

MEETING: Governing Body – Open Meeting

ITEM NUMBER: 9.2

DATE: 28 January 2014

REPORT TITLE:	Month 9 Corporate Dashboard
REPORT AUTHOR:	Trish Anderson / Mike Tate / Julie Southworth
PRESENTED BY:	Mike Tate
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 nine, two objectives/domains are self-assessed as GREEN, one is GREEN/AMBER and the other one RED.</p>	
FURTHER ACTION REQUIRED:	

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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 9 2013/14

Chief Officer Overview

1. Current Performance

1.1. 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. At month nine, two of our four corporate objectives are assessed as Green, one is Green / Amber and the other is Red.

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

Most of the detail indicators scored green but the overall score is Red, due to the failing of the MRSA and Clostridium Difficile targets. The CCG Infection Prevention & Control (IPC) Surveillance and Audit lead is now in post and is liaising with all providers to improve the coordination and management of IPC at a health economy level. Following a high level of reported infections in the early part of the year, there has been no MRSA reported in the last four months, while CDiff infections have performed at plan levels over the period July to November.

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

This objective continues to score as green/amber. 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. In addition, each of the three main acute providers have reported Serious Untoward Incidents (SUIs) and/or Never events in the last three months. A revised process for the management of SUIs is being implemented and the CCG Quality team are now represented on WWL FT's internal Serious Incident Review Panel.

1.4. Corporate objective 3 – Developing an effective commissioning organisation that puts the patient first – (GREEN)

The CCG has two 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 various providers, including WWL FT. The second concern is that small numbers of patients are still waiting more than 52 weeks for treatment. Most of these relate to the Trauma & Orthopaedic (T&O) service at WWL FT. The CCG are working with the trust to actively reduce their backlog over the remaining months of this financial year.

1.5. Corporate objective 4 – Being an organisation that consistently delivers its statutory duties – (GREEN)

All primary financial indicators are currently achieving plan.

2. Emerging Issues

2.1. The 2014/15 planning cycle has commenced, which is underpinned by the In-Out Of Hosoidal programme. The QIPP challenge for 2014/15 will be of a similar magnitude to 2013/14. A QIPP workshop on 19th November, attended by a significant number of practices, started to address the challenge.

2.2. 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. 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.

2.3. There are emerging T&O performance issues at WWL FT. Monitoring is in place and a financial incentive of £3m has been offered to the trust to ensure targets are met.

2.4. Monitoring and forecasting of patient level activity, and validation of invoices for non-NHS contracts, remains a challenge due to the restrictions on the use of Patient Confidential Data. The impact is mainly on Continuing Healthcare and Mental Health budget areas. Work is on-going to establish systems and processes to validate and forecast without the use of any PCD.

Trish Anderson
Chief Officer

Wigan Borough CCG Corporate Dashboard: Month 9 2013/14

Wigan Borough CCG Corporate Objective CCG Assurance Framework Domain	Month Period	Apr 12	May 1	Jun 2	Jul 3	Aug 4	Sep 5	Oct 6	Nov 7	Dec 8	Jan 9	Feb 10	Mar 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	AMBER / RED	AMBER / RED	AMBER / RED	AMBER / RED	AMBER / 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	AMBER / RED	GREEN / AMBER	GREEN / AMBER		
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	GREEN / AMBER	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	GREEN	GREEN	GREEN		

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 assess CCG performance on a quarterly basis.

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, although no new cases have been reported by WWL FT in the last month. The inaugural meeting of a borough wide Infection Prevention & Control (IPC) working group, including all stakeholders and facilitated by the CCG, was held on 08/11/2013. Local CQUIN schemes related to the reduction of antibiotic prescribing have been implemented and are being monitored with acute and community providers. The CCG IPC surveillance and audit lead is now in post.

4. Failure of Providers To deliver Quality & Safety: On the 1st of April 2013 WB CCG inherited a significant number of historic Serious Untoward Incidents (SUIs) at point of transition. 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. A revised process is currently being implemented and the CCG Quality team are now represented on WWLFT's internal Serious Incident Review Panel. We have now agreed the closure of the one outstanding pre-April 2013 report that was open on StEIS.

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	GREEN / AMBER 

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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. The next update will be received at January 2014.
3	Robust management of Serious Untoward Incidents. The progress against delivery is reported through the Clinical Governance Committee, via the SUI Dashboard. The next update will be received at January 2014.
Challenge	Actions
1	Associate provider quality assurance. The WB CCG Quality and Safety Team continues to work with lead commissioners 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 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 recognised that the closure of SUIs within the associate providers responsibilities remains a challenge. The one outstanding pre-April 2013 report has now been closed.

Key Messages

1. Prescribing: At month eight of the delivery of the 2013/14 Medicines Management (MM) QIPP programme an achievement of 82.6% is being forecast for 2013/14. Of the 13 QIPP areas under review; 5 areas are over the pre-set targets, 5 are moving towards achieving the preset targets and 3 are not close to achieving the preset target. On 18/12/2013 the MM Group discussed the current achievement against all of the targeted prescribing areas and how the MMT could be supported to work with Practices to achieve a QIPP saving closer to target. It was agreed that the Assistant Director MM would meet with each Locality GP MM Champion along with the Technicians that support the individual Locality Practices. There will be discussion on each individual Practice and their work programmes to determine if the Locality GP Champion could provide any support to expedite any work within the Practices and Locality. It was also agreed that the Champions will have a 20 to 30 minute slot on each Locality January meeting to discuss prescribing and the current achievements and challenges of the 2013/14 QIPP plan and the draft plan for 14/15.

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 currently forecast to overperform by £832k. Patient numbers are higher this year than in previous years: this increase in numbers is currently being interrogated. The Finance Team and CHC Team are actively working together to understand the impact on the forecast and to continue to review the forecast methodology. The CCG has been unable to verify invoices which contain patient identifiable data; this has impacted on the management and forecasting of the budget. There is a plan in place to develop a system to verify invoices without the use of PID by the finance department.

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.

Adult & Children Safeguarding Sue Elliott / Trish Anderson

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.

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 pro-forma 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. The pro-forma has been reviewed to incorporate additional safeguarding adult areas of concern.
3 Mental Capacity Act policy development.	WBCCG, Mental Capacity Act (MCA) policy with supporting documentation has now been ratified at Clinical Governance and is available on the intranet to support MCA implementation within the CCG.
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 PREVENT training.	The 2014/15 NHS contract identifies all staff within health are required to complete Health WRAP PREVENT training to support the agenda in relation to preventing radicalisation and terrorism. All CCG staff are required to complete 1 hour training to support the agenda.
3 Mental Capacity Act implementation across health economy.	Data submitted to monthly Quality, Safety and Safeguarding Group has identified the need to focus on general understanding of the Act and the need to have a borough approach to implementation.

Key Messages

1. Providing Local People With Good Quality Care: 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. A second area of concern relates to healthcare acquired infections (HCAI). The CCG Infection Prevention & Control (IPC) Surveillance and Audit lead is now in post and is liaising with all providers to improve the coordination and management of IPC at a health economy level. Finally, each of the three main acute providers have reported Serious Untoward Incidents (SUIs) and/or Never events in the last three months. A revised process for the management of SUIs is currently being implemented and the CCG Quality team are now represented on WWL FT's internal Serious Incident Review Panel.

2. Promoting Patient Rights Under The NHS Constitution: The CCG has two 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 various providers, including WWL FT. The second concern is that small numbers of patients are still waiting more than 52 weeks for treatment. Most of these relate to the Trauma & Orthopaedic (T&O) service at WWL FT. The trust are actively reducing their backlog over the remaining months of this financial year.

3. Improving Health Outcomes For Local People: No MRSA infections were recorded in November and the number of CDiff infections was lower than plan. The number of admissions for older people as a result of a hip fractures (a CCG local priority indicator) is worse than plan in November, while the year-to-date figure is over 30% higher than plan. The A&E response rate to the Friends & Family test at WWL remains slightly 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

GREEN / AMBER

Promoting Patient Rights Under The NHS Constitution

GREEN

Improving Health Outcomes For Local People

RED

Commissioning Services Within Financial Allocation

GREEN

Top 3 Achievements & Challenges

Achievement	Comments
1 Improved Healthcare Associated Infections performance to November.	Following a high level of reported infections in the early part of the year, there has been no MRSA reported in the last four months to November, while CDiff infections have performed at plan levels over the period July to November.
2 A significant reduction in avoidable admissions.	The number of admissions for chronic ambulatory care sensitive (ACS) conditions in Apr-Nov is 347 less than plan, while the number of admissions for acute ACS conditions is a further 570 less than plan during the same period.
3 Sustained improvement in A&E performance.	Performance at WWL has improved significantly since May. As a result, the year to date position of 96.65% is comfortably ahead of the 95% standard.
Challenge	Actions
1 Managing performance and quality issues, where the CCG is not the lead commissioner.	The WB CCG Quality team are in liaison with NHS Bolton CCG colleagues to seek assurance regarding the quality compliance risk flagged by Monitor. In addition, CCG Commissioners have raised performance issues with both Bolton and Central Manchester CCGs in writing.
2 Trauma & Orthopaedics RTT target and 52 week waiters.	The T&O recovery plan needs continued close performance management. Managing winter pressures is important to deliver this plan.
3 More than 1% of patients are waiting longer than 6 weeks for a diagnostic test.	A mobile endoscopy unit at Royal Bolton Hospital, has resulted in significant reduction in their backlog. Weekly reporting reintroduced from WWL to support management of an increased endoscopy backlog.

Key Messages

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

- At month 09, the CCG has total allocations of £417.222m, and is forecasting to achieve its statutory duties in 2013/14 and achieve the planned 1% surplus of £4.073m, with a year to date surplus (£3.055m) in line with this planned surplus;
- The CCG is also on target to achieve a 2% recurrent surplus at the end of 2013/14;
- The running cost target is £25 per head of population, and running cost expenditure at month 09 remains £539k less than target.

2. Key Messages:

- As previously reported, the latest contract monitoring data for Wroughtington, Wigan & Leigh NHS FT (WWL FT) continues to show break even. The Chief Financial Officer, with support from the Governing Body has been in discussions with WWLFT's Director of Finance to reach a year-end settlement. This has now been reached and formally signed off by both parties. The agreement includes a performance caveat around meeting specific Trauma and Orthopaedic (T&O) targets, which have been an issue throughout the current year;
- At month 09 the CCG is forecasting the following variances on its other main contracts:
 - Underperformance: Bolton Hospitals NHS Foundation Trust (-£178k) and Warrington & Halton NHS Foundation Trust (-£274k);
 - Overperformance: Salford Royal NHS Foundation Trust (£225k) and Central Manchester University Hospitals NHS FT (£323k);
 - Activity being undertaken at the independent sector providers continues to show an increase in Trauma & Orthopaedic activity.
- Continuing Healthcare budgets are currently forecast to overperform by £832k. This is an increase of £300k since the previous report. Patient numbers are higher this year than in previous years, and the increase is currently being interrogated. The Finance and Continuing Healthcare teams are actively working together to understand the impact of patient numbers on the forecast and continue to review the forecast methodology without the use of Personal Confidential Data (PCD).

RAAG Rated Performance Domains

Underlying Recurrent Surplus

GREEN

Surplus:
Year To Date Performance

GREEN

Surplus:
Full Year Forecast

GREEN

Running Costs

GREEN

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 year-to-date and outturn surplus targets will be met.
2 Significant improvement in level of contract monitoring received.	Contract monitoring data has been received for all of the Greater Manchester, Lancashire and Cheshire & Merseyside acute NHS contracts.
3 Running costs surplus.	Running cost expenditure at month 09 continues to be forecast at £539k less than the target allocation.
Challenge	Actions
1 Management of out-of-Wigan NHS acute contracts.	As we enter the final quarter of 2013/14, the management of NHS acute contracts with providers outside of Wigan, is key to the achievement of financial balance. Settlement with WWL FT reduces the financial risk for the CCG in 2013/14.
2 Validation of invoices without use of Personal Confidential Data (PCD).	As the CCG is no longer able to validate invoices at patient level, there are still some areas where it is not possible to accurately forecast the level of expenditure for the financial year; for example, Continuing Healthcare and Mental Health patients in non-NHS settings.
3 Continuing Healthcare patient numbers.	As reported, patient numbers currently recorded for Continuing Healthcare have risen significantly during the financial year. Work is being undertaken urgently to review the patient numbers, and also to establish systems to monitor, without the use of PCD.

Wigan Borough CCG Corporate Dashboard

Key Messages

QIPP savings to date are £16.142k, which equates to 88.6% of the original target. The full year forecast of £18,218k is still in line with plan, but there are still a number of risks.

- 1. Commissioning Intentions:** As at month 9 all Commissioning Intention QIPP schemes are deemed as delivered, as these were deducted from the contract at the start of the financial year.
- 2. Medicines Management:** Following a month 9 review meeting with the Medicines Management team the year end forecast position of the individual schemes has been updated, based on current trends and relevant information. The current full year forecast is £1,924k against an original plan of £2,230k which equates to 86% achievement. The difference between the annual plan and the revised forecast is being addressed through the financial mitigation line - reserves.
- 3. Internal Workshops & Additional Workstreams:** A review of QIPP schemes due to deliver savings in 2013/14 has been undertaken and where applicable the forecast savings of the schemes have been revised to nil and rag rated as Red. Where appropriate, the schemes will be incorporated into the 2014/15 QIPP plan. The Ophthalmology business cases are now being taken up by Greater Manchester, as part of a regional review of the services provided. Where individual schemes have been revised to nil, financial mitigation (use of reserves) has been used to address any shortfall.
- 4. Planning For 2014/15:** A new medium term QIPP plan is currently in development drawing on the In/Out hospital model of the CCG, opportunities identified through national indicators and reports, the work currently being undertaken by Attain and the output from the recent health economy events. One of our key tools going forward will be the predictive risk tool. This is now available to all practices following the resolution of Patient Confidential Data. Early monitoring reports suggest that the risk tool and the subsequent care plans developed for the cohort are having an impact on Non Elective Admissions and A&E attendances. However, further analysis is required.

RAAG Rated Performance Domains

QIPP: Full Year Forecast Against Plan	<div style="background-color: #008000; color: white; padding: 5px; font-weight: bold;">GREEN</div> <div style="border: 1px solid black; width: 100%; height: 10px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div>
QIPP: Year to Date Delivery Against Plan	<div style="background-color: #008000; color: white; padding: 5px; font-weight: bold;">GREEN</div> <div style="border: 1px solid black; width: 100%; height: 10px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div>
Has The Value Of Schemes Yet To Be Identified Reduced In Month?	<div style="background-color: #008000; color: white; padding: 5px; font-weight: bold;">GREEN</div> <div style="border: 1px solid black; width: 100%; height: 10px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div>
Has A Rolling Three Year QIPP Plan Been Developed?	<div style="background-color: #90EE90; color: white; padding: 5px; font-weight: bold;">GREEN / AMBER</div> <div style="border: 1px solid black; width: 100%; height: 10px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div>

Top 3 Achievements & Challenges

	Achievement	Comments
1	Success of the 19th November QIPP event.	The attendance of over 120 people consisting of GPs, consultants, commissioners and public health ensured many areas were highlighted to improve and work towards to achieve efficiencies and improve productivity in the coming years.
2	2014/15 QIPP Long List.	The first draft of the 14/15 QIPP long list has been produced and discussed at SLT. This will form our QIPP plan for 2014/15 and potential subsequent years.
3	89% achievement of year-end target.	As at month 9, the CCG has achieved 89% of year-end target, and forecast 100% achievement by year-end.
	Challenge	Actions
1	Implementation and delivery of future QIPP schemes.	The challenge in 2014/15 is likely to be in the region of £20m. Hence, any delay in schemes or schemes not delivering their planned savings may have an impact on the CCG delivering its statutory duties.
2	Business case development.	A number of business cases require development in order to substantiate the figures in the 2014/15 QIPP Long List.
3	Future QIPP schemes and the In/Out Hospital project.	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; identification and costing of schemes to support the programme is still required.

Wigan Borough CCG Corporate Dashboard

Commissioned Services Kim Godsman / Mike Tate

Key Messages

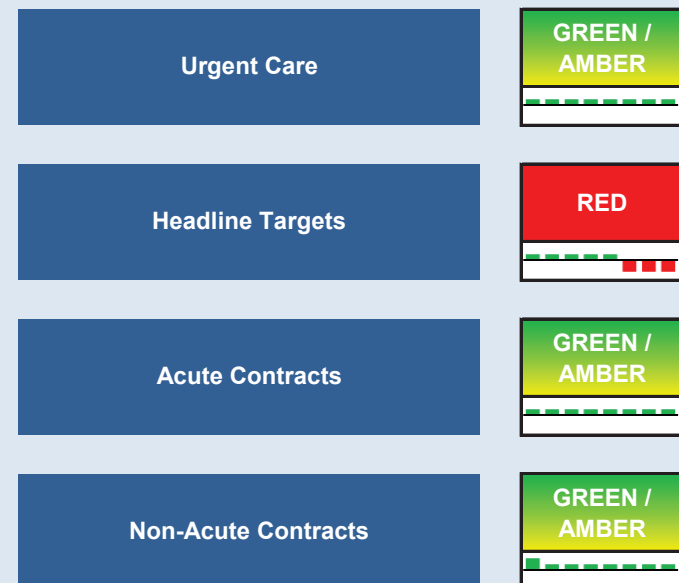
1. Urgent Care: The A&E 4 hour target has been met, with WWL FT achieving 97.01% for December and 96.65% for year to date.

2. Headline Targets: Total Referral to Treatment performance is exceeding standard, at 93.04% in December and 93.52% year to date, but Trauma & Orthopaedics (T&O) is below the standard. At the end of December, the T&O backlog plan was 1 patient behind plan; non-admitted ahead of plan by 56 and admitted behind by 57. WWL are confident they are on target to achieve the target by 31 March. Diagnostics: the CCG failed the target of 99% in November, achieving 98.45% in month (98.73% ytd). The main issues are Magnetic Resonance Imaging (MRI) and Endoscopy. MRI: the number of scans has increased as a result of the T&O backlog plan. WWL identified capacity issues and have resourced additional capacity. Endoscopy: WWL report that there has been a increase in requests, compounded by sick absence of a Senior Nurse endoscopist. WWL are devising an action plan to address capacity.

3. Acute Contracts: Contracts continue to be robustly managed through the performance management framework. 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: Bridgewater Community/Occupational Therapy & Physiotherapy services are under-performing, due to vacancies and a recruitment process is ongoing, along with efforts to back fill from agency/bank. KPIs for the 2014-15 contract are being discussed. There is an issue with non-attendance in the 5BP assessment service and an action plan is implemented; to show improvement by month end. There has been concern about the monitoring of contracts for people with a Learning Disability. A monitoring group is being developed and will agree a reporting schedule to ensure safety and quality. There are 5 contracts to be signed with CHC providers. A monitoring group has been developed with robust performance and quality management. There are concerns regarding domiciliary contracts monitored by the local authority and spot purchases. Extension of enhanced services to 30th June has been agreed by the SLT and providers informed.

RAAG Rated Performance Domains



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. Incentive scheme linked to financial settlement has been negotiated and monitoring process has been implemented.
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 and has been used as an example of a good plan in the peer review. Additional winter resilience measures have been implemented with outcome measures that will be performance managed.
3	Contribution to the developing 2014/15 Commissioning Strategy.	Review of In/Out of Hospital.
	Challenge	Actions
1	Continuing Healthcare contract monitoring.	A contract monitoring group has been set up and has developed more robust performance, quality and safeguarding monitoring. However, this is a new process and there may be more contracts required, especially for domiciliary care and spot purchases.
2	Trauma & Orthopaedics RTT target.	The T & O recovery plan needs continued close performance management.
3	Winterbourne and Learning Disability (LD) contract monitoring.	A contract monitoring group has been set up to ensure that all providers with LD patients are being adequately monitored. A review of patients and their readiness to be moved closer to home has identified a lack of providers in the borough who can take patients requiring specific services.

Key Messages

RAAG Rated Performance Domains

1. Overview:
 The detail behind the CCG strategic 5 year portfolio is developing. The business cases are forming for key projects under the "In-Out Hospital" Strategic Programme. The Primary Care Strategy and Enhanced Integrated Neighbourhood Teams programme are developing within the strategic vision of Integrated Health and Social Care in Wigan Borough.

2. Domain Performance:
 Programmes and Projects are now in place to address corporate aims and achieve savings objectives. They will be benchmarked against progression targets within the strategic plan.

Individuals within the CCG have been allocated responsibility to drive projects forward and training is in place to support the required skillset.

Domain performance is rated Green/Amber to reflect this current 'start' position for the strategic plan (none of the Business Cases have yet been developed to the required standard for a 'Green' performance rating).

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	GREEN / AMBER

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Top 3 Achievements & Challenges

Achievement	Comments
1 Business case for Enhanced INT Programme.	The Wigan Joint Commissioning Group has approved the business case for the INT Programme. This represents CCG and local authority agreement on the financial costs and benefit of the pilot phase of the programme; a significant achievement.
2 Implementation of the CCG Strategic Plan.	The CCG strategic intentions have now been distributed as projects to named individuals. This is a critical initiation point for the plan.
3 CCG Training.	Training programmes are in place for the various programme and project skillsets necessary to deliver the Strategic Plan. Named individuals will have received appropriate training in time to deliver their business cases (and project management).
Challenge	Actions
1 Cross referencing of the programmes.	Ensuring that all programmes and projects are cross referenced in design and implementation intentions will be a technical challenge, which will need to be addressed by the collaborative Wigan Leaders Core Group.
2 Maintaining progress against plan.	The CCG and its partner organisations is undertaking project work of unprecedented scope and complexity. It will be difficult to maintain progress against a demanding plan.
3 Keeping the patient at the centre.	The most important challenge will be to ensure that under tight deadlines addressing complex and contentious service redesign, the patient should remain at the centre of design consideration.





Wigan Borough CCG Corporate Dashboard

Workforce (Human Resources) Jo Small / Trish Anderson

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 headcount increased from 123 to 128 between September and November 2013. The CCG still remains within its budgeted FTE establishment (127.08 FTE). The age profile of the CCG workforce (particularly age 45-59) remains older in comparison to the workforce within Greater Manchester (GM). The gender split remains comparable with that across GM and 53.91% of staff have not declared their disability status.
- 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 November, no employees left and there were 3 new starters. Staff turnover is currently 2.53%, compared to the national average of 13.6%. One vacancy was advertised during November.
- 3. Organisational Behaviour:** [Sickness absence rates and costs, agency staff costs] Overall, CCG performance in this area is currently Green/Amber. The CCG sickness target is 3%. Sickness absence increased again in October to 3.14% from 2.46% in September. The cost of sickness absence increased from £11,196 to £13,973 between September and October. However, the average sickness rate to date is 2.56%. The total cost of sickness absence year to date is £76,018.
- 4. Organisational Development:** [Staff satisfaction/engagement, number of grievances, number of disciplinaries, learning and development including mandatory training compliance, PDR completion rate]. Performance in this area remains green. There were no disciplinaries or grievances during November. The PDR completion rate has fallen to 91% due to an increase in new starters. CCG staff were given 13th December as a deadline by which to complete their mandatory training, in order to increase current levels of compliance. Compliance data will be reported from December 2013. Levels of staff satisfaction are not currently available. The Health and wellbeing working group is considering undertaking a staff survey.

RAAG Rated Performance Domains

Organisational Profile	GREEN 
Organisational Movement	GREEN 
Organisational Behaviour	GREEN / AMBER 
Organisational Development	GREEN 

Top 3 Achievements & Challenges

Achievement	Comments
1	A number of HR policies are agreed and on the Corporate Governance agenda in November. Grievance Policy, Disciplinary Policy, Whistleblowing Policy, Partnership Working Agreement.
2	Historic PCT training records have now been input into electronic staff records (ESR). These records were formerly held in spreadsheet on the shared drive and so the employees training record in ESR was not up to date.
3	30 line managers attended the Key Skills For Managers training sessions. The purpose of the training was 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	Mobilising the apprenticeship scheme within the CCG. Currently chasing progress on a daily basis, to ensure action is being taken to recruit the apprentices that we need.
2	People Direct - the CSU portal to access HR information - has not been available to staff. This has been raised as an issue by both IT and HR with CSU. All new HR policies/guidance and HR info is now being uploaded onto SharePoint, as a contingency plan.
3	Finalising contracts of employment for Governing Body members, clinical leads, clinical champions. A range of issues: 1) a variety of terms and conditions, 2) issues with the quality of info contained in the contracts drafted by CSU, 3) lack of information on personal addresses, 4) lack of communication/understanding with individual appointments and terms and conditions.

Wigan Borough CCG Corporate Dashboard

Appendix A: Wigan Borough CCG Corporate Objectives KPIs (Month 9 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: Amenable To Healthcare <i>National Quality Premium Indicator</i>	2012	Wigan Borough CCG	N/A	N/A	N/A	N/A	2,520.80		Latest 4 Years
	Under 75 Mortality Rate: Cardiovascular Disease	2012	Wigan Borough CCG	N/A	N/A	N/A	N/A	91.35		Latest 4 Years
	Under 75 Mortality Rate: Respiratory Disease	2012	Wigan Borough CCG	N/A	N/A	N/A	N/A	39.03		Latest 4 Years
	Under 75 Mortality Rate: Liver Disease	2012	Wigan Borough CCG	N/A	N/A	N/A	N/A	30.21		Latest 4 Years
	Under 75 Mortality Rate: Cancer	2012	Wigan Borough CCG	N/A	N/A	N/A	N/A	141.35		Latest 4 Years
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>	Nov 13	Wigan Borough CCG	Plan	5.00%	272	834	2,212		Latest 8 Months
				Actual		175	669	1,865		
	Admissions: Asthma, Diabetes & Epilepsy (C&YP) <i>Component 2 Of The Avoidable Admissions Indicator</i>	Nov 13	Wigan Borough CCG	Plan	5.00%	21	65	172		Latest 8 Months
				Actual		27	61	166		
Long Term Conditions: People In Control Of Condition	Sep 13	Wigan Borough CCG	N/A	N/A	N/A	N/A	70.36%		Latest 5 Surveys	
Dementia: Diagnosis Rate <i>Local Quality Premium Indicator</i>	2012/13	Wigan Borough CCG	N/A	N/A	N/A	N/A	54.26%		Latest 2 Years	
Domain 3: Helping People To Recover From Episodes Of Ill Health	Admissions: Acute ACS Conditions (All Ages) <i>Component 3 Of The Avoidable Admissions Indicator</i>	Nov 13	Wigan Borough CCG	Plan	5.00%	376	1,152	3,056		Latest 8 Months
				Actual		275	911	2,486		
	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>	Nov 13	Wigan Borough CCG	Plan	5.00%	52	15	96		Latest 8 Months	
			Actual		22	14	63			
Avoidable Admissions <i>National Quality Premium Indicator</i>	Nov 13	Wigan Borough CCG	Plan	5.00%	721	2,066	5,536		Latest 8 Months	
			Actual		499	1,655	4,580			
Domain 4: Patient Experience	Friends & Family Test: A&E Response Rate <i>National Quality Premium Indicator</i>	Nov 13	WWL FT	15.00%	10.00%	14.19%	10.04%	9.92%		Latest 8 Months
	Friends & Family Test: Inpatient Response Rate <i>National Quality Premium Indicator</i>	Nov 13	WWL FT	15.00%	10.00%	28.39%	28.48%	25.34%		Latest 8 Months
Domain 5: Treating In A Safe Environment	Healthcare Associated Infections: MRSA <i>National Quality Premium Indicator</i>	Nov 13	Wigan Borough CCG	0	1	0	1	5		Latest 8 Months
	Healthcare Associated Infections: Clostridium Difficile <i>National Quality Premium Indicator</i>	Nov 13	Wigan Borough CCG	Plan	10.00%	7	22	60		Latest 8 Months
			Actual		3	26	80			
Other Indicators	Mental Health: IAPT Treatment Rate	Q1 13/14	Wigan Borough CCG	Plan	1.00%	N/A	3.02%	3.02%		Latest 8 Quarters
				Actual		N/A	3.07%	3.07%		
	Admissions: Chronic ACS Conditions (Adults) <i>Local Quality Premium Indicator</i>	Nov 13	Wigan Borough CCG	Plan	5.00%	244	766	2,074		Latest 8 Months
				Actual		147	607	1,695		
Admissions: Hip Fracture (Age 65+) <i>Local Quality Premium Indicator</i>	Nov 13	Wigan Borough CCG	Plan	5.00%	19	64	172		Latest 8 Months	
			Actual		25	84	227			

Wigan Borough CCG Corporate Dashboard

Appendix A: Wigan Borough CCG Corporate Objectives KPIs (Month 9 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 8 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 8 Months
	Is The Provider Subject To Enforcement Action By The NHS TDA Based On Quality Risk?	No	No	No	No	No		Latest 8 Months
	Does Feedback From The Friends & Family Test Indicate Any Causes For Concern?	No	No	No	No	No		Latest 8 Months
	Is The Provider Identified As A Negative Outlier For SHMI Or HSMR?	No	No	No	No	No		Latest 8 Months
	Are The Number Of MRSA Cases Above Zero In The Last Quarter?	No	No	No	No	No		Latest 8 Months
	Are The Number Of CDiff Cases Above Trajectory In The Last Quarter?	Yes	Yes	No	No	No		Latest 8 Months
	Are The Number Of Mixed Sex Accommodation Breaches Above Zero In The Last Quarter?	No	Yes	No	No	No		Latest 8 Months
	Does The Provider Have Any Unclosed Serious Untoward Incidents (SUIs)?	Yes	Yes	Yes	No	Yes		Latest 8 Months
	Has The Provider Experienced Any Never Events In The Last Quarter?	No	Yes	Yes	No	No		Latest 8 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 8 Months
	Does The CCG Have Any Concerns Around Quality Issues Discussed Regularly By The CCG Governing Body?					No		Latest 8 Months
	Does The CCG Have Any Concerns Around The Arrangements In Place To Identify Early Warnings Of A Failing Service?					No		Latest 8 Months
	Does The CCG Have Any Concerns Around The Arrangements In Place To Deal With And Learn From SUIs & Never Events?					No		Latest 8 Months
	Does The CCG Have Any Concerns Around Being An Active Participant In Its Quality Surveillance Group?					No		Latest 8 Months
EPRR	Has The CCG Identified Any Areas Of Concern Relating To The Arrangements In Place For Dealing With An Emergency Event?					No		Latest 8 Months
Winterbourne View	Has The CCG Identified Any Risk To Its Progress Against The Winterbourne View Action Plan?					No		Latest 8 Months

Wigan Borough CCG Corporate Dashboard

Appendix A: Wigan Borough CCG Corporate Objectives KPIs (Month 9 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		
Referral To Treatment Waiting Times	18W RTT: Admitted Pathways	Nov 13	Wigan Borough CCG	90.00%	85.00%	93.04%	93.65%	93.52%		Latest 8 Months
	18W RTT: Non-Admitted Pathways	Nov 13	Wigan Borough CCG	95.00%	90.00%	97.37%	97.62%	97.71%		Latest 8 Months
	18W RTT: Incomplete Pathways	Nov 13	Wigan Borough CCG	92.00%	87.00%	95.41%	94.94%	94.99%		Latest 8 Months
	18W RTT: Patients Waiting Greater Than 52 Weeks	Nov 13	Wigan Borough CCG	0	10	2	4	N/A		Latest 8 Months
Diagnostics	Diagnostic Waits: Within 6 Weeks	Nov 13	Wigan Borough CCG	99.00%	94.00%	98.45%	98.57%	98.73%		Latest 8 Months
A&E	A&E Waits: Total Time In Department Within 4 Hours	Dec 13	WWL FT	95.00%	90.00%	97.01%	97.17%	96.65%		Latest 8 Months
Cancer Waits 2 Weeks	Cancer: Seen Within 14 Days Of An Urgent GP Referral	Nov 13	Wigan Borough CCG	93.00%	88.00%	99.23%	98.17%	98.49%		Latest 8 Months
	Cancer: Breast Symptoms Seen Within 14 Days	Nov 13	Wigan Borough CCG	93.00%	88.00%	98.05%	95.50%	96.82%		Latest 8 Months
Cancer Waits 5 Days	Cancer: Treatment Within 31 Days Of Decision To Treat	Nov 13	Wigan Borough CCG	96.00%	91.00%	96.84%	99.22%	98.55%		Latest 8 Months
	Cancer: Subsequent Treatment In 31 Days (Surgery)	Nov 13	Wigan Borough CCG	94.00%	89.00%	100.00%	100.00%	99.48%		Latest 8 Months
	Cancer: Subsequent Treatment In 31 Days (Drugs)	Nov 13	Wigan Borough CCG	98.00%	93.00%	100.00%	100.00%	99.72%		Latest 8 Months
	Cancer: Subsequent Treatment In 31 Days (Radiotherapy)	Nov 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)	Nov 13	Wigan Borough CCG	85.00%	80.00%	87.50%	85.81%	88.34%		Latest 8 Months
	Cancer: Treatment In 62 Days (NHS Screening Referral)	Nov 13	Wigan Borough CCG	90.00%	85.00%	90.91%	89.47%	92.86%		Latest 8 Months
	Cancer: Treatment In 62 Days (Consultant Upgrade)	Nov 13	Wigan Borough CCG	None	None	91.80%	93.52%	92.74%		Latest 8 Months
Category A Ambulance Calls	Ambulance: Category A (Red 1) 8 Minute Response Time	Nov 13	NWAS	75.00%	70.00%	73.91%	75.47%	75.95%		Latest 8 Months
	Ambulance: Category A (Red 2) 8 Minute Response Time	Nov 13	NWAS	75.00%	70.00%	74.82%	77.68%	78.08%		Latest 8 Months
	Ambulance: Category A 19 Minute Response Time	Nov 13	NWAS	95.00%	90.00%	94.54%	95.43%	95.75%		Latest 8 Months
Mixed Sex	Mixed Sex Accommodation: Breaches	Nov 13	Wigan Borough CCG	0	10	0	0	N/A		Latest 8 Months
Cancellations	Cancelled Operations: Not Treated In 28 Days	Q2 13/14	WWL FT	None	None	N/A	4.27%	6.95%		Latest 8 Quarters
Mental Health	Mental Health: Care Programme Approach	Q2 13/14	Wigan Borough CCG	95.00%	90.00%	N/A	93.72%	95.51%		Latest 8 Quarters

Wigan Borough CCG Corporate Dashboard

Appendix A: Wigan Borough CCG Corporate Objectives KPIs (Month 9 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	Dec 13	Wigan Borough CCG	2.00%	1.00%	0.00%	< 0.00%	2.00%		Latest 8 Months
	Surplus: Year To Date Performance	Dec 13	Wigan Borough CCG	1.00%	0.80%	0.50%	< 0.50%	1.00%		Latest 8 Months
	Surplus: Full Year Forecast	Dec 13	Wigan Borough CCG	1.00%	0.80%	0.50%	< 0.50%	1.00%		Latest 8 Months
	QIPP: Year To Date Delivery	Dec 13	Wigan Borough CCG	95.00%	80.00%	50.00%	< 50.00%	100.00%		Latest 8 Months
	QIPP: Full Year Forecast	Dec 13	Wigan Borough CCG	95.00%	80.00%	50.00%	< 50.00%	100.00%		Latest 8 Months
	Running Costs Allowance: Within Limit	Dec 13	Wigan Borough CCG	Yes	N/A	N/A	No	Yes		Latest 8 Months
	Risk Management: Clear Identification & Mitigation	Dec 13	Wigan Borough CCG	Yes	N/A	N/A	No	Yes		Latest 8 Months
	Non-Recurrent Funds: Managed Within Agreed Processes	Dec 13	Wigan Borough CCG	Yes	N/A	N/A	No	Yes		Latest 8 Months

	General & Acute Activity	Period	Organisation Monitored	Green Threshold	Amber Threshold	Current Performance			Performance Trend
						Month	Last Qtr	YTD	
Supporting Activity Indicators	First Outpatient Attendances	Nov 13	Wigan Borough CCG	Plan	5.00%	9,360	26,630	71,360	
				Actual		9,034	25,562	69,915	
	Inpatient Admissions: Elective	Nov 13	Wigan Borough CCG	Plan	5.00%	4,721	14,179	37,347	
				Actual		4,120	11,729	32,314	
	Inpatient Admissions: Non-Elective	Nov 13	Wigan Borough CCG	Plan	5.00%	2,904	9,109	24,281	
				Actual		2,599	8,304	22,183	
	A&E Attendances	Dec 13	WWL FT	Plan	5.00%	7,664	22,960	70,292	
				Actual		7,427	22,076	67,726	

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: More than one indicator 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.

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