North Cumbria
Clinical Commissioning Group

NHS North Cumbria CCG Governing Body	Agenda Item
5 December 2018	12.1

Performance Report

Purpose of the Report								
This report sets out the most recent performance information against a number of domains. This is intended to enable NHS Cumbria CCG Finance and Performance Committee to be aware of current performance across key areas and to be assured that the CCG and providers are taking the necessary corrective action in order to address performance below required standards.								
Outcome Required:	Approve		Ratify		For Discussion	X	For Information	x
Assurance Framework Reference: As detailed in the Strategic Objectives below.								

Recommendation(s):
The Finance & Performance Committee is asked to: - note the contents of this report; - confirm the move towards a single system-wide report.

Executive Summary:
The report style has changed for this month as a precursor to developing a single system-wide performance report. The two provider Trusts have already combined their reporting into a single joint document, and the intention is now to add in the CCG commissioner based figures to present the whole picture for 'the system'. Accordingly, Section 1 of the CCG report has been amended to bring it into line with the system-wide reporting style, and this will, in future, be an integral part of the new system report. The key performance issues are highlighted below. **Key Performance Issues:** • Dementia Diagnosis – A slight improvement in September, and provisional figures for

October show a further improvement to 65.3%;

- IAPT standards were not universally achieved in September; IAPT access missed the standard by 26 patients, whilst the recovery rate missed by 2 patient;
- Ambulance - Continued pressure at CIC meant that NWAS are slightly behind the 30 minute requirement for handover clearance times, whilst WCH achieved better than standard. The ambulance response standards continue to be positive, with four out of the six standards being met and the very challenging Category 1 standard is within a few seconds of achievement;
- A&E – October data shows a slightly more pressured month after the excellent September performance; however, performance remains significantly better than the England position;
- Cancer –The 14 day standard recovered for the Quarter 3 period to September, although the CCG position was still challenged for the 31 day and 62 day treatment standards, due primarily to the capacity issues at out of county providers. NCUHT achieved the 62 day standard for the patients under their control, but the ongoing capacity challenges at Newcastle mean that the overall target for the CCG was not met;
- RTT – The NCUHT recovery plan for the waiting list numbers is now well underway and delivering to plan. It is impacting on the RTT percentages treated under 18 weeks, but is expected to deliver a validated and more robust waiting list position by December 2018. Currently recovery is progressing to plan with almost 3,000 duplicated records being removed from the NCUHT list;
- Diagnostics – capacity issues in ultrasound and endoscopies continue to impact on performance at NCUHT. A recovery plan is in place allowing a return to meeting the standard from January 2019;
- DTOC – Continued favourable position.
- Quality Premium – At present the system is not indicating any earnings, but there is a potential for some funding if urgent care savings come into place following the advent of the ICC care models, and if the waiting list position is remedied in line with the recovery plans.

Key Risks:

The prime risks are that the CCG continues to fall short of certain constitution standards, and that the Operational Planning target of no increase in patients on the waiting list at 31 March 2019 compared to 31 March 2018 is breached. This latter risk now looks to be reduced based on the progress with the recovery plan through to November.

Implications/Actions for Public and Patient Engagement:

All CCG members to be aware of current performance in public/patient engagement events in case of questions in relation to this.

Financial Impact on the CCG:

Performance against the Quality Premium measures has a direct financial effect on the CCG as achievement results in additional funding and every non-achievement of a measure reduces the potential funding received against the Premium.

Strategic Objective(s) supported by this paper:	Please select (X)
Support continuous quality improvement within existing services including General Practice	
Commission a range of health services, including an increasing range of integrated services, appropriate to our population's needs	**X**
Develop our system leadership role (in the context of an integrated health and care system) and our effectiveness as a partner	
Continuously improve our organisation and support our staff to excel	

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	none

Conflicts of Interest Describe any possible conflicts of interest associated with this paper, and how they will be managed	none

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Date Report Written	27 November 2018

Partners in improving local health

NHS North Cumbria Clinical Commissioning Group

R04

Performance Report

Month Produced: November-2018

Latest Data to: September-2018

Purpose: To inform the Performance and Review Group as well as the Governance Body of the latest performance

Section 1 - Constitutional Standards and National Expectations 2018/19

Indicator	Period	Local Target	National Target		CCG Actual Month and Volume		Volume to meet local trajectory		Year to Date	Latest month National comparison		Trend points (% from local target)	3rd last trend point	2nd last trend point	Director lead	Recovery Plan
Dementia diagnosis in primary Care	Sep-18	66.7%	66.7%		**64.9%**	4,567	80		64.2%		68.2%		64.1%	64.4%	CR	CCG
IAPT - access (rolling 3 months)	Sep-18	4.2%	4.2%		**4.12%**	34,187	26								AA	
IAPT - recovery rate	Sep-18	50%	50%		**49.4%**	306	2		50.9%				49.8%	46.5%	AA	
IAPT - waiting <6 wks	Sep-18	75%	75%		**97.3%**	333	0		90.7%		89.7%		90.7%	94.5%	AA	
IAPT - waiting <18wks	Sep-18	95%	95%		**100%**	333	0		99.9%		98.8%		100%	100%	AA	
EIP seen within 2 wks	Sep-18	50%	50%		**87.5%**	8	0		71.8%				75.0%	84.6%	AA	
CPA within 7 days	Qrt 2	95%	95%		**94.4%**	90	1		94.3%		95.7%		96.2%	94.1%	AA	
CYPMH NHS treatment	YTD to Jul-18	32%	32%		NA				26.4%		27.0%		26.6%	27.1%	EH	
Urgent eating disorders-1wk		95%	95%												EH	CPFT
Eating disorders treatment-4wks		95%	95%												EH	CPFT
A&E 4hr waits	Oct-18	92.4%	95.0%		**91.6%**	9,768	78		90.8%		88.9%		91.1%	94.0%	AB	NCUHT
12h Trolley Waits (NCUHT only)	Sep-18	0	0		**0**	0	0		0		NA		0	0		
14d GP referrals	Qrt 2 to Sep-18	93%	93%		**93.2%**	3,284	0		92.8%		91.2%		93.7%	92.5%	AB	
14d Breast Symptoms	Qrt 2 to Sep-18	93%	93%		**87.1%**	255	15		70.7%		91.8%		90.4%	88.5%	AB	
31d 1st treatment	Qrt 2 to Sep-18	96%	96%		**95.9%**	535	1		95.9%		96.2%		94.7%	98.1%	AB	
31d sub. surgery	Qrt 2 to Sep-18	94%	94%		**92.2%**	77	1		86.6%		92.6%		80.0%	100.0%	AB	
31d sub. drugs	Qrt 2 to Sep-18	98%	98%		**94.6%**	92	3		94.0%		99.5%		100.0%	91.7%	AB	
31d subsequent radiotherapy	Qrt 2 to Sep-18	94%	94%		**98.7%**	158	0		98.5%		96.4%		100.0%	96.9%	AB	
62d GP referral	Qrt 2 to Sep-18	85%	85%		**82.1%**	336	10		78.8%		78.2%		77.4%	84.8%	AB	
62d Screening Referral	Qrt 2 to Sep-18	90%	90%		**88.0%**	50	1		88.9%		88.9%		84.6%	87.5%	AB	NCUHT
62d Consultant upgrade	Qrt 2 to Sep-18	NA	NA		**77.3%**	22			74.3%		84.8%	NA	75.0%	85.7%	AB	
EMSA	Sep-18	0	0		**1**		1		4		NA		0	0	AB	
Incomplete RTT <18wks	Sep-18	86.5%	92.0%		**85.7%**	29,316	227		NA		87.2%		87.5%	87.0%	AB	NCUHT
Incomplete 52 wk waits	Sep-18	0	0		**0**		0		**2**		NA		1	0	AB	
Incomplete RTT wtg list	Oct 18 provisional	23,331	23,331		**27,639**		4,308		NA		NA		29,571	29,316	AB	NCUHT
Diagnostic >6wk	Sep-18	1%	1%		**3.7%**	6,456	171		2.4%		3.1%		1.6%	3.5%	AB	NCUHT
Cancelled ops 28 day rule (NCUHT only)	Sep-18	0	0		**6**	6	6		31		NA		3	11		
2nd Cancelled ops (NCUHT only)	Sep-18	0	0		**0**	0	0		**0**		NA		0	0		
C-Diff Infections	Sep-18	12	12		**13**		1		49		NA		11	10	AS	
MRSA infections	Sep-18	0	0		**0**		0		1		NA		0	1	AS	

Key: Actuals and YTD: Green = national target met, pink = local target met, Red = neither target met National comparison: Green = CCG better than national, Red = CCG worse than national

Section 1 - Constitutional Standards and National Expectations 2018/19

Indicator	Period	Target	CCG Actual Month and Volume		Volume to meet local trajectory	Year to Date	Latest month NW Regional comparison	Trend points (% from target)	3rd last trend point	2nd last trend point	Director lead	Recovery Plan
Additional NWAS Standards												
CIC amb arrival to clear ave time (mm:ss)	Oct-18	30 min	**32:37**	1465		NA	NA		32:34	30:50	AB	
WCH amb arrival to clear ave time (mm:ss)	Oct-18	30 min	**27:59**	835		NA	NA		26:00	26:22	AB	
Cat1- 90th percentile	Sep-18	15min	**00:15:13**	300	NA	NA	**00:13:17**		00:17:39	00:15:11		
Cat1 - average time	Sep-18	7min	**00:08:28**	300	NA	NA	**00:07:56**		00:08:53	00:08:30		
Cat 2 - 90th percentile	Sep-18	40min	**00:30:51**	2,020	NA	NA	**00:48:33**		00:29:47	00:31:19		
Cat 2 - average time	Sep-18	18min	**00:15:01**	2,020	NA	NA	**00:22:46**		00:15:17	00:15:17		
Cat 3 - 90th percentile	Sep-18	2 hrs	**01:11:55**	1244	NA	NA	**02:40:23**		01:14:45	01:11:34		
Cat 4 - 180 mins	Sep-18	3 hrs	**02:01:02**	680	NA	NA	**03:13:13**		02:08:08	02:21:22		

Key: Actuals and YTD: Green = targe Green = target met, Red = target not met NW comparison: Green = CCG better than NW, Red = CCG worse than NW

Section 2 - Key issues/Considerations

Area **MENTAL HEALTH**

Exceptions **Dementia diagnosis; IAPT - access; IAPT - recovery rate; CPA within 7 days;**

Dementia Diagnosis:
September data has shown a slight improvement, continuing the trend o frecent months. The CCG is 'buddying up' with Northumberland CCG to ascertain if there any leassons to be learned which can help increase the pace of improvement.

Provisional figures for October indicate a further improvement to 65.3%.

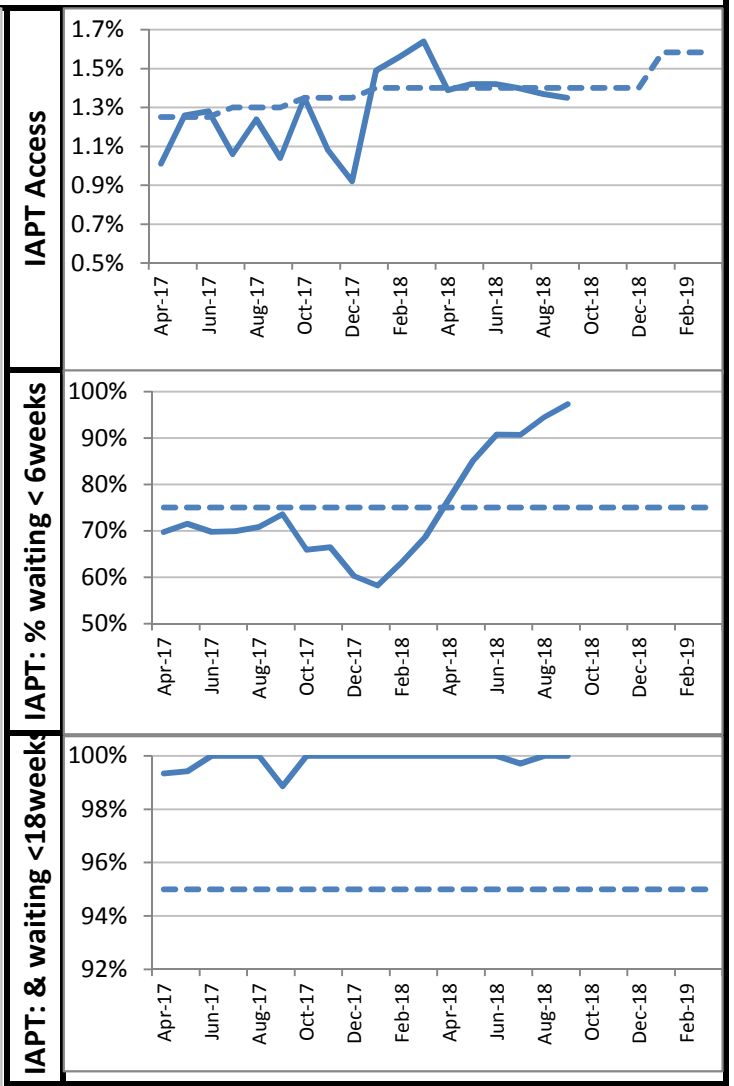
IAPT and CPA
The IAPT access rate has taken a slight downward turn in September, whilst the recovery rate, although better than in August, still missed the standard by 2 patients.

The 6 week waiting standard is demonstrating that the move to delivering the standard is proving to be sustainable, with improved performance in each of the recent months.

CPA within 7 days improved slightly in September, and was now less than 1 patient away from the standard.

CYPMH and Eating Disorder Services
The latest figures available are for July 2018 and reflect the continuing combined challenge of staff vacancies and an increasing demand for the service.

There are issues with identifying North Cumbria eating disorder figures and therefore the reporting of these has been held over pending clarification of the reporting.



Area	URGENT CARE
Exceptions	CIC amb arrival to clear ave time; WCH amb arrival to clear ave time; A&E 4hr waits;

A&E 4 hour wait:

A&E was more challenged in October, but did continue to perform better than 90%; however, it fell slightly short of the local trajectory of 92.4% for the month. Performance continues to be better than the national comparison having recently achieved a rank of 18th nationally.

Ambulance Services

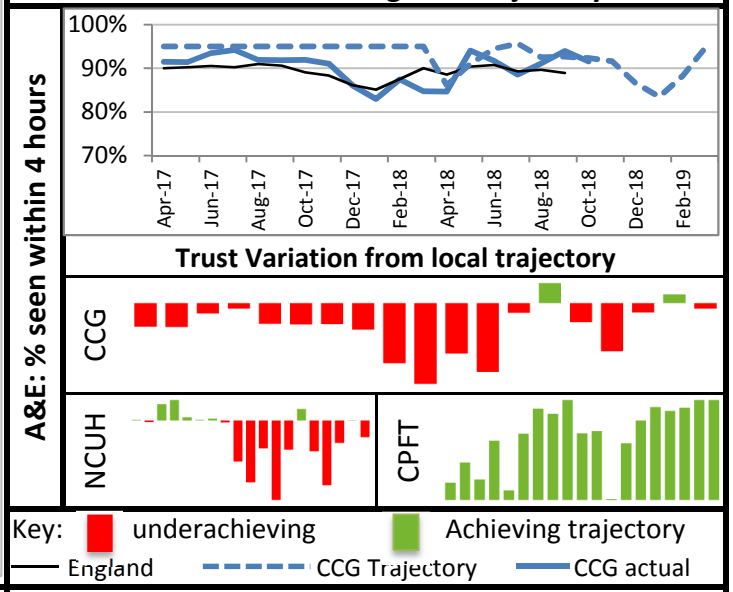
The September achievement continues to show 4 of the 6 standards delivered within North Cumbria. Significantly, the achievement of the 15 minute category 1 standard was missed for the second month in a row by only a few seconds, a considerable improvement on earlier performance.

Handover data is available for October - Performance was more challenged than in previous months with CIC missing the 30 minute standard. WCH did achieve the standard, although with a slightly lesser margin.

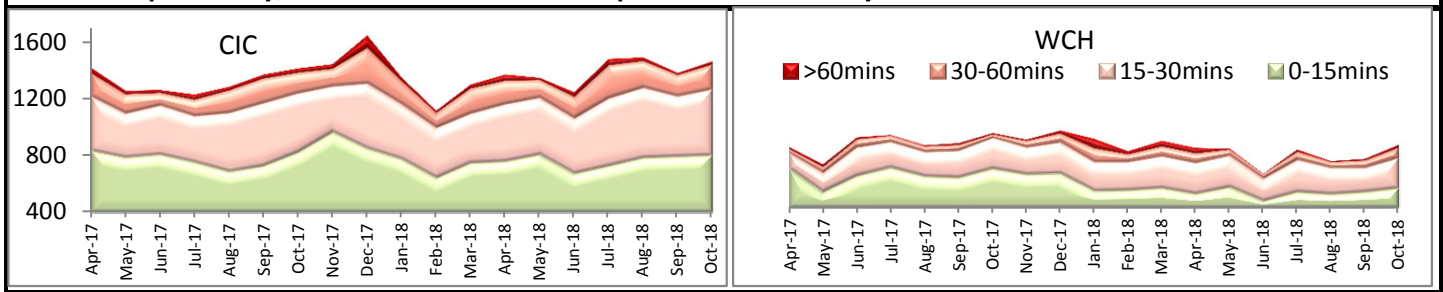
Urgent Care Context

The general improvement in the A&E performance over recent weeks is indicative of a broader improvement in the delivery of urgent care across north Cumbria. The investment in Integrated Care Communities, together with the new services following on from the closure of Maryport, Alston, and Wigton community beds, is beginning to impact on the pathways for urgent care patients, with a noticeable improving trend in a number of key urgent care measures including A&E attendances, urgent care admissions, bed days / lengths of stay, and delayed transfers of care. These are all coming together to improve patient flow and placing the health and care system in a stronger position to respond to the

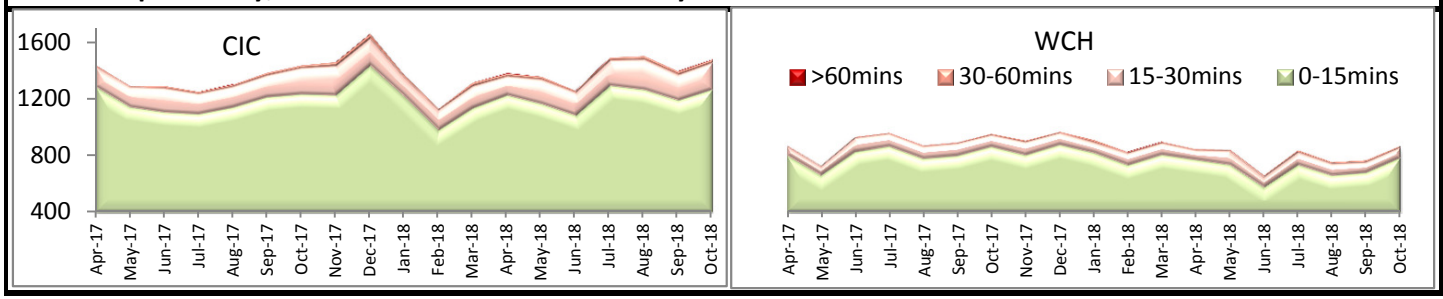
CCG Performance against trajectory



NCUHT Responsibility; Ambulance notification to patient handovers by time band

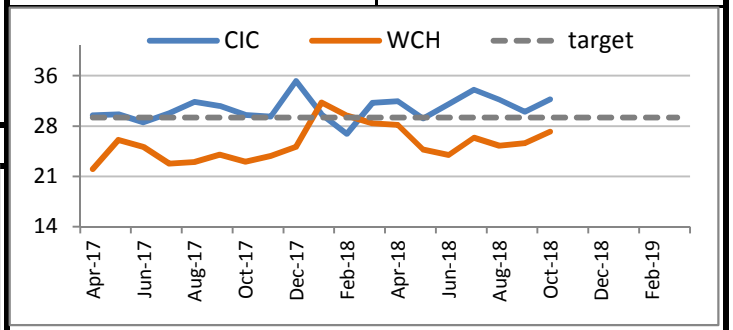


NWAS Responsibility; Ambulance handovers to clear by time band



Average from arrival to clear time Trend (mins;secs)

CIC latest	32:37	WCH latest	27:59



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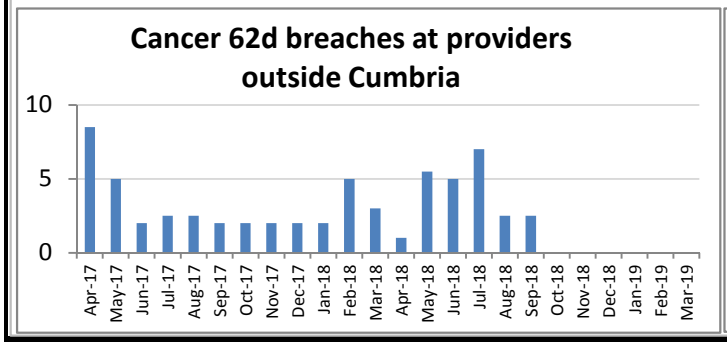
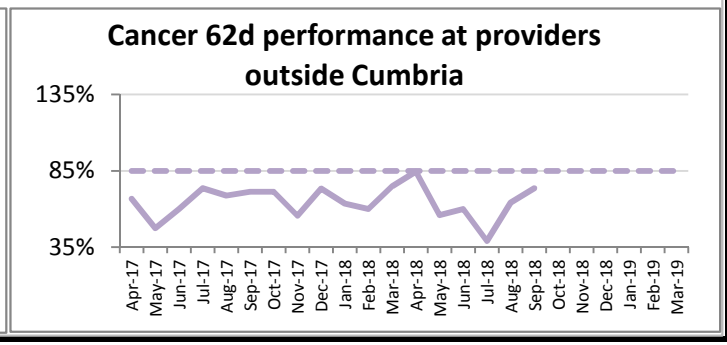
Area	CANCER WAITING TIMES
Exceptions	14d Breast Symp.; 31d 1st treatment; 31d sub. surgery; 31d sub. drugs; 62d GP referral; 62d Screening Referral;

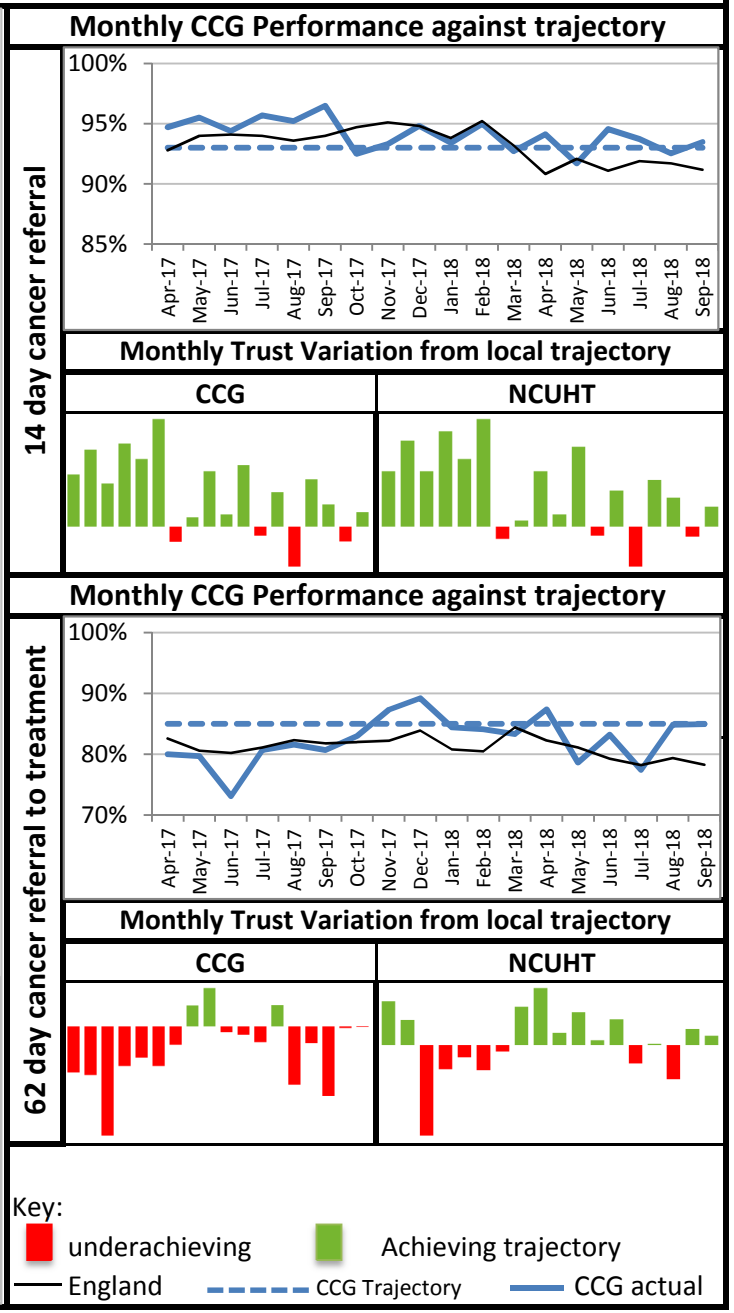
14 day access achieved the 93% standard for Q2 to September and exceeded the national comparison (which did not achieve the 93% standard).

Unfortunately for the Quarter to September, the 31 day standard was missed by 1 patient, and the 62 day standard by 10 patients. 62 day performance is, however, continuing to be better than the England comparison. Provisional October figures do indicate a further improvement .

External breaches do continue to impact on the CCG position, but the numbers are improved on where they were a couple of months ago.







Area	EMSA and Elective Care
Exceptions	Incomplete RTT <18wks;

EMSA

There was a mixed sex accommodation breach in September at Lancashire Teaching Hospitals. This is being followed up to understand the context.

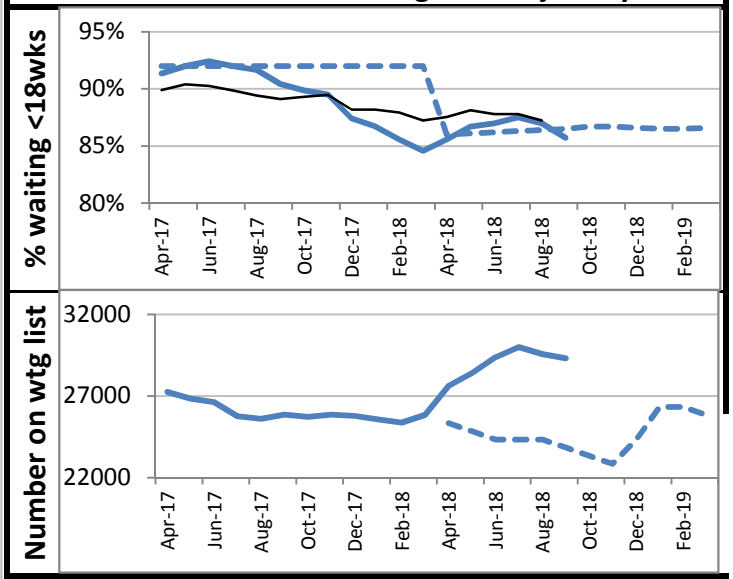
Elective

The recovery plan for NCUHT has commenced with a strong focus on the validation of the waiting list which has been shown to include a number of duplicate patients.

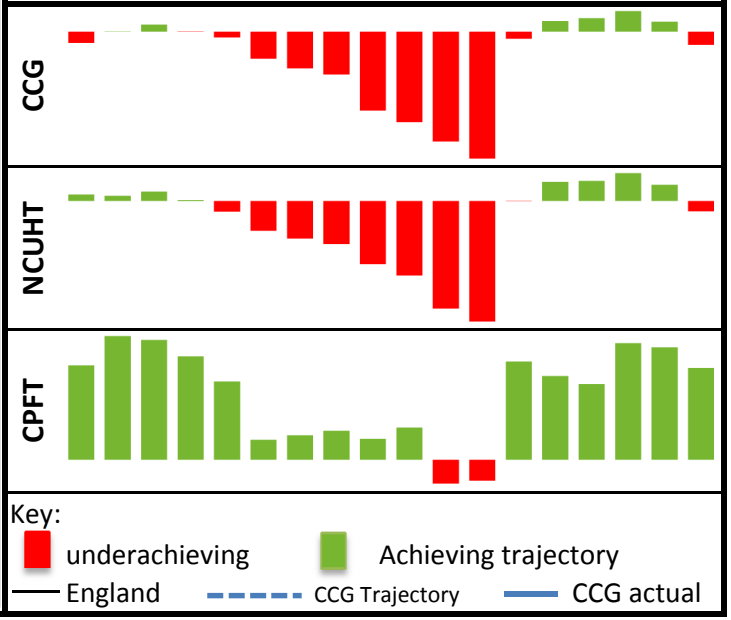
Section 1 shows provisional figures for October for the numbers waiting. The NCUHT validation work has already identified and removed almost 3,000 records, and the process continues through to December 2018. The NCUHT waiting list is now within 500 of the 31 March 2019 target. Unfortunately, the process is having an impact on the calculation of the RTT percentage which is forecast to deteriorate in the period to December.

Despite the NCUHT recovery work, Section 1 is still showing 4,308 patients in excess of the local trajectory. This is partly because the local trajectory assumed that , in order to allow for the elective slowdown over Winter, the numbers waiting in the run up to Winter should drop below the March target. The fact that this has not yet been demonstrated does still present a risk for the system which will be monitored alongside the recovery plan. In addition, the new MSK service in CPFT is contributing to the risk and is working to recover its waiting list position.

CCG RTT Performance against trajectory



Trust Variation from local 18wks trajectory



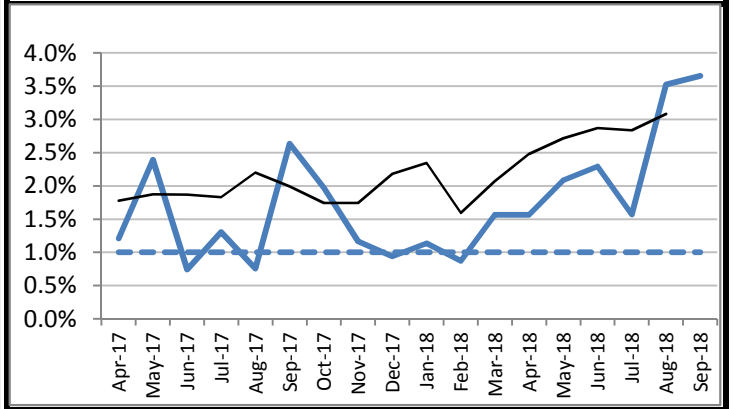
Area	Elective Care
Exceptions	Diagnostic >6wk; Cancellations within Cancelled ops 28 day rule;

Diagnostic

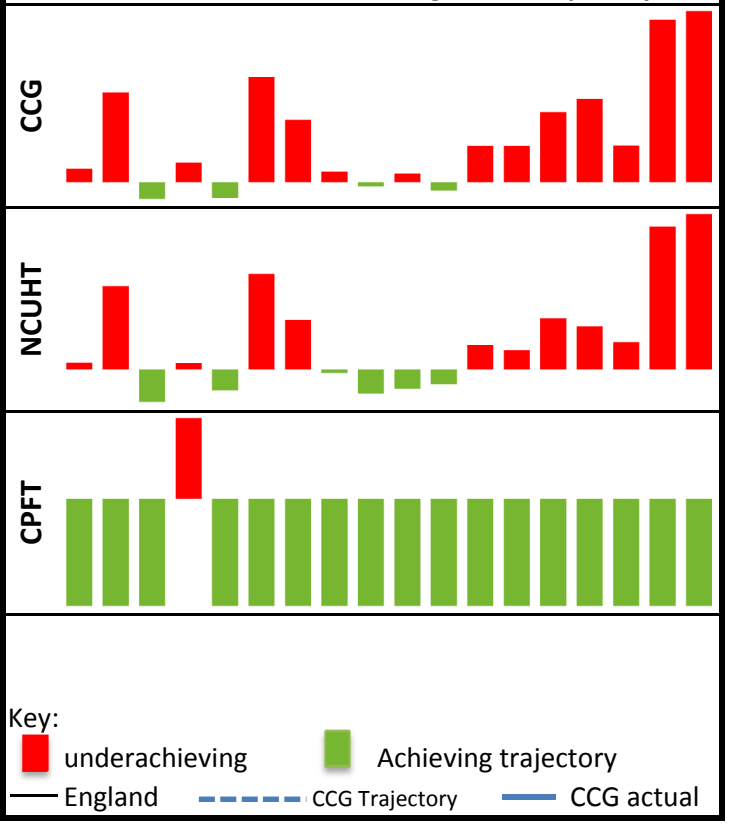
There have been further significant issues at NCUHT in September impacting on performance, including ongoing capacity issues for colonoscopies and ultrasound.

There is a recovery plan in place to address some of the short term capacity which is based on a timeline to recover in Q4.

Diagnostics CCG Performance against trajectory



Trust Variation from local diagnostics trajectory



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Area	HCAIs
Measures	C-Diff Infections;

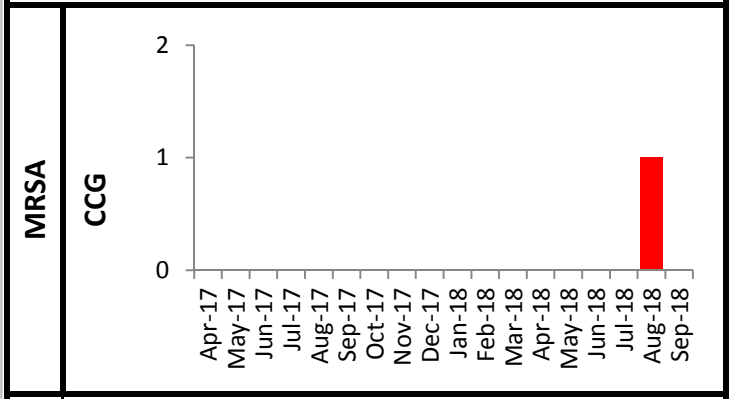
MRSA

There were no more MRSA patients reported in September. after the one in August.

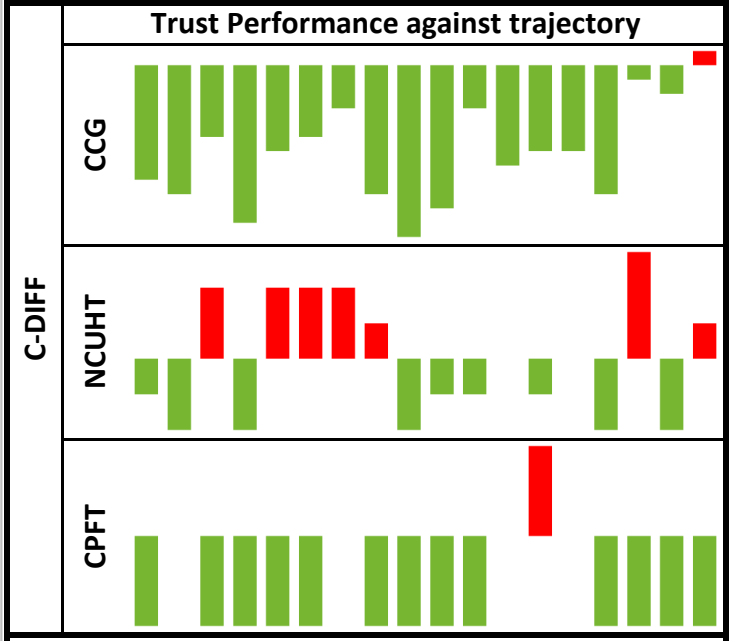
C--Diff

Unfortunately the September target was missed by 1 patient, at NCUHT.

Trust Performance against trajectory



Trust Performance against trajectory



Section 3 - Quality Premium 2017/18

This year the Quality Premium includes a section on Emergency Demand Management which is worth 75.5% of the overall Quality Premium. For North Cumbria CCG this is worth approximately £1.2m (based on £5 per head of population). In addition 24.5% (£396k) is available for maintaining and or improving progress against key quality indicators. The operation and focus on the NHS Constitution gateway has also been modified for 2018/19 as any penalties will *not* apply to the Emergency Demand Management indicators. The measures on Ambulance response times and 4 hour waits in A&E have been suspended leaving only two constitutional requirements; cancer 62 day referral to treatment, and the RTT measure has been aligned with the refreshed Operating Plan guidance for 18/19 to measure the number of patients waiting on the incomplete pathway. These attract 50% reduction each of Quality payment if not achieved. It is therefore possible to still achieve a Quality Premium f none of the constitutional measures were achieved but some or all of the Emergency Demand Management indicators are.

As in previous years, there is also a Quality and Financial gateway and CCGs will not receive a quality premium if;

- a local provider has been subject to enforcement action by the Care Quality Commission; or
- a local provider has been flagged as a quality compliance risk and/or has requirements in place related to breaches of provider licence conditions; or
- a local provider has been subject to enforcement action based on a quality risk; and
- it has been identified through NHS England's assessment of the CCG, in respect of the quality and governance elements of the Improvement and
- Assessment Framework, that the CCG is not considered to be making an appropriate, proportionate response with its partners to resolve the above quality failure; and
- this continues to be the position for the CCG at the end of year assessment.
- in the view of NHS England, during the relevant financial year the CCG has not operated in a manner that is consistent with the obligations and principles set out in Managing Public Money; or
- the CCG ends the relevant financial year with an adverse variance to their approved planned financial position, or requires unplanned financial support to avoid being in this position; or
- it receives a qualified audit report in respect of the relevant financial year; or
- if relevant, the CCG does not meet the requirements set out in the Commissioner Sustainability Fund guidance.

The following page presents the indicators used and the associated targets.
This report shows the earned premium, and offsets, based on the latest data available. It highlights the risks from urgent care admissions being above plan and the impact of RTT and cancer on the gateway penalties.

NHS England have yet to confirm whether the cancer 62 day gateway/penalty will be assessed on 2018/19 Q4 or a full year average achievement.

The prime risks continue to arise from urgent care admissions being above plan, the impact of the continuing rise in numbers on the waiting list, and delivery of the 62 day cancer pathway. The recovery work on the waiting list will help reduce the risk associated with the 31 March requirement.

Progress is being made with the Bloodstream Infections where the antibiotic prescribing is showing ongoing improvement.

Quality Premium 2018/19

Proposed measures

			Indicator		Trend variance from 18/19 target	Latest data period	Target	% of Quality Premium	Latest Performance	% of Quality Premium Achieved	Equivalent to £££
Payment	Emergency Demand Management	1	A&E	Type I A&E attendances		YTD to Sep-18	46,119	18.9%	47,421	0.0%	£0
		2	Emergency admissions	Non-elective admissions with zero length of stay			4,911	18.9%	5,222	0.0%	£0
		3		Non-elective admissions with length of stay of 1 day or more			13,074	37.8%	13,107	0.0%	£0
									Emergency Demand Management Payment:	0.0%	£0
	National Quality	1	Cancers diagnosed at early stage*	Proportion of cancers diagnosed at stages 1 and 2 (Annual)		2016	54.0%	4.2%	50.3%	0.0%	£0
		2	Patient Experience*	Percentage of patients with a good experience of making a GP appointment (Annual)		Aug-18	70.7%	4.2%	67.7%	0.0%	£0
		3	NHS Continuing Healthcare	NHS CHC eligibility decision made within 28 days from receipt of checklist (Quarterly)		Quarter 2 2018/19	80%	2.1%	59.5%	0.0%	£0
				NHS CHC assessments taking place in an acute hospital setting (Quarterly)			15%	2.1%	38.5%	2.1%	£33,676
		4	Mental Health*	Out of Area Placements (monthly)		3 months to Aug-18	10	4.2%	20	0.0%	£0
		5	Bloodstream Infections	a)i.Gram negative blood stream infections (monthly)		YTD to Sep-18	196	1.2%	156	0.0%	£0
				a)ii.Core primary care data set*			Completion	0.6%	Not available	NA	Not available
				b)i.Trimethoprim items in over 70yr olds (monthly)		12 months to Aug-18	7,001	0.8%	3,163	0.8%	£13,470
				c)i.Antibiotics prescribed in primary care (monthly)			1.161	0.4%	1.167	0.0%	£0
				c)ii.Antibiotics prescribed in primary care - additional (monthly)			0.965	1.0%	1.167	0.0%	£0
	Local Quality	1	Respiratory System Problems	Percentage of COPD patients with a record of FeV1 in the preceding 12 months (Annual)		Mar-18	72.3%	3.7%	69.3%	0.0%	£0
									Quality Payment:	2.9%	£47,147
									Total Payment	2.9%	£47,147
Penalties	NHS Constitution requirements		Patients waiting on incomplete pathway compared to March 2018			Sep-18 only	23,831	-50.0%	29,316	-50.0%	-£23,573
			Maximum 62-day waits from urgent GP referral to treatment for cancer			Qrt 2 to Sep-18	85.0%	-50.0%	82.1%	-50.0%	-£23,573
									Total Penalties:	-100.0%	-£47,147
									Total Quality Premium Achieved:	0.0%	£0

* see notes on next page

Achieved Not achieved

necs
NHS North Cumbria Clinical Commissioning Group

Quality Premium 2018/19

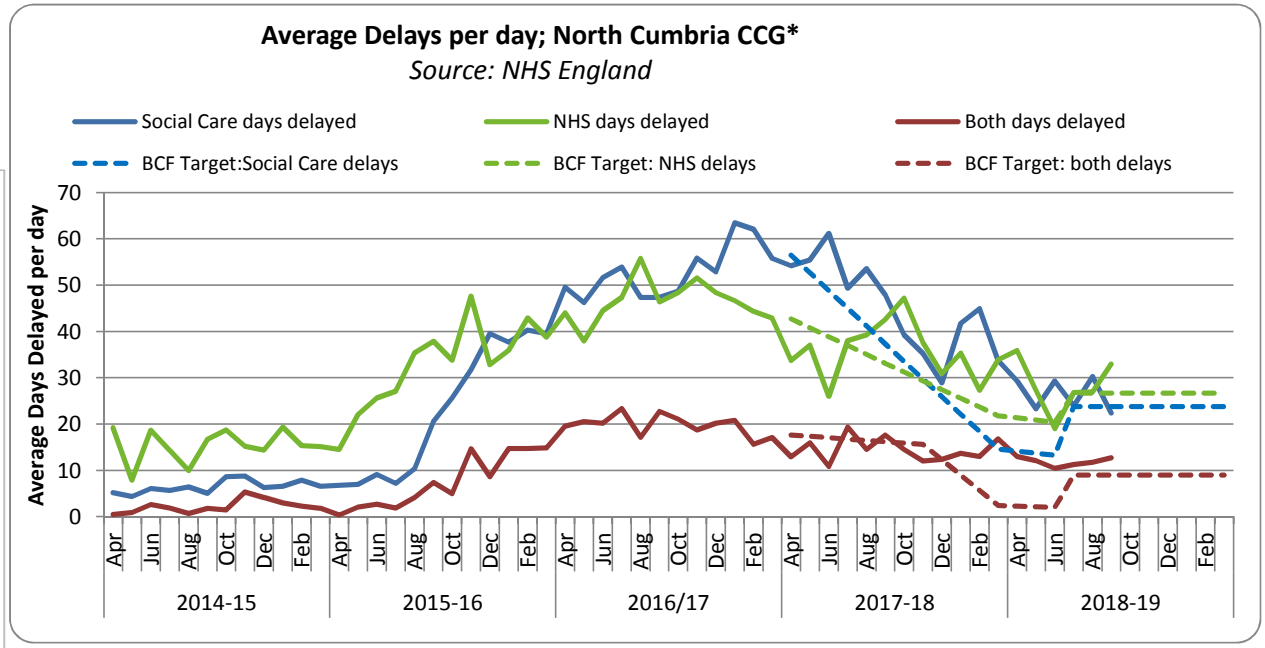
Notes

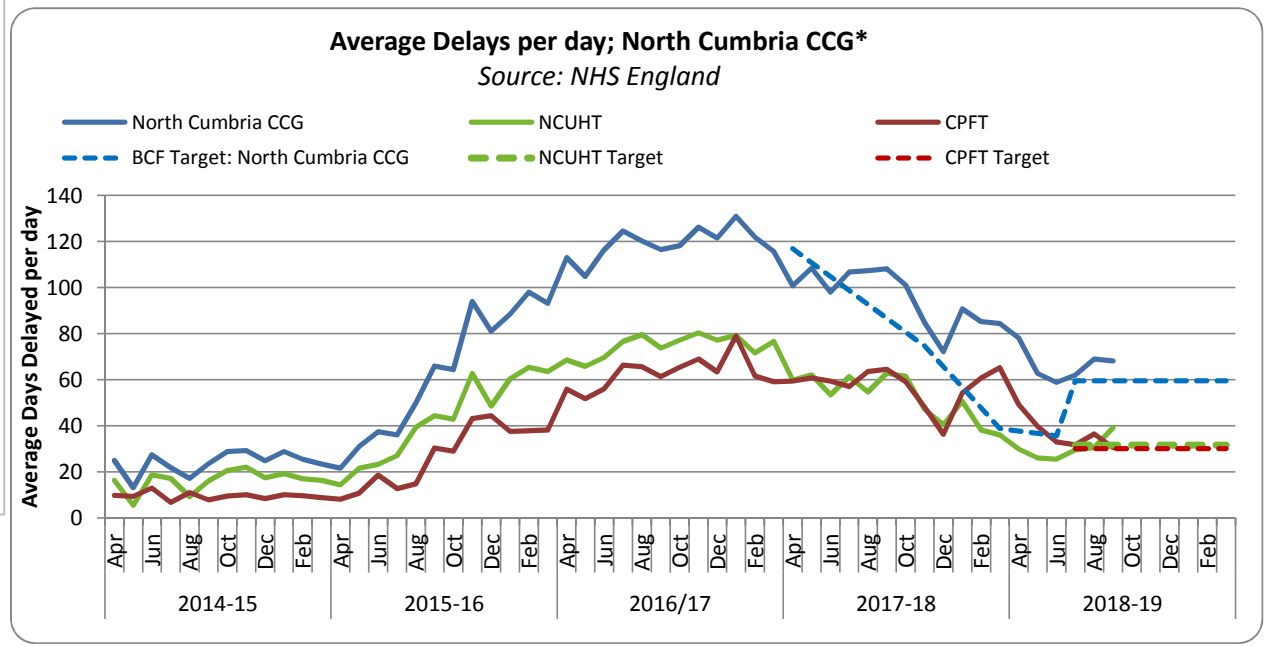
Please note the following issues in the data;
NQ1. The data for cancer diagnosis is only available for 2016 and is at Cumbria level. 2017 data (baseline data) is to be published in June 2019.
NQ2. The baseline GP survey data was published in August 2018, the next survey for the assessment will be in July 2019.
NQ4. Mental Health placements - the data prior to April 2018 was incorrect - CPFT noticed an error in the data being submitted which inflated the figures. Correct figures are now being submitted and are far lower.
NQ5a.ii The collation and reporting of the primary care data set was due to start in quarter 2 2017/18 and therefore further details are required.
NQ5.i New EColi targets have been published for CCGs, the previous target was for Cumbria CCG. The stretch target of 20% reduction is shown in the table above, however part payment will be given if 10% reduction achieved.

Section 4 - Other Supplementary measures: Delayed Transfers of Care

	NC CCG	NCUHT	CPFT
SEPTEMBER Performance	68.1	39.1	30.5
Target	59.5	31.6	30.0

Although CPFT improved its position in September, poorer performance at NCUHT impacted on the overall position. This reflected pressure on care home beds in Carlisle and Eden, although there was a recovery towards the end of the month and provisional October figures show an improvement.





Please note that the targets have been updated to the newly submitted target but they remain provisional until agreed by NHSE

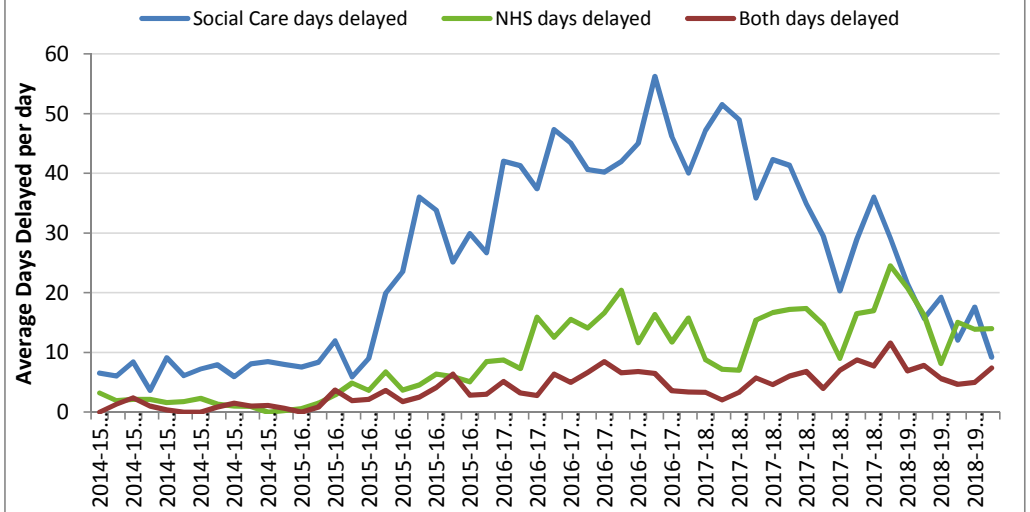
ited to CCGs are based on acute provider and CPFT hospital site

NHS North Cumbria Clinical Commissioning Group

Section 4 - Other Supplementary measures: Delayed Transfers of Care

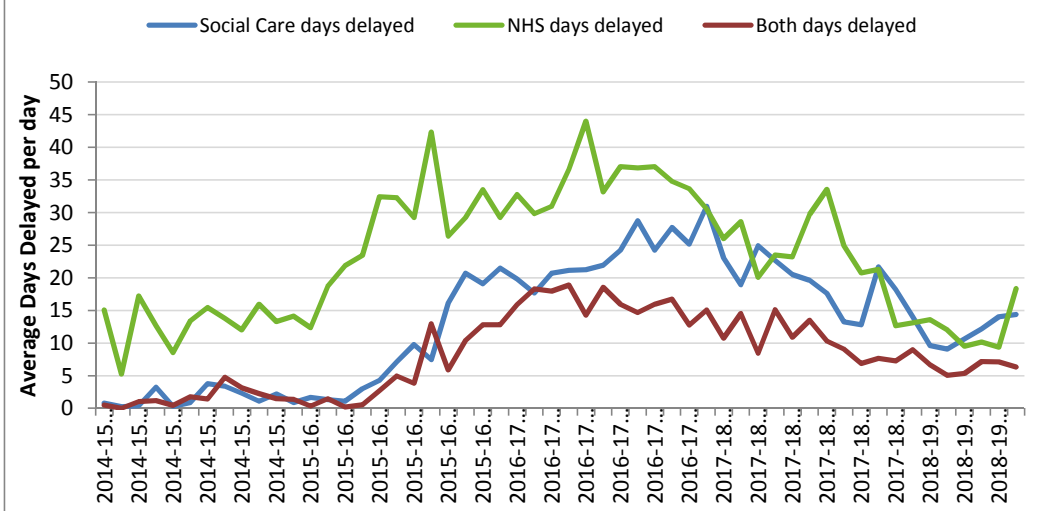
Average Delays per day; Cumbria Partnership NHS FT

Source: NHS England

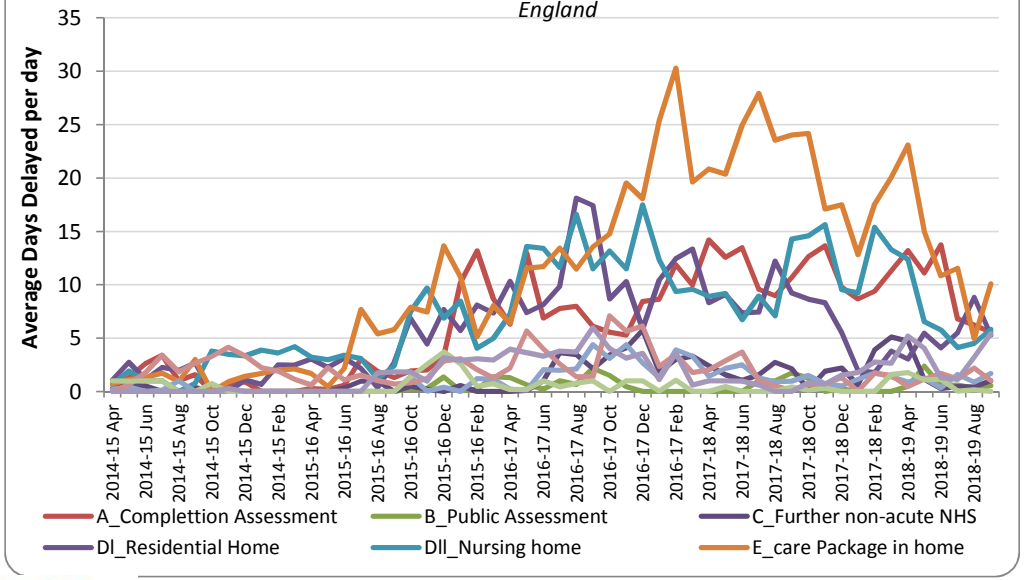


Average Delays per day; North Cumbria University Hospitals Trust

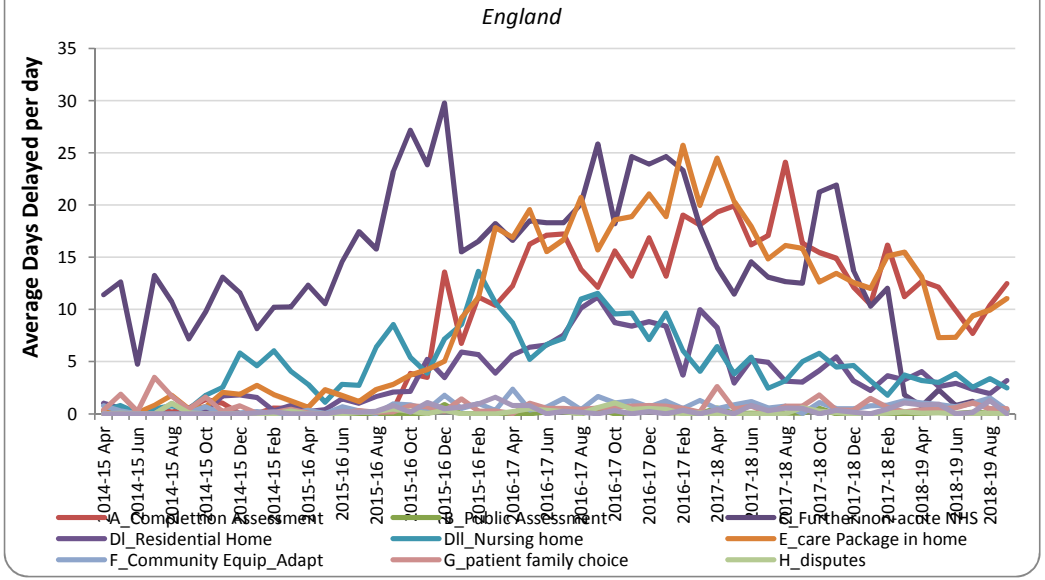
Source: NHS England



CPFT - Average Delays per day by Reason; Cumbria CC only; *Source: NHS England*



NCUHT - Average Delays per day by Reason; Cumbria CC only; *Source: NHS England*



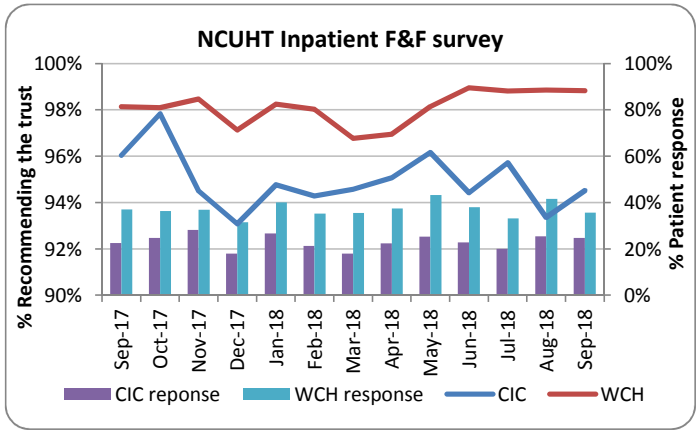
Section 4 - Other Supplementary measures: Friends and Family Test

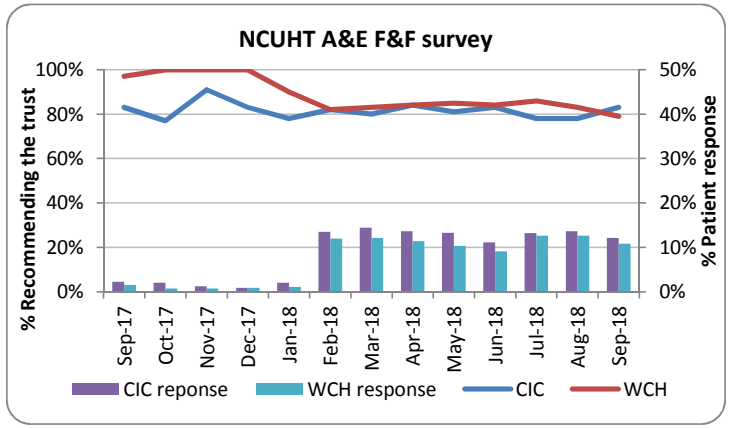
Percent of patients recommending the Trust

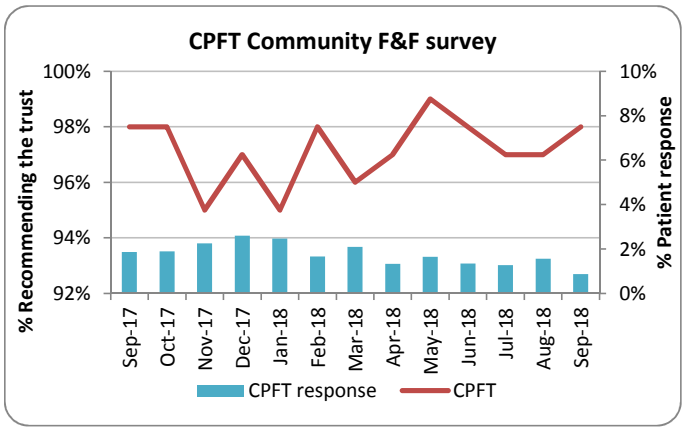
Sep-2018		A&E	Inpatients	Outpatients	General Practice	Community	MH
NCUHT	CIC	83.0%	94.5%	Not available			
	WCH	79.0%	98.8%				
NCUHT Total		81.0%	96.4%	98.0%			
NC CCG Total					91.0%		
CPFT Total						98.0%	97.0%
CNE Total		90.0%	97.1%	95.0%	91.4%	98.0%	89.0%
England		86.0%	95.7%	93.0%	90.2%	95.0%	90.0%

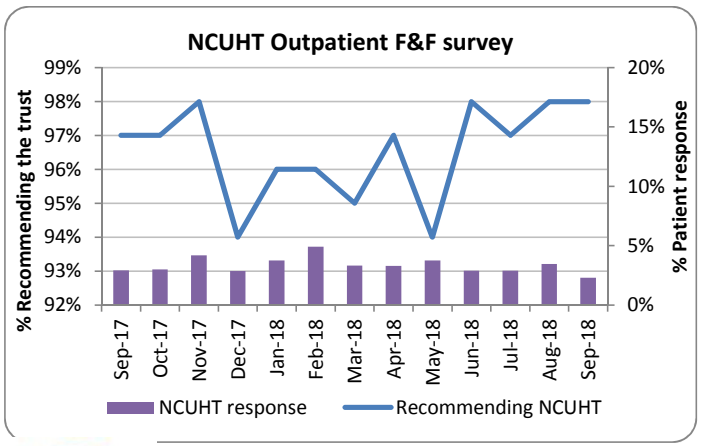
= Not applicable

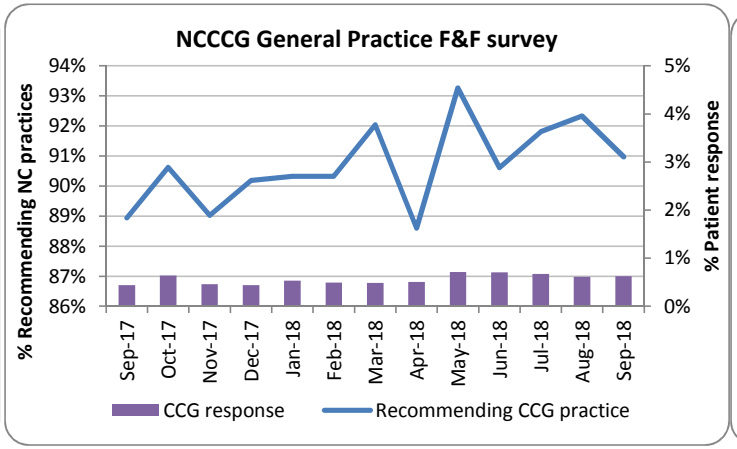
The established pattern has continued into September with continued positive performance for NCUHT inpatients, and CPFT community Services. Unfortunately A&E continues to fall below the standard.

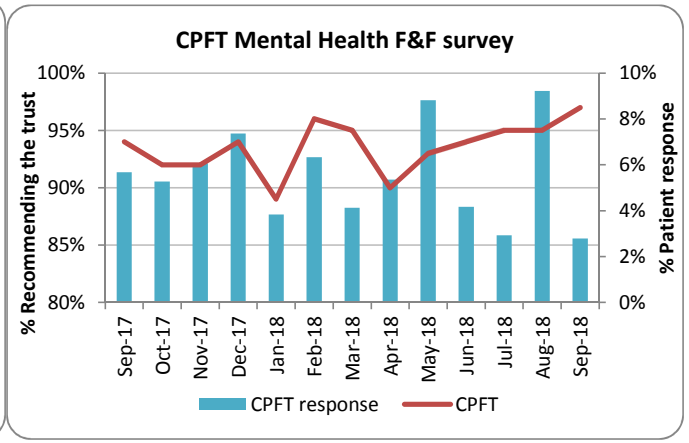












Glossary

Standard	Definition	ID
Dementia diagnosis	Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	E.A.S.1
IAPT - access	Proportion of people that enter treatment in improved access to psychological therapies (IAPT) against the level of need in the general population	E.A.3
IAPT - recovery rate	Percentage of people with depression and/or anxiety disorders who complete treatment in IAPT who are moving to recovery	E.A.S.2
IAPT - waiting <6 wks	Percentage of people who have finished a course of treatment in IAPT who have waited less than 6 weeks from referral	E.H.1
IAPT - waiting <18wks	Percentage of people who have finished a course of treatment in IAPT who have waited less than 18 weeks from referral	E.H.2
EIP seen within 2 wks	Percentage of people experiencing a first episode of psychosis treated with a NICE approved care package within 2 weeks of referral	E.H.4
CPA	The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period	E.B.S.3
CYPMH NHS treatment	Percentage of individual children and young people aged under 18 with a diagnosable mental health condition receiving treatment by NHS funded community services in the reporting period.	E.H.9
Urgent eating disorders-1wk	The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment	E.H.10
Eating disorders treatment-4wks	The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment	E.H.11
Cat1- 90th percentile	9 out of 10 Time critical and life threatening events requiring immediate intervention, such as cardiac arrest (heart stops) or respiratory arrest (the patient stops breathing); airway obstructions and ineffective breathing should be responded to within 15 mins	E.B.15.i
Cat1 - average time	The above category of patients whould be seen within an average of 7 mins	E.B.15.ii
Cat 2 - 90th percentile	9 out of 10 potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport. These conditions include probable heart attacks, strokes, and major burns should be responded to within 40 mins	E.B.16
Cat 2 - average time	The above category of patients whould be seen within an average of 18 mins	
Cat 3 - 90th percentile	9 out of 10 urgent problems (not immediately life-threatening) that requires treatment to relieve suffering (e.g. pain control) and transport or assessment and management at scene wth referral where needed within a clinically appropriate timeframe should be responded to within 120 mins	
Cat 4 - 180 mins	9 out of 10 non urgent problems (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport within a clinically appropriate timeframe should be responded to within 180 mins	
Amb arrival to clear ave t	Average ambulance arrival to clear time at hospital	
A&E 4hr waits	Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge	E.B.5
12h Trolley Waits	Patients who have waited over 12 hours in A&E from decision to admit to admission.	E.B.S.5
14d GP referrals	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	E.B.6
14d Breast Symp.	Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected	E.B.7
31d 1st treatment	Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')	E.B.8
31d sub. surgery	Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery	E.B.9
31d sub. drugs	Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen	E.B.10
31d sub. radiother.	Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Radiotherapy Treatment Course	E.B.11
62d GP referral	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	E.B.12
62d Screen. Referral	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	E.B.13
62d Cons. upgrade	Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	E.B.14
EMSA	Breaches of Same Sex Accommodation	E.B.S.1
Incomplete RTT <18wks	The percentage of Referral to Treatment (RTT) pathways within 18 weeks for incomplete pathways	E.B.3
Incomplete 52 wk waits	The number of Referral to Treatment (RTT) incomplete pathways greater than 52 weeks	E.B.18
Incomplete RTT wtg list	The number of Referral to Treatment (RTT) incomplete pathways at the end of the month	E.B.3
Diagnostic >6wk	The percentage of patients waiting 6 weeks or more for a diagnostic test	E.B.4
28 day rule	The percentage of last minute cancellations by the hospital for non-clinical reasons not offered another binding date within 28 days	E.B.S.2
2nd cancellations	Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons	E.B.S.6
C-Diff Infections	Incidence of Healthcare Associated Infection (HCAI) – Clostridium difficile	E.A.S.5
MRSA infections	Healthcare acquired infections (HCAI) of Methicillin-resistant Staphylococcus aureus (MRSA)	E.A.S.4

Link to national indicator definitions: https://www.england.nhs.uk/wp-content/uploads/2018/02/Joint-Technical-Definitions-for-Performance-and-Activity-2018-19.pdf

NHS North of England Commissioning Support Unit
Business Information Services Department

Performance Report

Sources and Definitions

Information Governance: This report should be shared with NECS and the relevant CCG personnel only. In order to be compliant with CCG data sharing agreements, **any values between 1 and 5 MUST be suppressed** if shared outside of NECS or the CCG.

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Recipient Organisation: NHS North Cumbria CCG

Data Sources: Various

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Period: Data period/s covered in report

Coverage: NHS North Cumbria CCG

Criteria:

Notes:

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