NHS
Wiltshire
Clinical Commissioning Group

# NHS Wiltshire Clinical Commissioning Group Integrated Performance Report December 2013

## Executive Overview

Managing the impact of winter and seeking to ensure good performance across the urgent care system remains a key priority. Albeit the weather to date has not been too unkind, our early assessment is that we are seeing encouraging results from a number of the projects we have put in place to manage the system this winter. Clearly we are in no way complacent – there remain areas where performance could be improved, and we are conscious that the real winter pressure is yet to bite. However, initiatives such as the Simple Point of Access, facilitated discharge teams and Care Co-ordinators do appear to be having a positive effect. The CCG Governing Body received a verbal brief from Stacey Luce, a Care Co-Ordinator from the Sarum area, and were very pleased indeed to hear first-hand what an impact she has been able to deliver. Evaluation of this project will continue, but it was extremely heartening for the Governing Body to hear direct from the front line how this service is being delivered, and what good things such dedicated and professional individuals can achieve.

There has been some significant national media focus on dementia over the past month or so; this is an area where the CCG has already made a very significant impact. People in Wiltshire with dementia are now diagnosed and referred to a memory clinic in less than four weeks. At the start of 2013 the wait was nine months. All Wiltshire GPs are now trained to diagnose dementia in primary care, prescribe for simple cases and they are supported by Memory Service nurses available at every surgery.

The Governing Body in November 2013 was held in Salisbury – our intention being to hold Governing Body meetings at locations all around the county to better enable public access and outreach.

In the last month both the Wiltshire Health and Wellbeing Board and the Joint Commissioning Board have met, with the CCG represented. Both these forums have provided valuable opportunities for us to continue to build on our joint aspirations to migrate to better integration of health and social care. Both the Council and CCG have agreed that it is their shared intent to move towards the further joint commissioning of community services. Key steps along this path have been achieved this last month, such as the CCG Governing Body endorsing a Joint Business Agreement between the CCG and Wiltshire Council, and making a key decision regarding the extension of the current Adult Community Health Services contract to facilitate a better integrated model in the future.

The CCG had a valuable Check Point 2 Assurance meeting with colleagues from NHS England Area Team, and we remain on track in this regard. Elsewhere, very significant effort and endeavour has gone into both the development of a robust implementation mechanism to deliver next year's plan and to set ourselves up to achieve the very ambitious timetable to compile a CCG system wide 5 year Strategic Plan, coherent with the NHS Call to Action. The latter is a golden opportunity for us to shape the future provision for Wiltshire, and we are looking forward to working very closely with our partners and stakeholders in developing the plan.

Our Organisation Development continues, with a successful second Commissioner Development training session held this month, and a bespoke piece of senior Board development work being undertaken by the Governing Body in early December.

Director of Planning, Performance and Corporate Services

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**Introduction**

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

## Chapter 1: Quality

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

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

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

Director of Quality and Patient Safety's Commentary:

On 19 November 2013, the Government's response to the Francis Report was published. One of the main recommendations is that from next April (2014) all hospitals are required to publish details of staffing levels for each of their wards every month. The CCG currently receives staffing ration data in maternity services and the Royal United Hospital, NHS Trust Bath reports this monthly through their Board. Great Western Hospitals NHS Foundation Trust and Salisbury NHS Foundation Trust are developing their reporting arrangements.

On the 5 and 6 December 2013, the CQC using the new style visit programme visited the Royal United Hospital NHS Trust in Bath. Prior to the visit a local listening event engaged with residents of Wiltshire. The visit involved a large 44 strong team and the report is due 31 January 2014.

A new report from Public Health England shows improvements in end of life care nationally with the proportion of people dying at home or in care homes has increased from 38% in 2008 to 44% in 2012, Areas with highest and lowest rates ranged from 69% to 38%, although the reasons for this are complex. In Wiltshire 58% of people died in their preferred place and 47% die at home, which is above the national average the position.

**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: National Safety thermometer: Harm Free Care 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:

- Care Quality Commission (CQC) visits (section 1.1)
  - NHS Wiltshire CCG
  - GWH (22 October 2013)
  - RUH ( 5 December 2013)
  - Southern Health (September 2013)
- Francis Report (section 1.2)
- MRSA and *Clostridium difficile* infection update (section 1.3)
- End of Life Care (section 1.4)

### 1.1 Care Quality Commission (CQC) visits

#### 1.1.1 NHS Wiltshire CCG

On the 14 October 2013, NHS Wiltshire CCG had an inspection of safeguarding children and services for looked after children. The review focused on the quality of health services for looked after children and the effectiveness of safeguarding arrangements for all children in the area. The CCG has now received the draft report to review and comment on factual accuracy by 13 December 2013.

#### 1.1.2 Great Western Hospitals NHS Foundation Trust (GWH)

Initial informal feedback on the unannounced visit on the 22 October 2013 is the likelihood that there will be actions relating to staffing levels and infection control.  There were positive comments made regarding compassion of staff, the final report has not yet been published.

**Action:**

- To be discussed at the Clinical Quality review meeting with GWH on 16 December 2013

### 1.1.3 Royal United Hospital (RUH) NHS Trust, Bath

The trust was one of the first wave of 18 hospital trusts in the UK to be inspected under the new inspection programme introduced by the Care Quality Commission. The formal inspection at the RUH started on the 5 December 2013. To ensure the views of patients and the local community were heard, the inspectors held two listening events on Thursday, 5 December at the Bath Racecourse, Lansdown, Bath and at the same time also at the County Hall, Trowbridge.

The inspection team were expected to look in detail at seven key service areas: A&E; medical care (including frail elderly); surgery; intensive/critical care; paediatrics / children's care; end of life care; and outpatients. A full report of the inspectors' findings will be published by the Care Quality Commission and is expected on the 31 January 2014.

### 1.1.4 Southern Health NHS Foundation Trust

During an unannounced inspection in September 2013, Southern Health NHS Foundation Trust was found to be failing all of the 10 national standards which were assessed. The two units at Slade House, Oxford provide hospital services to people with mental health needs, learning disability and issues with substance misuse. CQC has issued six enforcement notices requiring the Trust to make improvements. A full report of the inspection has been published on the CQC website. CQC has told Southern Health NHS Foundation Trust that it must make improvements at Slade House, Headington, Oxford, or face further enforcement action.

**Action:**

- Southern Health run a similar unit in Wiltshire at Postern House, Marlborough, we have established monthly contract review meetings to monitor the placements and quality of the service. The next meeting is planned for 18 December 2013.

- We have received a copy of the high level action plan following the CQC visit to the Oxford unit and are seeking assurance of lessons learned from the inspection being shared across the organisation and in particular the unit in Wiltshire.

## 1.2 Francis Report

On the 19 November 2013 the government has published a full response to the 290 recommendations made by Robert Francis, following the public inquiry into the failings at Mid Staffordshire NHS Foundation Trust. In total the Government accepted 281 out of 290 recommendations from the inquiry's report, including 57 in principle and 20 in part.

Actions on safety and openness include:

- transparent, monthly reporting of ward-by-ward staffing levels and other safety measures;
- quarterly reporting of complaints data and lessons learned by trusts along with better reporting of safety incidents;
- a statutory duty of candor on providers, and professional duty of candor on individuals, through changes to professional codes;
- a new national patient safety programme across England to spread best practice and build safety skills across the country and 5,000 patient safety fellows will be trained and appointed in 5 years;
- trusts to be liable if they have not been open with a patient; and
- a dedicated hospital safety website to be developed for the public.

For further information: http://www.stokesentinel.co.uk/Government-gives-response-Francis-Report-Stafford/story-20099747-detail/story.html#ixzz2lJfiUdsr

**Actions:**

- The report will be discussed with providers at CQRM to seek assurance of action and timeframes.
- We will include metrics within the 2014/15 contract Quality Schedule information requirements to be shared with commissioners by providers and the contract mechanism
- We need to review the current maternity safe staff levels with maternity providers and ensure this also covers Obstetric cover staff levels

## 1.3 MRSA and *Clostridium difficile* infection update

### 1.3.1 *Clostridium difficile*

There have been fourteen cases of *C.diff* attributable to NHS Wiltshire CCG during October 2013, three of which have been detected in the acute setting (i.e. 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.

**Action:**

- Wiltshire CCG are currently in discussion with NHS England Area Team with regard to establishing a locality-wide methodology to review non- trajectory cases (e.g. where providers request cases are not counted in their trajectory because patients were infected prior to admission or episode unavoidable). NHS England have proposed facilitating a review panel, comprising of local commissioners and NHS England Area Team to ensure equity of case reviews.

| *C. difficile* Infections | 2013/14 target | Apr | May | Jun | Jul | Aug | Sep | Oct | Total YTD |
|---|---|---|---|---|---|---|---|---|---|
| All Wiltshire CCG | 127 | 18 | 14 | 12 | 12 | 10 | 7 | 14 | 87 |
| RUH | 29 | 4 | 3 | 4 | 5 | 5 | 2 | 1 | 24 |
| SFT | 21 | 1 | 2 | 3 | 2 | 0 | 1 | 2 | 11 |
| GWH | 20 | 1 | 2 | 2 | 3 | 3 | 3 | 0 | 14 |

**1.3.2 MRSA**

There have been no new cases of MRSA bacteraemia reported in Wilts during this period, so the year to date total remains at 5 cases.

| MRSA (Apportioned to CCG) **October 2013** | Plan | Actual total | Of actual total | |
|---|---|---|---|---|
| | | | Pre 48 hours | Post 48 hours |
| NHS Wiltshire CCG | 0 | 0 | 0 | 0 |
| Year To Date | 0 | 5 | 3 | 2 |

| MRSA (Providers ) **October 2013 Year To Date** | Plan | Actual |
|---|---|---|
| RUH, Bath | 0 | 0 |
| GWH, Swindon | 0 | 1 |
| SFT, Salisbury | 0 | (1) contaminant |

## 1.4 End of Life Care

A new report from Public Health England shows improvements in end of life care<https://www.gov.uk/government/news/new-report-from-phe-shows-improvements-in-end-of-life-care > Public Health England Palliative and End of Life Care

The proportion of people dying at home or in care homes has increased nationally from 38% in 2008 to 44% in 2012, according to a new report on end of life care, 'What We Know Now', from Public Health England's National End of Life Care Intelligence Network. This evidence suggests that around 24,000 more people died at home or in care homes in 2012 compared to 4 years ago, reflecting the desires of many people to stay at home to die.

However, the report also found there were large variations in the proportion of deaths in hospital between 2009-2011. Local authorities with highest and lowest rates ranged from 69% in some areas to 38% in others, although the reasons for this are complex. In Wiltshire 58% of people died in their preferred place and 47% die at home, which is above the national average.

**Action**

- The CCG is reviewing the data and propose quarterly reporting. In the future we need to establish if there is any dataflow for Sarum's Sixpenny Handley practice. This will be incorporated into our End of Life Care Strategy.

## 2.0 Hotspots

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

In addition Appendix 2 shows a summary level of the National Safety thermometer dashboard on Harm Free Care for October 2013.

### 2.1 SARUM Group Lead<br>Salisbury Foundation Trust

| Indicator | Target | October 13 | YTD | Comments |
|---|---|---|---|---|
| HSMR | 100 | 114 | 114 | The HSMR Is higher than expected in October. |
| Safety Thermometer 'harm free care'. | 100% | 88% | | An increase in patients with a new hospital acquired pressure ulcer. |

| Indicator | Target | October 13 | YTD | Comments |
|---|---|---|---|---|
| Stroke Care | 80% | | | All stroke patients spent 90% of their time on the stroke unit but a lower percentage were admitted within 4 hours. A new pre-alert system from ED is now in place. A slight dip in the number of patients who received a CT scan within 12 hours. |
| Delayed Transfers of Care | | 19 | N/A | This was 4 NHS and 15 Social Services delays |
| Fractured Neck of Femur operated on within 36 hours | 90% | 80% | 80% | Performance improved this month but is still below target |
| Non Clinical Mixed Sex accommodation breach | | | | TBC |

**Actions**

- SFT reported a reduction in HSMR last month, however there has been an increase in the crude mortality rate in October 2013. The SHMI is 107 to March 2013 and is as expected. SHMI is 104 when adjusted for palliative care. HSMR remains at 114 to July 13 and is higher than expected.
- Meeting with Wiltshire Public Health and SFT planned for Friday 13 December 2013 at 2pm
- Key actions for SFT include :
    - Implementation of the Sepsis Six campaign.
    - Reducing missed doses of medication.
    - Reducing patient moves and handoffs and improving early senior review of acutely ill patients 7 days a week.
    - Communication of key microbiology results to a senior doctor.
    - Reducing avoidable admissions from nursing homes.
    - Improving coding of co-morbidities and palliative care.

The HSMR for the financial year will be published in December, which may show any impact of the SFT palliative care coding work.

## 2.2 West Wiltshire Yatton Keynell Lead Royal United Hospital

| RUH Indicator | Target | Oct 2013 | Summary |
|---|---|---|---|
| The CQC published its report 16th October following the unannounced inspection in June 2013. The CQC judged the Trust was non-compliant with 5 outcomes. A warning notice has been issued in respect of Outcome 21; health records. The Trust has prepared improvement plans in response to the CQC's observations and judgements. | | | |
| VTE patients who require prophylaxis are given it | 100% | 91% | Increased this month from 84% in September |
| Non Clinical Mixed Sex accommodation breach | 0 | 0 | Improved from 6 MSA breaches September |
| Re admissions | 10.5% | 13.2 | Increased from 11.9 in September |
| Sepsis - Antibiotics within 1 hour for neutropenic sepsis | 90% | 71.4% | Performance dipped in October. |
| Hip Fractures operated on within 36 hours | 80% | 81.6% | Improved performance from 72.5% in September |
| Number of medical outliers – median | Less than 25 | 17 | Significant improvement from 36 in September |
| Non Clinical Cancelled Operations | <=1% | 0.3 % (8 patients) | Significant improvement from 1.3% (36 patients) in September |

**Actions**

- During September there were 6 breaches the Mixed Sex Accommodation indicator reported for the Medical Assessment Unit (MAU) resulting in amber rated performance. In response and for improved clarity MAU, A,B and C are now designated as single sex areas and there have been no reported breaches in October.
- The median number of medical outliers has improved to 17 this month, compared to 36 in September, and now exceeds the improvement target of 25. The closed beds on Combe Ward re-opened on 28th September 2013 releasing 26 Older Peoples Unit beds.

**Avon and Wiltshire Mental Health Partnership**

| AWP Indicator | Target | Period to Oct 28th 2013 | Comment |
|---|---|---|---|
| DTOC | 7.5% | Deteriorated from 11.64% to 12.5% for all Wilts beds and from 17.85% to 20.4% for older peoples beds | The CCG has completed a review and has identified a complex range of difficulties. |
| Memory Clinic – waiting times | 18wks | Average wait time down to 4wks from a previous 12 month wait. | Rolling 3 month breaches reduced from 165 at beginning of October to 113 at end of October as the back log is cleared. Only 1 service user waiting over 4 weeks at end October. |
| 4 week RTA | **0 Breaches** | 5 Breaches (99.65) | Recovery trajectory requested. |

**Additional Actions**

- DTOC- an improvement action plan is being drawn up with the Council and AWP. This will include a weekly teleconference to progress chase delayed patients.
- The CCG is working with AWP and the Council to improve the availability of Section 12 Doctors. Additional Doctors have been identified and the option of a formal rota is being explored.

Recruitment to the expanded Acute Liaison service has brought staffing levels close to full establishment.

**South West Ambulance Service**

| SWAS Indicator | Target | October 2013 | Comment |
|---|---|---|---|
| Red 1 performance response times | 75% | Wilts actual 49.6% 58.4%YTD | o All main response times for Wiltshire were NOT achieved.<br>o Seventh consecutive month of underperformance and worst month to date for 13/14<br>o Continued downward trend for third month<br>o Causation given as over activity and rurality. Local action plan developed. |

**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
- SWCSU lead meeting to review SWAST consolidated action plan undertaken on 29 November 2013. Awaiting outcomes.

**NHS 111**

| NHS111 indicator | Target | October 2013 | Comment |
|---|---|---|---|
| Calls answered within 60 seconds | 95% | 98.43% | Initial contract meeting commenced November. Staffing levels still not at capacity (due in December) |
| % warm transferred calls | 98% | 82.92% | |
| Ambulance dispatch as a percentage of total | <10% | 12.51% | |

**2.3 NEW Lead**

**Great Western Hospital Foundation Trust**

| Indicator | Target | Oct 13 | YTD | Comment |
|---|---|---|---|---|
| 4 Hour Wait in A&E Acute | 95% | 94.4% | 93% | Performance has improved slightly this month |
| Delayed Transfers of Care - Acute | <=4% | 8.1% | 4.7% | This is a snapshot in the last Thursday of the month Performance has dropped in October |
| Stroke patients spending 90% of time on stroke unit - Acute | 80% | 89.2% | 80.1% | Improved in October – target met |
| Inpatient discharge summaries to be with GPs within 1 working day of discharge | 95% TBC | 70% | 67.5% | Slight improvement during October |

| Indicator | Target | Oct 13 | YTD | Comment |
|---|---|---|---|---|
| Clinic letters to be typed and with GPs within 2 working days | >90% TBC | >42.8% | >39.5% | This indicator has consecutively missed target during 2013-14. |
| Average LoS COMMUNITY | <17days | 24.9 | 24.9 | LoS has decreased from the September performance of 27.4 |
| Reduction of harm from falls | Target <= 10 | 0 Cases | 8 cases | |
| Sufficient appointment slots are made available on the Choose and Book system - Acute | <4% | 10.9% | 11% | Majority due to insufficient appointments in Ophthalmology. |

**Additional Actions:**

- ***A&E Waits/Delayed Transfer of Care:*** These are being addressed as part of the Urgent Care & Winter Pressures agendas. A comprehensive A&E Rectification Plan has been submitted to NHS England setting out GWH & Wiltshire CCG investment & actions to maintain & improve performance through 2013/14. An intensive regime of monitoring meetings is in place. However, it now seems unlikely that GWH will achieve the year-end position for A&E waits.

- ***Stroke Care:*** CCG Commissioners (Wiltshire & Swindon) met with GWH Stroke Care Lead Consultant, Nurse Managers & Urgent Care Project Manager in November 2013. While there are encouraging signs of performance improvement, a number of targets are being narrowly missed. We have requested a comprehensive action plan to promote achievement of these targets.

- ***Ophthalmology Capacity/Choose & Book***: GWH reports that the capacity issues will be eased with the appointment of new consultants, currently in the recruitment phase. Further project work and investment (including a primary care based pilot service) as an outcome of the recent Royal College of Ophthalmologists visit will support improvement of Ophthalmology services going forward.

- ***Gastro-intestinal Medicine:*** GWH reports emerging capacity issues in GI medicine. There are 93 Gastro patients on the appointments on line system (TAL). An operational action plan is being developed and risk-management work is underway by reviewing the referrals. In addition, two Consultant posts are being recruited to. Three Clinical Assistant posts have also been recruited to in an effort to support the current consultant staff and increase the outpatient capacity.

- ***Reducing Harm from Falls***: the top three actions as part of a wider action plan of 10 are as follows and are in line with learning from the Serious Incidents:
    - The revised Falls Care pathway (SAFE Tool) which assesses risk for individuals has now been rolled out in GWH;
    - At the "Front Door" (ED) GWH need to identify those patients at risk. GWH Emergency Department is trialling of the use of an orange sticker to alert to staff that the patient is at risk of falls. An audit is due to be conducted shortly; &
    - The Admission Discharge Transfer document detailing aspects of patient care background, key risks etc. has been reviewed and was trialled through November 2013.

- ***Community Length of Stay***: We have recently established an Adult Community Services Monitoring Group and this indicator is a key priority. Recent work to address outliers & anomalies is reflected in an improvement in reported performance.

- ***Clinic Letters***: This indicator has been impacted by slippage in the implementation of the MEDWAY IT system at GWH. We intend to make this a priority issue for the Contract Monitoring Group, commencing January 2014. GWH will be requested to provide a detailed situation report & improvement plan.

*The full M7 data is available on the Patient Safety and Quality dashboard 2013/14 provided by GWH.*

**Maternity KPI dashboard**

| Maternity Indicator | Target | Oct 13 | YTD | Comment |
|---|---|---|---|---|
| Women seen by midwife by 12 weeks and 6 days of pregnancy in the Community (GWH Combined) | 90% | 91.9% | 91.9% | This target was met for October and the year-end target is being met. |
| Normal births as a % of total births (GWH Combined) | 77% | 61.8% | 61.6% | Wiltshire CCG specific data (YTD – 65%) is higher than the total recorded for the GWH Trust combined but still falls below target. |

| Maternity Indicator | Target | Oct 13 | YTD | Comment |
|---|---|---|---|---|
| C-section as a % of total births (GWH Combined) | 23% | 25.9% | 25.9% | Wiltshire CCG specific data meets target YTD (20.9%) but exceeded the limit for the month of October (25.3%). The GWH Trust combined total remains M7 above the target |

**Additional Action:**

- These indicators were reviewed at the quarterly Maternity Performance meeting on 11/12/13.

## 3.0 Contributors

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

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

## Chapter 2: Finance

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

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

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

Chief Financial Officer's Commentary:

NHS Wiltshire CCG is planning on delivering a surplus of £5.0m against an anticipated resource limit of £521m in 2013/14. At the end of November 2013 the CCG is reporting a year to date surplus of £3.36m 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 8 an in year gap of £3m is being forecast against this target due to the timing of initiatives commencing. Other initiatives relating to medicines management and any qualified provider have been identified to mitigate this gap within 2013/14.

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

Previously reported risks have been reduced with the announcement that the CCG will be receiving its capital grant for 2013/14. The CCG is also utilising the Commissioning Support Unit to review and authorise its non-contract activity which had been affected by the section 251 identifiable data issues. Although the previous risks have been mitigated a new risk has come about from the further resource reductions associated with NHS England. The CCG are being asked to give up an additional £4.3m for specialist commissioning which will have a direct impact on the CCG financial position.

## Wiltshire CCG financial overview 2013/14

NHS Wiltshire CCG has planned to deliver a surplus of £5.0m against an anticipated revenue resource limit of £521.3m. Annex 1 shows the summary income and expenditure position for the year at month 8.

The income and expenditure year to date position at the 30 November 2013 is a surplus of £3.36m. This is in line with the planned surplus position of £5.0m. Table 1 below outlines the summary position at month 8:

Table 1: Summary CCG financial position M8 2013/14

| | Year to date / £'m | | |
|---|---|---|---|
| | Resources | Expenditure | Variance |
| Programme | 339.61 | 336.27 | -3.34 |
| Running costs | 7.65 | 7.63 | -0.02 |
| | 347.26 | 343.90 | -3.36 |

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

The CCG is currently forecasting operating within its cash limit. At month 8 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 November 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 8 the CCG resource limit has increased by a net £470k in respect to the following adjustments:

- Winter pressures funding £0.71m
- Adjustment to brought forward surplus values -£0.16m
- Specialist commissioning adjustments -£0.08m

These adjustments, and some other budgetary updates, have been reflected within individual budget lines. Annex 5 shows the movements across budget lines for month 8.

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

During month 8 the CCG has also been made aware of further funding requests for specialist commissioning services. This request relates to providing NHS England (NHSE) with additional resources (c£4.3m) following an update to the grouper tool that is used to calculate the cost of specialist services which have transferred to NHSE. NHSE have advised that this will be a transfer of resource only as expenditure is currently being charged to them directly and will result in a direct financial pressure to the CCG. This will require the CCG to review reserves for month 8 to ensure that it identifies in year mitigations.

**Wiltshire CCG financial performance by providers**

The month 8 reported financial position represents the seventh 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 to further ensure the robustness of the information.

At the end of month 8 the CCG is forecasting operating within its running cost allowance.

Highlighted below are the key year to date (YTD) and Forecast Outturn (FOT) variances within the CCG programme budgets at an individual commissioned service level at month 8 along with any mitigating actions identified.

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| Royal United Hospital NHS Trust | 46.42 | 47.56 | 1.14 | 1.71 |

A year to date overspend is reported based upon the latest SLAM data (M7) received from the Trust. This is primarily due to an estimated YTD overspend on activity net of QIPP of £0.9m, non-QIPP related areas of £0.3m (of which Direct Access Radiology has reduced significantly to £0.3m following the agreement of a revised local tariff for a significant volume of activity) and a YTD underspend of £0.02m on non-contract elements (Non-obstetric Ultrasounds & service contributions).

Encouragingly, expenditure for M7 continues to follow the trend of M6 with only a marginal variance between planned and actual expenditure incurred in month.

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 charges for INNF 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.

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| Great Western Hospitals NHSFT | 32.24 | 32.81 | 0.57 | 1.00 |

The YTD position reflects the addition of £130k of maternity outpatient activity which was previously being billed to Specialist Commissioning, in error - this is still to be validated. In addition, the Trust have advised that Specialist Commissioning are claiming that a further £200k of neurology related activity should also be charged to the CCG, however this is still to be established.

Over performance on non-elective activity (particularly General Medicine) and Day Cases continues. Further analysis is being undertaken with GWH Finance and General Management teams via FIG and Contract Performance meetings and is currently focusing on cancer-related procedures and general surgical procedures which are significantly ahead of plan.

The M8 position includes estimated challenge values which are yet to be accepted by the Trust. The formal challenge response is expected from GWH W/C 09/12/13.

The FOT variance of £1m is reported against the agreed 13/14 plan of £48.2m and represents a £0.2m increase from the M7 variance of £0.8m. The forecast variance has been revised upwards to include 50% the potential risk of the additional specialist commissioning activity and also 50% of the potential slippage on QIPP NEL scheme achievement.

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| Salisbury Hospital NHSFT | 57.22 | 58.87 | 1.65 | 2.65 |

October monitoring includes expenditure that was previously attributable to specialist commissioning but has now been included within the CCG position and shows a small improvement this month in over-performance some of which relates to more accurate coding of September elective and non-elective activity.

Payment by results (PbR) non-elective over-performance has not increased significantly since last month. Non-elective over-performance is in General Surgery, Urology, Gastroenterology, A&E specialty and Cardiology.

The over-performance in elective admissions is continuing in Rheumatology, Urology and General Surgery and Cardiology, some of which seems to be linked to a change in counting (without notice) which is being discussed with the Trust. Gynaecology elective activity is lower than expected.

A&E attendances costs remain higher than anticipated.

The cost of PbR excluded drugs is currently running above forecast levels particularly for Ant-TNF drugs.

There are remaining data validity issues for Outpatient diagnostics which are being worked through with the Trust. Outpatient attendance costs are above plan in Urology, Cardiology, Dermatology, Plastic Surgery and Rheumatology and there appears to be an increase in the number of outpatient procedures reported compared to last year which has had an impact on costs compared to the cost of traditional follow-up attendances.

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| North Bristol NHS Trust | 3.40 | 3.15 | (0.25) | (0.25) |

The NBT contract value has been updated in M8 to reflect the revised SLA value following the transfer of commissioning responsibility to SCG. A year to date underspend of £0.25m is reported this month following a reconciliation of activities commissioned by the CCG – this will continue to be reviewed closely as the level of under-performance may increase further.

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| University Hospitals Southampton NHSFT | 2.77 | 2.90 | 0.13 | 0.20 |
| Earlier in the year there has been over-performance in Emergency admissions, (particularly trauma), and also in Outpatients, but recently spend has been close to planned levels. UH Southampton are reporting significant over-performance on payment by results 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 £0.28m FOT variance. The Specialist Commissioning boundary issues remain under review. | | | | |

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| Royal National Hospitals Rheumatic Diseases NHSFT | 2.64 | 2.80 | 0.16 | 0.28 |
| The RNHRD contract value has been updated in M8 to reflect the transfer of responsibility for the complex regional pain service to NHS E from the CCG. A year to date overspend of£ 0.16m is reported this month following receipt of the current financial position on anti-TNF drugs (responsibility transferred to the CCG in M7) from NHSE. | | | | |

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| Ramsey – New Hall | 2.83 | 3.10 | 0.27 | 0.40 |
| New Hall activity is very variable month by month. April and May were busy months, June and July activity was lower, but August was the busiest month this year. September was significantly above plan but October was much closer to planned levels. Discussions are underway to ensure the Provider is fully complying with the Clinical Priorities Policy, and some credits have been retrieved in regards joint injections charged as day cases without prior approval. Over 70% of spend is on Orthopaedics admitted care. | | | | |

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| BMI Hospitals (Bath Clinic & Ridgeway) | 2.44 | 3.31 | 0.87 | 1.03 |
| Validated M1-M6 data shows continuing higher than anticipated activity levels, primarily at Ridgeway Hospital where year on year growth continues to be highest on major pain and orthopaedic procedures. A contract performance meeting has been arranged for 11/12/13 at Ridgeway Hospital to discuss the performance levels, with a focus on pain injections. | | | | |

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| Circle Healthcare | 1.26 | 1.26 | 0.00 | 0.00 |

At Month 8, the Circle AQP contract has been updated to show a forecasted year end position of as per budget. Activity for M1-M3 tracked lower than anticipated levels, but reverted to around budgeted levels for M4-M6 with M7 showing activity levels significantly over anticipated levels for the period. With activity levels increasing, the FOT has been amended accordingly – actual usage of this contract will continue to be scrutinised on a monthly basis.

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| Wiltshire Community Health Services (GWH Community) | 34.71 | 34.45 | (0.26) | 0.00 |

The Community block contract is on budget.

The Maternity contract is under performing by £367k YTD, primarily on in-patient birth activity which continues to be lower than anticipated based on 12/13 birth rates. GWH commissioned a coding audit to check for anomalies regarding birth numbers. This has been concluded and no issues were found.

The YTD under performance figure does not include any potential impact of the new Maternity Pathway payment system. Reworked YTD maternity costs are due to be presented to WCCG by GWH on 11/12/13 at the quarterly Community Maternity contract meeting.

Until the Pathway costs have been reviewed and validated, FOT variance is being reported as zero.

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| South West Ambulance Services NHSFT | 10.54 | 10.73 | 0.19 | 0.28 |

A year to date overspend of £0.19m is reported against the SWAST Ambulance contract based upon the level of over-performance reported in the period up to the end of October 13 (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 Resource | Expenditure | Variance | FOT Variance £’m |
|---|---|---|---|---|
| Avon & Wiltshire Partnership NHS Trust | 22.04 | 22.26 | 0.22 | 0.34 |

A year to date overspend is reported against the non-block elements of the AWP contract (AQP ASD, ADHD Activity & Drugs and Section 12 Doctors) following a full reconciliation. The outturn position for the AQP ASD contract has been increased this month by £0.1m as a result of a review of updated activity details from AWP.

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 12/13.

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £’m |
|---|---|---|---|---|
| Glenside neuro-rehabilitation | | | | |

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

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £’m |
|---|---|---|---|---|
| Out of Hours & NHS 111 | 5.01 | 5.26 | 0.25 | 0.20 |

A year to date and forecast full year overspend is reported in respect of additional charges incurred by the CCG in order to support the NHS111 contract with Harmoni. The YTD overspend reflects the total additional costs incurred by the CCG to date, of which an element will be recoverable from other parties to the 111 contract which has been estimated in the FOT variance.

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £’m |
|---|---|---|---|---|
| Continuing healthcare | 12.10 | 10.60 | (1.50) | (1.50) |

CHC is reporting a year to date underspend against budget. At the end of November there were 243 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 Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| Funded nursing care | 4.50 | 3.80 | (0.70) | (0.50) |

FNC is reporting a year to date and forecast underspend. This is based on spend details provided by the council for council funded placements and CCG direct spend to date. The forecast underspend has been scaled down to reflect the potential impact of the significant number of retrospective FNC adjustments yet to be assessed and applied to provider payments.

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| LD placements | 1.30 | 1.50 | 0.20 | 0.30 |
| MH placements | 2.70 | 2.90 | 0.20 | 0.40 |

LD and MH Placements are reporting a year to date and forecast outturn overspends based on current patients receiving Placement funding.

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.

| Provider / Commissioned service area | Ytd / £'m Resource | Expenditure | Variance | FOT Variance £'m |
|---|---|---|---|---|
| Prescribing | 47.10 | 45.60 | (1.40) | (1.50) |

Prescribing budgets are reporting a year to date underspend of £1.4m after phasing in unutilised prescribing reserves and a forecast year end underspend of £1.5m.

## Reserves

At month 8 NHS Wiltshire CCG has reported reserves of £23.7m – these reserves cover the CCG 2% headroom fund, 1% surplus, 0.5% contingency and other contract developments to be devolved into budgets. These positions are summarised below and reflect commitments against reserves.

| | £'m | Comment |
|---|---|---|
| Uncommitted headroom | 10.07 | committed in full to support service redesign across the health system |
| Surplus | 5.04 | in line with plan requirements |
| Contingency | 2.52 | in line with plan requirements and release against programme budgets |
| Marginal rate reserve | 2.22 | committed to support actions to impact on the urgent care system |
| Earmarked reserves | 3.83 | commitments to be devolved into contract positions |
| | 23.67 | |

**Financial risks**

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

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

The CCG has planned to deliver a QIPP programme in 2013/14 which will lead to service redesign savings of £9.3m. Underachievement against this programme will require the application of contingent reserves and a review of additional measures including moving further faster with other QIPP schemes. At the end of month 8 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.

The continued request for resources from NHS England for Specialist Commissioning is creating significant uncertainly over the CCG financial position. A further £4.3m has been request at month 9 which will have a direct impact on the CCG financial position. This resource reduction has been mitigated in year from reserves and slippage on 2013/14 investments, however, the CCG will have to deal with the recurrent impact as part of its QIPP plans for 2014/15.

**Annexes**

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

## Annex 1 - Summary I&E position at month 8 2013/14

| | £'m Budget | Ytd Actual | Variance | £'m Annual budget | FOT variance |
|---|---|---|---|---|---|
| Acute care | 166.74 | 171.36 | 4.62 | 250.07 | 7.19 |
| Exceptions | 0.16 | 0.03 | -0.13 | 0.25 | 0.00 |
| Non acute care | 83.37 | 83.01 | -0.37 | 124.93 | 0.16 |
| Other commissioning | 16.76 | 16.01 | -0.76 | 25.14 | -0.59 |
| | 267.04 | 270.41 | 3.37 | 400.39 | 6.76 |
| | | | | | |
| Out of hours | 5.48 | 5.78 | 0.30 | 8.69 | 0.20 |
| Local enhanced services | 4.29 | 4.46 | 0.17 | 7.33 | -0.20 |
| Prescribing | 47.01 | 45.57 | -1.45 | 69.53 | -1.50 |
| | 56.79 | 55.81 | -0.98 | 85.55 | -1.50 |
| | | | | | |
| Running costs | 7.65 | 7.64 | -0.02 | 11.66 | 0.00 |
| | | | | | |
| Headroom | 6.71 | 0.00 | -6.71 | 10.07 | 0.00 |
| Surplus | 3.36 | 0.00 | -3.36 | 5.04 | -5.04 |
| Contingency | 1.68 | 0.00 | -1.68 | 2.52 | -2.52 |
| Earmarked reserves | 4.03 | 10.05 | 6.02 | 6.04 | -2.74 |
| | 15.78 | 10.05 | -5.73 | 23.67 | -10.29 |
| | | | | | |
| CCG total | 347.26 | 343.90 | -3.36 | 521.27 | -5.04 |

## Annex 2 - Summary Statement of Financial position at month 8 2013/14

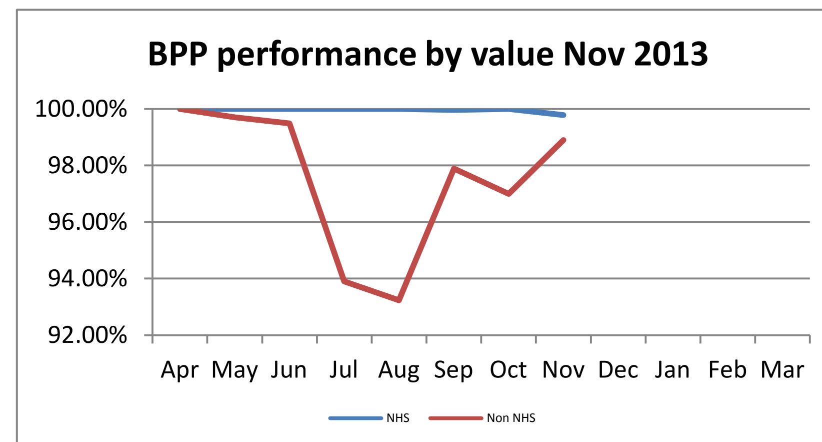
| Summary Statement of Financial Position | Opening position at 1st April 2013 | Current position at 30th November 2013 | Forecast position at 31st March 2014 |
|---|---|---|---|
| | | £'m | |
| Non Current Assets: | | | |
| Premises, Plant, Fixtures & Fittings | | | |
| IM&T | | | |
| Other | | | |
| Long-term Receivables | | | |
| TOTAL Non Current Assets | 0.00 | 0.00 | 0.00 |
| Current Assets: | | | |
| Inventories | | | |
| Trade and Other Receivables | | 0.78 | 5.68 |
| Cash and Cash Equivalents | | 0.25 | 0.05 |
| TOTAL Current Assets | 0.00 | 1.03 | 5.73 |
| TOTAL ASSETS | 0.00 | 1.03 | 5.73 |
| Non Current Liabilities: | | | |
| Long-term payables | | | |
| Provisions | | | |
| Borrowings | | | |
| TOTAL Non Current Liabilities | 0.00 | 0.00 | 0.00 |
| Current Liabilities: | | | |
| Trade and Other Payables | | 38.53 | 10.76 |
| Other Liabilities | | | |
| Provisions | | | |
| Borrowings | | | |
| Total Current Liabilities | 0.00 | 38.53 | 10.76 |
| TOTAL LIABILITIES | 0.00 | 38.53 | 10.76 |
| **ASSETS LESS LIABILITIES (Total Assets Employed)** | **0.00** | **-37.49** | **-5.04** |
| Financed by taxpayers' equity: | | | |
| General fund | | 37.49 | 5.04 |
| Revaluation reserve | | | |
| Other reserves | | | |
| Total taxpayers' equity: | **0.00** | **37.49** | **5.04** |

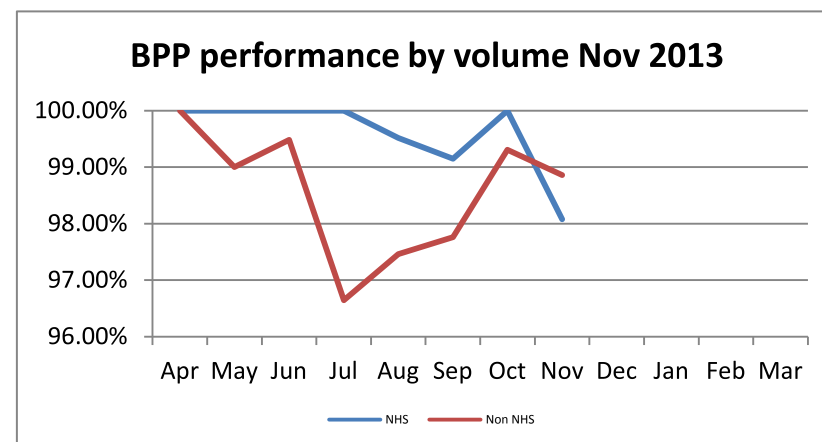
## Annex 3 – Cash position at month 8 2013/14

| | £'m Year to date | FOT |
|---|---|---|
| Assumed revenue resource limit / £'m | | 521.27 |
| Assumed revenue cash limit / £'m | | 516.23 |
| | | |
| Cash drawn down / £'m | 282.62 | 468.25 |
| Cash top sliced for prescribing and home oxygen / £'m | 28.46 | 47.99 |
| Effective total cash drawn down / £'m | 311.08 | 516.23 |
| | | |
| Cash drawn down as % of total | 60.26% | 100.00% |
| Expected cash draw down as % | 66.67% | 100.00% |
| | | |
| Cash utilised / £'m | 310.82 | 516.18 |
| Balance in account / £'m | 0.26 | 0.05 |
| Balance in account as % of total cash limit | 0.05% | 0.01% |

**Annex 4 – Better payment practice code position at month 8 2013/14**

| | Performance vs 30 days BPP | | | |
|---|---|---|---|---|
| | In Month | | YTD | |
| | Nos. | £'m | Nos. | £'m |
| **NHS** | | | | |
| Total bills paid | 261 | 26.22 | 1,360 | 209.82 |
| Total bills paid within time | 256 | 26.17 | 1,349 | 209.75 |
| % of bills paid within target | 98.1% | 99.8% | 99.2% | 99.9% |
| **Non-NHS** | | | | |
| Total bills paid | 880 | 5.66 | 4,626 | 36.40 |
| Total bills paid within time | 870 | 5.60 | 4,541 | 35.31 |
| % of bills paid within target | 98.9% | 98.9% | 98.2% | 97.0% |
| **ALL** | | | | |
| Total bills paid | 1,141 | 31.88 | 5,986 | 246.22 |
| Total bills paid within time | 1,126 | 31.76 | 5,890 | 245.06 |
| % of bills paid within target | 98.7% | 99.6% | 98.4% | 99.5% |



## Annex 5 – movements between budgets and resources

| | £'m<br>Annual budget at M7 | Annual budget at M8 | Movement | Comment |
|---|---|---|---|---|
| Acute care | 250.26 | 250.07 | -0.19 | update to contract value funding |
| Exceptions | 0.25 | 0.25 | 0.00 | |
| Non acute care | 124.88 | 124.93 | 0.05 | update to contract value funding |
| Other commissioning | 25.14 | 25.14 | 0.00 | |
| | 400.53 | 400.39 | -0.14 | |
| | | | | |
| Out of hours | 7.98 | 8.69 | 0.71 | additional winter pressures allocation |
| Local enhanced services | 7.33 | 7.33 | 0.00 | |
| Prescribing | 69.53 | 69.53 | 0.00 | |
| | 84.84 | 85.55 | 0.71 | |
| | | | | |
| 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 | 6.14 | 6.04 | -0.10 | update to contract values funding |
| | 23.77 | 23.67 | -0.10 | |
| | | | | |
| CCG total | 520.80 | 521.27 | 0.47 | |

## Chapter 3: Access

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

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

Chief Financial Officer's Commentary:

As previously reported, 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. The Executive are now shifting focus from enabling the process to really utilising the toolkit to drive and monitor performance.

The Annual Planning cycle is on track, and the early outputs reflect local clinical leadership of the process, as the process intended.

We have now designed and agreed the processes and mechanism to facilitate the CCG producing a longer term vision in the form of a 5 year horizon Strategic Plan, and work to achieve this has commenced.

The CCG Assurance Framework information is detailed at Appendix 1.

## NHS Constitution

Great Western Hospital NHS Foundation Trust has had a further breach of 3 patients waiting longer than 52 weeks in October 2013. This is now the third consecutive month breaching this target.

In October 2013, RUH demonstrated their best performance of the year so far with 98.2% of patients admitted, transferred or discharged within 4 hours of their arrival at the A&E department. GWH, for the second consecutive month, failed to meet this target but did show an improvement on last month.

The position for the standard for cancer maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient was recovered with a rate of 100% for October 2013.

All National ambulance response time standards for responding within 8 minutes were at their lowest percentage of compliance for the year so far. The category A standard for 19 minutes showed a slight improvement against last month but still continued to breach the standard. There continues to be an excessive number of ambulance handover breaches at GWH for the third consecutive month but RUH and SFT have recovered their position and are compliant with the standard for October 2013. See also Chapter 1, section 2.3 of this report.

There were no mixed sex breaches recorded for October 2013.

## NHS Outcomes Framework

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

CCG local priorities are not performing to plan at this time.

## 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 activity for day cases continue to over perform against the annual plan but inpatient activity is within plan for October 2013. Significant pressure is being experienced on the SFT contract which is 9% up on plan for elective activity. However, SFT are now recorded as 14% down on outpatient activity.

## 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:

In addition to maintaining the momentum in delivering on those projects already underway, we have made good progress regarding both the content and delivery mechanism for next year's Annual Plan. This has been endorsed by the Governing Body, and will utilise a programme style approach to deliver the key themes emerging. The Plan has been conceived and developed by clinicians in their locality groups, and accordingly we are excited about the direction of travel it should take us in. Key to the successful delivery will be clear clinical leadership throughout the programmes of work emerging.

Commissioning Intentions for next year have been issued, and our Group Directors are starting their dialogue with key providers and stakeholders about the implications of those, both in terms of activity and finance.

Our work on shaping the process and delivery mechanism to derive a new Strategic 5 Year Plan across the Health System in Wiltshire has gone well, achieving good levels of engagement to date from colleagues across the NHS and within Wiltshire Council. A programme of workshops is in place in order to facilitate engagement moving forwards.

## 1.0 Update on the Project Register

Annex 6 shows the Project Register which has been updated following the meeting on 4 December 2013 of the Programme Governance Group (PGG). The status reporting for each project is shown and the information is taken from the weekly reports submitted by the Group Directors to the Executive Management Team meeting.

Following review by PGG of the Project Register it was agreed that certain projects should be removed from the list as they were no longer required, able to deliver benefits or were being monitored through normal contract routes. These projects that were listed are:

| | |
|---|---|
| Sarum | Map of Medicine |
| Sarum | Maximise use of local GPwSI's |
| Sarum | Email referral assessments |
| Sarum | Cardiology/24 hour ECG |
| Multiple | Additional Social Workers - £135k investment |
| Multiple | Replacement nursing/residential beds with WCC |
| NEW | Clover Centre Development with SEQOL |
| Sarum | AQP Review |
| Sarum | Intermediate care ward |
| WWYKD | Adcroft community cardiology - expansion |

Despite the closure of these projects Groups remain committed to the delivery of QIPP.

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

| | | | |
|---|---|---|---|
| PMO-13-030 | NEW | Community Maternity Services Retender | Jo Whitford |
| PMO-13-031 | SARUM | Patient Transport Services - Headroom bid | Kerry Lusby-Taylor |
| PMO-13-032 | WWYKD | MIU Review | Victoria Stanley |

It should be noted that not all projects listed on the Project Register are supported with project workbooks.

**Care co-ordination – PMO-03-001**
Supported by the Community Transformation Team a meeting was held on 3 December 2013 to evaluate the operational working of the care co-ordinators. GP practice managers and members of the project team met to discuss the new arrangements and to identify success that could be shared and any barriers. A report is expected.

The project continues to receive attention as the first project undertaken in the CCG with the PMO in place. The Governing Body was addressed in November 2013 by a Care Co-ordinator working in the Sarum area. The presentation was well received and indicated some of the unquantifiable benefits to patients of the investment that the CCG has made.

In order that the most benefit is gain from the investment in care co-ordinators a review is beginning which may change the previously agreed Key Performance Indicators (KPIS) It is important that records of quantitative and qualitative data are kept to demonstrate the on-going value of the investment though this needs to be balanced with efficiency and also the specific requirements of all organisations involved including the community provider. The review will explore more effective means of capturing relevant information and will need to recognise any Information Governance requirements.

## 2.0 QIPP confidence level

The CCG is continuing to forecast its surplus position which is inclusive of the delivery of the £9.3m QIPP challenge.
The groups continue to work to deliver QIPP schemes and are pursuing mitigations and additional schemes to go further, faster where any shortfalls in existing schemes arise.

## 3.0 PMO Developments

The new Equality Impact Assessment has been shared with staff at a workshop to launch the template.

## 4.0 Planning for 14/15

The PMO has been involved in designing the process for programme management across NHS Wiltshire CCG that will take forward the strategic priorities that have been agreed by the Governing Body.

Annex 7 describes the process and the timescale that is in operation with the next major milestone being the agreement by the Clinical Executives of the deliverables that each programme will deliver. As part of the work that Group Directors are undertaking to provide recommendations to the Clinical Executives, they are also developing the details of the line of activity that will be affected by changes if agreed. This will enable more robust reporting against targets in 14/15.

The programmes will each be delivered through a two tiered approach involving a Steering Group and a Working Group for each programme. This will include provider and Wiltshire Council representation as required and reference to the role of the Joint Commissioning Board. Terms of Reference have been developed and are built around the following principles, developed as a result of the learning from 13/14:

- **Clinical leadership is at the helm** of the programmes with support from senior management and CCG resources.
- **Quality** should be central to all considerations.
- **Impact on Equality and Diversity** needs to be considered at every stage.
- **All individuals and their carers are at the centre** of everything we do. We will always take their **holistic needs** into account; recognising the need for their **safeguarding, independence, choice and respect**; ensuring the person moves through the system to the **appropriate place of care** as seamlessly as possible.
- **Staff at every level** and in every job **is and will feel valued,** contributing to something important.
- **Simplicity and clarity** should be achieved wherever possible in an inherently complex system.
- Contribution from all is required with individuals being **clear about their roles.**
- There will be **interdependencies on other programmes** and there needs to be awareness of others areas of works and **demands on capacity**.
- **Quantitative measures and controls** as well as harder, **qualitative** measures drive performance and recognition.
- Delivery of objectives is paramount and this is to be done **collectively and collegiately as one organisational body** and with stakeholders.
- **Local flavour is to be reflected**.
- **Quality, equality and public engagement** are cross cutting themes in all facets of each programme alongside finance, activity and operations.
- **Build on existing foundation** arrangements to maintain coherence and ensure clinical leadership is at the helm of the programmes with support from senior management and CCG resources
- Design solutions using **indicative and evidential data** to support areas of focus so that **what we change has justifiable reasons** for doing so.

## PMO PROJECT REGISTER

| Strategic Priority 14/15 | PMO Ref | Group | Workstream/Project Description | Project Workbook required and what level | Exec Sponsor | Clinical Lead | Project Manager | DEVELOPMENT RAG status | Equality Impact Assessment | IMPLEMENTATON RAG status | Comments for attention of programme board |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **JOINT PROJECTS** | | | | | | | | | | |
| **Long Term Condition Pathways - Diabetes (Ted Wilson)** | **PMO-13-001** | Multiple | 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 | | | | PMO has completed snagging list for project.<br>TW has received assurance from GWH that service will be delivered against specification.<br>Initial evaluation lead by CTP to identify success and issues |
| **Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)** | | Multiple | Review of CCG Service Restriction/Prior Approval Review of CCG Exception Policy | Yes, full | Mark Harris | Elizabeth Stanger | Mark Harris | | | | |
| **Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)** | **PMO-13-024** | Multiple | Healthcare professional line with WMS - £208k investment | | Jo Cullen | | Patrick Mulcahy | | | | Workbook requires attention - QIA, KPIs, Risks - acknowledged work in progress |
| | **CORPORATE PROJECTS** | | | | | | | | | | |
| **TBC** | | Quality | Learning Disability Review | Yes, Summary, Risks, QIA and KPIs | Jacqui Chidgey-Clark | Dina Lewis | | | | | Headroom funding to be agreed followed by submission of project workbook which defines scope and output of projects |
| | **INDIVIDUAL GROUP PROJECTS** | | | | | | | | | | |
| **Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)** | **PMO-13-014** | NEW | Integrated CQUIN (5a&5b) with GWH<br>NEL - £463,080<br>A&E £71,220 | Yes, Summary, Risks, QIA and KPIs | Ted Wilson | Anna Collings/Nick Brown | James Slater/Emma Smith | | | | Unclear what actions from GWH are in place to deliver results. |
| **TBC** | **PMO-13-005** | NEW | Dementia SLA | Yes, Summary, Risks, QIA and KPIs | Ted Wilson | Celia Grummitt | Louise Cox/ Susan Dark | | | | Good use of workbook. Some minor administrative amendments required. |
| **TBC** | **PMO-13-029** | NEW | Older People's Mental Health and Dementia Service Redesign | Yes, full | Ted Wilson | Celia Grummitt | Susan Dark | | | | Project Manager requires clarity of scope of this project. Project Manager making good use of workbook. |
| **Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)** | **PMO-13-013** | NEW | Virtual review clinics - conversion of outpatient attendances to telephone contact or letters | Yes, Summary, Risks, QIA and KPIs | Ted Wilson | Simon Burrell | James Slater | | | | NB. This project is included in one workbook called Elective QIPP. Query over the suitability of this project workbook which combines many schemes that GWH are required to deliver.<br>Unclear what actions from GWH are in place to deliver results. |
| **Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)** | **PMO-13-012** | NEW | Surgical assessment unit - GWH patient pathway redesign pilot | Yes, Summary, Risks, QIA and KPIs | Ted Wilson | Simon Burrell | James Slater | | | | Project workbook submitted and in use. Requires review by PMO in advance of submission to PGG on 6/11/13 |
| **Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)** | **PMO-13-013** | NEW | Shift from Day Case to procedures in Out Patients - agreement of a local reduced day case tariff for QZ14B vascular access except for Renal Replacement Therapy with CC | Yes, Summary, Risks, QIA and KPIs | Ted Wilson | Simon Burrell | James Slater | | | | As above 013 |
| **Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)** | **PMO-13-013** | NEW | Cataracts - Benchmarking against independent providers | Yes, Summary, Risks, QIA and KPIs | Ted Wilson | John Pettitt | James Slater | | | | As above 013 |
| **Long Term Condition Pathways - Diabetes (Ted Wilson)** | **PMO-13-013** | NEW | Intermediate Feet - HG32A - HG33G | Yes, Summary, Risks, QIA and KPIs | Ted Wilson | John Pettitt | James Slater | | | | As above 013 |
| **Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)** | **PMO-13-013** | NEW | Pre-Op weight management - extension to hips and knees | Yes, Summary, Risks, QIA and KPIs | Ted Wilson | John Pettitt | James Slater | | | | As above 013 |
| **Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)** | **PMO-13-013** | NEW | Spinal - change in consultants | Yes, Summary, Risks, QIA and KPIs | Ted Wilson | Jonathan Rayner | James Slater | | | | As above 013 |
| **TBC** | | NEW | GWH/Wiltshire Discharge Project (Priority 1) | Yes, but implemented separately so 3 separate workbooks and entries on the project register | Ted Wilson | | | | | | CTP advise this project is to cease - confirmation awaited. This is due to change of scope |
| **Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)** | **PMO-13-011** | NEW | Orthpaedic Outreach Clinics | | Ted Wilson | | | | | | PM advises that there gaps in production of data to evidence KPIs. Good use of project workbook. |
| **Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)** | | NEW | Opthamology Outpatient Clinics | | | | | | | | Workbook not expected until Jan 15 |
| **TBC** | **PMO-13-008** | NEW | 24 Hour ECG | | | | | | | | Launch of this project is not until 12/12 therefore recommend that this project is shown as in development not in delivery on EMT status report. Good use of project workbook. |
| | **PMO-13-030** | NEW | Community Maternity Services Retender | | Ted Wilson | | Jo Whitford | | | | Project workbook requires attention including scope and agreement on need for QIA. There is a timeline for retendering which is separate from which milestines can be extracted. PM advises significant risks to CCG relating to this project. These are not bourne out in the Risk Register. |
| **Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)** | | NEW | Primary care support for urgent care system - Roaming GP - £150k investment | | | | | | | | |
| **Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)** | | NEW | Community Consultant Geriatrician post - £54k investment | | | | | | | | |
| **Long Term Condition Pathways - Diabetes (Ted Wilson)** | | NEW | Long-term Considition Pathway Redesign for COPD - Specialist Respiratory Assessment Service - £13k investment | | | | | | | | |
| **TBC** | | NEW | Expansion of the Trauma Coordinator role - £64k investment | | | | | | | | |
| **TBC** | | NEW | Improving Catheter community and acute pathways | | | | | | | | |

## PMO PROJECT REGISTER

| Strategic Priority 14/15 | PMO Ref | Group | Workstream/Project Description | Project Workbook required and what level | Exec Sponsor | Clinical Lead | Project Manager | DEVELOPMENT RAG status | Equality Impact Assessment | IMPLEMENTATON RAG status | Comments for attention of programme board |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) | | NEW | Ophthalmology in-reach community clinics - £102k investment | | | | | | | | |
| Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) | | NEW | Minor Injury Unit PACS data link with GWH - £5k investment | | | | | | | | |
| Early Supported Discharge (Ted Wilson) | | NEW | GWH Acute Discharge DART - £400k investment | | | | | | | | Suggestion this is in implementation phase. Correct EMT status report |
| Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) | | NEW | Surgical Assessment Unit (GWH) - £49k investment | | | | | | | | |
| Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) | | NEW | 7 day working with Diagnostics (Pharmacy, Phlebotomy, Physiotherapy) - £169k investment | | | | | | | | |
| Early Supported Discharge (Ted Wilson) | | NEW | Community Discharge Team - £287k investment | | | | | | | | |
| Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) | | NEW | Escalation Beds - £566k investment | | | | | | | | |
| Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) | | NEW | Weekend Support for Clinical Teams - £20k investment | | | | | | | | |
| Rapid Response (Jo Cullen) | | NEW | Night Time Rapid Response - £267k invstment | | | | | | | | |
| Rapid Response (Jo Cullen) | | NEW | Daytime Rapid response service - £186k investment | | | | | | | | |
| Long Term Condition Pathways - Diabetes (Ted Wilson) | | NEW | Extension of oxygen pilot - £37k investment | | | | | | | | This is not shown on EMT staus report |
| Optimising the existing community teams (Ted Wilson) | | NEW | Community IT (EPRS - year 1 costs, 40% ot total) - £431k investment | | | | | | | | This is not shown on EMT staus report |
| Urgent Care review, pathway design and alignment of system wide provision (Jo | | NEW | Increased radiology hours at MIU's - £118k investment | | | | | | | | TBC that this project if funded through Headroom. JS does not think this has been agreed in NEW. Remove? |
| Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) | | Sarum | Referral Information System Development | Yes, full | Mark Harris | Toby Davies | Mark Harris | | | | MH advises that this project is awaiting external Business Case before development of project workbook. |
| Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) | PMO-13-021 | Sarum | Chronic pain (IncBack Pain) | Yes, full | Mark Harris | Chet Sheth | Kerry Lusby-Taylor | | | | Work book developed. Pmo to review. |
| Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) | PMO-13-002 | Sarum | Trauma and Orthopaedics | Yes, Summary, Risks, QIA and KPIs | Mark Harris | Chet Sheth | Beatrix Maynard | | | | Workbook formally submitted 14/10/13. MH has agreed with JCC that this workbook does not require a QIA. Has received update, now requires agreement by PGG. Query over QIPP target.<br>PMO to review with BM |
| Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) | PMO-13-015 | Sarum | Care Home LES | Yes, Summary, Risks, QIA and KPIs | Mark Harris | Elizabeth Stanger | Louise Sturgess | | | | PMO to review. NB Recommendadtion to close similar workbook in WWYKD. Performance is monitored through Quartherly SLA report. |
| Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) | PMO-13-007 | Sarum | Salisbury Walk In Centre/A&E Redesign | Yes,full | Mark Harris | Celia Grummitt | Jill Whittington | | | | Good use of workbook to advance project do imolemnatation stage. Workbook will require amendment when deceision is made and project moves to implemnation phase |
| Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) | PMO-13-003 | Sarum | Managing GP Referrals | Yes,full | Mark Harris | | Louise Sturgess | | | | PMO to review |
| | 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 | | | | CTP advise this project is to cease - confirmation awaited. This is due to change of scope |
| TBC | PMO-13-016 | Sarum | SFT IBD Nurse - £31k investment | Yes, Full | Mark Harris | | Kerry Lusby-Taylor | | | | Good use of workbook . |
| Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) | | Sarum | Expanding emergency workforce - £103k investment | | Mark Harris | | Jill Whittington | | | | Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office |
| Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) | PMO-13-019 | Sarum | Clinical Correspondence GP's - £36k investment | | Mark Harris | | Kerry Lusby-Taylor | | | | PMO Initial review undertaken. Work required to tighten administration. Unable to RAG |
| Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) | PMO-13-020 | Sarum | Electronic discharge summaries - £141k investment | | Mark Harris | | Kerry Lusby-Taylor | | | | PMO Initial review undertaken. Work required to tighten administration. Unable to RAG |

## PMO PROJECT REGISTER

| Strategic Priority 14/15 | PMO Ref | Group | Workstream/Project Description | Project Workbook required and what level | Exec Sponsor | Clinical Lead | Project Manager | DEVELOPMENT RAG status | Equality Impact Assessment | IMPLEMENTATON RAG status | Comments for attention of programme board |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **TBC** | **PMO-13-031** | Sarum | Patient Transport Services Salisbury - £40k investment | | Mark Harris | | Kerry Lusby-Taylor | | | | PMO Initial review undertaken. Work required to tighten administration. Unable to RAG |
| **Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)** | **PMO-13-018** | Sarum | Sarum GP Winter Weekend Cover - £150k investment | | Mark Harris | Naz Komal | Beatrix Maynard | | | | Some minor amednmentsa required to milestones and KPIs not yet agreed |
| **Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)** | **PMO-13-028** | WWYKD | Consultant to consultant referrals review | Yes, Summary, Risks, QIA and KPIs | Jo Cullen | Lucy Pearson | Jo Cullen/Victoria Stanley | | | | PM has queries over scope of this project - there have been changes. Provider has not agreed the proposal. KPIs require development to evidence delivery |
| **TBC** | **PMO-13-026** | WWYKD | Care homes project | Yes, Summary, Risks, QIA and KPIs | Jo Cullen | Lucy Pearson/Martin Foley | Andy Jernings/Jo Whitford | | | | Recommendadtion to close workbook in WWYKD. Performance is monitored through Quarterly SLA report. |
| **Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)** | **PMO-13-032** | WWYKD | MIU review (priority 1) | | Jo Cullen | Helen Osborn | Jo Cullen/Jenny Benns/Victoria Stanley | | | | PMO to review |
| **Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)** | | WWYKD | A&E front door (priority 1) aka RUH Emergency Care Project | Yes, Summary, Risks, QIA and KPIs | Jo Cullen | Lucy Pearson/Martin Foley | Jo Cullen/Victoria Stanley | | | | |
| | **PMO-13-006** | WWYKD | RUH/Wiltshire discharge project | Yes, but implemented separately so 3 separate workbooks and entries on the project register | Jo Cullen | Helen Osborn | Mike Relph/Jo Cullen/ Debbie Elliott/Victoria Stanley | | | | CTP advise this project is to cease - confirmation awaited. This is due to change of scope |
| **Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)** | | WWYKD | Increased Use of Community Geritrician | | Jo Cullen | | Jo Whitford | | | | |
| **TBC** | **PMO-13-022** | WWYKD | Headroom Project Pharmacy Support to Care Homes - £16k investment | Yes, Summary, Risks, QIA and KPIs | Jo Cullen | | Nadine Fox/Meds Man/Penny Lightowler | | | | Improvements to workbook required including development of KPIs |
| **TBC** | **PMO-13-023** | WWYKD | Headroom Project Pharmacy Support for Patients at Home - £16k investment | Yes, Summary, Risks, QIA and KPIs | Jo Cullen | | Nadine Fox/Meds Man/Penny Lightowler | | | | Improvements to workbook required including development of KPIs |
| **Early Supported Discharge (Ted Wilson)** | | WWYKD | Practice in Reach and Discharge Support - £213k investment | Yes,full | Jo Cullen | Helen Osborn | Nadine Fox/Meds Man/Penny Lightowler | | | | |
| **Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)** | | WWYKD | Practice managed step up care home beds - £208k investment | Yes,full | Jo Cullen | Helen Osborn | Nadine Fox/Meds Man/Penny Lightowler | | | | |
| **TBC** | **PMO-13-027** | WWYKD | PSV's to facilitate targeted HCP appointments and next day HCP admissions - £80k investment | | Jo Cullen | | Patrick Mulcahy | | | | QIA required |
| **Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)** | **PMO-13-025** | WWYKD | Primary Care Winter Pressures | | Jo Cullen | | | | | | Workbook is not sufficiently developed |
| | | | | | | | | | | | |
| | **Community Transformation - Pre project register** | | | | | | | | | | |
| **PPP1** | **PPP1** | CTP | CTP Phase 2 - Building Community Capacity | | | Martin Body | | | | | Proposal sign off date 17/12/13. Date Put back from 11/11/13 |
| **PPP2** | **PPP2** | CTP | CTP Phase 2 - Appropriate Place of Care (beds) | | | Martin Body | | | | | Proposal sign off date 31/12/13. Date Put back from 27/11/13 |
| **PPP3** | **PPP3** | CTP | CTP Phase 2 - Diagnostics | | | Martin Body | | | | | Proposal sign off date 31/12/13. Date Put back from 27/11/13 |
| **PPP4** | **PPP4** | CTP | CTP Phase 2 - Single Assessment Framework/Care Plan | | | Shelley Watson | | | | | |

# Delivery Plan

The CCG has been working to identify the key programmes of work that if tackled on a CCG-wide basis would have the greatest impact on supporting the delivery of the CCG strategic aims and objectives, as well as address the a significant proportion of the financial challenge that exists across the system.

The resultant programmes of work that form the heart of the Delivery Plan are:

- Planned Care Pathways- Musculoskeletal conditions and Ophthalmology
- Optimising the existing community teams
- Long Term Condition Pathways – Diabetes
- Urgent Care review, pathway design and alignment of system wide provision
- End of Life Care Pathway
- Rapid Response
- Early Supported Discharge

Each of the projects within the Delivery Plan contain the case for change, a recommended approach and expected benefits.

In order to maintain the momentum and realise the intended benefits for 2014/15 the more detailed operational planning and implementation needs to take place to define the preferred delivery options, and undertake the detailed modelling of the expected financial and activity changes to feed the contract negotiation process.

A draft framework that seeks to balance central facilitation and co-ordination with local ownership, decision making and delivery is contained overleaf.

# Draft Framework and Timeline

## Delivery Plan Programmes

**Steering Group** – This group is made up of representatives from each Group, including GPs and they are responsible for engaging their wider Group members, make decisions and give a clear mandate to the Working Group

**Working Group** – Remit provided by the Steering Group – Project group made up of team with appropriate skills and expertise to undertake detailed modelling, provide recommendations and design project implementation plans

**Group Engagement**

Confirm approach and expected outcomes

Work up delivery model options and £ and activity assumptions

Agree preferred option

Project implementation plans and provider level activity and £ modelling

Agree delivery plans and impact on provider contracts

Project implementation – centrally facilitated and co-ordinated. Locally tailored and delivered

**Ongoing** progress reporting, review and evaluation

**02/12/13** **17/12/13** **24/01/14** **03/02/14**

Information to be made available to support decision making:

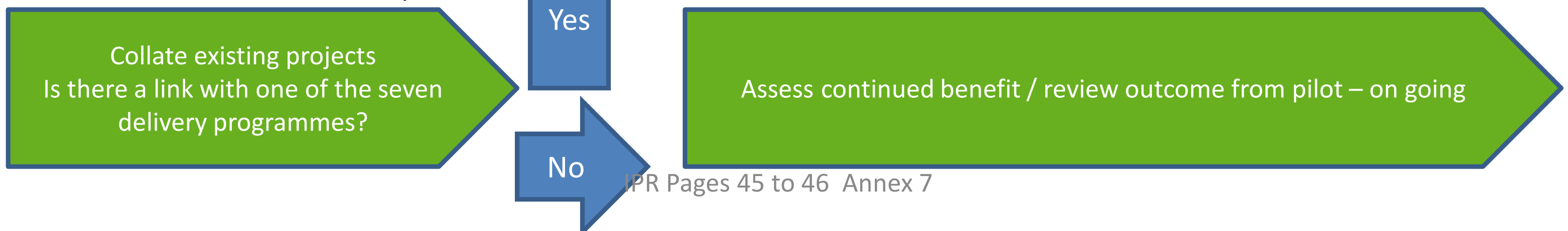
- Benchmarking and intelligence
- Deep Dive Outputs
- Group Ambitions
- Best practice
- Existing projects linked to programme
- Recommended options with rationale

Information to be made available to support decision making:

- Detailed project implementation plans
- Proposed governance arrangements
- Provider based activity and financial impact modelling for contract negotiation

## Existing projects / pilots

(QIPP, Winter Pressures, Headroom Bids)



**NHS WILTSHIRE CCG**

**Are local people getting good quality care?**



| Indicator | Outcome | | | | |
|---|---|---|---|---|---|
| **Providers** | **SFT** | **RUH** | **GWH Acute** | **GWH Community** | **AWMHP** |
| Has local provider been subject to enforcement action by the CQC? | N | Y - Action plan in place | 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 | N | N | N |
| Has local provider been 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 | N | N | N |
| MSA breaches are above zero | Y - Action plan in place | Y - Action plan in place | N | N | N |
| Does the provider currently have any unclosed Serious Untoward Incidents (SUIs)? | N | Y - Action plan in place | Y - Action plan in place | Y - Action plan in place | 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 |

| 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 regulary 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 identifed any risk to progess against its Winterbourne View action plan? | N |

| Key |
|---|
| **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.** |

**NHS WILTSHIRE CCG**

**Are patient rights under the NHS Constitution being promoted?**



| Indicator | Prov | 2012/13 | 2013/14 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Referral To Treatment waiting times for non-urgent consultant-led treatment** | | | 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 |
| 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% | 93.7% | 94.6% | | | | | | 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% | 97.4% | 97.3% | | | | | | 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% | 94.8% | 95.1% | | | | | | G |
| Number of patients waiting more than 52 weeks | | 0 | 0 | 0 | 0 | 0 | 5 | 3 | 3 | 3 | | | | | | R |
| **Diagnostic test waiting times** | | | | | | | | | | | | | | | | |
| 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% | 0.15% | 0.12% | | | | | | G |
| **A&E waits** | | | | | | | | | | | | | | | | |
| 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% | 93.1% | 98.2% | | | | | | A |
| | SFT | 96.9% | | 91.3% | 98.0% | 99.0% | 96.7% | 96.9% | 97.1% | 96.1% | | | | | | G |
| | GWH | 95.6% | | 89.9% | 94.3% | 98.2% | 98.5% | 95.8% | 93.6% | 94.6% | | | | | | A |
| **Cancer waits – 2 week wait** | | | | | | | | | | | | | | | | |
| 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% | 96.1% | 95.6% | | | | | | 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% | 97.4% | 99.1% | | | | | | G |
| **Cancer waits – 31 days** | | | | | | | | | | | | | | | | |
| 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% | 96.4% | 97.1% | | | | | | 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% | 100.0% | 96.2% | | | | | | 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% | 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% | 98.7% | 97.2% | | | | | | G |
| **Cancer waits – 62 days** | | | | | | | | | | | | | | | | |
| 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% | 88.7% | 87.4% | | | | | | 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% | 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) | | | ≥90% | 100.0% | 100.0% | 100.0% | 100.0% | 80.0% | 83.3% | 100.0% | | | | | | G |
| **Category A ambulance calls** | | | | | | | | | | | | | | | | |
| 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% | 61.3% | 58.3% | | | | | | 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% | 69.8% | 64.7% | | | | | | 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% | 69.8% | 69.4% | | | | | | 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% | 94.0% | 94.6% | | | | | | A |
| Handover delays between ambulance at A&E greater than 30 minutes (Local Standard) | RUH | 144 | 0 | 50 | 7 | 3 | 2 | 6 | 18 | 2 | | | | | | R |
| | SFT | 65 | | 8 | 2 | 1 | 5 | 7 | 7 | 4 | | | | | | A |
| | GWH | 459 | | 151 | 61 | 26 | 8 | 64 | 41 | 35 | | | | | | R |
| **Mixed Sex Accommodation Breaches** | | | | | | | | | | | | | | | | |
| Minimise breaches | CCG | 33 | 0 | 1 | 0 | 0 | 2 | 0 | 6 | 0 | | | | | | R |
| | RUH | 77 | | 0 | 0 | 0 | 4 | 0 | 6 | 0 | | | | | | R |
| | SFT | 8 | | 0 | 0 | 0 | 0 | 0 | 3 | 0 | | | | | | A |
| | GWH | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | G |
| **Cancelled Operations** | | | | | | | | | | | | | | | | |
| All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days. | RUH | 24 | 0 | | | 96 | | | 0 | | | | | | | R |
| | SFT | 4 | | | | 0 | | | 0 | | | | | | | G |
| | GWH | 0 | | | | 0 | | | 1 | | | | | | | G |
| **Mental Health** | | | | | | | | | | | | | | | | |
| Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period. | | 99.2% | ≥95% | | | 99.2% | | | 95.0% | | | | | | | 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 | CCG Performance | National Average | Benchmark period | Relative performance (against england median) |
|---|---|---|---|---|---|
| **1. Preventing people from dying prematurely** | | | | | |
| Potential years of life lost (PYLL) from causes considered amendable to healthcare | Annual | 1902 | 2061 | 2012 | Much better than average |
| Under 75 mortality rate from cardiovascular disease | Annual | 59 | 65 | 2012 | Much better than average |
| Under 75 mortality rate from respiratory disease | Annual | 19 | 27 | 2012 | Much better than average |
| Under 75 mortality rate from liver disease | Annual | 12 | 15 | 2012 | Much better than average |
| Under 75 mortality rate from cancer | Annual | 111 | 123 | 2012 | Much better than average |
| **2. Enhancing quality of life for people with long term conditions** | | | | | |
| Health-related quality of life for people with long-term conditions | Annual | 77.0% | 73.0% | Jul-2012 to Mar-13 | Much better than average |
| Proportion of people feeling supported to manage their condition | Annual | 73.0% | 69.3% | Jul-2011 to Mar-12 | Much better than average |
| Dementia Diagnosis Rates | Annual | N/A | 46% | 2011/12 | N/A |
| Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) - (DSR per 100,000) | In year & Annual | 595 | 795 | 2011/12 | Much better than average |
| Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (DSR per 100,000) | In year & Annual | 207 | 319 | 2011/12 | Much better than average |
| **3. Helping people to recover from episodes of ill health or following injury** | | | | | |
| Emergency admissions for acute conditions that should not usually require hospital admission (DSR per 100,000) | In year & Annual | 850 | 1131 | 2011/12 | Much better than average |
| Emergency readmissions within 30 days of discharge from hospital (indirectly standardised percentage) | In year & Annual | 10.7% | 11.8% | 2010/11 | Much better than average |
| Emergency admissions for children with Lower Respiratory Tract Infections (LRTI) (DSR per 100,000) | In year & Annual | 234 | 341 | 2011/12 | Much better than average |
| 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 & 11/12 | Better than average |
| ii) Knee replacement | Annual | 0.31 | 0.30 | 2010/11 & 11/12 | Better than average |
| iii) Groin hernia | Annual | 0.09 | 0.08 | 2010/11 & 11/12 | Better than average |
| iv) Varicose Veins | Annual | 0.10 | 0.09 | 2011/12 | Better than average |
| **4. Ensuring that people have a positive experience of care** | | | | | |
| Patient experience of primary care i) GP Services | In year & Annual | 91% | 87% | Jul-2012 to Mar-13 | Much better than average |
| Patient experience of primary care ii) GP Out of Hours services | In year & Annual | 73% | 70% | Jul-2011 to Mar-12 | Much better than average |
| Patient experience of hospital care - RUH | Annual | 77.2% | 76.5% | 2012/13 | Better than average |
| Patient experience of hospital care - SFT | Annual | 78.3% | | 2012/13 | Better than average |
| Patient experience of hospital care - GWH | Annual | 75.1% | | 2012/13 | Below average |
| Care Services | Annual | N/A | | N/A | |
| Friends and family test | In year & Annual | N/A | | N/A | |

| Indicator | Measurement type | CCG Performance | Benchmark period | Relative performance | Prior Year | Target | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | FOT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **5. Treating and caring for people in a safe environment and protecting them from avoidable harm** | | | | | | | | | | | | | | | | | | | |
| Incidence of healthcare associated infection (HCAI) i) MRSA | | | | | | | | | | | | | | | | | | | |
| Health Community | In year & Annual | 5 | 2013/14 | Worse than plan | 7 | 0 | 1 | 1 | 0 | 0 | 1 | 2 | 0 | | | | | | R |
| RUH Trust apportioned - HPA | | 0 | 2013/14 | Equal or better than plan | 3 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | G |
| SFT Trust apportioned - HPA | | 1 | 2013/14 | Worse than plan | 3 | | 0 | 0 | 0 | 0 | 0 | 1 | 0 | | | | | | R |
| GWH Trust apportioned - HPA | | 4 | 2013/14 | Worse than plan | 1 | | 1 | 0 | 0 | 1 | 1 | 1 | 0 | | | | | | R |
| Incidence of healthcare associated infection (HCAI) ii) C.difficile | | | | | | | | | | | | | | | | | | | |
| Health Community | In year & Annual | 87 | 2013/14 | Worse than plan | 155 | 127 | 18 | 14 | 12 | 12 | 10 | 7 | 14 | | | | | | R |
| RUH Trust apportioned - HPA | | 24 | 2013/14 | Worse than plan | 41 | 29 | 4 | 3 | 4 | 5 | 5 | 2 | 1 | | | | | | R |
| SFT Trust apportioned - HPA | | 11 | 2013/14 | Equal or better than plan | 25 | 21 | 1 | 2 | 3 | 2 | 0 | 1 | 2 | | | | | | G |
| GWH Trust apportioned - HPA | | 14 | 2013/14 | Worse than plan | 34 | 20 | 1 | 2 | 2 | 3 | 3 | 3 | 0 | | | | | | R |
| **6. Targets included within planning guidance locally set** | | | | | | | | | | | | | | | | | | | |
| 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 non-elective spells by 6.8% | In year monthly | | To March 2013 | Worse than plan | | -6.8% | | | G | | | R | | | | | | | R |
| ii) Diagnosis rate for people with dementia | | | | Not yet available | | 55% | N/avail | | | | | | | | | | | | A |
| iii) Reduce Non-elective Occupied Bed Days | Reduce by OBDs | | | Worse than plan | | -13454 | | | R | | | R | | | | | | | R |
| iv) The proportion of people who have depression and/or anxiety disorders who receive psychological therapies: | In-year quarterly 22% | | To March 2013 | Worse than plan | G | | | | R | | | R | | | | | | | R |

**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% ofp lan | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **No** | **Indicator** | **Primary/Supporting Indicator** | | | | | | | | | | | | | | | | |
| 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 below)

| Rating | |
|---|---|
| **Green** | 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 |
| **Amber/Green** | |
| **Amber/Red** | |
| **Red** | |

Over-riding rule

Qualified audit opinon would lead to an overall RED rating

**NHS Wiltshire CCG 2013/14 Plan Monitoring**

| | Frequency | Criteria | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD | FOT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 2013/14 | | | | | | | | | | | | | |
| 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 | **51,123** | **138,230** |
| | | Actual | 8,384 | 8,862 | 8,222 | 8,781 | 7,855 | 7,737 | 8,825 | | | | | | **58,666** | **158,625** |
| First G&A 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 | **44,682** | **120,669** |
| | | Actual | 7,339 | 7,169 | 7,376 | 7,892 | 6,415 | 7,048 | 7,684 | | | | | | **50,923** | **137,524** |
| 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 | **24,828** | **67,776** |
| | | Actual | 3,933 | 3,833 | 3,652 | 4,221 | 3,621 | 3,743 | 4,133 | | | | | | **27,136** | **74,076** |
| Elective FFCEs Ordinary cases | Monthly | Plan | 835 | 1,019 | 907 | 952 | 920 | 887 | 1,045 | 1,034 | 808 | 842 | 923 | 1,014 | **6,565** | **17,751** |
| | | Actual | 902 | 968 | 962 | 1,025 | 909 | 939 | 1,018 | | | | | | **6,723** | **18,178** |
| 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 | **22,428** | **59,766** |
| | | Actual | 3,129 | 3,237 | 3,209 | 3,391 | 3,100 | 3,163 | 3,296 | | | | | | **22,525** | **60,024** |
| 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 | **48,862** | **132,967** |
| | | Actual | 6,707 | 6,397 | 6,489 | 6,894 | 6,799 | 6,576 | 6,491 | | | | | | **46,353** | **126,139** |
| 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 | **12,165** | **33,391** |
| | | Actual | 1,779 | 1,732 | 1,725 | 1,816 | 1,748 | 1,768 | 1,897 | | | | | | **12,465** | **34,214** |
| 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 | **8,965** | **24,400** |
| | | Actual | 1,384 | 1,255 | 1,207 | 1,465 | 1,290 | 1,285 | 1,411 | | | | | | **9,297** | **25,304** |
| 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 | **74,116** | **200,532** |
| | | Actual | 11,387 | 10,599 | 10,776 | 12,249 | 10,344 | 10,814 | 12,263 | | | | | | **78,432** | **212,210** |
| 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 | **18,266** | **18,200** |
| | | Actual | 19,234 | 19,819 | 20,511 | 20,072 | 20,424 | 20,195 | 20,190 | | | | | | **20,190** | **20,117** |

*Data warning*

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

**NHS Wiltshire CCG Main 3 Acute Contract Monitoring**

2013/14 Month 7 year-to-date SLAM Reports

| | | A&E Attendances | | | |
|---|---|---|---|---|---|
| | | Plan | Actual | Variance | |
| SFT | Activity | 16,958 | 17,754 | 796 | 5% |
| | Cost | £1,918,606 | £2,035,959 | £117,353 | 6% |
| | Unit cost | £113 | £115 | £2 | 1% |
| RUH | Activity | 12,803 | 12,541 | (262) | (2%) |
| | Cost | £1,424,413 | £1,490,420 | £66,007 | 5% |
| | Unit cost | £111 | £119 | £8 | 7% |
| GWH | Activity | 9,754 | 10,613 | 859 | 9% |
| | Cost | £1,038,074 | £1,105,774 | £67,700 | 7% |
| | Unit cost | £106 | £104 | (£2) | (2%) |

| | | Elective Spells | | | |
|---|---|---|---|---|---|
| | | Plan | Actual | Variance | |
| SFT | Activity | 9,345 | 10,189 | 844 | 9% |
| | Cost | £12,420,917 | £12,707,262 | £286,345 | 2% |
| | Unit cost | £1,329 | £1,247 | (£82) | (6%) |
| RUH | Activity | 7,352 | 6,938 | (414) | (6%) |
| | Cost | £9,146,283 | £9,078,484 | (£67,799) | (1%) |
| | Unit cost | £1,244 | £1,309 | £64 | 5% |
| GWH | Activity | 5,934 | 5,591 | (343) | (6%) |
| | Cost | £7,467,772 | £7,205,334 | (£262,438) | (4%) |
| | Unit cost | £1,258 | £1,289 | £30 | 2% |

| | | Outpatient Attendances | | | |
|---|---|---|---|---|---|
| | | Plan | Actual | Variance | |
| SFT | Activity | 73,207 | 62,785 | (10,422) | (14%) |
| | Cost | £10,034,231 | £9,185,026 | (£849,205) | (8%) |
| | Unit cost | £137 | £146 | £9 | 7% |
| RUH | Activity | 73,811 | 77,688 | 3,877 | 5% |
| | Cost | £8,423,570 | £8,712,924 | £289,353 | 3% |
| | Unit cost | £114 | £112 | (£2) | (2%) |
| GWH | Activity | 52,263 | 57,376 | 5,113 | 10% |
| | Cost | £5,968,477 | £6,455,671 | £487,194 | 8% |
| | Unit cost | £114 | £113 | (£2) | (1%) |

| | | Non-Elective Spells | | | |
|---|---|---|---|---|---|
| | | Plan | Actual | Variance | |
| SFT | Activity | 7,806 | 7,393 | (413) | (5%) |
| | Cost | £15,470,300 | £15,881,878 | £411,578 | 3% |
| | Unit cost | £1,982 | £2,148 | £166 | 8% |
| RUH | Activity | 8,146 | 7,824 | (322) | (4%) |
| | Cost | £8,423,570 | £8,712,924 | £289,353 | 3% |
| | Unit cost | £1,034 | £1,114 | £80 | 8% |
| GWH | Activity | 4,897 | 5,019 | 122 | 2% |
| | Cost | £9,652,897 | £10,379,003 | £726,106 | 8% |
| | Unit cost | £1,971 | £2,068 | £97 | 5% |

| | | Other | | | |
|---|---|---|---|---|---|
| | | Plan | Actual | Variance | |
| SFT | Cost | £11,297,240 | £12,547,039 | £1,249,800 | 11% |
| RUH | Cost | £13,344,470 | £13,732,767 | £388,297 | 3% |
| GWH | Cost | £3,991,192 | £4,157,183 | £165,991 | 4% |

| | | Total | | | |
|---|---|---|---|---|---|
| | | Plan | Actual | Variance | |
| SFT | Cost | £51,141,294 | £52,357,165 | £1,215,871 | 2% |
| RUH | Cost | £40,762,306 | £41,727,518 | £965,212 | 2% |
| GWH | Cost | £28,118,412 | £29,302,965 | £1,184,553 | 4% |

**National Patient Safety Thermometer Dashboard**
**October 2013 Data**



| Total Number of patients with harm | National Median | Out turn | Apr-13 | | May-13 | | Jun-13 | | Jul-13 | | Aug-13 | | Sep-13 | | Oct-13 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2012/13 | 2012/13 | | | | | | | | | | | | | | |
| | % | % | No | % | No | % | No | % | No | % | No | % | No | % | No | % |
| RUH | | 9.38% | 90 | 15.05% | 39 | 7.13% | 44 | 8.22% | 34 | 6.80% | 38 | 7.17% | 31 | 5.89% | 27 | 4.94% |
| SFT | 8.20% | 10.16% | 42 | 9.40% | 44 | 9.91% | 40 | 10.23% | 36 | 9.33% | 31 | 7.60% | 37 | 9.92% | 46 | 11.53% |
| GWH | | 9.70% | 62 | 4.78% | 75 | 6.00% | 103 | 8.46% | 79 | 6.51% | 96 | 7.51% | 99 | 8.08% | 102 | 8.16% |

| Number of patients with 1 & 2 harm | National Median | Out turn | Apr-13 | | May-13 | | Jun-13 | | Jul-13 | | Aug-13 | | Sep-13 | | Oct-13 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2012/13 | 2012/13 | | | | | | | | | | | | | | |
| | % | % | No | % | No | % | No | % | No | % | No | % | No | % | No | % |
| RUH harm 1 | 7.52% | 8.74% | 86 | 14.38% | 38 | 6.95% | 43 | 8.04% | 34 | 6.80% | 37 | 6.98% | 30 | 5.70% | 27 | 4.94% |
| RUH harm 2 | 0.31% | 0.62% | 4 | 0.67% | 1 | 0.18% | 1 | 0.19% | 0 | 0.00% | 1 | 0.19% | 1 | 0.19% | 0 | 0.00% |
| SFT harm 1 | | 9.56% | 39 | 8.72% | 42 | 9.46% | 38 | 9.72% | 35 | 9.07% | 28 | 6.86% | 37 | 9.92% | 45 | 11.28% |
| SFT harm 2 | | 0.61% | 3 | 0.67% | 2 | 0.45% | 2 | 0.51% | 1 | 0.26% | 3 | 0.74% | 0 | 0.00% | 1 | 0.25% |
| GWH harm 1 | | 9.36% | 61 | 4.71% | 75 | 6.00% | 94 | 7.72% | 77 | 6.35% | 95 | 7.43% | 96 | 7.83% | 98 | 7.84% |
| GWH harm 2 | | 0.34% | 1 | 0.08% | 0 | 0.00% | 9 | 0.74% | 2 | 0.16% | 1 | 0.08% | 3 | 0.24% | 4 | 0.32% |

| Pressure Ulcers (new & Old) | National Median | Out turn | Apr-13 | | May-13 | | Jun-13 | | Jul-13 | | Aug-13 | | Sep-13 | | Oct-13 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2012/13 | 2012/13 | | | | | | | | | | | | | | |
| | % | % | No | % | No | % | No | % | No | % | No | % | No | % | No | % |
| RUH | | 4.66% | 35 | 5.85% | 21 | 3.84% | 20 | 3.74% | 18 | 3.60% | 22 | 4.15% | 22 | 4.18% | 13 | 2.38% |
| SFT | 5.60% | 6.40% | 23 | 5.15% | 27 | 6.08% | 31 | 7.93% | 21 | 5.44% | 20 | 4.90% | 22 | 5.90% | 22 | 5.51% |
| GWH | | 5.83% | 33 | 2.55% | 51 | 4.08% | 71 | 5.83% | 53 | 4.37% | 66 | 5.16% | 65 | 5.30% | 68 | 5.44% |

| Falls (with harm) | National Median | Out turn | Apr-13 | | May-13 | | Jun-13 | | Jul-13 | | Aug-13 | | Sep-13 | | Oct-13 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2012/13 | 2012/13 | | | | | | | | | | | | | | |
| | % | % | No | % | No | % | No | % | No | % | No | % | No | % | No | % |
| RUH | | 0.70% | 1 | 0.17% | 0 | 0.00% | 2 | 0.37% | 1 | 0.20% | 2 | 0.38% | 1 | 0.19% | 1 | 0.18% |
| SFT | 1.05% | 0.79% | 1 | 0.22% | 1 | 0.23% | 0 | 0.00% | 1 | 0.26% | 3 | 0.74% | 6 | 1.61% | 9 | 2.26% |
| GWH | | 1.86% | 9 | 0.69% | 12 | 0.96% | 7 | 0.57% | 10 | 0.82% | 17 | 1.33% | 18 | 1.47% | 10 | 0.80% |

| Catheter & treated for UTI | National Median | Out turn | Apr-13 | | May-13 | | Jun-13 | | Jul-13 | | Aug-13 | | Sep-13 | | Oct-13 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2012/13 | 2012/13 | | | | | | | | | | | | | | |
| | % | % | No | % | No | % | No | % | No | % | No | % | No | % | No | % |
| RUH | | 2.89% | 14 | 2.34% | 11 | 2.01% | 6 | 1.12% | 10 | 2.00% | 11 | 2.08% | 5 | 0.95% | 8 | 1.46% |
| SFT | 1.20% | 1.99% | 9 | 2.01% | 12 | 2.70% | 8 | 2.05% | 12 | 3.11% | 7 | 1.72% | 8 | 2.14% | 13 | 3.26% |
| GWH | | 1.62% | 16 | 1.23% | 12 | 0.96% | 27 | 2.22% | 10 | 0.82% | 6 | 0.47% | 13 | 1.06% | 16 | 1.28% |

| VTE (new) | National Median | Out turn | Apr-13 | | May-13 | | Jun-13 | | Jul-13 | | Aug-13 | | Sep-13 | | Oct-13 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2012/13 | 2012/13 | | | | | | | | | | | | | | |
| | % | % | No | % | No | % | No | % | No | % | No | % | No | % | No | % |
| RUH | | 1.79% | 44 | 7.36% | 8 | 1.46% | 17 | 3.18% | 5 | 1.00% | 4 | 0.75% | 4 | 0.76% | 5 | 0.91% |
| SFT | 0.79% | 1.59% | 12 | 2.68% | 6 | 1.35% | 3 | 0.77% | 3 | 0.78% | 4 | 0.98% | 1 | 0.27% | 3 | 0.75% |
| GWH | | 0.74% | 5 | 0.39% | 0 | 0.00% | 7 | 0.57% | 8 | 0.66% | 9 | 0.70% | 6 | 0.49% | 12 | 0.96% |

**VTE Median is for Acute Providers only

| | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Sep-13 |
|---|---|---|---|---|---|---|---|
| Surveyed RUH | 598 | 547 | 535 | 500 | 530 | 526 | 547 |
| SFT | 447 | 444 | 391 | 386 | 408 | 373 | 399 |
| GWH | 1296 | 1250 | 1218 | 1213 | 1279 | 1226 | 1250 |

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)