

**Month 12 Quality and Outcomes Report**

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**Governing Body Meeting**

**2 May 2013**

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<b>Key messages</b>	
<p>1. This is the 2<sup>nd</sup> edition of 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 will be further developed as the CCG’s approach to ensuring and reporting on quality is reviewed, in the 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’s Rights and Pledges.</p>	
<b>Assurance Framework (AF)</b>	
<p><b>Risk Reference Number:</b> 95</p> <p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed</b></p> <p>Performance monitoring reports produced for CET, Planning &amp; Delivery Board, CCG committee and Cluster Board. Performance links with operational leads each month for progress reports and remedial action plans when appropriate. Escalation through operational leads to the Planning and Delivery Group.</p> <p>The achievement of national targets and standards further link directly to the following elements of the Board Assurance Framework (BAF):</p> <ul style="list-style-type: none"> <li>1.1 Delivery of safe and efficient health care,</li> <li>1.2 Commissioning of health services to ensure they remain affordable, and</li> <li>2.1 Effective Health Care</li> </ul> <p><b>Is this an existing or additional control?</b></p> <p>Existing 2.1.2A</p>	

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

# Quality & Outcomes Report

## Month 12 position

For the May 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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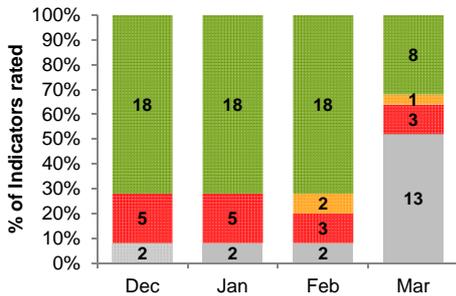
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# Sheffield Clinical Commissioning Group - Summary Position

## 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 bars. Amber shows those which are close to being delivered, red those where significant improvement is needed. Grey indicates areas that are not yet being measured (due to commence 2013/14) or where data is not yet available.

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

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

#### Pledges not currently being met:

	A&E 4hr waits, Cat A (RED 1) calls within 8 mins,
	MSA breaches
	52+ week waiters

### Headlines

**Patients referred for suspected Cancer:** Patients continue to be seen quickly (within 2 weeks) and, where needed, receive treatment within a maximum of 2 months from referral. An increase in waiting times for treatment (and for Consultant upgraded referrals) in February was caused mainly by delays in treatment and Trust capacity issues but, as the numbers reported are small, performance fluctuates more widely and is once again not presenting cause for concern.

**Maximum 18 week waiting time for all other referrals:** Both Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Children's NHS Foundation Trust (SCHFT) are meeting their requirement that over 90% of admitted and 95% of non-admitted patients are being treated within 18 weeks. Individual specialties can take longer to treat their patients and we work with the hospitals to address issues causing this; although General Medicine, Neurology and Neurosurgery have issues this month, the main specialties for focus are Urology, Trauma & Orthopaedics and Plastic Surgery due to their on-going underachievement against this measure.

**A&E waiting times:** Waiting times have, on some days, been affected by high numbers of patients attending the department and also low bed availability for patient admissions at STHFT. Work between the CCG and the Trust continues to help reduce unnecessary use of A&E services and to ensure patients continue to receive a high quality service.

**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 the CCG Quality and Outcomes report (and this part of the Summary) will be informed by the results of the above work. In the meantime, CCG reporting will continue to focus on the measures used during 12/13.

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

### Headlines

**Ensuring that people have a positive experience of care:** The Friends and Family Test: All Sheffield providers required to undertake the Friends and Family Test (STHFT, Claremont and Thornbury Hospitals) have begun to use the test to collect feedback from patients. This data is being collated nationally and reporting on the data is expected to be available from June 2013.

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

**C.Diff:** The number of cases attributable to the CCG reported in March was lower than last month. However, the total number for the year (2012/13) was higher than planned (232 cases against a plan of no more than 191). SCHFT ended the year with a reported 8 cases against a plan of 3. STHFT however reported 104 cases, which was within their plan to have no more than 131 cases during 2012/13.

**MRSA:** The CCG are reporting a total for 2012/13 of 5 cases against a plan of 6. No cases have been reported for STHFT and SCHFT in March; STHFT have a total of 3 cases for the year, against a 2012/13 plan of 1.

# Sheffield Clinical Commissioning Group - Summary Position

## Best Possible Health Outcomes

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

Nationally, the focus on improving health outcomes covers 5 key areas or 'domains'. The national required measures relating to these domains are largely quarterly or even annual measures (see pages 16-18) and data for 2013/14 will not be available for some months.

More timely and locally appropriate measures to show Sheffield progress are being considered by Sheffield CCG clinical portfolio teams. In the meantime, some 'headlines' regarding CCG planned activities for 2013/14 in each of the 5 key areas are described below.

### Headlines

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

A key area for 2013/14 is premature deaths (under 75 years of age) from cancer, where Sheffield has significantly worse outcomes than other comparator CCGs. There is a commitment to work on earlier awareness and earlier diagnosis of cancer, with the aim of improving detection and to collaborate with partners on improvements in treatment. Work with co-commissioners across Sheffield will continue to address smoking as the single greatest area of potential impact on deaths from cancer.

This builds on Sheffield's achievements in respect of a high percentage of patients, with cancer or its symptoms, who are seen within 2 weeks following referral by their GP and, if diagnosed with cancer, receive treatment with clinically appropriate timeframes (see pages 5-6 for details).

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

A number of areas of work are planned for 2013/14 to improve the way services for people living with one or more long-term condition are designed and delivered in the city. The plans acknowledge that those living with multi-morbidity are an increasing group and that there is an increased need to empower, enable and support people to better self-care. Through better supported self-management and proactive planned care, the aim is to reduce the occurrence of 'health crises' that then require urgent care.

Plans for 2013/14 include:

- Increasing the number of people with multiple, complex Long Term Conditions (LTC) and at risk of hospitalisation, who are receiving a proactive care planning approach.
- Addressing unwarranted variation in care for children with complex needs and improving child/family experience of care and respite care. Also ensuring more integrated services for provision of specialist equipment for children with complex needs.

Building on Sheffield's current strong position on diagnosis rates for dementia, work will continue during 2013/14 with a commitment made to increase diagnosis rates by a further 3%.

Joint work will continue with all partners to improve the physical health and wellbeing of - and improve care for people with - Mental Health problems and those with Learning Disabilities by:

- Improving Child and Adolescent Mental Health Services, including Improved Access to Psychological Therapy (IAPT) and ensuring good transition from children's to adult services.
- Increasing the numbers of Annual Health Checks provided to people with Learning Disabilities (LD) and continued work with STHFT to improve the experience of people with LD and their carers when they are in hospital.
- Redesigning acute inpatient services, ensuring appropriate local provision and, in line with the Winterbourne Concordat action plans, increasing the numbers of people cared for closer to home.
- Implementing locally appropriate activity in response to the changes to the system for children and young people with special educational needs (SEN) set out in the recent Children and Families Bill 2013.

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

Providing the right support at the right time and avoiding unnecessary hospital admissions are central to programmes of work on both urgent (unscheduled) care and elective (scheduled) care.

For 2013/14, planned activity, with partner organisations across Sheffield, includes:

- Increased provision of community-based care via expansion of intermediate care, expansion of community nursing services for adults and redesign of the services for children.
- Supporting GP practices and primary care providers to enhance the care able to be provided outside of hospital.
- Development of integrated practice in primary and community services.
- Improvements to services for people with LTC as described at point 2.
- Reviewing the pathway and guidance for the management of respiratory conditions in children, for which Sheffield has higher emergency admissions than comparator CCGs.

*continued overleaf*



## Sheffield Clinical Commissioning Group - Summary Position

### Best Possible Health Outcomes - continued

4. Ensuring that People have a positive experience of care and
5. Treating and caring for people in a safe environment and protecting them from avoidable harm

CCG Priorities for 2013/14 include:

- Ensuring recognition across the CCG that patient safety and improving clinical quality is everyone's business.
- Implementing appropriate actions in the light of recommendations from the Mid-Staffordshire Hospital public enquiry and investigations into Winterbourne View.
- Ensure patient and carer feedback is reviewed, action taken to deliver continual improvements and is taken into account as part of service developments.
- Protect patients from avoidable harm by further reducing the incidence of Hospital-acquired infections (C Difficile and MRSA); continuing to improve medicines safety; implementing more stringent safeguarding standards for adults and children.

### Quality Innovation, Productivity and Prevention (QIPP) Outcomes

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

The QIPP section of the Quality and Outcomes Report (and this part of the summary) will be shaped by this work for future publications. In the meantime, CCG reporting of QIPP for 2012/13 continues in the current format and is set out on page 19.

# Highest Quality Health Care

## NHS Constitution - Rights & Pledges

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

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

**Key to ratings:**

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

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

### Referral To Treatment waiting times for non-urgent consultant-led treatment

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

**Issues & Actions May 2013:**

SCHFT has reported 1 Sheffield-registered patient whose record shows they have waited in excess of 52 weeks for treatment. We have a strong zero-tolerance policy in this area and have had detailed discussions with the Trust regarding this particular case.

This particular patient has been on a very complex care pathway and has been receiving care and diagnostic services from the Trust; the delay has been through patient choice, before proceeding with the recommended treatment. We are assured that improved reporting processes at the Trust will ensure that improvement to patient pathways will prevent similar circumstances in the future. The CCG will remain in regular contact with the hospital to ensure this is the case.

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



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



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



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



### Diagnostic test waiting times

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

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



continued overleaf

# 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 May 2013:

The 2012/13 performance measure at Sheffield Teaching Hospitals was not achieved as previously reported, although the Sheffield Children's Hospital did achieve the target. The pressures on A&E departments in Sheffield continue to be experienced in April, a pattern that has been seen elsewhere in the region. This has impacted upon STHFT's performance, in that their performance for the 1st quarter of 2013/14 may be compromised.

The CCG, with STHFT, have agreed to undertake a review of the service and issues it is facing, which will be supported by The University of Sheffield's School of Health and Related Research (SchARR). The CCG continues to work with the 'Right First Time' programme to ensure that the system-wide changes needed to ensure appropriate urgent care response and patient flow through the health and social care system are implemented.

Senior colleagues attended an A&E summit on 19th April - attended by all CCGs in the South Yorkshire & Bassetlaw locality - called due to the continuing pressures being experienced across the patch. It was agreed that a clinically focussed meeting would be held in the near future, to share learning from recent experience across providers and health economies.

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



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



## Cancer Waits

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

### Issues & Actions May 2013:

Due to the transitions taking place within the NHS, there is currently a national issue in that no NHS England Area Teams, Clinical Commissioning Groups (CCGs) or Commissioning Support Units (CSUs) are able to access data held in the National Cancer Waiting Times Database. Work is on-going to rectify this, but it does mean that we are not able to report the Sheffield CCG total position (any patient waiting at any Trust in the country that is registered with a Sheffield CCG GP Practice) at present.

In order to give an indication of performance in the meantime, we are using the total reported position for Sheffield Teaching Hospitals NHS Foundation Trusts, provided by them. The majority of their recorded patients are Sheffield-registered and these do also make up the majority of the Sheffield CCG position; it was therefore deemed a suitable proxy position, in the absence of total data.

### 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



# Highest Quality Health Care

## Cancer Waits - continued

### 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.

## Category A ambulance calls

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

### Issues & Actions May 2013:

Yorkshire Ambulance Service (YAS) have failed to achieve the year-end Red 1 category, despite YAS deploying additional capacity to support the achievement of the required targets.

Additional resource has been agreed to support YAS plans for workforce and fleet improvements in 13/14, in order to ensure a sustained improvement in performance.

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



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



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



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

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



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



## Mixed Sex Accommodation Breaches

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

### Issues & Actions May 2013:

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

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





## 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.*

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days



#### Further measure for 2013/14:

No urgent operation to be cancelled for a 2nd time



### Mental Health

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

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



# Highest Quality Health Care

## Quality and Safety

Quality Dashboard: Quarter 3 2012/13		Provider Trusts		
	CCG	STHFT	SCHFT	SHSCFT
<b>REGULATIONS</b>				
Registration with CQC with no Compliance Conditions	-	G	G	G
<b>EXTERNAL/INTERNAL INSPECTIONS &amp; REVIEWS</b>				
NHSLA Review	-	G	G	G
<b>PATIENT SAFETY</b>				
Compliance with the Health Act (Hygiene Code)	-	G	G	G
MRSA blood stream infections	G	R	G	G
Clostridium Difficile	R	G	R	G
Patient Safety Incidents	-	G	G	G
<b>CLINICAL EFFECTIVENESS AND AUDIT</b>				
CQUINS data	-	G	G	A
<b>PATIENT &amp; STAFF EXPERIENCE</b>				
Experience of Staff	-	G	G	G
Patient Experience Service User Feedback (includes Surveys, PALS & Complaints)	-	G	A	G

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

#### REGULATION

##### Sheffield Teaching Hospital NHS Foundation Trust

A review of the code of conduct relating to the Mental Health Act 1983 (detention of patients) at STHFT took place on 21<sup>st</sup> March by the Care Quality Commission (CQC). Further work is required, including putting in place an internal policy and the delivery of training. A formal action plan has now been agreed with the CQC.

##### Sheffield Health and Social Care Trust

The CQC have published reports on the following Health and Social Care Providers and all were assessed as fully compliant:

- Warminster Road
- Bolehill View
- Grenoside Grange

##### Thornbury Hospital - report published end of March 2013

###### A. One Health CQC inspection - 15<sup>th</sup> February 2013

One Health Group is a chamber of surgeons who provide orthopaedic and spinal surgery for NHS and private patients and undertake outpatient clinics and surgical operating sessions at the Hospital.

Standards inspected were:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers
- Complaints

There is full compliance with all standards.

###### B. BMI Healthcare Limited inspection - 22<sup>nd</sup> February 2013

The service offers care and treatment to NHS and private patients and contains 77 beds.

Services are: Diagnostic and/or screening services, Physical disabilities, sensory impairments, surgical procedures, caring for children (0 - 18yrs) and Adults.

*continued overleaf*

# Highest Quality Health Care

## Quality and Safety

### **BMI Healthcare Limited Inspection - continued**

Standards assessed:

- Consent to care and treatment
- Care and welfare of people who use services
- Meeting nutritional needs
- Safety, availability and suitability of equipment
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

Fully Compliant with all standards except:

- Safety, availability and suitability of equipment

People were not protected from unsafe or unsuitable equipment - anaesthetic breathing circuits were not disposed of in accordance with the recommendations of the appropriate specialist body.

Please refer to the full report: [http://www.cqc.org.uk/sites/default/files/media/reports/1-102643500\\_BMI\\_Healthcare\\_Limited\\_1-128767375\\_BMI\\_Thornbury\\_Hospital\\_20130329.pdf](http://www.cqc.org.uk/sites/default/files/media/reports/1-102643500_BMI_Healthcare_Limited_1-128767375_BMI_Thornbury_Hospital_20130329.pdf)

**Actions:** BMI has submitted an action plan to the CQC to achieve compliance with this Regulation 16 HSCA 2008. The CCG will be monitoring performance via the contracting process.

### **Claremont Hospital - report published end of March 2013**

#### **A. One Health Group Inspection - 15<sup>th</sup> February 2013**

Service as for Thornbury.

Standards assessed:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers
- Complaints

There is full compliance with all standards.

#### **B. Claremont Hospital - part of Aspen Health Care limited - inspection 4<sup>th</sup> January 2013**

Claremont is an acute service with overnight beds.

Services are: Diagnostic and/ screening services, Surgical procedures, Caring for children (0 - 18yrs) and adults.

Standards assessed:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers
- Assessing and monitoring the quality of service provision

There is full compliance with all standards.

## **PATIENT SAFETY**

### **C Difficile Targets**

#### **Sheffield CCG**

There have been 17 cases reported in March, which is 1 case over the monthly target of 16, but a decrease on previous months.

- 7 cases are community associated with no recent hospital admission (4 are GP samples and 3 are samples taken shortly after admission to STHFT)
- 4 are community associated but have had hospital admission in the last 56 days (1 of these is a GP sample, the rest are samples taken on or shortly after admission)
- 6 are STHFT attributable, all on separate wards with no recent cases



## Highest Quality Health Care

### Quality and Safety

#### Sheffield Teaching Hospital

There have been 10 cases reported in March, which is 1 case under the monthly target.

- 6 are as reported above and are Sheffield residents
- 4 are non-Sheffield residents (3 on separate wards with no recent cases and 1 on a ward with 1 other case, IPC audit and ribotyping underway)

#### Sheffield Children's Hospital

2 cases have been reported in March, on the same ward, 9 days apart, same ribotype. The ward has undergone a deep clean, RCAs have been undertaken and surveillance continues. The total is now 8 cases in the year, which is 5 cases over the annual target.

#### MRSA Bacteraemia

- STHFT have had zero cases in March. To date they have had 3 cases against a target of 1.
- SCHFT have had zero cases in March. To date they have had zero cases against a target of 1 or less.
- Sheffield CCG has had 1 case reported in March. A post-infection review has been undertaken, the case had minimal community healthcare intervention and was determined as unavoidable. To date they have had 5 cases against a target of 6.

#### Safeguarding Children

There are no new cases.

There remain 4 open cases:

- Child B (CR) still awaiting the overview report.
- Child T (CR) under the new Significant Incident Learning Process (SILP) methodology. Final report completed and going to Sheffield Safeguarding Children's Board (SSCB) on 16<sup>th</sup> April.
- Child SP (CR) Lessons Learned Review is scheduled for 1<sup>st</sup> May.
- Child LA (SCR) now to be known as Child H. Chronologies to be submitted by 3<sup>rd</sup> May and IMRs by 10<sup>th</sup> May. Health Overview Report to then be completed.

#### Safeguarding Adults

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

#### Domestic Homicides

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

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

#### PATIENT EXPERIENCE

##### Eliminating Mixed Sex Accommodation

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

##### Friends and Family Test

All Sheffield providers required to undertake the Friends and Family Test (Sheffield Teaching Hospital, Claremont and Thornbury Hospitals) have commenced their data collection and reporting to UNIFY, in line with the Department of Health requirements.

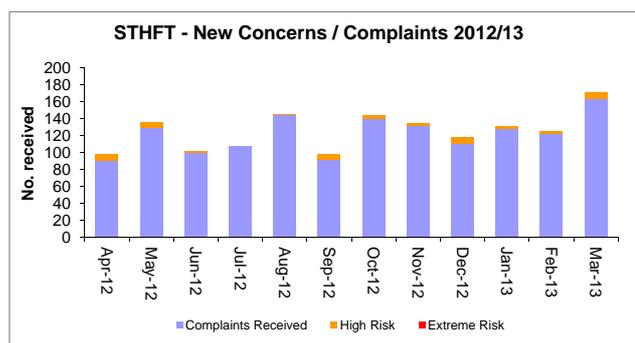
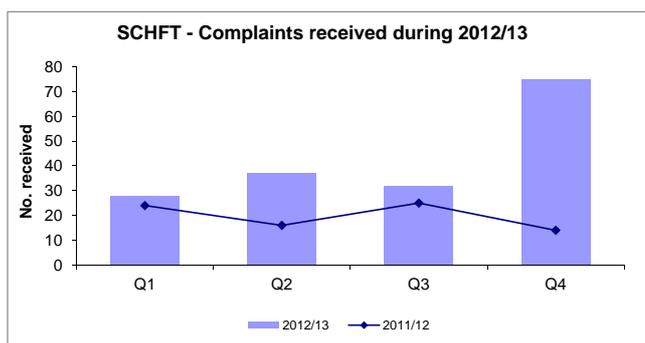
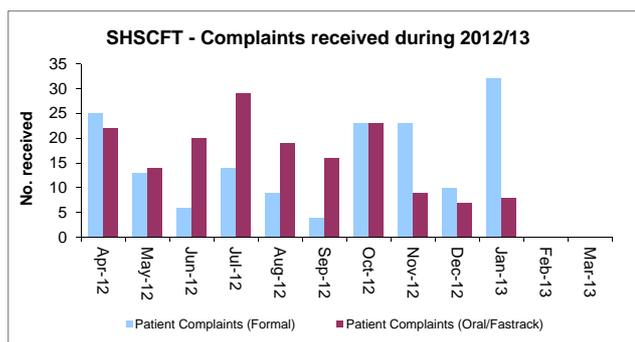
Comparative data will be available from June 2013.

# Highest Quality Health Care

## Patient Experience of NHS Trusts

### Patient Complaints

Reasons for Complaints:	
<b>STHFT</b> (Jan13 - Mar13)	Attitude Appropriateness of medical treatment Communication with patient
<b>SCHFT</b> (Apr12 - Dec12)	Appointment Issues Clinical Treatment



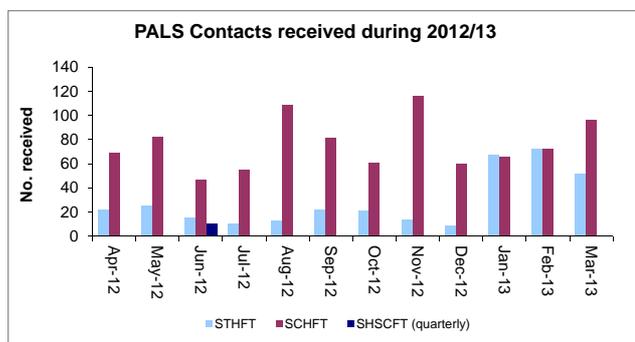
### Patient Compliments

**STHFT:** 58 letters of thanks received in March. In total, 594 letters of thanks received from April 2012 to March 2013.

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

### PALS Contacts

Reasons for PALS Contacts:	
<b>SCHFT</b> (Mar13)	Care and Treatment(15) Support (15) Appointments (10)
<b>SHSCFT</b> (Q1 12/13)	Access to Services (4) Complaint (3) General / Service provision / Admin (1)



### Individual Initiatives

**STHFT** - During March the Trust responded to 85% of complaints within 25 working days, meeting the 85% target. To date, the Trust has achieved 85% (April-March). Surgical Services, who achieved just 63% in January, continues to improve and achieved 88% in March.

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** - During Q3, 100% of complaints were acknowledged within the statutory timescale. Of these, 77% were investigated and responded to within the agreed timescale.

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

### Patient Environment Action Teams (PEAT) - Results 2012

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

# Highest Quality Health Care

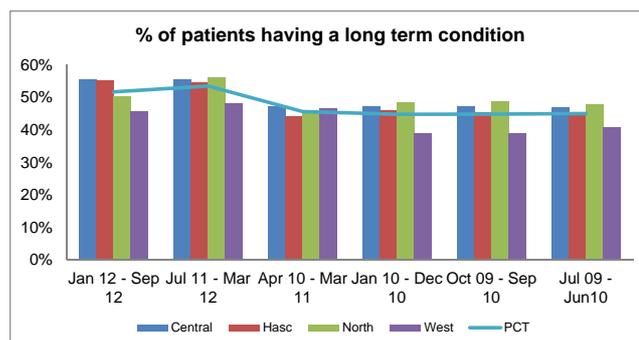
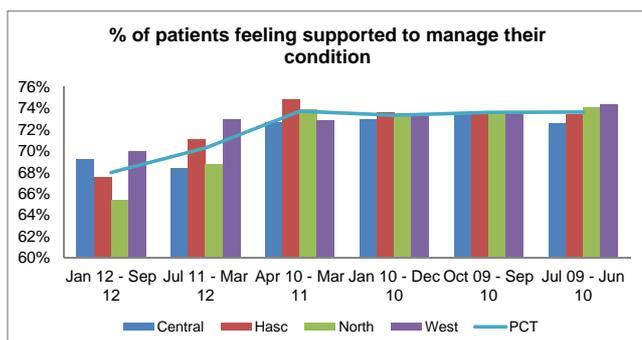
## Patient Experience of GP Practices

The charts below show three indicators taken from the GP Patient Survey, which is published every 6 months.

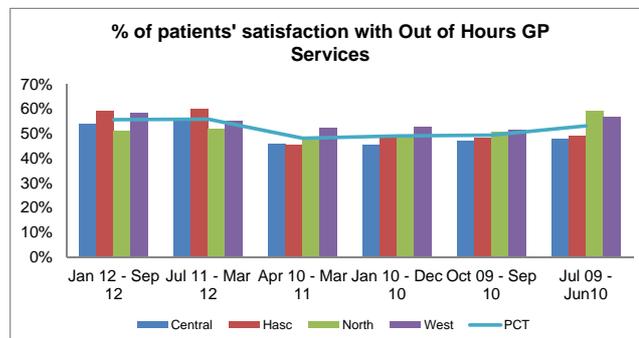
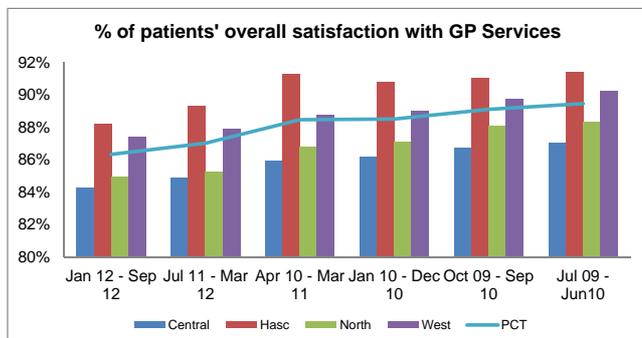
Results are shown by Sheffield CCG Locality:

- Central
- Hallam and South (HASC)
- North
- West

For comparison against the total CCG position.



**Proportion of patients who feel supported to manage their condition:** This indicator is shown in 2 parts. Part 1 contains the % of patient who feel supported to manage their condition, whilst part 2 displays the % of patients who have answered positively as to whether they have a long term condition.



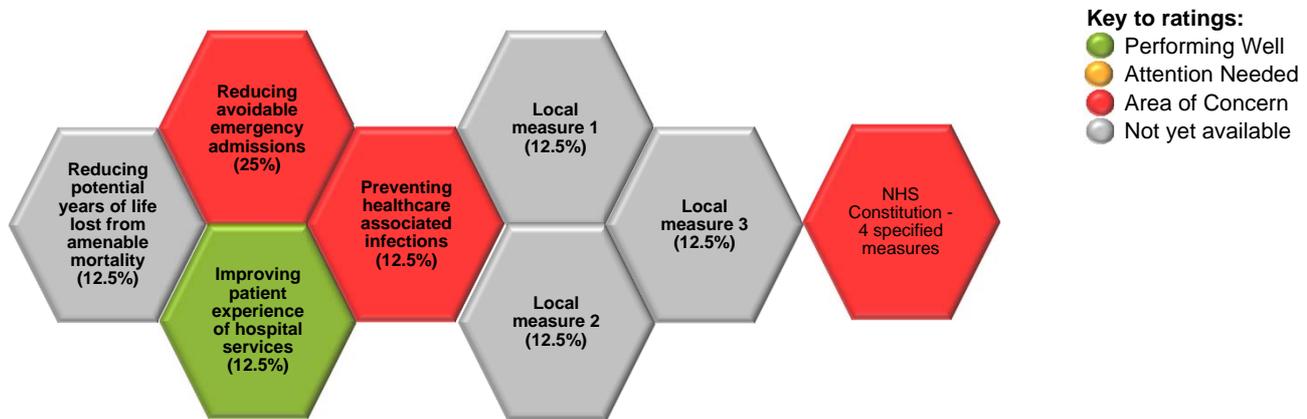
**Proportion of patients overall satisfied with GP Services:** This indicator shows whether patients were "very" or "fairly" satisfied with the service at their GP practice.

**Proportion of patients satisfied with the Out of Hours GP Service:** This indicator also shows whether patients were "very" or "fairly" satisfied with the service at their GP practice.

# Quality Premium Dashboard

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

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



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

## Reducing potential years of life lost from amenable mortality

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

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

Potential years of life lost



continued overleaf

## Quality Premium Dashboard

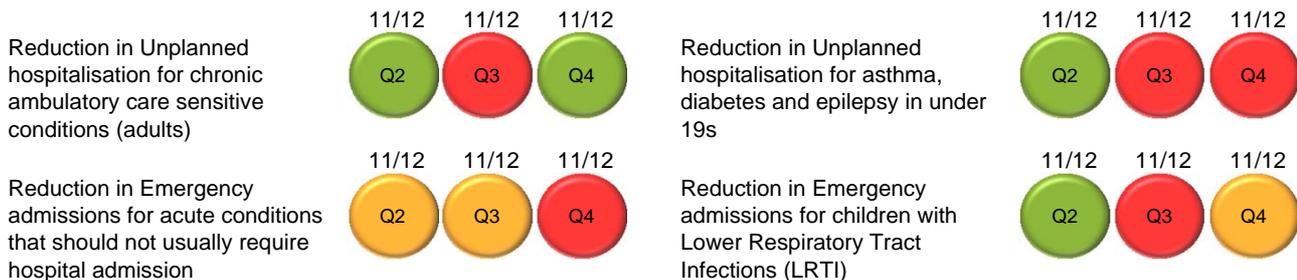
### Reducing avoidable emergency admissions

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

#### Issues & Actions May 2013

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

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



### Improving patient experience of hospital services

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

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



### Preventing healthcare associated infections

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

Sheffield CCG planned to having no more than 191 cases of infection in 2012/13. This was exceeded in January with 198 cases and has reached 232 in March, the year-end month. The 2013/14 target is 163.

MRSA for the CCG was below its planned level for 2012/13 of 6, recording 5 breaches from April to March but, as cases have been reported, this must be rated as red here, as the Quality Premium requires zero cases in order to achieve.

#### Issues & Actions May 2013:

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

Please see the Highest Quality Health Care - Quality and Safety section on pages 8-10 for more information on HCAs.



# Quality Premium Dashboard

## Local measures

### Issues & Actions May 2013

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

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



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



**Local measure 3:** Reduced waiting times for Speech & Language therapy



## NHS Constitution - 4 specified measures

### Issues & Actions May 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 5).

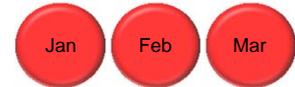
#### **Category A (RED 1) response within 8mins**

For commentary on this area, please see the 'Category A ambulance calls' section of Highest Quality Health Care: NHS Constitution - Rights & Pledges (page 6).

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



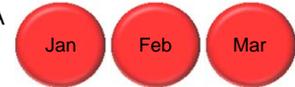
95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E



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



Ambulance - 80% of Category A (RED 1) calls resulting in an emergency response arriving within 8 minutes



# Best Possible Health Outcomes

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

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

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

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

**Key to ratings:**

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

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

## Acute - Elective Care

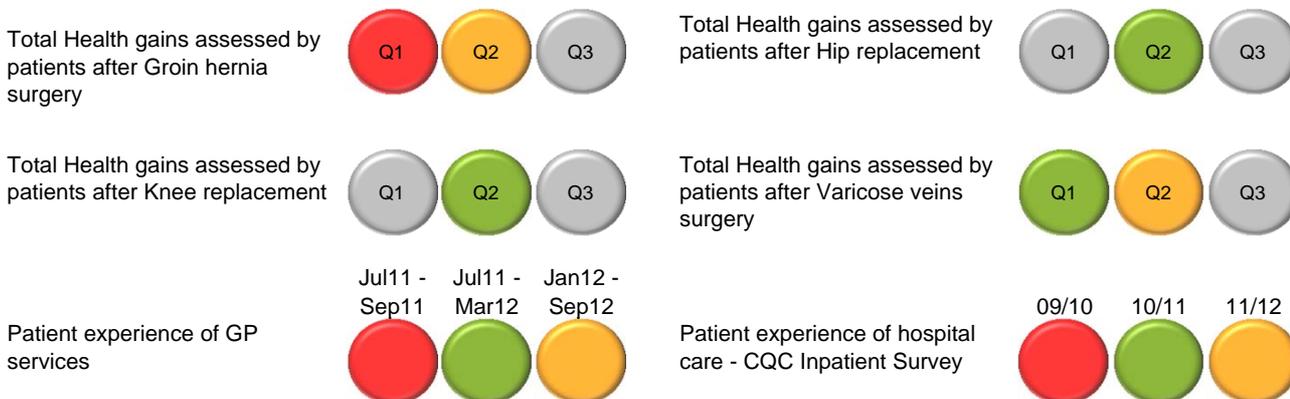
### Issues & Actions May 2013:

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

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

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

### National required measures



### Locally selected measures

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

Continued overleaf

# Best Possible Health Outcomes

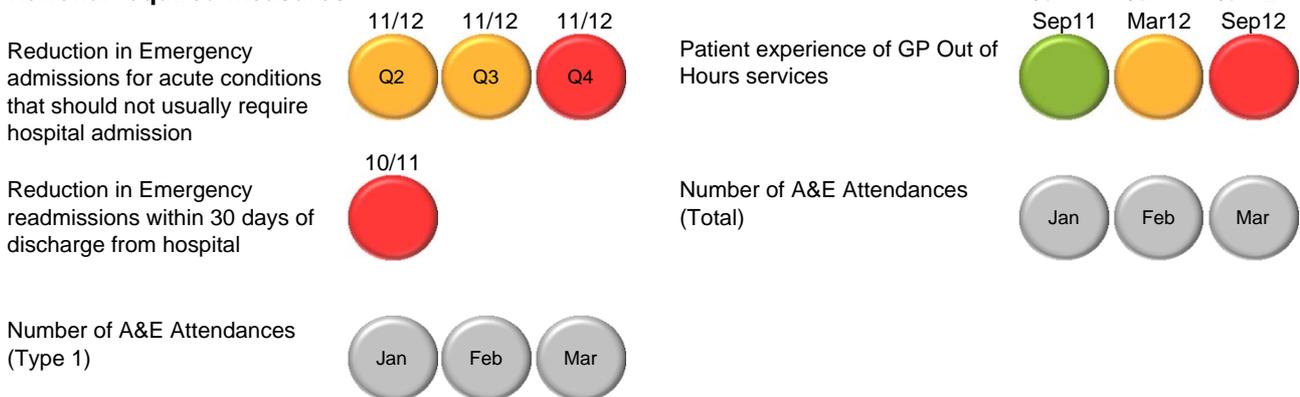
## Acute - Urgent Care

### Issues & Actions May 2013:

For Emergency Admissions commentary, please see the 'Reducing avoidable emergency admissions' section of the Quality Premium Dashboard (page 14).

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

### National required measures



### Locally selected measures

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

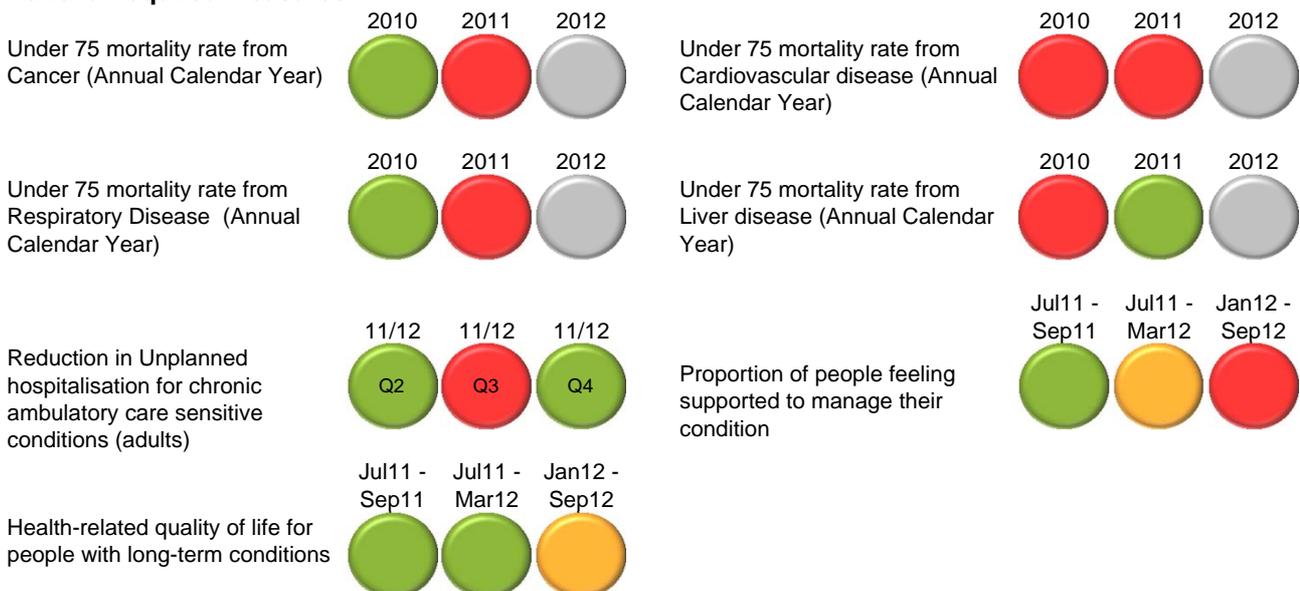
## Long Term Conditions

### Issues & Actions May 2013:

With regard to health-related quality of life and proportion of people feeling supported to manage their condition, Sheffield's strategic commissioning framework for LTCs continues to emphasise self-care and self-management as a key constant. Work continues to better enable, empower and equip people to self-care.

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

### National required measures



### Locally selected measures

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

## Best Possible Health Outcomes

### Mental Health and Learning Disabilities

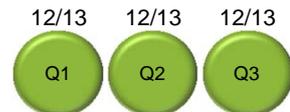
'Apr' = measurement of this indicator will commence in 2013/14.

#### National required measures

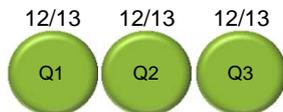
Improvement against plan:  
Estimated diagnosis rate for  
people with dementia



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



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



#### Locally selected measures

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

### Children and Young People

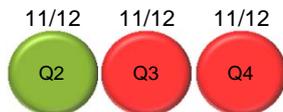
#### Issues & Actions May 2013:

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

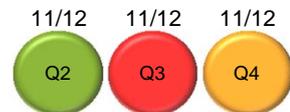
**Emergency readmissions for children with LRTI** - work continues in reviewing the data, the case mix and the pathway with our provider and also in reviewing the clinical management within primary care to assess the need to develop further plans in this area.

#### National required measures

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



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



#### Locally selected measures

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

### Activity Measures

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

Elective finished first consultant  
episodes (FFCEs)



All first outpatient attendances



Non-elective FFCEs (First  
Finished Consultant Episode)



# Quality Innovation Productivity and Prevention (QIPP) Performance Monitoring

## Delivering ABH 4

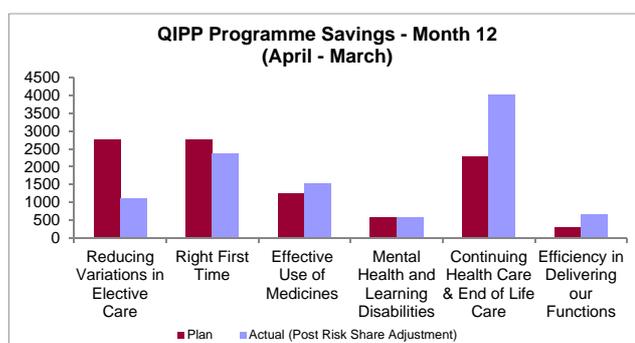
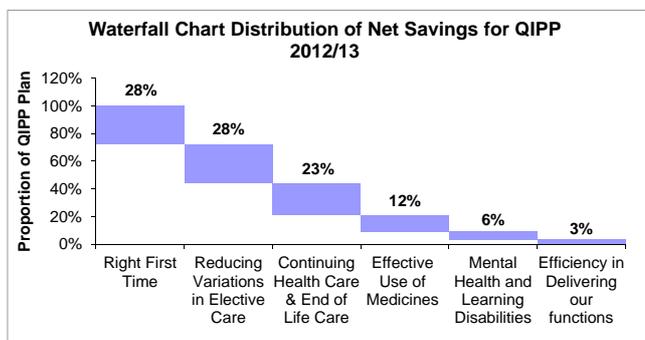
Programme	Net Savings Plan for Full Year £'000	Net Savings Plan (April - Mar) £'000	Net Savings Actual (April - Mar) £'000	Net Variance against plan (April - Mar) £'000	Risk Share Adjustment on Urgent Care (as per agreed contract clause with STHFT) £'000	Net Variance against plan (April - Mar) post risk share £'000
<b>CLINICAL COMMISSIONING GROUP</b>						
Reducing Variations in Elective Care	(2,504)	(2,504)	(1,014)	1,490		<b>1,490</b>
Right First Time	(2,760)	(2,760)	(1,000)	1,760	(1,361)	<b>399</b>
Effective Use of Medicines	(1,250)	(1,250)	(1,512)	(262)		<b>(262)</b>
Mental Health and Learning Disabilities	(570)	(570)	(570)	0		<b>0</b>
Continuing Health Care & End of Life Care	(2,280)	(2,280)	(4,021)	(1,741)		<b>(1,741)</b>
Efficiency in Delivering our functions	(300)	(300)	(648)	(348)		<b>(348)</b>
Overcommitted recurrent investment and Freed Up Resources	(86)	(86)	(75)	11		<b>11</b>
<b>Subtotal</b>	<b>(9,750)</b>	<b>(9,750)</b>	<b>(8,840)</b>	<b>910</b>	<b>(1,361)</b>	<b>(451)</b>
<b>NATIONAL COMMISSIONING BOARD</b>						
Reducing Variations in Elective Care	(250)	(250)	(80)	170	0	<b>170</b>
<b>Total</b>	<b>(10,000)</b>	<b>(10,000)</b>	<b>(8,920)</b>	<b>1,080</b>	<b>(1,361)</b>	<b>(281)</b>

## Summary

The 2012/13 QIPP savings target of £10,000k was exceeded, as we delivered £10,281k net of investment at year end.

Changes to the CHC procurement, improved efficiency in primary care prescribing and agreed reductions in running costs were the main areas which contributed to this success. We have also delivered quality improvements in planned and emergency care, for example faster discharge from hospital and new elective care clinical pathways in some targeted specialties.

## QIPP Performance



The 2012/13 QIPP plan incorporates the outcome of contract negotiations and will not significantly change going forward. 51% of the QIPP net savings combine the related issues of Right First Time and CHC / End of Life Care. 28% of savings relate to elective care, with the remainder of the planned savings (21%) divided between the other 3 programmes.

The chart on the right shows the level of savings made for the year, compared to the planned level of savings for the same period. 4 out of 6 programme areas have achieved or exceeded their planned level of savings for the year, with Continuing Health Care seeing the most pronounced favourable variance. Reducing variations in Elective Care and Right First Time underperformed in terms of the level of savings experienced in 2012/13.



# 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 March 2013 performance as at the 22nd April 2013 - year to date where appropriate.

57 indicators are reported below.

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

### Key

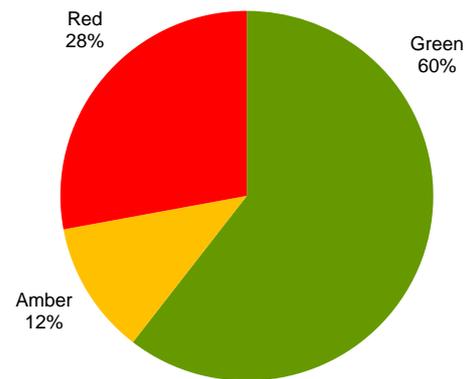
\* - Data is currently not available for the Indicator

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
% seen/treated within 18wks - Admitted pathway	91.70%	91.12%	98.13%
% seen/treated within 18wks - Non-Admitted pathway	96.76%	96.79%	96.58%
% still not seen/treated within 18wks - Incomplete Pathway	93.91%	93.58%	96.43%
Number waiting 52+ weeks - Admitted pathway	0	0	0
Number waiting 52+ weeks - Non-Admitted pathway	3	0	3
Number waiting 52+ weeks - Incomplete pathway	1	0	1

#### Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test

% receiving diagnostic test	0.22%	0.12%	0.75%
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#### 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

% seen within 2 weeks - from GP referral to first outpatient appointment	95.13%	95.00%	97.82%
% seen within 2 weeks - as above, for breast symptoms	95.90%	94.00%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	98.79%	98.00%	100.00%
% treated within 31 days - subsequent treatment (surgery)	98.03%	98.00%	100.00%
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	97.47%	100.00%	N/A
% treated within 62 days - following an urgent GP referral	92.54%	87.00%	N/A
% treated within 62 days - following referral from an NHS screening service	98.70%	97.00%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	93.45%	93.00%	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

Number of Elective Admissions (FFCEs) (YTD)	68918	57550	7868
Number of First Outpatient Attendances (YTD)	181275	155538	18311
Number of Cancelled Operations offered another date within 28 days	N/A	0	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

Patient Reported Outcome Measures (PROMs) - Hip replacement	0.53	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Knee replacement	0.72	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Groin hernia	0.06	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Varicose veins	0.17	N/A	N/A
Patient overall experience of GP Services	86.79%	N/A	N/A
Patient experience of hospital care	WIP	WIP	WIP
Friends and Family test	Due May	Due May	Due May

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)	*	93.19%	97.50%
Emergency Readmissions within 30 days	12.08%	N/A	N/A
Non-elective Admissions (FFCEs) (YTD)	57035	45775	8167
Number of attendances at A&E departments - Type 1 (YTD)	13422	9365	4050
Number of attendances at A&E departments - Total (YTD)	20978	11578	4050
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)	72.50%	N/A	N/A	73.90%
Category A response in 8 mins (RED 2 - less time-critical e.g. strokes and fits)	75.50%	N/A	N/A	77.00%
Category A response in 19 mins	97.00%	N/A	N/A	98.20%
Ambulance handover - delays over 30mins & 60mins in handover to A&E	Due May	Due May	Due May	N/A
Crew Clear - delays over 30mins & 60mins in ambulance ready for next call	Due May	Due May	Due May	N/A
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	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	96.50%
Proportion of people entering psychological treatment against the level of need in the general population	5.38%
The proportion of those referred that enter psychological treatment	62.82%
The proportion of people who are moving to recovery, following psychological treatment	76.28%
Estimating the diagnosis rate of people with dementia	WIP

### Quality Standards

#### Health Care Acquired Infections (HCAI)

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	5	3	0	N/A
Clostridium Difficile (C Diff) (YTD)	232	104	8	N/A
Mixed sex accommodation breaches (YTD)	1	0	1	0

## APPENDIX B: Sheffield CCG - Integrated Performance Measures Return

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

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

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

The Q3 position for key 2012/13 IPMR targets shows that all targets are being achieved. Q4 data will not be available until the end of April 2013.

#### Delayed Transfers of Care

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

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

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

As at the end of December (Q3), 4,102 eligible patients have been offered an NHS Health Check and 1,411 patients have received an NHS Health Check. This performance to date however means the planned levels for this year are not likely to be achieved. More recent information is not currently available, the end of year performance will be reported once it is available.

#### Action:

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

## APPENDIX C: Mental Health Trust Performance Measures

### Sheffield Health and Social Care NHS Foundation Trust

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

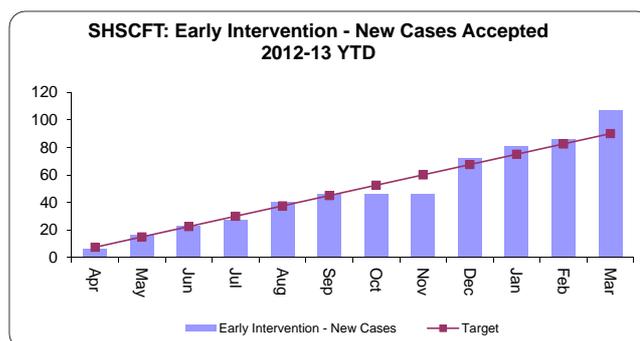
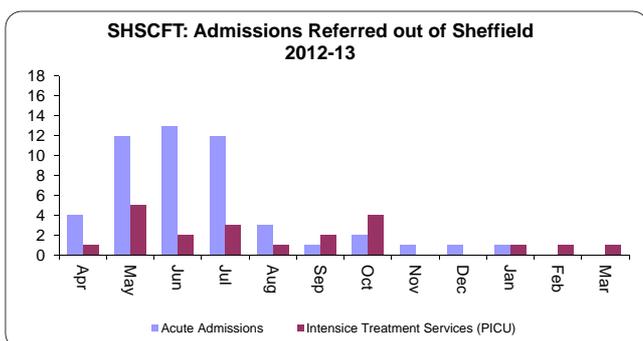
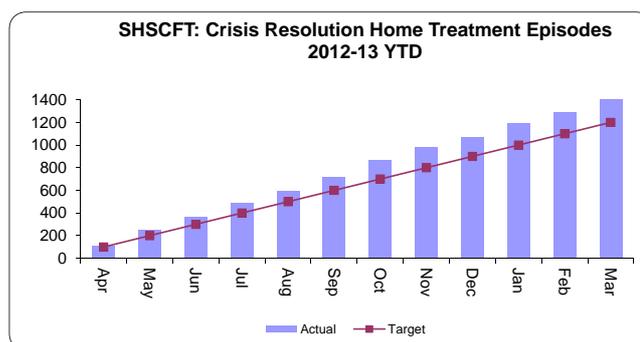
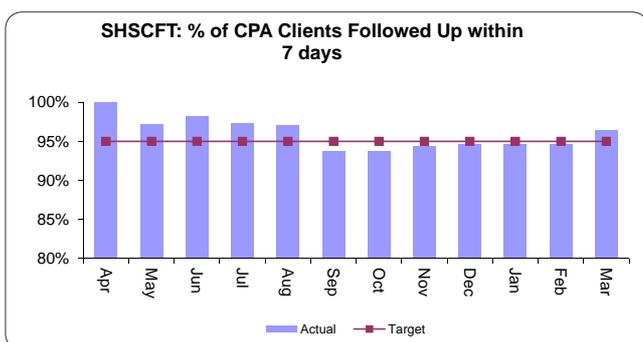
1. Crisis Resolution/Home Treatment: As at the end of March, there have been 1,418 home treatment interventions against a 12-month target of 1,202. This equates to 17.9% more patients benefiting from this service than originally planned.

2. CPA 7 day follow up: March's monthly performance has increased to 100%. The cumulative position at the end of March has risen above the 95% achievement threshold at 96.50%. In summary, 3 cases were not followed up within 7 days in quarter 3 and 1 case was not followed up in January. Actions to strengthen confidence in on-going performance are being implemented, including team-level review and confirmation reporting that follow up has taken place in advance of the 7 day period lapsing; and more consistent approaches and actions from day 5 onwards, regarding maintaining proactive actions to contact the client to ensure they remain well.

3. Psychosis intervention: Capacity in February of 258 fell short of the 270 target level, having achieved in previous months. The position for March is 255. 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 3 performance for psychological therapy indicators is exceeding their respective target levels, except for the % of referred patients who are receiving the therapy. The performance has been affected by capacity issues within the service. The Trust are addressing this and anticipate an improvement throughout quarter 4.

SHSCFT Indicators	Target	February	March	Monthly Change
Crisis Resolution / Home treatment	1202	1292	1418	▲
Psychosis intervention - New cases (YTD)	90	86	107	▲
Psychosis intervention - Maintain Capacity	270	258	255	▼
CPA 7 day follow up (YTD)	95%	94.60%	96.50%	▲
Anxiety/depression:		Q2	Q3	
% receiving Psychological therapy	3.3%	3.96%	5.38%	
% referred for psychological therapy receiving it	65.5%	73.61%	62.82%	
Psychological therapy pts. move to recovery	44.40%	77.46%	76.28%	



## APPENDIX C: Ambulance Trust Performance Measures

### Yorkshire Ambulance Service

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

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

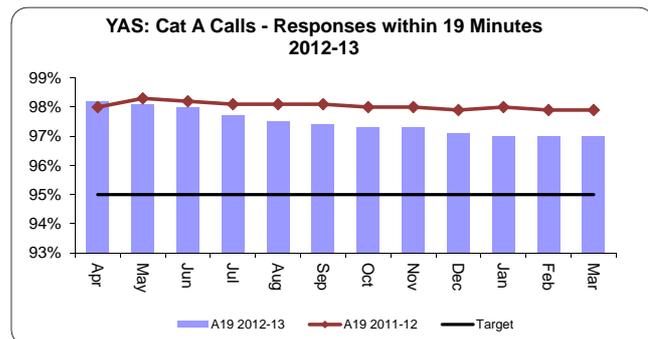
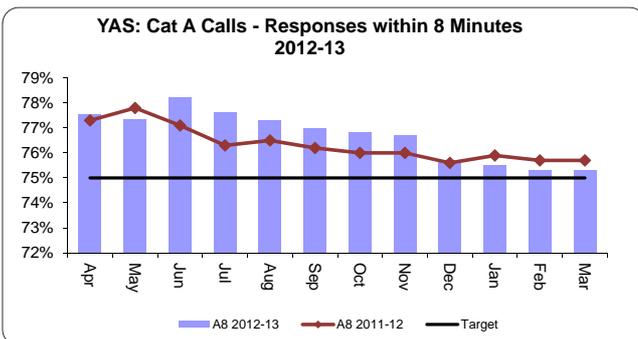
1. Red 1 calls are the most time-critical and cover cardiac arrest patients who are not breathing and do not have a pulse and other severe conditions such as airway obstruction. These make up less than 5% of all calls.
2. Red 2 calls are serious but less immediately time-critical and cover conditions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

Activity across all Yorkshire & Humber CCGs was on average 5.1% above plan 2012-13. Sheffield demand for the year ending March 2013 was 4.6% above plan, which was the joint fourth lowest across CCGs using the services of YAS.

### 2013/14 Contract

The 2013/14 contract is being negotiated by a team led by East Riding CCG on behalf of the consortium of CCGs. A position for activity and finances is close to being finalised.

YAS Indicators	Target	February	March	Monthly Change
Cat A 8 minutes Overall (YTD)	75%	75.30%	75.30%	↔
Cat A 8 minutes Red 1 (YTD)	80%	72.40%	72.50%	▲
Cat A 8 minutes Red 2 (YTD)	75%	75.50%	75.50%	↔
Cat A 19 minutes (YTD)	95%	97.00%	97.00%	↔



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	January	February	Monthly Change
Re-contact after discharge (phone)		18.9%	4.5%	▼
Re-contact after discharge (Treatment at scene)		8.9%	7.1%	▼
Re-contact after discharge (Frequent Caller)		2.3%	2.1%	▼
Time to answer call (Median)	5 sec	1	1	↔
Time to answer call (95th Percentile)		21	24	▲
Time to answer call (99th Percentile)		94	82	▼
Time to treatment (Median)		5.7	5.7	↔
Time to treatment (95th Percentile)		14.4	14.4	↔
Time to treatment (99th Percentile)		22.1	22	▼
Call closed with advice (Phone advice)		5.3%	6.1%	▲
Call closed with advice (Transport)		27.2%	30.1%	▲
<b>Clinical Indicators</b>		<b>October</b>	<b>November</b>	
Outcome from Cardiac Arrest (CA) All		19.9%	18.6%	▼
Outcome from CA Utstein Group (UG)		39.4%	43.8%	▲
Outcome from acute STEMI Angioplasty		83.8%	82.6%	▼
STEMI Care Bundle		85.6%	78.4%	▼
Outcome from Stroke 60 min to Stroke Unit		64.6%	62.7%	▼
Stroke - Appropriate Care Bundle		95.7%	97.2%	▲
Outcome from CA - Survival to Discharge All		9.0%	6.4%	▼
Outcome from CA - Survival to Discharge UG		31.3%	23.3%	▼
Service Experience		N/A	m/A	

## APPENDIX D: Contract Activity

### Sheffield Teaching Hospitals NHS Foundation Trust

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

**Total Referrals:** 1.4% above target  
**Outpatient First Attendances:** 1.9% above target  
**Elective Inpatient Spells:** 4.4% above target

**GP Referrals:** 1.7% above target  
**Follow-up Attendances:** 4.0% above target  
**Non Elective Spells:** 5.1% above target

Figure 1. Total Referrals

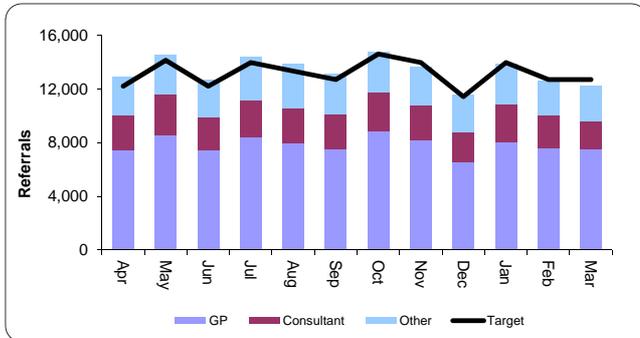


Table 1. Referrals to Outpatient First Attendance

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

Figure 2. Outpatient First Attendances

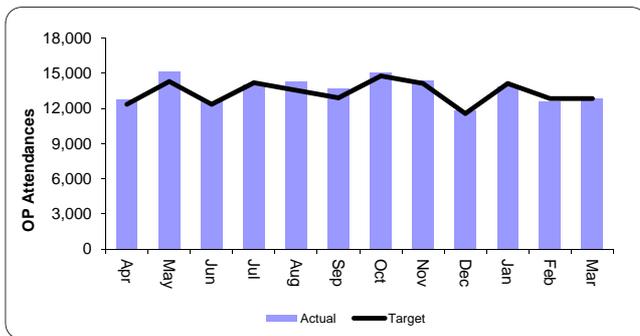


Figure 4. Elective Spells

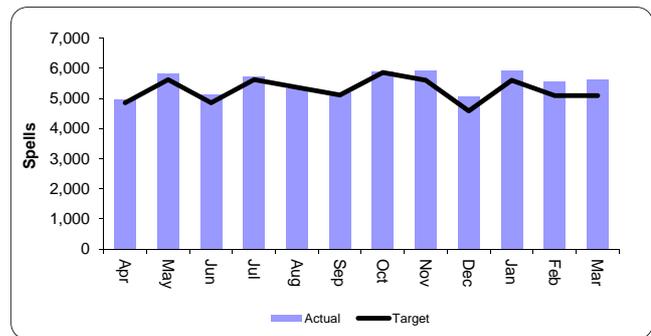


Figure 3. Outpatient Follow-up Attendances

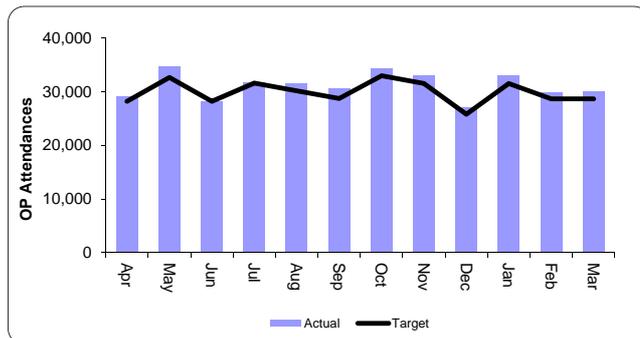


Figure 5. Non Elective Spells



Table 2. Outpatient Activity

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

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

Source: STHFT Contract Monitoring, excluding SCG activity

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

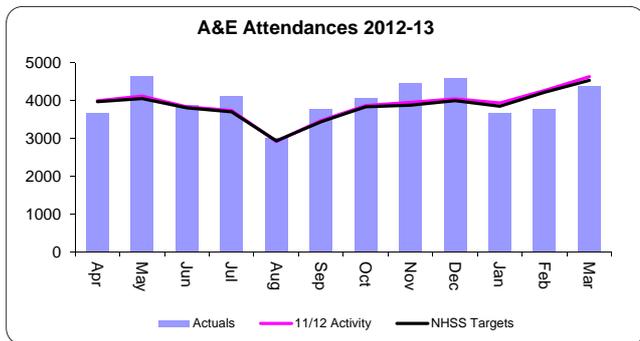
Excludes Restorative Dentistry outpatient referrals

Excess Bed Day Costs include MFF

## APPENDIX D: Contract Activity

### Sheffield Children's NHS Foundation Trust

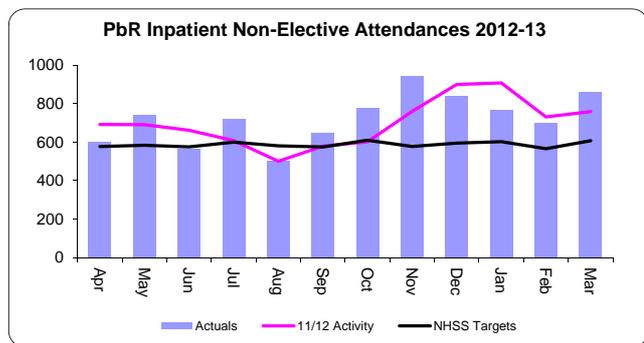
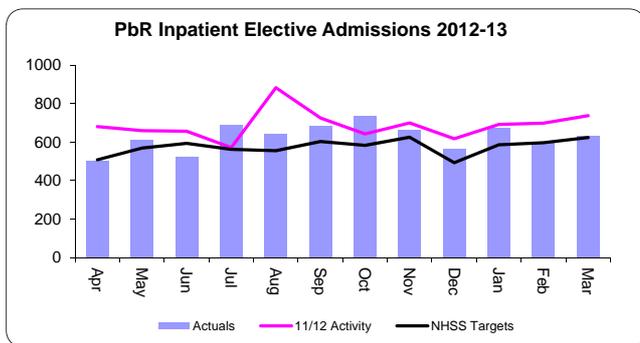
2012/13 Actual performance against Plan and 2011/12 performance



A&E activity has fluctuated throughout 2012/13. As in February, March has seen a slight rise in attendances following the reduced level in January. However, the March level is still below its target level.

As at the end of month 12 SCHFT's cumulative A&E performance is 97.50%, well above the '95% within 4 hours' target level, as was the case throughout 2011/12.

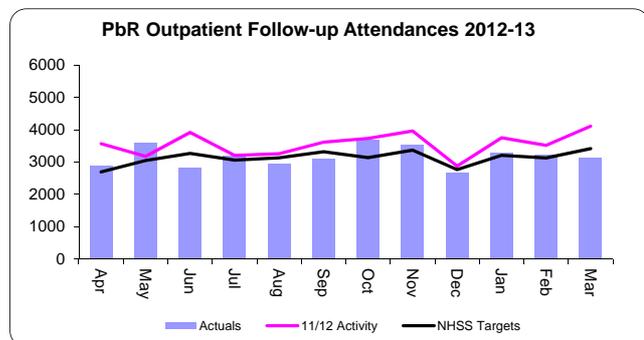
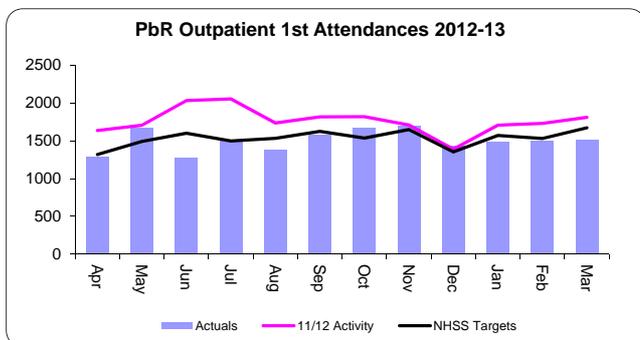
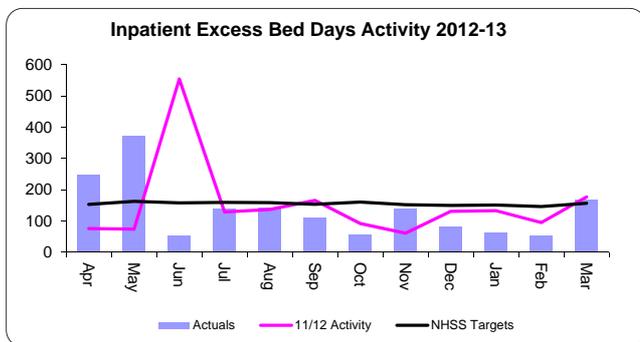
It should be noted that all A&E attendances at the Trust are Type 1 in nature.



Non-electives since September have seen marked increases from the levels seen in August and have now exceeded this year's targets for seven months. In addition, levels in March have once again risen to those seen in December and are above levels at this point in time in 11/12.

Excess Bed days are just above target level, for the first time since May-12.

Electives remain at target level. Outpatient firsts and follow-ups continue to fluctuate and have fallen below target levels.



#### Position to March 2013:

SCHFT outpatient firsts are undertrading by 400 attendances and follow-ups are overtrading by 506. In terms of elective activity, there is currently an overtrade of 609 spells. Non-elective activity is currently overtrading by 1,605 spells. Excess bed days are underperforming by 243 bed-days. There is currently an overtrade on A&E attendances of 1,861.

Activity figures are from SCH contract monitoring info  
SCH Finance Team