NHS
Sheffield Clinical Commissioning Group

Month 5 Quality and Outcomes Report

Governing Body meeting

N

3 October 2013

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Key messages

1. This is the new Sheffield CCG Quality and Outcomes report, the design and content of which reflects the principles agreed at CCG Governing Body on 7 February 2013.

   As this is a public document, the aim has been to include a degree of 'context setting' and to use plain English, rather than NHS terminology.

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.

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.

Assurance Framework (AF)

Risk Reference Number: 95

How does this paper provide assurance to the Governing Body that the risk is being addressed

Performance monitoring reports produced for CET, Planning & Delivery Board, CCG committee and Cluster Board. Performance links with operational leads each month for progress reports and remedial action plans when appropriate. Escalation through operational leads to the Planning and Delivery Group.

The achievement of national targets and standards further link directly to the following elements of the Board Assurance Framework (BAF):

1.1 Delivery of safe and efficient health care,
1.2 Commissioning of health services to ensure they remain affordable, and
2.1 Effective Health Care

Is this an existing or additional control?
Existing 2.1.2A

Equality/Diversity Impact
Has an equality impact assessment been undertaken? No ***Which of the 9 Protected Characteristics does it have an impact on?*** None
Public and Patient Engagement
None
Recommendations
The Governing Body is asked to discuss and note: • How Sheffield CCG compares to other similar CCGs on key areas of Health Outcomes (as described in the Summary) • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • The key issues relating to Quality, Safety and Patient Experience • Initial assessment against measures relating to the Quality Premium

NHS
Sheffield Clinical Commissioning Group

Quality & Outcomes Report

Month 5 position

For the October 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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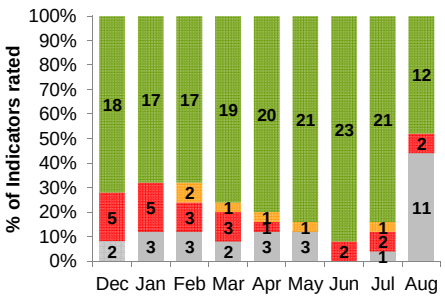
NHS Constitution - Rights & Pledges



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 handovers, Ambulance Crew Clear times
	None

Headlines

In August, Sheffield CCG continued to achieve almost all NHS Constitution Rights and Pledges (where data is available). 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. Sheffield Children's NHS Foundation Trust (SCHFT) have not met the non-admitted requirement for Sheffield-registered patients in August; however, Ear, Nose and Throat (ENT - one specialty experiencing issues) are undertaking additional activity in clinics and theatre to positive effect and they anticipate meeting required levels again by the end of September. Over 99% of Sheffield patients are waiting less than 6 weeks to have diagnostic tests.

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 to ensure that this excellent performance is sustained and patients continue to have a good experience and receive high quality care in the A&E services in the city.

Ambulance & crew response times: The majority of the rights and pledges have been achieved by the Yorkshire Ambulance Trust (YAS). 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.

Quality Standards

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

Building on the recommendations from the Francis Report, the CCG approach to ensuring and reporting on quality standards (overall and at individual provider level) is under review. The Highest Quality Health Care section of this CCG Quality and Outcomes report (and this part of the Summary) will be informed by the results of the above work. In the meantime, CCG reporting will continue to focus on some of the measures used during 2012/13. 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 (FFT) - All Sheffield providers are required to undertake the FFT. Quarter 1 was included in last month's Quality and Outcomes Report. Although outcomes scores are good, the response rate still requires improvement and so will be kept under regular review.

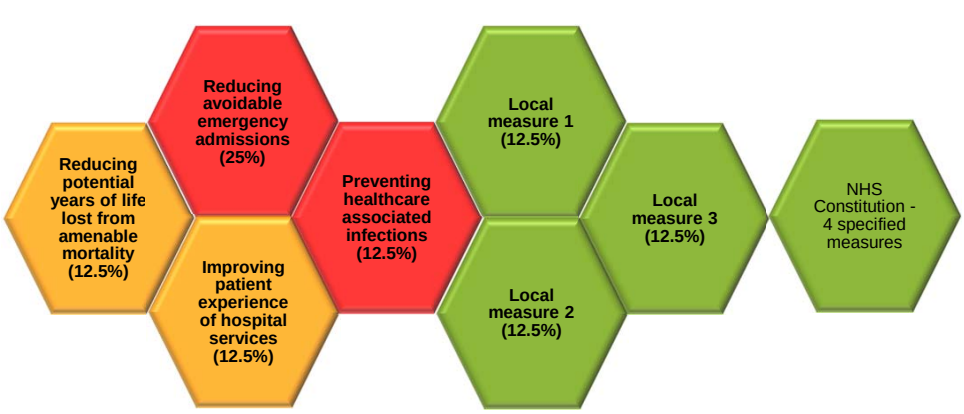
Treating and caring for people in a safe environment and protecting them from avoidable harm - reducing the number of patients getting Clostridium Difficile (C.Diff) & MRSA:
C.Diff - The 28 cases attributable to the CCG reported in August is much higher than last month and also much higher than the 14 forecast for the month. STHFT is reporting 10 cases, against their forecast 7. SCHFT have reported 0 cases this month. Root Cause Analyses (RCAs) are being undertaken with geographical investigation, in order to try to explain the increase; however, there have been no reported outbreaks.
MRSA - A new 'zero tolerance' policy is in place for 2013/14. No cases were reported from May to August, but the policy is for 2013/14 in total, so the 1 case in April (STHFT, attributable to Sheffield CCG) will count towards this.

Sheffield Clinical Commissioning Group - Summary Position

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.



Key to ratings:
- Performing Well
- Attention Needed
- Area of Concern
- Not yet available

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:

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 these publication intervals, in several cases the data - and thus the commentary - for these indicators has not changed since the previous report.

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

As noted last month, locally selected measures for the 'Acute Services - Elective', 'Children and Young People' and 'Mental Health and Learning Disabilities' portfolios are included in this month's report.

Locally selected measures for the 'Acute Services - Urgent Care' and 'Long Term Conditions, Cancer and Older People' portfolios are still being finalised.

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. These will be reported in future reports.

Quality Innovation, Productivity and Prevention (QIPP) Outcomes

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

There are still some schemes in the Right First Time (RFT) and Acute Service (Elective) programmes that, although developing & progressing well, the planned impact has not yet been 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 following section provides an update on the interim CCG Assurance Framework process, as reported last month. The balanced scorecard for Sheffield was published and the checkpoint meeting was held as planned on the 16th September.

The balanced scorecard is categorised into 5 domains; each is given a Red, Amber or Green (RAG) rating based on performance in quarter 1 of 2013/14:

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 (HCAIs) 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 RAG ratings will now be moderated against other CCGs across the North of England, with final ratings being issued in mid-October and the dashboard published on the CCG website.

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 October 2013:

Non-admitted patients: At CCG level this measure has been met although, at 93.69%, SCHFT (for Sheffield patients) has not achieved the non-admitted requirement of 95%.

The SCHFT specialties that are currently a challenge (and record a higher proportion of Sheffield patients not being treated within 18 weeks) are General Paediatrics, Gastroenterology and Ear, Nose and Throat (ENT). ENT reports undertaking additional activity in clinics and theatre to improve both admitted and non-admitted performance - the effects of which have been positive - and they anticipate meeting required levels again by the end of September.

90% of admitted patients start treatment within 18 weeks from referral	Jun	Jul	Aug	92% of all patients wait less than 18 weeks for treatment to start	Jun	Jul	Aug
95% of non-admitted patients start treatment within 18 weeks from referral	Jun	Jul	Aug	**Additional for 13/14:** No patients waiting more than 52 weeks	Jun	Jul	Aug

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	Jun	Jul	Aug

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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.

Issues & Actions October 2013:

The providers in Sheffield have achieved this target and the CCG continue to work closely with all their providers to ensure that patients receive a high quality urgent care service. The Urgent Care Board will oversee business continuity plans over the winter period.

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 October 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. As the official data source is still to be ascertained, 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:

- Yorkshire & Humber (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 are delivered.

- Contractual (financial) penalties will be applied to YAS from 1st October 2013 for failing to meet their hospital handover targets. Similarly, where no penalties have been applied hitherto, Acute Trusts in Y&H will also be liable to penalties in relation to hospital turnaround from 1st October 2013.

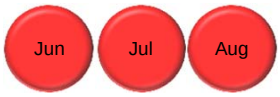
It is fully expected that issues of non-compliance in relation to hospital handover will be greatly reduced from October onwards. The matter will be further reviewed as part of the normal contract monitoring arrangements.

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

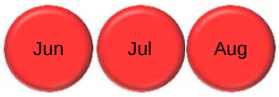
(RED 2) 75% of calls resulting in an emergency response arriving within 8 minutes

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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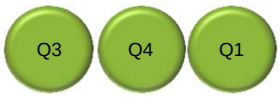
Highest Quality Health Care

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. The number of cases reported in August is an increase from July and is also above the planned position at this time in the year. Root Cause Analyses (RCAs) are being undertaken with geographical investigation, in order to try to explain the increase; however, there have been no reported outbreaks.

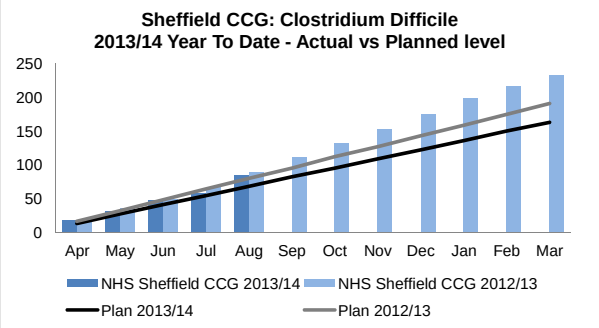
For the 28 cases reported in August for Sheffield CCG:
- 9 are attributable to STHFT (from their 10 reported cases)
- 8 are community associated, with a hospital admission in the last 56 days
- 10 are community associated with no recent hospital contact
- 1 is community associated, but it is yet to be established on RCA if they have had recent hospital contact

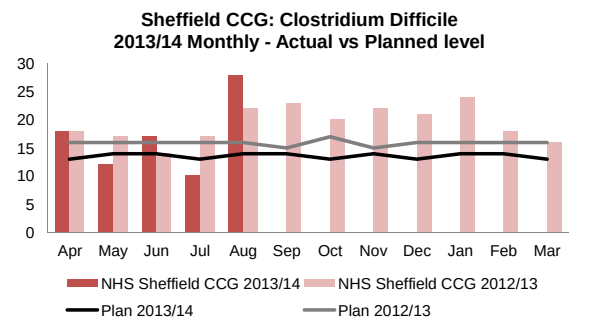
STHFT are uncertain as to why the increase in cases has occurred, although the same pattern occurred in August 2012. They have increased their programme of deep cleaning in response to the increase.

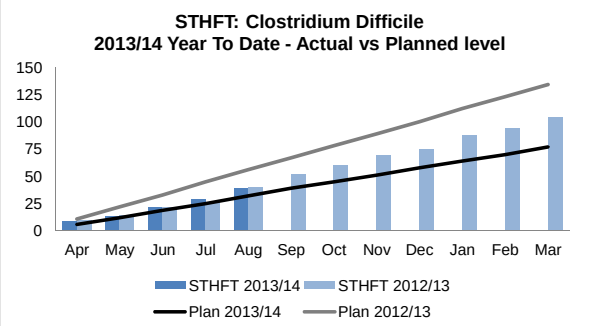
MRSA: No cases have been reported for May to August. Sheffield has previously recorded 1 instance of MRSA in April and so the CCG has not achieved the new Zero Tolerance process in place from April 2013.

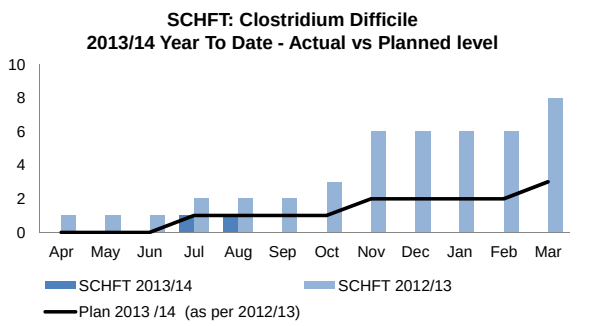
This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2013/14 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Aug-13	0	0	0	28	10	0
Number of infections forecast for this month	0	0	0	14	7	0
Number of infections recorded so far in 2013/14	1	1	0	85	39	1
Number of infections forecast for this period	0	0	0	68	32	1









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Highest Quality Health Care

Quality and Safety

Regulations

Care Quality Commission (CQC) Visits and Inspections

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)
The CQC have undertaken an unannounced visit to STHFT, between Monday 9th September 2013 and 20th September 2013. Inspections have been undertaken on: Jessop Wing, Day Surgery, A&E and the Spinal Unit. There will be no immediate feedback to the Trust.

Sheffield Health and Social Care NHS Foundation Trust (SHSCFT)
A CQC inspection took place on 19th July 2013 at Sheffield's Crisis House, managed by Rethink Mental Illness, commissioned by SHSCFT. It is believed that this inspection took place as a result of the serious incident that occurred at this location. There were 4 outcomes inspected: care and welfare, safeguarding, premises and service provision. The Crisis House received 2 compliance actions against Outcome 7 (safeguarding) and Outcome 10 (premises). Rethink Mental Illness has until 17th September 2013 to submit an action plan to the CQC to address the compliance issues. SHSCFT will monitor and manage the delivery of the action plan.

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.*

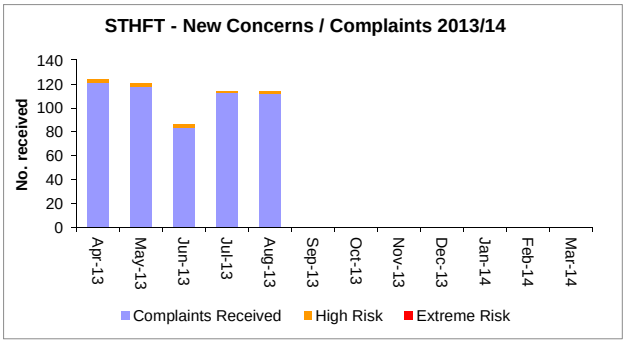
Quarter 1 was included in last month's Quality and Outcomes Report. Although outcomes scores are good, the response rate still requires improvement and so will be kept under regular review.

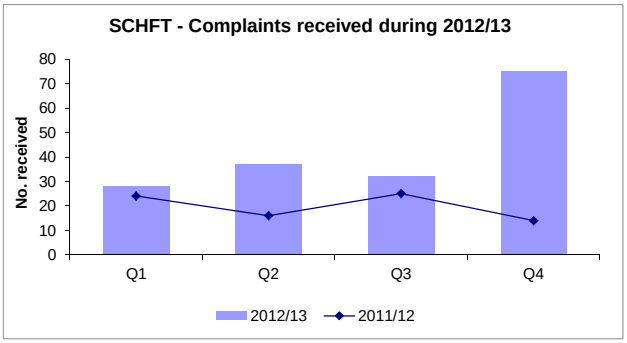
Highest Quality Health Care

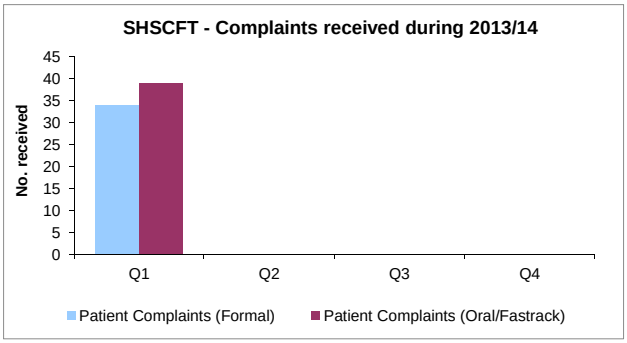
Patient Experience of NHS Trusts

Patient Complaints

Reasons for Complaints:	
STHFT (Aug12 - Jul13)	Attitude Appropriateness of medical treatment General Nursing Care
SCHFT (Apr12 - Dec12)	Appointment Issues Clinical Treatment





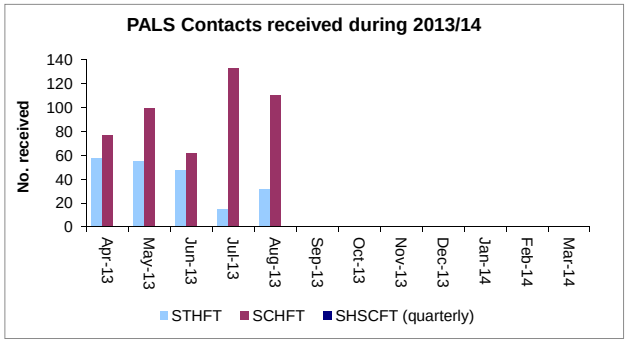


Patient Compliments

STHFT: 73 letters of thanks were received in August 2013, bringing the total so far in 2013/14 to 268.
SHSCFT: 309 complaints were received in Q1 2013/14.

PALS Contacts

Reasons for PALS Contacts:	
SCHFT (July13)	Care and Treatment (13) Admissions (13) Advice and Information (11)
SHSCFT (Q1 13/14)	All Access of Clinical Care (21) Attitude of Staff (5) Appointment delayed or cancelled (2)



Individual Initiatives

STHFT - During August, the Trust responded to 69% of complaints within 25 working days, not meeting the 85% target. To date, they have achieved 74% (Apr - Aug). The Trust's complaints handling process will be reviewed in light of the findings of the Ombudsman's Annual Report and any recommendations from the Francis enquiry.

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

SHSCFT (Sheffield Health and Social Care NHS Foundation Trust) - During Q1 2013/14, 100% of complaints were acknowledged within the statutory timescale. Of these, 97% were investigated and responded to within the agreed timescale.

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

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

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.

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.

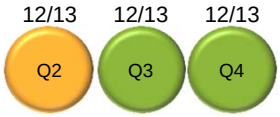
Acute Services Portfolio - Elective Care

National required measures

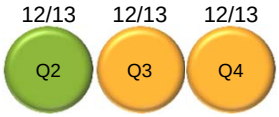
Issues & Actions October 2013:

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

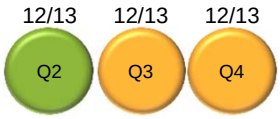
Total Health gains assessed by patients after Groin hernia surgery



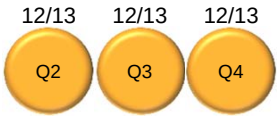
Total Health gains assessed by patients after Hip replacement



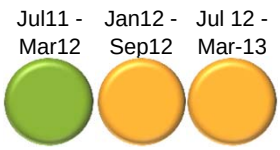
Total Health gains assessed by patients after Knee replacement



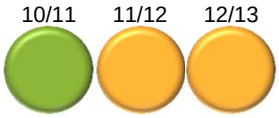
Total Health gains assessed by patients after Varicose veins surgery



Patient experience of GP services



Patient experience of hospital care - CQC Inpatient Survey



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 88.26%, with any score above 78% being judged nationally as good. As an additional measure, currently 90.3% of people 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 Aug-13, this covers experience of surgical procedures during Feb-13.*

Best Possible Health Outcomes

Acute Services Portfolio - Urgent Care

National required measures

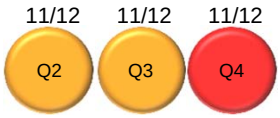
Issues & Actions October 2013:

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: 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.

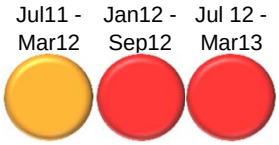
Reduction in Emergency admissions for acute conditions that should not usually require hospital admission



Reduction in Emergency readmissions within 30 days of discharge from hospital

Number of A&E Attendances (Type 1)

Patient experience of GP Out of Hours services



Number of A&E Attendances (Total)

Locally selected measures

The portfolio team is considering what additional locally determined measures can be monitored and reported; this will include exploring what, if any, more recent data can be provided relating to the above measures.

continued overleaf

Best Possible Health Outcomes

Long Term Conditions, Cancer and Older People

National required measures

Issues & Actions October 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.

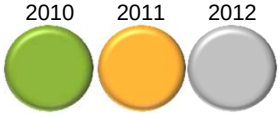
Potential years of life lost

2003-2011

From NHS ENGLAND Guidance: *Causes considered amenable to health care are those from which premature deaths should not occur in the presence of timely and effective health care. The concept of 'amenable' mortality generally relates to deaths under age 75, due to the difficulty in determining cause of death in older people who often have multiple morbidities.*

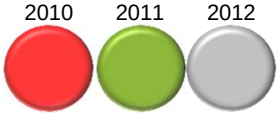
Under 75 mortality rate from Cancer (Annual Calendar Year)

2010 2011 2012



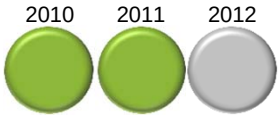
Under 75 mortality rate from Cardiovascular disease (Annual Calendar Year)

2010 2011 2012



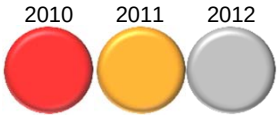
Under 75 mortality rate from Respiratory Disease (Annual Calendar Year)

2010 2011 2012



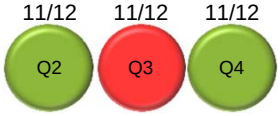
Under 75 mortality rate from Liver disease (Annual Calendar Year)

2010 2011 2012



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

11/12 11/12 11/12

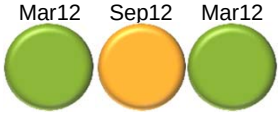


Proportion of people feeling supported to manage their condition

Jul11 - Mar12 Jan12 - Sep12 Jul 12 - Mar12

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

Jul11 - Mar12 Jan12 - Sep12 Jul 12 - Mar12



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

Quality Premium: Locally selected measure

Reduction in STHFT/SCHFT Emergency spell bed nights for Ambulatory Care Sensitive Conditions (ACSC) (Sheffield definition)

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.

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.

Care planning enables a personalised approach that empowers and equips individuals to self-manage. It is a continuous process through which information is shared, needs are identified, and anticipated, collaborative goals and actions are set focused on outcomes that people want for themselves, informed by professional knowledge.

The CCG, 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. These will be reported in future reports.

Best Possible Health Outcomes

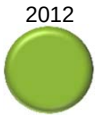
Mental Health and Learning Disabilities

National required measures

Issues & Actions October 2013:

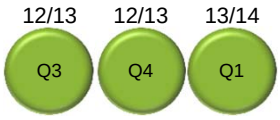
Improvement against plan: Estimated diagnosis rate for people with dementia: Based on 2012 data, Sheffield CCG has diagnosed 63.6% of its predicted prevalence (4130/6494). A number of initiatives have helped to ensure that Sheffield has made considerable progress in the last few years and work continues to ensure this is maintained. When compared to other CCGs in England and Wales, Sheffield ranks among the best performers. There is significant scrutiny regarding the dementia diagnosis rate and we have committed to a 3% increase in 2013/14 and 2014/15.

Improvement against plan: Estimated diagnosis rate for people with dementia

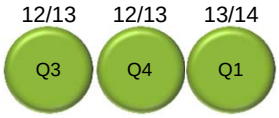


Estimated position for the measure, based on local data

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



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



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 October 2013:

Proportion of people with Learning Disabilities (LD) receiving an Annual Health Check: More GPs have registered to deliver the AHCs this year than last year, with a number registering for the first time. The training for new practices is due to take place in early October. No data will be available yet on number of completed checks.

Reducing LD Out of City Placements: The work on assessing people was completed to time, as required by the national Department of Health Winterbourne Concordat. A number of individuals have been identified to return. However, the extreme financial pressure and management changes faced by the Local Authority is making the operating context more challenging in reaching agreements about funding arrangements with Adult Social Care, particularly around accommodation costs. A resolution to this issue is being sort at Director level in the CCG and LA. More positively, there has been an extremely helpful response from the Sheffield City Council Housing Department in identifying suitable properties.

A joint CCG/LA report on Winterbourne is due to go to the Health & Wellbeing Board at the end of September.

Procurement and implementation of a Diagnostic & Post Diagnostic Service for people with Autistic Spectrum Condition (ASC): The Sheffield Adult Autism and Neurodevelopment Team contract has been awarded to Sheffield Health & Social Care NHS Trust. Recruitment is underway and adaptions to a building are being undertaken to provide an autism friendly environment in which the service will operate. The new service is due to commence in early October in a phased way, with recruitment completed over the following few weeks.

The Autism Self Assessment Framework, which assesses progress against the Autism Strategy, Fulfilling and Rewarding Lives, is in the process of being completed to return it by the deadline of the end of September. Senior Commissioning Managers from the CCG have contributed to its completion.

Proportion of people with Learning Disabilities receiving an Annual Health Check

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

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

Best Possible Health Outcomes

Children and Young People

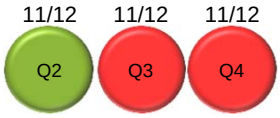
National required measures

Issues & Actions October 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.

Emergency admissions for children with Lower Respiratory Tract Infection (LRTI) - work continues in reviewing the data, the case mix and the pathway with the CCG's provider and also in reviewing 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.

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



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

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****.*

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 October 2013:

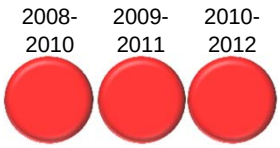
Reduction in Infant Mortality: Work continues on the delivery of the infant mortality strategy, which is being reviewed within the Children's Health Board.

CAMHS: A service model for a provision is currently being discussed with local providers.

Patient experience of Maternity Care: The CCG have commissioned the Maternal Services Liaison Committee to undertake a service user survey.

Parents' experience of Services for disabled children: Yet to be defined; this will be developed in partnership with Sheffield City Council.

Reduction in Infant Mortality



Child and Adult Mental Health Services (CAMHS) - Commissioning a service for 16/17 year olds

Patient experience of Maternity Care

Improving experience for families of children with complex needs

continued overleaf

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.*

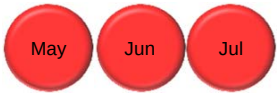
These plans - and hence the MAR data - are for General & Acute (G&A) specialties only - it does not include, for example, Obstetrics, Mental Health and Community services.

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.

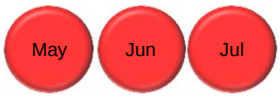
Therefore, the indicators below cannot be interpreted directly in conjunction with Trusts' contract/activity monitoring reporting.

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 October 2013:

Indicator Development

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

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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 October 2013:

Progress is being made on reducing avoidable emergency admissions. There is a high level of sign up across primary care to deliver 3,500 care plans for high risk patients by March 2014. The Right First Time team is receiving very positive feedback regarding the impact of Community Support Workers on patients and client. An evaluation report will be available by the end of October, which will include the financial impact.

With regard to reducing lengths of stay and excess bed days, the new Active Recovery service - created by the alignment of Community Intermediate Care Services (CICS) and Short Term Intervention Team (STIT) - will be fully in place by early October. The Home of Choice scheme closed to new referrals on 13th September 2013 and has been replaced by a new service, with increased staff capacity, with a greater focus on enabling patients to return home, with a clear process for the small number of people who will require long term care.

Two unscheduled care projects are at the design stage - one for adults and one for children - and the CCG will report on progress at a later date.

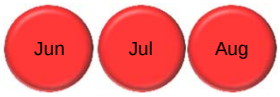
PLEASE NOTE: *The measures below (with the exception of Reduction in short stay, which is SCHFT) relate to Sheffield patients being treated in STHFT and are monitored against locally derived plans.*

The Reduction in 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.

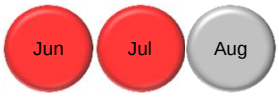
Reduction in emergency admissions for ambulatory care sensitive conditions (ACSC) by 1,502 (NB this activity reduction is phased to occur between October 2013 and March 2014)

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



August national inpatient data not yet available for SCHFT

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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 October 2013:

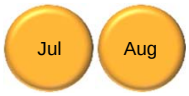
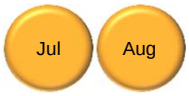
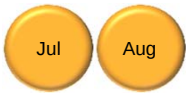
Primary Care Referral Education Support for Sheffield (PRESS) Portal: The new web-based information portal - which makes it easier for GPs to find clinical care pathways, guidance, forms and education resources - continues to be well received by primary care clinicians and practice staff. Usage of the 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 offers peer review in 5 specialties. Latest outcome information from the service continues to indicate that an average of 20% (across the 5 specialties supported) of the referrals sent to the service received advice back that patient care could continue to be appropriately provided in primary care and secondary care input was not required at this stage. 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 were agreed and 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 joint work plans and priorities are in the process of being agreed.

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)	

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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.

The Medicines Management Team is on track to deliver their QIPP objectives earlier than planned this year.

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

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

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

Appendices

Quality & Outcomes Report

Appendix A: Health Economy Performance Measures Summary

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

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

Where possible, the RAG rating is against August 2013 performance as at the 19th September 2013 - year to date where appropriate.

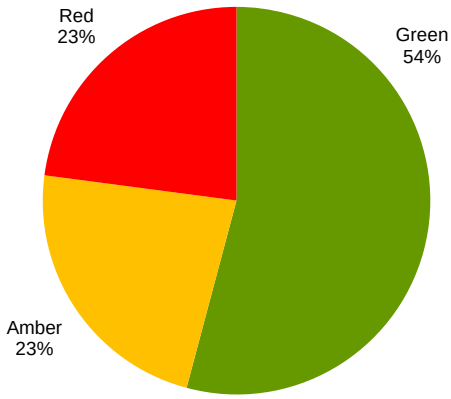
58 indicators are reported below.

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

Sheffield CCG RAG Distribution



	CCG	STHFT	SCHFT
Acute - Elective Care			
Referral to Treatment - from GP to seen/treated within 18 weeks			
% seen/treated within 18wks - Admitted pathway	92.49%	92.57%	90.80%
% seen/treated within 18wks - Non-Admitted pathway	96.27%	96.33%	93.69%
% still not seen/treated within 18wks - Incomplete Pathway	92.69%	92.32%	96.04%
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	0.12%	0.05%	0.81%
Cancer Waits			
% seen within 2 weeks - from GP referral to first outpatient appointment	94.40%	94.42%	100.00%
% seen within 2 weeks - as above, for breast symptoms	95.31%	95.24%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	98.81%	98.45%	100.00%
% treated within 31 days - subsequent treatment (surgery)	98.15%	97.80%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	99.50%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	99.67%	99.90%	N/A
% treated within 62 days - following an urgent GP referral	92.48%	89.56%	N/A
% treated within 62 days - following referral from an NHS screening service	97.33%	96.62%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	93.64%	93.61%	N/A
Activity			
Number of Elective Admissions (FFCEs) (YTD)	25233	21980	1770
Number of First Outpatient Attendances (YTD)	58085	52925	2348
Number of Cancelled Operations offered another date within 28 days	N/A	6	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	86.79%	N/A	N/A
Patient experience of hospital care	77.30%	WIP	WIP
Friends and Family test	WIP	WIP	WIP

continued overleaf

Appendix A: Health Economy Performance Measures Summary

Acute - Urgent Care

Non Elective Care (Right First Time/Long Term Conditions)	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	95.72%	97.59%
Emergency Readmissions within 30 days	12.08%	N/A	N/A
Non-elective Admissions (FFCEs) (YTD)	20683	16874	2665
Number of attendances at A&E departments - Type 1 (YTD) [1]	56708	38742	17732
Number of attendances at A&E departments - Total (YTD) [1]	67041	49732	17732
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) [3]	82.98%	N/A	N/A	78.95%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) [3]	78.68%	N/A	N/A	76.85%
Category A response in 19 mins [3]	98.86%	N/A	N/A	97.52%
Ambulance handover: % handovers to A&E within 15mins [2]	*	80.1%	96.9%	79.6%
Crew Clear: % post-handovers (ambulance ready for next call) within 15mins [2]	*	81.0%	79.6%	76.8%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0	N/A

Footnotes:

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

[2] **Ambulance handover/crew clear times:**
- Whilst official data source and data quality is determined, CCG position reported is as per the YAS position

[3] **Category A responses:**
- CCG position has been included for information, but all CCGs are officially measured against the YAS total position

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

Long Term Conditions, Cancer and Older People

	CCG
Potential years of life lost (PYLL)	2.62%
Under 75 mortality rate from Cardiovascular Disease (CVD) per 100,000	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	67.20%
Health-related quality of life for people with long-term conditions	54.02%

Mental Health & Learning Disabilities

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by Mental Health services, after psychiatric inpatient care	99.00%
Proportion of people entering psychological treatment against the level of need in the general population	5.88%
The proportion of those referred that enter psychological treatment	73.67%
The proportion of people who are moving to recovery, following psychological treatment	79.53%
Estimating the diagnosis rate of people with dementia	WIP

Quality Standards

Health Care Acquired Infections (HCAI)	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	1	1	0	N/A
Clostridium Difficile (C Diff) (YTD)	84	39	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

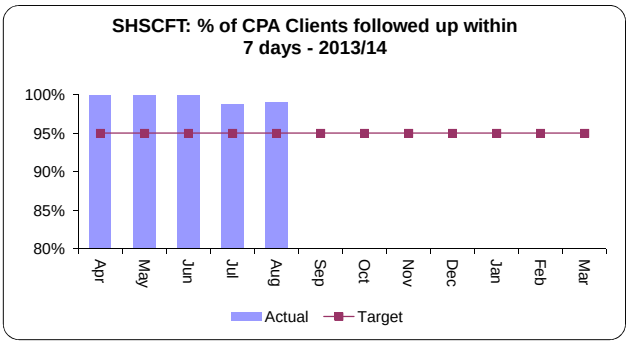
1. Crisis Resolution/Home Treatment: As at the end of August, there have been 610 home treatment interventions against a 12-month target of 1,202. This equates to 22% more patients benefiting from this service than originally planned by the end of August.

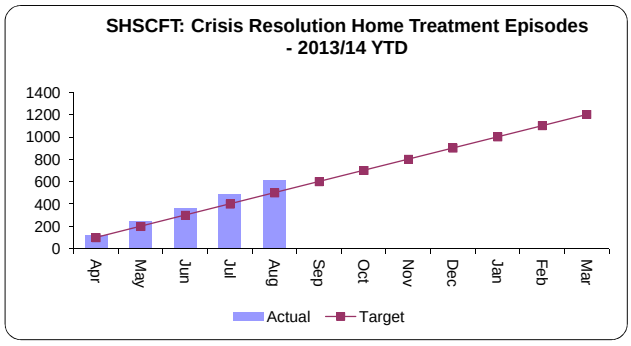
2. CPA 7 day follow up: August's monthly performance is 100%. Actions to strengthen confidence in on-going performance are being implemented, including team-level review and confirmation reporting that follow up has taken place in advance of the 7 day period lapsing and more consistent approaches and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

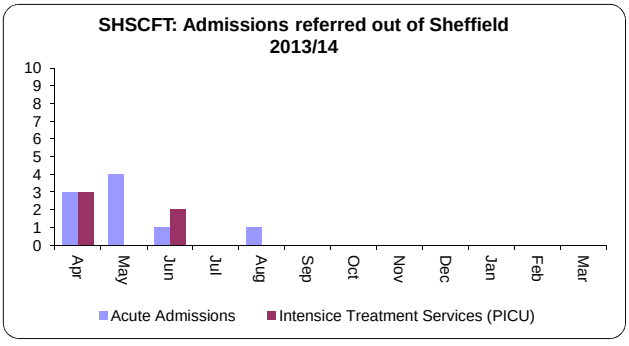
3. Psychosis intervention: Activity over the last year is more closely aligned to the target thresholds. New Community Mental Health Team (CMHT) models have reduced the numbers of dedicated EIS cases over the Q3 period, which is being reviewed in light of the new service pathways.

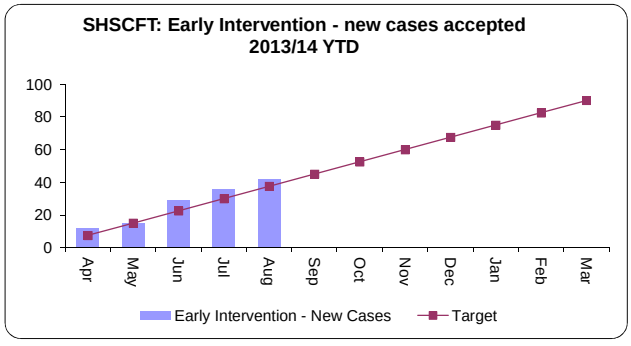
4. Psychological therapy services: The quarter 1 performance for psychological therapy indicators is exceeding their respective target levels.

SHSCFT Indicators	Target	July	August	Change
Crisis Resolution / Home treatment	1202	486	610	▲
Psychosis intervention - New cases (YTD)	90	36	42	▲
Psychosis intervention - Maintain Capacity	270	191	185	▼
CPA 7 day follow up (YTD)	95%	98.80%	99.00%	▲
Anxiety/depression:		Q4	Q1	
% receiving Psychological therapy	3.8%	5.83%	5.88%	▲
% referred for psychological therapy receiving it	65.5%	67.06%	73.67%	▲
Psychological therapy pts. move to recovery	44.40%	80.30%	79.53%	▼









APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

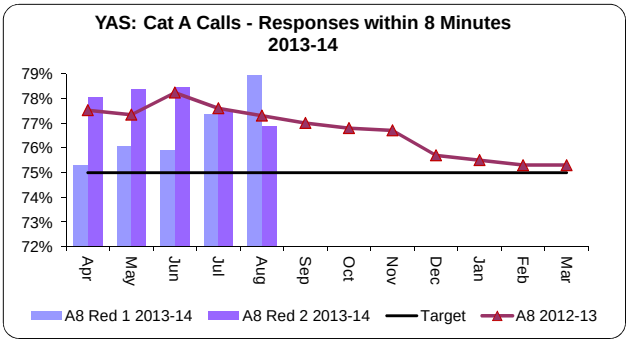
For August 2013, both the Category A 8 minute (Red 1 & Red 2) and 19 minute targets continued to be achieved at the Yorkshire Ambulance Service (YAS) Trust level. Performance is formally reviewed monthly by commissioners at the Yorkshire & Humber 999 Contract Management Board.

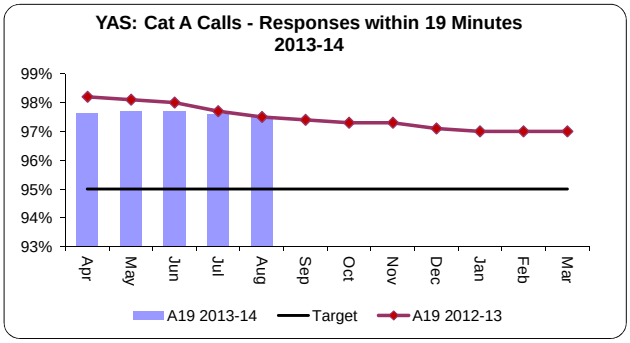
The 8 minute target is split into two parts: Red 1 and Red 2. This split reflects the way Ambulance Trusts already sub-divide their Category A calls for operational purposes:
1. Red 1 calls are the most time-critical and cover cardiac arrest patients who are not breathing and do not have a pulse and 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 been requested to provide a winter plan setting out actions to mitigate the impact of the weather this winter and this will be reviewed along with winter plans from all other key providers in Sheffield at the Sheffield Urgent Care Board on 25th September 2013.

Key points to note:
Agreement has been 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	Target	July	August	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	77.37%	78.95%	▲
Cat A 8 minutes Red 2 (YTD)	75%	77.46%	76.85%	▼
Cat A 19 minutes (YTD)	95%	97.58%	97.52%	▼





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	June	July	Monthly Change
Re-contact after discharge (Phone)		7.9%	7.6%	▼
Re-contact after discharge (Treatment at scene)		6.8%	7.3%	▲
Re-contact after discharge (Frequent Caller)		2.0%	2.0%	◀▶
Time to answer call (Median)	5 sec	1	1	◀▶
Time to answer call (95th Percentile)		21	37	▲
Time to answer call (99th Percentile)		84	103	▲
Time to treatment (Median)		5.3	5.6	▲
Time to treatment (95th Percentile)		13	14.2	▲
Time to treatment (99th Percentile)		19.7	21	▲
Call closed with advice (Phone advice)		4.8%	5.0%	▲
Call closed with advice (Transport)		29.3%	30.7%	▲
Clinical Indicators		March	April	
Outcome from Cardiac Arrest (CA) All		21.9%	19.0%	▼
Outcome from CA Utstein Group (UG)		47.1%	40.0%	▼
Outcome from acute STEMI Angioplasty		81.2%	77.4%	▼
STEMI Care Bundle		78.8%	83.7%	▲
Outcome from Stroke 60 min to Stroke Unit		59.5%	63.2%	▲
Stroke - Appropriate Care Bundle		94.4%	97.1%	▲
Outcome from CA - Survival to Discharge All		7.6%	11.7%	▲
Outcome from CA - Survival to Discharge UG		17.6%	33.3%	▲
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 5, April - August 2013

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

Outpatient First Attendances:	3.5% above plan	Inpatient Elective Spells:	1.6% above plan
Outpatient Follow-ups:	0.6% above plan	Inpatient Non-elective Spells:	4.2% above plan
Outpatient Procedures:	5.8% above plan	A&E Attendances:	5.8% above plan

Figure 1: Referrals [1]

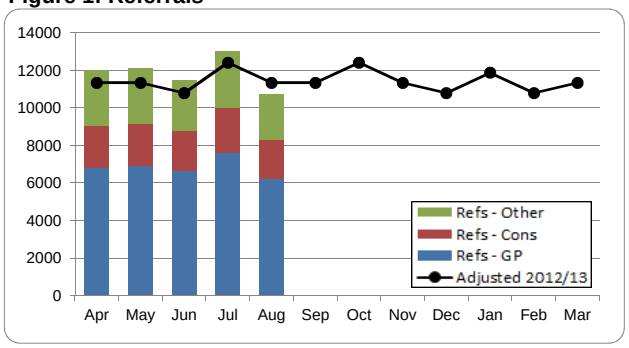


Figure 2: Firsts [2]

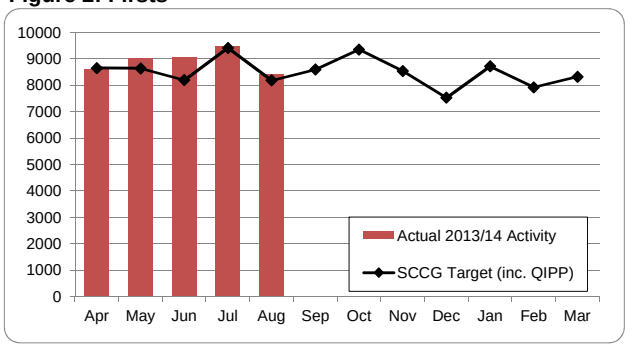


Figure 3: Follow-ups

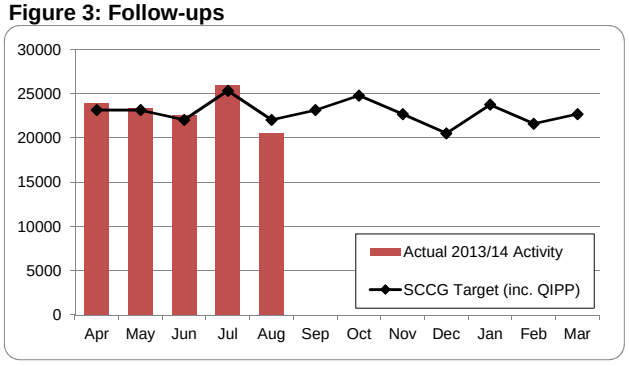


Figure 4: Electives

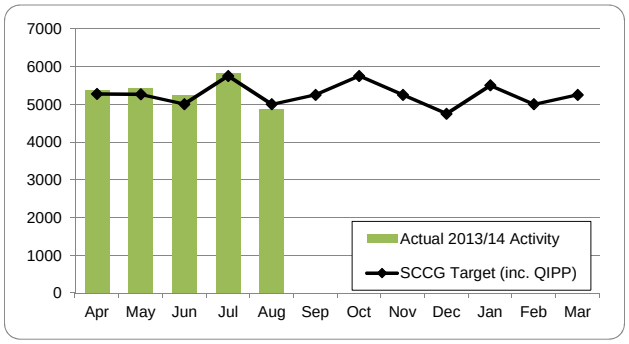


Figure 5: Non-Electives

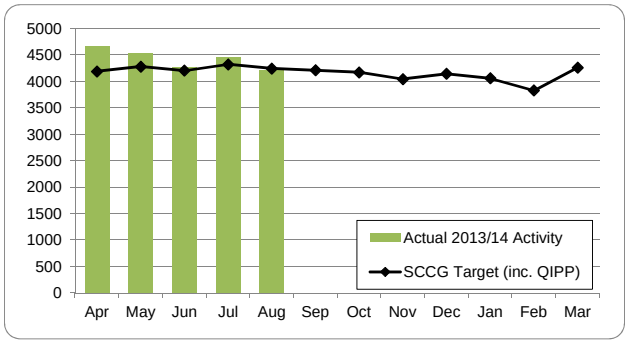


Figure 6: Accident and Emergency

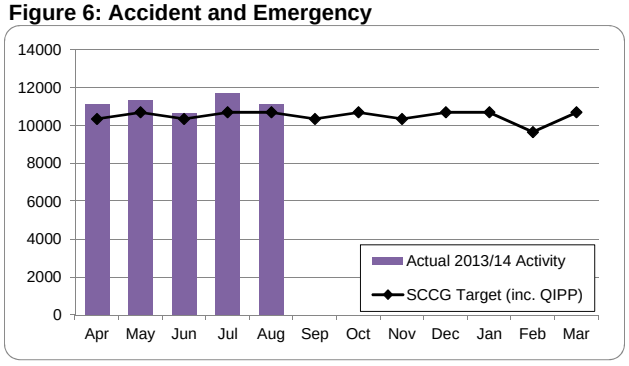


Table 1. Outpatient Activity

Activity	2013/14	Target	Var	% Var
Firsts	44,630	43,110	1,520	3.5%
Follow-ups	116,384	115,722	662	0.6%
OP Payable Procedures	25,221	23,834	1,387	5.8%
Follow-ups:First Ratio	2.61	2.68	-0.08	-2.9%

Table 2. Inpatient and A&E Activity

Activity	2013/14	Target	Var	% Var
Electives	26,717	26,303	414	1.6%
Non Electives	22,133	21,238	895	4.2%
Excess Bed Day Costs (£000s)	£ 4,109	£ 4,073	£ 35	0.9%
A&E	55,789	52,747	3,042	5.8%

Source: STHFT Contract Monitoring

Notes:

[1] Referrals compared to 2012/13, adjusted for working days and counting changes.
Includes all Sheffield activity (CCG and NHS England) for specialties >50% CCG commissioned.
All remaining data is Sheffield CCG only (i.e. excluding NHS England commissioned activity - specialised and dental).
Outpatient attendances exclude Clinical Psychology, Diabetes, Hearing Services, Palliative Medicine and Obstetrics.

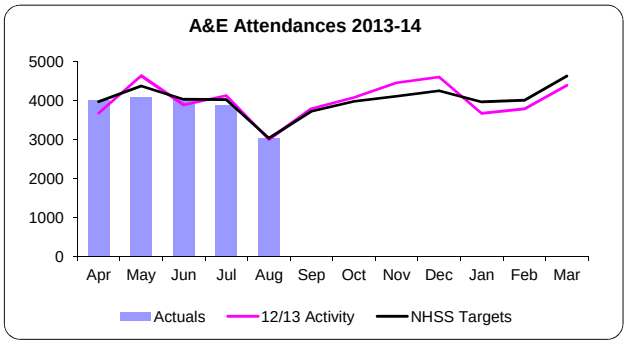
[2] First outpatient attendances excludes CDU (Clinical Decision Unit) Attendances. CDU Attendances are overperforming by 1083 (11.8%).
Excess Bed Day Costs include MFF (Market Forces Factor).

Produced by NHS Sheffield CCG Contract Team, September 2013

APPENDIX C: Contract Activity

Sheffield Children's NHS Foundation Trust

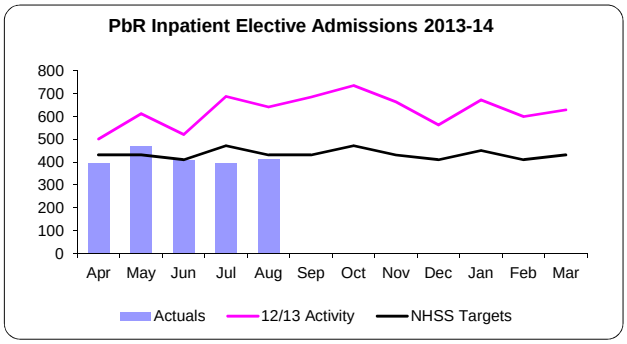
2013/14 Actual performance against Plan and 2012/13 performance

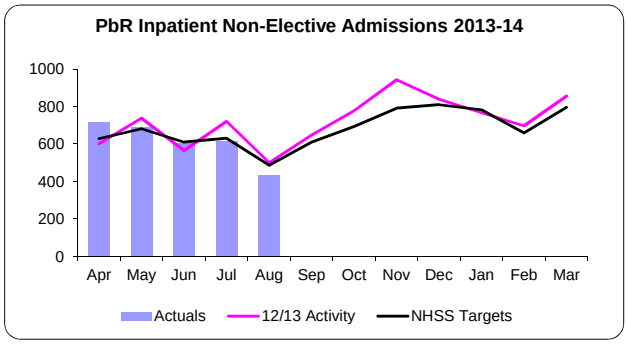


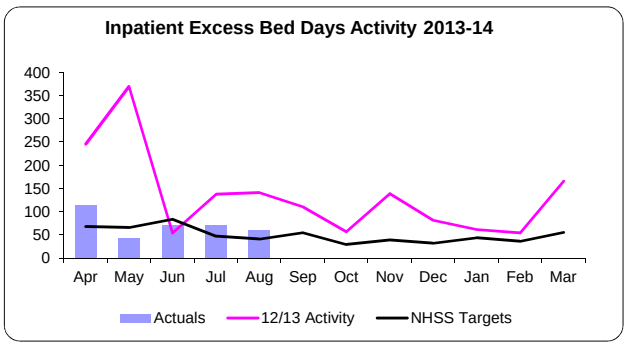
A&E activity fluctuated throughout 2012/13, but the first 5 months of 2013/14 show a slight decrease in attendances. Activity is just below the target level for August.

Following their dip below the '95% within 4 hours' target level in April and improvement in May to July, as at the end of August, SCHFT's cumulative A&E performance has risen again, to 97.59%.

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



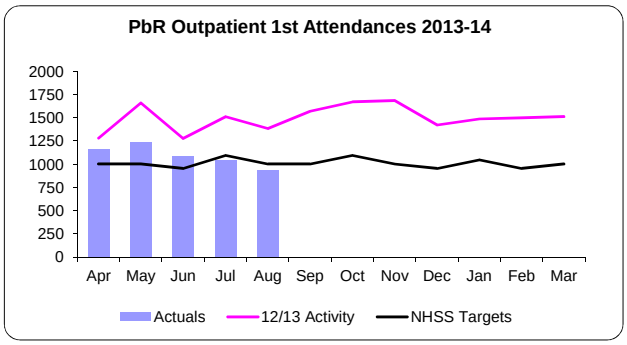


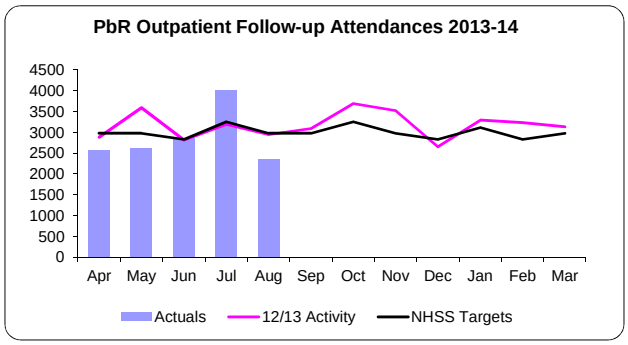


Elective activity has remained fairly constant from June to August and is below planned levels. Non-elective admission levels have fallen in August and are below planned level for the month.

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

Outpatient first attendances remain below the levels seen last year and are also just under plan; follow-ups in August have fallen from the levels seen last month and are well below planned levels for the month.





Position to August 2013:
SCHFT outpatient firsts are overtrading by 403 attendances and follow-ups are undertrading by 595. In terms of elective activity, there is currently an undertrade of 88 spells. Non-elective activity is currently overtrading by 21 spells. Excess bed days are overperforming by 56 bed-days. There is currently an undertrade on A&E attendances of 407.

Activity figures are from SCHFT contract monitoring information
SCHFT Finance Team