NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 20 May 2014

For: PUBLIC session ☒ PRIVATE Session ☐

For: Decision ☒ Discussion ☐ Noting ☐

Agenda Item and title:	**GOV/14/05/10 Integrated Performance Report May 2014**
Author:	Debbie Rigby, Associate Director of Quality & Patient Safety, Steve Perkins, Deputy Chief Financial Officer, John Dudgeon, Head of Information, Rob Hayday, Head of Project Management, Susannah Long, Governance & Risk Manager
Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance and Corporate Services
Executive summary:	The Integrated Performance Report assesses the performance of the CCG for quality, financial management, patient access and project management. The report pulls together all available information in these areas to give a transparent and comprehensive assessment of overall CCG performance. The Integrated Performance Report for May 2014 reports using data for April 2013 to March 2014, where available looking at full year information as appropriate. Appendix 1 of the report is the CCG Assurance Framework issued by NHS England. This forms the basis of the NHS England assessments of CCG performance.
Evidence in support of arguments:	The Integrated Performance Report provides a comprehensive single document for performance review.
Who has been involved/contributed:	The CCG Executive Team has been involved in the creation of this report.
Cross Reference to Strategic Objectives:	The report contributes to all strategic objectives.

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

NHS
Wiltshire
Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group
Integrated Performance Report
May 2014

Executive Overview

Performance across the urgent care system remains broadly as expected over recent weeks, notwithstanding a couple of areas which have not consistently achieved the expected targets due to spikes of activity. A&E waiting times at GWH remain a concern, and the CCG will be participating in the de-brief from the recent Emergency Care Intensive Support Team work with GWH on 16 May. Elsewhere, we remain engaged with our provider of NHS111 in order to rectify some of the recent performance shortfalls evident in the delivery of this service, albeit performance here overall remains very much improved from this time last year. A review of regional system performance over last winter took place with the NHS England Area Team on 30 April with lessons learnt and agreement of common themes and issues, which can inform planning for next year. The Wiltshire Urgent Care Working Group met on 1 May; this event was conducted as a workshop, facilitated by Wiltshire GP Dr Tim Ballard, who is Vice Chair of the Royal College of GPs. Representation from across the system assisted us with the distillation of ideas and concepts which can be further developed to bring improvement in the future.

Some early engagement events have been held in order to start our dialogue with the population over the direction of travel set out in our emerging 5 year strategy. These have included interactions with the Wiltshire and Swindon Users Network, the Wiltshire Voluntary Sector Forum Network and the Potterne and surrounding villages Annual General Meeting. Further events with a variety of forums and groups are planned for the coming weeks and months, including Area Boards whenever possible. In order to drive ahead with delivery, in the past month our own Programme Governance Group have endorsed the scope and governance of our priority areas of programmed work moving forwards, and in very close co-operation with our partners in Wiltshire Council, the similar forum governing the Better Care Plan projects also successfully convened. On 22 April we held a workshop for our Governing Body members to expose them to the potential benefits of the Systems Thinking methodology, which Council colleagues have found to be most effective. We are now in the process of rolling our training in this discipline across the service re-design and commissioning leads within the CCG.

We continue to plan ahead for the NHS England Area Team end of year assurance visit, which is now planned for 20 May. We further anticipate finalising the inaugural CCG Annual Report at the Governing Body planned for the same date.

Our Chair and Chief Officer hosted our termly staff update and brief on 8 May 2014, which served to ensure that all our staff could come together and briefly share perspectives and experience. We intend to hold a staff away day on 19 May in order to take forward our aspirations for the development of new ways of working, including our intent to try and shift culture to a more outcomes based approach. Separately, our Chairman hosted a meeting of young and emerging GP leaders earlier this month and will be working with them on some conceptual work which we hope will contribute strongly to the overall development of the CCG. This represents an exciting opportunity of work for the future health leaders, allowing them to start to shape the future and benefit from the huge wealth of experience held by the current generation.

All but one of our major contracts for the year have been agreed, and we have made excellent progress with our close partners in Central Southern Commissioning Support Unit in agreeing the future scale, scope and model of delivery of our Commissioning Support services.

Director of Planning, Performance and Corporate Services

CONTENTS

Introduction

The Report is separated into chapters reflecting performance for quality and patient safety, financial management, access to care and project management. Each chapter includes an assessment by the relevant CCG Director to identify key issues and actions.

Chapter 1: Quality

The key quality indicators to which NHS Wiltshire CCG will be expected to adhere come from Everyone Counts: Planning for Patients 2013/14. The targets split into the following five domains.

Domain 1 – Preventing people from dying prematurely
Domain 2 – Enhancing quality of life for people with long term conditions
Domain 3 – Helping people to recover from episodes of ill health or following injury
Domain 4 – Ensuring that people have a positive experience of care
Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm

We are reporting on the CCG Assurance Framework and on selected outcome measures as agreed in our High level strategy to demonstrate progress against our key aims http://www.wiltshireccg.nhs.uk/wp-content/uploads/2013/03/Part1-High-Level-Strategic-Plan-2012_13.pdf.

Director of Quality and Patient Safety's Commentary:

In this month's Quality and Patient Safety report we highlight the publication by NHS England of guidance for providers regarding staffing levels in nursing, midwifery and care staff. By the end of June 2014 providers will be required to publish staffing data describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible.

This comes at a time when locally in Wiltshire our providers face increasing challenges to recruit staff; the guidance also sets out expectations of commissioners to be assured of safety for patients. We are awaiting the National Institute of Care and Excellence evidence based guidance on safe staffing due in summer 2014. Meanwhile we will through our Quality review meetings seek assurance of the publications and the learning from the increased focus.

The National Inpatient survey data was released in April and gives rich feedback of the experience of our patients in acute care. However, while improvements have been seen in some questions (see Appendix 1) when asking about respondents' experiences of leaving hospital, this remains an area where further improvement is needed.

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: 2013 National Inpatient Survey Report
- Appendix 3: Quality Dashboard
- Appendix 4: National 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:

- Hard Truths (section 2.1)
- Inpatient Survey and Staff Survey (section 2.2)
- Complaints management (section 2.3)
- National Reporting and Learning System (NRLS) (section 2.4)

2.1 Hard Truths: commitments associated with publishing staffing data

The government response to the Mid Staffordshire NHS Foundation Trust Public enquiry 'Hard Truths - The Journey to Putting Patients First (DH 2013), highlighted the importance of safe staffing. In November 2013 the National Quality Board (NQB) issued guidance to optimise nursing, midwifery and care staffing capacity and capability. Research demonstrates that staffing levels are linked to the safety of care and that staff shortfalls increase the risks of patient harm and poor quality care.

On 1 April 2014, NHS England published guidance on the delivery commitments associated with publishing staffing data regarding nursing, midwifery and care staff. There are a number of milestones ahead in this first phase, which will focus on all inpatient areas, including acute, community, mental health, maternity and learning disabilities. The commitment is for providers to publish staffing data from April 2014, at the latest by the end of June 2014, describing the staffing capacity and capability. This should, where possible, follow an establishment review using evidence based tools. In addition providers will be required to provide:

- Information about the nurses, midwives and care staff deployed for each shift compared to what has been planned and this is to be displayed at ward level.
- A board report containing details of planned and actual staffing on a shift by shift basis at ward level for the previous month. To be presented to the Board every month. The monthly report must also be published on the Trust's website, and Trusts will expected to link or upload the report to the relevant hospital(s) webpage on NHS Choices.

The guidance also sets out ten expectations of commissioners and providers in relation to getting nursing, midwifery and care staffing right so that high quality care and the best possible outcomes for patients can be achieved.

We also await the National Institute of Care and Excellence evidence based guidance on safe staffing due in summer 2014.

For further information: http://www.england.nhs.uk/2014/04/01/hard-truths/

Actions

- SFT have already published a Ward based Skill Mix Review Paper that will be discussed at the next CQRM on 15 May 2014
- The RUH took a paper to their Trust Board on the 26 March 2014 on 'Investment in Nursing 2014/15: Safer Staffing'
- GWH took a paper to their Trust Board on 9 January 2014 on 'A nursing establishment and skill mix review across non-specialist'
- Through our CQRM meetings with providers we will seek assurance of the published staffing data and share learning from the increased focus
- NHS Wiltshire CCG will update the Governing Body with a summary of the staffing levels in July 2014
- Director of Nursing meeting on 13 May 2014.

2.2 Inpatient Survey and Staff Survey

On 8 April 2014, the Care Quality Commission (CQC) published the 2013 National Inpatient survey results. The data was collected between September 2013 and January 2014. The results show that nationally there have been improvements for many areas, including questions asking about Information provision, communication with staff and cleanliness of hospital wards and bathrooms. In order to try and bench mark the inpatient data we have used a specific composite score made up of the responses to 5 key questions, the score is a scale of 0-100, a higher score is better.

The key questions are:

- Were you as involved as you wanted to be in decisions about your care and treatment?
- Did you find someone on the hospital staff to talk to about worries and fears?
- Were you given enough privacy when discussing your condition or treatment?
- Did a member of staff tell you about medication side effects to watch for when you went home?
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

The table below shows the comparative analysis of the 2013 composite score results by provider, SFT and RUH have shown an improved position the 2012 results (albeit marginal for the RUH) whilst GWH shows a deterioration from 2012. However, while improvements have been seen in some questions (see Appendix 2) when asking about respondents' experiences of leaving hospital, this remains an area where further improvement is needed.

Trust	**2009**	**2010**	**2011**	**2012**	**2013**
Salisbury NHS Foundation Trust (SFT)	65.4	68.8	69.2	71.4	72.2↑
Royal United Hospital Bath Trust (RUH)	68.4	69.2	65.4	67.5	67.6↑
Great Western Hospitals NHS Foundation Trust (GWH)	66.9	66.2	66.8	67.3	66.2↓

The “What makes Top Hospital patients and staff experience report” is clear as to the link between staff satisfaction and patient experience. The report says “We know there is a strong link between how staff are managed and what patients say about their experience’. In April 2014, we reported to Governing Body the National NHS Staff survey results and, broadly, the survey shows that staff experience of working in the NHS is steadily improving compared to a year ago. The triangulation below suggests we need to further understand the results for GWH.

Provider	Inpatient results 2013 (published April 2014) "composite score "	Staff survey results (published Feb 2014) "I would recommend my Trust as a place to work"
SFT	72.2	75
RUH	67.6	64
GWH	66.2	57

Action

- In 2014/15 we will continue to increase focus and awareness of staff feedback in the Staff Friends and Family Test CQUIN. Our providers are required to submit quarterly reports in Q1, Q2 and Q4.
- We need to link to education providers to ensure we are capturing the experience of students.

2.3 Complaints

Ensuring good handling of complaints – and learning from them – is a way that CCGs can improve quality for their patients. In October 2013, the Clwyd & Hart review of the NHS Hospitals complaints system "Putting Patients Back in the Picture" was a humble reminder of the rich learning we can gain from actively managing complaints and speaking directly with families to listen to their stories.

NHS Wiltshire CCG has a service level agreement with Central Southern Commissioning Support Unit (CSCSU) to provide a Patient Advice and Liaison Service and the NHS complaints Service on our behalf.

NHS Wiltshire CCG's MP letters are treated in the same way as formal complaints and follow the same process with a letter of acknowledgement, investigation and signed final response by the Chair, or the Chief Officer of the CCG.

2.3.1 Complaints data for: NHS Wiltshire CCG for April 2013 – March 14

	13/14 Q1	13/14 Q2	13/14 Q3	13/14 Q4	Total
NHS Wiltshire Commissioning	16	30	14	30	90
Member of Parliament	21	14	20	15	70
Total	37	44	34	45	160

Of the total 90 complaints received during 2013/14 (April 2013 to March 2014), 83 have been closed and 9 remain open. 28 were referred to another organisation for investigation and response direct to the complainant with outcomes shared with the commissioners.

Of the total 70 MP letters received during 2013/14, 68 have been closed and 2 remain open.

2.3.2 Ombudsman information

NHS Wiltshire CCG in partnership with Central Southern CSU's Complaints Team have endeavoured to ensure that all complaints receive a full, clear and open response to their concerns and where possible to identify changes made as a result of the complaint. This is reflected in the low numbers of people approaching the Ombudsman with the majority of these not being investigated or upheld.

2 complainants during Quarter 1 and 1 complainant during Quarter 3 felt that an unsatisfactory response had been provided to their complaint and took their complaint to the Parliamentary and Health Service Ombudsman.
All 3 complaints had been made to Wiltshire Primary Care Trust (PCT) and closed prior to 1 April 2013 and were, therefore, legacy complaints which transferred to NHS Wiltshire CCG.

1 complaint is under review by the Ombudsman; 1 complaint was upheld; 1 was upheld in part and 5 were not upheld.

	13/14 Q1	**13/14 Q2**	**13/14 Q3**
CCG Parliamentary and Health Service Ombudsman (PHSO)	2	2	4

Actions

- On 6 May 2014 the Quality and Clinical Governance committee reviewed the complaints detail and the CCG have asked Central Southern CSU for further detail on the upheld complaints to support organisational learning.

2.4 National Reporting and Learning System (NRLS)

Since 2003/2004 all NHS Trusts have shared anonymous patient safety incident reports with the National Patient Safety Agency (NPSA). From these reports the Organisation Patient Safety Incident Reports data is published by the NPSA on a six monthly basis. These data cover patient safety incidents occurring in a six month period as reported to the National Reporting and Learning System (NRLS). In publishing the data the NPSA aims to provide tools to support NHS organisations to analyse and learn from safety incidents to prevent patient harm in the future.

The latest 6 month data release for the period 1 April 2013 until 30 September 2013 was released on 30 April 2014 and details from the Wiltshire main providers are given in the table below. Patient safety alerts, data reports and related information continues to be available from :

http://www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports/directory/?char=S

Reporting rate per 100 admissions/bed days:

Provider	1 Apr 11 to 30 Sept 11	1 Oct 11 to 31 Mar 12	1 Apr 12 to 30 Sept 12	1 Oct 12 to 31 Mar 13	1 Apr 13 to 30 Sept 13
RUH	3.9	4.0	3.4	5.6	5.49
SFT	8.2	7.2	7.9	7.4	8.61
GWH	8.2	6.7	6.7	7.6	7.38

Data source: NPSA Incident report

Analysis by the National Patient Safety Agency (NPSA) of incidents reported above is discussed regularly at the provider Clinical Outcomes and Quality Review Meetings to seek assurance of incident reporting and learning. Where there is low reporting, investigations are made with the providers.

Actions

- The RUH is a low reporter and they have been providing details to the Clinical Outcomes and Quality Review meetings of the actions they have been taking to improve incident reporting.

3.0 Hotspots from Clinical Quality Review Groups

The quality reports from providers are reviewed at Clinical Quality Review Meetings (CQRM) and form the basis of the hotspots report. This section reports by provider, this information has been taken from the provider Patient Safety and Quality Dashboards. Appendix 3 is a summary of the dashboard and in addition, Appendix 4 shows a summary level of the National Safety thermometer dashboard on Harm Free Care for April 2014.

3.1 SARUM Group Lead

Salisbury Foundation Trust

At the virtual CQRM on the 10 April 2014, the February 2014 data was reviewed.

SFT Indicator	Target	February 2014	comments
Stroke- % time on a stroke Unit	80%	74%	See below
Arrival within the stroke Unit within 4 hours		80%	
TIA		79%	Improvement from 60% in January 2014
Falls	none	2	
C,diff	21	1	21

Actions

- TIA referrals – shows some improvement with ongoing work around specific pathways to improve referral times. In some cases referring clinicians use the wrong referral pathway due to GP surgeries not updating their systems, this has been discussed with those GP surgeries and a supporting letter sent. There continues to be a delay in initially seeing a patient by the referring clinician (within the hospital) and the time the referral is sent. This has been discussed with individual referrers and teams.
- Stroke Care – there has been a reduction in the % of patients spending 90% of their stay on Farley Ward and a reduction in admission to Stroke Unit within 4 hours due to the challenging capacity issues in February. In March 90% of patients reached the Stroke Unit within 4 hours and reflects the work done by the stroke team with ED to fast track patients. In respect of patients spending 90% of their time on the SU Feb validated data showed 95% achievement and in March 100%.
- Major Harm Falls – 2 in February. There have only been 4 fractures that have resulted in major harm in 2013/14 of which 2 were in February 2014.

- C. Difficile trajectory for Salisbury is 21 and therefore no breach of the trajectory this month.

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 cancelled due to other matters arising; therefore the data was updated from the RUH Board papers dated March 2014 alongside the Quality Dashboard for February 2014

RUH Indicator	Target	January 2014	February 2014	YTD (End of Feb)
C. Difficile	29	2	5 ↑	35
Sepsis – Antibiotics within 1 hour for neutropenic sepsis	90%	75%	45.5%	60.9%
Discharge declared by 12.00 midday (adults)	70%	41.4%	44.7%	43%
Agency bank and overtime staff	<1%	2.3%	6.4%	

Actions

- Cases of Trust attributable C.Difficile - there was a further increase in cases of C. Difficile reported in February 2014. The RUH has asked NHS Wiltshire CCG to review some cases with regard to determining if they are trajectory or non-trajectory.
- Discharges by midday - The RUH stated that some progress has been made, but they are looking to improve future performance.
- Vacancy rate - It should be noted that the use of bank, overtime and agency as increased to 6.4% which may have an effect on quality and patient safety and will be monitored in future monthly reports.

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

Headline Issues – Period to end March 2014

AWP Indicator	Target	Period to end March 2014	Comment
DTOC	7.5% max	Position has deteriorated slightly from 12.92% to 14.6% for all Wiltshire beds. Remaining very high at 22.8% in older peoples beds	Available bed capacity remains very tight with only 1 – 2 older people's beds available on many days in Wiltshire.
Serious Incidents Requiring Investigation (SIRI)	Between 1 April 2013 and 31 March 2014, there have been a total of 37 reported AWP SIRIs involving Wiltshire patients. 3 of these cases have now closed and 31 of the 37 incidents are overdue for closure.		
4 Hr Wait – Emergency Crisis Assessment	95%	1 breach in month	Wilts total = 97.4% Breach involved an 8 hour wait.
Memory Clinic Wait	N/A	1 breach – waited 30 days	

Actions

- The Mental Health Commissioning Team are working towards the implementation of a comprehensive Wiltshire ADHD service on the basis of an outcome based specification which will replace the existing spot purchase arrangement we have with AWP. The new service is about to be commissioned and will be available soon.
- The CQC conducted an unannounced inspection in January and the report has been published. It was a follow up visit to review recovery teams and checks were made to see whether further improvements had been made. In summary, based on feedback from staff and service users, it was felt that, in general, staffing levels had improved, caseloads were more manageable but there were still improvements that could be made. There were mixed reviews from service users, whilst some users were very happy with their visits/contacts and felt that the service was reliable, others were dissatisfied with infrequent or irregular contact with the service and the lack of continuity.

AWP have produced an action plan to address the issues and includes a re-profiling the Recovery Team to allow more localised focus, better case management supported by a new case management system, stronger leadership and alignment with CCG community teams. The effectiveness of the action plan will be monitored within the CCG performance and quality process.

- SIRI - as of the 1st April 2014, AWP have 37 cases. Closure has been possible for 3 cases, with 31 being overdue for closure. The contract query notice issued in January requesting full release of the incident reports has been revoked as of the 1st April 2014, as documents have been received as required. The CCG will work with AWP via a Serious Incident Review Group to access sufficient assurance to ultimately support closure of remaining open incidents. On-going performance against the AWP action plan will be monitored by internal process and via monthly Clinical Quality meetings.

South Western Ambulance Service NHS Foundation Trust (SWAS)

SWAS Indicator	Target	March 2014	Comment
Red 1 performance response times	75%	Wilts actual 65.7% 64.0YTD	o Small improvement gains in March performance with YTD static at 64% o All main response times for Wiltshire still proving challenging. Quarter 4 performance shows improvement over Quarters 2 and 3.

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

The provider continues to experience resourcing challenges through March as a consequence of staff attrition, probably due to the impact of a formal consultation around shift pattern changes. The inability to field clinical advisors has had a direct impact upon the improvement plan to increase Warm Transfer Rate (WTR). The Ambulance Dispatch Rate (ADR) continues to be high and impacting upon SWASFT response times.

NHS111 indicator	Target	March 2014	Comment
Calls answered within 60 seconds	95%	96.49%	Slight deterioration in performance for March
% warm transferred calls	98%	68.65%	Small increase in March performance, but nil significant and well below KPI of 98%
Ambulance dispatch as a percentage of total	<10%	11.35%	Marginal improvement in reducing ADR, but still above 10% target and with some significant spikes noted.

ARRIVA- non-emergency patient transport (NEPT)

The contract mobilisation meetings have now ceased and joint monthly contract review meetings commenced in March 2014. As a result of this new contract there was an inaugural Joint Quality Review Group held on 22 April 2014. It is anticipated that the Joint Quality Review Group will meet bi-monthly.

3.3 North East Wiltshire (NEW) Group Lead

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

The GWH Clinical Quality Review Meeting was last held on the 28 April 2014 in which the February 2014 data was reviewed, alongside board papers for March 2014 and quality dashboard for February 2014.

Indicator	Target	January 2014	February 2014	YTD (End of Feb)
C.difficile	20	1	1 ↔	20
MRSA Combined and Acute.	0	0	1 ↑ *	4
Reduce Grade 2 and above acquired pressure ulcers by patients COMMUNITY	190	16	17 ↑	165
Reduce Grade 3 acquired pressure ulcers by patients COMMUNITY	12	1	3 ↑	16
Reduction of harm for falls S=Severe, D=Death (Target based on 10% reduction)	14	3	4 ↑	22
Stroke patients spending 90% of time on stroke unit including rehab ACUTE	>=80%	77.5%	76.27%↓	83.4%
Maternity never events	0	1	2	4

Actions

- The reduction of harm for falls has increased to 4, this is a combined figure to include both community and acute. No community falls reported. However, it should be noted that falls in the acute services has increased this month.
- The Never Events in maternity services have been noted at Board level.
- There has been an increase in the incidence of pressure ulcers grade 2 and 3 for February 2014. The investigations for these to be monitored via SIRI Committee meeting and the CQRM meetings. The Tissue Viability Nurse is developing a service to support patients who have ulcers which have been acquired elsewhere (not community or hospital). Care Home providers require funding to support a pilot.

4.0 Contributors

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

- Information Team NHS Wiltshire CCG
- Information Team CSCSU
- Commissioning Leads NHS Wiltshire CCG
- Quality Team CSCSU
- Quality Support Manager Wiltshire
- Quality Support Manager B&NES

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 has delivered a surplus of £5.0m against a confirmed resource limit of £521.7m in 2013/14.

In 2014/15 the CCG is planning to deliver a surplus of £5.3m. Month 1 SLA monitoring information is yet to be received from providers and to date no variances against budget are reported.

To support the delivery of this financial position an in year QIPP programme of £11.6m has been developed with delivery being monitored via the Programme Management Office (PMO).

Wiltshire CCG financial overview 2013/14

NHS Wiltshire CCG has delivered a planned surplus of £5.0m against a confirmed revenue resource limit of £521.7m. This position is subject to audit but to date no material issues have been identified. Annex 1 shows the summary income and expenditure position for the year at month 12. Table 1 below outlines the summary position at month 12.

Table 1: Summary CCG financial position M12 2013/14

	Year to date / £'m		
	Resources	Expenditure	Variance
Programme	510.02	505.01	-5.01
Running costs	11.66	11.63	-0.03
	521.68	516.64	-5.04

The CCG has operated within its cash limit. At the 31 March 2014, the CCG was required to hold a cash balance <£250k. The actual cash balance, against a cash limit of £496m, was £67k.

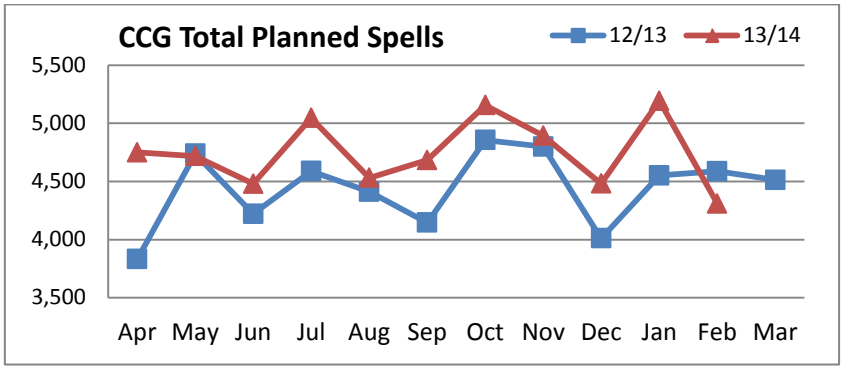
At the end of March 2014 the CCG has delivered strong performance against the better payment performance code target – 95% of invoices (by value and number) should be paid within 30 days. The CCG achieved 98.3% and 99.5% by number and value respectively.

Wiltshire CCG activity trends 2013/14

The financial position of NHS Wiltshire CCG is significantly influenced by the demand that its acute hospitals have to treat. The impact of this demand has been considerable on the CCG financial position in 2013/14 and will have a significant impact in 2014/15 if activity trends do not change in line with the Quality, Innovation, Prevention and Productivity (QIPP) targets.

The following analysis shows the activity pressures across a range of patient types that has been experienced in 2013/14.

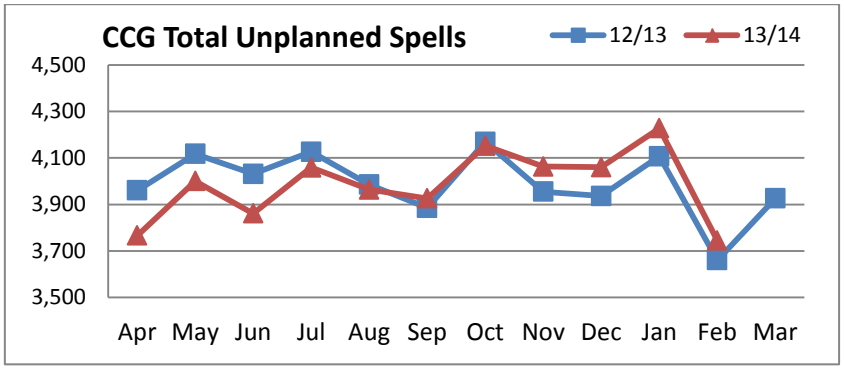
Summarised below is a comparison of the M1-11 year to date 2013/14 planned care spells vs 2012/13 levels – for the overall CCG position this shows that planned spells (elective activity) were up 7.2% across the CCG:



When reviewed at a group level planned care spells were:

- Up 9% in NEW group
- Up 9.1% in Sarum group
- Up 5.4% in WWYKD group

A similar comparison of unplanned care spells (emergency activity) (M1-11 of 2013/14 vs 2012/13) shows that the overall unplanned care spells across the CCG were down by 0.2%:



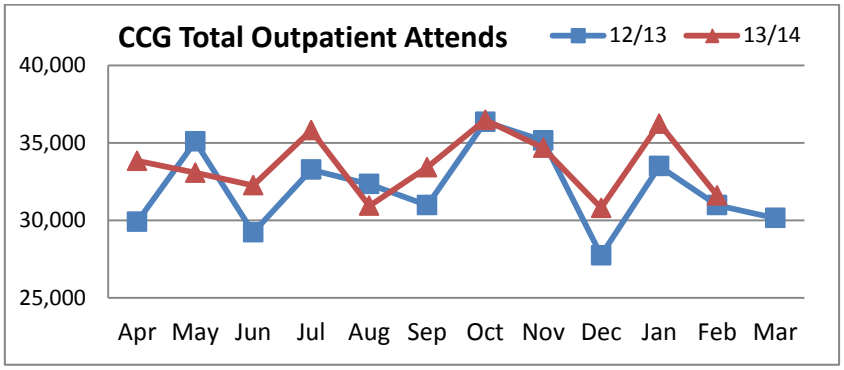
When reviewed at a group level unplanned care spells were:

- Up 0.4% in NEW group
- Up 0.4% in Sarum group
- Down 0.8% in WWYKD group

Overall A&E and MIU attendances were down 1.8% across the CCG but with the following variations at group level:

- Up 0.4% in NEW group
- Down 0.4% in Sarum group
- Up 2.3% in WWYKD group

Outpatient attendances (including first, follow up and procedures) show an overall increase across the CCG of 4.1% in 2013/14:



When reviewed at a group level outpatient attendances were:

- Up 7.7% in NEW group
- Unchanged in Sarum group
- Up 5.2% in WWYKD group

Wiltshire CCG financial overview 2014/15

In 2014/15 the CCG is planning to deliver a surplus of £5.3m against an anticipated resource limit of £525.6m. This funding position does not include any potential adjustments related to primary care IT funding or other potential service transfers. Table 2 below outlines the planned summary position of the CCG:

Table 2: Summary CCG financial position 2014/15

	Year to date / £'m		
	Resources	Expenditure	Surplus
Programme	513.53	508.28	-5.25
Running costs	11.63	11.63	0.00
	525.16	519.91	-5.25

Budget movements 2014/15

The Governing Body have previously received the 2014/15 budgets in March 2014. Since this paper there has been an update to the CCG resource limit to transfer previously agreed funding for specialist services (shown as being held for transfer in reserves). The CCG have also updated its budgets to reflect the latest contract discussion outcomes. Annex 1 shows the movements from the budget setting paper.

Wiltshire CCG financial performance 2014/15

Month 1 SLA monitoring information is yet to be received and validated from providers. At this time no variances against planned positions are shown and the CCG is reporting delivery against its QIPP and surplus targets.

At the end of month 1 the CCG has achieved its 30 day better payment policy target. In month 1 the CCG has drawn down more of its cash limit than if a straight line forecast were used due to the required timing of payments. At the end of month 1 the balance in the CCG bank account was <0.6% of the total cash resource limit.

Annexes 2, 3 and 4 contain the statement of financial position, cash summary and better payment performance respectively.

Wiltshire CCG QIPP 2014/15

In order to deliver the CCG financial position and to support its service redesign objectives a QIPP programme, giving rise to cash releasing benefits of £11.6m, has been developed. The planned areas for delivery of this programme are:

Programme Area	£'m	Programme lead
Planned care	4.1	Mark Harris
Unplanned care	3.1	Jo Cullen
Medicines management	2.5	Jacqui Chidgey-Clark
Continuing healthcare	1.5	Jacqui Chidgey-Clark
Funded nursing care	0.5	Jacqui Chidgey-Clark
	11.6	

The programme management section of the integrated performance report provides programme lead updates on these QIPP areas.

Financial risks

There are two risks areas to highlight at month 1:

- The need to continue to closely monitor access and performance with key providers moving into 2014/15, to ensure that the CCG is able to deliver its QIPP programme and operate within its available resources.

- The impact of the transfer of commissioning responsibilities for services back to the CCG e.g. GP IT and their resultant impact on programme and running cost resources.

Annexes

- Annex 1 Movements from budget setting to M1 ledger positions
- Annex 2 Statement of Financial Position 2014/15
- Annex 3 Cash summary M1 2014/15
- Annex 4 Better payment performance M1 2014/15

Annex 1 – Movements from budget setting to M1 ledger positions

	Budget paper	£'m Updated position	Movement	Comment
Acute services (incl ambulances)				
NHS providers	243.7	245.2	1.5	Update for current planned contract values
Other providers	20.2	20.4	0.2	Update for current planned contract values
Non contracted activity	5.5	5.8	0.3	Transfer of minor contracts to NCA arrangements
	269.4	271.4	2.0	
Mental health services				
NHS providers	36.6	36.8	0.2	Update for current planned contract values
Other providers	4.5	4.5	0.0	
	41.1	41.3	0.2	
Community services				
NHS providers	52.8	52.7	-0.2	Update for current planned contract values. Includes adjustments for recurrent developments and dental service transfer
Other providers	2.1	2.1	0.0	
	54.9	54.7	-0.2	
Other commissioning				
Continuing care services	16.6	16.6	0.0	
Funded nursing care	6.2	6.2	0.0	
Local authority and joint services	10.6	10.9	0.3	Adjustment to reflect difference in outturn assumptions
Other programme services	4.5	0.1	-4.3	Devolution of community developments and contracts reserve
	37.9	33.8	-4.1	
Primary care services				
Prescribing	67.2	67.8	0.6	Adjustment to reflect difference in outturn assumptions
Out of hours	8.3	8.4	0.0	
Local enhanced services	7.6	7.6	0.0	
	83.2	83.8	0.6	

Programme reserves				
13/14 SCG adjustments to action in 14/15	3.8	0.5	-3.3	Adjustment actioned in funding allocation
Other commissioning transfers	0.0	2.1	2.1	Assumed community dental transfer
Contingency	2.6	2.6	0.0	
Marginal rate reserve	2.0	1.3	-0.7	Devolvement of funding into contracts and updated values
Transforming older people's care reserve	2.4	2.4	0.0	
Readmissions reserve	1.9	1.6	-0.4	Devolvement of funding into contracts and updated values
Headroom funding	12.8	12.7	-0.1	Reduced allocation from SCG transfers reduces level required
	25.5	23.2	-2.3	
Running costs	11.6	11.6	0.0	
Total expenditure	523.6	519.9	-3.7	
Less Funding (see appendix 2)	-528.9	-525.2	3.7	Reduction to funding for SCG transfers from 2013/14
Planned surplus	-5.3	-5.3	0.0	

Annex 2 - Statement of financial position 2014/15

Summary Statement of Financial Position	£'m Closing position 31st March 2014	Forecast position at 31st March 2015
Non-Current Assets:		
Premises, Plant, Fixtures & Fittings		
IM&T		
Other		
Long-term Receivables		
TOTAL Non-Current Assets	0.00	0.00
Current Assets:		
Inventories		
Trade and Other Receivables	2.37	3.00
Cash and Cash Equivalents		0.04
TOTAL Current Assets	2.37	3.04
TOTAL ASSETS	**2.37**	**3.04**
Non-Current Liabilities:		
Long-term payables		
Provisions		
Borrowings		
TOTAL Non-Current Liabilities	0.00	0.00
Current Liabilities:		
Trade and Other Payables	25.62	15.03
Other Liabilities		
Provisions	0.17	
Borrowings	0.02	
Total Current Liabilities	25.81	15.03
TOTAL LIABILITIES	**25.81**	**15.03**
ASSETS LESS LIABILITIES (Total Assets Employed)	**-23.44**	**-11.99**
Financed by taxpayers' equity:		
General fund	23.44	11.99
Revaluation reserve		
Other reserves		
Total taxpayers' equity:	**23.44**	**11.99**

Annex 3 – Better payment performance M1 2014/15

	Performance vs 30 days BPP			
	In Month		YTD	
	Nos.	£'m	Nos.	£'m
NHS				
Total bills paid	328	25.08	328	25.08
Total bills paid within time	322	24.30	322	24.30
% of bills paid within target	98.2%	96.9%	98.2%	96.9%
Non-NHS				
Total bills paid	700	6.44	700	6.44
Total bills paid within time	695	6.39	695	6.39
% of bills paid within target	99.3%	99.3%	99.3%	99.3%
ALL				
Total bills paid	1,028	31.52	1,028	31.52
Total bills paid within time	1,017	30.69	1,017	30.69
% of bills paid within target	98.9%	97.4%	98.9%	97.4%

Annex 4 – Cash summary M1 2014/15

	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m		525.16
Assumed revenue cash limit / £'m		519.91
Cash drawn down / £'m	43.94	472.22
Cash top sliced for prescribing and home oxygen / £'m	4.33	47.69
Effective total cash drawn down / £'m	48.27	519.91
Cash drawn down as % of total	9.3%	100%
Expected cash draw down as %	8.3%	100%
Cash utilised / £'m	45.41	519.71
Balance in account / £'m	2.86	0.04
Balance in account as % of total cash limit	0.55%	0.01%

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

Chief Financial Officer's Commentary:

At the end of 2013/14 the urgent care system has performed reasonably well through a combination of local measures put in place by providers and through additional investments and projects undertaken by the CCG. These associated projects and investments are being evaluated to identify the benefits obtained thereby supporting future investment decisions.

The CCG assurance framework (appendix 1) shows a range of strong performance across the CCG - within this there are some targets that are being breached, e.g. A&E waiting times and ambulance response times. Where this is the case the CCG will continue to work with providers to ensure improvements in these areas. The Emergency Care Intensive Support Team work at GWH will report back in mid May and the CCG welcome the opportunity to review their findings in partnership with the provider.

The CCG Assurance Framework information is detailed at Appendix 1.

NHS Constitution

In February 2014, four patients waited longer than 52 weeks for treatment. This brings the full year total to 28 against a target of zero.

For the fourth month running, both RUH and GWH breached the A&E four hour wait target with the rate of compliance largely the same as the previous month. SFT, apart from the first month of 2013/14, has remained within the target threshold for waits.

At the end of the financial year, the full year outturn for all cancer treatment waits is within the target thresholds.

The 19 minute arrival time target for SWAST was met in March 2014. The full year outturn compliance rate for this target was 94.9% which falls just below the target rate of 95.0%. There were further handover delays between the ambulance service and GWH, RUH and SFT for March 2014 with data for the year showing that there were 833 handover delays of greater than 30 minutes with 700 of these attributable to GWH (459 12/13).

There were 10 mixed sex accommodation breaches at SFT during March 2014. GWH have not reported any breaches during 2013/14.

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

For March 2014 activity continued to be reported as significantly higher than plan with the exception of elective ordinary case and A&E attendances where there was a significant downturn.

Provider Service Level Agreement Monitoring

The SLAM reports have identified that the number of outpatient attendances at both RUH and GWH remained significantly above plan.

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 Programme 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:

In order to facilitate the delivery of the CCG aspirations over the coming year, and to further underpin the extensive support network of process, structure, guidance and terms of reference we already have in place, we intend to hold an all staff away day on 19 May 2014 to focus upon matrix working disciplines. We will also spend time reflecting on ways of working and workplace behavioural culture. To support the delivery staff further we have developed and agreed a detailed operational level plan, which clearly sets out what work we anticipate completing over the next 12 months, and who has responsibility for each component part of that work; we are now in the process of evolving a milestone plan to support this, in order to guide the staff in their prioritisation.

Our Programme Governance Group met earlier this month and conducted a number of evaluations of existing projects, many of which arose from either headroom funding or winter pressures money. As a result we have been able to distil the key lessons identified, and will either utilise that knowledge in future planning, or discard those concepts which have not proved worthwhile. We also agreed the key scope and governance arrangements for the priority programme areas of work for the next year. In similar vein, we participated in the Better Care Plan Programme Governance Group along with partners from Wiltshire Council. This meeting, chaired by the newly appointed Joint Integration Director achieved similar success in agreeing the scope of projects within the remit of the Better Care Plan.

Naturally, the challenge now is very much to mobilise our endeavours and make full use of both the well found processes we have established and our strongly endorsed planning product, in order to drive ahead and really deliver the improvements to our system we all aspire to achieve.

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1.0 Update on the Project Register and programme development in 14/15

Annex 5 shows the Project Register. Programme Governance Group met on 7 May 2014 at which there was a focus on the evaluation of projects that had been running in 13/14 and which had now ceased. The project register has been updated to show the projects which have been closed and which will cease to feature on the project register in future integrated performance reports. The status shown against each projects is taken from information submitted to EMT in April.

At Programme Governance Group (PGG) held on 2 April 2014 it was agreed that certain projects listed would close. These are shown on the Project register and are identified using Grey shading in the Comments for the attention of the Programme Board' column.

Status reporting
A new process for status reporting was agreed at PPG which will support the production of the integrated performance report.

Establishment of 14/15 Programmes and the annual workplan

The annual workplan and resource allocation has been agreed by the Executive Management Team and is due for launch to the staff in advance of the workshop on the 19 May 2014 designed to address organisational culture and matrix work.

Stated below is commentary from Programme Directors on the seven programme areas

Urgent Care	**Programme Director: Jo Cullen**
Papers describing scope and governance relating to Urgent Care are in development. An Urgent Care Working Group Workshop was held on 1 May 2014 facilitated by Dr Tim Ballard as Vice Chair of RCGP with all key providers, representatives of the other Urgent Care Networks, NHSE and NHS South. Two elements, Access/Rapid Response and 7 Day Working of the Urgent Care Programme, is reporting to the BCP PGG and the scoping document was discussed at the inaugural meeting on 29 April 2014. A review of winter pressures across the whole system took place across BGWS with the NHSE Area Team on 30 May 2014 with lessons learnt and agreement of common themes and issues. All projects identified under the governance of Urgent Care will be identified and scoped by the June PGG, and TOR confirmed.	

Optimising Existing Community Teams	**Programme Director: Ted Wilson**

The Optimising Community Teams Programme area is in its early stages. It has been sub divided into two separate projects: Optimising Community Teams and the Procurement of the Community Services contract; a major workstream within this is the review of all service specifications. A high level Strategy Board has been set up and will meet in early June and a Programme Steering Group has been created which will meet for the first time on 21 May 2014. Each project has a project manager who will produce CCG project workbooks. A business case is currently being prepared by GWH for Optimising Community Teams and will be submitted to the CCG by 9 May 2014. The CSU procurement office has been engaged to work with and support the CCG through the process.

Planned Care	**Programme Director: Mark Harris**

Planned Care is currently broken down into two focused areas and oversight of the theme. Focus areas are Muscular Skeletal (MSK) and Ophthalmology. In addition oversight will be maintained at a programme level of other planed care initiatives carried forward, agreed with providers at contract negotiation, or otherwise having performance or operational importance.

<u>Governance</u>

MSK and Ophthalmology both have a Programme Board with group representation, reporting sideways to each of the three group Executives for additional engagement and to the PMO for programme assurance. The Programme Boards report into the Clinical Executive.

Additionally, whilst there is not a Programme Board for all other planned care topics, a similar approach is being taken to have one oversight document of eth other areas of work and issues that can be discussed with Group Executives and reported to the Clinical Executive. This will also ensure that initiatives with specific providers do not conflict or cut across the work with the two focused programmes, and that managerial and clinical resources allocate to these areas do not detract from delivery of the agreed focus areas for the CCG.

<u>Progress since last report</u>

MSK QIPP has been embedded with contracts for Salisbury, RUH and New Hall. Contract discussions with Great Western and the BMI group continue. To support this, a clinical policy relating to injections has been written and discussed by the Clinical Advisory Group and final revisions are being made so that it can be issued with contract documentation. This will complete this aspect of work and monitoring of this can then commence.

Two additional projects were established at the MSK programme board; one focused on primary care and shared decision making, and one on pathway redesign and diagnostics. The project plans for both of these will be completed by the end of May.

The Ophthalmology Programme Board meets for the first time on 13th May and will ratify the project areas in order to consider outpatient redesign and manage compliance with NICE Technology Appraisals.

Additionally an assessment of additional transformational QIPP opportunities is being completed by reviewing national evidence and examples of success elsewhere. This work will be completed for the next report and is likely to describe opportunities across themes rather than clinical areas – for example use of technology as alternatives to contact based consultations and follow ups, and broadening the use of shared decision making techniques.

Intermediate Care (part of the Better Care Plan) Council)	**Programme Director: Lynn Talbot**

The Steering Group membership has been confirmed and the first meeting is scheduled for the 15 May 2014. Terms of Reference (TOR) for the group have been drafted and will be presented, along with the Project Brief, to the group at the meeting. A detailed plan is being drafted to which participants will be asked to agree the timescales and outputs/deliverables with initial focus on the identification and delivery of quick wins.

Primary Care Developments	**Programme Director: Jo Cullen**

Papers describing scope and governance relating to Urgent Care are in development.
The Primary Care Programme Board is to meet on 19 June 2014 with NHSE and LMC. Draft TOR have been produced.
Discussion on Transforming Older People Care and enhancing primary care is on agenda for Clinical Executive on 13 May 2014.
All projects identified under the governance of Primary Care will be identified and scoped by the June PGG, and TOR confirmed.
There are ongoing changes to the commissioning landscape for primary care with the announcement for local CCGs to co-commission primary care in partnership with NHSE, and CCG is awaiting further details with a submission of CCG expressions of interest by 20 June 2014.

Long Term Conditions (Diabetes)	Programme Director: Ted Wilson

The Diabetes Programme Area is progressing. It is chaired by Dr Andrew Girdher (NEW) with GP leadership also provided by Dr Muhammad Rehman (WWYKD) and Dr Rachael Taubman (SARUM). There is also involvement from non-clinical staff from NEW, WWYKD and SARUM, CCG Communications Team, Medicines Management Team, Patient Safety representatives and a representative from Wiltshire Council. The second steering group meeting was held in March 2014 and established the overarching objectives for the programme. These are:

- The group will aim to be above national average (61%) for the 8 care processes in 2 years;
- A measurable increase in patient satisfaction;
- A measurable reduction in outpatient activity in secondary care;
- A measurable reduction in emergency admissions to secondary care.

The steering group has started to plan for a 'Wiltshire CCG Model of Diabetes Care' and created 7 work streams to start to develop the following areas:

- Communications/Patient Engagement
- Patient Education/Self-Management
- Primary Care Engagement
- Secondary Care Engagement
- Obesity/Prevention
- Medicines Management
- Workforce Education

The work streams are currently scoping and developing their areas and will feed back to the next steering group meeting to be held on 8 May 2014. In addition, the steering group will be agreeing the Terms of Reference, agreeing the governance structure and considering the initial feedback from the work streams in order to develop the project plan.

End of Life Care	Programme Director: Jacqui Chidgey-Clark

The EOL Programme Board met on 30 April 2014 and agreed the initial workstreams which are as follows:

- Current service mapping and baseline
- User experience, baseline and monitoring
- Needs Assessment
- Care at Home
- CHC fast track process review
- Education
- Electronic Palliative Care Co-ordination system (EPaCCs)
- Treatment Escalation Plan (TEP) and DNACPR

The programme workplan will be agreed by the end of June. Resources to support the delivery of the initial workstreams are being finalised and project plans will be produced according to work phases identified in the programme workplan. The Programme Board has reviewed its terms of reference for final agreement.

The EPACCS workplan has been agreed by the Programme Board which has also defined project briefs for the other initial workstream.

The plans for the first meeting for the TEP/DNARCPR workstream are underway.

QIPP Monitoring in 14/15

The new style of QIPP reporting, described in the April edition of the integrated performance report, will feature in future editions of the report. Data for April 2014 is not available until early June.

Support for Project Managers

In order that project Managers have access to relevant information relating to their projects the PMO has created links with the Academic Library at the Royal United Hospital, Bath. Project Managers will be able to receive information about specific topics in order that they remain up to date. Literature searches can also be undertaken.

PWC will also deliver a workshop on the development of Key Performance Indications (KPIs) with the intention that performance monitoring across programmes is improved through the establishment of KPIs which assist project managers to monitor delivery.

The Communications department have finalised the Stakeholder Engagement Toolkit and this is ready for circulation via the 14 Days email staff update.

PMO PROJECT REGISTER

UPDATED: 8 May 2014

				PROJECT TEAM			PROJECT RAG RATING			EVALUATION		
Strategic Priority 14/15	**PMO Ref**	**Group**	**Workstream/Project Description**	**Exec Sponsor**	**Clinical Lead**	**Project Manager**	**DEVELOPMENT RAG status**	**Equality Impact Assessment**	**DELIVERY/ IMPLEMENTATION RAG status**	**DATE OF EVALUATION**	**Report on Evaluation Due**	**Comments for attention of programme board**
	JOINT PROJECTS											
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**	**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	g	g	g	Jun-14	Jul-15	**08/05/14** Evaluation scheduled for June. Project team working on arrangements.
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) **Yes will feature on Sarum Workplan**		Multiple	Review of CCG Service Restriction/Prior Approval Review of CCG Exception Policy	Mark Harris	Elizabeth Stanger	Mark Harris						**08/05/2014** This activity will cease to feature on the project register after June PGG but will be completed as business as usual in 14/15 as part of the workplan delivered in Sarum
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**	**PMO-13-024**	Multiple	Healthcare professional line with WMS - £208k investment	Jo Cullen		Patrick Mulcahy	g	g	g	Mar-14	Mar-14	**24/12/2013** Project in delivery. KPI's are not required as this is a contract variation. There is a quarterly report from the provider which provides data two months in arrears. Performance management meetings take place. **8/5/14** Evaluation completed and for review at June PGG. To be part of Urgent Care Programme.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**	**PMO-14-033**	Multiple	SPA/Rapid Response	Ted Wilson		Carl Hughes	g	g	a	End Mar-14	End Apr-14	**24/12/2013** Project is in delivery and reporting against KPI's commenced November 2013.
	CORPORATE PROJECTS											
	INDIVIDUAL GROUP PROJECTS											
NOT 14/15	**PMO-13-005**	NEW	Dementia SLA	Ted Wilson	Celia Grummitt	Louise Cox/ Susan Dark	g	g	g	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	g	g	a	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.)

PMO PROJECT REGISTER

UPDATED: 8 May 2014

				PROJECT TEAM			PROJECT RAG RATING			EVALUATION		
Strategic Priority 14/15	**PMO Ref**	**Group**	**Workstream/Project Description**	**Exec Sponsor**	**Clinical Lead**	**Project Manager**	**DEVELOPMENT RAG status**	**Equality Impact Assessment**	**DELIVERY/ IMPLEMENTATION RAG status**	**DATE OF EVALUATION**	**Report on Evaluation Due**	**Comments for attention of programme board**
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	g	g	g	May-14	May-14	**08/05/2014** PGG agreed that this project will close and will not continue in 14/15. Funding, including additional headroom money, has ceased
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) **Yes as part of MSK Workstream**	**PMO-13-011**	NEW	Orthpaedic Pre Referral Primary Care Clinics	Ted Wilson		Neal Goodwin	g	g	a	Sep-14	Sep-14	Previously know as Orthpaedic Outreach Clinics **19/02/2014** Will remain in 14/15.
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) **Yes as part of Opthamology Workstream**		NEW	Opthamology Pre Referral Primary Care Clinics Headroom Investment £102k	Ted Wilson		Louise Cox	a					**13/01/2014** Workbook not expected until Jan 14. Previously known as Opthamology Outpatient Clinics contains Headroom Bid previously referred to as Opthamology In Reach Community Clinics. **19/02/2014** May cease in current form subject to MH review
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) **Yes as part of Opthamology Workstream**		NEW	Ophthalmology in-reach community clinics - £102k investment	Ted Wilson		Louise Cox	a			May-14	May-14	**13/01/2014** This project is now combined with Opthalmology Pre Referral Primary Care Clinics. The workbook is expected in January 14. **19/02/2014** Continue subject to discussion with CFO on headroom money **8/5/14** PGG received an evaluation of this project and agreed that it should close
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) **Yes will feature on Sarum Workplan**	**PMO-13-008**	NEW	24 Hour ECG	Ted Wilson		Louise Cox	g	g	g	Sep-14	Sep-14	**06/01/2014** Project in implementation. Delivery from mid Jan 14 with KPIs reported for Jan in March 14. **19/02/2014** Will remain in 14/15.
Yes, as Part of NEW in CCG Workplan 14/15. Not Programme Area	**PMO-13-030**	NEW	Community Maternity Services Retender	Ted Wilson		Jo Whitford	g		g	N/A	N/A	**24/12/2013** In delivery JW to meet with JS to update Milestones and Risk Register. Project Board require quorate meeting ahead of B&NES Gov Body on 08/01/14 and Wiltshire Gov Body 14/01/14. SB on sabbatical so need another clinical lead. JCC has agreed that a QIA is not required for this project. **19/02/2014** Will need new project for implementation
Optimising the existing community teams (Ted Wilson) **Yes Optimising Community Teams**		NEW	Continence Service Re-design	Ted Wilson		Angela Billington	g					**19/02/2014** Review complete - now move to implementation. EIA with TW for approval

PMO PROJECT REGISTER

UPDATED: 8 May 2014

				PROJECT TEAM			PROJECT RAG RATING			EVALUATION		
Strategic Priority 14/15	**PMO Ref**	**Group**	**Workstream/Project Description**	**Exec Sponsor**	**Clinical Lead**	**Project Manager**	**DEVELOPMENT RAG status**	**Equality Impact Assessment**	**DELIVERY/ IMPLEMENTATION RAG status**	**DATE OF EVALUATION**	**Report on Evaluation Due**	**Comments for attention of programme board**
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**		NEW	Primary care support for urgent care system - Roaming GP - £150k investment	Ted Wilson	Anna Collins	James Slater/ Sue Rest	a					**19/02/2014** Continue subject to discussion with CFO on headroom money
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **JC recommends Optimising Community Teams (TW)**		NEW	Community Consultant Geriatrician post - £54k investment	Ted Wilson		Emma Smith	a			May-14	May-14	**08/05/2014** PGG agreed that this project will close and will not continue in 14/15. The Optimising Community Teams Programme will include in its scope the Community Geriatrician provision.
Long Term Condition Pathways - Diabetes (Ted Wilson) **TW recommends Urgent Care (JC)**		NEW	Long-term Considition Pathway Redesign for COPD - Specialist Respiratory Assessment Service - £13k investment	Ted Wilson		Sue Rest	g			May-14	May-14	**08/05/2014** PGG agreed that this project will close and will not continue in 14/15.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**		NEW	Expansion of the Trauma Coordinator role - £64k investment	Ted Wilson		Emma Smith	g			May-14	May-14	**08/05/2014** PGG agreed that this project will close and will not continue in 14/15.
Optimising the existing community teams (Ted Wilson) **Yes Optimising Community Teams**		NEW	Improving Catheter community and acute pathways	Ted Wilson		Emma Smith	a			May-14	May-14	**08/05/2014** PGG agreed that this project will close and will not continue in 14/15.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**		NEW	Minor Injury Unit PACS data link with GWH - £5k investment	Ted Wilson		Emma Smith	a			May-14	May-14	**08/05/2014** PGG agreed that this project will close and will not continue in 14/15.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**		NEW	GWH Acute Discharge DART - £400k investment	Ted Wilson		James Slater	g			TBC	TBC	**08/05/2014** Additional funding required pending production of a Business case to justify further investment. Benefits expected are to be included in the business case due at June PGG
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) **TBC**		NEW	7 day working with Diagnostics (Pharmacy, Phlebotomy, Physiotherapy) - £169k investment	Ted Wilson		James Slater	g			May-14	May-14	**08/05/2014** PGG agreed that this project will close and will not continue in 14/15.

PMO PROJECT REGISTER

UPDATED: 8 May 2014

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Strategic Priority 14/15	**PMO Ref**	**Group**	**Workstream/Project Description**	**Exec Sponsor**	**Clinical Lead**	**Project Manager**	**DEVELOPMENT RAG status**	**Equality Impact Assessment**	**DELIVERY/ IMPLEMENTATION RAG status**	**DATE OF EVALUATION**	**Report on Evaluation Due**	**Comments for attention of programme board**
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**		NEW	Community Discharge Team - £287k investment	Ted Wilson		Louise Cox	a			May-14	May-14	**08/05/2014** PGG agreed that this project will close and will not continue in 14/15.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**		NEW	Escalation Beds - £566k investment	Ted Wilson		James Slater	g			May-14	May-14	**08/05/2014** PGG agreed that this project will close and will not continue in 14/15.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**		NEW	Weekend Support for Clinical Teams - £20k investment	Ted Wilson		Louise Cox	a			May-14	May-14	**08/05/2014** PGG agreed that this project will close and will not continue in 14/15.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**		NEW	Night Time Rapid Response - £267k invstment	Ted Wilson		James Slater	a			TBC	TBC	**08/05/2014** Additional funding required pending production of a Business case to justify further investment. Benefits expected are to be included in the business case due in June PGG. The business case will be for both daytime and night time rapid response
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**		NEW	Daytime Rapid response service - £186k investment	Ted Wilson		James Slater	g			TBC	TBC	**08/05/2014** Additional funding required pending production of a Business case to justify further investment. Benefits expected are to be included in the business case due in June PGG. The business case will be for both daytime and night time rapid respon
Long Term Condition Pathways - Diabetes (Ted Wilson) **Optimising Community Teams**		NEW	Extension of oxygen pilot - £37k investment	Ted Wilson		Neal Goodwin	a			TBC	TBC	**08/05/2014** Additional funding required pending production of a Business case to justify further investment. Benefits expected are to be included in the business case due in June PGG
Optimising the existing community teams (Ted Wilson) **Yes Optimising Community Teams**		NEW	Community IT (EPRS - year 1 costs, 40% ot total) - £431k investment	Ted Wilson	Simon Burrell	James Slater	a			TBC	TBC	Project in Development. Negotiations with GWH to be finalised in the New Year. Paper to Governing Body in March to agree funding. 19/02/2014 To move to implementation **08/05/2014** PGG received an outline Business Case for the Community IT system. This project is to close and relevant activities associated with this IT development are to be picked up in the Optimising Community Teams Programme
Optimising the existing community teams (Ted Wilson) **Yes Optimising Community Teams**		NEW	H2LAH Brokerage Support Headroom Bid	Ted Wilson		James Slater	a			Dec-14	Dec-14	**19/02/2014** Continue subject to discussion with CFO on headroom money **08/05/14** Funding for this project was agreed at the Clinical Exec in December 2014 for pilot to run until Autumn 2014

PMO PROJECT REGISTER

UPDATED: 8 May 2014

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Strategic Priority 14/15	**PMO Ref**	**Group**	**Workstream/Project Description**	**Exec Sponsor**	**Clinical Lead**	**Project Manager**	**DEVELOPMENT RAG status**	**Equality Impact Assessment**	**DELIVERY/ IMPLEMENTATION RAG status**	**DATE OF EVALUATION**	**Report on Evaluation Due**	**Comments for attention of programme board**
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) **Yes will feature on Sarum Workplan**		Sarum	Referral Information System Development - Ardens Business Case	Mark Harris	Toby Davies	Katy Hamilton Jennings				TBC	TBC	**26/03/14** Clinical Executive agreed the Ardens business case on 25/3/14. Monies available to pump prime the development of this system pending proof of concept. **8/5/14** This project will feature in the Planned Care Programme
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) **Yes as part of MSK Workstream**	**PMO-13-021**	Sarum	Chronic pain (IncBack Pain)	Mark Harris	Chet Sheth	katy	g	g	a	Aug-14	TBC	**24/12/2013** This project is in Implementation and date for reporting against KPI's is January 2014 **13/02/2014** Sarum to review and add to list of projects for 14/15 in MSK workstream **8/5/13** Project is ongoing and is included as part of the MSK worstream in the Planned Care Programme
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) **Yes as part of MSK Workstream**	**PMO-13-002**	Sarum	Trauma and Orthopaedics	Mark Harris	Chet Sheth	Beatrix Maynard	g		g	May-14		**08/05/2014** PGG agreed that this project will close and relevant activities be incorporated into the Planned Care Programme
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**	**PMO-13-015**	Sarum	Care Home LES	Mark Harris	Elizabeth Stanger	Louise Sturgess	g	g	g	May-14	May-14	**08/05/2014** PGG agreed that this project will close and monitoring of activity will take place through the revised monitoring arrangements for the Group SLAs
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**	**PMO-13-007**	Sarum	Salisbury Walk In Centre/A&E Redesign	Mark Harris	Celia Grummitt	Jill Whittington	g	g	g	TBC	TBC	**27/02/2014** 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 **8/5/14** Project is ongoing and will feature as part of the MIU review work included in the Urgent Care Programme
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) **Yes will feature on Sarum Workplan**	**PMO-13-003**	Sarum	Managing GP Referrals	Mark Harris		Louise Sturgess	g	g	r	May-14	May-14	**08/05/2014** PGG agreed that this project will close and monitoring of referral activity will take place through Business as Usual activity.
TBC	**PMO-13-016**	Sarum	SFT IBD Nurse - £31k investment	Mark Harris		Jill Whittington	g	g	a	Nov-14	Dec-14	**28/02/2014** IBD nurse due to start May 2014 **8/5/14** Project will continue as part of the Planned Care Programme

PMO PROJECT REGISTER

UPDATED: 8 May 2014

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Strategic Priority 14/15	**PMO Ref**	**Group**	**Workstream/Project Description**	**Exec Sponsor**	**Clinical Lead**	**Project Manager**	**DEVELOPMENT RAG status**	**Equality Impact Assessment**	**DELIVERY/ IMPLEMENTATION RAG status**	**DATE OF EVALUATION**	**Report on Evaluation Due**	**Comments for attention of programme board**
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**		Sarum	Expanding emergency workforce - £103k investment	Mark Harris		Louise Sturgess	a			Mar-14	Mar-14	**08/05/2014** PGG agreed that this project will close. There are no plans to continue in 14/15 but learning established will be fed into the SFT Urgent Care Working Group. This project was a duplicate of the project called Additional MAU/ED Staff
NOT 14/15	**PMO-13-019**	Sarum	Electronic Clinic Letters - £36k investment	Mark Harris		Katy Hamilton Jennings	g	g	a	Jun-14	Jun-14	**24/12/2013** Project is in development and target date for implementation is February 2014. The date for implementation is being checked as the Project Manager recruitment activity was unsuccessful. **13/02/2014** Will cease to be a project in 14/15 and become Business as Usual
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) **TBC** **MH recommends JC**	**PMO-13-020**	Sarum	Electronic discharge summaries - £141k investment	Mark Harris		Katy Hamilton Jennings	g	g	a	Jun-14	Jun-14	**24/12/2013** This project is in development. Target date for implementation is April 2014 and reporting against KPI's is estimated at June 2014
TBC	**PMO-13-031**	Sarum	Winter Patient Transport Services Salisbury - £40k investment	Mark Harris		Katy Hamilton Jennings	g		g	May-14	May-14	**08/05/2014** PGG agreed that this project will close and will not continue in 14/15.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**	**PMO-13-018**	Sarum	Additional Winter Weekend Primary Care Cover - £150k investment	Mark Harris	Naz Komal	Jill Whittington	g	g	g	Jun-14	Jun-14	**24/12/2013** Project is in delivery and reporting against KPI's will commence March 2014 **8/5/14** This project will be evaluated at PGG in June
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**		Sarum	Additional MAU/ED Staff	Mark Harris			a			Jun-14	Jun-14	**08/05/2014** PGG agreed that this project will close. There are no plans to continue in 14/15 but learning established will be fed into the SFT Urgent Care Working Group. This project was a duplicate of the project called Expanding emergency workforc
TBC		Sarum	Delayed Transfer of Care Beds	Mark Harris		Louise Sturgess	r			Jun-14	Jun-14	**08/05/14** This project is closed and will be evalutated at June PGG
TBC		Sarum	Winter Monies - RACE Unit	Mark Harris		Beatrix Maynard	a			Jun-14	Jun-14	**08/05/14** This project is closed and will be evalutated at June PGG
TBC		Sarum	Winter Monies - 7 Day Working	Mark Harris		Beatrix Maynard	a			Jun-14	Jun-14	**08/05/14** This project is closed and will be evalutated at June PGG
TBC		Sarum	Winter Monies - Patient Flow	Mark Harris		Beatrix Maynard	a			Jun-14	Jun-14	**08/05/14** This project is closed and will be evalutated at June PGG
TBC		Sarum	Winter Monies - Discharge Lounge	Mark Harris		Beatrix Maynard	g			May-14	May-14	**08/05/2014** PGG agreed that this project will close and will not continue in 14/15.
TBC		Sarum	Winter Monies - Peadiatrics	Mark Harris		Beatrix Maynard	g			May-14	May-14	**08/05/2014** PGG agreed that this project will close and will not continue in 14/15.

PMO PROJECT REGISTER

UPDATED: 8 May 2014

				PROJECT TEAM			PROJECT RAG RATING			EVALUATION		
Strategic Priority 14/15	**PMO Ref**	**Group**	**Workstream/Project Description**	**Exec Sponsor**	**Clinical Lead**	**Project Manager**	**DEVELOPMENT RAG status**	**Equality Impact Assessment**	**DELIVERY/ IMPLEMENTATION RAG status**	**DATE OF EVALUATION**	**Report on Evaluation Due**	**Comments for attention of programme board**
TBC		Sarum	Winter Monies - Specialling of Patients	Mark Harris		Beatrix Maynard	g			Jun-14	Jun-14	**08/05/14** This project is closed and will be evalutated at June PGG
TBC		Sarum	Winter Monies - Additional Bed Capacity	Mark Harris		Beatrix Maynard	g			Jun-14	Jun-14	**08/05/14** This project is closed and will be evalutated at June PGG
TBC		Sarum	Winter Monies - Additional Weekend Trauma Lists	Mark Harris		Beatrix Maynard	g			May-14	Jun-14	**8/5/14** PPG agreed that this project is to to close
Planned Care Pathways - Musculoskeletal Conditions and Ophthalmology (Mark Harris) **Yes will feature on Sarum Workplan**	**PMO-13-028**	WWYKD	Consultant to consultant referrals review	Jo Cullen	Lucy Pearson	Jo Cullen/Victoria Stanley	a			N/A	N/A	**24/12/2013** Negotiations with the RUH are on going. Minor amendments have been made to the proposal s that were agreed by the RUH and Andy Jennings is to share with B&NES CCG before further discussions with RUH take place. **19/02/2014** JC thinks project will not continue **8/5/14** This project has ceased. It involved a policy change and is now handled by the Exceptions and Prior Approvals Team. Recommend that this project is removed from the project register after June PGG.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**	**PMO-13-026**	WWYKD	Care homes project	Jo Cullen	Lucy Pearson/Martin Foley	Andy Jennings/Jo Whitford	g		g	N/A	N/A	**08/05/2014** PGG agreed that this project will close and monitoring of activity will take place through the revised monitoring arrangements for the Group SLAs
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**	**PMO-13-032**	WWYKD	MIU review (priority 1)	Jo Cullen	Helen Osborn	Jo Cullen/Jenny Benns/Victoria Stanley	a			TBC	TBC	**24/12/2013** This project is in development. KPI's have been developed but there is no data available yet. It is hoped that a pilot project will be ready for Feburuary/March 2014. **17/01/2014** 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. **8/5/14** relvant activities will be transferred from this project and be picked up as part of the Urgent Care Programme.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**		WWYKD	A&E front door (priority 1) aka RUH Emergency Care Project	Jo Cullen	Lucy Pearson/Martin Foley	Jo Cullen/Victoria Stanley	g		a	TBC	TBC	**17/01/2014** WWYKD recommendation is that A & E Front Door at RUH is not a project under PMO as is based on a signed off business care 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 **8/5/14** relvant activities will be transferred from this project and be picked up as part of the Urgent Care Programme.
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **JC recommends Optimising Community Teams (TW)**		WWYKD	Increased Use of Community Geritrician	Jo Cullen		Jo Whitford	r		r	N/A	N/A	**17/01/2014** 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. **8/5/14** PGG agreed that Community Geriatrician provision would form part of the the Optimising Community Teams Programme. Relevant activities and learning from this project will be tranferred. This project will be removed from the project register after June PGG

PMO PROJECT REGISTER

UPDATED: 8 May 2014

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Strategic Priority 14/15	**PMO Ref**	**Group**	**Workstream/Project Description**	**Exec Sponsor**	**Clinical Lead**	**Project Manager**	**DEVELOPMENT RAG status**	**Equality Impact Assessment**	**DELIVERY/ IMPLEMENTATION RAG status**	**DATE OF EVALUATION**	**Report on Evaluation Due**	**Comments for attention of programme board**
NOT 14/15	PMO-13-022	WWYKD	Headroom Project Pharmacy Support to Care Homes - £16k investment	Jo Cullen		Nadine Fox/Meds Man/Penny Lightowler	g		g	Jun-14	Jun-14	**07/01/2014** Project delivery commenced September 13 and will go through to March 14. KPI's are now being finalised which will allow sign off of the workbook **17/01/2014** WWYKD recommendation is that Pharmacy Support to Care Homes are no longer funded 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. **19/02/2014** Will close, will be BAU in 14/15 **8/5/14** PGG in June will receive an update on this project with a view that this project is closed
NOT 14/15	PMO-13-023	WWYKD	Headroom Project Pharmacy Support for Patients at Home - £16k investment	Jo Cullen		Nadine Fox/Meds Man/Penny Lightowler	g			Jun-14	Jun-14	**07/01/2014** Project is in development. Scope of project is to be redefined and is currently delayed due to the maternity leave of the pharmacist. It is proposed that scope will be completed by end January allowing workbook and KPI's to be signed off. **17/01/2014** WWYKD recommendation is that Pharmacy Support to Patients at Home are no longer funded 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. **19/02/2014** Will close, will be BAU in 14/15 **8/5/14** PGG in June will receive an update on this project with a view that this project is closed
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**	PMO-14-036	WWYKD	Practice in Reach and Discharge Support - £213k investment	Jo Cullen	Helen Osborn	Jo Cullen/Victoria Stanley	g	g	g	End Apr-14	Jun-14	**10/02/2014** Project Workbook number issued 10/02/2014.. **8/5/14** PGG in June will receive an evaluation of this project
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**		WWYKD	Practice managed step up care home beds - £208k investment	Jo Cullen	Helen Osborn		r			N/A	N/A	**8/5/14** This project was not started and funding was diverted elesewhere. Delete this line from the project register after June PGG
Urgent Care review, pathway design and alignment of system wide provision (Jo Cullen) **Yes Urgent Care**	PMO-13-025	WWYKD	Primary Care Winter Pressures	Jo Cullen		Patrick Mulcahy	g	g	g	Jun-14	Jun-14	**24/12/2013** This project is in delivery but there is a 80/20 split of participating practices. A template has been developed for practices to record activity for the KPI's and there will be a post March 2014 evaluation and report. **8/5/14** Project evaluation will be received at June PGG

PMO PROJECT REGISTER

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Optimising the existing community teams (Ted Wilson) **JC recommends Optimising Community Teams**	**PMO-14-034**	WWYKD	Community Oxygen Assessment Pilot	Jo Cullen		Penny Lightowler	g	g	g	N/A	N/A	**07/01/2014** Project in delivery commenced 06/01/2014. The project workbook is currently in the GWH format. The required detail will be transferred into the CCG project workbook, completion estimated by w/e 17 January 2014. **08/05/2014** Additional funding required pending production of a Business case to justify further investment. Benefits expected are to be included in the business case due in July 2014. This is being lead by NEW. This project will be removed from the Project register after June PGG.
TBC	**PMO-14-035**	CTP	Rheumatology	Lynn Talbot		Shelley Watson	g	g	a	TBC	TBC	**10/02/2014** Project Workbook number issued 07/02/2014.. **08/05/14** Scope of project reviewed and agreed at PGG. Although not part of a programme area in 14/15 this important project will be monitored by PMO and feature on the Project Register. The project workbook is being updated by the project manager.
	Community Transformation - Pre project register											
TBC	**PPP1**	CTP	CTP Phase 2 - Building Community Capacity			Martin Body						Proposal sign off date 17/12/13. Date Put back from 11/11/13 **26/02/2014** Proposal drafted but Wiltshire Council to lead on this now. Meeting to be set up to agree how. **8/5/14** The CTP has closed and relevant information and responsibilities has been assigned to other programme areas for 14/15 to deliver the CCG plans
TBC	**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 **26/02/2014** Proposal drafted but not agreed. Workshop being arranged to look at patient pathway before updating proposal. **8/5/14** The CTP has closed and relevant information and responsibilities has been assigned to other programme areas for 14/15 to deliver the CCG plans
TBC	**PPP3**	CTP	CTP Phase 2 - Diagnostics			Martin Body						Proposal sign off date 31/12/13. Date Put back from 27/11/13 **26/02/2014** No progress. Martin Body believes that this is now Mark Harris' remit **8/5/14** The CTP has closed and relevant information and responsibilities has been assigned to other programme areas for 14/15 to deliver the CCG plans
TBC	**PPP4**	CTP	CTP Phase 2 - Single Assessment Framework/Care Plan			Shelley Watson						**26/02/2014** Proposal being drafted. However this will fall under the Better Care Fund remit **8/5/14** The CTP has closed and relevant information and responsibilities has been assigned to other programme areas for 14/15 to deliver the CCG plans

NHS WILTSHIRE CCG

Are local people getting good quality care?

Indicator	Outcome				
Providers	**SFT**	**RUH**	**GWH Acute**	**GWH Community**	**AWMHP**
Has local provider been subject to enforcement action by the CQC?	N	N	N	N	N
Has local provider been flagged as as a 'quality compliance risk' by Monitor and/or are requirements in place around breaches of provider licence conditions?	N	N	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 - No 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

CCG: Wiltshire	
Clinical Governance	
Does the CCG have any outstanding conditions of authorisation in place on clinical governance?	N
Has the CCG self-assessed and identified any risks associated with the following:	
Concerns around quality issues being discussed regulary by the CCG governing body	N
Concerns around the arrangements in place to proactively identify early warnings of a failing service	N
Concerns around the arrangements in place to deal with and learn from serious untoward incidents and never events	N
Concerns around being an active participant in its Quality Surveillance Group	N
EPRR	
If there was an emergency event in the last quarter, has the CCG self-assessed and identified any areas of concern on the arrangements in place for dealing with such an event?	N
Winterbourne View	
Has the CCG self-assessed and identifed any risk to progess against its Winterbourne View action plan?	N

Green – all 'NO' responses
Amber/Green – One or more 'YES' responses but action plan in place that successfully mitigates patient risk
Amber-Red – One or more 'YES' responses and no action plan in place / plan does not successfully mitigate patient risk
Red – Enforcement action is being undertaken by the CQC, Monitor or TDA and the CCG is not engaged in proportionate action planning to address patient risk.

NATIONAL PATIENT SURVEY - Survey of adult inpatients in the NHS 2012	2012			National Thresholds	
Section scores	**SFT**	**RUH**	**GWH**	Lowest 20%	Highest 20%
S1. The Emergency/A&E Department (answered by emergency patients only)	9.0	8.7	8.3	7.1	9.5
S2. Waiting list and planned admissions (answered by those referred to hospital)	8.8	8.9	8.9	8.5	9.7
S3. Waiting to get to a bed on a ward	8.4	7.5	7.6	6.1	9.6
S4. The hospital and ward	8.3	7.8	8.3	7.5	9.0
S5. Doctors	8.7	8.7	8.4	8.0	9.4
S6. Nurses	8.4	8.5	8.3	7.4	9.4
S7. Care and treatment	7.7	7.7	7.5	6.8	8.8
S8. Operations and procedures (answered by patients who had an operation or procedure)	8.4	8.4	8.2	7.8	9.1
S9. Leaving hospital	7.2	7.3	7.0	6.3	8.7
S10. Overall views and experiences	5.0	4.9	5.0	4.4	6.6
The Emergency/A&E Department (answered by emergency patients only)					
Q3. While you were in the A&E Department, how much information about your condition or treatment was given to you?	8.8	8.6	8.0	7.1	9.6
Q4. Were you given enough privacy when being examined or treated in the A&E Department?	9.1	8.8	8.6	7.2	9.7
Waiting list and planned admissions (answered by those referred to hospital)					
Q6. How do you feel about the length of time you were on the waiting list?	7.8	7.9	7.8	6.8	9.8
Q7. Was your admission date changed by the hospital?	9.0	9.4	9.3	8.2	9.9
Q8. Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?	9.5	9.5	9.6	8.7	10.0
Waiting to get to a bed on a ward					
Q9. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	8.4	7.5	7.6	6.1	9.6
The hospital and ward					
Q11. Did you ever share a sleeping area with patients of the opposite sex?	9.0	7.4	8.9	7.4	9.9
Q14. Did you ever use the same bathroom or shower area as patients of the opposite sex?	9.1	7.6	9.5	6.2	9.8
Q15. Were you ever bothered by noise at night from other patients?	5.7	5.9	6.3	4.8	8.4
Q16. Were you ever bothered by noise at night from hospital staff?	8.3	8.0	7.9	7.0	9.2
Q17. In your opinion, how clean was the hospital room or ward that you were in?	8.8	8.5	8.8	8.1	9.6
Q18. How clean were the toilets and bathrooms that you used in hospital?	8.5	8.0	8.7	7.5	9.5
Q19. Did you feel threatened during your stay in hospital by other patients or visitors?	9.7	9.7	9.6	9.3	10.0
Q20. Were hand-wash gels available for patients and visitors to use?	9.4	9.5	9.7	8.8	10.0
Q21. How would you rate the hospital food?	5.7	5.4	5.1	3.8	7.9
Q22. Were you offered a choice of food?	8.6	8.2	8.4	7.5	9.6
Q23. Did you get enough help from staff to eat your meals?	8.2	8.0	7.8	5.6	9.5
Doctors					
Q24. When you had important questions to ask a doctor, did you get answers that you could understand?	8.4	8.4	7.9	7.4	9.3
Q25. Did you have confidence and trust in the doctors treating you?	9.1	8.9	8.9	8.3	9.7
Q26. Did doctors talk in front of you as if you weren't there?	8.7	8.7	8.5	7.7	9.4
Nurses					
Q27. When you had important questions to ask a nurse, did you get answers that you could understand?	8.5	8.7	8.2	7.2	9.3
Q28. Did you have confidence and trust in the nurses treating you?	8.8	8.7	8.8	7.6	9.5
Q29. Did nurses talk in front of you as if you weren't there?	8.8	9.1	9.0	7.8	9.7
Q30. In your opinion, were there enough nurses on duty to care for you in hospital?	7.5	7.4	7.2	6.3	9.3
Care and treatment					
Q31. Did a member of staff say one thing and another say something different?	8.1	8.3	7.4	7.4	9.4
Q32. Were you involved as much as you wanted to be in decisions about your care and treatment?	7.6	7.3	6.3	6.3	8.7
Q33. How much information about your ondition or treatment was given to you?	8.0	8.0	7.0	7.0	9.4
Q34. Did you find someone on the hospital staff to talk to about your worries and fears?	6.1	6.2	4.2	4.2	7.8
Q35. Do you feel you got enough emotional support from hospital staff during your stay?	7.1	7.0	5.7	5.7	8.8
Q36. Were you given enough privacy when discussing your condition or treatment?	8.5	8.1	7.8	7.8	9.3
Q37. Were you given enough privacy when being examined or treated?	9.5	9.5	9.1	9.1	9.8
Q39. Do you think the hospital staff did everything they could to help control your pain?	8.2	8.5	4.5	7.5	9.4
Q40. After you used the call button, how long did it usually take before you got help?	6.0	6.3	5.1	5.1	7.4
Operations and procedures (answered by patients who had an operation or procedure)					
Q42. Did a member of staff explain the risks and benefits of the operation or procedure?	9.0	8.9	8.9	8.2	9.5
Q43. Did a member of staff explain what would be done during the operation or procedure?	8.6	8.4	8.4	7.7	9.4
Q44. Did a member of staff answer your questions about the operation or procedure?	8.7	8.8	8.7	8.1	9.6
Q45. Were you told how you could expect to feel after you had the operation or procedure?	6.8	7.1	6.9	6.0	8.3
Q47. Did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain?	9.1	9.4	9.1	8.3	9.6
Q48. Afterwards, did a member of staff explain how the operation or procedure had gone?	7.8	7.6	7.4	6.8	8.7
Leaving hospital					
Q49. Did you feel you were involved in decisions about your discharge from hospital?	7.0	6.9	6.8	5.8	8.3
Q50. Were you given enough notice about when you were going to be discharged?	7.2	7.0	6.8	6.3	9.1
Q52. Discharge delayed due to wait for medicines/to see doctor/for ambulance.	7.2	6.7	6.3	4.8	8.7
Q53. How long was the delay?	8.4	7.9	7.3	6.2	9.3
Q54. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	6.2	6.6	5.6	4.8	8.8
Q55. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	8.6	8.5	8.1	7.3	9.5
Q56. Did a member of staff tell you about medication side effects to watch for when you went home?	5.2	4.9	4.6	3.4	7.5
Q57. Were you told how to take your medication in a way you could understand?	8.4	8.5	8.2	7.4	9.6
Q58. Were you given clear written or printed information about your medicines?	7.8	8.0	7.5	6.9	9.6
Q59. Did a member of staff tell you about any danger signals you should watch for after you went home?	5.7	5.3	4.6	3.8	7.6
Q60. Did hospital staff take your family or home situation into account when planning your discharge?	7.3	7.1	6.6	5.6	8.7
Q61. Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?	6.3	6.2	5.3	4.8	7.9
Q62. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	8.3	7.3	7.8	6.6	9.5
Q63. Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?	8.3	8.6	8.0	6.1	9.8
Q64. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	8.2	8.1	8.0	7.3	9.7
Q65. Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	4.0	7.6	8.1	2.2	9.1
Q66. Were the letters written in a way that you could understand?	8.4	8.5	8.7	7.2	9.4
Overall views and experiences					
Q67. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	9.1	9.0	8.9	8.2	9.7
Q68. Overall… I had a very poor/good experience	8.1	7.9	7.9	7.2	9.0
Q69. During your hospital stay, were you ever asked to give your views on the quality of your care?	1.0	0.6	0.9	0.5	3.4
Q70. Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	1.7	1.9	2.4	0.9	5.2
Response Rate (National overall = 51%)	67%	53%	50%		

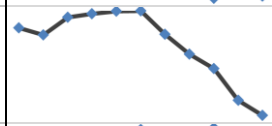
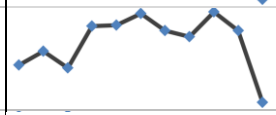
Trust results are not shown if there were fewer than 30 respondents.

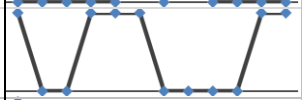
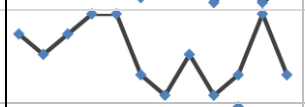
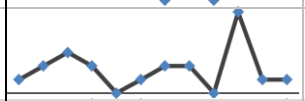
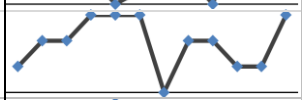
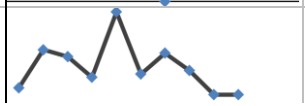
n.n	Best performing trusts
n.n	About the same as most trusts
n.n	Worse performing trusts

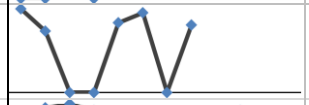
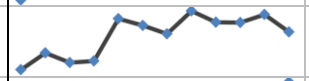
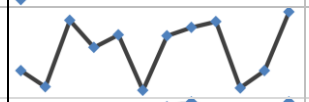
Wiltshire
Clinical Commissioning Group 2013/14 Integrated Quality Scorecard

March

NHS Wiltshire Clinical Commissioning Group

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		⇩ Feb	G			⇧	The HSMR 12 month rolling figures from Doc Foster show RUH to have a lower than expected relative risk. February 2014 is the latest data available
	Quality 6 SFT	Hospital Standardised Mortality Rate (HSMR) within agreed range - 12 month rolling (SFT)		104		⇩ Feb	G			⇧	The HSMR 12 month rolling figures show from Doc Foster show SFT to be in the expected range.February 2014 is the latest data available
	Quality 6 GWH	Hospital Standardised Mortality Rate (HSMR) within agreed range - 12 month rolling (GWH)		98		⇩ Feb	G			⇧	The HSMR 12 month rolling figures from Doc Foster show GWH to be in the expected range. February 2014 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	5.5		⇔ Sep	5.5		5.5	⇩	There is a 6 monthly National Reporting and Learning System (NRLS) report and this is the latest available data from 1st April 2013 to 30th September 2013.
	Quality 8 SFT	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (SFT)		8.6		⇔ Sep	8.6		8.6	⇩	
	Quality 8 GWH	Patient Safety Incidents reported to the NRLS by provider organisations per 100 admissions (GWH)		7.4		⇔ Sep	7.4		7.4	⇩	
	5a RUH	Patient safety incidents reported (RUH)		1854		⇔ Sep	1854		1854	⇧	
	5a SFT	Patient safety incidents reported (SFT)		2316		⇔ Sep	2316		2316	⇧	
	5a GWH	Patient safety incidents reported (GWH)		3310		⇔ Sep	3310		3310	⇧	
	Quality 3 RUH	Number of Serious Incidents requiring investigation (RUH)		7		⇧ Mar	35		35	⇩	All serious incidents are monitored by CCG Serious Incident Committee where root cause analysis reports are reviewed to ensure that lessons have been learned from incidents and actions have been taken to mitigate against further reoccurrences. This shows
	Quality 3 SFT	Number of Serious Incidents requiring investigation (SFT)		6		⇧ Mar	17		17	⇩	

Quality 3 GWH	Number of Serious Incidents requiring investigation (GWH Maternity & Community)		1		⇩ Mar	31		31		⇩	against further reoccurrences. This shows the number of Serious Incidents reported in March 2014
Quality 2 RUH	Number of Never Events (RUH)		1	R	⇧ Mar	1	R			⇩	Following review of the 72 hour report, a Grade 2 regarding a Nasogastic Tube misplacement was reported to be in the process of being declared as a Never Event.
Quality 2 SFT	Number of Never Events (SFT)		0	G	⇔ Mar	0	G			⇩	There have been no never events with SFT
Quality 2 GWH	Number of Never Events (GWH Maternity & Community)		0	G	⇩ Mar	3	R			⇩	This was a Maternity Unit Never Event in April 2013. Two further maternity Never Events have been reported in February 2014. There were no Never Events in March 2014
Quality 9 RUH	Number of acquired pressure ulcers: Grades 3 & 4 (RUH)		0	G	⇔ Mar	12		12		⇩	This shows the number of Grade 3 and 4 Pressure Ulcers reported in March 14
Quality 9 SFT	Number of acquired pressure ulcers: Grades 3 & 4 (SFT)		1		⇔ Mar	6		6		⇩	This shows the number of Grade 3 and 4 Pressure Ulcers reported in March 14
Quality 9 GWH	Number of acquired pressure ulcers: Grades 3 & 4 (GWH Maternity & Community)		1		⇔ Mar	23		23		⇩	This shows the number of Grade 3 and 4 Pressure Ulcers reported in March 14
CB_A15	Healthcare acquired infection (HCAI) measure (MRSA)	0	0	G	⇩ Mar	7	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	1	R	⇧ Mar	1	G	1		⇩	The RUH have had one case of MRSA in March 2014
CB_A15 SFT	Healthcare acquired infection (HCAI) measure (MRSA) (SFT)	0	0	G	⇔ Mar	2	R	2		⇩	SFT have shown no cases of MRSA in March 14, however, have had two cases YTD
CB_A15 GWH	Healthcare acquired infection (HCAI) measure (MRSA) (GWH)	0	1	R	⇔ Mar	6	R	6		⇩	GWH have shown one case of MRSA in March 14, however, have had four cases YTD.
CB_A16	Healthcare acquired infection (HCAI) measure (c. difficile)	10	10	G	⇧ Mar	133	R	133		⇩	The year end target for the CCG is 127
CB_A16 RUH	Healthcare acquired infection (HCAI) measure (c. difficile) (RUH)	2	2	G	⇩ Mar	37	R	37		⇩	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)	2	1	G	⇔ Mar	21	G	21		⇩	The year end target for SFT is 21.
CB_A16 GWH	Healthcare acquired infection (HCAI) measure (c. difficile) (GWH)	2	3	R	⇧ Mar	23	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 Q3. Q4 currrently 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 Dec13 there were 82 stage 1, 73 stage 2 and 21 stage 3 complaints.
CB_A13i RUH	Friends and family test. Combined in-patient and A&E response rate (RUH)	15%	23%	G	⇩ Mar	23%	G	23%		⇧	The response rate target fo the RUH is being met
CB_A13i SFT	Friends and family test. Combined in-patient and A&E response rate (SFT)	15%	25%	G	⇩ Mar	25%	G	25%		⇧	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)	15%	13%	R	⇧ Mar	13%	R	13%		⇧	The response rate target for GWH is not being met and the performance of this indicator and the actions being taken to improve performane is being monitored by the CCG.
CB_A13ii RUH	Friends and family test. Combined in-patient and A&E score (RUH)	0	78	G	⇧ Mar	78	G	78		⇧	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	71	G	⇔ Mar	71	G	71		⇧	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	60	G	⇩ Mar	60	G	60		⇧	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

NHS Wiltshire Clinical Commissioning Group

Equality Impact Analysis – the EIA form

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

For the record	
Name of person leading this EIA Susannah Long, Governance & Risk Manager	Date completed 13 May 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 13 May 2014

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

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

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

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

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

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

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

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

3 Impact Refer to dimensions of equality and equality groups

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

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

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

What can be done to change this impact?
N/A

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

Does further consultation need to be done? How will assumptions made in this Analysis be tested?
No further consultation is needed at this time.

4 So what? Link to business planning process

What changes have you made in the course of this EIA?
None

What will you do now and what will be included in future planning?
The report will continue to be provided.

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

How will success be measured?
N/A

EIA form V3 August 2013