

### Rotherham Clinical Commissioning Group: Governing Body Delivery Dashboard for 2016/17

### December 2016

Summary

Constitution and Pledges

Improvement and Assessment Framework

**Health Outcomes** 

**Better Care Fund** 

**Quality Premium** 

Focus on Performance Tables

NHS Rotherham Clinical Commissioning Group













**Meeting Date:** 

December 2016

This report presents a balance scorecard of key indicators used by NHS England to assure itself on CCG delivery.

In addition to this report, the Operational Executive will be monitoring a full set of metrics across the various NHS related Outcome Frameworks.

Any issues of concern will be escalated to the governing body.

#### **NHS Constitution and Pledges Overall RAG Ratings**

Referral to Treatment		
R	А	G
		3

Mixed Sex Accomodation		
Breaches		
R	Α	G
		1

Cancer Waits - 2 Weeks		
R	А	G
		1

Ambulance Calls		
R	А	G
1		

Cancelled Operations		
R	А	G
		1

Cancer Waits - 31 Days		
R	А	G
		4

Diagnostic Waits		
R	А	G
1		

Mental Health		
R	А	G
		1

Cancer Waits - 62 Days		
R	А	G
2		

#### **Health Outcomes Overall RAG Ratings**

Better Health		
R	А	G
4	1	3

Sustainability		
R A G		

Better Care		
R	А	G
3		1

Leadership					
R	А	G			

#### **Quality Premium Overall RAG Ratings**

National Measures						
R	А	G				
4		1				

Local Measures						
R	А	G				
3						

#### **Key Performance Issues - Narrative Section**

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.

The TRFT Year-to-date A&E position (Type 1 TRFT) as at week ending 30th October 2016 was 90.9%. October saw a dip in performance from September (92.8% for September and 85.1% October up to the 30th).

The current November and/or year to date performance position is unavailable due to reporting issues relating to the IT System switch in A&E to Meditech. Work is ongoing to rectify these issues and the Trust are in discussions with RCCG, NHSE and NHSI to agree the date to recommence reporting.

The agreed A&E improvement action plan continues to be monitored closely by the CCG with assurance being provided through the contractual mechanism and A&E delivery board. Local comparison to other Trust's in South Yorkshire can be found in the A&E focus on section.

The national position for England for September 16 is 90.6%, with the North of England position at 91.2%. September published performance for local providers was as follows:

Sheffield Children's NHS Foundation Trust - 98.4% / YTD - 97.5%

Sheffield Teaching NHS Foundation Trust – 92.4% / YTD – 89.7%

Barnsley Hospital NHS Foundation Trust – 94.7% / YTD – 94.2%

Doncaster and Bassetlaw Hospitals NHS Foundation Trust - 94.1% / YTD - 93.2%

For 4 hour performance both Sheffield and Doncaster are routinely reporting a cumulative performance position, which incorporates activity from both A&E and Walk In Centre/Urgent Care centre provision. At this point in time RCCG will still monitor the local TRFT and Walk In Centre 4 hour position separately, ensuring continued assurance and review at an individual provider level. Governing Body members should note that if RCCG would have reported a cumulative position for TRFT A&E and Rotherham WIC our local health economy would have achieved 95.4% for September and 90.8% for October.

2) YAS

YAS are currently participating in an NHS England-led Ambulance Response Programme (ARP), which went live from the 21st April 2016. The pilot ran for 3 months initially and has subsequently been extended. This programme resulted in a change to call category classifications, which has been monitored on this report. These classifications have subsequently been revisited by the programme and further changes implemented during October. The CCG and partners are working through the impact of these changes to facilitate reporting to governing body for the rest of the year.

The 15 minute turnaround performance at RFT is 81.3% on handovers on target in October (average handover time as 11:21 mins). Handovers at the Northern General Hospital have worsened from just over 65% in September to 55.5% in October.

3) Improving Access to Psychological Therapies (IAPT) - 6 and 18 week waiting time

The national target for patients accessing IAPT services is 75% within 6 weeks and 95% within 18 weeks. The 6 week wait position for Rotherham CCG as at w/c 14th November 16 was 77.9%. This is above the standard of 75%. October performance was 65.9% so the IAPT position remains challenging despite positive performance on the w/c 14th November.

The 18 week wait position for the service w/c 14th November 16 was 100%. Performance is consistently meeting the 95% standard for 18 weeks.

The IAPT service has engaged with an Intensive Support Team visit. Actions are being undertaken following this visit. The key initial action is the service moving to a self-referral basis as per national best practice.

4) Cancer

In September the 62 day GP referral to treatment target did not meet the national standard of 85% with performance at 78.9%. This is the second consecutive month that the standard has not been met at a CCG level. Breaches of the standard were due to a number of reasons but most related to pathway delays or complexities. 9 of the 15 breaches related to pathways split between Rotherham Foundation Trust and Sheffield Teaching Foundation Trust.

The 62 day screening referral to treatment target was also below the national standard in September at 83.3% performance against the 90% standard. This was one breach of the standard and the reason for the breach is not known.

In September the two week wait breast symptoms target also fell below the national standard of 93%. Performance in September was 90.7% with all breaches attributed to patient choice.

The 31 day standard from diagnosis to first definitive treatment met the 96% national standard in September, with performance at 96.7%.

5) Referral to Treatment

RTT Incomplete Pathways continue to meet the 92% national standard in October with performance at 94.8%. Further details of specialty level performance can be found in the "focus on" section of the report. The CCG continues to see strong Referral to Treatment performance in most specialties.

6) Referral to Treatment - 52 week waits

In October there were no 52 week waiters

7) Eliminating Mixed Sex Accommodation Breaches (EMSA)

In October no breaches relating to EMSA have occurred.

8) Diagnostic Waiting Times

The October position for the CCG has failed the standard with performance of 2.5% against the target of 1%. 84% of the breaches are at RFT. Colonoscopy, Flexible Sigmoidoscopy and Gastroscopy represent the biggest issues.

RFT have confirmed that the medium to longer-term solution to address the Endoscopy waits is recruitment. In the shorter term the use of external providers to aid the recovery of performance is anticipated, with first outsourcing expected late November.

98 breaches occurred during October across all providers. There were 82 at TRFT (1 Respiratory physiology - sleep studies, 21 Colonoscopy, 7 Flexi sigmoidoscopy, 4 Cystoscopy and 49 Gastroscopy), 8 at Care UK NHS Rotherham Diagnostic Centre (8 DEXA Scan), 2 at Doncaster & Bassetlaw (1 Magnetic Resonance Imaging, 1 Neurophysiology - peripheral neurophysiology), 2 at Leeds Teaching Hospital (2 Magnetic Resonance Imaging), 3 at Sheffield Children's Hospital (1 Audiology-assessments, 1Respiratory physiology - sleep studies, 1 Gastroscopy) and 1 at Sheffield Teaching Hospital (1 Gastroscopy)

10) Incidence of C.Difficile

YTD performance for the CCG overall as at October was 32 cases against a plan of 43. The yearend target is 63 cases. The 1 case in October occurred at Rotherham Foundation Trust.

TRFT 2016-17 YTD performance is 8 cases against their annual target of 26.

### **NHS Constitution and Pledges**



Referral to Treatment	Aug-16	Sep-16	Oct-16	Target	QP
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	93.7%	94.2%	94.8%	92.0%	Υ
Number of 52 week referral to treatment pathways incomplete (Commissioner)	0	0	0	0	
Number of 52 week referral to treatment pathways non admitted (Commissioner)	6	0	0	0	

Diagnostic Waiting Times	Aug-16	Sep-16	Oct-16	Target	QP
% Patients waiting for diagnostic test waiting > 6 weeks from referral (Commissioner)	2.9%	1.9%	2.5%	1.0%	

A&E Waits	Aug-16	Sep-16	Oct-16	Target	QP
TRFT A&E: % 4 hour A&E waiting times - seen within 4 hours (type 1 RFT) latest monthly position	94.9%	92.8%	85.1%	95.0%	Υ
WIC A&E: % 4 hour A&E waiting times - seen within 4 hours (Type 3 WIC) latest monthly	100.0%	100.0%	99.9%	95.0%	Y
Total A&E: % 4 hour A&E waiting times - seen within 4 hours (type 1 RFT & type 3 WIC) latest monthly position	96.8%	95.4%	90.8%	95.0%	Υ

Cancer - 2 Week Waits	Jul-16	Aug-16	Sep-16	Target	QP
Cancer - % patients referred with breast symptoms seen within 2 weeks of referral	97.8%	98.7%	90.7%	93.0%	
Cancer - % patients referred within 2 weeks of referred urgently by a GP	95.7%	94.2%	93.4%	93.0%	

Cancer - 31 Day Waits	Jul-16	Aug-16	Sep-16	Target	QP
Cancer - % patients seen within 31 days from referral to treatment	98.0%	97.6%	96.7%	96.0%	
Cancer - % patients seen within 31 days for subsequent surgery treatment	100.0%	94.7%	96.9%	94.0%	
Cancer - % patients seen within 31 days for subsequent drug treatment	100.0%	100.0%	100.0%	98.0%	
Cancer - % patients seen within 31 days for subsequent radiotherapy treatment	100.0%	94.9%	94.3%	94.0%	

Cancer - 62 Day Waits	Jul-16	Aug-16	Sep-16	Target	QP
Cancer - % patients seen within 62 days of referral from GP	85.1%	83.0%	78.9%	85.0%	Y
Cancer - % patients seen from referral within 62 days (screening service - breast, bowel and Cervical)	100.0%	100.0%	83.3%	90.0%	
Cancer - % patients seen within 62 days (referral Consultant)	87.5%	81.1%	85.2%		

### **NHS Constitution and Pledges**



YAS Performance	Aug-16	Sep-16	Oct-16	Target	QP
Red Under 8 minutes	58.8%	60.4%	68.8%	75%	
AmberR Under 19 minutes	76.8%	75.7%	73.6%		
AmberT Under 19 minutes	64.8%	58.7%	52.1%		
AmberF Under 19 minutes	71.0%	65.6%	59.3%		
GreenF Under 60 minutes	93.6%	91.3%	91.4%		
GreenT Under 60 minutes	81.0%	66.0%	81.8%		
GreenH Under 60 minutes	100.0%	100.0%	100.0%		

Phase 2.2 of the NHS England-led Ambulance Response Programme went live from Thursday 20 October 2016. The figures for October are for the 1st to 19th inclusive.

YAS - Ambulance Calls	Aug-16	Sep-16	Oct-16	Target	QP
Crew clear delays of over 30 minutes	26	13	49	0	
Ambulance handover delays of over 30 minutes	13	15	24	0	

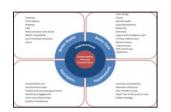
Mixed Sex Accommodation Breaches	Aug-16	Sep-16	Oct-16	Target	QP
Number of mixed sex accommodation breaches (commissioner)	0	0	0	0	

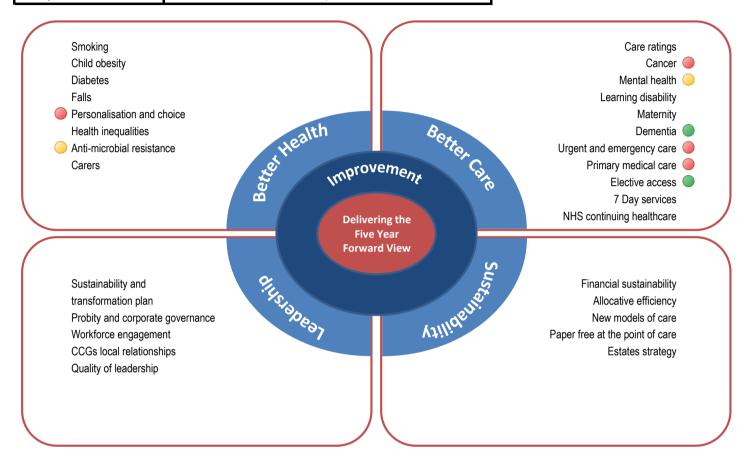
Cancelled Operations	Q4 2015/16	Q1 2016/17	Q2 2016/17	Target	QP
Cancelled operations re-booked within 28 days	0	0	0	0	

Mental Health	Q4 2015/16	Q1 2016/17	Q2 2016/17	Target	QP
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	93.5%	100.0%	100.0%	95.0%	

### **Improvement and Assessment Framework**

Priority Clinical Areas	Narrative
Mental Health	Needs Improvement
Dementia	Performing Well
Learning Disabilities	Needs Improvement
Cancer	Needs Improvement
Diabetes	Not yet published
Maternity	Needs Improvement





				Reporting Frequency	Latest available data	Latest Period Performance	Target	
tomestate on Date  46 in househing Designing Enters Designing States	01. Smoking		Maternal smoking at delivery	Quarterly	Q1 2016/17	19.1%		
	02. Child obesity		Year 6: Prevalence of overweight (including obese) - Children aged 10-11 classified as overweight or obese	Annual	2015/16	35.8%		
	03. Diabetes		Diabetes patients that have achieved all the NICE recommended treatment targets. Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	Annual	2014/15	38.9%		
			People with diabetes diagnosed less than a year who attend a structured education course	Annual	2014/15	74.5%		
	04. Falls		Injuries due to falls in people aged 65 and over	Annual	2014/15	29422		
£	05. Personalisation and choice		% GP Referrals to First OP Appointments Booked Using Choose and Book	Monthly	Aug-16	71.9%	80.00%	
Better Health			A greater proportion of people aged 18 and over suffering from a long-term condition feeling supported to manage their condition (GP Survey)	2nd half of each year	July 2015 - March 2016	66.2%		
_			Percentage of deaths which take place in hospital	Annual	2015/16 Q1 - 2015/16 Q4	45.9%		
			Personal Health Budget	Quarterly publication. Intended first publication date is late 16/1				
	06. Health		Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions		Not Currently in Pub	lication		
	inequalities		Inequality in emergency admissions for urgent care sensitive conditions		Not Currently in Pub	lication		
	07. Anti-microbial		Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Monthly	Aug-16	1.219	1.161	
	resistance		Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Monthly	Aug-16	7.60	11.30	
	08. Carers		Health related Quality of Life for Carers (GP Survey)	Annual	2015/16	76.9%		



				Reporting Frequency	Latest available data	Latest Period Performance	Target		
Organi adi imengengkari Alaway makali sari No Caraning Andribura Sari Caranin Tafayaning Tafayaning			Use of High Quality Providers-Hospitals						
Screen Services Control of the Control of	01. Care ratings		Use of High Quality Providers-Primary Medical Services	Not currently in p	Not currently in publication. First publish date in late 2016/17. Frequency to be confirmed.				
			Use of High Quality Providers- Adult Social Care						
			Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	Monthly	Sep-16	78.9%	85.0%		
	02. Cancer		Cancer patient experience (National Cancer Patient Exeperience Survey)(1)	Annual	2015	8.7	8.7		
			One year survival from all cancers	Annual	2013	69.4%			
			Cancers diagnosed at early stage	Annual	2014	36.5%	60.0%		
			% of people who are moving to recovery	Monthly	Aug-16	48.9%	50.0%		
			People with first episode of psychosis starting treatment with a NICE recommended package of care treated within 2 weeks of referral	Monthly	Sep-16	57.1%	50.0%		
	03. Mental health		Children and young peoples mental health services transformation	Quarterly pu	blication. Intended first public	ation date is Septer	nber 2016		
			Crisis care and liaison mental health service transformation	Quarterly	2016-17 Q2	30.0%			
			Out of area placements for acute mental health inpatient care - transformation	Quarterly	2016-17 Q2	100.0%			
	04. Learning		Reliance on specialist inpatient care for people with a learning disability and/or autism	Quarterly publication. Intended first publication date is June 2016					
	disability		Proportion (%) of eligible adults with a learning disability having a GP health check	Annual	2015/16	73.6%			
φ	05. Maternity		Choices in maternity services	Annual	2015	6.17			
Car			Neonatal mortality and stillbirths (Rate per 1,000)	Annual	2014	9			
Better Care			Women's experience of maternity services (National Maternity Services Survey)	Annual	2015	7.87			
	06. Dementia		Dementia care planning and post-diagnostic support	Annual	2015/16	77.2%			
			Estimated diagnosis rate for people with dementia.	Monthly	Oct-16	75.70%	71.5%		
			Ambulance waits (Red Under 8 Minutes)	Monthly	Oct-16	68.8%	75.0%		
			% of patients admitted, transferred or discharged from A&E within 4 hours (TRFT)	Monthly	Oct-16	85.1%	95.0%		
	07. Urgent and		Delayed transfers of care from hospital per 100,000 population (average per month)	Monthly	Sep-16	242.69	235.9 (2)		
	emergency care		Emergency admissions for urgent care sensitive conditions  population use of hospital beds following emergency	Quarterly	publication. Intended first pul	blication date is Jun	e 2016		
			admission  Achievement of milestones in the delivery of an		Not currently in pub	lication			
			integrated urgent care service	Quarterly pu	blication. Intended first public		nber 2016		
			Primary Care Access		Intended first publication N				
	00 Duiment medical		Patient experience of Primary Care - GP services	Annual	Jul-Sep 15 to Jan-Mar 16	69.5%	74.6%		
	08. Primary medical care		Primary care workforce (FTE per 1,000 patients)	Monthly	May-16	90			
	care		Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions (rate per 100,000)	Annual	2014/15	1074	1074		
	09. Elective access		Patients waiting 18 weeks or less from referral to hospital treatment	Monthly	Oct-16	94.8%	92%		
	10. 7 Day services		Achievement of clinical standards in the delivery of 7 day services		Intended first publication Se	eptember 2016			
	11. NHS continuing healthcare		People eligible for standard NHS continuing healthcare (Rate per 50,000 population)	Quarterly	2016/17 Q1	52.07			

<sup>(1)</sup> The Cancer Patient Experience target is the National Average for 2015, so Rotherham's performance is being measured against the national average

<sup>(2)</sup> The delayed transfer of care target is is the target for the month.

# **Improvement and Assessment Framework**



			Latest available data	Target			
01. Financial		Financial plan					
Secretary of the secret			Not currently in publication				
	02. Allocative	Outcomes in areas with identified scope for improvement	Not currently in publication				
ability	efficiency	Expenditure in areas with identified scope for improvement	Not currently in publication				
Sustainability	03. New models of care	Adoption of new models of care	Not currently in publication				
"	04. Paper free at the	Local digital roadmap in place	Not currently in publication				
		Digital interactions between primary and secondary care	48.50%				
	05. Estates strategy	ates strategy Local Strategic Estates Plan (SEP) in Place In Place					

			Latest available data	Target
Cally limited to the limit of t	01. Sustainability and transformation plan	Sustainability and transformation plan	Not currently in publication	
Leadership	02. Probity and corporate governance	Probity and corporate governance	Not currently in publication	
ade	03. Workforce	Staff engagement index	3.67	
Le	engagement	Progress against workforce race equality standard	0.24	
	04. CCGs local relationships	Effectiveness of working relationships in the local system	78.6%	
	05. Quality of leadership	Quality of CCG leadership	2	

### **Health Outcomes**



		Domain 5 en	nvironment and protectin harm	g them from avoidable	Safety
Preventing Premature Mortality	2013	2014	2015	2016	Target
Potential Years of Life Lost (PYLL) from causes considered amendable to healthcare, per 100,000	2490.2	2499.7			2378
Under 75 mortality rate from cardiovascular disease (CCG)	70.8	86.5	76.8		63.7
Under 75 mortality rate from respiratory disease (CCG)	39.1	31.2	41.3		27.6
Under 75 mortality rate from liver disease (CCG)	14.9	18.9	18		15.8
Under 75 mortality rate from cancer (CCG)	141.6	143.5	127.3		121.4
Enhancing Quality of Life	07/13 - 03/14	07/14 - 03/15	07/15 - 03/16	07/16 - 03/17	Target
				07/10 - 03/17	_
Health-related quality of life for people with long-term conditions	0.707	0.707	0.708		0.740
Proportion of people feeling supported to manage their condition	64.40	66.10	66.20		67.14
Enhancing Quality of Life	2013/14	2014/15	2015/16	2016/17	Target
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	937.3	1074.1			1,074
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	305.8	364.0			364
Enhancing Quality of Life	Aug-16	Sep-16	Oct-16	YTD	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	75.50%	75.10%	75.70%	75.70%	71.50%
Helping Recovery	2013/14	2014/15	2015/16	2016/17	Target
Emergency admissions for acute conditions that should not usually require hospital admission	1496.6	1542.3			1,542
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	480.8	541.8			541.8
Patient Experience	Latest	Period	Perfor	Target	
Satisfaction with the quality of consultation at the GP practice	Jul-Sep 15 to	Jan-Mar 16	441	437.3%	
Satisfaction with the overall care received at the surgery	Jul-Sep 15 to	Jan-Mar 16	84.8%		86.2%
Satisfaction with accessing primary care	Jul-Sep 15 to	Jan-Mar 16	69.	5%	74.6%
Protecting People From Avoidable Harm	Aug-16	Sep-16	Oct-16	YTD	
Incidence of healthcare associated infection (HCAI) - MRSA	0	0	0	0	Actual
(Commissioner)	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - MRSA	0	0	0	0	Actual
(Provider) - RFT	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	6	8	1	32	Actual
,	7	6	4	43 8	Plan Actual
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	1	4	2	16	Plan
Mental Health: Monthly Indicators	Aug-16	Sep-16	Oct-16	YTD	Target
Proportion of people waiting 6 weeks or less from referral to entering a course of IAPT treatment	65.2%	67.2%	65.9%	68.2%	75.00%
Proportion of people waiting 18 weeks or less from referral to entering a course of IAPT treatment	99.8%	99.7%	99.7%	99.2%	95.00%
Mental Health: Monthly Indicators	Jul-16	Aug-16	Sep-16	YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need	1.2%	1.4%	4.5%	6.00%	1.25%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	42.00%	48.90%	57.20%	50.50%	52.8% (QP Target)

		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
	Actual	2371	2283	2278	2540	2324	2208						
Non-Elective Activity	Target	2446	2446	2446	2366	2366	2366	2535	2535	2535	2458	2458	2458
plan	Actual YTD	2371	4654	6932	9472	11796	14004						
	Target YTD	2446	4893	7339	9705	12072	14438	16973	19507	22042	24500	26958	29417
Delayed Transfers of	Actual	251.4	184.8	239.8	187.7	238.8	242.7						
Care (delayed days) from hospital per	Target	256.5	256.5	256.467	235.9	235.9	235.9	187.933	187.933	187.9	225.8	225.8	225.8
100,000 population	Actual YTD	251.4	436.3	676.0	863.8	1102.6	1345.3						
(aged 18+)	Target YTD	256.5	512.9	769.4	1005.3	1241.3	1477.2	1665.1	1853.1	2041.0	2266.8	2492.6	2718.4
Emergeney	Actual	12.5%	11.8%	12.4%	12.1%	13.0%							
Emergency readmissions < 30 days	Target	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%
of hospital discharge (all ages)	Actual YTD	12.5%	12.2%	12.3%	12.2%	12.4%							
(all ages)	Target YTD	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%
		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Long-term support	Actual			102.18	194.15	224.81							
needs of older people (65 and over) met by admission to residential and nursing care homes, per 100,000	Target	797	797	797	797	797	797	797	797	797	797	797	797
	Actual YTD			102.18	194.15	224.81							
population	Target YTD	797	797	797	797	797	797	797	797	797	797	797	797

		2015/16	2016/17
Proportion of older people (65 and over) still at home 91 days after discharge from	Actual	89.6%	
hospital into reable- ment / rehabilitation services	Target	90.0%	91%

		2014	2015
Inpatient experience: the proportion of people	Actual	115.9	
reporting a poor patient experience of inpatient care	Target	122.0	115.9

### **Quality Premium**

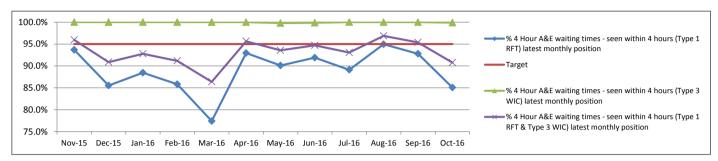


Preventing Premature Mortality	Target	Latest	Period	Perfor	mance
Proportion of cancers diagnosed at stages 1 and 2	60.0%	20	14	36.5%	
Increase in proportion of GP referrals by e-referral	Target	Latest	Period	Perfor	mance
Proportion of GP referrals made by e-referrals	80.0%	Aug	<sub>J</sub> -16	71.	9%
Overall Experience of Making a GP Appointment	Target	Latest	Period	Pefor	mance
% of respondents who said they had a good experience of making an appointment	74.6%	Jul-Se Jan-N		69.5%	
Antimicrobial Resistance (AMR) Improving Antibiotic Prescribing in Primary Care	Target	Latest Period		Performance	
Reduction in the number of antibiotics prescribed in primary care	1.161	Aug-16		1.2	219
Reduction in the proportion of broad spectrum antibiotics prescribed in primary care	11.3	Aug-16		7	.6
Stroke Hospital Admittances	Target	Jun-16	Jul-16	Aug-16	Sep-16
People who have had a stroke who are admitted to acute stroke unit within 4 hrs of arrival to hospital (RFT Only)	90%	66%	53%	57%	56%

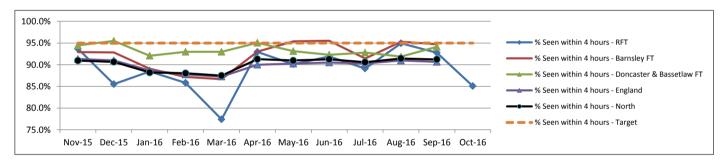
The CCG has also identified two other local quality premiums - Delayed Transfers of Care and IAPT (Moving to Recovery). Data on these can be found elsewhere in the report

#### Focus on - A&E Waits

		Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
% 4 Hour A&E waiting times - seen within 4 hours (Type 1 RFT) latest	Actual	93.7%	85.5%	88.5%	85.8%	77.4%	92.9%	90.1%	91.9%	89.1%	94.9%	92.8%	85.1%
monthly position	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
% 4 Hour A&E waiting times - seen within 4 hours (Type 3 WIC) latest	Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	99.9%	100.0%	100.0%	100.0%	99.9%
monthly position	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
% 4 Hour A&E waiting times - seen within 4 hours (Type 1 RFT & Type 3	Actual	95.9%	90.9%	92.8%	91.2%	86.4%	95.6%	93.6%	94.7%	93.1%	96.9%	95.4%	90.8%
WIC) latest monthly position	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
% Seen within 4 hours - RFT	93.7%	85.5%	88.5%	85.8%	77.4%	92.9%	90.1%	91.9%	89.1%	94.9%	92.8%	85.1%
% Seen within 4 hours - Barnsley FT	92.9%	92.8%	89.0%	87.2%	86.7%	93.0%	95.4%	95.5%	91.4%	95.3%	94.7%	
% Seen within 4 hours - Doncaster & Bassetlaw FT	94.5%	95.5%	92.1%	93.0%	93.0%	95.1%	93.1%	92.3%	92.8%	91.9%	94.1%	
% Seen within 4 hours - England	91.3%	91.0%	88.7%	87.8%	87.3%	90.0%	90.2%	90.5%	90.3%	91.0%	90.6%	
% Seen within 4 hours - North	91.0%	90.7%	88.2%	88.0%	87.5%	91.3%	91.0%	91.3%	90.6%	91.4%	91.2%	
% Seen within 4 hours - Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

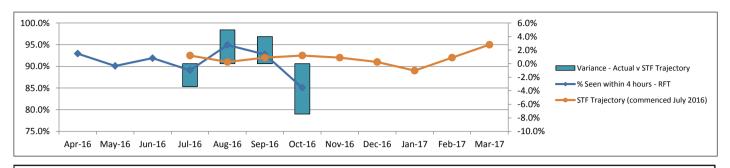


#### **Supporting Narrative**

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 week ending 30th October 2016 was 90.9%. Performance during this period last year (April to October YTD) was 93.8%.

#### Focus on - STF Trajectory

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
% Seen within 4 hours - RFT	92.9%	90.1%	91.9%	89.1%	94.9%	92.8%	85.1%					
STF Trajectory (commenced July 2016)				92.5%	91.0%	92.0%	92.5%	92.0%	91.0%	89.0%	92.0%	95.0%
Variance - Actual v STF Trajectory				-3.4%	5.0%	4.0%	-7.4%					

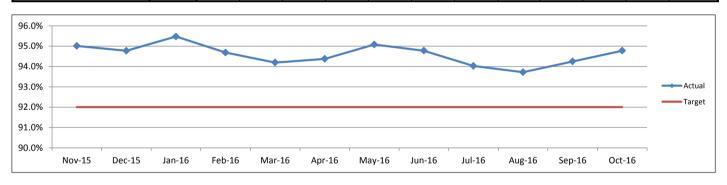


#### **Supporting Narrative**

The STF trajectory is the trajectory for A&E improvement agreed between RFT, RCCG and NHS England. In October, based on performance up until the 30th October RFT were under the trajectory.

Focus on - Refer to Treatment: Incomplete Pathways

		Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
% Patients on incomplete non- emergency pathways waiting no	Actual	95.0%	94.8%	95.5%	94.7%	94.2%	94.4%	95.1%	94.8%	94.0%	93.7%	94.2%	94.8%
more than 18 weeks	Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%



#### RTT Incomplete Pathways by Speciality - RCCG Patients

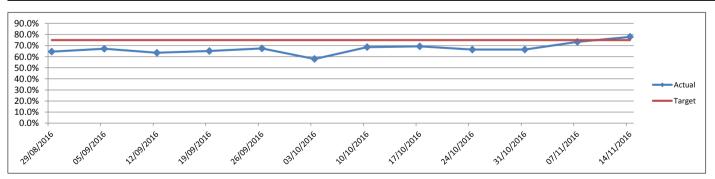
	% Over 13 Weeks	Jul-16	Aug-16	Sep-16	Oct-16	Target
All specialities - total incomplete	17.9%	94.0%	93.7%	94.2%	94.8%	92.00%
Cardiology	21.1%	83.3%	88.3%	91.3%	93.6%	92.00%
Cardiothoracic Surgery	5.3%	97.8%	100.0%	100.0%	97.4%	92.00%
Dermatology	24.1%	93.5%	92.1%	91.0%	96.1%	92.00%
ENT	16.6%	95.1%	94.2%	93.0%	93.1%	92.00%
Gastroenterology	21.9%	92.7%	94.7%	96.3%	95.3%	92.00%
General Medicine	35.7%	98.8%	97.2%	95.8%	94.9%	92.00%
General Surgery	18.2%	94.7%	92.5%	93.2%	92.2%	92.00%
Geriatric Medicine	10.1%	98.8%	95.6%	94.6%	100.0%	92.00%
Gynaecology	22.4%	94.7%	92.8%	92.5%	92.5%	92.00%
Neurosurgery	13.5%	98.7%	97.9%	98.1%	96.2%	92.00%
Neurology	11.2%	93.3%	93.3%	94.0%	96.5%	92.00%
Ophthalmology	7.8%	97.2%	97.3%	98.5%	97.8%	92.00%
Oral Surgery	ı	100.00%	100.00%	100.0%	100.00%	92.00%
Other	16.2%	93.9%	93.5%	94.0%	94.9%	92.00%
Plastic Surgery	24.0%	97.6%	96.5%	95.5%	92.7%	92.00%
Rheumatology	10.7%	97.8%	94.1%	93.1%	97.7%	92.00%
Thoracic Medicine	15.3%	98.4%	99.4%	98.9%	99.2%	92.00%
Trauma & Orthopaedics	20.4%	92.1%	92.4%	93.4%	92.8%	92.00%
Urology	17.4%	95.0%	94.9%	98.1%	97.9%	92.00%

#### **Supporting Narrative**

Latest provisional data for October shows all specialty pathways meeting the 92% standard at a CCG level. Rotherham CCG benchmarks favourably against other CCG's in South Yorkshire for RTT Incomplete waits in September (94.2%): Barnsley CCG - 93.9% / Bassetlaw CCG - 91.9% / Doncaster CCG - 92.2% / Sheffield CCG - 93.6%

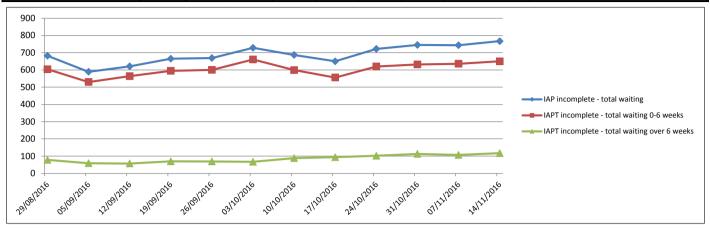
#### Focus on - IAPT Waiting Times

		29/08/2016	05/09/2016	12/09/2016	19/09/2016	26/09/2016	03/10/2016	10/10/2016	17/10/2016	24/10/2016	31/10/2016	07/11/2016	14/11/2016
Proportion of people waiting six weeks or less from referral to	Actual	64.6%	67.1%	63.5%	65.1%	67.4%	57.9%	68.6%	69.3%	66.4%	66.4%	73.3%	77.9%
entering a course of IAPT treatment	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



#### Focus on - IAPT 6 Week Wait Waiting List

		29/08/2016	05/09/2016	12/09/2016	19/09/2016	26/09/2016	03/10/2016	10/10/2016	17/10/2016	24/10/2016	31/10/2016	07/11/2016	14/11/2016
IAP incomplete - total waiting	Actual	682	589	621	665	669	728	687	650	722	745	743	767
IAPT incomplete - total waiting 0-6 weeks	Actual	604	530	564	595	600	661	599	556	620	632	636	650
IAPT incomplete - total waiting over 6 weeks	Actual	78	59	57	70	69	67	88	94	102	113	107	117



#### **Supporting Narrative**

Local comparison (using published data as at August 2016) shows the following benchmark position:

Barnsley - 75%

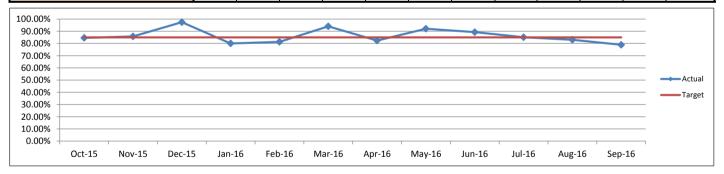
Bassetlaw - 96%

Doncaster - 68%

Sheffield – 86%

#### Focus on - Cancer (62 Days)

		Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Cancer - % patients seen within 62	Actual	84.62%	85.71%	97.37%	80.00%	81.25%	94.00%	82.35%	92.06%	89.23%	85.11%	83.02%	78.87%
days of referral from GP	Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
		Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Cancer patients seen within 62 day from GP	s of referral	44	48	37	40	26	47	42	58	58	40	44	56
Total cancer patients waiting to be 62 days of referral from GP	seen within	52	56	38	50	32	50	51	63	65	47	53	71



#### **Supporting Narrative**

In September the 62 day GP referral to treatment target did not meet the national standard of 85% with performance at 78.9%. This is the second consecutive month that the standard has not been met at a CCG level.

TRFT saw a drop in performance from August, 87.3% to September 79.7% and therefore did not meet the national standard.

National performance in August was 81.4%.

There were 15 breaches in September for RCCG patients.

FIRST SEEN	FIRST TREATMENT	REASON
Rotherham FT	Rotherham FT	Complex diagnostic pathway
Rotherham FT	Rotherham FT	Patient choice
Rotherham FT	Sheffield Teaching FT	Outpatient capacity inadequate (treatment) (RHQ). No breach report from RFR
Rotherham FT	Rotherham FT	Complex treatment planning - two primaries
Rotherham FT	Sheffield Teaching FT	Outpatient capacity inadequate (RHQ)
Rotherham FT	Sheffield Teaching FT	IPT late in pathway (RFR day 42) then outpatient capacity inadequate (RHQ)
Rotherham FT	Rotherham FT	Inefficient pathway
Rotherham FT	Sheffield Teaching FT	Healthcare provider delay to diagnostic test (RHQ)
Rotherham FT	Sheffield Teaching FT	IPT late in pathway (RFR day 45) - RHQ - REASON NOT AGREED BETWEEN TRUSTS - RFR: IPT day 25
Rotherham FT	Sheffield Teaching FT	Medical reasons and patient choice resulted in IPT after breach date (RFR).
Rotherham FT	Rotherham FT	Inefficient pathway
Rotherham FT	Sheffield Teaching FT	IPT late in pathway (RFR day 52). No breach report from RFR - RHQ - REASON NOT AGREED BETWEEN TRUSTS - RFR: Complex diagnostic pathway
Rotherham FT	Sheffield Teaching FT	Complex diagnostic pathway resulted in IPT on breach date
Rotherham FT	Sheffield Teaching FT	
Rotherham FT	Rotherham FT	Inefficient pathway

# Rotherham Clinical Commissioning Group: Updated Indicators at a Glance

	Indicator	Updated This Month?	Latest Period for Data	Next Update Due	For Period
\ \\\\Z₹	Referral t	to Treatment			
TO INC.	% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	✓	Oct-16	Dec-16	Nov-16
	Number of 52 week referral to treatment pathways incomplete (Commissioner)	✓	Oct-16	Dec-16	Nov-16
TIS NO SHEET STATES OF SHEET SHEET STATES OF SHEET SHE	Number of 52 week referral to treatment pathways non admitted (Commissioner)	✓	Oct-16	Dec-16	Nov-16
F C P	•	Waiting Times			
/ 1 0 5	% Patients waiting for diagnostic test waiting > 6 weeks from referral (Commissioner)	✓	Oct-16	Dec-16	Nov-16
		Waits			
	TRFT A&E: % 4 hour A&E waiting times - seen within 4 hours (type 1 RFT) latest monthly position	✓	Oct-16	Dec-16	Nov-16
	WIC A&E: % 4 hour A&E waiting times - seen within 4 hours (Type 3 WIC) latest monthly	✓	Oct-16	Dec-16	Nov-16
	Total A&E: % 4 hour A&E waiting times - seen within 4 hours (type 1 RFT & type 3 WIC) latest monthly position	✓	Oct-16	Dec-16	Nov-16
		2 Week Waits			
	Cancer: % patients referred with breast symptoms seen < 2 weeks of referral	✓	Sep-16	Dec-16	Oct-16
	Cancer: % patients referred < 2 weeks: urgent GP referral	✓	Sep-16	Dec-16	Oct-16
St	Cancer -	31 Day Waits			
ğ	Cancer - % patients seen < 31 days: referral to treatment	✓	Sep-16	Dec-16	Oct-16
Plec	Cancer - % patients seen < 31 days: subsequent surgery treatment	✓	Sep-16	Dec-16	Oct-16
Constitution and Pledges	Cancer - % patients seen < 31 days: subsequent drug treatment	✓	Sep-16	Dec-16	Oct-16
tion	Cancer - % patients seen < 31 days: subsequent radiotherapy treatment	✓	Sep-16	Dec-16	Oct-16
Ţ		62 Day Waits			
sti	Cancer - % patients seen < 62 days of referral from GP	✓	Sep-16	Dec-16	Oct-16
Con	Cancer - % patients seen from referral < 62 days (screening service - breast, bowel and Cervical)	✓	Sep-16	Dec-16	Oct-16
	Cancer - % patients seen < 62 days (referral Consultant)	✓	Sep-16	Dec-16	Oct-16
		erformance			
	Red Under 8 minutes	✓	Oct-16	Dec-16	Nov-16
	AmberR Under 19 minutes	✓	Oct-16	Dec-16	Nov-16
	AmberT Under 19 minutes	✓	Oct-16	Dec-16	Nov-16
	AmberF Under 19 minutes	✓	Oct-16	Dec-16	Nov-16
	GreenF Under 60 minutes	✓	Oct-16	Dec-16	Nov-16
	GreenT Under 60 minutes	✓	Oct-16	Dec-16	Nov-16
	GreenH Under 60 minutes	✓	Oct-16	Dec-16	Nov-16
		bulance Calls			
	Crew clear delays of over 30 minutes	✓	Oct-16	Dec-16	Nov-16
	Ambulance handover delays of over 30 minutes	✓	Oct-16	Dec-16	Nov-16
	Mixed Sex Accon	nmodation Brea	ches		
	Number of mixed sex accomodation breaches (commissioner)	✓	Oct-16	Dec-16	Nov-16
		d Operations			
	Cancelled operations re-booked within 28 days	✓	Q2 2016/17	Nov-16	Q2 2016/17
		al Health			
	Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	✓	Q2 2016/17	Nov-16	Q2 2016/17

### Rotherham Clinical Commissioning Group

# **Updated Indicators at a Glance**

	Indicator	Updated This Month?	Latest Period for Data	Next Update Due	For Period
	Bette	er Health			
The state of the s	Maternal Smoking at Delivery		Q1 2016/17	Dec-16	Q2 2016/17
Properties and Automotive	% of children aged 10-11 classified as overweight or obese	✓	2015/16	Nov-17	2016/17
	% of diabetes patients achieving all 3 NICE-recommended treatment targets		2014/15	tbc	2015/16
	Newly diagnosed diabetes patients referred to/on a formal learning course		2014/15	tbc	2015/16
	Injuries from falls (age 65+ years)		2014/15	tbc	2015/16
논	Personal health budgets		• •	cation. Intended date is late 16/17	•
ewol	Utilise NHS e-referral service to enable choice at 1st routine elective referral	✓	Aug-16	Dec-16	Sep-16
ram	% of deaths which take place in hospital	✓	2015/16 Q1 - 2015/16 Q4	Dec-16	2015/16 Q2 - 2016/17 Q1
ent F	People with long-term condition (LTC) feeling supported to manage it (GP Survey)		July 2015 - March 2016	tbc	July 2016 - March 2017
ssm	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	✓	0.00%	tbc	2015/16
Asse	Inequality in emergency admissions for urgent care sensitive conditions		Q3 2014 - Q3 2015	tbc	Q3 2015 to Q3 2016
, s	Antibiotic prescribing rate	✓	Aug-16	Dec-16	Sep-16
Improvement & Assessment Framework	Use of broad spectrum antibiotics	✓	Aug-16	Dec-16	Sep-16
rove	Quality of life of carers (GP Survey)		2015/16	tbc	2016/17
<u><u><u>E</u></u></u>	Use of good or outstanding providers		,	publication. Firs . Frequency not	•
	Cancer (all) diagnosed at stage 1/2 (with supporting measure of % of cancers with staging data)		2014	tbc	2015
	People with urgent GP referral having 1st definitive treatment Maximum 62 days of referral	✓	Sep-16	Dec-16	Oct-16
	Cancer One year survival from all cancers		2013	tbc	2014
	Cancer patient experience (National Cancer Patient Exeperience Survey)		2015	tbc	2016
	Psychological therapies (IAPT) recovery rate		Jul-16	Dec-16	Aug-16
	People with first episode of psychosis treated within 2 weeks of referral	✓	Sep-16	Dec-16	Oct-16

# **Updated Indicators at a Glance**

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	Indicator	Updated This Month?	Latest Period for Data	Next Update Due	For Period		
	Better Care						
	Transformation of Mental Health Services for children and young people		Quarterly publication. Intended first publication date is September 2016				
	Crisis care and liaison mental health service transformation	✓	2016-17 Q2	Jan-17	2016-17 Q3		
	One of area placements for acute mental health inpatient care transformation	✓	2016-17 Q2	Jan-17	2016-17 Q3		
	Reliance on specialist inpatient care for people with learning disability/autism		Quarterly publication. Intended first publication date is June 2016				
	% of people with a learning disability on a GP register having annual health check		May-16	Dec-16	Jun-16		
	Women offered choice in maternity services (National Maternity Services Survey)		2015	tbc	2016		
	Neonatal mortality and still births (Rate per 1,000)		2014	tbc	2015		
	Women's experience of maternity services (National Maternity Services Survey)		2015	tbc	2016		
	Care-planning/post diagnostic support for people with dementia	<b>✓</b>	2015/16	tbc	2015/16		
	Estimated diagnosis rate for people with dementia		Jul-16	Dec-16	Aug-16		
	Milestones achievement in the delivery of an integrated urgent care service		Quarterly publication. Intended first publication date is September 2016				
	Emergency admissions for urgent care sensitive condition		Quarterly publication. Intended first publi date is June 2016				
	Ambulance waits (Red1)		Oct-16	Dec-16	Nov-16		
	Percentage of patients who spend 4 hours or less in A&E (TRFT)		Oct-16	Dec-16	Nov-16		
	Delayed transfers of care (LA) (Rate per 100,000)	✓	Sep-16	Dec-16	Oct-16		
	Population of use of hospital beds following emergency admission		Not currently in publication				
	Emergency admissions for patients with chronic conditions (rate per 100,000)		2014/15	tbc	2015/16		
	Patient experience of GP services		Jul-Sep 15 to Jan-Mar 16	tbc	Jul-Sep 16 to Jan-Mar 17		
	Primary care access		Intended firs	t publication Nov	ember 2016		
-	Primary care workforce		May-16	Dec-16	Jun-16		
	Patients waiting 18 weeks or less from referral to hospital treatment	<b>✓</b>	Oct-16	Dec-16	Nov-16		
	Achievement of clinical standards in the delivery of 7 day services		Intended first publication September 2016				
	People eligible for standard NHS continuing healthcare	✓	2016/17 Q1	52.07	Jan-17		

# **Updated Indicators at a Glance**

	Indicator	Updated This Month?	Latest Period for Data	Next Update Due	For Period
orygan de la grand de la grand	Sustainability				
Casa Casa Casa Casa Casa Casa Casa Casa	Financial plan	✓	Information updated from MYNHS website. No indication as to period it covers, whether it is an annual measure or when the next report is likely to be issued		
	Digital interactions between primary and secondary care	✓			
vork	Local strategic plan (SEP) in place	✓			
amework	In-year financial performance		Not currently in publication		
∞正	Outcomes in areas with identified scope for improvement		Not currently in publication		
mer	Expenditure in areas with identified scope for improvement		Not currently in publication		
Improvement Assessment	Adoption of new models of care		Not currently in publication		
Imp Ass	Local digital roadmap in place		Not o	currently in public	ation

		Leadership					
Sing Summer		Sustainability and transformation plan		Not currently in publication			
100	to the state of th	Probity and corporate governance		Not currently in publication			
		Staff engagement index	✓				
ent &		Progress against workforce race equality standard	✓	Information updated from MYNHS website. No indication as to period it covers, whether it is an			
mprovement		Effectiveness of working relationships in the local system	<b>√</b>	annual measure or when the next report is likely to be issued			
Impr		Quality of CCG leadership	<b>√</b>				

# **Updated Indicators at a Glance**

complete treatment, moving to recovery

	Indicator	Updated This Month?	Latest Period for Data	Next Update Due	For Period		
fectiveness perionca	Preventing Premature Mortality						
Person Common Co	Potential Years of Life Lost (PYLL) from causes considered amendable to healthcare, per 100,000		2014	tbc	2015		
Densiti i Presided prigit for prigit for pri	Under 75 mortality rate from cardiovascular disease (CCG)		2015	tbc	2016		
Dometri L	Under 75 mortality rate from respiratory disease (CCG)		2015	tbc	2016		
	Under 75 mortality rate from liver disease (CCG)		2015	tbc	2016		
	Under 75 mortality rate from cancer (CCG)		2015	tbc	2016		
	Enhancing	Quality of Life					
	Health-related quality of life for people with long-term conditions		07/15 - 03/16	tbc	07/16 - 03/17		
	Proportion of people feeling supported to manage their condition		07/15 - 03/16	tbc	07/16 - 03/17		
	Enhancing	Quality of Life					
	Unplanned hospitalisation for chronic ambulatory care sensitive conditions		2014/15	tbc	2015/16		
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s		2014/15	tbc	2015/16		
	Enhancing	Quality of Life					
ဟ	Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	✓	Oct-16	Dec-16	Nov-16		
ne	Helping Recovery						
Health Outcomes	Emergency admissions for acute conditions that should not usually require hospital admission		2014/15	tbc	2015/16		
р Оп	Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)		2014/15	tbc	2015/16		
alt	Patient	Experience					
Ë	Satisfaction with the quality of consultation at the GP practice		Jul-Sep 15 to Jan-Mar 16	tbc	Jul-Sep 16 to Jan-Mar 17		
	Satisfaction with the overall care received at the surgery		Jul-Sep 15 to Jan-Mar 16	tbc	Jul-Sep 16 to Jan-Mar 17		
	Satisfaction with accessing primary care		Jul-Sep 15 to Jan-Mar 16	tbc	Jul-Sep 16 to Jan-Mar 17		
	Protecting People	From Avoidable	Harm				
	Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	✓	Oct-16	Dec-16	Nov-16		
	Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	✓	Oct-16	Dec-16	Nov-16		
	Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	✓	Oct-16	Dec-16	Nov-16		
	Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	✓	Oct-16	Dec-16	Nov-16		
	Mental Health:	Monthly Indicat	ors				
	Proportion of people waiting 6 weeks or less from referral to entering a course of IAPT treatment	✓	Oct-16	Dec-16	Nov-16		
	Proportion of people waiting 18 weeks or less from referral to entering a course of IAPT treatment	✓	Oct-16	Dec-16	Nov-16		
	Mental Health:	Monthly Indicat	ors				
	Improved Access to Psychological Services-IAPT: People entering treatment against level of need	✓	Sep-16	Dec-16	Oct-16		
	Improved Access to Psychological Services-IAPT: People who	✓	Sep-16	Dec-16	Oct-16		

	Indicator	Updated This Month?	Latest Period for Data	Next Update Due	For Period
ham politan council	Non-Elective Activity plan	<b>√</b>	Sep-16	Dec-16	Oct-16
Rotherham Metropolitan Borough Council	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	<b>√</b>	Sep-16	Dec-16	Oct-16
	Emergency readmissions < 30 days of hospital discharge (all ages)	<b>~</b>	Aug-16	Dec-16	Jul 16 to Aug 16
re Fund	Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	<b>~</b>	Aug-16	Dec-16	Jul 16 to Sep 16
Better Care	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services		2015/16	tbc	2016/17
Be	Inpatient experience: the proportion of people reporting a poor patient experience of inpatient care		2014	tbc	2015

	Preventing Premature Mortality						
	Proportion of cancers diagnosed at stages 1 and 2		2014	tbc	2015		
Ü	Increase in proportion of GP referrals by e-referral						
Right	Proportion of GP referrals made by e-referrals	<b>✓</b>	Aug-16	Dec-16	Sep-16		
~	Overall Experience of I	Making a GP Ap	pointment				
	% of respondents who said they had a good experience of making an appointment		Jul-Sep 15 to Jan-Mar 16	tbc	Jul-Sep 16 to Jan-Mar 17		
	Antimicrobial Resistance (AMR) Improving Antibiotic Prescribing in Primary Care						
mnir	Reduction in the number of antibiotics prescribed in primary care	<	Aug-16	Dec-16	Sep-16		
Quality Premium	Reduction in the proportion of broad spectrum antibiotics prescribed in primary care	<b>√</b>	Aug-16	Dec-16	Sep-16		
alit	Stroke Hospital Admittances						
ď	People who have had a stroke who are admitted to acute stroke unit in 4 hrs of arrival to hospital (RFT Only)	✓	Sep-16	Dec-16	Oct-16		