

**Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 26 November 2013**

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/13/11/09 Integrated Performance Report November 2013
Author:	Debbie Rigby, Associate Director of Quality & Patient Safety, Steve Perkins, Deputy Chief Financial Officer, John Dudgeon, Head of Information, Rob Hayday, Head of Project Management, Susannah Long, Governance & Risk Manager
Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance and Corporate Services
Executive summary:	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. The Integrated Performance Report for November 2013 reports using data for April 2013 to October 2013, where available. 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.
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 November 2013

Executive Overview

With winter now upon us, unsurprisingly the urgent care agenda is of paramount importance to the CCG. The CCG has invested significant funds in order to alleviate pressure throughout the winter, and is running a number of projects and schemes conceived of and designed by our Clinical leadership in locality groups. Much of this work has been designed and developed in very close partnership with social care colleagues in Wiltshire Council. The schemes include additional primary care capacity, and in particular additional primary care support within care homes; additional social work capacity; Discharge co-ordinators to help people to become able to get home sooner; and the appointment of care co-ordinators to be the point of contact for agencies dealing with at risk patients. We have also implemented a 6 month pilot of a Simple Point of Access, which is a single point of support enabling patients to be managed at home. Of the 11 cases referred here in the first week, just one patient was admitted to hospital. The service will continue to evolve over the coming weeks expanding its ability to both prevent admissions and, by working with the discharge teams, support discharges from the acute hospitals. Many of the initiatives we have put in place are coherent with the objectives of our Community Transformation programme, which continues to make strong progress. The latest meeting of the Joint Commissioning Board occurred on 24 October 2013, and provided a useful indication of the progress we have made in our working partnership with colleagues from the Council.

As the end of the year approaches, our Annual Planning cycle is reaching a level of maturity. The principal aim of the CCG 2014/15 Plan is to identify programmes of work that, when delivered across the CCG, will have significant impact on supporting the delivery of our strategic aims and objectives, address a recognised performance shortfall or mitigate a key risk, as well as addressing our financial challenge. The development of the Plan has been rooted in the clinically led locality groups, working with the GPs to ensure that the projects meet real needs and have the active support of our clinical leaders. The Governing Body will receive an update on progress on 26 November 2013, although naturally they have been kept closely apprised of progress and development throughout the year. We were able to share the direction of travel at a successful and well attended Stakeholder Assembly on 7 November 2013, where we were delighted to engage with a very experienced and well informed

audience. A longer term 5 year strategic plan will now be developed, in close consultation with colleagues and partners across the Wiltshire Health and Social care system.

Following its difficult start earlier in the year, we were very pleased that the NHS111 Service for Wiltshire reached Full Service Acceptance on 28 October 2013. This achievement was reached thanks to a strong collaborative working relationship between the CCG and Harmoni, our Service Provider, as well as being the outcome of a great deal of hard work on both sides.

In early November 2013 we staged the first of our Commissioner Development training workshops as part of our on-going commitment to the professional development of our workforce. This was well received, and provides a good platform on which to build incrementally.

Director of Planning, Performance and Corporate Services

CONTENTS

Title	Page
Chapter 1 Quality	4
Chapter 2 Finance	17
Chapter 3 Access	33
Chapter 4 Project Management	36
Appendix 1 CCG Assurance Framework	49
Appendix 2 Hospital Intelligence Monitoring	55
Appendix 3 Patient-Led Assessments of the Care Environment (PLACE)	59
Appendix 4 CQUINS 2013/14 Scorecard	61
Appendix 5 National Patient Safety Thermometer	62
Appendix 6 Quality Dashboard	64

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 Commentary:

In this section we highlight the newly published Hospital Intelligence Monitoring reports for CQC, this information is available in the public domain and may be used to raise questions about the quality of care. Appendix 2 gives the comparable data of our local providers, of note the Royal United Hospital, Bath NHS Trust (RUH) shows the highest elevated risk.

We are reporting in a separate paper actions that are needed by the RUH following the visit in June 2013 by the CQC and an enforcement action. The CQC has warned RUH that it must make improvements within a given timescale.

MRSA and *Clostridium difficile* infections continue to be a risk to the organisation as we are over trajectory for C.diff which could in part be attributed to the increased testing in primary care. The MRSA target is zero which was always going to be a challenge.

During October 2013, NHS Wiltshire CCG received an inspection of safeguarding children arrangements in the area, the inspection report is awaited.

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 from Clinical Quality Review Groups
- Section 4: Contributors
- Appendix 1: CCG Assurance Framework
- Appendix 2: Hospital Intelligence Monitoring
- Appendix 3: Patient-Led Assessments of the Care Environment
- Appendix 4: CQUINS 2013/14 Quarter 2 achievement
- Appendix 5: National Patient Safety Thermometer
- Appendix 6: 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 visit to NHS Wiltshire CCG (section 2.1)
- Hospital Intelligence Monitoring (section 2.2)
- Patient-Led Assessments of the Care Environment (section 2.3)
- CQUINS (section 2.4)
 - Achievement for 2013/14
 - Plan for 2014/15
- MRSA and *Clostridium difficile* infection update (section 2.5)

2.1 CQC visit to NHS Wiltshire CCG

NHS Wiltshire CCG had an inspection of safeguarding children and services for looked after children on Monday, 14 October 2013 until Friday, 18 October 2013. The review focused on the quality of health services for looked after children and the effectiveness of safeguarding arrangements for all children in the area. The review was conducted under section 48 of the Health and Social Care Act 2008 and focused on evaluating the experiences and outcomes for children, young people and their families who receive health services within the boundaries of Wiltshire. The inspection report is awaited.

2.2 Hospital Intelligence Monitoring

On 21 October 2013 the CQC published Hospital Intelligence Monitoring on 118 indicators about NHS acute and specialist hospitals. These indicators relate to the five key questions of all services – are they safe, effective, caring, responsive and well-led? The indicators will be used to raise questions about the quality of care. They will not be used on their own to make judgements.

The CQC will take into account Intelligent Monitoring analysis alongside local information from the public, the trust and other organisations.

The CQC will take into account Intelligent Monitoring analysis alongside local information from the public, the trust and other organisations. A number of statistical tests have been used to determine where the thresholds of "risk" and "elevated risk" sit for each indicator, based on our judgement of which statistical tests are most appropriate. For some data sources CQC have applied a set of rules to the data as the basis for these thresholds, for example concerns raised by staff to CQC (and validated by CQC) are always flagged in the model.

Appendix 2 illustrates the comparative indicators and associated risk scores at Great Western Hospital (GWH), Royal United Hospital (RUH) and Salisbury Foundation Trust (SFT). For further information definition and full methodology for each indicator: <http://www.cqc.org.uk/public/hospital-intelligent-monitoring>

Action

- The CCG will regularly review the data provided by the CQC Hospital Intelligence Monitoring site and will monitor and investigate any areas of risk.
- Using the Clinical Quality review meetings we will share the data with providers to ensure validity.
- We are considering using the 118 indicators as the baseline for the quality monitoring for providers in 2014/15.

2.3 Patient-Led Assessments of the Care Environment (PLACE)

Patient-Led Assessments of the Care Environment (PLACE) is the new system for assessing the quality of the hospital environment, which replaces Patient Environment Action Team (PEAT) inspections from April 2013. PLACE assessments will apply to all hospitals delivering NHS-funded care, including day treatment centres and hospices.

PLACE assessments put patient views at the centre of the assessment process, and use information gleaned directly from patient assessors to report how well a hospital is performing in the areas assessed – privacy and dignity, cleanliness, food and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or staff behaviours.

The assessments are undertaken annually, and results are reported publicly to help drive improvements in the care environment. The results also show how hospitals are performing nationally.

Most importantly, patients and their representatives will make up at least 50 per cent of the assessment team, which will give them the opportunity to drive developments in the health services they receive locally.

Please see the results in the table shown at Appendix 3 details the performance of our local hospitals.

Actions

- These results are now being reviewed by the CCGs and we will ask for action plans on how performance will improve in any areas of concern.
- Where performance is below expected we will seek updates on progress, for example food at SFT, PAW and GWH

2.4 Commissioning for Quality and Innovation (CQUINS)

2.4.1 2013/14 summary

Commissioning for Quality and Innovation (CQUIN) payments for 2013/14 will be available for NHS Trusts to earn when a level of quality is delivered above the NHS Standard Contract. The value of the CQUINs providers can earn in 2013/14 remains at 2.5% on top of the value of all services commissioned through the NHS Standard Contract.

There are gateways in 2013/14 to the CQUIN payments. Providers are required to meet the minimum requirements of the six high impact innovations in Innovation, Health and Wealth.

In line with national guidance there are four mandatory CQUINS as detailed below:

Schemes	Rational for Inclusion	Organisation	Comments
Friends and Family Test	Mandatory - three aspects: a) 15% participation rate b) improved participation c) Staff survey	All	Agreed in all contracts *Salisbury Hospice has agreed an adapted question.
National safety Thermometer "Harm Free care"	Mandatory includes number of: a) Pressure ulcers b) Patient falls c) Catheter Associated UTI d) VTE	All	For mental health Provider "Safe Care" looking at: <ul style="list-style-type: none"> • Medication omissions or delays • Self-harm • Violence and aggression • Slips trips and falls
Dementia Care	Mandatory Improving care for people living with dementia and their carers	All (appropriate)	

Schemes	Rational for Inclusion	Organisation	Comments
VTE	Mandatory - Patient Safety 95% achievement of risk assessment.	All	Plus achievement of a locally agreed goal for the number of VTE admissions that are reviewed through root cause analysis

In addition we have agreed in line with our QIPP objectives local CQUINS on:

- Reducing admissions to A&E
- Mobilisation of inpatients
- End of life care
- Vulnerable women during maternity care

The report attached at appendix 4 gives detail of the CQUIN achievement with our main providers for quarter 2. This includes the national and local indicators. Appendix 5 shows the September Safety Thermometer position.

RUH and SFT achieved the Friends and Family Test participation rate in Q1 and Q2, however, GWH acute did not meet the participation rate in either quarter achieving only 8.8% and 9.0% respectively. Actions are in place at GWH which have been impacted by the refurbishment of the A&E. The annual staff survey results are due in February 2014.

GWH acute are not achieving the mandatory Dementia assessment target, RUH is reporting zero in part 2 - the number of patients having an assessment and also in part 3 - number of patients referred on, we need to understand the detail of their reporting. This will be addressed at the CQRM.

2.4.2 2014/15

This year the approach to CQUINs will be to incentivise the health system to deliver greater effectiveness, as well as supporting the delivery of the QIPP initiatives, incentivising changes in clinical practices in known areas of clinical quality concern and supporting achievement of Commissioning Outcomes Framework (COF) indicators.

CQUIN arrangements for 2014/15 will focus on an updated national menu of schemes with associated measures. Where national CQUINs are already being achieved, stretch quality indicators will be introduced.

2.5 MRSA and *Clostridium difficile* infection update

NHS England have established a regional HCAI steering group to work collaboratively to reduce CDI rates within the health economy. NHS Wiltshire CCG are actively participating within this group alongside colleagues from neighbouring CCG's and Public Health departments.

2.5.1 Clostridium difficile

There have been seven cases of *C.diff* attributable to NHS Wiltshire CCG during September 2013, three of which have been detected in the acute setting (i.e. within 72 hours of admission to hospital). The remainder of the CCG cases have been identified in the community, e.g. via a specimen sent by the GP.

<i>C. difficile</i> Infections	2013/14 target	Apr	May	Jun	Jul	Aug	Sept	Total YTD
All Wiltshire CCG	127	18	14	12	12	10	7	73
RUH	29	4	3	4	5	5	2	23 (18+ 5)
SFT	21	1	2	3	2	0	1	9
GWH	20	1	2	2	3	3	3	14

Action

- Wiltshire CCG is currently in discussion with NHS England Area Team with regard to establishing a locality-wide methodology to review non-trajectory cases (e.g. where providers request cases are not counted in their trajectory because patients were infected prior to admission or episode unavoidable). NHS England has proposed facilitating a review panel, comprising of local commissioners and NHS England Area Team to ensure equity of case reviews.

2.5.2 MRSA

There have been two cases of MRSA bacteraemia reported in Wiltshire for this period. One MRSA bacteraemia is attributable to NHS Wiltshire CCG, which occurred in the community and was detected at Great Western Hospitals NHS Foundation Trust (GWH) A&E department on admission. A Post Infection Review (PIR) has been submitted to Public Health England and accepted. The focal point of the case is thought to be a foot wound which occurred when the patient trod on broken glass in the community. Recommendations arising included follow up by the patients' Substance Misuse Key worker.

Salisbury Foundation Trust (SFT) had one positive MRSA blood culture in September 2013, although the case was reviewed by SFT doctors and microbiologist, Public Health, Wiltshire Council, and Wiltshire CCG who have agreed the blood culture was a contaminant. The Post infection review (PIR) has been completed and submitted to PHE, who have agreed the final submission is attributable to SFT, and is an agreed contaminate.

This will remain on the HCAI figures, be reported against SFT, and also reported on the CCG numbers. The action plan arising from the contaminated sample was heard at the October SFT CQRM, and follow up assurance from the action plan has been sought by Wiltshire CCG Quality Team.

MRSA (Apportioned to CCG) • September 2013	Plan	Actual total	Of actual total	
			Pre 48 hours	Post 48 hours
NHS Wiltshire CCG	0	2	1	1
Year To Date	0	5	3	2

MRSA (Providers) - September 2013 Year To Date	Plan	Actual
RUH, Bath	0	0
GWH, Swindon	0	1
SFT, Salisbury	0	1

Action

- Post infection reviews (PIR's) for all MRSA cases are undertaken and reviewed by Wiltshire CCG and submitted to Public Health England by provider or CCG in line with national guidance. Additionally, Wiltshire CCG are developing Terms of Reference and an algorithm for the post infection review process with Wiltshire Council Public Health Infection Control.

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 Appendix 6 shows a summary level of the quality dashboard.

Sarum Group Lead

3.1 Salisbury NHS Foundation Trust (SFT)

Indicator	Target	Sept 13	YTD	Comments
HSMR	100	102	102	The HSMR is within the expected range
Non Clinical Mixed sex accommodation breaches	0	3	3	These have been the first non-clinical breaches since October 2012
Delayed Transfers of Care		19	N/A	This was 4 NHS and 15 Social Services delays
Fractured Neck of Femur operated on within 36 hours	90%	80%	80%	Performance improved this month but is still below target

Actions

- The HSMR rate has reduced to 102 in August 2013 which is the latest available data and is within the expected range.
- Meeting with Wiltshire Public Health and SFT planned in early December to further discuss mortality indicators. with regard to:
 - UTIs- comparison with RUH/GWH, do they have different/better policies?
 - Audit tools- unnecessary emergency admissions among others
 - Possible impact of inappropriate admissions from nursing homes.

The HSMR for the financial year will be published in December 2013, which may show any impact of the SFT palliative care coding work.

West Wiltshire Yatton Keynell and Devizes (WWYKD) Group Lead

3.2 Royal United Hospital Bath NHS Trust (RUH)

RUH Indicator	Target	Sept 2013	Q2	Summary
The CQC published its report 16 October 2013 following the unannounced inspection in June 2013. The CQC judged the Trust was non-compliant with 5 outcomes. A warning notice has been issued in respect of Outcome 21; health records. The Trust has prepared improvement plans in response to the CQC's observations and judgements.				
VTE patients who require prophylaxis are given it	100%	84%	84%	
Non Clinical Mixed Sex accommodation breach	0	6	6	RUH to share clinical justification policy
Patients that have spent more than 90% of their stay on a stroke ward	80%	TBC	74.1	
Sepsis - Antibiotics within 1 hour for neutropenic sepsis	90%	83%	76.9%	
Hip Fractures operated on within 36 hours	80%	72.5%	83%	Performance dipped in September from 85%
Number of medical outliers – median	Less than 25	36	34	Peak in month was 46, stretching medical teams.
Non Clinical Cancelled Operations	<=1%	2%	1.3%	50% of the cancellations were due to bed pressures

Actions

- Re VTE; the RUH has been asked to provide details of actions to improve performance in this area. Performance is being monitored by the Quality Review Group. The RUH gave a seminar on actions that are being taken to improve performance in this area at the September Clinical Outcomes and Quality Review Group meeting.
- During September there were 6 breaches the Mixed Sex Accommodation indicator reported for the Medical Assessment Unit (MAU) resulting in amber rated performance. In response and for improved clarity MAU A, B and C are now designated as single sex areas.

- The median number of medical outliers in month was 36 against the improvement target of 25. The closed beds on Combe re-opened on 28 September 2013 releasing 26 Older Peoples Unit beds. It is expected that Outlier performance will improve in quarter 3
- A Quality Surveillance meeting was held at the RUH on Friday 8 November.

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

AWP Indicator	Target	Period to Oct 28th 2013	Comment
DTOC	7.5%	Deteriorated from 11.64% to 12.5% for all Wilts beds and from 17.85% to 20.4% for older peoples beds	The CCG has completed a review and has identified a complex range of difficulties. An improvement action plan is being drawn up with the Council and AWP. This will include a weekly teleconference to progress chase delayed patients.
Memory Clinic – waiting times	18wks	Average wait time down to 4wks from a previous 12 month wait.	Rolling 3 month breaches reduced from 165 at beginning of October to 113 at end of October as the back log is cleared. Only 1 service user waiting over 4 weeks at end October.
4 week RTA	0 Breaches	5 Breaches (99.65)	Recovery trajectory requested.

Additional Actions:

- DTOC- an improvement action plan is being drawn up with the Council and AWP. This will include a weekly teleconference to progress chase delayed patients.
- The CCG is working with AWP and the Council to improve the availability of Section 12 Doctors. Additional Doctors have been identified and the option of a formal rota is being explored.
- Recruitment to the expanded Acute Liaison service has brought staffing levels close to full establishment. The post of Consultant Psychiatrist at SFT – interviews set for end November 2013.

3.4 South Western Ambulance Service NHS Foundation Trust (SWAS)

SWAS Indicator	Target	September 2013		Comment
Red 1 performance response times	75%	Wilts actual	52%	<ul style="list-style-type: none"> ○ All main response times for Wiltshire were NOT achieved. ○ Sixth consecutive month of underperformance ○ Poorest monthly performance to date ○ Causation given as over activity and rurality. Local action plan developed but little commissioner confidence in local performance improvements being achieved. Provider not willing to share local trajectory targets

Actions

- In addition to on-going resource analysis by 'Lightfoot', additional resources are being deployed within the Bristol area which should reduce the displacement of rural paramedics into urban areas.

North East Wiltshire (NEW) Group Lead

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

Indicator	Target	Sept 13	YTD	Comment
4 Hour Wait in A&E Acute	95%	93.4%	92.8%	Performance has improved slightly this month
Delayed Transfers of Care - Acute	<=4%	6.0%	4.1%	This is a snapshot in the last Thursday of the month
Stroke patients spending 90% of time on stroke unit - Acute	80%	75.8%	78.6%	The September data is under validation and is therefore provisional
Inpatient discharge summaries to be with GPs within 1 working day of discharge	95% TBC	63.1%	66.8%	Performance has dipped from 70.05% in August and has missed this target during 2013-14.
Clinic letters to be typed and with GPs within 2 working days	>90% TBC	38.4%	38%	This indicator has consecutively missed target during 2013-14.
Average LoS COMMUNITY	<17days	27.4	24.9	LoS has improved from the September performance of 23.6

The full M6 data is available on the Patient Safety and Quality dashboard 2013/14 provided by GWH.

Actions

- Stroke performance continues to be below target; GWH have issued a Stroke report with key indicators which will be reviewed at the Adult Services meeting on 20 November 2013 with the CCG. Particular issues are around nurse assessments and MDT involvement.
- Inpatient discharge summaries are below target and the Trust will be providing a trajectory to improve their performance. It has been acknowledged that they will now not hit the target of 95% for 2013-14 as a result of performance to date.

- Clinic letters to be with GP within 2 working days – this is currently around 35% with a target of over 90%. A remedial action plan will be discussed at the Adult Services meeting on 20 November to address this.
- Average LOS (Community) – whilst this remains above the target of less than 17 days, the average has reduced so far this year and is now at around 23 days. The Winter planning initiatives and additional investment in community services mean to we anticipate improving this figure further.

3.6 GWH Maternity Key Performance Indicator (KPI) dashboard

Maternity Indicator	Target	Sept 13	YTD	Comment
Women seen by midwife by 12 weeks and 6 days of pregnancy in the Community	90%	89.7%	90.1%	This target was narrowly missed in September and the year-end target is being met.
Normal births as a % of total births	77%	61.2%	61.6%	Wiltshire CCG specific data is higher than the total recorded for the GWH Trust combined, which falls below target overall.
C-section as a % of total births	23%	24.8%	25.9%	Wiltshire CCG specific data meets target. The GWH Trust combined M5 total falls just below target

Actions:

- GWH are undertaking a data review for maternity births as there appears to be much less than anticipated for the year
- Next Maternity meeting is early December where the outstanding CVs will be signed off
- Service is currently out for tender and the contract will commence on 1 June 2014

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 Commentary:

NHS Wiltshire CCG is planning to deliver a surplus of £5.0m against an anticipated resource limit of £521m in 2013/14. At the end of October 2013 the CCG is reporting a year to date surplus of £2.94m 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 7 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 the 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 financial position linked to the continuing uncertainty around capital grant allocations and the financial impact of non-contract activity charges, which have a delay in being validated due to the continued section 251 person identifiable data issues. 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 £521m. Annex 1 shows the summary income and expenditure position for the year at month 7.

The income and expenditure year to date position at 31 October 2013 is a surplus of £2.94m. This is in line with the planned surplus position of £5.0m. Table 1 below outlines the summary position at month 7:

Table 1: Summary CCG financial position M7 2013/14

	Year to date / £'m		
	Resources	Expenditure	Variance
Programme	286.85	283.96	-2.89
Running costs	6.68	6.64	-0.05
	<u>293.54</u>	<u>290.60</u>	<u>-2.94</u>

	Forecast outturn / £'m		
	Resources	Expenditure	Variance
Programme	509.14	504.10	-5.04
Running costs	11.66	11.66	0.00
	<u>520.80</u>	<u>515.76</u>	<u>-5.04</u>

The CCG is currently forecasting operating within its cash limit. At month 7 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 and the timing of prescribing cash adjustments.

At the end of October 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 detailed statement of financial position by Provider, summary statement of financial position, cash position and better payment practice performance can be found in annexes 2, 3, 4 and 5 respectively.

Resource limit and budget updates

At month 7 the CCG resource limit is unchanged from month 6. However, a number of changes have occurred across a number of budget lines to reflect the changes to the specialist commissioning transfers and transfers out of reserves. Annex 6 shows the movements across budget lines for month 7.

The CCG is still awaiting receipt of £4m of central funding to support its capital grant request for community equipment services. Confirmation has been received from the Area Team that the request has been approved which reduces the level of risk that the CCG has been carrying. This will require the CCG to review reserves for month 8 to ensure that it commits all available resources.

Wiltshire CCG financial performance by providers

The month 7 reported financial position represents the sixth month of receiving information from providers following the NHS architecture changes. Over recent months the CCG has seen an improvement in the information contained within the Secondary Users System (SUS) following the NHS architecture changes. The CCG and CSU are continuing to work with providers where anomalies are identified to further ensure the robustness of the information. At the end of month 7 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 the CCG programme budgets at an individual commissioned service level at month 7 along with any mitigating actions identified.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
RUH	40.620	41.763	1.14	1.96

Description of issue

A year to date overspend is reported based upon the latest SLAM data (M6) received from the Trust, (although the position is improved in comparison to M5). This is primarily due to an estimated YTD overspend on activity net of QIPP of 0.484m, non-QIPP related areas of 0.679m (of which Direct Access Radiology represents 0.503m) and a YTD underspend of 0.023m on non-contract elements (Non-obstetric Ultrasounds & service contributions).

The full year position assumes that the levels of current activity will continue through until the end of the year. Verification work continues in areas of significant variance with several areas of challenge (particularly around Direct Access Radiology and INNFR Restricted Procedures) being discussed with the CSU / Trust, with further investigations into growth in Urology, Pain Management, Cardiology and Gynaecology now being undertaken at practice level.

Provider / Commissioned service area	Ytd / £'m			FOT Variance
	Resource	Expenditure	Variance	£'m
Salisbury FT	50.07	51.77	1.70	2.80

SFT September monitoring continues to show significant over performance, some of which represents activity which was at one stage thought to be specialist and for which the funding will shortly be added to the CCG contract. The position shown here has been adjusted to take this into account, and shows a further increase in over performance attributable to the WCCG.

Activity in Electives and Outpatients is higher in September reports than it has been over the summer, which is not unusual. PbR Non-elective over performance has not increased significantly, but the impact of earlier delays in projects to reduce NEL admissions is now showing through in the reduced QIPP savings at this stage. The over performance in Elective admissions is continuing in Rheumatology, Urology and General Surgery and Cardiology, some of which seems to be linked to a change in counting which is being looked into. Non-elective over performance is in General Surgery, Urology, Gastroenterology, A&E specialty and Cardiology.

A&E attendance costs remains higher than anticipated. The cost of PbR excluded drugs is currently running above forecast levels particularly for Ant-TNF drugs. There are remaining data validity issues for Outpatient diagnostics. Outpatient attendance costs are above plan in Urology, Cardiology, Dermatology and Rheumatology.

Provider / Commissioned service area	Ytd / £'m			FOT
	Resource	Expenditure	Variance	Variance £'m
University Southampton FT	2.42	2.55	0.13	0.23
<p>Earlier in the year there has been over performance in Emergency admissions, (particularly trauma), and also in Outpatients, but recently spend has been much closer to planned levels. UH Southampton are reporting significant over performance on PbR excluded chemo drugs but the WCCG view is that some of this should be reported as Specialist Commissioning spend. The potential risk on the latter is an addition £0.3m FOT variance. The Specialist Commissioning boundary issues remain under review.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT
	Resource	Expenditure	Variance	Variance £'m
Ramsay - New Hall	2.48	2.74	0.26	0.40
<p>New Hall activity is very variable month by month. April and May were busy months, June and July activity was lower, but August was the busiest month this year. September and October have continued above plan. Discussions are underway to ensure the Provider is fully complying with the Clinical Priorities Policy. Over 70% of spend is on Orthopaedics admitted care.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT
	Resource	Expenditure	Variance	Variance £'m
Glenside Neuro-rehabilitation	0.15	0.30	0.15	0.25
<p>This service is high-cost / low volume and hence subject to random variability year by year due to patient numbers, which so far in 13/14 are running higher than expected. There has also been significant uncertainty around defining in practice the boundary between Specialist-responsibility patients and CCG-responsibility patients. Specialist Commissioning are aiming to develop a more consistent approach to tariffs and services over a wider area during the next couple of years, which will have a knock on impact on the CCG in due course.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
GWH (Acute Contract)	28.207	28.606	0.399	0.8

The FOT variance of £0.8m is reported against the agreed 13/14 plan of £48.2m and is unchanged from M6.

M6 YTD SLAM activity shows that over performance has slightly increased on NEL (highest on General Medicine) and OP (highest on unbundled diagnostics). Underperformance on EL has now slowed compared to previous months. Further analysis is being undertaken with GWH Finance and General Management teams via FIG and Contract Performance meetings.

The M7 position includes estimated challenge values which are yet to be accepted by the Trust.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Circle Healthcare	1.104	1.046	-0.06	-0.10

Description of issue

As at Month 7, a year to date underspend continues to be reported against the Circle AQP contract – activity for M1-M3 tracked lower than anticipated levels, but has reverted to around budgeted levels for M4-M6 with the FOT amended accordingly. Actual usage of this contract will continue to be reviewed on a monthly basis.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
BMI Hospitals (Bath Clinic & Ridgeway)	£2.139m	£2.826m	£0.688m	£0.935m

Validated M1-M6 data shows continuing higher than anticipated activity levels, primarily at Ridgeway Hospital where year on year growth continues to be highest on major pain and orthopaedic (mainly hip) procedures. NCA un-budgeted activity performed at other BMI sites equates to £62k of the ytd variance.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Out of Hours	4.4	4.7	0.3	0.2

A year to date and forecast full year overspend is reported in respect of additional charges incurred by the CCG in order to support the NHS111 contract with Harmoni. The YTD overspend reflects the total additional costs incurred by the CCG to date, of which an element will be recoverable from other parties to the 111 contract which has been estimated in the FOT variance.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Continuing Healthcare (CHC)	10.6	9.2	-1.4	-1.5

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 under spend also reflects lower growth in patient numbers in 13/14 than anticipated.

At the end of October there were 252 CHC patients, and the CHC team are currently anticipating an increase to year end. The forecast underspend reflects the impact of this increase and we will continue to monitor this position with the CHC team and update for any impact in changes in patient numbers as required.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Funded Nursing Care (FNC)	3.9	3.2	-0.8	-0.5

FNC is reporting a year to date and forecast under spend. This is based on spend details provided by the council for council funded placements and CCG direct spend to date. The forecast underspend has been scaled down compared to year to date, to reflect the potential impact of retrospective FNC adjustments to be made.

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Learning Disabilities (LD) Placements	1.1	1.3	0.2	0.3
<p>LD Placements are reporting a year to date over spend of £181k and a forecast overspend of £260k. This is based on current patients receiving LD Placement funding.</p> <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>				

Provider / Commissioned service area	Ytd / £'m			FOT variance / £'m
	Resource	Expenditure	Variance	
Prescribing	40.3	39.9	-0.4	-1.0
<p>Prescribing is reporting a year to date under spend of £410k and a forecast year end under spend of £1m, which includes an anticipated reduction in the PMD FOT in future months.</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.

Informatics restrictions in relation to section 251 arrangements have delayed the validation of charges received from out of area providers, referred to as non-contract activity charges. Until this issue is resolved the CCG cannot fully validate the charges received, presenting a potential financial risk to the CCG if actual charges are above budgeted levels.

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 7 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.

Annexes

- Annex 1 Summary I&E position at month 7 2013/14
- Annex 2 Detailed financial position by Provider at month 7 2013/14
- Annex 3 Summary statement of financial position at month 7 2013/14
- Annex 4 Cash position at month 7 2013/14
- Annex 5 Better payment practice position at month 7 2013/14
- Annex 6 Movement between budgets and resources

Annex 1 - Summary I&E position at month 7 2013/14

	£'m			£'m	
	Budget	Ytd Actual	Variance	Annual budget	FOT variance
Acute care	145.99	149.61	3.62	250.26	7.04
Exceptions	0.14	0.14	0.00	0.25	0.00
Non acute care	72.96	71.84	-1.11	124.88	0.13
Other commissioning	14.67	13.79	-0.88	25.14	-1.14
	<u>233.75</u>	<u>235.38</u>	<u>1.63</u>	<u>400.53</u>	<u>6.03</u>
Out of hours	4.43	4.70	0.27	7.98	0.20
Local enhanced services	3.95	4.10	0.16	7.33	0.00
Prescribing	40.20	39.78	-0.42	69.53	-1.00
	<u>48.57</u>	<u>48.58</u>	<u>0.01</u>	<u>84.84</u>	<u>-0.80</u>
Running costs	6.68	6.64	-0.05	11.66	0.00
Headroom	0.00	0.00	0.00	10.07	0.00
Surplus	2.94	0.00	-2.94	5.04	-5.04
Contingency	1.47	0.00	-1.47	2.52	-2.52
Earmarked reserves	0.12	0.00	-0.12	6.14	-2.71
	<u>4.53</u>	<u>0.00</u>	<u>-4.53</u>	<u>23.77</u>	<u>-10.27</u>
CCG total	<u>293.54</u>	<u>290.60</u>	<u>-2.94</u>	<u>520.80</u>	<u>-5.04</u>

Annex 2 – Detailed financial position by Provider at month 7 2013/14

	£'m			£'m	
	Budget	Ytd Actual	Variance	Annual budget	FOT variance
Acute care					
Salisbury Hospitals NHSFT	50.18	51.91	1.73	86.03	2.80
Royal United Hospitals NHST	40.62	41.76	1.14	69.63	1.96
Great Western Hospitals NHSFT	28.21	28.61	0.40	48.36	0.80
Non NHS providers	5.72	6.61	0.90	9.80	1.23
Other providers	4.69	4.51	-0.18	8.04	0.34
ISTC	3.73	3.50	-0.22	6.39	-0.33
North Bristol NHS Trust	3.07	2.82	-0.25	5.26	-0.25
Non contracted activity	2.63	2.63	0.00	4.51	0.54
Southampton University Hospitals NHSFT	2.42	2.55	0.13	4.15	0.23
United Hospitals Bristol NHS FT	2.41	2.41	0.00	4.13	-0.25
Royal National Hospital Rheumatic Disease NHSFT	2.31	2.29	-0.02	3.96	-0.02
	<u>145.99</u>	<u>149.61</u>	<u>3.62</u>	<u>250.26</u>	<u>7.04</u>
Exceptions	0.14	0.14	0.00	0.25	0.00
Non acute care					
Great Western Hospitals NHSFT (WCHS)	30.37	30.04	-0.33	52.07	0.00
Avon & Wiltshire Mental Health Partnership NHST	19.28	19.54	0.26	33.06	0.27
South Western Ambulance Services NHSFT	9.22	9.39	0.16	15.81	0.28
Other	7.18	6.66	-0.52	12.12	0.07
FNC	3.91	3.15	-0.75	6.70	-0.50
Oxford & Buckinghamshire MH NHSFT	2.25	2.25	0.00	3.86	0.00
PTS	0.45	0.52	0.07	0.77	0.02
Non acute MH providers	0.29	0.29	0.00	0.49	0.00
	<u>72.96</u>	<u>71.84</u>	<u>-1.11</u>	<u>124.88</u>	<u>0.13</u>
Other commissioning					
CHC	10.56	9.18	-1.38	18.11	-1.50
MH placements	2.33	2.34	0.01	4.00	0.10
LD placements	0.96	1.32	0.36	1.64	0.26
CAMHS	0.82	0.78	-0.04	1.40	0.00
Other commissioning	0.00	0.17	0.17	0.00	0.00
	<u>14.67</u>	<u>13.79</u>	<u>-0.88</u>	<u>25.14</u>	<u>-1.14</u>
Out of hours	4.43	4.70	0.27	7.98	0.20
Local enhanced services	3.95	4.10	0.16	7.33	0.00
Prescribing	40.20	39.78	-0.42	69.53	-1.00
	<u>48.57</u>	<u>48.58</u>	<u>0.01</u>	<u>84.84</u>	<u>-0.80</u>
Running costs	6.68	6.64	-0.05	11.66	0.00
Headroom	0.00	0.00	0.00	10.07	0.00
Surplus	2.94	0.00	-2.94	5.04	-5.04
Contingency	1.47	0.00	-1.47	2.52	-2.52
Earmarked reserves	0.12	0.00	-0.12	6.14	-2.71
	<u>4.53</u>	<u>0.00</u>	<u>-4.53</u>	<u>23.77</u>	<u>-10.27</u>
CCG total	<u>293.54</u>	<u>290.60</u>	<u>-2.94</u>	<u>520.80</u>	<u>-5.04</u>

Annex 3 – Summary statement of financial position at month 7 2013/14

	£'m		
	Opening position at 1st April 2013	Current position at 31st October 2013	Forecast position at 31st March 2014
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		2.91	5.68
Cash and Cash Equivalents		0.46	0.05
TOTAL Current Assets	0.00	3.37	5.73
TOTAL ASSETS	0.00	3.37	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		22.50	10.76
Other Liabilities			
Provisions			
Borrowings			
Total Current Liabilities	0.00	22.50	10.76
TOTAL LIABILITIES	0.00	22.50	10.76
ASSETS LESS LIABILITIES (Total Assets Employed)	0.00	-19.13	-5.04
Financed by taxpayers' equity:			
General fund		19.13	5.04
Revaluation reserve			
Other reserves			
Total taxpayers' equity:	0.00	19.13	5.04

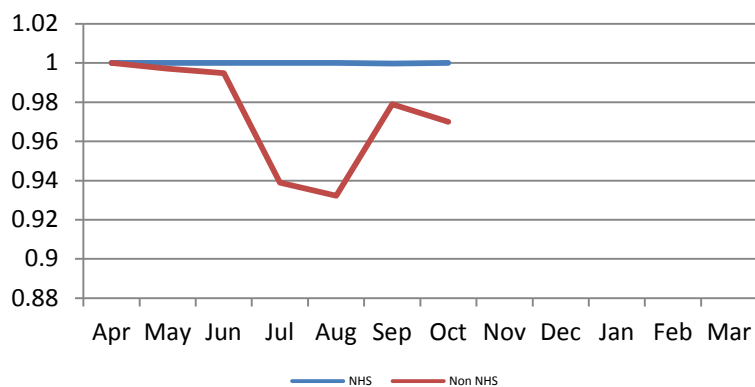
Annex 4 – Cash position at month 7 2013/14

	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m		520.80
Assumed revenue cash limit / £'m		515.76
Cash drawn down / £'m	247.68	467.78
Cash top sliced for prescribing and home oxygen / £'m	23.79	47.99
Effective total cash drawn down / £'m	271.47	515.76
Cash drawn down as % of total	52.63%	100.00%
Expected cash draw down as %	58.33%	100.00%
Cash utilised / £'m	269.80	515.71
Balance in account / £'m	1.66	0.05
Balance in account as % of total cash limit	0.32%	0.01%

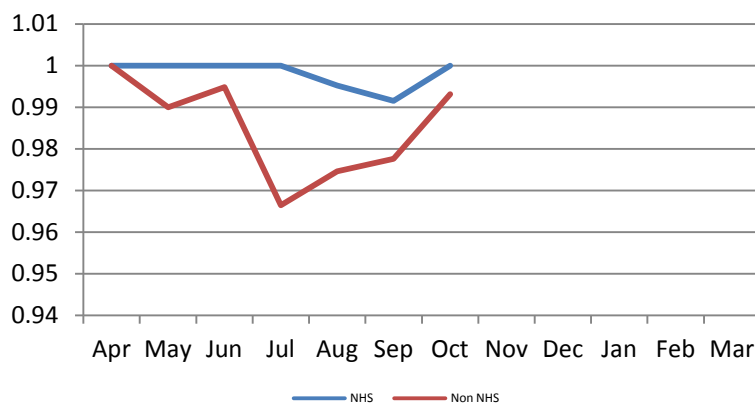
Annex 5 – Better payment practice position at month 7 2013/14

	Performance vs 30 days BPP			
	In Month		YTD	
	Nos.	£'m	Nos.	£'m
NHS				
Total bills paid	394	29.53	1,099	183.60
Total bills paid within time	394	29.53	1,093	183.59
% of bills paid within target	100.0%	99.9%	99.5%	99.9%
Non-NHS				
Total bills paid	580	3.15	3,746	30.74
Total bills paid within time	576	3.05	3,671	29.71
% of bills paid within target	99.3%	96.8%	98.0%	96.6%
ALL				
Total bills paid	974	32.68	4,845	214.34
Total bills paid within time	970	32.58	4,764	213.30
% of bills paid within target	99.6%	99.7%	98.3%	99.5%

Performance by value



Performance by volume



Annex 6 – Movements between budgets and resources

	£'m			
	Annual budget at M6	Annual budget at M7	Movement	Comment
Acute care	249.11	250.26	1.15	Devolution of specialist commissioning adjustments
Exceptions	0.25	0.25	0.00	
Non acute care	124.52	124.88	0.36	Devolution of child health admin funding Inclusion of ISTC income and devolution of specialist commissioning adjustments
Other commissioning	25.64	25.14	-0.50	
	<u>399.53</u>	<u>400.53</u>	1.01	
Out of hours	7.98	7.98	0.00	
Local enhanced services	6.68	7.33	0.65	Devolution of LES funding from reserves
Prescribing	69.53	69.53	0.00	
	<u>84.19</u>	<u>84.84</u>	0.65	
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	7.80	6.14	-1.66	Inclusion of ISTC income and devolution of LES funding and specialist commissioning adjustments
	<u>25.43</u>	<u>23.77</u>	-1.66	
CCG total	<u>520.80</u>	<u>520.80</u>	0.00	

Chapter 3: Access

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

- Impact of Care 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

These reflect the NHS Constitution and ensure that the population for Wiltshire is receiving good quality care and that the rights of patients are being promoted and adhered to by the providers which the CCG contracts with. The CCG is also required to ensure that it delivers against the 6 key themes of the NHS Outcomes Framework which are:

- Preventing people from dying prematurely
- Enhancing quality of life with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating people in a safe environment and protecting them from avoidable harm
- Three local priorities and associated targets to be monitored by NHS England.

Chief Financial Officer's Commentary:

The key challenges faced by the CCG relate to patients waiting more than 52 weeks for a completed pathway of care, performance against the 4 hour A&E wait time target, the 62 day wait first definitive treatment following a consultant's decision to upgrade the priority of the patient with suspected cancer, ambulance response times and mixed sex accommodation breaches.

Against our activity plans that the CCG planned for in 2013/14, elective surgery (inpatient and day case) are over plan, while non-elective admissions are under plan. A&E attendances are also under plan. Ambulance journeys are slightly above plan. Finally diagnostic activity is up on last year.

The key challenge to the CCG is where activity has been either on plan or below, the cost variance associated with this activity has been significantly higher than the contracted level. Some of this variance is reflected in a higher acuity of patient that is being dealt with by our providers however the changes to the tariff for 2013/14 and the expansion of best practice tariffs and unbundling of diagnostics from outpatients has increased the financial risk to the CCG.

The CCG Assurance Framework information is detailed at Appendix 1.

Activity Data

Elective activity for day cases and inpatients continue to over perform against the annual plan. Significant pressure is being experienced on the SFT contract which is 7% up on plan. Some of this is explained by an increased number of referrals, however, questions have been raised about the change in coding from day attenders to day cases which have caused some of the variance. RUH and GWH are both under their elective plans both on activity and cost.

NHS Constitution

Great Western Hospital NHS Foundation Trust has had a further breach of 3 patients waiting longer than 52 weeks in September 2013. This is now the third consecutive month breaching this target.

In September 2013 the A&E access standard of 4 hours was again breached by the RUH as they fell further below the threshold. The combined acute and MIU reporting from GWH continues to mask the acute delivery under performance.

In September 2013 the standard for cancer maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient was again breached.

SWAS continue to breach national ambulance response time standards. There was an excessive number of ambulance handover breaches at GWH for the second consecutive month with a large number of handover breaches also seen at RUH. See also Chapter 1, section 2.4 of this report.

15 mixed sex breaches were recorded for September 2013 and these are being investigated.

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.

CCG local priority iii regarding the reduction in occupied bed days has been hampered by length of stay increases.

2013/14 Activity Plan Monitoring

There are excess referrals and outpatient attendances over plan which continue to be masked by the reporting of non-CCG classified activity being reported in the 2013/14 actuals figures. Elective day cases continue to be 9% above planned levels. Diagnostic activity is significantly higher than plan particularly at GWH. The RTT pathway waiting list is 12% greater than the planned trajectory. This is mainly due to a 2012/13 increase after the 2013/14 plan was set.

Provider Service Level Agreement Monitoring

The SLAM reports have identified that the average cost per non-elective spell is materially higher than planned in SFT and RUH.

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' Commentary:

Utilisation of project methodology, and realisation of the benefits it can deliver, continues to evolve nicely. By adding steps to the process such as Quality Impact Assessments and Equality Impact Assessments will help us to ensure we maintain our clear focus on delivering the best possible outcomes for all Wiltshire people.

The renewed vigour and impetus given by Directors has generated good momentum in the process, and we regularly monitor outcomes of projects via a monthly Governance Group. This seeks to keep the pressure on for delivery both of quality outcomes and financial benefits.

The Annual Planning round has identified 7 distinct programme areas for development, which have been discussed by the Governing Body. Once the Governing Body are content, we will need to think through the best approach for the operationalising of the emergent plan. This will entail building upon our project methodology and allocating clear responsibility and accountability in order to take the work forward and deliver against our ambitious targets.

Commissioning Intentions coherent with the envisaged direction of travel have been developed and will be discussed by the Governing Body on 26 November 2013.

We are now developing our thinking to facilitate the CCG producing a 5 year Strategic Plan.

1.0 Update on the Project Register

Annex 7 shows the Project Register which was submitted to the Programme Governance Group on 6 November 2013.

Following the commitment from the Groups there has been an influx of project workbooks to support the development of the project register. The PMO is now required to drill down into the project workbooks with project managers to determine the status of these projects and any developments that are required to ensure delivery.

Building on the list of projects identified at the last Integrated Performance Report the following workbooks have been received for review.

PMO-13-016	Sarum	IBD Nurse Headroom Bid	Jill Whittington
PMO-13-017	WWYKD	End of Life Care	Jo Whitford
PMO-13-018	Sarum	GP Winter Cover	Jill Whittington
PMO-13-019	Sarum	Electronic Clinic Letters	Kerry Lusby-Taylor
PMO-13-020	Sarum	Electronic Discharge Summaries	Kerry Lusby-Taylor
PMO-13-021	Sarum	Chronic Pain	Kerry Lusby-Taylor
PMO-13-022	WWYKD	Pharmacy Support Care Homes	Nadine Fox
PMO-13-023	WWYKD	Pharmacy Supports Patients at Home	Nadine Fox
PMO-13-024	All	Healthcare Professional Line with WMS	Patrick Mulcahy
PMO-13-025	WWYKD	Primary Care Winter Pressures	Patrick Mulcahy
PMO-13-026	WWYKD	Care Homes Project	Andy Jennings
PMO-13-027	WWYKD	PSV Investment	Patrick Mulcahy
PMO-13-028	WWYKD	C2C Referrals	Victoria Stanley
PMO-13-029	NEW	Older People Specialist MH and Dementia Service Redesign	Louise Cox

2.0 Refresh of QIPP confidence level

At PGG it was agreed that Group Directors would produce regular updates of their confidence levels against the delivery of QIPP. The position reported previously remains – The CCG expects to deliver its QIPP target in 13/14. Further work is required in year to develop a greater level of detail about the activity figures.

3.0 PMO Developments

PGG has agreed a new Quality Impact Assessment which will be inserted into the project workbook for use going forward. To support the implementation there will be a workshop for project managers.

PGG also agreed the definition of projects that will feed into the PMO Project register going forward. This will assist understanding across the organisation.

There is a commitment from project sponsors that Equality Impact Assessment will be completed for all projects and compliance with this requirement will show on the project register.

An evaluation framework has been agreed for use with projects elements of which will be built into future decisions about allocation of headroom money.

4.0 Commentary on registered projects

The Executive Management Team receives status reports on projects. Annex 7 shows the status of the projects as at 8 November 2013. Further scrutiny will be applied by the PMO in time for the December PGG and subsequent reporting to Governing Body.

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 14 November 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	PROJECT TEAM			PROJECT RAG RATING		Comments for attention of programme board
					Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	IMPLEMENTATION RAG status	
JOINT PROJECTS										
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			PMO has feedback on suggestion that this project is closed and recommended that this is not the case. Care Co-ordinators have been recruited and attention now needs to focus on the benefits realisation of Care Co-ordination through use of these resources and the processes they will follow.
	Multiple	£0	Review of CCG Service Restriction/Prior Approval Review of CCG Exception Policy	Yes, full	Mark Harris	Elizabeth Stanger	Mark Harris			
	Multiple		Replacement nursing/residential beds with WCC - £2,100k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office. Project Workbook required
PMO-13-024	Multiple		Healthcare professional line with WMS - £208k investment		Jo Cullen		Patrick Mulcahy			Draft project workbook submitted to PMO. Requires review before PGG 6/11/13
	Multiple		Additional Social Workers - £135k investment							TBC that this project is funded through Headroom
CORPORATE PROJECTS										
	Quality	£0	Learning Disability Review	Yes, Summary, Risks, QIA and KPIs	Jacqui Chidgey-Clark	Dina Lewis				Headroom funding to be agreed followed by submission of project workbook which defines scope and output of projects
INDIVIDUAL GROUP PROJECTS										
PMO-13-014	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/Emma Smith			Clarification required on the suitability of the project workbook as a means of monitoring delivery by provider.
PMO-13-005	NEW	£0	Dementia LES/SLA	Yes, Summary, Risks, QIA and KPIs	Ted Wilson	Celia Grummitt	Louise Cox/ Susan Dark			Project workbook submitted and in use. Requires review by PMO in advance of submission to PGG on 6/11/13

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 14 November 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	PROJECT TEAM			PROJECT RAG RATING		Comments for attention of programme board
					Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	IMPLEMENTATION RAG status	
PMO-13-029	NEW	£0	Older People's Mental Health and Dementia Service Redesign	Yes, full	Ted Wilson	Celia Grummitt	Susan Dark			Project Workbook in development. NB due to the interface with Wiltshire Council there may be delays in progressing this project.
PMO-13-013	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			NB. This project is included in one workbook called Elective QIPP. Query over the suitability of this project workbook which combines many schemes that GWH are required to deliver. PMO to meet with project leads and agree changes
PMO-13-012	NEW	£112,500	Surgical assessment unit - GWH patient pathway redesign pilot	Yes, Summary, Risks, QIA and KPIs	Ted Wilson	Simon Burrell	James Slater			Project workbook submitted and in use. Requires review by PMO in advance of submission to PGG on 6/11/13
PMO-13-013	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			NB. This project is included in one workbook called Elective QIPP. Query over the suitability of this project workbook which combines many schemes that GWH are required to deliver. PMO to meet with project leads and agree changes
PMO-13-013	NEW	£60,000	Cataracts - Benchmarking against independent providers	Yes, Summary, Risks, QIA and KPIs	Ted Wilson	John Pettitt	James Slater			NB. This project is included in one workbook called Elective QIPP. Query over the suitability of this project workbook which combines many schemes that GWH are required to deliver. PMO to meet with project leads and agree changes
PMO-13-013	NEW	£40,000	Intermediate Feet - HG32A - HG33G	Yes, Summary, Risks, QIA and KPIs	Ted Wilson	John Pettitt	James Slater			NB. This project is included in one workbook called Elective QIPP. Query over the suitability of this project workbook which combines many schemes that GWH are required to deliver. PMO to meet with project leads and agree changes
PMO-13-013	NEW	£48,383	Pre-Op weight management - extension to hips and knees	Yes, Summary, Risks, QIA and KPIs	Ted Wilson	John Pettitt	James Slater			NB. This project is included in one workbook called Elective QIPP. Query over the suitability of this project workbook which combines many schemes that GWH are required to deliver. PMO to meet with project leads and agree changes
PMO-13-013	NEW	£68,633	Spinal - change in consultants	Yes, Summary, Risks, QIA and KPIs	Ted Wilson	Jonathan Rayner	James Slater			NB. This project is included in one workbook called Elective QIPP. Query over the suitability of this project workbook which combines many schemes that GWH are required to deliver. PMO to meet with project leads and agree changes
	NEW		GWH/Wiltshire Discharge Project (Priority 1)	Yes, but implemented separately so 3 separate workbooks and entries on the project register	Ted Wilson					This project will now receive oversight from Community Transformation Programme but will require Group resources to deliver

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 14 November 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	PROJECT TEAM			PROJECT RAG RATING		Comments for attention of programme board
					Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	IMPLEMENTATION RAG status	
PMO-13-011	NEW		Orthopaedic Outpatient Clinics		Ted Wilson					
	NEW		Ophthalmology Outpatient Clinics							
PMO-13-008	NEW		24 Hour ECG Provision							Project workbook submitted with changes made in line with PGG direction. For review by PMO ahead of PGG on 6/11/13
	NEW		Clover Centre Development with SEQOL							
	NEW		Primary care support for urgent care system - £150k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Community Consultant Geriatrician post - £54k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Long-term Condition Pathway Redesign for COPD - Specialist Respiratory Assessment Service - £13k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Expansion of the Trauma Coordinator role - £64k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Improving Catheter community and acute pathways							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 14 November 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	PROJECT TEAM			PROJECT RAG RATING		Comments for attention of programme board
					Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	IMPLEMENTATION RAG status	
	NEW		Ophthalmology in-reach community clinics - £102k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Minor Injury Unit PACS data link with GWH - £5k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		GWH Single Point of Discharge - £400k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Surgical Assessment Unit (GWH) - £49k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		7 day working with Diagnostics (Pharmacy, Phlebotomy, Physiotherapy) - £169k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Discharge Planning - £287k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Escalation Beds - £566k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Weekend Support for Clinical Teams - £20k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Night Sitting - £267k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 14 November 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	PROJECT TEAM			PROJECT RAG RATING		Comments for attention of programme board
					Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	IMPLEMENTATION RAG status	
	NEW		Rapid response service - £186k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Extension of oxygen pilot - £37k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Community IT (EPRS - year 1 costs, 40% of total) - £431k investment							Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	NEW		Increased radiology hours at MIU's - £118k investment							TBC that this project if funded through Headroom
	Sarum	£0	Referral Information System Development	Yes, full	Mark Harris	Toby Davies	Mark Harris			MH advises that this project is awaiting external Business Case before development of project workbook.
	Sarum	Contributes to £14,400	Map of Medicine	Yes, Summary, Risks, QIA and KPIs	Mark Harris	Chet Sheth	Kerry Lusby-Taylor			MH advises that this project is not going ahead. Remove?
	Sarum	Contributes to £14,400	Maximise use of local GPWSI's	Yes, Summary, Risks, QIA and KPIs	Mark Harris	Elizabeth Stanger	Louise Sturgess			This project has now been combined with PMO-13-003. Remove?
	Sarum	Contributes to £14,400	Email referral assessments	Yes, full	Mark Harris	Chet Sheth	Beatrix Maynard			This project is now part of Commissioning Intentions and Strategic Planning for 14-15. Remove?
PMO-13-021	Sarum	£0	Chronic pain (IncBack Pain)	Yes, full	Mark Harris	Chet Sheth	Kerry Lusby-Taylor			Project workbook required

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 14 November 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	PROJECT TEAM			PROJECT RAG RATING		Comments for attention of programme board
					Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	IMPLEMENTATION RAG status	
	Sarum	£0	Cardiology/24 hour ECG	Yes, full	Mark Harris	Chet Sheth	Jill Whittington			MH advises that this project is no longer live. As it cuts across the project agreed for delivery in NEW. Remove?
PMO-13-002	Sarum	£195,375	Trauma and Orthopaedics	Yes, Summary, Risks, QIA and KPIs	Mark Harris	Chet Sheth	Beatrix Maynard			Workbook formally submitted 14/10/13. MH has agreed with JCC that this workbook does not require a QIA. Has received update, now requires agreement by PGG. Query over QIPP target.
PMO-13-015	Sarum	Contributes to £1,093,020	Care Home LES	Yes, Summary, Risks, QIA and KPIs	Mark Harris	Elizabeth Stanger	Louise Sturgess			Project workbook required
PMO-13-007	Sarum	£0	Salisbury Walk In Centre	Yes,full	Mark Harris	Celia Grummitt	Jill Whittington			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. 14/10/2013 This has a number of stages and a Quality Impact Assessment was not required for stage 1 or 2a but will be completed as part of stage 2b.
PMO-13-003	Sarum	£0	Managing GP Referrals	Yes,full	Mark Harris		Louise Sturgess			
	Sarum	£0	AQP Review	Yes,full	Mark Harris		Louise Sturgess			MH advises that this project should be removed. The initial intention of this project has been superseded by a paper taken to EMT which extended current contract terms. Remove?
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			This project will now receive oversight from Community Transformation Programme but will require Group resources to deliver
PMO-13-016	Sarum		IBD Nurse - £31k investment	Yes, Full	Mark Harris		Kerry Lusby-Taylor			Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
	Sarum		Expanding emergency workforce - £103k investment		Mark Harris		Jill Whittington			Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 14 November 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	PROJECT TEAM			PROJECT RAG RATING		Comments for attention of programme board
					Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	IMPLEMENTATION RAG status	
PMP-13-019	Sarum		Electronic transmission of clinical correspondence to GPs - £36k investment		Mark Harris		Kerry Lusby-Taylor	Green		Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office. PMO has met with project manager and provided support for development of the project
PMO-13-020	Sarum		Electronic discharge summaries - £141k investment		Mark Harris		Kerry Lusby-Taylor	Green		Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office. PMO has met with project manager and provided support for development of the project
	Sarum		Winter PTS - £40k investment		Mark Harris		Kerry Lusby-Taylor			Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office
PMO-13-010	Sarum		Intermediate care ward (estimated investment value) - £650k investment		Mark Harris	Liz Stanger	Beatrix Maynard	Red		Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office 14/10/2013 New Headroom bid being submitted alongside critical path Costings for service require further discussion with provider
PMO-13-018	Sarum		Primary care support for urgent care system - £150k investment		Mark Harris	Naz Komal	Beatrix Maynard	Green	Red	Agreed by Clinical Executive that Headroom Bids will be monitored by the Programme Management Office Further engagement with provider required to support proposed interface.
PMO-13-028	WWYKD	£146,396	Consultant to consultant referrals review	Yes, Summary, Risks, QIA and KPIs	Jo Cullen	Lucy Pearson	Jo Cullen/Victoria Stanley	Green	Green	
PMO-13-026	WWYKD	Contributes to £1,325,591	Care homes project	Yes, Summary, Risks, QIA and KPIs	Jo Cullen	Lucy Pearson/Martin Foley	Andy Jernings/Jo Whitford	Green	Green	

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 14 November 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	PROJECT TEAM			PROJECT RAG RATING		Comments for attention of programme board
					Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	IMPLEMENTATION RAG status	
	WWYKD	Contributes to £1,325,591	MIU review (priority 1)		Jo Cullen	Helen Osborn	Jo Cullen/Jenny Bennis/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	Jo Cullen	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	Jo Cullen	Helen Osborn	Mike Relph/Jo Cullen/ Debbie Elliott/Victoria Stanley			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. This project will now receive oversight from Community Transformation Programme but will require Group resources to deliver
PMO-13-009	WWYKD	Contribute to £572,610 delivering OP services locally	Adcroft community cardiology - expansion	Yes, Summary, Risks, QIA and KPIs	Jo Cullen		Andy Jennings			PMO reference issued 14/10/2013. Workbook being completed

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 14 November 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	PROJECT TEAM			PROJECT RAG RATING		Comments for attention of programme board
					Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	IMPLEMENTATION RAG status	
	WWYKD		Diabetes	Yes, Full	Jo Cullen		Shelley Watson			Project Workbook in development but, like EOL care below there is little information known about the scheme and its value is questionable. Remove?
	WWYKD		End of Life/Gold Standard Framework/Adastra	Yes, Full	Jo Cullen		Jo Whitford			Project Workbook submitted to PMO. Project workbook requires attention as there is minimal information contained in the document which is, in the main, linked to the scale of the project. Remove?
	WWYKD		Increased Use of Community Geriatrician		Jo Cullen		Jo Whitford			
PMO-13-022	WWYKD		Headroom Project Pharmacy Support to Care Homes - £16k investment	Yes, Summary, Risks, QIA and KPIs	Jo Cullen		Nadine Fox/Meds Man/Penny Lightowler			Headroom Bid for £16k timeline September 13 to March 14. Agreed by Clinical Executive that Headroom bids will be monitored by Programme Management Office.
PMO-13-023	WWYKD		Headroom Project Pharmacy Support for Patients at Home - £16k investment	Yes, Summary, Risks, QIA and KPIs	Jo Cullen		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. Agreed by Clinical Executive that Headroom bids will be monitored by Programme Management Office.

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 14 November 2013

PMO Ref	Group	QIPP Target	Workstream/Project Description	Project Workbook required and what level	PROJECT TEAM			PROJECT RAG RATING		Comments for attention of programme board
					Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	IMPLEMENTATION RAG status	
	WWYKD		Practice in Reach and Discharge Support - £213k investment	Yes,full	Jo Cullen	Helen Osborn	Nadine Fox/Meds Man/Penny Lightowler			Agreed by Clinical Executive that Headroom bids will be monitored by Programme Management Office.
	WWYKD		Practice managed step up care home beds - £208k investment	Yes,full	Jo Cullen	Helen Osborn	Nadine Fox/Meds Man/Penny Lightowler			Agreed by Clinical Executive that Headroom bids will be monitored by Programme Management Office.
PMO-13-027	WWYKD		PSV's to facilitate targeted HCP appointments and next day HCP admissions - £80k investment		Jo Cullen		Patrick Mulcahy			TBC that this project is funded through Headroom
PMO-13-025	WWYKD		Primary Care Winter Pressures		Jo Cullen					Additional primary care support - DofH winter pressures funding (RUH)

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	Y - Action plan in place	N	N	N
MSA breaches are above zero	Y - Action plan in place	Y - Action plan in place	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	Y - Action plan in place	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.

CQC Quality and Patient Safety Report
October 2013

		GWH	RUH	SFT
		3	2	6
		3	3	0
		3	3	2
		9	9	4
		84	79	84
		0.05	0.06	0.02
		168	158	168
Section	Indicators			
Never Events	Never Event incidence	Risk	No evidence of risk	No evidence of risk
Avoidable Infections	Incidence of Clostridium difficile (C.difficile)	No evidence of risk	No evidence of risk	No evidence of risk
	Incidence of Meticillin-resistant Staphylococcus aureus (MRSA)	No evidence of risk	No evidence of risk	No evidence of risk
Patient Safety Incidents	Proportion of reported patient safety incidents that are harmful	No evidence of risk	No evidence of risk	No evidence of risk
	Potential under-reporting of patient safety incidents resulting in death or severe harm	No evidence of risk	No evidence of risk	No evidence of risk
	Potential under-reporting of patient safety incidents	No evidence of risk	Risk	No evidence of risk
Venous Thromboembolism	Proportion of patients risk assessed for Venous Thromboembolism (VTE)	No evidence of risk	No evidence of risk	No evidence of risk
Mortality: Trust Level	Summary Hospital-level Mortality Indicator	No evidence of risk	No evidence of risk	No evidence of risk
	Dr. Foster: Hospital Standardised Mortality Ratio	No evidence of risk	No evidence of risk	Elevated Risk
	Dr. Foster: Hospital Standardised Mortality Ratio (Weekday)	No evidence of risk	No evidence of risk	No evidence of risk
	Dr. Foster: Hospital Standardised Mortality Ratio (Weekend)	No evidence of risk	No evidence of risk	No evidence of risk
Mortality	Composite indicator: In-hospital mortality - Cardiological conditions and procedures	Elevated Risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Cerebrovascular conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Dermatological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Endocrinological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Gastroenterological and hepatological conditions and procedures	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Genito-urinary conditions	No evidence of risk	No evidence of risk	Elevated Risk
	Composite indicator: In-hospital mortality - Haematological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Infectious diseases	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Conditions associated with Mental health	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Musculoskeletal conditions	Elevated Risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Nephrological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Neurological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Paediatric and congenital disorders and perinatal mortality	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Respiratory conditions and procedures	No evidence of risk	No evidence of risk	No evidence of risk
Composite indicator: In-hospital mortality - Trauma and orthopaedic conditions and procedures	No evidence of risk	No evidence of risk	No evidence of risk	
Composite indicator: In-hospital mortality - Vascular conditions and procedures	No evidence of risk	No evidence of risk	No evidence of risk	
Maternity and women's health	Maternity outlier alert: Elective Caesarean section	No evidence of risk	Not Included	No evidence of risk
	Maternity outlier alert: Emergency Caesarean section	No evidence of risk	Not Included	No evidence of risk
	Maternity outlier alert: Puerperal sepsis and other puerperal infections	No evidence of risk	Not Included	No evidence of risk
Re-admissions	Maternity outlier alert: Maternal readmissions	No evidence of risk	Not Included	No evidence of risk
	Maternity outlier alert: Neonatal readmissions	No evidence of risk	Not Included	No evidence of risk
	Emergency readmissions following an elective admission	No evidence of risk	No evidence of risk	No evidence of risk
PROMs	Emergency readmissions following an emergency admission	No evidence of risk	No evidence of risk	No evidence of risk
	PROMs EQ-5D score: Groin Hernia Surgery	Risk	No evidence of risk	No evidence of risk
	PROMs EQ-5D score: Hip Replacement	No evidence of risk	No evidence of risk	No evidence of risk
Audit	PROMs EQ-5D score: Knee Replacement	No evidence of risk	No evidence of risk	No evidence of risk
	The number of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database.	No evidence of risk	No evidence of risk	No evidence of risk
Compassionate care	Inpatient Survey 2012 Q34 "Did you find someone on the hospital staff to talk to about your worries and fears?"	No evidence of risk	No evidence of risk	No evidence of risk
	Inpatient Survey 2012 Q35 "Do you feel you got enough emotional support from hospital staff during your stay?"	No evidence of risk	No evidence of risk	No evidence of risk
Meeting physical needs	Inpatient Survey 2012 Q23 "Did you get enough help from staff to eat your meals?"	No evidence of risk	No evidence of risk	No evidence of risk
	Inpatient Survey 2012 Q32 "Were you involved as much as you wanted to be in decisions about your care and treatment?"	No evidence of risk	No evidence of risk	No evidence of risk
	Inpatient Survey 2012 Q39 "Do you think the hospital staff did everything they could to help control your pain?"	No evidence of risk	No evidence of risk	No evidence of risk
Overall experience	Inpatient Survey 2012 Q68 "Overall..." (I had a very poor/good experience)	No evidence of risk	No evidence of risk	No evidence of risk
	NHS England inpatients score from Friends and Family Test	No evidence of risk	No evidence of risk	No evidence of risk

CQC Quality and Patient Safety Report		GWH	RUH	SFT
Treatment with dignity & respect	Inpatient Survey 2012 Q67 "Overall, did you feel you were treated with respect and dignity while you were in the hospital?"	No evidence of risk	No evidence of risk	No evidence of risk
Trusting relationships	Inpatient Survey 2012 Q25 "Did you have confidence and trust in the doctors treating you?"	No evidence of risk	No evidence of risk	No evidence of risk
	Inpatient Survey 2012 Q28 "Did you have confidence and trust in the nurses treating you?"	No evidence of risk	No evidence of risk	No evidence of risk
Access measures	A&E waiting times more than 4 hours	No evidence of risk	No evidence of risk	No evidence of risk
	Referral to treatment times under 18 weeks: admitted pathway	No evidence of risk	Elevated Risk	No evidence of risk
	Referral to treatment times under 18 weeks: non-admitted pathway	No evidence of risk	No evidence of risk	No evidence of risk
	Diagnostics waiting times: patients waiting over 6 weeks for a diagnostic test	No evidence of risk	No evidence of risk	No evidence of risk
	All cancers: 62 day wait for first treatment from urgent GP referral	No evidence of risk	No evidence of risk	No evidence of risk
	All cancers: 62 day wait for first treatment from NHS cancer screening referral	No evidence of risk	No evidence of risk	No evidence of risk
	All cancers: 31 day wait from diagnosis	No evidence of risk	No evidence of risk	No evidence of risk
	The proportion of patients whose operation was cancelled	No evidence of risk	Risk	No evidence of risk
	The number of patients not treated within 28 days of last minute cancellation due to non-clinical reason	No evidence of risk	Elevated Risk	No evidence of risk
Discharge and Integration	Proportion of ambulance journeys where the ambulance vehicle remained at hospital for more than 60 minutes	No evidence of risk	No evidence of risk	No evidence of risk
Reporting culture	Ratio of the total number of days delay in transfer from hospital to the total number of occupied beds	No evidence of risk	No evidence of risk	No evidence of risk
	Consistency of reporting to the National Reporting and Learning System (NRLS)	No evidence of risk	No evidence of risk	No evidence of risk
Partners	Data quality of trust returns to the HSCIC	No evidence of risk	No evidence of risk	No evidence of risk
	Inpatients response rate from NHS England Friends and Family Test	No evidence of risk	No evidence of risk	No evidence of risk
	Monitor - Governance risk rating	No evidence of risk	Not Included	No evidence of risk
Staff survey	GMC National Training Survey – Trainee's overall satisfaction	No evidence of risk	No evidence of risk	No evidence of risk
	NHS Staff Survey - Percentage of staff who would recommend the trust as a place to work or receive treatment	No evidence of risk	No evidence of risk	No evidence of risk
	NHS Staff Survey - KF7. % staff appraised in last 12 months	No evidence of risk	No evidence of risk	No evidence of risk
	NHS Staff Survey - KF9. Support from immediate managers	No evidence of risk	No evidence of risk	No evidence of risk
	NHS Staff Survey - KF10. % staff receiving health and safety training in last 12 months	No evidence of risk	No evidence of risk	No evidence of risk
	NHS Staff Survey - KF15. Fairness and effectiveness of incident reporting procedures	No evidence of risk	No evidence of risk	No evidence of risk
Staffing	NHS Staff Survey - KF21. % reporting good communication between senior management and staff	No evidence of risk	No evidence of risk	No evidence of risk
	Composite risk rating of ESR items relating to staff sickness rates	No evidence of risk	No evidence of risk	No evidence of risk
	Composite risk rating of ESR items relating to staff registration	No evidence of risk	No evidence of risk	No evidence of risk
	Composite risk rating of ESR items relating to staff turnover	No evidence of risk	No evidence of risk	No evidence of risk
	Composite risk rating of ESR items relating to staff stability	No evidence of risk	No evidence of risk	No evidence of risk
	Composite risk rating of ESR items relating to staff support/ supervision	No evidence of risk	No evidence of risk	No evidence of risk
	Composite risk rating of ESR items relating to ratio: Staff vs bed occupancy	No evidence of risk	No evidence of risk	No evidence of risk
Qualitative intelligence	Healthcare Worker Flu vaccination uptake	No evidence of risk	Risk	No evidence of risk
	Whistleblowing alerts	Elevated Risk	Elevated Risk	No evidence of risk
	Serious Education Concerns	Risk	No evidence of risk	No evidence of risk
	Safeguarding concerns	No evidence of risk	No evidence of risk	No evidence of risk
	Your Experience	No evidence of risk	No evidence of risk	No evidence of risk
	NHS Choices	No evidence of risk	No evidence of risk	No evidence of risk
	Patient Opinion	No evidence of risk	No evidence of risk	No evidence of risk
	CQC complaints	No evidence of risk	No evidence of risk	No evidence of risk
Cardiological Conditions and Procedures	Provider complaints	No evidence of risk	No evidence of risk	No evidence of risk
	In-hospital mortality: Cardiological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Acute myocardial infarction	Elevated Risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Cardiac arrest and ventricular fibrillation	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Coronary atherosclerosis and other heart disease	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Congestive heart failure; nonhypertensive	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Cardiac dysrhythmias	No evidence of risk	No evidence of risk	No evidence of risk
Cerebrovascular Conditions	Mortality outlier alert: Heart valve disorders	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Pulmonary heart disease	No evidence of risk	No evidence of risk	No evidence of risk
Dermatological Conditions	In-hospital mortality: Cerebrovascular conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Acute cerebrovascular disease	No evidence of risk	No evidence of risk	No evidence of risk
	In-hospital mortality: Dermatological conditions	No evidence of risk	No evidence of risk	No evidence of risk
Dermatological Conditions	Mortality outlier alert: Skin and subcutaneous tissue infections	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Chronic ulcer of skin	No evidence of risk	No evidence of risk	No evidence of risk

CQC Quality and Patient Safety Report		GWH	RUH	SFT
Endocrinological Conditions	In-hospital mortality: Endocrinological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Diabetes mellitus with complications	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Diabetes mellitus without complications	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Fluid and electrolyte disorders	No evidence of risk	No evidence of risk	No evidence of risk
Gastroenterological and Hepatological Conditions and Procedures	In-hospital mortality: Gastroenterological and hepatological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Liver disease, alcohol-related	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Biliary tract disease	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Gastrointestinal haemorrhage	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Noninfectious gastroenteritis	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Intestinal obstruction without hernia	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Other gastrointestinal disorders	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Other liver diseases	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Operations on jejunum	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Peritonitis and intestinal abscess	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Therapeutic endoscopic procedures on biliary tract	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Therapeutic endoscopic procedures on lower GI tract	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Therapeutic endoscopic procedures on upper GI tract	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Therapeutic operations on jejunum and ileum	No evidence of risk	No evidence of risk	No evidence of risk
Genito-Urinary Conditions	In-hospital mortality: Genito-urinary conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Urinary tract infections	No evidence of risk	No evidence of risk	Elevated Risk
Haematological Conditions	In-hospital mortality: Haematological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Deficiency and other anaemia	No evidence of risk	No evidence of risk	No evidence of risk
Infectious Diseases	In-hospital mortality: Infectious diseases	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Septicaemia (except in labour)	No evidence of risk	No evidence of risk	No evidence of risk
Conditions Associated With Mental Health	Mortality outlier alert: Senility and organic mental disorders	No evidence of risk	No evidence of risk	No evidence of risk
Musculoskeletal Conditions	In-hospital mortality: Musculoskeletal conditions	Risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Pathological fracture	Elevated Risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Spondylosis, intervertebral disc disorders, other back problems	No evidence of risk	No evidence of risk	No evidence of risk
Nephrological Conditions	In-hospital mortality: Nephrological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Acute and unspecified renal failure	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Chronic renal failure	No evidence of risk	No evidence of risk	No evidence of risk
Neurological Conditions	In-hospital mortality: Neurological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Epilepsy, convulsions	No evidence of risk	No evidence of risk	No evidence of risk
Paediatric and Congenital Disorders and Perinatal Mortality	In-hospital mortality: Paediatric and congenital disorders	Not included	No evidence of risk	Not included
	Maternity outlier alert: Perinatal mortality	No evidence of risk	Not included	No evidence of risk
Respiratory Conditions and Procedures	In-hospital mortality: Respiratory conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Asthma	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Acute bronchitis	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Chronic obstructive pulmonary disease and bronchiectasis	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Pleurisy, pneumothorax, pulmonary collapse	No evidence of risk	No evidence of risk	No evidence of risk
Trauma and Orthopaedic Conditions	Mortality outlier alert: Pneumonia	No evidence of risk	No evidence of risk	No evidence of risk
	In-hospital mortality: Trauma and orthopaedic conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Craniotomy for trauma	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Fracture of neck of femur (hip)	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Head of femur replacement	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Hip replacement	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Intracranial injury	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Other fractures	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Reduction of fracture of bone	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Reduction of fracture of bone (upper/lower limb)	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Reduction of fracture of neck of femur	No evidence of risk	No evidence of risk	No evidence of risk
Mortality outlier alert: Shunting for hydrocephalus	No evidence of risk	No evidence of risk	No evidence of risk	

CQC Quality and Patient Safety Report

CQC Quality and Patient Safety Report		GWH	RUH	SFT
Vascular Conditions and Procedures	In-hospital mortality: Vascular conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Amputation of leg	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Aortic, peripheral, and visceral artery aneurysms	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Clip and coil aneurysms	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Other femoral bypass	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Peripheral and visceral atherosclerosis	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Repair of abdominal aortic aneurysm (AAA)	No evidence of risk	No evidence of risk	No evidence of risk
	Mortality outlier alert: Transluminal operations on the femoral artery	No evidence of risk	No evidence of risk	No evidence of risk

Patient-Led Assessments of the Care Environment (PLACE)

In April 2013 PLACE was introduced in the NHS. This is a new system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessment applies to hospitals, hospices and day treatment Centres providing NHS funded care.

The assessments involve local people going into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

The assessments take place every year and this year's results were published on 31st October 2013. Please see the results below from our local providers.

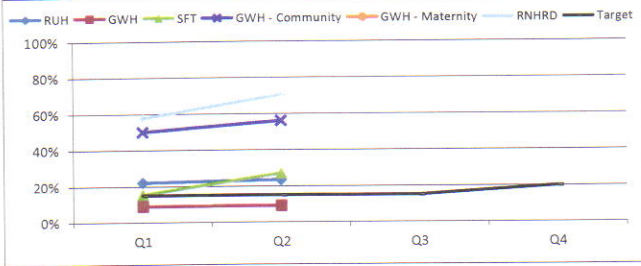
Provider	Cleanliness	Food	Privacy, Dignity and Wellbeing	Facilities
National Average	95.75%	88.78%	88.9%	85.4%
Royal United Hospital	97.58%	89.59%	93.79%	91.11%
Salisbury FT	87.30%	68.34%	88.90%	80.06%
Great Western Hospital	97.96%	85.28%	90.49%	92.63%
Royal National Hospital For Rheumatic Diseases Foundation Trust	96.96%	82.04%	88.65%	84.09%
Princes Anne Wing, Royal United Hospital	84.47%	78.25%	99.49%	75.00%
Paulton Birth Centre	79.01%	82.94%	84.17%	87.27%
Trowbridge Community Hospital	97.98%	100.00%	91.52%	74.19%
Chippenham Community Hospital	95.67%	86.57%	81.28%	84.93%
Bath Clinic	95.76%	97.13%	90.71%	91.54%
New Hall Hospital	93.71%	95.96%	87.69%	85.29%
Bristol Royal Infirmary	97.49%	87.39%	86.62%	90.18%
Bristol Eye Hospital	97.41%	92.25%	89.01%	80.61%
Southmead Hospital	83.85%	82.23%	87.44%	86.20%
Thornbury Hospital	92.15%	81.45%	75.56%	82.03%
Frenchay Hospital	87.18%	84.52%	83.73%	84.12%

APPENDIX 4 NHS Wiltshire & BANES CQUIN Targets 2012-13

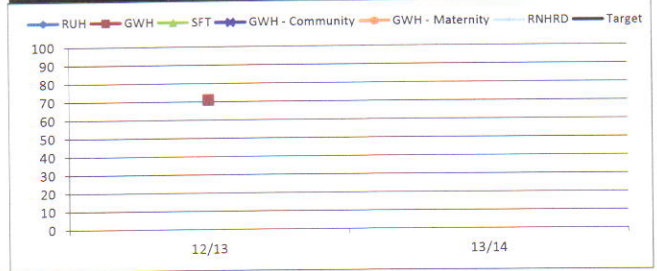
- Performance Indicators

1 Friends and Family Test

1.a Increased Response Rate

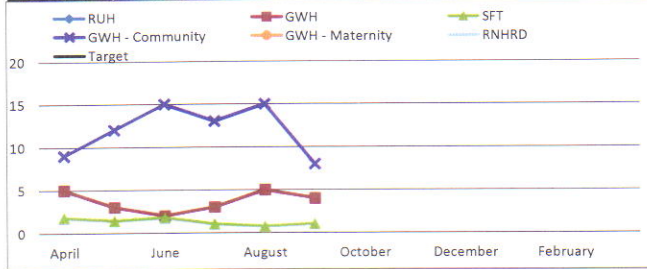


1.b Friends and Family Test - Improved performance on the Friends and Family Test



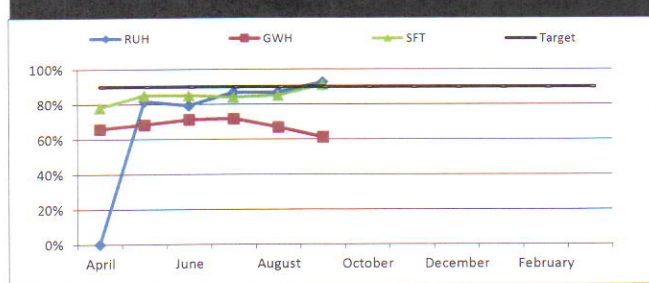
2 NHS Safety Thermometer

*2a NHS Safety Thermometer - Pressure Ulcer Improvement

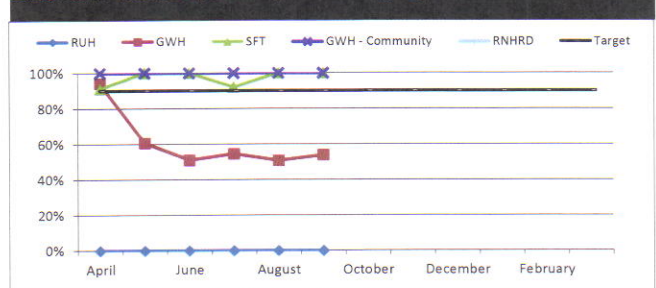


3 Dementia

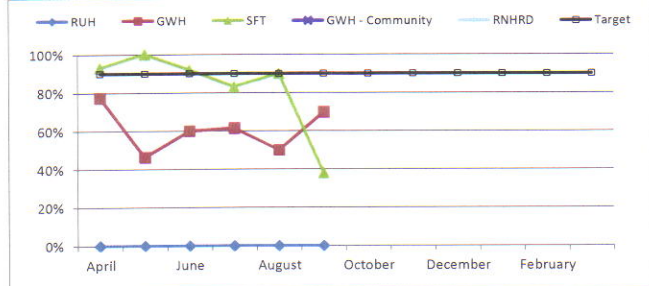
3a Dementia - Number of patients > 75 admitted as an emergency



3b Dementia - Number of patients reported as having diagnostic assessment

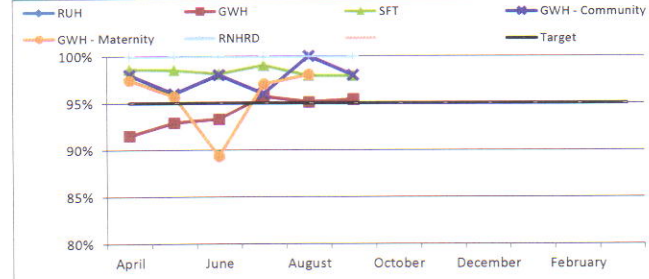


3c Dementia - Number of patients referred onto specialist services



4 Venous Thromboembolism (VTE)

4a VTE Risk Assessment



4b VTE Root Cause Analyses

