





Working with you to make Sheffield

**H E A L T H I E R**

**NHS**

**Sheffield  
Clinical Commissioning Group**

# Quality & Outcomes Report

## Month 11 position

For the April 2014 meeting  
of the Governing Body











































## 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 remains on track in all three areas of work; fentanyl prescribing, reviewing patients on a combination of aspirin with clopidogrel, prasugrel or ticagrelor and supporting practices with the NPSA insulin alert.

The work of the Team in promoting safe and effective prescribing remains a priority. In addition, increased efforts are being made in pursuit of medicines optimisation - for example by undertaking work on extending the capabilities of practice clinical systems in order to improve the quality and safety of prescribing.

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 February 2014 performance as at the 20th March 2014 - year to date where appropriate.

58 indicators are reported below.

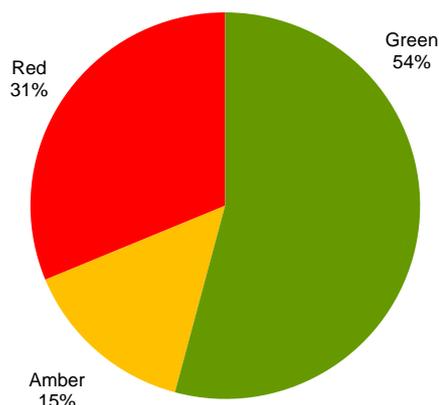
Please note that some targets are made up of several indicators.

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 this indicator
- N/A - The indicator is not applicable for this organisation
- WIP - Method of measurement is work in progress for this indicator
- YTD - Year To Date
- QTR - Quarterly

### Sheffield CCG RAG Distribution



### Acute Services Portfolio - Elective Care

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

% 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
89.37%	88.72%	95.71%
95.12%	94.94%	96.30%
93.46%	93.24%	95.29%
0	0	0
0	0	0
2	0	2

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

% receiving diagnostic test

97.81%	97.71%	98.69%
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#### Cancer Waits (YTD)

% 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

94.38%	94.60%	100.00%
97.34%	96.83%	N/A
98.99%	98.53%	100.00%
97.90%	98.05%	N/A
100.00%	99.90%	100.00%
99.86%	99.64%	N/A
91.72%	88.39%	N/A
97.75%	95.72%	N/A
95.06%	92.66%	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

62226	54366	4221
146222	133314	5803
N/A	1	2

#### 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: Inpatient - Response (QTR)  
 Friends and Family test: Inpatient - Score (QTR)  
 Friends and Family test: A&E - Response (QTR)  
 Friends and Family test: A&E - Score (QTR)

0.425	N/A	N/A
0.328	N/A	N/A
0.066	N/A	N/A
0.056	N/A	N/A
85.80%	N/A	N/A
77.30%	WIP	WIP
	34.11%	
	75.02	
	9.37%	
	66.83	

#### Footnotes:

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

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

continued overleaf

## Appendix A: Health Economy Performance Measures Summary

### Acute Services Portfolio - Urgent Care

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

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	95.38%	97.66%
Emergency Readmissions within 30 days	12.48%	N/A	N/A
Non-elective Admissions (FFCEs) (YTD)	51892	42034	7067
Number of attendances at A&E departments - Type 1 (YTD) <sup>1</sup>	138575	96045	42203
Number of attendances at A&E departments - Total (YTD) <sup>1</sup>	163233	122069	42203
Unplanned Hospitalisation for chronic ambulatory care sensitive conditions	985.7	N/A	N/A
Emergency admissions - acute conditions that should not require admission	1495	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	279	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI)	805	N/A	N/A
Urgent Operations cancelled for the second time	N/A	0	0
Patient overall experience of out of hours GP Services	69.17%	N/A	N/A

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

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest) <sup>3</sup>	80.54%	N/A	N/A	77.83%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) <sup>3</sup>	76.09%	N/A	N/A	75.23%
Category A response in 19 mins <sup>3</sup>	98.56%	N/A	N/A	97.31%
Ambulance handover: % handovers to A&E within 15mins <sup>2</sup>	*	78.4%	98.1%	83.4%
Crew Clear: % post-handovers (ambulance ready for next call) within 15mins <sup>2</sup>	*	83.8%	81.4%	76.0%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0	N/A

#### Footnotes:

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

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

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

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

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

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

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

### Long Term Conditions, Cancer and Older People

	CCG
Potential years of life lost (PYLL)	2.62%
Under 75 mortality rate from Cardiovascular Disease (CVD) per 100,000	73.75
Under 75 mortality rate from Respiratory Disease per 100,000	24.55
Under 75 mortality rate from Cancer per 100,000	131.57
Under 75 mortality rate from Liver disease per 100,000	16.58
Proportion of people feeling supported to manage their condition	68.85%
Health-related quality of life for people with long-term conditions	54.35%

### Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	98.60%
Proportion of people entering psychological treatment against the level of need in the general population	11.29%
The proportion of people who are moving to recovery, following psychological treatment	47.67%
Estimating the diagnosis rate of people with dementia ( <b>NB:</b> estimated figure using locally-available data)	68.10%

### Quality Standards

#### Health Care Acquired Infections (HCAI)

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	5	4	0	N/A
Clostridium Difficile (C Diff) (YTD)	169	74	4	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 February, there have been 1,297 home treatment interventions against a 12-month target of 1,202. This equates to 17.7% more patients benefiting from this service than originally planned by the end of February.

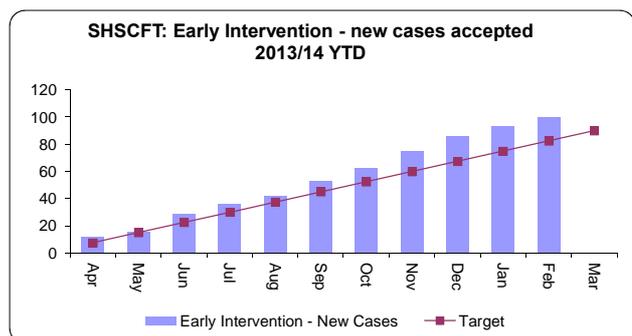
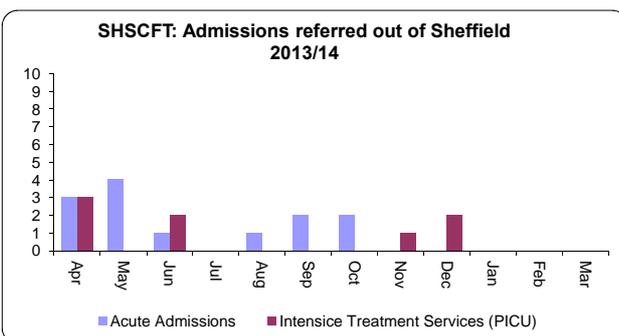
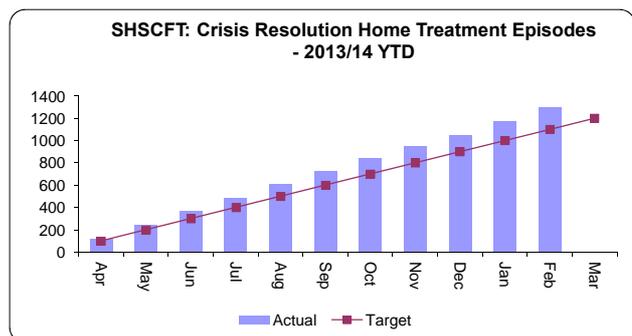
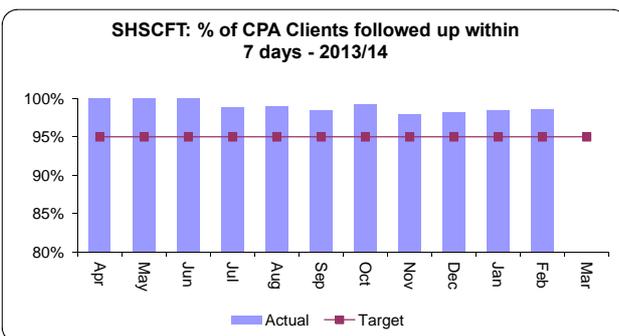
2. CPA 7 day follow up: February's monthly performance is 100%, bringing the YTD performance to 98.6%, above the 95% target. 2 patients were not followed up in Quarter 3, 1 due to staff sickness and 1 due to a patient who DNA'd (did not attend) and staff were unable to contact the patient, despite repeated efforts. The latter has now been seen.

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 Early Intervention Service (EIS) cases over the Q3 period, which is being reviewed in light of the new service pathways.

#### 4. Psychological therapy services:

- The quarter 3 performance for the proportion of patients receiving psychological therapy continues towards target level; with 12.42% as at the end of quarter 3 against the three-quarters of the year plan of 11.25%, good progress is being made towards 15% by the end of 2013/14.
- The rate of people who received psychological therapy and are moving to recovery has hovered around 47% for some time, slightly under the target of 50%. SHSCFT have a program that has targeted practices that have the lowest moving to recovery rates; this has been positive for those practices. There is a national problem with recruiting to IAPT posts, particularly Psychological Wellbeing Practitioner (PWP) posts - SHSCFT currently have 6 whole time equivalent vacancies for PWPs. This is the group of staff who deliver the majority of interventions; around 70% of patients see a PWP. SHSCFT are actively managing this through the recruitment of trainee PWP staff; this may have an impact on the number of patients moving to recovery in the short term as skills and experience are developed, although it does allow service coverage to be maintained across the city.

SHSCFT Indicators				
All indicators are Year to date				
	Target	January	February	Change
Crisis Resolution / Home treatment	1202	1179	1297	▲
Psychosis intervention - New cases	90	93	100	▲
Psychosis intervention - Maintain Capacity	270	174	172	▼
CPA 7 day follow up	95%	98.44%	98.60%	▲
Anxiety/depression:		Q2	Q3	
% receiving Psychological therapy	15%	8.52%	12.42%	▲
Psychological therapy pts. move to recovery	50%	47.92%	47.67%	▼



## APPENDIX B: Ambulance Trust Performance Measures

### Yorkshire Ambulance Service

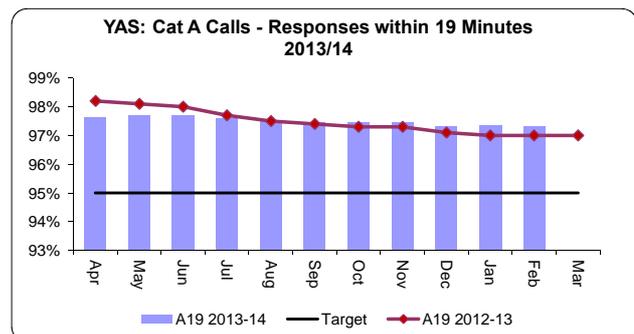
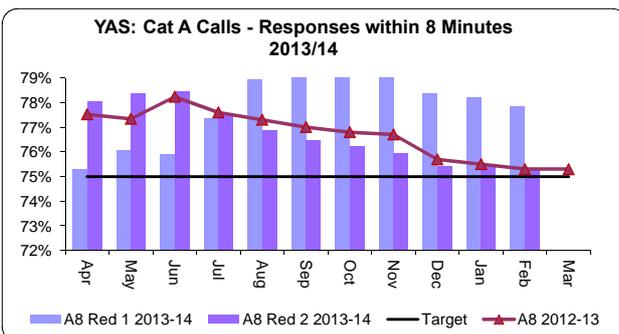
For February 2014, both the Category A 8 minute (Red 1 & Red 2) and 19 minute targets continued to be achieved at the Yorkshire Ambulance Service (YAS) Trust level. Performance is formally reviewed monthly by commissioners at the Yorkshire & Humber 999 Contract Management Board. (Red 1 calls are the 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. Red 2 calls are serious but less immediately time-critical and cover conditions such as stroke and fits.)

#### Key Risks:

YAS remain above 75% YTD on their red targets, but failure to meet their green targets (with the exception of G4) in 2013/14 remains a considerable cause for concern. (G1 & 2 - serious but non life-threatening, G3 & 4 - non life-threatening.) Commissioners have agreed with YAS to maintain the 95% performance standard across green calls in 2014/15 but introduce a lower 'floor' in respect of performance, against which a sanctions regime will apply. In addition, a review will be undertaken in 2014/15 of the clinical conditions categorised as green calls to ensure that patient safety is not compromised by the approach to call classification.

#### YAS Indicators

	Target	January	February	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	78.19%	77.83%	▼
Cat A 8 minutes Red 2 (YTD)	75%	75.50%	75.23%	▼
Cat A 19 minutes (YTD)	95%	97.36%	97.31%	▼



Data is available for the 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	December	January	Monthly Change
Re-contact after discharge (Phone)		6.9%	0.2%	▼
Re-contact after discharge (Treatment at scene)		4.4%	4.7%	▲
Re-contact after discharge (Frequent Caller)		1.8%	2.4%	▲
Time to answer call (Median)	5 sec	1	1	◄►
Time to answer call (95th Percentile)		30	20	▼
Time to answer call (99th Percentile)		81	39	▼
Time to treatment (Median)		5.9	5.5	▼
Time to treatment (95th Percentile)		15	13.5	▼
Time to treatment (99th Percentile)		23	20.2	▼
Call closed with advice (Phone advice)		4.2%	3.6%	▼
Call closed with advice (Transport)		30.3%	29.2%	▼
<b>Clinical Indicators</b>				
Outcome from Cardiac Arrest (CA) All		September: 20.9%	October: 21.6%	▲
Outcome from CA Utstein Group (UG)		45.2%	41.9%	▼
Outcome from acute STEMI Angioplasty		90.8%	87.6%	▼
STEMI Care Bundle		89.5%	84.9%	▼
Outcome from Stroke 60 min to Stroke Unit		64.6%	63.2%	▼
Stroke - Appropriate Care Bundle		97.7%	97.5%	▼
Outcome from CA - Survival to Discharge All		10.2%	14.5%	▲
Outcome from CA - Survival to Discharge UG		48.1%	35.7%	▼
Service Experience		N/A	N/A	

# APPENDIX C: Contract Activity



Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Clinical Commissioning Group

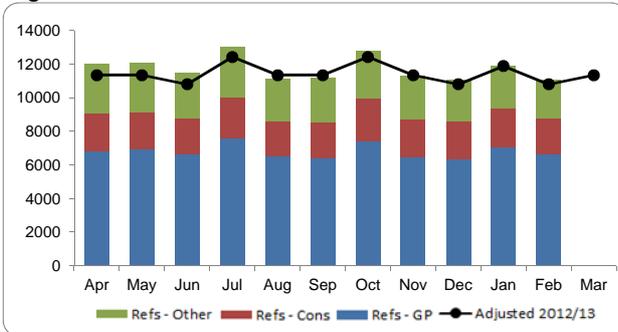
Performance against Sheffield CCG Activity Target at Month 11, Apr 2013 - Feb 2014

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

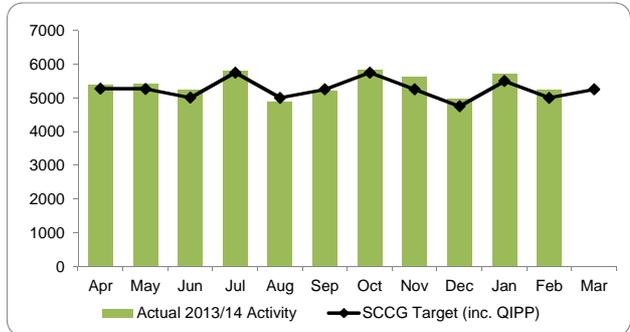
Outpatient First Attendances: 4.5% above plan  
 Outpatient Follow-ups: 5.1% above plan  
 Outpatient Procedures: 13.6% above plan

Inpatient Elective Spells: 2.8% above plan  
 Inpatient Non-elective Spells: 5.9% above plan  
 A&E Attendances: 3.9% above plan

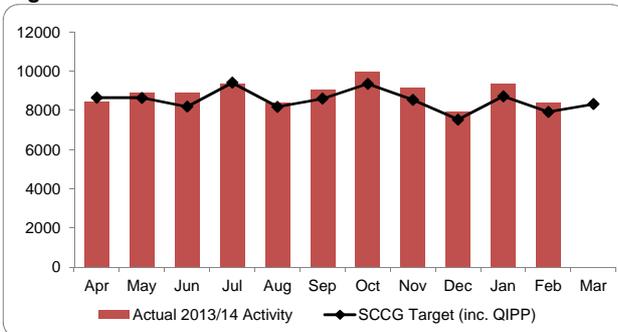
**Figure 1: Referrals<sup>1</sup>**



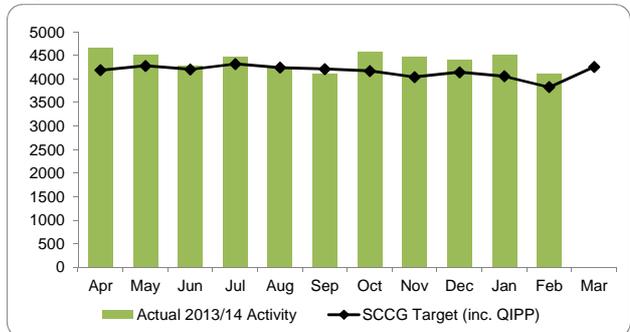
**Figure 4: Electives**



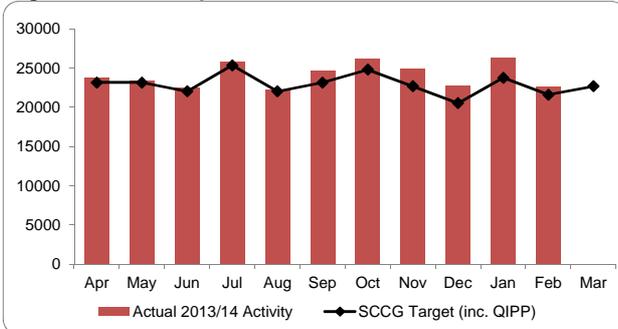
**Figure 2: Firsts<sup>2</sup>**



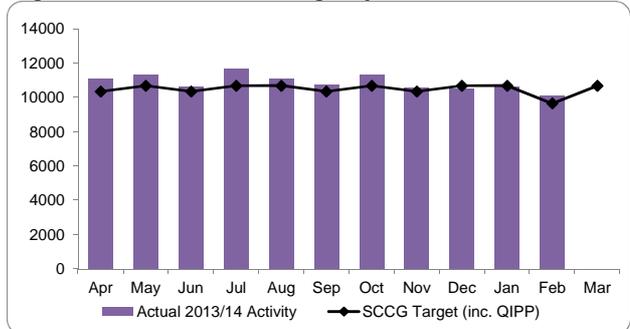
**Figure 5: Non-Electives**



**Figure 3: Follow-ups**



**Figure 6: Accident and Emergency**



**Table 1. Outpatient Activity**

Activity	2013/14	Target	Var	% Var
Firsts	97,980	93,801	4,179	4.5%
Follow-ups	265,030	252,278	12,752	5.1%
OP Payable Procedures	59,445	52,346	7,099	13.6%
Follow-ups:First Ratio	2.70	2.69	0.02	0.6%

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

Activity	2013/14	Target	Var	% Var
Electives	59,405	57,814	1,591	2.8%
Non Electives	48,381	45,695	2,686	5.9%
Excess Bed Day Costs (£000s)	£ 8,933	£ 8,892	£ 41	0.5%
A&E	119,589	115,148	4,441	3.9%

Source: STHFT Contract Monitoring

**Notes:**

- <sup>1</sup> Referrals compared to 2012/13, adjusted for working days and counting changes. Includes all Sheffield activity (CCG and NHS England) for specialties >50% CCG commissioned. All remaining data is Sheffield CCG only (i.e. excluding NHS England commissioned activity - specialised and dental). Outpatient attendances exclude Clinical Psychology, Diabetes, Hearing Services, Palliative Medicine and Obstetrics.
- <sup>2</sup> First outpatient attendances exclude CDU (Clinical Decision Unit). CDU Attendances are overperforming by 2,964 (14.6%). Excess Bed Day Costs include MFF (Market Forces Factor).

Produced by NHS Sheffield CCG Contract Team, March 2014

# APPENDIX C: Contract Activity



## Sheffield Children's NHS Foundation Trust

## Sheffield Clinical Commissioning Group

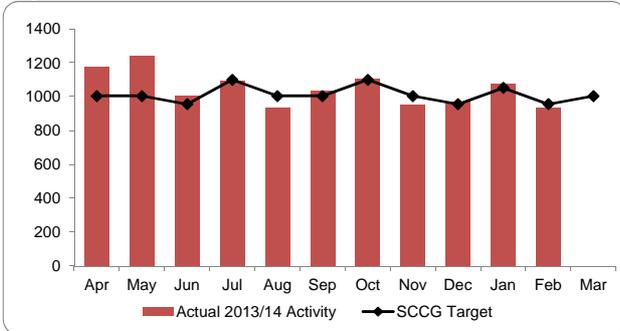
Performance against Sheffield CCG Activity Target at Month 11, Apr 2013 - Feb 2014

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

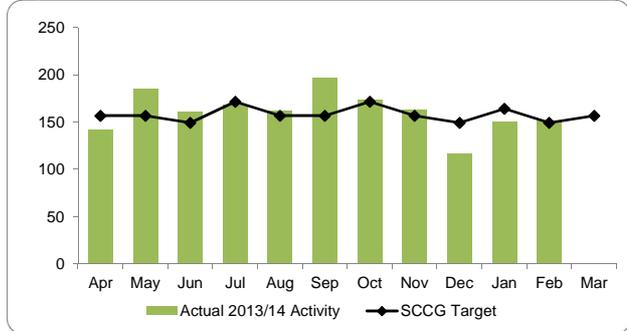
Outpatient First Attendances: 3.2% above plan  
 Outpatient Follow-ups: 6.2% above plan  
 Outpatient Procedures: 54.1% above plan

Inpatient Elective Spells: 1.8% above plan  
 Inpatient Non-elective Spells: 4.3% above plan  
 A&E Attendances: 4% below plan

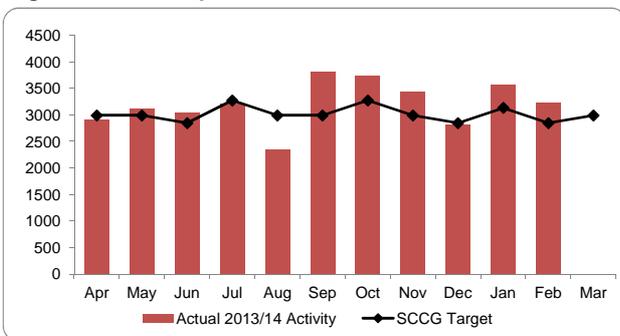
**Figure 1: Firsts**



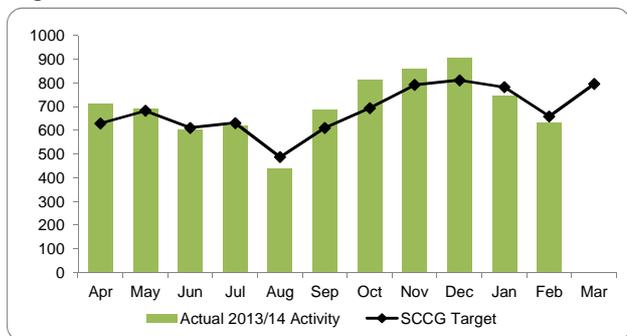
**Figure 4: Electives**



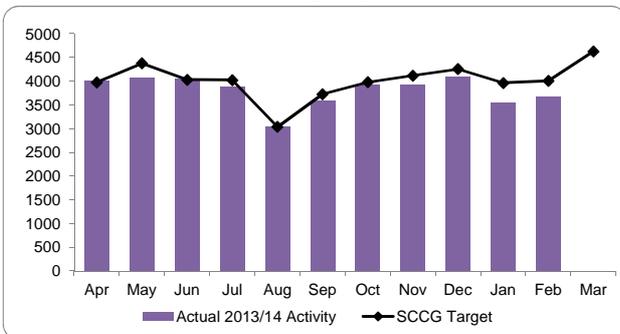
**Figure 2: Follow-ups**



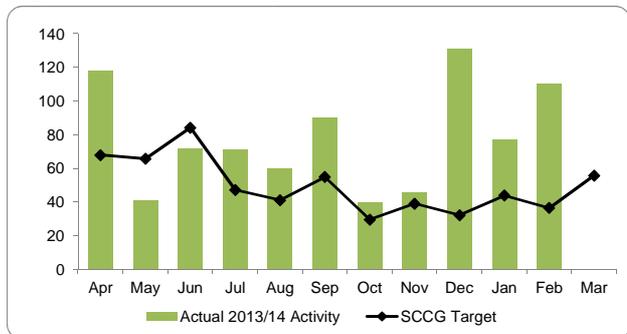
**Figure 5: Non-Electives**



**Figure 3: Accident and Emergency**



**Figure 6: Excess Bed Days**



**Table 1. Outpatient Activity**

Activity	2013/14	Target	Var	% Var
Firsts	11,502	11,142	360	3.2%
Follow-ups	35,275	33,217	2,058	6.2%
OP Payable Procedures	41	27	14	54.1%
Follow-ups:First Ratio	3.07	2.98	0.09	2.9%

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

Activity	2013/14	Target	Var	% Var
Electives	1,770	1,739	31	1.8%
Non Electives	7,712	7,391	321	4.3%
Excess Bed Day Costs (£000s)	£ 249	£ 182	£ 67	36.8%
A&E	41,747	43,493	-1,746	-4.0%

Source: SCHFT Contract Monitoring (SLAM)

**Notes:**

Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, March 2014