

## Month 8 Quality and Outcomes Report

Governing Body meeting

J

9 January 2014

Author(s)/Presenter and title	Mark Floyd, Customer Intelligence Manager, CSU Julie Glossop, Senior Commissioning Manager, Sheffield CCG
Sponsor	Idris Griffiths, Chief Operating Officer Kevin Clifford, Chief Nurse
Key messages	
<p>1. This is the new Sheffield CCG Quality and Outcomes report, the design and content of which reflects the principles agreed at CCG Governing Body on 7 February 2013.</p> <p>As this is a public document, the aim has been to include a degree of 'context setting' and to use plain English, rather than NHS terminology.</p> <p>2. The Quality Standards section continues to be redesigned and will be further developed as the CCG approach to ensuring and reporting on quality is reviewed, in light of the Francis Report.</p> <p>3. An assessment of current levels of achievement against 2013/14 requirements, using the most recent data available, suggests that Sheffield is already well placed for delivery of the majority of the NHS Constitution Rights and Pledges.</p>	
Assurance Framework (AF)	
<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 (Domain 3)</li> <li>2.1 Providers delivering poor quality care and not meeting quality targets (Domain 4)</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
<p>Please list PPE activity: None</p>
Recommendations
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> <li>• How Sheffield CCG compares to other similar CCGs on key areas of Health Outcomes (as described in the summary)</li> <li>• Sheffield performance on delivery of the NHS Constitution Rights and Pledges</li> <li>• The key issues relating to Quality, Safety and Patient Experience</li> <li>• Initial assessment against measures relating to the Quality Premium</li> </ul>

# Quality & Outcomes Report

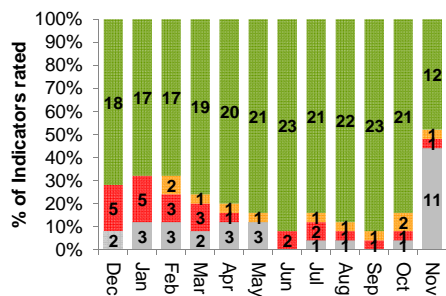
## Month 8 position

For the January 2014 meeting  
of the Governing Body

<b>Sheffield Clinical Commissioning Group - Summary Position</b>	<b>1 - 3</b>
<b>Highest Quality Health Care</b>	<b>4 - 10</b>
NHS Constitution - Rights & Pledges	4 - 7
Quality and Safety	8 - 10
- Treating and caring for people in a safe environment and protecting them from harm	8 - 9
- Ensuring that people have a positive experience of care	9
- Patient Experience of NHS Trusts	10
Performance Update and Benchmarking	
<b>Best Possible Health Outcomes</b>	<b>11 - 16</b>
- Acute Services Portfolio - Elective Care	11
- Acute Services Portfolio - Urgent Care	12
- Long Term Conditions, Cancer and Older People	13
- Mental Health, Learning Disabilities and Dementia	14
- Children and Young People	15
- Activity Measures	16
<b>Quality Innovation Productivity and Prevention (QIPP)</b>	<b>17 - 20</b>
- Continuing Health Care (CHC)	17
- Right First Time (RFT)	18
- Acute Services - Elective	19
- Medicines Management	20
<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 4-7 of this report for more details of all those indicators rated in the chart.

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

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

#### Pledges not currently being met:

	Ambulance Crew Clear times
	Ambulance handovers

### Headlines

In November (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 - and 6 weeks for diagnostic tests.

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 first time this financial year, STHFT failed to meet the 18 week waits pledge at Trust level; this reflects the current pressure in the system for delivery of the 18 week wait measures. The CCG has entered into formal discussions to understand the pressures in the system and what actions STHFT are taking to improve performance.

Regarding Diagnostics, it is worth noting that STHFT's performance has dropped significantly compared to last month, although they still achieved the pledge. Assurance has been sought from STHFT that achievement will be maintained in December.

**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 further contract query was issued (and sanctions imposed) for in-month issues in November with meeting the requirement for Red 2 calls seen within 8 minutes. A draft action plan has been prepared by YAS, which will be discussed when commissioners meet on 20th December.

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 November, 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 satisfactory improvement plans are in place.

### 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 (not at the end of November, as initially reported).

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

Delivery of the nationally agreed FFT rollout plan to the national timetable - 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 12 cases attributable to the CCG reported in November is lower than last month (17) and is lower than the 14 forecast for the month. STHFT reported 3 cases, against their forecast 6. SCHFT have reported 1 case this month, against their forecast 1.

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

### Best Possible Health Outcomes

**Our commitment to ensure the commissioning decisions and actions we take improve health care for the people of Sheffield**

Nationally, the focus on improving health outcomes covers 5 key areas or 'domains'. The national required measures relating to these domains are largely quarterly and in some cases annual measures (see pages 11-16).

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

**Acute Services Portfolio - Elective Care:** The portfolio continues to undertake joint clinical working between GPs and hospital consultants and are currently reviewing options to strengthen this joint working approach in order to support the provision of appropriate patient care in a community setting.

**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 will be working on these further, in readiness for the next meeting on the 29th January.

**Long Term Conditions, Cancer and Older People:** Commissioning leads continue to explore portfolio metrics in order to align the agreed priorities within the portfolio. The CCG has now approved a portfolio strategy intended to reduce emergency bed nights for Ambulatory Care Sensitive Conditions (ACSC). 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.

The State of the Nation report for dementia has been published:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/262139/Dementia.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/262139/Dementia.pdf)

It usefully benchmarks key aspects of dementia and dementia services across the country and will help inform work on this going forward.

**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. Plans are being developed to provide a mental health treatment service for 16 and 17 year olds and to develop a transitions service for young people with mental health needs. The development of 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 17-20).

### CCG Assurance and the Balanced Scorecard

The quarter 2 assurance process is almost concluded. The Q2 checkpoint meeting with NHS England was held on 4th December 2013, where the CCG performance and progress was discussed. The Q1 balanced scorecard has now been published on the CCG website. The Q2 balanced scorecard is in the final stages of moderation with NHS England. The CCG and NHS England area team remain assured that good progress is being made in the majority of areas. A key area of continued attention remains infection control, where work is being undertaken with local providers. The confirmed position will be reported in the next report, following the final moderation with NHS England.







## NHS Constitution - Rights & Pledges

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

In November (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 January 2014:

The CCG 18 week wait pledges continue to be met at a Sheffield population level, hence the green rating in the indicators below.

There are some on-going concerns around the delivery of the 18 week wait targets for Sheffield CCG patients at specific speciality level; at STHFT these are Cardiology and Trauma & Orthopaedics and at SCHFT it is within ENT and Trauma & Orthopaedics.

For the first time this financial year, STHFT did not achieve the 18 week waits admitted pledge at Trust level; this reflects the current pressure in the system for delivery of the 18 week wait measures. Specific to STHFT, the CCG has entered into formal discussions to understand the pressures in the system and to understand what actions STHFT as a Trust are taking to improve achievement.

**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 January 2014:

Sheffield CCG is within the 99% target for November for 6+ week waits, with **99.10%**, as are both STHFT and SCHFT, so the RAG rating below is green. However, it is worth noting that STHFT's achievement has dropped significantly compared to last month and that this has resulted in the proportion being a closer to 99%, at **99.08%** (compared to 99.86% in October), with a total of 49 patients waiting more than 6 weeks, compared to 7 patients in October. Assurance has been sought from STHFT that achievement will be maintained in December; the key area for breaches in November was Echocardiography.

**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 January 2014:

**Ambulance Response Times:** The year to date position for 2013/14 is that all 3 measures are being met. However, a further contract query was issued (and sanctions imposed) for YAS November underperformance against the 75% target for RED 2 calls seen within 8 minutes, where there have been in-month issues since July 2013. A draft action plan for an improved and sustainable level of performance in 2013/14 has been prepared by YAS and this will be discussed at a meeting of commissioners on 20th December. Any significant issues from this meeting will be reflected in next month's report.

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 be provided to Commissioners in the near future.

### 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:

Sep-13 Oct-13 Nov-13

### Ambulance handover

Delays of over 30 minutes	980	1140	940
Delays of over 1 hour	130	215	117

### Crew clear

Delays of over 30 minutes	530	658	477
Delays of over 1 hour	41	67	33

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



continued overleaf

### 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.*

#### Issues & Actions January 2014:

The CCG are achieving this pledge, although November's monthly proportion lowered to 87.5%, reducing year to date achievement to 98%. 2 patients were not followed up in November; 1 due to staff sickness and 1 due to a patient who did not attend and, despite their efforts, staff were unable to contact the patient.

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 likely to be exceeded.

For the 12 cases reported in November for Sheffield CCG:

- 2 are attributable to STHFT (from their 3 reported cases)
- 4 are community associated, with a hospital admission in the last 56 days
- 4 are community associated, with no recent hospital contact/admission
- 1 is SCHFT attributable
- 1 is hospice-acquired

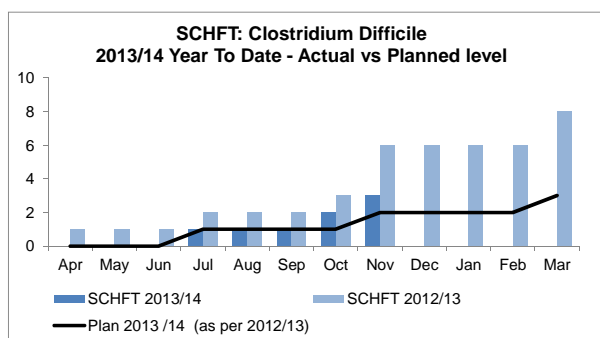
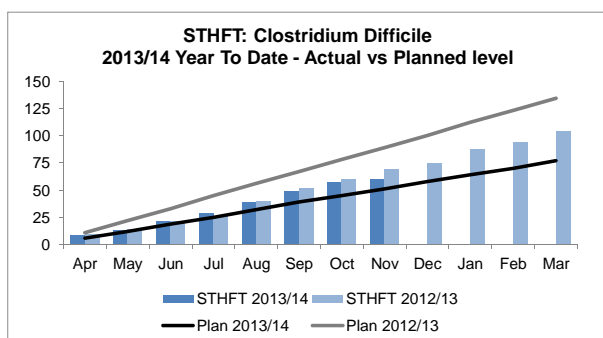
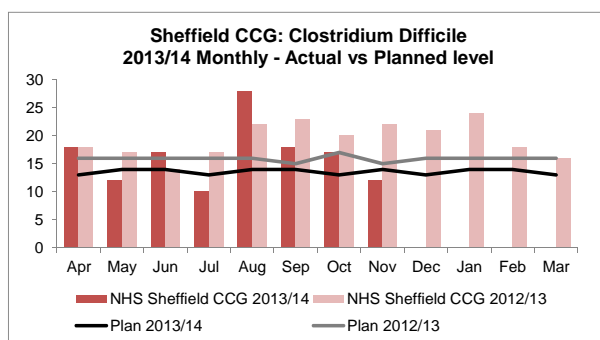
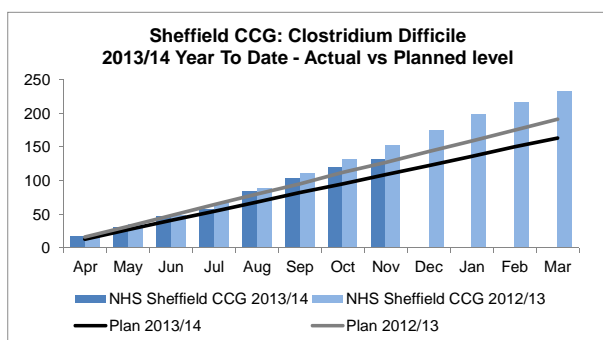
For the 3 cases reported in November for STHFT, 2 are Sheffield residents and 1 is another CCG's resident; the case occurred on a ward that has not had any recent cases.

1 case has been reported in November for SCHFT. A Root Cause Analysis (RCA) is in progress.

**MRSA:** 2 cases of MRSA bacteraemia have been reported for November at STHFT; 1 case occurred on 27/11/13 on a Cardiothoracic ward (not a Sheffield Resident) and a post-infection review is in progress. However, the other case, on the 04/11/13, was a contaminant (Sheffield resident); this means it is not a true MRSA Bacteraemia - the blood culture bottle had been contaminated by sub-optimal technique of the staff member taking the culture who was carrying MRSA. A post-infection review has been undertaken, the staff member decolonised and education and support regarding the blood culture is to be provided. This case will be attributed to STHFT and also the CCG.

*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 Nov-13	1	2	0	12	3	1
Number of infections forecast for this month	0	0	0	14	6	1
Number of infections recorded so far in 2013/14	3	3	0	132	60	3
Number of infections forecast for this period	0	0	0	109	51	2



*continued overleaf*

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

#### **Regulations**

There have been no regulatory visits since last month's report.

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

**Eliminating Mixed Sex Accommodation:** There have been no breaches (April-November) at any of the Sheffield-based Trusts, nor attributed to NHS Sheffield from other Trusts, meaning the pledge is currently being met for 2013/14. Please see the NHS Constitution - Rights & Pledges section of this report (page 7) for monitoring of the MSA indicator.

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

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; 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, rather than the end of November as initially stated. The outcomes of this will be reported in future reports.

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

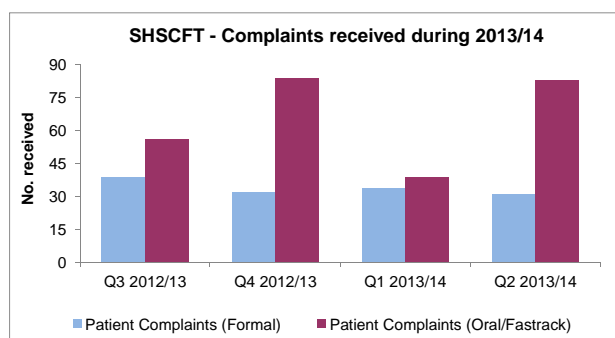
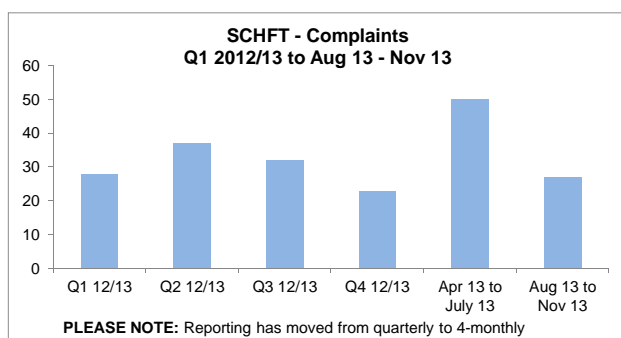
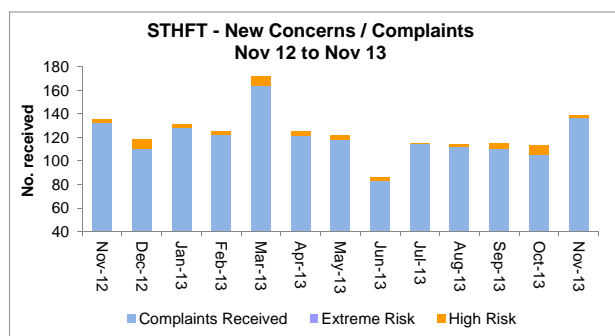
The FFT in maternity services at STHFT has now been implemented and December data should be released in January. Rollout to Day Surgery/Outpatient Departments and Community - the target to have these in place is not until April 2015, but STHFT are working to implement these by the end of July 2014.

## Patient Experience of NHS Trusts

### Patient Complaints

Reasons for Complaints:	
<b>STHFT</b> Nov 12 - Nov 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



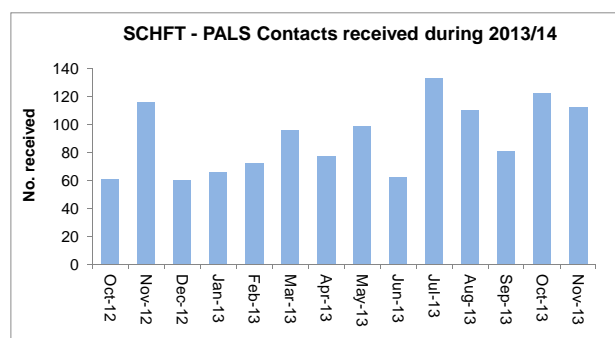
### Patient Compliments

**STHFT:** 23 letters of thanks were received in November 2013, bringing the total so far in 2013/14 to 454.

**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> Nov 13	Care and treatment (28) Support (20) Parental responsibility (10)



### Further Information

**STHFT:** During November 2013, the Trust received 137 formal complaints, consistent with the number (132) received in November 2012. The Trust aims to respond to 85% of complaints within 25 working days. The percentage of complaints that were closed during November 2013 that met this target was 57%, significantly lower than in previous months. However, this reflects recent work to clear a backlog of complaints and a higher number of complaints were closed in November 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.







## 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).**

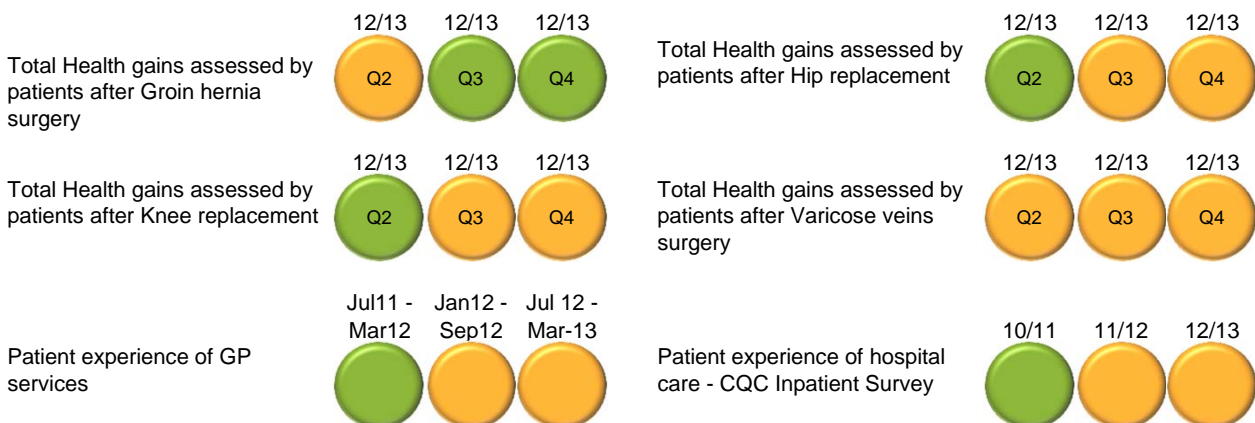
**The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year, 2013/14.**

### Acute Services Portfolio - Elective Care

#### National required measures

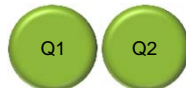
##### Issues & Actions January 2014:

**Patient Reported Outcomes Measures (PROMS) - first 4 indicators below:** Please note that these ratings are based on PROVISIONAL Q4 2012/13 data. As noted last month, 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 87.32%, with any score above 78% being judged nationally as good. As an additional measure, currently 89.9% 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 Nov-13, this covers experience of surgical procedures carried out during May-13.*



## Acute Services Portfolio - Urgent Care

### National required measures

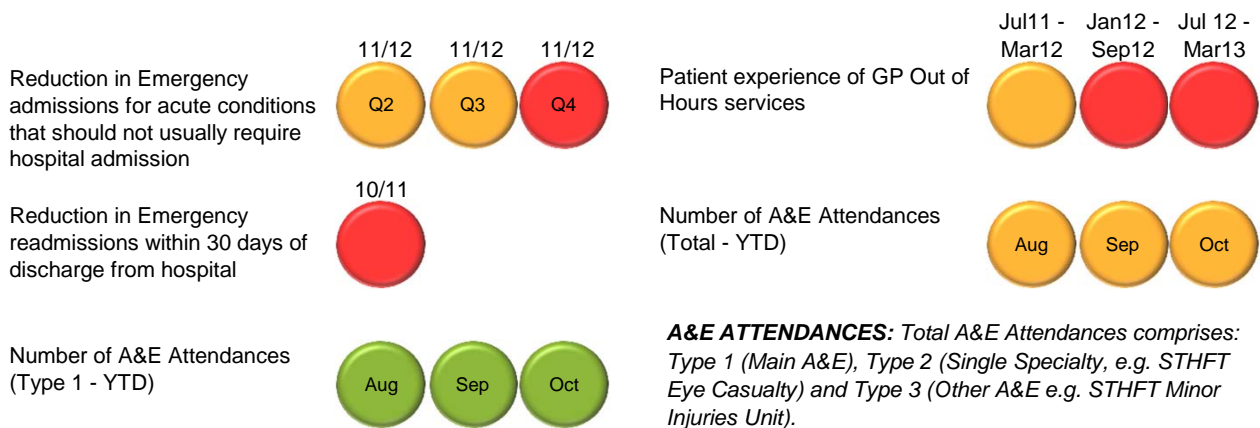
#### Issues & Actions January 2014:

**Reduction in Emergency Admissions:** As noted previously, benchmarking information suggests that readmission rates after an acute episode in Sheffield have scope for improvement. This will be an area of focus in 2013/14.

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.

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

Based on the most recent intelligence available, total A&E attendances are still slightly higher than the level expected at this point in the year (Apr-13 to Oct-13) although this is to a lesser extent than reported last month (Apr-13 to Sep-13). Compared to activity levels at the same time last year, there is a decrease in activity at Type 1 A&E departments of 0.48%. However, this is offset by growth in Type 2 and Type 3 attendances - predominantly at the STHFT Eye Casualty and Minor Injuries Units - that contributes to an overall year-on-year increase in total attendances of 1.14%. Please note though that these differences are subject to change once refreshes have been made to the national data.



### Locally selected measures

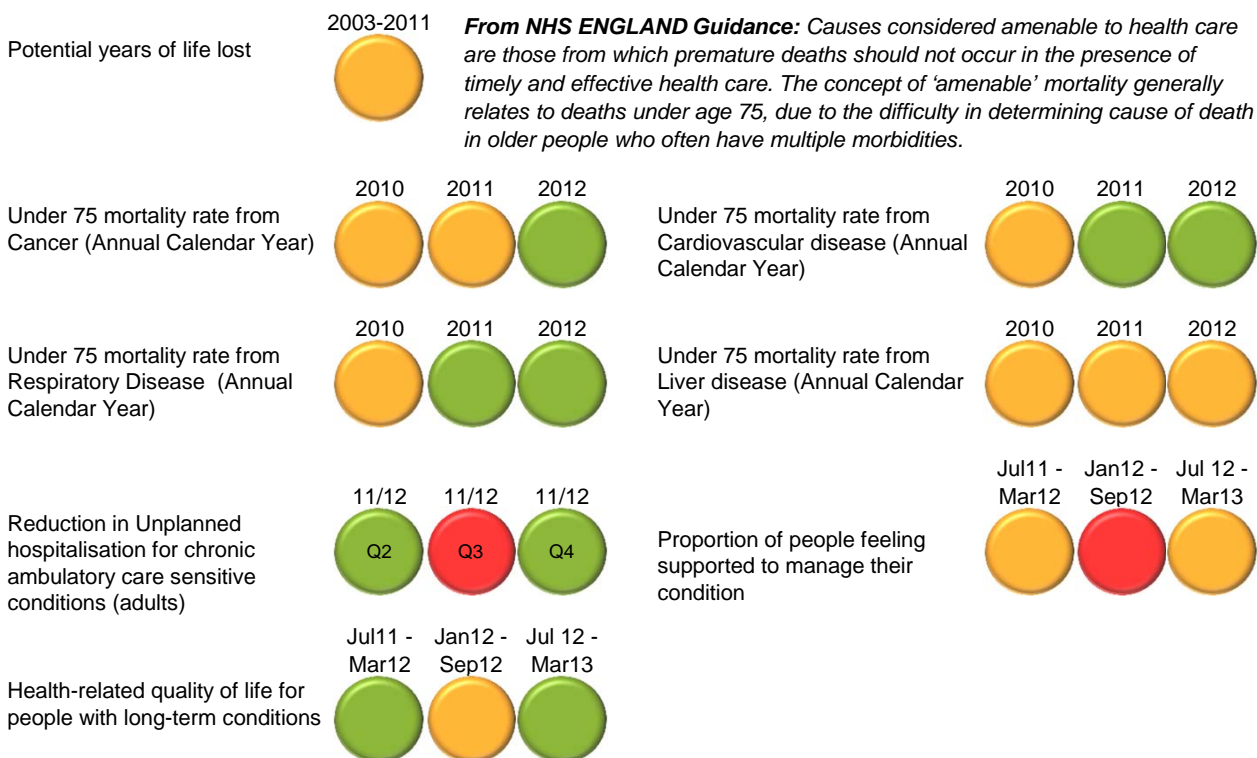
A small number of key indicators relating to urgent care and flow across the system were presented to the Urgent Care Working Group on 27<sup>th</sup> November. These indicators had been identified following discussions between representatives of Right First Time, the Urgent Care part of the Acute Services 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, the CCG are initially concentrating on the following indicators of Urgent Care working:

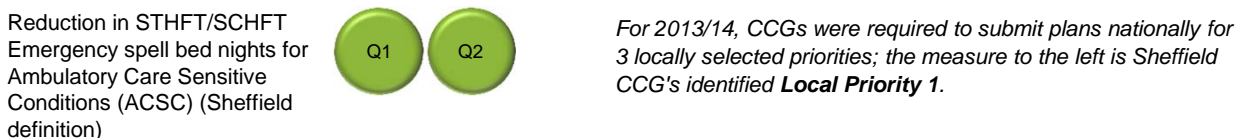
1. Emergency Pressures
  - CCG admission rates
  - Timing of admission from Emergency Department
  - Bed occupancy rates
2. A&E 4 Hour Target
3. Move to 7 day working - discharges at weekends
4. Community
  - Admissions to Intermediate Care (definition under discussion)
5. Ambulatory Care Sensitive Conditions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

## Long Term Conditions, Cancer and Older People

### National required measures



### Quality Premium: Locally selected measure



### Portfolio: Locally selected measures

Commissioning leads continue to explore portfolio metrics, to align to the agreed priorities within the portfolio.

GP-led care planning service: As noted previously, almost every practice has signed up and performance monitoring is now in place. An evaluation plan is due to be agreed by the Learning/Evaluation Group on the 20th December. In addition, a number of training and development events have been held.

The CCG has now approved a portfolio strategy 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.

*continued overleaf*

## Mental Health, Learning Disabilities and Dementia

### National required measures

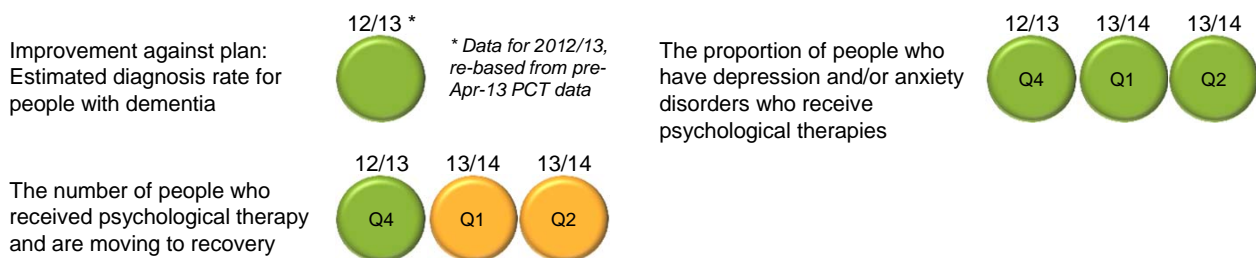
#### Issues & Actions January 2014:

The CCG now have data from the Dementia Map / State of the Nation Report:

<http://dementiachallenge.dh.gov.uk/map/>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/262139/Dementia.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/262139/Dementia.pdf)

Sheffield are now at 68.1% diagnosed (from 63.6%, based on 2012 data) and are ranked 3<sup>rd</sup> in the country. This exceeds the target expected for achievement of two thirds diagnosed by the end of 2015 and also exceeds the 3% target set with the Local Area Team (LAT) for 2013/14. It is recognised that the position needs to be maintained over the winter.



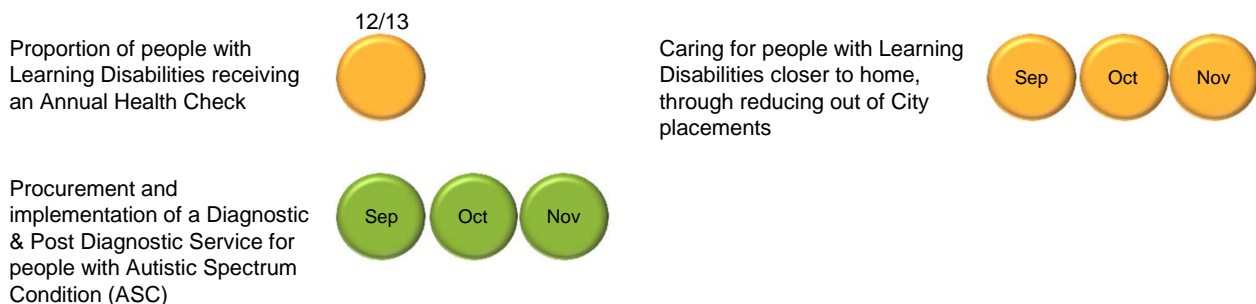
### Locally selected measures

#### Issues & Actions January 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.

**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 6 people). Additionally, the CCG have identified who else out of city may return in coming years, in a phased implementation. Local Authority financial pressures continue to impact on plans to return people appropriately and delayed discharges from hospital are still an issue. However, 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 is about to be formally circulated to describe GP and other referral processes.



continued overleaf

## Children and Young People

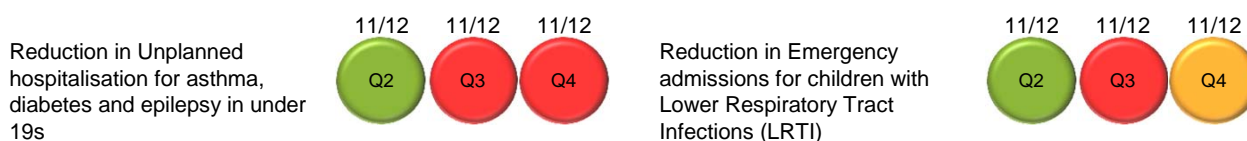
### National required measures

#### Issues & Actions January 2014:

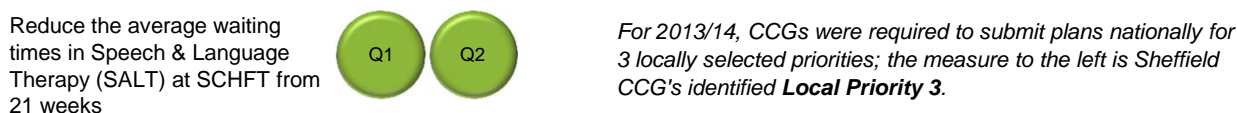
**Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s** - As noted previously, further work is planned to look at the patient flows and pathways through urgent care into planned care and look at trend and variation in activity; this will be reviewed against management pathways within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

**Emergency admissions for children with Lower Respiratory Tract Infection (LRTI)** - The CCG are now looking at the pathway with the provider and are developing some clinical guidelines for the management of specific conditions, to enable consistent management within primary care.

The CCG hosted a Protective Learning Event in November, focusing on the management of respiratory conditions that have been identified as key areas where readmission occurred.



### Quality Premium: Locally selected measure



### 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.

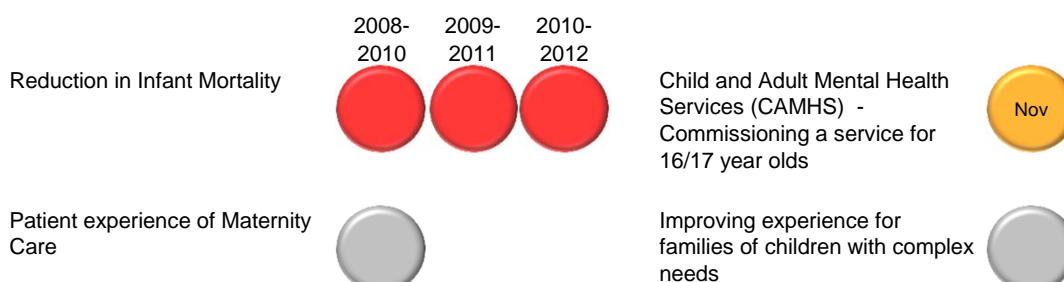
#### Issues & Actions January 2014:

**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; the intention is to agree an implementation plan within the new year.

**Patient experience of Maternity Care:** The CCG have commissioned the Maternal Services Liaison Committee to undertake a service user survey; this will focus on Maternal Mental Health and help the CCG develop the pathway for better management of this area.

**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 January 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.

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 January 2014:

**Supporting admission avoidance:** Community Support Workers (CSW) have now seen 1,255 patients since April. Using the Combined Predictive Model scores for these patients, the CSWs have RAG rated this cohort and will be providing on-going support through the winter to help these people keep well and at home. The CCG have evidence from this approach being tested in Low Edges, Batemoor and Jordanthorpe that it can reduce social care spend, visits to the GP and A&E attendances. In addition, a CSW will be employed from January to work with patients with Serious Mental Illness in three surgeries in the Central Locality.

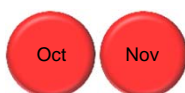
**Reducing Delays and Length of Stay (LOS):** The two new pathways - bed-based rehabilitation (New Reablement Pathway) and home-based rehabilitation (Active Recovery) - continue to embed well. New Reablement Pathway has successfully replaced the Home of Choice pathway. An interim status report for the pathway confirms that the new process is working well in supporting the effective transfer of patients from hospital and, whilst the additional intermediate care beds are under pressure still to meet demand, flow through the beds is being maintained. It is too early to be clear whether the new pathway is supporting more people to return home following rehabilitation, but this will be subject to a formal evaluation by June 2014. Active Recovery is working well and supporting both increased capacity for step-up care (mostly from GPs) and post-discharge rehabilitation at home. There are very encouraging signs that Active Recovery can support significant improvements with reducing delays to discharge. This has been tested on two geriatric wards at the Northern General Hospital (NGH) and is now in the process of being rolled out.

**Primary Care Stream (PCS):** The CCG has now agreed to commission a pilot in front of the NGH A&E department, which will start in the early part of the new year. The aim is to test the impact of primary care practitioner-led streaming of ambulatory presentations to the Emergency Department. This service will be run by the Community Care Group GP Collaborative and the details of the test are currently being agreed.

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

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

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



*November 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 January 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 is being developed with simplified content and features. The CCG remain on target to launch the new version in January.

The Referral Education and Support (RES) peer review service: The service continues to support GPs across five specialties and, although uptake has increased, overall usage remains low. Evaluation of the service has been brought forward and will now take place in Q4 2013/14.

Joint Clinical Discussions and Service Transformation Reviews: Joint working continues in a number of key specialties and proposals have been made to continue the joint working approach into the next financial year and beyond. The membership, aims and agreed delivery objectives of the Joint Working Group that operates between the CCG and STHFT are currently being agreed.

### Indicator Development

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

Usage of Sheffield CCG  
Referral & Education Portal



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



Usage of Referral, Education,  
Support Service



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



Progress of programme of Joint  
Clinical Discussions and Service  
Transformation reviews



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



*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. The team have responded to updated safety advice around fentanyl prescribing in 98% of practices. The work looking at patients on a combination of aspirin with clopidogrel, prasugrel or ticagrelor has been completed in 94% of practices and the NPSA insulin alert work in 88% of practices. The MMT continue to work with practices to ensure benefits are maximised across the city.

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 November 2013 performance as at the 19th December 2013 - year to date where appropriate.

58 indicators are reported below.

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

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

### Key

\* - Data is currently not available for the Indicator

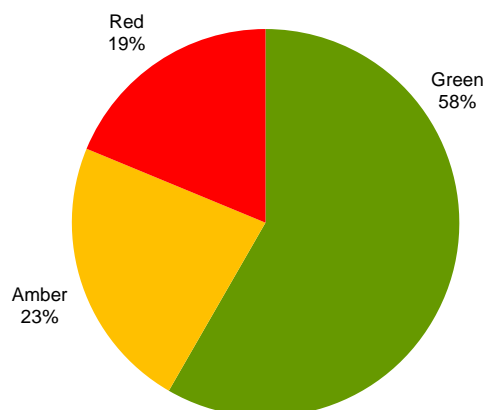
N/A - The indicator is not applicable to this Trust

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

YTD - Year To Date

QTR - Quarterly

### Sheffield CCG RAG Distribution



### Acute Services Portfolio - Elective Care

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

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

CCG	STHFT	SCHFT
91.55%	91.36%	92.07%
95.29%	95.19%	95.43%
92.78%	92.57%	94.67%
0	0	0
0	0	0
0	0	0

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

% receiving diagnostic test

0.90%	0.92%	0.67%
-------	-------	-------

#### 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

94.09%	94.58%	100.00%
96.24%	96.88%	N/A
99.06%	98.48%	100.00%
98.17%	98.05%	N/A
100.00%	99.94%	100.00%
99.77%	99.65%	N/A
92.60%	89.22%	N/A
98.20%	95.47%	N/A
95.04%	94.30%	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

43565	37975	3114
102662	93629	4084
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
85.82%	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)

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	95.49%	97.45%
Emergency Readmissions within 30 days	12.08%	N/A	N/A
Non-elective Admissions (FFCEs) (YTD)	35879	29272	4623
Number of attendances at A&E departments - Type 1 (YTD) <sup>1</sup>	97861	67711	29446
Number of attendances at A&E departments - Total (YTD) <sup>1</sup>	115880	86625	29446
Unplanned Hospitalisation for chronic ambulatory care sensitive conditions	220.4	N/A	N/A
Emergency admissions - acute conditions that should not require admission	366.0	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	67.4	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI)	216.2	N/A	N/A
Urgent Operations cancelled for the second time	N/A	0	0
Patient overall experience of out of hours GP Services	68.03%	N/A	N/A

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

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest) <sup>3</sup>	82.31%	N/A	N/A	79.09%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) <sup>3</sup>	77.19%	N/A	N/A	75.95%
Category A response in 19 mins <sup>3</sup>	98.79%	N/A	N/A	97.44%
Ambulance handover: % handovers to A&E within 15mins <sup>2</sup>	*	81.4%	92.5%	82.8%
Crew Clear: % post-handovers (ambulance ready for next call) within 15mins <sup>2</sup>	*	87.7%	89.7%	78.3%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0	N/A

#### Footnotes:

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

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

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

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

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

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

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

### Long Term Conditions, Cancer and Older People

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

### Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by Mental Health services, after psychiatric inpatient care	98.00%
Proportion of people entering psychological treatment against the level of need in the general population	8.52%
The proportion of people who are moving to recovery, following psychological treatment	47.90%
Estimating the diagnosis rate of people with dementia	68.10%

### Quality Standards

#### Health Care Acquired Infections (HCAI)

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	3	3	0	N/A
Clostridium Difficile (C Diff) (YTD)	132	60	3	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 November, there have been 951 home treatment interventions against a 12-month target of 1,202. This equates to 18.7% more patients benefiting from this service than originally planned by the end of November.

2. CPA 7 day follow up: November's monthly performance is 87.5%, reducing the YTD performance to 98%, although this is still above the 95% target. 2 patients were not followed up in November, 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.

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:

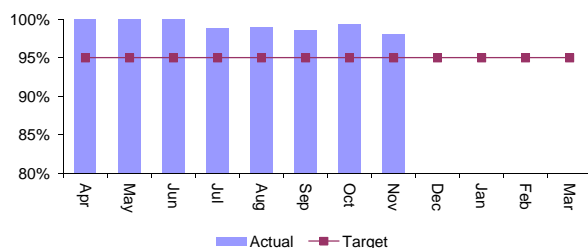
- The quarter 2 performance for the proportion of patients receiving psychological therapy continues towards target level; with 8.52% as at the end of quarter 2 against the half-way plan of 7.5%, good progress is being made towards 15% by the end of 2013/14.
- With regards to the proportion of patients 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.

#### SHSCFT Indicators

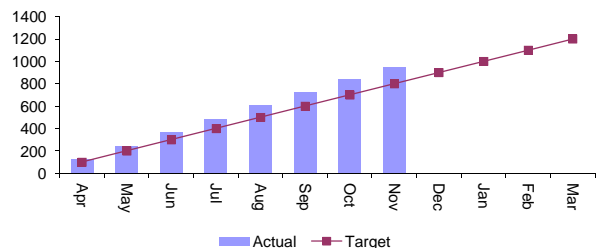
All indicators are Year to date

	Target	October	November	Change
Crisis Resolution / Home treatment	1202	842	951	▲
Psychosis intervention - New cases	90	62	75	▲
Psychosis intervention - Maintain Capacity	270	177	177	◀▶
CPA 7 day follow up	95%	99.30%	98.00%	▼
Anxiety/depression:		Q1	Q2	
% receiving Psychological therapy	15%	4.33%	8.52%	▲
Psychological therapy pts. move to recovery	50%	47.36%	47.90%	▲

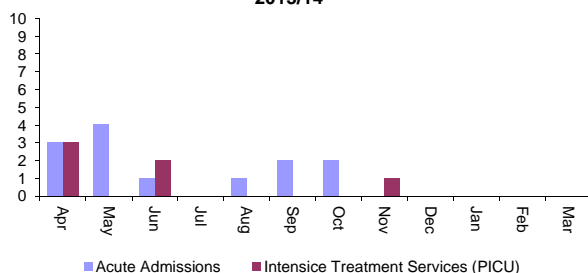
SHSCFT: % of CPA Clients followed up within 7 days - 2013/14



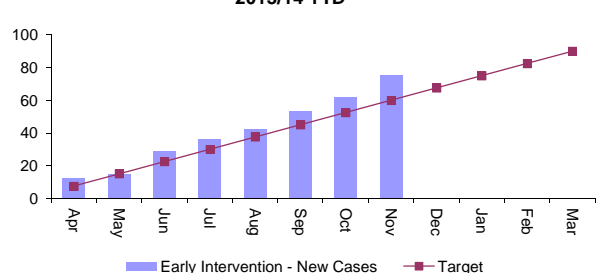
SHSCFT: Crisis Resolution Home Treatment Episodes - 2013/14 YTD



SHSCFT: Admissions referred out of Sheffield 2013/14



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





## APPENDIX B: Ambulance Trust Performance Measures

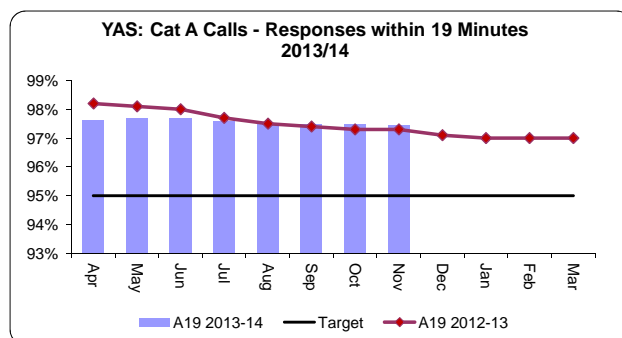
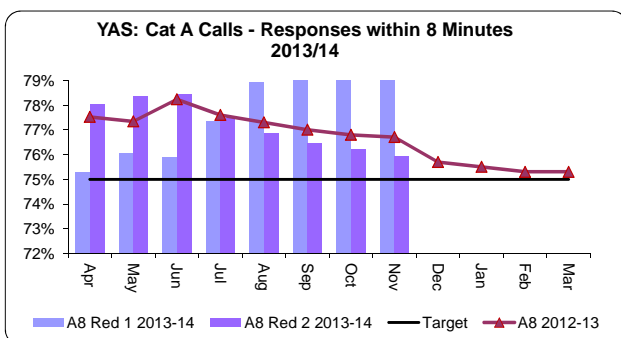
### Yorkshire Ambulance Service

For November 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.) A contract query was issued in August in respect of underperformance against the green targets. YAS have now prepared an improvement plan, with milestones for delivery of improved performance, but the 95% target will not be achieved in 2013/14. At the time of writing, commissioners are planning to meet on 20th December, to decide whether to accept the plan or ask for changes.

**Key points to note:** Although YTD performance is within target, there have been in-month issues since July. A further contract query was issued (and sanctions imposed) for November underperformance against the 75% target for R2 8 min performance across YAS. A draft action plan for an improved and sustainable level of performance in 2013/14 has been prepared by YAS and this will be discussed when commissioners meet on 20th December.

YAS Indicators	Target	October	November	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	79.47%	79.09%	▼
Cat A 8 minutes Red 2 (YTD)	75%	76.23%	75.95%	▼
Cat A 19 minutes (YTD)	95%	97.47%	97.44%	▼



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	September	October	Monthly Change
Re-contact after discharge (Phone)		6.5%	6.8%	▲
Re-contact after discharge (Treatment at scene)		4.5%	4.4%	▼
Re-contact after discharge (Frequent Caller)		1.9%	2.6%	▲
Time to answer call (Median)	5 sec	1	1	◀▶
Time to answer call (95th Percentile)		21	20	▼
Time to answer call (99th Percentile)		72	66	▼
Time to treatment (Median)		5.5	5.6	▲
Time to treatment (95th Percentile)		14	14.1	▲
Time to treatment (99th Percentile)		21	20.7	▼
Call closed with advice (Phone advice)		4.2%	3.9%	▼
Call closed with advice (Transport)		30.1%	29.6%	▼
<b>Clinical Indicators</b>				
		June	July	
Outcome from Cardiac Arrest (CA) All		21.0%	28.7%	▲
Outcome from CA Utstein Group (UG)		57.9%	53.3%	▼
Outcome from acute STEMI Angioplasty		95.1%	87.1%	▼
STEMI Care Bundle		85.7%	84.9%	▼
Outcome from Stroke 60 min to Stroke Unit		70.6%	70.8%	▲
Stroke - Appropriate Care Bundle		98.4%	97.9%	▼
Outcome from CA - Survival to Discharge All		7.1%	10.1%	▲
Outcome from CA - Survival to Discharge UG		19.4%	37.9%	▲
Service Experience		N/A	N/A	

## APPENDIX C: Contract Activity



### Sheffield Teaching Hospitals NHS Foundation Trust

### Sheffield Clinical Commissioning Group

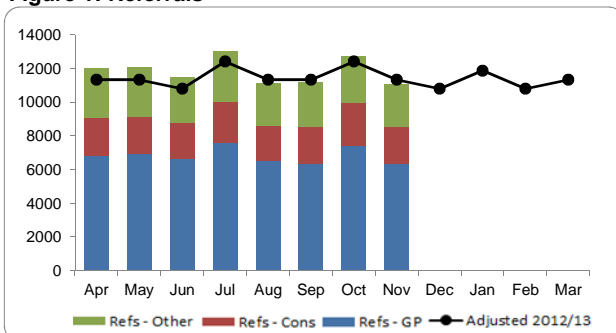
Performance against Sheffield CCG Activity Target at Month 8, Apr - Nov 2013

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

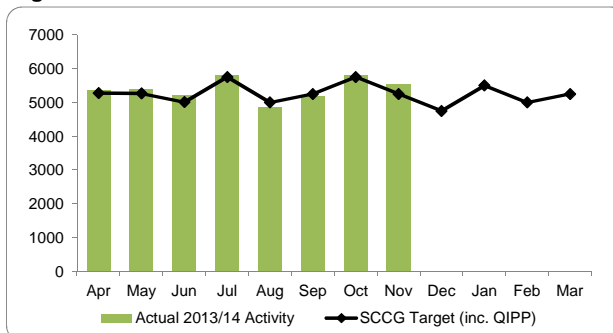
Outpatient First Attendances: 4.2% above plan  
 Outpatient Follow-ups: 2.9% above plan  
 Outpatient Procedures: 11.5% above plan

Inpatient Elective Spells: 1.5% above plan  
 Inpatient Non-elective Spells: 4.8% above plan  
 A&E Attendances: 5.1% above plan

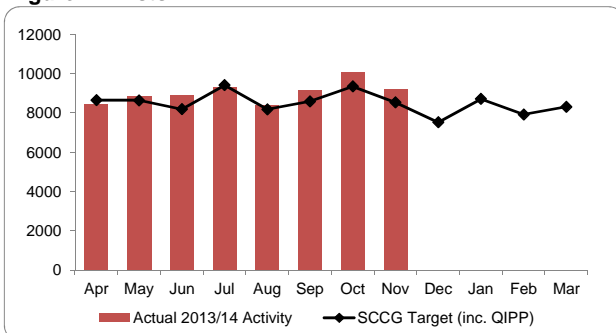
**Figure 1: Referrals<sup>1</sup>**



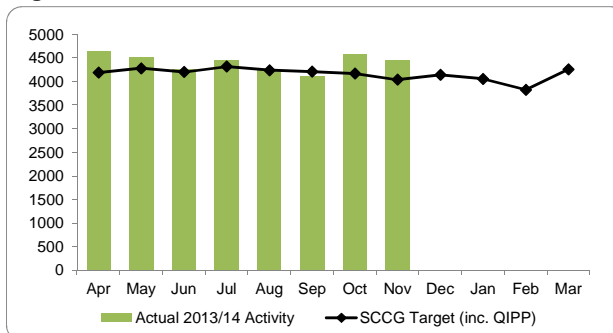
**Figure 4: Electives**



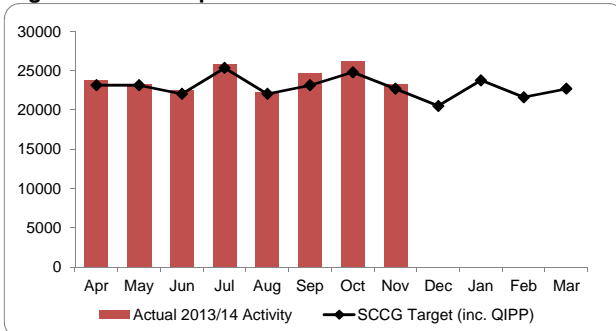
**Figure 2: Firsts<sup>2</sup>**



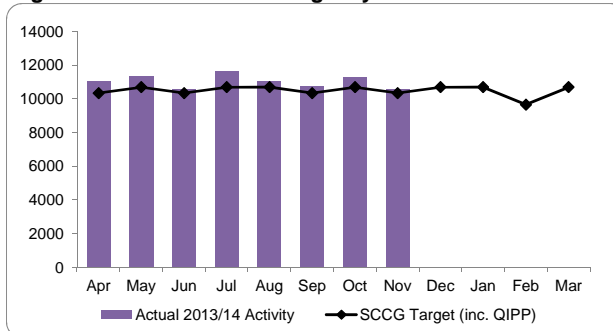
**Figure 5: Non-Electives**



**Figure 3: Follow-ups**



**Figure 6: Accident and Emergency**



**Table 1. Outpatient Activity**

Activity	2013/14	Target	Var	% Var
Firsts	72,526	69,614	2,912	4.2%
Follow-ups	191,811	186,361	5,450	2.9%
OP Payable Procedures	42,987	38,552	4,435	11.5%
Follow-ups:First Ratio	2.64	2.68	-0.03	-1.2%

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

Activity	2013/14	Target	Var	% Var
Electives	43,216	42,558	658	1.5%
Non Electives	35,287	33,662	1,625	4.8%
Excess Bed Day Costs (£000s)	£ 6,464	£ 6,496	£ 32	-0.5%
A&E	88,420	84,120	4,300	5.1%

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 1,901 (12.7%).

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

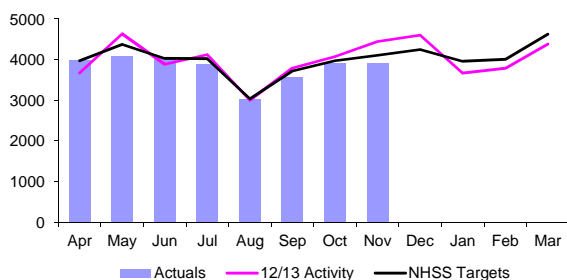
Produced by NHS Sheffield CCG Contract Team, December 2013

## Contract Activity

### Sheffield Children's NHS Foundation Trust

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

**A&E Attendances 2013/14**

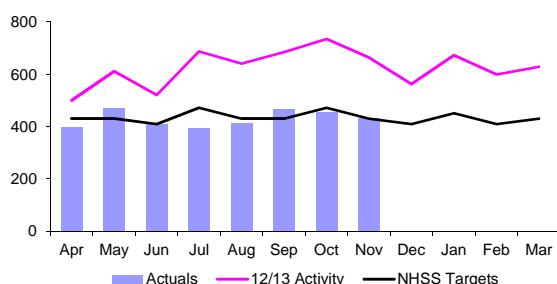


A&E activity in 2013/14 continues to follow a similar pattern to that seen in 2012/13, but the first 8 months of 2013/14 still show a slight decrease in attendances in comparison. Activity is below the target level for November.

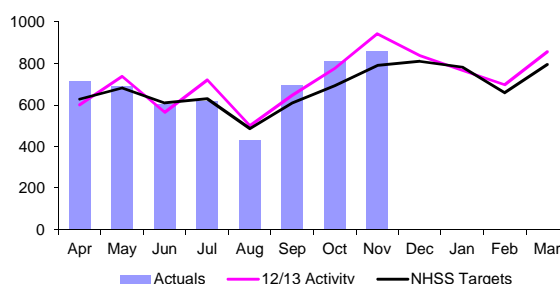
Following their dip below the '95% within 4 hours' target level in April and improvement in May to October, as at the end of November, SCHFT's cumulative A&E performance fell slightly, to 97.45%.

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

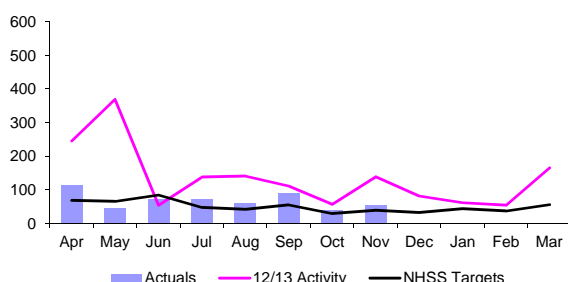
**PbR Inpatient Elective Admissions 2013/14**



**PbR Inpatient Non-Elective Attendances 2013/14**



**Inpatient Excess Bed Days Activity 2013/14**

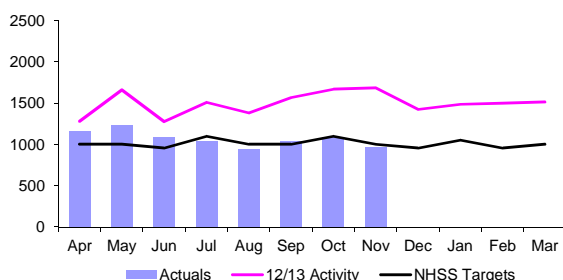


Elective activity this year has remained lower than that seen in 2012/13, but November is very slightly above the planned level. Non-elective admission levels have risen again in November and activity was also more than the planned level for this month.

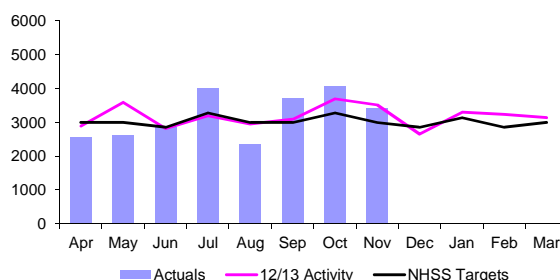
Although still lower than the level seen in September, excess bed days are still slightly above the planned amount for the month.

Outpatient first attendances remain below the levels seen last year and are also just under plan; follow-ups in November have fallen from the levels seen last month, but are still above the planned level.

**PbR Outpatient 1st Attendances 2013/14**



**PbR Outpatient Follow-up Attendances 2013/14**



#### Position to November 2013:

SCHFT outpatient firsts are overtrading by 367 attendances and follow-ups are overtrading by 1,244. In terms of elective activity, there is currently an undertrade of 65 spells. Non-elective activity is currently overtrading by 290 spells. Excess bed days are overperforming by 117 bed-days. There is currently an undertrade on A&E attendances of 807.

Activity figures are from SCH contract monitoring info  
SCH Finance Team - SL