

Quality & Outcomes Report: Month 1 2014/2015

Governing Body meeting

H

5 June 2014

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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	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
<ol style="list-style-type: none"> 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield 	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached? No If not, why not?</i> None necessary	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
It does not directly support this but as a public facing document is part of keeping the public informed.	
Recommendations	
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> • 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 	

Quality & Outcomes Report

Month 1 position

For the June 2014 meeting
of the Governing Body

Sheffield Clinical Commissioning Group - Summary Position 1 - 5

Highest Quality Health Care 6 - 16

NHS Constitution - Rights & Pledges	6 - 9
Quality and Safety	10 - 16
- Treating and caring for people in a safe environment and protecting them from harm	10 - 11
- Ensuring that people have a positive experience of care	11 - 13
- Patient Experience of NHS Trusts	14
- Clostridium Difficile - Performance Update and Benchmarking	15
- Summary Hospital Mortality Indicator (SHMI) - Performance Update and Benchmarking	16

Best Possible Health Outcomes 17 - 22

- Acute Services Portfolio - Elective Care	17
- Acute Services Portfolio - Urgent Care	18
- Long Term Conditions, Cancer and Older People	19
- Mental Health, Learning Disabilities and Dementia	20
- Children and Young People	21
- Activity Measures	22

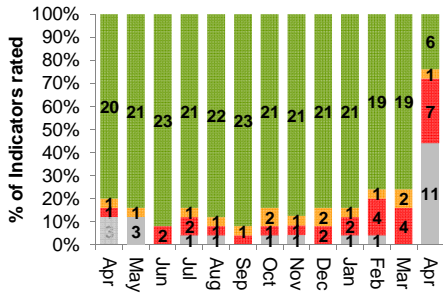
Appendices A1 - A7

Appendix A: Health Economy Performance Measures Summary	A1 - A2
Appendix B: Provider Performance Measures	A3 - A4
- Sheffield Health and Social Care NHS Foundation Trust	A3
- Yorkshire Ambulance Service	A4
Appendix C: Contract Activity	A5 - A6
- Sheffield Teaching Hospitals NHS Foundation Trust	A5
- Sheffield Children's NHS Foundation Trust	A6
Appendix D: Public Health Outcomes Framework (PHOF) Indicators <i>(The quarterly update from the Public Health Intelligence Team, Sheffield City Council)</i>	A7

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.

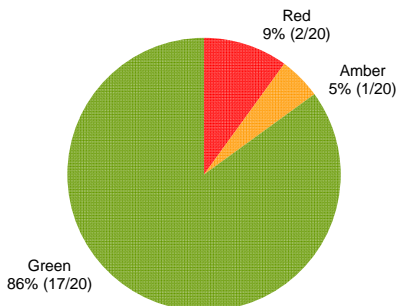
We have started the year with 14 of the 18 core rights and pledges being successfully delivered. For those areas where delivery of pledges is not currently on track (as identified in the table above) further information is given in the NHS Constitution - Rights & Pledges section of this report (pages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

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 specialties 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.

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.

Key to ratings:

-  Pledge being met
-  Close to being met
-  Area of concern

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.

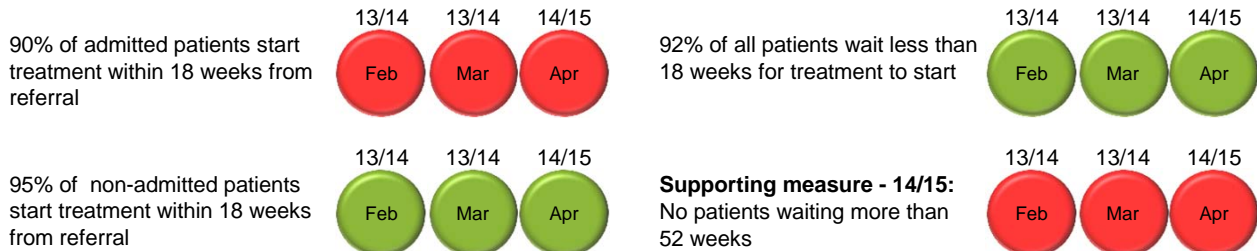
Issues & Actions:

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.



Diagnostic test waiting times

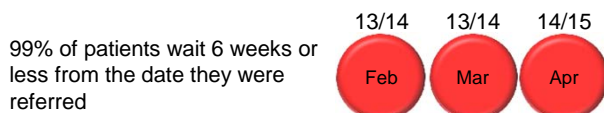
Prompt access to diagnostic tests is important in ensuring early diagnosis and so is central to improving outcomes for patients e.g. early diagnosis of cancer improves survival rates.

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.







Best Possible Health Outcomes

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

The work of Sheffield CCG is organised around 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.

Key to ratings:

-  Improving
-  Not Improving
-  Area of Concern
-  Not yet available

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.

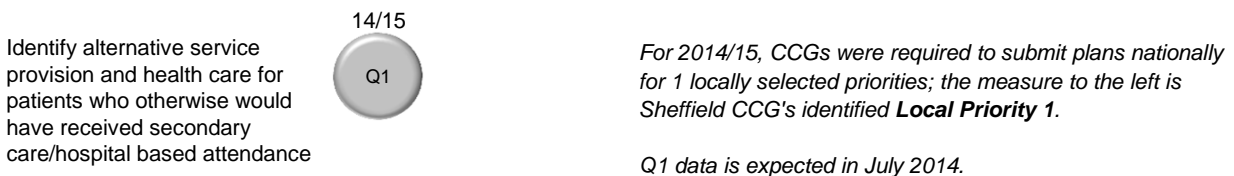
NOTE: "Supporting measure - 14/15" = Outcomes support measure specified by NHS England for 2014/15

Acute Services Portfolio - Elective Care

National required measures

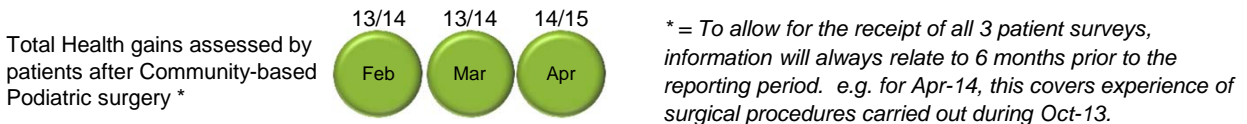


Quality Premium 2014/15: Locally selected measure



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.



Acute Services Portfolio - Urgent Care

National required measures

Issues & Actions:

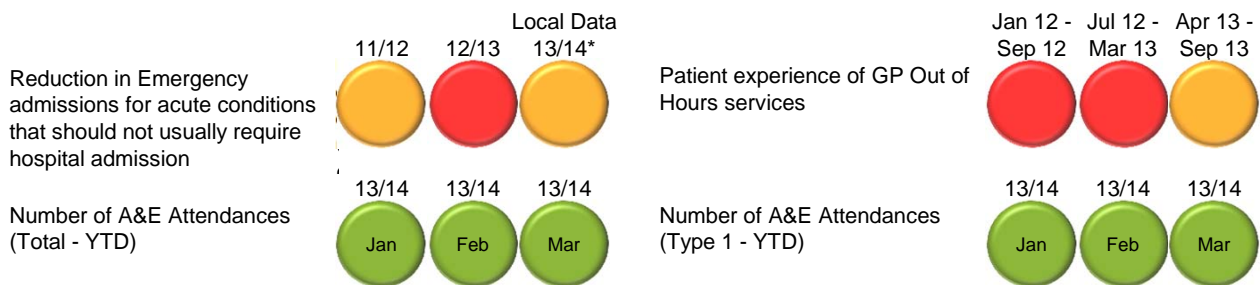
Reduction in Emergency admissions for acute conditions that should not usually require hospital admission:

* **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

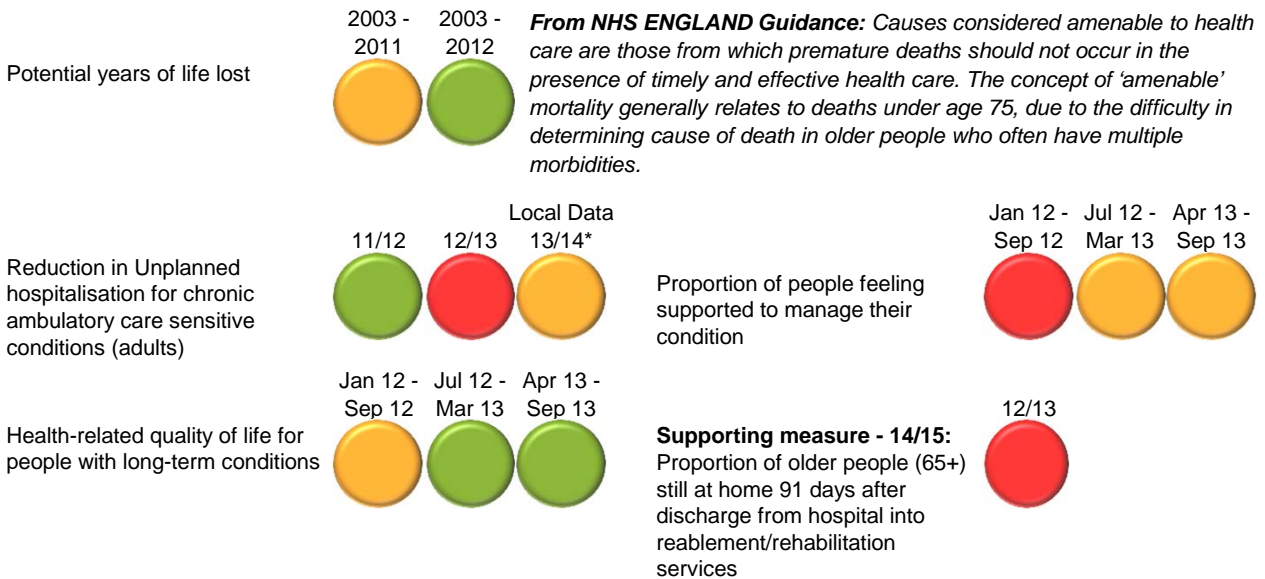
Issues & Actions:

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%).



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

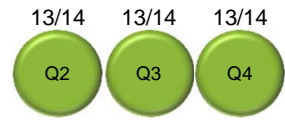
Issues & Actions:

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.

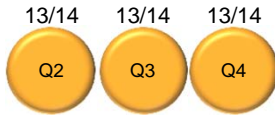
Supporting measure - 14/15:
Improvement against plan:
Estimated diagnosis rate for people with dementia



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



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



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.

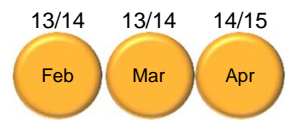
** From the DH Winterbourne View Review - Concordat: Programme of Action: "The concordat / agreement sets out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. It sets out specific actions to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



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



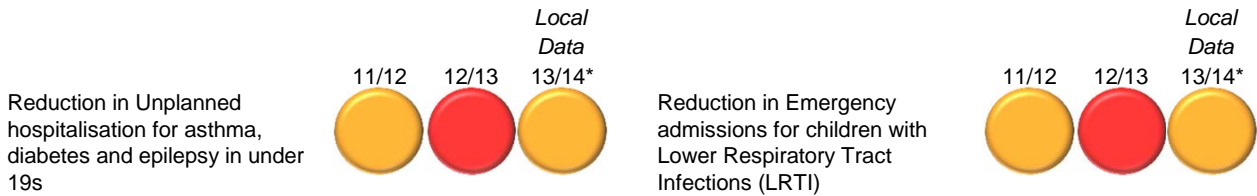
Children and Young People

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.



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.

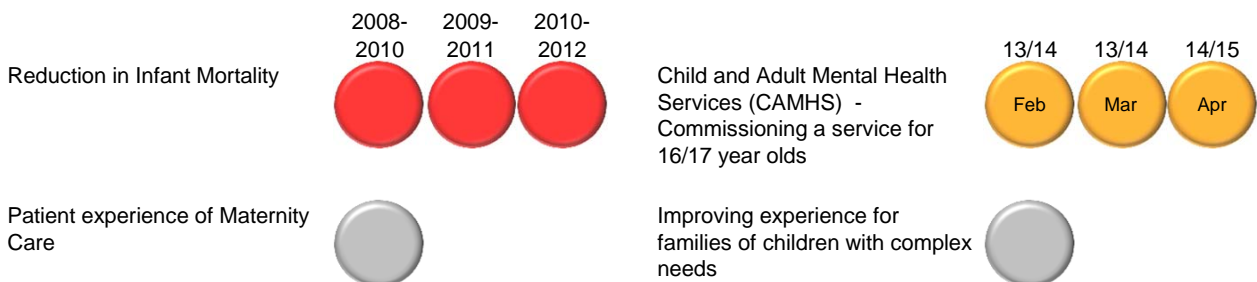
Issues & Actions:

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.



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.

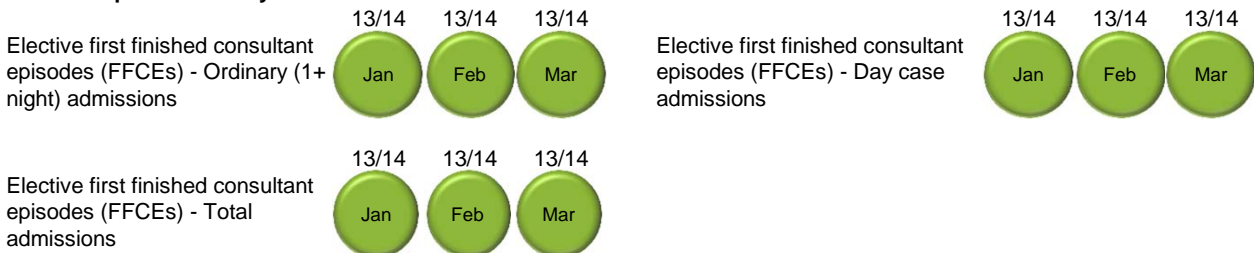
The Trusts' Contract Activity monitoring - as summarised in Appendix C of this report - is the agreed Sheffield CCG-purchased plan for STHFT and SCHFT respectively; however, these plans - and hence also the monitoring - are based on all specialties, not just G&A, as per the CCG-submitted plans.

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.

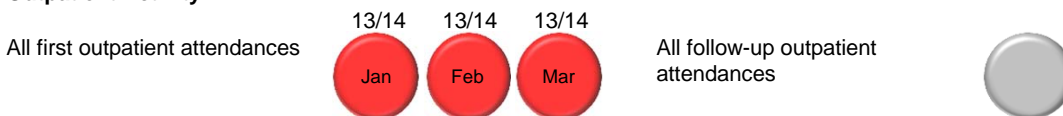
Elective Inpatient Activity



Non-Elective Inpatient Activity



Outpatient Activity



Referrals Activity



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

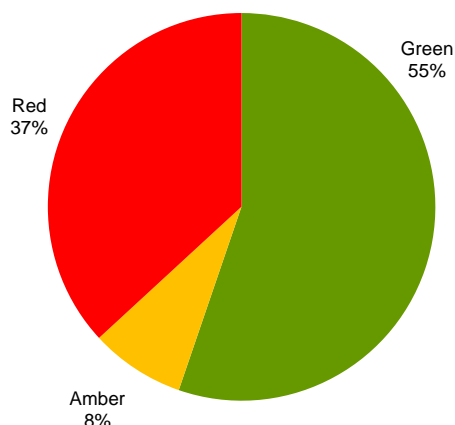
N/A - The indicator is not applicable to this Trust

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%
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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.

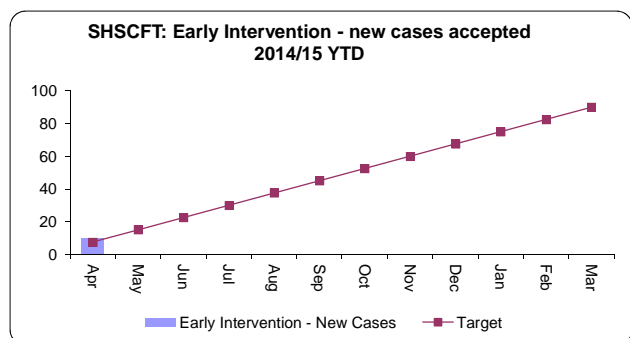
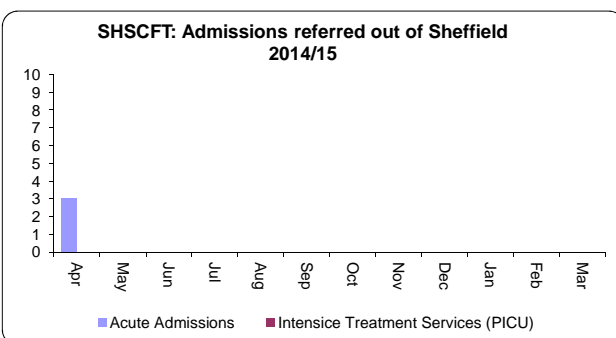
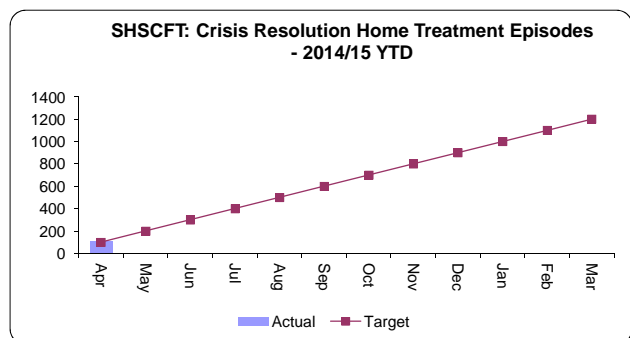
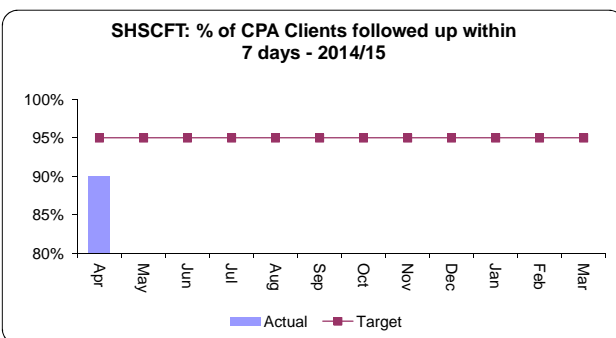
2. CPA 7 day follow up: April's monthly (and therefore YTD) performance is 90.0%, which is below the 95% target. This position is due to a low number of discharges during in the month; 10 people were discharged and 1 person wasn't followed up, resulting in the 90% follow-up rate.

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				
All indicators are Year to date				
	Target	13/14 March	14/15 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.)

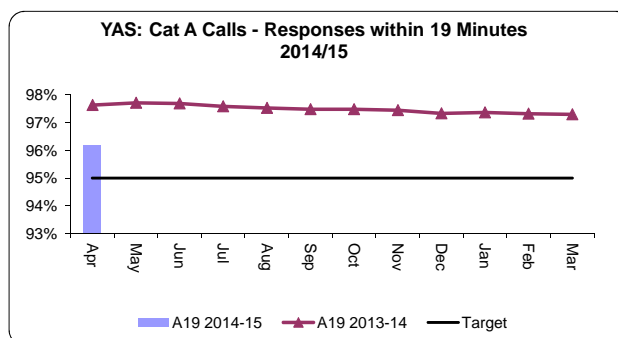
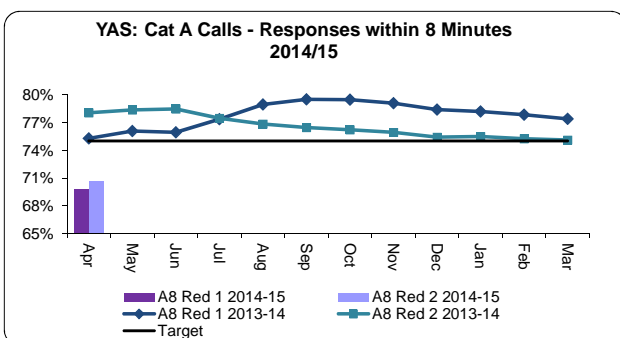
Key Risks: For 2014/15, commissioners agreed with YAS to maintain the 95% performance standard across green calls (G1 & 2 - serious but non life-threatening, G3 & 4 - non life-threatening) but introduce a lower 'floor' in respect of performance against which a sanctions regime will apply. In addition, 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

	<u>Target</u>	<u>13/14</u> <u>March</u>	<u>14/15</u> <u>April</u>	<u>Monthly Change</u>
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	<u>Target</u>	<u>February</u>	<u>March</u>	<u>Monthly Change</u>
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		<u>November</u>	<u>December</u>	
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

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
Outpatient Follow-ups: 5.2% above plan
Outpatient Procedures: 14.1% above plan

Inpatient Elective Spells: 3.3% above plan
Inpatient Non-elective Spells: 5.9% above plan
A&E Attendances: 4.1% above plan

Figure 1: Referrals¹

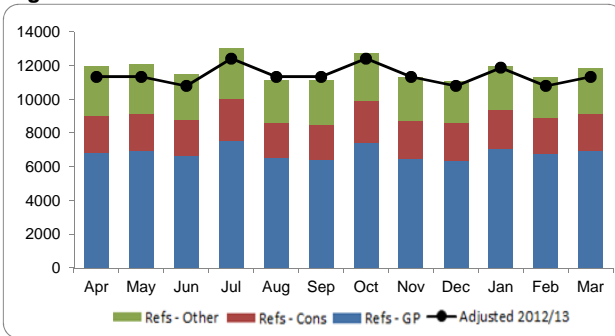


Figure 4: Electives

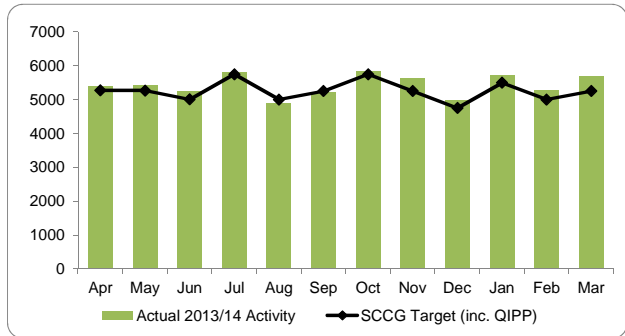


Figure 2: Firsts²

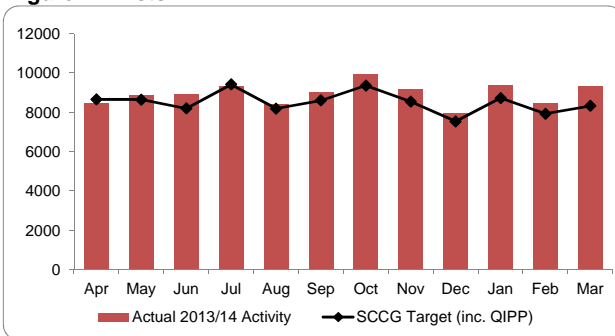


Figure 5: Non-Electives

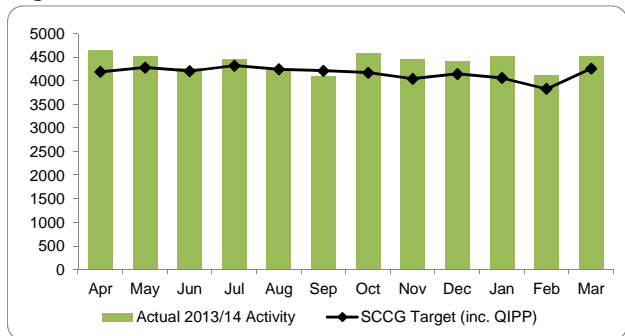


Figure 3: Follow-ups

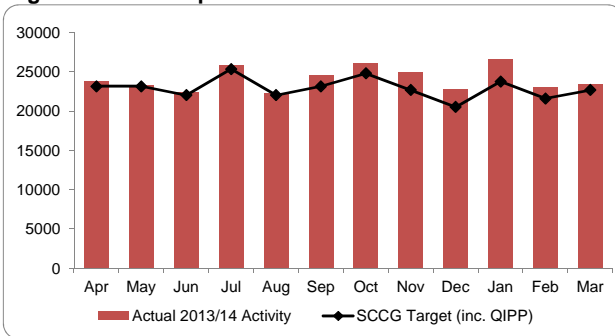


Figure 6: Accident and Emergency

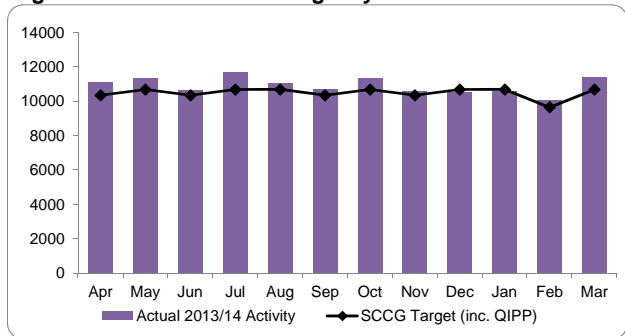


Table 1. Outpatient Activity

Activity	2013/14	Target	Var	% Var
Firsts	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:

- 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).

Source: STHFT Contract Monitoring

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
Outpatient Follow-ups: 5.4% above plan
Outpatient Procedures: 44.8% above plan

Inpatient Elective Spells: 1.6% above plan
Inpatient Non-elective Spells: 3.6% above plan
A&E Attendances: 3.9% below plan

Figure 1: Firsts

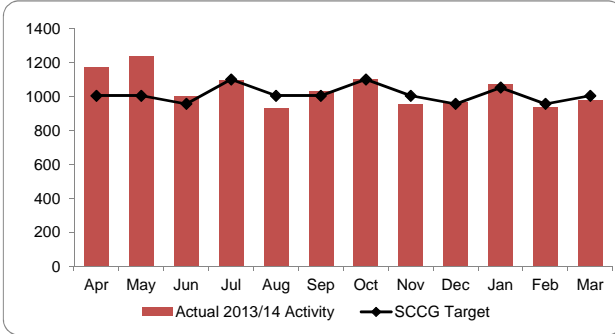


Figure 4: Electives

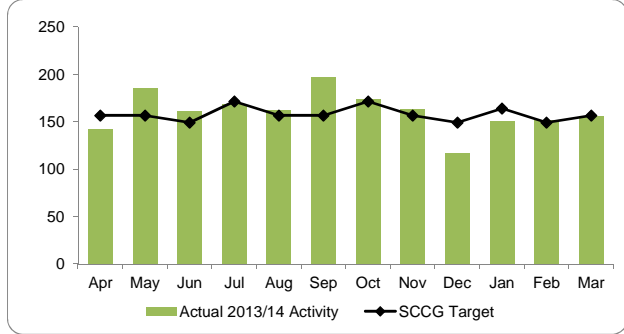


Figure 2: Follow-ups

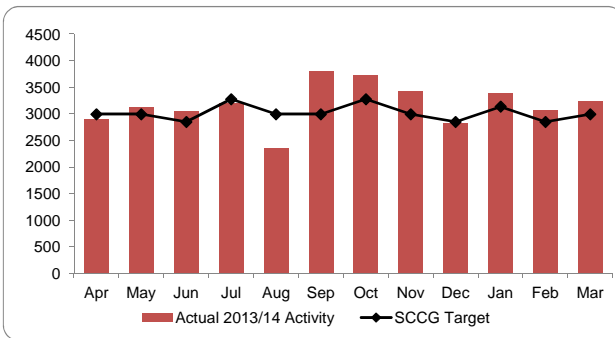


Figure 5: Non-Electives

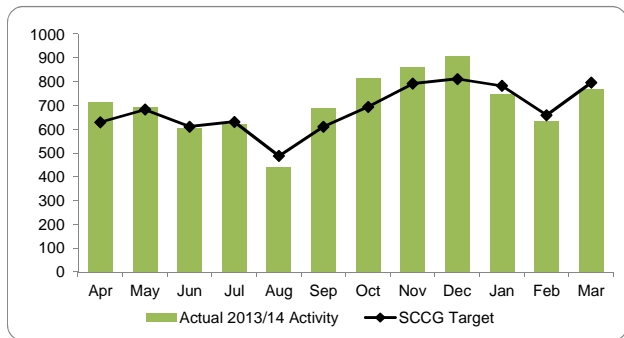


Figure 3: Accident and Emergency

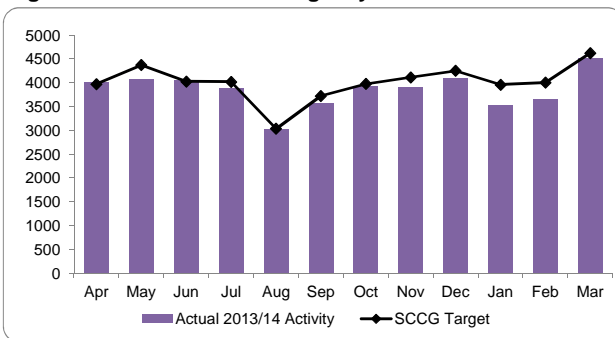


Figure 6: Excess Bed Days

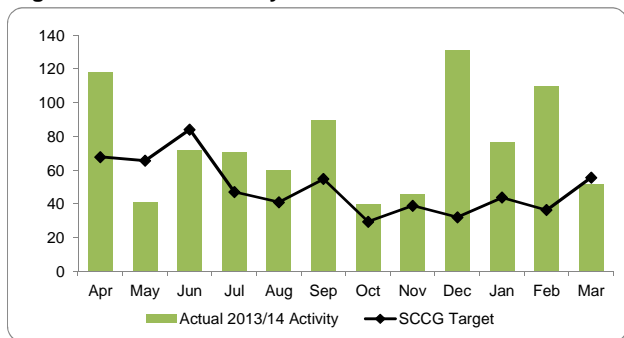


Table 1. Outpatient Activity

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