

NHS North Tyneside CCG Quarter 1 Balanced Scorecard Submission

Summary

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 #REF!	Self-certification complete
Domain 2	Are patient rights under the NHS Constitution being promoted?	GREEN	All indicators met	20	No self-certification data
Domain 3	Are health outcomes improving for local people?	GREEN	All indicators met	2	Self-certification complete
Domain 4	Are CCGs delivering services within their financial plans?	AMBER-GREEN	The number of indicators triggering a	AMBER-GREEN 1AG_0AR	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

Domain 1 - Are local people getting good quality care?				
<i>Please note that this Domain will be pre-populated through the self-certification carried out by the CCG</i>				
Indicator	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	THE NEWCASTLE UPON TYNE HOSPITALS NHS	NORTHUMBERLAN D, TYNE AND WEAR NHS	NORTH EAST AMBULANCE SERVICE NHS
Providers (where CCG commissioning constitutes more than 5% of the providers income):	RTF	RTD	RX4	RX6
Please identify the percentage of provider income for CCG:	44	21	7	0
Is this CCG the lead or associate commissioner?	Associate	Associate	Associate	Associate
Has local provider been subject to local enforcement action by the CQC?	No	No	No	No
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	No	No
Has local provider been subject to enforcement action by the NHS TDA based on 'quality' risk?	No	No	No	No
Does feedback from the Friends and Family test (or any other patient feedback) indicate any causes for concern?	No	No	No	No
Has the provider been identified as a 'negative outlier' on SMHI or HSMR?	Yes - Action plan in place	No	No	No
Do provider level indicators from the National Quality Dashboard show that MRSA cases are above zero?	Yes - Action plan in place	Yes - Action plan in place	No	No
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
Do provider level indicators from the National Quality Dashboard show that MSA breaches are above zero?	No	No	No	No
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
Has the provider experienced any 'Never Events' during the last quarter?	No	Yes - Action plan in place	No	No

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?	No
Domain 1 Status	AMBER-GREEN
Domain 1 - RAG Criteria	
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

Domain 2 - Are patient rights under the NHS Constitution being promoted?					
	NHS North Tyneside CCG		2013-14	2013-14	
Indicator	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%	94.11%	94.11%	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	90%	97.23%	97.23%	
Patients on incomplete non emergency pathways (yet to start treatment) should have been waiting no more	92%	87%	94.69%	94.69%	
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%	0.04%	0.04%	
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%	97.81%	97.81%	NORTHUMBRIA HEALTHCARE 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%	97.48%	97.48%	THE NEWCASTLE UPON TYNE HOSPITALS 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%			NORTHUMBERLAND, TYNE AND WEAR 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%	97.41%	97.41%	
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	88%	96.08%	96.08%	

Cancer waits - 31 days				
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	91%	99.65%	99.65%
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%	98.88%	98.88%
Cancer waits - 62 days				
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	80%	86.57%	86.57%
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	83.33%	83.33%
Category A ambulance calls		NE Amblnce		
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	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 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%	97.67%	97.67%

Future Concerns	
Do you have any future concerns on any of the above measures	NO
<div style="background-color: green; color: white; padding: 5px; display: inline-block;">GREEN</div>	

Domain 2 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

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

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	June		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	0	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	16	14	14	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
Is the CCG progressing as expected in the IAPT trajectory submitted during the planning round?	Yes	1			Yes	No	
Local priorities (Self-Certification)	Are you on track to deliver against this local priority?						
LOCAL PRIORITY 1	Yes						
LOCAL PRIORITY 2	Further development required						
LOCAL PRIORITY 3	Further development required						
<p>Domain Status GREEN</p> <p>Domain 3 - RAG rating</p> <p>Self-certification complete</p>							

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

Domain 4

Domain 4 - Are CCGs delivering services within their financial plans?							
NHS North Tyneside 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	AG	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	One or two non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns sometimes	A number of non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns often	Significant number of non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns
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		AMBER-GREEN					
Domain 4 - RAG rating							
Self-certification complete							

Domain 4 - RAG rating
Green - All indicator are green

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

Amber-Red - One indicator rated Red or >3 are amber-red

Red - Two or more indicators rated Red

Domain 5

Domain 5 - Are conditions of CCG authorisation being addressed and removed (where relevant)?	
<i>North CCG: NHS North Tyneside CCG</i>	2013-14 Q1
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

Fully Authorised