

# **NHS Wiltshire Clinical Commissioning Group Integrated Performance Report February 2014**

## **Executive Overview**

Notwithstanding some expected spikes in activity resulting in high pressure on the acute hospitals, overall the urgent care system is continuing to manage reasonably well this winter. Despite some terrible weather conditions, which have brought strong wind and rain, with associated flooding, the temperature has remained reasonable mild. The CCG continues to work closely with the South West Ambulance Trust to help them implement their rectification plan to try and drive improved performance, and we anticipate a degree of improvement through to March. During this period, primary care has been operating an enhanced service at weekends, focussed on admission avoidance, and while it remains too early to provide a full assessment, early indications suggest that there is patient benefit being delivered as a result. The Simple Point of Access initiative continues to impress, and to date of 170 referrals, only 28 have resulted in hospital admissions.

Planning activity has taken up a very significant amount of the CCG capacity over this period, with a great deal of work conducted in close partnership with Wiltshire Council in deriving our joint direction of travel. More workshops have been conducted, with the main NHS Providers now fully engaged. First drafts of both the Better Care Fund intentions and the CCG 5 year/2 year plan have been submitted to NHS England for assurance purposes. We will continue to develop and evolve these key documents over the coming weeks, and our wider engagement and consultations programme will shortly be in place. The direction remains fully coherent with the Wiltshire Health and Wellbeing strategy.

Director of Planning, Performance and Corporate Services

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### **Introduction**

The Report is separated into chapters reflecting performance for quality and patient safety, financial management, access to care and project management. Each chapter includes an assessment by the relevant CCG Director to identify key issues and actions.

## Chapter 1: Quality

The key quality indicators to which NHS Wiltshire CCG will be expected to adhere come from Everyone Counts: Planning for Patients 2013/14. The targets split into the following five domains.

- Domain 1 – Preventing people from dying prematurely
- Domain 2 – Enhancing quality of life for people with long term conditions
- Domain 3 – Helping people to recover from episodes of ill health or following injury
- Domain 4 – Ensuring that people have a positive experience of care
- Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm

We are reporting on the CCG Assurance Framework and on selected outcome measures as agreed in our High level strategy to demonstrate progress against our key aims [http://www.wiltshireccg.nhs.uk/wp-content/uploads/2013/03/Part1-High-Level-Strategic-Plan-2012\\_13.pdf](http://www.wiltshireccg.nhs.uk/wp-content/uploads/2013/03/Part1-High-Level-Strategic-Plan-2012_13.pdf).

Director of Quality and Patient Safety's Commentary:

During January 2014 we have been negotiating the quality schedule reporting for 2014/15 with all providers. In 2014/15 we aim to increase reporting, by acute providers, in important areas such as mortality and staffing levels, in line with learning from the Francis report. We will be using the CQC Hospital Intelligence Monitoring report to help reduce duplication in reporting, the next release of data is due on the 17 February 2014.

The December 2013 friends and family data shows our patients are having good experiences of care in our acute providers, however, the participation rate particularly in A&E at Great Western Hospitals NHS Foundation Trust remains low.

On 22 January 2014, NHS Wiltshire CCG issued Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) with a formal Contract Query Notice regarding their performance with Serious Incident Reporting. A particular challenge has been the release by AWP of the documents that would give us, as a CCG, assurance that there has been organisational learning from incidents. This matter is on-going.

## **Purpose**

The Quality and Patient Safety Outcomes section of this report includes highlights from national and local publications and hotspots from our providers raised in the Clinical Quality Review Group meetings (by exception).

Content:

- Section 1: Highlights
- Section 2: Hotspots
- Section 3: Contributors
- Appendix 1: CCG Assurance Framework
- Appendix 2: CQC Wiltshire Area profile
- Appendix 3a: Friends and Family Test results A&E and Inpatient
- Appendix 3b: Friends and Family Test results Maternity
- Appendix 4: Quality Dashboard
- Appendix 5: National Safety Thermometer Chart

## **1.0 Highlights**

This section includes national and local publications of importance and specific actions locally which are nationally led. In this month the areas identified are:

- 1.1. Care Quality Commission (CQC) update
- 1.2. Friends and Family Test

### **1.1 Care Quality Commission (CQC) Update**

NHS Wiltshire CCG continue to work closely with the local CQC inspection team, as a part of this collaboration we met on a bi monthly basis to review potential concerns within services that are register within the locality. Appendix 2 shows data on the 464 CQC active locations in Wiltshire and a summary of the current compliance.

During January 2014 the CQC have also announced a national focus on:

- a programme to understand the experiences of people with dementia, their families and carers and, in particular, experiences of moving between hospitals and care homes;
- a themed programme exploring the care and outcomes for people experiencing a mental health crisis;
- inspecting all GP providers of NHS out-of-hours services in England, using the new approach to inspection.

It is not yet known if providers in Wiltshire will be identified for the inspections. The Royal United Hospital NHS Trust, Bath (RUH) CQC report was published on the 6 February 2014. The CQC standards identified in the Enforcement Notice, and all but one of the compliance actions from the inspection in June

2013, had now been met. The Enforcement Notice has now been lifted. The CQC has identified a number of areas where the Trust needs to improve:

- a) Staffing levels were safe but need to improve in some areas, particularly in the critical care and neonatal units. Incident reporting had improved but information was not shared effectively so that staff could learn from mistakes.
- b) Patients were safeguarded, but more staff need appropriate safeguarding training to protect children, and some staff need a clearer understanding about the rights to independence of patients who are at risk of wandering.
- c) Staff were caring but, at busy times in busy areas such as admission and short stay wards, patients' care needs were not always being met.
- d) Patients still had long waiting times for some planned surgery and outpatient appointments, and there were discharge delays for some patients with complex needs.
- e) The Trust needs to engage with staff in lower pay bands who spend much of their time with patients and in patient areas, such as cleaners, who told the CQC they did not feel valued or listened to.
- f) The Trust was well-led but it needed to further improve how it assessed and monitored its quality and safety procedures. The CQC identified actions for the Trust to take to improve its services.

For further

information: [http://www.cqc.org.uk/sites/default/files/media/reports/20140203\\_cqc\\_royal\\_united\\_bath\\_hospital\\_final.pdf](http://www.cqc.org.uk/sites/default/files/media/reports/20140203_cqc_royal_united_bath_hospital_final.pdf)

### **Actions**

- Follow up CQC actions with RUH
- Support local learning of experience of people with dementia, their families and carers through CQRG with providers.
- Seek assurance from AWP about current outcomes for people experiencing a mental health crisis.
- Southern Health follow up Risk Summit , on 22 March 2014.

## **1.2 Friends and Family Test**

1.2.1 The Friends and Family Test (FFT) has been implemented across all NHS services and is an integral part of Everyone Counts: planning for patients 2014/15 to 2018/19. Since April 2013, the FFT question has been asked in all NHS Inpatient and A&E departments across England and, from October 2013, all providers of NHS funded maternity services have also been asking women the same question at different points throughout their care :

**“How likely are you to recommend our [ward/A&E department/maternity service] to friends and family if they needed similar care or treatment?”**

Answers are on a scale of extremely likely to extremely unlikely.

The NHS Friends and Family Test have already provided local hospitals with feedback and is playing an active role in transforming the services.

Net Promoter Score									
Site Name	May	June	July	Aug	Sept	Oct	Nov	Dec 2013	
Across NHS England	65	65	64	65	65	65	65	64	
Royal United Hospital Bath NHS Trust	71	70	66	68	66	77	78	76	↓
Salisbury NHS Foundation Trust	75	70	73	77	72	74	71	72	↑
Great Western Hospitals NHS Foundation Trust	71	73	64	72	70	78	75	71	↓

Appendix 3 shows the data available to date for local providers for inpatient, A&E and Maternity services.

- 1.2.2 NHS England is committed to introducing the Friends and Family Test to General Practice and community and mental health services by the end of December 2014, and to the rest of NHS funded services by the end of March 2015. For further information: The Friends and Family Feedback tool – <http://nww.ffc.england.nhs.uk/> (developed by the Quality Observatory and no log in details or passwords required).

#### Actions

- Ensure triangulation with Staff Friends and family data that is due to be published in February 2014.
- Support role out to all NHS providers through CQUIN scheme in 2014/15

## 2.0 Hotspots

The quality reports from providers are reviewed at Clinical Quality Review Meetings (CQRM) and form the basis of the hotspots report. This section reports by provider, this information has been taken from the provider Patient Safety and Quality Dashboards.

In addition Appendix 4 gives a summary of the Dashboard and Appendix 5 shows a summary level of the National Safety thermometer dashboard on Harm Free Care for December 2013.

## 2.1 SARUM Locality Group Lead

### Salisbury Foundation Trust

At the CQRM on the 16 January 2013 the November data was reviewed, as below:

Indicator	Target	November 13	YTD	Comments
HSMR	100	112.7	Sept 114	Based on the October data the HSMR is down to 112.7, it was 114 last month.
Fractured Neck of Femur operated on within 36 hours	90%	62%	October 88%	Reported by SFT to be a capacity issue
Mixed Sex accommodation	0	3	6	All breaches have been on Radnor ward
Safety Thermometer		87%		
C.difficile	21	4	13	

### Actions

- There has been an increase in the crude mortality rate in Q3 but a decrease in comparison to Q3 12/13. SHMI has declined to 106 in June 2013 and is as expected. HSMR has declined to 112.7 in October 13 but remains higher than expected. Key actions:
  - I. Implementation of the Sepsis Six campaign.
  - II. Reducing missed doses of medication.
  - III. Reducing patient moves and handoffs and improving early senior review of acutely ill patients 7 days a week.
  - IV. Reducing avoidable admissions from nursing homes.
  - V. Weekly mortality reviews with immediate dissemination of learning points.
- There were three non-clinical same sex accommodation breaches, escalation bed capacity and ward moves remain low. Wilton ward opened as needed for surgical overnight stays
- Safety Thermometer – 87% ‘harm free care’. An increase in patients with a new hospital acquired pressure ulcer. Ongoing cluster reviews.
- Four cases of C difficile. 13 cases at end of Q3 against a year-end target of 21.

## 2.2 West Wiltshire Yatton Keynell Locality Group Lead

### Royal United Hospital

The RUH clinical quality Review meeting was last held on the 24 January 2014 in which the November 2013 data was reviewed, as below:

RUH Indicator	Target	Nov 2013	Summary
CQC enforcement notice			The CQC action remains in place in relation to records. A comprehensive action plan has been completed. The enforcement notice has been lifted.
VTE patients who require prophylaxis are given it	100%	94.9%	This is a further improvement on the previous month's position of 91%; The safety thermometer data for November showed that 23 patients did not receive appropriate VTE prophylaxis across the Trust.
Re admissions	10.5%	12.9%	Work streams identified include: Heart failure pathway (pathway review event held October 2013, review meeting planned for 11 December prior to pilot go-live).
Outpatient wait in weeks average (GP referred) - Surgery	4.7	7.7	
Sepsis - Antibiotics within 1 hour for neutropenic sepsis	90%	56.3%	Nine of the sixteen patients treated within the hour.
Discharge declared by 12.00 midday (adults)	60%	36.5%	Performance against this standard is being monitored via the Urgent Care Board.
Clostridium difficile	29	21	There has been 3 confirmed case of CDI in month taking the year to date position to 21 against and year-end ceiling of 29 cases. Public Trust board paper due January 2014
Hospital acquired pressure ulcers (grade 3&4)		3	



## Actions

- The RUH Readmissions Project Group has now ceased meeting; performance on readmissions is instead being picked up via the Divisional and Speciality Clinical Governance meetings. Work streams identified include:
  - Heart failure pathway (pathway review event held October 2013, review meeting planned for 11 December prior to pilot go-live).
  - Mental Health and Alcohol attendances to ED; from December 2013, monthly MDT meetings will be held to review frequent attenders the effectiveness of their care plans
  - Process for monthly review of readmissions at specialty level piloted in Gastroenterology from October 2013
  - Specialty level review of readmissions being led in Respiratory Consultant
  - Green to go project
  
- The Sepsis Six Performance for November 2013 was 56.3% with nine of the sixteen patients treated within the hour. The CQUIN steering group has approved additional band 6 nurse and band 4 support to facilitate education and training and to embed this as best practice. Additional actions include:
  - ED and Oncology have improved recording of sepsis patient to improve data capture.
  - A 'sepsis cupboard' has been set up in ED to ensure that all appropriate documentation, information and medication is readily available.
  - A meeting was held on the 14th January 2014 to agree the work programme for 2014/15, focussed on education and training for staff at the front door.
  
- Outpatients Performance for November 2013 is reported as 7.7 weeks against the 4.7 week indicator.
  - The majority of the surgical specialties were achieving the target wait, with the exception of ENT and Pain. The Specialty manager for Critical Care and Pain services are working with the lead clinicians and Clinical Commissioners to undertake a service review of the Pain service line. The aim is to agree improved clinical pathways for patients with chronic pain needs within the local community. In the short term a partial booking process will be implemented to reduce the high level of patients who DNA.
  
- Re Discharge declared by 12.00 midday (adults)  
November performance was 35.6% against the quarter 3 indicator of 60% this is deterioration on the previous month. Performance against this standard is being monitored via the Urgent Care Programme Board. The Assistant Directors of Nursing are currently reviewing how the target is monitored, to allow for ward/speciality level performance data. ) December performance shows a further decline to 33.6% against the quarter 3 indicator of 60%. The quarter 4 target is set at 70%, which adds further challenge.

## Avon and Wiltshire Mental Health Partnership

### Headline Issues – Period to end January 2014

AWP Indicator	Target	Period to 26 <sup>th</sup> Nov 2013	Comment
<p>Serious Incidents Requiring Investigation: Without the full root cause analysis reports CCGS are unable to close incidents. The CCG currently have a significant and increasing backlog of cases (i.e. incidents from before April 2013 and 93 post April 2013 are open). Of the 93 open 31 cases are Wiltshire CCG of which 26 are awaiting documentation and are outside the national framework deadline for reporting.</p> <p>Although numerous requests for the RCA have been made to AWP, the documents remaining outstanding. The documents in question relate to the 72 hour report, Executive Summary and Action plan for each of the open Serious Incidents which have gone beyond the standard reporting timeframes. This is potentially a material breach of the quality requirements of the contract.</p>			
DTC	7.5% max	Deteriorated from 12.7% to 13.38% for all Wilts beds and from 20.7% to 22% for older peoples beds	The CCG has completed a review and has identified a complex range of difficulties. The core of the problem is in AWP dementia beds where DToCs represent 35% of capacity. Dementia bed occupancy rates are now routinely in excess of 98% and available capacity is extremely low. Weekly conference calls are in place and strategic improvement plans have been drawn up.
4 Week RTA	0 Breaches	34 breaches year to date	Improvement plan agreed with AWP – being monitored at Performance Meeting.
4 Hr Wait – Emergency Crisis Assessment	95%	95.6%	Performance improved

## Additional Actions

- SIRI documents have been released by AWP; although not yet complete this is progressing.
- Recruitment to the expanded Acute Liaison service has now brought staffing levels to full establishment. The post of Consultant Psychiatrist at SFT has now been filled and the service went fully live in January 2014.
- S136 Place of Safety - protocols and commissioning specs for adults and children have been agreed between AWP, Oxford Health, Wiltshire Police and Social Care. The service went live just before Christmas.

## South West Ambulance Service

SWAS Indicator	Target	December 2013	Comment
Red 1 performance response times	75%	Wilts actual 62.2% 63.7%YTD	<ul style="list-style-type: none"> <li>○ Q4 performance improvements as part of recovery plan beginning to show signs of delivery, although actions are not sustainable into Q1 (increased agency use, cessation of training and appraisals.)</li> <li>○ All main response times for Wiltshire still proving challenging. Ninth consecutive month of underperformance for 13/14 when measured against national performance targets</li> <li>○ Increased confidence in recovery plan for overall performance in Q4</li> </ul>

## Actions

- Clinical managers logged on to response system to improve (local) performance
- Staff appraisals paused
- Staff annual leave buy back scheme implemented
- Mandatory training suspended
- Coding changes for Red 1 implemented (backdated to November 2013) – assurance provided on compliance with DH guidelines

## NHS 111

NHS111 indicator	Target	December 2013	Comment
Calls answered within 60 seconds	95%	96.4%	Performance in December 2013 maintained, despite resource challenges over festive period
% warm transferred calls	98%	67.39%	Warm transfer rate reduced due to implementation of clinical advisers earlier within call cycle to improve ambulance dispatch performance
Ambulance dispatch as a percentage of total	<10%	10.17%	Performance improvement in December, but still a significant number of days where threshold breached. Target percentage based not volume based, which has downstream impact on SWAST performance.

## 2.3 NEW Locality Group Lead

### Great Western Hospital Foundation Trust

Indicator	Target	Nov 13	YTD	Comment
Incidence of Clostridium Difficile	20	2	17	To date, 2 cases of <i>C.diff</i> have been reported during November 2013 (total year to date = 17) both attributable to acute GWH. This does not exceed the Q3 target however, it does exceed the accumulative trajectory of 15 to end of Q3.
% of patients who stay max of 4 hours in A&E ACUTE	>=95%	93.5%	93.1%	In terms of broad category of patient, the majority of the delays are for medical admissions with smaller numbers of non-admitted patients staying over four hours.

Indicator	Target	Nov 13	YTD	Comment
Compliance with CQC regulations combined	100% compliance	no	no	The Trust received an unannounced visit from the CQC during the last week of October 2013 and improvements were required against 3 standards.
Sufficient appointment slots are made available on the Choose and Book system (acute)	<=4%	13.3%	11.2%	A reduction on Octobers' performance of 10.9%.
Blood culture contamination rate Combined	<= 5% by Dec	4.8%	4.4%	An increase on October's 4.6% contamination rate.

## Actions

- **C.diff.** On-going additional actions to reduce incidence of *C.diff.* When to take a stool specimen flow chart evaluated and rolled out Trust wide along with information for clinical staff on what the laboratory will test repeat specimens for
- **Four hour A&E waits.** GWH Urgent Care remains under considerable pressure and has not achieved the 4-hour A&E wait target for some weeks. As Commissioners (working with NHS Swindon CCG & NHS England Area Team) we have set in place daily monitoring & escalation arrangements. Wiltshire Council has increased the number of Social Workers in the Hospital and the number of STARR beds in action at Care Homes. Analysis shows that length of stay has not deteriorated and that numbers of Delayed Transfer of Care have reduced slightly over the winter. We attribute this to a range of headroom investments made in 2013, particularly the multi-disciplinary Discharge, Assessment & Referral Team (DART).
- **CQC** The final CQC inspection report was received on 10<sup>th</sup> December 2013. Compliance actions are identified for Outcomes 8, 13 and 16. The final report has been shared with the Executive Committee and an action plan drafted for final discussion and agreement by the committee on the 23<sup>rd</sup> December 2013. The action plan is due to be submitted to the CQC by 24<sup>th</sup> December 2013.

- **Choose & Book** Ophthalmology and Gastroenterology remain the specialities driving the issue with access to new appointments via Choose and Book. two additional consultants to address the capacity shortfall, and introducing an additional 38 sessions a week to address both this capacity shortfall as well as the Hold File work across new and follow up.
- **Blood culture contamination** This number of blood cultures taken is steadily increasing month on month, which is likely to be a reflection of the sepsis six projects, which encourages early blood culture samples against a set sepsis criteria. A sepsis 6 nurse post is being considered.

### 3.0 Contributors

Thanks are noted to the following colleagues for contributions to this report:

- Information Team NHS Wiltshire CCG
- Commissioning Leads NHS Wiltshire CCG
- Central Southern Commissioning Support Unit

## Chapter 2: Finance

The key indicators for NHS Wiltshire CCG for Financial Management are drawn from the NHS Operating Framework as follows:

- Achievement of a 1% surplus
- Achievement of the CCG Cash limit
- Payment of invoices within 30 days
- Achievement of the Notified Capital Resource Limit

The summary of performance against the CCG Assurance Framework is available at Appendix 1.

Chief Financial Officer's Commentary:

NHS Wiltshire CCG is planning on delivering a surplus of £5.0m against an anticipated resource limit of £519m in 2013/14. At the end of January 2014 the CCG is reporting a year to date surplus of £4.2m which is in line with plan.

To support the delivery of this financial position an in year QIPP programme of £9.3m has been developed with engagement by each group. This is being monitored through the year in partnership with the groups and the project management office to ensure delivery against target and to identify mitigating actions. At the end of month 10 an in year gap of £3m is being forecast against this target due to the timing of initiatives commencing. Other initiatives relating to medicines management and any qualified provider have been identified to mitigate this gap within 2013/14.

Emerging financial pressures within commissioned services will need to be mitigated through a combination of application of contingent reserves, identifying additional QIPP schemes and through a review of planned investment commitments.

Previously reported risks have been reduced with the announcement that the CCG will be receiving its capital grant for 2013/14. The CCG is also utilising the Commissioning Support Unit to review and authorise its non-contract activity which had been affected by the section 251 identifiable data issues. Although the previous risks have been mitigated a new risk has come about from the further resource reductions associated with NHS England. The CCG are being asked to give up an additional £3.6m for specialist commissioning which will have a direct impact on the CCG financial position.

## Wiltshire CCG financial overview 2013/14

NHS Wiltshire CCG has planned to deliver a surplus of £5.0m against an anticipated revenue resource limit of £518.5m. Annex 1 shows the summary income and expenditure position for the year at month 10.

The income and expenditure year to date position at the 31 January 2014 is a surplus of £4.2m. This is in line with the planned surplus position of £5.0m. Table 1 below outlines the summary position at month 10:

Table 1: Summary CCG financial position M10 2013/14

	Year to date / £'m		
	Resources	Expenditure	Variance
Programme	421.85	417.71	-4.14
Running costs	9.64	9.58	-0.06
	<u>431.49</u>	<u>427.29</u>	<u>-4.20</u>

	Forecast outturn / £'m		
	Resources	Expenditure	Variance
Programme	509.61	504.57	-5.04
Running costs	11.66	11.66	0.00
	<u>521.27</u>	<u>516.23</u>	<u>-5.04</u>

The CCG is currently forecasting operating within its cash limit. At month 10 there has been a lower than plan drawdown against the anticipated cash limit, which is in respect to the timing impact of investments such as the uncommitted headroom and the timing of prescribing cash adjustments.

At the end of January 2014 the CCG is showing year to date achievement against its better payment performance target for both NHS and non NHS suppliers, both by value and number of invoices.

The CCG summary statement of financial position, cash position and better payment practice performance can be found in annexes 2, 3 and 4 respectively.

### Resource limit and budget updates

In month 10 the CCG have transacted the validated elements of the specialist commissioning transfers. The outstanding elements will be validated with a view to enacting agreed transfers for month 11. The total adjustment requested is £3.6m of which the CCG has transacted £2.7m in month 10.



Other budgetary updates have been reflected within individual budget lines. Annex 5 shows the movements across budget lines for month 10 which include adjustments in respect to devolving headroom and care co-ordination funding into budgets.

The CCG is still awaiting receipt of £4m of central funding to support its capital grant request for community equipment services. Confirmation has been received from the Area Team that the request has been approved which reduces the level of risk that the CCG has been carrying.

**Wiltshire CCG financial performance by providers**

At the end of month 10 the CCG is forecasting operating within its running cost allowance.

Highlighted below are the key year to date (YTD) and Forecast Outturn (FOT) variances within the CCG programme budgets at an individual commissioned service level at month 10 along with any mitigating actions identified.

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Royal United Hospital NHS Trust	57.95	59.58	1.63	2.00
<p>Year to date over-performance is reported based upon the latest SLAM data (M9) received from the Trust. This is primarily due to an estimated YTD overspend on activity net of QIPP of £1.3m, non-QIPP related areas of £0.33m and a YTD underspend of £0.04m on non-contract elements (Non-obstetric Ultrasounds &amp; service contributions).</p> <p>The full year position assumes that the levels of current activity will continue through until the end of the year. Verification work continues in areas of significant variance, such as the attribution of scan types within Outpatient Procedures, with several areas of challenge (particularly around charges for INNRF Restricted Procedures) still under discussion with the Trust / CSU.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Great Western Hospitals NHS FT	40.25	41.65	1.4	1.67
<p><u>Over-Performance</u></p> <p>Over performance on NEL activity (particularly General Medicine) and Day Cases continues in M10. Further analysis is being undertaken with the GWH Finance &amp; Information Group and Contract Performance meetings.</p> <p>An FOT adjustment of £0.2m is included in the variance due to the Trust under-costing NICE drugs in error.</p> <p><u>Challenges &amp; Fines</u></p> <p>The M10 position continues to include a reduced estimate for challenge and penalty values due to the content of the response to the month 1-6 challenges received from the Trust. Large amounts of the original claim have either been rejected or are still pending validation, therefore the process is ongoing, to be finalised in February.</p> <p><u>CQUIN</u></p> <p>The FOT variance includes an estimation of CQUIN under-achievement for the acute contract of c£0.2m, based on a forecast provided by the CCG Quality Team.</p> <p><u>FOT Variance</u></p> <p>The FOT variance of £1.7m is reported against the adjusted 13/14 plan of £48m and represents a £0.3m increase from the M9 variance. The forecast variance has been revised upwards, primarily due to the NICE drugs correction and continues to include an allowance for 70% QIPP NEL scheme slippage.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Salisbury Hospital NHS FT	71.45	73.65	2.20	2.65
<p>SFT December monitoring continues to show significant over-performance, some of which represents activity which was at one stage thought to be specialist and for which the funding will be added to the CCG contract in January's monitoring, as the Contract Variation is now signed. The position shown here has been adjusted to take this into account, and is consistent with last month's reporting.</p> <p>PbR (payment by results) Non-elective (NEL) over-performance has not increased significantly since last month but has not yet dropped below the seasonally expected trend as might have been hoped for following implementation of a number of schemes aimed at reducing emergency admissions. Non-elective over-performance is in General Surgery, Urology, Gastroenterology, A&amp;E specialty and Cardiology. Overall the number of PbR NEL spells is 5% below plan but the average cost per spell is higher so PbR NEL costs are 2% above plan.</p> <p>The over-performance in PbR Elective admissions has dropped back in December. Overall Elective over-performance is still found mainly in Rheumatology, Urology and General Surgery and Cardiology, some of which seems to be linked to a change in counting (without notice) which is being discussed with the Trust. Gynaecology elective activity is continuing to be lower than plan.</p> <p>A&amp;E attendances year-to-date costs remain higher than anticipated but were a little lower in December. The cost of PbR excluded drugs was £0.1m above trend in December. Adult Critical Care is continuing to run below expected levels. PbR Outpatient attendance costs are above plan in Urology, Cardiology, Dermatology, Plastic Surgery, Paediatrics and Rheumatology and are remaining consistent with earlier in the year. There seems to have been an increase in the number of outpatient procedures reported compared to last year which has had an impact on costs compared to the cost of traditional follow-up attendances.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
North Bristol NHS Trust	4.25	4.17	(0.08)	(0.10)
<p>Year to date under-performance of £0.08m is reported against the NBT contract as at M10. The level of contract under-performance has decreased over the last three months as activity levels in both Trauma and Orthopaedics and Nephrology have significantly increased in contrast to activity elsewhere across the contract which has remained relatively stable.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance £'m
	Resource	Expenditure	Variance	
University Hospitals Bristol NHS FT	3.44	3.62	0.18	0.21
<p>Year to date over-performance of £0.18m is reported against the UHB contract as at M10 following confirmation of the financial impact of the transfer of dental services and specialist services out of the UHB SLA position. Further reconciliation is being undertaken to confirm that the FOT position is now fully representative of CCG commissioned activities.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Royal National Hospitals Rheumatic Diseases NHS FT	3.30	3.44	0.14	0.22
<p>The RNHRD contract continues to display YTD over performance of £0.14m as at M10. This is an improvement on the M9 position as updated FOT projections have been received from the Trust for anti-TNF drugs (-£0.04m) and general contract under performance (-£0.01m).</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Ramsey – New Hall	3.54	3.82	0.28	0.40
<p>New Hall activity is very variable month by month. April and May were busy months and September was significantly above plan. October was much closer to planned levels, and November was £70k above the monthly average up to October, but December was low and the year-to-date total has dropped back again to the earlier trend and the FOT variance has revised to £0.4m.</p> <p>Discussions are continuing to ensure the Provider is fully complying with the Clinical Priorities Policy, and some credits have been retrieved in regards joint injections charged as day cases without prior approval. Over 70% of spend is on Orthopaedics admitted care.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
BMI Hospitals (Bath Clinic & Ridgeway)	2.75	3.90	1.15	1.53
<p>Activity at BMI sites, primarily Ridgeway Hospital continues to far exceed the anticipated levels with referrals significantly up on the same period last year, mostly on orthopaedic and major pain procedures. Elective inpatient activity for T&amp;O procedures at GWH is 17% down over the same period, suggesting that patients are opting to go Ridgeway instead of GWH.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Circle Healthcare	1.58	1.84	0.26	0.31

As at Month 10, the Circle contract has been updated to reflect forecast year end over-performance of £0.31m. Activity to date has seen significant levels of fluctuation, with M1-M3 tracking significantly lower than plan, M4-M6 reverting to budgeted levels, but M7 onwards displaying activity at a level significantly higher than plan. With activity levels continuing to track significantly higher than planned, the FOT has been amended accordingly. Actual usage of this contract will continue to be scrutinised on a monthly basis.

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Wiltshire Community Health Services (GWH Community and maternity)	43.36	42.90	(0.46)	(0.50)

#### Community

The Community block contract is on budget.

#### Maternity

The Maternity contract is under performing by £0.46m YTD, primarily on in-patient birth activity which continues to be lower than anticipated based on 12/13 birth rates. GWH commissioned an external coding audit to check for anomalies regarding birth numbers and no issues were found.

The FOT variance figure includes an estimated full year impact of £82k for the new Maternity

#### CQUIN

The FOT variance includes an estimate for CQUIN under-achievement on the community and maternity contracts of c£138k combined, based on a forecast provided by the CCG Quality Team.

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
South West Ambulance Services NHSFT	13.18	13.40	0.22	0.27

Year to date over-performance of £0.22m is reported against the SWAST Ambulance contract based upon the level of over-performance reported in the period up to the end of December 13 (over-performance charged at 60% marginal rate). The full year position has improved slightly by £0.01m in M10 as December 13 activity was below planned levels and overall contract over-performance for the period May 13 onwards has reduced to 2.6%. The FOT assumes this level of activity will continue through until March 14.

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Avon & Wiltshire Partnership NHS Trust	27.55	27.85	0.30	0.37
Year to date over performance continues to be reported against the non-block elements of the AWP contract (AQP ASD, ADHD Activity & Drugs and Section 12 Doctors) following review of Q3 information from AWP. The outturn position for the AQP Autism Diagnosis contract has increased marginally this month as usage of the contract continues to follow the usage trends previously identified in Q1 & Q2.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Glenside neuro-rehabilitation	0.21	0.54	0.33	0.36
This service is high-cost / low volume and hence subject to random variability year by year due to patient numbers, which are continuing to run at higher levels than expected. There has also been significant uncertainty around defining in practice the boundary between Specialist-responsibility patients and CCG-responsibility patients. Specialist Commissioning are aiming to develop a more consistent approach to tariffs and services over a wider area during the next couple of years, which will have a knock on impact on the CCG in due course.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Out of Hours & NHS 111	6.33	6.84	0.51	0.00
OOH and 111 are reporting a forecast break even position after £208k of headroom funding to support Health care Professionals. The YTD overspend position is due to budget phasing.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Continuing healthcare	15.10	13.58	(1.51)	(1.28)
CHC is reporting a year to date underspend against budget. At the end of January there were 245 CHC patients and the CHC team are anticipating an increase in patient numbers. The current forecast underspend is the minimum underspend expected taking into consideration the risk of increased patient numbers, potential high cost of individual patients and the potential provision for retro 4 patients. The reported position also includes the inclusion of the costs associated with the nurse assessment of retrospective patients. The likely underspend based on current spending levels is expected to be nearer to £1.5m under.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Funded Nursing Care	5.60	4.70	(0.90)	(0.50)
<p>FNC is reporting a year to date and forecast underspend. This is based on spend details provided by the council for council funded placements and CCG direct spend to date. The forecast underspend has been scaled down to reflect the potential impact of retrospective FNC adjustments yet to be assessed and applied to provider payments, both for those patients that we pay for directly and those paid by the council. The actual underspend assuming no retrospective charges is likely to be closer to £0.9m underspent assuming a Wiltshire Council Admin Fee of £0.1m, with the potential for retrospective payment recoveries to increase this underspend further.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
LD placements	1.60	1.80	0.20	0.10
MH placements	3.30	3.50	0.20	0.40
<p>LD and MH Placements are reporting year to date and forecast outturn overspends based on current patients receiving Placement funding.</p> <p>All placements are currently being reviewed as part of the programme of adding placement patients to the Caretrack system for on-going monitoring. This will improve recording of patient numbers and costs and help to improve forecasting. As a result of this a number of MH patients are expected to cease to be the responsibility of the CCG over the next few months, however, the full impact of this will not be reflected within the FOT until certain.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Prescribing	58.60	56.50	(2.10)	(1.50)
<p>Prescribing is reporting a year to date underspend of £2,058k after an £826k favourable movement in the January Prescribing PMD forecast. The February PMD forecast was issued after M10 ledger close and shows an increase in prescribing spend. This new forecast from the PPA is yet to be ratified by the Medicines Management team but would represent a risk to the current £1.5m reported underspend.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Great Western Hospital NHS Foundation Trust (Acute NCAs)	0.46	0.60	0.14	0.18
<p>Unbudgeted Any Qualified Provider (AQP) activity at the Shalbourne Suite at GWH has steadily increased since the facility was made available on Choose &amp; Book, both for inpatient surgical procedures (including knees and spines) and outpatient procedures (for gastroenterology, general surgery, gynaecology and trauma &amp; orthopaedics).</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Patient Transport service	0.91	1.08	0.17	0.13
Following a review of transition costs and potential over-performance against contracted activity levels since the commencement of the Arriva contract (usage estimated to be currently running at 114%), the FOT for PTS contracts has been updated to show non-recurrent over-performance of £0.13m				

## Reserves

At month 10 Wiltshire CCG has reported reserves of £17.7m. These reserves cover the CCG headroom fund, surplus, contingency and other contract developments to be devolved into budgets. These positions are summarised below in table 2 and reflect each reserves commitments.

Table 2: Wiltshire CCG reserves M10

	£'m	Comment
Headroom	8.05	Committed in full to support service redesign across the health system with some funding devolved into budgets
Surplus	5.04	in line with plan requirements
Contingency	2.52	in line with plan requirements and release against programme budgets
Marginal rate reserve	2.22	committed to support actions to impact on the urgent care system
Earmarked reserves	-0.13	commitments to be devolved into contract positions and impact of SCG transfers
	<u>17.70</u>	

## Financial risks

As outlined above, information that has been received by providers requires additional analysis to support financial positions. There is a risk to the CCG that delays in receiving robust information for the new NHS architecture arrangements may mask any underlying activity issues and delay the CCG response to these.



Informatics restrictions in relation to section 251 arrangements have delayed the validation of charges received from out of area providers, referred to as non-contract activity charges. Until this issue is resolved the CCG cannot fully validate the charges received, presenting a potential financial risk to the CCG if actual charges are above budgeted levels.

The CCG has planned to deliver a QIPP programme in 2013/14 which will lead to service redesign savings of £9.3m. Underachievement against this programme will require the application of contingent reserves and a review of additional measures including moving further faster with other QIPP schemes. At the end of month 10 the CCG is forecasting a shortfall against its original identified schemes of £3m owing to the timing of commencement of initiatives. Further opportunities have been identified relating to any qualified providers and medicines management which have mitigated this shortfall in 2013/14.

The CCG have transferred £2.7m in month 10 for specialist commissioning, following validation, to NHS England with the residual element of the £0.9m transfer being proposed to be actioned next month. This resource reduction has been mitigated in year from reserves and slippage on 2013/14 investments, however, the CCG will have to deal with the recurrent impact as part of its QIPP plans for 2014/15.

#### **Annexes**

- Annex 1 summary I&E position
- Annex 2 summary statement of financial position
- Annex 3 cash position
- Annex 4 better payment practice code position
- Annex 5 movement between budgets and resources

## Annex 1 - Summary I&E position at month 10 2013/14

	£'m			£'m	
	Budget	Ytd Actual	Variance	Annual budget	FOT variance
Acute care	208.89	217.03	8.13	250.34	10.11
Exceptions	0.21	0.05	-0.15	0.25	-0.18
Non acute care	106.60	108.98	2.38	127.91	3.36
Other commissioning	21.21	20.28	-0.93	25.45	-0.80
	336.91	346.34	9.43	403.95	12.50
Out of hours	6.47	6.99	0.52	8.42	0.02
Local enhanced services	5.11	5.38	0.27	7.33	-0.20
Prescribing	58.51	56.45	-2.06	69.53	-1.50
	70.10	68.82	-1.28	85.28	-1.68
Running costs	9.64	9.58	-0.06	11.66	-0.03
Headroom	6.60	6.60	0.00	8.05	0.00
Surplus	4.20	0.00	-4.20	5.04	-5.04
Contingency	2.10	0.00	-2.10	2.52	-2.52
Earmarked reserves	1.94	-4.05	-5.99	2.09	-8.26
	14.84	2.55	-12.28	17.70	-15.82
CCG total	431.49	427.29	-4.20	518.58	-5.04

## Annex 2 - Summary Statement of Financial position at month 10 2013/14

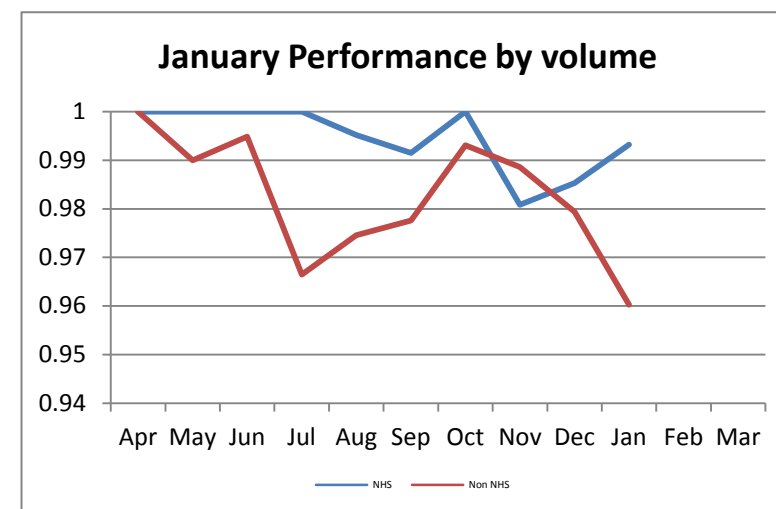
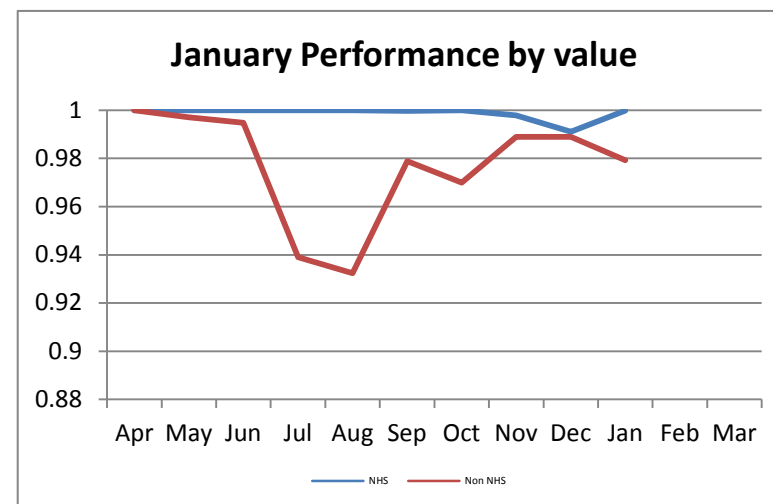
Summary Statement of Financial Position	£'m		
	Opening position at 1st April 2013	Current position at 31st January 2014	Forecast position at 31st March 2014
<b>Non Current Assets:</b>			
Premises, Plant, Fixtures & Fittings			
IM&T		0.18	0.00
Other			
Long-term Receivables			
<b>TOTAL Non Current Assets</b>	<b>0.00</b>	<b>0.18</b>	<b>0.00</b>
<b>Current Assets:</b>			
Inventories			
Trade and Other Receivables		3.78	5.68
Cash and Cash Equivalents		5.79	0.05
<b>TOTAL Current Assets</b>	<b>0.00</b>	<b>9.56</b>	<b>5.73</b>
<b>TOTAL ASSETS</b>	<b>0.00</b>	<b>9.74</b>	<b>5.73</b>
<b>Non Current Liabilities:</b>			
Long-term payables			
Provisions			
Borrowings			
<b>TOTAL Non Current Liabilities</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Current Liabilities:</b>			
Trade and Other Payables		33.37	10.76
Other Liabilities			
Provisions			
Borrowings			
<b>Total Current Liabilities</b>	<b>0.00</b>	<b>33.37</b>	<b>10.76</b>
<b>TOTAL LIABILITIES</b>	<b>0.00</b>	<b>33.37</b>	<b>10.76</b>
<b>ASSETS LESS LIABILITIES (Total Assets Employed)</b>	<b>0.00</b>	<b>-23.63</b>	<b>-5.04</b>
<b>Financed by taxpayers' equity:</b>			
General fund		23.63	5.04
Revaluation reserve			
Other reserves			
<b>Total taxpayers' equity:</b>	<b>0.00</b>	<b>23.63</b>	<b>5.04</b>

### Annex 3 – Cash position at month 10 2013/14

	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m		518.58
Assumed revenue cash limit / £'m		502.65
Cash drawn down / £'m	365.32	454.92
Cash top sliced for prescribing and home oxygen / £'m	37.97	47.73
Effective total cash drawn down / £'m	403.29	502.65
Cash drawn down as % of total	80.2%	100%
Expected cash draw down as %	83.3%	100%
Cash utilised / £'m	397.49	502.60
Balance in account / £'m	5.80	0.05
Balance in account as % of total cash limit	1.15%	0.01%

## Annex 4 – Better payment practice code position at month 10 2013/14

	Performance vs 30 days BPP			
	In Month		YTD	
	Nos.	£'m	Nos.	£'m
<b>NHS</b>				
Total bills paid	292	28.87	1,992	268.98
Total bills paid within time	290	28.87	1,974	268.64
% of bills paid within target	99.3%	100.0%	99.1%	99.8%
<b>Non-NHS</b>				
Total bills paid	780	5.25	6,133	50.29
Total bills paid within time	749	5.14	6,002	48.99
% of bills paid within target	96.0%	97.9%	97.9%	97.4%
<b>ALL</b>				
Total bills paid	1,072	34.13	8,125	319.27
Total bills paid within time	1,039	34.02	7,976	317.63
% of bills paid within target	96.9%	99.7%	98.2%	99.5%



## Annex 5 – movements between budgets and resources

	Annual budget at M9	£'m Annual budget at M10	Movement	Comment
Acute care	249.63	250.34	0.70	Devolvement of headroom funding
Exceptions	0.25	0.25	0.00	
Non acute care	125.66	127.91	2.26	Devolvement of headroom funding and care co-ordination funding
Other commissioning	25.14	25.45	0.31	
	400.68	403.95	3.27	
Out of hours	7.98	8.42	0.44	Inclusion of headroom funding for HCP and SPA
Local enhanced services	7.33	7.33	0.00	
Prescribing	69.53	69.53	0.00	
	84.84	85.28	0.44	
Running costs	11.66	11.66	0.00	
Uncommitted headroom	10.07	8.05	-2.02	Devolvement of headroom vs commissioned services
Surplus	5.04	5.04	0.00	
Contingency	2.52	2.52	0.00	
Earmarked reserves	6.46	2.09	-4.37	Inclusion of SCG transfer and devolvement of care co-ordination funding
	24.09	17.70	-6.39	
CCG total	521.27	518.58	-2.68	

## Chapter 3: Access

NHS Wiltshire CCG has identified three local priorities and associated targets to be monitored by NHS England. These priorities are:

- Impact of Care Co-ordination – number of non-elective spells avoided
- Delivery of Primary Care Dementia Service – number of primary care dementia diagnosis
- Decrease in average length of stay for non-elective admission patients – average length of stay

Chief Financial Officer's Commentary:

Overall, performance against the NHS constitution targets and those generated by the Outcomes Framework remain generally good. Notwithstanding some unfortunate severe weather events, the average temperature has been relatively mild, which combined with the additional investment the CCG has made into the urgent care system this winter appears to be having a positive effect. But as expected there have been some instances on increased pressure on A&E departments which have unfortunately generated instances of breaches of targets. The CCG continues to work closely with all providers in order to manage this situation. Ambulance response times remain an area of concern and we are fully engaged with SWAST in order to help with the implementation of their rectification plan.

The CCG Assurance Framework information is detailed at Appendix 1.

### **NHS Constitution**

In December 2013, one patient waited longer than 52 weeks for treatment. This continues the reducing trend.

Both RUH and GWH breached the A&E four hour wait target. See also Chapter 1, section 2.3 of this report.

SWAS continue to breach national ambulance response time standards with a fall in performance against all targets from November 2013. Handover delays between the Ambulance Service and GWH continue to be a problem with data showing the second highest monthly number of breaches for the year. See also Chapter 1, section 2.2 of this report.

Mixed sex accommodation breaches occurred in both RUH and SFT during December 2013.

### **NHS Outcomes Framework**

Many of the data items included in the CCG Assurance Framework are only available on an annual basis. The Assurance Framework report, attached at Appendix 1, focuses on available data.

CCG local priority iii regarding the reduction in occupied bed days continues to be hampered by length of stay increases.

### **2013/14 Activity Plan Monitoring**

Activity continues to be reported as significantly higher than plan.

### **Provider Service Level Agreement Monitoring**

The SLAM reports have identified that the number of elective spells in RUH is lower than plan whilst outpatient attendances is above plan. This may demonstrate a transfer of care from day cases to an outpatient setting.



## Chapter 4: Project Management

NHS Wiltshire CCG has identified initiatives in the CCG Operating Plan. The initiatives have been developed into projects by the CCG Locality Groups who are responsible for the delivery of target outputs.

The Programme Management Office (PMO) tracks progress of delivery through meetings with project managers and escalates any concerns through the project governance structure which includes the Project Governance Group, the Clinical Executive meeting and the Governing Body.

All new initiatives will require agreement on clear outputs that must be delivered in order that progress can be monitored and successful delivery evidenced.

Director of Planning, Performance and Corporate Services' Commentary:

The development of project plans to support our key priority areas moving forward continues to evolve. Very significant staff effort has been expended over the last month working on the developing CCG 2yr and 5yr plan, as well as the Better Care Fund. This has necessitated something of a pause in the detailed work on project workbooks and the like, as capacity has been consumed.

We have started to discuss with our partners in Wiltshire Council how best to apply project methodology to monitor the delivery of the objectives in the Better Care Fund and anticipate that this will go well.

In order to help with our own staff development and grow our capability, PWC have agreed to conduct a couple of days teach-in with project managers to hone our ability to set and monitor KPIs.

## 1.0 Update on the Project Register

Annex 6 shows the Project Register. This has been updated using the status reports produced by the Group Directors for the weekly Executive Management Team (EMT) meeting. The information is taken from status reports submitted for the EMT on 10 February 2013.

The CCG Groups are heavily involved in the production of information to meet the timetable for submission of the 5 year strategic plan and detailed 2 year operational Plan. As a result of the tight timescales set for the production of this important documentation and the effort involved across the CCG, Programme Governance Group did not meet as scheduled on 5 February 2014.

Building on the list of projects identified at the last Integrated Performance Report the following workbooks have been received for review:

PMO-14-035	CTP	Rheumatology	Shelley Watson
PMO-14-036	WWYKD	Practice In Reach	Victoria Stanley

The following projects have been added to the Project Register and workbooks are expected:

NEW	Help to Live at Home Brokerage Support – (Headroom bid)	James Slater
NEW	Continence Service Redesign	Angela Billington

There are also projects that Sarum Locality Group are developing in conjunction with Salisbury NHS Foundation Trust utilising the additional funding made available by the Department of Health to alleviate winter pressures.

## **Care co-ordination – PMO-13-001**

It has been previously reported that a report describing the outputs of an initial evaluation meeting is expected. The project team have developed a report which captures the actions required to address issues raised and this is awaiting sign off before distribution.

The intention to revise the KPIs associated with this project remains and the project team is working to develop a model for reporting which balances quantitative data and narrative from which the benefits of this investment can be determined. This will involve many stakeholders including the provider and GP practices and will be dependent on the work to finalise the Information Governance arrangements.

### **2.0 QIPP confidence level**

The CCG is continuing to forecast its surplus position which is inclusive of the delivery of the £9.3m QIPP challenge.

The locality groups continue to work to identify QIPP opportunities that will deliver improvements in services to patients and efficiencies.

### **3.0 PMO Developments**

Equality and Diversity champions are placed in each Group and are enabling the production of Equality Impact Analysis documents by project managers. These documents guide managers in how the services that they design need to be tailored to meet the relevant population. Progress is shown on the Project register at Annex 6.

### **4.0 Planning for 2014/15 – progressing the agenda**

Directors are involved in the set-up of the arrangements that will ensure that clinical leadership steers the projects that form part of the agreed programme areas for 2014/15.

A list of emerging projects is being produced which will enable the CCG to deliver its QIPP targets for 2014/15. It is intended that the delivery of QIPP can be attributed to programme area as part of the Integrated Performance reports produced in 2014/15.

Alongside the projects that the CCG will deliver in 2014/15, there will be other areas of work. A work-plan which will occupy the capacity of the organisation and its resources is in production for 2014/15. This will include work that will not necessarily deliver QIPP but may involve changes to services. The work-plan will also include work which is best termed as business as usual.

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 10 February 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
<b>JOINT PROJECTS</b>										
Long Term Condition Pathways - Diabetes (Ted Wilson)	PMO-13-001	Multiple	Care coordinators implementation (in parallel with/linked to risk stratification tool implementation)	Ted Wilson	Simon Burrell	Neal Goodwin Louise Sturgess, Jill Whittington, Shelley Watson				24/12/2013 The EIA has been signed off by Group Director
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)		Multiple	Review of CCG Service Restriction/Prior Approval Review of CCG Exception Policy	Mark Harris	Elizabeth Stanger	Mark Harris				
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-024	Multiple	Healthcare professional line with WMS - £208k investment	Jo Cullen		Patrick Mulcahy				Workbook requires attention - QIA, KPIs, Risks - acknowledged work in progress 24/12/2013 Project in delivery. KPI's are not required as this is a contract variation. There is a quarterly report from the provider which provides data two months in arrears. Performance management meetings take place. The QIA and EIA will be drafted for 31/12/2013
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-14-033	Multiple	SPA/Rapid Response	Ted Wilson		Carl Hughes				24/12/2013 Project is in delivery and reporting against KPI's commenced November 2013. EIA to be developed by Martin Body.
<b>CORPORATE PROJECTS</b>										
TBC		Quality	Learning Disability Review	Jacqui Chidgey-Clark	Dina Lewis					Headroom funding to be agreed followed by submission of project workbook which defines scope and output of projects 10/02/2014 PGG to approve the removal of this project from the register as this is business as usual
<b>INDIVIDUAL GROUP PROJECTS</b>										
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-014	NEW	Integrated CQUIN (5a&5b) with GWH NEL - £891,000	Ted Wilson	Anna Collings/Nick Brown	James Slater/Emma Smith				Unclear what actions from GWH are in place to deliver results. 24/12/2013 Project Light Workbook no Milestones. Project in delivery and reporting against KPI's commenced April 2013

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 10 February 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
TBC	PMO-13-005	NEW	Dementia SLA	Ted Wilson	Celia Grummitt	Louise Cox/ Susan Dark				<b>06/01/14</b> Project in Delivery KPIs being reported
TBC	PMO-13-029	NEW	Older People's Mental Health and Dementia Service Redesign	Ted Wilson	Celia Grummitt	Susan Dark				<b>06/01/14</b> Project in development, delivery anticipated Aug/Sep 14 (however this does depend on outcome of consultation etc.)
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-013	NEW	Virtual review clinics - conversion of outpatient attendances to telephone contact or letters	Ted Wilson	Simon Burrell	James Slater				NB. This project is included in one workbook called Elective QIPP. Query over the suitability of this project workbook which combines many schemes that GWH are required to deliver. Unclear what actions from GWH are in place to deliver results. <b>06/01/14</b> Project in Delivery KPIs being reported
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-012	NEW	Surgical assessment unit - GWH patient pathway redesign pilot	Ted Wilson	Simon Burrell	James Slater				<b>24/12/2013</b> Project Light Workbook no Milestones. Project in delivery and reporting against KPI's commenced April 2013 Awaiting EIA from GWH before completing EIA for Project
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-013	NEW	Shift from Day Case to procedures in Out Patients - agreement of a local reduced day case tariff for QZ14B vascular access except for Renal Replacement Therapy with CC	Ted Wilson	Simon Burrell	James Slater				As above 013
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-013	NEW	Cataracts - Benchmarking against independent providers	Ted Wilson	John Pettitt	James Slater				As above 013
Long Term Condition Pathways - Diabetes (Ted Wilson)	PMO-13-013	NEW	Intermediate Feet - HG32A - HG33G	Ted Wilson	John Pettitt	James Slater				As above 013
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-013	NEW	Pre-Op weight management - extension to hips and knees	Ted Wilson	John Pettitt	James Slater				As above 013

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 10 February 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-013	NEW	Spinal - change in consultants	Ted Wilson	Jonathan Rayner	James Slater				As above 013
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-011	NEW	Orthopaedic Pre Referral Primary Care Clinics	Ted Wilson						Previously know as Orthpaedic Outreach Clinics
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)		NEW	Opthamology Pre Referral Primary Care Clinics Headroom Investment £102k							<b>13/01/2014</b> Workbook not expected until Jan 14. Previously known as Opthamology Outpatient Clinics contains Headroom Bid previously referred to as Opthamology In Reach Community Clinics.
TBC	PMO-13-008	NEW	24 Hour ECG							<b>06/01/2014</b> Project in implementation. Delivery from mid Jan 14 with KPIs reported for Jan in March 14.
	PMO-13-030	NEW	Community Maternity Services Retender	Ted Wilson		Jo Whitford				<b>24/12/2013</b> In delivery JW to meet with JS to update Milestones and Risk Register. Project Board require quorate meeting ahead of B&NES Gov Body on 08/01/14 and Wiltshire Gov Body 14/01/14. SB on sabbatical so need another clinical lead. JCC has agreed that a QIA is not required for this project.
Optimising the existing community teams (Ted Wilson)		NEW	Continance Service Re-design	Ted Wilson		Angela Billington				
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		NEW	Primary care support for urgent care system - Roaming GP - £150k investment							

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 10 February 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		NEW	Community Consultant Geriatrician post - £54k investment							
Long Term Condition Pathways - Diabetes (Ted Wilson)		NEW	Long-term Condition Pathway Redesign for COPD - Specialist Respiratory Assessment Service - £13k investment							
TBC		NEW	Expansion of the Trauma Coordinator role - £64k investment							
TBC		NEW	Improving Catheter community and acute pathways							
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)		NEW	Ophthalmology in-reach community clinics - £102k investment							<b>13/01/2014</b> This project is now combined with Ophthalmology Pre Referral Primary Care Clinics. The workbook is expected in January 14.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		NEW	Minor Injury Unit PACS data link with GWH - £5k investment							
Early Supported Discharge (Ted Wilson)		NEW	GWH Acute Discharge DART - £400k investment							
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		NEW	Surgical Assessment Unit (GWH) - £49k investment							See PMO-13-012 Surgical Assessment Unit. This is additional funding from the headroom bids.

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 10 February 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)		NEW	7 day working with Diagnostics (Pharmacy, Phlebotomy, Physiotherapy) - £169k investment							
Early Supported Discharge (Ted Wilson)		NEW	Community Discharge Team - £287k investment							
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		NEW	Escalation Beds - £566k investment							
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		NEW	Weekend Support for Clinical Teams - £20k investment							
Rapid Response (Jo Cullen)		NEW	Night Time Rapid Response - £267k investment							
Rapid Response (Jo Cullen)		NEW	Daytime Rapid response service - £186k investment							
Long Term Condition Pathways - Diabetes (Ted Wilson)		NEW	Extension of oxygen pilot - £37k investment	Ted Wilson		Neal Goodwin				Project in Development. Evaluation to be undertaken in Feb/March 2014. Consideration by NEW Executive in march for recurrent funding
Optimising the existing community teams (Ted Wilson)		NEW	Community IT (EPRS - year 1 costs, 40% of total) - £431k investment	Ted Wilson	Simon Burrell	James Slater				Project in Development. Negotiations with GWH to be finalised in the New Year. Paper to Governing Body in January to agree funding.



# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 10 February 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
Optimising the existing community teams (Ted Wilson)		NEW	H2LAH Brokerage Support Headroom Bid	Ted Wilson		James Slater	Yellow			
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)		Sarum	Referral Information System Development	Mark Harris	Toby Davies	Mark Harris				MH advises that this project is awaiting external Business Case before development of project workbook.
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-021	Sarum	Chronic pain (IncBack Pain)	Mark Harris	Chet Sheth	Garry Money	Green	Green	Yellow	<b>24/12/2013</b> This project is in Implementation and date for reporting against KPI's is January 2014
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-002	Sarum	Trauma and Orthopaedics	Mark Harris	Chet Sheth	Beatrix Maynard	Green		Green	<b>24/12/2013</b> This project is in delivery and reporting against KPI's commenced April 2013. MH advised that a QIA was not required on project initiation. EIA has been drafted and is with MH for sign off.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-015	Sarum	Care Home LES	Mark Harris	Elizabeth Stanger	Louise Sturgess	Green	Green	Green	<b>24/12/2013</b> This project is in delivery and reporting against KPI's commenced April 2013. The QIA was not completed on initiation of project but is being reviewed now.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-007	Sarum	Salisbury Walk In Centre/A&E Redesign	Mark Harris	Celia Grummitt	Jill Whittington	Green	Green	Green	<b>24/12/2013</b> Currently in feasibility stage. Next step will be planning workshop in January with key stakeholders. First milestone will be business case for sign off
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-003	Sarum	Managing GP Referrals	Mark Harris		Louise Sturgess	Green	Green	Red	<b>24/12/2013</b> This project is in delivery and reporting against KPI's commenced April 2013. A QIA has not been completed as this was the advice on project initiation. An EIA has been drafted and is awaiting sign off by MH

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 10 February 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
TBC	PMO-13-016	Sarum	SFT IBD Nurse - £31k investment	Mark Harris		Garry Money				<b>24/12/2013</b> Project is in development. Target date for implementation is February 2014 and predicted date of reporting against KPI's is August 2014
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		Sarum	Expanding emergency workforce - £103k investment	Mark Harris		Jill Whittington				
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-019	Sarum	Electronic Clinic Letters - £36k investment	Mark Harris		Garry Money				<b>24/12/2013</b> Project is in development and target date for implementation is February 2014. The date for implementation is being checked as the Project Manager recruitment activity was unsuccessful.
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-020	Sarum	Electronic discharge summaries - £141k investment	Mark Harris		Garry Money				<b>24/12/2013</b> This project is in development. Target date for implementation is April 2014 and reporting against KPI's is estimated at June 2014
TBC	PMO-13-031	Sarum	Winter Patient Transport Services Salisbury - £40k investment	Mark Harris		Garry Money				PMO Initial review undertaken. Work required to tighten administration. Unable to RAG <b>24/12/2013</b> Project is in delivery and reporting against KPI's is expected in January 2014. The EIA has been completed but is awaiting sign off by MH
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-018	Sarum	Additional Winter Weekend Primary Care Cover - £150k investment	Mark Harris	Naz Komal	Beatrix Maynard				<b>24/12/2013</b> Project is in delivery and reporting against KPI's will commence March 2014
		Sarum	Additional MAU/ED Staff	Mark Harris						
		Sarum	Delayed Transfer of Care Beds	Mark Harris						
		Sarum	Winter Monies - RACE Unit	Mark Harris						
		Sarum	Winter Monies - 7 Day Working	Mark Harris						
		Sarum	Winter Monies - Patient Flow	Mark Harris						

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 10 February 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-028	WWYKD	Consultant to consultant referrals review	Jo Cullen	Lucy Pearson	Jo Cullen/Victoria Stanley				<p><b>24/12/2013</b> Negotiations with the RUH are on going. Minor amendments have been made to the proposals that were agreed by the RUH and Andy Jennings is to share with B&amp;NES CCG before further discussions with RUH take place.</p>
TBC	PMO-13-026	WWYKD	Care homes project	Jo Cullen	Lucy Pearson/Martin Foley	Andy Jennings/Jo Whitford				
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-032	WWYKD	MIU review (priority 1)	Jo Cullen	Helen Osborn	Jo Cullen/Jenny Bennis/Victoria Stanley				<p><b>24/12/2013</b> This project is in development. KPI's have been developed but there is no data available yet. It is hoped that a pilot project will be ready for February/March 2014. <b>17/01/2014</b> WWYKD recommendation is that MIU Review is not a project in 13/14 but will go forward under the priority programme of Urgent Care into 14/15.</p>
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		WWYKD	A&E front door (priority 1) aka RUH Emergency Care Project	Jo Cullen	Lucy Pearson/Martin Foley	Jo Cullen/Victoria Stanley				<p><b>17/01/2014</b> WWYKD recommendation is that A &amp; E Front Door at RUH is not a project under PMO as is based on a signed off business case with B&amp;NES and Wiltshire Governing Bodies and is being monitored through the Bath UCWG and funded through NEL threshold. Again this will go forward under the priority programme of Urgent Care into 14/15</p>
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		WWYKD	Increased Use of Community Geriatrician	Jo Cullen		Jo Whitford				<p><b>17/01/2014</b> WWYKD recommendation is that Increased Geriatrician is not a separate project as Community Transformation is writing a service specification for this and so under the Community Transformation/Optimising Community Teams going forward.</p>
TBC	PMO-13-022	WWYKD	Headroom Project Pharmacy Support to Care Homes - £16k investment	Jo Cullen		Nadine Fox/Meds Man/Penny Lightowler				<p><b>07/01/2014</b> Project delivery commenced September 13 and will go through to March 14. KPI's are now being finalised which will allow sign off of the workbook <b>17/01/2014</b> WWYKD recommendation is that Pharmacy Support to Care Homes are no longer funded from headroom but from Meds Management budget and this should be seen as business as usual Meds Management work/monitoring around savings and patients. WWYKD recommends that the Care Homes work is picked up as part of the Group SLAs to ensure monitoring is shown through that route.</p>

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 10 February 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
TBC	PMO-13-023	WWYKD	Headroom Project Pharmacy Support for Patients at Home - £16k investment	Jo Cullen		Nadine Fox/Meds Man/Penny Lightowler				<p><b>07/01/2014</b> Project is in development. Scope of project is to be redefined and is currently delayed due to the maternity leave of the pharmacist. It is proposed that scope will be completed by end January allowing workbook and KPI's to be signed off.</p> <p><b>17/01/2014</b> WWYKD recommendation is that Pharmacy Support to Patients at Home are no longer funded from headroom but from Meds Management budget and this should be seen as business as usual Meds Management work/monitoring around savings and patients.</p>
Early Supported Discharge (Ted Wilson)	PMO-14-036	WWYKD	Practice in Reach and Discharge Support - £213k investment	Jo Cullen	Helen Osborn	Nadine Fox/Meds Man/Penny Lightowler				<p><b>10/02/2014</b> Project Workbook number issued 10/02/2014..</p>
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		WWYKD	Practice managed step up care home beds - £208k investment	Jo Cullen	Helen Osborn	Nadine Fox/Meds Man/Penny Lightowler				
TBC	PMO-13-027	WWYKD	PSV's to facilitate targeted HCP appointments and next day HCP admissions - £80k investment	Jo Cullen		Patrick Mulcahy				<p><b>24/12/2013</b> Project is in delivery. KPI's have been agreed and some data is being received now.</p>
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-025	WWYKD	Primary Care Winter Pressures	Jo Cullen		Patrick Mulcahy				<p><b>24/12/2013</b> This project is in delivery but there is a 80/20 split of participating practices. A template has been developed for practices to record activity for the KPI's and there will be a post March 2014 evaluation and report. The QIA is being developed and will be drafted by 31/12/2013.</p>
	PMO-14-034	WWYKD	Community Oxygen Assessment Pilot	Jo Cullen		Penny Lightowler				<p><b>07/01/2014</b> Project in delivery commenced 06/01/2014. The project workbook is currently in the GWH format. The required detail will be transferred into the CCG project workbook, completion estimated by w/e 17 January 2014.</p>
	PMO-14-035	CTP	Rheumatology	Lynn Talbot		Shelley Watson				<p><b>10/02/2014</b> Project Workbook number issued 07/02/2014..</p>
<b>Community Transformation - Pre project register</b>										
PPP1	PPP1	CTP	CTP Phase 2 - Building Community Capacity			Martin Body				Proposal sign off date 17/12/13. Date Put back from 11/11/13
PPP2	PPP2	CTP	CTP Phase 2 - Appropriate Place of Care (beds)			Martin Body				Proposal sign off date 31/12/13. Date Put back from 27/11/13
PPP3	PPP3	CTP	CTP Phase 2 - Diagnostics			Martin Body				Proposal sign off date 31/12/13. Date Put back from 27/11/13
PPP4	PPP4	CTP	CTP Phase 2 - Single Assessment Framework/Care Plan			Shelley Watson				

2013/14 Month 9 year-to-date SLAM Reports

		A&E Attendances			
		Plan	Actual	Variance	
SFT	Activity	21,791	22,363	572	3%
	Cost	£2,465,499	£2,566,574	£101,076	4%
	Unit cost	£113	£115	£2	1%
RUH	Activity	16,607	16,080	(527)	(3%)
	Cost	£1,848,642	£1,910,711	£62,069	3%
	Unit cost	£111	£119	£8	7%
GWH	Activity	12,534	13,342	808	6%
	Cost	£1,333,981	£1,398,437	£64,456	5%
	Unit cost	£106	£105	(£2)	(2%)

		Outpatient Attendances			
		Plan	Actual	Variance	
SFT	Activity	92,635	92,836	201	0%
	Cost	£11,610,019	£11,779,798	£169,779	1%
	Unit cost	£125	£127	£2	1%
RUH	Activity	92,760	98,977	6,217	7%
	Cost	£10,582,087	£11,202,041	£619,954	6%
	Unit cost	£114	£113	(£1)	(1%)
GWH	Activity	67,196	73,901	6,705	10%
	Cost	£7,673,756	£8,268,997	£595,240	8%
	Unit cost	£114	£112	(£2)	(2%)

		Other			
		Plan	Actual	Variance	
SFT	Cost	£14,738,548	£16,060,755	£1,322,207	9%
RUH	Cost	£6,659,708	£7,089,037	£429,329	6%
GWH	Cost	£5,049,055	£5,632,292	£583,237	12%

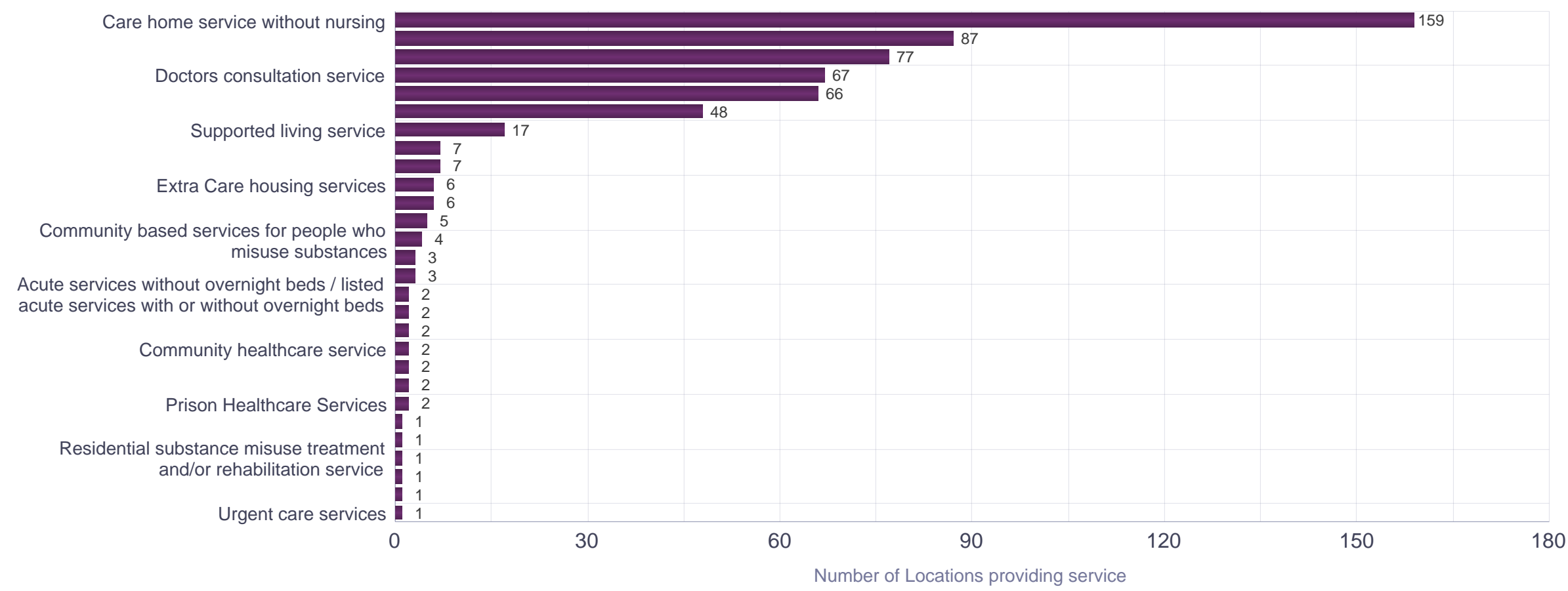
		Elective Spells			
		Plan	Actual	Variance	
SFT	Activity	12,003	13,015	1012	8%
	Cost	£15,818,489	£16,191,102	£372,613	2%
	Unit cost	£1,318	£1,244	(£74)	(6%)
RUH	Activity	10,426	10,191	(235)	(2%)
	Cost	£11,494,243	£11,760,311	£266,068	2%
	Unit cost	£1,102	£1,154	£52	5%
GWH	Activity	7,630	7,078	(552)	(7%)
	Cost	£9,601,356	£9,163,247	(£438,110)	(5%)
	Unit cost	£1,258	£1,295	£36	3%

		Non-Elective Spells			
		Plan	Actual	Variance	
SFT	Activity	10,032	9,548	(484)	(5%)
	Cost	£19,975,563	£20,425,388	£449,825	2%
	Unit cost	£1,991	£2,139	£148	7%
RUH	Activity	18,339	16,796	(1,543)	(8%)
	Cost	£21,486,331	£21,937,942	£451,610	2%
	Unit cost	£1,172	£1,306	£135	11%
GWH	Activity	7,345	7,580	235	3%
	Cost	£12,410,867	£13,383,106	£972,239	8%
	Unit cost	£1,690	£1,766	£76	4%

		Total			
		Plan	Actual	Variance	
SFT	Cost	£64,608,118	£67,023,618	£2,415,501	4%
RUH	Cost	£52,071,012	£53,900,042	£1,829,030	4%
GWH	Cost	£36,069,016	£37,846,079	£1,777,063	5%

## Active Locations in Wiltshire providing the following services

NB: Locations can provide more than one type of service  
Date run: 30/01/2014



Number of Locations  
**464**

## Care Homes with Nursing in Wiltshire

Date run: 30/01/2014

Number of Locations

**48**

Total number of beds

**2,433**

## Care Homes without Nursing in Wiltshire

NB: Care Homes can register both with and without nursing. Those have been classified only as a Care home with Nursing in this section of the report

Number of Locations

**159**

Total number of beds

**2,498**

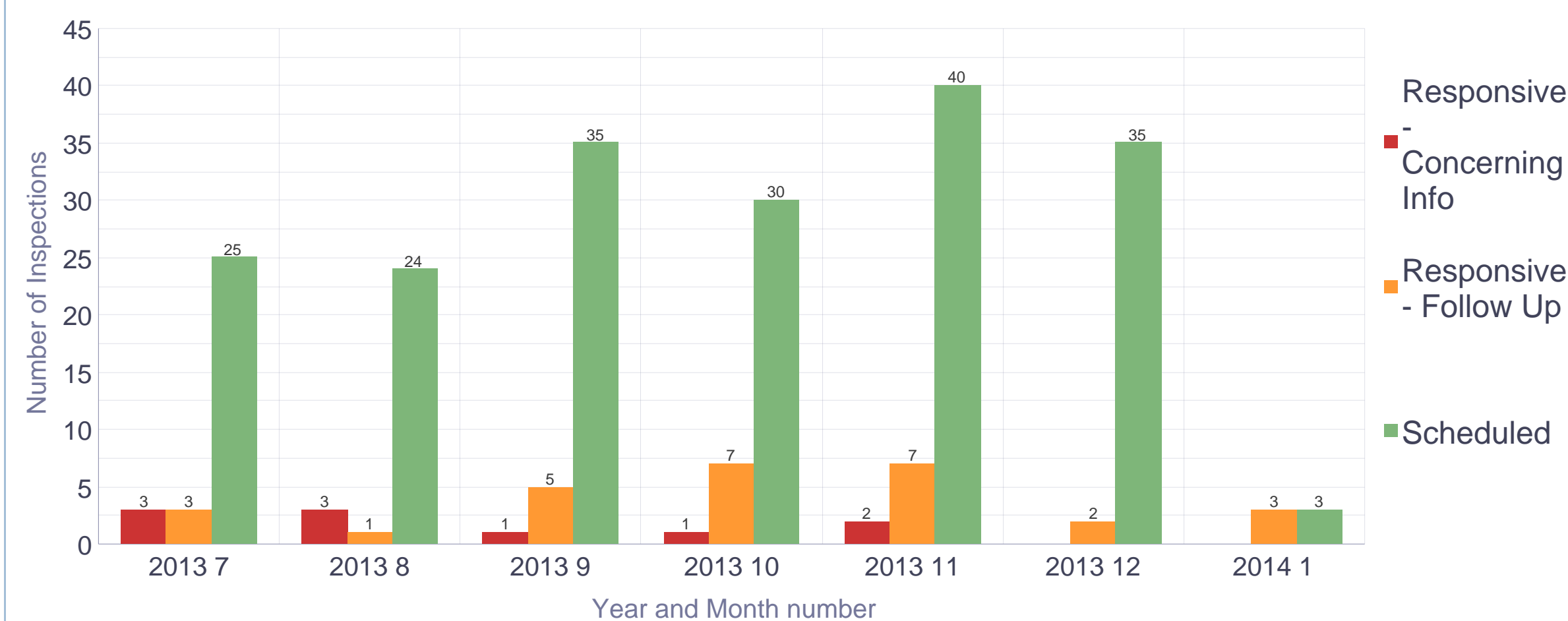
## Inactive (All Column Values) Services in Wiltshire

The number of (All Column Values) services that have become Inactive, by year. NB: A location often offers more than one service so the Grand Total will often be lower than the total number of services provided

Location Service Type Description	2011	2012	2013	2014	# Locations ceasing to provide service
Acute services with overnight beds	5				5
Acute services without overnight beds / listed acute services with or without overnight beds		1			1
Ambulance service		1	4		5
Care home service with nursing	3	2	4		9
Care home service without nursing	8	13	7		28
Community based services for people who misuse substances			1		1
Community based services for people with a learning disability	1				1
Community health care services - Nurses Agency only	1				1
Community healthcare service	4	3	5		12
Dental service	8	11	11	1	31
Diagnostic and/or screening service		1			1
Doctors consultation service			3		3
Doctors treatment service			3		3
Domiciliary care service	8	17	12	2	39
Extra Care housing services		1	1		2
Hospital services for people with mental health needs, learning disabilities and problems with substance misuse			1		1
Mobile doctors service			1		1
Prison Healthcare Services	1	1			2
Rehabilitation services	1	1			2
Remote clinical advice service		1			1
Shared Lives	1				1
Supported living service	2	4	5	1	12
Urgent care services	1	1			2
<b>Grand Total</b>	<b>35</b>	<b>48</b>	<b>47</b>	<b>3</b>	<b>133</b>

## Number of published inspections over the last six months, by inspection type and inspection month

NB: there is a timelag of a number of weeks between an inspection and the report being published so previous months' figures may not yet be complete

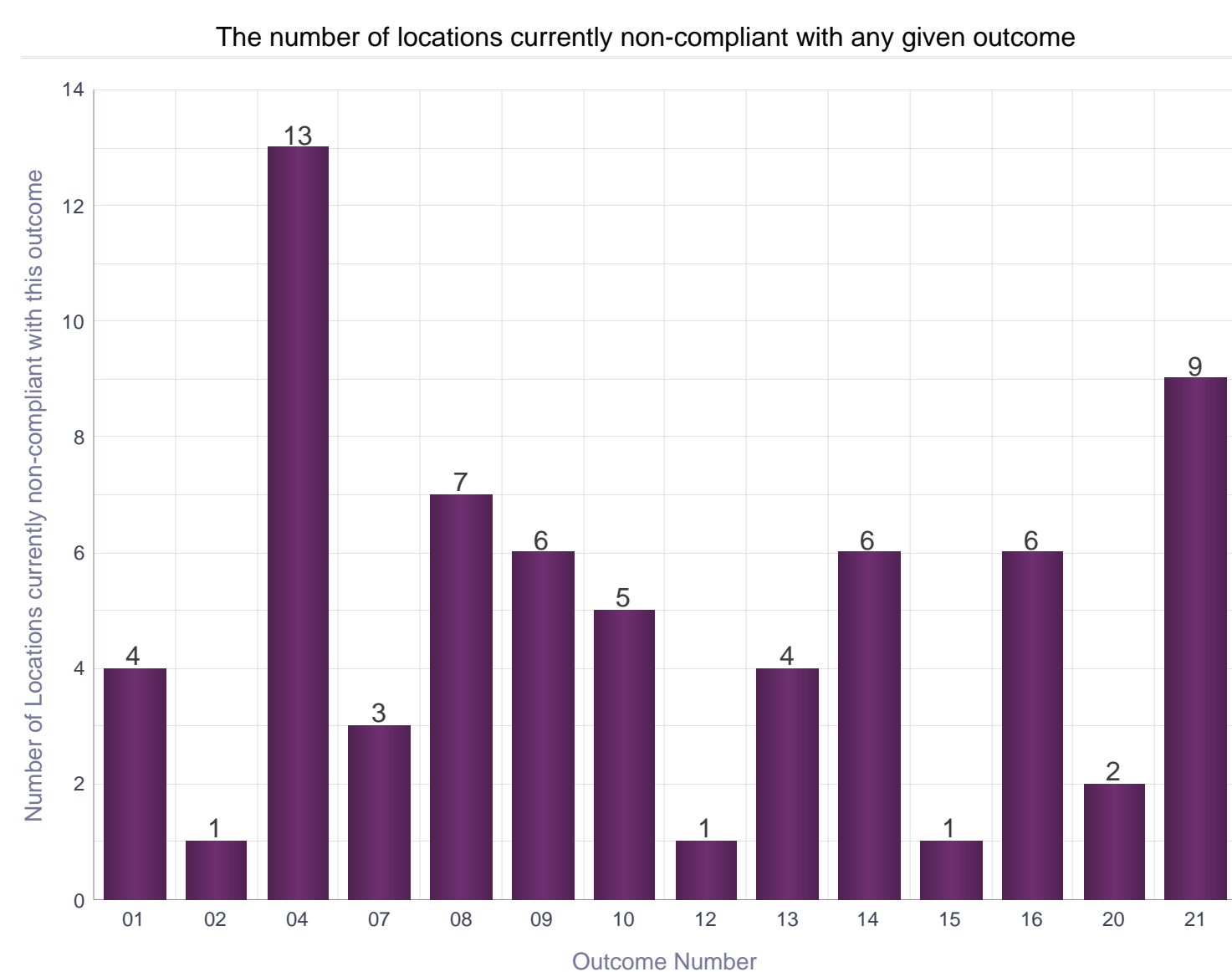




## All current (All Column Values) non-compliance, by outcome, in Wiltshire

NB. Some outcomes are routinely inspected more often than others, according to sector and risk

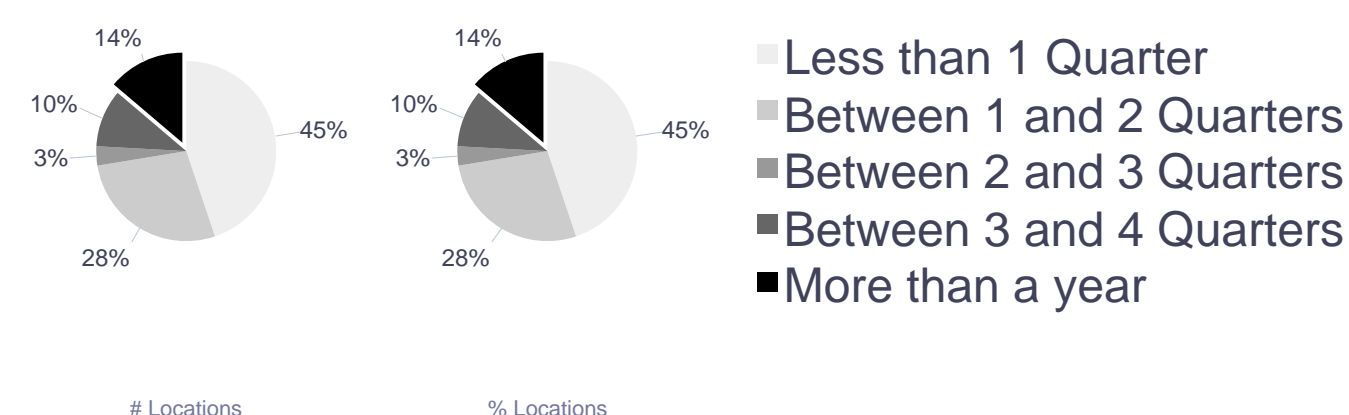
Outcome Number	Outcome Name	Number of Locations
01	Respecting and involving people who use services	4
02	Consent to care and treatment	1
04	Care and welfare of people who use services	13
07	Safeguarding people who use services from abuse	3
08	Cleanliness and infection control	7
09	Management of medicines	6
10	Safety and suitability of premises	5
12	Requirements relating to workers	1
13	Staffing	4
14	Supporting workers	6
15	Statement of purpose	1
16	Assessing and monitoring the quality of service provision	6
20	Notification of other incidents	2
21	Records	9



## The length of time (in calendar quarters) that (All Column Values) location(s) have been non-compliant in the Wiltshire area

A location is only compliant when every outcome that has ever been inspected under the HSCA is currently judged to be compliant (no Regulatory Action has been identified)

Time Non-Compliant	# Locations	% Locations
Less than 1 Quarter	13	44.8%
Between 1 and 2 Quarters	8	27.6%
Between 2 and 3 Quarters	1	3.4%
Between 3 and 4 Quarters	3	10.3%
More than a year	4	13.8%
<b>Grand Total</b>	<b>29</b>	<b>100.0%</b>



## (All Column Values) Locations in Wiltshire that have returned to Compliance in the last three months

This means that, at the date of printing, they are compliant with all outcomes that have been inspected

Date run: 30/01/2014

Location City	Provider Name	Location Name	Location Postal Code	Date Location returned to Compliance
Bradford On Avon	Abicare Services Limited	Abicare Services Limited - Bradford-on-Avon	BA15 1EG	05 December 2013
Chippenham	Avery Homes Chippenham Limited	Cepen Lodge	SN14 6UZ	01 January 2014
Chippenham	Wiltshire Council	Derriads	SN14 0QL	18 December 2013
Chippenham	Wiltshire Council	Meadow Lodge	SN15 3PE	17 December 2013
Corsham	Orders of St John Care Trust	OSJCT Hungerford House	SN13 9DR	08 November 2013
Pewsey	Mrs Jane Abbott	Heads Meadow	SN9 5BL	15 November 2013
Pewsey	Mrs Jane Abbott	Renwick	SN9 5JE	16 November 2013
Salisbury	Ability Associates Limited	Dalwood FarmHouse	SP3 5EY	25 January 2014
Salisbury	B M Care Limited	Albany House - Tisbury	SP3 6JP	22 January 2014
Salisbury	Bupa Care Homes (CFC Homes) Limited	Harnham Croft Nursing Home	SP2 8JN	11 January 2014
Salisbury	Mrs Eileen O'Connor-Marsh	Tower House Residential Home	SP1 1JT	17 January 2014
Salisbury	Salisbury NHS Foundation Trust	Salisbury District Hospital	SP2 8BJ	08 November 2013
Salisbury	Spire Homecare Limited	Spire Homecare Limited - Unit F Stanley CT	SP2 7GH	16 November 2013
Shrewton, Salisbury	Collingwood Medical Services	Collingwood Medical Services	SP3 4JP	02 November 2013
Swindon	Tinkers Lane Surgery	Tinkers Lane Surgery	SN4 7AT	11 January 2014
Trowbridge	Firlawn Nursing Home Limited	Firlawn Nursing Home	BA14 6QH	26 November 2013
Trowbridge	The Cottage Dental Care	The Cottage Dental Care	BA14 8DE	15 November 2013
Trowbridge	Widbrook Medical Practice	Widbrook Medical Practice	BA14 9EN	29 January 2014

## Currently non-compliant (All Column Values) locations in Wiltshire and their Inspection history

This list displays any Active locations who are not currently fully compliant with all outcomes for which they have been inspected. It also lists a history of their inspections, marking with an 'X' which outcomes were inspected.

Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	Outcomes Inspected																			
					01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	20	21	24	
Adiemus Care Limited	Ravenscroft	07-August-2013	Responsive - Follow Up	Compliant		X					X					X		X						
				Non Compliant			X												X					
		13-April-2013	Scheduled	Compliant	X		X	X										X						
				Non Compliant						X				X										
		17-April-2012	Responsive - Concerning Info	Compliant	X		X			X						X		X						
Aldbourn Nursing Home Limited	Aldbourn Nursing Home	20-December-2013	Responsive - Follow Up	Compliant										X					X					
				Non Compliant			X																	
		02-August-2013	Scheduled	Compliant		X					X				X			X						
				Non Compliant			X							X					X					
		11-October-2012	Scheduled	Compliant	X		X	X		X						X		X						
		05-September-2011	Scheduled	Compliant	X		X			X						X		X						
Ashgables House Limited	The Gables	10-August-2013	Scheduled	Compliant			X							X				X						
				Non Compliant							X	X	X					X						
		14-December-2012	Responsive - Follow Up	Compliant									X					X						
				Non Compliant										X										
		21-September-2012	Scheduled	Compliant	X		X			X						X								
				Non Compliant									X					X						
		06-May-2011	Scheduled	Compliant	X	X	X	X	X		X	X	X	X	X	X	X	X	X					
				Non Compliant						X														
Avon and Wiltshire Mental Health Partnership NHS Trust	Trust Headquarters	14-December-2013	Scheduled	Compliant	X		X		X							X		X						
				Non Compliant	X													X						
		21-August-2013	Scheduled	Compliant	X														X					
				Non Compliant			X								X									
		02-August-2012	Scheduled	Compliant						X														
				Non Compliant	X		X								X			X						
Avonpark Village (Care Homes) Limited	Fountain Place Nursing Home	04-October-2013	Responsive - Concerning Info	Non Compliant	X		X			X						X								
				Compliant	X		X	X						X				X						
		22-May-2013	Scheduled	Compliant	X		X	X											X					
			04-January-2012	Scheduled	Compliant	X		X			X					X		X						
	Hillcrest House Care Home	19-October-2013	Responsive - Concerning Info	Compliant									X											
				Non Compliant	X		X			X														
		24-April-2013	Responsive - Follow Up	Compliant		X	X									X		X						
				Non Compliant																				
13-November-2012		Responsive - Follow Up	Compliant				X			X														
		Non Compliant		X	X										X									
		16-February-2012	Scheduled	Compliant	X		X			X								X						
				Non Compliant											X									
Complete Care Services Wiltshire Limited	Complete Care Services Wiltshire Limited	08-October-2013	Scheduled	Compliant	X					X				X										
				Non Compliant			X											X						
		29-January-2013	Scheduled	Compliant	X		X			X						X		X						
				Non Compliant	X		X				X								X					
		17-January-2012	Responsive - Concerning Info	Compliant						X					X			X	X					
				Non Compliant	X		X											X						
		08-June-2011	Scheduled	Compliant	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
				Non Compliant							X													
Dr. Peter James	Sarum Dental Practice	03-January-2014	Scheduled	Compliant	X		X			X								X						
				Non Compliant								X												
Exalon Care Limited	The Willows	23-January-2014	Scheduled	Compliant		X	X								X				X					
				Non Compliant							X		X											
		28-March-2013	Scheduled	Compliant	X		X	X		X				X		X		X						
		28-March-2012	Scheduled	Compliant	X		X			X						X		X	X					
Gospel Standard Bethesda Fund	Studley Bethesda Home	18-December-2013	Scheduled	Compliant	X				X					X				X						
				Non Compliant									X											
		18-October-2012	Scheduled	Compliant	X	X	X			X						X				X				
		15-March-2011	Scheduled	Compliant	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
HC-One Limited	Merlin Court	31-December-2013	Responsive - Concerning Info	Compliant							X													
				Non Compliant			X								X	X								
		01-June-2013	Responsive - Follow Up	Compliant		X	X	X							X	X				X				
				Non Compliant			X	X												X				
		21-March-2013	Scheduled	Compliant	X					X				X	X		X							
				Non Compliant			X	X																
		19-December-2011	Scheduled	Compliant	X		X			X					X		X		X					
				Non Compliant																				
Innovations Wiltshire Limited	Innovations Wiltshire Limited - 10 The Crescent	04-January-2014	Scheduled	Compliant	X			X		X						X								





Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	Outcomes Inspected																							
					01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	20	21	24					
Parkcare Homes (No 2) Limited	82 Park Street	05-November-2013	Scheduled	Compliant																								
		16-April-2013	Scheduled	Compliant		X	X					X				X								X				
Roseville Care Homes (Melksham) Limited	The Old Parsonage	24-October-2013	Responsive - Follow Up	Compliant			X				X	X																
				Non Compliant																			X					
		27-September-2013	Scheduled	Compliant	X			X							X			X										
				Non Compliant			X				X																	
		12-December-2012	Scheduled	Compliant	X	X																		X				
				Non Compliant			X				X	X			X				X									
		07-February-2012	Responsive - Concerning Info	Non Compliant			X																	X				
Scope	Shapland Close	04-August-2011	Responsive - Follow Up	Compliant		X	X	X		X		X	X										X					
				Non Compliant																			X					
		28-April-2011	Scheduled	Compliant	X				X		X		X	X	X	X		X	X				X					
				Non Compliant		X	X	X		X		X	X											X				
Southern Health NHS Foundation Trust	Postern House	16-January-2014	Scheduled	Compliant	X					X						X		X										
				Non Compliant			X				X																	
		22-March-2013	Scheduled	Compliant	X		X					X			X					X								
		04-October-2011	Responsive - Follow Up	Compliant			X				X	X		X			X				X		X					
The Firs Care Home (Calne) Limited	The Firs Care Home	18-April-2011	Scheduled	Compliant	X	X		X	X	X		X	X		X	X	X		X	X			X					
				Non Compliant			X				X			X										X				
Tranquility Care Limited	Tranquility Care Limited - 26-28 Ladyfield Road	12-November-2013	Scheduled	Compliant	X		X								X	X												
				Non Compliant								X																
White Horse Care Trust	Whistley Dene	16-January-2013	Scheduled	Compliant	X		X			X				X	X	X												
				Non Compliant		X																						
		01-November-2013	Scheduled	Compliant			X	X				X			X								X					
				Non Compliant	X																							
		01-May-2013	Scheduled	Compliant			X			X	X				X					X								
		20-September-2011	Scheduled	Compliant	X		X			X					X					X								

## BGSW Area Team Friends and Family Test Briefing (A&E and Inpatient Data): December 2013 Data (published on 30 January 2014)

The FFT data can be viewed by clicking on the following link:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>.

It can also be viewed on the NHS Choices website – [www.nhs.uk](http://www.nhs.uk).

In order for the data to be statistically valid, a response rate of 15% needs to be met. Therefore, response rates below 15% are shown in **red** and response rates above 15% are shown in **green**. Data for five months has been shown in addition to the Quarter 1 and Quarter 2 data. The arrows on the right hand side show the movement of response rates and the FFT scores between November and December and also between Quarter 2 and Quarter 3.

### 1. Overview

	A&E Response Rate		A&E FFT Score		Inpatient Response Rate		Inpatient FFT Score		Combined Response Rate		Combined FFT Score	
	Nov	Dec	Nov	Dec	Nov	Dec	Nov	Dec	Nov	Dec	Nov	Dec
Across NHS England	15.2%	15.3%	56	56	31.3%	28.8%	73	72	20.9%	19.9%	65	64
Across BGSW	12.9%	14.0%	70	70	31.6%	32.8%	77	74	Data not available			

### 2. BGSW Area Team Data – Response Rates

Table 2a: Combined Response Rates

Site Name	Monthly Data							Quarterly Data			
	Aug	Sep	Oct	Nov	Dec	Quarter 1		Quarter 2	Quarter 3		
Royal United Hospital Bath NHS Trust	24.7%	16.8%	25.5%	23.9%	21.4%		22.6%	23.1%	23.6%		
Salisbury NHS Foundation Trust	30.0%	27.6%	24.8%	32.7%	28.8%		15.0%	24.3%	28.7%		
Great Western Hospitals NHS Foundation Trust	10.7%	6.2%	10.6%	11.3%	11.8%		8.7%	14.6%	11.3%		

**Table 2b: A&E Response Rates**

Site Name	Monthly Data						Quarterly Data			
	Aug	Sep	Oct	Nov	Dec		Quarter 1	Quarter 2	Quarter 3	
Royal United Hospital Bath NHS Trust	17.3%	8.6%	14.9%	15.3%	10.7%	↓	16.5%	13.9%	13.6%	↓
Salisbury NHS Foundation Trust	21.1%	17.7%	15.3%	20.2%	16.3%	↓	6.3%	14.3%	17.3%	↑
Great Western Hospitals NHS Foundation Trust	5.0%	1.1%	1.9%	5.9%	4.8%	↓	1.8%	4.3%	4.1%	↓

**Table 2c: Inpatient Response Rates**

Site Name	Monthly Data						Quarterly Data			
	Aug	Sep	Oct	Nov	Dec		Quarter 1	Quarter 2	Quarter 3	
Royal United Hospital Bath NHS Trust	41.0%	35.2%	48.7%	41.7%	44.9%	↑	36.3%	43.2%	45.1%	↑
Salisbury NHS Foundation Trust	47.1%	45.5%	42.8%	54.9%	51.0%	↓	32.1%	43.7%	49.5%	↑
Great Western Hospitals NHS Foundation Trust	23.0%	16.9%	26.5%	20.4%	24.1%	↑	23.4%	19.1%	23.7%	↑

**3. BGSW Area Team Data – FFT Scores****Table 3a: Combined FFT Score**

Site Name	May	June	July	August	September	October	November	December	
Royal United Hospital Bath NHS Trust	71	70	66	68	66	77	78	76	↓
Salisbury NHS Foundation Trust	75	70	73	77	72	74	71	72	↑
Great Western Hospitals NHS Foundation Trust	71	73	64	72	70	78	75	71	↓

**Table 3b: A&E FFT Score**

Site Name	May	June	July	August	September	October	November	December	
Royal United Hospital Bath NHS Trust	74	73	69	72	64	82	82	79	↓
Salisbury NHS Foundation Trust	58	55	70	72	65	69	66	64	↓
Great Western Hospitals NHS Foundation Trust	0	65	63	61	52	63	69	71	↑

**Table 3c: Inpatient FFT Score**

Site Name	May	June	July	August	September	October	November	December	
Royal United Hospital Bath NHS Trust	68	68	66	63	68	74	76	73	↓
Salisbury NHS Foundation Trust	80	75	74	81	77	78	75	76	↑
Great Western Hospitals NHS Foundation Trust	71	76	73	76	72	80	78	71	↓

## October, November & December 2013 Data

Please note that currently Great Western Hospitals NHS Foundation Trust are currently contracted to provide the maternity services for Royal United Hospital Bath NHS Trust.

Women across all four stages of the maternity pathway (Antenatal, Labour Ward/Birthing Unit/Homebirth Service, Postnatal Ward and Postnatal Community Service) will be surveyed. There are two Friends and Family Test reviews being undertaken. The first was undertaken by the Cabinet Office and the results from that review are not being published and the second review is being undertaken by NHS England and the results will be fed into the revised guidance that is due to be published in the Spring. There are concerns over the methodology of the maternity pathway given that there are four stages to it. Generally there seems to be lower response rates for the Antenatal and Postnatal Community Service stages.

In order for the data to be statistically valid, a response rate of 15% needs to be met. Therefore, response rates below 10% are shown in **red**, response rates between 10% and 15% are shown in **orange** and response rates above 15% are shown in **green**.

### 1. Overview

Site Name	Antenatal		Labour Ward/Birthing Unit/Homebirth		Postnatal Ward		Postnatal Community Service	
	December		December		December		December	
	Rate	FFT Score	Rate	FFT Score	Rate	FFT Score	Rate	FFT Score
Across England	10.5%	63	19.1%	75	20.7%	66	9.8%	74
Across BGSW	2.7%	68	14.3%	92	10.2%	88	2.7%	94

### 2. BGSW Area Team Data – Provider Level

Table 1a: Response Rates

Site Name	Antenatal			Labour Ward/Birthing Unit/Homebirth			Postnatal Ward			Postnatal Community Service		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
Great Western Hospitals NHS Foundation Trust	0.3%	0.0%	0.0%	10.6%	8.7%	9.4%	13.4%	12.6%	6.9%	2.0%	0.0%	0.0%
Salisbury NHS Foundation Trust	9.6%	13.0%	6.2%	42.6%	18.2%	14.6%	55.3%	36.2%	26.3%	9.2%	14.8%	6.1%



**Table 1b: FFT Score**

Site Name	Antenatal			Labour Ward/Birthing Unit/Homebirth			Postnatal Ward			Postnatal Community Service		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
Great Western Hospitals NHS Foundation Trust	100	N/a	N/a	94	94	93	73	86	84	100	N/a	N/a
Salisbury NHS Foundation Trust	79	96	50	86	91	100	81	83	91	88	89	100

## 2. Salisbury NHS Foundation Trust – Response Rates and FFT Score

**Table 2a: Response Rates**

Site Name	Antenatal			Labour Ward/Birthing Unit/Homebirth			Postnatal Ward			Postnatal Community Service		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
Salisbury District Hospital	No data	No data	6.2%	42.6%	17.9%	14.7%	55.3%	36.2%	26.3%	No data	No data	No data
Non-hospital Site	9.6%	13.0%	No data	No data	50.0%	14.3%	No data	No data	No data	9.2%	14.8%	6.1%

**Table 2b: FFT Score**

Site Name	Antenatal			Labour Ward/Birthing Unit/Homebirth			Postnatal Ward			Postnatal Community Service		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
Salisbury District Hospital	No data	No data	50	86	91	100	81	83	91	No data	No data	No data
Non-hospital Site	79	96	No data	No data	100	100	No data	No data	No data	88	89	100

## 3. Great Western Hospitals NHS Foundation Trust – Response Rates and FFT Score

**Table 3a: Response Rates**

Site Name	Antenatal			Labour Ward/Birthing Unit/Homebirth			Postnatal Ward			Postnatal Community Service		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
The Great Western Hospital	No data	0.0%	0.0%	11.2%	14.0%	11.4%	15.6%	15.1%	8.4%	No data	No data	No data
Chippenham Community Hospital	0.0%	0.0%	0.0%	44.4%	18.2%	83.3%	0.0%	0.0%	0.0%	No data	No data	No data
Trowbridge Community Hospital	0.0%	0.0%	0.0%	4.2%	0.0%	26.1%	0.0%	30.3%	29.6%	No data	No data	No data
Princess Anne Wing RUH	1.7%	0.0%	0.0%	5.1%	2.1%	1.6%	13.5%	6.4%	3.7%	No data	No data	No data
Frome Community Hospital	0.0%	0.0%	0.0%	93.8%	0.0%	26.7%	3.1%	0.0%	0.0%	No data	No data	No data
Paulton Memorial Hospital	0.0%	0.0%	0.0%	10.0%	26.7%	0.0%	18.2%	62.5%	17.6%	No data	No data	No data
Shepton Mallet Community Hospital	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No data	No data	No data

Non-hospital site	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No data	No data	No data	2.0%	0.0%	0.0%
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**Table 3b: FFT Score**

Site Name	Antenatal			Labour Ward/Birthing Unit/Homebirth			Postnatal Ward			Postnatal Community Service		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
The Great Western Hospital	No data	N/a	N/a	93	96	93	80	91	87	No data	No data	No data
Chippenham Community Hospital	N/a	N/a	N/a	100	75	87	N/a	N/a	N/a	No data	No data	No data
Trowbridge Community Hospital	N/a	N/a	N/a	100	N/a	100	N/a	90	75	No data	No data	No data
Princess Anne Wing RUH	100	N/a	N/a	100	100	100	63	63	80	No data	No data	No data
Frome Community Hospital	N/a	N/a	N/a	87	N/a	100	100	N/a	N/a	No data	No data	No data
Paulton Memorial Hospital	N/a	N/a	N/a	100	75	N/a	100	100	100	No data	No data	No data
Shepton Mallet Community Hospital	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	No data	No data	No data
Non-hospital site	N/a	N/a	N/a	N/a	N/a	N/a	No data	No data	No data	100	N/a	N/a

Sub domain	Reference	Short Description	Target	Performance				Trend	Direction to improve	Supporting Narrative		
				In period	Direction	Year to date	Year end forecast					
	Quality 4 SFT	Hospital Standardised Mortality Rate (HSMR) within agreed range (SFT) (Monthly figures)		71	G	↓ Sep	71	G	71		↑	HSMR monthly figures shown on Doc Fos.
	Quality 4 GWH	Hospital Standardised Mortality Rate (HSMR) within agreed range (GWH) (Monthly figures)		106	G	↑ Sep	106	G	106		↑	HSMR monthly figures shown on Doc Fos.
	Quality 6 RUH	Hospital Standardised Mortality Rate (HSMR) within agreed range - 12 month rolling (RUH).		94	G	↓ Nov	0	G			↑	The HSMR 12 month rolling figures from Doc Foster show GWH to be in the expected range.
	Quality 6 SFT	Hospital Standardised Mortality Rate (HSMR) within agreed range - 12 month rolling (SFT)		111	R	↓ Nov	0	G			↑	The HSMR 12 month rolling figures show from Doc Foster show SFT to be above the expected range.
	Quality 6 GWH	Hospital Standardised Mortality Rate (HSMR) within agreed range - 12 month rolling (GWH)		101	G	↓ Nov	0	G			↑	The HSMR 12 month rolling figures from Doc Foster show GWH to be in the expected range.
	Quality 1 RUH	Summary Hospital-level Mortality Indicator (SHMI) (RUH)	0	0	G	—	0	G			↓	This information is from Dr Foster. Latest available data is SHMI data from July 2012 to June 2013. The RUH, GWH and SFT are all within the expected range. SFT have improved since April 2012 - March 2013 when they were above the expected range.
	Quality 1 SFT i	Summary Hospital-level Mortality Indicator (SHMI) (SFT)	0	0	G	—	0	G			↓	
	Quality 1 SFT ii	Summary Hospital-level Mortality Indicator (SHMI) (SFT) Accounting for palliative care	0	0	G	—	0	G			↓	
	Quality 1 GWH	Summary Hospital-level Mortality Indicator (SHMI) (GWH)	0	0	G	—	0	G	0		↓	
	Quality 8 RUH	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (RUH)	0.0	5.6		↑ Aug	5.6		5.6		↓	There is a 6 monthly National Reporting and Learning System (NRLS) report and this is the latest available data from October 2012 to March 2013. The RUH are low reporters and this is being performance monitored through the Clinical Outcomes and Quality Review Group where the RUH are showing the actions they are taking to improve reporting.
	Quality 8 SFT	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (SFT)		7.4		↓ Aug	7.4		7.4		↓	
	Quality 8 GWH	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (GWH)		7.6		↑ Aug	7.6		7.6		↓	
	5a RUH	Patient safety incidents reported (RUH)		1860		↑ May	1860		1860		↑	
	5a SFT	Patient safety incidents reported (SFT)		2033		↓ May	2033		2033		↑	
	5a GWH	Patient safety incidents reported (GWH)		3234		↑ May	3234		3234		↑	



Quality 3 RUH	Number of Serious Incidents requiring investigation (RUH)		5		↑ Dec	21		28		↓	All serious incidents are monitored by CCG Serious Incident Committee where root cause analysis reports are reviewed to ensure that lessons have been learned from incidents and actions have been taken to mitigate against further reoccurrences.
Quality 3 SFT	Number of Serious Incidents requiring investigation (SFT)		1		↓ Dec	10		13		↓	
Quality 3 GWH	Number of Serious Incidents requiring investigation (GWH Maternity & Community)		2		↓ Dec	24		32		↓	
Quality 2 RUH	Number of Never Events (RUH)		0	G	↔ Dec	0	G			↓	There have been no never events with the RUH

Quality 2 SFT	Number of Never Events (SFT)		0	G	↔ Dec	0	G		↓	There have been no never events with SFT
Quality 2 GWH	Number of Never Events (GWH Maternity & Community)		0	G	↔ Dec	1	R		↓	This was a Maternity Unit Never Event in April 2013. There have been none reported in December 2013, however, a second maternity Never Event was reported in February 2014
Quality 9 RUH	Number of acquired pressure ulcers: Grades 3 & 4 (RUH)		0	G	↓ Dec	11		15	↓	This shows the number of Grade 3 and 4 Pressure Ulcers reported in Nov 13
Quality 9 SFT	Number of acquired pressure ulcers: Grades 3 & 4 (SFT)		0	G	↔ Dec	4		5	↓	This shows the number of Grade 3 and 4 Pressure Ulcers reported in Nov 13
Quality 9 GWH	Number of acquired pressure ulcers: Grades 3 & 4 (GWH Maternity & Community)		2		↓ Dec	20		27	↓	This shows the number of Grade 3 and 4 Pressure Ulcers reported in Nov 13
CB_A15	Healthcare acquired infection (HCAI) measure (MRSA)	0	0	G	↓ Dec	6	R	8	↓	
CB_A15 RUH	Healthcare acquired infection (HCAI) measure (MRSA) (RUH)	0	0	G	↔ Dec	0	G	0	↓	
CB_A15 SFT	Healthcare acquired infection (HCAI) measure (MRSA) (SFT)	0	0	G	↓ Dec	2	R	3	↓	
CB_A15 GWH	Healthcare acquired infection (HCAI) measure (MRSA) (GWH)	0	0	G	↔ Dec	4	R	5	↓	
CB_A16	Healthcare acquired infection (HCAI) measure (c. difficile)	11	6	G	↓ Dec	106	R	141	↓	The year end target for the CCG is 127
CB_A16 RUH	Healthcare acquired infection (HCAI) measure (c. difficile) (RUH)	3	1	G	↓ Dec	28	R	37	↓	4 of these cases have been removed from the local trajectory as agreed by the lead commissioners. The year end target for the RUH is 29.
CB_A16 SFT	Healthcare acquired infection (HCAI) measure (c. difficile) (SFT)	3	0	G	↓ Dec	13	G	17	↓	The year end target for SFT is 21.
CB_A16 GWH	Healthcare acquired infection (HCAI) measure (c. difficile) (GWH)	2	2	G	↔ Dec	18	R	24	↓	The year end target for GWH is 20
Quality 5 RUH	Number of complaints (RUH)		34		↓ Nov	296		444	↓	34 formal complaints were received in November 2013. This is a slight decrease from October 2013
Quality 5 SFT	Number of complaints (SFT)		0		↓ Jul	92		276	↓	This is the number of complaints reported in Q2. Q3 data currently not available
Quality 5 GWH	Number of complaints (GWH)		163		↑ Nov	873		1310	↓	This is the total number of Stage 1, 2 & 3 complaints reported by GWH. In Nov 13 there were 73 stage 1, 61 stage 2 and 29 stage 3 complaints.

CB_A13i RUH	Friends and family test. Combined in-patient and A&E response rate (RUH)	15%	21%	G	↓ Dec	21%	G	21%		↑	The response rate target for the RUH is being met
CB_A13i SFT	Friends and family test. Combined in-patient and A&E response rate (SFT)	15%	29%	G	↓ Dec	29%	G	29%		↑	The response rate target for SFT is being met
CB_A13i GWH	Friends and family test. Combined in-patient and A&E response rate (GWH)	15%	12%	R	↑ Dec	12%	R	12%		↑	The response rate target for GWH is not being met and the performance of this indicator and the actions being taken to improve performance is being monitored by the CCG.
CB_A13ii RUH	Friends and family test. Combined in-patient and A&E score (RUH)	65	76	G	↓ Dec	76	G	76		↑	The combined score for RUH is above the NHS England National Score
CB_A13ii SFT	Friends and family test. Combined in-patient and A&E score (SFT)	0	72	G	↑ Dec	72	G	72		↑	The combined score for SFT is above the NHS England National Score
CB_A13ii GWH	Friends and family test. Combined in-patient and A&E score (GWH)	65	71	G	↓ Dec	71	G	71		↑	The combined score for GWH is above the NHS England National Score

Arrow shows if indicator is increasing or decreasing. Look at "Direction to improve" column to see if this is good or bad.

Cells with direction arrows show what the latest reported month is.

Red = worse than target  
Amber = within thresholds  
Green = better than target

Total Number of patients with harm	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	2012/13	2012/13																		
	%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	7.82%	9.38%	90	15.05%	39	7.13%	44	8.22%	34	6.80%	38	7.17%	31	5.89%	27	4.94%	31	5.12%	30	4.92%
SFT		10.16%	42	9.40%	44	9.91%	40	10.23%	36	9.33%	31	7.60%	37	9.92%	46	11.53%	43	12.43%	34	8.37%
GWH		9.70%	62	4.78%	75	6.00%	103	8.46%	79	6.51%	96	7.51%	99	8.08%	102	8.16%	102	8.71%	94	7.57%

Number of patients with 1 & 2 harm	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	2012/13	2012/13																		
	%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH harm 1	7.28%	8.74%	86	14.38%	38	6.95%	43	8.04%	34	6.80%	37	6.98%	30	5.70%	27	4.94%	31	5.12%	29	4.75%
RUH harm 2	0.29%	0.62%	4	0.67%	1	0.18%	1	0.19%	0	0.00%	1	0.19%	1	0.19%	0	0.00%	0	0.00%	1	0.16%
SFT harm 1		9.56%	39	8.72%	42	9.46%	38	9.72%	35	9.07%	28	6.86%	37	9.92%	45	11.28%	40	11.56%	32	7.88%
SFT harm 2		0.61%	3	0.67%	2	0.45%	2	0.51%	1	0.26%	3	0.74%	0	0.00%	1	0.25%	3	0.87%	2	0.49%
GWH harm 1		9.36%	61	4.71%	75	6.00%	94	7.72%	77	6.35%	95	7.43%	96	7.83%	98	7.84%	99	8.45%	93	7.49%
GWH harm 2		0.34%	1	0.08%	0	0.00%	9	0.74%	2	0.16%	1	0.08%	3	0.24%	4	0.32%	3	0.26%	1	0.08%

Pressure Ulcers (new & Old)	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	2012/13	2012/13																		
	%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	4.90%	4.66%	35	5.85%	21	3.84%	20	3.74%	18	3.60%	22	4.15%	22	4.18%	13	2.38%	19	3.14%	21	3.44%
SFT		6.40%	23	5.15%	27	6.08%	31	7.93%	21	5.44%	20	4.90%	22	5.90%	22	5.51%	32	9.25%	23	5.67%
GWH		5.83%	33	2.55%	51	4.08%	71	5.83%	53	4.37%	66	5.16%	65	5.30%	68	5.44%	0	0.00%	55	4.43%

Falls (with harm)	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	2012/13	2012/13																		
	%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	0.86%	0.70%	1	0.17%	0	0.00%	2	0.37%	1	0.20%	2	0.38%	1	0.19%	1	0.18%	2	0.33%	1	0.16%
SFT		0.79%	1	0.22%	1	0.23%	0	0.00%	1	0.26%	3	0.74%	6	1.61%	9	2.26%	2	0.58%	5	1.23%
GWH		1.86%	9	0.69%	12	0.96%	7	0.57%	10	0.82%	17	1.33%	18	1.47%	10	0.80%	16	1.37%	8	0.64%

Catheter & treated for UTI	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	2012/13	2012/13																		
	%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	1.42%	2.89%	14	2.34%	11	2.01%	6	1.12%	10	2.00%	11	2.08%	5	0.95%	8	1.46%	8	1.32%	1	0.16%
SFT		1.99%	9	2.01%	12	2.70%	8	2.05%	12	3.11%	7	1.72%	8	2.14%	13	3.26%	9	2.60%	6	1.48%
GWH		1.62%	16	1.23%	12	0.96%	27	2.22%	10	0.82%	6	0.47%	13	1.06%	16	1.28%	12	1.02%	8	0.64%

VTE (new)	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	2012/13	2012/13																		
	%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	0.45%	1.79%	44	7.36%	8	1.46%	17	3.18%	5	1.00%	4	0.75%	4	0.76%	5	0.91%	2	0.33%	8	1.31%
SFT		1.59%	12	2.68%	6	1.35%	3	0.77%	3	0.78%	4	0.98%	1	0.27%	3	0.75%	3	0.87%	2	0.49%
GWH		0.74%	5	0.39%	0	0.00%	7	0.57%	8	0.66%	9	0.70%	6	0.49%	12	0.96%	19	1.62%	24	1.93%

\*VTE Median is for Acute Providers only

\*\*Dec 2013 update from Quality Observatory: "Charts now run from July 2012 when sample size stabilised to enable more consistent time series analysis. Medians have been reset where applicable on national"

\*\*\* SFT Data for Nov 13 was released with Dec 13 data

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Surveyed RUH	598	547	535	500	530	526	547	605	610
SFT	447	444	391	386	408	373	399	346	406
GWH	1296	1250	1218	1213	1279	1226	1250	1171	1242

Median = the returned number in the middle of given numbers as used by NHS Quality Observatories for trend comparisons

Please note: retrospective information can change on the Quality Observatory Site. The current month is the data currently released, the data from previous months are from publications released on that date.

[Results are taken from the South West Quality Observatory \(CLICK HERE\)](#)