

**Month 6 Quality and Outcomes Report**

**Governing Body meeting**

**N**

**7 November 2013**

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Sponsor	Idris Griffiths, Chief Operating Officer Kevin Clifford, Chief Nurse
<b>Key messages</b>	
<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>	
<b>Assurance Framework (AF)</b>	
<p><b>Assurance Framework Number:</b></p> <ul style="list-style-type: none"> <li>1.3 System wide or specific provider capacity problems emerge to prevent delivery of NHS Constitution and/or NHS E required pledges (<b>Domain 3</b>)</li> <li>2.1 Providers delivering poor quality care and not meeting quality targets (<b>Domain 4</b>)</li> </ul> <p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed?</b></p> <p>The Quality and Outcomes report provides the latest information and data on the key quality outcomes that CCGs are required to provide assurance against. Where appropriate, clinical portfolio teams provide regular updates each month on progress reports and remedial action plans on those areas that are not achieving the required levels of performance. Reporting also takes place at CET and Planning and Delivery Group. Escalation through operational leads is to the Planning and Delivery Group, in the first instance.</p> <p><b>Is this an existing or additional control:</b> Existing</p>	
<b>Equality/Diversity Impact</b>	
<p><b>Has an equality impact assessment been undertaken?</b> NO</p> <p><b>Which of the 9 Protected Characteristics does it have an impact on?</b> None</p>	

<b>Public and Patient Engagement</b>
Please list PPE activity: None
<b>Recommendations</b>
<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 on delivery of the 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 6 position

For the November 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.



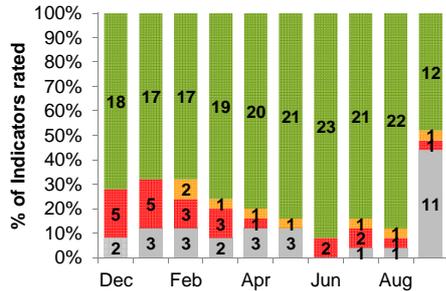
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# Sheffield Clinical Commissioning Group - Summary Position

## Highest Quality Health Care

### NHS Constitution - Rights & Pledges



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

The chart shows how CCG delivery of the 25 NHS Constitution Rights & Pledges for 2013/14 is progressing, month-on-month. Please see pages 4-7 of this report for more details of all those indicators rated in the chart.

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

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

#### Pledges not currently being met:

	Ambulance Crew Clear times
	Ambulance handovers

### Headlines

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

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

**Waiting times & access to Diagnostic tests:** Sheffield CCG and Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) continue to meet their requirements to ensure the majority of patients are seen and treated within 18 weeks - and 6 weeks for diagnostic tests. Sheffield Children's NHS Foundation Trust (SCHFT) have not met the admitted requirement for Sheffield-registered patients in September; the issue is mainly in Ear, Nose and Throat (ENT) and enquiries are on-going with the Information Team at the Trust for further details, so an appropriate recovery plan can be agreed. They are also just below the requirement for diagnostic tests for Sheffield-registered patients; however, September figures appear to be much more in line with the seasonal norm, so it appears to be a temporary issue, rather than a long term concern.

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

**Ambulance & crew response times:** Yorkshire Ambulance Trust (YAS) continue to meet the national requirements around ambulance response times. However, the timeliness of clinical handover of patients from ambulance crews to A&E clinical teams and ambulance crews being ready for their next call following handover is still below what is expected. It is envisaged that compliance with contractual requirements around ambulance handover will improve from October onwards, as Trusts seek to minimise their exposure to penalties introduced from 1<sup>st</sup> October 2013.

## Quality and Safety

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

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

### Headlines

**Ensuring that people have a positive experience of care:** The Friends and Family Test (FFT) - Quarter 1 was included in month 4's Quality and Outcomes Report; although outcomes scores were good, the response rate still requires improvement and so will be kept under regular review. Quarter 2 information will be included in next month's report.

Delivery of the nationally agreed FFT rollout plan to the national timetable - Implementation has commenced in maternity services at STHFT; September was a trial month, ready for national roll out from 1<sup>st</sup> October 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 17 cases attributable to the CCG reported in September is much lower than last month, but is higher than the 14 forecast for the month. STHFT reported 10 cases, against their forecast 7. SCHFT have reported 0 cases this month.

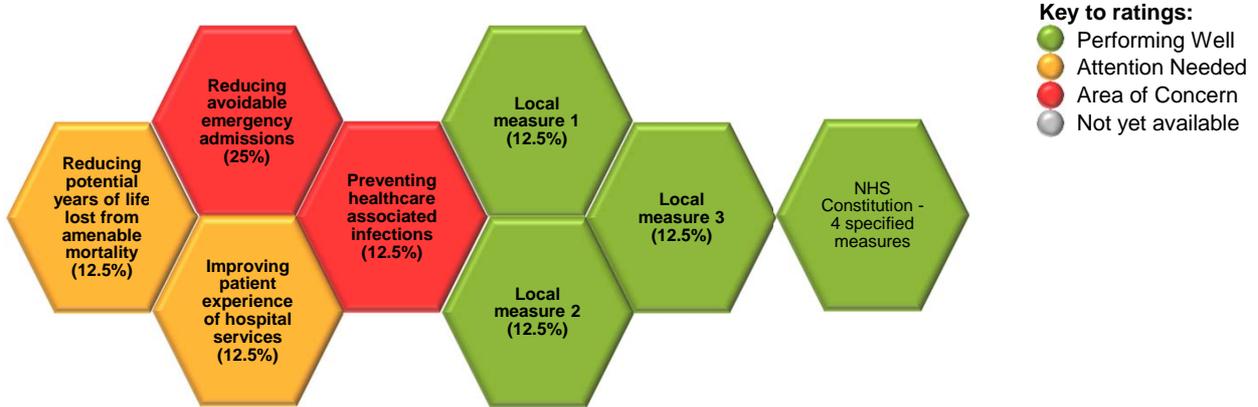
MRSA - A new 'zero tolerance' policy is in place for 2013/14. However, 1 case was reported in September (community, attributable to the CCG) adding to the 1 case already recorded in April (STHFT, attributable to the CCG).

# Sheffield Clinical Commissioning Group - Summary Position

## Quality Premium

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

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



Assessment of CCGs against the Quality Premium commenced in April 2013. This summary makes an assessment of our current levels of achievement, using the most recent data available.

Please see below for a list of the measures that make up this Quality Premium matrix and where in the report they can be located. Also included is the most recent rating for each measure - for further information, please see the relevant page:

	<u>Page</u>
<b>Reducing potential years of life lost from amenable mortality</b>	
● Potential years of life lost (PYLL) from causes considered amenable to health care	13
<b>Reducing avoidable emergency admissions</b>	
● Reduction in Emergency admissions for acute conditions that should not usually require hospital admission	12
● Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	13
● Reduction in Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	15
● Reduction in Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	15
<b>Improving patient experience of hospital services</b>	
● Friends and Family Test - delivery of the nationally agreed rollout plan to the national timetable	9
● Patient experience of hospital care and A&E services - measured by Friends and Family Test	9
<b>Preventing healthcare associated infections</b>	
● Zero cases of MRSA	8
● Number of cases of Clostridium Difficile is below agreed threshold	8
<b>Local measures</b>	
● Local Priority 1: Reduction in STHFT / SCHFT Emergency spell bed nights for Ambulatory Care Sensitive Conditions (ACSC) (Sheffield definition)	13
● Local Priority 2: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	11
● Local Priority 3: Reduce the average waiting times in Speech & Language Therapy (SALT) at SCHFT from 21 weeks	15
<b>NHS Constitution - 4 specified measures</b>	
● 92% of all patients are seen and start treatment within 18 weeks of a routine referral	4
● 95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	5
● 85% of patients have a max. two month (62-day) wait from GP referral to starting treatment for cancer	5
● 75% of Category A (RED 1) ambulance calls resulting in an emergency response arriving within 8 minutes	6



## 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 and in some cases annual measures (see pages 11-16).

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

Locally selected measures for the 'Acute Services - Urgent Care' and 'Long Term Conditions, Cancer and Older People' portfolios are still being developed. However, as noted last month, the CCG has commissioned a GP-led care planning service to improve co-ordinated care in the community and, through the LTC, Cancer and Older People portfolio, is developing key milestones and metrics to provide assurance that the implementation is successful and the desired impact on patient care is achieved. Since then, uptake by practices has been extremely good and performance monitoring is now in place and an action learning/evaluation group has been endorsed.

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

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

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

The latest update on individual schemes is provided in the detailed QIPP section of this report (see pages 17-20).

### CCG Assurance and the Balanced Scorecard

The quarter 1 assurance process has now concluded; the balanced scorecard for Sheffield has now been published on the CCG website. NHS England area team have written to us, complementing the CCG on the great progress and successes that were achieved in Q1; the highlights from this accompany the balanced scorecard on the website.

The ratings on the Sheffield CCG balanced scorecard for quarter 1 of 2013/14 are as follows:

- Domain 1 - Patient Good Quality Care (Amber-Green)
- Domain 2 - NHS Constitution patient rights and pledges (Green)
- Domain 3 - Improving Patient Outcomes (Amber-Red)
- Domain 4 - Finance (Green)
- Domain 5 - Authorisation conditions (Not Applicable)

The quality outcomes that have not quite reached the required levels are Hospital Acquired Infections (HAIs) and never events (serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented). NHS England's area team, however, were assured that the CCG had taken appropriate action to date and have robust plans in place to improve performance in these areas.

The assurance process has now commenced for Q2 and Governing Body will be kept informed of progress and any emerging issues through this report in future months.

# Highest Quality Health Care

## NHS Constitution - Rights & Pledges

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

In August (where data is available for the month) Sheffield CCG achieved the majority of the NHS Constitution Rights and Pledges.

Patients in Sheffield are receiving excellent access to healthcare services.

**Key to ratings:**

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

**PLEASE NOTE: "Additional for 13/14" = Additional measures NHS Commissioning Board has specified for 2013/14.**

### 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 November 2013:**

**Admitted patients:** At CCG level this measure has been met although at individual provider level, at 88.70%, SCHFT (for Sheffield patients only) has not achieved the admitted requirement of 90%.

The issue is mainly in Ear, Nose and Throat (ENT) and enquiries are on-going with the Information Team at SCHFT to establish the specifics, so that an appropriate recovery plan can be agreed.

**PLEASE NOTE:** For the measures below, the most recent month's data is provisional/pre-sign off and therefore may be subject to a slight change once published.

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



**Additional for 13/14:** 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

**Issues & Actions November 2013:**

At CCG level this measure has been met although at provider level, SCHFT performance is 97.74%, just below the requirement. This was caused by 10 patients waiting longer than 6 weeks and was spread across the follow specialties: 5 in Urodynamics, 2 in MRI, 2 in Gastroscopy and 1 in Sleep Studies. With regards to Urodynamics, the breaches are due to a spike in referrals in August. September figures appear to be much more in line with the seasonal norm and so this would appear to be a temporary issue as opposed to a long term concern.

Due to the size of SCHFT, their overall performance is easily affected by very small volumes of patients who may wait longer than the required measure.

**PLEASE NOTE:** For the measure below, the most recent month's data is provisional/pre-sign off and therefore may be subject to a slight change once published.

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



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# 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.*

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



### Additional for 13/14:

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



## Cancer Waits

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

### From GP Referral to First Outpatient Appointment

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



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



### From Diagnosis to Treatment

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



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



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



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



### From Referral to First Treatment

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



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



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



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

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# 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 November 2013:

**Ambulance handover and crew clear times:** Data used for these measures is taken directly from Yorkshire Ambulance Service (YAS) reports and is subject to contractual validation. YAS commissioners have contractually agreed to use YAS data to measure compliance but, as yet, there is no uniform contractual agreement across acute trusts in Yorkshire and Humber (Y&H) on which dataset is used. The total YAS position is being used as a guide to assess achievement of the target.

The following actions are being taken with regard to ambulance handover times:

- Y&H CCGs part-fund a post of Turnaround Coordinator, based within YAS. The post holder maintains strategic and operational oversight of turnaround issues across Y&H, to ensure improvements to handover performance are delivered.
- Contractual (financial) penalties have been applied to YAS from 1st October 2013 for failing to meet the national handover targets. The application of penalties to acute trusts from 1<sup>st</sup> October 2013 is subject to local contractual agreement.

It is fully expected that compliance with contractual requirements regarding ambulance handover will be increased from October onwards as trusts seek to minimise their exposure to penalties. The matter will be further reviewed as part of the normal contract monitoring arrangements.

(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



**Additional for 13/14:**  
Ambulance Handover - % of delays over 15 mins in clinical handover of patients to A&E



**Additional for 13/14:**  
Crew Clear time - % of delays over 15 mins in Ambulance being ready for next call after handover



## 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.

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



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## 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



**Additional for 13/14:**  
No urgent operation to be cancelled for a 2nd time



### Mental Health

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

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



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

# Highest Quality Health Care

## Quality and Safety

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

#### Patient Safety - Health Care Acquired Infections (HCAIs)

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 is committed to working with local providers to have no more than 163 cases of infection in 2013/14; this is more challenging than the commitment of 191 in 2012/13.

For the 17 cases reported in September for Sheffield CCG:

- 7 are attributable to STHFT (from their 10 reported cases)
- 2 are community associated, with a hospital admission in the last 56 days
- 8 are community associated with no recent hospital contact/admission

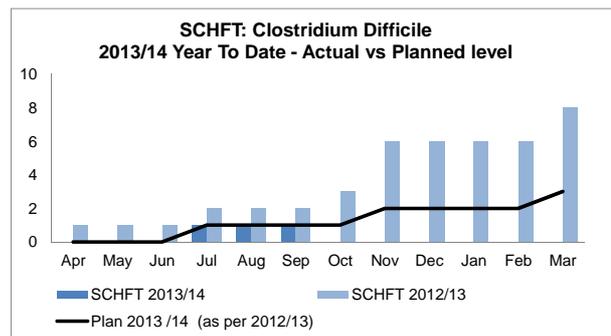
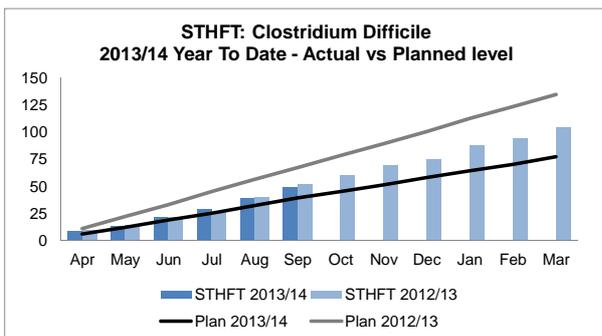
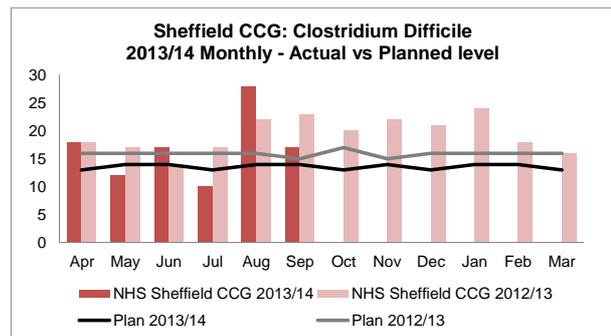
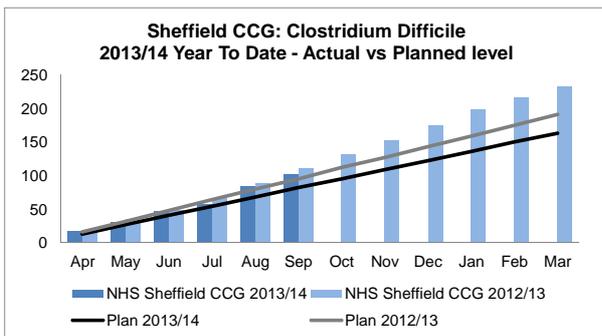
For the 10 cases reported in September for STHFT, 3 are other CCGs' residents, 2 of which occurred on separate wards with no recent cases and 1 resident was a transfer from another hospital and had carriage on admission, so not thought to have been acquired in STHFT.

Zero cases have been reported in September for SCHFT.

**MRSA** 1 case has been reported in September which is community attributable; the multi-disciplinary team meeting (MDT) has been held and it has been assigned to Sheffield CCG. The case was complex, had multiple organisation involvement and a comprehensive action plan was devised. The case however was assessed as unavoidable. Sheffield has previously recorded 1 instance of MRSA in April bringing the total for the year so far to 2; the CCG has not achieved the new Zero Tolerance process in place from April 2013.

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 Sep-13	1	0	0	17	10	0
Number of infections forecast for this month	0	0	0	14	7	0
Number of infections recorded so far in 2013/14	2	1	0	102	49	1
Number of infections forecast for this period	0	0	0	82	39	1



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## Highest Quality Health Care

### Quality and Safety

#### Regulations

##### Care Quality Commission (CQC) Visits and Inspections

**STHFT Inspection:** The CQC undertook an inspection between Monday 9<sup>th</sup> and Monday 16<sup>th</sup> September across a wide range of clinical areas and reviewed 3 outcomes:

- 4 - Care and welfare of people who use services
- 14 - Supporting workers
- 16 - Assessing and monitoring the quality of services

There have been no compliance issues. However, the inspectors identified a number of action points for the Trust to consider and implement, centred on appraisals and documentation/records. Four separate reports will be published in November from each location inspected; Jessop Wing, Weston Park, Royal Hallamshire Hospital (RHH) and Northern General Hospital (NGH) sites.

**Yorkshire Ambulance Service:** The CQC made an unannounced inspection of YAS (999 and 111) in July 2013 as part of a scheduled programme of inspections. The report has now been published by the CQC. 6 standards were assessed and 2 were not met:

- Management of medicines
- Supporting workers

YAS have now produced an action plan which is being managed by the Lead Commissioners, in partnership with other CCGs.

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

**Eliminating Mixed Sex Accommodation:** There have been no breaches (April-September) 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. Please see the NHS Constitution - Rights & Pledges section of this report (page 6) for monitoring of the MSA indicator.

**Friends and Family Test (FFT):** *The FFT identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care. Use of the FFT, which commenced in Acute NHS providers from April 2013 for both Inpatient and A&E, will help identify poor performance and encourage staff to make improvements, leading to a more positive experience of care for patients.*

Quarter 1 was included in the Month 4 Quality and Outcomes Report for the September meeting of the Governing Body. Although outcomes scores were good, the response rate still requires improvement and so will be kept under regular review; a number of initiatives have been put in place by STHFT to address this.

Quarter 2 information should be available shortly and will therefore be included in next month's report.

Delivery of the nationally agreed FFT rollout plan to the national timetable:

Implementation of the FFT is underway in maternity services at STHFT; a trial month took place in September, in preparation for national roll out from 1<sup>st</sup> October 2013.

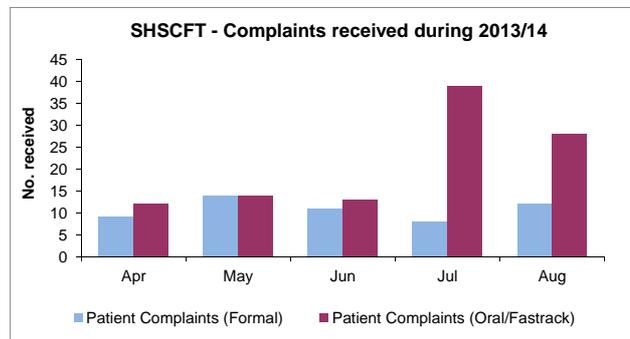
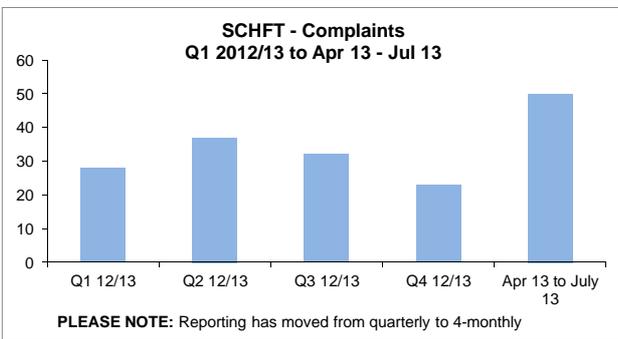
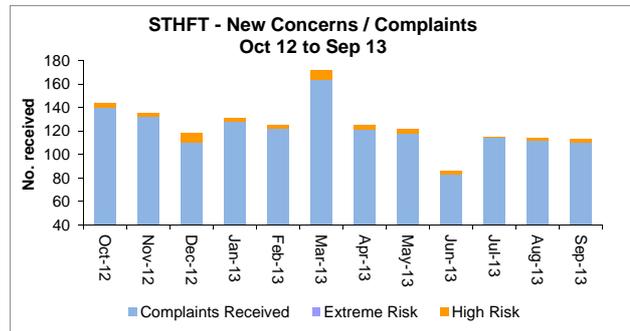
# Highest Quality Health Care

## Patient Experience of NHS Trusts

### Patient Complaints

Reasons for Complaints:	
<b>STHFT</b> Oct 12 - Sep 13	Attitude Appropriateness of medical treatment General nursing care Communication with patient
<b>SCHFT</b> Apr 13 - Jul 13	All aspects of clinical treatment Attitude of staff - medical Appointments delay cancellation
<b>SHSCFT *</b> Apr 13 - Jun 13	All Aspects of clinical treatment Attitude of staff

\* Sheffield Health and Social Care NHS Foundation Trust



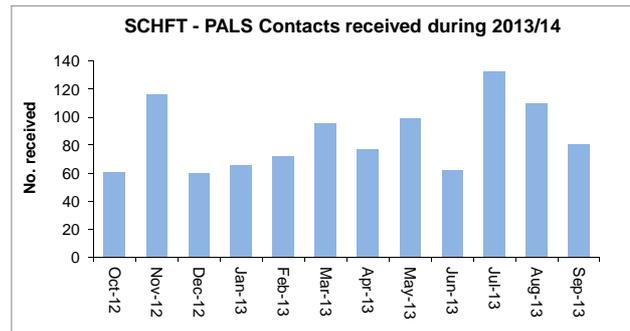
### Patient Compliments

**STHFT:** 78 letters of thanks were received in September 2013, bringing the total so far in 2013/14 to 346.

**SHSCFT:** 47 compliments were received in August 2013, bringing the total so far in 2013/14 to 441.

### PALS Contacts

Reasons for PALS Contacts:	
<b>SCHFT</b> Sep 13	Support (17) Care and treatment (15) Appointments (10)



### Further Information

**STHFT:** During September, the Trust responded to 75% of complaints within 25 working days, not meeting the 85% target. To date (Apr 13 to Sep 13) they have achieved 74%. Between July and September 2013, Neurology Outpatients and Ophthalmology Outpatients have seen a peak in the number of complaints received. Complaints from the last 12 months are being reviewed to establish whether there are any specific reasons for this.

**SCHFT:** From April 2013 to July 2013, the Trust received 50 complaints. A full review is currently underway in relation to the management of formal complaints within the Trust. (Please note that SCHFT currently reports on a four monthly basis whereas 2012/13 complaints were reported quarterly.)

**SHSCFT:** During Q1 2013/14, the Trust responded to 97% of formal complaints within an agreed timescale. In July and August there was an increase in the number of oral and fastrack complaints received. The increase was primarily in the acute and community directorates. At present, no themes or trends in these complaints have been identified.

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

# 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 portfolios are considering what, if any, additional locally determined measures relating to their priorities are required to measure improvements.

- Key to ratings:**
- Improving
  - Not Improving
  - Area of Concern
  - Not yet available

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.

**The Red, Amber, Green (RAG) rating is based on whether a reduction was shown from the previous time period (unless otherwise stated).**

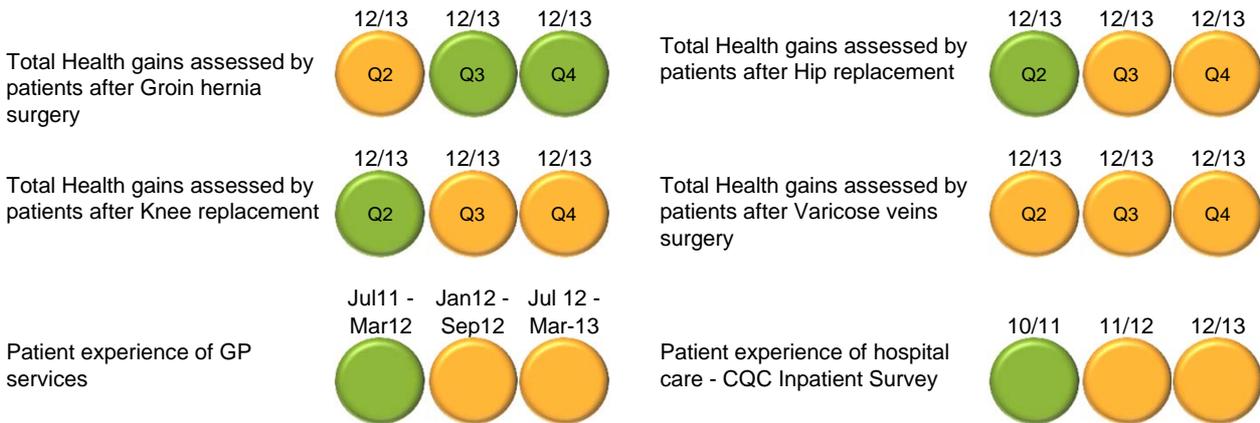
**The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year, 2013/14.**

## Acute Services Portfolio - Elective Care

### National required measures

#### Issues & Actions November 2013:

**Patient Reported Outcomes Measures (PROMS) first 4 indicators below:** Please note that these ratings are based on PROVISIONAL Q4 12/13 data.



### Quality Premium: Locally selected measure

Identify alternative service provision and health care for patients who otherwise would have received secondary care/hospital based attendance



*For 2013/14, CCGs were required to submit plans nationally for 3 locally selected priorities; the measure to the left is Sheffield CCG's identified **Local Priority 2**.*

### Portfolio: Locally selected measures

The patient satisfaction measure is based on areas such as risks being explained, assistance received and problems/discomfort following the procedure. This area is judged to be green, as the current local score is 87.47%, with any score above 78% being judged nationally as good. As an additional measure, currently 89.6% of people have said they would have surgery again under the same conditions.

Total Health gains assessed by patients after Community-based Podiatric surgery \*



*\* = To allow for the receipt of all 3 patient surveys, information will always relate to 6 months prior to the reporting period. e.g. for Sep-13, this covers experience of surgical procedures carried out during Mar-13.*

## Best Possible Health Outcomes

### Acute Services Portfolio - Urgent Care

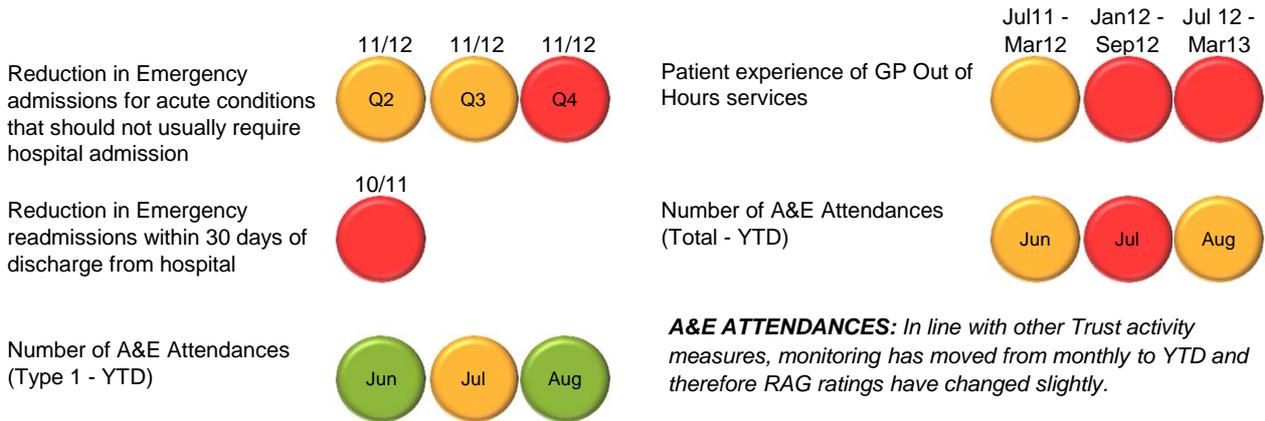
#### National required measures

##### Issues & Actions November 2013:

As noted previously, 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.

**Reduction in Emergency Admissions:** The Right First Time (RFT) programme for Sheffield and the CCG Long Term Conditions, Cancer and Older People portfolio is focussed on reducing avoidable emergency admissions through alternative models of service delivery and targeted work on improving health outcomes.

**Number of A&E Attendances:** As noted last month, appropriate use of A&E and other urgent care services remains a priority focus for Sheffield CCG. A number of schemes continue to target this area.



#### Locally selected measures

The portfolio is considering how best to report to the Governing Body the key metrics in relation to Urgent Care; this will include a review of other sources of metrics, including the Urgent Care Dashboard and the KPIs for the Right First Time programme.

*continued overleaf*

# Best Possible Health Outcomes

## Long Term Conditions, Cancer and Older People

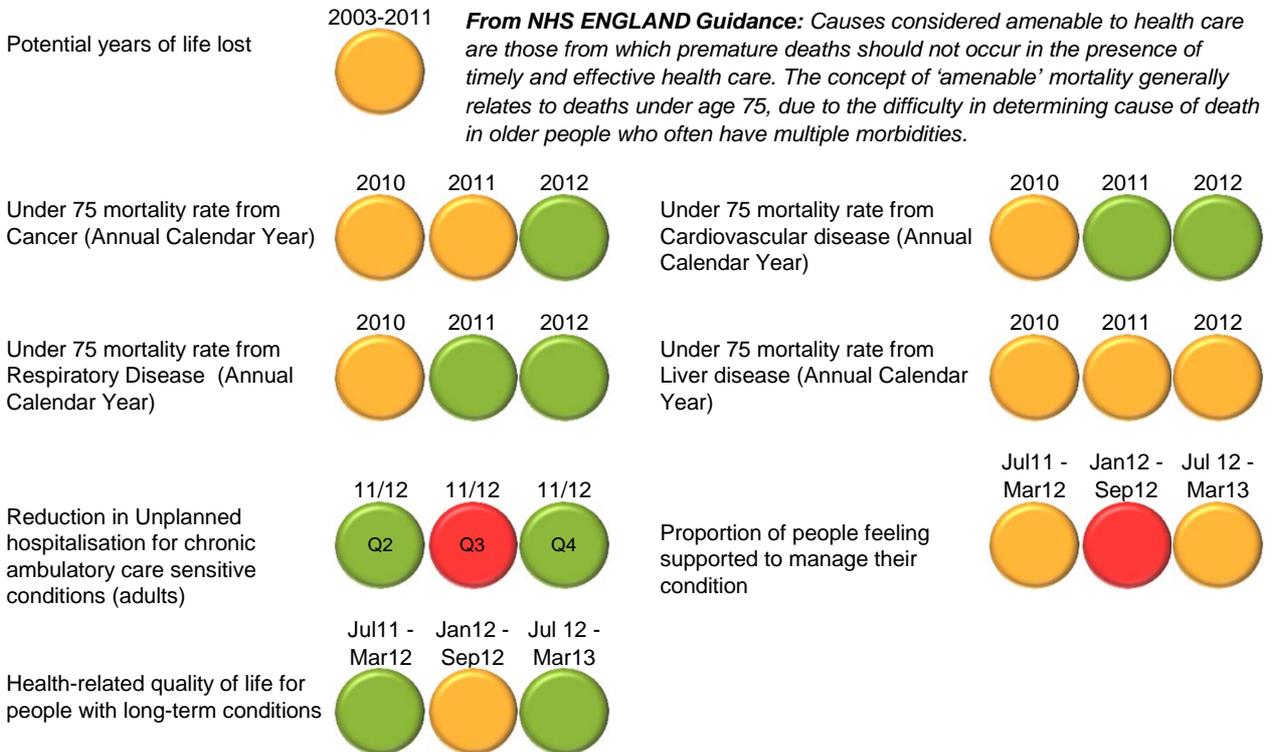
### National required measures

#### Issues & Actions November 2013:

**Potential years of life lost (PYLL):** CCGs are expected to improve their position (based on a 10-year rolling, directly age and sex standardised rate - potential years of life lost (PYLL) per 100,000 population) by at least 3.2% between 2013 and 2014.

A position from 2001-2010 has previously been published and the NHS Health and Social Care Information Centre have also published some data for the calendar years 2003 to 2011. For 2011, the published PYLL rate per 100,000 population for Sheffield CCG is given as: **Males = 2511.2, Females = 2051.4**. Data has only been published back to 2003 - meaning we only have a 9 year position, rather than the required 10 - and only the split of Male/Female is given, whereas the total position is required. Therefore, NHS England have provided a suggested calculation to estimate a position for this measure. Using this, our 9-year rolling estimate for 2003-2011 suggests we have improved by 2.62% between 2010 and 2011.

**Under 75 mortality rates:** The 4 mortality rate measures were previously based on NHS Outcomes Framework datasets published by the Information Centre, but more recent data is now available from their CCG Indicator Sets; furthermore, the latter also uses the form of standardisation stipulated in the Everyone Counts Technical Guidance for these measures. As the NHSOF data was based on *Directly standardised mortality rate (DSR) per 100,000 population*, but the CCGIS is *Directly age and sex standardised mortality rate (DSR) per 100,000*, there is a difference between the 2 and hence some of the ratings for 2010 and 2011 have been amended to reflect this new data source.



### Quality Premium: Locally selected measure



For 2013/14, CCGs were required to submit plans nationally for 3 locally selected priorities; the measure to the left is Sheffield CCG's identified **Local Priority 1**.

### Portfolio: Locally selected measures

Commissioning leads are continuing to explore portfolio metrics to align to the agreed priorities within the portfolio.

As noted last month, the CCG has commissioned a GP-led care planning service to improve co-ordinated care in the community, underpinned by optimising patients' long term conditions management and enabling patient informed, multidisciplinary care planning for those who are at emerging and high risk of hospital admission. Almost every practice has signed up, performance monitoring is now in place and an action learning/evaluation group has been endorsed.

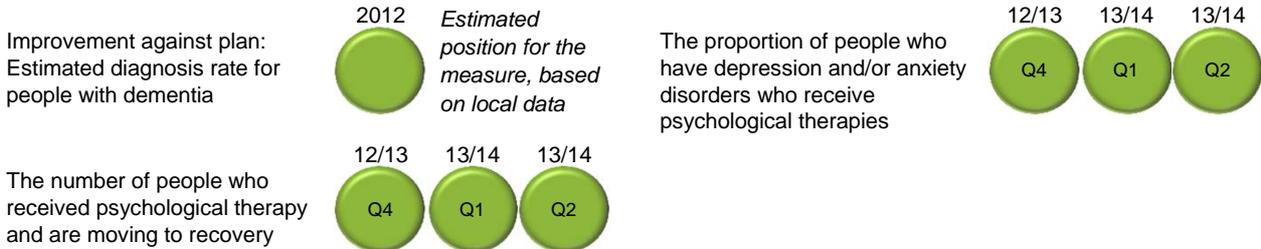
# Best Possible Health Outcomes

## Mental Health, Learning Disabilities and Dementia

### National required measures

#### Issues & Actions November 2013:

**Improvement against plan: Estimated diagnosis rate for people with dementia:** As noted last month, a number of initiatives have helped to ensure that Sheffield has made considerable progress in the last few years and work continues to ensure this is maintained. There is significant scrutiny regarding the dementia diagnosis rate and we have committed to a 3% increase in 2013/14 and 2014/15.



### 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 November 2013:

**Proportion of people with Learning Disabilities (LD) receiving an Annual Health Check:** The AHC is annual, therefore no update on numbers of people receiving annual health checks is currently available. Training has now taken place for a number of new practices who have signed up to deliver the DES.

**Reducing LD Out of City Placements:** A joint CCG/Local Authority (LA) report on Winterbourne went to the Health & Wellbeing Board at the end of September and was positively received, with a commitment from senior officers to respond to the national concordat. However, the financial and changed operating structures within the LA still leaves some risk to delivering the desired outcomes. A meeting between the LA and CCG Winterbourne Leads and LD commissioners is due to take place to address concerns and agree an action plan.

**Procurement and implementation of a Diagnostic & Post Diagnostic Service for people with Autistic Spectrum Condition (ASC):** The new service operated by Sheffield Adult Autism and Neurodevelopment Service commenced in early October in a phased way, with recruitment still to be completed for the full team. However, the clinicians in post have now identified a number of people who have been referred through the Individual Funding Request (IFR) process and have commenced assessment and will be communicating referral processes to GPs shortly. The Autism Self-Assessment Framework was completed and returned by the Department of Health extended deadline in October and was endorsed by the City Wide Autism Strategy Implementation Group.



*continued overleaf*

# Best Possible Health Outcomes

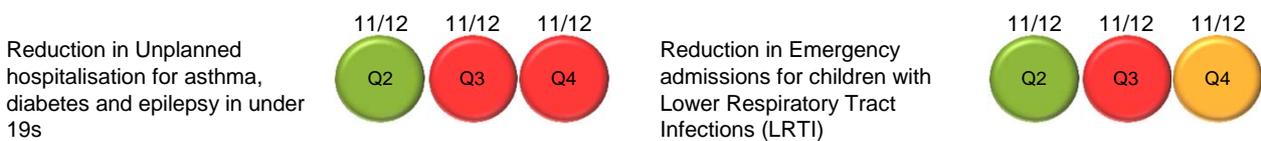
## Children and Young People

### National required measures

#### Issues & Actions November 2013:

**Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s** - further work is planned to look at the patient flows and pathways through urgent care into planned care and look at trend and variation in activity; this will be reviewed against management pathways within community services and will be considered as part of the plan around Children's urgent care pathways.

**Emergency admissions for children with Lower Respiratory Tract Infection (LRTI)** - The data and the case mix have been reviewed; we are now looking at the pathway with the CCG's provider and also plan to review the clinical management within primary care, to assess the need to develop further plans in this area. The CCG now have a Protective Learning Event planned for focusing on the management of respiratory conditions that have been identified as key areas where readmission occurs; this is in early November.



### Quality Premium: Locally selected measure

Reduce the average waiting times in Speech & Language Therapy (SALT) at SCHFT from 21 weeks



*For 2013/14, CCGs were required to submit plans nationally for 3 locally selected priorities; the measure to the left is Sheffield CCG's identified **Local Priority 3**.*

*Quarter 2 data is not currently available and so will be added in next month's report.*

### Portfolio: 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.

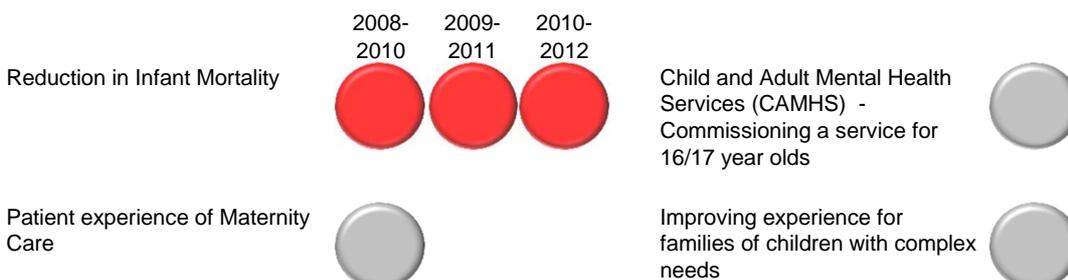
#### Issues & Actions November 2013:

**Reduction in Infant Mortality:** Work continues on the delivery of the infant mortality strategy, which is being reviewed within the Children's Health Board.

**CAMHS:** A service model for a provision is currently being discussed with local providers; we plan to consult on this model to wider groups over the next 3 months.

**Patient experience of Maternity Care:** The CCG have commissioned the Maternal Services Liaison Committee to undertake a service user survey; this will focus on Maternal Mental Health.

**Parents' experience of Services for disabled children:** Yet to be defined; this will be developed in partnership with Sheffield City Council, within the context of the Special Educational Needs (SEN) reforms.



## Best Possible Health Outcomes

### Activity Measures

**PLEASE NOTE:** These indicators relate to progress against outline plans which the CCG were required to submit nationally, for all activity that might be attributed to the CCG - that is, the majority of activity would be expected from STHFT and SCHFT, but there will be Sheffield CCG registered patient activity at other Trusts around the country, for which an estimate has been factored in to the total. This progress is monitored via the Monthly Activity Return (MAR) submitted to the Department of Health.

These plans - and hence the MAR data - are for General & Acute (G&A) specialties only - it does not include, for example, Obstetrics, Mental Health and Community services.

The Trusts' Contract Activity monitoring - as summarised in Appendix C of this report - is the agreed Sheffield CCG-purchased plan for STHFT and SCHFT respectively; however, these plans - and hence also the monitoring - are based on all specialties, not just G&A, as per the CCG-submitted plans.

**Therefore, the indicators below cannot be interpreted directly in conjunction with Trusts' contract/activity monitoring reporting.**

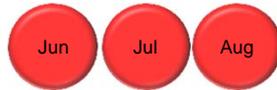
Elective first finished consultant episodes (FFCEs)  
(Year to Date position)



All first outpatient attendances  
(Year to Date position)



Non-elective FFCEs  
(Year to Date position)



# 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 Quality and Outcomes.

**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 November 2013:

#### Indicator Development

As noted last month, two suggested measure for CHC have been identified and are included below. At present no data on waiting times for CHC assessments is available; there are delays with the national data set which feeds the CCG's local monitoring. This is due to structural changes in the NHS and will require resolution at a national level.

The expansion of intermediate care capacity is supporting more people to regain mobility and self-care skills to a greater degree after a bout of illness or hospitalisation, prior to their assessment for continuing health care. People's need for on-going care will be assessed in a care setting outside hospital, so that they can be regaining a level of independence. The aim is that people's ability to self-care will be maximised.

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 November 2013:

General practices have begun to work with colleagues in community services to develop Care Plans for patients at risk of admission and with long term conditions, in order to reduce their risk of emergency admission to hospital. One of the GP Associations\* will shortly begin a pilot using Community Support Workers, with a specific focus on the physical health needs of people who have serious mental illness. The CCG is currently delivering a series of workshops to support the development of the GP Associations.

The new (recently aligned) Intermediate Care Services are now in place, known as "Active Recovery". This new service focuses on reablement at home which is easier for the person and their family and, because it brings together two services which were previously separate, will be more productive. The new Reablement Pathway (the replacement for Home of Choice) has now been in existence for three weeks and, whilst it is too early to report on outcomes, early indications are that the new scheme is identifying a higher number of patients who have potential to regain some independent living skills with support. The CCG has funded some additional intermediate care beds to support implementation of the Reablement Pathway and some additional (non-recurrent) intermediate care beds capacity to support winter pressures.

Right First Time is now working with an information 'dashboard', a set of balanced measures that enable the health and social care organisations to look at the impact of programmes at a system level in terms of: health and well being, efficiency, flow and patient experience.

\* 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.

**PLEASE NOTE:** The measures below (with the exception of Reduction in short stay, which is SCHFT) relate to Sheffield patients being treated in STHFT and are monitored against locally derived plans.

The Reduction in Children's short stay admissions measure below was being based on information for all admissions but, as of 23rd October 2013, this measure has been confirmed definitively as relating to the GP-referred admissions only. Red Amber Green (RAG) ratings have been adjusted accordingly and therefore differ from the position reported previously.

The Reduction in ACSC emergency admissions measure below is based on different criteria to the ACSC national measure in the Long Term Conditions, Cancer and Older People portfolio - as illustrated in the Best Possible Health Outcomes section.

Reduction in emergency admissions for ambulatory care sensitive conditions (ACSC) 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



September national inpatient data not yet available for SCHFT

continued overleaf

# Quality Innovation Productivity and Prevention (QIPP)

## Acute Services - Elective

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 November 2013:

Primary Care Referral Education Support for Sheffield (PRESS) Portal: The new web-based information portal - which makes it easier for GPs to find clinical care pathways, guidance, forms and education resources - continues to be well received by primary care clinicians and practice staff. Usage of the site continues to grow month on month since its launch in April. Amendments to the site have been agreed following completion of the beta-test period and these will be implemented over the coming months.

The Referral Education and Support (RES) peer review service has now been running since April and continues to offer peer review in 5 specialties. Latest outcome information from the service indicates that of the referrals received, those which received advice back that the patient care could continue to be appropriately provided in primary care and secondary care input was not required at this stage have increased in the last month to 21%. Feedback received from GPs using the service is still very positive but, although utilisation levels continue to improve, they are not as high as the CCG would like. This has been raised at the CCG planning and delivery group and a number of mitigating actions are in the process of being implemented.

Joint Clinical Discussions and Service Transformation Reviews: Discussions have now taken place across the majority of the planned specialties and STHFT is currently developing delivery plans and milestones for the priority areas.

### Indicator Development

Financial and activity impact of elective QIPP schemes is undertaken through contract monitoring. The measures below are locally determined to complement contract monitoring and measure the success of the individual schemes:

Usage of Sheffield CCG Referral & Education Portal



Impact of using Sheffield CCG Referral & Education Portal measured through feedback from users



Usage of Referral, Education, Support Service



Outcomes from peer review of referrals (i.e. compliance with local pathways, consultant input required, continuation of care in primary care)



Progress of programme of Joint Clinical Discussions and Service Transformation reviews



Outcomes from Joint Clinical Discussions and Service Transformation Reviews (i.e. action plans agreed for service change and implementation)



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.

Well work is well underway with the insulin project; more than a third of practices have completed the work and the projects on aspirin and clopidogrel are now underway. Progress is on track for all areas of the programme.

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 September 2013 performance as at the 24th October 2013 - year to date where appropriate.

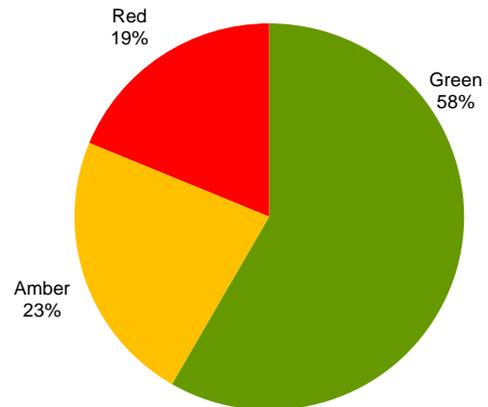
58 indicators are reported below.  
Please note that some targets are made up of several indicators.

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

### Key

\* - Data is currently not available for the Indicator  
N/A - The indicator is not applicable to this Trust  
WIP - Method of measurement is work in progress for this indicator  
YTD - Year To Date  
QTR - Quarterly

### Sheffield CCG RAG Distribution



### Acute Services Portfolio - Elective Care

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

	CCG	STHFT	SCHFT
% seen/treated within 18wks - Admitted pathway	90.57%	90.67%	88.70%
% seen/treated within 18wks - Non-Admitted pathway	96.32%	96.26%	96.41%
% still not seen/treated within 18wks - Incomplete Pathway	93.16%	92.87%	96.07%
Number waiting 52+ weeks - Admitted pathway	0	0	0
Number waiting 52+ weeks - Non-Admitted pathway	0	0	0
Number waiting 52+ weeks - Incomplete pathway	0	0	0

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

% receiving diagnostic test	0.28%	0.07%	2.26%
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#### Cancer Waits (YTD)

% seen within 2 weeks - from GP referral to first outpatient appointment	94.25%	94.24%	100.00%
% seen within 2 weeks - as above, for breast symptoms	95.56%	95.90%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	99.03%	98.54%	100.00%
% treated within 31 days - subsequent treatment (surgery)	98.11%	98.01%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	99.92%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	99.72%	99.53%	N/A
% treated within 62 days - following an urgent GP referral	100.00%	89.25%	N/A
% treated within 62 days - following referral from an NHS screening service	92.79%	96.57%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	97.96%	93.79%	N/A

#### Activity

Number of Elective Admissions (FFCEs) (YTD)	30823	26878	2183
Number of First Outpatient Attendances (YTD)	71833	65544	2823
Number of Cancelled Operations offered another date within 28 days	N/A	0	0

#### Quality Standards

Patient Reported Outcome Measures (PROMs) - Hip replacement	0.48	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Knee replacement	0.31	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Groin hernia	0.08	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Varicose veins	0.17	N/A	N/A
Patient overall experience of GP Services	85.82%	N/A	N/A
Patient experience of hospital care	77.30%	WIP	WIP
Friends and Family test: Inpatient - Response (QTR)		18.46%	
Friends and Family test: Inpatient - Score (QTR)		76.60	
Friends and Family test: A&E - Response (QTR)		6.40%	
Friends and Family test: A&E - Score (QTR)		70.71	

#### Footnotes:

##### <sup>1</sup> Friends and Family Test:

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

*continued overleaf*

## Appendix A: Health Economy Performance Measures Summary

### Acute Services Portfolio - Urgent Care

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

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	95.54%	97.65%
Emergency Readmissions within 30 days	12.08%	N/A	N/A
Non-elective Admissions (FFCEs) (YTD)	25529	20958	3106
Number of attendances at A&E departments - Type 1 (YTD) <sup>1</sup>	70217	48493	21157
Number of attendances at A&E departments - Total (YTD) <sup>1</sup>	83230	62042	21157
Unplanned Hospitalisation for chronic ambulatory care sensitive conditions	220.4	N/A	N/A
Emergency admissions - acute conditions that should not require admission	366.0	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	67.4	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI)	216.2	N/A	N/A
Urgent Operations cancelled for the second time	N/A	0	0
Patient overall experience of out of hours GP Services	68.03%	N/A	N/A

#### Yorkshire Ambulance Service (YAS) Ambulance Response Times

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest) <sup>3</sup>	82.41%	N/A	N/A	79.50%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) <sup>3</sup>	78.08%	N/A	N/A	76.45%
Category A response in 19 mins <sup>3</sup>	98.82%	N/A	N/A	97.47%
Ambulance handover: % handovers to A&E within 15mins <sup>2</sup>	*	80.5%	94.3%	81.7%
Crew Clear: % post-handovers (ambulance ready for next call) within 15mins <sup>2</sup>	*	82.5%	79.7%	75.8%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0	N/A

#### Footnotes:

##### <sup>1</sup> Number of attendances at A&E departments:

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

##### <sup>2</sup> Ambulance handover/crew clear times:

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

##### <sup>3</sup> Category A responses:

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

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

### Long Term Conditions, Cancer and Older People

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

### Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by Mental Health services, after psychiatric inpatient care	98.50%
Proportion of people entering psychological treatment against the level of need in the general population (QTR)	5.91%
The proportion of those referred that enter psychological treatment (QTR)	70.78%
The proportion of people who are moving to recovery, following psychological treatment (QTR)	81.04%
Estimating the diagnosis rate of people with dementia	WIP

### Quality Standards

#### Health Care Acquired Infections (HCAI)

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	2	1	0	N/A
Clostridium Difficile (C Diff) (YTD)	102	49	1	N/A
Mixed sex accommodation breaches (YTD)	0	0	0	0

## APPENDIX B: Mental Health Trust Performance Measures

### Sheffield Health and Social Care NHS Foundation Trust

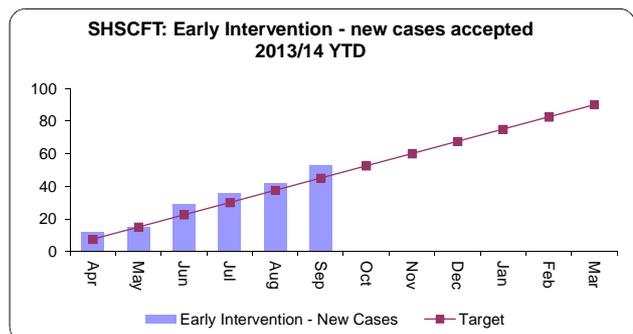
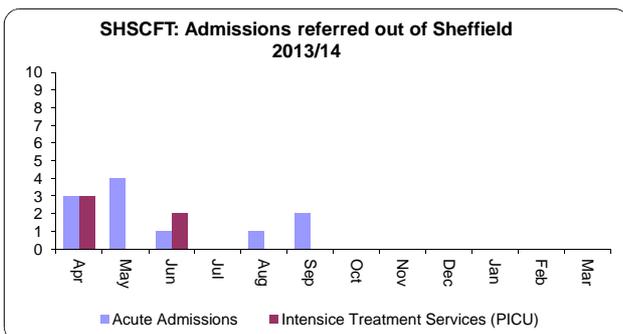
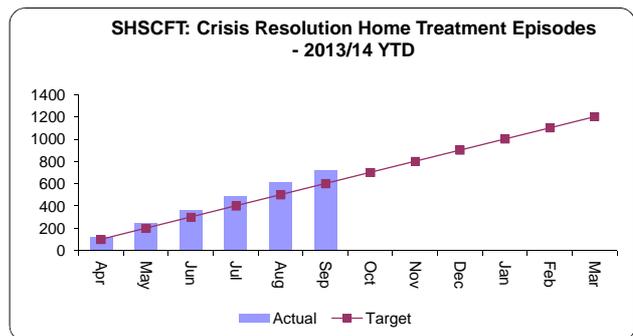
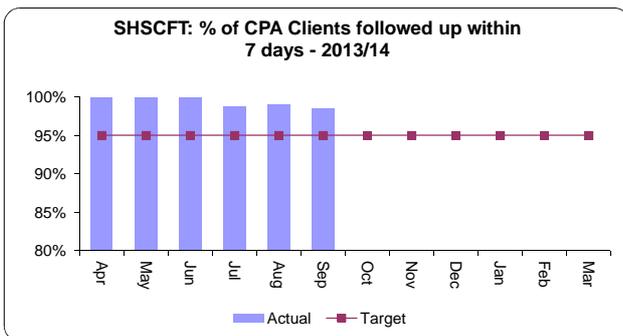
1. Crisis Resolution/Home Treatment: As at the end of September, there have been 725 home treatment interventions against a 12-month target of 1,202. This equates to 20% more patients benefiting from this service than originally planned by the end of September.

2. CPA 7 day follow up: September's monthly performance is 100%. Actions to strengthen confidence in on-going performance are being implemented, including team-level review and confirmation reporting that follow up has taken place in advance of the 7 day period lapsing and more consistent approaches and actions from day 5 onwards, regarding maintaining proactive actions to contact the client to ensure they remain well.

3. Psychosis intervention: Activity over the last year is more closely aligned to the target thresholds. New Community Mental Health Team (CMHT) models have reduced the numbers of dedicated EIS cases over the Q3 period, which is being reviewed in light of the new service pathways.

4. Psychological therapy services: The quarter 2 performance for psychological therapy indicators is exceeding their respective target levels.

SHSCFT Indicators	Target	August	September	Change
Crisis Resolution / Home treatment	1202	610	725	▲
Psychosis intervention - New cases (YTD)	90	42	53	▲
Psychosis intervention - Maintain Capacity	270	185	180	▼
CPA 7 day follow up (YTD)	95%	99.00%	98.50%	▼
Anxiety/depression:		Q1	Q2	
% receiving Psychological therapy	3.8%	5.88%	5.91%	▲
% referred for psychological therapy receiving it	65.5%	73.67%	70.78%	▼
Psychological therapy pts. move to recovery	44.40%	79.53%	81.04%	▲



## APPENDIX B: Ambulance Trust Performance Measures

### Yorkshire Ambulance Service

For September 2013, both the Category A 8 minute (Red 1 & Red 2) and 19 minute targets continued to be achieved at the Yorkshire Ambulance Service (YAS) Trust level. Performance is formally reviewed monthly by commissioners at the Yorkshire & Humber 999 Contract Management Board.

The 8 minute target is 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:**

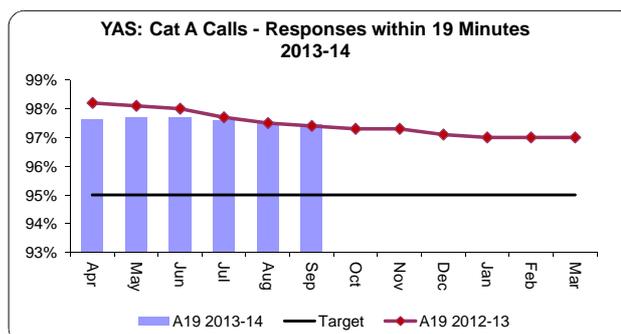
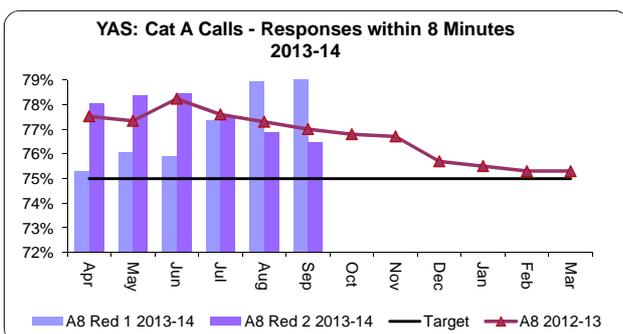
YAS have provided winter planning documentation setting out actions to mitigate the impact of the weather this winter. However, R2 8 min performance and performance against the green targets remains considerable cause for concern.

#### **Key points to note:**

Agreement was reached with Arriva Transport Solutions Ltd to commence a non-paramedic GP Urgent service from September 2013 to run in parallel with the existing paramedic-led GP urgents service provided by YAS. Arrangements are being made to ensure the transition from YAS to Arriva runs smoothly.

#### **YAS Indicators**

	<u>Target</u>	<u>August</u>	<u>September</u>	<u>Monthly Change</u>
Cat A 8 minutes Red 1 (YTD)	75%	78.95%	79.50%	▲
Cat A 8 minutes Red 2 (YTD)	75%	76.85%	76.45%	▼
Cat A 19 minutes (YTD)	95%	97.52%	97.47%	▼



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**

	<u>Target</u>	<u>July</u>	<u>August</u>	<u>Monthly Change</u>
Re-contact after discharge (Phone)		7.6%	8.1%	▲
Re-contact after discharge (Treatment at scene)		7.3%	6.8%	▼
Re-contact after discharge (Frequent Caller)		2.0%	1.9%	▼
Time to answer call (Median)	5 sec	1	1	◄►
Time to answer call (95th Percentile)		37	33	▼
Time to answer call (99th Percentile)		103	79	▼
Time to treatment (Median)		5.6	5.6	◄►
Time to treatment (95th Percentile)		14.2	13.9	▼
Time to treatment (99th Percentile)		21	20.8	▼
Call closed with advice (Phone advice)		5.0%	4.5%	▼
Call closed with advice (Transport)		30.7%	30.5%	▼
<b>Clinical Indicators</b>		<u>April</u>	<u>May</u>	
Outcome from Cardiac Arrest (CA) All		19.0%	24.0%	▲
Outcome from CA Utstein Group (UG)		40.0%	28.0%	▼
Outcome from acute STEMI Angioplasty		77.4%	91.7%	▲
STEMI Care Bundle		83.7%	78.6%	▼
Outcome from Stroke 60 min to Stroke Unit		63.2%	65.4%	▲
Stroke - Appropriate Care Bundle		97.1%	98.5%	▲
Outcome from CA - Survival to Discharge All		11.7%	10.5%	▼
Outcome from CA - Survival to Discharge UG		33.3%	4.2%	▲
Service Experience		N/A	N/A	

# APPENDIX C: Contract Activity



Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Clinical Commissioning Group

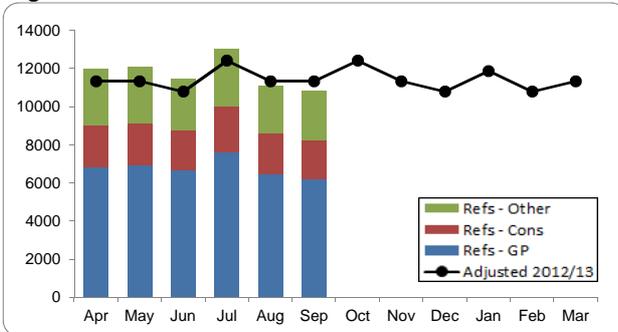
Performance against Sheffield CCG Activity Target at Month 6, April - September 2013

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

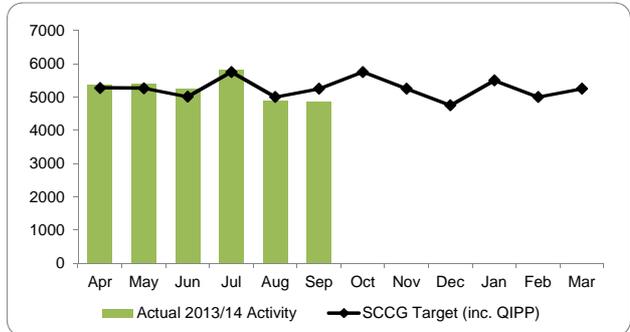
Outpatient First Attendances: 4.3% above plan  
 Outpatient Follow-ups: 1.6% above plan  
 Outpatient Procedures: 5.2% above plan

Inpatient Elective Spells: 0.2% above plan  
 Inpatient Non-elective Spells: 3% above plan  
 A&E Attendances: 5.5% above plan

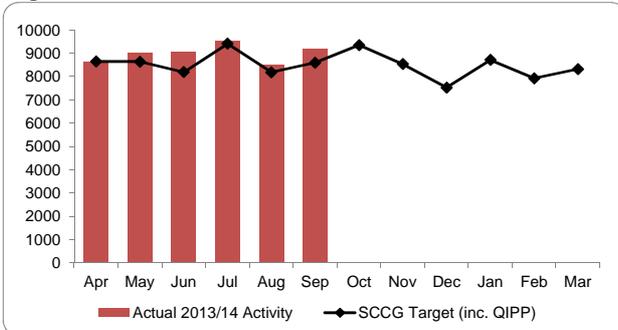
**Figure 1: Referrals<sup>1</sup>**



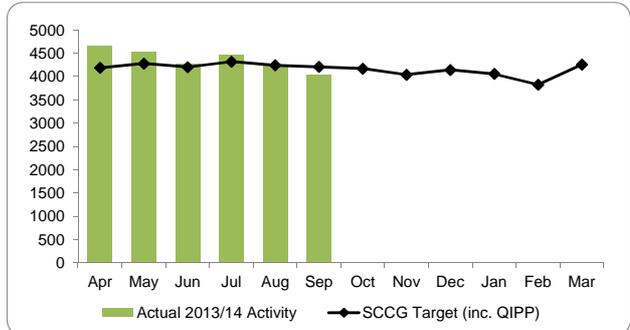
**Figure 4: Electives**



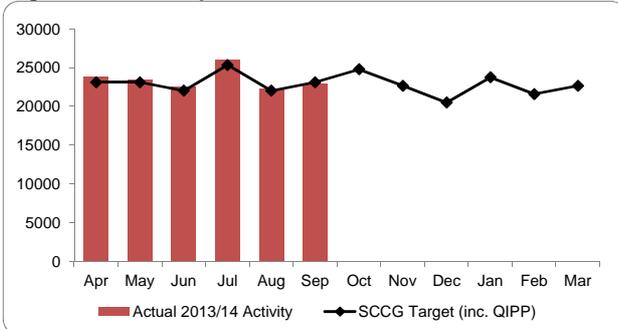
**Figure 2: Firsts<sup>2</sup>**



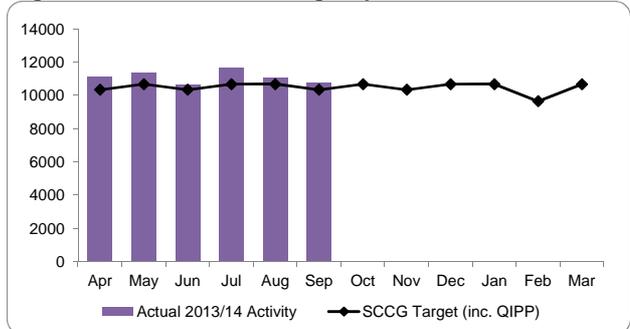
**Figure 5: Non-Electives**



**Figure 3: Follow-ups**



**Figure 6: Accident and Emergency**



**Table 1. Outpatient Activity**

Activity	2013/14	Target	Var	% Var
Firsts	53,920	51,711	2,209	4.3%
Follow-ups	141,044	138,867	2,177	1.6%
OP Payable Procedures	30,088	28,601	1,487	5.2%
Follow-ups:First Ratio	2.62	2.69	-0.07	-2.6%

**Table 2. Inpatient and A&E Activity**

Activity	2013/14	Target	Var	% Var
Electives	31,621	31,555	66	0.2%
Non Electives	26,202	25,449	753	3.0%
Excess Bed Day Costs (£000s)	£ 4,837	£ 4,872	-\$ 35	-0.7%
A&E	66,541	63,090	3,451	5.5%

Source: STHT Contract Monitoring

**Notes:**

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

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

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

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

<sup>2</sup> First outpatient attendances excludes CDU (Clinical Decision Unit) Attendances. CDU Attendances are overperforming by 1351 (12.2%).

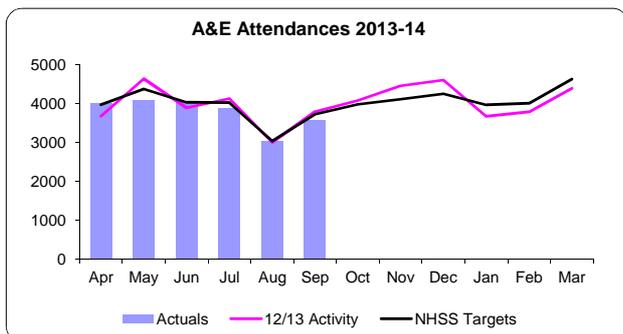
Excess Bed Day Costs include MFF (Market Forces Factor).

Produced by NHS Sheffield CCG Contract Team, October 2013

## APPENDIX C: Contract Activity

### Sheffield Children's NHS Foundation Trust

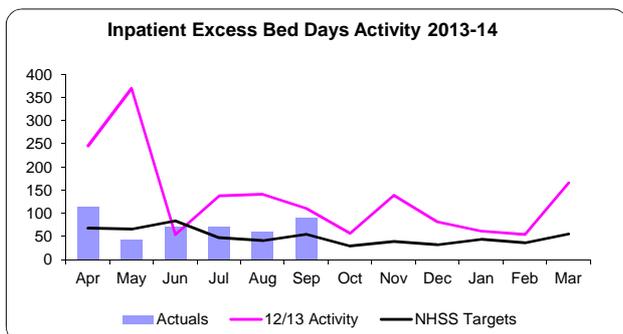
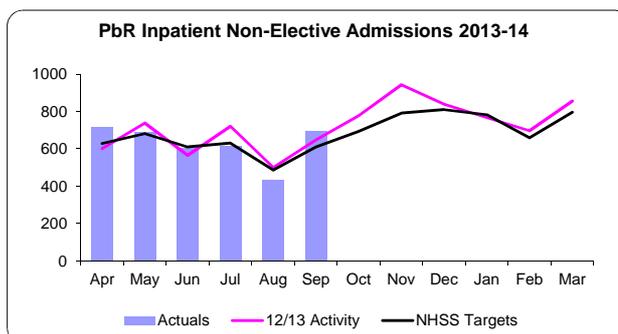
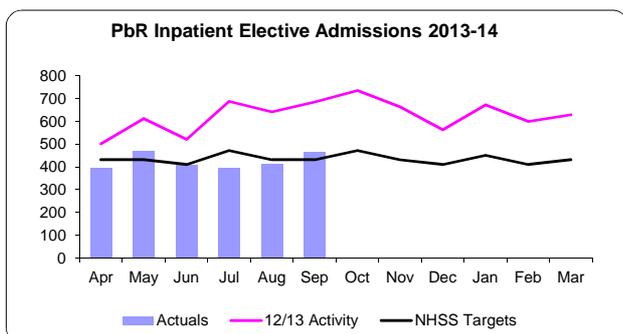
2013/14 Actual performance against Plan and 2012/13 performance



A&E activity in 2013/14 so far follows a similar pattern to that seen in 2012/13, but the first 6 months of 2013/14 show a slight decrease in attendances. Activity is just below the target level for September.

Following their dip below the '95% within 4 hours' target level in April and improvement in May to August, as at the end of September, SCHFT's cumulative A&E performance has risen again, to 97.65%.

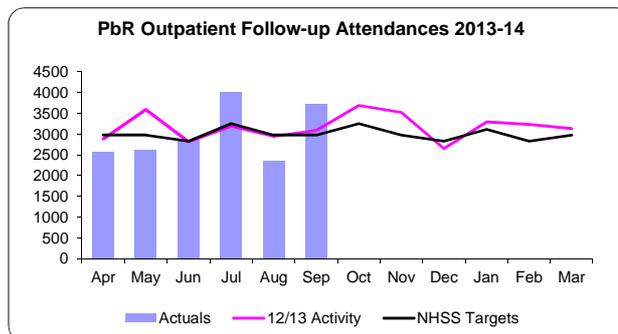
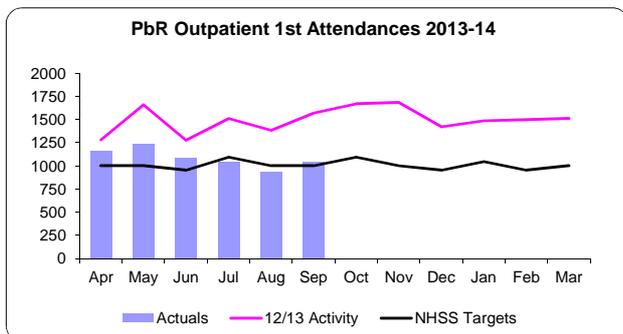
It should be noted that all A&E attendances at the Trust are Type 1 in nature.



Elective activity this year has so far remained lower than that seen in 2012/13, although September is just above the planned level. Non-elective admission levels have risen in September and are above the planned level for the month.

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

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



#### Position to September 2013:

SCHFT outpatient firsts are overtrading by 444 attendances and follow-ups are overtrading by 159. In terms of elective activity, there is currently an overtrade of 91 spells. Non-elective activity is currently overtrading by 106 spells. Excess bed days are overperforming by 91 bed-days. There is currently an undertrade on A&E attendances of 555.

Activity figures are from SCHFT contract monitoring information  
SCHFT Finance Team