

**Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 23 April 2013**

For: Decision Discussion Information to note

Agenda Item & Title:	GOV/13/04b/11 Outcomes Report (including Quality and Patient Safety Report)
Author:	John Dudgeon, Head of Information Deborah Rigby, Head of Quality and Patient Safety
Lead Director/GP from CCG:	Simon Truelove, Chief Financial Officer Jacqui Chidgey-Clark Director of Quality and Patient Safety
Executive summary	This report presents: <ul style="list-style-type: none"> • M11 Performance Information • The Month 11 Quality and Patient Safety update, including hotspots and highlights • The Committee is requested to discuss this report.
Evidence in support of arguments:	Quality and Patient Safety report as published from diverse sources.
Who has been involved/contributed:	Information Team Members Commissioning Team Members
Cross Reference to Strategic Objectives:	ALL.
Engagement & Involvement	No public engagement or consultation. This report is published in the CCG Governing Body papers section of the website.
Communications Issues:	Not exempt under FOI.
Financial Implications:	Not applicable.
Review arrangements:	Monthly reviews via Governing body report and bi monthly review at the Quality and Clinical Governance Committee

Risk Management:	Identified risks are recoded on risk register
National Policy / Legislation:	NHS Constitution rights and pledges. 2012-13 NHS Operating Framework 2012-13 NHS Outcomes Framework
Equality & Diversity:	No direct impact from the update in this paper
Other External Assessment	NHS CB performance reviews of CCG delivery.
Next steps:	This paper is for discussion.

Wiltshire CCG Activity Performance as at Month 11

Headlines (supported by detail shown in annex 1)

- Ambulance response times have maintained current performance and are under the required level of 75% for 8 minutes and 95% for 19 minutes. The Trust as a whole is hitting these targets. The CCG will be engaging with South West Ambulance Service to ensure that performance in Wiltshire is maximised as much as possible.
- All cancer measures are being currently achieved
- The targets for enhancing quality of life for people with long term conditions are being achieved except for Crisis Resolution Home Treatment which is under plan. This target is being reviewed for 13/14 and may not continue.
- Accident and Emergency Performance 4 hour wait has reduced further in February due to the on-going pressure on the urgent care system. Although performance improved for the RUH and GWH their performance still remains under 95%. SFT continue to achieve this target at 97%
- There were no mixed sex accommodation breaches in February even though the pressure on the urgent care system was high
- CDiff performance across the 3 main providers was mixed with SFT and GWH both missing the target. Overall NHS Wiltshire has missed the 12/.13 target. Renewed vigour of the performance management of this target will be required throughout 13/14 with a zero tolerance required for MRSA and CDiff targets.
- Activity targets across all patient types have been significantly compromised by different aspects. For outpatients the RUH figures are particularly high due to the introduction of the new Millennium Patient Administration System. GWH non elective activity has been significantly higher due to the impact of ambulatory care. These pressures have been reflected in the activity planning for 2013/14 and it is hoped that plans will be more meaningful for the next financial year.
- Non electives at SFT are under plan by 267 spells
- Elective admissions are over by 600 spells year to date 13/14

- Delayed Transfers of Care have increased due to the pressure on the urgent care system. The figures below represent the position as at the 4th April 2013. The information in annex 1 reflects the position at the end of February 2013.

	NHS delays	Social Care delays	Total delays	Main Issues
AWP	2 (both)	1	3	Waiting for specialist placement. The number of days delayed remains between 143 days and 20 days.
GWH-acute	5	1	6	SS -There is one person delayed waiting completion of assessment. NHS – 4 waiting community hospital (3-5 days delay), 1 waiting assessment
RUH	11	4	15	SS – 4 waiting care home. One will be going today and 2 people have offers in place. NHS – 1 choice, 10 waiting further NHS care (1 patient a delay of 8 days, the remainder 1 day or less)
SFT	16	8	24	SS – 5 waiting care home placement (one will be discharged today), 1 person waiting completion of assessment (now completed) and 2 waiting funding authorisation. NHS – 1 waiting further NHS care, 4 waiting self funded placement, 8 waiting packages of care (5 of these through H2L@H), 3 choice
GWH-community	7	8	15	SS –4 waiting care home placement, 3 waiting completion of assessment and 1 waiting care at home (going today). . NHS – 1 waiting MH assessment, 3 waiting self funded placements, 2 Choice and 1 dispute.
Totals	41	22	63	

SS – Social Services

Wiltshire CCG Quality and Patient Safety Outcomes report April 2013 (month 11)

1. Quality and Patient Safety

Purpose

The Quality and Patient Safety Outcomes section of this report includes highlights from national and local publications, hotspots from providers raised in the Clinical Quality Review Group meetings (by exception) and a quality and patient safety directorate update.

Content:

- Section 2: Highlights
- Section 3: Hotspots
- Section 4: Quality and Patient Safety Directorate update
- Section 5: Contributors
- Appendix 1: Quality Dashboard

2. 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) National Patient Experience CQUIN 2012/13
- b) Staff Surveys
- c) CQC inspections

2.1 National Patient Experience

On 13 February 2013 the annual patient satisfaction results were published in “raw data” format. The survey takes place every year in July to September and the full reports are published in May the following year. The inpatient survey helps us understand what patients think about the care they receive in hospital. The score is made up of the responses to 5 key questions, the composite score is a scale of 0-100, a higher score is better.

The key questions are:

- *Were you as involved as you wanted to be in decisions about your care and treatment?*
- *Did you find someone on the hospital staff to talk to about worries and fears?*
- *Were you given enough privacy when discussing your condition or treatment?*

- *Did a member of staff tell you about medication side effects to watch for when you went home?*
- *Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?*

The table below shows the comparative analysis of the 2012 Adult Inpatient Survey results by provider.

Trust	2009	2010	2011	2012
Salisbury NHS Foundation Trust	65.4	68.8	69.2	71.4↑
Royal United Hospital Bath Trust	68.4	69.2	65.4	67.5↑
Great Western Hospital	66.9	66.2	66.8	67.3↑

Action

- All providers will be asked to report actions to address improvements.
- The 2013/14 CQUINs quarterly report with monitor ongoing progress against the new friends and family score.

2.2 Staff survey

Published 13 March 2013 the National Staff survey was carried out between late September and early December 2012. Of particular interest is the combined indicator of the Staff recommendation of the trust as a place to work or receive treatment.

Nationally Sixty-three per cent of NHS staff said that if a friend or relative needed treatment they would be happy with the standard of care provided by their organisation.

Locally in Wiltshire the report states that for Salisbury Foundation Trust the score was in the highest ranking (best 20%) compared with all acute trusts, Great Western Hospitals Foundation Trust were average. The Royal United Hospital is below average compared with all acute trusts.

The table below shows the results of the main acute providers:

Staff recommendation of the trust as a place to work or receive treatment

		2010			2011			2012		
		SFT	RUH	GW H	SFT	RU H	GW H	SFT	RU H	GW H
Q2 1a	I would recommend my Trust as a place to work"	71	55	49	71	49	50	75	69	71
Q2 1b	"If a friend or relative needed treatment, I would be happy with	93	68	62	84	65	66			

	the standard of care provided by this Trust"									
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In the summary of the reports the top and bottom five ranking scores for Salisbury FT, GWH and the RUH were as follows:

The five top ranking scores:

RUH

- Percentage of staff able to contribute towards improvements at work
- Percentage of staff agreeing that their role makes a difference to patients
- Staff job satisfaction
- Percentage of staff having well structured appraisals in the last 12 months
- Percentage of staff having equality and diversity training in the last 12 months

Salisbury FT

- Staff job satisfaction
- Support from immediate managers
- Percentage of staff suffering work-related stress in the last 12 months
- Percentage of staff having equality and diversity training in the last 12 months
- Percentage of staff able to contribute towards improvements at work

Great Western Hospitals

- Percentage of staff having equality and diversity training in the last 12 months
- Percentage of staff saying hand washing materials are always available
- Percentage of staff suffering work-related stress in the last 12 months
- Percentage of staff believing the trust provides equal opportunities for career progression or promotion
- Staff motivation at work

The five bottom ranking scores:

RUH

- Work pressure felt by staff
- Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months
- Fairness and effectiveness of incident reporting procedures
- Percentage of staff working extra hours
- Percentage of staff saying hand washing materials are always available

Salisbury FT

- Percentage of staff reporting errors, near misses or incidents witnessed in the last month

- Percentage of staff experiencing physical violence from staff in the last 12 months
- Percentage of staff working extra hours
- Percentage of staff agreeing that their role makes a difference to patients
- Percentage of staff receiving job-relevant training, learning or development in the last 12 months

Great Western Hospitals

- Percentage of staff able to contribute towards improvement at work
- Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver
- Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell
- Percentage of staff reporting good communication between senior management and staff
- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

The Clinical Outcomes and Quality Group will review the report and will ask the RUH for their actions planned to improve performance.

Action

- The 2012 results of the staff survey have just been published at the time of writing this report and the results are currently being analysed by the commissioners.
- We have asked the Commissioning Support Unit (CSU) to further analyse the staff survey data by provider and this will be used to discuss at Clinical Quality review meetings.

CQC Visits

2.3 RUH Unannounced Visit

The CQC unannounced visit on the 4, 5 and 6th of February 2013 report was published on 20 March 2013 and improvements are required in three areas:

- Standards of treating people with respect and involving them in their care
- Standards of providing care, treatment and support that meets people's needs
- Standards of quality and suitability of management

The report is available at:

http://www.cqc.org.uk/sites/default/files/media/reports/RD1_Royal_United_Hospital_Bath_NHS_Trust_RD130_Royal_United_Hospital_Bath_NHS_Trust_20130320.pdf

Salisbury Foundation Trust

The CQC carried out a routine inspection on 18 and 19, 20, 21 February 2013. Improvements are required in 2 areas as follows:

- Standards of staffing
- Standards of management

Action

The CCG will also be reviewing the actions the providers will be taking to make improvements in these areas. This will be with the RUH on the 19 April 2013 and with Salisbury FT on 23 April 2013.

The full report is available at:

http://www.cqc.org.uk/sites/default/files/media/reports/RNZ_Salisbury_NHS_Foundation_Trust_RNZ02_Salisbury_District_Hospital_20130323.pdf

3 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, in addition 10 key quality indicators have been selected to monitor during the year to identify the trends relating to improvements and challenges for patient safety and patient experience. Appendix 1 shows the quality and patient safety indicators which are monitored. This information has been taken from the M11 provider Patient Safety and Quality Dashboards.

SARUM Group Lead

3.1 SFT

- Cancelled Ops rate of 0.7% - SFT have exceeded this and if this continues to be the case, they will be asked to produce an action plan to address this.
- *Clostridium difficile*: in February the Trust reported they were 25 cases, there were no cases in March. Early indications show a single case attributable to the community for March, which would not affect the figures for SFT. This does not, however, account for any additional cases from other counties that send their patients to SFT.
- There were 3 MRSA blood stream infection cases reported and attributable to SFT up to and including February. Two of these were Wiltshire patients. To date, they are over trajectory by 2. Figures for March have not been signed off.

WWYKD Lead

3.2 RUH

- Black alert status

- *Clostridium difficile*: The number of cases reported by RUH for March has not been signed off by the trust. However, the cumulative figures for February were 34. This is above their annual trajectory for the year by 3. However, a local review by the commissioning team of these cases has been carried out and an agreement reached regarding those that were not truly attributable to the trust. This has resulted in an overall local reduction in their total of cases to date.
- MRSA: RUH have reported a total of 3 cases to date, attributable to the trust. This means they are over their trajectory of 1 by 2. Two of these cases were from Wiltshire.

3.3 AWP

- Maximum of 4 (four) week wait (referral to assessment) 6
- No. of Crisis Resolution Home Treatment episodes (cumulative) 453
- Median length of stay (days) - 64
- Management of community serial DNA 11%
- % of carers with an assessed need who have a care plan within 4 weeks of assessment 98% (Improvement from 90%).

3.4 GWAS

- Acquisition
- Handover delays
- Conveyance rates

NEW Lead

3.5 GWH acute

- Emergency readmissions rate within 30 days of discharge (target <7.1%). This indicator has constantly underperformed this contract year.
- Stroke patients spending 90% of time on stroke unit and % high risk of stroke who experience a TIA are assessed and treated within 24 hrs (targets >80% & > 60%). Both indicators have missed target for the majority of the year.
- % Ambulance handover within 20 minutes (target >95%). For the first time this year this indicator has underachieved at 93.6%.
- 'Inpatient discharge summaries to be with GPs within 1 working day of discharge – EDS reports' (target 95%). The target has not been achieved all year and YTD the trust are reporting 63.5%.

3.5.1 GWH Community

- 92W 'Data quality on ethnic group – all patient episodes should have a valid ethnicity code (exception births) (target >85%). This indicator has been below target this year, M11 is at 80.2%.

- 93W 'Average length of stay' (target <17 days). This indicator has not reached target this financial year, M11 is at 25.6%, a slight decrease from M10 which was 26.7 days.
- 107W 'CHC annual Review completed within 12 months (target >95%)'. For the third time this year this indicator exceeded target at 100%.
- 134W 'CYPS – Number and % of children assessed and intervention plan in place in 18 weeks' (target 100%) This indicator achieved 100% in M11, YTD this indicator is at 99.7%.

Maternity (Wilts specific) M11 update for Wiltshire patients:

- 90% of mothers booked <12 completed weeks (target 90.4%). YTD this indicator has reached 91.5%, however M11 falls below target at 89.8%.
- Normal births as a percentage of all births (target 77%). M11 is at 68.5%, this is higher than the YTD average of 66.2%.
- C-sections as a percentage of total births (target 23%). M11 is at 19.1%, with the YTD hitting 19.5%.
- % of mothers recorded as smoking at the time of delivery (target 12%). M11 is at 13.1%, lower than the YTD of 13.4%.
- % of relevant mothers initiating breastfeeding (target 83%). M11 failed to reach target at 77.8%.
- Interestingly, an indicator that does not have a target but thought I would highlight as a point of note: '100% of women having elective c-sections and high risk cases to be screened for MRSA' M11 data is at 86.7%.

4 Quality Directorate update

4.1 Continuing Health Care

Wiltshire CCGs will be legally responsible from 1st April 2013 for undertaking the CHC assessment process which is prescribed by the Department of Health. This is underpinned by legislation that must be consistently applied throughout England. Last year the Department of Health announced the introduction of deadlines for individuals to request an assessment of eligibility for NHS Continuing Healthcare (NHS CHC) funding, for previously un assessed cases during the period 1 April 2004 - 31 March 2012. Current areas of focus for the Continuing Healthcare and Specialist Placements team are:

4.1.1 Retrospective Requests for CHC

1. Phase 1 (1st April 2004-30th Sept 2007)
2. Phase 2 (1st October 2007- 31st March 2011)
3. Phase 3 (1st April 2011-31st March 2012)

The phases are split according to the cut off dates for claim, for phases 1 & 2 deadline was 30.09.12. Phase 3 deadline is 31.03.13. Of the total

number of requests received for phase 1 & 2, 183 requests are for individuals that are claiming for a period of previously un-assessed care but who are also alive and require a current screen for CHC which therefore prioritises these cases.

	Phase 1	Phase 2	Phase 3	Ongoing Total
Enquiries – Total	4	413	35	323
Closed Enquiries	2	122	5	
Applications – Total	3	160	3	155
Closed Applications	2	9	0	
Full Assessments – Total	16	8	0	6
Panel Decisions	14	4	0	

Action:

- Recruit temp nurse assessors to process cases., total number recruited to date are 2
- On-going financial analysis of potential liability to be provided monthly.

4.1.2 Re-patriation of administration Funded Nursing Care

Currently Funded Nursing Care is administered through a section 256 agreement with Wiltshire Council. There are concerns that the implementation of the relevant guidance is not being applied which increases risk in terms of retrospective claims.

Action

- Complete the TUPE transfer of FNC Coordinator by May 2013
- Review the processes for conducting assessments and reviews

4.1.3 DOH National Contract for Care Homes

Face to face engagement with Care Home Providers has taken place to introduce the principles of the contract and key aspects including the Safety Thermometer. This has been followed by further work to bespoke the Specification to the requirements of Wiltshire and will be disseminated to members of the commissioning and Nursing and Patient Safety directorate for review.

Action:

- Complete the contract and engage with market via face to face meetings to ensure compliance by end of June 2013

4.1.4 Specialist Placements

Review commenced on the individuals funded through 117, SCG and SPP to quantify the risks in terms of clinical, financial and placement/Provider on a case by case basis.

Review of the TOR, procedure and criteria for both SPP and 117 panels has commenced.

Action

- *Complete a stock take of the risk to each individual case to establish immediate risks*
- *Review the process for referral, the TOR and the on-going assurances that are in place regarding placements, governance and best value.*

4.2 Exceptions and Prior Approvals

For the last quarter of 2012/13 680 applications were received, of these requests 110 are being processed. The next Prior Approvals meeting and Exceptions meeting are scheduled for 10 April 2013 and 26 April 2013 respectively. Requests which are marked as void are not attributed to a specific meeting as they are not processed through the EPA team, this would include instances where requests are received for non-Wiltshire CCG patients in error by the referring Clinician.

The table below shows the Applications Summary: 01.01.13 - 31.03.13

	Exceptions	NCA	Prior Approval	Void	Sum:
Approved	49	52	278		379
Deferred	19		6		25
In Progress	19	9	82		110
Refused	55	7	60		122
Void	2	2	10	9	23
Withdrawn	6	2	8	5	21
Sum:	150	72	444	14	680

Action

To ensure the continuous and effective delivery of the exceptions and prior approvals services, a brief action plan for procedures and protocols for function developments are outlined below:

- Support and coordinate the work of the Exceptions Committee ensuring trends that emerge from the decisions are analysed and fed back to the organisation to inform service re-design
- Continued support from Commissioning to provide the necessary policy content in order to take forward the phased implementation of individual policy statements and their related application form
- Collaborative working with the Referral Support Service for continual improvement of patient experience

4.3 Referral Support Services

The referral support service was established in Wiltshire 2011 as a pilot by WWYKD, the initial objective was to support existing contracts in both primary and secondary care. The success of the pilot identified a need to continue the service to improve patient choice and appropriate management. The RSS covered all surgical referrals for WWYKD & NEW GP practices.

On 4 March 2013 the Referral Support Service went live with Dermatology, Cardiology and Plastics with the support of Choose & Book at B&NES.

The table below indicates the activity on a monthly basis:

Total number of referrals (by month)	WWKYD	NEW	total
January 2013	965	669	1634
February 2013	969	699	1668
March 2013	1222	737	1959
• SARUM do not use the Referral Support Service			

Action

- Further details of Referral Support Services to be shared at locality meetings each quarter.
- Data can be split further by GP practice, speciality
- We will prepare an options paper for the CCG in June 2013 to highlight current gaps in service provision.

4.4 Adult Safeguarding

The key areas of current activity are:

- Implementation of the recommendations of the Francis report
- Implementation of the recommendations of the Winterbourne view.
- Embedding safeguarding in commissioning and contract management process
- Training for GP's and Commissioners
- Supporting the Local Authority with whole home investigations in Wiltshire

Action

- Training day for governing body planned for May 2013

4.5 Safeguarding Children Arrangements

4.5.1 Working Together 2013 (WT2013) was published on 22nd March and comes into force on 15th April 2013. How single agency training for staff in primary care (and other independent contractors) is achieved in future needs to be determined in light of the statutory requirements outlined in the revised WT2013. The Designated Nurse has established a network of safeguarding children clinical leads in most GP practices across Wiltshire with the exception of nine practices. All GP practices receive safeguarding and child protection advice from the Designated Nurse on request.

Action

Meetings have been scheduled with the Area Team and LMC to establish how this is achieved. The recent appointment by the CCG to the Named GP post will further support the development of robust safeguarding children arrangements in Primary Care.

4.5.2 NHS Wiltshire continue to contribute to both the strategic and the operational safeguarding children improvement boards and the work of the Wiltshire Safeguarding Children Board (WSCB) to drive the work required in response to the improvement notice issued by the Government to Wiltshire Local Authority and partner agencies in July 2012. Good progress has been made although there is considerable work still to be achieved and sustained.

Action

NHS Wiltshire CCG multiagency board representation

Strategic Improvement Board

- Jacqui Chidgey- Clark, Director of Nursing and Patient Safety
- Debbie Fielding, Accountable Officer
- Karen Littlewood, Designated Nurse Consultant, Safeguarding Children

Operational Improvement Board

- Karen Littlewood, Designated Nurse Consultant, Safeguarding Children

Wiltshire Safeguarding Children Board (WSCB)

- Jacqui Chidgey- Clark
- Karen Littlewood,

WSCB Serious Case Review sub group (Chair) & WSCB Quality Assurance and Performance sub group

- Karen Littlewood, Designated Nurse Consultant

4.5.3 The Governing Body are accountable for ensuring that the safeguarding children arrangements in all commissioned health providers are compliant with the Care Quality Commission (CQC).

Action

Safeguarding Children presentation for the governing body scheduled for May 2013.

4.5.4 The oversight and performance management by the PCT and SHA of health providers compliance with CQC recommendations arising from the March 2012 inspection of safeguarding children arrangements is almost complete. The CCG will be in a position to sign off the improvement plan and submit this to the CQC.

Action

Some areas for improvement where future audits are required or when additional assurance is required will be incorporated into existing contract and quality performance arrangements in the CCG.

4.5.7 CCG will require all staff to receive level 1 safeguarding children training.

Action

Designated Nurse will work with learning and development to facilitate.

4.6 Medicine management

Medicines management are working to their workplan on projects for 2013/14. The team are commencing practice visits and will be visiting all Wiltshire practices with their 2013/14 work files over the next 2 months.

The role of Controlled Drug Accountable Officer has now transferred to the Area Team, however, the supporting documentation to support this move is not yet available. The Head of Medicine Management has met with the new, interim AO and handed over all the work files.

Action

- The CCG we await clarity from the Area Team over the roles and responsibilities.

4.7 Infection control Healthcare Associated Infections (HCAIs)

HCAIs continue to be monitored, particularly Meticillin resistant *Staphylococcus aureus* and *Clostridium difficile*. The number of *C. difficile* infections (CDI) attributable to Salisbury Foundation Trust has stayed within the planned target for the year. Work has been undertaken to review those that were unavoidable. This is still in progress.

Where possible, investigations into deaths caused by CDI that are attributable to the community setting have been carried out. Medication is the main contributing factor. Proton pump inhibitors are often prescribed for very long periods. The Infection Control Lead within Public Health has continued to work alongside the Medicines Management Team in order to inform future shared learning and prescribing advice. Additional advice has been forwarded intermittently to GP practices via Primary Care over the last year, providing national guidance on the management of infection control within primary care premises.

Furthermore, important guidance has been published in March 2013 by the NHS Commissioning Board providing support to commissioners and providers of care in delivering zero tolerance on MRSA bloodstream infections (BSI). The guidance comes into force as of 1st April 2013 and includes a toolkit to be used for the Post Infection Review (PIR). Two significant aspects of the guidance are that:

- The Data capture system will automatically notify the lead organisation responsible for conducting the PIR within seven days.
- In exceptional cases, where the acute trust or the CCG is unable to determine within one week which organisation should be assigned a case of MRSA BSI, the Director of Public Health of the local authority responsible for the CCG of the patient will be informed and is expected to then lead a review panel to assess the evidence presented in the PIR.

However, there are technical delays in the supporting data capture system until at least June and therefore a local decision needs to be made as to how this may be handled in the meantime. It is also recommended that local targets are agreed.

Public Health Action

- To forward PIR guidance to community providers, namely care homes and GP practices.

4.8 Neurological Rehabilitation: RNHRD closure

The RNHRD closed its inpatient and out-patient neuro services on 31st March 2013, the immediate implications for Wiltshire CCG is that we have had 6 recent in patients requiring neuro rehab consultant follow up, Specialised Commissioning Group have taken the responsibility to organise this and the patients have been informed.

A further 51 patients were identified as having been receiving out patient services including spasticity management, psychology, and rehab consultant review.

The RNHRD have issued letters to all of these patients, either discharging them to the care of their GP or as agreed, advising them that Great Western Community Services will be in touch to review their needs. We await copies of these letters to confirm which patients have received which information to be able to notify GWH and support prioritisation.

We continue to have a number of individuals , total 11, receiving in patient specialist neuro rehab at other centres within the region.

Actions

- GWH neuro rehabilitation have been asked to assess all patients , 51 in Wiltshire, and advice the CCG on levels of need.

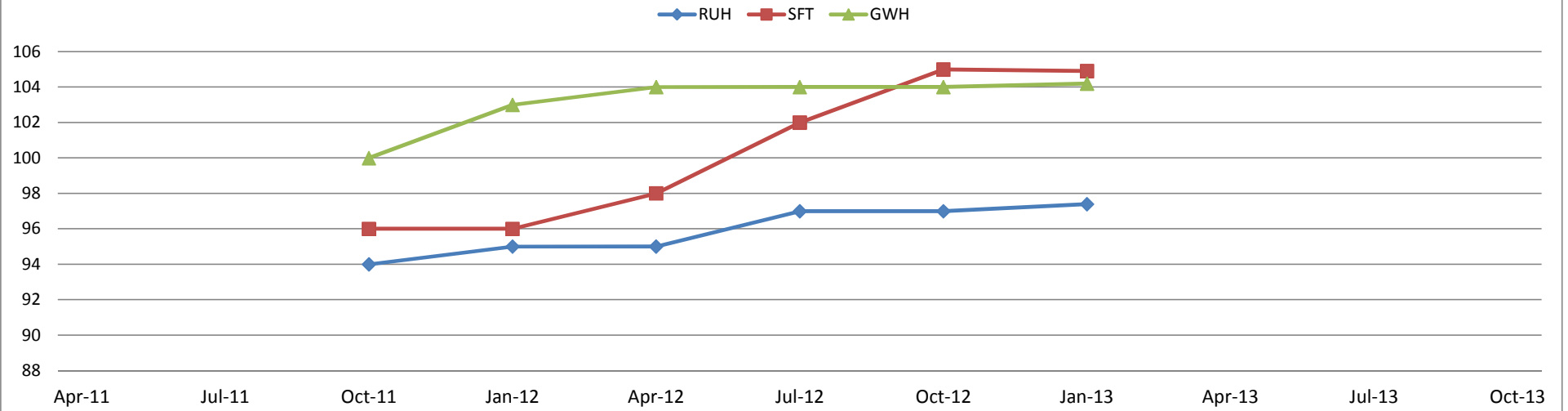
5 Contributors

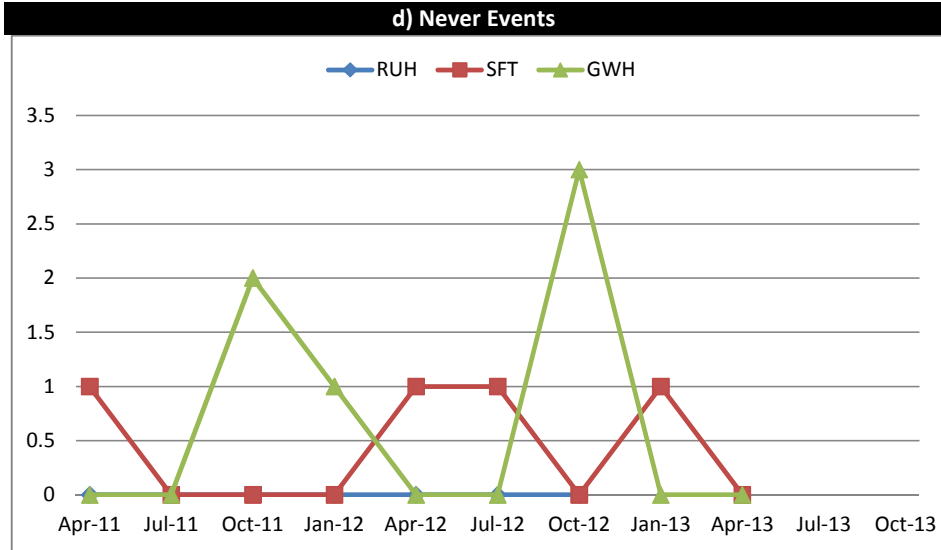
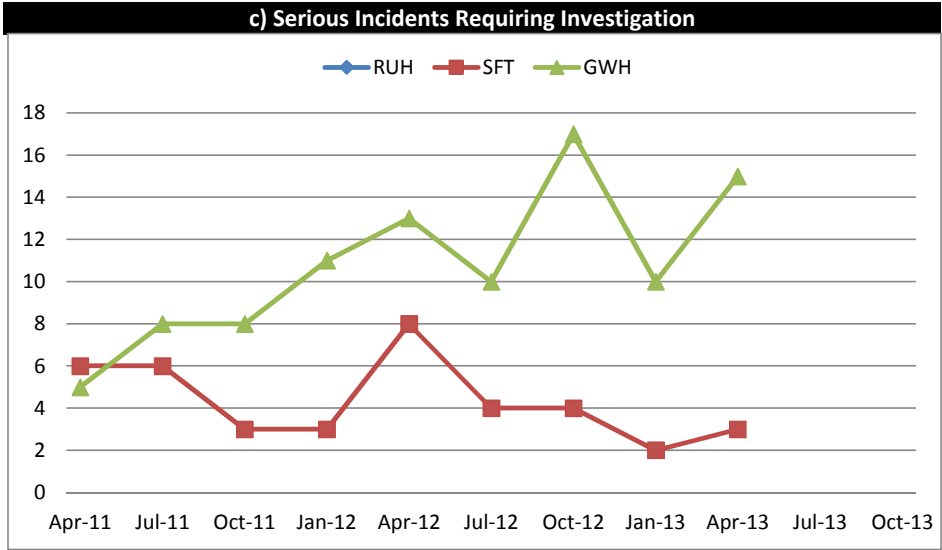
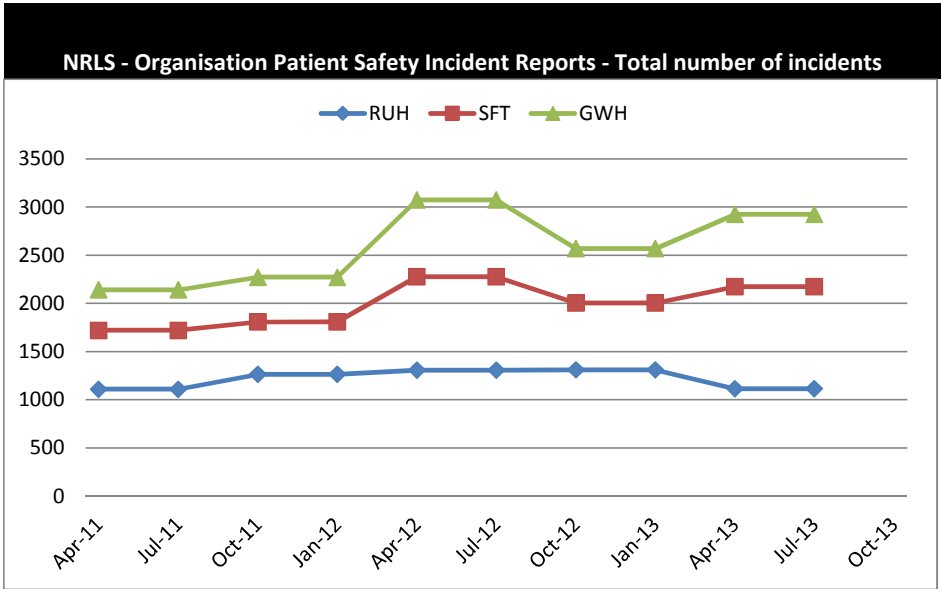
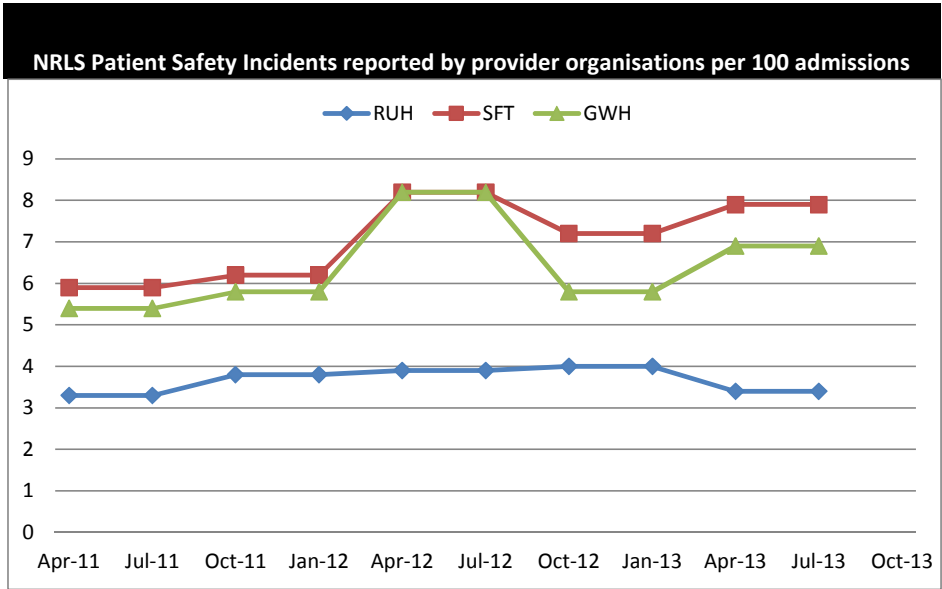
Thanks are noted to the following colleagues for contributions to this report:

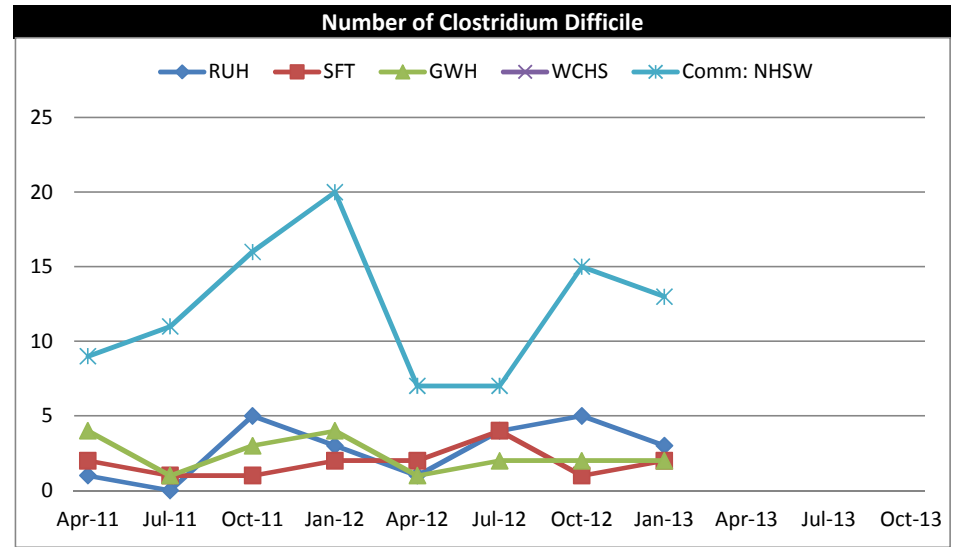
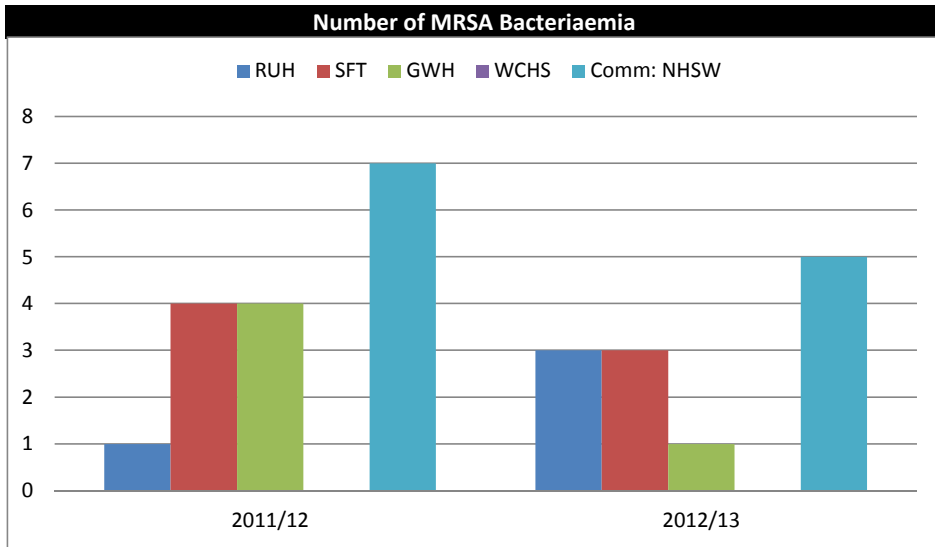
- Public Health Infection Control NHS Wiltshire;
- Information Team NHS Wiltshire
- Designated Nurse Consultant Safeguarding Children Wiltshire CCG
- Adult Safeguarding Lead Wiltshire CCG
- CHC lead NHS Wiltshire
- Information Team CSU
- Head of EPA Wiltshire CCG
- Referral Management Manager Wiltshire CCG

Appendix 1 Quality & Patient Safety Dashboard

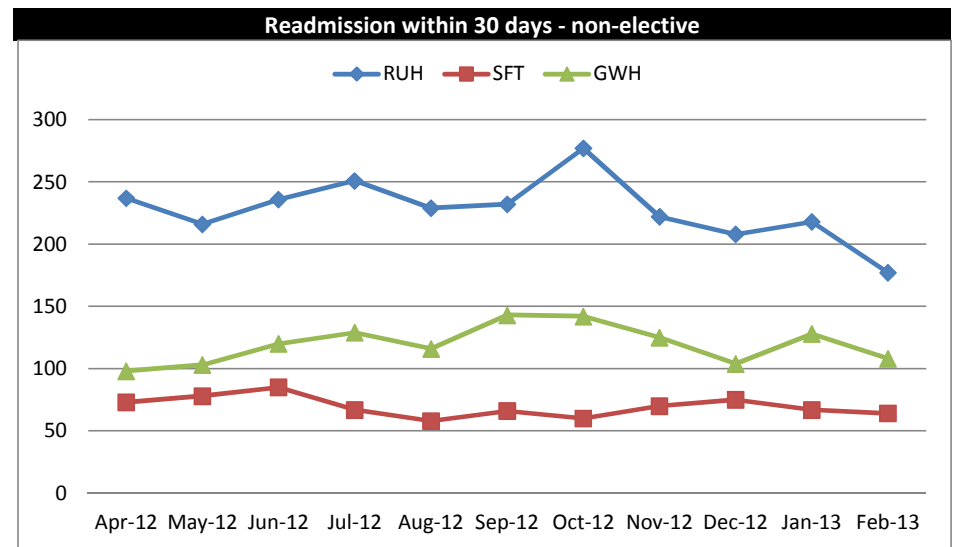
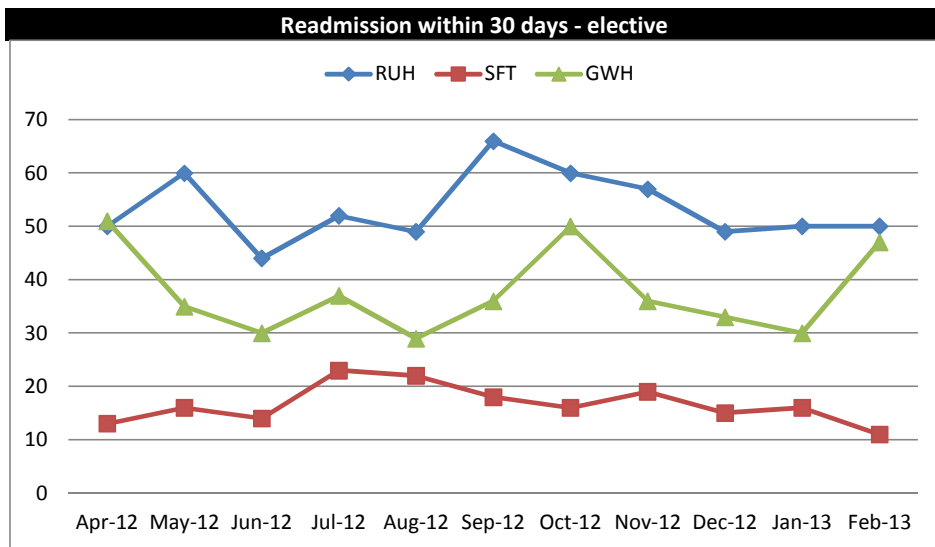
Summary Hospital Level Mortality Indicator (SHMI) <100 Is Good





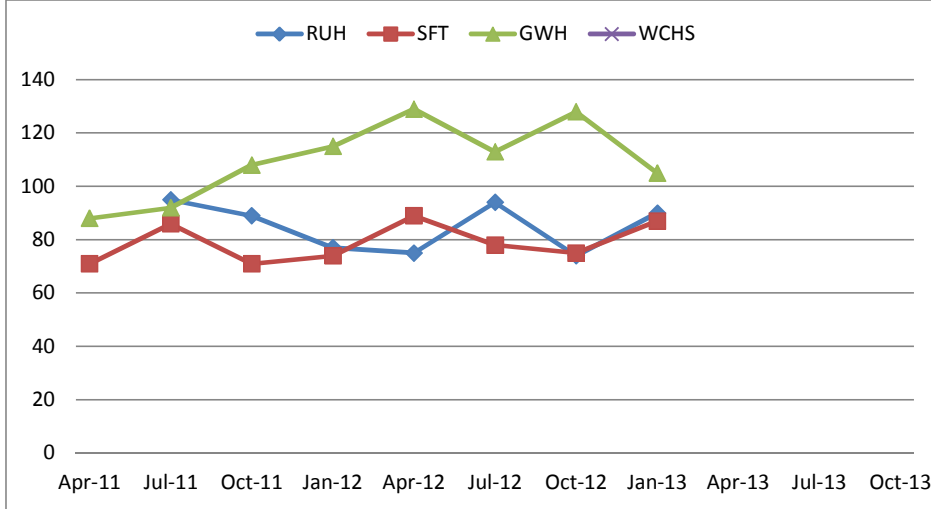


Clinical Effectiveness

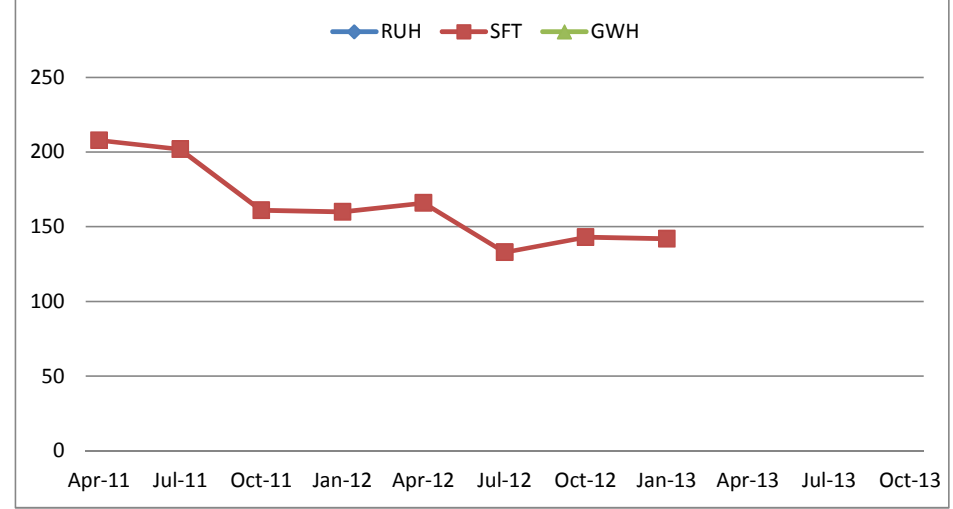


Additional Information

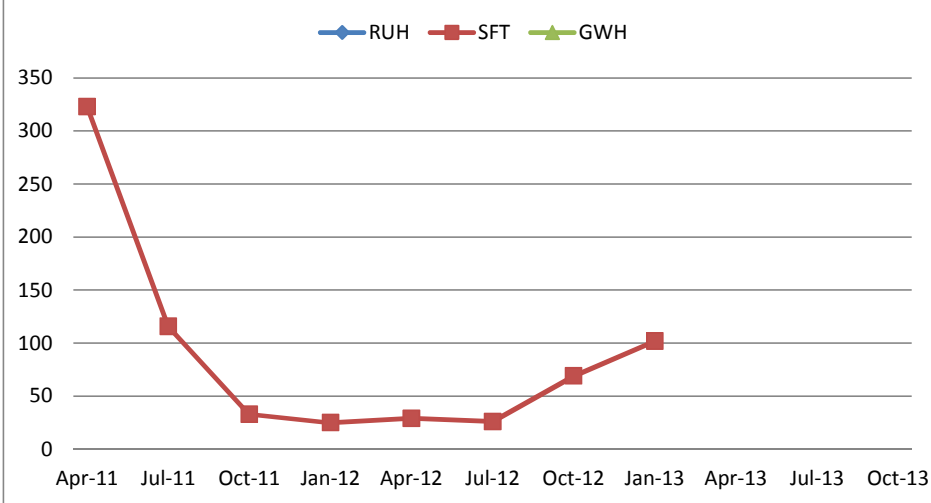
Total Number of Complaints



Numbers of Concerns



Numbers of Comments/PALS



SHA & Operating Framework Monthly Indicators

Quality 1 - Preventing people from dying prematurely

Code	Measure	Description	Criteria	Org.	M10	M11	YTD	Comments
PHQ01	Ambulance Clinical Quality	Category A 8 Minute Response Time	Plan		75%	75%	75%	Rurality continues to impact on NHSW performance
			Actual	GWAS	75.1%	75.7%	76.7%	
				NHSW	66.9%	64.9%	69.4%	
PHQ02	Ambulance Clinical Quality	Category A 19 Minute Transportation Time	Plan		95%	95%	95%	Rurality continues to impact on NHSW performance
			Actual	GWAS	94.9%	95.3%	95.7%	
				NHSW	91.6%	92.5%	92.9%	
Code	Measure	Description	Criteria	Org.	M9	M10	YTD	*Data one month in arrears
PHQ03	Cancer Measures	Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent General Practitioner (GP) referral for suspected cancer	Plan		85%	85%	85%	
			Actual	NHSW	86.3%	82.0%	89.4%	
PHQ04	Cancer Measures	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service		Plan		90%	90%	90%
			Actual	NHSW	100.0%	100.0%	98.2%	
PHQ06	Cancer Measures	Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis		Plan		96%	96%	96%
			Actual	NHSW	98.4%	98.1%	98.5%	
PHQ07	Cancer Measures	Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery		Plan		94%	94%	94%
			Actual	NHSW	90.0%	100.0%	97.2%	
PHQ08	Cancer Measures	Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime		Plan		98%	98%	98%
			Actual	NHSW	100.0%	100.0%	100.0%	
PHQ09	Cancer Measures	Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course		Plan		94%	94%	94%
			Actual	NHSW	94.3%	97.7%	96.9%	

Quality 2 - Enhancing quality of life for people with long-term conditions

Code	Measure	Description	Criteria	Org.	M9	M10	YTD	Comments
PHQ10	Mental Health Measures	Early Intervention in Psychosis - The number of new cases of psychosis served by early intervention teams year to date	Plan		3	2	25	
			Actual	NHSW	3	6	52	
PHQ11	Mental Health Measures	Crisis Resolution Home Treatment - The number of Home Treatment episodes carried out by Crisis Resolution/Home Treatment Teams		Plan		50	51	506
			Actual	NHSW	28	44	453	
PHQ12	Mental Health Measures	Care Program Approach (CPA) - The proportion of those patients on CPA discharged from inpatient care who are followed up within 7 days		Plan		95%	95%	95%
			Actual	NHSW	98.5%	97.7%	98.9%	

Quality 4 - Ensuring that people have a positive experience of care

Code	Measure	Description	Criteria	Org.	M10	M11	YTD	Comments	
PHQ19	Referral to Treatment Pathways	Referral To Treatment - admitted pathways % within 18 weeks	Plan		90%	90%	90%	Breached in 1 specialty - Neurosurgery (81.8%, 2 patients breached at North Bristol Trust).	
			Actual	NHSW	94.6%	94.2%	94.4%		
PHQ20	Referral to Treatment Pathways	Referral To Treatment - non-admitted pathways % within 18 weeks		Plan		95%	95%	95%	Achieved in all specialties
			Actual	NHSW	97.9%	97.8%	97.9%		
PHQ21	Referral to Treatment Pathways	Referral To Treatment - incomplete pathways % within 18 weeks		Plan		92%	92%	92%	Achieved in all specialties
			Actual	NHSW	94.2%	93.7%	93.9%		
PHQ22	Diagnostic Test Waits	% waiting 6 weeks or more		Plan		1.00%	1.00%	1.00%	Breaches mainly sit at GWH Swindon 1.1%, Oxford University Hospitals 14.6% & University Hospitals Bristol 4.1%.
			Actual	NHSW	0.55%	0.34%	0.51%		
PHQ23	Accident & Emergency (A&E) Waits (Type 1)	% of patients who spent 4 hours or less in A&E		Plan		95%	95%	95%	Unlikely to recover to achieve target by year-end.
			Actual	RUH	91.8%	82.4%	93.1%		
				SFT	96.2%	95.3%	97.0%		
PHQ23	Accident & Emergency (A&E) Waits (Type 1)	% of patients who spent 4 hours or less in A&E	Actual		GWG	91.1%	92.9%	94.0%	Unlikely to recover to achieve target by year-end.
			Plan		93%	93%	93%		
PHQ24	Cancer 2 Week Waits	% of patients seen within two weeks of an urgent GP referral for suspected cancer	Actual		NHSW	95.9%	93.3%	94.7%	
			Plan		93%	93%	93%		
PHQ25	Cancer 2 Week Waits	% of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	Actual		NHSW	96.2%	97.4%	98.0%	
			Plan		93%	93%	93%		
Code	Measure	Description	Criteria	Org.	M10	M11	YTD	Comments	
PHQ26	Mixed Sex Accommodation Breaches	Numbers of unjustified breaches	Plan		0	0	0	Last breached in October 2012. 3 breaches in May 2012 and 5 in Oct 2012	
			Actual	RUH	8	0	77		
				SFT	0	0	8		
				GWG	0	0	0		

Quality 5 - Treating and caring for people in a safe environment and protect them from avoidable harm

Code	Measure	Description	Criteria	Org.	M10	M11	YTD	Comments
PHQ27	Healthcare Associated Infections measure	MRSA bacteraemia	Plan		0	0	9	Single incidences in May, July & November 1 in April and 2 in November. 1 in September
			Actual	NHSW	0	0	6	
					RUH	0	0	
			Actual	SFT		0	0	
					Plan	GWG	0	
			Actual	GWG			0	
Plan	NHSW	10			9	130	Includes GP & non-acute C-Diff testing	
		Actual	NHSW	10	9	130		

PHQ28	Healthcare Associated Infections measure	Clostridium difficile infections	Actual	NHSW	9	15	143	Includes C. difficile C-Diff testing
			Plan	RUH	3	3	29	Early intelligence suggest RUH are back on plan by the end of January.
			Actual	RUH	2	3	34	
			Plan	SFT	2	2	22	SFT have recently monthly plans in recent months.
			Actual	SFT	1	3	25	
			Plan	GWH	1	0	19	GWH have already breached their 2012/13 full-year target.
Actual	GWH	1	3	26				
Code	Measure	Description	Criteria	Org.	M9	M10	YTD	Comments
PHQ29	Venous Thromboembolism (VTE) Risk Assessment	% of all adult inpatients who have had a VTE risk assessment	Plan		90%	90%	90%	
			Actual	RUH	96%	95%	95%	
				SFT	98%	99%	97%	
				GWH	90%	91%	93%	

Resources 2 - Activity

Code	Measure	Description	Criteria	Org.	M9	M10	YTD	Comments
PHS06	Non elective FFCEs	Non-elective First Finished Consultant Episodes (FFCEs)	Plan	NHSW	3411	3411	33673	Excess mainly attributed to GWH Ambulatory care (Short stay) admissions.
			Actual	NHSW	3417	3512	34615	
			Plan	RUH	3145	2937	29379	YTD excess (+2.5%) has reduced in recent months
			Actual	RUH	3066	2980	29755	
			Plan	SFT	1770	1770	17472	
			Actual	SFT	1641	1787	17205	
Plan	GWH	2609	2528	25214	GWH ambulatory care increasing admissions linked to A&E pressures			
Actual	GWH	2761	2731	27443				
PHS07	GP written referrals to hospital	No of GP written referrals	Plan	NHSW	7479	8660	82661	
			Actual	NHSW	6866	7908	78881	
			Plan	RUH	4245	4498	51455	Additional RUH Millennium growth after the plan was set
			Actual	RUH	4719	5732	55858	
			Plan	SFT	3481	3481	34362	
			Actual	SFT	2877	3097	32182	
Plan	GWH	3952	4720	49740	Excess = 1.4%. Growth is from a few NEW CCG Locality Practices and is being investigated.			
Actual	GWH	4235	5057	50701				
PHS08	Other referrals for a first outpatient appointment	No of other referrals	Plan	NHSW	4009	4642	44314	
			Actual	NHSW	4001	4666	46920	
			Plan	RUH	4553	4476	47455	Additional RUH Millennium growth after the plan was set
			Actual	RUH	3981	4373	45784	
			Plan	SFT	1867	1867	18430	Hotspots of Paediatrics and Orthopaedics are being reviewed. CPP updated to clarify Consultant to Consultant referral policy.
			Actual	SFT	1699	2010	19335	
Plan	GWH	2260	2171	23048	The year-to-date excess has been reducing in recent months.			
Actual	GWH	2036	2491	23877				
PHS10	All first outpatient attendances	No of first outpatient attendances	Plan	NHSW	10610	12286	117273	
			Actual	NHSW	10201	12144	116761	
			Plan	RUH	7500	7745	83057	Plan did not take full account of post Millennium impact.
			Actual	RUH	8266	10007	96322	
			Plan	SFT	5240	5240	51724	
			Actual	SFT	4502	5151	49476	
Plan	GWH	6420	7482	70570	Excess activity has led to waiting list reductions in Orthopaedics (30%) and Ophthalmology (12%).			
Actual	GWH	6698	7103	71418				
PHS11	Elective FFCEs	No of elective FFCEs (ordinary adms & separately daycases)	Plan	NHSW (total)	4384	5078	48471	
			Actual	NHSW (total)	4397	5091	49089	
			Plan	NHSW Ordinary	997	1155	11026	
			Actual	NHSW Ordinary	932	971	10664	
			Plan	NHSW Daycase	3387	3923	37445	
			Actual	NHSW Daycase	3465	4120	38425	
			Plan	RUH (total)	2282	2163	25536	
			Actual	RUH (total)	2194	2487	25293	
			Plan	RUH Ordinary	500	506	5768	
			Actual	RUH Ordinary	418	496	5353	
			Plan	RUH Daycase	1782	1657	19768	
			Actual	RUH Daycase	1776	1991	19940	
			Plan	SFT (total)	2360	2360	23292	
			Actual	SFT (total)	1984	2119	20964	
			Plan	SFT Ordinary	606	606	5980	
			Actual	SFT Ordinary	537	475	5530	
			Plan	SFT Daycase	1754	1754	17312	
			Actual	SFT Daycase	1447	1644	15434	
Plan	GWH (total)	2495	2908	27429				
Actual	GWH (total)	2591	3016	28370				
Plan	GWH Ordinary	476	557	5246				
Actual	GWH Ordinary	487	480	5270				
Plan	GWH Daycase	2019	2351	22183				
Actual	GWH Daycase	2104	2536	23100				
Code	Measure	Description	Criteria	Org.	M10	M11	YTD	Comments
			Plan	RUH	5496	5496	62138	RUH pressure is in-part offset by reduced activity flow to MIUs.
			Actual	RUH Type 1	6489	5378	65539	

PHS12	A&E attendances	Number of attendances at A&E departments in a month (Type 1 and Total)	Plan	SFT	3542	3542	39543	Just above plan (0.4%)
			Actual	Type 1	3726	3212	39513	
			Plan	GWH	6444	6444	63923	GWH Acute site includes SEQOL streamed patients that were not in either last year's Type 1 attendance reporting or the plan.
			Actual	Type 1	7283	6018	71395	
Plan	GWH	9859	9859	106066	GWH Acute pressure is in-part offset by reduced activity flow to MIUs.			
Actual	Total	10717	8884	109574				
PHS17	Health Visitor numbers	Numbers of Health Visitors (Full Time Equivalent)	Plan		67.2	67.2	67.2	
			Actual	NHSW	65.4	62.5	62.5	

Operating Framework Exceptions

Code	Measure	Description	Criteria	Org.	M9	M10	YTD	Comments
PHS09	First outpatient attendances following GP referral	No 1st outpatient attendances after GP referral	Plan	NHSW	6640	7689	73393	
			Actual		6174	7365	69654	
			Plan	RUH	3907	4034	43263	
			Actual		4369	5180	48366	
			Plan	SFT	3262	3262	32200	
			Actual		2668	3062	29668	
Plan	GWH	3961	4615	43534	Activity increasing in-line with recent rise in referrals.			
Actual		4122	4248	42839				

Code	Measure	Description	Criteria	Org.	M11	M12	YTD	Comments
LOCAL3	Delayed Transfers of Care (Acute, Community & Mental Health)	Number of Delayed Transfers of Care (Acute, Community & Mental Health)	Plan	NHSW	10	10	10	
			Actual		35	37	52	
			Plan	RUH (NHSW)	3	3	3	
			Actual		9	14	14	
			Plan	SFT (NHSW)	3	3	3	
			Actual		4	7	12	
			Plan	GWH (NHSW)	2	2	2	
			Actual		7	7	7	
			Plan	WCHS (NHSW)	1	1	1	
			Actual		9	5	11	
Plan	AWP (NHSW)	1	1	1				
Actual		8	5	8				