

<b>NHS North Cumbria CCG Governing Body</b>	<b>Agenda Item</b>
<b>3 April 2019</b>	<b>12</b>

**Performance Report**

<b>Purpose of the Report</b>								
<p>This report sets out the most recent performance information against a number of domains. This is intended to enable the Governing Body 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.</p>								
<b>Outcome Required:</b>	Approve		Ratify		For Discussion	<b>X</b>	For Information	
<b>Assurance Framework Reference:</b>								
As detailed in the Strategic Objectives below.								

<b>Recommendation(s):</b>
The Governing Body is asked to note the report

<b>Executive Summary:</b>
<p><b>Key Performance Issues:</b></p> <ul style="list-style-type: none"> <li>Dementia Diagnosis – Results for February show a positive improvement compared to previous months.</li> <li>IAPT standards were again achieved in January;</li> <li>CYPMH - unfortunately this continues to be a challenged area with the most recent performance being down to 24%. This is being validated to confirm that it represents all relevant activity;</li> <li>Eating Disorder patient data still has quality issues and is being validated for completeness;</li> <li>Ambulance Handover Delays –WCH achieved the target in February, but CIC was slightly below standard;</li> <li>Ambulance response times – another positive month in January with Categories 2, 3 and 4, delivering to standard. Unfortunately Category 1 was just below the required 15 minute response time;</li> <li>A&amp;E – Unfortunately an expected improvement reflected in the planned trajectory for</li> </ul>

February was unable to be met due to ongoing system pressures.

- Cancer – Continued capacity issues in NCUHT and in Newcastle are impacting on performance again this month;
- RTT – Although the NCUHT recovery plan delivered to plan to December, the risks previously reported regarding their winter elective ‘slowdown’ are adversely impacting on the numbers waiting, and on performance, which deteriorated in January. Provisional February figures indicate a further deterioration at NCUHT which is being followed up through the contractual route;
- Diagnostics – The NCUHT Recovery Plan had delivered a significant improvement in November but unexpected capacity issues since then have had a serious impact on performance;
- DTOC – Continued favourable position with standards met in January and provisional figures through to early March continue the positive performance;
- Quality Premium – The favourable position on urgent care admissions of 1 day and over reported last month has continued. If this is sustained this will generate £0.6m of earnings at March 2019.

### **Observations**

The overall performance, especially at NCUHT, indicates the continued pressure in the system and low level of resilience when it comes to recovering from specific issues. This shows in the slower recovery after Christmas / New Year in Urgent Care, and in the ongoing waiting list issues. The Operational Plans being developed for 2019/20 reflect the heightened levels of risk around delivering elective care standards and generating adequate capacity to meet the demands for routine, as well as, urgent and cancer care.

The impact of ICCs on patient flow, including earlier discharge and admission avoidance, is having a positive effect, which is especially reflected in the meeting of the Quality Premium for overnight stay non elective patients. More patients are being seen and discharged the same day, and then cared for at home through the ICC based teams.

### **Key Risks:**

The prime risks are that the CCG continues to fall short of certain constitution standards, most significantly in Cancer and RTT. The Operational Planning target of no increase in patients on the waiting list at 31 March 2019 compared to 31 March 2018 has increased its risk and the recent cancer performance and associated capacity constraints has increased the risks regarding cancer performance.

### **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.

<b>Strategic Objective(s) supported by this paper:</b>	<b>Please select (X)</b>
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	<b>X</b>
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	

<b>Impact assessment:</b> (Including Health, Equality, Diversity and Human Rights)	none
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<b>Conflicts of Interest</b> Describe any possible conflicts of interest associated with this paper, and how they will be managed	none
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<b>Date Report Written</b>	27 March 2019



Partners in improving local health



R04









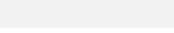
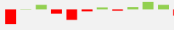


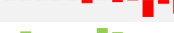




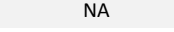

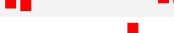







# Performance Report

**Month Produced: March-2019**

**Latest Data to: January-2019**

**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 target)	3rd last trend point	2nd last trend point	Director lead	Recovery Plan
Dementia diagnosis in Primary care		Feb-19	66.7%	66.7%	<span style="color:red">●</span> <b>66.5%</b> 4,604	11	<span style="color:red">●</span> 65.1%	<span style="color:red">●</span> 67.9%		66.2%	66.1%	CR	CCG
IAPT - access (rolling 3 months)		Jan-19	4.4%	4.4%	<span style="color:green">●</span> <b>4.80%</b> 34,187	0						AA	
IAPT - recovery rate		Jan-19	50%	50%	<span style="color:green">●</span> <b>51.8%</b> 307	0	<span style="color:green">●</span> 50.6%			50.3%	51.0%	AA	
IAPT - waiting <6 wks		Jan-19	75%	75%	<span style="color:green">●</span> <b>99.7%</b> 334	0	<span style="color:green">●</span> 93.9%	<span style="color:green">●</span> 89.2%		99.5%	99.8%	AA	
IAPT - waiting <18wks		Jan-19	95%	95%	<span style="color:green">●</span> <b>100.0%</b> 334	0	<span style="color:green">●</span> 99.9%	<span style="color:green">●</span> 99.1%		100%	100%	AA	
EIP seen within 2 wks		Jan-19	50%	50%	<span style="color:green">●</span> <b>100.0%</b> 4	0	<span style="color:green">●</span> 75.8%			60.0%	87.5%	AA	
CPA within 7 days		Qrt 3	95%	95%	<span style="color:red">●</span> <b>94.4%</b> 107	1	<span style="color:red">●</span> 94.3%	<span style="color:red">●</span> 95.5%		94.1%	94.4%	AA	
CYPMH NHS treatment		YTD to Jan-19	32%	32%	<span style="color:red">●</span> <b>24.0%</b> 4490	361	<span style="color:red">●</span> 24.0%	<span style="color:red">●</span> 27.4%		25.3%	24.4%	EH	
Urgent eating disorders-1wk		N/A	95%	95%	<b>N/A</b>							EH	CPFT
Eating disorders treatment-4wks		N/A	95%	95%	<b>N/A</b>							EH	CPFT
A&E 4hr waits		Feb-19	88.2%	95.0%	<span style="color:red">●</span> <b>84.0%</b> 8,614	362	<span style="color:red">●</span> 90.4%	<span style="color:red">●</span> 84.4%		91.8%	86.7%	AB	NCUHT
12h Trolley Waits (NCUHT only)		Jan-19	0	0	<span style="color:green">●</span> <b>0</b> 0	0	<span style="color:green">●</span> 0	NA		0	0		
14d GP referrals		Jan-19	93%	93%	<span style="color:red">●</span> <b>84.8%</b> 1,065	87	<span style="color:red">●</span> 92.2%	<span style="color:red">●</span> 91.7%		91.7%	91.9%	AB	
14d Breast Symptoms		Jan-19	93%	93%	<span style="color:red">●</span> <b>40.0%</b> 80	42	<span style="color:red">●</span> 74.4%	<span style="color:red">●</span> 82.8%		84.5%	66.3%	AB	
31d 1st treatment		Jan-19	96%	96%	<span style="color:red">●</span> <b>90.9%</b> 164	8	<span style="color:red">●</span> 94.8%	<span style="color:red">●</span> 95.4%		89.7%	94.5%	AB	
31d sub. surgery		Jan-19	94%	94%	<span style="color:red">●</span> <b>91.7%</b> 24	1	<span style="color:red">●</span> 85.6%	<span style="color:green">●</span> 90.7%		75.0%	80.0%	AB	
31d sub. drugs		Jan-19	98%	98%	<span style="color:red">●</span> <b>92.9%</b> 14	;	<span style="color:red">●</span> 94.2%	<span style="color:red">●</span> 98.8%		89.7%	100.0%	AB	
31d subsequent radiotherapy		Jan-19	94%	94%	<span style="color:green">●</span> <b>96.0%</b> 25	0	<span style="color:green">●</span> 97.7%	<span style="color:green">●</span> 95.6%		93.4%	100.0%	AB	
62d GP referral		Jan-19	85%	85%	<span style="color:red">●</span> <b>63.6%</b> 99	21	<span style="color:red">●</span> 80.0%	<span style="color:red">●</span> 76.2%		73.2%	82.3%	AB	
62d Screening Referral		Jan-19	90%	90%	<span style="color:red">●</span> <b>70.0%</b> 10	2	<span style="color:red">●</span> 86.7%	<span style="color:red">●</span> 84.6%		60.0%	100.0%	AB	NCUHT
62d Consultant upgrade		Jan-19	NA	NA	<b>100.0%</b> 7	NA	82.7%	<span style="color:green">●</span> 83.5%	NA	91.7%	66.7%	AB	
EMSA		Jan-19	0	0	<span style="color:red">●</span> <b>1</b> 1	1	<span style="color:red">●</span> 8	NA		1	2	AB	
Incomplete RTT <18wks		Jan-19	86.5%	92.0%	<span style="color:red">●</span> <b>82.4%</b> 28,290	1159	NA	<span style="color:red">●</span> 86.6%		84.1%	82.3%	AB	NCUHT
Incomplete 52 wk waits		Jan-19	0	0	<span style="color:green">●</span> <b>0</b> 0	0	<span style="color:red">●</span> 4	NA		0	0	AB	
Incomplete RTT wtg list		Jan-19	26,331	26,331	<span style="color:red">●</span> <b>28,290</b> 1,959	1,959	NA	NA		27,293	26,390	AB	NCUHT
Diagnostic >6wk		Jan-19	1%	1%	<span style="color:red">●</span> <b>8.3%</b> 7,083	518	<span style="color:red">●</span> 3.8%	<span style="color:red">●</span> 3.3%		1.9%	8.6%	AB	NCUHT
Cancelled ops 28 day rule (NCUHT only)		Jan-19	0	0	<span style="color:red">●</span> <b>8</b> 8	8	<span style="color:red">●</span> 69	NA		6	11		
2nd Cancelled ops (NCUHT only)		Jan-19	0	0	<span style="color:green">●</span> <b>0</b> 0	0	<span style="color:green">●</span> 0	NA		0	0		
C-Diff Infections		Jan-19	11	11	<span style="color:green">●</span> <b>3</b> 0	0	<span style="color:green">●</span> 78	NA		7	6	AS	
MRSA infections		Jan-19	0	0	<span style="color:green">●</span> <b>0</b> 0	0	<span style="color:red">●</span> 1	NA		0	0	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 cont'd

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
<b>Additional NWAS Standards</b>												
CIC amb arrival to clear ave time (mm:ss)		Feb-19	30 min	<span style="color:red">●</span> <b>35:37</b> 1342		NA	NA		32:24	32:31	AB	
WCH amb arrival to clear ave time (mm:ss)		Feb-19	30 min	<span style="color:green">●</span> <b>29:31</b> 673		NA	NA		27:06	30:51	AB	
Cat1- 90th percentile		Jan-19	15min	<span style="color:red">●</span> <b>00:15:39</b> 302	NA	NA	<span style="color:red">●</span> <b>00:13:06</b>		00:14:37	00:14:10		
Cat1 - average time		Jan-19	7min	<span style="color:red">●</span> <b>00:08:32</b> 302	NA	NA	<span style="color:red">●</span> <b>00:07:51</b>		00:08:19	00:07:58		
Cat 2 - 90th percentile		Jan-19	40min	<span style="color:green">●</span> <b>00:32:00</b> 2,306	NA	NA	<span style="color:green">●</span> <b>00:57:00</b>		00:26:50	00:30:25		
Cat 2 - average time		Jan-19	18min	<span style="color:green">●</span> <b>00:15:23</b> 2,306	NA	NA	<span style="color:green">●</span> <b>00:26:24</b>		00:13:37	00:15:07		
Cat 3 - 90th percentile		Jan-19	2 hrs	<span style="color:green">●</span> <b>01:19:40</b> 1239	NA	NA	<span style="color:green">●</span> <b>03:04:09</b>		01:00:47	01:15:11		
Cat 4 - 180 mins		Jan-19	3 hrs	<span style="color:green">●</span> <b>02:21:12</b> 764	NA	NA	<span style="color:green">●</span> <b>03:39:37</b>		01:46:45	02:08:43		

Key: Actuals and YTD: 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; CPA within 7 days;**

### Dementia

The February performance showed a significant improvement with 66.5% being achieved against the target of 66.7%. This follows work with individual practices to address variation and is making the aspiration of being compliant through 2019/20 more attainable with reduced risk.

### IAPT

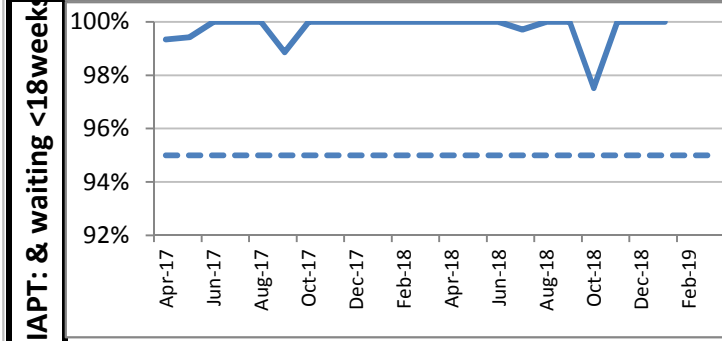
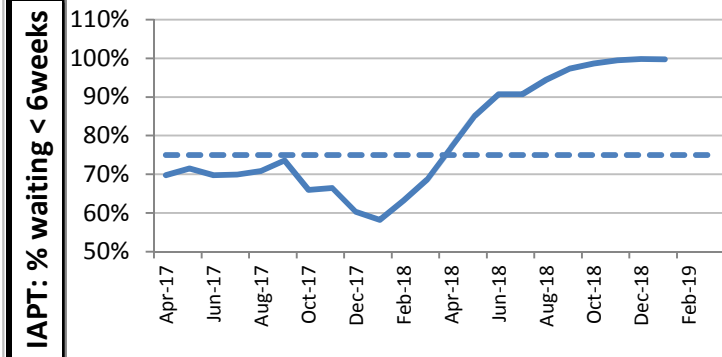
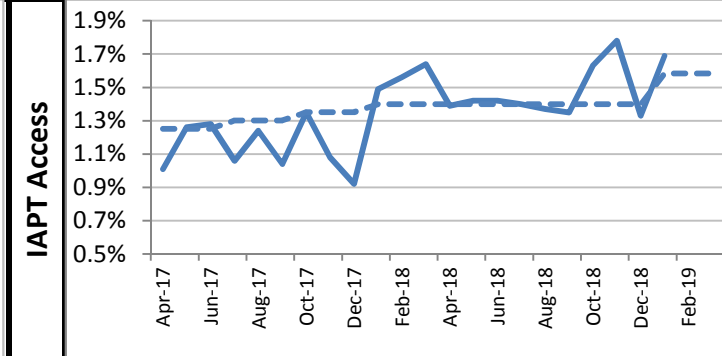
A positive month again in January, with all IAPT targets meeting the standard. With regards to the access target, the standard was not met in the actual month of December, but recovered in January and the rolling three month target is being met.

The CPA performance is reported quarterly. It is disappointing in that the Quarter 3 standard was not achieved by just one patient. Activity was 19% higher at 107 patients in Quarter 3 compared with Quarter 2 which had 90 patients. In each quarter the standard was missed by one patient.

### CYPMH and Eating Disorder Services

Data on CYPMH is now available for Q3, but shows ongoing disappointing performance.

Eating Disorder data still has quality issues and is being validated with the provider to ensure accuracy.



Key:

--- CCG Trajectory      — CCG actual

**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:**

Unfortunately poorer performance in February, together with the expectation of a higher local trajectory achievement, combined such that the service was unable to achieve the local trajectory in February.

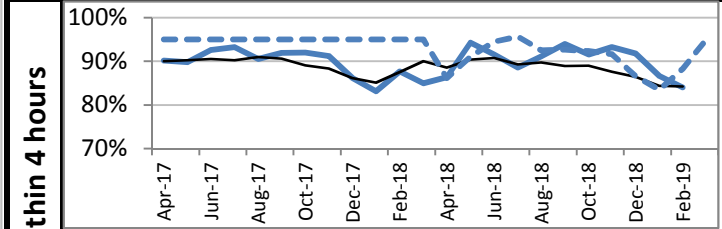
**Ambulance Response Times**

Another very positive month in January with performance in Categories 2, 3, and 4 continuing to be better than standard and considerably better than the NWS average. Category 1 performance was slightly poorer in January than in December.

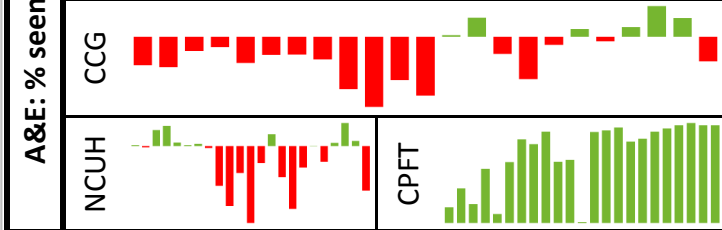
**Ambulance Handover Targets**

Performance at CIC was slightly poorer than in recent months at 35 minutes against the 30 minute target. WCH continued to perform favourably.

**CCG Performance against trajectory**

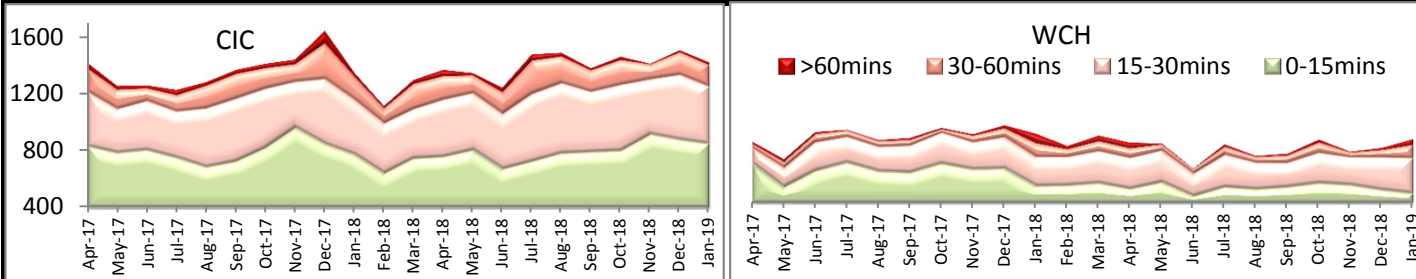


**Trust Variation from local trajectory**

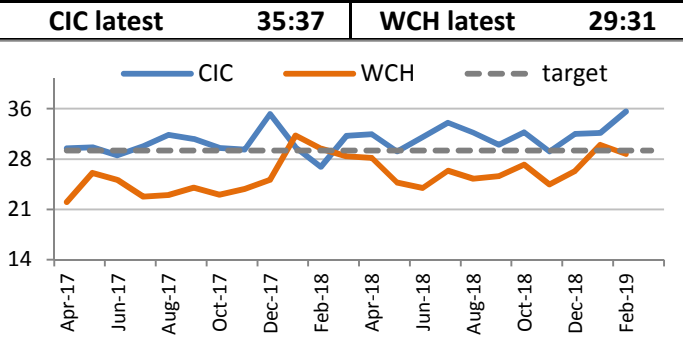


Key: ■ underachieving ■ Achieving trajectory  
 — England — — — CCG Trajectory — CCG actual

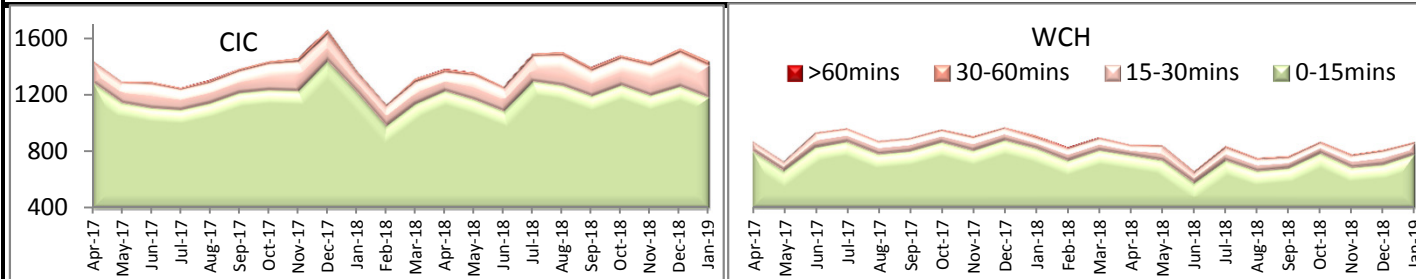
**NCUHT Responsibility; Ambulance notification to patient handovers by time band**



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



**NWAS Responsibility; Ambulance handovers to clear by time band**



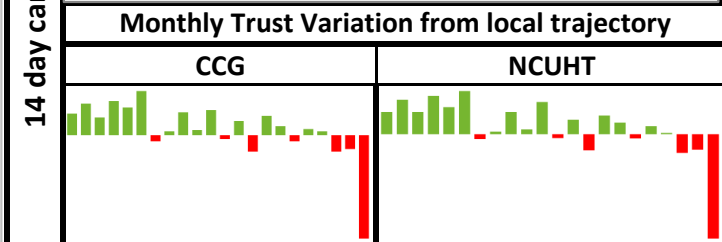
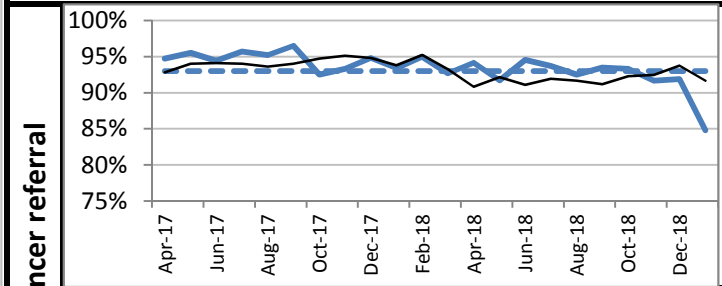


# Area **CANCER WAITING TIMES**

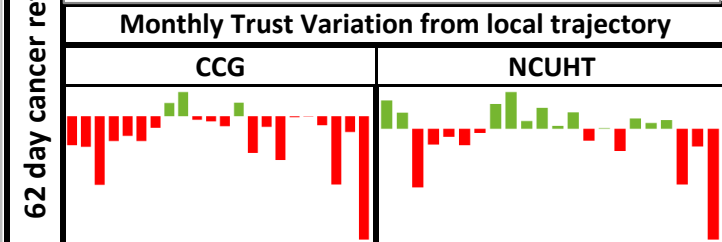
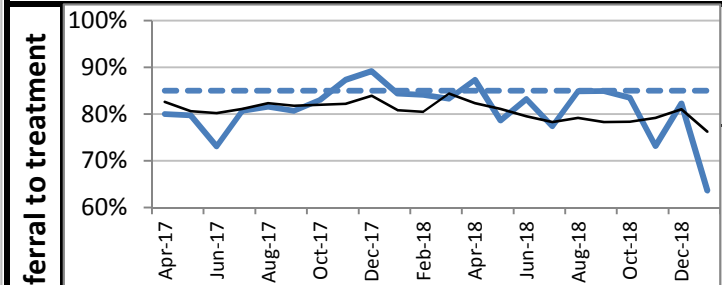
**Exceptions 14d GP referrals; 14d Breast Symp.; 31d 1st treatment; 31d sub. surgery; 31d sub. drugs; 62d GP referral; 62d Screening Referral;**

The cancer standards are currently under significant capacity pressures, both within NCUHT and with out of county providers, especially Newcastle. Although every effort is being made to minimise the risks to cancer patients, the number of patients breaching the 14 day and 62 day standards rose significantly in January compared with December. Newcastle Trust has indicated that their capacity issues and the associated access issues are unlikely to be resolved in the near future. Even if NCUHT is able to improve its own performance, it is not expected that this will deliver enough 'headroom' to counter the poor access levels out of county.

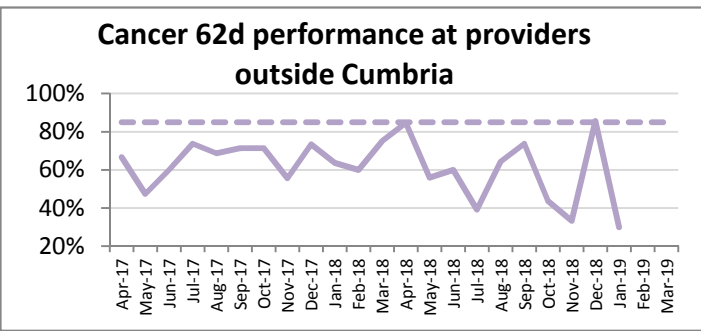
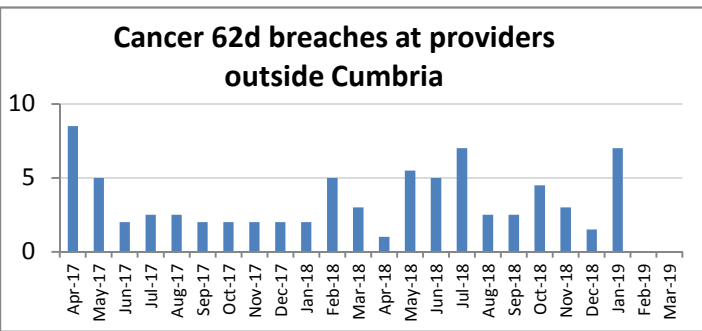
## Monthly CCG Performance against trajectory



## Monthly CCG Performance against trajectory



**Key:**  
■ underachieving    ■ Achieving trajectory  
— England    - - - CCG Trajectory    — CCG actual



**EMSA**

There was one out of county breach in January, at John Radcliffe Hospital in Oxford.

**Elective**

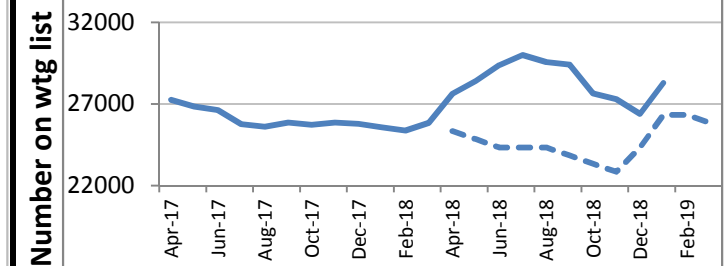
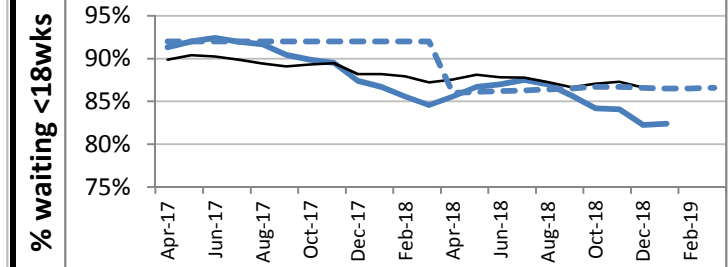
Last month it was reported that the NCUHT Recovery Plan had delivered as intended and had removed approximately 4,000 duplicate or erroneous records from the waiting list.

Unfortunately, the risks alluded to in previous reports regarding the impact of reduced elective activity over winter have happened and the numbers waiting rose significantly in January, with provisional figures for February indicating a further.

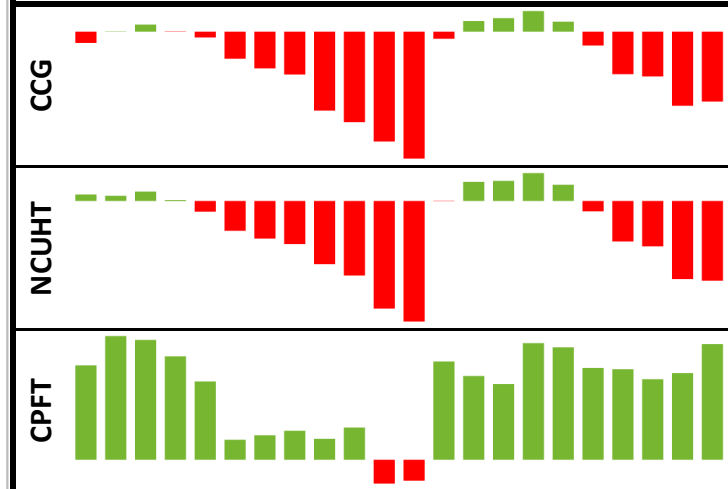
Regarding the ongoing issue at CPFT relating to the MSK waiting list and a resubmission of the baseline data, this was successfully updated on 13 March. Whilst this is very helpful in addressing the perceived increase in the overall waiting list since March 2018, the current increases at NCUHT mean that there is now a high risk that the number of patients waiting at March 2019 will be above the March 2018 figure.

The Trust is working on a recovery plan as part of the 2019/20 Operational Plan and is preparing a local RTT trajectory which provides a partial recovery of the 18 week performance and a full recovery of the need to reduce the numbers of patients waiting for outpatient appointment or elective admission.

**CCG RTT Performance against trajectory**



**Trust Variation from local 18wks trajectory**



**Key:**  
■ underachieving    ■ Achieving trajectory  
 — England    - - - CCG Trajectory    — CCG actual

**Area Elective Care**

**Exceptions Diagnostic >6wk; Cancellations within Cancelled ops 28 day rule;**

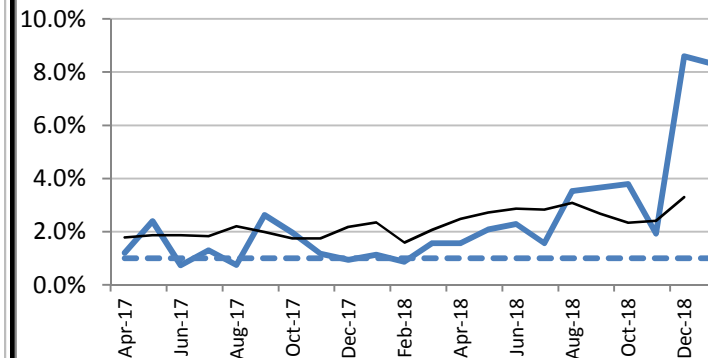
**Diagnostic**

The very disappointing position has continued through January and into February with the prime constraints being in MRI, Ultrasound and Echocardiology. The Trust is exploring additional independent sector capacity to help alleviate some of the risks.

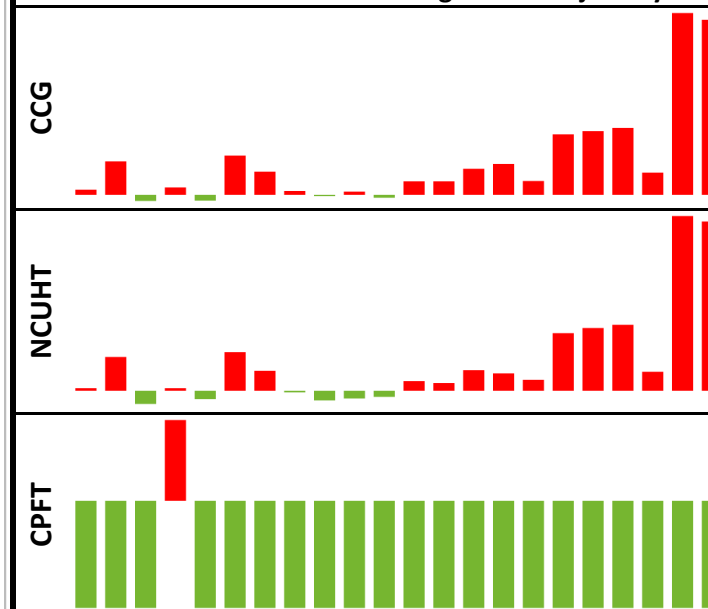
**Cancelled Operations**

The level of cancelled operations reflects the ongoing capacity pressures in NCUHT

**Diagnostics CCG Performance against trajectory**



**Trust Variation from local diagnostics trajectory**



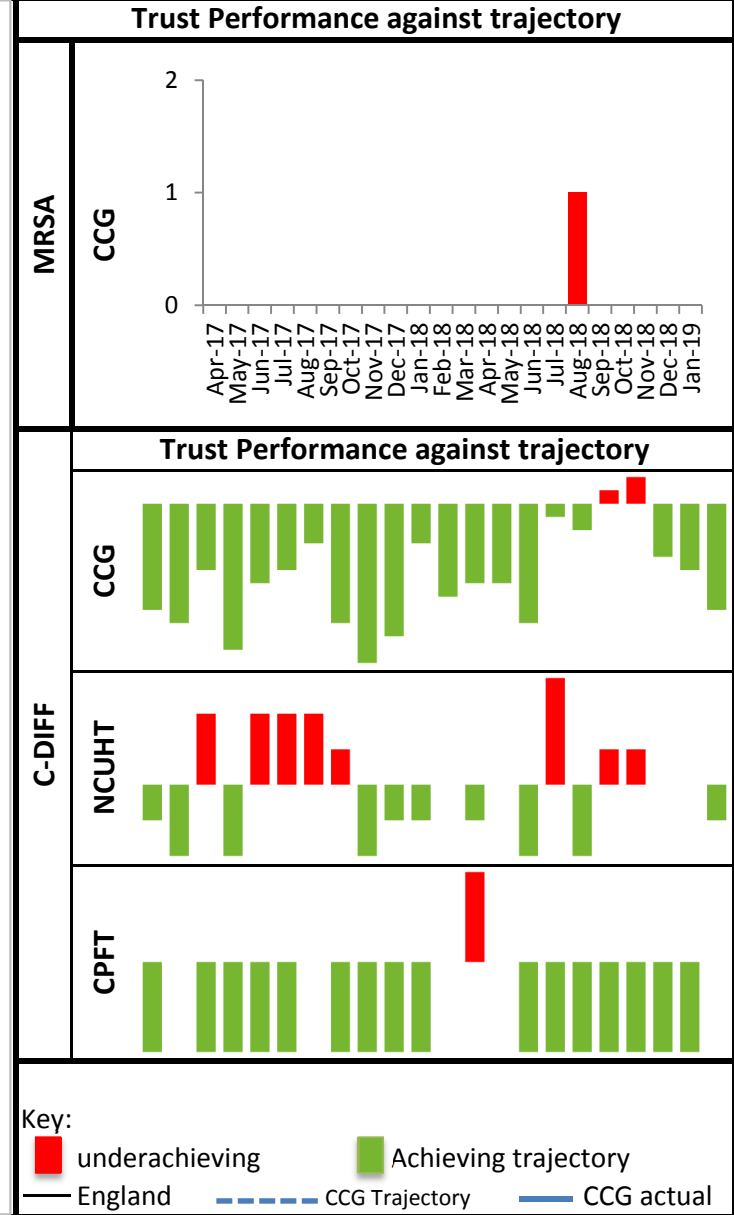
Key:

- underachieving
- Achieving trajectory
- England
- - - CCG Trajectory
- CCG actual

Measures

**C Diff and MRSA**

Standards were again met in January.



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 if none of the constitutional measures were achieved but some or all of the Emergency Demand Management indicators are.

The following page presents the indicators used and the associated targets.

The position on the Quality Premium remains as previously reported, with the main success continuing to be the non elective performance for over 1 day stay patients. The risks remain in that the margin of 'cover' above the target is very small, but it is a positive indication that performance has been sustained over the challenged post Christmas period and that ICCs are having an impact in supporting reduced admissions and reduced lengths of stay.

Proposed measures



			Indicator	Trend variance from 18/19 target	Latest data period	Target	% of Quality Premium	Latest Performance	% of Quality Premium Achieved	Equivalent to £££	
Emergency Demand Management	1	A&E	Type I A&E attendances		YTD to Jan-19	76,899	18.9%	78,347	0.0%	£0	
	2	Emergency	Non-elective admissions with zero length of stay			8,406	18.9%	9,085	0.0%	£0	
	3	admissions	Non-elective admissions with length of stay of 1 day or more			22,411	37.8%	22,184	37.8%	£611,763	
<b>Emergency Demand Management Payment:</b>									<b>37.8%</b>	<b>£611,763</b>	
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 3 2018/19	80%	2.1%	46.5%	0.0%	£0	
			NHS CHC assessments taking place in an acute hospital setting (Quarterly)			15%	2.1%	9.6%	2.1%	£33,676	
	4	Mental Health*	Out of Area Placements (monthly)		3 months to Dec-18	28	4.2%	335	0.0%	£0	
	5	Bloodstream Infections	a)i.Gram negative blood stream infections (monthly)		YTD to Jan-19	196	1.2%	249	0.0%	£0	
			a)ii.Core primary care data set*			Completion	0.6%		0.6%	£9,718	
			b)i.Trimethoprim items in over 70yr olds (monthly)			12 months to Dec-18	7,001	0.8%	2,658	0.8%	£13,470
			c)i.Antibiotics prescribed in primary care (monthly)				1,161	0.4%	1,134	0.4%	£2,290
	c)ii.Antibiotics prescribed in primary care - additional (monthly)		0.965	1.0%	1,134	0.0%	£0				
Local Quality	1	Respiratory System	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	
<b>Quality Payment:</b>									<b>3.9%</b>	<b>£59,155</b>	
<b>Total Payment</b>									<b>41.7%</b>	<b>£670,918</b>	
Penalties	NHS Constitution requirements	Patients waiting on incomplete pathway compared to March 2018			Jan-19 only	26,331	-50.0%	28,290	-50.0%	-£29,577	
		Maximum 62-day waits from urgent GP referral to treatment for cancer			Qrt 4 to Jan-19	85.0%	-50.0%	63.6%	-50.0%	-£29,577	
<b>Total Penalties:</b>									<b>-100.0%</b>	<b>-£59,155</b>	
<b>Total Quality Premium Achieved:</b>									<b>37.8%</b>	<b>£611,763</b>	

\* see notes on next page

Achieved Not achieved



### 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 increase in the data has been confirmed by CPFT as being correct.

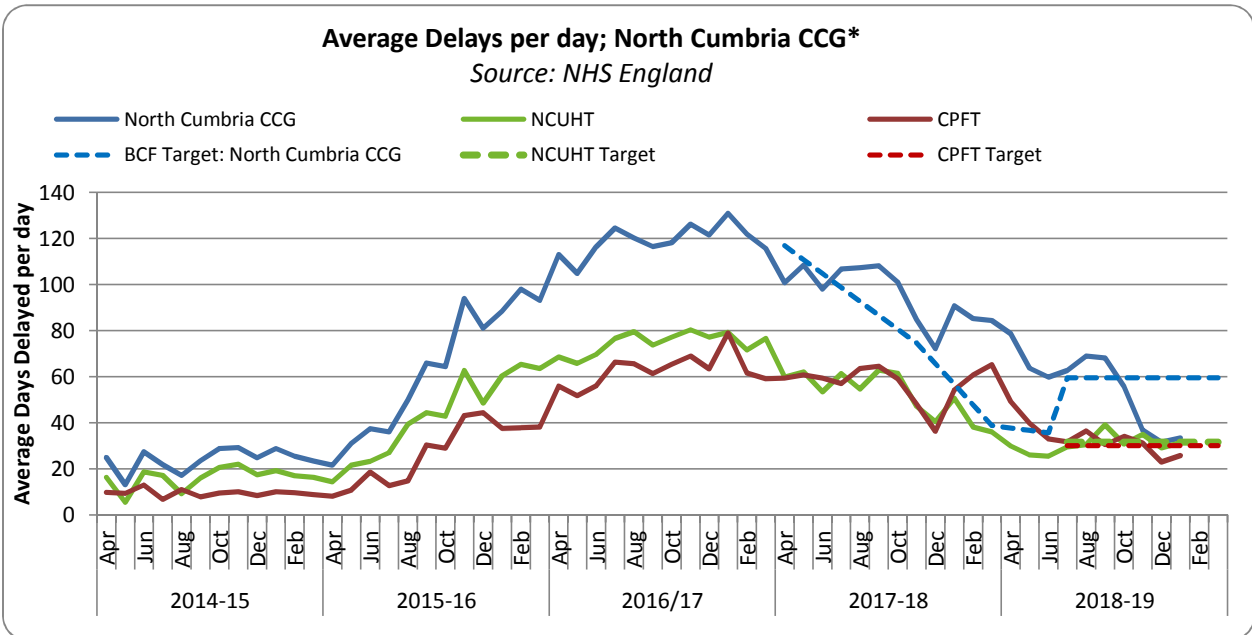
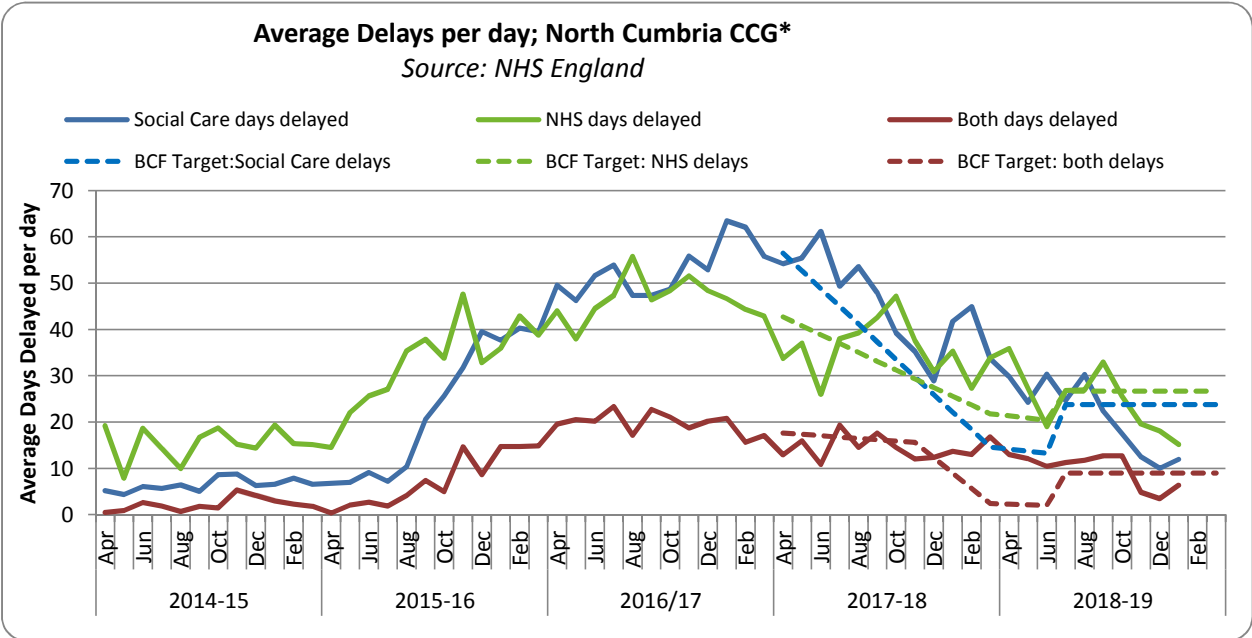
NQ5a.ii The collation and reporting of the primary care data set was due to start in quarter 2 2017/18 and therefore further details are required.

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.

## Section 4 - Other Supplementary measures: Delayed Transfers of Care

	NC CCG	NCUHT	CPFT
JANUARY Performance	33.5	31.4	25.8
Target	59.5	31.6	30.0

DTOCs continue to perform well with the January targets being met. Provisional February and early March figures indicate continuing favourable performance.



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

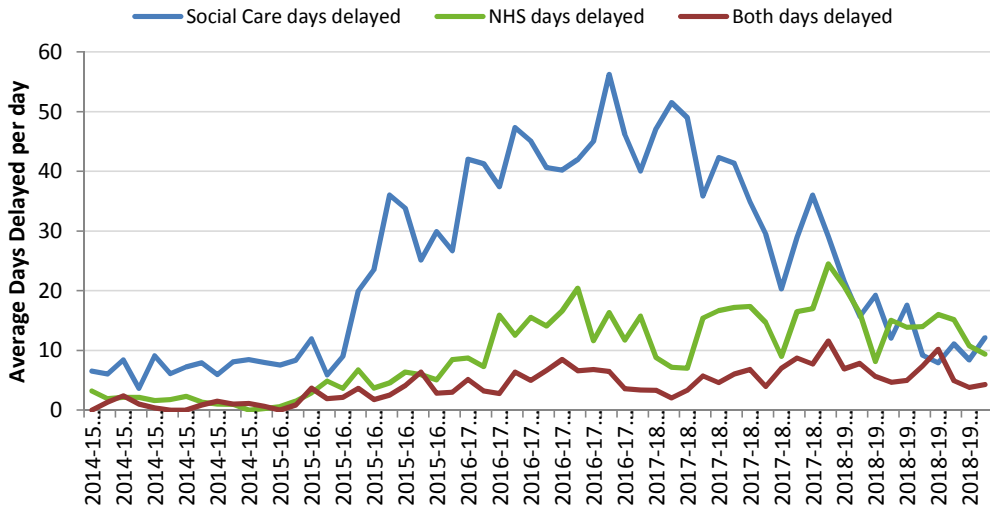




# Section 4 - Other Supplementary measures: Delayed Transfers of Care

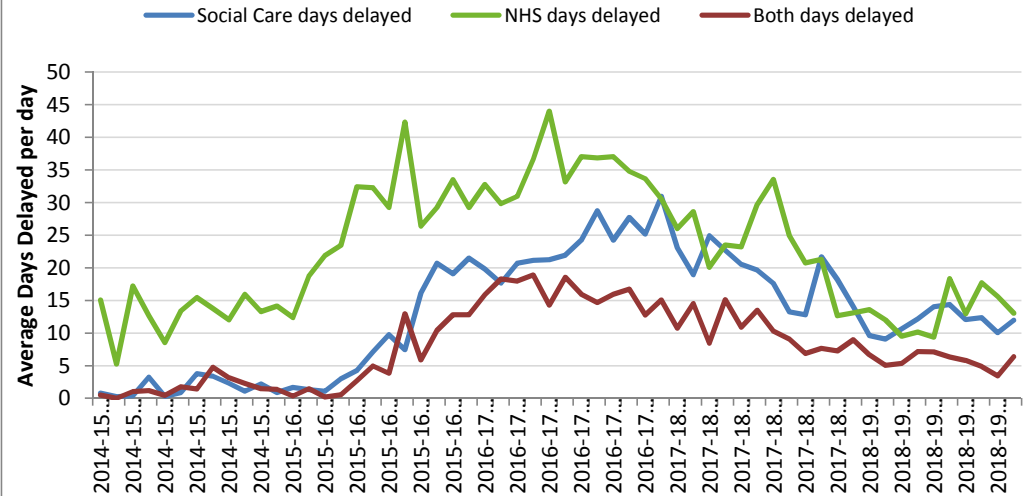
**Average Delays per day; Cumbria Partnership NHS FT**

Source: NHS England



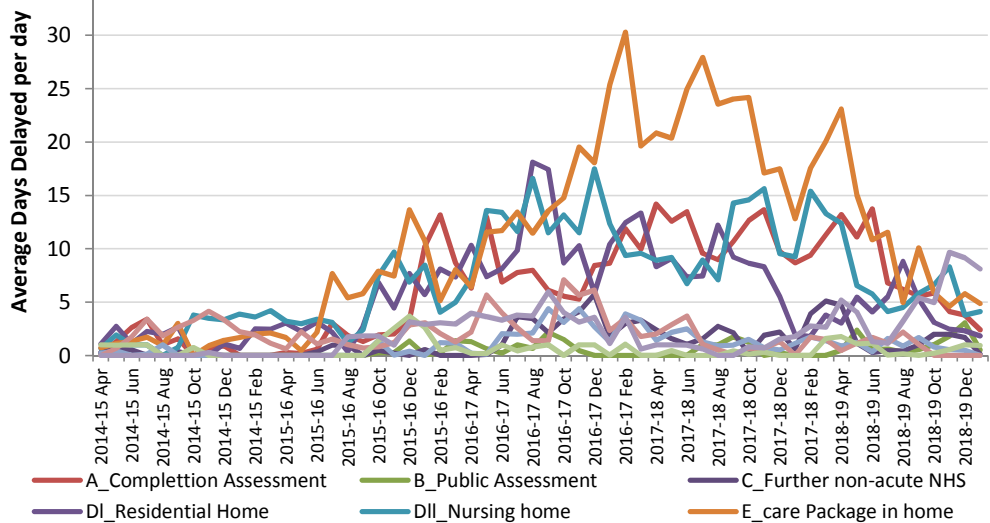
**Average Delays per day; North Cumbria University Hospitals Trust**

Source: NHS England



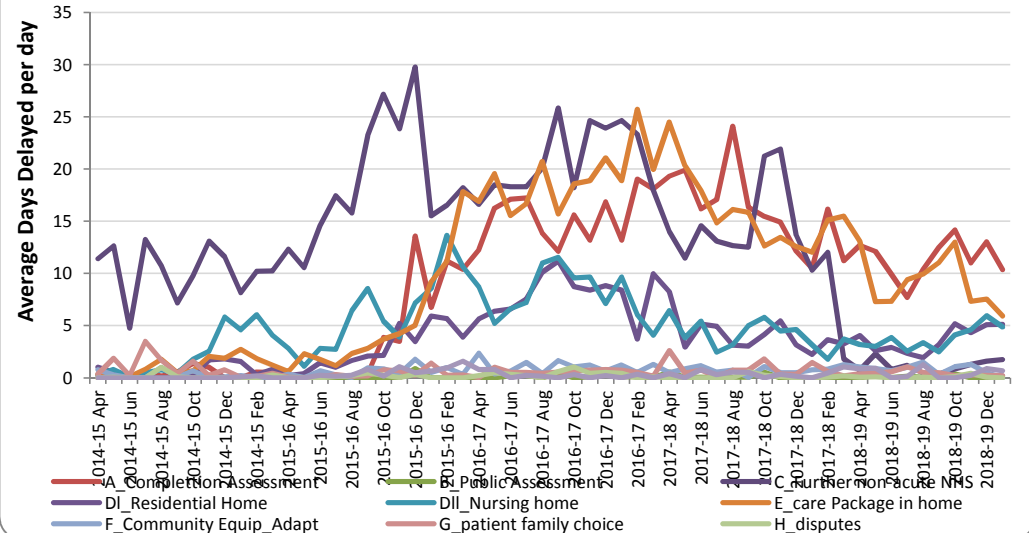
**CPFT - Average Delays per day by Reason; Cumbria CC only; Source: NHS**

England



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

England



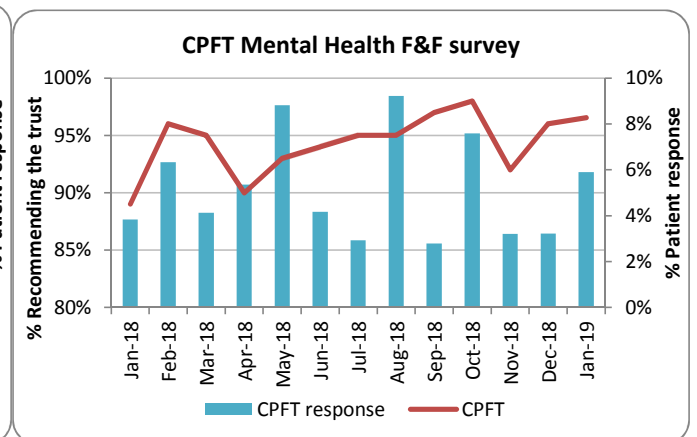
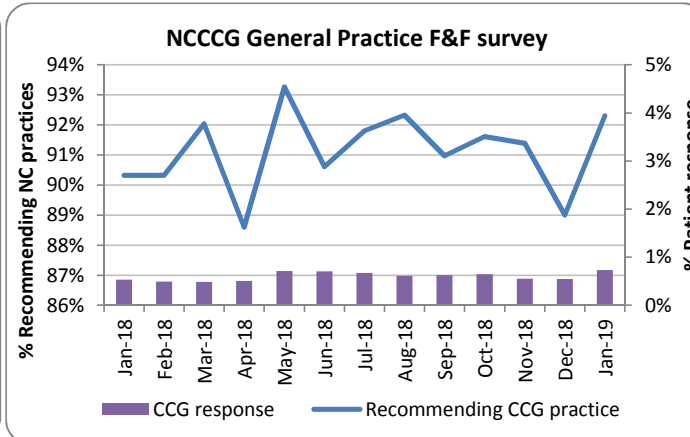
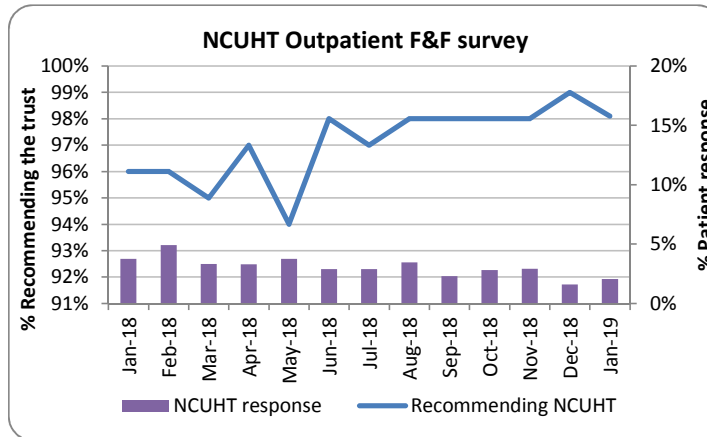
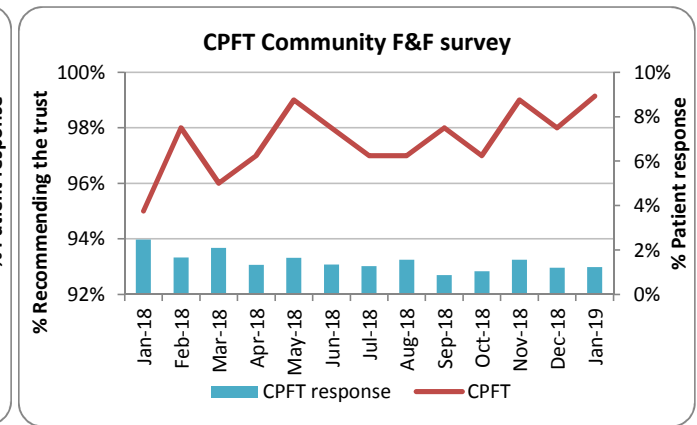
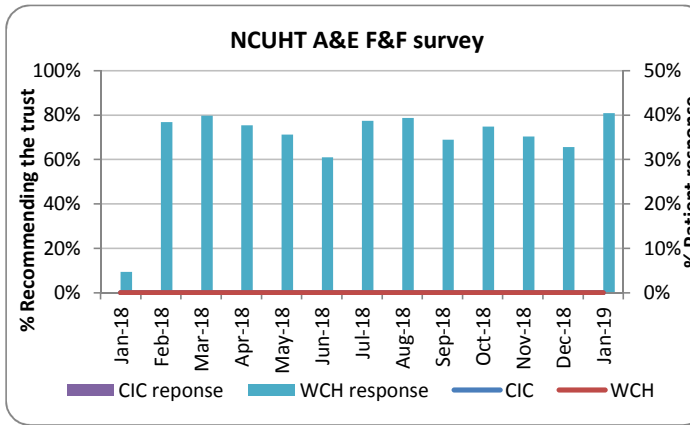
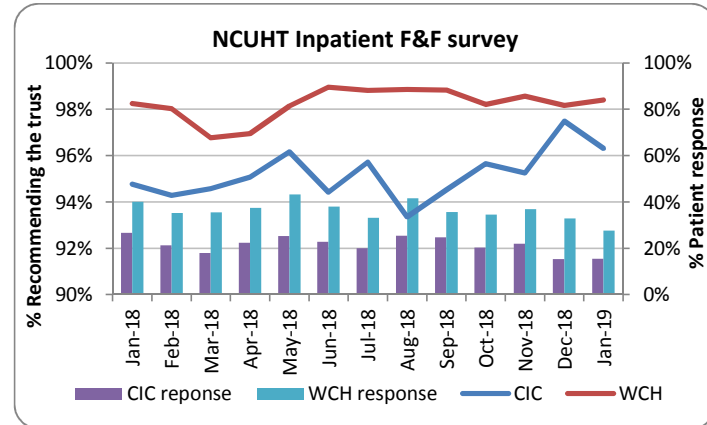
# Section 4 - Other Supplementary measures: Friends and Family Test

## Percent of patients recommending the Trust

Jan-2019		A&E	Inpatients	Outpatients	General Practice	Community	MH
NCUHT	CIC	0.0%	96.3%	Not available			
	WCH	0.0%	98.4%				
NCUHT Total		0.0%	97.4%	98.1%			
NC CCG Total					92.3%		
CPFT Total						99.1%	96.5%
CNE Total		0.0%	97.7%	96.3%	89.7%	98.2%	90.4%
England		0.0%	95.6%	94.0%	90.3%	95.6%	90.1%

January results show that the performance on Friends and Family continues to compare favourably with CNE peers and with all-England.

█ = Not applicable



## 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
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
<b>EMSA</b>	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
Amb arrival to clear ave time	Average ambulance arrival to clear time at hospital	
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 would 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 would 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 with 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	

NHS North of England Commissioning Support Unit  
Business Information Services Department  
**Performance Report**  
Sources and Definitions



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