Month 12 Quality and Outcomes Report

Governing Body meeting

H

1 May 2014

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Key messages

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

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

2. The Quality Standards section continues to be redesigned and will be further developed as the CCG approach to ensuring and reporting on quality is reviewed, in light of the Francis Report.

3. An assessment of current levels of achievement against 2013/14 requirements, using the most recent data available, suggests that Sheffield is already well placed for delivery of the majority of the NHS Constitution Rights and Pledges.

Assurance Framework (AF)

Assurance Framework Number:

- 1.3 System wide or specific provider capacity problems emerge to prevent delivery of NHS Constitution and/or NHS E required pledges (Domain 3)
- 2.1 Providers delivering poor quality care and not meeting quality targets (Domain 4)

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

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.

Is this an existing or additional control: Existing

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

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Quality & Outcomes Report

Month 12 position

For the May 2014 meeting
of the Governing Body

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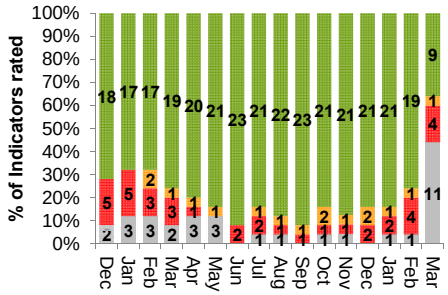
Highest Quality Health Care

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:	
	RTT 18+wk Admitted waits over 18wks, 52+wk waits, Diagnostic waits over 6wks, Ambulance Crew Clear times
	Ambulance handovers

Headlines

In March (where data is available), Sheffield CCG continued to achieve most of the 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: 18 week waits - Significant concerns remain around the delivery of the requirements for Sheffield CCG patients as in-month, for the fifth month in a row, STHFT did not meet the non-admitted pledge at Trust level, once more reflecting the current pressure in the system for delivery of the 18 week wait measures. Also, for the second month in a row, STHFT have not met the admitted pledge at trust level. Consequently, the CCG has also not met either of these pledges at population level in March. The CCG continues work with STHFT on progress against the improvement action plan.

52+ week waits - SCHFT had 3 Sheffield patients waiting over 52 weeks in March, so they - and consequently the CCG - did not meet the pledge in March, although there is a possibility of some re-adjustment/validation to below 52 weeks. The CCG continues to work with SCHFT to ensure proactive processes are in place and that patients are treated as quickly and appropriately as possible.

Diagnostic waits - STHFT - and consequently the CCG - did not meet the pledge in March, although levels have improved since last month and the CCG continue to liaise with them around improvement actions. SCHFT did meet the pledge, although numbers on the waiting list remain high and, as noted last month, this may affect future performance.

A&E waiting times: All local providers met the pledge, in 2013/14, 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 continues to oversee business continuity plans.

Ambulance & crew response times: Yorkshire Ambulance Service (YAS) have met the national requirements around ambulance response times for 2013/14. 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 March, but is still below what is expected. YAS continue working to reduce the number of delays.

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) - The response rates have increased but combined Inpatient/A&E scores have decreased slightly since the end of Q2, although these are still well above the 50 classed by NHS England as excellent.

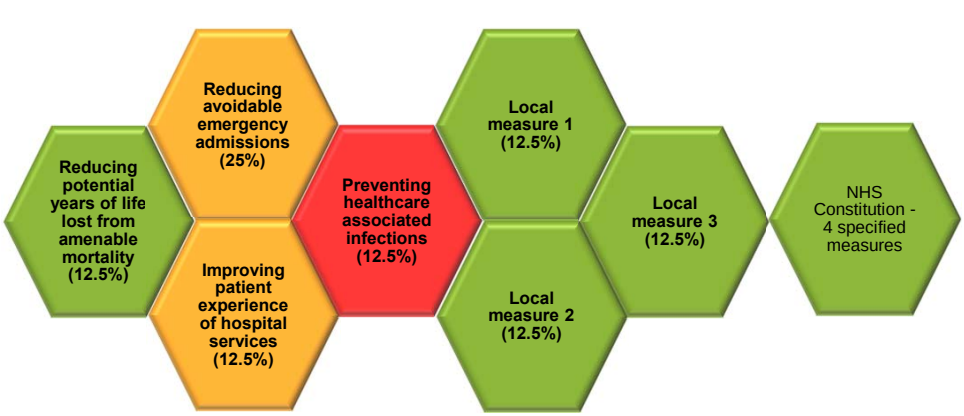
FFT commenced in Maternity services from October 2013, and response rates are low. STHFT have initiatives in place to try and address this - please see the Quality and Safety section (page 10) for further details.

Ensuring that people have a positive experience of care - continued**:**
Delivery of the nationally agreed FFT rollout plan to the national timetable - 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.

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 16 cases attributable to the CCG reported in March is higher than last month (8) and the 13 forecast for the month; the challenging CCG target of 163 cases during 2013/14 has been exceeded. STHFT reported 6 cases in March, against their forecast 7. SCHFT reported 1 case in March, against their forecast 1.
MRSA - As 6 cases attributable to the CCG have been reported - 1 in April (STHFT case), 1 in September (Community case), 1 in November (contaminant STHFT case), 2 in February (1 Community case and 1 STHFT case) and 1 in March (Community 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.



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

Assessment of CCGs against the Quality Premium commenced in April 2013. This summary makes an assessment of our current levels of achievement, using the most recent data available. Please see below for a list of the measures that make up this Quality Premium matrix and where in the report they can be located. Also included is the most recent rating for each measure - for further information, please see the relevant page:

		Page
	Reducing potential years of life lost from amenable mortality	
●	Potential years of life lost (PYLL) from causes considered amenable to health care	15
	Reducing avoidable emergency admissions	
●	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
	Improving patient experience of hospital services	
●	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
	Preventing healthcare associated infections	
●	Zero cases of MRSA	9
●	Number of cases of Clostridium Difficile is below agreed threshold	9
	Local measures	
●	Local Priority 1: Reduction in STHFT / SCHFT Emergency spell bed nights for Ambulatory Care Sensitive Conditions (ACSC) (Sheffield definition)	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
	NHS Constitution - 4 specified measures	
●	92% of all patients are seen and start treatment within 18 weeks of a routine referral	5
●	95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	6
●	85% of patients have a max. two month (62-day) wait from GP referral to starting treatment for cancer	6
●	75% of Category A (RED 1) ambulance calls resulting in an emergency response arriving within 8 minutes	7

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: Contract discussions with the CCG's main provider STHFT have now concluded. Key highlights from the last month are that joint clinical discussions have commenced in urology and anti-coagulation services and opportunities to transform these areas have been identified and further discussions will now take place. Governing Body have also formally agreed to work in partnership with STHFT in order to deliver outcome focussed musculoskeletal services citywide and formal project plans are now being developed with the aim of the new service being in place from the 1st April 2014.

Acute Services Portfolio - Urgent Care: A small number of key indicators have been identified, 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 further discussions at the March Urgent Care Working Group meeting, the UCWG will see measures relating to Community, Ambulance and Primary Care in future iterations of the report. The next meeting is on the 28th May.

Long Term Conditions, Cancer and Older People: Work continues to progress around both prevention and re-providing services outside of a hospital setting. This includes strong engagement with the Better Care Fund workstreams and local authority colleagues.

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. Parity of esteem between physical and mental health is a legal obligation in the NHS; the CCG continue to use this concept to progress their commissioning intentions for this population, as evidence of inequality nationally and locally does exist. Members of the commissioning team - including Dr Steve Thomas, clinical lead - are due to meet the Deputy Prime Minister in Sheffield in May to discuss the government mental health strategy and the parity of esteem agenda.

Children and Young People: Work is on-going looking into the 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 with regard to children's Urgent Care is evolving and aligning to the strategic direction of adult Urgent Care. Work is also 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

The Medicines Management scheme is progressing very well and delivering the required efficiencies across the QIPP programme.

There are still parts of two 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.

It is hoped that monitoring of the Continuing Health Care (CHC) scheme can be reported next month.

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

At the end of 2013 an updated framework for CCG Assurance was published and, from Quarter 3 of 2013/14, the following categories are being used to describe how well CCGs are performing overall:

ASSURED - a CCG is delivering what it should and demonstrates on-going good performance and improvement.
ASSURED WITH SUPPORT - a CCG may have some areas needing improvement, but there is confidence these can be addressed with mutually agreed support from NHS England.
NOT ASSURED - a CCG is not achieving all that it should and, in order to deliver improvements, needs significant support from NHS England.

Following the CCG's Quarter 3 meeting with NHS England on the 21st March 2014, the CCG is assessed as '**ASSURED**' for each one of the six assessment domains:

1. Are patients receiving clinically commissioned, high quality services?
2. Are patients and the public actively engaged and involved?
3. Are CCG plans delivering better outcomes for patients?
4. Does the CCG have robust governance arrangements?
5. Are CCGs working in partnership with others?
6. Does the CCG have strong and robust leadership?

The results of the Quarter 3 assessment will be reported on the CCG website alongside those previously published for Quarters 1 and 2.

NHS Constitution - Rights & Pledges

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

In March (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 May 2014:

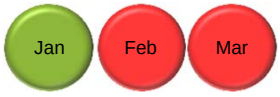
18 week waits: Performance continues to be of significant concern. In March, STHFT failed both the admitted and non-admitted targets for 18 weeks; this is the second consecutive month that STHFT have failed both the admitted and non-admitted target at trust level. As a consequence, this has meant that the CCG has also failed the admitted target for the second consecutive month at CCG population level. At CCG level, the non-admitted and incomplete targets continue to be achieved.

The CCG continues to receive updates from STHFT on the progress against the improvement action plan and is assured that actions continue to take place within STHFT. Through the annual contract negotiation, the CCG has committed to commissioning activity that will allow STHFT to deliver 18 week waits requirements in-year. A further Director-level meeting between STHFT and the CCG will take place at the end of May to assess the impact of all actions and also to review elective activity levels undertaken by STHFT against the commissioned plan.

52+ week waits: SCHFT have reported 3 x 52 week breaches for Sheffield CCG and a further 2 breaches for other CCGs, totalling 5 for March. It is likely that some of these waits would be re-adjusted below 52 weeks if local guidelines relating to patient initiated delays were applied. The CCG is working with the Trust to ensure proactive processes are in place and that patients are treated as quickly and appropriately as possible.

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.*

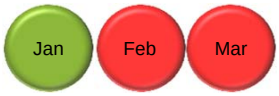
90% of admitted patients start treatment within 18 weeks from referral



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.

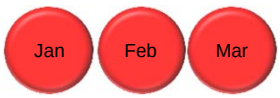
Issues & Actions May 2014:

Although STHFT have reported an improved position in March compared to February, the contractual target continues to be breached. Diagnostic issues remain in Cardiology which are directly linked to Sonographer staffing levels. The CCG continues to monitor the situation and gain assurance from STHFT that actions are in place to improve staffing levels.

SCHFT has achieved the target for Sheffield CCG in March with a reduction in MRI waiting times. However, the total number of patients waiting for diagnostic procedures remains high, both compared to year to date and to the Q4 2013/14 position. This may well impact negatively on performance in Q1 2014/15.

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

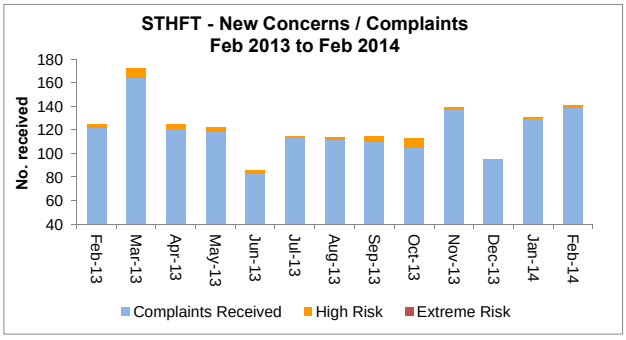


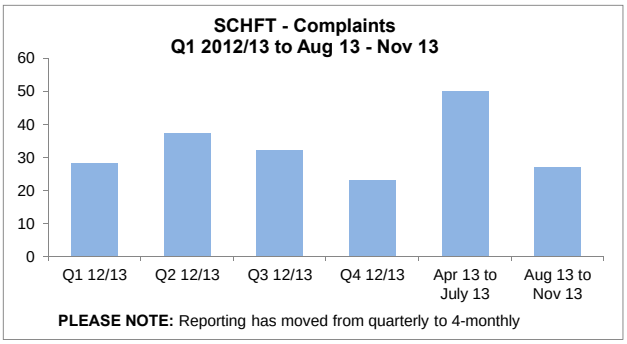
Patient Experience of NHS Trusts

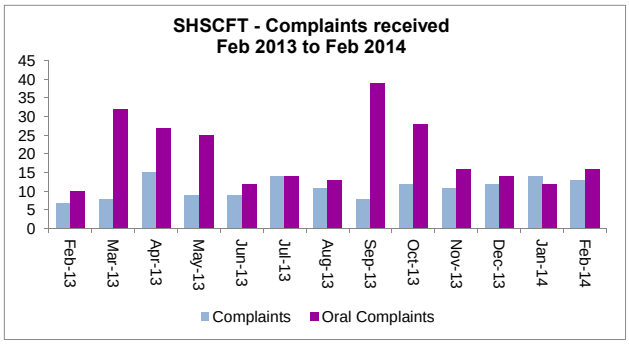
Patient Complaints

Reasons for Complaints:	
STHFT Feb 13 - Feb 14	Attitude Appropriateness of medical treatment General nursing care Communication with patient
SCHFT Aug 13 - Nov 13	All aspects of clinical treatment Attitude of staff - medical Appointments - delay or cancellation
SHSCFT * Jul 13 - Sep 13	All aspects of clinical treatment Attitude of staff

** Sheffield Health and Social Care NHS Foundation Trust*





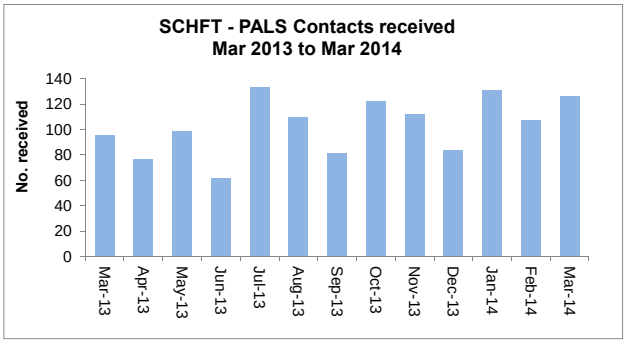


Patient Compliments

STHFT: 45 letters of thanks were received in February 2014, bringing the total so far in 2013/14 to 610.
SHSCFT: 204 compliments were received in February 2014, bringing the total so far in 2013/14 to 1088.

Patient Advice and Liaison Service (PALS) Contacts

Reasons for PALS Contacts:	
SCHFT Mar 14	Support (25) Parking (17) Care and treatment(13)



Further Information

STHFT: The number of complaints increased from 130 in January 2013 to 139 in February 2014. This is consistent with the number received in February 2013. The Trust aims to respond to 85% of complaints within 25 working days; 77% of complaints that were closed during February 2014 met this target. Work is underway to clear a backlog of open complaints, resulting in a higher proportion of complaints that are closed each month having been open for over 25 days.

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. 107 PALS contacts were received during February.2014.

SHSCFT: During Q3 2013/14, 39 formal complaints were received; this is consistent with the previous 4 quarters, during which the number of complaints received ranged between 31 and 39. During Q3, 42 oral and fastrack complaints were received; this is a reduction from Q2, when 83 were received.

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

NHS Safety Thermometer

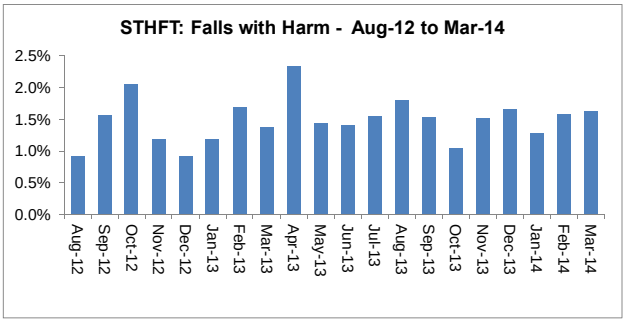
The NHS Safety Thermometer records the presence or absence of four 'harm' indicators, detailed below. This is the first time the CCG has reported data to the Governing Body and the report provides information on STHFT performance. The report will be developed during 2014/15. The patient Safety Thermometer was introduced as part of the Commissioning for Quality and Innovation (CQUIN) payment programme from August 2012 for acute trusts. The data is based on prevalence surveys - data collection is during one day per month on four clinical indicators (harms) and is published nationally. STHFT have participated since July 2012, and SCHFT since April 2013. The data shows variability in performance within all indicators.

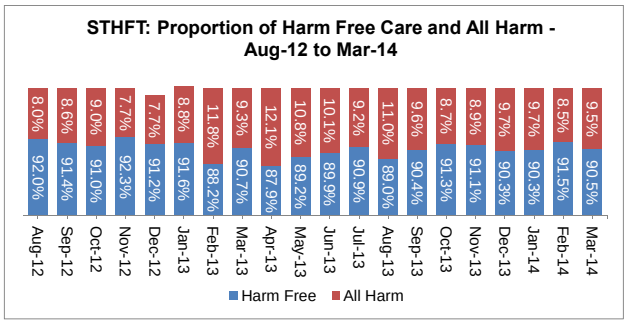
Definitions - Harm Free Care: This is the proportion of patients that are harm free from pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism (VTE).
Pressure Ulcers: Old - developed within 72 Hours (3 days) of admission; New - developed 72 or more hours after the patient was admitted to your organisation.
Patient Falls: Any fall that the patient has experienced within the previous 72 hours (3 days) in a care setting, including home if the patient is on a district nursing caseload.
VTE Treatment: Old - where the patient had the VTE before admission; New - if the patient developed the VTE after admission.
UTI: Old - if treatment for or diagnosis of the UTI started before the patient was admitted to the trust; New - if the patient developed the UTI after admission.

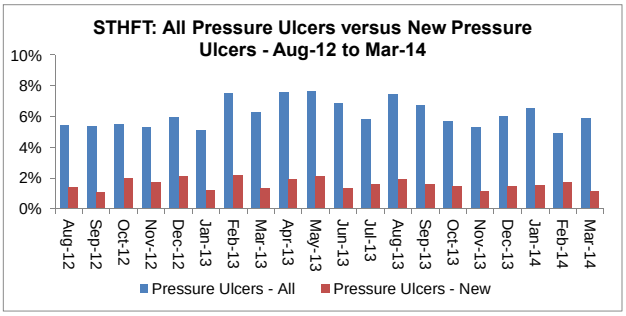
Performance 2013/14: Harm free care - no significant trend or increase in harm free care during the last 12 months.
Pressure Ulcers - no significant decrease in pressure ulcers.
Falls with Harm - no reduction in falls causing harm this year, although there has been a continual decrease nationally.
VTE in hospital - shows an increasing trend in VTE, whilst the national average is showing a decreasing trend.
Catheters and new UTIs - no significant trends in performance.

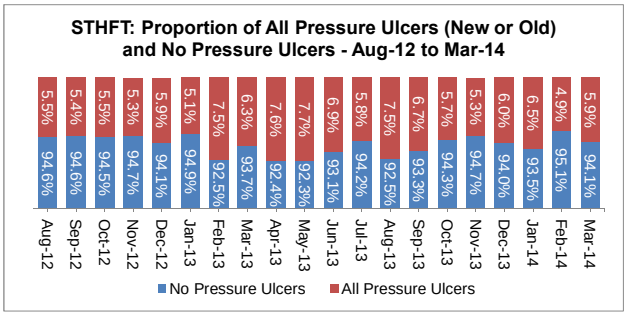
Caution needs to be taken when interpreting this data:

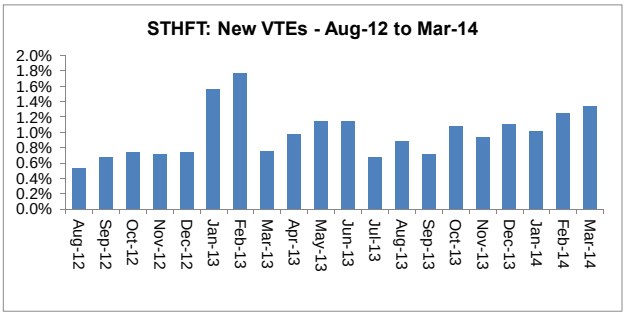
- It is difficult to benchmark organisations using this data since the challenges for large acute teaching hospitals/tertiary/community services cannot accurately be compared to district general hospitals/hospitals without community services.
- Due to data collection methodology being prevalence data, the data is not comparable to other data available in relation to each indicator. For example, data reported on incidents relating to pressure sores cannot be reconciled with this data. In addition, prevalence data will count the same pressure sore every month and, to add to complexity, the same patient with a pressure sore would be counted in acute and then, if discharged to community, in community services.

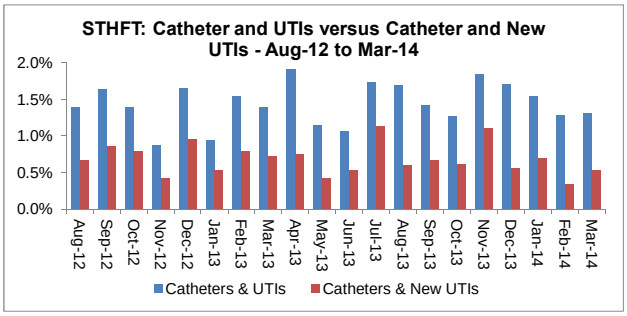












Best Possible Health Outcomes

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

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

The work of Sheffield CCG is organised around 5 clinical portfolio areas - the 5 'portfolios' of this report section. The nationally decided measures, where all CCGs are expected to show that improvements are being made, have been assigned to each of the clinical portfolio areas. Each of the clinical portfolios are considering what, if any, additional locally determined measures relating to their priorities are required to measure improvements.

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

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

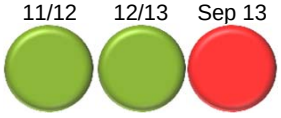
Acute Services Portfolio - Elective Care

National required measures

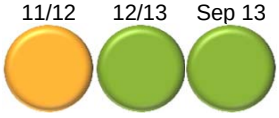
Issues & Actions May 2014:

Patient Reported Outcomes Measures (PROMS) - first 4 indicators below: Please note that these ratings are based on PROVISIONAL Apr-13 to Sep-13 data. Figures for varicose veins are still 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 two questionnaires, one before the operation and one 6 weeks post-op).

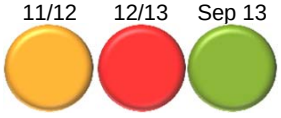
Total Health gains assessed by patients after Groin hernia surgery



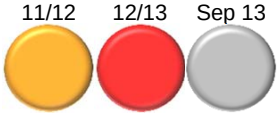
Total Health gains assessed by patients after Hip replacement



Total Health gains assessed by patients after Knee replacement



Total Health gains assessed by patients after Varicose veins surgery

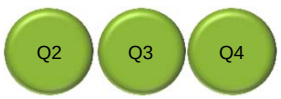


Patient experience of GP services

Patient experience of hospital care - CQC Inpatient Survey

Quality Premium: Locally selected measure

Identify alternative service provision and health care for patients who otherwise would have received secondary care/hospital based attendance



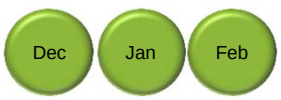
*For 2013/14, CCGs were required to submit plans nationally for 3 locally selected priorities; the measure to the left is Sheffield CCG's identified **Local Priority 2**.*

NOTE: Q4 position is subject to final data.

Portfolio: Locally selected measures

The position remains at February, as March data is not yet available. 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 Feb-14 local score is 87.86%, with any score above 78% being judged nationally as good. As an additional measure, 90.4% of people said they would have surgery again under the same conditions.

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



** = To allow for the receipt of all 3 patient surveys, information will always relate to 6 months prior to the reporting period. e.g. for Feb-14, this covers experience of surgical procedures carried out during Aug-13.*

Acute Services Portfolio - Urgent Care

National required measures

Issues & Actions May 2014:

Reduction in Emergency admissions for acute conditions that should not usually require hospital admission:
**** CAVEAT:*** *Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red.*

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.

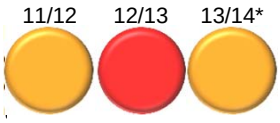
Targeted work on this measure is integral to the work being led by the Long Term Conditions, Cancer and Older People portfolio - please refer to the section on Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) on the next page for details.

The Urgent Care Acute portfolio Leads are reviewing high admission rates in Gastroenterology, Care of the Elderly, Diabetes, Chest Medicine, General Medicine and Orthopaedics where appropriate, in conjunction with Long Term Conditions, Cancer and Older People portfolio Leads.

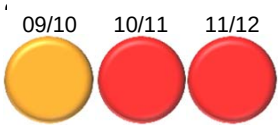
Reduction in Emergency readmissions within 30 days of discharge from hospital: As noted previously, benchmarking information suggests that readmission rates after an acute episode in Sheffield have scope for improvement. This continues to be an area of focus and Public Health colleagues will review this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

Local Data

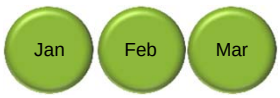
Reduction in Emergency admissions for acute conditions that should not usually require hospital admission



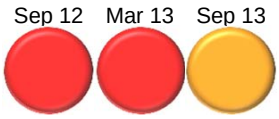
Reduction in Emergency readmissions within 30 days of discharge from hospital



Number of A&E Attendances (Type 1 - YTD)



Patient experience of GP Out of Hours services



Number of A&E Attendances (Total - YTD)

A&E ATTENDANCES: *Total A&E Attendances comprises: Type 1 (Main A&E), Type 2 (Single Specialty, e.g. STHFT Eye Casualty) and Type 3 (Other A&E e.g. STHFT Minor Injuries Unit).*

Locally selected measures

The Urgent Care Working Group (UCWG) is overseeing a number of measures indicative of system flow. 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:

1. **Emergency Pressures**
   - Timing of admission from Emergency Department
   - Bed occupancy rates
   - Delayed Transfers of Care
   - Emergency Admission numbers during winter months
2. **A&E 4 Hour Target and Attendance levels**
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**
7. **NHS 111 dispositions (referrals to different urgent care services)**

The UCWG will see measures relating to Community, Ambulance (for example conveyance rates) and Primary Care in future iterations of the report.

Long Term Conditions, Cancer and Older People

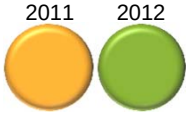
National required measures

Issues & Actions May 2014:

Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (ACSC):
**** CAVEAT:** Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red.*

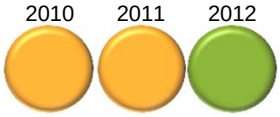
As noted previously, although the local ambulatory care sensitive indicator of emergency bed-nights continues to show a progressive reduction, the number of ambulatory sensitive spells has continued to rise. However, our more detailed monitoring is showing the rate of increase to be slowing month-on-month. Work is progressing that is aimed at addressing some of the specific major causes of 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 - chronic obstructive pulmonary disease), UTIs (urinary tract infections) in ages 65+ and fragility as a focus to reduce ACSC & other emergency admissions. This work continues to progress, including on-going data analysis to inform the commissioning priorities and also around both prevention and re-providing services outside of a hospital setting.

Potential years of life lost

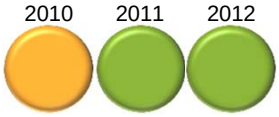


***From NHS ENGLAND Guidance:** Causes considered amenable to health care are those from which premature deaths should not occur in the presence of timely and effective health care. The concept of 'amenable' mortality generally relates to deaths under age 75, due to the difficulty in determining cause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

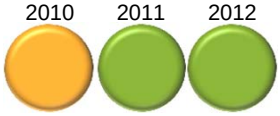
Under 75 mortality rate from Cancer (Annual Calendar Year)



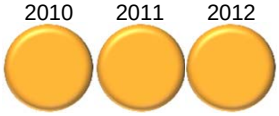
Under 75 mortality rate from Cardiovascular disease (Annual Calendar Year)



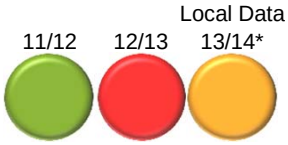
Under 75 mortality rate from Respiratory Disease (Annual Calendar Year)



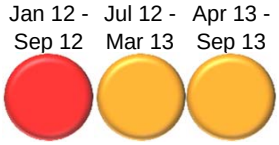
Under 75 mortality rate from Liver disease (Annual Calendar Year)



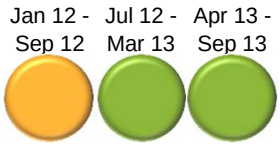
Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)



Proportion of people feeling supported to manage their condition



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



Quality Premium: Locally selected measure

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

*For 2013/14, CCGs were required to submit plans nationally for 3 locally selected priorities; the measure to the left is Sheffield CCG's identified **Local Priority 1**.*

NOTE: Q4 position is subject to final data.

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 and implementation has begun. Preliminary findings, including the patient survey, will be reported to the group in early May. Training and development continues, including a page on the CCG intranet, providing resources and a forum for debate.

The Commissioning Executive Team (CET), on the 11th March, agreed the pilot would continue until September 2014 and will take account of the new Enhanced Service for Avoiding Unplanned Admissions (part of the GP contract) which has just been published.

Mental Health, Learning Disabilities and Dementia

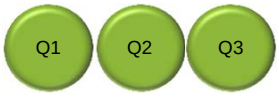
National required measures

Improvement against plan: Estimated diagnosis rate for people with dementia

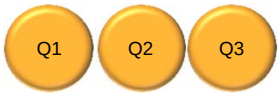
12/13 *

** Data for 2012/13, re-based from pre-Apr-13 PCT data*

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



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



Locally selected measures

Issues & Actions May 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. NHS England now commission this contract. The CCG have looked at year-end data to date and there has been a 14.5% increase since the last report, taking the total of completed AHCs claimed for to date to from 23.7% to 38.2% of those eligible having received a check. Whilst this is still an apparent reduction so far on last year's data and of concern, it is of a reduced magnitude, as numbers are nearer that of previous years. It still does however, represent a reduction over the past few years.

The CCG is developing an action plan to encourage uptake of the AHC and to improve access to primary care and work has commenced on the North freed-up resource project, with a national not-for-profit LD organisation (Inclusion North). The latter will give recommendations that the CCG can implement from April onwards in order to improve the likelihood of an increased response next year. The agreed additional commissioning capacity within the portfolio will enable closer working with NHS England, the contract holders for the Directly Enhanced Service (DES) AHCs. There is a regional action plan with NHS England across South Yorkshire and Bassetlaw commissioners relating to the DES and access to primary care that has arisen from the annual Self Assessment Framework. Sheffield CCG are engaged in this work.

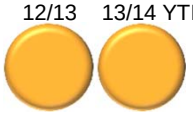
Reducing LD Out of City Placements: The CCG continues to work with the Local Authority to ensure that plans to return people appropriately are progressed; however, the CCG continue to consider this measure to be amber, as accommodation and local complex needs provider availability continues to be a pressure, in addition to the impact of Local Authority restructuring and financial pressures, which makes agreeing packages of care more challenging. Agreement to work jointly on a complex needs action plan associated with the Winterbourne Concordat* has been agreed. Initial conversations have taken place about this commissioning plan; both organisations have identified additional capacity to support this work. A workshop date in May has now been set by the Local Authority to develop their Accommodation Strategy, involving CCG commissioners, which will address one of the barriers. Three properties have been made available for this cohort of individuals and plans are progressing for discharge into this accommodation.

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 progressing, with recent appointment of a team leader and consultant psychologist. The CCG met with the provider to review performance and ensure that the contract is delivering against the intended specification. There are some concerns about slow progress for clinical appointments and clear information about the service; however, these are being addressed through the Contract Monitoring Group. Two key clinical posts are due to commence shortly. The service has relocated into its permanent accommodation.

** From the DH Winterbourne View Review - Concordat: Programme of Action: "The concordat / agreement sets out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. It sets out specific actions to which each organisation has committed to take forward within clear timeframes."*

Proportion of people with Learning Disabilities receiving an Annual Health Check

12/13 13/14 YTD*



** LOCAL current data to Mar-14*

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

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

Children and Young People

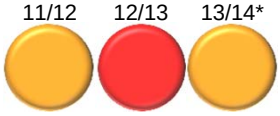
National required measures

Issues & Actions May 2014:

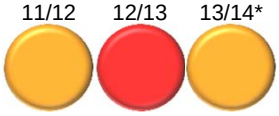
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s: ***CAVEAT:*** *Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red.*

Emergency admissions for children with Lower Respiratory Tract Infection (LRTI): The caveat above also applies to this measure. Whilst rated amber for the 13/14 CCG position against 12/13, detailed work has been undertaken with SCHFT to understand the local position relating to high recorded emergency admission for LRTI compared to other areas nationally. This has included looking at how data is recorded and the impact of the use of the paediatric assessment unit in Sheffield, leading to a negotiation around coding with the CCG's provider; it is hoped that they will be able to change coding to enable a decrease in admissions. Work continues on the development of pathways for improving management of specific conditions within primary care in an attempt to reduce presentation of children at A&E that could be managed within primary care.

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



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



Quality Premium: Locally selected measure

Reduce the average waiting times in Speech & Language Therapy (SALT) at SCHFT from 21 weeks

For 2013/14, CCGs were required to submit plans nationally for 3 locally selected priorities; the measure to the left is Sheffield CCG's identified ***Local Priority 3****.*

NOTE: Q4 position is subject to final data.

Portfolio: Locally selected measures

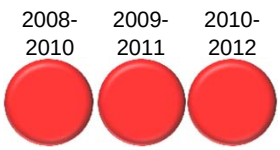
The Children and Young People clinical portfolio have identified the measures below as services that are undergoing change, have a Citywide interest with partners and are strategic priorities.

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.

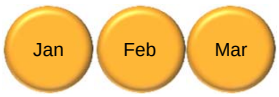
Issues & Actions May 2014:

- **Reduction in Infant Mortality:** As noted previously, work continues on the delivery of the infant mortality strategy, which is being reviewed within the Children's Health Board.
- **CAMHS:** As noted last month, 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 findings of the Maternal Services Liaison Committee user survey and consultation have now been received and consideration to the pathway for maternal mental health is being prioritised as part of the 2014/15 children's portfolio commissioning plan.
- **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.

Reduction in Infant Mortality



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



Patient experience of Maternity Care

Improving experience for families of children with complex needs

Activity Measures

PLEASE NOTE: *These indicators relate to progress against outline plans which the CCG were required to submit nationally, for all activity that might be attributed to the CCG - that is, the majority of activity would be expected from STHFT and SCHFT, but there will be Sheffield CCG registered patient activity at other Trusts around the country, for which an estimate has been factored in to the total. This progress is monitored via the Monthly Activity Return (MAR) submitted to the Department of Health.*

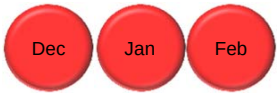
These plans - and hence the MAR data - are for General & Acute (G&A) specialties only - it does not include, for example, Obstetrics, Mental Health and Community services.

The Trusts' Contract Activity monitoring - as summarised in Appendix C of this report - is the agreed Sheffield CCG-purchased plan for STHFT and SCHFT respectively; however, these plans - and hence also the monitoring - are based on all specialties, not just G&A, as per the CCG-submitted plans.

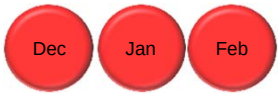
Therefore, the indicators below cannot be interpreted directly in conjunction with Trusts' contract/activity monitoring reporting.

Elective first finished consultant episodes (FFCEs)
(Year to Date position)

All first outpatient attendances
(Year to Date position)



Non-elective FFCEs
(Year to Date position)



Quality Innovation Productivity and Prevention (QIPP)

The CCG's Commissioning Intentions for 2013/14 sets out our approach to quality improvement, service redesign and innovation, which contribute to delivering the system reform and improved patient experience aspects of QIPP.

Our QIPP delivery will include some key quality and financial benefits from the Right First Time city-wide programme. Achievement of financial return on investment is addressed in the Finance Report to the Governing Body. The measures identified below are focussed on Quality and Outcomes.

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

Continuing Health Care (CHC)

Continuing Health Care (CHC) is a package of care (health and social care, to meet their reasonable requirements) provided for an adult over an extended period, to meet physical or mental health needs that have arisen as a result of illness, including some people who may be nearing the end of their life. Eligibility for an episode of CHC is assessed, by CHC nurses, using a nationally produced decision support tool. Some patients near the end of life may be fast-tracked for eligibility for CHC.

The CCG is committed to ensuring that these services provide the appropriate level and quality of care to meet clients' needs, whilst ensuring value for money for the public purse.

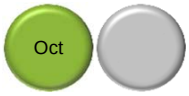
Issues and Actions May 2014:

Data and updates are not yet available for March,, but work continues to progress in the key priority areas for CHC.

Indicator Development
As noted previously, although rated in October, the second measure below has reverted to grey as the Commissioning Support Unit 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. Reporting problems have now been resolved, so full reporting should be available from the end of March and will published in future reports.

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 May 2014:

Full narrative updates are not yet available for March, but workstreams continue to progress.

As noted in last month's report:

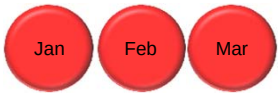
Supporting admission avoidance, keeping people well and at home: The RFT Board has approved a full evaluation that will be led with external support. Good progress is being made with the number of care plans for high risk patients, with 618 complete at the end of February.

Reducing Delays and Length of Stay (LOS): The RFT Board has approved a 12 month test to expand home-based rehabilitation to reduce the current delay of approximately 7 days to access the service. The aim is to test the impact of reducing the delay to 1 day on outcomes for patients and flow through the system.

Primary Care Stream (PCS): The pilot is now producing good evidence of impact at weekends and steps are now being taken to improve the coverage in the weekdays. The next step will be to test primary care led streaming for walk-ins.

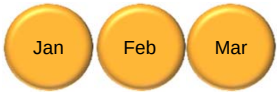
PLEASE NOTE: *The measures below (with the exception of Reduction in short stay, which is SCHFT) relate to Sheffield patients being treated in STHFT and are monitored against locally derived plans.*

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

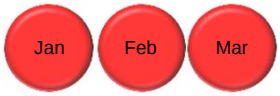


NOTE: *Amendment to description, following further clarification of measure.*

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



Reduction in unnecessary A&E attendances by 7,000



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

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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 May 2014:

Primary Care Referral Education Support for Sheffield (PRESS) Portal: Recruitment of named personnel to continuously develop portal content, maintain accuracy and support practices in utilisation of pathways and educational resources is now reaching final stages.

The Referral Education and Support (RES) peer review service: The service is now completing its pilot phase with initial data demonstrating that an average of 26% of potential referrals sent to the system were able to be avoided following receipt of advice and guidance. An update paper summarising the initial findings will be taken to Planning and Delivery Group with the recommendation that the portfolio now engage with Locality Executive Teams in order to gather qualitative feedback. These discussions will be followed by a paper to the Commissioning Executive Team which will recommend either that the pilot formally cease, or that the service be formally procured across a citywide footprint.

Joint Clinical Discussions and Service Transformation Reviews: Inclusion of joint working has been agreed within the Service Development & Improvement Plan element of the contract with STHFT. Agreement is being finalised on a mechanism for joint working going forward. Meanwhile, discussions are underway in a number of specialty areas including Rheumatology, Orthopaedics, Pain Management (under the remit of the COBIC* project), Gastroenterology, Urology and Anti-Coagulation.

** As described at http://www.cobic.co.uk/what-we-do/cobic-explained.html: "COBIC - Capitated Outcome-Based Incentivised Commissioning - is a common sense approach to securing both value for money and better outcomes for patients. As a contracting approach, COBIC releases commissioning organisations to get the best out of their responsibilities handed to them from the NHS reforms. Contracting for outcomes is a big step and a big change from existing contracts which reward for activity, whether it is good for patients or not. COBIC is a revolutionary change but goes with the grain of what clinicians and patient groups want to see."*

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	Jan Feb Mar	Impact of using Sheffield CCG Referral & Education Portal measured through feedback from users	Jan Feb Mar
Usage of Referral, Education, Support Service	Jan Feb Mar	Outcomes from peer review of referrals (i.e. compliance with local pathways, consultant input required, continuation of care in primary care)	Jan Feb Mar
Progress of programme of Joint Clinical Discussions and Service Transformation reviews	Jan Feb Mar	Outcomes from Joint Clinical Discussions and Service Transformation Reviews (i.e. action plans agreed for service change and implementation)	Jan Feb Mar

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Medicines Management

Medicines remain the most frequent therapeutic intervention offered by the NHS and their costs; both direct and indirect account for more than 15% of the CCG budget.

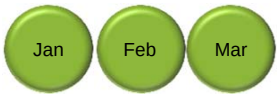
The Medicines Management Team (MMT) work to ensure that patients in Sheffield are treated with safe, clinically effective, evidence based medicines that deliver value to patients and the health economy. The team work within GP practices and input into interface groups to develop a shared approach (including a comprehensive formulary) to the use of medicines across primary and secondary care.

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

The work of the Team in promoting safe and effective prescribing remains a priority and we have been working closely with STHFT on audits around adherence to local guidelines and transfer of care across the interface. This collaborative approach ensures patients of Sheffield are receiving optimum care in both primary and secondary care.

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 March 2014 performance as at the 22nd April 2014 - year to date where appropriate.

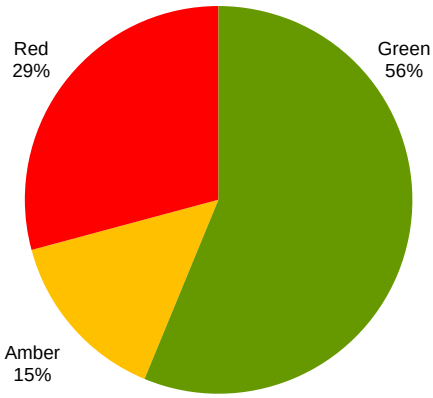
58 indicators are reported below.

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	CCG	STHFT	SCHFT
% starting treatment within 18wks - Admitted pathway (Inpatients)	87.75%	87.10%	91.10%
% starting treatment within 18wks - Non-Admitted pathway (Outpatients)	95.22%	95.14%	96.09%
% waiting under 18wks who are yet to start treatment - Incomplete Pathway	93.59%	93.35%	95.29%
Number waiting 52+ weeks - Admitted pathway	0	0	0
Number waiting 52+ weeks - Non-Admitted pathway	0	0	0
Number waiting 52+ weeks - Incomplete pathway	3	0	3
Diagnostic Waits - receiving a diagnostic test within 6 weeks			
% receiving diagnostic test	98.69%	98.63%	99.07%
Cancer Waits (YTD)			
% seen within 2 weeks - from GP referral to first outpatient appointment	94.52%	94.60%	100.00%
% seen within 2 weeks - as above, for breast symptoms	96.92%	96.83%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	98.80%	98.53%	100.00%
% treated within 31 days - subsequent treatment (surgery)	98.06%	98.05%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	99.90%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	99.75%	99.64%	N/A
% treated within 62 days - following an urgent GP referral	91.67%	88.39%	N/A
% treated within 62 days - following referral from an NHS screening service	97.34%	95.72%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	95.08%	92.66%	N/A
Activity			
Number of Elective Admissions (FFCEs) (YTD)	68312	59680	4597
Number of First Outpatient Attendances (YTD)	160240	146136	6296
Number of Cancelled Operations offered another date within 28 days	N/A	1	2
Quality Standards			
Patient Reported Outcome Measures (PROMs) - Hip replacement	0.425	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Knee replacement	0.328	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Groin hernia	0.066	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Varicose veins	0.056	N/A	N/A
Patient overall experience of GP Services	85.80%	N/A	N/A
Patient experience of hospital care	77.30%	WIP	WIP
Friends and Family test: Inpatient - Response (QTR)		34.11%	
Friends and Family test: Inpatient - Score (QTR)		75.02	
Friends and Family test: A&E - Response (QTR)		9.37%	
Friends and Family test: A&E - Score (QTR)		66.83	

Footnotes:

[1] **Friends and Family Test:**
- Response rated against a national target of 15%; Score rated against the national average, as currently no set target

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