NHS
Rotherham
Clinical Commissioning Group

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

November 2019

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NHS Oversight Framework 2019/20

The NHS Oversight Framework for 2019/20 has replaced the CCG Improvement and Assessment Framework (IAF) and the provider Single Oversight Framework, and will inform assessment of CCGs in 2019/20.

The following changes have occurred from the Improvement and Assessment Framework to the Oversight Framework:

- There are 6 new metrics
- There are 4 metrics which have been removed
- There are 4 metrics where the methodology has changed

These changes will be incorporated from the next report. The new metrics are as follows:

Metric	Description
Evidence based interventions	This metric monitors the application of the national clinical criteria set out in the Evidence-Based Interventions Policy. Data expected to be published quarterly by NHS England.
Learning disabilities mortality review: the percentage of reviews completed within 6 months of notification	This metric monitors the percentage of LeDeR reviews, of the death of a person with a learning disability aged 18 and above, completed within 6 months of notification to the programme. Data is expected to be published nationally annually.
Overall size of the waiting list	This metric refers to the total number of incomplete Referral to Treatment (RTT) pathways at the end of the reporting period. This data is already provided within the report.
Patients waiting over 52 weeks for treatment	This metric refers to the number of incomplete Referral to Treatment (RTT) pathways of 52 weeks or more at the end of the reporting period. This data is already provided within the report.
CYP and eating disorders investment as a percentage of total mental health spend	The indicator compares two calculations: "CYP and ED spend per the previous year's Outturn as a percentage of previous year's total mental health spend" and the "Planned CYP and ED spend as a percentage of Planned total mental health spend". Detail of data publication is not available.
Reducing the rate of low priority prescribing	The Low Priority Prescribing (LPP) Indicator is a RAG rated score for each CCG. The overall RAG rating is based on two elements: 1. LPP Quality Score 2. LPP Financial Score This is based on CCG guidance on 'Items which should not be routinely prescribed in primary care'. Data is expected to be published quarterly nationally.

November 2019

NHS Rotherham Clinical Commissioning Group

Rotherham CCG Delivery Dashboard

Performance Comparison - Rotherham CCG/FT v National August 2019

	Target	RCCG/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1.0%	0.21%	4.30%	22 out of 191	1st out of 191
DTOC	3.5%	2.90%	4.05%	98 out of 225	87th out of 225
RTT	92.0%	92.03%	81.30%	12 out of 191	12th out of 191
A&E (Rotherham FT)	95.0%	81.14%	77.15%	5 out of 235	47th out of 235
Cancer 2 ww	93.0%	93.50%	89.36%	67 out of 191	58th out of 191
Cancer 2 ww Breast	93.0%	87.23%	85.94%	90 out of 191	123rd out of 191
Cancer 31 Day	96.0%	95.24%	96.09%	113 out of 191	136th out of 191
Cancer 62 Day (Rotherham FT)	85.0%	76.98%	78.51%	50 out of 153	101st out of 153
Cancer 62 Day (Rotherham CCG)	85.0%	73.08%	78.54%	46 out of 191	149th out of 191
IAPT 6 Week Wait*	75.0%	93.00%	85.70%	156 out of 191	118th out of 191

*IAPT Figures are as at July 2019 ** A&E Figures are as at April 2019

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.

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
Diagnostics	1%				
IAPT - 6 week wait	75%				
Mixed Sex Accomodation	0				
Referral to treatment	92%				

Deteriorating

Not met last month but met previously or YTD met

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer Waits: 31 days	96%				
Cancelled Operations	0				

Concern

Not met last two months

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

Improving

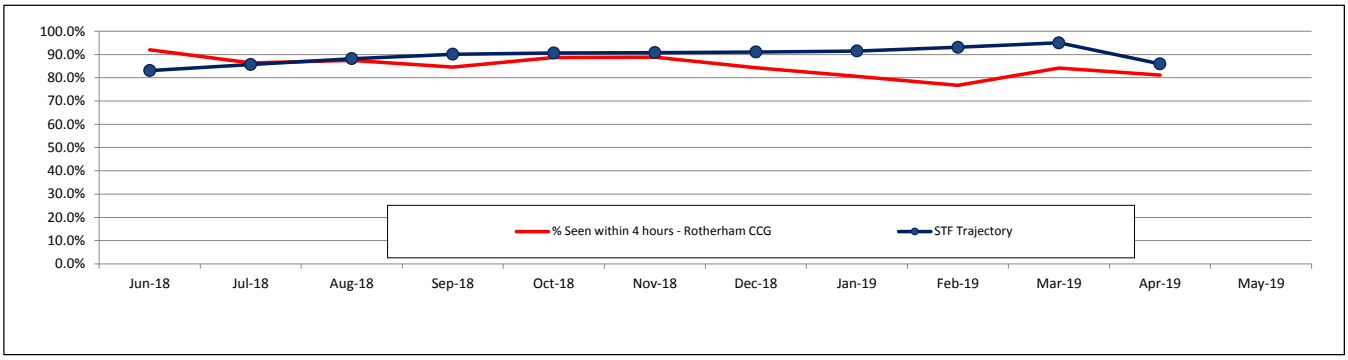
Last month met but previous not met or YTD not met

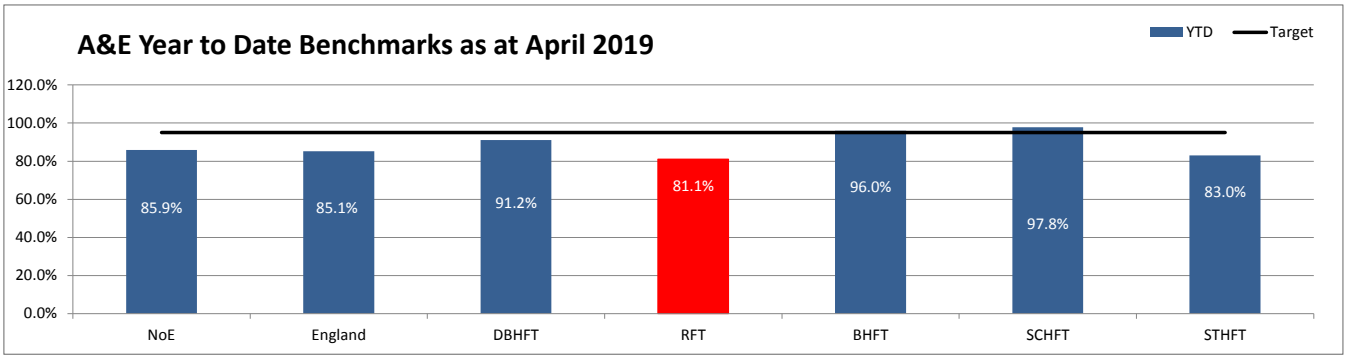
	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer Waits: 2 weeks	93%				
DTOC	3.5%				

Key Performance Issues

A&E

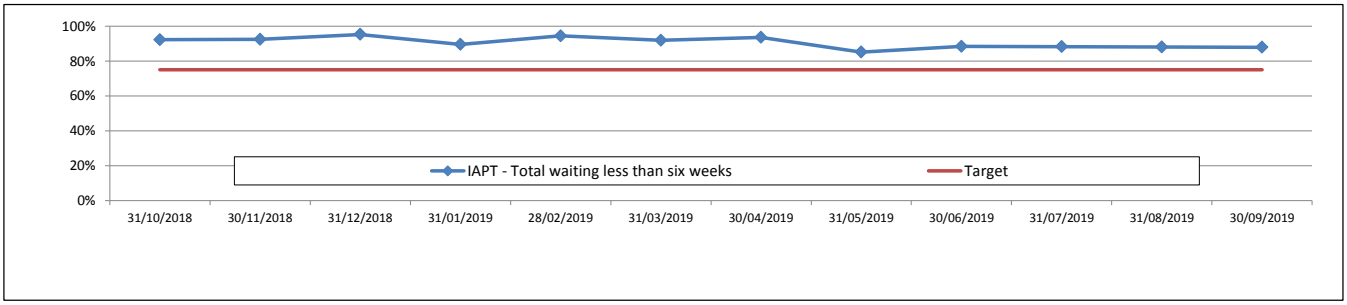
The Rotherham NHS Foundation Trust is currently one of fourteen Acute Provider Trusts taking part in the national field testing exercise for A&E standards, which forms part of the national Clinical review of NHS access standards. The testing started in May and is now expected to continue until the end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



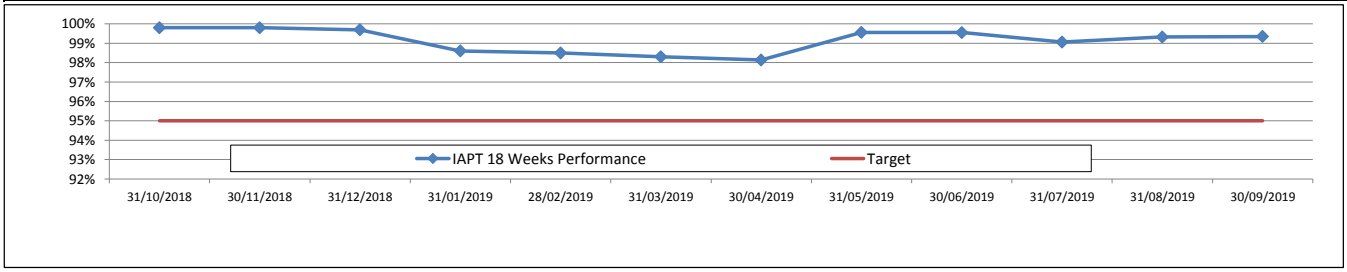


IAPT

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 September was 87.9%. This is above the standard of 75%. August performance was 88.1%. 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 September was 99.4%. Performance is consistently meeting the 95% standard for 18 weeks.



Cancer Waits

In August the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 73.1% for Rotherham CCG. 62 day performance deteriorated at the Rotherham Foundation Trust with performance at 77.0% in August and 79.1% in July. Continued focus remains in areas relating to pathways associated with lower GI, urology and on earlier diagnostics. The RCCG reported position of 73.1% 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 August, with performance at 95.2% against the standard of 96%.

The two week wait cancer standard was met in August with performance of 93.5%, against the 93% standard. The two week wait standard for breast symptoms was not achieved with performance at 87.2% against the 93% standard. All breast symptom breaches related to patient choice.

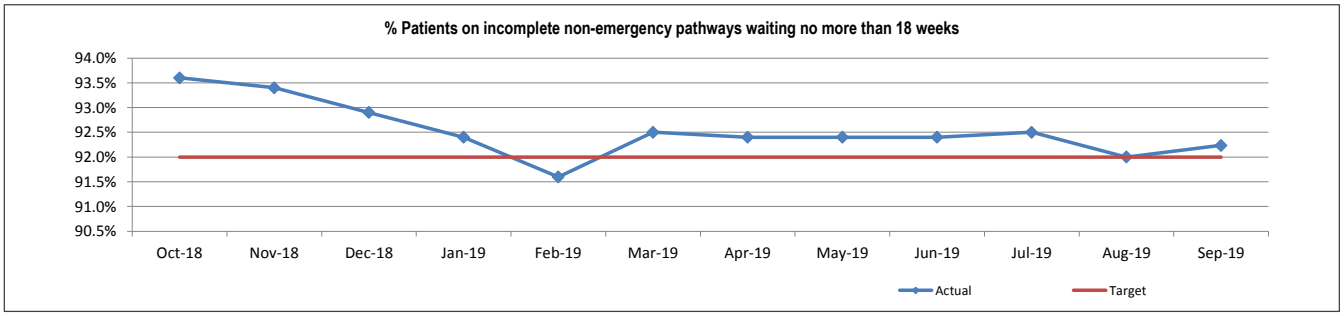
	Jun-19	Jul-19	Aug-19
2 week wait	🟡	🟡	🟢
31 day	🟡	🟢	🟡
62 day	🔴	🔴	🔴

Referral to Treatment

RTT Incomplete Pathways met the 92% standard in September at 92.2%, based on provisional data. The position for August was 92.0%. Further details at a specialty level can be found in the focus on section.

In September there was a 52+ week waiter at Sheffield Children's Hospital. This is being reviewed. The CCG has been informed by Doncaster and Bassetlaw Teaching FT that a 52+ week waiter has been identified through data validation in Orthopaedics. This patient has now been seen.

	Jul-19	Aug-19	Sep-19
RTT Incomplete	🟢	🟢	🟢
52 week wait	🟢	🟢	🔴



	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Actual	93.6%	93.4%	92.9%	92.4%	91.6%	92.5%	92.4%	92.4%	92.4%	92.5%	92.0%	92.2%
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 August.

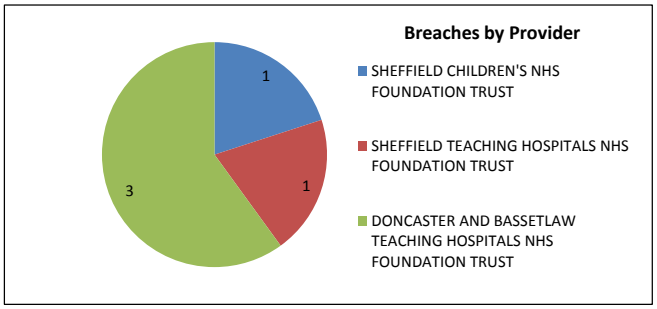
	Jun-19	Jul-19	Aug-19
MSA	🟢	🟢	🟢

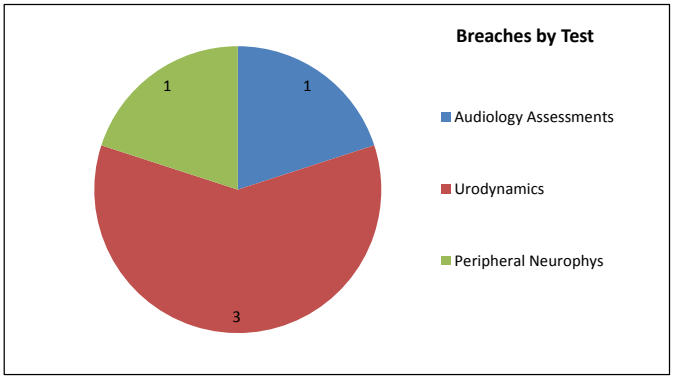
Diagnostic Waiting Times

Provisional performance in September of 0.11% meets the <1% standard.

6 Breaches occurred in September: 3 at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (2 Urodynamics and 1 Audiology Assessment), 1 at Sheffield Teaching Hospitals NHS FT (Peripheral Neurophys) and 1 at Sheffield Childrens NHS FT (Urodynamics).

	Jul-19	Aug-19	Sep-19
Diagnostic Waits			





Incidence of C.diff and MRSA

Performance for the CCG overall for September 19 was 5 cases against a plan of 2. The 5 cases in September all occurred at Rotherham FT. Year-end target for the CCG is 51.

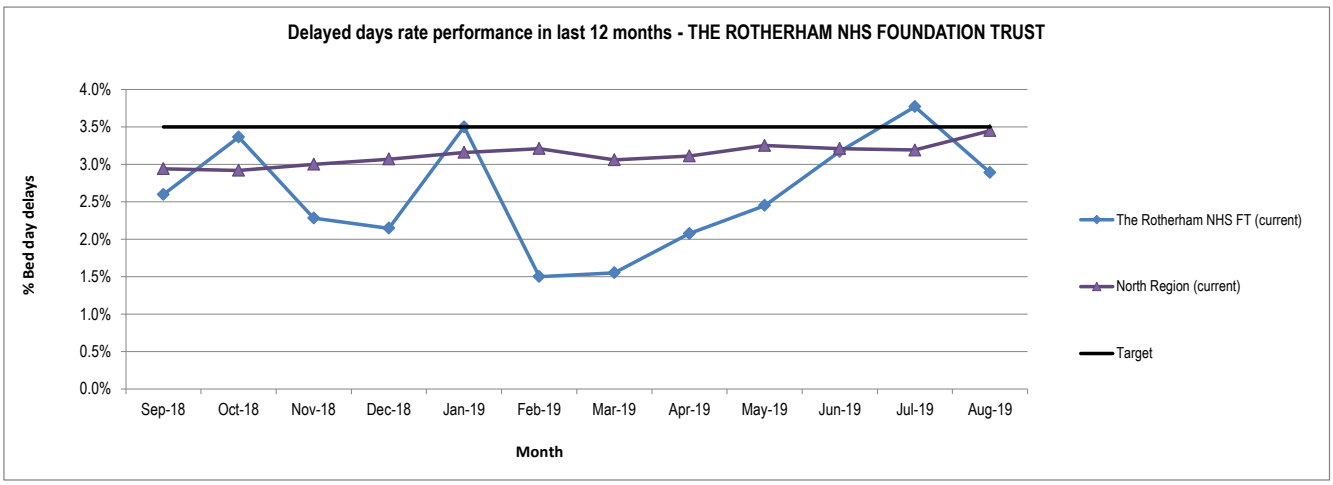
Rotherham FT performance for September 19 is 3 cases against the target of 1. Year-end target for Rotherham FT is 11.

	Jul-19	Aug-19	Sep-19
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 within that standard at 2.9% in August. July performance was 3.8%. It should be noted that whilst performance within Rotherham Foundation Trust is generally good, 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.

	Jun-19	Jul-19	Aug-19
DTOC			



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 58 seconds for category 1 calls in September.

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 - September	Previous Month - August	Change
Category 1	00:06:58	00:06:50	**Worse**
Category 2	00:18:26	00:17:04	**Worse**
Category 3	01:33:37	01:26:58	**Worse**
Category 4	02:41:57	02:47:17	**Better**

	Current performance - September	Change
15 Min Turnaround RFT on target	48.00%	**Worse**
Handovers at NGH	53.80%	**Better**

NHS Constitution and Pledges

Denotes that a measure that has been updated in this report

Referral to Treatment	Jul-19	Aug-19	Sep-19	Target	QP
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	92.48%	92.03%	92.23%	**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	1	**0**	

Diagnostic Waiting Times	Jul-19	Aug-19	Sep-19	Target	QP
% Patients waiting for diagnostic test waiting > 6 weeks from referral (Commissioner)	0.15%	0.21%	0.11%	**1.0%**	

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

Cancer - Two Week Waits	Jun-19	Jul-19	Aug-19	Target	QP
% patients referred with breast symptoms seen within 2 weeks of referral	83.8%	88.2%	87.2%	**93.0%**	
% of patients seen within 2 weeks of urgent referral by a GP	91.5%	92.3%	93.5%	**93.0%**	

Cancer - 31 Day Waits	Jun-19	Jul-19	Aug-19	Target	QP
% patients receiving first definitive treatment within 31 days following referral	94.6%	98.7%	95.2%	**96.0%**	
% patients receiving subsequent treatment where treatment is surgery within 31 days	100.0%	88.5%	100.0%	**94.0%**	
% patients receiving subsequent treatment where treatment is anti-drug regime within 31 days	98.2%	98.5%	100.0%	**98.0%**	
% patients receiving subsequent treatment where treatment is radiotherapy within 31 days	98.0%	93.1%	97.6%	**94.0%**	

Cancer - 62 Day Waits	Jun-19	Jul-19	Aug-19	Target	QP
% patients starting first treatment within 62 days of referral from GP	75.4%	76.3%	73.1%	**85.0%**	**Y**
% patients starting first treatment within 62 days after breast, bowel and cervical screening referral	90.0%	83.3%	100.0%	**90.0%**	
% patients treated within 62 days following referral from a Consultant	86.7%	89.1%	88.4%		

NHS Constitution and Pledges

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YAS Performance	Jul-19	Aug-19	Sep-19	Target	QP
Category 1 (Mean target of 7 minutes per call)	00:06:54	00:06:50	00:06:58	**00:07:00**	
Category 2 (Mean target of 18 minutes per call)	00:18:17	00:17:04	00:18:26	**00:18:00**	
Category 3 (90th percentile target of 2 hours per call)	01:42:47	01:26:58	01:33:37	**02:00:00**	
Category 4 (90th percentile target of 3 hours per call)	04:01:23	02:47:17	02:41:57	**03:00:00**	

YAS - Ambulance Calls	Jul-19	Aug-19	Sep-19	Target	QP
Crew clear delays of over 30 minutes	36	24	22	**0**	
Ambulance handover delays of over 30 minutes	275	302	295	**0**	

Mixed Sex Accommodation Breaches	Jun-19	Jul-19	Aug-19	Target	QP
Number of mixed sex accommodation breaches (commissioner)	0	0	0	**0**	

Cancelled Operations	Q3 2018/19	Q4 2018/19	Q1 2019/20	Target	QP
Cancelled operations re-booked within 28 days	0	0	1	**0**	

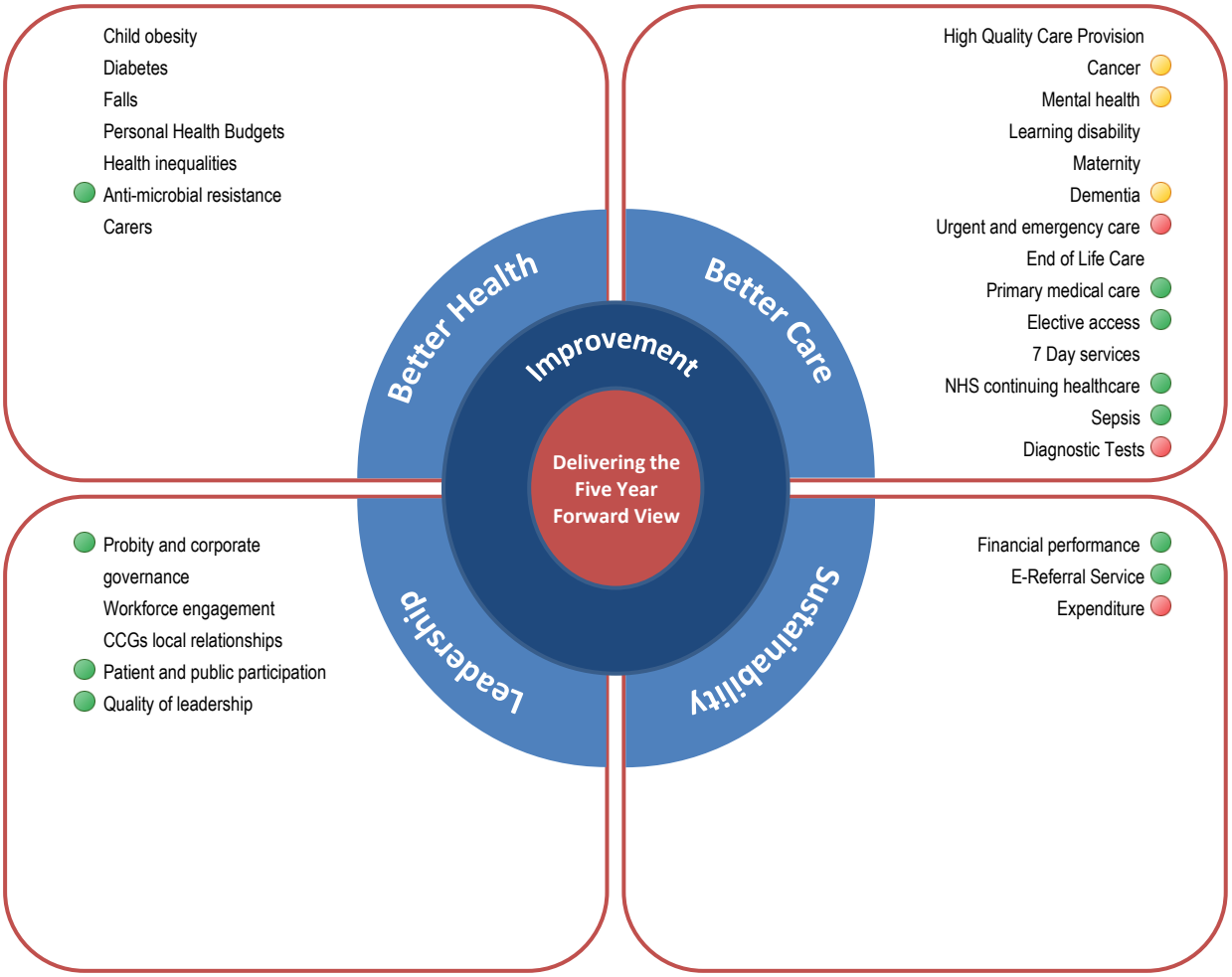
Mental Health	Q3 2018/19	Q4 2018/19	Q1 2019/20	Target	QP
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	100.0%	100.0%	95.0%	**95.0%**	

Wheelchairs for Children*		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	QP
Percentage of equipment delivered within 18 weeks	**Target**	92.0%	92.0%	92.0%	92.0%	
	Actual	50.0%	36.4%	100.0%	100.0%	

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

Improvement and Assessment Framework

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



Denotes a measure that has been updated in this report

				Reporting Frequency	Latest available data	Latest Period Performance	Target
Better Health	**Child obesity (Indicator 102a)**		Percentage of children aged 10-11 classified as overweight or obese	Annual	2015-16 to 2017-18	36.3%	
	Diabetes (Indicators 103a & 103b)		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	2017-18	36.8%	
			People with diabetes diagnosed less than a year who attend a structured education course	Annual	2017-18 (2016 cohort)	7.8%	
	Falls (Indicator 104a)		Injuries from falls in people aged 65 and over	Quarterly	Q3 18/19	2003	
	Personal Health Budgets (Indicator 105b)		Personal health budgets	Quarterly	Q4 18/19	54.4	
	Health inequalities (Indicator 106a)		Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions	Quarterly	Q2 18/19	2374	
	Anti-microbial resistance (Indicators 107a & 107b)		Appropriate prescribing of antibiotics in primary care	Monthly	Jul-2019	1.020	**1.16**
			Appropriate prescribing of broad spectrum antibiotics in primary care	Monthly	Jul-2019	6.30	**10**
	Carers (Indicator 108a)		The proportion of carers with a long term condition who feel supported to manage their condition	Annual	2018	0.61	

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 121a, 121b & 121c)		Provision of high quality care: hospitals	Quarterly	Q3 18/19	61	
			Provision of high quality care: primary medical services	Quarterly	Q3 18/19	66	
			Provision of high quality care: adult social care	Quarterly	Q3 18/19	62	
	Cancer (Indicators 122a, 122b, 122c & 122d)	🔴	Cancers diagnosed at early stage	Annual	2017	47.0%	**49.2%**
		🔴	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Monthly	Aug-19	73.1%	**85%**
			One-year survival from all cancers	Annual	2016	71.3	
		🟢	Cancer patient experience **(1)**	Annual	2018	8.8	**8.8**
	Mental health (Indicators 123a, 123b & 123c)	🟢	Improving Access to Psychological Therapies – recovery	Monthly	Aug-19	58.2%	**50.0%**
		🟡	Improving Access to Psychological Therapies – access	Monthly	Aug-19	7.35%	**19.8%**
		🔴	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Monthly	Aug-19	42.9%	**50%**
	Mental health (Indicator 123d)		Children and young people's mental health services transformation	Quarterly	**Amended Indicator - Awaiting Data**		
	Mental health(123f)		Mental health out of area placements	Quarterly	Feb-19	55.1	
	Mental health (Indicators 123e, 123g & 123h)		Mental health crisis team provision	Annual	2017-18	50.0%	
			Proportion of people on GP severe mental illness register receiving physical health checks	Quarterly	1819 Q4	32.7%	
			Cardio metabolic assessment in mental health environments	Annual	**Amended Indicator - Awaiting Data**		
	Mental health(123i)	🟢	Delivery of the mental health investment standard	Quarterly	18-19 Q4	Compliant	**Compliant**
	Mental health(123j)		Quality of mental health data submitted to NHS Digital (DQMI)	Quarterly	Jan-2019	88.2%	
	Learning disability (Indicators 124a, 124b & 124c)		Reliance on specialist inpatient care for people with a learning disability and/or autism	Quarterly	Q4 18-19	49	
			Proportion of people with a learning disability on the GP register receiving an annual health check	Annual	2017-18	46.8%	
			Completeness of the GP learning disability register	Annual	2017-18	59.2%	
	Maternity (Indicators 125a, 125b, 125c & 125d)		Neonatal mortality and stillbirths	Annual	2016	5.8	
			Women's experience of maternity services	Annual	2018	84.1	
			Choices in maternity services	Annual	2018	60.1	
			Maternal smoking at delivery	Quarterly	Q4 2018/19	19.6%	
	Dementia (Indicators 126a & 126b)	🟢	Estimated diagnosis rate for people with dementia	Monthly	Sep-19	86.6%	**66.7%**
			Dementia care planning and post-diagnostic support	Annual	2017/18	76.5%	
	Urgent and emergency care (Indicators 127b, 127c, 127e and 127f)		Emergency admissions for urgent care sensitive conditions	Quarterly	Q2 2018/19	2380	
			Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Monthly	May-19		**95.0%**
			Delayed transfers of care per 100,000 population	Monthly	Aug-19	12.0	
			Population use of hospital beds following emergency admission	Quarterly	Q2 2018/19	453	
	End of Life Care (Indicator 105c)		Percentage of deaths with three or more emergency admissions in last three months of life	Annual	2017	9.14%	
	Primary medical care (Indicators 128b, 128c, 128d & 128e)	🟢	Patient experience of GP services	Annual	Jul-19	83.4%	**74.6%**
			Primary care access - Proportion of population benefitting from extended access services	Quarterly	Jun-19	100%	
			Primary care workforce	Bi-annual	2018 09	1.06	
		🟢	Count of the total investment in primary care transformation made by CCGs compared with the £3 head commitment made in the General Practice Forward View	Quarterly	Q3 2018/19	🟢	🟢

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

Improvement and Assessment Framework

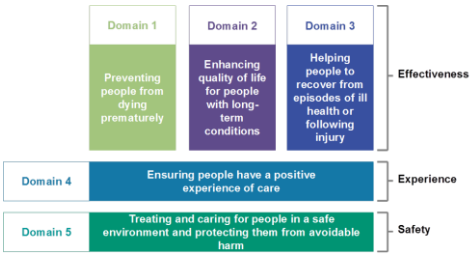
Denotes a measure that has been updated in this report

				Reporting Frequency	Latest available data	Latest Period Performance	Target
Better Care	**Elective access (Indicator 129a)**	●	Patients waiting 18 weeks or less from referral to hospital treatment	Monthly	Sep-19	92.2%	**92%**
	7 Day services (Indicator 130a)		Achievement of clinical standards in the delivery of 7 day services	Annual	2017-18	2	
	NHS continuing healthcare (Indicator 131a)	●	Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting	Quarterly	2019-20 Q1	0.0%	**15%**
	Patient Safety (Indicator 132a)	●	Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG	Annual	2017	●	●+
	Diagnostic Tests (Indicator 133a)	●	Patients waiting six weeks or more for a diagnostic test	Monthly	Sep-19	0.11%	**1%**

				Reporting Frequency	Latest available data	Latest Period Performance	Target
Sustainability	**Financial Performance (Indicator 141b)**	●	CCG In-year financial performance	Quarterly	Q3 2018/19	●	●
	E-Referral Service (Indicator 144a)	●	Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Monthly	Aug-19	114.9%	**100%**
	Expenditure (Indicator 145a)	●	Expenditure in areas with identified scope for improvement	Quarterly	Q3 18-19	●	●

				Reporting Frequency	Latest available data	Latest Period Performance	Target
Leadership	**Probity and corporate governance (Indicator 162a)**	●	Probity and corporate governance	Quarterly	Q4 2018/19	●	●
	Workforce engagement (Indicators 163a & 163b)		Staff engagement index	Annual	2018	3.67	
			Progress against the Workforce Race Equality Standard	Annual	2018	0.09	
	CCGs local relationships (Indicator 164a)		Effectiveness of working relationships in the local system	Annual	2018-19	85.4	
	Quality of leadership (Indicator 165a)	●	Quality of CCG leadership	Quarterly	Q3 2018/19	●	★
	Patient and Public Participation (Indicator 166a)	●	Compliance with statutory guidance on patient and public participation in commissioning health and care	Annual	2017	●	★

Health Outcomes



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Preventing Premature Mortality	2014	2015	2016	2017	Target
Potential Years of Life Lost (PYLL) from causes considered amendable 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	890.9	**1,074**
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	270.1	236.7	231.6	166.4	**364**

Enhancing Quality of Life	Jul-19	Aug-19	Sep-19	YTD	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	87.84%	87.34%	86.65%	86.65%	**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	Jul-19	Aug-19	Sep-19	2019/20 YTD	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	0	0	1	**Actual**
	0	0	0	0	**Plan**
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	0	0	0	0	**Actual**
	0	0	0	0	**Plan**
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	3	10	5	25	**Actual**
	4	6	2	30	**Plan**
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	1	3	3	12	**Actual**
	2	1	1	6	**Plan**

Mental Health: Monthly Indicators	Jul-19	Aug-19	Sep-19	2019/20 YTD	Target
Proportion of people waiting 6 weeks or less from referral to entering a course of IAPT treatment	88.3%	88.1%	87.9%	89.1%	**75.0%**
Proportion of people waiting 18 weeks or less from referral to entering a course of IAPT treatment	99.1%	99.3%	99.4%	99.2%	**95.0%**

Health Outcomes

Mental Health: Monthly Indicators	Jun-19	Jul-19	Aug-19	YTD 19/20	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need **(YTD)**	4.4%	5.8%	7.4%	7.4%	**19.75%**
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	52.10%	55.20%	58.20%	55.90%	**50.0%**

CYP Eating Disorder (ED) Services - Urgent Cases	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Target
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	2	*	*	**3**
Number of CYP with a suspected ED (urgent cases) that start treatment	3	2	*	*	**3**
Percentage of CYP with ED that start treatment within one week of referral	33.3%	100.0%	*	*	**95.0%**

Better Care Fund

NHS Rotherham Clinical Commissioning Group

Rotherham Metropolitan Borough Council

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%							
	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%							
	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							
	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	123	163	214	251	292						
	Target	0	0	0	0	0	0	0	0	0	0	0	0
	Actual YTD	74	123	163	214	251	292						
	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 reable-ment / rehabilitation services	Actual	89.6%	87.5%	82.8%	
	Target	90.0%	91.0%	88.0%	89.0%

Quality Premium

Denotes a measure that has been updated in this report

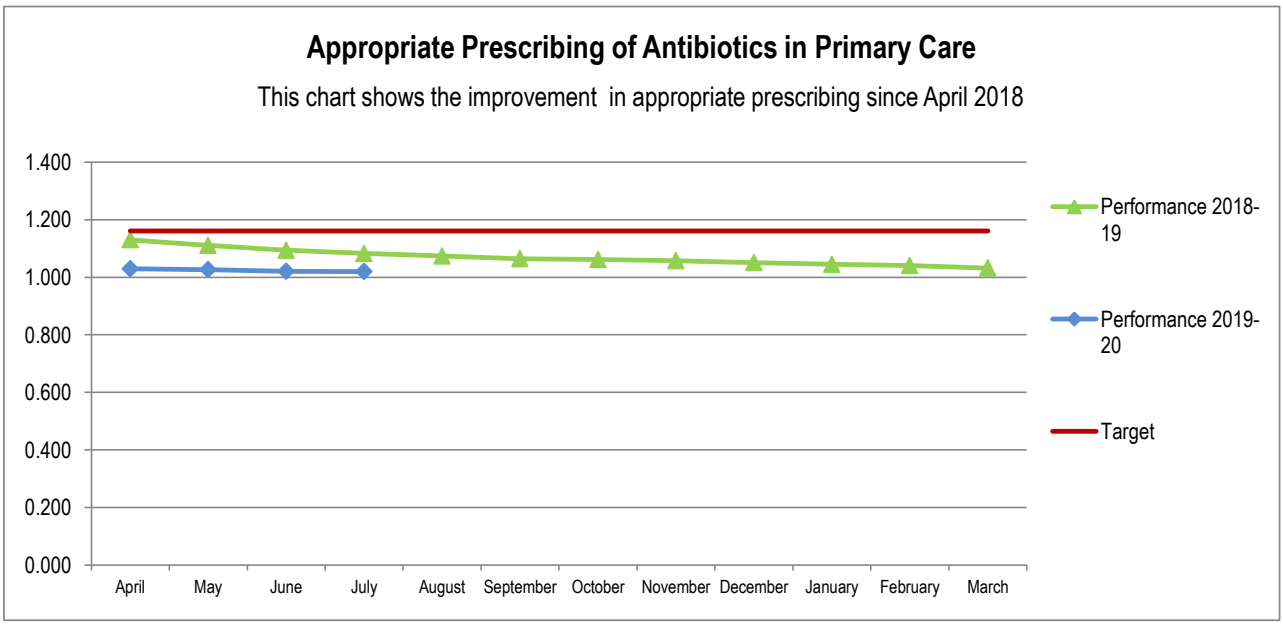
Preventing Premature Mortality		Target	Latest Period	Performance
Proportion of cancers diagnosed at stages 1 and 2		**49.2%**	2017	47.0%

Increase in proportion of GP referrals by e-referral		Target	Latest Period	Performance
Proportion of GP referrals made by e-referrals		**100.0%**	Aug-19	114.9%

Overall Experience of Making a GP Appointment		Target	Latest Period	Peformance
% 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		**0**	Sep-19	3
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**	Jul-19	3073
Appropriate prescribing of broad spectrum antibiotics in primary care		**1.161**	Jul-19	1.020

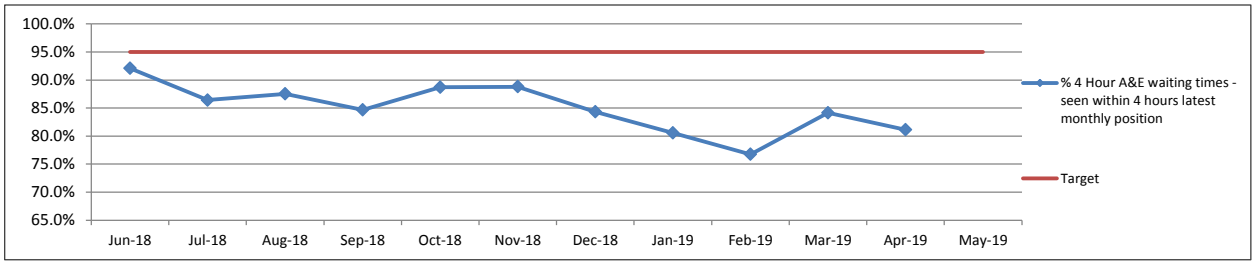


Focus on Performance

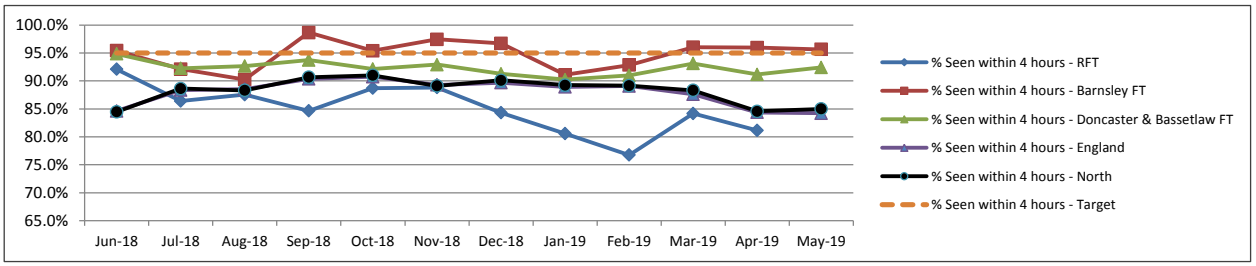
NHS Rotherham Clinical Commissioning Group

Focus on - A&E Waits

		Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
% 4 Hour A&E waiting times - seen within 4 hours latest monthly position	Actual	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%



	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
% Seen within 4 hours - RFT	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%

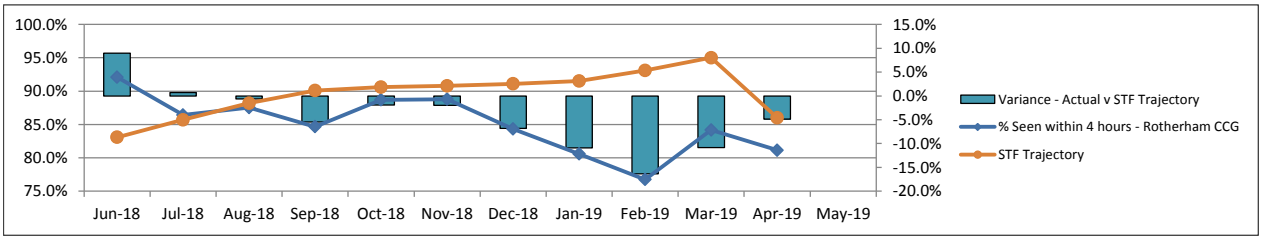


Supporting Narrative

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 a deteriorating position from when the standards were first introduced however a data extraction issue has been identified related to one of the standards which has now been rectified and has since improved the position.

Focus on - STF Trajectory

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
% Seen within 4 hours - Rotherham CCG	92.1%	86.4%	87.5%	84.7%	88.7%	88.8%	84.3%	80.6%	76.7%	84.2%	81.1%	
STF Trajectory	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	9.0%	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	Jun-19	Jul-19	Aug-19	Sep-19	Target
All specialities - total incomplete	21.7%	92.4%	92.5%	92.0%	92.2%	**92.00%**
Cardiology	26.6%	94.0%	93.2%	93.0%	95.6%	**92.00%**
Cardiothoracic Surgery	12.5%	90.2%	95.2%	96.0%	96.4%	**92.00%**
Dermatology	14.5%	93.2%	93.4%	94.6%	96.4%	**92.00%**
ENT	15.6%	92.6%	91.0%	90.0%	92.4%	**92.00%**
Gastroenterology	30.3%	95.3%	96.2%	95.5%	93.8%	**92.00%**
General Medicine	19.4%	84.2%	87.8%	90.2%	89.7%	**92.00%**
General Surgery	22.0%	92.1%	92.7%	93.7%	92.9%	**92.00%**
Geriatric Medicine	9.1%	98.2%	97.8%	94.6%	95.1%	**92.00%**
Gynaecology	24.6%	89.1%	88.0%	86.5%	86.8%	**92.00%**
Neurology	15.4%	80.6%	80.6%	78.9%	81.7%	**92.00%**
Neurosurgery	34.1%	92.5%	96.1%	95.6%	92.6%	**92.00%**
Ophthalmology	17.7%	96.7%	95.0%	93.1%	93.5%	**92.00%**
Oral Surgery	-	100.0%	100.0%	100.0%	100.0%	**92.00%**
Other	19.9%	92.4%	93.7%	93.5%	92.7%	**92.00%**
Plastic Surgery	23.2%	83.5%	87.3%	91.2%	91.5%	**92.00%**
Rheumatology	30.6%	94.1%	94.3%	92.9%	94.6%	**92.00%**
Thoracic Medicine	31.7%	90.9%	92.4%	92.6%	89.2%	**92.00%**
Trauma & Orthopaedics	21.7%	92.4%	91.9%	91.1%	92.0%	**92.00%**
Urology	18.8%	93.0%	93.9%	93.9%	91.7%	**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	17891							
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819							
Difference	1066	959	508	670	1072	1072							

Supporting Narrative

Latest provisional data for September shows seven specialties under the 92% standard; General Medicine, Gynaecology, Neurology, Plastic Surgery, Thoracic Medicine, Trauma and Orthopaedics and Urology.

Issues identified in Gynaecology matching consultant time with theatre slots is being addressed through additional sessions but performance has remained challenged. T&O and Urology are very close to the standard.

Neurology is a Sheffield Teaching FT service where capacity is struggling to meet demand. Plastic Surgery and General Medicine are relatively small numbers, where performance fluctuates significantly.

Thoracic Medicine performance had improved after a period of challenge but has experienced a reduction in September.

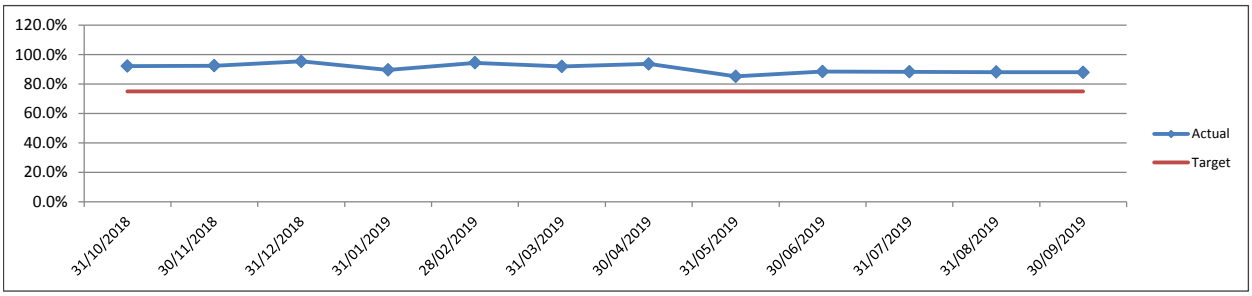
Rotherham CCG performance is at a similar level against other CCG's in South Yorkshire for RTT Incomplete waits in August (92.0%):

Barnsley CCG – 93.4%/ Bassetlaw CCG – 87.1%/ Doncaster CCG – 86.5%/ Sheffield CCG – 93.0%/ National – 85.0%

In addition to performance against the 18 week waiting time, there is a national requirement to see waiting list size reduce, below the Mar-19 position. The number of pathways as at Sep-19 was above the Mar-19 levels by 1072.

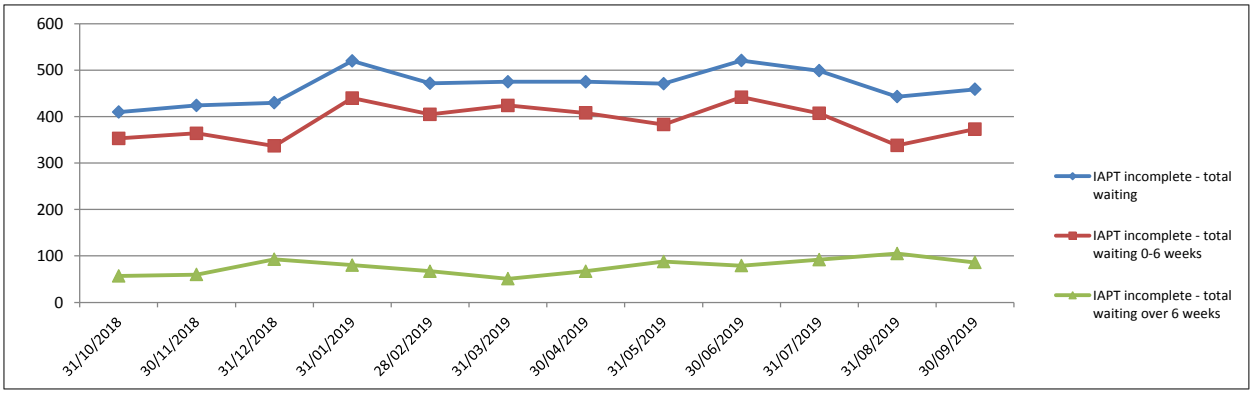
Focus on - IAPT Waiting Times

		31/10/2018	30/11/2018	31/12/2018	31/01/2019	28/02/2019	31/03/2019	30/04/2019	31/05/2019	30/06/2019	31/07/2019	31/08/2019	30/09/2019
Proportion of people waiting six weeks or less from referral to entering a course of IAPT treatment	Actual	92.2%	92.4%	95.3%	89.6%	94.4%	91.9%	93.6%	85.2%	88.4%	88.3%	88.1%	87.9%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



Focus on - IAPT 6 Week Wait Waiting List

		31/10/2018	30/11/2018	31/12/2018	31/01/2019	28/02/2019	31/03/2019	30/04/2019	31/05/2019	30/06/2019	31/07/2019	31/08/2019	30/09/2019
IAPT incomplete - total waiting	Actual	410	424	430	520	472	475	475	471	521	499	443	459
IAPT incomplete - total waiting 0-6 weeks	Actual	353	364	337	440	405	424	408	383	442	407	338	373
IAPT incomplete - total waiting over 6 weeks	Actual	57	60	93	80	67	51	67	88	79	92	105	86



Supporting Narrative

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

Barnsley – 99%

Bassetlaw – 99%

Doncaster – 91%

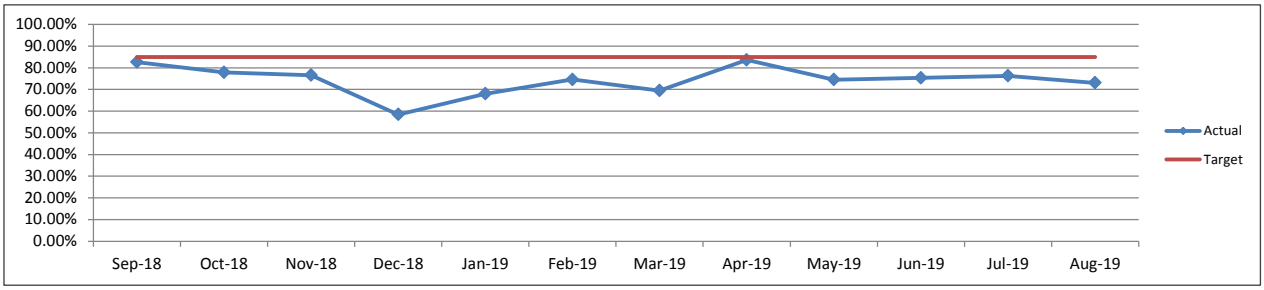
Sheffield – 87%

National – 86%

Focus on - Cancer (62 Days)

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Cancer - % patients seen within 62 days of referral from GP	Actual	82.61%	77.92%	76.62%	58.44%	68.00%	74.58%	69.49%	83.61%	74.55%	75.38%	76.32%	73.08%
	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%

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Cancer patients seen within 62 days of referral from GP	57	60	59	45	51	44	41	51	41	49	58	57
Total cancer patients waiting to be seen within 62 days of referral from GP	69	77	77	77	75	59	59	61	55	65	76	78



Supporting Narrative

In August the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 73.1%.

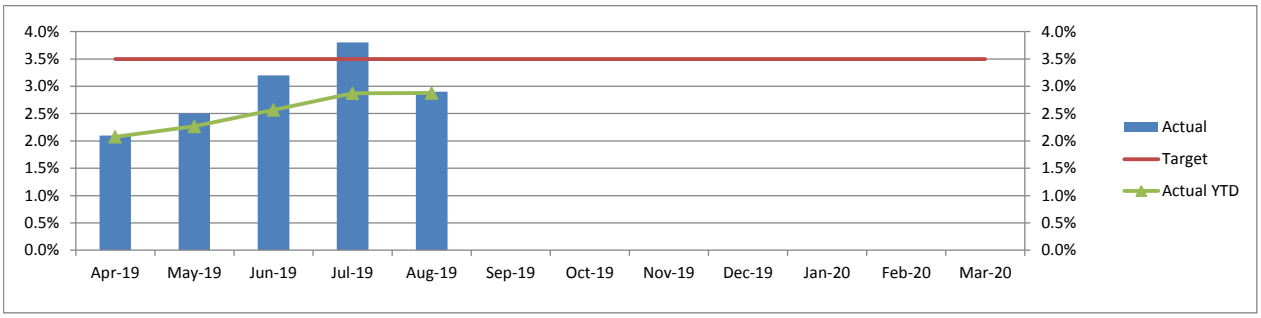
National performance in August was 78.5%

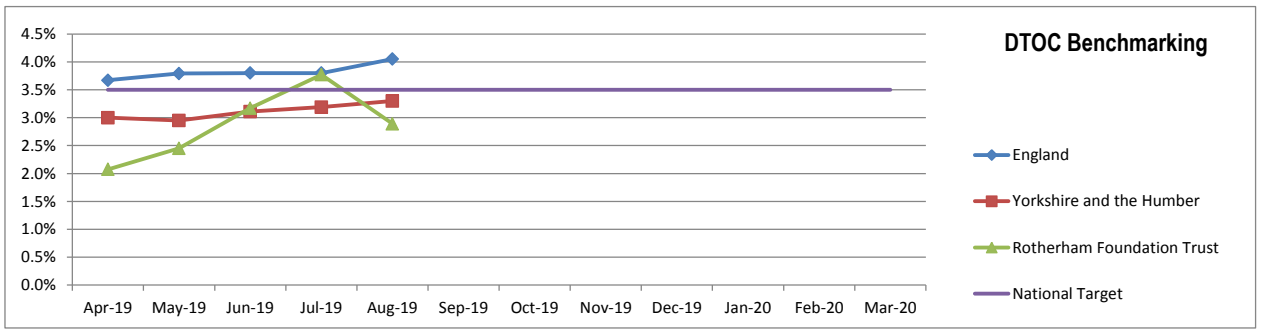
Breach details for August can be seen below.

Tumour Type	First Seen Provider	First Treatment Provider	Wait Days	Delay Reason Comment
Breast	Rotherham FT	Rotherham FT	92	Treatment delayed for medical reasons (PATIENT unfit for treatment episode, excluding planned recovery period following diagnostic test) in an admitted care setting
Breast	Rotherham FT	Rotherham FT	101	Complex diagnostic pathway (many, or complex, diagnostic tests required)
Gynaecological	Rotherham FT	Sheffield Teaching FT	126	Diagnosis delayed for medical reasons (PATIENT unfit for diagnostic episode, excluding planned recovery period following diagnostic test)
Gynaecological	Rotherham FT	Sheffield Teaching FT	126	Diagnosis delayed for medical reasons (PATIENT unfit for diagnostic episode, excluding planned recovery period following diagnostic test)
Head and Neck	Rotherham FT	Sheffield Teaching FT	102	Complex diagnostic pathway (many, or complex, diagnostic tests required)
Head and Neck	Rotherham FT	Sheffield Teaching FT	102	Complex diagnostic pathway (many, or complex, diagnostic tests required)
Lower Gastrointestinal	Sheffield Teaching FT	Sheffield Teaching FT	96	Treatment delayed for medical reasons (PATIENT unfit for treatment episode, excluding planned recovery period following diagnostic test) in an admitted care setting
Lower Gastrointestinal	Rotherham FT	Rotherham FT	90	Health Care Provider initiated delay to diagnostic test or treatment planning
Lower Gastrointestinal	Rotherham FT	Sheffield Teaching FT	83	Health Care Provider initiated delay to diagnostic test or treatment planning
Lower Gastrointestinal	Rotherham FT	Sheffield Teaching FT	83	Health Care Provider initiated delay to diagnostic test or treatment planning
Lower Gastrointestinal	Rotherham FT	Rotherham FT	70	Health Care Provider initiated delay to diagnostic test or treatment planning
Lower Gastrointestinal	Rotherham FT	Sheffield Teaching FT	82	Health Care Provider initiated delay to diagnostic test or treatment planning
Lower Gastrointestinal	Rotherham FT	Sheffield Teaching FT	82	Health Care Provider initiated delay to diagnostic test or treatment planning
Lung	Rotherham FT	Sheffield Teaching FT	75	Treatment delayed for medical reasons (PATIENT unfit for treatment episode, excluding planned recovery period following diagnostic test) in an admitted care setting
Sarcoma	Rotherham FT	Sheffield Teaching FT	67	Other reason (not listed)
Skin	Rotherham FT	Rotherham FT	76	Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting
Skin	Rotherham FT	Sheffield Teaching FT	71	Other reason (not listed)
Skin	Rotherham FT	Rotherham FT	77	Health Care Provider initiated delay to diagnostic test or treatment planning
Upper Gastrointestinal	Rotherham FT	Sheffield Teaching FT	82	Complex diagnostic pathway (many, or complex, diagnostic tests required)
Upper Gastrointestinal	Rotherham FT	Sheffield Teaching FT	82	Complex diagnostic pathway (many, or complex, diagnostic tests required)
Upper Gastrointestinal	Rotherham FT	Sheffield Teaching FT	87	Treatment delayed for medical reasons (PATIENT unfit for treatment episode, excluding planned recovery period following diagnostic test) in an admitted care setting
Upper Gastrointestinal	Rotherham FT	Sheffield Teaching FT	87	Treatment delayed for medical reasons (PATIENT unfit for treatment episode, excluding planned recovery period following diagnostic test) in an admitted care setting
Urological (Excluding Testicular)	Rotherham FT	Sheffield Teaching FT	100	Other reason (not listed)
Urological (Excluding Testicular)	Rotherham FT	Sheffield Teaching FT	100	Other reason (not listed)
Urological (Excluding Testicular)	Rotherham FT	Rotherham FT	67	Complex diagnostic pathway (many, or complex, diagnostic tests required)
Urological (Excluding Testicular)	Rotherham FT	Sheffield Teaching FT	87	Other reason (not listed)
Urological (Excluding Testicular)	Rotherham FT	Rotherham FT	108	Other reason (not listed)
Urological (Excluding Testicular)	Rotherham FT	Rotherham FT	64	Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting

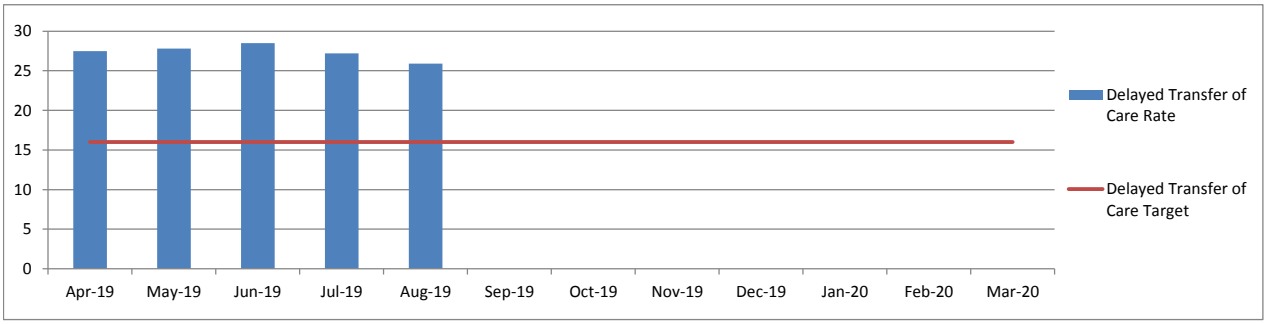
Focus on - Delayed Transfer of Care (Rotherham NHS Foundation Trust)

		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%							
	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%							
	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%





		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							
	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 within the less than 3.5% national standard for Hospital Trusts. TRFT are currently at 2.9% in August 19, with performance in July 19 at 3.8%. This compares to provisional figures of 3.3% for Yorkshire and the Humber and 4.05% nationally.

Rotherham as a whole is not meeting the required HWB target of 16 average delays a day. Performance currently stands at 25.9 average delays a day in August 19.

Focus on Performance

NHS
Rotherham
Clinical Commissioning Group

Diagnostic Wait (<1% Target) - Rotherham CCG September (Provisional)

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	554	0	**0.00%**
Computed Tomography	572	0	**0.00%**
Non-obstetric ultrasound	1994	0	**0.00%**
Barium Enema	0	0	**0.00%**
DEXA Scan	99	0	**0.00%**
Audiology - Audiology Assessments	376	1	**0.27%**
Cardiology - echocardiography	342	0	**0.00%**
Cardiology - electrophysiology	0	0	**0.00%**
Neurophysiology - peripheral neurophysiology	17	1	**5.88%**
Respiratory physiology - sleep studies	6	0	**0.00%**
Urodynamics - pressures & flows	27	3	**11.11%**
Colonoscopy	226	0	**0.00%**
Flexi sigmoidoscopy	78	0	**0.00%**
Cystoscopy	94	0	**0.00%**
Gastroscopy	321	0	**0.00%**
Total Diagnostics	4706	5	**0.11%**