

## Month 2 Quality and Outcomes Report

### Governing Body meeting

4 July 2013

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Sponsor	Idris Griffiths, Chief Operating Officer Kevin Clifford, Chief Nurse
<b>Key messages</b>	
<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>	
<b>Assurance Framework (AF)</b>	
<p><b>Risk Reference Number:</b> 95</p> <p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed</b></p> <p>Performance monitoring reports produced for CET, Planning &amp; Delivery Board, CCG committee and Cluster Board. Performance links with operational leads each month for progress reports and remedial action plans when appropriate. Escalation through operational leads to the Planning and Delivery Group.</p> <p>The achievement of national targets and standards further link directly to the following elements of the Board Assurance Framework (BAF):</p> <ul style="list-style-type: none"> <li>1.1 Delivery of safe and efficient health care,</li> <li>1.2 Commissioning of health services to ensure they remain affordable, and</li> <li>2.1 Effective Health Care</li> </ul> <p><b>Is this an existing or additional control?</b></p> <p>Existing 2.1.2A</p>	

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

# Quality & Outcomes Report

## Month 2 position

For the July 2013 meeting of the  
Governing Body

Our patients are  
at the heart of  
our decisions.

Doctors, nurses  
and other health  
professionals  
will be making  
the decisions.

We want you  
to have more  
care closer to  
home.

We will ask  
patients and the  
public for input  
in every decision.

We will achieve  
the highest  
standards for all  
our patients.

We will manage  
change well for  
the benefit of  
our patients.

There will be  
innovative  
projects across  
the whole of  
Sheffield.



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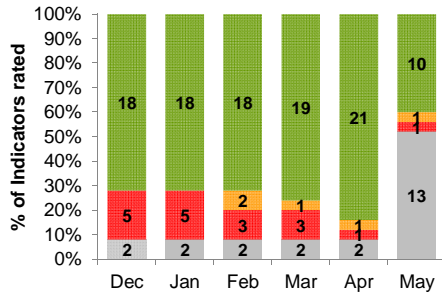
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# Sheffield Clinical Commissioning Group - Summary Position

## Highest Quality Health Care

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

### NHS Constitution - Rights & Pledges



The chart shows how CCG delivery of the 25 NHS Constitution Rights & Pledges for 2013/14 is progressing, month-on-month.

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 that are not yet being measured (due to commence 2013/14) or where data is not yet available.

*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.*

Please see pages 3-6 of this CCG Quality & Outcomes Report for more details of all those indicators rated in the chart and also those pledges not currently being met.

#### Pledges not currently being met:

■	52+ week waiters
■	A&E 4hr waits

### Headlines

**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.

**Maximum 18 week waiting time for all other referrals:** Sheffield CCG, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Children's NHS Foundation Trust (SCHFT) are all meeting their requirement that over 90% of admitted and 95% of non-admitted patients are being treated within 18 weeks. At specialty level, STHFT have seen an improvement in the number of individual specialties meeting the pledge. Discussions with the Trust are taking place to understand the issues and the actions that they are taking around the few specialties that are not currently achieving.

SCHFT are now meeting the pledge to have no patients waiting over 52 weeks. The CCG are in discussion with senior management at STHFT to explore the reason for their reported long waiters in May, to ensure that there are not further patients in the system that will exceed 52 week waits.

**A&E waiting times:** SCHFT is meeting the pledge for 95% of patients to be seen/treated within 4 hours. Work between the CCG and STHFT continues, to help reduce unnecessary use of A&E services and to ensure patients continue to receive a high quality service. The Trust's performance continues to improve from May and into June. Sheffield's Urgent care board signed off an A&E recovery and improvement plan at the end of May. This is a detailed account of how the Sheffield health community will ensure national NHS Constitution commitments in respect of A&E performance will be met in 2013/14 and, also, will be sustained beyond this year.

**Diagnostic test waiting times:** Over 99% of Sheffield patients are waiting less than 6 weeks for these tests to be carried out.

## Quality Standards

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

Building on the recommendations from the Francis Report, the CCG approach to ensuring and reporting on quality standards (overall and at individual provider level) is under review. The Highest Quality Health Care section of this CCG Quality and Outcomes report (and this part of the Summary) will be informed by the results of the above work. In the meantime, CCG reporting will continue to focus on some of the measures used during 12/13.

Nationally, the focus on improving outcomes around the Quality, Safety and Patient Experience of health care is described in 2 specific areas or 'domains'. The headlines with regard to Sheffield CCG's current achievements and challenges in each of these domains are set out below.

### Headlines

**Ensuring that people have a positive experience of care:** The Friends and Family Test - All Sheffield providers are required to undertake the Friends and Family Test. Data from the Trusts is being collated nationally and it is felt that quarterly data will provide the most meaningful picture of performance, so is expected to be reported in September.

**Treating and caring for people in a safe environment and protecting them from avoidable harm** - reducing the number of patients getting Clostridium Difficile (C.Diff) & MRSA:

C.Diff - The 12 cases attributable to the CCG reported in May is lower than last month and also lower than the 14 forecast for the month. STHFT is reporting 4 cases, against their forecast 6. However, SCHFT have not reported any cases.

MRSA - A new 'zero tolerance' policy is in place for 2013/14. No cases were reported in May, but the policy is for 2013/14 in total, so the 1 case in April (STHFT, attributable to Sheffield CCG) will count towards this.



## Sheffield Clinical Commissioning Group - Summary Position

### **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 or even annual measures (see pages 13-16).

Due to these publication intervals, in the majority of cases the data - and thus most commentary - for these indicators has not changed since the previous report in May 2013.

However, as noted previously, work is being undertaken by the five CCG Clinical Portfolio teams to identify locally selected measures that will supplement the national data and provide a more timely and locally focussed assessment of progress in these areas.

Locally selected measures for the 'Acute Services - Elective', 'Children and Young People' and 'Mental Health and Learning Disabilities' portfolios are included in this month's report and can be seen on pages 13-15. Locally selected measures for the 'Acute Services - Urgent Care' and 'Long Term Conditions' portfolios are subject to further consultation and we expect these to be included in the August report.

### **Quality Innovation, Productivity and Prevention (QIPP) Outcomes**

The CCG approach to reporting on QIPP is being reviewed to strengthen the focus on 'improvement outcomes'.

The QIPP section of this Quality and Outcomes Report (and this part of the Summary) will continue to be shaped by this work for future publications, but the initial proposal for reporting the 4 identified QIPP areas - 'Continuing Health Care' (CHC), 'Right First Time' (RFT), 'Elective Adults' and 'Medicines Management' - continues to be developed and is set out in pages 17-20.





# 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 majority of NHS Rights and Pledges have been in place throughout 2012/13, so we are able to show Sheffield's current level of achievement in each area using the most recent data available. In one or two cases, there is no data available yet and so an assessment cannot be made at this time.

**Key to ratings:**

-  Pledge being met
-  Close to being met
-  Area of concern
-  Not yet available

Data up to March relates to the financial year 2012/13; the new financial year 2013/14 is April data onwards.

### Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment

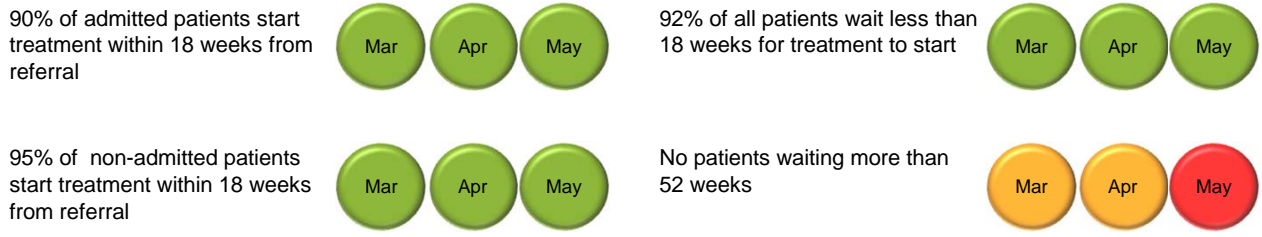
*Patients referred to see a specialist should be seen and, where necessary, receive treatment in a timely fashion, whether admitted to hospital for treatment or treated without being admitted. The majority of patients should be seen and start any necessary treatment within 18 weeks from their referral. No patient should have to wait more than 52 weeks.*

**Issues & Actions July 2013:**

**Patients waiting over 52 weeks:** STHFT have reported that 4 patients were seen and treated after waiting more than 52 weeks. The reason for this is being explored with senior management at STHFT, to ensure that there are not further patients in the system that will exceed 52 week waits. The Trust have advised that there were some validation errors with this data and that not all of those reported were genuine breaches; the position is possible therefore less of an area of concern than initially thought. Final submission of their RTT data will hopefully confirm this.

The CCG have met the pledges on the proportion of patient seen within 18 weeks in April, but there are some issues in meeting these at Provider (Trust) level:

**Admitted Patients waiting 18 weeks:** May has seen an improved position, after not meeting the pledge at STHFT in April, as reported last month. At specialty level, the Trust has seen an improved position with 4 specialties not meeting the pledge, compared to the 5 in April. The 2 specialties of Urology and Plastic Surgery which had been expected to achieve last month, have both achieved in May, which is the first time since October 2012 and November 2012 respectively. However, despite the improved position in these 2 specialties, there continue to be concerns with Trauma & Orthopaedics (where a number of actions are now in place to address historical issues in the specialty), General Surgery and 'Other', which includes a number of smaller specialist services. In addition, the fourth specialty to miss the pledge this month is Dermatology, which has previously achieved. The discussions with STHFT will include this speciality, to understand the issues and the actions that they are taking.



### 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.*









## Highest Quality Health Care

### 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



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. This pledge is being in 13/14.*

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.







































## Appendix A: Health Economy Performance Measures Summary

### Acute - 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)	*	93.90%	96.34%
Emergency Readmissions within 30 days	12.08%	N/A	N/A
Non-elective Admissions (FFCEs) (YTD)	5348	4348	727
Number of attendances at A&E departments - Type 1 (YTD)	14417	8824	4386
Number of attendances at A&E departments - Total (YTD)	22796	10849	4386
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	69.82%	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)	76.07%	N/A	N/A	83.12%
Category A response in 8 mins (RED 2 - less time-critical e.g. strokes and fits)	78.37%	N/A	N/A	79.88%
Category A response in 19 mins	97.71%	N/A	N/A	98.75%
Ambulance handover - delays over 30mins & 60mins in handover to A&E	WIP	WIP	WIP	WIP
Crew Clear - delays over 30mins & 60mins in ambulance ready for next call	WIP	WIP	WIP	WIP
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	0	0	0	N/A

**Footnote: A&E - The position reported is the Sheffield cohort of the provider position**

### Long Term Conditions

	CCG
Under 75 mortality rate from Cardiovascular Disease (CVD) per 100,000	65.54
Under 75 mortality rate from Respiratory Disease per 100,000	23.41
Under 75 mortality rate from Cancer per 100,000	118.93
Under 75 mortality rate from Liver disease per 100,000	14.06
Proportion of people feeling supported to manage their condition	67.99%
Health-related quality of life for people with long-term conditions	54.76%

### Mental Health & Learning Disabilities

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by Mental Health services, after psychiatric inpatient care	100.00%
Proportion of people entering psychological treatment against the level of need in the general population	5.83%
The proportion of those referred that enter psychological treatment	67.06%
The proportion of people who are moving to recovery, following psychological treatment	80.35%
Estimating the diagnosis rate of people with dementia	WIP

### Quality Standards

#### Health Care Acquired Infections (HCAI)

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	1	1	0	N/A
Clostridium Difficile (C Diff) (YTD)	30	13	0	N/A
Mixed sex accommodation breaches (YTD)	0	0	0	0

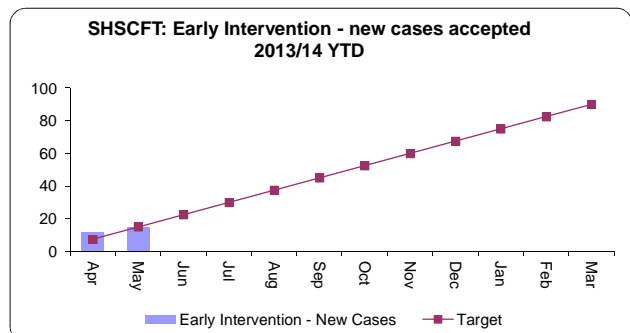
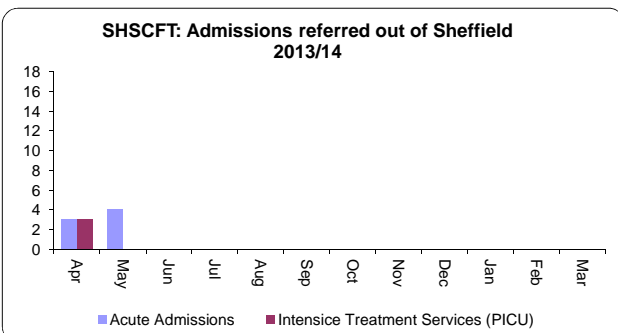
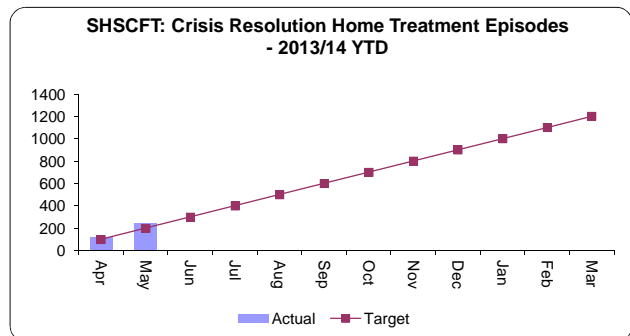
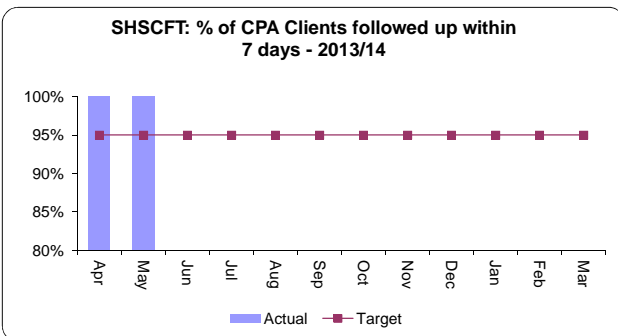
## APPENDIX B: Mental Health Trust Performance Measures

### Sheffield Health and Social Care NHS Foundation Trust

Only one of the seven targets highlighted in the table below has not been achieved in May. Key points to note are:

- Crisis Resolution/Home Treatment:** As at the end of May, there have been 243 home treatment interventions against a 12-month target of 1,202. This equates to 21.5% more patients benefiting from this service than originally planned in May.
- CPA 7 day follow up:** May'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.
- Psychosis intervention:** The position for May is 208, so has not improved from April. The Trust introduced a reconfiguration of its range of Community Mental Health Teams (CMHT) related services during 2012/13, moving from 15 separate teams to 5. As part of this, the provision of early intervention services was integrated closer within the main CMHT model. The caseload reviews undertaken as part of all the team changes have had some influence on the reduced caseloads of people on the Early Intervention Services (EIS) pathways. The Trust has raised this issue with the CCG as an area that would benefit from further joint review and arrangements are in hand for this.
- Psychological therapy services:** The quarter 4 performance for psychological therapy indicators is exceeding their respective target levels.

SHSCFT Indicators		Target	April	May	Monthly Change
Crisis Resolution / Home treatment	1202	120	243	▲	
Psychosis intervention - New cases (YTD)	90	12	15	▲	
Psychosis intervention - Maintain Capacity	270	208	208	◀▶	
CPA 7 day follow up (YTD)	95%	100.00%	100.00%	◀▶	
Anxiety/depression:			Q4	Q1	
% receiving Psychological therapy	3.3%	5.83%	Due August		
% referred for psychological therapy receiving it	65.5%	67.06%	Due August		
Psychological therapy pts. move to recovery	44.40%	80.30%	Due August		



## APPENDIX B: Ambulance Trust Performance Measures

### Yorkshire Ambulance Service

For May 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.

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

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

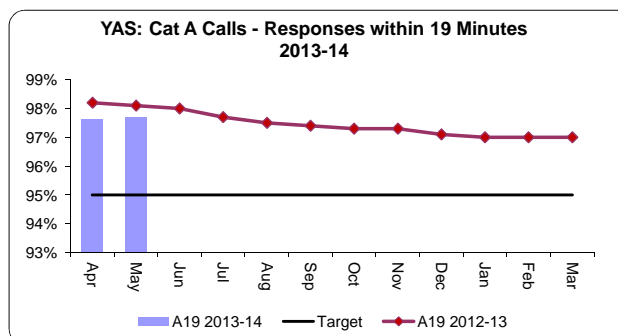
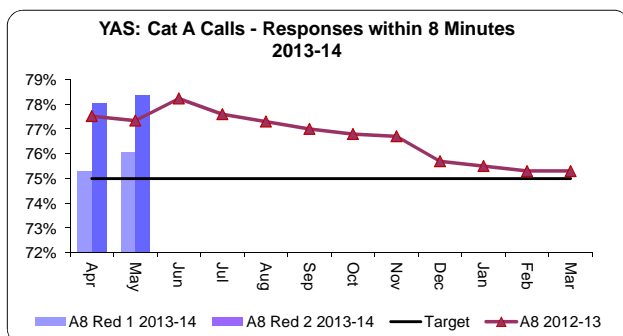
#### Key Risks:

Red 1 8 minute performance is unlikely to be sustained over winter and further discussions will take place with YAS about their plans to maintain this above 75%.

#### Key points to note:

Discussions remain on-going with Arriva to confirm the start date by when a proportion of Sheffield GP Urgent calls, currently undertaken by YAS, will be undertaken by Arriva Transport Solutions Ltd. Arrangements are being made to ensure the transition from YAS to Arriva runs smoothly.

YAS Indicators	Target	April	May	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	75.28%	76.07%	▲
Cat A 8 minutes Red 2 (YTD)	75%	78.04%	78.37%	▲
Cat A 19 minutes (YTD)	95%	97.62%	97.71%	▲



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

Quality Indicators	Target	March	April	Monthly Change
Re-contact after discharge (phone)		8.7%	12.8%	▲
Re-contact after discharge (Treatment at scene)		7.5%	7.7%	▲
Re-contact after discharge (Frequent Caller)		2.3%	2.2%	▼
Time to answer call (Median)	5 sec	1	1	◄►
Time to answer call (95th Percentile)		21	21	◄►
Time to answer call (99th Percentile)		68	66	▼
Time to treatment (Median)		5.5	5.3	▼
Time to treatment (95th Percentile)		14.1	13.2	▼
Time to treatment (99th Percentile)		21.6	19.6	▼
Call closed with advice (Phone advice)		5.6%	5.1%	▼
Call closed with advice (Transport)		29.4%	28.2%	▼
<b>Clinical Indicators</b>		<b>December</b>	<b>January</b>	
Outcome from Cardiac Arrest (CA) All		20.0%	25.3%	▲
Outcome from CA Utstein Group (UG)		30.2%	46.6%	▲
Outcome from acute STEMI Angioplasty		79.9%	89.8%	▲
STEMI Care Bundle		86.8%	77.7%	▼
Outcome from Stroke 60 min to Stroke Unit		55.9%	62.5%	▲
Stroke - Appropriate Care Bundle		91.0%	95.6%	▲
Outcome from CA - Survival to Discharge All		7.0%	7.1%	▲
Outcome from CA - Survival to Discharge UG		17.5%	21.8%	▲
Service Experience		N/A	N/A	

## APPENDIX C: Contract Activity



Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Clinical Commissioning Group

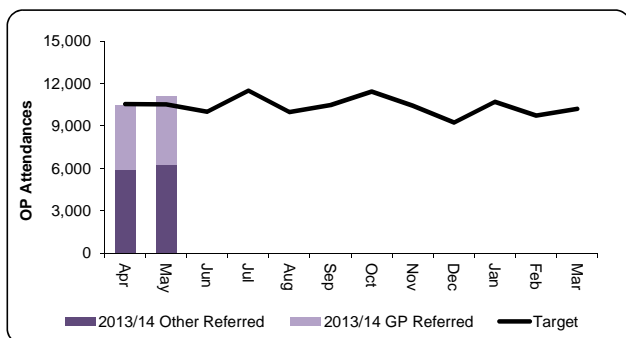
Performance against Sheffield CCG Activity Target at Month 2, April - May 2013.

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

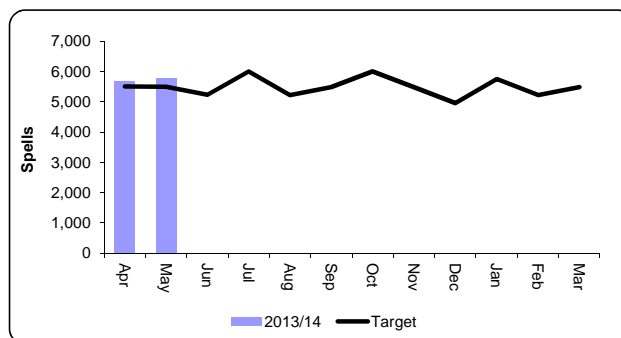
**Outpatient First Attendances:** 2.3% above plan  
**Elective Inpatient Spells:** 4.1% above plan

**Follow-up Attendances:** 0.2% below plan  
**Non Elective Spells:** 8.2% above plan

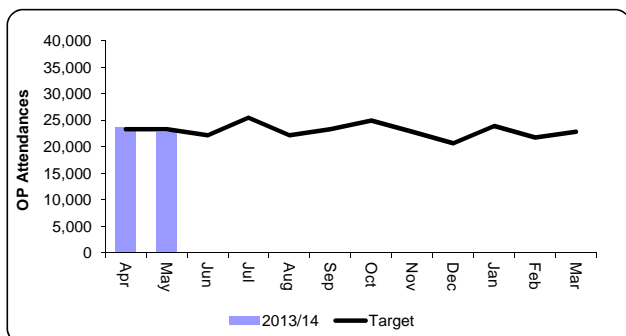
**Figure 1. Outpatient First Attendances**



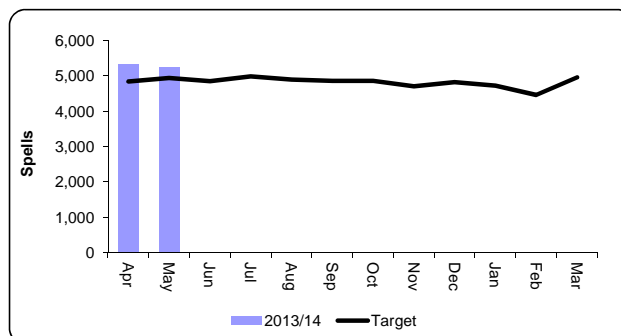
**Figure 3. Elective Spells**



**Figure 2. Outpatient Follow-up Attendances**



**Figure 4. Non Elective Spells**



**Table 1. Outpatient Activity**

	2013/14	Target	Var	% Var
<b>First</b>	21,589	21,094	495	2.3%
<b>Follow-up</b>	46,504	46,582	-78	-0.2%
<b>OP Payable Procedures</b>	9,694	9,534	160	1.7%
<b>Follow-ups:First Ratio</b>	2.15	2.21	-0.05	-2.5%

**Table 2. Inpatient Activity**

	2013/14	Target	Var	% Var
<b>Elective</b>	11,462	11,005	457	4.1%
<b>Non Elective</b>	10,597	9,792	805	8.2%
<b>Excess Bed Day Costs (£000s)</b>	£1,774	£1,624	£150	9.2%

Source: STHFT Contract Monitoring, Sheffield CCG only (i.e. excluding NHS England commissioned activity - specialised and dental)

**Notes:**

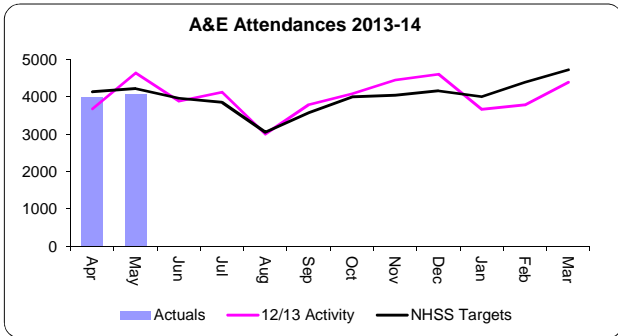
- Excludes Clinical Psychology, Diabetes, Hearing Services, Palliative Medicine and Obstetric outpatient attendances
- Excess Bed Day Costs include MFF (Market Forces Factor)
- Referral data at CCG level is not yet available.
- Adjusted for 'unknown outpatient attendance status' against Anti Coagulation and Haematology OP attendances

Produced by NHS Sheffield CCG Contract Team, June 2013

## APPENDIX C: Contract Activity

### Sheffield Children's NHS Foundation Trust

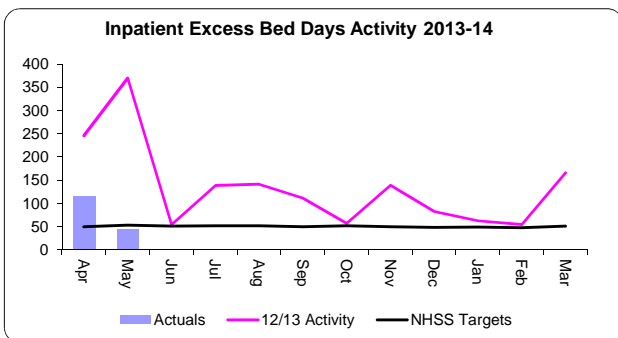
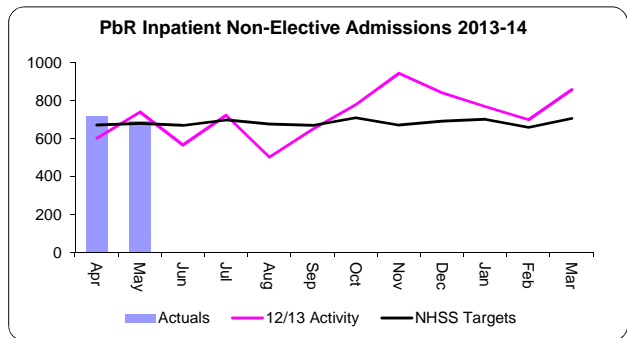
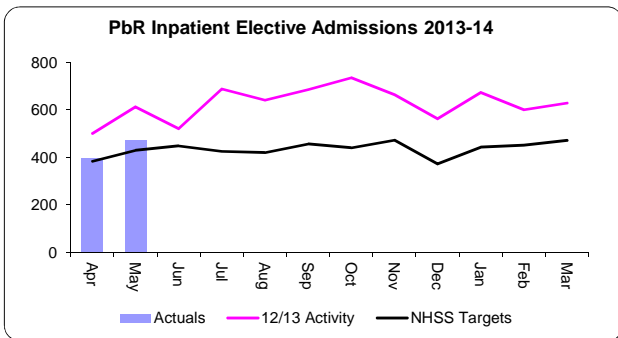
2013/14 Actual performance against Plan and 2012/13 performance



A&E activity fluctuated throughout 2012/13, but the first 2 months of 2013/14 show a slight decrease in attendances and are also below target level.

Following their dip below the '95% within 4 hours' target level in April, as at the end of May, SCHFT's cumulative A&E performance has risen to 96.34%.

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

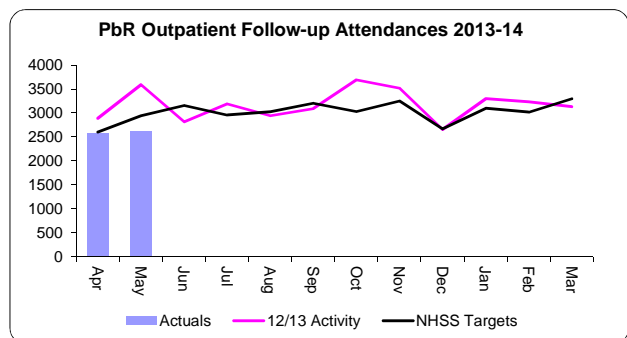
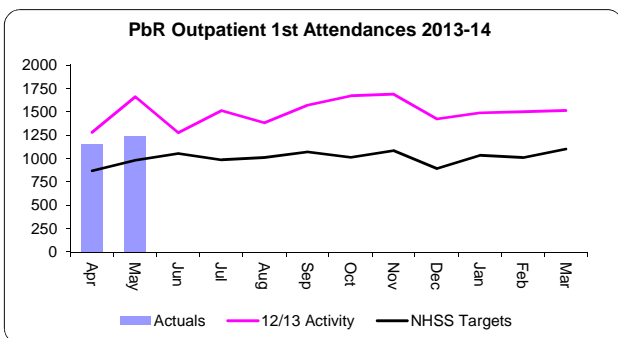


In the first month of 2013/14, electives decreased significantly from those levels seen in 2012/13; activity has risen slightly in May and is also now slightly above planned levels.

Non-elective admission levels in May have again reduced, but are now just at planned levels.

Excess bed days have also fallen again since April, but are now slightly below the planned amount for the month.

Outpatient first and follow-up attendances remain below the levels seen last year but, whilst follow-ups are still below planned levels in May, firsts are still well above.



#### Position to May 2013:

SCHFT outpatient firsts are overtrading by 537 attendances and follow-ups are undertrading by 318. In terms of elective activity, there is currently an overtrade of 55 spells. Non-elective activity is currently overtrading by 59 spells. Excess bed days are underperforming by 58 bed-days. There is currently an undertrade on A&E attendances of 268.

Activity figures are from SCHFT contract monitoring information  
SCHFT Finance Team