

































































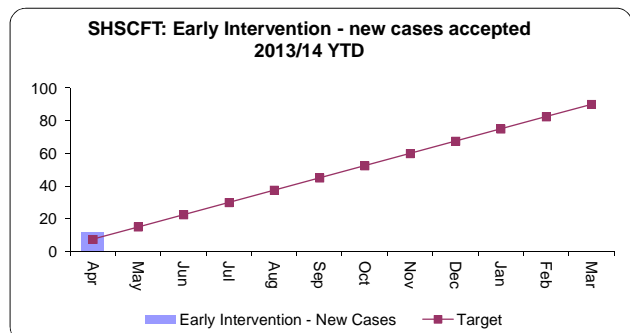
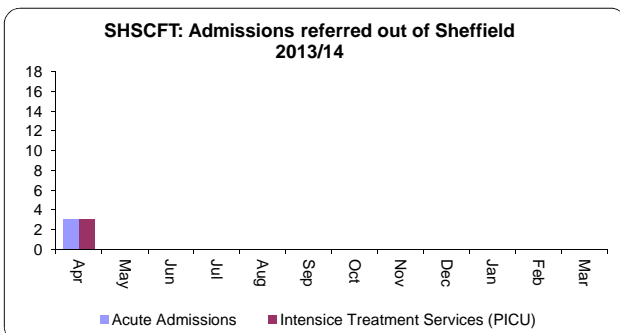
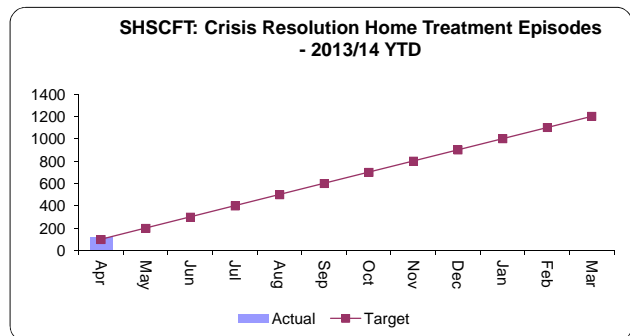
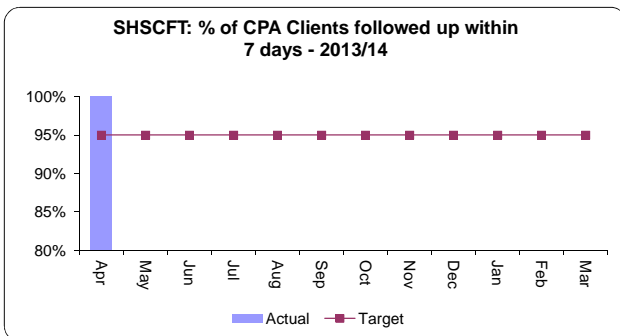
## APPENDIX C: Mental Health Trust Performance Measures

### Sheffield Health and Social Care NHS Foundation Trust

One of the seven targets highlighted in the table below has not been achieved in April. Key points to note are:

1. Crisis Resolution/Home Treatment: As at the end of April, there have been 120 home treatment interventions against a 12-month target of 1,202. This equates to 19.8% more patients benefiting from this service than originally planned in April.
2. CPA 7 day follow up: April'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: Capacity in March of 255 fell short of the 270 target level, having achieved in previous months. The position for April is 208. 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.
4. Psychological therapy services: The quarter 4 performance for psychological therapy indicators is exceeding their respective target levels.

SHSCFT Indicators	Target	March	April	Monthly Change
Crisis Resolution / Home treatment	1202	1418	120	▼
Psychosis intervention - New cases (YTD)	90	107	12	▼
Psychosis intervention - Maintain Capacity	270	255	208	▼
CPA 7 day follow up (YTD)	95%	96.50%	100.00%	▲
Anxiety/depression:		<u>Q3</u>	<u>Q4</u>	
% receiving Psychological therapy	3.3%	5.38%	5.83%	
% referred for psychological therapy receiving it	65.5%	62.82%	67.06%	
Psychological therapy pts. move to recovery	44.40%	76.28%	80.30%	



## APPENDIX C: Ambulance Trust Performance Measures

### Yorkshire Ambulance Service

For April 2013, both the Category A 8 (overall) 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.

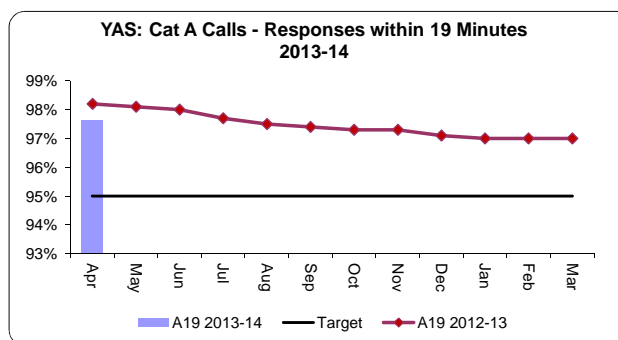
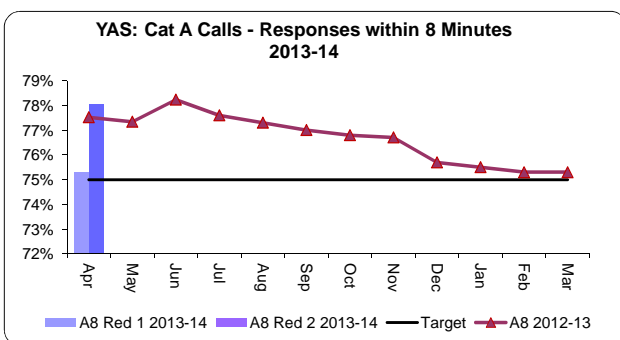
### 2013/14 Contract

The new commissioning and contract management arrangements for 2013/14 are in place, with Sheffield CCG acting as lead for YAS for the South Yorkshire CCGs and West and South Yorkshire and Bassetlaw Commissioning Support Unit acting in a contract management capacity on behalf of commissioners.

A proportion of Sheffield GP Urgent calls from 1 August 2013 will be undertaken by Arriva Transport Solutions Ltd. Arrangements are being made to ensure the transition from YAS to Arriva run smoothly.

### YAS Indicators

	Target	March	April	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	72.50%	75.28%	▲
Cat A 8 minutes Red 2 (YTD)	75%	75.50%	78.04%	▲
Cat A 19 minutes (YTD)	95%	97.00%	97.62%	▲



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	February	March	Monthly Change
Re-contact after discharge (phone)		4.5%	8.7%	▲
Re-contact after discharge (Treatment at scene)		7.1%	7.5%	▲
Re-contact after discharge (Frequent Caller)		2.1%	2.3%	▲
Time to answer call (Median)	5 sec	1	1	◄►
Time to answer call (95th Percentile)		24	21	▼
Time to answer call (99th Percentile)		82	68	▼
Time to treatment (Median)		5.7	5.5	▼
Time to treatment (95th Percentile)		14.4	14.1	▼
Time to treatment (99th Percentile)		22	21.6	▼
Call closed with advice (Phone advice)		6.1%	5.6%	▼
Call closed with advice (Transport)		30.1%	29.4%	▼
<b>Clinical Indicators</b>		<b>November</b>	<b>December</b>	
Outcome from Cardiac Arrest (CA) All		18.6%	20.0%	▲
Outcome from CA Utstein Group (UG)		43.8%	30.2%	▼
Outcome from acute STEMI Angioplasty		82.6%	79.9%	▼
STEMI Care Bundle		78.4%	86.8%	▲
Outcome from Stroke 60 min to Stroke Unit		62.7%	55.9%	▼
Stroke - Appropriate Care Bundle		97.2%	91.0%	▼
Outcome from CA - Survival to Discharge All		6.4%	7.0%	▲
Outcome from CA - Survival to Discharge UG		23.3%	17.5%	▼
Service Experience		N/A	N/A	

## APPENDIX D: Contract Activity

### Sheffield Teaching Hospitals NHS Foundation Trust

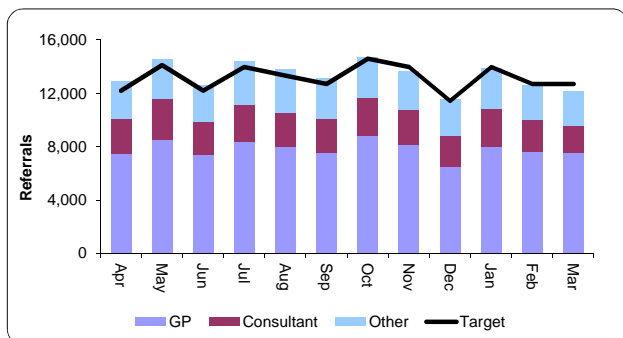
**PLEASE NOTE: STHFT are working on April contract monitoring and going through an internal checking process, but are unable to provide accurate reporting at present. Therefore, the position reported here is for 2012/13 and reporting of the 2013/14 position will commence next month.**

Performance Against Contract Target at Month 12, April 2012 - March 2013

**Total Referrals:** 1.4% above target  
**Outpatient First Attendances:** 1.9% above target  
**Elective Inpatient Spells:** 4.4% above target

**GP Referrals:** 1.7% above target  
**Follow-up Attendances:** 4.0% above target  
**Non Elective Spells:** 5.1% above target

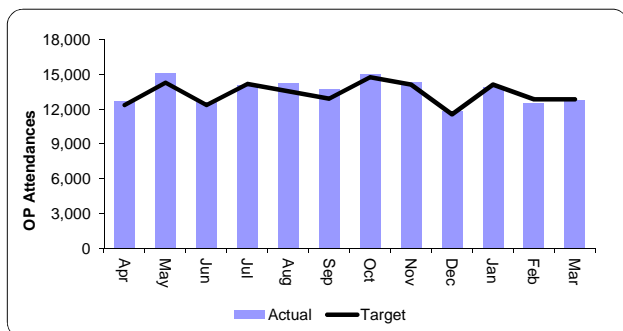
**Figure 1. Total Referrals**



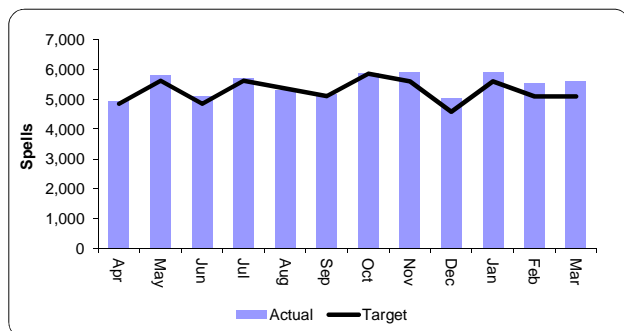
**Table 1. Referrals to Outpatient First Attendance**

	Actual	Target	Var	% Var
<b>Total Referrals</b>	160,185	157,995	2,190	1.4%
<b>GP Referrals</b>	94,132	92,549	1,583	1.7%
<b>Consultant Referrals</b>	31,089	33,056	-1,967	-6.0%
<b>Other Referrals</b>	34,964	32,390	2,574	7.9%
<b>Consultant:GP Referrals Ratio</b>	0.33	0.36	-0.03	-7.5%

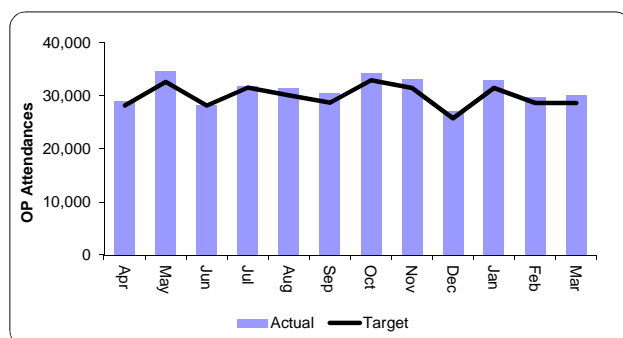
**Figure 2. Outpatient First Attendances**



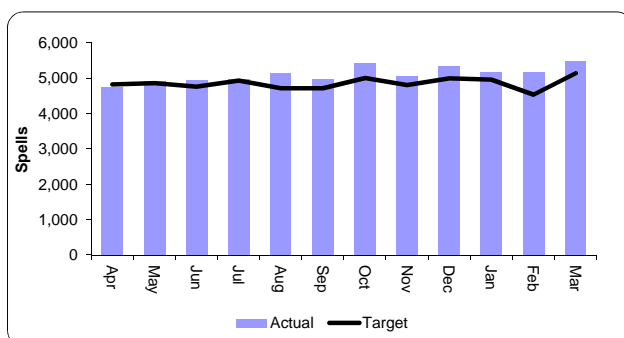
**Figure 4. Elective Spells**



**Figure 3. Outpatient Follow-up Attendances**



**Figure 5. Non Elective Spells**



**Table 2. Outpatient Activity**

	Actual	Target	Var	% Var
<b>First</b>	163,051	160,050	3,001	1.9%
<b>Follow-up</b>	372,976	358,752	14,224	4.0%
<b>OP Payable Procedures</b>	69,124	68,455	669	1.0%
<b>Follow-ups:First Ratio</b>	2.29	2.24	0.05	2.1%

	Actual	Target	Var	% Var
<b>Elective</b>	66,078	63,308	2,770	4.4%
<b>Non Elective</b>	61,272	58,317	2,955	5.1%
<b>Excess Bed Day Costs (£000s)</b>	£10,215	£11,663	£-1,448	-12.4%

Source: STHFT Contract Monitoring, excluding SCG activity

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

Excludes Restorative Dentistry outpatient referrals

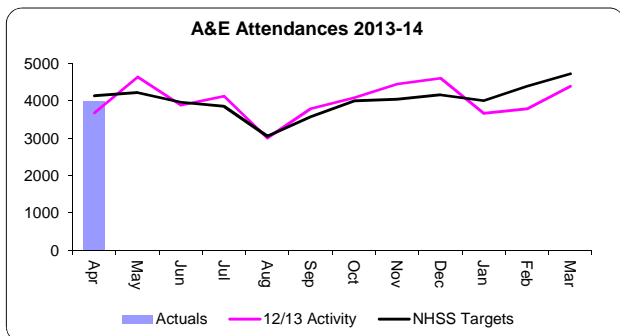
Excess Bed Day Costs include MFF (market forces factor)



## APPENDIX D: Contract Activity

### Sheffield Children's NHS Foundation Trust

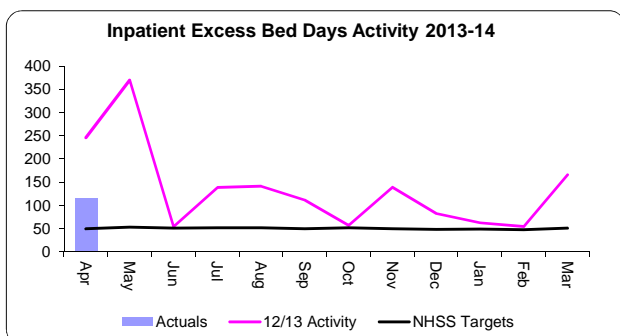
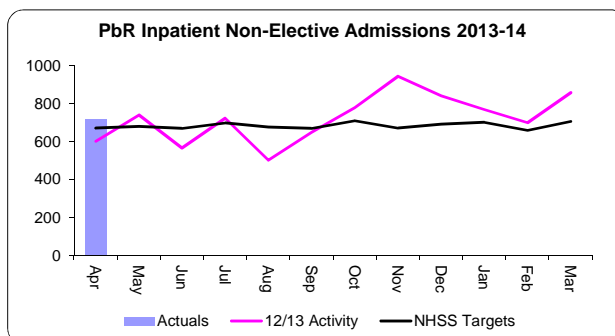
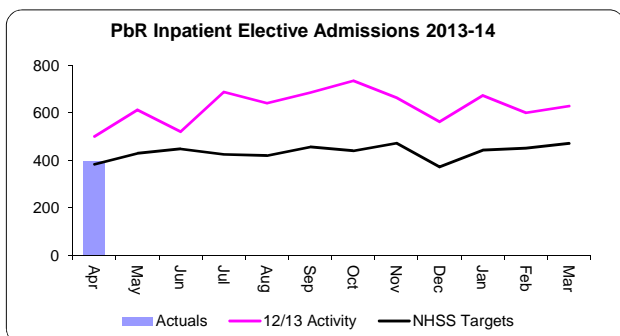
2013/14 Actual performance against Plan and 2012/13 performance



A&E activity fluctuated throughout 2012/13, but the first month of 2013/14 shows a slight decrease in attendances and is also below target level.

As at the end of April, SCHFT's cumulative A&E performance is 94.73%, just below the '95% within 4 hours' target level; this is the first month that they have fallen below 95%.

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

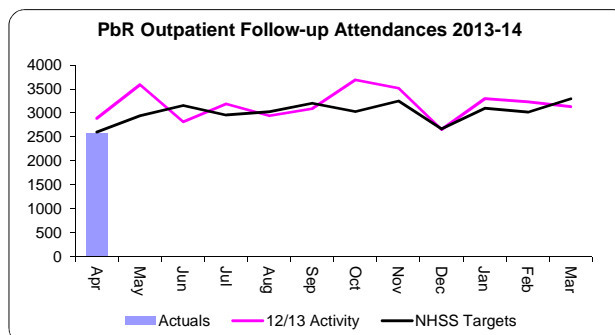
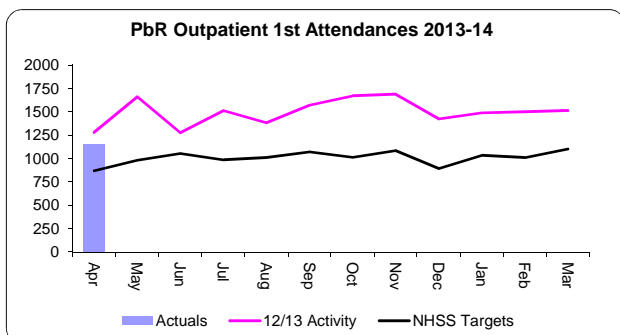


In the first month of 2013/14, electives admissions have decreased significantly from those levels seen in 2012/13, although they remain at target level.

After seeing March non-elective admissions rising to levels above those seen in 2011/12, levels in April have reduced; however, they are just above the target for the first month of 2013/14.

Excess bed days have also fallen since March, although there have been around double the planned amount for the month.

Outpatient first and follow-up attendances continue to fluctuate into 2013/14 but, whilst follow-ups are slightly below target level, firsts are well above.



#### Position to April 2013:

SCHFT outpatient firsts are overtrading by 288 attendances and follow-ups are undertrading by 32. In terms of elective activity, there is currently an overtrade of 14 spells. Non-elective activity is currently overtrading by 46 spells. Excess bed days are underperforming by 66 bed-days. There is currently an undertrade on A&E attendances of 132.

Activity figures are from SCHFT contract monitoring information  
SCHFT Finance Team

## Appendix E: Public Health Outcome Framework (PHOF) Indicators

Quarterly Report of Public Health Outcome Framework (PHOF) Indicators for Sheffield CCG Governing Body							
Date: 22-May-12							
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 in 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 in 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)	2011/12	6.0	Worse	R	R	Rate per 1,000 households
1.15 (ii)	Statutory Homelessness: Households in temporary accommodation	2011/12	0.73	Better	G	G	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 smoking
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	2011	8.5	No Diff	G	G	% of adult users in treatment
2.15(ii)	Successful completion of drug treatment: Non-Opiate users	2011	38.8	No Diff	G	G	% of adult users in treatment
2.20(i)	% women eligible for breast screening adequately screened - coverage	2012	79.0	Better	G	G	% women eligible for breast screening adequately screened (aged 53-70yrs)
2.20(ii)	% women eligible for cervical screening adequately screened - coverage	2012	75.8	Better	A	A	% women eligible for breast screening adequately screened (aged 53-70yrs)
2.21(iv)	(iv) % babies registered within the area (currently CCG) both at birth 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 population who are offered and an NHS Health Check Programme	2012/13	6.1	Worse			(% eligible population aged 40-74 offered a check during financial yr)
2.22(ii)	% of Eligible population who have received an NHS Health Check	2012/13	2.5	Worse			(% eligible population aged 40-74 offered a check during financial yr, who received one)
3.2	Chlamydia Diagnoses (positive, for 15-24 year olds)	2011	1909.7	Better	G	G	Crude rate per 100,000 aged 15-24 yr old
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	%

Provided by: Public Health Intelligence Team (Ann Richardson), Sheffield City Council