

Month 7 Quality and Outcomes Report

Governing Body meeting

M

5 December 2013

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Key messages	
<p>1. This is the new Sheffield CCG Quality and Outcomes report, the design and content of which reflects the principles agreed at CCG Governing Body on 7 February 2013.</p> <p>As this is a public document, the aim has been to include a degree of 'context setting' and to use plain English, rather than NHS terminology.</p> <p>2. The Quality Standards section continues to be redesigned and will be further developed as the CCG approach to ensuring and reporting on quality is reviewed, in light of the Francis Report.</p> <p>3. An assessment of current levels of achievement against 2013/14 requirements, using the most recent data available, suggests that Sheffield is already well placed for delivery of the majority of the NHS Constitution Rights and Pledges.</p>	
Assurance Framework (AF)	
<p>Assurance Framework Number:</p> <ul style="list-style-type: none"> 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) <p>How does this paper provide assurance to the Governing Body that the risk is being addressed?</p> <p>The Quality and Outcomes report provides the latest information and data on the key quality outcomes that CCGs are required to provide assurance against. Where appropriate, clinical portfolio teams provide regular updates each month on progress reports and remedial action plans on those areas that are not achieving the required levels of performance. Reporting also takes place at CET and Planning and Delivery Group. Escalation through operational leads is to the Planning and Delivery Group, in the first instance.</p> <p>Is this an existing or additional control: Existing</p>	

Equality/Diversity Impact
<p><i>Has an equality impact assessment been undertaken?</i> NO</p> <p><i>Which of the 9 Protected Characteristics does it have an impact on?</i> None</p>
Public and Patient Engagement
None planned
Recommendations
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> • 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

Quality & Outcomes Report

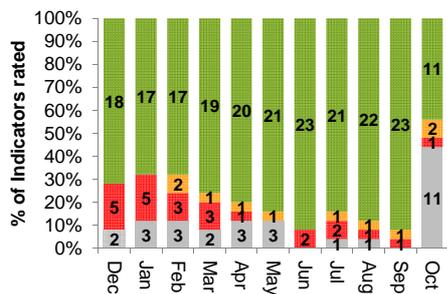
Month 7 position

For the December 2013 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:	
	Ambulance Crew Clear times
	Ambulance handovers, 52+ week waits

Headlines

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

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

Waiting times & access to Diagnostic tests: Sheffield CCG, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Children's NHS Foundation Trust (SCHFT) continue to meet their requirements to ensure the majority of patients are seen and treated within 18 weeks - and 6 weeks for diagnostic tests. However, there was 1 patient in October at STHFT, attributed to the CCG, who had waited over 52 weeks to be seen; the Trust have confirmed that this patient has now received treatment. The CCG have raised concerns with STHFT and is monitoring the situation closely and has put in place additional measures in an attempt to prevent non-achievement of pledges at Trust-level during the winter period.

A&E waiting times: All local providers continue to meet the pledge 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 will oversee business continuity plans over the winter period; a number of additional schemes to improve capacity and flow over this period have been approved and are being mobilised.

Ambulance & crew response times: Yorkshire Ambulance Service (YAS) continue to meet the national requirements around ambulance response times, although a contract query was issued (and sanctions imposed) for in-month issues since July with meeting the requirement for Red 2 calls seen within 8 minutes. A draft action plan has been prepared by YAS; this will be updated and formally re-submitted in response to some queries.

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 is still below what is expected. YAS are working to reduce the number of delays and Commissioners have agreed with them, for 2013/14, that they will reinvest any handover penalties accrued, providing satisfactory improvement plans are in place.

Quality and Safety

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

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

Headlines

Ensuring that people have a positive experience of care:

The Friends and Family Test (FFT) - The combined scores at Quarter 2 are good (for STHFT, they are consistently greater than 75 and higher than the combined score of other similarly sized - and similar type - Trusts). However, the response rate still requires improvement and so will be kept under regular review. A 3-month trial commenced in November in STHFT A&E of texting patients following discharge, to improve response rates. Nurse Directors are now monitoring Inpatient wards weekly and will be following up those with lower than average scores; this approach demonstrated improvements in October on the lowest-scoring 10 wards.

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

Delivery of the nationally agreed FFT rollout plan to the national timetable - The FFT in maternity services at STHFT has now been implemented and the Trust are now awaiting publication of scores. Plans are in place to roll out to Day Surgery and Community services by 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 17 cases attributable to the CCG reported in October is the same as last month, but is higher than the 13 forecast for the month. STHFT reported 8 cases, against their forecast 7. SCHFT have reported 1 case this month, against their forecast 3.

MRSA - As 2 cases attributable to the CCG have been reported (1 in April and 1 in September), the 'zero tolerance' policy in place for 2013/14 has not been achieved.

Quality Premium

The quality premium is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

To be eligible for a quality premium payment, a CCG must manage within its total resources envelope for 2013/14. A percentage of the quality premium will be paid for achievement of each of the improvements as set out below.

The amount paid will be reduced for CCGs who do not meet the 4 specified NHS Constitution Rights & Pledges.

A reduction of 25% will be made to the quality premium for each relevant NHS Constitution measure not met.



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

	<u>Page</u>
Reducing potential years of life lost from amenable mortality	
● Potential years of life lost (PYLL) from causes considered amenable to health care	17
Reducing avoidable emergency admissions	
● Reduction in Emergency admissions for acute conditions that should not usually require hospital admission	16
● Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	17
● Reduction in Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	19
● Reduction in Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	19
Improving patient experience of hospital services	
● Friends and Family Test - delivery of the nationally agreed rollout plan to the national timetable	11
● Patient experience of hospital care and A&E services - measured by Friends and Family Test	11
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)	17
● Local Priority 2: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	15
● Local Priority 3: Reduce the average waiting times in Speech & Language Therapy (SALT) at SCHFT from 21 weeks	19
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 15-20).

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

Acute Services Portfolio - Elective Care: The portfolio continues to look at ways of improving elective care. With reference to the local measure on patient experience of Community-based podiatric surgery, the CCG continues to receive positive feedback on this service.

Acute Services Portfolio - Urgent Care: A small number of key indicators have been identified following discussions within the CCG and the Commissioning Support Unit (CSU), intended to assist in the reporting of the system's delivery of key changes in the Urgent Care System and progression towards 7 day working. It is anticipated there will be a level of iteration before these can be finalised and reported on a regular basis.

Long Term Conditions, Cancer and Older People: With reference to Chronic Obstructive Pulmonary Disease (COPD), a clinical effectiveness audit has been undertaken of the community clinic service and an action plan has been agreed as a result. The programme of work to identify and assess all those with oxygen in the community is nearly complete and a service is now in place to enable all patients with a clinical need for oxygen to benefit from specialist assessment. Issues have been identified regarding spirometry and an option appraisal of plans to deliver improvements has been undertaken. Work is underway to ensure co-ordination between primary and secondary care regarding respiratory therapy.

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.

Children and Young People: Work continues in looking at the children's urgent care pathway with the CCG's provider and the plan is to review the clinical management within primary care, to assess the need to develop further plans in this area. The CCG leads are continuing to establish the method of reporting improvements for the chosen local measures and also the frequency of these for future reports.

Quality Innovation, Productivity and Prevention (QIPP) Outcomes

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

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

The latest update on individual schemes is provided in the detailed QIPP section of this report (see pages 21-24).

CCG Assurance and the Balanced Scorecard

The quarter 2 assurance process is now underway. The CCG submitted the self-certification within the required timeframe and the Q2 checkpoint meeting with NHS England will take place on 4th December 2013.

Based on the submitted self-certification, the following areas are noted:

- 1) Provider Issues - there are only a small number of concern areas i.e. the CCG are working with local providers on some aspects of quality.
- 2) Clinical Governance, Emergency Preparedness and plans in response to Winterbourne - no areas of concern.
- 3) Local Priorities - no areas of concern.
- 4) Timeliness & Quality of Internal & External Audit - no concern.

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Public Health Outcomes Framework (PHOF)

The table in Appendix D shows the indicators for which quarterly data should be available. Since last reported in August, data for successful completion of drug treatment (opiate and non-opiate - % of adult users in treatment) and women eligible for screening who have been adequately screened (breast and cervical - % women) have been updated.

Treatment completion rates for both opiate and non-opiate users deteriorated in 2012 compared to 2011, and for both of these Sheffield is doing significantly worse than England as a whole. The Drug and Alcohol Commissioning Team has been aware of this deterioration from local performance data, and have been working with local providers both to understand and rectify the position. Drug treatment services are shortly to go out to tender again, and this will provide further opportunity to review the approach taken by providers, but it may be that a more radical overall approach is needed.

Both breast and cervical screening uptake has deteriorated slightly in the latest time period (2013) compared to 2012, but in both cases is still significantly better than England. This will be followed up with NHS England, who now commission these services.

In future quarters we will provide up to date data and commentary on actions being taken to address particular problems. Consideration is also being given to appropriate indicators, other than PHOF ones, which could be reported.

NHS Constitution - Rights & Pledges

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

In August (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 Commissioning Board 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 December 2013:

STHFT continue to achieve the 18 week wait standards at Trust level; however, the CCG is increasingly concerned over a deterioration in levels of achievement against the Trust-wide indicators over recent months and the continued failure of some of the 18 week wait standards at speciality level. Concerns also remain around the backlog wait for a range of speciality areas. The CCG is monitoring the situation closely and has put in place additional measures to seek assurance that identified 18 week wait issues are being addressed at speciality level, in an attempt to prevent failure of the pledges at a Trust level during the winter period.

The CCG is aware that STHFT had one 52 week wait patient during October and has sought assurance that the patient has now received treatment, which has been confirmed by STHFT. The appropriate contractual sanction will be applied.

Positives:

- Admitted, non-admitted and incomplete waits are being achieved.

Negatives:

- STHFT - and hence the CCG, as attributed there - have a 52 week waiter on the non-admitted pathway; the speciality is 'Other'.
- The incomplete waits backlog is still relatively high for both STHFT and the CCG; this started in June, worsened in July and remains the case in October. This could potentially impact on longer patient waits moving forward.

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.

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



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A&E Waits

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

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



Additional for 13/14:
No patients waiting more than 12 hours from decision to admit to admission



Cancer Waits

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

From GP Referral to First Outpatient Appointment

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



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



From Diagnosis to Treatment

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



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



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



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



From Referral to First Treatment

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



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



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



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

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Category A ambulance calls

Category A calls are for immediately life threatening conditions. Red 1 calls are the most time-critical and include cardiac arrest, patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction. Red 2 calls are serious but less immediately time-critical conditions such as stroke and fits.

Issues & Actions December 2013:

Ambulance handover and crew clear times: Yorkshire Ambulance Service (YAS) are working to reduce the number of hospital handover delays. Commissioners have agreed with YAS for 2013/14 that they will reinvest any handover penalties accrued by YAS if YAS produce a satisfactory improvement plan to show progress against the pledges and how the monies will be reinvested.

Indicator Development

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

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

- Ambulance handover
 - delays of over 30 minutes (YAS total reported in October - 1140)
 - delays of over 1 hour (YAS total reported in October - 215)
- Crew clear
 - delays of over 30 minutes (YAS total reported in October - 658)
 - delays of over 1 hour (YAS total reported in October - 67)

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

As the 30 minute / 1 hour measures are mentioned in this pledge, it is hoped that reporting against these can commence shortly, although there are some issues around how these might be rated which must be investigated, to ensure as accurate a reflection as possible is provided.

Ambulance Response Times: The year to date position for 2013/14 is that all 3 measures are being met. However, a contract query was issued (and sanctions imposed) for YAS underperformance against the 75% target for RED 2 calls seen within 8 minutes, where there have been in-month issues since July 2013. A draft action plan for an improved and sustainable level of performance in 2013/14 has been prepared by YAS and will be updated and formally re-submitted in response to the contract queries.

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



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



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



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



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



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Mixed Sex Accommodation Breaches

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

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



Cancelled Operations

It is distressing for patients to have an operation cancelled at short notice. If an operation has to be cancelled at the last minute for reasons which are not clinical reasons, then patients should be offered another date which is within 28 days of the original date.

PLEASE NOTE: There is no published threshold for this measure. NHS England have, however, noted that success for a Provider (Trust) would be a reduction in the number of cancelled operations. The position reported below is based on the combined total reported positions for both Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Children's NHS Foundation Trust, to give an indication of performance. A green rating will be based on a continuing reduction of cancelled operations.

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days



Additional for 13/14:
No urgent operation to be cancelled for a 2nd time



Mental Health

When patients are discharged from psychiatric inpatient care, they should be followed up by Mental Health Services within 7 days, to ensure that they have appropriate care and support.

95% of people under adult mental illness specialties on CPA to be followed up within 7 days of discharge



NOTE: CPA = Care Programme Approach (CPA). This is a particular way of assessing, planning and reviewing someone's mental health care needs.

Quality and Safety

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

Patient Safety - Health Care Acquired Infections (HCAIs)

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

Clostridium Difficile: Sheffield CCG is committed to working with local providers to have no more than 163 cases of infection in 2013/14; this is more challenging than the commitment of 191 in 2012/13.

For the 17 cases reported in October for Sheffield CCG:

- 5 are attributable to STHFT (from their 8 reported cases)
- 8 are community associated, with a hospital admission in the last 56 days
- 4 are community associated with no recent hospital contact/admission

For the 8 cases reported in October for STHFT, 3 are other CCGs' residents, all of which are individual cases occurring on wards that have not had recent cases.

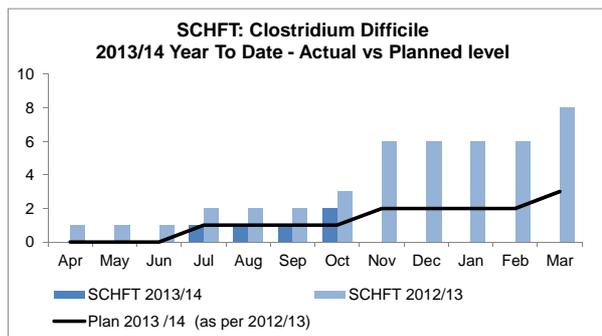
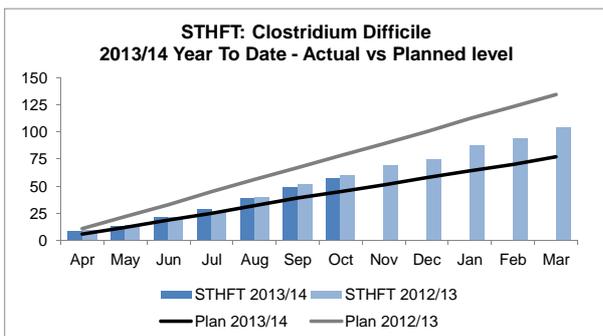
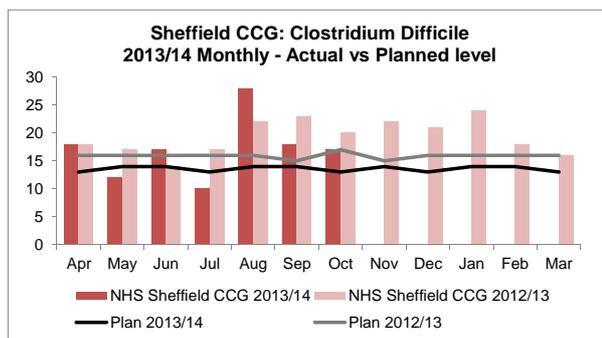
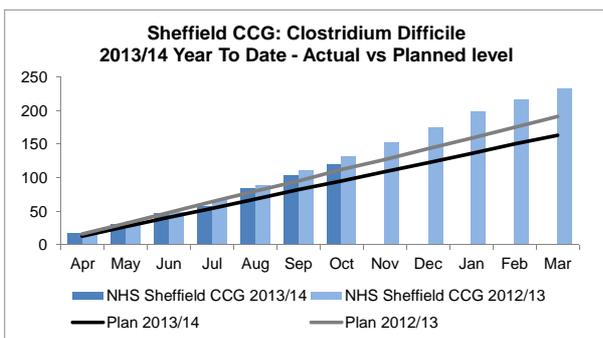
1 case has been reported in October for SCHFT, although this is not attributable to Sheffield CCG. A Root Cause Analysis (RCA) has been received; the significance of C.difficile toxin detection is unclear in this case.

MRSA: No cases of MRSA bacteraemia have been reported for October.

1 case has been reported in November. The Post Infection Review is underway, but early indications are that this is a contaminant of a blood culture, not a true MRSA bacteraemia. However, even if this is the case, it will still be reportable and will go on STHFT's figures, bringing their total so far in 2013/2014 to 2 cases. As Sheffield has already previously recorded 2 instances of MRSA in April and September, the CCG has not achieved the new Zero Tolerance process in place from April 2013.

This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2013/14 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Oct-13	0	0	0	17	8	1
Number of infections forecast for this month	0	0	0	14	7	0
Number of infections recorded so far in 2013/14	2	1	0	120	57	2
Number of infections forecast for this period	0	0	0	95	45	1



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

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Regulations

Care Quality Commission (CQC) Visits and Inspections

STHFT Inspection: The CQC undertook an unannounced inspection between Monday 9th and Monday 16th September to the following areas. The full reports are now published:

- **Jessop Wing**
- **Royal Hallamshire** - Day Surgery, Uro-Oncology, 4 inpatient wards
- **Northern General** - A&E, Medical Assessment Unit (MAU), Surgical AU, Huntsman 4, Brearly 1, Day Unit, Spinal Injuries unit
- **Weston Park** - Day Centre, Ward 2 and 3, Teenage Cancer Unit

All areas were fully compliant with CQC standards.

CQC - 'New Intelligent Monitoring' Process

The CQC have introduced a new operating model for acute and specialist hospitals which involves four key components: Registration, Intelligent monitoring, Expert inspection and Judgment. Approximately 150 different indicators will be used to monitor trusts and care will be rated as: outstanding, good, requiring improvement or inadequate. The results of this intelligent monitoring will group 161 acute NHS trusts into six bands based on the risk, with band 1 being the highest risk and band 6 the lowest. Indicators will be published on a quarterly basis on the CQC website. In Sheffield, STHFT and SCHFT were both rated band 6 - the lowest risk.

The first phase of inspections started in September and, by December 2015, the CQC will have inspected every NHS Trust. Together with local information from partners and the public, intelligent monitoring helps the CQC to decide when, where and what to inspect and to direct resources to where they are most needed.

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Ensuring that People have a positive experience of care

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

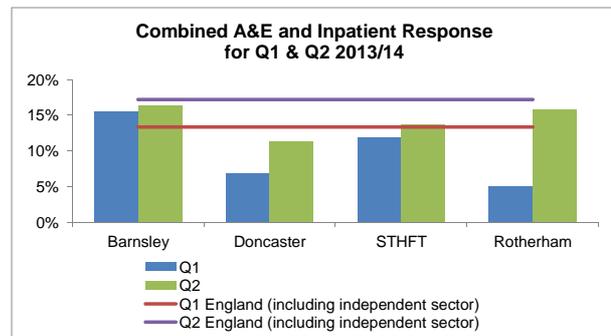
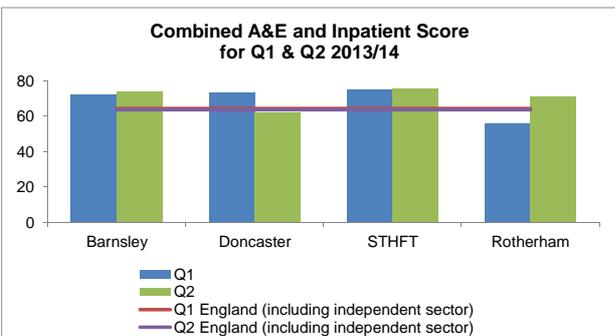
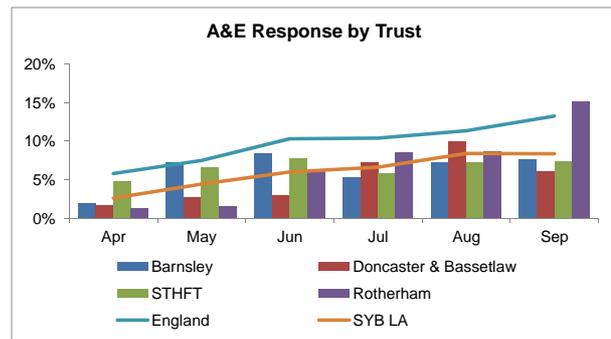
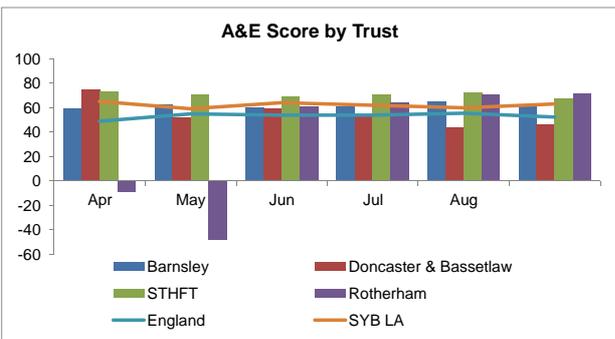
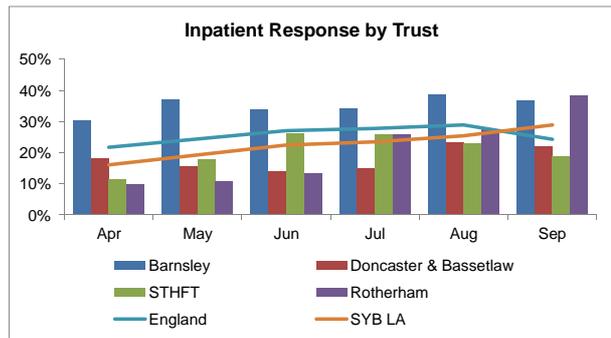
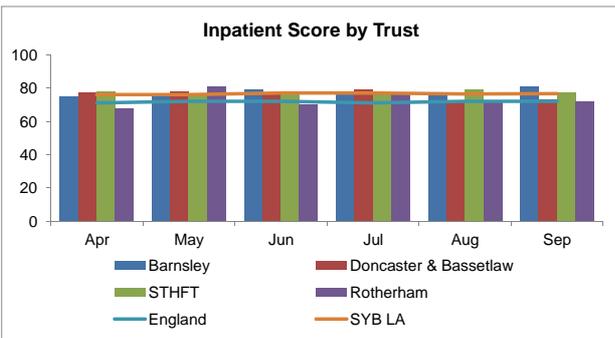
Friends and Family Test (FFT): *The FFT identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care. Use of the FFT, which commenced in Acute NHS providers from April 2013 for both Inpatient and A&E, will help identify poor performance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

Patients have a choice of 5 responses as to whether they'd recommend: "extremely likely", "likely", "neither likely nor unlikely", "unlikely" or "extremely unlikely". There are two key targets within the process:

- The response rate (represented as a percentage - the target in Q1 is 15%)
- The response to the survey categories (called the 'net promoter' score - see below for calculation method - where a score of over 50 is classed as excellent)

The score is calculated as follows: The proportion of responses that are *promoters* ("extremely likely") and the proportion that are *detractors* ("neither likely nor unlikely", "unlikely" or "extremely unlikely") are calculated. The proportion of *detractors* is then subtracted from the proportion of *promoters* to give an overall 'net promoter' score (as a number, not %).

- Overall Response Rate for STHFT (A&E and Inpatients) for Q1 - 11.84%, Q2 - 13.67% (England Q2 - 17.19%)
- Overall Score for STHFT (A&E and Inpatients) for Q1 - 74.86, Q2 - 75.42 (England Q2 - 63.65)
- Overall Response Rate for Sheffield Providers (A&E and Inpatients: includes Clarendon & Thornbury) Q2 - 13.76%
- Overall Score for Sheffield Providers (A&E and Inpatients: includes Clarendon & Thornbury) Q2 - 76.07



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

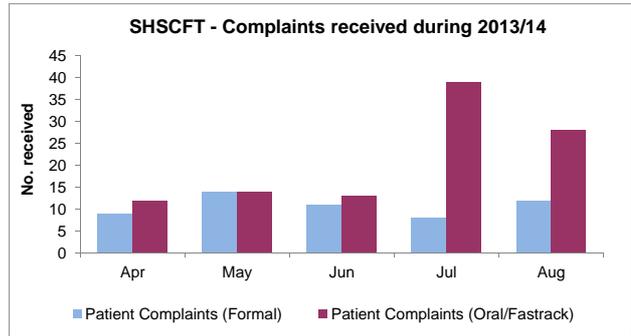
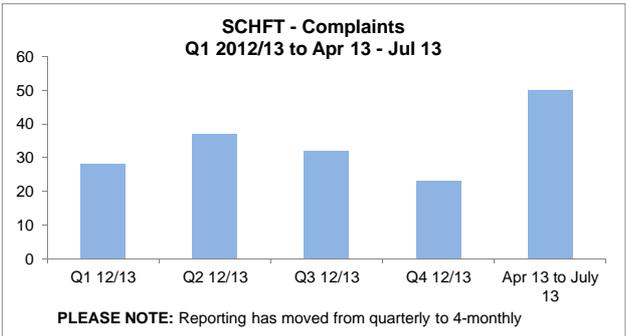
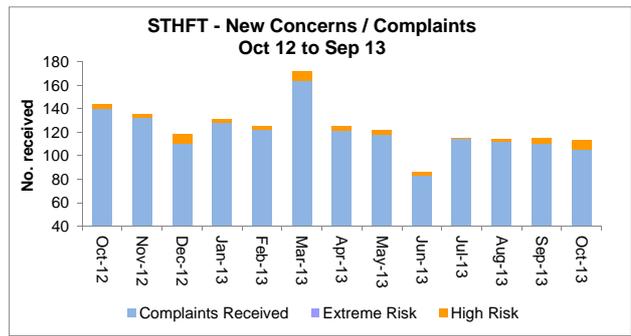
The FFT in maternity services at STHFT has now been implemented, so the Trust are now awaiting publication of scores. Plans are in place to roll out to Day Surgery and Community by 2014.

Patient Experience of NHS Trusts

Patient Complaints

Reasons for Complaints:	
STHFT Oct 12 - Oct 13	Attitude Appropriateness of medical treatment General nursing care Communication with patient
SCHFT Apr 13 - Jul 13	All aspects of clinical treatment Attitude of staff - medical Appointments delay cancellation
SHSCFT * Apr 13 - Jun 13	All aspects of clinical treatment Attitude of staff

* Sheffield Health and Social Care NHS Foundation Trust

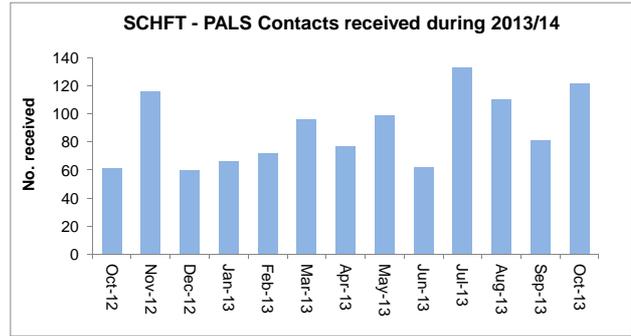


Patient Compliments

STHFT: 85 letters of thanks were received in October 2013, bringing the total so far in 2013/14 to 431.
SHSCFT: 47 compliments were received in August 2013, bringing the total so far in 2013/14 to 441.

Patient Advice and Liaison Service (PALS) Contacts

Reasons for PALS Contacts:	
SCHFT Oct 13	Support (33) Care and treatment (19) Complaint (15)



Further Information

STHFT: During October, the Trust responded to 77% of complaints within 25 working days, not meeting the 85% target. To date (Apr 13 to Oct 13) they have achieved 75%. Between July and October 2013, Neurology outpatients and Ophthalmology outpatients have seen a peak in the number of complaints received. Complaints from the last 12 months are being reviewed to establish whether there are any specific reasons for this.

SCHFT: From April 2013 to July 2013, the Trust received 50 complaints. A full review is currently underway in relation to the management of formal complaints within the Trust. (Please note that SCHFT currently reports on a four monthly basis whereas 2012/13 complaints were reported quarterly.)

SHSCFT: During Q1 2013/14, the Trust responded to 97% of formal complaints within an agreed timescale. In July and August there was an increase in the number of oral and fastrack complaints received. The increase was primarily in the Acute and Community directorates. At present, no themes or trends in these complaints have been identified.

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

Clostridium Difficile - Performance Update and Benchmarking

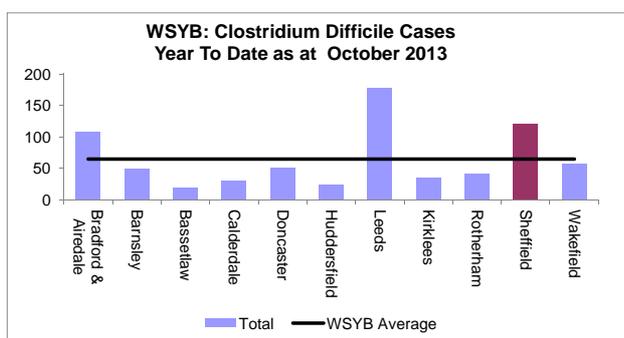
Sheffield CCG is committed, by working with local providers, to having no more than 163 cases of Clostridium Difficile (C.Diff) infections in 2013/14; this is more challenging than the commitment of 191 in 2012/13. Based on validated data, there have been 120 cases attributable to the CCG so far this year (April 2013 to October 2013) - the forecast level for the same period was 95.

For STHFT, the commitment is no more than 77, compared to 134 last year. The number of cases incurred in October (8) is less than the previous month (10). So far in 2013/14 (April to October) STHFT have had 3 fewer cases (57) than in the same period last year (60).

PLEASE NOTE: For the core Cities chart - Birmingham, Leeds, Bradford & Airedale and Manchester are made up of 3 CCGs, Newcastle of 2 CCGs and the rest of 1 CCG.

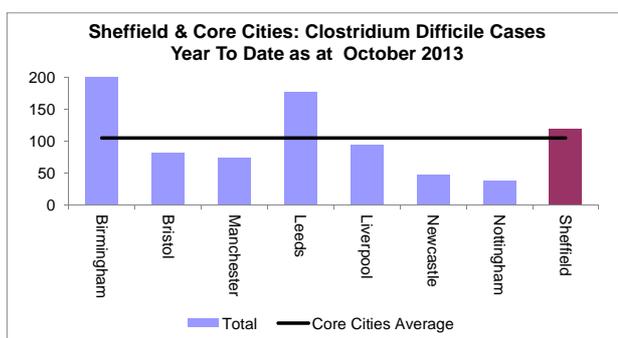
In each of the charts below, Sheffield's position (CCG or STHFT) is distinguished by the highlighted bar.

CCG Comparison



The chart above shows that, year to date (YTD) Sheffield has the second highest number of C.Diff infections in the West and South Yorkshire and Bassetlaw (WSYB) area.

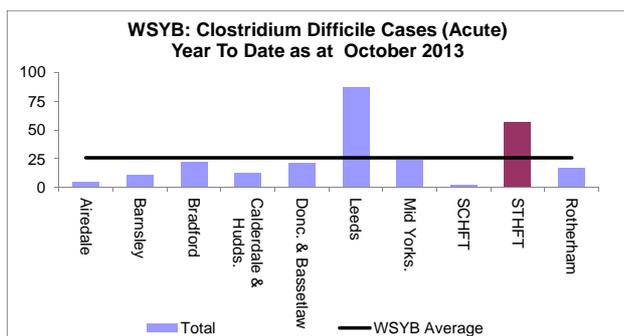
Sheffield is above the regional average of 64.6 C.Diff cases, along with Leeds and Bradford & Airedale.



When compared to the core Cities, Sheffield has the third highest number of C.Diff cases as at the end of October 2013.

Sheffield is above the core Cities average of 105.1 C.Diff cases, along with Birmingham and Leeds.

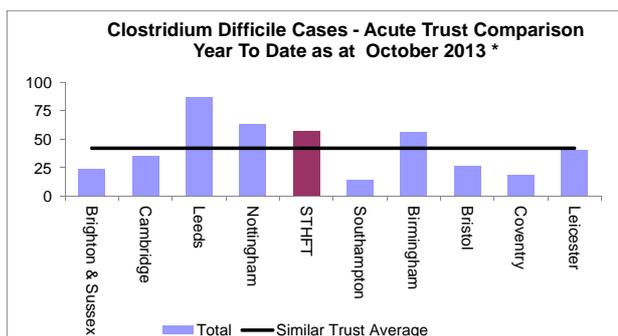
Acute Trust Comparison



The chart above shows that STHFT has the second highest number of YTD C.Diff cases as at the end of October 2013.

57 cases have been reported for STHFT against a regional average of 25.8; this equates to 74.03% of their annual target of 77 cases, with 5 months remaining in 2013/14.

SCHFT have the lowest number of C.Diff cases in the region with 2 cases reported YTD, against an annual target of 3 cases.



* The Trusts compared have been chosen as they are Teaching/University Trusts of a large size.

STHFT has the third highest number of C.Diff cases when compared to these Trusts; Leeds and Nottingham have the highest number of cases.

The 57 cases reported at STHFT is higher than the average for the group, of 42.3 cases. Birmingham is also above the group average.

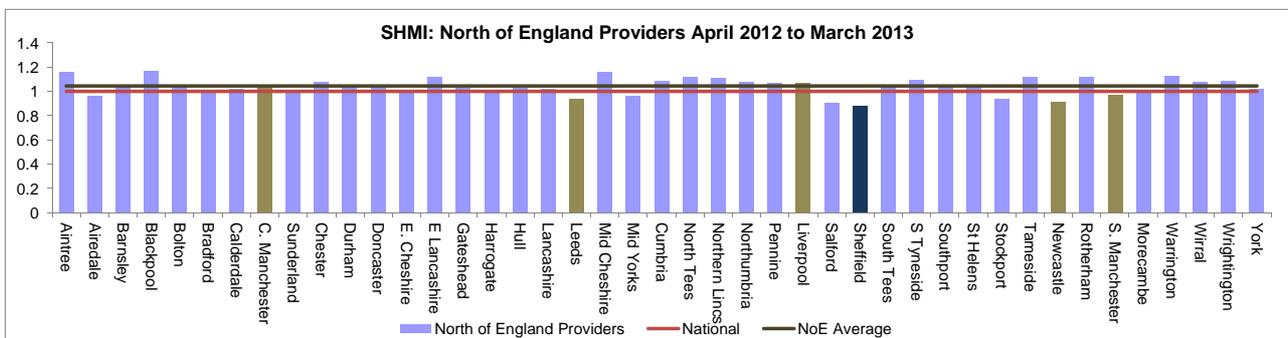
Summary Hospital Mortality Indicator - Performance Update and Benchmarking

The Summary Hospital Mortality Indicator (SHMI) is a ratio of the observed number of deaths to the expected number of deaths for a provider; the lower the ratio, the better, as less deaths are occurring.

The observed number of deaths is the total number of patient admissions to the hospital that resulted in a death either in-hospital or within 30 days post-discharge from the hospital.

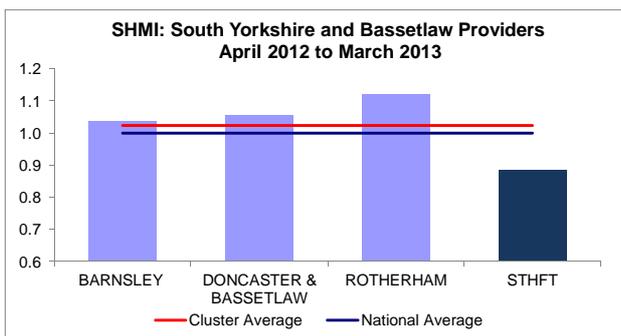
The expected number of deaths is calculated from a risk-adjusted model with a patient case-mix of age, gender, admission method, year index, Charlson Co-morbidity Index and diagnosis grouping.

A 3-year dataset is used to create the risk adjusted models and a 1-year dataset is used to score the indicator. The 1-year dataset used for scoring is a full 12 months up to and including the most recently available data on the dataset. The 3-year dataset is a full 36 months up to and including the most recently available data on the dataset. The SHFT value for April 2012 to Mar 2013, at 0.884, is slightly lower than for Jan 2012 to Dec 2012 (0.897) and remains below the expected value. This is a positive position for Sheffield residents.



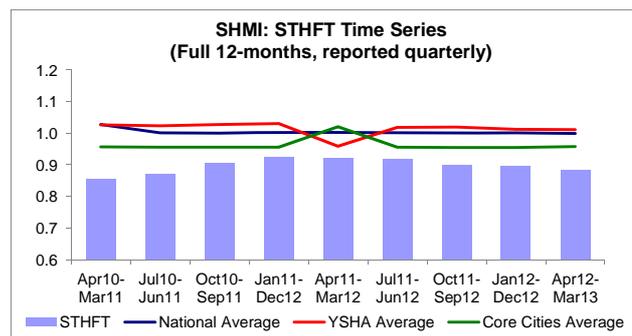
To reflect the new NHS landscape, the above chart shows providers who have submitted data in the North of England (NoE). Sheffield (STHFT) has been distinguished by the **dark blue** bar and the core Cities that lie within the NoE by the **tan** bars.

STHFT is the best ranked within the NoE and 17th on a National level. 9 of the above trusts are below the National average, of which 4 (STHFT, Leeds, South Manchester and Newcastle) are core Cities within the NoE. On a National core Cities level, only Cambridge has a lower value than STHFT.



Within the South Yorkshire & Bassetlaw area, STHFT have a lower value than the other Trusts that have submitted data. This equates to 13.5% lower than the area average. The next lowest trust is Barnsley.

STHFT is the only acute trust in the area to be below the area and national average positions.



The STHFT value has decreased over the time series and is still better (lower) than expected.

The latest position of 0.8848 (Apr-12 to Mar-13) is 0.04 lower than the previous period (Jan-12 to Dec-13).

Best Possible Health Outcomes

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

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

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

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

The Red, Amber, Green (RAG) rating is based on whether a reduction was shown from the previous time period (unless otherwise stated).

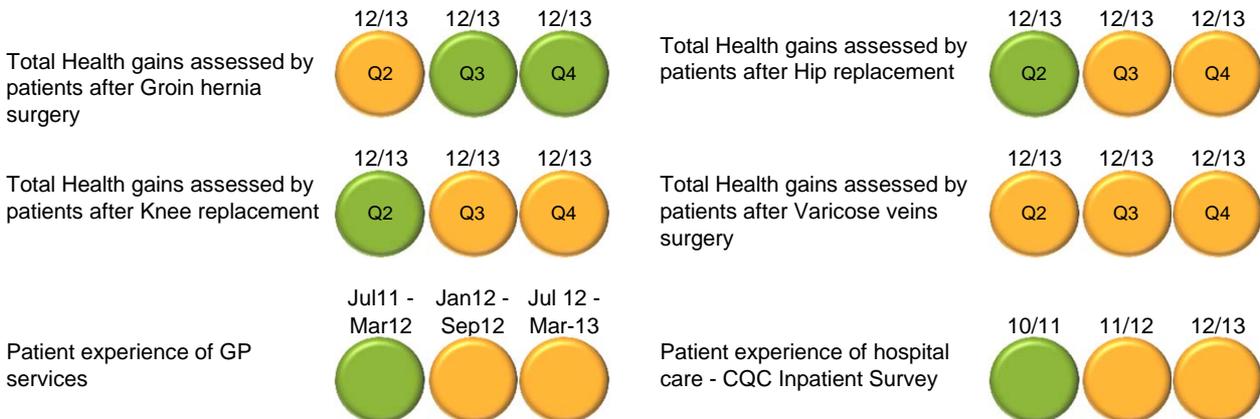
The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year, 2013/14.

Acute Services Portfolio - Elective Care

National required measures

Issues & Actions December 2013:

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



Quality Premium: Locally selected measure

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



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

Portfolio: Locally selected measures

The patient satisfaction measure is based on areas such as risks being explained, assistance received and problems/discomfort following the procedure. This area is judged to be green, as the current local score is 87.35%, with any score above 78% being judged nationally as good. As an additional measure, currently 88.9% of people have said they would have surgery again under the same conditions.

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



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

Acute Services Portfolio - Urgent Care

National required measures

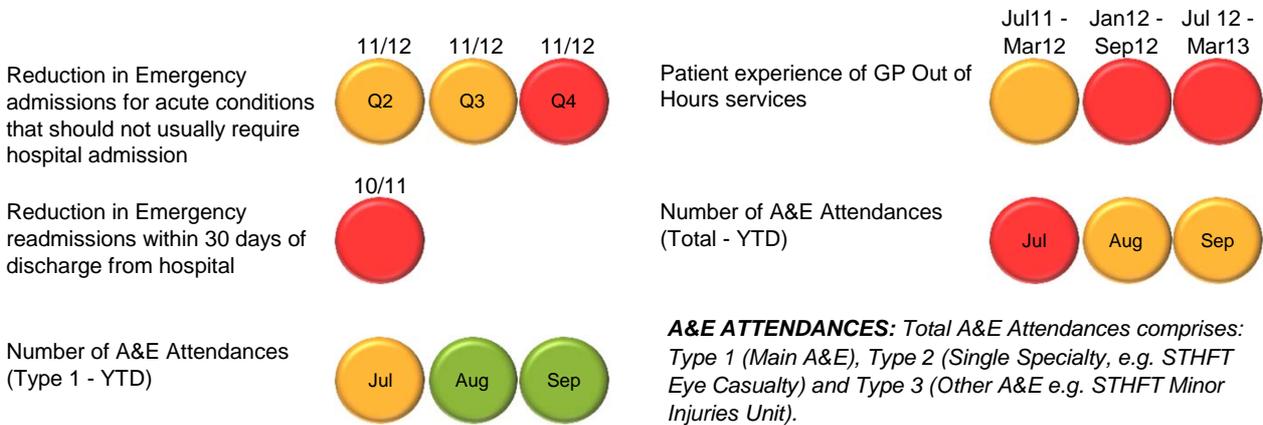
Issues & Actions December 2013:

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

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

Number of A&E Attendances: As noted last month, appropriate use of A&E and other urgent care services remains a priority focus for Sheffield CCG. A number of schemes continue to target this area.

Based on the most recent intelligence available, total A&E attendances are still higher than the level expected at this point in the year (Apr-13 to Sep-13) although this is to a lesser extent than reported last month (Apr-13 to Aug-13). Compared to activity levels at the same time last year, there is a decrease in activity at Type 1 A&E departments of 0.3%. However, this is offset by growth in Type 2 and Type 3 attendances - predominantly at the STHFT Eye Casualty and Minor Injuries Units - that contributes to an overall year-on-year increase in total attendances of 1.34%. Please note though that these differences are subject to change once refreshes have been made to the national data.



Locally selected measures

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

continued overleaf

Long Term Conditions, Cancer and Older People

National required measures

Issues & Actions December 2013:

Potential years of life lost (PYLL): For 2011, the published PYLL rate per 100,000 population for Sheffield CCG is given as: **Males = 2511.2, Females = 2051.4.** Data has only been published back to 2003 - meaning we only have a 9 year position, rather than the required 10 - and only the split of Male/Female is given, whereas the total position is required. Therefore, NHS England have provided a suggested calculation to estimate a position for this measure. Using this, our 9-year rolling estimate for 2003-2011 suggests we have improved by 2.62% between 2010 and 2011.

Potential years of life lost

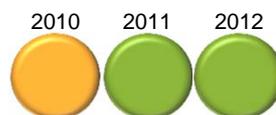


From NHS ENGLAND Guidance: Causes considered amenable to health care are those from which premature deaths should not occur in the presence of timely and effective health care. The concept of 'amenable' mortality generally relates to deaths under age 75, due to the difficulty in determining cause of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

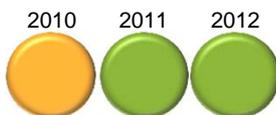
Under 75 mortality rate from Cancer (Annual Calendar Year)



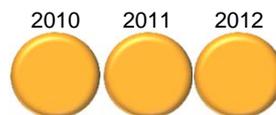
Under 75 mortality rate from Cardiovascular disease (Annual Calendar Year)



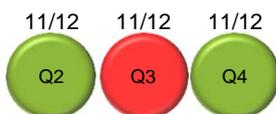
Under 75 mortality rate from Respiratory Disease (Annual Calendar Year)



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.**

Portfolio: Locally selected measures

Commissioning leads are continuing to explore portfolio metrics to align to the agreed priorities within the portfolio.

GP-led care planning service: As noted last month, almost every practice has signed up and performance monitoring is now in place. Further to this, the action learning/evaluation group has been established and has held its first meeting.

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

- Reducing admissions following a fall by improving take-up of the Falls Prevention Service
- Reducing the incidence of fragility fracture risk by improving compliance with the Falls & Bone Health pathway
- Reducing admissions for infections (Urinary Tract Infections (UTIs), chest infections) by developing a pathway
- Reducing emergency admissions for people with learning disabilities by increasing the % of eligible people receiving an Annual Health Check (AHC) under the Directly Enhanced Services (DES) - see the Mental Health, Learning Disabilities and Dementia section for more information on the AHC

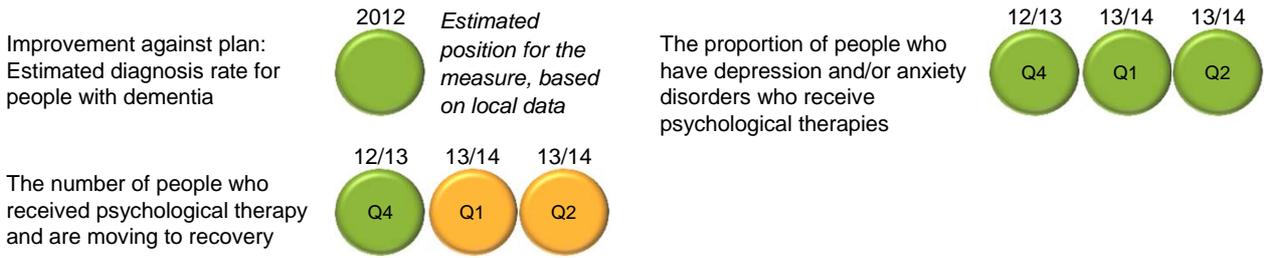
Guidance has been provided to practices who have signed up for the local care planning scheme, encouraging them to consider choosing these groups/conditions.

Mental Health, Learning Disabilities and Dementia

National required measures

Issues & Actions December 2013:

The number of people who received psychological therapy and are moving to recovery: In 2012/2013, the CCG (PCT as was then) signed up to ensuring 44.4% of people completing psychological therapy treatment were moving to recovery; this commitment was achieved. Although CCGs were not required to submit this plan in 2013/2014, NHS England have noted that the recovery rate should reach 50% by 2014/2015. The position to date (April 2013 to September 2013) is 47.9%; however, the CCG do not foresee any issues in reaching the required proportion by the end of this year.



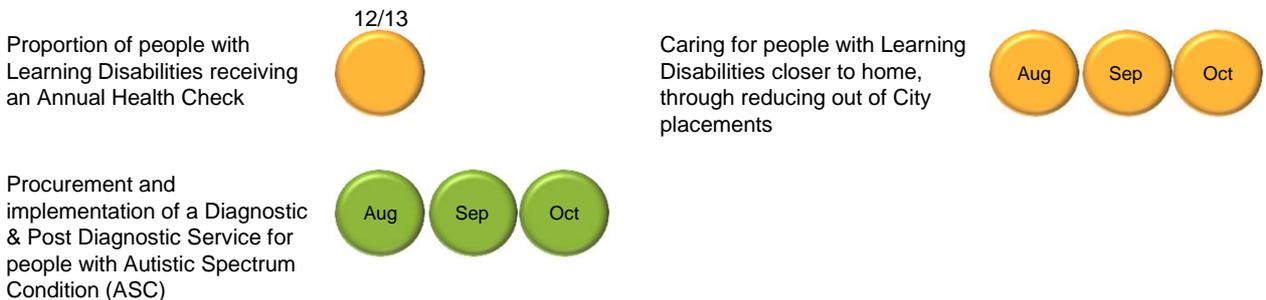
Locally selected measures

Issues & Actions December 2013:

Proportion of people with Learning Disabilities (LD) receiving an Annual Health Check: The AHC is annual, although the CCG understand that, as the Local Area Team (LAT) now pay quarterly, it should be possible to identify the numbers of people for whom a GP has been paid to do the AHC, against the eligible population of 2,649 adults. The CCG will report this figure in the next Quality and Outcomes Report, to show the proportion achieved to date, in order to track whether any action needs to be taken to address low performance.

Reducing LD Out of City Placements: Numbers of people who need to return to live in the city by June 2014 have now been confirmed (currently 6 people). There has now been a discussion with the Local Authority (LA) lead on Winterbourne, to agree to work jointly again on this agenda. However, LA financial pressures continue to impact on plans to return people appropriately and delayed discharges from hospital are still an issue.

Procurement and implementation of a Diagnostic & Post Diagnostic Service for people with Autistic Spectrum Condition (ASC): The service is in place and accepting referrals, although is not yet up to full strength.



continued overleaf

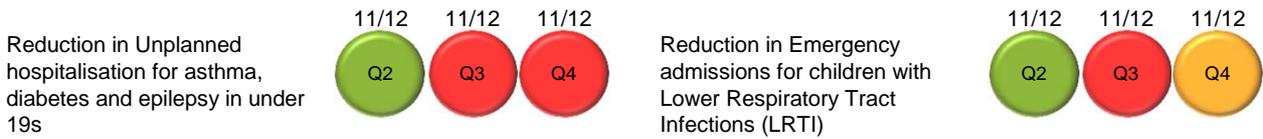
Children and Young People

National required measures

Issues & Actions December 2013:

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

Emergency admissions for children with Lower Respiratory Tract Infection (LRTI) - The data and the case mix have been reviewed; the CCG are now looking at the pathway with the CCG's provider and also plan to review the clinical management within primary care, to assess the need to develop further plans in this area. The CCG hosted a Protective Learning Event in November focusing on the management of respiratory conditions that have been identified as key areas where readmission occurred.



Quality Premium: Locally selected measure

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



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

Portfolio: Locally selected measures

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

Whilst these local measures have been identified, CCG leads are continuing to establish the method of reporting improvements and also the frequency of these for future reports.

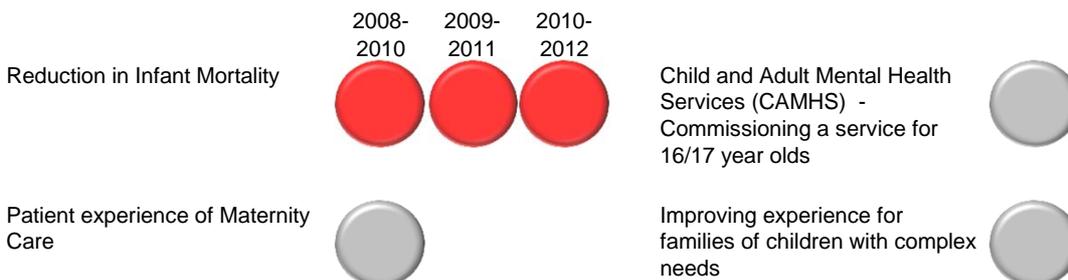
Issues & Actions December 2013:

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

CAMHS: A service model for a provision is currently being discussed with local providers; we plan to consult on this model to wider groups over the next 3 months.

Patient experience of Maternity Care: The CCG have commissioned the Maternal Services Liaison Committee to undertake a service user survey; this will focus on Maternal Mental Health.

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



Activity Measures

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

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

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

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

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



All first outpatient attendances
(Year to Date position)



Non-elective FFCEs
(Year to Date position)



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

Our QIPP delivery will include some key quality and financial benefits from the Right First Time city wide programme. Achievement of financial return on investment is addressed in the Finance Report to the Governing Body. The measures identified below are focused 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 December 2013:

Indicator Development

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

Assessment of eligibility for an episode of CHC completed within 28 days: At present no data on waiting times for CHC assessments is available, as the Commissioning Support Unit (CSU) are still unable to provide a response, due to the previously mentioned delays with the national data set which feeds the local monitoring.

'Fast-track' assessments of eligibility for CHC completed within 24 hours: This has been rated green in October, with the Commissioning Support Unit (CSU) achieving 98%.

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 December 2013:

There is positive progress to report in intermediate care. The new reablement pathway is beginning to have effect. The flow through the pathway is working well and the numbers awaiting discharge have fallen sharply in the last two weeks. RFT will develop an interim report for mid-December which will draw some early conclusions on impact, in particular whether the new pathway is helping more people return home rather than go into long-term care.

The Active Recovery process started in early November. This has aligned the Community Intermediate Care Service (CICS) and the Short Term Intervention Team (STIT) to provide one entry route for step-up and step-down rehabilitation in the patient's own home. It is too early to report any notable impact, but the expectation is that this will decrease duplication and increase productivity and throughput.

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

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

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



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



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

Reduction in unnecessary A&E attendances by 7,000



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



October national inpatient data not yet available for SCHFT

continued overleaf

Acute Services - Elective

The elective care QIPP programme is focussed on transforming outpatient services and some inpatients services, so that patients receive services when clinically appropriate, by the relevant clinician and in the most appropriate location.

Patients will continue to have access to specialist services and expertise in hospital when clinically needed, with some care delivered in a different location to a hospital and, in some cases, taking advantage of technology to provide on-going review and monitoring of their condition. These initiatives are designed to support primary care to make informed clinical decisions about the appropriate care pathway for their patients.

Issues & Actions December 2013:

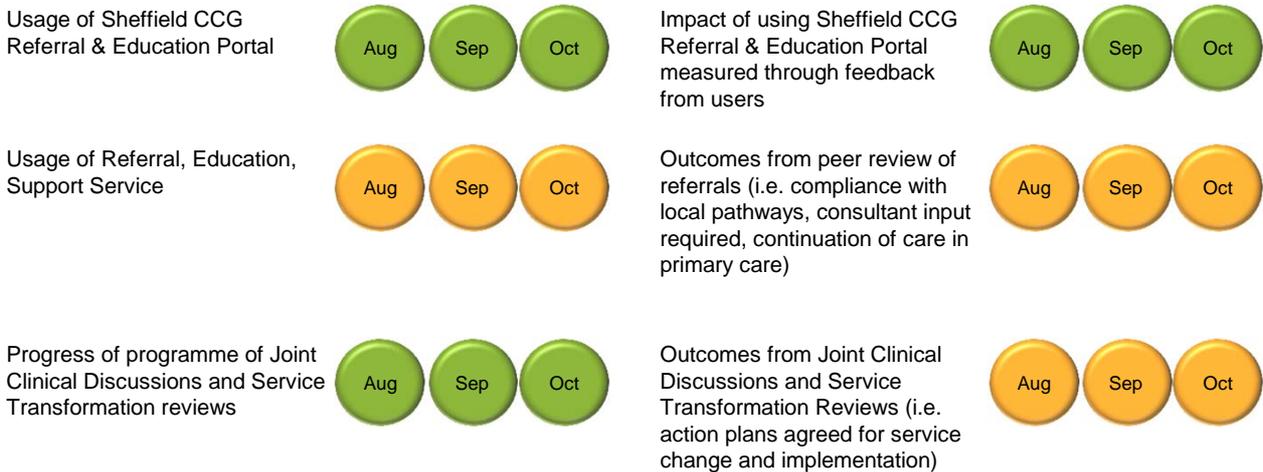
Primary Care Referral Education Support for Sheffield (PRESS) Portal: Use of the new, web-based information portal - which makes it easier for GPs to find clinical care pathways, guidance, forms and education resources - remains consistent with usage figures in October, running at 582,000 'hits' and 320,000 pages viewed; users from 413 separate computers visited the portal. Information Architecture work is now nearing completion and will inform the development of improved usability for the final release of the portal, which is scheduled to take place in January.

The Referral Education and Support (RES) peer review service: This service has been running across 5 specialties since April and, in the last month, GP uptake has increased significantly, with the service receiving 367 referrals from GPs in October, compared with 215 in September. However, overall volume remains low and so the CCG continue to encourage uptake. Evaluation of the service has been brought forward and will now take place in Q4 2013/14 as opposed to Q1 of next financial year.

Joint Clinical Discussions and Service Transformation Reviews: The joint working group which operates between the CCG and STHFT will be receiving an update from the Trust regarding their progress to date in a number of key areas, including specialty-level activities covered in recent Joint Clinical Discussions and also progress around IT, including plans for extending use of e-Referrals.

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:



continued overleaf

Medicines Management

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

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

The MMT continue to make good progress in all three areas. The team have responded to updated safety advice around fentanyl prescribing in 91% of practices. The work looking at patients on a combination of aspirin with clopidogrel, prasugrel or ticagrelor has been completed in 86% of practices and NPSA insulin alert work in two thirds of practices. The MMT continue to work with practices to ensure benefits are maximised across the city.

Opioid prescribing (pain relief): MMT will identify all patients prescribed fentanyl patches and ensure that practices are fully compliant with all current Medicines and Healthcare Products Regulatory Agency (MHRA) guidance and Care Quality Commission (CQC) recommendations



Insulin prescribing: MMT will identify all patients being prescribed insulin and will ensure that practices are fully compliant with the National Patient Safety Agency (NPSA) alert, including use of an appropriate insulin passport



Cardiovascular disease (CVD): Patients prescribed combined therapies (combinations of clopidogrel and prasugrel with aspirin) will be reviewed by the team, to ensure appropriate prescribing to reduce risk of harm. This is in line with the Sheffield guidelines for the use of anti-platelets in the prevention and treatment of CVD



Appendices

Quality & Outcomes Report

Appendix A: Health Economy Performance Measures Summary

Red, Amber and Green (RAG) ratings shown below represent the latest known position for performance against each relevant indicator.

The table below highlights all performance measures in NHS England's document 'Everyone Counts: Planning for Patients 2013/14' divided, where appropriate, into portfolios.

Where possible, the RAG rating is against October 2013 performance as at the 22nd November 2013 - year to date where appropriate.

58 indicators are reported below.

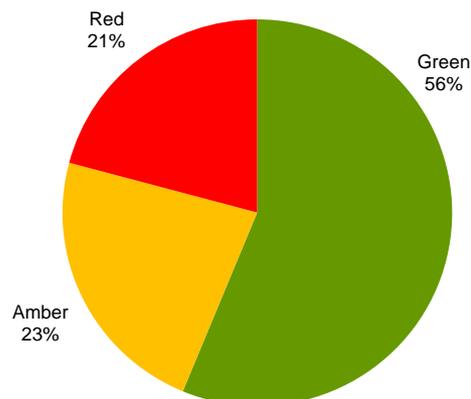
Please note that some targets are made up of several indicators.

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

Key

* - Data is currently not available for the Indicator
 N/A - The indicator is not applicable to this Trust
 WIP - Method of measurement is work in progress for this indicator
 YTD - Year To Date
 QTR - Quarterly

Sheffield CCG RAG Distribution



Acute Services Portfolio - Elective Care

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

	CCG	STHFT	SCHFT
% seen/treated within 18wks - Admitted pathway	91.06%	90.83%	91.28%
% seen/treated within 18wks - Non-Admitted pathway	96.32%	96.26%	96.41%
% still not seen/treated within 18wks - Incomplete Pathway	92.66%	92.36%	95.29%
Number waiting 52+ weeks - Admitted pathway	0	0	0
Number waiting 52+ weeks - Non-Admitted pathway	1	1	0
Number waiting 52+ weeks - Incomplete pathway	0	0	0

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test	0.14%	0.14%	0.25%
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Cancer Waits (YTD)

% seen within 2 weeks - from GP referral to first outpatient appointment	94.09%	94.50%	100.00%
% seen within 2 weeks - as above, for breast symptoms	96.24%	96.50%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	99.06%	98.49%	100.00%
% treated within 31 days - subsequent treatment (surgery)	98.17%	98.32%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	99.93%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	99.77%	99.60%	N/A
% treated within 62 days - following an urgent GP referral	92.60%	89.27%	N/A
% treated within 62 days - following referral from an NHS screening service	98.20%	95.49%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	95.04%	94.27%	N/A

Activity

Number of Elective Admissions (FFCEs) (YTD)	36883	32110	2653
Number of First Outpatient Attendances (YTD)	86482	78860	3461
Number of Cancelled Operations offered another date within 28 days	N/A	1	1

Quality Standards

Patient Reported Outcome Measures (PROMs) - Hip replacement	0.48	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Knee replacement	0.31	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Groin hernia	0.08	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Varicose veins	0.17	N/A	N/A
Patient overall experience of GP Services	85.82%	N/A	N/A
Patient experience of hospital care	77.30%	WIP	WIP
Friends and Family test: Inpatient - Response (QTR)		22.66%	
Friends and Family test: Inpatient - Score (QTR)		77.44	
Friends and Family test: A&E - Response (QTR)		6.73%	
Friends and Family test: A&E - Score (QTR)		70.16	

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

continued overleaf

Appendix A: Health Economy Performance Measures Summary

Acute Services Portfolio - Urgent Care

Non Elective Care (Right First Time/Long Term Conditions)

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	95.38%	97.66%
Emergency Readmissions within 30 days	12.08%	N/A	N/A
Non-elective Admissions (FFCEs) (YTD)	30457	24936	3802
Number of attendances at A&E departments - Type 1 (YTD) ¹	83642	57820	25141
Number of attendances at A&E departments - Total (YTD) ¹	99143	74014	25141
Unplanned Hospitalisation for chronic ambulatory care sensitive conditions	220.4	N/A	N/A
Emergency admissions - acute conditions that should not require admission	366.0	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	67.4	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI)	216.2	N/A	N/A
Urgent Operations cancelled for the second time	N/A	0	0
Patient overall experience of out of hours GP Services	68.03%	N/A	N/A

Yorkshire Ambulance Service (YAS) Ambulance Response Times

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest) ³	82.50%	N/A	N/A	79.47%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) ³	77.90%	N/A	N/A	76.23%
Category A response in 19 mins ³	98.86%	N/A	N/A	97.47%
Ambulance handover: % handovers to A&E within 15mins ²	*	80.4%	95.4%	82.2%
Crew Clear: % post-handovers (ambulance ready for next call) within 15mins ²	*	84.5%	84.4%	77.2%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0	N/A

Footnotes:

¹ Number of attendances at A&E departments:

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

² Ambulance handover/crew clear times:

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

³ Category A responses:

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

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

Long Term Conditions, Cancer and Older People

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

Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by Mental Health services, after psychiatric inpatient care	99.30%
Proportion of people entering psychological treatment against the level of need in the general population	8.52%
The proportion of people who are moving to recovery, following psychological treatment	47.90%
Estimating the diagnosis rate of people with dementia (NB: estimated figure using locally-available data)	63.6%

Quality Standards

Health Care Acquired Infections (HCAI)

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	2	1	0	N/A
Clostridium Difficile (C Diff) (YTD)	121	57	2	N/A
Mixed sex accommodation breaches (YTD)	0	0	0	0

APPENDIX B: Mental Health Trust Performance Measures

Sheffield Health and Social Care NHS Foundation Trust

1. Crisis Resolution/Home Treatment: As at the end of October, there have been 842 home treatment interventions against a 12-month target of 1,202. This equates to 20% more patients benefiting from this service than originally planned by the end of October.

2. CPA 7 day follow up: October's monthly performance is 100%. 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: Activity over the last year is more closely aligned to the target thresholds. New Community Mental Health Team (CMHT) models have reduced the numbers of dedicated EIS cases over the Q3 period, which is being reviewed in light of the new service pathways.

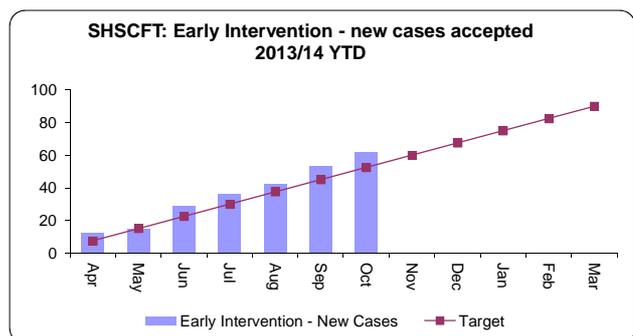
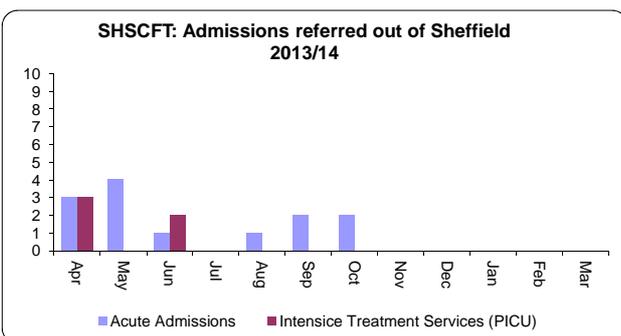
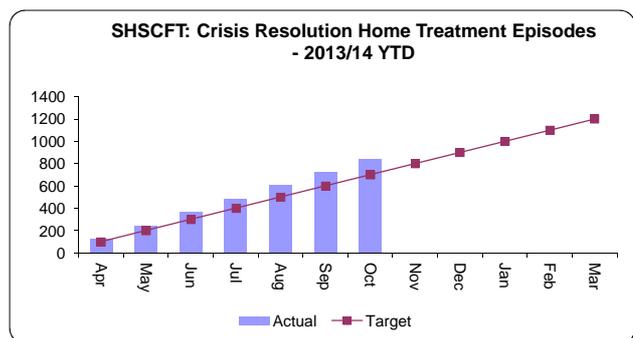
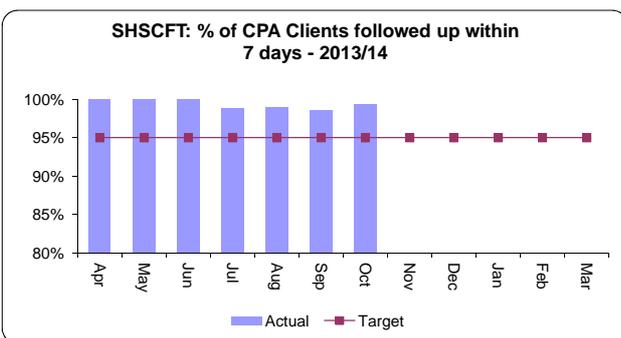
4. Psychological therapy services:

- The quarter 2 performance for the proportion of patients receiving psychological therapy continues towards target level; with 8.52% as at the end of quarter 2 against the half-way plan of 7.5%, good progress is being made towards 15% by the end of 2013/14.
- With regards to the proportion of patients having completed treatment that are moving to recovery: As noted in the Best Possible Health Outcomes - Mental Health, Learning Disabilities and Dementia section (page xx) last year's plan for patients having completed treatment and moving to recovery was 44.4% and this was achieved. However, NHS England have noted that the recovery rate should reach 50% by 2014/2015. Whilst not currently meeting this at the half-way point, the CCG do not foresee any issues in reaching the requirement by the end of this year.

SHSCFT Indicators

All indicators are Year to date

	Target	September	October	Change
Crisis Resolution / Home treatment	1202	725	842	▲
Psychosis intervention - New cases	90	53	62	▲
Psychosis intervention - Maintain Capacity	270	180	177	▼
CPA 7 day follow up	95%	98.50%	99.30%	▲
Anxiety/depression:		Q1	Q2	
% receiving Psychological therapy	15%	4.33%	8.52%	▲
Psychological therapy pts. move to recovery	50%	47.36%	47.90%	▲



APPENDIX B: Ambulance Trust Performance Measures

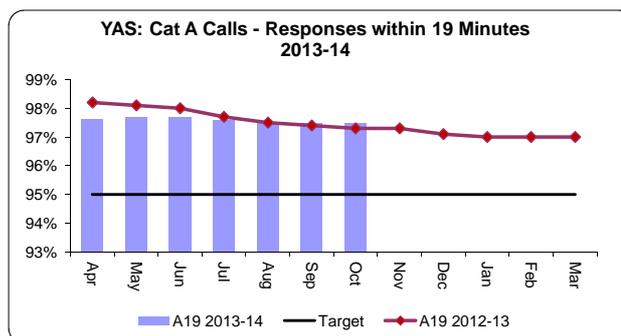
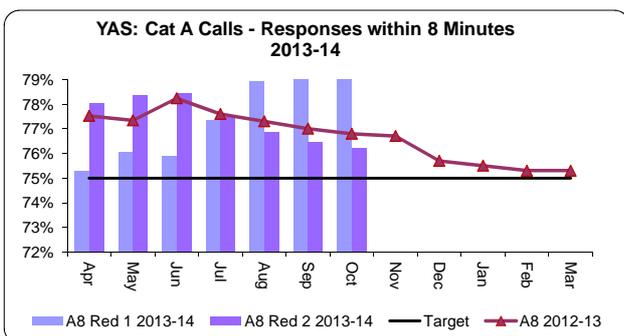
Yorkshire Ambulance Service

For October 2013, both the Category A 8 minute (Red 1 & Red 2) and 19 minute targets continued to be achieved at the Yorkshire Ambulance Service (YAS) Trust level. Performance is formally reviewed monthly by commissioners at the Yorkshire & Humber 999 Contract Management Board. (Red 1 calls are the most time-critical and cover cardiac arrest patients who are not breathing and do not have a pulse and other severe conditions such as airway obstruction; these make up less than 5% of all calls. Red 2 calls are serious but less immediately time-critical and cover conditions such as stroke and fits.)

Key Risks: YAS have provided winter planning documentation setting out actions to mitigate the impact of adverse weather this winter. However, achievement of the R2 8 minute target and Green targets (G1 & 2 - serious but non life-threatening, G3 & 4 - non life-threatening) in 2013/14 remains a considerable cause for concern. With the exception of G4 calls, YAS are currently underperforming against all their green targets.

Key points to note: Although YTD performance within target, there have been in-month issues since July. A contract query was issued in August in respect of underperformance against the green calls targets. Further discussions have since taken place with YAS and an action plan to ensure performance is improved, to ensure the agreed targets are achieved will be presented to commissioners by 13th December 2013. A further contract query was issued (and sanctions imposed) for October underperformance against the 75% target for R2 8 minute performance. A draft action plan for an improved and sustainable level of performance in 2013/14 has been prepared by YAS and will be updated and formally re-submitted in response to the contract queries issued for underperformance against target in July through to the end of October.

YAS Indicators	Target	September	October	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	79.50%	79.47%	▼
Cat A 8 minutes Red 2 (YTD)	75%	76.45%	76.23%	▼
Cat A 19 minutes (YTD)	95%	97.47%	97.47%	▲



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

Quality Indicators	Target	August	September	Monthly Change
Re-contact after discharge (Phone)		7.4%	6.5%	▼
Re-contact after discharge (Treatment at scene)		4.8%	4.5%	▼
Re-contact after discharge (Frequent Caller)		1.9%	1.9%	◄►
Time to answer call (Median)	5 sec	1	1	◄►
Time to answer call (95th Percentile)		33	21	▼
Time to answer call (99th Percentile)		79	72	▼
Time to treatment (Median)		5.6	5.5	▼
Time to treatment (95th Percentile)		13.9	14	▲
Time to treatment (99th Percentile)		20.8	21	▲
Call closed with advice (Phone advice)		4.5%	4.2%	▼
Call closed with advice (Transport)		30.5%	30.1%	▼
Clinical Indicators		<u>May</u>	<u>June</u>	
Outcome from Cardiac Arrest (CA) All		24.0%	21.0%	▼
Outcome from CA Utstein Group (UG)		28.0%	57.9%	▲
Outcome from acute STEMI Angioplasty		91.7%	95.1%	▲
STEMI Care Bundle		78.6%	85.7%	▲
Outcome from Stroke 60 min to Stroke Unit		65.4%	70.6%	▲
Stroke - Appropriate Care Bundle		98.5%	98.4%	▼
Outcome from CA - Survival to Discharge All		10.5%	7.1%	▼
Outcome from CA - Survival to Discharge UG		4.2%	19.4%	▼
Service Experience		N/A	N/A	

APPENDIX C: Contract Activity



Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 7, Apr - Oct 2013

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

Outpatient First Attendances: 3.4% above plan
 Outpatient Follow-ups: 2.8% above plan
 Outpatient Procedures: 11.7% above plan

Inpatient Elective Spells: 1.3% above plan
 Inpatient Non-elective Spells: 4.2% above plan
 A&E Attendances: 5.5% above plan

Figure 1: Referrals¹

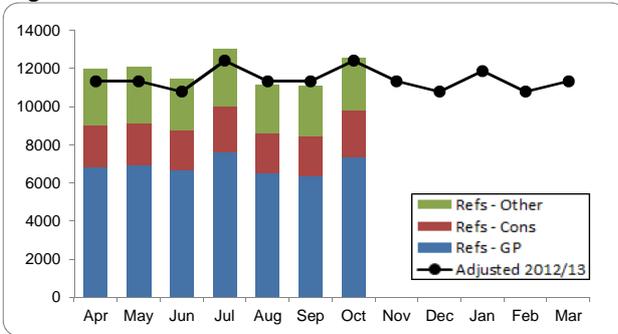


Figure 4: Electives

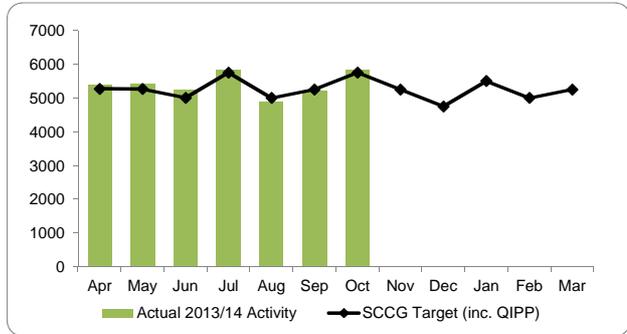


Figure 2: Firsts²

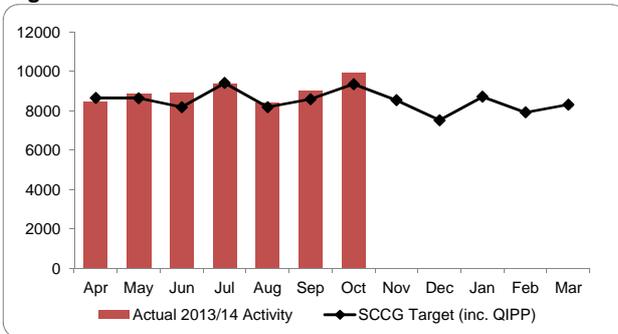


Figure 5: Non-Electives

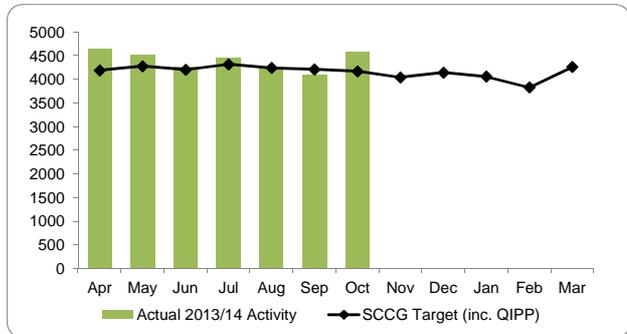


Figure 3: Follow-ups

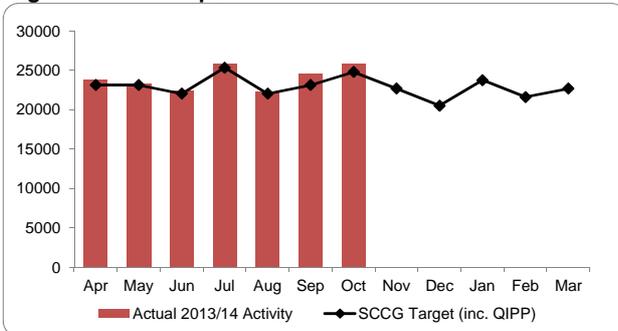


Figure 6: Accident and Emergency

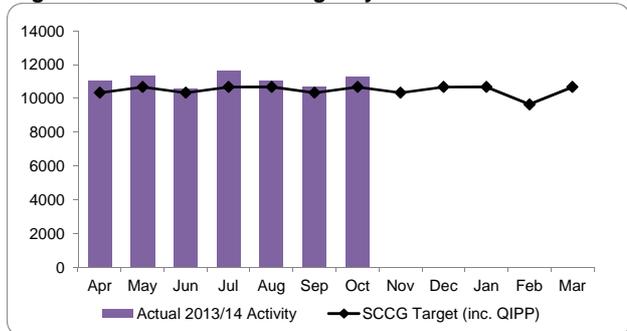


Table 1. Outpatient Activity

Activity	2013/14	Target	Var	% Var
Firsts	63,133	61,070	2,063	3.4%
Follow-ups	168,187	163,668	4,519	2.8%
OP Payable Procedures	37,757	33,803	3,954	11.7%
Follow-ups:First Ratio	2.66	2.68	-0.02	-0.6%

Table 2. Inpatient and A&E Activity

Activity	2013/14	Target	Var	% Var
Electives	37,775	37,307	468	1.3%
Non Electives	30,859	29,620	1,239	4.2%
Excess Bed Day Costs (£000s)	£ 5,669	£ 5,697	£ -29	-0.5%
A&E	77,833	73,777	4,056	5.5%

Source: STHT Contract Monitoring

Notes:

¹ Referrals compared to 2012/13, adjusted for working days and counting changes.

Includes all Sheffield activity (CCG and NHS England) for specialties >50% CCG commissioned.

All remaining data is Sheffield CCG only (i.e. excluding NHS England commissioned activity - specialised and dental).

Outpatient attendances exclude Clinical Psychology, Diabetes, Hearing Services, Palliative Medicine and Obstetrics.

² First outpatient attendances excludes CDU (Clinical Decision Unit) Attendances. CDU Attendances are overperforming by 1626 (12.4%).

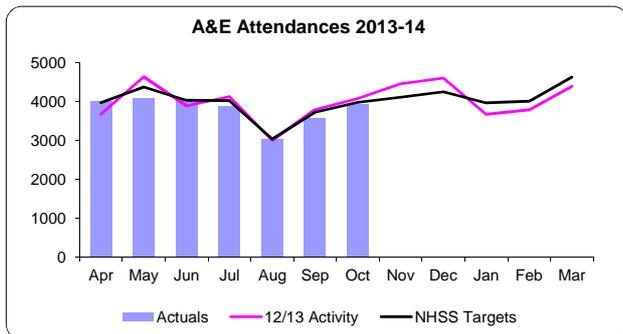
Excess Bed Day Costs include MFF (Market Forces Factor).

Produced by NHS Sheffield CCG Contract Team, November 2013

APPENDIX C: Contract Activity

Sheffield Children's NHS Foundation Trust

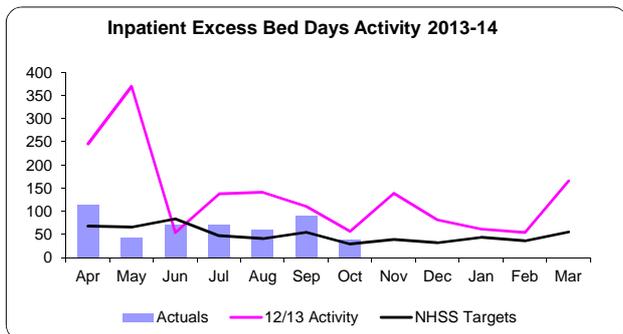
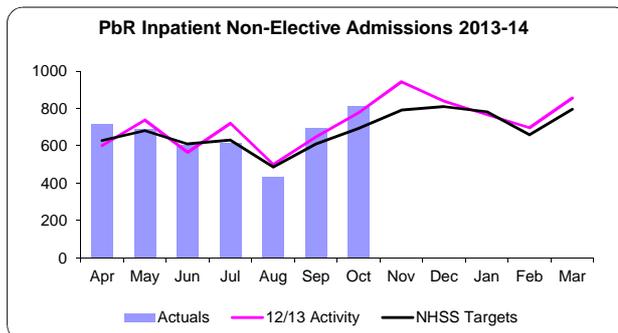
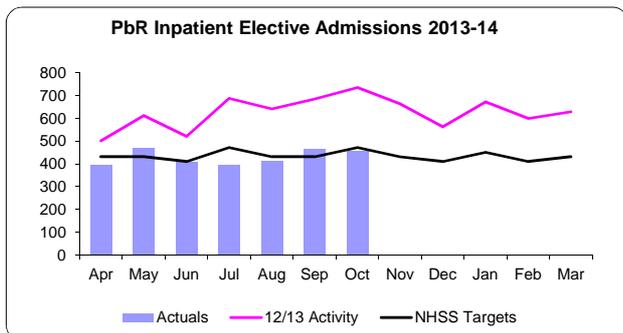
2013/14 Actual performance against Plan and 2012/13 performance



A&E activity in 2013/14 continues to follow a similar pattern to that seen in 2012/13, but the first 7 months of 2013/14 still show a slight decrease in attendances. Activity is just below the target level for October.

Following their dip below the '95% within 4 hours' target level in April and improvement in May to September, as at the end of October, SCHFT's cumulative A&E performance has risen again slightly, to 97.66%.

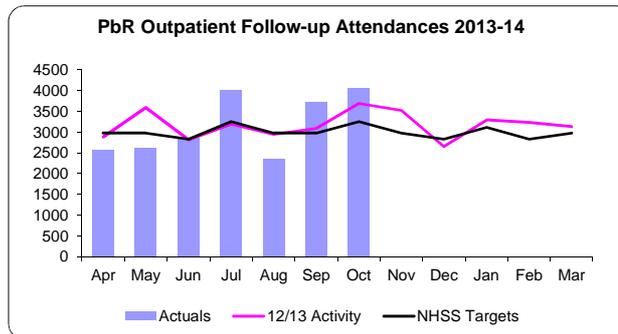
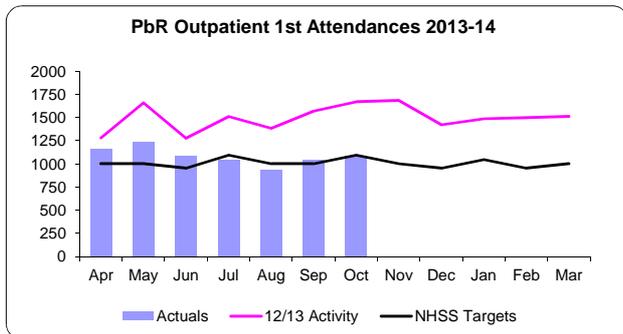
It should be noted that all A&E attendances at the Trust are Type 1 in nature.



Elective activity this year has remained lower than that seen in 2012/13 and October is just below the planned level. Non-elective admission levels have risen again in October and are above the both planned level and the level seen at this point last year.

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

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



Position to October 2013:

SCHFT outpatient firsts are overtrading by 412 attendances and follow-ups are overtrading by 827. In terms of elective activity, there is currently an undertrade of 67 spells. Non-elective activity is currently overtrading by 224 spells. Excess bed days are overperforming by 101 bed-days. There is currently an undertrade on A&E attendances of 610.

Activity figures are from SCHFT contract monitoring information
SCHFT Finance Team

Appendix D: Public Health Outcome Framework (PHOF) Indicators

Quarterly Report of Public Health Outcome Framework (PHOF) Indicators for Sheffield CCG Governing Body							
							Date: 19-Nov-13
PHOF Indicator ID	PHOF Indicator	Latest Annual time period	Value	Statistically significant compared to England	General Trend Annual	Change last annual period	Notes
1.13 (i)	% of Offenders who re-offend from a rolling 12 month period	2010	28.2	Worse	A	A	Crude rate per 1,000 population
1.13 (ii)	The average number of re-offences committed per offender from a rolling 12 month period	2010	0.75	No Diff	A	R	Crude rate per offender
1.15 (i)	Statutory Homelessness Acceptances (households found to be eligible for assistance, unintentionally homeless and falling within a priority need group)	2012/13	5.1	Worse(*)	A	G	Rate per 1,000 households
1.15 (ii)	Statutory Homelessness: Households in temporary accommodation	2012/13	0.76	Better(*)	A	R	Rate per 1,000 households
2.2 (i)	Breastfeeding: % Initiating breastfeeding	2012/13	77.7	Better	A	R	% of mothers
2.2 (ii)	Breastfeeding: % Babies receiving breast milk at 6-8 weeks	2012/13	50.8	Better	A	G	% of babies
2.3	Smoking status of Mothers at time of delivery	2012/13	14.1	No Diff	R	A	% of mothers
2.4	Conception Rate of Under 18 year olds	2011	35.2	Worse	G	G	per 1,000 females aged 15-17
2.15(i)	Successful completion of drug treatment: Opiate (for example Heroin) users	2012	7.0	Worse	A	R	% of adult users in treatment
2.15(ii)	Successful completion of drug treatment: Non-Opiate users	2012	33.1	Worse	A	R	% of adult users in treatment
2.20(i)	% women eligible for breast screening adequately screened - coverage	2013	78.7	Better	G	A	% women eligible for breast screening adequately screened (aged 53-70yrs)
2.20(ii)	% women eligible for cervical screening adequately screened - coverage	2013	74.6	Better	R	R	% women eligible for breast screening adequately screened (aged 53-70yrs)
2.21(iv)	(iv) % babies registered within the area (currently CCG) both at births and at the time of the report who are eligible for newborn blood spot screening and have a conclusive result recorded on the Child Health System within an effective timeframe.	Not Available					
2.21(v)	(iv) % babies eligible for newborn hearing screening for whom the screening process is complete within 4 weeks corrected age (hospital programmes - well babies, all programme NICU (Neonatal Intensive Care Unit) babies) or 5 weeks corrected age (community programmes - well-babies).	Not Available					
2.21(vii)	Diabetic Retinopathy (damage to the retina caused by complications of diabetes) Screening	2011/12	92	Better	G	G	(% aged 12+ offered screening who attended a digital screening event)
2.22(i)	% of Eligible who are offered and an NHS Health Check Programme	2012/13	6.1	Worse	G	G	(% eligible population aged 40-74 offered a check during financial yr)
2.22(ii)	% of Eligible who have received an NHS Health Check	2012/13	2.5	Worse	G	G	(% eligible population aged 40-74 offered a check during financial yr, who received one)
3.2	Chlamydia Diagnoses (for 15-24 year olds)	2012	1852	Better	N/A	N/A	Crude rate per 100,000 aged 15-24 yr old ¹
3.3 (iii)1	DTaP/IPV/Hib (Diphtheria, Tetanus, Pertussis (whooping cough), polio and Haemophilus influenzae type b) vaccination coverage: 1 year olds	2011/12	95.0	No Diff	G	G	%
3.3 (iii)2	DTaP/IPV/Hib (Diphtheria, Tetanus, Pertussis (whooping cough), polio and Haemophilus influenzae type b) vaccination coverage: 2 year olds	2011/12	96.6	No Diff	G	A	%
3.3 (iv)	MenC (Meningitis C) vaccination coverage for 1 year olds	2011/12	93.7	No Diff	G	A	%
3.3 (v)	PCV (Pneumococcal Conjugate Vaccine) coverage - for 1 year olds	2011/12	94.1	No Diff	G	G	%
3.3 (vi)2	Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 2 year olds	2011/12	93.9	Better	G	R	%
3.3 (vi)5	Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 5 year olds	2011/12	92.6	Better	N/A	N/A	%
3.3 (vii)	PCV (Pneumococcal Conjugate Vaccine) booster vaccination for 2 year olds	2011/12	92.8	Better	G	G	%
3.3 (viii)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 2 year olds	2011/12	92.4	Better	G	G	%
3.3 (ix)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 5 year olds	2011/12	94.5	Better	G	G	%
3.3 (x)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving Two doses for 5 year olds	2011/12	87.5	Better	G	G	%
3.3 (xii)	HPV (Human Papilloma Virus) vaccination coverage - for 12-13 year olds	2011/12	93.0	Better	G	G	%

NOTE: (*) statistical significance not available

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FOOTNOTE ¹ In 2012, several changes were made to the collection and reporting of chlamydia activity data, to deliver a simpler and more representative national surveillance system. It is important to note that as a result of the revisions, chlamydia data for 2012 onwards are not directly comparable with data reported in earlier years.