

## Month 4 Performance Report

Board Meeting

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1 September 2009

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Purpose of Paper	
To report the key performance issues as at month 4 of 2009/10, and to seek approval for action to be taken to address specific performance issues.	
Key Messages	
<p><b><u>2009/10 – Month 4</u></b></p> <ul style="list-style-type: none"> <li>• The Health Outcomes section of the report continues to be developed including benchmarking analysis in this month's report.</li> <li>• A&amp;E performance remains the highest priority for NHS Sheffield. The improved STHFT position for June has sustained in July (99%). An agreed action plan has been developed to monitor improvements in this area and a visit by the Intensive support Team is planned in September.</li> <li>• For all 3 CQC Ambulance targets, the declining performance seen for June has continued in July. Category B 19 minutes target is the greatest area of concern.</li> <li>• Eighteen weeks for Sheffield continues to be delivered in July for both inpatients and outpatients. However a number of specialties are giving cause for concern in the two local trusts including orthopaedics, neurosurgery and ENT.</li> <li>• Cancer waiting times targets are under performing, particularly the two week wait.</li> <li>• Chlamydia screening continues to below the planned trajectory as at month 4.</li> </ul> <p><b><u>Annual Health Check Forecast 2008-09</u></b></p> <ul style="list-style-type: none"> <li>• The PCT's forecast of achieving 'Good' has been revised to 'Borderline Good', with a very narrow margin for error.</li> </ul> <p><b><u>Performance Report Development</u></b></p> <ul style="list-style-type: none"> <li>• The Performance Report will develop over the coming months. New areas for this month include Productivity Benchmarking.</li> </ul>	
Strategic/Performance implications including links to Achieving Balanced Health	
Failure of achieving targets and core standards runs the risk of not achieving the "good" forecast for quality of services score. This is difficult to assess at this stage as the CQC have yet to publish their 2008/09 thresholds for all targets.	

<b>Resource Implications (including Revenue, Capital, Staffing etc.)</b>
The increase in the achievement of national targets and compliance on core standards, may to varying levels, require additional financial resources. This would no longer be relevant to 2008/09 targets but depend on the specific action plan agreed for delivering each target or standard in 2009/10.
<b>Links to Targets eg Business Plan, UoR, WCC, SfBH, NHSLA, IG Toolkit, and BAF</b>
Both the achievement of national targets and compliance with core standards are part of the Healthcare Commission's Annual Health Check process and therefore directly impacts on the CQCs performance assessment of the PCT.
<b>Associated Risks to the PCT</b>
The detailed report has 'Red' traffic lighted all areas which are deemed to be failing and are at real risk of targets/standards not being delivered during 2009/10 – which will directly impact on the PCT's performance assessment rating for the quality of services element.
<b>Consultation Requirements</b>
Core Standards work integrated into PPI processes
<b>Equality/Diversity Impact</b>
None directly.
<b>Recommendations</b>
<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• discuss and endorse the actions relating to the key performance concerns for Month 4,</li> <li>• note the new developments in the NHS highlighted,</li> <li>• note the change in the annual healthcheck forecast for 2008/09, and</li> <li>• note the developing nature of the Performance Report and it's planned changes.</li> </ul>

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## **Month 4 Performance Report**

### **Board Meeting**

**1 September 2009**

#### **1.0 Introduction**

The purpose of this paper is to highlight to Board:

- the latest update on Health Outcomes – including the new benchmarking intelligence,
- new developments in the NHS,
- the key performance issues for July 2009 – and their related actions,
- an update in respect of the 2008/09 Annual Health Check Forecast, and
- the latest developments in the Board Performance Report,

#### **1.1 Health Outcomes Update**

1.1.1 The increased importance of Health Outcomes (previously highlighted to Board) continues to take shape and become embedded within the Performance Report (see detailed report). The expected WCC data packs have not yet been released and proxy data continues to be used and reflected for a number of outcome areas (diabetes, DTOC, smoking and breastfeeding). The key points that should be noted are:

- The mortality rate per 100,000 population has improved from 649.9 in 2005 to 585.3 in 2008,
- The rate of MRSA infection has improved during the measured periods for 2005 through to 2007,
- The under 18 conception rate per 1,000 females aged 15 – 17, has improved with a 3 yearly average of 54 in 2001-2003 to 52.9 in 2003-2005. Provisional ONS data indicates a further reduction in the rate to 50.4 in 2007,
- The graph for Clostridium Difficile infection (reported last month) has been replaced with Health Inequalities – this is a nationally determined health outcome and had not previously been included. This target takes account of the multiple deprivation score for Sheffield – see table for the 2004 and 2007 scores,
- The definition for the Diabetes – controlled blood sugar indicator has changed. The former target measured patients with diabetes who have an HbA1c of 7.5 or less in the previous 15 months. For 2009/10, the threshold

has changed to an HbA1c of 7 or less. Future graphs will show current data (new definition) separate from historical data.

- 1.1.2 The Health outcomes benchmarking graphs have been created using the WCC data packs (published 2008) by the NHS Institute for Innovation and improvement. These graphs illustrate Sheffield's performance against both national and SHA peers. This enables the PCT to understand our relative position and identify those areas where improvements can be made. The key points that should be noted are:
- Sheffield PCT (SPCT) had performed better than the national median in the following indicators: Infants breastfed, DTOCs, Stroke deaths, MRSA, Life Expectancy (Males),
  - SPCT is the only commissioner in the Y&H SHA to appear in the bottom quintile (bottom 20%) for the Diabetes indicator,
  - SPCT is in the bottom quintile along with four other Y&H PCTs for the smoking quitters indicator.

## **1.2 New NHS Developments**

### **1.2.1 NHS Health Checks**

The NHS Health Check Programme is a new screening initiative from 2010/11 and will be reflected in the 2010/11 NHS Operating Framework. The Health Check Programme will be a systematic programme for those aged between 40 and 74. It will assess an individual's risk of vascular disease covering heart disease, stroke, diabetes and kidney disease. It is expected that PCTs will initially be targeting the high risk groups. This Programme as a whole is expected to prevent 1,600 heart attacks and strokes as well as preventing 4000 people from developing diabetes.

PCTs' are required to ensure next year that this is implemented. A minimum data set will be developed this summer and mandated from 1 April 2010. A non-mandatory data collection will also be released this autumn allowing PCTs to begin submitting data. This will allow the DH to monitor the effectiveness of this programme.

### **1.2.2 New Operational Standards for Cancer Waiting Times**

Operational standards were previously set for the existing commitments from the NHS Cancer plan. The change in reporting methodology has meant previous operational standards used for the assessment of cancer waiting times commitments are no longer suitable. The DH has therefore produced revised operational standards in response to these developments. The new operational standards acknowledges that for any given period there may be a number of patients who are not available for treatment within a waiting time standard. There are three reasons for this: the patient elects to delay their treatment through patient choice; or the patient is unfit for their treatment; or it would be clinically inappropriate to treat the patient within the standard time.

The operational standards give the minimum requirement to achieve our cancer commitments, although the target for all cancers remains at 100%. The DH will use the new operational standards as part of the assessment of deliverables within the Operating Framework. The DH expects the operational standards to be used

locally to inform the development of services and the monitoring of SLAs. They will also be shared with the CQC to inform the development of indicators and scoring systems for their formal assessment of organisational performance. The new operational standards range from 85% (for 62 day urgent GP referral to treatment – all cancers) through to 98% (for 31 day wait for second or subsequent treatment – anti cancer drug treatments).

### 1.2.3 Vital Signs Benchmarking

The NHS Operating Framework 2009/10 made a commitment for all PCTs to make public their 2008/09 performance against all their vital signs. A department of Health letter confirming this requirement was sent out at the end of July from David Flory – Director General of NHS Finance, Performance and Operations. By the end of September, each PCT must have made public their report which requires as a minimum for the report to go to the trust board, although other methods of engaging and presenting performance to provide transparent local accountability can be considered.

The report will enable local review of the 2008/09 position, provide an opportunity to update on progress and actions taking place during 2009/10, as well as facilitate an informed debate with partners, service users and the wider community on the priorities and service improvements for the coming financial year (2010/11). The PCT will be progressing the production of this report during the coming weeks.

The format and presentation of the report is to be determined locally. To assist the development of the report, the CQC has made available to each PCT, data sheets and guidance showing their PCT's final 2008/09 performance, the performance for each PCT in their relevant SHA and the England average where available. The detailed Performance Report shows Sheffield PCT's performance position against its targets and where available the England average. Each target has been RAG rated to gauge performance against target. The PCT's comparative performance against all PCTs in the SHA is available in the information pack.

## 1.3 Month 4 Performance - Key Issues

### 1.3.1 Maximum 4 Hour Wait in A&E

A&E performance continues to be of the highest priority for NHS Sheffield, particularly in light of the STHFT failing to achieve the 98% target level in 2008/09 (with actual achievement 97.82%). As at July 2009, the 4 month cumulative Sheffield wide position stands favourably at 99.82% (98.70% as at quarter 1). The monthly July position is 99.15% (compared to 99.34% in June) and comprises of 99% for STHFT (compared to 99.25% in June) and 99.64% for the SCHFT (compared to 99.64% in June).

**Action:** Achieving and sustaining performance above 98% remains a key priority. Following the issuing of a contract performance notice in the last quarter of 2008/09 the PCT then implemented an external review of the A&E service carried out by Lis Nixon Associates. This resulted in a number of recommendations which have been highlighted to the Board in June. In turn, this has contributed to the development and agreement of a new action plan by the STHFT aimed at ensuring

best practice is implemented in Sheffield to ensure delivery of this target in 2009/10. This is included in the detailed Performance Report.

It should be noted that, following discussions with Monitor including establishing a coordinated approach with them, the action plan is the same for both Sheffield PCT (as commissioner) and Monitor (as independent regulator). In brief the plan is on track and progressing well with risks clearly identified with actions being taken to address each one. Risks associated with sustained delivery are also acknowledged including the potential impact of flu, annual winter pressures, and wider health system issues such as those relating to the availability of beds.

Performance at STHFT will continue to be monitored on a daily basis and the latest performance suggests that the improved performance in May and June has continued to maintain in July. The PCT will continue to work closely with both the STHFT and SCHFT to ensure delivery of A&E performance within 4 hours over the new financial year. The agreed revised action plan will form the basis both for NHS Sheffield contractual monitoring and regulation through the Monitor. Arrangements have been made for the Intensive support team (IST) to visit the STHFT in September which will reinforce the local focussed work being undertaken and planned for 2009/10.

### 1.3.2 Ambulance Response Times

Following a positive performance in April and May, the deteriorating performance seen in June for all three CQC targets has continued in July. The 8 minute category A actual for July was 69.73% - compared to a June position of 74.57% and a target of 75%. The 4 month cumulative position stands at 74.33%. The 19 minute category A actual for July was 93.65% - compared to a June position of 95.80% and a target of 95%. The 4 month cumulative position stands at 95.45%. The category B 19 minutes actual for July was 86.74% - compared to a June position of 90.06% and a target of 95%. The 4 month cumulative position at 89.49% is significantly below target.

**Action:** For 2009/10, commissioners have contracted YAS to meet category A and B targets in respect of each PCT from 1 October 2009. Intelligence suggests YAS are committed to this proposal. In order to achieve a sustained level of performance above target throughout 2009/10, YAS plan to carry out a number of initiatives – previously detailed in the April Board performance report. The continued deterioration in performance across all three targets is of concern. NHS Sheffield are to establish the reasons for this before deciding on next steps.

### 1.3.3 Referral Levels – STHFT

Last month's report indicated that for the period April to June 2009, referrals to STHFT per working day were 6% higher than in the same period in 2008. This equated to a cumulative position of 12% above the PCT's phased plan for referrals for 2009/10 (which in particular is adjusted to reflect the PCT's plans to reduce demand for secondary care).

The equivalent figures for the cumulative period from April to July 2009 are not yet available.

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The Referral Information Service (RIS) continues to deal with increasing volumes of referrals. General Practice commitment to use the RIS continues to grow with 78% having committed to use service. Reports from the service are now being generated and Practice Based Consortia and individual practices are benefiting from the data being collated to inform their business plans.

**Action:**

- 1) Reports continue to be provided direct to consortia and access granted to practices to view reports online has been granted.
- 2) Work with PBC consortia is being progressed to review their demand management plans against the referral data now being reported together with encouragement to achieve 100% referral data collection to improve the value of the reports and information provided. The importance of referral management will be emphasised to consortia in the forthcoming quarterly reviews.
- 3) The IPCS schemes that contribute to savings through a reduction in referrals are being brought under one monitoring process that will be overseen by the new Planned Care Board and monitored by the Senior Managers Group. The Referral Information Service will be used extensively to produce performance reports against agreed metrics for each of these projects. This will give the leads for each of these projects (including PBC Consortia in many cases) real time data to establish the actual impact of initiatives against plans.

#### 1.3.4 Eighteen weeks Delivery

The eighteen-week performance for Sheffield as a whole (combining both the position of STHFT and SCHFT) continues to deliver the 18 week target with 93.22% of inpatients and 97.48% for outpatients in July (pre-validated).

For STHFT the July position is 92.85% (inpatients) and 97.81 % (outpatients), consistent with the previous month for both targets. For SCHFT this equates to July positions of 93.57% (inpatients) demonstrating a slight improvement and 96.27% (outpatients) a very small reduction on the previous months performance – review based on latest data.

The Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Childrens Hospital NHS Foundation Trust both have local delivery plans to achieve eighteen week performance at specialty level.

The Sheffield Children’s Hospital, NHS Foundation Trust, report on paediatric treatment function codes, which translates into only two of the national Treatment Function Codes; Paediatric Oral Surgery and ‘Other’. They are, however, being monitored against their local delivery plan for specialty level achievement of the eighteen week target.

The specialties that are causing most concern are Orthopaedics and Neurosurgery at STH and ENT and Neurosurgery at SCH. In each case discussions have taken place to agree remedial action and to develop a robust delivery plan for these specialties.

**Action:** Undertake a capacity review in Orthopaedics at STH and to develop plans to utilise additional capacity in Neurosurgery. The SCH have developed a remedial plan to delivery 18-week performance in ENT. The plans could affect delivery on a

monthly basis at paediatric specialty level but should not affect the quarter 2 position.

### 1.3.5 Infection Control

MRSA – The Locally agreed target for 2009/10 is 34 cases or less (or 2.83 per month). This equates to 32 for STHFT and 2 for SCHFT. In July there were three cases of MRSA. The 4 month cumulative position of five compares to a four month cumulative trajectory of 11.33 cases.

C Diff – Two separate targets have been agreed for 2009/10 (STHFT and Sheffield wide). For the STHFT an annual national target of 375 cases has been agreed (compared to 529 last year) and a locally stretched target of 304 cases has been agreed. The number of cases in July 2009 was 16 taking the total to date to 75. This is below both the national cumulative trajectory of 134 cases and the locally stretched cumulative trajectory of 101 cases. For the second of the two targets, a Sheffield wide annual target of 489 cases has been agreed (compared to 597 last year). This target includes acute trusts, private hospitals, GP, and community cases. The number of cases in July was 29 taking the total to date to 104 cases. This is also well within the month 4 cumulative trajectory of 170 cases.

**Action:** Having met all infection control targets in 2008/09, the PCT will actively work with all relevant stakeholders to ensure the new more challenging targets for this new financial year are met.

### 1.3.6 Breastfeeding at 6-8 Weeks from Birth: data completeness and prevalence

The Operating Framework 2008/09 identified the need to increase the prevalence of breastfeeding given the significant evidence showing the benefits to mother and baby. Two targets pertain to this area in 2009/10: Breastfeeding Coverage (target 90%) and Breastfeeding Prevalence (target 50.7%). Maintenance and improvement of coverage will have the consequent effect of raising prevalence levels. Coverage data for Quarter 1 stands at 90.28% exceeding the quarterly target of 86.3%. This quarterly coverage level gives a prevalence of breastfeeding at quarter 1 of 45.47% which is below the quarterly target of 49.2%. Incomplete data for July gives a preliminary coverage position of 71.51% resulting in a prevalence of 35.75%; these figures will improve as more data is recorded.

**Action:** Action plans for the Coverage and the Prevalence targets have now been presented to the Executive Team. A Business Case has been received from Provider Services on plans to implement the recommendations from the Price Waterhouse Coopers review. Separate Steering Groups have been established to steer delivery for both targets. The higher risk to the PCT remains performance against the Prevalence target. The Action Plan for Breastfeeding Prevalence will be validated against criteria for delivery, with particular emphasis on maximising the potential impact of the Peer Supporters coming into post in September.

### 1.3.7 Chlamydia Screening

The CQC target for 2009/10 is to screen 25% of all 15 to 24 year olds for Chlamydia. For Sheffield, this equates to around 23000 eligible screens. This year's target of 25% compares to a target last year of 17%. Latest intelligence for July shows a position of 1.5%. This compares to 1.5%, 1.4% and 1.3% for April,

May and June respectively giving a cumulative of 5.7%. This data is subject to cleansing which will reduce the number of eligible screens and therefore further reduce these percentages. This 4 month cumulative to date (5.7%) is below both the planned trajectory of 6.65% and the straight line trajectory of 8.33%. This is providing cause for concern, even though the planned expectation is that a greater proportion of the required number of total eligible screens are weighted in the latter half of the year. In addition to already existing initiatives (GP and Pharmacy incentive schemes), new initiatives are in place supporting delivery – the impact of which is expected to be visible in terms of numbers in the coming months. These are detailed in the action/delivery plan produced for this target.

**Action:** The focus has now shifted towards sustaining improvements seen last year towards delivering the more challenging target. The action and delivery plan has now been reviewed and updated to reflect this priority. Performance will continue to work closely with the operational lead to ensure the required increased number of screens, reflected in the plan are delivered including actively reviewing the validity and progress in respect of each action.

### 1.3.8 Cancer Waiting Times

Cancer Waiting Times targets for the PCT are also targets relevant to acute trusts and will form part of the CQC annual health check assessment for both commissioners and providers. The 2009/10 CQC thresholds for achievement are yet to be announced, but on the basis of recently published Dept of Health Operational Standards, concerns are being addressed in the following areas:-

1. All Cancers: Two Week Wait - the CQC target for 2009/10 is a two week maximum wait from urgent GP referral to first outpatient appointment for urgent suspected cancer referrals. From December 2009, this will be extended to cover breast symptoms referrals, regardless of whether cancer is suspected.

Shadow-monitoring of performance on the 'two week maximum wait from GP referral for breast symptoms', in preparation for December 2009, is showing an overall quarter 1 position of 27.9%. This compares to a target of 100% and a Dept. of Health operational standard of 93%. The 2009/10 CQC threshold for achievement is yet to be announced.

2. All Cancers: Two month urgent referral to treatment - from December 2008 the standard was widened to cover both referrals from the national screening programmes and from consultants where they request that the patient is managed on the two month pathway.

For the 'two month maximum wait from referral from a cancer screening service to first treatment', the overall quarter 1 position is 90%. This compares to a target of 100% and a Department of Health operational standard of 90%.

**Action:** The PCT has raised each of the above areas of concern with the STHFT and are liaising with the relevant operational leads to ensure appropriate solutions are identified to address the performance issues

### 1.3.9 Quality Update

The Assurance Committee is focussed on the performance of NHS providers in Sheffield. It met for the first time on August 19<sup>th</sup> and its purpose is to assure us that all health providers and independent contractors provide safe, effective and high quality care that delivers health benefits, positive outcomes and patient experience to the population of Sheffield. Meeting on a quarterly basis, the Committee will review the performance of our providers on key metrics including Care Quality Commission and Vital Signs indicators. Minutes of future meetings will be presented to the board on a quarterly basis.

Linking to the Assurance Group are the Clinical Quality and Performance Review Groups for each provider, where formal discussion on performance issues is held. These in turn inform the updates made weekly on the Quality Dashboard along with intelligence gained from the internal Quality and Performance Team Business Meetings.

Significant work has been undertaken to develop the Quality Dashboard as a system of reporting the performance of quality standards, indicators and targets. The dashboards will be developed further and key metrics will be agreed to measure performance.

The available information on patient experience has been collated for each provider. This will also be used to populate the quality dashboard. The information will be reviewed by the PCT to establish the breadth of the information and priority areas for new information will be established. This will lead to further developments in this area throughout the rest of the year.

The triangulation of the quality information described above in the dashboards will enable an overall picture to be established of each provider. This information will be used to establish plans for further improvements with each provider.

In August, the Assurance Committee considered a range of issues including:

Guidance from the Care Quality Commission (CQC) on reviews for 2009/10 was considered, which provides details of the declaration of core standards and registration of providers. All providers will be required to declare continued compliance with the Core Standards for Better Health in November 09. There will be no declaration in April 2010. Registration of regulated health and social care providers will be required April 09 against new essential common standards which will be published in December 09.

The Mid Staffordshire NHS Trust Action Plan update was received including the review by NHS Sheffield of its governance arrangements and performance against the recommendations from a DOH review of the Trust. The majority of actions are being addressed relate to world class commissioning competency action plans or are actions of our providers. Action plans from all key providers in Sheffield have been received and these are being reviewed and monitored via monthly contract quality review meetings.

### 1.3.10 Productive Discharge Update

This programme of work commenced in mid June. Two redesign workshops held in mid and late July with a total of over 100 people from across the health economy attending. The programme of work has Chief Executive ownership and support and is aiming to commence implementation of improvements in September 2009.

The outputs of the workshops are being developed into implementation plans across 6 workstream areas that cover the whole system from admission (including admission avoidance) to Discharge from the acute trust, to an appropriate setting for the patients continued care and support. The workstreams also cover the needs of specific needs of patients who require ongoing and long term care needs as well as considering the information management requirements across the whole system.

The work on productive discharge will therefore have a number of positive effects on key performance and productivity areas, most directly the target to reduce the volume of delayed discharges. Whilst the number of delayed discharges in Sheffield has reduced by approximately 85% over the last two years the current improved performance requires system changes for there to be confidence in its sustainability. The productive discharge programme will also support efforts to reduce length of stay and unnecessary acute admissions to the Teaching Hospital.

**Action:** The next phase of the work will ensure that the improvement plans for each of the workstreams are co-ordinated to ensure that the whole system is redesigned and measurable improvements delivered.

## 1.4 Annual Health Check Forecast 2008/09

The Care Quality Commission has now completed the ratification phase of data which will be used to assess health care organisations for the Annual Health Check 2008/09. The PCT has reviewed all the data and revisited our assessment of the forecast previously shared with the Board. Our assessment of achieving a 'Good' for Quality of Services has been revised to 'Borderline Good', and the margin for error is slim. Key areas of risk to the PCT centre around Access to Primary Care (as detailed in the August report to Board), Delayed Transfers of Care, Drug Misusers in Treatment and Immunisations. The PCT still awaits clarity on the thresholds for certain indicators and these still have the ability to impact on our final rating. The Ratings will be shared with individual healthcare organisations on 13th October 2009 with the national findings being available to the public on 15th October 2009. A report of the PCT's performance against the 2008/09 Annual Health Check will be presented to the Board in November.

## 1.5 Performance Report Development

- 1.5.1 The current schedules of the Performance Report primarily focus on national targets and standards viewed on the basis of each key provider contract together with a consolidated PCT level view. This allows for provider contracts to be reviewed against both activity and in terms of impact on achieving the targets set out in 'vital signs'. During the coming months, the Performance Report will develop

to include an increased number of areas which are considered to be of corporate importance to the PCT. This is in part a response to changing priorities of NHS Sheffield and an acknowledgement of the organisation's desire to become a Premier PCT and a World Class Commissioner.

The list of areas planned for inclusion will be incorporated in several phases during the course of 2009. The first phase of the performance report development is reflected in this month's report and includes Productivity Benchmarking, Local Area Agreement (LAA) Targets, and Patient Satisfaction (see below). Areas planned for inclusion in future phases include:

- Achieving Balanced Health,
- World Class Commissioning,
- Improvement Programme for Clinical Services(IPCS),
- The Quality Agenda,
- Primary Care (including a 'Dashboard' approach),
- Key corporate risks,
- Specialised services, and
- Medicines Management.

As the performance report develops and the areas within it evolve, the Board will be better empowered with intelligence relating to the key strands of the PCT's Business.

#### 1.5.2 Productivity Benchmarking

This is a new section in the report and details Sheffield's comparative position in respect of a number of productivity indicators and metrics (see detailed Performance Report). This will be updated on quarterly basis drawing on relevant productivity information from a number of comparative / benchmarking sources. This section will develop in future reports as more intelligence on metrics is sourced, analysed and presented.

Productive benchmarking acknowledges that effective healthcare is efficient healthcare in that the NHS Sheffield and the NHS as a whole should aim to deliver healthcare which is both value for money and high quality in nature. In other words providing the best quality care in the most efficient and cost effective way. This is of growing importance in light of the current financial climate. The basket of indicators/metrics highlighted in the report is considered to have the greatest potential for variation between organisations and the greatest impact in terms of potential costs and savings.

Each of the measured areas for Primary Care Trusts are marked against a base score of 100. Based on the demographics of the population in Sheffield, a score of 100 would be given if admissions / episodes within the given area, over a year, are what would be expected. A score of 110 would mean a 10% higher than expected level of admissions / episodes. A score of 100 however, does not necessarily indicate that improvements cannot be made. Each indicator also gives a ranking for the PCT or Trust. In each area this is a ranking out of 152 PCTs or 188 Trusts. Please note all data is up to Q4 2008. The scores achieved and potential savings are shown below:

## Primary Care Trust Indicators

- Managing variations in surgical thresholds – A score of 100 has been given to Sheffield PCT for this indicator. This is a 9.21% improvement on the previous quarter and the ranking has improved by 22 places from Q3 2008 to Q4 2008. However, there is still the potential to make £1,001,135 of saving and the score of 100 is still deemed to be rated as 'Red'.
- Managing variations in emergency admissions – A score of 145 has been given against this indicator with a national average of less than 110. This is 0.51% worse than the previous quarter and the Sheffield ranking has also worsened by 8 places to 144 at Q4 2008. It is anticipated that the potential savings that could be made are £12,662,962. Sheffield PCT is rated in the Red banding against this indicator.
- Managing variation in outpatient referrals – A score of 133.97 has been given against this indicator. This is 45.17% worse than the previous quarter and Sheffield PCT's ranking is 130. Potential savings in this area are indicated as being £4,135,434.

## Acute Trust Indicators.

### SCHFT

- Reducing length of stay – The rating given here is 13.8% against a national average of 13.1%. This is a 2.16% improvement on the previous quarter and means that SCHFT is ranked 127 at the end of Q4 2008. Potential savings are estimated at £1,659,953.
- Pre-operative bed days – A rating of 25.7% has been given which is a 0.16% improvement on Q3 2008. SCHFT has a rank of 130 for this indicator and potential savings are estimated at £1,288,643.
- New to follow-up – The rating given against this indicator is 2.6% comprising an improvement of 0.28% on Q3 2008. The trusts ranking has increased to 126 from 102 out of 188 Trusts. Potential savings are estimated at £976,117.
- Reducing DNA's – A rating of 15.7% has been awarded for SCHFT for this indicator which is 0.5% worse than Q3 2008. The PCT has dropped 1 position in the ranking and stands at 163 at the end of Q4 2008. Potential savings are anticipated at being £1,121,000 if improvements are made.

### STHFT

- Reducing length of stay – A rating of 14.1% has been given for the STHFT against this indicator. This is only slightly worse than the previous quarter, Q3 2008. The Trust is ranked 142 in this area with the potential to save £19,964,847.
- Pre-operative bed days – STHFT has a rating of 24.5% against this indicator which is 1.22% worse than Q3 2008. The Trust's ranking has worsened to 114 at Q4 2008 from 82. The potential savings are estimated at £13,751,706.
- New to follow-up – A rating of 2.6% has been awarded which is a slightly worse position than the previous quarter. The PCT's ranking has improved from 145

to 130. The indicator is traffic lighted as being in the Red with potential savings of £5,345,546.

- Reducing DNAs – This indicator is highlighted as Amber, the only Amber rated indicator for STHFT. The Trust ranks 71<sup>st</sup> and has been awarded a rating of 8.2%. Potential savings are estimated at £1,121,000.

### 1.5.3 Local Area Agreements (LAA)

Of the sixteen LAA targets, eleven of these are health related and the PCT has direct responsibility for five of these: mortality, smoking, mental health, breastfeeding and childhood obesity.

Performance is engaged with both the 'Health & Well Being' and 'Children & Young People' Partnership Boards within the local authority to monitor and report on performance. It is anticipated that quarter 1 09/10 local authority data will be made available following the council's September board meeting. The detailed LAA schedule in the Performance Report reflects the final 2008/09 quarter 4 position and where available the 09/10 quarter 1 performance. This will be regularly updated and reported to Board.

- For quarter 1 09/10 NHS Sheffield is currently rating performance against the breast feeding amber.
- Performance against the smoking quitters target is currently rated amber, with 580 confirmed smoking quitters at quarter 1 09/10.
- Performance against childhood obesity target will not be known until the measurement is completed in September 09 but early intelligence suggests that year 6 coverage will be rated 'green'.
- Performance against the mental health target will be confirmed following ratification by the local authority. Current indications show that there is some progress against this target in absolute terms, however with the number of clients on CPA increasing – this decreases the impact in percentage terms.

### 1.5.4 Patient Satisfaction

NHS Sheffield is committed to improving quality of care and listening to what patients, carers and the public tell us with respect to their experience of health services in Sheffield. To facilitate this, clear contractual requirements have been agreed with our local providers including arrangements for reporting patient feedback, The purchase of software – such as touch screens, electronic tablets and handheld sets will allow surveys to be conducted with greater ease.

It is anticipated that patient feedback information will translate into reports for each provider. This will allow analysis of activity numbers, responses, assurances for improvement, as well as comparative performance and benchmarking data. The nature of the reports will be twofold:

- Part 1: Complaints data, patient liaison and service reports, and patient surveys (both internal and external to each organisation).

- Part 2: Engagement activities information for each provider – contributing to the production of the commissioning patient experience report.

## **1.6 Recommendations**

The Board is asked to discuss and note:

- the latest update on Health Outcomes,
- new developments in the NHS,
- the month 4 key performance issues – and related actions,
- the 2008/09 Annual Health Check Forecast update.
- the Performance Report new inclusions and future development,

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On behalf of Ian Atkinson  
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