

REGION

North

CCG:

NHS North Durham CCG

AREA TEAM

Durham Darlington & Tees

DELIVERY DASHBOARD

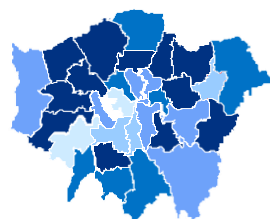
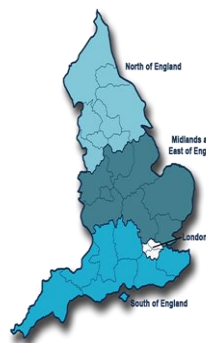
QUARTER 2 2014-15



LAST REFRESH DATE

13 November 2014

- PRINTER SETUP
- PRINT OUT
- GUIDANCE
- NHS CONSTITUTION
- BETTER CARE FUND
- Q & OUTCOME SECTION
- FINANCE



LONDON REGION



NORTH REGION



MIDLANDS REGION



SOUTH REGION

NHS CONSTITUTION SECTION

NHS North Durham CCG
Durham Darlington & Tees
North



CGG BASED INDICATORS	OPERATIONAL STANDARD	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 starting treatment within a maximum of 18 weeks from referral	90%	89.44%	91.35%		
Non-admitted patients starting treatment within a maximum of 18 weeks from referral	95%	98.26%	97.63%		
Patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	94.74%	94.47%		
Number of patients waiting more than 52 weeks on incomplete pathways	0	0	0		
Diagnostic test waiting times					
Percentage of patients waiting 6 weeks or more for a diagnostic test (15 key tests)	1%	4.58%	5.44%		
Cancer waits - Two-week waits					
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	96.57%	96.94%		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	96.12%	97.10%		
Cancer waits - one month (31 days) wait					
Maximum 31-day wait from diagnosis to first definitive treatment for all cancers	96%	97.29%	98.65%		
Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	98.51%	96.30%		
Maximum 31-day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	100.00%	100.00%		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	98.41%	98.92%		
Cancer waits - 2 month (62 days) waits					
Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer	85%	81.93%	85.23%		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	93.75%	81.82%		
Maximum 62-day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	No operational standard	0.00%	0.00%		
Mixed-Sex Accommodation					
Breaches of Mixed-Sex Accommodation	0	0	0		
Mental Health					
Care Programme Approach (CPA): Percentage 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%	97.14%	98.53%		
PROVIDER BASED INDICATORS					
A&E waits -Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge					
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	95%	95.71%	95.99%		
CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	95%	93.93%	93.37%		
SOUTH TYNESIDE NHS FOUNDATION TRUST	95%	97.90%	98.10%		
Category A Ambulance Calls NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST					
Category A (Red 1) calls resulting in an emergency response arriving within 8 minutes	75%	75.43%	75.57%		
Category A (Red 2) calls resulting in an emergency response arriving within 8 minutes	75%	75.77%	74.70%		
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	95%	95.71%	95.16%		
Cancelled Elective Operations: Number of elective operations that are cancelled at the last minute for non-clinical reasons and not re-booked within 28 days					
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	No operational standard	2	0		
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	No operational standard	0	0		

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QUALITY AND OUTCOMES SECTION

NHS North Durham CCG

Durham Darlington & Tees

North



ANNUAL - CCG BASED INDICATORS

	BASELINE (2013)		2014	2015
Preventing people from dying prematurely				
Potential years of life lost (PYLL) from causes considered amenable to healthcare (rate per 100,000 population)	5935.1	PERFORMANCE		
Enhancing quality of life for people with long term conditions	BASELINE (2013-14)		2014-15	2015-16
Health-related quality of life for people with long term conditions (EQ-5D score) (Per 100 people)	70	PLAN	72	72
		PERFORMANCE		
Positive experience of care	BASELINE (2013-14)		2014-15	2015-16
Composite indicator of patient experience of primary care (i) GP Services and (ii) GP Out of Hours service (average negative responses per 100 patients)		PLAN	5.0	4.8
		PERFORMANCE		
Patient experience of hospital care (average negative responses per 100 patients)		PLAN	108.3	107.7
		PERFORMANCE		

QUARTERLY - CCG BASED INDICATORS

	BASELINE (2013-14)		QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Enhancing quality of life for people with long term conditions						
Estimated diagnosis rate for people with dementia	57.37%	PLAN				67.01%
		PERFORMANCE	62.37%	61.04%		
Reducing the time people unnecessarily spend in hospital	BASELINE (2013-14)		623	556	637	617
Avoidable emergency admissions per 100,000 population (Composite measure)		PLAN (2014-15)	638	636	632	629
		PERFORMANCE (2014-15)	592			
		Comparison to same period in previous year	"			
Treating and caring for people in a safe environment and protecting them from avoidable harm	BASELINE (2013-14)		QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Incidence of healthcare associated infection (HCAI) i) MRSA - Cases which have been assigned to the CCG following a Post Infection Review	4	CEILING	0	0	0	0
		PERFORMANCE	0	1		
Incidence of healthcare associated infection (HCAI) ii) C.difficile (Year-to-date)	47	CEILING	17.00	32.00	47.00	62.00
		PERFORMANCE	10	21		
Improving Access to Psychological Therapies (IAPT)	BASELINE (2013-14 Q4)		QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Access: the proportion of people entering treatment against the level of need in the general population	3.17%	PLAN	3.20%	3.20%	3.20%	3.20%
		PERFORMANCE	3.18%			
Recovery: the proportion of people who complete treatment who are moving to recovery	48.45%	PLAN		50.02%		
		PERFORMANCE	52.08%			

QUARTERLY - PROVIDER BASED INDICATORS

Friends and Family Test (FFT)				
PERCENTAGE WHO WOULD RECOMMEND A&E	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	75.41%	78.11%		
CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	94.80%	95.46%		
SOUTH TYNESIDE NHS FOUNDATION TRUST	86.98%	84.10%		
PERCENTAGE WHO WOULD RECOMMEND INPATIENT	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	89.51%	87.90%		
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	97.63%	97.39%		

HALF YEARLY - PROVIDER BASED INDICATOR

Improving the reporting of medication-related safety incidents								
MEDICATION-RELATED PATIENT SAFETY INCIDENTS	April - September 2013-14 - Incidents Count	April - September 2013-14 - Percentage of Total Safety Incidents	October - March 2013-14 - Incidents Count	October - March 2013-14 - Percentage of Total Safety Incidents	April - September 2014-15 - Incidents Count	April - September 2014-15 - Percentage of Total Safety Incidents	October - March 2014-15 - Incidents Count	October - March 2014-15 - Percentage of Total Safety Incidents
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	592	12.65%	273	7.42%				
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	527	9.20%	493	8.84%				
CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	331	5.98%	381	7.87%				

ANNUAL			
Health and Well-Being Board: 1		County Durham	
INDICATOR	BASELINE (2013-14)		2014-15
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	736.2	PLAN	726.6
		PERFORMANCE	
Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement / rehabilitation services	89.4	PLAN	85.6
		PERFORMANCE	

QUARTERLY					
Health and Well-Being Board: 1		County Durham			
INDICATOR		QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Delayed transfers of care (delayed days) from hospital per 100,000 population	BASELINE (2013-14)	809.2	931.1	934.7	845.4
	PLAN (2014-15)	838.5	838.5	838.5	808.3
	PERFORMANCE (2014-15)	570.2	774.8		
Non-Elective Admissions (general and acute) per 100,000 population	BASELINE (2013-14)	3062.1	2940.8	3074.5	2983.7
	PLAN (2014-15)	3,000.5	2,979.2	3,033.7	2,867.8
	PERFORMANCE (2014-15)	3,013.4	3,030.3		

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CCG BASED INDICATOR	PRIMARY/SUPPORTING INDICATOR	QUARTER 1 PERFORMANCE	QUARTER 2 PERFORMANCE	QUARTER 3 PERFORMANCE	QUARTER 4 PERFORMANCE
Plan - year to date (variance to plan as % of YTD allocation)	Primary	G	G		
Plan - full year (variance to plan as % of allocation)	Primary	G	G		
QPPP - year to date delivery	Primary	G	G		
QPPP - full year forecast	Primary	G	G		
Clear identification of risks against financial delivery and mitigations	Primary	G	G		
Running costs	Primary	G	G		
Underlying recurrent surplus on exit of 2014/15	Primary	G	G		
Financial Performance and Management - Supporting Indicators					
Financial position meets the 2014/15 surplus planning requirement	Supporting	G	G		
Planned usage of non-recurrent headroom funds in line with business rules	Supporting	G	G		
BPPC performance - invoices paid within Better Payment Practice Code.	Supporting	G	A		
Cash utilisation	Supporting				