

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 24 September 2013
For: PUBLIC session PRIVATE Session
For: Decision Discussion Noting

Agenda Item and title:	GOV/13/09/09 Integrated Performance Report September 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 September 2013 reports using data for April 2013 to August 2013, where available.</p> <p>Appendix 1 of the report is the CCG Assurance Framework issued by NHS England. This forms 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.
What specific action do you wish the Governing Body to take?	To receive and agree the Integrated Performance Report.

NHS Wiltshire Clinical Commissioning Group Integrated Performance Report September 2013

Executive Overview

In early September the NHS England Area Team conducted their first formal Assurance Checkpoint meeting reflecting on Quarter 1. Unsurprisingly, given that we have designed our performance management framework to be coherent with the Area Team approach, the areas of performance we focussed on were already very much the focus of CCG attention. These were A&E performance, SWAST effectiveness within Wiltshire, GWH's level of achievement of the new Friends and Family tests and MRSA/CDiff rates (accepting the zero tolerance approach for MRSA and the accepted difficulty regarding the attribution of CDiff). We were also able to assure the Area Team regarding the status of winter planning (which was further honed at the Wiltshire Urgent Care Board on 5 September), and gave a brief on some early thoughts regarding our long term strategy in support of the NHS Call to Action. The Governing Body will discuss and consider the latter during a seminar session on 29 October, and any results will be the subject of public consultation.

The performance of NHS111 has continued to improve, reflecting the joint endeavour of the Rectification Task Force and our provider, who have worked extremely hard in order to make very significant improvements in service delivery.

Quality remains central to all that we do, and our team continue to work assiduously to ensure that new national initiatives are successfully delivered in Wiltshire. Recently this has included a new methodology for CQC inspection and guidance on Commissioning for Carers, both of which have been warmly welcomed. Furthermore, we intent to establish a Wiltshire NICE Assurance Group, led by the Chair of the CCG, which aims to ensure the consistent application of NICE guidance across our Commissioning responsibilities.

The Community Transformation programme progresses well, with recruitment for care co-ordinators well under-way, a pilot to eliminate unnecessary delays to hospital discharges at RUH showing promise, and further plans for the next phases of the programme developing well. Closely linked, early evidence of success arising from our revised approach to the CCG's Service Level Agreements with Primary Care providers in the West Wiltshire area is encouraging, indicating a reduction of over 27% emergency admissions from care homes. Key to success with Community Transformation is the strength of our relationship with colleagues in Wiltshire Council, which should be cemented by the signing of a Joint Business Agreement later this year, and the early effectiveness of the Joint Commissioning Board is a very positive sign. We are already working hard with Council colleagues to address issues such as Delayed Transfer of Care in order to improve the effectiveness of the system.

National guidance has been issued regarding the future provision of Commissioning Support (an area where Wiltshire CCG currently relies on the support provided by Southern Central Commissioning Support Unit). The CCG will shortly need to consider how best to proceed in the future in this regard, given the changes evident in this field which should enable the pursuit of highly effective and efficient support services to free up resource for front line patient care.

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 August 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.

On 3 September 2013, NHS England visited NHS Wiltshire CCG to undertake the Quarter 1 CCG Assurance Assessment for 2013/14. Following this visit NHS Wiltshire CCG has made some changes to the CCG Assurance Framework (Appendix 1) to support future visits and explore the information available. 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 are reporting on the CCG Assurance Framework and on selected outcome measures as agreed in our High level strategy to demonstrate progress against our key aims http://www.wiltshireccg.nhs.uk/wp-content/uploads/2013/03/Part1-High-Level-Strategic-Plan-2012_13.pdf.

Director of Quality and Patient Safety's Risk Assessment

The Care Quality Commission are changing the way they carry out inspections (section 2.1) and the new system will start from October 2013, whilst this is much welcomed, we may need to manage increased awareness raised by the process. In addition there are new metrics that we will need to discuss with provider how they can be incorporated into our contract performance monitoring.

We welcome the new Commissioning for Carers guidance and will work with the local health economy to support actions. It is particularly important as the change with the CQC inspection will increase awareness of carers particularly with non NHS service.

The hotspots from provider performance shows an increase in Delayed Transfer of Care we propose a “deep dive” in October 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).

Content:

- Section 1: Patient Story
- Section 2: Highlights
- Section 3: Hotspots
- Section 4: Contributors
- Appendix 1: July CCG Assurance Framework
- Appendix 2 : CQC Update
- Appendix 3: Harm Free Care
- Appendix 4: Quality dashboard

1.0 Patient Story

2.0 Highlights

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

- CQC update (section 2.1)
- NICE Assurance Group (section 2.2)
- Harm Free Care (section 2.3)
- Commissioning for Carers (section 2.4)

2.1 Care Quality Commission update

2.1.1 On 18 July 2013 the Care Quality Commission published the details of the first wave of inspections to be carried out under a new model and will look at the care provided by 18 NHS trusts. The mixture of announced and unannounced inspections will be carried out between September and December 2013.

The Royal United Hospital Bath NHS Trust is one of 18 trusts that have been selected to be inspected. As part of this process the CQC will be asking local Health watch to share information about hospitals and in addition there will be local listening events. For more information <http://www.cqc.org.uk/come-listening-event-and-tell-us-about-your-care> .

2.1.2 The CQC are also consulting on changes to the way they will carry out inspections, here are five key principles that will guide their work are the services :

- a. Safe
- b. Effective
- c. Caring
- d. Responsive to people's needs
- e. Well-led

For further information: <http://www.cqc.org.uk/public/sharing-your-experience/consultations/consultation-changes-way-we-inspect-regulate-and-monito>

Within Wiltshire the CQC have visited four of our providers in the last two months, Annex 1 shows a summary of the outcome of the inspections.

Actions

- The report from the RUH re visit in June 2013 and the SFT visit in June 2013 are awaited and will be reviewed at the Clinical Quality Review Meetings in October 2013.
- We have started to receive summary data from the CQC relating to inspections to Care Homes, both with nursing and without nursing and their compliance, we will share and update of November 2013.

2.2 NICE Assurance Group

2.2.1 In April 2013 NHS Commissioning Board published an Interim Commissioning Policy: Implementation and funding of guidance produced by the National Institute for Health and Clinical Excellence <http://www.england.nhs.uk/wp-content/uploads/2013/04/cp-05.pdf>. The NHS CB accepts that it has a legal duty normally to make treatments available to patients whose clinical condition(s) come within the definitions listed in a Technology Appraisal within 3 months of the date of the appraisal's publication, unless the treatments have been exempted by the Secretary of State.

All other NICE Guidance does not need to be treated as statutory guidance, including medical technologies guidance.

2.2.2 NHS Wiltshire Clinical Commissioning Group (CCG) are proposing a NICE Assurance Group to review and consider NICE guidance to support planning and commissioning services to ensure consistency across the CCG providers. The main responsibilities of the group will be to review national guidance and to identify possible commissioning gaps, resource implications and be alert to new guidance. The NICE assurance group will be led by the Chair of NHS Wiltshire CCG, and will in addition have a role in validation of the clinical priorities policies.

Through the NICE assurance group we will ensure the clinical link with Individual Funding Request, criteria based commissioning and prior approval.

Actions

- Terms of Reference for the NICE Assurance group to be drafted and Inaugural meeting to be arranged in October 2013.
- We will provide an update to the Governing Body in November 2013 regarding the Individual Funding request / Exceptions and Prior approval process.

2.3 Harm Free Care

2.3.1 Over the last 4 months we have updated the Governing Body on the data collection using the NHS Safety Thermometer, this is an important preparatory step for NHS-funded provider organisations in reducing harm. 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. These harms are:

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

Annex 2 shows the updated Safety Thermometer data provided by provider. In addition Avon Wiltshire Partnership Mental Health Trust are taking part in the National Pilot for Safe Care, the Safe Care Pilot will monitor Medication, Omissions and Delays, Self Harm, Violence and aggression, Slip Trips and Falls

Action

- 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.
- In November 2013 we will report back on the Safe Care Pilot at AWP.

2.4 Commissioning For Carers

2.4.1 On the 6 August 2013 the Carers Trust launched a document called Commissioning for Carers, the guidance makes the case that supporting carers' wellbeing can reduce overall spending in the NHS. It is proposed in the document that Commissioning well for carers can:

- Reduce admissions to hospital and residential care
- Reduce the costs of delays in transfers of care
- Reduce carers' need to access primary care as a result of their caring role
- Reduce overall spending on care.

Wiltshire Council Carers Action Group are implementing the Wiltshire Carers Strategy action plan to identify key actions, outcomes and progress. NHS Wiltshire CCG are working with the group.

For further information: <http://www.carers.org/news/new-resource-clinical-commissioning-groups-launched>.

3.0 Hotspots from Clinical Quality Review Groups

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

In addition Annex 3 shows a summary level of the top ten indicators that we agreed to monitor in the Clear and Credible plan 2013-14

Sarum Lead

3.1 Salisbury NHS Foundation Trust (SFT)

Indicator	Target	July'13	YTD
Infection control – <i>Clostridium difficile</i>	<21 cases	2	8
Stroke care	90%	92.6%	92.6%

Actions

- The Quality Review Group reviews *C. diff* data on a monthly basis and are currently reviewing individual cases with SFT.
- Concerns regarding the increase in the length of stay on Radnor (ICU) ward in May 2013 have been raised with SFT. The CCG have asked SFT to review the data and give reasons for the increase.

The full month 4 data is available on the Patient Safety and Quality dashboard 2013/14 provided by SFT.

West Wiltshire Yatton Keynell and Devizes (WWYKD) Lead

3.2 Royal United Hospital Bath NHS Trust (RUH)

RUH Indicator	Target	July '13	Q1	Comment
VTE prophylaxis (100% of patients who require prophylaxis are given it)	100%	77.4%	77.08%	See actions below
<i>C. diff</i>	29	5 cases	16	Above trajectory
NRLS reporting		3.4%		Low reporting
Stroke (spend 90% of time on stroke unit)	80%	72.6%	53.98%	See actions below
Number of medical outliers		16 June data	72 Q1 total	See actions below

Actions

- Re VTE RUH to be asked to provide details of actions to improve performance.
- *C.diff* there were 5 confirmed cases of CDI in month taking the year to date position to 16. Following formal clinical review with B&NES CCG Director of Infection Prevention and Control (DIPC), 4 cases have been discounted from the RUH trajectory as they were found not to be attributable to the RUH. An action plan is in place and being closely monitored to ensure on-going delivery of all HCAI performance.
- Re Stroke a daily report to support tracking of potential stroke patients following an admission from the ED, as well as an RCA for all breaches of this indicator to understand further action is required to achieve and maintain performance above 80%.
- Medical patients in surgical beds were reported as 16 at the month end snapshot rated as red, with an average of 19 and a peak of 37 in month

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

AWP Indicator	Target	July '13	Comment
Staff Supervision	85%	47.6%	The provider does not consider the current figure to be truly representative of the volume of supervision undertaken in those months – it is representative of usage of the tool.
DTOC	7.5%	9.5%.	To be reviewed
Care Clusters: timeliness of review	95%	83.3%	

Actions

- The CCG has begun a discharge pathway review process with AWP and the Council in order to evaluate the improvement work done last November and further improve and streamline processes.
- Recruitment is underway of clinical staff provided by AWP to the new Acute/Psychiatric Liaison Service in RUH, SDH and GWH.
- The provider has in place a new tool for services to record their supervision sessions.

The CCG is working with AWP and the Council to improve the availability of Section 12 Doctors.

3.4 South Western Ambulance Service NHS Foundation Trust (SWAST)

SWAS Indicator	Target	July '13		Comment
Red 1 performance response times	75%	Wilts actual	65%	○ All main response times for Wiltshire were NOT achieved. ○ Weekly Red journeys were 6% above the same week last year and are now 2% up YTD.
		SWAST (N) actual	68%	
Red 2 performance	75%	Wilts actual	60%	
		SWAST (N) actual	70%	

Actions

- SWAST has commissioned an external company to analyse requirements to meet demand for ambulance services in the context of regional/local geography. The Terms of Reference have been agreed and the timeline for the work is an initial report on findings by 30 September and a full report anticipated by 31 October.

North East Wiltshire (NEW) Lead

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

Indicator	Target	July'13	Q1	Comment
1G – Incidence of MRSA bacteraemia ACUTE	<=0	1	1	YTD there have been 2 incidents of MRSA at GWH ACUTE
2G – Incidence of Clostridium Difficile	<=20	3	5	This indicator is at limit for Q2 in M4.
20J – Compliance with CQC regulations	100% Compliance	YES	NO	GWH have now met 100% compliance
39G – DToC -	<=3.5%	5.3%	3.3%	Indicator for M4 has missed target most significantly compared to previous months
78G – Stroke patients spending 90% of time on stroke unit	>=80%	66%	77.9%	initial information shows that the indicator has fallen below all previous targets for 1314.
81G – Inpatient discharge summaries to be with GPs within 1 working day of discharge	95% TBA	72%	62.6%	Despite not hitting target, this indicator has improved by 10% based on the previous month.
82G – Clinic letters to be typed and with GPs within 2 working days	>90% TBC	33.7%	42.1%	This indicator has consecutively missed target and is at its lowest this financial year.
93W – Average LoS COMMUNITY	<20 days	24.2	23.5	LoS has risen from M3-M4.
105W – CHC – 1 ST review seen within 12 weeks COMMUNITY	>90%	0%	0%	Narrative expected from GWH to outline why this indicator is at 0%.
107W – CHC Annual review completed within 12 months COMMUNITY	>=90%	88%	86%	Narrative from GWH expected to detail why the indicator has missed target.

Actions

- Re CQC regulations. At the PFQ held on the 3rd July GWH noted that they expected a re-visit by the CQC in July'13 – commissioner update from GWH regarding assurances of newly acquired compliance.
- Re Stroke patients spending 90% of time on stroke unit , M4 data is un validated, but information supplied as part of the PSQ dashboard shows that the indicator has missed target most significantly this financial year.

The full M4 data is available on the Patient Safety and Quality dashboard 2013/14 provided by GWH.

3.6 GWH Maternity Key Performance Indicator (KPI) dashboard

Maternity Indicator	Target	Wiltshire CCG July'13	GWH Trust Combined *	Comment
90% of mothers booked < 12 completed weeks	90.4%	90%	91.2%	Wiltshire CCG specific data falls slightly below the GWH Trust combined M4 total
Normal births as a % of total births	77%	67.6%	63.1%	Wiltshire CCG specific data is slightly higher than the total recorded for the GWH Trust combined M4 total
C-section as a % of total births	23%	21.8%	25.1%	Wiltshire CCG specific data exceeds target. The GWH Trust combined M4 total falls below target
% of mothers recorded as smoking at the time of delivery	12%	13.8%	12.84%	Wiltshire CCG specific data falls below target and the GWH Trust Combined total.

* Combined data GWH and PAW

Actions

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

4.0 Contributors

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

- Information Team NHS Wiltshire CCG
- Commissioning Leads NHS Wiltshire CCG
- Central Southern Commissioning Support Unit

Chapter 2: Finance

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

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

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

Chief Financial Officer's Risk Assessment:

NHS Wiltshire CCG is planning on delivering a surplus of £5.0m against an anticipated resource limit of £520m in 2013/14. At the end of August 2013 the CCG is reporting a year to date surplus of £2.1m 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 is being 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 5 an in year gap of £3m is being forecast against this target due to the timing of initiatives commencing. Other initiatives relating to medicines management and any qualified provider have been identified to mitigate this gap within 2013/14.

Emerging financial pressures within commissioned services 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.

Alongside the pressures within commissioned services there are further risks to the CCG's financial position linked to the transfer of resources to other parts of the NHS which the CCG does not agree to and from the continuing uncertainty around capital grant allocations. We estimate the potential risk to be approximately £4m- £5m.

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 £520m. Annex 1 shows the summary income and expenditure position for year at month 5.

The income and expenditure year to date position at 31 August 2013 is a surplus of £2.1m – this is in line with the planned surplus position of £5.0m. The table below outlines the summary position at month 5:

	Year to date / £'m		
	Resources	Expenditure	Variance
Programme	203.17	201.21	-1.96
Running costs	4.85	4.71	-0.14
	<u>208.02</u>	<u>205.92</u>	<u>-2.10</u>

	Forecast outturn / £'m		
	Resources	Expenditure	Variance
Programme	508.29	503.25	-5.04
Running costs	11.66	11.66	0.00
	<u>519.95</u>	<u>514.91</u>	<u>-5.04</u>

The CCG is currently forecasting operating within its cash limit. At month 5 there has been a lower than plan drawdown against the anticipated cash limit which is in respect to the timing impact of investments such as the uncommitted headroom.

At the end of August 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 5 the CCG resource limit has increased by £0.63m in respect to a return of funding from the Bath, Gloucestershire, Swindon and Wiltshire (BGSW) area team (£0.46m) for neonatal screening and a transfer of funding from NHS Dorset CCG (£0.17m) for costs associated with ambulance services and Six Penny Handley patients.

The CCG is still anticipating a reduction to its resource limit of £3.3m (included as part of the overall £520m resource limit) in respect to funding transfers to specialist commissioning. The CCG dispute the overall charge as it encompasses a requirement to fund elements of specialist commissioning outturns from 2012/13 which the CCG has not received funding for itself and would result in a direct cost pressure of approximately £1.8m.

Not included within the resource limit position is a request for an additional £1.6m funding to be transferred to BGSW area team to fund pressures in primary care budgets. The CCG has identified that, alongside the devolution of PCT reserves to new bodies, a specific transfer of resources of £1.55m was included within the baseline mapping of PCT resources to the Area Team for primary care in relation to this pressure and on this basis the CCG is disputing the requested funding transfer.

A number of other smaller funding transfers between the area team and the CCG are being discussed but these do not present a material financial risk at this time. Annex 5 outlines the summary movements to the CCG budgets since month 4.

Wiltshire CCG financial performance by providers

The month 5 reported financial position represents the fourth 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 the end of month 5 the CCG is forecasting operating within its running cost allowance.

Highlighted below are the key year to date (YTD) and Forecast Outturn (FOT) variances within individual commissioned service areas at month 5 along with any mitigating actions identified.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Royal United Hospital NHS Trust (RUH)	28.58	29.42	0.85	2.03
<p>A year to date overspend reported is based upon the latest SLA monitoring data received from the Trust. This is primarily due to an estimated year to date overspend on activity net of QIPP of £0.4m and direct access radiology referrals of £0.38m.</p> <p>The full year position assumes that the current levels of activity will continue through until year end – work in this area is on-going with several areas of challenge (particularly around Direct Access Radiology and INNFT Restricted Procedures) currently being investigated with the Commissioning Support Unit (CSU) and the Trust.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Salisbury NHS Foundation Trust (SFT)	35.01	35.83	0.82	2.30
<p>The most recent SFT monitoring shows significant over-performance although SFT have now acknowledged there has been some over-reporting issues which are being corrected. SFT are also charging NHS Wiltshire CCG for some activity for which the funding has not yet been returned from Specialist Commissioning.</p> <p>After adjustments, there is over-performance in elective admissions on Rheumatology, Urology and Colorectal and Vascular Surgery. Non-elective over-performance is in General Surgery, Urology, Gastroenterology and Cardiology.</p> <p>Accident and Emergency (A&E) activity has been higher than anticipated and the cost of Payment by Results (PbR) excluded drugs is currently running above forecast levels, particularly for Ant-TNF drugs, which are being looked at.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Great Western Hospital NHS Foundation Trust (GWH) (Acute)	20.91	21.28	0.37	0.89
<p>The FOT variance of £885k is reported against the recently agreed 13/14 plan of £48.2m, which now includes Specialist Commissioning transfers. Contract variations are currently being drafted.</p> <p>M4 YTD contract activity (un-validated) shows continuing over performance on elective day case, unbundled diagnostics and direct access radiology. The over performance figure includes estimated challenge values which are yet to be accepted by the Trust.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
GWH (Community)	21.69	21.35	(0.34)	0.0
<p>The Maternity contract PbR activity (un-validated) is under performing by £339k, primarily against in-patient birth activity, however, the under-performance does not include any impact of the new maternity pathway charging.</p> <p>Reworked YTD maternity costs are due from GWH by the end of M6. Until any potential impact is known, FOT variance is being reported as zero based on Department of Health guidance which says that there should be no effect on total cost as a result of the pathway payment system.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
University of Southampton NHS Foundation Trust (UHS)	1.73	1.83	0.10	0.25
<p>Currently there is over-performance in emergency admissions, particularly for trauma. UHS are also reporting significant over-performance on PbR excluded chemo drugs but the CCG view is that some of this should be reported as Specialist Commissioning spend. The potential risk on the latter is an additional £0.3m FOT variance. The Specialist Commissioning boundary issues remain under review.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Circle	0.79	0.68	(0.11)	(0.26)
<p>As at Month 5, a year to date underspend is reported against the Circle Any Qualified Provider (AQP) contract – activity for M1-M3 has tracked lower than anticipated levels, but is approaching budgeted levels for M4 & M5.</p> <p>This position will continue to be reviewed on a monthly basis.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
BMI	1.53	1.92	0.39	0.5
<p>Validated M1-M3 data shows continuing higher than anticipated activity levels, primarily at Ridgeway Hospital where year on year growth is highest on major pain and orthopaedic (hip) procedures. Non Contracted Activity (NCA) un-budgeted activity performed at other BMI sites equates to £32k of the ytd variance.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
New Hall	1.77	1.87	0.10	0.15
<p>New Hall activity is very variable month by month. April and May were busy months, June and July activity was lower, but early indications are August was again a busy month. Discussions are underway to ensure the Provider is fully complying with the Clinical Priorities Policy.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Out of Hours	3.2	3.3	0.1	0.2
<p>A year to date overspend is reported in respect of additional charges incurred by the CCG in order to support the NHS 111 contract with Harmoni.</p> <p>A full year breakeven position is forecast based on the expectation that these additional costs are recoverable from Harmoni.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Prescribing	28.2	27.9	(0.3)	(1.0)
<p>Prescribing is reporting a year-to-date underspend of £297k and a forecast year end underspend of £1m. This reflects the PPA forecast out-turn spend levels on CCG drugs included within the June Prescribing Monitoring Document.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Continuing healthcare	7.5	6.5	(1.0)	(1.5)
<p>CHC is reporting a year to date underspend against budget. The 13/14 budget for CHC was based on total actual spend in 12/13 however CHC saw its patient numbers reduce by 50 in 12/13 and therefore the budget for 13/14 has been overstated. The underspend also reflects lower growth in patient numbers in 13/14 than anticipated.</p> <p>The forecast underspend takes account of an anticipated increase in patient numbers to 260 by year end from the current 233 patients, and assumes average spend per patient broadly in line with that experienced to date.</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>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Funded nursing care	2.8	2.6	(0.2)	(0.5)
<p>First quarter spend on Funded Nursing Care (FNC) with Wiltshire Council indicates an underspend against budgeted spending levels. Forecast underspend indicates continuation of this trend but reduced by potential impact of FNC adjustments post transfer of payment processing from Wiltshire Council to the CCG.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Learning Disability (LD) placements	0.8	0.9	0.1	0.3
<p>All placements are currently being reviewed as part of the programme of adding placement patients to the Caretrack system for on-going monitoring. This will improve recording of patient numbers and costs and help to improve forecasting.</p>				

Financial risks

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

The CCG has planned to deliver a QIPP programme in 2013/14 which will lead to service redesign savings of £9.3m. 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 5 the CCG is forecasting a shortfall against this target of £3m owing to the timing of commencement of initiatives. Further opportunities have been identified relating to any qualified providers and medicines management which have mitigated this shortfall in 2013/14.

Further work is being undertaken with the Area Team to identify and resolve outstanding baseline funding issues. As stated earlier in this report, the suggested changes represent a risk to the CCG of £3.4m.

The CCG is currently awaiting confirmation of the capital grant process from the Department of Health. In 2013/14 NHS Wiltshire CCG is planning to make capital grant payments of approximately £3.5m. If capital grant funding is unavailable, or is determined not to be an allowable mechanism, then this will represent a direct risk to the CCG financial position.

Appendices

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

Annex 1 - Summary I&E position at month 5 2013/14

	£'m			£'m	
	Ytd		Variance	Annual budget	FOT variance
	Budget	Actual			
Acute care	103.80	105.48	1.68	249.11	6.05
Exceptions	0.10	0.10	0.00	0.25	0.00
Non acute care	52.04	51.55	-0.49	124.52	-0.58
Other commissioning	10.68	9.95	-0.74	25.64	-1.24
	166.62	167.07	0.45	399.53	4.23
Out of hours	3.15	3.34	0.19	7.98	0.00
Local enhanced services	2.87	2.97	0.10	6.68	0.00
Prescribing	28.14	27.84	-0.30	69.53	-1.00
	34.15	34.14	-0.01	84.19	-1.00
Running costs	4.85	4.71	-0.14	11.66	0.00
2% Headroom	0.00	0.00	0.00	10.07	0.00
Surplus	2.10	0.00	-2.10	5.04	-5.04
Contingency	0.00	0.00	0.00	2.52	0.00
Earmarked reserves	0.30	0.00	-0.30	6.95	-3.23
	2.40	0.00	-2.40	24.57	-8.27
CCG total	208.02	205.92	-2.10	519.95	-5.04

Annex 2 - Summary Statement of Financial position at month 5 2013/14

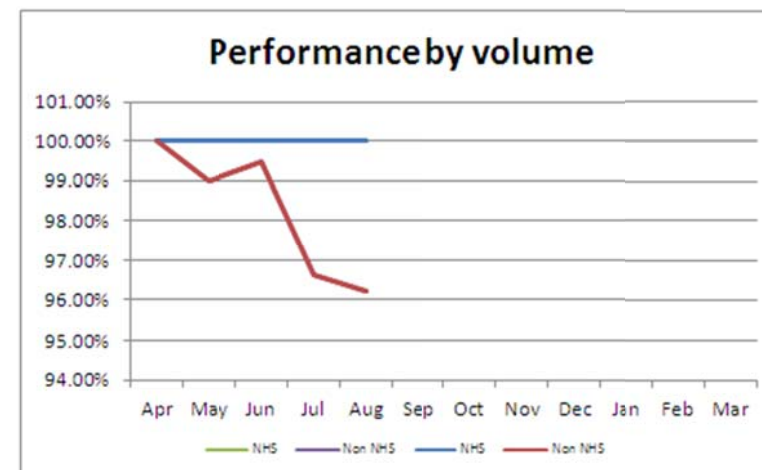
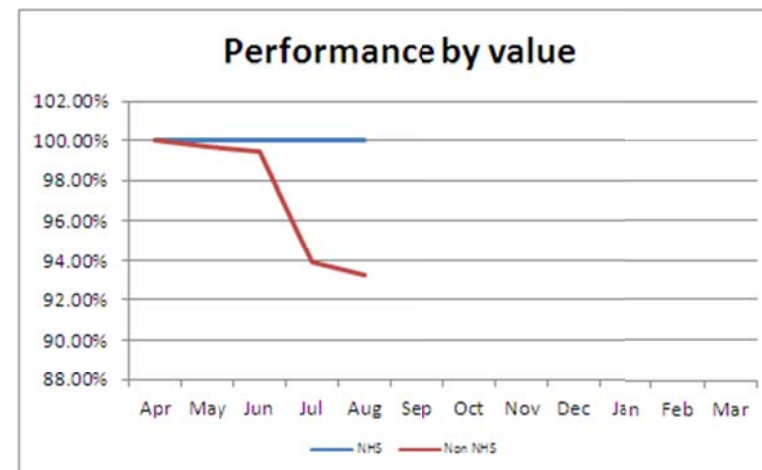
Summary Statement of Financial Position	£'m		
	Opening position at 1st April 2013	Current position at 31st August 2013	Forecast position at 31st March 2013
Non Current Assets:			
Premises, Plant, Fixtures & Fittings			
IM&T			
Other			
Long-term Receivables			
TOTAL Non Current Assets	0.00	0.00	0.00
Current Assets:			
Inventories			
Trade and Other Receivables		0.45	5.68
Cash and Cash Equivalents		1.94	0.05
TOTAL Current Assets	0.00	2.38	5.73
TOTAL ASSETS	0.00	2.38	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		19.52	10.76
Other Liabilities			
Provisions			
Borrowings			
Total Current Liabilities	0.00	19.52	10.76
TOTAL LIABILITIES	0.00	19.52	10.76
ASSETS LESS LIABILITIES (Total Assets Employed)	0.00	-17.13	-5.04
Financed by taxpayers' equity:			
General fund		17.13	5.04
Revaluation reserve			
Other reserves			
Total taxpayers' equity:	0.00	17.13	5.04

Annex 3 – Cash position at month 5 2013/14

	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m	217.00	519.95
Assumed revenue cash limit / £'m	215.00	514.91
Cash drawn down / £'m	174.59	467.42
Cash top-sliced for prescribing and home oxygen / £'m	14.24	47.50
Effective total cash drawn down / £'m	188.83	514.91
Cash drawn down as % of total	36.67%	100.00%
Expected cash draw down as %	41.67%	100.00%
Cash utilised / £'m	186.89	514.86
Balance in account / £'m	1.94	0.05
Balance in account as % of total cash limit	0.38%	0.01%

Annex 4 – Better payment practice code position at month 5 2013/14

	Performance vs 30 days BPP			
	In Month		YTD	
	Nos.	£'m	Nos.	£'m
NHS				
Total bills paid	209	27.46	502	123.51
Total bills paid within time	208	27.45	501	123.50
% of bills paid within target	99.5%	99.9%	99.8%	99.9%
Non-NHS				
Total bills paid	630	4.68	2495	20.97
Total bills paid within time	614	4.36	2444	20.18
% of bills paid within target	97.5%	93.2%	98.0%	96.2%
ALL				
Total bills paid	839	32.14	2997	144.48
Total bills paid within time	822	31.81	2945	143.68
% of bills paid within target	98.0%	99.0%	98.3%	99.4%



Annex 5 – Movements between budgets and resources

	Annual budget at M4	£'m Annual budget at M5	Movement	Comment
Acute care	249.16	249.11	-0.04	update to acute contract value
Exceptions	0.25	0.25	0.00	
Non acute care	123.06	124.52	1.46	Movement of continence funding from reserves, and return of screening funding from NHS E and additional SWAS funding for 6PH
Other commissioning	25.64	25.64	0.00	
	398.11	399.53	1.41	
Out of hours	6.97	7.98	1.01	Movement of NHS 111 funding from reserves
Local enhanced services	6.68	6.68	0.00	
Prescribing	69.53	69.53	0.00	
	83.18	84.19	1.01	
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	8.74	6.95	-1.79	Update to acute contract value and movement of NHS 111 funding and continence funding
	26.37	24.57	-1.79	
CCG total	519.32	519.95	0.63	

Chapter 3: Access

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

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

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

Pleasingly the issues at RUH which had detrimentally affected the achievement of target for 6 week diagnostic waiting times have been overcome, and A&E performance across the county has sustained the previously reported improvements. Clearly across the Health community significant effort is being put into winter planning as all are seized by the evident fragility and capacity issues at play. Commissioners are working hard with GWH colleagues to establish why 5 patients have exceeded the 52 week wait target.

As reported elsewhere SWAST performance remains a concern. As a collaborative commissioner we are working closely with SWAST to examine a number of issues. SWAST have commissioned Lightfoot to help them analyse resource levels and meet the demand for ambulance services in the context of our challenging local geography. We expect to review initial findings of their work at the end of this month and a full report by the end of October.

The CCG Assurance Framework information is detailed at Appendix 1.

Activity Data

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 continue to work with the Commissioning Support Unit and Providers to split activity data for future reports. The April, May, June and July 2013 data is detailed on page 5 of the CCG Assurance Framework document (Appendix 1) but not all Providers have correctly reported the activity to reflect the new commissioning environment. Providers are likely to be able to back-populate early year reporting in the coming months.

NHS Constitution

Great Western Hospital NHS Foundation Trust had a breach of 5 patients waiting longer than 52 weeks.

As identified in last month's report the percentage of patients waiting longer than 6 weeks for a diagnostic test following referral which had increased slightly to 1.7% with the target being 1%, has now been rectified.

A&E access with the 4 hour standard continues to be met by all three acute providers.

Category A ambulance call performance against target has deteriorated further with all targets now being breached. See also Chapter 1, section 3.4 of this report.

NHS Outcomes Framework

Many of the data items included in the CCG Assurance Framework are only available on an annual basis. The Assurance Framework report, attached at Appendix 1, focuses on available data. Following the Quarter 1 CCG Assurance visit by the Area Team, the CCG has modified the report to include Avon and Wiltshire Mental Health Partnership NHS Trust information.

Provider Service Level Agreement Monitoring

Contract monitoring information for Salisbury NHS Foundation Trust (SFT), Royal United Hospital Bath NHS Trust (RHU) and Great Western Hospitals NHS Foundation Trust (GWH) has been included this month using the SLAM report 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:

Over the summer months it is assessed that progress with fully embracing project methodology and utilising the toolkit associated with it has stalled slightly. The Executive team have recognised this, and Group Directors have agreed to renew the momentum previously achieved. Where the full toolkit is being properly utilised project managers are seeing real and demonstrable benefits.

In order to address the previously reported gap in the achievement of our QIPP targets, September's Programme Governance Group focussed almost exclusively upon ideas and projects to address this issue. As a result additional projects or programmes of work regarding Learning Disabilities, Any Qualified Provider and Medicines Management have been identified to meet the projected shortfall.

Our Annual Planning cycle continues to evolve nicely, assisted by Attain consultants and the CSU. The intention from the outset was to design and implement a process which allowed for clear clinical leadership of the process which could be delivered utilising our group structure (not central direction), and which therefore would allow for local issues to feature strongly. As Autumn approaches, the concepts and ideas will coalesce, and once agreed as a package will form the basis of next years operational plan. Out of that plan we will derive the next set of projects to develop the delivery mechanism which should bring the clinical vision to local reality, and with it improved health outcomes for our population.

1.0 Update on the Project Register

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

Reference	Group	Title	Leads
PMO-13-001	All	Care coordinators implementation (in parallel with/linked to risk stratification tool implementation)	Neal Goodwin Kerry Lusby Taylor Shelley Watson
PMO-13-002	Sarum	Trauma and Orthopaedics	Beatrix Maynard
PMO-13-003	Sarum	Managing GP Referrals (AKA GPs with Special Interests Review)	Louise Sturgess
PMO-13-004	Sarum	SFT/Wiltshire Discharge Project	Beatrix Maynard/Victoria Stanley
PMO-13-005	NEW	Dementia LES/SLA	Louise Cox/Susan Dark
PMO-13-006	WWYKD	RUH/Wiltshire discharge project	Victoria Stanley
PMO-13-007	Sarum	Salisbury Walk-in Centre	Jill Wittington
PMO-13-008	NEW	24Hour ECG provision	Neal Goodwin

The project register continues to grow with proposed dates for the production of project workbooks due by the October Programme Governance Group.

2.0 Commentary on registered projects

Care Co-ordination – Status: Amber

The Care Co-ordination project team is established and collaborating well internally. There is evidence of improved use of the PMO project workbook to manage the delivery of the project.

The project team reports:

- Improved working with partner organisations to deliver care co-ordination.
- Positive feedback received from GPs about developments and the recruitment process.
- Technological solution developed for capturing issues to enable future developments to result from experience.
- Recruitment of Care Co-ordinators is progressing with 30 September set as the anticipated start date for the first recruits. The appointments are as follows:
NEW 7 out of 8.5 WTE
Sarum 5.7 out of 7 WTE
WWYKD 2.3 out of 8 WTE
The second phase of recruitment is underway with shortlisting currently taking place.
- Induction plan, including the definition of how care co-ordinators will function, is in the pipeline for delivery once care co-ordinators begin.

- The service specification is due for final sign off during week beginning 16 September and will include Key Performance Indicators to measure success.

The project team maintains a risk register and there are no risks which require escalation.

Key areas which are receiving attention are:

- Completion of the Standard Operating Procedures that support the induction process.
- Cohesive communication to patients, public, GP membership and other stakeholders as the initiative goes live.
- Development of the evaluation process that will support any retendering of the Community Services contract. It should be noted that the timescales for the retender, and the start of care-co-ordination, will not permit any substantial evaluation.

Patients that receive the attention of care co-ordinators will have been identified from a variety of sources. One source is the Risk Stratification tool which is linked to Perception Plus available in Primary Care. The Risk Stratification tool is now live and training for GPs has taken place.

All Other Projects - Status: Amber

The project workbooks are still in development or await sign off by PGG. The PMO is working with project managers to progress the completion of the plans for delivery.

3.0 QIPP delivery

Following Programme Governance Group on 4 September 2013, it is still projected that the CCG will deliver the planned QIPP savings of £6.3m. In addition, initiatives relating to Learning Disabilities, Any Qualified Provider and Medicines Management have been identified to meet the projected £3m gap.

4.0 Headroom Bids

Groups are identifying initiatives that the CCGs headroom funds will support. It has been agreed that the delivery of these schemes will be monitored through the PMO and the next version of the Project Register will contain the schemes.

5.0 Other Areas of PMO development

The PMO has been engaged with colleagues in the Community Transformation Team to develop a robust Governance structure. Proposals have been developed along with associated templates and these await agreement from the stakeholders.

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 02 September 2013

						PROJECT TEAM			PROJECT RAG RATING			PMO TEAM NOTES							
PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	Project plan sign off date	Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT status	Proposed deadline for implementation	IMPLEMENTATION RAG status	Comments for attention of programme board							
JOINT PROJECTS													PMO Contact	Recurrent meeting	Last meeting attended	PMO progress notes			
PMO-13-001	Multiple	Groups have individual targets linked to providers	Care coordinators implementation (in parallel with/linked to risk stratification tool implementation)	Yes, full with Risk Stratification		Ted Wilson	Simon Burrell	Neal Goodwin Kerry Lusby Taylor Shelley Watson		Underway		Development and Implementation phases have merged due necessity to progress this project. The financial benefit of this project is linked to several other projects which will reduce spend on Unplanned care							
	Multiple	£0	Review of CCG Service Restriction/Prior Approval Review of CCG Exception Policy	Yes, full		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	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	Anna Collings/Nick Brown	James Slater											
PMO-13-005	NEW	£0	Dementia LES/SLA	Yes, Summary, Risks, QIA and KPIs	22082013 with TW. For September PGG	Ted Wilson	Celia Grummitt	Louise Cox/ Susan Dark		Underway		PMO has met with project manager. Workbook has been reviewed and requires some minor amendments. Meetings with sponsor is to be planned to allow final version to be signed off before PGG review. Input is to be sought from Quality Directorate prior to sign off. Work is underway on this project to deliver its objectives							
	NEW	£0	Older People's Mental Health Service Redesign	Yes, full	Mid September due to WC engagement	Ted Wilson	Celia Grummitt	Susan Dark				PMO has met with project managers to explain the requirements of the Project Workbook including QIA							
	NEW	£131,000	Virtual review clinics - conversion of outpatient attendances to telephone contact or letters	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	Simon Burrell	James Slater											
	NEW	£112,500	Surgical assessment unit - GWH patient pathway redesign pilot	Yes, Summary, Risks, QIA and KPIs		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	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	Simon Burrell	James Slater											
	NEW	£60,000	Cataracts - Benchmarking against independent providers	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	John Pettitt	James Slater											
	NEW	£40,000	Intermediate Feet - HG32A - HG33G	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	John Pettitt	James Slater											
	NEW	£48,383	Pre-Op weight management - extension to hips and knees	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	John Pettitt	James Slater											
	NEW	£68,633	Spinal - change in consultants	Yes, Summary, Risks, QIA and KPIs		Ted Wilson	Jonathan Rayner	James Slater											
	NEW		GWH/Wiltshire Discharge Project (Priority 1)	Yes, but implemented separately so 3 separate workbooks and entries on the project register		Ted Wilson													
	NEW		Orthopaedic Outpatient Clinics									Project Workbooks for these schemes are in development as at 2/9/13. They are new additions to the Project register							

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 02 September 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	Project plan sign off date	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board	PMO TEAM NOTES					
						Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT status	Proposed deadline for implementation	IMPLEMENTATION RAG status		PMO Contact	Recurrent meeting	Last meeting attended	PMO progress notes		
	NEW		Ophthalmology Outpatient Clinics															
	NEW		24 Hour ECG															
	NEW		Clover Centre Development with SEQOL															
	Sarum	£0	Referral Information System Development	Yes, full		Mark Harris	Toby Davies	Mark Harris										
	Sarum	Contributes to £14,400	Map of Medicine	Yes, Summary, Risks, QIA and KPIs	28.8.13	Mark Harris	Chet Sheth	Kerry Lusby-Taylor										
	Sarum	Contributes to £14,400	Maximise use of local GPWSI's	Yes, Summary, Risks, QIA and KPIs	28.8.13	Mark Harris	Elizabeth Stanger	Louise Sturgess										
	Sarum	Contributes to £14,400	Email referral assessments	Yes, full	25.9.13	Mark Harris	Chet Sheth	Beatrix Maynard										
	Sarum	£0	Chronic pain (IncBack Pain)	Yes, full	28.8.13	Mark Harris	Chet Sheth	Kerry Lusby-Taylor										
	Sarum	£0	Cardiology/24 hour ECG	Yes, full	28.8.13	Mark Harris	Chet Sheth	Jill Whittington										
PMO-13-002	Sarum	£195,375	Trauma and Orthopaedics	Yes, Summary, Risks, QIA and KPIs	28.8.13	Mark Harris	Chet Sheth	Beatrix Maynard					Draft workbook submitted 2/8/13. Requires updated before final sign off by sponsor and agreement by PGG					
	Sarum	Contributes to £1,093,020	Care Home LES	Yes, Summary, Risks, QIA and KPIs	28.8.13	Mark Harris	Elizabeth Stanger	Louise Sturgess										
PMO-13-007	Sarum	£0	Salisbury Walk In Centre	Yes, full	25.9.13	Mark Harris	Celia Grummitt	Jill Whittington		Nov-13			A high level project plan has been developed. Focus is currently on development of options which, once agreed at the end of October, will allow a full project workbook to be developed for agreement by PGG. The Quality Directorate have been involved in the QIA. The PMO has recommended attention is paid to stakeholder engagement to aid the decision making process scheduled for October to allow progress to be made.					
PMO-13-003	Sarum	£0	Managing GP Referrals (AKA GPs with Special Interests Review)	Yes, full	28.8.13	Mark Harris		Louise Sturgess		Underway			Draft workbook submitted 2/8/13. PMO has met with project managers. Clarity being sought by Project Managers to enable final version of workbook to be agreed with project sponsor. QIA assessment requires input from the Quality Directorate and this being arranged. Systems are in place to monitor KPIs					
	Sarum	£0	AQP Review	Yes, full	28.8.13	Mark Harris		Louise Sturgess										

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 02 September 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	Project plan sign off date	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board	PMO TEAM NOTES			
						Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Proposed deadline for implementation	IMPLEMENTATION RAG status		PMO Contact	Recurrent meeting	Last meeting attended	PMO progress notes
PMO-13-004	Sarum		SFT/Wiltshire Discharge Project	Yes, but implemented separately so 3 separate workbooks and entries on the project register		Mark Harris		Beatrix Maynard/Victoria Stanley				Draft workbook submitted 2/8/13 and requires review. This will be conducted after the project objectives are agreed on 3/9/13 by the Sarum Executive. The project plan is currently modelled on the RUH Discharge project plan. There is a potential issue related to the Capacity of WWYKD team to support this project.				
	WWYKD	£146,396	Consultant to consultant referrals review	Yes, Summary, Risks, QIA and KPIs	Mid August with MR and therefore for September PGG WWYKD - Not convinced of the requirement - this is about applying contract terms, albeit with amendments / updates?	Mike Relph	Lucy Pearson	Jo Cullen/Victoria Stanley				Not relevant to the three priorities				
	WWYKD	Contributes to £1,325,591	Care homes project	Yes, Summary, Risks, QIA and KPIs	WWYKD - To Group Director by 30/10/2013 (is this necessary for a project that has been running for the last 18 months?)	Mike Relph	Lucy Pearson/Martin Foley	Andy Jennings/Jo Whitford								
	WWYKD	Contributes to £1,325,591	MIU review (priority 1)		WW&KD - Dependent upon Community Transformation Team timeframes	Mike Relph	Helen Osborn	Jo Cullen/Jenny Benns/Victoria Stanley								
	WWYKD	Contributes to £1,325,591	A&E front door (priority 1) aka RUH Emergency Care Project	Yes, Summary, Risks, QIA and KPIs	WWYKD - Business case signed off at Gov Body 23.07.13 - business case signed off and implementation plan being developed by RUH	Mike Relph	Lucy Pearson/Martin Foley	Jo Cullen/Victoria Stanley								
PMO-13-006	WWYKD	Contributes to £1,325,591	RUH/Wiltshire discharge project	Yes, but implemented separately so 3 separate workbooks and entries on the project register	8.8.13	Mike Relph	Helen Osborn	Mike Relph/Jo Cullen/ Debbie Elliott/Victoria Stanley		Underway		PMO has met with project manager. Some minor amendments have been recommended for inclusion in the workbook. QIA requires Quality Directorate input and this is being arranged by project manager prior to final sign off by sponsor before agreement at PGG. Project plan is being used well with only minor improvements to admin arrangements required. Some additional risks have been suggested for inclusion which will require stakeholders to deliver mitigations. As the project is still in development the current KPIs are aspirational				
	WWYKD	Contribute to £572,610 delivering OP services locally	Adcroft community cardiology - expansion	Yes, Summary, Risks, QIA and KPIs	Confirmation required on requirement. WWYKD - Is this part of Sarum Led review of community cardiology (if so, move to Sarum responsibility), or related purely the 13-14 funded expansion to the Adcroft service?	Mike Relph		Andy Jennings								
	WWYKD		Diabetes	Yes, Full	Scoping document to August PGG. Sign Off at September PGG WWYKD - Confirmation required on requirement. Is this part of NEW Led review of community diabetes options (if so, move to NEW responsibility), or related purely to the proposed service delivery change for Westbury ?	Mike Relph		Shelley Watson				Discussion paper as outline business case to PGG 7/8/13				

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 02 September 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	Project plan sign off date	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board	PMO TEAM NOTES			
						Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Proposed deadline for implementation	IMPLEMENTATION RAG status		PMO Contact	Recurrent meeting	Last meeting attended	PMO progress notes
	WWYKD		End of Life/Gold Standard Framework/Adastra	Yes, Full	Scoping document to August PGG. Sign Off at WWYKD - September PGG Confirmation required on requirement. Is this part of NEW Led review of EOLC Wiltshire wide options (if so, move to NEW responsibility), or related purely to the proposed WWYKD options ?	Mike Relph		Jo Whitford				Discussion paper as outline business case to PGG 7//8/13				
	WWYKD		Increased Use of Community Geriatrician		WWYKD - To Group Director by 30/10/2013	Mike Relph		Jo Whitford				Discussion paper as outline business case to PGG 7//8/13				
	WWYKD		Headroom Project Pharmacy Support to Care Homes	Yes, Summary, Risks, QIA and KPIs		Mike Relph		Nadine Fox/Meds Man/Penny Lightowler				Headroom Bid for £16k timeline September 13 to March 14				
	WWYKD		Headroom Project Pharmacy Support for Patients at Home	Yes, Summary, Risks, QIA and KPIs		Mike Relph		Nadine Fox/Meds Man/Penny Lightowler				Headroom Bid for £16k timeline January 14 to March 15. MR has reported that ST has agreed informally that this funding could run beyond 31 march 14 if required.				
	ALL		Projects involving headroom funds that have been agreed will be added to the project register													

Indicator	Outcome				
	SFT	RUH	GWH Acute	GWH Community	AWMHP
Providers					
Has local provider been subject to enforcement action by the CQC?	N	N	N	N	N
Has local provider been flagged 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 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	N	N	N	N
Do provider level indicators from the National Quality Dashboard show that:					
MRSA cases are above zero	N	N	Y - Action plan in place	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 - Action plan in place	Y - Action plan in place	Y - Action plan in place	Y - Action plan in place
Has the provider experienced any 'Never Events' during the last quarter?	N	N	N	N	N
Is provider meeting the 15% response rates on FFT ? (Domain 3)	Y	Y	N	N	N

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%	94.2%	94.5%	91.1%								G	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral		97.8%	≥95%	97.0%	97.5%	96.9%	97.3%								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%	93.8%	94.5%								G	
Number of patients waiting more than 52 weeks		0	0	0	0	0	5								A	
Diagnostic test waiting times																
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral		0.5%	≤1%	0.75%	0.97%	1.7%	0.11%								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%	97.7%	97.1%								A	
	SFT	96.9%		91.3%	98.0%	99.0%	96.7%								G	
	GWH	95.6%		89.9%	94.3%	98.2%	98.5%								G	
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%	95.4%	95.2%									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%	96.7%	98.1%									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%	99.5%	99.5%									G	
Maximum 31-day wait for subsequent treatment where that treatment is surgery		97.2%	≥94%	100.0%	100.0%	100.0%									G	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimens		100.0%	≥98%	100.0%	100.0%	100.0%									G	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy		96.9%	≥94%	100.0%	100.0%	98.0%									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%	92.7%	86.9%									G	
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers		98.2%	≥90%	100.0%	100.0%	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		100.0%	100.0%									G	
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%	65.3%	63.9%	65.1%	60.4%								R	
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	SWAST	73.0%	≥75%	70.2%	74.4%	75.7%	68.4%								R	
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	SWAST	75.9%	≥75%	73.9%	75.2%	72.7%	70.1%								A	
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	SWAST	92.7%	≥95%	95.2%	95.9%	95.2%	94.6%								G	
Handover delays between ambulance at A&E greater than 30 minutes (Local Standard)	RUH		0	50	7	3	2								R	
	SFT			8	2	1	5								A	
	GWH			151	61	26	8								R	
Mixed Sex Accommodation Breaches																
Minimise breaches	CCG	33	0	1	0	0	0								A	
	RUH	77		0	0	0	0								A	
	SFT	8		0	0	0	0								A	
	GWH	0		0	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%			99.2%									G	

NHS WILTSHIRE CCG

NHS Outcomes Framework measures which NHS England and CCGs will use in annual assurance (as described in Annex A of Everyone Counts)

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														R	
RUH Trust apportioned - HPA		5		2012/13	3	0														G
SFT Trust apportioned - HPA		3		2012/13	3	0														G
GWH Trust apportioned - HPA		1		2012/13	1	1	0	0	1	1										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	12	12	10								R	
RUH Trust apportioned - HPA		41		2012/13	41	29	4	3	4	5	5								R	
SFT Trust apportioned - HPA		25		2012/13	25	21	1	2	3	2	0								A	
GWH Trust apportioned - HPA		34		2012/13	34	20	1	2	2	3	2								A	
6. Targets included within planning guidance locally set																				
i) 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		-6.8%			G										G	
ii) Diagnosis rate for people with dementia						55%	N/avail												A	
iii) Reduce Non-elective Occupied Bed Days	Reduce by OBDs					-13454			R										R	
iv) The proportion of people who have depression and/or anxiety disorders who receive psychological therapies:	In-year quarterly 22%			To March 2013	G				R										R	

NHS WILTSHIRE CCG
Are CCGs commissioning services within their financial allocations?

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
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% ofp lan														
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
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 BPC	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	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	29,132	116,239
		Actual	8,382	8,862	8,222	8,781										34,247
First outpatient attendances following GP referral	Monthly	Plan	5,952	7,142	5,750	6,453	6,155	6,059	7,171	6,938	5,571	6,681	6,074	6,041	25,297	101,284
		Actual	7,339	7,169	7,376	7,922										29,806
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	14,167	57,115
		Actual	3,933	3,833	3,652	4,221										15,639
Elective FFCEs Ordinary cases	Monthly	Plan	835	1,019	907	952	920	887	1,045	1,034	808	842	923	1,014	3,713	14,899
		Actual	902	968	962	1,025										3,857
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	13,162	50,500
		Actual	3,129	3,237	3,209	3,389										12,964
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	28,507	112,612
		Actual	6,512	6,173	6,280	6,669										25,634
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	6,977	28,203
		Actual	1,779	1,731	1,725	1,816										7,051
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	5,156	20,591
		Actual	1,384	1,255	1,207	1,465										5,311
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	41,730	168,146
		Actual	11,387	10,599	10,776	12,249										45,011
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	18,291	18,200
		Actual	19,234	19,819	20,511	20,072										20,072

Data warning

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

NHS Wiltshire CCG Main 3 Acute Contract Monitoring

2013/14 Month 4 year-to-date SLAM Reports

		A&E Attendances			
		Plan	Actual	Variance	
SFT	Activity	9,667	10,265	598	6%
	Cost	£1,093,785	£1,173,206	£79,421	7%
	Unit cost	£113	£114	£1	1%
RUH	Activity	7,367	7,006	(361)	(5%)
	Cost	£819,975	£829,610	£9,635	1%
	Unit cost	£111	£118	£7	6%
GWH	Activity	5,028	5,536	508	10%
	Cost	£529,294	£559,633	£30,339	6%
	Unit cost	£105	£101	(£4)	(4%)

		Outpatient Attendances			
		Plan	Actual	Variance	
SFT	Activity	35,881	38,214	2,333	7%
	Cost	£5,686,064	£5,509,696	(£176,368)	(3%)
	Unit cost	£158	£144	(£14)	(9%)
RUH	Activity	41,964	45,377	3,413	8%
	Cost	£4,872,949	£5,022,744	£149,794	3%
	Unit cost	£116	£111	(£5)	(5%)
GWH	Activity	30,264	36,277	6,013	20%
	Cost	£3,235,469	£3,450,648	£215,179	7%
	Unit cost	£107	£95	(£12)	(11%)

		Other			
		Plan	Actual	Variance	
SFT	Cost	£5,733,145	£6,177,017	£443,872	8%
RUH	Cost	£2,932,246	£3,323,291	£391,046	13%
GWH	Cost	£3,352,472	£3,574,613	£222,141	7%

		Elective Spells			
		Plan	Actual	Variance	
SFT	Activity	5,291	5,777	486	9%
	Cost	£7,037,160	£7,251,446	£214,286	3%
	Unit cost	£1,330	£1,255	(£75)	(6%)
RUH	Activity	4,479	4,700	221	5%
	Cost	£5,269,289	£5,299,411	£30,122	1%
	Unit cost	£1,176	£1,128	(£49)	(4%)
GWH	Activity	3,391	3,138	(253)	(7%)
	Cost	£3,897,904	£3,718,176	(£179,728)	(5%)
	Unit cost	£1,149	£1,185	£35	3%

		Non-Elective Spells			
		Plan	Actual	Variance	
SFT	Activity	4,468	4,121	(347)	(8%)
	Cost	£8,876,289	£8,972,625	£96,336	1%
	Unit cost	£1,987	£2,177	£191	10%
RUH	Activity	7,999	7,155	(845)	(11%)
	Cost	£9,582,034	£9,809,320	£227,286	2%
	Unit cost	£1,198	£1,371	£173	14%
GWH	Activity	3,264	3,573	309	9%
	Cost	£5,052,526	£5,388,009	£335,484	7%
	Unit cost	£1,548	£1,508	(£40)	(3%)

		Total			
		Plan	Actual	Variance	
SFT	Cost	£28,426,443	£29,083,990	£657,547	2%
RUH	Cost	£23,476,493	£24,284,376	£807,882	3%
GWH	Cost	£16,067,664	£16,691,079	£623,414	4%

Provider , Site Assessed and date	Focus of inspection	Compliance status	Outcome
<p>Great Western Hospitals NHS Foundation Trust</p> <p>Maternity services</p> <p>PAW Bath</p> <p>16 July 2013</p>	<p>This inspection was to check whether Princess Anne Wing had taken action to meet the following essential standards:</p> <ul style="list-style-type: none"> • Cleanliness and infection control • Staffing 	<p>The provider was meeting both of these standard.</p>	<p>Cleanliness and infection control</p> <ul style="list-style-type: none"> • Although some upgrading work still needed to be started and completed, people were protected from the risk of infection because appropriate guidance had been followed. • People were cared for in a generally clean, hygienic environment. The areas in poor state of repair were effectively managed. <p>Staffing</p> <ul style="list-style-type: none"> • It was acknowledged that the trust's community birthing centre had been temporarily closed for intrapartum (labour/birth) care to alleviate staffing shortages at the acute hospital. • The staffing levels had improved through shift changes and additional recruitment. Further recruitment was being funded to bring the number of midwives up to the approved level over the rest of this calendar year. This would reduce the need for bank staff or unplanned shift changes. • The RCOG guidelines for the ratio of midwives to births was proposed in 2007 as one midwife for 28 births, or 1:28. When the CQC visited the trust in December 2012, the ratio in the clinical area in which Princess Anne Wing sat (the 'Bath clinical area') was around 1:40. In July 2013 the ratio was down to 1:29.
<p>Great Western Hospitals NHS Foundation Trust</p> <p>Maternity services</p> <p>GWH Swindon</p> <p>17 July 2013</p>	<p>To review staffing levels in its maternity services.</p> <p>On the previous inspection of maternity services at this location in December 2012, the CQC found staffing levels in relation to midwives were not always at acceptable levels to safely meet the needs of patients</p>	<p>The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs</p>	<p>The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.</p> <ul style="list-style-type: none"> • The maternity department at the hospital had introduced 12-hour shifts for midwives (up from eight). This meant there were two shifts per day rather than three. • The CQC were told nine newly qualified midwives had been appointed to start shortly following a 'recruitment day'. A further 'recruitment day' was being run in August 2013. • The RCOG guidelines for the ratio of midwives to births was proposed in 2007 as one midwife for 28 births, or 1:28. When the CQC visited the trust in December 2012, the ratio in the clinical area in which Great Western Hospital sat (the 'Swindon clinical area') was around 1:48. In July 2013 the ratio was down to 1:39.

Provider , Site Assessed and date	Focus of inspection	Compliance status	Outcome
<p>Swindon Intermediate Care Centre</p> <p>29 May 2013 :document link. http://www.cqc.org.uk/directory/1-300312595</p> <p>On the 14 August 2013 the CQC undertook a further inspection of SWICC. A CQC compliance inspector was joined by a nurse specialist.</p>	<ul style="list-style-type: none"> Care and welfare of people who use services Cooperating with other providers Safety, Availability and suitability of equipment Assessing and monitoring the quality of service provision Complaints 	<p>Enforcement action Taken :</p> <ul style="list-style-type: none"> Care and welfare of people who use services <p>Action Need</p> <ul style="list-style-type: none"> Assessing and monitoring the quality of service provision Complaints 	<ul style="list-style-type: none"> Enforcement action was taken because the care and welfare of people who use the service failed as care plans were not being completed/ followed or updated consistently. Improvement notice was taken because assessing and monitoring the quality of service provision failed. <i>The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others, e.g. not enough information being provided prior to admission</i> Improvement notice was also taken because there was not an effective system in place to deal with comments and complaints or provide the users of the service and their relatives with information or support on how to make a comment or complaint. <i>e.g. complaints policy not clear for patients/ relatives.</i> <p>During the inspection on 14 August 2013 the CQC found the provider had paid full regard to the report issued in July 2013 and had made changes to their admission criteria and dependency assessment process. This meant that the provider was able to identify, assess and manage risks to health, safety and welfare of patients.</p>
<p>Salisbury Foundation Trust</p> <p>Carried out on 18 and 19, 20, 21 February 2013 during a routine inspection</p>	<p>Review of :</p> <ul style="list-style-type: none"> Respecting and involving people who use services Care and welfare of people who use services Meeting nutritional needs Cleanliness and infection control Staffing Assessing and monitoring the quality of 	<p>Of the 7 standards assess SFT were found to meet the standard in 5 areas. Further action was required with regard:</p> <ul style="list-style-type: none"> Staffing Action needed Records Action needed 	<p>Staffing : judged that this has a minor impact on people</p> <ul style="list-style-type: none"> At the time of our visit the CQC found the trust had relatively high levels of vacancies for nursing staff filled by the use of agency and bank staff. Evidence they gathered told them staff were under pressure to provide prompt quality and safe care to patients at all times. On some wards this was because there were not always enough staff to meet the needs of patients with high needs. <p>Records Management; judged that this has a minor impact on people</p> <ul style="list-style-type: none"> On a number of occasions we found confidential patient information not supervised or protected. Private information was visible to visitors. Some drug charts were unattended where

Provider , Site Assessed and date	Focus of inspection	Compliance status	Outcome
	service provision <ul style="list-style-type: none"> • Records 		they were accessible to members of the public visiting unlocked wards. <ul style="list-style-type: none"> • Staff told the CQC this was common practice in the hospital and there were not always suitable arrangements for notes to be kept safely and securely. The CQC revisited the trust in June 2013 the results have not yet been published
Royal United Hospital Bath Carried out on 4 and 5, 6 February 2013 Focus on the older peoples wards and the day surgery unit (DSU). They also looked at pharmacy arrangements for providing medication for people to take home on discharge	Review of : <ul style="list-style-type: none"> • Respecting and involving people who use services • Care and welfare of people who use services • Cooperating with other providers • Records 	All standards assessed were not being met	Minor impact on people <ul style="list-style-type: none"> • Inpatients accommodated on the day surgery unit at the time of the inspection visit were not having their privacy and dignity maintained. moderate impact <ul style="list-style-type: none"> • Patients being cared for and treated on the day surgery unit (DSU) were not having their care needs adequately assessed, planned and delivered. The care and treatment arrangements on the unit were not organised around the range of care needs of the patients accommodated there. moderate impact <ul style="list-style-type: none"> • Patients discharged from the hospital cannot be confident that the hospital will communicate necessary information about their care and treatment to ensure continuity of care and minimise risks arising from the transfer of care. Moderate Concern <ul style="list-style-type: none"> • People were not protected from the risks of unsafe or inappropriate care and treatment by means of accurate and up to date records. The CQC revisited the Royal United Hospital Bath NHS Trust in June 2013. and will publish a report when the check is complete.

Harm Free Care Data
NHS Wiltshire CCG

Total Number of patients with harm	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13	
	2012/13	2012/13								
	%	%	No	%	No	%	No	%	No	%
RUH	7.19%	9.38%	90	15.05%	39	7.13%	44	8.22%	34	6.80%
SFT		10.16%	42	9.40%	44	9.91%	40	10.23%	36	9.33%
GWH		9.70%	62	4.78%	75	6.00%	103	8.46%	79	6.51%

Number of patients with 1 & 2 harm	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13	
	2012/13	2012/13								
	%	%	No	%	No	%	No	%	No	%
RUH harm 1	6.90%	8.74%	86	14.38%	38	6.95%	43	8.04%	34	6.80%
RUH harm 2	0.29%	0.62%	4	0.67%	1	0.18%	1	0.19%	0	0.00%
SFT harm 1		9.56%	39	8.72%	42	9.46%	38	9.72%	35	9.07%
SFT harm 2		0.61%	3	0.67%	2	0.45%	2	0.51%	1	0.26%
GWH harm 1		9.36%	61	4.71%	75	6.00%	94	7.72%	77	6.35%
GWH harm 2		0.34%	1	0.08%	0	0.00%	9	0.74%	2	0.16%

Pressure Ulcers (new & Old)	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13	
	2012/13	2012/13								
	%	%	No	%	No	%	No	%	No	%
RUH	5.10%	4.66%	35	5.85%	21	3.84%	20	3.74%	18	3.60%
SFT		6.40%	23	5.15%	27	6.08%	31	7.93%	21	5.44%
GWH		5.83%	33	2.55%	51	4.08%	71	5.83%	53	4.37%

Falls (with harm)	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13	
	2012/13	2012/13								
	%	%	No	%	No	%	No	%	No	%
RUH	0.99%	0.70%	1	0.17%	0	0.00%	2	0.37%	1	0.20%
SFT		0.79%	1	0.22%	1	0.23%	0	0.00%	1	0.26%
GWH		1.86%	9	0.69%	12	0.96%	7	0.57%	10	0.82%

Catheter & treated for UTI	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13	
	2012/13	2012/13								
	%	%	No	%	No	%	No	%	No	%
RUH	0.96%	2.89%	14	2.34%	11	2.01%	6	1.12%	10	2.00%
SFT		1.99%	9	2.01%	12	2.70%	8	2.05%	12	3.11%
GWH		1.62%	16	1.23%	12	0.96%	27	2.22%	10	0.82%

VTE (new)	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13	
	2012/13	2012/13								
	%	%	No	%	No	%	No	%	No	%
RUH	0.80%	1.79%	44	7.36%	8	1.46%	17	3.18%	5	1.00%
SFT		1.59%	12	2.68%	6	1.35%	3	0.77%	3	0.78%
GWH		0.74%	5	0.39%	0	0.00%	7	0.57%	8	0.66%

*RUH June 2013 data was provided with July 2013 data

**VTE Median is for Acute Providers only

	Apr-13	May-13	Jun-13	Jul-13
Surveyed RUH	598	547	535	500
SFT	447	444	391	386
GWH	1296	1250	1218	1213

Median = the returned number in the middle of given numbers as used by NHS Quality Observatories for trend comparisons

Please note: retrospective information can change on the Quality Observatory Site. The current month is the data currently released, the data from previous months are from publications released on that date;

[Results are taken from the South West Quality Observatory \(CLICK HERE\)](#)

July

Sub domain	Reference	Short Description	Target	Performance						Trend	Direction to improve	Supporting Narrative
				In period	Direction	Year to date	Year end forecast					
	Quality 4 RUH	Hospital Standardised Mortality Rate (HSMR) within agreed range (RUH)	100	104	G	Apr	104	G	104		↓	This information is from the Dr Foster Hospital Guide 2012. All of these indicators are within the expected range
	Quality 4 SFT	Hospital Standardised Mortality Rate (HSMR) within agreed range (SFT)	100	104	G	Apr	104	G	104		↓	
	Quality 4 GWH	Hospital Standardised Mortality Rate (HSMR) within agreed range (GWH)	100	106	G	Apr	106	G	106		↓	
	Quality 1 RUH	Summary Hospital-level Mortality Indicator (SHMI) (RUH)	100	97	R	Apr	97	R	97		↑	This information is from the Dr Foster Hospital Guide 2012. All of these indicators are within the expected range
	Quality 1 SFT	Summary Hospital-level Mortality Indicator (SHMI) (SFT)	100	105	G	Apr	105	G	105		↑	
	Quality 1 GWH	Summary Hospital-level Mortality Indicator (SHMI) (GWH)	100	104	G	Apr	104	G	104		↑	
	Quality 8 RUH	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (RUH)		3.4		Apr	3.4		3.4		↓	There is a 6 monthly National Reporting and Learning System (NRLS) report and this is the latest available data from April 2012 to September 2012. The RUH are low reporters and this is being performance monitored through the Clinical Outcomes and Quality Review Group where the RUH are showing the actions they are taking to improve reporting.
	Quality 8 SFT	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (SFT)		7.9		Apr	7.9		7.9		↓	
	Quality 8 GWH	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (GWH)		6.9		Apr	6.9		6.9		↓	
	5a RUH	Patient safety incidents reported (RUH)		1114		Apr	1114		1114		↑	
	5a SFT	Patient safety incidents reported (SFT)		2175		Apr	2175		2175		↑	
	5a GWH	Patient safety incidents reported (GWH)		2926		Apr	2926		2926		↑	
	Quality 3 RUH	Number of Serious Incidents requiring investigation (RUH)		4		↑ Jul	8		24		↓	All serious incidents are monitored by CCG Serious Incident Committee where root cause analysis reports are reviewed to ensure that lessons have been learned from incidents and actions have been taken to mitigate against further reoccurrences.
	Quality 3 SFT	Number of Serious Incidents requiring investigation (SFT)		1		↓ Jul	4		12		↓	
	Quality 3 GWH	Number of Serious Incidents requiring investigation (GWH Maternity & Community)		2		↑ Jul	11		33		↓	
	Quality 2 RUH	Number of Never Events (RUH)		0		↔ Jul	0		0		↓	

Quality 2 SFT	Number of Never Events SFT)		0		↔ Jul	0		0		↓	
Quality 2 GWH	Number of Never Events (GWH Maternity & Community)		0		↔ Jul	1		3		↓	This was a Maternity Unit Never Event.
Quality 9 RUH	Number of acquired pressure ulcers: Grades 3 & 4 (RUH)		2		↑ Jul	6		18		↓	
Quality 9 SFT	Number of acquired pressure ulcers: Grades 3 & 4 (SFT)		1		↔ Jul	2		6		↓	
Quality 9 GWH	Number of acquired pressure ulcers: Grades 3 & 4 (GWH Maternity & Community)		2		↑ Jul	9		27		↓	
CB_A15	Healthcare acquired infection (HCAI) measure (MRSA)	0	0	G	↔ Jul	2	R	6		↓	These were two MRSA incidents for CCG registered patients.
CB_A15 RUH	Healthcare acquired infection (HCAI) measure (MRSA) (RUH)	0	0	G	↔ Jul	0	G	0		↓	
CB_A15 SFT	Healthcare acquired infection (HCAI) measure (MRSA) (SFT)	0	0	G	↔ Jul	0	G	0		↓	
CB_A15 GWH	Healthcare acquired infection (HCAI) measure (MRSA) (GWH)	0	1	R	↑ Jul	2	R	6		↓	GWH have undertaken Root Cause Analysis of these incidents where lessons are learned and actions are identified to mitigate future reoccurrences.
CB_A16	Healthcare acquired infection (HCAI) measure (c. difficile)	11	12	R	↔ Jul	56	R	168		↓	The year end target for the CCG is 127
CB_A16 RUH	Healthcare acquired infection (HCAI) measure (c. difficile) (RUH)		5		↑ Jul	16		0		↓	The year end target for the RUH is 29.
CB_A16 SFT	Healthcare acquired infection (HCAI) measure (c. difficile) (SFT)		2		↓ Jul	8		0		↓	The year end target for SFT is 21.
CB_A16 GWH	Healthcare acquired infection (HCAI) measure (c. difficile) (GWH)		3		↑ Jul	8		24		↓	The year end target for GWH is 20
Quality 5 RUH	Number of complaints (RUH)		38		↓ Jun	107		428		↓	The latest data available is June 2013
Quality 5 SFT	Number of complaints (SFT)		0		#N/A	0		0		↓	This data has not yet been reported for Q1
Quality 5 GWH	Number of complaints (GWH)		148		↓ May	350		2100		↓	The latest data available is May 2013

Arrow shows if indicator is increasing or decreasing. Look at "Direction to improve" column to see if this is good or bad.

Cells with direction arrows show what the latest reported month is.

Red = worse than target
Amber = within thresholds
Green = better than target