

# Rotherham Clinical Commissioning Group: Governing Body Delivery Dashboard for 2018/19

**June 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
Cancelled Operations	0				
Diagnostics	1%				
DTOC	3.5%				
IAPT - 6 week wait	75%				
Referral to treatment	95%				

**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: 2 weeks	93%				
Cancer Waits: 31 days	96%				

**Improving**

Last month met but previous not met or YTD not met

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer Waits: 62 days	85%				
Mixed Sex Accomodation	0				

## Key Performance Issues

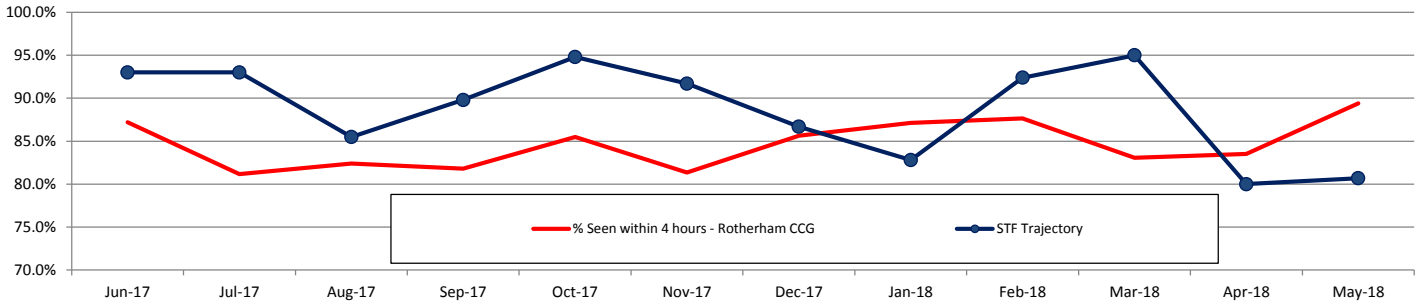
### A&E

The new Urgent and Emergency Care Centre has been live since the 6th July. The Walk In Centre also closed on this date. Urgent and emergency care is now a single streaming service at The Rotherham Foundation Trust (TRFT). The May position to date shows significant improvement from April. Performance in May to date (as at 20th May) is 89.4%. Performance in April was 83.5%. This represents underperformance against the 95% standard but achievement of the Sustainable Transformation Fund (STF) trajectory.

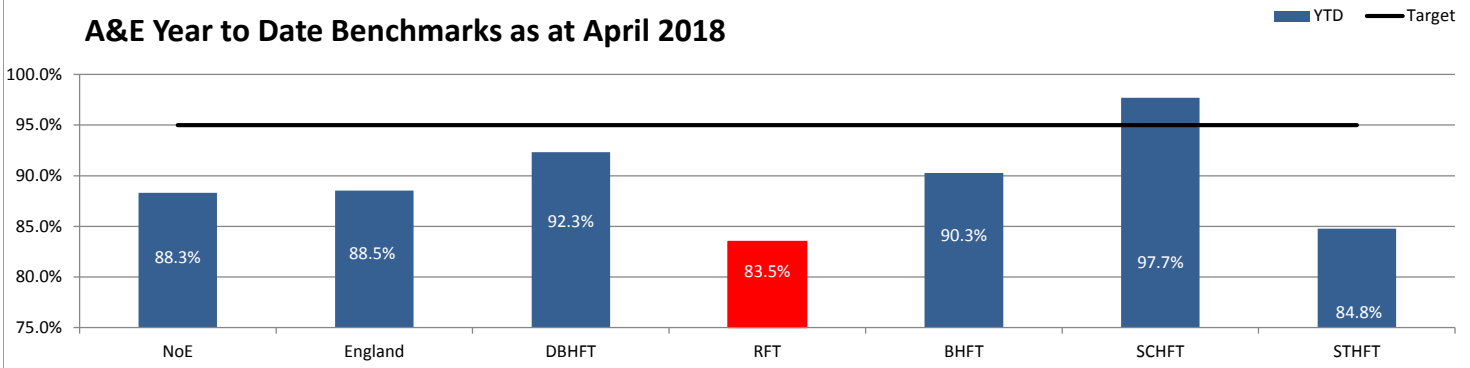
Bedding in of the new model of care within the department and workforce challenges continue to present as the main factors in delivering sustainable performance, with additional challenges arising during the weekend period. Two new A&E consultants have commenced in the department during October and November which has improved seven day coverage of consultant rotas in the UECC, however there remains challenge on middle grade rotas and doctor cover overnight. A team of clinicians and a manager have been working with a recruitment agency to recruit to middle grade positions from India. The new Chief Operating Officer has had success previously with this approach and is more confident of establishing a more sustainable workforce.

GP streaming continues to have a positive impact on performance, streaming on average 30-35% of patients routinely when it is in operation. 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. England performance in April was 88.5% and TRFT ranked 196 out of 234 Trusts in England.

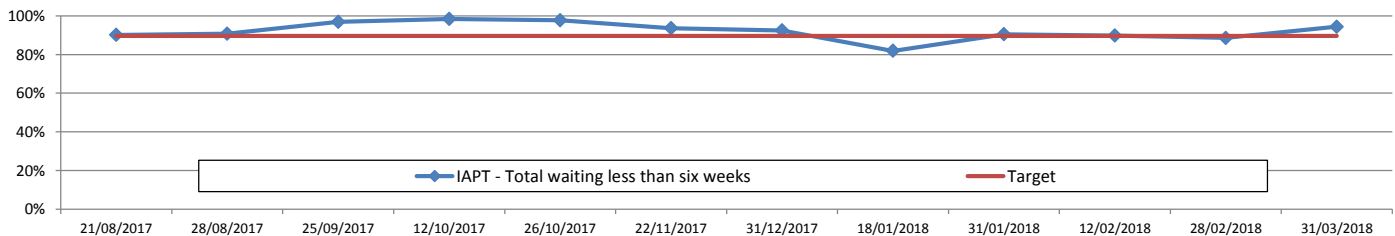


### A&E Year to Date Benchmarks as at April 2018

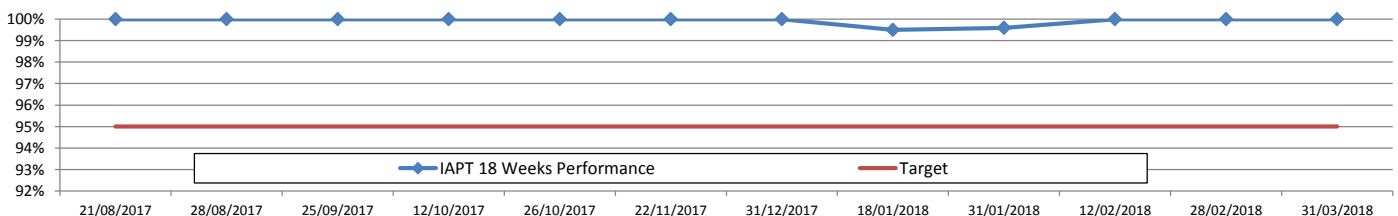


### IAPT

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 end March 2018 was 94.4%. This is above the standard of 75%. February performance was 88.6%. The IAPT position has been performing well for a number of months. Self-referral into the service is now established and contributing to this position.



The 18 week wait position for the service as at end March 2018 was 99.7%. Performance is consistently meeting the 95% standard for 18 weeks. Please note this section has not been updated since the last report as further data is not yet available.



### Cancer Waits

In March the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 82.5%. This is the 4th consecutive month of failure and this standard has been challenged throughout the year. Breaches of the standard were due to a number of reasons. There were 11 breaches of the standard in March, 7 were patients transferred from Rotherham FT to Sheffield Teaching FT.

Significant local work is taking place to improve the current 62 day performance position with key areas of focus relating to pathways associated with lower GI, urology and on earlier diagnostics. Governing body should note the significant risk of non-achievement of Q1 performance of this standard. Rotherham FT has a daily cancer patient tracking list in place, which can be seen in the focus on section.

The 31 day standard was not achieved in March, with performance at 93.9% against the standard of 96%. The two week wait cancer standard was also not achieved in March with performance of 90.1% against the 93% standard.

The two week wait standard for breast symptoms was equally not achieved in March with performance at 53.3% against the 93% standard. This standard was impacted by locum sick leave during a period of consultant leave.

The 62 day standard relating to screening referrals was under the standard at 83.3% against the 90% standard. This related to 2 breaches, one a changed treatment plan the other a delayed diagnostic test.

	Jan-18	Feb-18	Mar-18
2 week wait	●	●	●
31 day	●	●	●
62 day	●	●	●

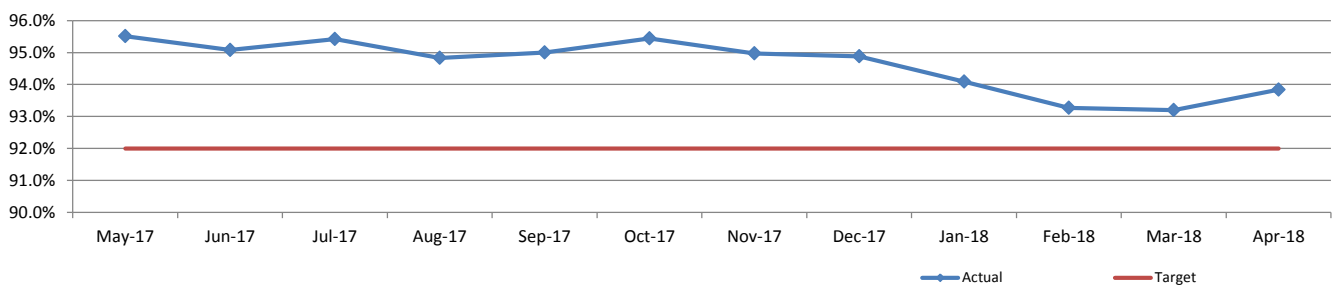
### Referral to Treatment

RTT Incomplete Pathways continue to meet the 92% national standard in April with performance at 93.8%. Performance had been seeing a downward trend but April has seen an improvement. 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 22.4%, which is the 15th lowest risk nationally.

There were no 52+ week waiters in April.

	Feb-18	Mar-18	Apr-18
RTT Incomplete	●	●	●
52 week wait	●	●	●

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



	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Actual	95.5%	95.1%	95.4%	94.8%	95.0%	95.4%	95.0%	94.9%	94.1%	93.3%	93.2%	93.8%
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 March. April data has not yet been published.

	Jan-18	Feb-18	Mar-18
MSA	●	●	●

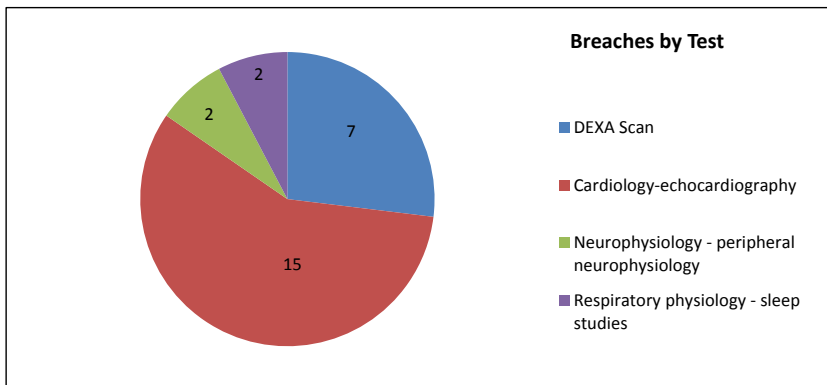
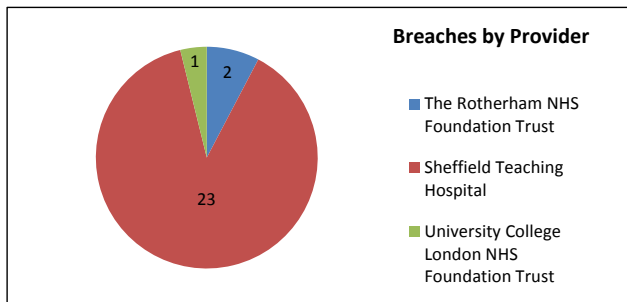
### Diagnostic Waiting Times

Provisional performance in April of 0.39% meets the <1% standard.

26 breaches occurred during April. There were 23 at Sheffield Teaching Hospital (7 DEXA Scan, 15 Cardiology – echocardiography and 1 Neurophysiology - peripheral neurophysiology), 2 at The Rotherham NHS Foundation Trust (both Respiratory physiology - sleep studies) and 1 at University College London Hospitals NHS Foundation Trust (Neurophysiology - peripheral neurophysiology).

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.

	Feb-18	Mar-18	Apr-18
Diagnostic Waits	●	●	●



### Incidence of C.diff and MRSA

Performance for the CCG overall year to date (YTD) as at April was 3 cases against a plan of 6. The 3 cases in April occurred at Barnsley Hospital FT (2) and Sheffield Children's Hospital FT (1). The year-end target for the CCG is to achieve less than 62.

TRFT performance YTD as at April is 0 cases against the target of 1. TRFT year-end target is to achieve less than 25.

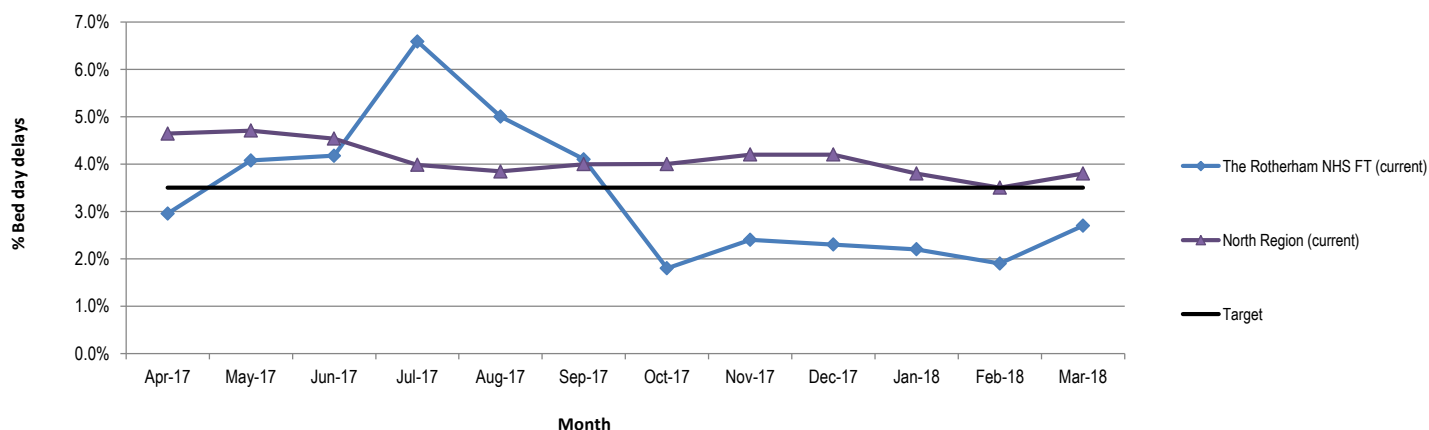
	Feb-18	Mar-18	Apr-18
CCG c.diff	●	●	●
RFT c.diff	●	●	●
MRSA	●	●	●

### Delayed Transfers of Care

The national standard is 3.5% of total occupied bed days taken up by delayed transfers of care. TRFT is meeting that standard at 2.7% (March). For the previous two months performance has been at 1.9% (Feb-18) and 2.2% (Jan-18).

	Jan-18	Feb-18	Mar-18
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. RCCGs individual performance cannot therefore be reported this month. Details of the new standards are below. YAS as an organisation achieved a mean of 8 minutes 2 seconds for category 1 calls in April.

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 - April	Previous Month - March	Change
Category 1	00:08:02	00:08:17	Better
Category 2	00:21:39	00:25:38	Better
Category 3	00:54:00	02:25:24	Better
Category 4	01:06:51	03:17:37	Better

	Current performance - April	Change
15 Min Turnaround RFT on target	62.90%	Better
Handovers at NGH	40.50%	Better

# NHS Constitution and Pledges



  Denotes that a measure that has been updated in this report

Referral to Treatment	Feb-18	Mar-18	Apr-18	Target	QP
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	93.3%	93.2%	93.8%	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	Feb-18	Mar-18	Apr-18	Target	QP
% Patients waiting for diagnostic test waiting > 6 weeks from referral (Commissioner)	1.03%	0.75%	0.39%	1.0%	

A&E Waits	Mar-18	Apr-18	May-18	Target	QP
Total A&E: % 4 hour A&E waiting times - seen within 4 hours (latest monthly position)	83.1%	83.5%	89.4%	95.0%	Y

Cancer - Two Week Waits	Jan-18	Feb-18	Mar-18	Target	QP
% patients referred with breast symptoms seen within 2 weeks of referral	88.0%	96.6%	53.3%	93.0%	
% patients referred within 2 weeks of referred urgently by a GP	94.3%	95.9%	90.1%	93.0%	

Cancer - 31 Day Waits	Jan-18	Feb-18	Mar-18	Target	QP
% patients receiving first definitive treatment within 31 days following referral	92.7%	96.2%	93.9%	96.0%	
% patients receiving subsequent treatment where treatment is surgery within 31 days	96.0%	100.0%	100.0%	94.0%	
% patients receiving subsequent treatment where treatment is anti-drug regime within 31 days	98.0%	100.0%	100.0%	98.0%	
% patients receiving subsequent treatment where treatment is radiotherapy within 31 days	94.6%	97.2%	97.8%	94.0%	

Cancer - 62 Day Waits	Jan-18	Feb-18	Mar-18	Target	QP
% patients starting first treatment within 62 days of referral from GP	71.2%	79.6%	82.5%	85.0%	Y
% patients starting first treatment within 62 days after breast, bowel and cervical screening referral	81.8%	100.0%	83.3%	90.0%	
% patients treated within 62 days following referral from a Consultant	82.4%	91.9%	88.4%		

# NHS Constitution and Pledges



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YAS Performance (from 1/9/17 )	Feb-18	Mar-18	Apr-18	Target	QP
Category 1 (Mean target of 7 minutes per call)	00:08:07	00:08:17	00:08:02	<b>00:07:00</b>	
Category 2 (Mean target of 18 minutes per call)	00:25:08	00:25:38	00:21:39	<b>00:18:00</b>	
Category 3 (90th percentile target of 2 hours per call)	02:24:28	02:25:24	00:54:00	<b>02:00:00</b>	
Category 4 (90th percentile target of 3 hours per call)	03:33:15	03:17:37	01:06:51	<b>03:00:00</b>	

YAS - Ambulance Calls	Feb-18	Mar-18	Apr-18	Target	QP
Crew clear delays of over 30 minutes	27	40	40	<b>0</b>	
Ambulance handover delays of over 30 minutes	239	282	160	<b>0</b>	

Mixed Sex Accommodation Breaches	Jan-18	Feb-18	Mar-18	Target	QP
Number of mixed sex accommodation breaches (commissioner)	2	1	0	<b>0</b>	

Cancelled Operations	Q2 2017/18	Q3 2017/18	Q4 2017/18	Target	QP
Cancelled operations re-booked within 28 days	0	0	0	<b>0</b>	

Mental Health	Q1 2017/18	Q2 2017/18	Q4 2017/18	Target	QP
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	94.3%	97.9%	93.9%	<b>95.0%</b>	

Wheelchairs for Children*	Q1 2017/18	Q2 2017/18	Q4 2017/18	Q4 2017/18	QP
Percentage of equipment delivered within 18 weeks	<b>Target</b>	92.0%	92.0%	92.0%	92.0%
	<b>Actual</b>	34.6%	24.4%	21.1%	21.1%

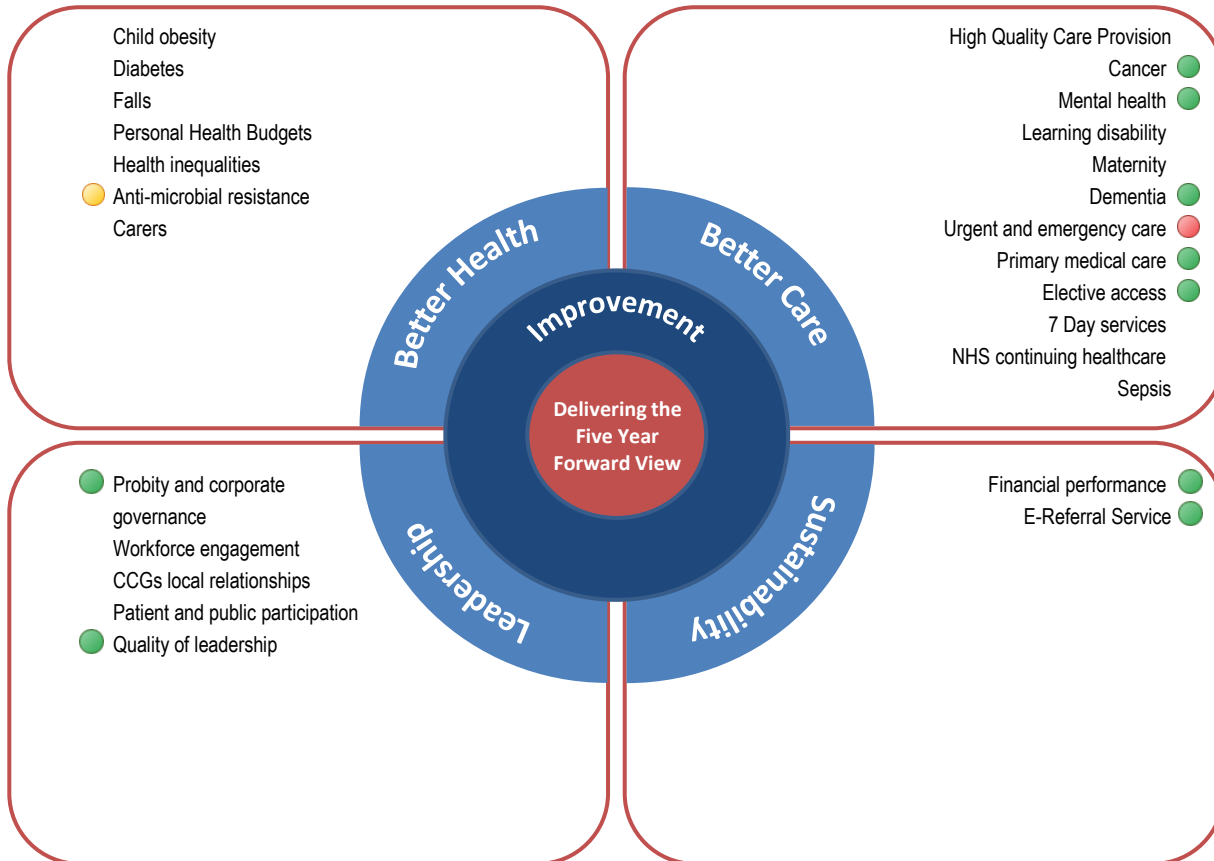
The underperformance against this standard is being worked through with the service provider as part of the re procurement of this service, to ensure all relevant required service standards are met before procurement commences



# Improvement and Assessment Framework



Priority Clinical Areas	Narrative
Mental Health	Requires Improvement
Dementia	Requires Improvement
Learning Disabilities	Needs Improvement
Cancer	Inadequate
Diabetes	Good
Maternity	Needs Improvement



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			Reporting Frequency	Latest available data	Latest Period Performance	Target
Better Health	<b>Child obesity (Indicator 1)</b>	Percentage of children aged 10-11 classified as overweight or obese	Annual	2016/17	37.0%	
	<b>Diabetes (Indicators 2 &amp; 3)</b>	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	2016/17	38.5%	
		People with diabetes diagnosed less than a year who attend a structured education course	Annual	2015	10.1%	
	<b>Falls (Indicator 4)</b>	Injuries due to falls in people aged 65 and over	Annual	Q2 17/18	2079.2	
	<b>Personal Health Budgets (Indicator 5)</b>	Personal Health Budgets	Quarterly	Q3 17/18	37.5	
	<b>Health inequalities (Indicator 6)</b>	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions	Quarterly	Q2 17/18	2516.8	
	<b>Anti-microbial resistance (Indicators 7 &amp; 8)</b>	● Appropriate prescribing of antibiotics in primary care	Monthly	Feb-2018	1.163	<b>1.161</b>
● Appropriate prescribing of broad spectrum antibiotics in primary care		Monthly	Feb-2018	6.60	<b>10.0</b>	
<b>Carers (Indicator 9)</b>	The proportion of carers with a long term condition who feel supported to manage their condition	Annual	2017	0.59		

# Improvement and Assessment Framework



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				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	Q3 2017/18	61.65		
			Provision of High Quality Care: Primary Medical Services	Quarterly	Q3 2017/18	67		
			Provision of High Quality Providers- Adult Social Care	Quarterly	Q3 2017/18	63		
	Cancer (Indicators 13, 14, 15 & 16)	●	Cancer diagnoses at an early stage	Annual	2016	46.8%	49.2%	
		●	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Monthly	Mar-18	82.5%	85%	
			One year survival from all cancers	Annual	2015	70.7%		
		●	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	Mar-18	61.1%	50.0%	
		●	Improving access to psychological therapy - access	Monthly	Mar-18	15.9%	16.8%	
		●	People with first episode of psychosis starting treatment with a NICE recommended package of care treated within 2 weeks of referral	Monthly	Mar-18	100.0%	50%	
			Children and young people's (CYP) receiving treatment from NHS funded community services as a proportion of the CYP population with a diagnosable mental health disorder			<b>Amended Indicator - Awaiting Data</b>		
			Mental health out of area placements	Quarterly	Q4 2016/17	100%		
			Mental health crisis team provision	Quarterly	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	Q3 2017/18	73		
			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	Annual	2016/17	0.60%		
	Maternity (Indicators 26, 27, 28 & 29)		Maternal smoking at delivery	Quarterly	Q3 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	2017	78.1		
			Choices in maternity services	Annual	2017	55.4		
Dementia (Indicators 30 & 31)	●	Estimated diagnosis rate for people with dementia.	Monthly	Apr-18	78.9%	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	Q2 2017/18	2575			
	●	Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Monthly	May-18	89.4%	95.0%		
		Delayed transfers of care attributable to the NHS per 100,000 population	Monthly	Mar-18	5.9			
		population use of hospital beds following emergency admission	Quarterly	Q2 2017/18	445.19			
		Percentage of deaths with three or more emergency admissions in last three months of life			<b>New Indicator - Awaiting Data</b>			
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	Monthly	Jan-18	100%			
		Primary care workforce (FTE per 1,000 weighted patients by CCG)	Monthly	Jan-18	97			
Elective access (Indicator 40)	●	Patients waiting 18 weeks or less from referral to hospital treatment	Monthly	Apr-18	93.8%	92%		
7 Day services (Indicator 41)		Achievement of clinical standards in the delivery of 7 day services			<b>New Indicator - Awaiting Data</b>			
NHS continuing healthcare (Indicator 42)	●	Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting	Quarterly	Q4 2017/18	2.94%	15%		
Sepsis (Indicator 43)		Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG			<b>New Indicator - Awaiting Data</b>			


(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

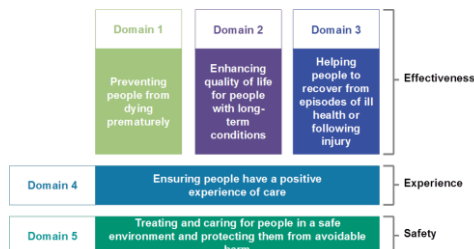


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				Reporting Frequency	Latest available data	Latest Period Performance	Target
Sustainability 	<b>Financial Performance (Indicator 44)</b>	●	In year financial performance	Quarterly	Q3 2017/18	●	●
	<b>E-Referral Service (Indicator 45)</b>	●	Utilisation of the NHS e-referral service to enable choice at the first routine elective referral	Monthly	Mar-18	86.4%	80%

				Reporting Frequency	Latest available data	Latest Period Performance	Target
Leadership 	<b>Probity and corporate governance (Indicator 46)</b>	●	Probity and corporate governance	Quarterly	Q3 2017/18	●	●
	<b>Workforce engagement (Indicators 47 &amp; 48)</b>		Staff engagement index	Annual	2016	3.69	
			Progress against workforce race equality standard	Annual	2016	0.09	
	<b>CCGs local relationships (Indicator 49)</b>		Effectiveness of working relationships in the local system	Annual	2016/17	81.67	
	<b>Patient and Public Participation (Indicator 50)</b>		Compliance with statutory guidance on patient and public participation in commissioning health and care		<b>New Indicator - Awaiting Data</b>		
<b>Quality of leadership (Indicator 51)</b>	★	Quality of CCG leadership	Quarterly	Q3 2017/18	★	★	

# Health Outcomes



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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	962.2	1,074
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	305.8	364.0	272.0	241.5	364

Enhancing Quality of Life	Feb-18	Mar-18	Apr-18	YTD	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	81.08%	81.81%	78.91%	78.91%	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	1521.4	1,521
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	480.8	541.8	372.3	461.1	461.1

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	Feb-18	Mar-18	Apr-18	2018/19 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	0	0	1	1	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	6	9	3	3	Actual
	4	4	6	6	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	1	3	0	0	Actual
	2	2	1	1	Plan

Mental Health: Monthly Indicators	Jan-18	Feb-18	Mar-18	2017/18 YTD	Target
Proportion of people waiting 6 weeks or less from referral to entering a course of IAPT treatment	90.5%	88.6%	94.4%	89.2%	75.0%
Proportion of people waiting 18 weeks or less from referral to entering a course of IAPT treatment	100.0%	100.0%	99.7%	99.9%	95.0%

## Health Outcomes

<b>Mental Health: Monthly Indicators</b>	Jan-18	Feb-18	Mar-18	YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	13.5%	14.8%	15.9%	15.9%	16.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	48.30%	61.10%	61.10%	53.40%	50.0%

<b>CYP Eating Disorder (ED) Services - Urgent Cases</b>	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	7		3
Number of CYP with a suspected ED (urgent cases) that start treatment	7	8	9		3
Percentage of CYP with ED that start treatment within one week of referral	85.7%	100%	77.8%		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
<b>Delayed transfers of care from hospital (delays days rate)*</b>	Actual	5.3%	6.1%	5.7%	4.9%	5.0%	4.1%	1.8%	2.4%	2.3%	2.2%	1.9%	2.7%
	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%	4.4%	4.2%	4.0%	3.8%	3.7%
	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.


		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
<b>Long-term support needs of older people (65 and over) met by admission to residential and nursing care homes, per 100,000 population</b>	Actual	36	63	89	190	236	279	337	390	418	513	569	
	Target	50	100	149	198	248	297	347	396	446	495	545	589
	Actual YTD	36	63	89	190	236	279	337	390	418	513	569	
	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
<b>Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement / rehabilitation services</b>	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		49.2%	2016	46.8%

Increase in proportion of GP referrals by e-referral		Target	Latest Period	Performance
Proportion of GP referrals made by e-referrals		80.0%	Mar-18	86.4%

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%

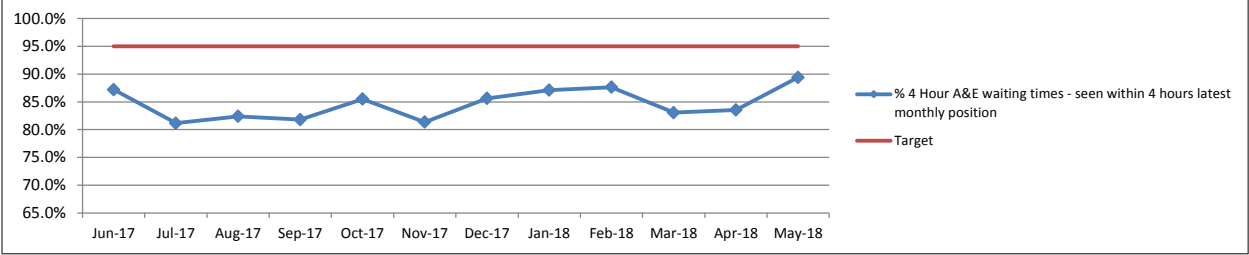
Continuing Health Care		Target	Latest Period	Performance
NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility)	Please see quality report for performance against CHC indicators			
Full NHS CHC assessments take place 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		1	Apr-18	1
Reducing inappropriate antibiotic prescribing for UTI in primary Care: A 10% or greater reduction in the Trimethoprim: Nitrofurantoin prescribing ratio		0.559	Feb-18	0.449
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	Feb-18	3304
Appropriate prescribing of broad spectrum antibiotics in primary care		1.161	Feb-18	1.163

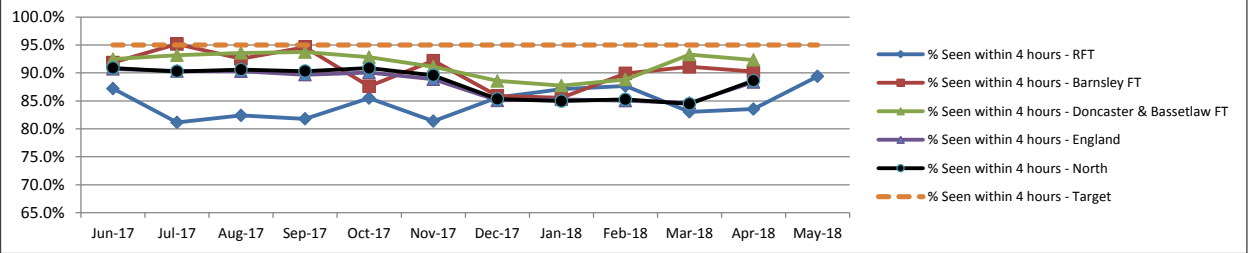
The Quality Premium measures for Mental Health - Children and Young Persons (CYP) are included within the Health Outcomes section of this report.

Focus on - A&E Waits

		Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
% 4 Hour A&E waiting times - seen within 4 hours latest monthly position	Actual	87.2%	81.2%	82.4%	81.8%	85.5%	81.4%	85.6%	87.1%	87.7%	83.1%	83.5%	89.4%
	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%



	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
% Seen within 4 hours - RFT	87.2%	81.2%	82.4%	81.8%	85.5%	81.4%	85.6%	87.1%	87.7%	83.1%	83.5%	89.4%
% Seen within 4 hours - Barnsley FT	91.8%	95.2%	92.5%	94.6%	87.6%	92.2%	85.9%	85.5%	89.9%	91.1%	90.3%	
% Seen within 4 hours - Doncaster & Bassetlaw FT	92.5%	93.2%	93.6%	93.7%	92.8%	91.1%	88.6%	87.7%	88.8%	93.3%	92.3%	
% Seen within 4 hours - England	90.7%	90.3%	90.3%	89.7%	90.1%	88.9%	85.1%	85.3%	85.0%	84.6%	88.4%	
% Seen within 4 hours - North	90.9%	90.3%	90.6%	90.3%	90.9%	89.6%	85.3%	85.0%	85.3%	84.5%	88.6%	
% 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%



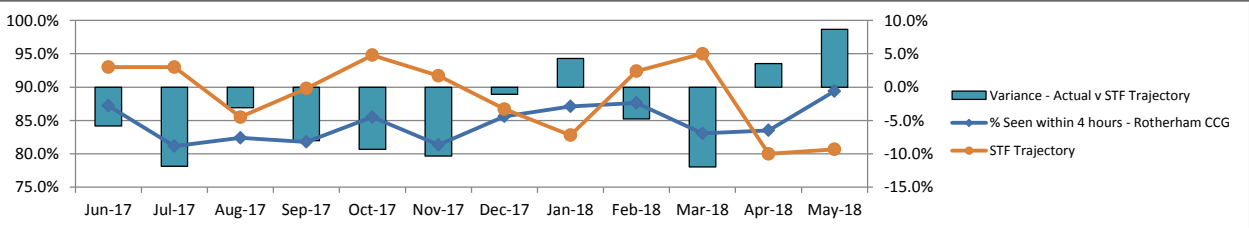
Supporting Narrative

Rotherham CCG data is used to monitor 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. The A&E position for TRFT for May to date (as at 20th May) is 89.4%. Performance during this period last year (May-17 full month) was 88.1%.

Focus on - STF Trajectory

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
% Seen within 4 hours - Rotherham CCG	87.2%	81.2%	82.4%	81.8%	85.5%	81.4%	85.6%	87.1%	87.7%	83.1%	83.5%	89.4%
STF Trajectory	93.0%	93.0%	85.5%	89.8%	94.8%	91.7%	86.7%	82.8%	92.4%	95.0%	80.0%	80.7%
Variance - Actual v STF Trajectory	-5.8%	-11.8%	-3.1%	-8.0%	-9.3%	-10.3%	-1.1%	4.3%	-4.7%	-11.9%	3.5%	8.7%



Supporting Narrative

The STF trajectory is the trajectory for A&E improvement agreed between RFT, RCCG and NHS England. Performance in May to date (as at 20th May) of 89.4% meets the STF trajectory of 80.7%.



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

	% Over 13 Weeks	Jan-18	Feb-18	Mar-18	Apr-18	Target
All specialities - total incomplete	16.8%	94.1%	93.3%	93.2%	93.8%	92.00%
Cardiology	26.7%	93.4%	91.5%	92.5%	93.5%	92.00%
Cardiothoracic Surgery	23.8%	82.5%	93.6%	97.6%	88.1%	92.00%
Dermatology	13.5%	94.7%	95.6%	95.5%	96.8%	92.00%
ENT	15.2%	93.0%	93.5%	93.4%	92.3%	92.00%
Gastroenterology	22.8%	98.1%	92.0%	95.3%	95.4%	92.00%
General Medicine	26.0%	95.3%	94.3%	88.9%	89.9%	92.00%
General Surgery	15.8%	92.8%	92.4%	92.3%	93.0%	92.00%
Geriatric Medicine	5.2%	99.1%	100.0%	100.0%	89.9%	92.00%
Gynaecology	18.4%	89.2%	89.0%	88.4%	88.4%	92.00%
Neurosurgery	11.5%	98.1%	95.4%	97.7%	95.8%	92.00%
Neurology	15.0%	98.7%	98.8%	98.6%	93.4%	92.00%
Ophthalmology	4.6%	98.4%	98.1%	98.4%	98.6%	92.00%
Oral Surgery	-	100.0%	100.0%	100.0%	100.0%	92.00%
Other	14.6%	94.7%	94.1%	94.0%	95.2%	92.00%
Plastic Surgery	25.9%	93.7%	90.4%	88.4%	84.0%	92.00%
Rheumatology	22.4%	97.4%	95.3%	91.9%	93.3%	92.00%
Thoracic Medicine	45.0%	85.7%	80.1%	77.7%	89.0%	92.00%
Trauma & Orthopaedics	18.3%	92.7%	92.3%	92.3%	93.2%	92.00%
Urology	11.1%	98.4%	97.2%	97.1%	96.6%	92.00%

**Supporting Narrative**

Latest provisional data for March shows six specialities under the 92% standard:

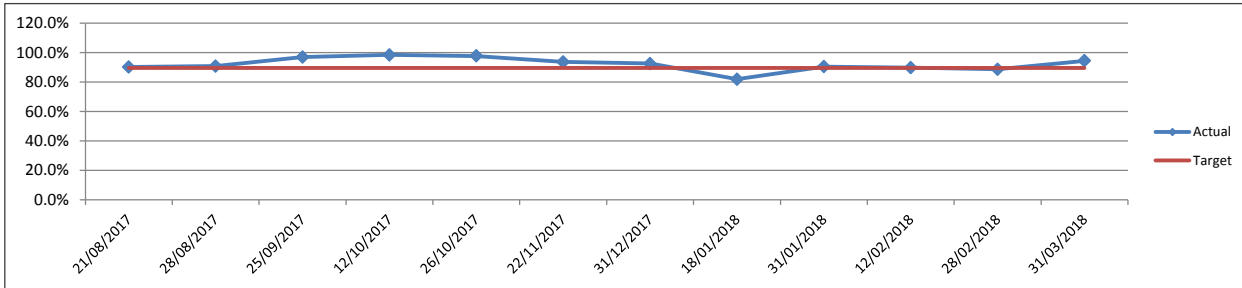
Thoracic Medicine – Impacted by unplanned consultant leave expected to recover from the end of May. Gynaecology – Issues identified in matching consultant time with theatre slots which we are advised has now been resolved. Plastics and Cardiothoracic Surgery – Small numbers. General Medicine / Geriatric Medicine – These specialities have been previously performing well, underperformance to be investigated and reported next month.

Rotherham CCG benchmarks favourably against other CCG's in South Yorkshire for RTT Incomplete waits in March (93.2%):

Barnsley CCG – 91.9% / Bassetlaw CCG – 89.9% / Doncaster CCG – 89.2% / Sheffield CCG – 95.4% / National – 87.2%

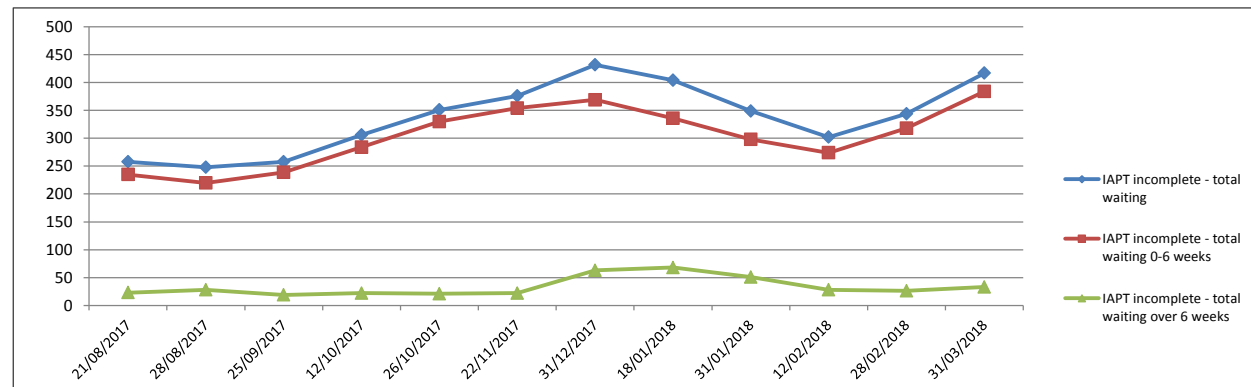
Focus on - IAPT Waiting Times

		21/08/2017	28/08/2017	25/09/2017	12/10/2017	26/10/2017	22/11/2017	31/12/2017	18/01/2018	31/01/2018	12/02/2018	28/02/2018	31/03/2018
Proportion of people waiting six weeks or less from referral to entering a course of IAPT treatment	Actual	90.2%	90.8%	96.9%	98.4%	97.7%	93.6%	92.5%	81.9%	90.5%	89.8%	88.6%	94.4%
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%



Focus on - IAPT 6 Week Wait Waiting List

		21/08/2017	28/08/2017	25/09/2017	12/10/2017	26/10/2017	22/11/2017	31/12/2017	18/01/2018	31/01/2018	12/02/2018	28/02/2018	31/03/2018
IAPT incomplete - total waiting	Actual	258	248	258	306	351	376	432	404	349	302	344	417
IAPT incomplete - total waiting 0-6 weeks	Actual	235	220	239	284	330	354	369	336	298	274	318	384
IAPT incomplete - total waiting over 6 weeks	Actual	23	28	19	22	21	22	63	68	51	28	26	33



**Supporting Narrative**

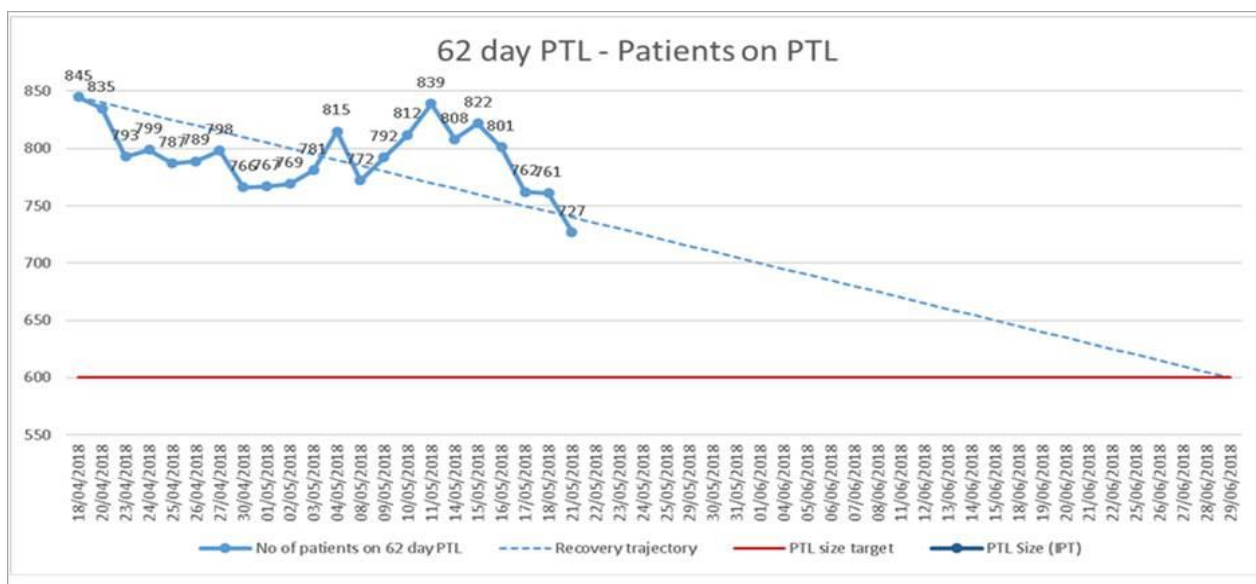
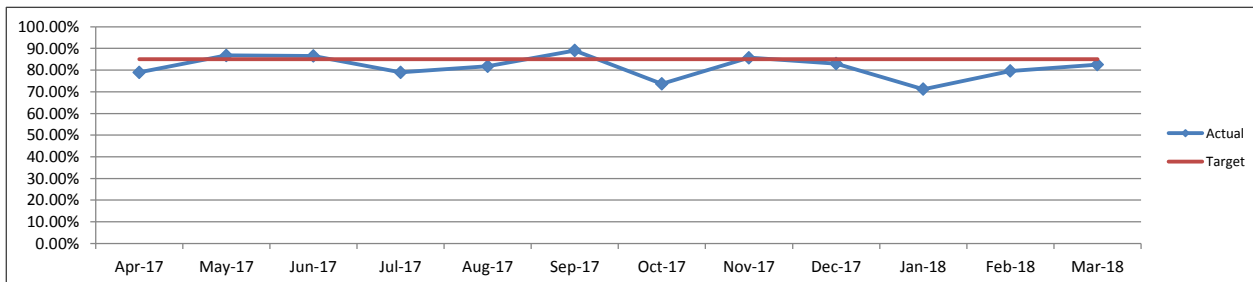
Local comparison (published data February 17) shows the following benchmark position.

- Barnsley – 84%
- Bassetlaw – 100%
- Doncaster – 88%
- Sheffield – 90%
- National – 89.3%

Focus on - Cancer (62 Days)

		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Cancer - % patients seen within 62 days of referral from GP	Actual	78.95%	86.76%	86.57%	78.95%	81.82%	89.09%	73.68%	85.71%	83.02%	71.21%	79.59%	82.54%
	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%

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Cancer patients seen within 62 days of referral from GP	45	59	58	45	63	49	42	54	44	59	58	52
Total cancer patients waiting to be seen within 62 days of referral from GP	57	68	67	57	77	55	57	63	53	68	67	63



**Supporting Narrative**

In March the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 82.5% for the CCG.

TRFT saw an increase in performance February 84.2% to March 86.7%, which is above the national standard.

Included in this month's focus on section for additional information is TRFT's patient tracking list for cancer 62 days. The position has gone from 845 to 727 patients and is better than the trajectory to achieve 600 on the list by the end of June. This will however result in performance deteriorating in Q1 as more patients' pathways that have already breached 62 days will be closed. This will then take Rotherham into a stronger, sustainable position from Q2 onwards.

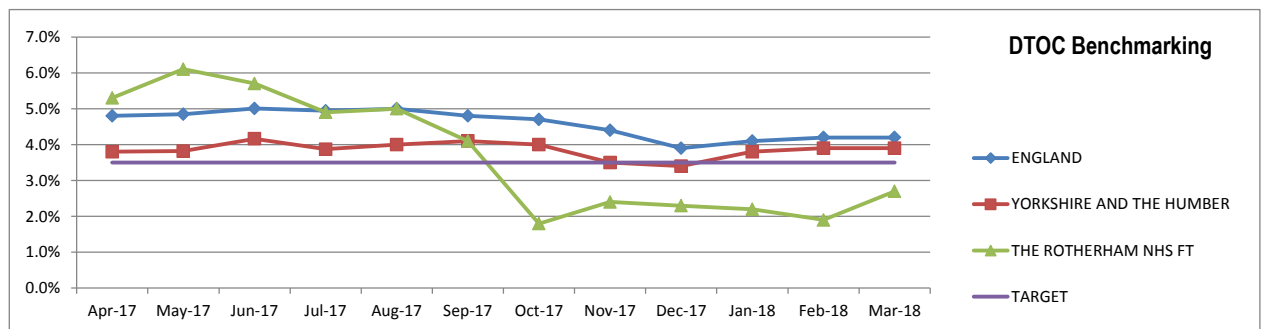
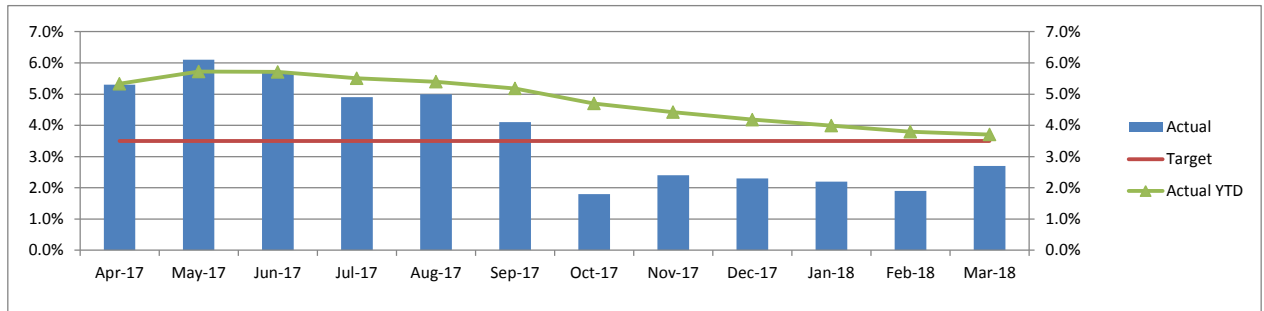
National performance in March was 84.5%

There were 10 breaches in February for RCCG patients:

FIRST SEEN	FIRST TREATMENT	REASON
Rotherham FT	Rotherham FT	Treatment delayed for medical reasons
Rotherham FT	Rotherham FT	Treatment delayed for medical reasons
Rotherham FT	Sheffield Teaching FT	Treatment delayed for medical reasons
Rotherham FT	Sheffield Teaching FT	IPT after breach date (RFR day 63)
Rotherham FT	Sheffield Teaching FT	Patient initiated choice delay to diagnostic test and complex diagnostic pathway resulted in IPT after breach date (RFR day 71)
Rotherham FT	Rotherham FT	Health care provider initiated delay to diagnostic test
Rotherham FT	Sheffield Teaching FT	Patient choice delay relating to first outpatient appointment
Rotherham FT	Sheffield Teaching FT	Complex diagnostic pathway resulted in IPT late in pathway (RFR day 50)
Rotherham FT	Rotherham FT	Patient initiated delay to diagnostic test, compounded by medical reasons
Rotherham FT	Sheffield Teaching FT	IPT late in pathway (RFR day 42) compounded by administrative error (RHQ)
Rotherham FT	Sheffield Teaching FT	IPT after breach date (RFR day 63)

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
Actual	5.3%	6.1%	5.7%	4.9%	5.0%	4.1%	1.8%	2.4%	2.3%	2.2%	1.9%	2.7%
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%	4.4%	4.2%	4.0%	3.8%	3.7%
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%



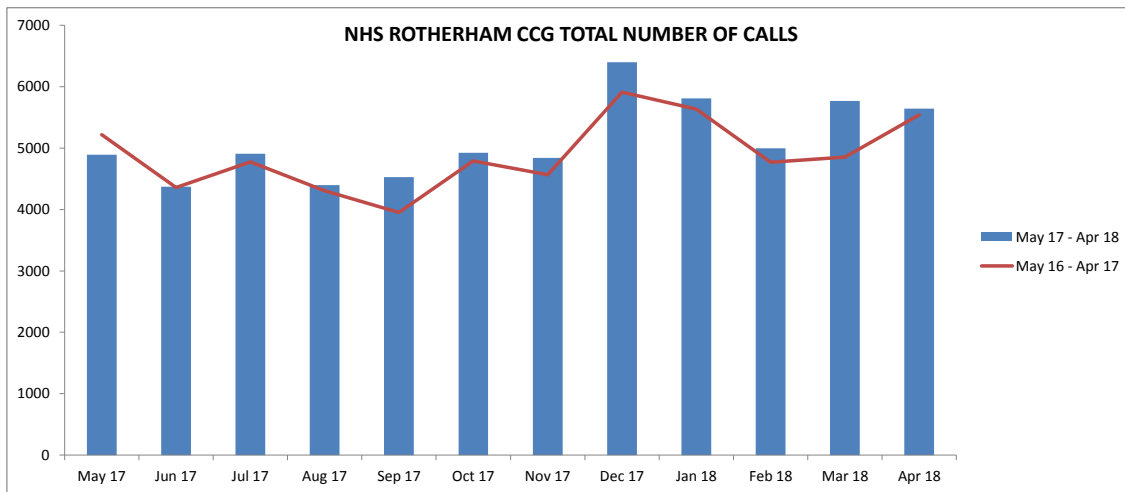
**Supporting Narrative**

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.

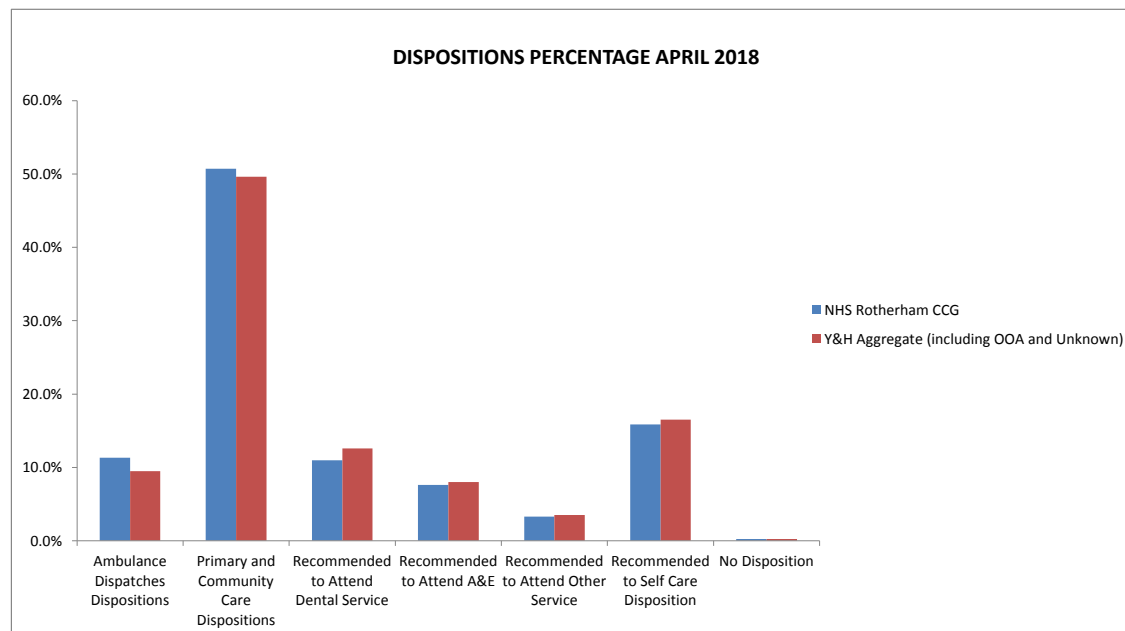
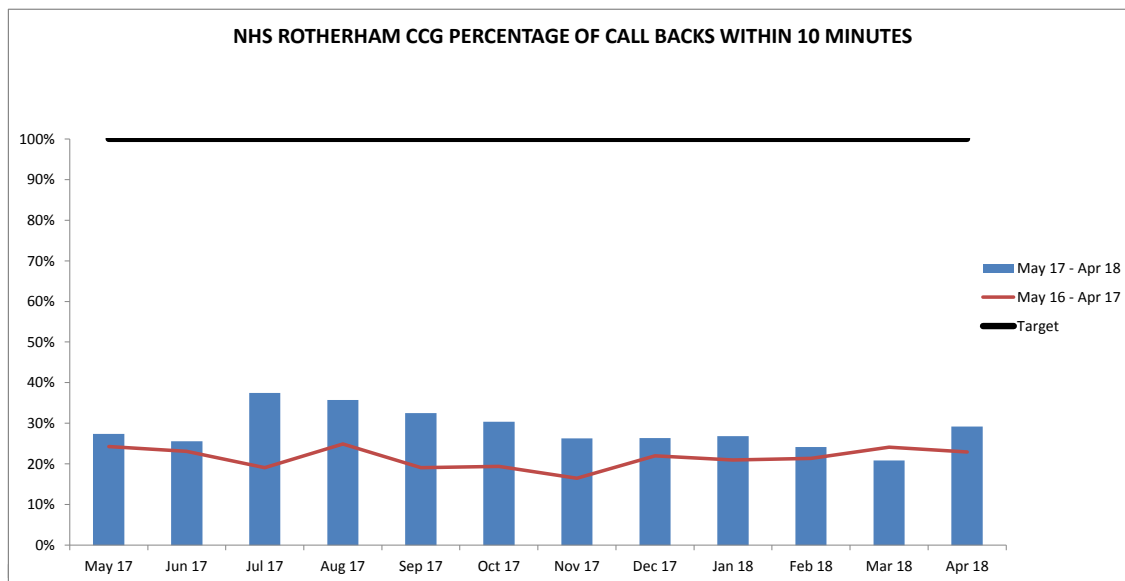
Rotherham FT's performance in March 18 is 2.7%. This compares to a Yorkshire and Humber performance of 3.9%, a North of England performance of 3.9% and an England performance of 4.2%.

Sheffield Teaching FT's performance for March 18 is 7.1% and Barnsley FT's is 0.8%. Doncaster and Bassetlaw's performance is 1.7%.

Total Number of Calls



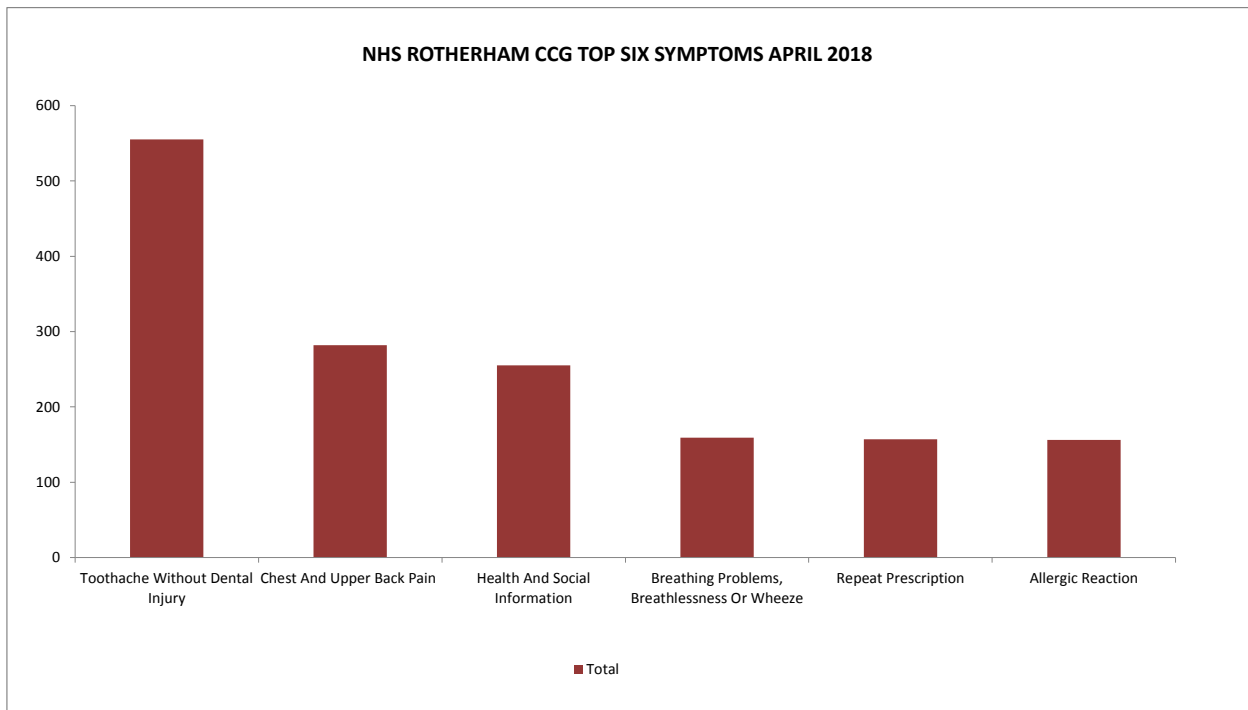
Call Backs Within 10 Minutes



**Number of Dispositions**

	Y&H	Rotherham	% of Total
Ambulance Dispatches	11840	639	5.4%
Primary and Community Care -			
Outside GP Hours	46682	2,150	4.6%
Within GP Hours	15183	710	4.7%
<b>Total</b>	<b>61865</b>	<b>2,860</b>	<b>4.6%</b>
Recommended to Attend Dental Service	15701	620	3.9%
Recommended to Attend A&E	9972	430	4.3%
Recommended to Attend Other Service	4379	186	4.2%
Recommended to Self Care	20589	895	4.3%

**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.