

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

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/13/07/09 Integrated Performance Report July 2013
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Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance and Corporate Services
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 July 2013 reports using data for April 2013 and May 2013 and, where available, June 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 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 report 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 July 2013

Executive Overview

This period has seen the anticipated improvement in A&E performance following close working between NHS Wiltshire CCG, partner CCGs and providers, albeit there is still work to do, notably with Great Western Hospitals NHS Foundation Trust. A worthwhile Urgent Care network workshop in early July 2013 drew strong attendance from across the health community and has generated a number of potential initiatives for consideration moving forward. The NHS111 Rectification Task Force has continued to work effectively with our provider to drive improved performance; now the focus is very much upon the achievement of warm transfers which is the only remaining area of consistent underperformance, which on current plan should be rectified by early August 2013.

Quality remains central to everything that we do and we have made progress in scheduling stakeholder events in each locality in early July 2013.

The Community Transformation programme continues to evolve, through validation of the joint vision and case for change at the latest Joint Commissioning Board, advertising in place to recruit care co-ordinators, the roll out of risk stratification and progress in planning for facilitated discharges across the county. In partnership with Wiltshire Council we are optimistic over a joint bid for Community Transformation to be nationally identified as a pioneer project for health and social integration.

We have expended considerable effort in getting to grips with the clarification and delivery of the Operational Plan. Consequently, we have a much clearer understanding of the in-year challenge we face and can now pro-actively plan against this in order to deliver our QIPP target.

Elsewhere, we have been able to make an early start to our Annual Planning Cycle, and we continue to develop our working relationships with the CSU where, as our organisations mature, the specifics of what is required to take us forward is becoming ever clearer.

Director of Planning, Performance and Corporate Services

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Introduction

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

The national publication of Consultant Outcomes data on 28 June shows an important step in increased transparency in health care we will continue to work with providers to develop a greater understanding of the impact of this data. The risk to NHS Wiltshire CCG is that patients may choose to avoid providers where the outcomes are reported as outside the variance limits.

During this month we have started to receive the Friends and Family data response rate, this is real time feedback from our acute providers. National publication of ward level feedback will start in July 2013. The current risk is because the response rate is low this will impact on the validity of the net promoter score

Availability of up to date infection control data is continuing to be a challenge and we have reported this on our risk register.

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 and the CCG Assurance Framework.

Content:

- Section 1: Patient Story
- Section 2: Highlights
- Section 3: Hotspots
- Section 4: Contributors
- Appendix 1: CCG Assurance Framework
- Appendix 2: Quality Dashboard

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) Consultants Outcomes Data (section 2.1)
- b) Friends and Family Test (section 2.2)
- c) Health Care Acquired Infection (section 2.3)

2.1 Consultants' Outcomes Data

On 28 June 2013 NHS Choices published outcomes linking consultants with data about mortality, complications, length of stay in hospital and repeat operation rates. The move is aimed to improve transparency and drive up clinical standards. Data is initially being made available for the following clinical areas (specialties) with most results due to be available by 5 July. This initiative applies to England only, although some specialties have also chosen to publish data they hold for Scotland and Wales. The NHS plans to make much more information available in future.

The Royal College of Surgeons has warned that even if a doctor is deemed to be an outlier, it may not mean they are a poorly performing surgeon - it could be because the data is inaccurate or incomplete. The BMA said that it supports attempts to give patients meaningful, useful information about the staff responsible for their care. However, it warned that publishing data to allow comparison of individual consultants is complex, because some consultants may work on higher risk cases than other consultants. Other doctors may work with patients with multiple health problems that can increase the likelihood of complications.

Actions

- At CQRM we have asked providers to give assurance of any concerns they may have or not with the Consultant Outcomes Data.
- RUH have agreed to share Consultant Outcomes data as a routine reporting arrangement

For further information: <http://www.nhs.uk/choiceintheNHS/Yourchoices/consultant-choice/Pages/consultant-data.aspx>

2.2 Friends and Family Test

From April 2013, all patients have been asked a simple question to identify if they would recommend a particular A&E department or ward to their friends and family. The results of this friends and family test will be used to improve the experience of patients by providing timely feedback alongside other sources of patient feedback. It will highlight priority areas for action. The Test asks the following standardised question:

Ward

“How likely are you to recommend our ward to friends and family if they needed similar care or treatment?”

A&E

“How likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?”

Patients will use a six-point response scale to answer the question with the following response categories: 1 Extremely likely, 2 Likely, 3 Neither likely nor unlikely, 4 Unlikely, 5 Extremely unlikely, 6 Don't know. Friends and Family Test results will be calculated using underlying “Net Promoter Score” methodology. The score is calculated using the ‘proportion of patients who would strongly recommend minus those who would not recommend, or who are indifferent’
National publication of hospital, trust and ward level scores will begin in July 2013. All our providers have confirmed that the Friends and Family Test has been implemented.

For further information:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/141446/Friends-and-Family-Test-Publication-Guidance-v2-FOR-PUBLIC_E2_80_A6.pdf.pdf

Next steps

The key points are:

- A&E poor response rate - providers are looking at ways to improve participation.
- Rollout in Community Hospitals and MIUs providers planned (TBC)
- Maternity Services Implementation across maternity services will begin on a voluntary basis from May 2013, with full national implementation by 1st October 2013.
- Roll out in Mental Health, Acute and Community services Guidance awaited. No specified date for completion has been provided only that it is implemented within 2014.
- Implementation in GP practices. There will be a long lead-in time for this with the planned implementation date being 1 April 2015. Working Groups will be developed this year. There will be incentives for using the FFT, but quite what these will be is not currently known.

Actions

- Reaching the minimum 15% response rate is important as this will give the minimum requirement for valid/reliable data.
- Further triangulation of the FFT data with other sources of reported patient experience (e.g. complaints/concerns, other real time survey data etc.) that will begin to help make better sense of the experience of patients
- Day case early adopters to be piloted
- Outpatients early adopters pilot

2.3 Healthcare Acquired Infection

There have been are no new reports of MRSA bacteraemia in June 2013 to date through the acute trust laboratories. This reflects the national trend of over 50% decrease in the number of MRSA bacteraemia cases reported compared with April 2013. However, it is acknowledged that sign-off for all organisations does not take effect until the 15th of each month and this is the case for all health care associated infections (HCAIs). For all other HCAIs, the figures are not available for June.

Clostridium difficile infections reported in May 2013 are higher than the same time period last year, with RUH reporting 3 and both GWH and SFT reporting 2 each that are acute trust apportioned. There are 15 Wiltshire CCG attributed *E. coli* cases; almost double the number reported in May, but of a similar level for this time last year. There have been no reports of norovirus within community areas during June and the RUH has reported one ward closed during the first half of the month. There have been no respiratory outbreaks reported within the care home sector.

Table 1: MRSA/ C.diff numbers reported April and May 2013

MRSA	MRSA		MRSA Current year		CDI		CDI	
	April 12	May 12	April 13	May 13	April 12	May 12	April 13	May 13
Apportioned to:								
Wiltshire CCG	1	1*	1	1	9	11	18	14
RUH	0	2 <i>community attributable</i>	1 <i>community attributable</i>	1 <i>community attributable</i>	5	5	4	3
GWH	0	1 <i>community attributable</i>	0	0	5	2	1	2
SFT	1	0	0	0	3	4	1	2

Action

- Restricted access to Public Health England Data Capture System raises the risk to both Wiltshire Council and NHS Wiltshire CCG – to be entered on both risk registers.
- Regular monthly meetings agreed between Public Health, Wiltshire Council and Wiltshire CCG to review data, intelligence and local work on monitoring and reducing hospital and community acquired HCAs.

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 be monitored 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 Quality Dashboards. Some of this data is quarterly or six monthly and is currently incomplete or unavailable. Where this is the case graph lines will drop down to zero. Data for readmission rates needs further processing so is currently unavailable.

3.1 SARUM Group Lead

3.1.1 SFT

- Stroke Care % of patient spending 90% of care on a stroke unit, target 80% actual 72.2%
- Fracture Neck of Femur operated on within 36 hours target 90% actual 70%
- HSMR 107 (was 104 in January 2013)

3.2 WWYKD Lead

3.2.1 RUH

- C.diff above trajectory target 2 actual YTD 4
- VTE prophylaxis target 95% actual 75% (RUH say this is data capture)we have arranged a seminar in September to focus on VTE I will ask Mike to ask a GP to attend
- FFT target 15% actual 9.3%
- Safety Thermometer we have reported in the governing body report concerns and the appendix shows a 5% increase in harm at the RUH in April 2013, March showed 8.74% harm, April 14.38% the May data released yesterday shows significant reduction back to 8% . The spike in April was due to VTE new, the RUH have agreed to look into this.
- Stroke Target 80% actual 42.9%, RUH acknowledged challenges and presented a complete briefing paper. Highlights increasing daily vigilance of flow of patients admit gridlock was a problem. & day consultant rota, direct admit bed always available.
- TIA target 60% actual 31.6 % RUH say linked to patient choice , number are small which effects data

The RUH are now hosting the South West Quality and Patient Safety Programme, launch event July 11, funding from Health Foundation.

3.2.2 AWP

- CQC compliance 88.6%
- % of carers with an assessed need who have a care plan within 4 weeks of assessment Target 98% actual 91% (May data)
- % of service user review within 4 weeks target 98% actual 88 %(May data)

3.2.3 SWAS

CQRM meeting held 25 June 2013 no performance activity available.

3.3 NEW Lead

3.3.1 GWH Acute

- ‘% patients who stay a max of 4 hours in A&E’ (target >95%). M2 is at 94.3% which is under target but is an improvement on M1 (89.9%)
- Compliance with CQC regulations.’ M2 GWH was not compliant – this relates to staffing issues in maternity.
- A&E total time to initial assessment for patients arriving by ambulance (target <15mins). M2 is at 59 mins.
- All adult admissions to be assessed for VTE on admission’ (target >95%). M2 is slightly improved on M1 at 93.3%.
- Stroke patients spending more than 90% of time on stroke unit (target >80%). M2 has just missed target at 78.6%. The GWH stroke action plan has been sent and circulated for information. GWH have recruited a part-time project manager to lead service improvement work in stroke services.
- Inpatient discharge summaries to be with GP’s within 1 working days of discharge’ (target 95% TBC). This continues to be an issue, M2 is 63.1%. GWH have recruited a part time project manager to lead service improvement work required to achieve the EDS target.

3.3.2 Community

- Average LoS’ (target <17 days) M2 shows an improvement on M1, but still misses target at 19.5 days.
- CHC – Annual review completed within 12 months (target >90%) M2 has improved and just misses target at 89%.

3.3.3 GWH Maternity

- ‘90% mothers booked < 12 completed weeks’ (target 90.4%) M2 is 88.5%. This is lower than the Trust combined (PAW and GWH site) total of 90.4%.
- ‘Normal births as a % of total births’ (target 77%). M2 is 65.2%. This higher than the Trust combined (PAW and GWH site) total of 59.6%.
- ‘C-section as % of total births’ (target 23%) M2 is 16.2%. This is much lower than the Trust combined (PAW and GWH site) total of 27.6%.
- ‘% of relevant mothers initiating breastfeeding’ (target 83%). M2 is below target at 81.6%. This is higher than the Trust combined (PAW and GWH site) total of 80.79%.

4 Contributors

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

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

Chapter 2: Finance

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

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

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

Chief Financial Officer's Risk Assessment

NHS Wiltshire CCG is planning to deliver a surplus of £5.0m against an anticipated resource limit of £519.1m in 2013/14. At the end of June 2013 the CCG is reporting a year to date surplus of £1.3m which is in line with plan.

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

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

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

Wiltshire CCG financial overview 2013/14

NHS Wiltshire CCG has planned to deliver a surplus of £5.0m against an anticipated revenue resource limit of £519.1m. Annex 1 shows the summary income and expenditure position for the year at month 3.

The income and expenditure year to date position at the 30 June 2013 is a surplus of £1.3m; this is in line with the planned surplus position of £5.0m. Table 2 below outlines the summary position at month 3.

Table 2:

	Year to date / £'m		
	Resources	Expenditure	Variance
Programme	120.11	118.86	-1.25
Running costs	2.88	2.87	-0.01
	123.00	121.74	-1.26

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

The CCG is currently forecasting operating within its cash limit. At month 3 there has been a lower than plan drawdown against the anticipated cash limit; this is in respect to the timing impact of the prescribing cash adjustments which have yet to be notified.

The residual cash balance (£8.5m) represents cash contingencies in quarter one of the CCG establishment to ensure that funding is available to pay service providers. At the end of June 2013 the CCG is showing year to date achievement against its better payment performance target for both NHS and non NHS suppliers, both by value and number of invoices.

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

Resource limit and budget updates

At month 3 no adjustments have been made to the CCG resource limit. We are still awaiting final confirmation and transfer of capital grant funding and for the finalisation of the specialist services funding adjustment.

Annex 5 outlines the summary movements to the CCG budgets since month 2.

Wiltshire CCG financial performance by providers

The month 3 reported financial position represents the second month of receiving information from providers following the NHS architecture changes. The CCG, and CSU, are actively working with providers to further understand the information that is received to ensure that the changes in the NHS architecture have been correctly actioned and that emerging variances have been attributed appropriately to the CCG. At this time no major outturn and activity issues are reported against our main three providers.

At the end of month 3 the CCG is forecasting operating within its running cost allowance.

Highlighted below are the key variances within individual commissioned service areas at month 3 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	1.74	1.85	0.11	0.00

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

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Continuing Healthcare	4.5	3.9	(0.6)	(1.5)
<p>CHC has a year to date underspend against budget due to lower growth in patient numbers than anticipated. The forecast underspend reflects a continuation of this trend and assumes spending levels on CHC broadly in line with those experienced by the PCT during 2012/13.</p> <p>We will continue to monitor this position with the CHC team and will update for any impact in changes in patient numbers as required.</p>				

Financial risks

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

NHS Wiltshire CCG has planned to deliver a QIPP programme in 2013/14 which will lead to service redesign savings of £9.3m, with recurrent benefits of £11.8m. Underachievement against this programme will require the application of contingent reserves and a review of additional measures including moving further faster with other QIPP schemes. At the end of month 3 the CCG is forecasting a shortfall against this target of £3m. Further work is being undertaken with the groups to go further faster with existing schemes and to develop additional schemes to ensure that in year position is delivered.

Further work is being undertaken with the Local Area Team in respect of identifying and resolving outstanding baseline funding issues; the CCG impact from these 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 3 2013/14

	£'m			£'m	
	Ytd		Variance	Annual budget	FOT variance
	Budget	Actual			
Acute care	62.29	62.42	0.13	249.16	0.09
Exceptions	0.06	0.06	0.00	0.25	0.00
Non acute care	30.96	30.96	0.00	123.06	0.00
Other commissioning	6.41	6.34	-0.07	25.64	-0.96
	99.73	99.79	0.06	398.11	-0.87
Out of hours	1.74	1.85	0.11	6.97	0.00
Local enhanced services	0.72	0.73	0.01	6.68	0.00
Prescribing	16.66	16.49	-0.17	69.53	0.00
	19.13	19.07	-0.05	83.18	0.00
Running costs	2.88	2.87	-0.01	11.66	0.00
Uncommitted headroom	0.00	0.00	0.00	10.07	0.00
Surplus	1.26	0.00	-1.26	5.04	-5.04
Contingency	0.00	0.00	0.00	2.52	0.00
Earmarked reserves	0.00	0.00	0.00	8.48	0.87
	1.26	0.00	-1.26	26.10	-4.17
CCG total	123.00	121.74	-1.26	519.06	-5.04

Annex 2 - Balance sheet position at Month 3 2013/14

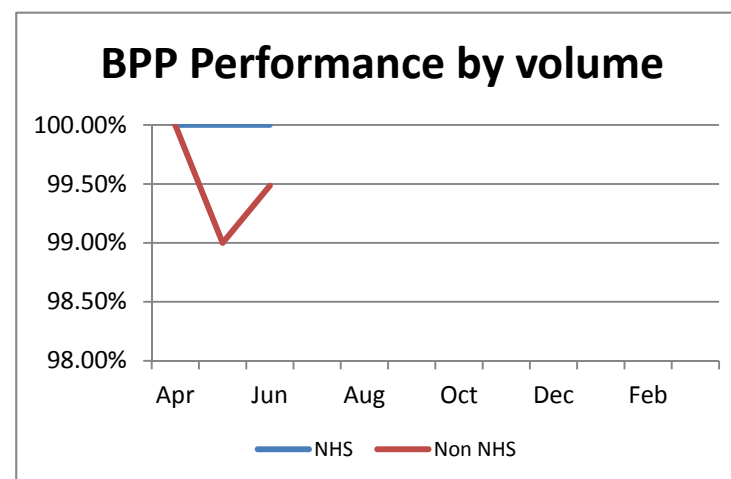
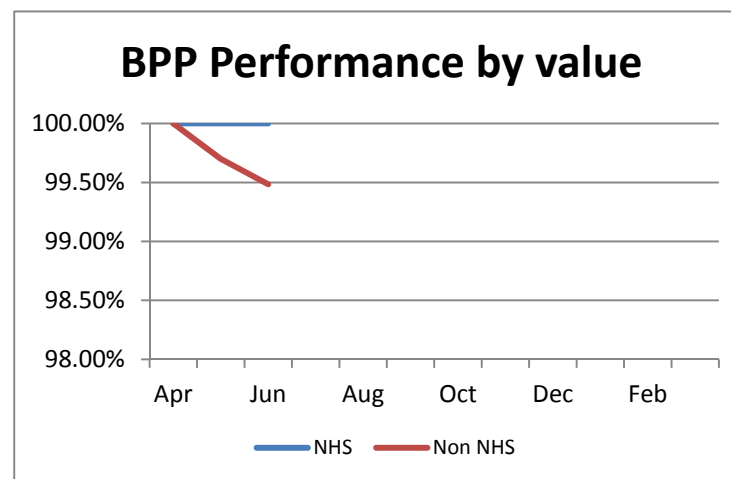
SUMMARY Statement of Financial Position	£'m		
	Opening position at 1st April 2013	Current position at 30th June 2013	Forecast position at 31st March 2013
Non Current Assets:			
Premises, Plant, Fixtures & Fittings			
IM&T			
Other			
Long-term Receivables			
TOTAL Non Current Assets	0.00	0.00	0.00
Current Assets:			
Inventories			
Trade and Other Receivables		5.12	5.68
Cash and Cash Equivalents		8.91	0.05
TOTAL Current Assets	0.00	14.03	5.73
TOTAL ASSETS	0.00	14.03	5.73
Non Current Liabilities:			
Long-term payables			
Provisions			
Borrowings			
TOTAL Non Current Liabilities	0.00	0.00	0.00
Current Liabilities:			
Trade and Other Payables		26.56	10.76
Other Liabilities			
Provisions			
Borrowings			
Total Current Liabilities	0.00	26.56	10.76
TOTAL LIABILITIES	0.00	26.56	10.76
ASSETS LESS LIABILITIES (Total Assets Employed)	0.00	-12.54	-5.04
Financed by taxpayers' equity:			
General fund		12.54	5.04
Revaluation reserve			
Other reserves			
Total taxpayers' equity:	0.00	12.54	5.04

Annex 3 – Cash position at Month 3 2013/14

	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m	130.00	519.06
Assumed revenue cash limit / £'m	129.00	514.02
Cash drawn down / £'m	109.20	514.02
Cash drawn down as %	21.24%	100.00%
Expected cash draw down as %	25.00%	100.00%
Cash utilised / £'m	100.68	514.02
Balance in account / £'m	8.85	0.05
Balance in account as % of cash limit	1.72%	0.01%

Annex 4 – Better payment practice code position at Month 3 2013/14

	Performance vs 30 days BPP			
	Month		YTD	
	Nos.	£'m	Nos.	£'m
NHS				
Total bills paid	84	27.66	128	66.77
Total bills paid within time	84	27.66	128	66.77
% of bills paid within target	100.0%	100.0%	100.0%	100.0%
Non-NHS				
Total bills paid	506	4.27	971	11.46
Total bills paid within time	504	4.09	966	11.27
% of bills paid within target	99.6%	95.8%	99.5%	98.4%
ALL				
Total bills paid	590	31.93	1099	78.23
Total bills paid within time	588	31.75	1094	78.05
% of bills paid within target	99.7%	99.4%	99.5%	99.8%



Annex 5 – Movements between budgets and resources

	Annual budget at M2	£'m Annual budget at M3	Movement	Comment
Acute care	249.31	249.16	-0.15	RNHRD contract value update
Exceptions	0.25	0.25	0.00	
Non acute care	122.80	123.06	0.27	movement of funding held in reserves to match WCC expenditure
Other commissioning	25.64	25.64	0.00	
	398.00	398.11	0.11	
Out of hours	6.97	6.97	0.00	
Local enhanced services	6.68	6.68	0.00	
Prescribing	69.53	69.53	0.00	
	83.18	83.18	0.00	
Running costs	11.66	11.66	0.00	
Uncommitted headroom	10.07	10.07	0.00	
Surplus	5.04	5.04	0.00	
Contingency	2.52	2.52	0.00	
Earmarked reserves	8.59	8.48	-0.11	RNHRD contract value update and movement of funding held in reserves to match WCC expenditure
	26.21	26.10	-0.11	
CCG total	519.06	519.06	0.00	

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:

Referral to treatment and diagnostic test waiting time targets have all been achieved. After the difficult start to the year experienced in all our provider A&E departments, both RUH and SFT have successfully achieved against target during May 2013. GWH achieved 94.3% against the target 95%, although the latest weekly analysis shows GWH now achieving the target.

The target for 2 week cancer wait was narrowly missed in April 2013, albeit early indications of emerging data are indicating a recovery in May 2013. SWAST remain below targets for responding to Category A calls in Wiltshire. Handover delays in GWH remain high.

The numbers of cases referred to hospital is above plan. Although not shown within the data, this is apparent in both RUH and SFT, with referrals to GWH under plan. The informatics team have provided Group Directors with trend analysis by practice for the year to date. First Finished Consultant Episode (FFCE – essentially a spell) are projecting well above plan at the moment. Numbers on waiting lists are also looking high; both GWH and RUH are considering waiting list initiatives as a result.

Activity Date

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

NHS Outcomes Framework

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

Chapter 4: Project Management

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

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

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

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

A great deal of work over the last month has enabled us to make significant progress in this area. Crucially, we are now much better placed to assess our current position with regard the delivery of QIPP targets. This assessment is the product of a rigorous re-validation of live projects, re-costing their likely financial benefit and applying a confidence factor against likely delivery. This has revealed a current gap of c£3M. While of course this is unwelcome news, at least we now have a realistic assessment against which we can plan, and we have identified the gap sufficiently early that we should be able to identify additional projects and efficiencies to close the gap during the remaining 8 months of the financial year. Nonetheless, this will require early management action and decisions; accordingly delivery of our Operational Plan (and hence QIPP targets) has become the CCG's top risk.

The adoption and utilisation of project support documentation is starting to gain momentum. Now that work to clarify the range and scope of each project has largely been completed, I anticipate that this will improve rapidly. Greater familiarity by the staff and the enduring support of the PMO should underpin this.

Development of the Project Register

The Programme Management Office (PMO) continues to be heavily involved in the refresh of the Operating Plan and the establishment of a Project Register. This will be used to support the delivery of schemes which deliver benefits to patients and the financial position of the CCG.

Following an appraisal of the individual Group work plans with the Group Directors, a project register has been established. This is shown in Annex 6. Schemes listed on this register are those that, it has been agreed, will be monitored by the monthly meeting of the Programme Governance Group (PGG).

For a project to feature on the project register there must be in place an agreed project workbook with executive sign off. This workbook includes an overview of the scheme, a Quality Impact Assessment including Equality and Diversity, financial analysis, milestones to track delivery, risks and KPIs which measure the benefits. Of the schemes listed, one has a project workbook. This is Care Co-ordination into which the draft project workbook for Risk Stratification will be combined. The WWYKD lead project, to implement a Discharge Team at the RUH, is awaiting executive sign off and will be received at PGG on 7 August 2013. Also expected at this meeting will be project workbooks for other schemes which are being prioritised by Group Directors to receive the appropriate attention from commissioning staff in the groups. Feedback from Group Directors is expected. To enable this, the PMO has refreshed the workbooks. Executive sponsors, with the support from clinical leads, are now required to complete the summary sheet in the workbooks in order that there is clarity on the direction and outcomes required. This improvement results from the learning from running the Care Co-ordination project.

Commentary on registered projects

Care Co-ordination – Status: Amber

The project team meets regularly and is steered by the NEW Group Director. The project is interdependent on Great Western Hospitals NHS Foundation Trust with whom there are also regular project meetings. Much of the focus is, at present, on the recruitment of the Care Co-ordinators. This has not been straightforward as the project team have to incorporate the opinions of the many stakeholders. It is recognised by the team that there needs to be attention paid to how care co-ordinators are to actually work with practices and the multi-disciplinary setting as this will be how the project benefits are realised. Plans are in place for this to happen. The project team maintains a risk register and is taking active steps to manage risks identified.

Analysis of QIPP delivery

Linked to the refresh of the operating plan has been the identification of the QIPP Forecast. The QIPP return, calculated during the period that the CCG was heavily focused on Authorisation and its establishment, identified a target of £9.3m to be delivered in 13/14 and recurrently. The Group Directors have now had the opportunity to take stock of the initial work and through the provision of a percentage (%) level of confidence the forecast, shown in Table 3 below has been produced. There is predicted shortfall of £3m.

The Groups continue to hold the main responsibility for delivery of QIPP through the provider contracts. The predicted over performance of £600,000 shown in line one of the table relates to the timing and level of investment relating to the capacity plan and other earmarked developments that was required following completion of the budget setting process.

To address this shortfall, it will be necessary to identify new initiatives which have clearly identified outcomes which can be monitored through the PMO. It should be recognised at this early stage that there will be a need to ensure that there are sufficient commissioning resources available to seek and deliver the financial shortfall, recognising the need to balance the quest for improved patient quality. This may mean that some existing work needs to cease in order that resources can be reprioritised.

Table 3:

Group	All £'000 TOTAL	QIPP from 'Live' tab	QIPP Projection based on % confidence	Variance
All	770	0	1,370	600
NEW	1,352	1,025	451	-901
SARUM	2,337	1,500	972	-1,365
WWYKD	2,199	2,045	825	-1,374
Meds mgt	2,641	0	2,641	0
	9,300	4,570	6,259	-3,041

It is expected that Medicines Management, which currently falls outside the PMO remit, will deliver its QIPP savings.

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 11 JULY 2013

PROJECT TEAM							PROJECT RAG RATING																			
PMO Ref	Group	QIPP Target	Workstream/Project Description	Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Project Plan Sign Off Date	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined	Milestone plan is defined	Stakeholders identified and engaged	Risks are identified and being managed	Quality impact assessment	Proposed deadline for implementation	IMPLEMENTATION RAG status	Milestones on track	Core performance target on track	Other performance targets on track	Financial benefits on track	Stakeholders engaged / managed	Risk Management	Quality impact assessment		
JOINT PROJECTS																										
	Multiple	Groups have individual targets linked to providers	Care coordinators implementation (in parallel with/linked to risk stratification tool implementation)	Ted Wilson	Simon Burrell	Neal Goodwin Kerry Lusby Taylor Shelley Watson		1/7/13								Underway										
	Multiple	£0	Review of CCG Service Restriction/Prior Approval Review of CCG Exception Policy	Mark Harris	Elizabeth Stanger	Mark Harris																				
INDIVIDUAL GROUP PROJECTS																										
	NEW	£534,000	Integrated CQUIN (5a&5b) with GWH NEL - £463,080 A&E £71,220	Ted Wilson	Anna Collings/Nick Brown	James Slater																				
	NEW	£0	Dementia LES/SLA	Ted Wilson	Celia Grummitt	Susan Dark																				
	NEW	£0	Older People's Mental Health Service Redesign	Ted Wilson	Celia Grummitt	Susan Dark																				
	NEW	£131,000	Virtual review clinics - conversion of outpatient attendances to telephone contact or letters	Ted Wilson	Simon Burrell	James Slater																				
	NEW	£112,500	Surgical assessment unit - GWH patient pathway redesign pilot	Ted Wilson	Simon Burrell	James Slater																				
	NEW	£30,800	Shift from Day Case to procedures in Out Patients - agreement of a local reduced day case tariff for QZ14B vascular access except for Renal Replacement Therapy with CC	Ted Wilson	Simon Burrell	James Slater																				
	NEW	£60,000	Cataracts - Benchmarking against independent providers	Ted Wilson	John Pettitt	James Slater																				
	NEW	£40,000	Intermediate Feet - HG32A - HG33G	Ted Wilson	John Pettitt	James Slater																				
	NEW	£48,383	Pre-Op weight management - extension to hips and knees	Ted Wilson	John Pettitt	James Slater																				

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 11 JULY 2013

PROJECT TEAM							PROJECT RAG RATING																		
PMO Ref	Group	QIPP Target	Workstream/Project Description	Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Project Plan Sign Off Date	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined	Milestone plan is defined	Stakeholders identified and engaged	Risks are identified and being managed	Quality impact assessment	Proposed deadline for implementation	IMPLEMENTATION RAG status	Milestones on track	Core performance target on track	Other performance targets on track	Financial benefits on track	Stakeholders engaged / managed	Risk Management	Quality impact assessment	
	NEW	£68,633	Spinal - change in consultants	Ted Wilson	Jonathan Rayner	James Slater																			
	NEW		GWH/Wiltshire Discharge Project (Priority 1)	Ted Wilson																					
	Sarum	£0	Referral Information System Development	Mark Harris	Toby Davies	Mark Harris																			
	Sarum	Contributes to £14,400	Map of Medicine	Mark Harris	Chet Sheth	Kerry Lusby-Taylor																			
	Sarum	Contributes to £14,400	Maximise use of local GPwSI's	Mark Harris	Elizabeth Stanger	Louise Sturgess																			
	Sarum	Contributes to £14,400	Email referral assessments	Mark Harris	Chet Sheth	Beatrix Maynard																			
	Sarum	£0	Back Pain	Mark Harris	Chet Sheth	Kerry Lusby-Taylor																			
	Sarum	£0	Cardiology/24 hour ECG	Mark Harris	Chet Sheth	Jill Whittington																			
	Sarum	£195,375	Trauma and Orthopaedics	Mark Harris	Chet Sheth	Beatrix Maynard																			
	Sarum	Contributes to £1,093,020	Care Home LES	Mark Harris	Elizabeth Stanger	Louise Sturgess																			
	Sarum	£0	Salisbury Walk In Centre	Mark Harris	Celia Grummitt	Jill Whittington																			

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 11 JULY 2013

PROJECT TEAM							PROJECT RAG RATING																		
PMO Ref	Group	QIPP Target	Workstream/Project Description	Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Project Plan Sign Off Date	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined	Milestone plan is defined	Stakeholders identified and engaged	Risks are identified and being managed	Quality impact assessment	Proposed deadline for implementation	IMPLEMENTATION RAG status	Milestones on track	Core performance target on track	Other performance targets on track	Financial benefits on track	Stakeholders engaged / managed	Risk Management	Quality impact assessment	
	Sarum	£0	GPs with Special Interests	Mark Harris		Louise Sturgess																			
	Sarum	£0	AQP Review	Mark Harris		Louise Sturgess																			
	Sarum		SFT/Wiltshire Discharge Project	Mark Harris																					
	WWYKD	£146,396	Consultant to consultant referrals review	Mike Relph	Lucy Pearson	Jo Cullen/Victoria Stanley																			
	WWYKD	Contributes to £1,325,591	Care homes project	Mike Relph	Lucy Pearson/Martin Foley	Andy Jennings/Jo Whitford																			
	WWYKD	Contributes to £1,325,591	MIU review (priority 1)	Mike Relph	Helen Osborn	Jo Cullen/Jenny Benns/Victoria Stanley																			
	WWYKD	Contributes to £1,325,591	A&E front door (priority 1)	Mike Relph	Lucy Pearson/Martin Foley	Jo Cullen/Victoria Stanley																			
	WWYKD	Contributes to £1,325,591	RUH/Wiltshire discharge project	Mike Relph	Helen Osborn	Mike Relph/Jo Cullen/Debbie Elliott/Victoria Stanley																			
	WWYKD	Contribute to £572,610 delivering OP services locally	Adcroft community cardiology - expansion	Mike Relph		Andy Jennings																			

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	Y	Y	Y
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	Y	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)?	Y	Y	Y	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													
			Target	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	FOT
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%	94.2%											G
Non-admitted patients to start treatment within a maximum of 18 weeks from referral		97.8%	≥95%	97.0%	97.5%											G
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral		93.8%	≥92%	93.2%	93.5%											G
Number of patients waiting more than 52 weeks		0	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%	0.97%											G
A&E waits																
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	RUH	91.9%	≥95%	76.9%	97.9%											A
	SFT	96.9%		91.3%	98.0%											G
	GWH	95.6%		89.9%	94.3%											
Cancer waits – 2 week wait																
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP		94.7%	≥93%	92.7%												G
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)		98.0%	≥93%	97.7%												G
Cancer waits – 31 days																
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers		98.5%	≥96%	96.3%												G
Maximum 31-day wait for subsequent treatment where that treatment is surgery		97.2%	≥94%	100.0%												G
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimens		100.0%	≥98%	100.0%												G
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy		96.9%	≥94%	100.0%												G
Cancer waits – 62 days																
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer		89.4%	≥85%	91.6%												G
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers		98.2%	≥90%	100.0%												G
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)			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)	Wills	68.7%	≥75%	65.8%	64.4%											R
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	SWAST	73.0%	≥75%	70.2%	74.4%											R
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	SWAST	75.9%	≥75%	74.7%	75.6%											A
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	SWAST	92.7%	≥95%	95.1%	95.9%											A
Handover delays between ambulance at A&E greater than 30 minutes (Local Standard)	RUH		0	49	6											R
	SFT			10	2											A
	GWH			155	61											R
Mixed Sex Accommodation Breaches																
Minimise breaches	CCG	33	0	1	0											A
	RUH	77		0	0											A
	SFT	8		0	0											A
	GWH	0		0	0											G
Cancelled Operations																
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days.	RUH	24	0													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			Prior Year	2013/14																
		CCG Performance	National Average	Benchmark period		Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FOT			
1. Preventing people from dying prematurely																						
Potential years of life lost (PYLL) from causes considered amendable to healthcare	Annual	1805	2163	2009 & 2010	G																	
Under 75 mortality rate from cardiovascular disease	Annual	54.7	67.6	2011	G																	
Under 75 mortality rate from respiratory disease	Annual	18.5	28.5	2011	G																	
Under 75 mortality rate from liver disease	Annual	12.3	25.3	2010/11 & 2011/12	G																	
Under 75 mortality rate from cancer	Annual	111.8	122	2011	G																	
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	G																	
Proportion of people feeling supported to manage their condition	Annual	55.0%	52%	Jul-2011 to Mar-12	G																	
Dementia Diagnosis Rates	Annual	N/A	46%	N/A																		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) - (DSR per 100,000)	In year & Annual	705	929	2011/12	G																	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (DSR per 100,000)	In year & Annual	206	319	2011/12	G																	
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	G																	
Emergency readmissions within 30 days of discharge from hospital (indirectly standardised percentage)	In year & Annual	10.80%	11.8%	2010/11	G																	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI) (DSR per 100,000)	In year & Annual	301	366	2011/12	G																	
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																		
ii) Knee replacement	Annual	0.31	0.41	2010/11 & 2011/12																		
iii) Groin hernia	Annual	0.09	0.41	2010/11 & 2011/12																		
iv) Varicose Veins	Annual	0.10	N/A	N/A																		
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	G																	
Patient experience of primary care ii) GP Out of Hours services	In year & Annual	73%	70%	Jul-2011 to Mar-12	G																	
Patient experience of hospital care - RUH	Annual	77%		2012																		
Patient experience of hospital care - SFT	Annual	78%		2012																		
Patient experience of hospital care - GWH	Annual	75%		2012																		
Care Services	Annual	N/A		N/A																		
Friends and family test	In year & Annual	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	7		1	1												R		
RUH Trust apportioned - HPA		5		2012/13	3	0	0														A	
SFT Trust apportioned - HPA		3		2012/13	3	1	0															R
GWH Trust apportioned - HPA		1		2012/13	1	1	0															R
Incidence of healthcare associated infection (HCAI) ii) C.difficile																						
Health Community	In year & Annual	35	28	10/2011-09/2012	155	127	18	14													R	
RUH Trust apportioned - HPA		41		2012/13	41	29	4	3													R	
SFT Trust apportioned - HPA		25		2012/13	25	21	1	2														G
GWH Trust apportioned - HPA		34		2012/13	34	20	1	2														G
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	G																	
ii) IAPT recovery rate	In-year quarterly work towards 50%			To March 2013	G																	
iii) Diagnosis rate for people with dementia	In-year quarterly 55%			To March 2013	G																	
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																		
v) Decrease in Length of Stay for Non-Elective Admissions - All acutes in Wiltshire	In year monthly			To March 2013																		

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

NHS Wiltshire CCG 2013/14 Plan Monitoring

				2013/14													
	Frequency	Criteria	12/13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	FOT
GP written referrals to hospital	Monthly	Plan		6,962	7,867	6,967	7,336	7,042	6,602	8,347	7,691	6,165	7,131	7,268	7,729	14,829	101,936
		Actual		8,399	8,882												17,281
Elective FFCEs Day cases	Monthly	Plan		3,132	3,874	3,522	3,639	3,513	3,321	3,827	3,870	3,186	3,801	3,607	3,656	7,006	49,954
		Actual		3,933	3,833												7,766
Elective FFCEs Ordinary cases	Monthly	Plan		835	1,019	907	952	920	887	1,045	1,034	808	842	923	1,014	1,854	13,040
		Actual		902	968												1,870
Non-elective FFCEs	Monthly	Plan		3,263	3,466	3,309	3,124	3,034	3,038	3,194	2,965	3,035	2,998	2,826	3,086	6,729	44,067
		Actual		3,129	3,237												6,366
A&E attendances Type 1	Monthly	Plan		6,651	7,383	7,506	6,967	6,754	6,748	6,853	5,947	6,186	5,764	7,989	9,357	14,034	98,139
		Actual		6,504	6,151												12,655
Ambulance Urgent and Emergency Journeys	Monthly	Plan		1,789	1,711	1,691	1,786	1,674	1,681	1,833	1,668	2,035	1,897	1,681	1,780	3,500	24,726
		Actual		1,713	1,730												3,443
Endoscopy based Diagnostic Activity	Monthly	Plan		1,138	1,480	1,222	1,316	1,268	1,168	1,373	1,432	1,209	1,347	1,277	1,205	2,618	18,053
		Actual		1,384	1,255												2,639
Non-Endoscopy based Diagnostic Activity	Monthly	Plan		9,675	11,548	9,776	10,731	10,687	9,938	11,761	11,121	9,418	11,184	9,774	10,803	21,223	147,639
		Actual		11,387	10,599												21,986
Numbers waiting on an incomplete RTT pathway	Monthly	Plan		18,268	18,287	18,304	18,291	18,278	18,266	18,254	18,245	18,231	18,218	18,209	18,200	18,287	18,200
		Actual		19,234	19,789												19,789

May 2013 Data warning

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

Quality Dashboard June 2013

