

Rotherham Clinical Commissioning Group: Governing Body Delivery Dashboard for 2021/22

May 2021

Delivery Dashboard



Constitution and Pledges



Health Outcomes



Better Care Fund



Focus on Performance Tables



Rotherham CCG Delivery Dashboard

Performance Comparison - Rotherham CCG/FT v National February 2021

| | Target | RCCG/Trust | National | Number Achieving Nationally | Rotherham Performance |
|-------------------------------|--------|------------|----------|-----------------------------|-----------------------|
| Diagnostic | 1.0% | 27.27% | 28.48% | 0 out of 135 | 65th out of 135 |
| RTT | 92.0% | 73.15% | 59.8% | 1 out of 150 | 15th out of 150 |
| Cancer 2 ww | 93.0% | 95.79% | 90.33% | 75 out of 135 | 51st out of 135 |
| Cancer 2 ww Breast | 93.0% | 80.95% | 71.47% | 54 out of 133 | 84th out of 133 |
| Cancer 31 Day | 96.0% | 97.40% | 94.74% | 63 out of 135 | 43rd out of 135 |
| Cancer 62 Day (Rotherham FT) | 85.0% | 63.50% | 69.75% | 25 out of 145 | 111th out of 145 |
| Cancer 62 Day (Rotherham CCG) | 85.0% | 63.16% | 69.75% | 10 out of 135 | 104th out of 135 |
| IAPT 6 Week Wait* | 75.0% | 97.00% | 92.70% | 131 out of 135 | 50th out of 135 |

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

*IAPT Figures are as at January 2021

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 |
|-------------------------|--------|----------------|------------|---------------|----------------------|
| IAPT - 6 week wait | 75% | | | | |
| Mixed Sex Accommodation | 0 | | | | |

Deteriorating
Not met last month but met previously or YTD met

| Target | Previous Month | Last Month | Current Month | Next Month Predicted |
|--------|----------------|------------|---------------|----------------------|
|--------|----------------|------------|---------------|----------------------|

Concern
Not met last two months

| | Target | Previous Month | Last Month | Current Month | Next Month Predicted |
|-----------------------|--------|----------------|------------|---------------|----------------------|
| Cancer Waits: 62 days | 85% | | | | |
| Diagnostics | 1% | | | | |
| Referral to treatment | 92% | | | | |

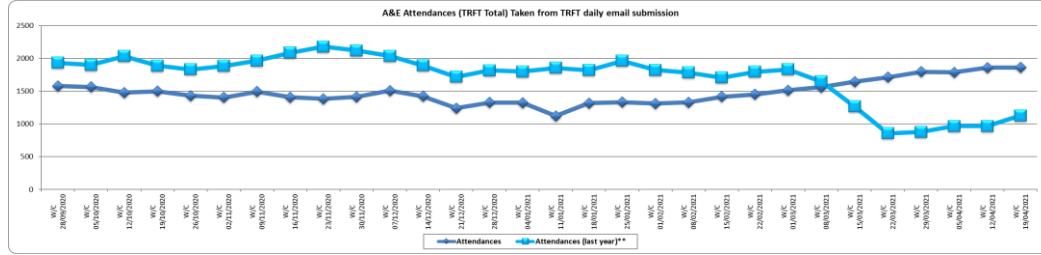
Improving
Last month met but previous not met or YTD not met

| | Target | Previous Month | Last Month | Current Month | Next Month Predicted |
|-----------------------|--------|----------------|------------|---------------|----------------------|
| Cancelled Operations | 0 | | | | |
| Cancer Waits: 2 weeks | 93% | | | | |
| Cancer Waits: 31 days | 96% | | | | |

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 2019 and is now ongoing.

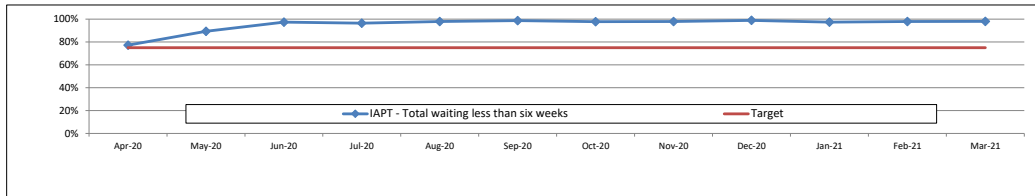
The position as of the week commencing the 19th April 2021 was 1862 which is 65.1% greater than during the same period last year.



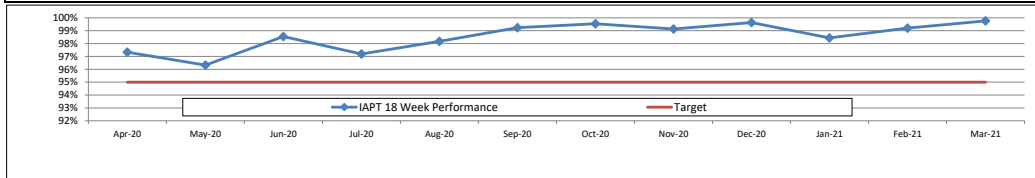
** Weeks are Monday to Sunday, last year is closest possible equivalent week

IAPT

The national target for patients accessing IAPT services is 75% within 6 weeks and 95% within 18 weeks. The 6 week waits position for Rotherham CCG as at end March was 98.1%. This is above the standard of 75%. February performance was 97.9%. Self-referral into the service is now established and contributing to this position.



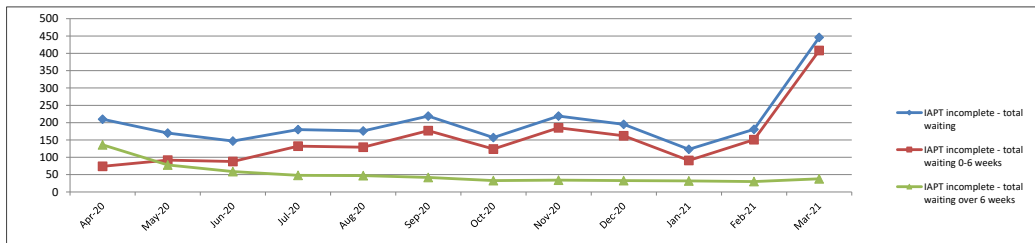
The 18 week waits position for the service as at end March was 99.8%. Performance is consistently meeting the 95% standard for 18 weeks.



Focus on - IAPT 6 Week Wait Waiting List

| | | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Proportion of people waiting six weeks or less from referral to entering a course of IAPT treatment | Actual | 77.2% | 89.4% | 97.4% | 96.4% | 97.9% | 98.7% | 97.7% | 98.0% | 98.9% | 97.3% | 97.9% | 98.1% |
| | Target | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% |

| | | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| IAPT incomplete - total waiting | Actual | 210 | 170 | 147 | 180 | 176 | 219 | 157 | 219 | 195 | 123 | 181 | 446 |
| IAPT incomplete - total waiting 0-6 weeks | Actual | 74 | 92 | 88 | 132 | 129 | 177 | 124 | 185 | 162 | 91 | 151 | 408 |
| IAPT incomplete - total waiting over 6 weeks | Actual | 136 | 78 | 59 | 48 | 47 | 42 | 33 | 34 | 33 | 32 | 30 | 38 |



Supporting Narrative

Local comparison (published data January 21) shows the following benchmark position.

- Barnsley – 97%
- Bassetlaw – 97%
- Doncaster – 90%
- Sheffield – 96%
- National – 92.7%

Cancer Waits

In February the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 63.2% for Rotherham CCG. January performance was 60.7%. 62 day performance did not meet the national standard at the Rotherham Foundation Trust with performance at 63.5% in February and 57.8% in January.

The 31 day standard was achieved in February, with performance at 97.4% against the standard of 96%. January Performance was 94.9%

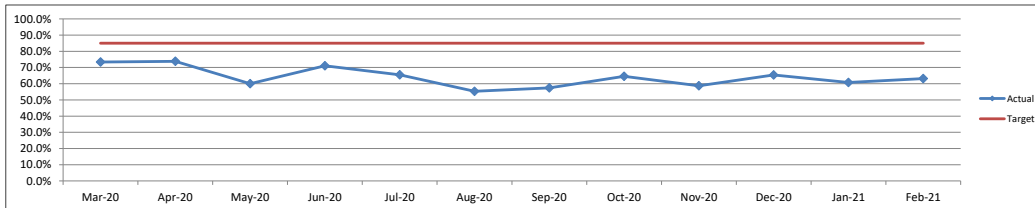
The two week wait cancer standard was achieved in February with performance of 95.8%, against the 93% standard. The two week wait standard for breast symptoms wasn't achieved with performance at 81% against the 93% standard.

| | Dec-20 | Jan-21 | Feb-21 |
|-------------|--------|--------|--------|
| 2 week wait | ● | ● | ● |
| 31 day | ● | ● | ● |
| 62 day | ● | ● | ● |

Focus on - Cancer (62 Days)

| | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Cancer - % patients seen within 62 days of referral from GP | Actual | 73.33% | 73.81% | 60.00% | 71.05% | 65.52% | 55.32% | 57.38% | 64.52% | 58.73% | 65.38% | 60.71% | 63.16% |
| | 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% |

| | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Cancer patients seen within 62 days of referral from GP | 55 | 31 | 21 | 27 | 38 | 26 | 35 | 40 | 37 | 34 | 34 | 48 |
| Total cancer patients waiting to be seen within 62 days of referral from GP | 75 | 42 | 35 | 38 | 58 | 47 | 61 | 62 | 63 | 52 | 56 | 76 |



Supporting Narrative

In February the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 63.2%.

National performance in February was 69.7%.

Breach details for February can be seen below.

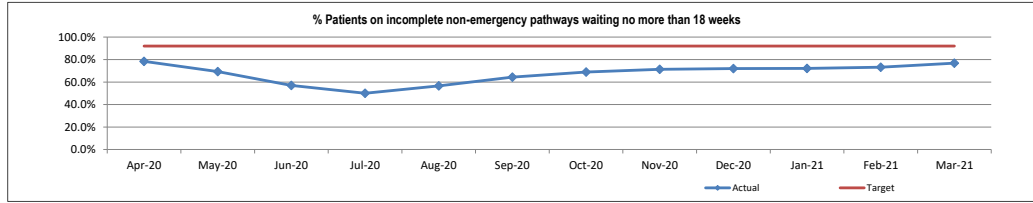
| Tumour Type | First Seen Provider | First Treatment Provider | Wait Days | Delay Reason Comment |
|--|---------------------|--------------------------|-----------|--|
| Upper Gastrointestinal | RFR | RBV | 74 | Complex diagnostic pathway (many or complex diagnostic tests required) |
| Gynaecological | RFR | RFR | 96 | Administrative delay |
| Head and Neck | RFR | RFR | 81 | Complex diagnostic pathway (many or complex diagnostic tests required) |
| Lower Gastrointestinal | RFR | RFR | 77 | Health Care Provider initiated delay to diagnostic test or treatment planning |
| Lower Gastrointestinal | RFR | RFR | 154 | Health Care Provider initiated delay to diagnostic test or treatment planning |
| Lower Gastrointestinal | RFR | RFR | 95 | Health Care Provider initiated delay to diagnostic test or treatment planning |
| Upper Gastrointestinal | RFR | RFR | 64 | Health Care Provider initiated delay to diagnostic test or treatment planning |
| Urological (Excluding Testicular) | RFR | RFR | 69 | Other reason (not listed) |
| Breast | RFR | RFR | 64 | Other reason (not listed) |
| Haematological (Excluding Acute Leukaemia) | RFR | RFR | 79 | Health Care Provider initiated delay to diagnostic test or treatment planning |
| Lower Gastrointestinal | RFR | RFR | 81 | Administrative delay |
| Urological (Excluding Testicular) | RFR | RFR | 69 | Health Care Provider initiated delay to diagnostic test or treatment planning |
| Urological (Excluding Testicular) | RFR | RFR | 66 | Diagnosis delayed for medical reasons (PATIENT unfit for diagnostic episode excluding planned recovery period follow |
| Breast | RFR | RHQ | 64 | Out-patient capacity inadequate (i.e. no cancelled clinic but not enough slots for this PATIENT) |
| Head and Neck | RFR | RHQ | 90 | Complex diagnostic pathway (many or complex diagnostic tests required) |
| Lower Gastrointestinal | RFR | RHQ | 145 | Complex diagnostic pathway (many or complex diagnostic tests required) |
| Lung | RFR | RHQ | 80 | Complex diagnostic pathway (many or complex diagnostic tests required) |
| Lung | RFR | RHQ | 93 | Complex diagnostic pathway (many or complex diagnostic tests required) |
| Head and Neck | RFR | RHQ | 88 | Complex diagnostic pathway (many or complex diagnostic tests required) |
| Lower Gastrointestinal | RFR | RHQ | 74 | Complex diagnostic pathway (many or complex diagnostic tests required) |
| Urological (Excluding Testicular) | RFR | RHQ | 75 | Health Care Provider initiated delay to diagnostic test or treatment planning |
| Lower Gastrointestinal | RFR | RPS | 113 | Other reason (not listed) |

Referral to Treatment

RTT Incomplete Pathways did not meet the 92% standard in March at 76.8%, based on provisional data. The position for February was 73.2%. Further details at a speciality level can be found in the focus on section.

There were 745 waiters over 52 weeks in March: 501 at Rotherham NHS Foundation Trust, 72 at Sheffield Children's NHS Foundation Trust, 70 at Sheffield Teaching Hospitals NHS Foundation Trust, 59 at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, 8 at Barnsley Hospitals NHS Foundation Trust, 6 at Aspen - Claremont Hospital, 6 at Practice Plus Group Hospital - Barborough, 5 at One Health Group Ltd, 4 at Hull University Teaching Hospitals NHS Foundation Trust, 4 at Nottingham University Hospitals NHS Foundation Trust, 2 at The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, 1 at Harrogate and District NHS Foundation Trust, 1 at Birmingham Women's and Children's NHS Foundation Trust, 1 at University Hospitals of Derby and Burton NHS Foundation Trust, 1 at St. George's University Hospitals NHS Foundation Trust, 1 at Imperial College Healthcare NHS Trust, 1 at Woodthorpe Hospital, 1 at Mid Yorkshire Hospitals NHS Trust, 1 at Cambridge University Hospitals NHS Foundation Trust.

| | Jan-21 | Feb-21 | Mar-21 |
|----------------|--------|--------|--------|
| RTT Incomplete | ● | ● | ● |
| 52 week wait | ● | ● | ● |



| | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Actual | 78.4% | 69.4% | 57.0% | 50.0% | 56.5% | 64.4% | 68.9% | 71.3% | 72.0% | 72.1% | 73.2% | 76.8% |
| 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% |

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

| | % Over 13 Weeks | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Target |
|-------------------------------------|-----------------|--------|--------|--------|--------|--------|
| All specialities - total incomplete | 34.5% | 72.0% | 72.1% | 73.2% | 76.8% | 92.00% |
| Cardiology | 39.4% | 75.4% | 77.8% | 76.4% | 79.8% | 92.00% |
| Cardiothoracic Surgery | 27.5% | 97.3% | 97.5% | 92.9% | 90.0% | 92.00% |
| Dermatology | 7.8% | 95.6% | 96.5% | 96.6% | 97.1% | 92.00% |
| Ear, Nose & Throat (ENT) | 52.2% | 53.4% | 58.6% | 66.2% | 67.0% | 92.00% |
| Gastroenterology | 31.4% | 88.7% | 84.3% | 80.3% | 82.5% | 92.00% |
| General Medicine | 11.5% | 91.4% | 91.6% | 91.1% | 95.5% | 92.00% |
| General Surgery | 29.5% | 76.9% | 76.1% | 76.7% | 79.1% | 92.00% |
| Geriatric Medicine | 8.5% | 97.6% | 96.6% | 98.8% | 95.7% | 92.00% |
| Gynaecology | 33.0% | 72.7% | 74.5% | 71.4% | 77.2% | 92.00% |
| Neurology | 12.9% | 95.8% | 94.4% | 91.4% | 94.2% | 92.00% |
| Neurosurgery | 35.1% | 77.6% | 77.0% | 74.8% | 75.7% | 92.00% |
| Ophthalmology | 36.7% | 63.2% | 65.3% | 69.0% | 75.9% | 92.00% |
| Other | 29.9% | 70.4% | 71.8% | 75.4% | 79.8% | 92.00% |
| Plastic Surgery | 41.1% | 65.3% | 58.1% | 60.9% | 64.4% | 92.00% |
| Rheumatology | 27.8% | 90.1% | 90.9% | 91.5% | 88.5% | 92.00% |
| Thoracic Medicine | 35.1% | 83.3% | 83.2% | 80.0% | 82.9% | 92.00% |
| Trauma & Orthopaedics | 50.4% | 62.5% | 56.4% | 56.0% | 59.6% | 92.00% |
| Urology | 29.4% | 77.0% | 75.3% | 76.3% | 78.0% | 92.00% |

Focus on - Refer to Treatment: Incomplete Pathways

| Total Incomplete 18 Week Pathways - Rotherham CCG | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of Pathways | 15573 | 15400 | 15387 | 16168 | 16445 | 17703 | 18276 | 17314 | 18062 | 17558 | 16893 | 16832 |
| Mar-19 Number of Pathways | 16819 | 16819 | 16819 | 16819 | 16819 | 16819 | 16819 | 16819 | 16819 | 16819 | 16819 | 16819 |
| Difference | -1246 | -1419 | -1432 | -651 | -374 | 884 | 1457 | 495 | 1243 | 739 | 74 | 13 |

Supporting Narrative

Latest provisional data for March shows fourteen specialities under the 92% standard, with just General Medicine (95.5%), Dermatology (97.1%), Neurology (94.1%) and Geriatric Medicine (95.7%) meeting the Standard.

Rotherham CCG performance benchmarks as follows against other CCG's in South Yorkshire for RTT Incomplete waits in February (73.2%): Barnsley CCG -76.8%/ Bassetlaw CCG -65.1%/ Doncaster CCG -64.6%/ Sheffield CCG -77.7%/ National - 64.5%

In addition to performance against the 18 week waiting time, a comparison of the current waiting list size compared to March19 has been provided for information. Further guidance on waiting list size is expected following the COVID outbreak.

Eliminating Mixed Sex Accommodation

Please Note: Data is not currently available as Submission/Publication has been suspended due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response.

There were no breaches of this standard in February 2020.

| | | | |
|-----|--------|--------|--------|
| | Dec-19 | Jan-20 | Feb-20 |
| MSA | ● | ● | ● |

Diagnostic Waiting Times

Provisional performance in March of 25.9% exceeds the <1% standard.

1383 Breaches occurred in March:

1214 at The Rotherham NHS Foundation Trust (519 CT, 263 MRI, 252 Audiology_Assessments, 140 Dexa_Scan, 33 Non_Obstetric_Ultrasound, 5 Sleep Studies, 2 Echocardiography)

84 at Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust (56 Non_Obstetric Ultrasound, 6 CT, 6 Colonoscopy, 5 MRI, 3 Flexi_Sigmoidoscopy, 2 Cystoscopy, 2 Peripheral_Neurophys, 2 Gastroscopy, 2 Dexa_Scan)

44 at Sheffield Children's NHS Foundation Trust (23 Gastroscopy, 11 Non_Obstetric_Ultrasound, 4 Sleep Studies, 2 MRI, 2 Urodynamics, 1 Peripheral_Neurophys, 1 Audiology_Assessments)

10 at Barnsley Hospital NHS Foundation Trust (3 Colonoscopy, 3 Gastroscopy, 2 Non_Obstetric_Ultrasound, 2 Flexi_Sigmoidoscopy)

8 at Sheffield Teaching Hospitals NHS Foundation Trust (5 MRI, 2 CT, 1 Non_Obstetric_Ultrasound)

7 at Leeds Teaching Hospitals NHS Trust (6 MRI, 1 Echocardiography)

3 at Practice Plus Group Hospital - Barlborough (3 MRI)

2 at Nottingham University Hospitals NHS Trust (2 MRI)

1 at Bradford Teaching Hospitals NHS Foundation Trust (1 Colonoscopy)

1 at University College London Hospitals NHS Foundation Trust (1 Colonoscopy)

1 at Chesterfield Royal Hospital NHS Foundation Trust (1 Gastroscopy)

1 at Manchester University NHS Foundation Trust (1 Flexi_Sigmoidoscopy)

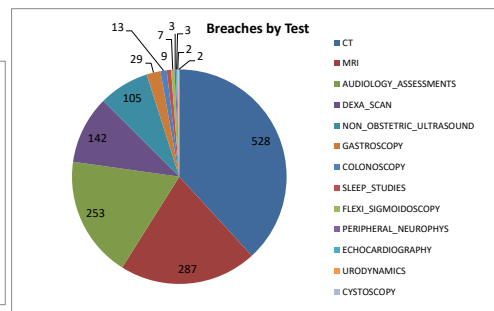
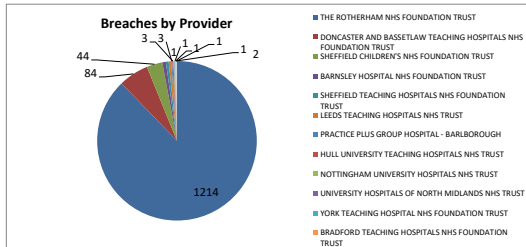
1 at University Hospitals of North Midlands NHS Trust (1 Flexi_Sigmoidoscopy)

1 at York Teaching Hospital NHS Foundation Trust (1 Non_Obstetric_Ultrasound)

1 at The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust (1 MRI)

1 at Cambridge University Hospitals NHS Foundation Trust (1 Non_Obstetric_Ultrasound)

| | | | |
|------------------|--------|--------|--------|
| | Jan-21 | Feb-21 | Mar-21 |
| Diagnostic Waits | ● | ● | ● |



Focus on - Diagnostic Wait (<1% Target) - Rotherham CCG

March-21 Provisional

| Treatment function | Total | 6Wks+ | 6Wks+ Waits % |
|--|-------------|-------------|---------------|
| Magnetic Resonance Imaging | 918 | 287 | 31.26% |
| Computed Tomography | 1297 | 528 | 40.71% |
| Non-obstetric ultrasound | 1328 | 105 | 7.91% |
| Barium Enema | 0 | 0 | 0.00% |
| DEXA Scan | 198 | 142 | 71.72% |
| Audiology - Audiology Assessments | 508 | 253 | 49.80% |
| Cardiology - echocardiography | 357 | 3 | 0.84% |
| Cardiology - electrophysiology | 0 | 0 | 0.00% |
| Neurophysiology - peripheral neurophysiology | 25 | 3 | 12.00% |
| Respiratory physiology - sleep studies | 32 | 9 | 28.13% |
| Urodynamics - pressures & flows | 16 | 2 | 12.50% |
| Colonoscopy | 182 | 13 | 7.14% |
| Flexi sigmoidoscopy | 88 | 7 | 7.95% |
| Cystoscopy | 95 | 2 | 2.11% |
| Gastroscopy | 299 | 29 | 9.70% |
| Total Diagnostics | 5343 | 1383 | 25.88% |

Incidence of C.diff and MRSA

Performance for the CCG overall in March was 6 cases. 3 cases in March occurred at Rotherham FT and 3 occurred at Sheffield Teaching Hospitals FT. In the YTD there have been a total of 73 cases.

Rotherham FT performance for March is 1 cases and 23 in the YTD.

Note: 20/21 Targets for C. Diff have not yet been finalised

| | Jan-21 | Feb-21 | Mar-21 |
|------------|--------|--------|--------|
| CCG c.diff | ● | ● | ● |
| RFT c.diff | ● | ● | ● |
| MRSA | ● | ● | ● |

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. RCOGs individual performance cannot therefore be reported this month. Details of the new standards are below. YAS as an organisation achieved a mean of 7 minutes 20 seconds for category 1 calls in March. The position in February was 7 minutes 7 seconds.

15 Minute Turnaround for The Rotherham NHS Foundation Trust in March was 70.2% a slight increase on February performance at 70%. Handovers at Northern General Hospital was 60.4% in March.

| 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 - March | Current Performance - February | Change |
|------------|-----------------------------|--------------------------------|--------|
| Category 1 | 00:07:20 | 00:07:07 | Worse |
| Category 2 | 00:21:19 | 00:21:20 | Better |
| Category 3 | 02:24:57 | 02:19:17 | Worse |
| Category 4 | 04:09:13 | 04:02:22 | Worse |

| | Current Performance - March | Change |
|---------------------------------|-----------------------------|--------|
| 15 Min Turnaround RFT on target | 70.23% | Better |
| Handovers at NGH | 60.40% | Worse |

NHS Constitution and Pledges



 Denotes that a measure that has been updated in this report

| Referral to Treatment | Jan-21 | Feb-21 | Mar-21 | Target |
|--|--------|--------|--------|--------|
| % Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner) | 72.08% | 73.15% | 76.81% | 92.0% |
| Number of 52 week referral to treatment pathways incomplete (Commissioner) | 842 | 929 | 745 | 0 |
| Number of 52 week referral to treatment pathways non admitted (Commissioner) | 60 | 88 | 99 | 0 |

| Diagnostic Waiting Times | Jan-21 | Feb-21 | Mar-21 | Target |
|---|--------|--------|--------|--------|
| % Patients waiting for diagnostic test waiting > 6 weeks from referral (Commissioner) | 37.00% | 27.27% | 25.88% | 1.0% |

| Cancer - Two Week Waits | Dec-20 | Jan-21 | Feb-21 | Target |
|--|--------|--------|--------|--------|
| % patients referred with breast symptoms seen within 2 weeks of referral | 81.0% | 35.1% | 81.0% | 93.0% |
| % of patients seen within 2 weeks of urgent referral by a GP | 95.0% | 83.8% | 95.8% | 93.0% |

| Cancer - 31 Day Waits | Dec-20 | Jan-21 | Feb-21 | Target |
|--|--------|--------|--------|--------|
| % patients receiving first definitive treatment within 31 days following referral | 98.2% | 94.9% | 97.4% | 96.0% |
| % patients receiving subsequent treatment where treatment is surgery within 31 days | 100.0% | 76.5% | 91.3% | 94.0% |
| % patients receiving subsequent treatment where treatment is anti-drug regime within 31 days | 100.0% | 97.7% | 100.0% | 98.0% |
| % patients receiving subsequent treatment where treatment is radiotherapy within 31 days | 100.0% | 97.0% | 100.0% | 94.0% |

| Cancer - 62 Day Waits | Dec-20 | Jan-21 | Feb-21 | Target |
|--|--------|--------|--------|--------|
| % patients starting first treatment within 62 days of referral from GP | 65.4% | 60.7% | 63.2% | 85.0% |
| % patients starting first treatment within 62 days after breast, bowel and cervical screening referral | 100.0% | 90.0% | 77.8% | 90.0% |
| % patients treated within 62 days following referral from a Consultant | 94.9% | 78.4% | 74.0% | |

NHS Constitution and Pledges



 Denotes that a measure that has been updated in this report

| YAS Performance | Jan-21 | Feb-21 | Mar-21 | Target |
|---|----------|----------|----------|-----------------|
| Category 1 (Mean target of 7 minutes per call) | 00:08:00 | 00:07:07 | 00:07:20 | 00:07:00 |
| Category 2 (Mean target of 18 minutes per call) | 00:24:30 | 00:21:20 | 00:21:19 | 00:18:00 |
| Category 3 (90th percentile target of 2 hours per call) | 02:34:58 | 02:19:17 | 02:24:57 | 02:00:00 |
| Category 4 (90th percentile target of 3 hours per call) | 04:08:48 | 04:02:22 | 04:09:13 | 03:00:00 |

| YAS - Ambulance Calls | Jan-21 | Feb-21 | Mar-21 | Target |
|--|--------|--------|--------|----------|
| Crew clear delays of over 30 minutes | 47 | 48 | 64 | 0 |
| Ambulance handover delays of over 30 minutes | 249 | 120 | 165 | 0 |

| Mixed Sex Accommodation Breaches | Dec-19 | Jan-20 | Feb-20 | Target |
|---|--------|--------|--------|----------|
| Number of mixed sex accommodation breaches (commissioner) | 0 | 0 | 0 | 0 |

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

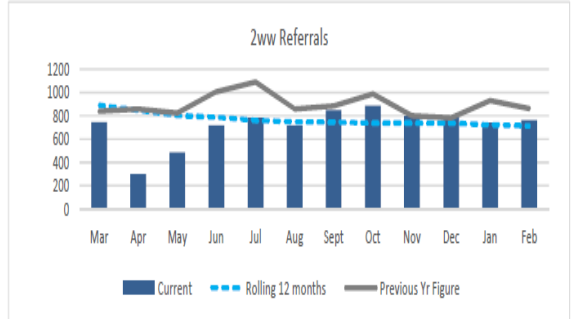
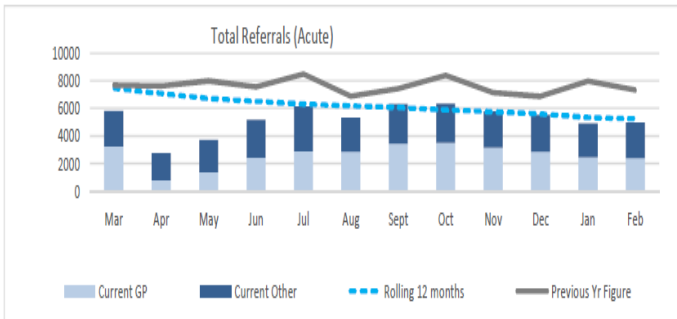
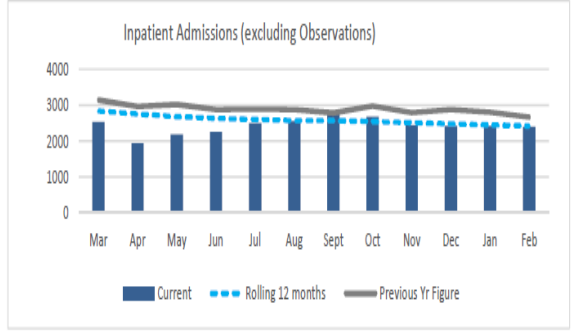
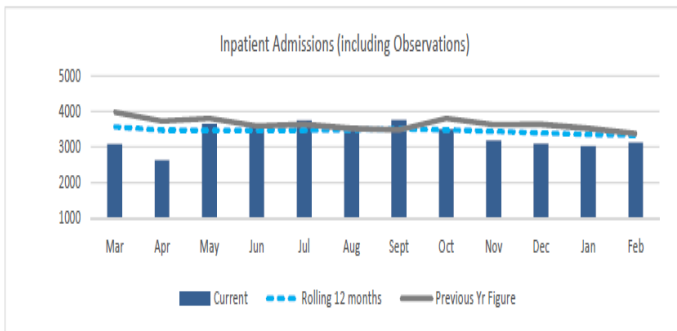
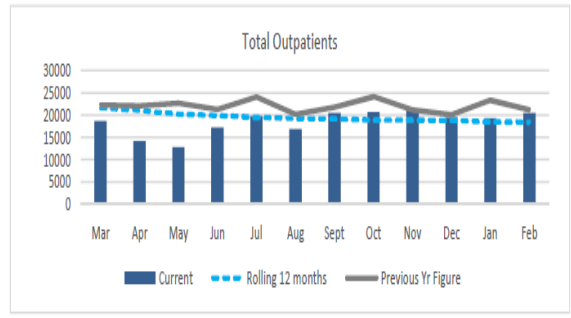
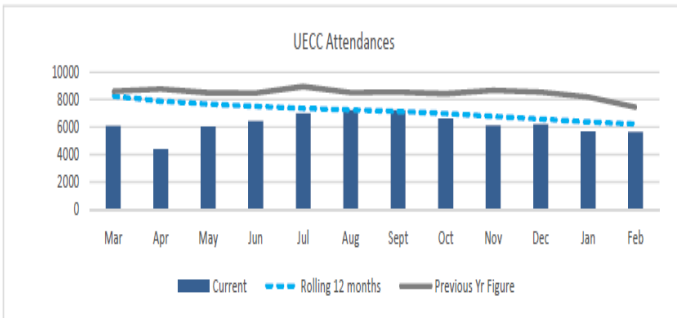
| Mental Health | Dec-20 | Jan-21 | Feb-21 | Target |
|---|--------|--------|--------|--------------|
| Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge | 95.7% | 96.0% | 100.0% | 95.0% |

| Wheelchairs for Children* | Q4 2019/20 | Q1 2020/21 | Q2 2020/21 | Q3 2020/21 |
|---|------------|------------|------------|------------|
| Percentage of equipment delivered within 18 weeks | Target | 92.0% | 92.0% | 92.0% |
| | Actual | 97.6% | 100.0% | 100.0% |

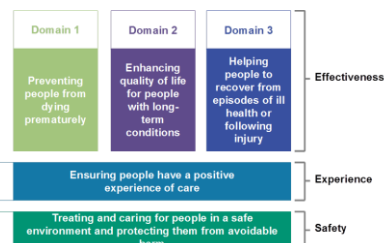
The Children's wheelchair waiting time standard is now being achieved under the new provider.

Acute Activity Summary

Acute Activity Recovery Summary taken from TRFT Integrated Performance Report.



Health Outcomes



 Denotes a measure that has been updated in this report

| Enhancing Quality of Life | Dec-20 | Jan-21 | Feb-21 | YTD | Target |
|--|--------|--------|--------|--------|--------|
| Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence | 73.70% | 73.50% | 73.10% | 73.10% | 66.70% |

| Patient Experience | Latest Period | Performance | Target |
|---|---------------|-------------|--------|
| 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% |
| Proportion of GP referrals made by e-referrals | Jan-20 | 125.9% | 100.0% |
| % of respondents who said they had a good experience of making an appointment | Aug-19 | 66.3% | 68.6% |

| Protecting People From Avoidable Harm | Jan-21 | Feb-21 | Mar-21 | 2020/21 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) | 4 | 4 | 6 | 73 | Actual |
| | 4 | 4 | 4 | 50 | Plan |
| Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT | 2 | 0 | 1 | 23 | Actual |
| | 1 | 0 | 1 | 10 | Plan |

*Please Note: HCAI targets have been set locally and are subject to change once National targets are released.

| Mental Health: Monthly Indicators | Jan-21 | Feb-21 | Mar-21 | 2020/21 YTD | Target |
|--|--------|--------|--------|-------------|--------|
| Proportion of people waiting 6 weeks or less from referral to entering a course of IAPT treatment | 97.3% | 97.9% | 98.1% | 95.7% | 75.0% |
| Proportion of people waiting 18 weeks or less from referral to entering a course of IAPT treatment | 98.4% | 99.2% | 99.8% | 98.6% | 95.0% |

Health Outcomes

| Mental Health: Monthly Indicators | Dec-20 | Jan-21 | Feb-21 | 2020/21 YTD | Target |
|---|--------|--------|--------|-------------|--------|
| Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD) | 11.5% | 13.2% | 14.8% | 14.8% | 19.75% |
| | Dec-20 | Jan-21 | Feb-21 | 2020/21 YTD | Target |
| Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery | 48.26% | 52.88% | 46.36% | 51.32% | 50.0% |

| CYP Eating Disorder (ED) Services - Urgent Cases | Q4 2019/20 | Q1 2020/21 | Q2 2020/21 | Q3 2020/21 | Target |
|--|------------|------------|------------|------------|--------|
| Percentage of CYP with ED that start treatment within one week of referral | | | 100.0% | 33% | 95.0% |

Denotes a measure that has been updated in this report

| | | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|---|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Long-term support needs of older people (65 and over) met by admission to residential and nursing care homes, per 100,000 population | Actual | 33 | 55 | 69 | 94 | 109 | 147 | 197 | 228 | 258 | 302 | 346 | 379 |
| | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Actual YTD | 33 | 55 | 69 | 94 | 109 | 147 | 197 | 228 | 258 | 302 | 346 | 379 |
| | 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% |