

## Summary report of quarterly assurance review – North Durham CCG assurance report

Quarter 1 2014/15

Headline assessment – Assured

Domain	Assurance level	Particular achievements noted/examples of good practice	Issues identified	Any issues identified requiring further action and actions agreed
Are patients receiving clinically commissioned, high quality services?	Assured	<ul style="list-style-type: none"> <li>• All member practices had the opportunity to input to quality improvement scheme 14/15</li> <li>• CDDFT Clinical Quality Review Group (CQRG) meetings have increased from bimonthly to 6 weekly and include staffing levels as standing agenda item to see if there is any correlation between levels of harm and staffing levels.</li> <li>• Commissioner assurance programme continues to be a priority for North Durham CCG</li> <li>• Soft intelligence gathering through general practices being developed</li> <li>• Primary care incident reporting process guide has been developed and shared</li> <li>• Clinical Leads aligned to the 7 key priority areas in the two year operational plan and five year strategic plan.</li> </ul>		

<p>Are patients and the public actively engaged and involved?</p>	<p>Assured</p>	<ul style="list-style-type: none"> <li>• CCG membership model commissioned following research by Bob Hudson (Durham University)</li> <li>• CCG work with Durham County Council (DCC) through JSNA/Health &amp; Wellbeing Board and working groups</li> <li>• Continue with personalised health budgets, further development regarding Special Education Needs jointly with DCC</li> <li>• Focus groups held gathering feedback on planned changes to services identified in the delivery plan</li> <li>• A member of the CCG is on the board on each Local Authority Area Action Partnerships in the CCG geographical boundary. These support engagement with communities</li> <li>• Engagement with existing patient groups through peoples parliament and constituency level patient reference groups</li> <li>• Elephant Kiosks in practices to capture patient feedback</li> </ul>		
<p>Are CCG plans delivering better outcomes for patients?</p>	<p>Assured with Support</p>	<ul style="list-style-type: none"> <li>• Public facing version of the clear and credible plan to be published in November 2014</li> </ul>	<p>A number of issues and challenges associated with urgent/unscheduled care given the performance levels of the</p>	<p>Ensure robust challenge and scrutiny across a number of key performance indicators, in particular</p>

		<ul style="list-style-type: none"> <li>• Record of financial performance</li> <li>• Five year master plan on a Unit of Planning Footprint, with annual delivery plan and prospectus</li> <li>• GP Weekend Opening scheme running in previous year and into 2014/15</li> <li>• Improving Outcomes In Primary Care Scheme, promoting innovation in practices and aiming to both increase quality in primary care and deliver efficiencies in secondary care activity</li> <li>• Whole system approach to managing winter pressures through the SRG</li> <li>• Dementia Care Strategy and action plan</li> <li>• CAMHS service review</li> </ul>	<p>main Acute provider.</p> <p>Failure to agree a contract for 2014/15 with main acute and community services provider, arising from lack of agreement on financial value of the contract and CQUIN schemes, in particular the potential financial implications of non-delivery of CQUIN and penalties.</p>	<p>Diagnostics, A and E and Referral to Treatment.</p> <p>Ensure a continued focus on the important area of Cancer 62 day waits to consistently achieve the performance standards required in this area.</p> <p>Engage proactively with NEAS regarding the performance of the NHS 111 service and its capacity during winter.</p> <p>Dispute resolution process set out in the NHS Standard Contract to be followed in order to progress contract agreement for 2014/15.</p>
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Does the CCG have robust governance arrangements?	Assured	<p>GP Member practices have both a joint meeting and in three separate constituencies, supported by CCG Directors and Heads of Service, to reflect both the collective and differing geographical needs of the communities they serve.</p> <ul style="list-style-type: none"> <li>• Processes in place for early warnings – listening to patients, whistleblowing, soft intelligence, CCG website, complaints, provider PALS, incident reporting, quality reports, SIs, assurance visits, CQRGs, ME, QRI, Exec to Exec, CQC meetings</li> <li>• Bi-monthly Governing Body Clinical Quality report</li> <li>• Bi-monthly safeguarding deep dive (alternate between children and vulnerable adults)</li> <li>• Register of interest maintained and updated regularly</li> </ul>		
Are CCGs working in partnership with others?	Assured	<ul style="list-style-type: none"> <li>• Joint Chief Operating Officer post with DDES CCG</li> <li>• Weekly planning and finance meetings between North Durham, DDES and Darlington CCGs</li> <li>• County Durham Unit of Planning and an officers coordination group, involving CCGs, local authority and providers</li> </ul>	Maintaining relationships with providers in challenging times	Continued development of working with DDES CCG

		<ul style="list-style-type: none"> <li>• Strong arrangements for safeguarding adults and children.(NDCCG continue to host)</li> <li>• Effective governance arrangements for the BCF.</li> </ul>		
Does the CCG have strong and robust leadership	Assured	<ul style="list-style-type: none"> <li>• 3 year organisational development (OD) plan developed in consultation with staff</li> <li>• Dennison organisational cultural audit undertaken to support OD plan</li> <li>• Use of North East Leadership Academy clinical fellows</li> </ul>	Succession planning, Dr David Smart appointed as Clinical Chair	Need to identify a replacement for Dr Smart as constituency lead for Durham
<b>Cross-cutting themes</b>		<b>Particular achievements noted/examples of good practice</b>	<b>Issues identified</b>	<b>Any issues identified requiring further action and actions agreed</b>
Parity of Esteem		<ul style="list-style-type: none"> <li>• The CCG has increased the investment in mental health services and ringfenced the resources to mental health to protect its importance.</li> </ul>		Ensure that the IAPT performance levels reach their target and deliver sustained performance
Focus on equality, reducing inequality		<ul style="list-style-type: none"> <li>• Plans to improve uptake of cancer screening rates are included in the 14/15 delivery plan.</li> <li>• Review of Diabetic services to ensure effective services across North Durham</li> </ul>		
Better Care Fund		<ul style="list-style-type: none"> <li>• Positive working relationships with both DDES CCG and DCC</li> </ul>	Recognised the challenges of delivering the 3.5% emergency admissions target having originally planned on 1%.	

