

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

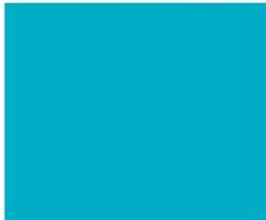


DELIVERY DASHBOARD

- GUIDANCE
- FAQ
- PRINT OUT
- EXIT DELIVERY DASHBOARD
- QUALITY SECTION
- NHS CONSTITUTION SECTION
- OUTCOME SECTION
- FINANCE
- AUTHORISATION



QUARTER 3



COVER PAGE

NHS CONSTITUTION



EXIT DELIVERY DASHBOARD

NHS North Durham CCG

2013-14					
INDICATOR	OPERATIONAL STANDARD	LOWER THRESHOLD	QUARTER 1 PERFORMANCE	QUARTER 2 PERFORMANCE	QUARTER 3 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%
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	90%	98.08%	97.89%	97.95%
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%
Number of patients waiting more than 52 weeks	0	10	0	0	0
Diagnostic test waiting times					
Percentage of Patients waiting 6 weeks or more for a diagnostic test	1%	6%	0.02%	0.08%	0.27%
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%
[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%
[Provider 3]Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	90%	NO DATA	NO DATA	NO DATA
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%
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%
Cancer waits - 31 days					
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	91%	98.73%	99.29%	98.45%
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	89%	100.00%	100.00%	100.00%
Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regime	98%	93%	100.00%	98.59%	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%
Cancer waits - 62 days					
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	80%	90.26%	89.47%	86.23%
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%
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					
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	75%	70%	76.66%	80.36%	75.98%
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	75%	70%	80.01%	79.89%	77.87%
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	95%	90%	97.45%	97.46%	96.94%
Mixed sex accommodation breaches					
Breaches of Same Sex Accommodation	0	10	1	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 date 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
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%

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

No

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 Amber performance for two consecutive quarters

COVER PAGE

OUTCOME SECTION

EXIT DELIVERY DASHBOARD



CLICK HERE THEN ANY + SIGN TO UNGROUP/GROUP ROW

NHS North Durham CCG

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

2013-14

Indicator	BASELINE	QUARTER 1 PERFORMANCE	QUARTER 2 PERFORMANCE	QUARTER 3 PERFORMANCE	Unit	Indicator used in quarterly checkpoints	Indicator included in Quality Premium	Threshold
1. Preventing people from dying prematurely								
<i>Annual Assurance indicators only</i>								
2. Enhancing quality of life for people with long term conditions								
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				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				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	Number of Cases	Yes	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	14	7	17	12	Number of Cases	Yes	Yes	Comparing each quarter to plan, a CCG will earn this position of the quality premium if C. difficile cases are at or below defined thresholds for CCG.
7. Others								
Overall FFT RAG Calculation			AMBER	AMBER				Comparison to previous quarter , please note that Data collection starts in Quarter 1 2013-14
Friends and Family Test -An improvement in combine 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 = NO IMPROVEMENT 1 = IMPROVEMENT			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 current quarter and the previous quarter 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 = YES 0 = NO			"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 current quarter and the previous quarter for acute hospitals that serve a CCG's population"
Is the CCG progressing as expected in the IAPT trajectory submitted during the planning round?		FDR	FDR	FDR	1 = YES 0 = NO FDR = FURTHER DEVELOPMENT REQUIRED	Yes	No	

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	Yes/No/FDR	Yes	Yes	Yes
LOCAL PRIORITY 1	Yes/No/FDR	Yes	Yes	Yes
LOCAL PRIORITY 2	Yes/No/FDR	Yes	Yes	Yes
LOCAL PRIORITY 3	Yes/No/FDR	Yes	Yes	Yes

COVER PAGE

FINANCE SECTION



EXIT DELIVERY DASHBOARD

NHS North Durham CCG

2013-14

Financial Performance						Individual indicator RAG rating threshold			
No.	Indicator	Primary/Supporting Indicator	Q1	Q2	Q3	Green	Amber-Green	Amber-Red	Red
1	Underlying recurrent surplus on exit of 2013/14	Primary		G	G	>= 2%	1% - 1.99%	0% - 0.99%	< 0%
2	Plan - Year to date (variance to plan as % of YTD allocation)	Primary	G	G	G	Variance <= 0.1%	0.1% > variance <= 0.25%	0.25% > variance < 0.5%	Variance => 0.5%
3	Plan - full year (variance to plan as % of YTD allocation)	Primary	G	G	G	Variance <= 0.1%	0.1% > variance <= 0.25%	0.25% > variance < 0.5%	Variance => 0.5%
4	Management of 2% NR funds within agreed processes	Supporting	G	G	G	Yes			No
5	QIPP** - year to date delivery	Primary	G	G	G	>= 95% of plan	>= 80% of plan	>= 50% of plan	< 50% of plan
6	QIPP** - full year forecast	Primary	G	G	G	>= 95% of plan	>= 80% of plan	>= 50% of plan	< 50% of plan
7	Activity trends - year to date	Supporting				< 101% of plan	< 102% of plan	< 103% of plan	>= 103% of plan
8	Activity trends - full year forecast	Supporting				< 101% of plan	< 102% of plan	< 103% of plan	>= 103% of plan
9	Running costs	Primary	G	G	G	<= RCA			> RCA
10	Clear Identifications of risks against financial delivery and mitigations	Primary	G	G	G	Indicator met in full	Indicator partially met - limited uncovered risk	Indicator partially met - material uncovered risk	Indicator not met
**QIPP to include transactional and transformational schemes									
Financial Management (Self-Certification)						Individual indicator RAG rating threshold			
No.	Indicator	Primary/Supporting Indicator	Q1	Q2	Q3	Green	Amber-Green	Amber-Red	Red
11	Assessment of internal and external audit opinions and on the timeliness and quality of returns	Supporting	G	G	G	No non-satisfactory audit reports in relation to finance related systems and processes and all finance returns submitted on time and of satisfactory quality.	One or two non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns sometimes submitted late and/or of a poor quality.	A number of non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns often submitted late and/or of a poor quality.	Significant number of non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns consistently submitted late and/or of a poor quality.
12	Balance sheet indicators including performance against planned Cash Limit and BPPC performance	Supporting				To be defined	To be defined	To be defined	To be defined
13	Financial plan meets the 2013 surplus planning requirement	Supporting		G	G	>=1% surplus but planned	<1% surplus but >=0.5% surplus planned	>=breakeven position but <0.5% surplus planned	Deficit plan

COVER PAGE

AUTHORISATION

EXIT DELIVERY

NHS North Durham CCG

2013-14		Q3	
NUMBER OF CONDITIONS OUTSTANDING REMAINING	OUTSTANDING CONDITIONS	RED/GREEN No Outstanding Conditions	SUPPORT LEVEL No Outstanding Conditions
No Outstanding Conditions			

FULLY AUTHORISED