

## **NHS Wiltshire Clinical Commissioning Group Integrated Performance Report October 2013**

### Executive Overview

The real focus of attention at the moment understandably lies in winter planning. The Wiltshire Urgent care Working Group (the new title for the previous urgent Care Board) convened on 17 Oct, with attendance from all stakeholders and providers, as well as the NHS England Area Team. This forum provided an opportunity to discuss the robustness and viability of the plan, and drive coherence across the health system. The CCG is investing significant funds in order to try and alleviate pressure from the system across the winter, and will be running a number of projects and schemes which have been conceived of and designed by our Clinical leadership in locality groups, such as additional primary care capacity and more care home beds. Naturally, these endeavour to put in place measures to provide greater resilience to the system and try to avoid any unnecessary build up of pressure.

Longer term planning continues, with our Annual Planning cycle approaching maturity. Again, crucially, this has been driven by ideas generated by locality clinical leadership. We aspire to push our planning horizon ahead to considering system change in 5 years time, an aspiration since reinforced by the NHS Call to Action; the Governing Body will discuss and consider this during a seminar session on 29 October, and any results will be the subject of public consultation.

The performance of NHS111 has maintained the previously reported improvement, and we are hopeful that this Service will reach full acceptance shortly.

The Community Transformation programme progresses well, with many care co-ordinators now in place, measures in hand to facilitate smoother discharge from Acute settings avoiding unnecessary delays in patient experiences and risk stratification rolling out across the county. We are also working hard with Council colleagues to address Delayed Transfer of Care in order to improve the effectiveness of the system.

Director of Planning, Performance and Corporate Services

## CONTENTS

Title	Page
Chapter 1 Quality	3
Chapter 2 Finance	13
Chapter 3 Access	26
Chapter 4 Project Management	29
Appendix 1 CCG Assurance Framework	40
Appendix 2 Harm Free Care (Safety Thermometer)	46
Appendix 3 Quality Dashboard	47

### Introduction

The NHS Wiltshire Clinical Commissioning Group (CCG) Integrated Performance Report details the position of the CCG drawing on all the data available at the end of August 2013.

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

On 3 September 2013, NHS England visited NHS Wiltshire CCG to undertake the Quarter 1 CCG Assurance Assessment for 2013/14. Following this visit NHS Wiltshire CCG has made some changes to the CCG Assurance Framework (Appendix 1) to support future visits and explore the information available. The information contained within the Assurance Framework will be referred to and supports the information contained within the chapters of this report. This approach supports our aspiration to “write once/read many” and ensure that we are routinely assessing our performance in a manner coherent with what external assurance authorities will focus upon.

## Chapter 1: Quality

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

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

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

Director of Quality and Patient Safety's Commentary:

During August there has been a further MRSA blood stream infection apportioned to the CCG, bringing the NHS Wiltshire CCG year to date total to 3 cases. Whilst the numbers are low, the national tolerance is zero which is challenging for all organisations. Only two CCG in the South West have not breached the zero target.

The NHS Safety Thermometer 'Classic' measures harm and the proportion of patients that are 'harm free'. Whilst the Safety Thermometer measures only 4 harms, it is important to triangulate the information with measures such as the National Reporting and Learning System. The latest release of both measures is provided in this chapter.

A DTOC Task and Finish Group has been established, meeting weekly and led by the CCG Chief Financial Officer.

## **Purpose**

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

Content:

- Section 1: Highlights
- Section 2: Hotspots
- Section 3: Contributors
- Appendix 1: CCG Assurance Framework
- Appendix 2: Harm Free Care
- Appendix 3: Quality dashboard

### **1.0 Highlights**

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

- Harm Free Care (section 1.1)
- HCAI High level MRSA/ C. diff data (section 1.2)
- NRLS September update (section 1.3)
- Delayed transfers of care (DTC) (section 1.4)

### **1.1 Harm Free Care**

The NHS Safety Thermometer was developed as a point of care survey instrument. It provides a 'temperature check' on harm that can be used alongside other measures of harm to measure progress and improvement. The NHS Safety Thermometer 'Classic' measures harm and the proportion of patients that are 'harm free' from pressure ulcers, falls, urine infections (in patients with a catheter) and VTE.

Data is collected at ward level on the same day every month both locally and nationally. Data is published on the NHS safety thermometer website and is available to the public. NHS England is currently piloting Safety Thermometers for Medication Safety, Mental Health and Maternity.

The percentage of patients receiving harm free care as defined by the Safety Thermometer has increased demonstrating an improvement (Appendix 2). This is positive news for the CCG and comparable to the national position and peer organisations.

## 1.2 MRSA and C. diff update

NHS England has set challenging trajectories for Clinical Commissioning groups (CCG) for 2013/14 for Meticillin-Resistant Staphylococcus Aureus (MRSA) blood stream infections (BSI) and Clostridium Difficile infections (CDI).

On 24 September 2013, NHS England held a meeting to discuss the actions needed to reduce CDI rates within the health economy. Given that our current performance is above trajectory, NHS Wiltshire CCG have shared an action plan with the NHS England Area Team and are currently trying to establish methodology to review non trajectory cases. The action plan has been developed with Public Health, Infection Control, Medicines Management and Quality colleagues to assist in recovering performance for CDI.

### 1.2.1. Clostridium difficile

There have been ten cases of *C.diff* attributable to NHS Wiltshire CCG during August 2013, five of which have been detected in the acute setting, within 72 hours of admission to hospital. The remainder of the CCG cases have been identified in the community, e.g. via a specimen sent by the GP.

<i>C. difficile</i> Infections	2013/14 target	Apr	May	Jun	Jul	Aug	Total YTD
All Wiltshire CCG	127	18	14	12	12	10	66
RUH	29	4	3	4	5	5	16 (plus 5)
SFT	21	1	2	3	2	0	8
GWH	20	1	2	2	3	3	11

#### Action

- We need agreement at a local and regional level to review *C.diff* cases where providers request they are not counted in their trajectory because they were infected prior to admission or unavoidable.
- Clarity is needed on the recording of the non-trajectory, in this report we have reported RUH as 16 (plus 5), the plus 5 are where commissioners have agreed the cases were not attributable to the provider.

### 1.2.2 MRSA

There has been one MRSA bacteraemia apportioned to NHS Wiltshire CCG for August 2013, which occurred in a Wiltshire patient during an in-patient episode at Great Western Hospitals NHS Foundation Trust (GWH). Although attributable to GWH, it is also apportioned to CCG and shown on CCG data as post 48 hours. Any other MRSA bacteraemia directly attributable to CCG (i.e. occurring in primary care) are detailed in pre 48 hours. The table below shows the August 2013 and year to date MRSA apportioned to NHS Wiltshire CCG and providers.

MRSA (Apportioned to CCG) • August 2013	Plan	Actual total	Of actual total	
			Pre 48 hours	Post 48 hours
NHS Wiltshire CCG	0	1	0	1
Year To Date	0	3	2	1

MRSA (Providers ) - August 2013 Year To Date	Plan	Actual
RUH, Bath	0	0
GWH, Swindon	0	2
SFT, Salisbury	0	0

#### Action

- Post infection review for all MRSA cases are investigated by the CCG, we are developing Terms of Reference for the review process with Wiltshire Council Public Health Infection Control.

### 1.3 National Patient Safety Agency (NPSA) - National Reporting and Learning System - Organisation Patient Safety Incident Report

The tenth release of the Organisation Patient Safety Incident Reports data for NHS organisations in England and Wales took place on 25 September 2013. The data includes details of patient safety incidents in England and Wales that occurred between 1 October 2012 and 31 March 2013 and were submitted to the National Reporting and Learning System (NRLS) by the end of May 2013.

In publishing the data the National Patient Safety Agency (NPSA) aims to provide tools to support NHS organisations to analyse and learn from safety incidents to prevent patient harm in the future. Two page summary documents for each organisation can be generated using a Patient Safety Data Comparison Tool, the tool for the September 2013 data release will shortly be available.

Trusts that report incidents regularly suggest a stronger organisational culture of safety. They take all incidents seriously and link reporting with learning. A high reporting trust also tends to be considered a trust that encourages reporting and learning from incidents.

The September 2013 release data shows an increase in the reporting rate for the RUH, it is however still one of the lowest reporters in the South West. Details from the Wiltshire main providers are given in the table below. For further information: <http://www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports/directory/>

National Reporting and Learning System Reporting rate per 100 admissions/bed days				
Provider	1 Apr 2011 to 30 Sep 2011	1 Oct 2011 to 31 Mar 2012	1 Apr 2012 to 30 Sep 2012	1 Oct 2012 to 31 Mar 2013
RUH	3.9	4.0	3.4	5.6
SFT	8.2	7.2	7.9	7.4
GWH	8.2	6.7	6.7	7.6

(Data source: NPSA Incident report)

## Actions

- The RUH is a low reporter and they have been providing details to the Clinical Outcomes and Quality Review meetings of the actions they are taking to improve incident reporting. The latest data period 1 October 2012 to 31 March 2013 has shown an improvement in their incident reporting.

### 1.4 Delayed transfers of care (DTC)

NHS Wiltshire CCG have set up a 'task and finish' group to consider DTCs across Wiltshire. The systems and processes for managing and reporting the delayed transfer of care are being reviewed in partnership with Wiltshire Council and local providers.

### 2.0 Hotspots

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

In addition Appendix 3 shows a summary level of the quality dashboard.

## Sarum Lead

### 2.1 Salisbury NHS Foundation Trust (SFT)

Indicator	Target	August'13	YTD
HSMR	100	112	112
Pressure ulcers	0	12	90
% Patients Admitted Direct to Stroke Unit	90%	65.2%	80.6%

SFT have reviewed the reasons for the increase in the length of stay on Radnor (ICU) ward in May 2013 at the September Quality Review Group meeting. The provider confirmed that they have looked into the reasons for the delays and that this affected two patients which were both complex cases and it was clinically necessary for them to have a longer length of stay.

#### Actions

- The Trust reported at the last Quality Review Group that the HSMR had increased to 114 in March 2013. The CSCSU have made further enquiries with the Dr Foster data and found that for the 3 months period May 2013 to Jul 2013 the HSMR for Salisbury FT is 112 and within the expected range.
- The trust reported an increase in pressure ulcers in July (24 grade 2 pressure ulcers) which they thought could be due to increased reporting during the hot weather period. There has been improved performance in August (12 grade 2 pressure ulcers).
- The stroke direct admissions performance was 65.2% against a 90% in August. The performance group are monitoring this indicator and a query list has been sent to the Trust for actions being taken to improve performance

## West Wiltshire Yatton Keynell and Devizes (WWYKD) Lead

### 2.2 Royal United Hospital Bath NHS Trust (RUH)

RUH Indicator	Target	August 2013	Q2	Comment
VTE prophylaxis (100% of patients who require prophylaxis are given it)	100%	84.2%	84.0%	See actions below
Higher risk TIA treated within 24 hours	>=60%	40.0%	56.5%	See actions below



<b>RUH Indicator</b>	<b>Target</b>	<b>August 2013</b>	<b>Q2</b>	<b>Comment</b>
Number of medical outliers - median	<=25	41	34	See actions below

### **Actions**

- VTE: the RUH has been asked to provide details of actions to improve performance in this area. They will be giving a presentation on their findings to the October Clinical Outcomes and Quality Review Group meeting.
- TIA: During August there was an unusually low referral level, with just 10 high risk patients seen. Of these, 6 patients were not seen within the 24 hours 2 of which were patient cancellations.
- Medical Outliers: the RUH have reported that refurbishment works have impacted on the number of medical outliers reported; an improved position is expected at the end of September 2013 when the beds are re-commissioned.

### **2.3 Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)**

<b>AWP Indicator</b>	<b>Target</b>	<b>Oct 2013</b>	<b>Comment</b>
DTOC	7.5%	11.64% for all Wiltshire beds and 17.85% for older peoples beds	The CCG is working with the Council and AWP to review the discharge pathway especially the brokering and funding approval processes within the Council.
Memory Clinic – waiting times	18wks	Average wait time down to 4wks from a previous 12 month wait.	Waiting times are reducing rapidly due to CCG investment in diagnosis in Primary Care and additional funding to reduce the memory clinic backlog.
% Newly Identified Carers Assessed in less than 4wks	95%	64.7%	Adult teams at 87.5%, AWP working to improve.

## Actions

- DTOC: the CCG has begun a discharge pathway review process with AWP and Wiltshire Council in order to evaluate the improvement work undertaken in November 2012 and further improve and streamline processes. The elevated level of DTOC is concentrated in a relatively small number of patients who are waiting extremely long periods of time.
- The CCG is working with AWP and Wiltshire Council to improve the availability of Section 12 Doctors.
- Recorded levels of staff supervision are improving as data input increases.
- Recruitment to the expanded Acute Liaison service has brought staffing levels close to full establishment except for Psychiatry at SFT.
- The CCG is working with AWP to understand what appears to be a higher than expected serious incident level in the last 3 months.

## 2.4 South Western Ambulance Service NHS Foundation Trust (SWAS)

SWAS Indicator	Target	August 2013		Comment
Red 1 performance response times	75%	Wiltshire actual	57%	<ul style="list-style-type: none"> <li>○ All main response times for Wiltshire were not achieved.</li> <li>○ Red performance remains challenging due to low numbers per day within rural area. Action plan in place to deliver Red 2 performance in Q4 13/14.</li> </ul>
		SWAS (N) actual	73%	
Red 2 performance	75%	Wiltshire actual	63%	

## Actions

- In addition to on-going resource analysis by 'Lightfoot', additional resources are being deployed within the Bristol area which should reduce the displacement of rural paramedics into urban areas.

## North East Wiltshire (NEW) Lead

### 2.5 Great Western Hospitals NHS Foundation Trust (GWH) Acute and Community

Indicator	Target	August 13	YTD	Comment
78G – Stroke patients spending 90% of time on stroke unit	>=80%	79.6%	78.5%	The July and August data is under validation and is therefore provisional
81G – Inpatient discharge summaries to be with GPs within 1 working day of discharge	95% TBA	68.6%	67.7%	Performance has dipped from 73.1% in July 13 and has missed this target during 2013-14.
82G – Clinic letters to be typed and with GPs within 2 working days	>90% TBC	32.8%	38.4%	This indicator has consecutively missed target during 2013-14.
93W – Average LoS COMMUNITY	<17days	21.6	23.7	LoS has reduced in August 13 from M3-M5.

The full Month 5 data is available on the Patient Safety and Quality dashboard 2013/14 provided by GWH.

### 2.6 GWH Maternity Key Performance Indicator (KPI) dashboard

Maternity Indicator	Target	Wiltshire CCG August 13	GWH Trust Combined *	Comment
Normal births as a % of total births	77%	<b>71.3%</b>	<b>63.6%</b>	Wiltshire CCG specific data is higher than the total recorded for the GWH Trust combined, which falls below target overall.
C-section as a % of total births	23%	<b>16.4%</b>	<b>24.8%</b>	Wiltshire CCG specific data meets target. The GWH Trust combined Month 5 total falls just below target

\* Combined data GWH and PAW

NHS Wiltshire CCG visited the Princess Anne Wing, Maternity unit on Thursday 19 September 2013 to review the environment and quality of care, a draft report from NHS Wiltshire CCG has been shared with GWH.  
Trowbridge Birthing unit re opened on 30 September 2013.

### **3.0 Contributors**

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

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

## Chapter 2: Finance

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

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

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

### Chief Financial Officer's Commentary:

NHS Wiltshire CCG is planning to deliver a surplus of £5.0m against an anticipated resource limit of £521m in 2013/14. At the end of September 2013 the CCG is reporting a year to date surplus of £2.5m which is in line with plan.

To support the delivery of this financial position an in year QIPP programme of £9.3m has been developed with engagement by each Group. This is being monitored through the year in partnership with the Groups and the Project Management Office to ensure delivery against target and to identify mitigating actions. At the end of month 6 an in year gap of £3m is being forecast against this target due to the timing of initiatives commencing. Other initiatives relating to medicines management and Any Qualified Provider have been identified to mitigate this gap within 2013/14.

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

Alongside the pressures within commissioned services there are further risks to the CCG financial position linked to the continuing uncertainty around capital grant allocations and the financial impact of non-contract activity charges, which have a delay in being validated due to the continued section 251 person identifiable data issues. We estimate the potential risk to be approximately £4m- £5m.

## Wiltshire CCG financial overview 2013/14

NHS Wiltshire CCG has planned to deliver a surplus of £5.0m against an anticipated revenue resource limit of £521m. Annex 1 shows the summary income and expenditure position for the year at month 6.

The income and expenditure year to date position at the 30 September 2013 is a surplus of £2.5m. This is in line with the planned surplus position of £5.0m. Table 1 below outlines the summary position at month 6:

Table 1: Summary CCG financial position M6 2013/14

	Year to date / £'m		
	Resources	Expenditure	Variance
Programme	245.19	2542.85	-2.34
Running costs	5.83	5.65	-0.18
	251.02	248.50	-2.52

	Forecast outturn / £'m		
	Resources	Expenditure	Variance
Programme	509.14	504.10	-5.04
Running costs	11.66	11.66	0.00
	520.80	515.76	-5.04

The CCG is currently forecasting operating within its cash limit. At month 6 there has been a lower than plan drawdown against the anticipated cash limit, which is in respect to the timing impact of investments such as the uncommitted headroom and the timing of prescribing cash adjustments.

At the end of September 2013 the CCG is showing year to date achievement against its better payment performance target for both NHS and non NHS suppliers, both by value and number of invoices.

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

### Resource limit and budget updates

At month 6 the CCG resource limit has increased by £0.85m. This is in respect to:

- A return of funding from the Bath, Gloucestershire, Swindon and Wiltshire (BGSW) Area Team (£0.63m) for the costs of child health admin neonatal screening
- An adjustment to the brought forward surplus value by NHS England (£0.19m)

- A net adjustment related to specialist commissioning transfers (£0.03m) which includes additional transfers to SCG and a return of funding to the CCG for services no longer recognised as being specialist commissioning. The key items within this are summarised below in table 2.

Table 2: Summary specialist commissioning adjustments

	£'m
RNHRD anti TNF drugs funding	1.54
Bristol NHS providers contract rebasing adjustments	1.21
SCG adjustments	-2.72
	<u>0.03</u>

The CCG has previously anticipated a reduction to its resource limit of £3.3m (over and above the return of the £30k shown above) which is included as part of the overall £521m resource limit. The full value of this transfer had been disputed by the CCG as it encompasses a requirement to fund elements of specialist commissioning outturns from 2012/13, with an associated value of approximately £1.8m. The CCG has reluctantly accepted this transfer, including the funding of the 2012/13 outturn elements, in line with national guidance that has said that specialist commissioning adjustments should include the impact of prior year outturns.

The CCG is still awaiting confirmation of £4m of central funding to support its capital grant request for community equipment services.

A number of other smaller funding transfers between the Area Team and the CCG are continuing to be discussed but these do not present a material financial risk at this time.

Annex 5 outlines the summary movements to the CCG budgets since month 5.

### **Wiltshire CCG financial performance by providers**

The month 6 reported financial position represents the fifth month of receiving information from providers following the NHS architecture changes. Over recent months the CCG has seen an improvement in the information contained within the Secondary Users System (SUS) following the NHS architecture changes - the CCG and CSU are continuing to work with providers where anomalies are identified e.g. in relation to cardiology, to further ensure the robustness of the information.

At the end of month 6 the CCG is forecasting operating within its running cost allowance.

Highlighted below are the key year to date (YTD) and Forecast Outturn (FOT) variances within the CCG's programme budgets at an individual commissioned service level at month 6 along with any mitigating actions identified.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Royal United Hospital NHS Trust (RUH)	34.29	35.42	1.13	2.25
<p>A year to date overspend is reported based upon the latest SLAM data (M5) received from the Trust. This is primarily due to an estimated YTD overspend on activity net of QIPP of £0.7m and non-QIPP related areas of £0.4m (of which Direct Access Radiology represents £0.3m).</p> <p>The full year position assumes that the levels of current activity will continue through until the end of the year. Verification work continues in areas of significant variance with several areas of challenge (particularly around Direct Access Radiology and INNRF Restricted Procedures) being discussed with the CSU / Trust, with further investigations into growth in Urology, Pain Management, Cardiology and Gynaecology now being undertaken at practice level.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Salisbury NHS Foundation Trust (SFT)	42.11	43.35	1.24	2.50
<p>The most recent SFT monitoring shows significant over performance although the Trust have acknowledged there has been some over-reporting issues which are being corrected.</p> <p>There is over-performance in elective admissions on Rheumatology, Urology and Colorectal and Vascular surgery. Non-elective over-performance is in General Surgery, Urology, Gastroenterology and Cardiology.</p> <p>Accident and Emergency (A&amp;E) activity has been higher than anticipated and the cost of Payment by Results (PbR) excluded drugs is currently running above forecast levels, particularly for Ant-TNF drugs, which are being looked at. Outpatients, including diagnostics, are currently below plan however there have been some data validity concerns due to the new software implementation.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Great Western Hospital NHS Foundation Trust (GWH) (Acute)	25.09	25.47	0.38	0.80
<p>The FOT variance of £0.8m is reported against the agreed 13/14 plan of £48.2m (which is inclusive of the recent transfer of funding to specialist commissioning).</p> <p>M5 ytd SLA monitoring activity (un-validated) shows that overall over-performance has not significantly increased from M4's position with non-elective, outpatient and day case activity continuing to be the key over-performing areas.</p>				



The M6 position includes estimated challenge values which are yet to be accepted by the Trust.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
GWH (Community)	26.03	25.75	(0.29)	0.0

The community block contract is currently on budget.

The Maternity contract PbR activity (un-validated) is under performing by £0.3m, primarily against in-patient birth activity which is much lower than anticipated based on 12/13 birth rates. GWH have been unable to identify a confirmed reason for this and have now commissioned an external coding audit to investigate this issue.

The YTD underperformance does not include any potential impact of the new maternity pathway charging. Reworked YTD maternity costs are still awaited from GWH. Until any potential impact is known, FOT variance is being reported as zero based on DoH guidance which indicates that there should be no effect on total cost as a result of the pathway payment system.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
University of Southampton NHS Foundation Trust (UHS)	2.08	2.22	0.14	0.25

Currently there is over-performance in Emergency admissions, particularly for trauma. UHS are also reporting significant over-performance on PbR excluded chemo drugs but the WCCG view is that some of this should be reported as Specialist Commissioning spend. The potential risk on the latter is an addition £0.3m FOT variance. The Specialist Commissioning boundary issues remain under review.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Avon & Wiltshire Mental Health Partnership NHS Trust	16.50	16.66	0.16	0.31

A year to date overspend is reported against the non-block elements of the AWP contract (any qualified provider autistic spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) activity & Drugs and Section 12 Doctors) following a full reconciliation. ADHD activity and drugs agreed through Prior Approvals will continue to be monitored closely as YTD expenditure is currently running at three times the level experienced in 2012/13.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
South West Ambulance NHS Trust	7.91	8.04	0.14	0.28

A year to date overspend of £0.14m is reported against the SWAST Ambulance contract based upon the level of over-performance reported in Q1 (over-performance charged at 60% marginal rate). The full year position assumes that the level of over-performance displayed in the period May to August (3.1%) will continue through until March 14.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Circle Healthcare	0.95	0.86	(0.08)	(0.17)
<p>At Month 6 a year to date underspend is reported against the Circle AQP contract. Activity for M1-M3 tracked lower than anticipated levels but has reverted to around budgeted levels for M4 &amp; M5 and the FOT has been amended accordingly. Actual usage of this contract will continue to be reviewed on a monthly basis.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
BMI Hospitals (Bath Clinic & Ridgeway)	1.83	2.35	0.52	0.73
<p>Validated M1-M3 data shows continuing higher than anticipated activity levels, primarily at Ridgeway Hospital where year on year growth is highest on major pain and orthopaedic (mainly hip) procedures. Actual activity for M4 and M5 is not yet available therefore the M6 position is estimated based on M1-3.</p> <p>Non Contracted Activity which is un-budgeted activity performed at other BMI sites, equates to £32k of the ytd variance.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Ramsay - New Hall	2.12	2.31	0.19	0.35
<p>New Hall activity is very variable month by month. April and May were busy months, June and July activity was lower with August being the highest month to date. Early indications are that September activity levels were again above plan. Discussions are underway to ensure the Provider is fully complying with the Clinical Priorities Policy. Over 70% of the spend is on orthopaedics admitted care.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Glenside Neuro-rehabilitation	0.12	0.20	0.08	0.25
<p>This service is high cost / low volume and subject to random variability year by year due to patient numbers which to date are higher than expected. There has also been significant uncertainty around defining the boundary between specialist commissioning responsible patients and CCG responsible patients. Specialist commissioning are aiming to develop a more consistent approach to tariffs and services over a wider area which may have a knock on impact on the CCG in due course.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Out of Hours	3.80	4.00	0.20	0.20
A year to date overspend is reported in respect of additional charges incurred by the CCG in order to support the NHS111 contract with Harmoni.				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Prescribing	33.90	34.0	(0.20)	(1.00)
Prescribing is reporting a year to date underspend of £0.2m and a forecast year end underspend of £1m. The forecast underspend is held at £1m despite the PPA's forecast outturn, included within the July Prescribing Monitoring Document, increasing by £1.2m from June due to a planned review of prescribing guidance by the CCG and in year category M drug price changes.				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Continuing healthcare (CHC)	9.10	8.00	(1.10)	(1.50)
CHC is reporting a year to date underspend against budget. The 13/14 budget for CHC was based on total actual spend in 12/13 however CHC saw its patient numbers reduce by 50 in 12/13 and therefore the budget for 13/14 has been overstated. The underspend also reflects lower growth in patient numbers in 13/14 than anticipated.				
At the end of September there were 229 CHC patients, and the CHC team are currently anticipating an increase to year end. The forecast underspend reflects the impact of this increase and we will continue to monitor this position with the CHC team and update for any impact in changes in patient numbers as required.				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Funded nursing care	3.30	3.10	(0.30)	(0.50)
First quarter spend on Funded Nursing Care (FNC) with Wiltshire Council indicates an underspend against budgeted spending levels. Forecast underspend indicates continuation of this trend but reduced by potential impact of FNC adjustments post transfer of payment processing from Wiltshire Council to the CCG.				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Learning Disability (LD) placements	1.00	1.15	0.15	0.26
<p>LD placements are reporting a year to date overspend of £0.15m and a forecast overspend of £0.26m based on current patients receiving LD placement funding.</p> <p>All placements are currently being reviewed as part of the programme of adding placement patients to the Caretrack system for on-going monitoring. This will improve recording of patient numbers and costs and help to improve forecasting.</p>				

## Financial risks

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

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

WCCG has planned to deliver a QIPP programme in 2013/14 which will lead to service redesign savings of £9.3m. Underachievement against this programme will require the application of contingent reserves and a review of additional measures including moving further faster with other QIPP schemes. At the end of month 6 the CCG is forecasting a shortfall against this target of £3m owing to the timing of commencement of initiatives. Further opportunities have been identified relating to any qualified providers and medicines management which have mitigated this shortfall in 2013/14.

WCCG is currently awaiting confirmation of the capital grant process from the Department of Health – in 2013/14 WCCG is planning on making capital grant payments of c£4m. If capital grant funding is unavailable, or is determined not to be an allowable mechanism, then this will represent a direct risk to the CCG's financial position.

## Annexes

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

## Annex 1 - Summary I&E position at month 6 2013/14

	£'m			£'m	
	Budget	Ytd Actual	Variance	Annual budget	FOT variance
Acute care	124.56	127.83	3.27	249.11	7.07
Exceptions	0.12	0.12	0.00	0.25	0.00
Non acute care	62.39	61.78	-0.61	124.52	0.18
Other commissioning	12.82	11.93	-0.89	25.64	-1.24
	199.90	201.67	1.77	399.53	6.00
Out of hours	3.79	4.02	0.23	7.98	0.20
Local enhanced services	3.10	3.21	0.11	6.68	0.00
Prescribing	34.30	33.96	-0.34	69.53	-1.00
	41.19	41.19	0.00	84.19	-0.80
Running costs	5.83	5.65	-0.18	11.66	0.00
Uncommitted headroom	0.00	0.00	0.00	10.07	0.00
Surplus	2.52	0.00	-2.52	5.04	-5.04
Contingency	1.26	0.00	-1.26	2.52	-2.52
Earmarked reserves	0.33	0.00	-0.33	7.80	-2.68
	4.11	0.00	-4.11	25.43	-10.24
CCG total	251.02	248.50	-2.52	520.80	-5.04

## Annex 2 - Summary Statement of Financial position at month 6 2013/14

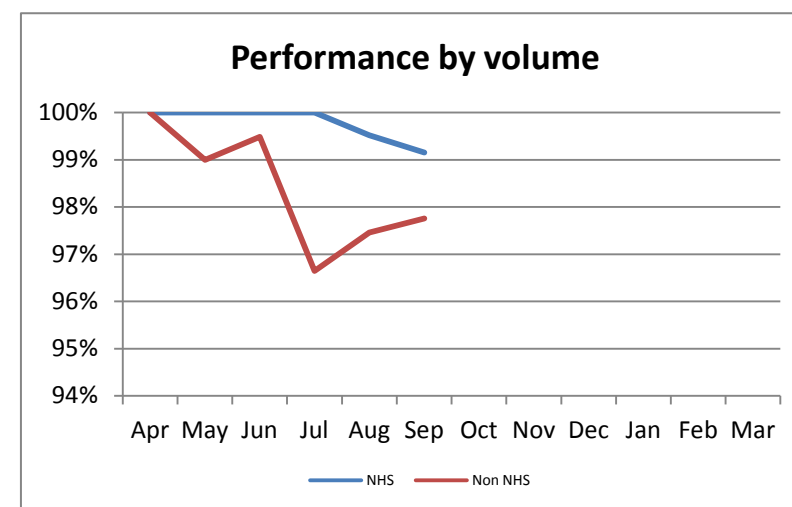
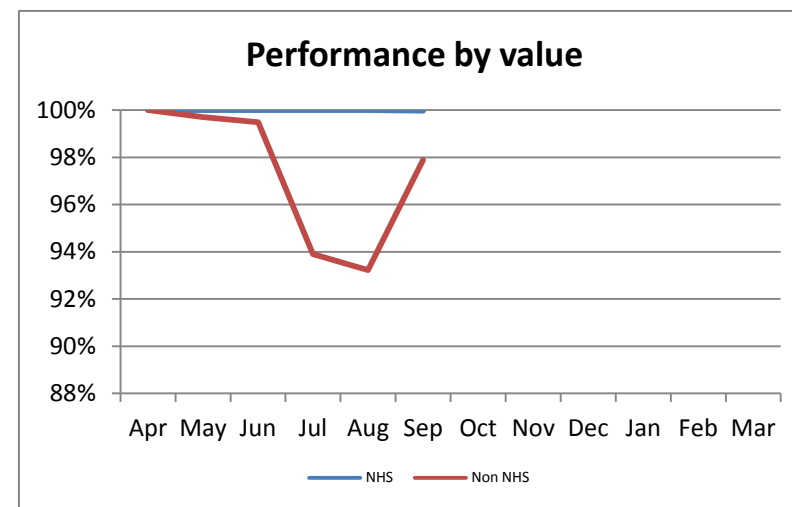
Summary Statement of Financial Position	£'m		
	Opening position at 1st April 2013	Current position at 30th September 2013	Forecast position at 31st March 2013
<b>Non Current Assets:</b>			
Premises, Plant, Fixtures & Fittings			
IM&T			
Other			
Long-term Receivables			
<b>TOTAL Non Current Assets</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Current Assets:</b>			
Inventories			
Trade and Other Receivables		5.30	5.68
Cash and Cash Equivalents		1.35	0.05
<b>TOTAL Current Assets</b>	<b>0.00</b>	<b>6.65</b>	<b>5.73</b>
<b>TOTAL ASSETS</b>	<b>0.00</b>	<b>6.65</b>	<b>5.73</b>
<b>Non Current Liabilities:</b>			
Long-term payables			
Provisions			
Borrowings			
<b>TOTAL Non Current Liabilities</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Current Liabilities:</b>			
Trade and Other Payables		22.38	10.76
Other Liabilities			
Provisions			
Borrowings			
<b>Total Current Liabilities</b>	<b>0.00</b>	<b>22.38</b>	<b>10.76</b>
<b>TOTAL LIABILITIES</b>	<b>0.00</b>	<b>22.38</b>	<b>10.76</b>
<b>ASSETS LESS LIABILITIES (Total Assets Employed)</b>	<b>0.00</b>	<b>-15.73</b>	<b>-5.04</b>
<b>Financed by taxpayers' equity:</b>			
General fund		15.73	5.04
Revaluation reserve			
Other reserves			
<b>Total taxpayers' equity:</b>	<b>0.00</b>	<b>15.73</b>	<b>5.04</b>

### Annex 3 – Cash position at month 6 2013/14

	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m		520.80
Assumed revenue cash limit / £'m		515.76
Cash drawn down / £'m	213.47	468.27
Cash top sliced for prescribing and home oxygen / £'m	19.08	47.50
Effective total cash drawn down / £'m	232.55	515.76
Cash drawn down as % of total	45.09%	100.00%
Expected cash draw down as %	50.00%	100.00%
Cash utilised / £'m	231.19	515.71
Balance in account / £'m	1.36	0.05
Balance in account as % of total cash limit	0.26%	0.01%

#### Annex 4 – Better payment practice code position at month 6 2013/14

	Performance vs 30 days BPP			
	In Month		YTD	
	Nos.	£'m	Nos.	£'m
<b>NHS</b>				
Total bills paid	203	30.56	705	154.07
Total bills paid within time	198	30.55	699	154.06
% of bills paid within target	97.5%	99.9%	99.1%	99.9%
<b>Non-NHS</b>				
Total bills paid	671	6.62	3,166	27.60
Total bills paid within time	651	6.48	3,095	26.66
% of bills paid within target	97.0%	97.9%	97.8%	96.6%
<b>ALL</b>				
Total bills paid	874	37.18	3,871	181.66
Total bills paid within time	849	37.03	3,794	180.72
% of bills paid within target	97.1%	99.6%	98.0%	99.5%





## Annex 5 – Movements between budgets and resources

	Annual budget at M5	£'m Annual budget at M6	Movement	Comment
Acute care	249.11	249.11	0.00	
Exceptions	0.25	0.25	0.00	
Non acute care	124.52	124.52	0.00	
Other commissioning	25.64	25.64	0.00	
	399.53	399.53	0.00	
Out of hours	7.98	7.98	0.00	
Local enhanced services	6.68	6.68	0.00	
Prescribing	69.53	69.53	0.00	
	84.19	84.19	0.00	
Running costs	11.66	11.66	0.00	
Uncommitted headroom	10.07	10.07	0.00	
Surplus	5.04	5.04	0.00	
Contingency	2.52	2.52	0.00	
Earmarked reserves	6.95	7.80	0.85	update to reflect area team adjustments to be devolved into contracts
	24.57	25.43	0.85	
CCG total	519.95	520.80	0.85	

## Chapter 3: Access

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

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

Director of Planning, Performance and Corporate Services' Commentary:

It is unfortunate that the RUH narrowly missed the A&E 4 hour wait target; both SFT and GWH did achieve target during this period, albeit handover delays at GWH remain a cause of concern, with Commissioners engaged with GWH to try and resolve. As winter approaches there is significant focus on the end to end performance of the emergency process. Accordingly, the work underway with SWAST due to report by the end of Oct is eagerly anticipated.

The Wiltshire wide Winter Plan has continued to be developed, drawing upon input from all stakeholders and providers. This was scrutinised at the most recent Urgent Care Working Group (formerly Urgent Care Board) to provide assurance.

GWH have reduced from 5 patients waiting over 52 weeks to 3, and we remain anxious to see this reduce to achieve the zero target.

The CCG Assurance Framework information is detailed at Appendix 1.

### **Activity Data**

Reported Provider performance data does not currently reflect the new commissioning landscape. The information has included data relating to Specialist and Area Team commissioned activity. The CCG Finance and Information teams continue to work with the Commissioning Support Unit and Providers to split activity data for future reports. The April to August 2013 data is detailed on page 5 of the CCG Assurance Framework document (Appendix 1) but not all Providers have correctly reported the activity to reflect the new commissioning environment.

Providers are likely to be able to back-populate early year reporting in the coming months.

### **NHS Constitution**

Great Western Hospital NHS Foundation Trust has had a further breach of 3 patients waiting longer than 52 weeks in August 2013.

In August 2013 the A&E access standard of 4 hours was breached by the RUH as they fell below the threshold. The combined acute and MIU reporting from GWH is masking the acute delivery under performance.

In August 2013 there was a breach of the cancer maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient standard. This was in relation to one SFT patient.

SWAS continue to breach national ambulance response time standards. There was an excessive number of ambulance handover breaches at GWH. See also Chapter 1, section 2.4 of this report.

No mixed sex breaches were recorded for August 2013 and it is believed that the breaches recorded by RUH in July 2013 were clinically exempt and should not have been reported as a breach.

The quarter 1 cancelled operations (not readmitted within 28 days) figure for RUH is 96. The 2012/13 full year figure was 24.

### **NHS Outcomes Framework**

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

CCG local priority iii regarding the reduction in occupied bed days has been hampered by length of stay increases.

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

There are excess referrals and outpatient attendances over plan which continue to be masked by the reporting of non-CCG classified activity being reported in the 2013/14 actuals figures. Elective day cases continue to be 9% above planned levels. Diagnostic activity is significantly higher than plan particularly at GWH. The RTT pathway waiting list is 12% greater than the planned trajectory. This is mainly due to a 2012/13 increase after the 2013/14 plan was set.

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

The SLAM reports have identified that the average cost per non-elective spell is materially higher than planned in SFT and RUH.

## Chapter 4: Project Management

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

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

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

Director of Planning, Performance and Corporate Services' Commentary:

As reported last month, re-newed vigour has been driven from the Executive team into the project management process, and although the organisation is continuing to settle into its stride, we are seeing progress. Where the full toolkit is being properly utilised project managers are seeing real and demonstrable benefits. The Executive now need to shift focus from enabling the supporting process to really utilising the toolkit to drive and monitor performance. An internal review of governance arrangements which has allowed a more coherent approach to Project oversight by ensuring all Community Transformation programme projects are monitored in the same way as all others is a very helpful step in the right direction.

The Annual Planning cycle is on track, and the early outputs reflect local clinical leadership of the process, as the process intended. The composite package remains under development, with the first oversight brief being delivered to the corporate Executive Team in the next week, having already been shared with each locality Group Executive. At the same time next year's Commissioning Intentions are being drafted to ensure coherence in the direction of travel, and we remain on track to issue these.

We are now starting to think through the processes and mechanism to facilitate the CCG producing a longer term vision in the form of a 5 year horizon Strategic Plan.

## 1.0 Update on the Project Register

Annex 6 shows the Project register which was submitted to the Programme Governance Group on 2 October. Executives at the meeting agreed to a renewed commitment to supply project workbooks for the schemes identified on the project register.

Embedding any new process into an organisation takes time and is challenging. This was one of the lessons learnt following a visit by the PMO to Torbay and Southern Devon Health and Care NHS Trust where a PMO has been established. The visit was arranged as part of a leadership exchange.

To date an additional five project workbooks have been supplied. These have yet to be reviewed by the PMO and will be submitted for approval at the next PGG on 6 November 2013.

Reference	Group	Title	Leads
PMO-13-009 (to follow)	WWYKD	Adcroft Community Cardiology Expansion	Andy Jennings
PMO-13-010	Sarum	Intermediate Care Ward	Beatrix Maynard
PMO-13-011	NEW	Orthopaedic Outreach Clinics	Louise Cox
PMO-13-012	NEW	GWH Surgical Assessment Unit	James Slater
PMO-13-014	NEW	Elective QIPP	Louise Cox
PMO-13-015	NEW	Non - Elective QIPP	Emma Smith

Project workbooks are also expected for the initiatives that will be delivered using the Headroom bids.

To drive the implementation of the PMO discipline across the organisation the Executive Management team have agreed that each group will submit a status report to the Executive Team Meeting.

Responsibility for the Discharge projects that are listed on the project register are to transfer to the Community Transformation Programme (CTP) Team. The purpose is to ensure that the model of care is consistent with the programme aims and the other areas of work that are dependent on this function. Groups will maintain their involvement in the work.

## 2.0 Links with Community Transformation Programme

The CTP Programme Board met on 25 September 2013 and agreed the governance structure for this programme. Previously it had been proposed that as part of the CTP governance there would be an Operational Development Group (ODG). Included in the remit of the ODG was monitoring delivery of the CTP projects. It has now been agreed that this function will now be performed by the PGG with all relevant parties invited to attend.

To enable the merge of the ODG and PGG the PMO has been liaising with the CTP Programme Manager to ensure that processes and supporting documentation are harmonised. The aim is to create efficiency and avoid confusion. Similarly work is underway to agree a common framework for project evaluation.

### **3.0 Equality and Diversity**

To support the CCGs prioritisation of the Equality and Diversity agenda future versions of the project register will show whether an Equality Impact Assessment (EIA) has been carried out as part of the development of the project workbook. All workbooks are to be accompanied by an EIA.

### **4.0 Refresh of QIPP confidence level**

Executive leads will be asked at the PGG on 6 November 2013 to restate the level of confidence in their Groups ability to deliver QIPP targets.

### **5.0 Commentary on registered projects**

#### Care Co-ordination – Status: Amber

The Care Co-ordination project is progressing. The Amber rating relates to the risks identified on the project workbook by the project team which relate to the provision of operating procedures and the induction package by the provider.

Care Co-ordinators have started work in some areas and initial feedback from practices is positive. Evidence of this good practice now needs to be shown using the KPIs included in the project workbook. Data is to begin reporting from Early December.

It is anticipated that the level of project management activity will diminish as the project moves into implementation phase and care co-ordination is delivered as the recruitment phase is completed.

#### All Other Projects - Status: Amber

The project workbooks are still in development or await sign off by PGG. The PMO is working with project managers to progress the completion of the plans for delivery.

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 24 September 2013

										PROJECT TEAM			PROJECT RAG RATING		
PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	Project plan sign off date	Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Project Plan Sign Off Date	Proposed deadline for implementation	IMPLEMENTATION RAG status	Comments for attention of programme board		
<b>JOINT PROJECTS</b>															
PMO-13-001	Multiple	Groups have individual targets linked to providers	Care coordinators implementation (in parallel with/linked to risk stratification tool implementation)	Yes, full with Risk Stratification		Ted Wilson	Simon Burrell	Neal Goodwin Kerry Lusby Taylor Shelley Watson			Underway		Development and Implementation phases have merged due necessity to progress this project. The financial benefit of this project is linked to several other projects which will reduce spend on Unplanned care		
	Multiple	£0	Review of CCG Service Restriction/Prior Approval Review of CCG Exception Policy	Yes, full		Mark Harris	Elizabeth Stanger	Mark Harris							
	Multiple		Replacement nursing/residential beds with WCC - £2,100k investment										Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office		
	Multiple		Healthcare professional line with WMS - £208k investment										Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office		
	Multiple		Additional Social Workers - £135k investment										TBC that this project is funded through Headroom		
<b>INDIVIDUAL GROUP PROJECTS</b>															
	NEW	£534,000	Integrated CQUIN (5a&5b) with GWH NEL - £463,080 A&E £71,220	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	Anna Collings/Nick Brown	James Slater							
PMO-13-005	NEW	£0	Dementia LES/SLA	Yes, Summary, Risks, QIA and KPIs	22082013 with TW. For September PGG	Ted Wilson	Celia Grummitt	Louise Cox/ Susan Dark			Underway		PMO has met with project manager. Workbook has been reviewed and requires some minor amendments. Meetings with sponsor is to be planned to allow final version to be signed off before PGG review. Input is to be sought from Quality Directorate prior to sign off. Work is underway on this project to deliver its objectives		
	NEW	£0	Older People's Mental Health Service Redesign	Yes, full	Mid September due to WC engagement	Ted Wilson	Celia Grummitt	Susan Dark					PMO has met with project managers to explain the requirements of the Project Workbook including QIA		
	NEW	£131,000	Virtual review clinics - conversion of outpatient attendances to telephone contact or letters	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	Simon Burrell	James Slater							
	NEW	£112,500	Surgical assessment unit - GWH patient pathway redesign pilot	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	Simon Burrell	James Slater							



# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 24 September 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	Project plan sign off date	PROJECT TEAM			PROJECT RAG RATING				Comments for attention of programme board
						Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Project Plan Sign Off Date	Proposed deadline for implementation	IMPLEMENTATION RAG status	
	NEW	£30,800	Shift from Day Case to procedures in Out Patients - agreement of a local reduced day case tariff for QZ14B vascular access except for Renal Replacement Therapy with CC	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	Simon Burrell	James Slater					
	NEW	£60,000	Cataracts - Benchmarking against independent providers	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	John Pettitt	James Slater					
	NEW	£40,000	Intermediate Feet - HG32A - HG33G	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	John Pettitt	James Slater					
	NEW	£48,383	Pre-Op weight management - extension to hips and knees	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	John Pettitt	James Slater					
	NEW	£68,633	Spinal - change in consultants	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	Jonathan Rayner	James Slater					
	NEW		GWH/Wiltshire Discharge Project (Priority 1)	Yes, but implemented separately so 3 separate workbooks and entries on the project register		Ted Wilson							
	NEW		Orthopaedic Outpatient Clinics										Project Workbooks for these schemes are in development as at 2/9/13. They are new additions to the Project register
	NEW		Ophthalmology Outpatient Clinics										Project Workbooks for these schemes are in development as at 2/9/13. They are new additions to the Project register
PMO-13-008	NEW		24 Hour ECG Provision										Project Workbooks for these schemes are in development as at 2/9/13. They are new additions to the Project register
	NEW		Clover Centre Development with SEQOL										Project Workbooks for these schemes are in development as at 2/9/13. They are new additions to the Project register
	NEW		Primary care support for urgent care system - £150k investment										Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office

## PMO PROJECT REGISTER

### PROJECTS SUMMARY

UPDATED: 24 September 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	Project plan sign off date	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
						Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Project Plan Sign Off Date	Proposed deadline for implementation	
	NEW		Community Consultant Geriatrician post - £54k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Long-term Condition Pathway Redesign for COPD - Specialist Respiratory Assessment Service - £13k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Expansion of the Trauma Coordinator role - £64k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Improving Catheter community and acute pathways									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Ophthalmology in-reach community clinics - £102k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Minor Injury Unit PACS data link with GWH - £5k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		GWH Single Point of Discharge - £400k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Surgical Assessment Unit (GWH) - £49k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		7 day working with Diagnostics (Pharmacy, Phlebotomy, Physiotherapy) - £169k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Discharge Planning - £287k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Escalation Beds - £566k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 24 September 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	Project plan sign off date	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
						Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Project Plan Sign Off Date	Proposed deadline for implementation	
	NEW		Weekend Support for Clinical Teams - £20k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Night Sitting - £267k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Rapid response service - £186k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Extension of oxygen pilot - £37k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Community IT (EPRS - year 1 costs, 40% of total) - £431k investment									Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Increased radiology hours at MIU's - £118k investment									TBC that this project if funded through Headroom
	Sarum	£0	Referral Information System Development	Yes, full		Mark Harris	Toby Davies	Mark Harris				
	Sarum	Contributes to £14,400	Map of Medicine	Yes, Summary, Risks, QIA and KPIs	28.8.13	Mark Harris	Chet Sheth	Kerry Lusby-Taylor				
	Sarum	Contributes to £14,400	Maximise use of local GPWSI's	Yes, Summary, Risks, QIA and KPIs	28.8.13	Mark Harris	Elizabeth Stanger	Louise Sturgess				
	Sarum	Contributes to £14,400	Email referral assessments	Yes, full	25.9.13	Mark Harris	Chet Sheth	Beatrix Maynard				
	Sarum	£0	Chronic pain (IncBack Pain)	Yes, full	28.8.13	Mark Harris	Chet Sheth	Kerry Lusby-Taylor				

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 24 September 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	Project plan sign off date	PROJECT TEAM			PROJECT RAG RATING				Comments for attention of programme board
						Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Project Plan Sign Off Date	Proposed deadline for implementation	IMPLEMENTATION RAG status	
	Sarum	£0	Cardiology/24 hour ECG	Yes, full	28.8.13	Mark Harris	Chet Sheth	Jill Whittington					
PMO-13-002	Sarum	£195,375	Trauma and Orthopaedics	Yes, Summary, Risks, QIA and KPIs	28.8.13	Mark Harris	Chet Sheth	Beatrix Maynard					Draft workbook submitted 2/8/13. Requires updated before final sign off by sponsor and agreement by PGG
	Sarum	Contributes to £1,093,020	Care Home LES	Yes, Summary, Risks, QIA and KPIs	28.8.13	Mark Harris	Elizabeth Stanger	Louise Sturgess					
PMO-13-007	Sarum	£0	Salisbury Walk In Centre	Yes, full	25.9.13	Mark Harris	Celia Grummitt	Jill Whittington			Nov-13		A high level project plan has been developed. Focus is currently on development of options which, once agreed at the end of October, will allow a full project workbook to be developed for agreement by PGG. The Quality Directorate have been involved in the QIA. The PMO has recommended attention is paid to stakeholder engagement to aid the decision making process scheduled for October to allow progress to be made.
PMO-13-003	Sarum	£0	Managing GP Referrals (AKA GPs with Special Interests Review)	Yes, full	28.8.13	Mark Harris		Louise Sturgess			Underway		Draft workbook submitted 2/8/13. PMO has met with project managers. Clarity being sought by Project Managers to enable final version of workbook to be agreed with project sponsor. QIA assessment requires input from the Quality Directorate and this being arranged. Systems are in place to monitor KPIs
	Sarum	£0	AQP Review	Yes, full	28.8.13	Mark Harris		Louise Sturgess					
PMO-13-004	Sarum		SFT/Wiltshire Discharge Project	Yes, but implemented separately so 3 separate workbooks and entries on the project register		Mark Harris		Beatrix Maynard/Victoria Stanley					Draft workbook submitted 2/8/13 and requires review. This will be conducted after the project objectives are agreed on 3/9/13 by the Sarum Executive. The project plan is currently modelled on the RUH Discharge project plan. There is a potential issue related to the Capacity of WWYKD team to support this project.
	Sarum		IBD Nurse - £31k investment										Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	Sarum		Expanding emergency workforce - £103k investment										Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	Sarum		Electronic transmission of clinical correspondence to GPs - £36k investment										Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 24 September 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	Project plan sign off date	PROJECT TEAM			PROJECT RAG RATING				Comments for attention of programme board
						Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Project Plan Sign Off Date	Proposed deadline for implementation	IMPLEMENTATION RAG status	
	Sarum		Electronic discharge summaries - £141k investment										Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	Sarum		Winter PTS - £40k investment										Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	Sarum		Intermediate care ward (estimated investment value) - £650k investment										Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	Sarum		Primary care support for urgent care system - £150k investment										Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	WWYKD	£146,396	Consultant to consultant referrals review	Yes, Summary, Risks, QIA and KPIs	Mid August with MR and therefore for September PGG WWYKD - Not convinced of the requirement - this is about applying contract terms, albeit with amendments / updates?	Mike Relph	Lucy Pearson	Jo Cullen/Victoria Stanley					Not relevant to the three priorities
	WWYKD	Contributes to £1,325,591	Care homes project	Yes, Summary, Risks, QIA and KPIs	WWYKD - To Group Director by 30/10/2013 (is this necessary for a project that has been running for the last 18 months?)	Mike Relph	Lucy Pearson/Martin Foley	Andy Jernings/Jo Whitford					
	WWYKD	Contributes to £1,325,591	MIU review (priority 1)		WW&KD - Dependent upon Community Transformation Team timeframes	Mike Relph	Helen Osborn	Jo Cullen/Jenny Benns/Victoria Stanley					
	WWYKD	Contributes to £1,325,591	A&E front door (priority 1) aka RUH Emergency Care Project	Yes, Summary, Risks, QIA and KPIs	WWYKD - Business case signed off at Gov Body 23.07.13 - business case signed off and implementation plan being developed by RUH	Mike Relph	Lucy Pearson/Martin Foley	Jo Cullen/Victoria Stanley					

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 24 September 2013

										PROJECT TEAM			PROJECT RAG RATING			
PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	Project plan sign off date	Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Project Plan Sign Off Date	Proposed deadline for implementation	IMPLEMENTATION RAG status	Comments for attention of programme board			
PMO-13-006	WWYKD	Contributes to £1,325,591	RUH/Wiltshire discharge project	Yes, but implemented separately so 3 separate workbooks and entries on the project register	8.8.13	Mike Relph	Helen Osborn	Mike Relph/Jo Cullen/ Debbie Elliott/Victoria Stanley		7/8/13	Underway		PMO has met with project manager. Some minor amendments have been recommended for inclusion in the workbook. QIA requires Quality Directorate input and this is being arranged by project manager prior to final sign off by sponsor before agreement at PGG. Project plan is being used well with only minor improvements to admin arrangements required. Some additional risks have been suggested for inclusion which will require stakeholders to deliver mitigations. As the project is still in development the current KPIs are aspirational			
	WWYKD	Contribute to £572,610 delivering OP services locally	Adcroft community cardiology - expansion	Yes, Summary, Risks, QIA and KPIs	Confirmation required on requirement. WWYKD - Is this part of Sarum Led review of community cardiology (if so, move to Sarum responsibility), or related purely the 13-14 funded expansion to the Adcroft service?	Mike Relph		Andy Jennings								
	WWYKD		Diabetes	Yes, Full	Scoping document to August PGG. Sign Off at September PGG WWYKD - Confirmation required on requirement. Is this part of NEW Led review of community diabetes options (if so, move to NEW responsibility), or related purely to the proposed service delivery change for Westbury ?	Mike Relph		Shelley Watson					Discussion paper as outline business case to PGG 7//8/13			
	WWYKD		End of Life/Gold Standard Framework/Adastra	Yes, Full	Scoping document to August PGG. Sign Off at WWYKD - September PGG Confirmation required on requirement. Is this part of NEW Led review of EOLC Wiltshire wide options (if so, move to NEW responsibility), or related purely to the proposed WWYKD options ?	Mike Relph		Jo Whitford					Discussion paper as outline business case to PGG 7//8/13			

# PMO PROJECT REGISTER

## PROJECTS SUMMARY

UPDATED: 24 September 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	Project plan sign off date	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board	
						Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Project Plan Sign Off Date	Proposed deadline for implementation		IMPLEMENTATION RAG status
	WWYKD		Increased Use of Community Geriatrician		WWYKD - To Group Director by 30/10/2013	Mike Relph		Jo Whitford					Discussion paper as outline business case to PGG 7//8/13
	WWYKD		Headroom Project Pharmacy Support to Care Homes - £16k investment	Yes, Summary, Risks, QIA and KPIs		Mike Relph		Nadine Fox/Meds Man/Penny Lightowler					Headroom Bid for £16k timeline September 13 to March 14. Agreed by Clinical Executive that Headroom bids will be monitored by Programme Management Office.
	WWYKD		Headroom Project Pharmacy Support for Patients at Home - £16k investment	Yes, Summary, Risks, QIA and KPIs		Mike Relph		Nadine Fox/Meds Man/Penny Lightowler					Headroom Bid for £16k timeline January 14 to March 15. MR has reported that ST has agreed informally that this funding could run beyond 31 march 14 if required. Agreed by Clinical Executive that Headroom bids will be monitored by Programme Management Office.
	WWYKD		Practice in Reach and Discharge Support - £213k investment	Yes,full		Mike Relph	Helen Osborn	Nadine Fox/Meds Man/Penny Lightowler					Agreed by Clinical Executive that Headroom bids will be monitored by Programme Management Office.
	WWYKD		Practice managed step up care home beds - £208k investment	Yes,full		Mike Relph	Helen Osborn	Nadine Fox/Meds Man/Penny Lightowler					Agreed by Clinical Executive that Headroom bids will be monitored by Programme Management Office.
	WWYKD		PSV's to facilitate targeted HCP appointments and next day HCP admissions - £80k investment										TBC that this project is funded through Headroom

Are local people getting good quality care?

Indicator	Outcome				
	SFT	RUH	GWH Acute	GWH Community	AWMHP
<b>Providers</b>					
Has local provider been subject to enforcement action by the CQC?	N	N	N	N	N
Has local provider been flagged as as a 'quality compliance risk' by Monitor and/or are requirements in place around breaches of provider licence conditions?	N	N	Y - Action plan in place	Y - Action plan in place	N
Has local provider been subject to enforcement action by the NHS TDA based on 'quality' risk?	N	N	N	N	N
Does feedback from the Friends and Family test (or any other patient feedback) indicate any causes for concern?	N	N	N	N	N
Has the provider been identified as a 'negative outlier' on SHMI or HSMR?	N	N	N	N	N
Do provider level indicators from the National Quality Dashboard show that:					
MRSA cases are above zero	N	N	Y - Action plan in place	N	N
the provider has reported more C difficile cases than trajectory	N	Y - Action plan in place	Y - Action plan in place	N	N
MSA breaches are above zero	N	N	N	N	N
Does the provider currently have any unclosed Serious Untoward Incidents (SUIs)?	N	N	N	N	Y - Action plan in place
Has the provider experienced any 'Never Events' during the last quarter?	N	N	Y - Action plan in place	N	N
Is provider meeting the 15% response rates on FFT ? (Domain 3)	Y	Y	N	N	N

**CCG: Wiltshire**

**Clinical Governance**

Does the CCG have any outstanding conditions of authorisation in place on clinical governance?	N
Has the CCG self-assessed and identified any risks associated with the following:	
Concerns around quality issues being discussed regularly by the CCG governing body	N
Concerns around the arrangements in place to proactively identify early warnings of a failing service	N
Concerns around the arrangements in place to deal with and learn from serious untoward incidents and never events	N
Concerns around being an active participant in its Quality Surveillance Group	N

**EPRR**

If there was an emergency event in the last quarter, has the CCG self-assessed and identified any areas of concern on the arrangements in place for dealing with such an event?	N
---	---

**Winterbourne View**

Has the CCG self-assessed and identified any risk to progress against its Winterbourne View action plan?	N
--	---

**Green – all 'NO' responses**

**Amber/Green – One or more 'YES' responses but action plan in place that successfully mitigates patient risk**

**Amber-Red – One or more 'YES' responses and no action plan in place / plan does not successfully mitigate patient risk**

**Red – Enforcement action is being undertaken by the CQC, Monitor or TDA and the CCG is not engaged in proportionate action planning to address patient risk.**



Are patient rights under the NHS Constitution being promoted?

Indicator	Prov	2012/13	2013/14													
			Target	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	FOT
<b>Referral To Treatment waiting times for non-urgent consultant-led treatment</b>																
Admitted patients to start treatment within a maximum of 18 weeks from referral		94.4%	≥90%	94.7%	94.2%	94.5%	91.1%	94.4%								G
Non-admitted patients to start treatment within a maximum of 18 weeks from referral		97.8%	≥95%	97.0%	97.5%	96.9%	97.3%	97.8%								G
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral		93.8%	≥92%	93.2%	93.5%	93.8%	94.5%	94.7%								G
Number of patients waiting more than 52 weeks		0	0	0	0	0	5	3								A
<b>Diagnostic test waiting times</b>																
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral		0.5%	≤1%	0.75%	0.97%	1.70%	0.11%	0.26%								G
<b>A&amp;E waits</b>																
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	RUH	91.9%	≥95%	76.9%	97.9%	97.7%	97.1%	94.5%								A
	SFT	96.9%		91.3%	98.0%	99.0%	96.7%	96.9%								G
	GWH	95.6%		89.9%	94.3%	98.2%	98.5%	95.8%								G
<b>Cancer waits – 2 week wait</b>																
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP		94.7%	≥93%	92.7%	95.4%	95.2%	93.9%	94.1%								G
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)		98.0%	≥93%	97.7%	96.7%	98.1%	97.2%	96.8%								G
<b>Cancer waits – 31 days</b>																
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers		98.5%	≥96%	96.3%	99.5%	99.5%	99.5%	98.7%								G
Maximum 31-day wait for subsequent treatment where that treatment is surgery		97.2%	≥94%	100.0%	100.0%	100.0%	100.0%	100.0%								G
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimens		100.0%	≥98%	100.0%	100.0%	100.0%	100.0%	100.0%								G
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy		96.9%	≥94%	100.0%	98.4%	98.0%	98.8%	100.0%								G
<b>Cancer waits – 62 days</b>																
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer		89.4%	≥85%	91.5%	92.6%	86.9%	92.7%	91.6%								G
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers		98.2%	≥90%	100.0%	100.0%	100.0%	100.0%	100.0%								G
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)			nya	100.0%	100.0%	100.0%	100.0%	80.0%								G
<b>Category A ambulance calls</b>																
Category A calls resulting in an emergency response arriving within 8 minutes– (75% standard to be met for both Red 1 and Red 2 calls separately)	Wilts	68.7%	≥75%	65.3%	63.9%	65.1%	60.4%	62.2%								R
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	SWAST	73.0%	≥75%	70.2%	74.4%	75.7%	68.4%	73.0%								R
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	SWAST	75.9%	≥75%	73.9%	75.3%	72.7%	70.1%	70.3%								R
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	SWAST	92.7%	≥95%	95.2%	95.9%	95.2%	94.6%	95.0%								G
Handover delays between ambulance at A&E greater than 30 minutes (Local Standard)	RUH		0	50	7	3	2	6								R
	SFT			8	2	1	5	7								A
	GWH			151	61	26	8	64								R
<b>Mixed Sex Accommodation Breaches</b>																
Minimise breaches	CCG	33	0	1	0	0	2	0								R
	RUH	77		0	0	0	4	0								A
	SFT	8		0	0	0	0	0								G
	GWH	0		0	0	0	0	0								G
<b>Cancelled Operations</b>																
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	24	0			96										R
	SFT	4				0										G
	GWH	0				0										G
<b>Mental Health</b>																
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.		99.2%	≥95%			99.2%										G

## NHS WILTSHIRE CCG

NHS Outcomes Framework measures which NHS England and CCGs will use in annual assurance (as described in Annex A of Everyone Counts)

Indicator	Measurement type	Data from CCG Benchmarking packs			2013/14														
		CCG Performance	National Average	Benchmark period	Prior Year	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FOT
<b>1. Preventing people from dying prematurely</b>																			
Potential years of life lost (PYLL) from causes considered amendable to healthcare	Annual	1805	2163	2009 & 2010	G														
Under 75 mortality rate from cardiovascular disease	Annual	54.7	67.6	2011	G														
Under 75 mortality rate from respiratory disease	Annual	18.5	28.5	2011	G														
Under 75 mortality rate from liver disease	Annual	12.3	25.3	2010/11 & 2011/12	G														
Under 75 mortality rate from cancer	Annual	111.8	122	2011	G														
<b>2. Enhancing quality of life for people with long term conditions</b>																			
Health-related quality of life for people with long-term conditions	Annual	76.5%	73%	Jul-2011 to Mar-12	G														
Proportion of people feeling supported to manage their condition	Annual	55.0%	52%	Jul-2011 to Mar-12	G														
Dementia Diagnosis Rates	Annual	N/A	46%	N/A															
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) - (DSR per 100,000)	In year & Annual	705	929	2011/12	G														
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (DSR per 100,000)	In year & Annual	206	319	2011/12	G														
<b>3. Helping people to recover from episodes of ill health or following injury</b>																			
Emergency admissions for acute conditions that should not usually require hospital admission (DSR per 100,000)	In year & Annual	834.4	1036	2011/12	G														
Emergency readmissions within 30 days of discharge from hospital (indirectly standardised percentage)	In year & Annual	10.80%	11.8%	2010/11	G														
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI) (DSR per 100,000)	In year & Annual	301	366	2011/12	G														
Measures (PROMs) for elective procedures: (EQ-5D Index casemix adjusted health gain - some CCG results have not been included due to small numbers)																			
i) Hip replacement	Annual	0.44	0.41	2010/11 & 2011/12															
ii) Knee replacement	Annual	0.31	0.41	2010/11 & 2011/12															
iii) Groin hernia	Annual	0.09	0.41	2010/11 & 2011/12															
iv) Varicose Veins	Annual	0.10	N/A	N/A															
<b>4. Ensuring that people have a positive experience of care</b>																			
Patient experience of primary care i) GP Services	In year & Annual	91%	88%	Jul-2011 to Mar-12	G														
Patient experience of primary care ii) GP Out of Hours services	In year & Annual	73%	70%	Jul-2011 to Mar-12	G														
Patient experience of hospital care - RUH	Annual	77%		2012															
Patient experience of hospital care - SFT	Annual	78%		2012															
Patient experience of hospital care - GWH	Annual	75%		2012															
Care Services	Annual	N/A		N/A															
Friends and family test	In year & Annual	N/A		N/A															
<b>5. Treating and caring for people in a safe environment and protecting them from avoidable harm</b>																			
Incidence of healthcare associated infection (HCAI) i) MRSA																			
Health Community		1	2	10/2011-09/2012	7														
RUH Trust apportioned - HPA	In year & Annual	5		2012/13	3	0													
SFT Trust apportioned - HPA		3		2012/13	3														
GWH Trust apportioned - HPA		1		2012/13	1														
Incidence of healthcare associated infection (HCAI) ii) C.difficile																			
Health Community		35	28	10/2011-09/2012	155	127	18	14	12	12	10								
RUH Trust apportioned - HPA	In year & Annual	41		2012/13	41	29	4	3	4	5	5								
SFT Trust apportioned - HPA		25		2012/13	25	21	1	2	3	2	0								
GWH Trust apportioned - HPA		34		2012/13	34	20	1	2	2	3	3								
<b>6. Targets included within planning guidance locally set</b>																			
i) Appointment of Care Co-ordinators as the first major step towards integrated care provision across health & social care - Wiltshire CCG & Wiltshire Council Target is to reduce nonlective spells by 6.8%	In year monthly			To March 2013		-6.8%													
ii) Diagnosis rate for people with dementia						55%	N/avail												
iii) Reduce Non-elective Occupied Bed Days	Reduce by OBDs					-13454													
iv) The proportion of people who have depression and/or anxiety disorders who receive psychological therapies:	In-year quarterly 22%			To March 2013	G														

## NHS WILTSHIRE CCG

## Are CCGs commissioning services within their financial allocations?

Financial performance			2012/13	2013/14														
No	Indicator	Primary/Supporting Indicator		Target	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD	FOT
1	Underlying recurrent surplus	Primary	>=2%															
2	Surplus - year to date performance	Primary	>=1%															
3	Surplus - full year forecast	Primary	>=1%															
4	Management of 2% NR funds within agreed processes	Supporting	Yes															
5	QIPP ** - year to date delivery	Primary	>+95% of plan															
6	QIPP ** - full year forecast	Primary	>+95% of plan															
7	Activity trends - year to date	Supporting	<101% of plan															
8	Activity trends - full year forecast	Supporting	<101% of plan															
9	Running costs	Primary	<=RCA															
10	Clear identification of risks against financial delivery and mitigations	Primary	Indicator met in full															

\*\* QIPP to include transactional and transformational schemes

Financial performance			2012/13	2013/14														
No	Indicator	Primary/Supporting Indicator		Target	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD	FOT
11	This covers Internal and external audit opinions, and an assessment of the timeliness and quality of returns.	Supporting	TBC nationally															
12	Balance sheet indicators including cash management and BPCC	Supporting	TBC nationally															

Overall rating (subject to over-riding rule)

<b>Green</b>	To be defined. However, an overall green rating can only be achieved if all primary indicators are individually rated green. 2 or more red primary indicators would lead to an overall red rating
<b>Amber/Green</b>	
<b>Amber/Red</b>	
<b>Red</b>	

Over-riding rule

Qualified audit opinion would lead to an overall RED rating

## NHS Wiltshire CCG 2013/14 Plan Monitoring

			2013/14													
	Frequency	Criteria	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	FOT
GP written referrals to hospital	Monthly	Plan	6,962	7,867	6,967	7,336	7,042	6,602	8,347	7,691	6,165	7,131	7,268	7,729	36,174	123,281
		Actual	8,384	8,862	8,222	8,781	7,855									42,104
First outpatient attendances following GP referral	Monthly	Plan	5,952	7,142	5,750	6,453	6,155	6,059	7,171	6,938	5,571	6,681	6,074	6,041	31,452	107,439
		Actual	7,339	7,169	7,376	7,892	6,415									36,191
Elective FFCEs Day cases	Monthly	Plan	3,132	3,874	3,522	3,639	3,513	3,321	3,827	3,870	3,186	3,801	3,607	3,656	17,680	60,628
		Actual	3,933	3,833	3,652	4,221	3,621									19,260
Elective FFCEs Ordinary cases	Monthly	Plan	835	1,019	907	952	920	887	1,045	1,034	808	842	923	1,014	4,633	15,819
		Actual	902	968	962	1,025	909									4,766
Non-elective FFCEs	Monthly	Plan	3,263	3,466	3,309	3,124	3,034	3,038	3,194	2,965	3,035	2,998	2,826	3,086	16,196	53,534
		Actual	3,129	3,237	3,209	3,391	3,100									16,066
A&E attendances Type 1	Monthly	Plan	6,651	7,383	7,506	6,967	6,754	6,748	6,853	5,947	6,186	5,764	7,989	9,357	35,261	119,366
		Actual	6,706	6,390	6,489	6,900	6,789									33,274
Ambulance Urgent and Emergency Journeys	Monthly	Plan	1,789	1,711	1,691	1,786	1,674	1,681	1,833	1,668	2,035	1,897	1,681	1,780	8,651	29,877
		Actual	1,779	1,732	1,725	1,816	1,748									8,800
Endoscopy based Diagnostic Activity	Monthly	Plan	1,138	1,480	1,222	1,316	1,268	1,168	1,373	1,432	1,209	1,347	1,277	1,205	6,424	21,859
		Actual	1,384	1,255	1,207	1,465	1,290									6,601
Non-Endoscopy based Diagnostic Activity	Monthly	Plan	9,675	11,548	9,776	10,731	10,687	9,938	11,761	11,121	9,418	11,184	9,774	10,803	52,417	178,833
		Actual	11,387	10,599	10,776	12,249	10,344									55,355
Numbers waiting on an incomplete RTT pathway	Monthly	Plan	18,268	18,287	18,304	18,291	18,278	18,266	18,254	18,245	18,231	18,218	18,209	18,200	18,278	18,200
		Actual	19,234	19,819	20,511	20,072	20,424									20,424

## Data warning

Not all Providers have correctly transferred their reporting criteria to reflect the new 2013/14 Commissioner roles.

2013/14 Month 5 year-to-date SLAM Reports

		A&E Attendances			
		Plan	Actual	Variance	
SFT	Activity	12,123	12,761	638	5%
	Cost	£1,371,714	£1,458,996	£87,282	6%
	Unit cost	£113	£114	£1	1%
RUH	Activity	9,119	8,910	(209)	(2%)
	Cost	£1,014,371	£1,057,434	£43,063	4%
	Unit cost	£111	£119	£7	7%
GWH	Activity	6,286	6,980	694	11%
	Cost	£724,600	£774,382	£49,781	7%
	Unit cost	£115	£111	(£4)	(4%)

		Outpatient Attendances			
		Plan	Actual	Variance	
SFT	Activity	42,243	48,856	6,613	16%
	Cost	£6,827,109	£6,567,452	(£259,657)	(4%)
	Unit cost	£162	£134	(£27)	(17%)
RUH	Activity	52,232	54,845	2,613	5%
	Cost	£5,948,958	£6,069,552	£120,594	2%
	Unit cost	£114	£111	(£3)	(3%)
GWH	Activity	37,331	39,989	2,658	7%
	Cost	£4,279,133	£4,477,628	£198,495	5%
	Unit cost	£115	£112	(£3)	(2%)

		Other			
		Plan	Actual	Variance	
SFT	Cost	£8,051,959	£8,861,715	£809,756	10%
RUH	Cost	£3,648,732	£4,138,386	£489,654	13%
GWH	Cost	£2,851,834	£3,088,563	£236,729	8%

		Elective Spells			
		Plan	Actual	Variance	
SFT	Activity	6,599	7,200	601	9%
	Cost	£8,774,091	£9,019,061	£244,970	3%
	Unit cost	£1,330	£1,253	(£77)	(6%)
RUH	Activity	5,593	5,321	(272)	(5%)
	Cost	£6,535,728	£6,544,424	£8,696	0%
	Unit cost	£1,169	£1,230	£61	5%
GWH	Activity	4,239	3,889	(350)	(8%)
	Cost	£5,334,087	£4,972,789	(£361,298)	(7%)
	Unit cost	£1,258	£1,279	£20	2%

		Non-Elective Spells			
		Plan	Actual	Variance	
SFT	Activity	5,586	5,232	(354)	(6%)
	Cost	£11,170,350	£11,404,806	£234,456	2%
	Unit cost	£2,000	£2,180	£180	9%
RUH	Activity	5,797	5,548	(249)	(4%)
	Cost	£11,845,055	£12,276,378	£431,323	4%
	Unit cost	£2,043	£2,213	£169	8%
GWH	Activity	4,081	4,493	412	10%
	Cost	£6,894,926	£7,402,662	£507,735	7%
	Unit cost	£1,690	£1,648	(£42)	(2%)

		Total			
		Plan	Actual	Variance	
SFT	Cost	£36,195,223	£37,312,030	£1,116,807	3%
RUH	Cost	£28,992,845	£30,086,174	£1,093,330	4%
GWH	Cost	£20,084,580	£20,716,024	£631,444	3%

Total Number of patients with harm	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13	
	2012/13		2012/13	No	%	No	%	No	%	No	%	No
	%	%	No	%	No	%	No	%	No	%	No	%
RUH	8.20%	9.38%	90	15.05%	39	7.13%	44	8.22%	34	6.80%	38	7.17%
SFT		10.16%	42	9.40%	44	9.91%	40	10.23%	36	9.33%	31	7.60%
GWH		9.70%	62	4.78%	75	6.00%	103	8.46%	79	6.51%	96	7.51%

Number of patients with 1 & 2 harm	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13	
	2012/13		2012/13	No	%	No	%	No	%	No	%	No
	%	%	No	%	No	%	No	%	No	%	No	%
RUH harm 1	7.63%	8.74%	86	14.38%	38	6.95%	43	8.04%	34	6.80%	37	6.98%
RUH harm 2	0.32%	0.62%	4	0.67%	1	0.18%	1	0.19%	0	0.00%	1	0.19%
SFT harm 1		9.56%	39	8.72%	42	9.46%	38	9.72%	35	9.07%	28	6.86%
SFT harm 2		0.61%	3	0.67%	2	0.45%	2	0.51%	1	0.26%	3	0.74%
GWH harm 1		9.36%	61	4.71%	75	6.00%	94	7.72%	77	6.35%	95	7.43%
GWH harm 2		0.34%	1	0.08%	0	0.00%	9	0.74%	2	0.16%	1	0.08%

Pressure Ulcers (new & Old)	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13	
	2012/13		2012/13	No	%	No	%	No	%	No	%	No
	%	%	No	%	No	%	No	%	No	%	No	%
RUH	5.60%	4.66%	35	5.85%	21	3.84%	20	3.74%	18	3.60%	22	4.15%
SFT		6.40%	23	5.15%	27	6.08%	31	7.93%	21	5.44%	20	4.90%
GWH		5.83%	33	2.55%	51	4.08%	71	5.83%	53	4.37%		0.00%

Falls (with harm)	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13	
	2012/13		2012/13	No	%	No	%	No	%	No	%	No
	%	%	No	%	No	%	No	%	No	%	No	%
RUH	1.20%	0.70%	1	0.17%	0	0.00%	2	0.37%	1	0.20%	2	0.38%
SFT		0.79%	1	0.22%	1	0.23%	0	0.00%	1	0.26%	3	0.74%
GWH		1.86%	9	0.69%	12	0.96%	7	0.57%	10	0.82%	17	1.33%

Catheter & treated for UTI	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13	
	2012/13		2012/13	No	%	No	%	No	%	No	%	No
	%	%	No	%	No	%	No	%	No	%	No	%
RUH	1.20%	2.89%	14	2.34%	11	2.01%	6	1.12%	10	2.00%	11	2.08%
SFT		1.99%	9	2.01%	12	2.70%	8	2.05%	12	3.11%	7	1.72%
GWH		1.62%	16	1.23%	12	0.96%	27	2.22%	10	0.82%	6	0.47%

VTE (new)	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13	
	2012/13		2012/13	No	%	No	%	No	%	No	%	No
	%	%	No	%	No	%	No	%	No	%	No	%
RUH	0.80%	1.79%	44	7.36%	8	1.46%	17	3.18%	5	1.00%	4	0.75%
SFT		1.59%	12	2.68%	6	1.35%	3	0.77%	3	0.78%	4	0.98%
GWH		0.74%	5	0.39%	0	0.00%	7	0.57%	8	0.66%	9	0.70%

\*\*VTE Median is for Acute Providers only

	Apr-13	May-13	Jun-13	Jul-13	Aug-13
Surveyed RUH	598	547	535	500	530
SFT	447	444	391	386	408
GWH	1296	1250	1218	1213	1279

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

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

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

## Guidance for using the Integrated Dashboard

### Outline

- This dashboard reports NHS performance across the headline measures of Everyone Counts (2013/14)
- The report is updated monthly however there are a number of individual measures that are updated less frequently, either quarterly or annually.

### More information

**Glossary** This sheet lists every measure included in the dashboard with information about source, frequency, latest data, basis and RAG  
*More detailed information on each measure can be found in the technical guidance to the Operating Framework which is available to download in*

### Structure

<b>Summary</b>	<b>Dashboard</b>	This sheet gives a summary of RAG and direction for every measure as agreed for the executive report
<b>Balanced Scorecard NHS Constitution</b>		Balanced scorecard for CCG assurance criteria Monthly from quarter 1
<b>Balanced Scorecard NHS Health</b>		Balanced scorecard for CCG assurance criteria Monthly from quarter 1
<b>Quality</b>		Quality scorecard Containing the Quality national and local indicators
<b>Indicator Level CCG monitoring</b>		This sheet gives a summary monthly RAG and trend for every measure in the indicator suite. This also provides a Forecast position and owner for the indicator
<b>Balanced Scorecard</b>		Overall Balanced Scorecard for the CCG assurance Framework containing the priority areas.
<b>Quality</b>		Quality scorecard for the CCG assurance criteria monthly from quarter 1
<b>Finance</b>		Finance scorecard for the CCG assurance criteria
<b>Organisational Development</b>		Development scorecard for the CCG assurance criteria
<b>Exception Report</b>		For each of the indicators that are amber or red an exception report containing the indicators and trend will be produced.

- There are navigation buttons at the top of each sheet that should help you to move easily around the report
- Alternatively, you can use the tabs at the bottom of the window to move between sheets

**Wiltshire  
Clinical Commissioning Group 2013/14 Integrated Quality Scorecard**



August

**Clinical Commissioning Group**

Sub domain	Reference	Short Description	Target	Performance			Trend	Direction to improve	Supporting Narrative
				In period	Direction	Year to date			
	Quality 4 RUH	Hospital Standardised Mortality Rate (HSMR) within agreed range (RUH)	100	104	G	104	G		This information is from the Dr Foster Hospital Guide 2012. All of these indicators are within the expected range
	Quality 4 SFT	Hospital Standardised Mortality Rate (HSMR) within agreed range (SFT)	100	104	G	104	G		
	Quality 4 GWH	Hospital Standardised Mortality Rate (HSMR) within agreed range (GWH)	100	106	G	106	G		
	Quality 1 RUH	Summary Hospital-level Mortality Indicator (SHMI) (RUH)	100	97	G	97	G		This information is from the Dr Foster Hospital Guide 2012. All of these indicators are within the expected range.
	Quality 1 SFT	Summary Hospital-level Mortality Indicator (SHMI) (SFT)	100	105	G	105	G		
	Quality 1 GWH	Summary Hospital-level Mortality Indicator (SHMI) (GWH)	100	104	G	104	G		
	Quality 8 RUH	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (RUH)		5.6	↑ Aug	5.6		5.6	There is a 6 monthly National Reporting and Learning System (NRLS) report and this is the latest available data from October 2012 to March 2013. The RUH are low reporters and this is being performance monitored through the Clinical Outcomes and Quality Review Group where the RUH are showing the actions they are taking to improve reporting.
	Quality 8 SFT	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (SFT)		7.4	↓ Aug	7.4		7.4	
	Quality 8 GWH	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (GWH)		7.6	↑ Aug	7.6		7.6	
	5a RUH	Patient safety incidents reported (RUH)		1860	↑ May	1860		1860	
	5a SFT	Patient safety incidents reported (SFT)		2033	↓ May	2033		2033	
	5a GWH	Patient safety incidents reported (GWH)		3234	↑ May	3234		3234	
	Quality 3 RUH	Number of Serious Incidents requiring investigation (RUH)		4	R ↔ Aug	12	R	29	All serious incidents are monitored by CCG Serious Incident Committee where root cause analysis reports are reviewed to ensure that lessons have been learned from incidents and actions have been taken to mitigate against further reoccurrences.
	Quality 3 SFT	Number of Serious Incidents requiring investigation (SFT)		0	G ↓ Aug	4	R	10	
	Quality 3 GWH	Number of Serious Incidents requiring investigation (GWH Maternity & Community)		3	R ↑ Aug	14	R	34	
	Quality 2 RUH	Number of Never Events (RUH)		0	G ↔ Aug	0	G		There have been no never events with the RUH
	Quality 2 SFT	Number of Never Events (SFT)		0	G ↔ Aug	0	G		There have been no never events with SFT



Quality 2 GWH	Number of Never Events (GWH Maternity & Community)		0	G	↔ Aug	1	R		↓	This was a Maternity Unit Never Event.
Quality 9 RUH	Number of acquired pressure ulcers: Grades 3 & 4 (RUH)		2		↔ Aug	8		19	↓	
Quality 9 SFT	Number of acquired pressure ulcers: Grades 3 & 4 (SFT)		0		↓ Aug	2		5	↓	
Quality 9 GWH	Number of acquired pressure ulcers: Grades 3 & 4 (GWH Maternity & Community)		2		↔ Aug	11		26	↓	
CB_A15	Healthcare acquired infection (HCAI) measure (MRSA)	0	1	R	↑ Aug	3	R	7	↓	These were two MRSA incidents for CCG registered patients.
CB_A15 RUH	Healthcare acquired infection (HCAI) measure (MRSA) (RUH)	0	0	G	↔ Aug	0	G	0	↓	
CB_A15 SFT	Healthcare acquired infection (HCAI) measure (MRSA) (SFT)	0	0	G	↔ Aug	0	G	0	↓	
CB_A15 GWH	Healthcare acquired infection (HCAI) measure (MRSA) (GWH)	0	1	R	↔ Aug	3	R	7	↓	GWH have undertaken Root Cause Analysis of these incidents where lessons are learned and actions are identified to mitigate future reoccurrences.
CB_A16	Healthcare acquired infection (HCAI) measure (c. difficile)	11	10	G	↓ Aug	66	R	158	↓	The year end target for the CCG is 127
CB_A16 RUH	Healthcare acquired infection (HCAI) measure (c. difficile) (RUH)	2.4	5.0	R	↔ Aug	21.0	R	0.0	↓	4 of these cases have been removed from the local trajectory as agreed by the lead commissioners. The year end target for the RUH is 29.
CB_A16 SFT	Healthcare acquired infection (HCAI) measure (c. difficile) (SFT)	1.8	0.0	G	↓ Aug	8.0	G	0.5	↓	The year end target for SFT is 21.
CB_A16 GWH	Healthcare acquired infection (HCAI) measure (c. difficile) (GWH)	1.7	2.0	R	↓ Aug	10.0	R	24.0	↓	The year end target for GWH is 20
Quality 5 RUH	Number of complaints (RUH)		32		↓ Jul	139		417	↓	The latest data available is June 2013
Quality 5 SFT	Number of complaints (SFT)		92		Jun	#N/A		#N/A	↓	This data has not yet been reported for Q1
Quality 5 GWH	Number of complaints (GWH)		148		↓ May	350		2100	↓	The latest data available is May 2013
CB_A13 RUH	Friends and family test. Combined in-patient and A&E response rate (RUH)	15%	25%	G	↓ Aug	25%	G	25%	↑	The response rate target of the RUH is being met
CB_A13 SFT	Friends and family test. Combined in-patient and A&E response rate (SFT)	15%	30%	G	↑ Aug	30%	G	30%	↑	The response rate target for SFT is being met
CB_A13 GWH	Friends and family test. Combined in-patient and A&E response rate (GWH)	15%	11%	R	↑ Aug	11%	R	11%	↑	The response rate target for GWH is not being met and the performance of this indicator and actions that are being taken to improve performance is being monitored by the CCG.

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

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

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

On dashboard sheet

- Sparklines: Where targets change each month, sparkline targets are normalised to show a s
- Direction arrow: Arrow is calculated from actual direction of travel. So positive change = up arrow gives which way the arrow should point to be considered an improvement over l
- Monthly direction arrow: Is the current month value higher or lower than last month? Literally, the directio
- YTD direction arrow: Is the YTD value this month higher or lower than the YTD value a month ago?
- Colours of arrow cells: Monthly: Compares the current month value against current month target. THIS YTD: Compares the current YTD against current YTD target
- Current month: Will be the month selected using the drop-down menu, UNLESS there is no data
- Formatting: This is fed via column AA on "CCG Monitoring" sheet. N (meaning number) will c  
2dp % percentage

straight line. Above/below target is the important part of these graphs

etc.

last month

of travel compared to last month

IS NOT RELATED TO THE ARROWS IN THE SAME CELL

entered for that month, in which case the latest available data will be displayed.

change a percentage to an integer value

to 2 decimal places