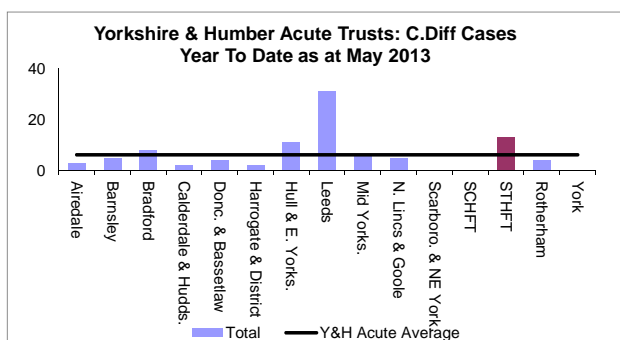


* Birmingham is made up of three CCGs; Heart of Birmingham, Birmingham East & North, and South Birmingham.

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

Sheffield, Birmingham and Leeds all have a higher number of infections than the core Cities average of 28.6.

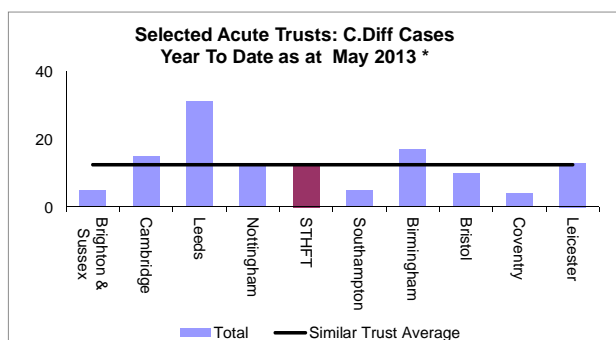
Acute Trust Comparison



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

13 cases have been reported for STHFT against a regional average of 6.3 and equates to 16.88% of their annual intended level of 77 cases.

SCHFT have the joint lowest number of C.Diff cases in the region with 0 cases reported YTD, against an annual intended level of 3 cases.



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

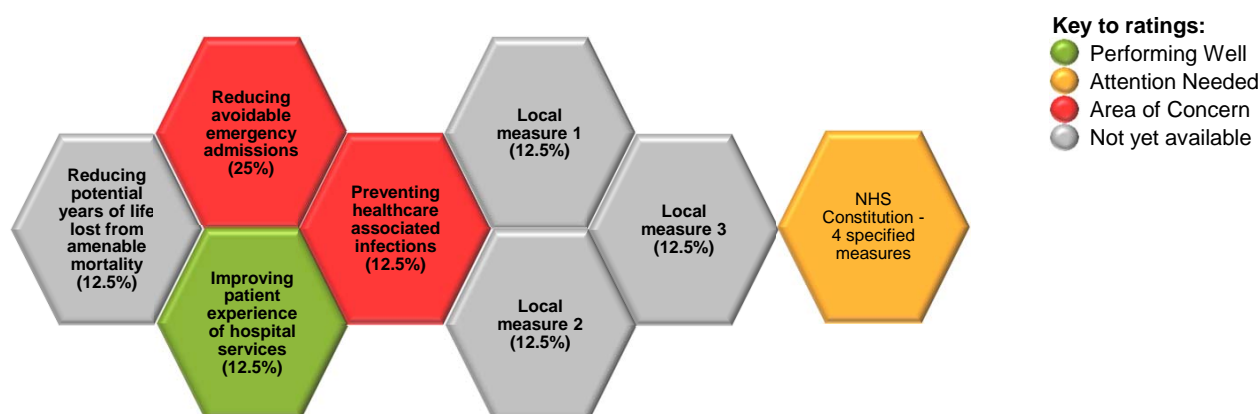
STHFT have had the joint fourth highest number of C.Diff cases when compared to these Trusts. Leeds, Birmingham and Cambridge have the highest number of cases.

The 13 cases reported at STHFT is higher than the average for the group of 12.5 cases. Birmingham, Leeds, Leicester and Cambridge are also above the group average.

Quality Premium Dashboard

The quality premium is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. To be eligible for a quality premium payment, a CCG must manage within its total resources envelope for 2013/14.

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



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

Reducing potential years of life lost from amenable mortality

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

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

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 July 2013

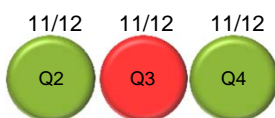
The Red, Amber, Green (RAG) rating is based on whether a reduction was shown from the previous quarter. More recent information is not yet available for this measure and so the reported position remains unchanged from last months report. Benchmarking information suggests that readmission rates after an acute episode in Sheffield have scope for improvement. This will be an area of focus in 2013/14.

The Right First Time (RFT) programme for Sheffield and the CCG Long Term Conditions portfolio is focussed on reducing avoidable emergency admissions through alternative models of service delivery and targeted work on improving health outcomes.

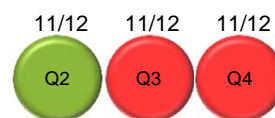
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s - as noted last month, work continues in reviewing this position with our provider.

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

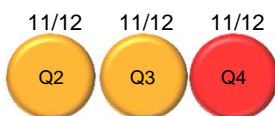
Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)



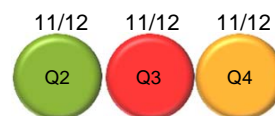
Reduction in Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s



Reduction in Emergency admissions for acute conditions that should not usually require hospital admission



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



Improving patient experience of hospital services

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

Patient experience - measured by FFT: In order to produce a meaningful picture of progress, it is likely that this indicator will be updated quarterly; we therefore hope to introduce a complete position of performance in September's report.

Friends and Family Test - rollout to A&E and inpatient care by April 2013



Patient experience of hospital care and A&E services - measured by Friends and Family Test



continued overleaf

Quality Premium Dashboard

Preventing healthcare associated infections

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

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

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

Issues & Actions July 2013:

Sheffield CCG had 1 MRSA case recorded in April, that occurred at STHFT. The Post Infection Review has been completed and the action plan will be monitored by Sheffield CCG. However, as this measure is for the year taken as a whole, it is not possible to improve from this 1 recorded case and therefore the indicator will remain red.

They also have 30 Clostridium Difficile cases recorded to date, which is slightly above the intended level of 27.

Please see the Highest Quality Health Care - Quality and Safety section (page 7) for more information on HCAs.

Zero cases of MRSA



Number of cases of Clostridium Difficile is below agreed threshold



Local measures

Issues & Actions July 2013

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

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



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



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



NHS Constitution - 4 specified measures

Issues & Actions July 2013

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

Category A (RED 1) response within 8 minutes

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

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



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



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



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







Best Possible Health Outcomes

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

The work of Sheffield CCG is organised around 5 clinical portfolio areas - the 5 'portfolios' of this report section. The nationally decided measures, where all CCGs are expected to show that improvements are being made, have been assigned to each of the clinical portfolio areas. Each of the clinical portfolio's are considering what, if any, additional locally determined measures relating to their priorities are required to measure improvements.

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

Key to ratings:

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

The relevant data period for each measure is noted above the indicator.
If no time period is present, data relates to the current financial year, 2013/14.

Acute Services Portfolio - Elective Care

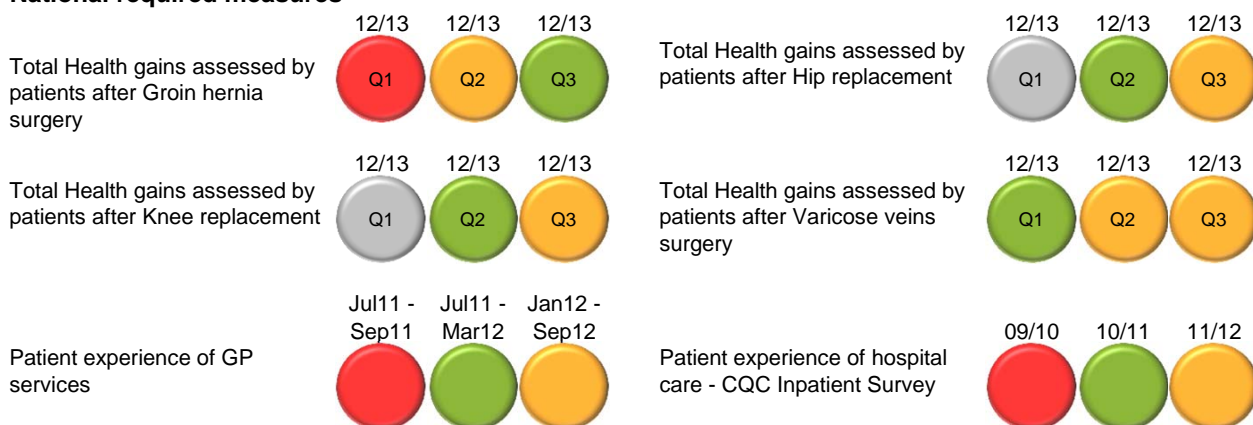
Issues & Actions July 2013:

The reported position remains unchanged from last months report as more recent information is not yet available for these measures. The CCG will continue to work with local providers to review progress and service quality.

Patient Reported Outcomes Measures (PROMS) first 4 indicators below: Please note that these ratings are based on PROVISIONAL Q3 12/13 data.

NB: If Q1 for any of these 4 measures is rated grey, numbers for this were small and so a score/figures not published.

National required measures

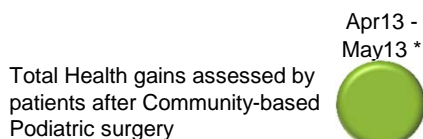


Locally selected measures

The Acute Services portfolio team is considering what additional locally determined measures are required to ensure that its identified priority areas ensure good access to services and patient experience, and therefore that the services commissioned are effective and meeting the needs of patients.

One measure has already been identified below and focusses on the experience of patients who have had a Community-based podiatric (foot and ankle) surgical procedure; this is carried out at Jordanthorpe Health Centre. As with four of the national measures, this is based on PROMs data and asks patients to complete a survey pre-surgery, immediately post-surgery and then 6 months post-surgery. This is in order to assess overall perceived experience/health gain.

Although the exact method of measurement still needs to be determined, it has been rated green, as the vast majority of feedback (on areas such as risks being explained, assistance received and problems/discomfort following the procedure) is very positive; also, 97% of people said they would have surgery again under the same conditions.



* = To allow for the receipt of all 3 patient surveys, information will always relate to 6 months prior to the reporting period. For Apr13 - May13, this covers experience of surgical procedures during Oct12 - Nov12.

Best Possible Health Outcomes

Acute Services Portfolio - Urgent Care

Issues & Actions July 2013:

The reported position remains unchanged from last months report as more recent information is not yet available for these measures. For Emergency Admissions commentary, please see the 'Reducing avoidable emergency admissions' section of the Quality Premium Dashboard (page 11).

National required measures

Reduction in Emergency admissions for acute conditions that should not usually require hospital admission



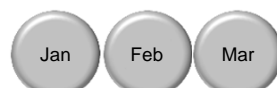
Patient experience of GP Out of Hours services



Reduction in Emergency readmissions within 30 days of discharge from hospital



Number of A&E Attendances (Total)



Number of A&E Attendances (Type 1)



NOTE: A&E Attendances are, as yet, unrated; an activity target was not required for 12/13, although one has been submitted for 13/14 and an appropriate measure for monitoring throughout the year has been established. 13/14 CCG data will therefore be reported and rated as soon as it becomes available.

Locally selected measures

As for the Elective Services outcomes the portfolio team is considering what additional locally determined measure; this will include exploring what, if any, more recent data can be provided relating to the above measures.

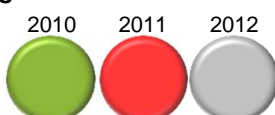
Long Term Conditions

Issues & Actions July 2013:

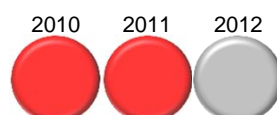
The reported position remains unchanged from last months report as more recent information is not yet available for these measures. As noted last month, with regard to health-related quality of life and the proportion of people feeling supported to manage their condition, Sheffield's strategic commissioning framework for Long Term Conditions (LTCs) continues to emphasise self-care and self-management as a key constant. Risk stratification, care planning and using care planning as a mechanism to equip and enable people to self care is now identified as a priority by the Portfolio.

National required measures

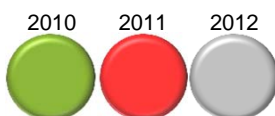
Under 75 mortality rate from Cancer (Annual Calendar Year)



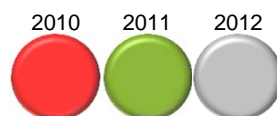
Under 75 mortality rate from Cardiovascular disease (Annual Calendar Year)



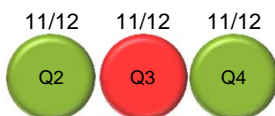
Under 75 mortality rate from Respiratory Disease (Annual Calendar Year)



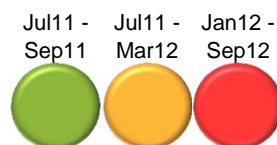
Under 75 mortality rate from Liver disease (Annual Calendar Year)



Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)



Proportion of people feeling supported to manage their condition



Health-related quality of life for people with long-term conditions



NOTE: 2012 annual data is not currently available for the 4 mortality rate measures, so will be rated in due course.

Locally selected measures

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

Best Possible Health Outcomes

Mental Health and Learning Disabilities

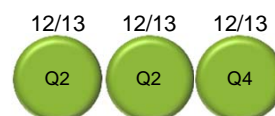
'Apr' = measurement of this indicator will commence in 2013/14.

National required measures

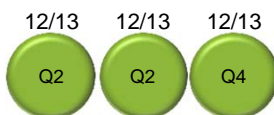
Improvement against plan:
Estimated diagnosis rate for
people with dementia



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



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



Locally selected measures

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

Issues & Actions July 2013:

Proportion of people with Learning Disabilities (LD) receiving an Annual Health Check: Whilst the number of GP practices that signed up to the Directly Enhanced Service (DES) last year increased, this also made the cohort of eligible people greater; as the number of Annual Health Checks (AHCs) completed actually reduced slightly, the overall percentage of those receiving a AHC also reduced.

Reducing LD Out of City Placements: As part of the Winterbourne View Concordat, Sheffield CCG will be progressing the return to Sheffield for a number of people with LD currently residing in independent hospital provision, if this is not considered to be the most appropriate placement following planned review.

The indicator has been rated as green; all reviews that had to be completed by the end of May 2013, as part of the Concordat Action Plan, were completed on time.

We will be formally considering these placements - and any placements funded, or partly funded, by Sheffield CCG for people out of city - and developing plans to return people to Sheffield. This will be in partnership with Sheffield City Council and Sheffield Health and Social Care NHS Foundation Trust. The CCG will be informed of numbers of people that this is likely to be by the end of August 2013.

Please see the Continuing Health Care (CHC) part of the Quality Innovation Productivity and Prevention (QIPP) section on page 17 for more information on this work area.

Proportion of people with
Learning Disabilities receiving
an Annual Health Check



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



Procurement and
implementation of a Diagnostic
& Post Diagnostic Service for
people with Autistic Spectrum
Condition (ASC)



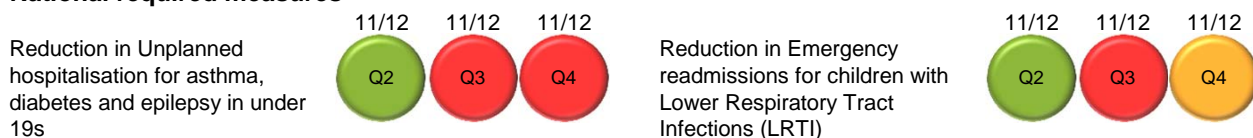
Best Possible Health Outcomes

Children and Young People

Issues & Actions July 2013:

For narrative on these national measures, please see the Quality Premium Dashboard section (page 11) of this report.

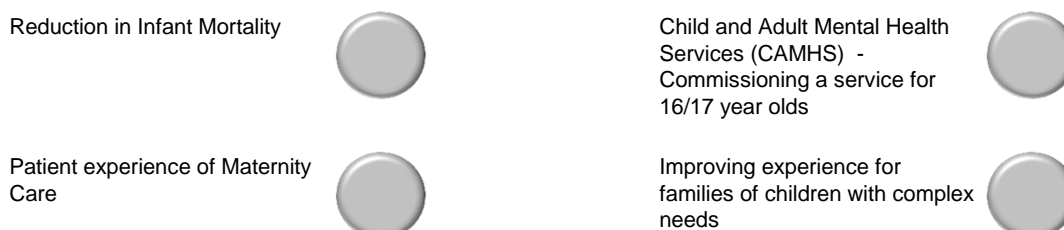
National required measures



Locally selected measures

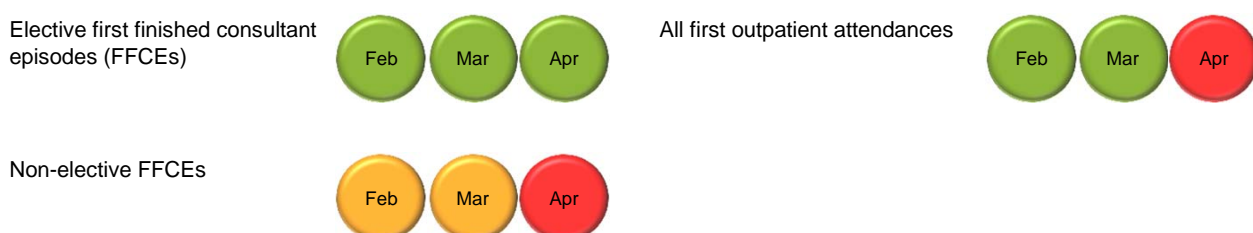
The Children and Young People clinical portfolio have identified the measures below as services that are undergoing change, have a Citywide interest with partners and are strategic priorities.

Whilst these local measures have been identified, CCG leads are continuing to establish the method of reporting improvements and also the frequency of these for future reports.



Activity Measures

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







Quality Innovation Productivity and Prevention (QIPP)

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

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

Key to ratings:

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

Continuing Health Care (CHC)

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

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

Issues and Actions July 2013:

Improvements continue to be made in provision of locally based services for children and young people with complex needs, enabling them to be cared for closer to home rather than in 'out of area' placements. Six places are now being provided in the Bents Green residential facility and five are already filled by individuals who were able to be brought back into Sheffield or who, without access to this facility, would have had to be placed outside Sheffield for their care.

The new Out of City Team for people with Learning Disabilities (LD) continues to work with adults who have been identified to move back to Sheffield from out of City placement, and they have active plans to return more people to Sheffield over the summer. Each person has an individualised package of support, which is enabling tangible improvements in their quality of life, as evidenced by a reduction in incidence and severity of episodes of challenging behaviour; an increase in contact with family members; and an increase in community based activities.

Reducing Out of City placements for people with LD has been identified as a local measure for the Mental Health and LD portfolio - please see this part of the Best Possible Health Outcomes section on page 15.

Indicator Development

Two suggested measure for CHC have been identified and are included below. The data will be available quarterly, with Q1 2013/14 data (April 2013 to June 2013) becoming available in August.

Improved experience for patients, families and carers, by ensuring the majority of assessments of eligibility for an episode of CHC are completed within 28 days. The aim for 2013/14 is to achieve, by year end, at least 70% of assessments being completed within 28 days



Improved patient experience of assessment processes for those who may be nearing the end of their life, by ensuring at least 90% of 'fast-track' assessments of eligibility for CHC are completed within 24 hours



continued overleaf

Quality Innovation Productivity and Prevention (QIPP)

Right First Time (RFT)

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

Issues & Actions July 2013:

All four Localities are planning development workshops for Integrated Care Teams (ICTs) at GP Association Level*. West Locality and Hallam and South Locality start in June; the North starts in July and Central in early August.

Agreement has now been reached to support the ICTs in developing comprehensive care plans with patients who are currently at high risk of hospital admission and those whose risk factors may develop quickly. The aim is to cover 3,500 patients by the end of the financial year (March 2014).

The CCG has agreed to release funds for more intermediate care beds; this will enable more frail older patients with complex needs to regain as much mobility and self care as possible after an acute illness, in an appropriate environment for their needs. During June, the GP Collaborative will start to provide a GP-led service for less complex cases next to the A&E department at Sheffield Children's NHS Foundation Trust.

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

Reduction in emergency admissions for ambulatory care sensitive conditions by 1,502 (NB this activity reduction is phased to occur between October 2013 and March 2014)



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



Reduction in unnecessary A&E attendances by 7,000



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



continued overleaf



Quality Innovation Productivity and Prevention (QIPP)

Elective Adults

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

Patients will continue to have access to specialist services and expertise in hospital when clinically needed, with some care delivered in a different location to a hospital and, in some cases, taking advantage of technology to provide on-going review and monitoring of their condition. These initiatives are designed to support primary care to make informed clinical decisions about the appropriate care pathway for their patients.

Issues & Actions July 2013:

Primary Care Referral Education Support for Sheffield (PRESS):

The new web-based information portal, which makes it easier for GPs to access relevant information relating to clinical care pathways, referral support and education, continues to be well received by primary care clinicians. Work is on-going to review utilisation of the site and to develop it further to meet the needs of referring clinicians.

The referral education and support peer review service has now been running since May and offers peer review in 4 specialties. Two additional services went live in June; General Surgery and Haematology. Information received after the first month of operation indicates that some practices have started to use the service; the level of usage will continue to be monitored along with the outcomes of the peer review.

Joint Clinical Discussions and Service Transformation Reviews:

We have now agreed with STHFT - and embedded in the CQUIN* for 2013/14 - that we will undertake a programme of Joint Clinical Discussions and Service Transformation reviews in targeted specialties. These will be led by GPs and will engage with secondary care clinicians to discuss known issues already identified from activities undertaken in 2012/13 and will focus on ensuring clinical pathway development (ensuring only clinically appropriate hospital attendances occur), consider the use of technology to support patient monitoring and, where appropriate, develop new models of care.

** CQUIN: The key aim of the Commissioning for Quality and Innovation (CQUIN) framework for 2013/14 is to secure improvements in quality of services and better outcomes for patients, whilst also maintaining strong financial management.*

Indicator Development

The Acute Services Portfolio is developing a number of indicators that will reflect the outcome of the 2013/14 QIPP initiatives. The focus should, as far as possible, be able to demonstrate the impact of the positive changes on patient care as well as providing assurance that the initiatives are progressing as planned. This will require some careful consideration to ensure the right indicators are adopted and that they can be adequately measured with regular sources of reliable information.

A suggested measure is one looking at positive patient outcomes in foot and ankle surgical procedures undertaken by podiatric surgeons. This is aimed at measuring the impact on patients of shifting some surgical foot and ankle procedures into the community to be undertaken by podiatric consultants, which supports the CCG's overall aim of providing care closer to home.

This has been included as a local measure (as fits in with Patient Reported Outcomes Measures (PROMS), of which there are 4 national measures) in the Acute Services Portfolio - Elective Care part of the Best Possible Health Outcomes section - please see page 13 of this report.

continued overleaf

Quality Innovation Productivity and Prevention (QIPP)

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.

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

Our patients are at the heart of our decisions.

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

We want you to have more care closer to home.

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

We will achieve the highest standards for all our patients.

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

There will be innovative projects across the whole of Sheffield.

Appendix A: Health Economy Performance Measures Summary

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

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

Where possible, the RAG rating is against May 2013 performance as at the 21st June 2013 - year to date where appropriate.

57 indicators are reported below.

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

Key

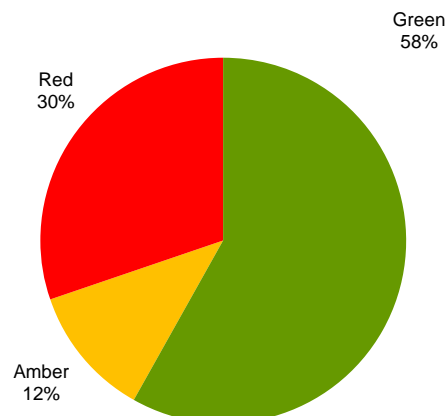
* - Data is currently not available for the Indicator

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

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

YTD - Year To Date

Sheffield CCG RAG Distribution



Acute - Elective Care

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

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

CCG	STHFT	SCHFT
91.79%	91.31%	94.55%
96.62%	96.53%	96.66%
94.56%	94.24%	97.26%
3	3	0
1	1	0
0	0	0

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test

0.15%	0.05%	0.68%
-------	-------	-------

Cancer Waits

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

93.30%	94.00%	100.00%
95.21%	98.00%	N/A
99.17%	98.00%	100.00%
97.56%	98.00%	98.50%
100.00%	99.00%	100.00%
98.68%	100.00%	N/A
91.67%	86.00%	N/A
95.83%	100.00%	N/A
95.83%	90.00%	N/A

Activity

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

6296	5422	496
13662	12377	570
N/A	8	0

Quality Standards

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

0.48	N/A	N/A
0.31	N/A	N/A
0.08	N/A	N/A
0.17	N/A	N/A
86.79%	N/A	N/A
WIP	WIP	WIP
WIP	WIP	WIP

continued overleaf

Appendix A: Health Economy Performance Measures Summary

Acute - 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)	*	93.90%	96.34%
Emergency Readmissions within 30 days	12.08%	N/A	N/A
Non-elective Admissions (FFCEs) (YTD)	5348	4348	727
Number of attendances at A&E departments - Type 1 (YTD)	14417	8824	4386
Number of attendances at A&E departments - Total (YTD)	22796	10849	4386
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	69.82%	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)	76.07%	N/A	N/A	83.12%
Category A response in 8 mins (RED 2 - less time-critical e.g. strokes and fits)	78.37%	N/A	N/A	79.88%
Category A response in 19 mins	97.71%	N/A	N/A	98.75%
Ambulance handover - delays over 30mins & 60mins in handover to A&E	WIP	WIP	WIP	WIP
Crew Clear - delays over 30mins & 60mins in ambulance ready for next call	WIP	WIP	WIP	WIP
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	0	0	0	N/A

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

Long Term Conditions

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

Mental Health & Learning Disabilities

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

Quality Standards

Health Care Acquired Infections (HCAI)

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	1	1	0	N/A
Clostridium Difficile (C Diff) (YTD)	30	13	0	N/A
Mixed sex accommodation breaches (YTD)	0	0	0	0

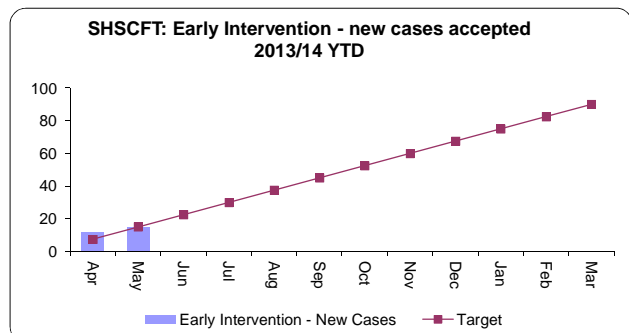
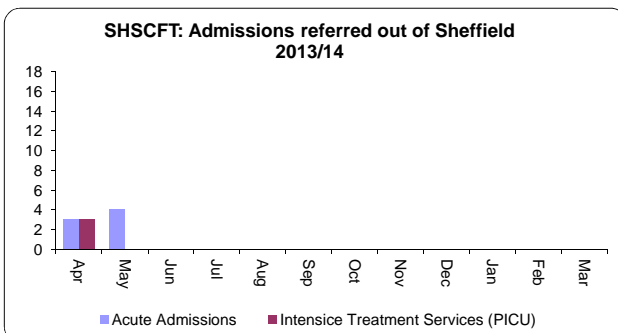
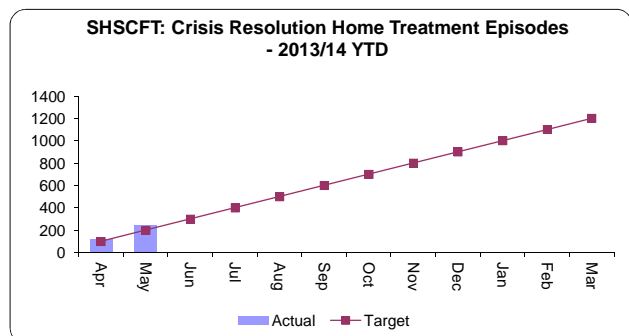
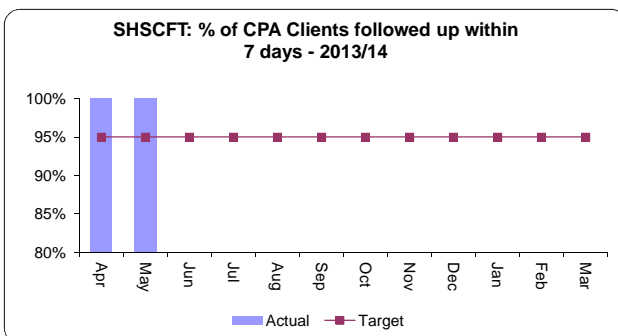
APPENDIX B: Mental Health Trust Performance Measures

Sheffield Health and Social Care NHS Foundation Trust

Only one of the seven targets highlighted in the table below has not been achieved in May. Key points to note are:

1. Crisis Resolution/Home Treatment: As at the end of May, there have been 243 home treatment interventions against a 12-month target of 1,202. This equates to 21.5% more patients benefiting from this service than originally planned in May.
2. CPA 7 day follow up: May'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: The position for May is 208, so has not improved from April. The Trust introduced a reconfiguration of its range of Community Mental Health Teams (CMHT) related services during 2012/13, moving from 15 separate teams to 5. As part of this, the provision of early intervention services was integrated closer within the main CMHT model. The caseload reviews undertaken as part of all the team changes have had some influence on the reduced caseloads of people on the Early Intervention Services (EIS) pathways. The Trust has raised this issue with the CCG as an area that would benefit from further joint review and arrangements are in hand for this.
4. Psychological therapy services: The quarter 4 performance for psychological therapy indicators is exceeding their respective target levels.

SHSCFT Indicators				
	Target	April	May	Monthly Change
Crisis Resolution / Home treatment	1202	120	243	▲
Psychosis intervention - New cases (YTD)	90	12	15	▲
Psychosis intervention - Maintain Capacity	270	208	208	◀▶
CPA 7 day follow up (YTD)	95%	100.00%	100.00%	◀▶
Anxiety/depression:		Q4	Q1	
% receiving Psychological therapy	3.3%	5.83%	Due August	
% referred for psychological therapy receiving it	65.5%	67.06%	Due August	
Psychological therapy pts. move to recovery	44.40%	80.30%	Due August	



APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

For May 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.

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.

Key Risks:

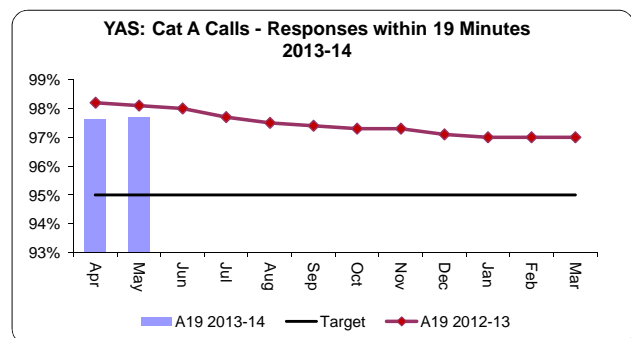
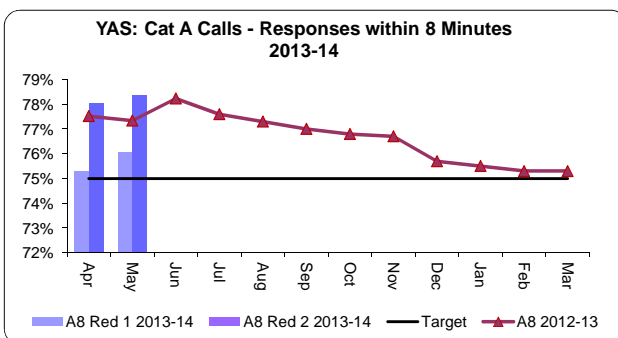
Red 1 8 minute performance is unlikely to be sustained over winter and further discussions will take place with YAS about their plans to maintain this above 75%.

Key points to note:

Discussions remain on-going with Arriva to confirm the start date by when a proportion of Sheffield GP Urgent calls, currently undertaken by YAS, will be undertaken by Arriva Transport Solutions Ltd. Arrangements are being made to ensure the transition from YAS to Arriva runs smoothly.

YAS Indicators

	Target	April	May	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	75.28%	76.07%	▲
Cat A 8 minutes Red 2 (YTD)	75%	78.04%	78.37%	▲
Cat A 19 minutes (YTD)	95%	97.62%	97.71%	▲



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	March	April	Monthly Change
Re-contact after discharge (phone)		8.7%	12.8%	▲
Re-contact after discharge (Treatment at scene)		7.5%	7.7%	▲
Re-contact after discharge (Frequent Caller)		2.3%	2.2%	▼
Time to answer call (Median)	5 sec	1	1	◀▶
Time to answer call (95th Percentile)		21	21	◀▶
Time to answer call (99th Percentile)		68	66	▼
Time to treatment (Median)		5.5	5.3	▼
Time to treatment (95th Percentile)		14.1	13.2	▼
Time to treatment (99th Percentile)		21.6	19.6	▼
Call closed with advice (Phone advice)		5.6%	5.1%	▼
Call closed with advice (Transport)		29.4%	28.2%	▼
Clinical Indicators		December	January	
Outcome from Cardiac Arrest (CA) All		20.0%	25.3%	▲
Outcome from CA Utstein Group (UG)		30.2%	46.6%	▲
Outcome from acute STEMI Angioplasty		79.9%	89.8%	▲
STEMI Care Bundle		86.8%	77.7%	▼
Outcome from Stroke 60 min to Stroke Unit		55.9%	62.5%	▲
Stroke - Appropriate Care Bundle		91.0%	95.6%	▲
Outcome from CA - Survival to Discharge All		7.0%	7.1%	▲
Outcome from CA - Survival to Discharge UG		17.5%	21.8%	▲
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 2, April - May 2013.

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

Outpatient First Attendances: 2.3% above plan

Elective Inpatient Spells: 4.1% above plan

Follow-up Attendances: 0.2% below plan

Non Elective Spells: 8.2% above plan

Figure 1. Outpatient First Attendances

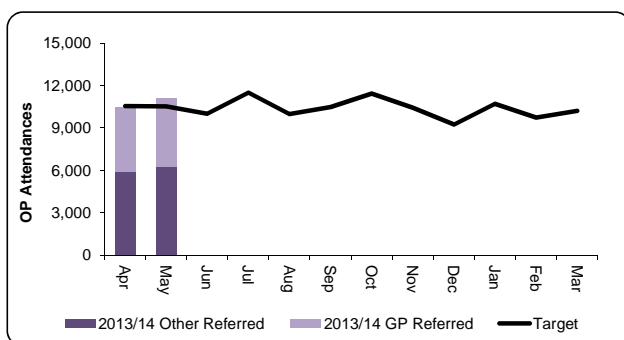


Figure 3. Elective Spells

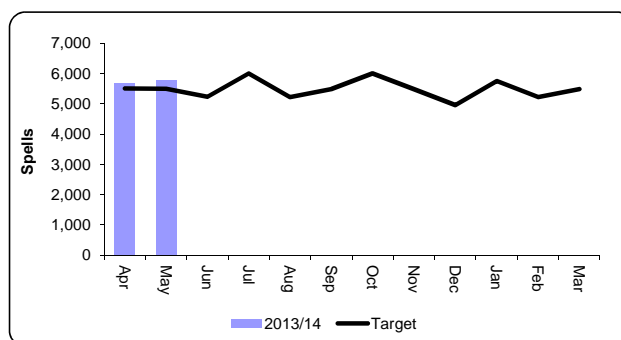


Figure 2. Outpatient Follow-up Attendances

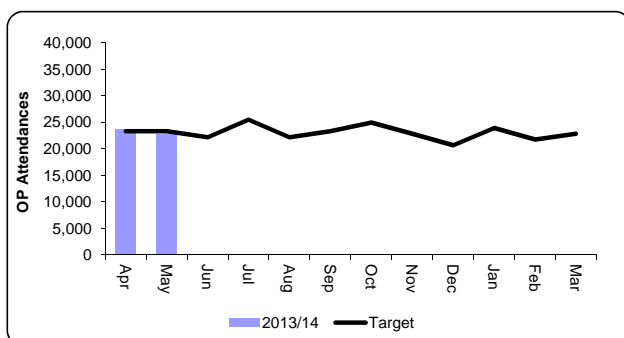


Figure 4. Non Elective Spells

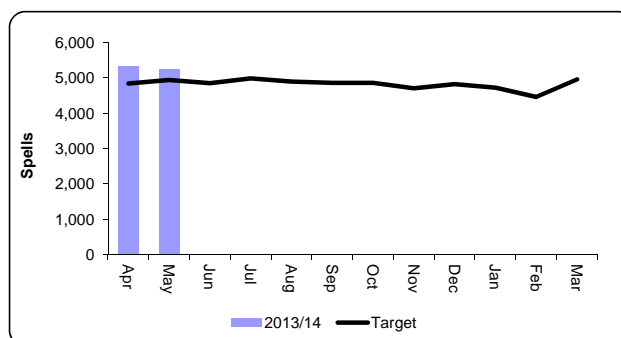


Table 1. Outpatient Activity

	2013/14	Target	Var	% Var
First	21,589	21,094	495	2.3%
Follow-up	46,504	46,582	-78	-0.2%
OP Payable Procedures	9,694	9,534	160	1.7%
Follow-ups:First Ratio	2.15	2.21	-0.05	-2.5%

Table 2. Inpatient Activity

	2013/14	Target	Var	% Var
Elective	11,462	11,005	457	4.1%
Non Elective	10,597	9,792	805	8.2%
Excess Bed Day Costs (£000s)	£1,774	£1,624	£150	9.2%

Source: STHFT Contract Monitoring, Sheffield CCG only (i.e. excluding NHS England commissioned activity - specialised and dental)

Notes:

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

Excess Bed Day Costs include MFF (Market Forces Factor)

Referral data at CCG level is not yet available.

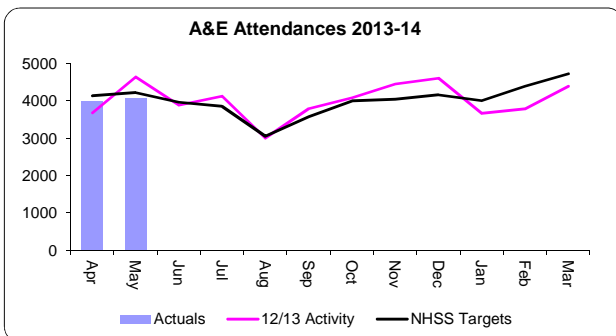
Adjusted for 'unknown outpatient attendance status' against Anti Coagulation and Haematology OP attendances

Produced by NHS Sheffield CCG Contract Team, June 2013

APPENDIX C: Contract Activity

Sheffield Children's NHS Foundation Trust

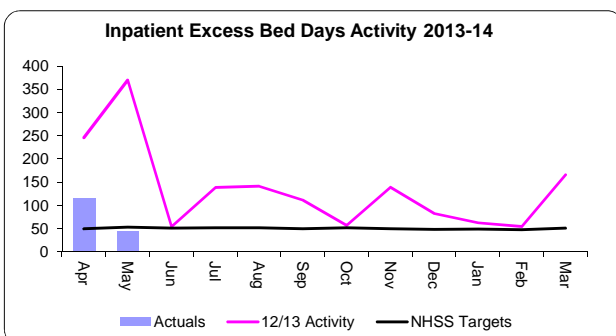
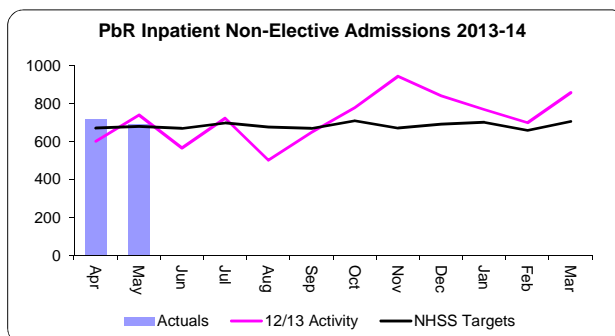
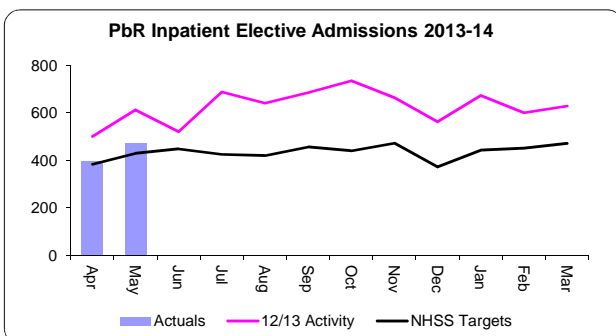
2013/14 Actual performance against Plan and 2012/13 performance



A&E activity fluctuated throughout 2012/13, but the first 2 months of 2013/14 show a slight decrease in attendances and are also below target level.

Following their dip below the '95% within 4 hours' target level in April, as at the end of May, SCHFT's cumulative A&E performance has risen to 96.34%.

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

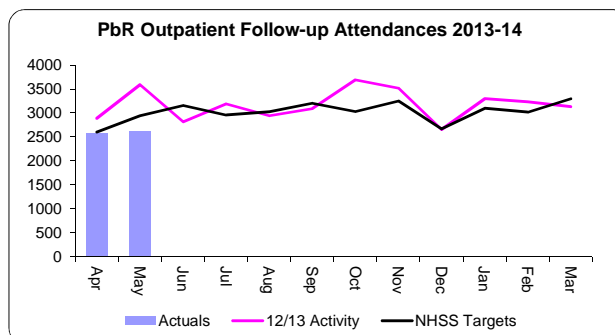
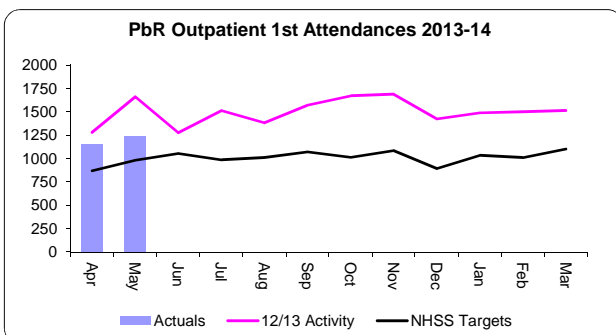


In the first month of 2013/14, electives decreased significantly from those levels seen in 2012/13; activity has risen slightly in May and is also now slightly above planned levels.

Non-elective admission levels in May have again reduced, but are now just at planned levels.

Excess bed days have also fallen again since April, but are now slightly below the planned amount for the month.

Outpatient first and follow-up attendances remain below the levels seen last year but, whilst follow-ups are still below planned levels in May, firsts are still well above.



Position to May 2013:

SCHFT outpatient firsts are overtrading by 537 attendances and follow-ups are undertrading by 318. In terms of elective activity, there is currently an overtrade of 55 spells. Non-elective activity is currently overtrading by 59 spells. Excess bed days are underperforming by 58 bed-days. There is currently an undertrade on A&E attendances of 268.

Activity figures are from SCHFT contract monitoring information
SCHFT Finance Team