

Rotherham Clinical Commissioning Group: Governing Body Delivery Dashboard for 2017/18

January 2018

Delivery Dashboard



Constitution and Pledges



Improvement and Assessment Framework



Health Outcomes



Better Care Fund



Quality Premium



Focus on Performance Tables



Focus on Performance - 111



Rotherham CCG
Delivery Dashboard

Achieving

Last three months met and YTD met

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
IAPT - 6 week wait	75%				
Mixed Sex Accomodation	0				
Referral to treatment	95%				
Cancelled Operations	0				
Cancer Waits: 2 weeks	93%				
Diagnostics	1%				

Concern

Not met last two months

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
A&E	95.0%				

Meeting standard - no change from last month	
Not meeting standard - no change from last month	
Meeting standard - improved on last month	
Not meeting standard - improved on last month	
Meeting standard - deteriorated from last month	
Not meeting standard - deteriorated from last month	

Deteriorating

Not met last month but met previously or YTD met

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer Waits: 62 days	85%				

Improving

Last month met but previous not met or YTD not met

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer Waits: 31 days	96%				
DTOC	3.5%				

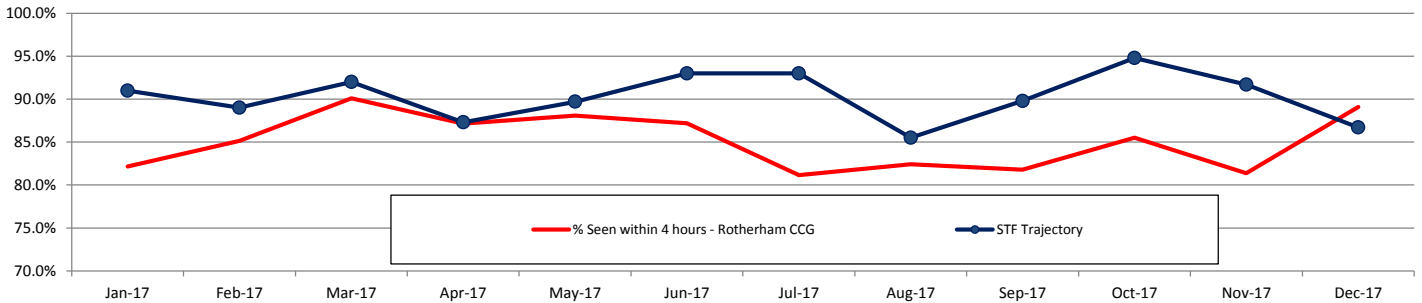
Key Performance Issues

A&E

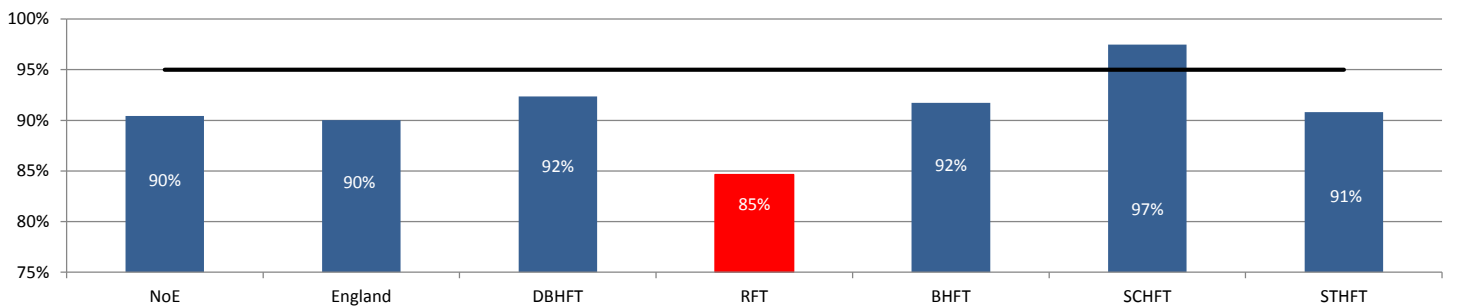
The new Urgent and Emergency Care Centre has been live since the 06th July. The WIC also closed on this date. Urgent and emergency care is now a single streaming service at TRFT. The position remains challenged but with some improvement. Performance in December to date (as at 17th December) is 89.1%. Performance in November was 81.4%. This represents achievement of the STF trajectory in December but still an underperformance against the 95% standard.

Bedding in of the new model of care within the department and workforce challenges continue to present as the main factors in delivering sustainable performance, with additional challenges arising during the weekend period. Two new A&E consultants have commenced in the department during October and November which has improved seven day coverage of consultant rotas in the UECC, however there remains challenge on middle grade rotas and doctor cover overnight.

GP streaming continues to have a positive impact on performance, streaming on average 30-35% of patients routinely. The CCG continue to work closely with partners through the A&E delivery board to realise improvement. Local comparison to other Trust's in South Yorkshire can be seen below.



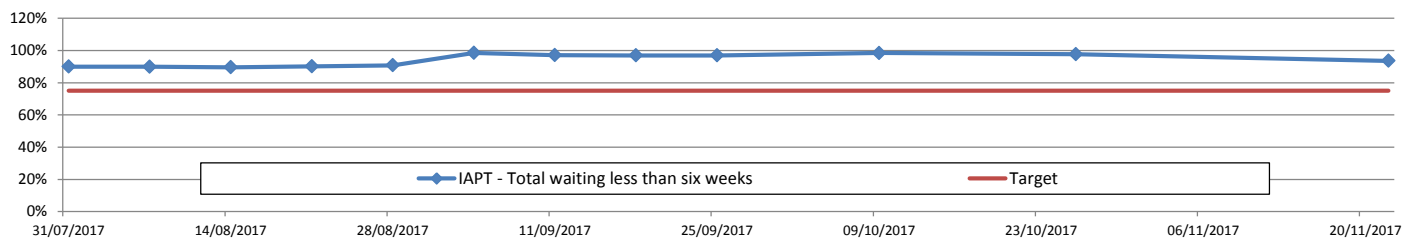
A&E Year to Date Benchmarks as at November 2017



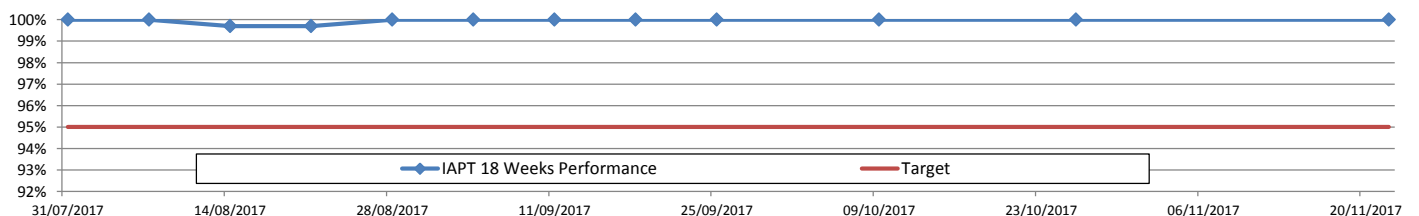
IAPT

Please note the IAPT position has not been updated from the previous report, due to this report being prepared early prior to the Christmas period.

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 22nd November 2017 was 93.6%. This is above the standard of 75%. October performance was 97.7%. The IAPT position has seen steady improvement over the last few months, and is now performing well. Self-referral into the service is now established and contributing to this improvement.



The 18 week wait position for the service as at w/c 22th November 2017 was 99.5%. Performance is consistently meeting the 95% standard for 18 weeks.



Cancer Waits

In October the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 73.7%. Breaches of the standard were due to a number of reasons but most related to some form of pathway delay with a couple of delays due to patient choice. There were 15 breaches of the standard in October, 9 were patients transferred from Rotherham FT to Sheffield Teaching FT.

The 31 day standard was achieved in October, with performance at 96.8% against the standard of 96%.

The two week wait standard was met in October with performance of 97.2% against the 93% standard. This is an improvement on the September position of 96.7%.

The 31 day subsequent Radiotherapy treatment standard was not met in October. This was due to two breaches related to outpatient capacity and one related to a complex pathway.

All other cancer standards were met in October.

	Aug-17	Sep-17	Oct-17
2 week wait	●	●	●
31 day	●	●	●
62 day	●	●	●

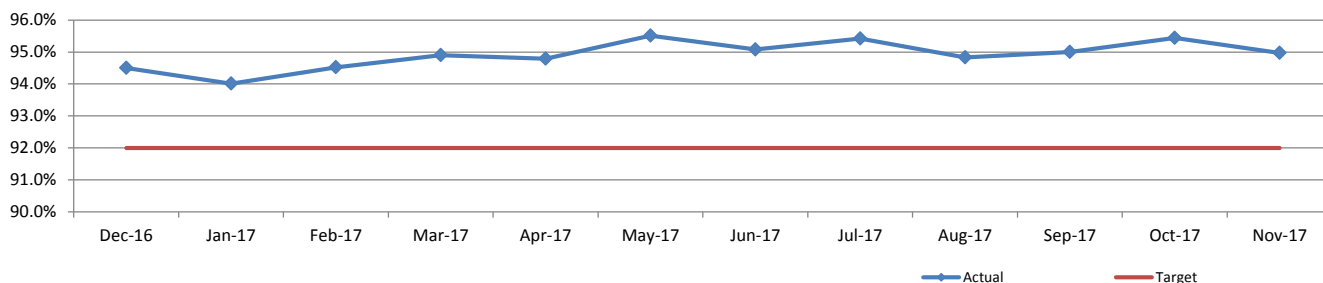
Referral to Treatment

RTT Incomplete Pathways continue to meet the 92% national standard in November with performance at 95%. 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. The risk of failing the RTT standard in the next 6 months has been calculated nationally for Rotherham FT at 3.8%, which is the 8th lowest risk nationally.

There were no 52+ week waiters in November.

	Sep-17	Oct-17	Nov-17
RTT Incomplete	●	●	●
52 week wait	●	●	●

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



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Actual	94.5%	94.0%	94.5%	94.9%	94.8%	95.5%	95.1%	95.4%	94.8%	95.0%	95.4%	95.0%
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%

Eliminating Mixed Sex Accomodation

There were no breaches of this standard in November.

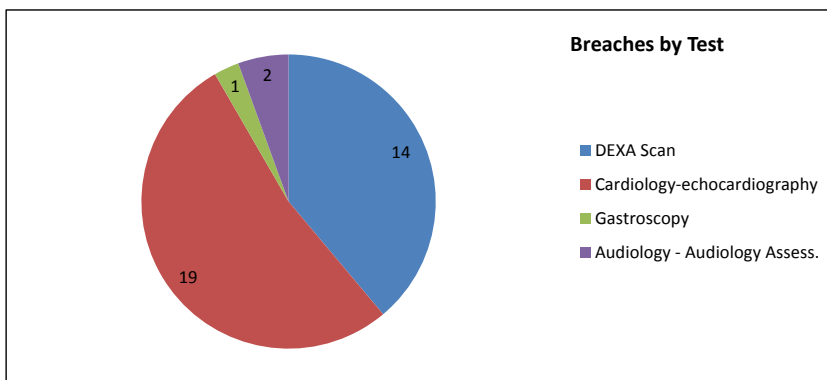
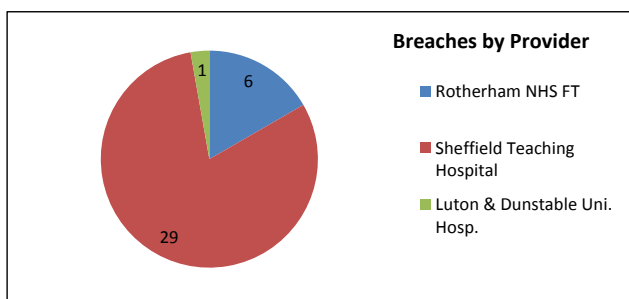
	Sep-17	Oct-17	Nov-17
MSA	●	●	●

Diagnostic Waiting Times

Provisional performance in November of 0.93% meets the <1% standard. There were 6 breaches for RCCG patients at RFT. The Sheffield Teaching Hospitals Echocardiography service is reporting high numbers of breaches for RCCG patients. 22 breaches were reported in October, an increase from the 19 in September.

Across SY&B there is a constructive dialogue currently taking place to develop sustainable Echocardiography provision; this is being led by the Accountable Care System Elective and Diagnostic work stream.

	Sep-17	Oct-17	Nov-17
Diagnostic Waits	●	●	●



Incidence of C.diff and MRSA

Performance for the CCG overall YTD as at November was 43 cases against a plan of 47. The year-end target for the CCG is 63. The 5 cases in November occurred at Rotherham FT (2), Sheffield Teaching FT (1), Barnsley Hospital FT (1) and Sheffield Children's FT (1).

RFT performance as at November YTD is 6 cases against the target of 18. RFTs year-end target is 26.

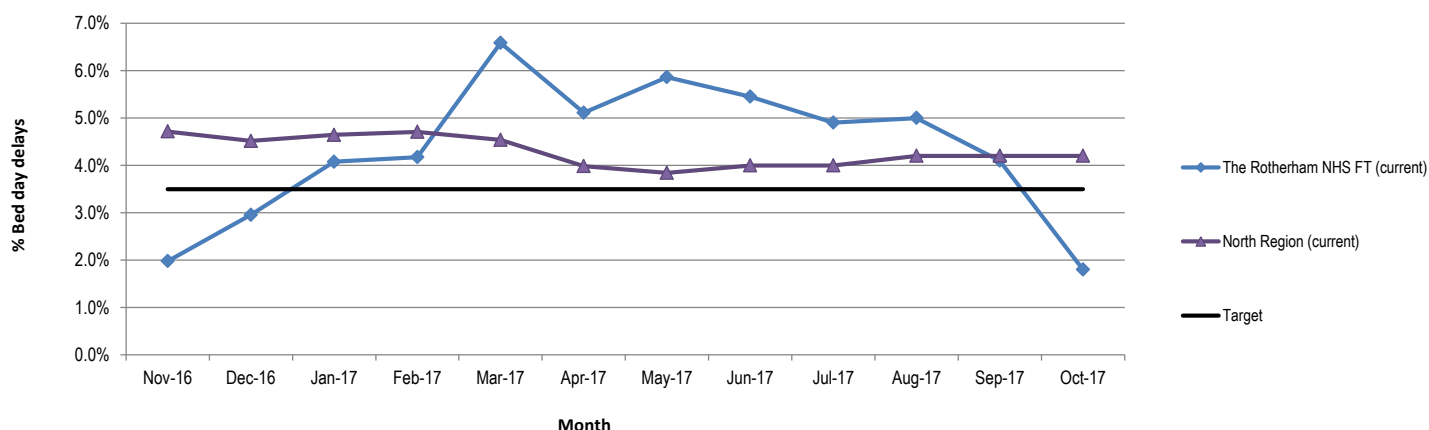
	Sep-17	Oct-17	Nov-17
CCG c.diff	●	●	●
RFT c.diff	●	●	●
MRSA	●	●	●

Delayed Transfers of Care

The national standard is 3.5% of total occupied bed days taken up by delayed transfers of care. Rotherham FT is meeting that standard at 1.8% (October). For the previous two months performance has been at 4.1% (Sep-17) and 5.0% (Aug-17). Initial data for November indicates a similar level of DTOCs to October with performance being maintained.

	Aug-17	Sep-17	Oct-17
DTOC	●	●	●

Delayed days rate performance in last 12 months - THE ROTHERHAM NHS FOUNDATION TRUST



YAS

Yorkshire Ambulance Service (YAS) is continuing to participate in NHS England's Ambulance Response Programme (ARP), which from 1st September has moved to phase three. Based on feedback from the pilot, there are now four categories and the eight minute response time for category 1 incidents no longer exists.

Currently, YAS are producing information at provider level, without any individual CCG performance data. RCGs individual performance cannot therefore be reported this month. Details of the new standards are below. YAS as an organisation achieved a mean of 7 minutes 31 seconds for category 1 calls in November.

Category	Description	Target
1	Life-threatening illnesses/injuries	Mean target of 7 minutes and 90th percentile target of 15 minutes
2	Emergency calls	Mean target of 18 minutes and 90th percentile target of 40 minutes
3	Urgent calls	90th percentile target of 2 hours
4	Less urgent calls	90th percentile target of 3 hours

Current YAS Performance (Response Times)

	Current Performance - November	Previous Month - October	Change
Category 1	00:07:31	00:07:11	Worse
Category 2	00:21:19	00:20:29	Worse
Category 3	01:42:21	01:33:56	Worse
Category 4	02:45:47	02:57:47	Better

	Current performance - October	Change
15 Min Turnaround RFT on target	65.10%	Worse
Handovers at NGH	51.50%	Worse

NHS Constitution and Pledges



 Denotes that a measure that has been updated in this report

Referral to Treatment	Sep-17	Oct-17	Nov-17	Target	QP
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	95.0%	95.4%	95.0%	92.0%	Y
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)	0	0	0	0	

Diagnostic Waiting Times	Sep-17	Oct-17	Nov-17	Target	QP
% Patients waiting for diagnostic test waiting > 6 weeks from referral (Commissioner)	0.89%	0.89%	0.93%	1.0%	

A&E Waits	Oct-17	Nov-17	Dec-17	Target	QP
Total A&E: % 4 hour A&E waiting times - seen within 4 hours (latest monthly position)	85.5%	81.4%	89.1%	95.0%	Y

Cancer - Two Week Waits	Aug-17	Sep-17	Oct-17	Target	QP
Cancer - % patients referred with breast symptoms seen within 2 weeks of referral	92.6%	88.5%	95.5%	93.0%	
Cancer - % patients referred within 2 weeks of referred urgently by a GP	93.2%	96.7%	97.2%	93.0%	

Cancer - 31 Day Waits	Aug-17	Sep-17	Oct-17	Target	QP
Cancer - % patients seen within 31 days from referral to treatment	96.1%	95.0%	96.8%	96.0%	
Cancer - % patients seen within 31 days for subsequent surgery treatment	94.7%	100.0%	100.0%	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	94.7%	97.7%	93.5%	94.0%	

Cancer - 62 Day Waits	Aug-17	Sep-17	Oct-17	Target	QP
Cancer - % patients seen within 62 days of referral from GP	81.8%	89.1%	73.7%	85.0%	Y
Cancer - % patients seen from referral within 62 days (screening service - breast, bowel and Cervical)	90.9%	66.7%	90.9%	90.0%	
Cancer - % patients seen within 62 days (referral Consultant)	87.8%	73.5%	91.9%		

NHS Constitution and Pledges



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YAS Performance (from 1/9/17)	Sep-17	Oct-17	Nov-17	Target	QP
Category 1 (Mean target of 7 minutes per call)	00:07:14	00:07:11	00:07:31	00:07:00	
Category 2 (Mean target of 18 minutes per call)	00:22:07	00:20:29	00:21:19	00:18:00	
Category 3 (90th percentile target of 2 hours per call)	01:52:18	01:33:56	01:42:21	02:00:00	
Category 4 (90th percentile target of 3 hours per call)	03:15:16	02:57:47	02:45:47	03:00:00	

YAS - Ambulance Calls	Aug-17	Sep-17	Oct-17	Target	QP
Crew clear delays of over 30 minutes	30	37	28	0	
Ambulance handover delays of over 30 minutes	154	152	161	0	

Mixed Sex Accommodation Breaches	Sep-17	Oct-17	Nov-17	Target	QP
Number of mixed sex accommodation breaches (commissioner)	0	0	0	0	

Cancelled Operations	Q4 2016/17	Q1 2017/18	Q2 2017/18	Target	QP
Cancelled operations re-booked within 28 days	0	1	0	0	

Mental Health	Q4 2016/17	Q1 2017/18	Q2 2017/18	Target	QP
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	100.0%	94.3%	97.9%	95.0%	

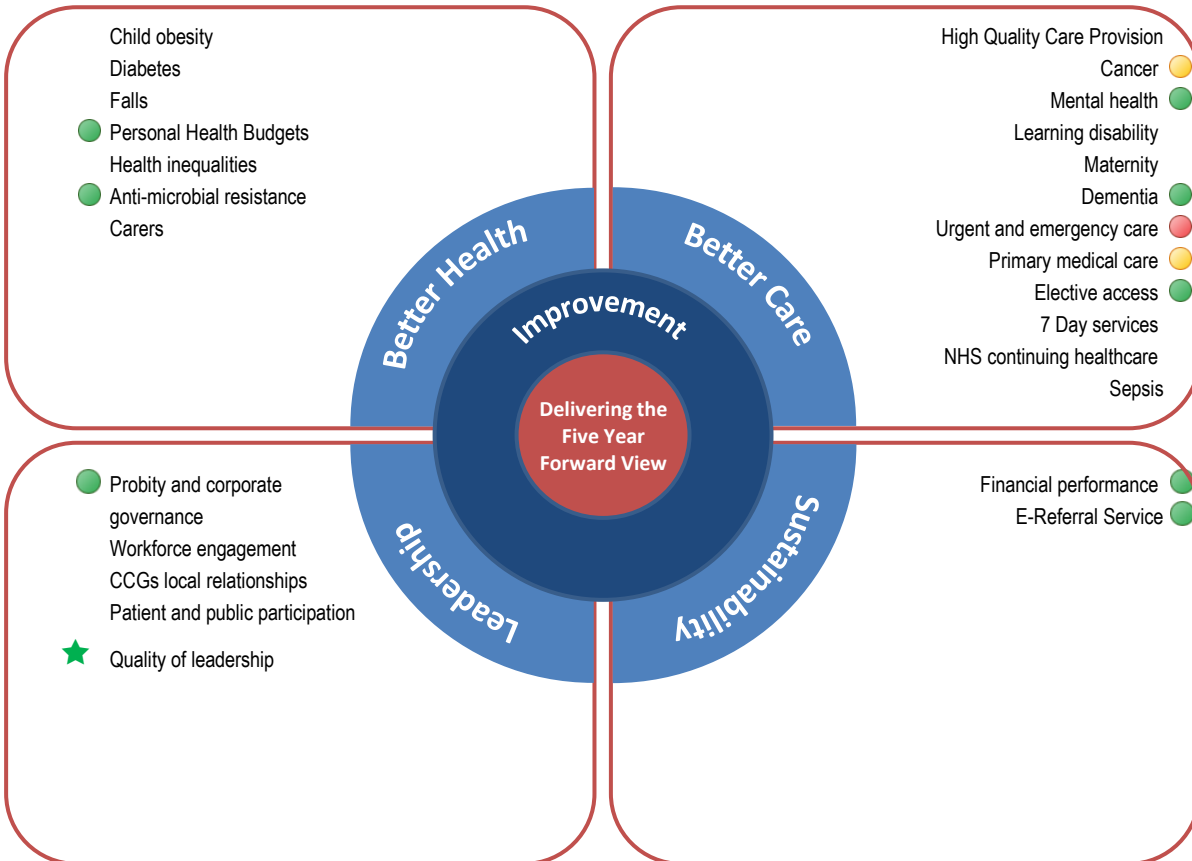
Wheelchairs for Children*	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	QP
Percentage of equipment delivered within 18 weeks	Target	92.0%	92.0%	92.0%	92.0%
	Actual	32.7%	22.9%		

*Performance is not currently meeting the 92% standard for Children's wheelchairs delivered within 18 weeks. This is currently being investigated further to understand the accuracy of this data and the context behind it.

Improvement and Assessment Framework



Priority Clinical Areas	Narrative
Mental Health	Needs Improvement
Dementia	Performing Well
Learning Disabilities	Needs Improvement
Cancer	Needs Improvement
Diabetes	Needs Improvement
Maternity	Needs Improvement



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			Reporting Frequency	Latest available data	Latest Period Performance	Target
Better Health	Child obesity (Indicator 1)	Percentage of children aged 10-11 classified as overweight or obese	Annual	2016/17	37.0%	
	Diabetes (Indicators 2 & 3)	Diabetes patients that have achieved all the NICE recommended treatment targets: three (HbA1c, cholesterol and blood pressure) for adults and one	Annual	2015/16	37.9%	
		People with diabetes diagnosed less than a year who attend a structured education course	Annual	2014	6.2%	
	Falls (Indicator 4)	Injuries due to falls in people aged 65 and over	Annual	Q4 16/17	1745.2	
	Personal Health Budgets (Indicator 5)	Personal Health Budgets	Quarterly	Q1 17/18	34.8	
	Health inequalities (Indicator 6)	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions	Quarterly	Q4 16/17	2629.1	
	Anti-microbial resistance (Indicators 7 & 8)	● Appropriate prescribing of antibiotics in primary care	Monthly	Sep-2017	1.237	1.161
● Appropriate prescribing of broad spectrum antibiotics in primary care		Monthly	Sep-2017	6.80	10.0	
Carers (Indicator 9)	The proportion of carers with a long term condition who feel supported to manage their condition		New Indicator - Awaiting Data			

Improvement and Assessment Framework



 Denotes a measure that has been updated in this report


		Reporting Frequency	Latest available data	Latest Period Performance	Target	
Better Care	Provision of High Quality Care (Indicators 10, 11 & 12)	Provision of High Quality Care: Hospitals	Quarterly	Q1 2017/18	62	
		Provision of High Quality Care: Primary Medical Services	Quarterly	Q1 2017/18	65	
		Provision of High Quality Providers- Adult Social Care	Quarterly	Q1 2017/18	61	
	Cancer (Indicators 13, 14, 15 & 16)	● Cancer diagnoses at an early stage	Annual	2015	47.6%	60.0%
		● People with urgent GP referral having first definitive treatment for cancer with 62 days of referral	Monthly	Oct-17	73.7%	85%
		One year survival from all cancers	Annual	2014	68.4%	
		● Cancer patient experience(1)	Annual	2016	8.7	8.7
	Mental health (Indicators 17, 18, 19, 20, 21 & 22)	● Improving access to psychological therapy - recovery	Monthly	Oct-17	51.6%	50.0%
		Improving access to psychological therapy - access	Monthly	Oct-17	9.5%	
		● People with first episode of psychosis starting treatment with a NICE recommended package of care treated within 2 weeks of referral	Monthly	Oct-17	75.0%	50%
		Children and young people's mental health services transformation	Amended Indicator - Awaiting Data			
		Mental health out of area placements	Quarterly	Q4 2016/17	100%	
		Mental health crisis team provision	Annual	Q4 2016/17	30%	
	Learning disability (Indicators 23, 24 & 25)	Reliance on specialist inpatient care for people with a learning disability and/or autism	Quarterly	Q1 2017/18	74	
		Proportion (%) of eligible adults with a learning disability having a GP health check	Annual	2016/17	69.0%	
		Completeness of the GP learning disability register	New Indicator - Awaiting Data			
	Maternity (Indicators 26, 27, 28 & 29)	Maternal smoking at delivery	Quarterly	Q2 2017/18	21%	
		Neonatal mortality and stillbirths (Rate per 1,000)	Annual	2015	4.6	
		Women's experience of maternity services (National Maternity Services Survey)	Annual	2015	80	
		Choices in maternity services	Annual	2015	62.80	
Dementia (Indicators 30 & 31)	● Estimated diagnosis rate for people with dementia.	Monthly	Nov-17	81.44%	66.7%	
	Dementia care planning and post-diagnostic support	Annual	2016/17	78.9%		
Urgent and emergency care (Indicators 32, 33, 34, 35 & 36)	Emergency admissions for urgent care sensitive conditions	Quarterly	Q4 2016/17	2551		
	● Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Monthly	Dec-17	89.1%	95.0%	
	● Delayed transfers of care attributable to the NHS per 100,000 population	Monthly	Oct-17	5.9		
	population use of hospital beds following emergency admission	Quarterly	Q4 2016/17	466.87		
	Percentage of deaths with three or more emergency admissions in last three months of life	New Indicator - Awaiting Data				
Primary medical care (Indicators 37, 38 & 39)	● Patient experience of GP services	Annual	Jul-17	85.7%	74.6%	
	Primary care access - percentage of registered population offered full extended access	New Indicator - Awaiting Data				
	Primary care workforce (FTE per 1,000 weighted patients by CCG)	Monthly	Aug-17	88		
Elective access (Indicator 40)	● Patients waiting 18 weeks or less from referral to hospital treatment	Monthly	Nov-17	95.0%	92%	
7 Day services (Indicator 41)	Achievement of clinical standards in the delivery of 7 day services	New Indicator - Awaiting Data				
NHS continuing healthcare (Indicator 42)	Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting	Quarterly	Q1 2017/18	32.92		
Sepsis (Indicator 43)	Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG	New Indicator - Awaiting Data				


(1) The Cancer Patient Experience target is the National Average for 0, so Rotherham's performance is being measured against the national average

Improvement and Assessment Framework

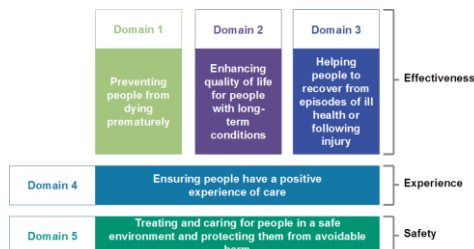


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				Reporting Frequency	Latest available data	Latest Period Performance	Target
 Sustainability	Financial Performance (Indicator 44)	●	In year financial performance	Quarterly	Q1 2017/18	●	●
	E-Referral Service (Indicator 45)	●	Utilisation of the NHS e-referral service to enable choice at the first routine elective referral	Monthly	Oct-17	87.5%	80%

				Reporting Frequency	Latest available data	Latest Period Performance	Target
 Leadership	Probity and corporate governance (Indicator 46)	●	Probity and corporate governance	Quarterly	Q1 2017/18	●	●
	Workforce engagement (Indicators 47 & 48)		Staff engagement index	Annual	2016	3.69	
			Progress against workforce race equality standard	Annual	2016	0.09	
	CCGs local relationships (Indicator 49)		Effectiveness of working relationships in the local system	Annual	2016/17	81.67	
	Patient and Public Participation (Indicator 50)		Compliance with statutory guidance on patient and public participation in commissioning health and care		New Indicator - Awaiting Data		
Quality of leadership (Indicator 51)	★	Quality of CCG leadership	Quarterly	Q1 2017/18	★	★	

Health Outcomes



 Denotes a measure that has been updated in this report

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
Health-related quality of life for people with long-term conditions	0.707	0.702	0.708	0.720	0.740
Proportion of people feeling supported to manage their condition	64.40	65.20	66.20	62.10	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	996.7		1,074
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	305.8	364.0	272.0		364

Enhancing Quality of Life	Sep-17	Oct-17	Nov-17	YTD	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	79.87%	80.39%	81.44%	81.44%	66.70%

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	1581.3		1,581
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	480.8	541.8	372.3		372.3

Patient Experience	Latest Period	Performance	Target
Satisfaction with the quality of consultation at the GP practice	Jan-Mar 17	440.8%	437.3%
Satisfaction with the overall care received at the surgery	Jan-Mar 17	85.7%	86.2%
Satisfaction with accessing primary care	Jan-Mar 17	71.1%	74.6%

Protecting People From Avoidable Harm	Sep-17	Oct-17	Nov-17	2017/18 YTD	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	0	0	0	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	1	0	2	3	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	5	6	5	43	Actual
	6	4	4	47	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	2	2	0	6	Actual
	4	2	2	18	Plan

Mental Health: Monthly Indicators	Aug-17	Sep-17	Oct-17	2017/18 YTD	Target
Proportion of people waiting 6 weeks or less from referral to entering a course of IAPT treatment	91.0%	96.8%	97.7%	88.9%	75.0%
Proportion of people waiting 18 weeks or less from referral to entering a course of IAPT treatment	100.0%	100.0%	100.0%	99.9%	95.0%

Health Outcomes

Mental Health: Monthly Indicators	Aug-17	Sep-17	Oct-17	YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	6.9%	8.2%	9.5%	9.5%	3.50%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	52.10%	53.20%	51.60%	54.10%	50.0%

CYP Eating Disorder (ED) Services - Urgent Cases	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Target
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	6	8			3
Number of CYP with a suspected ED (urgent cases) that start treatment	7	8			3
Percentage of CYP with ED that start treatment within one week of referral	85.7%	100%			95.0%

Denotes a measure that has been updated in this report

		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Delayed transfers of care from hospital (delays days rate)*	Actual	5.3%	6.1%	5.7%	4.9%	5.0%	4.1%	1.8%					
	Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
	Actual YTD	5.3%	5.7%	5.7%	5.5%	5.4%	5.2%	4.7%					
	Target YTD	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%

*BCF DTOC measure has now been confirmed as rate per 100,000 population. This will be reflected in this part of the report once the trajectory is confirmed.


**Oct 17 is unpublished data


		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Long-term support needs of older people (65 and over) met by admission to residential and nursing care homes, per 100,000 population	Actual	-	-	89									
	Target	50	100	149	198	248	297	347	396	446	495	545	589
	Actual YTD	-	-	89									
	Target YTD	50	100	149	198	248	297	347	396	446	495	545	589


Both the target and actual figures are cumulative. The target for the year is 589

		2015/16	2016/17
Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement / rehabilitation services	Actual	89.6%	87.5%
	Target	90.0%	91.0%





 Denotes a measure that has been updated in this report

Preventing Premature Mortality		Target	Latest Period	Performance
Proportion of cancers diagnosed at stages 1 and 2		60.0%	2015	47.6%

Increase in proportion of GP referrals by e-referral		Target	Latest Period	Performance
Proportion of GP referrals made by e-referrals		80.0%	Oct-17	87.5%

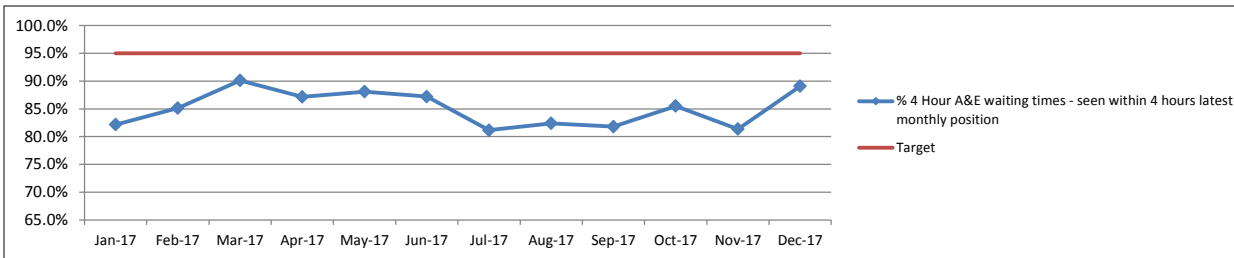
Overall Experience of Making a GP Appointment		Target	Latest Period	Performance
% of respondents who said they had a good experience of making an appointment		74.6%	Jan-Mar 17	71.1%

Continuing Health Care		Target	Latest Period	Performance
NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility)	Please see quality report for performance against CHC indicators			
Full NHS CHC assessments take place in an acute hospital setting to be less than Quality Premium target	Please see quality report for performance against CHC indicators			

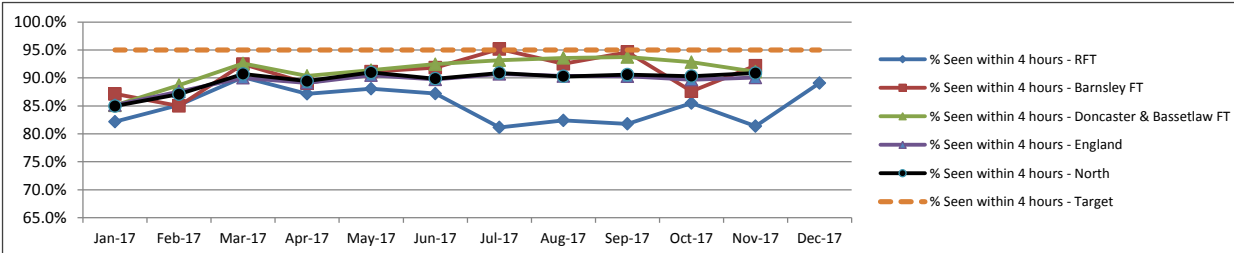
Antimicrobial Resistance (AMR) Improving Antibiotic Prescribing in Primary Care		Target	Latest Period	Performance
Reducing gram negative bloodstream infections: Reduction of Ecoli BSI reported at CCG level		3	Nov-17	3
Reducing inappropriate antibiotic prescribing for UTI in primary Care: A 10% or greater reduction in the Trimethoprim: Nitrofurantoin prescribing ratio		0.559	Sep-17	0.487
Reducing inappropriate antibiotic prescribing for UTI in primary Care: A 10% or greater reduction in the number of Trimethoprim items prescribed to patients aged 70 year or over		3721	Sep-17	3340
Appropriate prescribing of broad spectrum antibiotics in primary care		1.161	Sep-17	1.237

Focus on - A&E Waits

		Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
% 4 Hour A&E waiting times - seen within 4 hours latest monthly position	Actual	82.2%	85.1%	90.1%	87.2%	88.1%	87.2%	81.2%	82.4%	81.8%	85.5%	81.4%	89.1%
	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%



	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
% Seen within 4 hours - RFT	82.2%	85.1%	90.1%	87.2%	88.1%	87.2%	81.2%	82.4%	81.8%	85.5%	81.4%	89.1%
% Seen within 4 hours - Barnsley FT	87.1%	85.0%	92.5%	89.0%	91.1%	91.8%	95.2%	92.5%	94.6%	87.6%	92.2%	
% Seen within 4 hours - Doncaster & Bassetlaw FT	85.1%	88.7%	92.6%	90.4%	91.4%	92.5%	93.2%	93.6%	93.7%	92.8%	91.1%	
% Seen within 4 hours - England	85.1%	87.6%	90.0%	89.1%	90.5%	89.7%	90.7%	90.3%	90.3%	89.7%	90.1%	
% Seen within 4 hours - North	85.0%	87.1%	90.7%	89.4%	91.0%	89.9%	90.9%	90.3%	90.6%	90.3%	90.9%	
% 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%



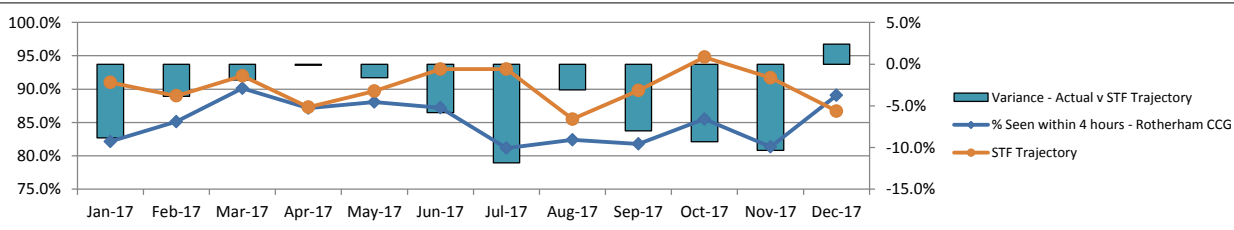
Supporting Narrative

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 RFT's daily data as a proxy for the CCG measure. The A&E position for RFT, December to date (as at 17th December) is 89.1%. Performance during this period last year is not available due to issues experienced at the time at TRFT with submitting A&E performance data.

Focus on - STF Trajectory

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
% Seen within 4 hours - Rotherham CCG	82.2%	85.1%	90.1%	87.2%	88.1%	87.2%	81.2%	82.4%	81.8%	85.5%	81.4%	89.1%
STF Trajectory	91.0%	89.0%	92.0%	87.3%	89.7%	93.0%	93.0%	85.5%	89.8%	94.8%	91.7%	86.7%
Variance - Actual v STF Trajectory	-8.8%	-3.9%	-1.9%	-0.1%	-1.6%	-5.8%	-11.8%	-3.1%	-8.0%	-9.3%	-10.3%	2.4%



Supporting Narrative

The STF trajectory is the trajectory for A&E improvement agreed between RFT, RCCG and NHS England. December onwards has been updated to show the Rotherham system wide position. The trajectory from Apr 17 onwards is provisional.

Focus on - Refer to Treatment: Incomplete Pathways by Speciality - RCCG Patients

	% Over 13 Weeks	Aug-17	Sep-17	Oct-17	Nov-17	Target
All specialities - total incomplete	13.3%	94.8%	95.0%	95.4%	95.0%	92.00%
Cardiology	22.1%	93.7%	92.2%	92.9%	92.9%	92.00%
Cardiothoracic Surgery	28.3%	90.9%	90.9%	96.2%	97.8%	92.00%
Dermatology	10.7%	97.1%	98.0%	98.0%	97.2%	92.00%
ENT	14.6%	92.3%	93.2%	93.6%	93.8%	92.00%
Gastroenterology	8.4%	99.2%	99.5%	99.4%	98.2%	92.00%
General Medicine	13.4%	97.7%	98.8%	97.0%	96.5%	92.00%
General Surgery	13.9%	93.4%	93.0%	94.1%	94.1%	92.00%
Geriatric Medicine	13.3%	97.5%	98.8%	97.0%	98.7%	92.00%
Gynaecology	19.3%	91.4%	90.1%	90.5%	90.0%	92.00%
Neurosurgery	8.0%	98.9%	99.0%	98.9%	97.7%	92.00%
Neurology	5.8%	98.9%	98.9%	98.1%	98.2%	92.00%
Ophthalmology	4.8%	97.7%	97.8%	98.4%	98.4%	92.00%
Oral Surgery	-	100.0%	100.0%	100.0%	100.0%	92.00%
Other	12.3%	95.0%	95.4%	95.8%	95.3%	92.00%
Plastic Surgery	15.5%	94.4%	93.0%	94.8%	93.0%	92.00%
Rheumatology	7.8%	99.4%	97.5%	97.7%	99.0%	92.00%
Thoracic Medicine	24.1%	91.9%	97.0%	96.1%	90.7%	92.00%
Trauma & Orthopaedics	15.9%	92.7%	92.9%	93.9%	94.0%	92.00%
Urology	5.2%	98.5%	98.3%	98.8%	98.4%	92.00%

Supporting Narrative

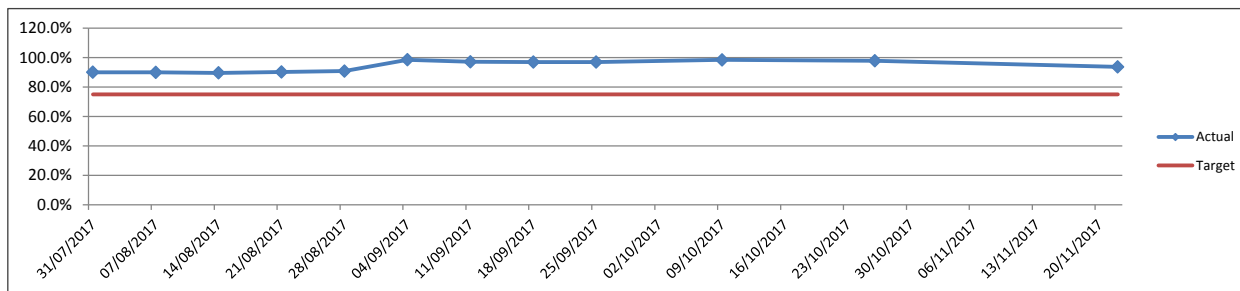
Latest provisional data for November shows two specialities under the 92% standard, Gynaecology and Thoracic Medicine. Gynaecology is part of on-going discussions with RFT in the context of their theatre refurbishment work. Thoracic Medicine is small number, 14 pathways over 18 weeks.

Rotherham CCG benchmarks favourably against other CCG's in South Yorkshire for RTT Incomplete waits in October (95.4%):

Barnsley CCG – 92.4% / Bassetlaw CCG – 90.5% / Doncaster CCG – 91.3% / Sheffield CCG – 95.8% / National – 89.3%

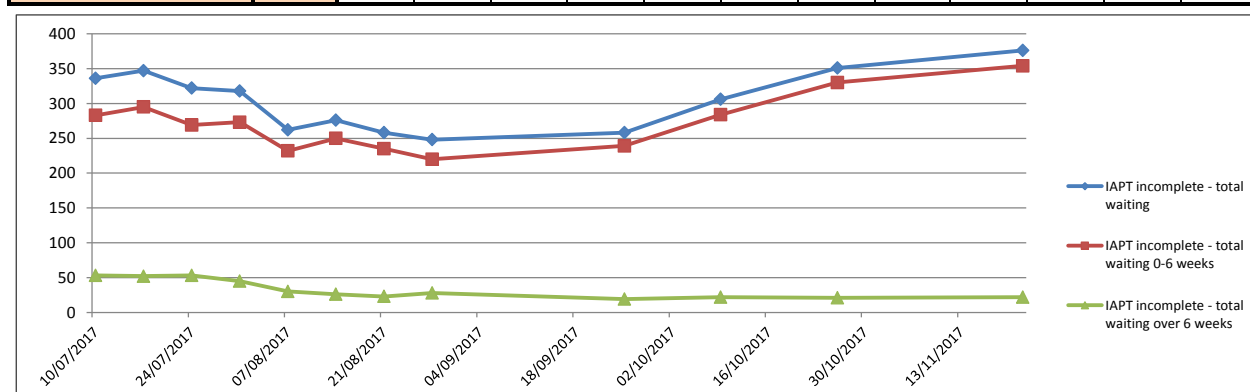
Focus on - IAPT Waiting Times

		31/07/2017	07/08/2017	14/08/2017	21/08/2017	28/08/2017	04/09/2017	11/09/2017	18/09/2017	25/09/2017	09/10/2017	26/10/2017	22/11/2017
Proportion of people waiting six weeks or less from referral to entering a course of IAPT treatment	Actual	90.0%	89.9%	89.6%	90.2%	90.8%	98.5%	97.1%	96.9%	96.9%	98.4%	97.7%	93.6%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



Focus on - IAPT 6 Week Wait Waiting List

		10/07/2017	17/07/2017	24/07/2017	31/07/2017	07/08/2017	14/08/2017	21/08/2017	28/08/2017	25/09/2017	09/10/2017	26/10/2017	22/11/2017
IAPT incomplete - total waiting	Actual	336	347	322	318	262	276	258	248	258	306	351	376
IAPT incomplete - total waiting 0-6 weeks	Actual	283	295	269	273	232	250	235	220	239	284	330	354
IAPT incomplete - total waiting over 6 weeks	Actual	53	52	53	45	30	26	23	28	19	22	21	22



Supporting Narrative

Local comparison (published data August 17) shows the following benchmark position.

Barnsley – 58%

Bassetlaw – 99%

Doncaster – 85%

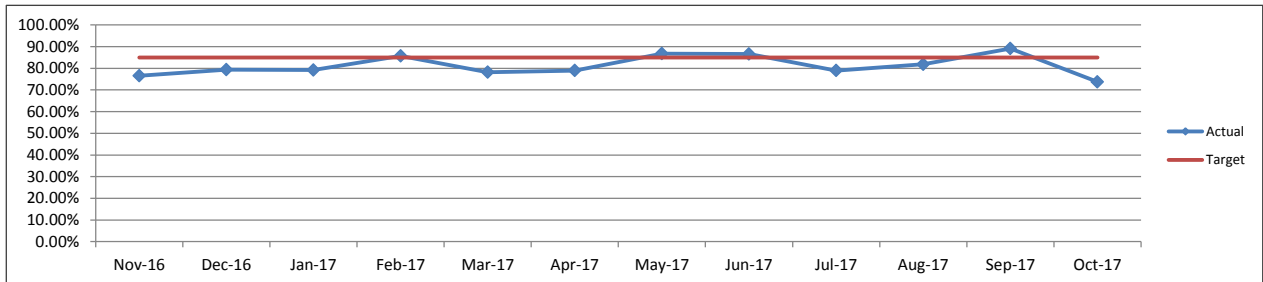
Sheffield – 91%

National – 88.5%

Focus on - Cancer (62 Days)

		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Cancer - % patients seen within 62 days of referral from GP	Actual	76.56%	79.31%	79.17%	85.71%	78.18%	78.95%	86.76%	86.57%	78.95%	81.82%	89.09%	73.68%
	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%

	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Cancer patients seen within 62 days of referral from GP	49	46	38	42	43	45	59	58	45	59	58	42
Total cancer patients waiting to be seen within 62 days of referral from GP	64	58	48	49	55	57	68	67	57	68	67	57



Supporting Narrative

In October the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 73.7%.

TRFT saw a decrease in performance September 93.1% to October 79.8%, which is below the national standard.

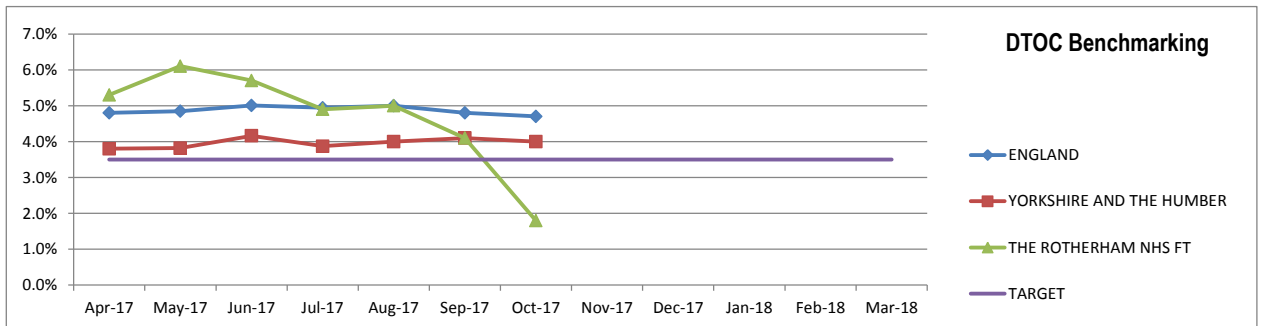
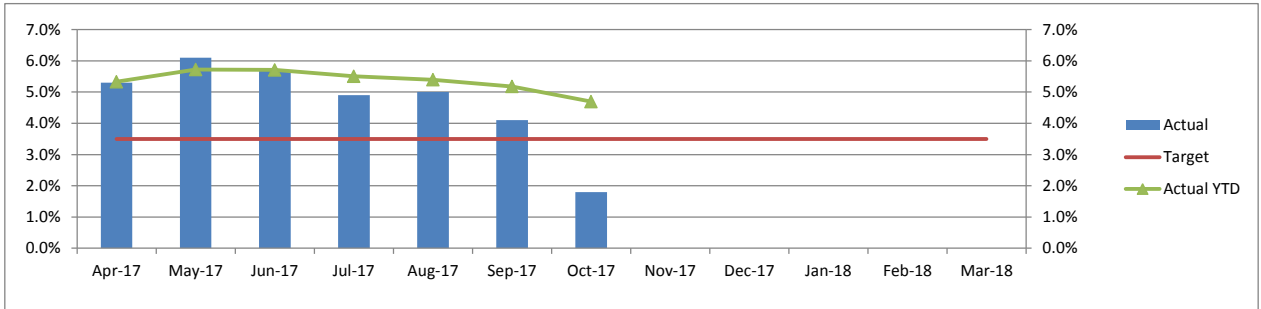
National performance in October was 82.3%.

There were 15 breaches in October for RCCG patients:

FIRST SEEN	FIRST TREATMENT	REASON
RFR	RHQ	Patient initiated (choice) delay to first appointment and diagnostic test resulted in IPT after breach date (RFR day 75)
RFR	RHQ	IPT late in pathway (RFR day 50)
RFR	RFR	Inefficient pathway
RFR	RHQ	IPT after breach date (RFR day 109). Breach reason not agreed between trusts.
RFR	RHQ	IPT after breach date (RFR day 69)
RFR	RHQ	IPT after breach date (RFR day 63). Breach reason not agreed between trusts.
RFR	RFR	Treatment delayed for medical reasons/ patient choice
RFR	RFR	Health Care Provider initiated delay to diagnostic test
RFR	RFR	Patient initiated (choice) delay to diagnostic test
RFR	RHQ	IPT late in pathway (RFR day 35) followed by Outpatient capacity inadequate (treatment planning) RHQ
RFR	RP5	INVESTIGATING
RFR	RHQ	IPT late in pathway (RFR day 61)
RFR	RFR	Complex diagnostic pathway
RFR	RHQ	IPT after breach date (RFR day 100)
RFR	RHQ	IPT late in pathway (RFR day 51)

Focus on - Delayed Transfer of Care

		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Delayed transfers of care from hospital (delays days rate)*	Actual	5.3%	6.1%	5.7%	4.9%	5.0%	4.1%	1.8%					
	Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
	Actual YTD	5.3%	5.7%	5.7%	5.5%	5.4%	5.2%	4.7%					
	Target YTD	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%



Supporting Narrative

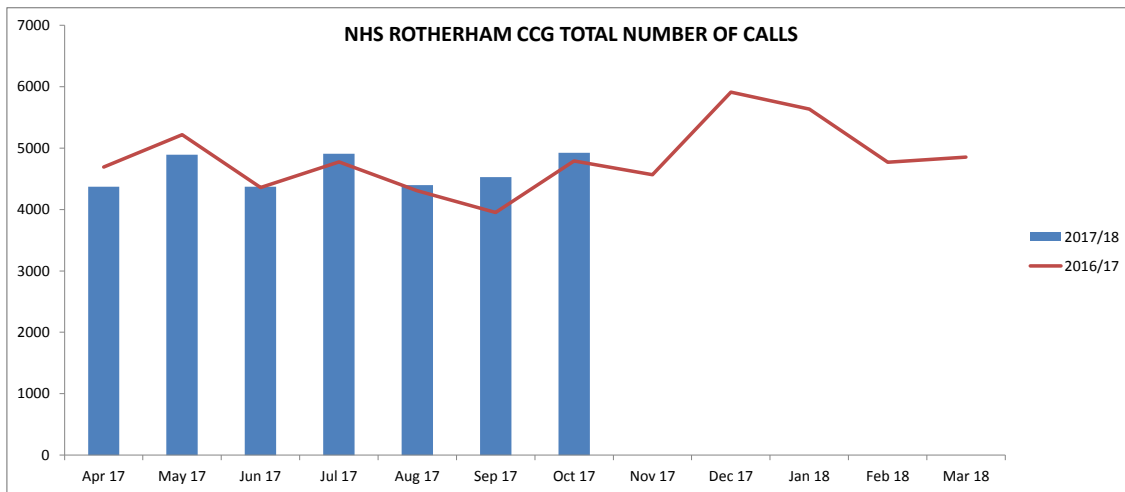
Rotherham FT is meeting the 3.5% national standard. The national standard relates to total occupied bed days taken up by delayed transfers of care.

Rotherham FT's performance in October 17 is 1.8%. This compares to a Yorkshire and Humber performance of 4%, a North of England performance of 4.2% and an England performance of 4.7%.

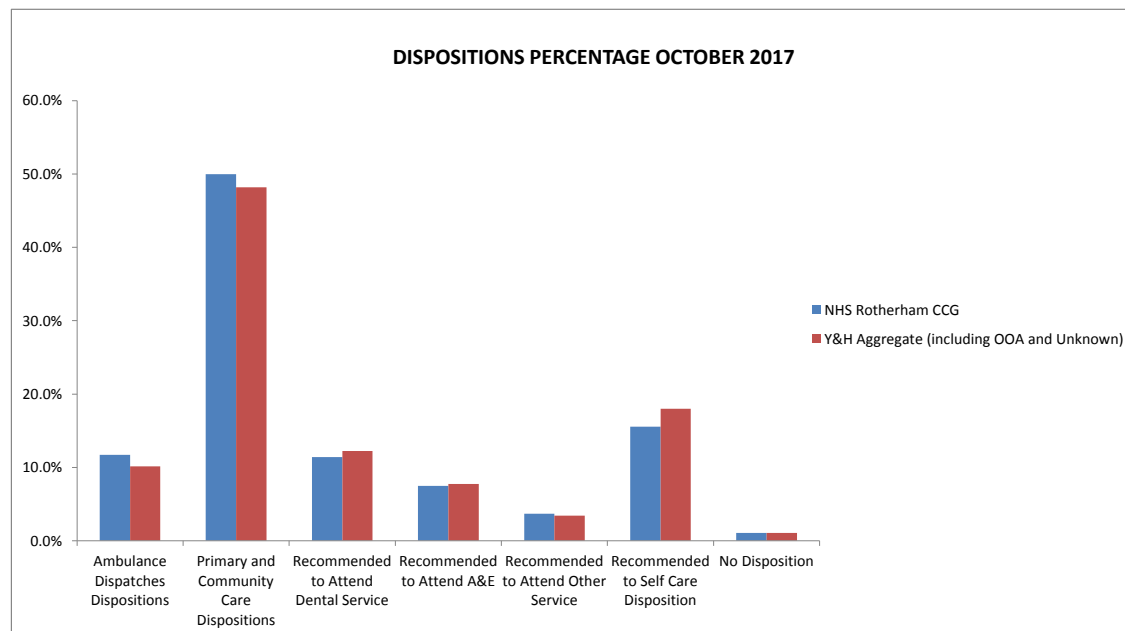
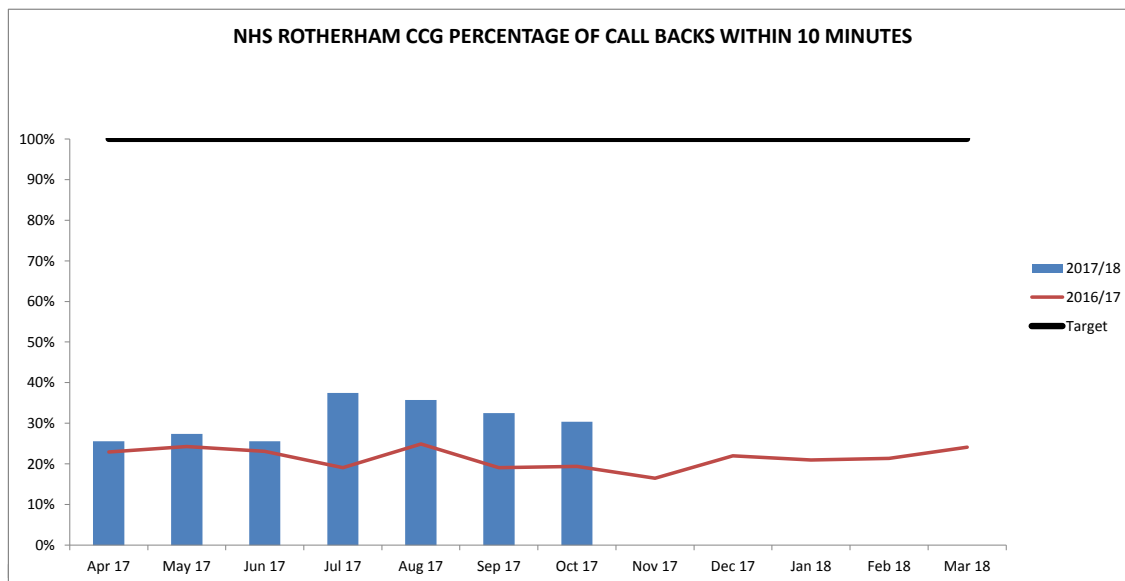
Sheffield Teaching FT's performance for October 17 is 3.4% and Barnsley FT's is 3.4%. Doncaster and Bassetlaw's performance is 2.2%.

Initial data for RFT for November indicates a similar level of DTCOs in November to October with performance being maintained

Total Number of Calls



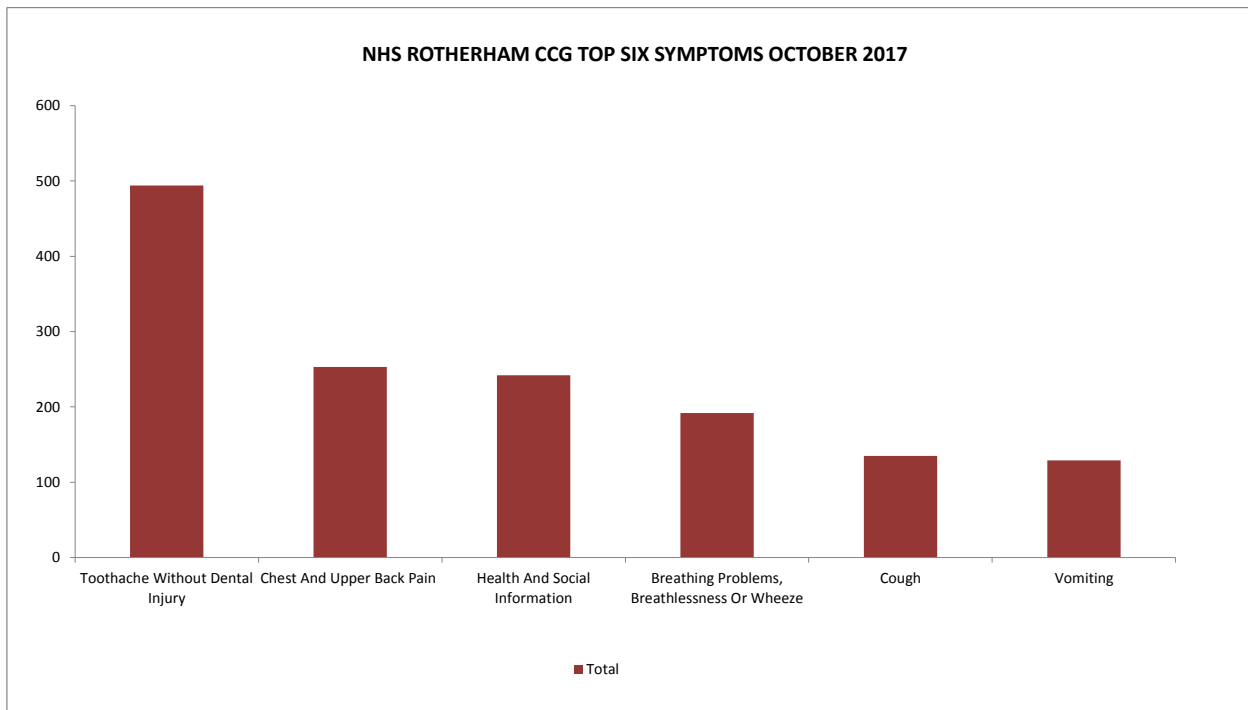
Call Backs Within 10 Minutes



Number of Dispositions

	Y&H	Rotherham	% of Total
Ambulance Dispatches	11999	572	4.8%
Primary and Community Care -			
Outside GP Hours	44661	1,846	4.1%
Within GP Hours	12346	593	4.8%
Total	57007	2,439	4.3%
Recommended to Attend Dental Service	14491	557	3.8%
Recommended to Attend A&E	9144	364	4.0%
Recommended to Attend Other Service	4056	179	4.4%
Recommended to Self Care	21300	758	3.6%

111 Top Six Symptoms - Rotherham CCG



Supporting Narrative

This focus on section has been added at the request of governing body. It displays key information relating to the 111 service on calls, dispositions and symptoms.