

REGION NORTH
CCG: NHS North Durham CCG
LAST REFRESH DATE 14 August 2014



DELIVERY DASHBOARD

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QUARTER 4



2013-14

INDICATOR	OPERATIONAL STANDARD	LOWER THRESHOLD	QUARTER 1 PERFORMANCE	QUARTER 2 PERFORMANCE	QUARTER 3 PERFORMANCE	QUARTER 4 PERFORMANCE	
Referral to Treatment waiting times for non urgent consultant led treatment							
Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	85%	91.39%	91.29%	89.97%	90.69%	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	90%	98.08%	97.89%	97.95%	98.03%	
Patients on incomplete non emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	92%	87%	93.42%	93.18%	93.00%	93.79%	
Number of patients waiting more than 52 weeks	0	10	0	0	0	0	
Diagnostic test waiting times							
Percentage of Patients waiting 6 weeks or more for a diagnostic test	1%	6%	0.00%	0.08%	0.27%	0.21%	
A & E waits							
[Provider 1] Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	90%	95.21%	95.71%	94.73%	94.00%	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST
[Provider 2] Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	90%	93.91%	95.19%	94.42%	94.36%	CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST
[Provider 3] Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	90%					TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST
Cancer patients - 2 week wait							
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	88%	96.78%	96.10%	96.67%	96.57%	
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	88%	90.85%	94.96%	93.71%	96.35%	
Cancer waits - 31 days							
Maximum (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	91%	98.73%	99.29%	98.45%	96.51%	
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	89%	100.00%	100.00%	100.00%	97.33%	
Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regime	98%	93%	100.00%	98.59%	100.00%	100.00%	
Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	89%	100.00%	100.00%	100.00%	100.00%	
Cancer waits - 62 days							
Maximum (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	80%	90.26%	89.47%	86.23%	78.65%	Cancer Waits 62 days
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	85%	100.00%	91.67%	87.50%	100.00%	Cancer Waits 62 days
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	No operational	No operational					
Category A ambulance calls							
NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST							
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	75%	70%	76.66%	80.36%	75.98%	75.29%	
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	75%	70%	80.01%	79.89%	77.87%	75.89%	
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	95%	90%	97.45%	97.46%	96.94%	95.91%	
Mixed sex accommodation breaches							
Breaches of Same Sex Accommodation	0	10	1	0	0	0	
Cancelled Operations							
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding data within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice	Not Rated	Not Rated	DATA NOT AVAILABLE BY CCG	DATA NOT AVAILABLE BY CCG	DATA NOT AVAILABLE BY CCG	DATA NOT AVAILABLE BY CCG	
Mental Health							
Care Programme Approach (CPA): The proportion of people under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric inpatient care during the period	95%	90%	97.01%	98.65%	98.51%	97.53%	

Do you have any future concerns on any of the above measures?

Yes

INDICATOR RAG CRITERIA

Green - Performance at or above the standard

Amber - Performance between the standard and the lower threshold

Red - Performance below the lower threshold OR same indicator has Red/Amber performance for three consecutive quarters

NHS Outcomes Framework measures which the NHS Commissioning Board and CCGs will use in annual assurance as described in Annex A of Everyone Counts

Indicator	BASELINE 2012-13	QUARTER 1 PERFORMANCE	QUARTER 2 PERFORMANCE	QUARTER 3 PERFORMANCE	QUARTER 4 PERFORMANCE	END OF YEAR	Unit	Indicator used in quarterly checkpoints	Comments
2. Enhancing quality of life for people with long term conditions									
Combined measure: Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults), Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s, Emergency admissions for acute conditions that should not usually require hospital admission. Emergency admissions for children with LRTI.		620.9	554.1	637.4	618.6		Per 100,000 population		To earn this position of the quality premium, there will need to be a reduction or a zero percent change in emergency admissions for these conditions for a CCG population between 2012/13 and 2013/14. NHS England may apply an adjustment for CCGs with the highest baseline levels of emergency admissions.

3. Helping people to recover from ill health or following injury**4. Patient Information**

Is the CCG on track to be able to deliver the mandate commitment that by 2015 everyone with a long term condition who wants one should have a personalised care plan?		INDICATOR INTRODUCED IN Q3	INDICATOR INTRODUCED IN Q3	Yes	Yes				NOT RATED
Is the CCG on track to meet the statutory duty to deliver personal health budget to people who receive NHS continuing healthcare from April 2014?		INDICATOR INTRODUCED IN Q3	INDICATOR INTRODUCED IN Q3	Yes	Yes				NOT RATED

5. Ensuring that people have a positive experience of care**6. Treating and caring for people in a safe environment and protecting them from avoidable harm**

Incidence of healthcare associated infection (HCAI) i) MRSA - Includes Post Infection review	0	2	0	1	1	4	Number of Cases	Yes	A CCG will earn this position of the quality premium, if there are no cases of MRSA bacteraemia for the CCG's population.
Incidence of healthcare associated infection (HCAI) ii) C difficile	54	7	17	12	11	47	Number of Cases	Yes	Comparing each quarter to plan, a CCG will earn this position if C. difficile cases are at or below defined thresholds for CCG.

7. Others

Overall FFT RAG Calculation			AMBER	AMBER	AMBER				Comparison to previous quarter, please note that Data collection starts in Quarter 1 2013-14
Friends and Family Test -An improvement in combined FFT scores for acute inpatient care and A&E services between Q1 2014-15 for acute hospitals that serve a CG population			0	0	0		0 = NO IMPROVEMENT 1 = IMPROVEMENT This is compared to the previous quarter		To earn this portion of the quality premium, there will need to be: 1) assurance that all relevant local providers of services commissioned by a CCG have delivered the nationally agreed roll-out plan to the national timetable 2) an improvement in average FFT scores for acute inpatient care and A&E services between Q1 2013/14 and Q1 2014/15 for acute hospitals that serve a CCG's population.
Are providers (defined in QUALITY SECTION) meeting the 15% response rates on FFT ?		0	1	1	1		1 = YES 0 = NO	Yes	"To earn this portion of the quality premium, there will need to be: 1) assurance that all relevant local providers of services commissioned by a CCG have delivered the nationally agreed roll-out plan to the national timetable 2) an improvement in average FFT scores for acute inpatient care and A&E services between Q1 2013/14 and Q1 2014/15 for acute hospitals that serve a CCG's
Is the CCG progressing as expected in the IAPT trajectory submitted during the planning round?		FDR	FDR	FDR	0		0 = NO FDR = FURTHER DEVELOPMENT REQUIRED	Yes	

FFT RESPONSE RATE ORDER BY ACUTE TRUST SELF CERT PROVIDERS**FFT SCORES ORDER BY ACUTE TRUST SELF CERT PROVIDERS**

Local priorities (Self-Certification)	Are you on track to deliver against this local priority?				
LOCAL PRIORITY 1	Yes/No/FDR	Yes	Yes	Yes	Yes
LOCAL PRIORITY 2	Yes/No/FDR	Yes	Yes	Yes	Yes
LOCAL PRIORITY 3	Yes/No/FDR	Yes	Yes	Yes	No

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FINANCE SECTION

CLICK + SIGN
TO VIEW
INDIVIDUAL
INDICATOR
RAG RATING
THRESHOLD



OPERATIONAL STANDARD NOT

NHS North Durham CCG

2013-14

INDICATOR	PRIMARY/SUPPORTING INDICATOR	QUARTER 1 PERFORMANCE	QUARTER 2 PERFORMANCE	QUARTER 3 PERFORMANCE	QUARTER 4 PERFORMANCE
Underlying recurrent surplus on exit of 2013-14	Primary	INDICATOR INTRODUCED IN Q2	G	G	G
Plan - Year to date (variance to plan as % of YTD allocation)	Primary	G	G	G	G
Plan - full year (variance to plan as % of YTD allocation)	Primary	G	G	G	G
Management of 2% NR funds within agreed processes	Supporting	G	G	G	G
QIPP** - year to date delivery	Primary	G	G	G	G
QIPP** - full year forecast	Primary	G	G	G	G
Activity trends - year to date	Supporting				
Activity trends - full year forecast	Supporting				
Running costs	Primary	G	G	G	G
Clear Identifications of risks against financial delivery and mitigations	Primary	G	G	G	
QIPP to include transactional and transformational schemes - Financial Management (Self-Certification)					
Assessment of internal and external audit opinions and on the timeliness and quality of returns	Supporting	G	G	G	G
Balance sheet indicators including performance against planned Cash Limit and BPPC performance	Supporting				
Financial plan meets the 2013 surplus planning requirement	Supporting	INDICATOR INTRODUCED IN Q2	G	G	G

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AUTHORISATION SECTION

NHS North Durham CCG

2013-14	QUARTER 3		
NO OF CONDITIONS REMAINING	OUTSTANDING CONDITIONS	RED/GREEN	SUPPORT LEVEL
No Outstanding Conditions			

FULLY AUTHORISED