

Rotherham Clinical Commissioning Group: Governing Body Delivery Dashboard for 2019/20

March 2020

Delivery Dashboard



Constitution and Pledges



Improvement and Assessment Framework



Health Outcomes



Better Care Fund



Quality Premium



Focus on Performance Tables



Rotherham CCG Delivery Dashboard

Performance Comparison - Rotherham CCG/FT v National December 2019

	Target	RCCG/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1.0%	0.33%	4.20%	26 out of 191	2nd out of 191
DTOC	3.5%	4.70%	4.03%	103 out of 223	135th out of 223
RTT	92.0%	90.91%	80.99%	3 out of 191	15th out of 191
A&E (Rotherham FT)	95.0%	84.16%	77.15%	5 out of 235	47th out of 235
Cancer 2 ww	93.0%	96.75%	91.85%	110 out of 191	27th out of 191
Cancer 2 ww Breast	93.0%	83.54%	84.29%	95 out of 191	150th out of 191
Cancer 31 Day	96.0%	95.00%	95.99%	133 out of 191	132nd out of 191
Cancer 62 Day (Rotherham FT)	85.0%	84.25%	77.99%	59 out of 152	62nd out of 152
Cancer 62 Day (Rotherham CCG)	85.0%	75.32%	77.99%	51 out of 191	122nd out of 191
IAPT 6 Week Wait*	75.0%	89.00%	87.70%	167 out of 191	129th out of 191

Please note:
To ensure comparison accuracy, this table is based on the latest month's published data, instead of provisional data published elsewhere in this report.

*IAPT Figures are as at November 2019

** A&E Figures are as at April 2019

Performance This Month

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	

Achieving

Last three months met and YTD met

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
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Diagnostics	1%				

IAPT - 6 week wait	75%				

Mixed Sex Accomodation	0				

Cancelled Operations	0				

Concern

Not met last two months

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
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A&E	Not currently available				
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Cancer Waits: 62 days	85%				

Referral to treatment	92%				

DTOC	3.5%				

Deteriorating

Not met last month but met previously or YTD met

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

Improving

Last month met but previous not met or YTD not met

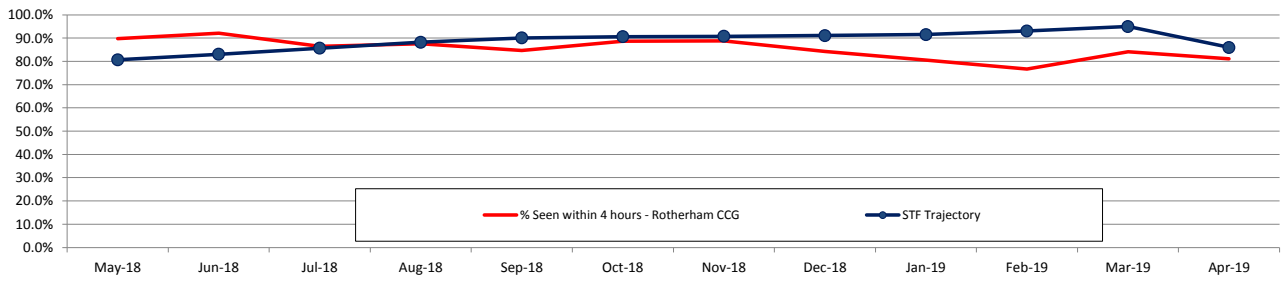
	Target	Previous Month	Last Month	Current Month	Next Month Predicted
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Cancer Waits: 2 weeks	93%				

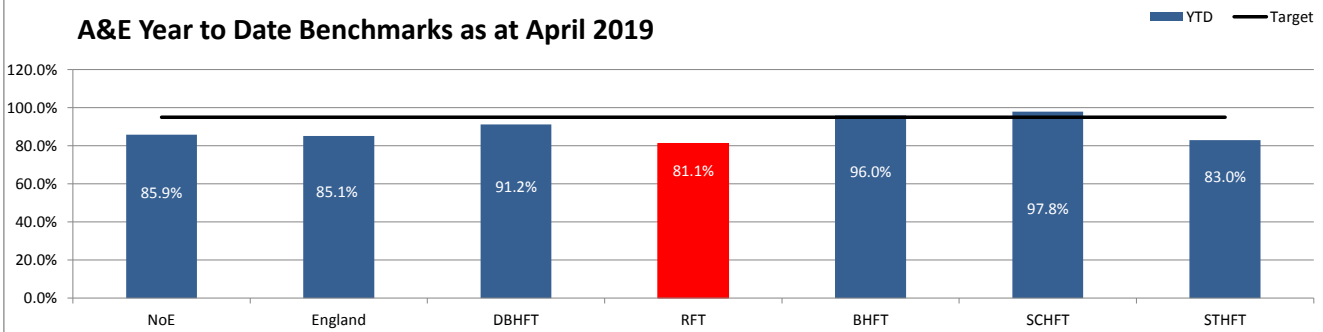
Key Performance Issues

A&E

The Rotherham NHS Foundation Trust is currently one of fourteen Acute Provider Trusts taking part in the national field testing exercise for A&E standards, which forms part of the national Clinical review of NHS access standards. The testing started in May and is now expected to continue until the end of March.

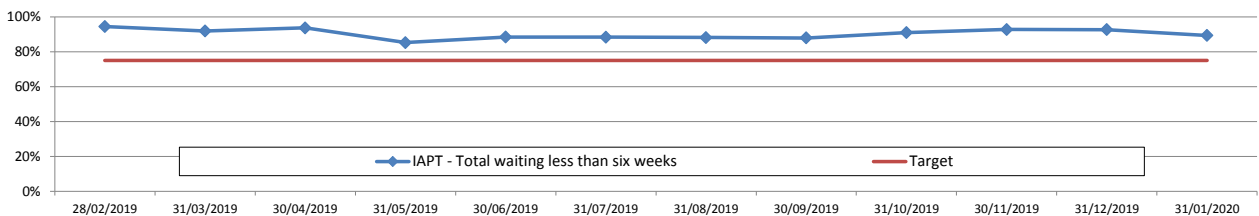


A&E Year to Date Benchmarks as at April 2019

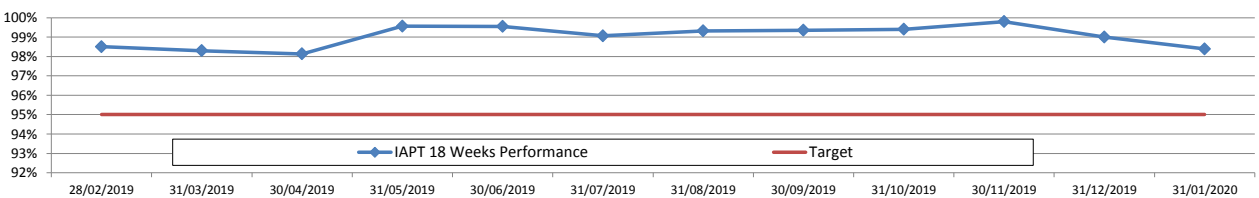


IAPT

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 January was 89.3%. This is above the standard of 75%. December performance was 92.6%. The IAPT position is performing well. Self-referral into the service is now established and contributing to this position.



The 18 week wait position for the service as at end January was 98.4%. Performance is consistently meeting the 95% standard for 18 weeks.



Cancer Waits

In December the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 75.3% for Rotherham CCG. 62 day performance improved at the Rotherham Foundation Trust with performance at 84.3% in December and 67.7% in November. Continued focus remains in areas relating to pathways associated with lower GI, urology and on earlier diagnostics. The RCCG reported position of 75.3% is also being impacted by the number of breaches reported by Sheffield Teaching Hospitals NHS Foundation Trust.

The 31 day standard was not achieved in December, with performance at 95.0% against the standard of 96%. 5 of the 7 breaches in December were at Sheffield Teaching Hospitals FT.

The two week wait cancer standard was met in December with performance of 96.8%, against the 93% standard. The two week wait standard for breast symptoms was not achieved with performance at 83.5% against the 93% standard. 88% of the two week wait breaches, including breast symptoms were patient choice related.

	Oct-19	Nov-19	Dec-19
2 week wait	●	●	●
31 day	●	●	●
62 day	●	●	●

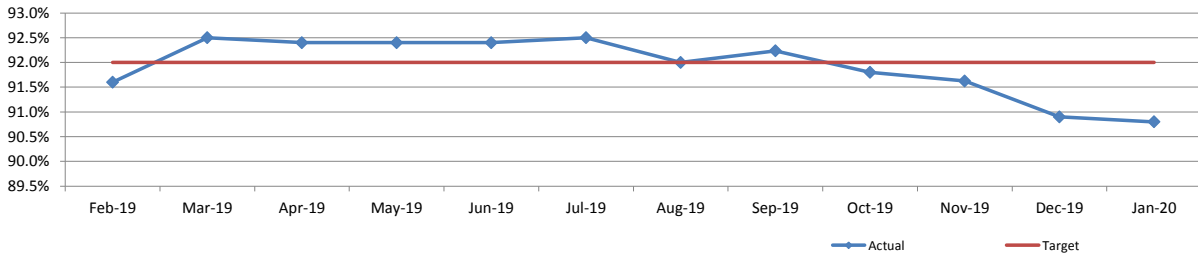
Referral to Treatment

RTT Incomplete Pathways did not meet the 92% standard in January at 90.82%, based on provisional data. Please note this provisional position excludes some data not yet submitted. The position for December was 90.91%. Further details at a specialty level can be found in the focus on section.

There was 1 waiter over 52 weeks in January. This occurred at Sheffield Children's NHS Foundation Trust and is being investigated.

	Nov-19	Dec-19	Jan-20
RTT Incomplete	●	●	●
52 week wait	●	●	●

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



	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Actual	91.6%	92.5%	92.4%	92.4%	92.4%	92.5%	92.0%	92.2%	91.8%	91.6%	90.9%	90.8%
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 December.

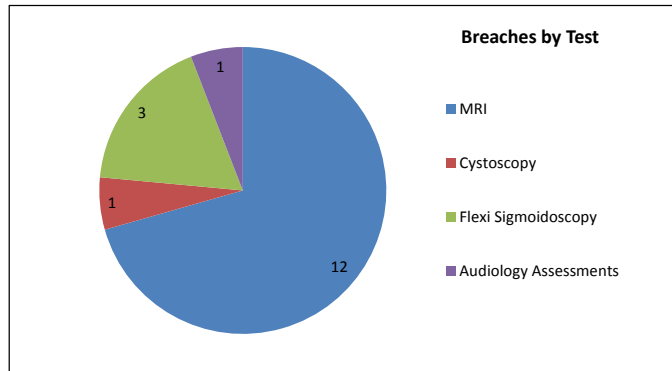
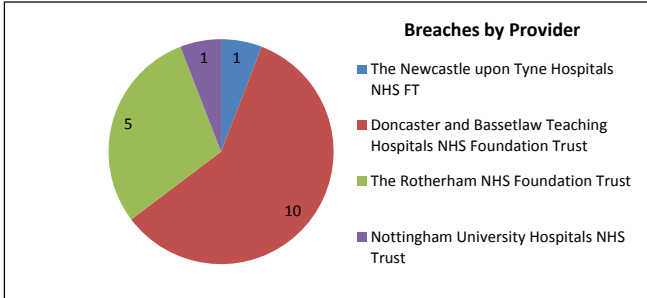
	Oct-19	Nov-19	Dec-19
MSA	●	●	●

Diagnostic Waiting Times

Provisional performance in January of 0.36% meets the <1% standard.

17 Breaches occurred in January: 10 at Doncaster and Bassetlaw Teaching Hospitals NHS FT (MRI 9, Cystoscopy 1), 1 at Nottingham University Hospitals NHS Trust (Audiology Assessments), 1 at The Newcastle upon Tyne Hospitals NHS FT (Flexi Sigmoidoscopy) and 5 at The Rotherham NHS FT (MRI 3, Flexi Sigmoidoscopy 2).

Diagnostic Waits	Nov-19	Dec-19	Jan-20
	●	●	●



Incidence of C.diff and MRSA

Performance for the CCG overall for January was 10 cases against a plan of 4. The 10 cases in January occurred at Rotherham FT (8), Sheffield Teaching FT (1), Doncaster and Bassetlaw FT (1). Year-end target for the CCG is 51 with YTD actual being 51 as at January.

Rotherham FT performance for January is 8 cases against the target of 1. Year-end target for Rotherham FT is 11 with an actual YTD of 28.

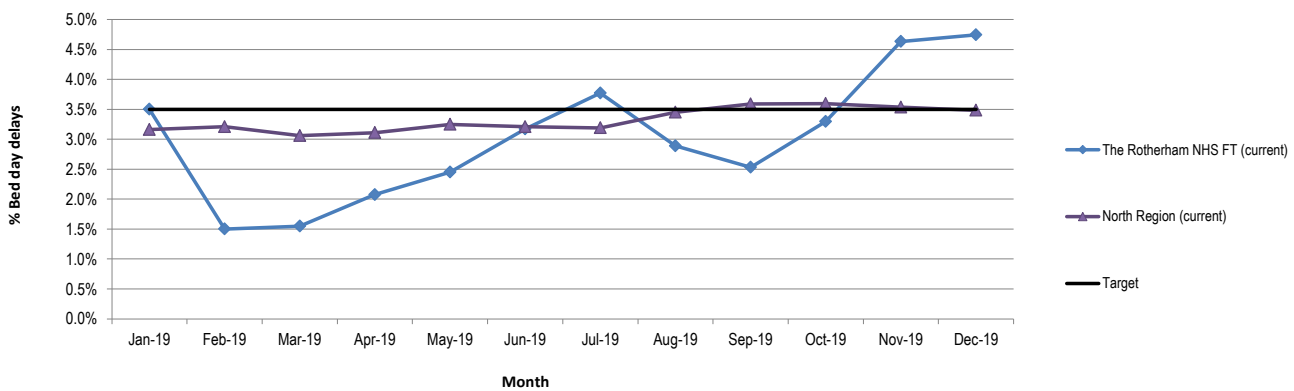
	Nov-19	Dec-19	Jan-20
CCG c.diff	●	●	●
RFT c.diff	●	●	●
MRSA	●	●	●

Delayed Transfers of Care

The national standard is a maximum of 3.5% of total occupied bed days taken up by delayed transfers of care. The Rotherham NHS Foundation Trust are currently not meeting that standard at 4.7% in December. November performance was 4.6%. Across Rotherham as a whole DTOCs are above the position required by the Better Care Fund trajectory. Performance against the Better Care Fund trajectory is displayed in the Better Care Fund section of the report.

	Oct-19	Nov-19	Dec-19
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 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 6 minutes 54 seconds for category 1 calls in January.

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 - January	Previous Month - December	Change
Category 1	00:06:54	00:07:46	Better
Category 2	00:17:54	00:27:12	Better
Category 3	01:31:25	02:56:46	Better
Category 4	02:15:18	03:18:01	Better

	Current performance - January	Change
15 Min Turnaround RFT on target	43.40%	Better
Handovers at NGH	53.20%	Worse

NHS Constitution and Pledges



 Denotes that a measure that has been updated in this report

Referral to Treatment	Nov-19	Dec-19	Jan-20	Target	QP
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	91.62%	90.91%	90.82%	92.0%	Y
Number of 52 week referral to treatment pathways incomplete (Commissioner)	0	0	1	0	
Number of 52 week referral to treatment pathways non admitted (Commissioner)	0	0	0	0	

Diagnostic Waiting Times	Nov-19	Dec-19	Jan-20	Target	QP
% Patients waiting for diagnostic test waiting > 6 weeks from referral (Commissioner)	0.02%	0.33%	0.36%	1.0%	

A&E Waits	Feb-19	Mar-19	Apr-19	Target	QP
Total A&E: % 4 hour A&E waiting times - seen within 4 hours (latest monthly position)	76.7%	84.2%	81.1%	95.0%	Y

Cancer - Two Week Waits	Oct-19	Nov-19	Dec-19	Target	QP
% patients referred with breast symptoms seen within 2 weeks of referral	87.7%	90.6%	83.5%	93.0%	
% of patients seen within 2 weeks of urgent referral by a GP	91.6%	93.5%	96.8%	93.0%	

Cancer - 31 Day Waits	Oct-19	Nov-19	Dec-19	Target	QP
% patients receiving first definitive treatment within 31 days following referral	95.0%	96.4%	95.0%	96.0%	
% patients receiving subsequent treatment where treatment is surgery within 31 days	93.5%	92.0%	89.5%	94.0%	
% patients receiving subsequent treatment where treatment is anti-drug regime within 31 days	100.0%	100.0%	100.0%	98.0%	
% patients receiving subsequent treatment where treatment is radiotherapy within 31 days	93.0%	92.0%	82.7%	94.0%	

Cancer - 62 Day Waits	Oct-19	Nov-19	Dec-19	Target	QP
% patients starting first treatment within 62 days of referral from GP	73.0%	63.6%	75.3%	85.0%	Y
% patients starting first treatment within 62 days after breast, bowel and cervical screening referral	88.9%	100.0%	80.0%	90.0%	
% patients treated within 62 days following referral from a Consultant	91.2%	91.4%	92.1%		

NHS Constitution and Pledges



 Denotes a measure that has been updated in this report

YAS Performance	Nov-19	Dec-19	Jan-20	Target	QP
Category 1 (Mean target of 7 minutes per call)	00:07:29	00:07:46	00:06:54	00:07:00	
Category 2 (Mean target of 18 minutes per call)	00:23:10	00:27:12	00:17:54	00:18:00	
Category 3 (90th percentile target of 2 hours per call)	02:18:59	02:56:46	01:31:25	02:00:00	
Category 4 (90th percentile target of 3 hours per call)	02:38:08	03:18:01	02:15:18	03:00:00	

YAS - Ambulance Calls	Nov-19	Dec-19	Jan-20	Target	QP
Crew clear delays of over 30 minutes	18	29	25	0	
Ambulance handover delays of over 30 minutes	434	551	510	0	

Mixed Sex Accommodation Breaches	Oct-19	Nov-19	Dec-19	Target	QP
Number of mixed sex accommodation breaches (commissioner)	0	0	0	0	

Cancelled Operations	Q1 2019/20	Q2 2019/20	Q3 2019/20	Target	QP
Cancelled operations re-booked within 28 days	1	0	0	0	

Mental Health	Q1 2019/20	Q2 2019/20	Q3 2019/20	Target	QP
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	95.0%	96.6%	98.6%	95.0%	

Wheelchairs for Children*	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	QP
Percentage of equipment delivered within 18 weeks	Target	92.0%	92.0%	92.0%	92.0%
	Actual	36.4%	100.0%	100.0%	100.0%

The Children's wheelchair waiting time standard is now being achieved under the new provider.

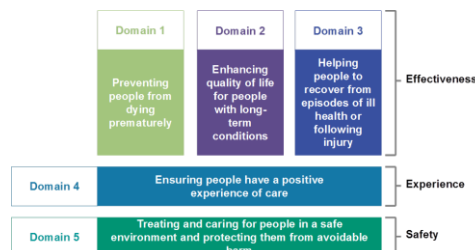
Oversight Framework

 Denotes an indicator that has been updated in this period

				Reporting Frequency	Latest available data	Latest period performance	Target
Quality of care and outcomes	General	121a	Provision of high-quality care: hospitals	Quarterly	QTR1 2019	63	
		121b	Provision of high-quality care: primary medical services	Quarterly	QTR1 2019	66	
		132a	Evidence that sepsis awareness raising among healthcare professionals has been prioritised by CCGs	Calendar Year	2018	Green Star	
		134a	Evidence-based interventions (New Metric)	Quarterly	QTR1 2019	Amber	
	Maternity services	125a	Neonatal mortality and stillbirths	Calendar Year	2016	5.8	
		125b	Women's experience of maternity services	Calendar Year	2018	84.1	
		125c	Choices in maternity services	Calendar Year	2018	60.1	
	Cancer services	122a	Cancers diagnosed at an early stage	Calendar Year	2017	47.0%	
		122b	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Monthly	Dec-19	75.3%	85.0%
		122c	One-year survival from all cancers	Calendar Year	2016	71.3	
		122d	Cancer patient experience	Calendar Year	2018	8.8	
	Mental health	123a	Improving Access to Psychological Therapies – recovery	Monthly	Dec-19	53.5%	50.0%
		123b	Improving Access to Psychological Therapies – access	Monthly	Dec-19	13.3%	19.8%
		123c	People with first episode of psychosis starting treatment with a National Institute for Health and Care Excellence (NICE)-recommended package of care treated within two weeks of referral	Monthly	Sep-19	60.0%	50%
		123f	Mental health out-of-area placements	Monthly	Jul-19	98.1	
		123j	Quality of mental health data submitted to NHS Digital (DQMI)	Monthly	Jul-19	96.9%	
	Learning disability and autism	124a	Reliance on specialist inpatient care for people with a learning disability and/or autism	Quarterly	QTR4 2018	49	
		124b	Proportion of people with a learning disability on the GP register receiving an annual health check	Fiscal Year	2017/18	46.8%	
		124c	Completeness of the GP learning disability register	Fiscal Year	2017/18	59.2%	
		124d	Learning disabilities mortality review: the percentage of reviews completed within 6 months of notification (New Metric)	No Data Published			
	Diabetes	103a	Diabetes patients that have achieved all the NICE recommended treatment targets: three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	Fiscal Year	2017/18	36.8%	
		103b	People with diabetes diagnosed less than a year who attend a structured education course	Fiscal Year	2017/18	7.8%	
	People with long term conditions and complex needs	126a	Estimated diagnosis rate for people with dementia	Monthly	Jan-20	84.0%	66.7%
		126b	Dementia care planning and post-diagnostic support	Fiscal Year	2017/18	76.5%	
		108a	The proportion of carers with a long-term condition who feel supported to manage their condition	Calendar Year	2019	54.9%	
	Planned care	105c	Percentage of deaths with three or more emergency admissions in last three months of life	Calendar Year	2017	9.1%	
		129a	Patients waiting 18 weeks or less from referral to hospital treatment	Monthly	Jan-20	90.8%	92%
		129b	Overall size of the waiting list (New Metric)	Monthly	Jan-20	14755	16819
		129c	Patients waiting over 52 weeks for treatment (New Metric)	Monthly	Jan-20	1	0
		133a	Patients waiting six weeks or more for a diagnostic test	Monthly	Jan-20	0.36%	1%

New Service Models	Integrated primary care and community health services	128b	●	Patient experience of GP services	Calendar Year	2019	83.4%	75%
		128f		Patient experience of booking a GP appointment (New Metric)	No Data Published			
		127b		Emergency admissions for urgent care sensitive conditions	Quarterly	QTR2 2019	2251	
	Acute emergency care and transfers of care	127c	●	Percentage of patients admitted, transferred or discharged from A&E within four hours	Monthly	Apr-19	81.1%	85%
		130a		Achievement of clinical standards in the delivery of 7-day services	Calendar Year	2017	2	
		127e		Delayed transfers of care per 100,000 population	Monthly	Oct-19	13.9	
		127f		Population use of hospital beds following emergency admission	Quarterly	QTR2 2019	896	
		131a	●	Percentage of NHS continuing healthcare full assessments taking place in an acute hospital setting	Quarterly	QTR1 2019	0.0%	15.0%
	Personalisation and patient choice	105b		Personal health budgets	Quarterly	QTR1 2019	49.5	
144a			Use of the NHS e-referral service to enable choice at first routine elective referral	Monthly	Nov-19	115.2%		
Preventing ill health and reducing inequalities	Smoking	125d		Maternal smoking at delivery	Quarterly	QTR1 2019	20.2%	
	Obesity	102a		Percentage of children aged 10-11 classified as overweight or obese	2 Fiscal Year	2015/16 - 2017/18	36.3	
	Falls	104a		Injuries from falls in people aged 65 and over	Quarterly	QTR2 2019	1889	
	Antimicrobial resistance	107a	●	Antimicrobial resistance: appropriate prescribing of antibiotics in primary care	Monthly	Nov-19	1.0	1.16
		107b	●	Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	Monthly	Nov-19	6.1	10
	Health inequalities	123g		Proportion of people on GP severe mental illness register receiving physical health checks in primary care	Quarterly	QTR1 2019	21.7%	
		106a		Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions	Quarterly	QTR2 2019	1955	
Leadership and workforce		165a		Quality of leadership	Quarterly	QTR1 2019	Green Star	
		162a		Probity and corporate governance	Quarterly	QTR1 2019	Fully Compliant	
		164a		Effectiveness of working relationships in the local system	Fiscal Year	2018/19	85.4	
		166a		Compliance with statutory guidance on patient and public participation in commissioning health and care	Calendar Year	2018	Green	
		128d		Primary care workforce	Bi-Annual	Mar-19	1.1	
		163a		Staff engagement index	Calendar Year	2018	3.7	
Finance and use of resources		141b		In-year financial performance	Quarterly	QTR1 2019	Green	
		123i		Delivery of the mental health investment standard	Quarterly	QTR1 2019	Green	
		123k		Children and Young People and Eating Disorders investment as a percentage of total mental health spend (New Metric)	No Data Published			
		145a		Expenditure in areas with identified scope for improvement	Quarterly	QTR1 2019	Red	
		123d		Children and young people's mental health services transformation	No Data Published			
		109a		Reducing the rate of low priority prescribing (New Metric)	Quarterly	QTR1 2019	Amber	

Health Outcomes



 Denotes a measure that has been updated in this report

Preventing Premature Mortality	2014	2015	2016	2017	Target
Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare, per 100,000	2499.7				2378
Under 75 mortality rate from cardiovascular disease (CCG)	86.5	76.8	79.5	80.5	63.7
Under 75 mortality rate from respiratory disease (CCG)	31.2	41.3	44.0	49.2	27.6
Under 75 mortality rate from liver disease (CCG)	18.9	18.0	18.7	18.6	15.8
Under 75 mortality rate from cancer (CCG)	143.5	127.3	131.4	156.1	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

Enhancing Quality of Life	07/14-03/15	07/15-03/16	07/16-03/17	07/17-03/18	Target
Proportion of people feeling supported to manage their condition	65.20	66.20	62.10	59.00	67.14

Enhancing Quality of Life	2015/16	2016/17	2017/18	2018/19	Target
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1064.9	1025.1	943.4	946.1	1,074
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	270.1	236.7	231.6	169.3	364

Enhancing Quality of Life	Nov-19	Dec-19	Jan-20	YTD	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	85.54%	84.86%	84.01%	84.01%	66.70%

Helping Recovery	2015/16	2016/17	2017/18	2018/19	National
Emergency admissions for acute conditions that should not usually require hospital admission	1627.6	1591.9	1498.4	1482.4	1,362
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	338.6	422.4	283.6	356.3	372.3

Patient Experience	Latest Period	Performance	Target
Satisfaction with the quality of consultation at the GP practice	Jul-17	440.8	437.3
Satisfaction with the overall care received at the surgery	Aug-19	83.4%	83.8%
Satisfaction with accessing primary care	Aug-19	66.3%	68.6%

Protecting People From Avoidable Harm	Nov-19	Dec-19	Jan-20	2019/20 YTD	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	0	0	2	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	0	0	0	1	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	6	4	10	51	Actual
	1	3	4	43	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	2	2	8	28	Actual
	0	1	1	10	Plan

Mental Health: Monthly Indicators	Nov-19	Dec-19	Jan-20	2019/20 YTD	Target
Proportion of people waiting 6 weeks or less from referral to entering a course of IAPT treatment	92.7%	92.6%	89.3%	90.3%	75.0%
Proportion of people waiting 18 weeks or less from referral to entering a course of IAPT treatment	99.8%	99.0%	98.4%	99.2%	95.0%

Health Outcomes

Mental Health: Monthly Indicators	Oct-19	Nov-19	Dec-19	YTD 19/20	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	10.6%	12.3%	13.3%	13.3%	19.75%
	Oct-19	Nov-19	Dec-19	YTD 19/20	Target
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	58.30%	59.60%	53.50%	56.10%	50.0%

CYP Eating Disorder (ED) Services - Urgent Cases	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Target
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	*	*	*	3
Number of CYP with a suspected ED (urgent cases) that start treatment	2	*	*	*	3
Percentage of CYP with ED that start treatment within one week of referral	100.0%	*	*	*	95.0%

Denotes a measure that has been updated in this report

Delayed Transfers of Care - Rotherham Foundation Trust

		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Delayed transfers of care from hospital (delays days rate)*	Actual	2.1%	2.5%	3.2%	3.8%	2.9%	2.5%	3.3%	4.6%	4.7%			
	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	2.1%	2.3%	2.6%	2.9%	2.9%	2.8%	2.9%	3.1%	3.3%			
	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%

Delayed Transfers of Care - Rotherham Health & Wellbeing Board

		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Delayed transfers of care. Average delayed days a month for Rotherham Health and Wellbeing Board.	Actual	27.5	27.8	28.5	27.2	25.9	26.8	30.3	37.8	36.2			
	Target	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0

Delayed transfers of care are monitored in two different ways. At a Hospital Trust level and a Health and Wellbeing Board (HWB) level. The Hospital Trust indicator considers delays as a % of patients in hospital. The HWB level indicator considers the average delayed days in a month.

		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Long-term support needs of older people (65 and over) met by admission to residential and nursing care homes, per 100,000 population	Actual	74	127	169	223	263	304	351	374	412			
	Target	0	0	0	0	0	0	0	0	0	0	0	0
	Actual YTD	74	127	169	223	263	304	351	374	412			
	Target YTD	0	0	0	0	0	0	0	0	0	0	0	0

Both the target and actual figures are cumulative. The target for the year is N/A
The final position for 2018/19 was 574 versus a target of 562

		2015/16	2016/17	2017/18	2018/19
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%	82.8%	
	Target	90.0%	91.0%	88.0%	89.0%

Denotes a measure that has been updated in this report

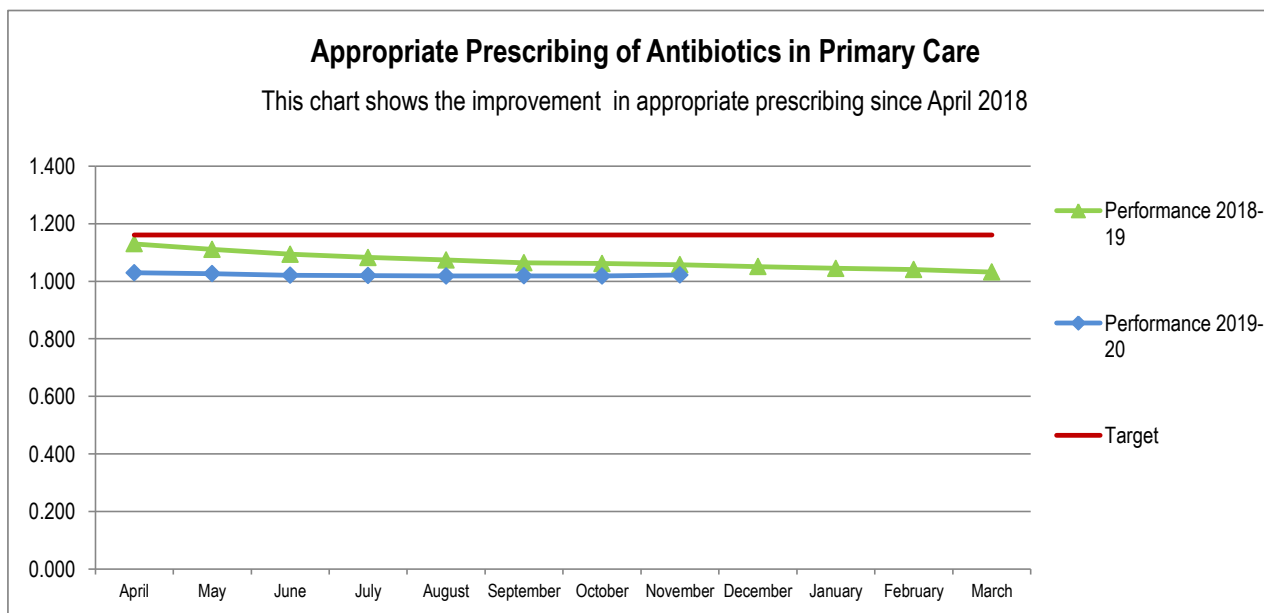
Preventing Premature Mortality		Target	Latest Period	Performance
Proportion of cancers diagnosed at stages 1 and 2	●	49.2%	2017	47.0%

Increase in proportion of GP referrals by e-referral		Target	Latest Period	Performance
Proportion of GP referrals made by e-referrals	●	100.0%	Nov-19	115.2%

Overall Experience of Making a GP Appointment		Target	Latest Period	Performance
% of respondents who said they had a good experience of making an appointment	●	68.6%	Aug-19	66.3%

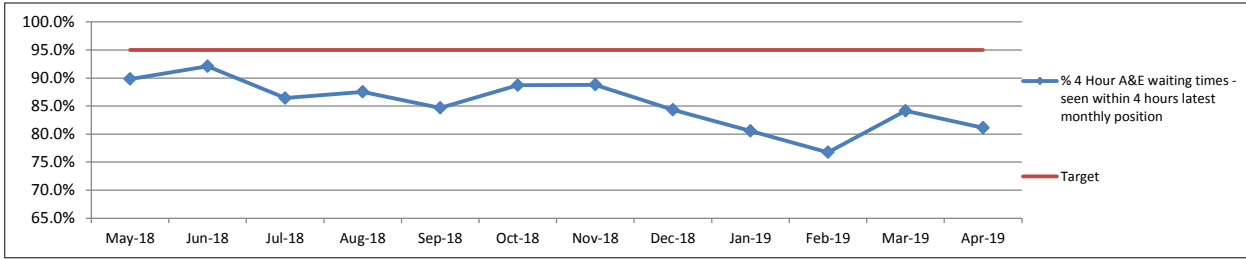
Continuing Health Care		Target	Latest Period	Performance
NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility)	Please see quality report for performance against CHC indicators			
Full NHS CHC assessments take place 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	Jan-20	2
Reducing inappropriate antibiotic prescribing for UTI in primary Care: A 10% or greater reduction in the number of Trimethoprim items prescribed to to patients aged 70 year or over	●	2894	Nov-19	2992
Appropriate prescribing of broad spectrum antibiotics in primary care	●	1.161	Nov-19	1.022

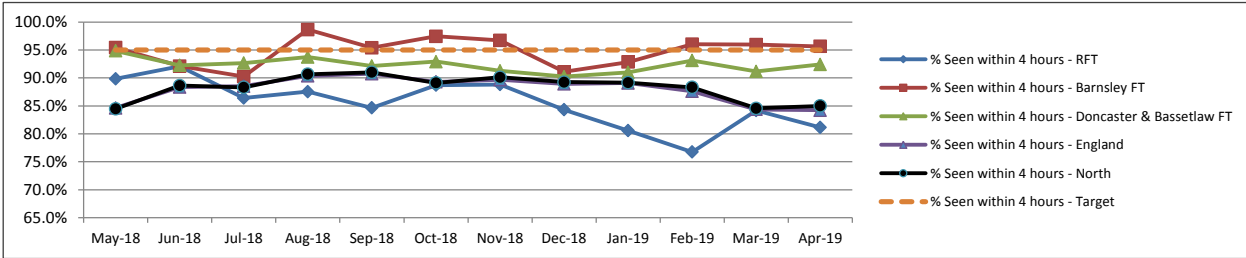


Focus on - A&E Waits

		May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
% 4 Hour A&E waiting times - seen within 4 hours latest monthly position	Actual	89.8%	92.1%	86.4%	87.5%	84.7%	88.7%	88.8%	84.3%	80.6%	76.7%	84.2%	81.1%
	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%



	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
% Seen within 4 hours - RFT	89.8%	92.1%	86.4%	87.5%	84.7%	88.7%	88.8%	84.3%	80.6%	76.7%	84.2%	81.1%
% Seen within 4 hours - Barnsley FT	95.4%	92.1%	90.3%	98.6%	95.4%	97.4%	96.7%	91.1%	92.9%	96.0%	96.0%	95.6%
% Seen within 4 hours - Doncaster & Bassetlaw FT	94.9%	92.2%	92.7%	93.7%	92.2%	92.9%	91.3%	90.2%	91.0%	93.1%	91.2%	92.4%
% Seen within 4 hours - England	84.6%	88.4%	88.5%	90.4%	90.7%	89.3%	89.7%	88.9%	89.1%	87.6%	84.4%	84.2%
% Seen within 4 hours - North	84.5%	88.6%	88.3%	90.7%	91.0%	89.1%	90.1%	89.2%	89.2%	88.3%	84.6%	85.0%
% 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%

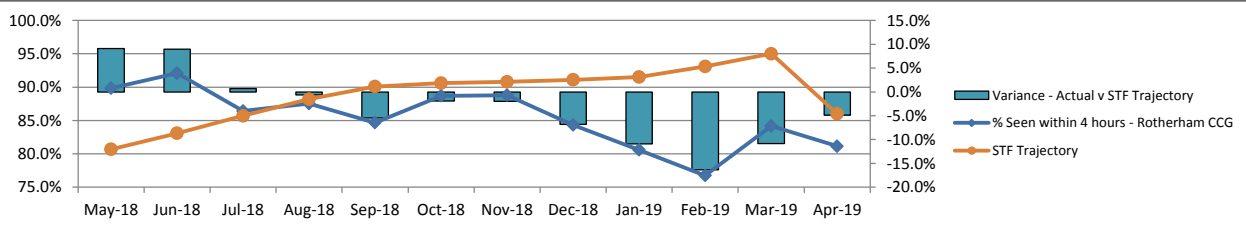


Supporting Narrative

The Rotherham NHS Foundation Trust is currently testing new A&E standards as part of the national Clinical review of NHS access standards. Data is unavailable due to this testing. A data set to understand A&E performance has been agreed between NHSE/I, the Trust and RCCG, at present it has shown an improving position from when the standards were first introduced and from period September to October.

Focus on - STF Trajectory

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
% Seen within 4 hours - Rotherham CCG	89.8%	92.1%	86.4%	87.5%	84.7%	88.7%	88.8%	84.3%	80.6%	76.7%	84.2%	81.1%
STF Trajectory	80.7%	83.1%	85.7%	88.2%	90.1%	90.6%	90.8%	91.1%	91.5%	93.1%	95.0%	86.0%
Variance - Actual v STF Trajectory	9.1%	9.0%	0.7%	-0.7%	-5.4%	-1.9%	-2.0%	-6.8%	-10.9%	-16.4%	-10.8%	-4.9%



Supporting Narrative

The Rotherham NHS Foundation Trust is currently testing new A&E standards as part of the national Clinical review of NHS access standards. Data is unavailable due to this testing.

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

	% Over 13 Weeks	Oct-19	Nov-19	Dec-19	Jan-20	Target
All specialities - total incomplete	22.9%	91.8%	91.6%	90.9%	90.8%	92.00%
Cardiology	28.0%	93.4%	95.0%	93.4%	92.0%	92.00%
Cardiothoracic Surgery	100.0%	98.2%	93.9%	98.0%	100.0%	92.00%
Dermatology	12.7%	96.4%	96.1%	94.8%	96.0%	92.00%
ENT	19.7%	92.5%	92.9%	92.6%	91.7%	92.00%
Gastroenterology	11.0%	93.8%	95.4%	97.6%	96.8%	92.00%
General Medicine	23.2%	88.1%	94.3%	95.0%	92.8%	92.00%
General Surgery	24.2%	92.9%	90.7%	88.0%	88.1%	92.00%
Geriatric Medicine	15.0%	97.3%	95.7%	95.1%	92.3%	92.00%
Gynaecology	25.6%	88.6%	90.4%	89.2%	88.0%	92.00%
Neurology	31.3%	82.5%	85.4%	83.5%	80.0%	92.00%
Neurosurgery	40.0%	92.4%	90.4%	87.5%	90.6%	92.00%
Ophthalmology	25.8%	94.2%	93.9%	93.3%	93.8%	92.00%
Other	23.5%	91.1%	89.5%	89.2%	89.2%	92.00%
Plastic Surgery	33.3%	84.8%	89.2%	84.8%	100.0%	92.00%
Rheumatology	11.8%	89.6%	94.0%	94.4%	92.9%	92.00%
Thoracic Medicine	24.4%	86.1%	86.1%	87.4%	89.1%	92.00%
Trauma & Orthopaedics	27.9%	92.2%	90.6%	88.8%	87.5%	92.00%
Urology	25.5%	92.8%	93.1%	94.0%	92.0%	92.00%

Focus on - Refer to Treatment: Incomplete Pathways

Total Incomplete 18 Week Pathways - Rotherham CCG	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Number of Pathways	17885	17778	17327	17489	17891	18071	18822	18387	18210	14755			
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819			
Difference	1066	959	508	670	1072	1252	2003	1568	1391	-2064			

Supporting Narrative

Latest provisional data for January shows eight specialties under the 92% standard. Please note not all data has yet been submitted for January.

Issues identified in Gynaecology matching consultant time with theatre slots is being addressed through additional sessions but performance has remained challenged.

Thoracic Medicine performance had improved after a period of challenge but has experienced further challenges from September.

Neurology is a Sheffield Teaching FT service where capacity is struggling to meet demand.

General Surgery and T&O have experienced declining performance from November.

Others are a mixture of smaller specialties across several providers. Sheffield Teaching Hospitals FT and Sheffield Children's FT are particularly challenged in this category.

Neurosurgery is a smaller specialty where performance fluctuates due to complex pathways.

ENT has seen a slight dip but has generally been performing well.

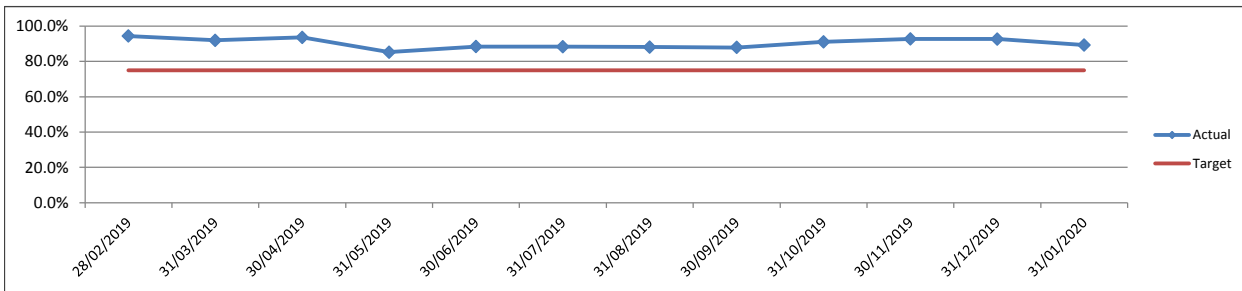
Rotherham CCG performance benchmarks as follows against other CCG's in South Yorkshire for RTT Incomplete waits in December (90.9%):

Barnsley CCG – 91.7%/ Bassetlaw CCG – 88.8%/ Doncaster CCG – 87.5% / Sheffield CCG – 92.6%/ National – 83.7%

In addition to performance against the 18 week waiting time, there is a national requirement to see waiting list size reduce, below the Jan-20 position. The number of pathways as at Jan-20 has yet to be confirmed as some data has not yet been submitted.

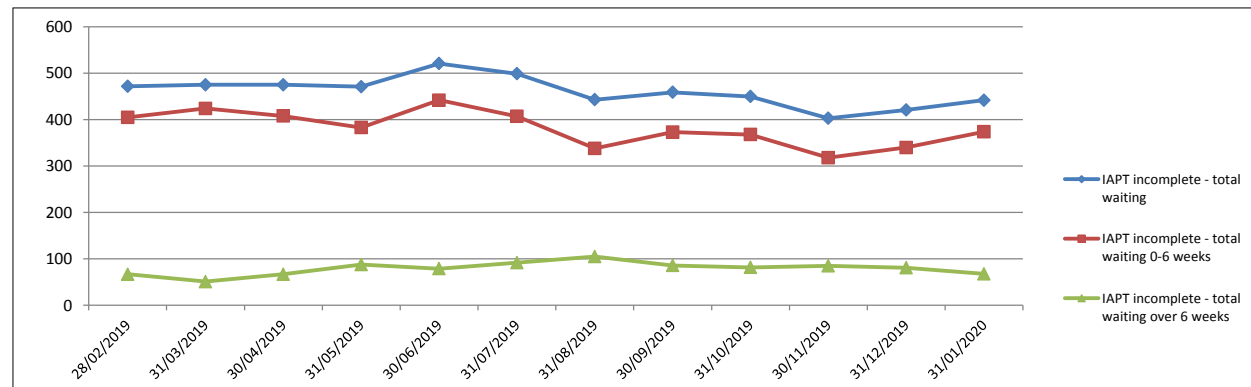
Focus on - IAPT Waiting Times

		28/02/2019	31/03/2019	30/04/2019	31/05/2019	30/06/2019	31/07/2019	31/08/2019	30/09/2019	31/10/2019	30/11/2019	31/12/2019	31/01/2020
Proportion of people waiting six weeks or less from referral to entering a course of IAPT treatment	Actual	94.4%	91.9%	93.6%	85.2%	88.4%	88.3%	88.1%	87.9%	91.0%	92.7%	92.6%	89.3%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



Focus on - IAPT 6 Week Wait Waiting List

		28/02/2019	31/03/2019	30/04/2019	31/05/2019	30/06/2019	31/07/2019	31/08/2019	30/09/2019	31/10/2019	30/11/2019	31/12/2019	31/01/2020
IAPT incomplete - total waiting	Actual	472	475	475	471	521	499	443	459	450	403	421	442
IAPT incomplete - total waiting 0-6 weeks	Actual	405	424	408	383	442	407	338	373	368	318	340	374
IAPT incomplete - total waiting over 6 weeks	Actual	67	51	67	88	79	92	105	86	82	85	81	68



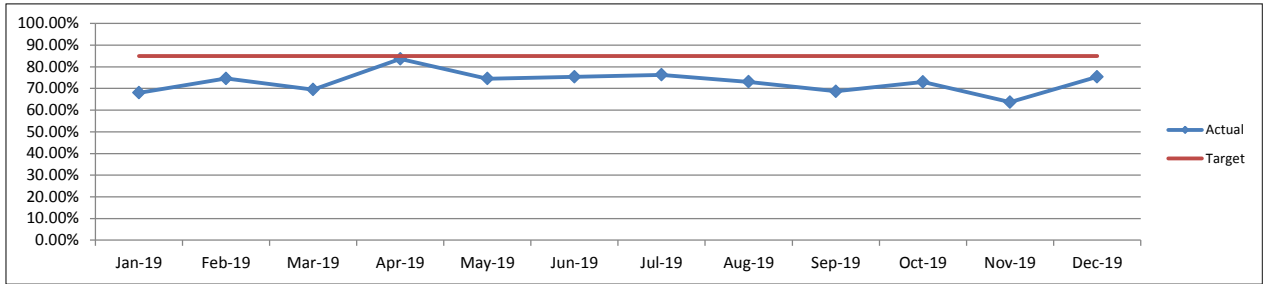
Supporting Narrative

Local comparison (published data November 19) shows the following benchmark position.

- Barnsley – 97%
- Bassetlaw – 99%
- Doncaster – 85%
- Sheffield – 87%
- National – 88%

Focus on - Cancer (62 Days)

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Cancer - % patients seen within 62 days of referral from GP	Actual	68.00%	74.58%	69.49%	83.61%	74.55%	75.38%	76.32%	73.08%	68.66%	73.03%	63.64%	75.32%
	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%
Cancer patients seen within 62 days of referral from GP		51	44	41	51	41	49	58	57	46	65	49	58
Total cancer patients waiting to be seen within 62 days of referral from GP		75	59	59	61	55	65	76	78	67	89	77	77



Supporting Narrative

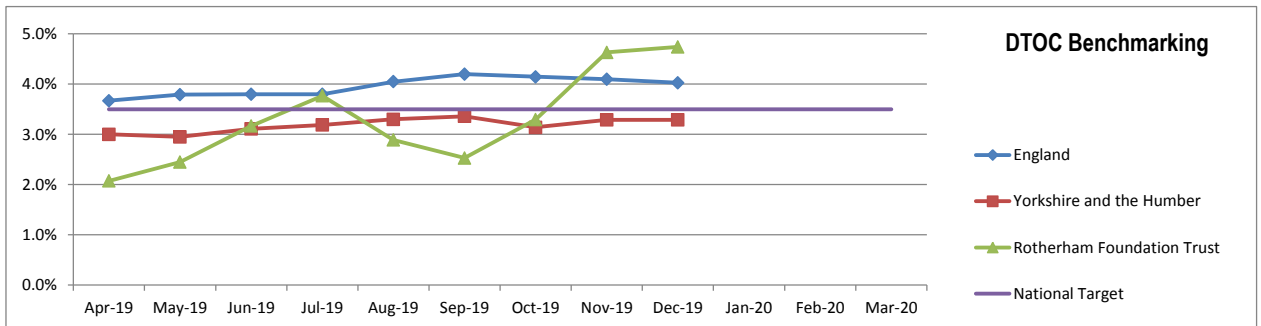
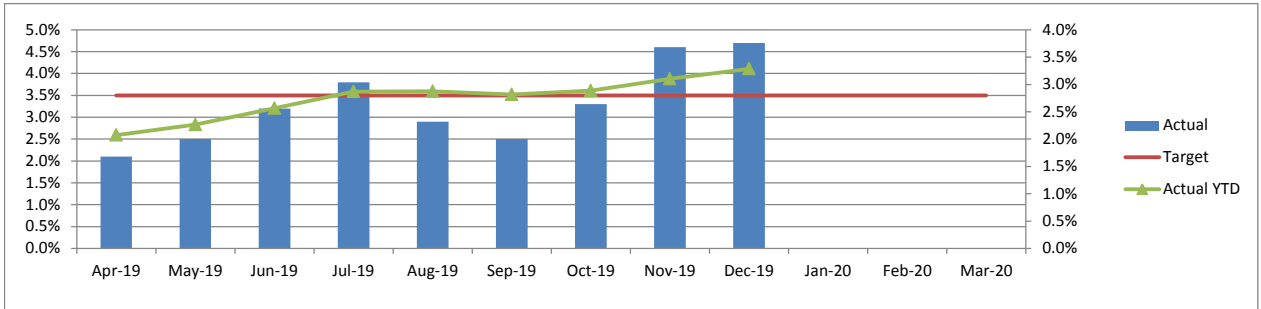
In December the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 75.3%. National performance in December was 78%.

Breach details for December can be seen below.

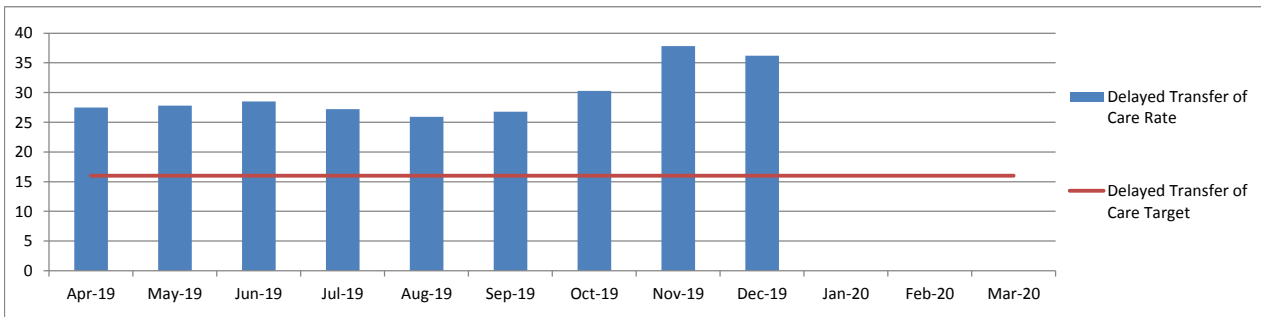
Tumour Type	First Seen Provider	First Treatment Provider	Wait Days	Delay Reason Comment
Gynaecological	Rotherham FT	Sheffield Teaching FT	76	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots)
Haematological (Excluding Acute Leukaemia)	Rotherham FT	Sheffield Teaching FT	83	Administrative delay
Haematological (Excluding Acute Leukaemia)	Rotherham FT	Sheffield Teaching FT	83	Administrative delay
Haematological (Excluding Acute Leukaemia)	Doncaster and Bassetlaw Teaching FT	Doncaster and Bassetlaw Teaching FT	82	Other reason (not listed)
Head and Neck	Rotherham FT	Sheffield Teaching FT	63	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this PATIENT)
Head and Neck	Rotherham FT	Sheffield Teaching FT	139	Health Care Provider initiated delay to diagnostic test or treatment planning
Head and Neck	Rotherham FT	Sheffield Teaching FT	139	Health Care Provider initiated delay to diagnostic test or treatment planning
Head and Neck	Rotherham FT	Sheffield Teaching FT	92	Complex diagnostic pathway (many, or complex, diagnostic tests required)
Head and Neck	Rotherham FT	Sheffield Teaching FT	92	Complex diagnostic pathway (many, or complex, diagnostic tests required)
Head and Neck	Rotherham FT	Sheffield Teaching FT	82	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots)
Head and Neck	Rotherham FT	Sheffield Teaching FT	82	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots)
Lower Gastrointestinal	Rotherham FT	Sheffield Teaching FT	75	Complex diagnostic pathway (many, or complex, diagnostic tests required)
Lower Gastrointestinal	Rotherham FT	Sheffield Teaching FT	70	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots)
Lower Gastrointestinal	Rotherham FT	Sheffield Teaching FT	70	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots)
Lower Gastrointestinal	Doncaster and Bassetlaw Teaching FT	Sheffield Teaching FT	80	Other reason (not listed)
Lower Gastrointestinal	Doncaster and Bassetlaw Teaching FT	Sheffield Teaching FT	80	Other reason (not listed)
Lung	Rotherham FT	Sheffield Teaching FT	65	Treatment delayed for medical reasons (PATIENT unfit for treatment episode, excluding planned recovery period following diagnostic test) in an
Skin	Rotherham FT	Rotherham FT	96	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this PATIENT)
Skin	Rotherham FT	Rotherham FT	87	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots)
Upper Gastrointestinal	Rotherham FT	Sheffield Teaching FT	69	Other reason (not listed)
Urological (Excluding Testicular)	Rotherham FT	Rotherham FT	85	PATIENT choice delay relating to first Out-Patient Appointment
Urological (Excluding Testicular)	Rotherham FT	Sheffield Teaching FT	147	Health Care Provider initiated delay to diagnostic test or treatment planning
Urological (Excluding Testicular)	Rotherham FT	Sheffield Teaching FT	147	Health Care Provider initiated delay to diagnostic test or treatment planning
Urological (Excluding Testicular)	Rotherham FT	Sheffield Teaching FT	109	Health Care Provider initiated delay to diagnostic test or treatment planning
Urological (Excluding Testicular)	Rotherham FT	Sheffield Teaching FT	70	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots)
Urological (Excluding Testicular)	Rotherham FT	Leeds Teaching FT	102	Other reason (not listed)

Focus on - Delayed Transfer of Care (Rotherham NHS Foundation Trust)

		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Delayed transfers of care from hospital (delays days rate)*	Actual	2.1%	2.5%	3.2%	3.8%	2.9%	2.5%	3.3%	4.6%	4.7%			
	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	2.1%	2.3%	2.6%	2.9%	2.9%	2.8%	2.9%	3.1%	3.3%			
	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%



Delayed transfers of care. Average delayed days a month for Rotherham Health and Wellbeing Board.		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Actual		27.5	27.8	28.5	27.2	25.9	26.8	30.3	37.8	36.2			
Target		16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0



Supporting Narrative

Delayed transfers of care are monitored in two different ways. At a Hospital Trust level and a Health and Wellbeing Board (HWB) level. The Hospital Trust indicator considers delays as a % of patients in hospital. The HWB level indicator considers the average delayed days in a month for all of Rotherham.

Rotherham FT is not within the less than 3.5% national standard for Hospital Trusts. TRFT are currently at 4.7% in December 19, with performance in November 19 at 4.6%. This compares to provisional figures of 3.3% for Yorkshire and the Humber and 4% nationally.

Rotherham as a whole is not meeting the required HWB target of 16 average delays a day. Performance currently stands at 36.2 average delays a day in December 19.

Focus on Performance

Diagnostic Wait (<1% Target) - Rotherham CCG

January (Provisional)

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	573	12	2.09%
Computed Tomography	626	0	0.00%
Non-obstetric ultrasound	1924	0	0.00%
Barium Enema	0	0	0.00%
DEXA Scan	181	0	0.00%
Audiology - Audiology Assessments	338	1	0.30%
Cardiology - echocardiography	173	0	0.00%
Cardiology - electrophysiology	0	0	0.00%
Neurophysiology - peripheral neurophysiology	16	0	0.00%
Respiratory physiology - sleep studies	9	0	0.00%
Urodynamics - pressures & flows	20	0	0.00%
Colonoscopy	270	0	0.00%
Flexi sigmoidoscopy	91	3	3.30%
Cystoscopy	147	1	0.68%
Gastroscopy	364	0	0.00%
Total Diagnostics	4732	17	0.36%