

Month 4 Quality and Outcomes Report

Governing Body meeting

M

5 September 2013

Author(s)/Presenter and title	Alex Henderson-Dunk, Customer Intelligence Manager, CSU Julie Glossop, Senior Commissioning Manager, Sheffield CCG
Sponsor	Idris Griffiths, Chief Operating Officer Kevin Clifford, Chief Nurse
Key messages	
<p>1. This is the new Sheffield CCG Quality and Outcomes report, the design and content of which reflects the principles agreed at CCG Governing Body on 7 February 2013.</p> <p>As this is a public document, the aim has been to include a degree of 'context setting' and to use plain English, rather than NHS terminology.</p> <p>2. The Quality Standards section continues to be redesigned and will be further developed as the CCG approach to ensuring and reporting on quality is reviewed, in light of the Francis Report.</p> <p>3. An assessment of current levels of achievement against 2013/14 requirements, using the most recent data available, suggests that Sheffield is already well placed for delivery of the majority of the NHS Constitution Rights and Pledges.</p>	
Assurance Framework (AF) (2012/13)	
<p>Risk Reference Number: 95</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed</p> <p>Performance monitoring reports produced for CET, Planning & Delivery Board, CCG committee and Cluster Board. Performance links with operational leads each month for progress reports and remedial action plans when appropriate. Escalation through operational leads to the Planning and Delivery Group.</p> <p>The achievement of national targets and standards further link directly to the following elements of the Board Assurance Framework (BAF):</p> <ul style="list-style-type: none"> 1.1 Delivery of safe and efficient health care, 1.2 Commissioning of health services to ensure they remain affordable, and 2.1 Effective Health Care <p>Is this an existing or additional control?</p> <p>Existing 2.1.2A</p>	

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

Quality & Outcomes Report

Month 4 position

For the September 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.



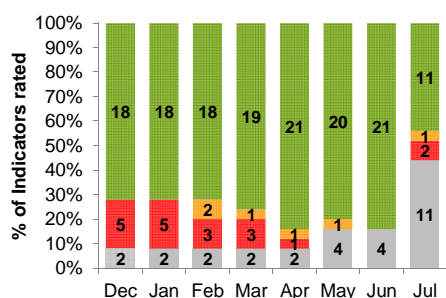
Contents

Sheffield Clinical Commissioning Group - Summary Position	1 - 4
Highest Quality Health Care	5 - 14
NHS Constitution - Rights & Pledges	5 - 8
Quality and Safety	9 - 14
- Treating and caring for people in a safe environment and protecting them from harm	9
- Ensuring that people have a positive experience of care	10
- Patient Experience of NHS Trusts	11
- Clostridium Difficile - Performance Update and Benchmarking	12
- Summary Hospital Mortality Indicator (SHMI) - Performance Update and Benchmarking	13 - 14
Best Possible Health Outcomes	15 - 20
- Acute Services Portfolio - Elective Care	15
- Acute Services Portfolio - Urgent Care	16
- Long Term Conditions, Cancer and Older People	17
- Mental Health and Learning Disabilities	18
- Children and Young People	19
- Activity Measures	20
Quality Innovation Productivity and Prevention (QIPP)	21 - 24
- Continuing Health Care (CHC)	21
- Right First Time (RFT)	22
- Elective Adults	23
- Medicines Management	24
Appendices	A1 - A6
Appendix A: Health Economy Performance Measures Summary	A1 - A2
Appendix B: Provider Performance Measures	A3 - A4
- Sheffield Health and Social Care NHS Foundation Trust	A3
- Yorkshire Ambulance Service	A4
Appendix C: Contract Activity	A5 - A6
- Sheffield Teaching Hospitals NHS Foundation Trust	A5
- Sheffield Children's NHS Foundation Trust	A6
Appendix D: Public Health Outcomes Framework (PHOF) Indicators <i>(The second quarterly update from the Public Health Intelligence Team, Sheffield City Council)</i>	A7

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 5-8 of this report for more details of all those indicators rated in the chart.

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

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

Pledges not currently being met:

Red	Ambulance handovers, Ambulance Crew Clear times
Amber	Patients waiting more than 52 weeks

Headlines

In July, 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, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Children's NHS Foundation Trust (SCHFT) continue to meet their requirements to ensure the majority of patients are seen and treated within 18 weeks. Over 99% of Sheffield patients are waiting less than 6 weeks to have diagnostic tests; however, there have been some issues relating to both long waiters and access to diagnostic tests at SCHFT which the CCG is taking action on.

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). This month, for the first time, we have been able to report on the 'additional measure included by the NHS Commissioning Board for 2013/14', relating to 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 this handover. Unfortunately, the information available to the CCG suggests that the Ambulance Service is not yet meeting this target.

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. The first quarter's data from A&E and Inpatient surveys is now available and shows that Sheffield Trusts (STHFT and SCHFT) are not quite yet meeting the response rate required for these. However, they are, overall, scoring above the current expected level of positive response to recommendation, which is encouraging.

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 10 cases attributable to the CCG reported in July is lower than last month and also lower than the 13 forecast for the month. STHFT is reporting 8 cases, against their forecast 6. SCHFT have reported 1 case (their first this year) against their forecast 1.

MRSA - A new 'zero tolerance' policy is in place for 2013/14. No cases were reported from May to July, 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.



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:

	Page
Reducing potential years of life lost from amenable mortality	
● Potential years of life lost (PYLL) from causes considered amenable to health care	17
Reducing avoidable emergency admissions	
● Reduction in Emergency admissions for acute conditions that should not usually require hospital admission	16
● Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	17
● Reduction in Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	19
● Reduction in Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	19
Improving patient experience of hospital services	
● Friends and Family Test - rollout to A&E and inpatient care by April 2013	10
● Patient experience of hospital care and A&E services - measured by Friends and Family Test	10
Preventing healthcare associated infections	
● Zero cases of MRSA	9
● Number of cases of Clostridium Difficile is below agreed threshold	9
Local measures	
● Local Priority 1: Reduction in STHFT / SCHFT Emergency spell bed nights for Ambulatory Care Sensitive Conditions (ACSC) (Sheffield definition)	17
● Local Priority 2: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	15
● Local Priority 3: Reduce the average waiting times in Speech & Language Therapy (SALT) at SCHFT from 21 weeks	19
NHS Constitution - 4 specified measures	
● 92% of all patients are seen and start treatment within 18 weeks of a routine referral	5
● 95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	6
● 85% of patients have a max. two month (62-day) wait from GP referral to starting treatment for cancer	6
● 75% of Category A (RED 1) ambulance calls resulting in an emergency response arriving within 8 minutes	7



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 15-20).

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' portfolios are still being finalised.

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 21-24).

Public Health Outcomes Framework (PHOF)

The table in Appendix D shows the indicators for which quarterly data should be available. Since last reported in May, data for statutory homelessness acceptances, households in temporary accommodation, health checks (numbers offered and numbers received) and chlamydia diagnoses have all been updated.

- Numbers of statutory homeless acceptances has improved (i.e. decreased) even though we are still worse than the England average.
- Numbers of households in temporary accommodation has deteriorated (i.e. increased) but remains better than the England average.
- Both measures for health checks have improved but are still significantly worse than England.
- The data collection method for chlamydia diagnoses has now changed, so the new 2012 data is not directly comparable to that for previous years. We are significantly better than England.

In future quarters we will provide up to date data and commentary on actions being taken to address particular problems. Consideration is also being given to appropriate indicators, other than PHOF ones, which could be reported.

continued overleaf



Sheffield Clinical Commissioning Group - Summary Position

CCG Assurance and the Balanced Scorecard

The following section provides an update on the interim CCG Assurance Framework process as reported last month. As noted, this will include the publication of a Balanced Scorecard, which will be published by NHS England and used to assure the NHS England Area Team of Sheffield CCG's operational delivery. The timescale for the process in quarter 1 was unusually tight and, as a consequence, there has been some adjustment to the published timetable to allow for the best outcome from the process. The Sheffield checkpoint meeting will now take place on 16th September 2013.

The CCG submitted the self certification within the required timeframe and based on this and a month 2 balanced scorecard, the following areas are noted.

Self Certification - four areas covered with a number of key questions being asked of CCGs:

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

Quarter 1 CCG Balanced Scorecard (excluding finance):

The publication of the dashboard for the first quarter of 2013/14 is not currently available (at time of going to press) but will be discussed by the Commissioning Executive Team and shared with the Governing Body as soon as it becomes available. Based on current intelligence the overall position is very positive in relation to Sheffield CCG. Of the 69 indicators relating to the NHS Constitution, Quality and Outcomes, only a small number (5) have not quite reached the required level of performance. These relate to 52+ week waits due to 1 patient at Sheffield Children's hospital (Amber rating), HCAI and unclosed reviews on untoward incidents (Red rating) and Patient Reported Outcome Measures (PROMs) scores relating to Hip replacements (Amber rating). This position compares favourably to other CCGs in the South Yorkshire and Bassetlaw area.

The CCG will make the finalised quarter 1 dashboard available on the internet in line with the overall process.

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 July (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 September 2013:

Patients waiting over 52 weeks: No patient at Sheffield Teaching Hospitals NHS Foundation Trust in July waited over 52 weeks for treatment.

However, Sheffield Children's NHS Foundation Trust (SCHFT) is currently reporting that 1 Sheffield patient has waited over 52 weeks in July. The Trust have advised the CCG that this is likely to be a reporting error and not a genuine long wait for the patient.

As lead commissioner for SCHFT we have been advised that there is also a patient from Wakefield who has waited more than 52 weeks and, following detailed discussions with the Trust, the appropriate contract penalties will be applied.

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 e.g. early diagnosis of cancer improves survival rates.

Issues & Actions September 2013:

At CCG level this measure has been met, although at SCHFT, performance is 98.71%; this was predominantly caused by 4 patients in Sleep Studies.

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



continued overleaf

Highest Quality Health Care

A&E Waits

It is important that patients receive the care they need in a timely fashion and within 4 hours of their arrival at A&E. Patients who require admission need to be placed in a bed as soon as possible, those who are fit to go home need to be discharged safely and rapidly, but without their care being rushed.

Issues & Actions September 2013:

The providers in Sheffield have achieved this target and the CCG continue to work closely with all our providers to ensure that patients receive a high quality urgent care service.

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.

continued overleaf

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 September 2013:

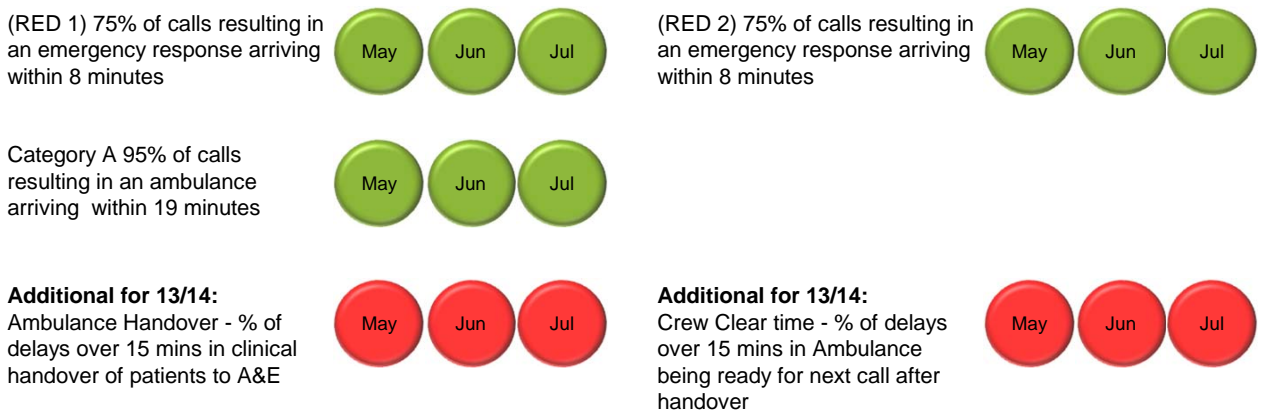
Ambulance handover and crew clear times: Data used for these measures is taken directly from Yorkshire Ambulance Service (YAS) reports and is subject to contractual validation. As the official data source is still to be ascertained, the total YAS position is being used as a guide to assess achievement of the target.

July's information suggests that for YAS as a whole is 78.2% of handovers and 76.6% of crew clears (target is 100% of ambulances ready, following handover, for next call) were within 15 minutes.

At Sheffield provider level, the position was:

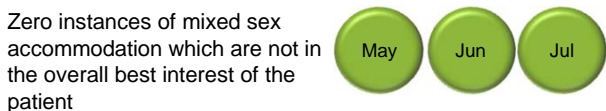
- STHFT - 73.1% of handovers and 84.0% of crew clears
- SCHFT - 95.8% of handovers and 78.9% of crew clears

Availability of data relating to this measure has not been available previously, however, there have been notable improvements in data recording for handover times, giving more confidence in the reported position.



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.



continued overleaf

Highest Quality Health Care

Cancelled Operations

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

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

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



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

Regulations

Care Quality Commission: There was an unannounced visit to St Luke's Hospice on 30th July 2013. There were no formal concerns raised and the final report is due at the end of August.

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: The number of infections reported is slightly above the planned position at this time in the year. 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 10 cases reported in July for Sheffield CCG:

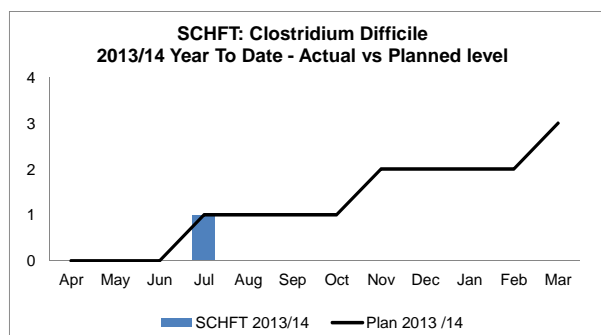
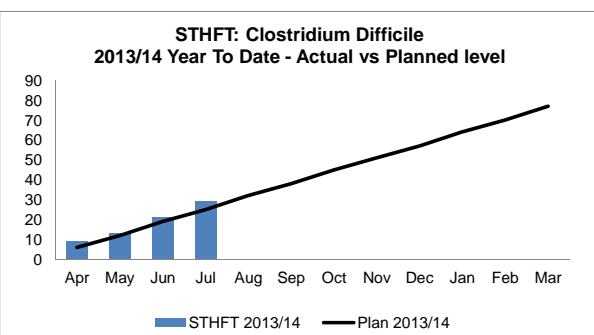
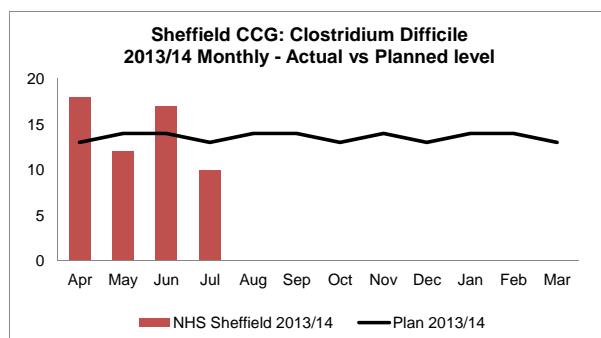
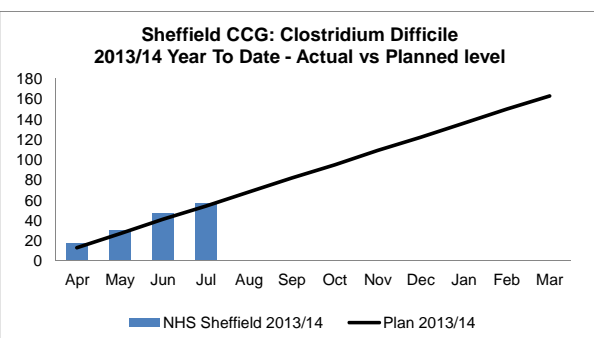
- 6 are attributable to STHFT (from their 8 reported cases)
- 3 are community associated, with a hospital admission in the last 56 days
- 1 is community associated with no recent hospital contact

MRSA: No new cases have been reported this month. Sheffield has previously recorded two instances of MRSA and so we have not achieved the new Zero Tolerance process in place from April 2013.

No cases have been reported for May to July, so the position remains 1 reported case for the CCG, at STHFT, to date in 2013/14.

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 Jul-13	0	0	0	10	8	1
Number of infections forecast for this month	0	0	0	13	6	1
Number of infections recorded so far in 2013/14	1	1	0	57	29	1
Number of infections forecast for this period	0	0	0	54	25	1



Highest Quality Health Care

Quality and Safety

Ensuring that People have a positive experience of care

Eliminating Mixed Sex Accommodation: There have been no breaches (April-July) 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 7) for monitoring of the MSA indicator.

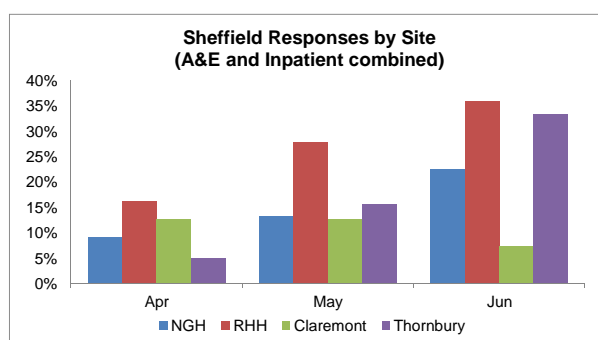
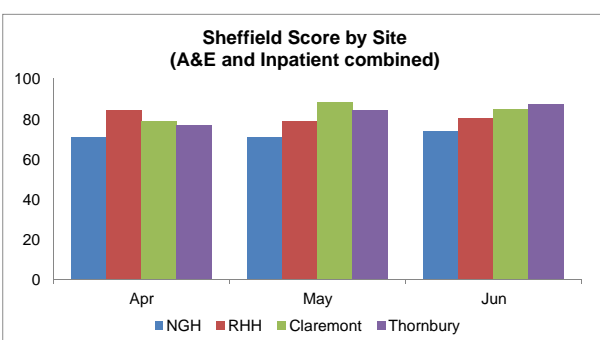
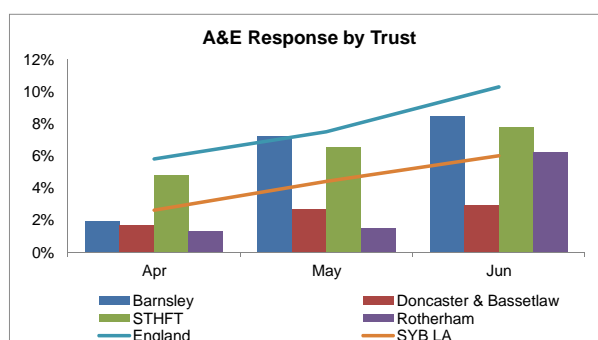
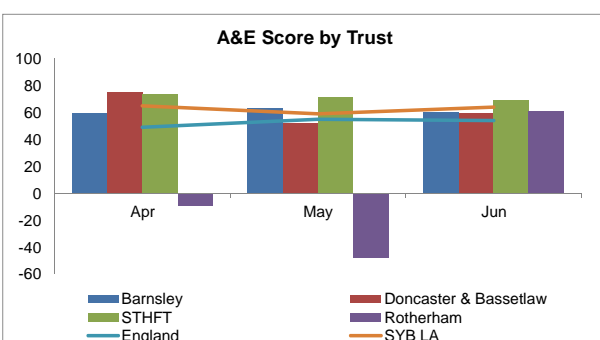
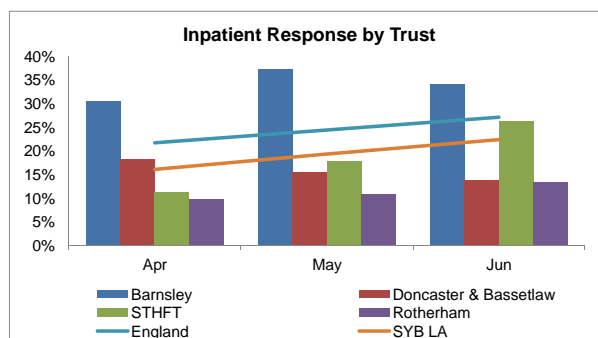
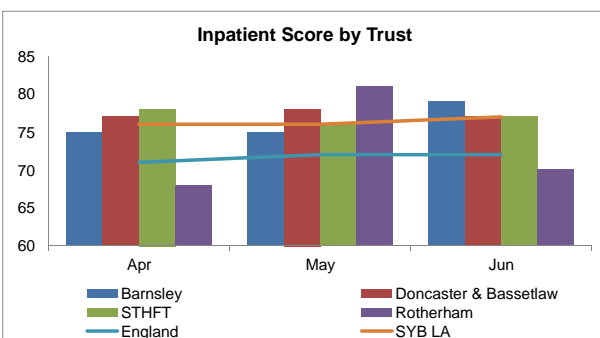
Friends and Family Test (FFT): *The FFT identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care. Use of the FFT, which commenced in Acute NHS providers from April 2013 for both Inpatient and A&E, will help identify poor performance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

Patients have a choice of 5 responses as to whether they'd recommend: "extremely likely", "likely", "neither likely nor unlikely", "unlikely" or "extremely unlikely". There are two key targets within the process:

- The response rate (represented as a percentage - the target in Q1 is 15%)
- The response to the survey categories (called the 'net promoter' score - see below for calculation method - where a score of over 50 is classed as excellent)

The score is calculated as follows: The proportion of responses that are *promoters* ("extremely likely") and the proportion that are *detractors* ("neither likely nor unlikely", "unlikely" or "extremely unlikely") are calculated. The proportion of *detractors* is then subtracted from the proportion of *promoters* to give an overall 'net promoter' score (as a number, not %).

- Overall Response Rate for STHFT (A&E and Inpatients) for Q1 - 11.84% (England - 13.34%)
- Overall Score for STHFT (A&E and Inpatients) for Q1 - 74.86 (England - 64.31)
- Overall Response Rate for Sheffield Providers (A&E and Inpatients: includes Clarendon & Thornbury) - 11.94%
- Overall Score for Sheffield Providers (A&E and Inpatients: includes Clarendon & Thornbury) - 75.45

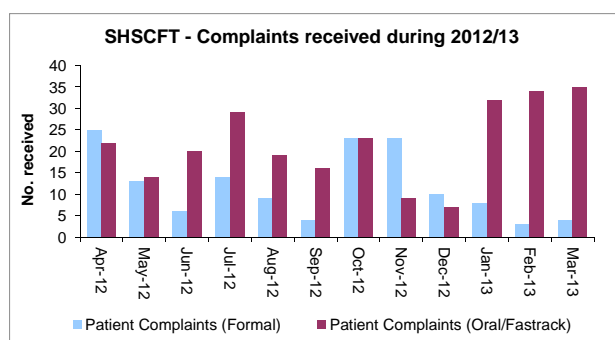
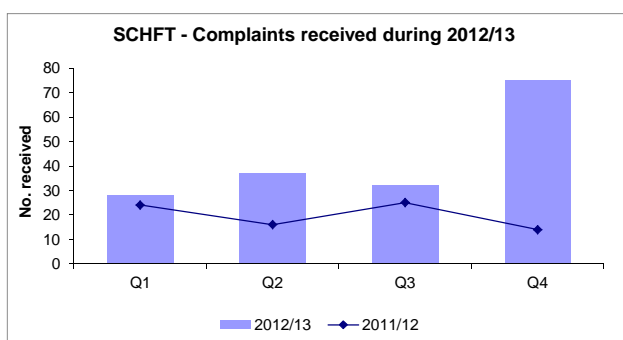
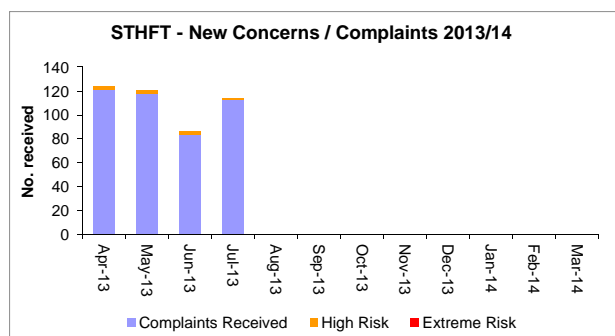


Highest Quality Health Care

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



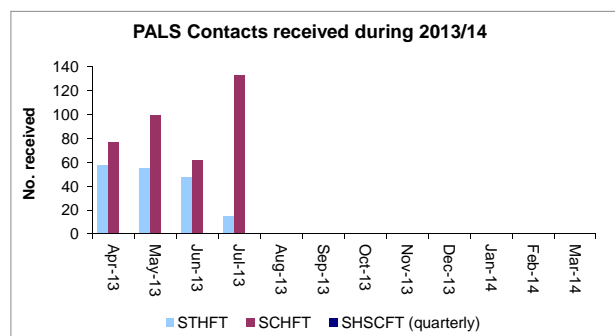
Patient Compliments

STHFT: 36 letters of thanks were received in July 2013, bringing the total so far in 2013/14 to 195.

SHSCFT: 328 compliments were received during Q4, bringing the total for 2012/13 to 1396. (2013/14 not yet available.)

PALS Contacts

Reasons for PALS Contacts:	
SCHFT (July13)	Care and Treatment(25) Appointments(20) Support(19)
SHSCFT (Q4 12/13)	Access to services (4) Complaint (3) General / Service provision / Admin (1)



Individual Initiatives

STHFT - During July, the Trust responded to 76% of complaints within 25 working days, not meeting the 85% target. To date, they have achieved 75% (Apr - Jul). 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 2012-13, 100% of complaints were acknowledged within the statutory timescale. Of these, 85% were investigated and responded to within the agreed timescale.

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

Highest Quality Health Care

Clostridium Difficile - Performance Update and Benchmarking

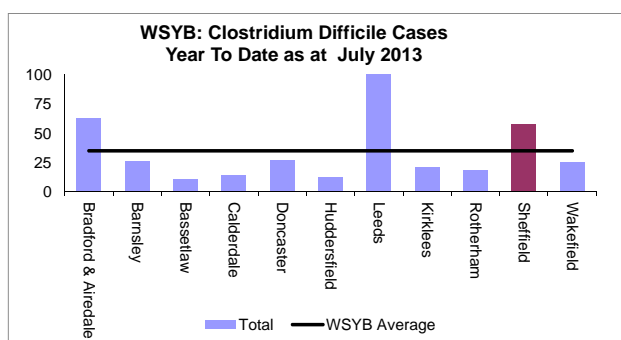
Sheffield CCG is committed to, and by working with local providers, to have no more than 163 cases of Clostridium Difficile (C.Diff) infections in 2013/14; this is more challenging than the commitment of 191 in 2012/13. Based on validated data, there have been 58 cases attributable to the CCG so far this year (April 2013 to July 2013) - the forecast level for the same period was 54.

For STHFT, the commitment is no more than 77, compared to 134 last year. The number of cases incurred in July (8) is the same as the previous month. So far in 2013/14 (April to July) STHFT have had 3 more cases (29) than in the same period last year (26).

PLEASE NOTE: Birmingham, Leeds, Bradford & Airedale and Manchester are made up of 3 CCGs, Newcastle of 2 CCGs and the rest of 1 CCG.

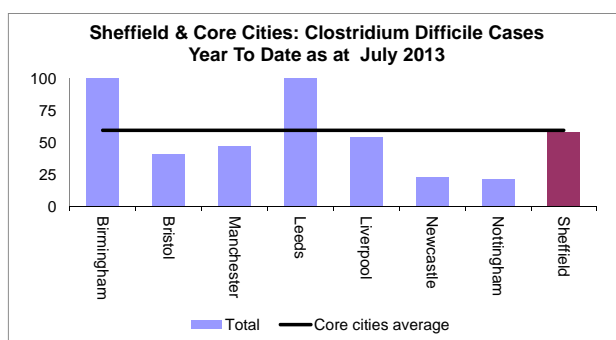
In each of the charts below, Sheffield's position (CCG or STHFT) are distinguished by the highlighted bar.

CCG Comparison



The chart above shows that, year to date (YTD) Sheffield has the third highest number of C.Diff infections in the West & South Yorkshire & Bassetlaw (WSYB) area.

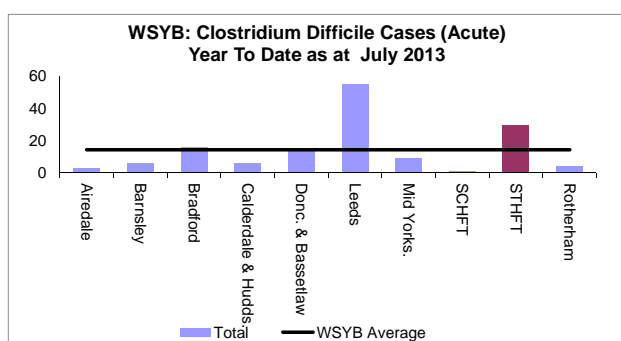
Sheffield is above the regional average of 34.9 C.Diff cases along with Leeds, Bradford & Airedale and North Yorkshire & York.



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

Birmingham and Leeds have a higher number of infections than the core Cities average of 59.4, whilst Sheffield is just under this, with 58.

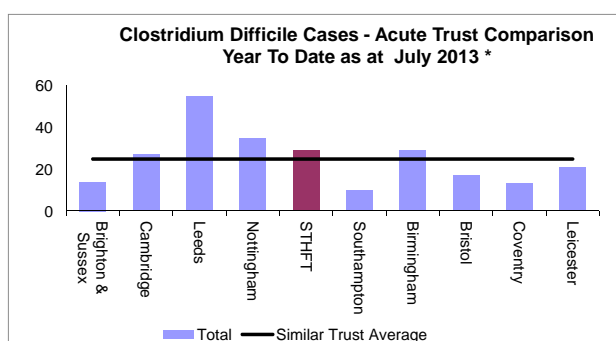
Acute Trust Comparison



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

29 cases have been reported for STHFT against a regional average of 14.3; this equates to 37.66% of their annual target of 77 cases.

SCHFT have the lowest number of C.Diff cases in the region with 1 case reported YTD, against an annual target of 3 cases.



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

STHFT have had the joint third highest (along with Birmingham) number of C.Diff cases when compared to these Trusts; Leeds and Nottingham have the highest number of cases.

The 29 cases reported at STHFT is higher than the average for the group, of 25 cases. Birmingham and Cambridge are also above the group average.

Highest Quality Health Care

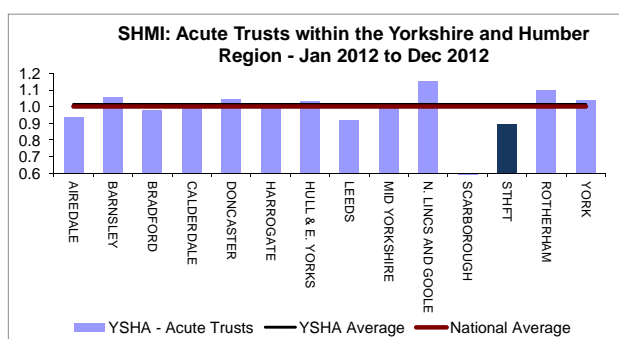
Summary Hospital Mortality Indicator - Performance Update and Benchmarking

The Summary Hospital Mortality Indicator (SHMI) is a ratio of the observed number of deaths to the expected number of deaths for a provider; the lower the ratio, the better, as less deaths are occurring.

The observed number of deaths is the total number of patient admissions to the hospital that resulted in a death either in-hospital or within 30 days post-discharge from the hospital.

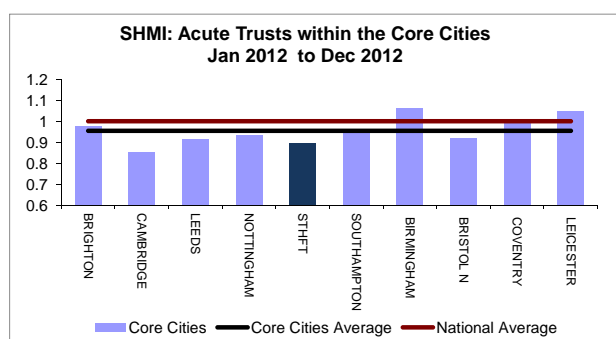
The expected number of deaths is calculated from a risk-adjusted model with a patient case-mix of age, gender, admission method, year index, Charlson Co-morbidity Index and diagnosis grouping.

A 3-year dataset is used to create the risk adjusted models and a 1-year dataset is used to score the indicator. The 1-year dataset used for scoring is a full 12 months up to and including the most recently available data on the dataset. The 3-year dataset is a full 36 months up to and including the most recently available data on the dataset. The STHFT value for January 2012 to December 2012, at 0.897, is slightly lower than for October 2011 to September 2012 and is below the expected value. This is a positive position for Sheffield residents.



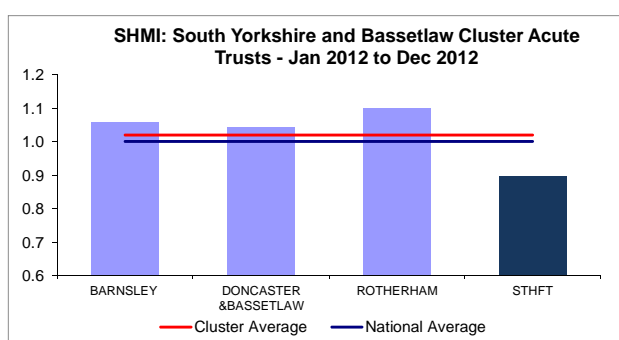
Of all the acute trusts in the Yorkshire and Humber Region (Y&H), STHFT has the lowest SHMI value.

STHFT are 12.9% below the Y&H average value and are 19th lowest out of 142 acute trusts nationally. This compares to a Oct-11 to Sep 2012 position of 11.9% below the Y&H average and 19th lowest respectively.



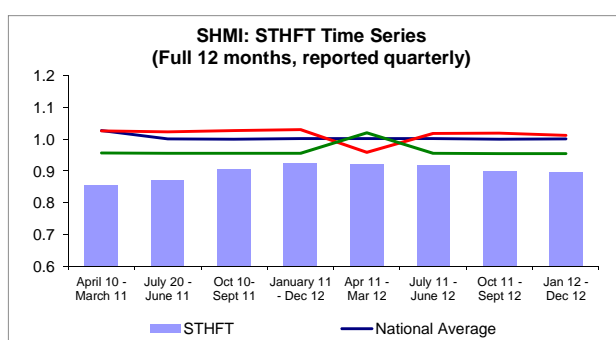
STHFT has the 2nd lowest SHMI value of the Core Cities. Cambridge University Hospitals NHS Foundation Trust has the lowest.

The STHFT value is 6.4% lower than the Core Cities average.



Within the South Yorkshire & Bassetlaw cluster, STHFT have a lower value than the other trusts. This equates to 13.7% lower than the cluster average. The next lowest trust is Doncaster & Bassetlaw.

STHFT is the only acute trust in the cluster to be below the cluster and national average positions.



The STHFT value has remained about the same over the previous few data periods, although it is still better (lower) than expected.

The latest position of 0.897 (Jan-12 to Dec-12) is only 0.1% lower than the previous period (Oct-11 to Sep-12).

Highest Quality Health Care

Summary Hospital Mortality Indicator - Performance Update and Benchmarking

SHMI - Contextual Indicators

Below are 5 contextual indicators designed to accompany the SHMI Indicator: All the indicators below use the same spell level data as the SHMI Indicator.

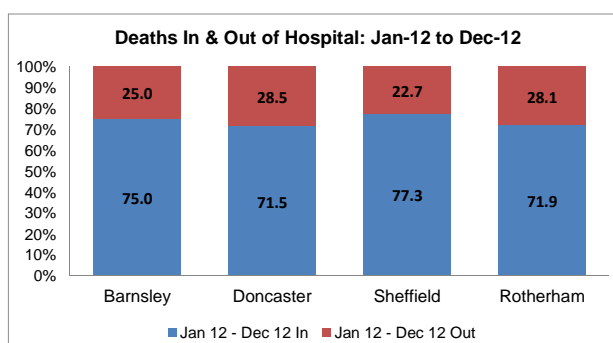
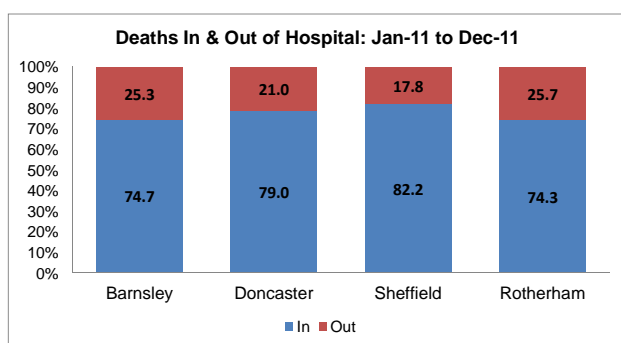
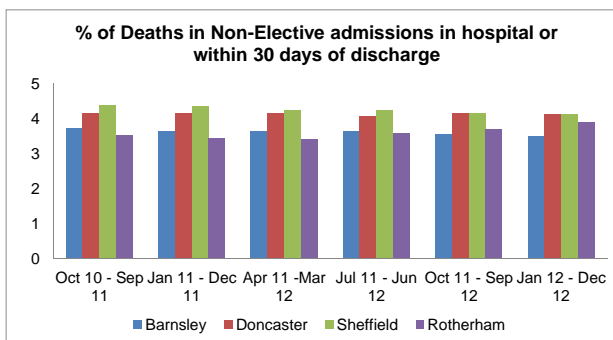
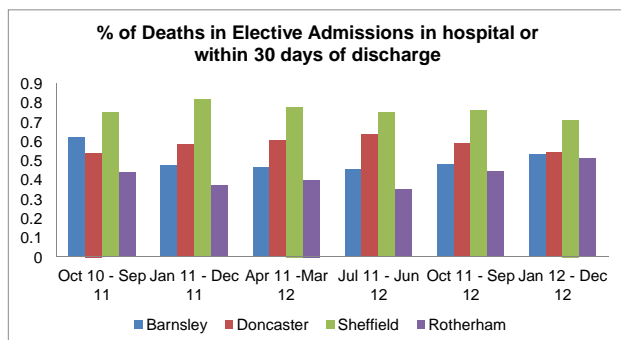
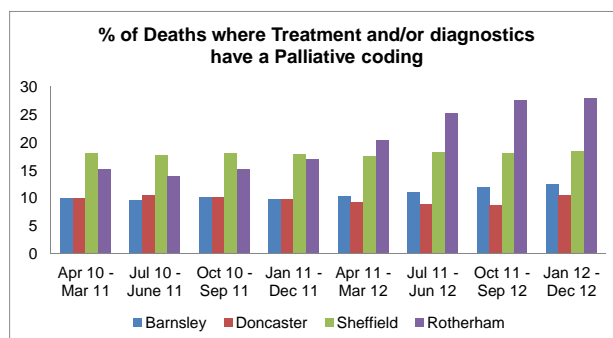
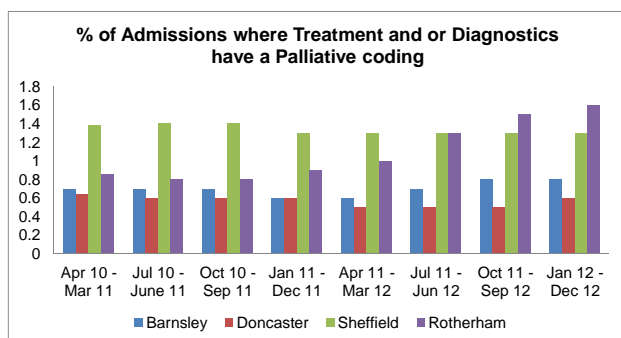
Deaths split by those occurring in hospital and those occurring within 30 days of discharge from Hospital: Percentage of deaths reported in the SHMI Indicator which occur in hospital and the percentage which occur outside hospital within 30 days of discharge.

Deaths within 30 days of elective admissions: Percentage of elective admissions where a death occurs either in hospital or within 30 days (inclusive) of being discharged from hospital. *Please note that the cause of death may not necessarily be related to the elective admission.*

Deaths within 30 days of non-elective admissions: As above.

% of admissions with a palliative care coding: % of finished provider spells where the patient received palliative care.

% of deaths with a palliative care coding: % of deaths where the patient received palliative care.







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.

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

Key to ratings:

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

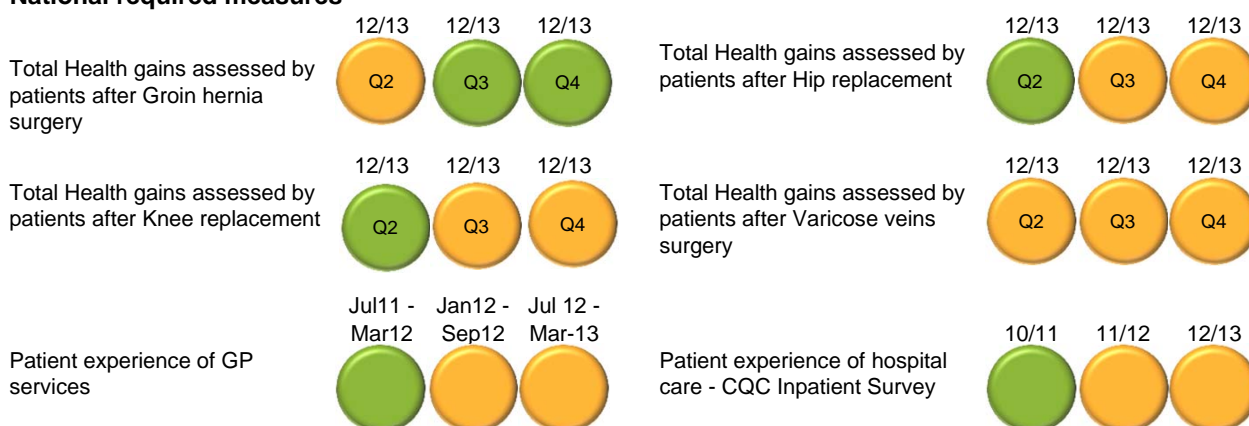
The Red, Amber, Green (RAG) rating is based on whether a reduction was shown from the previous time period. The relevant data period for each measure is noted above the indicator. If no time period is present, data relates to the current financial year, 2013/14.

Acute Services Portfolio - Elective Care

Issues & Actions September 2013:

The PROMs scores are based upon provisional data and are updated quarterly. Q4 12/13 ratings are based upon updated data for that quarter, released in February 2013, which shows very little change overall; therefore, the ratings remain the same as at Q3 12/13. The most recent provisional data published in August 2013 (Q1, although not yet a complete picture, so should be reported here next month) is beginning to show improvements in hip replacement, groin hernia and varicose vein surgery.

National required measures



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 88.9% with any score above 78% being judged nationally as good. As an additional measure, currently 91% of people said they would have surgery again under the same conditions.



** = To allow for the receipt of all 3 patient surveys, information will always relate to 6 months prior to the reporting period. e.g. for July 2013, this covers experience of surgical procedures during January 2013.*

Best Possible Health Outcomes

Acute Services Portfolio - Urgent Care

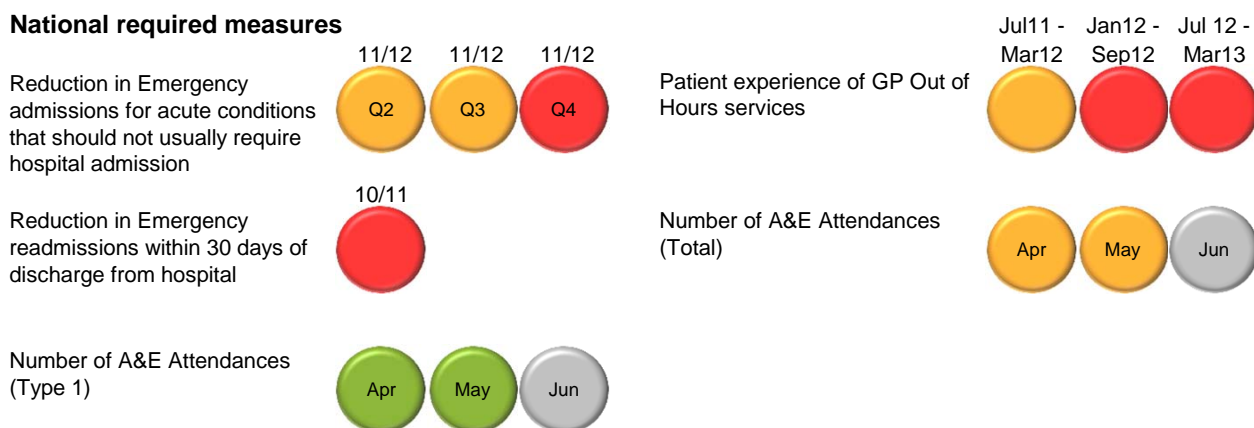
Issues & Actions September 2013:

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: Although national A&E data for 2013/14 is now available, due to national technical difficulties, the latest position (June complete data) has not yet been published; however, local data sources would not suggest that there have been any particular issues in A&E attendances.

National required measures



Locally selected measures

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

continued overleaf

Best Possible Health Outcomes

Long Term Conditions, Cancer and Older People

Issues & Actions September 2013:

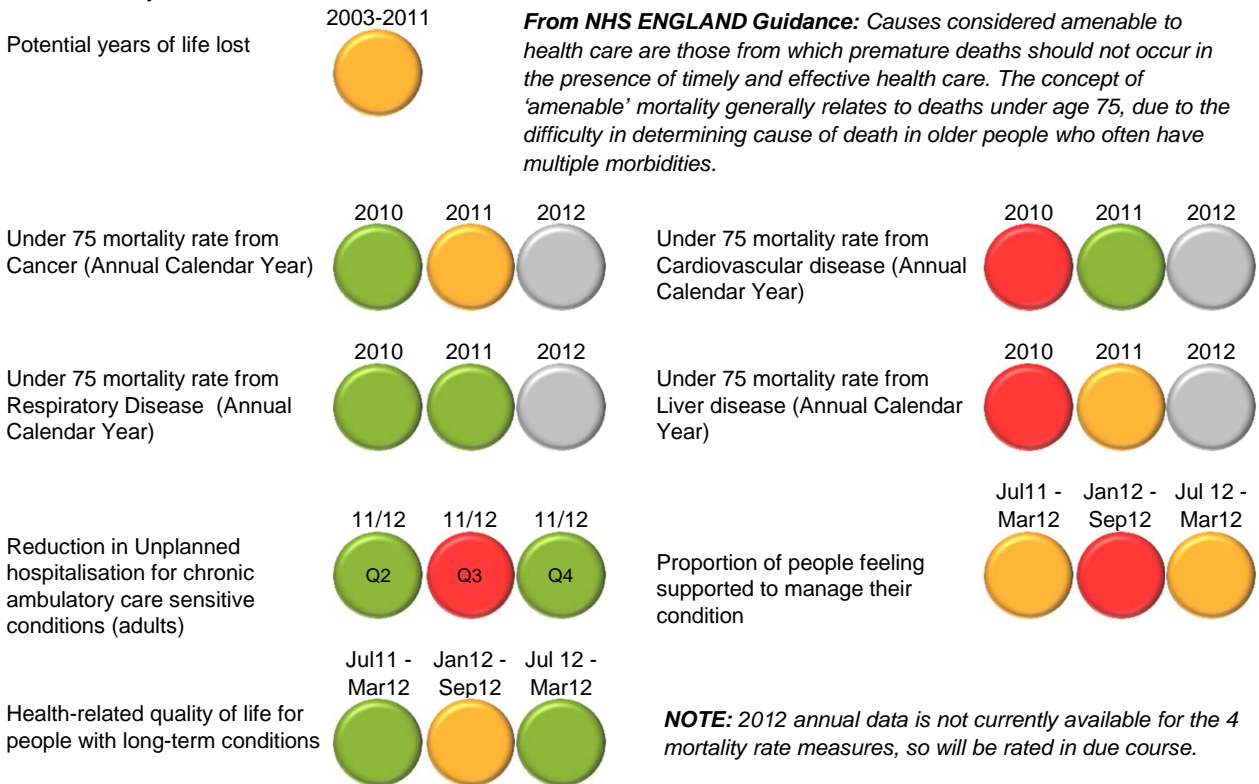
Potential years of life lost (PYLL): CCGs are expected to improve their position (based on a 10-year rolling, directly age and sex standardised rate - potential years of life lost (PYLL) per 100,000 population) by at least 3.2% between 2013 and 2014.

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: Following an in-depth review of the method for rating these against previous years, the 2011 position, in some instances, has been amended.

National required measures



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.

Best Possible Health Outcomes

Mental Health and Learning Disabilities

National required measures

Improvement against plan:
Estimated diagnosis rate for
people with dementia

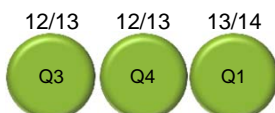


*Data not
yet
available*

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



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



Locally selected measures

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

Issues & Actions September 2013:

Proportion of people with Learning Disabilities (LD) receiving an Annual Health Check: The commissioning team is currently analysing the number of GPs who have signed up to complete the Directly Enhanced Service (DES) for 2013/14 and comparing this with the number of participating practices last year. Early signs are that there are more practices signed up to deliver the Annual Health Checks (AHCs) than last year.

The team are also putting in additional support to practices, to enhance their ability to deliver the number of health checks that they sign up to complete. Training sessions are planned for October 2013 for new practices. Practices not participating in the DES have been asked how they intend to address the health needs of their LD population. This is a voluntary request for information and has been supported by the Local Medical Committee (LMC).

Reducing LD Out of City Placements: There is a clear picture of the numbers of people who require alternative placement closer to home arising out of work on the Winterbourne View Concordat. Plans are progressing to return individuals, prioritising those people where placements are considered to be unsatisfactory. However, a number of new people still continue to be placed out of the city, due to the limited availability of local services and accommodation, due to the complexity of their needs. Recent progress has been made on identifying a large number of suitable properties through Sheffield City Council to help unblock some of the previous barriers for placements.

Procurement and implementation of a Diagnostic & Post Diagnostic Service for people with Autistic Spectrum Condition (ASC): A 'meet the bidders' event for the Autistic Spectrum and Neurodevelopmental Conditions Service was held in July, which included the GP Clinical Commissioning Portfolio Lead for Mental Health, a family member, person with ASC and a voluntary sector representative. Following this, and further discussions with the preferred bidder, a contract award letter has been sent to the successful provider. The CCG are awaiting the response from the provider to commence the contract period.

Proportion of people with
Learning Disabilities receiving
an Annual Health Check



12/13

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



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



continued overleaf

Best Possible Health Outcomes

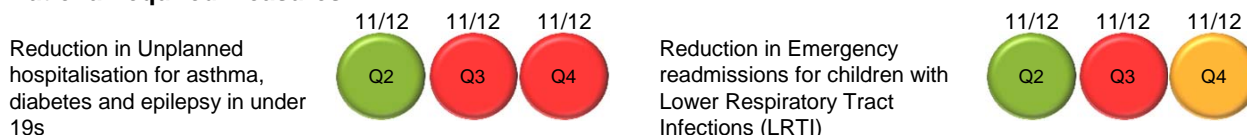
Children and Young People

Issues & Actions September 2013:

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

Emergency readmissions for children with Lower Respiratory Tract Infection - 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.

National required measures



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.

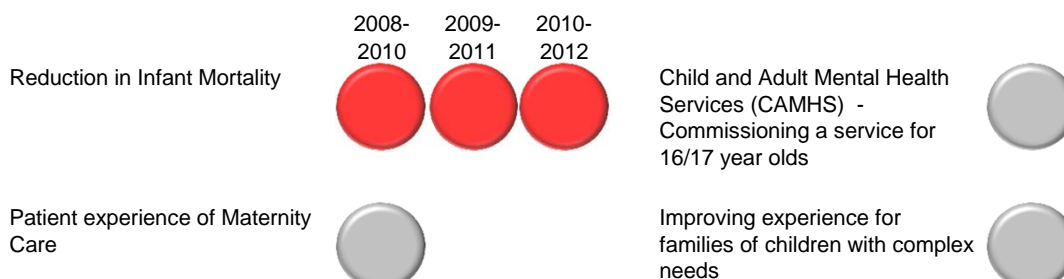
Issues & Actions September 2013:

Reduction in Infant Mortality: This is a priority area within the Children's Health and Wellbeing Board and the delivery of the infant mortality strategy is a key city priority.

CAMHS: Plans are in place to agree the Service Model and Implementation Plan by November 2013.

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.



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 September 2013:

The CHC QIPP programme remains on track to deliver its planned improvements and financial savings.

Please note: Reducing Out of City placements for people with Learning Disabilities has been identified as a local measure for the Mental Health and LD portfolio - please see this part of the Best Possible Health Outcomes section on page 18.

Indicator Development

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

At present no data on waiting times for CHC assessments is available; there are delays with the national data set which feeds our local monitoring. This is due to structural changes in the NHS and will require resolution at a national level.

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 September 2013:

The Localities have convened three workshops to further plan for the introduction of Integrated Community Teams in the GP Association* areas. The workshops were attended by representatives from Primary Care, Community Nursing, Social Care, Mental Health, Pharmacy, voluntary sector and patients. Follow-on action plans are now being developed.

A GP-led holistic care planning service has now been commissioned by the CCG from practices, with a planned start date of 1st September 2013. Around three quarters of practices have confirmed they intend to deliver this service, with most of the remainder not being able to confirm either way due to holidays. This service should put in place care plans with patients at risk of needing hospital care that will support them to stay well and at home, reducing hospital admissions. Right First Time is working with providers to support the implementation.

The new discharge/request for service form went live across STHFT in August, replacing the Transfer of Care document and the previous request for service form, thereby reducing the administrative burden on nursing and therapy staff across the hospital when planning complex discharges.

Work continues to replace the Home of Choice scheme with a re-ablement model using intermediate care beds, to give patients with complex needs the best chance to return home. This will improve flow through the system, reduce delays and be more responsive to patient need.

** 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 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.

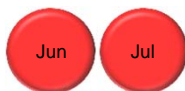
Reduction in emergency admissions for ambulatory care sensitive conditions (ACSC) by 1,502 (NB this activity reduction is phased to occur between October 2013 and March 2014)



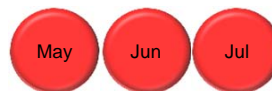
Reduction in excess bed days (days over the expected amount for a given procedure) by 5,200



Reduction in unnecessary A&E attendances by 7,000



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



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 September 2013:

Primary Care Referral Education Support for Sheffield (PRESS):

The new web-based information portal, which makes it easier for GPs to access relevant information relating to clinical care pathways, referral advice and education, continues to be well received by primary care clinicians. Following the impressive levels of utilisation in Q1, the next phase of development has commenced, responding to feedback received from users.

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 indicates that an average of 20% (across the five 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 very positive but, although utilisation levels continue to improve, they are not as high as the CCG would like. Following a consideration of this issue at the CCG planning and delivery group, we will continue to promote the service to city GPs.

Joint Clinical Discussions and Service Transformation Reviews:

Following the facilitated discussion with Urology clinicians and GPs in July, the agreed actions are being progressed and a further meeting is planned for September. Plans have been developed to expand these discussions across other specialties throughout Q2. The outputs from these discussions will inform and influence short, medium and long term transformation plans to improve the service provision for patients and sustainable models of care.

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.

All measures remain on track to deliver QIPP quality benefits in the annual 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 July 2013 performance as at the 23rd August 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

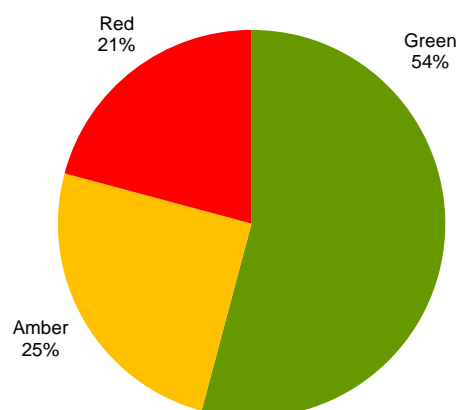
* - Data is currently not available for the Indicator

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



Acute - Elective Care

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

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

CCG	STHFT	SCHFT
91.95%	91.68%	93.53%
96.66%	96.63%	95.95%
92.65%	92.30%	95.48%
0	0	0
0	0	0
1	0	1

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test

0.40%	0.21%	1.29%
-------	-------	-------

Cancer Waits

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

94.02%	94.56%	100.00%
95.81%	94.74%	N/A
98.81%	98.33%	100.00%
99.30%	97.94%	N/A
100.00%	99.87%	100.00%
99.55%	99.56%	N/A
92.06%	89.25%	N/A
96.67%	90.57%	N/A
93.51%	93.10%	N/A

Activity

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

18633	16133	1373
42735	38986	1768
N/A	6	0

Quality Standards

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

0.48	N/A	N/A
0.31	N/A	N/A
0.08	N/A	N/A
0.17	N/A	N/A
86.79%	N/A	N/A
77.30%	WIP	WIP
WIP	WIP	WIP

continued overleaf

Appendix A: Health Economy Performance Measures Summary

Acute - Urgent Care

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

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	95.86%	97.40%
Emergency Readmissions within 30 days	12.08%	N/A	N/A
Non-elective Admissions (FFCEs) (YTD)	15567	12687	2040
Number of attendances at A&E departments - Type 1 (YTD) ¹	28311	19404	8911
Number of attendances at A&E departments - Total (YTD) ¹	33454	24900	8911
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	81.98%	N/A	N/A	77.39%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) ³	79.17%	N/A	N/A	77.48%
Category A response in 19 mins ³	98.91%	N/A	N/A	97.58%
Ambulance handover: % handovers to A&E within 15mins ²	*	73.1%	95.8%	78.2%
Crew Clear: % post-handovers (ambulance ready for next call) within 15mins ²	*	84.0%	78.9%	76.6%
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	96.43%
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)	57	29	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

Please note that a complete update of the targets has not been possible, as SHSCFT were unable to provide all data before publication of this report.

The data for Crisis resolution and CPA 7 day follow up are only provisional.

1. Crisis Resolution/Home Treatment: As at the end of July, there have been 460 home treatment interventions against a 12-month target of 1,202. This equates to 13.8% more patients benefiting from this service than originally planned by the end of July.

2. CPA 7 day follow up: July's monthly performance is 96.43%. 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.

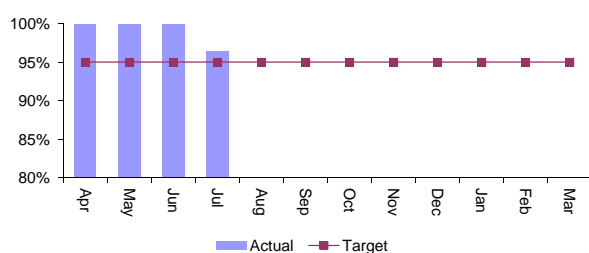
3. Psychosis intervention: It has not been possible for this indicator to be updated with July data.

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

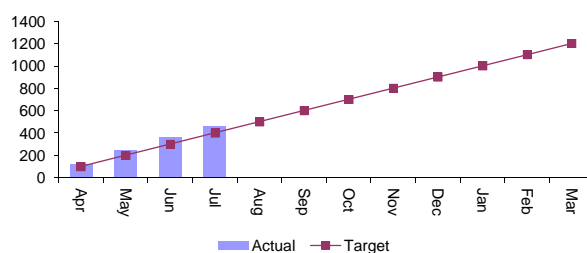
SHSCFT Indicators

	Target	June	July	Change
Crisis Resolution / Home treatment	1202	367	460	▲
Psychosis intervention - New cases (YTD)	90	29		
Psychosis intervention - Maintain Capacity	270	197		
CPA 7 day follow up (YTD)	95%	100.00%	96.43%	▼
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%	▼

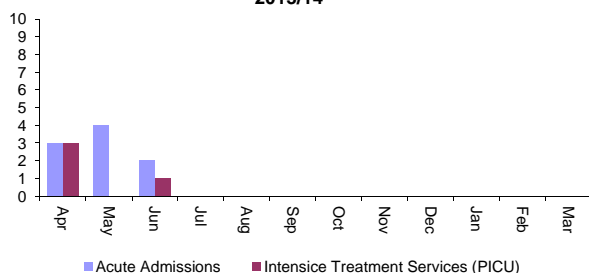
SHSCFT: % of CPA Clients followed up within 7 days - 2013/14



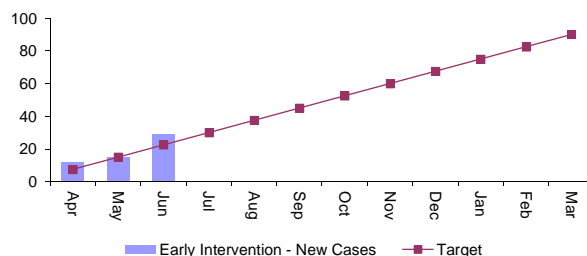
SHSCFT: Crisis Resolution Home Treatment Episodes - 2013/14 YTD



SHSCFT: Admissions referred out of Sheffield 2013/14



SHSCFT: Early Intervention - new cases accepted 2013/14 YTD



APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

For July 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:

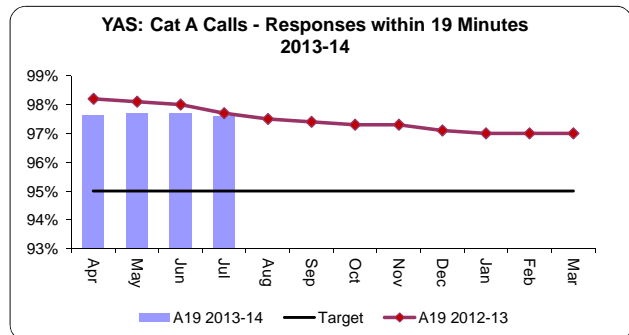
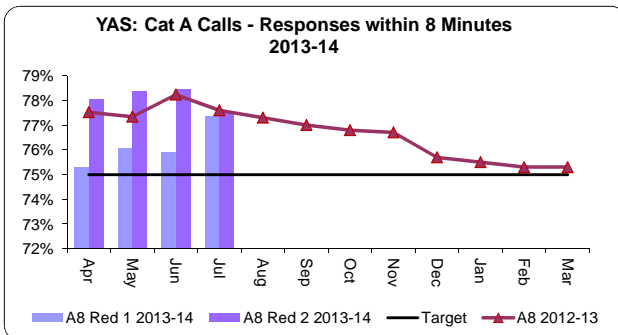
Red 1 - 8 minute - performance to be sustained over winter - although YAS will be required to produce a winter plan to mitigate the impact of the weather - and further discussions will take place with YAS about their plans to maintain the Red 1 - 8 min performance - above 75%.

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	June	July	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	75.92%	77.37%	▲
Cat A 8 minutes Red 2 (YTD)	75%	78.45%	77.46%	▼
Cat A 19 minutes (YTD)	95%	97.68%	97.58%	▼



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	May	June	Monthly Change
Re-contact after discharge (Phone)		12.8%	7.9%	▼
Re-contact after discharge (Treatment at scene)		7.1%	6.8%	▼
Re-contact after discharge (Frequent Caller)		2.5%	2.0%	▼
Time to answer call (Median)	5 sec	1	1	◀▶
Time to answer call (95th Percentile)		20	21	▲
Time to answer call (99th Percentile)		77	84	▲
Time to treatment (Median)		5.2	5.3	▲
Time to treatment (95th Percentile)		13	13	◀▶
Time to treatment (99th Percentile)		19.1	19.7	▲
Call closed with advice (Phone advice)		5.1%	4.8%	▼
Call closed with advice (Transport)		27.0%	29.3%	▲
Clinical Indicators				
		<u>February</u>	<u>March</u>	
Outcome from Cardiac Arrest (CA) All		25.4%	21.9%	▼
Outcome from CA Utstein Group (UG)		46.5%	47.1%	▲
Outcome from acute STEMI Angioplasty		89.1%	81.2%	▼
STEMI Care Bundle		78.3%	78.8%	▲
Outcome from Stroke 60 min to Stroke Unit		61.5%	59.5%	▼
Stroke - Appropriate Care Bundle		95.6%	94.4%	▼
Outcome from CA - Survival to Discharge All		7.7%	7.6%	▼
Outcome from CA - Survival to Discharge UG		22.1%	17.6%	▼
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 4, April - July 2013

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

Outpatient First Attendances: 4.9% above plan
 Outpatient Follow-ups: 2% above plan
 Outpatient Procedures: 6.3% above plan

Inpatient Elective Spells: 2.5% above plan
 Inpatient Non-elective Spells: 5.4% above plan
 A&E Attendances: 6.3% above plan

Figure 1: Referrals¹

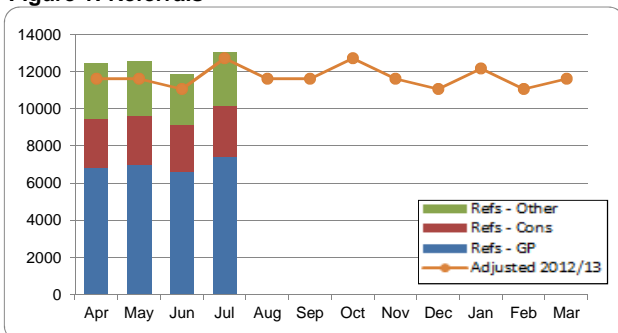


Figure 4: Electives

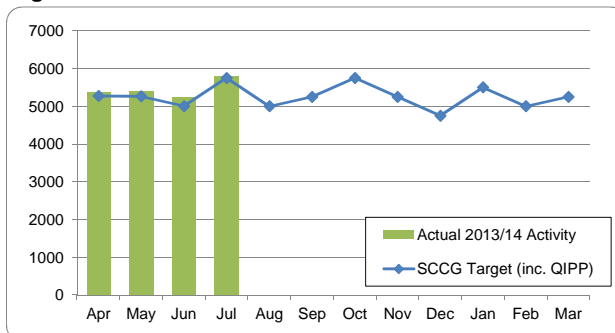


Figure 2: Firsts²

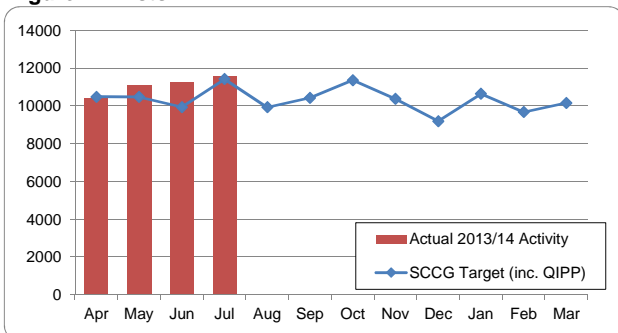


Figure 5: Non-Electives

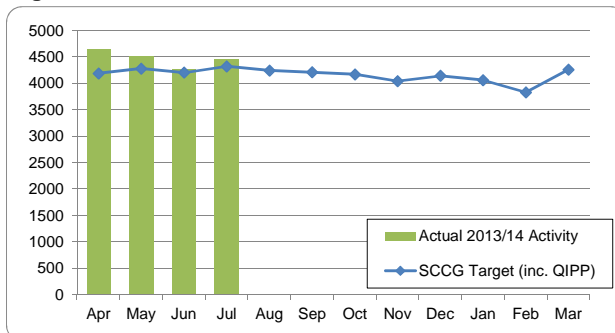


Figure 3: Follow-ups

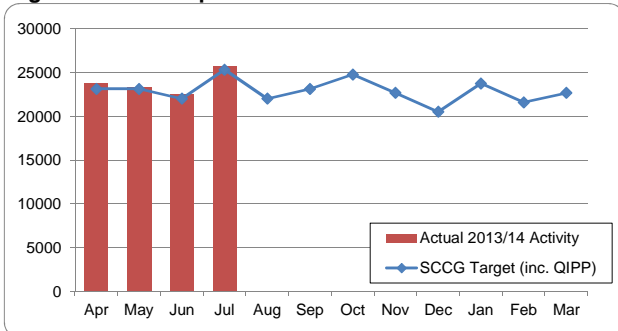


Figure 6: Accident and Emergency

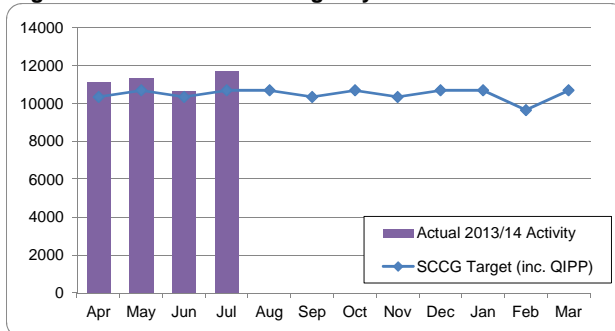


Table 1. Outpatient Activity

Activity	2013/14	Target	Var	% Var
Firsts	44,409	42,354	2,055	4.9%
Follow-ups	95,555	93,705	1,850	2.0%
OP Payable Procedures	20,507	19,294	1,213	6.3%
Follow-ups:First Ratio	2.15	2.21	-0.06	-2.7%

Table 2. Inpatient and A&E Activity

Activity	2013/14	Target	Var	% Var
Electives	21,830	21,301	529	2.5%
Non Electives	17,922	16,996	926	5.4%
Excess Bed Day Costs (£000s)	£ 3,428	£ 3,248	£ 180	5.5%
A&E	44,724	42,060	2,664	6.3%

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 include CDU (Clinical Decision Unit) Attendances which account for one third of the overperformance.

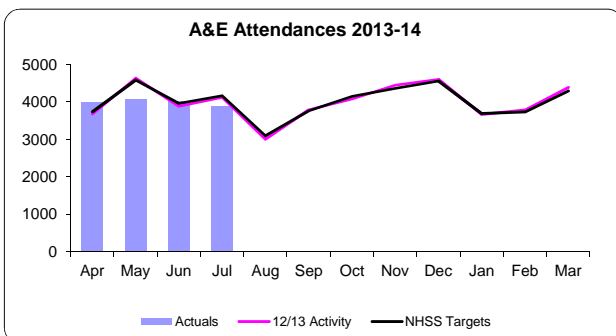
Excess Bed Day Costs include MFF (Market Forces Factor).

Produced by NHS Sheffield CCG Contract Team, August 2013

APPENDIX C: Contract Activity

Sheffield Children's NHS Foundation Trust

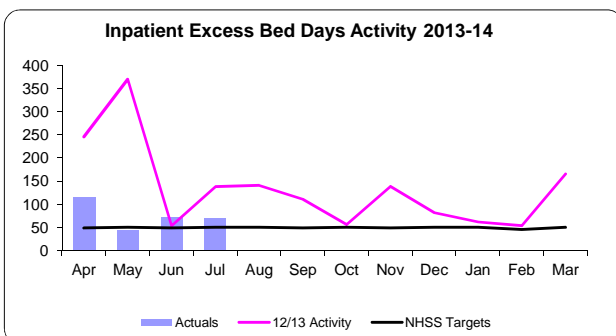
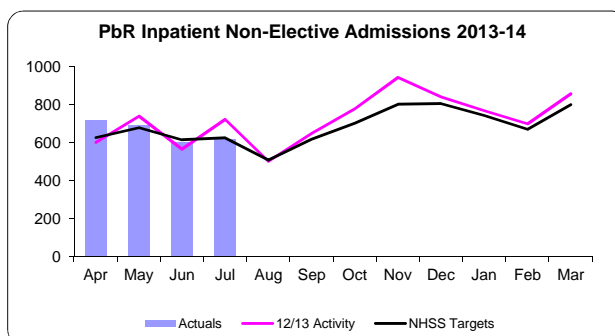
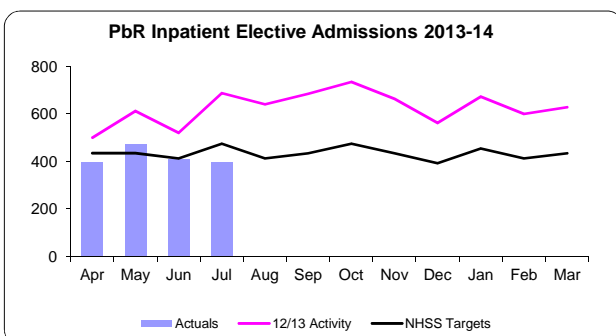
2013/14 Actual performance against Plan and 2012/13 performance



A&E activity fluctuated throughout 2012/13, but the first 4 months of 2013/14 show a slight decrease in attendances. Activity is just below the target level for July.

Following their dip below the '95% within 4 hours' target level in April and improvement in May and June, as at the end of July, SCHFT's cumulative A&E performance has risen again, to 97.40%.

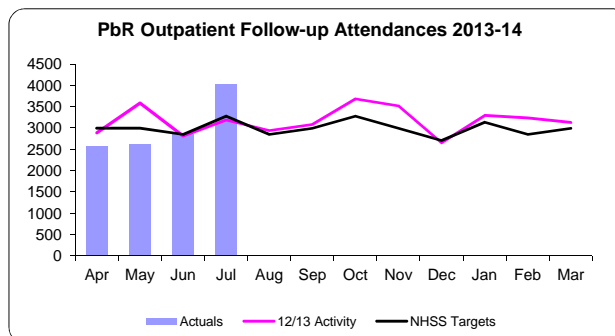
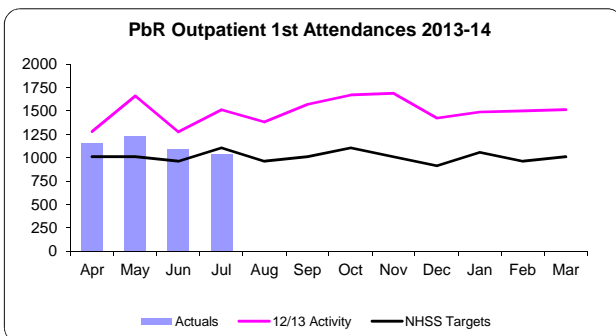
It should be noted that all A&E attendances at the Trust are Type 1 in nature.



Elective activity reduced further in July and is below planned levels. Non-elective admission levels have risen slightly in July and are at 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, but follow-ups in July were much higher than the same time last year and well above planned levels for the month.



Position to July 2013:

SCHFT outpatient firsts are overtrading by 435 attendances and follow-ups are undertrading by 76. In terms of elective activity, there is currently an undertrade of 83 spells. Non-elective activity is currently overtrading by 87 spells. Excess bed days are overperforming by 102 bed-days. There is currently an undertrade on A&E attendances of 453.

Activity figures are from SCHFT contract monitoring information
SCHFT Finance Team

Appendix D: Public Health Outcome Framework (PHOF) Indicators

Quarterly Report of Public Health Outcome Framework (PHOF) Indicators for Sheffield CCG Governing Body							
Date: 15-Aug-13							
PHOF Indicator ID	PHOF Indicator	Latest Annual time period	Value	Statistically significant compared to England	General Trend Annual	Change last annual period	Notes
1.13 (i)	% of Offenders who re-offend from a rolling 12 month period	2010	28.2	Worse	A	A	Crude rate per 1,000 population
1.13 (ii)	The average number of re-offences committed per offender from a rolling 12 month period	2010	0.75	No Diff	A	R	Crude rate per offender
1.15 (i)	Statutory Homelessness Acceptances (households found to be eligible for assistance, unintentionally homeless and falling within a priority need group)	2012/13	5.1	Worse(*)	A	G	Rate per 1,000 households
1.15 (ii)	Statutory Homelessness: Households in temporary accommodation	2012/13	0.76	Better(*)	A	R	Rate per 1,000 households
2.2 (i)	Breastfeeding: % Initiating breastfeeding	2012/13	77.7	Better	A	R	% of mothers
2.2 (ii)	Breastfeeding: % Babies receiving breast milk at 6-8 weeks	2012/13	50.8	Better	A	G	% of babies
2.3	Smoking status of Mothers at time of delivery	2012/13	14.1	No Diff	R	A	% of mothers
2.4	Conception Rate of Under 18 year olds	2011	35.2	Worse	G	G	per 1,000 females aged 15-17
2.15(i)	Successful completion of drug treatment: Opiate (for example Heroin) users	2011	8.5	No Diff	G	G	% of adult users in treatment
2.15(ii)	Successful completion of drug treatment: Non-Opiate users	2011	38.8	No Diff	G	G	% of adult users in treatment
2.20(i)	% women eligible for breast screening adequately screened - coverage	2012	79.0	Better	G	G	% women eligible for breast screening adequately screened (aged 53-70yrs)
2.20(ii)	% women eligible for cervical screening adequately screened - coverage	2012	75.8	Better	A	A	% women eligible for breast screening adequately screened (aged 53-70yrs)
2.21(iv)	(iv) % babies registered within the area (currently CCG) both at births and at the time of the report who are eligible for newborn blood spot screening and have a conclusive result recorded on the Child Health System within an effective timeframe.	Not Available					
2.21(v)	(iv) % babies eligible for newborn hearing screening for whom the screening process is complete within 4 weeks corrected age (hospital programmes - well babies, all programme NICU (Neonatal Intensive Care Unit) babies) or 5 weeks corrected age (community programmes - well-babies).	Not Available					
2.21(vii)	Diabetic Retinopathy (damage to the retina caused by complications of diabetes) Screening	2011/12	92	Better	G	G	(% aged 12+ offered screening who attended a digital screening event)
2.22(i)	% of Eligible who are offered and an NHS Health Check Programme	2012/13	6.1	Worse	G	G	(% eligible population aged 40-74 offered a check during financial yr)
2.22(ii)	% of Eligible who have received an NHS Health Check	2012/13	2.5	Worse	G	G	(% eligible population aged 40-74 offered a check during financial yr, who received one)
3.2	Chlamydia Diagnoses (for 15-24 year olds)	2012	1852	Better	N/A	N/A	Crude rate per 100,000 aged 15-24 yr old ¹
3.3 (iii)1	DTaP/IPV/Hib (Diphtheria, Tetanus, Pertussis (whooping cough), polio and Haemophilus influenzae type b) vaccination coverage: 1 year olds	2011/12	95.0	No Diff	G	G	%
3.3 (iii)2	DTaP/IPV/Hib (Diphtheria, Tetanus, Pertussis (whooping cough), polio and Haemophilus influenzae type b) vaccination coverage: 2 year olds	2011/12	96.6	No Diff	G	A	%
3.3 (iv)	MenC (Meningitis C) vaccination coverage for 1 year olds	2011/12	93.7	No Diff	G	A	%
3.3 (v)	PCV (Pneumococcal Conjugate Vaccine) coverage - for 1 year olds	2011/12	94.1	No Diff	G	G	%
3.3 (vi)2	Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 2 year olds	2011/12	93.9	Better	G	R	%
3.3 (vi)5	Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 5 year olds	2011/12	92.6	Better	N/A	N/A	%
3.3 (vii)	PCV (Pneumococcal Conjugate Vaccine) booster vaccination for 2 year olds	2011/12	92.8	Better	G	G	%
3.3 (viii)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 2 year olds	2011/12	92.4	Better	G	G	%
3.3 (ix)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 5 year olds	2011/12	94.5	Better	G	G	%
3.3 (x)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving Two doses for 5 year olds	2011/12	87.5	Better	G	G	%
3.3 (xii)	HPV (Human Papilloma Virus) vaccination coverage - for 12-13 year olds	2011/12	93.0	Better	G	G	%

NOTE: (*) statistical significance not available

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

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