



Region: North
 CCG:
 Last Refresh Date: 03 September 2013

CCG Assurance Framework Balance Scorecard Summary

Domain Buttons	Domain Titles	Domain RAG Status	Domain RAG Summary	Status
Domain 1	Are local people getting good quality care?	AMBER-GREEN	The number of indicators triggering a AMBER-GREEN 6	Self-certification complete
	Are patient rights under the NHS Constitution	GREEN	All indicators met 0	No self-certification data
Domain 3	Are health outcomes improving for local people?	AMBER-RED	The number of indicators triggering a AMBER-RED 1	Self-certification complete
Domain 4	Are CCGs delivering services within their financial plans?	GREEN	All indicators met 0	Self-certification complete
Domain 5	Are conditions of CCG authorisation being	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	TEES, ESK AND WEAR VALLEYS NHS FOUNDATION	NORTH EAST AMBULANCE SERVICE NHS	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
Is this CCG the lead or associate commissioner?	Associate	Associate	Lead	Associate	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?	No	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?	No	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 Untoward Incidents (SUIs)?	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?	No	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	
Has the CCG self assessed and identified any risk to progress against its Winterbourne View action plan?	Yes – Action plan in place

Domain 1 Status **AMBER-GREEN**

Domain 1 - RAG Criteria

Self-certification complete

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

Indicator	NHS North Durham CCG		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%	91.39%	91.39%	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	90%	98.08%	98.08%	
Patients on incomplete non emergency pathways (yet to start treatment) should have been waiting no more	92%	87%	93.42%	93.42%	
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%	0.02%	0.02%	
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%	95.21%	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%	93.91%	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%	96.78%	
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%	90.85%	
Cancer waits - 31 days					
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	91%	98.73%	98.73%	
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%	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%	
Cancer waits - 62 days					
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	80%	90.26%	90.26%	
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	85%	100.00%	100.00%	
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	100.00%	100.00%	
Category A ambulance calls					
			NE Ambulance		
Category A calls resulting in an emergency reponse arriving within 8 minutes (Red 1)	75%	70%	76.66%	76.66%	
Category A calls resulting in an emergency reponse arriving within 8 minutes (Red 2)	75%	70%	80.01%	80.01%	
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	95%	90%	97.45%	97.45%	
Mixed sex accomodation breaches					
Minimise breaches	0	10	1	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%	97.01%	97.01%	

Future Concerns
 Do you have any future concerns on any of the above measures? ^N

GREEN

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

2013-14							
Indicator	Baseline position	Current QTD Indicator Value	YTD Indicator Value	Unit	Indicator used in quarterly checkpoints	Indicator included in Quality Premium	Threshold
1. Preventing people from dying prematurely							
Potential years of life lost (PYLL) from causes considered amendable to healthcare		0.0			No	Yes	To earn this portion of the quality premium, the potential years of life lost (adjusted for sex and age) from amenable mortality for a CCG population will need to reduce by at least 3.2% between 2013 and 2014. This is based on the 10-year average annual reduction in potential years of life lost from amenable mortality.
Under 75 mortality rate from cardiovascular disease		0.0					
Under 75 mortality rate from respiratory disease		0.0					
Under 75 mortality rate from liver disease		0.0					
Under 75 mortality rate fro cancer		0.0					
<i>Annual Assurance indicators only</i>							
2. Enhancing quality of life for people with long term conditions							
Health-related quality of life for people with long-term conditions	0.8	0.0			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, Emergency readmissions within 30 days of discharge from hospital.	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, Emergency readmissions within 30 days of discharge from hospital.	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.
Proportion of people feeling supported to manage their condition	0.4	0.0					
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adult)	630.0	0.0		Per 100,000 population			
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	148.9	0.0		Per 100,000 population			
Estimated diagnosis rate for people with dementia	0.6	0.0					
3. Helping people to recover from ill health or following injury							
Emergency admissions for acute conditions that should not usually require hospital admission	861.0	0.0		Per 100,000 population	No. of individuals receiving the procedures multiplied by the assessed average risk-adjusted improvement in health status		
Emergency readmissions within 30 days of discharge from hospital	0.1	0.0					
Total health gain assessed by patients i) Hip replacement, ii) Knee replacement, iii) Groin hernia, iv) Varicose veins	0.8	0.0					
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	150.6	0.0		Per 100,000 population			
4. Ensuring that people have a positive experience of care							
Patient experience of primary care i) GP Services, ii) GP Out of Hours services		0.0					
Patient experience of hospital care							
Friends and Family Test	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 population			Score out of 100	Yes	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 2014/15 for acute hospitals that serve a CCG's population
5. Treating and caring for people in a safe environment an protecting them from avoidable harm							
Incidence of healthcare associated infection (HCAI) i) MRSA	0	2	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	14	7	7	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 ?	No	0			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	
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**

Domain 3 - RAG rating

Self-certification complete

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 Q1 Performance	Green	Amber-Green	Amber-Red	Red
1	Undelying recurrent surplus	Primary		>= 2%	1% - 1.99%	0% - 0.99%	< 0%
2	Surplus - year to date performance	Primary	G	Variance <= 0.1%	0.1% > variance <= 0.25%	0.25% > variance < 0.5%	Variance => 0.5%
3	Surplus - full year forecast	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		< 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	<= 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 (Self-Certification)				Individual indicator RAG rating threshold			
No.	Indicator	Primary/Supporting Indicator	2013/14 Q1 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	Q2	To be defined	To be defined	To be defined	To be defined

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

Domain 4 Status

GREEN

Domain 4 - RAG rating

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

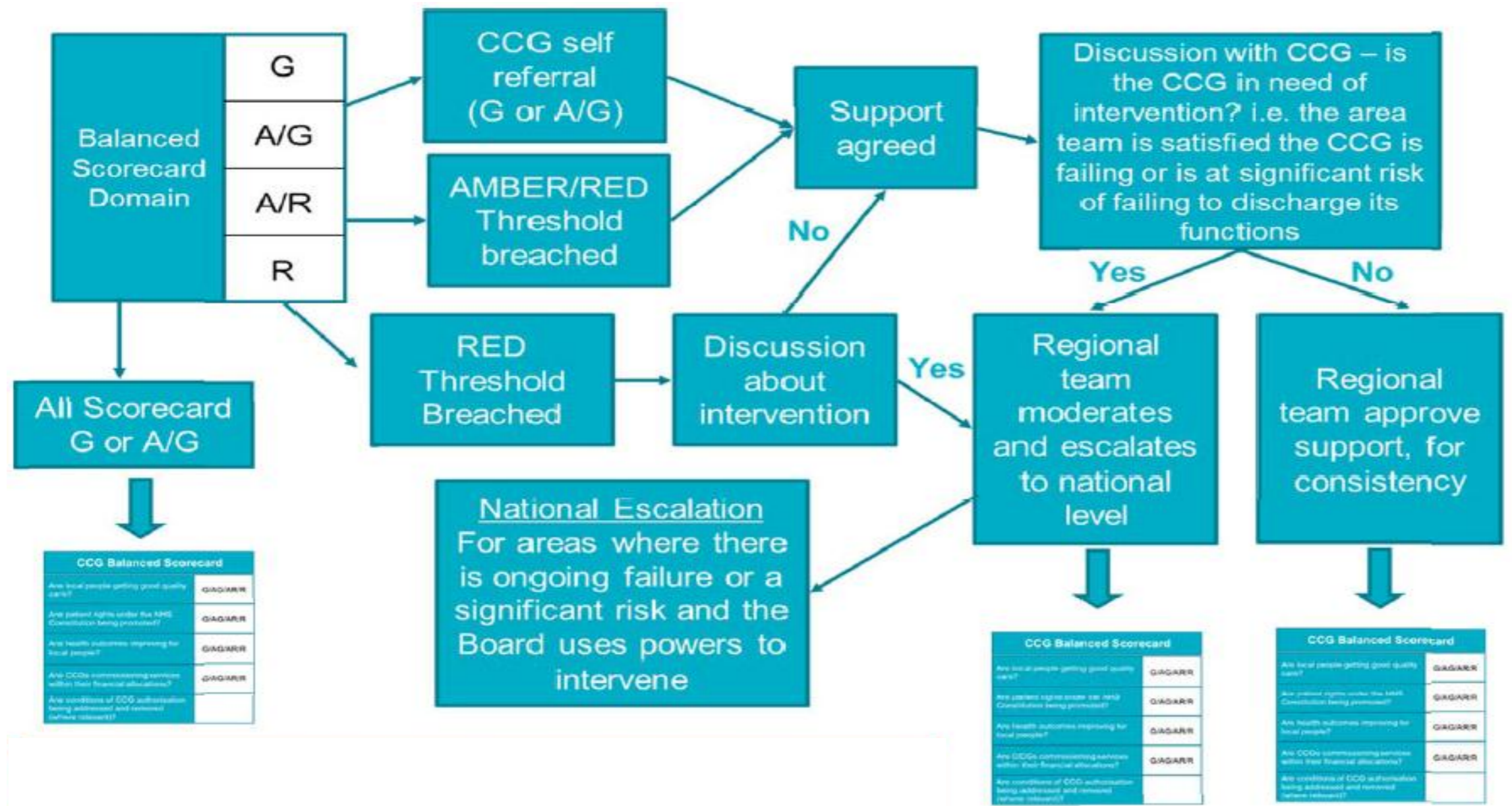
North CCG: NHS North Durham CCG

2013-14 Q1

<p>Domain 1: A strong clinical and multi-professional focus which brings real added value</p>	<p>Total number of outstanding conditions in Domain 1</p>
<p>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.</p>	<p>0</p>
<p>Domain 2: Meaningful engagement with patients, carers and their communities</p>	<p>Total number of outstanding conditions in Domain 2</p>
<p>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.</p>	<p>0</p>
<p>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</p>	<p>Total number of outstanding conditions in Domain 3</p>
<p>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.</p>	<p>0</p>
<p>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</p>	<p>Total number of outstanding conditions in Domain 4</p>
<p>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</p>	<p>0</p>
<p>Domain 5: Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS CB, as well as appropriate external commissioning support</p>	<p>Total number of outstanding conditions in Domain 5</p>
<p>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.</p>	<p>0</p>
<p>Domain 6: Great leaders who individually and collectively can make a real difference</p>	<p>Total number of outstanding conditions</p>
<p>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.</p>	<p>0</p>
<p>Total number of outstanding conditions</p>	
<p>0</p>	

CCG Assurance Balanced Scorecard - Proposed Escalation Framework

Note: The support and intervention rules should not delay or prevent a CCG as a commissioner from taking action to intervene in a provider if there are significant quality concerns. It should also not prevent NHS England from taking intervention action where the CCG cannot demonstrate the capacity to swiftly address quality concerns.



CCG Support/Intervention Discussion (by Domain & Indicator)

Area Team North

CCG: NHS North Durham CCG

Intervention should not be considered lightly and the threshold for use should be high.

For each Red or Amber-Red Domain, Area Teams must fill in additional questions highlighted in yellow below.

For each Green or Amber – Green Domain, Area Teams may fill in additional questions highlighted in yellow, if proactive support is felt to be appropriate.

DOMAIN 1	For each Green or Amber – Green Domain, Area Teams may fill in additional questions highlighted in yellow, if proactive support is felt to be to be appropriate													
RAG STATUS	AMBER-GREEN	THE NUMBER OF INDICATORS TRIGGERING					AMBER-GREEN 6				Assurance questions MUST BE DISCUSSED AT CHECKPOINT MEETINGS FOR ALL R/AR DOMAINS			
Indicator that has been breached	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	Does the CCG and Area team agree on the underlying cause/s?	Is there an agreed plan for action/recovery?	Has a timeline for improvement been agreed?	Support/Intervention agreed					
Has local provider been subject to local enforcement action by the CQC?	FALSE	FALSE	Yes - Action plan in place	FALSE	FALSE	Not Applicable	Not Applicable	Not Applicable	None					
Has local provider been flagged as a 'quality compliance risk' by Monitor and/or are requirements in place around breaches of provider licence conditions?	FALSE	FALSE	Yes - Action plan in place	FALSE	FALSE									
Has local provider been subject to enforcement action by the NHS TDA based on 'quality risk'?	FALSE	FALSE	FALSE	FALSE	FALSE									
Does feedback from the Friends and Family test (or any other patient feedback) indicate any causes for concern?	FALSE	FALSE	FALSE	FALSE	FALSE									
Has the provider been identified as a 'negative outlier' on SMHI or HSMR?	FALSE	FALSE	FALSE	FALSE	FALSE									
Do provider level indicators from the National Quality Dashboard show that MRSA cases are above zero?	FALSE	Yes - Action plan in place	FALSE	FALSE	FALSE									
Do provider level indicators from the National Quality Dashboard show that the provider has reported more C difficile cases than trajectory?	FALSE	Yes - Action plan in place	FALSE	FALSE	FALSE									
breaches are above zero?	FALSE	FALSE	FALSE	FALSE	FALSE									
Does provider currently have any unclosed Serious Untoward Incidents (SUIs)?	Yes - Action plan in place	Yes - Action plan in place	Yes - Action plan in place	Yes - Action plan in place	FALSE									
Has the provider experienced any 'Never Events' during the last quarter?	FALSE	Yes - Action plan in place	FALSE	FALSE	FALSE									
CCG:														
Concerns about quality issues being discussed regularly by the CCG governing body	FALSE					Not Applicable	Not Applicable	Not Applicable	None					
Concerns about the arrangements in place to proactively identify early warnings of a failing service	FALSE													
Concerns around the arrangements in place to deal with and learn from serious untoward incidents and never events?	FALSE													
Concerns around being an active participant in its Quality Surveillance Group?	FALSE													
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?	FALSE													
Has the CCG self assessed and identified any risk to progress against its Winterbourne View action plan?	Yes - Action plan in place													

DOMAIN 2	For each Green or Amber – Green Domain, Area Teams may fill in additional questions highlighted in yellow, if proactive support is felt to be to be appropriate				
RAG STATUS	GREEN	ALL INDICATOR MET			0
Indicator that has been breached	Does the CCG and Area team agree on the underlying cause/s?	Is there an agreed plan for action/recovery?	Has a timeline for improvement been agreed?	Has Support/Intervention been agreed	
	Not Applicable	Not Applicable	Not Applicable	None	

DOMAIN 3	For each Green or Amber – Green Domain, Area Teams may fill in additional questions highlighted in yellow, if proactive support is felt to be to be appropriate					
RAG STATUS	AMBER-RED	THE NUMBER OF INDICATORS TRIGGERING			1	AMBER-RED
Indicator that has been breached	Does the CCG and Area team agree on the underlying cause/s?	Is there an agreed plan for action/recovery?	Has a timeline for improvement been agreed?	Has Support/Intervention been agreed		
Incidence of healthcare associated infection (HCAI) i) MRSA	Yes	Yes	Yes	Support		
Are providers (defined in Domain 1) meeting the 15% response rates on FFT ?						
IAPT Coverage - Moving to Recovery						

DOMAIN 4	For each Green or Amber – Green Domain, Area Teams may fill in additional questions highlighted in yellow, if proactive support is felt to be to be appropriate				
RAG STATUS	GREEN	ALL INDICATOR MET			0
Indicator that has been breached	Does the CCG and Area team agree on the underlying cause/s?	Is there an agreed plan for action/recovery?	Has a timeline for improvement been agreed?	Has Support/Intervention been agreed	
	Not Applicable	Not Applicable	Not Applicable	None	