NHS
Wiltshire
Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group
Integrated Performance Report
August 2013

Executive Overview

This period has seen continued improvement in A&E performance, following a difficult start to the year. This reflects well on the significant work between the CCG and its partners/providers. Winter Planning is progressing, and a number of bid proposals for additional resource are currently being considered; the next Wiltshire Urgent Card Board is planned for 5 Sep. The area wide NHS 111 Rectification Task Force has continued to work very closely with our provider and we continue to see very encouraging progress and improved performance in this service.

Our quality team continue to work extremely hard to deliver the best possible outcomes for our people, and to ensure that all those within the Health Community are continuing to adapt and improve their service in line with national best practice and guidance. NHS England are developing a quarterly CCG assurance regime, which will commence in early September; the data set will be the same as we use within this monthly report, although some of the assessment criteria may be based on the holistic performance of providers rather than that element of their performance specific to Wiltshire. We intend to build on the successful locality stakeholder engagement events held earlier in the summer by hosting a further event later in the year.

The Community Transformation programme, which aims to improve the support we are able to provide our most vulnerable people continues apace, with timeline phasing and specific areas of development work being refined.

We were delighted to achieve a number of successful applicants from the CCG workforce for NHS Leadership Academy programmes, and are in advanced discussions with a training provider for the delivery of a Commissioning Academy style of professional development.

Director of Planning, Performance and Corporate Services

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Introduction

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

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

NHS England has recently issued amended arrangements for a CCG Assurance Framework for 2013/14 to support periodic assessment of CCG performance. The CCG submitted information against the CCG Assurance Framework for quarter 1 2013/14 at the beginning of August 2013. This information and other information reflecting the performance of NHS Wiltshire CCG will be discussed at an assessment visit in early September.

It is NHS Wiltshire CCG's intent to continue to include the Framework within our enduring performance management data collection regime, where available, to inform this report. The CCG Assurance Framework information is available at Appendix 1. The information contained within the Assurance Framework will be referred to and supports the information contained within the chapters of this report. This approach supports our aspiration to "write once/read many" and ensure that we are routinely assessing our performance in a manner coherent with what external assurance authorities will focus upon.

Chapter 1: Quality

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

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

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

Director of Quality and Patient Safety's Risk Assessment

The Keogh review published on 16 July 2013 looked at the quality of the care and treatment provided by 14 trusts, none of the 14 hospital identified in the report are within the South West . However learning from the mortality review is important and identifies that data can be complex and confusing, we also need to consider review of our early warning triggers.
In the recent report by Don Berwick 'A promise to learn – a commitment to act: improving the safety of patients in England', four guiding principles were identified that should inform patient safety:

1) Place the quality and safety of patient care above all other aims for the NHS.
2) Engage, empower, and hear patients and carers throughout the entire system, and at all times.
3) Foster wholeheartedly the growth and development of all staff
4) Insist upon thorough and unequivocal transparency, in the service of accountability, trust, and the growth of knowledge.

The Quality and Patient Safety Directorate encourages the CCG to exemplify these behaviours.

In last month's report we wrongly reported a MRSA bacteraemia, assigned to Salisbury NHS Foundation Trust, we apologise for this. This has called into question the data capture system at the laboratory and we are seeking assurance on steps to prevent further mis-reporting.

Purpose

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

- Section 1: Highlights
- Section 2: Hotspots
- Section 3: Contributors
- Appendix 1: CCG Assurance Framework
- Appendix 2: Harm Free Care (safety Thermometer)

1.0 Highlights

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

a) CCG Assurance Framework (section 1.1)
b) Keogh Report (section 1.2)
c) Health Care Acquired Infections (section 1.3)
d) Harm Free Care (section 1.4)

1.1 CCG Assurance Framework

On 7 May NHS England published proposals for the CCG Assurance Framework 2013/14. These draft proposals cover the interim arrangements for assurance in Q1 and Q2, and an outline of what elements of assurance will be covered on an annual basis.

The framework is aimed to help NHS England, patients and the public identify how well clinical commissioning groups are performing in their role as the commissioners of local health services.

The publication of the interim framework starts an engagement process with CCG staff, patient groups and other key stakeholders which will inform a final framework to be published in the autumn.

Appendix 1 shows the CCG Assurance Framework.

Action

- The Assurance Framework will be updated each month and included in the integrated Governing Body report.
- Wiltshire CCG needs to confirm the engagement process with staff and patient groups.

1.2 Keogh Review

The Keogh review published on 16 July 2013 looked at the quality of the care and treatment provided by 14 trusts identified as having higher than average death rates in the two years before the start of the review.

Key findings from the review include:

- Understanding that concepts such as excess deaths and avoidable deaths are more complex than analysing a single-level summary death rate indicator
- There are many different causes of high death rates and there is no "magic" solution.
- Death rates in NHS hospitals have been falling over the past 10 years and the rate of improvement in the 14 hospitals under review has been similar to other NHS hospitals.
- Factors often claimed to be associated with higher death rates (such as access to funding and poor health of the local population) were not found to be statistically associated with the results of these hospitals.
- Accuracy of clinical coding can impact on death indicator numbers. For example, the review says that coding patients to make them appear sicker or identifying a higher amount of multiple conditions can improve death rates, but arguably represents an attempt to "fix the figures". Some hospitals were said to not be responding to the signals the figures were identifying as they felt they were incorrect, which is potentially a matter of concern.
- More than 90% of deaths in hospital happen when patients are admitted in an emergency rather than for a planned procedure. The review says it is therefore not surprising that all of the 14 hospital trusts had higher deaths in urgent and emergency care, and only one trust (Tameside General Hospital) had high death rates for elective procedures.
- Understanding the causes of higher death rates is said not to be about finding a "rogue surgeon" or problems occurring in a single specialty area. The review says it is more likely to be a combination of problems that all hospitals in the NHS experience, such as busy A&E departments and wards, treatment of the elderly, and the need to recruit and keep excellent staff.

Proposed action for NHS Wiltshire CCG

- We understand how complex HSMR and SHMI can be including Dr Foster Red bell alerts, we will prepare a HSMR/ SHIMI briefing report for the Quality and Clinical Governance Committee for September 2013
- We will continue our planned Quality Walkabouts including representatives from CCG groups , we will also extend this to listen to the voice of relative during the visits
- The Director of Quality and Patient Safety is preparing a briefing for the Governing body and review of early warning triggers.

For further information: http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx

1.3 Health Care Acquired Infections (HCAI)

1.3.1 MRSA

There have been no MRSA bacteraemia apportioned to Wiltshire for June 2013. An error was made in the July 2013 Integrated Performance Report in which it was wrongly reported that there had been an MRSA bacteraemia at SFT, we apologise for this. The error originated at the reporting laboratory, who incorrectly entered an MRSA blood stream infection against SFT. This has now been removed from the HCAI data capture system. Reporting data for HCAI is showing differences from different data sources, we are using the Mandatory Surveillance Health Protection Agency source as our main standard.

The table below shows the June 2013 MRSA apportioned to NHS Wiltshire CCG and to providers. The NHS Commissioning Board's NHS planning guidance for 2013/14, Everyone counts: Planning for patients 2013/14, sets a zero tolerance approach to MRSA bloodstream infections. This means that each organisation is expected to achieve zero MRSA bloodstream infections

MRSA (Apportioned to CCG) - June 2013	**Plan**	**Actual**	Difference
Wilts CCG	**0**	**0**	**0**
Year To Date	**0**	**2**	**2**

MRSA (Providers) -June 2013 Year To Date	**Plan**	**Actual**	Difference
RUH, Bath	**0**	**O**	**0**
GWH, Swindon	**0**	**1**	**1**
Salisbury	**0**	**0**	**0**

1.3.2 Clostridium difficile

C.Diff is the only HCAI with a nationally set target where enforceable financial sanctions would be applied to any breaches against the allocated target numbers. The same arrangements have been included in the NHS Commissioning Board's NHS planning guidance for 2013. The infection is reported as either hospital (post 72 hours from the date of admission) or community acquired (pre-72 hours) identified from a sample sent from a GP surgery or on admission.

Our acute trust providers have requested that we review unavoidable C.diff cases to be considered non-trajectory, where this has been agreed this will be reported as 7 +4, the plus number will be the number agreed by commissioner as non-trajectory. The actual number recorded on HCAI data capture system will include all cases.

Post 72 hour infections					
***Clostridium difficile* - June 2013 YTD**	**Objective**	**April 2013**	**May 2013**	**June 2013**	**Total YTD**
RUH, Bath	29	4	3	4	11 (7+4)
GWH, Swindon	20	1	2	2	5
Salisbury	21	1	2	3	6

All Infections: Pre & Post 72 hours					
***Clostridium difficile* - June 13/14**	**Plan**	**April**	May 2013	June 2013	Total YTD
Wilts CCG (Commissioner)	127	18	**14**	**12**	**44**

Action

- NHS Wiltshire CCG have requested access to the Mandatory Surveillance Data Capture System (DCS).
- The CSU are reviewing the data analysis process to ensure consistent and accurate reporting moving forward.

1.4 Harm Free Care

The Berwick review into patient safety published on 6 August 2013 promises that the quality of patient care should come before all other considerations in the leadership and conduct of the NHS, and patient safety is the keystone dimension of quality.

Don Berwick among his recommendations confirmed while “Zero Harm” is a bold and worthy aspiration, the scientifically correct goal is “continual reduction”. Appendix 2 shows the year to date Safety Thermometer data reported by our three acute trusts.

Action

- We have asked the RUH to confirm the high number of new VTE in April 2013. A seminar has been arranged for 18 October 2013.
- The RUH did not provide data in June 2013 this will be added in July 2013.
- The CSU are providing a detailed update of analysis by 20 August 2013 this will be reported at the Quality and Governance Committee.

2.0 Hotspots from Clinical Quality Review Groups

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

Sarum Lead

2.1 Salisbury NHS Foundation Trust (SFT)

- C.diff above trajectory;
- Stroke Care % of patient spending 90% of care on a stroke unit, target 80% actual 72% SFT reported a change in the definition to be reviewed by NHS Wiltshire CCG.

West Wiltshire Yatton Keynell and Devizes (WWYKD) Lead

2.2 Royal United Hospital Bath NHS Trust (RUH)

- A&E - performance for June 2013 was 97.9% against a target of 95% which is an improvement compared to the beginning of the financial year. This has resulted in performance of 91.1% for the first quarter.
- C.diff - reporting 4 cases for June but some of the cases previously stated have been validated and confirmed as community acquired rather than hospital acquired.
- VTE prophylaxis target 95% actual 77% for month 3, it is hoped that this will improve after the seminar in September 2013 to focus on.
- FFT target 15% actual 28% which is a vast improvement on the first few months.
- Readmission rate is currently at 6.39% against a target of 5.4%
- Stroke performance for May (1 month lag) was reported as 64.9% against the national target of 80% although there is an action plan in place to rectify this

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

- Dementia Memory assessments have now been cleared.
- 136 Suite on-going issue with children under 16 using the 136 suite. This is very infrequent (x 2 per year) although very vulnerable children, current joint working to agree a protocol for multi-agency management.
- Section12, there is currently a shortage of Section 12 Doctors in Wiltshire, where they are available there are long delays
- Delayed Transfer of Care: Amblescroft South target 7.5 % actual 18.3%
- PC Liaison South team target at target actual 47.6%

A new integrated Clinical Quality Review Meeting and contract performance meeting will start on 10 September 2013 (previously these were separate meetings).

2.4 South Western Ambulance Service NHS Foundation Trust (SWAS)

- Category A, Red 1 8 minute response activity target 75% actual 65.2%.
- SWAST noted they are responding to a higher number of calls than contracted for in Wiltshire. Currently 3.5% above plan
- Ambulance Handovers of over 30 minutes –There are still validation issues surrounding these numbers, YTD handover delays to all three acute providers are higher than 2012/13. For RUH this is 0.7% of all A&E attendances, for GWH this is 0.9% of all A&E attendances and finally SFT this is 0.11% of all A&E attendance.

The next contract meeting is scheduled for 24 September 2013 where, if required, these issues will be discussed.

North East Wiltshire (NEW) Lead

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

Indicator	Target	June'13	Q1	Comment
39G – DToC - ACUTE	<=3.5%	**2.6%**	**3.3%**	Indicator has improved from M2 – Q1 reporting also exceeding target
45J – All adult admissions to be assessed for VTE risk on admission	>=90%	**93.5%**	**93%**	Target missed consecutively for Q1. May have an effect on 1314 CQUIN achievement?
78G – Stroke patients spending 90% of time on stroke unit ACUTE incl. rehab	>=80%	**76.3%**	**77.9%**	This indicator has consecutively missed target. Commissioners have received stroke action plan to review and provide feedback to the Trust
79G - % high risk of stroke who experience a TIA are assessed and treated within 24 hrs	>=60%	**50%**	**66.6%**	M3 is the first month this indicator has fallen below target in 1314

Indicator	Target	June'13	Q1	Comment
81G – Inpatient discharge summaries to be with GPs within 1 working day of discharge	95% TBA	**62.2%**	**62.6%**	GWH to update on progress of achieving target (part time member of staff employed by the Trust to work on this.
82G – Clinic letters to be typed and with GPs within 2 working days ACUTE	>90% TBC	**54.1%**	**42.1%**	As above.
93W – Average LoS COMMUNITY	<17 days	**22.2**	**23.4**	LoS has risen from M2-M3. This indicator has continuously missed target for 1314.
105W – CHC – 1ST review seen within 12 weeks COMMUNITY	>90%	**0%**	**0%**	Narrative expected from GWH to outline why this indicator is at 0%.
107W – CHC Annual review completed within 12 months COMMUNITY	>=90%	**89%**	**86%**	As above.

Actions

- 45J – All adult admissions to be assessed for VTE risk on admission. As this indicator has continuously fallen below target, GWH have been asked to provide an updated trajectory and action plan.
- 78G – Stroke patients spending 90% of time on stroke unit ACUTE incl rehab. GWH have been asked to submit a stroke action plan to commissioners

The full M3 data is available on the Patient Safety and Quality dashboard 2013/14 provided by GWH.

2.6 GWH Maternity Key Performance Indicator (KPI) dashboard

Indicator	Target	Wiltshire CCG June'13	GWH Trust Combined (GWH site and PAW) June'13	Comment
Normal births as a % of total births	77%	**65.8%**	**60.5%**	Wiltshire CCG specific data is slightly higher than the total recorded for the GWH Trust combined M3 total
C-section as a % of total births	23%	**20.9%**	**26%**	Wiltshire CCG specific data exceeds target. The GWH Trust combined M3 total falls below target
% of mothers recorded as smoking at the time of delivery	12%	**15%**	**12.86%**	Wiltshire CCG specific data falls below target and the GWH Trust Combined total.
% of relevant mothers initiating breastfeeding	83%	**80%**	**80.37%**	Wiltshire CCG specific data is slightly below the Trust combined total, and below the 83% target.

Actions

- % of mothers recorded as smoking at the time of delivery. This indicator has consecutively fallen below target - GWH to be asked to provide action plan on improvement or could this be a data validation issue?
- % of relevant mothers initiating breastfeeding. This indicator has consecutively fallen below target. A 1314 GWH maternity CQUIN scheme is to 'Improve handover from midwife to health visitor of women who are breastfeeding'. GWH to provide action plan/update on actions to achieve target.

The CCG has in addition reported a green / amber governance risk ratings at GWH as reported on the monitor website http://www.monitor-nhsft.gov.uk/about-your-local-nhs-foundation-trust/nhs-foundation-trust-directory-and-register-licence-holders/gr-0 The governance risk rating for the trust was amended from GREEN to AMBER-RED in May 2013 due to the trust's failure to meet its C.Difficile objective for the year and breach of the A&E 4-hour wait target in Q4 2012/13.

3.0 Contributors

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

- Public Health Infection Control
- Information Team NHS Wiltshire CCG
- Commissioning Leads NHS Wiltshire CCG
- Central Southern Commissioning Support Unit

Chapter 2: Finance

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

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

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

Chief Financial Officer's Risk Assessment

NHS Wiltshire CCG is planning on delivering a surplus of £5.0m against an anticipated resource limit of £519.1m in 2013/14. At the end of July 2013 the CCG is reporting a year to date surplus of £1.7m which is in line with plan.

To support the delivery of this financial position an in year QIPP programme of £9.3m has been developed with engagement by each group. This will be monitored through the year in partnership with the groups and the project management office to ensure delivery against target and to identify mitigating actions. At the end of month 4 a gap of £3m is being forecast against this target – work is progressing with the groups to move further faster with existing schemes and to develop additional schemes to ensure that this target is delivered.

Further work is required with NHS providers to develop the informatics flows in response to the new NHS commissioning architecture to ensure and with the Area Team to finalise the impact of any baseline funding changes.

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

NHS Wiltshire CCG (CCG) has planned to deliver a surplus of £5.0m against an anticipated revenue resource limit of £519.3m. Annex 1 shows the summary income and expenditure position for the year at month 4.

The income and expenditure year to date position at the 31 July 2013 is a surplus of £1.7m. This is in line with the planned surplus position of £5.0m. The table below outlines the summary position at month 4:

	Year to date / £'m		
	Resources	Expenditure	Variance
Programme	163.52	161.94	-1.58
Running costs	3.90	3.81	-0.09
	167.43	165.75	-1.68

	Forecast outturn / £'m		
	Resources	Expenditure	Variance
Programme	507.66	502.63	-5.04
Running costs	11.66	11.66	0.00
	519.32	514.29	-5.04

The CCG is currently forecasting operating within its cash limit. At month 4 there has been a lower than plan drawdown against the anticipated cash limit. This is in respect to the timing impact of the prescribing cash adjustments which have yet to be notified.

The residual cash balance (£1.2m) represents a reduction in cash contingencies from month 3 since the CCG's establishment.

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

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

Resource limit and budget updates

At month 4 the CCG's resource limit has increased by £0.27m. This is in respect to a change in the anticipated value of the specialist commissioning adjustment that is still to be finalised. The CCG is still awaiting final confirmation and transfer of capital grant funding and for the finalisation of the specialist services funding adjustment.

Annex 5 outlines the summary movements to the CCG budgets since month 3.

Wiltshire CCG financial performance by providers

The month 4 reported financial position represents the third month of receiving information from providers following the NHS architecture changes. The CCG, and CSU, are actively working with providers to further understand the information that is received to ensure that the changes in the NHS architecture have been correctly actioned and that emerging variances have been appropriately attributed to the CCG.

At the end of month 4 the CCG is forecasting operating within its running cost allowance.

Highlighted below are the key variances within individual commissioned service areas at month 4 along with any mitigating actions identified.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
RUH NHST	22.86	23.53	0.67	2.00
The year to date overspend reported is based upon the latest SLA monitoring data received from the Trust. This is primarily due to an estimated year to date overspend on activity net of QIPP of £0.36m and direct access radiology referrals of £0.25m. The full year position assumes that the current levels of activity will continue through until year end – work in this area is on-going with several areas of challenge currently being investigated with the CSU.				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
SFT NHSFT	28.00	28.77	0.77	2.30
The month 4 SLA monitoring reports significant over performance although data issues associated with the new Payment by Results (PbR) rules and changes in the NHS architecture may be affecting this – further work is in progress with the CSU to review. There is over performance in elective admissions in rheumatology, urology, orthopaedics and plastics. Non elective over performance is in trauma and orthopaedics, general surgery, urology, general medicine and cardiology.				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
GWH NHS FT (acute contract)	16.73	17.08	0.35	0.91
The year to data activity position, awaiting validation, shows increased expenditure against elective day-cases, inpatient emergency care and non-PbR NICE drugs and devices. The year to date financial position includes adjustments in respect of costs transferring to specialised commissioning and estimated data challenges which the CCG will continue to work through with the CSU. A revised contract plan is currently with GWH awaiting agreement and reflects further updates in respect of specialised commissioning adjustments.				

Provider / Commissioned service area	Ytd / £'m Resource	Expenditure	Variance	FOT variance / £'m
University of Southampton Hospitals NHSFT	1.38	1.44	0.06	0.15
Currently there is over performance in emergency admissions, particularly for trauma. The Trust is also reporting significant over performance on PbR excluded chemotherapy drugs. It is the CCG's view that these should be attributable to specialised commissioning. The CCG is awaiting clarification on this attribution – this has a potential forecast outturn risk of £0.3m.				

Provider / Commissioned service area	Ytd / £'m Resource	Expenditure	Variance	FOT variance / £'m
BMI Hospitals	1.22	1.58	0.36	0.47
Month 1 and 2 data (not yet validated) shows higher than anticipated activity at Ridgeway Hospital. Once identified, specific areas of over-performance will be raised with the contract manager.				

Provider / Commissioned service area	Ytd / £'m Resource	Expenditure	Variance	FOT variance / £'m
Circle Healthcare	0.63	0.52	(0.11)	(0.29)
At month 4 a year to date underspend is reported against the Circle contract due to lower than anticipated activity levels. This position will continue to be reviewed.				

Provider / Commissioned service area	Ytd / £'m Resource	Expenditure	Variance	FOT variance / £'m
LD	0.7	0.8	0.1	0.1
SPP	0.8	0.8	0.0	0.2
S117	0.6	0.6	0.0	0.2
TOTAL	2.1	2.2	0.1	0.5
Learning Disabilities - two short term placements have been extended. A discharge plan is in place for one placement and assessments are underway to allow this to take place. Specialist Placements Panel - currently forecasting full year costs for a new placement. S117 - new patients and an increase in the cost of placements brokered on behalf of the CCG by Wiltshire Council are contributing to this FOT overspend. Placement recharges to be shared between the CCG and Council on a regular basis to ensure costs are closely monitored.				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Out of Hours	2.3	2.5	0.2	0.00
A year to date overspend is reported in respect of additional charges raised to the CCG by Wiltshire Medical Services (WMS) to support the implementation of NHS 111. A full year breakeven position is forecast based on the assumption that these additional costs are rechargeable to Harmoni, the provider of NHS 111 services for the CCG.				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Continuing Healthcare	6.0	5.1	(0.9)	(1.5)
CHC has a year to date underspend against budget due to lower growth in patient numbers than anticipated in 2013/14. The forecast underspend takes account of an increase in patient numbers to 260, from the current position of 233, by the end of March 2014 and assumes average spend per patient in line with current levels. We will continue to monitor this position with the CHC team and will update for any impact in changes in patient numbers as required.				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Funded nursing care	2.2	1.9	(0.3)	(0.5)
Quarter one expenditure on funded nursing care (FNC) with Wiltshire Council indicates an underspend against budget. The forecast outturn position indicates a continuation of this trend at a lower level than that experienced in quarter one.				

Financial risks

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

The CCG has planned to deliver a QIPP programme in 2013/14 which will lead to service redesign savings of £9.3m, with recurrent benefits of £11.8m. Underachievement against this programme will require the application of contingent reserves and a review of additional measures including moving further faster with other QIPP schemes. At the end of month 4 the CCG is forecasting a shortfall against this target of £3m – further work is being done with the Groups to go further faster with existing schemes and to develop additional schemes. This is required to

help mitigate in year emerging pressures over and above the level of contingent reserves and to ensure that the full year recurrent impact of the CCG QIPP programme is delivered from 2014/15.

Further work is being undertaking with the NHS England Area Team in respect to identifying and resolving outstanding baseline funding issues; the impact of these to the CCG is still to be finalised.

Appendices

- Annex 1 Summary I&E position
- Annex 2 Summary statement of financial position
- Annex 3 Cash position
- Annex 4 Better payment practice code position
- Annex 5 Movement between budgets and resources

Annex 1 - Summary I&E position at month 4 2013/14

	£'m			£'m	
	Ytd			Annual	FOT
	Budget	Actual	Variance	budget	variance
Acute care	83.05	85.23	2.18	249.16	5.79
Exceptions	0.08	0.08	0.00	0.25	0.00
Non acute care	41.20	41.01	-0.19	123.06	-0.50
Other commissioning	8.55	8.04	-0.51	25.64	-0.96
	132.88	134.36	1.48	398.11	4.33
Out of hours	2.32	2.48	0.16	6.97	0.00
Local enhanced services	2.49	2.50	0.01	6.68	0.00
Prescribing	22.60	22.60	0.00	69.53	0.00
	27.41	27.58	0.17	83.18	0.00
Running costs	3.90	3.81	-0.09	11.66	0.00
Uncommitted headroom	0.00	0.00	0.00	10.07	0.00
Surplus	1.68	0.00	-1.68	5.04	-5.04
Contingency	0.00	0.00	0.00	2.52	0.00
Earmarked reserves	1.56	0.00	-1.56	8.74	-4.33
	3.23	0.00	-3.23	26.37	-9.36
CCG total	167.43	165.75	-1.68	519.32	-5.04

Annex 2 - Summary Statement of Financial position at month 4 2013/14

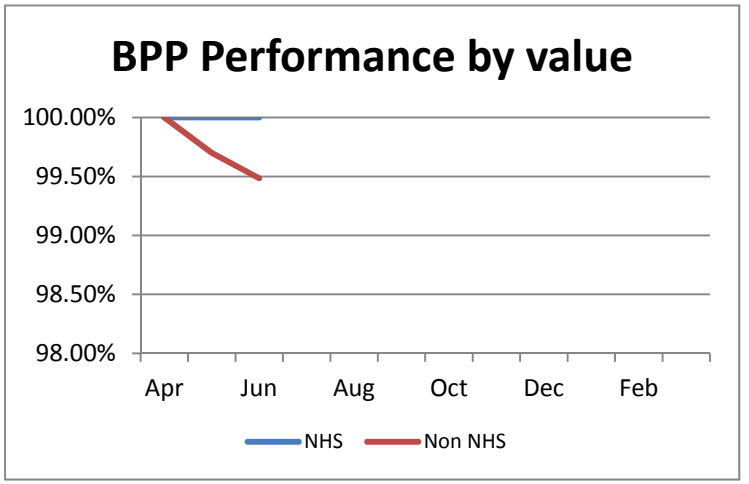
Summary Statement of Financial Position	£'m Opening position at 1st April 2013	Current position at 31st July 2013	Forecast position at 31st March 2013
Non Current Assets:			
Premises, Plant, Fixtures & Fittings			
IM&T			
Other			
Long-term Receivables			
TOTAL Non Current Assets	0.00	0.00	0.00
Current Assets:			
Inventories			
Trade and Other Receivables		3.32	5.68
Cash and Cash Equivalents		0.83	0.05
TOTAL Current Assets	0.00	4.16	5.73
TOTAL ASSETS	0.00	4.16	5.73
Non Current Liabilities:			
Long-term payables			
Provisions			
Borrowings			
TOTAL Non Current Liabilities	0.00	0.00	0.00
Current Liabilities:			
Trade and Other Payables		20.87	10.76
Other Liabilities			
Provisions			
Borrowings			
Total Current Liabilities	0.00	20.87	10.76
TOTAL LIABILITIES	0.00	20.87	10.76
ASSETS LESS LIABILITIES (Total Assets Employed)	**0.00**	**-16.71**	**-5.04**
Financed by taxpayers' equity:			
General fund		16.71	5.04
Revaluation reserve			
Other reserves			
Total taxpayers' equity:	**0.00**	**16.71**	**5.04**

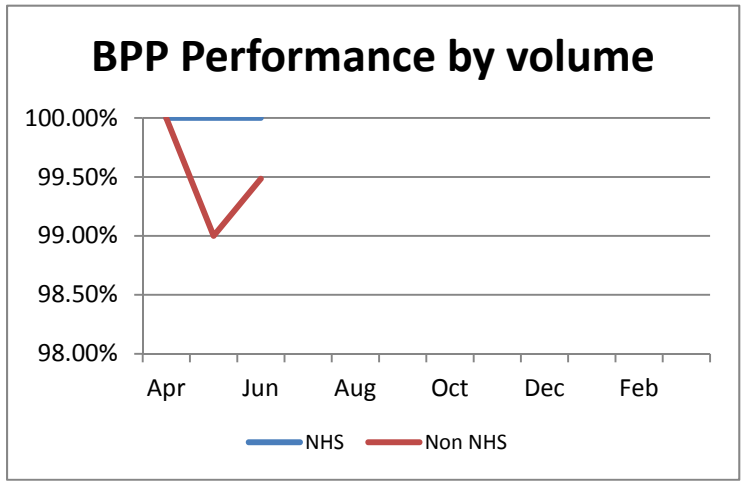
Annex 3 – Cash position at month 4 2013/14

	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m	173.00	519.32
Assumed revenue cash limit / £'m	171.00	514.29
Cash drawn down / £'m	139.45	514.29
Cash drawn down as %	27.12%	100.00%
Expected cash draw down as %	33.33%	100.00%
Cash utilised / £'m	138.21	514.29
Balance in account / £'m	1.24	0.05
Balance in account as % of total cash limit	0.24%	0.01%

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

	Performance vs 30 days BPP			
	In Month		YTD	
	Nos.	£'m	Nos.	£'m
NHS				
Total bills paid	165	29.28	293	96.05
Total bills paid within time	165	29.28	293	96.05
% of bills paid within target	100.0%	100.0%	100.0%	100.0%
Non-NHS				
Total bills paid	894	4.84	1865	16.29
Total bills paid within time	864	4.54	1830	15.82
% of bills paid within target	96.6%	93.9%	98.1%	97.1%
ALL				
Total bills paid	1059	34.11	2158	112.34
Total bills paid within time	1029	33.82	2123	111.86
% of bills paid within target	97.2%	99.1%	98.4%	99.6%





Annex 5 – Movements between budgets and resources

	£'m			
	Annual budget at M3	Annual budget at M4	Movement	Comment
Acute care	249.16	249.16	0.00	
Exceptions	0.25	0.25	0.00	
Non acute care	123.06	123.06	0.00	
Other commissioning	25.64	25.64	0.00	
	398.11	398.11	0.00	
Out of hours	6.97	6.97	0.00	
Local enhanced services	6.68	6.68	0.00	
Prescribing	69.53	69.53	0.00	
	83.18	83.18	0.00	
Running costs	11.66	11.66	0.00	
Uncommitted headroom	10.07	10.07	0.00	
Surplus	5.04	5.04	0.00	
Contingency	2.52	2.52	0.00	
Earmarked reserves	8.48	8.74	0.27	reduction in anticipated specialist commissioning adjustment
	26.10	26.37	0.27	
CCG total	519.06	519.32	0.27	

Chapter 3: Access

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

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

Director of Planning, Performance and Corporate Services' Risk Assessment:

In Jun 13 we missed the target for 6 week diagnostic waiting times; this was attributed to an unfortunate conflation of events at RUH, involving a serious defect on the MRI scanner making it unuseable for a period, and injury to two stenographers fettering the ability to conduct ultra sound. The latest data indicates this situation has now been recovered. The A&E waiting time has improved significantly since the start of the year. We continue to work with SWAST regarding the achievement of their targets within Wiltshire, and continue to work with GWH to reduce the number of handover delays, which is trending in the right direction.
We are ahead of target in reducing the number of non elective spells across the county, although higher than expected acuity rates have driven us over our projection for the number of non elective bed days. The report shows under achievement against our target for psychological therapy; there is some uncertainty regarding the veracity of the data in this field which requires clarification.
Against our projected numbers we are seeing growth on elective day cases; this is most likely due to a combination of new NICE guidance for urology cases and some unanticipated growth in rheumatology numbers which we are investigating.
Regarding GP referral numbers and outpatient attendances the data is being challenged as it appears figures are being attributed to the CCG when they should be attributed elsewhere under the revised commissioners roles (ie specialist, military, dental). Similarly data is being challenged regarding non endoscopy based diagnostic. Although we are above plan on numbers of people on an incomplete pathway, our 18 week waiting time target is being met.

Activity Date

Reported Provider performance data does not currently reflect the new commissioning landscape. The information has included data relating to Specialist and Area Team commissioned activity. The CCG Finance and Information teams are working with the Commissioning Support Unit and Providers to split activity data for future reports. The April, May and June 2013 data is detailed on page 5 of the CCG Assurance Framework document (Appendix 1) but not all Providers have correctly reported the activity to reflect the new commissioning environment. Providers are likely to be able to back-populate early year reporting in the coming months.

NHS Constitution

Accident and Emergency Departments (A&E) were extremely busy during the early part of the financial year with particularly high attendance numbers in the first half of April 2013. A&E access with the 4 hour standard was breached at all three CCG commissioned acute providers during this period. A marked improvement has been seen during the remaining months of quarter 1 with the three acute providers achieving this standard.

The percentage of patients waiting longer than 6 weeks for a diagnostic test following referral has increased slightly to 1.7% with the target being 1%. The CCG will monitor progress against this standard.

The quarterly statistic identifying the proportion of people under adult mental illness specialties on Care Programme Approach (CPA) who were followed up within 7 days of discharge from psychiatric in-patient care shows an above target figure of 99.2%.

Category A ambulance call targets continue to be challenging. For a discussion of ambulance performance please see Chapter 1, section 2.4 of this report.

NHS Outcomes Framework

Many of the data items included in the CCG Assurance Framework are only available on an annual basis. The Assurance Framework report, attached at Appendix 1, focuses on available data. The CCG intends to expand the existing reporting to include AWP.

Chapter 4: Project Management

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

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

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

Director of Planning, Performance and Corporate Services' Risk Assessment:

The trend of improvement previously reported continues, with a steady increase in staff familiarity and confidence in using project methodology. The Groups are working hard to formulate projects which might address the current QIPP gap.

1.0 Development of the Project Register

Working with Group Directors the Register of Projects is developing and is included at Annex 6. Of the projects listed on the Project Register, six projects have been submitted to the PMO and these have been taken from the refreshed Operating Plan. The schemes are as follows:

Reference	Group	Title	Leads
PMO-13-001	All	Care coordinators implementation (in parallel with/linked to risk stratification tool implementation)	Neal Goodwin Kerry Lusby Taylor Shelley Watson
PMO-13-002	Sarum	Trauma and Orthopaedics	Beatrix Maynard
PMO-13-003	Sarum	Managing GP Referrals (AKA GPs with Special Interests Review)	Louise Sturgess
PMO-13-004	Sarum	SFT/Wiltshire Discharge Project	Beatrix Maynard/Victoria Stanley
PMO-13-005	NEW	Dementia LES/SLA	Louise Cox/Susan Dark
PMO-13-006	WWYKD	RUH/Wiltshire discharge project	Victoria Stanley

By 27 August 2013 Group Directors are required to have given planned dates for the submission of project workbooks for all other schemes listed on the register. This will allow for the timetabling of these workbooks on the Programme Governance Group (PGG) agenda. PGG meets monthly.

2.0 Commentary on registered projects

2.1 Care Co-ordination – Status: Amber

The Care Co-ordination project has been signed off at the August PGG meeting. The Director of Quality and Patient Safety has been involved in the development of the Quality Impact Assessment which is an important element of any project workbook. Key Performance Indicators (KPI) have also been developed and will be included in the service specification with GWH. Phase one of Care Co-ordinator recruitment is complete with significant success and plans in place to re-advertise and complete the recruitment.

2.2 All Other Projects identified above - Status: Amber

The project workbooks are still in development or await sign off by PGG.

3.0 Work to identify Quality Innovation Productivity Prevention (QIPP) schemes

Groups are currently involved in identifying additional QIPP schemes which will contribute to the achievement of the CCG QIPP requirements. Initiatives will be discussed at PGG in September 2013. There is a need to prioritise which schemes start, and possibly continue, in order that CCG resources are deployed in the correct areas.

4.0 Other Areas of PMO development

With the aim of embedding a PMO approach across the organisation, the small team have achieved the following:

- With Public Health a checklist has been developed and published on the intranet to help focus attention of project managers on the importance of the public health agenda;
- Updated project templates following feedback from project managers;
- Delivered induction and refresher sessions to CCG colleagues;
- Supported other areas of CCG work which fall outside of the scope of the PMO.

The project team are presently engaged with stakeholders and involved in the updating of project plans across the organisation to ensure delivery of objectives.

The project team maintains a risk register and is taking active steps to manage risks identified. There are no risks requiring escalation. PGG in August 2013 noted there are 29 risks on the risk register at varying levels. 11 have reduced in score, 4 have increased in score and 14 remained at their previous score. Risk that increased in score related to recruitment, deployment, stakeholder engagement and the availability of information about voluntary sector organisations, which will be necessary to support delivery of care co-ordination.