



Wiltshire
Clinical Commissioning Group

Integrated Performance Report

January 2018

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Wiltshire CCG Quality Report

January 2018

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Outcomes Framework Domain (1)	Indicator	Indicator Yellow Indicates IAF / Constitutional Target	Measure	Data Frequency (1)	Target/Threshold	Benchmark National / Regional (2)	2017/18 TOTAL / AVERAGE (3)	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Sparkline	Exception Identified? (4)
Safety	S1	Healthcare acquired infection (HCAI) measure - MRSA	Number of infections = 0	M	0	n/a	<u>4</u>	1	0	0	0	1	0	1	1	0	0	0	1		
Safety	S2	Healthcare acquired infection (HCAI) measure - C.difficile (Post 72 hours)	Number of infections (see threshold for Provider)	M	Individual Provider Targets	n/a	<u>65</u>	8	10	8	11	6	9	8	4	12	9	13	4		
Safety	S3	Healthcare acquired infection (HCAI) measure - E. coli	Number of infections (see threshold for Provider)	M	Individual Provider Targets	n/a	<u>206</u>	31	28	16	18	17	23	26	23	36	26	25	30		
Safety	S4	Healthcare acquired infection (HCAI) measure - MSSA	No target set	M	0	n/a	<u>53</u>	3	3	7	8	2	2	8	6	13	6	10	6		
Safety	S5	Bed Days closed due to infection outbreak (e.g. Noro Virus)	No target set	TBC	To be determined	n/a	<u>126</u>	89	176	60	0	6	0	26	12	4	4	15	59		
Safety	S6	Number of Never Events (CCG)	Number of events = 0	M	0	n/a	<u>2</u>	0	1	0	0	0	1	0	0	0	0	1	0		
Safety	S7	Number of Serious Incidents reported for Wiltshire patients.	Number of reported serious incidents	M	n/a	n/a	<u>109</u>	10	9	7	24	10	20	17	12	13	10	13	14		
Safety	S8	NHS Patient Safety Thermometer - Venous Thromboembolism (VTE)	VTE -%	M	0.40%	n/a	<u>0.6%</u>	0.2%	0.8%	0.2%	0.7%	0.7%	0.6%	0.6%	0.6%	0.6%	0.6%	0.4%			
Safety	S9	Midwife:Birth Ratio		M	1.27	n/a	<u>1.30</u>	1.30	1.31	1.30	1.32	1.30	1.30	1.29	1.30	1.30	1.31	1.32			
Safety	S10	Over 52 Week Waits		M	To be determined	n/a	<u>27</u>	3	4	4	5	4	1	9	2	4	4	1	2		
Experience	Ex1	Staff Friends and Family Test Score (Work)	Score => National average	Q	67.0%	63%	<u>63.1%</u>				56%			64%			62%				
Experience	Ex2	Staff Friends and Family Test Score (Care)	Score => National average	Q	84.0%	80%	<u>83.0%</u>				79%			84%			82%				
Experience	Ex3	Friends and Family Test Score Mental health	Score => National average	M	93.0%	86%	<u>88.0%</u>	87%	86%	89%	89%	87%	89%	88%	88%	86%	90%	88%			
Experience	Ex4	Friends and Family Test Score GPs	Score => National average	M	N/A	89%	<u>90.4%</u>	91%	91%	93%	91%	91%	91%	92%	88%	90%	90%	91%			
Experience	Ex5	Mixed sex accommodation (MSA) Breaches (rate per 1000 episodes)	Number of breaches = 0	M	0	0.7	<u>0.5</u>	1.8	4.3	2.2	0.0	1.1	0.3	0.3	0.6	0.4	0.5	0.2			
Experience	Ex6	Number of Complaints Received (to the CCG)	Total number of complaints received	M	N/A	n/a	<u>39</u>	3	4	0	6	4	3	4	4	4	4	7	9		
Effectiveness	Ef1	12 Hr Trolley Breaches in the ED		M	0	n/a	<u>20</u>	6	12	13	5	6	4	5	5	0	0	0			
Effectiveness	Ef2	Fractured Neck of Femur	% in theatre within 36 hours	M	80%	72%	<u>79.1%</u>	83%	88%	79%	82%	81%	71%	75%	81%	79%	79%	88%			

1 – Data is available monthly (M), quarterly (Q) or annually (A). 2 – Nationally available benchmark indicators are in purple, regional (South West or more local) are in orange. 3 – 2017/18 average figures appear without underline, total figures appear in an underlined format. Colour of the number indicates overall performance. 4 – Indicators marked with a flag are reported in further detail below the dashboard (blue flags indicate that this has already been reported as an exception so will be covered in the Ongoing Exceptions Table). 5 - This data is only for Salisbury Foundation Trust.

CCG Level Indicators Reported by Exception

Indicator:	S6 Number of Never Events (CCG) S7 Number of Serious Incidents reported for Wiltshire patients																																						
Issue:	During the month of November WCCG identified 14 Serious Incidents involving Wiltshire patients that were reported onto STEIS.																																						
Assurances and Next Steps:	<p>The incidents providers and types were as follows:</p> <table border="1"> <tbody> <tr> <td>AWP</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Death from suspected ligature</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Death by unknown reasons at present</td> <td style="text-align: right;">1</td> </tr> <tr> <td>RUH</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Maternity/Obstetric incident; baby born in poor condition, baby passed away</td> <td style="text-align: right;">1</td> </tr> <tr> <td>1 fall resulting in fractured humerus & 1 resulting in a fracture to the distal fibula.</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Patient found deceased, delay in cardiac arrest call</td> <td style="text-align: right;">1</td> </tr> <tr> <td>SFT</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Pressure ulcer grade 3 (location unknown)</td> <td style="text-align: right;">1</td> </tr> <tr> <td>WCCG</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Ramsay New Hall - Abuse/alleged abuse of adult patient by staff</td> <td style="text-align: right;">1</td> </tr> <tr> <td>CareUK – potential wrong pathway resulting in patient death</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Medvivo - Sub-optimal care of the deteriorating patient</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Ramsay New Hall – Surgical incident resulting in a fractured femur</td> <td style="text-align: right;">1</td> </tr> <tr> <td>GWH</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Treatment delay for medial arch/ankle resulting in below knee amputation</td> <td style="text-align: right;">1</td> </tr> <tr> <td>WHC</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Fall resulting in fractured tibia and fibia.</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Sub-optimal care of the deteriorating patient</td> <td style="text-align: right;">1</td> </tr> </tbody> </table> <p>These incidents are now in the investigation phase. Providers have 60 days under the Serious Incident Framework (2015) to carry out an investigation and submit the report to the CCG for review. The number of incidents reported is higher than an average month. The CCG will monitor to determine if this becomes a trend. An increased number of SI reported could also indicate improvements in identification and recording of incidents by provider(s). The CCG are also noticing a need for a multi-provider incident approach for certain SI; the CCG will oversee the process, liaising with all providers and produce an amalgamated timeline for review alongside the providers initial reports.</p>	AWP	2	Death from suspected ligature	1	Death by unknown reasons at present	1	RUH	4	Maternity/Obstetric incident; baby born in poor condition, baby passed away	1	1 fall resulting in fractured humerus & 1 resulting in a fracture to the distal fibula.	2	Patient found deceased, delay in cardiac arrest call	1	SFT	1	Pressure ulcer grade 3 (location unknown)	1	WCCG	4	Ramsay New Hall - Abuse/alleged abuse of adult patient by staff	1	CareUK – potential wrong pathway resulting in patient death	1	Medvivo - Sub-optimal care of the deteriorating patient	1	Ramsay New Hall – Surgical incident resulting in a fractured femur	1	GWH	1	Treatment delay for medial arch/ankle resulting in below knee amputation	1	WHC	2	Fall resulting in fractured tibia and fibia.	1	Sub-optimal care of the deteriorating patient	1
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The SI closure panels in November reviewed 12 SI across three panels; of these 6 were closed. The panel also reviewed 1 SFT SWARM.

The panel reviewed 2 RUH HCAI incidents; 1 for MRSA and 1 for C Diff. Both were scrutinised and included positive recommendations and were therefore closed. The panel also reviewed 2 RUH falls which were submitted to the panel in a new RCA format, which unfortunately did not enable the SI Closure panel to complete the closure form. This was noted to the RUH for future RCAs.

AWP: A Serious Incident (SI) Contract Performance Notice (CPN) was issued to AWP on 12 December 2017. The CPN was issued for failure to comply with the contractual requirement to submit RCA reports and action plans within 60 working days. A meeting was held on the 21 December 2017 between Commissioners and AWP to discuss the actions to address the conditions set out in the SI CPN. As part of this meeting, it was agreed that the CCGs would not agree to any more RCA extension requests without a clear rationale that meets the criteria as set out within the 2015 Serious Incident Framework.

Indicator:	S2 – Healthcare Acquired Infection (HCAI) – <i>C. difficile</i> (post 72 hrs)
Issue:	Current year to date reported rate is same as the same time period in the previous year. Thresholds were breached by some providers in 2016/17.
Assurances and Next Steps:	The last three months has recorded an increase in reported cases of <i>C. difficile</i> ; these are attributable to GWH and RUH. A decrease in reported cases was reported in November across all three acute trusts (December data is not available at the time of writing this report). WCCG Quality Team continue to seek assurance and provide support to reduce <i>C. difficile</i> rates and to ensure mitigating actions are aligned across Wiltshire services. RUH continue with the action plan produced following an NHS Improvement visit in February 2017; a follow-up NHS Improvement took place in December; the report is not yet available. A risk still remains that Wiltshire providers may breach the CCG threshold of 103 cases if the downward trend does not continue.

Indicator:	S9 Midwife:Birth Ratio
Issue:	The October 17 provider average is 1:32 (SFT and RUH only)
Assurances and Next Steps:	The South West clinical network dashboard reports that in October 2017 SFT improved their Midwife:birth ratio from, 1:32 to 1:29. RUH have increased from 1:32 to 1:34. GWH did not submit October data, however, September data shows that GWH's ratio was 1:29. All providers work continuously to recruit in line with their individual recruitment plans. Assurance is gained through reporting and discussions held with the providers at the CQRMs. Additionally, workforce challenges are explored further at the STP LMS Maternity Forums.

Indicator:	Ef2 – Fractured Neck of Femur
Issue:	Performance by providers in delivering rapid operations has been variable.
Assurances and Next Steps:	The quality team has completed a 'deep dive review' into acute provider performance regarding hip fractures. The review utilised local provider assurance reports, Best Practice Tariff data and National Audit data. The review found that whilst performance is occasionally variable, all three acute trusts are performing for most quality indicators at above national average levels. The Quality Team will share the findings of it's review with providers and will seek assurance regarding specific indicators which are below required performance levels.

Point to Note: WCCG Influenza and Winter Escalation Plans

Wiltshire CCG continues with the Seasonal Influenza plan; Public Health England (PHE)'s latest surveillance data indicates that influenza activity continues to increase. Activity is dominated by circulation of influenza A (H3N2), however, this season the Field Epidemiology Service influenza consultant lead has informed us that that Influenza type B/Yamagata appears to be the predominating strain among influenza laboratory reports nationally.

The current Wiltshire influenza and influenza like illness rate is 4.5 per 100,000. There have been a total of 8 laboratory confirmed cases in Wiltshire as of week 52 (end of December); this number is expected to rise as the season progresses (the flu season runs from October to March).

The South West region has seen an increase in flu cases over recent weeks. All three acute providers have reported influenza cases and influenza contacts admissions and, as a result, hospital bays and wards have been closed. RUH have recorded the highest number of influenza contacts and confirmed influenza cases admitted. This is in line with expectations given the high volume of influenza cases reported in the Somerset locality. GWH and SFT have reported admissions due to influenza, however, these currently remain at a lower level in comparison to RUH.

Wiltshire are currently 2nd in the country for highest uptake of flu vaccinations amongst the categories 'children aged 2 and 3 year old', 4th in the country for the vaccination of the '>65s' having vaccinated just under 73% of all eligible people in this cohort and in the '<65s at risk' Wiltshire are 6th in the country. This strong improvement in vaccination rates compared with 2016/17 is partly a result of Wiltshire's robust flu planning, but is largely a testament to the dedication and commitment of staff in primary care, community and acute services who carry out the immunisations in addition to their usual role.

Current Influenza Vaccination uptake rates as of 3 January 2018:

Wiltshire CCG Current uptake %				
65 and over	At risk (6 months-under 65)	Children aged 2	Children aged 3	All Pregnant Women
72.8	49.6	49.4	51.3	49.4

Point to Note: Safety in Emergency Departments

The CCG Quality Team has been in frequent contact with SFT to obtain assurance regarding safety in the Emergency Department during the winter pressures period. Four weeks ago, the Trust had implemented the SHINE ED safety checklist as required by the CCG and NHS Improvement. The Trust will audit the use and effectiveness of this safety measure and will develop an assurance report to include this and other safety assurances which will be regularly shared with the Quality Team. There have been no recorded 12 hours trolley breaches or Serious Incidents recorded by the Trust in relation to the Emergency Department up to the time of writing this report.

GWH has recorded twelve 12 hour Decision to Admit (trolley) breaches in ED since 31 December 2017 (of the first 10, 4 which relate to Wiltshire patients and the Quality Team are waiting for the Trust to review and submit 72 Hour Reports regarding immediate steps taken and assurances regarding outcomes for these patients. The new ED assurance framework will be evaluated at exec CQRM on the 15 January 2018.

At the RUH, a recent visit by BaNES CCG has provided assurance to commissioners regarding patient safety during times of increased capacity and flow challenge. The RUH does not operate the SHINE checklist system, but has integrated measures into their local process. An internal escalation framework for ED has been established. Information shared with commissioners indicates that the Trust performs well in completing initial sets of observations but should focus improvements on subsequent obs and escalating patients as appropriate. Particular focus should be given to ensuring patients receive appropriate pain relief as this is an area the Trust has identified as below compliance within their own report. The Trust works well with the ambulance service and maintains a low level of handover delays. The Trust has acknowledged that during times of peak crowding, patients are 'admitted' to the MAU corridor. In this position, patients are recorded as 'admitted' but have not yet been placed into a bed and so cannot receive IV antibiotics or sometimes pain relief. The Trust has assured commissioners that this practice is on a risk-assessed basis and will be discussed further at contract review meetings.

Provider Cohort Indicators

Quality Dashboard; Provider Cohort Level Indicators

Outcomes Framework Domain (1)	Indicator	Indicator Yellow Indicates IAF / Constitutional Target	Measure	Data Frequency (1)	Target/ Threshold	Benchmark National / Regional (2)	2017/18 TOTAL / AVERAGE (3)	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Sparkline	Exception Identified? (4)
Urgent Care 111 SWAST Medvivo																					
Safety	U1a	Ambulance Handover Delays > 30mins (Wiltshire)	M	N/A	n/a	<u>440</u>	105	135	81	94	53	42	69	60	49	61	55	51			
Safety	U1b	Ambulance Handover Delays > 30mins (SFT only) (5)	M	N/A	n/a	<u>172</u>	56	70	29	26	16	23	23	26	20	24	21	19			
Experience	U2a	Call Audits Compliance (111) (%)	M	83%	88%	93.00%		100%	100%	100%	100%	100%		100%	100%	100%	58%				
Experience	U2b	Call Audits Compliance (SWASFT) (%)	M	85%	90%	60.25%	66%	88%	87%	89%			57%	67%	68%	49%					
Safety	U3a	>16 Hour ED Stays (Waits) (Wiltshire)	M	N/A	n/a	<u>145</u>	39	29	38	41	26	20	26	24	16	24	9				
Safety	U3b	>16 Hour ED Stays (Waits) (SFT) (5)	M	N/A	n/a	<u>125</u>	17	13	24	27	24	16	26	23	12	15	9				
Effectiveness	U4	CQUIN performance (NHS 111 and SWAST)	Q	N/A	n/a	<u>100.00%</u>	100%			100%			100%			100%					
Mental Health AWP and CHAMS																					
Effectiveness	M1	s. 136 Length of Stay Breaches (of 72 hours)	M	N/A	n/a	<u>1</u>	0	0	0		1		0	0	0	0	0				
Effectiveness	M2	CQUIN performance (AWP and CAMHS)	Q	N/A	n/a	<u>100.00%</u>	85%			58%			100%			100%					
Planned Care Acutes and Independents																					
Experience	P1	104-day Cancer Target Breaches	M	N/A	n/a	<u>14</u>					2	3	1	2	4	0	2				
Safety	P2	Pressure Ulcers (Grade III & IV Pressure Ulcers: Hospital Acquired)	M	N/A	n/a	<u>44</u>	9	9	6	2	1	2	8	6	8	6	7	6			
Safety	P3	Falls resulting in fracture or major harm	M	N/A	n/a	<u>49</u>	12	7	7	18	8	7	7	4	8	6	9				
Experience	P4	Patient Moves within thresholds	M	N/A	n/a	<u>40</u>	16	5	3	12	0	4	6	1	12	13	4				
Safety	P5	Mortality Ratios - SHMI (GWH, RUH and SFT only)	M	N/A	100	<u>101.0</u>	99.7		99.0	94.3		99.0	99.0	100.0	106.0						
Safety	P6	Mortality Ratios - HSMR (GWH, RUH and SFT only)	M	N/A	100	<u>108.1</u>	108.0	110.0	108.7	96.6	98.3	105.7	105.7	117.0	114.0						
Effectiveness	P7a	CQUIN performance (acutes)	Q	N/A	n/a	<u>87.42%</u>	97%			97%				87%			88%				
Effectiveness	P7b	CQUIN performance (others)	Q	N/A	n/a	<u>78.33%</u>	61%			76%				83%			73%				
Safety	P8	Number of patients moved over night	Q	N/A	n/a	<u>36</u>	24			20				10			26				
Safety	P9	Unplanned Transfers to Acute Services from Independent Providers	Q	N/A	n/a	<u>3</u>	5			3				2			1				

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Quality Dashboard; Provider Cohort Level Indicators

Outcomes Framework Domain ⁽¹⁾	Indicator	Indicator Yellow indicates IAF / Constitutional Target	Measure	Data Frequency ⁽¹⁾	Target / Threshold	Benchmark National / Regional ⁽²⁾	2017/18 TOTAL / AVERAGE ⁽³⁾	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Sparkline	Exception Identified? ⁽⁴⁾
Adult Community Services				WHC																	
Safety	A1	Pressure Ulcers		M	N/A	n/a	<u>2.2</u>	9	9	6	1	0	0	2	2	3	2	2	0		
Safety	A2	Falls with Harm		M	N/A	n/a	<u>3.7</u>	6	5	7	12	1	1	0	2	7	4	5	6		
Safety	A3	Clinical Incidents per Month		M	N/A	n/a	<u>224.3</u>	195	205	187	251	237	244	236	210	225	190	239	213		
Effectiveness	A4	CQUIN Performance		Q	N/A	n/a	<u>1.0</u>	100%			100%			100%			94%				
Childrens Community Services				Virgin																	
Safety	C1	Clinical Incidents per Month		M	N/A	n/a	<u>103</u>					25	27	29	13	0	5	0	4		
Effectiveness	C2	CQUIN Performance		Q	N/A	n/a		100%			100%			N/A			100%				
Primary Care Community Services				GPs																	
Effectiveness	PC1	CQC Results (# RI or below)	% good or above overall	M	N/A	n/a	<u>98%</u>	93%	93%	93%	93%	93%	93%	95%	98%	100%	100%	100%	100%		
Effectiveness	PC2	CQC Safety Domain	% good or above safety	M	N/A	n/a	<u>100%</u>	93%	93%	93%	93%	93%	93%	95%	100%	100%	100%	100%	100%		
Safety	PC3	Number of NRLS incidents raised		M	N/A	n/a	<u>5</u>					1	2	2	0	0	0	0	0		
Safety	PC4	Number of STEIS incidents raised		M	N/A	n/a	<u>1</u>					0	0	1	0	0	0	0	0		
Experience	PC5	GP Friends and Family Test	Recommend Rate	M	N/A	89%	<u>90%</u>	91%	91%	93%	91%	91%	91%	92%	88%	90%	90%	91%	0%		
Experience	PC6	GP Ipsos Mori Results - Overall experience of GP surgery		A	N/A	85%	<u>90%</u>								90%						

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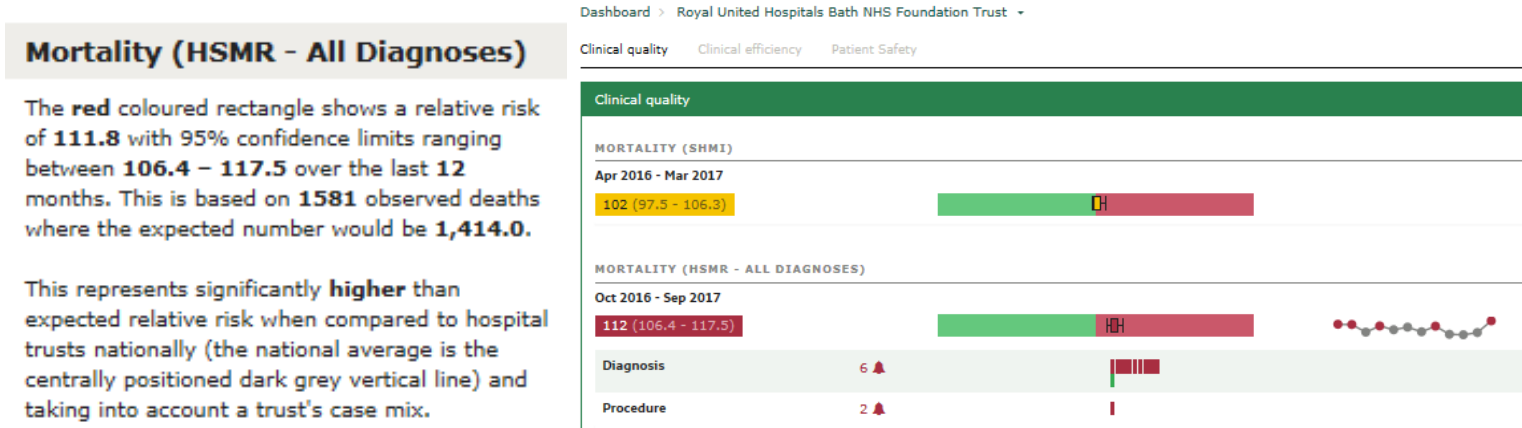
Provider Cohort Indicators Reported by Exception

Indicator:	U2a – Call Audit Compliance
Issue:	Call Audits Compliance (111) (%) NHS111, SWAST & Medvivo
Assurances and Next Steps:	The October and November issues of this report gave a detailed summary of actions to address call audit performance by SWASFT and Care UK. The action plans are ongoing and are progressing well. Both providers have however reported that exceptional pressures during December have meant that audit staff were taken from audit duties in order to operate urgent and emergency response phone lines (both the 999 and 111 services). The Quality Team will monitor the audit recovery rates to ensure appropriate prioritisation of calls for audit. Assurances have been received regarding the calls which were waiting for period of time above threshold. There has been no identified patient harm. SWASFT report that their improved 'welfare call-back' process is in place and is demonstrating effective results.
Indicator:	P1 – 104 day Cancer Breaches; Acutes
Issue:	Breaches reported in October
Assurances and Next Steps:	There were 2 104 day Cancer breaches reported in October; 1 for GWH and 1 for SFT. A report has been requested to identify the reason for the delay, if there was any harm to the patient and what lessons were learned.

Indicator: P6 – Mortality Ratio's

Issue: Mortality Ratios – HSMR Acutes and Independents

Assurances and Next Steps: SFT has confirmed that despite being above expected level, HSMR continues to decline and the absolute rate and numbers are stable. The Mortality Group and Medical Director have reviewed the palliative care coding and Chelsea comorbidity coding. They identified that the new end of life care process was not coded the same as palliative care and had resulted in elevated mortality figures. This has now been rectified so EoL is now coded as per palliative care. SFT have developed a gap analysis in reference to the National Guidance on learning from deaths. Learning points along with improvement actions are set out within their quality report. In October 2017, a bereavement survey started to be offered to relatives and carers along with the opportunity to discuss respective case with the clinical team if they have any concerns about care. RUH: The Trust has recorded a higher than expected Mortality rate for more than 12 months. For five of the last 12 months, the HSMR rate has been recorded at summary level as 'Significantly Higher than Expected'. The chart below (taken from Dr Foster) demonstrates the mortality rate performance (please be aware that data lags due to complex statistical analyses).



The diagnosis groups and procedures with the highest levels of greater than expected risk are outlined in the table below:

Currency	Spells	Relative risk
Diagnosis		
Acute cerebrovascular disease	128	120.4 (100.4 - 143.1)
Blindness and vision defects	2	1,659.6 (186.4 - 5,991.8)
Deficiency and other anaemia	14	325.3 (177.7 - 545.8)
Epilepsy, convulsions	11	200.7 (100.0 - 359.1)
Influenza	8	337.1 (145.1 - 664.2)
Parkinson's disease	7	388.1 (155.5 - 799.7)
Pathological fracture	10	236.9 (113.4 - 435.7)
Pneumonia	289	113.4 (100.7 - 127.2)
Residual codes, unclassified	71	232.2 (181.4 - 292.9)
Procedure		
Urethral catheterisation of bladder	136	136.8 (114.8 - 161.8)

In line with contractual requirements, the Trust has submitted an assurance report, and is participating in the national programme to standardise mortality reviews. The Quality Team are currently reviewing the report and preparing a deep dive into the mortality rates within the Trust to determine if additional assurances or risk mitigations are required.

Provider Workforce Cohort Level Indicators

Quality Dashboard; Provider Workforce Cohort Level Indicators



Outcomes Framework Domain ⁽¹⁾	Indicator	Indicator Yellow Indicates IAF / Constitutional Target	Measure	Data Frequency ⁽¹⁾	Target / Threshold	Benchmark National / Regional ⁽²⁾	2017/18 TOTAL / AVERAGE ⁽³⁾	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Sparkline	Exception Identified? ⁽⁴⁾
Urgent Care																					
111 SWAST Medvivo																					
Effectiveness	U5	Staff Turnover (NHS 111, SWAST & Medvivo)	Staff turnover rate - %	M		n/a	9.8%	1.6%	7.8%	8.9%	11.2%	7.9%	8.2%	8.0%	9.1%	9.7%	7.6%	13.8%	14.1%		
Effectiveness	U6	Sickness Absence (NHS 111, SWAST & Medvivo)	Sickness absence rate against provider target - %	M	Provider set these targets average = 5%	n/a	4.7%	5.0%	4.4%		4.7%	5.5%	4.9%	4.1%	4.9%	4.9%	4.3%	4.7%	4.3%		
Effectiveness	U7	Vacancies (NHS 111, SWAST & Medvivo)	Vacancy rates -%	M		n/a	13.0%	22.5%	19.2%	22.5%	21.7%	21.1%	15.2%	18.8%	20.4%	4.6%	3.6%	18.0%	2.5%		
Effectiveness	U8	Agency staffing (NHS 111, SWAST & Medvivo)	Agency staff - %	M		n/a	4.9%				3.0%	3.6%	6.8%	7.0%	6.8%	2.3%	3.0%				
Effectiveness	U9	Appraisal Rate (NHS 111, SWAST & Medvivo)	Staff with an annual appraisal - %	M	75%	n/a	90.4%	87%	87%	87%	87%	92%	90%	89%	91%	87%	87%	80%	94%		
Effectiveness	U10	Mandatory Training Compliance (NHS 111, SWAST & Medvivo)	Compliance with all mandatory training - %	M	85%	n/a	97.9%	96%	97%	99%	98%	97%	98%	98%	98%	97%	98%	99%			
Mental Health																					
AWP and CHAMS																					
Effectiveness	M3	Supervision rates within threshold		M	85%	85%	86.8%	83%	86%	87%	89%	87%	85%	90%	85%	87%	87%				
Effectiveness	M4	Staff Turnover (AWP)	Staff turnover rate - %	M		n/a	13.8%	19.0%	18.0%	17.0%	16.0%	16.0%		14.0%	13.0%	14.0%	13.0%	13.0%			
Effectiveness	M5	Sickness Absence (AWP)	Sickness absence rate against provider target - %	M	Provider set these targets average = 5%	n/a	4.5%	4.8%	5.5%	4.8%	4.5%	4.8%		4.7%	3.9%	4.1%		5.1%			
Effectiveness	M6	Vacancies (AWP)	Vacancy rates -%	M		n/a	21.2%	21.0%	21.0%	21.6%	22.2%			22.0%	22.0%	22.0%	21.0%	19.0%			
Effectiveness	M7	Agency staffing (AWP)	Agency staff - %	M		n/a															
Effectiveness	M8	Appraisal Rate (AWP)	Staff with an annual appraisal - %	M	75%	n/a	93.9%	94%	94%	98%	96%	96%	95%	95%	94%	93%	92%	92%			
Effectiveness	M9	Mandatory Training Compliance (AWP)	Compliance with all mandatory training - %	M	85%	n/a	89.3%	88%	88%	90%	90%	90%	89%	89%	90%	89%	89%	89%			

1 – Data is available monthly (M), quarterly (Q) or annually (A). 2 – Nationally available benchmark indicators are in purple, regional (South West or more local) are in orange. 3 – 2017/18 average figures appear without underline, total figures appear in an underlined format. Colour of the number indicates overall performance. 4 – Indicators marked with a flag are reported in further detail below the dashboard (blue flags indicate that this has already been reported as an exception so will be covered in the Ongoing Exceptions Table). 5 - This data is only for Salisbury Foundation Trust.

Quality Dashboard; Provider Workforce Cohort Level Indicators

Outcomes Framework Domain (1)	Indicator	Indicator Yellow Indicates IAF / Constitutional Target	Measure	Data Frequency (1)	Target/Threshold	Benchmark National / Regional (2)	2017/18 TOTAL / AVERAGE (3)	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Sparkline	Exception Identified? (4)		
Planned Care																							
Acutes and Independents																							
Effectiveness	P10a	Staff Turnover (acutes)	Staff turnover rate - %	M	Provider set these targets average = 5%	n/a	11.5%	11.7%	11.6%	10.0%	10.3%	11.9%	11.7%	11.5%	11.0%	11.5%	11.6%	11.4%					
Effectiveness	P10b	Staff Turnover (others)	Staff turnover rate - %	M		n/a	4.7%	4.7%	6.3%	36.0%	5.9%	5.1%	5.7%	4.9%	5.9%	3.0%	2.8%	5.3%					
Effectiveness	P11a	Sickness Absence (acutes)	Sickness absence rate against provider target - %	M		n/a	3.6%	4.0%	4.2%	4.1%	4.2%	3.8%	3.6%	3.5%	3.5%	3.7%	3.7%	3.6%					
Effectiveness	P11b	Sickness Absence (others)	Sickness absence rate against provider target - %	M		n/a	4.1%	3.1%	3.9%	4.2%	3.6%	3.6%	4.0%	4.9%	4.2%	4.4%	3.8%	4.1%					
Effectiveness	P12a	Vacancies (acutes)	Vacancy rates -%	M		n/a	8.2%	6.7%	6.1%	6.6%	6.3%	8.0%	8.7%	8.1%	9.8%	8.5%	7.6%	7.0%					
Effectiveness	P12b	Vacancies (others)	Vacancy rates -%	M		n/a	5.2%	4.0%	4.4%	4.8%	3.9%	5.4%	5.8%	6.3%	4.2%	5.1%	3.9%	5.8%					
Effectiveness	P13a	Agency staffing (acutes)	Agency staff - %	M		n/a	2.2%	9.8%	6.5%	5.6%		1.9%	2.0%	1.7%		2.5%	2.6%	2.8%					
Effectiveness	P13b	Agency staffing (others)	Agency staff - %	M		n/a	6.0%	10.0%	6.6%	6.2%	6.2%	4.7%	6.7%	6.1%	6.1%	5.4%	5.0%	7.8%					
Effectiveness	P14a	Appraisal Rate (acutes)	Staff with an annual appraisal - %	M		75%	n/a	82.1%	86%	83%	85%	83%	81%	82%	83%	83%	84%	83%	82%				
Effectiveness	P14b	Appraisal Rate (others)	Staff with an annual appraisal - %	M		75%	n/a	91.5%	100%	86%			84%	87%	94%	96%	94%	94%					
Effectiveness	P15a	Mandatory Training Compliance (acutes)	Compliance with all mandatory training - %	M	85%	n/a	84.8%	85%	86%	85%	87%	85%	86%	83%	84%	86%	84%	86%					
Effectiveness	P15b	Mandatory Training Compliance (others)	Compliance with all mandatory training - %	M	85%	n/a	84.5%	87%	87%	87%	87%	89%	87%	92%	90%	87%	82%	65%					
Adult Community Services																							
WHC																							
Effectiveness	A5	Sickness Absence	Sickness absence rate against provider target - %	M	Provider set these targets average = 5%	n/a	4.2%			4.2%	4.1%	5.0%	4.0%	4.4%	4.5%	4.0%	3.1%	4.4%					
Effectiveness	A6	Vacancies	Vacancy rates -%	M		n/a	13.7%	12.0%	11.7%	12.4%	7.9%			16.4%	13.9%	12.9%	12.3%	12.9%					
Effectiveness	A7	Agency staffing	Agency staff - %	M		n/a	5.9%	1.1%		7.8%	9.8%	5.5%	5.7%	6.7%	6.4%	6.1%	4.5%	4.8%	7.3%				
Effectiveness	A8	Appraisal Rate	Staff with an annual appraisal - %	M		75%	n/a	82.4%	80%	81%	82%	82%	85%	86%	85%	83%	80%	79%	79%				
Effectiveness	A9	Mandatory Training Compliance	Compliance with all mandatory training - %	M	85%	n/a	83.9%	83%	87%	88%	86%	88%	88%	80%	83%	84%	82%	82%					
Childrens Community Services																							
Virgin																							
Effectiveness	C3	Staff Turnover	Staff turnover rate - %	M	Provider set these targets average = 5%	n/a																	
Effectiveness	C4	Sickness Absence	Sickness absence rate against provider target - %	M		n/a	1.3%		1.9%	3.2%	3.7%	2.0%		1.8%	2.0%	1.2%	0.3%	0.9%	1.0%				
Effectiveness	C5	Vacancies	Vacancy rates -%	M		n/a	7.5%	34.0%	46.0%	51.0%	49.0%			6.0%	4.4%		12.0%						
Effectiveness	C6	Agency staffing	Agency staff - %	M		n/a	14.9%	2.5%	5.2%	2.5%	1.3%								14.9%				
Effectiveness	C7	Appraisal Rate	Staff with an annual appraisal - %	M		75%	n/a	86.0%	71%	72%	73%	84%	84%	84%	84%	87%	87%	87%	87%	87%			
Effectiveness	C8	Mandatory Training Compliance	Compliance with all mandatory training - %	M		85%	n/a	85.6%	53%	62%	74%	88%	87%	87%	90%	89%	80%	87%	84%	81%			

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Provider Workforce Cohort Indicators Reported by Exception

Indicator:	P10a - Staff Turnover (acutes)
Issue:	11.4% average for October 2017
Assurances and Next Steps:	<p>GWH: In October 2017 the Trust's turnover level decreased slightly to 13.47% from 13.55% in September, this remains below the national rate of 14.08% but above the Trust target of 13%. In October 2017 there were 44 leavers from the Trust. 9.09% of these leavers were due to Retirement and 9.09% were due to the end of a fixed term contract. The top 3 reason for leavers in September was:</p> <ol style="list-style-type: none">1) Voluntary Resignation (7.9wte)2) Work-life balance (7.14wte)3) Relocation (5.64wte) <p>Trust must aim to achieve a maximum of 48 leavers per month in order to achieve the target of 13% turnover. Whilst departmental Recruitment & Retention Plans continue across each Division and initially had an impact on turnover levels it is felt that these have now been exhausted. From January 2018 a more targeted Trust wide approach will be taken to retention initiatives. An example of this is a focus on flexible working initiatives as 'work-life balance' is consistently one of the top 3 reasons.</p> <p>RUH: Staff turnover for the Trust was 11.3% in October and this is a decrease on the 11.4% in September but still higher than the trust target of 11.1%. Where performance is below the expected standard for the period, the areas of concern are discussed and action plans agreed in the Trust's Divisional monthly performance reviews.</p> <p>SFT: Staff turnover for the Trust was 9.5% in October 2017.</p>

Indicator:	A6 –Vacancies (Wiltshire Health & Care)
Issue:	12.86% average in October
Assurances and Next Steps:	Vacancy factor in month has stabilised from 12.87% to 12.86%, which equates to 118.6 wte vacancies, however, this remains above the target of 8%. The HR team are working with GWH to repatriate the recruitment function to WHC's new Recruitment Officer.

Indicator:	A7 – Agency Staffing (Wiltshire Health & Care)
Issue:	7.33% average for October (an increase from 4.5% in September)
Assurances and Next Steps:	WHC are currently undertaking a workforce and skill mix review. WHC have confirmed that they are reviewing how they can increase bank staff usage, and decrease agency staff usage. A slight increase in agency staff usage has been seen in month.

Indicator:	M4 & M6 - Staff Turnover and Vacancies (AWP)
Issue:	Turnover and Vacancies
Assurances and Next Steps:	<p>This remains a continued concern for AWP and WCCG. A 19% vacancy rate was reported in October for Wiltshire; these are predominantly in B5 qualified nurses.</p> <p>There was 13% turnover rate, of which, a large proportion is attributed to staff leaving within the first year of employment with AWP.</p> <p>AWP are focused on recruitment for Wiltshire and are reviewing both recruitment and interview processes to minimise the timescales associated with recruiting as well as improving interview processes to ensure newly employed staff have the required competencies.</p> <p>WCCG will continue to seek assurance at the monthly Quality Sub Group meetings to ensure that there is a continued focus on the specific Wiltshire workforce concerns.</p>

Indicator:	U7 – Staff Vacancies (NHS 111, SWASFT & Medvivo)
Issue:	Staff Vacancies (NHS 111, SWAST & Medvivo)
Assurances and Next Steps:	<p>The data anomalies identified in previous months for SWAST have been corrected. The 111 data is an incomplete data set and so the figure pertains only to the non-clinical staff. The Quality Team has received assurance from providers regarding continuing progress against recruitment action plans. There has been no identified unplanned drift from recruitment targets.</p> <p>The current vacancy rate for SWAST for November is at 2.50% (the same as the October rate). The latest data received from NHS 111 was 33.41% for October 2017.</p>

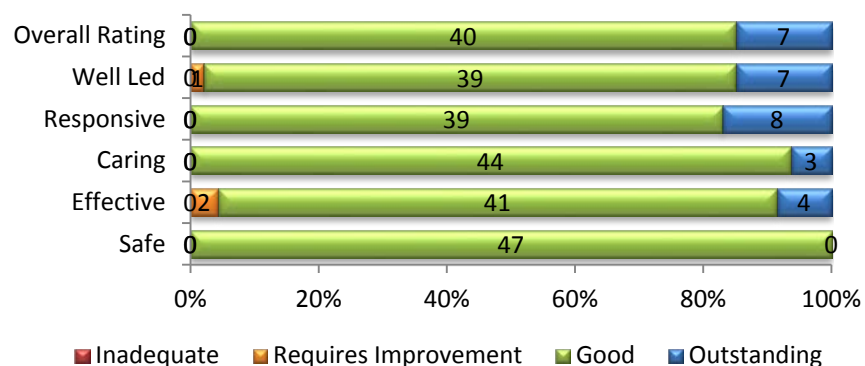
The contextual information from last month's report is helpful to the reader:-
The positive work in reducing turnover rates has yet to yield improvement in vacancy rates, although it is anticipated that this will follow. The 'pipeline' of predicted recruitment is positive and all providers have action plans and mitigations in place. NHS 111 are predicting that they will be at near full clinical staff establishment around the end of December – this has been by employing a bespoke clinical recruitment specialist. The SWASFT recovery plan predicts full staffing levels will be achieved by April 2018, having already obtained commitments by a large number of students to join the service once they complete paramedic training.

Indicator:	P15 a and b – Mandatory Training Compliance (Acutes and Independents)
Issue:	Mandatory Training Compliance
Assurances and Next Steps:	The mandatory training rates have showed a slight increase for SFT and RUH in October demonstrating that the providers are supporting staff to continue their mandatory development. GWH are monitoring the mandatory training rates as part of the CQC action plan, which the CCG will continue to oversee.

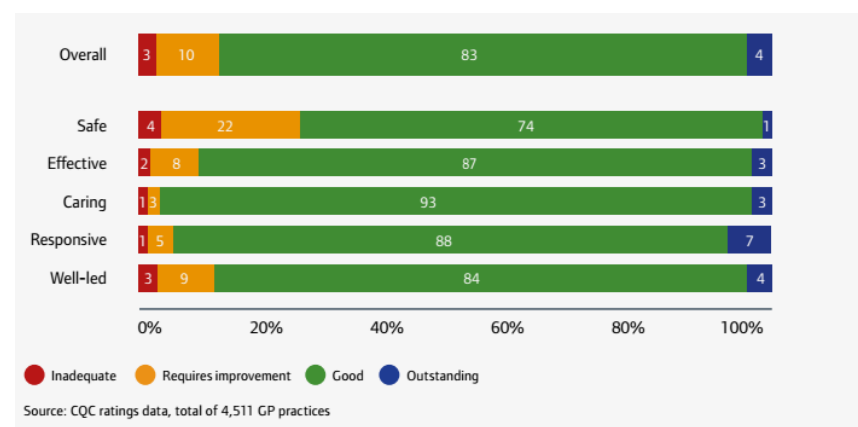
Primary Care – update

The breakdown of Practice CQC inspection results is shown in the chart on this page. There are still currently no practices rated in a domain or overall as 'Inadequate' and the domain rating of 'Requires Improvement' has remained at 3 practices with none having an overall rating of Requires Improvement. There are currently 3 practices that have not yet been inspected following practice mergers. Wiltshire practices have worked hard to deliver these inspection outcomes and are performing above national average CQC inspection ratings. The CCG continues to support practices with inspection preparation and the further development of a continuous improvement quality and safety culture.

Current Wiltshire Practice Overall CQC Ratings



National GP Practice Ratings as at 31 July 2016.



Further information around Primary Care assurance and quality improvement work is available in the Primary Care Quality Report (Current issue: Report number 6, January 2018).

Update of Exceptions Identified in Previous Reports and On-going Work

This section includes information on any previously reported exceptions and if the identified issue is not resolved and reported in the dashboard within the anticipated time frame. A blue flag on the dashboard identifies where indicators are included within this section.

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
Reduction in Urinary Tract Infections and Gram Negative Blood Stream infections	Across STP	Collection, and analysis of E-Coli BSI data inform next steps of project steps	03/2018	STP CCG and all Providers (CT as Manager with IP&C lead)	Reduction of at least 10% in gram-negative blood stream infections and urinary tract infections	<ul style="list-style-type: none"> Data review on-going Acute trust individual working groups have commenced to tackle HCAI GNBSI Hydration messages going out across STP through Public Health Currently 10 cases less than same time period last year. If current trajectory continues downward we will achieve 10% reduction and QP. 	Ongoing
U3a >16 Hour ED Stays (Waits) (Wiltshire) U3b - >16 Hour ED Stays (Waits) (SFT) (5)	GWH, RUH and SFT	The Quality Team is working towards agreeing with acute providers a process of assurance around reporting 16-hour waits in ED. The CCG has commissioned a new report from the analytics team which reports on the number of patients who waited in the Emergency Department for more than 16 hours	February 2018	Main providers (Planned Care Quality Lead)	The reports will be shared with the ED Delivery Board on a monthly basis.	There was a data issue identified within the new CSU report. This was corrected in both the provider data for SFT and the CSU data for GWH and RUH. A rerun of the data that took place for month 7 identified that there are still some anomalies. The CSU are continuing to work with all the providers to resolving the issue. The Quality Team have escalated the slow progress in developing this report to the CCG Associate Director of Informatics.	Ongoing

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
		(a combination of the 4 hour Decision to Admit Target and the 12 –hour Trolley Wait. This new report is designed to capture these cases and to support the providers to investigate and identify outcomes and learning from these cases).					
P3 – Falls resulting in fracture or major harm.	SFT and GWH	Ongoing review of process to investigate and learn from falls	October 2017	SFT (FB as contract lead)	<p>SFT have revised their internal process to identify and learn from Falls with Harm.</p> <p>GWH have appointed a falls lead who is working with individual wards as well as trust wide to identify themes and preventative actions for falls.</p>	<p>The CCG has agreed to a trial of the new system (post-fall SWARM and revised STEIS methodology).</p> <p>This is being monitored via the contract review meetings. The next discussion is due in October. RUH are reviewing their falls prevention and investigation process and also use a SWARM approach to assessing immediate risks when patients falls.</p> <p>2 serious falls were reported to STEIS in October. One for RUH and one for SFT. One serious fall was also reported from SFT using their SWARM investigation process as no new learning was identified. WCCG will continue to monitor closely.</p>	Ongoing

Quality Dashboard Glossary: 2017/18

Dashboard	Detailed Measure	Source of indicator definition	Reference in Contract	Detailed definition	Source
Quality	Mixed Sex Accommodation (MSA) Breaches	Everyone Counts 2013/14	E.B.S.1	The number of breaches of mixed-sex accommodation (MSA) sleeping accommodation	Published on NHS England website: https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/msa-data/
Quality	Number of Never Events	Quality	Quality Schedule	Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.	Reported as Serious Incidents on the Strategic Executive Information System (STEIS)
Quality	% of all adult inpatients who have had a VTE risk assessment	Quality	Quality Schedule	Every patient admitted to hospital for medical reasons should have a documented risk assessment to identify those at risk of Venous Thromboembolism (VTE).	Published on NHS England website: https://www.england.nhs.uk/statistics/statistical-work-areas/vte/
Quality	WHO Surgical Safety Checklist completed for 100% of procedures	Quality	Quality Schedule	This is a surgical checklist that the surgery team completes with listed tasks before it proceeds with the operation.	From provider submissions to Contract Review Meetings
Quality	Fracture Neck of Femur - % in theatre within 36 hours	Quality	Quality Schedule	The best practice for Fractured Neck of Femur is the time to surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an inpatient, to the start of anaesthesia.	From provider submissions to Contract Review Meetings
Quality	Healthcare acquired infection (HCAI) measure (MRSA)	Everyone Counts 2013/14	E.A.S.4	Number of cases of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia	Health Protection Agency Healthcare Acquired Infections website https://www.hpanw.nhs.uk
Quality	Healthcare acquired infection (HCAI) measure (c. difficile)	Everyone Counts 2013/14	E.A.S.5	Number of Clostridium difficile infections, for patients aged 2 or more on the date the specimen was taken	Health Protection Agency Healthcare Acquired Infections website https://www.hpanw.nhs.uk
Quality	Friends and family test score	Everyone Counts	Schedule 6	The proportion of people who reported that they were either 'extremely likely' or 'likely' to recommend the service to their friends and family, out of the total number of people who responded to the survey. Score is displayed as a percentage.	NHS England website. http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/
Quality	Patient Safety Thermometer	NHS Contract (National Quality Requirements)	Quality Schedule	The number of instances of each type of harm reported in a month. This is a point prevalence audit, captured on one day per month.	Health & Social Care Information Centre. http://www.hscic.gov.uk/thermometer
Quality	Complaints	Quality	Quality Schedule	The combined number of formal complaints raised by patients and by MP's on behalf of patients in the month	From provider submissions to Contract Review Meetings
Quality	Mortality ratios	The Department of Health (Commissioned from the HSCIC)	Quality Schedule	The Summary Hospital-Level Mortality Indicator (SHMI) is an indicator which reports on mortality at trust level across the NHS in England using a standard and transparent methodology. It is produced and published quarterly as an official statistic by the Health and Social Care Information Centre (HSCIC) with the first publication in October 2011. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the mortality rate at a hospital is higher or lower than you would expect. Like all statistical indicators, HSMR is not perfect. If a hospital has a high HSMR, it cannot be said for certain that this reflects failings in the care provided by the hospital. However, it can be a warning sign that things are going wrong. HSMR does not measure deaths post discharge.	For SHMI: From the Health and Social Care Information Centre Website: http://www.hscic.gov.uk/SHMI For HSMR: http://www.nhs.uk/NHSEngland/Hospitalmortalityrates/Documents/090424%20MS(H)%20-%20NHS%20Choices%20HSMR%20Publication%20-%20Presentation%20-%20Annex%20C.pdf
Quality	Maternity Indicators (Stillbirths, Midwife to birth ratio, Breast Feeding Rates at Discharge)	Better Births National Maternity Review: https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf	Quality Schedule	Following the National Maternity Review and the resulting Better Births Report, Maternity quality indicators are measured to ensure continuous improvement and consistency across all providers. The CCG measures these indicators via the contract quality schedule and through the South West Strategic Clinical Network Maternity Dashboard	http://www.swscn.org.uk/networks/maternity-children/maternity-group/
Quality	Workforce Indicators	Quality	Quality Schedule	The CCG monitors a wide range of workforce indicators within in each provider. These indicators are triangulated with other data and information to form part of an 'early alert' trigger to emerging concerns.	Provider submissions to contract review meetings.
Quality	Call Audit Indicators	Quality	Quality Schedule	Providers commissioned to deliver services to patients via telephone are required to audit a proportion of the calls that they receive or make to patients. These calls can be made / received by both clinically trained and non-clinical staff. One of the ways that the CCG monitors quality of service to patients by these providers is to ensure that calls are audited and learning and improvements are identified to ensure safety and appropriateness of call handling.	Provider submissions to contract review meetings, and CCG attendance at Call Reviews.
Quality	CQC Status	Quality	Quality Schedule	The providers are required to register with CQC under their contract with the CQC. The CCG works with partner organisations, including the CQC, to share intelligence about providers and to identify and address providers in need of support. The CCG monitors CQC compliance and ensures action plans developed following inspection results are comprehensive and completed by providers.	http://www.cqc.org.uk/

Section 2: Finance and Information

FINANCE AND ACCESS DASHBOARD			
Target	Responsible Director	Where will performance and assurance be sought	RAG status
Delivery of in-year surplus £57k	Steve Perkins	Finance committee and group performance review	
Underlying recurrent surplus	Steve Perkins	Finance committee	
Running costs within allocation	Steve Perkins	Finance committee	
Operating within cash limit	Steve Perkins	Finance committee	
Better payment performance by value	Steve Perkins	Finance committee	
Better payment performance by number	Steve Perkins	Finance committee	
Non Elective Activity on Plan	Jo Cullen	Finance committee and group performance review	
Non elective QIPP plan delivery	Jo Cullen	Finance committee and group performance review	
Planned Activity on Target	Lucy Baker	Finance committee and group performance review	
Outpatient targets are being delivered	Lucy Baker	Finance committee and group performance review	
Planned care QIPP plan delivery	Lucy Baker	Finance committee and group performance review	
Other activity targets are being delivered	Multiple	Finance committee and group performance review	
A&E 4 Hour wait (SFT)	Jo Cullen	Finance committee, group performance review and Local Delivery Board	
A&E 4 Hour wait (GWH)	Jo Cullen	Finance committee, group performance review and Local Delivery Board	
A&E 4 Hour wait (RUH)	Jo Cullen	Finance committee, group performance review and Local Delivery Board	
Cancer waiting times	Lucy Baker	Finance committee, group performance review and RTT Assurance Group	

Summary

In line with NHS England (NHSE) planning requirements the CCG is required to deliver a cumulative 1% surplus against its available resources including its brought forward surplus. The CCG is monitored on the in-year element of this, £57k, and is not expected to draw down the brought forward balance. In addition, the CCG is required to create a headroom reserve of 1%, of which 0.5% may be utilised as non-recurrent investments, and 0.5% must be held as uncommitted headroom to address system risk. The uncommitted headroom element, held to support system risk, may only be released in conjunction with NHSE / Treasury approval.

	£'m
1% surplus requirement (includes brought forward balance)	11.66
Brought forward balance	-11.60
In-year reporting surplus	0.06

For month 9, the CCG is forecasting delivery of the planned surplus position.

The CCG has reached agreement with SFT on a final settlement value for the 2017/18 contract, on the basis of the forecast outturn position at M8. The settlement agreed additionally reflects support of SFT's financial position, which will have an impact on supporting the overall Sustainability and Transformation Partnership position.

At month 9, the CCG has received eight months of Service Level Agreement Monitoring (SLAM) data. Identification Rules (IR) which allocate activity between CCGs and Specialist Commissioning have been reviewed at all trusts, and the allocation in respect of this activity has been adjusted to ensure that the funding for activity is with the correct commissioning organisation. Both RUH and GWH are now including activity changes resulting from the IR review in their reporting, and the CCG has updated its budgets and forecasts accordingly. For SFT the process has taken slightly longer, and the adjusted activity will not be updated until M9 SLAM. However, the expected financial impact of the change is reflected in the financial settlement agreed with SFT.

The allocation changes are the most significant budget changes in M9; there are other minor changes, predominantly relating to categorisation of budgets, which are detailed in annex 5.

The CCG is operating within its available resources (both cash and income and expenditure) and has achieved its better payment performance requirements on a year to date basis.

Resources

At month 9 the CCG has seen an increase in its resources compared with the plan position due to the allocation adjustments summarised below:

Income and expenditure movements

	£'m		
	M9	M8	Movement
Programme	597.14	596.15	0.99
Co-commissioning	61.91	61.91	0.00
Running costs	10.62	10.62	0.00
	669.67	668.68	0.99
Represented by:			
Quality Premium receipt			0.32
Integrated urgent care implementation			0.04
Winter funding			0.24
Diabetes grant funding			0.05
M9 IR changes			0.35
			0.99

There are a number of forecast variances reported at M9, these are summarised in Annex 1. The most significant variances continue to be on acute sector budgets, funded nursing care (FNC) costs, primary care services and running costs.

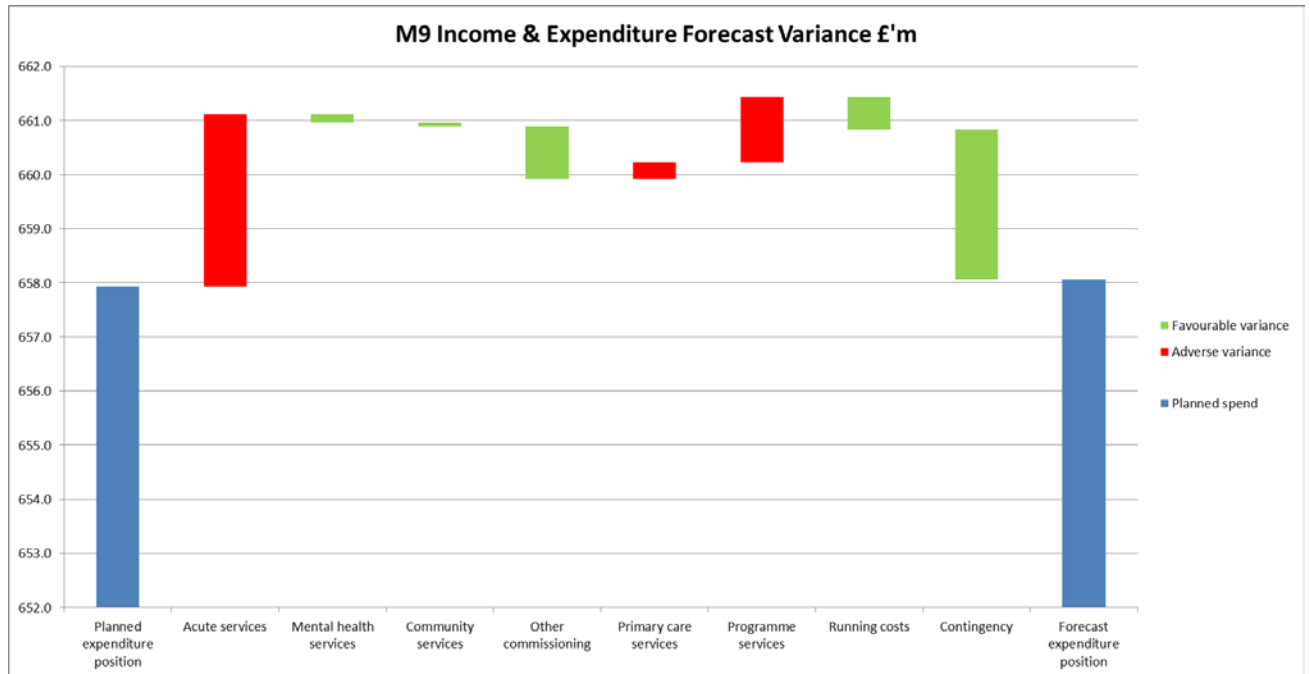
The CCG has slightly decreased the forecast outturn for acute sector budgets on the basis of M8 SLAM reporting. Overperformance at both RUH and GWH has reduced slightly in M8 SLAM, although Non Elective activity continues to overperform against plan across all three of the main contracts.

There continues to be increased overperformance of independent sector contracts, driven in the main by diversion of elective activity from NHS trusts, in particular Royal United Hospital Bath (RUH).

The forecast underspend for FNC of £1.1m reflects the reduction in the number of backdated cases due to accruing for these at year end, and a lower FNC rate in 2018/19. Running costs forecast reflects QIPP anticipated from vacancies throughout the year. This forecast underspend is offset by a slight forecast overspend of c£0.3m for CHC.

Primary care delegated budgets are showing a year to date underspend of £0.5m. The forecast has been updated to reflect this underspend, which appears to be driven by budgeted list size increasing not materialising as expected. NHS England colleagues are continuing to work with the CCG to understand and refine the delegated commissioning forecast. This underspend is offset by overspending on prescribing budgets, forecast to reach £0.6m by the end of the year. The main reasons for this overspend are that there continues to be a cost pressure arising for drugs for which no cheaper stock is available (NCSO drugs). There are other risks around prescribing budgets which are described below.

The waterfall graph below shows the planned and forecast expenditure (in blue) and identifies pressures (in red) to this position and mitigations (in green) at a programme level at month 9:



Key financial performance issues

Explanations of the key variances against programme budgets are summarised below.

Area	Commentary	Trend	RAG
Acute services	FOT overspend decreased in M9 to reflect decreased overperformance of main acute contracts	↑	Yellow
Mental health services	No significant variances in M9	↑	Green
Community services	No significant variances in M9	↑	Green
Continuing care services	FOT overspend relates to increased prior year patients for whom charges were not accrued at 2016/17 year end	→	Yellow
Funded nursing care	No movement from M8. Underspending relates to lower than anticipated FNC rates in 2017/18, in addition to a small brought-forward benefit	→	Green
Other programme services	No significant variances in M9	↑	Green
Delegated Primary Care	Underspending is forecast based on lower than expected list size growth, and underspending on rent budget lines.	↑	Green
Prescribing	Increased pressure from NCSO drugs is now playing into the forecast.	↓	Yellow
Out of hours	No significant variances in M9	↓	Yellow
Local Enhanced Services	No significant variances in M9	→	Green
Primary care IT	No significant variances in M9	→	Green
Reserves	No significant variances in M9	↓	Green
Running costs	No significant variances in M9	→	Green

Financial risks

The CCG's risk position has been updated to remove the risk around Quality Premium, on the basis of a receipt of £313k in M9 which is reflected in the financial position.

The CCG has recognised a risk of £245k in relation to GP practice indemnity payments, based on advice from NHS England. This relates to a potential under provision of indemnity reimbursements in the delegated primary care budgets.

The CCG is recognising a risk around drugs costs, specifically around drugs where costs have increased on the basis of no cheaper stock being obtainable. This risk value is currently being reviewed to ensure that it is adequate to meet potential additional charges.

The CCG is continuing to reflect risks around potential un-funded costs for new patients taken into the Daisy who were previously the responsibility of NHS England. In addition the CCG is continuing to report risks in relation to cost pressures arising from the transfer of property from Great Western Hospital NHS Foundation Trust to NHS Property Services.

The CCG has reached settlement of the 17/18 contract with SFT, which has mitigated some of the acute services risk, however the risk value remains unchanged to reflect the risk of further overperformance relating to the independent sector, and further non elective pressures in the other acute contracts.

The financial risks at M9 are summarised in the table below:

Area		Potential risk / £000	Likelihood %	Residual risk / £000	Comment
Risk issues	Acute services	900	90%	810	Overperformance relating to independent sector and main NHS contracts
	Practice indemnity	272	90%	245	Potential cost pressure relating to GP indemnity payments notified by NHSE
	Daisy unfunded patients	400	25%	100	New Daisy patients not already funded
	Continuing care services	696	54%	373	QIPP and dispute re responsible CCG
	Property transfers	1,000	50%	500	Cost pressures arising from the transfer of property from GWH to NHS Property Services
	Prescribing	1,201	100%	1,201	Prescribing NCSO additional risk, included at full value
		4,469		3,229	
Mitigations	Pregabalin savings			-293	Savings to offset prescribing risk
	Contingency held			-2,766	Reserves balances
	Other reserves			-170	Reserves balances
				-3,229	
Net risk position after mitigations				0	

Key access issues

A&E <4 Hour waits

RUH and GWH breached the 95% standard in November with 75.9% and 86.1% respectively. This is deterioration in performance in November with these two providers recording their lowest 2017/18 monthly rates. SFT achieved 95.1% in November but with December proving to be a challenging month at all main providers.

RTT Incomplete Pathways

In November 2017, the CCG did not deliver the 92% Referral to Treatment (RTT) target achieving 91.85%, which represented a further increase in performance from the previous month. SFT achieved the standard with 93.2%. However; there was on-going underperformance at both GWH (90.7%) and RUH (90.3%). To note, RUH continue to recover their cardiology performance and delivered 93% in November.

50 Wiltshire patients in the RUH backlog are being outsourced to the independent sector before March 2018 to reduce impact and delays for patients.

GWH performance improved from 90.12% in October to 91.0% in November. The dedicated deep dive gastro meeting will be held on 24 January 2018.

Over 52 week RTT waits

There were 2 breaches in November at North Bristol (1 Neurosurgery and 1 Trauma and Orthopaedics). The local FIG meeting has raised the issue of correct commissioner identification of RTT incomplete pathways between CCGs and SCG.

The NHS England mandated the cancellation of all non-cancer elective surgery in January 2018 as part of the response to winter pressures. The impact of this on both patients and performance needs to be assessed by the end of January. This work will include a review of backlogs and potential growth to aid planning for 18/19. This information will be gathered via the RTT elective boards.

Diagnostic Waits

The CCG breached the 99% within 6 week standard with 98.0% with 161 breaches. SFT achieved the standard with GWH breaching at 96.4%, with 53 breaches and RUH breached at 97.9% with 72 breaches, up from 33 in October. The greatest numbers of CCG breaches were seen for CTs (44), Audiology (33), Echocardiography tests (23) and 22 for MRIs and Non Obstetric Ultrasounds. GWH have been asked to present an updated recovery plan at the contract performance meeting on 17 January 2018.

Cancer Access

The CCG achieved 6 of the standards and breached 3; 62 day wait from urgent GP referral to first definitive treatment achieved 78.4%, 62 day wait to treatment following referral from the NHS screening service 88.5% and 62 treatments following a consultant upgrade 86.1%. GWH cancer performance, particularly 62 days, is now subject to weekly monitoring by both regulators.

WCCG has asked for assurance around the use of additional national funds to support cancer performance recovery. RUH has plans in place. SFT were not initially awarded any funds but following challenge have now been assigned £30k which will be used to support Upper GI pathway improvements. GWH plans and progress will be discussed on 14 December 2017.

Mixed Sex Accommodation

There were 2 breaches in November; 1 at University Hospitals Southampton and 1 at GWH.

Ambulance Response

The data attached shows an apparent breach by SWASFT of the 75% target for red responses on scene with achievement of 54.9% in November. However, November was a split month for SWASFT who migrated to the new Ambulance response programme from 23 November 2017.

Up to 22 November 2017, performance was based on the old response perimeter as was as follows:

Cat 1 53.22% Target 75%

From 23rd the new code set was recorded which looks at mean and 90th percentile arrival times for Cat 1. This is as follows:

Cat 1 Mean time 9.6 minutes – Target 7 minutes.
90th percentile 18.7 minutes – Target 15 minutes.

As always, Wiltshire CCG's rurality is part of the challenge for SWAFST around these targets.

Delayed Transfers of Care (DToCs)

All three main local Acutes reported excess delayed discharge block bed days in November however the numbers have reduce in-month. The November position remains above the plan trajectory level and actions include the opening of extra winter pressure beds, extra domiciliary care, and a Housing advisor to work on more complex placements.

Dementia Diagnosis

The December rate reduced to 65.2%, 1.5% under the 66.7% target. As in previous years the rate has slipped due to increased attrition numbers and the increase in prevalence. Practice level monitoring is in place with targeted practice visits and a GP training event planned for the end of January.

Community Services

Adult Health (WH&C) For November, WH&C average length of stay now stands at 41.9 days increasing from 31.7 days in October which is 21.9 days more than target DToC has decreased to 22% (target 20%) from 23% . Reablement has decreased to 50% (target is 86%) from 64% in October.

Activity

Non Elective spells are 3.4% over plan and Diagnostics excluding Endoscopies are 11.9% over plan. The numbers of completed admitted RTT pathways are well below planned levels as elective capacity continues to be squeezed out by excess non-elective bed pressures.

Appendices

- Annex 1 Summary I&E position M9 2017/18
- Annex 2 Summary Statement of Financial Position M9 2017/18
- Annex 3 Cash Position M9 2017/18
- Annex 4 Better Payment Practice Code Performance M9 2017/18
- Annex 5 Movement between budgets and resources M9 2017/18
- Annex 6 Performance against constitution targets M8 2017/18
- Annex 7 Activity monitoring M8 2017/18

Annex 1 – Summary Income and expenditure position M9 2017/18

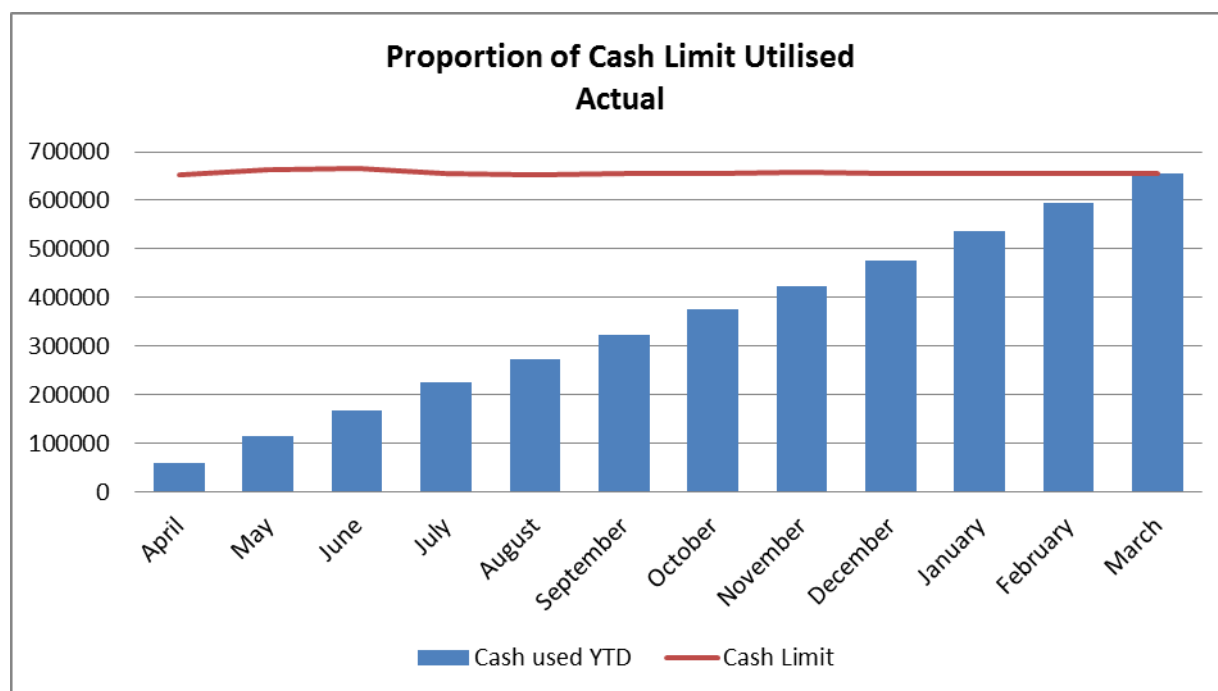
	Year to date £'m			Forecast outturn £'m		M9 forecast vs M8	
	Budget	Actual	Variance	Budget	Variance	M8	Change
Acute services (incl ambulances)							
NHS providers	213.2	215.0	1.8	284.5	2.1	2.4	-0.3
Other providers	19.7	20.5	0.8	26.3	1.1	1.0	0.0
Non contracted activity	5.3	5.3	0.0	7.1	0.0	0.0	0.0
	238.4	240.8	2.6	317.9	3.2	3.4	-0.2
Mental health services							
NHS providers	28.7	28.6	-0.1	38.2	0.0	0.0	0.0
Other providers	7.6	7.5	-0.1	10.2	-0.2	-0.1	-0.1
	36.3	36.1	-0.2	48.4	-0.2	-0.1	-0.1
Community services							
NHS providers	0.4	0.4	0.0	0.5	0.0	0.0	0.0
Other providers	39.5	39.0	-0.5	52.7	-0.1	0.0	-0.1
	39.9	39.4	-0.5	53.2	-0.1	0.0	-0.1
Other commissioning							
Continuing care services	13.8	14.4	0.6	18.5	0.3	0.3	0.0
Funded nursing care	7.5	6.1	-1.4	10.0	-1.1	-1.1	0.0
Local authority and joint services	18.7	19.1	0.4	25.0	0.3	0.2	0.1
Other programme services	6.7	6.5	-0.2	9.0	-0.5	-0.1	-0.4
	46.7	46.1	-0.6	62.5	-1.0	-0.7	-0.3
Primary care services							
Primary care commissioning	44.5	44.0	-0.5	61.9	-0.7	-0.7	0.0
Prescribing	55.1	55.7	0.6	73.5	0.9	0.6	0.3
Out of hours and NHS 111	5.4	5.5	0.1	7.2	0.1	0.0	0.1
Local enhanced services	5.6	5.5	-0.1	7.4	0.0	0.0	0.0
Primary care IT	1.3	1.2	-0.1	1.7	0.0	0.0	0.0
	0.1	0.0	-0.1	0.1	0.0	0.0	0.0
	112.0	111.9	-0.1	151.8	0.3	0.0	0.4
Programme reserves							
Contingency	2.1	0.0	-2.1	2.8	-2.8	-2.8	0.0
Other earmarked reserves	4.5	8.1	3.6	6.0	1.2	0.8	0.5
Discretionary headroom	1.4	1.4	0.0	1.8	0.0	0.1	0.0
Retained headroom	2.2	0.0	-2.2	2.9	0.0	0.0	0.0
	10.1	9.5	-0.7	13.5	-1.6	-1.9	0.5
Running costs	7.9	7.4	-0.5	10.6	-0.6	-0.6	0.0
Total expenditure	491.2	491.2	0.0	657.9	0.0	0.0	0.0
Less funding	-500.0	-500.0	0.0	-669.7	0.0		
Ledger surplus	8.7	0.0	-8.7	-11.7	-11.7		
Add back historical surplus	-8.7	0.0	8.7	11.6	11.6		
Planned in-year surplus	0.0	0.0	0.0	-0.1	-0.1		

Annex 2 – Summary Statement of Financial Position M9 2017/18

Summary Statement of Financial Position	£'m		
	Opening position 1st April 2017	Closing position 31st December 2017	Forecast position at 31st March 2018
Non-Current Assets:			
Premises, Plant, Fixtures & Fittings	0.00	0.00	0.00
IM&T	0.00	0.00	0.00
Other	0.01	0.01	0.01
Long-term Receivables	0.00	0.00	0.00
TOTAL Non-Current Assets	0.01	0.01	0.01
Current Assets:			
Inventories	0.00	0.00	0.00
Prepayments	1.42	2.12	1.42
Trade and Other Receivables	2.01	3.87	2.01
Bad debt impairment	-0.51	-0.51	-0.51
Cash and Cash Equivalents	0.09	0.38	0.49
TOTAL Current Assets	3.01	5.86	3.41
TOTAL ASSETS	3.02	5.87	3.42
Non-Current Liabilities:			
Long-term payables	0.00	0.00	0.00
Provisions	0.00	0.00	0.00
Borrowings	0.00	0.00	0.00
TOTAL Non-Current Liabilities	0.00	0.00	0.00
Current Liabilities:			
Trade and Other Payables	31.26	50.63	33.58
Other Liabilities	0.00	0.00	0.00
Provisions	0.78	0.79	0.58
Borrowings	0.00	0.00	0.00
Total Current Liabilities	32.04	51.42	34.16
TOTAL LIABILITIES	32.04	51.42	34.16
ASSETS LESS LIABILITIES (Total Assets Employed)	-29.02	-45.55	-30.74
Financed by taxpayers' equity:			
General fund	29.02	45.55	30.74
Revaluation reserve	0.00	0.00	0.00
Other reserves	0.00	0.00	0.00
Total taxpayers' equity:	29.02	45.55	30.74

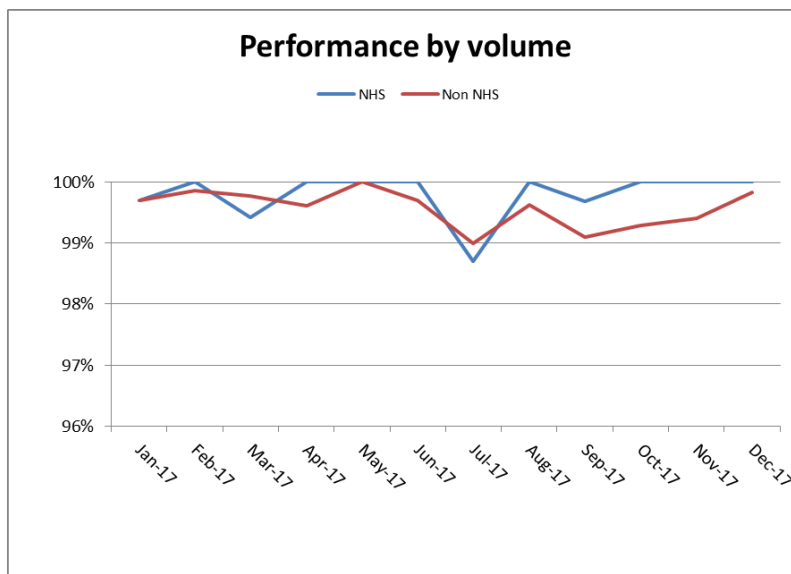
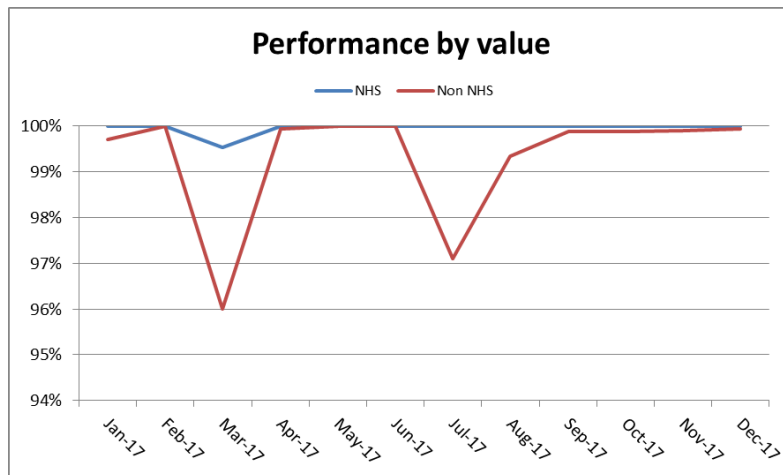
Annex 3 – Cash Position M9 2017/18

	£'m	
	YTD	FOT
Assumed revenue resource limit / £'m	502.3	669.7
Assumed revenue cash limit / £'m	492.2	656.3
Cash drawn down / £'m	428.6	595.2
Cash top sliced for CHC risk pool prescribing and home oxygen / £'m	46.1	61.1
Effective total cash drawn down / £'m	474.7	656.3
Cash drawn down as % of total	72.3%	100.0%
Expected cash draw down as %	75.0%	100.0%
Cash utilised / £'m	474.4	655.9
Balance in account / £'m	0.4	0.5
Balance in account as % of total cash limit	0.1%	0.1%



Annex 4 – Better Payment Practice Code Performance M9 2017/18

		Performance vs 30 days BPP ytd Dec 2017			
		In Month		YTD	
		Nos.	£'m	Nos.	£'m
NHS	Total bills paid	296	28.05	2,857	253.96
	Total bills paid within time	296	28.05	2,852	253.95
	% of bills paid within target	100.0%	100.0%	99.8%	99.9%
Non-NHS	Total bills paid	574	9.28	5,817	92.73
	Total bills paid within time	573	9.27	5,789	92.35
	% of bills paid within target	99.8%	99.9%	99.5%	99.6%
ALL	Total bills paid	870	37.33	8,674	346.70
	Total bills paid within time	869	37.32	8,641	346.30
	% of bills paid within target	99.9%	99.9%	99.6%	99.9%



Annex 5 - Movement between M8 and M9 budget 2017/18

	M9 position £m	M8 position £m	Movement £m	Comment
Acute services (incl ambulances)				
NHS providers	284.6	283.8	0.8	£2m IR allocation RUH and GWH plus RUH MRET budget £0.3m from reserves; Neuro rehab budgets of £1.5m moved to community services
Other providers	26.3	26.3	0.0	
Non contracted activity	7.1	7.1	0.0	
	317.9	317.2	0.8	
Mental health services				
NHS providers	38.2	38.2	0.0	LD budgets moved from other programme services
Other providers	10.2	6.2	4.0	
	48.5	44.4	4.0	
Community services				
NHS providers	0.5	0.5	0.0	Neuro rehab budgets moved from acute services
Other providers	52.7	51.2	1.5	
	53.2	51.7	1.5	
Other commissioning				
Continuing care services	18.5	18.5	0.0	£4m LD budget moved to mental health services, offset by £1.4m 111 budgets correction and £0.3m QP funding receipt
Funded nursing care	10.0	10.0	0.0	
Local authority and joint services	25.0	25.0	0.0	
Other programme services	9.0	11.3	-2.3	
	62.5	64.8	-2.3	
Primary care services				
Primary care co-commissioning	61.9	61.9	0.0	Correction of 111 budget to other programme services Movement of GPFV, coded to other programme services
Prescribing	73.5	73.5	0.0	
Out of hours	7.2	8.6	-1.4	
Local enhanced services	7.4	7.5	-0.1	
Primary care IT	1.7	1.7	0.0	
	151.7	153.2	-1.5	
Programme reserves				
Contingency	2.8	2.8	0.0	IR allocation receipt £0.3m offset by £2m IR allocated to acute services budgets. RUH MRET budget £0.3m taken from reserves. Additional allocation receipts £0.3m
Other reserves	6.1	7.6	-1.5	
Discretionary headroom	1.8	1.8	0.0	
Retained headroom	2.9	2.9	0.0	
	13.5	15.1	-1.5	
Running costs	10.6	10.6	0.0	
Total expenditure	658.0	657.0	1.0	
Less Funding	-669.7	-668.7	-1.0	Additional IR allocation £0.35m, QP £0.3m receipt, other allocation receipts £0.34m
Carried forward surplus	-11.7	-11.7	0.0	
Add back historical surplus	11.6	11.6	0.0	
Planned in-year surplus	-0.1	-0.1	0.0	

Annex 6 – Performance against constitution targets M8 2017/18

NHS WILTSHIRE CCG

Are patient rights under the NHS Constitution being promoted?

Indicator	Org.	2016/17	2017/18														
			Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	FOT	
Referral To Treatment waiting times for non-urgent consultant-led treatment																	
E.B.3 RTT % Incomplete Pathways within 18 Weeks	CCG	91.5%	92%	91.4%	91.6%	91.7%	92.3%	91.8%	91.4%	91.7%	91.9%					92.0%	
Number of patients waiting more than 52 weeks	CCG	46	0	4	1	9	2	4	4	1	2					41	
Diagnostic test waiting times																	
E.B.4 Diagnostic Test Waiting Times (%<6 week waits)	CCG	98.5%	≥99%	97.7%	97.6%	98.1%	98.1%	97.6%	98.7%	98.5%	98.0%					99.0%	
Cancer waits – 2 week wait																	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	CCG	92.0%	≥93%	92.2%	95.7%	92.7%	93.5%	93.5%	93.6%	94.1%	94.8%					93.0%	
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	CCG	86.4%	≥93%	71.5%	80.3%	78.8%	95.3%	97.9%	97.9%	98.8%	96.5%					93.0%	
Cancer waits – 31 days																	
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	CCG	97.1%	≥96%	98.0%	97.1%	99.1%	97.5%	97.1%	99.5%	97.5%	97.7%					97.9%	
Maximum 31-day wait for subsequent treatment where that treatment is surgery	CCG	96.2%	≥94%	96.2%	100.0%	100.0%	96.3%	98.4%	91.7%	91.8%	95.4%					96.2%	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimens	CCG	100.0%	≥98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100.0%	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	CCG	98.6%	≥94%	98.6%	98.3%	100.0%	97.6%	98.0%	97.4%	100.0%	97.4%					98.4%	
Cancer waits – 62 days																	
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	CCG	84.8%	≥85%	83.3%	86.0%	77.8%	86.0%	84.7%	82.3%	84.8%	78.4%					82.9%	
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	CCG	95.1%	≥90%	75.0%	87.5%	92.9%	100.0%	100.0%	90.0%	93.3%	88.5%					90.9%	
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	CCG	96.6%	≥85%	100.0%	88.9%	90.9%	100.0%	100.0%	83.3%	86.7%	84.6%					91.8%	
Mixed Sex Accommodation Breaches																	
Breaches of Mixed-Sex Accommodation	CCG	215	0	13	4	4	7	5	6	3	2					66	
PROVIDER BASED INDICATORS																	
A&E waits																	
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (A&E and MIUs)	RUH	83.2%	≥95%	88.4%	80.8%	90.3%	94.2%	90.4%	80.9%	89.9%	75.9%					86.4%	
	SFT	90.6%		95.0%	93.1%	95.7%	95.7%	91.3%	91.7%	95.0%	95.1%					95.0%	
	GWH	86.5%		86.7%	91.9%	87.9%	87.9%	90.9%	87.3%	88.1%	86.1%					88.4%	
	SWIC	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100.0%	
Category Red Ambulance Responses																	
ARP - Red responses on scene within 8 minutes	SWAST	70.1%	≥75%	71.3%	69.5%	67.4%	65.2%	59.8%	59.0%	58.5%	54.9%					63.2%	
ARP - Red T conveying responses on scene within 8 Minutes	SWAST	83.3%	≥75%	86.0%	85.3%	83.5%	85.7%	83.1%	83.0%	83.3%	83.3%					84.2%	
Cancelled Operations																	
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days.	RUH	7	0			1			0							5	
	SFT	0				0			0								0
	GWH	8				0			0								5

NHS WILTSHIRE CCG

				2017/18												
Other CCG KPIs	Org.	2016/17	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	FOT
HCAI measure (C.Difficile infections)	CCG	100	103	6	9	8	4	12	9	13	4					98
HCAI measure (MRSA infections)	CCG	8	0	1	0	1	1	0	0	0	1					6
DTCO Bed Days per 1000 population	RUH	9.00%	3.5%	6.50%	4.60%	6.00%	6.10%	5.57%	4.78%	6.40%	4.40%					3.50%
	SFT	6.20%	3.5%	5.10%	6.70%	6.50%	5.00%	4.20%	5.09%	4.10%	3.93%					3.50%
	GWH	4.70%	3.5%	7.00%	9.20%	10.10%	9.30%	6.09%	6.44%	7.50%	7.11%					3.50%

				2017/18												
Mental Health	Org.	2016/17	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	FOT
Dementia Diagnosis (March 2017 Target)	CCG	67.1%	67.0%	66.5%	65.9%	65.9%	65.9%	65.6%	65.5%	65.8%	65.8%	65.2%				67.0%
IAPT Access Rate (2017/18 target = >4.2% per Qtr)	CCG	5.4%	4.20%			4.4%			4.4%							
IAPT Recovery Rate (2017/18 Quarter 4 target = >50%)	CCG	52.5%	≥50%			53.8%			54.5%							54.1%
IAPT <6 Weeks Access (National Target >=75%)	CCG	96.5%	≥90%	93.8%	90.4%	94.5%	91.2%	91.4%	87.4%							91.5%
IAPT <18 Weeks Access (National Target => 95%)	CCG	100%	≥96%	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%							99.9%
EIP - Psychosis treated with a NICE approved care package within two weeks of referral (National Target >=50%)	CCG	N/A	≥97.7%	100.0%	100.0%	77.8%	100.0%	80.0%	80.0%	63.6%						85.9%
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.	CCG	98.1%	≥95%			92.0%			96.0%							94.0%

				2017/18											
Indicator	2016/17	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
RTM incomplete Pathways - % waiting under 18 weeks at month end	96%	≥95%	97%	97%	96%	96%	96%	97%	97%	95%					95%
Average length of stay - Mean (Ailesbury, Cedar, Longleat)	32%	≤20	26.2	35.1	33.5	38.9	29.0	33.2	31.7	41.9					33.7
DTCOs (% of occupied beds)	23%	≤20%	25.0%	30.0%	29.0%	31.0%	35.0%	27.0%	23.0%	22.0%					27.8%
% End of Life patients dying in preferred place	92%	≥90%	98%	94%	100%	80%	85%	100%	100%	84%					98%
Minor Injury Units - Arrival to discharge time within 4 hours		95%	99%	99%	100%	99%	100%	100%	99%	99%					99%
Community reablement - Number of patients referred to a community team that have not been admitted to hospital within 90 days of that referral		≥86%	78%	81%	82%	85%	68%	50%	64%	50%					80%

Annex 7 - Activity monitoring M8 2017/18

NHS Wiltshire CCG 2017/18 Plan Monitoring			2017/18													
	Frequency	Criteria	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	FOT
E.M.7 Total Referrals (G&A)	Monthly	Plan	13,547	13,455	13,999	13,508	13,279	14,639	15,320	13,279	13,959	13,959	13,279	14,639	111,026	166,862
		Actual	11,872	13,684	13,149	13,171	12,932	12,755	13,946	13,379					104,888	157,637
E.M.8 Consultant Led First Outpatient Attendances (Specific Acute)	Monthly	Plan	11,614	11,953	12,793	11,441	11,741	12,659	12,088	13,738	11,013	12,853	11,634	13,901	98,027	147,428
		Actual	10,706	12,663	12,389	11,598	11,818	11,930	12,980	12,729					96,813	145,602
E.M.9 Consultant Led Follow-Up Outpatient Attendances (Specific Acute)	Monthly	Plan	21,180	20,856	22,151	20,510	20,839	21,490	20,967	23,334	19,021	22,105	20,533	23,281	171,327	256,267
		Actual	18,865	21,784	22,156	20,879	21,184	20,883	22,360	23,305					171,416	256,400
E.M.10 Total Elective Spells (Specific Acute) (OE & DC)	Monthly	Plan	4,726	5,014	5,160	4,707	4,771	4,821	4,841	5,122	4,395	4,562	4,448	5,321	39,162	57,888
		Actual	4,333	5,024	5,088	4,884	4,800	4,816	4,973	5,215					39,133	57,845
E.M.11 Non-elective spells (Specific Acute)	Monthly	Plan	3,505	3,722	3,574	3,537	3,504	3,553	3,765	3,717	3,548	3,629	3,209	3,803	28,877	43,066
		Actual	3,141	3,750	3,719	3,721	3,761	3,773	4,060	3,939					29,864	44,538
E.M.12 Total A&E Attendances (excluding planned follow-ups)	Monthly	Plan	10,719	11,777	11,571	12,348	11,635	11,463	11,180	10,393	10,360	9,890	9,031	10,785	91,086	131,152
		Actual	10,545	11,182	11,038	11,297	10,790	10,473	10,852	8,493					84,670	121,914
E.M.13 Endoscopy based Activity	Monthly	Plan	1,437	1,376	1,690	1,419	1,431	1,466	1,554	1,312	1,445	1,520	1,460	1,282	11,685	17,392
		Actual	1,207	1,351	1,550	1,391	1,335	1,412	1,390	1,536					11,172	16,628
E.M.14 Diagnostic Activity excluding Endoscopy	Monthly	Plan	11,595	10,695	12,073	11,477	11,260	12,164	12,629	11,334	12,192	12,542	11,590	11,623	93,227	141,174
		Actual	11,557	13,117	13,087	12,831	13,446	12,820	13,759	13,673					104,290	157,927
E.M.16 Cancer Two Week Referrals Seen	Monthly	Plan	1,285	1,345	1,494	1,288	1,431	1,358	1,481	1,480	1,646	1,291	1,412	1,539	11,162	17,050
		Actual	1,145	1,161	1,293	1,221	1,009	1,064	1,187	1,201					9,281	14,177
E.M.17 Cancer 62 Day Treatments following an Urgent GP Referral	Monthly	Plan	114	113	114	109	126	135	105	112	127	148	112	139	928	1,454
		Actual	96	114	108	107	98	113	112	97					845	1,324
E.M.18 Number of Completed Admitted RTT Pathways	Monthly	Plan	2,331	2,635	2,552	2,673	2,807	2,990	2,992	2,684	2,490	2,621	2,649	2,703	21,664	32,127
		Actual	1,857	2,161	2,064	1,964	1,941	2,000	2,047	2,141					16,175	23,987
E.M.19 Number of Completed Non-Admitted RTT Pathways	Monthly	Plan	5,374	5,251	5,891	5,329	5,396	6,028	5,638	5,057	4,680	4,862	4,717	4,798	43,964	63,021
		Actual	5,441	6,135	5,772	5,621	5,697	5,785	6,447	6,638					47,536	68,141
E.M.20 Number of new RTT pathways (Clock Starts)	Monthly	Plan	11,278	11,370	11,767	11,643	11,595	12,236	11,315	17,725	14,339	17,234	13,845	15,874	98,929	160,221
		Actual	11,278	12,497	12,270	11,916	11,947	11,480	13,108	12,429					96,925	156,975
E.B.3i RTT Total Incomplete Pathways (Waiting list)	Monthly	Plan	27,635	27,534	27,321	28,327	28,146	28,036	27,669	27,560	28,034	27,543	28,525	28,842	27,560	27,560
		Actual	33,769	31,153	29,662	28,894	29,137	28,672	28,949	28,442					28,442	28,442

Annex 8 – IPR Group Dashboard

NHS Wiltshire CCG IPR Group Dashboard Report						Data Period	National Target YTD	Local Target YTD	Performance		
									This month	Last month	
Planned Care	Constitutional Targets (Wiltshire CCG position unless stated)										
	18 Weeks RTT Incomplete Pathways CCG Total						Nov-17	≥92%	≥92%	91.9%	91.7%
	18 Weeks RTT Incomplete Pathways RUH						Nov-17	≥92%	≥92%	90.3%	89.9%
	18 Weeks RTT Incomplete Pathways GWH						Nov-17	≥92%	≥92%	90.7%	90.1%
	18 Weeks RTT Incomplete Pathways SFT						Nov-17	≥92%	≥92%	93.2%	93.5%
	Diagnostic Test within 6 weeks CCG Total						Nov-17	≥99%	≥99%	98.0%	98.5%
	Diagnostic Test within 6 weeks RUH						Nov-17	≥99%	≥99%	97.9%	99.1%
	Diagnostic Test within 6 weeks GWH						Nov-17	≥99%	≥99%	96.4%	95.9%
	Diagnostic Test within 6 weeks SFT						Nov-17	≥99%	≥99%	99.3%	99.4%
	52 week wait breaches CCG Total						Nov-17	Zero	Zero	2	1
	Cancer 2WW CCG Total						Oct-17	≥93%	≥93%	94.1%	93.6%
	Cancer 2WW Breast CCG Total						Oct-17	≥93%	≥93%	98.8%	97.9%
	Cancer 62 days from urgent GP referral to definitive treatment						Oct-17	≥85%	≥85%	84.8%	82.3%
Unplanned Care	NON ELECTIVE SPELLS (Specific Acute)										
	CCG Total						M8ytd		28,877	29,864	26,418
	GWH						M8			922	1,029
	RUH						M8			1,318	1,428
	SFT						M8			1,357	1,291
	ED ATTENDANCES										
	CCG Total						M8ytd		91,086	84,670	75,872
	GWH						M8			3,852	1,550
	RUH						M8			387	1,939
	SFT						M8			2,704	2,730
	NHS 111										
	Calls Offered (BaNES & Wiltshire)						M8			12,499	12,881
	SWAST										
	Total Incidents (with duplicate calls removed)						M8ytd		45,087	45,488	39,593
	MIU										
	Total Attendances (Wilts MIUs only)						M8			5,072	5,589
	SWIC										
	Total Attendances						M8ytd		19,688	11,661	10,435
	BDUC										
	Total Attendances						M8			130	142
	NHS 111 Performance										
	Answered <60 secs %						M8ytd	≥95%		92.2%	93.3%
	Abandoned >30 secs calls%						M8ytd	≤5%		1.2%	1.0%
	Ambulance disposition %						M8ytd	≤10%		11.0%	10.8%
	ED Disposition %						M8ytd	≤5%		7.1%	7.2%
	Medvivo Performance										
	OOH Telephone Advice Calls						M8			3,236	3,365
	OOH PCC Attendances						M8			3,339	3,145
	OOH Home Visits						M8			780	819
	Referrals to Urgent Care at Home						M8			82	78
	Telecare Mobile Responses						M8			152	188
	One number ATC calls						M8			6,981	6,803
	ATC Referrals						M8			2,404	2,355
	SWAST Performance										
	Hear and Treat Percentage						M8ytd		11.5%	12.0%	12.2%
	See and Treat Percentage						M8ytd		36.5%	37.6%	37.4%
	See and ED Conveyance Percentage						M8ytd		45.2%	43.8%	43.7%
	High Impact Interventions										
	Weekend discharges % (80% of Weekday)										
	GWH								≥80%	Not available	
	RUH								≥80%		
	SFT								≥80%		
	GWH Community								≥80%		
	DTOC %										
	GWH						Oct-17		3.5%	7.5%	6.4%
	RUH						Oct-17		3.5%	6.4%	4.8%
	SFT						Oct-17		3.5%	4.1%	5.1%
GWH Community									Not available		
Community Services	Children's community services:										
	Non-consultant led services: RTM incomplete Pathways - % waiting under 18 weeks at month end						Sep-17	≥92%	≥92%	86.9%	87.7%
	% CAMHS T3 new referrals assessed within 12 weeks of referral						Apr-17	≥95%	≥95%	100%	100%
	% CAMHS T2 new referrals assessed within 10 weeks of referral						Apr-17	100%	100%	100%	100%
	Paediatric consultant follow ups seen within 6 weeks of agreed date						Sep-17		tbc	44.86%	51.98%
	Proportion of children over 14 with a transition plan								100%	Not yet available	
	Children's continuing care: expenditure against ring fenced value within contract										
	National child measure ment programme- reception children very overweight						16/17		4.37%	8.10%	Not
	National child measure ment programme- Year 6 children very overweight						16/17		10.17%	15.40%	Available
	CAMHS Transformation Plan:										
	% referrals to Single Point of Access which don't meet CAMHS service criteria & are provided with an early help response where appropriate						Jun-17		95%	100%	100%
	% of referrals to CAMHS SPA not accepted						Jun-17		10%	28.0%	28.0%
	% of children and young people who, at the end of CAMHS treatment, self-report main presenting problem has improved								95%	Not Available	
	% re-referrals to CAMHS within 12 months								tbc	Not Available	
	No of CAMHS hospital admissions						Jun-17			2	1
No of CAMHS hospital bed days						Jun-17			171	180	
No of 11 - 18 year olds attending A&E where mental health is the primary or secondary diagnosis						Oct-16		tbc	41	37	
Mental Health	AWP										
	4 week RTA (Referral to Assessment)						Oct-17		≥95%	98.90%	99.10%
	4 hour wait - emergency crisis assessment						Oct-17		≥95%	100.00%	95.70%
	% of admissions gatekept (working adult age)						Oct-17		≥95%	98.60%	98.10%
	DTC for wiltshire wards - Adult								≥95%		
	DTC for wiltshire wards - Later Life						Oct-17		7.50%	9.6%	10.1%
	Timely Review and Care Plan < 4 wks of Review						Apr-17		≥95%	87.3%	89.5%
	18 week RTT						Oct-17		≥95%	89.30%	89.80%
	50% of people experiencing first episode of psychosis to access NICE approved care package within <2 wks. (Mandate 6.3)						Oct-17		≥50%	63.60%	88.90%
	Learning Disability - Proportion of people with a learning disability on the GP register receiving an annual health check						Aug-17		≥30.7%	48.6%	37.0%
Access and waiting time standards for mental health services embedded (Mandate 6.3)									Not Available		

Section 3: Projects

Wiltshire CCG QIPP Project Register January 2018 (Month 8)

Identified QIPP Scheme	Executive Lead	Project Manager	Clinical Lead	17/18 QIPP target values (£000)	17/18 QIPP activity reduction	RAG for planned milestones	RAG for delivery of planned benefits	Exec Lead confidence in QIPP 17/18 target delivery (%)
Urgent Care QIPP								
BCF : Urgent Care at Home Impact: Admission Avoidance	Director of Intergration	Multiple	Multiple	2233	1039		R	
BCF : Intermediate Care Impact: Admission Avoidance	Director of Intergration							
BCF : Step-up Beds (existing) Impact: Admission Avoidance	Ted Wilson							
WH&C : High Intensity Care Impact: Admission Avoidance	Ted Wilson							
WH&C : Rehab Support Workers Impact: Supports Discharge	Ted Wilson							
ED Streaming Impact: Admission Avoidance	Jo Cullen							
Paediatric Admissions Impact: Admission Avoidance	Lucy Baker							
Right Care : Circulatory Disease Impact: Admission Avoidance	Lucy Baker							
Right Care : Trauma and Injuries & MSK Non Elective Impact: Admission Avoidance	Lucy Baker							
Planned Care QIPP								
Demand Management Referral Management Centre	Lucy Baker	Lucy Baker	Dr Andy Hall	166	1,383	G ↔	G ↔	100%
Demand Management Clinical Policies	Lucy Baker	Nadine Fox	Dr Helen Osborn	910	1,846	G ↔	G ↑	80%
Gastroenterology	Lucy Baker	Jo Williamson	Dr Richard Sandford-Hill	35	174	R ↔	R ↔	0%
MSK	Lucy Baker	Jill Whittington	Dr Tim King Dr Lindsay Kinlin Dr Andrew Girdher	0	0	R ↔	£0 Savings Target	N/A
Follow-ups inc Patient Initiated Follow Ups	Lucy Baker	Ashley Windebank-Brooks	Dr Andy Hall	163	2,251	G ↔	G ↔	100%
Rheumatology	Lucy Baker	Nadine Fox	Dr Elizabeth Shaw Dr Lynne McReady	240	0	R ↔	R ↔	0%
Ophthalmology	Lucy Baker	Jo Williamson	Dr Andy Hall	217	2,522	G ↔	G ↔	100%
Other QIPP								
Prescribing	Jo Cullen	Alex Goddard	Dr Helen Osborn (TBC) other GP practice	2,500	N/A	TBC	R ↔	TBC
Continued Health Care Patient Reviews	Dina McAlpine	Kate Purser	N/A	500	N/A	G ↔	R ↔	85%

The Programme Management Office (PMO) tracks progress of delivery through meetings with project managers and also the Directorate Dashboards which are reviewed monthly by the Executive Management Team. The PMO also produces status reports for the CCG's Finance and Performance Committee.

A number of mechanisms designed to increase accountability, identified by internal audit and agreed by the CCG's Audit and Assurance Committee are included in the PMO reporting process and this Integrated Performance Report.

Update on the 17/18 QIPP workstreams

Data included in this report is provided for month 8 – November 2017.

The 17/18 Delivery Plan included the requirement for QIPP savings to be delivered in order to achieve financial balance. QIPP is divided into the following categories:

Urgent Care – delivered through a combination of workstreams including the Better Care Fund, activities linked to adult community services, Paediatric admission avoidance and elements of the national RightCare programme. The required savings target for urgent care is £2.3m. Urgent Care QIPP is monitored using SLAM data.

Planned Care – a number of schemes identified to deliver the target. Planned Care QIPP is monitored using SUS data.

Other QIPP – delivered through initiatives in Primary Care Prescribing and CHC Reviews. Performance in the other QIPP programmes is monitored using multiple data sources each of which received validation by the Finance department.

Practice contribution to QIPP schemes – GP practices across the three Wiltshire locality groups also contribute to QIPP delivery. This information is made available to practices via a separate practice report, which is produced on a quarterly basis by the CSU. Each report contains a section entitled 'QIPP projects', which outlines the contribution that each practice has made, within that locality, towards QIPP delivery.

Non Programme Related Activity – including running costs.

The total QIPP target across all CCG areas is £14.5 million.

In the remainder of this section, high level indicators of performance are shown along with commentary from directors responsible for programme related activity schemes identified to deliver financial savings. Planned Care will indicate both the financial and activity performance.

Urgent Care QIPP will be delivered through the following identified workstreams resulting in the delivery of £2.3 million savings:

Initiative	Description of Impact	Cost Impact
BCF : Urgent Care at Home	Admission avoidance	£600,000
BCF : Urgent Care at Home Phase 2	Admission avoidance	£150,000
BCF : Step Up Beds (Existing)	Admission avoidance	£105,000
BCF : Intermediate Care (South)	Admission avoidance	£150,000
ED Streaming	Admission avoidance	£75,000
WH&C - High Intensity Care	Admission avoidance	£112,500
WH&C - HomeFirst / Rehab Support Workers	Supports discharge	£135,863
Paediatric admissions	Admission avoidance	£630,000
Right Care : Circulatory Disease	Admission avoidance	£100,000
Right Care : Trauma and Injuries	Admission avoidance	£175,000
Right Care: MSK Non Elective	Admission avoidance	

Better Care Fund – Elements contributing to CCG Urgent Care QIPP targets

Programme Director: Sue Shelbourne-Barrow

Month 8

1. *Non-Elective Admissions:*

Non-elective activity to month 8 is up 4.0% (1,140 admissions) on the same period last year. Growth is being seen in all of the 3 broad age bands.

Substantial growth is being seen at RUH which has seen an increase of 2.5% (246 admissions) and at GWH which has seen an increase of 5.1% (344 admissions). At SFT admissions are broadly similar with activity down 0.3% (25 admissions).

The BCP schemes have remained broadly similar and continue to be successful in managing population growth in those aged 65 and over, of more than 11% in the last 4 years and ensuring older residents of Wiltshire are able to be cared for and supported in their own communities. This continues the trend seen in 2016/17 and is perhaps further evidence that the admissions generally are likely to have a greater acuity. This is also reflected in the National Integration Dashboard which shows Wiltshire has a low level of admissions but a high 90th Centile length of stay.

There has also been a reduction in avoidable emergency admissions to month 8 of around 4% (109 admissions). Reductions have been seen in all age bands with those aged under 18 down 7.3% (49 admissions) those aged 65 and over are down 3.4% (50 admissions), while there has been a decrease of 1.1% (10 admissions) in those of working age. In 2016/17 there was an overall decrease in the volume of avoidable admissions of 8.2% (427 admissions), this was across all age bands with a reduction in those aged 65 and over of 8.6% (225 admissions), as we have seen an increase in the number of patients being managed through our alternative schemes in the community.

2. *Delayed Transfers of Care:*

Delayed Transfers of Care – Days decreased again in November by 10.4% (214 days) to 1,844 this is around 570 days over the BCF plan (1,275). This represents 62.5 daily delayed days, which is well above the NHS England target for Wiltshire of 42.7 daily delayed days. The reasons for the lost bed days include awaiting domiciliary care packages, awaiting care home beds, choice delays and awaiting further non acute care. The monthly average for daily delayed days so far in 2017/18 is 74.0 in 2016/17 was 79.4 and for 2015/16 the average was 49.0.

The main reasons for the increase in the number of delays include;

- Demand outstripping current supply for domiciliary care services
- Workforce challenges across our out of hospital system
- Increased complexity and demand for specialist placements
- Transition to new care providers.

Work is ongoing to ensure accuracy and consistency of recording both locally and nationally and new processes have been agreed at SFT.

A range of recovery actions are in place. A DTOC task and finish group has been established and initial actions have included :

- 19 additional winter pressure beds;
- 6 additional community beds in Savernake Hospital;
- 6 additional beds to support Salisbury Foundation Trust;
- 150-220 additional hours of domiciliary care for the south of Wiltshire;
- Housing advisor to support complex placements;
- An acceleration of the Homefirst model to support Salisbury Foundation Trust and Great Western Hospital (Royal United Hospital at more advanced stage of adoption already);
- Accelerate the trusted assessment model

Improvements in flow have been seen across the last 3 months as more capacity comes on line.

3. Other BCP Indicators:

In December, there were 43 permanent placements to care homes; the YTD total for permanent care home places was 325 admissions. This sees admissions at similar levels to those seen in 2016/17. A simple forecast for year-end would be around 435 which is well under the 525 target. Keeping these admissions low is one of the key strategic intentions within the Better Care Plan. To achieve this more residents of Wiltshire are receiving longer term care at home post discharge. The Better Care Plan continues to try and reduce the number of permanent admissions to nursing and residential homes.

In relation to the 91 day indicator performance has reduced data for Q1 discharges shows a reduction to around 70.9%. This change has been driven by a reduction in numbers and outcomes from the WH&C Neighbourhood teams, following discussions with WH&C it is believed the 2016/17 data overstated the activity and going forward the numbers will increase to levels seen in 2015/16. WH&C are also taking steps to address the issue of data sharing which should be resolved for the 2018/19 ASCOF submission. Overall NT performance was 64.8%, IC Beds achieved 73.2% and ISP Clients was 73.3%.

In December the number of admissions to IC Beds was 57 which is an increase on levels seen in November. Discharges were also higher at 55. Length of stay for step down rehab patients in December was 31.6 days which is a strong performance, however it should be noted that general average length of stay is impacted on by inappropriate admissions; predominately patients waiting for dom care and long term placements. One of the home is currently unable to take new patients following a poor CQC inspection, this is being managed through additional SPOT purchase and overall the impact on performance has been negligible.

New help to live at home activity decreased in December compared to November; ongoing care at home activity has been maintained though additional SPOT purchase of packages of care from different local providers. UCAH remains under the target of 80 referrals a month but is now also achieving a similar admission avoidance percentage.

Confidence level for delivery of overall BCF work streams – 65%

PLANNED CARE QIPP

Programme Director: Lucy Baker

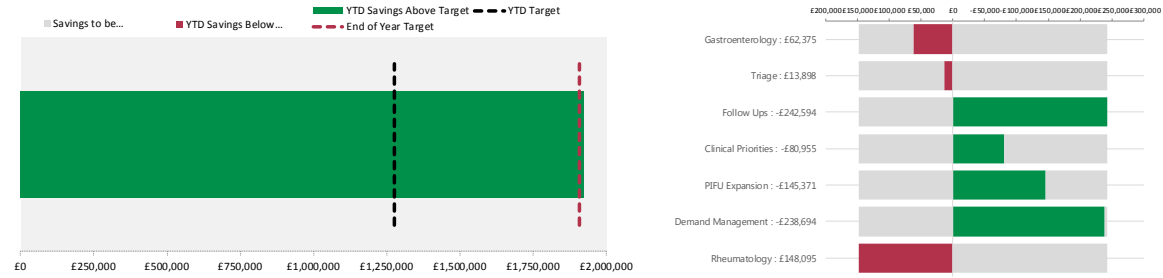
Planned Care QIPP Performance - Month 8 (November) Reductions in Admissions and Outpatient Attendances

The below summary includes the combined details of all the individual schemes contributing to the QIPP performance in the planned care work stream. The detail behind each individual scheme can be found on separate tabs within this report.

Finance

This section is included to indicate the financial performance of a scheme against target

17/18 Targeted Savings	£1,900,000	YTD Targeted Savings	£1,273,895
		YTD Savings Achieved	£1,916,369
		YTD Variance on Target	£642,474

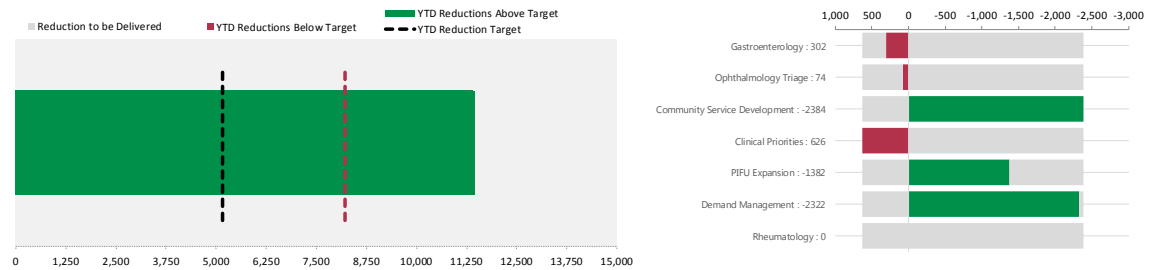


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	£1,023,459	£1,144,958	£1,278,758	£1,232,186	£1,257,968	£1,130,375	£1,248,904	£1,255,641	£1,023,701	£1,077,683	£1,026,380	£1,141,021	£9,572,248	£13,841,032
Planned QIPP Reduction	£163,811	£155,211	£155,211	£159,691	£161,072	£171,336	£152,749	£154,814	£154,814	£160,430	£160,430	£150,431	£1,273,895	£1,900,000
17/18 Plan	£859,648	£989,747	£1,123,547	£1,072,496	£1,096,896	£959,038	£1,096,155	£1,100,827	£868,886	£917,253	£865,950	£990,590	£8,298,353	£11,941,032
17/18 Actuals	£880,124	£968,117	£1,027,126	£922,940	£898,340	£959,188	£1,028,370	£971,677					£7,655,879	
Difference	£20,476	£21,630	£96,421	£149,556	£198,556	£149	£67,785	£129,150					£642,474	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

17/18 Targeted Reduction	8,176	YTD Targeted Reduction	5,144
		YTD Reduction Achieved	11,394
		YTD Variance on Target	6,251



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	6,584	7,619	8,013	7,656	8,008	7,681	8,018	8,034	6,921	7,992	7,300	7,703	61,612	91,528
Planned QIPP Reduction	580	593	593	648	660	686	683	700	700	777	777	777	5,144	8,176
17/18 Plan	6,004	7,026	7,420	7,007	7,348	6,995	7,335	7,334	6,220	7,215	6,523	6,925	56,469	83,352
17/18 Actuals	5,727	6,465	6,501	6,100	6,183	6,152	6,563	6,524					50,218	
Difference	-277	-561	-918	-907	-1,164	-843	-771	-809					-6,251	

MSK

Wiltshire Health & Care to present detailed mobilisation plans at MSK Board 6 February 2018.

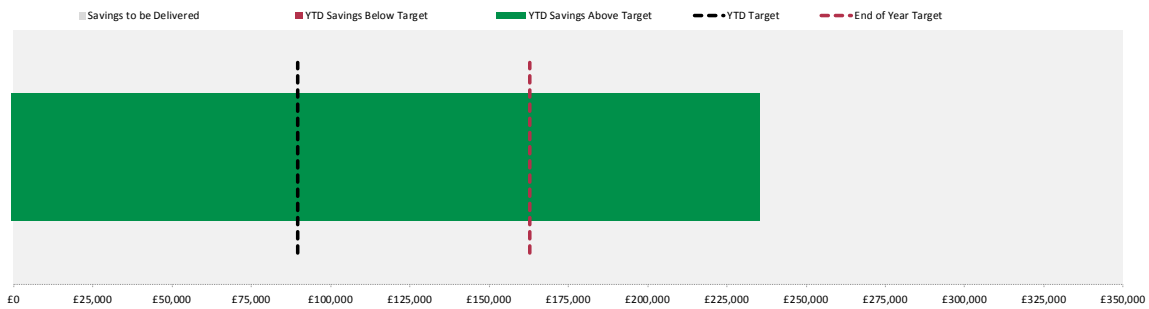
Follow Ups

Planned Care QIPP Performance - Outpatient Patient Initiated Follow Ups (PIFU) Expansion - Month 8 (November)

Finance

This section is included to indicate the financial performance of a scheme against target

17/18 Targeted Savings	£163,056	YTD Targeted Savings	£90,137
		YTD Savings Achieved	£235,508
		YTD Variance on Target	£145,371

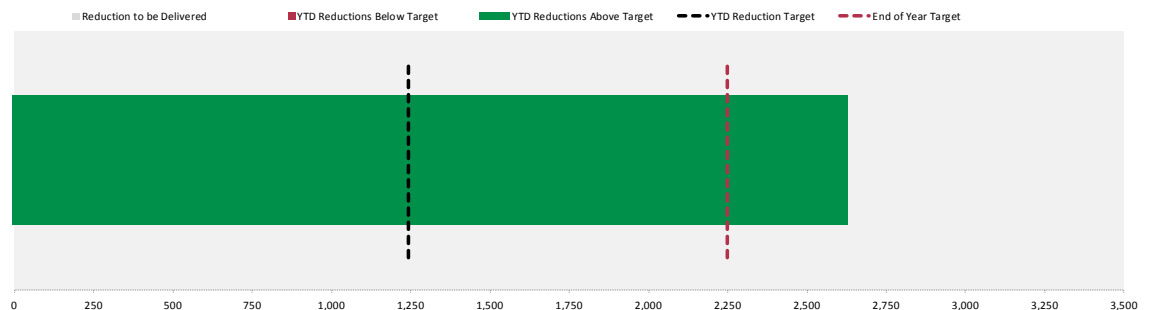


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	£170,864	£199,341	£208,834	£199,341	£208,834	£199,341	£208,834	£208,834	£180,357	£208,834	£189,849	£199,341	£1,604,224	£2,382,605
Planned QIPP Reduction	£8,519	£8,519	£8,519	£12,123	£12,123	£12,123	£14,106	£14,106	£14,106	£19,604	£19,604	£19,604	£90,137	£163,056
17/18 Plan	£162,345	£190,823	£200,315	£187,219	£196,711	£187,219	£194,728	£194,728	£166,250	£189,230	£170,245	£179,737	£1,514,087	£2,219,549
17/18 Actuals	£153,699	£172,590	£176,485	£162,692	£165,138	£169,990	£180,411	£187,711					£1,368,716	
Difference	£-8,646	£-18,233	£-23,830	£-24,527	£-31,573	£-17,229	£-14,317	£-7,017					£-145,371	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

17/18 Targeted Reduction	2,251	YTD Targeted Reduction	1,246
		YTD Reduction Achieved	2,628
		YTD Variance on Target	1,382



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	2,079	2,426	2,542	2,426	2,542	2,426	2,542	2,542	2,195	2,542	2,311	2,426	19,524	28,997
Planned QIPP Reduction	319	119	119	167	167	167	194	194	194	270	270	270	1,246	2,251
17/18 Plan	1,961	2,307	2,423	2,259	2,375	2,259	2,347	2,347	2,001	2,271	2,040	2,156	18,278	26,746
17/18 Actuals	1,942	2,158	2,199	2,004	2,039	2,081	2,174	2,299					16,896	
Difference	-19	-149	-224	-255	-336	-178	-173	-48					-1,382	

Roll out continues across providers, with most expanding across new specialities.

The primary risk continues that capacity released from a reduction follow ups accepted may not be released as the trusts use that to see patients within their hold files, the benefit of this is a reduction of waiting for follow up to potentially a more appropriate timeframe and then the patient can be considered for discharge or PIFU. The risk is mitigated by including requirements within the contract for 17/18 to apply PIFU to hold files.

A secondary risk relates to providers being able to report progress to PIFU internally to identify patients offered a PIFU to those who have taken up the appointment. This is currently being worked on however may take some time to resolve as part of larger reporting issues or IT system changes.

Rheumatology related activity has been removed from the baseline and actuals for the Demand Management and PIFU schemes. This is due to an in year Specialised Services movement in allocation, which means the actuals flowing through will not be comparable to the baseline set.

Confidence level – 100%

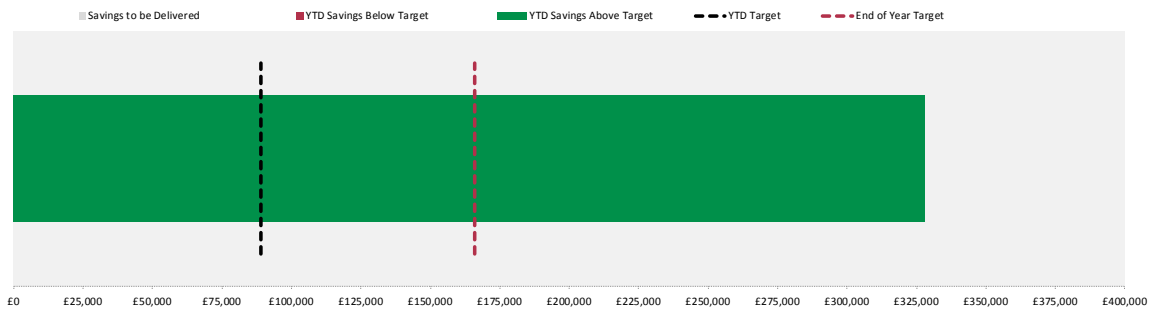
Demand Management (RSS)

Planned Care QIPP Performance - Demand Management - Month 8 (November)

Finance

This section is included to indicate the financial performance of a scheme against target

17/18 Targeted Savings	£166,069	YTD Targeted Savings	£89,057
		YTD Savings Achieved	£327,751
		YTD Variance on Target	£238,694

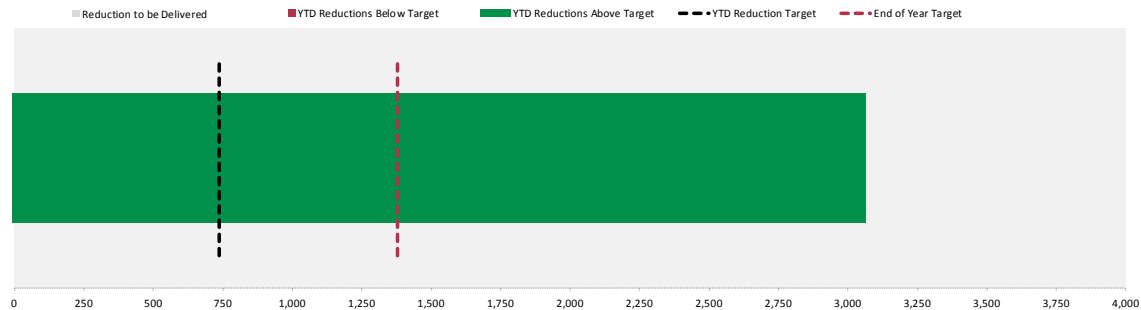


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	£311,433	£363,339	£380,640	£363,339	£380,640	£363,339	£380,640	£380,640	£328,735	£380,640	£346,037	£363,339	£2,924,010	£4,342,761
Planned QIPP Reduction	£6,184	£7,581	£7,581	£8,462	£9,843	£12,965	£17,188	£19,253	£19,253	£19,253	£19,253	£19,253	£89,057	£166,069
17/18 Plan	£305,249	£355,757	£373,059	£354,877	£370,798	£350,374	£363,453	£361,387	£309,482	£361,387	£326,784	£344,086	£2,834,953	£4,176,692
17/18 Actuals	£278,961	£334,680	£329,120	£306,982	£314,571	£326,759	£346,561	£358,625					£2,596,259	
Difference	£26,288	£21,077	£43,939	£47,895	£56,227	£23,615	£16,892	£2,762					£238,694	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

17/18 Targeted Reduction	1,383	YTD Targeted Reduction	742
		YTD Reduction Achieved	3,063
		YTD Variance on Target	2,322



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	1,888	2,203	2,308	2,203	2,308	2,203	2,308	2,308	1,993	2,308	2,098	2,203	17,727	26,329
Planned QIPP Reduction	52	63	63	70	82	108	143	160	160	160	160	160	742	1,383
17/18 Plan	1,837	2,140	2,245	2,132	2,226	2,095	2,165	2,147	1,833	2,147	1,938	2,042	16,986	24,946
17/18 Actuals	1,564	1,886	1,860	1,762	1,778	1,839	1,951	2,024					14,664	
Difference	-273	-254	-385	-370	-448	-256	-214	-123					-2,322	

Confidence remains to achieve 100% of QIPP target. 29 of the 31 specialties have come on line as scheduled. 2 week wait will be live as of 15 January 2018.

Rheumatology related activity has been removed from the baseline and actuals for the Demand Management and PIFU schemes. This is due to an in year Specialised Services movement in allocation, which means the actuals flowing through will not be comparable to the baseline set.

Confidence level – 100%

Ophthalmology

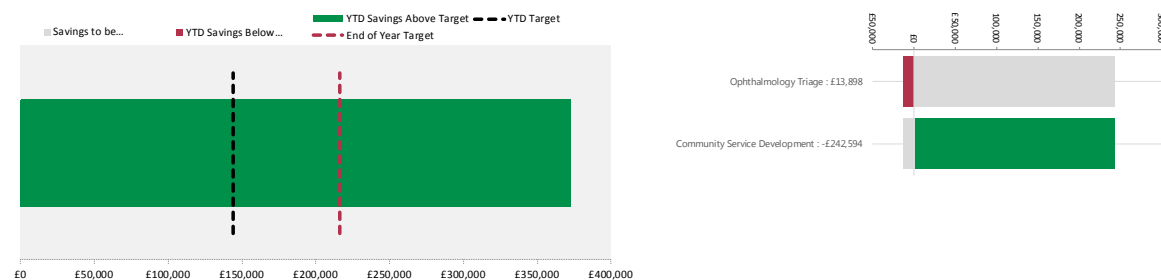
Ophthalmology QIPP Performance - Month 8 (November) Reductions in Outpatient Attendances

The below summary includes the combined details of all the individual schemes contributing to the QIPP performance in the ophthalmology work stream: Ophthalmology Triage and Community Service Development

Finance

This section is included to indicate the financial performance of a scheme against target

17/18 Targeted Savings	£216,690	YTD Targeted Savings	£144,224
		YTD Savings Achieved	£372,921
		YTD Variance on Target	£228,697

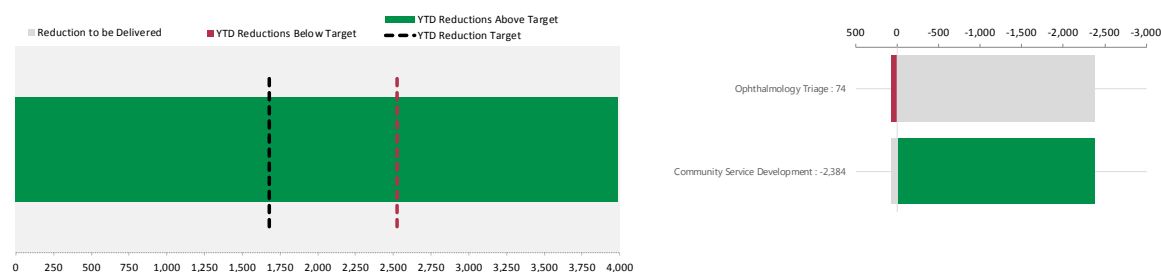


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	£193,047	£225,221	£235,946	£225,221	£235,946	£225,221	£235,946	£235,946	£203,772	£235,946	£214,496	£225,221	£1,812,495	£2,691,930
Planned QIPP Reduction	£18,028	£18,028	£18,028	£18,028	£18,028	£18,028	£18,028	£18,028	£18,028	£18,146	£18,146	£18,146	£144,224	£216,690
17/18 Plan	£175,019	£207,193	£217,918	£207,193	£217,918	£207,193	£217,918	£217,918	£185,744	£217,800	£196,351	£207,075	£1,668,271	£2,475,240
17/18 Actuals	£170,891	£179,783	£186,960	£174,156	£188,479	£171,091	£180,683	£187,531					£1,439,574	
Difference	£4,128	£27,410	£30,958	£33,037	£29,439	£36,102	£37,235	£30,387					£228,697	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

17/18 Targeted Reduction	2,522	YTD Targeted Reduction	1,679
		YTD Reduction Achieved	3,989
		YTD Variance on Target	2,310



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	2,150	2,508	2,628	2,508	2,628	2,508	2,628	2,628	2,269	2,628	2,389	2,508	20,184	29,977
Planned QIPP Reduction	209	210	210	210	210	210	210	210	210	211	211	211	1,679	2,522
17/18 Plan	1,941	2,298	2,418	2,298	2,418	2,298	2,418	2,418	2,059	2,417	2,178	2,297	18,505	27,455
17/18 Actuals	1,960	2,029	2,106	2,001	2,087	1,921	2,031	2,060					16,195	
Difference	19	-269	-312	-297	-331	-377	-387	-358					-2,310	

The CCG implemented the new clinical triaging in October 2017, utilising the CCG Referral Management Service and clinical triaging by Optometrist. The levels of referral is consistent with the information received via the Evolutio pilot. Delivery of QIPP is potentially contributed to by increased wait times at the local acute providers therefore delaying how quickly patients are progressing through the system.

Due to continued pressures in the acute services, the impact of the pilot has not yet been seen in savings in Ophthalmology spend. This is likely to be due to providers using any released capacity to clear backlog. Regarding the High Cost Drugs element, NICE guidance is on hold until January 2018.

Confidence level – 100%

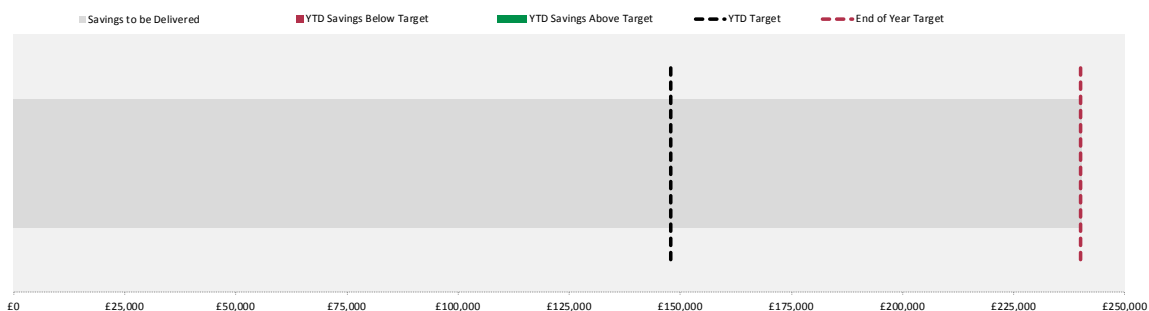
Rheumatology

Planned Care QIPP Performance - Rheumatology - Month 8 (November)

Finance

This section is included to indicate the financial performance of a scheme against target

17/18 Targeted Savings	£240,000	YTD Targeted Savings	£148,095
		YTD Savings Achieved	£0
		YTD Variance on Target	-£148,095

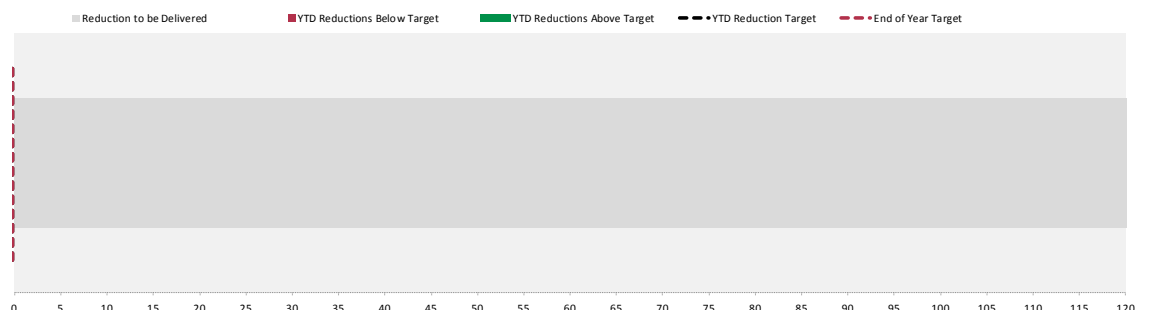


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Planned QIPP Reduction	£15,833	£15,833	£15,833	£15,833	£15,833	£22,976	£22,976	£22,976	£22,976	£22,976	£22,976	£22,976	£148,095	£240,000
17/18 Plan	£15,833	£15,833	£15,833	£15,833	£15,833	£22,976	£22,976	£22,976	£22,976	£22,976	£22,976	£22,976	£148,095	£240,000
17/18 Actuals	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Difference	£15,833	£15,833	£15,833	£15,833	£15,833	£22,976	£22,976	£22,976	£22,976	£22,976	£22,976	£22,976	£148,095	£240,000

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

17/18 Targeted Reduction	0	YTD Targeted Reduction	0
		YTD Reduction Achieved	0
		YTD Variance on Target	0



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planned QIPP Reduction	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17/18 Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17/18 Actuals	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Difference	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The expected level of QIPP to be achieved has reduced to 28%. The Etanercept biosimilar patient switch at SFT and the additional price drop in September 2017 (leading to 5 months with a £109 saving per patient and 3 months with a £196 saving per patient) has achieved a saving of £67,123 which has been ratified, however, the additional saving of £26k is yet to be ratified, so confidence in achieving that element has reduced.

The remaining £190k of QIPP savings was based on community services and, as the STP project lead has left BaNES, no developments have been undertaken with community services, therefore, the £190k QIPP saving is no longer achievable.

Confidence level – 36%

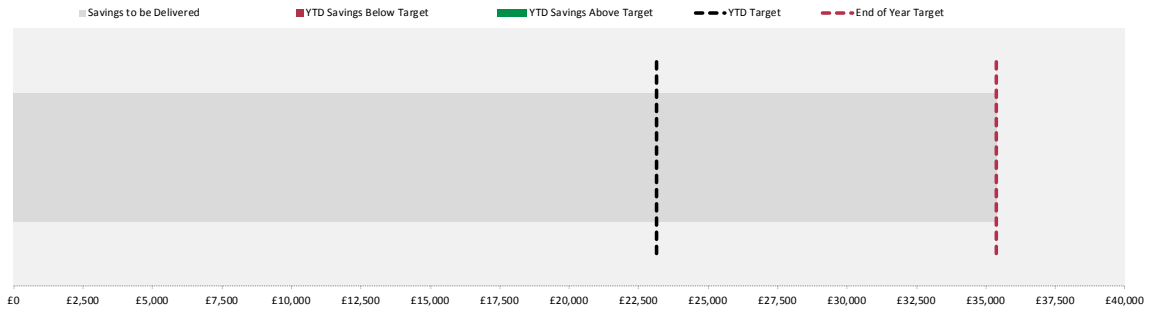
Gastroenterology

Planned Care QIPP Performance - Gastroenterology - Month 8 (November)

Finance

This section is included to indicate the financial performance of a scheme against target

17/18 Targeted Savings	£35,384	YTD Targeted Savings	£23,181
		YTD Savings Achieved	£0
		YTD Variance on Target	-£23,181

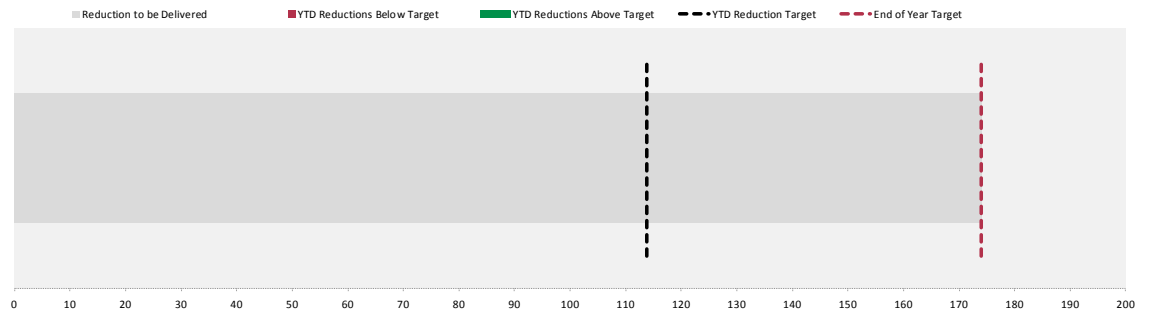


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	£26,027	£30,365	£31,811	£30,365	£31,811	£30,365	£31,811	£31,811	£27,473	£31,811	£28,919	£30,365	£244,367	£362,936
Planned QIPP Reduction	£2,847	£2,849	£2,849	£2,845	£2,845	£2,845	£3,051	£3,051	£3,051	£3,051	£3,051	£3,051	£23,181	£35,384
17/18 Plan	£23,181	£27,516	£28,962	£27,520	£28,966	£27,520	£28,760	£28,760	£24,423	£28,760	£25,869	£27,314	£221,186	£327,552
17/18 Actuals	£32,965	£38,907	£35,036	£33,789	£33,419	£30,837	£45,946	£32,662					£283,561	
Difference	£9,784	£11,391	£6,074	£6,269	£4,453	£3,317	£17,186	£3,902					£62,375	

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

17/18 Targeted Reduction	174	YTD Targeted Reduction	114
		YTD Reduction Achieved	0
		YTD Variance on Target	-114



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	127	148	155	148	155	148	155	155	134	155	141	148	1,194	1,773
Planned QIPP Reduction	14	14	14	14	14	14	15	15	15	15	15	15	114	174
17/18 Plan	113	134	141	134	141	134	140	140	119	140	126	133	1,080	1,599
17/18 Actuals	162	186	169	163	163	152	226	161					1,382	
Difference	49	52	28	29	22	18	86	21					302	

Confidence in achieving QIPP target remains at zero. WCCG has a dedicated programme lead now and STP meetings to start in Q4 17/18, so QIPP savings expected for 18/19.

Confidence level – 0%

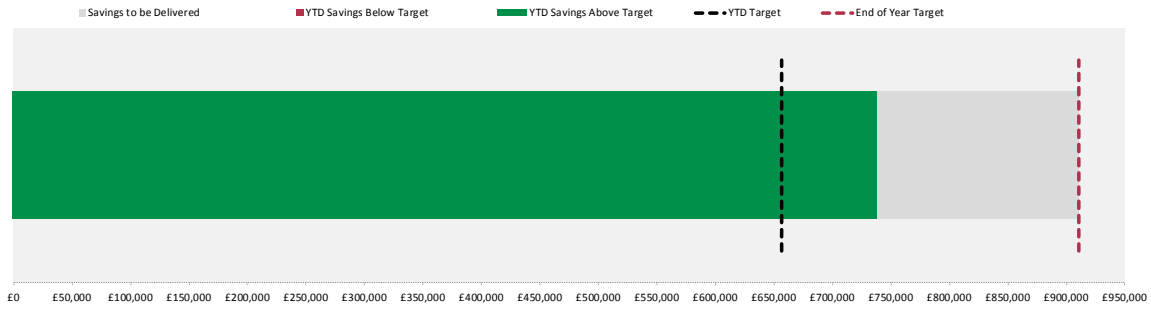
Clinical Policies

Planned Care QIPP Performance - Clinical Policies - Month 8 (November)

Finance

This section is included to indicate the financial performance of a scheme against target

17/18 Targeted Savings	£910,477	YTD Targeted Savings	£656,985
		YTD Savings Achieved	£737,940
		YTD Variance on Target	£80,955



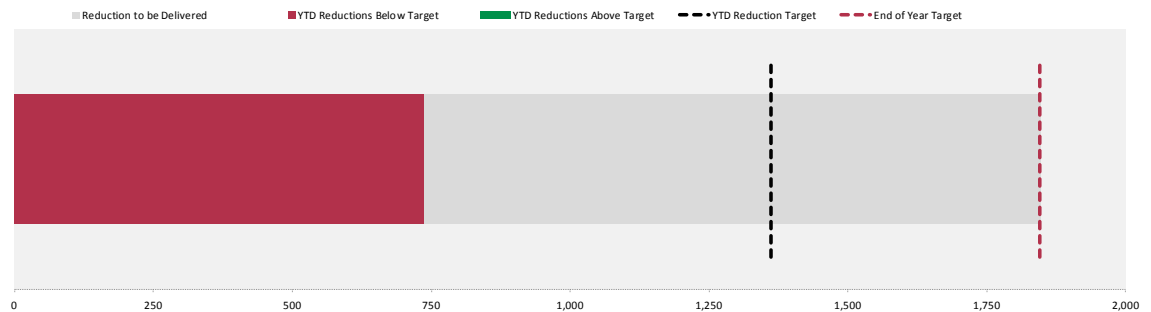
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	£322,088	£326,691	£421,526	£413,920	£400,736	£312,108	£391,622	£398,410	£283,364	£220,451	£247,028	£322,755	£2,987,152	£4,060,800
Planned QIPP Reduction	£88,373	£88,373	£88,373	£88,373	£88,373	£88,373	£63,373	£63,373	£63,373	£63,373	£63,373	£63,373	£656,985	£910,477
17/18 Plan	£233,715	£238,318	£333,153	£325,547	£312,363	£223,735	£328,299	£335,037	£219,991	£157,078	£183,705	£259,382	£2,330,167	£3,150,323
17/18 Actuals	£290,999	£285,245	£345,089	£293,921	£254,652	£303,596	£310,772	£240,328					£2,324,602	
Difference	£57,284	£46,927	£11,936	£31,626	£57,711	£79,861	£17,527	£94,709					£5,565	
Challenged	£115,992	£91,160	£60,031	£83,726	£43,835	£76,007	£83,214	£0					£553,965	
Credited	£12,211	£7,908	£10,384	£13,420	£22,739	£7,905	£823	£0					£75,390	

* Challenges and credits made through the INNIF data challenges process

Activity

This section is included to indicate whether a scheme is delivering the activity reductions required

17/18 Targeted Reduction	1,846	YTD Targeted Reduction	1,363
		YTD Reduction Achieved	737
		YTD Variance on Target	-626



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	340	334	381	370	375	396	386	402	329	360	362	417	2,983	4,452
Planned QIPP Reduction	187	187	187	187	187	187	121	121	121	121	121	121	1,363	1,846
17/18 Plan	153	147	194	184	189	209	265	281	209	239	241	297	1,620	2,606
17/18 Actuals	245	352	313	316	262	305	327	126					2,246	
Difference	92	205	119	132	73	96	62	-155					626	

For 17/18 a proportion of the savings achieved are as a result of less cataract procedures.

Confidence level – 80%

OTHER QIPP PROGRAMMES

Primary Care – Prescribing Programme Director: Jo Cullen

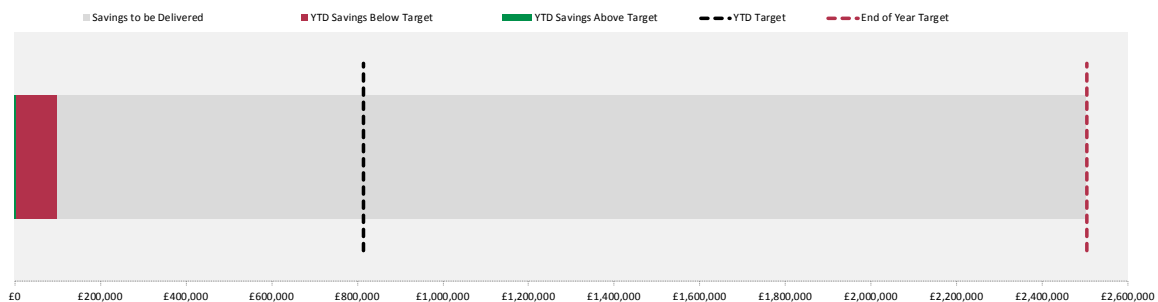
Non Acute Commissioned Services - Prescribing - Patient Reviews - Month 8 (November)

Finance

This section is included to indicate the financial performance of a scheme against target

17/18 Targeted Savings £2,500,000

YTD Targeted Savings	£811,111
YTD Savings Achieved	£94,752
YTD Variance on Target	-£716,359



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
Planned QIPP Savings	£25,000	£25,000	£25,000	£25,000	£86,111	£147,222	£208,333	£269,444	£330,556	£391,667	£452,778	£513,889	£811,111	£2,500,000
Rebate Savings	£43,861	£43,861	£43,861	£43,861	£43,861	£43,861	£43,861	£0					£307,027	
Other Prescribing Schemes	£0	£0	£0	£0	£0	£5,591	£206,684	£0					£212,275	
Difference	£18,861	£18,861	£18,861	£18,861	£42,250	£108,952	£371,156	£269,444					£716,359	

Practices have information to continue with prescribing reviews. POD set up May 2017 and currently live for 7 practices. No prescribing data available at this time.

Confidence level - TBC

CHC Patient Reviews Programme Director: Dina McAlpine

Non Acute Commissioned Services - Continued Health Care - Patient Reviews - Month 8 (November)

Finance

This section is included to indicate the financial performance of a scheme against target

17/18 Targeted Savings £500,000

YTD Targeted Savings	£221,523
YTD Savings Achieved	£174,050
YTD Variance on Target	-£47,472

A cohort of 31 individuals has been identified that need a full review to confirm their continuing eligibility status for CHC funding.

- 14 Reviews have been completed and eligibility decisions made:
- 12 No longer eligible – Funding ceased
- 1 Remains eligible
- 1 No Longer eligible – funding to cease after 28 days' notice

13 Reviews cancelled due to deterioration of patient

£366,928.68 against a target of £500k has been achieved.

Another £147k has been identified as potential savings; if this is achieved there would be a net overachievement of approximately £14k.

4 further reviews are in progress.

Confidence level – 85%

UPDATE ON OTHER PROGRAMMES

Below is commentary from Programme Directors about selected other programme areas.

The following are included for information. There are no QIPP savings identified for delivery through these programmes currently.

Diabetes Programme

Programme Director: Ted Wilson

Virtual Clinics (North and West) - 2 clinics were scheduled to take place in December, 2 are booked for January, DNF education sessions in practices are taking place regularly.

Engagement with GWH to support practices in the East remains challenging, MS will be attending the Swindon Diabetes Transformation Board from January 2018.

The National Diabetes Audit will take place twice yearly from 2018/19; communications have been sent to practices.

A meeting will take place in January to discuss the STP approach to FreeStyle Libre (Continuous Glucose Monitoring device) which has potential to be a significant cost pressure.

National Diabetes Programme has rolled out to all practices within the STP.

Transformation Bid projects remain on track.

The programme board has agreed to review options for reporting from SWASFT to practices patients that have been attended by a paramedic for a diabetic incident but not conveyed to a hospital.

Confidence Level – 100%

2016/17 Workstreams, objectives and outcome measures approved by the EoL Programme Board

Programme Director: Ted Wilson

Education/training, Public Engagement and Refresh Strategy, Wiltshire Dying Well Community Charter, Workforce, Care at Home, Carers, BCF Integrated Commissioners, Dementia in End of Life Care.

Progress of workstreams subsumed from 2015/16:

Education/Training

- Wiltshire CCG Competencies mapping tool template approved for 6 month pilot with view to use as a future framework and to monitor EoL care.
- EoL pages on Wilts CCG updated for specific target audiences utilizing e-learning modules, Powerpoint presentations and provider details that offer training.
- ACP approved for 6 month pilot - now a KPI within relevant service specs
- TEP and Advance Care Planning training, for GPs, Community Teams and Care Homes roll out commenced
- TEP usage now a KPI in relevant service specs
- TEP evaluation commenced to support further implementation.

Care at Home

- Bespoke national modelling tool to inform the business case for a new model of care for palliative care at home being utilised.
- Working group to meet to develop the commissioning strategy for palliative care at home and the business case.

Dementia

- EoL section of the Dementia Strategy Action Plan is now augmented.
- Cross group working across respective Board to develop strategy to support information on Dementia and EoL.

Public Engagement and Refresh Strategy

Refreshed Wiltshire EoLC for Adults Strategy 2017-2020: Jointly developed by Wiltshire CCG and Wiltshire Council. National and local guidelines and policies, best practice models, feedback from patients and insights from health and social care professionals have influenced Strategy. The key objectives embed the recommendations from the National Palliative and End of Life Care Partnership ambitions framework. It reflects upon progress and service provision and acknowledges the collaborative arrangements between the statutory, community and voluntary sector agencies. Subject to an independent report from HealthWatch Wiltshire, following 3 separate public engagement sessions and 91 public responses. Feedback captured will inform the Strategy Implementation Plan which is in development and due at the EoL Programme Board and JCB in March for formal approval/ratification.

Wiltshire Dying Well Community Charter:

Wiltshire's End of Life Programme Board has prioritised developing a Wiltshire Dying Well Community Charter. This will set out to outline a visible commitment by individuals, communities and organisations, working together to support the community we all live in, the people with a life limiting illness, their carers, families and all those who are important to them. The Charter is a nationally led idea, but the ideas and commitments within it need to be ones that many local organisations will recognise as important and valid for our local community of Wiltshire. A partnership group has been established :

- Conference launch date to coincide with Dying Matters week in May
- Community Champions part sourced to include all 3 Wiltshire hospice providers, WH&C, HealthWatch Wiltshire and Public Health
- Objectives agreed
- Target organisations agreed (to follow hard launch)
- Local engagement activities approved and in progress (public feedback received on what is important to them, their families and carers at end of life and EoL pages live on Your Care Your Support Wiltshire)

Confidence Level: N/A