

MEETING: Governing Body – Open Meeting

ITEM NUMBER: 9.2

DATE: 25 March 2014

REPORT TITLE:	Month 11 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 eleven, one objective/domain is self-assessed as GREEN, two are GREEN/AMBER and the other one RED.</p>	
FURTHER ACTION REQUIRED:	

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

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Wigan Borough CCG Corporate Dashboard: Month 11 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	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	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	GREEN / AMBER	GREEN / AMBER
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	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.

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 eleven, one of our four corporate objectives is assessed as Green, two are Green / Amber and the other is Red. (Appendix A details the RAAG Rating Methodology)

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

Most of the detail indicators scored green but the overall score is Red, due to the year-to-date failing of the MRSA and Clostridium Difficile targets. However, no MRSA infections have been recorded for 6 months and the number of CDiff infections is lower than plan in Quarter 3. Furthermore, 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.

1.3 Corporate objective 2 – Commissioning high quality services – (GREEN / AMBER: Performance Unchanged)

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. 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. There are now no open reports that pre- date 1st April 2013. 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. Furthermore WBCCG is also represented at the NHS England GM Area Team Quality Collaborative.

1.4 Corporate objective 3 – Developing an effective commissioning organisation that puts the patient first – (GREEN / AMBER: Performance unchanged)

The CCG rating remains at Green/Amber due to three areas of concern. The first is that small numbers of patients are still waiting more than 52 weeks for treatment (2 patients). Both of these relate to the Trauma & Orthopaedic (T&O) service at WWL FT. The second concern is the number of patients (greater than 1%) waiting more than 6 weeks for a diagnostic test (118 patients now greater than 6 weeks). This is mainly a result of issues at WWL FT - MRI and Endoscopy tests. The final concern is that A&E performance has dropped below the 95% standard significantly in January (91.4%) and February (93.3%).

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

All primary financial indicators are currently achieving plan.

2. Emerging Issues

2.1 The 2014/15 planning cycle is near completion for the In-Out Of Hospital programme. The QIPP challenge for 2014/15 will be of a similar magnitude to 2013/14

2.2 There is a potential national issue with respect to the proposed accounting treatment for Continuing Health Care legacy provisions. The proposed guidance carries with it a risk that the CCG could effectively have to pay twice for something previously accounted for by the PCT. This has been raised with NHS England, Grant Thornton and the relevant CCG committees. The potential to meet this future cost in 2013/14 would, as a known commitment require the CCG to account for it as a provision. If NHS England confirm this treatment it is likely to be after the year-end cut-off and the CCG would only be able to meet the cost by reducing its surplus position

2.3 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.

2.4 Challenging provider contract negotiations.

2.5 There continues to be 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..

2.6 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

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.

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 manage any areas for improvement 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 Audit Tool & Policy in all contracts.	This aims to ensure that no act or omission by WBCCG, or via the services it commissions, puts a service user at risk, and that systems are in place to safeguard and promote the welfare of children, and to protect vulnerable adults from abuse, or the risk of abuse, and to support staff in fulfilling their roles.
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 health staff 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 Safeguarding Adult Data Collection	At present, the CCG are dependent on the LA data collection in relation to vulnerable adult abuse. The current data collection tool does not enable sufficient breakdown to identify where abuse has occurred (provider) or to identify themes and trends of abuse.

Wigan Borough CCG Corporate Dashboard

Key Messages

1. Overview:
 The FY 14/15 and FY 15/16 projects have all been endorsed by the Finance & Performance Committee and approved for Phase One at the Service Design & Implementation (SDI) Committee. Phase one for the projects is a feasibility stage in which the clinical concept, business model and project plan will be put under intense scrutiny. All projects are being managed against centrally coordinated project plans within the PMO function.

The FY 17/18 plans have passed initial strategic clinical scrutiny at the WBCCG MasterClass and will progress through to SDI committee in Mar/Apr.

The QIPP and PMO project administration, development and support functions are fully coordinated.

2. Domain Performance:

As forecast last month, there has been a 'step change' improvement in the clarity and co-ordination of the CCG portfolio reflected in a G/A performance across the domains. CCG project resources will be under huge pressure in Apr/May/June when the actionable 'content' of the projects impinges on the CCG Business As Usual (and vice versa).

With basic project administration becoming effective, PMO effort will be directed into more specific and detailed project support functions which will reduce risk and improve performance. In order to maintain the G/A domain performance it will be necessary for projects to perform consistently against plan.

RAAG Rated Performance Domains

Timely Progression Of All Programmes & Projects	<div style="background-color: #90ee90; padding: 5px; display: inline-block;">GREEN / AMBER</div> 
Active Programmes & Projects To Address All Outstanding Corporate Aims	<div style="background-color: #90ee90; padding: 5px; display: inline-block;">GREEN / AMBER</div> 
Active Programme & Projects Capable Of Achieving Savings Objectives	<div style="background-color: #90ee90; padding: 5px; display: inline-block;">GREEN / AMBER</div> 
Programmes Performance Rating	<div style="background-color: #90ee90; padding: 5px; display: inline-block;">GREEN / AMBER</div> 

Top 3 Achievements & Challenges

	Achievement	Comments
1	Full Internal Coordination	The QIPP Finance and Performance and the PMO functions have been fully reconciled and aligned, significantly improving the quality of the management support tools.
2	SDI Approval of FY14/15/16 Business Cases	The first group of Business Cases have been approved for implementation (phase one)
3	Improved Core Group Functionality	The Wigan Leaders Core Group has developed from a single project liaison team into a Programme and Project Management Office function, capable of coordinating activity and support across the Wigan Leaders organisations.
	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. Carried forward again.
2	Maintaining progress against plan.	This challenge is carried forward again. The project plans have highlighted the significant demands currently on the individuals in lead roles and forecast huge demands across the CCG (and partners) as the projects mature.
3	Communicating with Patients	Patients are being embedded within the project work groups and the governance support groups. A regular observation is that the huge body of work underway needs to be discussed with patients in a simple, accessible, manageable format.

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's headcount increased to 129 (124.57 FTE). 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. In terms of ethnic origin 91.47% of CCG staff are white compared to 80.69% across GM. 52.71% 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 January, 1 employee left and there was 1 new starter. Staff turnover has increased to 3.41%, compared to the national average of 13.6%. One vacancy was advertised during January.

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 reduced slightly in January to 3.89% from 3.93% in November. The cost of sickness absence increased from £16,944 to £18,666 between December and January. The average sickness rate to date is 2.88%. The total cost of sickness absence/lost time year to date is £111,627.

4. Organisational Development: [Staff satisfaction/engagement, number of grievances, number of disciplinaries, learning and development including mandatory training compliance, PDR completion rate] Performance remains at green. There were no disciplinaries or grievances during January. The PDR completion rate is 93.5%. The current level of mandatory training compliance averages at 97.5% within the CCG compared to 52% across Gt Manchester. Levels of staff satisfaction cannot be reported currently.

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 were agreed for inclusion on the Corporate Governance agenda in March. Maternity, Adoption and Maternity support, Flexi time scheme, Leave of absence, Organisational Change, Learning and Development
2	97% compliance rate for Mandatory Training. All staff were given a deadline of 13th December to complete their online mandatory training.
3	Survey sent out to governing body members for Clinical Commissioning Excellence Pilot
Challenge	Actions
1	Mobilising the apprenticeship scheme within the CCG. Currently chasing progress on a daily basis, to ensure action is being taken to advertise and 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	Engaging with People Services about the HR service specifications, service level agreements and costs. Agreed that further work was to be done on the specification and that elements of the costings needed to be revisited in order for CCG's to make appropriate make/buy or share decisions.

Wigan Borough CCG Corporate Dashboard

Quality		Sally Forshaw / Julie Southworth									
Key Messages		RAAG Rated Performance Domains									
<p>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.</p> <p>2. Year To Date Against Plan: Currently within timescale.</p> <p>3. Healthcare Acquired Infections (HCAIs): Reported cases of HCAI are over the set trajectory. Although the overall trend has reduced significantly during 2013 - 2014 . The Wigan Borough Infection Prevention & Control (IPC) collaborative is working to share information and implement best practice. Local CQUIN schemes related to the reduction of antibiotic prescribing have been implemented and are being monitored with acute and community providers. This will have supported the reduction in antibiotic prescribing across Primary Care. A multi-approach Infection Prevention Programme has commenced within Primary Care in February 2014. The Programme will enable the delivery of the Strategy within General Practice with the introduction of individualised Work Programmes and a focus on engagement and ownership of the RCA Process for all confirmed cases of C.difficile. Current level of engagement is positive.</p> <p>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 within agreed timescales in order to close the outstanding SUIs, and to ensure that any new SUIs are managed effectively in a timely manner. A revised process has been implemented and the CCG Quality team are now represented on WWL FTs Internal Serious Incident Review Panel (SIRI).</p>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #003366; color: white; text-align: center; padding: 10px;">Quality & Safety: Full Year Forecast Against The Delivery Plan</td> <td style="background-color: #008000; color: white; text-align: center; padding: 5px;">GREEN </td> </tr> <tr> <td style="background-color: #003366; color: white; text-align: center; padding: 10px;">Year To Date Delivery Against Plan</td> <td style="background-color: #008000; color: white; text-align: center; padding: 5px;">GREEN </td> </tr> <tr> <td style="background-color: #003366; color: white; text-align: center; padding: 10px;">Management Of HCAIs (C.Difficile & MRSA) Against Set Trajectories</td> <td style="background-color: #FF8C00; color: white; text-align: center; padding: 5px;">AMBER / RED </td> </tr> <tr> <td style="background-color: #003366; color: white; text-align: center; padding: 10px;">Failure Of Providers To Deliver Against Quality & Safety Of Commissioned Services</td> <td style="background-color: #9ACD32; color: white; text-align: center; padding: 5px;">GREEN / AMBER </td> </tr> </table>		Quality & Safety: Full Year Forecast Against The Delivery Plan	GREEN 	Year To Date Delivery Against Plan	GREEN 	Management Of HCAIs (C.Difficile & MRSA) Against Set Trajectories	AMBER / RED 	Failure Of Providers To Deliver Against Quality & Safety Of Commissioned Services	GREEN / AMBER
Quality & Safety: Full Year Forecast Against The Delivery Plan	GREEN 										
Year To Date Delivery Against Plan	GREEN 										
Management Of HCAIs (C.Difficile & MRSA) Against Set Trajectories	AMBER / RED 										
Failure Of Providers To Deliver Against Quality & Safety Of Commissioned Services	GREEN / AMBER 										
Top 3 Achievements & Challenges											
Achievement	Comments										
1	Establishment of internal clinical governance arrangements.	A WBCCG clinical governance structure is in place. The Clinical Governance Committee meets monthly; the chairperson reports directly to the 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 WBCCG Clinical Governance Committee; the plan is currently within timescales. The 2014/2015 plan is currently in development and will be submitted to the April Clinical Governance Committee.									
3	Robust management of Serious Untoward Incidents.	The progress against delivery is reported through the WBCCG Clinical Governance Committee, via the SUI Dashboard. The next update will be received at March 2014.									
Challenge	Actions										
1	Associate provider quality assurance.	WBCCG Quality and Safety Team continues to work with lead commissioners to gain assurance on associate provider compliance. WBCCG is also represented at the NHS England GM Area Team 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. There are now no open reports that pre- date 1st April 2013.									

Wigan Borough CCG Corporate Dashboard

Prescribing & Continuing Healthcare Linda Scott / Julie Southworth

Key Messages

1. Prescribing: At month ten of the delivery of the 2013/14 Medicines Management (MM) QIPP programme an achievement of 84.5% is being forecast for 2013/14. Of the 13 QIPP areas under review; 6 areas are over the pre-set targets, 4 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. The Assistant Director MM meet with each Locality GP MM Champion along with the technicians that support the individual locality practices in January and February. There was 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. The Champions had 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 2014/15.

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 £1,145k. Patient numbers are higher this year than in previous years: patients have increased from 504 in March 2013 to 573 in February 2014. The CCG has been unable to verify invoices which contain patient identifiable data; this has impacted on the management and forecasting of the budget. A system has been implemented to verify invoices without the use of PID by the finance and CHC teams; the system has commenced from 01/03/2014.

RAAG Rated Performance Domains

**Delivery Of Medicines Management
QIPP
To Forecast Milestones**

**GREEN /
AMBER**

**Delivery Of Medicines Management
Budget
To Forecast Milestones**

GREEN

**Delivery Of Continuing
Healthcare Budget
To Forecast Milestones**

**AMBER /
RED**

**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.

Wigan Borough CCG Corporate Dashboard

Key Messages

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

- At month 11, the CCG has total allocations of £416.353m, 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 (£3.734m) 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 11 is forecast at £650k less than target.

2. Key Messages:

- As previously reported, the Chief Financial Officer, with support from the Governing Body has agreed a year-end settlement with Wrightington, Wigan & Leigh FT's Director of Finance. The agreement also includes a performance caveat, which includes meeting specific Trauma and Orthopaedic (T&O) targets, which have been an issue throughout the current year.
- At month 11 the CCG is forecasting the following variances on its other main contracts:
 - Underperformance: Bolton Hospitals NHS Foundation Trust (-£406k) and Warrington & Halton NHS Foundation Trust (-£252k);
 - Overperformance: Salford Royal NHS Foundation Trust (£142k) and Central Manchester University Hospitals NHS FT (£495k);
 - Activity being undertaken at the independent sector providers continues to increase but at a lower rate than previous months.
- The Continuing Healthcare budgets are forecast to over-perform by £1,145k, consistent with last month's position. Patient numbers are higher this year than in previous years - patients have increased from 504 in March 2013 to 573 in February 2014. The new system for validating invoices without the use of PCD started on the 1st March 2014.

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 11 is forecast at £650k less than the target allocation.
Challenge	Actions
1	Management of out-of-Wigan NHS acute contracts. 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. Patient numbers for Continuing Healthcare have risen significantly during the financial year. A new system has been implemented by the finance and CHC teams to validate invoices without the use of PCD.

Key Messages

QIPP Savings so far this year are £17.455k., which equates to 95.81% of the original target. The full year forecast of £18,218k is still in line with plan. All high and medium risks to delivery have now been mitigated.

1. Commissioning Intentions: As at month 11 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: 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. It is important to note whilst the Medicines Management in year QIPP savings will fall short of its annual target, expenditure within the whole medicines management budget is forecasting an underspend in year.
3. The small projects team is currently reviewing a number of potential initiatives that will be presented to the QIPP group as potential business cases. The methodology behind these schemes has been drawn from case studies and best practice.
4. Planning for 2014/15 -18/19 - A medium term QIPP plan is currently in development drawing on the In/Out hospital model of the CCG, drawing on opportunities identified through national indicators and reports. Outline business cases are being developed and will be presented to master class for clinical input and quality review. Finance & Performance Committee will be reviewing business cases for financial and governance assurance. The final plan will be presented to Finance and Performance Committee prior to the start of the new financial year.
5. Future Opportunities - The QIPP team have completed the first piece of work regarding the review of national dashboards, data sets and profiles, which will be presented to the QIPP group. The aim is to identify where the CCG is an adverse outlier against national and local indicators. This analysis can then be used to drive forward both quality and cost saving initiatives.

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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

Top 3 Achievements & Challenges

Achievement	Comments
1 Risk Stratification of Children and Young People Data	A detailed pack of all children and young people with a risk score of 10% or greater has been produced, which will facilitate the work being undertaken by the Children's Integrated Pilot .
2 National dashboard/Profile review.	The first piece of work regarding the review of national dashboards, data sets and profile has been completed. The aim is to identify where the CCG is an adverse outlier against national and local indicators. This analysis can then be used to drive forward both quality and cost savings.
3 95.8% achievement of year-end target.	As at month 11, the CCG has achieved 96% 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

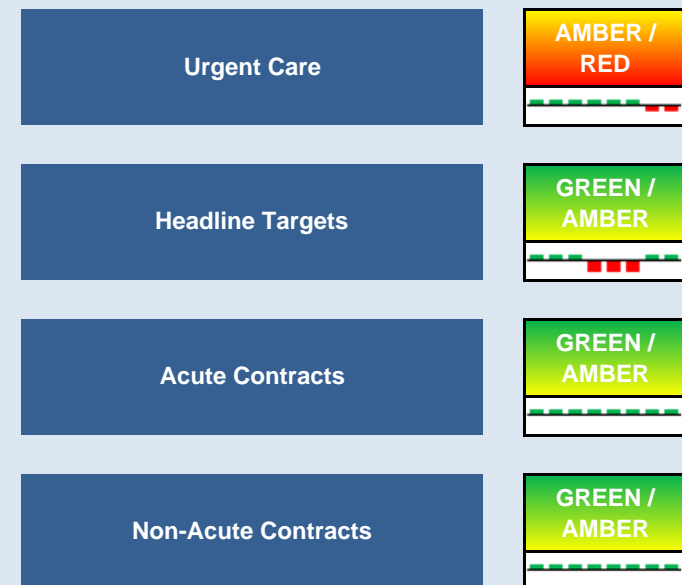
1. Urgent Care: The A&E 4 hour target was not met in February, with WWL FT achieving 93.26% in month: year to date is 95.89%.

2. Headline Targets: Total Referral to Treatment performance is exceeding standard (90%) at 93.87% in January and 93.54% year-to-date; however, Trauma & Orthopaedics (T&O) is below the standard. At the end of February the reported overall backlog is 238 against a trajectory of 311. WWL report that T&O is still on trajectory to achieve target by 31 March. Diagnostics: the CCG failed the target of 99% in January, achieving 97.42% for the month (95.14% in Dec) and a YTD position of 98.19%. The main issues are in Endoscopy (Colonoscopy), Magnetic Resonance Imaging and Non Obstetric Ultrasound. January position has improved from December and is expected to recover in February.

3. Acute Contracts: Contracts continue to be robustly managed through the performance management framework.

4. Non-Acute Contracts: A full review of diabetic foot check data is being matched against the GP diabetic foot check register is being undertaken by Bridgewater (BCHT). BCHT has reported that there were errors in the reporting of national GP OOH results. BCHT have confirmed these errors have been rectified and revised figures will be provided. Recent urgent care performance has identified issues with the 24 hour liaison psychiatry service pilot within 5BP. Further discussions are being held with 5BP to ensure that the specification is rewritten, the full RAID model is implemented. The monitoring of contracts for people with a Learning Disability and CHC contracts needs improved governance and robustness. The commissioned services team are putting this in place, a monitoring group has been developed and will agree a reporting schedule to ensure safety and quality. Both BCHT and 5BP have signed the contract for 2014/15.

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.
2	Negotiation of contracts.
3	Contribution to the developing 2014/15 Commissioning Strategy.
Challenge	Actions
1	Diabetic Foot Checks undertaken but not on GP Register.
2	Urgent care performance has deteriorated.
3	Winterbourne Learning Disability (LD) and CHC contract monitoring.

Wigan Borough CCG Performance Report Dashboard & Executive Summary

1. Providing Local People With Good Quality Care

GREEN / AMBER



3. Improving Health Outcomes For Local People

RED



2. Promoting Patient Rights Under The NHS Constitution

GREEN / AMBER



4. Commissioning Services Within Financial Allocation

GREEN



Introduction

The 2013/14 performance report is based on the draft CCG Assurance Framework, against which NHS England will assess CCG performance on a quarterly basis. This uses a balanced scorecard of four key areas, each of which is assessed against a basket of key performance indicators.

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). On a positive note, the number of CDiff infections were better than plan during quarter 3. However, an MRSA infection was assigned to Bolton trust during December. 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 Serious Untoward Incidents (SUIs) and/or Never events in the last three months. A revised process for the management of SUIs has been 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 rating remains at Green/Amber due to three areas of concern. The first 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 second concern is that greater than 1% of patients are waiting more than 6 weeks for a diagnostic test. This mainly is a result of issues at WWL FT (MRI and Endoscopy tests). The final concern is that A&E performance has dropped significantly in January and February.

3. Improving Health Outcomes For Local People

If two or more Quality Premium indicators are significantly worse than plan, this results in automatic Red status for the CCG. The number of MRSA and CDiff infections are above or close to full year plan, at January. However, no MRSA infections have been recorded for 6 months and the number of CDiff infections is lower than plan in Quarter 3. The number of admissions for older people as a result of a hip fractures (a CCG local priority indicator) is better than plan in January, though the year-to-date figure is higher than plan. The A&E response rate to the Friends & Family test at WWL remains below the national 15% standard.

4. Commissioning Services Within Financial Allocation

All primary financial indicators are currently achieving plan. More detail on financial performance can be found in the CCG Finance and QIPP reports.



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	Yes	No	No	No		Latest 8 Months	
	Are The Number Of CDiff Cases Above Trajectory In The Last Quarter?	Yes	No	No	No	No		Latest 8 Months	
	Are The Number Of Mixed Sex Accommodation Breaches Above Zero In The Last Quarter?	No	No	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	No	No	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



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	Jan 14	Wigan Borough CCG	90.00%	85.00%	93.87%	93.44%	93.54%		Latest 8 Months
	18W RTT: Non-Admitted Pathways	Jan 14	Wigan Borough CCG	95.00%	90.00%	98.01%	97.74%	97.77%		Latest 8 Months
	18W RTT: Incomplete Pathways	Jan 14	Wigan Borough CCG	92.00%	87.00%	96.03%	95.30%	95.15%		Latest 8 Months
	18W RTT: Patients Waiting Greater Than 52 Weeks	Jan 14	Wigan Borough CCG	0	10	2	6	N/A		Latest 8 Months
Diagnostics	Diagnostic Waits: Within 6 Weeks	Jan 14	Wigan Borough CCG	99.00%	94.00%	97.42%	97.55%	98.19%		Latest 8 Months
A&E	A&E Waits: Total Time In Department Within 4 Hours	Feb 14	WWL FT	95.00%	90.00%	93.26%	97.17%	95.89%		Latest 8 Months
Cancer Waits 2 Weeks	Cancer: Seen Within 14 Days Of An Urgent GP Referral	Jan 14	Wigan Borough CCG	93.00%	88.00%	98.17%	98.76%	98.49%		Latest 8 Months
	Cancer: Breast Symptoms Seen Within 14 Days	Jan 14	Wigan Borough CCG	93.00%	88.00%	97.96%	98.58%	97.19%		Latest 8 Months
Cancer Waits 31 Days	Cancer: Treatment Within 31 Days Of Decision To Treat	Jan 14	Wigan Borough CCG	96.00%	91.00%	96.64%	97.85%	98.32%		Latest 8 Months
	Cancer: Subsequent Treatment In 31 Days (Surgery)	Jan 14	Wigan Borough CCG	94.00%	89.00%	100.00%	98.59%	99.57%		Latest 8 Months
	Cancer: Subsequent Treatment In 31 Days (Drugs)	Jan 14	Wigan Borough CCG	98.00%	93.00%	98.08%	100.00%	99.54%		Latest 8 Months
	Cancer: Subsequent Treatment In 31 Days (Radiotherapy)	Jan 14	Wigan Borough CCG	94.00%	89.00%	100.00%	98.77%	99.66%		Latest 8 Months
Cancer Waits 62 Days	Cancer: Treatment In 62 Days (GP Referral)	Jan 14	Wigan Borough CCG	85.00%	80.00%	92.31%	86.75%	88.25%		Latest 8 Months
	Cancer: Treatment In 62 Days (NHS Screening Referral)	Jan 14	Wigan Borough CCG	90.00%	85.00%	93.33%	97.30%	94.17%		Latest 8 Months
	Cancer: Treatment In 62 Days (Consultant Upgrade)	Jan 14	Wigan Borough CCG	None	None	90.24%	91.91%	92.75%		Latest 8 Months
Category A Ambulance Calls	Ambulance: Category A (Red 1) 8 Minute Response Time	Jan 14	NWAS	75.00%	70.00%	77.07%	74.35%	75.93%		Latest 8 Months
	Ambulance: Category A (Red 2) 8 Minute Response Time	Jan 14	NWAS	75.00%	70.00%	78.22%	75.52%	77.78%		Latest 8 Months
	Ambulance: Category A 19 Minute Response Time	Jan 14	NWAS	95.00%	90.00%	95.83%	95.03%	95.67%		Latest 8 Months
Mixed Sex	Mixed Sex Accommodation: Breaches	Jan 14	Wigan Borough CCG	0	10	0	1	N/A		Latest 8 Months
Cancellations	Cancelled Operations: Not Treated In 28 Days	Q3 13/14	WWL FT	None	None	N/A	6.67%	6.87%		Latest 8 Quarters
Mental Health	Mental Health: Care Programme Approach	Q3 13/14	Wigan Borough CCG	95.00%	90.00%	N/A	98.33%	96.42%		Latest 8 Quarters



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>	Jan 14	Wigan Borough CCG	Plan	5.00%	281	834	2,774		Latest 8 Months
	Admissions: Asthma, Diabetes & Epilepsy (C&YP) <i>Component 2 Of The Avoidable Admissions Indicator</i>	Jan 14	Wigan Borough CCG	Actual	5.00%	257	720	2,404		Latest 8 Months
	Long Term Conditions: People In Control Of Condition	Sep 13	Wigan Borough CCG	Plan	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	Actual	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>	Jan 14	Wigan Borough CCG	Plan	5.00%	388	1,152	3,832		Latest 8 Months
	Admissions: Lower Respiratory Tract Infections (C&YP) <i>Component 4 Of The Avoidable Admissions Indicator</i>	Jan 14	Wigan Borough CCG	Actual	5.00%	322	967	3,180		Latest 8 Months
	Readmissions: 30 Days Of Discharge	Jan 14	Wigan Borough CCG	Plan	5.00%	14	118	162		Latest 8 Months
Avoidable Admissions	Admissions: Lower Respiratory Tract Infections (C&YP) <i>Component 4 Of The Avoidable Admissions Indicator</i>	Jan 14	Wigan Borough CCG	Actual	5.00%	38	95	164		Latest 8 Months
	Avoidable Emergency Admissions: Composite Measure <i>National Quality Premium Indicator</i>	Jan 14	Wigan Borough CCG	Plan	5.00%	486	1,442	4,796		Latest 8 Months
Domain 4: Patient Experience	Friends & Family Test: A&E Response Rate <i>National Quality Premium Indicator</i>	Jan 14	WWL FT	Actual	10.00%	471	1,340	4,667		Latest 8 Months
	Friends & Family Test: Inpatient Response Rate <i>National Quality Premium Indicator</i>	Jan 14	WWL FT	Plan	15.00%	705	2,169	6,984		Latest 8 Months
Domain 5: Treating In A Safe Environment	Friends & Family Test: A&E Response Rate <i>National Quality Premium Indicator</i>	Jan 14	WWL FT	Actual	10.00%	633	1,865	5,961		Latest 8 Months
	Healthcare Associated Infections: MRSA <i>National Quality Premium Indicator</i>	Jan 14	Wigan Borough CCG	Plan	15.00%	11.70%	12.85%	10.09%		Latest 8 Months
Other Indicators	Healthcare Associated Infections: Clostridium Difficile <i>National Quality Premium Indicator</i>	Jan 14	Wigan Borough CCG	Plan	10.00%	27.87%	29.05%	26.47%		Latest 8 Months
	Healthcare Associated Infections: Clostridium Difficile <i>National Quality Premium Indicator</i>	Jan 14	Wigan Borough CCG	Actual	10.00%	7	23	75		Latest 8 Months
	Mental Health: IAPT Treatment Rate	Q2 13/14	Wigan Borough CCG	Plan	1.00%	0	0	5		Latest 8 Months
Other Indicators	Admissions: Chronic ACS Conditions (Adults) <i>Local Quality Premium Indicator</i>	Jan 14	Wigan Borough CCG	Plan	5.00%	N/A	2.77%	5.79%		Latest 8 Months
	Admissions: Chronic ACS Conditions (Adults) <i>Local Quality Premium Indicator</i>	Jan 14	Wigan Borough CCG	Actual	5.00%	N/A	3.30%	6.37%		Latest 8 Months
	Admissions: Hip Fracture (Age 65+) <i>Local Quality Premium Indicator</i>	Jan 14	Wigan Borough CCG	Plan	5.00%	260	752	2,579		Latest 8 Months
Other Indicators	Admissions: Hip Fracture (Age 65+) <i>Local Quality Premium Indicator</i>	Jan 14	Wigan Borough CCG	Actual	5.00%	240	635	2,186		Latest 8 Months
	Admissions: Hip Fracture (Age 65+) <i>Local Quality Premium Indicator</i>	Jan 14	Wigan Borough CCG	Plan	5.00%	29	68	227		Latest 8 Months
Other Indicators	Admissions: Hip Fracture (Age 65+) <i>Local Quality Premium Indicator</i>	Jan 14	Wigan Borough CCG	Actual	5.00%	20	76	262		Latest 8 Months



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	Feb 14	Wigan Borough CCG	2.00%	1.00%	0.00%	< 0.00%	2.00%		Latest 8 Months
	Surplus: Year To Date Performance	Feb 14	Wigan Borough CCG	1.00%	0.80%	0.50%	< 0.50%	1.00%		Latest 8 Months
	Surplus: Full Year Forecast	Feb 14	Wigan Borough CCG	1.00%	0.80%	0.50%	< 0.50%	1.00%		Latest 8 Months
	QIPP: Year To Date Delivery	Feb 14	Wigan Borough CCG	95.00%	80.00%	50.00%	< 50.00%	100.00%		Latest 8 Months
	QIPP: Full Year Forecast	Feb 14	Wigan Borough CCG	95.00%	80.00%	50.00%	< 50.00%	100.00%		Latest 8 Months
	Running Costs Allowance: Within Limit	Feb 14	Wigan Borough CCG	Yes	N/A	N/A	No	Yes		Latest 8 Months
	Risk Management: Clear Identification & Mitigation	Feb 14	Wigan Borough CCG	Yes	N/A	N/A	No	Yes		Latest 8 Months
	Non-Recurrent Funds: Managed Within Agreed Processes	Feb 14	Wigan Borough CCG	Yes	N/A	N/A	No	Yes		Latest 8 Months

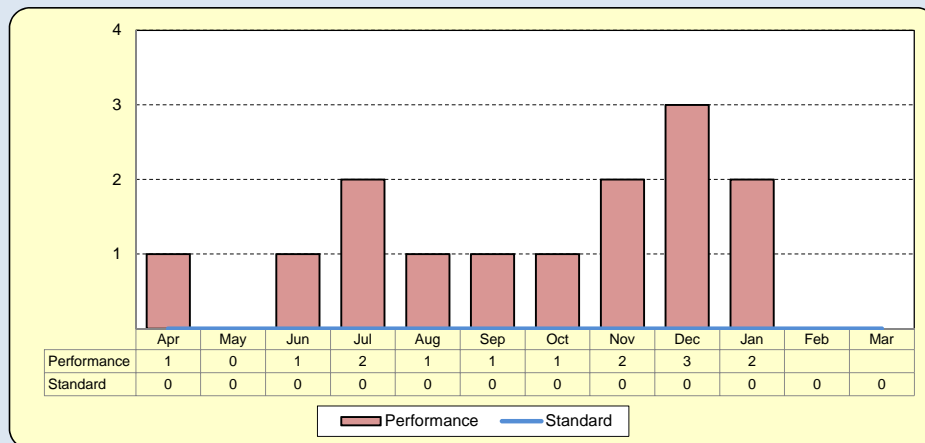
General & Acute Activity		Period	Organisation Monitored	Green Threshold	Amber Threshold	Current Performance			Performance Trend	
						Month	Last Qtr	YTD		
Supporting Activity Indicators	First Outpatient Attendances	Jan 14	Wigan Borough CCG	Plan	5.00%	9,210	27,129	88,602		Latest 8 Months
				Actual		9,106	26,453	87,026		
	Inpatient Admissions: Elective	Jan 14	Wigan Borough CCG	Plan	5.00%	4,800	13,968	46,368		Latest 8 Months
				Actual		4,258	11,903	40,041		
	Inpatient Admissions: Non-Elective	Jan 14	Wigan Borough CCG	Plan	5.00%	3,019	9,003	30,291		Latest 8 Months
				Actual		2,850	8,312	27,779		
	A&E Attendances	Feb 14	WWL FT	Plan	5.00%	7,304	22,960	85,472		Latest 8 Months
						Actual	6,821	22,076		



18W RTT: Patients Waiting Greater Than 52 Weeks

Exception Report

Trended Monthly Performance



Breach Details: April to January 2014	TFC	Month	Number
Bolton	T&O	April	1
University Hospital Of South Manchester	Cardiothoracic	June	1
University Hospital Of South Manchester	Cardiothoracic	July	1
Wrightington, Wigan & Leigh	T&O	July	1
Wrightington, Wigan & Leigh	Urology	August	1
Wrightington, Wigan & Leigh	Gen. Surgery	September	1
Wrightington, Wigan & Leigh	T&O	October	1
Wrightington, Wigan & Leigh	T&O	November	2
Wrightington, Wigan & Leigh	T&O	December	3
Wrightington, Wigan & Leigh	T&O	January	2

Performance Comments

A total of two patients have been waiting in excess of 52 weeks at the end of January. This was the eighth consecutive month where at least one patient had been waiting in excess of a year. May is the only month in the current year where such a breach has not been reported.

The patients in question were all reported by Wrightington, Wigan & Leigh NHS Foundation Trust (WWL FT) and are waiting for treatment in the Trauma and Orthopaedic specialty.

Looking at the number of long waiters waiting beyond six months (26 weeks), the number of such Wigan Borough patients has fallen by 11 to 199 during January. This represents 1.39% of the total number of patients waiting.

Naturally, the largest absolute number (83) of long waiters is recorded at WWL FT. This represents 0.85% of all waiters, which is below the all-provider proportion. However, the provider with biggest proportion of WB CCG patients with long waits is Central Manchester with 6.76% (50 out of 740).

Long Waiters: January 2014	26+ Weeks	Waiters	Performance
Wrightington, Wigan & Leigh	83	9,711	0.85%
Central Manchester University Hospitals	50	740	6.76%
Salford Royal	17	748	2.27%
Bolton	12	952	1.26%
University Hospital of South Manchester	10	279	3.58%
Other NHS Providers	27	1,173	2.30%
Independent Providers	0	713	0.00%
Wigan Borough CCG Total	199	14,316	1.39%

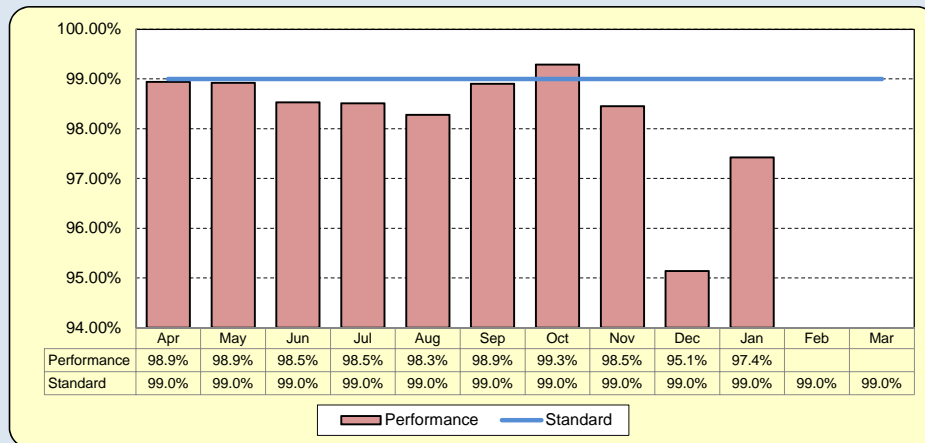
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Diagnostic Waits: Within 6 Weeks

Exception Report

Trended Monthly Performance



Performance By Test: January 2014	6+ Weeks	Waiters	Performance
Magnetic Resonance Imaging	50	868	94.24%
Computed Tomography	2	494	99.60%
Non-Obstetric Ultrasound	24	1,577	98.48%
Barium Enema	0	21	N/A
Dexa Scan	1	123	99.19%
Audiology Assessments	3	244	98.77%
Echocardiography	0	348	100.00%
Electrophysiology	0	0	N/A
Peripheral Neurophys	2	80	N/A
Sleep Studies	0	5	N/A
Urodynamics	0	29	N/A
Colonoscopy	7	217	96.77%
Flexi Sigmoidoscopy	2	100	98.00%
Cystoscopy	7	175	96.00%
Gastrosocopy	20	294	93.20%
Wigan Borough CCG Total	118	4,575	97.42%

Performance Comments

January performance of 97.42% is showing an improvement on December, however performance continues to remain below the national standard of 99%. The total number of waiters at the end of January was 4,575, with 118 patients waiting more than 6 weeks. October is the only month so far in this financial year where the target has been achieved.

WWL are reporting the largest number of over 6 week waiters (101). Magnetic Resonance Imaging accounts for the largest number of waiters (46), along with 30 breaches across the four endoscopy tests. The remaining 25 breaches are shared between Non-Obstetric Ultrasound (19), Audiology (3) Computed Tomography (2) and Dexa Scan (1).

On a positive note, Care UK (Platt Bridge Health Centre) has seen a reduction in the number of over 6 week waiters, reducing from 30 to 4 between December and January.

Performance By Provider: January 2014	6+ Weeks	Waiters	Performance
Wrightington, Wigan & Leigh	101	3,808	97.35%
Bridgewater Community Healthcare	0	62	N/A
Bolton	1	144	99.31%
Salford Royal	2	119	98.32%
Central Manchester University Hospitals	8	99	N/A
Other NHS Providers	2	219	99.09%
Independent Providers	4	124	96.77%
Wigan Borough CCG Total	118	4,575	97.42%

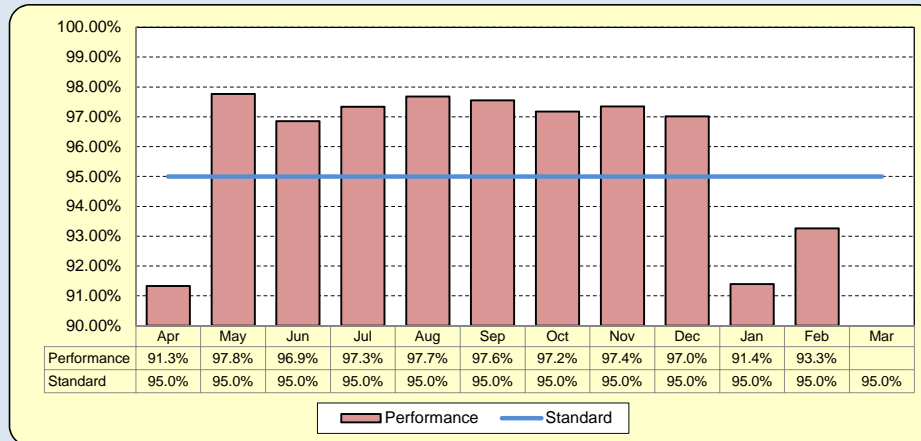
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A&E Waits: Total Time In Department Within 4 Hours

Exception Report

Trended Monthly Performance



WWL A&E Attendances: By Number And Rate Of Admissions

Month	Attendances	Admissions	Admit Rate
April 2013	7,801	1,808	23.18%
May 2013	7,739	1,680	21.71%
June 2013	7,423	1,639	22.08%
July 2013	7,999	1,675	20.94%
August 2013	7,370	1,619	21.97%
September 2013	7,318	1,536	20.99%
October 2013	7,661	1,787	23.33%
November 2013	6,988	1,624	23.24%
December 2013	7,427	1,793	24.14%
January 2014	7,376	1,881	25.50%
February 2014	6,821	1,633	23.94%
March 2014			
WWL Total	81,923	18,675	22.80%

Performance Comments

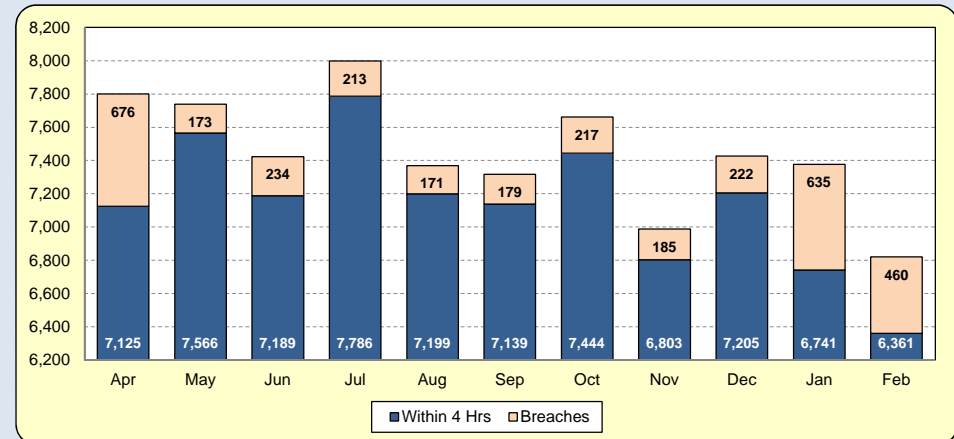
A&E performance at WWL remains below the 95% standard, at 93.3%, in February. This is the third time that the standard has been missed in this financial year.

However, year-to-date performance remains above the standard, at 95.9%.

When performance was below standard in April 2013, the number of attendances were very high, with a daily average of 260.0, the January daily average rate was 8.5% lower, at 237.9, with the February daily average showing a slight increase to 243.6.

The rate of admissions during February is showing a reduction from 25.50% to 23.94% between January and February. This correlates with the improvement in performance during February, however the rate is above the average (22.80%) which also correlates the poor performance during the month.

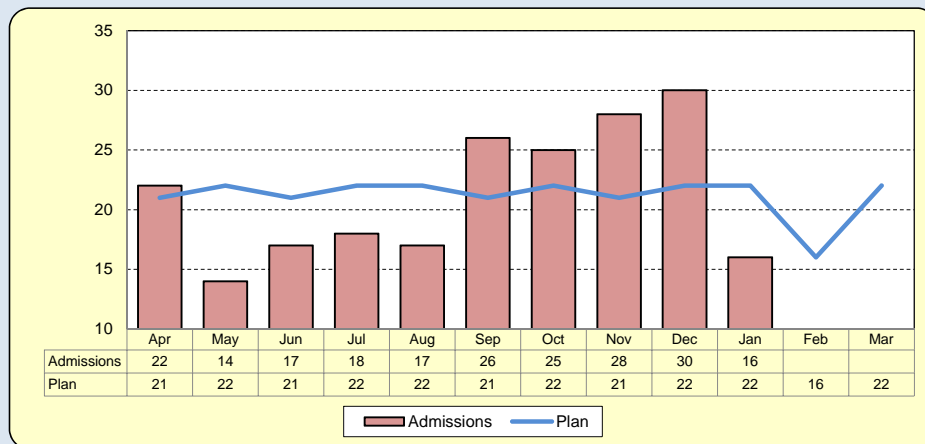
WWL A&E Attendances: By Within 4 Hours And Breaches



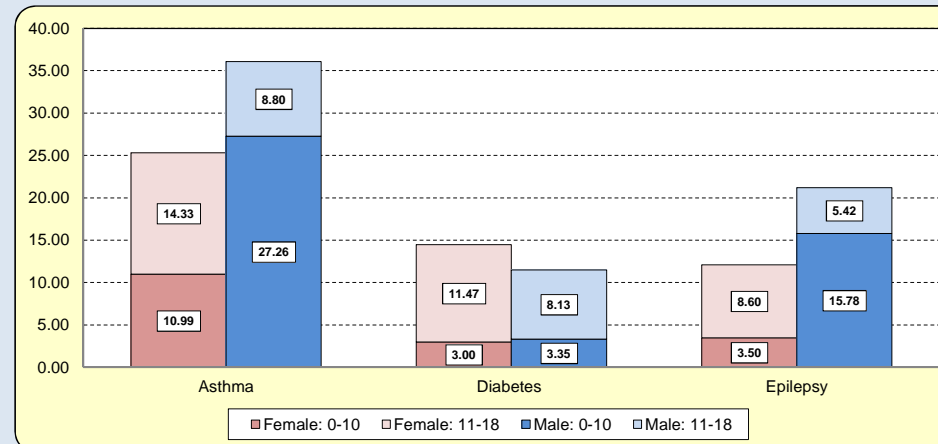
Admissions: Asthma, Diabetes & Epilepsy (C&YP)

Exception Report

Trended Monthly Admissions



Admission Rate Per 10k By Gender, Age Band and Condition: April to January 2014



Performance Comments

January performance of 16 admissions is below plan by 6; this is the first time since August that plan has been achieved. The year to date performance of 213 is also below plan by 3.

The majority of year-to-date admissions relate to Asthma (112), with the highest proportion occurring in males aged 0-10yrs (57). The remaining proportions are shared between females aged 0-10yrs (22), females aged 11-18yrs (20) and males aged 11-18yrs (13). The number of admissions has fallen from 129 to 112 between 2012/13 and 2013/14.

The number of year-to-date admissions as a result of Epilepsy has increased from 41 to 60 between 2012/13 and 2013/14. The highest proportion once again occurs in males aged 0-10yrs (33). The remaining proportions are shared between females aged 0-10yrs (7), males aged 11-18yrs (8) and females aged 11-18yrs (12).

The lowest number of year-to-date admissions relate to Diabetes (41), with the highest proportion occurring in females aged 11-18yrs (16). The remaining proportions are shared between males aged 11-18yrs (12), females aged 0-10yrs (6) and males aged 0-10yrs (7).

Year-On-Year Admissions By Condition: April to January 2014

Condition	2012/13	2013/14	Variance
Asthma	129	112	17
Diabetes	42	41	1
Epilepsy	41	60	(19)
Wigan Borough CCG Total	212	213	(1)

Admission Rate By CCG Locality: April to January 2014

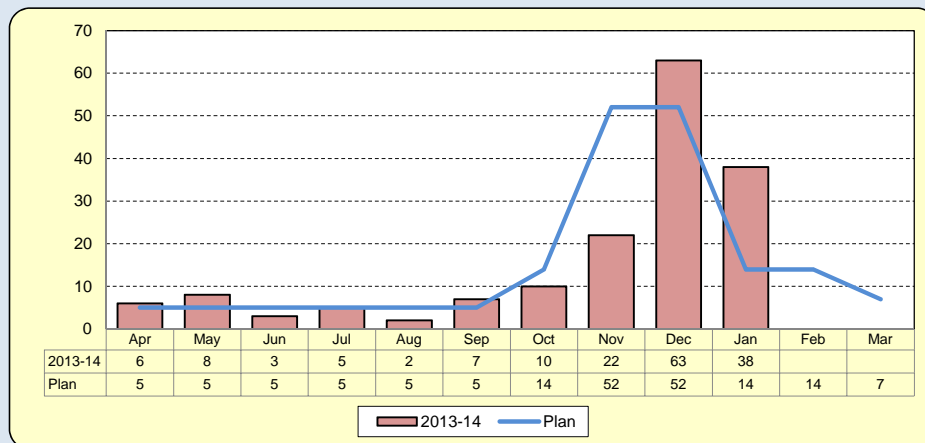
CCG Locality	Admissions	List Size	Rate Per 10k
Atherleigh	23	9,571	24.03
Wigan Commissioning Consortium	64	16,770	38.16
United League Consortium	30	10,156	29.54
Patient Focus	22	10,466	21.02
North Wigan	39	11,328	34.43
TABA	35	11,358	30.82

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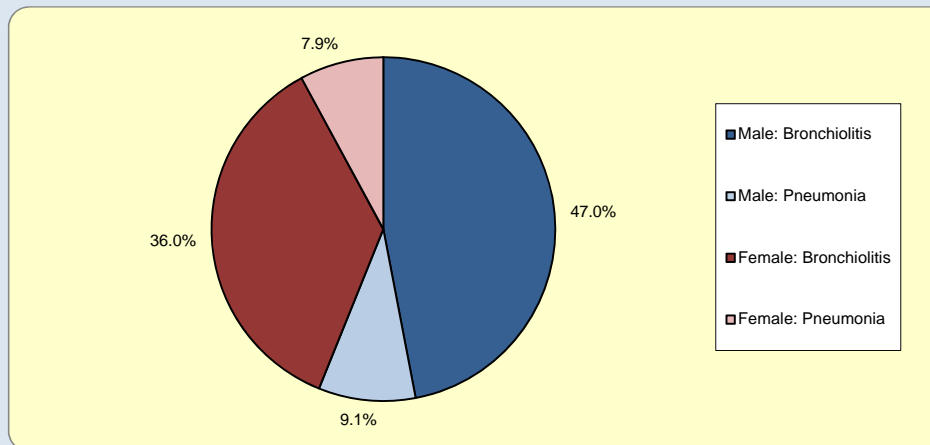
Emergency Admissions: Children with Lower Respiratory Tract Infections

Exception Report

Trended Monthly Admissions



Proportion Of Admissions By Condition & Gender: April to January 2014



Performance Comments

January performance was above plan by 24, with the number of admissions during January totaling 38.

The largest number of admissions during January relate to Bronchiolitis (37) with just 1 admission for Pneumonia.

The proportion of year-to-date (April to January) admissions is highest for Bronchiolitis with males (47.0%) and females (36.0%). The remaining 17% for Pneumonia is split between males (9.1%) and females (7.9%).

The number of year-on-year admissions for the period April to January shows a slight reduction in Pneumonia reducing from 35 to 28 with an increase in Bronchiolitis from 130 to 136.

Year-On-Year Admissions By Condition: April to January 2014

Condition	2012/13	2013/14	Variance
Bronchiolitis	130	136	(6)
Pneumonia	35	28	4
Wigan Borough CCG Total	165	164	(2)

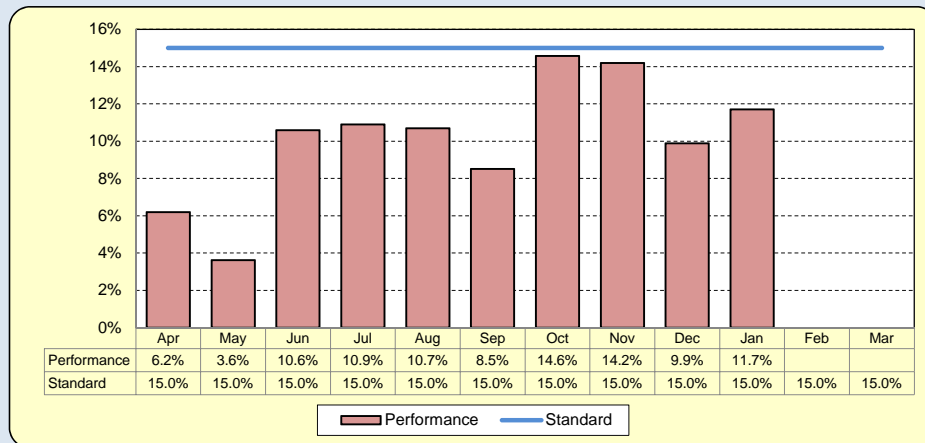
Admission Rate By CCG Locality: April to January 2014

CCG Locality	Admissions	List Size	Rate Per 10k
Atherleigh	19	9,571	19.85
Wigan Commissioning Consortium	44	16,770	26.24
United League Consortium	21	10,156	20.68
Patient Focus	22	10,466	21.02
North Wigan	23	11,328	20.30
TABA	33	11,358	29.05
Unknown	2	N/A	N/A

Friends & Family Test: A&E Response Rate At WWL

Exception Report

Trended Monthly Performance



GM Benchmarks: January 2014	Responses	Eligible	Performance
Salford Royal NHS Foundation Trust	1,000	3,744	26.71%
Pennine Acute Hospitals NHS Trust	2,877	11,037	26.07%
Stockport NHS Foundation Trust	878	3,763	23.33%
Tameside Hospital NHS Foundation Trust	759	3,692	20.56%
Central Manchester University Hospital	1,701	9,109	18.67%
University Hospital South Manchester	622	4,045	15.38%
Wrightington, Wigan & Leigh NHS Found Trust	557	4,759	11.70%
Bolton NHS Foundation Trust	316	4,589	6.89%

Performance Comments

WWL performance during January has improved slightly to 11.70%, however continues to remain below the national standard of 15%. A total of 4,759 patients were eligible to respond to the Friends & Family questionnaire, of which 557 supplied a response.

Six Trusts within Greater Manchester achieved performance above the national standard, with Salford achieving the highest (26.71%). WWL and Bolton were the only two Trusts within Greater Manchester that were below the national standard, achieving 11.70% and 6.89% respectively.

In an attempt to understand the difference in rates between these trusts and WWL, a comparison was made between the different modes of response collections.

The best performing trust is Salford, which used a combination of SMS, text and smartphone technology, as well as a telephone survey. Pennine's primary mode did not fall into any of the standard national categories. However, reference to their website suggests the use of handheld electronic devices or fixed survey machines. In contrast, WWL used only paper/postcard at point of discharge as their mode of collection.

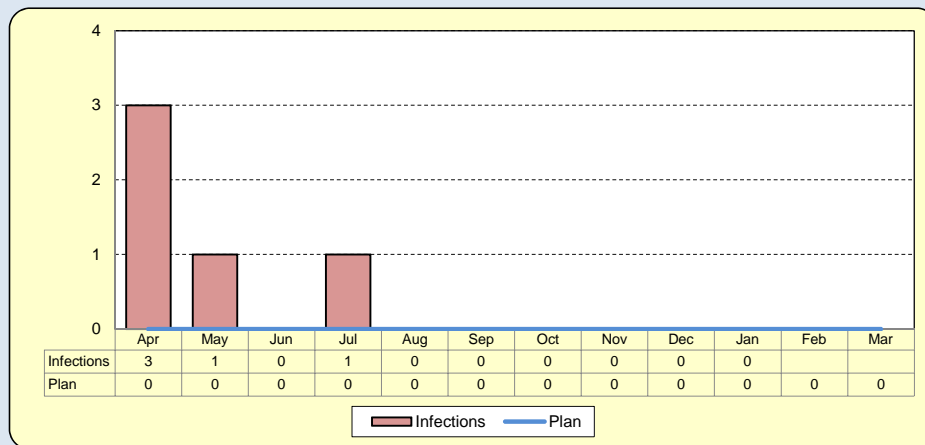
Mode Of Collection: January 2014	Salford	Pennine	WWL
SMS/Text/Smartphone App	646	0	0
Electronic Tablet/Kiosk: Point Of Discharge	0	0	0
Paper/Postcard: Point Of Discharge	0	83	557
Paper Survey: Sent To Patients Home	0	0	0
Telephone Survey: Once Patient Is Home	354	0	0
Online Survey: Once Patient Is Home	0	1	0
Other	0	2,793	0
Total	1,000	2,877	557



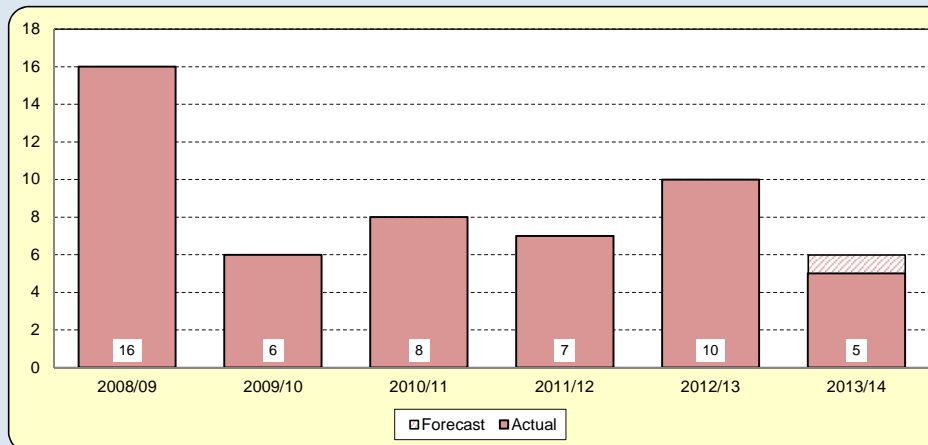
Healthcare Associated Infections: Methicillin-Resistant Staphylococcus Aureus (MRSA)

Exception Report

Trended Monthly Infections



Trended Annual Infections & Current Year Projection



Performance Comments

There are no MRSA infections reported during the month of January 2014. The total number of year to date infections (April to January) remains at 5.

This is the sixth consecutive month where no MRSA infections were reported for NHS Wigan Borough CCG patients.

The majority of year to date infections were reported by Wrightington, Wigan and Leigh (4) with the remaining 1 reported by Warrington & Halton.

Infections By Reporting Provider & Assignment: January 2014

Reporting Provider	Hospital	Community	Total
Wrightington, Wigan & Leigh	0	0	0
Bolton	0	0	0
Salford Royal	0	0	0
Other NHS Providers	0	0	0
Wigan Borough CCG Total	0	0	0

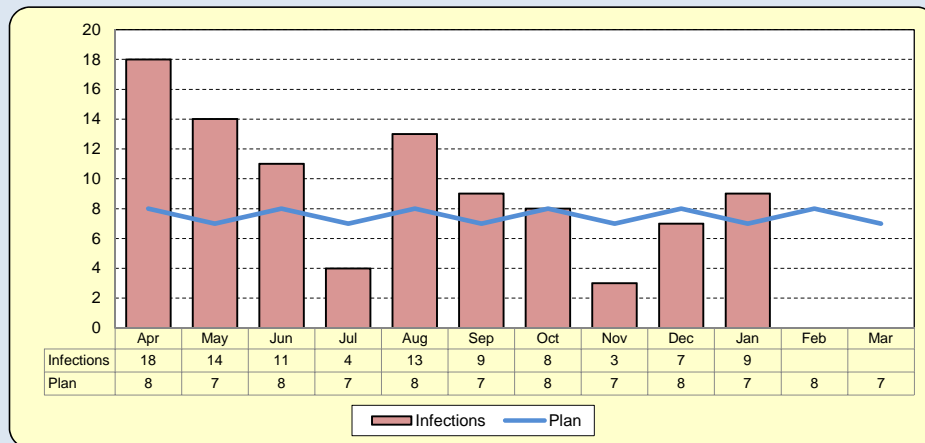
Infections By Reporting Provider & Assignment: April to January 2014

Reporting Provider	Hospital	Community	Total
Wrightington, Wigan & Leigh	0	4	4
Bolton	0	0	0
Salford Royal	0	0	0
Other NHS Providers	1	0	1
Wigan Borough CCG Total	1	4	5

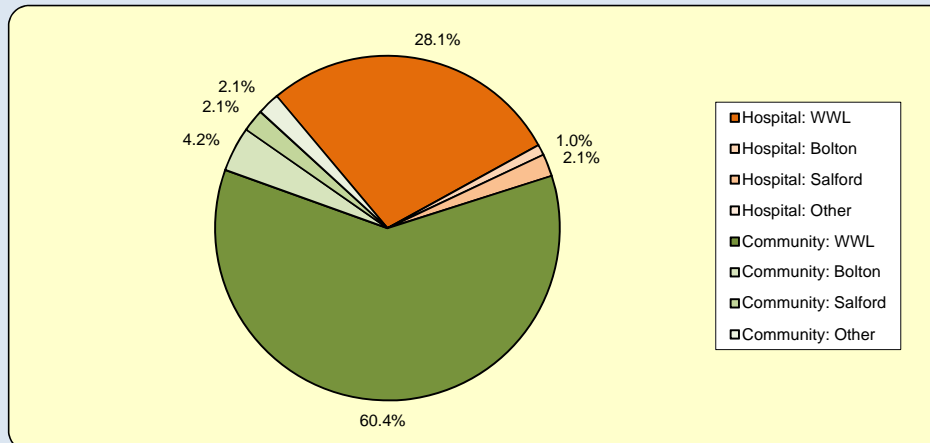
Healthcare Associated Infections: Clostridium Difficile

Exception Report

Trended Monthly Infections



Proportion Of Infections By Assignment & Reporting Provider: April to January 2014



Performance Comments

January performance of 9 Clostridium Difficile infections is above plan by 2. The year-to-date figure of 96 infections remains above plan by 21.

During January, 6 infections were assigned to community sources and 3 assigned to hospital. As a result, 69% (66/96) of year-to-date infections have been assigned to community sources and 31% (30/96) to hospital.

The majority of infections for the period April to January 2014 were reported by Warrington, Wigan & Leigh (85/96), with the remaining 11 shared between Bolton, Salford, Christie and Royal Brompton & Harefield hospitals.

Infections By Reporting Provider & Assignment: January 2014

Reporting Provider	Hospital	Community	Total
Warrington, Wigan & Leigh	2	5	7
Bolton	1	1	2
Salford Royal	0	0	0
Other NHS Providers	0	0	0
Wigan Borough CCG Total	3	6	9

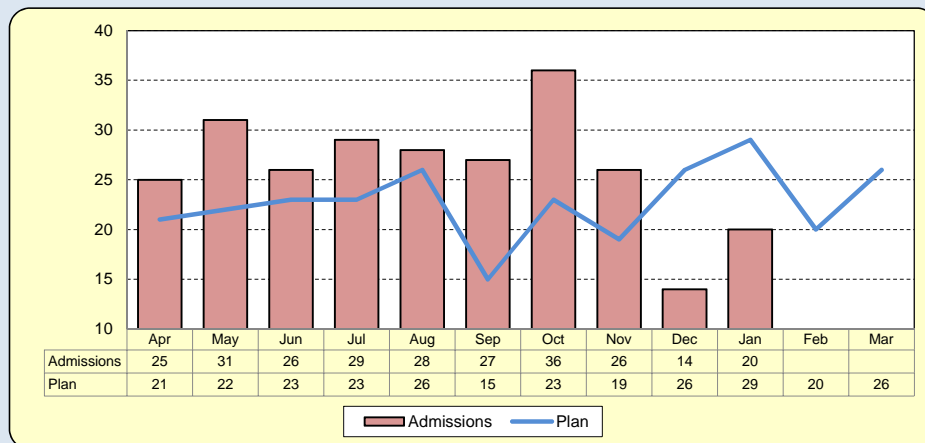
Infections By Reporting Provider & Assignment: April to January 2014

Reporting Provider	Hospital	Community	Total
Warrington, Wigan & Leigh	27	58	85
Bolton	1	4	5
Salford Royal	2	2	4
Other NHS Providers	0	2	2
Wigan Borough CCG Total	30	66	96

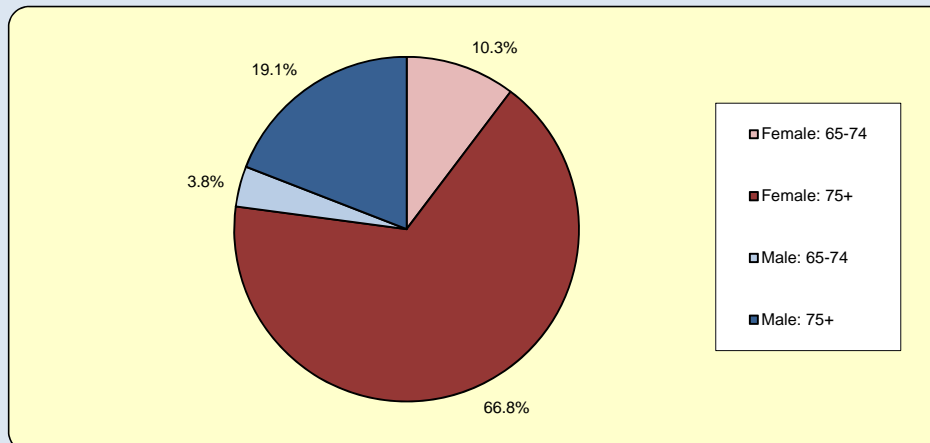
Hip Fracture Admissions: Age 65+

Exception Report

Trended Monthly Admissions



Proportion Of Admissions By Gender & Age Band: April to January 2014



Performance Comments

January performance of 20 admissions is below plan by 9. This is the second month in the current financial year where performance is better than plan. However, the year-to-date performance of 262 remains above plan by 35.

The majority of year-to-date admissions relate to females aged 75+. This demographic accounts for over two thirds of year-to-date admissions.

The second highest proportion of year-to-date admissions relates to males aged 75+ (19.1%), with the remaining proportion shared between males and females aged 65-74.

Year-on-year analysis by primary diagnosis highlights that Fracture Of Neck Of Femur has the largest increase in admissions (14), with Pertrochanteric Fracture showing an increase of 11 and a reduction of 1 for Subtrochanteric Fracture.

Admission rates per 10k patients reveal fairly wide variances from the highest (ULC) to lowest (TABA) locality. However, it is recognised that absolute numbers at locality level are relatively low.

Year-On-Year Admissions By Diagnosis: April to January 2014

Primary Diagnosis	2012/13	2013/14	Variance
S720: Fracture Of Neck Of Femur	138	152	(14)
S721: Pertrochanteric Fracture	85	96	(11)
S722: Subtrochanteric Fracture	15	14	1
Wigan Borough CCG Total	238	262	(24)

Admission Rate By CCG Locality: April to January 2014

CCG Locality	Admissions	List Size	Rate Per 10k
United League Consortium	41	7,458	54.97
Atherleigh	43	8,061	53.34
Wigan Commissioning Consortium	73	13,813	52.85
Patient Focus	38	8,875	42.82
North Wigan	42	10,499	40.00
TABA	24	8,296	28.93

Appendix B: Report & Dashboard Guidance

Corporate Dashboard: RAAG Rating Methodology

Objective 1: Outcomes

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: Quality

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: NHS Constitution

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: Finance

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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