

## Month 9 Quality and Outcomes Report

Governing Body meeting

6 February 2014

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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)	
<p><b>Assurance Framework Number:</b></p> <ul style="list-style-type: none"> <li>1.3 System wide or specific provider capacity problems emerge to prevent delivery of NHS Constitution and/or NHS E required pledges (<b>Domain 3</b>)</li> <li>2.1 Providers delivering poor quality care and not meeting quality targets (<b>Domain 4</b>)</li> </ul> <p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed?</b></p> <p>The Quality and Outcomes report provides the latest information and data on the key quality outcomes that CCGs are required to provide assurance against. Where appropriate, clinical portfolio teams provide regular updates each month on progress reports and remedial action plans on those areas that are not achieving the required levels of performance. Reporting also takes place at CET and Planning and Delivery Group. Escalation through operational leads is to the Planning and Delivery Group, in the first instance.</p> <p><b>Is this an existing or additional control:</b> Existing</p>	

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

# Quality & Outcomes Report

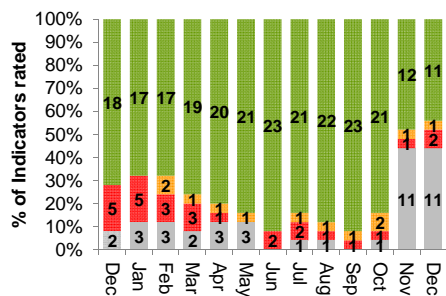
## Month 9 position

For the February 2014 meeting  
of the Governing Body

<b>Sheffield Clinical Commissioning Group - Summary Position</b>	<b>1 - 4</b>
<b>Highest Quality Health Care</b>	<b>5 - 12</b>
NHS Constitution - Rights & Pledges	5 - 8
Quality and Safety	9 - 12
- Treating and caring for people in a safe environment and protecting them from harm	9 - 10
- Ensuring that people have a positive experience of care	10
- Patient Experience of NHS Trusts	11
- Patient Experience of GP Practices	12
<b>Best Possible Health Outcomes</b>	<b>13 - 18</b>
- Acute Services Portfolio - Elective Care	13
- Acute Services Portfolio - Urgent Care	14
- Long Term Conditions, Cancer and Older People	15
- Mental Health, Learning Disabilities and Dementia	16
- Children and Young People	17
- Activity Measures	18
<b>Quality Innovation Productivity and Prevention (QIPP)</b>	<b>19 - 22</b>
- Continuing Health Care (CHC)	19
- Right First Time (RFT)	20
- Acute Services - Elective	21
- Medicines Management	22
<b>Appendices</b>	<b>A1 - A6</b>
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

## 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:

	Diagnostic waits over 6wks, Ambulance Crew Clear times
	Ambulance handovers

### Headlines

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

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

**Waiting times & access to Diagnostic tests:** Sheffield CCG, 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, but did not meet the 6 weeks for diagnostic tests pledge in December.

Regarding 18 week waits, there are some on-going concerns around the delivery of the requirements for Sheffield CCG patients at specific speciality level and, for the second month in a row, STHFT failed to meet the 18 week waits pledge at Trust level, reflecting the current pressure in the system for delivery of the 18 week wait measures. The CCG will consider formal contractual mechanisms in an attempt to improve performance if the pledge is again not met in January.

Regarding Diagnostics - STHFT and SCHFT both failed to meet the pledge in December and STHFT's levels further declined from those in October and November. Assurance is being sought from both Trusts that achievement will improve.

**A&E waiting times:** All local providers continue to meet the pledge, year to date, for 95% of patients to be seen/treated within 4 hours. This remains a priority focus area and the CCG continue to work closely with all their providers to ensure that the excellent performance is sustained and patients continue to have a good experience and receive high quality care from A&E and Urgent Care services in the city. The Urgent Care Working Group (previously the Urgent Care Board) will oversee business continuity plans over the winter period; a number of additional schemes to improve capacity and flow over this period have been approved and are being mobilised/further developed in readiness for the next Group meeting on 29th January.

**Ambulance & crew response times:** Yorkshire Ambulance Service (YAS) continue to meet the national requirements around ambulance response times, although a contract query was issued (and sanctions imposed) for in-month issues in December with meeting the requirement for Red 1 and 2 calls seen within 8 minutes. The timeliness of clinical handover of patients from ambulance crews to A&E clinical teams and ambulance crews being ready for their next call following handover has improved in December, but is still below what is expected. YAS are working to reduce the number of delays and commissioners have agreed with them, for 2013/14, that they will reinvest any handover penalties accrued, providing a satisfactory improvement plan is agreed with commissioners. At the time of writing, no plan had been received.

### Quality and Safety

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

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

### Headlines

#### Ensuring that people have a positive experience of care:

The Friends and Family Test (FFT) - As noted last month, the combined scores at Quarter 2 are good. However, the response rate still requires improvement and so will be kept under regular review. The trial in STHFT A&E of texting patients following discharge, to improve response rates, commenced at the beginning of December.

## Ensuring that people have a positive experience of care - continued:

Delivery of the nationally agreed FFT rollout plan to the national timetable - As noted last month, data for the newly implemented FFT in maternity services at STHFT should be published in January. Rollout to Day Surgery/Outpatient Departments and Community is required nationally by April 2015, although STHFT are working to implement these by the end of July 2014.

## 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 18 cases attributable to the CCG reported in December is higher than last month (12) and the 13 forecast for the month. STHFT reported 7 cases, against their forecast 7. SCHFT have reported 0 cases this month, against their forecast 0.  
MRSA - As 3 cases attributable to the CCG have been reported to date - 1 in April (STHFT case), 1 in September (Community case) and 1 in November (contaminant STHFT case) - the 'zero tolerance' policy in place for 2013/14 has not been achieved.

## 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
<b>Reducing potential years of life lost from amenable mortality</b>	
● Potential years of life lost (PYLL) from causes considered amenable to health care	15
<b>Reducing avoidable emergency admissions</b>	
● Reduction in Emergency admissions for acute conditions that should not usually require hospital admission	14
● Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	15
● Reduction in Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	17
● Reduction in Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	17
<b>Improving patient experience of hospital services</b>	
● Friends and Family Test - delivery of the nationally agreed rollout plan to the national timetable	10
● Patient experience of hospital care and A&E services - measured by Friends and Family Test	10
<b>Preventing healthcare associated infections</b>	
● Zero cases of MRSA	9
● Number of cases of Clostridium Difficile is below agreed threshold	9
<b>Local measures</b>	
● Local Priority 1: Reduction in STHFT / SCHFT Emergency spell bed nights for Ambulatory Care Sensitive Conditions (ACSC) (Sheffield definition)	15
● Local Priority 2: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	13
● Local Priority 3: Reduce the average waiting times in Speech & Language Therapy (SALT) at SCHFT from 21 weeks	17
<b>NHS Constitution - 4 specified measures</b>	
● 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

### 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 13-18).

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

**Acute Services Portfolio - Elective Care:** The portfolio is supporting on-going contract discussions with STHFT and continue to explore commissioning for outcomes for citywide musculoskeletal services. The portfolio continues to undertake joint clinical working between GPs and hospital consultants which is key to delivering agreed objectives.

**Acute Services Portfolio - Urgent Care:** A small number of key indicators have been identified following discussions within the CCG and the Commissioning Support Unit (CSU), intended to assist in the reporting of the system's delivery of key changes in the Urgent Care System and progression towards 7 day working. Following discussions at the Urgent Care Working Group on 27th November, the CCG are initially focussing on a set of the measures and have worked on these further with the CSU, in readiness for the next meeting on the 29th January.

**Long Term Conditions, Cancer and Older People:** A portfolio strategy intended to reduce emergency bed nights for Ambulatory Care Sensitive Conditions (ACSC) was approved by the CCG in November. Work will focus on a range of areas and will link with the local GP-led care planning scheme.

**Mental Health, Learning Disabilities and Dementia:** The health and service inequalities faced by people with mental health, learning disabilities or dementia remain a priority focus of the portfolio. The Mental Health Commissioning Team (MHCT) portfolio is leading work with other portfolios on a number of health inequalities, to ensure that the needs of people with MH, LD or dementia are better embedded into the commissioning intentions of each of the CCG portfolios.

There was a presentation at the Health and Wellbeing Board before Christmas to show the findings of the confidential enquiry into the deaths of people with learning disabilities (CIPOLD). The HWB supported the recommendations of the report and expected all partners to take the steps necessary to ensure equal access to healthcare for people with learning disabilities in Sheffield.

MH service commissioning and provision has been raised by the Deputy Prime Minister ahead of the unveiling of the government's MH strategy. The government has made parity of esteem between physical and mental health a legal obligation in the NHS.

**Children and Young People:** Work continues in looking at the children's variation in spend, activity and outcomes to develop future plans and to focus priorities. Work also continues to develop a mental health treatment service for 16 and 17 year olds and to develop a transitions service for young people with mental health needs. A plan in regards to children's Urgent Care is evolving and aligning to the strategic direction of travel with adult Urgent Care. Work is progressing to develop integrated practice, on the integration of commissioning and to refresh the Children's Joint Work Programme with Sheffield City Council, SCHFT and STHFT through engagement in the Children's Health and Wellbeing Board.

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

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

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

The latest update on individual schemes is provided in the detailed QIPP section of this report (see pages 19-22).

*continued overleaf*

## CCG Assurance and the Balanced Scorecard

The quarter 2 (Q2) assurance process is now concluded and the confirmed Q2 position for Sheffield is set out below. This will be published on the CCG website alongside that previously published for Q1:

Domain 1	ARE LOCAL PEOPLE GETTING GOOD QUALITY CARE?	AMBER-GREEN
Domain 2	ARE PATIENT RIGHTS UNDER THE NHS CONSTITUTION BEING PROMOTED?	GREEN
Domain 3	ARE HEALTH OUTCOMES IMPROVING FOR LOCAL PEOPLE?	RED
Domain 4	ARE CCG'S DELIVERING SERVICES WITHIN THEIR FINANCIAL PLANS?	AMBER-GREEN
Domain 5	ARE CONDITIONS OF CCG AUTHORISATION BEING ADDRESSED AND REMOVED (WHERE RELEVANT)?	No RAG

The **Red** score for Domain 3 reflects the very challenging targets in place in relation to MRSA and C.Difficile infections resulting from medical care or treatment in hospital. Q2 discussions between the CCG and the NHS England area team have confirmed that Sheffield remains in a strong position on the prevention of hospital acquired infection and that appropriate action is underway with providers to continue to improve.

The final framework for CCG Assurance was published at the end of 2013, replacing the previous interim framework. This final framework uses the same elements of assurance as the interim one, but with the addition of two new aspects:

- progress against the NHS mandate commitment that by 2015 everyone with a long term condition who wants one should have a personalised care plan, and
- the statutory duty to deliver personal health budgets to people who receive NHS Continuing Health Care from April 2014.

The CCG self-certification for Q3 will be submitted in late January and shows that good progress continues to be made in the majority of areas. The CCG will be meeting with the NHS England area team in early March to discuss both Q3 performance and also CCG Operational and Strategic planning for 2014-2019.







## NHS Constitution - Rights & Pledges

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

In December (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 England 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 February 2014:

The CCG 18 week wait pledges continue to be met at a Sheffield population level.

There were zero 52+ week waits for Sheffield patients.

The CCG remains concerned around the delivery of the 18 week wait pledges for Sheffield CCG patients within the areas of Cardiology and Orthopaedics at STHFT. For the second month running, STHFT have not met the 18 week wait non-admitted pledge at Trust level; this reflects the current pressure in the system for delivery of the 18 week wait measures. If underperformance on the non-admitted pathway continues for a third consecutive month, then the CCG will consider formal contractual mechanisms in an attempt to improve performance.

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

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



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



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



**Additional for 13/14:**  
No patients waiting more than 52 weeks



### Diagnostic test waiting times

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

#### Issues & Actions February 2014:

Sheffield CCG has narrowly missed the 99% pledge for December, with 98.79% patients seen within 6 weeks; this is due to both STHFT & SCHFT just missing the pledge. As mentioned last month, STHFT's November performance had dropped significantly compared to October and this has worsened in December. In October, there were 7 patients waiting 6+ weeks and in November there were 49 whereas, in December, there were 58. 54 of the 58 breaches were in Echocardiography. Assurance is being sought from both Trusts that achievement will improve; if this doesn't happen in January, an action plan will be required from STHFT.

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

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



continued overleaf

## A&E Waits

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

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



### Additional for 13/14:

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



## Cancer Waits

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

### From GP Referral to First Outpatient Appointment

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



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



### From Diagnosis to Treatment

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



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



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



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



### From Referral to First Treatment

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



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



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



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

*continued overleaf*

## 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 February 2014:

**Ambulance Response Times:** The year to date position for 2013/14 is that all 3 measures are being met. However, a contract query was issued (and sanctions imposed) for YAS December underperformance against the 75% target for Red 1 and Red 2 calls seen within 8 minutes, where there have been in-month issues since July 2013. An action plan for an improved and sustainable level of Red performance in 2013/14 has been agreed with YAS and, at the time of writing, YAS appear to be on course to achieve their 75% target for the year as a whole by the end of March 2014.

Please see APPENDIX B: Ambulance Trust Performance Measures for further information on YAS.

**Ambulance handover and crew clear times:** Yorkshire Ambulance Service (YAS) are working to reduce the number of hospital handover delays. Commissioners have agreed with YAS for 2013/14 that they will reinvest any handover penalties incurred by YAS, subject to a satisfactory improvement plan being produced that secures progress against the pledges and how the monies will be reinvested; this will hopefully be provided to Commissioners in the near future.

PLEASE NOTE: There are sometimes good reasons why there is a 'delay' recorded for hospital handover. YAS have approached commissioners asking for a small number of exclusions to be noted in the contract - including 'resus patients' who have special needs - and discussions are on-going between YAS and commissioners about excluding these patients from the data. Locally, hospitals can find that their data is skewed, depending on whether they are a specialist centre.

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

Each CCG is required to report against the requirements of the Technical Definitions document which describes the indicators in 'Everyone Counts: Planning for Patients 2013/14'. Two specific indicators relate to ambulance handover times - with success measured by a reductions in the number of delays - YAS total figures for which are shown in the following table:

**All hospitals across YAS footprint:** 30+min Turnaround - Numbers (and % of those Arrivals with Handover Time recorded)

Ambulance handover	Oct-13	Nov-13	Dec-13
Delays of over 30 minutes	1140 (3.1%)	940 (2.7%)	1190 (3.4%)
Delays of over 1 hour (subset of 'over 30 minutes')	215 (0.6%)	117 (0.3%)	207 (0.6%)

Crew clear	Oct-13	Nov-13	Dec-13
Delays of over 30 minutes	658 (1.8%)	477 (1.4%)	512 (1.4%)
Delays of over 1 hour (subset of 'over 30 minutes')	67 (0.2%)	33 (0.1%)	35 (0.1%)

NHS England's guidance on the NHS Constitution - Rights & Pledges stipulates in their additional measures for 2013/14 that all handovers between ambulance and A&E must take place within 15 minutes and crews should be ready to accept new calls within a further 15 minutes, with financial penalties, in both cases, for delays over 30 minutes and over an hour; this is the pledge monitored below.

As the 30 minute / 1 hour measures are mentioned in this pledge, it is hoped that the 2014/15 Technical Definitions - which we understand will be available shortly - will add clarity on how these (and the % of delays over 15 minutes) will be monitored and managed.

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



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



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



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



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



## Mixed Sex Accommodation Breaches

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

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



## 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.

## Quality and Safety

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

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

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

**Clostridium Difficile:** Although Sheffield CCG is committed to working with local providers to minimise the number of infection cases in 2013/14, the challenging target of 163 cases is very likely to be exceeded.

For the 18 cases reported in December for Sheffield CCG:

- 5 are attributable to STHFT (from their 7 reported cases)
- 6 are community associated, with a hospital admission in the last 56 days
- 6 are community associated, with no recent hospital contact/admission
- 1 is attributable St. James Hospital, Leeds

For the 7 cases reported in December for STHFT, 5 are Sheffield residents and 2 are other CCGs' residents. All of the 7 cases occurred on separate wards; 4 of the wards have not had other cases, but 3 have in the past few months and samples have been sent for ribotyping to establish potential linkage of cases.

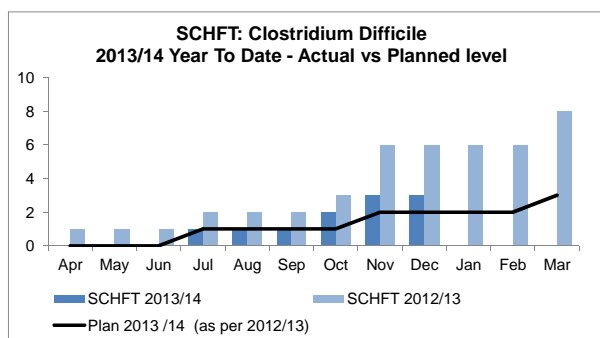
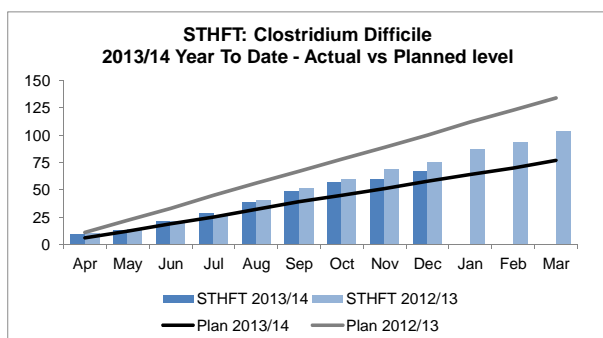
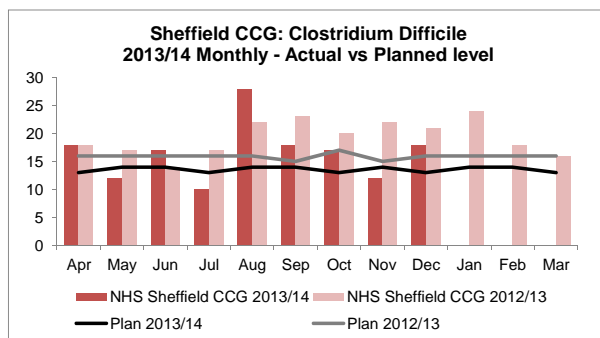
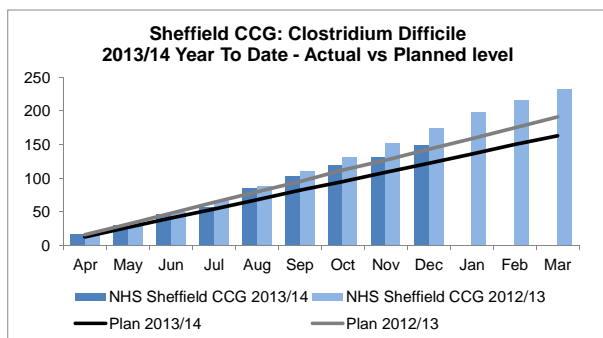
No cases have been reported in December for SCHFT.

**MRSA:** No cases of MRSA bacteraemia have been reported for December. As 3 cases attributable to the CCG have been reported to date - 1 in April (STHFT case), 1 in September (Community case) and 1 in November (contaminant STHFT case) - the 'zero tolerance' policy in place for 2013/14 has not been achieved.

Regarding the STHFT contaminant case that occurred on 27/11/13 on a Cardiothoracic ward (non-Sheffield resident): The CCG have received a copy of the Post Infection Review (PIR). The PIR found that the source of the acquisition of the bacteraemia was unclear despite extensive investigation.

*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 Dec-13	0	0	0	18	7	0
Number of infections forecast for this month	0	0	0	13	7	0
Number of infections recorded so far in 2013/14	3	3	0	150	67	3
Number of infections forecast for this period	0	0	0	122	58	2



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

#### Regulations

##### Routine Regulatory visits - Care Quality Commission (CQC) Reports

###### BMI Thornbury Hospital

The CQC carried out an inspection on 10<sup>th</sup> December 2013. The report was published in January 2014 and identified compliance on all reviewed standards.

###### The Sheffield City GP Health Centre

(NHS walk-in centre and GP practice known as the 'Broad Lane Medical Centre')

The CQC carried out an inspection on 27<sup>th</sup> November and 6<sup>th</sup> December 2013. The report was published in January 2014 and identified compliance on all reviewed standards.

###### Sheffield Health & Social Care NHS Foundation Trust

The CQC carried out an inspection to Wainwright Crescent\* on 17<sup>th</sup> December 2013. The report was published in January 2014 and identified compliance on all reviewed standards.

\* *Wainwright Crescent* - Type of service = Care home without nursing, Specialisms/services = Mental health conditions, Treatment of disease, disorder or injury, Caring for adults under 65 yrs.

*Wainwright Crescent provides respite support and step down support for people with mental health needs. It can provide a service for up to twelve people.*

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

**Eliminating Mixed Sex Accommodation (MSA):** There have been no breaches (April-December) 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 8) for monitoring of the MSA indicator.

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

Quarter 2 was included in the Month 7 Quality and Outcomes Report for the December meeting of the Governing Body; although A&E and Inpatient (and combined) outcomes scores remained higher than the national average, the response rates still require improvement and so will be kept under regular review. As noted last month, a number of initiatives have been put in place by STHFT to address this; the trial in STHFT A&E of texting patients following discharge, to improve response rates, commenced at the beginning of December and the outcomes of this will be reported in future reports.

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

As noted last month, the FFT in maternity services at STHFT has now been implemented and December data should be released in January. Rollout to Day Surgery/Outpatient Departments and Community - the target to have these in place is not until April 2015, but STHFT are working to implement these by the end of July 2014.

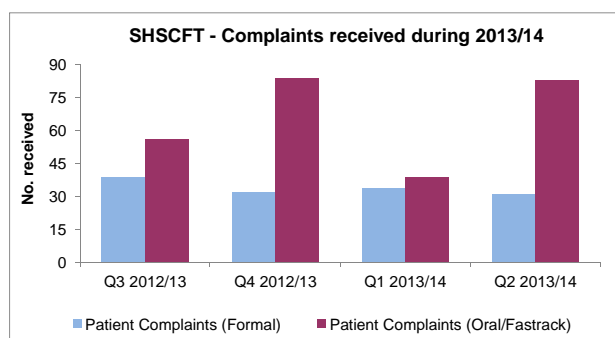
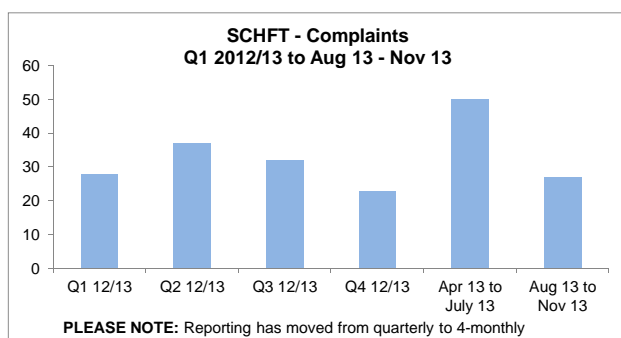
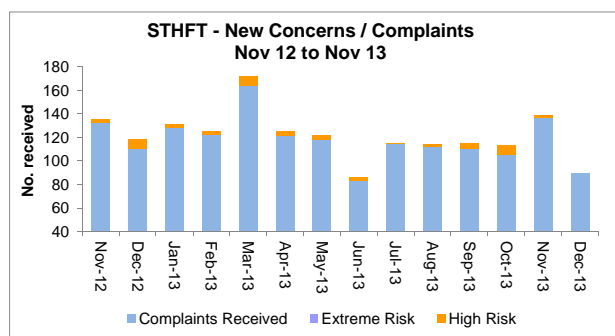


## Patient Experience of NHS Trusts

### Patient Complaints

Reasons for Complaints:	
<b>STHFT</b> Nov 12 - Dec 13	Attitude Appropriateness of medical treatment General nursing care Communication with patient
<b>SCHFT</b> Aug 13 - Nov 13	All aspects of clinical treatment Attitude of staff - medical Appointments - delay or cancellation
<b>SHSCFT *</b> July 13 - Sep 13	All aspects of clinical treatment Attitude of staff

\* Sheffield Health and Social Care NHS Foundation Trust



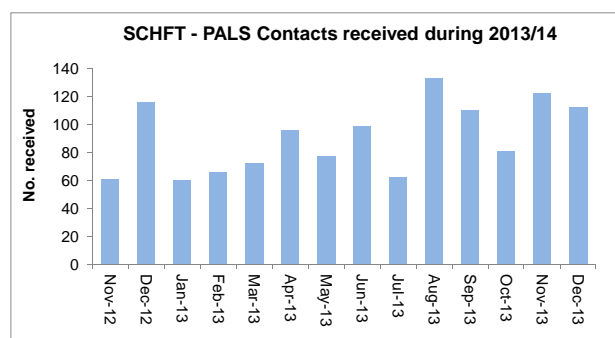
### Patient Compliments

**STHFT:** 44 letters of thanks were received in November 2013, bringing the total so far in 2013/14 to 498.

**SHSCFT:** 239 compliments were received in Quarter 2, bringing the total so far in 2013/14 to 548.

### Patient Advice and Liaison Service (PALS) Contacts

Reasons for PALS Contacts:	
<b>SCHFT</b> Dec 13	Care and treatment (14) Support (9) Parental responsibility/behaviour (7)



### Further Information

**STHFT:** The number of complaints decreased from 137 in November to 95 in December 2013. This decrease is consistent with the previous year, when the number of complaints reduced from 132 in November 2012 to 110 in December 2012. The Trust aims to respond to 85% of complaints within 25 working days; the percentage of complaints that were closed during December 2013 that met this target was 66%. Work is underway to clear a backlog of open complaints and a higher number of complaints were closed in December compared to previous months.

**SCHFT:** From August 2013 to November 2013, the Trust received 27 complaints; 46% less than April 2013 to July 2013. A full review is underway in relation to the management of formal complaints within the Trust. (Please note that SCHFT currently reports on a four-monthly basis whereas 2012/13 complaints were reported quarterly.)

**SHSCFT:** During Q2 2013/14, 31 formal complaints were received; this is consistent with the previous 3 quarters, during which the number of complaints received ranged between 32 and 39. The Trust responded to 97% of formal complaints within an agreed timescale. During Q2, 83 oral and fastrack complaints were received; this is an increase from Q1, when 39 were received, but comparable to Q4 2012/13, when 84 were received. The increase was primarily in the Acute and Community directorates. At present, no themes or trends in these complaints have been identified.

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

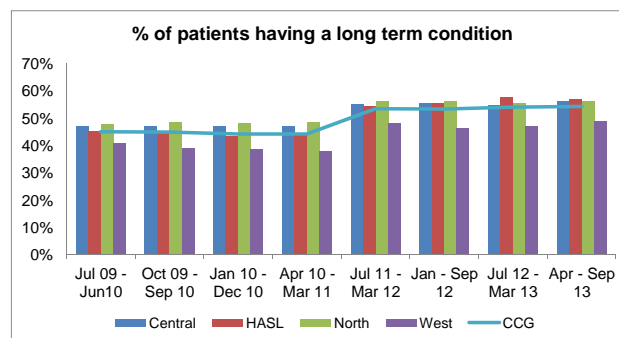
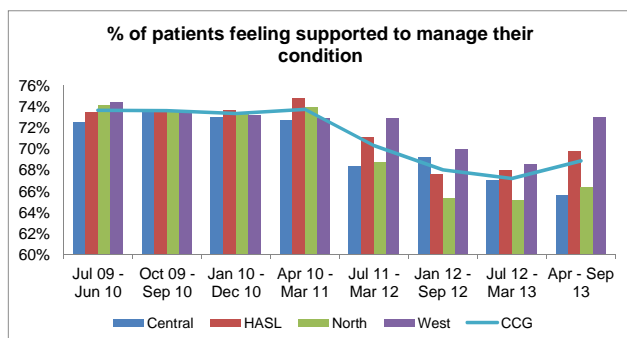
## Patient Experience of GP Practices

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

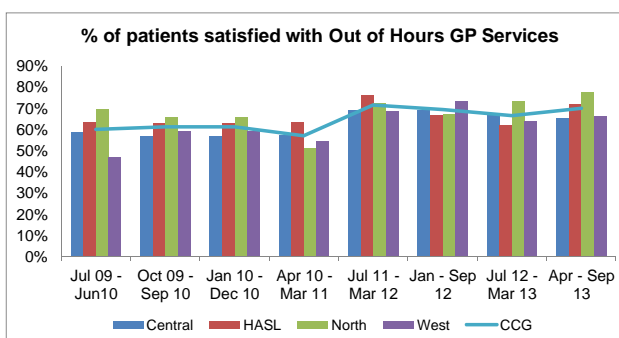
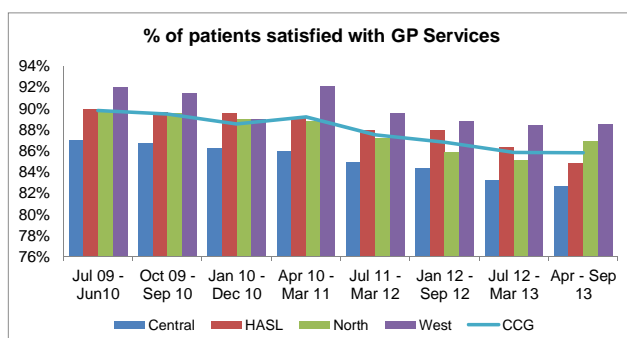
Results are shown by Sheffield CCG Locality:

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

For comparison against the total CCG position.



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



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

**Proportion of patients' overall satisfaction with Out of Hours GP Services:** This indicator also shows whether patients were "very" or "fairly" satisfied with their Out of Hours GP service.







## 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 (unless otherwise stated).**

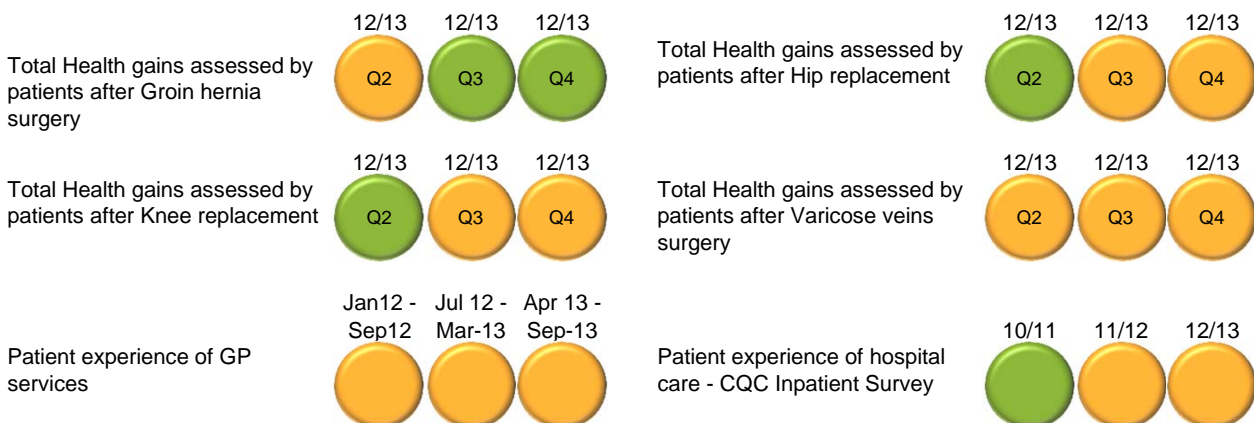
**The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year, 2013/14.**

### Acute Services Portfolio - Elective Care

#### National required measures

##### Issues & Actions February 2014:

**Patient Reported Outcomes Measures (PROMS) - first 4 indicators below:** Please note that these ratings are based on PROVISIONAL Q4 2012/13 data. As noted previously, figures for Q1 2013/14 have been released but have been suppressed by the NHS Health and Social Care Information Centre (HSCIC) as they are small numbers; this is due to the nature of the indicator (it relies on 2 questionnaires, one before the operation and 1 six weeks post-op).



#### 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 86.26%, with any score above 78% being judged nationally as good. As an additional measure, currently 88% of people have said they would have surgery again under the same conditions.

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



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

## Acute Services Portfolio - Urgent Care

### National required measures

#### Issues & Actions February 2014:

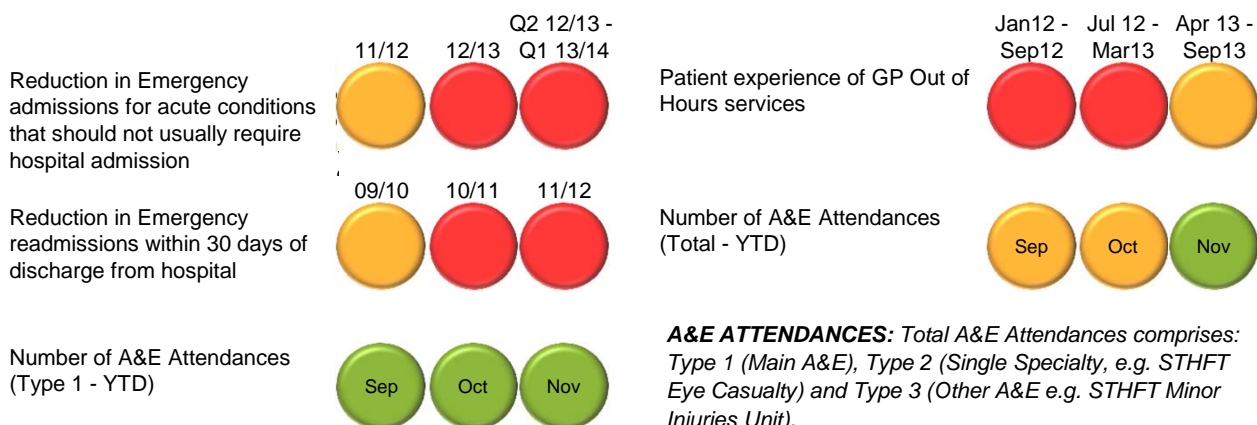
#### Reduction in Emergency admissions for acute conditions that should not usually require hospital admission:

**PLEASE NOTE** - previously the only frequent, updated figures available for this measure were in the NHS Outcomes Framework data published by the HSCIC; however, the standardisation used (just *directly* standardised, rather than *directly age and sex* standardised) is not that required in the Everyone Counts technical guidance. The HSCIC have now made the data available for the CCG Indicator Set, which does use the required standardisation. Both the time periods and RAG ratings have changed to reflect this update - and we have also used a more defined (i.e. whether statistically significant) RAG rule - and therefore the measures are not comparable to previous version of this report.

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

Targeted work on this measure is integral to the work being led by the Long Term Conditions Portfolio - please refer to the section on Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) on the next page for details.

**Reduction in Emergency readmissions within 30 days of discharge from hospital:** As noted previously, benchmarking information suggests that readmission rates after an acute episode in Sheffield have scope for improvement. This continues to be an area of focus and Public Health colleagues will review this on behalf of the CCG to inform future commissioning priorities.



### Locally selected measures

A small number of key indicators relating to urgent care and flow across the system were presented to the Urgent Care Working Group on 27<sup>th</sup> November. These indicators had been identified following discussions between representatives of Right First Time, the Urgent Care part of the Acute Services Portfolio and members of the CCG and CSU Information Teams. They are intended to enable a baseline to assess the system's delivery of key changes in the Urgent Care system and progression towards 7 day working to be reported. It is expected that there will be a level of iteration before the indicators are finalised and able to be reported on a regular basis.

Following discussions at the meeting - and through further discussions following this - the CCG are initially concentrating on the following indicators of Urgent Care working, which will be discussed at the next meeting on 29th January. Following that conversation, recommendations on the local measures to be included in the Governing Body report will be firmed up:

1. **Emergency Pressures**
  - Timing of admission from Emergency Department
  - Bed occupancy rates
2. **A&E 4 Hour Target**
3. **Move to 7 day working** - discharges at weekends
4. **Community**
  - Admissions to Intermediate Care (definition under discussion)
5. **Ambulatory Care Sensitive Conditions (ACSC)**
  - Growth in Spells for ACSC
  - Total Bed nights for ACSC
6. **Excess Bed Days**

## Long Term Conditions, Cancer and Older People

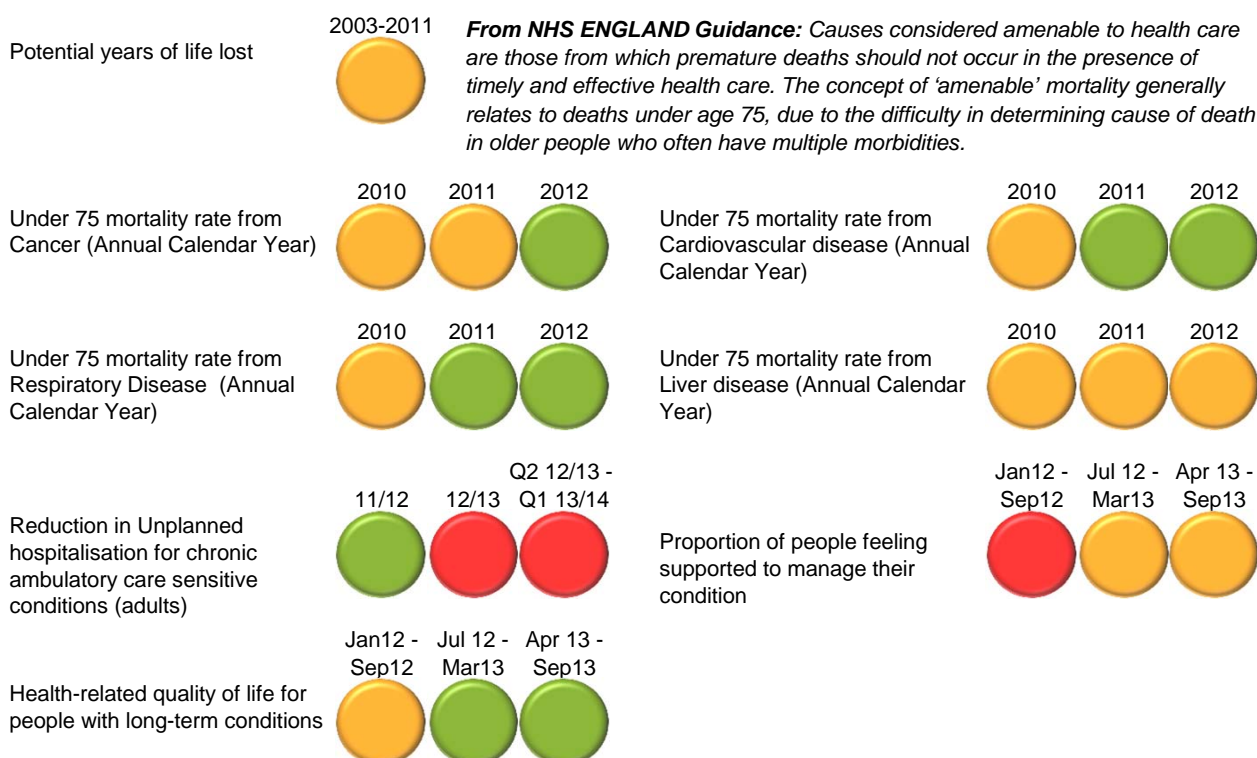
### Issues & Actions February 2014:

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

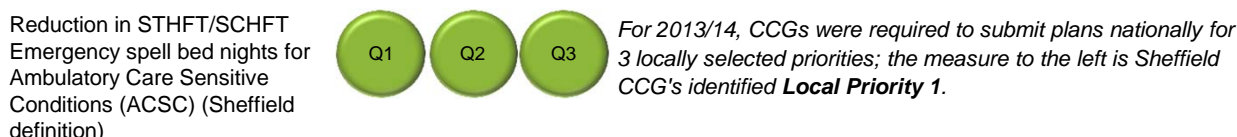
**PLEASE NOTE** - changes to this measure are as per those for *Reduction in Emergency admissions for acute conditions that should not usually require hospital admission*; see Issues & Actions of the previous page for details.

Although the local ambulatory care sensitive indicator of emergency bed-nights continues to show a progressive reduction, the number of ambulatory sensitive spells has continued to rise. However, our more detailed monitoring is showing the rate of increase to be slowing month-on-month. Work is progressing aimed at addressing some of the specific major causes ambulatory admissions, but it is anticipated that the larger effects would come from service transformational work led by the Right First Time programme. The CCG has identified community-acquired pneumonias, chest infections (not COPD), UTIs in ages 65+, and fragility, as a focus to reduce ACSC & other emergency admission. This work continues to progress, including on-going data analysis to inform the commissioning priorities.

### National required measures



### Quality Premium: Locally selected measure



### Portfolio: Locally selected measures

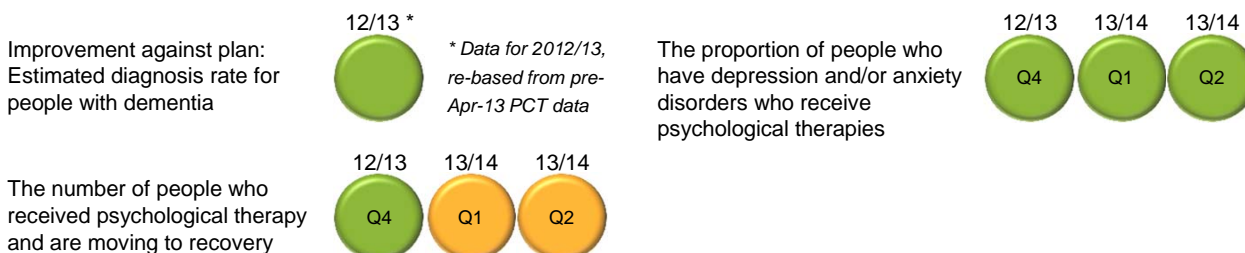
GP-led care planning service: As noted previously, almost every practice has signed up and performance monitoring is now in place. An evaluation plan has been agreed by the Learning/Evaluation Group. This will include a patient survey, of which there will be a preliminary report at the end of March 2014.

The CCG approved a portfolio strategy in November, aimed at reducing emergency bed nights for ACSC-related conditions, with a range of condition-specific initiatives focused on older people (65+) and people with learning disabilities as two groups much more likely to be hospitalised for these conditions.

The work will focus on a range of areas including falls prevention, reducing fragility fracture incidence, UTIs and chest infections and the work will link with the local GP-led care planning scheme.

## Mental Health, Learning Disabilities and Dementia

### National required measures



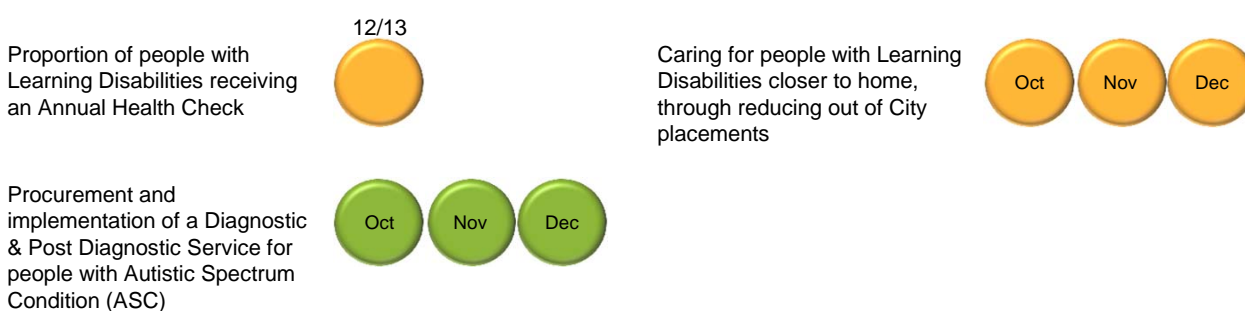
### Locally selected measures

#### Issues & Actions February 2014:

**Proportion of people with Learning Disabilities (LD) receiving an Annual Health Check (AHC):** From the annual figures submitted to the NHS Health and Social Care Information Centre, the proportion was 48.0% in 2011/12 and 42.3% in 2012/13, illustrating a reduction year-on-year. The CCG have looked at 2013/14 in-year data for the AHC for LD and found that 2,649 people are eligible for the AHCs, but so far only 315 people have received a health check to date - as this equates to 11.8%, the CCG will develop an action plan to encourage uptake of the AHC. This remains a concern with numbers of AHCs so far remaining low. Reminders are to be sent round to Practices via the GP bulletin and work is commencing in January on a North freed-up resource project to look at improving access to people with LD to Primary Care. It is hoped that this will give recommendations that the CCG can implement from April onwards in order to improve the likelihood of an increased response next year.

**Reducing LD Out of City Placements:** Numbers of people who need to return to live in the city by June 2014 have now been confirmed (currently 8 people). Additionally, the CCG have identified who else out of city may return in coming years, in a phased implementation. The CCG continues to work with the Local Authority to ensure that plans to return people appropriately are progressed. The terms of reference have now been updated for the steering group focusing on Winterbourne recommendations and an action plan developed, which they will oversee.

**Procurement and implementation of a Diagnostic & Post Diagnostic Service for people with Autistic Spectrum Condition (ASC):** The service is in place and accepting referrals and recruitment is continuing. Communication for GPs has been formally circulated to describe GP and other referral processes - a message went out in the January GP bulletin and referrals are coming through to the service.



continued overleaf

## Children and Young People

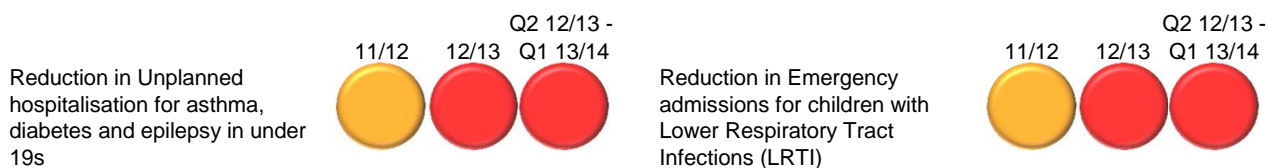
### National required measures

#### Issues & Actions February 2014:

**PLEASE NOTE** - changes to both measures are as per those for *Reduction in Emergency admissions for acute conditions that should not usually require hospital admission*; see Issues & Actions of page 14 for details.

**Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s** - Trend and variation in activity is being reviewed against management pathways within community services and will be considered as part of the plan around Children's urgent care pathways.

**Emergency admissions for children with Lower Respiratory Tract Infection (LRTI)** - Due to the level of variation and the high numbers counted for the Sheffield population, further work is planned to check if there is a variation in recording and coding. Guidelines for the management of Low Birth Weight are being developed between the Trusts, which should enable more consistent management of under 5s. Guidelines for the management of Bronchitis have also recently been developed and are being consulted on via the clinical reference group; these will soon be implemented within primary care.



### 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.

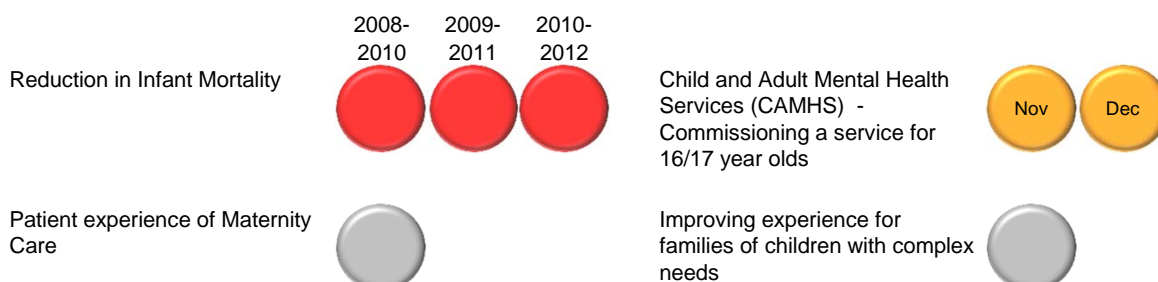
#### Issues & Actions February 2014:

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

**CAMHS:** A service model for a provision is currently being discussed with local providers; new clinical pathways are being developed and changes impacting on the contract will be discussed in-year with providers following the development of an implementation plan.

**Patient experience of Maternity Care:** The finding of the Maternal Services Liaison Committee user survey and consultation will be considered in April and inform further work on the best start bid and pathways for care in maternity services.

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



## 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)









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 February 2014:

Work continues to progress in the key priority areas for CHC.

#### **Indicator Development**

As noted previously, two suggested measures for CHC have been identified and are included below.

Although rated in October, the second measure has reverted to grey for November and December. The Commissioning Support Unit has encountered a further problem with monitoring this measure. October's performance was calculated manually. A system has been put in place to calculate this going forward; however, the process does not appear to be calculating the data correctly and we are therefore unable to report on the measure this month.

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*

## 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 February 2014:

**Supporting admission avoidance:** The Community Support Worker Role is now also being tested with the Community Care Group to support the Front Door Response Team avoid admissions in the A&E department. The two roles started in January and early data to identify impact will be available from February onwards. The Community Development Worker (similar to the CSW) has started working in three practices in the Central Locality, specifically with patients with Serious Mental Illness.

**Reducing Delays and Length of Stay (LOS):** The new pathway for bed-based rehabilitation continues to function well, though there are challenges to maintaining the flow of patients out of intermediate care beds. The full complement of additional beds funded from winter pressure monies are now open, but there continue to be some delays from hospital discharge (ranging from 1-14 days). Active Recovery continues to meet response targets for step-up care, but is under pressure to respond to the demand for step-down care; there are still some delays between 1-7 days. Both rehabilitation pathways are reporting an increasing complexity with the case mix. The Right First Time Board will receive an interim status report for both pathways at the end of January, with a full evaluation due in June 2014.

**Primary Care Stream (PCS):** The early stages of the Urgent Primary Care Centre pilot have now started following the feasibility study. At this stage, the pilot is working with a GP in A&E during the evenings and weekends as part of the initial phasing of the overall scheme. The next stage will be to develop primary care-led booking-in and clinical streaming.

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

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

Reduction in emergency admissions (spells) in 6 key specialties between October 2013 and March 2014 of 1,502 spells



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



**NOTE:** Amendment to description, following further clarification of measure.

Reduction in unnecessary A&E attendances by 7,000



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



*December national inpatient data not yet available for SCHFT*

*continued overleaf*



## 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 February 2014:

Primary Care Referral Education Support for Sheffield (PRESS) Portal: The PRESS portal continues to record high usage. In order to support use in practices with older IT systems, the new portal has been developed with simplified content and features. The final release version of the portal has been completed and is now undergoing user testing before full release. Resource is being identified to ensure content remains current and is expanded.

The Referral Education and Support (RES) peer review service: The RES continues to support local GPs. 28% of referrals sent to the service in December did not require onward referral to secondary care and were managed in the community. The service will be formally evaluated in the final quarter of the current financial year.

Joint Clinical Discussions and Service Transformation Reviews: GP clinical leads continue to progress Joint Clinical Discussions (JCDs) but input from secondary care colleagues has varied to date. The portfolio is working with STHFT to agree clear objectives for the overseeing that the Joint Working Group is attended by representatives from the CCG and STHFT. Contracting colleagues have reached agreement with STHFT that the current related CQUIN\* will not be carried forward into 14/15, but that participation in Joint Clinical Discussions will form part of the STHFT provider Contract instead.

*\* CQUIN: The key aim of the Commissioning for Quality and Innovation (CQUIN) framework for 2013/14 is to secure improvements in quality of services and better outcomes for patients, whilst also maintaining strong financial management.*

### 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*

## 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 continue to make good progress 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.

Having nearly completed work in these areas, the MMT continue to support practices in other areas to promote safe prescribing. Examples of the work the team have been involved in include; carrying out a methotrexate audit in line with NPSA and Shared Care Protocol advice, reviewing patients on diclofenac in line with the latest MHRA advice, supporting STHFT in carrying out an audit to support the safer prescribing of amiodarone across the interface. The team have also supported practices around the GP care home LES (Locally Enhanced Service), working collaboratively to review patients' medication regimes to improve quality and safety in 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 December 2013 performance as at the 22nd January 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 the Indicator

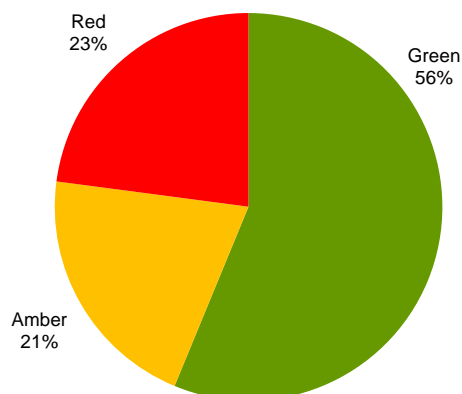
N/A - The indicator is not applicable to this Trust

WIP - Method of measurement is work in progress for this indicator

YTD - Year To Date

QTR - Quarterly

### Sheffield CCG RAG Distribution



### Acute Services Portfolio - Elective Care

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

% 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
92.51%	92.36%	89.76%
95.59%	95.52%	96.03%
93.01%	92.73%	95.64%
0	0	0
0	0	0
0	0	0

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

% receiving diagnostic test

1.21%	1.25%	1.19%
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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

94.43%	94.67%	100.00%
97.07%	97.21%	N/A
99.01%	98.49%	100.00%
97.90%	98.18%	N/A
100.00%	99.94%	100.00%
99.83%	99.64%	N/A
92.11%	88.88%	N/A
97.30%	95.69%	N/A
96.26%	93.42%	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

50007	43624	3483
117516	107221	4648
N/A	1	1

#### 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)

0.48	N/A	N/A
0.31	N/A	N/A
0.08	N/A	N/A
0.17	N/A	N/A
85.80%	N/A	N/A
77.30%	WIP	WIP
	22.66%	
	77.44	
	6.73%	
	70.16	

### 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)

% seen/treated within 4 hours of arrival in A&E (YTD)	CCG	STHFT	SCHFT
Emergency Readmissions within 30 days	*	95.52%	97.48%
Non-elective Admissions (FFCEs) (YTD)	12.48%	N/A	N/A
Number of attendances at A&E departments - Type 1 (YTD) <sup>1</sup>	41139	33502	5401
Number of attendances at A&E departments - Total (YTD) <sup>1</sup>	111282	77259	33961
Unplanned Hospitalisation for chronic ambulatory care sensitive conditions	131592	98379	33961
Emergency admissions - acute conditions that should not require admission	985.7	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	1495	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI)	279	N/A	N/A
Urgent Operations cancelled for the second time	805	N/A	N/A
Patient overall experience of out of hours GP Services	N/A	0	0
	69.17%	N/A	N/A

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

Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest) <sup>3</sup>	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) <sup>3</sup>	81.16%	N/A	N/A	78.38%
Category A response in 19 mins <sup>3</sup>	76.63%	N/A	N/A	75.43%
Ambulance handover: % handovers to A&E within 15mins <sup>2</sup>	98.65%	N/A	N/A	97.33%
Crew Clear: % post-handovers (ambulance ready for next call) within 15mins <sup>2</sup>	*	77.7%	95.2%	81.5%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	85.0%	83.7%	78.6%
	*	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

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

### Mental Health, Learning Disabilities and Dementia

Care Programme Approach (CPA) 7-day follow up by Mental Health services, after psychiatric inpatient care	SHSCFT
Proportion of people entering psychological treatment against the level of need in the general population	98.20%
The proportion of people who are moving to recovery, following psychological treatment	8.52%
Estimating the diagnosis rate of people with dementia ( <b>NB:</b> estimated figure using locally-available data)	47.90%
	68.10%

### Quality Standards

#### Health Care Acquired Infections (HCAI)

MRSA bacteraemia (YTD)	CCG	STHFT	SCHFT	SHSCFT
Clostridium Difficile (C Diff) (YTD)	3	3	0	N/A
Mixed sex accommodation breaches (YTD)	150	67	3	N/A
	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 December, there have been 1,050 home treatment interventions against a 12-month target of 1,202. This equates to 16.5% more patients benefiting from this service than originally planned by the end of December.

2. CPA 7 day follow up: December's monthly performance is 93.8%, bringing the YTD performance to 98.2%, although this is still 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 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 2 performance for the proportion of patients receiving psychological therapy continues towards target level; with 8.52% as at the end of quarter 2 against the half-way plan of 7.5%, good progress is being made towards 15% by the end of 2013/14.
- With regards to the proportion of patients having completed treatment that are moving to recovery: As noted previously, last year's plan for patients having completed treatment and moving to recovery was 44.4% and this was achieved. However, NHS England have noted that the recovery rate should reach 50% by 2014/2015. Whilst not currently meeting this at the half-way point, the CCG do not foresee any issues in reaching the requirement by the end of this year.

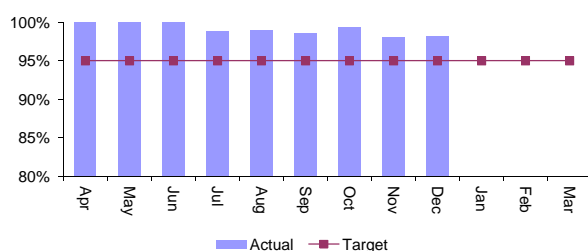
Quarter 3 psychological therapy services information will be included in next month's report.

#### SHSCFT Indicators

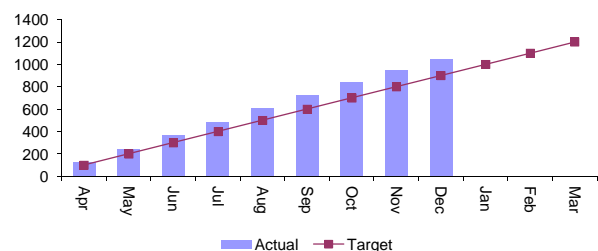
All indicators are Year to date

	Target	October	November	Change
Crisis Resolution / Home treatment	1202	951	1050	▲
Psychosis intervention - New cases	90	75	86	▲
Psychosis intervention - Maintain Capacity	270	177	176	▼
CPA 7 day follow up	95%	99.30%	98.20%	▼
Anxiety/depression:		Q1	Q2	
% receiving Psychological therapy	15%	4.33%	8.52%	▲
Psychological therapy pts. move to recovery	50%	47.36%	47.90%	▲

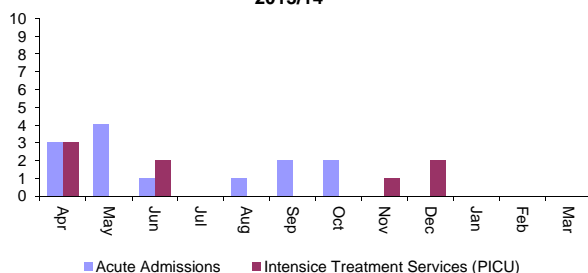
SHSCFT: % of CPA Clients followed up within 7 days - 2013/14



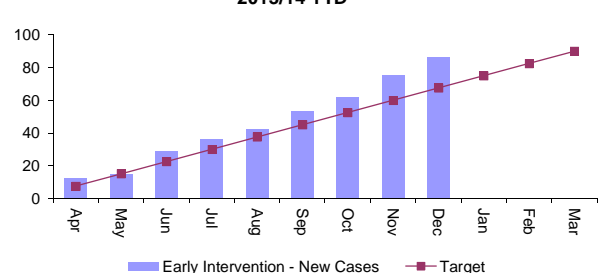
SHSCFT: Crisis Resolution Home Treatment Episodes - 2013/14 YTD



SHSCFT: Admissions referred out of Sheffield 2013/14



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



## APPENDIX B: Ambulance Trust Performance Measures

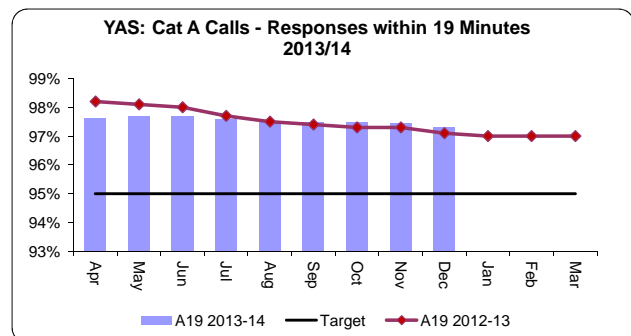
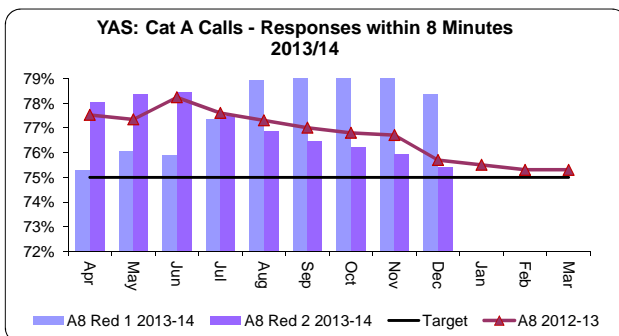
### Yorkshire Ambulance Service

For December 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. (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 have provided winter planning documentation setting out actions to mitigate the impact of adverse weather this winter. 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.). As previously noted, a contract query was issued in August 2013 in respect of underperformance against these green targets. YAS have indicated that the G1-3 targets will not be achieved in 2013/14. Commissioners have yet to agree with YAS an improvement plan and trajectory and conclusion of this matter is being addressed as part of the on-going contract negotiations for 2014/15.

**Key points to note:** A further contract query will shortly be issued (and sanctions imposed) for December underperformance against the 75% target for R1 and R2 8 min performance across YAS. An action plan for an improved and sustainable level of Red performance in 2013/14 has been agreed with YAS and, at the time of writing, YAS appear to be on course to achieve their 75% target for the year as a whole by the end of March 2014.

YAS Indicators	Target	November	December	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	79.09%	78.38%	▼
Cat A 8 minutes Red 2 (YTD)	75%	75.95%	75.43%	▼
Cat A 19 minutes (YTD)	95%	97.44%	97.33%	▼



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	October	November	Monthly Change
Re-contact after discharge (Phone)		6.8%	7.6%	▲
Re-contact after discharge (Treatment at scene)		4.5%	4.6%	▲
Re-contact after discharge (Frequent Caller)		2.6%	1.9%	▼
Time to answer call (Median)	5 sec	1	1	◀▶
Time to answer call (95th Percentile)		20	20	◀▶
Time to answer call (99th Percentile)		66	63	▼
Time to treatment (Median)		5.6	5.7	▲
Time to treatment (95th Percentile)		14.1	14.1	◀▶
Time to treatment (99th Percentile)		20.7	21.1	▲
Call closed with advice (Phone advice)		3.9%	4.0%	▲
Call closed with advice (Transport)		29.6%	29.9%	▲
<b>Clinical Indicators</b>		<b>July</b>	<b>August</b>	
Outcome from Cardiac Arrest (CA) All		28.7%	23.8%	▼
Outcome from CA Utstein Group (UG)		53.3%	50.0%	▼
Outcome from acute STEMI Angioplasty		87.1%	82.2%	▼
STEMI Care Bundle		84.9%	87.1%	▲
Outcome from Stroke 60 min to Stroke Unit		70.8%	60.7%	▼
Stroke - Appropriate Care Bundle		97.9%	97.7%	▼
Outcome from CA - Survival to Discharge All		10.1%	11.3%	▲
Outcome from CA - Survival to Discharge UG		37.9%	37.0%	▼
Service Experience		N/A	N/A	



## APPENDIX C: Contract Activity



### Sheffield Teaching Hospitals NHS Foundation Trust

### Sheffield Clinical Commissioning Group

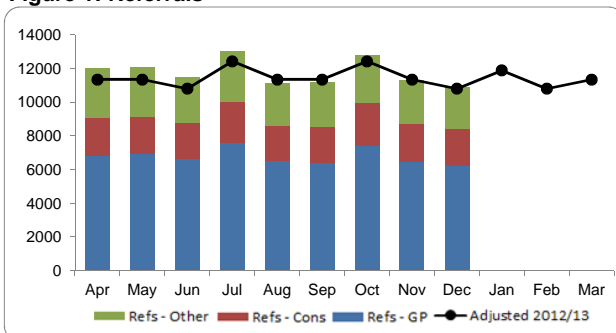
Performance against Sheffield CCG Activity Target at Month 9, Apr - Dec 2013

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

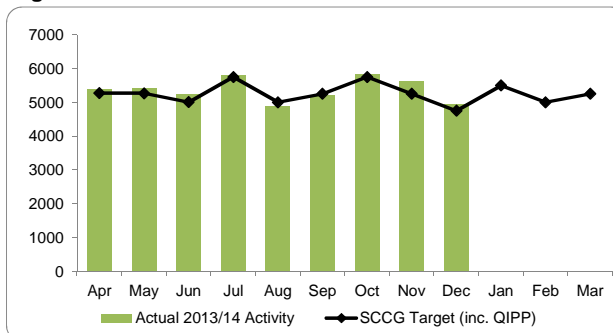
Outpatient First Attendances: 3.9% above plan  
 Outpatient Follow-ups: 3.2% above plan  
 Outpatient Procedures: 13.2% above plan

Inpatient Elective Spells: 2.2% above plan  
 Inpatient Non-elective Spells: 5.1% above plan  
 A&E Attendances: 4.3% above plan

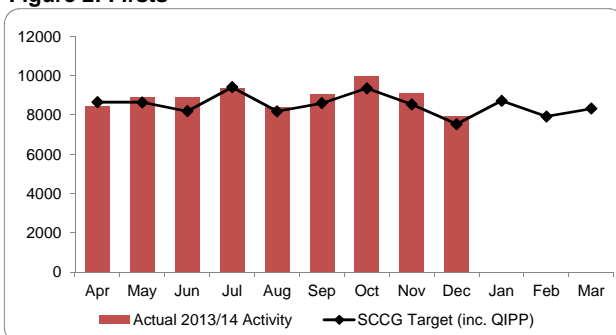
**Figure 1: Referrals<sup>1</sup>**



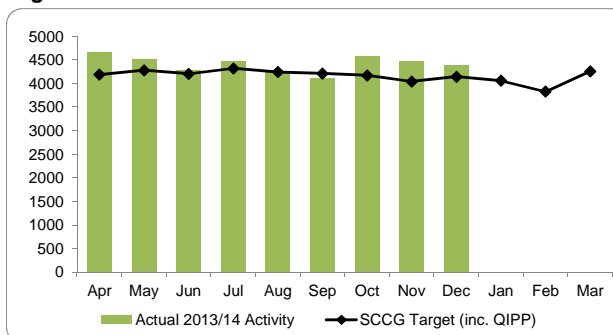
**Figure 4: Electives**



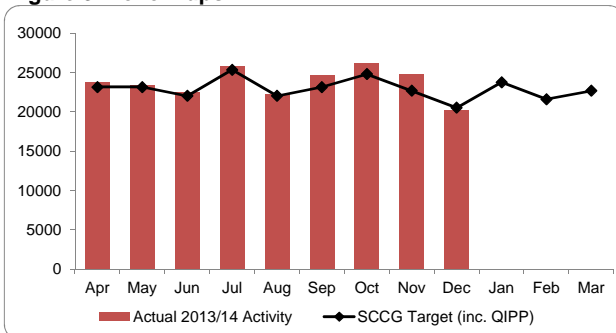
**Figure 2: Firsts<sup>2</sup>**



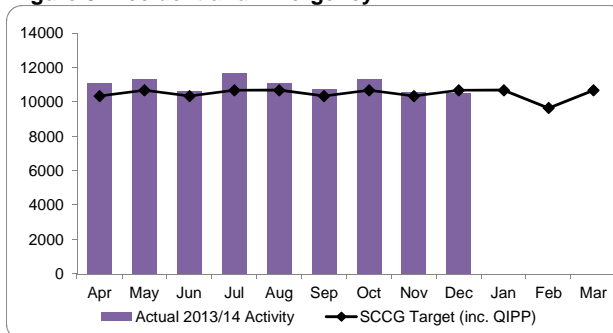
**Figure 5: Non-Electives**



**Figure 3: Follow-ups**



**Figure 6: Accident and Emergency**



**Table 1. Outpatient Activity**

Activity	2013/14	Target	Var	% Var
Firsts	80,140	77,148	2,992	3.9%
Follow-ups	213,464	206,892	6,572	3.2%
OP Payable				
Procedures	48,505	42,848	5,657	13.2%
Follow-ups:First Ratio	2.66	2.68	-0.02	-0.7%

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

Activity	2013/14	Target	Var	% Var
Electives	48,371	47,310	1,061	2.2%
Non Electives	39,731	37,806	1,925	5.1%
Excess Bed Day				
Costs (£000s)	£ 7,251	£ 7,321	£ -70	-1.0%
A&E	98,927	94,807	4,120	4.3%

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 2299 (13.9%).

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

Produced by NHS Sheffield CCG Contract Team, January 2014

## APPENDIX C: Contract Activity



### Sheffield Children's Hospital NHS Foundation Trust

### Sheffield Clinical Commissioning Group

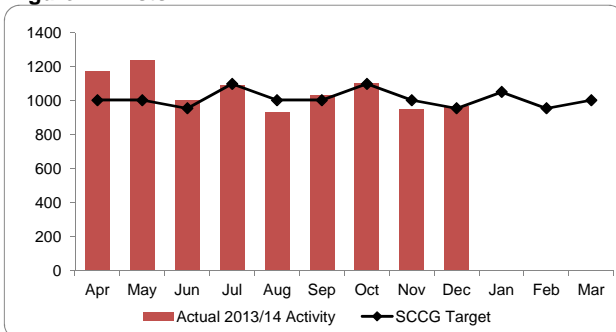
Performance against Sheffield CCG Activity Target at Month 9, Apr - Dec 2013

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

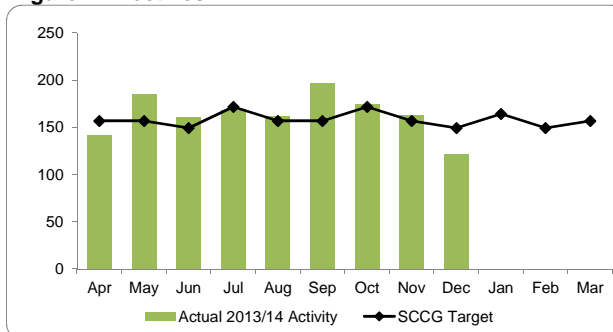
Outpatient First Attendances: 4% above plan  
 Outpatient Follow-ups: 4.5% above plan  
 Outpatient Procedures: 55.9% above plan

Inpatient Elective Spells: 3.4% above plan  
 Inpatient Non-elective Spells: 6.5% above plan  
 A&E Attendances: 2.7% below plan

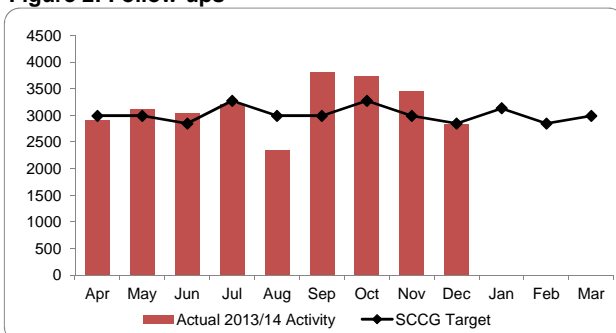
**Figure 1: Firsts**



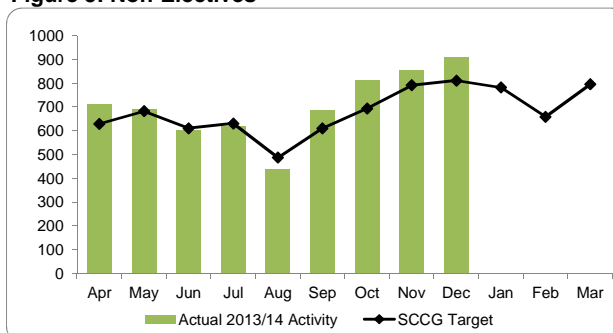
**Figure 4: Electives**



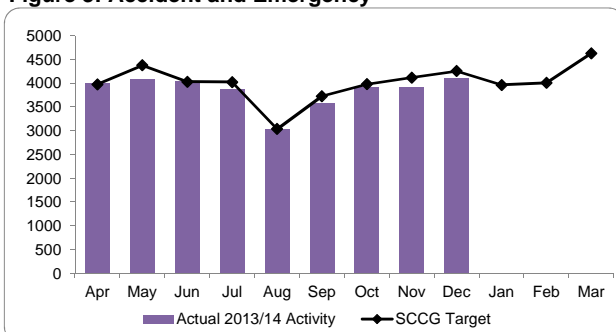
**Figure 2: Follow-ups**



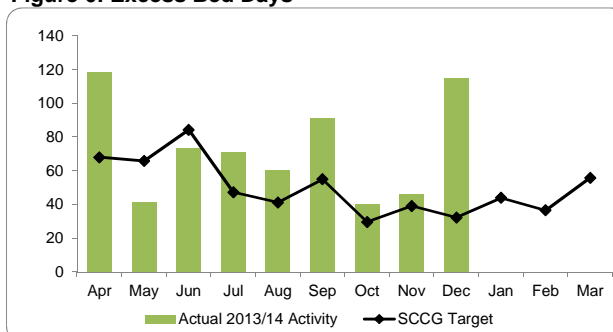
**Figure 5: Non-Electives**



**Figure 3: Accident and Emergency**



**Figure 6: Excess Bed Days**



**Table 1. Outpatient Activity**

Activity	2013/14	Target	Var	% Var
Firsts	9,500	9,134	366	4.0%
Follow-ups	28,467	27,229	1,238	4.5%
OP Payable Procedures	34	22	12	55.9%
Follow-ups:First Ratio	3.00	2.98	0.02	0.5%

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

Activity	2013/14	Target	Var	% Var
Electives	1,474	1,426	48	3.4%
Non Electives	6,334	5,949	385	6.5%
Excess Bed Day Costs (£000s)	£ 182	£ 155	£ 27	17.5%
A&E	34,561	35,522	-961	-2.7%

Source: SCH Contract Monitoring (SLAM)

**Notes:**

Sheffield CCG Activity Only