

Highest Quality Health Care

Quality and Safety

BMI Healthcare Limited Inspection - continued

Standards assessed:

- Consent to care and treatment
- Care and welfare of people who use services
- Meeting nutritional needs
- Safety, availability and suitability of equipment
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

Fully Compliant with all standards except:

- Safety, availability and suitability of equipment

People were not protected from unsafe or unsuitable equipment - anaesthetic breathing circuits were not disposed of in accordance with the recommendations of the appropriate specialist body.

Please refer to the full report: http://www.cqc.org.uk/sites/default/files/media/reports/1-102643500_BMI_Healthcare_Limited_1-128767375_BMI_Thornbury_Hospital_20130329.pdf

Actions: BMI has submitted an action plan to the CQC to achieve compliance with this Regulation 16 HSCA 2008. The CCG will be monitoring performance via the contracting process.

Claremont Hospital - report published end of March 2013

A. One Health Group Inspection - 15th February 2013

Service as for Thornbury.

Standards assessed:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers
- Complaints

There is full compliance with all standards.

B. Claremont Hospital - part of Aspen Health Care limited - inspection 4th January 2013

Claremont is an acute service with overnight beds.

Services are: Diagnostic and/ screening services, Surgical procedures, Caring for children (0 - 18yrs) and adults.

Standards assessed:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers
- Assessing and monitoring the quality of service provision

There is full compliance with all standards.

PATIENT SAFETY

C Difficile Targets

Sheffield CCG

There have been 17 cases reported in March, which is 1 case over the monthly target of 16, but a decrease on previous months.

- 7 cases are community associated with no recent hospital admission (4 are GP samples and 3 are samples taken shortly after admission to STHFT)
- 4 are community associated but have had hospital admission in the last 56 days (1 of these is a GP sample, the rest are samples taken on or shortly after admission)
- 6 are STHFT attributable, all on separate wards with no recent cases

Best Possible Health Outcomes

Mental Health and Learning Disabilities

'Apr' = measurement of this indicator will commence in 2013/14.

National required measures

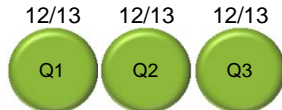
Improvement against plan:
Estimated diagnosis rate for
people with dementia



The proportion of people who
have depression and/or anxiety
disorders who receive
psychological therapies



The number of people who
received psychological therapy
and are moving to recovery



Locally selected measures

Additional measures which the Portfolio Clinical and Management leads wish to be reported to CCG Governing Body are in the process of being identified.

Children and Young People

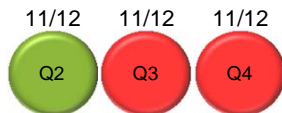
Issues & Actions May 2013:

Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s - work continues in reviewing this position with our provider.

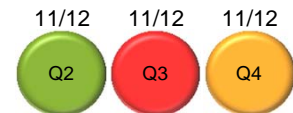
Emergency readmissions for children with LRTI - work continues in reviewing the data, the case mix and the pathway with our provider and also in reviewing the clinical management within primary care to assess the need to develop further plans in this area.

National required measures

Reduction in Unplanned
hospitalisation for asthma,
diabetes and epilepsy in under
19s



Reduction in Emergency
readmissions for children with
Lower Respiratory Tract
Infections (LRTI)



Locally selected measures

Additional measures which the Portfolio Clinical and Management leads wish to be reported to CCG Governing Body are in the process of being identified.

Activity Measures

These indicators relate to outline plans which the CCG is required to submit nationally, before it has completed local discussion with providers.

Elective finished first consultant
episodes (FFCEs)



All first outpatient attendances



Non-elective FFCEs (First
Finished Consultant Episode)



Quality Innovation Productivity and Prevention (QIPP) Performance Monitoring

Delivering ABH 4

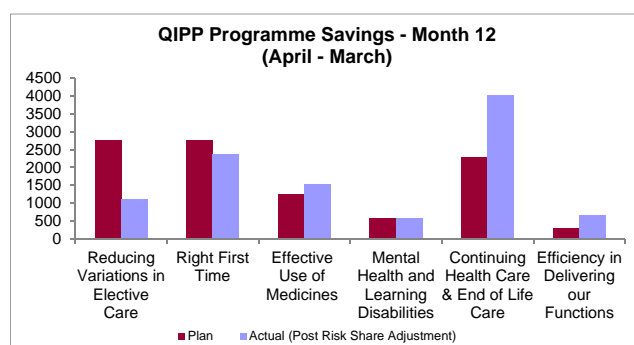
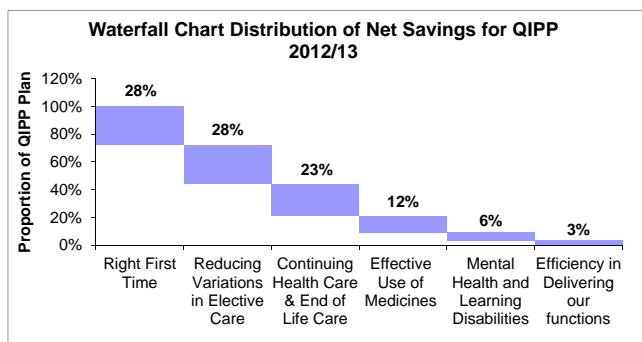
Programme	Net Savings Plan for Full Year £'000	Net Savings Plan (April - Mar) £'000	Net Savings Actual (April - Mar) £'000	Net Variance against plan (April - Mar) £'000	Risk Share Adjustment on Urgent Care (as per agreed contract clause with STHFT) £'000	Net Variance against plan (April - Mar) post risk share £'000
CLINICAL COMMISSIONING GROUP						
Reducing Variations in Elective Care	(2,504)	(2,504)	(1,014)	1,490		1,490
Right First Time	(2,760)	(2,760)	(1,000)	1,760	(1,361)	399
Effective Use of Medicines	(1,250)	(1,250)	(1,512)	(262)		(262)
Mental Health and Learning Disabilities	(570)	(570)	(570)	0		0
Continuing Health Care & End of Life Care	(2,280)	(2,280)	(4,021)	(1,741)		(1,741)
Efficiency in Delivering our functions	(300)	(300)	(648)	(348)		(348)
Overcommitted recurrent investment and Freed Up Resources	(86)	(86)	(75)	11		11
Subtotal	(9,750)	(9,750)	(8,840)	910	(1,361)	(451)
NATIONAL COMMISSIONING BOARD						
Reducing Variations in Elective Care	(250)	(250)	(80)	170	0	170
Total	(10,000)	(10,000)	(8,920)	1,080	(1,361)	(281)

Summary

The 2012/13 QIPP savings target of £10,000k was exceeded, as we delivered £10,281k net of investment at year end.

Changes to the CHC procurement, improved efficiency in primary care prescribing and agreed reductions in running costs were the main areas which contributed to this success. We have also delivered quality improvements in planned and emergency care, for example faster discharge from hospital and new elective care clinical pathways in some targeted specialties.

QIPP Performance



The 2012/13 QIPP plan incorporates the outcome of contract negotiations and will not significantly change going forward. 51% of the QIPP net savings combine the related issues of Right First Time and CHC / End of Life Care. 28% of savings relate to elective care, with the remainder of the planned savings (21%) divided between the other 3 programmes.

The chart on the right shows the level of savings made for the year, compared to the planned level of savings for the same period. 4 out of 6 programme areas have achieved or exceeded their planned level of savings for the year, with Continuing Health Care seeing the most pronounced favourable variance. Reducing variations in Elective Care and Right First Time underperformed in terms of the level of savings experienced in 2012/13.

Appendices

Quality & Outcomes Report

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.

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 March 2013 performance as at the 22nd April 2013 - year to date where appropriate.

57 indicators are reported below.

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

Key

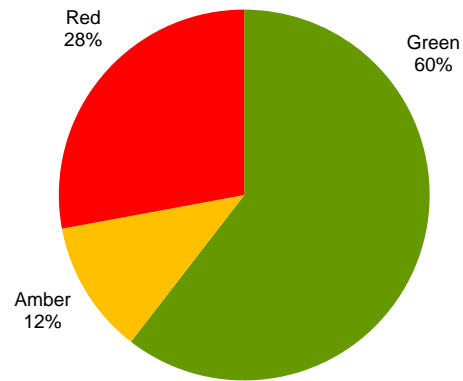
* - Data is currently not available for the Indicator

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

Sheffield CCG RAG Distribution



Acute - Elective Care

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

% seen/treated within 18wks - Admitted pathway

% seen/treated within 18wks - Non-Admitted pathway

% still not seen/treated within 18wks - Incomplete Pathway

Number waiting 52+ weeks - Admitted pathway

Number waiting 52+ weeks - Non-Admitted pathway

Number waiting 52+ weeks - Incomplete pathway

	CCG	STHFT	SCHFT
% seen/treated within 18wks - Admitted pathway	91.70%	91.12%	98.13%
% seen/treated within 18wks - Non-Admitted pathway	96.76%	96.79%	96.58%
% still not seen/treated within 18wks - Incomplete Pathway	93.91%	93.58%	96.43%
Number waiting 52+ weeks - Admitted pathway	0	0	0
Number waiting 52+ weeks - Non-Admitted pathway	3	0	3
Number waiting 52+ weeks - Incomplete pathway	1	0	1

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test

% receiving diagnostic test	0.22%	0.12%	0.75%
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Cancer Waits

% seen within 2 weeks - from GP referral to first outpatient appointment

% seen within 2 weeks - as above, for breast symptoms

% treated within 31 days- from diagnosis to first definitive treatment

% treated within 31 days - subsequent treatment (surgery)

% treated within 31 days - subsequent treatment (drugs)

% treated within 31 days - subsequent treatment (radiotherapy)

% treated within 62 days - following an urgent GP referral

% treated within 62 days - following referral from an NHS screening service

% treated within 62 days - following Consultant's decision to upgrade priority

% seen within 2 weeks - from GP referral to first outpatient appointment	95.13%	95.00%	97.82%
% seen within 2 weeks - as above, for breast symptoms	95.90%	94.00%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	98.79%	98.00%	100.00%
% treated within 31 days - subsequent treatment (surgery)	98.03%	98.00%	100.00%
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	97.47%	100.00%	N/A
% treated within 62 days - following an urgent GP referral	92.54%	87.00%	N/A
% treated within 62 days - following referral from an NHS screening service	98.70%	97.00%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	93.45%	93.00%	N/A

Activity

Number of Elective Admissions (FFCEs) (YTD)

Number of First Outpatient Attendances (YTD)

Number of Cancelled Operations offered another date within 28 days

Number of Elective Admissions (FFCEs) (YTD)	68918	57550	7868
Number of First Outpatient Attendances (YTD)	181275	155538	18311
Number of Cancelled Operations offered another date within 28 days	N/A	0	0

Quality Standards

Patient Reported Outcome Measures (PROMs) - Hip replacement

Patient Reported Outcome Measures (PROMs) - Knee replacement

Patient Reported Outcome Measures (PROMs) - Groin hernia

Patient Reported Outcome Measures (PROMs) - Varicose veins

Patient overall experience of GP Services

Patient experience of hospital care

Friends and Family test

Patient Reported Outcome Measures (PROMs) - Hip replacement	0.53	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Knee replacement	0.72	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Groin hernia	0.06	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Varicose veins	0.17	N/A	N/A
Patient overall experience of GP Services	86.79%	N/A	N/A
Patient experience of hospital care	WIP	WIP	WIP
Friends and Family test	Due May	Due May	Due May

continued overleaf

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)	*	93.19%	97.50%
Emergency Readmissions within 30 days	12.08%	N/A	N/A
Non-elective Admissions (FFCEs) (YTD)	57035	45775	8167
Number of attendances at A&E departments - Type 1 (YTD)	13422	9365	4050
Number of attendances at A&E departments - Total (YTD)	20978	11578	4050
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)	72.50%	N/A	N/A	73.90%
Category A response in 8 mins (RED 2 - less time-critical e.g. strokes and fits)	75.50%	N/A	N/A	77.00%
Category A response in 19 mins	97.00%	N/A	N/A	98.20%
Ambulance handover - delays over 30mins & 60mins in handover to A&E	Due May	Due May	Due May	N/A
Crew Clear - delays over 30mins & 60mins in ambulance ready for next call	Due May	Due May	Due May	N/A
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	96.50%
Proportion of people entering psychological treatment against the level of need in the general population	5.38%
The proportion of those referred that enter psychological treatment	62.82%
The proportion of people who are moving to recovery, following psychological treatment	76.28%
Estimating the diagnosis rate of people with dementia	WIP

Quality Standards

Health Care Acquired Infections (HCAI)

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	5	3	0	N/A
Clostridium Difficile (C Diff) (YTD)	232	104	8	N/A
Mixed sex accommodation breaches (YTD)	1	0	1	0

APPENDIX B: Sheffield CCG - Integrated Performance Measures Return

Integrated Performance Measures Return (IPMR) - Health Priorities (Department of Health-identified)

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

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

The Q3 position for key 2012/13 IPMR targets shows that all targets are being achieved. Q4 data will not be available until the end of April 2013.

Delayed Transfers of Care

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

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

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

As at the end of December (Q3), 4,102 eligible patients have been offered an NHS Health Check and 1,411 patients have received an NHS Health Check. This performance to date however means the planned levels for this year are not likely to be achieved. More recent information is not currently available, the end of year performance will be reported once it is available.

Action:

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

APPENDIX C: Mental Health Trust Performance Measures

Sheffield Health and Social Care NHS Foundation Trust

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

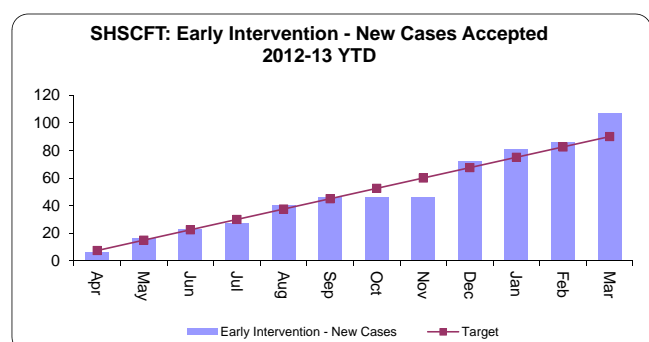
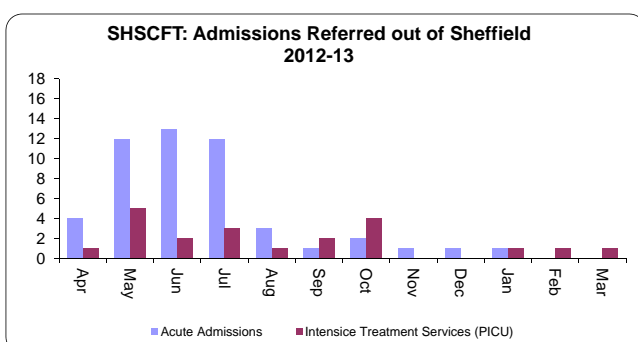
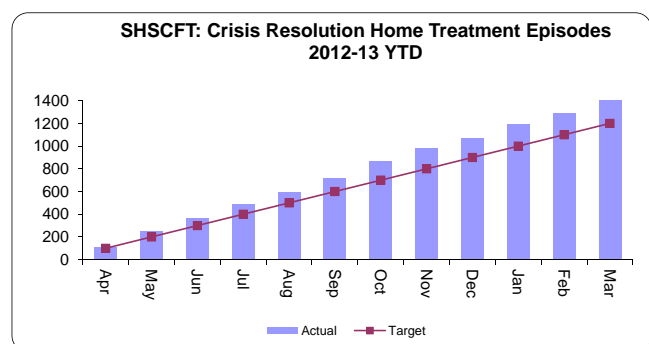
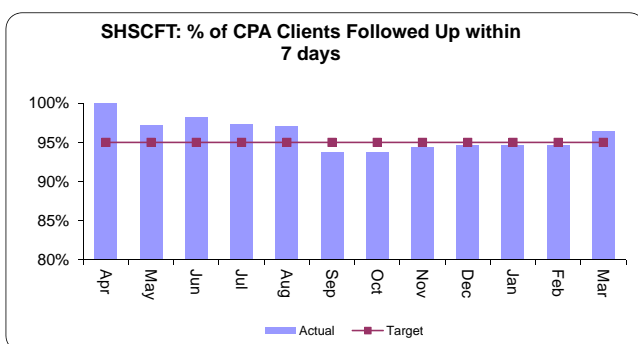
1. Crisis Resolution/Home Treatment: As at the end of March, there have been 1,418 home treatment interventions against a 12-month target of 1,202. This equates to 17.9% more patients benefiting from this service than originally planned.

2. CPA 7 day follow up: March's monthly performance has increased to 100%. The cumulative position at the end of March has risen above the 95% achievement threshold at 96.50%. In summary, 3 cases were not followed up within 7 days in quarter 3 and 1 case was not followed up in January. Actions to strengthen confidence in on-going performance are being implemented, including team-level review and confirmation reporting that follow up has taken place in advance of the 7 day period lapsing; and more consistent approaches and actions from day 5 onwards, regarding maintaining proactive actions to contact the client to ensure they remain well.

3. Psychosis intervention: Capacity in February of 258 fell short of the 270 target level, having achieved in previous months. The position for March is 255. 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 3 performance for psychological therapy indicators is exceeding their respective target levels, except for the % of referred patients who are receiving the therapy. The performance has been affected by capacity issues within the service. The Trust are addressing this and anticipate an improvement throughout quarter 4.

SHSCFT Indicators	Target	February	March	Monthly Change
Crisis Resolution / Home treatment	1202	1292	1418	▲
Psychosis intervention - New cases (YTD)	90	86	107	▲
Psychosis intervention - Maintain Capacity	270	258	255	▼
CPA 7 day follow up (YTD)	95%	94.60%	96.50%	▲
Anxiety/depression:		Q2	Q3	
% receiving Psychological therapy	3.3%	3.96%	5.38%	
% referred for psychological therapy receiving it	65.5%	73.61%	62.82%	
Psychological therapy pts. move to recovery	44.40%	77.46%	76.28%	



APPENDIX C: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

For March 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:

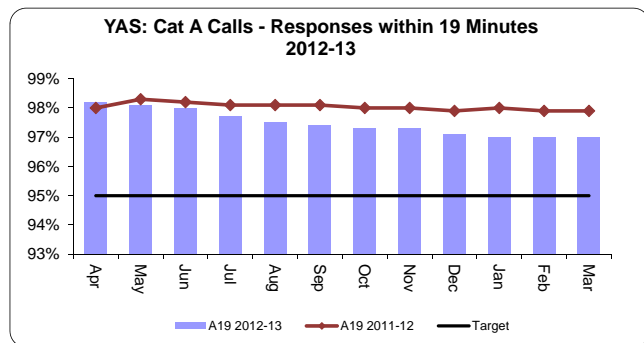
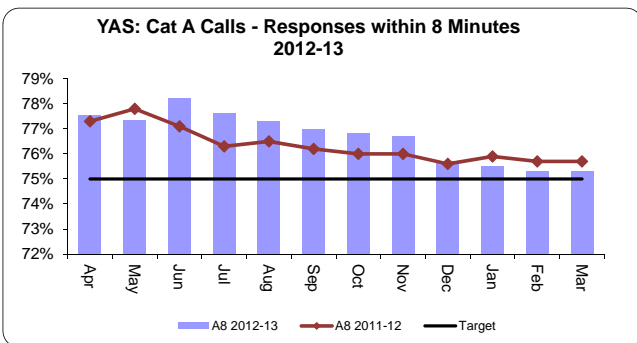
1. Red 1 calls are the most time-critical and cover cardiac arrest patients who are not breathing and do not have a pulse and other severe conditions such as airway obstruction. These make up less than 5% of all calls.
2. Red 2 calls are serious but less immediately time-critical and cover conditions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

Activity across all Yorkshire & Humber CCGs was on average 5.1% above plan 2012-13. Sheffield demand for the year ending March 2013 was 4.6% above plan, which was the joint fourth lowest across CCGs using the services of YAS.

2013/14 Contract

The 2013/14 contract is being negotiated by a team led by East Riding CCG on behalf of the consortium of CCGs. A position for activity and finances is close to being finalised.

YAS Indicators	Target	February	March	Monthly Change
Cat A 8 minutes Overall (YTD)	75%	75.30%	75.30%	↔
Cat A 8 minutes Red 1 (YTD)	80%	72.40%	72.50%	▲
Cat A 8 minutes Red 2 (YTD)	75%	75.50%	75.50%	↔
Cat A 19 minutes (YTD)	95%	97.00%	97.00%	↔



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

Quality Indicators	Target	January	February	Monthly Change
Re-contact after discharge (phone)		18.9%	4.5%	▼
Re-contact after discharge (Treatment at scene)		8.9%	7.1%	▼
Re-contact after discharge (Frequent Caller)		2.3%	2.1%	▼
Time to answer call (Median)	5 sec	1	1	↔
Time to answer call (95th Percentile)		21	24	▲
Time to answer call (99th Percentile)		94	82	▼
Time to treatment (Median)		5.7	5.7	↔
Time to treatment (95th Percentile)		14.4	14.4	↔
Time to treatment (99th Percentile)		22.1	22	▼
Call closed with advice (Phone advice)		5.3%	6.1%	▲
Call closed with advice (Transport)		27.2%	30.1%	▲
Clinical Indicators		October	November	
Outcome from Cardiac Arrest (CA) All		19.9%	18.6%	▼
Outcome from CA Utstein Group (UG)		39.4%	43.8%	▲
Outcome from acute STEMI Angioplasty		83.8%	82.6%	▼
STEMI Care Bundle		85.6%	78.4%	▼
Outcome from Stroke 60 min to Stroke Unit		64.6%	62.7%	▼
Stroke - Appropriate Care Bundle		95.7%	97.2%	▲
Outcome from CA - Survival to Discharge All		9.0%	6.4%	▼
Outcome from CA - Survival to Discharge UG		31.3%	23.3%	▼
Service Experience		N/A	m/A	

APPENDIX D: Contract Activity

Sheffield Teaching Hospitals NHS Foundation Trust

Performance Against Contract Target at Month 12, April - 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

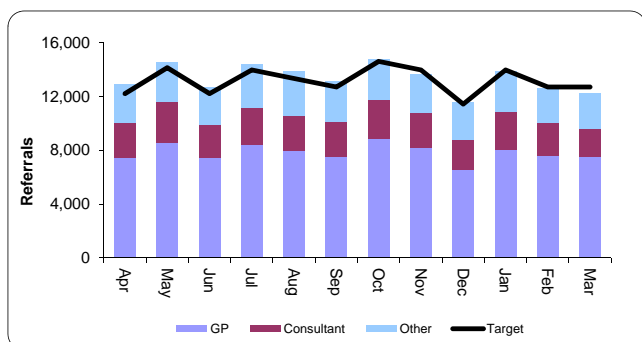


Table 1. Referrals to Outpatient First Attendance

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

Figure 2. Outpatient First Attendances

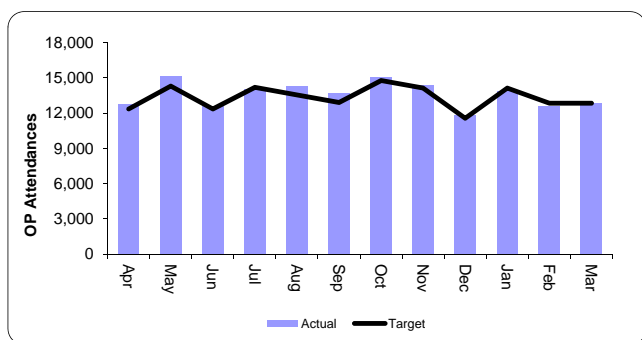


Figure 4. Elective Spells

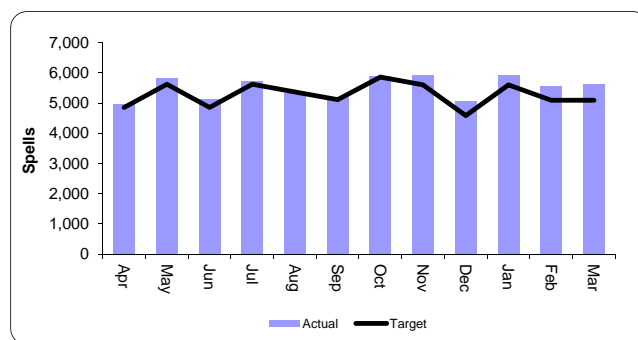


Figure 3. Outpatient Follow-up Attendances

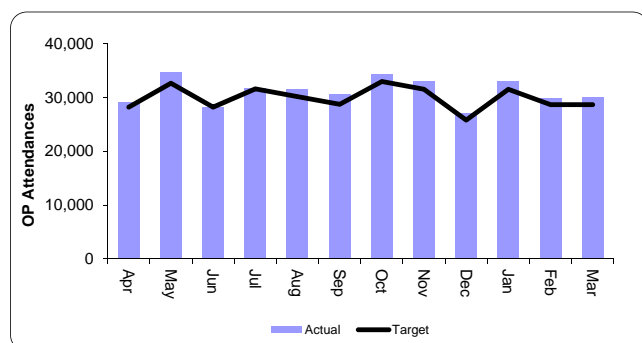


Figure 5. Non Elective Spells

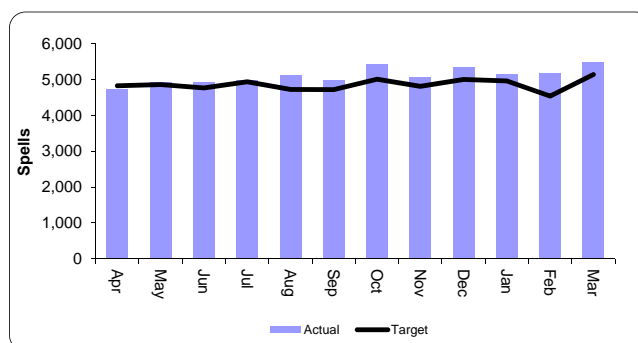


Table 2. Outpatient Activity

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

	Actual	Target	Var	% Var
Elective	66,078	63,308	2,770	4.4%
Non Elective	61,272	58,317	2,955	5.1%
Excess Bed Day Costs (£000s)	£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

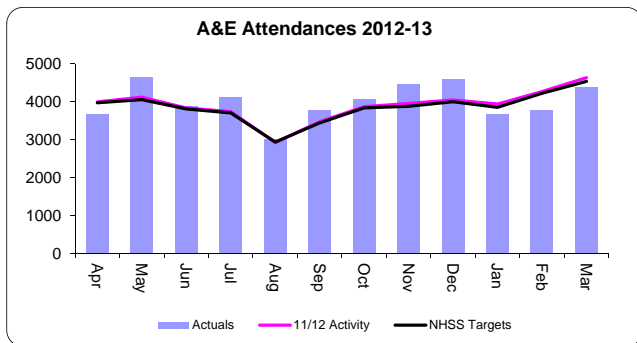
Excludes Restorative Dentistry outpatient referrals

Excess Bed Day Costs include MFF

APPENDIX D: Contract Activity

Sheffield Children's NHS Foundation Trust

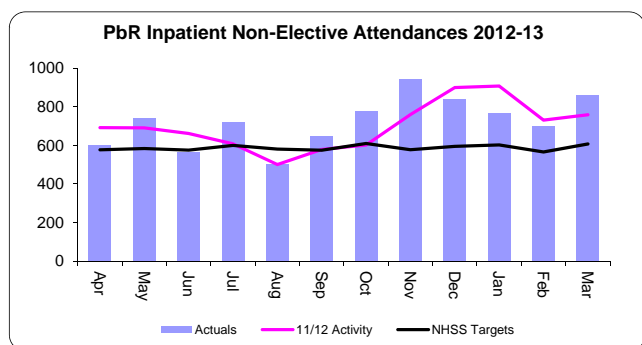
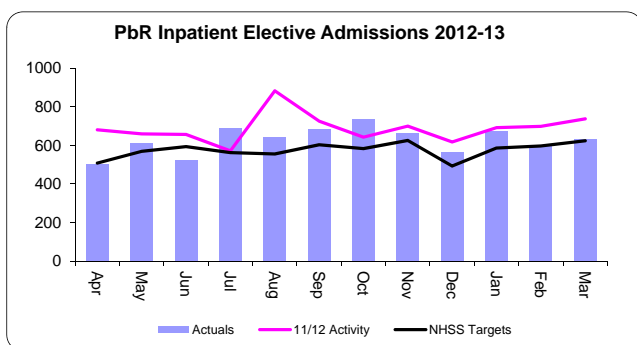
2012/13 Actual performance against Plan and 2011/12 performance



A&E activity has fluctuated throughout 2012/13. As in February, March has seen a slight rise in attendances following the reduced level in January. However, the March level is still below its target level.

As at the end of month 12 SCHFT's cumulative A&E performance is 97.50%, well above the '95% within 4 hours' target level, as was the case throughout 2011/12.

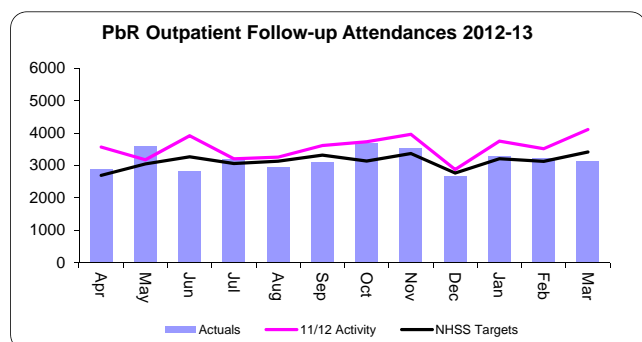
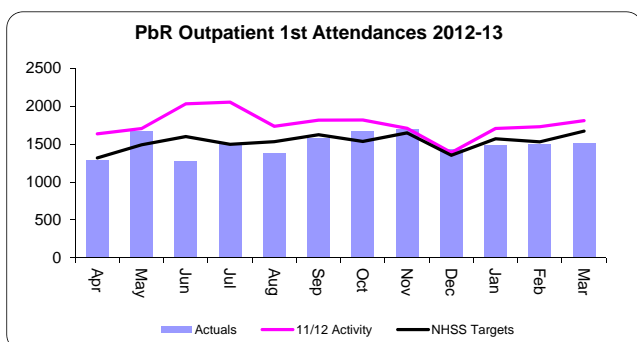
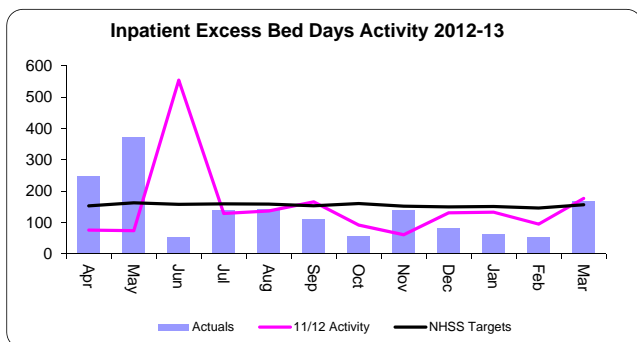
It should be noted that all A&E attendances at the Trust are Type 1 in nature.



Non-electives since September have seen marked increases from the levels seen in August and have now exceeded this year's targets for seven months. In addition, levels in March have once again risen to those seen in December and are above levels at this point in time in 11/12.

Excess Bed days are just above target level, for the first time since May-12.

Electives remain at target level. Outpatient firsts and follow-ups continue to fluctuate and have fallen below target levels.



Position to March 2013:

SCHFT outpatient firsts are undertrading by 400 attendances and follow-ups are overtrading by 506. In terms of elective activity, there is currently an overtrade of 609 spells. Non-elective activity is currently overtrading by 1,605 spells. Excess bed days are underperforming by 243 bed-days. There is currently an overtrade on A&E attendances of 1,861.

Activity figures are from SCH contract monitoring info
SCH Finance Team