

**Clinical Commissioning Group Governing Body  
Paper Summary Sheet  
Date of Meeting: 25 March 2014**

For: PUBLIC session  PRIVATE Session

For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/14/03/10 Integrated Performance Report March 2014</b>
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<b>Executive summary:</b>	The Integrated Performance Report assesses the performance of the CCG for quality, financial management, patient access and project management. The report pulls together all available information in these areas to give a transparent and comprehensive assessment of overall CCG performance.  The Integrated Performance Report for March 2014 reports using data for April 2013 to January 2014, where available.  Appendix 1 of the report is the CCG Assurance Framework issued by NHS England. This forms the basis of the NHS England assessments of CCG performance.
<b>Evidence in support of arguments:</b>	The Integrated Performance Report provides a comprehensive single document for performance review.
<b>Who has been involved/contributed:</b>	The CCG Executive Team has been involved in the creation of this report.
<b>Cross Reference to Strategic Objectives:</b>	The report contributes to all strategic objectives.

<b>Engagement and Involvement:</b>	This is an internal document and has not received further engagement or involvement at this time.
<b>Communications Issues:</b>	The Integrated Performance Report will be made available for all staff.
<b>Financial Implications:</b>	There are no direct financial implications.
<b>Review arrangements:</b>	The Integrated Performance Report will be updated on a monthly basis.
<b>Risk Management:</b>	The report contributes to risk management arrangements.
<b>National Policy/ Legislation:</b>	The report incorporates the CCG Assurance Framework from NHS England.
<b>Equality &amp; Diversity:</b>	The report has no negative E&D impact as it is a statement of performance.
<b>Other External Assessment:</b>	This report would contribute to external assessments.
<b>What specific action do you wish the Governing Body to take?</b>	To receive and agree the Integrated Performance Report.

## **NHS Wiltshire Clinical Commissioning Group Integrated Performance Report March 2014**

### **Executive Overview**

The Wiltshire Urgent Care Working Group met on 4 March to review performance and progress across the system. On the whole, despite the pressure evident within the acute environment, performance has held up well. The focus is now on evaluating the performance of projects and initiatives which were put in place for the winter, in order to allow a robust review regarding their effectiveness. This in turn will support adjustment and planning ahead for what needs to be put in place on an enduring basis. There are performance concerns at GWH, where we are currently struggling to deliver the 4 hour A&E wait target; accordingly the Emergency Care Intensive Support Team are assisting the hospital in a review commencing 16 March 2014. SWAST have delivered improved performance in Wiltshire recently, attributable to their Right Care initiatives.

Work on the evolution and development of both the CCG's 5 year strategic/2 year operational plan along with the Better Care Plan continues apace. In the past month we have conducted another successful workshop, jointly with Council colleagues and alongside our key providers and co-commissioners. This has really helped to crystallise our thinking and allowed us to start to consider implementation and sequencing issues. We have also worked up proposals for joint Governance of joint projects which we will need to deliver with our Council colleagues, which will be considered by the next Health and Wellbeing Board. At the same meeting, the Health and Wellbeing Board will be asked to endorse the latest draft of our plans. We have also held a half day workshop themed on the evolving plans with our Governing Body which continued to provide our clinical leadership with the opportunity to shape and direct their vision for the future care model, which is key to underpinning our ethos of ensuring that local clinical leadership are at the forefront of our health system design. In the last month, the CCG has also had the benefit of a quarterly assurance visit from the NHS England Area Team, which similarly focussed on planning activity and provided some useful pointers and refinement on our work. On 3 March 2014, we were able to discuss the significant progress we have made with the integration of health and social care services in Wiltshire, and describe our plans for the future, alongside our Council colleagues during a Cabinet Office fact finding visit to the county.

Elsewhere across the CCG a great deal of activity is underway in preparing for the end of year, with deliverables such as end of year accounts and the Annual Report being significant work in progress. We are also heavily engaged in contract negotiations with our main providers to agree services and price for the year ahead.

In terms of development going forward, we enjoyed a very beneficial visit this month from the NHS Leadership Academy to describe leadership and development opportunities for all our staff. We have also held a successful Executive Team away day, which focussed on our internal structure, processes and culture in order to optimise our ability to deliver the ambitious change we aspire to achieve for the benefit of the population of Wiltshire.

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](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:

During February 2014, the CCG has been finalising the contracts for 2014/15, aiming to increase reporting on areas such as staffing levels in line with learning from the Francis report, and reduce reporting where the information is provided elsewhere for example the CQC Hospital Intelligence Monitoring.

The second release of the Hospital Intelligence Monitoring was released on the 13 March 2014. The report presents the CQC analysis of 93 applicable indicators. These cover quality and performance indicators and patient and staff experience. Salisbury NHS Foundation Trust (SFT) and Great Western Hospitals NHS Foundation Trust (GWH) both have a risk banding of 6 which puts them in the lowest possible band. The RUH does not receive a banding because NHS Trusts that have had an inspection at the time of producing this update of Intelligence Monitoring have not been assigned a banding.

The December 2013 Friends and Family data shows our patients are having good experience of care in our acute providers, however, the participation rate particularly in A&E at GWH remains low. This continues to be raised at Clinical Quality Review Meetings. NHS England is committed to introducing the Friends and Family Test to General Practice and community and mental health services by the end of December 2014, and to the rest of NHS funded services by the end of March 2015.

## **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: NHS Wiltshire CCG Care Quality Commission (CQC) 464 active locations
- Appendix 3: Hospital Intelligence Monitoring
- Appendix 4: Friends and Family Test Data
- Appendix 5: Quality Dashboard
- Appendix 6: 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) (section 2.1)
- Hospital Intelligence Monitoring (section 2.2)
- Health Care Associated Infections (section 2.3)
- Friends & Family Test (section 2.4)
- Maternity Never Events (section 2.5)

### **2.1 Care Quality Commission (CQC)**

NHS Wiltshire CCG continue to work closely with the local CQC inspection team. As a part of this collaboration the CCG meet on a bi-monthly basis to review potential concerns within services that are CQC registered within the locality. Appendix 2 shows data on the 464 CQC active locations in Wiltshire and a summary of the current compliance.

During January 2014, the CQC have also announced a national focus on:

- A programme to understand the experiences of people with dementia, their families and carers and in particular experiences of moving between hospitals and care homes;
- A themed programme exploring the care and outcomes for people experiencing a mental health crisis;
- Inspecting all GP providers of NHS out-of-hours services in England, using our new approach to inspection.

It is not yet known if providers in Wiltshire will be identified for the inspections. The Royal United Hospitals NHS Trust, Bath (RUH) CQC report was published on the 6 February 2014. The CQC standards identified in the Enforcement Notice and all but one of the compliance actions from the inspection in June 2013 had been met. The Enforcement Notice has now been lifted. The CQC has identified a number of areas where the trust needs to improve including:

- a) Staffing levels were safe but needed to improve in some areas, particularly in the critical care and neonatal units.
- b) Incident reporting had improved but information was not shared effectively so that staff could learn from mistakes.
- c) Patients were safeguarded but more staff need appropriate safeguarding training to protect children and some staff needed a clearer understanding about the rights to independence of patients who are at risk of wandering.
- d) Staff were caring but at busy times in busy areas, such as admission and short stay wards, patients' care needs were not always being met.
- e) Patients still had long waiting times for some planned surgery and outpatient appointments and there were discharge delays for some patients with complex needs.
- f) The Trust needed to engage with staff in lower pay bands who spend much of their time with patients and in patient areas, such as cleaners, who told us they did not feel valued or listened to.
- g) The Trust was well-led but it needed to further improve how it assessed and monitored its quality and safety procedures.

For further information:

[http://www.cqc.org.uk/sites/default/files/media/reports/20140203\\_cqc\\_royal\\_united\\_bath\\_hospital\\_final.pdf](http://www.cqc.org.uk/sites/default/files/media/reports/20140203_cqc_royal_united_bath_hospital_final.pdf)

On 14 February 2014, Southern Health notified us that they had received the draft CQC report for Postern House, Learning Disabilities Division, Wiltshire following the inspection which took place on 28 January 2014. CQC inspected three outcomes and assessed outcome 4 to be compliant and the other two outcomes 16 and 21 as non-compliant.



Outcome 16 - Assessing and monitoring the quality of service provision. CQC felt that the monitoring processes and checks undertaken had not identified the issues that they had raised. There are concerns over the incident reporting process and the number of reports awaiting sign off (an area CQC had flagged up at a previous inspection). CQC have also raised concerns over follow up for staff involved in violent incidents.

Outcome 21 – Records.

CQC noted problems accessing the electronic patient record system and that care plans were muddled and not in an accessible format.

The final report was published on the 8 March 2014. Postern House has received an enforcement action, the report can be found here

<http://www.cqc.org.uk/directory/RW1Z9>

We have asked Southern Health to share their action plan to address concerns raised.

### **Actions**

- Follow up CQC actions with RUH;
- Support local learning of experience of people with dementia, their families and carers through CQRG with providers;
- Seek assurance from AWP about current outcomes for people experiencing a mental health crisis;
- Review Southern Health action plan.

## **2.2 Hospital Intelligence Monitoring**

In November 2013, it was reported to the Governing Body that there is new CQC Hospital Intelligence Monitoring on 118 indicators about NHS acute and specialist hospitals. On 13 March 2014 the CCG has had the second release of this data. The CQC have used a number of statistical tests to determine where the thresholds of "risk" and "elevated risk" sit for each indicator. For some data sources CQC have applied a set of rules to the data as the basis for these thresholds - for example concerns raised by staff to CQC (and validated by CQC) are always flagged in the model.

NHS Trusts that have had an inspection at the time of producing this update of Intelligence Monitoring have not been assigned a banding; all other indicator analysis results are shown in their report. "No Banding: New Approach Inspection" is stated for these trusts. This is to reflect the fact that the CQC new comprehensive inspections will provide definitive judgements for each organisation.

To determine the banding, the CQC analyse each of the indicators to identify whether an indicator has 'no evidence of risk', 'risk' or 'elevated risk'.

Following this an overall risk score is given. This score is determined by adding the number of 'risks' and the number of 'elevated risks' x 2. A proportional score is then calculated by dividing the overall risk score by the maximum possible risk score, by turning this into a percentage the banding is then determined using the following thresholds:

Provider	GWH		RUH		SFT	
	October 2013	March 2014	October 2013	March 2014	October 2013	March 2014
Band	3	6	2	none	6	6
Number of 'Risks'	3	1	3	3	0	1
Number of 'Elevated risks'	3	1	3	0	2	1
Overall Risk Score	9	3	9	3	4	3
Number of Applicable Indicators	84	93	79	80	84	93
Proportional Score	0.05	1.61%	0.06	1.88%	0.02	1.61%

Appendix 3 illustrates the comparative indicators and associated risk scores at Great Western Hospitals NHS Foundation Trust (GWH), Royal United Hospital NHS Trust, Bath (RUH) and Salisbury NHS Foundation Trust (SFT).

For further information definition and full methodology for each indicator: <http://www.cqc.org.uk/public/hospital-intelligent-monitoring>

### Action

- The CCG will regularly review and release the data provided by the CQC Hospital Intelligence Monitoring site and will monitor and investigate any areas of risk.
- Using the Clinical Quality review meetings we will share the data with providers and ask that they provide assurance of actions in all areas of risk and elevated risk.

### 2.3 Health Care Associated Infections

The term Health Care Associated Infections (HCAI) covers a wide range of infections. The most well-known include those caused by Methicillin-Resistant Staphylococcus Aureus (MRSA) and *Clostridium difficile* (C. difficile).

HCAI pose a serious risk to patients, staff and visitors. They can incur significant costs for the NHS and cause significant morbidity to those infected. As a result, infection prevention and control is a key priority for the NHS

Norovirus is a common cause of diarrhoea and vomiting. It is highly infectious and normally affects people for two or three days. Outbreaks are common in semi-enclosed environments such as hospitals, schools and care homes. The Public Health Team of Wiltshire Council monitor and report on the activity levels within the County. For February 2014, the levels of activity remain low compared with previous years. One ward was affected at GWH with an average of two or three care homes reporting outbreaks each week. This reflects both the regional and national picture.

On 6 March 2014, NHS England published *Clostridium difficile* infection objectives for acute trusts and clinical commissioning groups for the financial year 2014/15. These objectives have been calculated on the basis of requiring continuous improvement from all trusts and CCGs but also reflect a need for organisations with higher rates of infections to do more than those organisations with lower rates.

In addition to the revised objectives, NHS England has also published new guidance setting out how commissioners can exercise discretion in deciding whether or not to impose sanctions on providers for breach of their *Clostridium difficile* objective, allowing them to take into account specific circumstances relating to identified infections in determining whether sanctions are appropriate.

The table below shows the year to date performance for *Clostridium difficile*

<i>C.difficile</i> Infections	2013/14 target	(rate per 100,000 bed days 2013/14)	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total YTD
RUH	29	19.9	4	3	4	5	5	2	1	3	1	28
SFT	21	13.3	1	2	3	2	0	1	2	2	0	13
GWH	20	14.5	1	2	2	3	3	3	0	2	2	18
All Wiltshire CCG	127	32	18	14	12	12	10	7	14	13	6	106

#### Objectives for 2014/15 (Targets)

Provider	2014/15 cases (target)	2014/15 Objectives per 100,000 bed days	% Decrease for 2014/15
RUH	37	17.5	2.4%
SFT	18	12.6	0.7%
GWH	28	14	0.5%
All Wiltshire CCG	140	29.5	2.5%

#### Actions

- The CCG will establish a review process to review any CDI cases the providers consider did not occur due to a lapse in care. The CCG plans to establish a joint review group alongside other commissioners to ensure all cases from across Wiltshire are viewed equitably.

The details of the new guidance, targets and review process are being included in the Quality Schedules.

## 2.4 Friends & Family Test

2.4.1 The Friends and Family Test (FFT) has been implemented across all NHS services and is an integral part of Everyone Counts: planning for patients 2014/15 to 2018/19. Since April 2013, the FFT question has been asked in all NHS Inpatient and A&E departments across England and from October 2013, all providers of NHS funded maternity services have also been asking women the same question at different points throughout their care :

**‘How likely are you to recommend our [ward/A&E department/maternity service] to friends and family if they needed similar care or treatment?’**

Answers are on a scale of extremely likely to extremely unlikely. The NHS Friends and Family Test has already provided local hospitals with feedback and is playing an active role in transforming services.

Net Promoter Score								
Site Name	May	June	July	Aug	Sept	Oct	Nov	Dec 2013
Across NHS England	64	65	65	64	65	65	65	64
Royal United Hospital Bath NHS Trust	71	70	66	68	66	77	78	76
Salisbury NHS Foundation Trust	75	70	73	77	72	74	71	72
Great Western Hospitals NHS Foundation Trust	71	73	64	72	70	78	75	71

Appendix 4 shows the data available to date for local providers for inpatient, A&E and Maternity.

2.4.2 NHS England is committed to introducing the Friends and Family Test to General Practice and community and mental health services by the end of December 2014, and to the rest of NHS funded services by the end of March 2015. For further information please see: The Friends and Family Feedback Tool – <http://nww.fft.england.nhs.uk/> developed by the Quality Observatory (no log in details or passwords required).

### Actions

- Ensure triangulation with Staff Friends and Family data that is due to be published in February 2014.
- Support role out to all NHS providers through CQUIN scheme in 2014/15

## 2.5 Maternity Never Events

In January 2014 the CCG Governing Body received a report on the NHS England publication on never events happening at each hospital trust in England. At the same time NHS England also published the list of never events for use in the NHS from 2013/14 onwards.

In February 2014, Great Western Hospital NHS Foundation Trust (GWH) reported two maternity grade 2 never events. The incidents (both retained swab) occurred within the Princess Anne Wing (PAW), Bath and have been reported on to STEIS (Strategic Executive Information System). There have been four maternity never events reported over the two sites (GWH and PAW) during 2013/14. All the events are similar, relating to retained vaginal swabs. This is a clear priority for investigation to both the Trust and Commissioners in regard to patient outcomes and lessons learned. Further assurance is being sought by commissioners with a quality visit to PAW planned for 29 April 2014.

The investigation of these never events will be monitored by NHS Wiltshire CCG. A local intelligence sharing meeting will be held on 24th March 2014 with NHS England, however, monitoring will also continue via GWH Clinical Quality Review Meetings (CQRMs).

#### **Action**

- NHS England to host an intelligence sharing meeting to ensure NHS England, the provider and all commissioners involved are clear on action necessary to reduce the risk of further occurrence.
- NHS Wiltshire CCG will lead a Quality Visit to PAW on 29<sup>th</sup> April 2014.
- The maternity contract will be monitored via CQRM, during transition, to ensure any necessary actions are taken and learning from the never events is embedded across both the PAW (RUH) and GWH sites.

### **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.

Appendix 5 is a summary of the Dashboard and Appendix 6 shows a summary level of the National Safety Thermometer: Dashboard on Harm Free Care for February 2014.

### 3.1 Sarum Group Lead

#### Salisbury NHS Foundation Trust (SFT)

At the CQRM on the 13 February 2014, the December 2013 data was reviewed.

Indicator	Target	Dec 2013	YTD	Comments
HSMR	100	110	Nov112	
Mixed Sex accommodation	0	3	6	There were three non-clinical same sex accommodation breaches. All breaches have been on Radnor ward
Safety Thermometer		87%		Safety Thermometer – 87% - 92% 'harm free care'. An increase in patients with a new hospital acquired pressure ulcer. Ongoing cluster reviews.

#### Actions

- HSMR, in January 2014 the Governing Body were informed of the outcomes of the meeting with SFT and Wiltshire Council, Public Health. The actions are being handled by the CQRM meetings and include :
  - a) SFT and CCG should both aim to have no-one die in hospital that could have died in the community (This aim would of course take into consideration a patient's preference for place of death)
  - b) SFT should use this as an opportunity to work with primary care, community care, public health and social services to design a system for preventing unnecessary admissions and people dying in the hospital. Winchester may provide an example. This should include End of Life Care and those with dementia.
  - c) Future data should show where SFT is in the ranking of Acute Trusts and how many fewer deaths would be required to take them into "as expected" for each of the measures of mortality. Similar Trusts who have a better ranking should be consulted as to their best practice.
- There were three non-clinical same sex accommodation breaches, escalation bed capacity and ward moves remain low. Wilton ward opened as needed for surgical overnight stays.
- Safety Thermometer – 87% 'harm free care'. An increase in patients with a new hospital acquired pressure ulcer. Ongoing cluster reviews.

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

#### Royal United Hospital NHS Trust, Bath (RUH)

The RUH Clinical Quality Review Meeting was last held on the 21 February 2014, in which the December 2013 data was reviewed.

RUH Indicator	Target	Dec 2013	Summary
MRSA	0	0	<b>MRSA</b> – there has been no post-48 hour MRSA bacteraemia cases in December'13
Eliminating mixed sex accommodation	0	5	The breaches were on 2 occasions affecting a total of 5 patients. 11YTD (December)
Patients that have spent more than 90% of their stay on the Stroke ward	80%	76.2%	Stroke performance for November'13 was confirmed as 76.2% and provisional performance for December is currently at 70%, further validation is on-going.
Sepsis – Antibiotics within 1 hour for neutropenic sepsis	90%	68.8%	Performance for December improved from 56.3% in November to 68.8%. Eleven of sixteen patients were treated within the hour, encouragingly all patients admitted from 14th December were treated within the timescale.
Discharge declared by 12.00 midday (adults)	60%	33.6%	December performance was 33.6% against the quarter 3 indicator of 60% this is deterioration on the previous month. The quarter 4 target is set at 70%, which adds further challenge.
<i>Clostridium difficile</i>	29	22	There has been 1 confirmed case of CDI in month taking the year to date position to 22 against and year-end ceiling of 29 cases.
Staff Sickness	Less than 3%	5%	

## Actions

- During December 2013, there were 5 breaches of the Mixed Sex Accommodation indicator. This occurred during a period of red escalation in response to overcrowding in the emergency department.
- 'HOT Toddy week' provided a focus on discharging patients and real time recording on Millennium. During the week a KPI of identifying 50 patients being discharged before 12 was achieved. Performance against this standard is being monitored via the Urgent Care Board.

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

### Headline Issues – Period to end February 2014

AWP Indicator	Target	Period to end Feb 2014	Comment
DTOC	7.5% max	Minor improvement from 13.38% to 13.15% for all Wilts beds. Remaining very high at 22.23% in older peoples beds	The core of the problem is in AWP dementia beds where DToCs are at 40%. Available bed capacity is extremely low with no beds available anywhere in AWP on many days. DToCs in this area are due to lack of available residential/nursing beds in the independent sector and Wiltshire Council weekly flow rate funding issues. This has been escalated to CCG Executive level.
Friends and Family Test	11%	Response rate 8.3%	Remains positive at +37 for the trust. Majority of service users stating they would be likely or extremely likely to recommend services. Response rate at 8.3%, method of calculation remains experimental as no national guidance. Forecasting 11% as likely year end position.
Serious Incidents Requiring Investigation (SIRI)			Between 1 April 2013 and 29 January 2014, there have been a total of 35 reported AWP SIRI involving Wiltshire patients, 29 of which are overdue for closure. Contract query notice – Serious Incident Reporting AWP_BNSSGBANESSWG_130412_01) is in place until resolved.



<b>AWP Indicator</b>	<b>Target</b>	<b>Period to end Feb 2014</b>	<b>Comment</b>
4 Week RTA	0 Breaches	34 breaches year to date	Improvement plan trajectory agreed with AWP – reduced number of breaches (2 in February).
4 Hr Wait – Emergency Crisis Assessment	95%	95.6%	Performance improved with no breaches in February.
Staff Sickness		5%	The forecasted position has been revised to 5% which represents the average position of the last 6 months.

### **Additional Actions**

- Significant improvement in AWP staff training performance with Safeguarding training at a very high level. Levels of staff supervision have also improved to over 80%.
- SIRI: Of the 35 SIRI, 29 are overdue for closure. Closure has not been achieved primarily due to the absence of sufficient investigation reports received from AWP. A contract query notice was issued in January 2014 requesting full release of the investigation reports. Although most reports have been received some remain outstanding so the contract query notice remains in place with the option to request AWP for a remedial action plan, which in turn could result in contract penalties being applied if this fails to address the issue. The CCG Quality Team are currently reviewing the investigation reports received.

## South Western Ambulance Service NHS Foundation Trust (SWAS)

SWAS Indicator	Target	January 2014	Comment
Red 1 performance response times	75%	Wilts actual 65.8% 63.9%YTD	<ul style="list-style-type: none"> <li>○ Q4 performance improvements as part of recovery plan continues to show signs of delivery, with January being the most improved month since June 2013</li> <li>○ All main response times for Wiltshire still proving challenging. Tenth consecutive month of underperformance for 13/14 when measured against national performance targets</li> <li>○ Increased confidence in recovery plan for overall performance in Q4</li> </ul>

### Actions

- Clinical managers logged on to response system to improve (local) performance
- Staff appraisals paused
- Staff annual leave buy back scheme implemented
- Mandatory training suspended
- Coding changes for Red 1 implemented (backdated to November 2013) – assurance provided on compliance with DH guidelines

## NHS 111

NHS111 indicator	Target	Jan 2013	Comment
Calls answered within 60 seconds	95%	98.5%	Performance in January improved despite resource challenges over new year period
% warm transferred calls	98%	71.39%	Warm Transfer rate slightly improved for January
Ambulance dispatch as a percentage of total	<10%	11.86%	Performance deterioration in January, breaching 10% threshold

### 3.3 North East Wiltshire (NEW) Group Lead

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

The quality schedule for the acute, community and maternity GWH contracts are monitored via monthly Clinical Quality Review Meetings (CQRM) in conjunction with NHS Swindon CCG. It has now been agreed with all parties that the CQRM will consist of two parts; Part A, community and maternity- which will enable NHS Wiltshire CCG to gain a greater level of assurance around community and maternity outcomes (NHS Swindon will not routinely attend the CQRM Part A). The existing joint meeting with NHS Swindon, is now know as Part B and will continue to enable a joined up approach on the services both NHS Wiltshire and NHS Swindon commission from GWH and, therefore, minimise duplication for GWH in terms of reporting.

Indicator	Target	Dec 13	YTD	Comment
Incidence of Clostridium Difficile	20	2	18	To date, 2 cases of <i>C.diff</i> have been reported during December 2013 (total YTD Dec = 18) both attributable to acute GWH. This exceeds the accumulative trajectory, but has not exceeded target. There have been a further 2 cases of <i>C.diff</i> attributed to the community hospitals in December.

Indicator	Target	Dec 13	YTD	Comment
Reduction in harm from falls.	10	5	13	There were 5 falls in December, compared to only 2 falls over the previous 5 months. Bringing YTD 3 cases over trajectory.
Compliance with CQC regulations combined	100% compliance	no	no	The Trust received an unannounced visit from the CQC during the last week of October 2013 and improvements were required against 3 standards.
Patients requiring urgent care assessed <4 hours (>Oct) <1 hour from Nov. (NHT)	>= 95%	91%	98%	Response time of urgent care due to reduction of target from < 4 hours to <1 hour.
Blood culture contamination rate Combined	<= 5% by Dec	5.4%	4.5%	An increase on November's 4.8%.

### Actions

- **C.diff-** the 3 community cases YTD, are not included against GWH's trajectory. However, assurance is being sought that the two cases, which both occurred on Aylesbury Ward, Savernake Hospital in December 2013, are not epidemiologically linked.
- **Reduction in harm from falls-** There are concerns about the number of falls resulting in fracture and serious harm to patients. There have been 18 acute patients with a similar profile in this category. The profile is that they are older frail vulnerable patients with dementia. Of these three patients 3 (2 of whom were Wiltshire patients) sustained head injuries which lead to death. The risk has been recognised by the provider and measures such as 'intentional-rounding' and falls assessments have taken place. However, the commissioners continue to be concerned and GWH are establishing a Serious Incident Panel Review to look at the falls which occurred in December. Additionally, a multi-disciplinary review is being undertaken in regard to the falls pathway.

- **CQC**-The final CQC inspection report was received in December 2013. Compliance actions are identified for Outcomes 8, 13 and 16. The final report has been shared with the Executive Committee and an action plan drafted for final discussion and agreement. The action plan has been submitted to the CQC.
- **Patients requiring urgent care assessed by Neighbourhood Teams** - the response time has not been achieved. There is a new target requiring assessment within 1 hour. GWH consider that this is a coding/data collection issue and administration improvements will more accurately reflect actual time from referral to assessment in subsequent reporting periods.
- **Blood culture contamination** - The number of blood cultures taken is steadily increasing month on month, which GWH believe to be a reflection of the sepsis six projects, which encourages early blood culture samples against a set sepsis criteria. However, there has been an increase in contamination rates for 4 consecutive months. The contamination rate is a percentage of all cultures taken. Despite the recent increase, the target of 5% overall contamination rate < December has been achieved.

#### 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

## 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 £521.7m in 2013/14. At the end of February 2014 the CCG is reporting a year to date surplus of £4.6m 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 11 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 has transacted the resource limit adjustments with Specialist Commissioning following validation.

## 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 £521.7m. Annex 1 shows the summary income and expenditure position for the year at month 11.

The income and expenditure year to date position at 28 February 2014 is a surplus of £4.6m. This is in line with the planned surplus position of £5.0m. Table 1 below outlines the summary position at month 11:

Table 1: Summary CCG financial position M11 2013/14

	Year to date / £'m		
	Resources	Expenditure	Variance
Programme	468.00	463.46	-4.54
Running costs	10.67	10.60	-0.07
	<u>478.67</u>	<u>474.05</u>	<u>-4.62</u>

	Forecast outturn / £'m		
	Resources	Expenditure	Variance
Programme	510.02	504.98	-5.04
Running costs	11.66	11.66	0.00
	<u>521.68</u>	<u>516.64</u>	<u>-5.04</u>

The CCG is currently forecasting operating within its cash limit. At month 11 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 February 2014 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

In month 11 the CCG have transacted the validated elements of the specialist commissioning transfers. The outstanding elements will be validated with a view to enacting agreed transfers for month 11. The total adjustment requested is £3.7m of which the CCG has transacted £0.9m in month 11 with £0.1m remaining to be resolved.

Other budgetary updates have been reflected within individual budget lines. Annex 5 shows the movements across budget lines for month 11 which include adjustments in respect to devolving headroom into budgets as well as the application of capital grant funding.

## Wiltshire CCG financial performance by providers

At the end of month 11 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 10 along with any mitigating actions identified.

Provider / Commissioned service area	Ytd / £'m			FOT
	Resource	Expenditure	Variance	Variance £'m
Royal United Hospital NHS Trust, Bath	64.59	66.41	1.81	1.81
<p>Year to date over-performance is reported based upon the latest SLAM data (M10) received from the Trust. The forecast outturn remains unchanged from M10 and represents the agreed year end outturn position with the Trust. Activity levels have continued on the upward trend of M8 and M9 with significant activity growth in the non-elective area with both short and long term stays up against 12/13 levels. Verification work continues in areas of significant variance, such as the attribution of scan types within Outpatient Procedures, with several areas of challenge (particularly around charges for Interventions Not Normally Funded (INNF) Restricted Procedures) still under discussion with the Trust / CSU due to their potential impact in 2014/15.</p>				



Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Great Western Hospitals NHS FT	44.25	45.86	1.61	1.77
<p><u>Over-Performance</u>  Over performance on non-elective activity (particularly General Medicine), Day Case (Trauma &amp; Orthopaedics) and Electives (T&amp;O and Gen Surgery) spiked to their highest level of the year in M10. The data has still to be verified and analysis regarding hospital capacity and/or impact on length of stay is in progress, via the GWH Finance &amp; Information Group and Contract Performance meetings.</p> <p><u>Challenges &amp; Fines</u>  The M11 position continues to include a reduced estimate for challenge and penalty values due to the response to the month 1-6 challenges received from the Trust. Further challenges are held pending the year end agreement.</p> <p><u>CQUIN</u>  The FOT variance includes an estimation of CQUIN under-achievement for the acute contract of c£180k, based on a forecast of 80% provided by the CCG Quality Team.</p> <p><u>FOT Variance</u>  The FOT variance of £1.770m is reported against the adjusted 13/14 plan of £48.0m and represents a £82k increase from the M10 variance. The increase nets off the maternity contract under performance increase of £82k following the confirmation that the maternity pathway adjustment will not be charged.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Salisbury Hospital NHS FT	79.00	81.46	2.46	2.69
<p>January 2014 monitoring showed a drop in overall recorded over performance of £280k below the trend shown in earlier months' monitoring information. This drop included a reduction below trend of £160k on emergency admissions and £180k on elective inpatient admissions. Spend on Day Cases, Excluded Drugs and Wet Age Related Macular Degeneration treatments were above the trend earlier in the year. The forecast outturn position represents the agreed year end position between the Trust and CCG.</p> <p>Non-elective over performance is in General Surgery, Urology, General Medicine, Gastroenterology, and Accident &amp; Emergency specialty. Elective over performance is still found 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 and Orthopaedics activity is lower than plan.</p>				

Accident & Emergency attendances year-to-date costs remain higher than anticipated. Adult Critical Care is continuing to run below expected levels. Outpatient attendance costs are above plan in Urology, Cardiology, Dermatology, Plastic Surgery, Paediatrics and Rheumatology.

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
North Bristol NHS Trust	4.67	4.58	(0.09)	(0.10)
Year to date under-performance of £0.1m is reported against the NBT contract as at M11. The level of contract under-performance has stabilised in the M10 position received from the Trust and should represent a realistic FOT position.				

Provider / Commissioned service area	Ytd / £'m			FOT variance £'m
	Resource	Expenditure	Variance	
University Hospitals Bristol NHSFT	3.59	3.76	0.17	0.18
Year to date over-performance of £0.17m is reported against the UHB contract as at M11 following further review of the financial impact of the transfer of dental services and specialist services out of the contract position. This represents an overall improvement of £0.03m and the forecast should now be fully representative of CCG commissioned activities.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Royal National Hospitals Rheumatic Diseases NHS FT	3.63	4.04	0.41	0.22
The contract continues to display YTD over performance of £0.41m as at M11. This represents no change on the M10 position. Over-performance on anti-Tumour Necrosis Factor drugs continues to be monitored on a monthly basis, as does the level of general contract under performance.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Ramsey – New Hall	3.89	4.26	0.37	0.40
<p>Year to date over-performance continues at just below 10% of planned contract value. Discussions are on-going to ensure the Provider is fully complying with the Clinical Priorities Policy, and some credits have been retrieved in regards 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)	3.36	4.75	1.39	1.56
<p>Activity at BMI sites, primarily The 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 Trauma &amp; Orthopaedic procedures at GWH is down over the same period, suggesting that many patients are opting to go Ridgeway via the Choose and Book system, instead of Great Western Hospitals NHS Foundation Trust.</p> <p>M10 activity for The Bath Clinic was higher than forecast causing a £25k movement from last month.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Circle Healthcare	1.74	2.09	0.36	0.39
<p>As at Month 11, the Circle contract has been updated to reflect forecast year end over-performance of £0.39m. Activity to date has seen significant levels of fluctuation, with M1-M3 tracking significantly lower than plan, M4-M6 reverting to budgeted levels, but M7 onwards displaying activity at a level significantly higher than plan. With activity levels continuing to track significantly higher than planned, the FOT has again been amended accordingly – actual usage of this contract will continue to be scrutinised on a monthly basis.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Wiltshire Community Health Services (GWH Community and maternity)	47.69	46.83	(0.86)	(0.93)
<u>Community</u>				
<p>The Community contract is a block however it is now forecasted to end the year £325k under budget due to the internal recoding of Children's Placements costs.</p>				
<u>Maternity</u>				
<p>The Maternity contract is under performing by £488k YTD, primarily on in-patient birth activity which is lower than anticipated based on 12/13 birth rates. The Trust commissioned an external coding audit to check for anomalies regarding birth numbers and no issues were found.</p>				
<p>The FOT variance figure no longer includes an estimated full year impact of £82k for the new Maternity Pathway payment system, which GWH have confirmed will not be charged.</p>				
<u>CQUIN</u>				
<p>The FOT variance includes an estimate for CQUIN under-achievement on the community and maternity contracts of c£139k combined, based on a forecast provided by the CCG Quality Team of 95% and 70% respectively.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
South West Ambulance Services NHSFT	14.49	14.73	0.23	0.25
<p>Year to date over-performance of £0.23m is reported against the SWAST Ambulance contract based upon the level of over-performance reported in the period up to the end of January 14 (over-performance charged at 60% marginal rate). The full year position has improved slightly by £0.02m in M11 as January 14 activity was below average levels and overall contract over-performance for the period May 13 onwards has reduced further to 2.41%. The FOT assumes this level of activity will continue through until March 14.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Avon & Wiltshire Partnership NHS Trust	30.30	30.66	0.36	0.37
<p>Year to date over performance continues to be reported against the non-block elements of the AWP contract (Any Qualified Provider Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder Activity &amp; Drugs and Section 12 Doctors) following review of January 14 information from the Trust. The outturn position for the Section 12 contract has increased marginally this month as usage of the contract continues to follow the usage trends previously identified in Q1 &amp; Q2.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Glenside neuro-rehabilitation	0.23	0.60	0.37	0.43
<p>This service is high-cost / low volume and hence subject to random variability year by year due to patient numbers, which are continuing to run at higher levels than expected. There has also been significant uncertainty around defining in practice the boundary between Specialist-responsibility patients and CCG-responsibility patients. Specialist Commissioning are aiming to develop a more consistent approach to tariffs and services over a wider area during the next couple of years, which will have a knock on impact on the CCG in due course.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Out of Hours & NHS 111	7.42	7.52	0.10	0.00
<p>OOH and 111 are reporting a forecast break even position after £208k of headroom funding to support Health care Professionals. The YTD overspend position is due to budget phasing.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Continuing healthcare	16.60	14.80	(1.80)	(1.95)
<p>Continuing healthcare (CHC) is reporting a year to date underspend against budget and a forecast full year underspend of £1.95m. The year to date position also now includes an accrual for potential Retro 4 provisions at £108k. At the end of February there were 235 CHC patients which is a net rise of 14 patients from the start of the year.</p>				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Funded nursing care	6.1	5.3	(0.80)	(1.00)
Funded Nursing Care is reporting a year to date and forecast underspend. The forecast underspend is after the inclusion of a Wiltshire Council Admin Fee of £135k which is still under negotiation. The forecast outturn position has improved from the prior month and includes the impact of reviewing payments through the system and reclaiming where there have been duplicates identified.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
LD placements	1.80	1.80	0.00	0.00
MH placements	3.70	3.80	0.10	0.20
Child placements	1.30	1.30	0.00	0.00
MH Placements are reporting a forecast outturn overspend of £231k, which has dropped from £424k at M10 and LD Placements are reporting break even compared to £147k overspend at M10. This is due to the ongoing review of patient placements.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Prescribing	64.00	63.30	(0.70)	(0.85)
Prescribing is reporting a year to date underspend of £679k and a forecast underspend of £850k. The reduced forecast underspend is due to a £1.8m increase in the February Prescribing PMD forecast following a correction of centrally held reporting tools which has had a direct impact on Wiltshire's reported position.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Great Western Hospital NHS Foundation Trust (Acute NCAs)	0.83	0.95	0.12	0.18
The above budget of £0.830m is for the acute headroom projects and zero variance is being forecasted.				
There is unbudgeted Any Qualified Provider activity at the Shalbourne Suite at GWH which has steadily increased since the facility was made available on Choose & Book, both for inpatient surgical procedures (including knees and spines) and outpatient procedures. The FOT variance is £176k.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Patient Transport service	1.07	1.22	0.15	0.13
Following a review of transition costs and potential over-performance against contracted activity levels since the commencement of the Arriva contract (usage estimated to be currently running at 114%), the FOT for patient transport service contracts has been updated to show non-recurrent over-performance of £0.13m. This represents no change on the position reported as at M10.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Southampton University Hospitals NHS FT	3.81	4.04	0.23	0.25
The Trust are reporting significant over performance on new PbR-excluded chemo drugs but the CCG view is that this should be reported as Specialist Commissioning spend. The potential risk on this is £0.25m which is built into the forecast.				

Provider / Commissioned service area	Ytd / £'m			FOT Variance £'m
	Resource	Expenditure	Variance	
Great Western Hospital NHS Foundation Trust (Community NCAs)	2.81	2.81	0.00	0.01
The Community Transformation and Care Coordinator programmes and Community headroom projects are all on budget. The £13k overspend is due to NCA community spasticity clinic drugs.				

## 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 11 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.

### **Annexes**

- Annex 1 Summary I&E position at month 11 2013/14
- Annex 2 Summary statement of financial position at month 11 2013/14
- Annex 3 Cash position at month 11 2013/14
- Annex 4 Better payment practice code position at month 11 2013/14
- Annex 5 Movement between budgets and resources



## Annex 1 - Summary I&E position at month 11 2013/14

	£'m			£'m	
	Budget	Ytd Actual	Variance	Annual budget	FOT variance
Acute care	230.99	240.47	9.47	251.79	10.10
Exceptions	0.23	0.06	-0.16	0.25	-0.18
Non acute care	121.92	121.51	-0.41	133.07	-0.46
Other commissioning	23.35	21.88	-1.47	25.47	-1.54
	376.49	383.92	7.43	410.57	7.92
Out of hours	7.60	7.70	0.10	8.42	0.02
Local enhanced services	5.62	5.88	0.26	7.33	-0.26
Prescribing	63.90	63.21	-0.69	69.53	-0.85
	77.13	76.80	-0.33	85.28	-1.09
Running costs	10.67	10.60	-0.07	11.66	-0.03
Headroom	6.07	0.00	-6.07	6.29	0.00
Surplus	4.62	0.00	-4.62	5.04	-5.04
Contingency	2.31	0.00	-2.31	2.52	-2.52
Earmarked reserves	1.38	2.74	1.36	0.32	-4.28
	14.38	2.74	-11.64	14.17	-11.83
CCG total	478.67	474.05	-4.62	521.68	-5.04

## Annex 2 – Summary statement of financial position at month 11 2013/14

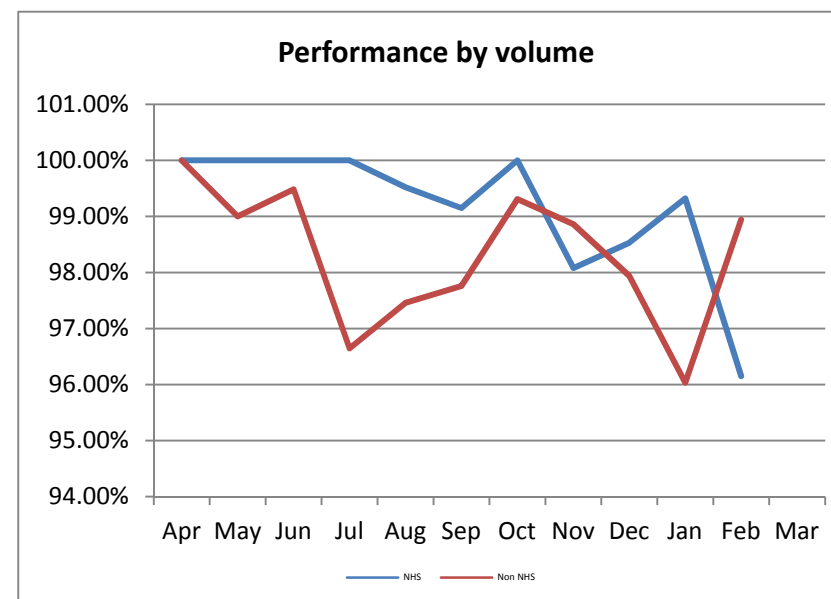
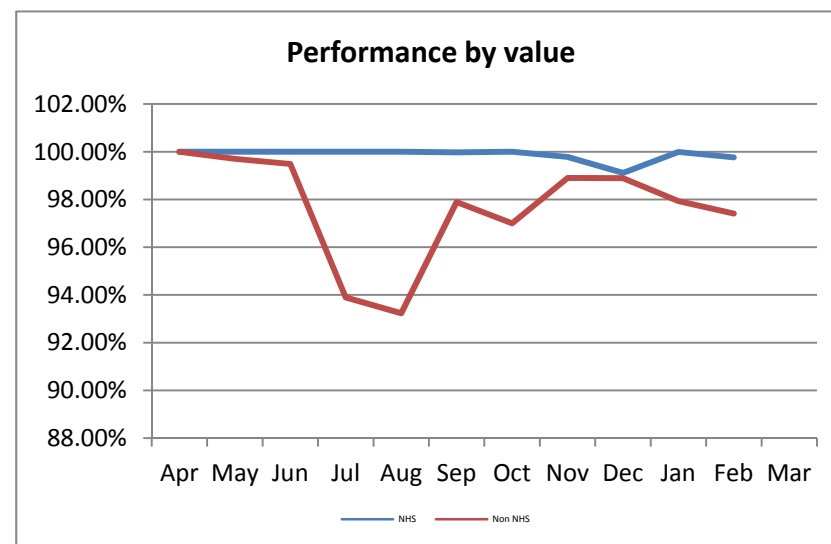
Summary Statement of Financial Position	£'m		
	Opening position at 1st April 2013	Current position at 28th February 2014	Forecast position at 31st March 2014
<b>Non Current Assets:</b>			
Premises, Plant, Fixtures & Fittings			
IM&T		0.17	0.17
Other			
Long-term Receivables			
<b>TOTAL Non Current Assets</b>	<b>0.00</b>	<b>0.17</b>	<b>0.17</b>
<b>Current Assets:</b>			
Inventories			
Trade and Other Receivables		2.54	0.16
Cash and Cash Equivalents		6.77	0.20
<b>TOTAL Current Assets</b>	<b>0.00</b>	<b>9.31</b>	<b>0.36</b>
<b>TOTAL ASSETS</b>	<b>0.00</b>	<b>9.48</b>	<b>0.53</b>
<b>Non Current Liabilities:</b>			
Long-term payables			
Provisions			
Borrowings			
<b>TOTAL Non Current Liabilities</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Current Liabilities:</b>			
Trade and Other Payables		34.65	15.03
Other Liabilities			
Provisions			
Borrowings			
<b>Total Current Liabilities</b>	<b>0.00</b>	<b>34.65</b>	<b>15.03</b>
<b>TOTAL LIABILITIES</b>	<b>0.00</b>	<b>34.65</b>	<b>15.03</b>
<b>ASSETS LESS LIABILITIES (Total Assets Employed)</b>	<b>0.00</b>	<b>-25.17</b>	<b>-14.51</b>
<b>Financed by taxpayers' equity:</b>			
General fund		25.17	14.51
Revaluation reserve			
Other reserves			
<b>Total taxpayers' equity:</b>	<b>0.00</b>	<b>25.17</b>	<b>14.51</b>

### Annex 3 – Cash position at month 11 2013/14

	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m		521.67
Assumed revenue cash limit / £'m		501.89
Cash drawn down / £'m	406.95	454.20
Cash top sliced for prescribing and home oxygen / £'m	42.96	47.69
Effective total cash drawn down / £'m	449.91	501.89
Cash drawn down as % of total	89.6%	100%
Expected cash draw down as %	91.7%	100%
Cash utilised / £'m	443.14	501.69
Balance in account / £'m	6.77	0.20
Balance in account as % of total cash limit	1.35%	0.04%

## Annex 4 – Better payment practice position code at month 11 2013/14

	Performance vs 30 days BPP			
	In Month		YTD	
	Nos.	£'m	Nos.	£'m
<b>NHS</b>				
Total bills paid	208	33.36	2,200	302.35
Total bills paid within time	200	33.28	2,174	301.93
% of bills paid within target	96.2%	99.8%	98.8%	99.8%
<b>Non-NHS</b>				
Total bills paid	753	5.16	6,886	55.45
Total bills paid within time	745	5.02	6,747	54.01
% of bills paid within target	98.9%	97.4%	98.0%	97.4%
<b>ALL</b>				
Total bills paid	961	38.52	9,086	357.79
Total bills paid within time	945	38.31	8,921	355.94
% of bills paid within target	98.3%	99.4%	98.2%	99.5%



## Annex 5 – Movements between budgets and resources

	Annual budget at M9	£'m Annual budget at M10	Movement	Comment
Acute care	250.34	251.79	1.45	Devolvement of headroom funding and NEL funding
Exceptions	0.25	0.25	0.00	
Non acute care	127.91	133.07	5.15	Devolvement of headroom funding and inclusion of capital grant funding
Other commissioning	25.45	25.47	0.02	
	403.95	410.57	6.63	
Out of hours	8.42	8.42	0.00	
Local enhanced services	7.33	7.33	0.00	
Prescribing	69.53	69.53	0.00	
	85.28	85.28	0.00	
Running costs	11.66	11.66	0.00	
Uncommitted headroom	8.05	6.29	-1.76	Devolvement of headroom vs commissioned services
Surplus	5.04	5.04	0.00	
Contingency	2.52	2.52	0.00	
Earmarked reserves	2.09	0.32	-1.77	Inclusion of SCG adjustment and transfer of NEL funding to commissioned services
	17.70	14.17	-3.53	
CCG total	518.58	521.68	3.10	

## 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.

Director of Planning, Performance & Corporate Services Commentary:

On the whole the urgent care system has coped reasonably well to date this winter. Work is now underway to evaluate which projects and areas of investment have proved most effective in order to allow us to continue, replicate or expand, to drive still better performance. Regrettably, there remain areas where targets are being breached as a result of high pressure, and we continue to work with our providers to try and ameliorate the effects and prevent recurrence. There appear to be some particular issues at GWH, and as a result the Emergency Care Intensive Support Team are going to visit the Trust in order to conduct a review. SWAST have started to deliver some improved performance in Wiltshire recently following the implementation of their rectification plans, and we continue to work closely with them on this. SFT had 5 breaches of same sex accommodation. These were in a period of escalation to facilitate patients moving out of the Accident & Emergency department.

The CCG Assurance Framework information is detailed at Appendix 1.

## **NHS Constitution**

In January 2014, one patient waited longer than 52 weeks for treatment which remains an issue for the CCG.

For the second month running, both RUH and GWH breached the A&E four hour wait target with a falling rate of compliance. See also Chapter 1, section 3.3 of this report.

The target for maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers was breached for the first time this year in January 2014 by 0.1% which represented 9 patients across the acute providers. Compliance with the target for maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers also fell from 100% to 95% for the first time this year, although this remains above the target threshold.

SWAS rectification measures have started to demonstrate an improvement in performance. Category A Red 1 and Red 2 responses improved in January 2014 with the 19 minute arrival time target achieved for the first time this financial year. However, handover delays between the Ambulance Service and GWH continue to be a problem with data showing that there were also delays at SFT and RUH this month. See also Chapter 1, section 3.2 of this report.

A large number of mixed sex accommodation breaches occurred in both RUH and SFT during January 2014 during periods of escalation.

## **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 continues to be hampered by length of stay increases.

## **2013/14 Activity Plan Monitoring**

Activity continues to be reported as significantly higher than plan.

## **Provider Service Level Agreement Monitoring**

The SLAM reports have identified that the number of outpatient attendances at both RUH and GWH remain significantly above plan. The three local acute trusts have over activity against plan resulting in a significant cost variance.

## 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:

Very significant planning effort continues across the CCG and in close co-operation with our partners in Wiltshire Council to develop both the CCG 5yr/2yr plan and the Better Care Plan. For the latter, this has included the design of a joint governance structure and process. This has been completed such that it is coherent with the extant programme/project and governance methodology in place within the CCG.

This month we held a successful Executive Team Away Day in order to discuss and agree our structure, processes and workplace culture required to enable us to deliver our plans. Key to this going forward is the creation of a 12 month detailed work schedule which captures the full range of work activity planned and anticipated next year. This will allow us to both allocate resources and schedule activity to allow concentration and economy of effort while maintaining a focus on delivery.



## **1.0 Update on the Project Register**

Annex 6 shows the Project Register. This has been updated using the status reports produced by the Group Directors for the weekly Executive Management Team (EMT) meeting. The information is taken from status reports submitted for the EMT and was presented to Programme Governance Group on 5 March 2014.

The 5 year strategic plan and detailed 2 year operational Plan have been developed and activity is taking place to confirm the scope of the projects that will be included. This will include which projects from 13/14 move into 14/15, involving an evaluation of current performance in order that the value in progressing is known.

Building on the list of projects identified at the last Integrated Performance Report, a workbook for the retendering of specialist services has been drafted. The work involved in the production of service specifications for these community based services is sizable. Work is on-going to identify leads for areas of work.

### **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 have developed a report which captures the actions required to address issues raised and this is awaiting sign off before distribution.

The intention to revise the KPIs associated with this project remains. The Project Team is working to develop a model for reporting, which balances quantitative data and narrative, from which the benefits of this investment can be determined. This will involve many stakeholders including the provider and GP practices and will be dependent on the work to finalise the Information Governance arrangements.

## **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 Embedding Equality Impact Analysis in projects**

Equality and Diversity champions are placed in each Group and are enabling the production of Equality Impact Analysis documents by project managers. These documents guide managers in how the services that they design need to be tailored to meet the relevant population. Progress is shown on the Project register at Annex 6.

## PMO PROJECT REGISTER

### PROJECTS SUMMARY

UPDATED: 03 March 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			EVALUATION		Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/ IMPLEMENTATION RAG status	DATE OF EVALUATION	Report on Evaluation Due	
<b>JOINT PROJECTS</b>												
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>	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				May-14	TBC	<b>03/03/2014</b> TW recommends six month review takes place in May 2014
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) <b>Yes will feature on Sarum Workplan</b>		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) <b>Yes Urgent Care</b>	PMO-13-024	Multiple	Healthcare professional line with WMS - £208k investment	Jo Cullen		Patrick Mulcahy				Mar-14	Mar-14	<b>24/12/2013</b> 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.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>	PMO-14-033	Multiple	SPA/Rapid Response	Ted Wilson		Carl Hughes				End Mar-14	End Apr-14	<b>24/12/2013</b> Project is in delivery and reporting against KPI's commenced November 2013.
<b>CORPORATE PROJECTS</b>												
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 <b>10/02/2014</b> PGG to approve the removal of this project from the register as this is business as usual
<b>INDIVIDUAL GROUP PROJECTS</b>												
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>	PMO-13-014	NEW	Integrated CQUIN (5a&5b) with GWH NEL - £891,000	Ted Wilson	Anna Collings/Nick Brown	James Slater/Emma Smith				18/02/2014	w/e 28/02/14	Unclear what actions from GWH are in place to deliver results. <b>24/12/2013</b> Project Light Workbook no Milestones. Project in delivery and reporting against KPI's commenced April 2013 <b>19/02/2014</b> TW recommends close. Discussion at PGG in March. No further work can be done.

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				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/ IMPLEMENTATION RAG status	DATE OF EVALUATION	Report on Evaluation Due	
NOT 14/15	PMO-13-005	NEW	Dementia SLA	Ted Wilson	Celia Grummitt	Louise Cox/ Susan Dark				End May-14	End Jun-14	06/01/14 Project in Delivery KPIs being reported 19/02/2014 SLA in place. Improvements in place. Will be BAU 14/15
Yes, as part of NEW in CCG Workplan 14/15. Not Programme Area	PMO-13-029	NEW	Older People's Mental Health and Dementia Service Redesign	Ted Wilson	Celia Grummitt	Susan Dark				End Dec-14	End Dec-14	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) Yes will feature on Sarum Workplan	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. Unclear what actions from GWH are in place to deliver results. 06/01/14 Project in Delivery KPIs being reported 19/02/2014 Project as it stands will close
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) Yes Urgent Care	PMO-13-012	NEW	Surgical assessment unit - GWH patient pathway redesign pilot	Ted Wilson	Simon Burrell	James Slater				18/02/2014	21/02/2014	24/12/2013 Project Light Workbook no Milestones. Project in delivery and reporting against KPI's commenced April 2013 19/02/2014 Project as it stands will close
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen)		NEW	Surgical Assessment Unit (GWH) - £49k investment									See PMO-13-012 Surgical Assessment Unit. This is additional funding from the headroom bids. 19/02/2014 Complete - To move to closed projects tab
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) Yes will feature on Sarum Workplan	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						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. Unclear what actions from GWH are in place to deliver results. 13/02/2014 Sarum to review HRG (QZ14B) and determine correct workstream 19/02/2014 Project as it stands will close
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) Yes as part of Ophthalmology Workstream	PMO-13-013	NEW	Cataracts - Benchmarking against independent providers	Ted Wilson	John Pettitt	James Slater						NB. This project is included in one workbook called Elective QIPP. Query over the suitability of this project workbook which combines many schemes that GWH are required to deliver. Unclear what actions from GWH are in place to deliver results. 19/02/2014 Project as it stands will close

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Long Term Condition Pathways - Diabetes (Ted Wilson)	PMO-13-013	NEW	Intermediate Feet - HG32A - HG33G	Ted Wilson	John Pettitt	James Slater						NB. This project is included in one workbook called Elective QIPP. Query over the suitability of this project workbook which combines many schemes that GWH are required to deliver. Unclear what actions from GWH are in place to deliver results. <b>19/02/2014</b> Project as it stands will close
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) Yes as part of MSK Workstream	PMO-13-013	NEW	Pre-Op weight management - extension to hips and knees	Ted Wilson	John Pettitt	James Slater						NB. This project is included in one workbook called Elective QIPP. Query over the suitability of this project workbook which combines many schemes that GWH are required to deliver. Unclear what actions from GWH are in place to deliver results. <b>19/02/2014</b> Project as it stands will close
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) Yes as part of MSK Workstream	PMO-13-013	NEW	Spinal - change in consultants	Ted Wilson	Jonathan Rayner	James Slater						NB. This project is included in one workbook called Elective QIPP. Query over the suitability of this project workbook which combines many schemes that GWH are required to deliver. Unclear what actions from GWH are in place to deliver results. <b>19/02/2014</b> Project as it stands will close
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) Yes as part of MSK Workstream	PMO-13-011	NEW	Orthopaedic Pre Referral Primary Care Clinics	Ted Wilson		Neal Goodwin				Sep-14	Sep-14	Previously know as Orthopaedic Outreach Clinics <b>19/02/2014</b> Will remain in 14/15.
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) Yes as part of Ophthalmology Workstream		NEW	Ophthalmology Pre Referral Primary Care Clinics Headroom Investment £102k									<b>13/01/2014</b> Workbook not expected until Jan 14. Previously known as Ophthalmology Outpatient Clinics contains Headroom Bid previously referred to as Ophthalmology In Reach Community Clinics. <b>19/02/2014</b> May cease in current form subject to MH review
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) Yes as part of Ophthalmology Workstream		NEW	Ophthalmology in-reach community clinics - £102k investment									<b>13/01/2014</b> This project is now combined with Ophthalmology Pre Referral Primary Care Clinics. The workbook is expected in January 14. <b>19/02/2014</b> Continue subject to discussion with CFO on headroom money

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				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/ IMPLEMENTATION RAG status	DATE OF EVALUATION	Report on Evaluation Due	
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) <b>Yes will feature on Sarum Workplan</b>	PMO-13-008	NEW	24 Hour ECG							Sep-14	Sep-14	<b>06/01/2014</b> Project in implementation. Delivery from mid Jan 14 with KPIs reported for Jan in March 14. <b>19/02/2014</b> Will remain in 14/15.
<b>Yes, as Part of NEW in CCG Workplan 14/15. Not Programme Area</b>	PMO-13-030	NEW	Community Maternity Services Retender	Ted Wilson		Jo Whitford				N/A	N/A	<b>24/12/2013</b> 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. <b>19/02/2014</b> Will need new project for implementation
Optimising the existing community teams (Ted Wilson) <b>Yes Optimising Community Teams</b>		NEW	Continence Service Re-design	Ted Wilson		Angela Billington						<b>19/02/2014</b> Review complete - now move to implementation. EIA with TW for approval
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>		NEW	Primary care support for urgent care system - Roaming GP - £150k investment	Ted Wilson	Anna Collins	James Slater/ Sue Rest						<b>19/02/2014</b> Continue subject to discussion with CFO on headroom money
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>JC recommends Optimising Community Teams (TW)</b>		NEW	Community Consultant Geriatrician post - £54k investment			James Slater						<b>19/02/2014</b> Continue subject to discussion with CFO on headroom money
Long Term Condition Pathways - Diabetes (Ted Wilson) <b>TW recommends Urgent Care (JC)</b>		NEW	Long-term Condition Pathway Redesign for COPD - Specialist Respiratory Assessment Service - £13k investment									<b>19/02/2014</b> Continue subject to discussion with CFO on headroom money
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>		NEW	Expansion of the Trauma Coordinator role - £64k investment									<b>19/02/2014</b> Continue subject to discussion with CFO on headroom money

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				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/ IMPLEMENTATION RAG status	DATE OF EVALUATION	Report on Evaluation Due	
Optimising the existing community teams (Ted Wilson) <b>Yes Optimising Community Teams</b>		NEW	Improving Catheter community and acute pathways				Yellow					<b>19/02/2014</b> Continue subject to discussion with CFO on headroom money
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>		NEW	Minor Injury Unit PACS data link with GWH - £5k investment				Yellow					
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>		NEW	GWH Acute Discharge DART - £400k investment				Green					<b>19/02/2014</b> Complete
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) <b>TBC</b>		NEW	7 day working with Diagnostics (Pharmacy, Phlebotomy, Physiotherapy) - £169k investment				Green					<b>19/02/2014</b> Continue subject to discussion with CFO on headroom money
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>		NEW	Community Discharge Team - £287k investment				Yellow					
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>		NEW	Escalation Beds - £566k investment				Green					
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>		NEW	Weekend Support for Clinical Teams - £20k investment				Yellow					
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>		NEW	Night Time Rapid Response - £267k investment				Yellow					

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				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/ IMPLEMENTATION RAG status	DATE OF EVALUATION	Report on Evaluation Due		
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>		NEW	Daytime Rapid response service - £186k investment										
Long Term Condition Pathways - Diabetes (Ted Wilson) <b>Optimising Community Teams</b>		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 <b>19/02/2014</b> Anticipate to complete end of March and move to BAU	
Optimising the existing community teams (Ted Wilson) <b>Yes Optimising Community Teams</b>		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 March to agree funding. <b>19/02/2014</b> To move to implementation	
Optimising the existing community teams (Ted Wilson) <b>Yes Optimising Community Teams</b>		NEW	H2LAH Brokerage Support Headroom Bid	Ted Wilson		James Slater						<b>19/02/2014</b> Continue subject to discussion with CFO on headroom money	
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) <b>Yes will feature on Sarum Workplan</b>		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. Project not yet commenced	
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) <b>Yes as part of MSK Workstream</b>	PMO-13-021	Sarum	Chronic pain (IncBack Pain)	Mark Harris	Chet Sheth	Garry Money					End Aug-14	End Aug-14	<b>24/12/2013</b> This project is in Implementation and date for reporting against KPI's is January 2014 <b>13/02/2014</b> Sarum to review and add to list of projects for 14/15 in MSK workstream
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) <b>Yes as part of MSK Workstream</b>	PMO-13-002	Sarum	Trauma and Orthopaedics	Mark Harris	Chet Sheth	Beatrix Maynard					Mar-14		<b>24/12/2013</b> 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) <b>Yes Urgent Care</b>	PMO-13-015	Sarum	Care Home LES	Mark Harris	Elizabeth Stanger	Louise Sturgess					Mar-14	Mar-14	<b>24/12/2013</b> 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.

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				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/ IMPLEMENTATION RAG status	DATE OF EVALUATION	Report on Evaluation Due	
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>	PMO-13-007	Sarum	Salisbury Walk In Centre/A&E Redesign	Mark Harris	Celia Grummitt	Jill Whittington						<b>27/02/2014</b> Currently in feasibility stage. Next step will be planning workshop in primary care forum with key stakeholders. First milestone will be business case for sign off. There will be an evaluation once any further pilots or redesign criteria have been agreed and completed
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) <b>Yes will feature on Sarum Workplan</b>	PMO-13-003	Sarum	Managing GP Referrals	Mark Harris		Louise Sturgess				Mar-14	Mar-14	<b>24/12/2013</b> 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. <b>13/02/2014</b> Scope/name to be agreed to take forward 14/15
TBC	PMO-13-016	Sarum	SFT IBD Nurse - £31k investment	Mark Harris		Jill Whittington				Nov-14	Dec-14	<b>28/02/2014</b> IBD nurse due to start May 2014
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>		Sarum	Expanding emergency workforce - £103k investment	Mark Harris		Louise Sturgess				Mar-14	Mar-14	
<b>NOT 14/15</b>	PMO-13-019	Sarum	Electronic Clinic Letters - £36k investment	Mark Harris		Garry Money				Jun-14	Jun-14	<b>24/12/2013</b> 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. <b>13/02/2014</b> Will cease to be a project in 14/15 and become Business as Usual
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) <b>TBC</b> <b>MH recommends JC</b>	PMO-13-020	Sarum	Electronic discharge summaries - £141k investment	Mark Harris		Garry Money				Jun-14	Jun-14	<b>24/12/2013</b> This project is in development. Target date for implementation is April 2014 and reporting against KPI's is estimated at June 2014
<b>TBC</b>	PMO-13-031	Sarum	Winter Patient Transport Services Salisbury - £40k investment	Mark Harris		Garry Money				Apr-14	Apr-14	PMO Initial review undertaken. Work required to tighten administration. Unable to RAG <b>24/12/2013</b> 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



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Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>	PMO-13-018	Sarum	Additional Winter Weekend Primary Care Cover - £150k investment	Mark Harris	Naz Komal	Jill Whittington				end Mar-14	End Apr-14	<b>24/12/2013</b> Project is in delivery and reporting against KPI's will commence March 2014
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>		Sarum	Additional MAU/ED Staff	Mark Harris								
<b>TBC</b>		Sarum	Delayed Transfer of Care Beds	Mark Harris		Louise Sturgess						
<b>TBC</b>		Sarum	Winter Monies - RACE Unit	Mark Harris		Beatrix Maynard				Mar-14	Mar-14	
<b>TBC</b>		Sarum	Winter Monies - 7 Day Working	Mark Harris		Beatrix Maynard				Mar-14	Mar-14	
<b>TBC</b>		Sarum	Winter Monies - Patient Flow	Mark Harris		Beatrix Maynard				Mar-14	Mar-14	
<b>TBC</b>		Sarum	Winter Monies - Discharge Lounge	Mark Harris		Beatrix Maynard						<b>28/02/2014</b> No Evaluation as advised by Mark Harris
<b>TBC</b>		Sarum	Winter Monies - Peadiatrics	Mark Harris		Beatrix Maynard				Mar-14	Mar-14	
<b>TBC</b>		Sarum	Winter Monies - Specialling of Patients	Mark Harris		Beatrix Maynard						<b>28/02/2014</b> No Evaluation as advised by Mark Harris
<b>TBC</b>		Sarum	Winter Monies - Additional Bed Capacity	Mark Harris		Beatrix Maynard						<b>28/02/2014</b> No Evaluation as advised by Mark Harris
<b>TBC</b>		Sarum	Winter Monies - Additional Weekend Trauma Lists	Mark Harris		Beatrix Maynard						<b>28/02/2014</b> Evaluation through contract performance
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) <b>Yes will feature on Sarum Workplan</b>	PMO-13-028	WWYKD	Consultant to consultant referrals review	Jo Cullen	Lucy Pearson	Jo Cullen/Victoria Stanley						<b>24/12/2013</b> Negotiations with the RUH are on going. Minor amendments have been made to the proposals that were agreed by the RUH and Andy Jennings is to share with B&NES CCG before further discussions with RUH take place. <b>19/02/2014</b> JC thinks project will not continue
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>	PMO-13-026	WWYKD	Care homes project	Jo Cullen	Lucy Pearson/Martin Foley	Andy Jennings/Jo Whitford						

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				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/ IMPLEMENTATION RAG status	DATE OF EVALUATION	Report on Evaluation Due	
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>	PMO-13-032	WWYKD	MIU review (priority 1)	Jo Cullen	Helen Osborn	Jo Cullen/Jenny Bennis/Victoria Stanley						<b>24/12/2013</b> 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. <b>17/01/2014</b> WWYKD recommendation is that MIU Review is not a project in 13/14 but will go forward under the priority programme of Urgent Care into 14/15.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>		WWYKD	A&E front door (priority 1) aka <b>RUH Emergency Care Project</b>	Jo Cullen	Lucy Pearson/Martin Foley	Jo Cullen/Victoria Stanley						<b>17/01/2014</b> WWYKD recommendation is that A & E Front Door at RUH is not a project under PMO as is based on a signed off business case with B&NES and Wiltshire Governing Bodies and is being monitored through the Bath UCWG and funded through NEL threshold. Again this will go forward under the priority programme of Urgent Care into 14/15
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>JC recommends Optimising Community Teams (TW)</b>		WWYKD	Increased Use of Community Geriatrician	Jo Cullen		Jo Whitford						<b>17/01/2014</b> WWYKD recommendation is that Increased Geriatrician is not a separate project as Community Transformation is writing a service specification for this and so under the Community Transformation/Optimising Community Teams going forward.
<b>NOT 14/15</b>	PMO-13-022	WWYKD	Headroom Project Pharmacy Support to Care Homes - £16k investment	Jo Cullen		Nadine Fox/Meds Man/Penny Lightowler						<b>07/01/2014</b> 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 <b>17/01/2014</b> WWYKD recommendation is that Pharmacy Support to Care Homes are no longer funded from headroom but from Meds Management budget and this should be seen as business as usual Meds Management work/monitoring around savings and patients. WWYKD recommends that the Care Homes work is picked up as part of the Group SLAs to ensure monitoring is shown through that route. <b>19/02/2014</b> Will close, will be BAU in 14/15
<b>NOT 14/15</b>	PMO-13-023	WWYKD	Headroom Project Pharmacy Support for Patients at Home - £16k investment	Jo Cullen		Nadine Fox/Meds Man/Penny Lightowler						<b>07/01/2014</b> 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. <b>17/01/2014</b> WWYKD recommendation is that Pharmacy Support to Patients at Home are no longer funded from headroom but from Meds Management budget and this should be seen as business as usual Meds Management work/monitoring around savings and patients. <b>19/02/2014</b> Will close, will be BAU in 14/15
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>	PMO-14-036	WWYKD	Practice in Reach and Discharge Support - £213k investment	Jo Cullen	Helen Osborn	Jo Cullen/Victoria Stanley				End Apr-14	Mid May-14	<b>10/02/2014</b> Project Workbook number issued 10/02/2014..

## PMO PROJECT REGISTER

### PROJECTS SUMMARY

UPDATED: 03 March 2014

Strategic Priority 14/15	PMO Ref	Group	Workstream/Project Description	PROJECT TEAM			PROJECT RAG RATING			EVALUATION		Comments for attention of programme board
				Exec Sponsor	Clinical Lead	Project Manager	DEVELOPMENT RAG status	Equality Impact Assessment	DELIVERY/ IMPLEMENTATION RAG status	DATE OF EVALUATION	Report on Evaluation Due	
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>		WWYKD	Practice managed step up care home beds - £208k investment	Jo Cullen	Helen Osborn							
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>	PMO-13-027	WWYKD	PSV's to facilitate targeted HCP appointments and next day HCP admissions - £80k investment	Jo Cullen		Patrick Mulcahy				04-Mar	04-Mar	<b>24/12/2013</b> Project is in delivery. KPI's have been agreed and some data is being received now.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) <b>Yes Urgent Care</b>	PMO-13-025	WWYKD	Primary Care Winter Pressures	Jo Cullen		Patrick Mulcahy				End Apr-14	Mid May-14	<b>24/12/2013</b> 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.
Optimising the existing community teams (Ted Wilson) <b>JC recommends Optimising Community Teams</b>	PMO-14-034	WWYKD	Community Oxygen Assessment Pilot	Jo Cullen		Penny Lightowler				End Apr-14	End May-14	<b>07/01/2014</b> 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.
<b>TBC</b>	PMO-14-035	CTP	Rheumatology	Lynn Talbot		Shelley Watson						<b>10/02/2014</b> Project Workbook number issued 07/02/2014..
<b>Community Transformation - Pre project register</b>												
<b>TBC</b>	PPP1	CTP	CTP Phase 2 - Building Community Capacity		Martin Body							Proposal sign off date 17/12/13. Date Put back from 11/11/13 <b>26/02/2014</b> Proposal drafted but Wiltshire Council to lead on this now. Meeting to be set up to agree how.
<b>TBC</b>	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 <b>26/02/2014</b> Proposal drafted but not agreed. Workshop being arranged to look at patient pathway before updating proposal.
<b>TBC</b>	PPP3	CTP	CTP Phase 2 - Diagnostics		Martin Body							Proposal sign off date 31/12/13. Date Put back from 27/11/13 <b>26/02/2014</b> No progress. Martin Body believes that this is now Mark Harris' remit
<b>TBC</b>	PPP4	CTP	CTP Phase 2 - Single Assessment Framework/Care Plan		Shelley Watson							<b>26/02/2014</b> Proposal being drafted. However this will fall under the Better Care Fund remit

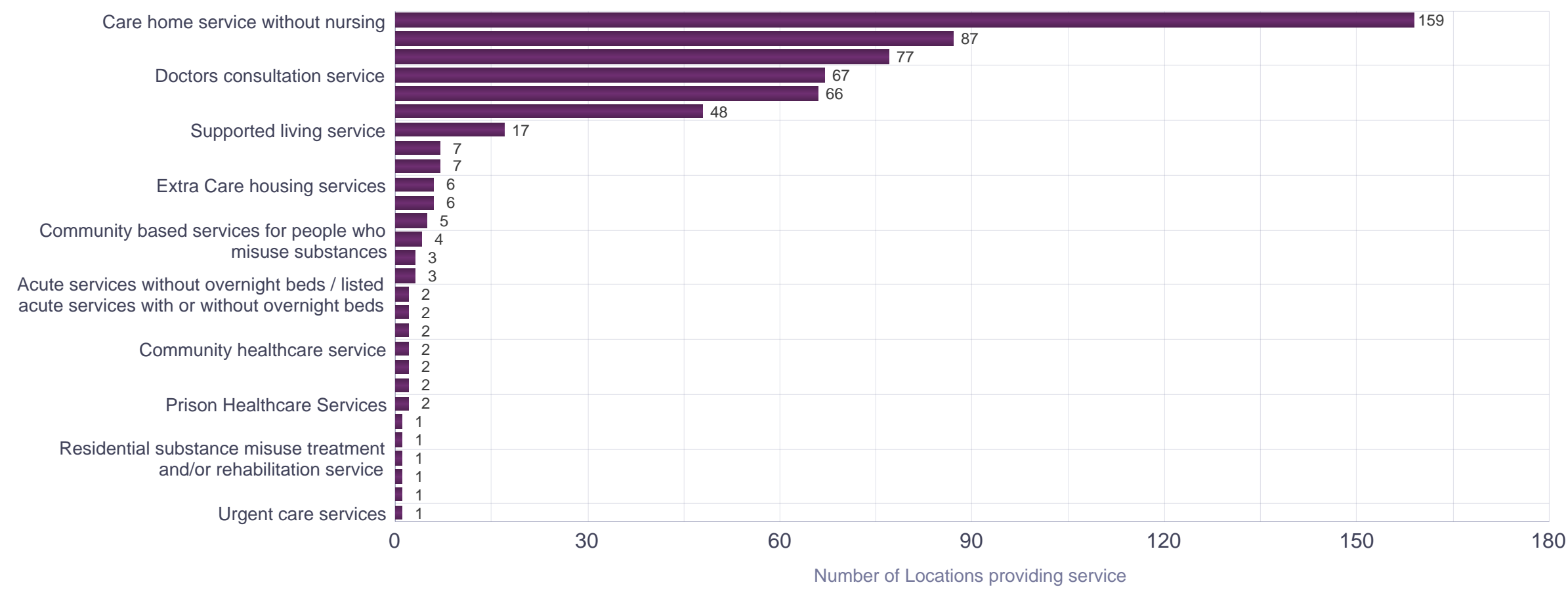
Indicator	Outcome				
	SFT	RUH	GWH Acute	GWH Community	AWMHP
<b>Providers</b>					
Has local provider been subject to enforcement action by the CQC?	N	Y - Action plan in place	N	N	N
Has local provider been flagged as as a 'quality compliance risk' by Monitor and/or are requirements in place around breaches 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	N	N	Y - Action plan in place	N	N
the provider has reported more C difficile cases than trajectory	N	N	N	N	N
MSA breaches are above zero	N	Y - Action plan in place	N	N	N
Does the provider currently have any unclosed Serious Untoward Incidents (SUIs)?	N	Y - Action plan in place	Y - Action plan in place	Y - Action plan in place	Y - Action plan in place
Has the provider experienced any 'Never Events' during the last quarter?	N	N	Y - Action plan in place	N	N

<b>CCG: Wiltshire</b>	
<b>Clinical Governance</b>	
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
<b>EPRR</b>	
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
<b>Winterbourne View</b>	
Has the CCG self-assessed and identified any risk to progress against its Winterbourne View action plan?	N

<b>Green – all 'NO' responses</b>
<b>Amber/Green – One or more 'YES' responses but action plan in place that successfully mitigates patient risk</b>
<b>Amber-Red – One or more 'YES' responses and no action plan in place / plan does not successfully mitigate patient risk</b>
<b>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.</b>

## Active Locations in Wiltshire providing the following services

NB: Locations can provide more than one type of service  
Date run: 30/01/2014



Number of Locations  
**464**

## Care Homes with Nursing in Wiltshire

Date run: 30/01/2014

Number of Locations  
**48**

Total number of beds  
**2,433**

## Care Homes without Nursing in Wiltshire

NB: Care Homes can register both with and without nursing. Those have been classified only as a Care home with Nursing in this section of the report

Number of Locations  
**159**

Total number of beds  
**2,498**

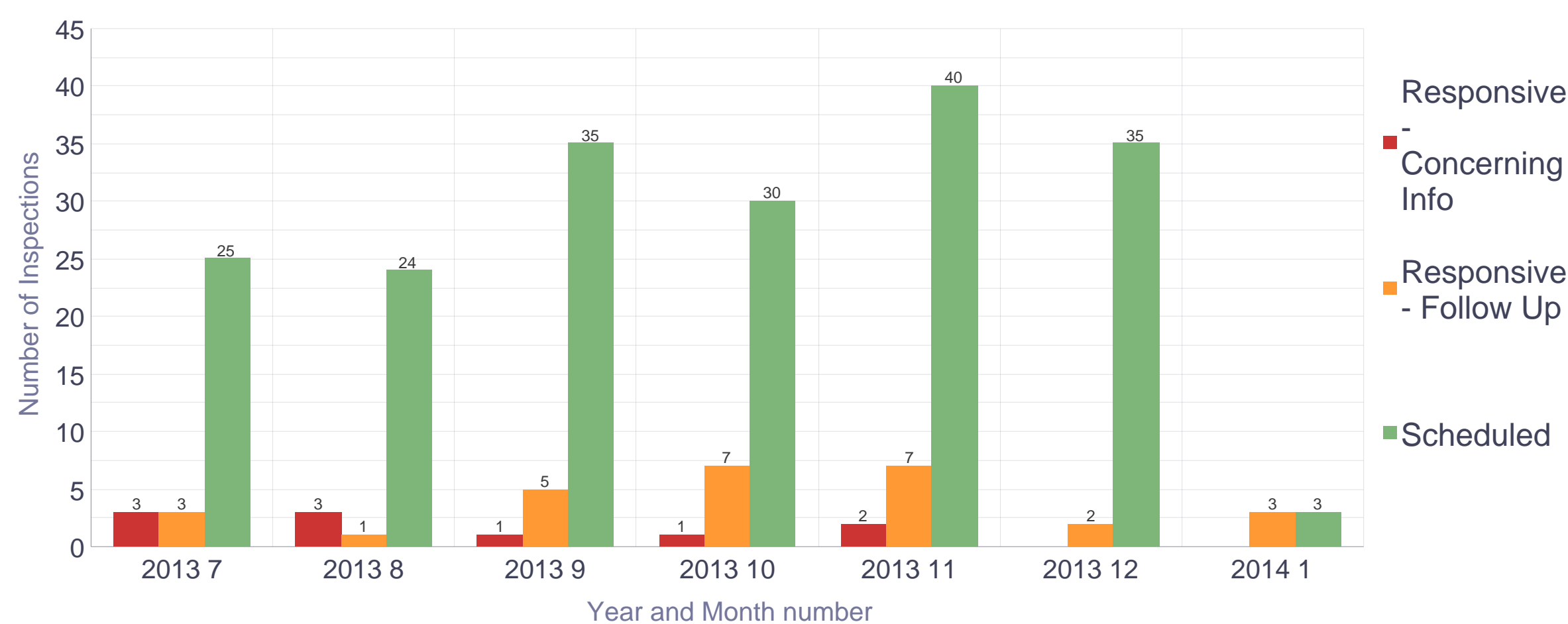
## Inactive (All Column Values) Services in Wiltshire

The number of (All Column Values) services that have become Inactive, by year. NB: A location often offers more than one service so the Grand Total will often be lower than the total number of services provided

Location Service Type Description	2011	2012	2013	2014	# Locations ceasing to provide service
Acute services with overnight beds	5				5
Acute services without overnight beds / listed acute services with or without overnight beds		1			1
Ambulance service		1	4		5
Care home service with nursing	3	2	4		9
Care home service without nursing	8	13	7		28
Community based services for people who misuse substances			1		1
Community based services for people with a learning disability	1				1
Community health care services - Nurses Agency only	1				1
Community healthcare service	4	3	5		12
Dental service	8	11	11	1	31
Diagnostic and/or screening service		1			1
Doctors consultation service			3		3
Doctors treatment service			3		3
Domiciliary care service	8	17	12	2	39
Extra Care housing services		1	1		2
Hospital services for people with mental health needs, learning disabilities and problems with substance misuse			1		1
Mobile doctors service			1		1
Prison Healthcare Services	1	1			2
Rehabilitation services	1	1			2
Remote clinical advice service		1			1
Shared Lives	1				1
Supported living service	2	4	5	1	12
Urgent care services	1	1			2
<b>Grand Total</b>	<b>35</b>	<b>48</b>	<b>47</b>	<b>3</b>	<b>133</b>

## Number of published inspections over the last six months, by inspection type and inspection month

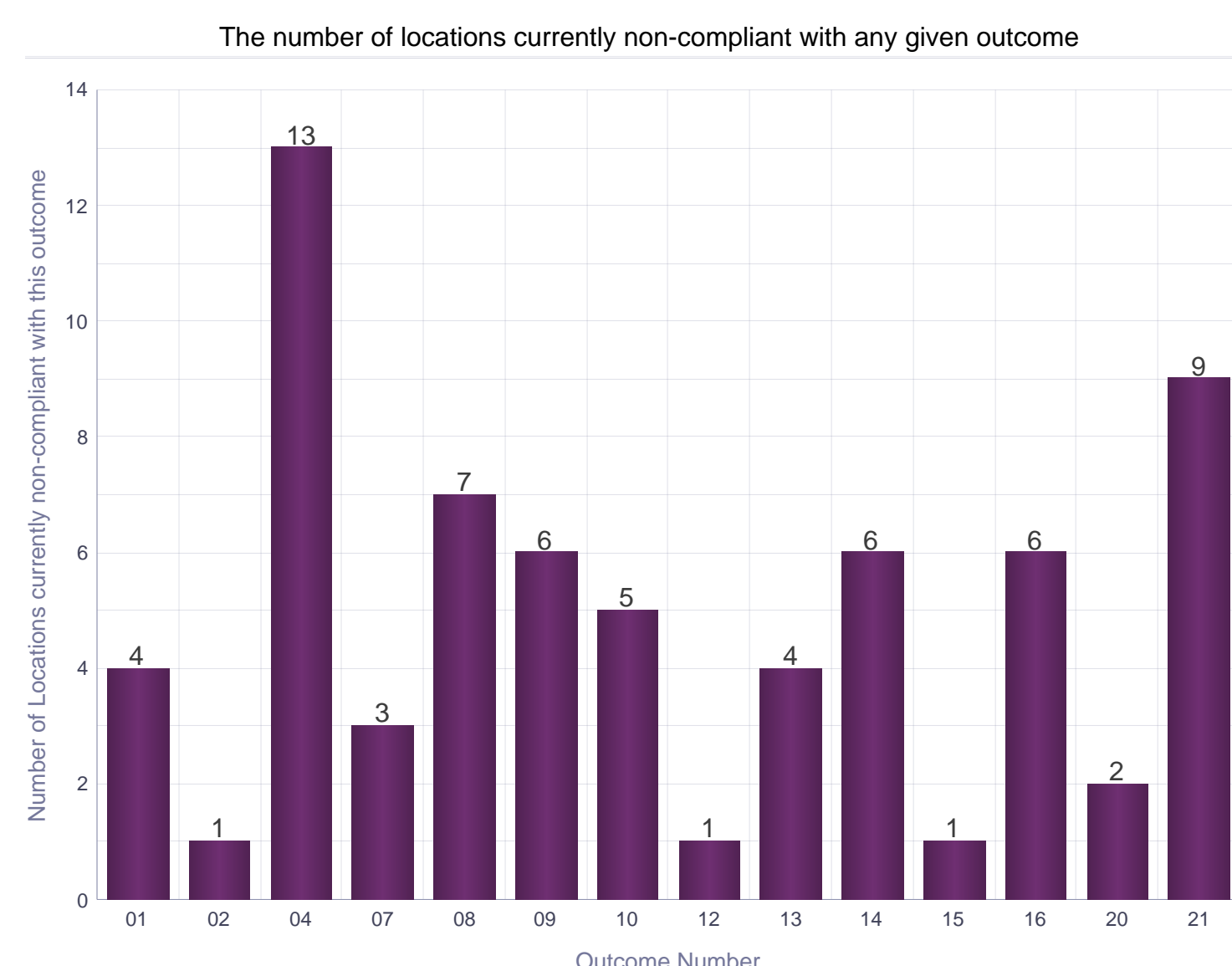
NB: there is a timelag of a number of weeks between an inspection and the report being published so previous months' figures may not yet be complete



## All current (All Column Values) non-compliance, by outcome, in Wiltshire

NB. Some outcomes are routinely inspected more often than others, according to sector and risk

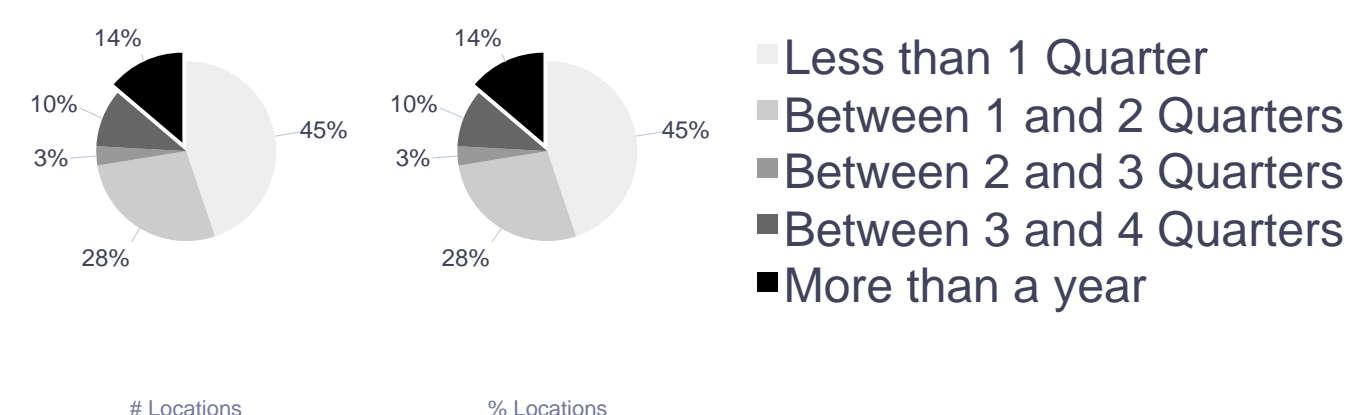
Outcome Number	Outcome Name	Number of Locations
01	Respecting and involving people who use services	4
02	Consent to care and treatment	1
04	Care and welfare of people who use services	13
07	Safeguarding people who use services from abuse	3
08	Cleanliness and infection control	7
09	Management of medicines	6
10	Safety and suitability of premises	5
12	Requirements relating to workers	1
13	Staffing	4
14	Supporting workers	6
15	Statement of purpose	1
16	Assessing and monitoring the quality of service provision	6
20	Notification of other incidents	2
21	Records	9



## The length of time (in calendar quarters) that (All Column Values) location(s) have been non-compliant in the Wiltshire area

A location is only compliant when every outcome that has ever been inspected under the HSCA is currently judged to be compliant (no Regulatory Action has been identified)

Time Non-Compliant	# Locations	% Locations
Less than 1 Quarter	13	44.8%
Between 1 and 2 Quarters	8	27.6%
Between 2 and 3 Quarters	1	3.4%
Between 3 and 4 Quarters	3	10.3%
More than a year	4	13.8%
<b>Grand Total</b>	<b>29</b>	<b>100.0%</b>



## (All Column Values) Locations in Wiltshire that have returned to Compliance in the last three months

This means that, at the date of printing, they are compliant with all outcomes that have been inspected

Date run: 30/01/2014

Location City	Provider Name	Location Name	Location Postal Code	Date Location returned to Compliance
Bradford On Avon	Abicare Services Limited	Abicare Services Limited - Bradford-on-Avon	BA15 1EG	05 December 2013
Chippenham	Avery Homes Chippenham Limited	Cepen Lodge	SN14 6UZ	01 January 2014
Chippenham	Wiltshire Council	Derriads	SN14 0QL	18 December 2013
Chippenham	Wiltshire Council	Meadow Lodge	SN15 3PE	17 December 2013
Corsham	Orders of St John Care Trust	OSJCT Hungerford House	SN13 9DR	08 November 2013
Pewsey	Mrs Jane Abbott	Heads Meadow	SN9 5BL	15 November 2013
Pewsey	Mrs Jane Abbott	Renwick	SN9 5JE	16 November 2013
Salisbury	Ability Associates Limited	Dalwood FarmHouse	SP3 5EY	25 January 2014
Salisbury	B M Care Limited	Albany House - Tisbury	SP3 6JP	22 January 2014
Salisbury	Bupa Care Homes (CFC Homes) Limited	Harnham Croft Nursing Home	SP2 8JN	11 January 2014
Salisbury	Mrs Eileen O'Connor-Marsh	Tower House Residential Home	SP1 1JT	17 January 2014
Salisbury	Salisbury NHS Foundation Trust	Salisbury District Hospital	SP2 8BJ	08 November 2013
Salisbury	Spire Homecare Limited	Spire Homecare Limited - Unit F Stanley CT	SP2 7GH	16 November 2013
Shrewton, Salisbury	Collingwood Medical Services	Collingwood Medical Services	SP3 4JP	02 November 2013
Swindon	Tinkers Lane Surgery	Tinkers Lane Surgery	SN4 7AT	11 January 2014
Trowbridge	Firlawn Nursing Home Limited	Firlawn Nursing Home	BA14 6QH	26 November 2013
Trowbridge	The Cottage Dental Care	The Cottage Dental Care	BA14 8DE	15 November 2013
Trowbridge	Widbrook Medical Practice	Widbrook Medical Practice	BA14 9EN	29 January 2014

## Currently non-compliant (All Column Values) locations in Wiltshire and their Inspection history

This list displays any Active locations who are not currently fully compliant with all outcomes for which they have been inspected. It also lists a history of their inspections, marking with an 'X' which outcomes were inspected.

Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	Outcomes Inspected																			
					01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	20	21	24	
Adiemus Care Limited	Ravenscroft	07-August-2013	Responsive - Follow Up	Compliant		X					X				X		X							
				Non Compliant			X												X					
		13-April-2013	Scheduled	Compliant	X		X	X										X						
				Non Compliant						X				X										
		17-April-2012	Responsive - Concerning Info	Compliant	X		X			X					X		X							
Aldbourn Nursing Home Limited	Aldbourn Nursing Home	20-December-2013	Responsive - Follow Up	Compliant									X					X						
				Non Compliant			X																	
		02-August-2013	Scheduled	Compliant		X					X			X			X							
				Non Compliant			X							X					X					
		11-October-2012	Scheduled	Compliant	X		X	X		X					X		X							
		05-September-2011	Scheduled	Compliant	X		X			X					X		X							
Ashgables House Limited	The Gables	10-August-2013	Scheduled	Compliant			X						X					X						
				Non Compliant							X	X	X					X						
		14-December-2012	Responsive - Follow Up	Compliant								X						X						
				Non Compliant									X											
		21-September-2012	Scheduled	Compliant	X		X			X					X									
				Non Compliant								X						X						
		06-May-2011	Scheduled	Compliant	X	X	X	X	X		X	X	X	X	X	X	X	X	X					
				Non Compliant						X														
Avon and Wiltshire Mental Health Partnership NHS Trust	Trust Headquarters	14-December-2013	Scheduled	Compliant	X		X		X						X		X							
				Non Compliant	X													X						
		21-August-2013	Scheduled	Compliant	X													X						
				Non Compliant			X								X									
		02-August-2012	Scheduled	Compliant						X														
				Non Compliant	X		X							X			X							
Avonpark Village (Care Homes) Limited	Fountain Place Nursing Home	04-October-2013	Responsive - Concerning Info	Non Compliant	X		X			X					X									
				Compliant	X		X	X						X			X							
		22-May-2013	Scheduled	Compliant	X		X	X						X				X						
			04-January-2012	Scheduled	Compliant	X		X			X				X		X							
	Hillcrest House Care Home	19-October-2013	Responsive - Concerning Info	Compliant								X												
				Non Compliant	X		X			X														
		24-April-2013	Responsive - Follow Up	Compliant		X	X								X		X							
				Non Compliant																				
13-November-2012		Responsive - Follow Up	Compliant				X			X														
		Non Compliant		X	X									X										
		16-February-2012	Scheduled	Compliant	X		X			X							X							
				Non Compliant										X										
Complete Care Services Wiltshire Limited	Complete Care Services Wiltshire Limited	08-October-2013	Scheduled	Compliant	X					X			X											
				Non Compliant			X											X						
		29-January-2013	Scheduled	Compliant	X		X			X					X		X							
				Non Compliant	X		X											X						
		17-January-2012	Responsive - Concerning Info	Compliant						X					X		X		X					
				Non Compliant	X		X										X							
		08-June-2011	Scheduled	Compliant	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
				Non Compliant							X													
Dr. Peter James	Sarum Dental Practice	03-January-2014	Scheduled	Compliant	X		X			X								X						
				Non Compliant								X												
				Compliant																				
Exalon Care Limited	The Willows	23-January-2014	Scheduled	Compliant		X	X							X					X					
				Non Compliant							X		X											
		28-March-2013	Scheduled	Compliant	X		X	X		X				X		X		X						
		28-March-2012	Scheduled	Compliant	X		X			X					X		X		X					
Gospel Standard Bethesda Fund	Studley Bethesda Home	18-December-2013	Scheduled	Compliant	X				X				X				X							
				Non Compliant									X											
		18-October-2012	Scheduled	Compliant	X	X	X			X			X			X				X				
		15-March-2011	Scheduled	Compliant	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
HC-One Limited	Merlin Court	31-December-2013	Responsive - Concerning Info	Compliant						X														
				Non Compliant			X							X	X									
		01-June-2013	Responsive - Follow Up	Compliant		X	X	X						X	X					X				
				Non Compliant			X	X												X				
		21-March-2013	Scheduled	Compliant	X					X				X	X		X							
				Non Compliant			X	X																
		19-December-2011	Scheduled	Compliant	X		X			X					X		X		X					
				Non Compliant																				
Innovations Wiltshire Limited	Innovations Wiltshire Limited - 10 The Crescent	04-January-2014	Scheduled	Compliant	X			X		X					X									





Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	Outcomes Inspected																							
					01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	20	21	24					
Parkcare Homes (No 2) Limited	82 Park Street	05-November-2013	Scheduled	Compliant																								
		16-April-2013	Scheduled	Compliant		X	X					X				X							X					
Roseville Care Homes (Melksham) Limited	The Old Parsonage	24-October-2013	Responsive - Follow Up	Compliant			X				X	X																
				Non Compliant																			X					
		27-September-2013	Scheduled	Compliant	X			X							X			X										
				Non Compliant			X				X																	
		12-December-2012	Scheduled	Compliant	X	X																	X					
				Non Compliant			X				X	X			X				X									
		07-February-2012	Responsive - Concerning Info	Non Compliant			X																	X				
Scope	Shapland Close	04-August-2011	Responsive - Follow Up	Compliant		X	X	X		X		X	X									X						
				Non Compliant																			X					
		28-April-2011	Scheduled	Compliant	X				X		X		X	X	X	X		X	X				X					
				Non Compliant		X	X	X		X		X	X											X				
Southern Health NHS Foundation Trust	Postern House	16-January-2014	Scheduled	Compliant	X					X						X		X										
				Non Compliant			X				X																	
		22-March-2013	Scheduled	Compliant	X		X					X			X					X								
		04-October-2011	Responsive - Follow Up	Compliant			X				X	X		X			X			X		X						
The Firs Care Home (Calne) Limited	The Firs Care Home	12-November-2013	Scheduled	Compliant	X		X								X	X												
				Non Compliant								X																
Tranquility Care Limited	Tranquility Care Limited - 26-28 Ladyfield Road	16-January-2013	Scheduled	Compliant	X		X			X				X		X		X										
		14-March-2013	Scheduled	Non Compliant	X	X	X			X			X			X	X	X		X	X							
White Horse Care Trust	Whistley Dene	06-February-2012	Scheduled	Compliant	X		X			X					X		X											
				Non Compliant	X																		X					
		01-November-2013	Scheduled	Compliant			X	X					X			X							X					
		Non Compliant		X																								
		01-May-2013	Scheduled	Compliant			X			X	X				X				X									
		20-September-2011	Scheduled	Compliant	X		X			X					X				X									

	GWH	RUH	SFT
Band	6	Recently inspected	6
Number of 'Risks'	1	3	1
Number of 'Elevated risks'	1	0	1
Overall Risk Score	3	3	3
Number of Applicable Indicators	93	80	93
Proportional Score	1.61%	1.88%	1.61%
	186	160	186

Section	Indicators			
Never Events	Never Event incidence	No evidence of risk	No evidence of risk	No evidence of risk
Avoidable Infections	Incidence of Clostridium difficile (C.difficile)	No evidence of risk	No evidence of risk	No evidence of risk
	Incidence of Meticillin-resistant Staphylococcus aureus (MRSA)	No evidence of risk	No evidence of risk	No evidence of risk
Deaths in low risk diagnosis groups	Dr Foster Intelligence: Mortality rates for conditions normally associated with a very low rate of mortality.	No evidence of risk	No evidence of risk	No evidence of risk
Patient Safety Incidents	Proportion of reported patient safety incidents that are harmful	No evidence of risk	No evidence of risk	No evidence of risk
	Potential under-reporting of patient safety incidents resulting in death or severe harm	No evidence of risk	No evidence of risk	No evidence of risk
	Potential under-reporting of patient safety incidents	No evidence of risk	Risk	No evidence of risk
Venous Thromboembolism	Proportion of patients risk assessed for Venous Thromboembolism (VTE)	No evidence of risk	No evidence of risk	No evidence of risk
Mortality: Trust Level	Summary Hospital-level Mortality Indicator	No evidence of risk	No evidence of risk	No evidence of risk
	Dr. Foster: Hospital Standardised Mortality Ratio	No evidence of risk	No evidence of risk	Elevated Risk
	Dr. Foster: Hospital Standardised Mortality Ratio (Weekday)	No evidence of risk	No evidence of risk	No evidence of risk
	Dr. Foster: Hospital Standardised Mortality Ratio (Weekend)	No evidence of risk	No evidence of risk	No evidence of risk
Mortality	Composite indicator: In-hospital mortality - Cardiological conditions and procedures	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Cerebrovascular conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Dermatological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Endocrinological conditions	No evidence of risk	No evidence of risk	Risk
	Composite indicator: In-hospital mortality - Gastroenterological and hepatological conditions and procedures	Risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Genito-urinary conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Haematological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Infectious diseases	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Conditions associated with Mental health	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Musculoskeletal conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Nephrological conditions	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Neurological conditions	No evidence of risk	Risk	No evidence of risk
	Composite indicator: In-hospital mortality - Paediatric and congenital disorders and perinatal mortality	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Respiratory conditions and procedures	No evidence of risk	No evidence of risk	No evidence of risk
	Composite indicator: In-hospital mortality - Trauma and orthopaedic conditions and procedures	No evidence of risk	No evidence of risk	No evidence of risk
Composite indicator: In-hospital mortality - Vascular conditions and procedures	No evidence of risk	No evidence of risk	No evidence of risk	
Maternity and women's health	Maternity outlier alert: Elective Caesarean section	No evidence of risk	Not Included	No evidence of risk
	Maternity outlier alert: Emergency Caesarean section	No evidence of risk	Not Included	No evidence of risk
	Maternity outlier alert: Puerperal sepsis and other puerperal infections	No evidence of risk	Not Included	No evidence of risk
	Maternity outlier alert: Maternal readmissions	No evidence of risk	Not Included	No evidence of risk
Re-admissions	Maternity outlier alert: Neonatal readmissions	No evidence of risk	Not Included	No evidence of risk
	Emergency readmissions following an elective admission	No evidence of risk	No evidence of risk	No evidence of risk
	Emergency readmissions following an emergency admission	No evidence of risk	No evidence of risk	No evidence of risk
PROMs	PROMs EQ-5D score: Groin Hernia Surgery	No evidence of risk	No evidence of risk	No evidence of risk
	PROMs EQ-5D score: Hip Replacement	No evidence of risk	No evidence of risk	No evidence of risk
	PROMs EQ-5D score: Knee Replacement	No evidence of risk	No evidence of risk	No evidence of risk
Audit	Proportion of patients who receive all the secondary care prevention medications for which they were eligible.	No evidence of risk	No evidence of risk	No evidence of risk
	The number of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database.	No evidence of risk	No evidence of risk	No evidence of risk
	Proportion of patients scanned within 1 hour of clock start (SSNAP Pilot Report 2 - trust level)	No evidence of risk	No evidence of risk	No evidence of risk
Compassionate care	Inpatient Survey 2012 Q34 "Did you find someone on the hospital staff to talk to about your worries and fears?"	No evidence of risk	No evidence of risk	No evidence of risk
	Inpatient Survey 2012 Q35 "Do you feel you got enough emotional support from hospital staff during your stay?"	No evidence of risk	No evidence of risk	No evidence of risk
Meeting physical needs	Inpatient Survey 2012 Q23 "Did you get enough help from staff to eat your meals?"	No evidence of risk	No evidence of risk	No evidence of risk
	Inpatient Survey 2012 Q32 "Were you involved as much as you wanted to be in decisions about your care and treatment?"	No evidence of risk	No evidence of risk	No evidence of risk
Overall experience	Inpatient Survey 2012 Q39 "Do you think the hospital staff did everything they could to help control your pain?"	No evidence of risk	No evidence of risk	No evidence of risk
	Inpatient Survey 2012 Q68 "Overall..." (I had a very poor/good experience)	No evidence of risk	No evidence of risk	No evidence of risk
Treatment with dignity & respect	NHS England inpatients score from Friends and Family Test	No evidence of risk	No evidence of risk	No evidence of risk
	Inpatient Survey 2012 Q67 "Overall, did you feel you were treated with respect and dignity while you were in the hospital?"	No evidence of risk	No evidence of risk	No evidence of risk
Trusting relationships	Inpatient Survey 2012 Q25 "Did you have confidence and trust in the doctors treating you?"	No evidence of risk	No evidence of risk	No evidence of risk

CQC Quality and Patient Safety Report		GWH	RUH	SFT
Trusting relationships	Inpatient Survey 2012 Q28 "Did you have confidence and trust in the nurses treating you?"	No evidence of risk	No evidence of risk	No evidence of risk
Maternity Survey	Maternity survey 2013 C1 "At the very start of your labour, did you feel that you were given appropriate advice & support when you contacted a midwife or the hospital?"	No evidence of risk	Not Included	No evidence of risk
	Maternity survey 2013 C2 "During you labour were you able to move around & choose the position that made you most comfortable?"	No evidence of risk	Not Included	No evidence of risk
	Maternity survey 2013 D6 "Thinking about your stay in hospital, how clean were the toilets & bathrooms you used?"	No evidence of risk	Not Included	No evidence of risk
	Maternity survey 2013 D3 "Thinking about your care you received in hospital, after the birth of your baby, were you given the information or explanations you needed?"	No evidence of risk	Not Included	No evidence of risk
	Maternity survey 2013 C12 "Did the staff treating and examining you introduce themselves?"	No evidence of risk	Not Included	No evidence of risk
	Maternity survey 2013 C14 "If you raised a concern during labour & birth, did you feel that it was taken seriously?"	No evidence of risk	Not Included	No evidence of risk
	Maternity survey 2013 C18 "Thinking about your care during labour & birth, were you treated with respect & dignity?"	No evidence of risk	Not Included	No evidence of risk
	Maternity survey 2013 C13 "Were youand/or your partner or a companion left alone by midwives or doctors at a time when it worried you?"	No evidence of risk	Not Included	No evidence of risk
Access measures	A&E waiting times more than 4 hours (Type 1 only)	No evidence of risk	No evidence of risk	No evidence of risk
	A&E waiting times more than 4 hours (Type 2 only)	Not Included	Not Included	Not Included
	A&E waiting times more than 4 hours (Type 3 only)	Not Included	Not Included	Not Included
	Referral to treatment times under 18 weeks: admitted pathway	No evidence of risk	No evidence of risk	No evidence of risk
	Referral to treatment times under 18 weeks: non-admitted pathway	No evidence of risk	No evidence of risk	No evidence of risk
	Diagnostics waiting times: patients waiting over 6 weeks for a diagnostic test	No evidence of risk	No evidence of risk	No evidence of risk
	All cancers: 62 day wait for first treatment from urgent GP referral	No evidence of risk	No evidence of risk	No evidence of risk
	All cancers: 62 day wait for first treatment from NHS cancer screening referral	No evidence of risk	No evidence of risk	No evidence of risk
	All cancers: 31 day wait from diagnosis	No evidence of risk	No evidence of risk	No evidence of risk
	The proportion of patients whose operation was cancelled	No evidence of risk	No evidence of risk	No evidence of risk
	The number of patients not treated within 28 days of last minute cancellation due to non-clinical reason	No evidence of risk	No evidence of risk	No evidence of risk
Proportion of ambulance journeys where the ambulance vehicle remained at hospital for more than 60 minutes	No evidence of risk	No evidence of risk	No evidence of risk	
Discharge and Integration	Ratio of the total number of days delay in transfer from hospital to the total number of occupied beds	No evidence of risk	No evidence of risk	No evidence of risk
Reporting culture	Consistency of reporting to the National Reporting and Learning System (NRLS)	No evidence of risk	No evidence of risk	No evidence of risk
	Data quality of trust returns to the HSCIC	No evidence of risk	No evidence of risk	No evidence of risk
	Inpatients response rate from NHS England Friends and Family Test	No evidence of risk	No evidence of risk	No evidence of risk
Partners	Monitor - Governance risk rating	No evidence of risk	Not Included	No evidence of risk
	TDA - Escalation score	Not Included	<b>Risk</b>	Not Included
	GMC National Training Survey – Trainee's overall satisfaction	No evidence of risk	No evidence of risk	No evidence of risk
Staff survey	NHS Staff Survey - % of staff who would recommend the trust as a place to work or receive treatment	No evidence of risk	No evidence of risk	No evidence of risk
	NHS Staff Survey - % staff appraised in last 12 months	No evidence of risk	No evidence of risk	No evidence of risk
	NHS Staff Survey - Support from immediate managers	No evidence of risk	No evidence of risk	No evidence of risk
	NHS Staff Survey - % staff receiving health and safety training in last 12 months	No evidence of risk	No evidence of risk	No evidence of risk
	NHS Staff Survey - Fairness and effectiveness of incident reporting procedures	No evidence of risk	No evidence of risk	No evidence of risk
	NHS Staff Survey - % reporting good communication between senior management and staff	No evidence of risk	No evidence of risk	No evidence of risk
Staffing	Composite risk rating of ESR items relating to staff sickness rates	No evidence of risk	No evidence of risk	No evidence of risk
	Composite risk rating of ESR items relating to staff registration	No evidence of risk	No evidence of risk	No evidence of risk
	Composite risk rating of ESR items relating to staff turnover	No evidence of risk	No evidence of risk	No evidence of risk
	Composite risk rating of ESR items relating to staff stability	No evidence of risk	No evidence of risk	No evidence of risk
	Composite risk rating of ESR items relating to staff support/ supervision	No evidence of risk	No evidence of risk	No evidence of risk
	Composite risk rating of ESR items relating to ratio: Staff vs bed occupancy	No evidence of risk	No evidence of risk	No evidence of risk
	Healthcare Worker Flu vaccination uptake	No evidence of risk	No evidence of risk	No evidence of risk
Qualitative intelligence	Whistleblowing alerts	<b>Elevated Risk</b>	No evidence of risk	No evidence of risk
	GMC Enhanced monitoring	No evidence of risk	No evidence of risk	No evidence of risk
	Safeguarding concerns	No evidence of risk	No evidence of risk	No evidence of risk
	Your Experience	No evidence of risk	No evidence of risk	No evidence of risk
	NHS Choices	No evidence of risk	No evidence of risk	No evidence of risk
	Patient Opinion	No evidence of risk	No evidence of risk	No evidence of risk
	CQC complaints	No evidence of risk	No evidence of risk	No evidence of risk
	Provider complaints	No evidence of risk	No evidence of risk	No evidence of risk

## BGSW Area Team Friends and Family Test Briefing (A&E and Inpatient Data):

December 2013 Data (published on 30 January 2014)

The FFT data can be viewed by clicking on the following link:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>.

It can also be viewed on the NHS Choices website – [www.nhs.uk](http://www.nhs.uk).

In order for the data to be statistically valid, a response rate of 15% needs to be met. Therefore, response rates below 15% are shown in **red** and response rates above 15% are shown in **green**. Data for five months has been shown in addition to the Quarter 1 and Quarter 2 data. The arrows on the right hand side show the movement of response rates and the FFT scores between November and December and also between Quarter 2 and Quarter 3.

### 1. Overview

	A&E Response Rate		A&E FFT Score		Inpatient Response Rate		Inpatient FFT Score		Combined Response Rate		Combined FFT Score	
	Nov	Dec	Nov	Dec	Nov	Dec	Nov	Dec	Nov	Dec	Nov	Dec
Across NHS England	15.2%	15.3%	56	56	31.3%	28.8%	73	72	20.9%	19.9%	65	64
Across BGSW	12.9%	14.0%	70	70	31.6%	32.8%	77	74	Data not available			

### 2. BGSW Area Team Data – Response Rates

Table 2a: Combined Response Rates

Site Name	Monthly Data						Quarterly Data			
	Aug	Sep	Oct	Nov	Dec		Quarter 1	Quarter 2	Quarter 3	
Royal United Hospital Bath NHS Trust	24.7%	16.8%	25.5%	23.9%	21.4%	↓	22.6%	23.1%	23.6%	↑
Salisbury NHS Foundation Trust	30.0%	27.6%	24.8%	32.7%	28.8%	↓	15.0%	24.3%	28.7%	↑
Great Western Hospitals NHS Foundation Trust	10.7%	6.2%	10.6%	11.3%	11.8%	↑	8.7%	14.6%	11.3%	↓

**Table 2b: A&E Response Rates**

Site Name	Monthly Data					
	Aug	Sep	Oct	Nov	Dec	
Royal United Hospital Bath NHS Trust	17.3%	8.6%	14.9%	15.3%	10.7%	↓
Salisbury NHS Foundation Trust	21.1%	17.7%	15.3%	20.2%	16.3%	↓
Great Western Hospitals NHS Foundation Trust	5.0%	1.1%	1.9%	5.9%	4.8%	↓

Quarterly Data			
Quarter 1	Quarter 2	Quarter 3	
16.5%	13.9%	13.6%	↓
6.3%	14.3%	17.3%	↑
1.8%	4.3%	4.1%	↓

**Table 2c: Inpatient Response Rates**

Site Name	Monthly Data					
	Aug	Sep	Oct	Nov	Dec	
Royal United Hospital Bath NHS Trust	41.0%	35.2%	48.7%	41.7%	44.9%	↑
Salisbury NHS Foundation Trust	47.1%	45.5%	42.8%	54.9%	51.0%	↓
Great Western Hospitals NHS Foundation Trust	23.0%	16.9%	26.5%	20.4%	24.1%	↑

Quarterly Data			
Quarter 1	Quarter 2	Quarter 3	
36.3%	43.2%	45.1%	↑
32.1%	43.7%	49.5%	↑
23.4%	19.1%	23.7%	↑

**3. BGSW Area Team Data – FFT Scores**

**Table 3a: Combined FFT Score**

Site Name	May	June	July	August	September	October	November	December	
Royal United Hospital Bath NHS Trust	71	70	66	68	66	77	78	76	↓
Salisbury NHS Foundation Trust	75	70	73	77	72	74	71	72	↑
Great Western Hospitals NHS Foundation Trust	71	73	64	72	70	78	75	71	↓

**Table 3b: A&E FFT Score**

Site Name	May	June	July	August	September	October	November	December	
Royal United Hospital Bath NHS Trust	74	73	69	72	64	82	82	79	↓
Salisbury NHS Foundation Trust	58	55	70	72	65	69	66	64	↓
Great Western Hospitals NHS Foundation Trust	0	65	63	61	52	63	69	71	↑

**Table 3c: Inpatient FFT Score**

Site Name	May	June	July	August	September	October	November	December	
Royal United Hospital Bath NHS Trust	68	68	66	63	68	74	76	73	↓
Salisbury NHS Foundation Trust	80	75	74	81	77	78	75	76	↑
Great Western Hospitals NHS Foundation Trust	71	76	73	76	72	80	78	71	↓

BGSW Area Team Friends and Family Test Briefing (Maternity):

## October, November & December 2013 Data

Please note that currently Great Western Hospitals NHS Foundation Trust are currently contracted to provide the maternity services for Royal United Hospital Bath NHS Trust.

Women across all four stages of the maternity pathway (Antenatal, Labour Ward/Birthing Unit/Homebirth Service, Postnatal Ward and Postnatal Community Service) will be surveyed. There are two Friends and Family Test reviews being undertaken. The first was undertaken by the Cabinet Office and the results from that review are not being published and the second review is being undertaken by NHS England and the results will be fed into the revised guidance that is due to be published in the Spring. There are concerns over the methodology of the maternity pathway given that there are four stages to it. Generally there seems to be lower response rates for the Antenatal and Postnatal Community Service stages.

In order for the data to be statistically valid, a response rate of 15% needs to be met. Therefore, response rates below 10% are shown in **red**, response rates between 10% and 15% are shown in **orange** and response rates above 15% are shown in **green**.

### 1. Overview

Site Name	Antenatal		Labour Ward/Birthing Unit/Homebirth		Postnatal Ward		Postnatal Community Service	
	December		December		December		December	
	Rate	FFT Score	Rate	FFT Score	Rate	FFT Score	Rate	FFT Score
Across England	10.5%	63	19.1%	75	20.7%	66	9.8%	74
Across BGSW	2.7%	68	14.3%	92	10.2%	88	2.7%	94

### 2. BGSW Area Team Data – Provider Level

Table 1a: Response Rates

Site Name	Antenatal			Labour Ward/Birthing Unit/Homebirth			Postnatal Ward			Postnatal Community Service		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
Great Western Hospitals NHS Foundation Trust	0.3%	0.0%	0.0%	10.6%	8.7%	9.4%	13.4%	12.6%	6.9%	2.0%	0.0%	0.0%
Salisbury NHS Foundation Trust	9.6%	13.0%	6.2%	42.6%	18.2%	14.6%	55.3%	36.2%	26.3%	9.2%	14.8%	6.1%

**Table 1b: FFT Score**

Site Name	Antenatal			Labour Ward/Birthing Unit/Homebirth			Postnatal Ward			Postnatal Community Service		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
Great Western Hospitals NHS Foundation Trust	100	N/a	N/a	94	94	93	73	86	84	100	N/a	N/a
Salisbury NHS Foundation Trust	79	96	50	86	91	100	81	83	91	88	89	100

**2. Salisbury NHS Foundation Trust – Response Rates and FFT Score**

**Table 2a: Response Rates**

Site Name	Antenatal			Labour Ward/Birthing Unit/Homebirth			Postnatal Ward			Postnatal Community Service		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
Salisbury District Hospital	No data	No data	6.2%	42.6%	17.9%	14.7%	55.3%	36.2%	26.3%	No data	No data	No data
Non-hospital Site	9.6%	13.0%	No data	No data	50.0%	14.3%	No data	No data	No data	9.2%	14.8%	6.1%

**Table 2b: FFT Score**

Site Name	Antenatal			Labour Ward/Birthing Unit/Homebirth			Postnatal Ward			Postnatal Community Service		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
Salisbury District Hospital	No data	No data	50	86	91	100	81	83	91	No data	No data	No data
Non-hospital Site	79	96	No data	No data	100	100	No data	No data	No data	88	89	100

**3. Great Western Hospitals NHS Foundation Trust – Response Rates and FFT Score**

**Table 3a: Response Rates**

Site Name	Antenatal			Labour Ward/Birthing Unit/Homebirth			Postnatal Ward			Postnatal Community Service		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
The Great Western Hospital	No data	0.0%	0.0%	11.2%	14.0%	11.4%	15.6%	15.1%	8.4%	No data	No data	No data
Chippenham Community Hospital	0.0%	0.0%	0.0%	44.4%	18.2%	83.3%	0.0%	0.0%	0.0%	No data	No data	No data
Trowbridge Community Hospital	0.0%	0.0%	0.0%	4.2%	0.0%	26.1%	0.0%	30.3%	29.6%	No data	No data	No data
Princess Anne Wing RUH	1.7%	0.0%	0.0%	5.1%	2.1%	1.6%	13.5%	6.4%	3.7%	No data	No data	No data
Frome Community Hospital	0.0%	0.0%	0.0%	93.8%	0.0%	26.7%	3.1%	0.0%	0.0%	No data	No data	No data
Paulton Memorial Hospital	0.0%	0.0%	0.0%	10.0%	26.7%	0.0%	18.2%	62.5%	17.6%	No data	No data	No data
Shepton Mallet Community Hospital	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No data	No data	No data

Non-hospital site	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No data	No data	No data	2.0%	0.0%	0.0%
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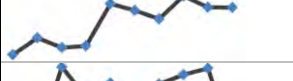


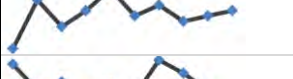

**Table 3b: FFT Score**

Site Name	Antenatal			Labour Ward/Birthing Unit/Homebirth			Postnatal Ward			Postnatal Community Service		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
The Great Western Hospital	No data	N/a	N/a	93	96	93	80	91	87	No data	No data	No data
Chippenham Community Hospital	N/a	N/a	N/a	100	75	87	N/a	N/a	N/a	No data	No data	No data
Trowbridge Community Hospital	N/a	N/a	N/a	100	N/a	100	N/a	90	75	No data	No data	No data
Princess Anne Wing RUH	100	N/a	N/a	100	100	100	63	63	80	No data	No data	No data
Frome Community Hospital	N/a	N/a	N/a	87	N/a	100	100	N/a	N/a	No data	No data	No data
Paulton Memorial Hospital	N/a	N/a	N/a	100	75	N/a	100	100	100	No data	No data	No data
Shepton Mallet Community Hospital	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	No data	No data	No data
Non-hospital site	N/a	N/a	N/a	N/a	N/a	N/a	No data	No data	No data	100	N/a	N/a



Sub domain	Reference	Short Description	Target	Performance				Trend	Direction to improve	Supporting Narrative	
				In period	Direction	Year to date	Year end forecast				
	Quality 6 RUH	Hospital Standardised Mortality Rate (HSMR) within agreed range - 12 month rolling (RUH).		90	G	↓ Dec	G		↑	The HSMR 12 month rolling figures from Doc Foster show RUH to have a lower than expected relative risk. December 2013 is the latest data available	
	Quality 6 SFT	Hospital Standardised Mortality Rate (HSMR) within agreed range - 12 month rolling (SFT)		109	R	↓ Dec	G		↑	The HSMR 12 month rolling figures show from Doc Foster show SFT to have a higher than expected relative risk. December 2013 is the latest data available	
	Quality 6 GWH	Hospital Standardised Mortality Rate (HSMR) within agreed range - 12 month rolling (GWH)		102	G	↑ Dec	G		↑	The HSMR 12 month rolling figures from Doc Foster show GWH to be in the expected range. December 2013 is the latest data available	
	Quality 1 RUH	Summary Hospital-level Mortality Indicator (SHMI) (RUH)		101	G	^	101	G	↓	This information is from Dr Foster. Latest available data is SHMI data from July 2012 to June 2013. The RUH, GWH and SFT are all within the expected range. SFT have improved since April 2012 - March 2013 when they were above the expected range.	
	Quality 1 SFT i	Summary Hospital-level Mortality Indicator (SHMI) (SFT)		106	G		106	G	↓		
	Quality 1 SFT ii	Summary Hospital-level Mortality Indicator (SHMI) (SFT) Accounting for paliative care		103	G		103	G	↓		
	Quality 1 GWH	Summary Hospital-level Mortality Indicator (SHMI) (GWH)		96	G		96	G	96		↓
	Quality 8 RUH	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (RUH)	0.0	5.6		↑ Aug	5.6		5.6	↓	There is a 6 monthly National Reporting and Learning System (NRLS) report and this is the latest available data from October 2012 to March 2013. The RUH are low reporters and this is being performance monitored through the Clinical Outcomes and Quality Review Group where the RUH are showing the actions they are taking to improve reporting.
	Quality 8 SFT	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (SFT)		7.4		↓ Aug	7.4		7.4	↓	
	Quality 8 GWH	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (GWH)		7.6		↑ Aug	7.6		7.6	↓	
	5a RUH	Patient safety incidents reported (RUH)		1860		↑ May	1860		1860	↑	
	5a SFT	Patient safety incidents reported (SFT)		2033		↓ May	2033		2033	↑	
	5a GWH	Patient safety incidents reported (GWH)		3234		↑ May	3234		3234	↑	
	Quality 3 RUH	Number of Serious Incidents requiring investigation (RUH)		5		↔ Jan	26		31	↓	All serious incidents are monitored by CCG Serious Incident Committee where root cause analysis reports are reviewed to ensure that lessons have been learned from incidents and actions have been taken to mitigate
	Quality 3 SFT	Number of Serious Incidents requiring investigation (SFT)		0		↓ Jan	10		12	↓	

Quality 3 GWH	Number of Serious Incidents requiring investigation (GWH Maternity & Community)		1		↓ Jan	25		30		↓	and actions have been taken to mitigate against further reoccurrences.
Quality 2 RUH	Number of Never Events (RUH)		0	G	↔ Jan	0	G			↓	There have been no never events with the RUH
Quality 2 SFT	Number of Never Events (SFT)		0	G	↔ Jan	0	G			↓	There have been no never events with SFT
Quality 2 GWH	Number of Never Events (GWH Maternity & Community)		0	G	↔ Jan	1	R			↓	This was a Maternity Unit Never Event in April 2013. There have been none reported in January 2014, however, two further maternity Never Events have been reported in February 2014
Quality 9 RUH	Number of acquired pressure ulcers: Grades 3 & 4 (RUH)		1		↑ Jan	12		14		↓	This shows the number of Grade 3 and 4 Pressure Ulcers reported in Jan 14
Quality 9 SFT	Number of acquired pressure ulcers: Grades 3 & 4 (SFT)		0	G	↔ Jan	4		5		↓	This shows the number of Grade 3 and 4 Pressure Ulcers reported in Jan 14
Quality 9 GWH	Number of acquired pressure ulcers: Grades 3 & 4 (GWH Maternity & Community)		1		↓ Jan	21		25		↓	This shows the number of Grade 3 and 4 Pressure Ulcers reported in Jan 14
CB_A15	Healthcare acquired infection (HCAI) measure (MRSA)	0	0	G	↔ Jan	6	R	7		↓	This is the number of MRSA cases attributable to Wiltshire CCG patients.
CB_A15 RUH	Healthcare acquired infection (HCAI) measure (MRSA) (RUH)	0	0	G	↔ Jan	0	G	0		↓	The RUH are showing no cases of MRSA in Jan 2014
CB_A15 SFT	Healthcare acquired infection (HCAI) measure (MRSA) (SFT)	0	0	G	↔ Jan	2	R	2		↓	SFT have shown no cases of MRSA in Jan 14, however, have had two cases YTD
CB_A15 GWH	Healthcare acquired infection (HCAI) measure (MRSA) (GWH)	0	0	G	↔ Jan	4	R	5		↓	GWH have shown no cases of MRSA in Jan 14, however, have had four cases YTD.
CB_A16	Healthcare acquired infection (HCAI) measure (c. difficile)	12	11	G	↑ Jan	117	R	140		↓	The year end target for the CCG is 127
CB_A16 RUH	Healthcare acquired infection (HCAI) measure (c. difficile) (RUH)	3	2	G	↑ Jan	30	R	36		↓	4 of these cases have been removed from the local trajectory as agreed by the lead commissioners. The year end target for the RUH is 29.
CB_A16 SFT	Healthcare acquired infection (HCAI) measure (c. difficile) (SFT)	3	6	R	↑ Jan	19	R	23		↓	The year end target for SFT is 21.
CB_A16 GWH	Healthcare acquired infection (HCAI) measure (c. difficile) (GWH)	2	1	G	↓ Jan	19	R	23		↓	The year end target for GWH is 20
Quality 5 RUH	Number of complaints (RUH)		27		↔ Jan	350		420		↓	27 Formal complaints were made to the RUH in January 2014

Quality 5 SFT	Number of complaints (SFT)		0		↓ Jul	92		276		↓	This is the number of complaints reported in Q2. Q3 data currently not available
Quality 5 GWH	Number of complaints (GWH)		163		↑ Nov	873		1310		↓	This is the total number of Stage 1, 2 & 3 complaints reported by GWH. In Nov 13 there were 73 stage 1, 61 stage 2 and 29 stage 3 complaints.
CB_A13i RUH	Friends and family test. Combined in-patient and A&E response rate (RUH)	0%	28%	G	↑ Jan	28%	G	28%		↑	The response rate target for the RUH is being met
CB_A13i SFT	Friends and family test. Combined in-patient and A&E response rate (SFT)	0%	29%	G	↓ Jan	29%	G	29%		↑	The response rate target for SFT is being met
CB_A13i GWH	Friends and family test. Combined in-patient and A&E response rate (GWH)	0%	6%	G	↓ Jan	6%	G	6%		↑	The response rate target for GWH is not being met and the performance of this indicator and the actions being taken to improve performance is being monitored by the CCG.
CB_A13ii RUH	Friends and family test. Combined in-patient and A&E score (RUH)	0	76	G	↔ Jan	76	G	76		↑	The combined score for RUH is above the NHS England National Score
CB_A13ii SFT	Friends and family test. Combined in-patient and A&E score (SFT)	0	73	G	↑ Jan	73	G	73		↑	The combined score for SFT is above the NHS England National Score
CB_A13ii GWH	Friends and family test. Combined in-patient and A&E score (GWH)	0	65	G	↓ Jan	65	G	65		↑	The combined score for GWH is above the NHS England National Score

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

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

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

Total Number of patients with harm	National Median 2012/13	Out turn 2012/13	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13		Jan-14	
			No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
			%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	7.57%	9.38%	90	15.05%	39	7.13%	44	8.22%	34	6.80%	38	7.17%	31	5.89%	27	4.94%	31	5.12%	30	4.92%	31	4.98%
SFT		10.16%	42	9.40%	44	9.91%	40	10.23%	36	9.33%	31	7.60%	37	9.92%	46	11.53%	43	12.43%	34	8.37%	36	8.37%
GWH		9.70%	62	4.78%	75	6.00%	103	8.46%	79	6.51%	96	7.51%	99	8.08%	102	8.16%	102	8.71%	94	7.57%	88	7.86%

Number of patients with 1 & 2 harm	National Median 2012/14	Out turn 2012/13	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13		Jan-14	
			No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
			%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH harm 1	7.26%	8.74%	86	14.38%	38	6.95%	43	8.04%	34	6.80%	37	6.98%	30	5.70%	27	4.94%	31	5.12%	29	4.75%	31	4.98%
RUH harm 2	0.29%	0.62%	4	0.67%	1	0.18%	1	0.19%	0	0.00%	1	0.19%	1	0.19%	0	0.00%	0	0.00%	1	0.16%	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%	40	11.56%	32	7.88%	34	7.91%
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%	3	0.87%	2	0.49%	2	0.47%
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%	99	8.45%	93	7.49%	87	7.77%
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%	3	0.26%	1	0.08%	1	0.09%

Pressure Ulcers (new & Old)	National Median 2012/14	Out turn 2012/13	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13		Jan-14	
			No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
			%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	5.26%	4.66%	35	5.85%	21	3.84%	20	3.74%	18	3.60%	22	4.15%	22	4.18%	13	2.38%	19	3.14%	21	3.44%	17	2.73%
SFT		6.40%	23	5.15%	27	6.08%	31	7.93%	21	5.44%	20	4.90%	22	5.90%	22	5.51%	32	9.25%	23	5.67%	28	6.51%
GWH		5.83%	33	2.55%	51	4.08%	71	5.83%	53	4.37%	66	5.16%	65	5.30%	68	5.44%	0	0.00%	55	4.43%	63	5.63%

Falls (with harm)	National Median 2012/14	Out turn 2012/13	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13		Jan-14	
			No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
			%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	0.92%	0.70%	1	0.17%	0	0.00%	2	0.37%	1	0.20%	2	0.38%	1	0.19%	1	0.18%	2	0.33%	1	0.16%	4	0.64%
SFT		0.79%	1	0.22%	1	0.23%	0	0.00%	1	0.26%	3	0.74%	6	1.61%	9	2.26%	2	0.58%	5	1.23%	5	1.16%
GWH		1.86%	9	0.69%	12	0.96%	7	0.57%	10	0.82%	17	1.33%	18	1.47%	10	0.80%	16	1.37%	8	0.64%	4	0.36%

Catheter & treated for UTI	National Median 2012/14	Out turn 2012/13	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13		Jan-14	
			No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
			%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	0.97%	2.89%	14	2.34%	11	2.01%	6	1.12%	10	2.00%	11	2.08%	5	0.95%	8	1.46%	8	1.32%	1	0.16%	7	1.13%
SFT		1.99%	9	2.01%	12	2.70%	8	2.05%	12	3.11%	7	1.72%	8	2.14%	13	3.26%	9	2.60%	6	1.48%	3	0.70%
GWH		1.62%	16	1.23%	12	0.96%	27	2.22%	10	0.82%	6	0.47%	13	1.06%	16	1.28%	12	1.02%	8	0.64%	15	1.34%

VTE (new)	National Median 2012/14	Out turn 2012/13	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13		Jan-14	
			No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
			%	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
RUH	0.58%	1.79%	44	7.36%	8	1.46%	17	3.18%	5	1.00%	4	0.75%	4	0.76%	5	0.91%	2	0.33%	8	1.31%	3	0.48%
SFT		1.59%	12	2.68%	6	1.35%	3	0.77%	3	0.78%	4	0.98%	1	0.27%	3	0.75%	3	0.87%	2	0.49%	2	0.47%
GWH		0.74%	5	0.39%	0	0.00%	7	0.57%	8	0.66%	9	0.70%	6	0.49%	12	0.96%	19	1.62%	24	1.93%	7	0.63%

\*VTE Median is for Acute Providers only

\*\*Jan 2014 update from Quality Observatory: "Charts now run from July 2012 when sample size stabilised to enable more consistent time series analysis. Medians have been reset where applicable on national"

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
Surveyed RUH	598	547	535	500	530	526	547	605	610	622
SFT	447	444	391	386	408	373	399	346	406	430
GWH	1296	1250	1218	1213	1279	1226	1250	1171	1242	1120

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**

<b>For the record</b>	
Name of person leading this EIA Susannah Long, Governance & Risk Manager	Date completed 17 March 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 17 March 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.

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**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:

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**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.

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What can be done to change this impact?

N/A

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**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.

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

No further consultation is needed at this time.

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**4 So what?**

Link to business planning process

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

None

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

The report will continue to be provided.

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When will this be reviewed?

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

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How will success be measured?

N/A