

REGION NORTH

CCG: NHS North Durham CCG ▼

LAST REFRESH DATE 13 January 2014

CCG ASSURANCE FRAMEWORK BALANCE SCORECARD SUMMARY



| DOMAIN BUTTONS | DOMAIN TITLES | DOMAIN RAG STATUS | DOMAIN TRIGGERS | STATUS |
|----------------|---|-------------------|---|-----------------------------|
| Domain 1 | ARE LOCAL PEOPLE GETTING GOOD QUALITY CARE? | AMBER-GREEN | THE NUMBER OF INDICATORS TRIGGERING AMBER-GREEN 9 | Self-certification complete |
| | ARE PATIENT RIGHTS UNDET THE NHS CONSTITUTION BEING PROMOTED? | GREEN | ALL INDICATORS MET 0RED_0AMBER | No self-certification data |
| Domain 3 | ARE HEALTH OUTCOMES IMPROVING FOR LOCAL PEOPLE? | AMBER-RED | FOR MRSA & CDIIF ONLY THE NUMBER OF INDICATORS TRIGGERING AMBER-RED 1 RED | Self-certification complete |
| Domain 4 | ARE CCG'S DELIVERING SERVICES WITHIN THEIR FINANCIAL PLANS? | GREEN | ALL INDICATORS MET FOR PRIMARY INDICATORS ONLY 7 | Self-certification complete |
| Domain 5 | ARE CONDITIONS OF CCG AUTHORISATION BEING ADDRESSED AND REMOVED (WHERE RELEVANT)? | No RAG | TOTAL NUMBER OF OUTSTANDING CONDITIONS 0 | Fully Authorised |

Domain 1 - Are local people getting good quality care?

Please note that this Domain will be pre-populated through the self-certification carried out by the CCG

| Indicator | COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST | CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST | TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST | NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |
|--|---|--|---|---|-------------|-------------|-------------|-------------|-------------|-------------|
| Providers (where CCG commissioning constitutes more than 5% of the providers income): | RXP | RLN | RX3 | RX6 | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |
| Please identify the percentage of provider income for CCG: | 40 | 5 | 21 | 10 | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |
| What type of service is commissioned from this provider? | Acute | Acute | MH | Ambulance | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |
| Has local provider been subject to local enforcement action by the CQC? | No | No | Yes - Action plan in place | No | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |
| Has local provider been flagged as a 'quality compliance risk' by Monitor and/or are requirements in place around breaches of provider licence conditions? | Yes - Action plan in place | No | Yes - Action plan in place | No | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |
| Has local provider been subject to enforcement action by the NHS TDA based on 'quality' risk? | No | No | No | No | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |
| Does feedback from the Friends and Family test (or any other patient feedback) indicate any causes for concern? | Yes - Action plan in place | No | No | No | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |
| Has the provider been identified as a 'negative outlier' on SMHI or HSMR? | No | No | No | No | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |
| Do provider level indicators from the National Quality Dashboard show that MRSA cases are above zero? | No | Yes - Action plan in place | No | No | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |
| Do provider level indicators from the National Quality Dashboard show that the provider has reported more C difficile cases than trajectory? | No | Yes - Action plan in place | No | No | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |
| Do provider level indicators from the National Quality Dashboard show that MSA breaches are above zero? | No | No | No | No | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |
| Does provider currently have any unclosed Serious Incidents (SIs)? | Yes - Action plan in place | Yes - Action plan in place | Yes - Action plan in place | Yes - Action plan in place | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |
| Has the provider experienced any 'Never Events' during the last quarter? | Yes - Action plan in place | Yes - Action plan in place | No | No | No Provider | No Provider | No Provider | No Provider | No Provider | No Provider |

| CCG: | |
|---|----------------------------|
| Clinical Governance | |
| Concerns about quality issues being discussed regularly by the CCG governing body | No |
| Has the CCG self-assessed and identified any risks associated with the following: | |
| Concerns about the arrangements in place to proactively identify early warnings of a failing service | No |
| Concerns around the arrangements in place to deal with and learn from serious untoward incidents and never events? | No |
| Concerns around being an active participant in its Quality Surveillance Group? | No |
| EPRR | |
| If there was an emergency event in the last quarter, has the CCG self assessed and identified any areas of concern on the arrangements in place for dealing with such an event? | No |
| Winterbourne View | |
| Identified any risk to progress against its Winterbourne View action plan? | Yes - Action plan in place |

Domain 1 Status **AMBER-GREEN**

Self-certification complete

| Domain 1 - RAG Criteria |
|--|
| Green - all 'No' responses |
| Amber-Green - One or more 'Yes - Action in place' |
| Amber-Red - One or more 'Yes - No action in place' |
| Red - One or more 'Yes - Enforcement action' |

Domain 2 - Are patient rights under the NHS Constitution being promoted?

| Indicator | NHS North Durham CCG | | Q2 - 2013-14 | | 2013-14 | |
|---|----------------------|-----------------|-------------------------|-----------------|---------|---|
| | Operational Standard | Lower Threshold | Current QTD Performance | YTD Performance | | |
| Referral to Treatment waiting times for non urgent | | | | | | |
| Admitted patients to start treatment within a maximum of 18 weeks from referral | 90% | 85% | 91.29% | 91.34% | | |
| Non-admitted patients to start treatment within a maximum of 18 weeks from referral | 95% | 90% | 97.89% | 97.98% | | |
| Patients on incomplete non emergency pathways (yet to start treatment) should have been waiting no more | 92% | 87% | 93.18% | 93.18% | | |
| Number of patients waiting more than 52 weeks | 0 | 10 | 0 | 0 | | |
| Diagnostic test waiting times | | | | | | |
| Percentage of Patients waiting 6 weeks or more for a diagnostic test | 1% | 6% | 0.08% | 0.08% | | |
| 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% | 95.71% | 95.46% | | 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% | 95.11% | 94.49% | | 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% | 96.10% | 96.43% | | |
| Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) | 93% | 88% | 94.96% | 92.80% | | |
| Cancer waits - 31 days | | | | | | |
| Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers | 96% | 91% | 99.29% | 99.00% | | |
| Maximum 31 day wait for subsequent treatment where that treatment is surgery | 94% | 89% | 100.00% | 100.00% | | |
| Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen | 98% | 93% | 98.59% | 99.25% | | |
| Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy | 94% | 89% | 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% | 89.47% | 89.90% | | |
| Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers | 90% | 85% | 91.67% | 96.43% | | 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 | 0.00% | 0.00% | | |
| Category A ambulance calls | | | | | | |
| NE Amblnce | | | | | | |
| Category A calls resulting in an emergency response arriving within 8 minutes (Red 1) | 75% | 70% | 80.36% | 78.48% | | |
| Category A calls resulting in an emergency response arriving within 8 minutes (Red 2) | 75% | 70% | 79.89% | 79.95% | | |
| Category A calls resulting in an ambulance arriving at the scene within 19 minutes | 95% | 90% | 97.46% | 97.46% | | |
| Mixed sex accommodation breaches | | | | | | |
| Minimise breaches | 0 | 10 | 0 | 1 | | |
| 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 | | | | |
| 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 in patient care during the period | 95% | 90% | 98.65% | 97.87% | | |

| | |
|---|----|
| Future Concerns Please select "Y" or "N" from drop down box | |
| Do you have any future concerns on any of the above measures | NO |

GREEN

Domain 2- Indicator RAG Criteria

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| Domain 2- RAG Criteria |
| Green - No indicators rated Red |
| Amber-Green - No indicators rated Red but future concerns |
| Amber-Red - One indicator rated Red |
| Red - Two or more indicators rated Red |

Domain 3 - Are health outcomes improving for local people?

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 position | 2013-14 | | Unit | September | | Threshold |
|--|------------------------------|-----------------------------|---------------------|-----------------|---|---------------------------------------|--|
| | | Current QTD Indicator Value | YTD Indicator Value | | Indicator used in quarterly checkpoints | Indicator included in Quality Premium | |
| 5. Treating and caring for people in a safe environment and protecting them from avoidable harm | | | | | | | |
| Incidence of healthcare associated infection (HCAI) i) MRSA | 0 | 0 | 2 | 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) i) C difficile | 13.50 | 17 | 24 | Number of Cases | Yes | Yes | A CCG will earn this position of the quality premium if C. difficile cases are at or below defined thresholds for CCG's. |
| 6. Others | | | | | | | |
| Are providers (defined in Domain 1) meeting the 15% response rates on FFT ? | Yes | 1 | 1 | | Yes | 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 Q1 2014/15 for acute hospitals that serve a CCG's population" |
| Is the CCG progressing as expected in the IAPT trajectory submitted during the planning round? | Further development required | 0 | | | Yes | No | |
| FFT RESPONSE RATE ORDER BY ACUTE TRUST SELF CERT PROVIDERS | | | | | | | |
| COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST | Acute | 22.23% | 16.46% | | | | |
| CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST | Acute | 24.26% | 19.15% | | | | |
| TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST | MH | NO DATA | NO DATA | | | | |
| NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST | Ambulance | NO DATA | NO DATA | | | | |
| No Provider | No Provider | NO DATA | NO DATA | | | | |
| No Provider | No Provider | NO DATA | NO DATA | | | | |
| No Provider | No Provider | NO DATA | NO DATA | | | | |
| No Provider | No Provider | NO DATA | NO DATA | | | | |
| No Provider | No Provider | NO DATA | NO DATA | | | | |
| No Provider | No Provider | NO DATA | NO DATA | | | | |
| Local priorities (Self-Certification) Are you on track to deliver against this local priority? | | | | | | | |
| LOCAL PRIORITY 1 | Yes | | | | | | |
| LOCAL PRIORITY 2 | Yes | | | | | | |
| LOCAL PRIORITY 3 | Yes | | | | | | |

Domain Status **AMBER-RED**

Self-certification complete

Domain 3 - RAG rating

Domain 3 - RAG rating
 Green - No indicators rated Red
 Amber-Red - One rated Red
 Red - Two or more indicators rated Red

Domain 4 - Are CCGs delivering services within their financial plans?

NHS North Durham CCG

| Financial Performance | | | | Individual indicator RAG rating threshold | | | |
|-----------------------|---|------------------------------|------------------------|---|--|---|-------------------|
| No. | Indicator | Primary/Supporting Indicator | 2013/14 Q2 Performance | Green | Amber-Green | Amber-Red | Red |
| 1 | Underlying recurrent surplus on exit of 2013/14 | Primary | G | >= 2% | 1% - 1.99% | 0% - 0.99% | < 0% |
| 2 | Plan - Year to date (variance to plan as % of YTD allocation) | Primary | 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 | Variance <= 0.1% | 0.1% > variance <= 0.25% | 0.25% > variance < 0.5% | Variance => 0.5% |
| 4 | Management of 2% NR funds within agreed | Supporting | G | Yes | | | No |
| 5 | QIPP** - year to date delivery | Primary | G | >= 95% of plan | >= 80% of plan | >= 50% of plan | < 50% of plan |
| 6 | QIPP** - full year forecast | Primary | G | >= 95% of plan | >= 80% of plan | >= 50% of plan | < 50% of plan |
| 7 | Activity trends - year to date | Supporting | G | < 101% of plan | < 102% of plan | < 103% of plan | >= 103% of plan |
| 8 | Activity trends - full year forecast | Supporting | G | < 101% of plan | < 102% of plan | < 103% of plan | >= 103% of plan |
| 9 | Running costs | Primary | G | <= RCA | | | > RCA |
| 10 | Clear Identifications of risks against financial delivery and mitigations | Primary | 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 | | | | Individual indicator RAG rating threshold | | | |
|----------------------|---|------------------------------|------------------------|---|--|--|---|
| No. | Indicator | Primary/Supporting Indicator | 2013/14 Q2 Performance | Green | Amber-Green | Amber-Red | Red |
| 11 | Assessment of internal and external audit opinions and on the timeliness and quality of returns | Supporting | G | No non-satisfactory audit reports in relation to finance related systems and processes and all finance returns submitted on time and of | 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 | A number of non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns often submitted | Significant number of non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns consistently |
| 12 | Balance sheet indicators including performance against planned Cash Limit and BPPC performance | Supporting | Q3 | To be defined | To be defined | To be defined | To be defined |
| 13 | Financial plan meets the 2013 surplus planning requirement | Supporting | G | >=1% surplus but planned | <1% surplus but >=0.5% surplus planned | >=breakeven position but <0.5% surplus planned | Deficit plan |

Overriding rule: Qualified audit opinion would lead to an overall RED rating

Domain 4 Status

GREEN

Domain 4 - RAG rating

Green - All Primary indicators are green

Amber-Green - <= 3 Primary indicator are amber-red

Amber-Red - One Primary indicator rated Red or >3 are

Domain 5 - Are conditions of CCG authorisation being addressed and removed (where relevant)?

NORTH
Durham

CCG: NHS North Durham CCG

2013-14 Q2

| | |
|--|---|
| Domain 1: A strong clinical and multi-professional focus which brings real added value | Total number of outstanding conditions in Domain 1 |
| Quality is at the heart of governance, decision-making and planning arrangements, with examples of CCGs delivering local quality improvements. Member practices are involved in making and implementing decisions, and views and input are sought, heard and valued from a range of professionals across all providers, not just GPs. | 0 |
| Domain 2: Meaningful engagement with patients, carers and their communities | Total number of outstanding conditions in Domain 2 |
| CCG is an active member of its Health and Wellbeing Board, and sees engagement with patients, carers and members of the public and developing an open and transparent culture, as intrinsic to what it does. Examples of how CCG systematically monitors and acts on patient feedback, particularly in identifying quality issues. | 0 |
| Domain 3: Clear and credible plans which continue to deliver the QIPP challenge within financial resources, in line with national requirements (including excellent outcomes) and local joint health and wellbeing strategies | Total number of outstanding conditions in Domain 3 |
| CCG has detailed financial plan that delivers against the financial business rules, sets out how it will manage within its management allowance and is integrated with its commissioning plan, and CCG can demonstrate progress and delivery against its plan. There are ongoing discussions between CCG, its neighbouring CCGs and provider organisations about long-term strategy and plans, and member practices understand their local plans and priorities and are engaged in their delivery. | 0 |
| Domain 4: Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commission all the services for which they are responsible | Total number of outstanding conditions in Domain 4 |
| a) ability to manage all aspects of quality b) ability to commission the full range of services c) use of information to deliver an open and transparent culture d) financial control and capacity | 0 |
| Domain 5: Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS CB, as well as appropriate external commissioning support | Total number of outstanding conditions in Domain 5 |
| CCG has deep collaborative ties to their local authority, clinical senates and area teams, with shared governance of joint commissioning with area teams and, where relevant, strong integrated commissioning with their local authority partner. The CCG has developed a strong and insightful working partnership with their local Health and Wellbeing Board. CCG has contract in place with an assured commissioning support services provider, and can articulate clear plans for its commissioning support services between 2013 and 2016. | 0 |
| Domain 6: Great leaders who individually and collectively can make a real difference | Total number of outstanding conditions |
| CCG has individual and collective leadership who demonstrate commitment to partnership working and have the necessary skillset to lead commissioning and drive transformational change. Distributed leadership throughout the culture of the CCG and the governing body means that there is extensive engagement and communication across practices, with effective processes for two-way accountability in use. | 0 |
| Total number of outstanding conditions | 0 |