Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

# Quality & Outcomes Report: Month 1 2014/2015

**Governing Body meeting**

**5 June 2014**

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|---|---|
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**Is your report for Approval / Consideration / Noting**

Consideration

**Are there any Resource Implications (including Financial, Staffing etc)?**

Potential additional funds via achievement of Quality Premium measures for 2013/14 and subsequently 2014/15 Quality Premium measures.

**Audit Requirement**

**CCG Objectives**

***Which of the CCG's objectives does this paper support?***

1. To improve patient experience and access to care
2. To improve the quality and equality of healthcare in Sheffield

**Equality impact assessment**

***Have you carried out an Equality Impact Assessment and is it attached?*** No
***If not, why not?*** None necessary

**PPE Activity**

***How does your paper support involving patients, carers and the public?***
It does not directly support this but as a public facing document is part of keeping the public informed.

Recommendations

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the key NHS Outcomes
- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to Quality, Safety and Patient Experience
- Assessment against measures relating to the Quality Premium

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

# Quality & Outcomes Report

## Month 1 position

For the June 2014 meeting
of the Governing Body

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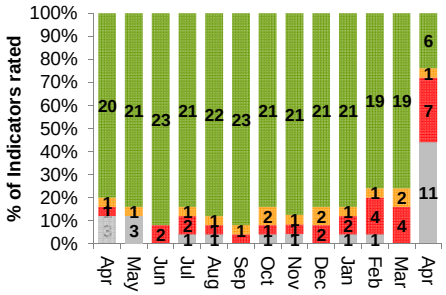
# Sheffield Clinical Commissioning Group - Summary Position

## 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 2014/15 is progressing, month-on-month. Please see pages 6-9 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:** | |
|---|---|
| | RTT 18+wk Admitted waits over 18wks, 52+wk waits, Diagnostic waits over 6wks, Ambulance response times (RED 1 and RED 2), Ambulance 1hr+ handover delays, CPA 7 day follow-ups |
| | Ambulance 30min+ handover delays, Operations cancelled offered another date within 28 days |

**2014/15 Headlines**

These Rights and Pledges remain an important aspect of what we are committed to delivering for the people of Sheffield during 2014/15.

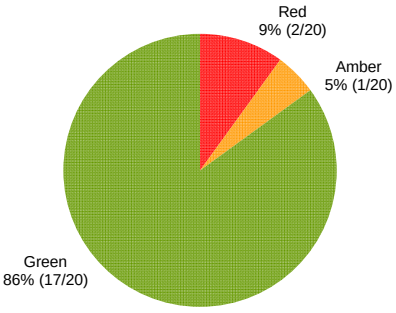
We have started the year with 14 of the 18 core rights and pledges being successfully delivered. For those areas where delivery of pledges is not currently on track (as identified in the table above) further information is given in the NHS Constitution - Rights & Pledges section of this report (pages 6 - 9).

**A&E waiting times:** All local providers met the pledge, in April, for 95% of patients to be seen/treated within 4 hours. Initial data (still to be validated) shows that Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) experienced challenging levels of A&E activity and admissions during mid to late May. It is not unusual to see some fluctuation at certain times of year and the CCG continue to work closely with all providers to ensure that overall excellent performance is achieved and patients continue to have a good experience and receive high quality care from A&E and Urgent Care services in the city.

**2013/14 Summary**

The chart below provides a high-level summary of our achievement of NHS Constitution Rights and Pledges during 2013/14. Key highlights being that all cancer waiting times targets were met consistently throughout the year and 95% of patients presenting at A&E were seen and treated within 4 hours, despite the increasing demands on A&E services.

**NHS Constitution - Core Measures: 2013/14 year-end position**




| |
|---|
| **Red:** |
| RTT 18+wk Admitted waits over 18wks |
| Diagnostic waits over 6wks |
| **Amber:** |
| Operations cancelled offered another date within 28 days |
| **Green:** |
| RTT 18+wk Non-admitted waits over 18wks |
| RTT 18+wk Incomplete waits over 18wks |
| A&E 4hr waits |
| Cancer waits (all 9 measures) |
| Ambulance response times (all 3 measures) |
| Mixed sex accommodation |
| CPA 7 day follow-ups |

# Sheffield Clinical Commissioning Group - Summary Position

## 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 2013/14 achievements in relation to these are set out below:

**4. Ensuring that People have a positive experience of care and**
**5. Treating and caring for people in a safe environment and protecting them from avoidable harm**

Following introduction in 2013/14 of the Friends and Family test (FFT) for STHFT inpatients, those attending A&E and, from October 2013, for maternity services, STHFT FFT scores have been in the 70-75 range; a score of 50 or above is described, nationally, as “excellent”. The FFT identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care.

Sheffield is recognised as having worked very successfully with local healthcare providers to prevent infections resulting from medical care or treatment during 2013/14 and has received a positive external review of its action plans for prevention of Clostridium Difficile (C.Diff).

In light of recommendations from the Mid-Staffordshire Hospital (Francis) public enquiry and following publication of the Government’s response - ‘Hard Truths’ - Sheffield CCG have reviewed, with local providers, the processes for quality assurance. Actions being implemented include, for example, the reporting of staffing levels in hospitals from April 2014.

## 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.

**2013/14 Quality Premium**

Each CCG's 2013/14 Quality Premium achievement will be assessed at national level by NHS England and the outcome is expected to be notified to CCGs in October 2014. The total payment available to Sheffield CCG on achievement of all 2013/14 Quality Premium measures would be approximately £2.8 million.

The current Sheffield CCG estimated outcome is set out below. This uses relevant local data combined with the nationally available data to arrive at a likely outcome for each 2013/14 Quality Premium measure.

**2014/15 Quality Premium**

Details of the 2014/15 Quality Premium measures and the Sheffield CCG starting position against the 14/15 measures are included in a specific June 2014 Governing Body Item 14(g) - Quality Premium and NHS England CCG assurance measures Update. Reporting on these 14/15 measures will commence in the July Quality and Outcomes Report.

## Best Possible Health Outcomes

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

For 2014/15, the measures most likely to be used for national oversight of improvements being delivered by CCGs are the NHS Outcome measures and supporting measures set out in the Best Possible Health Outcomes section of this report (pages 17 - 22). These are measures against which all CCGs have submitted planned levels of achievement.

Due to publication intervals of the national information, in most cases 2014/15 data is not yet available for these measures. However, the five CCG Clinical Portfolio teams are continuing to monitor, where possible, some locally selected measures that supplement the national measures. The CCG Clinical Portfolio teams have therefore been able to provide the following 2014/15 updates:

**Acute Services Portfolio - Elective Care:** Following completion of contract discussions with STHFT, focus continues on developing joint working across a range of specialties in order to support delivery of the portfolio's commissioning intentions. Regular Contract and Performance meetings ensure correct areas of focus are maintained. The portfolio continues to seek to ensure tie-in with other key areas of development across the CCG as appropriate.

**Acute Services Portfolio - Urgent Care:** For 2014/15 the portfolio's main priority is to undertake systematic reviews of emergency admissions in 6 main specialties to see if more can be done to provide services in primary care (General Practice and Community Pharmacy) and the community to prevent or manage conditions so they do not become so serious that they need acute hospital admission. This will include a review of assessment units to ensure they are able to effectively 'rule out' conditions which would require an admission and return people home as soon as practicable and the development of pathways for conditions which would not normally require hospital admission to see if there is more that could be done in the community to manage them safely at home.

**Long Term Conditions, Cancer and Older People:** Work continues to progress around both prevention and re-providing services outside of a hospital setting. This includes strong engagement with local authority colleagues on the development of plans for integrated commissioning of Health and Social Care.

**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. Parity of esteem between physical and mental health is a legal obligation in the NHS and addressing this imbalance needs to be a CCG priority.

**Children and Young People:** The portfolio continues to look into the variation in spend, activity and outcomes to develop future plans and to focus priorities. Work also continues to develop a mental health treatment service for 16 and 17 year olds and to develop a transitions service for young people with mental health needs. A plan with regard to children's Urgent Care is evolving and aligning to the strategic direction of adult Urgent Care. Work has progressed in refreshing the Children's Joint Work Programme with Sheffield City Council, Sheffield Children's NHS Foundation Trust (SCHFT) and STHFT through engagement in the Children's Health and Wellbeing Board.

**Summary of Best Possible Health Outcomes for 2013/14**

Nationally, the focus on improving health outcomes covers 5 key areas or 'domains'. As part of the transition from 13/14 to 14/15, highlights of the CCG's 13/14 activity and achievements around each domain are provided below:

**1. Preventing people from dying prematurely - *via better prevention, earlier diagnosis and improved treatment***

The two key areas of focus for Sheffield are Cancer and Cardiovascular disease, as these are our leading causes of premature deaths (under 75 years of age).

Sheffield continues to achieve a high percentage of patients, with cancer or its symptoms, being seen within 2 weeks following referral by their GP and, if diagnosed with cancer, receiving treatment within clinically appropriate timeframes.

During 2013/14 we have invested in robotic surgery equipment to help deliver improved treatment and outcomes across a range of cancer specialities and provided educational events for GPs to support the recognition of symptoms and so earlier diagnosis of cancers.

Work is underway with colleagues in Public Health to explore opportunities for improving early diagnosis and treatment of Cardiovascular disease and so reduce premature deaths.

*continued overleaf*

**Summary of Best Possible Health Outcomes for 2013/14 - continued**

**2. Enhancing quality of life for people with long term conditions - *via improvements in primary care, co-ordination and continuity of care, patients' ownership of their care***

A GP-led proactive care planning approach for patients with multiple, complex Long Term Conditions (LTC) and who are at risk of hospitalisation is being piloted across Sheffield. This aims to improve patients' health and well-being by promoting collaborative working between health and social care and by empowering patients to manage their health and participate in decisions about their care. Evaluation of this approach is underway and the results will influence how we take care planning forward in the City.

We have built on Sheffield's existing good levels of dementia diagnosis and increased these by a further 4.5%, thus supporting better outcomes and quality of life via earlier diagnosis.

2013/14 has seen the CCG commission a Diagnostic & Post Diagnostic Service for people with Autistic Spectrum Condition (ASC) and a new Learning Disability Intensive Support Service with a state of the art building for inpatient assessment and treatment for people whose behaviour can challenge other services.

We have developed a joint project infrastructure with Sheffield City Council to deliver the requirements of the Children's and Families Bill and Special Educational Needs (SEN) reforms. Also, a draft Education, Health and Care Plan is being piloted and will be evaluated to form the basis of new ways of working between agencies.

With regard to child and adolescent mental health, Improving Access to Psychological Therapies (IAPT) intervention for children is now available in most community teams.

**3. Helping people to recover from episodes of ill health or following injury - *via providing right support at right time, avoiding unnecessary hospital admissions, co-ordinating community based and hospital care and support***

We have successfully undertaken work to identify healthcare 'closer to home', as an alternative to having to travel to hospital, for over 2000 patients. This has included support to assist GPs in identifying and using appropriate community-based services and also expanded use of specialist foot and ankle services in the community which are highly regarded by patients and nationally recognised for the quality of service they provide.

We have seen a reduction, during 2013/14, in some types of emergency or unplanned admissions to hospital. This relates to admissions that are able to be avoided through better management of patient's health needs by community-based and primary care services.

Improvements in the support provided for people with aphasia (verbal and/or written communication problems) following a stroke have included commissioning of 'Conversation Partners' and the testing of an 'Aphasia Café'. Further improvements to long-term support are being planned during 2014/15.

Sheffield CCG, working in partnership with Macmillan Cancer Support, has been at the leading edge of work to help commissioners and providers of health care understand the services and support needed for people living with and beyond cancer. Working across a whole cancer pathway, we have developed key improvements to promote and sustain recovery after cancer treatment, helping to reduce the impact of cancer on the individual and their family.

As part of work to help patients receive 'care closer to home' and reduce unnecessary hospital visits, we have successfully introduced a scheme to support GP follow-up of bowel cancer patients who have completed the specialist, hospital part of their follow-up care.

**4. Ensuring that People have a positive experience of care and**
**5. Treating and caring for people in a safe environment and protecting them from avoidable harm**

See Quality and Safety section earlier in these Summary pages.

*continued overleaf*

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

2014/15 QIPP Outcomes

The CCG's Commissioning Intentions for 2014/15 set out our ambitions for delivery of the system reform and transformation needed to improve health and outcomes for the people of Sheffield and respond to the challenges the NHS faces in doing this. A key contributor to this will be the quality and outcome improvements flowing from our 2014/15 QIPP programme. CCG Clinical Portfolio teams are in the process of defining how best to measure and report on these for 2014/15 - an update will be provided in next month's Quality and Outcomes Report.

2013/14 QIPP Outcomes

Progress during 2013/14 on delivering system reform and improved patient experience aspects of QIPP includes the following highlights:

- Providing Referral education and support for GP Practices, improving access to advice and guidance and use of clinical pathways to help ensure patients receive the care they need at the right time.
- Locally available data suggests that work during 13/14 to help reduce emergency admissions and admissions for ambulatory care sensitive conditions has had a positive impact.
- Successfully promoting safe and effective prescribing in the three key areas of Insulin prescribing; Opioid (pain relief) prescribing; combined therapies for Cardiovascular disease, ensuring that GP practices are acting in accordance with national guidance.
- Improving experience for patients, families and carers, by ensuring 90% of fast track assessments are completed within 24 hours for patients with a rapidly deteriorating condition who may be nearing the end of their life.

Achievement of the financial return on investment aspect of QIPP is addressed in the Finance Report to the Governing Body.

## CCG Assurance - NHS England Assessment

The CCG's Quarter 4 meeting with NHS England will take place in early June. It is expected that the CCG will continue to be assessed as '**ASSURED**' for each one of the six assessment domains:

- Are patients receiving clinically commissioned, high quality services?
- Are patients and the public actively engaged and involved?
- Are CCG plans delivering better outcomes for patients?
- Does the CCG have robust governance arrangements?
- Are CCGs working in partnership with others?
- Does the CCG have strong and robust leadership?

## Public Health Outcomes Framework (PHOF)

The table in Appendix D shows the indicators for which quarterly data should be available.

Indicators that have changed significantly since the last reporting period are 2.4: Teenage Conceptions, and 3.3 (iv) and (iv): Meningitis C and combined Haemophilus Influenza and Meningitis C vaccination coverage in 5 year olds.

- Teenage conceptions decreased from 35.2 to 30.3 per 1,000 females aged 15-17 from 2011 to 2012, continuing a very positive trend over the last few years. This is a major public health success story.
- Meningitis C vaccination coverage for 1 year olds decreased from 93.7% to 90.4%, but combined Haemophilus Influenza/Meningitis C vaccination in 5 year olds increased from 92.6% to 95.3%. Vaccination and immunisation programmes are commissioned by NHS England and performance is monitored using (more timely) local data.

# NHS Constitution - Rights & Pledges

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

**Key to ratings:**
- Pledge being met
- Close to being met
- Area of concern

The NHS Constitution - Rights & Pledges for 2014/15 consists of the same measures that were monitored in 2013/14. However, some that were core measures last year have been re-classified as supporting measures for this year.

**NOTE: "Supporting measure - 14/15" = NHS Constitution support measure specified by NHS England for 2014/15**

## 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:**

**STHFT:** A Director-level 18 week wait performance meeting is scheduled for 29th May 2014; further narrative regarding the key outcomes of this meeting will be circulated in advance of the Governing Body meeting and the CCG's Chief Operating Officer will give a verbal update on 18 week wait performance at the Governing Body meeting.

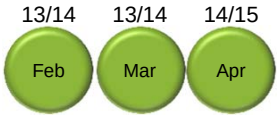
**SCHFT:** The trust has again met all three of the 18 week wait measures in April, but their continued achievement is still at risk.

They have again failed to meet the 52 week measure (for 4 patients in April). The CCG is now considering whether to serve a contract query on the trust for their on-going failure to meet this measure; trust-wide, they have not met this for the last 4 months.

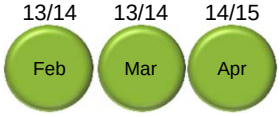
***PLEASE NOTE:*** *For the measures below, the most recent month's data is provisional/pre-sign off and therefore may be subject to a slight change once published.*

90% of admitted patients start treatment within 18 weeks from referral

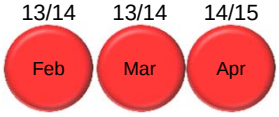
92% of all patients wait less than 18 weeks for treatment to start




95% of non-admitted patients start treatment within 18 weeks from referral




**Supporting measure - 14/15:** 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.*

**Issues & Actions:**

STHFT have significantly underachieved the diagnostic target in April; once again, this relates to capacity issues in Echocardiography. The CCG understands that recruitment to posts has taken place, with staff expected to start in June and July. The CCG plans to take formal action through the contract mechanism and apply all contractual sanctions related to the failure of this measure.

SCHFT is now meeting the pledge for Sheffield patients. However, the CCG are awaiting confirmation of the April Trust-wide position before considering whether to serve a contract query on the Trust because they failed the Trust-wide position consistently from November 2013 to March 2014.

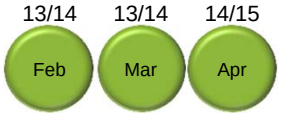
***PLEASE NOTE:*** *For the measure below, the most recent month's data is provisional/pre-sign off and therefore may be subject to a slight change once published.*

99% of patients wait 6 weeks or less from the date they were referred

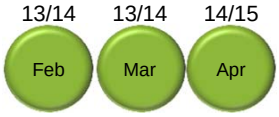
## A&E waits

*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 and 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




**Supporting measure - 14/15:** No patients waiting more than 12 hours from decision to admit to admission

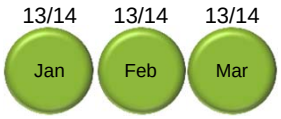



## Cancer waits

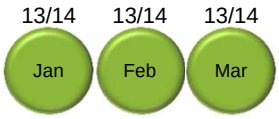
*It is important for patients with cancer or its symptoms to be seen by the right person, with appropriate expertise, within two weeks. This is to ensure early diagnosis and so is central to improving outcomes. If diagnosed with cancer, patients need to receive treatment within clinically appropriate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

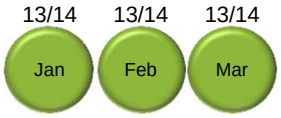



93% of patients have a max. 2-week wait from referral with breast symptoms (cancer not initially suspected)

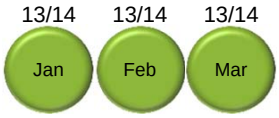



### From Diagnosis to Treatment

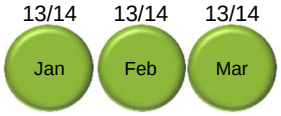
96% of patients have a max. one month (31-day) wait from diagnosis to first definitive treatment for all cancers



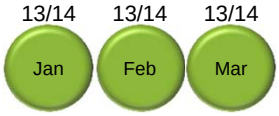

94% of patients have a max. one month (31-day) wait for second/subsequent treatment where treatment is surgery




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

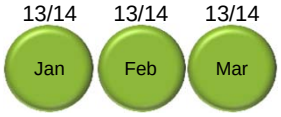



94% of patients have a max. one month (31-day) wait for second/subsequent treatment where treatment is radiotherapy

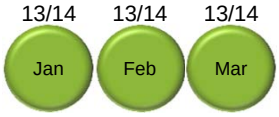



### From Referral to First Treatment

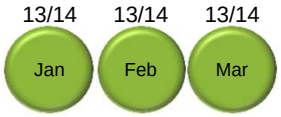
85% of patients have a max. two month (62-day) wait from urgent GP referral




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.*

*continued overleaf*

## 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:**

**Ambulance Response Times:** As the pledges haven't been met for RED 1 or RED 2 calls resulting in an emergency response arriving within 8 minutes in April (and also are unlikely to be met in May) commissioners are applying the full range of contractual sanctions to Yorkshire Ambulance Service (YAS) and are in discussions with YAS to receive remedial actions plans and trajectories for performance improvement.

Please see APPENDIX B: Ambulance Trust Performance Measures for further information on YAS performance.

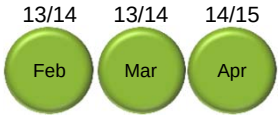
**Ambulance handover and crew clear times:** As noted previously, Yorkshire Ambulance Service (YAS) are working to reduce the number of hospital handover delays. These have generally been reducing since November/December, although, in April, delays over 30 minutes went up slightly from 532 to 544 and the subset of delays over 1 hour rose from 30 to 80.

PLEASE NOTE: There are sometimes good reasons why there is a 'delay' recorded for hospital handover. YAS have approached commissioners asking for a small number of exclusions to be noted in the contract - including 'resus patients' who have special needs - and discussions are on-going between YAS and commissioners about excluding these patients from the data. Locally, hospitals can find that their data is skewed, depending on whether they are a specialist centre.

Indicator Development: Data used for the 2 supporting measures is taken directly from YAS reports. As with the Ambulance Response Times measures, RAG ratings are based on all hospitals across the YAS footprint, not just the 2 Sheffield acute trusts.

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

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




**Supporting measure - 14/15:** Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E

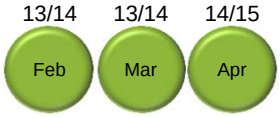
75% of Category A (RED 2) calls resulting in an emergency response arriving within 8 minutes

**Supporting measure - 14/15:** Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E (subset of measure to left)

## Mixed Sex Accommodation (MSA) 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.*

**Supporting measure - 14/15:** Zero instances of mixed sex accommodation which are not in the overall best interest of the patient



## Cancelled Operations

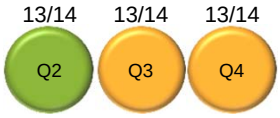
*It is distressing for patients to have an operation cancelled at short notice. If an operation has to be cancelled at the last minute for reasons which are not clinical reasons, then patients should be offered another date which is within 28 days of the original date.*

**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.**

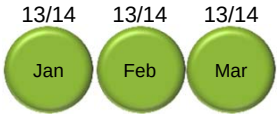
**Issues & Actions:**

**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:** SCHFT did not have any breaches of this measure in Q4 13/14, but the STHFT number did increase slightly, meaning the combined 'CCG' position has not changed. The CCG are aware and are picking up the issue of the slight rise in this measure with STHFT via the usual contracting route.

**Supporting measure - 14/15:** 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




**Supporting measure - 14/15:** 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.*

**Issues & Actions:**

April's monthly (and therefore YTD) performance is 90.0%, which is below the 95% target. This is due to a low number of discharges during the month; 10 people were discharged and 1 person wasn't followed up, with the small numbers resulting in the lower follow-up rate.

**Supporting measure - 14/15:** 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:** The 2014/15 commitment for Sheffield CCG is 193. For STHFT and SCHFT, they are 94 and 4 respectively.

For the 18 cases reported in April for Sheffield CCG:
- 6 were STHFT (of a total 7 STHFT-reported cases)
- 1 was Kings College Hospital London
- 5 were community associated, with a hospital admission in the last 56 days
- 6 were community associated, with no recent hospital contact/admission

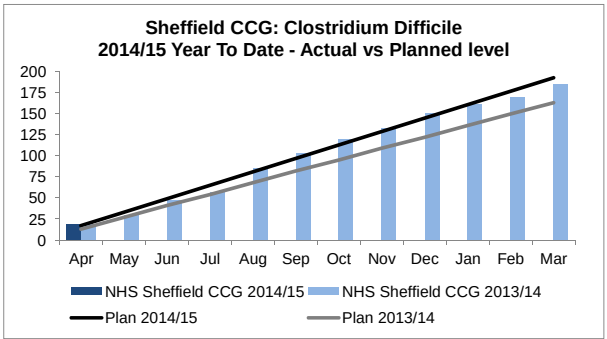
No cases were reported for SCHFT.

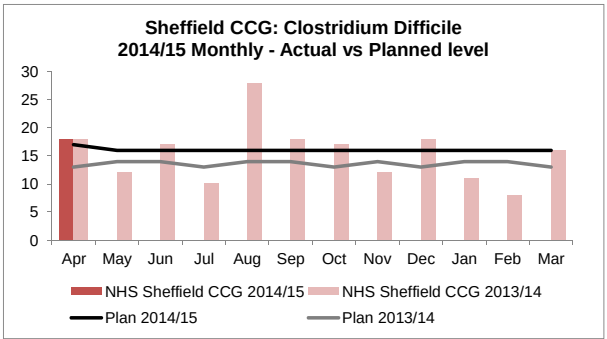
**MRSA:** 1 case of MRSA bacteraemia was reported for April and has been allocated to the CCG. Unfortunately the patient died so this has now been reported as a CCG serious incident. A Post Infection Review has been undertaken and it was established that the acquisition was unavoidable.

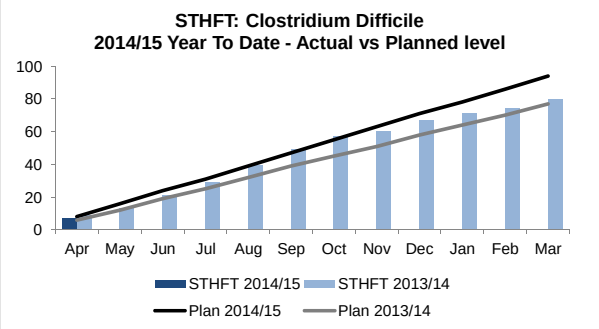
No cases were reported for STHFT or SCHFT.

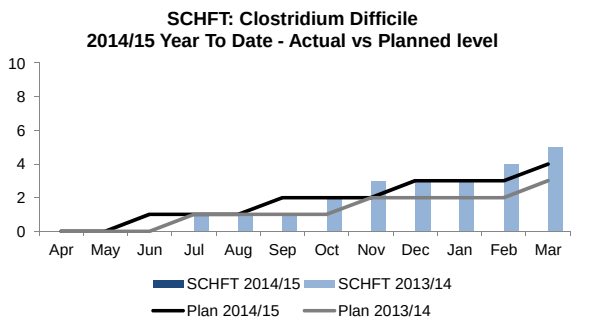
*This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2014/15 so far.*

| | MRSA Bacteraemia | | | Clostridium Difficile | | |
|---|---|---|---|---|---|---|
| | CCG | STHFT | SCHFT | CCG | STHFT | SCHFT |
| Number of infections recorded during Apr-14 | 1 | 0 | 0 | 18 | 7 | 0 |
| Number of infections forecast for this month | 0 | 0 | 0 | 17 | 8 | 0 |
| Number of infections recorded so far in 2014/15 | 1 | 0 | 0 | 18 | 7 | 0 |
| Number of infections forecast for this period | 0 | 0 | 0 | 17 | 8 | 0 |



## Treating and caring for people in a safe environment and protecting them from harm
**- continued**

### Regulations

**Routine Regulatory visits - Care Quality Commission (CQC) Reports**

Sheffield Health and Social Care NHS Foundation Trust Inspections:

**Crisis House, Thornsett Road** *(Care home service without nursing)* - the report published on the 9th April states positive confirmation that action has been taken following the previous inspection in July 2013. In addition, a Coroner's Inquest regarding the death of a patient has now taken place and the actions being taken by the provider have been accepted. The Coroner is planning to write to the Secretary of State for Health about Central Alerting System (CAS) alerts and about the particular design of window restrictor used, as it has design faults.

**CQC Buckwood View** *(Care home with nursing)* **-** Initial verbal feedback of the visit in April was fully compliant and the final report, received on the 7th May 14, confirmed they were judged compliant by the CQC with the 5 standards reviewed.

***Please note:*** *Buckwood View is registered under Guinness Northern Counties and not SHSCFT registration (though staffed by SHSCFT) so the above is just for information.*

Sheffield Children's NHS Foundation Trust Inspection:

The CQC undertook a planned inspection of the Trust during the first two weeks in May. The initial feedback is awaited.

## Ensuring that People have a positive experience of care

**Eliminating Mixed Sex Accommodation:** There have been no breaches in April 2014 at any of the Sheffield-based Trusts, nor attributed to the CCG from other Trusts, meaning the pledge is currently being met for 2014/15. Please see the NHS Constitution - Rights & Pledges section of this report (page 8) for monitoring of the MSA indicator.

***Friends and Family Test information is shown overleaf***

## Ensuring that People have a positive experience of care
**- continued**

**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 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 response rate (represented as a percentage)

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 %)

| | **February 2014 data:** | | **March 2014 data:** | |
|---|---|---|---|---|
| **Area** | **Score** | **Response rate** | **Score** | **Response rate** |
| A&E | 54.03 | 16.97% | 49.18 | 18.34% |
| Inpatients (IP) | 73.8 | 32.94% | 76.2 | 34.13% |
| Combined A&E / IP | 65.86 | 23.82% | 64.9 | 25.07% |
| Maternity touch points 1-4 | 71.3 | 7.43% | 59.72 | 10.58% |

**STHFT Response rates - summary:** All response rates increased between February and March, although both A&E and Maternity still require improvement.

**STHFT Scores - summary:** Only the Inpatient score increased, by 3.25%, between February and March; A&E, Combined A&E / IP and Maternity touch points 1-4 all decreased.

**A&E and Inpatients**

**Score:** Notably, the A&E score fell by 8.98% between February and March, so requires improvement. However, the 13/14 average scores for A&E (61.73), Inpatients (75.66) and Combined A&E / IP (71.19) are all better than the England average (54.78, 72,24 and 64.14 respectively) and better than, or comparable to, South Yorkshire & Bassetlaw (58.55, 76.09 and 69.13 respectively).

**Response rate:** The 13/14 average response rates of A&E (10.06%), Inpatients (26.72%) and Combined A&E / IP (17.43%) are all below the England average (12.97%, 29,16% and 18.45% respectively) and below, or comparable to, SYB (9.68%, 26% and 15.55% respectively).

**Actions:** STHFT acknowledge that low A&E scores are pulling combined scores down, especially now that response rates in A&E are increasing. They introduced SMS (text messaging) in December 2013 and IVM (automated messaging system) in March 2014 into A&E and are attributing the increase in A&E response rates to this.

The trust is taking action to improve FFT scores through detailed analysis of themes from negative responses, targeting services and setting out an action plan to address these issues. Themes identified include: uncomfortable seating (A&E), air conditioning and noise at night (trust-wide).

**Maternity**

**Score:** There was a large (16%) decrease of the score between February and March. The 13/14 average score was 68.81 and is lower than England (70.13) and SYB (71.70).

**Response rate:** The largest increase in response rates was seen in Maternity, which went up by 42%, to 10.58%, between February and March. However, this is still significantly below England (19.18%) and SYB (23.02%) rates in March and requires further improvement, specifically the two touch points Antenatal care and Post Natal community provision. The 13/14 average response rate (7.57%) is significantly behind England (17.05%) and SYB (18.22%).

**Actions:** To improve Maternity rates and scores, the service has widened the inclusion criteria to include 16-18 year olds. Also, SMS and IVM are being introduced to all 4 touch points, commencing in May, to improve response rates.

The CCG has raised concerns with STHFT regarding the decreasing maternity rates and scores and are assured that the Trust is committed to delivering improvements.

*FFT information continues overleaf*

## Ensuring that People have a positive experience of care
**- continued**

### Friends and Family Test - 2013/14 summary, updated with Quarter 4 information:

- Overall Score for STHFT (A&E and Inpatients) for Q1 - 74.86, Q2 - 75.46, Q3 - 72.88, Q4 - 65.57
  (England Q4 - 64.07)

- Overall Response Rate for STHFT (A&E and Inpatients) for Q1 - 11.84%, Q2 - 13.67%, Q3 - 19.71%, Q4 - 24.61%
  (England Q4 - 23.39%)

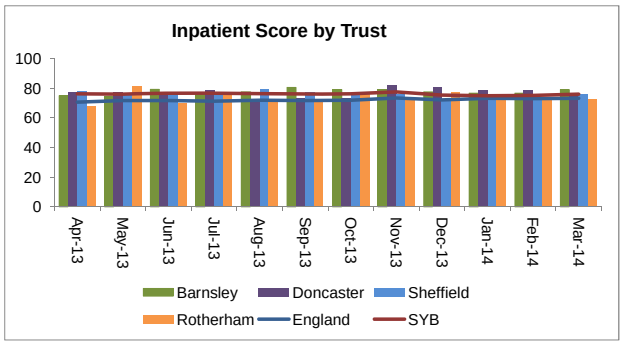
- Overall Score for Sheffield Providers (A&E and Inpatients: includes Claremont & Thornbury) for Q4 - 66.37

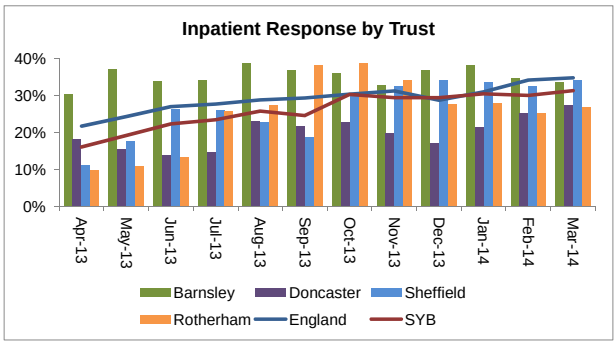
- Overall Response Rate for Sheffield Providers (A&E and Inpatients: includes Claremont & Thornbury) for Q4 - 17.76%

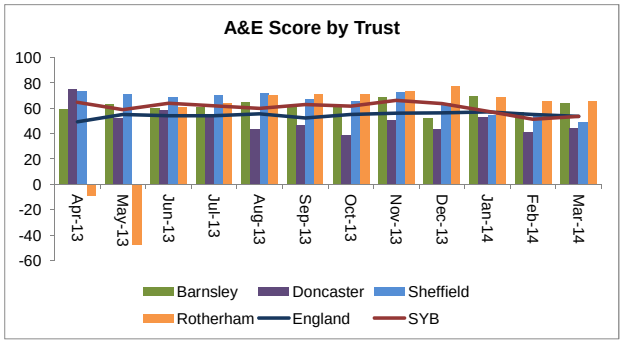
- Maternity Score (Questions 1-4 combined) for Q3 - 72.8, Q4 - 65.68
  (England Q4 - 70.37)

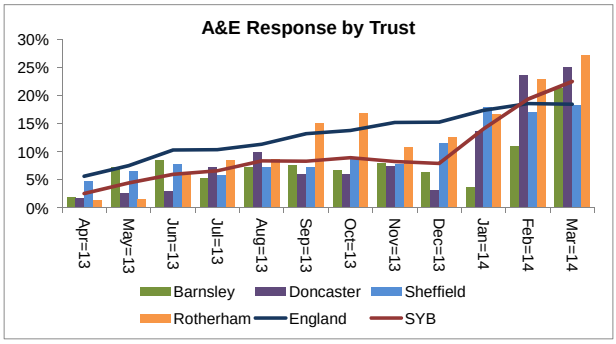
- Maternity Response Rate (Questions 1-4 combined) for Q3 - 6.82%, Q4 - 8.32%
  (England Q4 - 18.29%)

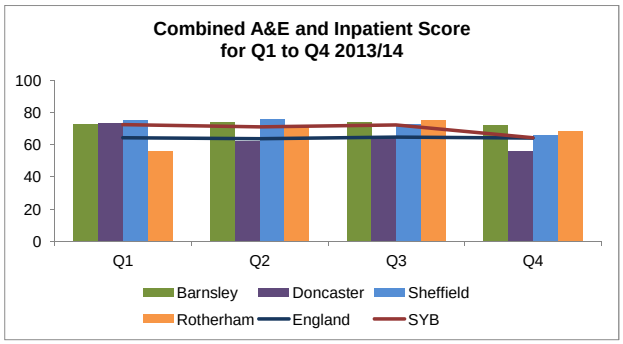
**Note: In the charts below. SYB = South Yorkshire and Bassetlaw area**

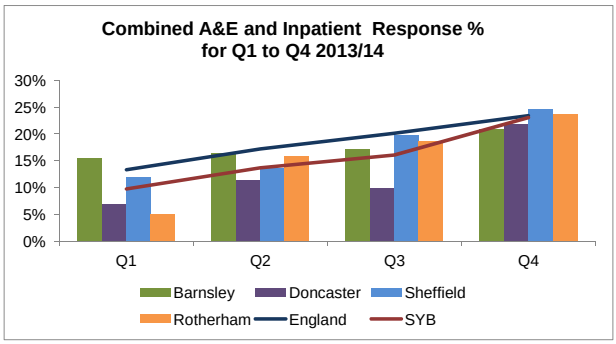


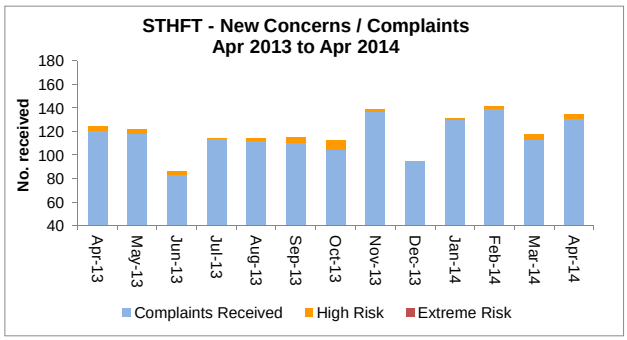
# Patient Experience of NHS Trusts

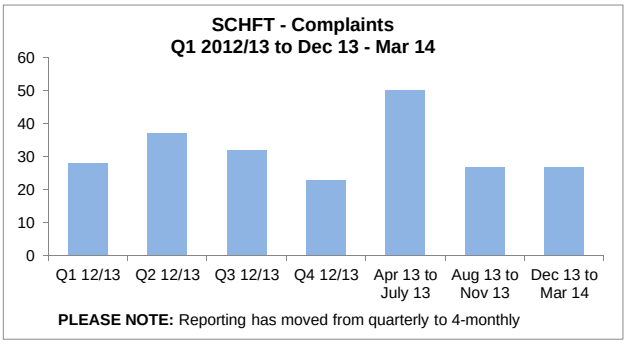
**PLEASE NOTE: The information below is the latest information available for each Provider.**

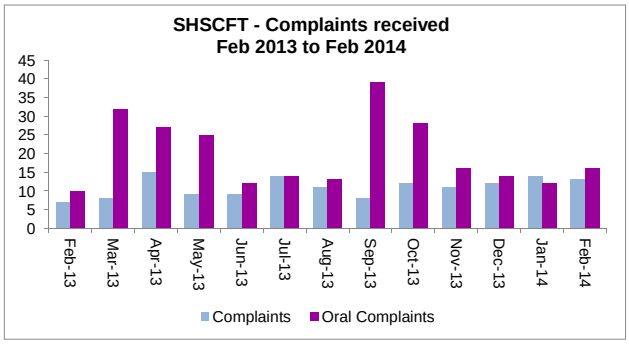
## Patient Complaints

| Reasons for Complaints: | |
|---|---|
| **STHFT**<br>Apr 13 - Apr 14 | Attitude<br>Appropriateness of medical treatment<br>General nursing care<br>Communication with patient |
| **SCHFT**<br>Apr 13 - Mar 14 | Care and treatment<br>Attitude of staff - medical<br>Appointments - delay or cancellation |
| **SHSCFT ***<br>Jul 13 - Sep 13 | All aspects of clinical treatment<br>Attitude of staff |

** Sheffield Health and Social Care NHS Foundation Trust*



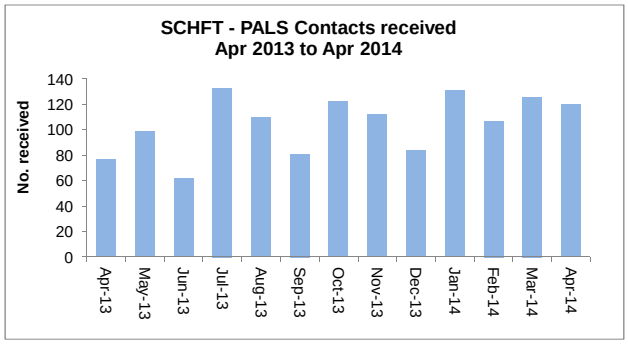




## Patient Compliments

**STHFT:** 56 letters of thanks were received in April 2014 (the first month of 2014/15).
**SHSCFT:** 204 compliments were received in February 2014, bringing the total reported so far in 2013/14 to 1088.

## Patient Advice and Liaison Service (PALS) Contacts

| Reasons for PALS Contacts: | |
|---|---|
| **SCHFT**<br>Apr-14 | Support (26)<br>Parking (17)<br>Appointments (14) |




## Further Information

**STHFT:** 131 new complaints were received in April 2014. The Trust work to a target of responding to 85% of complaints within 25 working days; the response rate achieved in April was 76%. Work to clear a backlog of complaints is on-going and it is expected that performance against the target will improve throughout the year.

**SCHFT:** During 2013/14, the Trust received 104 formal complaints, a reduction on the previous year when 120 complaints were received. 120 PALS contacts were received during April.

**SHSCFT:** During Q3 2013/14, 39 formal complaints were received; this is consistent with the previous 4 quarters, during which the number of complaints received ranged between 31 and 39. During Q3, 42 oral and fastrack complaints were received; this is a reduction from Q2, when 83 were received.

# Clostridium Difficile - Performance Update and Benchmarking

## Summary of 2013/14

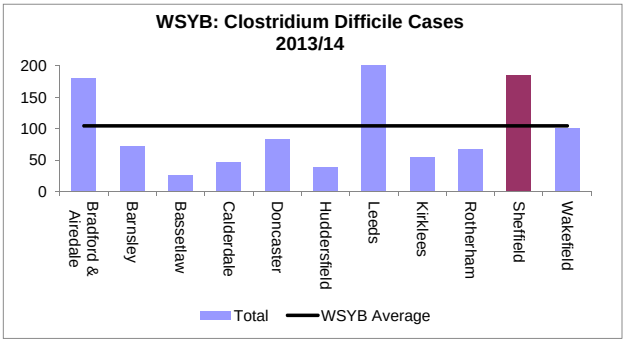
Sheffield CCG's aim to have no more than 163 cases of Clostridium Difficile (C.Diff) infections in 2013/14 was more challenging than the commitment of 191 in 2012/13. Although the CCG is committed to working with local providers to minimise the number of infection cases, the 2013/14 target was exceeded; based on validated data, there were 185 cases attributable to the CCG.

For STHFT, the commitment was to have no more than 77, compared to 134 in 2012/13. The number of cases incurred in March (6) was less than the previous month (3). In 2013/14, STHFT had 27 fewer cases (80) than in the same period last year (104), but they did exceed their 2013/14 target.

***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.***

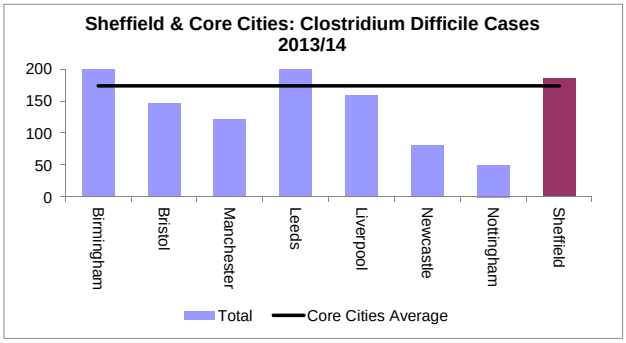
**In each of the charts below, Sheffield's position (CCG or STHFT) is distinguished by the highlighted bar.**

## CCG Comparison




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

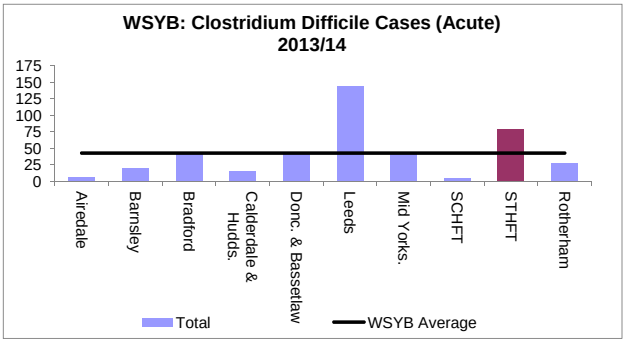
Sheffield was above the regional average of 104.4 C.Diff cases, along with Leeds and Bradford & Airedale.




When compared to the core Cities, Sheffield had the third highest number of C.Diff cases as at the end of March 2014.

Sheffield was above the core Cities average of 173.6 C.Diff cases, along with Birmingham and Leeds.

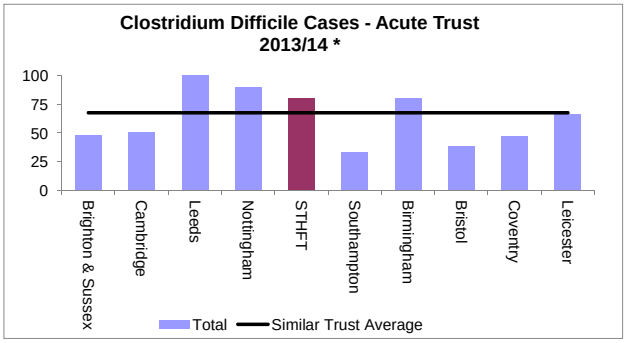
## Acute Trust Comparison




The chart above shows that STHFT had the second highest number of YTD C.Diff cases as at the end of March 2014.

80 cases were reported for STHFT against a regional average of 42.6; this equates to 3.9% above their annual target of 77 cases.

SCHFT had the lowest number of C.Diff cases in the region, with 5 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 had the joint third (with Birmingham) highest number of C.Diff cases when compared to these Trusts; Leeds and Nottingham had the highest number of cases.

The 80 cases reported at STHFT was higher than the average for the group, of 67.6 cases. Birmingham, Leeds and Nottingham were also above the group average.

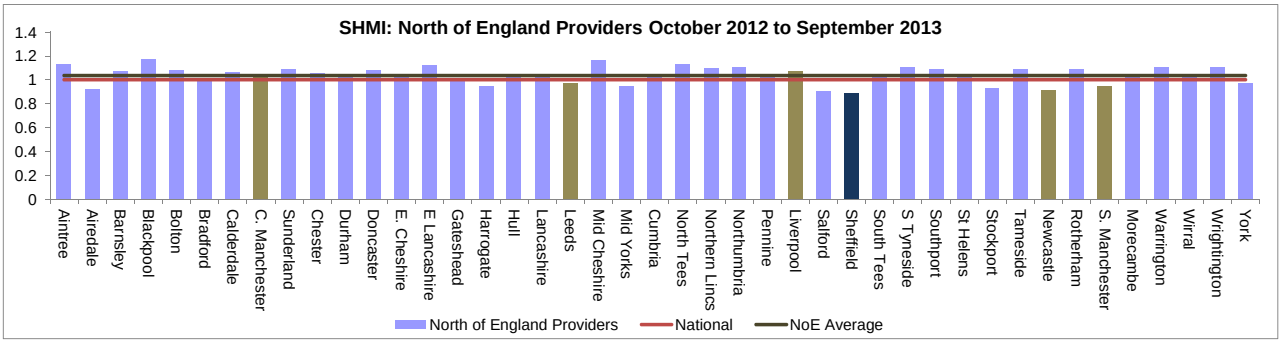
# Summary Hospital Mortality Indicator - Performance Update and Benchmarking

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.

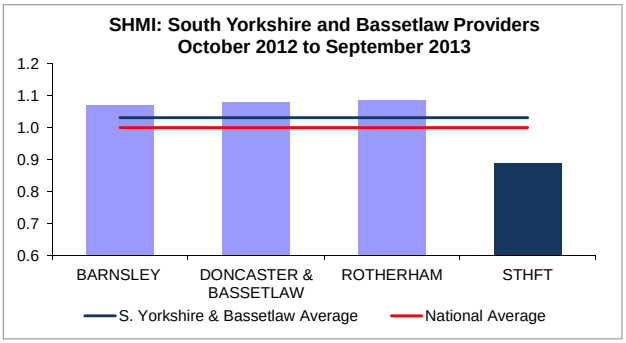
The expected number of deaths is calculated from a risk-adjusted model with a patient case-mix of age, gender, admission method, year index, Charlson Co-morbidity Index and diagnosis grouping.

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 STHFT value for October 2012 to September 2013, at 0.889, is slightly higher than for July 2012 to June 2013 and is below the expected value. This is a positive position for Sheffield residents.



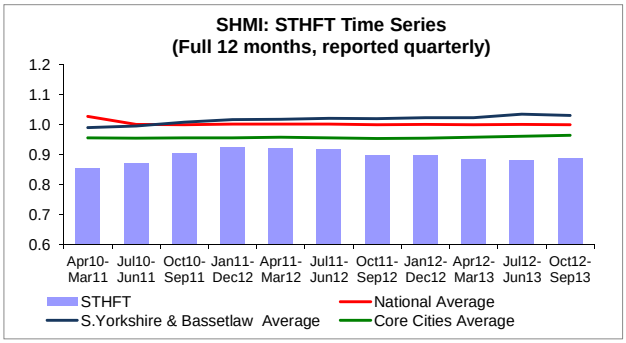

To reflect the new NHS landscape, the above chart shows providers who have submitted data in the North of England (NoE). Sheffield (STHFT) has been distinguished by the **dark blue** bar and the core Cities that lie within the NoE by the **tan** bars.

STHFT is the best ranked within the NoE and 14th on a National level. 10 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 11% 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 increased over the time series, although it is still better (lower) than expected.

The latest position of 0.889 (Oct-12 to Sep-13) is 0.68% higher than the previous period (Jul-12 to Jun-13).

# Best Possible Health Outcomes

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

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

The work of Sheffield CCG is organised around 4 clinical portfolio areas, with the Acute portfolio sub-divided into Elective Care and Urgent Care. 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 have, where appropriate, identified additional locally determined measures relating to their priorities.

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.

**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, 2014/15.**

**NOTE: "Supporting measure - 14/15" = Outcomes support measure specified by NHS England for 2014/15**

## Acute Services Portfolio - Elective Care

### National required measures

Patient experience of GP services

| Jan 12 - Sep 12 | Jul 12 - Mar 13 | Apr 13 - Sep 13 |
|---|---|---|
| | | |

Patient experience of hospital care - CQC Inpatient Survey

| 10/11 | 11/12 | 12/13 |
|---|---|---|
| | | |

### Quality Premium 2014/15: Locally selected measure

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

| 14/15 |
|---|
| Q1 |

*For 2014/15, CCGs were required to submit plans nationally for 1 locally selected priorities; the measure to the left is Sheffield CCG's identified **Local Priority 1**.*

*Q1 data is expected in July 2014.*

### 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 Apr-14 local score improved once again to 89.98% (with any score above 78% being judged nationally as good). As an additional measure, 94.1% of people (again, a rise on the previous %) said they would have surgery again under the same conditions.

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

| 13/14 | 13/14 | 14/15 |
|---|---|---|
| Feb | Mar | Apr |

** = 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 Apr-14, this covers experience of surgical procedures carried out during Oct-13.*

## Acute Services Portfolio - Urgent Care

### National required measures

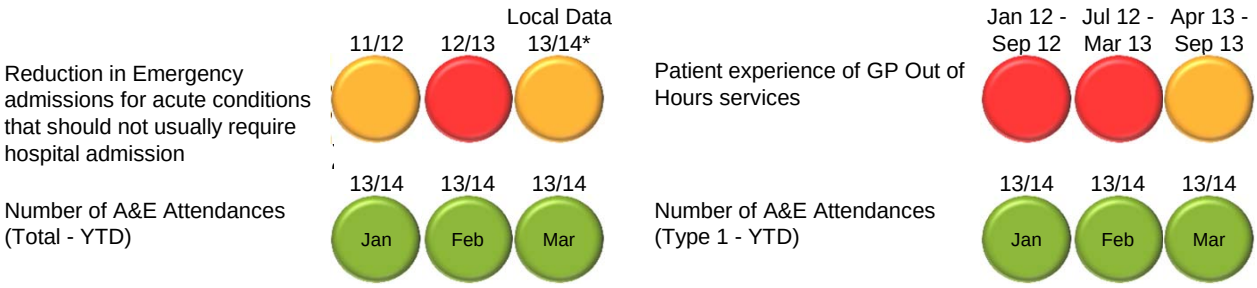
**Issues & Actions:**

**Reduction in Emergency admissions for acute conditions that should not usually require hospital admission:**
**** CAVEAT:*** *Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red.*

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

Targeted work on this measure is integral to the work being led by the Long Term Conditions, Cancer and Older People portfolio - please refer to the section on Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) on the next page for details.

The Urgent Care Acute portfolio leads are reviewing high admission rates in Gastroenterology, Care of the Elderly, Diabetes, Chest Medicine, General Medicine and Orthopaedics where appropriate, in conjunction with Long Term Conditions, Cancer and Older People portfolio leads. Work is also underway to review acute assessment units to ensure they are able to effectively 'rule out' conditions which would require an admission and return people home as soon as practicable and on the development of pathways for conditions which would not normally require hospital admission to see if there is more that could be done in the community to manage them safely at home.




***A&E ATTENDANCES:*** *Total A&E Attendances comprises: Type 1 (Main A&E), Type 2 (Single Specialty, e.g. STHFT Eye Casualty) and Type 3 (Other A&E e.g. STHFT Minor Injuries Unit).*

### Locally selected measures

The Sheffield Urgent Care Working Group (UCWG) is overseeing a number of measures which will help the system's delivery of key changes in the Urgent Care system and progression towards 7 day working to be assessed and reported. These include A&E 4hr waits and attendances, which are already included in this report. Work is underway to identify which of this wider suite of UCWG measures would add most value to the Quality & Outcomes Report and with what frequency these should be reported/included.

## Long Term Conditions, Cancer and Older People

### National required measures

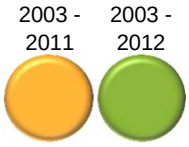
**Issues & Actions:**

**Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (ACSC):**
**** CAVEAT:*** *Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red.*

As noted previously, although the local ambulatory care sensitive indicator of emergency bed-nights continues to show a progressive reduction, the number of ambulatory sensitive spells has continued to rise. However, our more detailed monitoring is showing the rate of increase to be slowing month-on-month. Work is progressing that is aimed at addressing some of the specific major causes of ambulatory admissions.

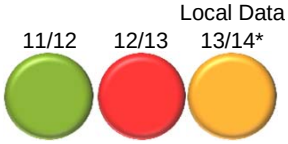
**Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement / rehabilitation services:** This is a new outcomes measure for 14/15. The measure is part of the Adult Social Care Outcomes Framework (ASCOF) and is included in the CCG's Right First Time (RFT) Dashboard, where the 12/13 position (76.8%) has been rated as red, as it is a reduction on the 11/12 position (86.2%) and is also lower than the 12/13 England average (81.4%).

Potential years of life lost

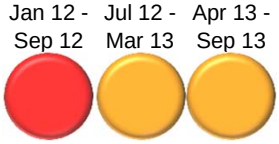



***From NHS ENGLAND Guidance:*** *Causes considered amenable to health care are those from which premature deaths should not occur in the presence of timely and effective health care. The concept of 'amenable' mortality generally relates to deaths under age 75, due to the difficulty in determining cause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

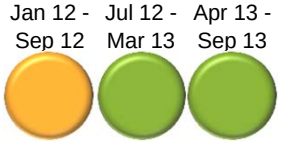
Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)




Proportion of people feeling supported to manage their condition




Health-related quality of life for people with long-term conditions




**Supporting measure - 14/15:** Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services

### Locally selected measures

The LTC, Cancer and OP Clinical Portfolio team is developing an information dashboard which, for 2014/15, they will be selecting a small number of local measures from, to include in future Quality & Outcomes Reports.

The first evaluation report on the GP-led care planning service has been received and it is expected that this will also help identify effective local measures for 2014/15.

## Mental Health, Learning Disabilities and Dementia

### National required measures

**Issues & Actions:**

The rate of people who received psychological therapy and are moving to recovery has hovered around 47% for some time, slightly under the target of 50%. SHSCFT have a program that has targeted practices with the lowest moving to recovery rates; this has been positive for those practices. Overall, the service to the population of Sheffield offers more flexible entry criteria than is nationally mandated, so in Sheffield more people enter the service. It is accepted that some of these people fall outside the national criteria, with an inevitable impact on the proportion who will ultimately move to recovery. From a national perspective, there is a problem with recruiting to IAPT posts, particularly Psychological Wellbeing Practitioner (PWP) posts, who deliver the majority of interventions; around 70% of patients see a PWP. This issue is apparent in Sheffield; SHSCFT currently have vacancies for PWPs. However, they are actively managing this through the recruitment of trainee PWP staff.

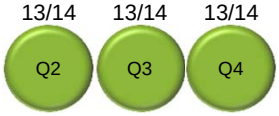
**Supporting measure - 14/15:** Improvement against plan: Estimated diagnosis rate for people with dementia

12/13 *

** Data for 2012/13, re-based from pre-Apr-13 PCT data*

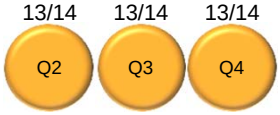
The proportion of people who have depression and/or anxiety disorders who receive psychological therapies

13/14 Q2 | 13/14 Q3 | 13/14 Q4



**Supporting measure - 14/15:** The number of people who received psychological therapy and are moving to recovery

13/14 Q2 | 13/14 Q3 | 13/14 Q4



### Locally selected measures

**Issues & Actions:**

**Proportion of people with Learning Disabilities (LD) receiving an Annual Health Check (AHC):** The CCG is continuing to encourage uptake of the AHC for 2014/2015. Agreed additional commissioning capacity within the portfolio will enable further work on a number of initiatives to improve access and for closer working with NHS England, the contract holders for the Directly Enhanced Service (DES) AHCs. The regional action plan with NHS England across South Yorkshire and Bassetlaw commissioners relating to the DES and access to primary care is progressing. Sheffield CCG are still engaged in this work. The names of all those on the Sheffield Case Register whom the CCG believe are eligible for an annual health check have been made available to practices from 1st May, to enable them to update those who should be invited for a check. This now includes those who will be 14-17 years old in 2014/15, as health checks have been extended this year to cover the younger population. It is a requirement of providing this service that practice team members leading annual health checks are offered training by their CCG and all practices have received an invitation to a session on 26th June, which the Walk In Centre is hosting. Monthly updates of the % of the eligible population receiving a health check will be provided.

**Reducing LD Out of City Placements:** The CCG continues to work with partners to ensure that plans to return people appropriately are progressed and all people that were considered as part of the Winterbourne Concordat* to be inappropriately placed by CCG through Continuing Health Care (CHC) funding have either moved, or will have moved, by July. However, whilst financial and restructuring pressures within the Local Authority (LA) continue to have negative impacts on progress, there has been some improvement around the development of the LA Accommodation Strategy, with involvement of an Mental Health Commissioning Team (MHCT) Senior Commissioning Manager (SCM), which will address one of the barriers. Additionally, the SCM has been involved in the development of an LA tender for Supported Living, which has included the provision of "enhanced care" aimed at increasing the number of local providers with additional competency in addressing the needs of people with more complex presentations, such a challenging behaviour, forensic and offender histories. This will increase capacity to return people placed out of city to local support provision and reduce the numbers of people leaving the city for their support over the next 12 months.

** From the DH Winterbourne View Review - Concordat: Programme of Action: "The concordat / agreement sets out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. It sets out specific actions to which each organisation has committed to take forward within clear timeframes."*

Indicator Development: It is the intention, for 14/15, to add in a local measure on waiting times for dementia diagnosis.

Proportion of people with Learning Disabilities receiving an Annual Health Check

12/13 | 13/14 YTD*

** LOCAL current data to Mar-14*

Caring for people with Learning Disabilities closer to home, through reducing out of City placements

13/14 Feb | 13/14 Mar | 14/15 Apr

## Children and Young People

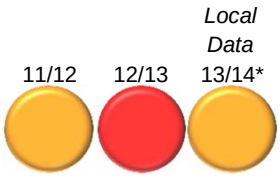
### National required measures

**Issues & Actions:**

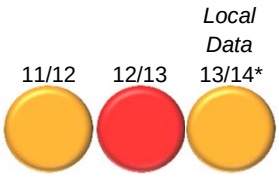
**Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s:** ***CAVEAT:*** *Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red.*

**Emergency admissions for children with Lower Respiratory Tract Infection (LRTI):** The caveat above also applies to this measure. Whilst rated amber for the 13/14 CCG position against 12/13, detailed work has been undertaken with SCHFT to understand the local position relating to high recorded emergency admission for LRTI compared to other areas nationally. This has included looking at how data is recorded and the impact of the use of the paediatric assessment unit in Sheffield, leading to a negotiation around coding with the SCHFT. It has now been agreed that they will consider the CCG's proposal to code this activity as Outpatient Attendances rather than Non-Elective Admissions and will shortly develop a methodology to code the activity as Outpatients in a manner that allows monthly operation of the agreement. Work continues on the development of pathways for improving management of specific conditions within primary care in an attempt to reduce presentation of children at A&E that could be managed within primary care.

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




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




### 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:**

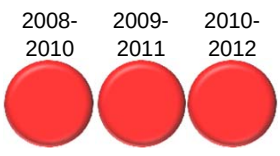
**Reduction in Infant Mortality:** As noted previously, work continues on the delivery of the infant mortality strategy, which is being reviewed within the Children's Health Board.

**CAMHS:** As noted previously, a service model for a provision is currently being discussed with local providers; new clinical pathways are being developed and changes impacting on the contract will be discussed in-year with providers following the development of an implementation plan.

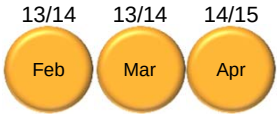
**Patient experience of Maternity Care:** The findings of the Maternal Services Liaison Committee user survey and consultation have now been received and consideration to the pathway for maternal mental health is being prioritised as part of the 2014/15 children's portfolio commissioning plan. The portfolio is working on a plan to improve services and plan to undertake the user survey again in 2014/15 to measure improvement.

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

Reduction in Infant Mortality




Child and Adult Mental Health Services (CAMHS) - Commissioning a service for 16/17 year olds




Patient experience of Maternity Care

Improving experience for families of children with complex needs

## 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.*

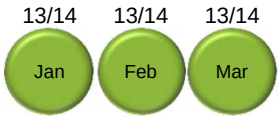
***Therefore, the indicators below cannot be interpreted directly in conjunction with Trusts' contract/activity monitoring reporting.***

**All the measures below are rated on their year to date position**

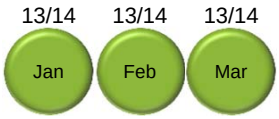
**Those measures with no RAG rating are new for 14/15 and no plan was submitted for previous years.**
**Once April data is available, measurement against the 14/15 submitted plans can be shown.**

**Elective Inpatient Activity**

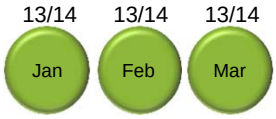
Elective first finished consultant episodes (FFCEs) - Ordinary (1+ night) admissions




Elective first finished consultant episodes (FFCEs) - Day case admissions

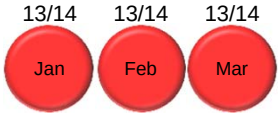



Elective first finished consultant episodes (FFCEs) - Total admissions



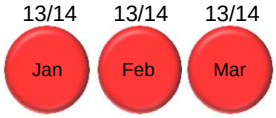

**Non-Elective Inpatient Activity**

Non-elective FFCEs (Year to Date position)




**Outpatient Activity**

All first outpatient attendances




All follow-up outpatient attendances

**Referrals Activity**

GP written referrals made for a first outpatient appointment

Other referrals made for a first outpatient appointment

Total referrals made for a first outpatient appointment

Referrals seen - first outpatient attendances following a GP referral

# 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 2014/15' divided, where appropriate, into portfolios.

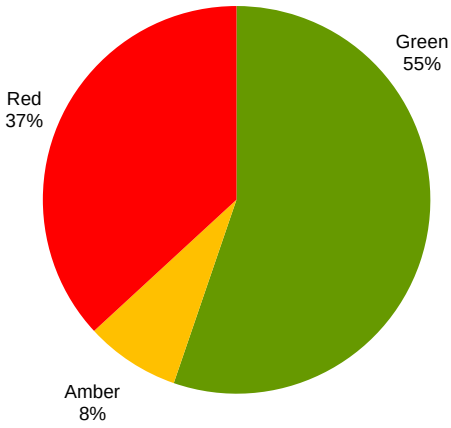
Where possible, the RAG rating is against April 2014 performance as at the 21st May 2014 - year to date where appropriate.

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 | 87.70% | 87.19% | 90.00% |
| % seen/treated within 18wks - Non-Admitted pathway | 96.32% | 96.34% | 95.33% |
| % still not seen/treated within 18wks - Incomplete Pathway | 93.23% | 92.97% | 95.39% |
| Number waiting 52+ weeks - Admitted pathway | 2 | 1 | 1 |
| Number waiting 52+ weeks - Non-Admitted pathway | 0 | 0 | 0 |
| Number waiting 52+ weeks - Incomplete pathway | 4 | 1 | 3 |
| **Diagnostic Waits - receiving a diagnostic test within 6 weeks** | | | |
| % receiving diagnostic test | 95.07% | 94.60% | 99.51% |
| **Cancer Waits (YTD)** | | | |
| % seen within 2 weeks - from GP referral to first outpatient appointment | 94.54% | 94.60% | 100.00% |
| % seen within 2 weeks - as above, for breast symptoms | 96.28% | 96.36% | N/A |
| % treated within 31 days- from diagnosis to first definitive treatment | 98.81% | 98.31% | 100.00% |
| % treated within 31 days - subsequent treatment (surgery) | 97.95% | 97.90% | N/A |
| % treated within 31 days - subsequent treatment (drugs) | 100.00% | 99.91% | 100.00% |
| % treated within 31 days - subsequent treatment (radiotherapy) | 99.66% | 99.62% | N/A |
| % treated within 62 days - following an urgent GP referral | 91.70% | 88.39% | N/A |
| % treated within 62 days - following referral from an NHS screening service | 97.30% | 96.03% | N/A |
| % treated within 62 days - following Consultant's decision to upgrade priority | 97.65% | 92.74% | N/A |
| **Activity** | | | |
| Number of Total Elective Admissions (FFCEs) (YTD) | 74801 | 65413 | 4981 |
| Number of Elective Ordinary Admissions (FFCEs) (YTD) | 13509 | 9915 | 1905 |
| Number of Elective Day case Admissions (FFCEs) (YTD) | 61292 | 55498 | 3076 |
| Number of First Outpatient Attendances (YTD) | 175271 | 159971 | 6807 |
| Number of First Outpatient Attendances following GP Referral (YTD) [1] | 82301 | 74696 | 2682 |
| Number of GP Written Referrals (YTD) [1] | 110317 | 99847 | 4983 |
| Number of Other Referrals (YTD) [1] | 69725 | 60006 | 5023 |
| Number of Total Referrals (YTD) [1] | 180042 | 159853 | 10006 |
| Number of All Subsequent Outpatient Attendances (YTD) [1] | 463331 | 425808 | 16048 |
| Number of Cancelled Operations offered another date within 28 days | N/A | 3 | 0 |
| **Quality Standards** | | | |
| Patient overall experience of GP Services | 85.80% | N/A | N/A |
| Patient experience of hospital care | 77.30% | WIP | WIP |
| Friends and Family test: Inpatient - Response (QTR) [2] | | 24.61% | |
| Friends and Family test: Inpatient - Score (QTR) [2] | | 65.57 | |
| Friends and Family test: A&E - Response (QTR) [2] | | 17.76% | |
| Friends and Family test: A&E - Score (QTR) [2] | | 52.56 | |

**Footnotes:**

[1] **Activity NEW MEASURE:** Mar-14 is included for info - once Apr-14 data is received, RAG ratings against 14/15 plans can be applied

[2] **Friends and Family Test:** Response rated against 13/14 national target of 15%; Score rated against national average

# 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) | * | 96.64% | 97.74% |
| Non-elective Admissions (FFCEs) (YTD) | 61981 | 50239 | 8479 |
| Number of attendances at A&E departments - Type 1 (YTD) [1] | 165971 | 114811 | 51234 |
| Number of attendances at A&E departments - Total (YTD) [1] | 195446 | 146143 | 51234 |
| Unplanned Hospitalisation for chronic ambulatory care sensitive conditions | 963.3 | N/A | N/A |
| Emergency admissions - acute conditions that should not require admission | 1525 | N/A | N/A |
| Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s | 272 | N/A | N/A |
| Emergency admissions for children with lower respiratory infections (LRTI) | 777 | N/A | N/A |
| Urgent Operations cancelled for the second time | N/A | 0 | 0 |
| Patient overall experience of out of hours GP Services | 69.17% | 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] | 70.73% | N/A | N/A | 69.78% |
| Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) [3] | 72.12% | N/A | N/A | 70.65% |
| Category A response in 19 mins [3] | 98.01% | N/A | N/A | 96.19% |
| Ambulance handover delays - of over 30 minutes | N/A | 23 | 0 | 544 |
| Ambulance handover delays - of over 1 hour | N/A | 0 | 0 | 80 |
| 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) | -3.67 |
| Health-related quality of life for people with long-term conditions | 54.35% |
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services | 76.8% |

## Mental Health, Learning Disabilities and Dementia (YTD)

| | SHSCFT |
|---|---|
| Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care | 90.00% |
| Proportion of people entering psychological treatment against the level of need in the general population | 17.11% |
| The proportion of people who are moving to recovery, following psychological treatment | 47.23% |
| Estimating the diagnosis rate of people with dementia (***NB:*** *estimated figure using locally-available data*) | 68.10% |

## Quality Standards

| Health Care Acquired Infections (HCAI) | CCG | STHFT | SCHFT | SHSCFT |
|---|---|---|---|---|
| MRSA bacteraemia (YTD) | 1 | 0 | 0 | N/A |
| Clostridium Difficile (C Diff) (YTD) | 18 | 7 | 0 | N/A |
| Mixed sex accommodation breaches (YTD) | 0 | 0 | 0 | 0 |
| Hospital deaths attributable to problems in care | WIP | WIP | WIP | WIP |
| Improving the reporting of medication-related safety incidents | WIP | WIP | WIP | WIP |

# 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 April , there have been 107 home treatment interventions against a 12-month target of 1,202. This equates to 7% more patients benefiting from this service than originally planned by the end of April.

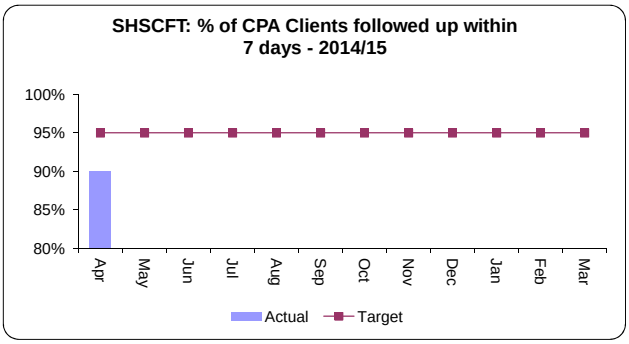
2. CPA 7 day follow up: April's monthly (and therefore YTD) performance is 90.0%, which is below the 95% target. This position is due to a low number of discharges during in the month; 10 people were discharged and 1 person wasn't followed up, resulting in the 90% follow-up rate.

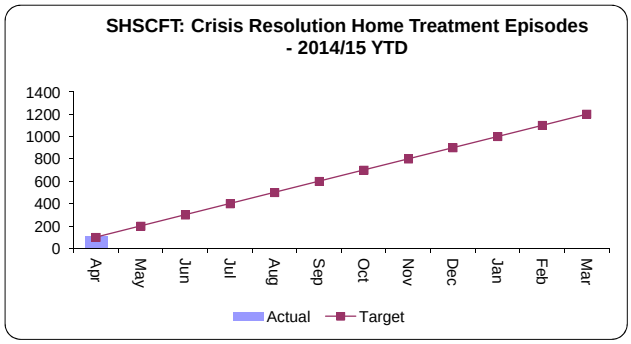
3. Psychosis intervention: Activity over the last year is more closely aligned to the target thresholds. Following a service review development, plans are in place to improve the retention of clients on the Early Intervention Service (EIS) pathway.

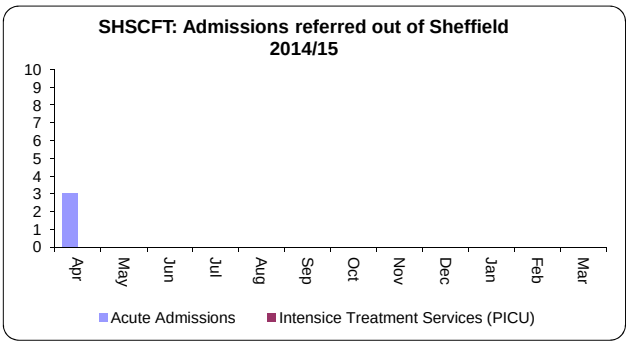
4. Psychological therapy services:

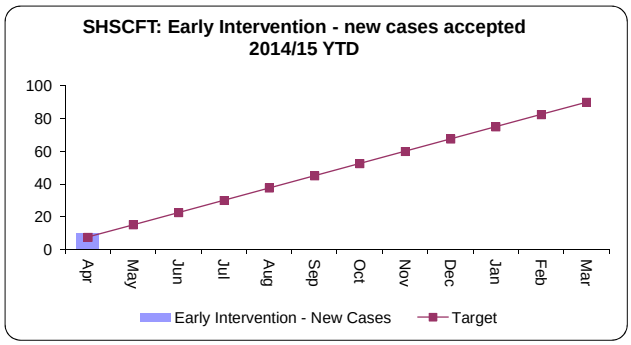
- The quarter 4 performance for the proportion of patients receiving psychological therapy achieved target level, with 17.11% as at the end of quarter 4 against the 2013/14 plan of 15%.
- Please see narrative in the Best Possible Health Outcomes (Mental Health, Learning Disability and Dementia) section of this report (page 20) for information on issues and actions regarding the rate of people who received psychological therapy and are moving to recovery.

| **SHSCFT Indicators**<br>**All indicators are Year to date** | Target | 13/14<br>March | 14/15<br>April | Change |
|---|---|---|---|---|
| Crisis Resolution / Home treatment | 1202 | 1415 | 107 | ▼ |
| Psychosis intervention - New cases | 90 | 106 | 10 | ▼ |
| Psychosis intervention - Maintain Capacity | 270 | 169 | 147 | ▼ |
| CPA 7 day follow up | 95% | 98.30% | 90.00% | ▼ |
| | | | | |
| Anxiety/depression: | | Q3 | Q4 | |
| % receiving Psychological therapy | 15% | 12.42% | 17.11% | ▲ |
| Psychological therapy pts. move to recovery | 50% | 47.67% | 47.23% | ▼ |



# APPENDIX B: Ambulance Trust Performance Measures

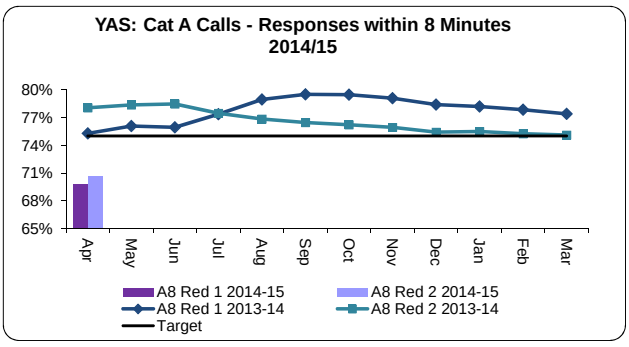
## Yorkshire Ambulance Service

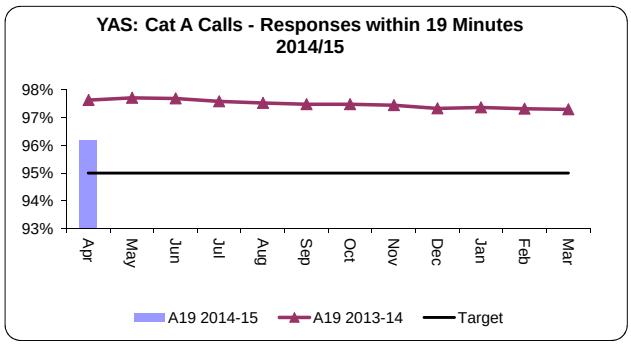
Across the Yorkshire & Humber (Y&H) region, YTD RED 1 and 2 combined 8 minute performance is 71.19% (at 13th May) against the service standard of 75% and RED 1 and 2 combined 19 minute performance was 96.72% (at 13th May) against the 95% service standard. (RED 1 calls are the most time-critical and cover 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:** For 2014/15, commissioners agreed with YAS to maintain the 95% performance standard across green calls (G1 & 2 - serious but non life-threatening, G3 & 4 - non life-threatening) but introduce a lower 'floor' in respect of performance against which a sanctions regime will apply. In addition, a review will be undertaken in 2014/15 of the clinical conditions categorised as green calls, to ensure that patient safety is not compromised by the approach to call classification. As of 13th May, YAS Green performance remains generally low and for G1, G2 and G3 20 mins calls, well below the floors agreed.

**Key Action:**
Commissioners are applying the full range of contractual sanctions to YAS and are expecting, during May, to receive remedial actions plans and trajectories for performance improvement.

| YAS Indicators | Target | 13/14 March | 14/15 April | Monthly Change |
|---|---|---|---|---|
| Cat A 8 minutes Red 1 (YTD) | 75% | 77.38% | 69.78% | ▼ |
| Cat A 8 minutes Red 2 (YTD) | 75% | 75.09% | 70.65% | ▼ |
| Cat A 19 minutes (YTD) | 95% | 97.29% | 96.19% | ▼ |




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 | February | March | Monthly Change |
|---|---|---|---|---|
| Re-contact after discharge (Phone) | | 1.1% | 0.0% | ▼ |
| Re-contact after discharge (Treatment at scene) | | 4.5% | 4.1% | ▼ |
| Re-contact after discharge (Frequent Caller) | | 2.3% | 2.0% | ▼ |
| Time to answer call (Median) | 5 sec | 1 | 1 | ◀▶ |
| Time to answer call (95th Percentile) | | 23 | 21 | ▼ |
| Time to answer call (99th Percentile) | | 50 | 52 | ▲ |
| Time to treatment (Median) | | 5.7 | 5.6 | ▼ |
| Time to treatment (95th Percentile) | | 14.5 | 14.3 | ▼ |
| Time to treatment (99th Percentile) | | 21.5 | 22.2 | ▲ |
| Call closed with advice (Phone advice) | | 3.9% | 4.8% | ▲ |
| Call closed with advice (Transport) | | 30.8% | 30.7% | ▼ |
| **Clinical Indicators** | | November | December | |
| Outcome from Cardiac Arrest (CA) All | | 19.8% | 28.9% | ▲ |
| Outcome from CA Utstein Group (UG) | | 38.7% | 47.4% | ▲ |
| Outcome from acute STEMI Angioplasty | | 85.3% | 87.0% | ▲ |
| STEMI Care Bundle | | 80.2% | 82.2% | ▲ |
| Outcome from Stroke 60 min to Stroke Unit | | 62.3% | 61.5% | ▼ |
| Stroke - Appropriate Care Bundle | | 93.0% | 90.5% | ▼ |
| Outcome from CA - Survival to Discharge All | | 11.0% | 8.2% | ▼ |
| Outcome from CA - Survival to Discharge UG | | 33.3% | 28.6% | ▼ |
| Service Experience | | N/A | N/A | |

# APPENDIX C: Contract Activity

**Sheffield Teaching Hospitals NHS Foundation Trust**

NHS Sheffield Clinical Commissioning Group

***PLEASE NOTE:*** ***April 2014 contracting information is not yet available. The position on this page therefore still relates to 2013/2014.***

Performance against Sheffield CCG Activity Target at Month 12, Apr 2013 - Mar 2014
**PLEASE NOTE:** The financial performance is reported separately in the Finance Report

| | | | |
|---|---|---|---|
| Outpatient First Attendances: | 5.2% above plan | Inpatient Elective Spells: | 3.3% above plan |
| Outpatient Follow-ups: | 5.2% above plan | Inpatient Non-elective Spells: | 5.9% above plan |
| Outpatient Procedures: | 14.1% above plan | A&E Attendances: | 4.1% above plan |

**Figure 1: Referrals** [1]

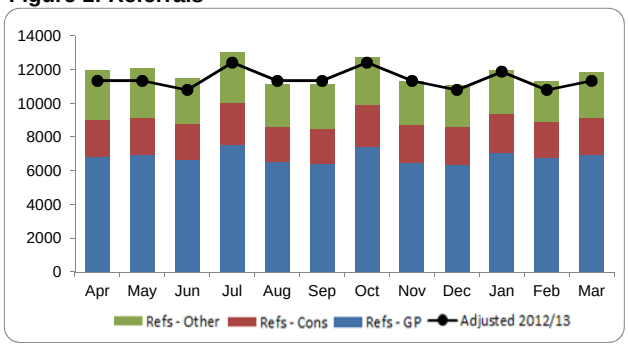



**Figure 2: Firsts** [2]

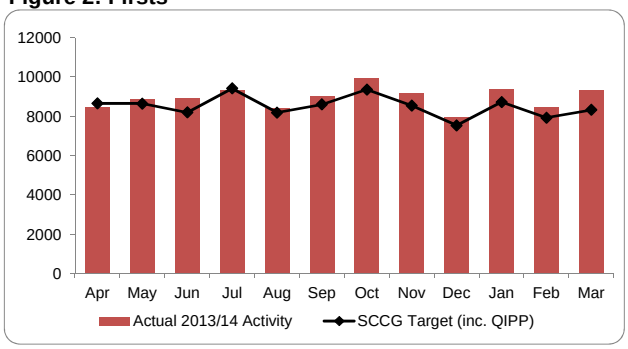



**Figure 3: Follow-ups**

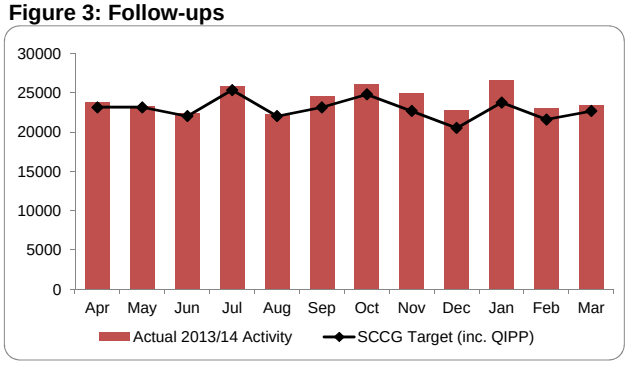



**Figure 4: Electives**

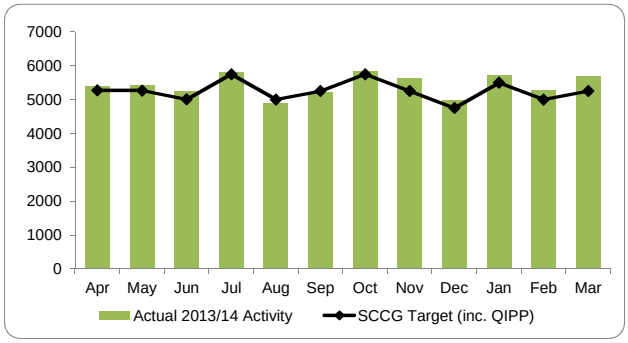



**Figure 5: Non-Electives**

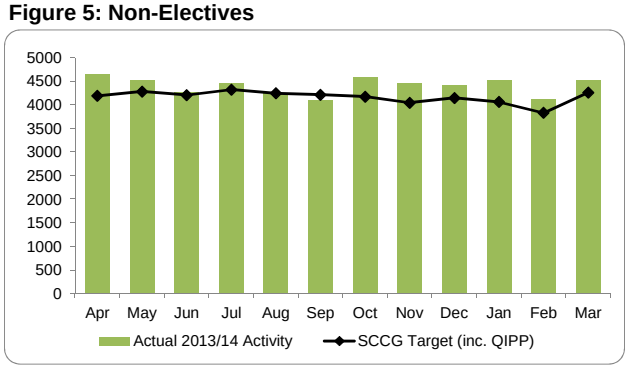



**Figure 6: Accident and Emergency**

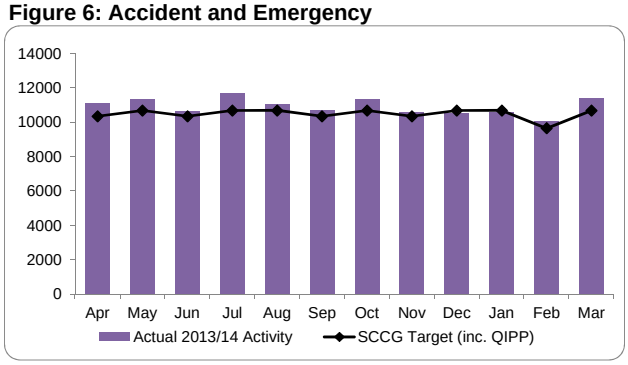



**Table 1. Outpatient Activity**

| Activity | 2013/14 | Target | Var | % Var |
|---|---|---|---|---|
| Firsts | 107,388 | 102,128 | 5,260 | 5.2% |
| Follow-ups | 289,277 | 274,970 | 14,307 | 5.2% |
| OP Payable Procedures | 65,155 | 57,095 | 8,060 | 14.1% |
| Follow-ups:First Ratio | 2.69 | 2.69 | 0.00 | 0.1% |

**Table 2. Inpatient and A&E Activity**

| Activity | 2013/14 | Target | Var | % Var |
|---|---|---|---|---|
| Electives | 65,129 | 63,065 | 2,064 | 3.3% |
| Non Electives | 52,918 | 49,956 | 2,962 | 5.9% |
| Excess Bed Day Costs (£000s) | £ 9,768 | £ 9,717 | £ 51 | 0.5% |
| A&E | 130,977 | 125,835 | 5,142 | 4.1% |

**Notes:**

Source: STHFT Contract Monitoring

[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 exclude CDU (Clinical Decision Unit). CDU Attendances are overperforming by 3351 (15.2%).
Excess Bed Day Costs include MFF (Market Forces Factor).

Produced by NHS Sheffield CCG Contract Team, April 2014

# APPENDIX C: Contract Activity

## Sheffield Children's NHS Foundation Trust

Sheffield Clinical Commissioning Group

***PLEASE NOTE:*** ***April 2014 contracting information is not yet available. The position on this page therefore still relates to 2013/2014.***

Performance against Sheffield CCG Activity Target at Month 12, Apr 2013 - Mar 2014
**PLEASE NOTE:** The financial performance is reported separately in the Finance Report

| | | | |
|---|---|---|---|
| Outpatient First Attendances: | 2.8% above plan | Inpatient Elective Spells: | 1.6% above plan |
| Outpatient Follow-ups: | 5.4% above plan | Inpatient Non-elective Spells: | 3.6% above plan |
| Outpatient Procedures: | 44.8% above plan | A&E Attendances: | 3.9% below plan |

**Figure 1: Firsts**

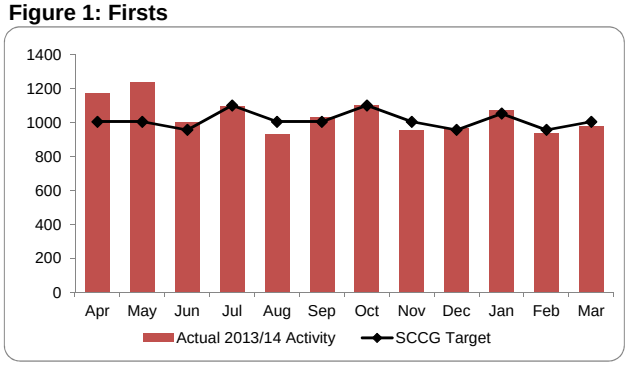



**Figure 2: Follow-ups**

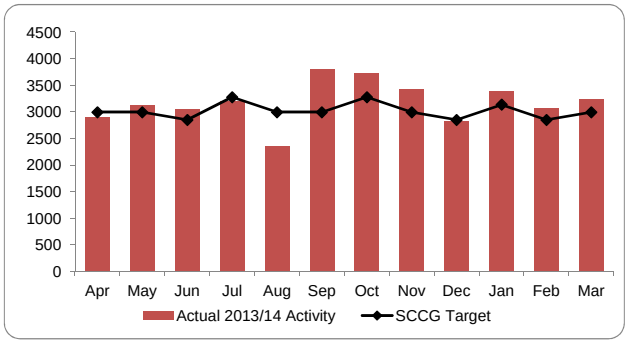



**Figure 3: Accident and Emergency**

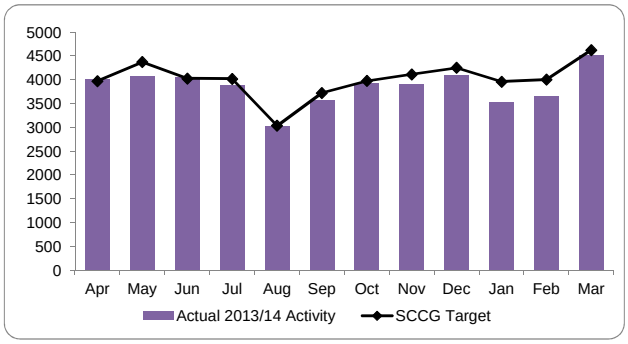



**Figure 4: Electives**

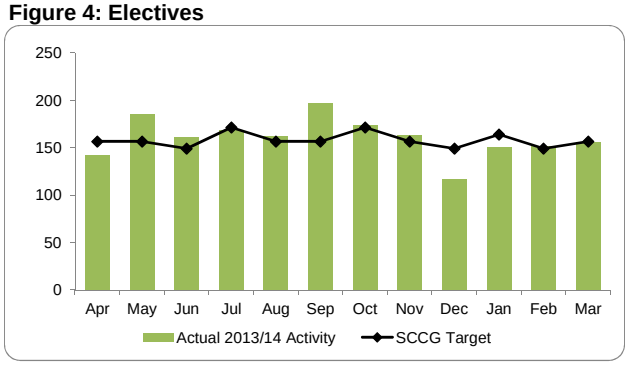



**Figure 5: Non-Electives**

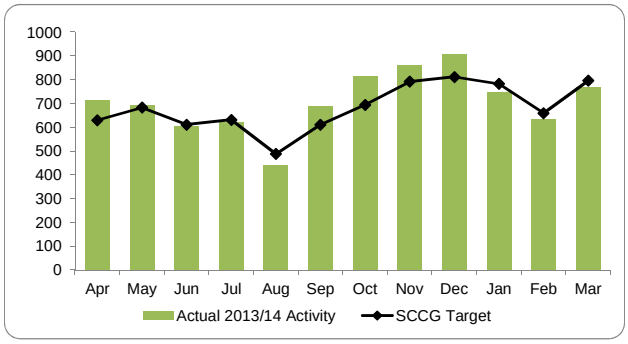



**Figure 6: Excess Bed Days**

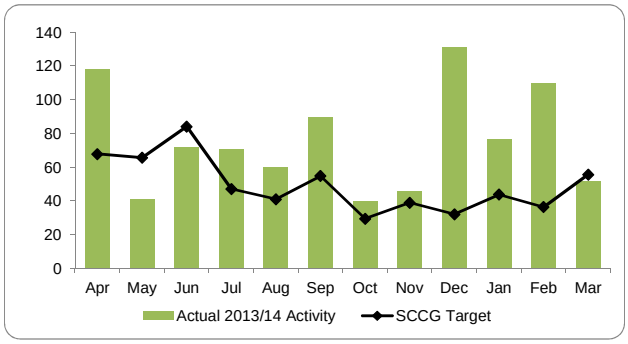



**Table 1. Outpatient Activity**

| Activity | 2013/14 | Target | Var | % Var |
|---|---|---|---|---|
| Firsts | 12,487 | 12,146 | 341 | 2.8% |
| Follow-ups | 38,152 | 36,211 | 1,941 | 5.4% |
| OP Payable Procedures | 42 | 29 | 13 | 44.8% |
| Follow-ups:First Ratio | 3.06 | 2.98 | 0.07 | 2.5% |

**Table 2. Inpatient and A&E Activity**

| Activity | 2013/14 | Target | Var | % Var |
|---|---|---|---|---|
| Electives | 1,926 | 1,896 | 30 | 1.6% |
| Non Electives | 8,479 | 8,187 | 292 | 3.6% |
| Excess Bed Day Costs (£000s) | £ 265 | £ 201 | £ 64 | 32.1% |
| A&E | 46,255 | 48,122 | -1,867 | -3.9% |

Source: SCHFT Contract Monitoring (SLAM)

**Notes:**
Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, May 2014

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

## Quarterly Report of Public Health Outcome Framework (PHOF) Indicators for Sheffield CCG Governing Body

Date: 20th May 2014

| 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 | 2012 | 30.3 | 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 | 40.8 | 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 | 2012/13 | 94.5 | No Diff | G | R | % |
| 3.3 (iii)2 | DTaP/IPV/Hib (Diphtheria, Tetanus, Pertussis (whooping cough), polio and Haemophilus influenzae type b) vaccination coverage: 2 year olds | 2012/13 | 96.7 | No Diff | A | A | % |
| 3.3 (iv) | MenC (Meningitis C) vaccination coverage for 1 year olds | 2012/13 | 90.4 | Worse | A | R | % |
| 3.3 (v) | PCV (Pneumococcal Conjugate Vaccine) coverage - for 1 year olds | 2012/13 | 93.8 | Worse | A | R | % |
| 3.3 (vi)2 | Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 2 year olds | 2012/13 | 93.6 | Better | A | R | % |
| 3.3 (vi)5 | Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 5 year olds | 2012/13 | 95.3 | Better | G | G | % |
| 3.3 (vii) | PCV (Pneumococcal Conjugate Vaccine) booster vaccination for 2 year olds | 2012/13 | 92.6 | Better | A | R | % |
| 3.3 (viii) | MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 2 year olds | 2012/13 | 92.3 | Better | G | A | % |
| 3.3 (ix) | MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 5 year olds | 2012/13 | 95.1 | Better | G | G | % |
| 3.3 (x) | MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving Two doses for 5 year olds | 2012/13 | 88.6 | Better | G | G | % |
| 3.3 (xii) | HPV (Human Papilloma Virus) vaccination coverage - for 12-13 year olds | 2012/13 | 93.3 | Better | G | G | % |

NOTE: (*) statistical significance not available

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

**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**