

Quality and Outcomes Report: Month 6 2014/2015

Governing Body meeting

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6 November 2014

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Sponsor	Idris Griffiths, Chief Operating Officer Kevin Clifford, Chief Nurse
Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications (including Financial, Staffing etc)?	
Potential additional funds via achievement of Quality Premium measures for 2013/14 and subsequently 2014/15 Quality Premium measures.	
Audit Requirement	
<u>CCG Objectives</u> <i>Which of the CCG's objectives does this paper support?</i> 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield	
<u>Equality impact assessment</u> <i>Have you carried out an Equality Impact Assessment and is it attached?</i> No <i>If not, why not?</i> None necessary	
<u>PPE Activity</u> <i>How does your paper support involving patients, carers and the public?</i> It does not directly support this but as a public facing document is part of keeping the public informed.	
Recommendations	
The Governing Body is asked to discuss and note: <ul style="list-style-type: none"> • Sheffield performance on delivery of the key NHS Outcomes • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • Key issues relating to Quality, Safety and Patient Experience • Assessment against measures relating to the Quality Premium 	

Quality & Outcomes Report

Month 6 position

For the November 2014 meeting
of the Governing Body

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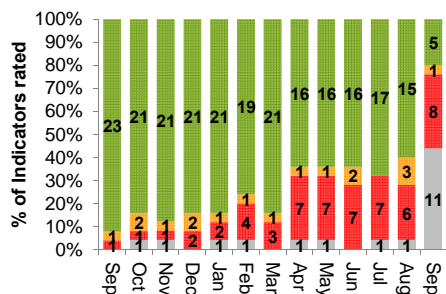
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Highest Quality Health Care

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 2014/15 is progressing, month-on-month. 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.

For those areas where delivery of pledges is not currently on track - as identified in the table below - further information is given in the NHS Constitution - Rights & Pledges section of this report (pages 5 - 9).

Pledges not currently being met:

	RTT 18+wk waits for Admitted patients and Non-admitted patients, RTT 52+wk waits, Diagnostic 6+wk waits, Ambulance response times (RED 1 and RED 2) within 8mins, Ambulance handover delays (30min+), CPA 7 day follow-ups
	Ambulance handover delays (1hr+)

2014/15 Headlines

These Rights and Pledges remain an important aspect of what we are committed to delivering for the people of Sheffield during 2014/15. Currently, 12 of the 17 core rights and pledges are being successfully delivered.

CCG Stocktake of 2014/15 'Headline' Issues

As highlighted in last month's report, there are a number of national and local challenges which have been 'headline issues' in the CCG Quality and Outcomes report over recent months. Consequently, during October, the CCG carried out a 'stocktake' of current and emerging issues and remedial activity that is underway with local providers. A multi-disciplinary approach was used (bringing together colleagues from the Quality Assurance Committee, Portfolio Clinical and Management Leads, Finance and Account Management, Business Intelligence and the Operations Team) to gather a broad spread of information and intelligence. This confirmed that, overall, Sheffield's position in respect of key national standards remains sound, with remedial action plans in place for recovery of 18 week and Diagnostic waiting times and focussed on-going work in relation to the demands on A&E.

A&E waiting times: All local providers continue to meet the pledge for 95% of patients to be seen/treated within 4 hours for 2014/15 to date. However, initial data to late October (still to be validated) shows that Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) have experienced several days with challenging levels of A&E activity and admissions, meaning in-month achievement of the 95% is unlikely. Discussions continue between the CCG and STHFT's A&E department to address this lower performance. Sheffield Children's NHS Foundation Trust (SCHFT) continue to achieve above the 95% standard.

Patients referred for suspected Cancer: Sheffield continues to achieve the pledges on maximum waiting times for patients referred for suspected Cancer, including the pledge that patients will wait no more than 62 days to begin first definitive treatment following an urgent GP referral for suspected cancer; this is in contrast to the overall national position. However, the most recent in-month position (August) for patients seen within 2 weeks shows that the CCG has dipped slightly below the 93% pledge for the first time since January and, although the year to date position remains above 93%, it is lower than at this point in 2013/14; this is being monitored closely by the CCG.

Waiting times & access to Diagnostic tests: 18 week pledge: Performance against the 18 week standard continues to be challenging at both STHFT and SCHFT. For STHFT, this can be related to the focus which the trust will be placing on ensuring patients currently waiting longer than 18 weeks are seen and treated at the earliest opportunity (additional, nationally requested activity). The CCG continues to apply all relevant contractual consequences. A significant number of patients at STHFT were reported in August and September as waiting over 52 weeks (mainly in Cardiology). However, the CCG understands that all have subsequently received a treatment date. The expected timescale for STHFT to return to meeting the 18 week waiting time standards is the end of November 2014.

18 week waiting times performance at SCHFT is less clearly related to this additional, nationally requested activity in respect of patients currently waiting longer than 18 weeks. The CCG is considering the issue of a formal contract query against 18 week waiting times performance at the trust. The CCG has recently commissioned an external review of action plans and response to recent contract queries on 18 week waiting times.

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2014/15 Headlines - continued

Diagnostic waits: The provision by STHFT of diagnostic tests within 6 weeks has continued to improve but, for September, remains below the 99% standard. The CCG had expected the Diagnostic waiting times pledge to be met by the end of Quarter 2 but, with on-going levels of 6+ week waits for Echocardiography, this has not been achieved. Focussed work between the CCG and STHFT is continuing (including use of the formal contract management and sanctions) to secure further improvement in diagnostic waiting times.

SCHFT provisional information suggests that the trust has not met the pledge at a trust-wide level (all patients) for the third month in a row and the number of patients on the waiting list has risen again significantly. The majority of patients waiting over 6 weeks are waiting for MRIs and this is linked to waits for the more advanced 3T scanner for which the trust are purchasing sessions from STHFT.

Ambulance response times: In September (and for the year to date) the number of emergency calls resulting in a response arriving within 8 minutes has continued to fall short of the 75% pledge. Work continues between commissioners and Yorkshire Ambulance Service (YAS) to review the position and the plans YAS is putting in place to achieve improvements. A monthly trajectory for planned improvement on current levels for combined RED 8 minute performance has been put in place and contractual sanctions continue to be applied.

Mental Health Follow-up within 7 days of discharge from Psychiatric Care: Although this involves small numbers of patients, Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) has not achieved the 95% standard, in-month, for the last 3 months in a row and overall in-year performance is also now below the 95% standard. Further to discussions with the trust, contractual sanctions are being initiated.

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' - headlines are shown below:

Headlines

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** - 25 cases attributable to the CCG were reported in September against a forecast of 16; in 2014/15 so far, 121 cases have been reported, compared to the 97 forecast for this point in the year. All cases are analysed and are being closely monitored so that any trends can be identified and followed up. STHFT reported 12 cases in August, against a forecast of 8 (59 cases to date, compared to the 47 forecast). SCHFT have not had any cases to report so far in 2014/15.
- **MRSA** - No cases attributable to the CCG were reported in September but, as 3 cases have been reported to date (1 in April, 2 in June) the 'zero tolerance' policy in place for 2014/15 has not been achieved. No cases have been reported so far for STHFT or SCHFT.

Ensuring that people have a positive experience of care:

The Friends and Family Test (FFT - identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care): The method for calculating this measure has now changed and this report uses the percentage of respondents who would recommend the service. The STHFT August percentages of respondents who would recommend the services in all three areas - Inpatients, A&E and Maternity - are similar to those in July, but have increased slightly. The trust have noted a fall in Inpatients response rates and are carrying out a pilot of methods used in Maternity services to hopefully improve these.

CCG Assurance - NHS England Assessment

Following the first quarterly assurance meeting for 2014/15, which took place in September, Sheffield CCG continues to be rated as fully '**assured**' in respect of all 6 dimensions of the NHS England CCG Assurance Framework, specifically:

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

Quality Premium

The Quality Premium is intended to reward 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 2014/15. 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. Each CCG's 2014/15 Quality Premium achievement will be assessed at national level by NHS England.

The current Sheffield CCG estimated position is set out below. This uses relevant local data combined with the nationally available data and is based on the most recent data/intelligence available for each area.



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 (PYLL) from amenable mortality	
● Potential years of life lost (PYLL) from causes considered amenable to health care	19
Improving access to psychological therapies (IAPT)	
● Proportion of people who have depression and/or anxiety disorders who receive psychological therapies	20
Reducing avoidable emergency admissions - composite measure of 4 parts	
● Reduction in emergency admissions for acute conditions that should not usually require hospital admission	18
● Reduction in unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	19
● Reduction in unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	21
● Reduction in emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	21
Improving patient experience of hospital services	
● Friends and Family Test - action plan for FFT improvements and delivery of agreed rollout plan to timetable	14
● Improvement in patient experience of hospital care (locally selected measure) - Inpatient Survey	17
Improving reporting of medication-related safety incidents	
● Improvement in the reporting of medication errors	11
Local measure	
● Local Priority 1: Identify alternative service provision and health care for patients who otherwise would have received secondary care / hospital based attendance	17
NHS Constitution - 4 specified measures	
● 92% of all patients wait less than 18 weeks for treatment to start	5
● 95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E	6
● 93% of patients have a maximum 2 week (14 day) wait from referral with suspicion of cancer	7
● 75% of Category A (RED 1) ambulance calls resulting in an emergency response arriving within 8 minutes	8

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Best Possible Health Outcomes

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

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

Due to publication intervals of the national information, in some cases 2014/15 data is not yet available for these measures. However, the CCG Clinical Portfolio teams are continuing to monitor, where possible, some locally selected measures that supplement the national measures.

Acute Services Portfolio - Elective Care: Musculoskeletal (MSK) Commissioning for Outcomes engagement activities are now completed, with an overall recommendations paper scheduled to go to Governing Body in December as planned. Work to deliver Quality, Innovation, Productivity and Prevention (QIPP) savings, including the identification of joint projects with STHT for the coming year and beyond, remains a main area of attention.

Acute Services Portfolio - Urgent Care: The portfolio continues to focus on key projects and delivery of QIPP savings. The focus of current work is on reducing avoidable admissions and the conveying of patients to hospital that could otherwise be supported by community services. The portfolio is currently developing its high-level strategy for urgent care, which aims to identify how urgent care services can best be developed and configured for the population of Sheffield.

Long Term Conditions, Cancer and Older People: Work continues to progress and includes a greater emphasis on prevention and on the provision of services closer to home and is increasingly working with colleagues across other CCG Portfolios. Engagement with Local Authority colleagues on the development of plans for integrated commissioning of health and social care also continues.

Mental Health, Learning Disabilities and Dementia: The Portfolio has identified the following areas within its commissioning intentions; primary care, physical health including liaison psychiatry, crisis, Winterbourne / complex needs and personality disorder. It remains committed to embedding parity of esteem within the work of the CCG. In response to recent publications such as 'Achieving Better Access to Mental Health Services by 2020' [<https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020>] we are in the process of defining more local measures that reflect these priorities and work areas.

Children and Young People: The children's portfolio has looked at variation in spend, activity and outcomes to inform and further develop future plans and focus priorities. The Portfolio has also been focused on implementation of statutory duties.




Work continues on the development of pathways for improving management of specific conditions within primary care in an attempt to reduce attendance at A&E by children whose condition could be managed within primary care and on enhancing the skills of GPs within primary care in the management of specific conditions; this is mainly respiratory (asthma) currently, but also a pilot is underway for Children with Allergy to see if their management in the community can be enhanced.

NHS Constitution - Rights & Pledges

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

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

Key to ratings:

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

The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year, 2014/15

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

Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment

Patients referred to see a specialist should be seen and, where necessary, receive treatment in a timely fashion, whether admitted to hospital for treatment or treated without being admitted. The majority of patients should be seen and start any necessary treatment within 18 weeks from their referral. No patient should have to wait more than 52 weeks.

Issues & Actions:

STHFT: As a Provider (i.e. for all patients - Sheffield or non-Sheffield population) the trust have not reached the operational standard for Admitted patients (90%) for September, achieving only 82.01%; this is the eighth month in a row they have not met the standard. The Non-admitted standard (95%) was also not met for September with 92.34%; this is the eleventh month in a row they have not met the standard.

A contributing factor to the STHFT position is that, during September there will have been a focus on ensuring patients currently waiting longer than 18 weeks are seen and treated at the earliest opportunity (this being additional, nationally requested activity).

In August and September, the trust reported a significant number of patients waiting over 52 weeks, predominately in the area of Cardiology. The CCG understands that all patients subsequently received a treatment date during September.

As a consequence of ongoing concerns regarding waiting times performance, the CCG took the decision to issue a formal contract query in September regarding 18 week and 52 week waiting times.

The expected timescale for STHFT to return to meeting the 18 week waiting time standards is the end of November 2014.

SCHFT: The trust have not met the 18 week waiting time standards for Sheffield patients and provisional data indicates that they have not met the standards trust-wide (i.e. for all patients - Sheffield or non-Sheffield population) for the second month in a row. This does not seem to be related to additional, nationally requested activity to ensure patients currently waiting longer than 18 weeks are seen and treated at the earliest opportunity. Elective activity continues to remain under the planned levels and the CCG will now consider whether to issue a contract query against 18 week waiting times performance.

Provisional trust-wide data for SCHFT indicates that they had one patient waiting more than 52 weeks for treatment in September. No 52 week waits are expected from October onwards.

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

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



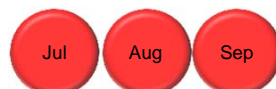
92% of all patients wait less than 18 weeks for treatment to start



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



Supporting measure - 14/15: No patients wait more than 52 weeks



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Diagnostic test waiting times

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

Issues & Actions:

STHFT: September's performance at the trust (for all patients - Sheffield or non-Sheffield population) has improved but remains below the 99% standard. The number of 6+ week waits improved from 177 in August to 109 in September, although this is still high when compared to September 2013.

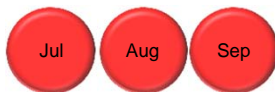
The CCG had expected the Diagnostic waiting times pledge to be met by the end of Quarter 2 but, with ongoing levels of 6+ week waits for Echocardiography, this has not been achieved. The CCG continues to manage the performance issues and apply contract sanctions through the formal contract management process.

SCHFT: The trust has not met the Diagnostic waits pledge for Sheffield patients for the second month in a row. As with last month, most of the Sheffield patients (4 out of 6) who had waited over 6 weeks in September were waiting for MRIs.

Provisional information suggests that the trust has also not met the pledge at a trust-wide level (all patients) for the third month in a row and the number of patients on the waiting list has risen again significantly. The majority of these are waiting for 3T MRIs (a more advanced type of scanner which provides much greater detail in the images); at the moment, the trust are purchasing 3T sessions from STHFT and the trust has put in place both short- and long-term actions to address this bottleneck in capacity.

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

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



A&E waits

It is important that patients receive the care they need in a timely fashion and within 4 hours of their arrival at A&E. Patients who require admission need to be placed in a bed as soon as possible and those who are fit to go home need to be discharged safely and rapidly, but without their care being rushed.

95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E (YTD position)



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



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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 (YTD)

93% of patients have a max. 2 week (14 day) wait from referral with suspicion of cancer



93% of patients have a max. 2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)



From Diagnosis to Treatment (YTD)

96% of patients have a max. 1 month (31 day) wait from diagnosis to first definitive treatment for all cancers



94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is surgery



98% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen



94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy



From Referral to First Treatment (YTD)

85% of patients have a max. 2 month (62 day) wait from urgent GP referral



90% of patients have a max. 2 month (62 day) wait from referral from an NHS screening service



85% of patients have a max. 2 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.

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Category A ambulance calls

Category A calls are for immediately life threatening conditions. RED 1 calls are the most time-critical and include cardiac arrest, patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction. RED 2 calls are serious but less immediately time-critical conditions such as stroke and fits.

Issues & Actions:

Ambulance Response Times: The pledges for RED 1 or RED 2 calls resulting in an emergency response arriving within 8 minutes in have again not been met in September (and are also unlikely to be met in October). Commissioners are applying the full range of contractual sanctions to Yorkshire Ambulance Service (YAS) where performance is below contractual requirements. Formal contract query notices have been issued and a monthly trajectory for planned improvement on current levels for combined RED 8 minute performance has been accepted.

CCGs have commissioned external support from the Good Governance Institute (GGI) to ensure YAS can achieve its contractual obligations and provide assurance to commissioners that sustainable performance improvement can be achieved. The GGI will report to commissioners during October outlining their recommendations.

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

Ambulance handover times: As noted previously, YAS are working to reduce the number of hospital handover delays. These have generally been reducing since last November/December with some fluctuations although, in September, delays over 30 minutes increased from 760 to 867 and the subset of delays over 1 hour increased very slightly from 132 to 134.

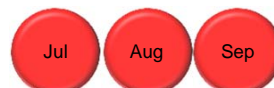
PLEASE NOTE: There are sometimes good reasons why there is a 'delay' recorded for hospital handover. YAS have approached commissioners asking for a small number of exclusions to be noted in the contract - including 'resus patients' who have special needs - and discussions are on-going between YAS and 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. It should be noted however that, where possible, any issues are dealt with on the day with acute trusts through normal routes.

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

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



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



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



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



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



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Mixed Sex Accommodation (MSA) breaches

Being in mixed-sex hospital accommodation can be difficult for some patients for a variety of personal and cultural reasons. Therefore, mixed-sex accommodation needs to be avoided, except where it is in the overall best interest of the patient or reflects their personal choice.

Supporting measure - 14/15:

Zero instances of mixed sex accommodation which are not in the overall best interest of the patient



Cancelled Operations

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

PLEASE NOTE: There is no published threshold for this measure. NHS England have, however, noted that success for a Provider (Trust) would be a reduction in the number of cancelled operations. The position reported below is based on the combined total reported positions for both Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Children's NHS Foundation Trust, to give an indication of performance. A green rating will be based on a continuing reduction of cancelled operations.

Issues & Actions:

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days: The number of operations cancelled for non-clinical reasons (and where the patient was not subsequently offered another binding appointment for their surgery within 28 days) increased from 3 during Q4 2013/14 to 8 during Q1 2014/15. The CCG is monitoring this closely and has applied contractual sanctions as per the terms of the contract.

Supporting measure - 14/15:

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days



Supporting measure - 14/15:

No urgent operation to be cancelled for a 2nd time



Mental Health

When patients are discharged from psychiatric inpatient care, they should be followed up by Mental Health Services within 7 days, to ensure that they have appropriate care and support.

Issues & Actions:

92.31% of patients were followed up within 7 days in September (2 patients were not followed up within this time frame) reducing the position for the year to date to 93.89%. Although this involves small numbers of patients - meaning the percentage followed up can fluctuate quite widely - as Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) has not achieved the 95% standard, in-month, for the last 3 months in a row and overall in-year performance is also now below the 95% standard, the CCG are initiating contractual sanctions and are in discussions regarding raising a contract query.

Supporting measure - 14/15:

95% of people under adult mental illness specialties on CPA to be followed up within 7 days of discharge (YTD)



NOTE: CPA = Care Programme Approach. This is a particular way of assessing, planning and reviewing someone's mental health care needs.

Quality and Safety

Treating and caring for people in a safe environment and protecting them from harm

Patient Safety - Health Care Acquired Infections (HCAIs)

Preventing infections resulting from medical care or treatment in hospital (inpatient or outpatient), care homes, or the patient's own home.

Clostridium Difficile: The 2014/15 commitment for Sheffield CCG is 193. For STHFT and SCHFT, they are 94 and 4 respectively.

Of the 25 cases reported in September for Sheffield CCG:

- 10 were STHFT (of a total 12 STHFT-reported cases)
- 9 were community associated, with a hospital admission in the last 56 days
- 6 were community associated, with no recent hospital contact/admission

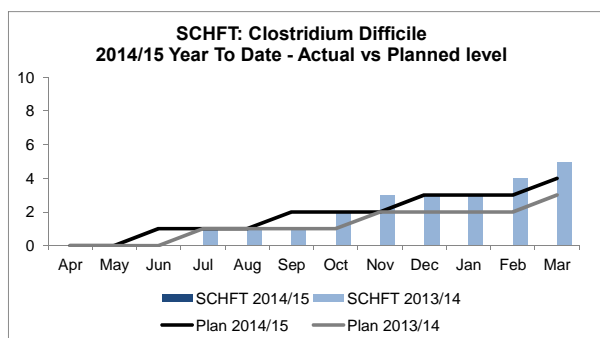
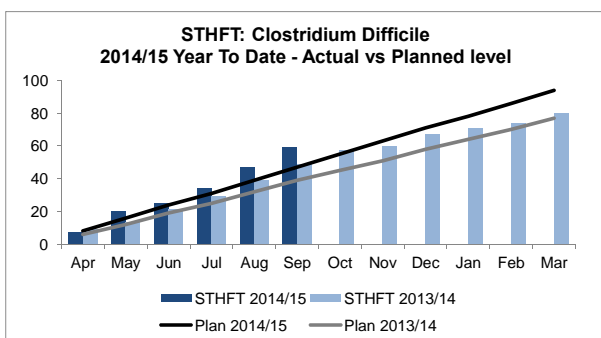
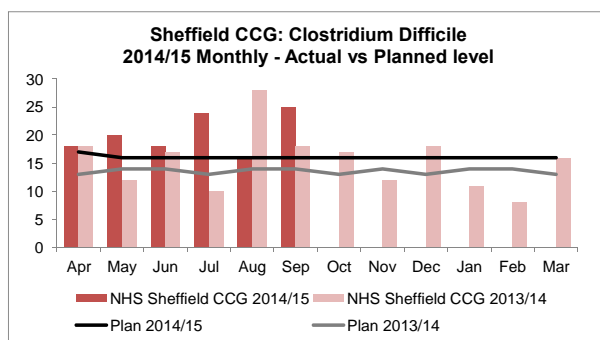
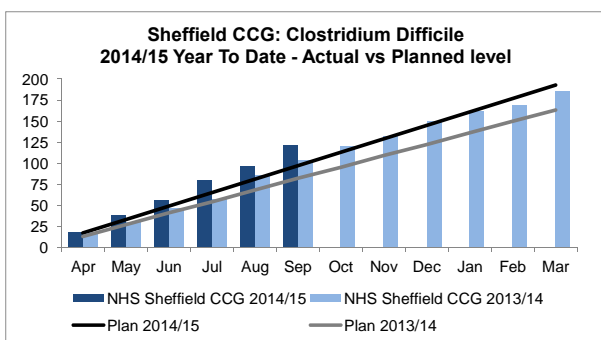
Overall, this is an increase of 9 cases from August. From the root cause analyses (RCAs) undertaken so far, there have not been any linked cases.

No cases were reported in September for SCHFT.

MRSA: No cases have been reported in September for Sheffield CCG, STHFT or SCHFT.

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

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Sep-14	0	0	0	25	12	0
Number of infections forecast for this month	0	0	0	16	8	1
Number of infections recorded so far in 2014/15	3	1	0	121	59	0
Number of infections forecast for this period	0	0	0	97	47	2



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Treating and caring for people in a safe environment and protecting them from harm

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Regulations

Care Quality Commission (CQC) Regulatory Reviews

Arriva Patient Transport and GP Urgent Service

An inspection took place on 4th August 2014 at the registered location in Birmingham and included other depots including Sheffield. The report was published on 15th October 2014 and three standards were not met:

- Infection Prevention and Control - record keeping of cleaning, general cleaning of vehicles, storage of unlabelled cleaning fluid.
- Supporting Workers - staff not receiving any 1:1, clinical supervision, team meetings, agency staff receiving no induction.
- Assuring and Maintaining the Quality of the Service - poor incident reporting, recording and follow-up, poor incident procedure management. There were also concerns raised regarding sending appropriate staff to respond to transport journeys.

Arriva are producing an action plan which will be provided to the CQC by 8th October.

It should be noted that the above CQC findings relate to a review that covered a number of depots and that locally, from an unannounced site visit by Sheffield CCG to the Sheffield depot in September, assurance was provided that there were no serious concerns.

The CQC action plan will be managed by the CCG via the internal contract management process.

2014/15 Quality Premium - Improving the reporting of medication-related safety incidents measure

Research shows that organisations that regularly report more patient safety incidents usually have a stronger learning culture where patient safety is a high priority. Medication incidents are Patient Safety Incidents related to an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicines advice.

As part of the 2014/15 Quality Premium measures (see page 3 for summary), the CCG has agreed an action plan to achieve increased reporting at both STHFT and SCHFT of medication-related safety incidents. A baseline position for medication incident reporting was provided to the CCG via the Medicines Safety Group, which will monitor the levels for each subsequent period. The reporting baseline period has been set as Q4 2013/14 (the period of January 2014 to March 2014). Achievement of the quality premium will be via a 5% increase over the baseline period for the same quarter in 2014/15.

Quarter 1 2014/15 Position

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) shows an increase in reported medication safety incidents from the 356 baseline to 397 in Q1; this is an 11.5% increase against the baseline period. They have therefore already passed the target of a 5% increase. However, this needs to be maintained throughout the year to Q4 14/15. STHFT introduced electronic reporting earlier this year and this is thought to have contributed to the increased level.

Sheffield Children's NHS Foundation Trust (SCHFT) - data for Q1 14/15 was not available at the time of writing. Progress for SCHFT will be included in next month's Quality and Outcomes Report.

continued overleaf

Ensuring that people have a positive experience of care

Eliminating Mixed Sex Accommodation

There have been no breaches from April to September 2014 at any of the Sheffield-based Trusts, nor attributed to the CCG from other Trusts, meaning the pledge is currently being met for 2014/15. Please see the NHS Constitution - Rights & Pledges section of this report (page 9) for monitoring of the MSA measure.

Increasing the number of people having a positive experience of care outside hospital, in general practice and the community

One of NHS England's Outcomes ambitions for this domain is to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services.

This is measured using weighted* results from the bi-annual GP Patient Survey to ascertain the level of patients experiencing poor care, by identifying the total number of responses of either 'fairly poor' or 'very poor' experience across the two questions:

- "Overall, how would you describe your experience of your GP Surgery?"
- "Overall, how would you describe your experience of Out of Hours GP services?"

The baseline (2012) rate per 100 patients for the CCG was 6.2 and the plan is to reduce the rate to 5.9 in 2014/15. From the most recent survey results (2013/14, published in July 2014) 6.29 per 100 patients selected 'fairly poor' or 'very poor' and so the CCG is not yet on track to reach the required rate by the end of 2014/15.

For separate progress monitoring of the two parts of this measure, please see the Best Possible Health Outcomes section of this report (page 17: Acute Services Portfolio - Elective Care for 'Patient experience of GP services' and page 18: Acute Services Portfolio - Urgent Care for 'Patient experience of GP Out of Hours services').

For a comparison of survey results by GP Locality, please see the Patient Experience section of this report (page 16: Patient Experience of GP Services).

** From <http://gp-patient.co.uk/faq/weighted-data>: "Weighting adjusts the data to account for differences between all patients at a practice and patients who actually complete the questionnaire....The weighted data has been adjusted to give a more accurate picture of how all patients would feel about a practice if every patient had responded. It's useful for practices where fewer patients of a certain group (for example, younger patients) have filled in the survey than we would expect....The unweighted data is raw, unadjusted data. It's useful if you care about seeing individual responses, but less representative of how all patients at a practice might feel."*

section continued overleaf

Ensuring that People have a positive experience of care - continued

Friends and Family Test (FFT)

The FFT identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care. Use of the FFT, which commenced in acute NHS providers from April 2013 for both Inpatients and A&E and from October 2013 for Maternity, aims to help identify poor performance and encourage staff to make improvements, leading to a more positive experience of care for patients.

The NHS England review of the FFT, published in July 2014, suggested that the presentation of the data move away from using the Net Promoter Score (NPS) as a headline score and use an alternative measure. In line with this recommendation, this report uses the percentage of respondents who would recommend the service, in place of the NPS; this is the proportion of respondents who are 'extremely likely' and 'likely' to recommend of the total number of respondents.

August 2014 Summary (with June and July 2014 for comparison for Sheffield only)	Sheffield (STHFT)						South Yorkshire & Bassetlaw		England	
	June 2014		July 2014		August 2014		August 2014		August 2014	
	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate	Respondents who would recommend	Response rate
A&E	83.57%	24.94%	82.52%	22.56%	85.00%	22.24%	89.61%	15.70%	87.48%	19.95%
Inpatients (IP)	96.06%	36.66%	96.22%	33.94%	97.14%	26.70%	94.35%	26.35%	94.01%	36.93%
Maternity touch points 1-4	97.13%	N/A*	94.78%	N/A*	95.41%	N/A*	96.54%	N/A*	94.26%	N/A*

STHFT Percentage of respondents who would recommend services - summary: The percentage of respondents to the FFT question who would recommend the services, in all three areas - Inpatients, A&E and Maternity touch points 1-4 - has shown little variation over the last three months. The percentage in August remains comparable to those of SYB and England. Whilst the percentages for SYB and England are shown, direct comparison between trusts is not recommended.

STHFT Response rates - summary: The response rate for A&E has decreased marginally over the last three months, whilst the response rate for Inpatients has fallen considerably. (*A combined response rate for Maternity touch points 1-4 is no longer calculable - only Maternity touch point 2 is calculable). The August response rate for A&E is greater than that of SYB and England. The August response rate for Inpatients is comparable to SYB but considerably less than England.

A&E and Inpatients: The percentage of respondents who would recommend A&E and Inpatient services increased marginally between July and August. The A&E response rate remained stable between July and August. The Inpatient response rate decreased notably between July and August.

Maternity touch points 1-4: There are 4 Maternity touch points: Antenatal care, Birth, Postnatal ward, Postnatal Community provision. Regarding the percentage of respondents who would recommend each Maternity touch point for July and August:

- Touch point 1 (Antenatal care) remains high and increased marginally from 90.20% to 92.37%
- Touch point 2 (Birth) remains high, but decreased marginally from 98.59% to 96.75%
- Touch point 3 (Postnatal ward) remains high and increased marginally from 95.65% to 97.83%
- Touch point 4 (Postnatal Community provision) is high and increased notably from 60.00% to 94.59%

The response rate for Maternity touch point 2 fell between July (23.79%) and August (20.71%) and notably over the last three months (June was 38.72%).

FFT Actions: STHFT have noted the fall in Inpatients response rates and consider it to be likely due to the shift in focus in recent months to the implementation of FFT in Day case and Outpatient areas, or possibly due to late submission of data. SMS text messaging and Interactive Voice Recognition (IVM), used in Maternity services to increase response rates, is to be piloted in Inpatient areas as an alternative to the postcard method currently used. The 5 wards with the highest and lowest response rates will be identified to take part in the pilot, which will evaluate the impact of this method on response rates.

FFT continued overleaf

Friends and Family Test (FFT) - continued

Staff FFT - Quarter 1 2014/15:

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), Sheffield Children's NHS Foundation Trust (SCHFT) and Sheffield Health and Social Care NHS Foundation Trust (SHSCFT)

Data is now available for staff, whereby the same response categories are used as for patients but, for staff, two questions are asked: 'How likely are you to recommend this organisation to friends and family if they needed care or treatment?' and 'How likely are you to recommend this organisation to friends and family as a place to work?'

The Staff FFT rollout forms part of the Commissioning for Quality and Innovation (CQUIN) payment programme and, as rollout has occurred, this has been achieved. There is no target in the CQUIN for the percentage of staff who would recommend their trust as a place to work/for treatment although, generally, the higher this percentage is, the better; a summary of the Q1 14/15 results is shown below, for information. It should be noted that the percentages who would or would not recommend will not always equal 100%, as some abstain from completing the questionnaire; this can particularly have an impact on those organisations where the number of responses is relatively low.

% of Staff who recommend their trust as a place to work:

- At STHFT, 68.95% of staff WOULD recommend their trust and 10.77% of staff would NOT recommend their trust, as a place to work; this is based on a total of 893 responses.
- At SCHFT, 69.44% of staff WOULD recommend their trust and 8.33% of staff would NOT recommend their trust, as a place to work; this is based on a total of 36 responses.
- At SHSCFT, 67.54% of staff WOULD recommend their trust and 14.97% of staff would NOT recommend their trust, as a place to work; this is based on a total of 1253 responses.

% of Staff who recommend their trust as a place for treatment:

- At STHFT, 73.66% of staff WOULD recommend their trust and 6.46% of staff would NOT recommend their trust, as a place for treatment (from the 893 responses).
- At the SCHFT, 88.89% of staff WOULD recommend their trust and 00.00% of staff would NOT recommend their trust, as a place for treatment (from the 36 responses).
- At SHSCFT, 87.00% of staff WOULD recommend their trust and 3.92% of staff would NOT recommend their trust, as a place for treatment (of the 1253 responses).

2014/15 Quality Premium - Friends and Family Test measures

The Quality Premium target for the CCG relating to FFT (see page 3 for summary) requires STHFT to deliver against an agreed action plan by Quarter 4, which includes action taken as a result of feedback and targets for reducing negative responses and increasing net promoter scores. The STHFT action plan identified three themes of concerns identified through FFT; noise at night, quality of food and ward environment temperature. Work is on-going to meet the other targets due at Q4. An update on progress is expected at the end of October.

Rollout of the FFT to Day Surgery/Outpatient Departments: The deadline by which to have these in place is April 2015, but STHFT are working on early implementation and will provide an update to the CCG by 31st October 2014.

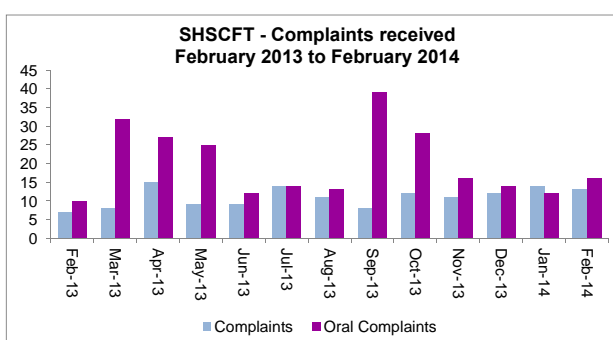
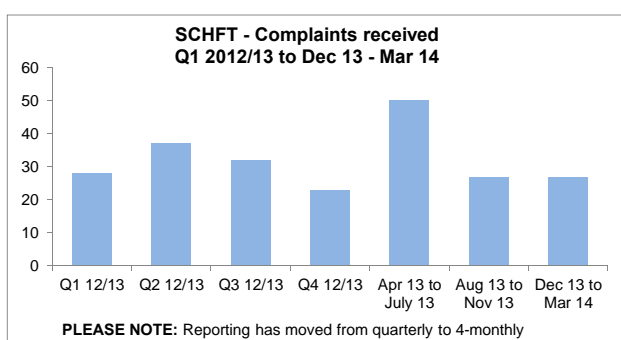
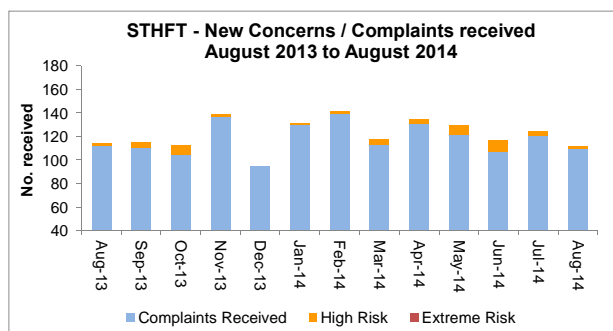
Patient Experience of NHS Trusts

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

Patient Complaints

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

* Sheffield Health and Social Care NHS Foundation Trust



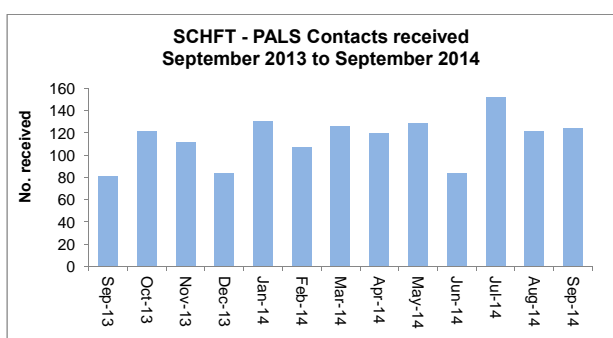
Patient Compliments

STHFT: 61 letters of thanks were received in August 2014, bringing the total reported so far in 2014/15 to 280.

SHSCFT: 204 compliments were received in February 2014, bringing the total reported so far in 2013/14 to 1,088.

Patient Advice and Liaison Service (PALS) Contacts

Reasons for PALS Contacts:	
SCHFT Sep 14	Care & Treatment (27) Support (27) Parking (24)



Further Information

STHFT: 110 new complaints were received in August 2014. The Trust work to a target of responding to 85% of complaints within 25 working days; the response rate achieved in August was 78%. Work to clear a backlog of complaints is on-going and it is expected that performance against the target will improve throughout the year.

SCHFT: During 2013/14, the Trust received 104 formal complaints, a reduction on the previous year when 120 complaints were received. 122 PALS contacts were received during August 2014 and 125 were received in September 2014.

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.

Patient Experience of GP Services

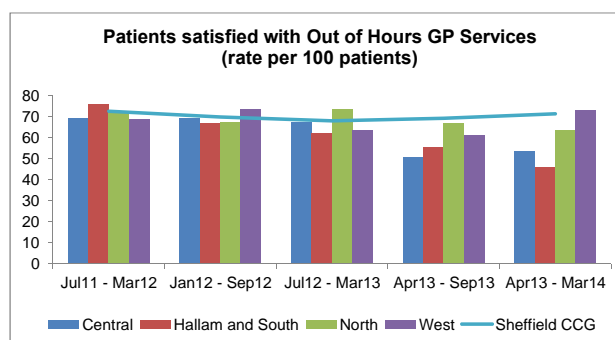
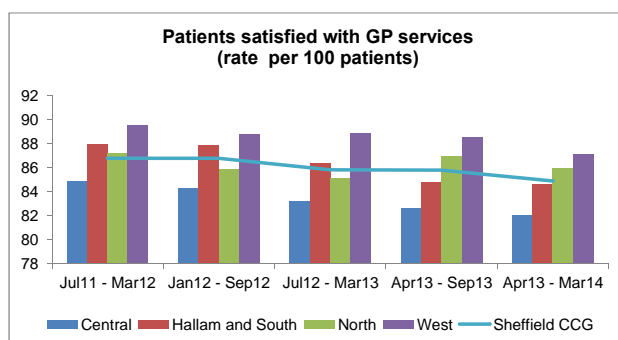
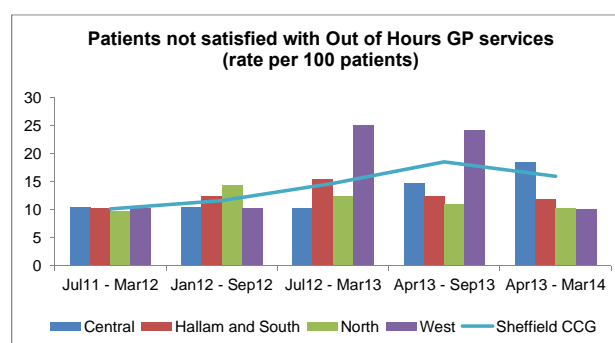
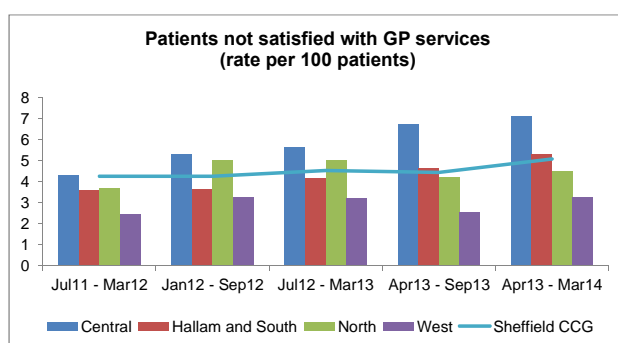
The charts below show selected measures from the GP Patient Survey, which is published every 6 months (this page will remain in the report due to links to National Outcomes measures as detailed below). Two surveys are run per year, with the final annual position being calculated from an aggregate of these. Results are shown here by Sheffield CCG Locality (Central, Hallam and South, North, West) for comparison against the total CCG position.

PLEASE NOTE: CCG data is published separately and is an aggregate of all practices that the CCG is responsible for, but Locality positions are calculated from the individual practice figures that are published. Low response numbers (less than 10) are suppressed to ensure individual patients and their responses are not identifiable, therefore the Locality numbers/rates may on occasion look slightly lower than the overall CCG position.

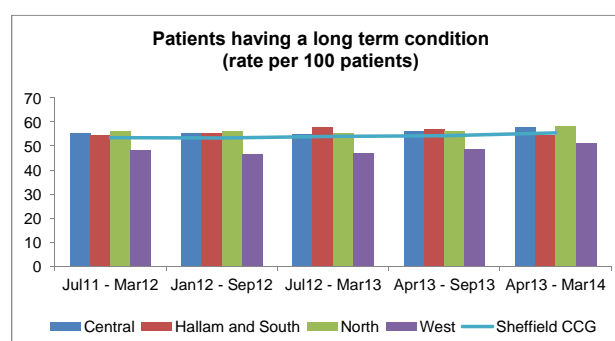
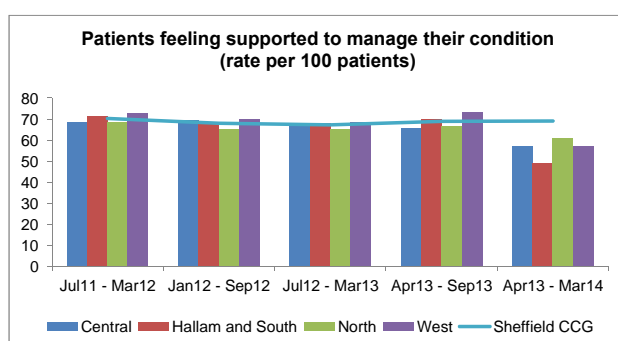
Patients' overall satisfaction with their GP Service and Out-of-Hours GP Service: The first pair of charts below illustrate progress against the NHS England Outcomes ambition to reduce poor patient experience of primary care, in both GP services and GP out-of-hours services. This measures whether patients selected either *'fairly poor'* or *'very poor'* as their overall experience of their GP Surgery and/or Out of Hours GP services.

- For separate progress monitoring of the 2 parts of this measure, please see the Best Possible Health Outcomes section of this report (page 17: Acute Services Portfolio - Elective Care for 'Patient experience of GP services' and page 18: Acute Services Portfolio - Urgent Care for 'Patient experience of GP Out of Hours services').
- For more information on progress of the composite measure (including data notes) please see the Quality & Safety section of this report (page 12: Ensuring that people have a positive experience of care).

The second pair of charts illustrates those patients selecting either *'fairly good'* or *'very good'* experience across the same two questions; this is included for additional information only - it is no longer a National Outcomes measure.



Proportion of patients who feel supported to manage their condition: The first chart contains the proportion of patients who feel supported to manage their condition, whilst the second is for the proportion of patients who have answered positively as to whether they have a long term condition, for additional information.



Best Possible Health Outcomes

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

The work of Sheffield CCG is organised around 4 clinical portfolio areas, with the Acute portfolio sub-divided into Elective Care and Urgent Care. The nationally decided measures, where all CCGs are expected to show that improvements are being made, have been assigned to each of the clinical portfolio areas. Each of the clinical portfolios have, where appropriate, identified additional locally determined measures relating to their priorities.

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
Unless otherwise stated

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

The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year, 2014/15

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

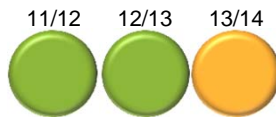
Acute Services Portfolio - Elective Care

National required measures

Issues & Actions:

Patient experience of GP services: This is 1 component of a 2-part composite measure of GP patient experience; please see the Quality & Safety - Ensuring that people have a positive experience of care section of this report (page 12) for information.

Patient experience of GP services



Patient experience of hospital care - CQC Inpatient Survey



The criteria for this measure has changed for this year and data in that format is not yet available

Quality Premium 2014/15: Locally selected measure

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



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

The Quarter 2 position will be included in next month's report.

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, although the Sep-14 local score decreased very slightly to 90.53%, any score above 78% is being judged nationally as good. As an additional measure, 95.7% of people said they would have surgery again under the same conditions (again, a very slight decrease from last month).

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 Sep-14, this covers experience of surgical procedures carried out during Mar-14.*

continued overleaf

Acute Services Portfolio - Urgent Care

National required measures

Issues & Actions:

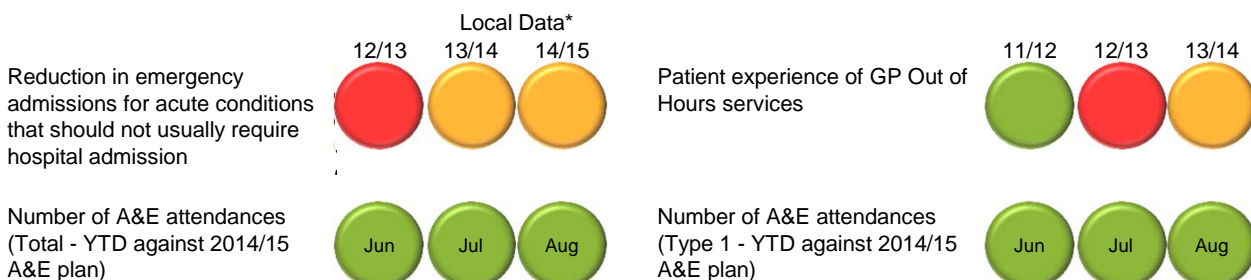
Reduction in emergency admissions for acute conditions that should not usually require hospital admission: Please note that this is part of a composite measure of 4 emergency admissions area as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 3. In that section, the composite measure is rated but for this single component (and each of the other 3) a rating is given on the same basis, as a guide to how well *each* is progressing.

* LOCAL DATA CAVEAT:

- Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red. (National, finalised 13/14 data has not yet been published.)
- Local 14/15 YTD data - rates are calculated using the most recently published populations - currently available position is as at the end of August.

Work continues on redefining patient assessment pathways in CDU/MAU (Clinical Decision Unit/Medical Assessment Unit - STHFT) to prevent emergency admissions being converted into acute stays. Clinical discussions are also taking place around patient admissions to the Frailty Unit where these are for assessment only and it is possible the use of an admission may be able to be avoided. Exploratory discussions are also starting to create linkages between YAS ambulance teams and SPA (Single Point of Access - a service that manages patient referrals from health professionals into all community health services) to facilitate timely access to community services as opposed to conveyance to hospital.

Patient experience of GP Out of Hours services: This is 1 component of a 2-part composite measure of GP patient experience; please see the Quality & Safety - Ensuring that people have a positive experience of care section of this report (page 12) for information.



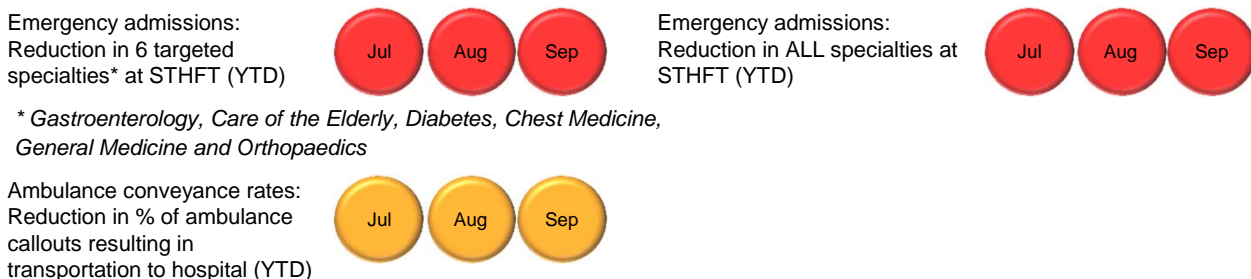
A&E ATTENDANCES: Total A&E attendances comprises: Type 1 (Main A&E), Type 2 (Single Specialty, e.g. STHFT Eye Casualty) and Type 3 (Other A&E e.g. STHFT Minor Injuries Unit).

Locally selected measures

Issues & Actions:

The initial scoping work around the speciality reviews has now been completed. Focus is now on the areas of Respiratory Medicine and Gastroenterology (clinical areas providing the greatest concern in terms of non-elective activity). A number of in-year initiatives have been identified in the area of Respiratory Medicine and additional work is now being undertaken in Gastroenterology to identify potential opportunities for next financial year.

The Urgent Care programme continues to be integrated into all of the portfolios and is significantly represented in Right First Time, Long Term Conditions and Elective and Acute Care agendas.



* Gastroenterology, Care of the Elderly, Diabetes, Chest Medicine, General Medicine and Orthopaedics

Long Term Conditions, Cancer and Older People

National required measures

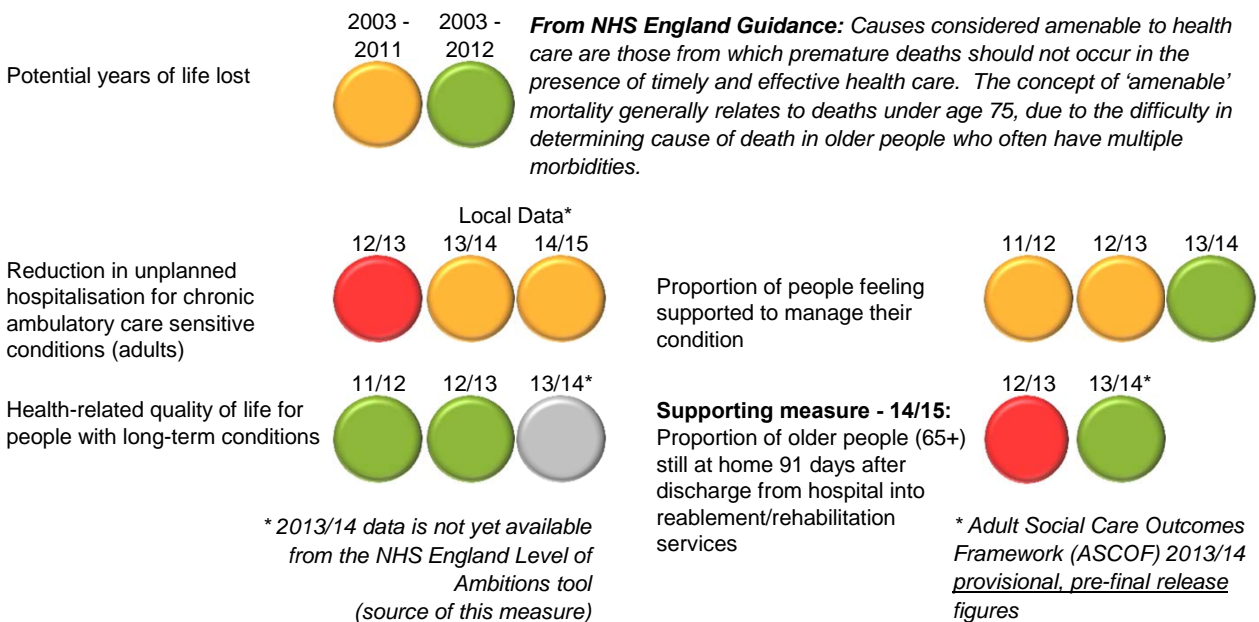
Issues & Actions:

Reduction in unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (ACSC): Please note that this is part of a composite measure of 4 emergency admissions area as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 3. In that section, the composite measure is rated but for this single component (and each of the other 3) a rating is given on the same basis, as a guide to how well each is progressing.

* LOCAL DATA CAVEAT:

- Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red. (National, finalised 13/14 data has not yet been published.)
- Local 14/15 YTD data - rates are calculated using the most recently published populations - currently available position is as at the end of August.

As noted previously, although this measure remains amber, data shows a slowly improving position. Work is progressing and will now also look to establishing improved understanding of the CCG and Better Care Fund contribution. We are developing a strategy and workplan to improve the quality of care for respiratory patients which in turn should reduce emergency admissions.



Locally selected measures

There will be a new locally commissioned care planning scheme launched in November 2014, to start in January 2015, which will demonstrate learning from the pilot and will complement the national Enhanced Service to reduced unplanned admissions.

Locally selected measures will be developed for 2015/16 in line with commissioning intentions, including a measure on respiratory activity.

continued overleaf

Mental Health, Learning Disabilities and Dementia

National required measures

Issues & Actions:

The proportion of people who have depression and/or anxiety disorders who receive psychological therapies and The number of people who received psychological therapy and are moving to recovery:

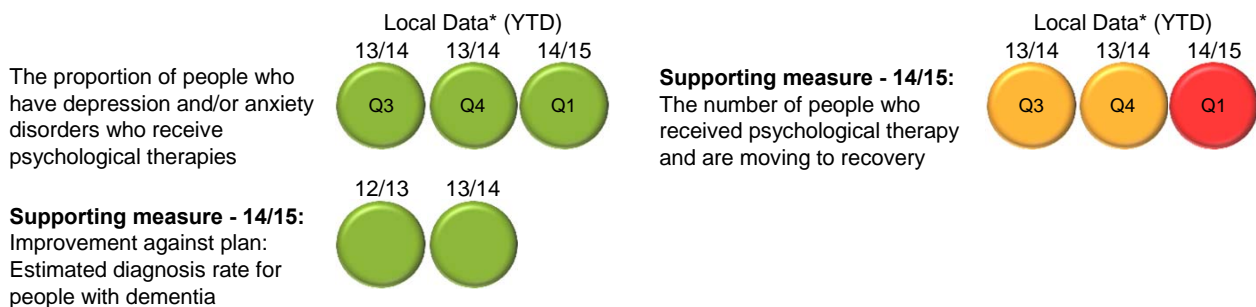
* LOCAL DATA CAVEAT:

➤ The source to be used for this data in NHS England guidance is not yet available to CCGs in a form that can be used (and it would only give data for one of the two measures) and so, in order to monitor progress against these, quarterly data provided directly from Sheffield Health and Social Care NHS Foundation Trust is used.

The proportion of people who have depression and/or anxiety disorders who receive psychological therapies: Full validated Quarter 2 data is not yet available, but initial in-month data for September shows the proportion of people who moved to recovery was 49.8%, against the requirement of 50%, suggesting the position is improving as hoped. As part of the Commissioning for Quality and Innovation (CQUIN) payment programme, the service is now tracking average week waits for access and, for the month of September, the average week wait for a first appointment was 26 days, which has improved from previous months.

Estimated diagnosis rate for people with dementia: It is anticipated that the Dementia Prevalence Calculator will be updated on a monthly basis soon and therefore we should be able to update this measure more frequently in the future. The portfolio continues to work hard to achieve improvements in the dementia diagnosis rate. A number of work areas contribute to this, including a recent service redesign of the Memory Management Service which aims to reduce waiting times (to be added as a local measure to future reports) and increase the diagnosis rate.

The Dementia Data Quality Toolkit is currently being rolled out; this includes funding for practices who sign up to the new DES (Directly Enhanced Service) which incentivises the identification of people with dementia (undiagnosed) on practice registers.



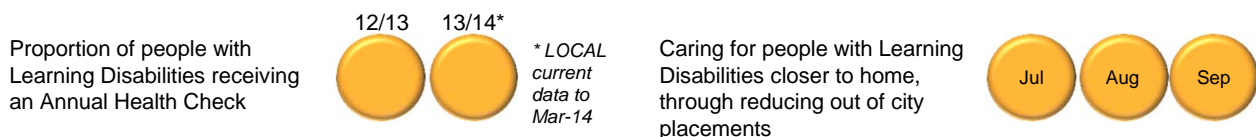
Locally selected measures

Issues & Actions:

Proportion of people with Learning Disabilities (LD) receiving an Annual Health Check (AHC): The CCG is continuing to encourage uptake of the AHC for 2014/15. Updates on the percentage of the eligible population receiving a health check will be provided in future reports.

Caring for people with Learning Disabilities closer to home, through reducing out of city placements: The CCG continues to work with partners to ensure that plans to return people are progressed as part of the Winterbourne Concordat*. There is one person of the original Winterbourne cohort still to return; they are expected to return by the end of the year. We wish to keep out of city placements in our local measures and will redefine the measure in the coming months. Sheffield City Council are currently consulting on their LD commissioning strategy which will have implications for reducing out of city placements,

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



Children and Young People

National required measures

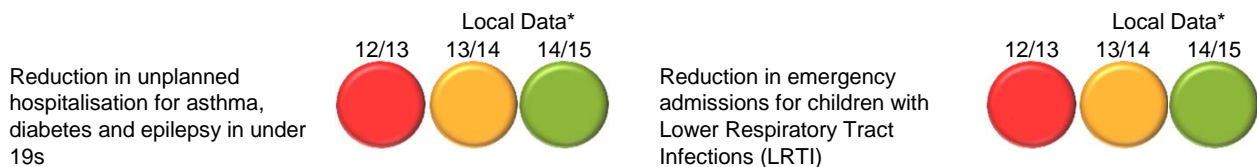
Issues & Actions:

Reduction in unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s and Reduction in emergency admissions for children with Lower Respiratory Tract Infection (LRTI):

Please note that this is part of a composite measure of 4 emergency admissions area as detailed, along with location in this report, in the Summary Position - Quality Premium section on page 3. In that section, the composite measure is rated but for these 2 components (and for the other 2) a rating is given on the same basis, as a guide to how well each is progressing.

* LOCAL DATA CAVEAT:

- Local 13/14 (complete year) data for this measure indicates that emergency admissions/unplanned attendances have not increased from 12/13 volumes. As the effect of standardisation (i.e. creating this as a rate) has not yet been fully assessed it is not possible to say, with certainty, that this measure will be green; however, it is not expected to be red. (National, finalised 13/14 data has not yet been published.)
- Local 14/15 YTD data - rates are calculated using the most recently published populations - currently available position is as at the end of August.



Locally selected measures

The Children and Young People clinical portfolio has identified the measures below as services that are undergoing change, have a Citywide interest with partners and are strategic priorities. Whilst these local measures have been identified, CCG leads are continuing to establish the method of reporting improvements and also the frequency of these for future reports.

Issues & Actions:

Reduction in infant mortality: The Sheffield position is generally comparable to the National position although is slightly higher. Work continues on the roll-out of the infant mortality citywide strategy.

Child and Adult Mental Health Services (CAMHS): There are plans to mobilise new provision from October; new clinical pathways are being developed between providers and a full service will be in place from January 2015.



continued overleaf

Activity Measures

PLEASE NOTE: These measures 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) or Quarterly Activity Return (QAR) submitted to the Department of Health.

These plans - and hence the MAR/QAR 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 measures below cannot be interpreted directly in conjunction with Trusts' contract/activity monitoring reporting.

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

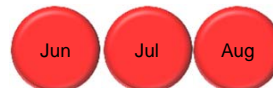
Those that start from April 2014 / Q1 14/15 are new for 14/15 and no plan was submitted for previous years.

Elective Inpatient Activity

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



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



Elective first finished consultant episodes (FFCEs) - Total admissions



Non-Elective Inpatient Activity

Non-elective FFCEs (Year to Date position)



Outpatient Activity

All first outpatient attendances



NOTE: The measure below is monitored in the QAR.

All follow-up outpatient attendances



Referrals Activity

GP written referrals made for a first outpatient appointment



Other referrals made for a first outpatient appointment



Total referrals made for a first outpatient appointment



Referrals seen - first outpatient attendances following a GP referral



Appendices

Quality & Outcomes Report

Appendix A: Health Economy Performance Measures Summary

The tables below highlight all measures in NHS England's document 'Everyone Counts: Planning for Patients 2014/15 - 2018/19' divided, where appropriate, into portfolios. Red, Amber and Green (RAG) ratings represent the latest known position for performance against each relevant measure. **Where possible, the RAG rating is against September 2014 performance as at the 23rd October 2014 - year to date where appropriate.**

PLEASE NOTE: Some targets are made up of several measures. Also, 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 measure
N/A - Measure is not applicable to this organisation

YTD - Year To Date

QTR - Quarterly

WIP - Method/format of measurement is work in progress

Acute Services Portfolio - Elective Care

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

	CCG	STHFT	SCHFT
% seen/treated within 18wks - Admitted pathway	82.30%	81.16%	82.96%
% seen/treated within 18wks - Non-admitted pathway	93.38%	93.18%	93.72%
% still not seen/treated within 18wks - Incomplete pathway	92.45%	92.73%	88.69%
Number waiting 52+ weeks - Admitted pathway	5	5	0
Number waiting 52+ weeks - Non-admitted pathway	0	0	0
Number waiting 52+ weeks - Incomplete pathway	0	0	0

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test	98.38%	98.33%	98.90%
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Elective Care

Number of total elective admissions (FFCEs) (YTD)	31869	28054	1912
Number of elective ordinary admissions (FFCEs) (YTD)	5634	4320	723
Number of elective daycase admissions (FFCEs) (YTD)	26235	23734	1189
Number of first outpatient attendances (YTD)	73851	67489	2589
Number of first outpatient attendances following GP referral (YTD)	35033	31802	1093
Number of GP written referrals (YTD)	47872	44047	1448
Number of other referrals (YTD)	30727	26778	1819
Number of total referrals (YTD)	78599	70825	3267
Number of all subsequent (follow-up) outpatient attendances (YTD)	116054	106582	3847
Number of cancelled operations offered another date within 28 days (QTR)	N/A	8	0

Acute Services Portfolio - Urgent Care

Non Elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	95.63%	98.18%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0
Non-elective admissions (FFCEs) (YTD)	25544	21101	3016
Number of attendances at A&E departments - Type 1 (YTD) ¹	71753	49892	21535
Number of attendances at A&E departments - Total (YTD) ¹	84928	63567	21535
Unplanned hospitalisation for chronic ambulatory care sensitive conditions ²	946.8	N/A	N/A
Emergency admissions - acute conditions that should not require admission ²	1475	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s ²	303	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) ²	663	N/A	N/A
Urgent operations cancelled for the second time	N/A	0	0
Patient overall experience of out of hours GP services	71.21%	N/A	N/A

Yorkshire Ambulance Service (YAS)

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest YTD) ³	70.44%	N/A	N/A	69.43%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) ³	69.45%	N/A	N/A	69.56%
Category A response in 19 mins (YTD) ³	97.54%	N/A	N/A	95.88%
Ambulance handover delays - of over 30 minutes ⁴	N/A	68	2	867
Ambulance handover delays - of over 1 hour ⁴	N/A	1	0	134

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 Emergency Admissions/Unplanned Hospitalisation:

- Position shown here is the latest published figure (Jan-13 to Dec-13 PROVISIONAL) and RAG rating may therefore differ from that shown in the Best Possible Health Outcomes section of this report, where rating is against locally calculated interim data

³ Category A responses:

- CCG position has been included for information, but all CCGs are officially measured against the YAS total position

⁴ Ambulance handover/crew clear times:

- Whilst official data source and data quality is determined, CCG position reported is as per the YAS total position

* CCG data is not collected and so is estimated from provider data submissions

Appendix A: Health Economy Performance Measures Summary

Long Term Conditions, Cancer and Older People

	CCG
Potential years of life lost (PYLL)	-3.67
Health-related quality of life for people with long-term conditions	71.90%
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services ¹	84.8%

Cancer Waits (YTD)

	CCG	STHFT	SCHFT
% seen within 2 weeks - from GP referral to first outpatient appointment	93.65%	93.63%	100.00%
% seen within 2 weeks - as above, for breast symptoms	94.42%	94.48%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	98.24%	98.30%	100.00%
% treated within 31 days - subsequent treatment (surgery)	97.24%	97.19%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	N/A
% treated within 31 days - subsequent treatment (radiotherapy)	99.73%	99.73%	N/A
% treated within 62 days - following an urgent GP referral	90.64%	90.58%	N/A
% treated within 62 days - following referral from an NHS screening service	95.52%	95.16%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	95.41%	95.37%	N/A

Footnotes:

¹ **Dementia diagnosis rate:** PROVISIONAL 2013/14 Adult Social Care Outcomes Framework (ASCOF) submission

Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	93.89%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	4.47%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	42.93%
Estimated diagnosis rate for people with dementia (NB: estimated figure using locally-available data) ¹	66.72%

Footnotes:

¹ **Dementia diagnosis rate:** PROVISIONAL 2013/14 position from the Primary Care Tool

Quality Standards

Patient Safety

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	3	1	0	N/A
Clostridium Difficile (C Diff) (YTD)	121	59	0	N/A
Mixed Sex Accommodation (MSA) breaches (YTD)	0	0	0	0
Hospital deaths attributable to problems in care	WIP	WIP	WIP	WIP
Improving the reporting of medication-related safety incidents	WIP	WIP	WIP	WIP

Patient Experience

Patient overall experience of GP services	84.96%	N/A	N/A
Patient experience of hospital care	WIP	WIP	WIP
Friends and Family test: Inpatient - Response rate (QTR) ¹		34.23%	
Friends and Family test: Inpatient - Score (QTR) ¹		76.87	
Friends and Family test: A&E - Response rate (QTR) ¹		25.19%	
Friends and Family test: A&E - Score (QTR) ¹		47.92	

Footnotes:

¹ **Friends and Family Test:** Response rated against improvement on previous period
Score rated against the 50 classed by NHS England as 'excellent'

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 September, there have been 670 home treatment interventions against a 12-month target of 1,202; this equates to 11.4% more patients benefiting from this service than originally planned by the end of August.

2. CPA 7 day follow up: September monthly performance was 92.31%, reducing the YTD figure to 93.89%, below the target of 95%. 2 patients were not followed up within this time frame. Please see the NHS Constitution - Rights & Pledges section of this report (page 9) for information on issues and actions regarding this measure.

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

4. Psychological therapy services (Improving Access to Psychological Therapies - IAPT):

- The quarter 1 performance for the proportion of patients receiving psychological therapy is around the level required by the end of the first quarter, with 4.47% against the expectation at this point of 2014/15 of 4.51% (using a quarter of the full-year target - 18.04% - to gauge performance).
- Please see narrative in the Best Possible Health Outcomes (Mental Health, Learning Disability and Dementia) section of this report (page 20) for information on issues and actions regarding the rate of people who received psychological therapy and are moving to recovery.

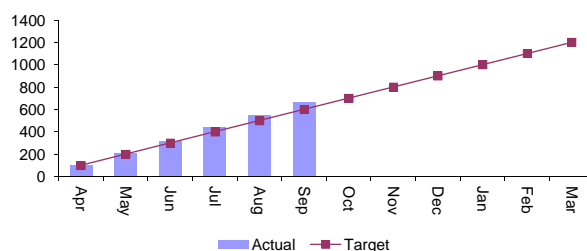
SHSCFT Indicators (all are YTD)

	Target	August	September	Change
Crisis Resolution / Home Treatment	1202	547	670	▲
Psychosis Intervention - new cases	90	61	61	◀▶
Psychosis Intervention - maintain capacity	270	151	153	▲
CPA 7 day follow up	95%	94.29%	93.89%	▼
Anxiety/depression (IAPT):		Q4 13/14	Q1 14/15	
% receiving Psychological therapy	4.51%	17.11%	4.47%	N/A - new year/target
Psychological therapy pts. moving to recovery	50%	47.23%	42.93%	▼

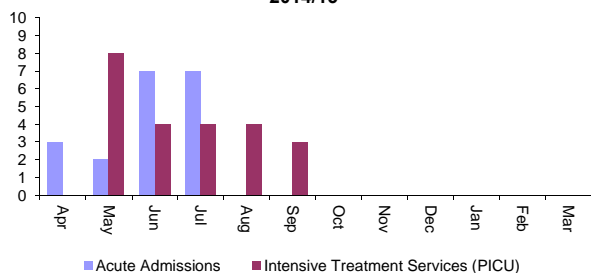
SHSCFT: % of CPA Clients followed up within 7 days - 2014/15



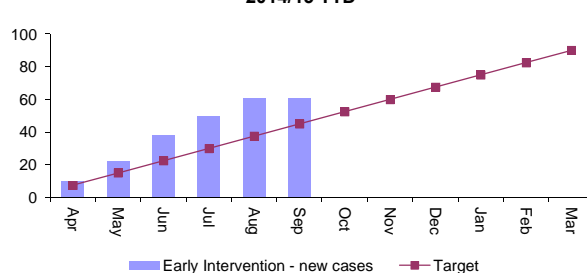
SHSCFT: Crisis Resolution / Home Treatment Episodes - 2014/15 YTD



SHSCFT: Admissions referred out of Sheffield 2014/15



SHSCFT: Early Intervention - new cases accepted 2014/15 YTD



APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

Percentages quoted in the 2 paragraphs below are as at 19th October 2014

Across the Yorkshire & Humber region, year to date (YTD) RED 1 and RED 2 combined 8 minute performance has improved slightly to 69.91% against the service standard of 75% and RED 1 and RED 2 combined 19 minute performance has also improved slightly to 95.96% against the 95% service standard. For CCG Quality Premium purposes, YAS RED 1 overall 8 minute performance is measured; YTD performance currently stands at 69.84%, a very slight decrease, against the NHS Constitution standard of 75%. (Sheffield CCG's YTD RED 1 and RED 2 combined 8 minute performance stands at an improved 69.92% against a (non-contractual) service standard of 75%.)

For 2014/15, commissioners agreed with YAS to maintain the 95% performance standard across GREEN calls, but introduce a lower 'floor' in respect of performance against which a sanctions regime will apply. In addition, a review will be undertaken in 2014/15 of the clinical conditions categorised as GREEN calls, to ensure that patient safety is not compromised by the approach to call classification. YAS YTD GREEN performance remains generally well below expectations (expected service standard in brackets): GREEN 1 (20 min response) - 71.06% (80%), GREEN 2 (30 min response) - 78.89% (85%), GREEN 3 (20 min triage) - 85.94% (80%), GREEN 3 (30 min response) - 79.42% (80%). GREEN 4 (60 min triage) performance is reported monthly in arrears (although is currently 2 months behind) and is also below expectations, July YTD being 62.49%.

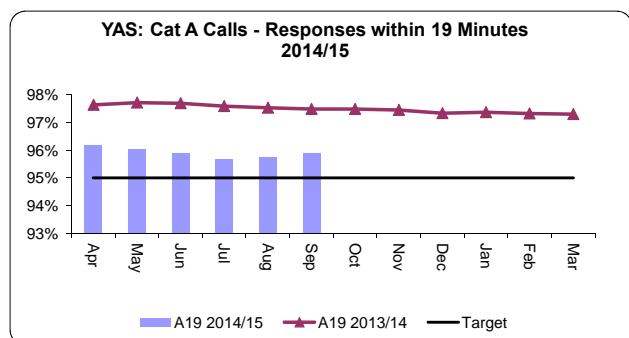
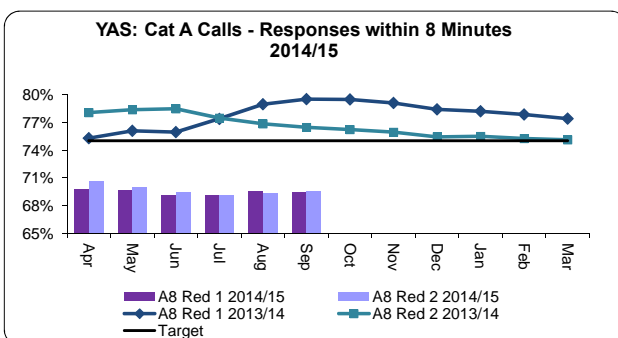
NOTE: RED 1 - most time-critical, covers cardiac arrest patients who aren't breathing & don't have a pulse and other severe conditions such as airway obstruction; these make up less than 5% of all calls. RED 2 - serious but less immediately time-critical; covers conditions such as stroke and fits. GREEN 1 & 2 - serious but non life-threatening. GREEN 3 & 4 - non life-threatening.

Actions to address performance issues: Commissioners are seeking a trajectory for improvements to GREEN performance. Further discussions are taking place between commissioners and YAS - supported by the NHS Trust Development Authority, Care Quality Commission and NHS England Area Teams - on what further action is required, including the application of further contractual sanctions.

Please see the NHS Constitution - Rights & Pledges section of this report (Category A ambulance calls - page 8) for information on actions for RED measures.

YAS Indicators (all are YTD)

	Target	August	September	Monthly Change
Cat A 8 minutes Red 1 (YTD)	75%	69.57%	69.43%	▼
Cat A 8 minutes Red 2 (YTD)	75%	69.34%	69.56%	▲
Cat A 19 minutes (YTD)	95%	95.76%	95.88%	▲



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	July	August	Monthly Change
Re-contact after discharge (Phone)		10.2%	8.5%	▼
Re-contact after discharge (Treatment at scene)		3.9%	3.7%	▼
Re-contact after discharge (Frequent Caller)		2.7%	1.3%	▼
Time to answer call (Median)	5 sec	1	1	↔
Time to answer call (95th Percentile)		22	19	▼
Time to answer call (99th Percentile)		89	60	▼
Time to treatment (Median)		6	5.9	▼
Time to treatment (95th Percentile)		16.3	15.5	▼
Time to treatment (99th Percentile)		25.9	23.4	▼
Call closed with advice (Phone advice)		5.7%	4.9%	▼
Call closed with advice (Transport)		34.1%	34.2%	▲
Clinical Indicators				
		April	May	
Outcome from Cardiac Arrest (CA) All		21.0%	20.3%	▼
Outcome from CA Utstein Group (UG)		45.8%	52.2%	▲
Outcome from acute STEMI Angioplasty		82.7%	83.2%	▲
STEMI Care Bundle		81.1%	83.7%	▲
Outcome from Stroke 60 min to Stroke Unit		55.7%	55.5%	▼
Stroke - Appropriate Care Bundle		97.3%	98.0%	▲
Outcome from CA - Survival to Discharge All		6.2%	7.2%	▲
Outcome from CA - Survival to Discharge UG		29.2%	41.2%	▲
Service Experience		N/A	N/A	

APPENDIX B: NHS 111 Performance Measures

NHS 111 Activity

Performance against National Target at Month 6, August 2014
Compared, where possible, to National data



NHS
Yorkshire and Humber
Commissioning Support

PLEASE NOTE: Due to data availability, National data will usually be 1 month behind Local data

Sheffield Activity

Chart 1: Calls received

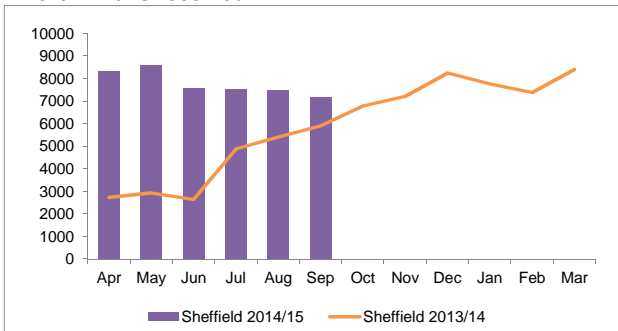


Chart 2: Clinical Calls completed within 10 minutes

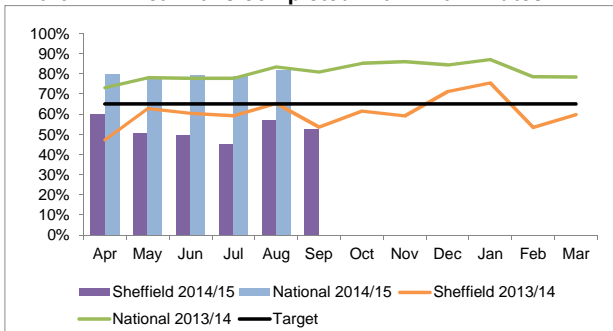


Chart 3: % of Clinical call-backs within 10 minutes ≥ 98%

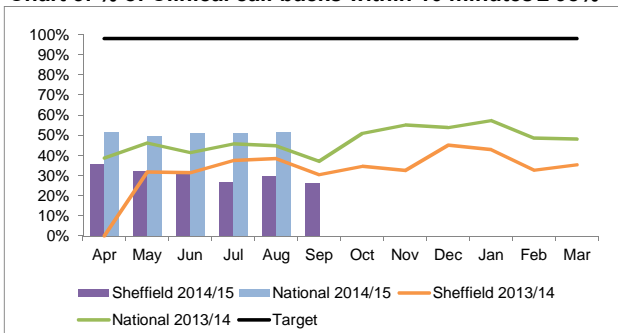
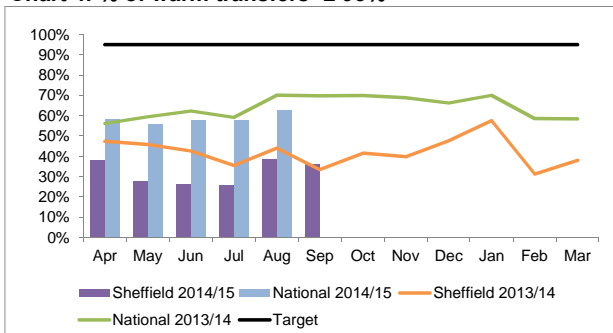


Chart 4: % of warm transfers* ≥ 95%



PLEASE NOTE: No data was recorded in Apr-13 for Sheffield

* A warm transfer is where the call handler transfers the call to a clinical advisor within the same telephone call

Yorkshire Ambulance Service (YAS) Activity (Yorkshire & Humber NHS 111 service provider)

Chart 5: Calls received

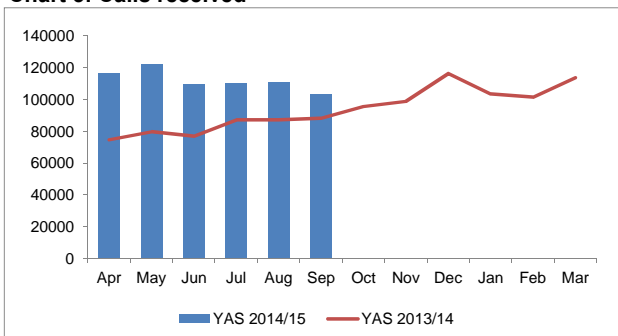


Chart 6: Calls answered within 60 seconds ≥ 95%

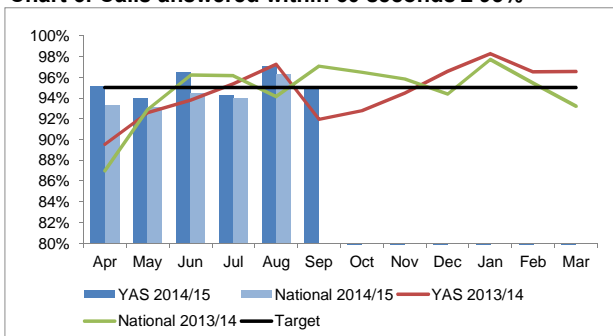


Chart 7: Calls abandoned after 30 seconds ≤ 5%

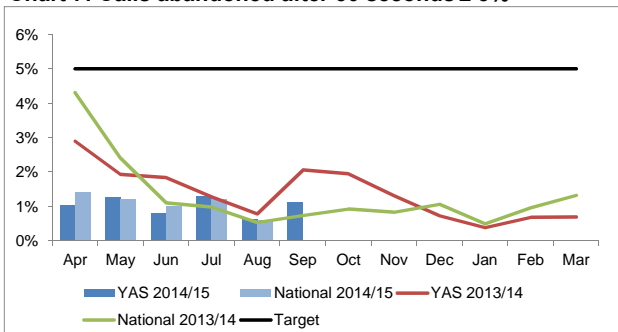
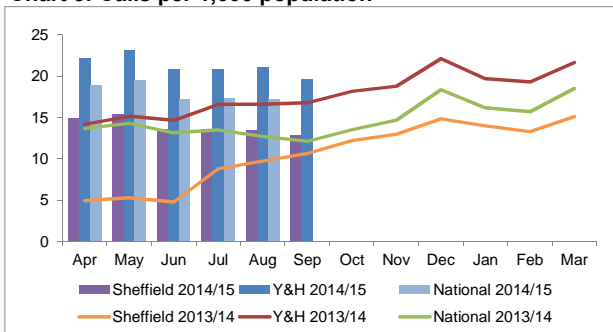


Chart 8: Calls per 1,000 population



Data sources: YAS / Sheffield data - YAS minimum data set (MDS)
National data - NHS England minimum data set (MDS)

APPENDIX C: Contract Activity



Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 6, Apr 2014 - Sep 2014

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

Outpatient First Attendances: 1.7% above plan
Outpatient Follow-ups: 1.7% above plan
(Outpatients includes OP procedures)

Inpatient Elective Spells: 2.1% above plan
Inpatient Non-elective Spells: 5.9% above plan
A&E Attendances: 1.7% above plan

Figure 1: Referrals¹

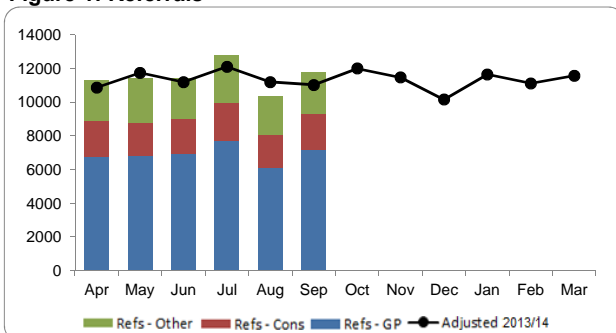


Figure 4: Electives

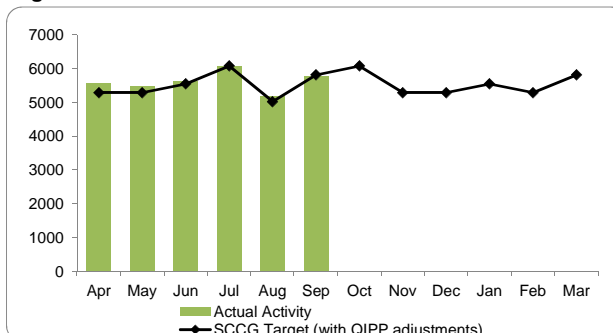


Figure 2: Firsts²

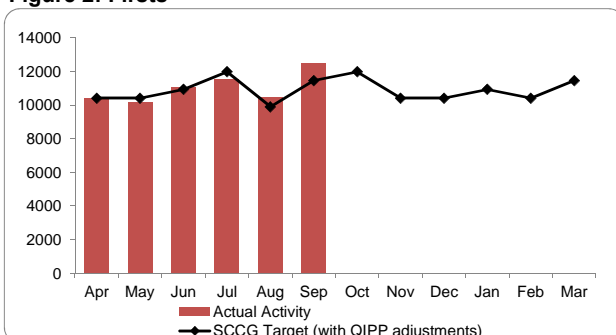


Figure 5: Non-Electives

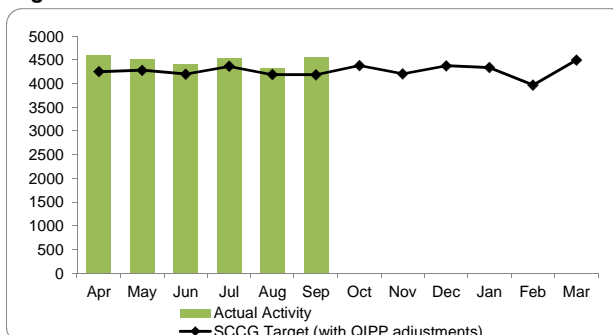


Figure 3: Follow-ups

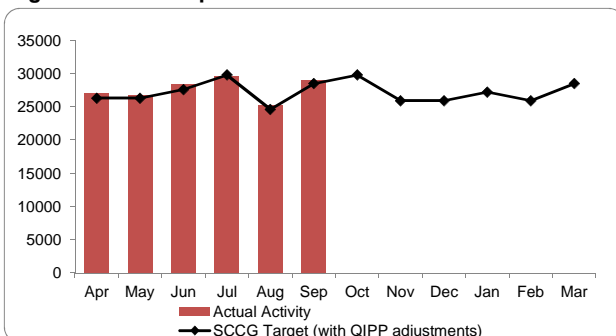


Figure 6: Accident and Emergency

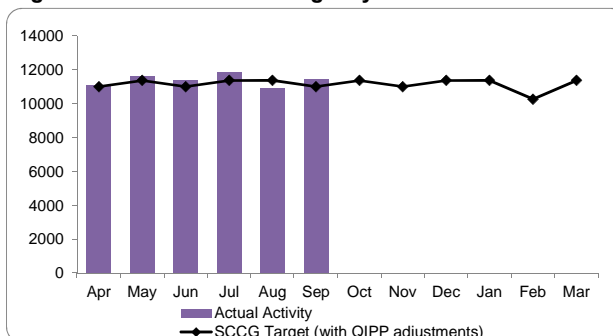


Table 1. Outpatient Activity

Activity	2014/15	Target	Var	% Var
Firsts	66,190	65,101	1,089	1.7%
Follow-ups	165,942	163,122	2,820	1.7%
Follow-ups:First Ratio	2.51	2.51	0.00	0.1%

Table 2. Inpatient and A&E Activity

Activity	2014/15	Target	Var	% Var
Electives	33,725	33,030	695	2.1%
Non Electives	26,976	25,482	1,494	5.9%
Excess Bed Day Costs (£000s)	£ 3,978	£ 4,597	£ 619	-13.5%
A&E	68,292	67,147	1,145	1.7%

Source: STHFT Contract Monitoring

Notes:

¹ Referrals compared to 2013/14, 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 754 (5.8%).

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

Produced by NHS Sheffield CCG Contract Team, October 2014

APPENDIX C: Contract Activity



Sheffield Children's NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 4, Apr 2014 - July 2014 (Month 5 and Month 6 data not yet available)

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

Outpatient First Attendances: 3.1% below plan
 Outpatient Follow-ups: 6.5% below plan
 Outpatient Procedures: 77.7% below plan

Inpatient Elective Spells: 15.8% below plan
 Inpatient Non-elective Spells: 5.3% below plan
 A&E Attendances: 0.7% above plan

Figure 1: Firsts

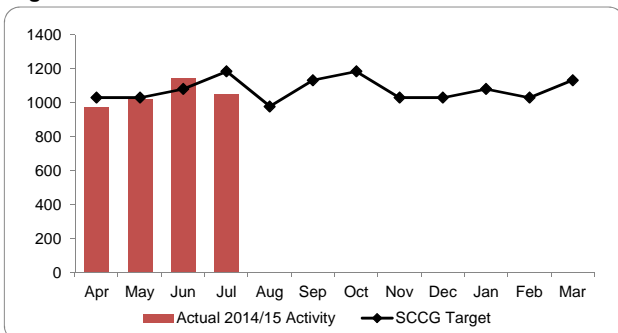


Figure 4: Electives

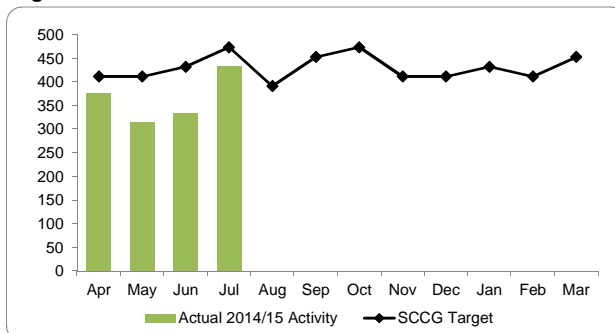


Figure 2: Follow-ups

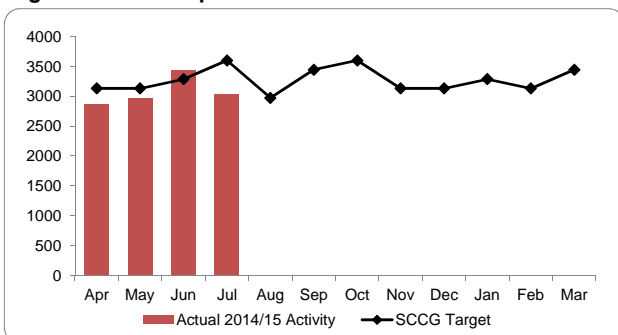


Figure 5: Non-Electives

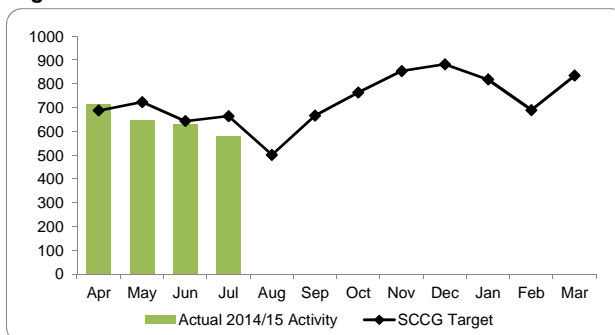


Figure 3: Accident and Emergency

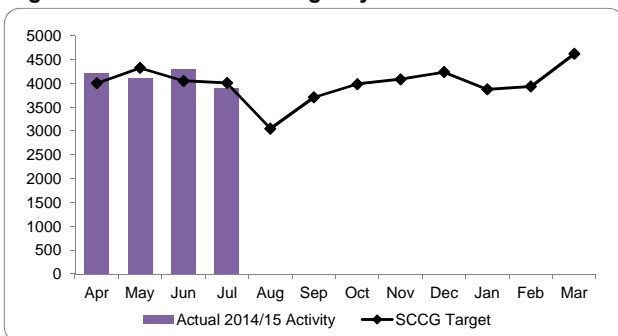


Figure 6: Excess Bed Days

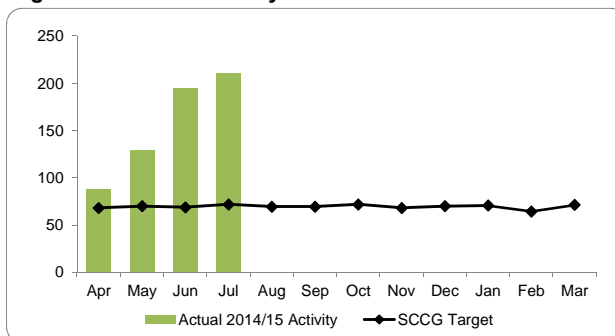


Table 1. Outpatient Activity

Activity	2014/15	Target	Var	% Var
Firsts	4,190	4,322	-132	-3.1%
Follow-ups	12,290	13,145	-855	-6.5%
OP Payable Procedures	1	4	-3	-77.7%
Follow-ups:First Ratio	2.93	3.04	-0.11	-3.5%

Table 2. Inpatient and A&E Activity

Activity	2014/15	Target	Var	% Var
Electives	1,456	1,729	-273	-15.8%
Non Electives	2,575	2,720	-145	-5.3%
Excess Bed Day Costs (£000s)	£ 71	£ 97	£ 26	-26.9%
A&E	16,513	16,404	109	0.7%

Source: SCHFT Contract Monitoring (SLAM)

Notes:

Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, September 2014