

## Governing Body (public) meeting

DATE: 28<sup>th</sup> November 2013

Title	Performance as at Quarter1 Month 4 (July) 2013/14
<p>Recommended action for the Governing Body</p>	<p>That the Governing Body:</p> <p><b>DISCUSS &amp; NOTE</b> current performance against targets for Bexley CCG and the actions being taken to address any areas of underperformance.</p> <p><b>NOTE</b> Information and update on Public Health and NHS England targets was outstanding at the time of writing this report.</p>
<p>Executive Summary</p>	<p>This report provides an update on Bexley Clinical Commissioning Group's performance against national targets for months 1 to 4, and Quarter 1 for 2013/14.</p> <p>The report identifies and highlights those targets reported nationally &amp; locally, which are RAG rated Red or Amber at month 4.</p> <p>The report highlights the remedial action being taken and the anticipated date when the target is likely to turn green.</p> <p>Appendix 1 attached is the full report on all targets. This includes national and additional targets, e.g. Public Health and NHS England. However, at the time of writing this report, information on these areas had not been received due to new reporting protocols being established between organisations. The full report is presented in a spread-sheet format with RAG ratings to indicate the status of each indicator against plan.</p> <p>Please note that some of targets are reported on a quarterly and yearly basis, and where some of these are red or amber, this will remain so until the next report date is due. However remedial action plans will be sought from the target owners to inform this committee of action being taken to move the target from red/amber to green.</p>

## Clinical Commissioning Group

Which objective does this paper support?	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	<b>People:</b> Empower our staff to make BCCG the most successful CCG in (south) London	✓
	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	<b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key Risks <small>(corporate and/or clinical)</small>	Failure to achieve targets may affect the quality and equity associated delivery of patient care and reputational risks for the CCG associated with non-delivery.
	Equality and Diversity	Failure to meet targets may result in a lack of equity for Bexley residents wishing to use the service which may have further consequences.
	Patient impact	Failure to achieve targets may result in reduced quality of patient care and treatment.
	Financial	Failure to meet financial targets is a breach of the CCGs Statutory duties.
	Legal Issues	None
	NHS constitution	Failure to meet targets may result in a breach of NHS Constitution requirements
<b>Consultation</b> (Public, member or other)	n/a	
<b>Audit</b> (Considered / Approved by Other Committees / Groups)	Performance targets are considered by all of the committees of the CCG.	
Communications Plan	n/a	
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Date	11 <sup>th</sup> November 2013	

**Performance as at Quarter1 Month 4 (July) 2013/14**

This performance report has been structured as follows:

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## 1. INTRODUCTION & OVERVIEW

This performance report highlights all of the targets currently being reported for Bexley Clinical Commissioning Group at month 4, July 2013. These are shown in the supporting excel file together with their current performance.

This report identifies and highlights those targets which are currently rag rated Red or Amber in the supporting file as at July 2013 and shows the actions being taken & when it is anticipated that the target will turn Green.

The report is divided into specific business groupings for the targets as follows:

- Activity and Access Measure
- Corporate Staff
- Finance
- Mental Health
- Patient Experience Feedback
- Quality
- NHS England (information outstanding at the time this report was compiled)
- Public Health (information outstanding at the time this report was compiled)

## 2.0 REPORT OVERVIEW

This section shows the remedial action plan for under performance (i.e. amber or red performance):

<b>G</b>	Target met
<b>A</b>	Potential Problem
<b>R</b>	Target not met (action required)

The details for each of the targets with their owners is shown in the accompanying excel file.

The “Owners” are the senior individuals responsible for a particular area of work (the excel file also shows you the Director responsible).

2.1 ACTIVITY/ACCESS MEASURE					
Ref	Measure	Current Performance July 2013	Owner	Remedial Action	Estimated Indicator Green (Month)
CB_A6_02	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	261.8 (11/12)	David Parkins / Zoe Hicks-John	<p>SLHT participated in National Clinical Audits for Paediatric Asthma</p> <p>Improvements in Care. The following areas were identified as needing improvement:</p> <ul style="list-style-type: none"> <li>Discharge planning: 41% of children/parents were recorded as having received a written discharge plan</li> <li>Device technique assessed: 44% of children were recorded as having their device use checked</li> </ul> <p>Planned actions: The introduction of a discharge checklist to include an asthma device technique assessment for children who can self administer</p> <p>The development of an Asthma Parent Proficiency Template, (a written record of training provided and of parental practice being checked), to include core proficiency in asthma device technique for all children who are unable to self-administer</p>	
CB_B4	Waiters for MRI and CT scans	4	Alan Luke	<p>For the first time in 13/14, August data shows that the CCG did not achieve the diagnostic target of 99% of diagnostic waits being completed within 6 weeks, with an outcome of 98.86%. There were a total of 24 breaches out of 2107 diagnostics, 10 of which occurred in the non-obstetric ultrasound. In terms of provider 13 of the 24 breaches occurred at D&amp;G (8 X non obstetric ultrasound and 5 X Computed Tomography). (Integrated Report M5)</p> <p>Aug position - 2 MRI @ Guys, 5 CT scans at Dartford (Update provided 24.10.13)</p>	Provisional data from September shows that the CCG achieved the 6 week diagnostic target

CB _B 5	A&E waiting time - total time in the A&E department (SLHT all 3 sites)	94.64%	Alan Luke	SLHT and D&G did not achieve A&E targets in August. SLHT exception reports for August highlight starting the day with DTAs, delayed discharges, high attendances, high acuity and high numbers of ambulances. A&E issues are addressed at the Urgent Care Board, and CMB. D&G has put a series of actions in place to address under performance. (Early sight of Sept data shows that only SLHT did not achieve A&E target in month.) ((Integrated Report M5, performance was 93.2& at SLHT)	D&G achieved target in September (95.5%) QEH and PRUH not achieved in October but awaiting confirmation of Trajectories for A&E performance from NTDA and NHSE
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CB _B 12	Cancer day 62 waits	82.76%	Alan Luke	<p>The CCG achieved 2WW and 2WW Breast symptom targets in July. The 62 Day standard first definitive treatment was amber. This was due to 10 breaches out of 58 people treated. 3 of the breaches were due to delays in referral between trusts , 2 were due to Patient Choice 2 due to Complex Pathways and the rest were due to various reasons.</p> <p>The IST has been commissioned to investigate the delays on the 62 day pathway between SLHT and GSTT. The IST is currently working at the PRUH and QEH. Once all the IST visits have been completed and following sign off by the respective Trusts the IST report will be made available to commissioners in November.</p> <p>SLHT narrowly missed the 85% target for 62 Day standard for first definitive treatment with an outcome of 84.7%, (15.5 breaches out of the 101 people treated). (Integrated Report M5)</p> <p>August 5 breaches, 4 were first seen at SLHT and treated at GSTT. 3 of these referrals were late referrals from SLHT. The 5 patient was treated at SLHT but breached as the patient was too ill. (Updated provided 24.10.13)</p>	Awaiting the outcome of the IST review on the 62 day pathway . This is due in November
CB _B _0 2	Ambulance clinical quality – Category A (Red 2) 8 minute response time	74.90%	Alan Luke	<p>SEL Directors of Commissioning have met with London Ambulance Service in September 2013 to establish relation with LAS, with the view to be able to directly highlight to LAS any concerns about the provision of Ambulance services to SE London CCG.</p> <p>SEL Directors of Commissioning intend to put processes in place to secure improvements in service.</p>	
CB _B 18	Cancelled Operations (SLHT only)	19	Alan Luke	<p>The CSU is closely managing the performance of Cancelled Ops and RTT where financial consequences will be fully imposed in accordance with the contractual terms. (p12 Integrated Report M4, Q1 figures also reported p37)</p>	Awaiting the reports from the new Trusts

CB _S 1	Non-elective FFCEs (First Finished Consultant Episode)	Cumulati ve to Mar 13 Act 13635 Plan 13608 (>0.20%)	Alan Luke	This is performing at 0.19%,	Already Green
CB _S 2	All first outpatient attendances	Cumulati ve to Mar 13 Act 65910 Plan 62618 (>5.26%)	Alan Luke	See comment below. Note that we are reviewing this to determine whether there is an issue in reporting. SLHT has changed its reporting practice and this will have had a knock on impact on the numbers being reported.	
CB _S 4	A&E attendances (SLHT only)	Cumulati ve to Year End 12/13 264720 increase on 11/12 by 2.75%	Charle s O'Hanl on	This reflects only the position at SLHT – over the last 3 years our A&E activity across SLHT plus D&G has decreased by 3%.  For Months 1-5 of 2013-14 our A&E activity is static when compared to 2012-13.	
CB _S 6	Number of 52 week Referral to Treatment Pathways	1	Alan Luke	There was 1 patient waiting over 52 Weeks in August. This was in Neurosurgery at KCH. (M5 Integrated Report)  August 1 X Neurosurgery at KCH (Updated provided 24.10.13)	This patient has been treated, however in Sept there was 1 X 52 week breach at SLHT so will await new provider perform ance report for update



CB _S 7	Ambulance handover time & Completeness	91.30%	Alan Luke	These figures are for SLHT only. Performance on 30 minutes breaches for SLHT remained static between July and August with 27 breaches in each month. The number of 60 minutes handover breaches increased from 2 in July to 9 in August. 6 of the breaches occurred on the evening of 27th August due to A&E pressures. A new handover system has been rolled out across London in September and will provide more accurate recording of patient handover times. Ambulance handover KPIs are monitored at CMB and UCB. (Integrated Report M5)	
CB _S 8	Ambulance Crew Clear	6	Alan Luke	SEL Directors of Commissioning have met with London Ambulance Service in September 2013 to establish relation with LAS, with the view to be able to directly highlight to LAS any concerns about the provision of Ambulance services to SE London CCG.  SEL Directors of Commissioning intend to put processes in place to secure improvements in service.	
CB _S 9	Trolley waits in A&E (SLHT)	1	Alan Luke	There were no 12 hour trolley waits in August for the CCG. SLHT have 1 breach YTD (April to August and reported a further breach on 03.09.13 at PRUH at Sept CMB. Details to follow). (Integrated Report M5)	There were no 12 hour breaches in October
tcs 35	Home equipment delivery	96.51%	Alison Rogers	Currently at 92% and is therefore rated Green. (Data received from Inspire)	Already Green
SR S1 0 (NI 13 1, tcs 21, VS C0 1)	Delayed Transfers of Care (Acute & MH)	9	Alison Rogers	CCG is working through the Integrated Care Board to ensure that Delayed Transfers of Care are reduced. Integrated Care Team including Social Services staff and Admissions Avoidance teams in the community working at DVH and QEH.	

PH S0 7 (S RS 11, VS A0 5_ 01)	GP written referrals to hospital	12/13 YTD Mar Plan 31089 Actual 36426 (>17.17% )	Charles O'Hanlon	This is managed via the Referral Management and Booking Service (via Bexley Health Limited BHL) and a contract query to BHL has been issued to ascertain why the level of rejection is 3% compared to Greenwich's 9%. Procurement of new RMBS service is also planned and would ensure that service specification is aligned with Greenwich CCGs.	
PH S0 8 (S RS 12, VS 05 _0 2)	Other referrals for a first outpatient appointment	12/13 YTD Plan 27595 Actual 31057 (>12.55% )	Alan Luke	Other referrals are being investigated by the CSU as part of the contracts activity deep dive for Bexley. Early indications are that many of these relate to maternity	
PH S0 9 (S RS 13, VS A0 5_ 03)	First outpatient attendances following GP referral	12/13 YTD Plan 31584 Actual 33633 (>6.49%)	Alan Luke	Other referrals are being investigated by the CSU as part of the contracts activity deep dive for Bexley.	
C1 .13	Maternity 12 weeks	Q4 12/13 87.75%	Alison Rogers	The CCG is green relating to general booking. However, when taking into account late GP referrals and women not showing the CCG is red.	
PH F0 8 (H RF 05)	Choose & Book	75.00%	Charles O' Hanlon	It is believed that this is an inaccuracy in data reporting, as the Choose & Book target was RAG rated green up until June 2013 (96%). This is being caused by a change to the utilisation calculation made by NHS England. (The denominator has been changed by NHSE/Health and Social Care Information Centre and is incorrect. NHSE/HSCIC are working to resolve this calculation issue)	Date TBA

2.2 CORPORATE STAFF					
Ref	Measure	Current Performance July 2013	Owner	Remedial Action	Estimated Indicator or Green (Month)
SQU10 (tcs39 (G16), VS B17)	NHS staff survey based measures of job satisfaction	11/12 75% (Score 3.42/5)	Nick Marsden	<p>NHS staff survey is based measures of job satisfaction The percentage of staff reporting positive job satisfaction (based on the NHS Staff Survey scores-based measure of job satisfaction)</p> <p>Improvement 10/11 77% (Score 3.54/5) 5% Var            11/12 75% (Score 3.42/5) 5% Var            Actual %</p> <p>Due to H&amp;SC Act 2012, it was agreed nationally that there would be no further staff survey last year for PCT/CCGS; hence no comparator to measure improvement against.</p>	N/A

2.3 FINANCE					
Ref	Measure	Current Performance July 2013	Owner	Remedial Action	Estimated Indicator or Green (Month)
N/A	Delivery of better payment practice code - number of invoices	94.81%	Julie Withrall	Continuing to ask budget holders to authorise invoices more quickly or place on hold. Weekly reports being sent out to chase budget holders. Highlighted in finance report. Gradually improving as year progresses.	Hope to be achieving target in October 2013

2.4 MENTAL HEALTH					
Ref	Measure	Current Performance July 2013	Owner	Remedial Action	Estimated Indicator Green (Month)
CB_S5	Mental Health Measure- Improved access to psychological services - IAPT	Cumulative to Q4 Act 279 Plan 384	Alison Rogers	IAPT capacity has been increased by including Primary Care Counselling referrals which are now IAPT-compliant. Improved throughput and outcomes are expected as the newly combined services bed-in.	Q3/Q4 (2013-14) to reach amber, progressing to green in 2014-15.
PH Q11 (SQU14)	Mental health measures - CR/HT	84.52%	Alison Rogers	This should be green  The Provider has reported that :-  “...it appears this has been derived from the MHMDS. We always have these anomalies because we send a download of raw data which is then analysed by the IC. Most trusts report a similar issue and this has never been resolved. I have checked back to the commissioner pack data-set in which we have reported 99.3% gatekeeping in Q1 (i.e. 100%, 100% and 99%) which, clearly, does not reconcile with the 84.52% in the report extract provided. As you can see from the pack, we have reported 100% for Q2 so, on that basis...”	According to the Provider this is already Green

2.5 PATIENT EXPERIENCE FEEDBACK					
Ref	Measure	Current Performance July 2013	Owner	Remedial Action	Estimated Indicator Green (Month)
CB_A7	Proportion of people feeling supported to manage their condition	80.87% (July 12 - Mar 13)	Jon Winter	Awaiting first data of 13/14 to judge what action needed	see left

CB_A8	Health-related quality of life for people with long-term conditions	26.29% July 2012-March 2013	Jon Winter	Awaiting first data of 13/14 to judge what action needed	see left
CB_A11	Total health gain assessed by patients: i. Hip replacement; ii. Knee replacement; iii. Groin hernia; iv. Varicose veins	0.26	Jon Winter	The figures suffered due to the delay and uncertainty with SLHT and with a more secure future and stable workforce, the elective centre on the QMS site run by DVH will improve outcomes, but will take a year or two for the data to work through	2014/2015
CB_A12	Patient experience of primary care i) GP Services ii) GP Out of Hours services	82.08% (Jul 12 - Mar 13)	Jon Winter	Awaiting first data of 13/14 to judge what action needed	see left
CB_A13	Friends and family test - Inpatient Acute (Total SLHT - Site QMS)	N/A data was only submitted on a voluntary basis	David Parkins	Comment on data: response rate low at SLHT and Kings, New providers now at QEH - Lewisham and Greenwich and D&G both scoring well should bring aggregate score up. CQRG monitoring Kings position.	

2.6 QUALITY					
Ref	Measure	Current Performance July 2013	Owner	Remedial Action	Estimated Indicator Green (Month)
CB_A2	Under 75 mortality rate from cardiovascular disease	<b>Females 30.59 (2011)</b>	David Parkins	1) New Cardiology outcome focused service by prime contractor from early 2014 2) New Diabetes outcome focused service for early 2014 3) HSMR/SHMI monitoring at CQRG Q meetings	As data 2 years in arrears, impact will need to work through over a number of years, improved position expected for 2012 data. Bexley PH profile 2013 shows a reducing trajectory - this area is rated as green - significantly better than England Average.

<b>CB_A3</b>	Under 75 mortality rate from respiratory disease	<b>Males 21.98 (2011)</b>	David Parkins	1) link to Smoking cessation team in Bexley and at QMH 2) CQUIN at SLHT and OXLEAS 3) Primary care advice	Smoking has a major detrimental impact on mortality and is on the increase in younger age groups. Cessation has to be the goal, yet in the peoples control. Data is 2011, Unable give expected date until clearer trajectory. PH Profile 2013 shows a reducing trajectory - Smoking related deaths and Adult smoking are amber - not significantly different than England average. Smoking in pregnancy is rated as green.
<b>CB_A4</b>	Under 75 mortality rate from liver disease	<b>Males 19.62 (2011)</b>	David Parkins	National Drink awareness campaigns	Hospital stays for alcohol related harm and Alcohol-specific hospital stays (under 18) are rated green in Bexley PH profile 2013 - significantly better than England Average. Unable give expected date until clearer trajectory.
<b>CB_A5</b>	Cancer Mortality	<b>Males 115.59 (2010)</b>	David Parkins	1) Ensuring all Cancer access and treatment times are at green 2) Greater GP awareness of referral signs/earlier diagnosis 3) Plan for improved cancer services on QMH Site	This is 2010 data Bexley PH Profile 2013 -shows a reducing trajectory and early deaths due to cancer overall as 104 as not significantly different to England Average 108.1
<b>CB_A15_02</b>	Number of cases of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia Blood Stream Infections Total Cases - CCG Responisble	<b>1</b>	David Parkins	One MRSA in April across all sites - nothing since but therefore failed 2013/14. Working jointly with Infection prevention and control lead at Bexley PH, constant monitoring of Trusts by CQRGs	Significant improvement on previous years - CCG will hold to account through CQRGs

<b>CB _A 16</b>	Healthcare acquired infection (HCAI) measure (clostridium difficile infections) - CCG Responsible	<b>Cumulative to March 13 Plan 48 Actual 73 (&gt;52.27%)</b>	David Parkins	30 against 30 plan in August 13	On plan as of August 13
<b>CB _B 17</b>	Mixed Sex Accommodation (MSA) Breaches	<b>1.1</b>	David Parkins	In August the CCG had 1 MSA breach, which occurred at KCH. This breach was due to patients in Critical Care having to wait for a step down bed to become available. Kings and SLHT have had penalties for breaches. Main site locally is PRUH due to pressure on Hospital, August data shows 4 in total for SLHT. Bexley are not lead commissioners for PRUH or Kings, will ensure performance through collaboration with Bromley CCG. D&G and Lewisham showing no breaches.	Monitoring at CQRG level, but winter pressures may be a factor in future breaches
<b>C1 .15</b>	Breastfeeding at 6-8 weeks	<b>YTD 12/13 48.13%</b> <b>YTD 12/13 96.29%</b>	Jill May	Target being reassigned from Jill May to NHS England	
<b>G3</b>	Ethnicity coding (RiO)	<b>67.00%</b>	David Parkins	Working with IT systems Manager at Oxleas to could improve the coverage. Progress is slower than expected	On agenda again for Q2 CQRG meeting with Oxleas. Seeking expected date from Oxleas
<b>tcs 28 (A S4 )</b>	End of Life Pathway	<b>63.00%</b>	Jon Winter	Further investigate data more as high variances and discuss with Oxleas	tbc - see left

<b>tcs 15 (CS2)</b>	Health assessments for children who are looked after	<b>83.42%</b>	Jill May	Qtr 2 is 87%. The exceptions (25) include 18 DNAs, 4 cancelled and rearranged. Oxleas are working proactively to engage with adolescent LAC who have DNA'd.	
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<b>2.7 NHS ENGLAND</b>					
<b>Ref</b>	<b>Measure</b>	<b>Current Performance July 2013</b>	<b>Owner</b>	<b>Remedial Action</b>	<b>Estimated Indicator or Green (Month)</b>
SQU09 (VSB18)	Access to NHS dentistry	Jan 12/13 Plan 115940 Act 108484 (<6.48%)	NHS England	For information only	
DC01	Dental contracts DC01	315897	NHS England	For information only	



2.8 Public Health?					
Ref	Measure	Current Performance July 2013	Owner	Remedial Action	Estimated Indicator Green (Month)
CB_A1	Potential years of life lost (PYLL) from causes considered amenable to healthcare	Males 2107.5 (2011)	Public Health		
ZZ_Z06	Breast screening Percentage	38.50%	Public Health		
SQ_U20 (VSA09)	Breast screening	29.20%	Public Health		
SQ_U21 (VSA10)	Bowel screening Extension	No Actual plans agreed for 12/13. Q4 11/12 Plan 51.30% Actual Q4 7.54%	Public Health		
ZZ_Z07	Bowel screening	Q2 12/13 52.67%	Public Health		
ZZ_Z03	Colonoscopy screening	Q2 12/13 QMS 99%	Public Health		

PH Q3 0 (S Q U1 8, NI 12 3, VS B0 5)	Smoking Quitters	12/13 YTD Plan 1615 Act 1462 (<9.47%)	Public Health	Met with Chair of CCG and CCG Comms to obtain their support to encourage all GPs to own their practice-based targets. Without this "Buy-in" at practice level target will not be met. Stop smoking Advisors' Update planned for end November to motivate and inspire Advisors to be proactive in their approach. Maximise DH national Stoptober campaign (resources sent to all practices).	
tcs 12, tcs 13 (C S6 , 7, 8, 9, NI 15 5, VS B0 9)	Childhood Obesity	11/12 Reported June 13 Plan 20.00% Act 22.19%	Public Health	<p>The definition of this target on childhood obesity is based on coverage. The data reported against the target are prevalence figures.</p> <p>Data for coverage is more controllable as it can be monitored through the school nursing contract for delivery of this programme. Minimum coverage recommended by Health and Social Care Information Centre is 85%. Our current coverage rate is 90% for year 6. If we wish to report this data going forward, the target should be 92% for 13/14.</p> <p>The public health outcomes framework requires reporting on excess weight in children in children aged 4-5 and 10-11, which is prevalence data. Our current prevalence is 22.2. If we are using this to report against the target at 2% change would be 20%, which may be difficult to achieve within a year. The action plan will be addressed through the Bexley partnership obesity action plan.</p>	
tcs 11 (V SB 10)	Individuals who complete immunisation	94.69%	Public Health		

VS B1 4 (P SA 25, NI 14 0)	Number of Drug Users recorded as being in effective treatment	Mar 12/13 Snapshot Act 264 Plan 275 (>4.00%)	Publi c Healt h		
tsc 02	Alcohol Intake	Dec 12 Cumulati ve Plan 225 Act 220 (<2.22%)	Publi c Healt h		

### 3.0 Conclusions

The delivery of these key performance targets remains an important part of delivering improved services to the population of Bexley. Each year the performance challenge increases and local commissioners continue to improve with the increased level of monitoring required.

This report has identified the risks and actions to maintain and improve performance, and this will be underpinned by future performance governance arrangements and performance improvement plan for areas of risk.

### 4.0 Recommendations

Members are asked to:

- Note the targets of the CCG and highlighted as red or amber throughout this paper and the remedial action being taken, which will help to inform the areas that are being addressed and need attention as a CCG.

**Louise Hart**  
PMO Project Support Officer