

18 Weeks Referral To Treatment (RTT)

The target for the RTT Specialities achieving is month-specific, as any specialty with less than 20 patients in a month is discounted.

18 Weeks RTT				
	Target	January	February	Monthly Change
STHFT (Sheffield patients only)				
RTT Admitted	90%	92.68%	90.53%	▼
RTT Specialities Achieving - Admitted*	16 (Feb)	11	10	▼
RTT Non-admitted	95%	97.27%	95.64%	▼
RTT Specialities Achieving - Non-admitted*	17 (Feb)	16	15	▼
RTT Incomplete pathways	92%	92.67%	92.22%	▼
SCHFT (Sheffield patients only)				
RTT Admitted	90%	95.41%	95.64%	▲
RTT Specialities Achieving - Admitted	1 (Feb)	1	1	◀▶
RTT Non-admitted	95%	96.67%	96.57%	▼
RTT Specialities Achieving - Non-admitted	1 (Feb)	1	1	◀▶
RTT Incomplete pathways	92%	95.17%	96.14%	▲
CCG				
RTT Admitted	90%	92.95%	90.95%	▼
RTT Specialities Achieving - Admitted	16 (Feb)	11	10	▼
RTT Non-admitted	95%	97.19%	95.76%	▼
RTT Specialities Achieving - Non-admitted	17 (Feb)	16	14	▼
RTT Incomplete pathways	92%	92.90%	92.70%	▼

* Note: 19 specialties in total, two of these indicating numbers less than 20 patients therefore not included in measures.

18 Weeks RTT Waits

Three key 18 weeks RTT measures are now monitored at specialty level for 18 week wait performance (previously these were required at aggregate level only).

STHFT - February data relates to Sheffield-registered patients only

Admitted: The Trust has achieved the overall 90% measure required with a performance of 90.53%; however, the decreasing trend indicated last month has continued in February and forms a key topic for discussion at the Executive Performance Group. The number of individual specialties not achieving the measure this month has risen to 6 from 5 in the previous month. Dermatology, Trauma & Orthopaedics (T&O) and Urology have underachieved against this measure for the last 4 months; Plastic Surgery for the previous 3. Cardiology and Cardiothoracic Surgery have also underachieved this month.

Non-Admitted: At 95.64%, the Trust has achieved the required 95% measure, although the performance trend is a decreasing one. At specialty level, Rheumatology and T&O did not achieve the measure, whilst Neurosurgery has improved its performance to achieve the measure this month.

Incomplete Pathways: This measure requires 92% of patients to receive their first definitive treatment within 18 weeks. The Trust has again achieved this measure at aggregate level. At specialty level, 6 underperformed against the requirement: Cardiology, General Surgery, Neurosurgery, Plastic Surgery, T&O and Urology.

SCHFT - February data relates to Sheffield-registered patients only

Admitted: The Trust has again achieved this measure and with its performance of 95.64% slightly above that of last month, the upward performance trend evident over recent months continues. Only 1 specialty - 'Other' - is reported this month, 'Oral Surgery' being excluded due to a small volume of patients which exempts them from measurement.

Non-admitted: The Trust has again achieved this measure, although performance is slightly down on the previous month. Again only 1 specialty - 'Other' - is reported this month, 'Oral Surgery' being excluded due to a small volume of patients which exempts them from measurement.

Incomplete Pathways: The Trust continues to achieve this measure.

Diagnostic Waits

Diagnostic Waits over 6 weeks	<u>Target</u>	<u>January</u>	<u>February</u>	<u>Monthly Change</u>
STHFT (Sheffield patients only) Diagnostics: Waits over 6 weeks	1%	0.10%	0.05%	▼
SCHFT (Sheffield patients only) Diagnostics: Waits over 6 weeks	1%	1.30%	0.75%	▼
CCG Diagnostics: Waits over 6 weeks	1%	0.30%	0.13%	▼

Diagnostic Waits:

Diagnostic waits have been monitored nationally for several years. However, as part of the operating framework 12/13, providers are expected to have less than 1% of patients waiting over 6 weeks for 15 identified key diagnostic tests.

STHFT: Measure continues to be achieved.

SCHFT: Supported by close working between the Trust and the CCG, the Trust has improved its performance to achieve this measure in February having failed for the previous three consecutive months.

Diagnostic Other (measured against planned activity - this data cannot be split by provider, so an overall rating for the CCG has been applied):

Endoscopy: Year to date overperformance of 11.36% being a slight increase on the previous month's position of 10.5% above plan.

Non-Endoscopy: Year to date overperformance of 1.58% being an increase on the position of 0.93% above plan indicated last month.

52+ Week Wait Patients (zero position required for this measure)

STHFT: The Trust has achieved the required zero position, having improved on last month's position of 1 patient in this category.

SCHFT: The Trust reported 2 Sheffield-registered patients in this category in January and have reported the same position for this month; when factoring in non-Sheffield patients this figure rises. As previously reported, high priority discussions continue with the Trust including weekly position statements being received in order to achieve the required number of zero 52+ week waiters by 31st March 2013.

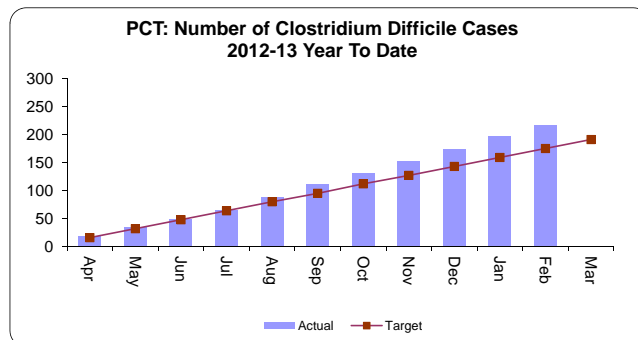
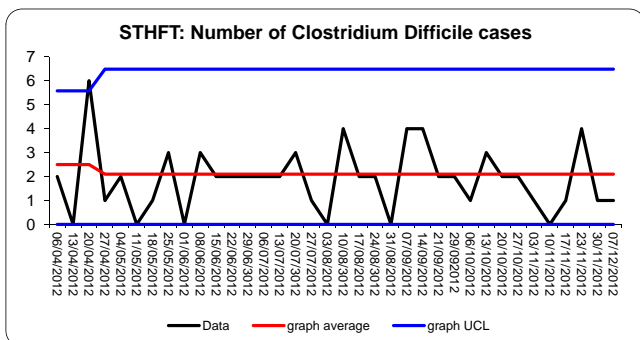
As reported last month, we have informed SCHFT formally that, beyond 1st April 2013, if there are any breaches we will apply the contract as per the Zero Tolerance requirements; we will also invoke immediate formal contract management processes with them.

APPENDIX B: Provider Performance Measures

Infection Control - Health Care Acquired Infections (HCAI)

The 2012/13 targets are far more challenging than in previous years, providing less flexibility for breaches.

HCAI	Target	January	February	Monthly Change
MRSA - STHFT (YTD)	1	3	3	↔
MRSA - SCHFT (YTD)	1	0	0	↔
MRSA - CCG (YTD)	6	3	4	▲
Clostridium Difficile - STHFT (YTD)	134	87	94	▲
Clostridium Difficile - SCHFT (YTD)	3	6	6	↔
Clostridium Difficile - CCG (YTD)	191	198	216	▲



More information on Clostridium Difficile can be found in the Quality Dashboard section in the main report.

Integrated Performance Measures Return (IPMR) - Health Priorities (DH-identified)

CCG: IPMR - Health Priorities	Target	Q2 12/13	Q3 12/13	Quarterly Change
Maternity				
12 week maternity appointments	90% *	95.54%	96.22%	▲
Stroke				
Stroke patients - time on stroke unit	80% *	88.74%	87.81%	▼
TIA assessed and treated within 24 hours	60% *	100.00%	100.00%	↔
Diabetic Retinopathy				
Diabetic retinopathy screening	100%	111.78%	110.46%	▼
Delayed Transfers of Care (DTOC age 18+)				
Average DTOC per 100,000 (acute)**		1.473	0.810	▼
Average DTOC per 100,000 (non-acute)**		2.725	3.094	▲

* = 2010/11 targets - no trajectories/targets required by the Department of Health for 2011/12
 ** = Calculated using Attribution dataset GP registered populations 2011 (IC website) until 2012 available

The Q3 position for key 2012/13 IPMR targets shows that all targets are being achieved.

The DTOC position fluctuates month on month. Although the Q3 average non-acute rate is higher than at Q2, current rates for both acute and non-acute (Q3 YTD - 1.289 and 2.910 respectively) remain very low and give no cause for concern.

NHS Health Checks commentary overleaf

NHS Health Checks (other DH-identified IPMR Health Priority)

Sheffield has been committed to delivering the 2012/13 target of 20% of the eligible population being offered a health check. Sheffield's plan is to deliver a formal, systematic screening programme on a 5-year rolling basis, in which 20% of eligible people are screened in 2012/13. (This proportion is likely to increase in the subsequent years of the programme).

As at the end of December (Q3), 4,102 eligible patients have been offered an NHS Health Check and 1,411 patients have received an NHS Health Check. This performance to date however means the planned levels for this year are not likely to be achieved. The month 10 position is not currently available. The operational lead is currently reviewing what the realistic end of year forecast performance is likely to be. This will be reported once it is available.

Action:

Support has been made available at the CCG to assist practices in meeting their target numbers. This will be closely monitored in the coming weeks and months to ensure sound progress is made towards improving the 2012/13 performance.

Cancer Waiting Times (CWT)

PLEASE NOTE: Feb 2013 data is preview data only & illustrates a draft position. This is subject to change.

CWT cumulative Year To Date (except for preview data)			
	<u>Target</u>	<u>January</u>	<u>February</u>
STHFT			
2 week wait	93%	95.00%	97.00%
2 week wait for Breast Symptoms	93%	96.00%	93.00%
62 days Standard	85%	82.00%	85.00%
62 days (Screening)	90%	100.00%	92.00%
62 days (Consultant Upgrade)	N/A	86.00%	92.00%
31 days to first treatment	96%	96.00%	99.00%
31 days to subsequent treatment (Surgery)	94%	93.00%	100.00%
31 days to subsequent treatment (Drug)	98%	100.00%	100.00%
31 days to subsequent treatment (Radiology)	94%	99.00%	99.00%
SCHFT			
2 week wait	93%	97.82%	Apr
31 days to first treatment	96%	100.00%	Apr
31 days to subsequent treatment (Surgery)	94%	100.00%	Apr
31 days to subsequent treatment (Drug)	98%	100.00%	Apr
CCG			
2 week wait	93%	95.13%	Apr
2 week wait for Breast Symptoms	93%	95.90%	Apr
62 days Standard	85%	92.54%	Apr
62 days (Screening)	90%	98.70%	Apr
62 days (Consultant Upgrade)	N/A	93.45%	Apr
31 days to first treatment	96%	98.79%	Apr
31 days to subsequent treatment (Surgery)	94%	98.03%	Apr
31 days to subsequent treatment (Drug)	98%	100.00%	Apr
31 days to subsequent treatment (Radiology)	94%	97.47%	Apr

STHFT and CCG Cancer Waiting Times

STHFT preview data for February and final data for January shows an overall continuation in the achievement in 2012/13 year to date. This includes the 2 underperforming targets at STHFT in January.

Actions:

Continued monitoring of performance to support early notice of - and collaborative action with - STHFT on any emerging issues.

Sheffield Health and Social Care NHS Foundation Trust

Three of the seven targets highlighted in the table below have not been achieved in February. Key points to note are:

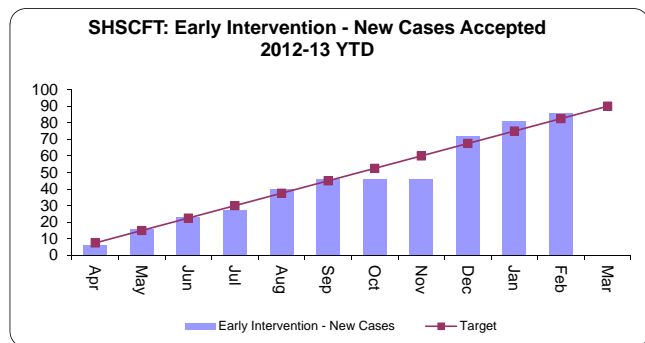
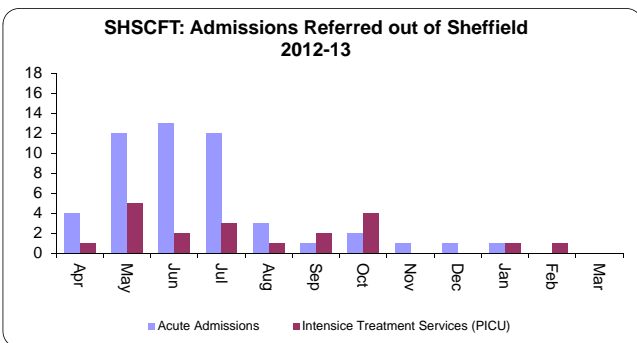
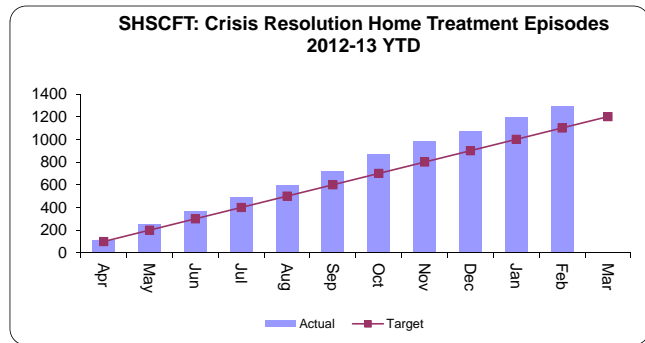
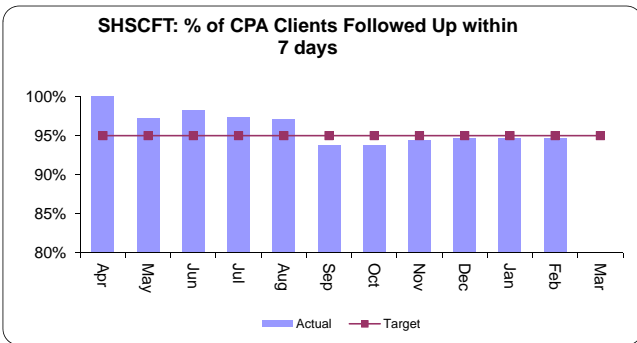
1. Crisis Resolution/Home Treatment: As at the end of February, there have been 1,292 home treatment interventions against a 11-month target of 1,101. A straight-line year-end forecast would translate to 1,409 interventions, compared to a 1,202 annual target. This would equate to a 17% over-performance.

2. CPA 7 day follow up: February's monthly performance has increased to 100%. The cumulative position at the end of February remains below the 95% achievement threshold at 94.6%. In summary, 3 cases were not followed up within 7 days in quarter 3 and 1 case was not followed up in January. Actions to strengthen confidence in on-going performance are being implemented, including team-level review and confirmation reporting that follow up has taken place in advance of the 7 day period lapsing; and more consistent approaches and actions from day 5 onwards, regarding maintaining proactive actions to contact the client to ensure they remain well.

3. Psychosis intervention: Capacity in January of 261 fell short of the 270 target level, having achieved in previous months. The position for February is 258. This target is not expected to be problematic for the remainder of the year. Reasons for this are varied and the CCG will be discussing/reviewing with colleagues at SHSCFT in due course.

4. Psychological therapy services: The quarter 3 performance for psychological therapy indicators is exceeding their respective target levels, except for the % of referred patients who are receiving the therapy. The performance has been affected by capacity issues within the service. The Trust are addressing this and anticipate an improvement throughout quarter 4.

SHSCFT Indicators	Target	January	February	Monthly Change
Crisis Resolution / Home treatment	1202	1195	1292	▲
Psychosis intervention - New cases (YTD)	90	81	86	▲
Psychosis intervention - Maintain Capacity	270	261	258	▼
CPA 7 day follow up (YTD)	95%	94.70%	94.60%	▼
Anxiety/depression:		Q2	Q3	
% receiving Psychological therapy	3.3%	3.96%	5.38%	
% referred for psychological therapy receiving it	65.5%	73.61%	62.82%	
Psychological therapy pts. move to recovery	44.40%	77.46%	76.28%	



APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

For January 2012, both the Cat A 8 (overall) and 19 minute targets continued to be achieved at the YAS Trust level.

The 8 minute target has been further split into two parts: Red 1 and Red 2. This split reflects the way Ambulance Trusts already sub-divide their Category A calls for operational purposes:

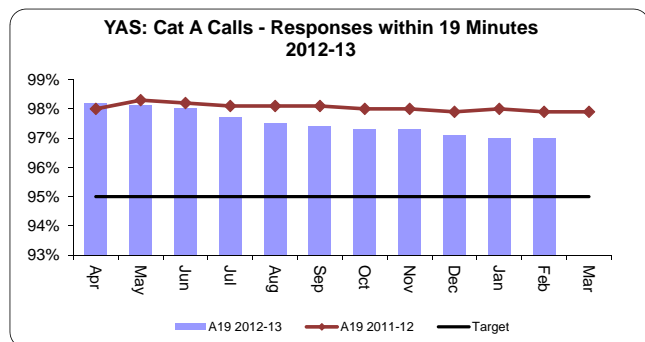
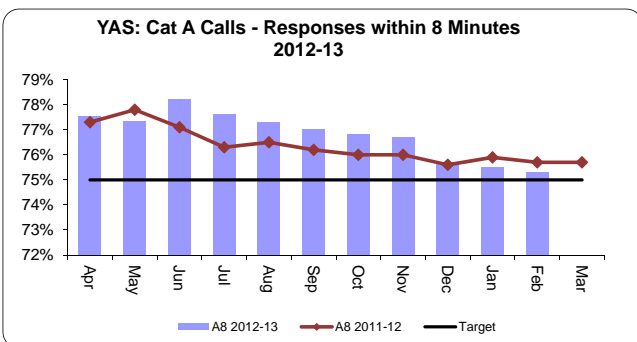
1. Red 1 calls are the most time-critical and cover cardiac arrest patients who are not breathing and do not have a pulse and other severe conditions such as airway obstruction. These make up less than 5% of all calls.
2. Red 2 calls are serious but less immediately time-critical and cover conditions such as stroke and fits.

February performance has decreased for Cat 8 Red 1 to 72.4%. The overall Cat 8 target has reached the target.

Action: YAS have deployed additional capacity to support the achievement of the required targets and have additional impetus to achieve the targets, as this will be linked to their Foundation Trust application and status. They have plans for additional investment in 2013/14 to improve their vehicle fleet and they are currently reviewing their workforce model to ensure a more effective service delivery model.

YAS Indicators

	Target	January	February	Monthly Change
Cat A 8 minutes Overall (Cuml)	75%	75.50%	75.30%	▼
Cat A 8 minutes Red 1 (Cuml)	80%	72.60%	72.40%	▼
Cat A 8 minutes Red 2 (Cuml)	75%	75.70%	75.50%	▼
Cat A 19 minutes (Cuml)	95%	97.00%	97.00%	◄►



Data has increasingly become available for the new quality indicators and shows there is a varying degree of fluctuation month-on-month. As target levels have not yet been published, RAG ratings are not reflected in the table below.

Quality Indicators

	Target	December	January	Monthly Change
Recon after discharge (phone)		15.1%	0.0%	▼
Recon after discharge (Treatment at scene)		9.1%	0.0%	▼
Recon after discharge (Frequent Caller)		1.8%	0.0%	▼
Time to answer call (Median)	5 sec	1	0	▼
Time to answer call (95th Percentile)		37	0	▼
Time to answer call (99th Percentile)		100	0	▼
Time to treatment (Median)		6	0	▼
Time to treatment (95th Percentile)		16.2	0	▼
Time to treatment (99th Percentile)		24.6	0	▼
Call closed with advice (Phone advice)		5.1%	0.0%	▼
Call closed with advice (Transport)		25.3%	0.0%	▼
Clinical Indicators		<u>September</u>	<u>October</u>	
Outcome from Cardiac Arrest (CA) All		27.4%	0.0%	▼
Outcome from CA Utstein Group (UG)		60.9%	0.0%	▼
Outcome from acute STEMI Angioplasty		85.4%	0.0%	▼
STEMI Care Bundle		79.5%	0.0%	▼
Outcome from Stroke 60 min to Stroke Unit		62.6%	0.0%	▼
Stroke - Appropriate Care Bundle		96.5%	0.0%	▼
Outcome from CA - Survival to Discharge All		10.3%	0.0%	▼
Outcome from CA - Survival to Discharge UG		36.4%	0.0%	▼
Service Experience		N/A	N/A	

Sheffield Teaching Hospitals NHS Foundation Trust

Performance Against Contract Target at Month 11, April - February 2013

Total Referrals: 1.4% above target
Outpatient First Attendances: 2.1% above target
Elective Inpatient Spells: 3.8% above target

GP Referrals: 1.2% above target
Follow-up Attendances: 3.9% above target
Non Elective Spells: 4.9% above target

Figure 1. Total Referrals

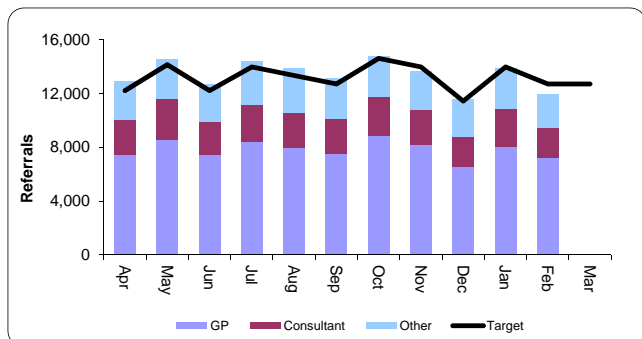


Table 1. Referrals to Outpatient First Attendance

	Actual	Target	Var	% Var
Total Referrals	147,268	145,290	1,978	1.4%
GP Referrals	86,151	85,122	1,029	1.2%
Consultant Referrals	28,853	30,390	-1,537	-5.1%
Other Referrals	32,264	29,778	2,486	8.3%
Consultant:GP Referrals Ratio	0.33	0.36	-0.02	-6.2%

Figure 2. Outpatient First Attendances

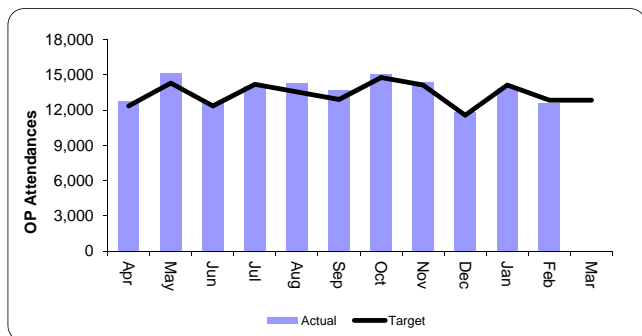


Figure 4. Elective Spells

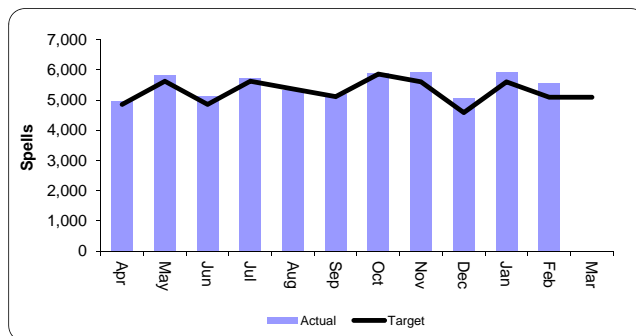


Figure 3. Outpatient Follow-up Attendances

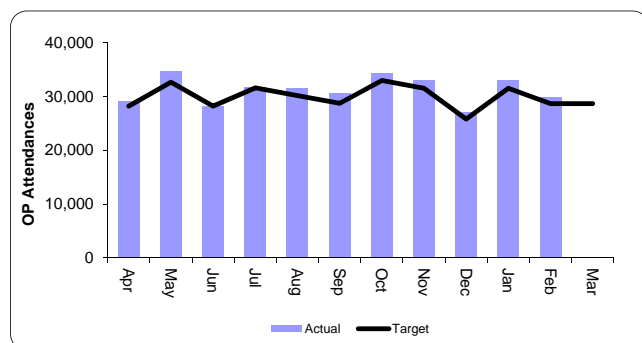


Figure 5. Non Elective Spells

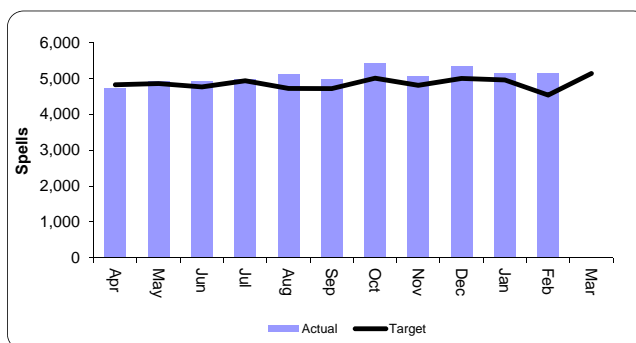


Table 2. Outpatient Activity

	Actual	Target	Var	% Var
First	150,227	147,195	3,032	2.1%
Follow-up	342,856	330,083	12,773	3.9%
OP Payable Procedures	63,479	62,934	545	0.9%
Follow-ups:First Ratio	2.28	2.24	0.04	1.8%

	Actual	Target	Var	% Var
Elective	60,435	58,211	2,224	3.8%
Non Elective	55,791	53,174	2,617	4.9%
Excess Bed Day Costs (£000s)	£9,302	£10,692	£-1,390	-13.0%

Source: STHFT Contract Monitoring, excluding SCG activity

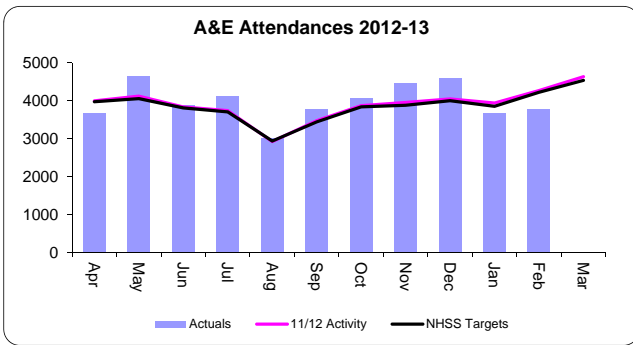
Excludes Clinical Psychology, Diabetes, Hearing Services and Palliative Medicine outpatient referrals and attendances

Excludes Restorative Dentistry outpatient referrals

Excess Bed Day Costs include MFF

Sheffield Children's NHS Foundation Trust

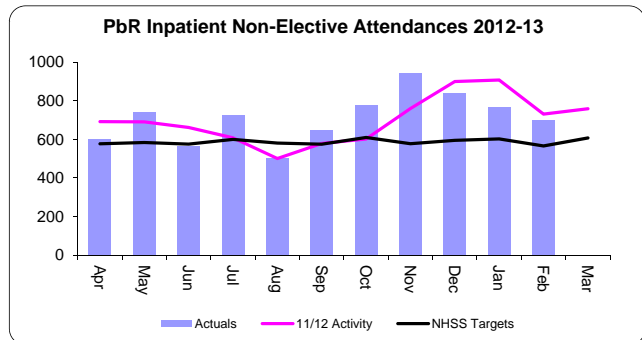
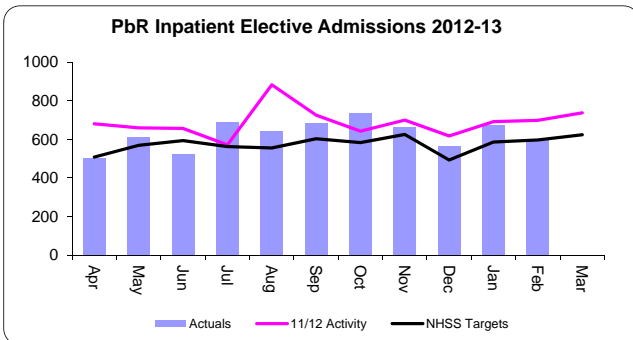
2012/13 Actual performance against Plan and 2011/12 performance



A&E activity continues to fluctuate into 2012/13. February has seen a slight rise in attendances following the reduced level in January. However, the February level is still below its target level.

As at the end of month 11, SCHFT's cumulative A&E performance is 97.74% and remains well above the '95% within 4 hours' target level, as was the case throughout 2011/12.

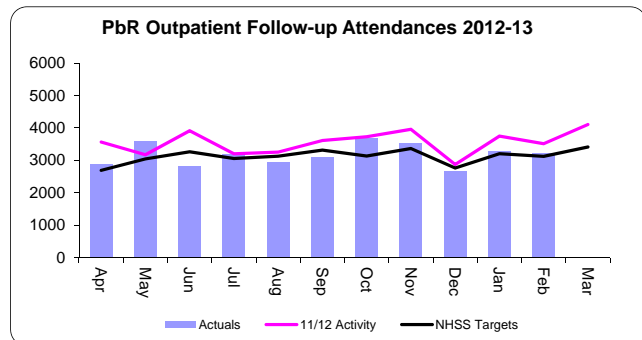
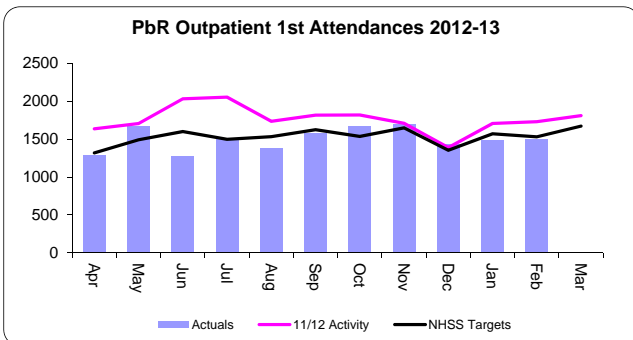
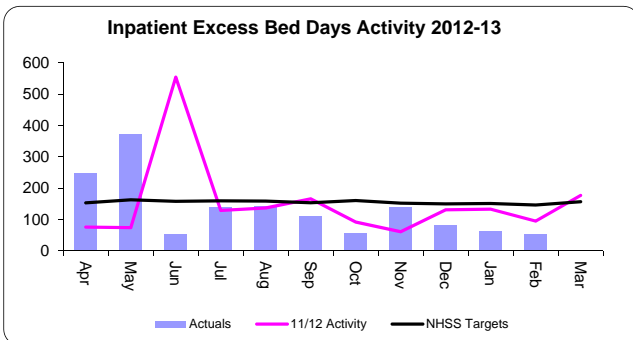
It should be noted that all A&E attendances at the Trust are Type 1 in nature.



Non-electives from September to February have seen marked increases from the levels seen in August and represent levels that have exceeded this year's targets for six months. However, levels have been below those seen in 11/12 since December.

Excess Bed days remain well below their target level for the ninth consecutive month.

Electives are at target level, having exceeded target for seven months. Outpatient firsts and follow-ups continue to fluctuate but remain close to target levels.



Position to February 2013:

SCHFT outpatient firsts are undertrading by 242 attendances and follow-ups are overtrading by 788. In terms of elective activity, there is currently an overtrade of 604 spells. Non-elective activity is currently overtrading by 1,355 spells. Excess bed days are underperforming by 252 bed-days. There is currently an overtrade on A&E attendances of 2,010.

Activity figures are from SCH contract monitoring info
SCH Finance Team