

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 25 June 2013

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/13/06/09 Integrated Performance Report June 2013
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Executive summary:	<p>The Integrated Performance Report 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.</p> <p>The Integrated Performance Report for June 2013 reports using available data for April 2013 and May 2013.</p> <p>Appendix 1 of the report is the CCG Assurance Framework issued by NHS England. This will form the basis of the NHS England assessments of CCG performance.</p>
Evidence in support of arguments:	The Integrated Performance Report provides a comprehensive single document for performance review.
Who has been involved/contributed:	The CCG Executive Team have been involved in the creation of this report..
Cross Reference to Strategic Objectives:	The report contributes to all strategic objectives.
Engagement and Involvement:	This Policy is an internal document and has not received further engagement or involvement at this time.
Communications Issues:	The Integrated Performance Report will be made available for all staff.

Financial Implications:	There are no direct financial implications.
Review arrangements:	The Integrated Performance Report will be updated on a monthly basis.
Risk Management:	The report contributes to risk management arrangements.
National Policy/ Legislation:	The report incorporates the CCG Assurance Framework from NHS England.
Equality & Diversity:	The policy has no negative E&D impact.
Other External Assessment:	This report would contribute to external assessments.
Next steps:	

NHS Wiltshire Clinical Commissioning Group Integrated Performance Report June 2013

Executive Overview

Almost 90 days after formally taking on our statutory responsibilities for delivering the best possible healthcare for the people of Wiltshire, this period has seen some areas of significant pressure within the system, notably regarding A&E. At a strategic level the CCG has led in forming a Wiltshire wide Urgent Care forum to address this area in a long term system wide manner. In the shorter term, our Groups are working closely with our providers and partner CCGs as appropriate in order to alleviate short term performance shortfalls. Elsewhere, we are chairing the area wide Rectification Task Force which has succeeded in working with our partner in improving the delivery of the NHS111 Service.

Quality is firmly at the forefront of all that we do and strive to achieve; we have some work to do regarding public/patient engagement, although our plans in this area are maturing rapidly.

The Community Transformation programme continues to move ahead, and in partnership with Wiltshire Council we were recently successful in a bid to be selected to be part of a national System Leadership programme. This is a ground-breaking collaboration between Public Health England, National Skills Academy for Social Care, NHS Leadership Academy, Virtual Staff College, Local Government Association and the Leadership Centre, that enables areas to create system wide change through leadership collaboration and development.

The rigour and systematic approach being driven since the introduction of the Project Management Office has (somewhat counter intuitively) caused us pause for thought about the delivery of our Operational Plan, but this is actually a positive outcome and should enable us to proceed on a much firmer footing hereon. As our organisation matures, along with our close partners in the CSU, we are better able to identify areas within that key relationship where we need to focus in order to ensure consistent delivery of the service support we require to achieve our objectives.

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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 May 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 an outline proposal and interim arrangements for a CCG Assurance Framework for 2013/14. This will be a supporting mechanism by which NHS England will periodically assess CCG performance. Our intent is to include this framework within our enduring performance management data collection regime, where available, to form part of this report; it is 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.

The summary of performance against the CCG Assurance Framework is found in Appendix 1.

Director of Quality and Patient Safety's Risk Assessment

During April and May 2013 NHS Wiltshire CCG have had two MRSA blood stream infections assigned to the CCG as part of the Post Infection Review Process. There has been significant learning in both cases and, as an outcome, improvements in care. The Governing Body need to be aware that this will have an impact on our ability to achieve our Quality Premium in 2013/14.

The Safety Thermometer is now in its second year. Appendix 3 shows the performance for April 2013, the May data not being available at the time of writing this report. There is an upward trend with reported pressure ulcers which could, in part, be attributed to the one day snapshot methodology. Data might include undiagnosed moisture lesions which are not pressure ulcers. We are monitoring the harm free care data with all providers and starting to include grade 1 pressure ulcers.

We are working closely with the Commissioning Support Unit to develop our complaints management and reporting. A Complaints Management Report is separately being presented to the Governing Body in June 2013.

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). We will be reporting 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 .

Content:

- Section 1 :Patient Story
- Section 2: Highlights
- Section 3: Hotspots
- Section 4: Contributors
- Appendix 1: CCG Assurance Framework
- Appendix 2: Patient Safety & Experience Dashboard
- Appendix 3: Safety Thermometer

1. Patient Story

The Governing Body will receive a verbal case study.

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) CCG Assurance Framework (section 2.1)
- b) MRSA Post Infection Review (section 2.2)
- c) Patient Safety Thermometer (section 2.3)
- d) Guide to good handling of complaints (section 2.4)
- e) Enabling data flows for commissioning (section 2.5)
- f) CQUINS (section 2.6)
- g) Quality & Clinical Governance Committee (section 2.7)

2.1 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 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.
- Presentation at the next Stakeholders event in September (date to be confirmed).

2.2 Health Care Acquired Infection

NHS England 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. The NHS planning guidance explains that in the case of an MRSA bloodstream infection, a post infection review will identify why an infection occurred and how future cases can be avoided. The Post Infection Review Guidance has now been published to help organisations conduct such reviews.

The year end MRSA and Clostridium difficile infection data for 2012 – 13 is shown in the table below along with the targets and year to date performance for 2013-14. The table shows the results per provider.

Table 1 MRSA bacteraemia and Clostridium dDifficile infection (CDI) trajectory and actual 2013-14 compared with 2012-13.

Provider	MRSA 12-13 Plan	MRSA 12 -13 actual	CDI 12 – 13 Plan	CDI 12 -13 actual	MRSA 13-14 Plan	MRSA Actual YTD	CDI 13-14 Plan	CDI Actual YTD
Salisbury	1	3	25	25	0	0	21	1
GWH*	2	1	21	34*	0	1	20	1
RUH	1	3	31	41	0	0	29	4
Wiltshire CCG	9	7	139	155	0	2	127	

NHS Wiltshire CCG monitors provider performance of MRSA bacteraemia and Clostridium difficile on a monthly basis, we also monitor MSSA and *E. coli* (see table 2 below).

Table 2 April 2013 performance.

April	(May 2013 not yet available)						
Trust	MRSA non acute	MRSA acute apportioned	CDI non acute apportioned	CDI acute apportioned	MSSA non acute apportioned	MSSA acute apportioned	E coli - non apportioned
RUH	2	0	13	4	4	0	16
SFT	0	0	2	1	2	0	2
GWH	2	1	3	1	2	0	8

Action

- A meeting with the RUH on 17 June 2013 to understand the MRSA apportioned case to Wiltshire CCG in April 2013 and further learning.
- Further understanding of the MRSA case in a Wiltshire Care home in May 2013 will be reviewed jointly with Wiltshire Public Health Team.
- Establish Monthly meetings with Wiltshire Public Health to ensure learning and planning in supporting the C.diff objectives for 2013/14.

2.3 Patient Safety Thermometer

Participation in data collection using the NHS Safety Thermometer is an important preparatory step for NHS-funded provider organisations in reducing harm. Use of the NHS Safety Thermometer will establish a national baseline of performance on the four harms and provide information on the range of performance. These harms are:

- Falls
- UTIs in patients with catheters
- VTE
- Pressure ulcers.

The Harm Free Care programme produces organisational level report that allows assessment of the main drivers of harm in an organisation and a breakdown of the mix of harms that affect patients with multiple harms.

Royal United Hospital Bath NHS Trust (RUH), Great Western Hospital FT (GWHFT) and Salisbury NHS FT all participate in this national exercise. Data concerning the four harms is collected on one day every month. Appendix 3 shows the Safety Thermometer data provided by provider.

In addition Avon Wiltshire Partnership Mental Health Trust are taking part in the National Pilot for Safe Care, Like all other care sectors, mental health has its share of harmful events which could, or should, have been avoided. Everyone involved in providing mental health services can help to reduce harm and improve patient safety. The vulnerable nature of many service users means mental health staff can play a particularly active and important role in safeguarding and improving safety. The Safe Care Pilot will monitor Medication, Omissions and Delays, Self-Harm, Violence and Aggression, Slip Trips and Falls.

Action

- Quarterly review of Safety Thermometer data will be incorporated into the Quality Contract meetings with each provider, the Safety Thermometer is also a National CQUIN for 2013/14.
- The Mental Health Safe Care Pilot will be reviewed at both the local and regional Clinical Quality Review Meetings.
- Acute trust will have a further CQUIN trajectory for 50% reduction of grade 2, 3 and 4 pressure ulcers for 2013/14, during the year we anticipate trajectory will be reviewed for Falls, VTE and CAUTI.

2.4 Guide to good handling of complaints

During transition many CCGs asked for support and advice on handling complaints. In response NHS England has worked in partnership with the Health Service Ombudsman, and with input from CCGs, to develop a Guide to good handling of complaints.

This final part of support to CCGs as they set up, has now concluded and NHS England has this week published a guide to support CCGs to develop good processes for handling of and responding to complaints. Ensuring good handling of complaints and learning from them are ways in which CCGs can improve quality for their patients.

All NHS organisations, including CCGs, need to comply with the 2009 complaints regulations. '[Guide to good handling of complaints for CCGs](#)' provides advice and top tips to CCGs on responding to complaints about the services they commission on behalf of their populations, or about the exercise of any of their own functions. It is intended as a helpful guide to good practice and will help CCGs to ensure they comply with the legal requirements of the 2009 complaints regulations. The document also highlights the importance of monitoring trends and learning from complaints and makes suggestions for CCGs on how to do this.

For further information and to [Download the Guide from the CCG Resources page of the NHS England website](#).

Action

- On the 6 and 13 June 2013 we have planned a short presentations to the GP learning event, to share the update guidance and primary care complaints management process post April 2013.
- NHS Wiltshire are working with Central Southern CSU to develop a reporting structure for complaints management, reflecting the good handling guidance.
- An agreed matrix of responsibility and complaints management be confirmed.

2.5 Enabling data flows for commissioning: Caldicott2

Patients and clients give staff in health and social care personal and confidential information about themselves all the time and they trust that we will protect the information they give. As we move to a more electronic age, where information can be shared more easily, and across many more types of organisations, the Government accepted the Future Forum's recommendation for a review of the balance between protecting patient information and its sharing, to improve patient care. The term used to describe how we manage this is 'Information Governance'. Dame Fiona Caldicott has been leading this review with an independent panel of experts, on behalf of the secretary of state.

On 26 April 2013, the report 'Information: to share or not to share' was published by the Department of Health with an overarching aim has been to ensure that there is an appropriate balance between the protection of the patient or user's information, and the use and sharing of such information to improve care. This work will enable better and more transparent sharing of information in the interest of patients. As part of this, NHS Wiltshire CCG need to ensure we have a lawful basis for disclosure of data for commissioning and the separation of direct and indirect care uses of data is important for this.

NHS England recently secured a 3-month Section 251 (s251) extension until 30 June 2013 to support the flow of Secondary Uses Service (SUS) data from Health and Social Care Information Centre (HSCIC) to commissioning support units (CSUs) and CCGs. A decision from the Confidentiality Advisory Committee (CAG) regarding the outcome of a further application to support SUS and other data flows is expected shortly. If successful, we anticipate, the approval will be subject to a number of conditions that will need to be implemented within a short timeframe.

Action

- The Future Forum's key recommendation relating to information governance stated that data sharing is vital for patient safety, quality and integrated care. A re-balancing of sharing and protecting information is needed in the patients' and service users' interests.
- There is an on-going need for education and training in this area for NHS Wiltshire staff, and also for patients and service users. It is crucial that systems for principled sharing of information are well understood.
- NHS England are planning a series of four workshops to provide a view of the changes necessary to comply with the s251 support and opportunities for questions of NHS England and the HSCIC IG and Data Services delivery teams.

2.6 Commissioning for Quality and Innovation (CQUIN)

The CQUIN payment framework enables commissioners to reward excellence, by linking a percentage of providers' income to the achievement of quality improvement goals. The guidance on the national CQUIN goals for 2012/13 set out in the NHS Operating Framework for 2012/13 and linked 2.5% of the providers' outturn to CQUINS, there were four nationally mandated CQUIN goals for 2012/13 plus recommendations from the NHS South of England Operating Plan.

The table below highlights the achievement of 2012/ 2013 Commissioning for Quality and Innovations for NHS Wiltshire providers.

Table 3: CQUIN achievement

Name of organisation	% CQUIN achievement 2012/13
Salisbury Foundation Trust	99%
Great Western Community (adults)	83%
Great Western Maternity	86%
Great Western Hospital	71%
Royal United Hospital	65%
GWAS	100%
AWP	70%

CQUIN for 2013/14 continue to be set at a level of 2.5 per cent value for all healthcare services commissioned through the NHS Standard Contract. One fifth of this value (0.5 per cent of overall contract value) is to be linked to the national CQUIN goals, where these apply. The full year financial value of a CQUIN scheme will be calculated as a percentage of the full year value for all healthcare services commissioned through the NHS Standard Contract. Providers will only be paid where they have achieved the agreed CQUIN goals. CQUIN monies remain non-recurrent.

*Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS*¹ set out that from April 2013 compliance with high impact innovations would become a prequalification requirement for CQUIN. By 31 March 2013, providers have put in place measures to meet the criteria set out in order to qualify for the release of any 2013/14 CQUIN funding. Whilst the minimum requirements for providers are set nationally, providers have worked with commissioners to ensure that plans are aligned with local commissioning strategies. For further information on the prequalification criteria:

<https://www.supply2health.nhs.uk/eContracts/Documents/cquin-guidance.pdf>

There are four national CQUIN goals for 2013/14, which are:

- *Friends and Family Test* – where commissioners will be empowered to incentivise high performing Trusts;
- improvement against the *NHS Safety Thermometer* (excluding VTE), particularly pressure sores;
- improving *dementia* care, including sustained improvement in **Finding** people with dementia, **Assessing** and **Investigating** their symptoms and **Referring** for support (FAIR); and
- *Venous thromboembolism (VTE)* – 95 per cent of patients being risk assessed and achievement of a locally agreed goal for the number of VTE admissions that are reviewed through root cause analysis.

In addition to the four National CQUINs, NHS Wiltshire have agreed four local CQUINS in all our contracts, they include:

- Reduction in Non elective admissions (an Integrated community acute trust CQUIN);
- Increase Functional Movement in hospital for elderly care patients To improve the quality of care for elderly patients by reducing functional decline whilst in hospital through increased mobilisation;
- Improved same day and appointments within 48 hrs for GP referrals;
- To improve the support of vulnerable families through monthly liaison meetings between community midwives and health visitors during the antenatal period and timely written discharge in the postnatal period.

Action

- All the 2013/14 CQUINS have now been agreed with Providers, the next step is the performance management. We have developed a framework for the monitoring which has been shared with providers the first quarter's data will be shared in August 2013.

2.7 Quality and Clinical Governance Committee

The Inaugural meeting of the NHS Wiltshire CCG Quality and Clinical Governance Committee was held on 7 May 2013 at Southgate House, Devizes. The Chair, Mary Monnington, Registered Nurse for NHS Wiltshire CCG Governing Body reinforced the development work for the committee and the responsibility to strengthen Quality & Patient Safety performance management for NHS Wiltshire CCG. The minutes of the meeting will be shared after they have been approved at the next meeting on the 2 July 2013.

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 2 shows the quality and patient safety indicators which are monitored. This information has been taken from the provider Patient Safety and Quality Dashboards.

SARUM Group Lead

3.1 SFT

- Staff vacancy rate 8% trust target less than 10%
- TIA performance 100%
- Dementia Audit of Patients aged 75+ Performance in diagnostic assessment actual 80% target 90%
- Named midwife for safeguarding

WWYKD Lead

3.2 RUH

- Stroke patients spending 90% of their time on a stroke unit March (one month lag) 44.2% (80%)
- TIA treated within 24 hours 31.6% (target 60%)
- Cancelled Operations 4.2% (target <1%)
- Cancelled operations not rebooked within 28 days 33.9% (target <5%)
- CDiff 4 cases in April against a trajectory of 2
- Falls assessment within 24 hours 90% (target 100%)
- VTE: Percentage of patients who require prophylaxis are given it 75.05% (target 100%)
- Number of medical outliers 23 (target <10)
- Outpatient wait in weeks average for surgery 6.21 (target <4.7)

3.3 AWP

- Delayed Transfers of Care Target 7.6% Actual 9.6% & No. of Crisis Resolution Home Treatment episodes (cumulative) target 606 actual 524
Median length of stay (days) target 54 Actual 70
- % of carers with an assessed need who have a care plan within 4 weeks of assessment Target 98% actual 91%
- % of service user review within 4 weeks target 98% actual 88%

3.4 GWAS

No data quality meeting planned 25 June 2013

NEW Lead

3.5.1 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%

3.5.2 GWH Community

Please see below for M12 GWH Community hotspot review. This has been taken from the PSQ Dashboard attached at Appendix 2.

- 93W 'Average LoS' (target <17 days). M12 data shows an average LoS of 23.9 days. This is slightly higher than the YTD at 23.5 days
- 95W 'Increase the total number of people who are discharged from a community hospital to their original residence' (target >75%) M12 data shows an improvement from the previous 2 months at 78%. This is higher than the YTD of 76.4%
- 105W 'CHC 1st review seen within week 12' (target >90%). M12 information shows a record of 75%. Although below the target this exceeds the YTD figure at 50%
- 138W 'Health Visitor Numbers' (target 67.2 wte). This indicator continues to fall under target at 62.36 wte for M12. In addition, if the 1.8 wte named nurse is included, this indicator is still below target of 64.16

3.5.3 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 **Contributors**

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

- Public Health Infection Control NHS Wiltshire;
- Information Team NHS Wiltshire
- Information Team CSU

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 found in 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 May 2013 the CCG is reporting a year to date surplus of £0.8m 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.

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 (WCCG) has planned to deliver a surplus of £5.0m against an anticipated revenue resource limit of £519.1m. Annex 1 shows the summary income and expenditure position for year at month 2.

The income and expenditure year to date position at the 31st May 2013 is a surplus of £0.8m – this is in line with the planned surplus position of £5.0m. Table 4 below outlines the summary position at month 2:

	Year to date / £'m		
	Resources	Expenditure	Variance
Programme	82.32	81.48	-0.84
Running costs	1.83	1.83	0.00
	<u>84.15</u>	<u>83.31</u>	<u>-0.84</u>

	Forecast outturn / £'m		
	Resources	Expenditure	Variance
Programme	507.40	502.36	-5.04
Running costs	11.66	11.66	0.00
	<u>519.06</u>	<u>514.02</u>	<u>-5.04</u>

The CCG is currently forecasting operating within its cash limit. At month 2 there has been a lower than plan drawdown against the anticipated cash limit – this in respect to the timing impact of the prescribing cash adjustments which have yet to be notified.

The residual cash balance (£8.5m) represents cash contingencies in quarter one of the CCG's establishment to ensure that funding is available to pay service providers.

At the end of May 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 within the annexes 2, 3 and 4 respectively.

Resource limit and budget updates

At the request of NHS England WCCG has recently included reductions to its anticipated revenue resource limit in respect of:

	£'m
Capital grants	-4.50
Health and social care funding	-6.53
Specialist Commissioning	-3.54
	<u>-14.57</u>

CCGs have been asked to remove anticipated capital grant funding whilst the Department of Health (DoH) clarifies the funding regime and overall level of funds available. WCCG has recently been notified that capital funding will be made available; however this is not currently confirmed as an anticipated allocation.

The anticipated allocation for health and social care funding, which is passed to Wiltshire County Council, has been removed from the CCG resource limit whilst the DoH finalises the funding route which may involve a direct transfer of funds to the Council.

NHS England has requested that CCGs include an adjustment to their resources for the updated impact of specialised services transfers. For WCCG this equates to a reduction in resources of £3.5m which covers both minimum and maximum take transfers. WCCG has raised concerns with NHS England over this adjustment as the minimum take element of this adjustment relates to a reduction in CCG resources which were not included in the calculation of CCG allocations. It is estimated that this will result in a cost pressure of c£1.6m to WCCG.

Annex 5 outlines the summary movements to the CCG budgets in respect of these adjustments and following updates to reflect contract values.

Wiltshire CCG financial performance by providers

The month 2 reported financial position represents the first month of receiving information from providers following the NHS architecture changes. Further work is required by providers to develop the information received by WCCG to ensure that it accurately reflects our new commissioning responsibilities – at this time no major outturn and activity issues are reported.

At the end of month 2 the CCG is forecasting operating within its running cost allowance.

Highlighted below are the key variances within individual commissioned service areas at month 2 along with any mitigating actions identified.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
LD	0.3	0.4	0.1	0.1
SPP	0.4	0.5	0.1	0.2
S117	0.3	0.3	0.0	0.2
TOTAL	1.0	1.2	0.2	0.5

Learning Disabilities - two short term placements have been extended. A discharge plan is in place for one of these and assessments are underway to allow this to take place.

Specialist Placements Panel - currently forecasting full year costs for a new placement until the outcome of a tribunal, scheduled in June, to decide if care can transfer to the community.

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	1.16	1.24	0.08	0.00

A year to date overspend is reported in respect of additional charges raised to the CCG by Wiltshire Medical services to WCCG 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 WCCG.

Financial risks

As outlined above information that has been received from 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 any CCG response. In future reports, activity will be shown as part of the CCG Assurance Framework at Appendix 1.

WCCG 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.

Further work is being undertaken with the Local Area Team in respect to identifying and resolving outstanding baseline funding issues – the impact on these to the CCG is still to be finalised.

Annexes

- Annex 1 summary I&E position
- Annex 2 balance sheet 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 2 2013/14

	£'m			£'m	
	Budget	Ytd Actual	Variance	Annual budget	FOT variance
Acute care	41.55	41.58	0.03	249.31	0.00
Exceptions	0.04	0.04	0.00	0.25	0.00
Non acute care	20.42	20.71	0.29	122.49	0.00
Other commissioning	4.33	4.18	-0.14	25.95	0.54
	66.33	66.52	0.18	398.00	0.54
Out of hours	1.16	1.24	0.08	6.97	0.00
Local enhanced services	0.50	0.49	-0.01	6.68	0.00
Prescribing	11.38	11.38	0.00	69.53	0.00
	13.04	13.11	0.07	83.18	0.00
Running costs	1.83	1.83	0.00	11.66	0.00
Uncommitted headroom	0.00	0.00	0.00	10.07	0.00
Surplus	0.84	0.00	-0.84	5.04	-5.04
Contingency	0.40	0.00	-0.40	2.52	-0.54
Earmarked reserves	1.71	1.85	0.14	8.59	0.00
	2.94	1.85	-1.09	26.21	-5.57
CCG total	84.15	83.31	-0.84	519.06	-5.04

Annex 2 - balance sheet position at month 2 2013/14

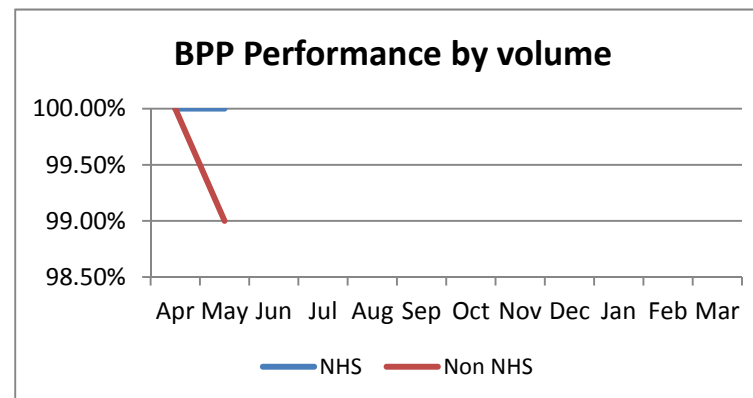
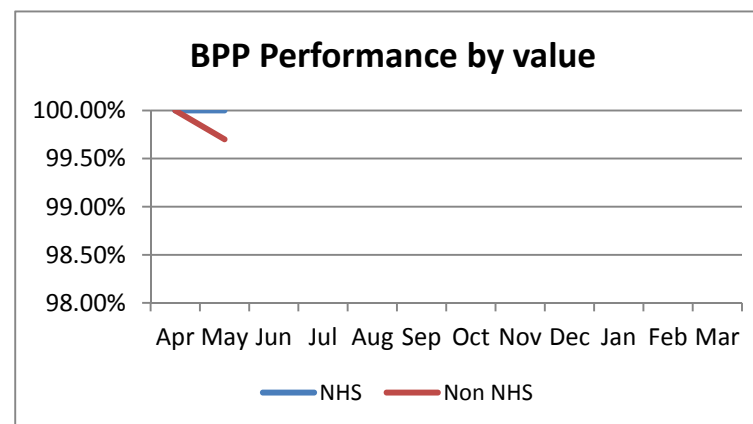
SUMMARY Statement of Financial Position	£'m		
	Opening position at 1st April 2013	Current position at 31st May 2013	Forecast position at 31st March 2013
Non Current Assets:			
Premises, Plant, Fixtures & Fittings			
IM&T			
Other			
Long-term Receivables			
TOTAL Non Current Assets	0.00	0.00	0.00
Current Assets:			
Inventories			
Trade and Other Receivables		8.83	4.00
Cash and Cash Equivalents		5.04	0.05
TOTAL Current Assets	0.00	13.86	4.05
TOTAL ASSETS	0.00	13.86	4.05
Non Current Liabilities:			
Long-term payables			
Provisions			
Borrowings			
TOTAL Non Current Liabilities	0.00	0.00	0.00
Current Liabilities:			
Trade and Other Payables		24.86	14.88
Other Liabilities			
Provisions			
Borrowings			
Total Current Liabilities	0.00	24.86	14.88
TOTAL LIABILITIES	0.00	24.86	14.88
ASSETS LESS LIABILITIES (Total Assets Employed)	0.00	-10.99	-10.83

Annex 3 – cash position at month 2 2013/14

	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m	87.00	519.06
Assumed revenue cash limit / £'m	86.00	514.02
Cash drawn down / £'m	74.00	514.02
Cash drawn down as %	14.40%	100.00%
Expected cash draw down as %	16.67%	100.00%
Cash utilised / £'m	65.48	514.02
Balance in account / £'m	8.53	0.05
Balance in account as % of cash limit	1.66%	0.01%

Annex 4 – Better payment practice code position at month 2 2013/14

	Performance vs 30 days BPP			
	Month		YTD	
	Nos.	£'m	Nos.	£'m
NHS				
Total bills paid	37	25.13	44	25.13
Total bills paid within time	37	25.13	44	25.13
% of bills paid within target	100.0%	100.0%	100.0%	100.0%
Non-NHS				
Total bills paid	456	4.72	465	2.68
Total bills paid within time	453	4.72	462	2.67
% of bills paid within target	99.3%	100.0%	99.4%	99.7%
ALL				
Total bills paid	493	29.85	509	27.81
Total bills paid within time	490	29.85	506	27.80
% of bills paid within target	99.4%	100.0%	99.4%	100.0%



Annex 5 – movements between budgets and resources

	Budget setting	£'m M1 update	Movement	Comment	M2 update	£'m Movement from M1	Comment
Acute care	248.50	248.50	0.00		249.31	0.81	Net Impact of SCG movements - some adjustments already accounted for within earmarked reserves at M1. Includes impact of contract updates
Exceptions	0.25	0.25	0.00		0.25	0.00	
Non acute care	138.62	134.13	-4.49	Removal of funding above requirements and developments not yet commenced vs reserves	122.80	-11.33	Removal of capital grant funding, health and social care funding and contract updates
Other commissioning	25.64	25.64	0.00		25.64	0.00	
	413.01	408.52	-4.49		398.00	-10.52	
Out of hours	6.86	6.97	0.11	Inclusion of OOHs prescribing	6.97	0.00	
Local enhanced services	6.68	6.68	0.00		6.68	0.00	
Prescribing	69.64	69.53	-0.11	Movement of OOHs prescribing	69.53	0.00	
	83.18	83.18	0.00		83.18	0.00	
Running costs	11.66	11.66	0.00		11.66	0.00	0.00
Uncommitted headroom	10.07	10.07	0.00		10.07	0.00	
Surplus	5.04	5.04	0.00		5.04	0.00	

Contingency	2.52	2.52	0.00		2.52	0.00	
Earmarked reserves	8.15	12.64	4.49	Inclusion of funding above requirements and developments not yet commenced	8.59	-4.05	Impact of SCG movements and contract updates
	<u>25.77</u>	<u>30.26</u>	<u>4.49</u>		<u>26.21</u>	<u>-4.05</u>	
CCG total	<u>533.62</u>	<u>533.62</u>	<u>0.00</u>		<u>519.06</u>	<u>-14.57</u>	

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 Coordination – 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:

After a difficult start of the year in A&E, we have seen improvement in waiting times at both RUH and SFT. However, we remain concerned about the achievement at GWH, which in conjunction with a larger than expected number of handover delays from Ambulance to A&E, has prompted us to engage with GWH, in partnership with Swindon CCG, and develop an A&E improvement plan. This dialogue has included interaction with the Clinical Director and General Manager. Furthermore, a joint workshop is planned for July to look at further developing a facilitated discharge model (to clear bed spaces and improve flow rates through the hospital), and GWH are examining the lessons identified during the successful RUK Spring to Green evolution to see what practice they might adopt.

It is also noteworthy that SWAST are below target for responding to Cat A calls within 8 minutes across their region, and that the performance in Wiltshire is below the regional average.

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. This data would be detailed in part of the CCG Assurance Framework document but it has been decided not to report for this report against a number of measures as this would provide a miss-leading picture of performance. Providers are likely to be able to back-populate early year reporting in the coming months.

NHS Constitution

Accident and Emergency Departments (A&E) have been extremely busy during this period with particularly high attendance numbers in the first half of April 2013. This has led to deterioration in A&E access with the 4 hour standard being breached at all three CCG commissioned acute providers. The situation has improved especially at Royal United Hospitals, Bath and Salisbury Foundation Trust. The Ambulance service has seen increased patient numbers that has led to poorer access rates.

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 data reported during last financial year. It has been noted that there are some pressures seen in hospital infection rates.

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.

In future reports detailed performance against project delivery will be shown as an Annex to this chapter.

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

We are not quite where we would want to be at this stage in terms of the execution of our Operational Plan following some further discussion regarding the overall allocation and profiling of QIPP targets. Furthermore, the implementation of projects and plans has not been possible to achieve in line with the originally envisaged timelines due to some further debate regarding the direction of travel, which was required as the introduction of greater rigour delivered by the PMO brought more clarity to the likely outcomes.

The allocations and profiling have now been re-cast and agreed; our next step is to drill down into the detail of what each project will be able to deliver in order to provide us with the transparency we require to implement the Operational Plan. This work is on-going across the Groups. The project management framework and stewardship of the PMO should enable us to close with this issue in short order.

The Programme Management Office (PMO) was launched in April and has been active in supporting Project Managers in Groups to produce project plans. Project plans, using the PMO templates, are in the final stages of development for the delivery of:

- Care Co-ordination – all Groups lead by NEW
- Risk Stratification – all Groups
- Wiltshire Discharge Team at the RUH – WWYKD only

These early priority projects will contribute to the reduction in unplanned care activity that forms part of the Operational Plan.

The 2013/14 Operational Plan was developed at the time the CCG was focused on Authorisation in December 2012. It was agreed by the Governing Body in February 2013 and was used to inform the QIPP submissions required by NHS England in early 2013.

The table below sets out the QIPP target and the profiling for the CCG. The majority of QIPP savings for which Groups are responsible are profiled to be delivered from Q2.

Group	All £'000												TOTAL
	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	
All	0	27	27	40	64	64	71	71	79	91	100	136	770
NEW	0	34	34	77	101	101	128	128	155	167	175	252	1,352
SARUM	0	64	64	131	178	178	220	220	261	286	303	431	2,337
WWYKD	0	55	55	127	163	163	208	208	253	271	284	412	2,199
Meds mgt	220	220	220	220	220	220	220	220	220	220	220	221	2,641
	220	401	401	595	726	726	847	847	969	1,034	1,081	1,452	9,300

The amounts identified are calculated according to the providers for which each Group has responsibility and span the areas of Planned Care, Unplanned Care and Mental Health.

To ensure delivery of QIPP, other projects identified across the Groups from the Operating Plan will be prioritised to receive attention from the Project Managers with support from the PMO. The Programme Governance Group will meet for the first time on 19 June and will identify not just the priorities but also the project sponsors who will lead the work required which delivers the desired outcomes.

The intention is that the Governing Body receives a project register with a RAG rating describing the status of each project that is being monitored through the PMO. There has been significant learning from the experience of operating a PMO across the organisation and the three project areas identified above. This has led to revisions to templates and the approach taken to the production of project plans. To fully reap the benefit of having a PMO there is also a real need to recognise and adopt disciplines whereby there is clarity on agreed outcomes to support implementation.

Authorisation

The CCG has no outstanding conditions of authorisation relating to clinical governance. There are two conditions relating to operational and financial planning. NHS England have indicated that there is no further action required by the CCG to clear these conditions because the necessary submissions were made in February 2013 and the conditions were a formality of the authorisation timetable set by NHS England. This is reflected in the CCG Assurance Framework at Appendix 1.

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

CCG: Wiltshire	
Clinical Governance	
Does the CCG have any outstanding conditions of authorisation in place on clinical governance?	N
Has the CCG self-assessed and identified any risks associated with the following:	
Concerns around quality issues being discussed regularly by the CCG governing body	N
Concerns around the arrangements in place to proactively identify early warnings of a failing service	N
Concerns around the arrangements in place to deal with and learn from serious untoward incidents and never events	N
Concerns around being an active participant in its Quality Surveillance Group	N
EPRR	
If there was an emergency event in the last quarter, has the CCG self-assessed and identified any areas of concern on the arrangements in place for dealing with such an event?	N
Winterbourne View	
Has the CCG self-assessed and identified any risk to progress against its Winterbourne View action plan?	N

Green – all 'NO' responses
Amber/Green – One or more 'YES' responses but action plan in place that successfully mitigates patient risk
Amber-Red – One or more 'YES' responses and no action plan in place / plan does not successfully mitigate patient risk
Red – Enforcement action is being undertaken by the CQC, Monitor or TDA and the CCG is not engaged in proportionate action planning to address patient risk.

Indicator	Prov	2012/13	2013/14												FOT		
			Target	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14		Mar-14	
Referral To Treatment waiting times for non-urgent consultant-led treatment																	
Admitted patients to start treatment within a maximum of 18 weeks from referral		94.4%	≥90%	94.7%													G
Non-admitted patients to start treatment within a maximum of 18 weeks from referral		97.8%	≥95%	97.0%													G
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral		93.8%	≥92%	93.2%													G
Number of patients waiting more than 52 weeks		0	0	0													A
Diagnostic test waiting times																	
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral		0.5%	≤1%	0.5%													G
A&E waits																	
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	RUH	91.9%	≥95%	76.9%													A
	SFT	96.9%		91.3%													G
	GWH	95.6%		89.9%													A
Cancer waits – 2 week wait																	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP		94.7%	≥93%	nya													G
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)		98.0%	≥93%	nya													G
Cancer waits – 31 days																	
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers		98.5%	≥96%	nya													G
Maximum 31-day wait for subsequent treatment where that treatment is surgery		97.2%	≥94%	nya													G
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen		100.0%	≥98%	nya													G
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy		96.9%	≥94%	nya													G
Cancer waits – 62 days																	
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer		89.4%	≥85%	nya													G
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers		98.2%	≥90%	nya													G
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)			nya														
Category A ambulance calls																	
Category A calls resulting in an emergency response arriving within 8 minutes– (75% standard to be met for both Red 1 and Red 2 calls separately)	Waits	68.7%	≥75%	65.8%													R
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	SWAST	73.0%	≥75%	70.2%													R
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	SWAST	75.9%	≥75%	74.7%													A
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	SWAST	92.7%	≥95%	95.1%													A
Handover delays between ambulance at A&E greater than 30 minutes (Local Standard)	RUH		0	44													R
	SFT			10													A
	GWH			149													R
Mixed Sex Accommodation Breaches																	
Minimise breaches	RUH	77	0	0													A
	SFT	8		0													A
	GWH	0		0													G
Cancelled Operations																	
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days.	RUH	24	0														R
	SFT	4															A
	GWH	0															A
Mental Health																	
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.		99.2%	≥95%														G

Indicator	Measurement type	Data from CCG Benchmarking packs				April
		CCG Performance	National Average	Benchmark period	Relative performance (against England median)	
1. Preventing people from dying prematurely						
Potential years of life lost (PYLL) from causes considered amendable to healthcare	Annual	1805	2163	2009 & 2010	Much better than average	nya
Under 75 mortality rate from cardiovascular disease	Annual	54.7	67.6	2011	Much better than average	nya
Under 75 mortality rate from respiratory disease	Annual	18.5	28.5	2011	Much better than average	nya
Under 75 mortality rate from liver disease	Annual	12.3	25.3	2010/11 & 2011/12	Much better than average	nya
Under 75 mortality rate from cancer	Annual	111.8	122	2011	Much better than average	nya
2. Enhancing quality of life for people with long term conditions						
Health-related quality of life for people with long-term conditions	Annual	76.5%	73%	Jul-2011 to Mar-12	Much better than average	nya
Proportion of people feeling supported to manage their condition	Annual	55.0%	52%	Jul-2011 to Mar-12	Much better than average	nya
Dementia Diagnosis Rates	Annual	N/A	46%	N/A	N/A	nya
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) - (DSR per 100,000)	In year & Annual	705	929	2011/12	Much better than average	nya
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (DSR per 100,000)	In year & Annual	206	319	2011/12	Much better than average	nya
3. Helping people to recover from episodes of ill health or following injury						
Emergency admissions for acute conditions that should not usually require hospital admission (DSR per 100,000)	In year & Annual	834.4	1036	2011/12	Much better than average	nya
Emergency readmissions within 30 days of discharge from hospital (indirectly standardised percentage)	In year & Annual	10.80%	11.80%	2010/11	Much better than average	nya
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI) (DSR per 100,000)	In year & Annual	301	366	2011/12	Much better than average	nya
Measures (PROMs) for elective procedures: (EQ-5D Index casemix adjusted health gain - some CCG results have not been included due to small numbers)						
i) Hip replacement	Annual	0.44	0.41	2010/11 & 2011/12	N/A	nya
ii) Knee replacement	Annual	0.31	0.41	2010/11 & 2011/12	N/A	nya
iii) Groin hernia	Annual	0.09	0.41	2010/11 & 2011/12	N/A	nya
iv) Varicose Veins	Annual	0.10	N/A	N/A	N/A	nya
4. Ensuring that people have a positive experience of care						
Patient experience of primary care i) GP Services	In year & Annual	91%	88%	Jul-2011 to Mar-12	Much better than average	nya
Patient experience of primary care ii) GP Out of Hours services	In year & Annual	73%	70%	Jul-2011 to Mar-12	Much better than average	nya
Patient experience of hospital care - RUH	Annual	77%		2012	N/A	
Patient experience of hospital care - SFT	Annual	78%		2012	N/A	
Patient experience of hospital care - GWH	Annual	75%		2012	N/A	
Care Services	Annual	N/A		N/A	N/A	
Friends and family test	In year & Annual	N/A		N/A	N/A	
5. Treating and caring for people in a safe environment and protecting them from avoidable harm						
Incidence of healthcare associated infection (HCAI) i) MRSA						
Health Community	In year & Annual	1	2	10/2011-09/2012	Much better than average	
RUH Trust apportioned - HPA		5		2012/13		0
SFT Trust apportioned - HPA		3		2012/13		0
GWH Trust apportioned - HPA		1		2012/13		1
Incidence of healthcare associated infection (HCAI) ii) C.difficile						
Health Community	In year & Annual	35	28	10/2011-09/2012	Much worse than average	
RUH Trust apportioned - HPA		41		2012/13		4
SFT Trust apportioned - HPA		25		2012/13		1
GWH Trust apportioned - HPA		34		2012/13		1
6. Targets included within planning guidance locally set						
i) The proportion of people who have depression and/or anxiety disorders who receive psychological therapies:	In-year quarterly 22%			To March 2013	23%	nya
ii) IAPT recovery rate	In-year quarterly work towards			To March 2013	36%	nya
iii) Diagnosis rate for people with dementia	In-year quarterly 55%			To March 2013	37%	nya
iv) Appointment of Care Co-ordinators as the first major step towards integrated care provision across health & social care - Wiltshire CCG & Wiltshire Council Target is to reduce nonlective spells by 6.8%	In year monthly			To March 2013		nya
v) Decrease in Length of Stay for Non-Elective Admissions - All acutes in Wiltshire	In year monthly			To March 2013		nya

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

** QIPP to include transactional and transformational schemes

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

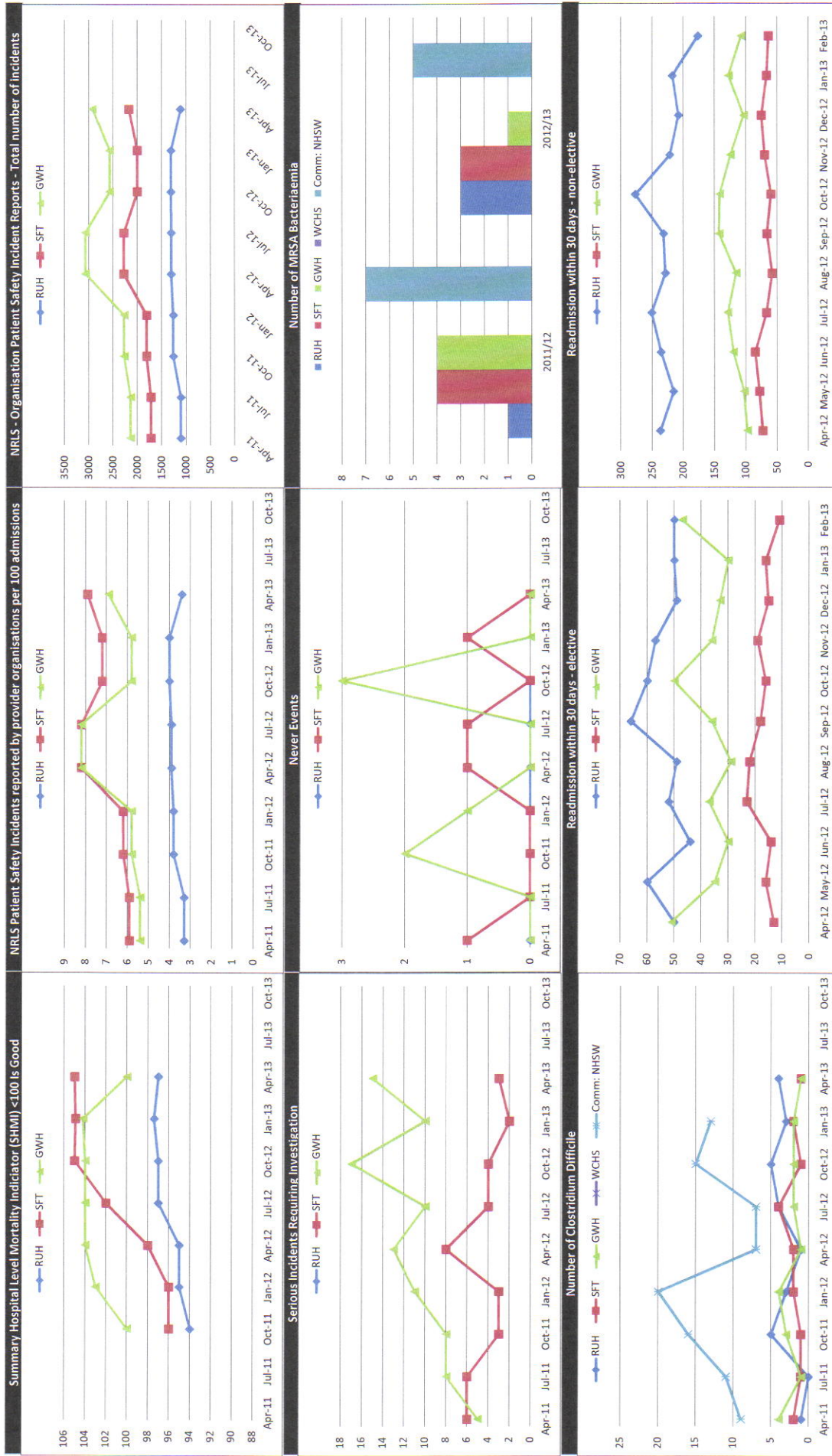
Overall rating (subject to over-riding rule)

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

Over-riding rule

Qualified audit opinion would lead to an overall RED rating

Patient Safety & Experience Dashboard April 2013



Total Number of patients with harm	National Median	Out turn	Apr-13	
	2012/13	2012/13		
	%	%	No	%
RUH	8.10%	9.38%	90	15.05%
SFT		10.16%	42	9.40%
GWH		9.70%	62	4.78%

Number of patients with 1 & 2 harm	National Median	Out turn	Apr-13	
	2012/13	2012/13		
	%	%	No	%
RUH harm 1	0.70%	8.74%	86	14.38%
RUH harm 2	0.30%	0.62%	4	0.67%
SFT harm 1		9.56%	39	8.72%
SFT harm 2		0.61%	3	0.67%
GWH harm 1		9.36%	61	4.71%
GWH harm 2		0.34%	1	0.08%

Pressure Ulcers (new & Old)	National Median	Out turn	Apr-13	
	2012/13	2012/13		
	%	%	No	%
RUH	5.50%	4.66%	34	5.69%
SFT		6.40%	23	5.15%
GWH		5.83%	33	2.55%

Falls (with harm)	National Median	Out turn	Apr-13	
	2012/13	2012/13		
	%	%	No	%
RUH	1.10%	0.70%	1	0.17%
SFT		0.79%	1	0.22%
GWH		1.86%	9	0.69%

Catheter & treated for UTI	National Median	Out turn	Apr-13	
	2012/13	2012/13		
	%	%	No	%
RUH	1.10%	2.89%	14	2.34%
SFT		1.99%	9	2.01%
GWH		1.62%	16	1.23%

VTE (new)	National Median	Out turn	Apr-13	
	2012/13	2012/13		
	%	%	No	%
RUH	1.20%	1.79%	44	7.36%
SFT		1.59%	12	2.68%
GWH		0.74%	5	0.39%