

The Delivery Dashboard

This report resembles the balanced scorecard produced by NHS England Area Team as part of its quarterly assurance process for CCGs.

In addition to this report, the Operational Executive will be monitoring the full set of metrics contained in the various NHS related Outcomes Frameworks, and if there are any issues of concern they will be escalated to the Governing Body.

Quality Premium RAG Count

National Quality Premium			
▲	●	★	Total
2	0	2	4

Local Quality Premium			
▲	●	★	Total
1	1	0	2

Health Outcomes RAG Count

Preventing People Dying Early			
▲	●	★	Total
5	0	0	5

Enhancing Quality of Life			
▲	●	★	Total
2	2	1	5

Helping recovery from ill health and injury			
▲	●	★	Total
1	1	0	2

Positive Experience of Care			
▲	●	★	Total
0	0	3	3

Protecting people from avoidable harm			
▲	●	★	Total
3	0	1	4

Others			
▲	●	★	Total
3	1	0	4

NHS Constitution & Pledges RAG Count

Referral to Treatment			
▲	●	★	Total
1	0	3	4

Diagnostic Waits			
▲	●	★	Total
0	0	1	1

A&E Waits			
▲	●	★	Total
0	1	0	1

Cancer Waits - 2 Weeks			
▲	●	★	Total
0	0	2	2

Cancer Waits - 31 days			
▲	●	★	Total
0	0	4	4

Cancer Waits - 62 days			
▲	●	★	Total
0	1	2	3

Ambulance Calls			
▲	●	★	Total
4	2	2	8

Mixed Sex Accommodation Breaches			
▲	●	★	Total
1	0	0	1

Cancelled Operations			
▲	●	★	Total
1	0	0	1

Mental Health			
▲	●	★	Total
0	0	1	1

Key Performance Issues

Background

Key performance issues have been identified for escalation to the Governing Body within the narrative below. To support the Governing Body in understanding the current performance position, additional narrative and graphical representation has been included within the later section of the performance report.

1) A&E

The Year-to-date A&E position (Type 1 TRFT) as at 22nd November 2015 was **93.9%**. The quarter 3 position as of the 22nd November was **93.3%**. The November month to date position (22nd November) was **94.33%**.

November has seen improvement in performance compared to October however the delivery of the Q3 target continues to be very challenging and a risk. Given the current position regarding A&E performance, the CCG has taken the decision to review and update the risk register rating specific to A&E performance. Agreed improvement actions aimed at mitigating the risk are monitored through contractual mechanisms. The System Resilience Group (SRG) continues to engage in constructive discussions regarding the system wide response to supporting the delivery of A&E performance over the winter period.

2) YAS

The October YAS performance for Rotherham Category Red 1 patients was **74.6%**, this represents a significant improvement from the September position (61.2%). The wider YAS performance has also seen an improvement in October of **73.7%** (national target of 75%). Further detail on breach levels has been included within the report.

3) Improving Access to Psychological Therapies (IAPT) - 6 week waiting time

The national target for patients accessing IAPT services is 65% within 6 weeks. The October position for Rotherham CCG is 29%.

From a CCG perspective this current position remains concerning and a key priority for improvement over the coming months. The CCG has worked closely with RDASH to agree a challenging but realistic recovery plan, which aims to achieve compliance against the target by the end of February 2016. The full improvement trajectory is detailed in the later section of the report and will be monitored on a weekly basis by the CCG's contract team. RDASH have been given additional funding by NHS England to clear the backlog of patients, the CCG understand that additional capacity to address the long waiting times has now been secured by RDASH. As part of the recovery trajectory it is expected that the 18 week target for IAPT will achieve 95% by the end of December.

4) Cancer

In September the following cancer targets did not achieve the national standard:

62 day GP referral - Analysis showed that of the 44 patients waiting there were 8 breaches. Four breaches were due to Inter Provider Transfers. Two were inefficient pathways. Two were due to medical reasons. Further details can be found within the Cancer Exception section of this report.

31 day referral to treatment - Analysis showed of the 119 patients waiting there were 5 breaches. Two were due to medical reasons. Two were due to elective capacity being inadequate. One breach was due to patient choice.

31 day subsequent treatment for Surgery - Analysis showed of the 15 patients waiting there was 1 breach. This breach was due to patient choice.

Significant focus remains on all cancer indicators; the CCG continues to work across the South Yorkshire footprint to fully engage in pathway discussions. Over recent weeks the CCG has re-affirmed officer input into cancer commissioning to ensure the relevant priority is given to this area of provision. The CCG's cancer lead reviews all patient breaches to undertake root cause analysis.

5) Referral to Treatment

The CCG continues to see strong Referral to Treatment performance; details at speciality level are identified within the report. Governing Body members should note that due to data collection changes nationally, there are no longer data submitted against the RTT Admitted Adjusted Pathway. Latest data available is September 2015 and will no longer be reported. It was decided nationally that from October onwards that the 'Incomplete Pathway' operational standard should become the sole measure for patients' constitutional right to start treatment within 18 weeks.

6) Referral to Treatment - 52 week waits

There had been no 52ww breaches reported for Rotherham patient in October.

7) Eliminating Mixed Sex Accommodation Breaches (EMSA)

There remains to be zero breaches in October.

Key:

Performance Red Amber Green (RAG) Status	▲	Area of Concern	●	Underachieving	★	Target Achieved	n/a / >> / ? / -	Data Not Available Yet
Performance Direction of Travel (DoT) Status	▼	Deterioration	→	No Change	▲	Improvement	⊕	Comparison not available

Rotherham CCG Quality Premium 2015_16

National Priorities							
Monthly Indicators	Target	Latest		DoT	YTD	Date	Further Info.
Delayed transfers of care which are an NHS responsibility per 100,000 population (delayed days)	1,208	146	★	🟢	1,231	▲	Sep-15
Number of patients admitted to hospital for non-elective reasons discharged at weekends/bank holiday	28.95	27.84	▲	🔴	77.80	★	Aug-15
% of patients attending A&E with a diagnosis of mental health-related needs seen within 4hrs	95.00 %	84.13 %	▲	🔴	86.69 %	▲	Sep-15
% 4 hour A&E waiting times - seen within 4 hours - CCG (Monthly)	95.00 %	94.06 %	🟡	🟢	93.73 %	🟡	Sep-15
% 4 hour A&E waiting times - seen within 4 hours (Type 1 RFT) Latest Monthly Position	95.00 %	94.33 %	🟡	🔴	93.89 %	🟡	Nov-15
1% reduction in the number of antibiotic prescribed compared to 13/14 value	1.22	1.24	▲	🟢	1.24	▲	Sep-15
Reduction in the proportion of broad spectrum antibiotics as a total of all antibiotics in 14/15	11.30	9.12	★	🟢	9.15	★	Sep-15
Local Priorities							
Local Indicators	Target	Latest		DoT	Date	Further Information	
Alcohol related admissions to hospital per 100,000 population (standardised)	2,348	2,390	🟡	🔴	Mar-15		
People who have had a stroke who are admitted to acute stroke unit in 4 hrs of arrival to hospital	90.00 %	71.93 %	▲	🟢	Sep-15		

Indicators reported Quarterly & Annually will be added above when required, these are listed below:

Potential Years of Life Lost (PYLL) from causes considered amendable to healthcare, per 100,000

The Quality Premium indicators listed below are highlighted elsewhere within this report:

% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)

% Admitted patients to start treatment within a maximum of 18 weeks from referral (Commissioner)

% Non-admitted patients to start treatment within a maximum of 18 weeks from referral (Commissioner)

Cancer - % Patients seen within 2wks referred urgently by a GP

CatA (Red 1) 8 min response time (Yorkshire Ambulance Service - YAS)

Proportion of people waiting 6 weeks or less from referral to entering a course of IAPT treatment

Proportion of people waiting 18 weeks or less from referral to entering a course of IAPT treatment

Rotherham NHS Constitution & Pledges 2015_16

Referral to Treatment	Target	Oct-15	Oct-15	DoT	YTD	YTD	QP
% Admitted patients to start treatment within a maximum of 18 weeks from referral (Commissioner)	90.00 %		?	?	93.17 %	★	✓
% Non-admitted patients to start treatment within a maximum of 18 weeks from referral (Commissioner)	95.00 %	97.29 %	★	🔴	98.07 %	★	✓
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	92.00 %	95.33 %	★	🟡	95.63 %	★	✓
Number of 52 week Referral to Treatment Pathways Incomplete (Commissioner)	0	0	★	➡	3	🔴	
Diagnostic Waiting Times	Target	Oct-15	Oct-15	DoT	YTD	YTD	QP
% Patients waiting for diagnostic test waiting > than 6 wks from referral (Commissioner)	1.00 %	0.24 %	★	🟡	0.44 %	★	
A&E Waits	Target	Nov-15	Nov-15	DoT	YTD	YTD	QP
% 4 hour A&E waiting times - seen within 4 hours (Type 1 RFT) Latest Monthly Position	95.00 %	94.33 %	🟡	🟡	93.89 %	🟡	
Cancer - 2wk Waits	Target	Sep-15	Sep-15	DoT	YTD	YTD	QP
Cancer - % Patients referred with breast symptoms seen within 2 wks of referral	93.00 %	94.51 %	★	🔴	95.88 %	★	
Cancer - % Patients seen within 2wks referred urgently by a GP	93.00 %	94.68 %	★	🟡	94.38 %	★	✓
Cancer - 31 Days Wait	Target	Sep-15	Sep-15	DoT	YTD	YTD	QP
Cancer - % Patients seen within 31 days for subsequent treatment (Surgery)	94.00 %	93.33 %	🟡	🔴	97.85 %	★	
Cancer - % Patients seen within 31 days for subsequent treatment (Drugs)	98.00 %	100.00 %	★	➡	100.00...	★	
Cancer - % Patients seen within 31 days for subsequent treatment (Radiotherapy)	94.00 %	100.00 %	★	➡	99.07 %	★	
Cancer - % Patients seen within 31 days from referral to treatment	96.00 %	95.80 %	🟡	🔴	96.94 %	★	
Cancer - 62 Days Wait	Target	Sep-15	Sep-15	DoT	YTD	YTD	QP
Cancer - % Patients seen within 62 days of referral from GP	85.00 %	81.82 %	🟡	🔴	84.84 %	🟡	
Cancer - % Patients seen from referral within 62 days (Screening Service: Breast, Bowel & Cervical)	90.00 %	100.00 %	★	🟡	97.56 %	★	
Cancer - % Patients being seen within 62 days (ref. Consultant)	85.00 %	90.38 %	★	🔴	91.74 %	★	
YAS - Ambulance Calls	Target	Oct-15	Oct-15	DoT	YTD	YTD	QP
CatA (Red 1) 8 min response time (Yorkshire Ambulance Service - YAS)	75.00 %	73.70 %	🟡	🟡	71.63 %	🟡	✓
CatA (Red 1) 8 min response time (Rotherham)	75.00 %	74.67 %	🟡	🟡	62.24 %	🔴	
CatA (Red 2) 8 min response time (Yorkshire Ambulance Service - YAS)	75.00 %	72.50 %	🟡	🟡	71.37 %	🟡	
CatA (Red 2) 8 min response time (Rotherham)	75.00 %	68.65 %	🔴	🟡	67.88 %	🔴	
CatA 19min response time (Yorkshire Ambulance Service - YAS)	95.00 %	95.27 %	★	🔴	95.27 %	★	
CatA 19min response (Rotherham)	95.00 %	97.29 %	★	🔴	97.44 %	★	
Crew Clear delays of over 30 mins	0	14	🔴	🔴	80	🔴	
Ambulance handover delays of over 30 mins	0	31	🔴	🔴	148	🔴	
Mixed Sex Accommodation	Target	Oct-15	Oct-15	DoT	YTD	YTD	QP
Number of mixed sex accommodation breaches (Commissioner)	0	0	★	➡	9	🔴	
Cancelled Operations	Target	Sep-15	Sep-15	DoT	YTD	YTD	QP
Cancelled operations rebooked within 28 days	0	0	★	🟡	1	🔴	
Mental Health	Target	Oct-15	Oct-15	DoT	YTD	YTD	QP
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	95.00 %	100.00 %	★	➡	96.91 %	★	

Rotherham Health Outcomes 2015_16

Preventing Premature Mortality	Target	2014	2014	DoT	Further Info. / QP		
Potential Years of Life Lost (PYLL) from causes considered amendable to healthcare, per 100,000	2,378	2,500	▲	🔴	Target based on 15/16 trajectory submitted in 2014/15 (✓ QP)		
Under 75 mortality rate from cardiovascular disease (CCG)	63.70	86.50	▲	🔴	Target = England Average		
Under 75 mortality rate from respiratory disease (CCG)	27.60	31.20	▲	🟢	Target = England Average		
Under 75 mortality rate from liver disease (CCG)	15.80	18.90	▲	🔴	Target = England Average		
Under 75 mortality rate from cancer (CCG)	121.40	143.50	▲	🔴	Target = England Average		
Enhancing Quality of Life	Target	2014/15	2014/15	DoT	Further Info. / QP		
Health-related quality of life for people with long-term conditions	0.74	0.71	●	➡	Target = England Average		
Proportion of people feeling supported to manage their condition	67.31 %	69.14 %	★	🟢	- Data is 6 Monthly (Sep-Mar) - Target = England Average		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	937	1,073	▲	🔴	Target = RCCG 2013/14 outturn		
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	305.80	362.20	▲	🔴	Target = RCCG 2013/14 outturn		
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	71.50 %	68.54 %	●	🟢	Latest data as at 31 October 2015 - monitored monthly.		
Helping Recovery	Target	2014/15	2014/15	DoT	Further Info. / QP		
Emergency admissions for acute conditions that should not usually require hospital admission	1,497	1,542	●	🟢	Target = RCCG 2013/14 outturn		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	480.80	541.80	▲	🟢	Target = RCCG 2013/14 outturn		
Patient Experience	Target	2014	2014	DoT	Further Info. / QP		
Satisfaction with the quality of consultation at the GP practice	437.30	439.60	★	🔴	New measure for 2015/16		
Satisfaction with the overall care received at the surgery	85.20	85.70	★	🟢	New measure for 2015/16		
Satisfaction with accessing primary care	73.80	74.20	★	🟢	New measure for 2015/16		
Protecting people from avoidable harm	Target	Oct-15	Oct-15	DoT	YTD	YTD	Further Info. / QP
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	0	★	➡	1	▲	
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	0	0	★	➡	0	★	
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	5	1	★	🟢	51	▲	
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	2	4	▲	🔴	17	▲	
Mental Health: Monthly Indicators	Target	Oct-15	Oct-15	DoT	YTD	YTD	Further Info. / QP
Proportion of people waiting 6 weeks or less from referral to entering a course of IAPT treatment	70.00 %	28.00 %	▲	🔴	29.05 %	▲	✓
Proportion of people waiting 18 weeks or less from referral to entering a course of IAPT treatment	90.00 %	79.69 %	▲	🔴	85.18 %	▲	✓
Mental Health: Quarterly Indicators 15/16	Target	Qtr 2	Qtr 2	DoT	Further Info. / QP		
Improved Access to Psychological Services-IAPT: People entering treatment against level of need	3.75 %	3.54 %	▲	🟢			
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50.03 %	50.98 %	★	🟢			

RMBC: Better Care Fund

The Better Care Fund provides an opportunity to improve the lives of some of the most vulnerable people in our society, giving them control, placing them at the centre of their own care and support, and, in doing so, providing them with a better service and better quality of life.

Below is the Dashboard to support Rotherham MBC Better Care Fund for 2015/16.

		Apr-2015	May-2015	Jun-2015	Jul-2015	Aug-2015	Sep-2015	Oct-2015	Nov-2015	Dec-2015	Jan-2016	Feb-2016	Mar-2016
Non-elective FFCs (First Finished Consultant Episode) (RMBC/HWB Calc)	Actual	2,641	2,556	2,559	2,590	2,551	2,377						
	Target	2,530	2,541	2,443	2,608	2,341	2,433	2,453	2,547	2,670	2,532	2,409	2,697
	Performance	🟡	🟡	🟡	🟢	🔴	🟢	?	—	—	—	—	—
	Actual (YTD)	2,641	5,197	7,756	10,346	12,897	15,274						
	Target (YTD)	2,530	5,071	7,514	10,122	12,463	14,896	17,349	19,896	22,566	25,098	27,507	30,204

		Apr-2015	May-2015	Jun-2015	Jul-2015	Aug-2015	Sep-2015	Oct-2015	Nov-2015	Dec-2015	Jan-2016	Feb-2016	Mar-2016
Delayed transfers of care from hospital per 100,000 population (number of days delayed)	Actual	291.0	277.8	211.4	264.2	278.8	174.8						
	Target	295.9	296.4	296.4	293.0	293.5	293.5	290.0	290.5	290.5	286.0	286.0	286.0
	Performance	🟢	🟢	🟢	🟢	🟢	🟢	?	—	—	—	—	—
	Baseline: Apr13-Dec13	124.6	124.6	124.6	124.6	124.6	124.6	124.6	124.6	124.6	124.6	124.6	124.6

		Apr-2015	May-2015	Jun-2015	Jul-2015	Aug-2015	Sep-2015	Oct-2015	Nov-2015	Dec-2015	Jan-2016	Feb-2016	Mar-2016
Emergency readmissions within 30 days of discharge from hospital	Actual	146.96	14.01	14.41	14.22	14.39	14.74						
	Target	13.29	13.12	13.05	12.97	12.80	12.68	12.64	12.68	12.58	12.53	12.49	
	Performance	🔴	🔴	🔴	🔴	🔴	🔴	?	—	—	—	—	🟡
	Baseline: Apr13-Dec13	13.20	14.02	15.59	13.40	13.43	13.38	13.31	12.64	14.72			

		Mar-2014	Jun-2014	Sep-2014	Dec-2014	Mar-2015	Jun-2015	Sep-2015	Dec-2015	Mar-2016
Permanent admissions of older people (aged 65+) to residential & nursing care homes, per 100,000	Actual	694.6	109.3	232.3	317.0	893.5	221.4			
	Target	736.6	162.6	325.2	487.8	650.7	239.6	479.0	718.9	958.5
	Performance	🟢	🟢	🟢	🟢	🔴	🟢	?	—	—
	Baseline: 2012/13		739.6	739.6	739.6	739.6				

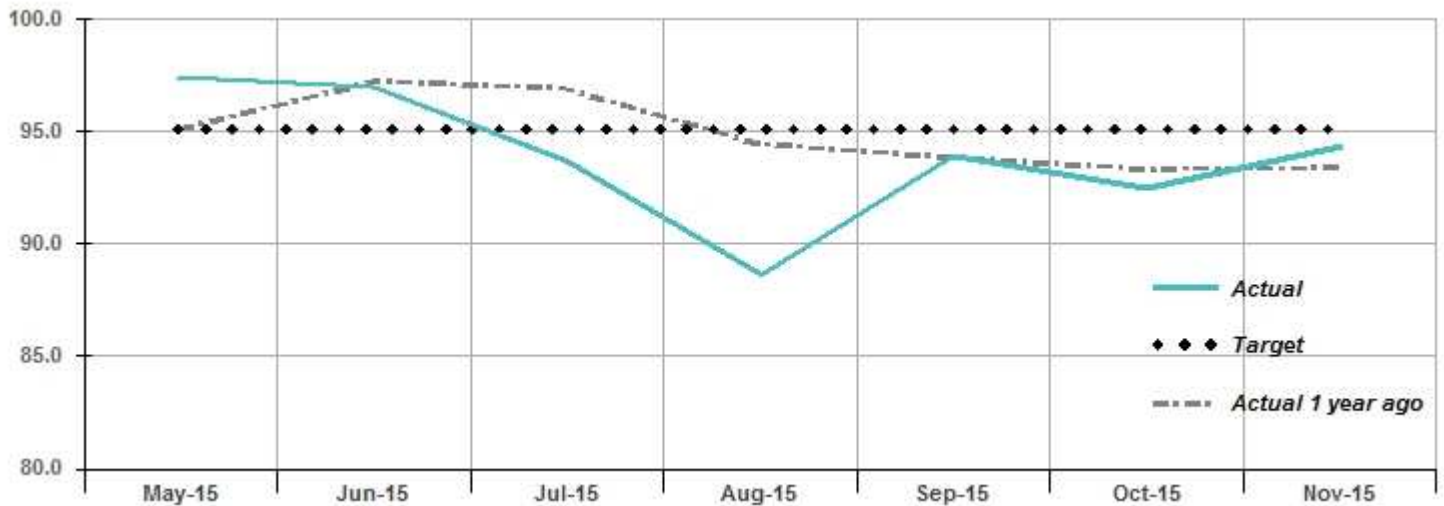
		Mar-2015	Mar-2016
The proportion of older people (65+) still at home 91 days after discharge into rehabilitation	Actual	83.47	
	Target	88.50	90.00
	Performance	🔴	—
	Baseline: 2012/13	86.70	90.00

		Dec-2012	Dec-2013	Dec-2014	Dec-2015
Inpatient Experience: Proportion of people reporting poor patient experience of inpatient care	Actual	128.30	123.60	115.90	
	Target			123.08	121.96
	Performance	🟡	🟡	🟢	—
	Baseline 2013			123.60	123.60

A&E - 4 Hour Waits

A&E 4 Hours Waits - RFT Patients

		May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
% 4 hour A&E waiting times - seen within 4 hours (Type 1 RFT) Latest Monthly Position	Actual	97.42 %	96.97 %	93.65 %	88.63 %	93.93 %	92.47 %	94.33 %
	Target	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %
	Performance	★	★	●	▲	●	●	●
	Direction of Travel	➡	➡	➡	➡	➡	➡	➡
	Actual 1 year ago	95.11 %	97.20 %	96.88 %	94.42 %	93.83 %	93.30 %	93.34 %



Supporting Explanation

Rotherham CCG data is used to monitor for the Quality Premium and is now published via NHS England on a monthly basis; however it runs 1 month in arrears.

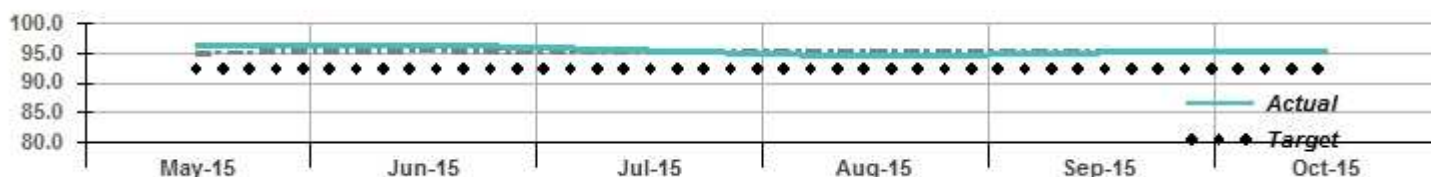
To monitor A&E in a timely manner it has been agreed to use TRFT's daily data as a proxy for the CCG measure.

Year-to-date A&E position (Type 1 TRFT) as at 22nd November 2015 was **93.9%**. Quarter 3's current position is **93.3%**. TRFT remain confident that both the Q3 target and the Year End target will be met.

Referral to Treatment - Incomplete Pathway

RTT Incomplete Pathway - RCCG Patients

		May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	Actual	96.28 %	96.49 %	95.47 %	94.56 %	95.27 %	95.33 %
	Target	92.00 %	92.00 %	92.00 %	92.00 %	92.00 %	92.00 %
	Performance	★	★	★	★	★	★
	Direction of Travel	➡	➡	➡	➡	➡	➡
	Actual 1 year ago	94.94 %	95.32 %	95.10 %	95.04 %	95.40 %	95.08 %



RTT Incomplete Pathways by Specialty - RCCG Patients

	Oct 2015			
	Actual	Target	Performance	Direction of Travel
All specialties - Total Incomplete	95.33	92.00	★	➡
Cardiology	91.15	92.00	●	➡
Cardiothoracic Surgery	92.86	92.00	★	➡
Dermatology	94.39	92.00	★	➡
ENT	98.07	92.00	★	➡
Gastroenterology	95.19	92.00	★	➡
General Medicine	94.10	92.00	★	➡
General Surgery	94.67	92.00	★	➡
Geriatric Medicine	92.71	92.00	★	➡
Gynaecology	97.05	92.00	★	➡
Neurosurgery	96.63	92.00	★	➡
Neurology	91.75	92.00	●	➡
Ophthalmology	98.66	92.00	★	➡
Oral Surgery		92.00	?	?
Other	93.63	92.00	★	➡
Plastic Surgery	79.57	92.00	▲	➡
Rheumatology	97.60	92.00	★	➡
Thoracic Medicine	98.44	92.00	★	➡
Trauma & Orthopaedics	96.09	92.00	★	➡
Urology	92.41	92.00	★	➡

Supporting Explanation

Specialty pathways not meeting the 92% standard are Cardiology, Neurology and Plastic Surgery.

Cardiology pathway had 70 breaches with 23 at Sheffield Teaching Hospital (86.93%), 44 at Rotherham Foundation Trust (92.25%) and 3 breaches at Doncaster & Bassetlaw Hospital (100%).

Neurology had 39 breaches all occurring at Sheffield Teaching Hospital (STH).

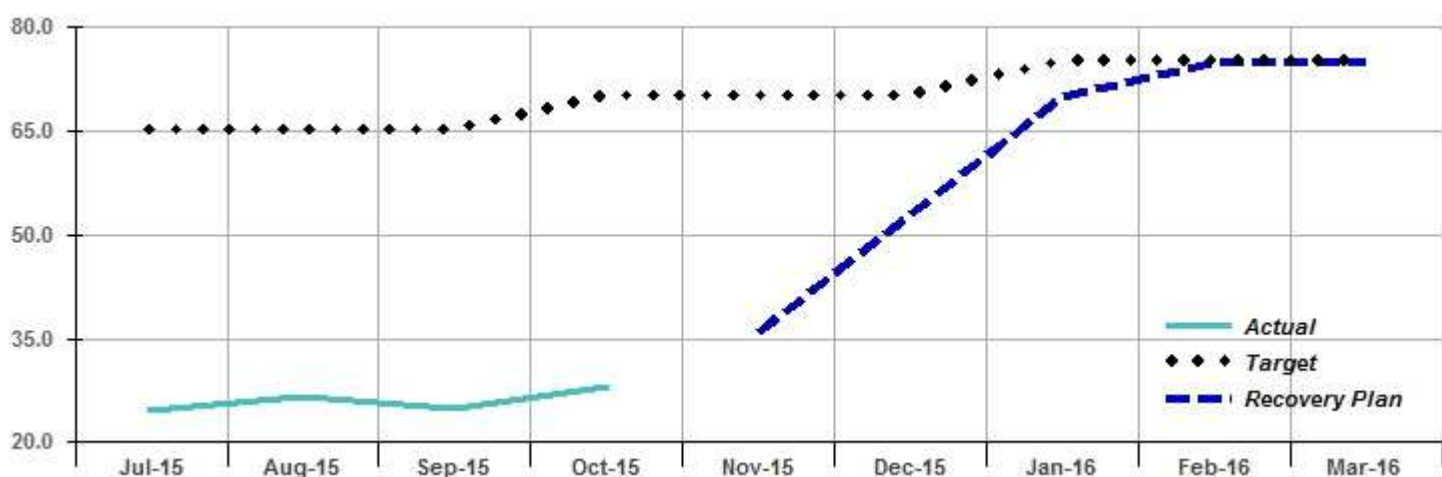
Plastic Surgery has 19 breaches all occurring at Sheffield Teaching Hospital (STH).

* '?' Represents that no calculation is to be made for the specialty in question, as no patients were due to be treated in month

IAPT Waiting Times

IAPT 6 Week Wait - RCCG Patients

		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Proportion of people waiting 6 weeks or less from referral to entering a course of IAPT treatment	Actual	24.62 %	26.67 %	24.84 %	28.00 %					
	Target	65.10 %	65.10 %	65.10 %	70.00 %	70.00 %	70.00 %	75.00 %	75.00 %	75.00 %
	Performance	▲	▲	▲	▲	—	—	—	—	—
	Direction of Travel	➡	➡	➡	➡	?	?	?	?	?
	Recovery Plan					36.00 %	53.00 %	70.00 %	75.00 %	75.00 %
	Recovery Performance	!	!	!	!	—	—	—	—	—



Supporting Explanation

There has now been a recovery planned agreed (set out above) which aims to achieve compliance against the 75% target by the end of February 2016.

This recovery plan and associated risks are to be monitored on a weekly basis.

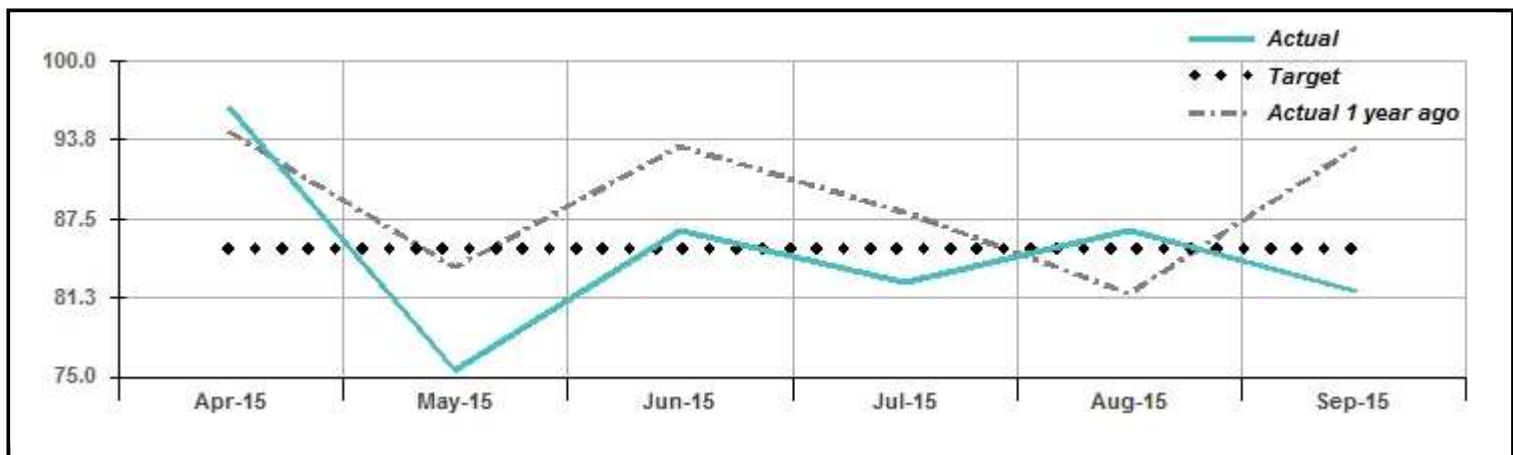
Cancer 62 Days

Cancer 62 Days GP Referral - RCCG Patients

		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Cancer - % Patients seen within 62 days of referral from GP	Actual	96.15 %	75.47 %	86.54 %	82.46 %	86.54 %	81.82 %
	Target	85.00 %	85.00 %	85.00 %	85.00 %	85.00 %	85.00 %
	Performance	★	▲	★	●	★	●
	Direction of Travel	➡	➡	➡	➡	➡	➡
	Actual 1 year ago	94.29 %	83.64 %	93.22 %	88.00 %	81.58 %	93.02 %

Cancer 62 Days GP Referral - The Numbers - RCCG Patients

		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Cancer patients seen within 62 days from GP referral	Actual	50.00	40.00	45.00	47.00	45.00	36.00
Total cancer patients waiting to be seen within 62 days of GP referral	Actual	52.00	53.00	52.00	57.00	52.00	44.00



Supporting Explanation

The latest data show a drop in performance for Rotherham CCG. TRFT also saw a drop in performance for September, with performance at **81.8%** from **86.5%** in August. There were 8 breaches in September. The reasons behind these were:

Four breaches were due to Inter Provider Transfers (IPT). Three IPT's from Rother Foundation Trust, consisting of total waits of 75, 128 & 128 days. One IPT was from Chesterfield Royal Hospital Foundation Trust.

Two were inefficient pathways, causing waits of 86 and 116 days.

Two were due to medical reasons, causing waits of 64 and 93 days.

Yorkshire Ambulance Service (YAS)

Yorkshire Ambulance Service - Catagory A (Red1)

























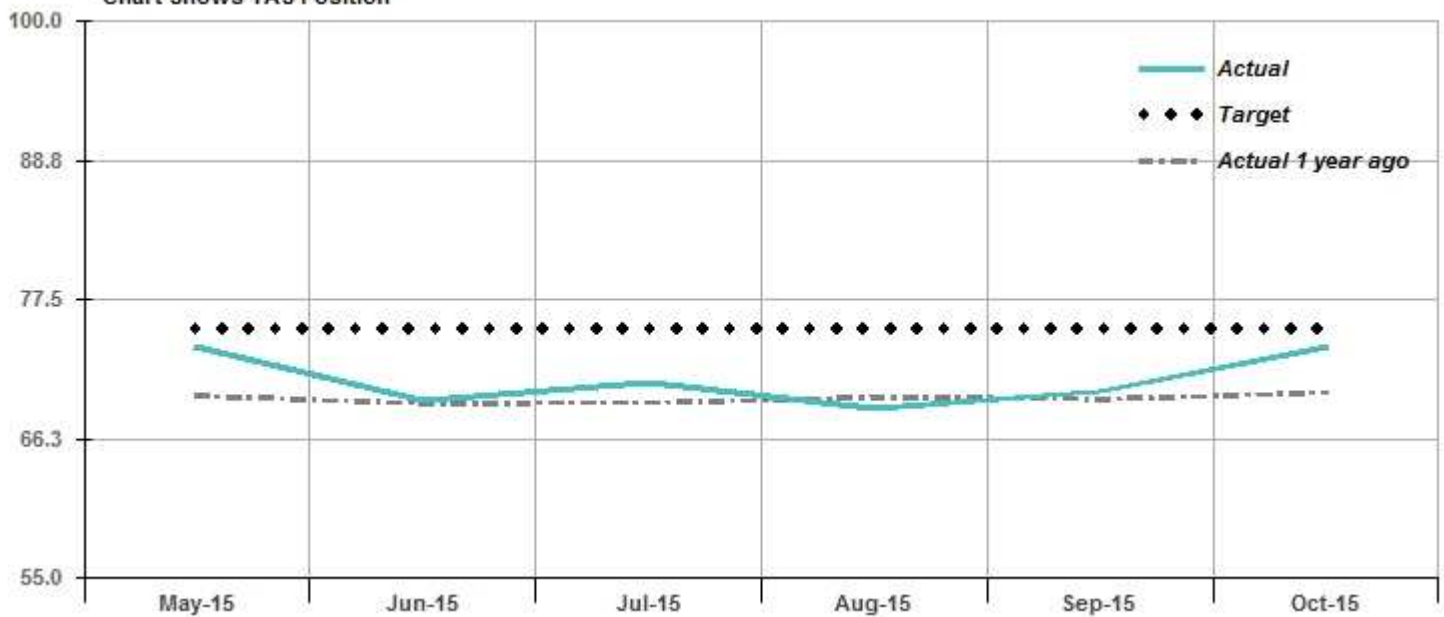
		May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
CatA (Red 1) 8 min response time (Yorkshire Ambulance Service - YAS)	Actual	73.71 %	69.41 %	70.82 %	68.73 %	70.10 %	73.70 %
	Target	75.00 %	75.00 %	75.00 %	75.00 %	75.00 %	75.00 %
	Performance						
	Direction of Travel						
	Actual 1 year ago	69.70 %	69.11 %	69.14 %	69.57 %	69.43 %	69.98 %
CatA (Red 1) 8 min response time (Rotherham)	Actual	60.38 %	54.05 %	55.41 %	60.29 %	61.20 %	74.67 %
	Target	75.00 %	75.00 %	75.00 %	75.00 %	75.00 %	75.00 %
	Performance						
	Direction of Travel						
	Actual 1 year ago	64.50 %	61.09 %	62.15 %	63.13 %	63.40 %	65.04 %

Chart Shows YAS Position



Supporting Explanation

October performance for Red CatA saw a total of 73 calls of which 54 were answered within the 8 minutes in Rotherham.

Further analysis for Red 1&2 CatA combined data in October for Rotherham showed that 74.6% were seen in 9 minutes and 80.6% in 10 minutes.

Rotherham Gov Body Rep Glossary 2015/16

Better Care Fund

Avoidable emergency admissions:Non-Elective admission data are derived from the Monthly Activity Return (MAR). It is collected from providers (both NHS & IS) broken down by Commissioner.

Delayed transfers of care from hospital per 100,000 population:Average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both).

Emergency readmissions within 30 days of discharge from hospital (all ages):Per 100,000 population standardised, for people registered with a Rotherham GP.

Inpatient experience: Proportion of people reporting poor patient experience of inpatient care

Permanent admissions of older people (65+) to residential care & nursing homes, per 100,000: Annual rate of council-supported permanent admissions of older people to residential & nursing care.

Proportion of older people (65+) who were still at home 91 days after discharge from hospital:Increase in effectiveness of these services whilst ensuring that those offered services does not decrease. Older people discharged to residential or nursing home or extra care housing for rehabilitation, with a clear intention that they will move back to own their own home.

Health Outcomes

Emergency admissions for acute conditions that should not usually require hospital admission:Emergency admissions could have been avoided through better management in primary care, over 19 years. (E.g. ENT infections, Kidney/ Urinary Tract Infections, heart failure etc.). Comparisons made with England averages & improvements expected.

Emergency admissions for children with lower respiratory tract infections:Comparisons made with England averages & improvements expected.

IAPT - The proportion of people that enter treatment against level of need in the general population:The number of people who receive psychological therapies divided into the number of people who have depression (local estimate based upon national audit)

IAPT - The proportion of people who complete treatment who are moving to recovery:Number of people who are moving onto recovery divided into the Number of people who have completed at least 2 treatment contacts

Satisfaction at a GP practice:The aggregation of patients who gave positive answers to five selected questions in the GP survey about the quality of appointments at the GP practice

Satisfaction at a surgery:The percentage of patients who gave positive answers to the GP survey question 'Overall, how would you describe your experience of your GP surgery?'

Satisfaction with access to primary care:The percentage of patients who gave positive answers to the GP survey question 'Overall, how would you describe your experience of making an appointment?'

Under 75's Mortality Rates(CVD, Respiratory Disease, Liver Disease & Cancer): Comparisons made with England averages & Improvements expected year on year.

Unplanned Hospitalisation for asthma, diabetes & epilepsy in under 19's per 100,000 population:Comparisons made with England averages & improvements expected.

Unplanned hospitalisation for chronic ambulatory care sensitive conditions:Comparisons made with England averages & improvements expected.

NHS Constitution & Pledges

YAS Category A Ambulance Calls Red 2:Other Time Critical calls eg Serious breathing difficulties or suspected stroke with serious symptoms

Quality Premium

A&E 4 hour waits in A&E (CCG): Data published one month behind. A proxy measure has been added to the QP scorecard to show TRFT's daily position to highlight latest position for A&E for Rotherham patients.

A&E 4 hours waits for patients with mental health needs: primary diagnosis of mental health-related needs or poisoning spending over 4 hours in A&E is over 95%, together with primary diagnosis codes at A&E with a valid 2 character A&E diagnosis or 3 digit ICD-10 code will be at least 90%

Alcohol related admissions to hospital per 100,000 population standardised:Rate to meet target trajectory.

Cancer:% Patients referred (within 14 days) by a GP to their first outpatient appointment for suspected cancer.

Hospital discharges at weekend/bank holiday:Increase in the Number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays.

IAPT - The proportion of people that wait 18 weeksor less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

IAPT - The proportion of people that wait 6 weeksor less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

Potential Years of Life Lost from causes considered amenable to health care & life expectancy at 75 (PYLL):Premature deaths that should not occur in most cases in the presence of timely & effective health care. A 3.2% reduction based upon the Directly Standardised Rate required year on year. Rotherham has an excess of 6000 years of life lost.

Stroke 4 hour target:People who've had a stroke that are admitted to an acute stroke unit within 4 hours of arrival to hospital.

YAS Category A Ambulance Calls Red 1:Most Urgent time critical calls e.g. Cardiac Arrest patients who are not breathing & don't have a pulse or life threatening trauma.