



Merton

Clinical Commissioning Group

## REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 31<sup>st</sup> July 2014

Agenda No: 7.1

Attachment: 10

<b>Title of Document:</b> Merton CCG Balanced Scorecard Month 12	<b>Purpose of Report:</b> To receive and note
<b>Report Author:</b> Murrae Tolson, Head of Health Systems and Performance	<b>Lead Director:</b> Cynthia Cardozo
<b>Executive Summary:</b> The Merton CCG Balanced Scorecard presents a holistic view of the organisations compliance with its commissioning responsibilities and mirrors the format of the NHSE produced Delivery dashboard. In-year proxy data not available to NHS England are reported to monitor performance against the NHS Outcomes Framework Performance Indicators. At Month 12: <b>Domain 1</b> provides quarterly assurance regarding the Quality of Services Commissioned and was rated Amber/Green, unchanged from month 11. <b>Domain 2</b> reports on commissioning of services in accordance with patients' constitutional rights and was rated Amber/Red, unchanged from month 11. <b>Domain 3</b> reports progress against improving health outcomes for our local population. The year to date position was rated Amber/Red, unchanged from month 11. <b>Finance</b> is rated Amber/Red, unchanged from month 11.	
<b>Key sections for particular note (paragraph/page), areas of concern etc:</b> Please see overleaf:	
<b>Recommendation(s):</b> The Governing Body is requested to received and note the report.	
<b>Committees which have previously discussed/agreed the report:</b> EMT	
<b>Financial Implications:</b> A Quality Premium of approximately £1m is dependent on the CCG meeting all constitutional pledges, improving the quality of health for local people and delivering the local priorities.	
<b>Implications for CCG Governing Body:</b> None	
<b>How has the Patient voice been considered in development of this paper:</b> N/A	
<b>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/Staffing)</b> None	
<b>Equality Assessment:</b> Not completed	
<b>Information Privacy Issues:</b> In-year proxy measures are invalidated and may be subject to data quality issues.	
<b>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)</b> None	

Key sections for particular note (paragraph/page), areas of concern etc:

### Month 12 Commentary:

#### 1.1 Constitutional Pledges (Domain 2) rated Amber/Red

- **Diagnostic test waiting times** was rated Amber at month 12, with a performance of 98.91% against a target of 99% due to underperformance in diagnostics at Kingston Hospital. A recovery plan is in place and is monitored by the CCG.
- **Cancer first treatment 62 days, screening referral** was rated Red at 83.3% against a target of 90% in March. This refers to 1 breach out of 6 patients who was referred from St. George's to Kingston Hospital. YTD this indicator is rated Green at 94.3%. (Actions being taken to address Cancer 62 days are described in month 1 commentary).

#### 2.1 Improving Health Outcomes (Domain 3) rated Amber/Red

- **Avoidable Emergency Admissions** activity for all four indicators decreased to below threshold during March; however three of the four indicators remain above trajectory YTD and are therefore rated Red. Local QIPP and BCF plans are currently in implementation phase to address avoidable emergency admissions.
- **COPD local priority: Green.** The CCG achieved the target ratio of actual vs expected prevalence of COPD.
- **Reablement local priority: Green.** The local priority ambition was achieved in January and has exceeded the target for the year.
- **Immunisations local priority** appears to have failed the local improvement target. This workstream will be taken forwards in 2014/15 by the Clinical Director for Children and Maternity and a performance reporting mechanism is currently being designed to facilitate improvement in immunisation rates for all immunisations.

### 3. Finance

At month 12 the CCG was rated Amber/Red due to the use of 2% Non-recurrent funds on acute activity over-performance. However it should be noted that the CCG delivered the planned 1% surplus in 2013-14.

### Month 1 2014/15 Commentary

The Month 1 2014/15 Balanced Scorecard reports Merton CCG's progress toward this year's Quality Premium, National pledges and CCG Operating plan. This report will be presented to the next Governing Body meeting.

**At month 1 2014/15** Merton CCG is rated Green for Improving Health of the local population with all indicators, including the local priority (Increasing the number of BME people accessing IAPT services) on trajectory.

The following constitutional pledges were not achieved in month 1:

- **RTT 18 week compliance, admitted patients (Red):** 89.7% against a 90% target. NHS England has made additional funding available nationally to support local health systems to recover performance across the three RTT Constitutional Standards. Merton CCG was allocated £934k to support the delivery of additional elective activity to improve performance of the RTT standards, clear backlogs and reduce the number of patients waiting over 16 weeks. All plans have been assured by the NHS England area teams, working with Monitor and TDA. Delivery is being tracked and monitored by the CCG and NHS England from both a quality and performance perspective.
- **A&E – St. Georges** rated Red at 94.35% against the 95% standard. The Trust has an improvement plan and trajectory in place which is being closely monitored by commissioners through revised system resilience governance arrangements: Following national guidance, the Urgent Care Working Group has been adapted to become the System Resilience Group which is supported by the System Resilience Performance Group and the System Resilience Transformation group. A Planning group has been established as a task and finish group to

prepare a plan for the system regarding urgent care sustainability, A&E performance and the investment of available resources by the end of July.

- **Cancer 62 day GP referral** – Amber at 80.7% against an 85% standard. This relates to 5 breaches out of 26 patients. NHSE is placing more scrutiny on this standard and activity plans and corrective actions have been requested from all acute providers. Cancer paper on early detection was recently discussed at the Merton Clinical Reference Group, where it was agreed that data on cancer detection and survival would be shared with Practices and an action plan worked on so that inequalities across Merton could be addressed. 2013/14 breach analysis showed that the majority of breaches occurred where multiple-providers contributed to the patient pathway. A shared breaches meeting was held on the 12<sup>th</sup> of June and attended by St. Georges, Epsom and St. Helier, Kingston Hospital and Croydon hospital. A number of joint actions were agreed by this forum, who has agreed to establish a bi-monthly meeting to monitor implementation of these actions.
- **Ambulance category A (Red 2) 8 minute response** (Amber) at 70.6% against a 75% standard. The reasons behind the performance are cited as lower than expected staff recruitment and higher than expected attrition due to more competition for the Paramedic skillset, unpredictably high Category A activity and staff fatigue following achievement of 13/14 Cat A performance. An extraordinary meeting of the LAS Strategic Contracting Board took place on the 30th June resulting in a set of actions being identified to supplement the LAS's existing plan. Brent CCG, as lead commissioner, has written to System Resilience Group chairs and Chief Officers seeking support in taking these actions forward. The actions include reinvesting potential penalties into the LAS to support delivery and System Resilience Groups seeking support in managing demand locally in collaboration with the LAS.

Finance: At month 1 the CCG is rated Green for Finance.



# Domain 1

## Overall Rating: Amber/Red

Domain 1				
Reporting Period	Q1 (NHSE Rating)	Q2 (NHSE Rating)	Q3 (CCG Rating)	Q4 (CCG Rating)
Domain Rating	Green/Amber	Green/Amber	Green/Amber	Green/Amber
<b>QUALITY SECTION</b>				
CCGs to list up to 5 of their main providers (in exceptional circumstances only, up to 10) Main providers are defined as those where CCG commissioning constitutes more than 5% of the provider's income.				
Please place A&E providers in Provider 1 - Provider 3 spaces (where A&E is only commissioned with either 1 or 2 providers, list other main providers in box 2/3 onwards) (NEW)				
Providers	Provider 1	Provider 2	Provider 3	Provider 4
Provider Name	ST GEORGE'S HEALTHCARE NHS TRUST	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	THE ROYAL MARSDEN NHS FOUNDATION TRUST
Provider code (automatic lookup)	RJ7	RVR	RQY	RPY
Please identify the percentage of provider income for CCG:	10	9	9	8
What type of service is commissioned from this provider?	Acute	Acute	MH	Acute
Has local provider been subject to local enforcement action by the CQC?	No	No	No	No
Has the provider been flagged as a 'quality compliance risk' by Monitor and/or are requirements in place around breaches of provider licence conditions?	No	No	No	No
Has local provider been subject to enforcement action by the NHS TDA based on 'quality' risk?	No	No	No	No
Does feedback from the Friends and Family test (or any other patient feedback) indicate any causes for concern?	No	No	No	No
Has the provider been identified as a 'negative outlier' on SMHI or HSMR?	No	No	No	No
Do provider level indicators from the National Quality Dashboard show that MRSA cases are above zero?	Yes - Action plan in place	Yes - Action plan in place	No	No
Do provider level indicators from the National Quality Dashboard show that the provider has reported more C difficile cases than trajectory?	No	No	No	No
Do provider level indicators from the National Quality Dashboard show that MSA breaches are above zero?	Yes - Action plan in place	No	No	No
Does provider currently have any unclosed Serious Incidents (SIs)?	Yes - Action plan in place	No	No	No
Has the provider experienced any 'Never Events' during the last quarter?	Yes - Action plan in place	No	No	No
<b>NHS CONSTITUTION SECTION : Future concerns: (NEW)</b>				
Future Concerns				
Do you have any future concerns on any of the measures?	No			
<b>OUTCOMES SECTION : please list local priorities in order submitted in the planning round</b>				
Local priorities (Self-Certification)	Are you on track to deliver against this local priority?			
Local Priority 1	Yes			
Local Priority 2	Yes			
Local Priority 3	Further development re			
Is the CCG progressing as expected in the IAPT trajectory submitted during the planning round?	No			
<b>P and I Indicator (NEW)</b>				
Is the CCG on track to be able to deliver the mandate commitment that by 2015 everyone with a long term condition who wants one should have a personalised care plan?	Yes			
Are the CCG's plans on track to meet the statutory duty to deliver personal health budgets to people who receive NHS Continuing Healthcare from April 2014?	Yes			
<b>FINANCE SECTION</b>				
Assessment of internal and external audit opinions and on the timeliness and quality of returns	G			
Responses for section 4 are:				
No non-satisfactory audit reports in relation to finance related systems and processes and all finance returns submitted on time and of satisfactory quality.	Green	G		
One or two non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns sometimes submitted late and/or of a poor quality.	Amber/Green	AG		
A number of non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns often submitted late and/or of a poor quality.	Amber/Red	AR		
Significant number of non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns consistently submitted late and/or of a poor quality.	Red	R		
<b>Domain Rating</b>				
All relevant indicators on track for achievement of Quality Premium	Green			
Not all indicators on track for achievement of Quality Premium	Amber/Green			
At least one indicator statistically significantly off track for achievement of the Quality Premium	Amber/Red			
All indicators statistically significantly off track for achievement of the Quality Premium	Red			

# Domain 2 - Constitutional pledges

Overall Rating: Amber/Red

\*Failure results in a deduction of 25% (per constitutional pledge failure) to the CCG's Quality Premium

	Year to Date		Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Calculation	Actual																	
<b>OUTCOMES FRAMEWORK</b>																			
<i>Monthly Indicators</i>																			
<b>NHS CONSTITUTION</b>																			
<i>Monthly Indicators</i>																			
CB_B1: RTT 18 week compliance, admitted patients	Average	92.0% G	90.0%	92.1% G	93.4% G	92.3% G	92.1% G	93.3% G	91.3% G	92.9% G	90.5% G	90.8% G	90.9% G	91.9% G	91.7% G	92.6% G	92.2% G	91.5% G	91.5% G
CB_B2: RTT 18 week compliance, non admitted patients	Average	96.8% G	95.0%	96.5% G	96.9% G	97.7% G	97.6% G	97.5% G	97.3% G	96.7% G	96.8% G	96.3% G	96.4% G	95.8% G	95.9% G	97.0% G	97.5% G	96.6% G	96.1% G
CB_B3: RTT 18 week compliance, incomplete pathways	Most recent	92.7% G	92.0%	95.0% G	95.4% G	95.5% G	95.6% G	94.7% G	94.5% G	93.7% G	93.8% G	93.0% G	92.5% G	92.6% G	92.7% G	95.5% G	94.5% G	93.0% G	92.7% G
CB_B4: Diagnostic test waiting times	Average	98.91% A	99.00%	99.65% G	99.77% G	99.86% G	99.49% G	98.96% A	98.73% A	99.17% G	99.49% G	97.18% A	97.04% A	98.69% A	99.14% G	99.86% G	98.73% A	97.18% A	99.14% G
CB_B5: A and E St. George's	Average	94.19% R	95.0%	93.4% R	96.7% G	96.0% G	94.5% R	95.7% G	94.6% R	93.8% R	93.6% R	94.8% R	95.4% G	90.8% R	94.68% R	95.5% G	95.0% G	94.2% R	93.6% R
CB_B5: A and E Epsom & St. Helier	Average	97.8% G	95.0%	94.2% R	95.0% G	96.8% G	96.4% G	94.9% R	94.1% R	96.3% G	95.2% G	94.3% R	95.9% G	96.1% G	95.5% G	95.3% G	95.2% G	97.8% G	96.63% G
CB_B6: All cancer two week waits	Average	97.7% G	93.0%	98.5% G	97.1% G	97.7% G	97.1% G	97.1% G	97.6% G	98.7% G	98.5% G	98.0% G	95.8% G	98.3% G	98.2% G	97.8% G	97.2% G	98.4% G	97.8% G
CB_B7: Breast symptoms (cancer not initially suspected)	Average	98.4% G	93.0%	90.6% A	100.0% G	100.0% G	97.4% G	96.5% G	98.4% G	100.0% G	100.0% G	98.6% G	100.0% G	97.3% G	100.0% G	97.1% G	97.5% G	99.5% G	99.1% G
CB_B8: Cancer first definitive treatment in 31 days	Average	98.4% G	96.0%	96.4% G	100.0% G	100.0% G	98.4% G	98.0% G	100.0% G	96.9% G	100.0% G	98.1% G	98.0% G	98.2% G	98.2% G	98.7% G	98.8% G	97.7% G	98.2% G
CB_B9: Cancer subsequent treatment 31 days, surgery	Average	97.1% G	94.0%	100.0% G	91.7% A	87.5% R	90.0% A	100.0% G	100.0% G	100.0% G	100.0% G	87.5% R	100.0% G	100.0% G	100.0% G	93.3% A	96.3% G	97.4% G	100.0% G
CB_B10: Cancer subsequent treatment 31 days, drug	Average	99.6% G	98.0%	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	94.7% A	100.0% G	100.0% G	100.0% G	98.1% G
CB_B11: Cancer subsequent treatment 31 days, radiotherapy	Average	99.2% G	94.0%	100.0% G	100.0% G	95.7% G	100.0% G	96.4% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	98.4% G	98.6% G	100.0% G	100.0% G
CB_B12: Cancer first treatment 62 days, GP referral	Average	85.0% G	85.0%	90.9% G	95.8% G	79.2% R	87.1% G	76.2% R	81.5% A	86.7% G	95.2% G	85.2% G	80.0% A	72.7% R	88.9% G	88.6% G	82.5% A	85.5% G	81.5% A
CB_B13: Cancer first treatment 62 days, screening referral	Average	94.3% G	90.0%	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	87.5% A	75.0% R	100.0% G	100.0% G	83.3% R	100.0% G	100.0% G	91.3% G	92.9% G
CB_B14: Cancer first treatment 62 days, consultant upgrade	Average	100.0%		100.0%	100.0%	--	--	100.0%	100.0%	100.0%	--	100.0%	100.0%	100.0%	--	100.0%	100.0%	100.0%	100.0%
CB_B15_01: Ambulance category A (Red 1) 8 minute response	Average	77.4% G	75.0%	78.2% G	78.2% G	77.9% G	77.9% G	76.8% G	72.5% A	75.1% G	74.3% A	75.0% A	79.0% G	81.9% G	81.6% G	78.1% G	75.9% G	74.8% A	80.8% G
CB_B15_02: Ambulance category A (Red 2) 8 minute response	Average	75.3% G	75.0%	76.1% G	78.0% G	76.2% G	73.7% A	74.4% A	71.1% A	70.1% A	71.1% A	71.8% A	80.3% G	80.2% G	80.9% G	76.8% G	73.1% A	71.0% A	80.5% G
CB_B16: Ambulance category A 19 minute transportation time	Average	97.9% G	95.0%	98.1% G	98.5% G	98.2% G	97.8% G	98.0% G	97.3% G	97.1% G	97.6% G	97.1% G	98.3% G	98.2% G	98.3% G	98.3% G	97.7% G	97.2% G	98.3% G
CB_B17: Mxed sex accommodation breach count	Cumulative	13 A	0	7 A	3 A	1 A	0 G	0 G	0 G	0 G	0 G	1 A	0 G	0 G	1 A	11 A	0 G	1 A	1 A

Domain RAG Rating	
No indicators that impact on Quality Premium red rated	Green
No indicator that impact on Quality Premium rated red but future concerns	Amber/Green
One indicator that impacts on Quality Premium rated red	Amber/Red
Two or more indicators that impact on Quality Premium rated red	Red

# Domain 3 - Improving Health Outcomes

## 100% of Quality Premium. Domain Rating: Amber / Red

Indicator	Quality Premium	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD							
<b>Preventing people from dying prematurely</b>																									
In-Year proxy: NHS Health Checks														58.6%	G	46.1%	R	60.5%	G	68.5%	G	57.5%	G		
In-Year proxy: Smoking Cessation														115108	R	114	R	78	R			115222	R		
In-Year proxy: Emergency admissions for liver disease		3	A	3	A	3	A	5	R	6	R	1	G	2	G	2	G	3	A	1	G	1	G	3	A
<b>Under 75 mortality rate from cancer</b>	12.5%	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13												
In-Year proxy: Bowel cancer Screening		51%	A	50%	R	50%	A	50%	A	49%	R	49%	R	49%	R	49%	R	49%	R	49%	R	49%	R	48%	R
In-Year proxy: Breast cancer Screening		66%	R	65%	R	65%	R	65%	R	66%	R	66%	R	65%	R	66%	R	66%	R	65%	R	65%	R	65%	R
In-Year proxy: Cervical cancer Screening		69%	R	71%	A	68%	R	68%	R	73%	A	73%	A	69%	R	69%	R	67%	R	67%	R	70%	R	70%	R
<b>Enhancing quality of life for people with long term conditions</b>																									
In-Year proxy: No of people accessing expert patient programmes																									
In-Year proxy: patient education programmes/groups (DESMOND activity?)		35	G	45	G	32	G	44	G	19	G	33	G	41	G	19	G	60	G	52	G	62	G	104	G
*Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)		79	G	93	G	64	G	66	G	73	G	93	G	93	G	68	G	85	G	90	G	89	G	39	G
*Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s		9	A	10	R	6	G	5	G	2	G	15	R	18	R	14	R	15	R	12	R	6	G	5	G
<b>Helping people to recover from episodes of ill health or following injury</b>																									
Emergency admissions for acute conditions that should not usually require hospital admission		169	R	144	R	142	R	146	R	107	G	127	G	157	R	136	A	148	R	154	R	140	A	74	G
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)		7	G	7	G	8	G	5	G	7	G	5	G	5	G	24	R	60	R	23	R	6	G	4	G
<b>Ensuring that people have a positive experience of care</b>																									
St.George's combined FFT Score			R	G		A		A		G		A		A		A		A		A		A		G	
Epsom & St. Heller's combined FFT Score	12.5%		R	G		G		A		G		A		A		A		G		G		G		A	
Royal Marsden combined FFT Score			G			A		A		G		A		A		A		G		A		A		G	
<b>Treating and caring for people in a safe environment and protecting them from avoidable harm</b>																									
Incidence of healthcare associated infection (HCAI) i) MRSA	12.5%	0	G	0	G	0	G	0	G	0	G	0	G	1	R	1	R	0	G	0	G	0	G	0	G
Incidence of healthcare associated infection (HCAI) ii) C.difficile		1	G	4	R	2	G	3	G	3	G	2	G	2	G	1	G	4	R	3	G	2	G	0	G
<b>Local Priorities</b>																									
1.) <b>Reablement:</b> New pathway to support recovery and independence after illness or injury. Linked to integrated services and reduction of admissions.	12.5%	2		1		1		2		0		3		1		6		6		4		5		3	
2.) <b>COPD:</b> Reduce premature mortality from COPD by better diagnosis and treatment; reduce the gap between recorded and expected prevalence by 10% from 0.4 to 0.44% as a CCG overall total moving the 11 practices towards the target by coding review, recurrent admissions on register and increased screening of smokers	12.5%	Not Commenced	Not Commenced	Project plan development	Project initiation	Project initiation	Project implementation	0.436	0.439	0.438	0.438	0.439	0.438	Not Commenced	Project development	0.438	0.438	0.438	0.438	0.438	0.439	0.438	0.438	0.44	G
3.) <b>Immunisation</b>																									
Increasing immunisation uptake by 4% on: DTPaP/PPV/HB (90.2% at Q3 12/13)																									
MWR (82.8% at Q3 12/13) and	12.5%													86.19%	R	83.66%	R	88.00%	R	91.60%	R	86.00%	R		
PCV (89.3% at Q3 12/13).														85.55%	A	82.38%	R	84.08%	R	84.90%	A	82.80%	R		
														68.29%	R	81.45%	R	84.00%	R	83.90%	R	81.00%	R		

Domain Rating	
All relevant indicators on track for achievement of Quality Premium	Green
Not all indicators on track for achievement of Quality Premium	Amber/Green
At least one indicator statistically significantly off track for achievement of the Quality Premium	Amber/Red
All indicators statistically significantly off track for achievement of the Quality Premium	Red

# Domain 4 - Finance

Domain 4 - Are CCGs commissioning services within their financial allocations?																											
Reporting Period								M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12								
Domain rating								G	A/G	G	G	A/G	A/R	A/G	A/G	A/R	A/R	A/R	A/R								
								Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar								
Financial performance								Individual indicator RAG rating threshold																			
No	Indicator	Primary/Supporting	Indicator	2013/14 Q1	Green	Amber/Green	Amber/Red	Red																			
1	Underlying recurrent surplus	Primary			>=2%	1% - 1.99%	0% - 0.99%	<0%							AG	AG	AG	AG	AR	AR	AR	AR					
2	Surplus - year to date performance	Primary	G		>=1%	>=0.8%	>=0.5%	<0.1%	N/A	R	G	G	G	G	G	G	G	G	G	G	G	G	G	G			
3	Surplus - full year forecast	Primary	G		>=1%	>=0.8%	>=0.5%	<0.1%	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G			
4	Management of 2% NR funds within agreed processes	Supporting	G		Yes			No	G	G	G	G	G	G	G	G	G	G	R	R	R	R	R	R			
5	QIPP** - year to date delivery	Primary	AG		>=95% of plan	>= 80% of plan	>= 50% of plan	< 50% of plan	N/A	N/A	AG	G	AG	AR	AG	AG	AG	AG	AG	AG	AG	AG	AG	AG			
6	QIPP** - full year forecast	Primary	G		>=95% of plan	>= 80% of plan	>= 50% of plan	< 50% of plan	N/A	G	G	G	G	AG	AG	AG	AG	AG	AG	AG	AG	AG	AG	AG			
7	Activity trends - year to date	Supporting			<101% of plan	<102% of plan	<103% of plan	<104% of plan																			
8	Activity trends - full year forecast	Supporting			<101% of plan	<102% of plan	<103% of plan	<104% of plan																			
9	Running costs	Primary	G		<=RCA			>RCA	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G			
10	Clear identification of risks against financial delivery and mitigation	Supporting	G		Indicator met in full	Indicator partially met - limited uncovered risk	Indicator partially met - material uncovered risk	Indicator not met	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G			
**QIPP to include transactional and transformational schemes																											
Financial performance								Individual indicator RAG rating threshold																			
No	Indicator	Primary/Supporting	Indicator		Green	Amber/Green	Amber/Red	Red																			
11	This covers Internal and external audit opinions, and an assessment of the timeliness and quality of returns	Supporting	G		No unsatisfactory audit reports in reference to finance related systems and process and all finance returns	One or two unsatisfactory audit reports in reference to finance related systems and process and all finance returns	A number of unsatisfactory audit reports in reference to finance related systems and process and all finance returns	Significant number of unsatisfactory audit reports in reference to finance related systems and process and all finance returns	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G			
12	Balance sheet indicators including case management and BPC	Supporting			To be defined	To be defined	To be defined	To be defined																			
Over-riding rule: Qualified audit opinion would lead to an overall RED rating																											
Domain Rating, subject to over-riding rule																											
Green	No indicators rated Red																										
Amber/ Green	<= primary indicator are amber-red																										
Amber/ Red	One indicator rated Red or >3 are amber-red																										
Red	Two or more red primary indicators would lead to an overall red rating.																										