

**Clinical Commissioning Group Governing Body  
Paper Summary Sheet  
Date of Meeting: 27 September 2016**

For: PUBLIC session  PRIVATE Session

For: Decision  Discussion  Noting

|   |   |
|---|---|
| <b>Agenda Item and title:</b>                   | <b>GOV/16/09/16 Integrated Performance Report September 2016</b>  |
| <b>Author:</b>                                  | Dina McAlpine, Director of Quality,<br>Steve Perkins, Interim Chief Financial Officer,<br>John Dudgeon, Head of Information,<br>Rob Hayday, Head of Project Management.   |
| <b>Lead Director/GP from CCG:</b>               | David Noyes, Director of Planning, Performance and Corporate Services   |
| <b>Executive summary:</b>                       | The Integrated Performance Report (IPR) assesses the performance of the CCG for quality, financial management, patient access and project management. The report pulls together all available information in these areas to give a transparent and comprehensive assessment of overall CCG performance.<br><br>The IPR for September 2016 reports using data for April 2016 to August 2016, where available, discussing full year information as appropriate. |
| <b>Evidence in support of arguments:</b>        | The Integrated Performance Report provides a comprehensive single document for performance review.  |
| <b>Who has been involved/contributed:</b>       | The CCG Executive Team has been involved in writing this report.  |
| <b>Cross Reference to Strategic Objectives:</b> | The report contributes to all strategic objectives.   |
| <b>Engagement and Involvement:</b>              | This is an internal document and has not received further engagement or involvement.  |
| <b>Communications Issues:</b>                   | The Integrated Performance Report will be made available on the internet.   |
| <b>Financial Implications:</b>                  | There are no direct financial implications.   |

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|---|--|
| <b>Review arrangements:</b>   | The Integrated Performance Report will be updated on a monthly basis.        |
| <b>Risk Management:</b>   | The report contributes to risk management arrangements.                      |
| <b>National Policy/ Legislation:</b>                                | The report incorporates information on compliance with the NHS Constitution. |
| <b>Equality &amp; Diversity:</b>                                    | The report has no negative E&D impact as it is a statement of performance.   |
| <b>Other External Assessment:</b>                                   | This report will contribute to external assessments.                         |
| <b>What specific action do you wish the Governing Body to take?</b> | To receive and discuss the Integrated Performance Report.                    |

## **Integrated Performance Report September 2016**

### **Executive Summary**

With the departure of our Interim Accountable Officer, Simon Truelove, to a new role in Avon and Wiltshire Mental Health Partnership NHS Trust, the Governing Body were delighted to welcome Tracey Cox to the CCG, as our Interim Accountable Officer. Tracey is already the Accountable Officer for Bath and North East Somerset CCG, and it has been agreed that she will cover both posts for the foreseeable future.

Activity levels within the Wiltshire system remain higher than anticipated with regard to urgent care, making achievement of our A&E target a challenge. As previously reported we have robust mechanisms in place to monitor this, and continue to work with our key partners to try and improve in this area. Patient flow does appear to be improving, largely as a result of the good work underway regarding integrated discharge, which is a key feature of our Better Care Fund expenditure this year.

The CCG just missed delivery of the RTT incomplete target achieving 91.9% against a target of 92%. Remedial action continues with dedicated delivery groups with RUH and GWH to monitor actions. A performance deep dive has now been completed at SFT due to deteriorating performance, with key actions agreed for monthly monitoring. Work is continuing at pace with the winter elective plan to support sustained delivery of planned care performance targets. To note, the CCG has worked collaboratively with RUH and GWH to redirect 911 patients at pre-referral stage to alternative providers as a key element of the winter plan. Diagnostic performance remains a risk particularly at GWH. A deep dive into audiology will be undertaken on 22 September 2016 to confirm remedial plans and will link with a strategic review of audiology services as part of the STP work. Cancer performance remains green with the exception of two week waits. Breast performance is recovering at pace at the RUH with the backlog being cleared quicker than expected and additional work force in place. Further work is being undertaken to understand performance failures at tertiary providers.

Our performance with regard to IAPT and dementia diagnosis continues to be ahead of where we had anticipated as we are ahead of recovery trajectories in both these areas.

Due to the decision to make the best use of our resources and the precious GP time a contract variation for services at Salisbury Walk in Centre came into operation from 1 August 2016, bringing a change in weekday opening hours. The service is now available with enhanced GP presence from 18:30hrs to 22:00hrs Monday to Friday, and 08:00hrs to 20:00hrs every weekend and Bank Holiday. Early analysis of data to date indicates that activity has been at or above the anticipated levels.

Work continues on the development of the system wide Sustainability and Transformation Plan along with partners from across the system, with Wiltshire taking a lead role in the sphere of Planned Care. The next checkpoint submission is due towards the end of October. The CCG, as well as leading on Planned Care, is closely engaged across each work stream in this important strategic development. The central NHSE Operational Planning guidance is expected on 20 September 2016 and we have already started to frame an approach with our partners to see that we do as much in this sphere as possible to ensure coherency with the STP.

In terms of in year finance, the CCG has reviewed several areas of expenditure in an endeavour to mitigate the risk posed by a central change to the cost to the CCG of Funded Nursing Care, which presents a cost pressure of c£3M with no recourse to central mitigation. As a result a large element of this risk is being mitigated.

In partnership with our colleagues in Wiltshire Council, we participated in a large workshop with the Voluntary Sector in early September, in order to build on a conceptual approach which seeks to create a better linkage and coherence of approach regarding the relationship between that vital element of our system and the health and social care statutory bodies.

David Noyes, Director of Planning, Performance & Corporate Services

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# Section 1: Quality Report

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[Marie Stopes International CQC Inspection Update](#)

[Care Quality Commission Report Published – Avon and Wiltshire Mental health Partnership Trust](#)

[Care Quality Commission Briefing – Learning from serious incidents in NHS acute hospitals \(June 2016\)](#)

[Quality Dashboard Glossary](#)

## Summary of Key Issues: Quality Dashboard (July/August 2016 data)

|                      | Areas of Good Performance   | Areas of Challenging Performance   | Additional Information   |
|----------------------|---|--|--|
| <b>Safety</b>        | <p>Midwife to birth ratio at RUH improved to 1:30 in July 2016.</p> <p>CareUK111 has improved on call audit compliance and have achieved 100% for June.</p> | <p>SFT have flagged as below targets for all patient Safety Thermometer indicators with the exception of falls in August 2016.</p> <p>RUH <i>C.Difficile</i> figures remain above planned threshold.</p> <p>Call audits for SWASFT remain below required thresholds. Improvement plans have been agreed.</p> | <p>One MRSA bacteraemia has been reported as a community acquired infection. A post infection review is planned and will be submitted to Public Health England for review and identification of learning.</p> <p>The AWP CQC inspection report has been published. Please see further information in this report below.</p> <p>In August 2016 the CQC raised concerns regarding some services provided by Marie Stopes International. Please see further information available in this report.</p> |
| <b>Experience</b>    | <p>SFT and the RUH are above the national average for FFT scores across all areas.</p>  | <p>SWASFT and GWH Staff Friends and Family Test indicators show significant areas requiring improvement.</p>   | <p>CQC have published a briefing titled "Learning from serious incidents in NHS acute hospitals." This briefing highlights opportunities for improvement in 5 key areas. Please see further information available in this report.</p>  |
| <b>Effectiveness</b> | <p>The acute providers, SFT, RUH and GWH have all achieved their target for VTE assessment.</p>   | <p>Vacancy levels within some providers continue to be higher than threshold levels.</p> <p>AWP continue to experience challenges with staffing (recruitment and retention) across both community and inpatient areas.</p>   | <p>CQC have published a briefing titled "Learning from serious incidents in NHS acute hospitals." This briefing highlights opportunities for improvement in 5 key areas. Please see further information available in this report.</p>  |

# Quality Dashboard; Provider Monitoring

| Indicator   | Measure  | Data Frequency | Target / Threshold / Benchmark | Month of Data | SFT     | RUH   | GWH     | AWP   | Wiltshire Health and Care | Virgin | SWASFT | Medvivo | 111 (Care UK) | Primary Care and Community | Comments / Trends Analysis  |
|---|--|----------------|--------------------------------|---------------|---------|-------|---------|-------|---------------------------|--------|--------|---------|---------------|----------------------------|---|
| <b>Patient Safety</b>   |  |                |                                |               |         |       |         |       |                           |        |        |         |               |                            |   |
| Healthcare acquired infection (HCAI) measure - MRSA                                   | Number of infections = 0   | M              | 0                              | July          | 0       | 0     | 0       | 0     | 0                         | 0      | 0      | 0       | 0             | 1                          | <b>Community:</b> One MRSA cases in September from a Wiltshire patient attributed to the community. A post infection review is planned for September by the CCG Quality team and will be submitted to PHE via the HCAI database.  |
| Healthcare acquired infection (HCAI) measure - C.difficile (Post 72 hours)            | Number of infections (see threshold for Provider)  | M              | Individual Provider Targets    | July          | 0       | 4     | 0       | 0     |                           |        |        |         |               | Not Av.                    | <b>RUH:</b> CCG will contact IFC Nurse to discuss Cdiff infection indicator and actions Trust are taking.   |
| Healthcare acquired infection (HCAI) measure - MSSA                                   | No target set  | M              | -                              | July          | 1       | 2     | 2       | 0.0%  |                           |        |        |         |               |                            |   |
| Bed Days closed due to infection outbreak (e.g. Noro Virus)                           | No target set  | TBC            | To be determined               | July          | 0       | 0     | 0       | 0     | 0                         |        |        |         |               |                            | This data will be reported following agreement regarding reporting parameters and process with providers.<br><b>RUH</b> provide quarterly data - Q1 is the most recent available.   |
| Number of Never Events  | Number of events = 0   | M              | 0                              | July          | 0       | 0     | 0       | 0     | 0                         | 0      |        |         |               | 0                          | On target.<br><b>July:</b> BPAS Never Event RCA expected in Oct 2016. This is related to implantation of wrong contraception.   |
| Number of Serious Incidents reported for Wiltshire patients.                          | Number of reported serious incidents   | M              | n/a                            | August        | 8       | 5     | 0       | 0     | 3                         | 0      | 0      | 0       | 0             | Not Av.                    | 1 SI logged to <b>IHG</b> (Independent Health Group). This relates to a Healthcare Acquired Infection. The investigation report is due in November.   |
| Number of Still Births  | Ratio per 1000 births  | M              | n/a                            | June          | 0       | 0.3   | 0.2     |       |                           |        |        |         |               |                            | This is reported as a ratio per 1000 births. The CCG has implemented a COQUIN scheme to assist providers in rolling out the national Still Birth Care bundle in 2017.   |
| NHS Patient Safety Thermometer - No Harms   | No Harm (composite measure) - %  | M              | 94%                            | August        | 90.3%   | 94.5% | 94.8%   | 97.4% | Not Av.                   |        |        |         |               |                            | On review of each of the PS thermometer indicators for <b>SFT</b> , are showing deteriorating performance in all indicators except falls. The CCG will be engaging with Provider to better understand if the current results are a developing trend.  |
| NHS Patient Safety Thermometer - Pressure Ulcers                                      | New Pressure ulcers -% (no)  | M              | 4.30%                          | August        | 5.8%    | 3.3%  | 3.6%    | 0.0%  | Not Av.                   |        |        |         |               |                            | Providers are maintaining good performance however SFT has reported a deteriorated result.  |
| NHS Patient Safety Thermometer - Falls  | Falls -% (no)  | M              | 0.60%                          | August        | 0.5%    | 0.0%  | 0.6%    | 2.6%  | Not Av.                   |        |        |         |               |                            | This indicator is within acceptable thresholds with the exception of AWP. The CCG will seek assurance regarding the provider's steps to address this.   |
| NHS Patient Safety Thermometer - Urinary Tract Infection (UTI) & Catheter             | New UTI & Catheter -% (no)   | M              | 0.70%                          | August        | 3.6%    | 2.3%  | 1.0%    | 0.0%  | Not Av.                   |        |        |         |               |                            | This indicator has deteriorated in recent months. The CCG will seek assurance providers regarding actions taken to improve in this area. It is anticipated that the introduction of Catheter passports will improve outcomes for patients.  |
| NHS Patient Safety Thermometer - Venous Thromboembolism (VTE)                         | VTE -% (no)  | M              | 0.40%                          | August        | 0.7%    | 0.2%  | 0.0%    | 0.2%  | Not Av.                   |        |        |         |               |                            | The CCG's continuing review of this indicator shows SFT has moved to below threshold levels. The CCG is   |
| World Health Organisation Surgical Safety Checklist; completed for 100% of procedures | % of surgical procedures that include safety checklist completed.                            | M              | 100%                           | July          | Not Av. | 99.9% | 83.0%   |       |                           |        |        |         |               |                            | <b>SFT</b> report this indicator on a quarterly basis which is due in September.<br><b>GWH:</b> The CCG will request assurances regarding WHO checklist compliance at the next provider CQRM.   |
| Compliance with Call Audits (Health Professionals)                                    | Proportion of required number of audits carried out for calls managed by registered health   | M              | 100%                           | June          |         |       |         |       |                           |        | 68.0%  | 100.0%  | 100.0%        |                            | <b>SWASFT</b> - figures for call audits are still not split to show clinical versus non clinical results. <b>SWASFT</b> are developing a Call Audit Framework and NHS pathway quality report to focus on compliance, licensing implications and escalation. The most recent data is for June. |
| Compliance with Call Audits (non clinical)  | Proportion of required number of audits carried out for calls managed by non-clinical staff. | M              | 100%                           | June          |         |       |         |       |                           |        | 68.0%  |         | 100.0%        |                            |   |
| Midwife:Birth Ratio   | Number of births to midwives on duty (Average)   | M              | 1:29                           | June          | 1.31    | 1.33  | 1.39    |       |                           |        |        |         |               |                            | The 1:29 ratio is the agreed target within the South West region. The most recent available complete set of data is for June, though for some providers July data is showing an improved position.  |
| Readmissions within 28 days of babies to Neonatal Units                               |  |                |                                | June          | 1       | 12    | Not Av. |       |                           |        |        |         |               |                            | There is no threshold for this indicator which will be agreed for the 17/18 contract year.  |



# Quality Dashboard; Provider Monitoring

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|--|--|----------------|--------------------------------|---------------|--------|-------|--------|-------|---------------------------|-------------------|---------|----------|---------------|----------------------------|--|---|
| <b>Patient Experience</b>                      |  |                |                                |               |        |       |        |       |                           |                   |         |          |               |                            |  |   |
| Staff Friends and Family Test Score (Work)     | Score => National average  | Q              | 67.0%                          | Q1 16/17      | 81.0%  | 73.0% | 61.0%  | 66.0% | Not Av.                   | Not Av.           | 45.0%   |          |               |                            | WH&C and Virgin; Both these providers will collect this information during the next data capture period. Their scores will then be reported.   |   |
| Staff Friends and Family Test Score (Care)     | Score => National average  | Q              | 84.0%                          | Q1 16/17      | 93.0%  | 89.0% | 77.0%  | 77.0% | Not Av.                   | Not Av.           | 80.0%   |          |               |                            |  |   |
| Friends and Family Test Score (Inpatient)      | Score => National average  | M              | 95.6%                          | July          | 97.0%  | 97.0% | 95.0%  |       |                           |                   |         |          |               |                            | Note: F&F data is published 1.5 months in arrears by NHS England   |   |
| Friends and Family Test Score (A&E)            | Score => National average  | M              | 83.5%                          | July          | 91.0%  | 96.0% | 91.0%  |       |                           |                   |         |          |               |                            | Within threshold levels  |   |
| Friends and Family Test Score (Maternity)      | Score => National average  | M              | 96.0%                          | July          | 100.0% | 98.0% | 100.0% |       |                           |                   |         |          |               |                            | This indicator is discussed in the CCG's Maternity Forum - attended by providers, public health and the CCG.   |   |
| Friends and Family Test Score Outpatients      | Score => National average  | M              | 93.0%                          | July          | 99.0%  | 96.0% | 97.0%  |       |                           |                   |         |          |               |                            | Within threshold levels  |   |
| Friends and Family Test Score (Ambulance)      | Score => National average  | M              | 94.0%                          | July          |        |       |        |       |                           |                   | Not Av. |          |               |                            | SWASFT: The response rate is currently very low and the results are not available via NHS England statistical reporting. The Arriva rate is currently 89%.   |   |
| Friends and Family Test Score (Mental Health)  | Score => National average  | M              | 88.0%                          | July          |        |       |        | 89.0% |                           |                   |         |          |               |                            | Within threshold.  |   |
| Friends and Family Test Score (Community)      | Score => National average  | M              | 97.8%                          | July          |        |       |        |       | 98.0%                     | 93.0%             |         |          | 93.0%         |                            | WH&C & Virgin: Newly commenced 16/17 contracts - data not yet available<br>111: This indicator is discussed and monitored at the contract review meetings.   |   |
| Friends and Family Test Score (Primary Care)   | Score => National Average  | M              | 89.0%                          | July          |        |       |        |       |                           |                   |         |          |               | 90.0%                      | This score is above national benchmark levels.   |   |
| Ipsos Mori GP Surgery - Overall Experience     | Score = rating by patients in regard to their 'overall experience' of the GP practice. | Q              | 85.0%                          | Q1 16/17      |        |       |        |       |                           |                   |         |          |               | 90.0%                      | This survey is a quarterly data collection, commissioned by NHS England. Wiltshire GP practices perform better than national average levels.   |   |
| Mixed sex accommodation (MSA) Breaches         | Number of breaches = 0   | M              | 0                              | July          | 30     | 0     | 0      | 0     | 0                         |                   |         |          |               |                            | The number of MSA breaches at SFT has increased from 12 (June) to 30 in July. All breaches were in AMU and were at a time of increased activity at the Trust. An aggregated RCA will be completed by SFT and submitted to the next CQRM                        |   |
| Number of Complaints Received (to the CCG)     | Total number of complaints received  | M              | N/A                            | August        | 0      | 0     | 1      | 0     | 0                         | 0                 | 0       | 0        | 0             | 1                          | 0  | 3 complaints received for Arriva regarding delayed transport collections. |
| Complaints made to the provider (All patients) | Number of complaints received  | M              | n/a                            | See Comments  | 76     | 26    | 95     | 159   | Not yet available         | Not yet available | 243     |          | 27            |                            | GWH- Q1: 297, July complaints: 95.<br>RUH - July data<br>SFT - Q1 data (April: 23, May: 15, June: 36)<br>AWP - Q1 data<br>SWASFT - May data: 243 of which 4 relate to Wilts patients.<br>CareUK111: July data: 27 of which 5 are Wiltshire and BaNES combined. |   |

# Quality Dashboard; Provider Monitoring



| Indicator                     | Measure   | Data Frequency | Target / Threshold / Benchmark | Month of Data | SFT     | RUH     | GWH     | AWP     | Wiltshire Health and Care | Virgin  | SWASFT  | Medvivo | 111 (Care UK) | Primary Care and Community | Comments / Trends Analysis  |
|-------------------------------|---|----------------|--------------------------------|---------------|---------|---------|---------|---------|---------------------------|---------|---------|---------|---------------|----------------------------|---|
| <b>Effectiveness</b>          |   |                |                                |               |         |         |         |         |                           |         |         |         |               |                            |   |
| Staff Turnover                | Staff turnover rate - %                           | M              | Individual Provider Targets    | June          | 9.7%    | 12.5%   | Not Av. | Not Av. | Not Av.                   | Not Av. | 14.5%   |         | 8.8%          |                            | <p>These targets are set by the providers - there is no set threshold for this indicator. For SFT and RUH this indicator shows a slight improvement from the previous month.</p> <p>Care UK 111 - Staff turnover is higher for clinical staff cohort. The provider has a range of measures in place to address this how ever this remains a constant issue.</p> <p>AWP have undertaken work to validate vacancy rates across Wiltshire and will be in a position to confirm these figures at both local and trust wide levels through the monthly CQPM by October/.</p>           |
| Sickness Absence              | Sickness absence rate against provider target - % | M              | Individual Provider Targets    | June          | 3.2%    | 3.8%    | Not Av. | 4.6%    | Not Av.                   | 0.9%    | 5.0%    |         | 7.5%          |                            | <p>Care UK - this is on an increasing trajectory from a 4.03 low in Nov 15. Care UK have a sickness management plan in place and have revised their policy and processes regarding sickness and absence management.</p> <p>AWP: given assurances that they are addressing long term sickness and absences.</p>  |
| Vacancies                     | Vacancy rates -%                                  | M              | Individual Provider Targets    | July          | 6.0%    | 5.9%    | Not Av. | Not Av. | Not Av.                   | 42.0%   | Not Av. |         | 25.0%         |                            | <p>Care UK111 Vacancy rate for July shows improvement from 39% in June, however, the clinical vacancy rate remains high at 65%. This is mitigated by the use of agency and subcontractor capacity.</p> <p>AWP have not provided this data for 16/17. CCG will chase for this data.</p> <p>Virgin have confirmed to the CCG that in June they implemented a new system to accurately record vacancy rates. The CCG will be requesting that Virgin confirm the accurate number of vacancies for nursing staff at the next contract meeting.</p>                                     |
| Agency staffing               | Agency staff - %                                  | M              | Individual Provider Targets    | June          | 2.6%    | 1.8%    | Not Av. | Not Av. | Not Av.                   | 1.8%    | Not Av. |         | 11.8%         |                            | <p>These targets are internally set by providers. The CCG monitors this information and addressed via the contract meetings.</p> <p>AWP have not provided this data for 16/17. CCG will chase for this data and details around longlines of agency numbers.</p>   |
| Appraisal Rate                | Staff with an annual appraisal - %                | M              | 75%                            | June          | ● 77.0% | ● 84.8% | Not Av. | ● 90.0% | ● 81.4%                   | Not Av. | ● 64.9% |         | Not Av.       |                            | <p>These targets are internally set by providers. The CCG monitors this information and addressed via the contract meetings.</p> <p>SWASFT May figures are for clinical staff, non clinical figure (no patient contact) are very low at 19.74%. Plan is to focus on managers to make notification of appraisal completion easier. Virgin: new appraisal system being developed (newly established contract) data not yet available.</p>   |
| Mandatory Training Compliance | Compliance with all mandatory training - %        | M              | 85%                            | June          | ● 83.0% | ● 86.8% | Not Av. | ● 90.2% | ● 86.8%                   | Not Av. | ● 95.2% |         | ● 94.5%       |                            | <p>GWH have not reported an overall position for this indicator which is a contractual requirement. This is being addressed through contract review meetings.</p> <p>SFT: The CCG is seeking verification from the provider regarding the low compliance figure received as this represented an unexpected drop in compliance.</p> <p>111: average figure across clinical and non-clinical.</p> <p>SWASFT: figure is for both clinical and non clinical staff</p> <p>Virgin: Mandatory training is available how ever reporting not yet finalised, anticipated by end of Q2..</p> |

# Quality Dashboard; Provider Monitoring



Clinical Commissioning Group

| Indicator   | Measure   | Data Frequency | Target / Threshold / Benchmark | Month of Data       | SFT              | RUH              | GWH              | AWP              | Wiltshire Health and Care | Virgin  | SWASFT         | Medivo | 111 (Care UK) | Primary Care and Community | Comments / Trends Analysis  |
|---|---|----------------|--------------------------------|---------------------|------------------|------------------|------------------|------------------|---------------------------|---------|----------------|--------|---------------|----------------------------|---|
| <b>Effectiveness</b>  |   |                |                                |                     |                  |                  |                  |                  |                           |         |                |        |               |                            |   |
| Mortality Ratio (HSMR)  | As Expected   | M              | 100                            | April 15 - March 16 | 110              | 103              | 93               |                  | Not yet available         |         |                |        |               |                            | SFT - have received a CQC mortality alert for COPD and Bronchiectasis. Analysis has shown no evidence of avoidability, but did highlight learning points which are being addressed through the working group. A Wiltshire GP attends the mortality review groups to collaborate on actions to address and seek assurance for Wiltshire CCG.   |
| Mortality Ratio (SHMI)  | As Expected   | Q              | 100                            | April 15 - March 16 | 109              | 97               | 93               |                  | Not yet available         |         |                |        |               |                            | The indicator correlates with the HSMR results and is also being reviewed by the SFT mortality group.   |
| 12 Hr Trolley Breaches in the ED  |   | M              | 0                              | July                | 0                | 0                | 1                |                  |                           |         |                |        |               |                            | As a result of the joint working with the CCG following the breaches in March and April, GWH developed an action plan to prevent further breaches. This plan is monitored via the contract review process.  |
| VTE Assessment - Percentage who have had an assessment on admission                       | Achieved for at least 95% patients                  | Q              | 95%                            | Q1 16/17            | 99.8%            | 98.3%            | 99.4%            |                  | Not Av.                   |         |                |        |               |                            | WH&C: Newly commenced 16/17 contracts - data not yet available which is published on a quarterly basis.   |
| VTE Assessment - Percentage at risk of VTE receiving chemical/physical thromboprophylaxis | Achieved for 100% patients                          | M              | 100%                           | July                | Not Av.          | Not Av.          | 93.8%            |                  | Not Av.                   |         |                |        |               |                            | At the time of reporting, data was only available for GWH. VTE assessment continues to be monitored through CQRMs.  |
| Fractured Neck of Femur   | % in theatre within 36 hours                        | M              | 80%                            | July                | 90.0%            | 76.5%            | Not Av.          |                  |                           |         |                |        |               |                            | RUH are not performing well in this indicator. The CCG has sought assurances from the Trust which has shared its actions to address this issue.   |
| Stroke Sentinel National Audit Programme Score  | SSNAP Summary Level Score                           | Q              | B                              | Q4 15/16            | C                | C                | E                |                  | Not Av.                   |         |                |        |               |                            | This indicator is the score awarded based on the provider's performance in the Stroke Sentinel National Audit. <a href="https://www.strokeaudit.org/">https://www.strokeaudit.org/</a> . The CCG is developing a project to improve Stroke care for Wiltshire patients.   |
| % of Mothers Breastfeeding at Discharge   | Mothers recorded as Breast Feeding at discharge - % | M              | >83%                           | June                | 66.5%            | 82.9%            | 0.0%             |                  |                           |         |                |        |               |                            | This measure was a Quality Improvement target during 15/16. The indicator supports babies and mothers to develop good feeding practice and prevents admissions for reasons of 'failure to thrive'. There is a lag in this data being reported owing to the nature of reporting. Data is retrieved from the SW strategic clinical network, June is the most current available data.  |
| CQC Status  | Rating awarded by CQC at 'overall' level.           | Ad Hoc         | Good                           | August              | Req Improv. 2016 | Req. Improv 2016 | Req Improv. 2016 | Req Improv. 2016 | New Reg                   | New Reg | Report Pending | 2013   | Not Yet Insp. |                            | The CQC have carried out recent inspections with many Wiltshire providers. The two community providers are new registrations and have not yet been inspected. 111 has also not received an inspection. The RUH CQC report was published on 10th August. The Trust were rated as 'Requires Improvement' but 'Outstanding' in the Caring domain. There were no warning notices issued. AWP has received a warning notice for S.136 suites (places of safety) across the Trust. The CCG has visited the areas covered by the notice. SWASFT following the visit on 6th-10th June, the draft report is still pending. |

## Primary Care CQC Inspections

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

| Practice Name                   | Overall Rating       | Safe                 | Effective            | Responsive           | Well Led             | Caring |
|---------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------|
| Sixpenny Handley & Broad Chalke | Good                 | Requires Improvement | Good                 | Good                 | Good                 | Good   |
| Whiteparish Surgery             | Requires Improvement | Requires Improvement | Requires Improvement | Requires Improvement | Requires Improvement | Good   |
| Lovemead Group Practice         | Outstanding          | Good                 | Outstanding          | Outstanding          | Outstanding          | Good   |
| J83013 Box Surgery              | Good                 | Requires Improvement | Good                 | Good                 | Good                 | Good   |
| Pewsey Surgery                  | Requires Improvement | Requires Improvement | Good                 | Requires Improvement | Good                 | Good   |
| Avenue Surgery                  | Good                 | Good                 | Good                 | Good                 | Good                 | Good   |
| Tinkers Lane Surgery            | Good                 | Good                 | Good                 | Good                 | Good                 | Good   |
| Lansdowne Surgery               | Good                 | Good                 | Good                 | Good                 | Good                 | Good   |
| Malmesbury Medical Partnership  | Outstanding          | Good                 | Outstanding          | Outstanding          | Outstanding          | Good   |
| Widbrook Medical Practice       | Inadequate           | Inadequate           | Requires Improvement | Inadequate           | Inadequate           | Good   |
| Ramsbury Surgery                | Outstanding          | Good                 | Good                 | Outstanding          | Outstanding          | Good   |
| Southbroom Surgery              | Good                 | Good                 | Good                 | Good                 | Good                 | Good   |
| St James Surgery                | Good                 | Requires Improvement | Good                 | Good                 | Good                 | Good   |
| Market Lavington Surgery        | Good                 | Good                 | Good                 | Good                 | Good                 | Good   |
| Beverbrook Medical Centre       | Requires Improvement | Good                 | Requires Improvement | Good                 | Requires Improvement | Good   |

There are 40 practices remaining to be inspected under the new CQC inspection regime. Of these, 12 are compliant under the previous system, and 24 have never received an inspection. The CQC is aiming to complete inspection of all practices in England by the end of 2017. Two further practices have received the results of their inspections, but the reports have yet to be published. Outcomes and learning from these reports will be reported next month.

## Marie Stopes International Care Quality Commission (CQC) Inspection Update

Following the CQC's inspection of [Marie Stopes International's \(MSI\)](#) services and its corporate headquarters in England, the regulator has raised concerns regarding the provider's corporate and clinical governance arrangements and patient safety protocols in specific areas. The CQC and NHS England are working with MSI to ensure that patients are protected from potential harm when undergoing pregnancy terminations. Since the inspection MSI has:

- Suspended termination of pregnancy provision for under-18s and vulnerable groups of women.
- Suspended terminations under general anesthetic or conscious sedation.
- Suspended all surgical terminations at their Norwich Centre.

The impact in Wiltshire has been minimal as the British Pregnancy Advisory Service (BPAS) is commissioned to provide the majority of local services. Whilst there has been a national impact on alternative providers including BPAS in order to carry out procedures transferred from MSI, BPAS have absorbed this workload with additional clinics and extended opening times. The CCG has requested and been given assurance by BPAS that following the MSI CQC report, they have reviewed their own corporate governance arrangements which they believe to be robust and that their clinicians are appropriately trained.

## CQC Report Published – Avon and Wiltshire Mental health Partnership Trust

The Care Quality Commission (CQC) has published its report of the inspection carried out at AWP in May 2016. Inspectors found there had been significant improvements in many of the services provided by AWP. There were however significant failings in the delivery of health based places of safety and there is currently a Warning Notice and associated action plan in place to rectify the concerns raised. Overall, the Trust has been rated 'Requires Improvement'. Despite these specific concerns, the CQC found that Avon and Wiltshire Mental Health Partnership NHS Trust has a committed and caring workforce that is trying to meet the needs of all people who use the services safely and effectively.

Almost without exception, patients and carers spoke positively about the care they received and patients. They described staff as being caring, enthusiastic and committed to delivering high quality care and treating patients and carers with dignity and respect.

The report highlights areas of good practice including:

Staff throughout the Trust was committed to continuous improvement with many involved in a wide variety of local initiatives. The Trust had participated in a number of quality improvement programmes or accreditation schemes covering ECT, inpatient wards, home treatment, memory services, forensic mental health services, eating disorder services and perinatal services.

The Trust was committed to participation in research and viewed it as a core activity. It had developed good collaborations with three universities of Bristol, West of England and Bath.

## CQC Briefing – Learning from serious incidents in NHS acute hospitals (June 2016)

The Care Quality Commission (CQC) has published a review of the quality of investigation reports from NHS organisations. The goal of the CQC review was to gain a better understanding of the way that organisations investigate, communicate and learn when things go wrong.

CQC reviewed 74 investigation reports (15% of acute trusts in England) using the assessment framework based on NHS England's Serious Incident Framework and associated tools.

The CQC findings provide further evidence of the need for step change in the way that serious incidents are investigated and managed in the NHS.

CQC found five opportunities for improvement:

1. Prioritising serious incidents that require full investigation and developing alternative methods for managing and learning from other types of incidents.
2. Routinely involving patients and families in investigations.
3. Engaging and supporting the staff involved in the incident and investigation process.
4. Using skilled analysis to move the focus of investigation from the acts or omissions of staff, to identifying the underlying causes of the incident.
5. Using human factor principles to develop solutions that reduce the risk of the same incidents happening again.

The findings also raise important questions about how the CQC now work across the system to align expectations and create the right environment for open reporting, learning and improvement. The development of the new Healthcare Safety Investigation Branch which is expected to become a centre of best practice and the move of the National Patient Safety team from NHS England to NHS Improvement provides an opportunity for the CQC to work together to develop a shared definition of good practice and encourage improvement.

The briefing concluded that along with the CQC, NHS England and NHS Improvement commissioning organisations also have a role to play in leading and supporting improvements in safety by agreeing a shared set of expectations and responsibilities in addressing the 5 key findings of this briefing. Wiltshire CCG's Serious Incident closure panel currently use the closure checklist outlined within NHS England's Serious Incident framework which covers the five issues highlighted in this briefing. The CCG will further review internal processes to identify appropriate amendments to practice as a result of the findings of this paper.

# Quality Dashboard Glossary: 2016/17

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



## Section 2: Finance and Information

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

## Summary

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

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

At month 5 the CCG has included the forecast full year impact of the Funded Nursing Care (FNC) rate increase which had previously been reported as an unmitigated risk at month 4. Opportunities to mitigate the impact of the FNC cost pressure were developed and presented to the Finance & Performance Committee in September 2016 in the form of a Financial Recovery Plan. These mitigations have been included within the overall position to enable the CCG to continue to report the delivery of its planned surplus – the delivery of these mitigations will continue via the Finance and Performance Committee.

The CCG continues to report increasing pressures from acute providers based on data available at month 5 from Service Level Agreement Monitoring (SLAM). The CCG is also reporting an underspend against prescribing budgets at month 5 based on the June PMD forecast which has been validated by the release of the July PMD Forecast post month 5 close.

At month 5, the CCG is reporting that it is operating within its available resources (both cash and income and expenditure) and has achieved its better payment performance requirements on a year to date basis.

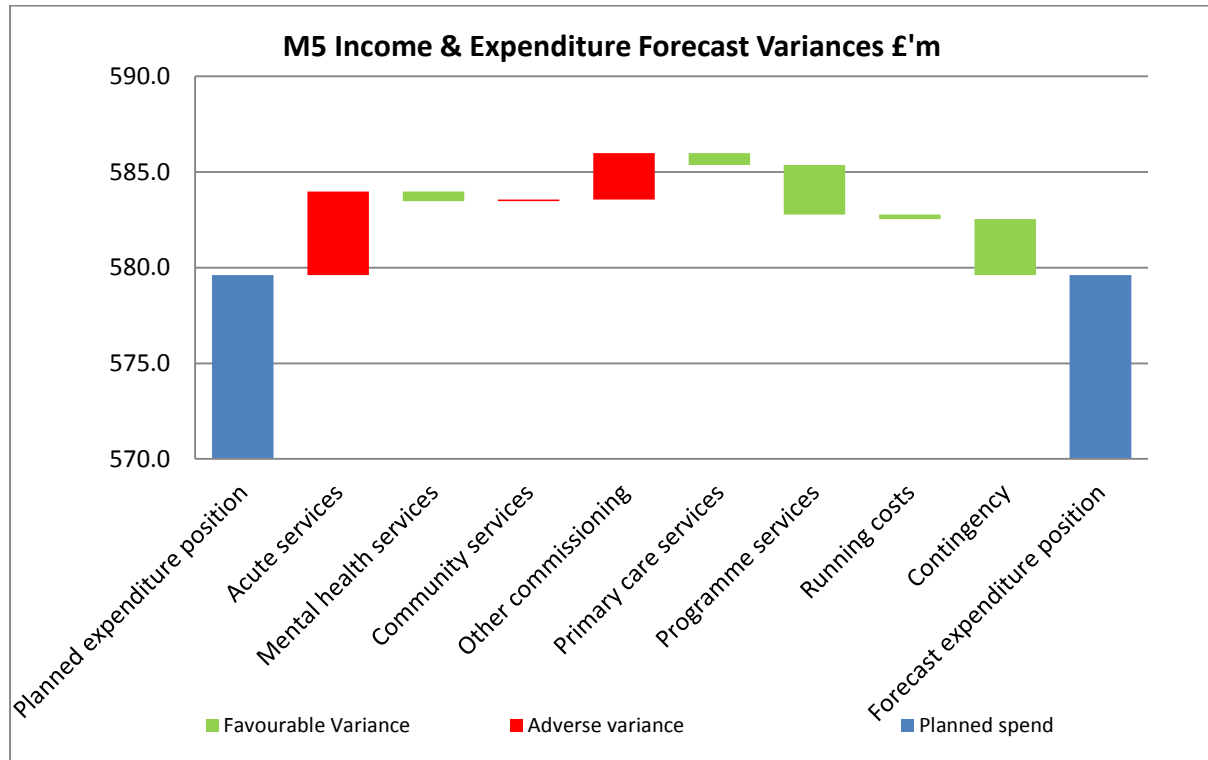
## Resources

At month 5 the CCG has seen an increase in its resources compared with the prior month:

|  | £'m    |        | Movement |
|--|--------|--------|----------|
|  | M5     | M4     |          |
| Programme  | 575.02 | 574.88 | 0.14     |
| Running costs  | 10.46  | 10.46  | 0.00     |
|  | 585.48 | 585.34 | 0.14     |
| Represented by:  |        |        |          |
| Share of General Practice Resilience Programme             |        |        | 0.10     |
| GP Development Programme - reception and clerical training |        |        | 0.04     |
|  |        |        | 0.14     |

### Income and expenditure movements

The waterfall graph below shows the planned and forecasted expenditure (in blue) and identifies pressures (in red) to this position and mitigations (in green) at a programme level at month 5:



## Key financial performance issues

| Area                     | Commentary  | Trend | RAG    |
|--------------------------|---|-------|--------|
| Acute services           | Non elective activity pressures, identified within SLAM positions and reflected in forecasts, continue to be the predominant area of pressure | ↓     | Yellow |
| Mental health services   | Forecast underspend is due to the settlement of prior year disputes.  | ↑     | Green  |
| Community services       | Children's community services is forecasting a small overspend at M05 based on placement numbers  | ↓     | Yellow |
| Continuing care services | Continuing care services (including personal health budgets) are reporting a breakeven position at this stage.                                | ↓     | Green  |
| Funded nursing care      | Funded nursing care budgets are reporting an overspend due to a 40% increase in FNC rates payable backdated to 1st of April 2016.             | ↓     | Red    |
| Other programme services | No material forecast issues identified at month 5.  | ↑     | Green  |
| Prescribing              | Prescribing is reporting an underspend at M05 based on the June PMD forecast.   | ↑     | Green  |
| Out of hours and NHS 111 | No material forecast issues identified at month 5.  | →     | Green  |
| Local Enhanced Services  | No material forecast issues identified at month 5.  | →     | Green  |
| Primary care IT          | No material forecast issues identified at month 5.  | →     | Green  |
| Reserves                 | Represents release of reserves to offset identified forecast pressures.   | ↑     | Green  |
| Running costs            | A forecast underspend against funding allocation is reported to reflect the YTD achievement against the £500k QIPP target.                    | ↑     | Green  |

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

## Financial risks

The unmitigated £3m risk reported at month 4, relating to the forecast full year impact of FNC rate increases, has been removed at month 5 and now appears as an overspend against the FNC reported position (at a revised value of £2.6m). Mitigations to this risk have been included in the financial position based on the opportunities identified by Directors and reported through to the finance committee, who will monitor the delivery against these actions. At this stage no risk of non-delivery and/or slippage against these mitigations has been included in the CCG's risk position in line with discussions with NHSE.

Further risks and mitigations against the CCG forecast position are identified below:

| Area                                |                                   | Potential risk / £'000s | Likelihood % | Residual risk / £'000s | Comment   |
|-------------------------------------|-----------------------------------|-------------------------|--------------|------------------------|---|
| Risk issues                         | Acute services                    | 700                     | 50%          | 350                    | Possible additional pressures in acutes<br>24hr ECG service funded from underspends 15/16 |
|                                     | Community services                | 80                      | 100%         | 80                     |   |
|                                     | Mental health services            |                         |              | 0                      |   |
|                                     | Continuing care services          | 318                     | 50%          | 159                    | Prior year disputed debtor  |
|                                     | Performance issues                |                         |              | 0                      |   |
|                                     | Prescribing                       | 150                     | 100%         | 150                    | GWH Staff enteral feeding funding reliant on feeds underspend                             |
|                                     | Other programme services          | 500                     | 100%         | 500                    | Quality premium funding expected not yet received   |
|                                     | Running costs                     | 277                     | 100%         | 277                    | Property service market rent impacts  |
|                                     |                                   | 2,025                   |              | 1,516                  |   |
| Mitigations                         | Balance of contingency            |                         |              | 0                      |   |
|                                     | National funding for market rents |                         |              | -277                   |   |
|                                     | Quality Premium Funding           |                         |              | -500                   |   |
|                                     | Non recurrent measures / slippage |                         |              | -739                   |   |
|                                     |                                   |                         |              | -1516                  |   |
| Net risk position after mitigations |                                   |                         |              | 0                      |   |

## Key access issues

In July 2016 the CCG had 91.8% of patients waiting less than 18 weeks and therefore breached both the national and local CCG target. There was slippage at Great Western Hospital and improvement at Royal United Hospital.

The July 2016 summary level data shows the CCG achieved all national NHS Constitution standards. The 2 week access for RUH Breast Symptom appointments improved significantly with the remedial action plan expected to continue to yield improvements.

There were 26 Mixed Sex Accommodation breaches at Salisbury Hospital NHS Foundation Trust in their patient assessment unit which the Quality Team will liaise with the Trust on.

The A&E 95% under 4 hour continued to be under-achieved at all 3 main acute providers due to increased demand and patient flow issues. The year-end delivery of this target continues to be a priority area with individual trust performance being addressed through local A&E delivery boards.

Ambulance Red 8 minute responses at the scene of incidents continue to under-achieve and saw deterioration in July.

The CCG achieved 64.4% against the 66.7% standard for dementia diagnosis as performance continues to improve towards the standard.

Community Services continue to struggle to achieve timely discharge targets. 'Length of stay' and 'timely discharge' have both been impacted by transport delays and shortages of care packages which has led to an adverse effect on DToCs.

Non Elective spells and A&E Attendances are both above year-to-date planned levels as reflected in the constitutional target performance and financial position. Diagnostic Activity Excluding Endoscopy, Cancer two week referrals and cancer 62 day treatments were all above plan. RTT Completed Admitted and Non Admitted pathways were below plan, due to non-elective bed pressures and the waiting list increased in July by 6%.

## Appendices

- Annex 1 Summary I&E position M5 2016/17
- Annex 2 Summary Statement of Financial Position M5 2016/17
- Annex 3 Cash Position M5 2016/17
- Annex 4 Better Payment Practice Code Performance M5 2016/17
- Annex 5 Movement between budgets and resources M5 2016/17
- Annex 6 Performance against constitution targets M4 2016/17
- Annex 7 Activity monitoring M4 2016/17
- Annex 8 IPR Group Dashboard

## Annex 1 – Summary Income and expenditure position M5 2016/17

|                                    | Year to date £'m |        |          | Forecast outturn<br>£'m |          | M5 forecast vs M4 |          |
|------------------------------------|------------------|--------|----------|-------------------------|----------|-------------------|----------|
|                                    | Budget           | Actual | Variance | Budget                  | Variance | M4                | Movement |
| Acute services (incl ambulances)   |                  |        |          |                         |          |                   |          |
| NHS providers                      | 112.2            | 114.1  | 1.9      | 269.3                   | 4.4      | 3.9               | 0.5      |
| Other providers                    | 10.4             | 10.3   | -0.1     | 25.0                    | 0.0      | 0.0               | -0.1     |
| Non contracted activity            | 2.8              | 2.8    | 0.0      | 6.8                     | 0.0      | 0.0               | 0.0      |
|                                    | 125.4            | 127.2  | 1.8      | 301.1                   | 4.4      | 4.0               | 0.4      |
| Mental health services             |                  |        |          |                         |          |                   |          |
| NHS providers                      | 15.4             | 15.0   | -0.3     | 36.9                    | -0.4     | -0.4              | 0.0      |
| Other providers                    | 2.4              | 2.2    | -0.2     | 5.7                     | -0.2     | 0.0               | -0.2     |
|                                    | 17.7             | 17.2   | -0.5     | 42.5                    | -0.5     | -0.4              | -0.2     |
| Community services                 |                  |        |          |                         |          |                   |          |
| NHS providers                      | 14.4             | 14.3   | -0.1     | 20.2                    | 0.0      | 0.0               | 0.0      |
| Other providers                    | 10.6             | 10.6   | 0.0      | 39.7                    | 0.1      | 0.0               | 0.1      |
|                                    | 25.0             | 24.9   | -0.1     | 59.9                    | 0.1      | 0.0               | 0.1      |
| Other commissioning                |                  |        |          |                         |          |                   |          |
| Continuing care services           | 7.7              | 7.9    | 0.2      | 17.8                    | 0.0      | 0.0               | 0.0      |
| Funded nursing care                | 3.1              | 3.9    | 0.8      | 7.4                     | 2.6      | 0.0               | 2.6      |
| Local authority and joint services | 11.1             | 11.1   | 0.0      | 26.7                    | -0.1     | 0.0               | -0.1     |
| Other programme services           | 4.0              | 3.5    | -0.5     | 9.7                     | -0.1     | 0.0               | -0.1     |
|                                    | 26.0             | 26.4   | 0.4      | 61.7                    | 2.4      | 0.0               | 2.4      |
| Primary care services              |                  |        |          |                         |          |                   |          |
| Prescribing                        | 31.7             | 31.1   | -0.6     | 76.0                    | -0.6     | 0.0               | -0.6     |
| Out of hours and NHS 111           | 3.5              | 3.5    | 0.0      | 8.5                     | 0.0      | 0.0               | 0.0      |
| Local enhanced services            | 2.9              | 2.9    | 0.0      | 7.1                     | 0.0      | 0.0               | 0.0      |
| Primary care IT                    | 0.5              | 0.5    | 0.0      | 1.2                     | 0.0      | 0.0               | 0.0      |
|                                    | 38.7             | 38.0   | -0.7     | 92.8                    | -0.6     | 0.0               | -0.6     |
| Programme reserves                 |                  |        |          |                         |          |                   |          |
| Contingency                        | 1.2              | 0.0    | -1.2     | 2.9                     | -2.9     | -2.9              | 0.0      |
| Other earmarked reserves           | 1.0              | 1.6    | 0.6      | 2.5                     | -2.6     | -0.5              | -2.1     |
| Other allocations                  | 0.0              | 0.0    | 0.0      | 0.0                     | 0.0      | 0.0               | 0.0      |
| Headroom funding                   | 0.0              | 0.0    | 0.0      | 5.7                     | 0.0      | 0.0               | 0.0      |
|                                    | 2.2              | 1.6    | -0.7     | 11.1                    | -5.5     | -3.4              | -2.1     |
| Running costs                      | 4.28             | 4.00   | -0.29    | 10.5                    | -0.2     | -0.2              | 0.0      |
| Total expenditure                  | 239.3            | 239.3  | 0.0      | 579.6                   | 0.0      | 0.0               | 0.0      |
| Less Funding                       | -241.8           | -241.8 | 0.0      | -585.5                  |          |                   |          |
| Planned surplus                    | -2.5             | -2.5   | 0.0      | -5.9                    | -5.9     |                   |          |

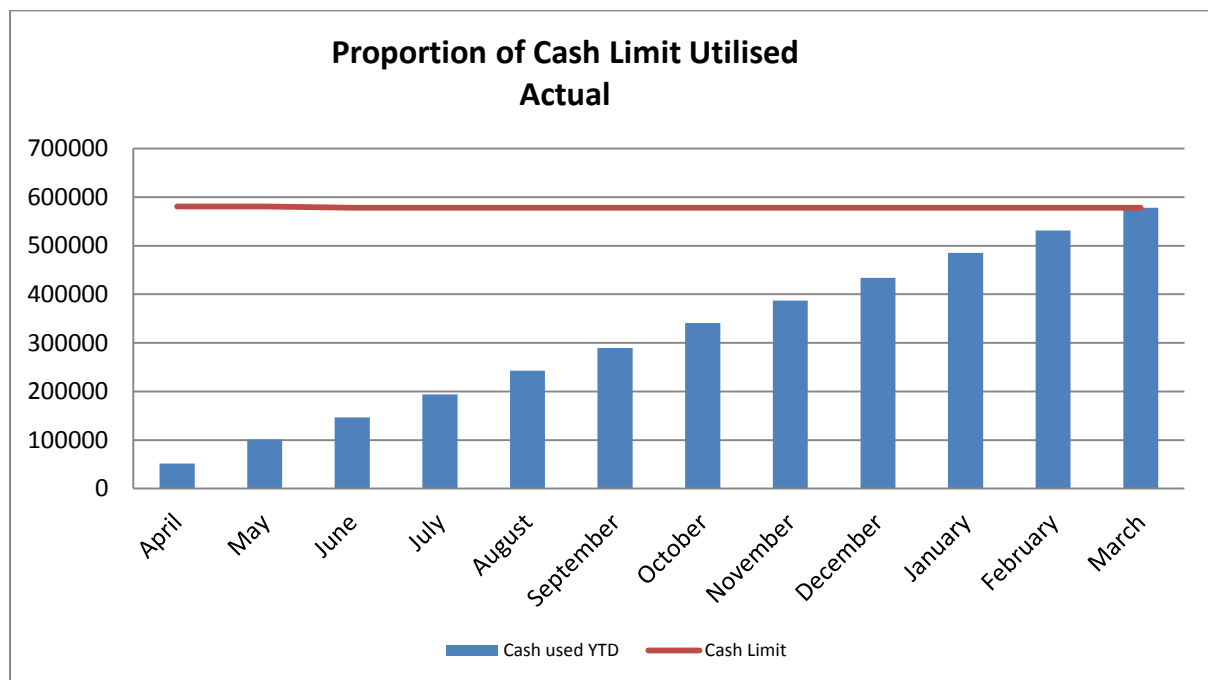
## Annex 2 – Summary Statement of Financial Position M5 2016/17

| Summary Statement of Financial Position                | £'m                             |                                   |                                      |
|--|---------------------------------|-----------------------------------|--------------------------------------|
|  | Opening position 1st April 2016 | Closing position 31st August 2016 | Forecast position at 31st March 2017 |
| <b>Non-Current Assets:</b>                             |                                 |                                   |                                      |
| Premises, Plant, Fixtures & Fittings                   | 0.00                            | 0.00                              | 0.00                                 |
| IM&T   | 0.31                            | 0.28                              | 0.25                                 |
| Other  | 0.03                            | 0.03                              | 0.03                                 |
| Long-term Receivables                                  | 0.00                            | 0.00                              | 0.00                                 |
| <b>TOTAL Non-Current Assets</b>                        | <b>0.34</b>                     | <b>0.31</b>                       | <b>0.28</b>                          |
| <b>Current Assets:</b>                                 |                                 |                                   |                                      |
| Inventories  | 0.00                            | 0.00                              | 0.00                                 |
| Prepayments  | 0.17                            | 1.41                              | 0.17                                 |
| Trade and Other Receivables                            | 2.66                            | 2.04                              | 2.66                                 |
| Cash and Cash Equivalents                              | 0.33                            | 3.41                              | 0.30                                 |
| <b>TOTAL Current Assets</b>                            | <b>3.16</b>                     | <b>6.86</b>                       | <b>3.13</b>                          |
|  |                                 |                                   |                                      |
| <b>TOTAL ASSETS</b>                                    | <b>3.50</b>                     | <b>7.17</b>                       | <b>3.41</b>                          |
|  |                                 |                                   |                                      |
| <b>Non-Current Liabilities:</b>                        |                                 |                                   |                                      |
| Long-term payables                                     | 0.00                            | 0.00                              | 0.00                                 |
| Provisions   | 0.00                            | 0.00                              | 0.00                                 |
| Borrowings   | 0.00                            | 0.00                              | 0.00                                 |
| <b>TOTAL Non-Current Liabilities</b>                   | <b>0.00</b>                     | <b>0.00</b>                       | <b>0.00</b>                          |
| <b>Current Liabilities:</b>                            |                                 |                                   |                                      |
| Trade and Other Payables                               | 29.62                           | 29.61                             | 27.80                                |
| Other Liabilities                                      | 0.00                            | 0.00                              | 0.00                                 |
| Provisions   | 0.07                            | 0.07                              | 0.07                                 |
| Borrowings   | 0.00                            | 0.00                              | 0.00                                 |
| <b>Total Current Liabilities</b>                       | <b>29.69</b>                    | <b>29.68</b>                      | <b>27.87</b>                         |
|  |                                 |                                   |                                      |
| <b>TOTAL LIABILITIES</b>                               | <b>29.69</b>                    | <b>29.68</b>                      | <b>27.87</b>                         |
|  |                                 |                                   |                                      |
| <b>ASSETS LESS LIABILITIES (Total Assets Employed)</b> | <b>-26.19</b>                   | <b>-22.51</b>                     | <b>-24.47</b>                        |
|  |                                 |                                   |                                      |
| <b>Financed by taxpayers' equity:</b>                  |                                 |                                   |                                      |
| General fund   | 26.19                           | 22.51                             | 24.47                                |
| Revaluation reserve                                    | 0.00                            | 0.00                              | 0.00                                 |
| Other reserves   | 0.00                            | 0.00                              | 0.00                                 |
| <b>Total taxpayers' equity:</b>                        | <b>26.19</b>                    | <b>22.51</b>                      | <b>24.47</b>                         |



### Annex 3 – Cash Position M5 2016/17

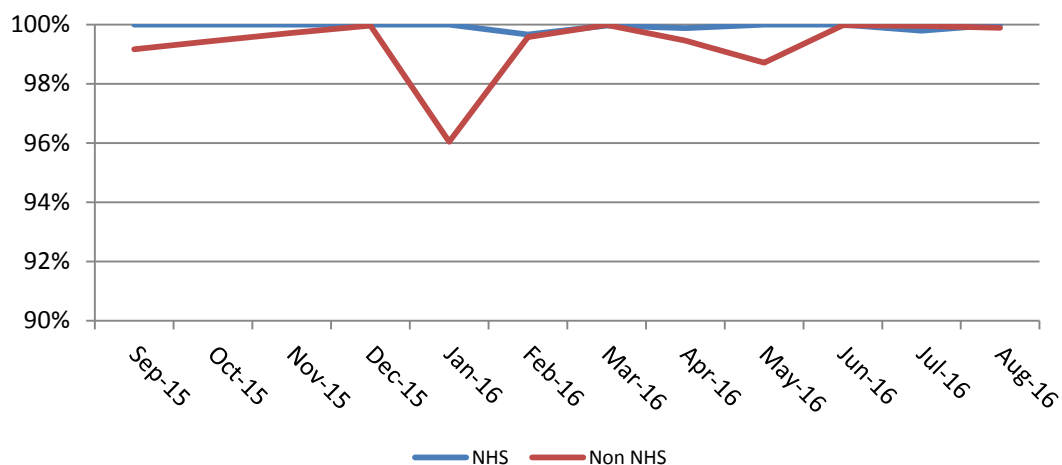
|   | £'m          |        |
|---|--------------|--------|
|   | Year to date | FOT    |
| Assumed revenue resource limit / £'m                                | 243.95       | 585.48 |
| Assumed revenue cash limit / £'m                                    | 240.96       | 578.30 |
| Cash drawn down / £'m   | 217.43       | 517.73 |
| Cash top sliced for CHC risk pool prescribing and home oxygen / £'m | 25.57        | 60.57  |
| Effective total cash drawn down / £'m                               | 243.00       | 578.30 |
| Cash drawn down as % of total                                       | 42.0%        | 100.0% |
| Expected cash draw down as %  | 41.7%        | 100.0% |
| Cash utilised / £'m   | 194.25       | 578.19 |
| Balance in account / £'m  | 3.41         | 0.30   |
| Balance in account as % of total cash limit                         | 0.59%        | 0.05%  |



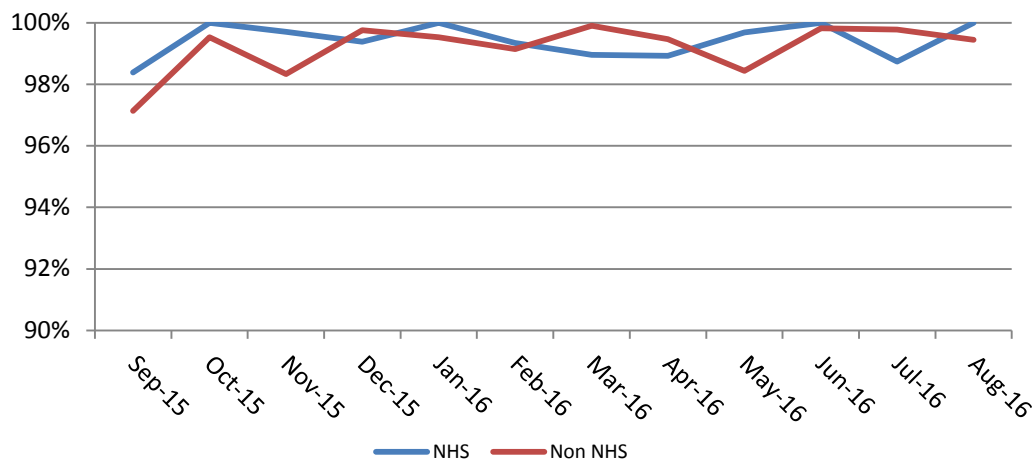
## Annex 4 – Better Payment Practice Code Performance M5 2016/17

|                               | Performance vs 30 days BPP ytd August 2016 |        |       |        |
|-------------------------------|--|--------|-------|--------|
|                               | In Month                                   |        | YTD   |        |
|                               | Nos.                                       | £'m    | Nos.  | £'m    |
| <b>NHS</b>                    |  |        |       |        |
| Total bills paid              | 340  | 26.26  | 1,580 | 149.80 |
| Total bills paid within time  | 340  | 26.26  | 1,575 | 149.74 |
| % of bills paid within target | 100.0%                                     | 100.0% | 99.6% | 99.9%  |
| <b>Non-NHS</b>                |  |        |       |        |
| Total bills paid              | 891  | 13.20  | 3,889 | 47.37  |
| Total bills paid within time  | 886  | 13.18  | 3,869 | 47.26  |
| % of bills paid within target | 99.8%                                      | 99.9%  | 99.5% | 99.7%  |
| <b>ALL</b>                    |  |        |       |        |
| Total bills paid              | 1,231                                      | 39.46  | 5,469 | 197.17 |
| Total bills paid within time  | 1,226                                      | 39.44  | 5,444 | 197.00 |
| % of bills paid within target | 99.6%                                      | 99.9%  | 99.5% | 99.9%  |

### Performance by value



### Performance by volume



## Annex 5 - Movement between budgets and resources M4 vs M5 2016/17

|                                    | £'m         |             |          | Comment                          |
|------------------------------------|-------------|-------------|----------|----------------------------------|
|                                    | M4 position | M5 position | Movement |                                  |
| Acute services (incl ambulances)   |             |             |          |                                  |
| NHS providers                      | 269.3       | 269.3       | 0.0      |                                  |
| Other providers                    | 25.0        | 25.0        | 0.0      |                                  |
| Non contracted activity            | 6.8         | 6.8         | 0.0      |                                  |
|                                    | 301.1       | 301.1       | 0.0      |                                  |
| Mental health services             |             |             |          |                                  |
| NHS providers                      | 36.9        | 36.9        | 0.0      |                                  |
| Other providers                    | 5.7         | 5.7         | 0.0      |                                  |
|                                    | 42.5        | 42.5        | 0.0      |                                  |
| Community services                 |             |             |          |                                  |
| NHS providers                      | 20.2        | 20.2        | 0.0      |                                  |
| Other providers                    | 39.7        | 39.7        | 0.0      |                                  |
|                                    | 59.9        | 59.9        | 0.0      |                                  |
| Other commissioning                |             |             |          |                                  |
| Continuing care services           | 17.8        | 17.8        | 0.0      |                                  |
| Funded nursing care                | 7.4         | 7.4         | 0.0      |                                  |
| Local authority and joint services | 26.7        | 26.7        | 0.0      |                                  |
| Other programme services           | 9.7         | 9.7         | 0.0      |                                  |
|                                    | 61.7        | 61.7        | 0.0      |                                  |
| Primary care services              |             |             |          |                                  |
| Prescribing                        | 76.0        | 76.0        | 0.0      |                                  |
| Out of hours                       | 8.5         | 8.5         | 0.0      |                                  |
| Local enhanced services            | 7.1         | 7.1         | 0.0      |                                  |
| Primary care IT                    | 1.2         | 1.2         | 0.0      |                                  |
|                                    | 92.8        | 92.8        | 0.0      |                                  |
| Programme reserves                 |             |             |          |                                  |
| Contingency                        | 2.9         | 2.9         | 0.0      |                                  |
| Other reserves                     | 2.3         | 2.5         | 0.1      | Additional NR Allocations in M05 |
| Other allocations                  | 0.0         | 0.0         | 0.0      |                                  |
| Headroom funding                   | 5.7         | 5.7         | 0.0      |                                  |
|                                    | 11.0        | 11.1        | 0.1      |                                  |
| Running costs                      | 10.5        | 10.5        | 0.0      |                                  |
| Total expenditure                  | 579.5       | 579.6       | 0.1      |                                  |
| Less Funding                       | -585.3      | -585.5      | -0.1     | Additional NR Allocations in M05 |
| Planned surplus                    | -5.9        | -5.9        | 0.0      |                                  |

## Annex 6 - Performance against constitution targets M4 2016/17

NHS WILTSHIRE CCG

Are patient rights under the NHS Constitution being

| Indicator   | Org.  | 2015/16 | 2016/17 |        |        |        |        |        |        |        |        |        |        |        |        | FOT    |
|---|-------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|   |       |         | Target  | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |        |
| <b>Referral To Treatment waiting times for non-urgent consultant-led treatment</b>  |       |         |         |        |        |        |        |        |        |        |        |        |        |        |        |        |
| E.B.3 RTT % Incomplete Pathways within 18 Weeks   | CCG   | 92.2%   | 92%     | 91.6%  | 91.5%  | 91.7%  | 91.8%  |        |        |        |        |        |        |        |        | 92.0%  |
| Number of patients waiting more than 52 weeks   | CCG   | 106     | 0       | 4      | 2      | 2      | 2      |        |        |        |        |        |        |        |        | 30     |
| <b>Diagnostic test waiting times</b>  |       |         |         |        |        |        |        |        |        |        |        |        |        |        |        |        |
| E.B.4 Diagnostic Test Waiting Times (%<6 week waits)  | CCG   | 99.3%   | ≥99%    | 99.1%  | 99.1%  | 98.7%  | 98.7%  |        |        |        |        |        |        |        |        | 98.9%  |
| <b>Cancer waits – 2 week wait</b>   |       |         |         |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP   | CCG   | 94.0%   | ≥93%    | 92.5%  | 94.2%  | 92.5%  | 94.0%  |        |        |        |        |        |        |        |        | 93.3%  |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)   | CCG   | 92.0%   | ≥93%    | 83.5%  | 83.3%  | 76.6%  | 93.9%  |        |        |        |        |        |        |        |        | 84.3%  |
| <b>Cancer waits – 31 days</b>   |       |         |         |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers  | CCG   | 98.1%   | ≥96%    | 98.7%  | 96.7%  | 96.1%  | 96.9%  |        |        |        |        |        |        |        |        | 97.1%  |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery  | CCG   | 98.8%   | ≥94%    | 98.0%  | 97.9%  | 98.4%  | 98.4%  |        |        |        |        |        |        |        |        | 98.2%  |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimens   | CCG   | 99.4%   | ≥98%    | 100.0% | 100.0% | 100.0% | 100.0% |        |        |        |        |        |        |        |        | 100.0% |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy  | CCG   | 98.5%   | ≥94%    | 92.9%  | 97.6%  | 97.1%  | 100.0% |        |        |        |        |        |        |        |        | 96.9%  |
| <b>Cancer waits – 62 days</b>   |       |         |         |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer  | CCG   | 87.8%   | ≥85%    | 90.1%  | 85.7%  | 87.3%  | 89.6%  |        |        |        |        |        |        |        |        | 88.2%  |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers   | CCG   | 96.7%   | ≥90%    | 100.0% | 96.7%  | 93.5%  | 92.3%  |        |        |        |        |        |        |        |        | 95.6%  |
| Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)   | CCG   | 91.5%   | ≥90%    | No Pts | 100.0% | 100.0% | 90.0%  |        |        |        |        |        |        |        |        | 96.7%  |
| <b>Mixed Sex Accommodation Breaches</b>   |       |         |         |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Breaches of Mixed-Sex Accommodation   | CCG   | 248     | 0       | 17     | 33     | 7      | 26     |        |        |        |        |        |        |        |        | 249    |
| <b>Mental Health</b>  |       |         |         |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period. | CCG   | 98.3%   | ≥95%    |        |        | 98%    |        |        |        |        |        |        |        |        |        | 98.3%  |
| <b>PROVIDER BASED INDICATORS</b>  |       |         |         |        |        |        |        |        |        |        |        |        |        |        |        |        |
| <b>A&amp;E waits</b>  |       |         |         |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (A&E and MIUs)  | RUH   | 86.9%   | ≥95%    | 86.9%  | 87.6%  | 81.4%  | 82.3%  |        |        |        |        |        |        |        |        | 84.5%  |
|   | SFT   | 94.9%   |         | 90.5%  | 94.1%  | 92.8%  | 90.1%  |        |        |        |        |        |        |        |        | 91.9%  |
|   | GWH   | 91.2%   |         | 87.7%  | 93.4%  | 92.4%  | 87.4%  |        |        |        |        |        |        |        |        | 90.2%  |
|   | SWIC  | 100.0%  |         | 100.0% | 100.0% | 100.0% | 100.0% |        |        |        |        |        |        |        |        | 100.0% |
| <b>Category Red Ambulance Responses</b>   |       |         |         |        |        |        |        |        |        |        |        |        |        |        |        |        |
| ARP - Red responses on scene within 8 minutes   | SWAST | N/Avail | ≥75%    | 66.8%  | 69.0%  | 69.8%  | 66.0%  |        |        |        |        |        |        |        |        | 68.1%  |
| ARP - Red T conveying responses on scene within 8 Minutes   | SWAST | N/Avail | ≥75%    | 81.3%  | 83.1%  | 84.2%  | 83.1%  |        |        |        |        |        |        |        |        | 83.2%  |
| <b>Cancelled Operations</b>   |       |         |         |        |        |        |        |        |        |        |        |        |        |        |        |        |
| All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days.                  | RUH   | 4       | 0       |        |        | 0      |        |        |        |        |        |        |        |        |        |        |
|   | SFT   | 2       |         |        |        | 0      |        |        |        |        |        |        |        |        |        |        |
|   | GWH   | 8       |         |        |        | 2      |        |        |        |        |        |        |        |        |        |        |

**NHS WILTSHIRE CCG**

| Other CCG KPIs   | 2015/16 | Target | 2016/17 |        |         |         |        |        |        |        |        |        |        |        | FOT |      |
|--|---------|--------|---------|--------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|-----|------|
|  |         |        | Apr-16  | May-16 | Jun-16  | Jul-16  | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |     |      |
| HCAI measure (C.Difficile infections)                              | 128     | 103    | 7       | 7      | 10      | 9       |        |        |        |        |        |        |        |        |     | 99   |
| Dementia Diagnosis (March 2017 Target)                             | 65%     | ≥66.7% | 64.2%   | 63.4%  | 64.1%   | 64.4%   |        |        |        |        |        |        |        |        |     | 67%  |
| IAPT Access Rate (2014/15 target = >15% or average >3.75% per Qtr) | 20%     | ≥15%   |         |        | N/avail |         |        |        |        |        |        |        |        |        |     |      |
| IAPT Recovery Rate (2014/15 Quarter 4 target = >50%)               | 45%     | ≥50%   |         |        | N/avail |         |        |        |        |        |        |        |        |        |     |      |
| IAPT <6 Weeks Access   | 96%     | ≥75%   | 95.6%   | 96.6%  | N/avail | N/avail |        |        |        |        |        |        |        |        |     | 96%  |
| IAPT <18 Weeks Access  | 100%    | ≥95%   | 100%    | 100%   | N/avail | N/avail |        |        |        |        |        |        |        |        |     | 100% |

**GWH/Wiltshire Health & Care Community Performance**

| Indicator   | Target | 2016/17 |        |        |        |        |        |        |        |        |        |        |        | YTD |  |       |
|---|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--|-------|
|   |        | Apr-16  | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |     |  |       |
| RTM incomplete Pathways - % waiting under 18 weeks at month end | ≥92%   | 92%     | 91%    | 93%    | 89%    |        |        |        |        |        |        |        |        |     |  | 91.3% |
| Average length of stay - Mean                                   | ≤20    | 33.9    | 32.5   | 23.4   | 31.2   |        |        |        |        |        |        |        |        |     |  | 30.3  |
| Discharged by midday  | ≥50%   | 35%     | 50%    | 44%    | 39%    |        |        |        |        |        |        |        |        |     |  | 42%   |
| Discharged at weekend   | ≥15%   | 9%      | 17%    | 9%     | 26%    |        |        |        |        |        |        |        |        |     |  | 15%   |
| DToCs (% of occupied beds)                                      | ≤20%   | 22%     | 13%    | 18%    | 23%    |        |        |        |        |        |        |        |        |     |  | 19%   |
| % End of Life patients dying in preferred place                 | ≥75%   | 87%     | 87%    | 92%    | 88%    |        |        |        |        |        |        |        |        |     |  | 89%   |

## Annex 7 – Activity monitoring M4 2016/17

| NHS Wiltshire CCG 2016/17 Plan Monitoring                              |           |          | 2016/17 |        |        |        |        |        |        |        |        |        |        |        |        |         |
|--|-----------|----------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
|  | Frequency | Criteria | Apr     | May    | Jun    | Jul    | Aug    | Sep    | Oct    | Nov    | Dec    | Jan    | Feb    | Mar    | YTD    | FOT     |
| E.M.7 Total Referrals (G&A)  | Monthly   | Plan     | 13,859  | 13,197 | 14,716 | 15,207 | 12,570 | 14,321 | 14,102 | 13,892 | 13,066 | 13,881 | 13,881 | 13,881 | 56,979 | 166,573 |
|  |           | Actual   | 13,333  | 13,244 | 13,767 | 13,277 |        |        |        |        |        |        |        |        |        | 53,621  |
| E.M.8 Consultant Led First Outpatient Attendances (Specific Acute)     | Monthly   | Plan     | 11,831  | 11,048 | 12,912 | 13,012 | 11,276 | 12,801 | 12,790 | 12,575 | 11,540 | 12,076 | 12,076 | 12,077 | 48,803 | 146,014 |
|  |           | Actual   | 11,724  | 12,125 | 12,821 | 11,434 |        |        |        |        |        |        |        |        |        | 48,104  |
| E.M.9 Consultant Led Follow-Up Outpatient Attendances (Specific Acute) | Monthly   | Plan     | 21,903  | 20,434 | 23,216 | 23,162 | 19,221 | 22,064 | 21,915 | 21,239 | 19,490 | 20,655 | 20,655 | 20,653 | 88,715 | 254,607 |
|  |           | Actual   | 21,332  | 21,002 | 22,340 | 20,145 |        |        |        |        |        |        |        |        |        | 84,819  |
| E.M.10 Total Elective Spells (Specific Acute) (OE & DC)                | Monthly   | Plan     | 4,809   | 4,841  | 5,242  | 5,364  | 4,533  | 5,122  | 5,228  | 4,922  | 4,708  | 4,886  | 4,885  | 4,884  | 20,256 | 59,424  |
|  |           | Actual   | 4,363   | 4,660  | 4,786  | 4,344  |        |        |        |        |        |        |        |        |        | 18,153  |
| E.M.10a Ordinary Elective Spells (Specific Acute)                      | Monthly   | Plan     | 861     | 866    | 940    | 961    | 810    | 917    | 936    | 881    | 842    | 874    | 874    | 874    | 3,628  | 10,636  |
|  |           | Actual   | 818     | 883    | 890    | 847    |        |        |        |        |        |        |        |        |        | 3,438   |
| E.M.10b Day Case Elective Spells (Specific Acute)                      | Monthly   | Plan     | 3,948   | 3,975  | 4,302  | 4,403  | 3,723  | 4,205  | 4,292  | 4,041  | 3,866  | 4,012  | 4,011  | 4,010  | 16,628 | 48,788  |
|  |           | Actual   | 3,545   | 3,777  | 3,896  | 3,497  |        |        |        |        |        |        |        |        |        | 14,715  |
| E.M.11 Non-elective spells (Specific Acute)                            | Monthly   | Plan     | 3,599   | 3,413  | 3,603  | 3,471  | 3,345  | 3,542  | 3,614  | 3,418  | 3,722  | 3,542  | 3,542  | 3,542  | 14,086 | 42,353  |
|  |           | Actual   | 3,527   | 3,737  | 3,575  | 3,637  |        |        |        |        |        |        |        |        |        | 14,476  |
| E.M.12 Total A&E Attendances (excluding planned follow-ups)            | Monthly   | Plan     | 10,775  | 11,101 | 11,298 | 11,748 | 10,989 | 10,913 | 10,984 | 10,572 | 10,343 | 10,932 | 10,932 | 10,932 | 44,922 | 131,519 |
|  |           | Actual   | 10,376  | 11,474 | 11,307 | 12,068 |        |        |        |        |        |        |        |        |        | 45,225  |
| E.M.13 Endoscopy based Activity  | Monthly   | Plan     | 1,437   | 1,376  | 1,690  | 1,419  | 1,431  | 1,466  | 1,554  | 1,312  | 1,445  | 1,520  | 1,460  | 1,282  | 5,922  | 17,392  |
|  |           | Actual   | 1,284   | 1,326  | 1,473  | 1,232  |        |        |        |        |        |        |        |        |        | 5,315   |
| E.M.14 Diagnostic Activity excluding Endoscopy                         | Monthly   | Plan     | 11,595  | 10,695 | 12,073 | 11,477 | 11,260 | 12,164 | 12,629 | 11,334 | 12,192 | 12,542 | 11,590 | 11,623 | 45,840 | 141,174 |
|  |           | Actual   | 12,184  | 12,390 | 12,898 | 11,270 |        |        |        |        |        |        |        |        |        | 48,742  |
| E.M.16 Cancer Two Week Referrals Seen                                  | Monthly   | Plan     | 1,056   | 1,040  | 1,187  | 1,275  | 1,101  | 1,123  | 1,225  | 1,224  | 1,221  | 991    | 1,124  | 1,300  | 4,558  | 13,867  |
|  |           | Actual   | 1,117   | 1,170  | 1,299  | 1,120  |        |        |        |        |        |        |        |        |        | 4,706   |
| E.M.17 Cancer 62 Day Treatments following an Urgent GP Referral        | Monthly   | Plan     | 82      | 79     | 91     | 98     | 104    | 106    | 83     | 86     | 103    | 86     | 82     | 103    | 350    | 1,103   |
|  |           | Actual   | 101     | 98     | 101    | 96     |        |        |        |        |        |        |        |        |        | 396     |
| E.M.18 Number of Completed Admitted RTT Pathways                       | Monthly   | Plan     | 2,525   | 2,317  | 2,747  | 2,888  | 2,367  | 2,730  | 2,912  | 2,615  | 2,424  | 2,552  | 2,579  | 2,614  | 10,477 | 31,270  |
|  |           | Actual   | 2,279   | 2,576  | 2,496  | 2,614  |        |        |        |        |        |        |        |        |        | 9,965   |
| E.M.19 Number of Completed Non-Admitted RTT Pathways                   | Monthly   | Plan     | 6,242   | 6,023  | 7,118  | 7,104  | 6,027  | 6,924  | 6,698  | 6,009  | 5,561  | 5,784  | 5,604  | 5,680  | 26,487 | 74,774  |
|  |           | Actual   | 5,165   | 5,047  | 5,662  | 5,124  |        |        |        |        |        |        |        |        |        | 20,998  |
| E.B.3i RTT Total Incomplete Pathways (Waiting list)                    | Monthly   | Plan     | 25,449  | 25,398 | 25,347 | 25,296 | 25,245 | 25,194 | 25,143 | 25,092 | 25,041 | 24,990 | 24,939 | 24,888 | 25,296 | 25,296  |
|  |           | Actual   | 25,373  | 25,660 | 25,860 | 26,782 |        |        |        |        |        |        |        |        |        | 26,782  |

## Annex 8 – IPR Group Dashboard

| NHS Wiltshire CCG IPR Group Dashboard Report   |  |   |  |  |  | Data Period | National Target YTD | Local Target YTD | Performance |                       |       |
|--|--|---|--|--|--|-------------|---------------------|------------------|-------------|-----------------------|-------|
|  |  |   |  |  |  |             |                     |                  | This month  | Last month            |       |
| Planned Care                                   | <b>Constitutional Targets (Wiltshire CCG position unless stated)</b>   |   |  |  |  |             |                     |                  |             |                       |       |
|  | 18 Weeks RTT Incomplete Pathways CCG Total   |   |  |  |  |             | Jul-16              | ≥92%             | 91.0%       | 91.9%                 | 91.7% |
|  | 18 Weeks RTT Incomplete Pathways RUH   |   |  |  |  |             | Jul-16              | ≥92%             | 90.9%       | 90.6%                 | 90.9% |
|  | 18 Weeks RTT Incomplete Pathways GWH   |   |  |  |  |             | Jul-16              | ≥92%             | 92.0%       | 91.6%                 | 92.6% |
|  | 18 Weeks RTT Incomplete Pathways SFT   |   |  |  |  |             | Jul-16              | ≥92%             | 89.7%       | 92.4%                 | 91.6% |
|  | Diagnostic Test within 6 weeks CCG Total   |   |  |  |  |             | Jul-16              | ≤1%              | 0.90%       | 1.30%                 | 1.30% |
|  | Diagnostic Test within 6 weeks RUH   |   |  |  |  |             | Jul-16              | ≤1%              | 1.04%       | 1.10%                 | 0.90% |
|  | Diagnostic Test within 6 weeks GWH   |   |  |  |  |             | Jul-16              | ≤1%              | 1.00%       | 3.10%                 | 3.10% |
|  | Diagnostic Test within 6 weeks SFT   |   |  |  |  |             | Jul-16              | ≤1%              | 0.50%       | 0.60%                 | 0.80% |
|  | 52 week wait breaches CCG Total  |   |  |  |  |             | Jul-16              | Zero             | -           | 2                     | 2     |
|  | Cancer 2WW CCG Total   |   |  |  |  |             | Jul-16              | ≥93%             | 93.0%       | 94.0%                 | 92.5% |
|  | Cancer 2WW Breast CCG Total  |   |  |  |  |             | Jul-16              | ≥93%             | 95.0%       | 93.9%                 | 76.6% |
|  | Cancer 62 days from urgent GP referral to definitive treatment   |   |  |  |  |             | Jul-16              | ≥85%             | 86.8%       | 89.6%                 | 85.2% |
|  | Unplanned Care   | <b>NON ELECTIVE SPELLS (Specific Acute)</b> |  |  |  |             |                     |                  |             |                       |       |
| CCG Total                                      |  |   |  |  |  | M4ytd       |                     | 14,086           | 14,476      | 10,873                |       |
| GWH  |  |   |  |  |  | M4ytd       |                     | 3,401            | 3,415       | 2,521                 |       |
| RUH  |  |   |  |  |  | M4ytd       |                     | 4,543            | 4,842       | 3,634                 |       |
| SFT  |  |   |  |  |  | M4ytd       |                     | 4,801            | 5,039       | 3,756                 |       |
| <b>ED ATTENDANCES</b>                          |  |   |  |  |  |             |                     |                  |             |                       |       |
| CCG Total                                      |  |   |  |  |  | M4ytd       |                     | 45,694           | 45,583      | 33,287                |       |
| GWH  |  |   |  |  |  | M4ytd       |                     | 6,359            | 6,513       | 4,756                 |       |
| RUH  |  |   |  |  |  | M4ytd       |                     | 7,063            | 7,512       | 5,508                 |       |
| SFT  |  |   |  |  |  | M4ytd       |                     | 10,504           | 10,855      | 7,970                 |       |
| <b>NHS 111</b>                                 |  |   |  |  |  |             |                     |                  |             |                       |       |
| Calls Offered (BaNES & Wiltshire)              |  |   |  |  |  | M4ytd       |                     | 66,828           | 49,080      | 36,601                |       |
| <b>SWAST</b>                                   |  |   |  |  |  |             |                     |                  |             |                       |       |
| Total Incidents (with duplicate calls removed) |  |   |  |  |  | M5ytd       |                     | 28,388           | 27,112      | 21,721                |       |
| <b>MIU</b>                                     |  |   |  |  |  |             |                     |                  |             |                       |       |
| Total Attendances                              |  |   |  |  |  | M5ytd       |                     |                  | 17,340      | 13,826                |       |
| <b>SWIC</b>                                    |  |   |  |  |  |             |                     |                  |             |                       |       |
| Total Attendances                              |  |   |  |  |  | M4ytd       |                     |                  | 8,806       | 6,635                 |       |
| <b>BDUC</b>                                    |  |   |  |  |  |             |                     |                  |             |                       |       |
| Total Attendances                              |  |   |  |  |  | M5ytd       |                     |                  | 802         | 678                   |       |
| <b>NHS 111 Performance</b>                     |  |   |  |  |  |             |                     |                  |             |                       |       |
| Answered <60 secs %                            |  |   |  |  |  | M4ytd       | ≥95%                |                  | 91.0%       | 91.7%                 |       |
| Abandoned >30 secs calls%                      |  |   |  |  |  | M4ytd       | ≤5%                 |                  | 1.7%        | 1.5%                  |       |
| Ambulance disposition %                        |  |   |  |  |  | M4ytd       | ≤10%                |                  | 11.1%       | 11.2%                 |       |
| ED Disposition %                               |  |   |  |  |  | M4ytd       | ≤5%                 |                  | 7.6%        | 7.5%                  |       |
| <b>Medvivo Performance</b>                     |  |   |  |  |  |             |                     |                  |             |                       |       |
| OOH Telephone Advice Calls                     |  |   |  |  |  | M5ytd       |                     |                  | 10,741      | 8,677                 |       |
| OOH PCC Attendances                            |  |   |  |  |  | M5ytd       |                     |                  | 13,159      | 10,786                |       |
| OOH Home Visits                                |  |   |  |  |  | M5ytd       |                     |                  | 3,820       | 3,088                 |       |
| Referrals to Urgent Care at Home               |  |   |  |  |  | M5ytd       |                     |                  | 150         | 84                    |       |
| Telecare Mobile Responses                      |  |   |  |  |  | M5ytd       |                     |                  | 1,167       | 836                   |       |
| One number ATC calls                           |  |   |  |  |  | M5ytd       |                     |                  | 32,719      | 26,588                |       |
| ATC Referrals                                  |  |   |  |  |  | M5ytd       |                     |                  | 10,566      | 8,309                 |       |
| <b>SWAST Performance</b>                       |  |   |  |  |  |             |                     |                  |             |                       |       |
| Hear and Treat Percentage                      |  |   |  |  |  | M4ytd       |                     | 11.2%            | 11.6%       | 11.7%                 |       |
| See and Treat Percentage                       |  |   |  |  |  | M4ytd       |                     | 38.4%            | 36.0%       | 35.8%                 |       |
| See and ED Conveyance Percentage               |  |   |  |  |  | M4ytd       |                     | 42.9%            | 47.6%       | 47.7%                 |       |
| <b>High Impact Interventions</b>               |  |   |  |  |  |             |                     |                  |             |                       |       |
| <b>Weekend discharges % (80% of Weekday)</b>   |  |   |  |  |  |             |                     |                  |             |                       |       |
| GWH  |  |   |  |  |  | M3ytd       |                     | ≥80%             |             | 52%                   |       |
| RUH  |  |   |  |  |  | M3ytd       |                     | ≥80%             |             | 48%                   |       |
| SFT  |  |   |  |  |  | M3ytd       |                     | ≥80%             |             | 42%                   |       |
| GWH Community                                  |  |   |  |  |  | M3ytd       |                     | ≥80%             |             | 48%                   |       |
| <b>DTOC %</b>                                  |  |   |  |  |  |             |                     |                  |             |                       |       |
| GWH  |  |   |  |  |  |             |                     |                  |             |                       |       |
| RUH  |  |   |  |  |  |             |                     |                  |             |                       |       |
| SFT  |  |   |  |  |  |             |                     |                  |             |                       |       |
| GWH Community                                  |  |   |  |  |  |             |                     |                  |             |                       |       |
| Community Services                             | <b>Children's community services:</b>  |   |  |  |  |             |                     |                  |             |                       |       |
|  | Non-consultant led services: RTM incomplete Pathways - % waiting under 18 weeks at month end   |   |  |  |  |             |                     | ≥92%             | ≥92%        | Not yet available     |       |
|  | % CAMHS T3 new referrals assessed within 12 weeks of referral  |   |  |  |  |             | Jul-16              | ≥95%             | ≥95%        | 82%                   | 88%   |
|  | % CAMHS T2 new referrals assessed within 12 weeks of referral  |   |  |  |  |             | Jun-16              | 100%             | 100%        | 64%                   |       |
|  | Paediatric consultant follow ups seen within 6 weeks of agreed date  |   |  |  |  |             |                     |                  |             | Not yet available     |       |
|  | Proportion of children over 14 with a transition plan  |   |  |  |  |             |                     |                  | 100%        | Not yet available     |       |
|  | Children's continuing care: expenditure against ring fenced value within contract  |   |  |  |  |             |                     |                  |             | Annual data           |       |
|  | National child measurement programme- reception children very overweight   |   |  |  |  |             |                     |                  | 4.37%       | Annual data           |       |
|  | National child measurement programme- Year 6 children very overweight  |   |  |  |  |             |                     |                  | 10.17%      | Annual data           |       |
|  | <b>CAMHS Transformation Plan:</b>  |   |  |  |  |             |                     |                  |             |                       |       |
|  | % referrals to Single Point of Access which don't meet CAMHS service criteria & are provided with an early help response where appropriate |   |  |  |  |             |                     |                  | 95%         | New KPI - Data due Q3 |       |
|  | % of referrals to CAMHS T2 which are inappropriate   |   |  |  |  |             | Jul-16              |                  | 10%         | 13%                   | 13%   |
|  | % of children and young people who, at the end of CAMHS treatment, self-report main presenting problem has improved                        |   |  |  |  |             |                     |                  | 95%         | New KPI - Data due Q3 |       |
|  | % re-referrals to CAMHS within 12 months   |   |  |  |  |             |                     |                  | tbc         | New KPI - Data due Q3 |       |
|  | No of CAMHS hospital admissions  |   |  |  |  |             | Jul-16              |                  | N/A         | 2                     | 4     |
|  | No of CAMHS hospital bed days  |   |  |  |  |             | Jul-16              |                  | N/A         | 278                   | 259   |
|  | No of 11 - 18 year olds attending A&E where mental health is the primary or secondary diagnosis  |   |  |  |  |             |                     |                  | tbc         | New KPI - Data due Q4 |       |
| Mental Health                                  | <b>AWP</b>   |   |  |  |  |             |                     |                  |             |                       |       |
|  | 4 week RTA (Referral to Assessment)  |   |  |  |  |             | Jul-16              |                  | 0           | 98                    | 52    |
|  | 4 hour wait - emergency crisis assessment  |   |  |  |  |             | Jul-16              |                  | ≥95%        | 63.0%                 | 79.4% |
|  | % of admissions gatekept (working adult age)   |   |  |  |  |             | Jul-16              |                  | ≥95%        | 86.0%                 | 97.2% |
|  | DTC for wiltshire wards  |   |  |  |  |             | Jul-16              |                  | 7.50%       | 10.40%                | 9.23% |
|  | Timely reviews (CPA for more than 12 months)   |   |  |  |  |             | Jul-16              |                  | ≥95%        | 94.7%                 | 94.3% |
|  | 18 week RTT  |   |  |  |  |             | Jul-16              |                  | ≥95%        | 91.3%                 | 91.7% |
|  | 50% of people experiencing first episode of psychosis to access NICE approved care package within <2 wks. (Mandate 6.3)                    |   |  |  |  |             | Jun-16              |                  | ≥50%        | 100.0%                | 60.0% |
|  | Learning Disability - Proportion of people with a learning disability on the GP register receiving an annual health check                  |   |  |  |  |             | Jun-16              |                  | ≥30.7%      | 40.00%                |       |
|  | Access and waiting time standards for mental health services embedded (Mandate 6.3)  |   |  |  |  |             |                     |                  |             |                       |       |

## Section 3: Projects

### Project Dashboard

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

| Workstream  | Exec Lead         | Clinical Lead  | Project Manager                               | RAG for Planned Milestones<br>Arrows depict position in comparison to last month | RAG for Delivery of Planned Benefits<br>Arrows depict position in comparison to last month | Director's % Confidence of Delivering 16/17 QIPP Target  | 16/17 QIPP Target Values (£000)  | 16/17 QIPP Activity Reduction                   |      |
|---|-------------------|--|---|--|--|--|----------------------------------|---|------|
| <b>URGENT CARE</b>  |                   |  |   |  |  |  |                                  |   |      |
| Urgent Care TCOP  | Jo Cullen         | Dr Mark Smithies   | Tracey Strachan                               | G ↔  | Please refer to the graphs indicating Urgent Care performance on page 36                   | 75%  | Part of 1.400 Urgent Care target | Part of the 1144 Urgent Care activity reduction |      |
| Urgent Care Operation Resilience Capacity Planning  | Jo Cullen         | This workstream will cease to feature on this register. ORCP does not contribute to the delivery of Urgent Care QIPP.                                  |   |  |  | N/A  |                                  |   |      |
| Planned Care Paediatric NEL reduction   | Jo Cullen         | Dr Lindsay Kinlin<br>Dr Andrew Girdher<br>Dr Chet Sheth  | Jo Williamson                                 | TBC  |  | 25%  |                                  |   |      |
| Urgent Care High Intensity Care Programme   | Ted Wilson<br>WHC | Dr Simon Burrell   | Neal Goodwin                                  | G ↔  |  | 100%   |                                  |   |      |
| BCF 16/17 Care Home Liaison inc Dementia  | Ted Wilson        | Dr Alison Hook   | Meuthia E-Ellis                               | G ↔  |  | N/A this is an enabling service to prevent admissions in the first instance within the community |                                  |   |      |
| BCF 16/17 Integrated Discharge pre Home First   | James Roach       | CCG GP Leads for BCP Generally:<br>1) Dr Martin Foley<br>2) Dr John Petit<br>3) Sarum - TBC  | TBC   | G ↔  |  | 65%  |                                  |   |      |
| BCF 16/17 Wiltshire Home First  | James Roach       |  |   | Complete   |  |  |                                  |   |      |
| BCF 16/17 Enabling technologies inc Telehealth and Telecare   | James Roach       |  |   | CCG GP leads for specific schemes:<br>1) Dr Lindsay Kinlin<br>Prevention Board   |  | A ↔  |                                  |   | 50%  |
| BCF 16/17 Enhancing Urgent Care at Home to include<br>1. EOL rapid support<br>2. MH crisis management.<br>3. Confirmed pathways and non conveyance opportunities. | James Roach       | 2) Dr Richard Sandford-Hill<br>EOL Link 72 hour pathway<br>3) Dr Rob Greville<br>Heygate<br>SVOC   |   | G ↔  |  | 50%  |                                  |   |      |
| BCF 16/17 72 hour pathway for end of life (SFT)   | James Roach       | Clinical Involvement for BCP Geriatricians:<br>Chris Dyer - RUH<br>Hugo Powell - SFT<br>Debbie Finch - GWH   |   | G ↔  |  | 75%  |                                  |   |      |
| BCF 16/17 Identified key worker as case manager   | James Roach       |  |   | A ↔  |  | 50%  |                                  |   |      |
| BCF 16/17 Referral Management - revised communications  | James Roach       | AWP<br>Dr Toby Sutcliffe   |   | G ↔  |  | N/A  |                                  |   |      |
| BCF 16/17 Falls Strategy  | James Roach       | Medvivo<br>Jamie Brosch  |   | G ↔  |  | N/A  |                                  |   |      |
| BCF 15/16 Intermediate Care   | James Roach       | Other Practitioners<br>Carolyn Hamblett &<br>Clare Deards<br>(Social Workers)  |   | G ↔  |  | 50%  |                                  |   |      |
| BCF 15/16 Step up care (Community hospitals and IC)   | James Roach       |  |   | G ↔  |  | 50%  |                                  |   |      |
| BCF 15/16 Front door assessment and discharge through access to care (Admission avoidance)  | James Roach       | Carol Langley Johnson<br>(GWH Therapies)<br>Gill Whittington (GWH<br>Community Nurse)  |   | G ↔  |  | 50%  |                                  |   |      |
| BCF 15/16 Community Geriatrics  | James Roach       | Kris Mulshaw & Gina<br>Sergent (Hospital<br>Therapists Leads)  |   | G ↔  | 75%  |  |                                  |   |      |
| BCF 15/16 72 hour pathway for end of life (GWH and RUH)   | James Roach       |  |   | G ↔  | 75%  |  |                                  |   |      |
| <b>PLANNED CARE</b>   |                   |  |   |  |  |  |                                  |   |      |
| Planned Care MSK  | Mark Harris       | Dr Tim King<br>Dr Lindsay Kinlin<br>Dr Andrew Girdher  |   | Jill Whittington   | R ↔  | G ↔  | 0%                               | 696   | 410  |
| Planned Care Ophthalmology  | Mark Harris       | Dr Andy Hall   |   | Jo Williamson  | R ↓  | R ↔  | 15%                              | 335   | 3588 |
| Planned Care Outpatient follow up   | Mark Harris       | Dr Andy Hall   | Ashley<br>Windebank-Brooks<br>(from 01/10/16) | R ↓  | R ↔  | 24%  | 211                              | 2219  |      |
| Planned Care Clinical Priorities  | Mark Harris       | Dr Helen Osborn  | Nadine Fox                                    | G ↔  | G ↔  | 155%   | 258                              | 774   |      |
| Planned Care Advice and guidance  | Mark Harris       | These schemes for which QIPP has not yet been quantified for 16/17 will cease to feature on this register.   |   |  |  |  |                                  |   |      |
| Planned Care Cardiology   | Mark Harris       | These schemes for which QIPP has not yet been quantified for 16/17 will cease to feature on this register.   |   |  |  |  |                                  |   |      |
| Planned Care Paediatric PIFU  | Mark Harris       | This workstream has now been combined with the Planned Care Outpatient follow up workstream. Consequently this will cease to feature on this register. |   |  |  |  |                                  |   |      |
| <b>OTHER QIPP</b>   |                   |  |   |  |  |  |                                  |   |      |
| Primary Care Prescribing  | Jo Cullen         | Dr Helen Osborn<br>(TBC) and other GP<br>practice  | Alex Goddard                                  | G ↔  | G ↑  | 75%  | 1.900                            | Finance target only                             |      |
| CHC CHC Reviews of Care Packages  | Dina McAlpine     | N/A  | Kate Purser                                   | G ↔  | R ↓  | 75%  | 500                              | Finance target only                             |      |



## Explanation

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

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

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

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

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

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

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

## Programme Management

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

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

### Update on the 16/17 QIPP work streams

July 2016 performance data is shown in this report.

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

**Urgent Care** – delivered through a combination of work streams including the Better Care Fund, and Transforming Care for Older People. Some savings (approximately 75%) will be delivered through schemes which remain in place from 15/16 whilst others are new Community services transformation will also act as an enabler to deliver the required savings target totalling £1.4m in 16/17. Urgent Care QIPP is monitored using SLAM data. Operational Resilience Capacity funding streams are no longer monitored in this project section as the investment is not intended to deliver QIPP. Schemes badged as Operational Resilience and Capacity Planning (ORCP) from the CCG baseline funding were previously referred to as winter planning schemes, and the allocations and projects/initiatives for 16/17 were agreed through the System Resilience Group (SRG). The key initiatives are based on the national Emergency Care Intensive Support Team (ECIST) principles and recommendations, and focussed on 4 hour delivery – not QIPP savings. Many of these are featured in the 4 hour recovery plans, which will themselves be transitioned into the newly nationally mandated “must dos” as part of the newly formed Local Delivery Boards (replacing SRGs) from September 2016. Projects are embedded into the 3 hospitals, community service, ambulance service, and fund additional primary care capacity over Bank Holiday weekends.

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

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

Non Programme Related Activity – including running costs.

The total QIPP target across all areas is £14.2 million.

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

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

# QIPP Summary

## Summary Level QIPP Performance - Month 4 (July)

### QIPP SCHEMES DRIVEN BY PROGRAMME RELATED ACTIVITY

#### Planned Care

|                              | Activity           |                        |                | Finance           |                     |                                |                                      |
|------------------------------|--------------------|------------------------|----------------|-------------------|---------------------|--------------------------------|--------------------------------------|
|                              | Planned Reductions | YTD Planned Reductions | YTD Reductions | Planned Savings   | YTD Planned Savings | YTD Actual Savings on Baseline | Variance Against YTD Planned Savings |
| OPHTHALMOLOGY                | 3,588              | 147                    | 1,182          | £335,070          | £36,919             | £18,112                        | -£18,807                             |
| CLINICAL PRIORITIES          | 774                | 248                    | 409            | £258,178          | £74,424             | £220,777                       | -£146,353                            |
| OUTPATIENT PIFU              | 2,219              | 238                    | 1,153          | £210,885          | £26,100             | -£47,351                       | -£73,451                             |
| MSK                          | 410                | 3                      | -268           | £695,867          | £9,724              | £205,043                       | £195,319                             |
| <b>PLANNED CARE SUBTOTAL</b> | <b>6,991</b>       | <b>635</b>             | <b>2,476</b>   | <b>£1,500,000</b> | <b>£147,168</b>     | <b>£396,581</b>                | <b>£249,413</b>                      |

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

#### Urgent Care

|                             | Activity           |                        |                | Finance           |                     |                                |                                      |
|-----------------------------|--------------------|------------------------|----------------|-------------------|---------------------|--------------------------------|--------------------------------------|
|                             | Planned Reductions | YTD Planned Reductions | YTD Reductions | Planned Savings   | YTD Planned Savings | YTD Actual Savings on Baseline | Variance Against YTD Planned Savings |
| <b>URGENT CARE SUBTOTAL</b> | <b>1,144</b>       | <b>381</b>             | <b>-704</b>    | <b>£1,400,000</b> | <b>£466,667</b>     | <b>-£1,297,662</b>             | <b>-£1,764,328</b>                   |

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

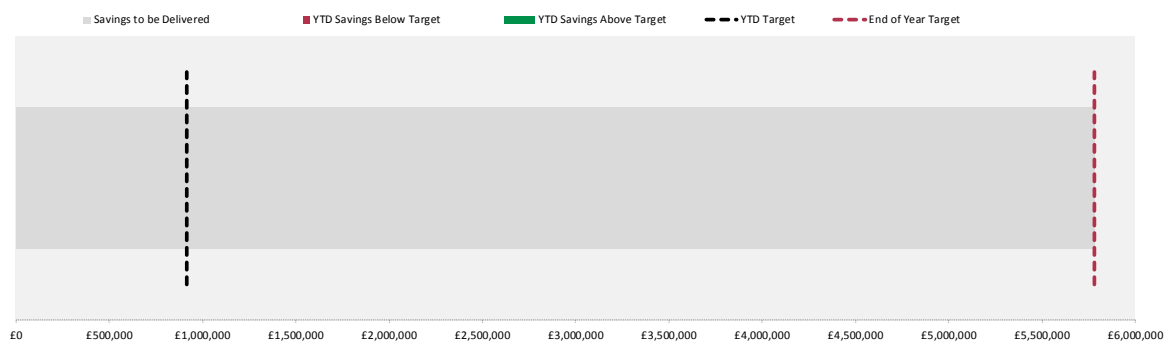
#### Non Acute Commissioned Services

|   | Activity           |                        |                | Finance           |                     |                                |                                      |
|---|--------------------|------------------------|----------------|-------------------|---------------------|--------------------------------|--------------------------------------|
|   | Planned Reductions | YTD Planned Reductions | YTD Reductions | Planned Savings   | YTD Planned Savings | YTD Actual Savings on Baseline | Variance Against YTD Planned Savings |
| PRESCRIBING                                     | -                  | -                      | -              | £1,900,000        | £112,500            | £128,885                       | £16,385                              |
| CONTINUED HEALTH CARE                           | -                  | -                      | -              | £500,000          | £112,489            | £112,039                       | -£450                                |
| <b>NON ACUTE COMMISSIONED SERVICES SUBTOTAL</b> | <b>-</b>           | <b>-</b>               | <b>-</b>       | <b>£2,400,000</b> | <b>£224,989</b>     | <b>£240,924</b>                | <b>£15,935</b>                       |

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

|   |  |  |  | Finance           |                     |                                |                                      |
|---|--|--|--|-------------------|---------------------|--------------------------------|--------------------------------------|
|   |  |  |  | Planned Savings   | YTD Planned Savings | YTD Actual Savings on Baseline | Variance Against YTD Planned Savings |
| <b>SUMMARY OF QIPP SCHEMES DRIVEN BY PROGRAMME RELATED ACTIVITY</b> |  |  |  | <b>£5,300,000</b> | <b>£838,823</b>     | <b>-£660,157</b>               | <b>-£1,498,980</b>                   |

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



The graph above is not incomplete; it indicates that for M4 QIPP schemes cumulatively are not delivering the YTD planned savings of £838,823 for programme related activity.

The reason that there is no depiction of this position on the bar chart is because not only is the target not being delivered; but the spend on Urgent Care activity is £1,297,662 more than the 15/16 baseline. This results in a net underperformance of £1,764,328.

## Non Programme Related Activity performance

### OTHER QIPP SCHEMES NOT DRIVEN BY PROGRAMME RELATED ACTIVITY

|   | Finance           |                     |                                |                                      |
|---|-------------------|---------------------|--------------------------------|--------------------------------------|
|   | Planned Savings   | YTD Planned Savings | YTD Actual Savings on Baseline | Variance Against YTD Planned Savings |
| BCF INTEGRATION   | £3,100,000        | £1,033,333          | £1,033,333                     | £0                                   |
| MH RESOURCE MAPPING   | £600,000          | £200,000            | £200,000                       | £0                                   |
| MH DEMOGRAPHIC GROWTH   | £300,000          | £100,000            | £100,000                       | £0                                   |
| QUALITY PREMIUM   | £500,000          | £0                  | £0                             | £0                                   |
| RUNNING COSTS   | £500,000          | £166,667            | £193,000                       | £26,333                              |
| SUPPAGE ON INVESTMENTS  | £800,000          | £266,667            | £266,667                       | £0                                   |
| 15/16 INCREASED SURPLUS REIMBURSEMENT   | £1,800,000        | £600,000            | £600,000                       | £0                                   |
| UNIDENTIFIED QIPP FOR ADDITIONAL ELECTIVE ACTIVITY                            | £1,300,000        | £433,333            | £0                             | £-433,333                            |
| <b>SUMMARY OF OTHER QIPP SCHEMES NOT DRIVEN BY PROGRAMME RELATED ACTIVITY</b> | <b>£8,900,000</b> | <b>£2,800,000</b>   | <b>£2,393,000</b>              | <b>£-407,000</b>                     |

# URGENT CARE QIPP

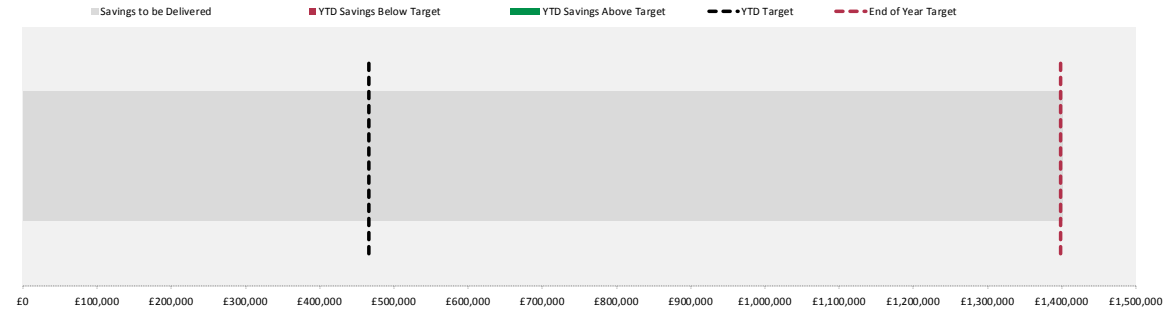
## Urgent Care QIPP Performance - Month 4 (July) Reductions in Non Elective Admissions

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

### Finance

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

|                       |            |                        |           |
|-----------------------|------------|------------------------|-----------|
| 16/17 Targeted Saving | £1,400,000 | YTD Targeted Savings   | £466,667  |
|                       |            | YTD Savings Achieved   | £0        |
|                       |            | YTD Variance on Target | -£466,667 |

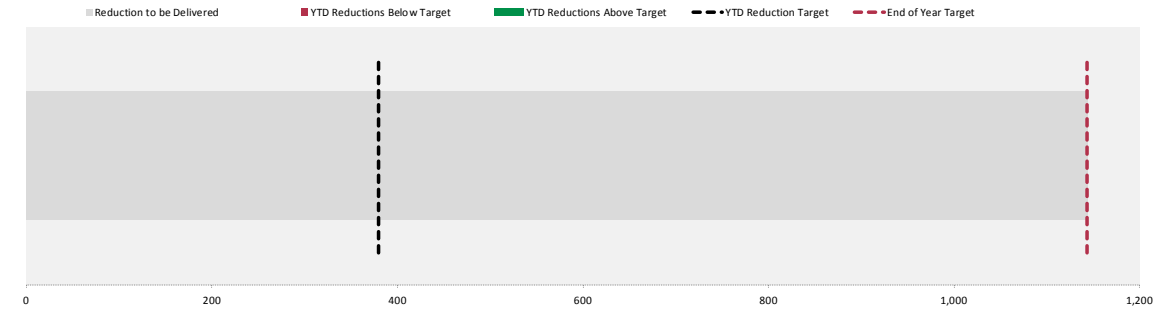


|                           | Apr        | May        | Jun        | Jul        | Aug        | Sep        | Oct        | Nov        | Dec        | Jan        | Feb        | Mar        | YTD         | Full Year   |
|---------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|
| 15/16 Baseline inc Growth | £6,255,839 | £6,464,978 | £6,255,839 | £6,464,978 | £6,464,978 | £6,255,839 | £6,464,978 | £6,255,839 | £6,464,978 | £6,464,978 | £5,837,562 | £6,464,978 | £25,441,634 | £76,115,764 |
| Planned QIPP Reduction    | £116,667   | £116,667   | £116,667   | £116,667   | £116,667   | £116,667   | £116,667   | £116,667   | £116,667   | £116,667   | £116,667   | £116,667   | £466,667    | £1,400,000  |
| 16/17 Plan                | £6,139,172 | £6,348,311 | £6,139,172 | £6,348,311 | £6,348,311 | £6,139,172 | £6,348,311 | £6,139,172 | £6,348,311 | £6,348,311 | £5,720,895 | £6,348,311 | £24,974,967 | £74,715,764 |
| 16/17 Actuals             | £6,582,575 | £6,620,678 | £6,795,367 | £6,740,676 |            |            |            |            |            |            |            |            | £26,739,296 |             |
| Difference                | £443,403   | £272,367   | £656,194   | £392,365   |            |            |            |            |            |            |            |            | £1,764,328  |             |

### Activity

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

|                          |       |                        |      |
|--------------------------|-------|------------------------|------|
| 16/17 Targeted Reduction | 1,144 | YTD Targeted Reduction | 381  |
|                          |       | YTD Reduction Achieved | 0    |
|                          |       | YTD Variance on Target | -381 |



|                           | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   | YTD    | Full Year |
|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-----------|
| 15/16 Baseline inc Growth | 3,151 | 3,256 | 3,151 | 3,256 | 3,256 | 3,151 | 3,256 | 3,151 | 3,256 | 3,256 | 2,941 | 3,256 | 12,814 | 38,337    |
| Planned QIPP Reduction    | 95    | 95    | 95    | 95    | 95    | 95    | 95    | 95    | 95    | 95    | 95    | 95    | 381    | 1,144     |
| 16/17 Plan                | 3,056 | 3,161 | 3,056 | 3,161 | 3,161 | 3,056 | 3,161 | 3,056 | 3,161 | 3,161 | 2,846 | 3,161 | 12,433 | 37,193    |
| 16/17 Actuals             | 3,197 | 3,362 | 3,245 | 3,333 |       |       |       |       |       |       |       |       | 13,137 |           |
| Difference                | 141   | 201   | 189   | 172   |       |       |       |       |       |       |       |       | 704    |           |

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

**Programme Director: Jo Cullen**

There are schemes covering all 55 practices - majority are locality/town wide with some individual practice schemes, due to the rural nature of some practices such as Whiteparish. Evaluations and actual financial plans now ratified and signed off for 2015/16; and plans agreed for 16/17 based on over 75 registered populations via virtual TCOP Panel sign off. A Primary Care Oversight Committee is being established, as per the Primary Care Offer (PCO) Governing Body Paper (approved March 2016) first meeting in October to review progress against plans. (with LMC, Healthwatch and NHSE reps). A number of localities have aligned and enhanced TCOP schemes (such as 70-74 year olds) with the Locality Service element from the PCO, and Care Homes to develop a more resilient workforce and contain urgent care growth in adults of working age as well as older adults. A Locality Dashboard is being developed to triangulate and present activity and performance data, reflecting local issues and challenges relating to workforce/premises etc. .

### **Confidence level**

**75%** confidence level of delivery of QIPP Associated with programme.

## **Non – Elective Paediatric developments to support delivery of Urgent Care QIPP**

**Programme Director: Jo Cullen**

SFT: following a review of the Hotkidz clinic pilot at the Salisbury Walk-In Centre, this showed a high number of patients were seen out of the ED department. Work will start on 26/09/16 on mapping the pathway through primary and secondary care. The key areas being reviewed are opportunities for an advice line, GP and Paediatric joint clinics in the community as well as case conferences for high intensity users. Based on the Big Six, the newly developed paediatrics working group will be looking at how advice guidelines could be implemented for primary care in conjunction with leaflets for patients.

RUH: developed an Operational Resilience Capacity Plan (ORCP) for an additional consultant to support enhanced triage. BaNES CCG and Wiltshire CCG have agreed to joint fund the “Handi App” to support patients and their family/carers to reduce/omit attendance at ED and fund an additional consultant to enable the agreed demand management schemes. The RUH paediatric working group has developed a pathway for the chesty child, but will be looking at the remaining five pathways at the next operational meeting on 22/09/16.

GWH: planned advice and guidance consultant line has been developed and launched for North Wiltshire GPs. This has had minimal usage between April and August 2016. This will be raised through NEW Executive meeting, to ensure that all relevant GP practices have the guidance to support all non-elective paediatric patients. They have relaunched the paediatric task force to progress the

Development and Implementation of Patient Initiated Follow Ups. Development and Implementation of the “Handy App”; Paediatric Assessment Unit (PAU) with Paediatric Emergency Department as per trusts four hour remedial action plan (RAP).

**Confidence Level – 25%**



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

**Programme Director: James Roach**

### **New BCF schemes for 16/17**

## **Better Care Fund – elements contributing to CCG QIPP targets -**

**Programme Director: James Roach**

### **Non Elective Admissions:**

Overall non elective activity (excluding maternity) seems to be up around 5% (around 510 admissions) on 2015/16. Admissions in those aged 65 and over are up by around 2% (around 110 admissions). The working age population has seen admissions increase by 8% (around 300 admissions) while the growth in under 18s is also around 8% (around 110 admissions).

QIPP activity at the 3 main hospitals based on SLAM data shows non elective activity around 9% (around 860 admissions) over plan. The QIPP report show the cost of activity is around 6% over plan. This needs further investigation but may a result of reductions in excess bed days or shorter stay admission or a number of other factors.

Q1 avoidable emergency admissions are broadly similar to 2015/16, with a 4.4% (around 50 admissions) reduction in those aged 65 and over. This suggests that the remaining admissions are likely to have a greater acuity.

In relation to the level of the frail elderly admissions, the increase in admissions in 2016/17 to date compared with 2015/16 equates to an additional 0.6 admissions per hospital per day so not significant growth when considered in these terms.

### **Delayed Transfers of Care:**

Delayed transfers of care in June 2016 were higher again than the delays seen in April with 104 people delayed at midnight on the last Thursday of the month. Delayed days also increased in June to a total of 1,918 delayed days. Both indicators remain higher than the 2015/16 averages which were 63 for delays and 1,495 for delayed days.

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

### **Other BCP Indicators:**

There have been 194 permanent admissions to Care Homes in the first 5 months of 2016/17. A simple forecast for a year-end total would be well under the BCP target of 550. In 2015/16 there were 491, which was well below the BCF target of 575. Final data for the proportion of people at home 91 days post discharge from hospital in Q4 2015/16 discharges shows an increase to 85.2% which is slightly under the BCP target.

Dementia diagnosis rate has been re-based to reflect increase in the population, therefore the diagnosis rates has dropped from 65.5% at the end of 2015/16 to 63.4% this is below the 66.7% target. In July the dementia diagnosis rate was 64.4% suggesting a further 151 patients need to be identified to achieve the target.

In June there were 60 admissions (56 step down and 4 step up) and 60 (56 step down and 4 step up) discharges from Intermediate Care which is maintaining the performance seen in recent months. Length of stay is continuing to increase and is now around 40 days for step down and 60 days for step up. Step down rehab patients have a length of stay of less than 30 days, however, it is other step down admissions which drives the overall length of stay higher.

New Help to Live at home activity was consistent with earlier months in June and remains around the monthly average, ongoing support maintained its current levels. However it should be noted that demand particularly from the community has increased significantly and supply is challenged by the shortages in available workforce. Other domiciliary care support maintained its levels for ongoing and new clients. Urgent care at Home activity has reduced due to issues with care provision and a CQC restriction , but returned to normal levels on 14 August 2016 ( the impact of which is not reflected in this report).

## **Update New BCF schemes for 16/17**

### **Care Home Liaison incl. Dementia**

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

### **Integrated Discharge pre Home First**

Individual action plans in place with each acute Trust and this is being delivered in line with the system wide DTOC plan. Roll out at GWH has been delayed, but a meeting has been arranged at GWH on the 20 September 2016 to discuss in detail.

### **Wiltshire Home First**

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

### **Enabling technologies inc Telehealth and Telecare**

This area of work is being progressed by the Prevention Board of the BCF and agreed actions in place to increase use of telehealth. This will become a core provision option as part of the integrated discharge programme.

## **Enhancing Urgent Care at Home to include:**

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

Service has consistently been managing a high level of referrals and March and April both saw record numbers of referrals. However, the domiciliary care provider MI Home Care was subject to a CQC embargo between May and August 2016 and this impacted considerably on activity levels.

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

### **72-hour pathway for end of life (SFT)**

On track for go live and recruitment completed. Service has now gone live and monthly updates will be provided from September.

### **Identified key worker as case manager**

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

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

### **Comprehensive service for Dementia patients**

See care home liaison update above.

### **Referral Management - revised communications**

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

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

### **Falls Strategy**

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

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

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

## **Schemes Continued from the BCF 15/16**

### **Intermediate Care**

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

1. Completing ICT commissioning Strategy for next 2 years in line with Integrated Discharge Plans and
2. Commence focused training plans with each home.
3. Audit admissions into ICT beds to determine the proportion of rehab admissions v social care admissions.

### **Admission Avoidance**

No commentary provided as key points in each relevant scheme area

### **Step up care (Community hospitals and IC)**

Monthly reports continue to be provided but performance has been impacted on by increased demand for step down beds due to pressures at each acute hospital and increase in delayed transfers of care

Planned actions for the next period

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

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

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

### **Urgent Care at Home**

As detailed above in enhanced urgent care at home section

### **Community Geriatrics**

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

Planned action for the next period:

1. Undertake clinical audit of community geriatrician service in the South.
2. Agree approach with Sarum GPs for interface with this scheme to improve coverage and outcomes
3. Ensure that the community geriatrician service and resource plays a key part in the integrated discharge programme across Wiltshire.

### **ICT cohorted beds (step down)**

Update above in BCF intermediate care.

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

Service continues and monthly reports provided.

**Confidence level for delivery of overall BCF work streams – 65%**

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

### **Programme Director: Ted Wilson**

Jul 16 -

- \* Set up project structure
- \* Set up project steering group
- \* Agree focus of soft launch process for Higher Intensity Care at Home
- \* Write JD for specialist Doctor role - COMPLETED
- \* Undertake training needs analysis specific to HIC
- \* Obtain technical expert support from IG to agree process for WHC partners to use SystMone
- \* Write SOP for ambulatory Care
- \* Write SOP for Higher Intensity Care at home

Aug 16

- \* Develop 'bite size' training modules in line with identified gaps in knowledge
- Agree SOPs with OIGs

Q2 Overall -

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

Sep 16

- \* Begin Recruitment
- \* Establish use of SystMone for HIC
- \* Agree fast track pathway for diagnostics with acute trusts
- \* Design and cost estate changes for ambulatory care Warminster

Oct 16

- \* Design and cost estate changes for ambulatory care Chippenham

Q3 Overall -

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

Q4 Overall-

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

**Confidence level – 100%**

# PLANNED CARE QIPP

## Programme Director: Mark Harris

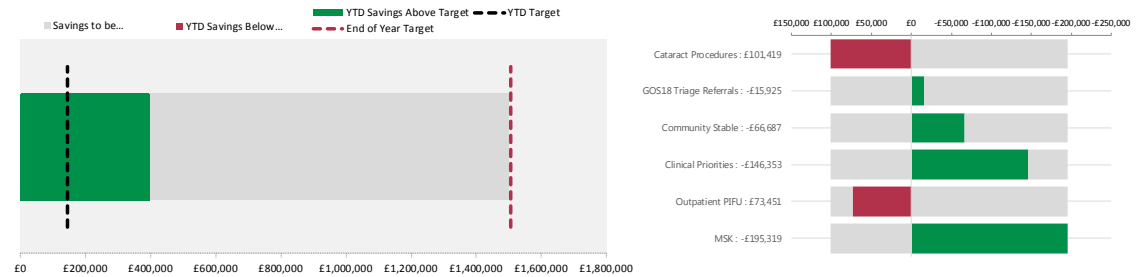
### Planned Care QIPP Performance - Month 4 (July) Reductions in Admissions and Outpatient Attendances

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

#### Finance

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

|                        |            |                        |          |
|------------------------|------------|------------------------|----------|
| 16/17 Targeted Savings | £1,500,000 | YTD Targeted Savings   | £147,168 |
|                        |            | YTD Savings Achieved   | £396,581 |
|                        |            | YTD Variance on Target | £249,413 |

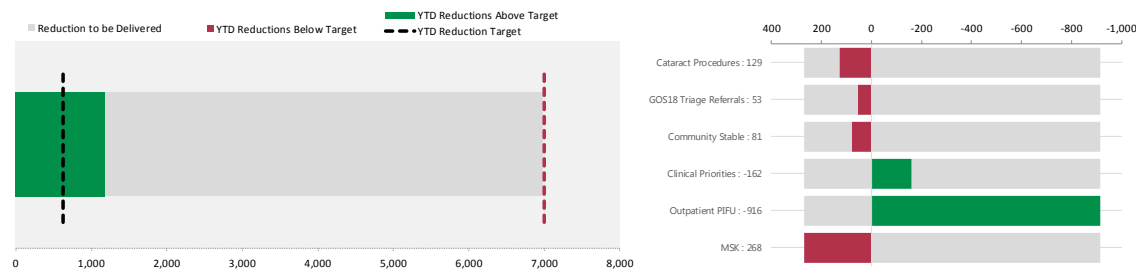


|                           | Apr        | May        | Jun        | Jul        | Aug        | Sep        | Oct        | Nov        | Dec        | Jan        | Feb        | Mar        | YTD         | Full Year   |
|---------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|
| 15/16 Baseline Inc Growth | £2,642,964 | £2,519,426 | £2,792,404 | £2,894,485 | £2,455,760 | £2,785,125 | £2,972,471 | £2,686,157 | £2,528,653 | £2,667,424 | £2,701,151 | £2,619,462 | £10,849,279 | £32,265,483 |
| Planned QIPP Reduction    | £29,613    | £28,023    | £36,146    | £53,385    | £67,215    | £99,028    | £107,785   | £146,093   | £167,890   | £231,940   | £245,514   | £287,368   | £147,168    | £1,500,000  |
| 16/17 Plan                | £2,613,351 | £2,491,403 | £2,756,258 | £2,841,100 | £2,388,545 | £2,686,096 | £2,864,687 | £2,540,064 | £2,360,763 | £2,435,485 | £2,455,637 | £2,332,094 | £10,702,111 | £30,765,483 |
| 16/17 Actuals             | £2,577,648 | £2,602,174 | £2,694,219 | £2,578,657 |            |            |            |            |            |            |            |            | £10,452,698 |             |
| Difference                | £35,703    | £110,771   | £62,039    | £262,443   |            |            |            |            |            |            |            |            | £249,413    |             |

#### Activity

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

|                          |       |                        |       |
|--------------------------|-------|------------------------|-------|
| 16/17 Targeted Reduction | 6,991 | YTD Targeted Reduction | 635   |
|                          |       | YTD Reduction Achieved | 1,182 |
|                          |       | YTD Variance on Target | 546   |



|                           | Apr    | May    | Jun    | Jul    | Aug    | Sep    | Oct    | Nov    | Dec    | Jan    | Feb    | Mar    | YTD    | Full Year |
|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| 15/16 Baseline Inc Growth | 10,818 | 10,099 | 11,526 | 11,801 | 10,262 | 11,721 | 11,794 | 11,441 | 10,552 | 10,742 | 11,099 | 11,144 | 44,245 | 132,999   |
| Planned QIPP Reduction    | 95     | 115    | 121    | 304    | 517    | 677    | 807    | 817    | 845    | 877    | 899    | 917    | 635    | 6,991     |
| 16/17 Plan                | 10,724 | 9,984  | 11,405 | 11,497 | 9,745  | 11,044 | 10,987 | 10,625 | 9,707  | 9,865  | 10,200 | 10,226 | 43,609 | 126,008   |
| 16/17 Actuals             | 10,742 | 10,663 | 11,362 | 10,296 |        |        |        |        |        |        |        |        | 43,063 |           |
| Difference                | 18     | 679    | -43    | -1,201 |        |        |        |        |        |        |        |        | -546   |           |

## Ophthalmology

Ophthalmology Mobilisation agreed and confirmed on the 18 August 2016. Plan to commence on the 1 October 2016. Meetings arranged with all three acute hospitals; SFT on 31 August 2016 which was really successful meeting, GWH & RUH meeting planned for 6 September 2016. Letters to all GP practices, Independent Services and Optometrist's to be distributed early September 2016. Evolutio are attending all of the acute meetings and will liaise with GP practices and all other services. Plan: to review data mid-January 2016 with all services involved in the review of this. Aim is to reduce acute attendances.

# Confidence level – 15%

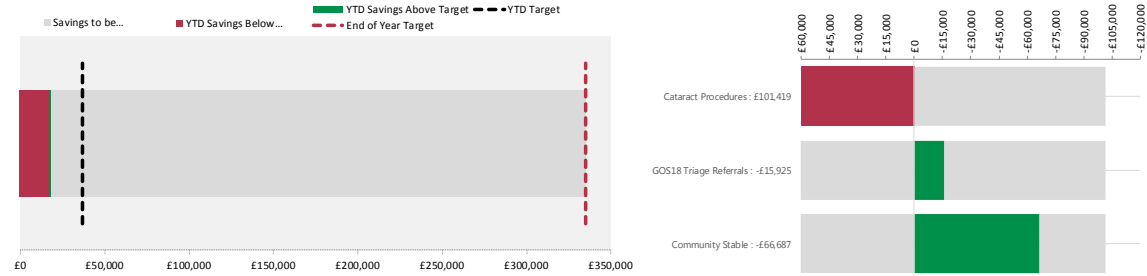
## Ophthalmology QIPP Performance - Month 4 (July) Reductions in Admissions and Outpatient Attendances

The below summary includes the combined details of all the individual schemes contributing to the QIPP performance in the ophthalmology work stream: Cataract procedures, GOS18 Traige referrals, Community Stable

### Finance

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

|                        |          |                        |          |
|------------------------|----------|------------------------|----------|
| 16/17 Targeted Savings | £335,070 | YTD Targeted Savings   | £36,919  |
|                        |          | YTD Savings Achieved   | £18,112  |
|                        |          | YTD Variance on Target | -£18,807 |

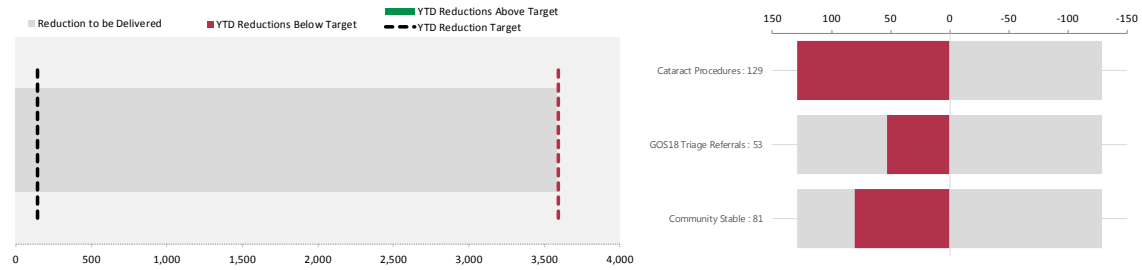


|                           | Apr      | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Jan      | Feb      | Mar      | YTD        | Full Year  |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|------------|
| 15/16 Baseline inc Growth | £306,887 | £300,396 | £302,360 | £363,152 | £281,960 | £352,984 | £340,805 | £316,237 | £310,369 | £340,267 | £320,569 | £331,630 | £1,272,796 | £3,867,617 |
| Planned QIPP Reduction    | £7,320   | £7,119   | £7,909   | £14,571  | £22,953  | £32,719  | £40,294  | £40,294  | £40,363  | £40,433  | £40,485  | £40,609  | £36,519    | £335,070   |
| 16/17 Plan                | £299,567 | £293,277 | £294,451 | £348,581 | £259,006 | £320,264 | £300,511 | £275,943 | £270,006 | £299,834 | £280,084 | £291,021 | £1,235,877 | £3,532,547 |
| 16/17 Actuals             | £317,065 | £286,670 | £328,933 | £322,016 |          |          |          |          |          |          |          |          | £1,254,684 |            |
| Difference                | £17,498  | £6,607   | £34,482  | £26,565  |          |          |          |          |          |          |          |          | £18,807    |            |

### Activity

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

|                          |       |                        |       |
|--------------------------|-------|------------------------|-------|
| 16/17 Targeted Reduction | 3,588 | YTD Targeted Reduction | 147   |
|                          |       | YTD Reduction Achieved | 1,182 |
|                          |       | YTD Variance on Target | 1,035 |



|                           | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   | YTD   | Full Year |
|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|
| 15/16 Baseline inc Growth | 2,113 | 1,890 | 2,027 | 2,291 | 1,938 | 2,163 | 2,189 | 2,073 | 2,124 | 2,134 | 2,172 | 2,177 | 8,321 | 25,290    |
| Planned QIPP Reduction    | 9     | 9     | 10    | 119   | 232   | 361   | 474   | 474   | 475   | 475   | 475   | 475   | 147   | 3,588     |
| 16/17 Plan                | 2,104 | 1,881 | 2,017 | 2,172 | 1,706 | 1,802 | 1,715 | 1,599 | 1,649 | 1,659 | 1,697 | 1,702 | 8,174 | 21,702    |
| 16/17 Actuals             | 2,170 | 1,929 | 2,189 | 2,149 |       |       |       |       |       |       |       |       | 8,437 |           |
| Difference                | 66    | 48    | 172   | -23   |       |       |       |       |       |       |       |       | 263   |           |

# Cataract Procedures - part of Ophthalmology

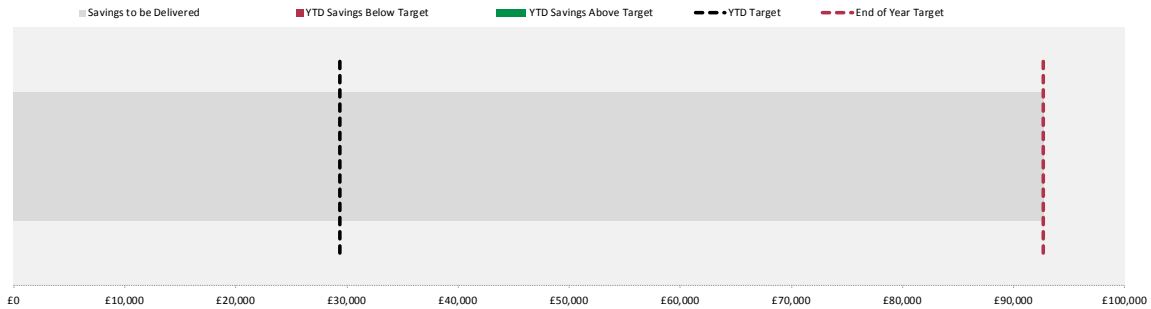
## Planned Care QIPP Performance - Cataract Procedures - Month 4 (July)

This is a subset of the Overall Ophthalmology scheme

### Finance

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

|                        |         |                        |          |
|------------------------|---------|------------------------|----------|
| 16/17 Targeted Savings | £92,686 | YTD Targeted Savings   | £29,467  |
|                        |         | YTD Savings Achieved   | £0       |
|                        |         | YTD Variance on Target | -£29,467 |

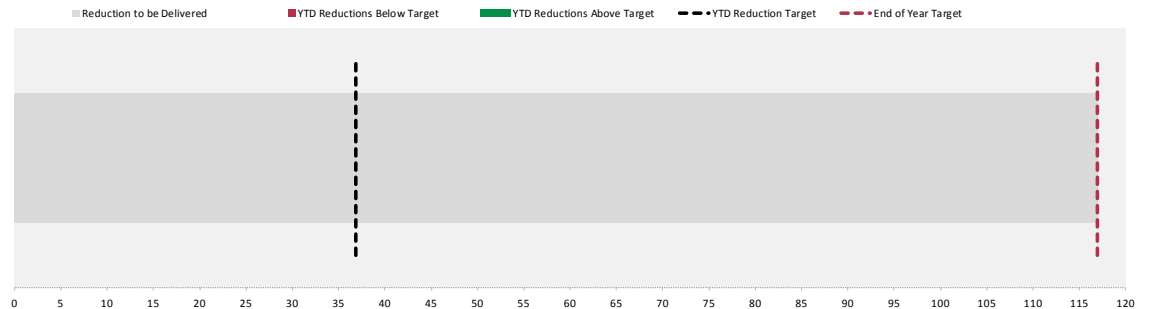


|                           | Apr      | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Jan      | Feb      | Mar      | YTD      | Full Year  |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|
| 15/16 Baseline inc Growth | £141,020 | £153,216 | £142,503 | £179,958 | £127,727 | £180,838 | £169,671 | £155,674 | £139,360 | £171,849 | £150,016 | £189,226 | £616,698 | £1,901,060 |
| Planned QIPP Reduction    | £7,320   | £7,119   | £7,909   | £7,119   | £7,909   | £7,901   | £7,901   | £7,901   | £7,901   | £7,901   | £7,901   | £7,901   | £29,467  | £92,686    |
| 16/17 Plan                | £133,700 | £146,097 | £134,594 | £172,839 | £119,818 | £172,937 | £161,770 | £147,773 | £131,458 | £163,947 | £142,115 | £181,325 | £587,231 | £1,808,373 |
| 16/17 Actuals             | £171,252 | £156,371 | £178,666 | £182,361 |          |          |          |          |          |          |          |          | £688,650 |            |
| Difference                | £37,552  | £10,274  | £44,072  | £9,522   |          |          |          |          |          |          |          |          | £101,419 |            |

### Activity

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

|                          |     |                        |     |
|--------------------------|-----|------------------------|-----|
| 16/17 Targeted Reduction | 117 | YTD Targeted Reduction | 37  |
|                          |     | YTD Reduction Achieved | 0   |
|                          |     | YTD Variance on Target | -37 |



|                           | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD | Full Year |
|---------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|
| 15/16 Baseline inc Growth | 179 | 194 | 181 | 226 | 160 | 227 | 214 | 197 | 175 | 217 | 190 | 240 | 779 | 2,400     |
| Planned QIPP Reduction    | 9   | 9   | 10  | 9   | 10  | 10  | 10  | 10  | 10  | 10  | 10  | 10  | 37  | 117       |
| 16/17 Plan                | 170 | 185 | 171 | 217 | 150 | 217 | 204 | 187 | 165 | 207 | 180 | 230 | 742 | 2,283     |
| 16/17 Actuals             | 217 | 198 | 225 | 231 |     |     |     |     |     |     |     |     | 871 |           |
| Difference                | 48  | 13  | 54  | 14  |     |     |     |     |     |     |     |     | 129 |           |



# GOS18 Triage Referrals - part of Ophthalmology

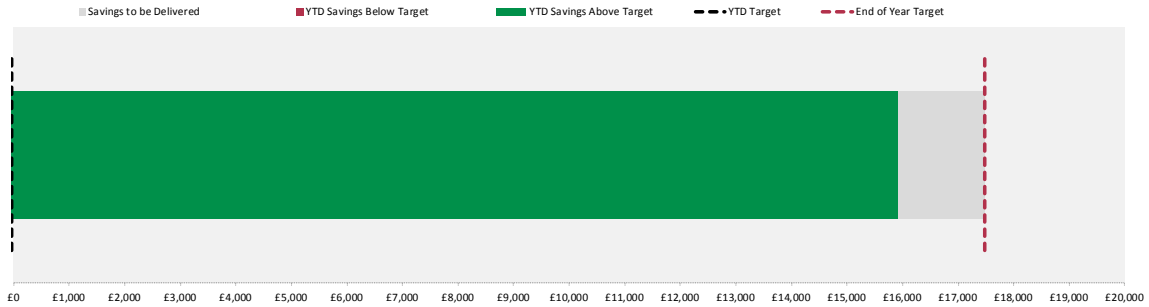
## Planned Care QIPP Performance - GOS18 Triage Referrals - Month 4 (July)

This is a subset of the Overall Ophthalmology scheme

### Finance

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

|                        |         |                        |         |
|------------------------|---------|------------------------|---------|
| 16/17 Targeted Savings | £17,481 | YTD Targeted Savings   | £0      |
|                        |         | YTD Savings Achieved   | £15,925 |
|                        |         | YTD Variance on Target | £15,925 |

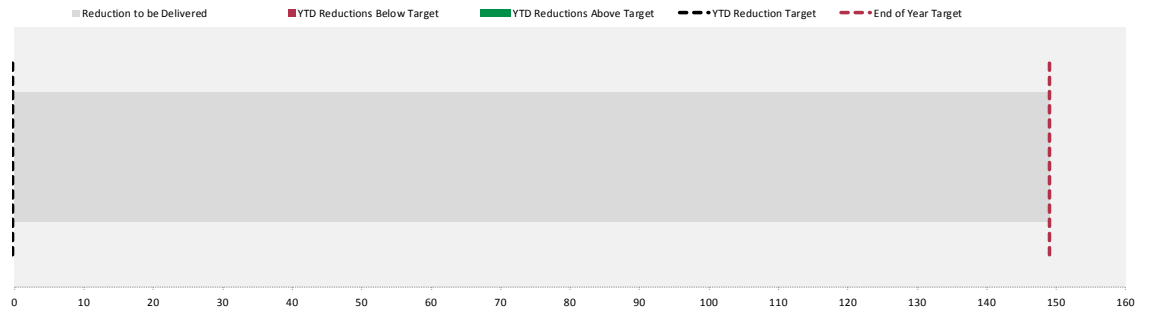


|                           | Apr     | May     | Jun     | Jul     | Aug     | Sep     | Oct     | Nov     | Dec     | Jan     | Feb     | Mar     | YTD      | Full Year |
|---------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|-----------|
| 15/16 Baseline inc Growth | £43,974 | £40,477 | £49,374 | £58,594 | £49,242 | £59,599 | £53,520 | £48,227 | £51,584 | £57,035 | £53,359 | £52,479 | £192,419 | £617,464  |
| Planned QIPP Reduction    | £0      | £0      | £0      | £0      | £0      | £2,321  | £2,443  | £2,443  | £2,511  | £2,511  | £2,564  | £2,688  | £0       | £17,481   |
| 16/17 Plan                | £43,974 | £40,477 | £49,374 | £58,594 | £49,242 | £57,278 | £51,078 | £45,784 | £49,073 | £54,524 | £50,795 | £49,791 | £192,419 | £599,984  |
| 16/17 Actuals             | £43,198 | £37,850 | £52,095 | £43,351 |         |         |         |         |         |         |         |         | £176,494 |           |
| Difference                | £776    | £2,627  | £2,721  | £15,243 |         |         |         |         |         |         |         |         | £15,925  |           |

### Activity

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

|                          |     |                        |   |
|--------------------------|-----|------------------------|---|
| 16/17 Targeted Reduction | 149 | YTD Targeted Reduction | 0 |
|                          |     | YTD Reduction Achieved | 0 |
|                          |     | YTD Variance on Target | 0 |



|                           | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD   | Full Year |
|---------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|-----------|
| 15/16 Baseline inc Growth | 357 | 330 | 400 | 476 | 400 | 482 | 435 | 393 | 417 | 466 | 436 | 480 | 1,564 | 5,072     |
| Planned QIPP Reduction    | 0   | 0   | 0   | 0   | 0   | 19  | 21  | 21  | 22  | 22  | 22  | 22  | 0     | 149       |
| 16/17 Plan                | 357 | 330 | 400 | 476 | 400 | 463 | 414 | 372 | 395 | 444 | 414 | 458 | 1,564 | 4,923     |
| 16/17 Actuals             | 404 | 347 | 470 | 396 |     |     |     |     |     |     |     |     | 1,617 |           |
| Difference                | 47  | 17  | 70  | -80 |     |     |     |     |     |     |     |     | 53    |           |

# Community Stable Management - part of Ophthalmology

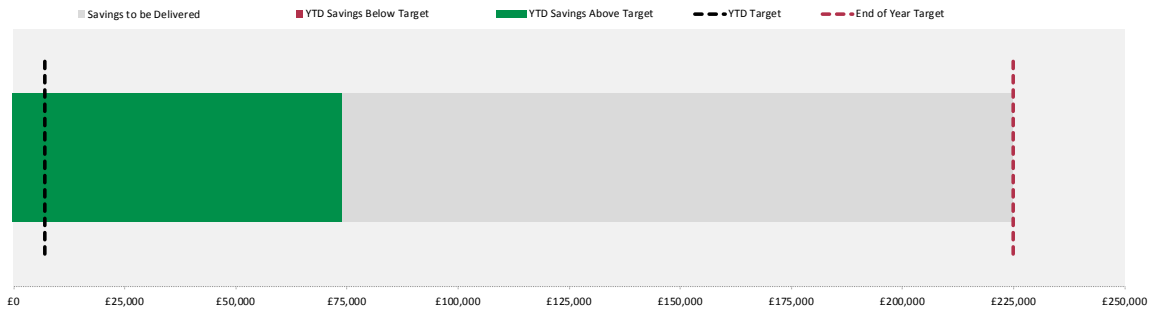
## Planned Care QIPP Performance - Community Stable Management - Month 4 (July)

This is a subset of the Overall Ophthalmology scheme

### Finance

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

|                               |                 |                               |                |
|-------------------------------|-----------------|-------------------------------|----------------|
| <b>16/17 Targeted Savings</b> | <b>£224,903</b> | <b>YTD Targeted Savings</b>   | <b>£7,452</b>  |
|                               |                 | <b>YTD Savings Achieved</b>   | <b>£74,139</b> |
|                               |                 | <b>YTD Variance on Target</b> | <b>£66,687</b> |

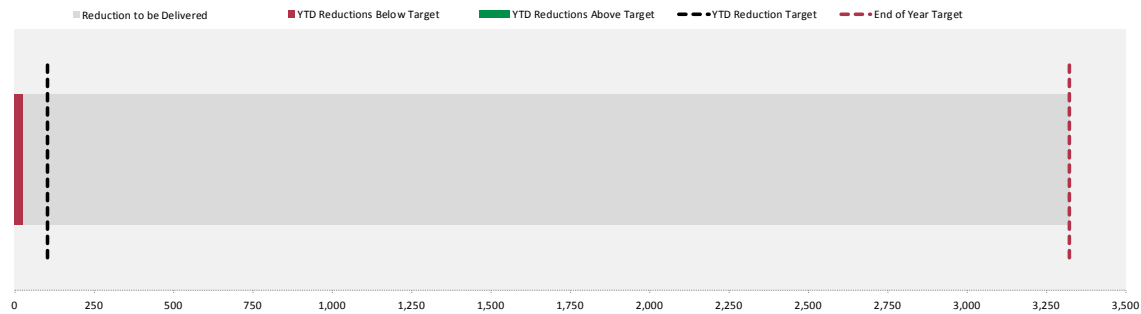


|                        | Apr      | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Jan      | Feb      | Mar     | YTD      | Full Year  |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---------|----------|------------|
| 15/16 Baseline         | £121,893 | £106,703 | £110,482 | £124,600 | £104,991 | £112,547 | £117,613 | £112,337 | £119,425 | £111,383 | £117,194 | £89,925 | £463,679 | £1,349,093 |
| Planned QIPP Reduction | £0       | £0       | £0       | £7,452   | £15,044  | £22,497  | £29,950  | £29,950  | £29,950  | £30,020  | £30,020  | £30,020 | £7,452   | £224,903   |
| 16/17 Plan             | £121,893 | £106,703 | £110,482 | £117,148 | £89,946  | £90,050  | £87,663  | £82,387  | £89,475  | £81,363  | £87,174  | £59,905 | £456,227 | £1,124,190 |
| 16/17 Actuals          | £102,615 | £92,449  | £98,172  | £96,304  |          |          |          |          |          |          |          |         | £389,540 |            |
| Difference             | -£19,278 | -£14,254 | -£12,310 | -£20,844 |          |          |          |          |          |          |          |         | -£66,687 |            |

### Activity

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

|                                 |              |                               |            |
|---------------------------------|--------------|-------------------------------|------------|
| <b>16/17 Targeted Reduction</b> | <b>3,322</b> | <b>YTD Targeted Reduction</b> | <b>110</b> |
|                                 |              | <b>YTD Reduction Achieved</b> | <b>29</b>  |
|                                 |              | <b>YTD Variance on Target</b> | <b>-81</b> |



|                        | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   | YTD   | Full Year |
|------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|
| 15/16 Baseline         | 1,578 | 1,366 | 1,446 | 1,588 | 1,378 | 1,454 | 1,540 | 1,483 | 1,531 | 1,450 | 1,546 | 1,457 | 5,978 | 17,817    |
| Planned QIPP Reduction | 0     | 0     | 0     | 110   | 222   | 332   | 443   | 443   | 443   | 443   | 443   | 443   | 3,322 | 3,322     |
| 16/17 Plan             | 1,578 | 1,366 | 1,446 | 1,478 | 1,156 | 1,122 | 1,097 | 1,040 | 1,088 | 1,007 | 1,103 | 1,014 | 5,868 | 14,495    |
| 16/17 Actuals          | 1,549 | 1,384 | 1,494 | 1,522 |       |       |       |       |       |       |       |       | 5,949 |           |
| Difference             | -29   | 18    | 48    | 44    |       |       |       |       |       |       |       |       | 81    |           |

## Clinical Priorities

Audits of CBA processes being arranged for both GWH and SFT. The Breast Policy under review jointly with GWH/Swindon CCG.

**Confidence factor – 155% The target will be exceeded.**

**Planned Care QIPP Performance - Clinical Policies - Month 4 (July)**

After the Quarter 1 close down of reconciliation challenges, the challenge credit will be adjusted against the actuals which will increase any savings achieved.

**Finance**

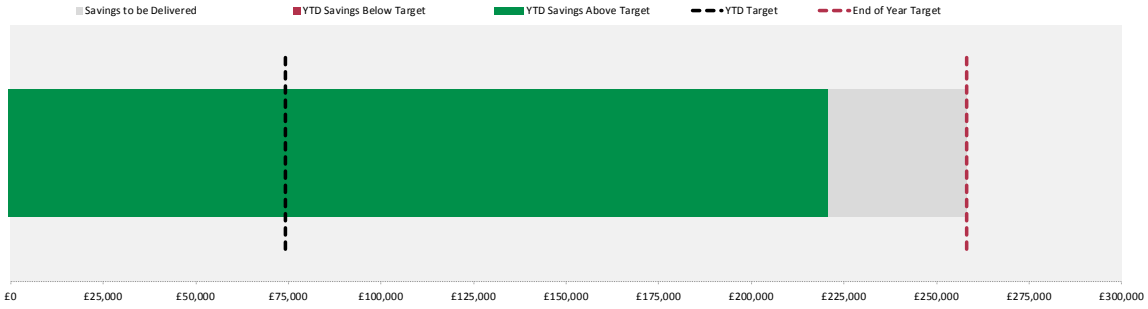
This section is included to indicate the financial performance of a scheme against target

16/17 Targeted Savings **£258,178**

YTD Targeted Savings **£74,424**

YTD Savings Achieved **£220,777**

YTD Variance on Target **£146,353**



|                           | Apr      | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Jan      | Feb      | Mar      | YTD      | Full Year  |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|
| 15/16 Baseline inc Growth | £195,368 | £166,644 | £199,540 | £209,987 | £141,573 | £182,925 | £177,539 | £196,715 | £159,850 | £150,476 | £145,611 | £151,385 | £771,538 | £2,077,613 |
| Planned QIPP Reduction    | £20,362  | £17,044  | £19,557  | £17,461  | £20,754  | £24,434  | £25,187  | £24,914  | £24,884  | £23,924  | £19,574  | £20,082  | £74,424  | £258,178   |
| 16/17 Plan                | £175,005 | £149,600 | £179,983 | £192,527 | £120,819 | £158,490 | £152,352 | £171,801 | £134,966 | £126,551 | £126,037 | £131,303 | £697,114 | £1,819,434 |
| 16/17 Actuals             | £139,060 | £157,902 | £140,978 | £112,821 |          |          |          |          |          |          |          |          | £550,761 |            |
| Difference                | £35,945  | £8,302   | £39,005  | £79,706  |          |          |          |          |          |          |          |          | £146,353 |            |

**Activity**

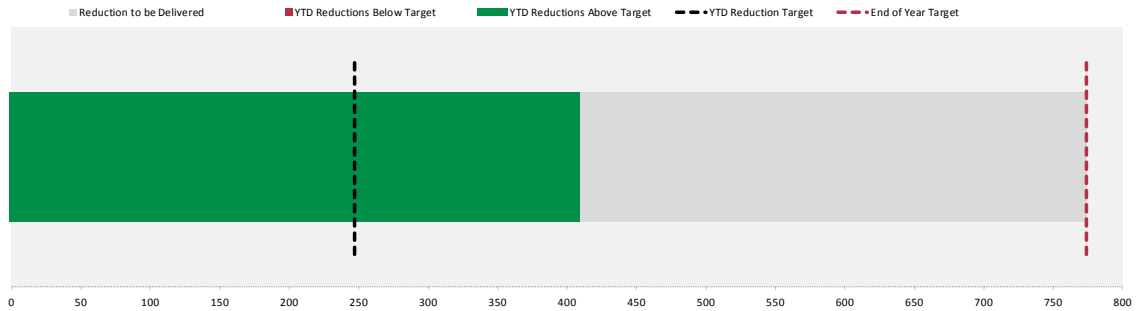
This section is included to indicate whether a scheme is delivering the activity reductions required

16/17 Targeted Reduction **774**

YTD Targeted Reduction **248**

YTD Reduction Achieved **409**

YTD Variance on Target **162**



|                           | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD   | Full Year |
|---------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|-----------|
| 15/16 Baseline inc Growth | 359 | 338 | 402 | 391 | 352 | 384 | 357 | 335 | 321 | 315 | 282 | 311 | 1,489 | 4,145     |
| Planned QIPP Reduction    | 63  | 60  | 64  | 61  | 65  | 64  | 66  | 65  | 64  | 66  | 68  | 68  | 248   | 774       |
| 16/17 Plan                | 296 | 278 | 338 | 329 | 287 | 320 | 291 | 269 | 257 | 249 | 214 | 243 | 1,242 | 3,371     |
| 16/17 Actuals             | 276 | 278 | 288 | 238 |     |     |     |     |     |     |     |     | 1,080 |           |
| Difference                | 20  | 0   | 50  | 91  |     |     |     |     |     |     |     |     | 162   |           |

# Outpatient PIFU Follow Ups

PIFU has now commenced at three main acute providers – KPI reporting has been chased (5/09/16) to confirm volume offered versus volume taken up by provider by speciality. PIFU has been agreed across all except one independent provider – which is being challenged (BMI R/way – BMI Bath Clinic have agreed). The QIPP impact is currently being reviewed. Capacity being released by PIFU is being recycled to see either hold file patients or transitioned to new OPD capacity to help reduce waiting times to deliver RTT performance. The Project Manager is working with the CSU to review the speciality level impact of PIFUs against the timeframes agreed in the SDIPs – this will be completed by 12/09. Will include Paediatric PIFU.

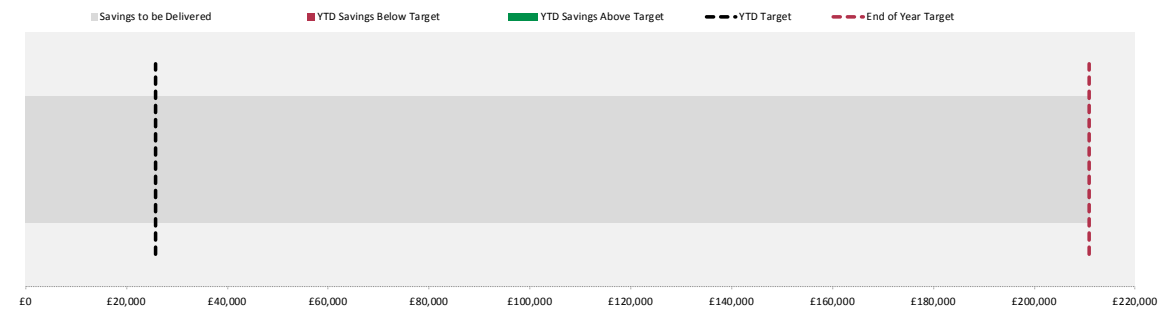
## Confidence level – 24%

Planned Care QIPP Performance - Outpatient Patient Initiated Follow Ups (PIFU) - Month 4 (July)

### Finance

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

|                        |          |                        |          |
|------------------------|----------|------------------------|----------|
| 16/17 Targeted Savings | £210,885 | YTD Targeted Savings   | £26,100  |
|                        |          | YTD Savings Achieved   | £0       |
|                        |          | YTD Variance on Target | £-26,100 |

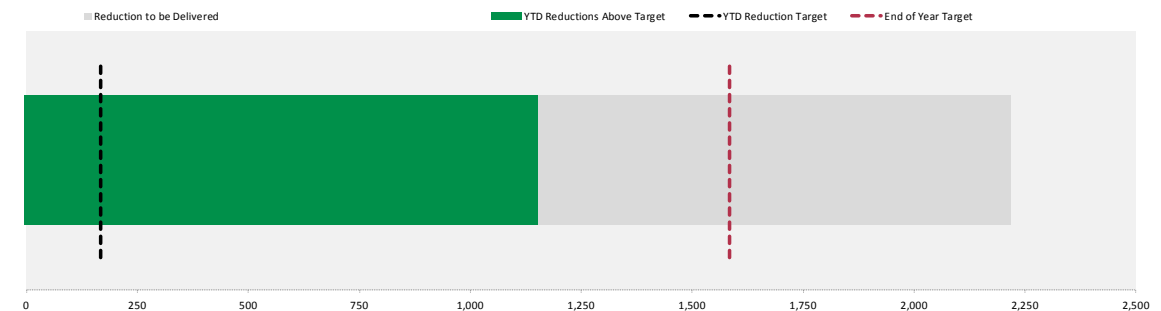


|                           | Apr      | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Jan      | Feb      | Mar      | YTD        | Full Year  |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|------------|
| 15/16 Baseline Inc Growth | £534,420 | £545,622 | £597,232 | £585,449 | £516,334 | £576,618 | £603,278 | £603,498 | £524,467 | £555,342 | £588,267 | £553,269 | £2,262,724 | £6,783,798 |
| Planned QIPP Reduction    | £1,930   | £3,860   | £6,936   | £13,373  | £20,233  | £22,572  | £23,435  | £23,415  | £23,597  | £23,674  | £23,842  | £24,018  | £26,100    | £210,885   |
| 16/17 Plan                | £532,490 | £541,762 | £590,296 | £572,076 | £496,101 | £554,046 | £579,843 | £580,083 | £500,870 | £531,668 | £564,424 | £529,252 | £2,236,624 | £6,572,913 |
| 16/17 Actuals             | £568,982 | £573,755 | £606,522 | £560,816 |          |          |          |          |          |          |          |          | £2,310,075 |            |
| Difference                | £36,492  | £31,993  | £16,226  | £-11,260 |          |          |          |          |          |          |          |          | £73,451    |            |

### Activity

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

|                          |       |                        |       |
|--------------------------|-------|------------------------|-------|
| 16/17 Targeted Reduction | 2,219 | YTD Targeted Reduction | 238   |
|                          |       | YTD Reduction Achieved | 1,153 |
|                          |       | YTD Variance on Target | 916   |



|                           | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   | YTD    | Full Year |
|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-----------|
| 15/16 Baseline Inc Growth | 6,346 | 6,157 | 6,929 | 6,903 | 6,116 | 6,987 | 6,950 | 6,865 | 6,121 | 6,394 | 6,684 | 6,683 | 26,335 | 79,136    |
| Planned QIPP Reduction    | 23    | 46    | 46    | 123   | 219   | 244   | 253   | 253   | 253   | 253   | 253   | 253   | 238    | 2,219     |
| 16/17 Plan                | 6,323 | 6,111 | 6,883 | 6,781 | 5,897 | 6,743 | 6,697 | 6,612 | 5,868 | 6,141 | 6,431 | 6,430 | 26,098 | 76,917    |
| 16/17 Actuals             | 6,295 | 6,366 | 6,649 | 5,872 |       |       |       |       |       |       |       |       | 25,182 |           |
| Difference                | -28   | 255   | -234  | -909  |       |       |       |       |       |       |       |       | -916   |           |

## **MSK**

MSK Interface Service - Whilst conversations to mobilise the required MSK service have been taking place with WH&C, there has been a significant change in the overall context in which WCCG are now seeking to deliver the new service; specifically unforeseen financial pressures and the STP starting to take over redesign/change opportunities which provides both a threat and an opportunity for progression. MSK is likely to appear on the list for all organisations. The Planned Care Board on 9 August 2016 gave a direct steer that there is no investment money available for 2016/17. An options paper for way forward was discussed by a sub set of the MSK Board 6 September 2016. Recommendations will be taken to the Planned Care Board which will set out WCCG's contractual intent to WH&C for 17/18 for the new service as well as specific pathway improvements for 16/17.

POLICIES - TKR/THR & Knee Arthroscopy policies are now operative.

CHRONIC PAIN SERVICES: Wider group with representation from WCCG, B&NES & Swindon CCGs plus consultants from three main acute providers met 7 September 2016 to review draft papers for pathway and scope as well as considerations for training, communications and other essential enablers. The target is to have agreed specification and pathway with clear plans for delivery (which will differ for each CCG) by November 2016 ready to begin implementation in 17/18. Precise timings and steerage for approach being sought from STP planning parameters.

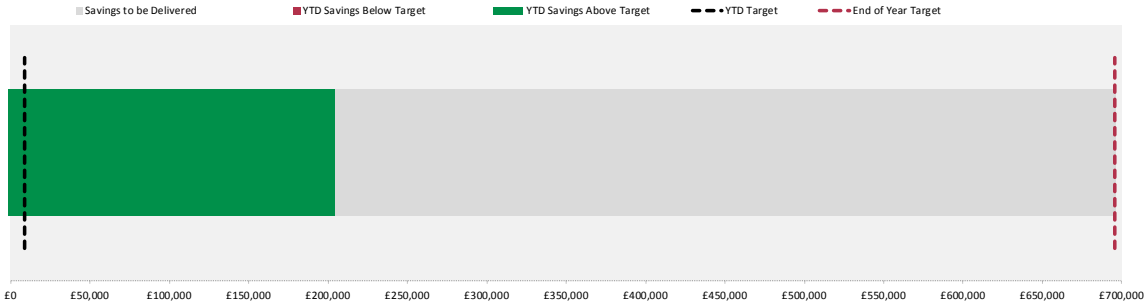
**Confidence level – 0%**

Planned Care QIPP Performance - MSK - Month 4 (July)

Finance

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

|                        |          |                        |          |
|------------------------|----------|------------------------|----------|
| 16/17 Targeted Savings | £695,867 | YTD Targeted Savings   | £9,724   |
|                        |          | YTD Savings Achieved   | £205,043 |
|                        |          | YTD Variance on Target | £195,319 |

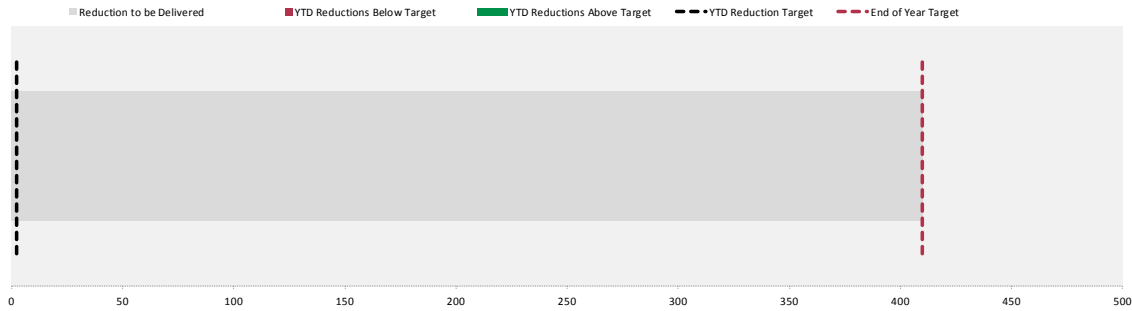


|                           | Apr        | May        | Jun        | Jul        | Aug        | Sep        | Oct        | Nov        | Dec        | Jan        | Feb        | Mar        | YTD        | Full Year   |
|---------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| 15/16 Baseline inc Growth | £1,606,289 | £1,506,763 | £1,693,272 | £1,735,896 | £1,515,893 | £1,672,598 | £1,850,849 | £1,569,707 | £1,533,967 | £1,621,340 | £1,646,704 | £1,583,177 | £6,542,221 | £19,536,456 |
| Planned QIPP Reduction    | £0         | £0         | £1,744     | £7,980     | £3,275     | £19,303    | £18,869    | £57,469    | £79,047    | £143,909   | £161,613   | £202,659   | £9,724     | £695,867    |
| 16/17 Plan                | £1,606,289 | £1,506,763 | £1,691,528 | £1,727,916 | £1,512,619 | £1,653,295 | £1,831,980 | £1,512,237 | £1,454,920 | £1,477,431 | £1,485,092 | £1,380,518 | £6,532,497 | £18,840,589 |
| 16/17 Actuals             | £1,552,541 | £1,583,847 | £1,617,786 | £1,583,004 |            |            |            |            |            |            |            |            | £6,337,178 |             |
| Difference                | £-53,748   | £77,084    | £-73,742   | £-144,912  |            |            |            |            |            |            |            |            | £-195,319  |             |

Activity

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

|                          |     |                        |    |
|--------------------------|-----|------------------------|----|
| 16/17 Targeted Reduction | 410 | YTD Targeted Reduction | 3  |
|                          |     | YTD Reduction Achieved | 0  |
|                          |     | YTD Variance on Target | -3 |



|                           | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   | YTD   | Full Year |
|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|
| 15/16 Baseline inc Growth | 1,999 | 1,715 | 2,169 | 2,216 | 1,856 | 2,187 | 2,298 | 2,170 | 1,986 | 1,898 | 1,961 | 1,973 | 8,099 | 24,428    |
| Planned QIPP Reduction    | 0     | 0     | 2     | 2     | 2     | 8     | 14    | 24    | 53    | 82    | 103   | 121   | 3     | 410       |
| 16/17 Plan                | 1,999 | 1,715 | 2,167 | 2,215 | 1,855 | 2,179 | 2,284 | 2,145 | 1,933 | 1,816 | 1,858 | 1,851 | 8,096 | 24,018    |
| 16/17 Actuals             | 2,001 | 2,090 | 2,236 | 2,037 |       |       |       |       |       |       |       |       | 8,364 |           |
| Difference                | 2     | 375   | 69    | -178  |       |       |       |       |       |       |       |       | 268   |           |

# OTHER QIPP PROGRAMMES

## Primary Care - Prescribing

### Programme Director: Jo Cullen/Alex Goddard

Forecast overachievement based on month 3 prescribing data which is contained in the QIPP report for month 4.

**Confidence Level: 75%**

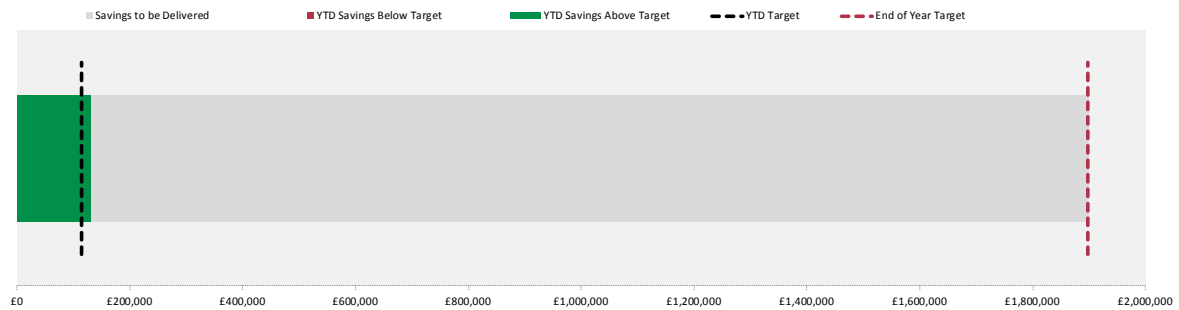
Non Acute Commissioned Services - Prescribing - Patient Reviews - Month 4 (July)

Please note that performance for this scheme is based on month 3 targets and actuals, as month 4 data is unavailable

#### Finance

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

|                        |            |                        |          |
|------------------------|------------|------------------------|----------|
| 16/17 Targeted Savings | £1,900,000 | YTD Targeted Savings   | £112,500 |
|                        |            | YTD Savings Achieved   | £128,885 |
|                        |            | YTD Variance on Target | £16,385  |



|                      | Apr     | May     | Jun     | Jul     | Aug     | Sep      | Oct      | Nov      | Dec      | Jan      | Feb      | Mar      | YTD      | Full Year  |
|----------------------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|----------|----------|----------|------------|
| Planned QIPP Savings | £37,500 | £37,500 | £37,500 | £67,500 | £87,500 | £147,500 | £177,500 | £207,500 | £237,500 | £267,500 | £297,500 | £297,500 | £112,500 | £1,900,000 |
| Rebate Savings       | £37,784 | £36,476 | £53,601 |         |         |          |          |          |          |          |          |          | £127,861 |            |
| GP Savings           | £0      | £1,024  | £0      |         |         |          |          |          |          |          |          |          | £1,024   |            |
| Difference           | £284    | £0      | £16,101 |         |         |          |          |          |          |          |          |          | £16,385  |            |

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

CHC will operate within budget and continue to review patients as per statutory requirements. Range of projects also planned to support achievement of QIPP.

**Confidence Level: 75%**

Non Acute Commissioned Services - Continued Health Care - Patient Reviews - Month 4 (July)

### Finance

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

|                               |                 |                               |                 |
|-------------------------------|-----------------|-------------------------------|-----------------|
| <u>16/17 Targeted Savings</u> | <u>£500,000</u> | <u>YTD Targeted Savings</u>   | <u>£112,489</u> |
|                               |                 | <u>YTD Savings Achieved</u>   | <u>£112,039</u> |
|                               |                 | <u>YTD Variance on Target</u> | <u>-£450</u>    |

## UPDATE ON OTHER PROGRAMMES FROM 15/16

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

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

### Diabetes programme Programme Director: Ted Wilson

Next programme board taking place on 22 September 2016.

NDA submissions window for 16/17 has now closed  
13/14 and 14/15 NDA has been analysed highlighting outlying practices  
Meeting in place in September for the diabetes sub group for structured education to start the development of a toolkit  
Diabetes service model in East Wiltshire has been finalised  
Combined Contract Variation issued to Wiltshire Health and Care (WHC) for a new service model in East Wiltshire and virtual clinics in East Wiltshire  
Planned start date January 2017 pending recruitment

Recruitment of diabetes nurse in West Wiltshire was unsuccessful  
WHC are considering different ways of supporting the delivery of the virtual clinics in West Wiltshire  
Regular updates on recruitment provided to the CCG

### Confidence Levels

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



## **End Of Life (EoL) Care Programme**

### **Programme Director: Ted Wilson**

2016/17 Work streams, objectives and outcome measures approved by the EoL Programme Board:

Education/training, Public Engagement and Refresh Strategy, Compassionate Communities/ Wiltshire Dying Well Community Charter, Workforce, Care at Home, Carers, BCF Integrated Commissioners, Dementia in End of Life Care

Progress of work streams subsumed from 2015/16:

#### **Education/Training**

- Wiltshire CCG Competencies mapping tool template approved for 6 month pilot with view to use as a future framework and to monitor EoL care.
- EoL pages on Wilts CCG updated for specific target audiences utilizing e-learning modules, Powerpoint presentations and provider details that offer training.
- ACP approved for 6 month pilot
- TEP, Advance Care Planning and Dementia training, for GP's, Community Teams and Care Homes confirmed roll out in autumn 2016
- TEP evaluation commenced to support further implementation
- Amended TEP patient leaflet in development

#### **Care at Home**

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

#### **Dementia**

- EoL section of the Dementia Strategy Action Plan is now augmented.
- Programme Board agreed that individual Dementia and EoL work streams must be mindful of gaps and synergies.
- Dementia specific training being developed through Dementia Delivery Board
- Cross group working across respective Board to develop strategy to support information on Dementia and EoL

New work streams:

- \* Public Engagement and Refresh Strategy
- Engagement activities, led by HealthWatch Wiltshire, confirmed to support development of strategy
- Refreshed Strategy in development, to go to EoL Board in September for initial comments

#### **Wiltshire Dying Well Community Charter:**

- Initial working group established
- Potential 'community champions' identified and contacted to form wider working group
- Scope of workstream/Charter outlined to wider working group with meeting in September for approval to progress

**Workforce:**

- Working group established
- Mapping exercise to establish EoL staffing gaps in development

**Carers:**

- Working group established
- Targeted web pages for information and advice on EoL and bereavement in development

**BCF Integrated Commissioners**

- Enhanced Discharge Service pilot rolled out at RUH, supported by Dorothy House
- 72hr pathway pilot rolled out at Salisbury Hospice
- Ongoing cross fertilisation of work/commissioning pilot EoL services with BCF Director and CCG EoL Lead

**Confidence factor N/A**

## **Local Digital Roadmap**

### **Programme Director: Steve Perkins**

In March 2016, the process began to allow local health and care systems to produce Local Digital Roadmaps (LDRs) setting out how they plan to achieve the ambition of paper-free at the point of care by 2020. LDRs must be closely linked to, and support the aims of local Sustainability and Transformation Plans (STPs). Current LDR progress:

- Review of current in-flight projects being delivered by the CSU has led to a number being closed or deferred, to ensure the programme reflects current priorities and remains within budget.
- A summary of the funding requirements to deliver LDRs across the STP footprint is being prepared by Andrew Fenton at the CSU following the August STP Digital Work stream meeting - next Digital Work stream STP meeting takes place on Wednesday, 14 September 2016
- The Wiltshire CCG IM&T Strategy will be reviewed and refreshed to ensure LDR and STP aims are reflected.
- Any future work undertaken by the CSU on LDR will be agreed in advance with a full statement of work sign-off and anticipated costings.