

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 28 January 2014

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/14/01/10 Integrated Performance Report January 2014
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Executive summary:	<p>The Integrated Performance Report assesses the performance of the CCG for quality, financial management, patient access and project management. The report pulls together all available information in these areas to give a transparent and comprehensive assessment of overall CCG performance.</p> <p>The Integrated Performance Report for January 2014 reports using data for April 2013 to November 2013, where available.</p> <p>Appendix 1 of the report is the CCG Assurance Framework issued by NHS England. This forms the basis of the NHS England assessments of CCG performance.</p>
Evidence in support of arguments:	The Integrated Performance Report provides a comprehensive single document for performance review.
Who has been involved/contributed:	The CCG Executive Team has 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 as it is a statement of performance.
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 January 2014

Executive Overview

During the past month we have experienced some extreme weather which has brought flooding to many parts of the county. However, whilst there has, as expected, been an increase in pressure on the urgent care system, hitherto it has generally coped well. The Wiltshire wide Urgent Care Working Group met in December 2013, just prior to the Christmas period, to achieve assurance on delivery of results from the additional investment in winter pressures projects and ensure that system wide there is a coherence of approach to managing the anticipated pressure. Projects such as the Simple Point of Access continue to deliver promising results; to date of 107 referrals, 93 admissions have been avoided. Elsewhere, recruitment and mobilisation of care co-ordinators has gone well, with all but one (of a total of 23 full time equivalents) now in place.

In December 2013 the Governing Body met in order to review the progress and performance of the CCG over the first 9 months of operation as part of our on-going determination to develop as an organisation. Assisted by external facilitators, the results were a strong endorsement of the locality based structure of the CCG, and clear on the vital requirement of clinical leadership. The Governing Body were also clear that the CCG has established sound and robust business support processes, and accepted that, as the team grows in confidence and relationships mature, we should be better able to exploit the information to take issues forward. In particular, the Governing Body wishes to improve further the CCG's public/patient engagement.

The CCG has made a sound start to the derivation of its system wide 5 Year Strategic Plan. The first of a series of workshops was held before the Christmas period in order to set off the work, which is being designed in a manner coherent with the Wiltshire Health and Wellbeing Strategy. The first workshop came up with a set of design principles and has started to consider the outcomes we would wish to achieve for our population from a new model of care. Our colleagues in Wiltshire Council hosted a joint event in early January 2014 with partners and colleagues from across the Wiltshire Health and Social care system which helped bring even greater clarity to the areas where together we should be able to plan and implement measures to make a real positive difference.

Director of Planning, Performance and Corporate Services

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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 December 2013 we saw two national reports on maternity services, the Health Service Ombudsman report Midwifery supervision and regulation: recommendations for change and the Care Quality Commission Maternity Survey last published 3 years ago on the experience of women of maternity services. We will need to ensure learning is shared with maternity providers. The Wiltshire tender process for Maternity services has now been completed; the awarding decision will be made by the end of January 2014 by the Governing Body.

For the first time in December 2013, data on the number of never events happening at each hospital trust in England was published by NHS England. Until now, data has only been published annually and only at national aggregated level. The report shows that there have been two never events locally, both at Great Western Hospital NHS Foundation Trust, there have been no never events at Salisbury NHS Foundation Trust and Royal United Hospitals NHS Trust, Bath. The data shows that the number of never events recorded is broadly similar to last year. It is expected that reporting of these incidents will continue to increase, as the NHS becomes a more transparent and learning system, and as the types of incidents that are classed as "never events" continue to increase in line with developments in patient safety practice.

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: National Patient Safety Thermometer: Harm Free Care 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:

- Care Quality Commission (CQC) visits (section 2.1)
- MRSA and *Clostridium difficile* infection update (section 2.2)
- Maternity Services (section 2.3)
- Never Events (section 2.4)

2.1 Care Quality Commission (CQC) visits

2.1.1 NHS Wiltshire CCG

On the 14 October 2013, NHS Wiltshire CCG had an inspection of Safeguarding Children and services for looked after children. 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 CCG has now reviewed the draft document and commented on the factual accuracy; the report was published on 10 January 2014. Action plans will be developed in response to the report as necessary.

2.1.2 Great Western Hospitals (GWH) NHS Foundation Trust

The draft CQC inspection report was received on the 15 November 2013 by GWH and responses on factual accuracy are requested prior to publication.

Compliance actions have been identified for:

- **Outcome 8 Cleanliness and Infection Control**
The areas below patient beds in a number of wards were not clean. Some storage areas in the wards were hard to clean and maintain. Some clinical waste was disposed of inappropriately. Some equipment on wards had not been cleaned as well as it should have been.
- **Outcome 13 Staffing**
Some of the wards caring for frail older people and the Day Surgery Unit did not always have enough experienced and skilled nursing staff to deliver a safe and effective service.
- **Outcome 16 Assessing and monitoring the quality of service provision**
Some of the work of the hospital trust in terms of audit, supervision and oversight was not effective in protecting some patients from risks to their health and wellbeing.

The full action plans are being progressed, reflective of the verbal feedback to date.

Action

- To be discussed at the Clinical Quality Review Meeting with GWH on 20 January 2014.

2.1.3 Royal United Hospital (RUH) NHS Trust, Bath

The trust was one of the first waves of 18 hospital trusts in the UK to be inspected under the new inspection programme introduced by CQC. The formal inspection at the RUH started on the 5 December 2013. A full report of the Inspector's findings will be published by the CQC, the report being expected on 31 January 2014.

2.1.4 Southern Health NHS Foundation Trust

A risk summit was called by NHS Wessex and Thames Valley Area Teams, involving CCGs and Local Authorities in the Thames Valley Area on Wednesday, 9 January 2014 in relation to the non-Hampshire Learning Disability services provided by Southern Health NHS Foundation Trust.

Commissioners recognise that this decision is set against some improved CQC findings in some units operated by Southern Health. In coming to this decision, commissioners considered the potential triggers for a risk summit in line with the National Quality Board guidance (2012).

Action

- Southern Health operate a similar unit in Wiltshire at Postern House, Marlborough. The CCG has established monthly contract review meetings to monitor the placements and quality of the service. The next meeting is planned for 22 January 2014.

- We have received a copy of the high level action plan following the CQC visit to the Oxford unit and are seeking assurance of lessons learned from the inspection being shared across the organisation and, in particular, the unit in Wiltshire.

2.2 MRSA and *Clostridium difficile* infection update

2.2.1 Clostridium difficile

There have been thirteen cases of *C.diff* attributable to NHS Wiltshire CCG during November 2013, bringing the total to 100 cases for the year-to-date. Wiltshire CCG is now over YTD trajectory by 18 cases. Of this month's cases, seven were 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.

Action

- Wiltshire CCG have joined NHS England's BGSW *C.diff* steering group, with a view to supporting a whole health economy approach to embed the updated Guidance on Identification & Management of CDI protocols & analysis and ensure continued progress within the community.
- NHS 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.

2.2.2 MRSA

<i>C.difficile</i> Infections	2013/14 target	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Total YTD
All Wiltshire CCG	127	18	14	12	12	10	7	14	13	100
RUH	29	4	3	4	5	5	2	1	3	27
SFT	21	1	2	3	2	0	1	2	2	13
GWH	20	1	2	2	3	3	3	0	2	16

There has been one MRSA positive blood culture at SFT during November 2013. This occurred five days after the patient's emergency admission from home. A full Post Infection Review has been completed by SFT and reviewed by NHS Wiltshire CCG and Public Health England who agree this case is a probable contaminate, we are working with SFT to share the learning from this event.

The Wiltshire MRSA bacteraemia year to date total is now six cases.

MRSA (Apportioned to CCG) November 2013	Plan	Actual total	Of actual total	
			Pre 48 hours	Post 48 hours
NHS Wiltshire CCG	0	0	0	0
Year To Date	0	6	3	3
MRSA (Providers) - October 2013 Year To Date	Plan	Actual		
RUH, Bath	0	0		
GWH, Swindon	0	1		
SFT, Salisbury	0	(2) contaminants		

2.3 Maternity Services

2.3.1 Parliamentary and Health Service Ombudsman Report – Midwifery supervision and regulation: recommendations for change

On 11 December 2013 Dame Julie Mellor, Health Service Ombudsman, published her report on Midwifery supervision and regulation: recommendations for change. The report followed the completion of three investigations into complaints from three families. In all three cases, the midwifery supervision and regulatory arrangements at the local level failed to identify poor midwifery practice at Morecambe Bay NHS Foundation Trust.

The cases highlighted that the current arrangements do not always allow information about poor care to be escalated effectively into hospital clinical governance or the regulatory system. The report concluded that the current system operates in a way that risks failure to learn from mistakes. Two key principles form the basis of proposals to change the system of midwifery regulation.

The two principles are:

- a) midwifery supervision and regulation should be separated; and
- b) NMC should be in direct control of regulatory activity.

The Ombudsman report recommends that the NMC works together with NHS England and the Department of Health to develop proposals to put these principles into effect. This will include developing and consulting on proportionate approaches to midwifery supervision and midwifery regulation.

Action

- CCG to seek support from the Local Supervising Authority's (LSA) and agree actions to move forward.
- Further discussion at NHS Wiltshire CCG local maternity contract review meetings to understand local implications.

2.3.2 CQC National Maternity Survey

In December 2013 the survey of women's experiences of maternity services was published by the CQC. The survey involved 137 NHS acute trusts in England with responses from more than 23,000 service users; a response rate of 46%. Women were eligible for the survey if they had a live birth during February 2013, were aged 16 years or older, gave birth in a hospital, birth centre, Maternity Unit or had a home birth.

NHS Trusts in England took part in the survey if they had a sufficient number of eligible women that give birth at their NHS trust during the sampling time frame. Similar surveys of maternity services were carried out in 2007 and 2010.

The report contains the benchmarked results for trusts for the labour and birth section of the questionnaire. The survey also asked women about their experiences of antenatal and postnatal care, for completeness, to cover the entire pregnancy, birth and after care. However, some women who gave birth at an acute trust may not have received their antenatal and postnatal care from that same trust. Reasons for this include having moved home, having to travel for more specialist care, or due to variation in the provision of services across the country.

For more information: <http://www.cqc.org.uk/public/publications/surveys/maternity-services-survey-2013>

It should be noted that RUH/Community results have been combined with GWH results.

Actions

- NHS Wiltshire CCG Information drawn from the questions in the maternity survey will be considered by the Care Quality Commission (CQC) as part of its new Hospital Intelligent Monitoring.
- MSLC will be ask providers to update on results of their surveys and how they propose to respond to any issues it has raised.

2.3.3 Maternity Friends and Family Test

From 1 October 2013, all providers of NHS funded maternity services in England introduced the Friends and Family Test (FFT): *“How likely are you to recommend our maternity service to friends and family if they needed similar care or treatment?”* with answers on a scale of *extremely likely to extremely unlikely*.

Women will be asked the question at three points during their maternity care:

1. Antenatal care: to be surveyed at the 36 week antenatal appointment
2. Birth and care on the postnatal ward: to be surveyed at discharge from the ward or birthing unit or following a home birth
3. Postnatal community care: to be surveyed at discharge from the care of the community midwifery team to the care of the health visitor/GP (usually at 10 days postnatal).

Action

- The first results of FFT for maternity services will be announced in January 2014 when three months' worth of feedback has been gathered, analysed and verified. The published results will be made available to the public via the NHS Choices website.

2.4 Never Events

2.4.1 Never Events numbers by Trust

On 12 December 2013 NHS England published, for the first time, provisional quarterly data on the number of never events happening at each hospital trust in England. Until now, data has only been published annually and only at national aggregated level. The data is available on the NHS England website and will be updated in three months' time. From April 2014, the data will be updated every month.

For further information: <http://www.england.nhs.uk/wp-content/uploads/2013/12/never-data-sum-q1-q2-1213-v2.pdf>

These reports will always be subject to change, for example when an incident is subsequently downgraded following an investigation and this is recorded on the Strategic Executive Information System (STEIS) accordingly.

The provisional data shows:

- 102 NHS trusts had at least one never event between April 2013 and September 2013;
- 8 independent hospitals had at least one never event between April 2013 and September 2013;
- There were 37 instances of wrong-site surgery in the six months from April 2013 to September 2013 and 70 incidents of foreign objects being mistakenly left inside patients.

The data shows that the number of never events recorded is broadly similar to last year. NHS England expects that reporting of these incidents will continue to increase as the NHS becomes a more transparent and learning system and as the types of incidents that are classed as “Never Events” continue to increase in line with developments in patient safety practices.

This publication is not about ‘naming and shaming’, it is about telling the public about mistakes and further ensuring that we talk about and learn from them.

On 12 December 2013, NHS England also published the list of never events for use in the NHS from 2013/14 onwards. The document is unchanged from the previous versions except where clarification has been made around the definition of ‘Retained foreign object post procedure’. It should be read in conjunction with ‘The Never Events Policy Framework: an update to the Never Events policy.’

For further information: <http://www.england.nhs.uk/wp-content/uploads/2013/12/never-list-1314-clar.pdf>

Action

- A NHS Surgical Safety Task Force is undertaking an in-depth review of surgical never events and is due to report in the new year, presenting further insight into how surgery may be made safer across England.

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, taking this information from the provider Patient Safety and Quality Dashboards.

In addition Appendix 2 shows a summary level of the National Safety Thermometer: Dashboard on Harm Free Care for November 2013.

3.1 Sarum Group Lead

Salisbury NHS Foundation Trust (SFT)

At the CQRM on the 12 December 2013 the October 2013 data was reviewed, the November 2013 data will be reviewed on 16 January 2014. The Trust has been asked to undertake an investigation as part of operation Yew Tree (Jimmy Saville) following information being received by the Metropolitan police. The initial report is due by 21 February 2014.

Indicator	Target	October 13	YTD	Comments
HSMR	100	114	114	The HSMR Is higher than expected in October.
Safety Thermometer 'harm free care'	100%	88%		An increase in patients with a new hospital acquired pressure ulcer.
Stroke Care	80%			All stroke patients spent 90% of their time on the stroke unit but a lower percentage was admitted within 4 hours. A new pre-alert system from ED is now in place.
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

- SFT advised that the case mix and coding issues relating to palliative care deaths are impacting on the HSMR. A revised dataset has been submitted and the data will be refreshed with an update expected for the end of December 2013. It is anticipated this may reduce the HSMR further.
- It was noted that the Trust's weekly mortality meeting looks at all deaths from the previous week and ensures the appropriate coding is applied identifying any learning points. This meeting involves clinicians of all levels as well as the clinical coders. The learning is disseminated to all teams and clinicians across the Trust.

- Update from the meeting with Wiltshire Council Public Health and SFT planned for 13 December 2013 summary of discussion:
 - a) Statistics are real and even though palliative care coding is a factor, they show that SFT has more deaths in the hospital than expected;
 - b) Areas of concern are UTIs, pneumonia, secondary malignancies and COPD;
 - c) Work has been undertaken addressing other areas of concern but these areas change with each data publication and do not show persistent failings;
 - d) A number of audits have been performed but with subsequent audits the data is not so useful;
 - e) A large amount of work has been done on addressing the main areas of concern including Sepsis 6 (in ED, MAU and nursing homes), a palliative care audit and patient flow. Work has also been initiated on identifying co-morbidities.

3.2 West Wiltshire, Yatton, Keynell and Devizes (WWYKD) Group Lead

Royal United Hospital Bath NHS Trust (RUH)

The RUH Clinical Quality Review Meeting was last held on the 13 December 2013. On the 5 and 6 December 2013 the CQC using the new style visit programme visited the RUH in Bath, prior to the visit a local listening event engaged with residents of Wiltshire. The visit involved a large 44 strong team and the report is due 31 January 2014.

RUH Indicator	Target	Oct 2013	Summary
CQC none compliance	A comprehensive action plan is in place, which provides the detailed work required in each area identified for improvement.		
VTE patients who require prophylaxis are given it	100%	91%	
Re admissions	10.5%	13.2	Increased from 11.9 in September 2013. The RUH Readmission Project Group to progress key areas for improvement.
High risk TIA treated within 24 hours	60%	50%	This is provisional information, with two breaches being discussed with the DoH as the patients were seen in the TIA clinic post discharge from the Stroke unit.
Sepsis - Antibiotics within 1 hour for neutropenic sepsis	90%	71.4%	Performance for October was 71.4% with five of the seven patients treated within the hour.
Discharge declared by 12.00 midday (adults)	60%	37.5%	October performance was 37.5% against the quarter 3 indicator of 60% this is a small improvement on the previous month. Performance against this standard is being monitored via the Urgent Care Board.

RUH Indicator	Target	Oct 2013	Summary
<i>Clostridium difficile</i>			There has been 1 confirmed case of CDI in month taking the year to date position to 18 against the trajectory of 16, and year-end ceiling of 29 cases.
Patients that have spent more than 90% of their stay on a stroke ward	80%	72.3%	Time lag data, this is subject to further validation. Delays across the whole helath community stroke pathway have been esclated

Actions

- On-going review of the enforcement action is related to Records.
- *Cdiff* Infection (CDI): There has been 3 confirmed case of CDI for the month of November 2013.
- Discharge declared by 12.00 midday: The Assistant Directors of Nursing are currently reviewing how the target is monitored, to allow for ward/speciality level performance data. Actions to improve performance include:
 - Process mapping event with ward managers on 28 November 2013.
 - Electronic Bed Board rolled out to all inpatient wards; MAU yet to go live.
 - Specialty performance report being developed; Gastroenterology have approached the site team to pilot this report on Haygarth.
 - Seven day ward clerks included within winter funding bid.
 - Discharge coordinators for all wards included within winter funding bid; seven appointed to date.

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

AWP Indicator	Target	Period to 26 Nov 2013	Comment
DTOC	7.5% max	Deteriorated from 12.5% to 12.7% for all Wilts beds and from 20.4% to 20.7% 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. Weekly teleconference call to progress chase delayed patients has been introduced. Whilst there are some process improvements that can be made, the most significant problem is the insufficient independent sector market capacity for those patients with significant cognitive impairment (Dementia) and/or behaviour that may challenge.
Memory Clinic – waiting times	18wks	Average waiting time down to 4wks from a previous 12 month wait.	Performance is now better than the agreed standard.
4 Hr Wait – Emergency Crisis Assessment	95%	92.6%	To be reviewed at January Performance Meeting
4 week RTA	0 Breach	9 Breaches YTD	All breaches investigated and recovery trajectory requested.

Additional Actions

- The CCG is working with AWP and the Council to improve the availability of Section 12 Doctors. Additional Doctors have been identified and whilst the Consultant availability has improved, 2nd GP remains difficult.
- Recruitment to the expanded Acute Liaison Service has now brought staffing levels to full establishment. The post of Consultant Psychiatrist at SFT has now been filled and the service goes fully operational in January 2014.

South Western Ambulance Service NHS Foundation Trust (SWAS)

SWAS Indicator	Target	November 2013	Comment
Red 1 performance response times	75%	Wilts actual 62.6% 62.3%YTD	<ul style="list-style-type: none"> ○ Small improvement on monthly performance ○ All main response times for Wiltshire were NOT achieved. ○ Eighth consecutive month of underperformance for 13/14 ○ Best performing month since June 13 ○ Causation given as over activity and rurality. Local action plan developed but little commissioner confidence in local performance

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.
- 'Lightfoot' report still not shared with commissioners.
- SWCSU lead meeting to review SWAST consolidated action plan undertaken on 12 December 2013.

- Outstanding actions by SWAST include:
 - Q4 plan to be distributed by 20 December 2013;
 - Need to see project plan, by end December 2013, setting out steps and milestones – GTEC move to Acuma;
 - For all issues within section 6, SWAST to produce a slide on each, showing Divisional and CCG positions by 23rd December 2013. This section refers to areas requiring discussion with commissioners;
 - Need to set out the “unpalatable” options for each area in detail describing the plan, which organisations are involved and the impact by 23 December 2013. Refers to request from commissioners on actions needed to meet Red1.

NHS 111

NHS111 indicator	Target	October 2013	Comment
Calls answered within 60 seconds	95%	98.43%	Initial contract meeting commenced November 2013. Staffing levels still not at capacity (due in December 2013).
% warm transferred calls	98%	82.92%	
Ambulance dispatch as a percentage of total	<10%	12.51%	

3.3 North East Wiltshire (NEW) Group Lead

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

Indicator	Target	Oct 13	YTD	Comment
Incidence of Clostridium Difficile	20	0	14	To date, 2 cases of <i>C.diff</i> have been reported during November 2013 (total year to date = 16) both attributable to acute GWH. This does not exceed the Q3 trajectory of 5 however it does exceed the accumulative trajectory of 15 to end of Q3.
Delayed Transfers of Care - Acute	<=4%	8.1%	4.7 %	Performance has dropped in October
Clinic letters to be typed and with GPs within 2 working days	>90% TBC	>42.8 %	>39.5%	This indicator has consecutively missed target during 2013-14.
Average LoS COMMUNITY	<17days	24.9	24.9	LoS has decreased from the September performance of 27.4
Reduction of harm from falls	Target <= 10	0	8	
Patients requiring urgent care are assessed within 4hrs - Neighbourhood Teams - Community	95%	91%	98%	1 hour target

Additional Actions:

- Compliance with CQC regulations. The draft inspection report was received 15 November 2013 and responses on factual accuracy are requested prior to publication. Compliance actions are identified for Outcomes 8, 13 and 16. The full report will be shared once finalised and action plans are being progressed, reflective of the verbal feedback to date.

- On-going actions to reduce incidence of *C.diff*:
 - When to take a stool specimen flow chart being evaluated and rolled out to planned care;
 - IP&C cleanliness spot checks to be carried out across all wards in light of CQC inspection, by the IP&C team, feedback to be provided to Matrons and ward managers post visit with any concerns raised immediately;
 - Review of antibiotic prescribing audit scores and actions undertaken when improvements are required.

- Delayed Transfer of Care weekly meetings are taking place to review all patients referred to Swindon and Wiltshire community health and social care services and who are part of their active assessment / placement caseload. Patients are reviewed and actions taken. Themes are identified for action. Additional placement resources and improved timeliness of transfer of patients out of acute are in place.

- Reducing harm from falls: the top three actions as part of a wider action plan of ten are as follows and are in line with learning from the Serious Incidents:
 - The revised Falls Care pathway (SAFE Tool) which assesses risk for individuals has now been rolled out in GWH;
 - At the “Front Door” (ED) GWH need to identify those patients at risk. GWH Emergency Department is trialling of the use of an orange sticker to alert to staff that the patient is at risk of falls. An audit is due to be conducted shortly; &
 - The Admission Discharge Transfer document detailing aspects of patient care background, key risks etc. has been reviewed and was trialled through November 2013.

- Community Length of Stay: We have recently established an Adult Community Services Monitoring Group and this indicator is a key priority. Recent work to address outliers & anomalies is reflected in an improvement in reported performance.

- Clinic Letters: This indicator has been impacted by slippage in the implementation of the MEDWAY IT system at GWH. We intend to make this a priority issue for the Contract Monitoring Group, commencing January 2014. GWH will be requested to provide a detailed situation report & improvement plan.

- Patients requiring urgent care are assessed within 4hrs - Neighbourhood Teams – Community. At point of triage there are a number of urgent referrals that change to routine and this should be immediately recoded on EPEX by the triaging clinician. This should also be reviewed every month by the team leaders and corrections made where necessary. This has been reinforced with team leaders and GWH informatics has re-sent to all the correct information to using EPEX appropriately for urgent referrals.

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

GWH Maternity Key Performance Indicator (KPI) dashboard

Maternity Indicator	Target	Oct 13	YTD	Comment
Normal births as a % of total births (GWH Combined)	77%	61.8%	61.6%	Wiltshire CCG specific data (YTD – 65%) is higher than the total recorded for the GWH Trust combined but still falls below target.
C-section as a % of total births (GWH Combined)	23%	25.9%	25.9%	Wiltshire CCG specific data meets target YTD (20.9%) but exceeded the limit for the month of October (25.3%). The GWH Trust combined total remains M7 above the target

Additional Actions:

- Midwifery recruitment has gone well. GWH has additional midwives starting in January across PAW and GWH. There is a rolling recruitment plan and a Recruitment Board that the General Manager for Women’s and Children chairs on a monthly basis so that an overview is gained;
- Caesarean Section Audit Results: The audit is currently on-going; the last data request will take place at the end of December 2013, with the report expected to be available for March. At this stage analysis has not taken place but the results will be separated for GWH and PAW.

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 December 2013 the CCG is reporting a year to date surplus of £3.78m 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 9 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.

Previously reported risks have been reduced with the announcement that the CCG will be receiving its capital grant for 2013/14. The CCG is also utilising the Commissioning Support Unit to review and authorise its non-contract activity which had been affected by the section 251 identifiable data issues. Although the previous risks have been mitigated a new risk has come about from the further resource reductions associated with NHS England. The CCG are being asked to give up an additional £4.3m for Specialist Commissioning which will have a direct impact on the CCG financial position.

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 9.

The income and expenditure year to date position at 31 December 2013 is a surplus of £3.78m. This is in line with the planned surplus position of £5.0m. Table 1 below outlines the summary position at month 9:

Table 1: Summary CCG financial position M9 2013/14

	Year to date / £'m		
	Resources	Expenditure	Variance
Programme	381.49	377.06	-4.43
Running costs	8.63	8.98	0.35
	<u>390.12</u>	<u>386.05</u>	<u>-4.08</u>

	Forecast outturn / £'m		
	Resources	Expenditure	Variance
Programme	509.61	504.57	-5.04
Running costs	11.66	11.66	0.00
	<u>521.27</u>	<u>516.23</u>	<u>-5.04</u>

The CCG is currently forecasting operating within its cash limit. At month 9 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 December 2013 the CCG is showing year to date achievement against its better payment performance target for both NHS and non NHS suppliers, both by value and number of invoices.

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

Resource limit and budget updates

There has been no adjustment to the CCG resource limit at month 9.

Other budgetary updates have been reflected within individual budget lines as shown in annex 5.

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.

During month 8 the CCG has also been made aware of further funding requests for Specialist Commissioning services. This request relates to providing NHS England (NHSE) with additional resources (c£4.3m) following an update to the grouper tool that is used to calculate the cost of specialist services which have transferred to NHSE. NHSE have advised that this will be a transfer of resource only as expenditure is currently being charged to them directly and will result in a direct financial pressure to the CCG. This will require the CCG to review reserves for month 9 to ensure that it identifies in year mitigations.

Since the month 8 Governing Body report an update has been received from NHSE which revises the potential transfer to £3.9m which is summarised below (Table 2). Having adjusted for services potentially identified within existing budgets there is a recurrent risk exposure to the CCG of £3.3m.

Table 2: Proposed SCG adjustments

	£'m
NHS Service providers	4.3
Update to services included	(0.4)
	3.9
Less identified funding in budgets	(0.6)
Risk exposure to CCG	3.3

Wiltshire CCG financial performance by providers

The month 9 reported financial position represents the eighth 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 9 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 9 along with any mitigating actions identified.

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Royal United Hospital NHS Trust	52.19	53.58	1.40	1.96
<p>A year to date overspend is reported based upon the latest SLAM data (M8) received from the Trust. This is primarily due to an estimated YTD overspend on activity net of QIPP of £1.1m, non-QIPP related areas of £0.3m (of which Direct Access Radiology represents £0.4m) and a YTD underspend of £0.03m on non-contract elements (Non-obstetric Ultrasounds & service contributions).</p> <p>Expenditure in M8 saw NEL remain relatively static for the fourth month, whereas Electives were circa £0.12m up in month against the previous three month average. This spike and a re-evaluation of likely activity levels through until year end has led the M9 FOT to be adjusted up by £0.25m</p> <p>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 charges for 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.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Great Western Hospitals NHSFT	36.24	37.14	0.90	1.40
<p>The FOT variance of £1.4m is reported against the agreed 13/14 plan of £48.2m and represents a £0.4m increase from the M8 variance. The forecast variance has been revised upwards to include the reduced expectation of challenge and fine values, 100% of the Specialist Commissioning endoscopy activity risk and increased NEL over-performance. The position continues to include 50% of the potential slippage on QIPP NEL scheme achievement.</p> <p>The YTD position reflects the inclusion of £130k of maternity OP activity which was previously being billed to Specialist Commissioning (pending validation). Last month it was reported that there was an additional risk of receiving c£200k of stroke/geriatric specialist activity however it has now been confirmed that this cost will remain with Specialist Commissioning and is no longer an issue. The remaining Specialist Commissioning risk is with endoscopy OP activity, which is still being discussed and is valued at c£130k. This is currently being included in the FOT position in full.</p> <p>Over performance on NEL activity (particularly General Medicine) and Day Cases continues. Further analysis is being undertaken with the GWH Finance & Information Group and Contract Performance meetings and is currently focusing on cancer-related procedures and general surgical procedures which are significantly ahead of plan. Critical Care costs were also particularly high in M8 due to a £0.2m cost relating to a single patient with a 170 day stay (discharged November 2013). The FOT variance includes an estimation of CQUIN under-achievement for the acute contract of c£0.2m, based on a forecast provided by the CCG Quality Team.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Salisbury Hospital NHS Foundation Trust (SFT)	64.34	66.34	2.00	2.65
<p>SFT November 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 be added to the CCG contract once the Contract Variation is signed. The position shown here has been adjusted to take this into account, and is consistent with last month's reporting.</p> <p>PbR Non-elective (NEL) over performance has not increased significantly since last month, partly due to the impact of un-coded October activity which, when coded, came in below SFT's estimated cost. November non-elective activity was lower than October as expected but close to the year to date average. Non-elective over performance is in General Surgery, Urology, Gastroenterology, A&E Specialty and Cardiology. Overall the number of PbR NEL spells remains 2% below plan but the average cost per spell is higher than plan. The over performance in Elective admissions has risen in November, partly due to Orthopaedics and Plastics but overall over performance is still found mainly in Rheumatology, Urology, General Surgery and Cardiology; some of which seems to be linked to a change in counting (without notice) which is being discussed with the Trust. Gynaecology elective activity is continuing to be lower than plan.</p> <p>A&E attendance costs remains higher than anticipated but was a little below trend in November.. Adult Critical Care is continuing to run below expected levels. PbR Outpatient attendance costs are above plan in Urology, Cardiology, Dermatology, Plastic Surgery, Paediatrics and Rheumatology. There seems to have been an increase in the number of outpatient procedures reported compared to last year which has had an impact on costs compared to the cost of traditional follow-up attendances.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
North Bristol NHS Trust	3.83	3.64	(0.19)	(0.19)
<p>Year to date under-performance of £0.19m is reported against the NBT contract this month following a reconciliation of activities commissioned by the CCG. This will continue to be monitored closely as this month has seen an increase in activity levels which has reduced the previous level of underperformance.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
University Hospitals Southampton NHS Foundation Trust	3.12	3.24	0.12	0.17
<p>Earlier in the year there has been over performance in Emergency admissions (particularly trauma) and also in Outpatients but recently spend has been close to planned levels. UH Southampton are reporting significant over performance on PbR excluded chemo drugs but the CCG view is that some of this should be reported as Specialist Commissioning spend. The potential risk on the latter is £0.27m FOT variance, half of which has been included in the position above. The Specialist Commissioning boundary issues remain under review.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Royal National Hospitals Rheumatic Diseases NHS Foundation Trust (RNHRD)	2.97	3.14	0.17	0.27
<p>A year to date overspend of £0.17m is reported this month against the RNHRD contract following receipt of the current financial position on anti-TNF drugs (responsibility transferred to the CCG in M7) from NHS E and a slight increase (£0.01m) in the level of general contract under-performance.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Ramsey – New Hall	3.18	3.50	0.32	0.42
<p>New Hall activity is very variable month by month. April and May were busy months and September was significantly above plan. October was much closer to planned levels but November was £70k above the monthly average up to October and the forecast outturn has been increased this month from £0.40m. Discussions are underway to ensure the Provider is fully complying with the Clinical Priorities Policy and some credits have been retrieved in regard to joint injections charged as day cases without prior approval. Over 70% of spend is on Orthopaedics admitted care.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
BMI Hospitals (Bath Clinic & Ridgeway)	2.75	3.90	1.15	1.53
<p>Activity at BMI sites, primarily Ridgeway Hospital continues to far exceed the anticipated levels with referrals significantly up on the same period last year, mostly on orthopaedic and major pain procedures. Elective inpatient activity for T&O procedures at GWH is 17% down over the same period suggesting that patients are opting to go to Ridgeway instead of GWH.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Circle Healthcare	1.42	1.49	0.07	0.10
As at Month 9, the Circle AQP contract has been updated to reflect forecasted year end over performance of £0.1m. Activity for M1-M3 tracked lower than anticipated levels but reverted to around budgeted levels for M4-M6 with M7 and now M8 showing activity levels significantly over anticipated levels for the period. With activity levels increasing, the FOT has been amended accordingly. Actual usage of this contract will continue to be scrutinised on a monthly basis.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Wiltshire Community Health Services (GWH Community and maternity)	39.04	38.75	(0.29)	(0.50)
<u>Community</u>				
The Community block contract is on budget, however, there is £11k of NCA activity (spasticity clinic drugs costs) included in the above YTD position.				
<u>Maternity</u>				
The Maternity contract is under performing by c£0.3m YTD, primarily on in-patient birth activity which continues to be lower than anticipated based on 12/13 birth rates. GWH commissioned an external coding audit to check for anomalies regarding birth numbers and no issues were found.				
The FOT variance figure includes an estimated full year impact of £0.1m for the new Maternity Pathway payment system. Reworked YTD maternity costs were recently presented by GWH, however, these have had to be on the basis of the national average splits for standard, intermediate and intensive pathway coding as GWH are experiencing on-going coding issues and cannot yet confirm actuals.				
<u>CQUIN</u>				
The FOT variance includes an estimate for CQUIN under-achievement on the community and maternity contracts of c£0.1m combined, based on a forecast provided by the CCG Quality Team.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
South West Ambulance Services NHS Foundation Trust (SWAST)	11.86	12.07	0.21	0.28
<p>A year to date overspend of £0.2m is reported against the SWAST ambulance contract based upon the level of over-performance reported in the period up to the end of November 2013 (over performance charged at 60% marginal rate). The full year position assumes that the level of over performance displayed in the period May to November (3.1%) will continue until March 14.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Avon & Wiltshire Partnership NHS Trust (AWP)	24.79	25.07	0.28	0.37
<p>A year to date overspend is reported against the non-block elements of the AWP contract (AQP ASD, ADHD Activity & Drugs and Section 12 Doctors) following a full reconciliation. The outturn position for the AQP Section 12 Doctors contract has been increased this month by 0.025m as a result of a review of Q3 activity levels from AWP.</p> <p>ADHD activity and drugs agreed through Prior Approvals will continue to be monitored closely as YTD expenditure is currently running at three times the level experienced in 12/13.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Glenside Neuro-rehabilitation	0.19	0.45	0.26	0.33
<p>This service is high-cost / low volume and hence subject to random variability year by year due to patient numbers. Patient numbers are continuing to run at higher levels than expected. There has also been significant uncertainty around defining, in practice, the boundary between Specialist Commissioning 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	
Out of Hours & NHS 111	5.59	6.18	0.59	0.20
<p>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 (estimated in the FOT variance) from other parties to the 111 contract.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Continuing healthcare	13.60	11.70	(1.90)	(1.50)
<p>CHC is reporting a year to date underspend against budget. At the end of December there were 228 CHC patients and the CHC team are anticipating an increase in patient numbers. The current forecast takes into consideration the risk of increased patient numbers and potential high cost of individual patients.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Funded nursing care	5.0	4.2	(0.80)	(0.50)
<p>FNC is reporting a year-to-date and forecast underspend. 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 to reflect the potential impact of retrospective FNC adjustments yet to be assessed and applied to provider payments, both for those patients that we pay for directly and those paid by the council. The actual underspend, assuming no retrospective charges, is likely to be in excess of £1m with the potential for retrospective payment recoveries to increase this underspend further.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
LD placements	1.50	1.70	0.20	0.20
MH placements	3.00	3.30	0.30	0.40
<p>LD and MH Placements are reporting a year to date and forecast outturn overspends based on current patients receiving 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. As a result of this a number of MH patients will cease to be the responsibility of the CCG over the next few months, however, the impact of this has not been reflected within the FOT.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Prescribing	52.80	51.50	(1.20)	(1.50)
<p>Prescribing budgets are reporting a year-to-date underspend of £1.2m, after phasing in unutilised prescribing reserves, and a forecast year end underspend of £1.5m.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Great Western Hospital NHS Foundation Trust (Acute NCAs)	0.00	0.11	0.11	0.15
AQP activity at the Shalbourne Suite at GWH is steadily increasing, both for inpatient surgical procedures (including knees and spines) and outpatient procedures (for gastroenterology, general surgery, gynaecology and trauma & orthopaedics). This facility is accessed via the Choose & Book system.				

Reserves

At month 9 Wiltshire CCG has reported reserves of £24.1m. These reserves cover the CCG 2% headroom fund, 1% surplus, 0.5% contingency and other contract developments to be devolved into budgets. These positions are summarised below in table 3 and reflect each reserve's commitments.

Table 3: Wiltshire CCG reserves M9

	£'m	Comment
Uncommitted headroom	10.07	committed in full to support service redesign across the health system
Surplus	5.04	in line with plan requirements
Contingency	2.52	in line with plan requirements and release against programme budgets
Marginal rate reserve	2.22	committed to support actions to impact on the urgent care system
Earmarked reserves	4.25	commitments to be devolved into contract positions
	<u>24.09</u>	

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 9 the CCG is forecasting an in year shortfall against its original identified schemes 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.

The continued request for resources from NHS England for Specialist Commissioning is creating significant uncertainty over the CCG financial position. A further £3.9m has been requested at month 9 which will have a direct impact on the CCG financial position. This resource reduction has been mitigated in year from reserves and slippage on 2013/14 investments, however, the CCG will have to deal with the recurrent impact as part of its QIPP plans for 2014/15.

Annexes

- Annex 1 Summary I&E position at month 9 2013/14
- Annex 2 Summary statement of financial position at month 9 2013/14
- Annex 3 Cash position at month 9 2013/14
- Annex 4 Better payment practice code position at month 9 2013/14
- Annex 5 Movement between budgets and resources

Annex 1 - Summary I&E position at month 9 2013/14

	£'m			£'m	
	Budget	Ytd Actual	Variance	Annual budget	FOT variance
Acute care	187.45	194.06	6.61	249.63	9.25
Exceptions	0.19	0.04	-0.15	0.25	0.00
Non acute care	94.18	93.43	-0.75	125.66	-0.31
Other commissioning	18.86	17.74	-1.12	25.14	-0.63
	300.67	305.26	4.59	400.68	8.30
Out of hours	5.59	6.22	0.64	7.98	0.20
Local enhanced services	4.54	4.71	0.16	7.33	-0.20
Prescribing	52.70	51.45	-1.25	69.53	-1.50
	62.83	62.38	-0.44	84.84	-1.50
Running costs	8.63	8.98	0.35	11.66	0.00
Headroom	7.55	0.00	-7.55	10.07	0.00
Surplus	3.78	0.00	-3.78	5.04	-5.04
Contingency	1.89	0.00	-1.89	2.52	-2.52
Earmarked reserves	4.78	9.42	4.64	6.46	-4.28
	18.00	9.42	-8.58	24.09	-11.84
CCG total	390.12	386.05	-4.08	521.27	-5.04

Annex 2 – Summary statement of financial position at month 9 2013/14

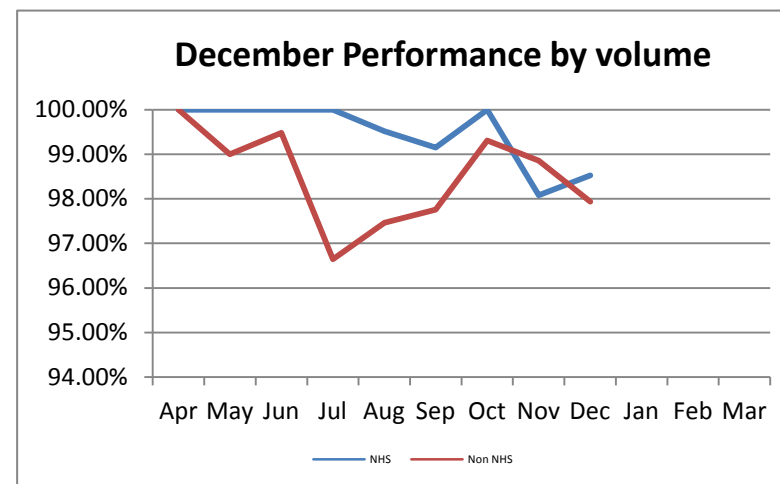
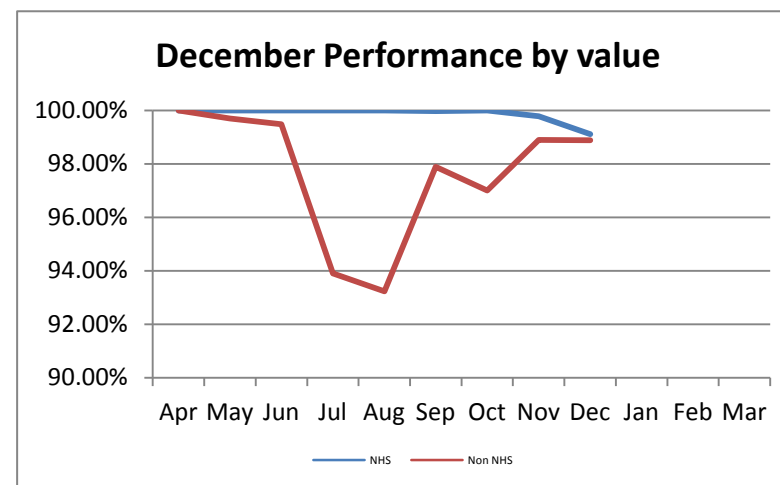
Summary Statement of Financial Position	£'m		
	Opening position at 1st April 2013	Current position at 31st December 2013	Forecast position at 31st March 2014
Non-Current Assets:			
Premises, Plant, Fixtures & Fittings			
IM&T			
Other			
Long-term Receivables			
TOTAL Non-Current Assets	0.00	0.00	0.00
Current Assets:			
Inventories			
Trade and Other Receivables		2.64	5.68
Cash and Cash Equivalents		0.06	0.05
TOTAL Current Assets	0.00	2.70	5.73
TOTAL ASSETS	0.00	2.70	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		31.51	10.76
Other Liabilities			
Provisions			
Borrowings			
Total Current Liabilities	0.00	31.51	10.76
TOTAL LIABILITIES	0.00	31.51	10.76
ASSETS LESS LIABILITIES (Total Assets Employed)	0.00	-28.81	-5.04
Financed by taxpayers' equity:			
General fund		28.81	5.04
Revaluation reserve			
Other reserves			
Total taxpayers' equity:	0.00	28.81	5.04

Annex 3 – Cash position at month 9 2013/14

	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m		521.27
Assumed revenue cash limit / £'m		503.90
Cash drawn down / £'m	323.83	455.96
Cash top sliced for prescribing and home oxygen / £'m	33.29	47.93
Effective total cash drawn down / £'m	357.11	503.90
Cash drawn down as % of total	70.9%	100%
Expected cash draw down as %	75.0%	100%
Cash utilised / £'m	357.05	503.85
Balance in account / £'m	0.07	0.05
Balance in account as % of total cash limit	0.01%	0.01%

Annex 4 – Better payment practice position code at month 9 2013/14

	Performance vs 30 days BPP			
	In Month		YTD	
	Nos.	£'m	Nos.	£'m
NHS				
Total bills paid	340	30.29	1,700	240.11
Total bills paid within time	335	30.02	1,684	239.77
% of bills paid within target	98.5%	99.1%	99.1%	99.8%
Non-NHS				
Total bills paid	727	8.63	5,353	45.04
Total bills paid within time	712	8.54	5,253	43.85
% of bills paid within target	97.9%	98.9%	98.1%	97.4%
ALL				
Total bills paid	1,067	38.92	7,053	285.15
Total bills paid within time	1,047	38.56	6,937	283.62
% of bills paid within target	98.1%	99.1%	98.4%	99.5%



Annex 5 – Movements between budgets and resources

	Annual budget at M8	£'m Annual budget at M9	Movement	Comment
Acute care	250.07	249.63	-0.44	update for contract variations including PTS
Exceptions	0.25	0.25	0.00	
Non acute care	124.93	125.66	0.73	update for winter pressures funding presentation
Other commissioning	25.14	25.14	0.00	
	400.39	400.68	0.29	
Out of hours	8.69	7.98	-0.71	update for winter pressure funding presentation
Local enhanced services	7.33	7.33	0.00	
Prescribing	69.53	69.53	0.00	
	85.55	84.84	-0.71	
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	6.04	6.46	0.42	update for contract variations including PTS
	23.67	24.09	0.42	
CCG total	521.27	521.27	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 CCG continues to deliver a good performance across many areas of the NHS Constitution targets and the targets associated with the NHS Outcomes Framework. The CCG continues to be challenged on ambulance response times, hospital enquired infections, ambulance handover delays and mixed sexed accommodation breaches. The CCG is working with providers either directly or via commissioning support services to ensure that action plans are in place and are being delivered.

The CCG Assurance Framework information is detailed at Appendix 1.

NHS Constitution

In November 2013 there were 2 patients waiting longer than 52 weeks. Great Western Hospitals NHS Foundation Trust have cleared there previously reported long waits.

SWAS continue to breach national ambulance response time standards although there was a slight improvement in performance across most targets in November 2013. Handover delays between the Ambulance Service and GWH continue to be a problem. See also Chapter 1, section 3.2 of this report.

NHS Outcomes Framework

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

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

2013/14 Activity Plan Monitoring

Referrals and outpatient activity is materially higher than plan due in-part to Specialist Commissioning referrals being removed from 2013/14 plans in error. Some Providers continue to include non-CCG activity in error.

Elective day cases continue to be 8% above planned levels year-to-date. There remains excess diagnostic activity.

The RTT pathway waiting list has reduced from 20,190 in October 2013 to 19,636 in November 2013 (down 2.7%). This is the lowest list size since April 2013.

Provider Service Level Agreement Monitoring

The SLAM reports have identified that the number of outpatient attendances in SFT and GWH is materially higher than planned.

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:

Delivery on current projects remains key to the achievement of the CCG's outcomes and financial targets, and the early success of several of the projects put in place for this winter bode quite well. As the organisation continues to better exploit the project methodology we should become better able to monitor achievement against robust Key Performance Indicators and thereby achieve good levels of benefit analysis.

As previously reported, we intend to utilise a programme based approach to implement the seven priority areas identified during our annual planning round – conceived and developed by clinicians within the locality groups. In late December 2013 we held a workshop for GPs from across the county to validate the work and direction of travel and, having achieved good consensus, are now moving ahead to set off the work to deliver against the programme.

1.0 Update on the Project Register

Annex 6 shows the Project Register which has been updated following the meeting on 8 December 2013 of the Programme Governance Group (PGG). The status reporting for each project is shown and the information is taken from the weekly reports submitted by the Group Directors to the Executive Management Team meeting. The status shown is as at Friday 10 January 2014.

Removed from the Project Register are the three projects on discharge affecting each acute hospital in the CCG area. The projects have been removed because the scope has changed and a review of the activities, which are important and are continuing, is being undertaken. The intention is that the projects are reconstituted as part of the Urgent Care Review which is one of the Seven Programme Areas for 14/15.

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

PMO-13-033	NEW	SPA/Rapid Response	Carl Hughes
PMO-13-034	WWYKD	Community Oxygen Assessment Pilot	Penny Lightowler

The following projects have been added to the Project Register and workbooks are expected:

NEW	Help to Live at Home Brokerage Support – (Headroom bid)	James Slater
NEW	Continence Service Redesign	Angela Billington

There have been some changes to the project names so that the information on the Project Register and the status reports received by EMT each week are consistent. It should be noted that not all projects listed on the Project Register are supported with project workbooks. However, at January 2014 PGG it was agreed that all projects should receive a full project workbook but the work involved in producing this important document should be proportional to the project itself. The impact and benefits need to be considered when making this judgement along with the size of the investment.

Care co-ordination – PMO-13-001

It has been previously reported that a report describing the outputs of an initial evaluation meeting is expected. The project team are still developing the series of actions that need to be completed.

Development work to propose revise KPIs is also on going.

2.0 QIPP confidence level

The CCG is continuing to forecast its surplus position which is inclusive of the delivery of the £9.3m QIPP challenge.

The groups continue to work to identify QIPP opportunities that will deliver improvements in services to patients and efficiencies.

3.0 PMO Developments

3.1 Equality Impact Assessment

The new Equality Impact Assessment (EIA) process in place across the CCG is gathering momentum. Project managers have been developing EIA which are signed off by Group Directors. The EIAs sit alongside the project workbooks and are a demonstration of the CCG commitment to its Public Sector Equality Duty.

3.2 Planning for 2014/15 – The governance arrangements

The Blueprint for Programme Management 2014/15 identified the governance structure for each priority area of work. A Steering group and working construct has been agreed. The Group Directors are presently engaged in mapping the existing meetings with stakeholders to show which will provide the steering and working group functions.

The Group Directors are also engaged in the development of the various plans that will describe and deliver the CCG ambitions in 2014/15 and future years. These support the requirements of NHS England.

Summary of CCG plans

	Name	Explanation	13/14	14/15	15/16	16/17	17/18	18/19
A	Current 2 Yr Strategic Plan	<i>The clear and credible plan required for Authorisation</i>						
B	5 Year Strategic Plan	<i>New plan. Required by NHSE. Will incorporate parts of & replace A. Production supported by Attain.</i>						
C	Detailed 2 Yr Operational Plan	<i>New Plan. Required by NHSE to describe first two years of B & will include 7 priority programme areas.</i>						
D	14/15 Delivery Plan or Workplan <i>Also referred to as the Operational plan</i>	<i>New plan showing work that will occupy CCG staff capacity. Inc 7 priority programme areas Will be used to manage delivery of part of C. CSU supporting production with directorates scoping activities.</i>						

'The right healthcare, for you, with you, near you'

PMO PROJECT REGISTER

PROJECTS SUMMARY

UPDATED: 13 January 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
JOINT PROJECTS										
Long Term Condition Pathways - Diabetes (Ted Wilson)	PMO-13-001	Multiple	Care coordinators implementation (in parallel with/linked to risk stratification tool implementation)	Ted Wilson	Simon Burrell	Neal Goodwin Louise Sturgess, Jill Whittington, Shelley Watson				24/12/2013 The EIA has been drafted for review and sign off by Group Director
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)		Multiple	Review of CCG Service Restriction/Prior Approval Review of CCG Exception Policy	Mark Harris	Elizabeth Stanger	Mark Harris				
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-024	Multiple	Healthcare professional line with WMS - £208k investment	Jo Cullen		Patrick Mulcahy				Workbook requires attention - QIA, KPIs, Risks - acknowledged work in progress 24/12/2013 Project in delivery. KPI's are not required as this is a contract variation. There is a quarterly report from the provider which provides data two months in arrears. Performance management meetings take place. The QIA and EIA will be drafted for 31/12/2013
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-14-033	Multiple	SPA/Rapid Response	Ted Wilson		Carl Hughes				24/12/2013 Project is in delivery and reporting against KPI's commenced November 2013. EIA to be developed by Martin Body.
CORPORATE PROJECTS										
TBC		Quality	Learning Disability Review	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										
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-014	NEW	Integrated CQUIN (5a&5b) with GWH NEL - £891,000	Ted Wilson	Anna Collings/Nick Brown	James Slater/Emma Smith				Unclear what actions from GWH are in place to deliver results. 24/12/2013 Project Light Workbook no Milestones. Project in delivery and reporting against KPI's commenced April 2013

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PROJECTS SUMMARY

UPDATED: 13 January 2014

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TBC	PMO-13-005	NEW	Dementia SLA	Ted Wilson	Celia Grummitt	Louise Cox/ Susan Dark				06/01/14 Project in Delivery KPIs being reported
TBC	PMO-13-029	NEW	Older People's Mental Health and Dementia Service Redesign	Ted Wilson	Celia Grummitt	Susan Dark				06/01/14 Project in development, delivery anticipated Aug/Sep 14 (however this does depend on outcome of consultation etc.)
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-013	NEW	Virtual review clinics - conversion of outpatient attendances to telephone contact or letters	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. 06/01/14 Project in Delivery KPIs being reported
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-012	NEW	Surgical assessment unit - GWH patient pathway redesign pilot	Ted Wilson	Simon Burrell	James Slater				24/12/2013 Project Light Workbook no Milestones. Project in delivery and reporting against KPI's commenced April 2013 Awaiting EIA from GWH before completing EIA for Project
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-013	NEW	Shift from Day Case to procedures in Out Patients - agreement of a local reduced day case tariff for QZ14B vascular access except for Renal Replacement Therapy with CC	Ted Wilson	Simon Burrell	James Slater				As above 013
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-013	NEW	Cataracts - Benchmarking against independent providers	Ted Wilson	John Pettitt	James Slater				As above 013
Long Term Condition Pathways - Diabetes (Ted Wilson)	PMO-13-013	NEW	Intermediate Feet - HG32A - HG33G	Ted Wilson	John Pettitt	James Slater				As above 013
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-013	NEW	Pre-Op weight management - extension to hips and knees	Ted Wilson	John Pettitt	James Slater				As above 013

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PROJECTS SUMMARY

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				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-013	NEW	Spinal - change in consultants	Ted Wilson	Jonathan Rayner	James Slater	Green		Yellow	As above 013
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-011	NEW	Orthopaedic Pre Referral Primary Care Clinics	Ted Wilson			Green		Green	Previously know as Orthopaedic Outreach Clinics
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)		NEW	Ophthalmology Pre Referral Primary Care Clinics Headroom Investment £102k				Yellow			13/01/2014 Workbook not expected until Jan 14. Previously known as Ophthalmology Outpatient Clinics contains Headroom Bid previously referred to as Ophthalmology In Reach Community Clinics.
TBC	PMO-13-008	NEW	24 Hour ECG				Green		Green	06/01/2014 Project in implementation. Delivery from mid Jan 14 with KPIs reported for Jan in March 14.
	PMO-13-030	NEW	Community Maternity Services Retender	Ted Wilson		Jo Whitford	Green		Green	24/12/2013 In delivery JW to meet with JS to update Milestones and Risk Register. Project Board require quorate meeting ahead of B&NES Gov Body on 08/01/14 and Wiltshire Gov Body 14/01/14. SB on sabbatical so need another clinical lead. JCC has agreed that a QIA is not required for this project.
Optimising the existing community teams (Ted Wilson)		NEW	Continance Service Re-design	Ted Wilson		Angela Billington	Green			
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		NEW	Primary care support for urgent care system - Roaming GP - £150k investment				Yellow			

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Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		NEW	Community Consultant Geriatrician post - £54k investment				Yellow			
Long Term Condition Pathways - Diabetes (Ted Wilson)		NEW	Long-term Condition Pathway Redesign for COPD - Specialist Respiratory Assessment Service - £13k investment				Green			
TBC		NEW	Expansion of the Trauma Coordinator role - £64k investment				Green			
TBC		NEW	Improving Catheter community and acute pathways				Yellow			
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)		NEW	Ophthalmology in-reach community clinics - £102k investment				Yellow			13/01/2014 This project is now combined with Ophthalmology Pre Referral Primary Care Clinics. The workbook is expected in January 14.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		NEW	Minor Injury Unit PACS data link with GWH - £5k investment				Yellow			
Early Supported Discharge (Ted Wilson)		NEW	GWH Acute Discharge DART - £400k investment				Green			
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		NEW	Surgical Assessment Unit (GWH) - £49k investment				Yellow			

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PROJECTS SUMMARY

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				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)		NEW	7 day working with Diagnostics (Pharmacy, Phlebotomy, Physiotherapy) - £169k investment							
Early Supported Discharge (Ted Wilson)		NEW	Community Discharge Team - £287k investment							
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		NEW	Escalation Beds - £566k investment							
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		NEW	Weekend Support for Clinical Teams - £20k investment							
Rapid Response (Jo Cullen)		NEW	Night Time Rapid Response - £267k investment							
Rapid Response (Jo Cullen)		NEW	Daytime Rapid response service - £186k investment							
Long Term Condition Pathways - Diabetes (Ted Wilson)		NEW	Extension of oxygen pilot - £37k investment	Ted Wilson		Neal Goodwin				Project in Development. Evaluation to be undertaken in Feb/March 2014. Consideration by NEW Executive in march for recurrent funding
Optimising the existing community teams (Ted Wilson)		NEW	Community IT (EPRS - year 1 costs, 40% of total) - £431k investment	Ted Wilson	Simon Burrell	James Slater				Project in Development. Negotiations with GWH to be finalised in the New Year. Paper to Governing Body in January to agree funding.

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				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
Optimising the existing community teams (Ted Wilson)		NEW	H2LAH Brokerage Support Headroom Bid	Ted Wilson		James Slater	Yellow			
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)		Sarum	Referral Information System Development	Mark Harris	Toby Davies	Mark Harris				MH advises that this project is awaiting external Business Case before development of project workbook.
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-021	Sarum	Chronic pain (IncBack Pain)	Mark Harris	Chet Sheth	Garry Money	Green		Yellow	24/12/2013 This project is in Implementation and date for reporting against KPI's is January 2014
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-002	Sarum	Trauma and Orthopaedics	Mark Harris	Chet Sheth	Beatrix Maynard	Green		Green	24/12/2013 This project is in delivery and reporting against KPI's commenced April 2013. MH advised that a QIA was not required on project initiation. EIA has been drafted and is with MH for sign off.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-015	Sarum	Care Home LES	Mark Harris	Elizabeth Stanger	Louise Sturgess	Green	Green	Green	24/12/2013 This project is in delivery and reporting against KPI's commenced April 2013. The QIA was not completed on initiation of project but is being reviewed now.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-007	Sarum	Salisbury Walk In Centre/A&E Redesign	Mark Harris	Celia Grummitt	Jill Whittington	Green	Green	Green	24/12/2013 Currently in feasibility stage. Next step will be planning workshop in January with key stakeholders. First milestone will be business case for sign off
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-003	Sarum	Managing GP Referrals	Mark Harris		Louise Sturgess	Green		Red	24/12/2013 This project is in delivery and reporting against KPI's commenced April 2013. A QIA has not been completed as this was the advice on project initiation. An EIA has been drafted and is awaiting sign off by MH

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PROJECTS SUMMARY

UPDATED: 13 January 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
TBC	PMO-13-016	Sarum	SFT IBD Nurse - £31k investment	Mark Harris		Garry Money	Green	Green	Red	24/12/2013 Project is in development. Target date for implementation is February 2014 and predicted date of reporting against KPI's is August 2014
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		Sarum	Expanding emergency workforce - £103k investment	Mark Harris		Jill Whittington	Yellow			
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-019	Sarum	Electronic Clinic Letters - £36k investment	Mark Harris		Garry Money	Green	Green		24/12/2013 Project is in development and target date for implementation is February 2014. The date for implementation is being checked as the Project Manager recruitment activity was unsuccessful.
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-020	Sarum	Electronic discharge summaries - £141k investment	Mark Harris		Garry Money	Green	Green		24/12/2013 This project is in development. Target date for implementation is April 2014 and reporting against KPI's is estimated at June 2014
TBC	PMO-13-031	Sarum	Winter Patient Transport Services Salisbury - £40k investment	Mark Harris		Garry Money	Green		Green	PMO Initial review undertaken. Work required to tighten administration. Unable to RAG 24/12/2013 Project is in delivery and reporting against KPI's is expected in January 2014. The EIA has been completed but is awaiting sign off by MH
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-018	Sarum	Additional Winter Weekend Primary Care Cover - £150k investment	Mark Harris	Naz Komal	Beatrix Maynard	Green		Green	24/12/2013 Project is in delivery and reporting against KPI's will commence March 2014
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris)	PMO-13-028	WWYKD	Consultant to consultant referrals review	Jo Cullen	Lucy Pearson	Jo Cullen/Victoria Stanley	Yellow			24/12/2013 Negotiations with the RUH are on going. Minor amendments have been made to the proposal s that were agreed by the RUH and Andy Jennings is to share with B&NES CCG before further discussions with RUH take place.
TBC	PMO-13-026	WWYKD	Care homes project	Jo Cullen	Lucy Pearson/Martin Foley	Andy Jennings/Jo Whitford	Green		Green	

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PROJECTS SUMMARY

UPDATED: 13 January 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-032	WWYKD	MIU review (priority 1)	Jo Cullen	Helen Osborn	Jo Cullen/Jenny Bennis/Victoria Stanley				24/12/2013 This project is in development. KPI's have been developed but there is no data available yet. It is hoped that a pilot project will be ready for February/March 2014.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		WWYKD	A&E front door (priority 1) aka RUH Emergency Care Project	Jo Cullen	Lucy Pearson/Martin Foley	Jo Cullen/Victoria Stanley				
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		WWYKD	Increased Use of Community Geriatrician	Jo Cullen		Jo Whitford				
TBC	PMO-13-022	WWYKD	Headroom Project Pharmacy Support to Care Homes - £16k investment	Jo Cullen		Nadine Fox/Meds Man/Penny Lightowler				07/01/2014 Project delivery commenced September 13 and will go through to March 14. KPI's are now being finalised which will allow sign off of the workbook
TBC	PMO-13-023	WWYKD	Headroom Project Pharmacy Support for Patients at Home - £16k investment	Jo Cullen		Nadine Fox/Meds Man/Penny Lightowler				07/01/2014 Project is in development. Scope of project is to be redefined and is currently delayed due to the maternity leave of the pharmacist. It is proposed that scope will be completed by end January allowing workbook and KPI's to be signed off.
Early Supported Discharge (Ted Wilson)		WWYKD	Practice in Reach and Discharge Support - £213k investment	Jo Cullen	Helen Osborn	Nadine Fox/Meds Man/Penny Lightowler				
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		WWYKD	Practice managed step up care home beds - £208k investment	Jo Cullen	Helen Osborn	Nadine Fox/Meds Man/Penny Lightowler				
TBC	PMO-13-027	WWYKD	PSV's to facilitate targeted HCP appointments and next day HCP admissions - £80k investment	Jo Cullen		Patrick Mulcahy				24/12/2013 Project is in delivery. KPI's have been agreed and some data is being received now. The EIA is being drafted for 31.12.2013.

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PROJECTS SUMMARY

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				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/IMPLEMENTATION RAG status	
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)	PMO-13-025	WWYKD	Primary Care Winter Pressures	Jo Cullen						24/12/2013 This project is in delivery but there is a 80/20 split of participating practices. A template has been developed for practices to record activity for the KPI's and there will be a post March 2014 evaluation and report. The QIA and EIA are being developed and will be drafted by 31/12/2013.
	PMO-14-034	WWYKD	Community Oxygen Assessment Pilot	Jo Cullen		Penny Lightowler				07/01/2014 Project in delivery commenced 06/01/2014. The project workbook is currently in the GWH format. The required detail will be transferred into the CCG project workbook, completion estimated by w/e 17 January 2014.
Community Transformation - Pre project register										
PPP1	PPP1	CTP	CTP Phase 2 - Building Community Capacity		Martin Body					Proposal sign off date 17/12/13. Date Put back from 11/11/13
PPP2	PPP2	CTP	CTP Phase 2 - Appropriate Place of Care (beds)		Martin Body					Proposal sign off date 31/12/13. Date Put back from 27/11/13
PPP3	PPP3	CTP	CTP Phase 2 - Diagnostics		Martin Body					Proposal sign off date 31/12/13. Date Put back from 27/11/13
PPP4	PPP4	CTP	CTP Phase 2 - Single Assessment Framework/Care Plan		Shelley Watson					

NHS Wiltshire CCG Main 3 Acute Contract Monitoring

2013/14 Month 8 year-to-date SLAM Reports

		A&E Attendances			
		Plan	Actual	Variance	
SFT	Activity	19,335	20,073	738	4%
	Cost	£2,187,570	£2,304,878	£117,308	5%
	Unit cost	£113	£115	£2	1%
RUH	Activity	14,615	14,271	(344)	(2%)
	Cost	£1,625,892	£1,696,131	£70,239	4%
	Unit cost	£111	£119	£8	7%
GWH	Activity	11,142	11,990	848	8%
	Cost	£1,185,761	£1,254,566	£68,805	6%
	Unit cost	£106	£105	(£2)	(2%)

		Outpatient Attendances			
		Plan	Actual	Variance	
SFT	Activity	72,448	83,557	11,109	15%
	Cost	£9,650,333	£10,544,678	£894,345	9%
	Unit cost	£133	£126	(£7)	(5%)
RUH	Activity	83,994	89,123	5,129	6%
	Cost	£9,583,676	£10,065,431	£481,754	5%
	Unit cost	£114	£113	(£1)	(1%)
GWH	Activity	59,730	65,900	6,170	10%
	Cost	£6,821,117	£7,399,734	£578,618	8%
	Unit cost	£114	£112	(£2)	(2%)

		Other			
		Plan	Actual	Variance	
SFT	Cost	£14,558,540	£14,264,888	(£293,651)	(2%)
RUH	Cost	£5,974,753	£6,336,758	£362,005	6%
GWH	Cost	£4,562,030	£4,985,350	£423,320	9%

		Elective Spells			
		Plan	Actual	Variance	
SFT	Activity	10,661	11,673	1012	9%
	Cost	£14,159,758	£14,551,566	£391,808	3%
	Unit cost	£1,328	£1,247	(£82)	(6%)
RUH	Activity	8,812	8,443	(369)	(4%)
	Cost	£10,424,618	£10,492,541	£67,923	1%
	Unit cost	£1,183	£1,243	£60	5%
GWH	Activity	6,782	6,348	(434)	(6%)
	Cost	£8,534,539	£8,240,578	(£293,961)	(3%)
	Unit cost	£1,258	£1,298	£40	3%

		Non-Elective Spells			
		Plan	Actual	Variance	
SFT	Activity	8,905	8,441	(464)	(5%)
	Cost	£17,749,543	£18,133,778	£384,235	2%
	Unit cost	£1,993	£2,148	£155	8%
RUH	Activity	9,294	8,991	(303)	(3%)
	Cost	£18,881,601	£19,321,045	£439,445	2%
	Unit cost	£2,032	£2,149	£117	6%
GWH	Activity	6,529	6,787	258	4%
	Cost	£11,031,882	£11,921,136	£889,254	8%
	Unit cost	£1,690	£1,756	£67	4%

		Total			
		Plan	Actual	Variance	
SFT	Cost	£58,305,743	£59,799,788	£1,494,045	3%
RUH	Cost	£46,490,540	£47,911,906	£1,421,366	3%
GWH	Cost	£32,135,328	£33,801,364	£1,666,036	5%

Indicator	Outcome				
	SFT	RUH	GWH Acute	GWH Community	AWMHP
Providers					
Has local provider been subject to enforcement action by the CQC?	N	Y - Action plan in place	N	N	N
Has local provider been flagged as as a 'quality compliance risk' by Monitor and/or are requirements in place around breaches of provider licence conditions?	N	N	N	N	N
Has local provider been been subject to enforcement action by the NHS TDA based on 'quality' risk?	N	N	N	N	N
Does feedback from the Friends and Family test (or any other patient feedback) indicate any causes for concern?	N	N	N	N	N
Has the provider been identified as a 'negative outlier' on SHMI or HSMR?	N	N	N	N	N
Do provider level indicators from the National Quality Dashboard show that:					
MRSA cases are above zero	Y - Action plan in place	N	Y - Action plan in place	N	N
the provider has reported more C difficile cases than trajectory	N	Y - Action plan in place	Y - Action plan in place	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	N	N	N

CCG: Wiltshire

Clinical Governance

Does the CCG have any outstanding conditions of authorisation in place on clinical governance?	N
Has the CCG self-assessed and identified any risks associated with the following:	
Concerns around quality issues being discussed regularly by the CCG governing body	N
Concerns around the arrangements in place to proactively identify early warnings of a failing service	N
Concerns around the arrangements in place to deal with and learn from serious untoward incidents and never events	N
Concerns around being an active participant in its Quality Surveillance Group	N

EPRR

If there was an emergency event in the last quarter, has the CCG self-assessed and identified any areas of concern on the arrangements in place for dealing with such an event?	N
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Winterbourne View

Has the CCG self-assessed and identified any risk to progress against its Winterbourne View action plan?	N
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Green – all 'NO' responses

Amber/Green – One or more 'YES' responses but action plan in place that successfully mitigates patient risk

Amber-Red – One or more 'YES' responses and no action plan in place / plan does not successfully mitigate patient risk

Red – Enforcement action is being undertaken by the CQC, Monitor or TDA and the CCG is not engaged in proportionate action planning to address patient risk.

Indicator	Prov	2012/13	2013/14													
			Target	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	FOT
Referral To Treatment waiting times for non-urgent consultant-led treatment																
Admitted patients to start treatment within a maximum of 18 weeks from referral		94.4%	≥90%	94.7%	94.2%	94.5%	91.1%	94.4%	93.7%	94.6%	94.9%					G
Non-admitted patients to start treatment within a maximum of 18 weeks from referral		97.8%	≥95%	97.0%	97.5%	96.9%	97.3%	97.8%	97.4%	97.3%	97.4%					G
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral		93.8%	≥92%	93.2%	93.5%	93.8%	94.5%	94.7%	94.8%	95.1%	95.2%					G
Number of patients waiting more than 52 weeks		0	0	0	0	0	5	3	3	3	2					R
Diagnostic test waiting times																
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral		0.5%	≤1%	0.75%	0.97%	1.70%	0.11%	0.26%	0.15%	0.12%	0.15%					G
A&E waits																
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (A&E and MIUs)	RUH	91.9%	≥95%	76.9%	97.9%	97.7%	97.1%	94.5%	93.1%	98.2%	98.0%					A
	SFT	96.9%		91.3%	98.0%	99.0%	96.7%	96.9%	97.1%	96.1%	96.0%					G
	GWH	95.6%		89.9%	94.3%	98.2%	98.5%	95.8%	96.0%	96.5%	95.7%					G
Cancer waits – 2 week wait																
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP		94.7%	≥93%	92.7%	95.4%	95.2%	93.9%	94.1%	96.1%	95.6%	94.7%					G
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)		98.0%	≥93%	97.7%	96.7%	98.1%	97.2%	96.8%	97.4%	99.1%	98.9%					G
Cancer waits – 31 days																
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers		98.5%	≥96%	96.3%	99.5%	99.5%	99.5%	98.7%	96.4%	97.1%	98.0%					G
Maximum 31-day wait for subsequent treatment where that treatment is surgery		97.2%	≥94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	95.8%					G
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimens		100.0%	≥98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					G
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy		96.9%	≥94%	100.0%	98.4%	98.0%	98.8%	100.0%	98.7%	97.2%	95.3%					G
Cancer waits – 62 days																
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer		89.4%	≥85%	91.5%	92.6%	86.9%	92.7%	91.6%	88.7%	87.4%	93.2%					G
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers		98.2%	≥90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					G
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)			≥90%	100.0%	100.0%	100.0%	100.0%	80.0%	83.3%	100.0%	100.0%					G
Category A ambulance calls																
Category A calls resulting in an emergency response arriving within 8 minutes– (75% standard to be met for both Red 1 and Red 2 calls separately)	Wilts	68.7%	≥75%	66.6%	66.0%	66.6%	62.1%	63.9%	62.9%	59.7%	64.1%					R
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	SWAST	73.0%	≥75%	70.2%	74.4%	75.7%	68.4%	73.0%	69.8%	64.7%	68.7%					A
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	SWAST	75.9%	≥75%	75.3%	76.6%	74.1%	71.5%	71.8%	71.2%	70.8%	71.0%					A
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	SWAST	95.5%	≥95%	95.4%	95.9%	95.2%	94.7%	95.1%	94.2%	94.7%	94.4%					G
Handover delays between ambulance at A&E greater than 30 minutes (Local Standard)	RUH	144	0	50	7	3	2	6	18	2	6					A
	SFT	65		8	2	1	5	7	7	4	0					G
	GWH	459		151	61	26	8	64	41	35	28					R
Mixed Sex Accommodation Breaches																
Minimise breaches	CCG	33	0	1	0	0	2	0	6	0	0					R
	RUH	77		0	0	0	4	0	6	0	0					R
	SFT	8		0	0	0	0	0	3	0	0					A
	GWH	0		0	0	0	0	0	0	0	0					G
Cancelled Operations																
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days.	RUH	24	0			96			0							R
	SFT	4				0			0							G
	GWH	0				0			1							G
Mental Health																
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.		99.2%	≥95%			99.2%			95.0%							G

NHS WILTSHIRE CCG

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

Indicator	Measurement type	CCG Performance	National Average	Benchmark period	Relative performance (against england median)
1. Preventing people from dying prematurely					
Potential years of life lost (PYLL) from causes considered amendable to healthcare	Annual	1902	2061	2012	Much better than average
Under 75 mortality rate from cardiovascular disease	Annual	59	65	2012	Much better than average
Under 75 mortality rate from respiratory disease	Annual	19	27	2012	Much better than average
Under 75 mortality rate from liver disease	Annual	12	15	2012	Much better than average
Under 75 mortality rate from cancer	Annual	111	123	2012	Much better than average
2. Enhancing quality of life for people with long term conditions					
Health-related quality of life for people with long-term conditions	Annual	77.0%	73.0%	Jul-2012 to Mar-13	Much better than average
Proportion of people feeling supported to manage their condition	Annual	73.0%	69.3%	Jul-2011 to Mar-12	Much better than average
Dementia Diagnosis Rates	Annual	N/A	46%	2011/12	N/A
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) - (DSR per 100,000)	In year & Annual	595	795	2011/12	Much better than average
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (DSR per 100,000)	In year & Annual	207	319	2011/12	Much better than average
3. Helping people to recover from episodes of ill health or following injury					
Emergency admissions for acute conditions that should not usually require hospital admission (DSR per 100,000)	In year & Annual	850	1131	2011/12	Much better than average
Emergency readmissions within 30 days of discharge from hospital (indirectly standardised percentage)	In year & Annual	10.7%	11.8%	2010/11	Much better than average
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI) (DSR per 100,000)	In year & Annual	234	341	2011/12	Much better than average
Measures (PROMs) for elective procedures: (EQ-5D Index casemix adjusted health gain - some CCG results have not been included due to small numbers)					
i) Hip replacement	Annual	0.44	0.41	2010/11 & 11/12	Better than average
ii) Knee replacement	Annual	0.31	0.30	2010/11 & 11/12	Better than average
iii) Groin hernia	Annual	0.09	0.08	2010/11 & 11/12	Better than average
iv) Varicose Veins	Annual	0.10	0.09	2011/12	Better than average
4. Ensuring that people have a positive experience of care					
Patient experience of primary care i) GP Services	In year & Annual	91%	87%	Jul-2012 to Mar-13	Much better than average
Patient experience of primary care ii) GP Out of Hours services	In year & Annual	73%	70%	Jul-2011 to Mar-12	Much better than average
Patient experience of hospital care - RUH	Annual	77.2%	76.5%	2012/13	Better than average
Patient experience of hospital care - SFT	Annual	78.3%		2012/13	Better than average
Patient experience of hospital care - GWH	Annual	75.1%		2012/13	Below average
Care Services	Annual	N/A		N/A	
Friends and family test	In year & Annual	N/A		N/A	
5. Treating and caring for people in a safe environment and protecting them from avoidable harm					
Incidence of healthcare associated infection (HCAI) i) MRSA					
Health Community	In year & Annual	6		2013/14	Worse than plan
RUH Trust apportioned - HPA		0		2013/14	Equal or better than plan
SFT Trust apportioned - HPA		2		2013/14	Worse than plan
GWH Trust apportioned - HPA		4		2013/14	Worse than plan
Incidence of healthcare associated infection (HCAI) ii) C.difficile					
Health Community	In year & Annual	100		2013/14	Worse than plan
RUH Trust apportioned - HPA		27		2013/14	Worse than plan
SFT Trust apportioned - HPA		13		2013/14	Equal or better than plan
GWH Trust apportioned - HPA		16		2013/14	Worse than plan
6. Targets included within planning guidance locally set					
i) Appointment of Care Co-ordinators as the first major step towards integrated care provision across health & social care - Wiltshire CCG & Wiltshire Council Target is to reduce non-elective spells by 6.8%	In year monthly			To March 2013	Worse than plan
ii) Diagnosis rate for people with dementia					Not yet available
iii) Reduce Non-elective Occupied Bed Days	Reduce by OBDS				Worse than plan
iv) The proportion of people who have depression and/or anxiety disorders who receive psychological therapies:	In-year quarterly 22%			To March 2013	Worse than plan

Prior Year	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FOT
7	0	1	1	0	0	1	2	0	1					R
3		0	0	0	0	0	0	0	0					G
3		0	0	0	0	0	1	0	1					A
1		1	0	0	1	1	1	0	0					R
155	127	18	14	12	12	10	7	14	13					R
41	29	4	3	4	5	5	2	1	3					R
25	21	1	2	3	2	0	1	2	2					G
34	20	1	2	2	3	3	3	0	2					R
	-6.8%			G				R						R
	55%			N/avail										A
	-13454				R			R						R
G					R			R						R

NHS WILTSHIRE CCG

Are CCGs commissioning services within their financial allocations?

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

** QIPP to include transactional and transformational schemes

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

Overall rating (subject to over-riding rule below)

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

Over-riding rule

Qualified audit opinion would lead to an overall RED rating

NHS Wiltshire CCG 2013/14 Plan Monitoring

			2013/14													
	Frequency	Criteria	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	FOT
GP written referrals to hospital	Monthly	Plan	6,962	7,867	6,967	7,336	7,042	6,602	8,347	7,691	6,165	7,131	7,268	7,729	58,814	145,921
		Actual	8,384	8,862	8,222	8,781	7,855	7,737	8,828	8,457						67,126
First G&A outpatient attendances following GP referral	Monthly	Plan	5,952	7,142	5,750	6,453	6,155	6,059	7,171	6,938	5,571	6,681	6,074	6,041	51,620	127,607
		Actual	7,339	7,169	7,376	7,892	6,415	7,048	7,685	7,567						58,491
Elective FFCEs Day cases	Monthly	Plan	3,132	3,874	3,522	3,639	3,513	3,321	3,827	3,870	3,186	3,801	3,607	3,656	28,698	71,646
		Actual	3,933	3,833	3,652	4,221	3,621	3,743	4,133	3,864						31,000
Elective FFCEs Ordinary cases	Monthly	Plan	835	1,019	907	952	920	887	1,045	1,034	808	842	923	1,014	7,599	18,785
		Actual	902	968	962	1,025	909	939	1,019	967						7,691
Non-elective FFCEs	Monthly	Plan	3,263	3,466	3,309	3,124	3,034	3,038	3,194	2,965	3,035	2,998	2,826	3,086	25,393	62,731
		Actual	3,129	3,237	3,209	3,391	3,100	3,163	3,299	3,182						25,710
A&E attendances Type 1	Monthly	Plan	6,651	7,383	7,506	6,967	6,754	6,748	6,853	5,947	6,186	5,764	7,989	9,357	54,809	138,914
		Actual	6,706	6,395	6,488	6,896	6,802	6,391	6,292	5,895						51,865
Ambulance Urgent and Emergency Journeys	Monthly	Plan	1,789	1,711	1,691	1,786	1,674	1,681	1,833	1,668	2,035	1,897	1,681	1,780	13,833	35,059
		Actual	1,836	1,808	1,792	1,865	1,810	1,824	1,948	1,948						14,831
Endoscopy based Diagnostic Activity	Monthly	Plan	1,138	1,480	1,222	1,316	1,268	1,168	1,373	1,432	1,209	1,347	1,277	1,205	10,397	25,832
		Actual	1,384	1,255	1,207	1,465	1,290	1,285	1,411	1,380						10,677
Non-Endoscopy based Diagnostic Activity	Monthly	Plan	9,675	11,548	9,776	10,731	10,687	9,938	11,761	11,121	9,418	11,184	9,774	10,803	85,237	211,653
		Actual	11,387	10,599	10,776	12,249	10,344	10,814	12,263	11,760						90,192
Numbers waiting on an incomplete RTT pathway	Monthly	Plan	18,268	18,287	18,304	18,291	18,278	18,266	18,254	18,245	18,231	18,218	18,209	18,200	18,254	18,200
		Actual	19,234	19,819	20,511	20,072	20,424	20,195	20,190	19,636						19,636

Data warning

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

Total Number of patients with harm	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13	
	2012/13		2012/13	No	%	No	%	No	%	No	%	No	%	No	%	No
	%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	8.20%	9.38%	90	15.05%	39	7.13%	44	8.22%	34	6.80%	38	7.17%	31	5.89%	27	4.94%
*SFT		10.16%	42	9.40%	44	9.91%	40	10.23%	36	9.33%	31	7.60%	37	9.92%	46	11.53%
GWH		9.70%	62	4.78%	75	6.00%	103	8.46%	79	6.51%	96	7.51%	99	8.08%	102	8.16%

Number of patients with 1 & 2 harm	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13	
	2012/13		2012/13	No	%	No	%	No	%	No	%	No	%	No	%	No
	%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH harm 1	8.42%	8.74%	86	14.38%	38	6.95%	43	8.04%	34	6.80%	37	6.98%	30	5.70%	27	4.94%
RUH harm 2	0.38%	0.62%	4	0.67%	1	0.18%	1	0.19%	0	0.00%	1	0.19%	1	0.19%	0	0.00%
*SFT harm 1		9.56%	39	8.72%	42	9.46%	38	9.72%	35	9.07%	28	6.86%	37	9.92%	45	11.28%
*SFT harm 2		0.61%	3	0.67%	2	0.45%	2	0.51%	1	0.26%	3	0.74%	0	0.00%	1	0.25%
GWH harm 1		9.36%	61	4.71%	75	6.00%	94	7.72%	77	6.35%	95	7.43%	96	7.83%	98	7.84%
GWH harm 2		0.34%	1	0.08%	0	0.00%	9	0.74%	2	0.16%	1	0.08%	3	0.24%	4	0.32%

Pressure Ulcers (new & Old)	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13	
	2012/13		2012/13	No	%	No	%	No	%	No	%	No	%	No	%	No
	%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	5.60%	4.66%	35	5.85%	21	3.84%	20	3.74%	18	3.60%	22	4.15%	22	4.18%	13	2.38%
*SFT		6.40%	23	5.15%	27	6.08%	31	7.93%	21	5.44%	20	4.90%	22	5.90%	22	5.51%
GWH		5.83%	33	2.55%	51	4.08%	71	5.83%	53	4.37%	66	5.16%	65	5.30%	68	5.44%

Falls (with harm)	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13	
	2012/13		2012/13	No	%	No	%	No	%	No	%	No	%	No	%	No
	%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	1.05%	0.70%	1	0.17%	0	0.00%	2	0.37%	1	0.20%	2	0.38%	1	0.19%	1	0.18%
*SFT		0.79%	1	0.22%	1	0.23%	0	0.00%	1	0.26%	3	0.74%	6	1.61%	9	2.26%
GWH		1.86%	9	0.69%	12	0.96%	7	0.57%	10	0.82%	17	1.33%	18	1.47%	10	0.80%

Catheter & treated for UTI	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13	
	2012/13		2012/13	No	%	No	%	No	%	No	%	No	%	No	%	No
	%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	1.42%	2.89%	14	2.34%	11	2.01%	6	1.12%	10	2.00%	11	2.08%	5	0.95%	8	1.46%
*SFT		1.99%	9	2.01%	12	2.70%	8	2.05%	12	3.11%	7	1.72%	8	2.14%	13	3.26%
GWH		1.62%	16	1.23%	12	0.96%	27	2.22%	10	0.82%	6	0.47%	13	1.06%	16	1.28%

VTE (new)	National Median	Out turn	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13	
	2012/13		2012/13	No	%	No	%	No	%	No	%	No	%	No	%	No
	%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	0.79%	1.79%	44	7.36%	8	1.46%	17	3.18%	5	1.00%	4	0.75%	4	0.76%	5	0.91%
*SFT		1.59%	12	2.68%	6	1.35%	3	0.77%	3	0.78%	4	0.98%	1	0.27%	3	0.75%
GWH		0.74%	5	0.39%	0	0.00%	7	0.57%	8	0.66%	9	0.70%	6	0.49%	12	0.96%

* No November 2013 data available

**VTE Median is for Acute Providers only

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
Surveyed RUH	598	547	535	500	530	526	547
SFT	447	444	391	386	408	373	399
GWH	1296	1250	1218	1213	1279	1226	1250

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

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

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

Equality Impact Analysis – the EIA form

Title of the paper or Scheme: **Integrated Performance Report**

For the record	
Name of person leading this EIA Susannah Long, Governance & Risk Manager	Date completed 21 January 2014
Names of people involved in consideration of impact Diana Hargreaves, Board Administrator	
Name of director signing EIA David Noyes, Director of Planning, Performance and Corporate Services	Date signed 21 January 2014

What is the proposal? What outcomes/benefits are you hoping to achieve?
The Integrated Performance Report draws together performance in regard to quality, finance, access and project management to inform the Governing Body.

Who's it for?
Use by the Governing Body.

How will this proposal meet the equality duties?
By having an Integrated Performance Report the CCG is open and transparent in regard to its operations.

What are the barriers to meeting this potential?
NHS terminology and abbreviations are often used in the report but definitions have been provided to facilitate understanding.

2 Who's using it Refer to equality groups
The Integrated Performance Report will support all equality groups.

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?
The CCG has data on staffing and demographic information.

How can you involve your customers in developing the proposal?
The Integrated Performance Report is a statement of performance across the activities of the CCG rather than a proposal. The CCG would, however, value feedback on the presentation of the report and the information included.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)
No gaps.

3 Impact Refer to dimensions of equality and equality groups
Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is?
How can this be mitigated or justified?
There is no adverse impact.

What can be done to change this impact?

N/A

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

There is an equal benefit for all groups.

Does further consultation need to be done? How will assumptions made in this Analysis be tested?

No further consultation is needed at this time.

4 So what?

[Link to business planning process](#)

What changes have you made in the course of this EIA?

None

What will you do now and what will be included in future planning?

The report will continue to be provided.

When will this be reviewed?

The EIA will be reviewed at each submission to the Governing Body of the report.

How will success be measured?

N/A