

REGION MIDLANDS & EAST

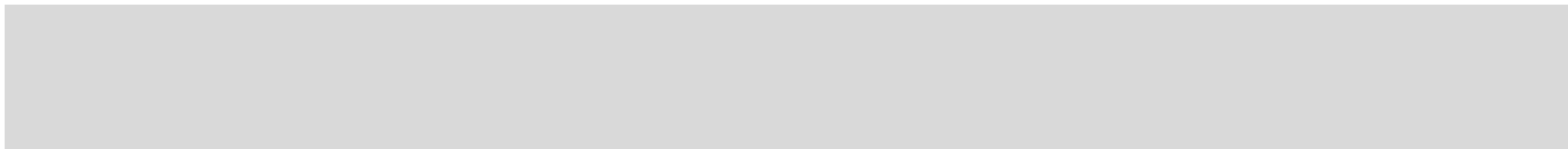
CCG:

LAST REFRESH DATE 20 November 2013



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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 6	Self-certification complete
Domain 2	ARE PATIENT RIGHTS UNDET THE NHS CONSTITUTION BEING PROMOTED?	GREEN	MOST INDICATORS MET WITH AMBER BREACHES ORED_7AMBER	No self-certification data
Domain 3	ARE HEALTH OUTCOMES IMPROVING FOR LOCAL PEOPLE?	RED	FOR MRSA & CDIFF ONLY THE NUMBER OF INDICATORS TRIGGERING RED 2	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

Balances Scorecard All Indicator Domain RAG Criteria

Domain	Category	Indicator	Indicator Detail (incl. Numerator and Denominator where applicable)	Freq	Period	Data Source	Basis	RAG Criteria	Comments
1	Providers	Has local provider been subject to local enforcement action by the CQC?		Quarterly		Unify2	Provider	By providers 1-10; Yes/No/Enforcement Action	Any Enforcement Action takes Domain rating to RED
1	Providers	Has local provider been flagged as a 'quality compliance risk' by Monitor and/or are required to improve?		Quarterly	Quarterly	Unify2	Provider	Yes/No	
1	Providers	Has local provider been subject to enforcement action by the NHS TDA based on 'quality' risk?		Quarterly		Unify2	Provider	Yes/No	
1	Providers	Does feedback from the Friends and Family test (or any other patient feedback) indicate an overall good experience?		Quarterly		Unify2	Provider	Yes/No	
1	Providers	Has the provider been identified as a 'negative outlier' on SMHI or HSMR?		Quarterly		Unify2	Provider	Yes/No	
1	Providers	How many C difficile cases are above zero?		Quarterly		Unify2	Provider	Yes/No	
1	Providers	How many C difficile cases are above zero?		Quarterly		Unify2	Provider	Yes/No	
1	Providers	How many MSA breaches are above zero?		Quarterly		Unify2	Provider	Yes/No	
1	Providers	Does provider currently have any unclosed Serious Untoward Incidents (SUIs)?		Quarterly		Unify2	Provider	Yes/No	Indicator not part of the domain rating but pulls to the Support/Intervention tab if No
1	Providers	Has the provider experienced any 'Never Events' during the last quarter?		Quarterly		Unify2	Provider	Yes/No	
1	CCG	Does the CCG have any outstanding conditions of authorisation in place on clinical governance?		Quarterly		Unify2	CCG	Yes/No	
1	CCG	Has the CCG self assessed and identified any risks associated with concerns around quality of care?		Quarterly		Unify2	CCG	Yes/No	
1	CCG	Has the CCG self assessed and identified any risks associated with concerns around the arrangements for patient safety?		Quarterly		Unify2	CCG	Yes/No	
1	CCG	Has the CCG self assessed and identified any risks associated with concerns around the arrangements for patient safety?		Quarterly		Unify2	CCG	Yes/No	
1	CCG	Has the CCG self assessed and identified any risks associated with concerns around being an outlier?		Quarterly		Unify2	CCG	Yes/No	
1	CCG	If there was an emergency event in the last quarter, has the CCG self assessed and identified any risks associated with the event?		Quarterly		Unify2	CCG	Yes/No	
1	CCG	Has the CCG self assessed and identified any risk to progress against its Winterbourne View action plan?		Quarterly		Unify2	CCG	Yes/No	
<p>For Support/Intervention: Any Yes or Enforcement Action 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'</p>									
2	Referral to Treatment waiting times for non urgent consultant led treatment	Admitted patients to start treatment within a maximum of 18 weeks from referral	Numerator: Total number of completed admitted pathways where the patient waited 18 weeks or less Denominator: Total number of completed admitted pathways	Monthly	Quarter actual	RTT collection, Unify 2	Commissioner	GREEN: Greater than or Equal to 90% AMBER: between 85% and 90% RED: less than 85%	
2	Referral to Treatment waiting times for non urgent consultant led treatment	Non-admitted patients to start treatment within a maximum of 18 weeks from referral	Numerator: Total number of completed non-admitted pathways where the patient waited 18 weeks or less Denominator: Total number of completed non-admitted pathways	Monthly	Quarter actual	RTT collection, Unify 2	Commissioner	GREEN: Greater than or Equal to 95% AMBER: between 90% and 95% RED: less than 90%	
2	Referral to Treatment waiting times for non urgent consultant led treatment	Patients on incomplete non emergency pathways (yet to start treatment) should have been waiting no more	Numerator: Total number of incomplete pathways where the patient was still waiting 18 weeks or less Denominator: The total number of incomplete pathways at the end of the period	Monthly	Quarter actual	RTT collection, Unify 2	Commissioner	GREEN: Greater than or Equal to 92% AMBER: between 87% and 92% RED: less than 87%	
2	Referral to Treatment waiting times for non urgent consultant led treatment	Number of patients waiting more than 52 weeks	Numerator: Total number of incomplete pathways where the patient was still waiting 52 weeks or more	Monthly	Last month in the quarter	RTT collection, Unify 2	Commissioner	GREEN: is Zero AMBER: 10 or fewer RED: more than 10	
2	Diagnostic test waiting times	Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	Numerator: The number of patients waiting 6 weeks or more for a diagnostic test (15 key diagnostic tests) at the end of the period Denominator: The total number of patients waiting at the end of the period	Monthly	Last month in the quarter	Diagnostics collection (DMO1), Unify 2	Commissioner	GREEN: less or equal to 1% AMBER: between 1% and 6% RED: greater than 6%	
2	A&E waits	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A & E department	Numerator: The number of patients spending four hours or less in all types of A&E departments Denominator: The total number of patients attending all types of A&E departments	Weekly	Quarter actual	SitReps collection, Unify 2	Provider	GREEN: Greater than or Equal to 95% AMBER: between 90% and 95% RED: less than 90%	Data not collected on a commissioner basis. But the performance of the 1st three providers in Domain 3 will be used instead.
2	Cancer patients - 2 wk waits	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	Numerator: Patients urgently referred with suspected cancer by their GP (GMP or GDP) who were first seen within 14 calendar days within a period Denominator: All patients urgently referred with suspected cancer by their GP (GMP or GDP) who were first seen within a period	Quarterly	Quarter actual	Cancer waits database	Commissioner	GREEN: Greater than or Equal to 93% AMBER: between 88% and 93% RED: less than 93%	

2	Cancer patients - 2 wk waits	Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	Numerator: Patients urgently referred for evaluation/investigation of "breast symptoms" by a primary or secondary care professional during a period (excluding those referred urgently for suspected breast cancer) who were first seen within 14 calendar days during the period Denominator: All patients urgently referred for evaluation/investigation of "breast symptoms" by a primary or secondary care professional within a period, excluding those referred urgently for suspected breast cancer who were first seen within the period	Quarterly	Quarter actual	Cancer waits database	Commissioner	GREEN: Greater than or Equal to 93% AMBER: between 88% and 93% RED: less than 93%	
2	Cancer waits - 31 days	Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	Numerator: Number of patients receiving first definitive treatment for cancer within 31 days of receiving a diagnosis (decision to treat) within a given period for all cancers (ICD-10 C00 to C97 and D05) Denominator: Total number of patients receiving first definitive treatment for cancer within a given period for all cancers (ICD-10 C00 to C97 and D05)	Quarterly	Quarter actual	Cancer waits database	Commissioner	GREEN: Greater than or Equal to 96% AMBER: between 91% and 96% RED: less than 91%	
2	Cancer waits - 31 days	Maximum 31 day wait for subsequent treatment where that treatment is surgery	Numerator: Number of patients receiving subsequent surgery within a maximum waiting time of 31-days during a given period, including patients with recurrent cancer Denominator: Total number of patients receiving subsequent surgery within a given period, including patients with recurrent cancer	Quarterly	Quarter actual	Cancer waits database	Commissioner	GREEN: Greater than or Equal to 94% AMBER: between 89% and 94% RED: less than 89%	
2	Cancer waits - 31 days	Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	Numerator: Number of patients receiving a subsequent/adjuvant anti-cancer drug regimen within a maximum waiting time of 31-days during a given period, including patients with recurrent cancer Denominator: Total number of patients receiving a subsequent/adjuvant anti-cancer drug regimen within a given period, including patients with recurrent cancer	Quarterly	Quarter actual	Cancer waits database	Commissioner	GREEN: Greater than or Equal to 98% AMBER: between 93% and 98% RED: less than 93%	
2	Cancer waits - 31 days	Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	Numerator: Number of patients receiving subsequent/adjuvant radiotherapy treatment within a maximum waiting time of 31-days during a given period, including patients with recurrent cancer Denominator: Total number of patients receiving subsequent/adjuvant radiotherapy treatment within a given period, including patients with recurrent cancer	Quarterly	Quarter actual	Cancer waits database	Commissioner	GREEN: Greater than or Equal to 94% AMBER: between 89% and 94% RED: less than 89%	
2	Cancer waits - 62 days	Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	Numerator: Number of patients receiving first definitive treatment for cancer within 62-days following an urgent GP (GDP or GMP) referral for suspected cancer within a given period, for all cancers (ICD-10 C00 to C97 and D05) Denominator: Total number of patients receiving first definitive treatment for cancer following an urgent GP (GDP or GMP) referral for suspected cancer within a given period, for all cancers (ICD-10 C00 to C97 and D05)	Quarterly	Quarter actual	Cancer waits database	Commissioner	GREEN: Greater than or Equal to 85% AMBER: between 80% and 85% RED: less than 80%	
2	Cancer waits - 62 days	Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	Numerator: Number of patients receiving first definitive treatment for cancer within 62-days following referral from an NHS Cancer Screening Service during a given period (covers any cancer ICD-10 C00 to C97 and D05) Denominator: Total number of patients receiving first definitive treatment for cancer following referral from an NHS Cancer Screening Service within a given period (covers any cancer ICD-10 C00 to C97 and D05)	Quarterly	Quarter actual	Cancer waits database	Commissioner	GREEN: Greater than or Equal to 90% AMBER: between 85% and 90% RED: less than 85%	
2	Cancer waits - 62 days	Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patient (all cancers)		Quarterly	Quarter actual	Cancer waits database	Commissioner	No threshold	
2	Category A Ambulance calls	Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	Numerator: The total number of Category A (Red 1) incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes Denominator: The total number of Category A (Red 1) incidents, which resulted in an emergency response arriving at the scene	Monthly	Quarter actual	AmbSys collection, Unify 2	Provider	GREEN: Greater than or Equal to 75% AMBER: between 70% and 75% RED: less than 70%	Data not collected on a commissioner basis. CCGs will be allocated the overall performance of the Ambulance Trust that they are covered by.
2	Category A Ambulance calls	Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	Numerator: The total number of Category A (Red 2) incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes Denominator: The total number of Category A (Red 2) incidents, which resulted in an emergency response arriving at the scene	Monthly	Quarter actual	AmbSys collection, Unify 2	Provider	GREEN: Greater than or Equal to 75% AMBER: between 70% and 75% RED: less than 70%	Data not collected on a commissioner basis. CCGs will be allocated the overall performance of the Ambulance Trust that they are covered by.
2	Category A Ambulance calls	Category A calls resulting in an ambulance arriving at the scene within 19 minutes	Numerator: The total number of calls resulting in an ambulance arriving at the scene of the incident within 19 minutes Denominator: The total number of Category A incidents with ambulance response arriving	Monthly	Quarter actual	AmbSys collection, Unify 2	Provider	GREEN: Greater than or Equal to 95% AMBER: between 90% and 95% RED: less than 90%	Data not collected on a commissioner basis. CCGs will be allocated the overall performance of the Ambulance Trust that they are covered by.
2	Mixed sex accommodation breaches	Minimise breaches	Numerator: The number of MSA breaches for the reporting month in question	Monthly	Quarter actual	MSA collection, Unify 2	Commissioner	GREEN = zero Amber = 10 or fewer breaches RED = more than 10 breaches	The threshold is the last Month of the Quarter
2	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 date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice						(Not rated)	Data not collected on a commissioner basis and cannot be mapped to CCG.
2	Mental Health	Care Programme Approach (CPA): The proportion of people under adult mental illness specialities on CPA	Numerator: The number of people under adult mental illness specialities on Care Programme Approach receiving follow up (by phone or face to face contact) within seven days of discharge from psychiatric in-patient care during the reference period Denominator: The number of people under adult mental illness specialities on Care Programme Approach discharged from psychiatric in-patient care during the reference period	Quarterly	Quarter actual	MH Community Teams Activity Return	Commissioner	GREEN: Greater than or Equal to 95% AMBER: between 90% and 95% RED: less than 90%	
2	Future Concerns			Quarterly	Quarter actual		CCG	Green: Yes Red: No	Yes triggers the overall domain Rating to Amber Green, while No has no effect

2	Future Concerns			Quarterly	Quarter actual		CCG	Green: Yes Red: No	Yes triggers the overall domain Rating to Amber Green, while No has no effect	
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										
3	Preventing people from dying prematurely	Potential years of life lost (PYLL) from causes considered amendable to healthcare	Potential years of life lost (PYLL) from causes considered amenable to health care expressed as a rate per 100,000 population. The PYLL rate uses the average age-specific period life expectancy for each five-year age band for the relevant calendar year as the age to which a person in that age band who died from one of the amenable causes might have been expected to live in the presence of timely and effective health care. the age-specific period life expectancy is different from each calendar year, and will be published alongside the data. These age-specific life expectancies are used to weight the number of deaths in that age band to give the number of years of life lost for that age band.		Annual Assurance only		ONS mortality and population estimates	Commissioner	Data will not be used for Quarterly Reporting	2011 mortality data were released in November 2011. The ONS Statistical Bulletin on avoidable mortality for 2011 will be published in March 2013. Mid-year population estimates for 2011 were released in September 2012.
3	Preventing people from dying prematurely	Under 75 mortality rate from cardiovascular disease							Data will not be used for Quarterly Reporting	
3	Preventing people from dying prematurely	Under 75 mortality rate from respiratory disease							Data will not be used for Quarterly Reporting	
3	Preventing people from dying prematurely	Under 75 mortality rate from liver disease							Data will not be used for Quarterly Reporting	
3	Preventing people from dying prematurely	Under 75 mortality rate from cancer							Data will not be used for Quarterly Reporting	
3	Enhancing quality of life for people with long term conditions	Health-related quality of life for people with long-term conditions	<p>The measure is the proportion of persons admitted to hospital for conditions aggregated across the four indicators, expressed as a rate per 100,000 population.</p> <p>The NHS Outcome Framework contains four indicators measuring emergency admissions for those conditions (sometimes referred to as 'ambulatory care sensitive conditions') that could usually have been avoided through better management in primary or community care. These are indicators 2.3i and 2.3ii focusing on chronic (i.e. long term) conditions and indicators 3a and 3.2 focusing on acute conditions. For the purpose of the quality premium these complementary measures are being combined to create a single composite measure.</p>	<p>HES reports provisional data monthly, annual data by financial year is available in the autumn/winter after the end of the period. ONS population estimates available annually (calendar year).</p>	<p>Quarterly and annual assurance</p>	<p>HES, ONS population estimates</p>	<p>Commissioner</p>	<p>Not used for Q1 assessment</p>	<p>See indicator CB_A6 in Everyone Counts: Planning for Patients 2013/14 - Technical Definitions for further details, including details of the ICD-10 codes included in this measure.</p>	
3	Enhancing quality of life for people with long term conditions	Proportion of people feeling supported to manage their condition								
3	Enhancing quality of life for people with long term conditions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adult)								
3	Enhancing quality of life for people with long term conditions	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s								
3	Enhancing quality of life for people with long term conditions	Estimated diagnosis rate for people with dementia								
3	Helping people to recover from ill health or following injury	Emergency admissions for acute conditions that should not usually require hospital admission								
3	Helping people to recover from ill health or following injury	Emergency readmissions within 30 days of discharge from hospital								
3	Helping people to recover from ill health or following injury	Total health gain assessed by patients i) Hip replacement, ii) Knee replacement, iii) Groin hernia, iv) Varicose veins								
3	Helping people to recover from ill health or following injury	Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)								
3	Ensuring that people have a positive experience of care	Patient experience of primary care i) GP Services, ii) GP Out of Hours services						Not used for Q1 assessment		
3	Ensuring that people have a positive experience of care	Patient experience of hospital care						Not used for Q1 assessment		

3	Ensuring that people have a positive experience of care	Friends and Family Test	<p>The Family and Friends Test is a simple, comparable test which, when combined with follow-up questions, provides a mechanism to identify poor performance and encourage staff to make improvements where services do not live up to the expectations of patients. this leads to a more positive experience of care for patients.</p> <p>Patients will be asked a standard question at the point of discharge from hospital. They will be asked to record a response against a six point scale: Extremely likely/Likely/Neither likely or unlikely/Unlikely/Extremely Unlikely/Don't know.</p> <p>The comparability of the data (through the use of a standardised questions and methodology) will allow commissioners to understand overarching levels of patient experience for the services that they commission.</p>	Monthly (from April 2013 for inpatient wards and A&E departments, and from October 2013 for maternity services)	Quarterly and annual assurance	FFT collection, Unify 2	Commissioner	<p>Not used for Q1 assessment instead the Self cert question is used - "Are providers (defined in Domain 1) meeting the 15% response rates on FFT?"</p> <p>Green: Yes Red: No</p>	Not part of the overall domain scoring but if 'No' pulls into the support/intervention tab.
3	Treating and caring for people in a safe environment and protecting them from avoidable harm	Incidence of healthcare associated infection (HCAI) i) MRSA	The total number of MRSA cases assigned to CCGs	Monthly	Quarterly and annual assurance	Public Health England	Commissioner	<p>GREEN = 0 cases RED: Greater than Zero</p>	
3	Treating and caring for people in a safe environment and protecting them from avoidable harm	Incidence of healthcare associated infection (HCAI) i) C difficile	The total number of C. difficile cases assigned to CCGs	Monthly	Quarterly and annual assurance	Public Health England	Commissioner	<p>GREEN: less or equal to target RED: greater than target</p>	
3	Others	IAPT Coverage - performance against plan	<p>The primary purpose of this indicator is to measure improved access to psychological services (IAPS) for people with depression and/or anxiety disorders. This is done using two indicators:</p> <p>1) The proportion of people that enter treatment against the level of need in the general population (the level of prevalence addressed or 'captured' by referral routes); and</p> <p>2) The proportion of people who complete treatment who are moving to recovery.</p>	Quarterly	Quarterly assurance only	Omnibus returns, NHSIC	Commissioner	IAPT rated red/green against the yes/no self assessment answers	Not part of the overall domain scoring but if 'No' pulls into the support/intervention tab.
3	Local priorities	Local Priority 1						Green: Yes Red: No	Not part of the overall domain scoring but if 'No' pulls into the support/intervention tab.
3	Local priorities	Local Priority 2					Green: Yes Red: No		
3	Local priorities	Local Priority 3					Green: Yes Red: No		

Domain 3 - RAG rating

Green:- No indicators rated Red

Amber-Green: one indicator rating amber and one green

Amber-Red: - Two indicator rated Amber Red or one rated red

Red:- Two or more indicators rated Red

4	Financial Performance	Underlying recurrent surplus							
4	Financial Performance	Surplus - year to date performance				Unify2	Finance Team		RAG rated by Finance Team through the Unify collection and part of the overall Domain calculation
4	Financial Performance	Surplus - full year forecast				Unify2	Finance Team		
4	Financial Performance	Management of 2% NR funds within agreed processes				Unify2	Finance Team		
4	Financial Performance	QIPP** - year to date delivery				Unify2	Finance Team		
4	Financial Performance	QIPP** - full year forecast				Unify2	Finance Team		
4	Financial Performance	Activity trends - year to date							
4	Financial Performance	Activity trends - full year forecast							
4	Financial Performance	Running costs				Unify2	Finance Team		RAG rated by Finance Team through the Unify collection and part of the overall Domain calculation
4	Financial Performance	Clear identification of risks against financial delivery and mitigations				Unify2	Finance Team		
4	Financial Management	This covers internal and external audit opinions, and an assessment of the timeliness and quality of returns				Unify2	CCG		Collected through the CCG Self Cert Collection
4	Financial Management	Balance sheet indicators including cash management and BPCC							

Domain 4 - RAG rating
 Green - No indicators rated Red
 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 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	WEST SUFFOLK NHS FOUNDATION TRUST	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	No Provider	No Provider	No Provider	No Provider	No Provider	No Provider	No Provider
Providers (where CCG commissioning constitutes more than 5% of the providers income) :	RGR	RGT	RMV	No Provider	No Provider	No Provider	No Provider	No Provider	No Provider	No Provider
Please identify the percentage of provider income for CCG:	38	11	9	No Provider	No Provider	No Provider	No Provider	No Provider	No Provider	No Provider
What type of service is commissioned from this provider?	Acute	Acute	MH	No Provider	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	No	No Provider	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	No	No Provider	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 Provider	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	Yes – Action plan in place	No	No Provider	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 Provider	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?	Yes – Action plan in place	No	No	No Provider	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?	Yes – Action plan in place	Yes – Action plan in place	No	No Provider	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?	Yes – Action plan in place	No	No	No Provider	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	No	No	No Provider	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	No	No	No Provider	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 falling 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?	No

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 West Suffolk CCG		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%	97.10%	96.91%	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	90%	99.36%	99.30%	
Patients on incomplete non emergency pathways (yet to start treatment) should have been waiting no more	92%	87%	98.78%	98.78%	
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%	2.86%	2.86%	
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%	96.20%	94.38%	WEST SUFFOLK 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%	95.41%	95.41%	CAMBRIDGE UNIVERSITY 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%			NORFOLK AND SUFFOLK 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%	97.79%	96.00%	
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	88%	98.09%	98.05%	
Cancer waits - 31 days					
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	91%	98.72%	98.59%	
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	89%	98.72%	98.59%	
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%	98.44%	97.83%	
Cancer waits - 62 days					
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	80%	82.72%	85.05%	
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	85%	98.00%	95.45%	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	92.86%	95.24%	
Category A ambulance calls					
			E Englnd Amblnce		
Category A calls resulting in an emergency reponse arriving within 8 minutes (Red 1)	75%	70%	73.86%	74.91%	
Category A calls resulting in an emergency reponse arriving within 8 minutes (Red 2)	75%	70%	71.18%	72.05%	
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	95%	90%	93.11%	93.59%	
Mixed sex accomodation breaches					
Minimise breaches	0	10	1	4	
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%	91.67%	93.44%	

Future Concerns Please select "Y" or "N" from drop down box

Do you have any future concerns on any of the above measures?

N



GREEN

Domain 2- Indicator RAG Criteria

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	YTD Indicator Value	Unit	September	Indicator included in Quality Premium	Threshold
		Current QTD Indicator Value			Indicator used in quarterly checkpoints		
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	4	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	12.99	19	34	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?	Yes	1			Yes	No	
FFT RESPONSE RATE ORDER BY ACUTE TRUST SELF CERT PROVIDERS							
WEST SUFFOLK NHS FOUNDATION TRUST	Acute	21.03%	20.58%				
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Acute	18.25%	19.43%				
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	MH	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				
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	Further development required						
LOCAL PRIORITY 3	Yes						

Domain Status

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 West Suffolk CCG

Financial Performance				Individual indicator RAG rating threshold			
No.	Indicator	Primary/Supporting Indicator	2013/14 Q2 Performance	Green	Amber-Green	Amber-Red	Red
1	Undelying 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	R	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				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	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	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	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	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 amber-red
Red - Two or more Primary indicator rated Red

Self-certification complete

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

WIDL
AMDC CCG: *NHS West Suffolk 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

Fully Authorised