

Integrated Performance Report

July 2016

Executive Summary

Hospital performance in the achievement of the 4 hour A&E target remains a source of ongoing concern. As previously reported we are closely engaged with our providers, in particular RUH and GWH, and are working with them to ensure they are able to achieve the recovery trajectories which we have agreed with them as part of their recovery action plans. As previously reported, we continue to see encouraging performance in containing urgent activity for the older cohort of our population, but we are seeing growing pressure from younger people and working age adults. With regard the achievement of the RTT target, while slightly below the national constitution target we are ahead of the planned position and firmly on track to deliver the planned recovery of performance in this area.

We are very pleased that the flagship project of modernising Adult Community Services saw the successful mobilisation and setting to work of our new provider (Wiltshire Health and Care) on 1 July 2016. This is a very significant achievement and reflects very well on a great deal of hard work from system partners, while offering genuine potential for improved levels of service for our population from a refreshed approach to the delivery of services in the community, entirely in line with our strategy. As previously reported, Children's Community Services have recently been through a similar mobilisation phase with our colleagues from Virgin Health and that too is delivering well.

Work has continued on the development of the system wide Sustainability and Transformation Plan along with partners from across the system, with Wiltshire taking a lead role in the sphere of Planned Care. The very early direction and areas of focus outlined in our plans have been warmly endorsed by NHSE, as we seek ways of improving outcomes for our population while ensuring both financial sustainability and a resilient, properly resourced workforce.

Elsewhere the CCG conducted a successful first quarter assurance meeting with colleagues from the NHSE Regional team. We continue to work with our partners in Wiltshire Council in refreshing our approach to working in closer collaboration and more coherently with the voluntary sector.

The CCG was also delighted to be able to support Carers Support Wiltshire in the recent awards event for the highly successful and much valued GP Investors in Carers Awards. At this event we were able to hear showcased much of the excellent work which has occurred over the past 12 months within primary care in supporting carers.

David Noyes, Director of Planning, Performance & Corporate Services

Integrated Performance Report

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Section 1: Quality Report

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Summary of Key Issues: Quality Dashboard (May 2016)			
	Areas of Good Performance	Areas of Challenging Performance	Additional Information
Safety	No MRSA cases have been reported this month by any provider. C.Difficile cases remain below threshold year to date.	<p>Call audits for both the 111 and ambulance services are below required thresholds.</p> <p>Midwife to birth ratios are above locally agreed targets for all providers</p>	<p>Wiltshire Health and Care's contract commenced on July 1st 2016. The first data for this provider will be available in August.</p> <p>The CCG is commencing a project to improve Stroke performance. This will include collaboration with all providers, neighbouring commissioners. And the Academic Health Science Network</p>
Experience	Experience indicators are maintained above national average levels with the exception of maternity indicators	<p>Some staff experience indicators are significantly below thresholds</p> <p>One provider continues to record a high number of Mixed Sex Accommodation Breaches.</p>	<p>There are several outstanding CQC reports. The CCG will work with the providers to address identified learning.</p>
Effectiveness	VTE assessments continue to perform above the target of 95%, despite the Safety Thermometer Point prevalence audit indicating a decline in performance at 2 of the acute Trusts Both SFT & RUH have improved their Stroke Audit performance in quarter 4.	<p>SFT continue to record higher than expected mortality ratios. Please see the dashboard for further detail</p> <p>Vacancy levels within some providers continue to flag at significantly high rates.</p>	<p>The CCG will be commencing a scheme to engage with Care Home providers to embed a quality improvement approach which will lead to improved patient safety within this sector.</p> <p>The CCG have developed a new Primary Care Quality Report which is available via the CCG web page.</p>

Quality Dashboard; Provider Monitoring

Indicator	Measure	Data Frequency	Target / Threshold / Benchmark	Month of Data	SFT	RUH	GWH	AWP	Wiltshire Health and Care	Virgin	SWASFT	111 (Care UK)	Primary Care and Community	Comments / Trends Analysis
Patient Safety														
Healthcare acquired infection (HCAI) measure - MRSA	Number of infections = 0	M	0	June	0	0	0	0	0	0	0	0	0	Community: Three MRSA cases in 4 months linked to one care home. CCG is working with Local Authority, Public Health, Acute provider and neighbouring commissioners to support the care home to address this. Provider is on 'enhanced surveillance' at Quality Surveillance Group and has been raised at the regional group. A Post Infection Peer Review Visit has been carried out with Public Health. The provider has developed an action plan to address the findings from the visit.
Healthcare acquired infection (HCAI) measure - C.difficile (Post 72 hours)	Number of infections (see threshold for Provider)	M	Individual Provider Targets	May	0	1	1	0					4	Out of Area Cases: Community C.Diff: There are 5 cases of community C.Diff - 2 via RUH and 2 via SFT, and 1 out of area case. TOTAL cases: CCG is running at a total of 14 cases. Current year end projection on the same rates would be 84 cases against a threshold of 103 cases in total. Total: There were 8 cases in total, including one from out of area.
Healthcare acquired infection (HCAI) measure - MSSA	No target set	M	-	May	1	0	1	0						Total: There were 8 cases in total, including one from out of area.
Bed Days closed due to infection outbreak (e.g Noro Virus)	No target set	TBC	To be determined	TBC	Not yet available	Not yet available	Not yet available	Not yet available	Not yet available					This data will be reported following agreement regarding reporting parameters and process with providers.
Number of Never Events	Number of events = 0	M	0	May	0	0	0	0	0	0			0	
Number of Serious Incidents reported for Wiltshire patients.	Number of reported serious incidents	M	n/a	June	4	5	2	3	Not yet available	0	1	0	0	The consistent trend continues to be 'slips / trips / falls' within the acute providers. There has been a recent increase in incidents reported by SWASFT.
Number of Still Births	Ratio per 1000 births	M	n/a	April	0.0	0.5	0.3							This is reported as a ratio per 1000 births. The CCG has implemented a COJIN scheme to assist providers in rolling out the national Still Birth Care bundle in 2017.
NHS Patient Safety Thermometer - No Harms	No Harm (composite measure) - %	M	94%	June	87.3%	94.3%	92.8%	98%	Not Available					The decrease in harm free care at SFT (May 96%) will be raised with the Trust, particularly harm from new UTI & Catheters, to identify if this is a consistent trend.
NHS Patient Safety Thermometer - Pressure Ulcers	New Pressure ulcers -(no)	M	4.30%	June	2.6%	0.3%	2.1%	0.0%	Not Available					On target
NHS Patient Safety Thermometer - Falls	Falls -(no)	M	0.60%	June	1.6%	0.6%	0.5%	1.5%	Not Available					On target
NHS Patient Safety Thermometer - Urinary Tract Infection (UTI) & Catheter	New UTI & Catheter -(no)	M	0.70%	June	3.4%	0.6%	0.6%	0.2%	Not Available					The CCG will request assurance from SFT regarding this indicator during the next contract meeting.
NHS Patient Safety Thermometer - Venous Thromboembolism (VTE)	VTE -(no)	M	0.40%	June	0.3%	0.6%	0.7%	0.0%	Not Available					The CCG is monitoring this indicator.
World Health Organisation Surgical Safety Checklist; completed for 100% of procedures	% of surgical procedures that include safety checklist completed.	M	100%	TBC	Not yet available	100.0%	Not yet available							Data for SFT and GWH is reported on a quarterly basis.
Compliance with Call Audits (Health Professionals)	Proportion of required number of audits carried out for calls managed by registered health professional (eg. Nurse etc..)	M	100%	May							79.8%	60.00%		SWASFT - audits are conducted following a complaint or serious incident. SWASFT have a 450 audit target per month. The Commissioners have requested the clinical and non-clinical audit compliance figures to be separated in their reports.
Compliance with Call Audits (non clinical)	Proportion of required number of audits carried out for calls managed by non-clinical staff.	M	100%	June								15.54%		Care UK 111 - Care UK have been focusing on auditing members of staff who have been in post for less than 3 months. An action plan has been agreed to address audit compliance
Midwife:Birth Ratio	Number of births to midwives on duty (Average)	M	1:29	May	1.36	1.33	1.38							The 1:29 ratio is the agreed target within the South West region.
Readmissions within 28 days of babies to Neonatal Units				NA	Not yet available	Not yet available	Not yet available							This data will be reported when submitted by providers

Quality Dashboard; Provider Monitoring

Indicator	Measure	Data Frequency	Target / Threshold / Benchmark	Month of Data	SFT	RUH	GWH	AWP	Wiltshire Health and Care	Virgin	SWASFT	111 (Care UK)	Primary Care and Community	Comments / Trends Analysis
Patient Experience														
Staff Friends and Family Test Score (Work)	Score => National average	Q	67.00%	Q4 15/16	81.0%	67.0%	63.0%	46.0%	Not yet available	Not yet available	40%			WH&C and Virgin; Both these providers will collect this information during the next data capture period. Their scores will then be reported.
Staff Friends and Family Test Score (Care)	Score => National average	Q	84.00%	Q4 15/16	96.0%	83.0%	80.0%	66.0%	Not yet available	Not yet available	78%			
Friends and Family Test Score (Inpatient)	Score => National average	M	95.6%	May	98.0%	97.0%	95.0%							On target
Friends and Family Test Score (A&E)	Score => National average	M	83.5%	May	96.0%	86.0%	91.0%							Average score in the south west was 88%
Friends and Family Test Score (Maternity)	Score => National average	M	96.0%	May	91.0%	92.0%	100%							This indicator is discussed in the CCG's Maternity Forum - attended by providers, public health and the CCG.
Friends and Family Test Score Outpatients	Score => National average	M	93.0%	May	97.0%	97.0%	96.0%							On target
Friends and Family Test Score (Ambulance)	Score => National average	M	94.0%	May							92%			
Friends and Family Test Score (Mental Health)	Score => National average	M	88.0%	May				90%						On target
Friends and Family Test Score (Community)	Score => National average	M	97.8%	May					Not yet available	Not yet available		78%		WH&C: This provider did not submit data for May 2016. - the contract started in July 2016. Virgin: This provider's contract commenced in April 2016. The data is currently unreported. 111: This indicator is discussed and monitored at the contract review meetings.
Friends and Family Test Score (Primary Care)	Score => National Average	M	89.0%	May									87.0%	This score is 2% lower than the previous month. This will be discussed in the Primary Care Quality Sub Group.
Ipsos Mori GP Surgery - Overall Experience	Score = rating by patients in regard to their 'overall experience' of the GP practice.	Q	85.0%	June									90%	This survey is a quarterly data collection, commissioned by NHS England. On target
Mixed sex accommodation (MSA) Breaches	Number of breaches = 0	M	0	May	50	0	0	0	0					England Average: Breach rate (per '000 finished consultant episodes) average is 0.3 for England, CCG breach rate is 2.8. 6 non-clinical breaches occurred at SFT affecting 50 patients. Of the 50 patients, 29 were Wiltshire patients. All of the breaches occurred on Whiteparish (AMU) at a time of capacity issues at the Trust.
Complaints made to the provider (All patients)	Number of complaints received	M	n/a	See Comments	84	21	107	360	Not yet available	Not yet available	236	3		GWH: April data RUH: May data SFT: Q4 data AWP: Trust-wide (across 6 CCG areas) Annual (2015/16) 111: 3 for Wiltshire patients (15 across all commissioners) SWASFT: Trust-wide (13 commissioners). The number of complaints has increased. This is being addressed at contract meeting. Themes arising from these complaints are around staff attitude, communication and standard of clinical care.

Quality Dashboard; Provider Monitoring

Indicator	Measure	Data Frequency	Target / Threshold / Benchmark	Month of Data	SFT	RUH	GWH	AWP	Wiltshire Health and Care	Virgin	SWASFT	111 (Care UK)	Primary Care and Community	Comments / Trends Analysis
Effectiveness														
Mortality Ratio (HSMR)	As Expected	M	100	April 15 - March 16	110	102.9	93		Not yet available					SFT - have received a CQC mortality alert for COPD and Bronchiectasis. Analysis has shown no evidence of avoidability, but did highlight learning points. 3 new diagnosis groups for CUSUM alerts received by SFT. A Wiltshire GP now sits on SFT mortality review groups. SFT are considering amendments to the process of mortality reviews.
Mortality Ratio (SHMI)	As Expected	Q	100	April 15 - March 17	109	97	93		Not yet available					GWH - rolling period Oct14 - Sept 15
12 Hr Trolley Breaches in the ED		M	0	June	0	0	0							As a result of the joint working with the CCG following the breaches in March and April, GWH developed an action plan to prevent further breaches. This plan is monitored via the contract review process.
VTE Assessment - Percentage who have had an assessment on admission	Achieved for at least 95% patients	Q	95%	Q4 15/16	100.0%	98.1%	99.5%		Not yet available					On target
VTE Assessment - Percentage at risk of VTE receiving chemical/physical thromboprophylaxis	Achieved for 100% patients	M	100%	April	97.0%	99%	Not available		Not yet available					
Fractured Neck of Femur	% in theatre within 36 hours	M	80%	May	89.0%	78.3%	Not available							The CCG will monitor compliance with this indicator through Best Practice Tariff audits.
Staff Turnover	Staff turnover rate - %	M	Individual Provider Targets	May	9.9%	12.4%	Not available	Not yet available	Not yet available	Not yet available	16.7%	9.30%		These targets are rated by the providers - there is no set threshold for this indicator. Care UK - combined clinical and non-clinical. No clinical turnover for May 16
Sickness Absence	Sickness absence rate against provider target - %	M	Individual Provider Targets	May	3.2%	4.0%	Not available	Not yet available	Not yet available	Not yet available	6.7%	7.43%		Care UK - this is on an increasing trajectory from a 4.03 low in Nov 15. Care UK have a sickness management plan in place and have revised their policy and processes regarding sickness and absence management.
Vacancies	Vacancy rates - %	M	Individual Provider Targets	May	6.0%	6.4%	Not available	Not yet available	Not yet available	Not yet available	43WTE	39%		Care UK; 111 13.2% vacancy for Health Advisors (non-clinical), 20 interviews booked for HA in June. Meeting planned to discuss clinical recruitment.
Agency staffing	Agency staff - %	M	Individual Provider Targets	May	9.8%	1.8%	Not available	Not yet available	Not yet available	Not yet available	Data Missing	13.50%		These targets are internally set by providers. The CCG monitors this information and addressed via the contract meetings.
Appraisal Rate	Staff with an annual appraisal - %	M	75%	May	74.0%	84.9%	Not available	Not yet available	Not yet available	Not yet available	50.0%	Data Missing		These targets are internally set by providers. The CCG monitors this information and addressed via the contract meetings. The CCG also reviews more detailed breakdowns to ensure there are no key risk areas in relation to line management supervision and support.
Mandatory Training Compliance	Compliance with all mandatory training - %	M	85%	May	83.0%	86.5%	Not available	Not yet available	Not yet available	Not yet available	75.0%	93%		GWH - no overall %, 111 - average figure across clinical and non-clinical
Stroke Sentinel National Audit Programme Score	SSNAP Summary Level Score	Q	B	Q4 15/16	C	C	E		Not yet available					This indicator is the score awarded based on the provider's performance in the Stroke Sentinel National Audit. https://www.strokeaudit.org/
% of Mothers Breastfeeding at Discharge	Mothers recorded as Breast Feeding at discharge - %	M	>83%	May	Not available	84.0%	Not available							This measure was a Quality Improvement target during 15/16. The indicator supports babies and mothers to develop good feeding practice and prevents admissions for reasons of 'failure to thrive'.
CQC Status	Rating awarded by CQC at 'overall' level.	Ad Hoc	Good	NA	Req Improv.	Pending	Req Improv.	Pending	New Reg	New Reg	Pending	Not Yet Insp.		The CQC have carried out recent inspections with many Wiltshire providers. The two community providers are new registrations and have not yet been inspected. 111 has also not received an inspection. Reports are pending for RUH and SWP. AWP has received a warning notice for S.136 suites (places of safety) across the Trust. The CCG has visited

CQC Inpatient Survey Results

Between August 2015 and January 2016, a questionnaire was sent to 1250 recent inpatients at each trust. The CQC asked people to answer questions about different aspects of their care and treatment. Based on their responses, each NHS trust was given a score out of 10 for each question (the higher the score the better). Each trust also received a rating of 'Better', 'About the same' or 'Worse'.

- Better: the trust is better for that particular question compared to most other trusts that took part in the survey.
- About the same: the trust is performing about the same for that particular question as most other trusts that took part in the survey.
- Worse: the trust did not perform as well for that particular question compared to most other trusts that took part in the survey.

The results were published by the CQC in June 2016, the scores for SFT, RUH and GWH are below:-

Chart Shows CQC Inpatient Survey Result; published June 2016.

	RUH		SFT		GWH	
Number of patient survey responses & response rate (1250 surveys sent)	632, 50.56%		745, 59.6%		571, 45.68%	
	Score out of 10	Compared with Other Trusts	Score out of 10	Compared with Other Trusts	Score out of 10	Compared with Other Trusts
The emergency/A&E department <i>(patients felt they were given appropriate information about their condition and were given privacy)</i> (answered by emergency patients only)	8.5	About the same	9	About the same	8.5	About the same
Waiting lists and planned admissions <i>(patients felt they waited the right amount of time, their admission date did not change and that their specialist had all their information which was correct)</i> (answered by those referred to hospital)	8.6	About the same	9	About the same	8.9	About the same
Waiting to get to a bed on a ward <i>(not feeling they waited too long)</i>	7.6	About the same	8.8	Better	7.3	About the same
The hospital and ward <i>(single sex accommodation and bathrooms, staff noise, safety, food, eating, cleanliness)</i>	8.1	About the same	8.3	About the same	8	About the same
Doctors <i>(patients felt their questions were answered, had confidence in their doctors and treated patients with respect)</i>	8.7	About the same	8.9	About the same	8.3	About the same
Nurses <i>(patients felt their questions were answered, had confidence in their nurses, treated patients with respect and that there were enough nurses on duty to care for them)</i>	8.5	About the same	8.7	About the same	8	Worse
Care and treatment <i>(including patient involvement in their care, dignity, pain control, responsive staff, staff teamwork, emotional support)</i>	7.9	About the same	8.1	About the same	7.5	About the same
Operations and procedures <i>(patients felt the risks and procedure were explained, and were told how the operation went in a way they could understand)</i> (answered by patients who had an operation or procedure)	8.5	About the same	8.6	About the same	8.3	About the same
Leaving hospital <i>(Including continuity of care, decision making, medications worsening advice, contacts, equipment, delays, home assessments etc..)</i>	7.2	About the same	7.5	About the same	6.7	About the same
Overall views of care and services <i>(respect and dignity, care from staff, patients views and information about complaints)</i>	5.5	About the same	5.7	About the same	5.3	About the same
Overall experience	8	About the same	8.4	About the same	7.8	About the same

The results identified some areas of 'worse than average' performance within the detail of the report. The general theme regarding these key areas was around staff engagement with the patients. Areas of 'worse than average' performance included:-

- **Enough nurses**
for feeling that there were **enough nurses on duty** to care for them
- **Answers to questions**
for doctors **answering their questions** in a way they could understand
- **Talking about worries and fears**
for finding someone on the hospital staff **to talk to about any worries and fears**, if needed
- **Getting help**
for the **call button** being responded to **quickly**, when used
- **Purpose of medicines**
for having the **purpose** of medicines **explained** to them in a way they could understand (those given medicines to take home)
- **Taking medication**
for being told **how to take** medication in a way they could understand (those given medicines to take home)
- **Information about medicines**
for being given **clear written or printed information** about medicines (those given medicines to take home)

The theme arising from this survey was that patients sometimes believed there were insufficient staff available during their inpatient stay to help the patient to feel that they had been listened to and communicated with in a way they understand and that staff had taken the time to ensure the patients' needs were met and their medication regime had been explained and understood.

Primary Care CQC Inspections

The following Wiltshire Primary Care Practices have received CQC inspections since the CQC introduced their new inspection regime (2015 onwards):-

Practice Name	Overall Rating	Safe	Effective	Responsive	Well Led	Caring
Sixpenny Handley & Broad Chalke	Good	Requires Improvement	Good	Good	Good	Good
Whiteparish Surgery	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Good
Lovemead Group Practice	Outstanding	Good	Outstanding	Outstanding	Outstanding	Good
Box Surgery	Good	Requires Improvement	Good	Good	Good	Good
Pewsey Surgery	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good	Good
Avenue Surgery	Good	Good	Good	Good	Good	Good
Tinkers Lane Surgery	Good	Good	Good	Good	Good	Good
Lansdowne Surgery	Good	Good	Good	Good	Good	Good
Malmesbury Medical Partnership	Outstanding	Good	Outstanding	Outstanding	Outstanding	Good
Widbrook Medical Practice	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Good
Ramsbury Surgery	Outstanding	Good	Good	Outstanding	Outstanding	Good
Southbroom Surgery	Good	Good	Good	Good	Good	Good
St James Surgery	Good	Requires Improvement	Good	Good	Good	Good
Market Lavington Surgery	Good	Good	Good	Good	Good	Good

There are 41 practices remaining to be inspected under the new CQC inspection regime. Of these, 12 are compliant under the previous system, and 25 have never received an inspection. The CQC is aiming to complete inspection of all practices in England by the end of 2017.

Quality Dashboard Glossary: 2016/17

Dashboard	Detailed Measure	Source of indicator definition	Reference in Contract	Detailed definition	Source
Quality	Mixed Sex Accommodation (MSA) Breaches	Everyone Counts 2013/14	E.B.S.1	The number of breaches of mixed-sex accommodation (MSA) sleeping accommodation	Published on NHS England website: https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/msa-data/
Quality	Number of Never Events	Quality	Quality Schedule	Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.	Reported as Serious Incidents on the Strategic Executive Information System (STEIS)
Quality	% of all adult inpatients who have had a VTE risk assessment	Quality	Quality Schedule	Every patient admitted to hospital for medical reasons should have a documented risk assessment to identify those at risk of Venous Thromboembolism (VTE).	Published on NHS England website: https://www.england.nhs.uk/statistics/statistical-work-areas/vte/
Quality	WHO Surgical Safety Checklist completed for 100% of procedures	Quality	Quality Schedule	This is a surgical checklist that the surgery team completes with listed tasks before it proceeds with the operation.	From provider submissions to Contract Review Meetings
Quality	Fracture Neck of Femur - % in theatre within 36 hours	Quality	Quality Schedule	The best practice for Fractured Neck of Femur is the time to surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an inpatient, to the start of anaesthesia.	From provider submissions to Contract Review Meetings
Quality	Healthcare acquired infection (HCAI) measure (MRSA)	Everyone Counts 2013/14	E.A.S.4	Number of cases of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia	Health Protection Agency Healthcare Acquired Infections website https://nww.hpanw.nhs.uk
Quality	Healthcare acquired infection (HCAI) measure (c. difficile)	Everyone Counts 2013/14	E.A.S.5	Number of Clostridium difficile infections, for patients aged 2 or more on the date the specimen was taken	Health Protection Agency Healthcare Acquired Infections website https://nww.hpanw.nhs.uk
Quality	Friends and family test score	Everyone Counts	Schedule 6	The proportion of people who reported that they were either 'extremely likely' or 'likely' to recommend the service to their friends and family, out of the total number of people who responded to the survey. Score is displayed as a percentage.	NHS England website. http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/
Quality	Patient Safety Thermometer	NHS Contract (National Quality Requirements)	Quality Schedule	The number of instances of each type of harm reported in a month. This is a point prevalence audit, captured on one day per month.	Health & Social Care Information Centre. http://www.hscic.gov.uk/thermometer
Quality	Complaints	Quality	Quality Schedule	The combined number of formal complaints raised by patients and by MP's on behalf of patients in the month	From provider submissions to Contract Review Meetings
Quality	Mortality ratios	The Department of Health (Commissioned from the HSCIC)	Quality Schedule	The Summary Hospital-level Mortality Indicator (SHMI) is an indicator which reports on mortality at trust level across the NHS in England using a standard and transparent methodology. It is produced and published quarterly as an official statistic by the Health and Social Care Information Centre (HSCIC) with the first publication in October 2011. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the mortality rate at a hospital is higher or lower than you would expect. Like all statistical indicators, HSMR is not perfect. If a hospital has a high HSMR, it cannot be said for certain that this reflects failings in the care provided by the hospital. However, it can be a warning sign that things are going wrong. HSMR does not measure deaths post discharge.	For SHMI: From the Health and Social Care Information Centre Website: http://www.hscic.gov.uk/SHMI For HSMR: http://www.nhs.uk/NHSEngland/Hospitalmortalityrates/Documents/090424%20MS(H)%20-%20NHS%20Choices%20HSMR%20Publication%20-%20Presentation%20-%20Annex%20C.pdf
Quality	Maternity Indicators (Stillbirths, Midwife to birth ratio, Breast Feeding Rates at Discharge)	Better Births National Maternity Review: https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf	Quality Schedule	Following the National Maternity Review and the resulting Better Births Report, Maternity quality indicators are measured to ensure continuous improvement and consistency across all providers. The CCG measures these indicators via the contract quality schedule and through the South West Strategic Clinical Network Maternity Dashboard	http://www.swscn.org.uk/networks/maternity-children/maternity-group/
Quality	Workforce Indicators	Quality	Quality Schedule	The CCG monitors a wide range of workforce indicators within in each provider. These indicators are triangulated with other data and information to form part of an 'early alert' trigger to emerging concerns.	Provider submissions to contract review meetings.
Quality	Call Audit Indicators	Quality	Quality Schedule	Providers commissioned to deliver services to patients via telephone are required to audit a proportion of the calls that they receive or make to patients. These calls can be made / received by both clinically trained and non-clinical staff. One of the ways that the CCG monitors quality of service to patients by these providers is to ensure that calls are audited and learning and improvements are identified to ensure safety and appropriateness of call handling.	Provider submissions to contract review meetings, and CCG attendance at Call Reviews.
Quality	CQC Status	Quality	Quality Schedule	The providers are required to register with CQC under their contract with the CQC. The CCG works with partner organisations, including the CQC, to share intelligence about providers and to identify and address providers in need of support. The CCG monitors CQC compliance and ensures action plans developed following inspection results are comprehensive and completed by providers.	http://www.cqc.org.uk/

Section 2: Finance and Information

FINANCE AND ACCESS DASHBOARD			
Target	Responsible Director	Where will performance and assurance be sought	RAG status
Delivery of the 1% Surplus	Steve Perkins	Finance committee and group performance review	
Underlying recurrent surplus	Steve Perkins	Finance committee	
Running costs within allocation	Steve Perkins	Finance committee	
Operating within cash limit	Steve Perkins	Finance committee	
Better payment performance by value	Steve Perkins	Finance committee	
Better payment performance by number	Steve Perkins	Finance committee	
Non Elective Activity on Plan	Jo Cullen	Finance committee and group performance review	
Non elective QIPP plan delivery	Jo Cullen	Finance committee and group performance review	
Planned Activity on Target	Mark Harris	Finance committee and group performance review	
Outpatient targets are being delivered	Mark Harris	Finance committee and group performance review	
Planned care QIPP plan delivery	Mark Harris	Finance committee and group performance review	
Other activity targets are being delivered	Multiple	Finance committee and group performance review	
A&E 4 Hour wait (SFT)	Jo Cullen	Finance committee, group performance review and system resilience group	
A&E 4 Hour wait (GWH)	Jo Cullen	Finance committee, group performance review and system resilience group	
A&E 4 Hour wait (RUH)	Jo Cullen	Finance committee, group performance review and system resilience group	
Cancer waiting times	Mark Harris	Finance committee, group performance review and system resilience group	

Summary

In line with NHS England (NHSE) planning requirements the CCG is required to deliver a 1% surplus against its available resources and to hold a 1% uncommitted headroom, which may only be released in conjunction with NHSE / Treasury approval.

	£'m
B/f surplus from prior year delivery	5.5
Surplus generated in new financial year	0.4
1% surplus in line with NHSE Business Rules	5.9

At month 3 the CCG has two months activity data from Service Level Agreement Monitoring (SLAMs) from providers. Based on this the CCG is forecasting delivery of the planned surplus position but will undertake further work to validate this position. This validation will involve analysis of the reported position against plans to identify areas of pressure to enable addressing actions to be identified.

A number of risks to the CCG's financial position have been identified and are actively being managed by commissioning leads to ensure mitigation. Overall the CCG is operating within its available resources (both cash and income and expenditure) and has achieved its better payment performance requirements on a year to date basis.

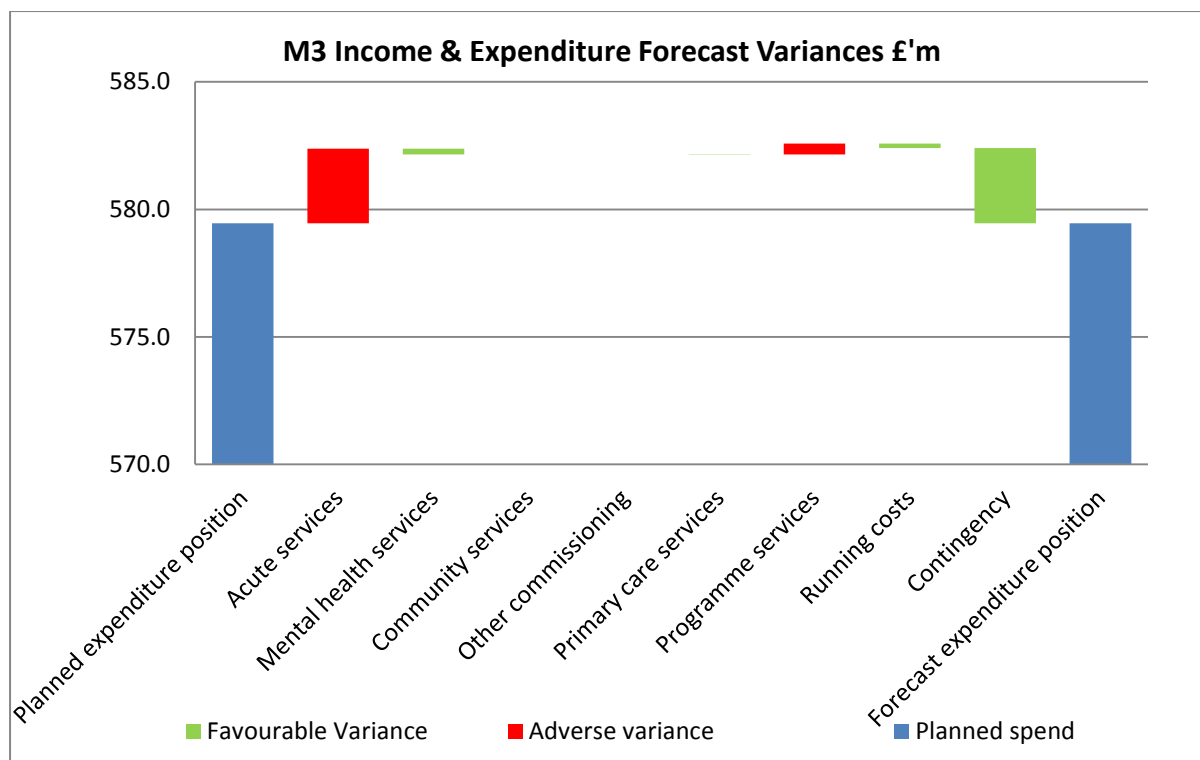
Resources

At month 3 the CCG has seen a decrease in its resources compared with the plan position due to a number of agreed allocation changes:

	£'m		
	M3	M2	Movement
Programme	574.88	577.25	-2.37
Running costs	10.46	10.46	0.00
	585.34	587.71	-2.37
Represented by:			
Community dental transfer to NHS England			-2.72
PMS review funds			0.11
Eating disorders funding			0.25
			-2.37

Income and expenditure movements

The waterfall graph below shows the planned and forecasted expenditure (in blue) and identifies pressures (in red) to this position and mitigations (in green) at a programme level at month 3:



Key financial performance issues

An upward trend arrow indicates a favourable movement, and a downwards trend arrow represents an adverse movement

Area	Commentary	Trend	RAG
Acute services	Non elective activity pressures identified within M3 SLAM positions and reflected in forecasts.	↓	Amber
Mental health services	Forecast underspend is due to the settlement of prior year disputes.	↑	Green
Community services	Community contracts are currently forecast to breakeven.	→	Green
Continuing care services	Continuing care services (including personal health budgets) are reporting a breakeven position at this stage.	→	Green
Funded nursing care	Funded nursing care budgets are reporting a breakeven position at this stage.	→	Green
Other programme services	No material forecast issues identified at month 3.	→	Green

Area	Commentary	Trend	RAG
Prescribing	No material forecast issues identified at month 3 due to the timing of when information will be received from the prescribing monitoring document (PMD). To date one month's data has been received but with no forecast information.	→	
Out of hours and NHS 111	No material forecast issues identified at month 3.	↑	
Local Enhanced Services	No material forecast issues identified at month 3.	→	
Primary care IT	No material forecast issues identified at month 3.	→	
Reserves	Represents release of contingency to offset identified acute services pressures.	↑	
Running costs	A forecast underspend against funding allocation is reported but not at the level that was included within the financial plan.	→	

Financial risks

At this stage of the financial year risks identified are predominantly in line with those included within the financial plan and are summarised below:

Area		Potential risk / £'000s	Likelihood %	Residual risk / £'000s	Comment
Risk issues	Acute services	1,500	0%	0	Over-performance factored into reported position
	Community services	400	20%	80	Risk on community maternity if birth numbers increased and if post consultation tariff prices change
	Mental health services	700	40%	280	Out of area placements risk
	Continuing care services	500	0%	0	Risk of placement growth
	Performance issues	2,160	32%	691	Risk of RTT activity pressure costs
	Prescribing	1,900	0%	0	QIPP non delivery
	Other programme services	318	50%	159	Prior year disputed debtors
	Running costs	277	100%	277	Property service market rent impacts
		7,755		1,487	
Mitigations	Balance of contingency			-385	
	National funding for market rents			-277	
	Non recurrent measures / slippage			-825	
				-1487	
Net risk position after mitigations				0	

Key access issues

The RTT incomplete pathway indicator shows that the CCG achievement in May is 91.5% (vs. a national target of 92%). Although the CCG breached the target, which was expected based on the plan trajectory informed by providers (as part of accessing the sustainability and transformation fund), the level of performance was better than the plan position of 91%.

There were two patients waiting more than 52 weeks in May - one at North Bristol NHS Trust (NBT) linked to specialised spinal capacity and one at Great Western Hospital NHS Foundation Trust (GWH) linked to a patient choice issue. Capacity constraints at NBT are being addressed via a remedial action plan managed by the lead commissioning CCG (South Gloucestershire CCG).

All 3 main providers have failed the 95% standard for 4 hour A&E waits in April mainly due to restricted bed availability with increased levels of delayed discharges. Consolidated data for May is not yet available but operational pressures on delivering the 4 hour standard have continued.

May summary level data shows that the CCG breached one cancer constitution targets - the 93% of patients to be seen within 2 weeks with Breast Symptoms standard. In relation to the 2 week wait standard there were 40 CCG breaches, at Trust level, at the Royal United Hospital NHS Foundation Trust (RUH). This is directly linked to staff shortages and a remedial action plan and recovery trajectory has been discussed with the provider.

With effect from Mid-April South West Ambulance Service NHS Trust (SWAST) commenced the Ambulance Response Programme resulting in a change to previous reporting standards. The 8 minute response to scene was breached despite but continues to show improved performance on the April position.

In relation to the dementia diagnosis target the dementia prevalence denominator was revised for 2016/17 which has had a detrimental impact of reducing the diagnosis rate by 2%. This makes the diagnosis target of 66.7% more of a challenge. The CCG achieved 63.4% in April - there is targeted action being taken with the Practices furthest away from the target.

Annexes

- Annex 1 Summary I&E position M3 2016/17
- Annex 2 Summary Statement of Financial Position M3 2016/17
- Annex 3 Cash Position M3 2016/17
- Annex 4 Better Payment Practice Code Performance M3 2016/17
- Annex 5 Movement between budgets and resources M3 2016/17
- Annex 6 Performance against constitution targets M2 2016/17
- Annex 7 Activity monitoring M2 2016/17
- Annex 8 IPR Group Dashboard

Annex 1 – Summary Income and expenditure position M3 2016/17

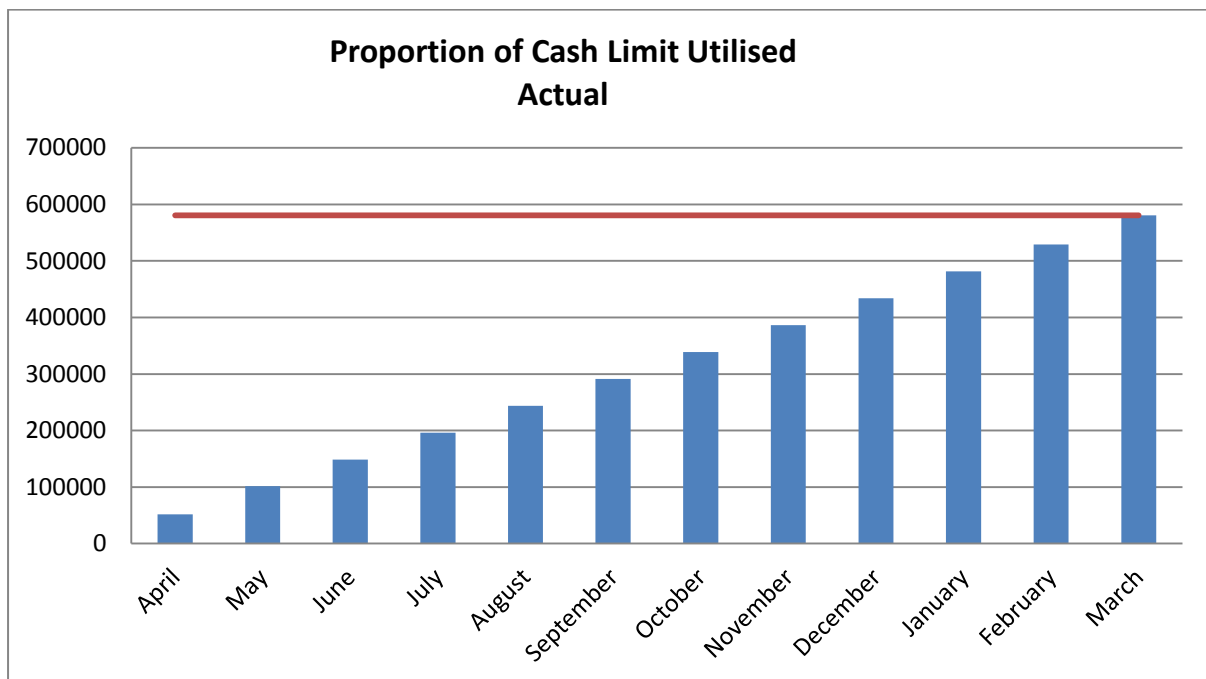
	Year to date £'m			Forecast outturn £'m		M3 forecast vs M2	
	Budget	Actual	Variance	Budget	Variance	M2	Movement
Acute services (incl ambulances)							
NHS providers	67.4	68.2	0.9	269.6	3.4	0.0	3.4
Other providers	6.3	6.1	-0.2	25.0	-0.5	0.0	-0.5
Non contracted activity	1.7	1.7	0.0	6.8	0.0	0.0	0.0
	75.3	76.0	0.7	301.4	2.9	0.0	2.9
Mental health services							
NHS providers	9.2	9.0	-0.2	36.9	-0.2	0.0	-0.2
Other providers	1.4	1.3	-0.1	5.7	0.0	0.0	0.0
	10.6	10.3	-0.3	42.6	-0.2	0.0	-0.2
Community services							
NHS providers	12.7	12.7	0.0	50.8	0.0	0.0	0.0
Other providers	2.2	2.2	0.0	8.8	0.0	0.0	0.0
	14.9	14.9	0.0	59.6	0.0	0.0	0.0
Other commissioning							
Continuing care services	4.8	4.8	0.0	17.8	0.0	0.0	0.0
Funded nursing care	1.9	1.7	-0.1	7.4	0.0	0.0	0.0
Local authority and joint services	6.7	6.7	0.0	26.7	0.0	0.0	0.0
Other programme services	2.4	1.7	-0.7	9.7	0.0	0.0	0.0
	15.8	14.9	-0.8	61.7	0.0	0.0	0.0
Primary care services							
Prescribing	19.0	18.9	-0.1	76.0	0.0	0.0	0.0
Out of hours and NHS 111	2.1	2.1	0.0	8.5	0.0	0.0	0.0
Local enhanced services	1.8	1.7	0.0	7.1	0.0	0.0	0.0
Primary care IT	0.3	0.3	0.0	1.2	0.0	0.0	0.0
	23.2	23.1	-0.1	92.8	0.0	0.0	0.0
Programme reserves							
Contingency	0.7	0.0	-0.7	2.9	-2.9	-2.9	0.0
Other earmarked reserves	0.6	2.1	1.6	2.3	0.4	3.1	-2.7
Other allocations	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Headroom funding	0.0	0.0	0.0	5.7	0.0	0.0	0.0
	1.3	2.1	0.8	11.0	-2.5	0.2	-2.7
Running costs	2.56	2.40	-0.16	10.5	-0.2	-0.2	0.0
Total expenditure	143.8	143.8	0.0	579.5	0.0	0.0	0.0
Less Funding	-145.2	-145.2	0.0	-585.3			
Planned surplus	-1.5	-1.5	0.0	-5.9	-5.9		

Annex 2 – Summary Statement of Financial Position M3 2016/17

Summary Statement of Financial Position	£'m		
	Opening position 1st April 2016	Closing position 30th June 2016	Forecast position at 31st March 2017
Non-Current Assets:			
Premises, Plant, Fixtures & Fittings	0.00	0.00	0.00
IM&T	0.31	0.29	0.25
Other	0.03	0.03	0.03
Long-term Receivables	0.00	0.00	0.00
TOTAL Non-Current Assets	0.34	0.33	0.28
Current Assets:			
Inventories	0.00	0.00	0.00
Prepayments	0.17	2.43	0.17
Trade and Other Receivables	2.66	2.17	2.66
Cash and Cash Equivalents	0.33	2.83	0.30
TOTAL Current Assets	3.16	7.43	3.13
TOTAL ASSETS	3.50	7.75	3.41
Non-Current Liabilities:			
Long-term payables	0.00	0.00	0.00
Provisions	0.00	0.00	0.00
Borrowings	0.00	0.00	0.00
TOTAL Non-Current Liabilities	0.00	0.00	0.00
Current Liabilities:			
Trade and Other Payables	29.62	31.34	27.80
Other Liabilities	0.00	0.00	0.00
Provisions	0.07	0.07	0.07
Borrowings	0.00	0.00	0.00
Total Current Liabilities	29.69	31.41	27.87
TOTAL LIABILITIES	29.69	23.66	27.87
ASSETS LESS LIABILITIES (Total Assets Employed)	-26.19	-23.66	-24.47
Financed by taxpayers' equity:			
General fund	26.19	23.66	24.47
Revaluation reserve	0.00	0.00	0.00
Other reserves	0.00	0.00	0.00
Total taxpayers' equity:	26.19	23.66	24.47

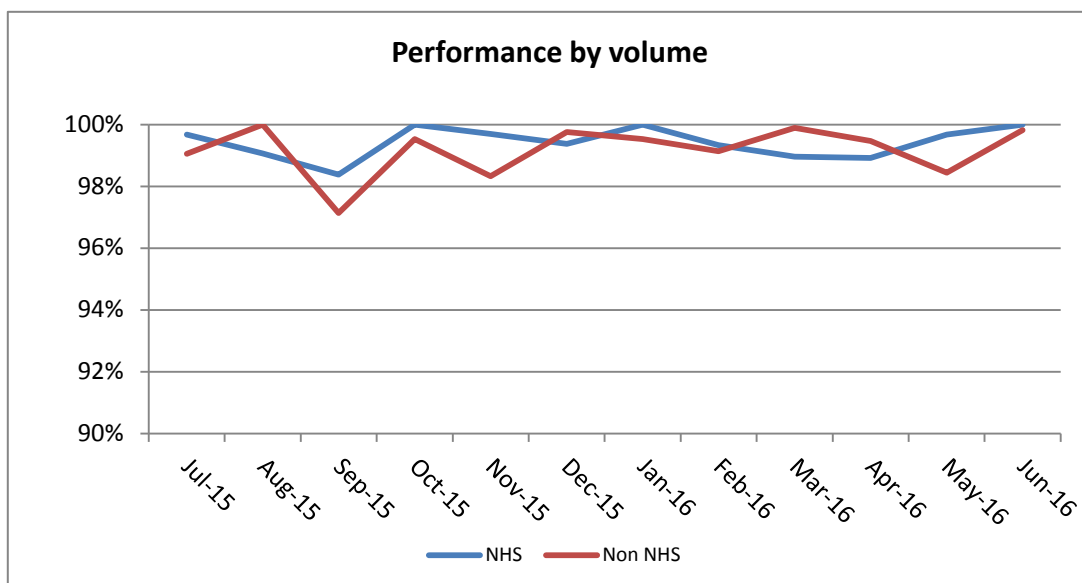
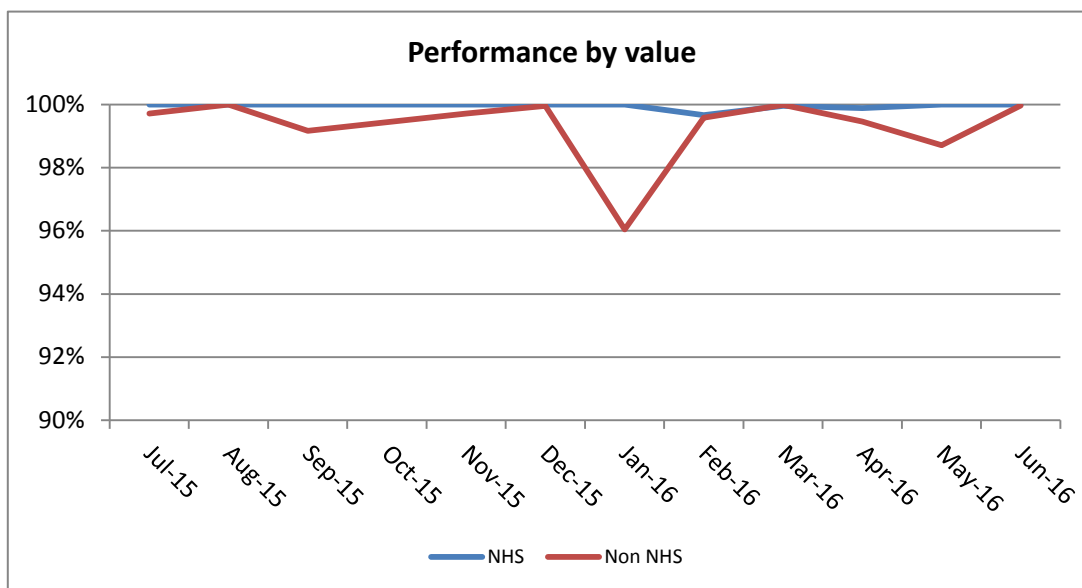
Annex 3 – Cash Position M3 2016/17

	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m	146.33	585.34
Assumed revenue cash limit / £'m	144.54	578.16
Cash drawn down / £'m	130.89	518.02
Cash top sliced for CHC risk pool prescribing and home oxygen / £'m	15.41	60.14
Effective total cash drawn down / £'m	146.30	578.16
Cash drawn down as % of total	25.3%	100.0%
Expected cash draw down as %	25.0%	100.0%
Cash utilised / £'m	143.47	577.86
Balance in account / £'m	2.83	0.30
Balance in account as % of total cash limit	0.49%	0.05%



Annex 4 – Better Payment Practice Code Performance M3 2016/17

Performance vs 30 days BPP ytd June 2016				
	In Month		YTD	
	Nos.	£'m	Nos.	£'m
NHS				
Total bills paid	251	29.74	923	93.25
Total bills paid within time	251	29.74	922	93.25
% of bills paid within target	100.0%	100.0%	99.9%	99.9%
Non-NHS				
Total bills paid	544	6.87	2,098	23.94
Total bills paid within time	543	6.87	2,085	23.85
% of bills paid within target	99.8%	99.9%	99.4%	99.6%
ALL				
Total bills paid	795	36.61	3,021	117.19
Total bills paid within time	794	36.61	3,007	117.10
% of bills paid within target	99.9%	99.9%	99.5%	99.9%



Annex 5 - Movement between budgets and resources Plan vs. M3 2016/17

	£'m			Comment
	M2 position	M3 position	Movement	
Acute services (incl ambulances)				
NHS providers	269.6	269.6	0.0	
Other providers	25.0	25.0	0.0	
Non contracted activity	6.8	6.8	0.0	
	301.3	301.4	0.0	
Mental health services				
NHS providers	36.9	36.9	0.0	
Other providers	5.5	5.7	0.2	Budget updates linked to BCF budgets
	42.4	42.6	0.2	
Community services				
NHS providers	50.9	50.8	0.0	
Other providers	3.1	8.8	5.7	Budget updates linked to BCF budgets
	54.0	59.6	5.7	
Other commissioning				
Continuing care services	17.7	17.8	0.1	Budget updates linked to BCF budgets
Funded nursing care	7.4	7.4	0.0	
Local authority and joint services	33.6	26.7	-6.9	Budget updates linked to BCF budgets
Other programme services	8.7	9.7	1.0	Budget updates linked to BCF budgets
	67.5	61.7	-5.8	
Primary care services				
Prescribing	76.0	76.0	0.0	
Out of hours	8.5	8.5	0.0	
Local enhanced services	7.0	7.1	0.1	Update for allocation adjustments
Primary care IT	1.2	1.2	0.0	
	92.7	92.8	0.1	
Programme reserves				
Contingency	2.9	2.9	0.0	
Other reserves	4.8	2.3	-2.5	Update for allocation adjustments
Other allocations	0.0	0.0	0.0	
Headroom funding	5.7	5.7	0.0	
	13.5	11.0	-2.5	
Running costs	10.5	10.5	0.0	
Total expenditure	581.8	579.5	-2.4	
Less Funding	-587.7	-585.3	2.4	
Planned surplus	-5.9	-5.9	0.0	

Annex 6 – Performance against constitution targets M2 2016/17

NHS WILTSHIRE CCG

Are patient rights under the NHS Constitution being

Indicator	Org.	2015/16	2016/17													
			Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	FOT
Referral To Treatment waiting times for non-urgent consultant-led treatment																
E.B.3 RTT % Incomplete Pathways within 18 Weeks	CCG	92.2%	92%	91.6%	91.5%											92.0%
Number of patients waiting more than 52 weeks	CCG	106	0	4	2											36
Diagnostic test waiting times																
E.B.4 Diagnostic Test Waiting Times (%<6 week waits)	CCG	99.3%	≥99%	99.1%	99.1%											99.1%
Cancer waits – 2 week wait																
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	CCG	94.0%	≥93%	92.5%	94.2%											93.3%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	CCG	92.0%	≥93%	83.5%	83.3%											83.4%
Cancer waits – 31 days																
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	CCG	98.1%	≥96%	98.7%	96.7%											97.7%
Maximum 31-day wait for subsequent treatment where that treatment is surgery	CCG	98.8%	≥94%	98.0%	97.9%											97.9%
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimens	CCG	99.4%	≥98%	100.0%	100.0%											100.0%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	CCG	98.5%	≥94%	92.9%	97.6%											95.3%
Cancer waits – 62 days																
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	CCG	87.8%	≥85%	90.1%	85.7%											87.9%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	CCG	96.7%	≥90%	100.0%	96.7%											98.3%
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	CCG	91.5%	≥90%	No Pts	100.0%											92.0%
Mixed Sex Accommodation Breaches																
Breaches of Mixed-Sex Accommodation	CCG	248	0	17	33											300
Mental Health																
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.	CCG	98.3%	≥95%													98.3%
PROVIDER BASED INDICATORS																
A&E waits																
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (A&E and MIUs)	RUH	86.9%	≥95%	86.9%												86.9%
	SFT	94.9%		90.5%												90.5%
	GWH	91.2%		87.7%												87.7%
	SWIC	100.0%		100.0%												100.0%
Category Red Ambulance Responses																
ARP - Red responses on scene within 8 minutes	SWAST	N/Avail	≥75%	66.8%	69.0%											68.4%
ARP - Red T conveying responses on scene within 8 Minutes	SWAST	N/Avail	≥75%	81.3%	83.1%											82.6%
Cancelled Operations																
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days.	RUH	4	0													
	SFT	2														
	GWH	8														

NHS WILTSHIRE CCG

Other CCG KPIs	2015/16	Target	2016/17											FOT	
			Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17		Mar-17
HCAI measure (C.Difficile infections)	128	103	7	7											84
Dementia Diagnosis (March 2017 Target)	65%	≥66.7%	64.2%	63.4%											67%
IAPT Access Rate (2014/15 target = >15% or average >3.75% per Qtr)	20%	≥15%													
IAPT Recovery Rate (2014/15 Quarter 4 target = >50%)	45%	≥50%													
IAPT <6 Weeks Access	96%	≥75%	N/avail	N/avail											
IAPT <18 Weeks Access	100%	≥95%	N/avail	N/avail											

GWH/Wiltshire Health & Care Community Performance		2016/17											YTD	
Indicator	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17		Mar-17
RTM incomplete Pathways - % waiting under 18 weeks at month end	≥92%	92%	91%											91.5%
Average length of stay - Mean	≤20	33.9	32.5											33.2
Discharged by midday	≥50%	35%	50%											43%
Discharged at weekend	≤15%	9%	17%											13%
DToCs (% of occupied beds)	≤15%	22%	13%											18%
% End of Life patients dying in preferred place	≥75%	87%	87%											87%

Annex 7 - Activity monitoring M2 2016/17

NHS Wiltshire CCG 2016/17 Plan Monitoring			2016/17													
	Frequency	Criteria	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	FOT
E.M.7 Total Referrals (G&A)	Monthly	Plan	13,859	13,197	14,716	15,207	12,570	14,321	14,102	13,892	13,066	13,881	13,881	13,881	27,056	166,573
		Actual	13,333	13,244												26,577
E.M.8 Consultant Led First Outpatient Attendances (Specific Acute)	Monthly	Plan	11,831	11,048	12,912	13,012	11,276	12,801	12,790	12,575	11,540	12,076	12,076	12,077	22,879	146,014
		Actual	11,675	11,892												23,567
E.M.9 Consultant Led Follow-Up Outpatient Attendances (Specific Acute)	Monthly	Plan	21,903	20,434	23,216	23,162	19,221	22,064	21,915	21,239	19,490	20,655	20,655	20,653	42,337	254,607
		Actual	21,085	20,519												41,604
E.M.10 Total Elective Spells (Specific Acute) (OE & DC)	Monthly	Plan	4,809	4,841	5,242	5,364	4,533	5,122	5,228	4,922	4,708	4,886	4,885	4,884	9,650	59,424
		Actual	4,370	4,629												8,999
E.M.10a Ordinary Elective Spells (Specific Acute)	Monthly	Plan	861	866	940	961	810	917	936	881	842	874	874	874	1,727	10,636
		Actual	821	879												1,700
E.M.10b Day Case Elective Spells (Specific Acute)	Monthly	Plan	3,948	3,975	4,302	4,403	3,723	4,205	4,292	4,041	3,866	4,012	4,011	4,010	7,923	48,788
		Actual	3,549	3,750												7,299
E.M.11 Non-elective spells (Specific Acute)	Monthly	Plan	3,599	3,413	3,603	3,471	3,345	3,542	3,614	3,418	3,722	3,542	3,542	3,542	7,012	42,353
		Actual	3,542	3,775												7,317
E.M.12 Total A&E Attendances (excluding planned follow-ups)	Monthly	Plan	10,775	11,101	11,298	11,748	10,989	10,913	10,984	10,572	10,343	10,932	10,932	10,932	21,876	131,519
		Actual	10,282	11,286												21,568
E.M.13 Endoscopy based Activity	Monthly	Plan	1,437	1,376	1,690	1,419	1,431	1,466	1,554	1,312	1,445	1,520	1,460	1,282	2,813	17,392
		Actual	1,284	1,325												2,609
E.M.14 Diagnostic Activity excluding Endoscopy	Monthly	Plan	11,595	10,695	12,073	11,477	11,260	12,164	12,629	11,334	12,192	12,542	11,590	11,623	22,290	141,174
		Actual	12,184	12,352												24,536
E.M.16 Cancer Two Week Referrals Seen	Monthly	Plan	1,056	1,040	1,187	1,275	1,101	1,123	1,225	1,224	1,221	991	1,124	1,300	2,096	13,867
		Actual	1,117	1,170												2,287
E.M.17 Cancer 62 Day Treatments following an Urgent GP Referral	Monthly	Plan	82	79	91	98	104	106	83	86	103	86	82	103	161	1,103
		Actual	101	98												199
E.M.18 Number of Completed Admitted RTT Pathways	Monthly	Plan	2,525	2,317	2,747	2,888	2,367	2,730	2,912	2,615	2,424	2,552	2,579	2,614	4,842	31,270
		Actual	2,279	2,576												4,855
E.M.19 Number of Completed Non-Admitted RTT Pathways	Monthly	Plan	6,242	6,023	7,118	7,104	6,027	6,924	6,698	6,009	5,561	5,784	5,604	5,680	12,265	74,774
		Actual	5,165	5,047												10,212
E.B.3i RTT Total Incomplete Pathways (Waiting list)	Monthly	Plan	25,449	25,398	25,347	25,296	25,245	25,194	25,143	25,092	25,041	24,990	24,939	24,888	50,847	50,847
		Actual	25,373	25,660												51,033

Annex 8 – IPR Group Dashboard

NHS Wiltshire CCG IPR Group Dashboard Report						Data Period	National Target YTD	Local Target YTD	Performance		
									This month	Last month	
Planned Care	Constitutional Targets (Wiltshire CCG position unless stated)										
	18 Weeks RTT Incomplete Pathways CCG Total						May-16	≥92%	91.0%	91.5%	91.5%
	18 Weeks RTT Incomplete Pathways RUH						May-16	≥92%	91.6%	89.3%	89.4%
	18 Weeks RTT Incomplete Pathways GWH						May-16	≥92%	92.0%	92.9%	91.5%
	18 Weeks RTT Incomplete Pathways SFT						May-16	≥92%	89.7%	92.3%	92.9%
	Diagnostic Test within 6 weeks CCG Total						May-16	≤1%	0.90%	0.90%	0.90%
	Diagnostic Test within 6 weeks RUH						May-16	≤1%	1.01%	0.60%	1.15%
	Diagnostic Test within 6 weeks GWH						May-16	≤1%	1.00%	2.30%	1.66%
	Diagnostic Test within 6 weeks SFT						May-16	≤1%	0.50%	0.20%	0.60%
	52 week wait breaches CCG Total						May-16	Zero	-	2	4
	Cancer 2WW CCG Total						May-16	≥93%	93.1%	94.2%	92.5%
	Cancer 2WW Breast CCG Total						May-16	≥93%	95.0%	83.3%	83.5%
	Cancer 62 days from urgent GP referral to definitive treatment						May-16	≥85%	87.3%	85.7%	90.1%
	Unplanned Care	NON ELECTIVE SPELLS (Specific Acute)									
CCG Total						M2ytd		7,012	7,317	3,542	
GWH						M2ytd		1,728	1,668	797	
RUH						M2ytd		2,254	2,437	1,196	
SFT						M2ytd		2,371	2,538	1,234	
ED ATTENDANCES											
CCG Total						M2ytd		22,290	21,728	10,350	
GWH						M2ytd		3,149	3,124	1,506	
RUH						M2ytd		3,441	3,594	1,808	
SFT						M2ytd		5,233	5,383	2,861	
NHS 111											
Calls Offered (BaNES & Wiltshire)						M3ytd			36,371	25,346	
SWAST											
Total Incidents (with duplicate calls removed)						M3ytd			16,091	10,746	
MIU											
Total Attendances						M3ytd			10,152	6,865	
SWIC											
Total Attendances						M3ytd			6,635	4,431	
BDUC											
Total Attendances						M3ytd			521	347	
NHS 111 Performance											
Answered <60 secs %						M3	≥95%		93.4%	90.9%	
Abandoned >30 secs calls%						M3	≤5%		1.1%	1.6%	
Ambulance disposition %						M3	≤10%		11.1%	10.4%	
ED Disposition %						M3	≤5%		7.1%	7.1%	
Medvivo Performance											
OOH Telephone Advice Calls						M3ytd			6,618	4,514	
OOH PCC Attendances						M3ytd			8,334	5,933	
OOH Home Visits						M3ytd			2,312	1,622	
Referrals to Urgent Care at Home						M3ytd			65	45	
Telecare Mobile Responses						M3ytd			629	402	
One number ATC calls						M3ytd			20,266	14,301	
ATC Referrals						M3ytd			6,102	4,222	
SWAST Performance											
Hear and Treat Percentage						M3			13.3%	11.9%	
See and Treat Percentage						M3			35.2%	35.0%	
See and ED Conveyance Percentage						M3			46.2%	48.0%	
High Impact Interventions											
Weekend discharges % (80% of Weekday)											
GWH						M2ytd		≥80%	57%		
RUH						M2ytd		≥80%	55%		
SFT						M2ytd		≥80%	47%		
GWH Community						M2ytd		≥80%	42%		
DTOC %											
GWH						May-16					
RUH						May-16					
SFT						May-16					
GWH Community						May-16					
Community Services	Children's community services:										
	Non-consultant led services: RTM incomplete Pathways - % waiting under 18 weeks at month end							≥92%	≥92%	Not yet available	
	% CAMHS T3 new referrals assessed within 12 weeks of referral						Jun-16	≥95%	≥95%	88%	81%
	% CAMHS T2 new referrals assessed within 12 weeks of referral						Jun-16	100%	100%	64%	67%
	Paediatric consultant follow ups seen within 6 weeks of agreed date									Not yet available	
	Proportion of children over 14 with a transition plan								100%	Not yet available	
	Children's continuing care: expenditure against ring fenced value within contract									Annual data	
	National child measurement programme- reception children very overweight								4.37%	Annual data	
	National child measurement programme- Year 6 children very overweight								10.17%	Annual data	
	CAMHS Transformation Plan:										
	% referrals to Single Point of Access which don't meet CAMHS service criteria & are provided with an early help response where appropriate								95%	New KPI - Data due Q3	
	% of referrals to CAMHS T2 which are inappropriate								10%	New KPI - Data due Q3	
	% of children and young people who, at the end of CAMHS treatment, self-report main presenting problem has improved								95%	New KPI - Data due Q3	
	% re-referrals to CAMHS within 12 months								tbc	New KPI - Data due Q3	
No of CAMHS hospital admissions						May-16		N/A	2	3	
No of CAMHS hospital bed days						May-16	262	N/A	241	157	
No of 11 - 18 year olds attending A&E where mental health is the primary or secondary diagnosis								tbc	New KPI - Data due Q3		
Mental Health	AWP										
	4 week RTA (Referral to Assessment)						Jun-16		0	75	49
	4 hour wait - emergency crisis assessment						Jun-16		≥95%	90.2%	89.2%
	% of admissions gatekept (working adult age)						Jun-16		≥95%	6 Breach	3 Breach
	DTC for Wiltshire wards						Jun-16		7.50%	10.58%	8.37%
	Timely reviews (CPA for more than 12 months)						Jun-16		≥95%	89.7%	90.9%
	18 week RTT						Jun-16		≥95%	92.9%	92.6%
	50% of people experiencing first episode of psychosis to access NICE approved care package within <2 wks. (Mandate 6.3)						Jun-16		≥50%	60.0%	
	Learning Disability - Proportion of people with a learning disability on the GP register receiving an annual health check						Jun-16		≥30.7%	22.49%	
	Access and waiting time standards for mental health services embedded (Mandate 6.3)										

Section 3: Projects

Project Dashboard

For this financial year, the project register will be updated to show only schemes intended to delivery QIPP in 2016/17.

Workstream	Exec Lead	Clinical Lead	Project Manager	RAG for Planned Milestones Arrows depict position in comparison to last month	RAG for Delivery of Planned Benefits Arrows depict position in comparison to last month	Director's % Confidence of Delivering 16/17 QIPP Target	16/17 QIPP Target Values (£000)	16/17 QIPP Activity Reduction	Comments
URGENT CARE									
Urgent Care TCOP	Jo Cullen	Dr Mark Smithies	Tracey Strachan	A ↔		TBC			16/17 plans have been reviewed by TCOP Panel and signed off.
Urgent Care Operation Resilience Capacity Planning	Jo Cullen	Dr Richard Sandford-Hill	Patrick Mulcahy	R ↔		TBC			Multiple schemes in operation with multiple providers.
Urgent Care High Intensity Care Programme	Ted Wilson	Dr Simon Burrell	Neal Goodwin	G ↑		100%			Project plan to be developed in July 2016. Wiltshire Health & Care (WHC) currently working towards high level milestones.
BCF 16/17 Care Home Liaison inc Dementia	Ted Wilson	Dr Alison Hook	Meuthia E-Ellis	G ↔		N/A this is an enabling service to prevent admissions in the first instance within the community			This service is now in place and providing support for 86 care homes in Wiltshire and community services. Following performance analysis and a presentation to the BCP system wide steering Group in July a decision has been made to refocus the care pathways and ensure closer linkage with hospital front door, urgent care at home and community services.
BCF 16/17 Integrated Discharge pre Home First	James Roach	CCG GP Leads for BCP Generally: 1) Dr Martin Foley 2) Dr John Pettit 3) Sarum - TBC		G ↑		75%			Individual action plans in place with each Acute Trust. This is being delivered in line with the system wide DTOC plan.
BCF 16/17 Wiltshire Home First	James Roach	CCG GP leads for specific schemes: 1) Dr Lindsay Kinlin Prevention Board		Complete					The project at SFT closed at the end of March and this will now transfer to Business as Usual through the integrated discharge programme. Meeting held on 07/06/16 to confirm key priorities for SFT and evaluation report was presented at the CCG Governing Body and Joint Commissioning Board.
BCF 16/17 Enabling technologies inc Telehealth and Telecare	James Roach	2) Dr Richard Sandford-Hill		G ↔		50%			This area of work is being progressed by the Prevention Board of the BCF and agreed actions in place to increase use of telehealth. This will become a core provision option as part of the integrated discharge programme.
BCF 16/17 Enhancing Urgent Care at Home to include 1. EOL rapid support 2. MH crisis management. 3. Confirmed pathways and non conveyance opportunities.	James Roach	EOL Link 72 hour pathway 3) Dr Rob Greville Heygate SVOC		G ↔		50%			Service has consistently been managing a high level of referrals and March and April both saw record numbers of referrals. Domiciliary care provider currently subject to a CQC embargo, which will create a significant impact on service provision and contingencies are being sought.
BCF 16/17 72 hour pathway for end of life (SFT)	James Roach	Clinical Involvement for BCP Geriatricians: Chris Dyer - RUH Hugo Powell - SFT Debbie Finch - GWH		G ↑		75%	1.400	1144	On track for service go live in August and recruitment completed. Updates to be provided from September.
BCF 16/17 Identified key worker as case manager	James Roach	AWP Dr Toby Sutcliffe		A ↑		75%			Where Integrated Teams are in place this is working. However not all integrated teams are fully operational so an overview of service provision needs to be established so key actions can be prioritised. Analysis to be undertaken and update to be given at the next CCG Governing body meeting.
BCF 16/17 Referral Management - revised communications	James Roach	Medvivo Jamie Brosch	TBC	G ↔		N/A			Revised referral communications and key BCP messages to be sent to all key stakeholders from 01/08/16.
BCF 16/17 Falls Strategy	James Roach	Other Practitioners Carolyn Hamblett & Clare Deards (Social Workers)		G ↔		N/A			Scheme being managed by the system wide bone health group and monthly updates are being provided. Evaluation of the Fracture Liaison Service at SFT has been undertaken. The service has exceeded all of its core KPIS and have provided a strong case for continuation.
BCF 15/16 Intermediate Care	James Roach	Carol Langley Johnson (GWH Therapies)		G ↔		75%			Service continues to reduce LOS and receive a high level of referrals. Key action for next period includes: Completing ICT commissioning Strategy for next 2 years. Commence focused training plans with each home.
BCF 15/16 Step up care (Community hospitals and IC)	James Roach	Jo Williamson (Lead Clinical Team Medvivo) Kris Mulshaw & Gina Sergeant (Hospital Therapists Leads)		G ↔		50%			Monthly reports continue to be provided and system wide definition and patient category for step up has been confirmed. Planned actions for the next period: Next quarterly clinical audit to be undertaken. Enhance step up care at home and in CH Beds as part of the integrated discharge programme.
BCF 15/16 Front door assessment and discharge through access to care (Admission avoidance)	James Roach			G ↔		50%			Key actions being developed as part of the Integrated Discharge Programme.
BCF 15/16 Community Geriatrics	James Roach			G ↔		75%			Service continues to report outcomes on an ongoing basis.
BCF 15/16 72 hour pathway for end of life (GWH and RUH)	James Roach			G ↔		75%			Service continues and monthly reports provided.
PLANNED CARE									
Planned Care MSK	Mark Harris	Dr Tim King Dr Lindsay Kinlin Dr Andrew Girdher	Jill Whittington	R ↔	G ↔	10%	696	410	Meeting held with Wiltshire Health & Care to discuss forward action. Several policies are now operational and these have been communicated to providers.
Planned Care Ophthalmology	Mark Harris	Dr Andy Hall	Louise Sturgess	R ↓	R ↔	25%	335	3588	Community Ophthalmology will be discussed at the STP Planned Care meeting in July. High level milestones for the high cost drug review have been agreed and initial meetings with the acute providers organised.
Planned Care Out patient follow up	Mark Harris	Dr Andy Hall	Louise Sturgess	A ↔	R ↔	70%	211	2219	PIFU implementation timetables have been signed by all of the independents as part of the contract.
Planned Care Advice and guidance	Mark Harris	Dr Gareth Dawe	TBC	R ↔	N/A	N/A	Not yet identified	N/A	No QIPP target identified.
Planned Care Cardiology	Mark Harris	Dr Martin Allen	Jill Whittington	A ↔	N/A	N/A	Not yet identified	N/A	Community heart failure pilot commenced on 01/06/16. Work stream development continuing.
Planned Care Clinical Priorities	Mark Harris	Dr Helen Osborn	Nadine Fox	G ↔	G ↔	100%	258	774	Programme of policies in development. Meetings with community podiery lead arranged to discuss current criteria for application.
Planned Care Paediatric NEL reduction	Mark Harris	Dr Lindsay Kinlin Dr Andrew Girdher Dr Chet Sheth	Lucy Baker	A ↔	R ↔	50%	Part of 1.400 Urgent Care target	Part of the 1144 Urgent Care activity reduction	Outstanding actions being chased with acute providers. Awaiting responses.
Planned Care Paediatric PIFU	Mark Harris	Dr Lindsay Kinlin Dr Andrew Girdher Dr Chet Sheth	Lucy Baker	A ↓	R ↔	50%	Not yet identified	N/A	PIFUS and CIFUS in place at acute provider. Activity numbers to be shared in August.
OTHER QIPP									
Primary Care Prescribing	Jo Cullen	Dr Helen Osborn (TBC) and other GP practice	Alex Goddard	G ↔	R ↔	TBC	1.900	Finance target only	June data not available from NHSBSA until September.
CHC CHC Reviews	Dina McAlpine	TBC	TBC	G ↑	G ↔	75%	500	Finance target only	The CHC QIPP for CHC is £500k. Several schemes have been identified which by month 2 have achieved £88k of the £500k. However overall 41% of the total has been achieved to date which will be reflected month by month.

Explanation

The table above indicates a RAG status in two columns related to the life of a project. These columns relate to the development and delivery stages. The first column indicates whether those planned activities which need to be completed for benefit/savings to be achieved have been completed. Benefits may not be released from the start of a project as there may developmental work which needs to be completed before a service of change becomes operational or *goes live*.

RAG status for projects in RAG for 'Planned Milestones' column is described below:

Red – not on track in current period and with need for plans to be developed and agreed to address issues and mitigate risks and get back on track

Amber – not on track in current period but with agreed and traceable plans in place to address issues and mitigate risks and get back on track

Green – on track in current period and with no currently known issues or risks to non-delivery

RAG status for the above is taken from information reported internally via Directorate Dashboards.

If a project is not delivering the financial benefit anticipated, the RAG for 'Delivery of Planned Benefits' column will show red.

Programme Management

The Programme Management Office (PMO) tracks progress of delivery through meetings with project managers and also the Directorate Dashboards which are reviewed monthly by the Executive Management Team. The PMO also produces status reports for the CCG's Finance and Performance Committee.

A number of mechanisms designed to increase accountability, identified by internal audit and agreed by the CCG's Audit and Assurance Committee are included in the PMO reporting process and this Integrated Performance Report.

Update on the 16/17 QIPP workstreams

Month one (April 16) data is not available for inclusion in this version of the IPR. When month two data, published in July, is available, there will be combined information showing the year to date activity and finance positions for all the QIPP schemes. As there is no date for month one, only directors' commentaries including their confidence levels for delivery are included below.

The 16/17 Delivery Plan included the requirement for QIPP savings to be delivered in order to achieve financial balance. QIPP is divided into the following categories:

Urgent Care – delivered through a combination of the Better Care Fund, Transforming Care for Older People and Operational Resilience Capacity funding streams. Some savings (approximately 75%) will be delivered through schemes which remain in place from 15/16 whilst others are new. Community services transformation will also act as an enabler to deliver the required savings target totalling £1.4m in 16/17. Urgent Care QIPP is monitored using SLAM data.

Planned Care – a number of schemes identified to deliver the target. Planned Care QIPP is monitored using SUS data

Other QIPP – delivered through initiatives in Primary Care Prescribing and CHC Reviews. Performance in the other QIPP programmes is monitored using multiple data sources each of which received validation by the Finance department.

To support the delivery of the improvements and the QIPP savings, the CCG has adjusted its Clinical Executive meeting structure so that on a monthly basis a Transformation Programme Board will meet with relevant leaders including members of the Clinical Executive team. These meetings will alternate their attention between Planned Care and Out of Hospital Care. The System Resilience Groups will also continue.

In the remainder of this section, high level indicators of performance are shown along with commentary from directors responsible for schemes identified to deliver financial savings. Planned Care will indicate both the financial and activity performance.

QIPP Summary

Planned Care

	Activity			Finance			
	Planned Reductions	YTD Planned Reductions	YTD Reductions	Planned Savings	YTD Planned Savings	YTD Actual Savings on Baseline	Variance Against YTD Planned Savings
OPHTHALMOLOGY	3,588	18	0	£335,070	£14,439	£10,032	-£4,408
CLINICAL PRIORITIES	774	122	252	£258,178	£37,406	£180,986	£143,579
OUTPATIENT PIFU	2,219	69	-179	£210,885	£5,790	£34,999	-£40,789
MSK	410	0	-339	£695,867	£0	£33,988	£33,988
PLANNED CARE SUBTOTAL	6,991	210	-266	£1,500,000	£57,636	£190,007	£132,371

Please note that negative variance is shortfall and positive variance is overachievement

Urgent Care

	Activity			Finance			
	Planned Reductions	YTD Planned Reductions	YTD Reductions	Planned Savings	YTD Planned Savings	YTD Actual Savings on Baseline	Variance Against YTD Planned Savings
URGENT CARE SUBTOTAL	1,144	191	-377	£1,400,000	£233,333	-£440,164	-£673,497

Please note that negative variance is shortfall and positive variance is overachievement

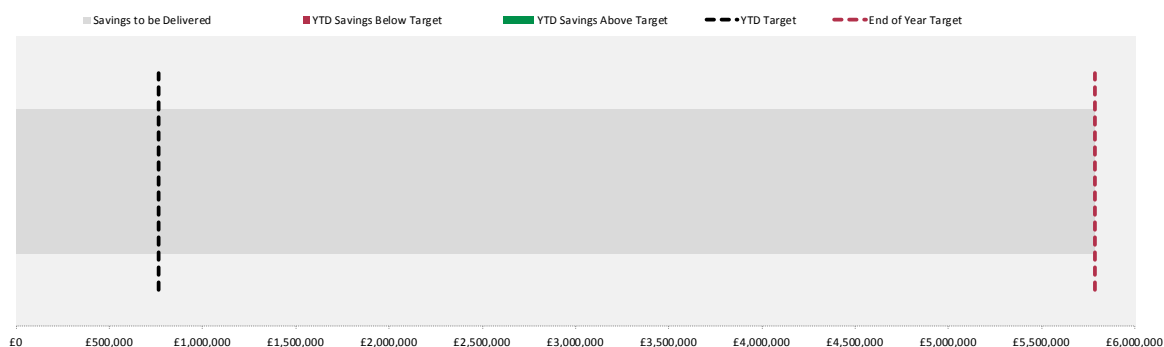
Non Acute Commissioned Services

	Activity			Finance			
	Planned Reductions	YTD Planned Reductions	YTD Reductions	Planned Savings	YTD Planned Savings	YTD Actual Savings on Baseline	Variance Against YTD Planned Savings
PRESCRIBING	-	-	-	£1,900,000	£316,667	£0	-£316,667
CONTINUED HEALTH CARE	-	-	-	£500,000	£88,231	£88,231	£0
NON ACUTE COMMISSIONED SERVICES SUBTOTAL	-	-	-	£2,400,000	£404,898	£88,231	-£316,667

Please note that negative variance is shortfall and positive variance is overachievement

	Finance			
	Planned Savings	YTD Planned Savings	YTD Actual Savings on Baseline	Variance Against YTD Planned Savings
2016/17 QIPP TOTAL	£5,300,000	£695,867	-£161,925	-£857,792

Please note that negative variance is shortfall and positive variance is overachievement



The graph above is not incomplete; it indicates that for M2 QIPP schemes cumulatively are not delivering the YTD planned savings of £695,867. The reason that there is no depiction of this position on the bar chart is because not only is the target not being delivered; but the spend on Urgent Care activity is £161,925 more than the 15/16 baseline. This results in a net underperformance of £857,792.

Operational Resilience and Capacity Planning (ORCP) – Programme Director: Jo Cullen

Investment has been identified for provider plans to support their operations. The Wiltshire System Resilience Group provides the forum for agreement of these plans and the subsequent resource allocation.

GWH:

Verbal update provided at July SRG on investment areas. Supporting paper not presented and has been requested by the Urgent care team.

RUH:

Paper from RUH signed off through Wiltshire SRG. Awaiting KPI data from RUH.

SFT:

SFT paper provided post SRG. SFT UEC working group meeting held to agree internal and external Green to Go elements to refine total numbers into stakeholder blockages for actions.

GWH Community:

Confirming whether new provider will have ORCP allocations from the 3 Acute Trusts.

Medvivo:

Schemes for providing resilience over extended bank holiday weekends. In place since April 2016 for the year.

Urgent Repeat Medication Service:

Paper to July SRG identifying system benefit to locating pharmacy resource within OOH provision rather than commissioning directly with pharmacies. Nil savings identified.

Confidence levels:

TBC% confidence level of delivery of QIPP associated with the programme (based on investment through ORCP funding and other programmes mainly intermediate care, community services and primary care)

Primary Care Developments – Transforming Care of Older People (TCOP)

All plans have returned 2015/16 evaluation details; and plans for 16/17 have been reviewed by TCOP Panel and signed off.

Confidence levels:

TBC% confidence level of delivery of QIPP Associated with programme.

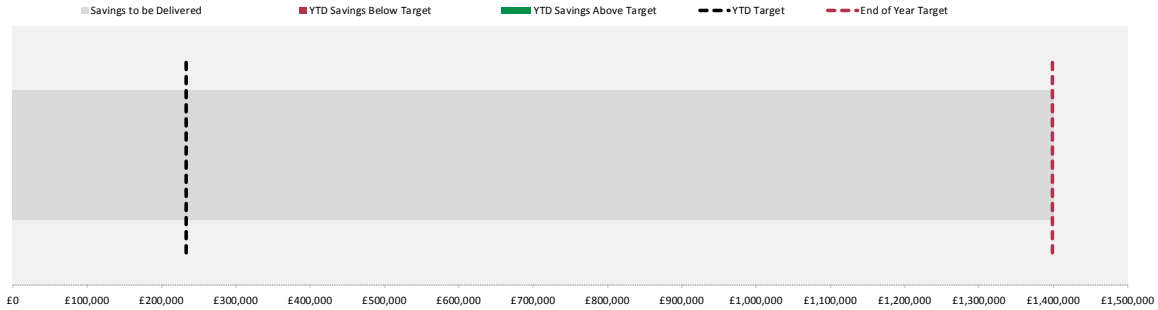
QIPP performance in the urgent care work stream. Delivered through a combination of the Better Care fund, Transforming Care for Older People and Operational Resilience Capacity funding streams. Some savings (approximately 75%) will be delivered through schemes which remain in place from 15/16 whilst others are new. Community services transformation will also act as an enabler to deliver the required savings.

Finance

This section is included to indicate the financial performance of a scheme against target

16/17 Targeted Saving £1,400,000

YTD Targeted Savings	£233,333
YTD Savings Achieved	£0
YTD Variance on Target	-£233,333



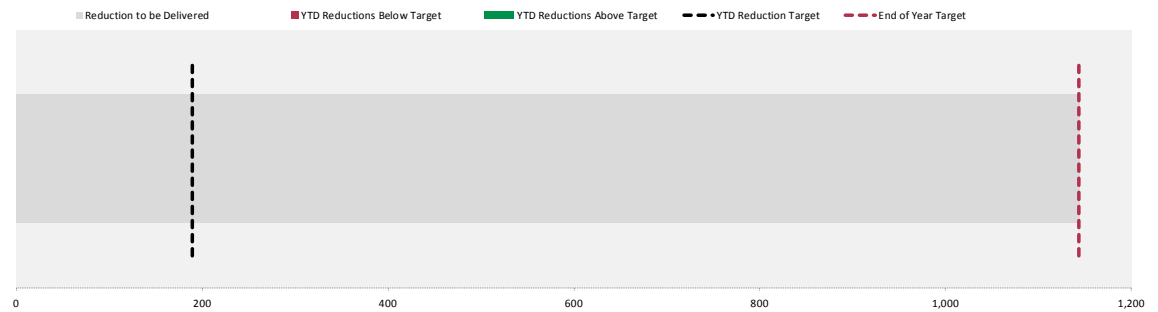
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline inc Growth	£6,226,848	£6,435,021	£6,226,848	£6,435,021	£6,435,021	£6,226,848	£6,435,021	£6,226,848	£6,435,021	£6,435,021	£5,810,503	£6,435,021	£12,661,868	£75,763,039
Planned QIPP Reduction	£116,667	£116,667	£116,667	£116,667	£116,667	£116,667	£116,667	£116,667	£116,667	£116,667	£116,667	£116,667	£233,333	£1,400,000
16/17 Plan	£6,110,181	£6,318,354	£6,110,181	£6,318,354	£6,318,354	£6,110,181	£6,318,354	£6,110,181	£6,318,354	£6,318,354	£5,693,836	£6,318,354	£12,428,535	£74,363,039
16/17 Actuals	£6,550,041	£6,551,991											£13,102,032	
Difference	£439,860	£233,637											£673,497	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

16/17 Targeted Reduction 1,144

YTD Targeted Reduction	191
YTD Reduction Achieved	0
YTD Variance on Target	-191



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline inc Growth	3,154	3,259	3,154	3,259	3,259	3,154	3,259	3,154	3,259	3,259	2,944	3,258	6,413	38,372
Planned QIPP Reduction	95	95	95	95	95	95	95	95	95	95	95	95	191	1,144
16/17 Plan	3,059	3,164	3,059	3,164	3,164	3,059	3,164	3,059	3,164	3,164	2,848	3,163	6,222	37,228
16/17 Actuals	3,196	3,403											6,599	
Difference	137	239											377	

Better Care Fund – elements contributing to CCG Urgent Care QIPP targets

Programme Director: James Roach

New BCF schemes for 16/17

Non Elective Admissions:

Overall acute specific activity seems to be up around 6.3% (around 450 admissions) on 2015/16 but is down on levels seen in 2014/15 by 2.6% (around 200 admissions). 2016/17 activity is 4.3% higher than plan (around 300 admissions). Activity in April was in line with expectations while May saw a substantial increase in activity. Activity in those aged 65+ is up by 3.2% (around 100 admissions). However, the admission levels for the over 65s is still lower than 2014/15 levels and broadly in line with the level of demographic growth expected for this age group. In relation to the level of the frail elderly admissions, the increase in admissions in 2016/17 to date compared with 2015/16 equates to an additional 0.6 admissions per hospital per day so not significant growth when considered in these terms.

The working age population has seen admissions increase by 11.3% (around 300 admissions) while the growth in under 18s is 6.5% (around 60 admissions). These areas have seen the biggest percentage level growth and this trend continues from last year, it should be noted that these areas are not impacted on by the main better care plan schemes and is not our area of focus and this is included for analysis purposes.

QIPP activity at the 3 main hospitals based on SLAM data shows non elective activity around 6% (around 375 admissions) over plan. The QIPP report show the cost of activity is around 5.4% over plan. This needs further investigation but may a result of reductions in excess bed days or shorter stay admission or a number of other factors.

April avoidable emergency admissions show a reduction of around 7.1% (around 60 admissions), with an 11.9% (around 50 admissions) reduction in those aged 65 and over. This suggests that the remaining admissions are likely to have a greater acuity, it also demonstrates that the key schemes are doing all they can to manage peoples care in a different setting and to admission avoid.

Delayed Transfers of Care:

Delayed transfers of care in May 2016 were higher again than the delays seen in April with 84 people delayed at midnight on the last Thursday of the month, the biggest volume of waits are for domiciliary care and specialist care packages. However, delayed days reduced substantially from the high levels seen in April to a total of 1,734 delayed days in May which follows a positive trend from 2015/16 where patients are moving sooner post delay and ALOS of delay is reducing. There remain higher than the 2015/16 averages which were 63 for delays and 1,495 for delayed days but still lower than the 2014/15.

Work is ongoing to ensure accuracy and consistency of recording both locally and nationally and new processes have been agreed at SFT. There have also been issues with access to care providers which Wiltshire Council are trying to address.

Other BCP Indicators:

There have been 112 permanent admissions to Care Homes in the first 3 months of 2016-17. A simple forecast for a year-end total would be well under the BCP target of 550. In 2015/16 there were 491, which was well below the BCF target of 575.

The proportion of people at home 91 days' post discharge from hospital for Q3 2015/16 discharges is 83% which is slightly lower than the figure seen in 2014/15. Dementia diagnosis rate has been re-based to reflect increase in the population, therefore the diagnosis rates has dropped from 65.5% at the end of 2015/16 to 63.4% this is below the 66.7% target. A further 221 patients need to be identified to hit the target.

In June there were 60 admissions (56 step down and 4 step up) and 60 (56 step down and 4 step up) discharges from Intermediate Care which is maintaining the performance seen in recent months. Step down rehab patients have a length of stay of less than 30 days, however it is other step down admissions which drives the overall length of stay higher.

New Help to Live at home activity was consistent with earlier months in June and remains around the monthly average, ongoing support maintained its current levels. Other domiciliary care support maintained its levels for ongoing and new clients. Urgent care at Home activity has reduced due to issues with care provision.

Update New BCF schemes for 16/17

Care Home Liaison including Dementia

This service is now in place and providing support for 86 care homes in Wiltshire and community services. Following performance analysis and a presentation to the BCP system wide steering Group in July a decision has been made to refocus the care pathways and ensure closer linkage with hospital front door, urgent care at home and community services.

Integrated Discharge pre Home First

Individual action plans in place with each acute Trust and this is being delivered in line with the system wide DTOC plan.

Wiltshire Home First

The project at SFT closed at the end of March and this will now transfer to Business as Usual through the integrated discharge programme. Meeting held on Tuesday, 7 June 2016 to confirm key priorities for SFT and evaluation report was presented at the CCG Governing Body and Joint Commissioning Board.

Enabling technologies inc Telehealth and Telecare

This area of work is being progressed by the Prevention Board of the BCF and agreed actions in place to increase use of telehealth. This will become a core provision option as part of the integrated discharge programme. Planned action for the next period - utilisation report to be presented at the system wide BCP Steering Group in July

Enhancing Urgent Care at Home to include

- 1. EoL rapid support**
- 2. MH crisis management.**
- 3. Confirmed pathways and non-conveyance opportunities.**

Service has consistently been managing a high level of referrals and March and April both saw record numbers of referrals. However, the dom' care provider MI home Care is currently subject to a CQC embargo this will create a significant impact on service provision and contingencies are being sought.

Service contingencies are now in place but it will take some time before the service is up and running at normal activity levels, this has had a significant impact on system flow and has resulted in a loss of 80 discharges a month which equates to current level of DTOCs across the system.

72-hour pathway for end of life (SFT)

On track for go live and recruitment completed. Service goes live in August 2016. Monthly updates will be provided from September.

Identified key worker as case manager

Where Integrated Teams are in place this is working and key workers play a key part in the discharge and case management of patients. However not all integrated teams are fully operational and we need to establish an overview of service provision so key actions can be prioritised.

Planned action for next period - analysis of all 22 integrated teams to be undertaken and discussed at the July BCP Steering Group. Following this it has been decided that an update on Integrated Teams will be provided at the next CCG Governing Body (pubic session) and JCB.

Comprehensive service for Dementia patients

See care home liaison update above.

Referral Management - revised communications

Was discussed at WYKDD GP forum and GPs agreed with the suggest direction and aim is to roll this out across Wiltshire in the form of a revised BCP Newsletter.

Planned action for next period - revised referral comms and key BCP messages to be sent to all key stakeholders from 1 August 2016.

Falls Strategy

Scheme being managed by the system wide bone health group and monthly updates are being provided.

Evaluation of the Fracture Liaison Service at SFT has been undertaken and it is pleasing to note that the service has exceeded all the core KPIs and have provided a strong case for continuation.

Fracture liaison services were identified as a key priority through the STP process and further consideration will be given to extending this service to GWH and RUH

Schemes Continued from the BCF 15/16

Intermediate Care

70 beds continue and service continues to reduce LOS and receive a high level of referrals. Key actions for the next period include:

1. Completing ICT commissioning Strategy for next 2 years in line with Integrated Discharge Plans and
2. commence focused training plans with each home.

Admission Avoidance

No commentary provided as key points in each relevant scheme area.

Step up care (Community hospitals and IC)

Monthly reports continue to be provided and system wide definition and patient category for step up has been confirmed.

Planned actions for the next period

1. Next quarterly clinical audit to be undertaken.
2. Enhance step up care at home and in CH Beds as part of the integrated discharge programme.

Front door assessment and discharge through access to care (Admission avoidance)

Key actions being developed as part of the Integrated Discharge Programme with monthly updated.

Urgent Care at Home

As detailed above in enhanced urgent care at home section.

Community Geriatrics

Service continues to report outcomes on an ongoing basis. There are concerns in relation to the level of service being provided in SFT and this will need review

Planned action for the next period:

1. Undertake clinical audit of community geriatrician service in the South.
2. Agree approach with Sarum GPs for interface with this scheme to improve coverage and outcomes

ICT cohorted beds (step down)

Update above in BCF intermediate care.

72-hour pathway for end of life (GWH and RUH)

Service continues and monthly reports provided.

Confidence level for delivery of overall BCF work streams – 75%

NB. 15/16 BCF schemes indicated on the project register remain as business as usual and commentary is therefore not provided.

Higher Intensity Care (HIC) Programme delivered through Wiltshire Health & Care (WHC)

Programme Director: Ted Wilson

As part of the bid to win the adult community services contract, WHC committed to 6 major projects of work to improve ACS in year 1 of the contract. One of those projects which will have an indirect impact on the ability of the CCG to deliver its QIPP target in year is the HIC programme.

- The HIC programme will increasingly extend working hours to support the development of home first (Integrated Discharge) and step up care at home, (virtual community wards).
- Therapy staff working in the Core Community Teams will provide in reach support to the community bed base provision in order to facilitate care for patients and their subsequent timely return home
- WHC will grow step up care to 50% of all community hospitals by the end of 2016/17 - 44 beds will be available
- Step up bed provision: By the end of year one of the contract 44 beds will be available for step up admission to community hospitals
- In year one of the contract WHC will establish an older person assessment area, in addition to the community hospital beds, at three of the community hospitals;
 - Chippenham
 - Warminster
 - SavernakeThese non-bedded assessment areas will be established with access for 2/3 patients (trolleys or reclining chairs) and will be staffed by a multi-professional team of nurse practitioners, nurses and therapists provided from the community ward and the Core Community Team. The medical cover will come from the Core Community Team's older person doctors. These assessment areas will be opened 5 days a week, 8am to 8pm.
- Community geriatricians will provide three times weekly routine support to patients in Savernake, Chippenham, Warminster community hospitals, alongside intermediate care beds for all core community teams. The community geriatrician team will be the first point of contact for urgent advice in hours 7 days a week. Comprehensive geriatric assessment will be completed for all patients.

A project plan will be developed in July 2016, however, WHC are currently working towards the following high level milestones:

Q2

- Agree medical resource requirements.
- Test virtual community beds model in West Wiltshire.

Q3

- Commence MDT / GP facilitation in West and subsequently South
- Soft launch of ambulatory support in Warminster.

Q4

- Soft launch of ambulatory support in Savernake and Chippenham.
- Roll out of virtual beds in North and South Wiltshire

Detailed project plans to be available by end July 16. **Confidence level – 100%**

PLANNED CARE QIPP

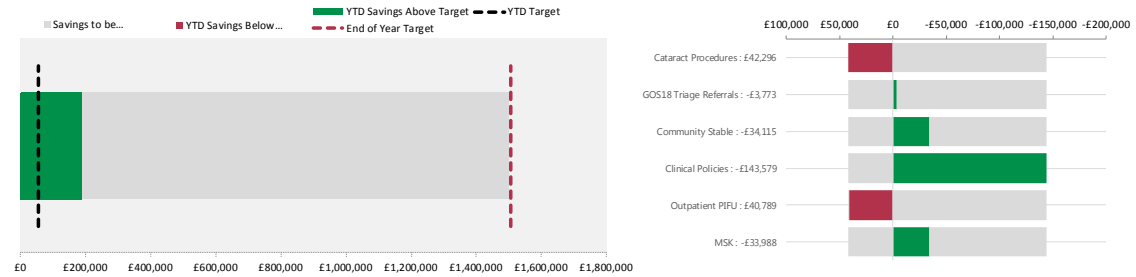
Programme Director: Mark Harris

The below summary includes the combined details of all the individual schemes contributing to the QIPP performance in the planned care work stream. The detail behind each individual scheme can be found on separate tabs within this report.

Finance

This section is included to indicate the financial performance of a scheme against target

16/17 Targeted Savings	£1,500,000	YTD Targeted Savings	£57,636
		YTD Savings Achieved	£190,007
		YTD Variance on Target	£132,371

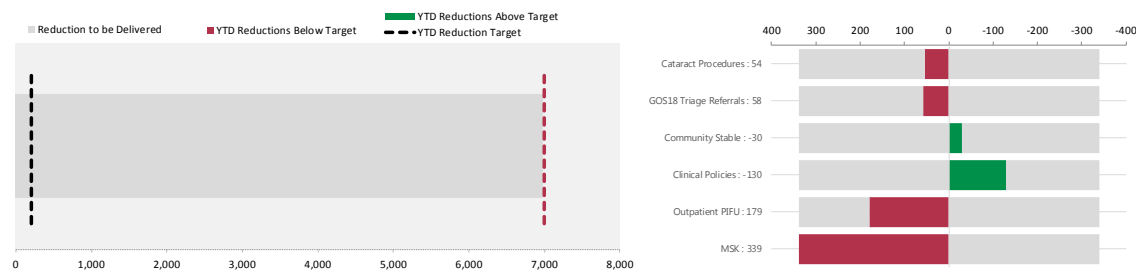


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline Inc Growth	£2,665,898	£2,547,981	£2,827,770	£2,941,498	£2,497,785	£2,821,802	£3,006,009	£2,699,308	£2,532,460	£2,658,900	£2,718,233	£2,604,632	£5,213,879	£32,522,277
Planned QIPP Reduction	£29,613	£28,023	£36,146	£53,385	£67,215	£99,028	£107,785	£146,093	£167,890	£231,940	£245,514	£287,368	£57,636	£1,500,000
16/17 Plan	£2,636,286	£2,519,957	£2,791,623	£2,888,113	£2,430,570	£2,722,774	£2,898,224	£2,553,215	£2,364,571	£2,426,961	£2,472,719	£2,317,264	£5,156,243	£31,022,277
16/17 Actuals	£2,530,105	£2,493,767											£5,023,872	
Difference	£106,181	£26,190											£132,371	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

16/17 Targeted Reduction	6,991	YTD Targeted Reduction	210
		YTD Reduction Achieved	0
		YTD Variance on Target	-210



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline Inc Growth	10,683	9,942	11,351	11,634	10,088	11,540	11,630	11,304	10,384	10,552	10,961	10,984	20,625	131,053
Planned QIPP Reduction	95	115	121	304	517	677	807	817	845	877	899	917	210	6,991
16/17 Plan	10,589	9,827	11,229	11,330	9,571	10,864	10,823	10,487	9,539	9,675	10,062	10,067	20,416	124,062
16/17 Actuals	10,512	10,374											20,886	
Difference	77	547											470	

Ophthalmology

Delivered through three schemes: Cataract Procedures, GOS18 Triage Referrals & Community Stable Management. Each of which is shown separately in the information below.

Extensive activity and cost modelling has demonstrated that due to the current length of the Ophthalmology waiting lists that any activity, either new or FU transferred to a community setting would only be backfilled by the Acute Trusts thereby creating a cost pressure for the CCG not a saving. The option appraisal was therefore not completed whilst the way forward is agreed.

Community Ophthalmology will be discussed at the STP Planned Care meeting in July. High level milestones for the high cost drug review have been agreed and initial meetings with the acute providers organised to enable an understanding of current pathways and baseline activity data. The Cataract policy has been agreed with all providers and approved by CAG and will go live in July 16.

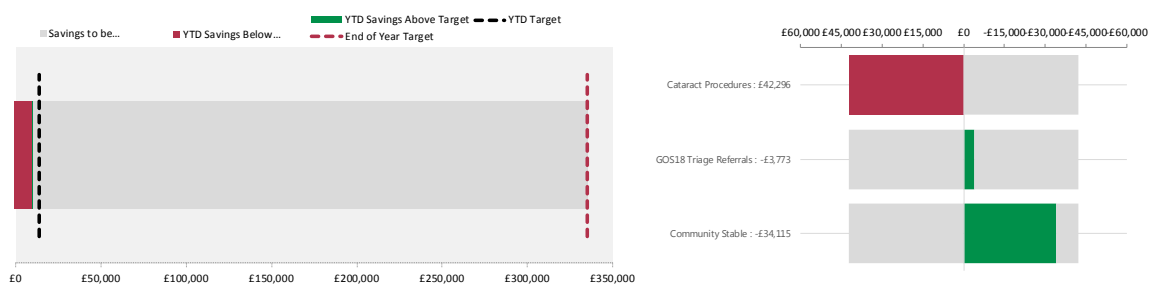
Confidence level – 25%

The below summary includes the combined details of all the individual schemes contributing to the QIPP performance in the ophthalmology work stream. The detail behind each individual scheme can be found on separate tabs within this report.

Finance

This section is included to indicate the financial performance of a scheme against target

16/17 Targeted Savings	£335,070	YTD Targeted Savings	£14,439
		YTD Savings Achieved	£10,032
		YTD Variance on Target	-£4,408

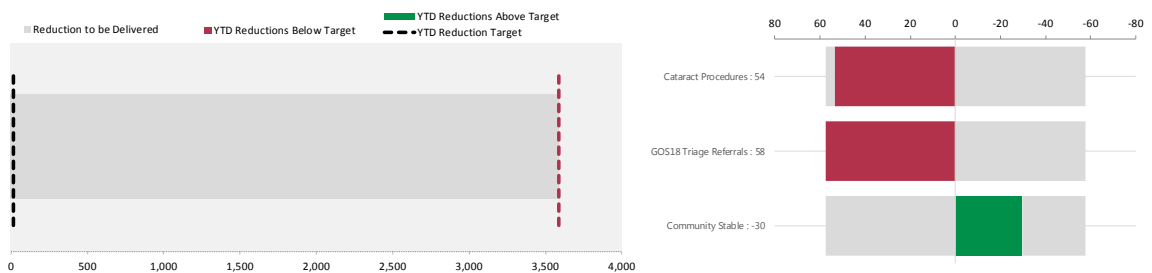


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline Inc Growth	£306,887	£300,396	£302,360	£363,152	£281,960	£352,984	£340,805	£316,237	£310,369	£340,267	£320,569	£331,630	£607,284	£3,867,617
Planned QIPP Reduction	£2,320	£7,119	£7,909	£14,571	£22,953	£32,719	£40,294	£40,294	£40,363	£40,433	£40,485	£40,609	£14,439	£335,070
16/17 Plan	£299,567	£293,277	£294,451	£348,581	£259,006	£320,264	£300,511	£275,943	£270,006	£299,834	£280,084	£291,021	£592,844	£3,532,547
16/17 Actuals	£315,451	£281,801											£597,252	
Difference	£15,884	£11,476											£4,408	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

16/17 Targeted Reduction	3,588	YTD Targeted Reduction	18
		YTD Reduction Achieved	0
		YTD Variance on Target	-18



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline Inc Growth	2,113	1,890	2,027	2,291	1,938	2,163	2,189	2,073	2,124	2,134	2,172	2,177	4,004	25,290
Planned QIPP Reduction	9	9	10	119	232	361	474	474	475	475	475	475	18	3,588
16/17 Plan	2,104	1,881	2,017	2,172	1,706	1,802	1,715	1,599	1,649	1,659	1,697	1,702	3,986	21,702
16/17 Actuals	2,153	1,914											4,067	
Difference	49	33											82	

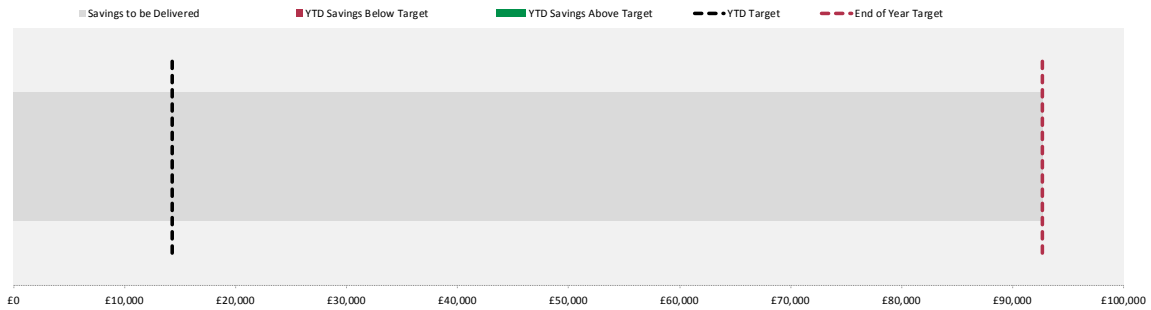
Cataract Procedures - part of Ophthalmology

Finance

This section is included to indicate the financial performance of a scheme against target

16/17 Targeted Saving £92,686

YTD Targeted Savings	£14,439
YTD Savings Achieved	£0
YTD Variance on Target	-£14,439



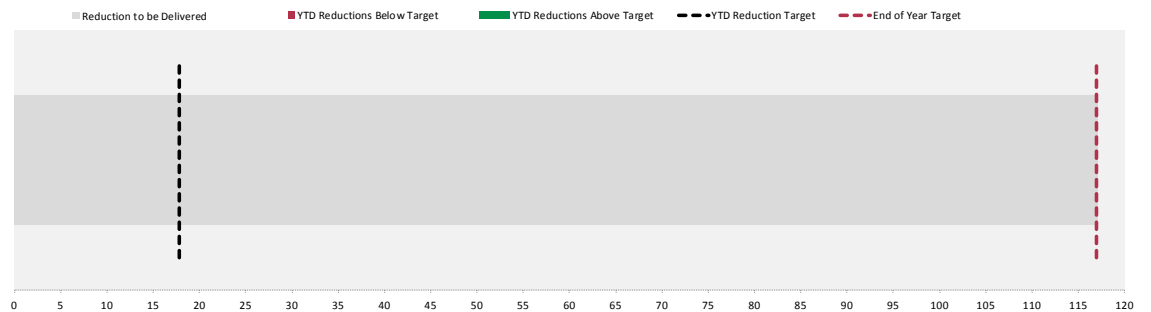
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline inc Growth	£141,020	£153,216	£142,503	£179,958	£127,727	£180,838	£169,671	£155,674	£139,360	£171,849	£150,016	£189,226	£294,237	£1,901,060
Planned Q1PP Reduction	£7,320	£7,119	£7,909	£7,119	£7,909	£7,901	£7,901	£7,901	£7,901	£7,901	£7,901	£7,901	£14,439	£92,686
16/17 Plan	£133,700	£146,097	£134,594	£172,839	£119,818	£172,937	£161,770	£147,773	£131,458	£163,947	£142,115	£181,325	£279,797	£1,808,373
16/17 Actuals	£170,462	£151,631											£322,093	
Difference	£36,762	£5,534											£42,296	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

16/17 Targeted Reduction 117

YTD Targeted Reduction	18
YTD Reduction Achieved	0
YTD Variance on Target	-18



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline inc Growth	179	194	181	226	160	227	214	197	175	217	190	240	372	2,400
Planned Q1PP Reduction	9	9	10	9	10	10	10	10	10	10	10	10	18	117
16/17 Plan	170	185	171	217	150	217	204	187	165	207	180	230	354	2,283
16/17 Actuals	216	192											408	
Difference	47	7											54	

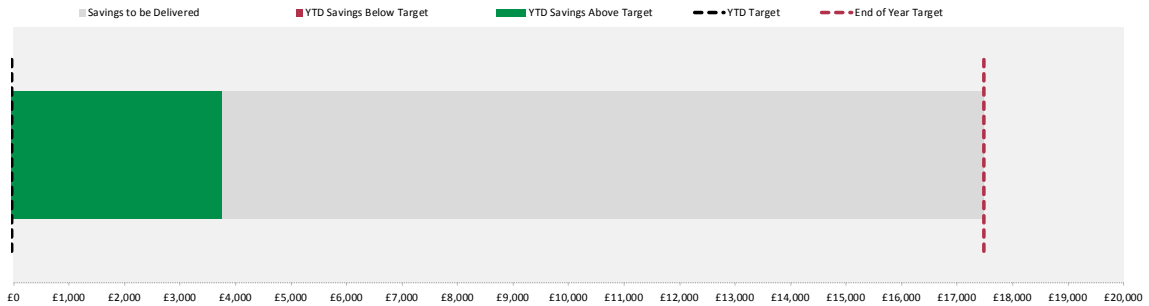
GOS18 Triage Referrals - part of Ophthalmology

Finance

This section is included to indicate the financial performance of a scheme against target

16/17 Targeted Saving £17,481

YTD Targeted Savings £0
 YTD Savings Achieved £3,773
 YTD Variance on Target £3,773



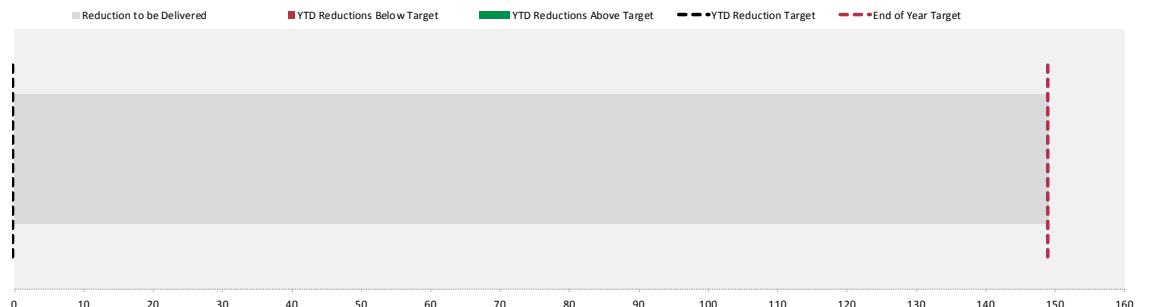
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline Inc Growth	£43,974	£40,477	£49,374	£58,594	£49,242	£59,599	£53,520	£48,227	£51,584	£57,035	£53,359	£52,479	£84,451	£617,464
Planned QIPP Reduction	£0	£0	£0	£0	£0	£2,321	£2,443	£2,443	£2,511	£2,511	£2,564	£2,688	£0	£17,481
16/17 Plan	£43,974	£40,477	£49,374	£58,594	£49,242	£57,278	£51,078	£45,784	£49,073	£54,524	£50,795	£49,791	£84,451	£599,984
16/17 Actuals	£43,074	£37,604											£80,678	
Difference	£900	£2,873											£3,773	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

16/17 Targeted Reduction 149

YTD Targeted Reduction 0
 YTD Reduction Achieved 0
 YTD Variance on Target 0



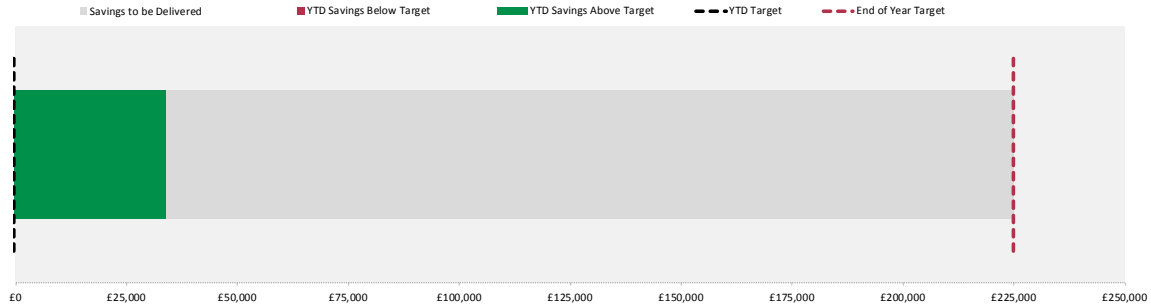
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline Inc Growth	357	330	400	476	400	482	435	393	417	466	436	480	687	5,072
Planned QIPP Reduction	0	0	0	0	0	19	31	21	22	22	22	22	0	149
16/17 Plan	357	330	400	476	400	463	414	372	395	444	414	458	687	4,923
16/17 Actuals	404	341											745	
Difference	47	11											58	

Community Stable Management - part of Ophthalmology

Finance

This section is included to indicate the financial performance of a scheme against target

16/17 Targeted Saving	£224,903	YTD Targeted Savings	£0
		YTD Savings Achieved	£34,115
		YTD Variance on Target	£34,115

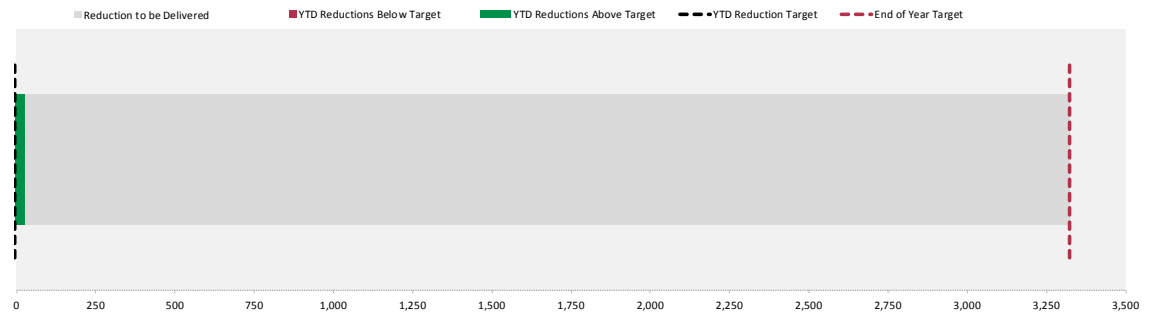


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline	£121,893	£106,703	£110,482	£124,600	£104,991	£112,547	£117,613	£112,337	£119,425	£111,383	£117,194	£89,925	£228,596	£1,349,093
Planned Q1PP Reduction	£0	£0	£0	£7,452	£15,044	£22,497	£29,950	£29,950	£29,950	£30,020	£30,020	£30,020	£0	£224,903
16/17 Plan	£121,893	£106,703	£110,482	£117,148	£89,946	£90,050	£87,663	£82,387	£89,475	£81,363	£87,174	£59,905	£228,596	£1,124,190
16/17 Actuals	£101,915	£92,566											£194,481	
Difference	-£19,978	-£14,137											-£34,115	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

16/17 Targeted Reduction	3,322	YTD Targeted Reduction	0
		YTD Reduction Achieved	30
		YTD Variance on Target	30



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline	1,578	1,366	1,446	1,588	1,378	1,454	1,540	1,483	1,531	1,450	1,546	1,457	2,944	17,817
Planned Q1PP Reduction	0	0	0	110	222	332	443	443	443	443	443	443	0	3,322
16/17 Plan	1,578	1,366	1,446	1,478	1,156	1,122	1,097	1,040	1,088	1,007	1,103	1,014	2,944	14,495
16/17 Actuals	1,533	1,381											2,914	
Difference	-45	15											-30	

Clinical Priorities

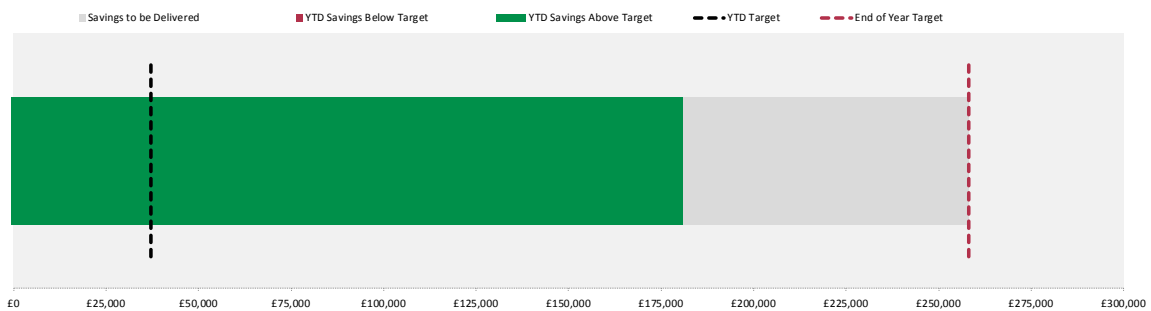
Programme of policies in development to include pterygium, elective section and septorhinoplasty. Meetings with community lead arranged to discuss the variance of application of current criteria. Discussions with breast teams to discuss cosmetic breast surgery vs oncoplastic work with a view to clarify the post 2 year current cut-off for post cancer reconstruction.

Confidence factor – 100%

Finance

This section is included to indicate the financial performance of a scheme against target

16/17 Targeted Saving	£258,178	YTD Targeted Savings	£37,406
		YTD Savings Achieved	£180,986
		YTD Variance on Target	£143,579

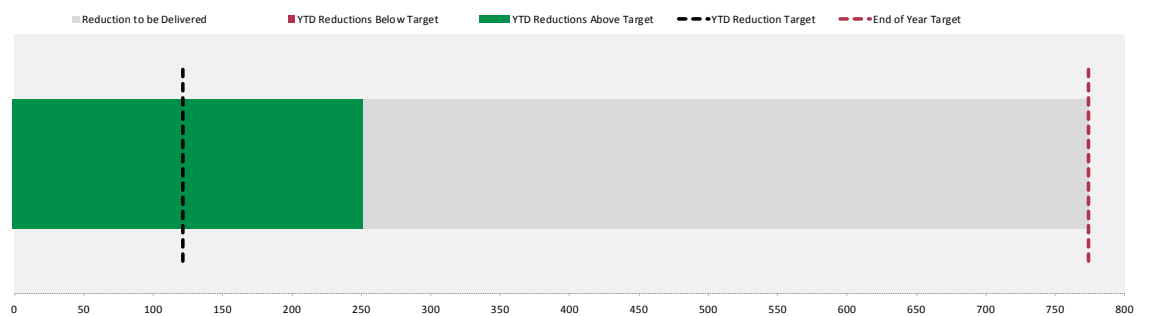


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline inc Growth	£207,745	£187,897	£224,208	£239,638	£168,248	£209,001	£196,560	£197,060	£149,395	£128,202	£144,875	£137,845	£395,643	£2,190,674
Planned QIPP Reduction	£20,362	£17,044	£19,557	£17,461	£20,754	£24,434	£25,187	£24,914	£24,884	£23,924	£19,574	£20,082	£37,406	£258,178
16/17 Plan	£187,383	£170,853	£204,651	£222,177	£147,494	£184,567	£171,373	£172,146	£124,511	£104,277	£125,300	£117,763	£358,236	£1,932,496
16/17 Actuals	£98,177	£116,490											£214,657	
Difference	£89,206	£54,373											£143,579	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

16/17 Targeted Reduction	774	YTD Targeted Reduction	122
		YTD Reduction Achieved	252
		YTD Variance on Target	130



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline inc Growth	244	219	264	257	210	237	223	213	163	136	154	171	463	2,492
Planned QIPP Reduction	63	60	64	61	65	64	66	65	64	66	68	68	122	774
16/17 Plan	181	159	200	196	145	173	157	148	99	69	86	104	341	1,718
16/17 Actuals	101	110											211	
Difference	80	49											130	

Outpatient PIFU– Follow Ups

Paeds PIFU: PIFUS and CIFUS in place RUH. Manual validation of outcome forms confirmed compliance. Activity numbers to be shared in August. GWH task force group relaunched week commencing 7/07. Key priorities agreed around PIFU and advice and guidance.

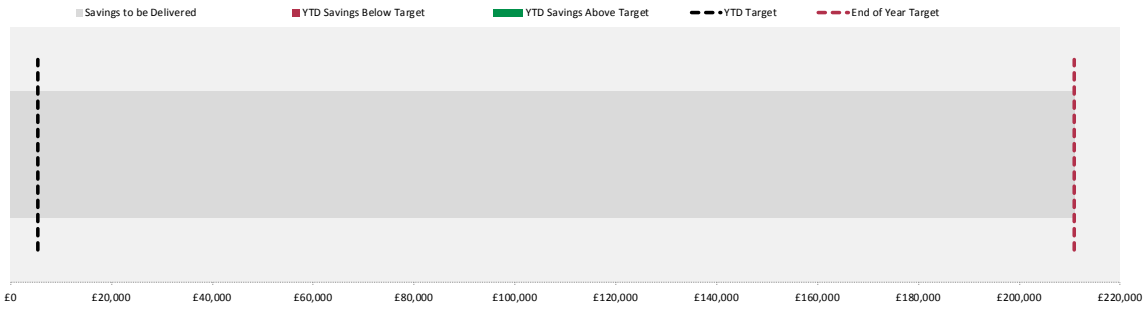
Paeds NEL: Banes decision on handy app funding chased - due by end of July. ORCP bid decision also chased with banes for discussion 14/07. June data chased for consultant advice line. Month two data showing flat activity at SFT and GWH but growth at RUH particularly in viral illness and uncoded episodes. These concerns have been highlighted at the clinical working group to agree remedial QIPP actions. RUH to review data and comment by 22 July 2016. GWH taskforce to chase implementation of handyapp. Figures for consultant advice line for June chased. Date for SFT pathway review chased with provider - delayed due to black escalation.

Confidence level – 50%

Finance

This section is included to indicate the financial performance of a scheme against target

<u>16/17 Targeted Saving</u>	<u>£210,885</u>	<u>YTD Targeted Savings</u>	<u>£5,790</u>
		<u>YTD Savings Achieved</u>	<u>£0</u>
		<u>YTD Variance on Target</u>	<u>-£5,790</u>

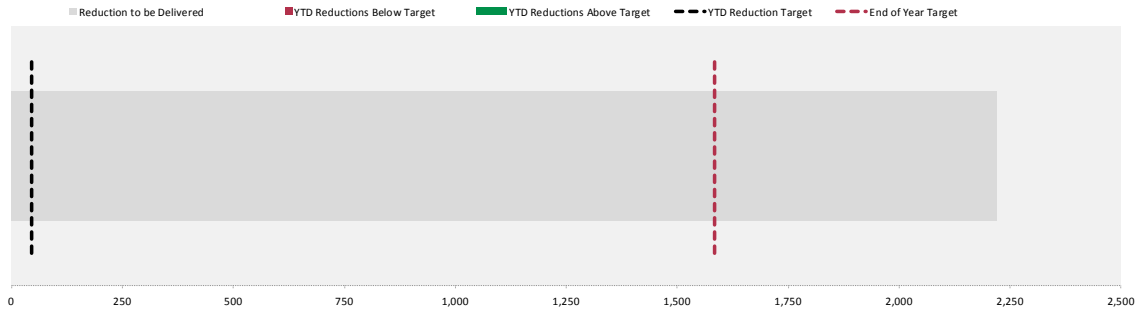


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline inc Growth	£54,977	£52,924	£607,929	£602,812	£531,684	£587,219	£617,795	£616,304	£538,729	£569,092	£606,085	£551,980	£1,097,900	£6,927,530
Planned Q1PP Reduction	£1,930	£3,860	£6,936	£13,373	£20,233	£22,572	£23,435	£23,415	£23,597	£23,674	£23,842	£24,018	£5,790	£210,885
16/17 Plan	£543,047	£549,063	£600,993	£589,439	£511,451	£564,647	£594,360	£592,889	£515,133	£545,418	£582,243	£527,962	£1,092,110	£6,716,645
16/17 Actuals	£565,432	£567,467											£1,132,899	
Difference	£22,385	£18,404											£40,789	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

<u>16/17 Targeted Reduction</u>	<u>2,219</u>	<u>YTD Targeted Reduction</u>	<u>69</u>
		<u>YTD Reduction Achieved</u>	<u>0</u>
		<u>YTD Variance on Target</u>	<u>-69</u>



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline inc Growth	6,327	6,118	6,891	6,870	6,083	6,953	6,920	6,848	6,111	6,384	6,674	6,664	12,445	78,843
Planned Q1PP Reduction	23	46	46	123	219	244	253	253	253	253	253	253	69	2,219
16/17 Plan	6,304	6,072	6,845	6,747	5,865	6,709	6,667	6,595	5,858	6,131	6,421	6,411	12,376	76,624
16/17 Actuals	6,262	6,293											12,555	
Difference	-42	221											179	

MSK

Meeting held 13 July 2016 with Wiltshire Health & Care. Options for a way forward will be discussed and agreed at MSK Board on 19 July 2016 for onward approval by Exec. Risk & confidence level remains until a decision has been taken and plan fully operative

POLICIES - TKR/THR & Knee Arthroscopy policies are now operative. Communication to providers and education has started.

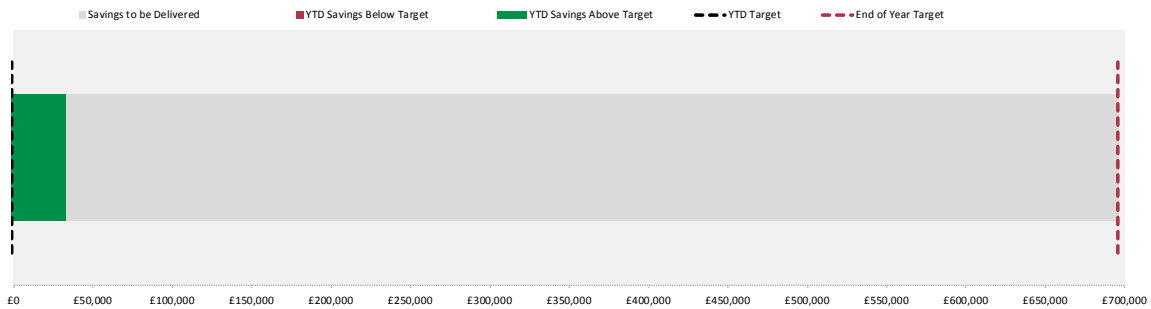
CHRONIC PAIN SERVICES: Project approach continuing with workstreams was agreed. Draft proforma developed by GWH for agreement of GPs.

Confidence level – 10%

Finance

This section is included to indicate the financial performance of a scheme against target

16/17 Targeted Saving	£695,867	YTD Targeted Savings	£0
		YTD Savings Achieved	£0
		YTD Variance on Target	£0

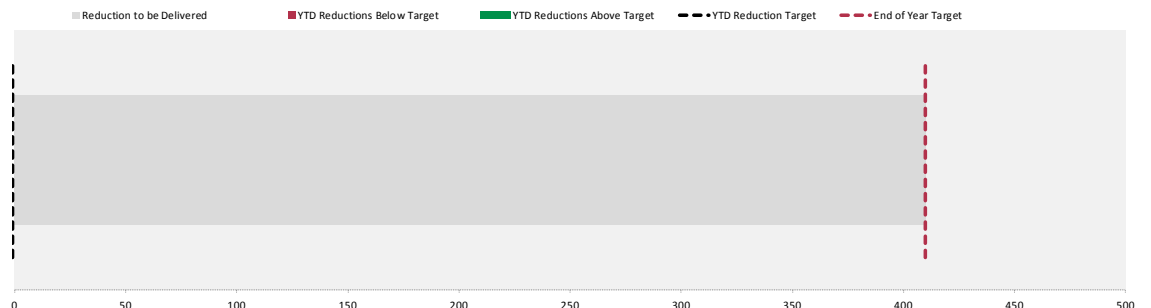


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline Inc Growth	£1,606,289	£1,506,763	£1,693,272	£1,735,896	£1,515,893	£1,672,598	£1,850,849	£1,569,707	£1,533,967	£1,621,340	£1,646,704	£1,583,177	£3,113,052	£19,536,456
Planned QIPP Reduction	£0	£0	£1,744	£7,980	£3,275	£19,303	£18,869	£57,469	£79,047	£143,909	£161,613	£202,659	£0	£695,867
16/17 Plan	£1,606,289	£1,506,763	£1,691,528	£1,727,916	£1,512,619	£1,653,295	£1,831,980	£1,512,237	£1,454,920	£1,477,431	£1,485,092	£1,380,518	£3,113,052	£18,840,589
16/17 Actuals	£1,551,045	£1,528,019											£3,079,064	
Difference	£-55,244	£21,256											£-33,988	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

16/17 Targeted Reduction	410	YTD Targeted Reduction	0
		YTD Reduction Achieved	0
		YTD Variance on Target	0



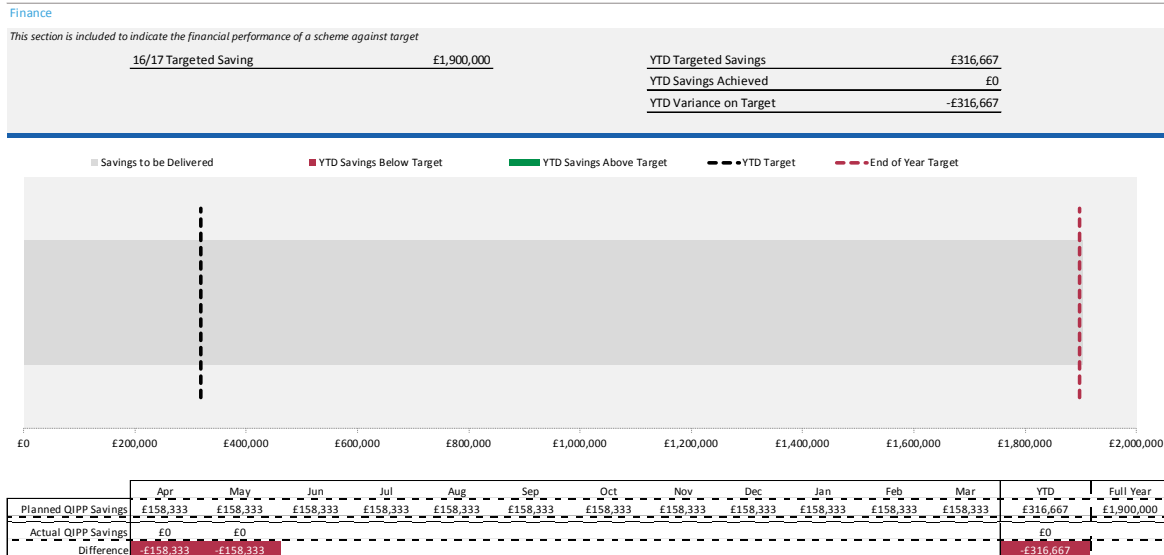
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
15/16 Baseline Inc Growth	1,999	1,715	2,169	2,216	1,856	2,187	2,298	2,170	1,986	1,898	1,961	1,973	3,714	24,428
Planned QIPP Reduction	0	0	2	2	2	8	14	24	53	82	103	121	0	410
16/17 Plan	1,999	1,715	2,167	2,215	1,855	2,179	2,284	2,145	1,933	1,816	1,858	1,851	3,714	24,018
16/17 Actuals	1,996	2,057											4,053	
Difference	-3	342											339	

OTHER QIPP PROGRAMMES

Primary Care - Prescribing Programme Director: Jo Cullen/Alex Goddard

Forecast not available from NHSBSA until Sept (June data).

Confidence Level: TBC%

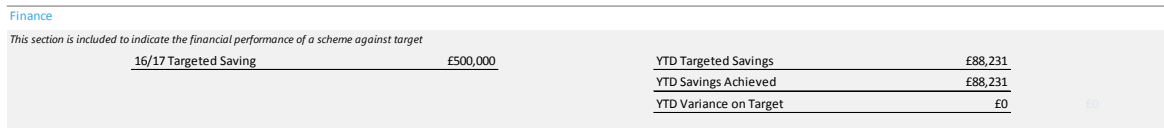


Savings have been identified but have yet to be delivered.

CHC Fast track patients and LD patients Programme Director: Dina McAlpine

CHC will operate within budget and continue to review patients as per statutory requirements. Range of projects also planned to support achievement of QIPP. The CHC QIPP for CHC is £500k. Several schemes have been identified which by month 2 have achieved £88k of the £500k. However overall 41% of the total has been achieved to date which will be reflected month by month.

Confidence Level: 75%



UPDATE ON OTHER PROGRAMMES FROM 15/16

Below is commentary from Programme Directors about selected other programme areas.

The following are included for information. There are no QIPP savings identified for delivery through these programmes currently.

Diabetes programme Programme Director: Ted Wilson

The Diabetes Programme Board had previously been held in abeyance until funding was identified to support the delivery of key workstreams. Funding was subsequently provided to support the delivery of virtual clinics in Primary Care.

An additional existing funding stream has also now been reallocated to provide diabetes services in East Wiltshire where there has historically always been a gap in community service provision.

The Programme Board will now be reinstated and will meet on 28 July 2016. Draft workstreams have been identified by the project manager which will be ratified at the next meeting. Key actions will also be agreed at the programme board for each area of work. Draft workstreams include:-

- Implementation of the Virtual Clinic Early Adopter Schemes
- Implementation of the service provision in East Wiltshire
- Review of the structured education model
- National Diabetes Audit
- Diabetes Summit
- National Diabetes Prevention Programme
- Communications/Patient Engagement
- Workforce/Training
- Prescribing
- Sustainability and Transformation Plan workstreams

Some workstreams are already underway:-

Early Adopter Schemes

Work is ongoing to deliver the early adopter scheme which will see the implementation of virtual clinics in 12 GP Practices across WWYKD and NEW North which are RUH facing. A further 9 clinics will be implemented in East Wiltshire which are GWH facing.

Current work underway includes:-

- Finalisation of the RUH Contract Variation by the CSU
- Recruitment of the diabetes nurse facilitator underway
- Final list of Practices taking part in the scheme
- Wiltshire Health and Care to discuss GWH consultant input in scheme

Implementation of the service provision in East Wiltshire

Funding has been provided to implement diabetes service in East Wiltshire where historically there has been a gap in service provision.

Currently work underway includes:-

- Wiltshire Health and Care Proposal shared with Primary Care
- Finalisation of costs for new service
- Finalisation of new model

Confidence Levels

There is 100% confidence in the ability of the Diabetes Programme Board to deliver the early adopter scheme

End of Life (EoL) Care Programme Programme Director: Ted Wilson

2016/17 Workstreams

2016/17 Workstreams approved by the EoL Programme Board as:
Education/training, Public Engagement and Refresh Strategy, Compassionate Communities, Workforce, Care at Home, Carers, BCF Integrated Commissioners, Dementia in End of Life Care

Progress of workstreams subsumed from 2015/16:

Education/Training

- Wiltshire CCG Competencies mapping tool template approved for 6 month pilot with view to use as a future framework and to monitor EoL care.
- EoL pages on Wilts CCG updated for specific target audiences utilising e-learning modules, Powerpoint presentations and provider details that offer training.
- ACP approved for 6 month pilot
- TEP, Advance Care Planning and Dementia training, for GP's, Community Teams and Care Homes in development for roll out
- TEP evaluation commenced to support further implementation

Care at Home

- Bespoke national modelling tool to inform the business case for a new model of care for palliative care at home being utilised.
- Working group to meet to develop the commissioning strategy for palliative care at home and the business case

Dementia

- The Dementia Delivery Strategy Board Action Plan has now been augmented and will link with the EoL Programme Board.
- Programme Board agreed that individual Dementia and EoL workstreams must be mindful of gaps and synergies.

New workstreams

Outcome measures for the additional workstreams are in development in order that they align with their associated objectives and the overall objectives of the current EoL Strategy. These will be agreed at the next EoL Programme Board on 21 July 2016.

Confidence factor of Programme remains at TBC%