

Quality and Outcomes Report: Month 2 - 2016/17

Governing Body meeting

M

7 July 2016

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Sponsor	Peter Moore - Integrated Commissioning Programme Director Kevin Clifford - Chief Nurse
Is your report for Approval / Consideration / Noting	
Consideration	
Are there any Resource Implications (including Financial, Staffing etc)?	
Potential additional funds via achievement of Quality Premium measures for 2015/16 and subsequently 2016/17 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	
Specifically the risks:	
2.1 Providers delivering poor quality care and not meeting quality targets	
2.3 That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached? No if not, why not?</i> None necessary	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
It does not directly support this but as a public facing document is part of keeping the public informed.	
Recommendations	
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 	

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NHS

**Sheffield
Clinical Commissioning Group**

Quality & Outcomes Report

2016/17: Month 2 position

For the July 2016 meeting
of the Governing Body

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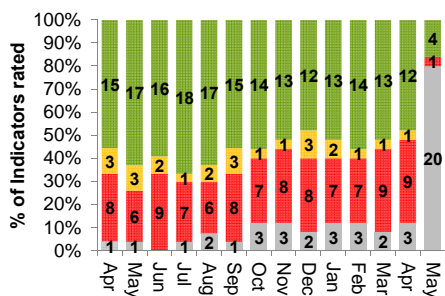
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Highest Quality Health Care

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

NHS Constitution - Rights & Pledges



The chart shows how CCG delivery of the 25 NHS Constitution Rights & Pledges for 2015/16 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 4 - 11).

Pledges not currently being met:

	Diagnostic 6+wk waits, Ambulance response times (RED 1 and RED 2) within 8mins (APRIL POSITION), Ambulance handover delays (30min+ and 1hr+: APRIL POSITION), Ambulance crew clear delays (30min+: APRIL POSITION), Cancer waits (31days from diagnosis to first definitive treatment: APRIL POSITION), Urgent operations cancelled for a 2nd time or more (APRIL POSITION), Operations cancelled and offered another date within 28 days (QUARTER 4 2015/16 POSITION)
	Ambulance crew clear delays (1hr+: APRIL POSITION)

2016/17 Headlines

NHS Constitution

The NHS Constitution pledges to patients on how long they wait to be seen and to receive treatment remain an important aspect of what we are committed to delivering for the people of Sheffield. Currently, **10 of the 15** core rights and pledges are being successfully delivered.

In respect of the pledges not currently being met for Sheffield patients, further information on [the action being taken by the CCG and providers to improve performance - along with expected timescales for delivery of improvement and any action requested from the CCG Governing Body](#) - are set out in the NHS Constitution section (pages 4 - 11).

Key areas to note are:

A&E waiting times: Full validated data for A&E performance at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) became available from the beginning of May (following the gap in reporting due to implementation of the new Lorenzo patient administration system). Although the nationally published A&E positions are not yet available for May, local data for the month indicates that STHFT are not meeting the pledge, with only 88.88% of patients seen/treated within 4 hours.

Sheffield Children's NHS Foundation Trust (SCHFT) continue to meet the pledge for 95% of patients to be seen/treated within 4 hours. Their ongoing (year to date) performance falls short of that seen in the same period last year; the CCG is exploring this with the Trust to ensure any underlying cause is understood and can be addressed.

Waiting times for Diagnostic tests:

- **STHFT** - Although the Trust did not meet the diagnostic waiting times standard for Sheffield patients in May (based upon provisional data) their May position is 98.58% of patients seen within 6 weeks (against a standard of 99%). This is a significant improvement on last month and is their highest performance since August 2015.
- **SCHFT** - The Trust met the diagnostic waiting times pledge for Sheffield patients in May.

18 week Referral To Treatment waiting times: On a positive note, the pledge for 18 week RTT waiting times (for 92% of all patients should wait less than 18 weeks for treatment to start) continues to be met by both STHFT and SCHFT and for Sheffield patients overall.

However, there are some specific specialities where STHFT continue to experience challenges in meeting the pledge and, for SCHFT, predictive modelling undertaken by the Trust indicates they are at increased risk of not meeting the standard during the next 6 months. Further information on the action being taken by the CCG and the providers are set out in the NHS Constitution section (pages 4 - 11).

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2016/17 Headlines - continued

Ambulance response times: The standards for RED 1 and RED 2 (8 minute) performance have again not been achieved during April, although the measure for Category A (19 minute) response has now been achieved. However, it should be noted that Yorkshire Ambulance Service (YAS) are one of three Ambulance Trusts piloting the new Ambulance Response Programme (ARP) so, from 21st April, YAS commenced reporting performance against this new programme. This has meant changes to coding of 999 calls and performance and the alignment of the ARP reporting to the NHS Constitution measures is not yet clear.

Mental Health - access and waiting times standards: Pledges to patients on access to - and waiting times for - psychological therapies are an equally important element of what we are committed to delivering for the people of Sheffield.

Nationally reported data indicates that the standards for IAPT (Improving Access to Psychological Therapies) Recovery and Waiting Times, and Early Intervention in Psychosis are not being fully delivered. Further information on the underlying issues, action being taken by the CCG and providers to improve performance - along with expected timescales for delivery of improvement and any action requested from the CCG Governing Body - are set out in APPENDIX B: Mental Health Trust Performance Measures.

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:

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** - In 2016/17 so far (as at the end of May), 33 cases attributable to the CCG have been reported, which is slightly above the forecast for this point in the year of 32. STHFT have reported 13, compared to a forecast for this point in the year of 13. SCHFT have not reported any cases, compared to a forecast for this point in the year of 1.
- **MRSA** - 1 case has been reported for the CCG so far in 2016/17 and is awaiting the result of a Post Infection Review/arbitration, for assignment. 1 case has been reported so far in 2016/17 for STHFT; a Post infection Review is underway. No cases have been reported for SCHFT so far in 2016/17.

Ensuring that people have a positive experience of care: Patient experience information will be provided in this report for those meetings of the Governing Body that are held in public (alternate months). Each update will focus on a different provider, rotating Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care NHS Foundation Trust. The updates will also include Friends and Family Test published results for that provider (FFT - identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care).

Best Possible Health Outcomes

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

In its Commissioning Intentions for 2015-2019, the CCG set out five key ambitions. An update on progress against these ambitions during 2015/16 was provided in last month's report.

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CCG Assurance - NHS England Assessment

2016/17 CCG Assurance - The CCG Improvement and Assessment Framework (CCG IAF)

Each year NHS England undertake an assessment of how well each CCG is fulfilling its function of commissioning safe, good quality, sustainable services and compassionate care.

For 2016/17 a new assurance framework, the CCG Improvement and Assessment Framework (CCG IAF), has been introduced. This new framework became effective from the beginning of April 2016, replacing the existing CCG Assurance Framework. The CCG IAF is intended to embed the 'triple aim' of the Five Year Forward View: better health for their local populations, better care for patients and better value for the taxpayer.

CCGs will be assessed in relation to four domains, representing four key areas of their functions and responsibilities:

Better Health - how the CCG is contributing towards improving the health and wellbeing of its population

Better Care - care redesign, NHS constitutional standards, NHS outcomes

Sustainability - financial balance and securing good value for patients

Leadership - quality of CCG leadership, quality of plans, work with partners, CCG governance arrangements

Reporting on progress against the requirements of the CCG IAF will be included in the Governing Body Quality & Outcomes report in coming months as the relevant data becomes available.

Further detail of the new framework is provided in Paper N of the 7 July CCG Governing Body meeting.

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 the year. A percentage of the Quality Premium will be paid for achievement of each of the agreed improvement measures. The amount paid will be reduced for each relevant NHS Constitution measure not met.

The full Quality Premium guidance can be accessed at: <https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/>




2016/17 Quality Premium

Details of the measures for 2016/17 and current available data on CCG progress are included on page 17. As at this point in the year, data is still being collated on a number of the measures which are new for 2016/17.

NHS Constitution - Rights & Pledges

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

Key to ratings:

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

The NHS Constitution Rights & Pledges for 2016/17 are the same as those monitored in 2015/16.

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 2016/17.

NOTE: "Supporting measure" = NHS Constitution support measure specified by NHS England

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: Although meeting the RTT standard overall, STHFT continue to experience challenges in some specific specialities.

52+ week waits: 2 Sheffield patients waiting over 52 weeks were reported in April. 1 of these was at The Rotherham NHS Foundation Trust; this was part of a larger issue the Trust have taken action upon - we were informed that no patient harm had resulted and that the patient had been transferred and would be seen as soon as possible. The other patient was reported by St George's University Hospitals NHS Foundation Trust. It transpires that the patient was mistakenly being reported as registered with a Sheffield GP; whilst it is not currently possible to amend last month's data, St. George's have amended this in their May data and resubmitted the corrected position.

Action being taken: Following consideration of the information provided by STHFT, it has been agreed that further work is required in order to provide the level of assurance that STHFT are developing a sustainable position at specialty level for access times. The outcome from a meeting, scheduled at the end of June, with senior managers from the CCG and STHFT to establish our requirements and detail of a revised Remedial Action Plan, will be reported through to the Integrated Performance and Delivery Group and the resulting remedial action plan will be signed off by CET (Commissioning Executive Team) once it has been received. Monitoring of performance will continue through the Contract Monitoring Group and issues of concern and escalation will be discussed at the Performance Contract Management Board.

System Transformation Funding (STF) improvement trajectories have been agreed. Performance against these will be monitored by the CCG through the contract monitoring arrangements. The details of these trajectories are included in APPENDIX E: STF Improvement Trajectories 2016/17.

Expected timeframe for improvement: To be determined.

Action requested of Governing Body:

- To support the challenge being made to STHFT regarding the level of assurance on delivery against the RTT standards.
- To agree for CET to review and sign off the Remedial Action Plan.
- To endorse the approach of routine monitoring against the national standard for RTT and the agreed improvement trajectories.

continued overleaf - SCHFT issues and actions and CCG ratings

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

Issues & Actions:

SCHFT: The Trust met the RTT Incomplete pledge for Sheffield patients (94.73%) and at a Trust wide level (93.3%) in May. The Trust is now regularly using the NHS England Stress Test (a predictive modelling tool devised to gain a better understanding of NHS Trusts' RTT predicted performance in the next 6 months). Trusts are expected to have a probability score of 30% or less risk of failing the standard within the next 6 months. The Trust's score improved in April (19.4%) but has deteriorated again in May to 33.6%. This is due to an increase in the number of patients on an incomplete pathway.

52+ weeks waits: The Trust had 1 patient who waited longer than 52 weeks for treatment at the end of May. The patient resides within the boundary of NHS Telford and Wreaking CCG, although NHS England is the responsible commissioner. The patient breached the 52 week target in March because their surgery was stopped mid-procedure and funding was subsequently sought for an alternative procedure. The further necessary approvals have now been gained and the patient has a date for surgery booked towards the end of June.

Action being taken: The CCG has queried the reason for the rise in the number of patients on an incomplete pathway and is awaiting a response. The CCG is also awaiting further detail of the actions being taken by the Trust to reduce these. This will be discussed at the monthly Contract Review Group. The CCG is also undertaking work internally to agree a consistent approach to monitoring and supporting RTT performance within all providers.

As with STHFT, System Transformation Funding (STF) improvement trajectories have been agreed for the Trust. Performance against these will be monitored by the CCG through the contract monitoring arrangements. The details of these trajectories are included in APPENDIX E: STF Improvement Trajectories 2016/17.

Action requested of Governing Body: To note the currently fluctuating level of risk of the Trust not meeting the standard within the next 6 months.

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



continued overleaf

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: Although the Trust did not meet the diagnostic waiting times standard for Sheffield patients in May (based upon provisional data) with 98.58% of patients seen within 6 weeks, it is much better than the 95.69% last month and is now the best performance since August 2015. This equates to 101 patients waiting longer than 6 weeks for diagnostic tests at STHFT (compared to 310 last month). The highest numbers of breaches were again in Colonoscopy (40, compared to 96 last month) and, in contrast to many recent months, Gastroscopy is the only other test with numbers into double figures (33, compared to 86 last month).

Action being taken: STHFT is implementing plans to increase capacity across the key areas identified, by increasing staffing (consultant recruitment) and creating additional capacity for tests.

The CCG is working with the Trust, through the remedial action plan process, to understand key issues preventing achievement of the standard and identify any steps that can be taken to support delivery. The need to improve diagnostic waiting times as part of the overall 18 week referral to treatment pathway is recognised in CCG planning of capacity for 2016/17. Diagnostics trajectories for improvement are reflected in the revised elective referral to treatment waiting times remedial action plan and trajectories which have recently been received from the Trust. This will enable achievement to be monitored and any necessary mitigating actions agreed with STHFT on a monthly basis as part of CCG contract monitoring.

Expected timeframe for improvement: As part of the requirements to access System Transformation Funding (STF), the Trust must agree and achieve an improvement trajectory for diagnostics with the CCG, Monitor and NHS England. STF improvement trajectories have been agreed; the details of these are included in APPENDIX E: STF Improvement Trajectories 2016/17.

Action requested of Governing Body: To endorse the approach of monitoring STHFT achievement of diagnostic waiting times and any necessary mitigating actions, through monthly Contract Management Board meetings with the Trust.

SCHF: The Trust met the Diagnostic waits pledge for Sheffield patients in May with 99.48% seen within 6 weeks. Their internal performance report indicates that this is also the case at a Trust-wide level (all patients) with 99.5%.

As with STHFT, STF improvement trajectories have been agreed; the details of these are included in APPENDIX E: STF Improvement Trajectories 2016/17.

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.



continued overleaf

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.

Issues & Actions:

A&E 4hr waits: Following STHFT's transfer to the Lorenzo patient administration system at the end of September 2015, full validated data became available from the beginning of May and so monitoring of the position for STHFT (and thus for the full CCG position, as STHFT constitutes the majority of this) can recommence.

Although the nationally published A&E positions are not yet available for May, local data for the month indicates that STHFT are not meeting the pledge, with only 88.88% of patients seen/treated within 4 hours. Issues affecting the performance are system wide, including demand that could be managed out of a hospital setting, delays in patient flows through the system and in some cases, delays getting the patients out of hospital. The CCG Out of Hospital Strategy aims to address many of these issues as well as a collaborative approach through the System Resilience Group to develop a system wide plan.

PLEASE NOTE: As April data is not going to be available for the Trust, any reporting of the year to date position will not reflect the full picture for 2016/17.

SCHFT continue to meet the pledge for 95% of patients to be seen/treated within 4 hours as at the end of April (and local data indicates this is also the case for May).

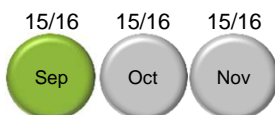
Action being taken: As noted last month, the CCG has issued STHFT with a contractual performance notice to ensure all key actions are being taken to improve performance. STHFT have an internal improvement programme to achieve 'excellence' in their urgent care pathways, which is cross cutting across the hospital system. This is monitored by a Programme Board and the A&E Improvement Board, on which the CCG is represented at Accountable Officer and Director level. This is supported by a number of bilateral discussions between senior colleagues at the CCG and STHFT.

The CCG continues to hold STHFT to account through the Performance Contract Management Board and in June the CCG received an update against their 5 point action plan. A further (more detailed) plan has been requested and is expected imminently. This will be considered by the CCG Integrated Performance and Delivery Board and CET (Commissioning Executive Team) to ensure we have assurance that the plan is robust and will deliver to their agreed improvement trajectory. The CCG, through the Systems Resilience Group, is leading a citywide response to address underperformance at STHFT A&E. The establishment of an Urgent Care Delivery Board with representation from across the system is to be established which will ensure delivery of key actions to support the improvement. A system wide action plan has been agreed to tackle delayed transfers of care which will help to facilitate timely discharge of patients from hospital.

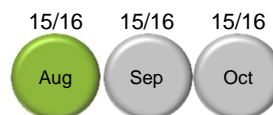
Expected timeframe for improvement: As part of the requirements to access System Transformation Funding, the Trust must agree and achieve an improvement trajectory for the A&E 4 hour standard with the CCG, Monitor and NHS England. STF improvement trajectories have been agreed and the details of these are included in APPENDIX E: STF Improvement Trajectories 2016/17. This is compliant with the criteria from NHS Improvement and the criteria for the CCG Quality Premium.

Action requested of Governing Body: To endorse the actions being taken and the continued monitoring of STHFT achievement of the A&E standard and any necessary mitigating actions through monthly Performance Contract Management Board meetings, in line with the contractual performance notice.

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



Supporting measure: No patients wait more than 12 hours from decision to admit to admission



PLEASE NOTE: National A&E data has changed from a weekly to a monthly collection and changes to the process mean this will now be published a month later than previously.

As noted above, the latest available data for STHFT is towards the end (25th) September 2015. We will be able to recommence reporting the measures above next month, once May data has been published by NHS England.

The supporting measure remains at August's position, as this cannot be calculated from the local data.

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.

Issues & Actions:

The CCG is meeting all the pledges in April (first month of 2016/17) apart from patients waiting 31 days from diagnosis to treatment. STHFT continue to experience challenges at an overall level with regard to monthly performance for this measure, 62 day maximum wait from Urgent GP referral and 31 day wait for subsequent treatment (Surgery).

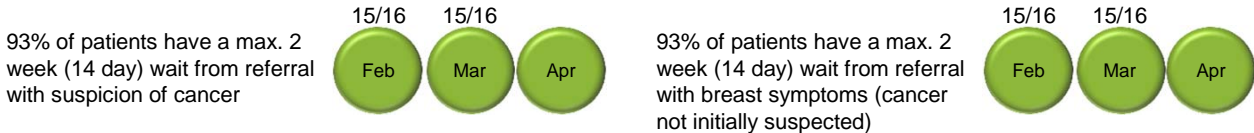
There is ongoing dialogue with STHFT to enable delivery of their internal improvement plan, within which key areas have been identified (for example, capacity within Urology) and actions are being undertaken to address these. In addition, we are requesting that we jointly review their 62 day pathway breach reports via our Clinical Lead for Cancer: this will provide important assurance on timeliness of pathways in STHFT.

The STHFT improvement plan is accompanied by the work to improve shared care pathways across the region via a Cancer Network Task and Finish Group, tasked by the Cancer Strategy Board. Input has been secured from the Cancer Intensive Support Team (IST) to strengthen (the STHFT) improvement plans. Practically, it has been agreed that going forward this will include a series of focused sessions led by the IST on demand and capacity planning, service job planning and use of best practice tools to ensure effective resourcing and deployment of MDT (Multi-Disciplinary Team) coordinators. Collectively these actions should ensure improvement is delivered.

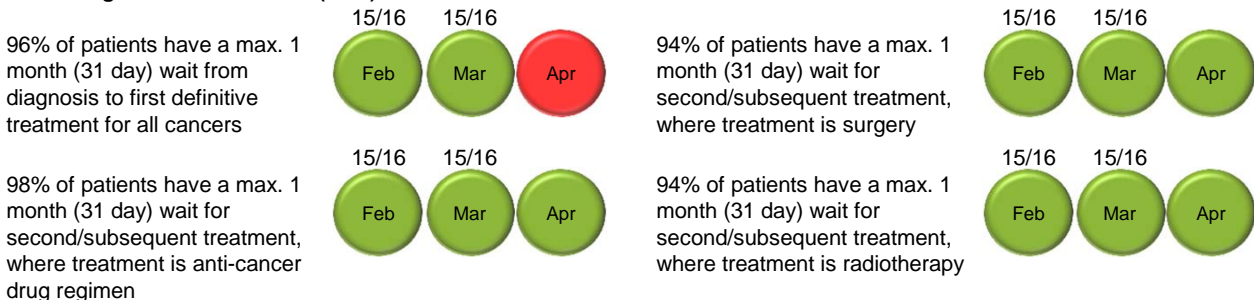
As part of the requirements of System Transformation Funding, the Trust must agree an improvement trajectory for the 62 day maximum wait with the CCG, Monitor and NHS England. This has been agreed and details are included in APPENDIX E: STF Improvement Trajectories 2016/17. New national guidance (operational from October) on the allocation between Trusts of cancer waiting times breaches will have an impact on achievement of the trajectory. A clear process for implementation of the allocation process has been agreed by the Cancer Strategy Board and implementation is now being taken forward by the Cancer Waiting Times Task and Finish Group.

Action requested of Governing Body: To endorse the approach of continuing to monitor improvement plans and trajectories for Cancer waiting times via the Cancer Network Task and Finish Group, whilst ensuring any necessary escalation to Contract Management Board as and when appropriate.

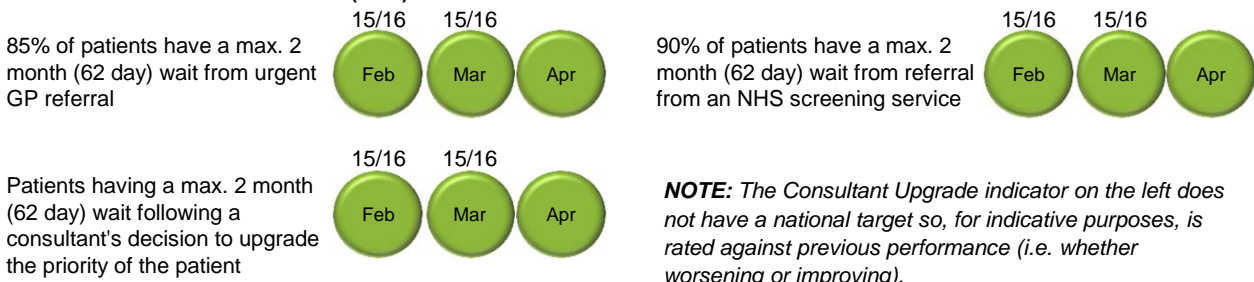
From GP Referral to First Outpatient Appointment (YTD)



From Diagnosis to Treatment (YTD)



From Referral to First Treatment (YTD)



Ambulance response times

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 NHS Constitution service standards for RED 1 and RED 2 8 minute performance have again not been achieved during April, although the measure for Category A (19 minute) response has now been achieved, having also not been met at the end of 2015/16.

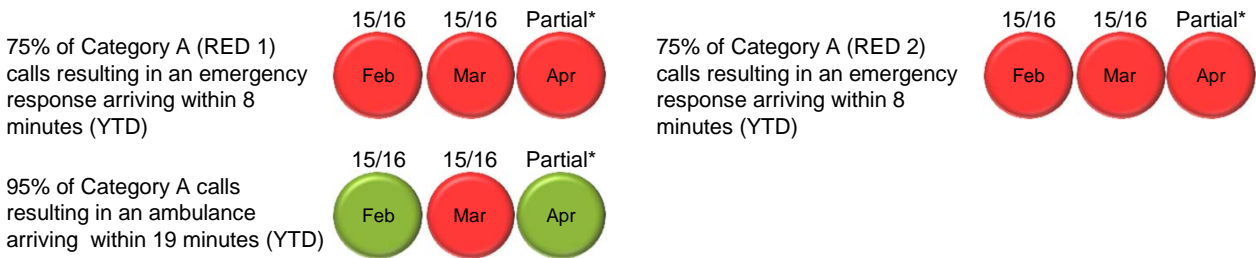
However, it should be noted that Yorkshire Ambulance Service (YAS) are one of three Ambulance Trusts piloting the new Ambulance Response Programme (ARP) so, from 21st April, YAS commenced reporting performance against this new programme. This has meant changes to coding of 999 calls and performance and the alignment of the ARP reporting to the NHS Constitution measures is not yet clear.

Please see APPENDIX B: Ambulance Trust Performance Measures for performance for the two most recent months.

Action being taken: Commissioners are liaising with NHS England and NHS Improvement regarding the Ambulance Response Programme (ARP) and the changes to coding of 999 calls and performance. Further information about performance will be provided when received.

Expected timeframe for improvement: As per the above, this will be communicated once known.

Action requested of Governing Body: None this month.



*** PLEASE NOTE:** The performance above is only based on data for 1st April 2016 to 20th April 2016, as this was the point at which YAS commenced reporting against the Ambulance Response Programme (ARP). As noted above, this has meant changes to coding of 999 calls and performance; it is not possible to align to the national measures using this new YAS reporting.

continued overleaf

Ambulance handover times

Issues & Actions:

Ambulance Handover and Crew Clear delays: The number of ambulance handover delays significantly decreased in April for both those over 30 minutes and those over 1 hour but do remain above expected levels. The number of crew clear delays increased slightly for those over 30 minutes but those over 1 hour decreased; both are, however, also still above expected levels.

It is important to note that delayed handovers are occurring across the geographical area served by YAS, not just in Sheffield.

PLEASE NOTE: There are sometimes good reasons why there is a 'delay' recorded for hospital handover, for example 'resus patients' who have special needs. 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.

Please see APPENDIX B: Ambulance Trust Performance Measures for numbers and performance for the two most recent months.

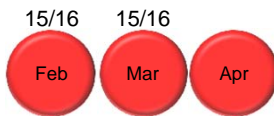
Action being taken: The CCG Urgent Care portfolio continue to work with STHFT and YAS to address this important performance and patient experience issue. Based on best practice at a number of other Yorkshire & Humber providers, STHFT has developed and implemented escalation plans (jointly agreed with YAS) to ensure that additional on-site senior management support is provided at times of high demand to further support operational flow and reduce delays. Performance is reviewed daily by the Urgent Care team and is discussed at regular city-wide teleconferences.

Local data on delayed handovers at STHFT is now being used to complement the YAS level data (which covers all Trusts served by YAS). The use of local data will support monitoring of performance and any necessary mitigating actions through monthly Contract Monitoring Group meetings with the Trust. Handover data is reported to the city-wide Chief Executive group each weekday.

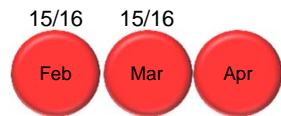
Expected timeframe for improvement: An expected timeframe for improvement is yet to be agreed. However, the local data for the whole of May is now available and confirms the improvement, at STHFT level, which was indicated in last month's report. At STHFT A&E, during May, there were 218 delayed handovers over 30 minutes and 1 over 60 minutes, in comparison with the 251 over 30 minutes and 19 over 60 minutes in April.

Action requested of Governing Body: To endorse the approach of monitoring Ambulance Handover performance and any necessary mitigating actions through monthly Contract Monitoring Group meetings with the Trust.

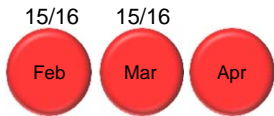
Supporting measure:
Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E



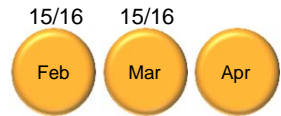
Supporting measure:
Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E (subset of measure to left)



Supporting measure:
Crew Clear - reduction in the number of delays over 30 minutes from clinical handover of patients to A&E to vehicle being ready for next call



Supporting measure:
Crew Clear - reduction in the number of delays over 1 hour from clinical handover of patients to A&E to vehicle being ready for next call (subset of measure to left)



NOTE: Data for the supporting measures is taken directly from YAS reports. As with the Response Times measures, ratings

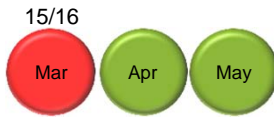
continued overleaf

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:

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 these measures. 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:

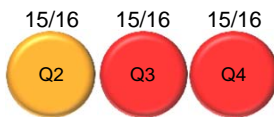
Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days: 13 such cancelled operations (where the patient was not subsequently offered another binding appointment for surgery within 28 days) were reported by STHFT in Quarter 4 of 2015/16; this is an increase from the 4 reported in Q2 15/16. The Trust noted that this increase can be accounted for by the doctors' strikes in Q4, which created an additional pressure on top of the usual winter pressures; it should also be noted that the flu season was later than usual, with the greatest impact felt in Q4.

As with the previous four quarters, SCHFT did not report any patients not offered another appointment within 28 days in Q4 2015/16.

No urgent operation cancelled for a 2nd time or more: There were 2 cancellations reported by STHFT in April 2016. This is a rare occurrence, being only the second time such cancellations have been reported. The issue is being explored with the Trust to determine if the causes of cancellation are specific to each incident or are inter-related.

Supporting measure:

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:

No urgent operation to be cancelled for a 2nd time or more



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.

Supporting measure:

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 2016/17 objectives for acute providers and CCGs are as per those for 2015/16. Therefore, the commitment is for Sheffield CCG to have no more than 194 reported C.Diff cases during the year. For STHFT and SCHFT, this commitment is 87 and 3 respectively.

Of the 13 cases reported in May (7 fewer than in April) for Sheffield CCG:

- 4 were STHFT (of a total 5 STHFT-reported cases)
- 8 were community associated, with a hospital admission in the last 56 days
- 1 was community associated, with no recent hospital contact/admission

4 of the STHFT cases occurred on separate wards; the other case occurred on a ward where there has been one other recent case. The IPC (Infection Prevention and Control) audit and ribotyping is in progress

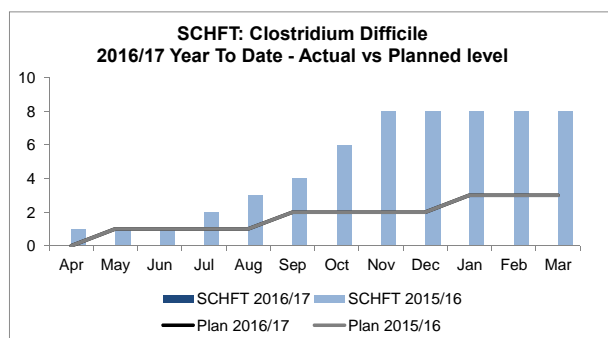
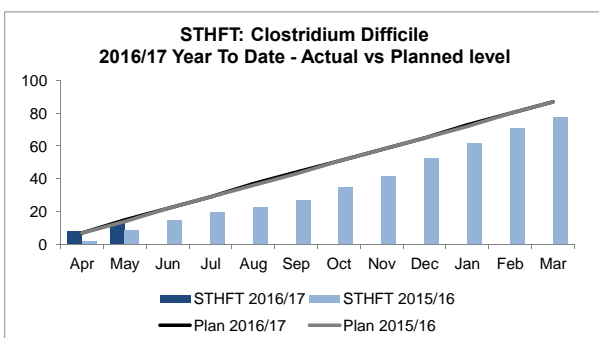
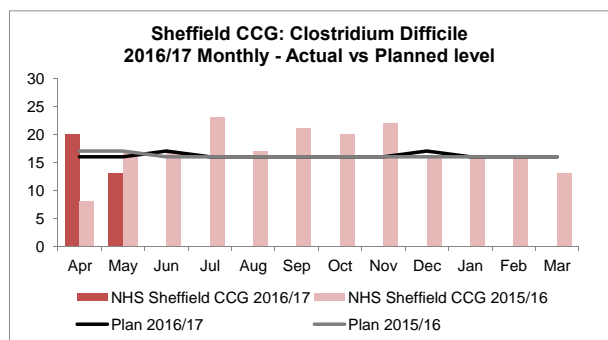
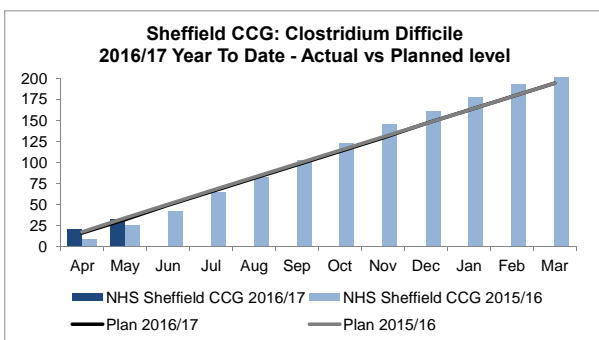
MRSA: 1 community associated case was reported by SCHFT in May for a Sheffield CCG patient. The child has recovered well and been discharged from hospital. The Post Infection Review has been undertaken; there was very minimal healthcare intervention prior to the bacteraemia and as such the case has been referred to NHS England & Public Health England for assignment to a third party (i.e. not acquired through healthcare intervention).

STHFT - 1 case occurred in April, on an Orthopaedic ward. (The patient is not a Sheffield resident, so is not included in the CCG figures). The patient has been in hospital since January 2016; a Post infection Review is underway.

SCHFT - No cases were reported in April or May - and therefore in 2016/17 to date - for SCHFT.

This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2016/17 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during May-16	1	0	0	13	5	0
Number of infections forecast for this month	0	0	0	16	8	1
Number of infections recorded so far in 2016/17	1	1	0	33	13	0
Number of infections forecast for this period	0	0	0	32	15	1



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

- continued

2016/17 Commissioning for Quality and Innovation (CQUIN) scheme

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals. The CQUIN scheme is available to any provider of healthcare services commissioned under an NHS Standard Contract. The scheme is intended to deliver clinical quality improvements and drive transformational change, and impact on reducing inequalities in access to services, the experiences of using them and the outcomes achieved.

The national CQUINs were published on 10th March for the 2016/17 contract.

The national indicators are:

1. NHS staff health and wellbeing
2. Identification and early treatment of Sepsis
3. Improving the physical health for patients with severe mental illness (PSMI) (Mental Health only)
4. Cancer 62 day waits
5. Antimicrobial resistance

Regulations

Care Quality Commission (CQC) Regulatory Reviews

STHFT: As reported previously, the CQC carried out an onsite inspection during December 2015. Verbal feedback was provided to STHFT and a draft action plan developed, which was seen by the CCG. Further unannounced visits were undertaken.

The written report has now been published and STHFT was rated as 'Good' for being safe, caring, effective, responsive and well led. Overall, the CQC rated them as 'Good'.

The Royal Hallamshire Hospital, Northern General Hospital, Charles Clifford Dental Hospital and the community services were rated as 'Good'. The Weston Park Hospital was rated as 'Requires Improvement' overall, although caring was rated as 'Outstanding' at the hospital.

The full report, including ratings, is available at: <http://www.cqc.org.uk/provider/RHQ>

The main findings included:

- There was effective leadership of the board and across the organisation. The trust had a clear vision and corporate strategy, which was known and understood by staff. The trust's values were clearly embedded across the organisation.
- Appropriate systems and procedures were in place to keep patients safe, including safeguarding and infection control.
- Systems were in place to ensure that patients received evidence-based care. Monitoring showed the trust performed well when compared with other hospitals.
- Feedback from patients and relatives was positive about the care they received.
- The CQC found effective systems in place to support the needs of individual patients, including those living with dementia.

Inspectors identified some areas where the trust must improve, including:

- The trust must improve processes in the emergency department to ensure patients do not wait longer than the recommended standard for assessment and treatment.
- The trust must ensure there is a clear strategy for end of life care, which is implemented and monitored.
- The trust must continue to review staffing levels in some specialist areas including Weston Park and the Emergency Department.

continued overleaf

Ensuring that people have a positive experience of care

It is important that patients experience good care in all services whether at their GP Practice, via out-of-hours services, in hospital or in the community.

The following section is concerned with experience of care across health services, including eliminating mixed sex accommodation and GP In-hours/Out-of-hours services (bi-annual update - next is due around July/August 2016).

For the CCG Governing Body meetings held in public (which, from February 2016, occur in alternate months) this section will also include a focus on patient experience (including FFT published results) at one of the three Sheffield Trusts: Sheffield Teaching Hospital NHS Foundation Trust, Sheffield Children's NHS Foundation Trust or Sheffield Health and Social Care NHS Foundation Trust - these will be on rotation. SHSCFT's update is provided overleaf.

Eliminating Mixed Sex Accommodation

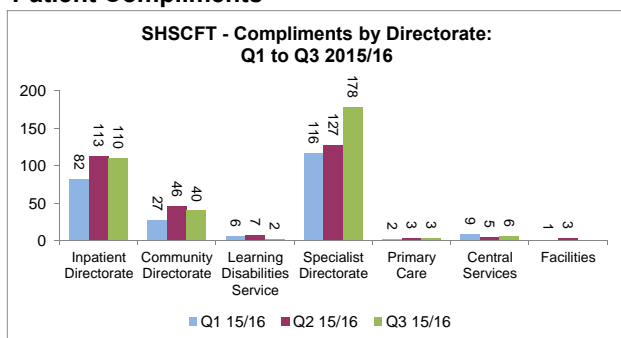
There were no breaches in April or May at any of the Sheffield-based Trusts, nor attributed to the CCG from other Trusts, meaning the pledge is currently being met for 2016/17.

Please see the NHS Constitution - Rights & Pledges section of this report (page 11) for monitoring of the MSA measure.

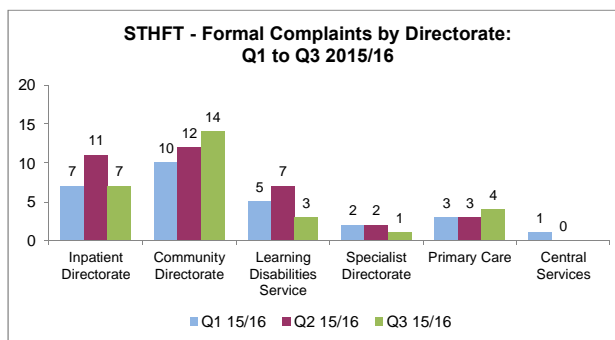
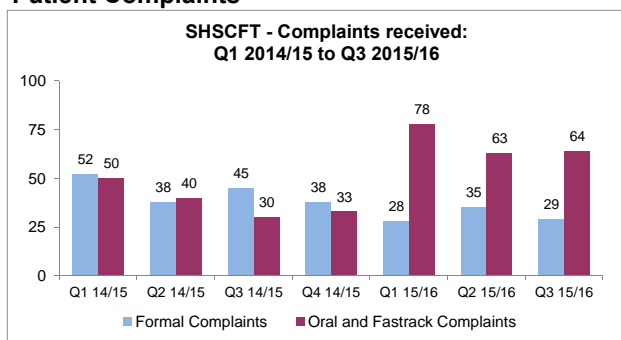
Patient Experience of NHS Trusts: Focussing this month on SHSCFT

PLEASE NOTE: Each month we focus on a different provider: the following information relates to Sheffield Health and Social Care NHS Foundation Trust (SHSCFT)

Patient Compliments



Patient Complaints



Compliments

SHSCFT receives far more compliments than complaints. During Quarter 3 of 2015/16, a total of 339 compliments were received. The majority of compliments were about the Specialist and the Inpatient Directorates.

Complaints

The number of formal complaints rose from 147 during 2013/14 to 173 during 2014/15. However, during Q1 to Q3 of 2015/16 the number of complaints was 92, a notable reduction on the same period of 2014/15 (135) and also a reduction on the number received during the same period of 2013/14 (104). The Community and Inpatient Directorates received the highest number of complaints. Although the number of complaints received has reduced, the proportion of complaints responded to within the Trust's target of 25 working days has continued to drop, to 53% in Q2 and 52% in Q3, the lowest ever recorded.

Whilst the number of concerns being dealt with through the formal complaints process has dropped, the number of oral or fastrack complaints has risen. 204 oral or fastrack complaints were received during Q1 to Q3 of 2015/16 (compared to 120 during the same period in 2014/15 and 164 during the same period in 2013/14).

SHSCFT record whether each complaint is upheld, partially upheld or not upheld. The proportion of complaints upheld/partially upheld was 46% during 2013/14, 53% during 2014/15 and 58% during Q1 to Q3 of 2015/16 (this excludes complaints still under investigation). SHSCFT provides detailed reports to its Quality Assurance Committee which summarise the content of each complaint, the outcome of the investigation and the actions taken as a result.

Patient Opinion and NHS Choices

Since 1st January 2015, four stories about SHSCFT have been posted on Patient Opinion and three on NHS Choices. One was positive (relating to a GP practice run by the Trust). The remainder are negative and relate to staff attitude, communication and care. No ratings have been posted by the public on the Healthwatch Rate and Review website.

Friends and Family Test - Mental Health

The response rates and results of the Friends and Family Test are shown in the charts overleaf.

The response rate for FFT continues to be low. The Trust is developing more inclusive methods of data collection (web-based solution, tablet and large touch screen) in addition to the paper based survey currently used and it is hoped that this will improve the response rate.

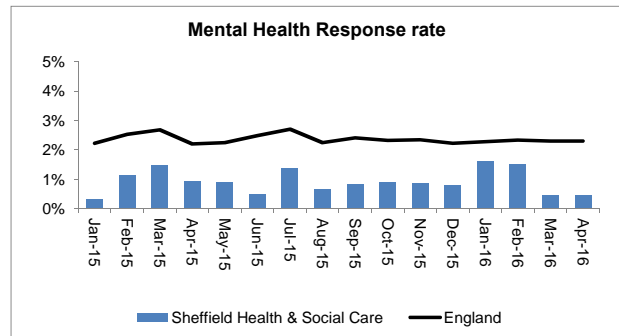
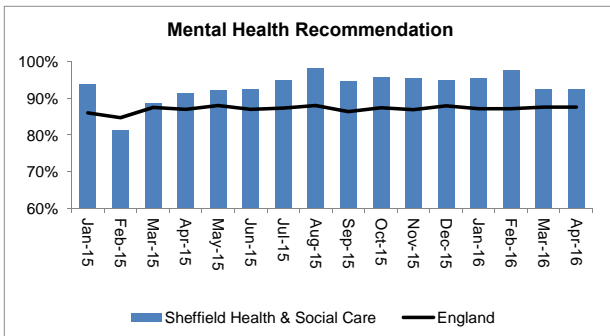
Highest Quality Health Care

Friends and Family Test - summary: *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 aims to help identify poor performance and encourage staff to make improvements, leading to a more positive experience of care for patients.*

Patients have a choice of 5 responses as to whether they'd recommend the service where they received their care and treatment: "Extremely likely", "Likely", "Neither likely nor unlikely", "Unlikely" or "Extremely unlikely". There are two key measures from the FFT: % of positive responses (i.e. 'Extremely likely' or 'Likely') and % response rate.

Notes:

- Whilst the percentages for England are shown in the charts below/overleaf for information, direct comparison does not provide a true reflection and is not recommended
- The Mental Health FFT commenced in January 2015, with all Trusts reporting by April/May 2015



Quality Premium

Composition of 2016/17 Quality Premium

* RAG (red, amber, green) rating for the measure's components - where applicable - and for the overall measure

Area	Quality Premium measure	Part *	Overall *	Proportion of QP
Antimicrobial resistance (AMR) Improving antibiotic prescribing in primary care	This Quality Premium measure consists of two parts (each worth 50% of the Quality Premium payment available for this indicator): a) reduction in the number of antibiotics prescribed in primary care b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care			10%
Cancers diagnosed at early stage	CCGs will need to either: 1. Demonstrate a 4 percentage point improvement in the proportion of cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 & 2 in the 2016 calendar year compared to the 2015 calendar year OR 2. Achieve greater than 60% of all cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 & 2 in the 2016 calendar year <i>*invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin</i>	-		20%
Increase in the proportion of GP referrals made by e-referrals	CCGs will need to either: 1. Meet a level of 80% by March 2017 (March 2017 performance only) and demonstrate a year on year increase in the percentage of referrals made by e-referrals (or achieve 100% e-referrals) OR 2. Have March 2017 performance exceeding March 2016 performance by 20%	-		20%
Overall experience of making a GP appointment	CCGs will need to demonstrate, in the July 2017 publication, either: 1. Achieving a level of 85% of respondents who said they had a good experience of making an appointment OR 2. A 3 percentage point increase from July 2016 publication on the percentage of respondents who said they had a good experience of making an appointment	-		20%
Local measures	15% of people in contact with mental health services to be on Care Programme Approach by the end of 2016/17	-		10%
	Delayed transfers of care from hospital (for age 18+): 5% reduction in average number of patients delayed by end of 16/17 in comparison to 15/16 average	-		10%
	70% of patients with Inflammatory Bowel Disease (IBD) to be receiving biosimilar alternatives to the Infliximab reference product, where appropriate, by the end of 2016/17	-		10%
NHS Constitution requirements	Constitution measure			Reduction applied to QP if not achieved
NHS Constitution measures affecting Quality Premium	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	-		25%
	Patients should be admitted, transferred or discharged within 4hrs of their arrival at an A&E department	-		25%
	Max. 2 month (62 day) wait from urgent GP referral to 1st definitive treatment for cancer	-		25%
	Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes	-		25%

NOTE: Measures in grey are awaiting further clarification or data availability

Measures not currently being met

A&E 4hr waits: See NHS Constitution section - A&E waits (page 7).

Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes: See NHS Constitution section - Ambulance response times (page 9).

Appendices

Quality & Outcomes Report

APPENDIX A: Health Economy Performance Measures Summary

The tables below highlight measures from NHS England's Five Year Forward View, as recorded in the document 'The Forward View Into Action: Planning For 2015/16' divided, where appropriate, into portfolios. This will be updated with any 2016/17 changes in due course.

Red, amber and green (RAG) ratings represent the latest known position for performance against each relevant measure. **Where possible, the RAG rating is against May 2016 performance as at the 22nd June 2016 - 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

NOTE: STHFT & SCHFT figures here (bar Referrals and Cancelled operations) are their Sheffield CCG cohort; it is not the Trust total position

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

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

CCG	STHFT	SCHFT
92.76%	92.45%	94.73%
0	0	0

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving a diagnostic test within 6wks

98.64%	98.58%	99.48%
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Elective Care

Total elective spells: All specialties (YTD) ¹
Ordinary elective spells: All specialties (YTD) ¹
Daycase elective spells: All specialties (YTD) ¹
Total elective spells: G&A specialties (YTD) ¹
Ordinary elective spells: G&A specialties (YTD) ¹
Daycase elective spells: G&A specialties (YTD) ¹
First outpatient attendances: All specialties (YTD) ¹
First outpatient attendances: G&A specialties (YTD) ¹
First outpatient attendances following GP referral: All specialties (YTD) ¹
First outpatient attendances following GP referral: G&A specialties (YTD) ¹
Total referrals for a first outpatient appointment: G&A specialties (YTD) ¹
GP written referrals for a first outpatient appointment: G&A specialties (YTD) ¹
Other referrals for a first outpatient appointment: G&A specialties (YTD) ¹
All subsequent (follow-up) outpatient attendances: All specialties (YTD) ¹
Cancelled operations offered another date within 28 days (QTR)

84838	75268	4063
17169	14150	1485
67669	61118	2578
79705	70178	4063
13298	10316	1485
66407	59862	2578
269519	239267	17683
243462	215484	16629
123750	114051	3564
118330	108917	3552
18754	16712	941
11895	10802	331
6859	5910	610
553413	503721	19815
*	4	0

GP services

Patient overall experience of GP services (Good - rate per 100)
Patient overall experience of GP services (Poor - rate per 100)

76.36
8.91

continued overleaf (inc. all footers / notes)

APPENDIX A: Health Economy Performance Measures Summary

Urgent Care

NOTE: STHFT & SCHFT Non-elective spells figures are their Sheffield CCG cohort; it is not the Trust total position

Non-elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD) ²	TBC	TBC	96.23%
LOCAL: % seen/treated within 4 hours of arrival in A&E (YTD) ²	-	88.88%	97.14%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	-	TBC	0
Non-elective spells: All specialties (YTD) ¹	71947	64587	3241
Non-elective spells: G&A specialties (YTD) ¹	56599	49715	3241
A&E attendances - Type 1 A&E departments (YTD) ³	TBC	TBC	TBC
A&E attendances - All A&E departments (YTD) ³	TBC	TBC	TBC
Unplanned hospitalisation for chronic ambulatory care sensitive conditions ⁴	944.3	N/A	N/A
Emergency admissions - acute conditions that should not require admission ⁴	1372.0	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s ⁴	188.6	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) ⁴	395.9	N/A	N/A
LOCAL: Unplanned hosp for chronic ambulatory care sensitive conditions ⁴	716.30	N/A	N/A
LOCAL: Em admissions - acute conditions that should not require admission ⁴	1086.96	N/A	N/A
LOCAL: Unplanned hosp for asthma, diabetes and epilepsy in under 19s ⁴	189.85	N/A	N/A
LOCAL: Em admissions for children with lower respiratory infections (LRTI) ⁴	324.29	N/A	N/A
Urgent operations cancelled for the second time	*	2	0

GP Out-of-hours services

Patient overall experience of out of hours GP services (Good - rate per 100)	67.43
Patient overall experience of out of hours GP services (Poor - rate per 100)	15.53

Yorkshire Ambulance Service (YAS)

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest YTD) ⁵	75.22%	N/A	N/A	69.69%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) ⁵	77.12%	N/A	N/A	74.16%
Category A response in 19 mins (YTD) ⁵	97.91%	N/A	N/A	95.71%
Ambulance handover delays - of over 30 minutes ⁶	N/A	264	2	2196
Ambulance handover delays - of over 1 hour ⁶	N/A	29	0	445
Ambulance crew clear delays - of over 30 minutes ⁶	N/A	35	4	549
Ambulance crew clear delays - of over 1 hour ⁶	N/A	5	0	45

Active Ageing, Cancer, End of Life Care and Long Term Conditions

The National measures on unplanned admissions for chronic ACSC monitored by this portfolio ultimately relates to Urgent Care, so are summarised in that section, above

	CCG	<i>NOTE: STHFT & SCHFT Cancer waits figures are their Sheffield CCG cohort; it is <u>not</u> the Trust total position</i>
Potential years of life lost (PYLL - rate per 100,000) ⁷	1976.3	
Proportion of people feeling supported to manage their condition	64.6%	
Health-related quality of life for people with long-term conditions	72.0	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	76.5%	

Cancer Waits (YTD)

	CCG	STHFT	SCHFT
% seen within 2 weeks - from GP referral to first outpatient appointment	94.06%	94.12%	100.00%
% seen within 2 weeks - as above, for breast symptoms	96.63%	96.57%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	94.20%	94.09%	100.00%
% treated within 31 days - subsequent treatment (surgery)	94.44%	94.00%	100.00%
% treated within 31 days - subsequent treatment (drugs)	100.00%	100.00%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	100.00%	100.00%	N/A
% treated within 62 days - following an urgent GP referral	88.18%	88.58%	N/A
% treated within 62 days - following referral from an NHS screening service	100.00%	100.00%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	93.33%	93.10%	N/A

continued overleaf (inc. all footers / notes)

APPENDIX A: Health Economy Performance Measures Summary

Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	98.08%
Early Intervention in Psychosis - % with a NICE approved care package seen within 2wks of referral	47.83%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	17.32%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	40.89%
Proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment	67.50%
Proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment	91.25%
Estimated diagnosis rate for people with dementia ⁸	80.0%

Children, Young People and Maternity

The 2 National measures monitored by this portfolio

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

- *Emergency admissions for children with lower respiratory infections (LRTI)*

ultimately relate to Urgent Care and so are summarised in that portfolio section; please see previous page.

Quality Standards

Patient Safety

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia infections (YTD)	1	1	0	N/A
Clostridium Difficile (C Diff) infections (YTD)	33	13	0	N/A
Mixed Sex Accommodation (MSA) breaches (YTD)	0	0	0	0
Hospital deaths attributable to problems in care	WIP	WIP	WIP	WIP

Patient Experience

Patient experience of hospital care	WIP	WIP	WIP
Friends and Family test: Inpatient - Response rate ⁹		28.49%	
Friends and Family test: Inpatient - % Recommended ⁹		95.85%	
Friends and Family test: A&E - Response rate ⁹		25.86%	
Friends and Family test: A&E - % Recommended ⁹		84.81%	

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

FOOTNOTES OVERLEAF

Footnotes:

Acute Services Portfolio - Elective Care and Urgent Care

¹ Activity (Elective, Non-elective and Outpatient) measures:

These measures cannot be interpreted directly in conjunction with Trusts' contract/activity monitoring reporting

- Trusts' Contract Activity monitoring - as summarised in APPENDIX C of this report - is the agreed Sheffield CCG-purchased plan for STHFT and SCHFT respectively - for all (i.e. not just G&A*) activity
- The measures here 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
- The majority of the activity measures will be monitored against nationally submitted SUS (secondary uses service) data
GP Referrals data is not available via SUS and so will, as per previous years, continue to be monitored via the Monthly Activity Return (MAR) or Quarterly Activity Return (QAR) submitted to the Department of Health
- Measures on the number of referrals will not be rated for STHFT or SCHFT as plans are not provided for these by CCG
- * G&A specialties = General & Acute - does not include, for example, Obstetrics, Mental Health and Community services

² % seen/treated within 4 hours of arrival in A&E: CURRENTLY AS AT END OF SEPTEMBER, APART FROM SCHFT

- CCG position = total reported from any provider on the national A&E SITREP collections - allocated to CCGs using proportions of each provider's A&E activity data submitted to SUS for that CCG - mapping provided by the Department of Health (as per NHS England source guidance)
- STHFT & SCHFT positions = total reported from the provider on the national A&E SITREP collections
- LOCAL: STHFT & SCHFT positions = total provider position from their daily A&E data
*As national SITREP data is a month behind, local position is provided for a more up-to-date/timely position for the Trusts
It is not accurate to provide a % for the CCG from these but an overall picture of performance can be estimated*

³ Number of attendances at A&E departments:

- CCG position = total reported from any provider in nationally submitted SUS data (as per NHS England source guidance)
- STHFT & SCHFT positions = total reported from the provider on the national A&E SITREP collections
- SCHFT has a Main A&E department only, so all attendances are Type 1 in nature
- * **NOTE:** STHFT position remains as at the end of August 2015, as official data is not yet available (see page 7)

⁴ Emergency Admissions/Unplanned Hospitalisation:

- Position shown here is the latest published figure (Oct-14 to Sep-15 PROVISIONAL)
This figure is the Directly standardised rate (DSR) per 100,000 registered patients (the 2 children's measures use <19s only)
- LOCAL position shown here is the latest YTD position taken from nationally submitted SUS (secondary uses service) data
This figure is the indirectly standardised rate per 100,000 registered patients (the 2 children's measures use under 19s only)

⁵ Category A responses:

- CCG position has been included for information, but all CCGs are officially measured against the YAS total position
NOTE: Numbers above for April are only partial - please see page 9 for further information

⁶ Ambulance handover/crew clear times:

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

Active Ageing, Cancer, End of Life Care and Long Term Conditions

⁷ PYLL:

- 2014 position; RAG in Quality Premium section is greyed out because this will be the 2015 position and this will not be published until c.Sep-16 - direction of travel/expected position is therefore not yet known for certain

Mental Health, Learning Disabilities and Dementia

⁸ Dementia diagnosis rate:

- May-16 position from NHS England (via Health and Social Care Information Centre - HSCIC - data)

Quality Standards

⁹ Friends and Family Test:

- Rated against improvement on previous period

APPENDIX B: Mental Health Trust Performance Measures

Sheffield Health and Social Care NHS Foundation Trust

SHSCFT Indicators				
	Target	April	May	Change
CPA 7 day follow up (YTD)	95%	96.43%	98.08%	▲
Early Intervention in Psychosis - % seen within 2wks	50%	50.00%	47.83%	▼
Crisis Resolution / Home Treatment (YTD)	1202	127	247	▲
	(2015/16)	January	February	
% receiving Psychological Therapy (IAPT) (YTD) *	18.04%**	15.62%	17.32%	▲
% IAPT patients moving to recovery (YTD) *	50%	40.72%	40.89%	▲
% waiting 6wks or less, from referral, for IAPT *	75%	67.39%	67.50%	▲
% waiting 18wks or less, from referral, for IAPT *	95%	92.39%	91.25%	▼

** CCG's 15/16 plan/ambition, as per 14/15, is to achieve 18.04%

Crisis Resolution / Home Treatment: As at the end of May, there were 247 home treatment interventions against the 12-month target of 1,202; this equates to 23.29% more patients benefiting from this service than originally planned during the first 2 months of 2016/17.

CPA 7 day follow up: May's monthly performance was 100% but April's was 96.43%, as 1 patient was not followed up within 7 days. Repeat efforts were made by local community team services to provide follow-up support, however the client has remained missing for a prolonged period; efforts continue to locate the patient.

The 2016/17 YTD position stands at 98.08%; this does, however, remain above the national target of 95%.

Early Intervention in Psychosis: During 2015/16, the focus of performance reporting for the EIS (Early Intervention Service) pathway changed to reflect the new national standard of *Percentage of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral*. (NHS England's guidance give the definition "The proportion of people experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care.")

A new national collection of this data commenced in January 2016 (to cover December 2015 data) with this access target requiring achievement by 1st April 2016.

The nationally submitted data for these first 6 months shows the SHSCFT position fluctuates quite widely; due to small numbers, a change in 1 person not seen can have a big effect on the percentage seen within 2 weeks. The target was met in April but dipped below in May.

Action being taken: The CCG are continuing to receive regular and frequent updates on the EIS 2 week target position, and the working group between the CCG and the Trust continues to meet. This includes clinicians from both parties. Despite the numbers being relatively small, the dip below 50% is a cause for concern especially given the far higher-than-anticipated levels of demand. The demand for the service is almost double that predicted based on national guidance and epidemiology. Both parties are jointly working on an action plan to consider how to meet this unprecedented level of demand. A range of options are currently being considered.

Expected timeframe for improvement: The position is being closely monitored, and in light of the high demand for the service it is unlikely that significant improvement will be made in the immediate term. We are working closely with the Trust to ensure that as a minimum 50% of people are seen within 2 weeks of referral. Any further improvement on this will be determined following the receipt of an agreed action plan including an agreed identified solution.

Action requested of Governing Body: Governing Body are asked to note the actions being taken and the issues around this target, particularly the fact that demand is twice as high as that previously anticipated. A further update will be brought back to the next Governing Body meeting.

continued overleaf - IAPT national measures

APPENDIX B: Mental Health Trust Performance Measures

Psychological therapy services (Improving Access to Psychological Therapies - IAPT)

** Nationally published data is now available for these measures and so has replaced the local data - provided directly from Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) - that was being used until we could replicate these. Please note that, although this data is several month's behind the locally available data, this is the most appropriate reporting, being the official data source quoted in national guidance.*

The number of people who received psychological therapy and are moving to recovery: The proportion of people receiving IAPT is currently above the 2015/16 planned ambition (as at the end of February) but the proportion for those moving to recovery is still some way below the national target.

Moving to recovery

Action being taken: This is a long standing issue, which has resulted ultimately from the Sheffield IAPT service having an 'inclusive' approach to the receipt of referrals. In essence therefore the service will never reject a referral based on clinical presentation, meaning they will often work with very complex individuals who, according to national IAPT definition may, technically speaking, never recover, and with individuals whose needs would not normally require IAPT services.

The CCG is working proactively with the Trust to ensure that only those patients who fulfil the IAPT criteria are included in the measure, by way of determining the actual local recovery rate (which will therefore mean it becomes comparable with other IAPT services). This will not change the way the service operates or exclude the more complex patients. In addition the CCG have supported the Trust in terms of reconfiguring the IAPT service, culminating recently in a service relaunch. This reconfiguration has enhanced the service offering, making it more responsive, more accessible and with a broad suite of options to meet the diverse needs of our population. These changes will, it is envisaged, make the service far more recovery focussed and will therefore, by default, improve the overall recovery rate.

Expected timeframe for improvement: The Trust are currently assessing the impact of changing the way in which data is collected, in terms of having a data set that reflects only IAPT service criteria. The result of this work will be presented to the CCG in July. In addition the impact of the service reconfiguration will also begin to be seen during July/August. An updated position will therefore be presented to Governing Body in September 2016.

Action requested of Governing Body: Governing Body are asked to note the actions being taken, note the issues regarding this target, and to agree to receive an update in September 2016.

People receiving the IAPT services

Action being taken: The high volume of individuals in receipt of IAPT services is being closely monitored given the possible inextricable link to the access and waiting time targets.

Expected timeframe for improvement: No improvement is required as this is subject to ongoing monitoring and will be escalated by the CCG if it impacts on the access and waiting time targets.

Action requested of Governing Body: Governing Body are to note the position on this target and are not required to take any further action on this target.

IAPT 6 week / 18 week waiting times: These access targets need to be achieved by 1st April 2016; national published data for the end of 2015/16 (so as at 31st March) will be available for reporting next month but current data (as the end of February) is not yet meeting the national targets.

Action being taken: Early indications show that despite significant improvement, the national reported position on both the 6 week and 18 week IAPT access targets will not be met by the end of March 2016. Based on locally extracted data however, Sheffield Health and Social Care NHS Foundation Trust have reported to their board (via their monthly Board Performance Report) that both access targets have been hit at the end of March. There is clearly a disparity therefore between local and national data, which despite several attempts to rectify, remains unresolved. This has culminated in a formal contractual letter being sent to the Trust to seek assurance and clarity on the reasons for the difference.

Expected timeframe for improvement: The letter to the Trust was sent in June 2016; therefore a resolution on the actual position regarding the respective access targets will be presented to Governing Body in September 2016.

Action requested of Governing Body: Governing Body are asked to note the issue regarding these targets, and to agree to receive an update in September 2016.

APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

This section is under review with regards to new requirements (i.e. the CCG Improvement and Assessment Framework, Ambulance Response Programme) and will be shaped in future months.

In the interim, current YAS measures - as previously reported here - are summarised below.

Actions to address performance issues: Please see the NHS Constitution - Rights & Pledges section of this report (Ambulance response and handover times - pages 9 and 10) for information on issues and actions.

YAS Indicators	Target	April	May	Monthly Change
Category A (RED 1) responses within 8mins (YTD)	75%	70.94%	69.69%	▼
Category A (RED 2) responses within 8mins (YTD)	75%	71.35%	74.16%	▲
Category A (RED combined) responses within 19mins (YTD)	95%	94.99%	95.71%	▲
NOTE: Numbers above for April are only partial - please see page 9 for further information				
Ambulance Handovers - delays over 30mins as a % of total arrivals with a handover time	Minimise	4033	2196	▼
	-	11.46%	6.95%	
Ambulance Handovers - delays over 1hr as a % of total arrivals with a handover time	Minimise	1082	445	▼
	-	3.07%	1.41%	
Crew Clear - delays over 30mins as a % of total arrivals with a handover time	Minimise	529	549	▲
	-	1.50%	1.74%	
Crew Clear - delays over 1hr as a % of total arrivals with a handover time	Minimise	51	45	▼
	-	0.14%	0.14%	

APPENDIX B: NHS 111 Performance Measures

NHS 111 Activity

Performance against National Target remains at Month 12, March 2016 - data for 2016/17 has not yet been provided
Compared, where possible, to National data

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

Sheffield Activity

Chart 1: Calls received

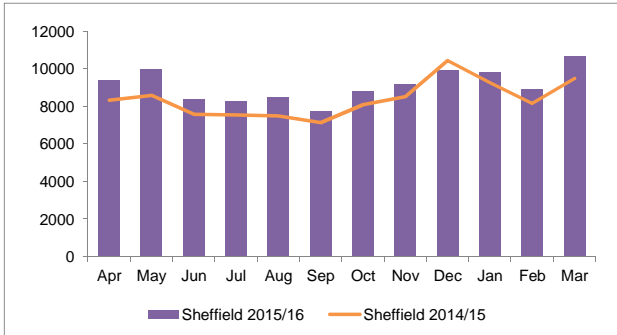


Chart 2: Clinical Calls completed within 10 minutes

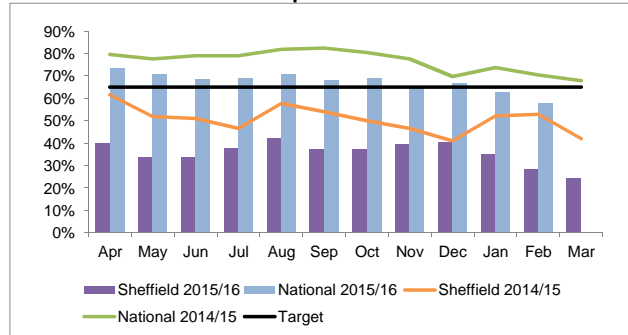


Chart 3: % of Clinical call-backs within 10 minutes ≥ 98%

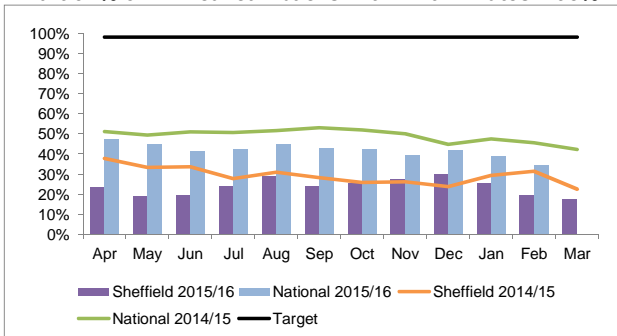
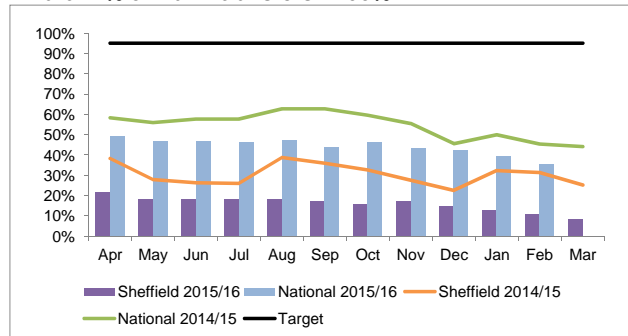


Chart 4: % of warm transfers* ≥ 95%



* 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

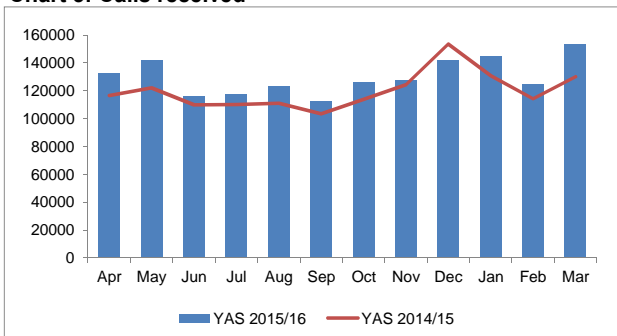


Chart 6: Calls answered within 60 seconds ≥ 95%

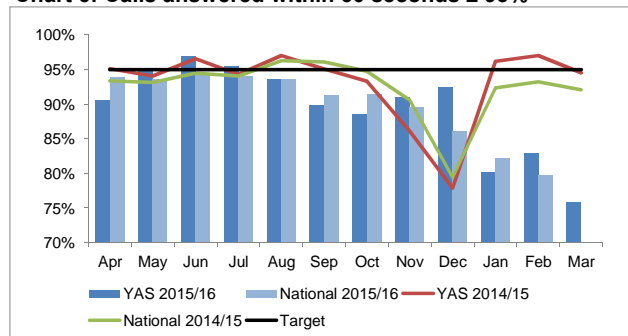


Chart 7: Calls abandoned after 30 seconds ≤ 5%

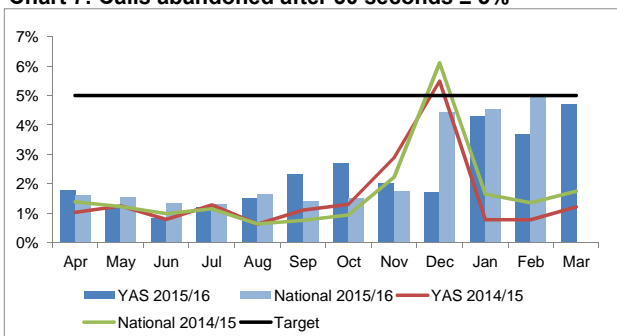
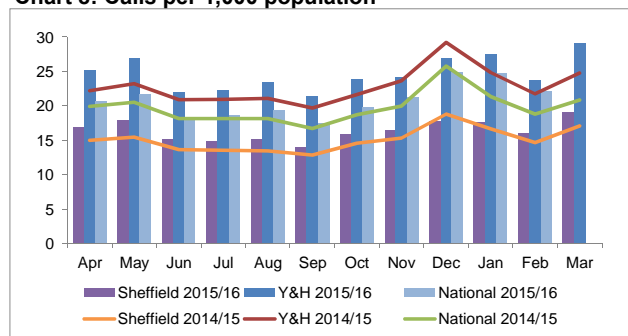


Chart 8: Calls per 1,000 population



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

APPENDIX B: NHS 111 Performance Measures

YAS Activity: NHS 111 Calls by Disposition Type (Disposition = where calls are directed to)

Chart 9: Calls by Disposition Type: Rolling year

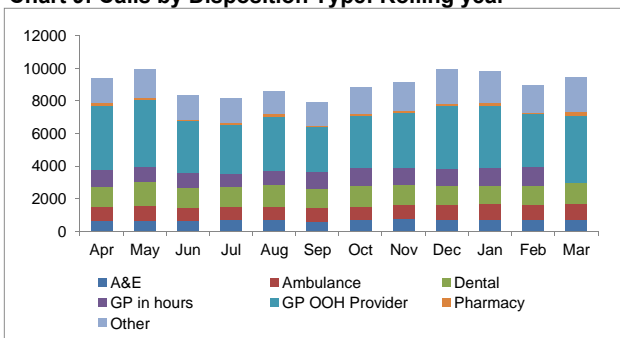


Chart 10: % Calls by Disposition Type: Rolling year

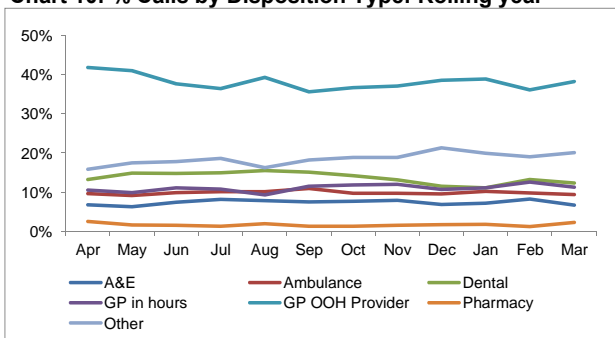


Chart 11: Proportion of Calls by Disposition Type: % change on previous year - from October 2014 *

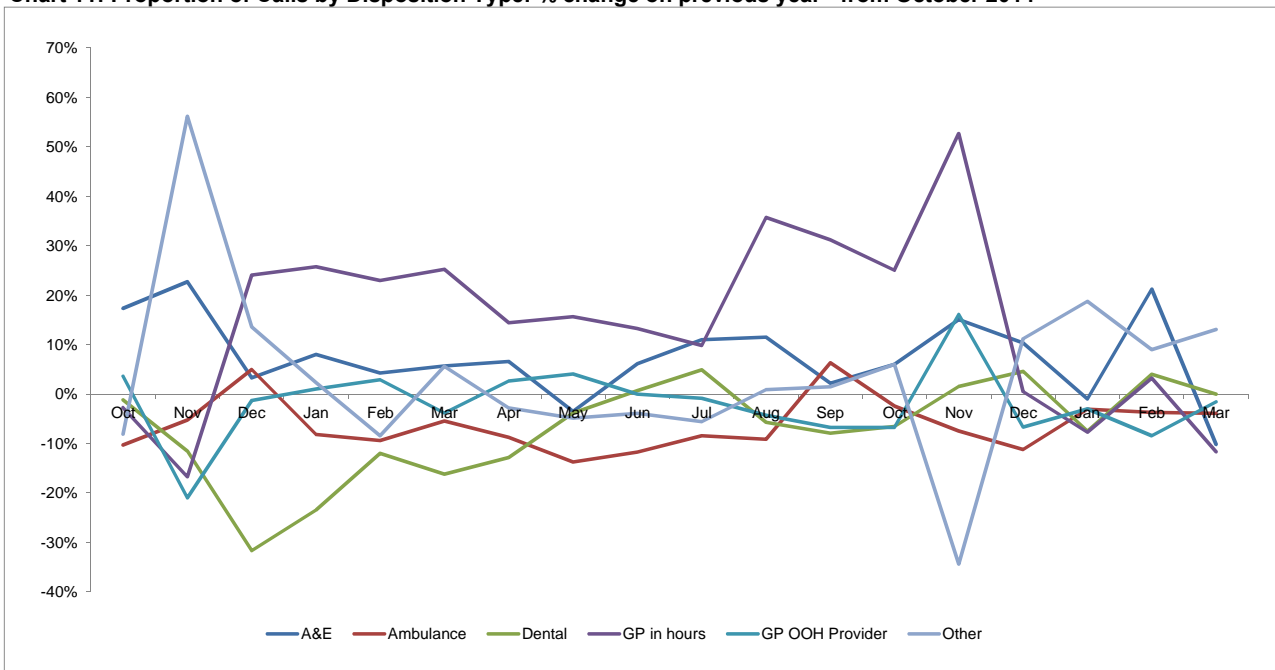


Chart 11 notes:

* Following the introduction of 111 there was a phased handover of services into the 111 Directorate. 111 did not cover all services until October 2014 and any data before this date does not accurately reflect demand.

Other = 111 Calls that are not triaged (i.e. wrong number) or result in dispositions of Primary Care (largely Walk-in Centre), Other Service or Self Care, excluding calls referred to GP In-Hours, GP OOH, Dental or Pharmacies.

The Pharmacy cohort has been removed from Chart 11 (% change year-on-year); this proportion of calls has only just begun to level out, as use of this disposition code has only recently started to be consistently applied in the call recording - therefore previous proportions skew the overall chart position.

APPENDIX C: Contract Activity

Sheffield Teaching Hospitals NHS Foundation Trust

Performance against Sheffield CCG Activity Target remains at Month 12, April 2015 - March 2016. 2016/17 not yet fully reconciled
PLEASE NOTE: DUE TO IMPLEMENTATION OF A NEW PATIENT ADMINISTRATION SYSTEM (LORENZO) AT THE END OF SEPTEMBER IT IS BELIEVED THAT THE FULL VOLUME OF ACTIVITY HAS NOT YET BEEN REPORTED. ACTIVITY FOR M6-M12 (GREY BARS) MAY THEREFORE CHANGE IN FUTURE MONTHS.

Outpatient First Attendances: 4.4% below plan
 Outpatient Follow-ups: 6.8% below plan
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 2.3% below plan
 Inpatient Non-elective Spells: 2.1% above plan
 A&E Attendances: 2.4% below plan

Figure 1: Referrals¹

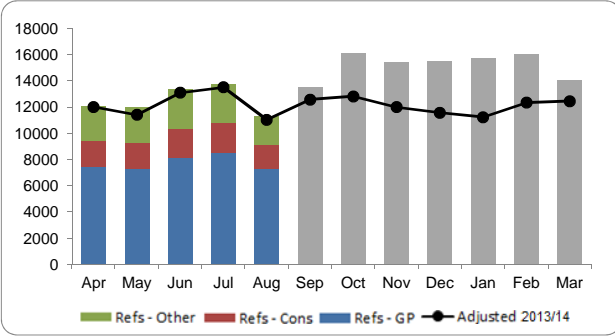


Figure 4: Electives

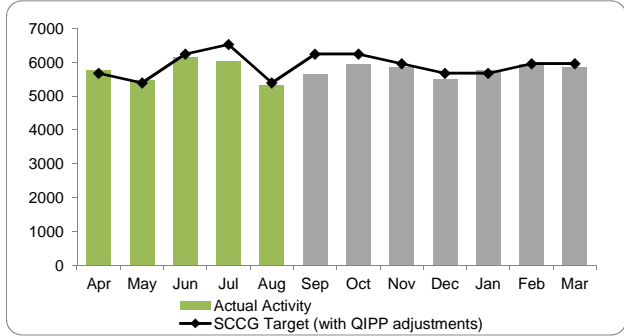


Figure 2: Firsts²

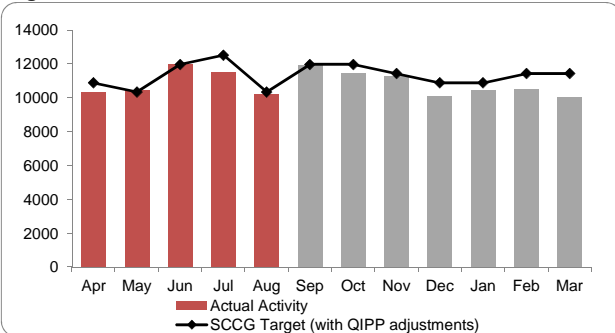


Figure 5: Non-Electives

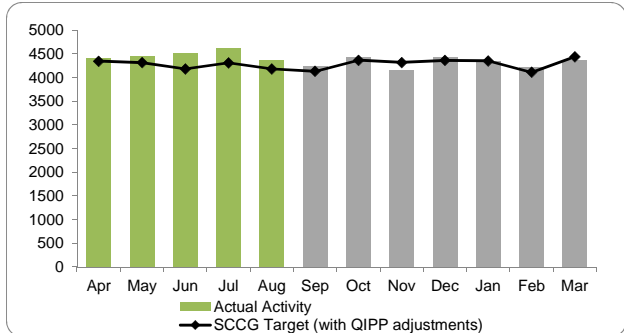


Figure 3: Follow-ups³

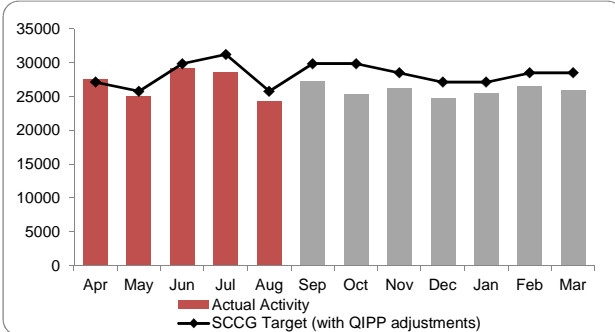


Figure 6: Accident and Emergency

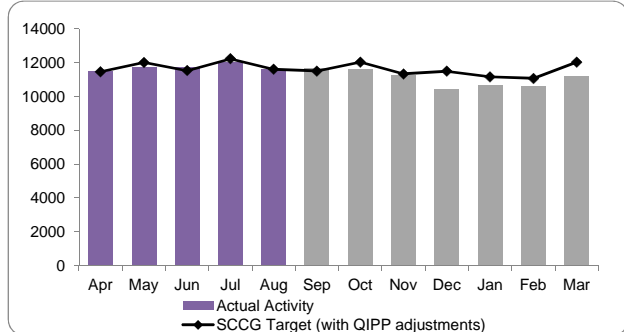


Table 1. Outpatient Activity

Activity	2015/16	Target	Var	% Var
Firsts	130,140	136,101	-5,961	-4.4%
Follow-ups	316,207	339,111	-22,904	-6.8%
Follow-ups:First Ratio	2.43	2.49	-0.06	-2.5%

Source: STHFT Contract Monitoring

Notes:

Additional non-recurrent activity to achieve 18WW has been phased across the year. This is currently being reviewed and phasing may change in-year

¹ Referrals compared to 2014/15, 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 1634 (6%).

³ Unallocated OP attendances have been attributed to follow-ups.

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

Table 2. Inpatient and A&E Activity

Activity	2015/16	Target	Var	% Var
Electives	69,319	70,944	-1,625	-2.3%
Non Electives	52,462	51,396	1,066	2.1%
Excess Bed Day Costs (£000s)	£ 8,191	£ 7,069	£ 1,122	15.9%
A&E	136,100	139,424	-3,324	-2.4%

APPENDIX C: Contract Activity

Sheffield Children's NHS Foundation Trust

Performance against Sheffield CCG Activity Target at Month 2, April 2016 - May 2016

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

Outpatient First Attendances: 4.7% above plan
 Outpatient Follow-ups: 6.3% above plan
 Outpatient Procedures: 30.4% below plan

Inpatient Elective Spells: 2.2% above plan
 Inpatient Non-elective Spells: 4.4% above plan
 A&E Attendances: 3.9% above plan

Figure 1: Firsts

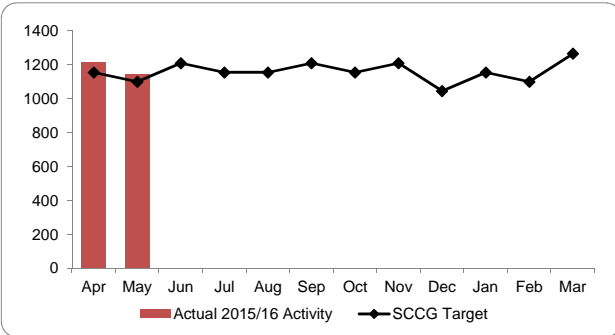


Figure 4: Electives

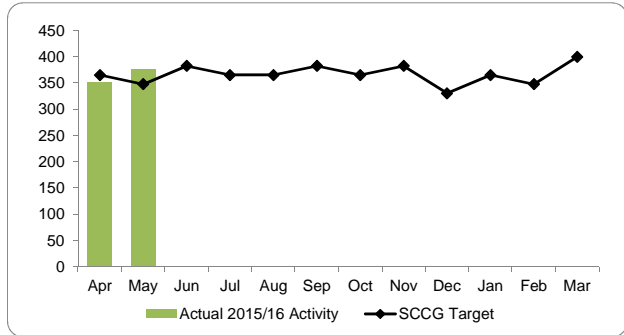


Figure 2: Follow-ups

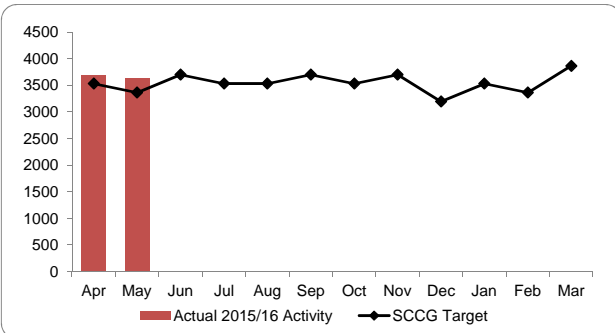


Figure 5: Non-Electives

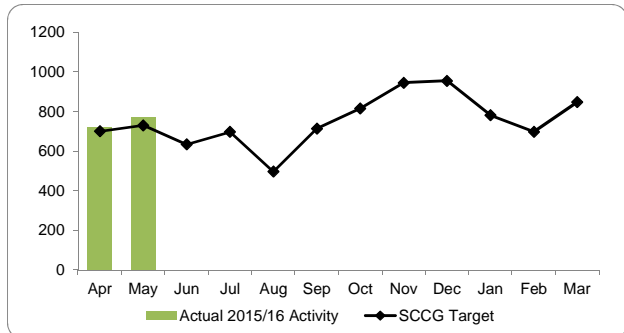


Figure 3: Accident and Emergency

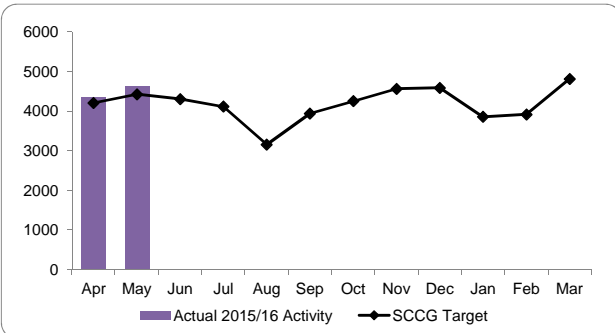


Figure 6: Excess Bed Days

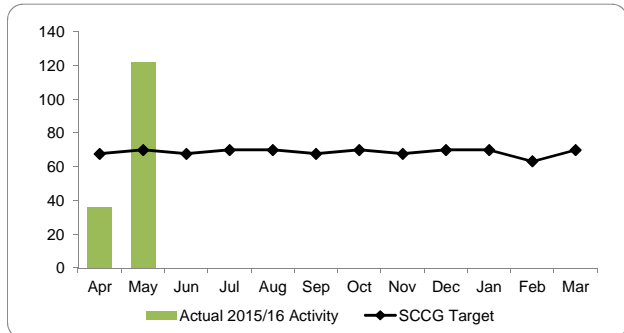


Table 1. Outpatient Activity

Activity	2016/17	Target	Var	% Var
Firsts	2,357	2,251	106	4.7%
Follow-ups	7,329	6,896	433	6.3%
OP Payable Procedures	2	3	-1	-30.4%
Follow-ups:First Ratio	3.11	3.06	0.05	1.5%

Table 2. Inpatient and A&E Activity

Activity	2016/17	Target	Var	% Var
Electives	729	713	16	2.2%
Non Electives	1,493	1,430	63	4.4%
Excess Bed Day Costs (£000s)	£ 56	£ 44	£ 12	27.8%
A&E	8,966	8,630	336	3.9%

Source: SCHFT Contract Monitoring (SLAM)

Notes:

Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, June 2016

APPENDIX D: Previously Unassessed Periods of Care (PUPOC)

Previously Unassessed Periods of Care (PUPOC)

Background information

NHS England now requires CCGs to publish progress on "PUPOCs". A "PUPOC" is a previously unassessed period of care.

Historically, all CCGs received requests from patients (or their representatives) for a 'retrospective' assessment, for eligibility for continuing healthcare (CHC). This meant the CCG had to look at whether the patient should have been eligible for CHC for a period in the past and if so, reimburse the patient for the cost of their care. In 2012, NHS England introduced a programme of cut-off dates for making such requests. No further requests can now be made for such PUPOCs, for care that occurred before March 2013 (unless there are exceptional circumstances).

Nationally, over 59,000 PUPOC applications were made. Sheffield received 499 such requests within that deadline. There are a range of complexities in dealing with PUPOCs - the volume of requests and the required work has presented a challenge for many CCGs. Sheffield CCG's PUPOCs are being assessed by a team now hosted by Doncaster CCG, which also provides this service to 11 other CCGs. The Chief Nurse at Doncaster CCG discusses performance on PUPOCs with senior colleagues at NHS England each month.

The Parliamentary and Health Service Ombudsman (PHSO) has set an expectation that all cases will have had an initial assessment and decision letter by March 31st 2017. Of note is the fact that the PHSO's deadline does not include any subsequent appeals that may arise.

In every case, a patient or their family is significantly affected by PUPOCs. In some cases, patients (or their family) have paid significant sums for care for their loved ones. Sheffield CCG's intent is to complete every PUPOC within timescale. The CCG is conscious of both the desire for 'closure' that patients and families will have and also the need to ensure that appropriate decisions are made and to ensure that the CCG does not fund care when the patient was not eligible.

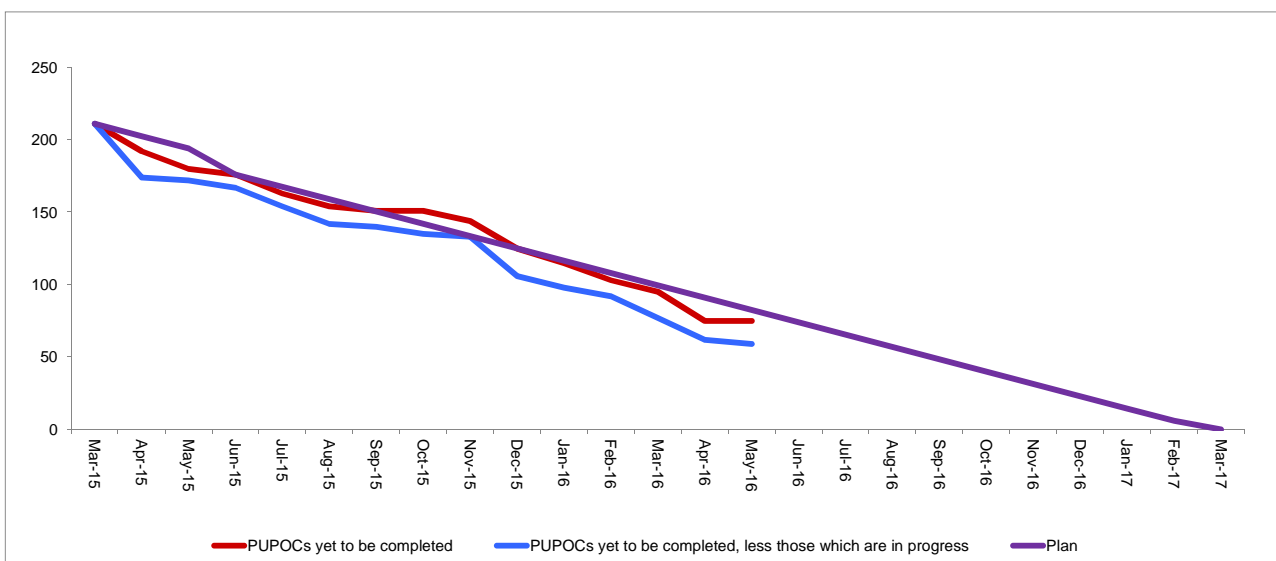
Monitoring

NHS England has now set trajectories for each CCG, to ensure completion by the required date. NHS England is also RAG rating performance of each CCG. Where other CCGs being supported by Doncaster CCG have amber or red ratings, this and other pressures may lead to calls for resources to be diverted away from Sheffield CCG's PUPOCs. Recruiting and retaining nurses in this team has and continues to be problematic and represents a risk to delivery.

Doncaster CCG has reported a similar position to that reported in April 2016. Cases continue to be reclassified as not PUPOCs. The Doncaster team report there are cases pending outcomes, which should be reflected in the June 2016 update.

Sheffield CCG, along with others for whom Doncaster is providing this service, have agreed additional resource and a plan for deploying it, with the aim of recovering performance.

The chart below shows progress to date on PUPOCs.



APPENDIX E: STF Improvement Trajectories 2016/17

Sustainability and Transformation Fund (STF) - Improvement Trajectories

Acute providers have, as part of the planning process for 2016/17, been asked by NHS Improvement (Monitor & NHS Trust Development Authority), to submit improvement trajectories in some key national measures. The achievement of these improvement trajectories is linked to Sustainability and Transformation Funding as per the Planning process for 2016/17.

Allocation of the fund has been calculated by NHS Improvement and agreed with NHS England nationally, together with an assurance process with a number of criteria which providers have to achieve in order to receive their funding. However, they will not be subject to standard contract sanctions on these standards (i.e. there will be no double jeopardy).

The sanctions covered by double jeopardy are:

- % of service users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral
- % of service users waiting less than six weeks from referral for a diagnostic test
- % of A&E attendances where the service user was admitted, transferred or discharged within four hours of their arrival at an A&E department
- % of service users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer
- zero tolerance RTT waits over 52 weeks for incomplete pathways
- trolley waits in A&E longer than 12 hours
- all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes
- all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 minutes

Performance will be judged against the recovery trajectories that will form part of the NHS standard contract for 2016/17.

*** PLEASE NOTE: Any updates to the SCHFT trajectories will be reported next month**

A&E WAITS: 95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	% Performance	91.0%	91.5%	92.0%	93.0%	94.0%	94.0%	93.5%	94.0%	94.5%	94.8%	95.0%	95.3%
SCHFT *	% Performance	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

RTT WAITS: 92% of all patients wait less than 18 weeks for treatment to start (Incomplete waits)

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	% Performance	92.6%	92.6%	92.7%	92.8%	92.8%	92.7%	92.7%	92.8%	92.9%	92.9%	92.9%	93.0%
SCHFT *	% Performance	92.1%	92.0%	92.0%	92.0%	92.1%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

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

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	% Performance	95.8%	96.6%	97.4%	98.4%	98.8%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
SCHFT *	% Performance	99.0%	99.0%	99.1%	99.1%	99.1%	99.1%	99.1%	99.0%	99.0%	99.0%	99.0%	99.0%

NOTE: This SCHFT trajectory may have been revised and so finalised % will be reported next month

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

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STHFT	% Performance	85.0%	85.1%	85.2%	85.0%	85.0%	85.2%	85.0%	85.2%	85.3%	85.0%	85.1%	85.2%
SCHFT	Not applicable												