

MEETING: Governing Body – Open Meeting

Item Number: 9.2

DATE: 22 October 2013

REPORT TITLE:	Corporate Dashboard
REPORT AUTHOR:	Trish Anderson / Mike Tate / Julie Southworth
PRESENTED BY:	Craig Hall, Deputy Chief Finance Officer
RECOMMENDATIONS/DECISION REQUIRED:	To note the contents of the paper
<p>EXECUTIVE SUMMARY</p> <p>The dashboard is designed to give the Governing Body a regular monthly update on how the CCG is performing against its corporate objectives and the NHS England CCG Assurance Framework.</p> <p>As at Month 6, two objectives / domains are assessed as AMBER/RED, while the other two are GREEN.</p>	
FURTHER ACTION REQUIRED:	

This page is intentionally left blank

Item	Responsibility	Director	Associate Director	Committee
1	Chief Officer Overview	Trish Anderson		
2	CCG Corporate Dashboard			
3	Quality	Julie Southworth	Sally Forshaw	Clinical Governance
4	Prescribing & Continuing Healthcare	Julie Southworth	Linda Scott	Clinical Governance
5	Adult & Children Safeguarding	Trish Anderson	Sue Elliott	Clinical Governance
6	Performance (CCG Assurance Framework)	Mike Tate	Chris Melling	Finance & Performance
7	Finance	Mike Tate	Craig Hall	Finance & Performance
8	QIPP	Mike Tate	Chris Melling	Finance & Performance
9	Commissioned Services	Mike Tate	Kim Godsman	Finance & Performance
10	Programmes	Trish Anderson	John Marshall	Corporate Governance
11	Workforce (Human Resources)	Trish Anderson	Jo Small	Corporate Governance
Appendix A	CCG Corporate Objectives: KPI Scorecards			
Appendix B	Report & Dashboard Guidance			

Wigan Borough CCG Corporate Dashboard

Wigan Borough CCG Summary Position: Month 6 2013/14

Chief Officer Overview

1. Current Performance

1.0 This dashboard is designed to give the Governing Body a regular monthly update on how the CCG is performing against its primary objectives and how well it is performing against the NHS England CCG Assessment Framework.

Each corporate objective (listed overleaf) has a range of underpinning measures:

1.1 At month six, two of our four corporate objectives were scored amber/red and two were scored green.

1.2. Corporate objective 1 – Helping our population stay healthy and live longer in all areas of the Borough – (AMBER / RED)

Most of the detail indicators scored green but the overall score is red/amber, due to the failing of the MRSA and Clostridium Difficile targets. To address this, a strategy for the management of these infections has been produced and approved by the Governing Body and is now being implemented. WBCCG is a member of the Greater Manchester IPC group who are working across GM to standardise reporting of healthcare acquired infections and share best practice. Each of the three main acute providers have reported "never" events in the last three months. At WWL, this related to an overdose of Midazolam given to a patient in September.

1.3. Corporate objective 2 – Commissioning high quality services – (AMBER / RED)

This objective continues to score as amber/red There are still ongoing concerns relating to services provided to Wigan residents by Bolton FT who have been flagged as a quality compliance risk by the FT's governing body Monitor. The Wigan Quality team are liaising with NHS Bolton CCG colleagues to seek assurance that the risks are being effectively mitigated.

1.4. The restrictions placed on CCGs nationally with regard to patient confidential data (PCD) has significantly reduced the ability of our CCG to monitor performance since April 2013. Solutions are actively being sought to mitigate this but this problem appears as a risk in many of the areas reported in this dashboard.

1.5. All primary financial indicators are currently achieving plan.

2. Emerging Issues

2.1. The 'Fundamental Review of Allocations Policy' will have a material impact on future funding if current proposals go ahead. Wigan's allocation will reduce by some £10m. This is currently being challenged by the CCG. It is not yet clear what the phasing of the introduction of this reduction will be; it may be over several years.

2.2. The CCG submitted a business plan to NHS England (NHSE) for non-recurrent funding. It is essential that the CCG receives the monies to complete the bed reconfiguration at WWL FT.

2.3. The CCG has a very challenging financial savings QIPP target of £18.2m. We are currently still forecasting to meet this target but any delays in implementing programmes and winter pressures may impact adversely on this.

2.4. The CCG is working collaboratively with its providers and the local authority to identify programmes for future years. It is recognised that there will need to be an economy-wide approach if future year financial savings targets are to be met. To help drive this, an event was held this month, with input from the Kings Fund and attended by the CCG, local authority and the main healthcare providers in Wigan. The CCG is also engaged in an economy-wide conversation to influence the Healthier Together agenda, which is concerned with the future delivery of acute services across Greater Manchester.

Trish Anderson
Chief Officer

Wigan Borough CCG Corporate Dashboard

Wigan Borough CCG Corporate Dashboard: Month 5 2013/14

Wigan Borough CCG Corporate Objective CCG Assurance Framework Domain	Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Period	12	1	2	3	4	5	6	7	8	9	10	11	
Objective 1: Helping our population stay healthy and live longer in all areas of the borough Domain 3: Are health outcomes for local people improving?			AMBER / RED	RED	RED	RED	RED	RED					
Objective 2: Commissioning high quality services which reflect the requirements of the population delivering good clinical outcomes, good patient experience and value for money within available resources Domain 1: Are people getting good quality care?			RED	RED	AMBER / RED	AMBER / RED	AMBER / RED						
Objective 3: Developing an effective commissioning organisation that puts the patient first Domain 2: Are patients rights under the NHS Constitution being promoted?			GREEN	GREEN	GREEN	GREEN	GREEN						
Objective 4: Being an Organisation that consistently delivers its statutory duties Domain 4: Are CCGs commissioning services within their financial allocations?			GREEN	GREEN	GREEN	GREEN	GREEN						

Page 177

Methodology & Summary Comments

<p>Methodology: The CCGs objectives are set by the Governing body and laid out in the Board Assurance Framework. The Corporate Objectives have been aligned to the NHS England CCG Assessment Framework; hence, it is this assessment that is driving the indicator rating for the assessed areas. The scorecards that underpin these ratings are included in the in-depth 2013/14 performance report, which is presented to Finance & Performance Committee. A copy of these scorecards are shown at Appendix A. NHS England will assess CCG performance on a quarterly basis.</p>
<p>Objective 1: The CCG is self-assessed as AMBER / RED in this area. No MRSA infections were recorded in August, but the number of CDiff infections was higher than plan. The CCG Quality team has initiated a number of actions to address this. The number of admissions for older people as a result of a hip fractures (a CCG priority indicator) is better than plan in August, though the year-to-date figure is still higher than plan. The A&E response rate to the Friends & Family test at WWL is still below the national 15% standard.</p>
<p>Objective 2: The CCG is self-assessed as AMBER / RED in this area. The CCG rating reflects concerns relating to provider quality. Key amongst these are the acute provider in Bolton, who have been flagged as a "quality compliance risk" by Monitor. The WB CCG Quality team are in liaison with NHS Bolton CCG colleagues to seek assurance. A second area of concern relates to healthcare acquired infections (HCAI). A working group including all stakeholders has been arranged to monitor progress and ensure implementation of the HCAI strategy. Page five of this report details the numbers of MRSA and CDiff infections attributed to the CCG responsible population. Finally, each of the three main acute providers have reported "never" events in the last three months. At WWL, this related to an overdose of Midazolam given to a patient, in September.</p>
<p>Objective 3: The CCG is self-assessed as GREEN in this area. The CCG has three areas of concern in the latest results. The first is that greater than 1% of patients waited more than 6 weeks for a diagnostic test. This is a result of issues at Bolton FT. The second concern is that 1 patient had been waiting more than 52 weeks for treatment at the end of August: a Urology patient at WWL. The final concern relates to cancer waiting times following a GP referral, which missed the 85% standard for the first time since December 2011. However, year-to-date performance remains above standard.</p>
<p>Objective 4: The CCG is self-assessed as GREEN in this area. All primary financial indicators are currently achieving plan. More detail on financial performance can be found in the CCG Finance and QIPP reports that are presented to Finance and Performance Committee on a monthly basis.</p>

Wigan Borough CCG Corporate Dashboard

Key Messages





1. Quality & Safety Delivery Plan: The CCG Quality and Safety Delivery Plan 2013/2014 sets out the key priority areas and identifies the specific work streams, which are reviewed and modified to ensure that the modes of delivery are both sustainable and centred on patients' needs whilst focused on providing assurances on the quality safety and effectiveness.

2. Year To Date Against Plan: Currently within timescale.

3. Healthcare Acquired Infections (HCAIs): These remain over trajectory. A borough wide Infection Prevention & Control (IPC) working group, including all stakeholders, is to be facilitated by the CCG; the inaugural meeting is planned for November 2013. The Consultant Microbiologist at WWL FT is to attend the October Clinical Governance Committee to provide his perspective. WWL FT has also provided an update on their current position on actions being implemented and their risk assessment /action plan; this will be reviewed at the next Quality Safety and Safeguarding Group meeting in October. Local CQUIN schemes related to the reduction of antibiotic prescribing have been implemented and are being monitored with acute and community providers.

4. Failure of Providers To deliver Quality & Safety: On the 1st of April, WB CCG inherited a significant number of historic Serious Untoward Incidents (SUIs) from the SHA. The Quality team have robustly managed all providers to ensure appropriate root cause analysis is completed in order to close the outstanding SUIs and ensure that any new SUIs are managed effectively in a timely manner. On 11/09/2013 WWL FT reported a "Never Event" of a Midazolam overdose. A full investigation is taking place, the outcome of which will be reported to the CCG and to Clinical Governance Committee.

RAAG Rated Performance Domains

Quality & Safety: Full Year Forecast Against The Delivery Plan	GREEN 
Year To Date Delivery Against Plan	GREEN / AMBER 
Management Of HCAIs (C.Difficile & MRSA) Against Set Trajectories	AMBER / RED 
Failure Of Providers To Deliver Against Quality & Safety Of Commissioned Services	AMBER / RED 

Page 178

Top 3 Achievements & Challenges

Achievement	Comments
1	Establishment of internal clinical governance arrangements. A CCG Clinical Governance structure is in place. The Clinical Governance Committee meets monthly; the Chairperson reports directly to the CCG Governing Body. An approved Strategy for Quality is in place and has been operationalised through the Quality & Safety Delivery Plan.
2	Development and progress against Quality & Safety Delivery Plan. The progress against delivery is reported through the Clinical Governance Committee.
3	Robust management of Serious Untoward Incidents The progress against delivery is reported through the Clinical Governance Committee, via the SUI Dashboard.
Challenge	Actions
1	Associate provider - Quality Assurance. The WB CCG Quality & Safety Team continues to work with associate commissioner to gain assurance on associate provider compliance. WB CCG is also represented at the GM Quality Collaborative.
2	Infection Prevention and Control (IPC) and Healthcare Acquired Infections (HCAIs). A strategy for the management of HCAIs has been produced and approved by the Governing Body work is on-going to implement the strategy. WBCCG is a member of the Greater Manchester IPC group who are working across GM to standardise reporting of HCAIs and share best practice
3	Closure of serious untoward incidents (SUIs). Work with the acute provider is continuing, to close the reports that are beyond the 45 day deadline. It is, however, recognised that the closure of SUIs within the associate providers responsibilities remains a challenge the Quality Team are seeking to address.

Key Messages

1. Prescribing: At the end of month five, achievement of 86% of the 2013/14 Medicines Management (MM) QIPP programme is reported; full year forecast remains achievable. There can be a large degree of fluctuation in delivery against the different targets from month to month, dependent on activity within the practices; annual leave over the summer period will have influenced this. All Practices have taken part in a peer review with the Senior Medicines Management Team and their appropriate Locality GP Prescribing Clinical Champion. The QIPP plan was discussed fully at these meetings and all Practices have selected 3 areas within the QIPP plan to work on within the Practice. Of the 14 QIPP areas under review: 1 has been removed after discussion at Medicines Management Group (MMG) where it was agreed that savings in the area were no longer achievable. The target has been transferred to a different area which is currently performing well. 5 areas are over the pre-set targets, 5 are moving towards achieving the pre-set targets and 3 are not close to achieving the pre-set target.

The CQC issued a warning notice to WWL in April 2013 for failing to comply with relevant requirements of the Health and Social Care Act 2008 with regards to medicines management. The warning has since been removed. The CCG continues to monitor the improvement plan which was put in place by WWL at the MMG and by attendance at the WWL MM Strategy Board.

2. Continuing Healthcare: The Continuing Healthcare and Funded Nursing Care budgets are forecast to achieve financial balance. However the CCG is unable to verify invoices which contain patient identifiable data, so there is a potential that the CCG is overcharged which would put this budget at risk. Retrospective claims for CHC funding could be made for the period 01/04/2004 to 31/03/2012. The CCG received 388 claims. These claims will not be managed by the current team until after all the needs portrayals are completed. Temporary clinical staff have been recruited to support this additional work.

Page 179

RAAG Rated Performance Domains

Delivery Of Medicines Management QIPP To Forecast Milestones

GREEN / AMBER

Delivery Of Medicines Management Budget To Forecast Milestones

GREEN / AMBER

Delivery Of Continuing Healthcare Budget To Forecast Milestones

GREEN / AMBER

Continuing Healthcare Retrospective Claims To Be Completed By 31st March 2015

GREEN / AMBER

Top 3 Achievements & Challenges

Achievement		Comments
1	Peer reviews completed and QIPP areas selected.	All practices have attended the peer reviews and agreed three prescribing review areas for 2013/14 with the CCG. This agreement has been facilitated and supported by the GP Prescribing Clinical Champions.
2	Primary care programme of work for HCAs has been implemented.	Antibiotic prescribing has been discussed in detail at all peer reviews and best practice shared. All practices identified as having improvement opportunities in either antibiotic items or the prescribing of cephalosporin and quinolone, have selected these as prescribing review areas.
3	CHC has system in place to manage retrospective claims for the period 01/04/2004 to 31/03/2012.	This was reported to Clinical Governance Committee in July 2013. The CCG has received 388 claims, of which there is the potential for 254 to proceed.
Challenge		Actions
1	Delivery of MM QIPP plan requires full engagement of ALL practices.	All Practices have attended peer reviews and the Medicines Management Team and GP Prescribing Clinical Champions continue to work with all Practices to develop relationships and ensure engagement.
2	Ensure implementation of the WWL CWC MM action plan.	Agenda item at monthly Quality, Safety and Safeguarding meeting with WWL. CCG is a member of the WWL MM Strategy Board which reviews the plan.
3	CHC and FNC: all invoices are being paid without verification.	The CCG has taken advice around the use of data sharing agreements and are working on a solution. All unreconciled and unverified invoices are being recorded to enable retrospective checks to be made at a later date.

Key Messages

The CCG has statutory responsibilities to safeguard children, young people and adults at risk of harm. The CCG has a statutory duty to ensure that all commissioned health providers have robust single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and protect vulnerable adults from abuse or the risk of abuse. The CCG Safeguarding Children & Vulnerable Adults policy sets out the context and outlines the responsibilities of the CCG. Current focus is on embedding safeguarding within all provider contracts and ensuring the take up of safeguarding training for all staff who are in contact with: children, adults who are parents / carers and vulnerable adults.

1. Successful Delivery Of All Actions Outlined In The Safeguarding Policy & Strategic Plan: The CCG is rated Green/Amber in this area; the risk being "have a safeguarding adult lead and a lead for the Mental Capacity Act supported by relevant policies and training". The Adult Assistant Director role will mitigate against this.

2. Meet Statutory Responsibilities Around Safeguarding Adults & Children: The CCG is rated Green/Amber in this area.

3. Embed Safeguarding & Escalation In All Contracts: The CCG is Rated Green/Amber in this area. The CCG has developed in consultation with its providers a Safeguarding Dashboard this will allow to better performance manages any areas for improvements and identifies any gaps or risks.

4. Training Frontline Staff With The Skills & Knowledge On How To Act On Concerns: The CCG is rated Green/Amber in this area. All staff have access to e-learning at Levels 1 and 2 and access to Wigan Safeguarding Children Board Training. Compliance figures will be produced next quarter to monitor achievement.

RAAG Rated Performance Domains

Successful Delivery Of All Actions Outlined In The Safeguarding Policy & The Strategic Plan	GREEN / AMBER 
Meet Statutory Responsibilities Around Safeguarding Adults & Children	GREEN / AMBER 
Embed Safeguarding & Escalation In All Contracts	GREEN / AMBER 
Training Frontline Staff With The Skills & Knowledge On How To Act On Concerns	GREEN / AMBER 

Top 3 Achievements & Challenges

	Achievement	Comments
1	Safeguarding Dashboard.	The dashboard will enable a central place to collate all safeguarding intelligence and data. The intelligence will be collated via the Quality, safety & safeguarding groups with providers.
2	Quality, Safety and Safeguarding proforma in place for all providers to submit evidence.	Transparent safeguarding children and adult process in place to assure the governing body that robust governance and escalation systems are in situ.
3	Safeguarding training compliance of 5 Boroughs Partnership.	5 Boroughs Partnership have now achieved 88% compliance in level 3 children's safeguarding training for all staff who have regular direct contact with children. This has been achieved in an 8 week period; up from 13% compliance reported in August 2013.
	Challenge	Actions
1	The CCG is currently involved in two serious case reviews involving numerous providers.	The serious case review action plans will be monitored via the Clinical Safety & Safeguarding Review Group. Two task groups to look at communication and response to injuries have been established to address early themes arising from the cases.
2	Managing safeguarding compliance and issues, where the CCG is not the lead commissioner.	WB CCG is working with NHS England and Wigan Council to ensure robust safeguarding processes in place where WB CCG is not the lead commissioner. Clarity on commissioning of Rapid Response has been escalated to NHS England; also the commissioning of SCR authors.
3	Lack of coherence around safeguarding adult processes.	Assistant Director Safeguarding Adults commenced in post 01/10/13. Scoping exercise is in progress to identify current gaps. Identification of policy development required and robust reporting mechanisms in relation to safeguarding concerns in commissioned services.

Key Messages

1. Providing Local People With Good Quality Care: The CCG rating reflects concerns, key amongst which are the acute provider in Bolton, who have been flagged as a "quality compliance risk" by Monitor. The WB CCG Quality team are in liaison with NHS Bolton CCG colleagues to seek assurance. A second area of concern relates to healthcare acquired infections (HCAI). A working group including all stakeholders has been arranged to monitor progress and ensure implementation of the HCAI strategy. Page five of this report details the numbers of MRSA and CDiff infections attributed to the CCG responsible population. Finally, each of the three main acute providers have reported "never" events in the last three months. At WWL, this related to an overdose of Midazolam given to a patient, in September.

2. Promoting Patient Rights Under The NHS Constitution: The CCG has three areas of concern in the latest results. The first is that greater than 1% of patients waited more than 6 weeks for a diagnostic test. This is a result of issues at Bolton FT. The second concern is that 1 patient had been waiting more than 52 weeks for treatment at the end of August: a Urology patient at WWL. The final concern relates to cancer waiting times following a GP referral, which missed the 85% standard for the first time since December 2011. However, quarterly and year-to-date performance remain above standard.

3. Improving Health Outcomes For Local People: No MRSA infections were recorded in August, but the number of CDiff infections was higher than plan. The CCG Quality team has initiated a number of actions to address this. The number of admissions for older people as a result of a hip fractures (a CCG priority indicator) is better than plan in August, though the year-to-date figure is still higher than plan. The A&E response rate to the Friends & Family test at WWL is still below the national 15% standard.

4. Commissioning Services Within Financial Allocation: All primary financial indicators are currently achieving plan.

Details of all indicator values and RAGs can be found at Appendix A.

RAAG Rated Performance Domains

Providing Local People With Good Quality Care	<div style="background-color: #ff9900; padding: 5px; font-weight: bold;">AMBER / RED</div>
Promoting Patient Rights Under The NHS Constitution	<div style="background-color: #008000; padding: 5px; font-weight: bold;">GREEN</div>
Improving Health Outcomes For Local People	<div style="background-color: #ff9900; padding: 5px; font-weight: bold;">AMBER / RED</div>
Commissioning Services Within Financial Allocation	<div style="background-color: #008000; padding: 5px; font-weight: bold;">GREEN</div>

Top 3 Achievements & Challenges

Achievement	Comments
1	A significant reduction in avoidable admissions.
2	Sustained improvement in A&E performance.
3	Reduction in hip fracture admissions for patients aged 65+.
Challenge	Actions
1	Managing performance and quality issues, where the CCG is not the lead commissioner.
2	Number of reported CDiff infections significantly exceeds plan.
3	More than 1% of patients are waiting longer than 6 weeks for a diagnostic test.

Key Messages

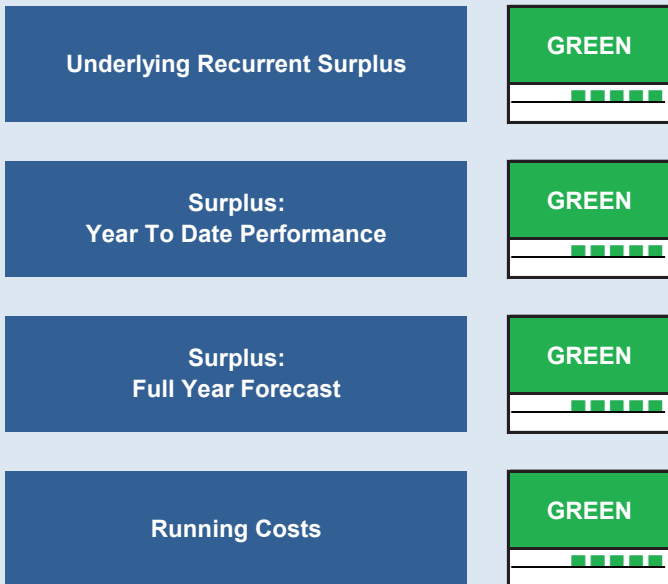
1. Performance Against The CCG's Primary Financial Indicators:

- At Month 06, the CCG has total allocations of £416m, and is forecasting to achieve its statutory duties in 2013/14 and achieve the planned 1% surplus of £4.073m;
- The year to date surplus (£2,036k) is in line with the planned surplus;
- The CCG is also on target to achieve a 2% recurrent surplus at the end of 2013/14; and
- The running cost is £25 per head of population; running cost expenditure at Month 06 is £539k less than the target allocation.

2. Key Messages:

- The CCG's allocation has reduced by £2.1m since Month 05, following further transfers to Area Teams for specialist commissioning (£1.8m) and Offender Health funding (£0.3m) included in the Bridgewater contract last year;
- WWL FT continues to report significant variances over planned activity with associated financial costs. The CCG continues to challenge these monthly reports and some of these challenge have been escalated to CFO level for a meeting in October; and
- It has been previously reported that a £2.6m QIPP shortfall needed to be addressed by the CCG. A review of budgets at M06 highlighted that previous areas of budgetary slippage available to the PCT are not as available to the CCG. This has meant that in month 06, reserves have been used to manage this QIPP shortfall.

RAAG Rated Performance Domains



Page 182

Top 3 Achievements & Challenges

Achievement	Comments
1 Achievement of year to date and forecast outturn surplus.	The CCG continues to meet its statutory duties, and forecasts that YTD and outturn surplus targets will be met.
2 Significant improvement in level of contract monitoring received.	Month 04 flex data has been received for all the CCG's Greater Manchester and Lancashire acute NHS contracts. The CCG is continuing to work closely with the Data Services for Commissioning (DSC) team to access data for its Cheshire & Merseyside acute trusts.
3 Running costs surplus.	A surplus of £48k has been forecast on running costs this month. This is mainly due to slippage in start dates of recruitment for new posts in the CCG.
Challenge	Actions
1 £1.2m bed reconfiguration funding.	A business plan was submitted to NHS England for £4.1m non-recurrent funding for various initiatives. From discussions with the local area team, it is assumed that all bar the £1.2m bed reconfiguration funding has been approved. The CCG has submitted further evidence to support this bid.
2 WWL contract challenges.	WWL FT continues to report significant variances over plan, in activity and finance terms. The CCG continues to challenge these reports at a very detailed level. Some of these challenges have been escalated at DoF level, with resolution due by the first week of October.
3 Delivery of the LTC project; penalties.	The CCG is applying penalties to both the WWL and Bridgewater contracts this month based on Q1 data in respect of missed savings for the Long Term Conditions project. The INTs continue to perform under trajectory.

Key Messages

QIPP Savings so far this year are £13.7m. The full year forecast of £18.2m is in line with plan. However, there are a number of risks.

1. Commissioning Intentions: As at month 6, all Commissioning Intention QIPP schemes are deemed as delivered. The main risk to commissioning savings and the Long Term Conditions (LTC) programme is the restrictions and delays in information flows, due to the on-going Patient Confidential Data (PCD) issues.

2. Medicines Management: This area is currently is £159k behind target, but is forecast to meet full year target. The reason for the year to date variance is a delay in the data for one of the schemes; this is shown as achieving nil in month (but data is expected to be available next month). In addition, due to the holiday period, August is generally slow in terms of prescribing reviews. It is expected that some of this months variance will be met when prescribing reviews return to normal levels in September.

3. Internal Workshops & Additional Workstreams: A review of the existing business cases has been undertaken and the forecast savings of the individual schemes has been reviewed. Where appropriate, these have been revised down for part year savings. In some cases, the forecast has been revised to nil as it is unlikely the scheme will be fully operational in this financial year. Where appropriate, these schemes will be rolled forward into the 2014/15 QIPP programme. The business cases had originally been profiled to release savings from month 6 onwards; this has now been revised to the final quarter of the year.

Where forecasts have been revised downwards, the differences have been address with the Month 6 review of budgets and reserves. Previously, we had reported a QIPP gap of £2.9m in schemes yet to be identified; this has also been addressed through the month 6 review of budgets and reserves.

RAAG Rated Performance Domains

QIPP: Full Year Forecast Against Plan	GREEN 
QIPP: Year to Date Delivery Against Plan	GREEN 
Has The Value Of Schemes Yet To Be Identified Reduced In Month?	GREEN 
Has A Rolling Three Year QIPP Plan Been Developed?	GREEN / AMBER 

Top 3 Achievements & Challenges

Achievement	Comments
1	Development of SharePoint site for Shared Decision Making business case. SharePoint has been developed to act as a one stop shop for the Shared Decision Making business case. Practices are able to download all 36 Patient Decision Aids from the site, thus facilitating the process. We are currently assessing the most appropriate way to promote this area.
2	A review of potential opportunities has been undertaken. The potential opportunities open to the CCG, via Better Care Better Value Indicators, Health Profiles, NHS Comparators, Atlas of Variation and AQUA has been undertaken has been used as part of the SWOT analysis of the CCG at the Health Economy event.
3	Outcomes from Health Economy event. The outcomes from the 3rd October event have been collated into seven themed areas; this will now form the basis of future QIPP programmes.
Challenge	Actions
1	Lack of business cases deriving from the Associate-Director-led working groups. A number of business cases have been developed. However, there still remains a number of opportunities that the working groups could focus on to improve quality and produce savings.
2	Future QIPP schemes. The financial challenge to the PCT in 2014/15 & 2015/16 is likely to be in the region of £50m. This will require large scale transformation in the health economy.
3	Number of business cases that are waiting to be fully implemented. Whilst some business case have been passed to CSU for implementation, there still is a number that requires implementing as soon as possible, if there are to achieve their forecast savings.

Key Messages

1. Urgent Care: The A&E 4 hour target has been met, with WWL achieving 97.83% for August and 97.57% for year to date.

2. Headline Targets: RTTs are achieving aggregate. T&O specialty is not meeting the target but the agreed contractual recovery plan for the T&O 18 week backlog clearance by April 2014, is on plan to deliver. Diagnostics: the CCG failed the target of 99% achievement in July, achieving 98.51% due to breaches at Royal Bolton Hospitals NHS FT. The CCG is working with both GM area team and Bolton CCG to investigate this.

3. Acute Contracts: Contracts continue to be robustly managed through the performance management framework reported to the Finance and Performance Committee. Commissioners are challenging the following areas of performance: national and local KPI penalties and areas of payment for non delivery, including physician advisor, long term conditions programme and an unexplained growth in A&E referrals.

4. Non-Acute Contracts: The Bridgewater contract continues to be robustly monitored; a number of areas have been found to be performing below plan. Challenges have been made to Bridgewater to meet the planned activity, and work streams are in place to address these issues. The 5 Boroughs contract - reviews have identifies issues within the assessment service including increased 'Did not attend' rates and appropriate referrals; the CCG has requested an action plan to address these issues. CHC contracts - performance data is being supplied on ad-hoc basis by providers; a project group has been formed with milestones for collecting robust data.

RAAG Rated Performance Domains



Page 184

Top 3 Achievements & Challenges

Achievement	Comments
1 Robust performance management of contracts and a programme of deep dive reviews of services.	Contracts continue to be robustly managed in accordance with the performance framework.
2 Urgent care performance has improved and the system is safer for patients.	A robust Winter Plan has been developed. Feedback from the LAT is that it is a strong plan; the plan has been used as an example of a good plan in the area team peer review. Additional winter resilience measures have been developed and prioritised, and are being mobilised.
3 2014/15 Contracting process.	The CCG has issued its commissioning Intentions to its three main providers. Contract negotiation meetings for 2014/15 contracts have been set up to take this forward.
Challenge	Actions
1 Financial risks associated with acute contracts.	Robust performance management frameworks have been developed that comprise policies for demand management, targets for improving value for money in services, audits and KPIs. The levers enable commissioners to effectively manage this risk.
2 Trauma and orthopaedics RTT.	An action plan and trajectory for backlog clearance within this specialty agreed with WWL FT; a KPI and penalty has also been established to support plan delivery. Investment to support increased capacity has been applied to contract. Weekly monitoring against the plan.
3 Failure of 5BP to deliver the Mr and Mrs X serious case review recommendations.	A detailed performance management framework for each recommendation has been established within the contract. Contract levers will be applied for non-delivery. Actual performance is reported monthly at the F&P and Clinical Governance committees.

Key Messages

1. Overview:

The Programme planning activity for Integrated Care and QIPP is now established, with collaborative Governance and teamwork across organisations.

2. Domain Performance:

The planning of the Integrated Care pilots is now beginning to address the detail for implementation, and an engagement workshop is planned for early November. Commencing the pilot at the end of January 2014 is achievable.

The Primary Care Strategy first draft has now entered a consultancy phase, whilst the Mental Health Review has moved into it's second phase - a much more detailed service and performance analysis.

CCG Programmes & PMO remains Amber/Red to reflect the huge workload implied above.

A great deal of work is currently underway to audit the CCG Portfolio against corporate aims and to examine the prioritisation of the work. The RAAG codings are contingent on the outcome of this work.

Page 185

RAAG Rated Performance Domains

Timely Progression Of All Programmes & Projects

GREEN / AMBER

Active Programmes & Projects To Address All Outstanding Corporate Aims

GREEN / AMBER

Active Programme & Projects Capable Of Achieving Savings Objectives

GREEN / AMBER

Programmes Performance Rating

AMBER / RED

Top 3 Achievements & Challenges

Achievement		Comments
1	Consolidation of collaborative working.	The full 'Integrated Programme Office' team across 5 organisations has successfully conducted business and commenced programme planning.
2	Initiation of Small Projects Group.	An internal CCG small projects group has been established to deliver streamlined (low-admin, quick implementation) projects within Primary Care.
3	Ophthalmology projects to procurement.	The four ophthalmology projects have moved to the procurement phase (through the Manchester Commissioning Support Unit procurement team).
Challenge		Actions
1	Planning of the Integrated Care Adult Pilot.	Despite the focus of all organisations, delivering the pilot by the end of January 2014 will be a significant challenge.
2	Diabetes service redesign.	In order to make possible a 2014/15 full year implementation, the intentions for a Diabetes service redesign need to be subject to engagement / consultancy by December 2013.
3	QIPP challenge.	Programmes and projects to address the challenges of QIPP, including 'Integrated Care', improved quality and financial savings.

Wigan Borough CCG Corporate Dashboard

Key Messages

1. Organisational Profile: [Total headcount, staff in post (FTE), composition of workforce (e.g. substantive, fixed term, bank), equality and diversity – age, gender, disability] Overall, the organisations profile is Green. The CCG's headcount increased to 123 in August, but this still remains well within the budgeted establishment. The age profile of the CCG's workforce (particularly age 45 - 59) is older in comparison to the workforce within Greater Manchester.

2. Organisation Movement: [Total number of leavers, total number of new starters, turnover rate (average), active vacancy rate] Overall the organisations performance in this area is Green. During August no employees left and there were no new starters. Staff turnover is currently 1.81% compared to the national average of 13.6%.

3. Organisational Behaviour: [Sickness absence rates and costs, agency staff costs] Overall, the CCG's performance in this area is Green. The CCG's sickness target is 3%. Sickness absence for July 2013 increased slightly to 2.52% (monthly cost of £11,940). The average sickness rate to date is 2.42% (total cost to date is £36,964).

4. Organisational Development: [Staff satisfaction/engagement, number of grievances, number of disciplinaries, learning and development including mandatory training compliance, PDR completion rate]. There were no disciplinaries or grievances during August. The CCG is liaising with CSU regarding delivery of mandatory training in order to ensure staff compliance. Management information related to staff training and levels of staff satisfaction are not currently available.

RAAG Rated Performance Domains

Organisational Profile	<div style="background-color: #008000; color: white; padding: 5px; font-weight: bold;">GREEN</div> 
Organisational Movement	<div style="background-color: #008000; color: white; padding: 5px; font-weight: bold;">GREEN</div> 
Organisational Behaviour	<div style="background-color: #008000; color: white; padding: 5px; font-weight: bold;">GREEN</div> 
Organisational Development	<div style="background-color: #008000; color: white; padding: 5px; font-weight: bold;">GREEN</div> 





















Top 3 Achievements & Challenges

	Achievement	Comments
1	A number of HR policies & guidance were agreed for implementation.	Leavers Policy, Probationary Review, Professional Registration, Management of HR Records & Information, Induction Policy, Guidance on Writing Job Descriptions & Person Specifications.
2	Met with CSU to discuss and agree the CCG training needs and interventions to be put in place.	We have agreed to prioritise mandatory and IT training initially and are awaiting an estimate of costs from the CCG's training unit allocation in order to progress this further.
3	A number of line managers attended the Key Skills For Managers training sessions.	The purpose of the training is to increase line managers competence with regard to managing HR issues and to improve their knowledge of the new HR service delivery model and of HR policies and procedures.
Challenge		Actions
1	Maintenance of the HR data held in the ESR system .	There is still a lack of clarity about where responsibility lies between the WWL Payroll team and People Services for the input and maintenance of HR data held in ESR. A meeting between the CCG, CSU and WWL Payroll team has been held to try and resolve this issue.
2	Significant work is still required to review and rationalise the CCG suite of HR policies.	The majority of HR policies were never formally approved/adopted by the PCT and only 6 (13%) of the CCG's 46 existing HR policies are in date.
3	Provision of accurate and timely contracts of employment for new starters/clinicians.	Liaise with CSU and WWL payroll to ensure that gaps in ESR / other data required to populate contracts are resolved, e.g. NHS start date, continuous service dates, etc. Review business processes to ensure that they are robust and that roles and responsibilities are clear.

Wigan Borough CCG Corporate Dashboard

Appendix A: Wigan Borough CCG Corporate Objectives KPIs (Month 5 2013/14)

Objective 1: Helping our population stay healthy and live longer in all areas of the borough

Improving Health Outcomes For Local People		Period	Organisation Monitored	Green Threshold	Amber Threshold	Current Performance			Performance Trend	
						Month	Last Qtr	Year/YTD		
Domain 1: Preventing People From Dying Prematurely	Potential Years Of Life Lost: Male <i>National Quality Premium Indicator</i>	2011	Wigan Borough CCG	N/A	N/A	N/A	N/A	2,453.45		Latest 3 Years
	Potential Years Of Life Lost: Female <i>National Quality Premium Indicator</i>	2011	Wigan Borough CCG	N/A	N/A	N/A	N/A	2,261.73		Latest 3 Years
	Under 75 Mortality Rate: Cardiovascular Disease	2011	Wigan Borough CCG	N/A	N/A	N/A	N/A	83.31		Latest 1 Year
	Under 75 Mortality Rate: Respiratory Disease	2011	Wigan Borough CCG	N/A	N/A	N/A	N/A	35.64		Latest 1 Year
	Under 75 Mortality Rate: Liver Disease	2011	Wigan Borough CCG	N/A	N/A	N/A	N/A	30.12		Latest 1 Year
	Under 75 Mortality Rate: Cancer	2011	Wigan Borough CCG	N/A	N/A	N/A	N/A	135.36		Latest 1 Year
Domain 2: Enhancing Quality Of Life For People With Long Term Conditions	Admissions: Chronic ACS Conditions (All Ages) <i>Component 1 Of The Avoidable Admissions Indicator</i>	Aug 13	Wigan Borough CCG	Plan	5.00%	281	825	1,387		Latest 5 Months
				Actual		186	755	1,169		
	Admissions: Asthma, Diabetes & Epilepsy (C&YP) <i>Component 2 Of The Avoidable Admissions Indicator</i>	Aug 13	Wigan Borough CCG	Plan	5.00%	22	64	108		Latest 8 Months
				Actual		16	53	87		
Domain 3: Helping People To Recover From Episodes Of Ill Health	Long Term Conditions: People In Control Of Condition	Mar 13	Wigan Borough CCG	79.80%	74.80%	N/A		N/A		Latest 0 Surveys
	Dementia: Diagnosis Rate <i>Local Quality Premium Indicator</i>	2011/12	Wigan Borough CCG	N/A	N/A	N/A	N/A	49.60%		Latest 1 Year
	Admissions: Acute ACS Conditions (All Ages) <i>Component 3 Of The Avoidable Admissions Indicator</i>	Aug 13	Wigan Borough CCG	Plan	5.00%	388	1,140	1,916		Latest 5 Months
				Actual		272	975	1,566		
Avoidable Admissions	Readmissions: 30 Days Of Discharge	N/A	Wigan Borough CCG	Plan	5.00%	Reporting & Plan To Be Developed				
				Actual						
	Admissions: Lower Respiratory Tract Infections (C&YP) <i>Component 4 Of The Avoidable Admissions Indicator</i>	Aug 13	Wigan Borough CCG	Plan	5.00%	5	15	25		Latest 5 Months
			Actual		2	17	24			
Domain 4: Patient Experience	Avoidable Emergency Admissions: Composite Measure <i>National Quality Premium Indicator</i>	Aug 13	Wigan Borough CCG	Plan	5.00%	696	2,044	3,436		Latest 5 Months
				Actual		476	1,800	2,846		
Domain 5: Treating In A Safe Environment	Friends & Family Test: A&E Response Rate <i>National Quality Premium Indicator</i>	Aug 13	WWL FT	15.00%	10.00%	10.69%	6.71%	8.42%		Latest 5 Months
	Friends & Family Test: Inpatient Response Rate <i>National Quality Premium Indicator</i>	Aug 13	WWL FT	15.00%	10.00%	29.14%	20.92%	23.78%		Latest 5 Months
Other Indicators	Healthcare Associated Infections: MRSA <i>National Quality Premium Indicator</i>	Aug 13	Wigan Borough CCG	0	1	0	4	5		Latest 8 Months
	Healthcare Associated Infections: Clostridium Difficile <i>National Quality Premium Indicator</i>	Aug 13	Wigan Borough CCG	Plan	5.00%	8	23	38		Latest 8 Months
				Actual		13	43	60		
Other Indicators	Mental Health: IAPT Treatment Rate	Q4 12/13	Wigan Borough CCG	Plan	1.00%	N/A	2.40%	9.00%		Latest 8 Quarters
				Actual		N/A	1.24%	5.80%		
	Admissions: Chronic ACS Conditions (Adults) <i>Local Quality Premium Indicator</i>	Aug 13	Wigan Borough CCG	Plan	5.00%	242	801	1,313		Latest 8 Months
			Actual		169	701	1,080			
Other Indicators	Admissions: Hip Fracture (Age 65+) <i>Local Quality Premium Indicator</i>	Aug 13	Wigan Borough CCG	Plan	5.00%	26	66	115		Latest 5 Months
				Actual		22	82	133		

Wigan Borough CCG Corporate Dashboard

Appendix A: Wigan Borough CCG Corporate Objectives KPIs (Month 5 2013/14)

Objective 2: Commissioning high quality services which reflect the requirements of the population delivering good clinical outcomes, good patient experience and value for money within available resources

Providing Local People With Good Quality Care		Current Performance					Performance Trend		
		WWL	Bolton	Salford	Bridgewater	5 Boroughs			
Provider Assessment	Is The Provider Subject To Enforcement Action By The CQC?	No	No	No	No	No		Latest 5 Months	
	Is The Provider Flagged As A "Quality Compliance Risk" By Monitor; or Are There Requirements In Place Around Breaches Of Provider Licence Conditions?	No	Yes	No	No	No		Latest 5 Months	
	Is The Provider Subject To Enforcement Action By The NHS TDA Based On Quality Risk?	No	No	No	No	No		Latest 5 Months	
	Does Feedback From The Friends & Family Test Indicate Any Causes For Concern?	No	No	No	No	No		Latest 5 Months	
	Is The Provider Identified As A Negative Outlier For SHMI Or HSMR?	No	No	No	No	No		Latest 5 Months	
	Are The Number Of MRSA Cases Above Zero In The Last Quarter?	No	No	No	No	No		Latest 5 Months	
	Are The Number Of CDiff Cases Above Trajectory In The Last Quarter?	Yes	Yes	No	No	No		Latest 5 Months	
	Are The Number Of Mixed Sex Accommodation Breaches Above Zero In The Last Quarter?	No	No	No	No	No		Latest 5 Months	
	Does The Provider Have Any Unclosed Serious Untoward Incidents (SUIs)?	Yes	Yes	Yes	No	Yes		Latest 5 Months	
	Has The Provider Experienced Any Never Events In The Last Quarter?	Yes	Yes	Yes	No	No		Latest 5 Months	
CCG Self Assessment						Current Month	Performance Trend		
Clinical Governance	Does The CCG Have Any Outstanding Conditions Of Authorisation In Place Relating To Clinical Governance?						No		Latest 5 Months
	Does The CCG Have Any Concerns Around Quality Issues Discussed Regularly By The CCG Governing Body?						No		Latest 5 Months
	Does The CCG Have Any Concerns Around The Arrangements In Place To Identify Early Warnings Of A Failing Service?						No		Latest 5 Months
	Does The CCG Have Any Concerns Around The Arrangements In Place To Deal With And Learn From SUIs & Never Events?						No		Latest 5 Months
	Does The CCG Have Any Concerns Around Being An Active Participant In Its Quality Surveillance Group?						No		Latest 5 Months
EPRR	Has The CCG Identified Any Areas Of Concern Relating To The Arrangements In Place For Dealing With An Emergency Event?						No		Latest 5 Months
Winterbourne View	Has The CCG Identified Any Risk To Its Progress Against The Winterbourne View Action Plan?						No		Latest 5 Months

Wigan Borough CCG Corporate Dashboard

Appendix A: Wigan Borough CCG Corporate Objectives KPIs (Month 5 2013/14)

Objective 3: Developing an effective commissioning organisation that puts the patient first

Promoting Patient Rights Under The NHS Constitution		Period	Organisation Monitored	National Standard	Lower Threshold	Current Performance			Performance Trend	
						Month	Last Qtr	YTD	Trend	
Referral To Treatment Waiting Times	18W RTT: Admitted Pathways	Aug 13	Wigan Borough CCG	90.00%	85.00%	93.82%	93.40%	93.51%		Latest 8 Months
	18W RTT: Non-Admitted Pathways	Aug 13	Wigan Borough CCG	95.00%	90.00%	97.78%	97.86%	97.80%		Latest 8 Months
	18W RTT: Incomplete Pathways	Aug 13	Wigan Borough CCG	92.00%	87.00%	94.92%	94.94%	94.94%		Latest 8 Months
	18W RTT: Patients Waiting Greater Than 52 Weeks	Aug 13	Wigan Borough CCG	0	10	1	N/A	N/A		Latest 8 Months
Diagnostics	Diagnostic Waits: Within 6 Weeks	Aug 13	Wigan Borough CCG	99.00%	94.00%	98.28%	98.80%	98.63%		Latest 8 Months
A&E	A&E Waits: Total Time In Department Within 4 Hours	Sep 13	WWL FT	95.00%	90.00%	97.55%	97.52%	96.40%		Latest 8 Months
Cancer Waits 2 Weeks	Cancer: Seen Within 14 Days Of An Urgent GP Referral	Aug 13	Wigan Borough CCG	93.00%	88.00%	98.97%	98.66%	98.49%		Latest 8 Months
	Cancer: Breast Symptoms Seen Within 14 Days	Aug 13	Wigan Borough CCG	93.00%	88.00%	96.92%	96.90%	96.45%		Latest 8 Months
Cancer Waits 31 Days	Cancer: Treatment Within 31 Days Of Decision To Treat	Aug 13	Wigan Borough CCG	96.00%	91.00%	100.00%	98.51%	99.08%		Latest 8 Months
	Cancer: Subsequent Treatment In 31 Days (Surgery)	Aug 13	Wigan Borough CCG	94.00%	89.00%	100.00%	100.00%	100.00%		Latest 8 Months
	Cancer: Subsequent Treatment In 31 Days (Drugs)	Aug 13	Wigan Borough CCG	98.00%	93.00%	100.00%	99.24%	99.55%		Latest 8 Months
	Cancer: Subsequent Treatment In 31 Days (Radiotherapy)	Aug 13	Wigan Borough CCG	94.00%	89.00%	100.00%	100.00%	100.00%		Latest 8 Months
Cancer Waits 62 Days	Cancer: Treatment In 62 Days (GP Referral)	Aug 13	Wigan Borough CCG	85.00%	80.00%	82.61%	91.16%	89.70%		Latest 8 Months
	Cancer: Treatment In 62 Days (NHS Screening Referral)	Aug 13	Wigan Borough CCG	90.00%	85.00%	100.00%	93.75%	91.11%		Latest 8 Months
	Cancer: Treatment In 62 Days (Consultant Upgrade)	Aug 13	Wigan Borough CCG	None	None	100.00%	93.91%	94.74%		Latest 8 Months
Category A Ambulance Calls	Ambulance: Category A (Red 1) 8 Minute Response Time	Aug 13	NWAS	75.00%	70.00%	78.77%	77.53%	77.35%		Latest 8 Months
	Ambulance: Category A (Red 2) 8 Minute Response Time	Aug 13	NWAS	75.00%	70.00%	79.61%	80.12%	79.58%		Latest 8 Months
	Ambulance: Category A 19 Minute Response Time	Aug 13	NWAS	95.00%	90.00%	95.98%	96.54%	96.23%		Latest 8 Months
Mixed Sex	Mixed Sex Accommodation: Breaches	Aug 13	Wigan Borough CCG	0	10	0	0	N/A		Latest 8 Months
Cancellations	Cancelled Operations: Not Treated In 28 Days	Q1 13/14	WWL FT	Plan	5.00%	N/A	9.09%	9.09%		Latest 5 Quarters
				Actual		N/A	9.15%	9.15%		
Mental Health	Mental Health: Care Programme Approach	Q1 13/14	Wigan Borough CCG	95.00%	90.00%	N/A	97.35%	97.35%		Latest 8 Quarters

Wigan Borough CCG Corporate Dashboard

Appendix A: Wigan Borough CCG Corporate Objectives KPIs (Month 5 2013/14)

Objective 4: Being an Organisation that consistently delivers its statutory duties

Commissioning Services Within Financial Allocation		Period	Organisation Monitored	Green Threshold	Amber / Green	Amber / Red	Red Threshold	Current Month	Performance Trend	
Financial Performance	Underlying Recurrent Surplus	Sep 13	Wigan Borough CCG	2.00%	1.00%	0.00%	< 0.00%	2.00%		Latest 6 Months
	Surplus: Year To Date Performance	Sep 13	Wigan Borough CCG	1.00%	0.80%	0.50%	< 0.50%	1.00%		Latest 6 Months
	Surplus: Full Year Forecast	Sep 13	Wigan Borough CCG	1.00%	0.80%	0.50%	< 0.50%	1.00%		Latest 6 Months
	QIPP: Year To Date Delivery	Sep 13	Wigan Borough CCG	95.00%	80.00%	50.00%	< 50.00%	100.00%		Latest 6 Months
	QIPP: Full Year Forecast	Sep 13	Wigan Borough CCG	95.00%	80.00%	50.00%	< 50.00%	100.00%		Latest 6 Months
	Running Costs Allowance: Within Limit	Sep 13	Wigan Borough CCG	Yes	N/A	N/A	No	Yes		Latest 6 Months
	Risk Management: Clear Identification & Mitigation	Sep 13	Wigan Borough CCG	Yes	N/A	N/A	No	Yes		Latest 6 Months
	Non-Recurrent Funds: Managed Within Agreed Processes	Sep 13	Wigan Borough CCG	Yes	N/A	N/A	No	Yes		Latest 6 Months
General & Acute Activity		Period	Organisation Monitored	Green Threshold	Amber Threshold	Current Performance			Performance Trend	
Supporting Activity Indicators	First Outpatient Attendances	Aug 13	Wigan Borough CCG	Plan	5.00%	8,278	25,633	43,508		Latest 8 Months
				Actual		7,751	25,927	42,824		
	Inpatient Admissions: Elective	Aug 13	Wigan Borough CCG	Plan	5.00%	4,505	13,421	22,919		Latest 8 Months
				Actual		3,790	12,173	20,091		
	Inpatient Admissions: Non-Elective	Aug 13	Wigan Borough CCG	Plan	5.00%	3,069	9,160	15,358		Latest 8 Months
				Actual		2,756	8,351	13,934		
A&E Attendances	Sep 13	WWL FT	Plan	5.00%	7,472	23,396	47,332		Latest 6 Months	
			Actual		7,318	22,687	45,650			

Appendix B: Report & Dashboard Guidance

Corporate Dashboard: RAAG Rating Methodology

Objective 1

GREEN: All relevant indicators on track for achievement of Quality Premium.
AMBER / GREEN: Not all indicators on track for achievement of the Quality Premium.
AMBER / RED: At least one indicator statistically significantly off track for achievement of the Quality Premium.
RED: All indicators statistically significantly off track for achievement of the Quality Premium.

Objective 2

GREEN: All "No" responses.
AMBER / GREEN: One or more "Yes" responses, but action plan in place that successfully mitigates patient risk.
AMBER / RED: One or more "Yes" responses and no action plan in place or plan does not successfully mitigate patient risk.
RED: Enforcement action is being undertaken by the CQC, Monitor or TDA and the CCG is not engaged in proportionate action planning to address patient risk.

Objective 3

GREEN: No indicators rated "Red".
AMBER / GREEN: No indicator rated "Red", but future concerns.
AMBER / RED: One indicator rated "Red".
RED: Two or more indicators rated "Red".

Objective 4

An overall GREEN rating can only be achieved if all primary indicators are individually rated "Green". 2 or more "Red" primary indicators would lead to a overall red rating.
Over-riding rule: A qualified audit opinion would lead to an overall RED rating.

This page is intentionally left blank