

Month 10 Quality and Outcomes Report

Governing Body meeting

H

6 March 2014

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Key messages	
<p>1. This is the new Sheffield CCG Quality and Outcomes report, the design and content of which reflects the principles agreed at CCG Governing Body on 7 February 2013.</p> <p>As this is a public document, the aim has been to include a degree of 'context setting' and to use plain English, rather than NHS terminology.</p> <p>2. The Quality Standards section continues to be redesigned and will be further developed as the CCG approach to ensuring and reporting on quality is reviewed, in light of the Francis Report.</p> <p>3. An assessment of current levels of achievement against 2013/14 requirements, using the most recent data available, suggests that Sheffield is already well placed for delivery of the majority of the NHS Constitution Rights and Pledges.</p>	
Assurance Framework (AF)	
<p>Assurance Framework Number:</p> <ul style="list-style-type: none"> 1.3 System wide or specific provider capacity problems emerge to prevent delivery of NHS Constitution and/or NHS E required pledges (Domain 3) 2.1 Providers delivering poor quality care and not meeting quality targets (Domain 4) <p>How does this paper provide assurance to the Governing Body that the risk is being addressed?</p> <p>The Quality and Outcomes report provides the latest information and data on the key quality outcomes that CCGs are required to provide assurance against. Where appropriate, clinical portfolio teams provide regular updates each month on progress reports and remedial action plans on those areas that are not achieving the required levels of performance. Reporting also takes place at CET and Planning and Delivery Group. Escalation through operational leads is to the Planning and Delivery Group, in the first instance.</p> <p>Is this an existing or additional control: Existing</p>	
Equality/Diversity Impact	
Has an equality impact assessment been undertaken? No	

<p><i>Which of the 9 Protected Characteristics does it have an impact on?</i></p> <p>None</p>
<p>Public and Patient Engagement</p>
<p>Please list PPE activity: None</p>
<p>Recommendations</p>
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> • how Sheffield CCG compares to other similar CCGs on key areas of Health Outcomes (as described in the Summary) • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • the key issues relating to Quality, Safety and Patient Experience • initial assessment against measures relating to the Quality Premium

Quality & Outcomes Report

Month 10 position

For the March 2014 meeting
of the Governing Body

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- Yorkshire Ambulance Service A4

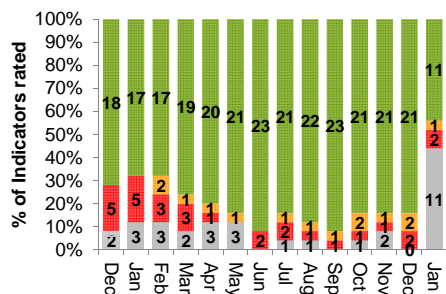
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Highest Quality Health Care

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 2013/14 is progressing, month-on-month. Please see pages 5-8 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:

	Diagnostic waits over 6wks, Ambulance Crew Clear times
	Ambulance handovers

Headlines

In January (where data is available), Sheffield CCG continued to achieve almost all of the NHS Constitution Rights and Pledges. In general, patients in Sheffield are receiving excellent access to healthcare services. The following highlights the key 'high profile' measures that the CCG is keen to retain a focus on:

Patients referred for suspected Cancer: Patients continue to be seen quickly (within 2 weeks) and, where needed, receive treatment within a maximum of 2 months from referral.

Waiting times & access to Diagnostic tests: For the year to date, Sheffield CCG, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Children's NHS Foundation Trust (SCHFT) continue to meet their requirements to ensure the majority of patients are seen and treated within 18 weeks, but did not meet the 6 weeks for diagnostic tests pledge in January.

18 week waits - There are some on-going concerns around the delivery of the requirements for Sheffield CCG patients at specific speciality level as in-month, for the third month in a row, STHFT did not meet the non-admitted pledge at Trust level, once more reflecting the current pressure in the system for delivery of the 18 week wait measures. The CCG have received an improvement action plan from STHFT and are reviewing.

Diagnostics - Neither STHFT nor SCHFT met the pledge in January and levels have further declined from those seen October to December. Both Trusts have provided details to the CCG around the issues and have provided assurance every option is being explored to rectify the position where possible.

A&E waiting times: All local providers continue to meet the pledge, year to date, for 95% of patients to be seen/treated within 4 hours. This remains a priority focus area and the CCG continue to work closely with all their providers to ensure that the excellent performance is sustained and patients continue to have a good experience and receive high quality care from A&E and Urgent Care services in the city. The Urgent Care Working Group (previously the Urgent Care Board) are overseeing business continuity plans over the winter period.

Ambulance & crew response times: Yorkshire Ambulance Service (YAS) continue to meet the national requirements around ambulance response times. The timeliness of clinical handover of patients from ambulance crews to A&E clinical teams and ambulance crews being ready for their next call following handover has mostly improved in January, but is still below what is expected. YAS continue with working to reduce the number of delays.

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 current achievements and challenges in these are set out below:

Headlines

Ensuring that people have a positive experience of care:

The Friends and Family Test (FFT) - Quarter 3 FFT has been published. Although the combined STHFT Inpatient/A&E score has decreased slightly between Q2 and Q3, this is not believed to be significant and is likely to reflect a level of natural variation and the impact of STHFT successfully increasing their FFT response rate. As the combined score is still well above the 50 that would be classed as excellent, STHFT are still considered to have very good feedback from the FFT. Data for the Maternity FFT has now been published. Although the response rate is quite low, it should be noted that the FFT in this service only commenced in October 2013 and, as a new process, it may take a little time to build up the FFTs received; it is hoped that an improvement in responses will be demonstrated in future quarters.

Ensuring that people have a positive experience of care - continued:

Delivery of the nationally agreed FFT rollout plan to the national timetable - The FFT in maternity services at STHFT has now been implemented. Rollout to Day Surgery/Outpatient Departments and Community - the target to have these in place is not until April 2015, but STHFT are working to implement these by the end of July 2014.

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

C.Diff - The 11 cases attributable to the CCG reported in January is lower than last month (18) and the 14 forecast for the month. STHFT reported 4 cases, against their forecast 7. SCHFT reported 0 cases this month, against their forecast 0.

MRSA - As 3 cases attributable to the CCG have been reported to date - 1 in April (STHFT case), 1 in September (Community case) and 1 in November (contaminant STHFT case) - the 'zero tolerance' policy in place for 2013/14 has not been achieved.

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.

To be eligible for a quality premium payment, a CCG must manage within its total resources envelope for 2013/14. A percentage of the quality premium will be paid for achievement of each of the improvements as set out below.

The amount paid will be reduced for CCGs who do not meet the 4 specified NHS Constitution Rights & Pledges.

A reduction of 25% will be made to the quality premium for each relevant NHS Constitution measure not met.



Assessment of CCGs against the Quality Premium commenced in April 2013. This summary makes an assessment of our current levels of achievement, using the most recent data available. Please see below for a list of the measures that make up this Quality Premium matrix and where in the report they can be located. Also included is the most recent rating for each measure - for further information, please see the relevant page:

	Page
Reducing potential years of life lost from amenable mortality	
● Potential years of life lost (PYLL) from causes considered amenable to health care	17
Reducing avoidable emergency admissions	
● Reduction in Emergency admissions for acute conditions that should not usually require hospital admission	16
● Reduction in Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	17
● Reduction in Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	19
● Reduction in Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	19
Improving patient experience of hospital services	
● Friends and Family Test - delivery of the nationally agreed rollout plan to the national timetable	10
● Patient experience of hospital care and A&E services - measured by Friends and Family Test	10-11
Preventing healthcare associated infections	
● Zero cases of MRSA	9
● Number of cases of Clostridium Difficile is below agreed threshold	9
Local measures	
● Local Priority 1: Reduction in STHFT / SCHFT Emergency spell bed nights for Ambulatory Care Sensitive Conditions (ACSC) (Sheffield definition)	17
● Local Priority 2: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	15
● Local Priority 3: Reduce the average waiting times in Speech & Language Therapy (SALT) at SCHFT from 21 weeks	19
NHS Constitution - 4 specified measures	
● 92% of all patients are seen and start treatment within 18 weeks of a routine referral	5
● 95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	6
● 85% of patients have a max. two month (62-day) wait from GP referral to starting treatment for cancer	6
● 75% of Category A (RED 1) ambulance calls resulting in an emergency response arriving within 8 minutes	7

Best Possible Health Outcomes

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

Nationally, the focus on improving health outcomes covers 5 key areas or 'domains'. The national required measures relating to these domains are largely quarterly and in some cases annual measures (see pages 15-20).

Due to publication intervals of the national information, in several cases the data - and therefore the commentary - for these national measures has not changed since the previous report. However, the five CCG Clinical Portfolio teams are monitoring, where possible, some locally selected measures that supplement the national measures by providing either a more timely, or more locally-focussed, assessment of progress in the portfolio areas.

Acute Services Portfolio - Elective Care: Involvement in the closing stages of key contract discussions with the CCG's main provider STHFT continue via close working with CCG Contract Lead colleagues. Education and support services for referrers continue to develop with a new release of the PRESS (Primary Care Referral Education Support for Sheffield) portal issued and evaluation of the Referral Education Support service now underway. Key discussions are on-going with STHFT colleagues to develop a robust joint working arrangement for the coming year.

Acute Services Portfolio - Urgent Care: A small number of key indicators have been identified following discussions within the CCG and the Commissioning Support Unit (CSU), intended to assist in the reporting of the system's delivery of key changes in the Urgent Care System and progression towards 7 day working. Following discussions at the Urgent Care Working Group on the 29th January, further measures around Community, Ambulance and Primary Care will be developed for future reporting.

Long Term Conditions, Cancer and Older People: Work continues to progress around both prevention and re-providing services outside of a hospital setting; this is primarily aimed at the frail elderly.

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. As reported last month, the government has made parity of esteem between physical and mental health a legal obligation in the NHS; the CCG continue to use this concept to underpin their approach to commissioning for this population.

Children and Young People: Work is on-going looking 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 is also progressing to develop integrated practice, on the integration of commissioning and to refresh the Children's Joint Work Programme with Sheffield City Council, SCHFT and STHFT through engagement in the Children's Health and Wellbeing Board.

Quality Innovation, Productivity and Prevention (QIPP) Outcomes

The Medicines Management scheme is progressing very well and delivering the required efficiencies across the QIPP programme.

There are still parts of two schemes - the Right First Time (RFT) and Acute Service (Elective) programmes - that, although developing & progressing well, the planned impact has not yet been fully realised.

Monitoring of the Continuing Health Care (CHC) scheme continues to be investigated.

The latest update on individual schemes is provided in the detailed QIPP section of this report (see pages 21-24).

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CCG Assurance and the Balanced Scorecard

The CCG self-certification for Q3 has now been submitted and demonstrates continued progress in the majority of areas, including improved response rates on the Friends and Family Test. The CCG will be meeting with the NHS England Area Team during March to discuss both Q3 performance and also CCG Operational and Strategic planning for 2014-2019.

In line with the latest version of the framework for CCG Assurance (published at the end of 2013) the CCG Assurance Balanced Scorecard has been replaced with a 'Delivery Dashboard' structured around the 6 domains set out below and it is expected that the outcome of our Q3 discussions with the Area Team will be published in this format.

1. Are patients receiving clinically commissioned, high quality services?
2. Are patients and the public actively engaged and involved?
3. Are CCG plans delivering better outcomes for patients?
4. Does the CCG have robust governance arrangements?
5. Are CCGs working in partnership with others?
6. 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. Since last reported in November, data for the percentage of eligible patients receiving an NHS Health Check has been updated.

2.22(ii) Percentage eligible receiving a Health Check: This is now 40.8% which shows a significant improvement on the previous reporting period and is narrowing the gap with the national average. This results both from the work of GP practices to increase uptake and improved data recording.

In future quarters we will provide up to date data and commentary on actions being taken to address particular problems. Consideration is also being given to appropriate indicators, other than PHOF ones, which could be reported.





NHS Constitution - Rights & Pledges

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

In December (where data is available for the month) Sheffield CCG achieved the majority of the NHS Constitution Rights and Pledges.

Patients in Sheffield are receiving excellent access to healthcare services.

Key to ratings:

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

PLEASE NOTE: "Additional for 13/14" = Additional measures NHS England has specified for 2013/14.

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 March 2014:

All pledges are being met by the CCG and by both STHFT & SCHFT for Sheffield Patients. On-going concerns remain however at STHFT, as they have fallen short January in-month at Trust level on the non-admitted pledge for the third consecutive month. The CCG also continue to see challenges in the delivery of the incomplete pathway (waiting for treatment to start) pledge at Trust level, although this measure is currently being achieved.

Given the current high numbers of patients waiting within the system, the CCG Governing Body should be aware of the risks of future failure to meet this incomplete pledge. To gain full assurance that STHFT have put in place the required actions to improve this, the CCG requested in January the Trust's 18 week wait improvement action plan signed off at Board level; the CCG are now in receipt of this action plan and are considering it accordingly.

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



Additional for 13/14:

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 March 2014:

The CCG has not met this pledge for the second consecutive month, with less than 99% of patients seen within 6 weeks at both STHFT and SCHFT. Within STHFT, the main reason for not meeting the pledge relates to one key area of diagnostics, that being Echocardiography within the speciality of Cardiology. The CCG understand that there are issues of Sonographer staffing levels, with a number of staff leaving recently. STHFT have provided assurance that all possible options are being explored to rectify the issue, with the CCG monitoring the situation closely throughout February.

The issues at SCHFT are a combination of patient choice, sub-optimal booking processes and breaches previously forecast due to capacity constraints. Processes are in place to ensure all MRI requests are vetted by Radiologists to help manage increasing demand and options to deliver additional MRI capacity are still being explored. SCHFT are expecting to continue to breach the MRI waiting time until year-end. The CCG is assured that robust processes are in place and progress against the pledge will be rectified accordingly.

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, 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



Additional for 13/14:

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 March 2014:

Ambulance Response Times: The year to date position for 2013/14 is that all 3 measures are being met. Please see APPENDIX B: Ambulance Trust Performance Measures for further information on YAS.

Ambulance handover and crew clear times: As noted previously, Yorkshire Ambulance Service (YAS) are working to reduce the number of hospital handover delays. Commissioners have agreed with YAS for 2013/14 that they will reinvest any handover penalties incurred by YAS, subject to a satisfactory improvement plan being produced that secures progress against the pledges and how the monies will be reinvested; this will hopefully be provided to Commissioners in the near future.

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 these measures is taken directly from YAS reports and is subject to contractual validation. YAS commissioners have contractually agreed to use YAS data to measure compliance but, as yet, there is no uniform contractual agreement across acute trusts in Yorkshire and Humber (Y&H) on which dataset is used. The total YAS position is currently being used as a guide to assess achievement of the target.

Each CCG is required to report against the requirements of the Technical Definitions document which describes the indicators in 'Everyone Counts: Planning for Patients 2013/14'. Two specific indicators relate to ambulance handover times - with success measured by a reductions in the number of delays - YAS total figures for which are shown in the following tables:

All hospitals across YAS footprint: 30+min Turnaround - Numbers (and % of those Arrivals with Handover Time recorded)

Ambulance handover	Nov-13	Dec-13	Jan-13
Delays of over 30 minutes	940 (2.7%)	1190 (3.4%)	756 (2.2%)
Delays of over 1 hour (subset of 'over 30 minutes')	117 (0.3%)	207 (0.6%)	80 (0.2%)

Crew clear	Nov-13	Dec-13	Jan-13
Delays of over 30 minutes	477 (1.4%)	512 (1.4%)	463 (1.3%)
Delays of over 1 hour (subset of 'over 30 minutes')	33 (0.1%)	35 (0.1%)	37 (0.1%)

NHS England's guidance on the NHS Constitution - Rights & Pledges stipulates in their additional measures for 2013/14 that all handovers between ambulance and A&E must take place within 15 minutes and crews should be ready to accept new calls within a further 15 minutes, with financial penalties, in both cases, for delays over 30 minutes and over an hour; this is the pledge monitored below.

As the 30 minute / 1 hour measures are mentioned in this pledge, it is hoped that the 2014/15 Technical Definitions will add clarity on how these (and the % of delays over 15 minutes) will be monitored and managed.

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



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



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



Additional for 13/14:

Ambulance Handover - % of delays over 15 mins in clinical handover of patients to A&E



Additional for 13/14:

Crew Clear time - % of delays over 15 mins in Ambulance being ready for next call after handover



continued overleaf

Mixed Sex Accommodation 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.

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 March 2014:

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: Although STHFT's number of breaches have remained the same in Quarter 3 as in Quarter 2, SCHFT have reported 1 more; therefore the combined position had risen slightly and the measure has been given an amber rating. The CCG will pick this issue up with SCHFT via the usual contracting route.

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



Additional for 13/14:
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.

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: Although Sheffield CCG is committed to working with local providers to minimise the number of infection cases in 2013/14, the challenging target of 163 cases will almost certainly be exceeded.

For the 11 cases reported in January for Sheffield CCG:

- 4 are attributable to STHFT (all 4 of their reported cases)
- 3 are community associated, with a hospital admission in the last 56 days
- 4 are community associated, with no recent hospital contact/admission

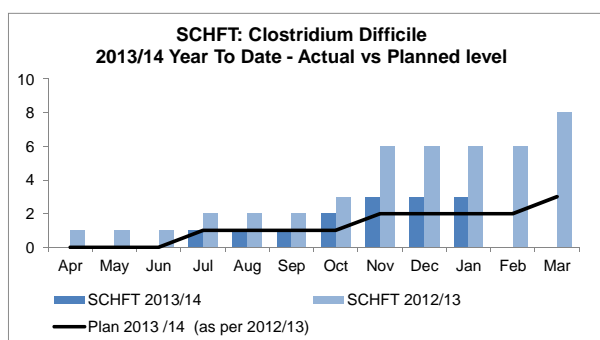
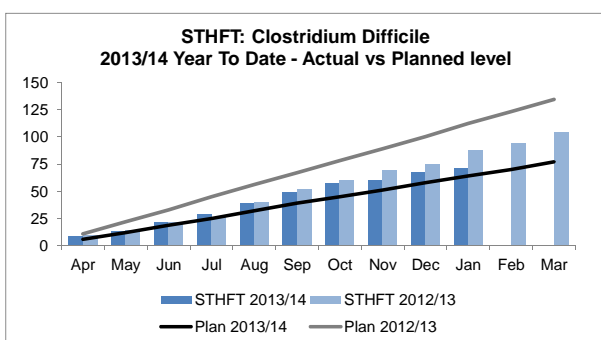
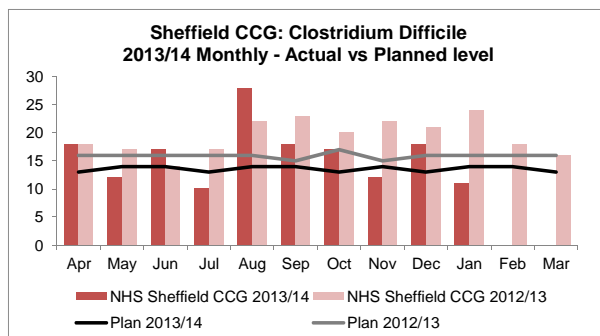
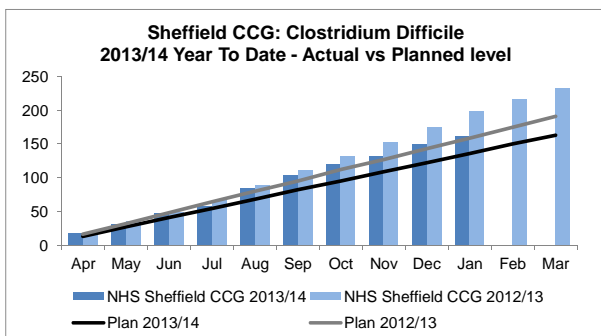
Of the 4 cases reported in January for STHFT, all occurred on separate wards. 3 of the wards have not had other cases, but 1 ward had a previous case in the past few months; samples have been sent for ribotyping to establish potential linkage of cases.

No cases have been reported in January for SCHFT.

MRSA: No cases of MRSA bacteraemia have been reported for January. As 3 cases attributable to the CCG have been reported to date - 1 in April (STHFT case), 1 in September (Community case) and 1 in November (contaminant STHFT case) - the 'zero tolerance' policy in place for 2013/14 has not been achieved.

This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2013/14 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Jan-13	0	0	0	11	4	0
Number of infections forecast for this month	0	0	0	14	7	0
Number of infections recorded so far in 2013/14	3	3	0	161	71	3
Number of infections forecast for this period	0	0	0	136	64	2



continued overleaf

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 & Social Care NHS Foundation Trust (SHSCFT)

The final report for 136 Warminster Road (SHSCFT Respite Service) following the recent CQC visit on the 23rd January 2014 has now been published and is compliant on all the standards reviewed.

The final report for Forest Lodge (low secure unit) following the recent CQC visit on the 14th January 2014 has also been published and is also compliant on all the standards reviewed.

Ensuring that People have a positive experience of care

Eliminating Mixed Sex Accommodation: There have been no breaches (April-January) at any of the Sheffield-based Trusts, nor attributed to NHS Sheffield from other Trusts, meaning the pledge is currently being met for 2013/14. Please see the NHS Constitution - Rights & Pledges section of this report (page 8) for monitoring of the MSA indicator.

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.*

Quarter 3 FFT has been published and a summary of this information (and charts) is provided over the page.

A&E and Inpatients FFT: Although the combined STHFT Inpatient/A&E score has decreased slightly between Q2 and Q3, this is not believed to be significant and is likely to reflect a level of natural variation and the impact of STHFT successfully increasing their FFT response rate. As the combined score is still well above the 50 that would be classed as excellent, STHFT are still considered to have very good feedback from the FFT.

Maternity FFT: Data for this has now been published and Q3 figures are shown on the next page. Although the response rate is quite low, it should be noted that the FFT in this service only commenced in October 2013 and, as a new process, it may take a little time to build up the FFTs received; it is hoped that an improvement in responses will be demonstrated in future quarters.

Delivery of the nationally agreed FFT rollout plan to the national timetable:

As noted above, the FFT in maternity services at STHFT has now been implemented.

Rollout to Day Surgery/Outpatient Departments and Community - the target to have these in place is not until April 2015, but STHFT are working to implement these by the end of July 2014.

continued overleaf

Ensuring that People have a positive experience of care

- continued

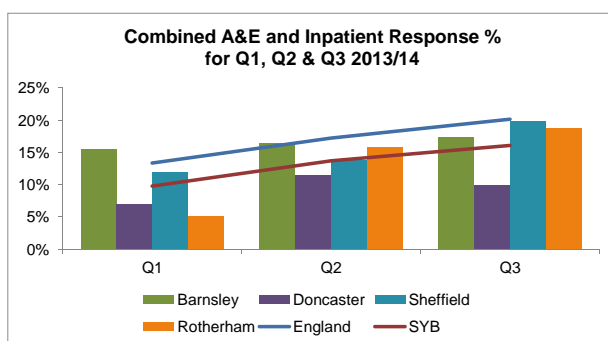
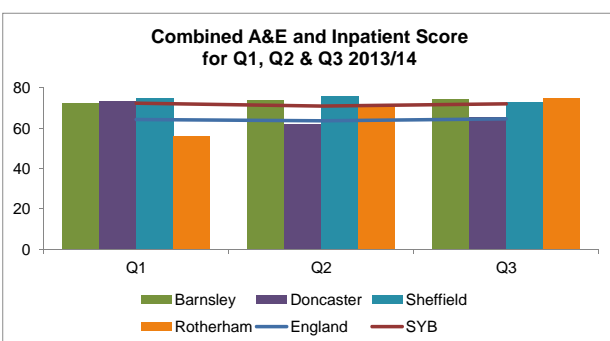
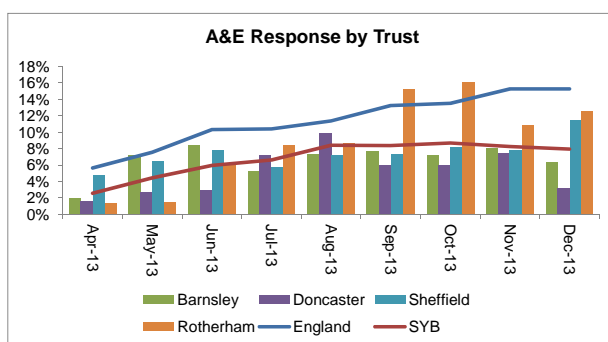
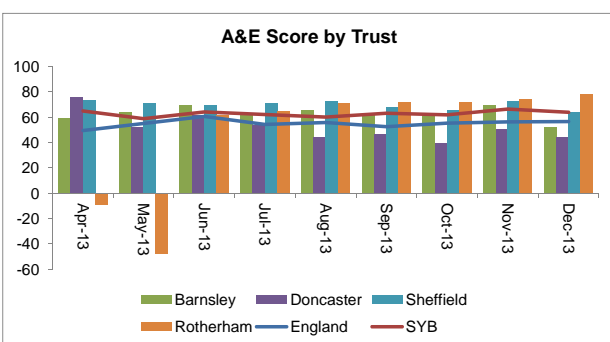
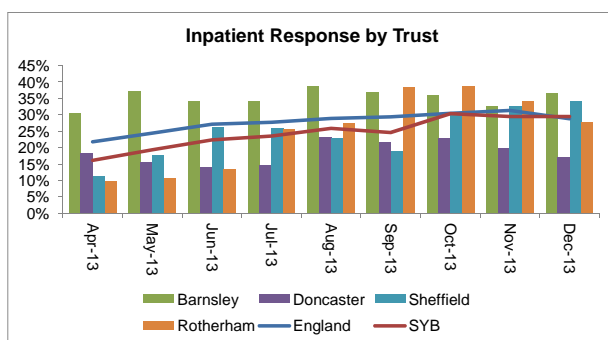
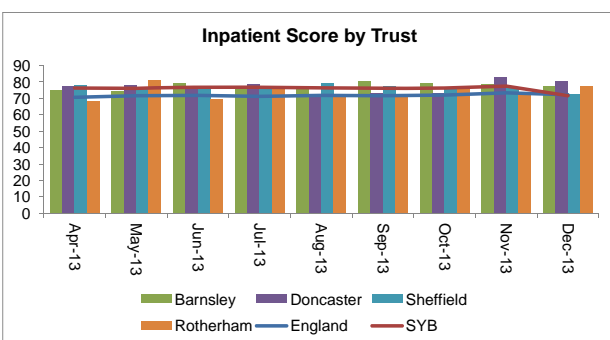
Patients have a choice of 5 responses as to whether they'd recommend: "extremely likely", "likely", "neither likely nor unlikely", "unlikely" or "extremely unlikely". There are two key targets within the process:

- 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 - expected minimum response rate is 15%)

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 %).

- Overall Score for STHFT (A&E and Inpatients) for Q1 - 74.86, Q2 - 75.46, Q3 - 72.88 (England Q3 - 64.60)
- Overall Response Rate for STHFT (A&E and Inpatients) for Q1 - 11.84%, Q2 - 13.67%, Q3 - 19.71% (England Q3 - 20.30%)
- Overall Score for Sheffield Providers (A&E and Inpatients: includes Claremont & Thornbury) for Q3 - 76.15
- Overall Response Rate for Sheffield Providers (A&E and Inpatients: includes Claremont & Thornbury) for Q3 - 20.30%
- Maternity Score (Questions 1-4 combined) for Q3 - 72.8 (England Q3 - 69.86)
- Maternity Response Rate (Questions 1-4 combined) for Q3 - 6.82% (England Q3 - 15.83%)

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

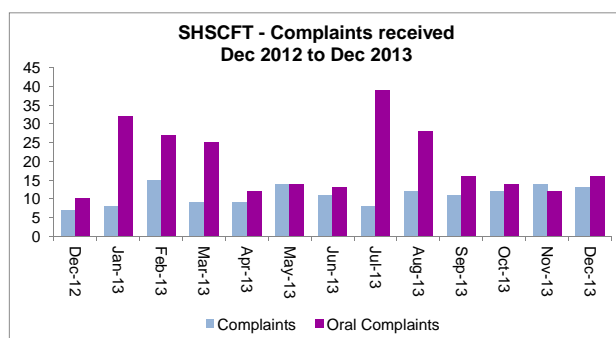
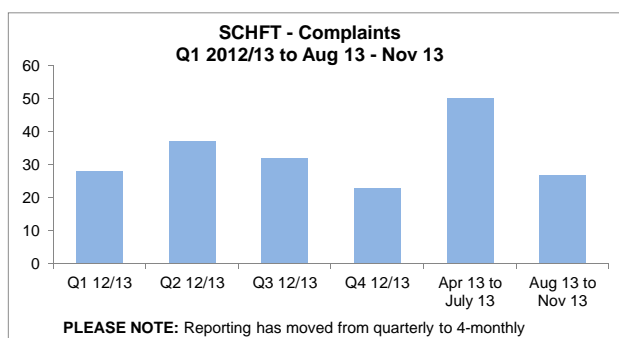
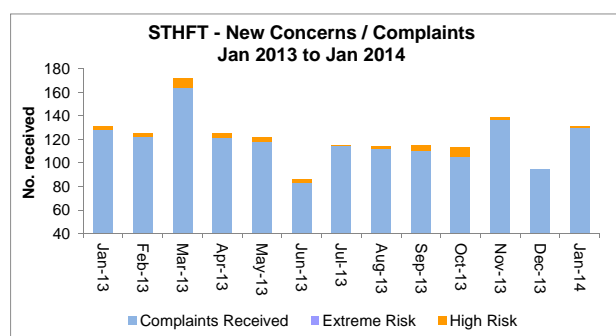


Patient Experience of NHS Trusts

Patient Complaints

Reasons for Complaints:	
STHFT Dec 12 - Jan 14	Attitude Appropriateness of medical treatment General nursing care Communication with patient
SCHFT Aug 13 - Nov 13	All aspects of clinical treatment Attitude of staff - medical Appointments - delay or cancellation
SHSCFT * July 13 - Sep 13	All aspects of clinical treatment Attitude of staff

* Sheffield Health and Social Care NHS Foundation Trust



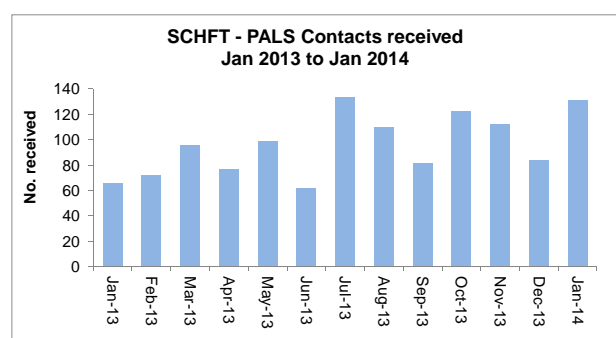
Patient Compliments

STHFT: 67 letters of thanks were received in January 2014, bringing the total so far in 2013/14 to 565.

SHSCFT: 21 compliments were received in December 2013, bringing the total so far in 2013/14 to 747.

Patient Advice and Liaison Service (PALS) Contacts

Reasons for PALS Contacts:	
SCHFT Jan 13	Care and treatment (31) Support (29) Parking (18)



Further Information

STHFT: The number of complaints increased from 95 in December 2013 to 130 in January 2014. This is consistent with the number received in January 2013. The Trust aims to respond to 85% of complaints within 25 working days; 64% of complaints that were closed during January 2014 met this target. Work is underway to clear a backlog of open complaints, resulting in a higher proportion of complaints that are closed each month having been open for over 25 days.

SCHFT: From August 2013 to November 2013, the Trust received 27 complaints; 46% less than April 2013 to July 2013. A full review is underway in relation to the management of formal complaints within the Trust. The number of PALS contacts increased in January 2014; the increase is primarily related to parking (18).

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.

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

Clostridium Difficile - Performance Update and Benchmarking

Sheffield CCG's aim to have no more than 163 cases of Clostridium Difficile (C.Diff) infections in 2013/14 is more challenging than the commitment of 191 in 2012/13. Although committed to working with local providers to minimise the number of infection cases, this will almost certainly be exceeded.

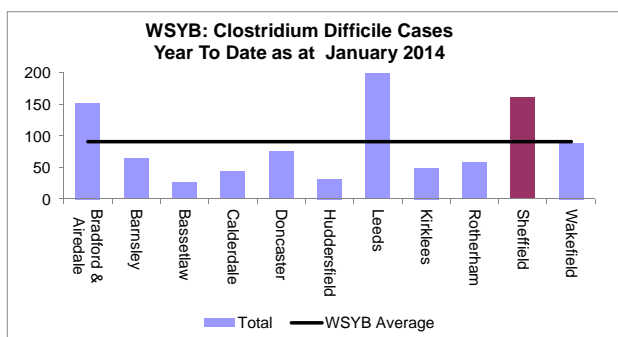
Based on validated data, there have been 161 cases attributable to the CCG so far this year (April 2013 to January 2014) - the forecast level for the same period was 136.

For STHFT, the commitment is no more than 77, compared to 134 last year. The number of cases incurred in January (4) is less than the previous month (7). So far in 2013/14 (April to January) STHFT have had 16 fewer cases (71) than in the same period last year (87).

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.

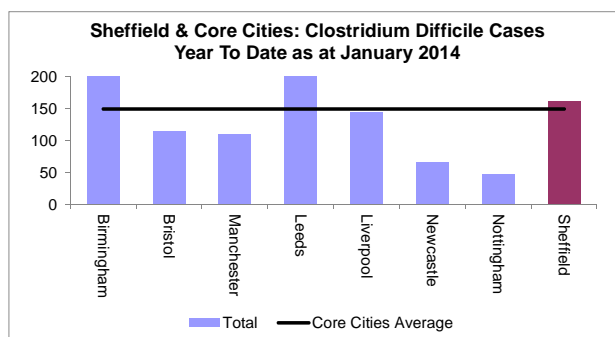
In each of the charts below, Sheffield's position (CCG or STHFT) is distinguished by the **highlighted bar**.

CCG Comparison



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

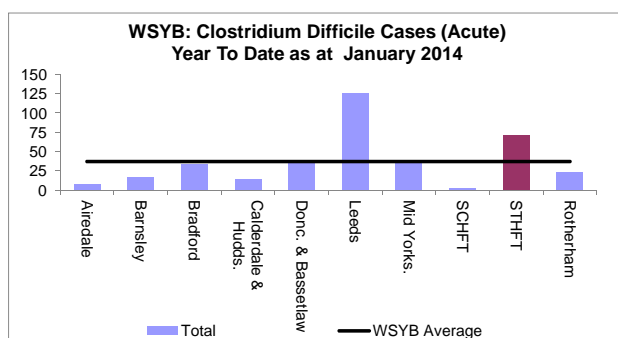
Sheffield is above the regional average of 91.3 C.Diff cases, along with Leeds and Bradford & Airedale.



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

Sheffield is above the core Cities average of 149.1 C.Diff cases, along with Birmingham and Leeds

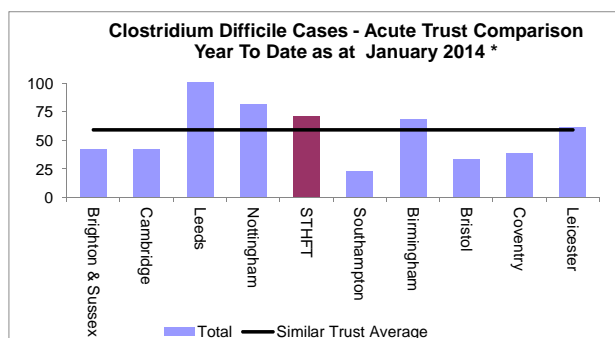
Acute Trust Comparison



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

71 cases have been reported for STHFT against a regional average of 37.2; this equates to 92% of their annual target of 77 cases, with 2 months remaining in 2013/14.

SCHFT have the lowest number of C.Diff cases in the region with 3 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 has the third highest number of C.Diff cases when compared to these Trusts; Leeds and Nottingham have the highest number of cases.

The 71 cases reported at STHFT is higher than the average for the group, of 59.1 cases. Birmingham, Leeds and Nottingham and Leicester are also above the group average.

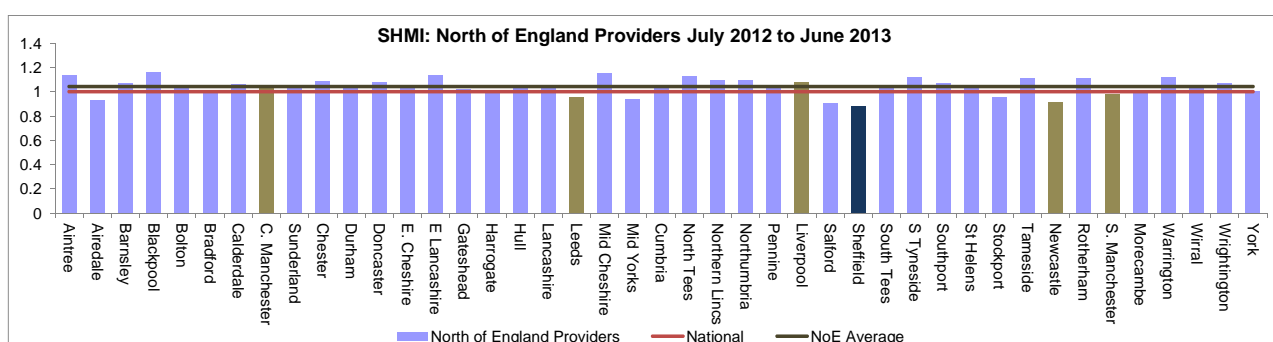
Summary Hospital Mortality Indicator - Performance Update and Benchmarking

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.

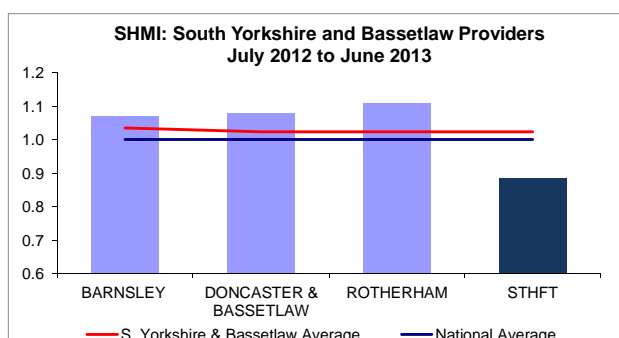
The expected number of deaths is calculated from a risk-adjusted model with a patient case-mix of age, gender, admission method, year index, Charlson Co-morbidity Index and diagnosis grouping.

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 July 2012 to June 2013, at 0.883, is slightly lower than for April 2012 to March 2013 (0.884) and remains below the expected value. This is a positive position for Sheffield residents.



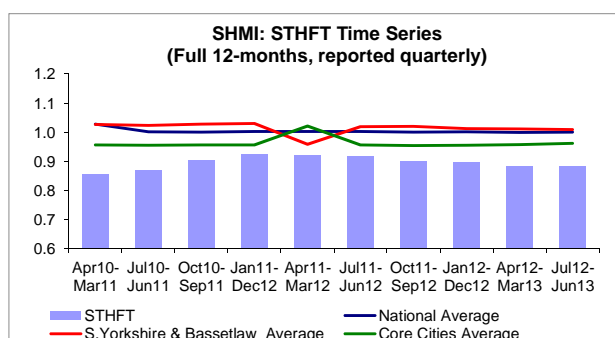
To reflect the new NHS landscape, the above chart shows providers who have submitted data in the North of England (NoE). Sheffield (STHFT) has been distinguished by the **dark blue** bar and the core Cities that lie within the NoE by the **tan** bars.

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 14.2% 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 decreased over the time series and is still better (lower) than expected.

The latest position of 0.883 (Jul-12 to Jun-13) is 0.156% lower than the previous period (Apr-12 to Mar-13).





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 5 clinical portfolio areas - the 5 'portfolios' of this report section. 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 are considering what, if any, additional locally determined measures relating to their priorities are required to measure improvements.

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.

Key to ratings:

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

The Red, Amber, Green (RAG) rating is based on whether a reduction was shown from the previous time period (unless otherwise stated).

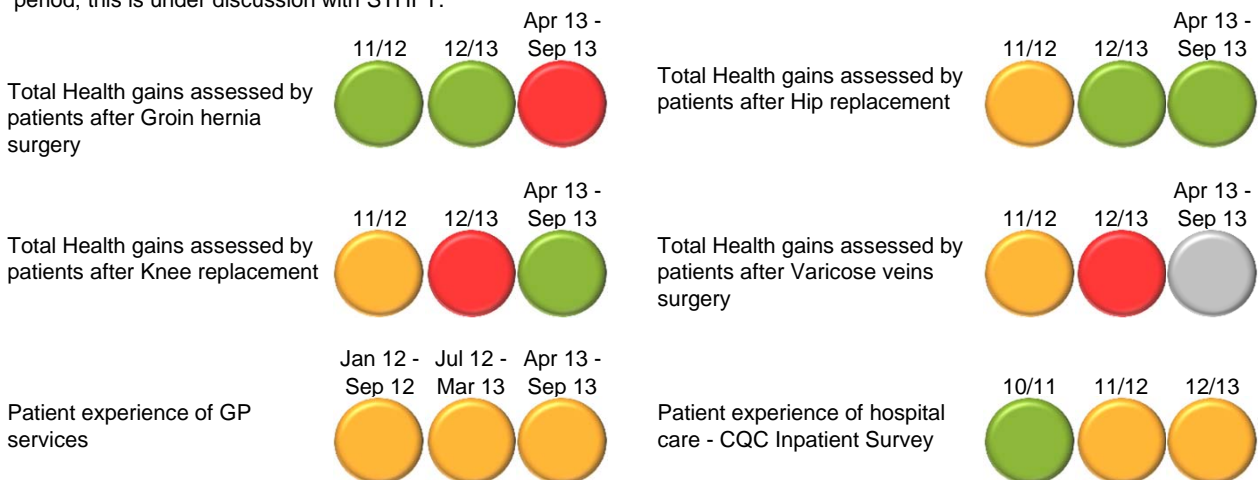
The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year, 2013/14.

Acute Services Portfolio - Elective Care

National required measures

Issues & Actions March 2014:

Patient Reported Outcomes Measures (PROMS) - first 4 indicators below: Please note that these ratings are based on PROVISIONAL Apr-13 to Sep-13 data. Figures for varicose veins are still suppressed by the NHS Health and Social Care Information Centre (HSCIC) as they are small numbers; this is due to the nature of the indicator (it relies on 2 questionnaires, one before the operation and 1 six weeks post-op). The recorded health gain for Groin hernia shows a reduction from the last period; this is under discussion with STHT.



Quality Premium: Locally selected measure

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



For 2013/14, CCGs were required to submit plans nationally for 3 locally selected priorities; the measure to the left is Sheffield CCG's identified **Local Priority 2**.

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 current local score is 87.55%, with any score above 78% being judged nationally as good. As an additional measure, currently 89.7% of people have said they would have surgery again under the same conditions.

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



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

Acute Services Portfolio - Urgent Care

National required measures

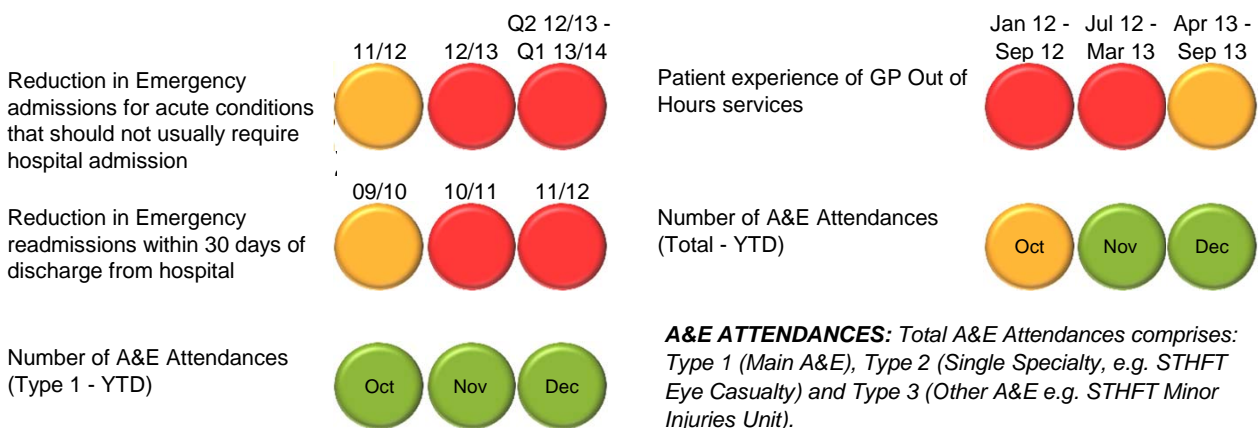
Issues & Actions March 2014:

Reduction in Emergency admissions for acute conditions that should not usually require hospital admission: The Right First Time (RFT) programme 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.

Reduction in Emergency readmissions within 30 days of discharge from hospital: As noted previously, benchmarking information suggests that readmission rates after an acute episode in Sheffield have scope for improvement. This continues to be an area of focus and Public Health colleagues will review this on behalf of the CCG to inform future commissioning priorities.



Locally selected measures

A small number of key indicators relating to urgent care and flow across the system were presented to the Urgent Care Working Group (UCWG) on the 29th January. These indicators had been identified following discussions between representatives of Right First Time, the Urgent Care part of the Acute Services Portfolio and members of the CCG and CSU Information Teams. They are intended to enable a baseline to assess the system's delivery of key changes in the Urgent Care system and progression towards 7 day working to be reported:

1. **Emergency Pressures**
 - Timing of admission from Emergency Department
 - Bed occupancy rates
2. **A&E 4 Hour Target**
3. **Move to 7 day working** - discharges at weekends
4. **Community**
 - Admissions to Intermediate Care (definition under discussion)
5. **Ambulatory Care Sensitive Conditions (ACSC)**
 - Growth in Spells for ACSC
 - Total Bed nights for ACSC
6. **Excess Bed Days**

The UCWG will see measures relating to Community, Ambulance and Primary Care in future iterations of the report.

continued overleaf

Long Term Conditions, Cancer and Older People

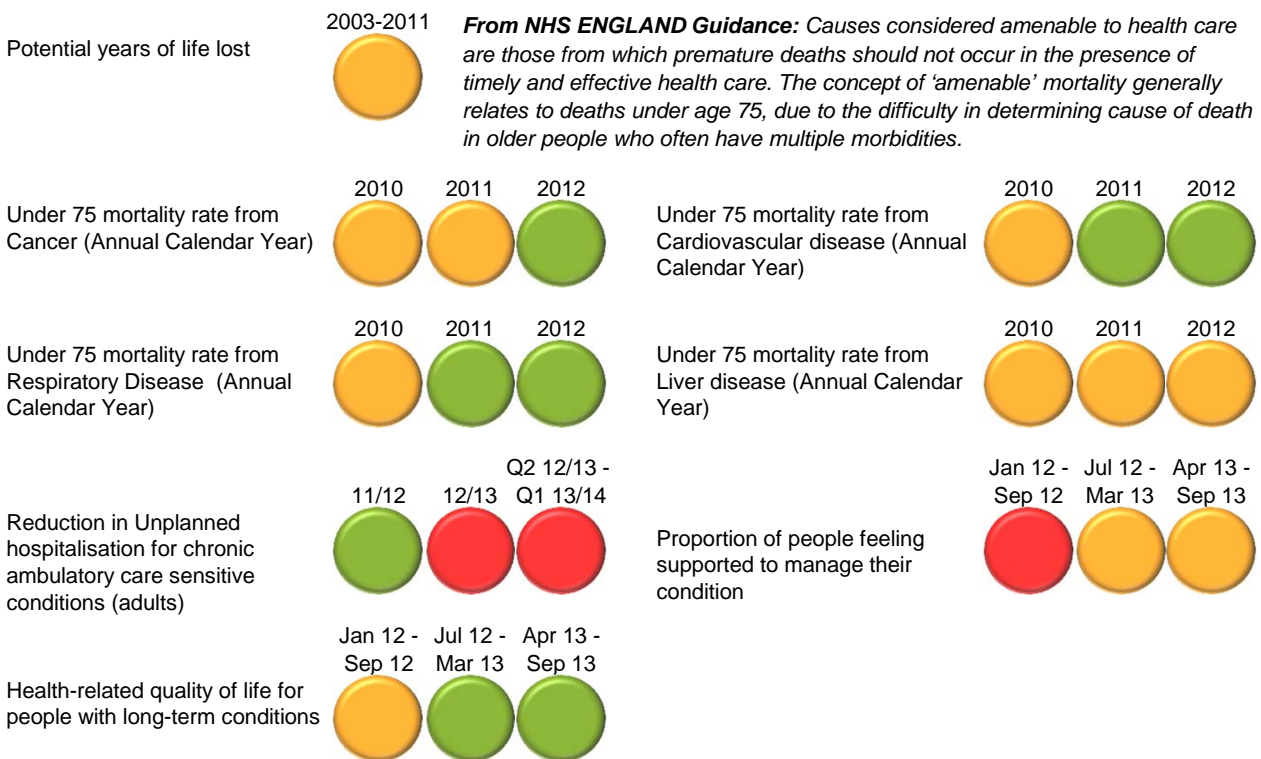
National required measures

Issues & Actions March 2014:

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

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, but it is anticipated that the larger effects would come from service transformational work led by the Right First Time programme.

The CCG has identified community-acquired pneumonias, chest infections (not COPD - chronic obstructive pulmonary disease), UTIs (urinary tract infections) in ages 65+ and fragility as a focus to reduce ACSC & other emergency admissions. This work continues to progress, including on-going data analysis to inform the commissioning priorities and also around both prevention and re-providing services outside of a hospital setting.



Quality Premium: Locally selected measure

Reduction in STHFT/SCHFT Emergency spell bed nights for Ambulatory Care Sensitive Conditions (ACSC) (Sheffield definition)



For 2013/14, CCGs were required to submit plans nationally for 3 locally selected priorities; the measure to the left is Sheffield CCG's identified **Local Priority 1**.

Portfolio: Locally selected measures

GP-led care planning service: As noted previously, almost every practice has signed up and performance monitoring is now in place. An evaluation plan has been agreed by the Learning/Evaluation Group and implementation has begun. This includes a patient survey, of which there will be a preliminary report at the end of March 2014. Training and development continues, including a page on the CCG intranet, providing resources and a forum for debate.

A meeting has been arranged to determine the relationship of the locally-commissioned service with the enhanced service, which is part of the new GP contract for 2014/15.

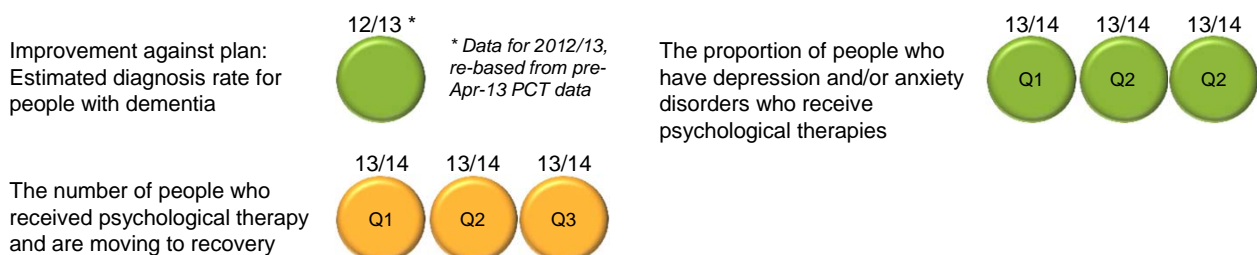
Mental Health, Learning Disabilities and Dementia

National required measures

Issues & Actions March 2014:

The number of people who received psychological therapy and are moving to recovery: The rate has hovered around 47% for some time, slightly under the target of 50%. SHSCFT have a program that has targeted practices that have the lowest moving to recovery rates; this has been positive for those practices. There is a national problem with recruiting to IAPT posts, particularly Psychological Wellbeing Practitioner (PWP) posts - SHSCFT currently have 6 whole time equivalent vacancies for PWPs. PWPs are the group of staff who deliver the majority of interventions; around 70% of patients see a PWP. SHSCFT are actively managing this through the recruitment of trainee PWP staff. This may have an impact on the number of patients moving to recovery in the short term as skills and experience are developed, although it does allow service coverage to be maintained across the city.

It is helpful to show the CCG position in some context. National quarterly estimated figures published by the NHS Health and Social Care Information Centre (HSCIC) show the % moving to recovery at around 43% for Q1 and 44% for Q2 - the CCG was at 48.47% and 47.10% respectively.



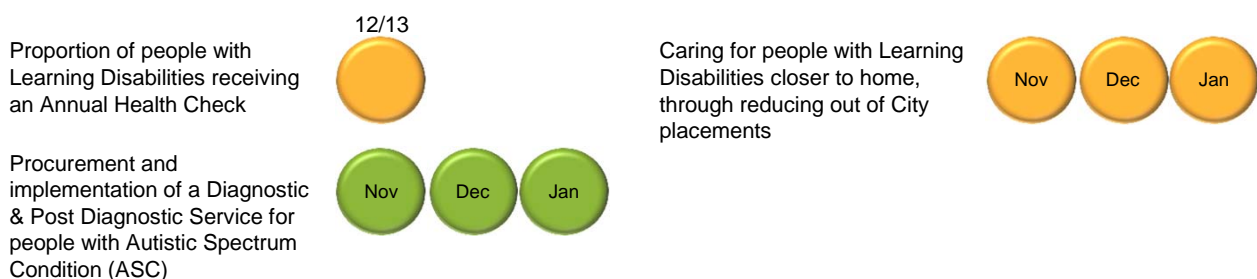
Locally selected measures

Issues & Actions March 2014:

Proportion of people with Learning Disabilities (LD) receiving an Annual Health Check (AHC): From the annual figures submitted to the NHS Health and Social Care Information Centre, the proportion was 48.0% in 2011/12 and 42.3% in 2012/13, illustrating a reduction year-on-year. The CCG have looked at 2013/14 in-year data and this equates to 19.9%; this remains a concern with numbers of AHCs so far remaining low. As noted previously, the CCG will develop an action plan to encourage uptake of the AHC, including communicating with General Practices and work which commenced in January on a North freed-up resource project to look at improving access to people with LD to Primary Care. The latter will give recommendations that the CCG can implement from April onwards in order to improve the likelihood of an increased response next year.

Reducing LD Out of City Placements: Numbers of people who need to return to live in the city by June 2014 have now been confirmed (currently 6 people). Additionally, the CCG have identified who else out of city may return in coming years, in a phased implementation. The CCG continues to work with the Local Authority to ensure that plans to return people appropriately are progressed. The CCG remain at amber, as accommodation and local complex needs provider availability continues to be a pressure, in addition to the impact of Local Authority restructuring and financial pressures, which makes agreeing packages of care more challenging.

Procurement and implementation of a Diagnostic & Post Diagnostic Service for people with Autistic Spectrum Condition (ASC): The service is in place and accepting referrals and recruitment is progressing with recent appointment of a team leader and consultant psychologist.



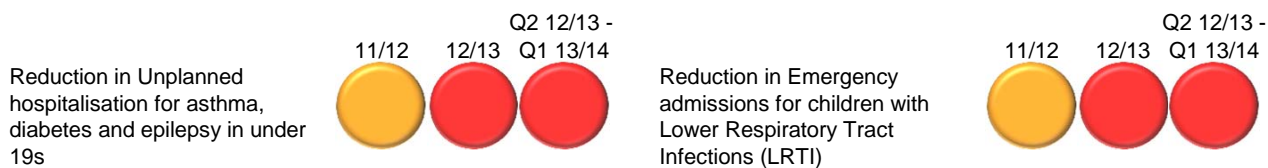
Children and Young People

National required measures

Issues & Actions March 2014:

Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s - As noted last month, trend and variation in activity is being reviewed against management pathways within community services and will be considered as part of the plan around Children's urgent care pathways.

Emergency admissions for children with Lower Respiratory Tract Infection (LRTI) - Guidelines for the management of Low Birth Weight are being developed between the Trusts, which should enable more consistent management of under 5s. Guidelines for the management of Bronchitis have been consulted on via the clinical reference group; these will soon be implemented within primary care. Detailed work is being undertaken with SCHFT to understand the local position relating to high recorded emergency admission for LRTI compared to other areas nationally. This will include how data is recorded and the impact of the use of the paediatric assessment unit in Sheffield. In addition, a recent PLI (protected learning initiative) event focussed on the management of respiratory conditions in children.



Quality Premium: Locally selected measure

Reduce the average waiting times in Speech & Language Therapy (SALT) at SCHFT from 21 weeks



For 2013/14, CCGs were required to submit plans nationally for 3 locally selected priorities; the measure to the left is Sheffield CCG's identified **Local Priority 3**.

Portfolio: 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 March 2014:

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 last month, 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: As noted last month, the findings of the Maternal Services Liaison Committee user survey and consultation will be considered in April and inform further work on the best start bid and pathways for care in maternity services.

Parents' experience of Services for disabled children: Yet to be defined; this will be 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.

Elective first finished consultant episodes (FFCEs)
(Year to Date position)



All first outpatient attendances
(Year to Date position)







Non-elective FFCEs
(Year to Date position)



The CCG's Commissioning Intentions for 2013/14 sets out our approach to quality improvement, service redesign and innovation, which contribute to delivering the system reform and improved patient experience aspects of QIPP.

Our QIPP delivery will include some key quality and financial benefits from the Right First Time city wide programme. Achievement of financial return on investment is addressed in the Finance Report to the Governing Body. The measures identified below are focussed on Quality and Outcomes.

Key to ratings:

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

Continuing Health Care (CHC)

Continuing Health Care (CHC) is a package of care (health and social care, to meet their reasonable requirements) provided for an adult over an extended period, to meet physical or mental health needs that have arisen as a result of illness, including some people who may be nearing the end of their life. Eligibility for an episode of CHC is assessed, by CHC nurses, using a nationally produced decision support tool. Some patients near the end of life may be fast-tracked for eligibility for CHC.

The CCG is committed to ensuring that these services provide the appropriate level and quality of care to meet clients' needs, whilst ensuring value for money for the public purse.

Issues and Actions March 2014:

Work continues to progress in the key priority areas for CHC.

Indicator Development

As noted previously, two suggested measures for CHC have been identified and are included below.

Although rated in October, the second measure has reverted to grey. As noted last month, the Commissioning Support Unit has encountered a further problem with monitoring this measure. October's performance was calculated manually. A system has been put in place to calculate this going forward; however, the process does not appear to be calculating the data correctly and we are therefore still unable to report on the measure this month.

Improved experience for patients, families and carers, by ensuring the majority of assessments of eligibility for an episode of CHC are completed within 28 days. The aim for 2013/14 is to achieve, by year end, at least 70% of assessments being completed within 28 days



Improved patient experience of assessment processes for those who may be nearing the end of their life, by ensuring at least 90% of 'fast-track' assessments of eligibility for CHC are completed within 24 hours



continued overleaf

Right First Time (RFT)

In 2013/14, the RFT partnership programme will continue to focus on reducing avoidable emergency admissions and excess lengths of stay for frail elderly people. In addition, the programme will also focus on the physical health needs of patients with serious mental illness. Lastly, the programme will work to create a more effective urgent care system (A&E and acute assessment) for adults and children.

Issues & Actions March 2014:

Supporting admission avoidance, keeping people well and at home: In March, the Right First Time Programme Board will be asked to support an evaluation plan that will assess the impact of risk stratification, care planning, Community Support Worker roles and a range of other inputs into the programme on admission avoidance. The evaluation will be completed by the end of September 2014.

Reducing Delays and Length of Stay (LOS): In addition, the Board will be asked to agree a separate evaluation plan for the inputs in the programme aimed at reducing LOS, primarily intermediate care (IC). This report will be completed by June 2014 to help inform the integrated commissioning theme with Sheffield City Council regarding IC and reablement. There has been significant pressure in the system, with increased reported Delayed Transfers of Care (delayed discharges from hospital) that has resulted in very close cross-system working. The new reablement pathways (bed-based and home-based) are working to full capacity and the challenge is improving the flow through them. Current average wait for home-based rehabilitation is 7.2 days and over 10 days for an IC bed.

Primary Care Stream (PCS): The pilot is now producing good evidence of impact at weekends and steps are now being taken to improve the coverage in the weekdays. The next step will be to test primary care led streaming for walk-ins.

PLEASE NOTE: The measures below (with the exception of Reduction in short stay, which is SCHFT) relate to Sheffield patients being treated in STHFT and are monitored against locally derived plans.

The Reduction in Children's short stay admissions measure below was being based on information for all admissions but, as of 23rd October 2013, this measure has been confirmed definitively as relating to the GP-referred admissions only. Red Amber Green (RAG) ratings have been adjusted accordingly and therefore differ from the position reported previously.

Reduction in emergency admissions (spells) in 6 key specialties between October 2013 and March 2014 of 1,502 spells



Reduction in excess bed days (days over the expected amount for a given procedure) by 5,200



NOTE: Amendment to description, following further clarification of measure.

Reduction in unnecessary A&E attendances by 7,000



Reduction in Children's short stay (less than 2 days) admissions by 350



continued overleaf

Acute Services - Elective

The elective care QIPP programme is focussed on transforming outpatient services and some inpatients services, so that patients receive services when clinically appropriate, by the relevant clinician and in the most appropriate location.

Patients will continue to have access to specialist services and expertise in hospital when clinically needed, with some care delivered in a different location to a hospital and, in some cases, taking advantage of technology to provide on-going review and monitoring of their condition. These initiatives are designed to support primary care to make informed clinical decisions about the appropriate care pathway for their patients.

Issues & Actions March 2014:

Primary Care Referral Education Support for Sheffield (PRESS) Portal: The new version of the portal has been released. The changes incorporated within the new version were based upon GP and practice staff user feedback to the beta-test version. Responses to the new site have been very positive.

The Referral Education and Support (RES) peer review service: Whilst usage of the service by the wide-scale membership remains low, there has been a 15% rise in referrals during January. The percentage of referrals recommended for continued primary care without onward referral to secondary care remains above 20%.

Joint Clinical Discussions and Service Transformation Reviews: Robust joint clinical discussions are key to the portfolio's ability to achieve its aims to transform outpatient services over the coming years. The CCG continues to work with the Trust (STHFT) to agree the approach for 14/15 and the role of the overseeing the Joint Working Group.

Indicator Development

Financial and activity impact of elective QIPP schemes is undertaken through contract monitoring. The measures below are locally determined to complement contract monitoring and measure the success of the individual schemes:

Usage of Sheffield CCG
Referral & Education Portal



Impact of using Sheffield CCG
Referral & Education Portal
measured through feedback
from users



Usage of Referral, Education,
Support Service



Outcomes from peer review of
referrals (i.e. compliance with
local pathways, consultant input
required, continuation of care in
primary care)



Progress of programme of Joint
Clinical Discussions and Service
Transformation reviews



Outcomes from Joint Clinical
Discussions and Service
Transformation Reviews (i.e.
action plans agreed for service
change and implementation)



continued overleaf

Medicines Management

Medicines remain the most frequent therapeutic intervention offered by the NHS and their costs; both direct and indirect account for more than 15% of the CCG budget.

The Medicines Management Team (MMT) work to ensure that patients in Sheffield are treated with safe, clinically effective, evidence based medicines that deliver value to patients and the health economy. The team work within GP practices and input into interface groups to develop a shared approach (including a comprehensive formulary) to the use of medicines across primary and secondary care.

The Medicines Management Team continue to make good progress in all three areas of work; fentanyl prescribing, reviewing patients on a combination of aspirin with clopidogrel, prasugrel or ticagrelor and supporting practices with the NPSA insulin alert.

Having nearly completed work in these areas, the MMT continue to support practices in other areas to promote safe and effective prescribing. Examples of the work the team have been involved in include; carrying out a methotrexate audit in line with NPSA and Shared Care Protocol advice, reviewing patients on diclofenac in line with the latest MHRA advice. The team have completed this work in over two thirds of practices. The MMT also continue to support practices around the GP care home LES (Locally Enhanced Service), working collaboratively to review patients' medication regimes to improve quality and safety in prescribing.

Opioid prescribing (pain relief):
MMT will identify all patients prescribed fentanyl patches and ensure that practices are fully compliant with all current Medicines and Healthcare Products Regulatory Agency (MHRA) guidance and Care Quality Commission (CQC) recommendations



Insulin prescribing: MMT will identify all patients being prescribed insulin and will ensure that practices are fully compliant with the National Patient Safety Agency (NPSA) alert, including use of an appropriate insulin passport



Cardiovascular disease (CVD):
Patients prescribed combined therapies (combinations of clopidogrel and prasugrel with aspirin) will be reviewed by the team, to ensure appropriate prescribing to reduce risk of harm. This is in line with the Sheffield guidelines for the use of anti-platelets in the prevention and treatment of CVD



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 2013/14' divided, where appropriate, into portfolios.

Where possible, the RAG rating is against January 2014 performance as at the 24th February 2014 - year to date where appropriate.

58 indicators are reported below.

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

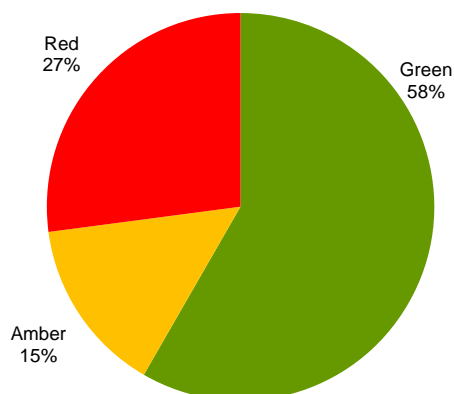
N/A - The indicator is not applicable to this Trust

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

% seen/treated within 18wks - Admitted pathway
 % seen/treated within 18wks - Non-Admitted pathway
 % still not seen/treated within 18wks - Incomplete Pathway
 Number waiting 52+ weeks - Admitted pathway
 Number waiting 52+ weeks - Non-Admitted pathway
 Number waiting 52+ weeks - Incomplete pathway

CCG	STHFT	SCHFT
91.07%	90.87%	93.39%
96.19%	96.12%	97.15%
93.21%	92.99%	95.27%
0	0	0
0	0	0
0	0	0

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test

98.43%	98.40%	98.55%
--------	--------	--------

Cancer Waits (YTD)

% seen within 2 weeks - from GP referral to first outpatient appointment
 % seen within 2 weeks - as above, for breast symptoms
 % treated within 31 days - from diagnosis to first definitive treatment
 % treated within 31 days - subsequent treatment (surgery)
 % treated within 31 days - subsequent treatment (drugs)
 % treated within 31 days - subsequent treatment (radiotherapy)
 % treated within 62 days - following an urgent GP referral
 % treated within 62 days - following referral from an NHS screening service
 % treated within 62 days - following Consultant's decision to upgrade priority

94.59%	94.48%	100.00%
97.37%	97.22%	N/A
99.01%	98.42%	100.00%
97.73%	97.99%	N/A
100.00%	99.95%	100.00%
99.85%	99.68%	N/A
91.98%	88.28%	N/A
97.59%	96.01%	N/A
95.81%	92.96%	N/A

Activity

Number of Elective Admissions (FFCEs) (YTD)
 Number of First Outpatient Attendances (YTD)
 Number of Cancelled Operations offered another date within 28 days

55717	48631	3843
130779	119312	5150
N/A	1	2

Quality Standards

Patient Reported Outcome Measures (PROMs) - Hip replacement
 Patient Reported Outcome Measures (PROMs) - Knee replacement
 Patient Reported Outcome Measures (PROMs) - Groin hernia
 Patient Reported Outcome Measures (PROMs) - Varicose veins
 Patient overall experience of GP Services
 Patient experience of hospital care
 Friends and Family test: Inpatient - Response (QTR)
 Friends and Family test: Inpatient - Score (QTR)
 Friends and Family test: A&E - Response (QTR)
 Friends and Family test: A&E - Score (QTR)

0.425	N/A	N/A
0.328	N/A	N/A
0.066	N/A	N/A
0.056	N/A	N/A
85.80%	N/A	N/A
77.30%	WIP	WIP
	34.11%	
	75.02	
	9.37%	
	66.83	

Footnotes:

¹ Friends and Family Test:

- Response rated against a national target of 15%; Score rated against the national average, as currently no set target

continued overleaf

Appendix A: Health Economy Performance Measures Summary

Acute Services Portfolio - Urgent Care

Non Elective Care (Right First Time/Long Term Conditions)

% seen/treated within 4 hours of arrival in A&E (YTD)	CCG	STHFT	SCHFT
Emergency Readmissions within 30 days	*	95.56%	97.60%
Non-elective Admissions (FFCEs) (YTD)	12.48%	N/A	N/A
Number of attendances at A&E departments - Type 1 (YTD) ¹	46575	37758	6312
Number of attendances at A&E departments - Total (YTD) ¹	125264	86592	38300
Unplanned Hospitalisation for chronic ambulatory care sensitive conditions	147756	110181	38300
Emergency admissions - acute conditions that should not require admission	985.7	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	1495	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI)	279	N/A	N/A
Urgent Operations cancelled for the second time	805	N/A	N/A
Patient overall experience of out of hours GP Services	N/A	0	0
	69.17%	N/A	N/A

Yorkshire Ambulance Service (YAS) Ambulance Response Times

Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest) ³	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) ³	81.02%	N/A	N/A	78.19%
Category A response in 19 mins ³	76.76%	N/A	N/A	75.50%
Ambulance handover: % handovers to A&E within 15mins ²	98.66%	N/A	N/A	97.36%
Crew Clear: % post-handovers (ambulance ready for next call) within 15mins ²	*	79.7%	95.1%	84.0%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	85.3%	87.1%	77.0%
	*	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

Potential years of life lost (PYLL)	CCG
Under 75 mortality rate from Cardiovascular Disease (CVD) per 100,000	2.62%
Under 75 mortality rate from Respiratory Disease per 100,000	73.75
Under 75 mortality rate from Cancer per 100,000	24.55
Under 75 mortality rate from Liver disease per 100,000	131.57
Proportion of people feeling supported to manage their condition	16.58
Health-related quality of life for people with long-term conditions	68.85%
	54.35%

Mental Health, Learning Disabilities and Dementia

Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	SHSCFT
Proportion of people entering psychological treatment against the level of need in the general population	98.44%
The proportion of people who are moving to recovery, following psychological treatment	11.29%
Estimating the diagnosis rate of people with dementia (NB: estimated figure using locally-available data)	47.67%
	68.10%

Quality Standards

Health Care Acquired Infections (HCAI)

MRSA bacteraemia (YTD)	CCG	STHFT	SCHFT	SHSCFT
Clostridium Difficile (C Diff) (YTD)	3	3	0	N/A
Mixed sex accommodation breaches (YTD)	161	71	3	N/A
	0	0	0	0

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 January, there have been 1,179 home treatment interventions against a 12-month target of 1,202. This equates to 17.7% more patients benefiting from this service than originally planned by the end of January.

2. CPA 7 day follow up: January's monthly performance is 100%, bringing the YTD performance to 98.44%, above the 95% target. 2 patients were not followed up in Quarter 3, 1 due to staff sickness and 1 due to a patient who DNA'd and staff were unable to contact the patient, despite repeated efforts. The latter has now been seen.

3. Psychosis intervention: Activity over the last year is more closely aligned to the target thresholds. New Community Mental Health Team (CMHT) models have reduced the numbers of dedicated Early Intervention Service (EIS) cases over the Q3 period, which is being reviewed in light of the new service pathways.

4. Psychological therapy services:

- The quarter 3 performance for the proportion of patients receiving psychological therapy continues towards target level; with 11.29% as at the end of quarter 3 against the half-way plan of 11.25%, good progress is being made towards 15% by the end of 2013/14.
- With regards to the proportion of patients having completed treatment that are moving to recovery - please see the Mental Health, Learning Disabilities and Dementia section of Best Possible Health Outcomes (page 18).

SHSCFT Indicators

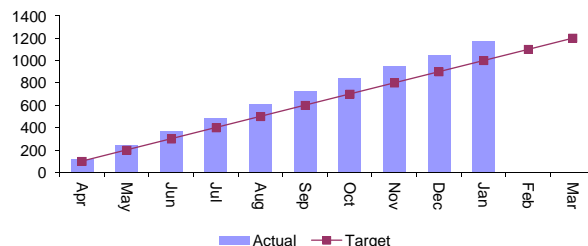
All indicators are Year to date

	Target	December	January	Change
Crisis Resolution / Home treatment	1202	1050	1179	▲
Psychosis intervention - New cases	90	86	93	▲
Psychosis intervention - Maintain Capacity	270	176	174	▼
CPA 7 day follow up	95%	98.20%	98.44%	▲
Anxiety/depression:		Q2	Q3	
% receiving Psychological therapy	15%	8.52%	11.29%	▲
Psychological therapy pts. move to recovery	50%	47.92%	47.67%	▼

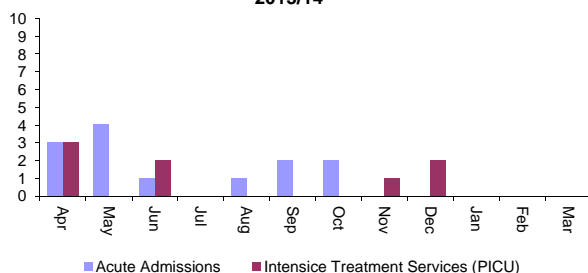
SHSCFT: % of CPA Clients followed up within 7 days - 2013/14



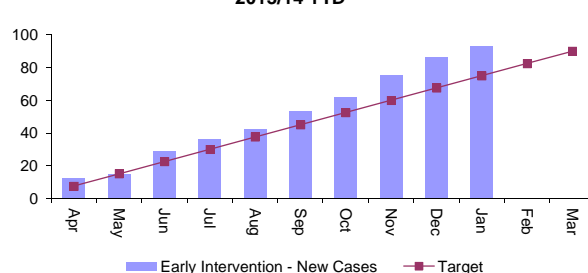
SHSCFT: Crisis Resolution Home Treatment Episodes - 2013/14 YTD



SHSCFT: Admissions referred out of Sheffield 2013/14



SHSCFT: Early Intervention - new cases accepted 2013/14 YTD



APPENDIX B: Ambulance Trust Performance Measures

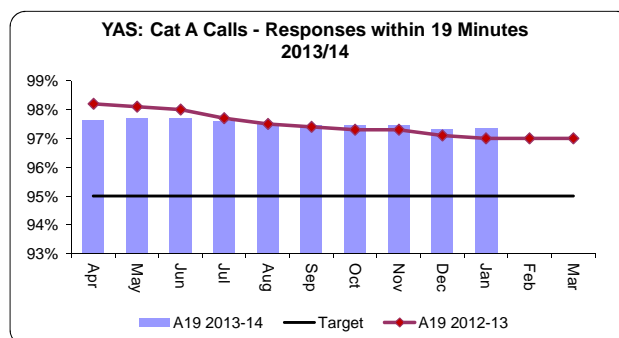
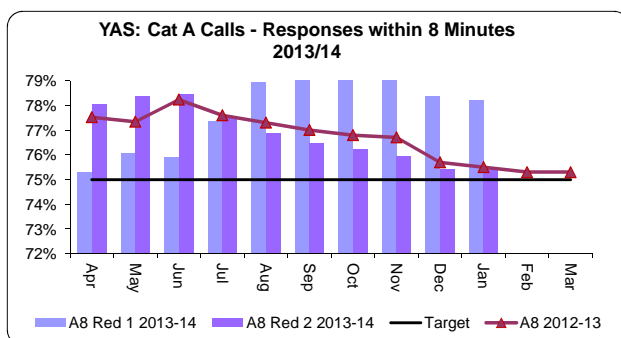
Yorkshire Ambulance Service

For January 2014, both the Category A 8 minute (Red 1 & Red 2) and 19 minute targets continued to be achieved at the Yorkshire Ambulance Service (YAS) Trust level. Performance is formally reviewed monthly by commissioners at the Yorkshire & Humber 999 Contract Management Board. (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: YAS remain above 75% YTD on their red targets, but failure to meet their green targets (with the exception of G4) in 2013/14 remains a considerable cause for concern. (G1 & 2 - serious but non life-threatening, G3 & 4 - non life-threatening.). YAS have indicated that the G1-3 targets will not be achieved in 2013/14. Commissioners are addressing the issue with YAS as part of the on-going contract negotiations for 2014/15.

An action plan for an improved and sustainable level of Red performance in 2013/14 has been agreed with YAS and at the time of writing YAS appear to be on course to achieve their Red service standards for the year as a whole by end March 2014.

YAS Indicators	Target	December	January	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	78.38%	78.19%	▼
Cat A 8 minutes Red 2 (YTD)	75%	75.43%	75.50%	▲
Cat A 19 minutes (YTD)	95%	97.33%	97.36%	▲



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	November	December	Monthly Change
Re-contact after discharge (Phone)		7.6%	6.9%	▼
Re-contact after discharge (Treatment at scene)		4.6%	4.4%	▼
Re-contact after discharge (Frequent Caller)		1.9%	1.8%	▼
Time to answer call (Median)	5 sec	1	1	◄►
Time to answer call (95th Percentile)		20	30	▲
Time to answer call (99th Percentile)		63	81	▲
Time to treatment (Median)		5.7	5.9	▲
Time to treatment (95th Percentile)		14.1	15	▲
Time to treatment (99th Percentile)		21.1	23	▲
Call closed with advice (Phone advice)		4.0%	4.2%	▲
Call closed with advice (Transport)		29.9%	30.3%	▲
Clinical Indicators				
Outcome from Cardiac Arrest (CA) All		August 23.8%	September 20.9%	▼
Outcome from CA Utstein Group (UG)		50.0%	45.2%	▼
Outcome from acute STEMI Angioplasty		82.2%	90.8%	▲
STEMI Care Bundle		87.1%	89.5%	▲
Outcome from Stroke 60 min to Stroke Unit		60.7%	64.6%	▲
Stroke - Appropriate Care Bundle		97.7%	97.7%	◄►
Outcome from CA - Survival to Discharge All		11.3%	10.2%	▼
Outcome from CA - Survival to Discharge UG		37.0%	48.1%	▲
Service Experience		N/A	N/A	

APPENDIX C: Contract Activity



Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 10, Apr 2013 - Jan 2014

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

Outpatient First Attendances: 4.2% above plan
 Outpatient Follow-ups: 4.6% above plan
 Outpatient Procedures: 13.3% above plan

Inpatient Elective Spells: 2.4% above plan
 Inpatient Non-elective Spells: 5.7% above plan
 A&E Attendances: 3.8% above plan

Figure 1: Referrals¹

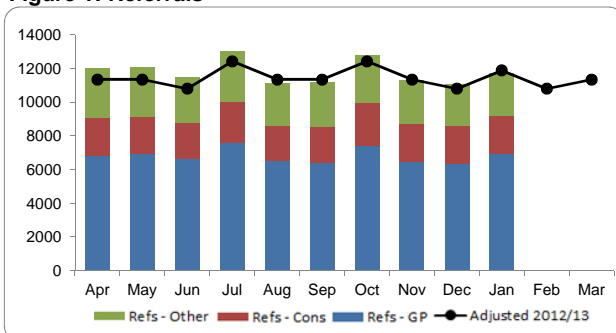


Figure 4: Electives

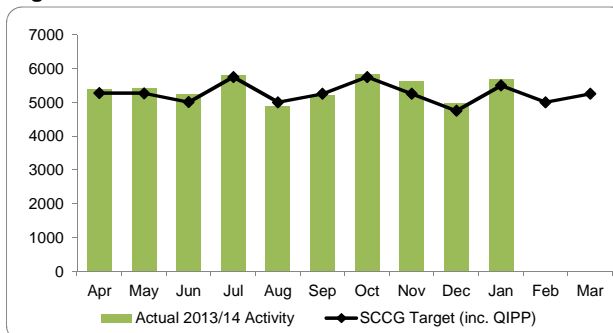


Figure 2: Firsts²

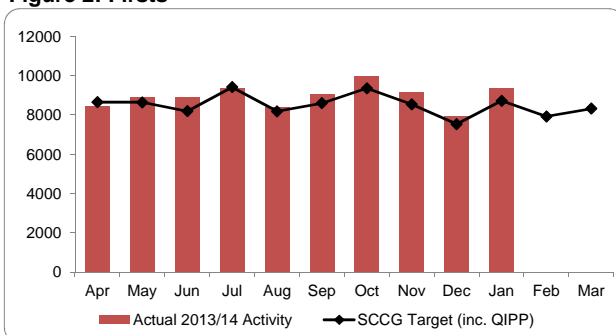


Figure 5: Non-Electives

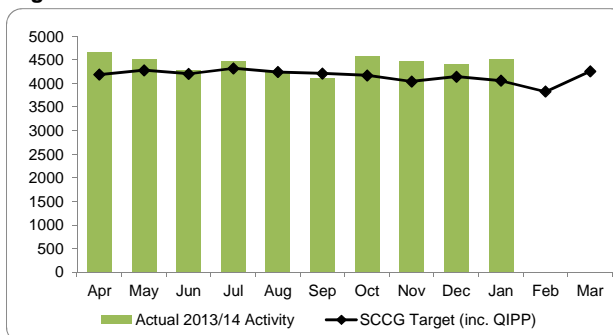


Figure 3: Follow-ups

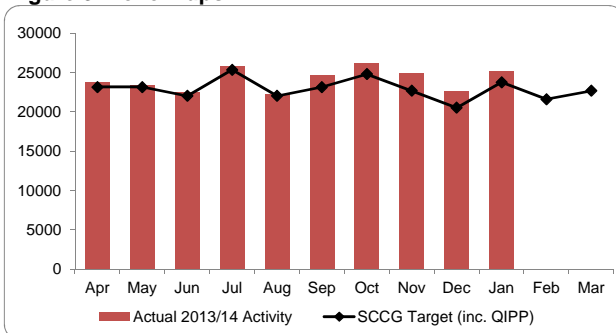


Figure 6: Accident and Emergency

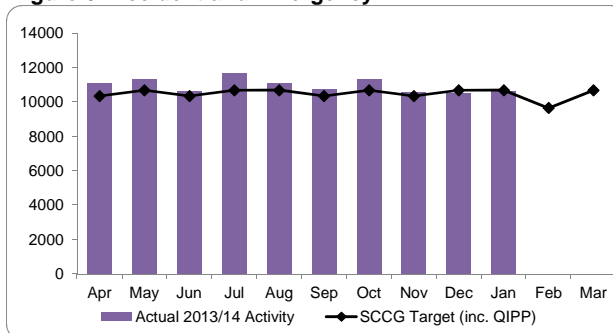


Table 1. Outpatient Activity

Activity	2013/14	Target	Var	% Var
Firsts	89,509	85,871	3,638	4.2%
Follow-ups	241,258	230,665	10,593	4.6%
OP Payable				
Procedures	54,164	47,823	6,341	13.3%
Follow-ups:First Ratio	2.70	2.69	0.01	0.3%

Table 2. Inpatient and A&E Activity

Activity	2013/14	Target	Var	% Var
Electives	54,101	52,812	1,289	2.4%
Non Electives	44,252	41,866	2,386	5.7%
Excess Bed Day				
Costs (£000s)	£ 8,080	£ 8,147	£ 67	-0.8%
A&E	109,507	105,495	4,012	3.8%

Source: STHFT Contract Monitoring

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 2622 (14.2%).

Excess Bed Day Costs include MFF (Market Forces Factor).

Produced by NHS Sheffield CCG Contract Team, February 2014

APPENDIX C: Contract Activity



Sheffield Children's NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 10, Apr 2013 - Jan 2014

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

Outpatient First Attendances: 3.8% above plan
 Outpatient Follow-ups: 5.5% above plan
 Outpatient Procedures: 56.3% above plan

Inpatient Elective Spells: 1.9% above plan
 Inpatient Non-elective Spells: 5.2% above plan
 A&E Attendances: 3.5% below plan

Figure 1: Firsts

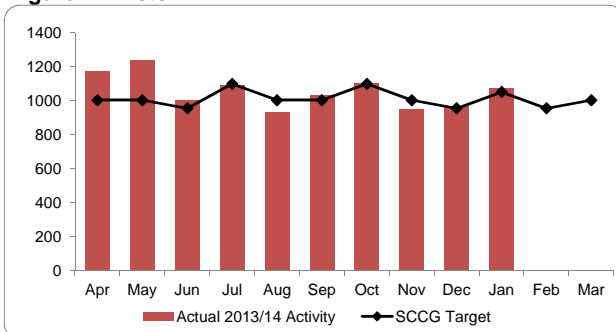


Figure 4: Electives

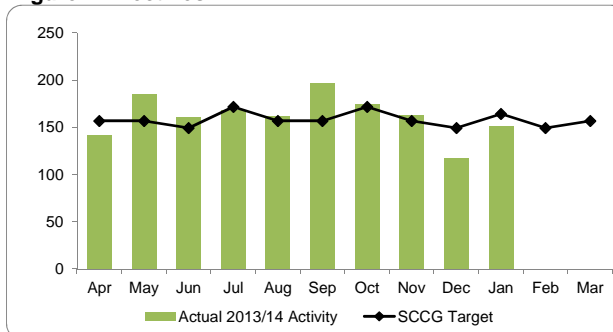


Figure 2: Follow-ups

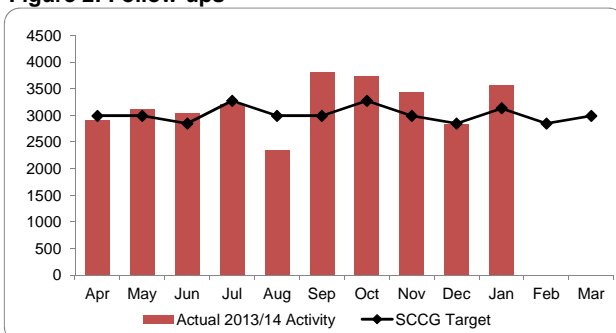


Figure 5: Non-Electives

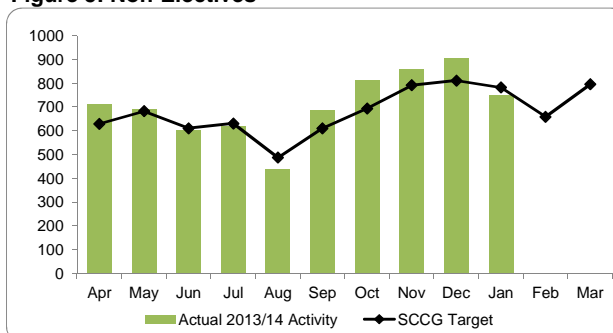


Figure 3: Accident and Emergency

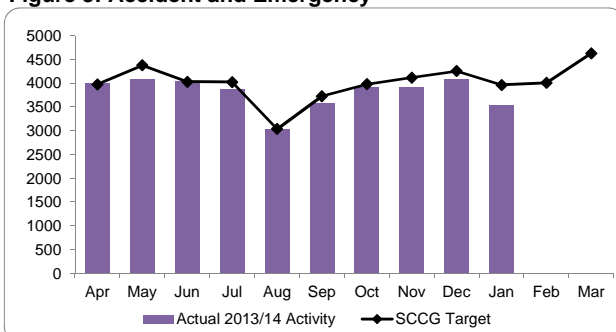


Figure 6: Excess Bed Days

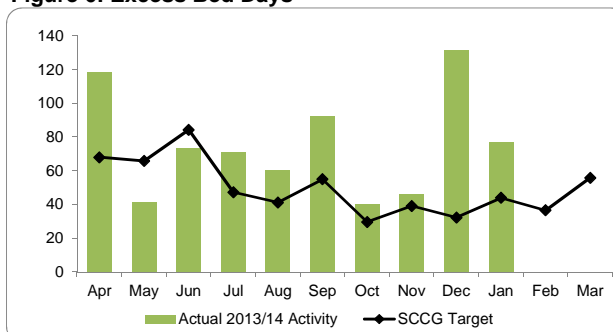


Table 1. Outpatient Activity

Activity	2013/14	Target	Var	% Var
Firsts	10,570	10,186	384	3.8%
Follow-ups	32,023	30,366	1,657	5.5%
OP Payable Procedures	38	24	14	56.3%
Follow-ups:First Ratio	3.03	2.98	0.05	1.6%

Table 2. Inpatient and A&E Activity

Activity	2013/14	Target	Var	% Var
Electives	1,620	1,590	30	1.9%
Non Electives	7,082	6,731	351	5.2%
Excess Bed Day Costs (£000s)	£ 211	£ 170	£ 42	24.5%
A&E	38,097	39,485	-1,388	-3.5%

Source: SCHFT Contract Monitoring (SLAM)

Notes:

Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, February 2014

Appendix D: Public Health Outcome Framework (PHOF) Indicators

Quarterly Report of Public Health Outcome Framework (PHOF) Indicators for Sheffield CCG Governing Body							
Date: 19-Feb-14							
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	2011	35.2	Worse	G	G	per 1,000 females aged 15-17
2.15(i)	Successful completion of drug treatment: Opiate (for example Heroin) users	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	2011/12	95.0	No Diff	G	G	%
3.3 (iii)2	DTaP/IPV/Hib (Diphtheria, Tetanus, Pertussis (whooping cough), polio and Haemophilus influenzae type b) vaccination coverage: 2 year olds	2011/12	96.6	No Diff	G	A	%
3.3 (iv)	MenC (Meningitis C) vaccination coverage for 1 year olds	2011/12	93.7	No Diff	G	A	%
3.3 (v)	PCV (Pneumococcal Conjugate Vaccine) coverage - for 1 year olds	2011/12	94.1	No Diff	G	G	%
3.3 (vi)2	Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 2 year olds	2011/12	93.9	Better	G	R	%
3.3 (vi)5	Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 5 year olds	2011/12	92.6	Better	N/A	N/A	%
3.3 (vii)	PCV (Pneumococcal Conjugate Vaccine) booster vaccination for 2 year olds	2011/12	92.8	Better	G	G	%
3.3 (viii)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 2 year olds	2011/12	92.4	Better	G	G	%
3.3 (ix)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 5 year olds	2011/12	94.5	Better	G	G	%
3.3 (x)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving Two doses for 5 year olds	2011/12	87.5	Better	G	G	%
3.3 (xii)	HPV (Human Papilloma Virus) vaccination coverage - for 12-13 year olds	2011/12	93.0	Better	G	G	%

NOTE: (*) statistical significance not available

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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.