

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

July 2019

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 April 2019

	Target	RCCG/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1.0%	0.45%	3.60%	29 out of 191	4th out of 191
DTOC	3.5%	2.10%	3.67%	115 out of 214	156th out of 214
RTT	92.0%	92.42%	83.81%	20 out of 191	14th 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%	95.00%	89.87%	85 out of 192	46th out of 192
Cancer 2 ww Breast	93.0%	93.02%	75.52%	57 out of 192	57th out of 192
Cancer 31 Day	96.0%	94.70%	96.33%	125 out of 192	155th out of 192
Cancer 62 Day (Rotherham FT)	85.0%	100.00%	79.40%	58 out of 98	2nd out of 98
Cancer 62 Day (Rotherham CCG)	85.0%	84.93%	79.41%	43 out of 192	58th out of 192
IAPT 6 Week Wait*	75.0%	89.00%	88.90%	173 out of 197	126th out of 197

\*IAPT Figures are as at March 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
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Diagnostics	1%				
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DTOC	3.5%				
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IAPT - 6 week wait	75%				
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Mixed Sex Accomodation	0				
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Cancelled Operations	0				
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Cancer Waits: 2 weeks	93%				
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Referral to treatment	92%				
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Concern

Not met last two months

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
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A&E	95.0%				
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Cancer Waits: 62 days	85%				
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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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Improving

Last month met but previous not met or YTD not met

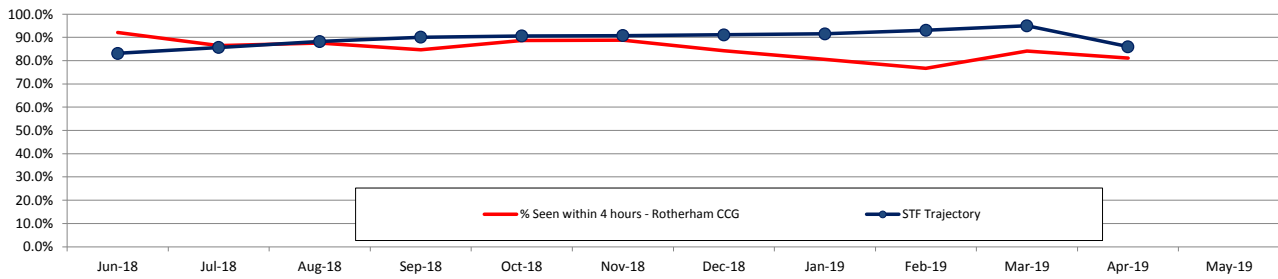
	Target	Previous Month	Last Month	Current Month	Next Month Predicted
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Cancer Waits: 31 days	96%				
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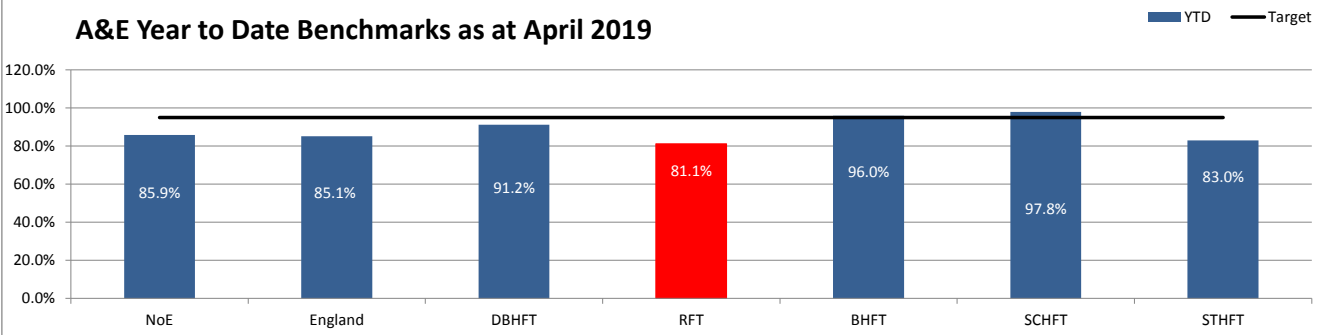
**Key Performance Issues**

**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 expected to run in the first instance for 18 weeks, during the period the A&E 95% target data is unavailable.

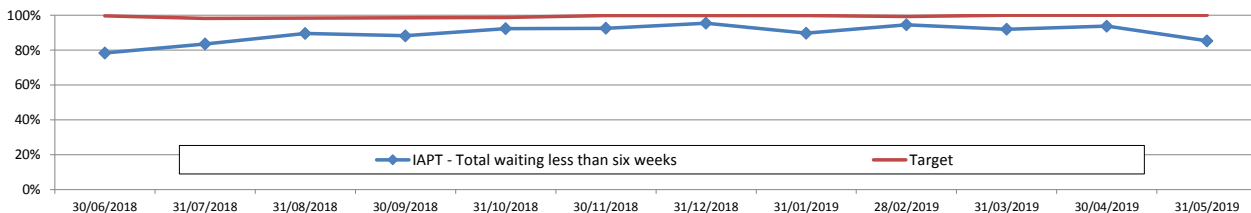


**A&E Year to Date Benchmarks as at April 2019**

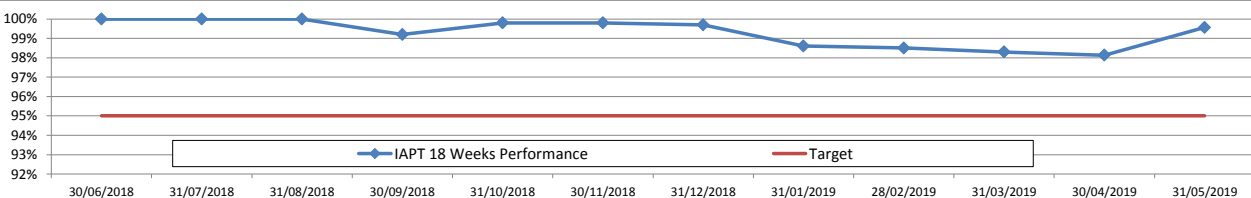


**IAPT**

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 May was 85.2%. This is above the standard of 75%. April performance was 93.6%. The IAPT position has been performing well for a number of months. Self-referral into the service is now established and contributing to this position.



The 18 week wait position for the service as at end May was 99.6%. Performance is consistently meeting the 95% standard for 18 weeks.



### Cancer Waits

In April the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 84.9% for Rotherham CCG. 62 day performance improved at the Rotherham Foundation Trust with performance at 74.0% for March and 85% in April. Continued focus remains in areas relating to pathways associated with lower GI, urology and on earlier diagnostics. The RCCG reported position of 84.9% is also being impacted by the number of breaches reported by Sheffield Teaching Hospitals NHS Foundation Trust.

The 31 day standard was also not achieved in April, with performance at 94.7% against the standard of 96%. Over half of the breaches related to Urology.

The two week wait cancer standard was met in April with performance of 95.0%, against the 93% standard. The two week wait standard for breast symptoms was also achieved with performance at 93.0% against the 93% standard.

The 31 day subsequent surgery and radiotherapy treatment standards were not met in April. The breaches related to 5 patients, 4 of which were at Sheffield Teaching Hospitals. The reasons for the breaches were varied.

	Feb-19	Mar-19	Apr-19
2 week wait	●	●	●
31 day	●	●	●
62 day	●	●	●

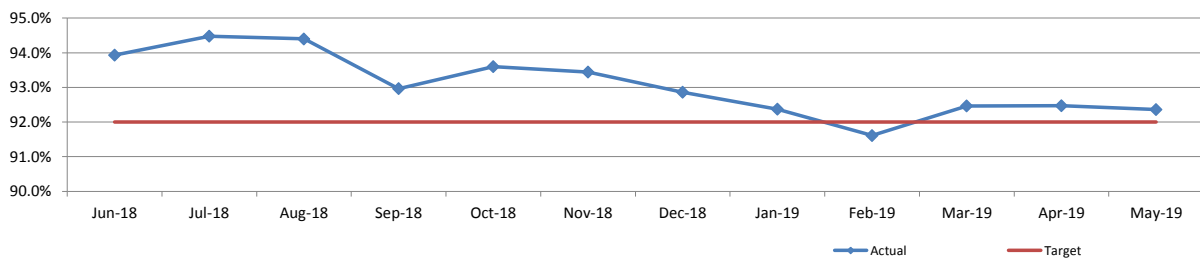
### Referral to Treatment

RTT Incomplete Pathways meet the 92% standard in May at 92.54%, based on provisional data. The position for April was 92.5%. Further details at a specialty level can be found in the focus on section.

There was 1 completed pathway in May over 52 weeks at Doncaster and Bassetlaw Teaching FT. This is being reviewed.

	Mar-19	Apr-19	May-19
RTT Incomplete	●	●	●
52 week wait	●	●	●

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



	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Actual	93.9%	94.5%	94.4%	93.0%	93.6%	93.4%	92.9%	92.4%	91.6%	92.5%	92.5%	92.4%
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 April.

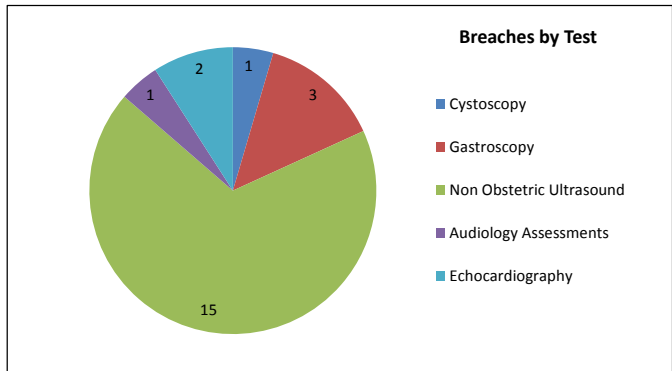
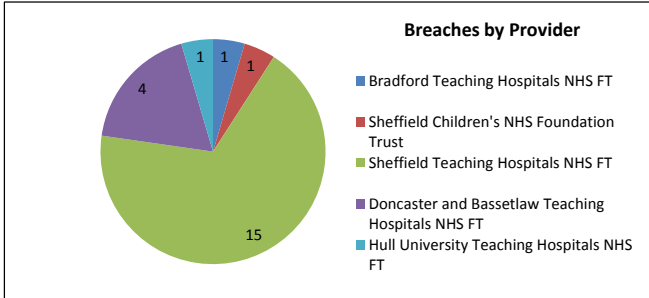
	Feb-19	Mar-19	Apr-19
MSA	●	●	●

### Diagnostic Waiting Times

Provisional performance in May of 0.45% meets the <1% standard.

22 breaches occurred during May. There was 1 at Bradford teaching Hospitals (Cystoscopy), 1 at Sheffield Childrens (Gastroscopy), 15 at Sheffield Teaching Hospitals (Non Obstetric Ultrasound), 1 at Hull University Teaching Hospitals (Gastroscopy) and 4 at Doncaster and Bassetlaw (2, Echocardiography, 1 Audiology Assessments and 1 Gastroscopy).

Diagnostic Waits	Mar-19	Apr-19	May-19
	●	●	●



### Incidence of C.diff and MRSA

Performance for the CCG overall for May 19 was 3 cases against a plan of 7. The 3 cases in May occurred at Rotherham FT (2) and Sheffield Teaching Hospitals FT (1). Year-end target for the CCG is 51.

Rotherham FT performance for May 19 is 1 case against the target of 1. Year-end target for Rotherham FT is 11.

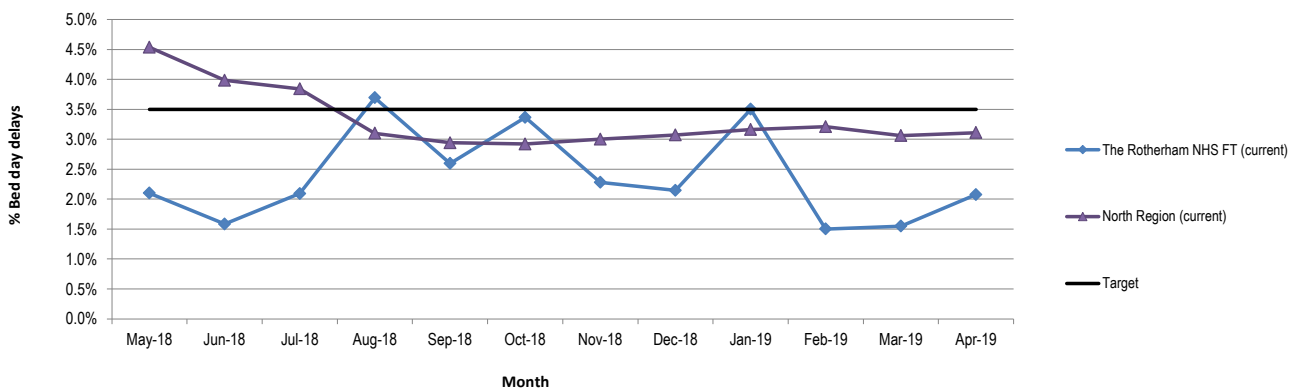
	Mar-19	Apr-19	May-19
CCG c.diff	●	●	●
RFT c.diff	●	●	●
MRSA	●	●	●

### 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 meeting that standard at 2.1% in April. March performance was 1.5%. It should be noted that whilst performance within Rotherham Foundation Trust is 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.

	Feb-19	Mar-19	Apr-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 58 seconds for category 1 calls in April.

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

#### Current YAS Performance (Response Times)

	Current Performance - April	Previous Month - March	Change
Category 1	00:06:58	00:06:44	Worse
Category 2	00:19:40	00:17:40	Worse
Category 3	01:49:54	01:29:42	Worse
Category 4	03:36:53	03:00:09	Worse

	Current performance - April	Change
15 Min Turnaround RFT on target	63.50%	Better
Handovers at NGH	50.60%	Better

# NHS Constitution and Pledges



  Denotes that a measure that has been updated in this report

Referral to Treatment	Mar-19	Apr-19	May-19	Target	QP
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	92.5%	92.4%	92.4%	92.0%	Y
Number of 52 week referral to treatment pathways incomplete (Commissioner)	0	0	0	0	
Number of 52 week referral to treatment pathways non admitted (Commissioner)	0	0	1	0	

Diagnostic Waiting Times	Mar-19	Apr-19	May-19	Target	QP
% Patients waiting for diagnostic test waiting > 6 weeks from referral (Commissioner)	0.07%	0.37%	0.45%	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	Feb-19	Mar-19	Apr-19	Target	QP
% patients referred with breast symptoms seen within 2 weeks of referral	86.4%	85.5%	93.0%	93.0%	
% of patients seen within 2 weeks of urgent referral by a GP	94.5%	94.6%	95.0%	93.0%	

Cancer - 31 Day Waits	Feb-19	Mar-19	Apr-19	Target	QP
% patients receiving first definitive treatment within 31 days following referral	95.9%	88.7%	94.7%	96.0%	
% patients receiving subsequent treatment where treatment is surgery within 31 days	100.0%	88.9%	87.5%	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	97.7%	100.0%	93.2%	94.0%	

Cancer - 62 Day Waits	Feb-19	Mar-19	Apr-19	Target	QP
% patients starting first treatment within 62 days of referral from GP	74.6%	69.5%	84.9%	85.0%	Y
% patients starting first treatment within 62 days after breast, bowel and cervical screening referral	100.0%	81.8%	100.0%	90.0%	
% patients treated within 62 days following referral from a Consultant	88.2%	81.5%	82.7%		

# NHS Constitution and Pledges



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YAS Performance	Feb-19	Mar-19	Apr-19	Target	QP
Category 1 (Mean target of 7 minutes per call)	00:07:03	00:06:44	00:06:58	<b>00:07:00</b>	
Category 2 (Mean target of 18 minutes per call)	00:20:02	00:17:40	00:19:40	<b>00:18:00</b>	
Category 3 (90th percentile target of 2 hours per call)	01:53:11	01:29:42	01:49:54	<b>02:00:00</b>	
Category 4 (90th percentile target of 3 hours per call)	03:25:18	03:00:09	03:36:53	<b>03:00:00</b>	

YAS - Ambulance Calls	Feb-19	Mar-19	Apr-19	Target	QP
Crew clear delays of over 30 minutes	32	40	28	<b>0</b>	
Ambulance handover delays of over 30 minutes	415	215	142	<b>0</b>	

Mixed Sex Accommodation Breaches	Feb-19	Mar-19	Apr-19	Target	QP
Number of mixed sex accommodation breaches (commissioner)	0	0	0	<b>0</b>	

Cancelled Operations	Q2 2018/19	Q3 2018/19	Q4 2018/19	Target	QP
Cancelled operations re-booked within 28 days	0	0	0	<b>0</b>	

Mental Health	Q2 2018/19	Q3 2018/19	Q4 2018/19	Target	QP
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	96.2%	100.0%	100.0%	<b>95.0%</b>	

Wheelchairs for Children*	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	QP
Percentage of equipment delivered within 18 weeks	<b>Target</b>	92.0%	92.0%	92.0%	92.0%
	<b>Actual</b>	41.5%	19.3%	50.0%	36.4%

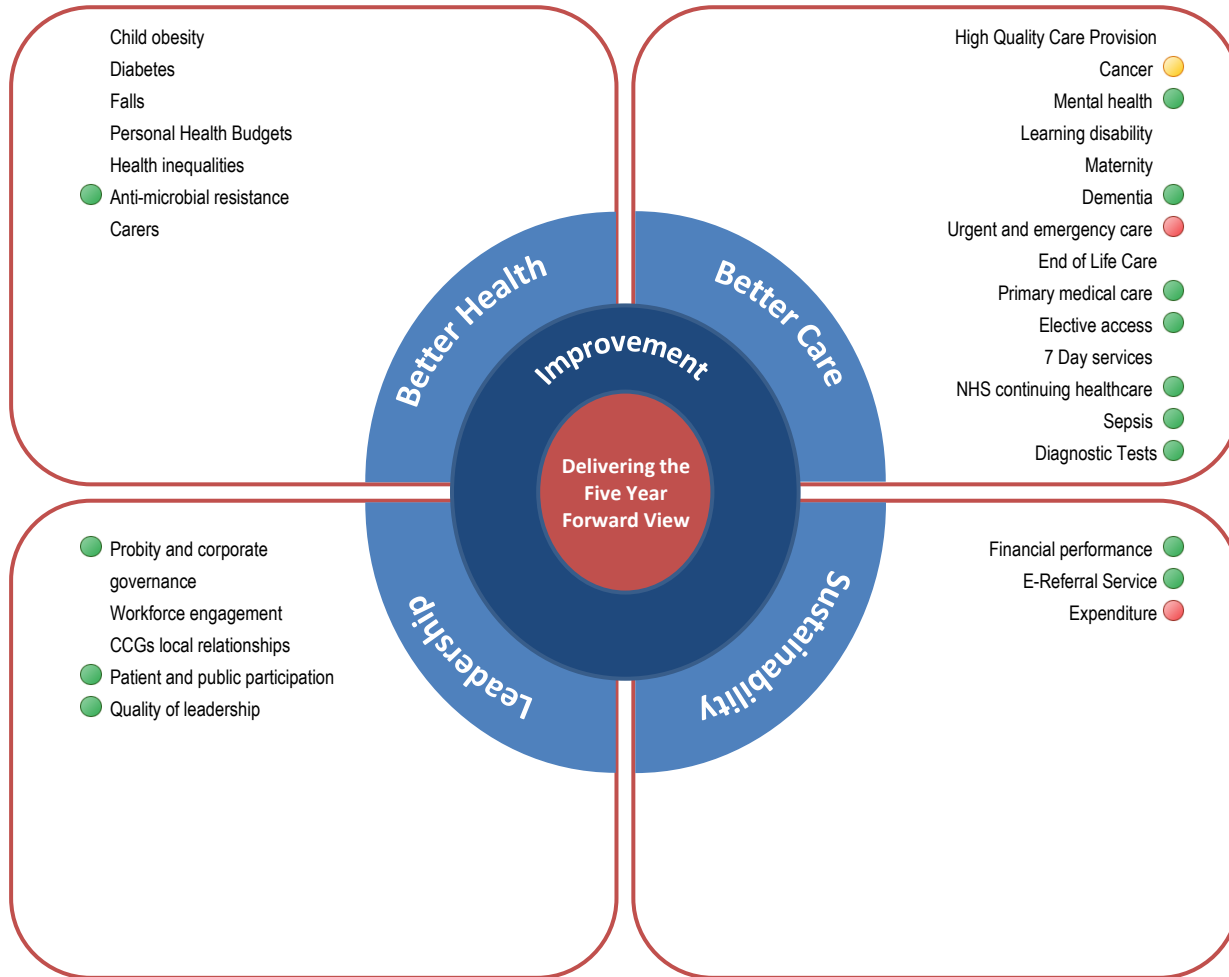
The underperformance against this standard is being worked through with the new service provider.



# 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



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			Reporting Frequency	Latest available data	Latest Period Performance	Target
Better Health	<b>Child obesity (Indicator 102a)</b>	Percentage of children aged 10-11 classified as overweight or obese	Annual	2014-15 to 2016-17	36.0%	
	<b>Diabetes (Indicators 103a &amp; 103b)</b>	Diabetes patients that have achieved all the NICE recommended treatment targets: three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	Annual	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%	
	<b>Falls (Indicator 104a)</b>	Injuries from falls in people aged 65 and over	Quarterly	Q3 18/19	2003	
	<b>Personal Health Budgets (Indicator 105b)</b>	Personal health budgets	Quarterly	Q3 18/19	56.3	
	<b>Health inequalities (Indicator 106a)</b>	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions	Quarterly	Q2 18/19	2374	
	<b>Anti-microbial resistance (Indicators 107a &amp; 107b)</b>	● Appropriate prescribing of antibiotics in primary care	Monthly	Mar-2019	1.032	<b>1.16</b>
		● Appropriate prescribing of broad spectrum antibiotics in primary care	Monthly	Mar-2019	6.30	<b>10</b>
<b>Carers (Indicator 108a)</b>	The proportion of carers with a long term condition who feel supported to manage their condition	Annual	2018	0.61		

# Improvement and Assessment Framework




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		Reporting Frequency	Latest available data	Latest Period Performance	Target	
Better Care	Provision of High Quality Care (Indicators 121a, 121b & 121c)	Provision of high quality care: hospitals	Quarterly	Q3 2018/19	61	
		Provision of high quality care: primary medical services	Quarterly	Q3 2018/19	66	
		Provision of high quality care: adult social care	Quarterly	Q3 2018/19	62	
	Cancer (Indicators 122a, 122b, 122c & 122d)	● Cancers diagnosed at early stage	Annual	2016	46.9%	49.2%
		● People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Monthly	Apr-19	84.9%	85%
		One-year survival from all cancers	Annual	2015	70.7%	
		● Cancer patient experience (1)	Annual	2017	8.9	8.8
	Mental health (Indicators 123a, 123b & 123c)	● Improving Access to Psychological Therapies – recovery	Monthly	Apr-19	60.7%	50.0%
		● Improving Access to Psychological Therapies – access	Monthly	Apr-19	1.28%	19.8%
		● People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Monthly	Apr-19	100.0%	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	Q3 2018/19	0	
	Mental health (Indicators 123e, 123g & 123h)	Mental health crisis team provision	Annual	Amended Indicator - Awaiting Data		
		Proportion of people on GP severe mental illness register receiving physical health checks	Quarterly	Amended Indicator - Awaiting Data		
		Cardio metabolic assessment in mental health environments	Annual	Amended Indicator - Awaiting Data		
	Mental health(123i)	● Delivery of the mental health investment standard	Quarterly	Q3 2018/19	Compliant	Compliant
	Mental health(123j)	Quality of mental health data submitted to NHS Digital (DQMI)	Quarterly	Q2 2018/19	86.2	
	Learning disability (Indicators 124a, 124b & 124c)	Reliance on specialist inpatient care for people with a learning disability and/or autism	Quarterly	Q3 2018/19	52	
		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	Q3 2018/19	17.6%	
	Dementia (Indicators 126a & 126b)	● Estimated diagnosis rate for people with dementia	Monthly	May-19	86.8%	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	Apr-19	12.7		
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	6.79%		
Primary medical care (Indicators 128b, 128c, 128d & 128e)	● Patient experience of GP services	Annual	Aug-18	84.5%	74.6%	
	Primary care access - Proportion of population benefitting from extended access services	Quarterly	Mar-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



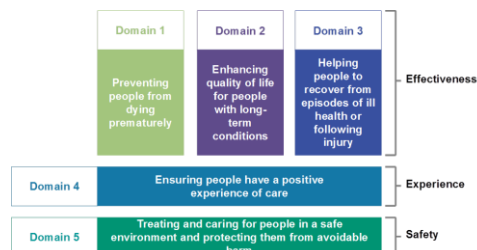
 Denotes a measure that has been updated in this report

				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	May-19	92.4%	<b>92%</b>	
	 7 Day services (Indicator 130a)	Achievement of clinical standards in the delivery of 7 day services	Annual	2017	2		
	 NHS continuing healthcare (Indicator 131a)	Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting	Quarterly	Q4 2018/19	1.4%	<b>15%</b>	
	 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	May-19	0.45%	<b>1%</b>	

				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	Mar-19	101.9%	<b>100%</b>	
	 Expenditure (Indicator 145a)	Expenditure in areas with identified scope for improvement	Quarterly	Q3 2018/19			

				Reporting Frequency	Latest available data	Latest Period Performance	Target
 Leadership	 Probity and corporate governance (Indicator 162a)	Probity and corporate governance	Quarterly	Q3 2018/19			
	 Workforce engagement (Indicators 163a & 163b)	Staff engagement index	Annual	2017	3.64		
		Progress against the Workforce Race Equality Standard	Annual	2017	0.13		
	 CCGs local relationships (Indicator 164a)	Effectiveness of working relationships in the local system	Annual	2017/18	82.9		
	 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 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	2014/15	2015/16	2016/17	2017/18	Target
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1162.4	1064.9	1025.1	943.4	1,074
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	355.9	270.1	236.7	231.6	364

Enhancing Quality of Life	Mar-19	Apr-19	May-19	YTD	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	85.46%	86.62%	86.85%	86.85%	66.70%

Helping Recovery	2014/15	2015/16	2016/17	2017/18	National
Emergency admissions for acute conditions that should not usually require hospital admission	1573.1	1627.6	1591.9	1498.4	1,362
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	490.6	338.6	422.4	283.6	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-18	84.5%	83.8%
Satisfaction with accessing primary care	Aug-18	66.5%	68.6%

Protecting People From Avoidable Harm	Mar-19	Apr-19	May-19	2019/20 YTD	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	1	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	1	3	4	Actual
	4	3	7	51	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	1	1	1	2	Actual
	2	0	1	11	Plan

Mental Health: Monthly Indicators	Mar-19	Apr-19	May-19	2019/20 YTD	Target
Proportion of people waiting 6 weeks or less from referral to entering a course of IAPT treatment	91.9%	93.6%	85.2%	90.0%	75.0%
Proportion of people waiting 18 weeks or less from referral to entering a course of IAPT treatment	98.3%	98.1%	99.6%	98.9%	95.0%

## Health Outcomes

<b>Mental Health: Monthly Indicators</b>	Feb-19	Mar-19	Apr-19	YTD 19/20	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	16.1%	17.8%	1.3%	1.3%	19.75%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	57.50%	55.60%	60.70%	60.70%	50.0%

<b>CYP Eating Disorder (ED) Services - Urgent Cases</b>	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Target
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	5	1	2	*	3
Number of CYP with a suspected ED (urgent cases) that start treatment	7	3	2	*	3
Percentage of CYP with ED that start treatment within one week of referral	95.0%	33.3%	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
<b>Delayed transfers of care from hospital (delays days rate)*</b>	Actual	2.1%											
	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%											
	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
<b>Delayed transfers of care. Average delayed days a month for Rotherham Health and Wellbeing Board.</b>	Actual	27.5											
	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
<b>Long-term support needs of older people (65 and over) met by admission to residential and nursing care homes, per 100,000 population</b>	Actual	73	110										
	Target	0	0	0	0	0	0	0	0	0	0	0	0
	Actual YTD	73	110										
	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 562  
The final position for 2017/18 was 614 versus a target of 589

		2015/16	2016/17	2017/18	2018/19
<b>Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement / rehabilitation services</b>	Actual	89.6%	87.5%	82.8%	
	Target	90.0%	91.0%	88.0%	89.0%

Denotes a measure that has been updated in this report

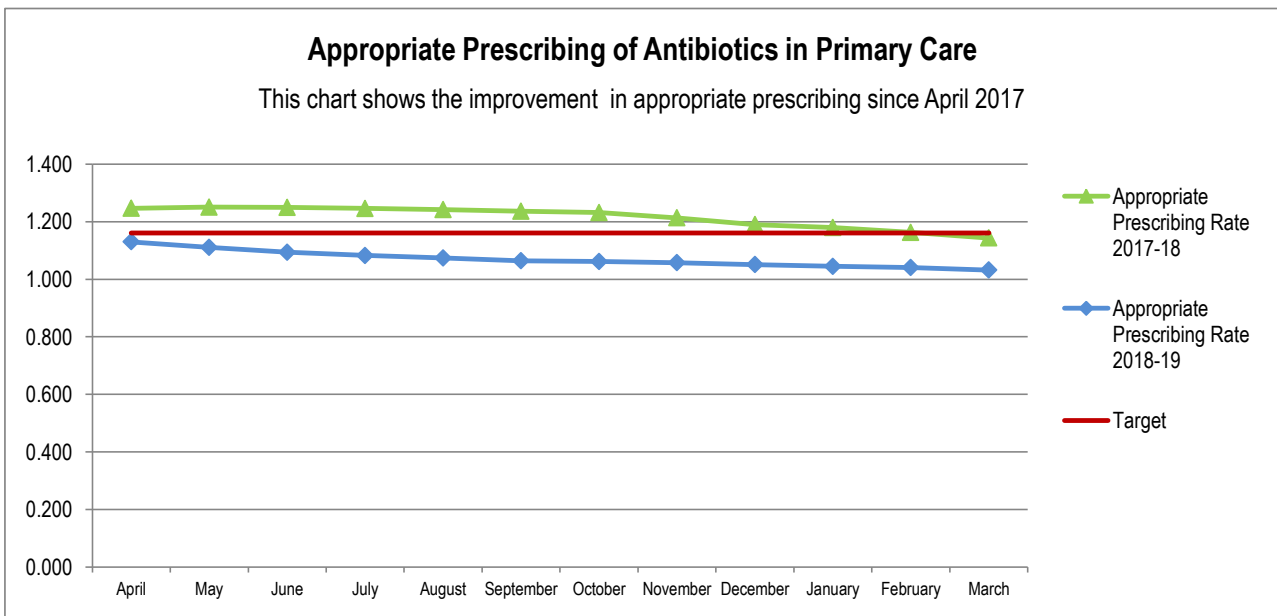
Preventing Premature Mortality		Target	Latest Period	Performance
Proportion of cancers diagnosed at stages 1 and 2	●	49.2%	2016	46.9%

Increase in proportion of GP referrals by e-referral		Target	Latest Period	Performance
Proportion of GP referrals made by e-referrals	●	100.0%	Mar-19	101.9%

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-18	66.5%

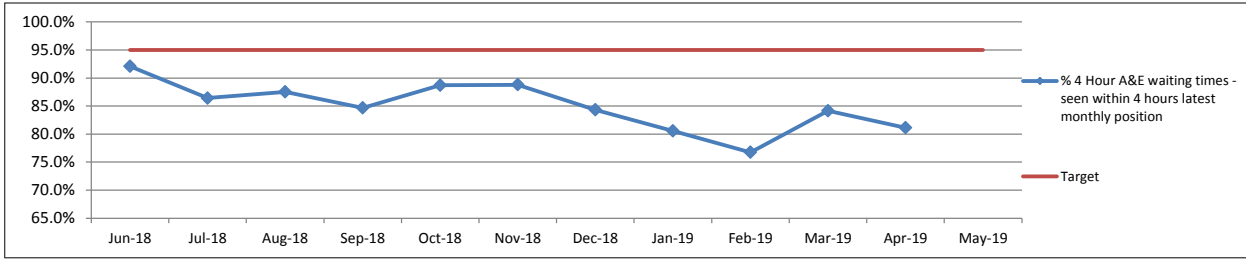
Continuing Health Care		Target	Latest Period	Performance
NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility)	Please see quality report for performance against CHC indicators			
Full NHS CHC assessments take place 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	●	2	May-19	4
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	Mar-19	3195
Appropriate prescribing of broad spectrum antibiotics in primary care	●	1.161	Mar-19	1.032

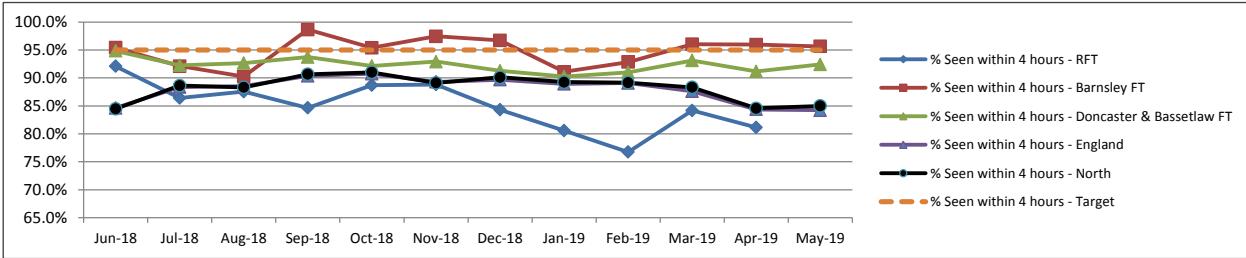


Focus on - A&E Waits

		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%

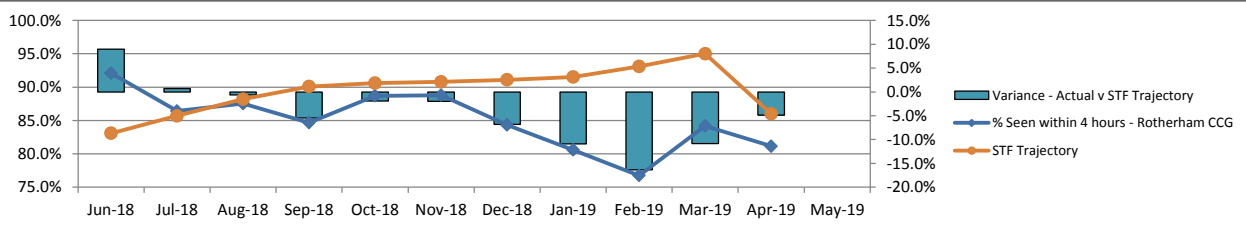


Supporting Narrative

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

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. May and June data is unavailable due to this testing.



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

	% Over 13 Weeks	Feb-19	Mar-19	Apr-19	May-19	Target
All specialities - total incomplete	20.1%	91.6%	92.5%	92.5%	92.4%	92.00%
Cardiology	25.7%	92.2%	94.7%	92.3%	91.8%	92.00%
Cardiothoracic Surgery	22.5%	97.5%	89.2%	81.8%	90.0%	92.00%
Dermatology	23.5%	93.0%	92.3%	92.2%	92.6%	92.00%
ENT	16.3%	92.3%	92.0%	94.1%	93.6%	92.00%
Gastroenterology	18.1%	93.4%	96.5%	95.4%	94.3%	92.00%
General Medicine	22.3%	91.8%	96.5%	96.4%	90.2%	92.00%
General Surgery	20.1%	91.4%	91.8%	93.1%	92.8%	92.00%
Geriatric Medicine	7.6%	95.2%	98.9%	98.7%	99.5%	92.00%
Gynaecology	24.2%	89.6%	91.1%	89.9%	89.1%	92.00%
Neurology	17.2%	84.3%	84.8%	85.2%	81.4%	92.00%
Neurosurgery	35.2%	96.1%	95.0%	95.3%	92.2%	92.00%
Ophthalmology	12.2%	95.7%	96.1%	96.3%	96.6%	92.00%
Oral Surgery	-	100.0%	100.0%	100.0%	100.0%	92.00%
Other	17.7%	92.1%	92.0%	92.0%	93.3%	92.00%
Plastic Surgery	27.0%	91.5%	93.9%	90.4%	90.1%	92.00%
Rheumatology	16.2%	92.8%	93.5%	91.7%	93.8%	92.00%
Thoracic Medicine	30.4%	79.1%	79.7%	84.8%	86.9%	92.00%
Trauma & Orthopaedics	22.6%	90.3%	91.8%	91.3%	91.6%	92.00%
Urology	14.0%	95.7%	95.4%	94.7%	93.4%	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	17787	17693											
Mar-19 Number of Pathways	16819	16819											
Difference	968	874											

**Supporting Narrative**

Latest provisional data for May shows eight specialties under the 92% standard, T&O, Plastic Surgery, Cardiothoracic Surgery, Thoracic Medicine, Neurology, Cardiology, General Medicine and Gynaecology.

Issues identified in Gynaecology matching consultant time with theatre slots is being addressed through additional sessions but performance has remained challenged. Thoracic Medicine is experiencing some temporary capacity issues at Rotherham FT, due to long term sickness.

Trauma and Orthopaedics continues to be impacted by wider pressures experienced over winter at the Rotherham FT around emergency care. Neurology is a Sheffield Teaching FT service where capacity is struggling to meet demand.

General Medicine and Cardiology have previously been performing well and have just slipped below the standard. Cardiothoracic Surgery and Plastic Surgery are relatively small numbers, where performance fluctuates significantly.

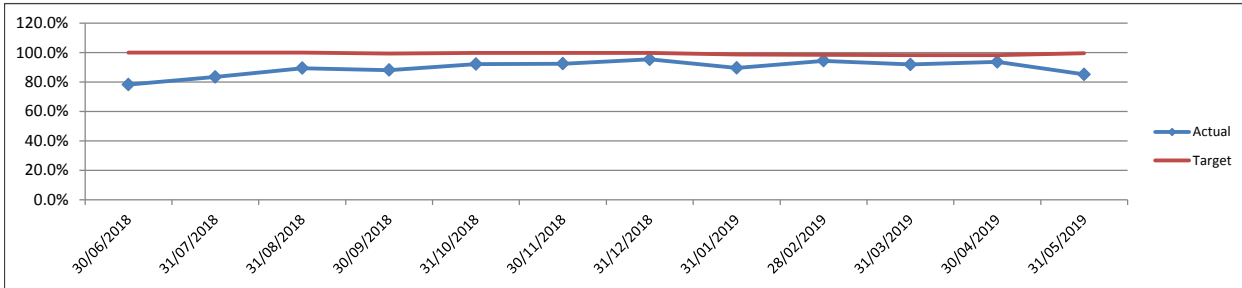
Rotherham CCG performance is at a similar level against other CCG's in South Yorkshire for RTT Incomplete waits in April (92.5%):

Barnsley CCG – 94.5%/ Bassetlaw CCG – 87.9%/ Doncaster CCG – 88.2%/ Sheffield CCG – 93.3%/ National – 86.5%

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 May-19 was above the Mar-19 levels by 874.

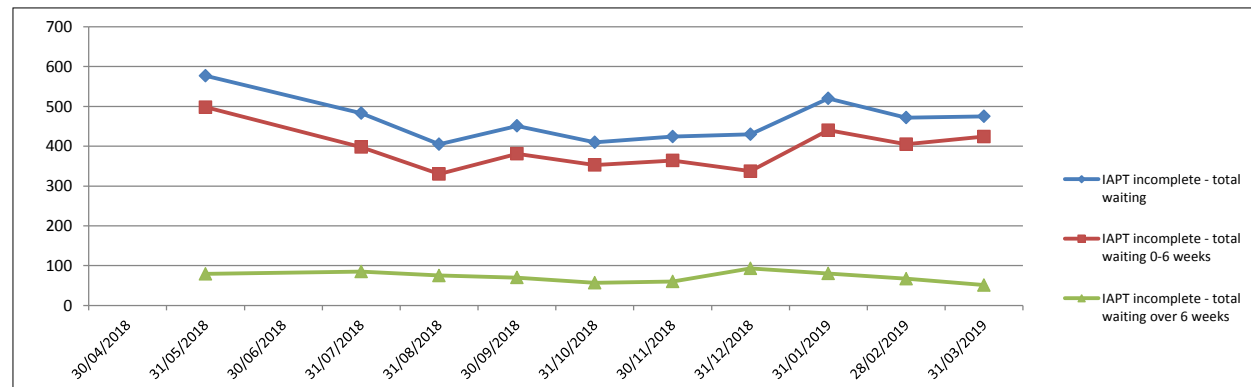
Focus on - IAPT Waiting Times

		30/06/2018	31/07/2018	31/08/2018	30/09/2018	31/10/2018	30/11/2018	31/12/2018	31/01/2019	28/02/2019	31/03/2019	30/04/2019	31/05/2019
Proportion of people waiting six weeks or less from referral to entering a course of IAPT treatment	Actual	78.3%	83.4%	89.4%	88.1%	92.2%	92.4%	95.3%	89.6%	94.4%	91.9%	93.6%	85.2%
	Target	100%	100%	100%	99%	100%	100%	100%	99%	99%	98%	98%	100%



Focus on - IAPT 6 Week Wait Waiting List

		30/04/2018	31/05/2018	30/06/2018	31/07/2018	31/08/2018	30/09/2018	31/10/2018	30/11/2018	31/12/2018	31/01/2019	28/02/2019	31/03/2019
IAPT incomplete - total waiting	Actual		577		483	405	451	410	424	430	520	472	475
IAPT incomplete - total waiting 0-6 weeks	Actual		498		398	330	381	353	364	337	440	405	424
IAPT incomplete - total waiting over 6 weeks	Actual		79		85	75	70	57	60	93	80	67	51



**Supporting Narrative**

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

Barnsley – 98%

Bassetlaw – 98%

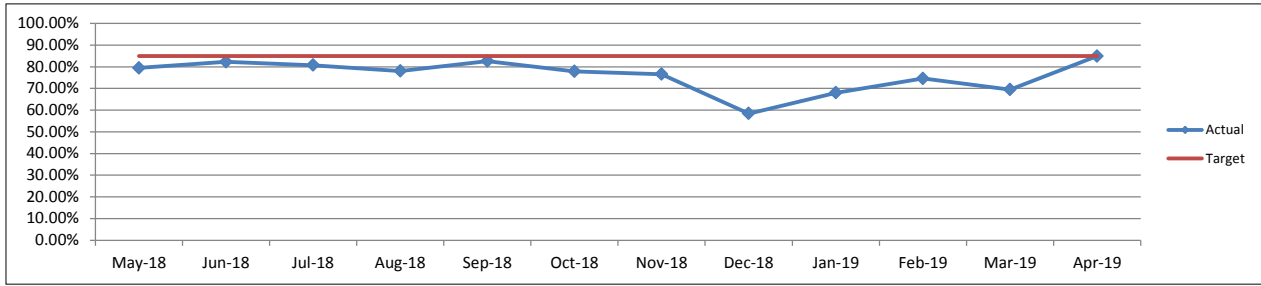
Doncaster – 87%

Sheffield – 88%

National – 88.9%

Focus on - Cancer (62 Days)

		May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Cancer - % patients seen within 62 days of referral from GP	Actual	79.45%	82.26%	80.77%	78.08%	82.61%	77.92%	76.62%	58.44%	68.00%	74.58%	69.49%	84.93%
	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		58	51	63	57	57	60	59	45	51	44	41	62
Total cancer patients waiting to be seen within 62 days of referral from GP		73	62	78	73	69	77	77	77	75	59	59	73



**Supporting Narrative**

In April the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 84.9%.

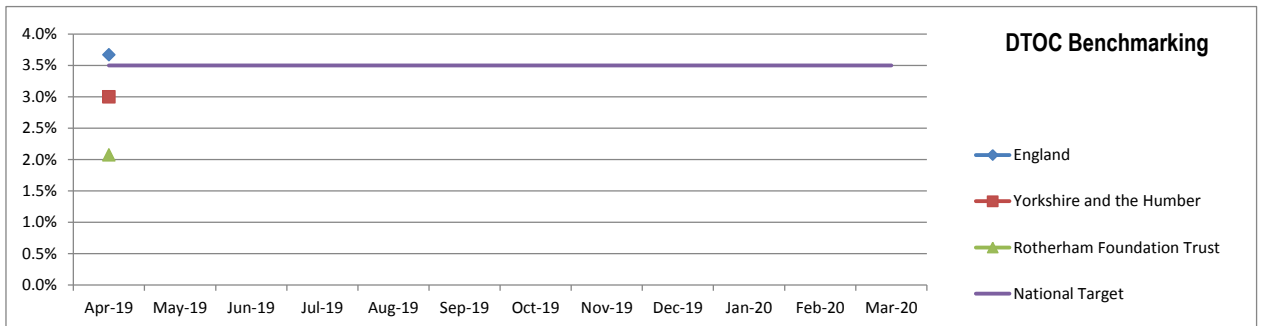
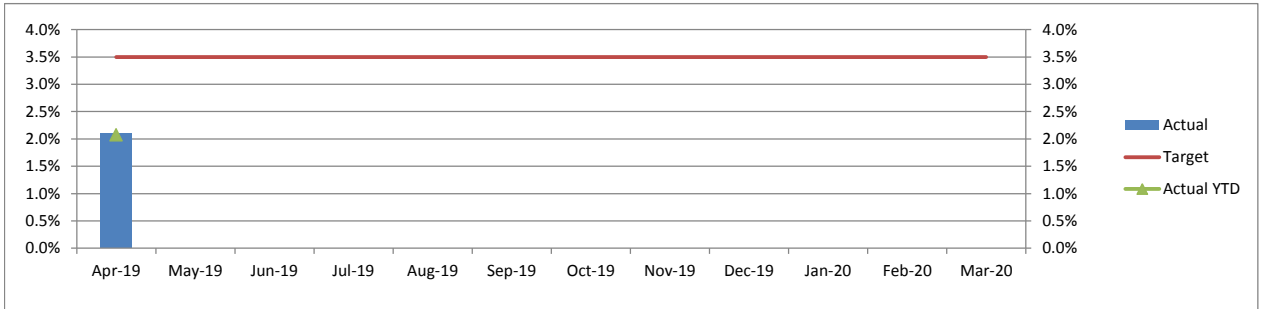
National performance in April was 79.4%.

Breach details for April can be seen below.

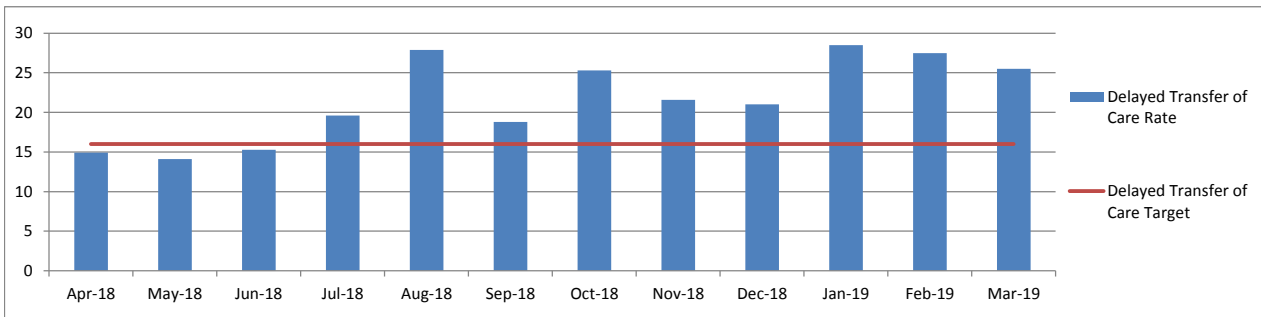
TUMOUR TYPE	FIRST SEEN	FIRST TREATMENT	WAIT DAYS	DELAY REASON COMMENT
Gynaecological	Rotherham FT	Sheffield Teaching FT	63	Other reason (not listed)
Head and Neck	Rotherham FT	Sheffield Teaching FT	77	Health Care Provider initiated delay to diagnostic test or treatment planning
Lung	Rotherham FT	Sheffield Teaching FT	89	Other reason (not listed)
Skin	Rotherham FT	Sheffield Teaching FT	65	Administrative delay
Urological (Excluding Testicular)	Rotherham FT	Rotherham FT	75	Other reason (not listed)
Urological (Excluding Testicular)	Rotherham FT	Rotherham FT	69	Other reason (not listed)
Urological (Excluding Testicular)	Sheffield Teaching FT	Sheffield Teaching FT	134	Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting
Urological (Excluding Testicular)	Rotherham FT	Rotherham FT	115	PATIENT initiated (choice) delay to diagnostic test or treatment planning, advance notice given
Urological (Excluding Testicular)	Rotherham FT	Sheffield Teaching FT	126	PATIENT initiated (choice) delay to diagnostic test or treatment planning, advance notice given
Urological (Excluding Testicular)	Rotherham FT	Sheffield Teaching FT	126	PATIENT initiated (choice) delay to diagnostic test or treatment planning, advance notice given
Urological (Excluding Testicular)	Rotherham FT	Rotherham FT	69	Diagnosis delayed for medical reasons (PATIENT unfit for diagnostic episode, excluding planned recovery period following diagnostic test)

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%											
	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%											
	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												
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	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 meeting the less than 3.5% national standard for Hospital Trusts. TRFT are currently at 2.1% in April 19, with performance in March 19 at 1.5%. This compares to provisional figures of 3% for Yorkshire and the Humber and 3.67% nationally.

Rotherham as a whole is not meeting the required HWB target of 16 average delays a day. Performance currently stands at 27.5 average delays a day in April 19.

## Focus on Performance

### Focus on - Diagnostics

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	595	0	0.00%
Computed Tomography	644	0	0.00%
Non-obstetric ultrasound	1975	15	0.76%
Barium Enema	0	0	0.00%
DEXA Scan	19	0	0.00%
Audiology - Audiology Assessments	414	1	0.24%
Cardiology - echocardiography	460	2	0.43%
Cardiology - electrophysiology	0	0	0.00%
Neurophysiology - peripheral neurophysiology	11	0	0.00%
Respiratory physiology - sleep studies	8	0	0.00%
Urodynamics - pressures & flows	23	0	0.00%
Colonoscopy	263	0	0.00%
Flexi sigmoidoscopy	88	0	0.00%
Cystoscopy	121	1	0.83%
Gastroscopy	313	3	0.96%
Total Diagnostics	4934	22	0.45%