

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	2	2	6

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
0	3	2	5

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

Positive Experience of Care			
▲	●	★	Total
1	1	1	3

Protecting people from avoidable harm			
▲	●	★	Total
2	0	2	4

Others			
▲	●	★	Total
3	1	0	4

NHS Constitution & Pledges RAG Count

Referral to Treatment			
▲	●	★	Total
1	0	1	2

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	3	1	8

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

Cancelled Operations			
▲	●	★	Total
1	0	0	1

Mental Health			
▲	●	★	Total
0	0	1	1

Key Performance Issues

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 TRFT Year-to-date A&E position (Type 1 TRFT) as at 24th January 2016 was **92.72%**. The quarter 4 position as of the 24th January was **90.76%**. The January month to date position (24th January) was **90.76%**.

The December A&E position was 85.53%, the A&E improvement action plan continues to be monitored weekly by the CCG, and assurance has been provided by TRFT that staffing issues within the department are being addressed. Performance has improved in January compared to the December position. Given the poor performance in November and December TRFT can no longer achieve the 95% Year End Target; however the Quarter 4 target remains achievable. The CCG has applied all contractual penalties as per the requirements of the NHS Standard contract.

2) **YAS**

The December YAS performance for Rotherham Category Red 1 patients was 70.2%, this represents an improvement from the November position (65.2%). The wider YAS performance has seen a drop in December to 68.9% (national target of 75%). Further detail on breach levels have been included within the report and can be found in the Ambulance Exception section.

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 December position (6 week wait) for Rotherham CCG was 21.45%, the January position as at 21st January was 18.31%. The CCG has continued to engage in constructive dialogue with RDASH regarding of the 6 week wait target and following formal contract discussions and further review of the approach being taken to tackle the waiting list issues, agreement was reached for RDASH to target those waiting longest on the list.

Taking this approach will not see the previously stated improvement in the 6 week wait position until March 2016 (see revised trajectory later in the report). However Governing Body members should take assurance from the fact that the total number waiting on the list has reduced from 1766 in September to 1298 in January (reduction of 468). The 18 week wait position for the service has improved from 80% in September to 91% in January. Again a positive sign that long waiters on the list are now accessing the service. The CCG continues to have in place a formal contract performance notice with RDASH and has a clear improvement action plan in place.

4) **Cancer**

In December all key cancer targets were achieved. YTD the 62 day GP referral to treatment target is marginally under the national standard of 85% at **84.93%**. This remains under close monitoring and further details can be found within the Cancer Exception section of this report.

5) **Referral to Treatment**

RTT Incomplete Pathway continues to meet the 92% national standard, with performance at 95.01%. Where underperformance has occurred in certain specialties, further details can be found under the exceptions section of the report.

The CCG continues to see strong Referral to Treatment performance; details at speciality level are identified within the report.

6) **Referral to Treatment - 52 week waits**

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

7) **Eliminating Mixed Sex Accommodation Breaches (EMSA)**

There remains to be zero breaches in November.

8) **Diagnostic Waiting Times**

Provisional December the 1% target has not been met at 1.33%. The reasons behind this underperformance are due to an increase in the number of waiters at Sheffield Teaching Hospital (STH) and Doncaster & Bassetlaw Hospital (DBH). STH saw no particular specialty have an increase of waiters (5 in Colonoscopy, 1 in Flexi sigmoidoscopy, 9 in Neurophysiology - peripheral neurophysiology). STH provisional position for December is 6.03%.

DBH however, has a staffing issue in the Non-Obstetric Ultrasound specialty which saw a total of 42 breaches for RCCG. Rotherham CCG will continue to seek assurance that these issues are being addressed at Doncaster. DBH provisional position for December is 3.47%.

TRFT performance remains strong in this area with a provisional December outturn at 0.20%.

9) Incidence of C.Difficile

Performance in December was 7 cases against a target of 5 for the CCG overall, with 2 cases at Barnsley Hospital and 5 cases at TRFT. Provisional data for TRFT as a provider shows latest YTD position at 17 cases (against their annual target of 26).

This takes Rotherham up to 63 cases as at December against an end of year target of 63.

10) Avoidable admissions

Quarter one 2015/16 data has been published for the 4 measures that make up the composite indicator around Emergency Admissions. The latest data shows an improvement in performance for 3 measures. However the measure 'Acute conditions that should not usually require hospital admission' was not seen to make an improvement in the last quarter.

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)	1,503	126	★	🟢	1,469	🟡	Nov-15	
Number of patients admitted to hospital for non-elective reasons discharged at weekends/bank holiday	21.49	21.21	★	🟢	22.65	★	Oct-15	
% of patients attending A&E with a diagnosis of mental health-related needs seen within 4hrs	95.00 %	84.89 %	▲	🔴	86.50 %	▲	Nov-15	
% 4 hour A&E waiting times - seen within 4 hours - CCG (Monthly)	95.00 %	93.79 %	🟡	🟢	93.62 %	🟡	Nov-15	*See Glossary for further details
% 4 hour A&E waiting times - seen within 4 hours (TRFT)	95.00 %	92.76 %	🟡	🟢	92.72 %	🟡	Jan-16	Proxy for the QP CCG A&E (as runs 1 month in arrears). Latest data showing January 2016 as at 17th.
1% reduction in the number of antibiotic prescribed compared to 13/14 value	1.224	1.230	▲	🟢	1.242	▲	Nov-15	
Reduction in the proportion of broad spectrum antibiotics as a total of all antibiotics in 14/15	11.30	9.01	★	🟢	9.12	★	Nov-15	

Local Priorities						
Local Indicator 1	Target	Latest		DoT	Date	Further Information
People who have had a stroke who are admitted to acute stroke unit in 4 hrs of arrival to hospital	90.00 %	82.86 %	▲	🟢	Nov-15	
Local Indicators 2	Target	Latest		DoT	Date	Further Information
Alcohol related admissions to hospital per 100,000 population (standardised) - Quarterly	1,174.00	1,077.32	▲	🔴	Sep-15	Provisional data available quarterly. Latest data is YTD as at Q2 15/16. Full year target - 2348.

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)

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

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 NHS Constitution & Pledges 2015_16

Referral to Treatment							
Target	Dec-15	Dec-15	DoT	YTD	YTD	QP	
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	92.00 %	94.77 %	★	🚫	95.44 %	★	✓
Number of 52 week Referral to Treatment Pathways Incomplete (Commissioner)	0	0	★	➡	3	▲	
Diagnostic Waiting Times							
Target	Dec-15	Dec-15	DoT	YTD	YTD	QP	
% Patients waiting for diagnostic test waiting > than 6 wks from referral (Commissioner)	1.00 %	1.33 %	▲	🚫	0.63 %	★	
A&E Waits							
Target	Jan-16	Jan-16	DoT	YTD	YTD	QP	
% 4 hour A&E waiting times - seen within 4 hours (TRFT)	95.00 %	92.76 %	🟡	➡	92.72 %	🟡	
Cancer - 2wk Waits							
Target	Nov-15	Nov-15	DoT	YTD	YTD	QP	
Cancer - % Patients referred with breast symptoms seen within 2 wks of referral	93.00 %	98.98 %	★	🚫	96.82 %	★	
Cancer - % Patients seen within 2wks referred urgently by a GP	93.00 %	95.20 %	★	🚫	94.60 %	★	✓
Cancer - 31 Days Wait							
Target	Nov-15	Nov-15	DoT	YTD	YTD	QP	
Cancer - % Patients seen within 31 days for subsequent treatment (Surgery)	94.00 %	100.00 %	★	➡	98.46 %	★	
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 %	95.83 %	★	🚫	98.91 %	★	
Cancer - % Patients seen within 31 days from referral to treatment	96.00 %	97.12 %	★	➡	96.88 %	★	
Cancer - 62 Days Wait							
Target	Nov-15	Nov-15	DoT	YTD	YTD	QP	
Cancer - % Patients seen within 62 days of referral from GP	85.00 %	85.71 %	★	➡	84.93 %	🟡	
Cancer - % Patients seen from referral within 62 days (Screening Service: Breast, Bowel & Cervical)	90.00 %	100.00 %	★	➡	96.36 %	★	
Cancer - % Patients being seen within 62 days (ref. Consultant)	85.00 %	88.57 %	★	🚫	91.64 %	★	
YAS - Ambulance Calls							
Target	Dec-15	Dec-15	DoT	YTD	YTD	QP	
CatA (Red 1) 8 min response time (Yorkshire Ambulance Service - YAS)	75.00 %	68.95 %	▲	🚫	71.57 %	🟡	✓
CatA (Red 1) 8 min response time (Rotherham)	75.00 %	70.24 %	▲	➡	63.46 %	▲	
CatA (Red 2) 8 min response time (Yorkshire Ambulance Service - YAS)	75.00 %	71.00 %	▲	🚫	71.55 %	🟡	
CatA (Red 2) 8 min response time (Rotherham)	75.00 %	66.60 %	▲	➡	67.54 %	▲	
CatA 19min response time (Yorkshire Ambulance Service - YAS)	95.00 %	93.93 %	🟡	🚫	93.93 %	🟡	
CatA 19min response (Rotherham)	95.00 %	96.11 %	★	🚫	97.16 %	★	
Crew Clear delays of over 30 mins	0	28	▲	🚫	124	▲	
Ambulance handover delays of over 30 mins	0	44	▲	🚫	230	▲	
Mixed Sex Accommodation							
Target	Dec-15	Dec-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	Dec-15	Dec-15	DoT	YTD	YTD	QP	
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	95.00 %	93.75 %	🟡	🚫	96.77 %	★	

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	2015/16	2015/16	DoT	Further Info. / QP		
Health-related quality of life for people with long-term conditions	0.74	0.71	🟡	➡	- Data as at March 15 (2014/15) - Target = England Average		
Proportion of people feeling supported to manage their condition	67.14 %	70.26 %	★	🟢	- Data is 6 Monthly (Apr-Sep) - Target = England Average		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1,074	1,051	★	🟢	Target =RCCG 2014/15 outturn		
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	364.00	368.50	🟡	🟢	Target =RCCG 2014/15 outturn		
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	71.50 %	75.32 %	★	🟢	Latest data as at 31st December 2015 - monitored monthly.		
Helping Recovery	Target	2015/16	2015/16	DoT	Further Info. / QP		
Emergency admissions for acute conditions that should not usually require hospital admission	1,542	1,589	🟡	🚫	Target =RCCG 2014/15 outturn		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	541.80	604.90	▲	🟢	Target =RCCG 2014/15 outturn		
Patient Experience	Target	2015/16	2015/16	DoT	Further Info. / QP		
Satisfaction with the quality of consultation at the GP practice	437.30	439.60	★	🚫	- Data shown is 2014/15 - 2015/16 data only available at national level currently		
Satisfaction with the overall care received at the surgery	86.20	85.15	🟡	🚫	2015/16 data from GP survey		
Satisfaction with accessing primary care	74.60	70.53	▲	🚫	2015/16 data from GP survey		
Protecting people from avoidable harm	Target	Dec-15	Dec-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	7	▲	🚫	63	▲	
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	3	1	★	🟢	15	★	
Mental Health: Monthly Indicators	Target	Dec-15	Dec-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 %	17.80 %	▲	🚫	27.44 %	▲	✓
Proportion of people waiting 18 weeks or less from referral to entering a course of IAPT treatment	90.00 %	83.71 %	▲	🟢	83.56 %	▲	✓
Mental Health: Quarterly Indicators 15/16	Target	Qtr 3	Qtr 3	DoT	Further Info. / QP		
Improved Access to Psychological Services-IAPT: People entering treatment against level of need	3.75 %	3.45 %	▲	🚫			
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50.03 %	49.43 %	🟡	🟢			

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 FCEs (First Finished Consultant Episode) (RMBC/HWB Calc)	Actual	2,641	2,556	2,559	2,590	2,551	2,377	2,358	1,648				
	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	17,632	19,281				
	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	147.0	172.4				
	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	14.11	14.02	14.39	14.16	14.25	14.05	14.43					
	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			

		Apr-2015	May-2015	Jun-2015	Jul-2015	Aug-2015	Sep-2015	Oct-2015	Nov-2015	Dec-2015	Jan-2016	Feb-2016	Mar-2016
Number of readmissions within 30 days of discharge from hospital	Actual	337.0	331.0	352.0	349.0	353.0	334.0	290.0					
	Target	317.0	290.0	270.0	301.0	276.0	274.0	294.0	292.0	300.0	301.0	271.0	

		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	513.0		
	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				

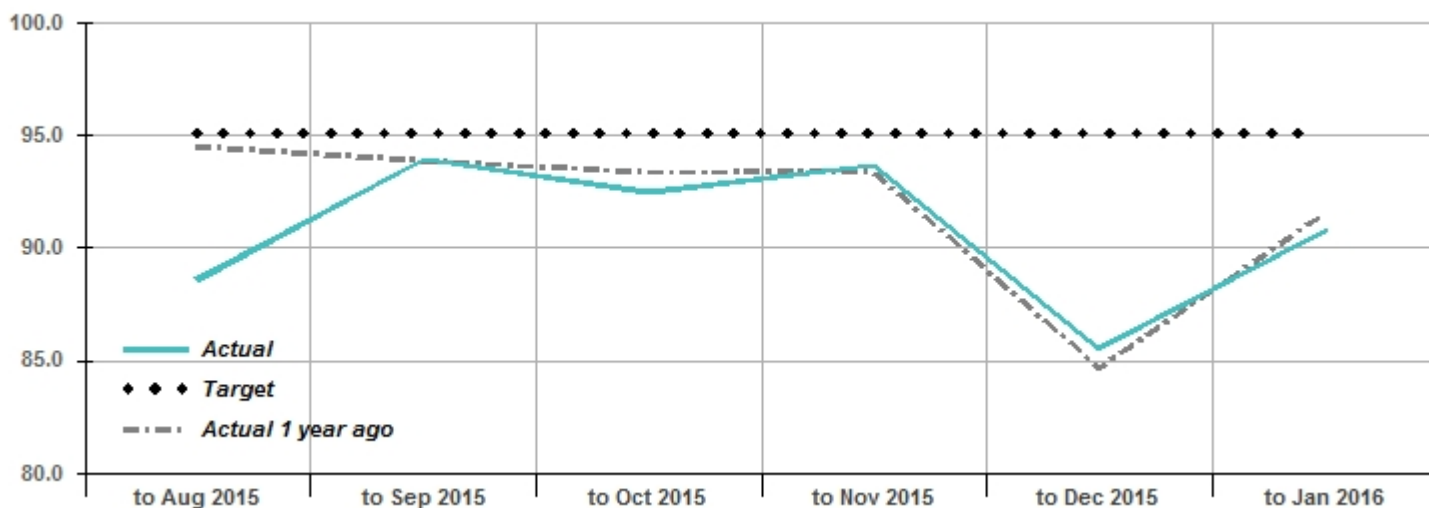
		Mar-2015	Mar-2016
The proportion of older people (65+) still at home 91 days after discharge into rehabilitation	Actual	83.47	
	Target	88.50	90.00
	Performance	▲	-
	Baseline: 2012/13	86.70	90.00

		Dec-2014	Dec-2015
Inpatient Experience: Proportion of people reporting poor patient experience of inpatient care	Actual	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

		to Aug 2015	to Sep 2015	to Oct 2015	to Nov 2015	to Dec 2015	to Jan 2016
% 4 hour A&E waiting times - seen within 4 hours (TRFT)	Actual	88.63 %	93.93 %	92.47 %	93.67 %	85.53 %	90.76 %
	Target	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %
	Performance	▲	●	●	●	▲	●
	Direction of Travel	▼	■	▼	■	▼	■
	Actual 1 year ago	94.48 %	93.85 %	93.32 %	93.36 %	84.69 %	91.54 %



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.

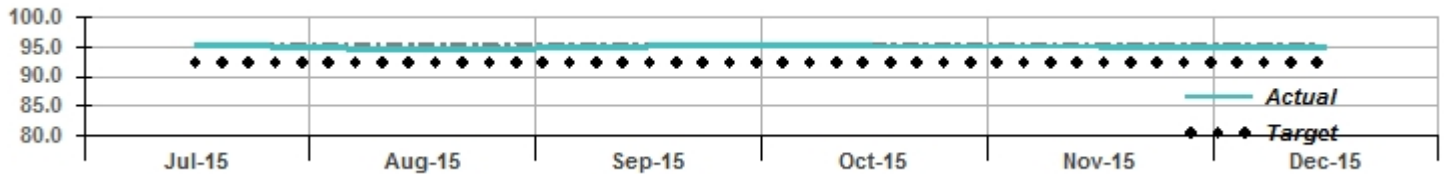
To monitor A&E in a timely manner it has been agreed to use TRFT's daily data as a proxy for the CCG measure.

Year-to-date A&E position (Type 1 TRFT) as at 24th January 2016 was **92.72%**. Quarter 3's outturn was 90.52%. Quarter's 4's current position is **90.76%**.

Referral to Treatment - Incomplete Pathway

RTT Incomplete Pathway - RCCG Patients

		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	Actual	95.47 %	94.56 %	95.27 %	95.33 %	95.01 %	94.77 %
	Target	92.00 %	92.00 %	92.00 %	92.00 %	92.00 %	92.00 %
	Performance	★	★	★	★	★	★
	Direction of Travel	🚩	🚩	🟡	🟡	🚩	🚩
	Actual 1 year ago	95.10 %	95.04 %	95.40 %	95.08 %	95.14 %	95.03 %



RTT Incomplete Pathways by Specialty - RCCG Patients

	Dec 2015			
	Actual	Target	Performance	Direction of Travel
All specialties - Total Incomplete	94.77	92.00	★	🚩
Cardiology	90.71	92.00	🟡	🚩
Cardiothoracic Surgery	98.25	92.00	★	🟡
Dermatology	95.89	92.00	★	🟡
ENT	97.17	92.00	★	🚩
Gastroenterology	92.17	92.00	★	🚩
General Medicine	93.08	92.00	★	🟡
General Surgery	94.74	92.00	★	🚩
Geriatric Medicine	97.96	92.00	★	🟡
Gynaecology	98.52	92.00	★	🟡
Neurosurgery	100.00	92.00	★	🟡
Neurology	79.23	92.00	🚩	🚩
Ophthalmology	98.24	92.00	★	🚩
Oral Surgery		92.00	?	?
Other	92.90	92.00	★	🚩
Plastic Surgery	80.00	92.00	🚩	🟡
Rheumatology	96.50	92.00	★	🚩
Thoracic Medicine	94.10	92.00	★	🚩
Trauma & Orthopaedics	95.39	92.00	★	🚩
Urology	98.87	92.00	★	🟡

Supporting Explanation

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

Cardiology had 73 breaches with 41 at Rotherham Foundation Trust, however meeting 92% standard at 92.76%, 28 at Sheffield Teachings Hospital (83.53%) and 4 breaches at Doncaster and Bassetlaw NHS Foundation Trust (90.24%).

Neurology had 92 breaches with 91 occurring at Sheffield Teaching Hospital (79.22%) and 1 breach at University College London Hospitals NHS Foundation Trust (50%).

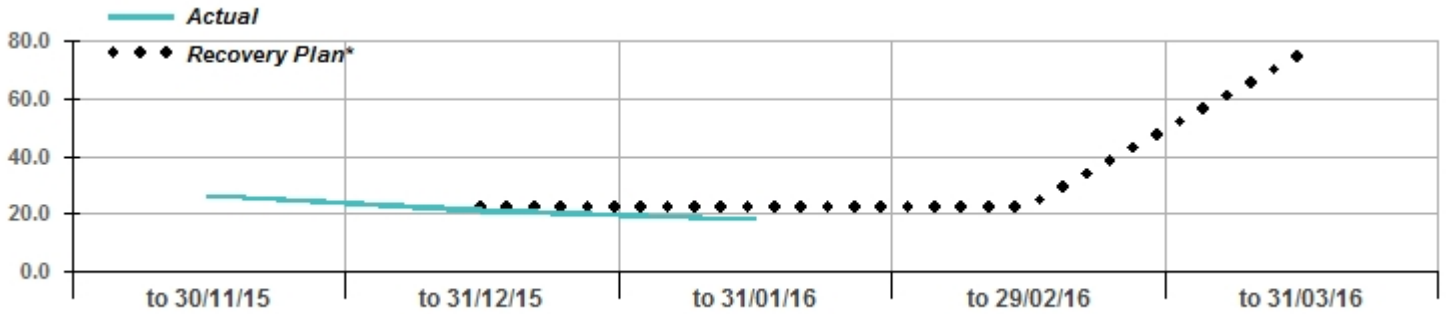
Plastic Surgery has 15 breaches all occurring at Sheffield Teaching Hospital (79.45%).

* '?' 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

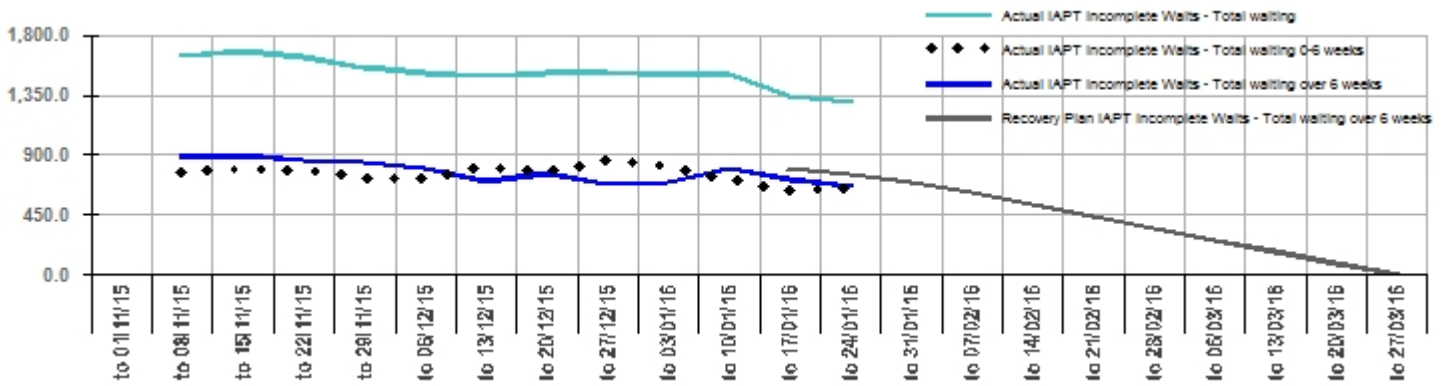
IAPT 6 Week Wait - RCCG Patients

	W/E -->	to 30/11/15	to 31/12/15	to 31/01/16	to 29/02/16	to 31/03/16
Proportion of people waiting 6 weeks or less from referral to entering IAPT treatment (weekly)	Actual	26.48 %	21.45 %	18.31 %		
	Recovery Plan*		22.00 %	22.00 %	22.00 %	75.00 %
	Performance	!	★	★	—	—



IAPT 6 Week Wait Waiting List

	W/E -->	to 03/01/16	to 10/01/16	to 17/01/16	to 24/01/16	to 31/01/16	to 07/02/16	to 14/02/16	to 21/02/16	to 28/02/16
IAPT Incomplete Waits - Total waiting	Actual	1,499	1,506	1,338	1,298					
IAPT Incomplete Waits - Total waiting 0-6 weeks	Actual	802	704	620	632					
IAPT Incomplete Waits - Total waiting over 6 weeks	Actual	697	802	718	666					
	Recovery Plan			802	757	690	623	533	443	353
	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. The number on the waiting list has dropped from 1766 to 1298.

*Between 18% and 22% from December to February has been agreed as part of the recovery plan.

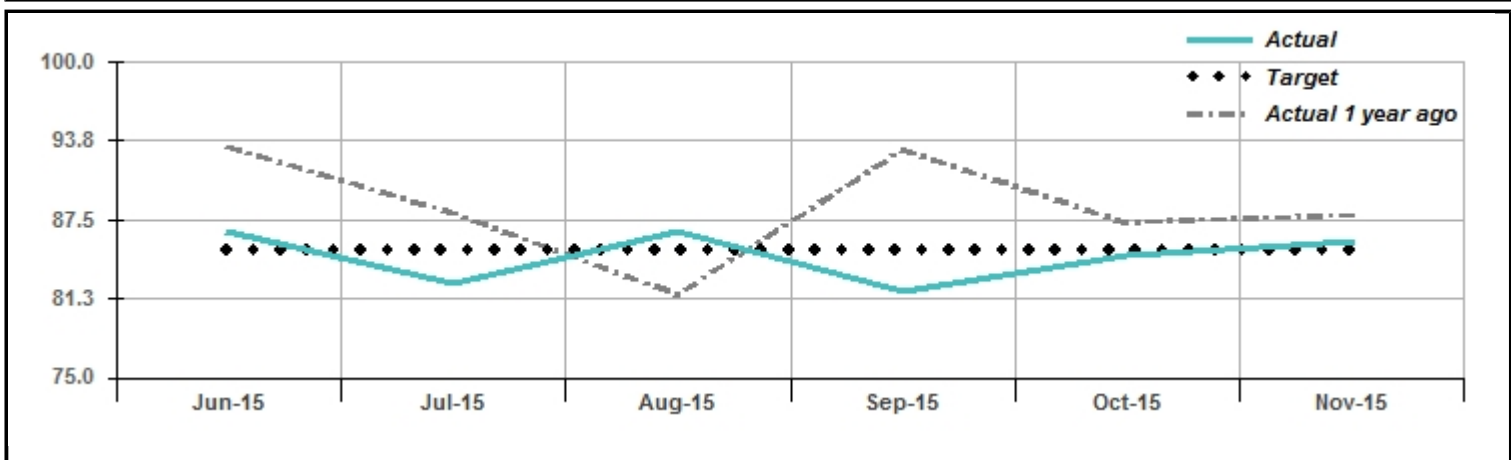
Cancer 62 Days

Cancer 62 Days GP Referral - RCCG Patients

		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
Cancer - % Patients seen within 62 days of referral from GP	Actual	86.54 %	82.46 %	86.54 %	81.82 %	84.62 %	85.71 %
	Target	85.00 %	85.00 %	85.00 %	85.00 %	85.00 %	85.00 %
	Performance	★	●	★	●	●	★
	Direction of Travel	↗	↘	↗	↘	↘	↗
	Actual 1 year ago	93.22 %	88.00 %	81.58 %	93.02 %	87.23 %	87.80 %

Cancer 62 Days GP Referral - The Numbers - RCCG Patients

		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
Cancer patients seen within 62 days from GP referral	Actual	45.00	47.00	45.00	36.00	44.00	48.00
Total cancer patients waiting to be seen within 62 days of GP referral	Actual	52.00	57.00	52.00	44.00	52.00	56.00



Supporting Explanation

The latest data show an improvement in performance for Rotherham CCG which has led to the target is being met in November. TRFT saw continued improvement in performance for November, with performance at **89.8%** from **87.4%** in October. National performance was at remaining under the national standard at **83.3%**.

There were 8 breaches in November for RCCG Patients:

- 6 were due to Inter Provider Transfer (IPT) at the following trusts, some combined with other issues as follows:
 - RFR and Outpatient capacity at RHQ (68 days wait)
 - RP5 (70 days wait)
 - RFR combined with admin delay and a delay with tests required repeating (131 days wait)
 - RFR combined with patient choice (74 days wait)
 - RFR combined with inefficient pathway and medical reasons
 - RFR, Outpatient capacity at RHQ and patient DNA (87 days wait)
- 1 was due to a combination of patient unable to make appointment at Leeds Teaching Hospital Trust and no capacity.
- 1 was due to complex planning pathway for treatment.

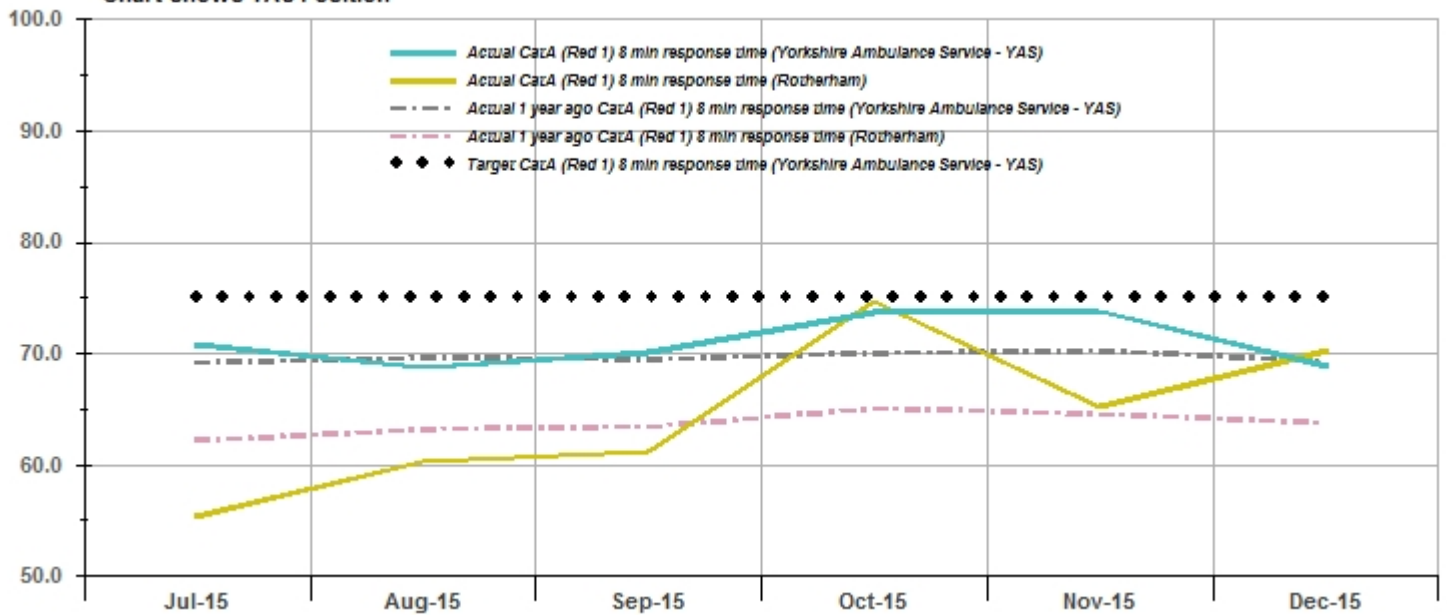
(RFR - Rotherham Foundation Trust/RHQ - Sheffield Teachings Hospital/RP5 - Doncaster & Bassetlaw Hospital)

Yorkshire Ambulance Service (YAS)

Yorkshire Ambulance Service - Catagory A (Red1)

		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
CatA (Red 1) 8 min response time (Yorkshire Ambulance Service - YAS)	Actual	70.82 %	68.73 %	70.10 %	73.70 %	73.80 %	68.95 %
	Target	75.00 %	75.00 %	75.00 %	75.00 %	75.00 %	75.00 %
	Performance	▲	▲	▲	●	●	▲
	Direction of Travel	↗	↘	↗	↗	↗	↘
	Actual 1 year ago	69.14 %	69.57 %	69.43 %	69.98 %	70.19 %	69.28 %
CatA (Red 1) 8 min response time (Rotherham)	Actual	55.41 %	60.29 %	61.20 %	74.67 %	65.20 %	70.24 %
	Target	75.00 %	75.00 %	75.00 %	75.00 %	75.00 %	75.00 %
	Performance	▲	▲	▲	●	▲	▲
	Direction of Travel	↗	↗	↗	↗	↘	↗
	Actual 1 year ago	62.15 %	63.13 %	63.40 %	65.04 %	64.52 %	63.70 %

Chart Shows YAS Position



Supporting Explanation

December performance for Red CatA saw a total of 84 calls of which 59 were answered within the 8 minutes in Rotherham.

Further analysis for Red 1&2 CatA combined data in December for Rotherham showed that 74.1% were seen in 9 minutes and 79.7% 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 weeks or 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 weeks or 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.