NHS
Wiltshire
Clinical Commissioning Group

Presented to:	Governing Body - Public
Date of Meeting:	22 May 2018
For:	Discussion

Agenda Reference:	GOV/18/05/13
Title:	Integrated Performance Report
Executive summary:	
The Integrated Performance Report (IPR) assesses the performance of the CCG for quality, financial management, patient access and project management. The report pulls together all available information in these areas to give a transparent and comprehensive assessment of overall CCG performance. The IPR for May 2018 reports using data for April 2017 to March 2018, where available.	
Recommendations:	To receive and discuss the content of the Integrated Performance Report.
Previously considered by:	The IPR has been contributed to and reviewed by the executive team of the CCG.
Author(s):	CCG Executive Team
Sponsoring Director / Clinical Lead/ Lay Member:	Mark Harris, Chief Operating Officer

Risk and Assurance:	The IPR contributes to CCG risk management arrangements.
Financial / Resource Implications:	None
Legal, Policy and Regulatory Requirements:	The report incorporates information on compliance with the NHS Constitution.
Communications and Engagement:	The Integrated Performance Report will be made available on the CCG website.
Equality & Diversity Assessment:	☐

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Integrated Performance Report

May 2018

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NHS Wiltshire Clinical Commissioning Group

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Safety	S1	Healthcare acquired infection (HCAI) measure - MRSA	Number of infections = 0	M	0	n/a	4	1	0	1	1	0	0	0	1	0	0	0	0		
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	98	6	9	8	4	12	9	13	4	7	8	10	8		
Safety	S3	Healthcare acquired infection (HCAI) measure - E. coli	Number of infections (see threshold for Provider)	M	Individual Provider Targets	n/a	287	17	23	26	23	36	26	25	30	27	21	13	20		
Safety	S4	Healthcare acquired infection (HCAI) measure - MSSA	No target set	M	0	n/a	77	2	2	8	6	13	6	10	6	3	9	6	6		
Safety	S5	Bed Days closed due to infection outbreak (e.g. Noro Virus)	No target set	TBC	To be determined	n/a	632	6	0	26	12	4	4	15	59	142	176	117	71		
Safety	S6	Number of Never Events (CCG)	Number of events = 0	M	0	n/a	4	0	1	0	0	0	0	1	0	0	0	2	0		
Safety	S7	Number of Serious Incidents reported for Wiltshire patients.	Number of reported serious incidents	M	n/a	n/a	148	10	20	17	12	13	10	13	14	7	11	14	7		
Safety	S8	NHS Patient Safety Thermometer - Venous Thromboembolism (VTE)	VTE -%	M	0.40%	n/a	0.6%	0.5%	0.6%	0.7%	0.7%	0.6%	0.6%	0.7%	0.7%	0.4%	0.7%	0.2%			
Safety	S9	Midwife:Birth Ratio		M	1.27	n/a	1.30	1.30	1.30	1.29	1.30	1.30	1.31	1.32	1.33	1.28	1.30	1.28			
Safety	S10	Over 52 Week Waits		M	To be determined	n/a	57	4	1	9	2	4	4	1	2	5	5	7	13		
Experience	Ex1	Staff Friends and Family Test Score (Work)	Score => National average	Q	67.0%	63%	63.1%			64%			62%								
Experience	Ex2	Staff Friends and Family Test Score (Care)	Score => National average	Q	84.0%	80%	83.0%			84%			82%								
Experience	Ex3	Friends and Family Test Score Mental health	Score => National average	M	93.0%	89%	88.1%	87%	89%	88%	88%	86%	90%	88%	88%	88%	88%	89%			
Experience	Ex4	Friends and Family Test Score GPs	Score => National average	M	N/A	89%	90.4%	91%	91%	92%	88%	90%	90%	91%	91%	89%	92%	89%			
Experience	Ex5	Mixed sex accommodation (MSA) Breaches (rate per 1000 episodes)	Number of breaches = 0	M	0	1.0	1.1	1.1	0.3	0.3	0.6	0.4	0.5	0.2	0.2	0.1	4.0	2.4	3.1		
Experience	Ex6	Number of Complaints Received (to the CCG)	Total number of complaints received	M	N/A	n/a	66	4	3	4	4	4	4	7	9	4	8	6	9		
Effectiveness	Ef1	12 Hr Trolley Breaches in the ED		M	0	n/a	27	6	4	5	5	0	0	0	0	6	0	1			
Effectiveness	Ef2	Fractured Neck of Femur	% in theatre within 36 hours	M	80%	76%	80.3%	81%	71%	75%	79%	83%	76%	91%	86%	84%	80%	77%			

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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 March 2018, 8 Serious Incidents (SI) were reported on STEIS.
Assurances and Next Steps:	The incidents, providers and types of incidents were as follows:

Provider and Incident type	March 2018
AWP	**2**
Apparent/actual/suspected self-inflicted harm	2
SFT	**4**
Diagnostic incident including delay (inc failure to act on test results)	1
Treatment delay	3
SWAST	**1**
Major incident/emergency preparedness: resilience and response/ suspension of services	1
WHC	**1**
Surgical/invasive procedure incident	1
Grand Total	**8**

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. There were no Never Events raised regarding Wiltshire patients during March 2018.

In March 2018, 3 SI closure panels were held, and 14 SI were reviewed. The outcomes of these reviews are as follows:

Provider and Outcome	March 2018
AWP	**1**
Awaiting Provider response	1
GWH	**2**

Awaiting Provider response	1
Return to CCG Quality Leads for closure agreement	1
Oxford University Hospitals Trust	**1**
Awaiting closure by third party	1
RUH	**3**
Closed Completed	3
SFT	**1**
Closed Assurance Required from Provider	1
SWAST	**1**
Awaiting closure by third party (CSU)	1
University Hospital Southampton	**1**
Awaiting removal/downgrade	1
WCCG	**2**
Ramsay New Hall - Awaiting Provider response	1
CareUK – Awaiting Trust response to Questions raised	1
WHC	**2**
Case Closed with request for assurances. Assurances from Provider returned to WCCG for final review in preparation for archiving	1
Return to Leads for closure agreement	1
Grand Total	**14**

For each RCA reviewed, the Panel notes SI themes, recommendations; lessons learned and associated action plans. The main themes identified at March's SI Panels related to; reflection/shared learning, non-compliance to internal process or lack of understanding of process updates. A commonality between RCAs was the requirement for providers to develop clear, SMART action plans that reflect the lessons learned and recommendations identified within the RCAs.

	AWP were issued with a contract performance notice (CPN) in December 2017 for their serious incident management (relating to timely completion of root cause analyses). A full update on this on-going piece of work is provided further in this report. WCCG met with a AWP Senior Practitioner for the Wiltshire Locality on Friday, 20 April 2018, regarding current and outstanding SI. AWP are committed to clearing the backlog, focus on developing actions plans and monitoring lessons learned to ensure that they are embedded into practice.

Indicator:	S10 52 Week Incomplete Waits
Issue:	13 x 52 week wait breaches reported in March 2018 (latest data available).
Assurances and Next Steps:	5 RUH (ENT & 4 General surgery), 3 GWH (General surgery, ophthalmology & trauma and orthopaedics), 5 others (NBT: 1 Plastic surgery, 2 trauma and orthopaedics. Oxford: Gynaecology. UHB: other). The RUH have reported the following 52 week breaches by month in quarter 4: • January 6 breaches • February 6 breaches • March 13 breaches During February and March RUH recorded the first breaches caused by capacity constraints and non-elective pressures following increased demand and reduced elective activity over the Winter period. Deferring elective activity was supported at a national level by NHS Improvement. Oversight and monitoring of RUH RTT (Referral to Treatment) pathways and actions is undertaken via the RTT Steering group (internal RUH) and through the RTT Delivery Board (CCG meeting). All patients have had a clinical harm review completed and to date no patients have come to harm as a result of the delay in treatment. Letters have been sent to patients apologising for the delays and explaining how they can contact the Trust if they have any concerns. The RCAs for the NBT and UHB breaches have been requested from the coordinating commissioner. WCCG have been advised by Oxford CCG that there are a large number of breaches in Gynaecology at Oxford Hospital (OUH). OUH do not complete individual RCAs for each breach however, if harm is caused to a patient as a result of a breach, an incident is reported and the relevant CCG is informed. WCCG have not been informed that any harm has come to a Wiltshire patient that has experienced a longer wait for their treatment. WCCG has requested the GWH RCAs and will review when these have been received.

Indicator:	Ex5 Mixed Sex Accommodation (MSA) Breaches
Issue:	3.1 per 1000 episodes
Assurances and Next Steps:	A MSA rate of 3.1 per 1000 episodes has been reported for March 2018, for Wiltshire patients. This equates to 49 breaches at SFT (all of which occurred in the Ambulatory Care Bay on AMU) and 4 at GWH. Wiltshire CCG has undertaken a visit to the AMU at SFT to review the management of MSA breaches. In times of increased activity within the Trust, and particularly in the AMU ambulatory care bay, there are occasions when MSA occurs. When this does happen, the bay is flexed to ensure that each end of the bay is designated as 'male' or 'female,' with separate toilet facilities at each end of the bay. The bay also has 'Quick Screens,' which are used to separate the male/female end of the bay to maintain patients' privacy and dignity. On review of the bay and the mitigations the Trust puts in place when MSA occurs, we have agreed that the Trust will report each breach to commissioners, but that the breach will not be counted in the Trusts' numbers, as there are mitigations in place. WCCG will seek further information about the GWH breaches via the coordinating commissioner; SCCG. Commissioners with discuss with the provider at the next CQRM in May '18

Provider Cohort Indicators

Quality Dashboard; Provider Cohort Level Indicators

NHS Wiltshire Clinical Commissioning Group

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)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Sparkline	Exception Identified? (4)
		Urgent Care	**111 SWAST Medvivo**																		
Safety	U1a	Ambulance Handover Delays > 30mins (Wiltshire)		M	N/A	n/a	745	53	42	69	60	49	61	55	43	100	91	59	63		
Safety	U1b	Ambulance Handover Delays > 30mins (SFT only) (5)		M	N/A	n/a	326	16	23	23	26	20	24	21	19	47	52	29	26		
Experience	U2a	Call Audits Compliance (111) (%)		M	83%	88%	75.1%	100%	100%		100%	100%	100%	100%	100%	40%	30%	40%	16%		
Experience	U2b	Call Audits Compliance (SWASFT) (%)		M	85%	90%	83.7%			57%	67%	68%	49%	155%	155%	89%	49%	64%			
Safety	U3a	>16 Hour ED Stays (Waits) (Wiltshire)		M	N/A	n/a	319	26	20	26	24	16	24	9	24	62	65	23			
Safety	U3b	>16 Hour ED Stays (Waits) (SFT) (5)		M	N/A	n/a	2	0	0	0	0	0	0	0	0	1	0	1			
Effectiveness	U4	CQUIN performance (NHS 111 and SWAST)		Q	N/A	n/a	100.00%			100%			100%			100%					
		Mental Health	**AWP and CHAMS**																		
Effectiveness	M1	s. 136 Length of Stay Breaches (of 72 hours)		M	N/A	n/a	1	1		0	0	0	0	0	0	0	0	0			
Effectiveness	M2	CQUIN performance (AWP and CAMHS)		Q	N/A	n/a	100.00%			100%			100%			100%					
		Planned Care	**Acutes and Independents**																		
Experience	P1	104-day Cancer Target Breaches		M	N/A	n/a	14	2	3	1	2	4	0	2							
Safety	P2	Pressure Ulcers (Grade III & IV Pressure Ulcers: Hospital Acquired)		M	N/A	n/a	62	1	2	8	6	8	6	7	6	7	5	3	3		
Safety	P3	Falls resulting in fracture or major harm		M	N/A	n/a	121	9	9	13	8	16	6	10	14	12	15	9			
Experience	P4	Patient Moves within thresholds		M	N/A	n/a	58	0	4	6	1	12	13	4	1	5	9	3			
Safety	P5	Mortality Ratios - SHMI	(GWH, RUH and SFT only)	M	N/A	100	100.8		99.0	99.7	100.0	106.0			102.0		98.3				
Safety	P6	Mortality Ratios - HSMR	(GWH, RUH and SFT only)	M	N/A	100	105.0	98.3	105.7	105.7	111.8	109.8	105.7		102.3		101.0				
Effectiveness	P7a	CQUIN performance (acutes)		Q	N/A	n/a	87.4%			87%			88%								
Effectiveness	P7b	CQUIN performance (others)		Q	N/A	n/a	78.3%			83%			73%								
Safety	P8	Number of patients moved over night		Q	N/A	n/a	58			10			26			10			12		
Safety	P9	Unplanned Transfers to Acute Services from Independent Providers		Q	N/A	n/a	3			2			1			0					

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Quality Dashboard; Provider Cohort Level Indicators

NHS Wiltshire Clinical Commissioning Group

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		Adult Community Services		**WHC**																	
Safety	A1	Pressure Ulcers		M	N/A	n/a	**1.8**	0	0	2	2	3	2	2	0	1	1	1			
Safety	A2	Falls with Harm		M	N/A	n/a	**4.2**	1	1	0	2	7	4	5	6	4	6	6			
Safety	A3	Clinical Incidents per Month		M	N/A	n/a	**219.9**	237	244	236	210	225	190	239	213	211	183	231			⚑
Effectiveness	A4	CQUIN Performance		Q	N/A	n/a	**1.0**			100%			94%			100%					
		Childrens Community Services		**Virgin**																	
Safety	C1	Clinical Incidents per Month		M	N/A	n/a	**131**	25	27	29	13	0	5	0	4	11	7	3	7		
Effectiveness	C2	CQUIN Performance		Q	N/A	n/a				N/A			100%			N/A					
		Primary Care Community Services		**GPs**																	
Effectiveness	PC1	CQC Results (# RI or below)	% good or above overall (of inspected practices)	M	N/A	n/a	**98%**	93%	93%	95%	98%	100%	100%	100%	100%	100%	100%	100%	98%		
Effectiveness	PC2	CQC Safety Domain	% good or above overall (of inspected practices)	M	N/A	n/a	**100%**	93%	93%	95%	100%	100%	100%	100%	96%	96%	96%	96%	96%		
Safety	PC3	Number of NRLS incidents raised		M	N/A	n/a	**15**	1	2	2	0	0	0	0	4	1	1	4			
Safety	PC4	Number of STEIS incidents raised		M	N/A	n/a	**1**	0	0	1	0	0	0	0	0	0	0	0			
Experience	PC5	GP Friends and Family Test	Recommend Rate	M	N/A	89%	**90%**	91%	91%	92%	88%	90%	90%	91%	91%	89%	92%	89%			
Experience	PC6	GP Ipsos Mori Results - Overall experience of GP surgery		A	N/A	85%	**90%**				90%										

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Provider Cohort Indicators Reported by Exception

Indicator:	U2a & U2b Call Audits Compliance (111 & SWASFT)
Issue:	Call Audits Compliance; NHS111 16% in March 2018, SWASFT 64% in February 2018
Assurances and Next Steps:	The dashboard shows an audit performance which has decreased again significantly for another month for Care UK 111 from 40% in February 2018 to 16% in March 2018. The new IUC contract with Medvivo contains clear KPIs for audit and assurance, which will be monitored and reported in future versions of this report. SWASFT call audit compliance has increased from 49% in January to 64% in February; more recent data is due later in May when further improvement is anticipated. The SWASFT audit lead will be in attendance at the Quality Sub Group meeting in May, where they will be presenting the new audit and assurance policy. The Trust have given assurance that audits risk stratified and prioritised for new staff, and those with a need to monitor performance, for which the Trust is reporting 100% compliance.

Indicator:	P5 & P6 – Mortality Ratios - SHMI & HSMR (acutes)
Issue:	Mortality Ratios – SHMI & HSMR Acute providers (latest data – no update since last report)
Assurances and Next Steps:	At SFT, despite being above 'expected level,' the Hospital Standardised Mortality Ratio (HSMR; which looks at in-hospital deaths only) continues to decline and the absolute rate and numbers are stable. The Trust has confirmed that both palliative care and co-morbidity coding have improved which is impacting on the positive decline of HSMR (coding patients at the end of their life as palliative, removes them from the 'unexpected death' statistical calculations). The Trust has however flagged 'red' on Dr Foster for SHMI (Summary Hospital-Level Mortality Indicator) this metric uses a different mathematical model for standardising data between hospitals, and looks at all deaths up to 30 days post discharge, it tends to lead to higher ratios in older populations – such as Salisbury).

	Both the HSRM and SHMI can be broken down into different diagnosis groups, although they are not aligned. The Quality Team regularly reviews this data. The 'Cancer of the Pancreas' diagnosis group at SFT has a high 'observed exceeding expected' value, this is because 8 more deaths than the 11 statistically 'forecast' ones have been recorded over the 12 month period to January 2018. The CCG will make contact with SFT to seek assurance regarding this increase and the actions they are taking to investigate. RUH: In response to the Trust's Mortality Assurance Report, the CCG has requested further levels of assurance regarding actions to address both coding process improvements, and targeted work to review specialities and diagnosis groups which have a higher than expected recorded mortality ratio. The Trust is currently undertaking this review which will respond to the CCG's request for assurance. The Trust's Medical Director is attending the May Quality Contract Review meeting to provide a report to Commissioners. GWH are reporting 'within expected levels' for HSMR and SHMI.

Indicator:	**A3 Clinical Incidents per Month - WHC**
Issue:	Increase in the number of Clinical Incidents
Assurances and Next Steps:	The clinical incident rate has increased slightly from 183 in January 2018 to 231 in February 2018. The Quality Governance Officer for WHC continues to have a focused approach to ensure the impact scores reflect the actual level of harm. The overdue incidents figure has decreased from 96 in January to 50 in February.

Provider Workforce Cohort Level Indicators

Quality Dashboard; Provider Workforce Cohort Level Indicators

NHS Wiltshire Clinical Commissioning Group

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		Urgent Care	**111 SWAST Medvivo**																		
Effectiveness	**U5**	Staff Turnover (NHS 111, SWAST & Medvivo)	Staff turnover rate - %	M	Provider set these targets average = 5%	n/a	**7.3%**	7.9%	8.2%	8.0%	9.1%	8.1%	5.9%	8.2%	6.0%	7.3%	4.7%				
Effectiveness	**U6**	Sickness Absence (NHS 111, SWAST & Medvivo)	Sickness absence rate against provider target - %	M		n/a	**4.6%**	5.5%	4.9%	4.1%	4.9%	4.9%	4.0%	4.8%	3.4%	5.2%	5.1%	4.0%			
Effectiveness	**U7**	Vacancies (NHS 111, SWAST & Medvivo)	Vacancy rates -%	M		n/a	**21.0%**	20.7%	11.7%	18.8%	20.4%	18.0%	12.7%	18.0%	19.5%	12.8%	37.0%	41.9%			
Effectiveness	**U8**	Agency staffing (NHS 111, SWAST & Medvivo)	Agency staff - %	M		n/a	**6.5%**	3.6%	6.8%	7.0%	6.8%	6.7%	4.9%	5.2%	5.4%	7.0%		8.6%	10.0%		
Effectiveness	**U9**	Appraisal Rate (NHS 111, SWAST & Medvivo)	Staff with an annual appraisal - %	M	75%	n/a	**90.4%**	92%	90%	89%	91%	87%	87%	90%	97%	97%	91%	91%			
Effectiveness	**U10**	Mandatory Training Compliance (NHS 111, SWAST & Medvivo)	Compliance with all mandatory training - %	M	85%	n/a	**96.9%**	97%	98%	98%	98%	97%	98%	98%	96%	96%	94%	96%			
		Mental Health	**AWP and CHAMS**																		
Effectiveness	**M3**	Supervision rates within threshold		M	85%	85%	**86.8%**	87%	85%	90%	85%	87%	87%								
Effectiveness	**M4**	Staff Turnover (AWP)	Staff turnover rate - %	M	Provider set these targets average = 5%	n/a	**13.5%**	16.0%		14.0%	13.0%	14.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%		
Effectiveness	**M5**	Sickness Absence (AWP)	Sickness absence rate against provider target - %	M		n/a	**4.7%**	4.8%		4.7%	3.9%	4.1%		5.1%	4.4%	4.4%	4.4%	5.7%	5.7%		
Effectiveness	**M6**	Vacancies (AWP)	Vacancy rates -%	M		n/a	**20.2%**			22.0%	22.0%	22.0%	21.0%	19.0%	20.0%	20.0%	20.0%	18.0%	18.0%		
Effectiveness	**M8**	Appraisal Rate (AWP)	Staff with an annual appraisal - %	M	75%	n/a	**94.2%**	96%	95%	95%	94%	93%	92%	92%	93%	96%	94%	95%	95%		
Effectiveness	**M9**	Mandatory Training Compliance (AWP)	Compliance with all mandatory training - %	M	85%	n/a	**89.4%**	90%	89%	89%	90%	89%	89%	89%	89%	90%	90%	89%	89%		

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Quality Dashboard; Provider Workforce Cohort Level Indicators

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		Planned Care	**Acutes and Independents**																		
Effectiveness	**P10a**	Staff Turnover (acutes)	Staff turnover rate - %	M	Provider set these targets average = 5%	n/a	**11.6%**	11.9%	11.7%	11.5%	11.0%	11.5%	11.6%	11.4%	11.5%	11.8%	12.1%	11.1%			
Effectiveness	**P11a**	Sickness Absence (acutes)	Sickness absence rate against provider target - %	M		n/a	**3.8%**	3.8%	3.6%	3.5%	3.5%	3.7%	3.7%	3.6%	3.8%	4.2%	4.5%	4.2%			
Effectiveness	**P12a**	Vacancies (acutes)	Vacancy rates -%	M		n/a	**7.6%**	8.0%	8.7%	8.1%	9.8%	8.5%	7.6%	7.0%	6.6%	6.0%	6.6%	6.6%			
Effectiveness	**P13a**	Agency staffing (acutes)	Agency staff - %	M		n/a	**2.2%**	1.9%	2.0%	1.7%		2.5%	2.6%	2.8%	3.8%	2.5%	1.5%	1.3%			
Effectiveness	**P14a**	Appraisal Rate (acutes)	Staff with an annual appraisal - %	M	75%	n/a	**82.1%**	81%	82%	83%	83%	84%	83%	82%	82%	85%	81%	81%			
Effectiveness	**P15a**	Mandatory Training Compliance (acutes)	Compliance with all mandatory training - %	M	85%	n/a	**84.8%**	85%	86%	83%	84%	86%	84%	86%	86%	87%	87%	87%			
		Adult Community Services	**WHC**																		
Effectiveness	**A5**	Sickness Absence	Sickness absence rate against provider target - %	M	Provider set these targets average = 5%	n/a	**4.3%**	5.0%	4.0%	4.4%	4.5%	4.0%	3.1%	4.4%	3.7%	4.8%	5.2%	3.7%			
Effectiveness	**A6**	Vacancies	Vacancy rates -%	M		n/a	**12.6%**			16.4%	13.9%	12.9%	12.3%	12.9%	11.2%	11.3%	11.5%	11.5%			
Effectiveness	**A7**	Agency staffing	Agency staff - %	M		n/a	**6.9%**	5.5%	5.7%	6.7%	6.4%	6.1%	4.5%	4.8%	7.3%	10.2%	7.6%	11.1%			
Effectiveness	**A8**	Appraisal Rate	Staff with an annual appraisal - %	M	75%	n/a	**80.4%**	85%	86%	85%	83%	80%	79%	79%	77%	76%	78%	77%			
Effectiveness	**A9**	Mandatory Training Compliance	Compliance with all mandatory training - %	M	85%	n/a	**83.5%**	88%	88%	80%	83%	84%	82%	82%	83%	83%	83%	83%			
		Childrens Community Services	**Virgin**																		
Effectiveness	**C4**	Sickness Absence	Sickness absence rate against provider target - %	M	Provider set these targets average = 5%	n/a	**1.5%**	3.2%		1.8%	2.0%	1.2%	0.3%	0.9%	1.0%	0.1%	2.8%	1.6%	1.2%		
Effectiveness	**C5**	Vacancies	Vacancy rates -%	M		n/a	**12.8%**			6.0%	4.4%		12.0%	0.0%	14.6%	25.6%	22.6%	14.3%	2.6%		
Effectiveness	**C6**	Agency staffing	Agency staff - %	M		n/a	**4.1%**								14.9%	1.8%	1.0%	1.4%	1.4%		
Effectiveness	**C7**	Appraisal Rate	Staff with an annual appraisal - %	M	75%	n/a	**84.9%**	84%	84%	84%	87%	87%	87%	87%	87%	87%	81%	81%	81%		
Effectiveness	**C8**	Mandatory Training Compliance	Compliance with all mandatory training - %	M	85%	n/a	**84.7%**	87%	87%	90%	89%	80%	87%	84%	81%	87%	79%	83%	82%		

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 On-going Exceptions Table). 5 - This data is only for Salisbury Foundation Trust.

Provider Workforce Cohort Indicators Reported by Exception

Indicator:	U7 – Staff Vacancies (NHS 111, SWASFT & Medvivo)
Issue:	Staff Vacancies (NHS 111, SWASFT & Medvivo)
Assurances and Next Steps:	The current vacancy rate for SWASFT for December (latest data) is at 2.5% (the same as both the October and November rates). The February 2018 vacancy rate for NHS 111 was 42%. 1 May 2018 saw the CCG's newly commissioned Integrated Urgent Care service go live. This includes the former individual 111 and GP Out of Hours services. This service has been through an extensive internal and NHS England assurance process. The CCG is sighted on staffing levels across the whole service and will begin to report this information from the appropriate reporting period.

Indicator:	U8 Agency Staff (NHS 111, SWASFT & Medvivo)
Issue:	Agency Staff (NHS 111, SWASFT & Medvivo)
Assurances and Next Steps:	Agency staff usage at NHS 111 increased to 10% in March 2018 from 9% in February 2018. Medvivo and SWASFT have reported zero agency usage in January – March 2018. As per the previous indicator, the Medvivo Integrated Urgent Care service data will be reported from the date of the appropriate reporting period for May 2018. The CCG is sighted on staffing levels hour by hour across the service.

Indicator:	M4 & M6 - Staff Turnover and Vacancies (AWP)
Issue:	Turnover and Vacancies
Assurances and Next Steps:	Staff turnover and vacancies continue to be a concern for AWP and WCCG. There is an 18% vacancy rate reported in March'18 for Wiltshire; these vacancies continue to be predominantly in Band 5 qualified nurses. The turnover rate remains at 13% (February data). A full update on this on-going piece of work is provided further in this report.

	On 19 April 2018 WCCG facilitated an Interface meeting with senior staff from AWP and Primary Care. The aim of the meeting focused on AWP updating Primary Care with the planned transformation to Primary Care Liaison Service (PCLS), Shared Care agreement and improving communication. A number of actions were identified and these will be developed into a joint action plan with AWP.

Indicator:	**P10a - Staff Turnover (acutes) & P12a – Vacancies (acutes)**
Issue:	12% average turnover & 5.5% average vacancy rate for February 2018 (all acute providers)
Assurances and Next Steps:	SFT: Staff turnover for the Trust was 10.24% in February 2018, slightly decreased from 10.27% in January 2018. SFT have recruitment and retention plans in place, these are discussed at each CQRM. Hotspot areas for SFT include the Corporate Department (13.32%), Medicine (10.34%) and Clinical Support and Family Services (10.14%). GWH: In January 2018 (latest data for GWH), GWH's turnover level increased slightly to 13.98% from 13.60% in December 2017. This remains below the national rate of 14.08% but above the Trust target of 13%. 62 staff left the Trust in January 2018; this is a significant increase to December 2017 when 44 staff left the Trust. Top 3 reasons for leavers in January 2018 are: 1. Relocation (12.39WTE) 2. Work life balance (8.74WTE) 3. To undertake further education/ training (6.19WTE) The Trust must aim to achieve a maximum of no more than 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. RUH: Staff turnover has remained relatively unchanged for the last 4 months, turnover in March 2018 is 12% and this is a slight increase on the 11.9% figure in February 2018. Turnover remains 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 Trusts' Divisional monthly performance reviews.

Indicator:	A6 –Vacancies (Wiltshire Health & Care)
Issue:	11.45% in February 2018 (latest data)
Assurances and Next Steps:	The vacancy data has decreased slightly from 11.47% in January to 11.45% in February which equates to 105.58 WTE vacancies. This remains above the 8% target. The HR team are actively monitoring recruitment with all posts advertised or in the process of recruitment checks. The average process from offer to contract was 25 days in February.

Indicator:	A7 – Agency Staffing Spend (Wiltshire Health & Care)
Issue:	11.12% agency usage for February 2018
Assurances and Next Steps:	The agency staffing spend has increased in February. WHC continue to report significant vacancies in some areas, particularly Ailesbury ward (31% vacancy rate). These vacancies are filled with temporary staff, predominantly agency staff, to ensure patient safety is maintained.

Point to Note:	Arriva CQC Inspection Report

CQC inspected Arriva Transport Solution Limited (ATSL) South West on 11 – 13 December and 21 December 2017. CQC do not currently rate independent ambulance services therefore a rating was not published however, CQC did published their inspection findings on their website in March 2018.

Areas of good practice identified by CQC include: an effective business continuity plan that prioritised patients with the greatest needs, implementation of a text messaging service for patients and significant changes made for renal patients in relation to the recruitment of a Renal Coordinator and dedicated vehicles for these patients. CQC also found that the crews were respectful to patients and dedicated and resilient when faced with adverse weather, staff also ensured they maintained patients' dignity.

CQC identified several areas of improvement from their inspection and their published report details 10 'Must do' actions and 19 'Should do' actions.

Some of the key areas for improvement include: ensuring staff are up to date with mandatory training, ensuring that all incidents are captured and acted upon, improving KPI performance, addressing vacancy rates and turnover, communication, safeguarding in relation to ensuring there are systems in place to protect children and vulnerable adults and ensuring patients are kept updated of delays and cancellations.

ATSL have developed an action plan to address the areas of improvement identified within the report and have shared this action plan with the CQC and the 4 CCGs which commission ATSL in the South West; Banes, Swindon Wiltshire and Gloucestershire.

The CCGs will continue to work with and support ATSL to ensure the actions identified are completed, and learning is embedded into practice.

(Source: CQC website http://www.cqc.org.uk/location/1-1579304821)

Point to Note: National Early Warning Score

When patients see their GP, are attended by an ambulance crew or come into hospital they put their trust in health professionals and believe that they will be appropriately assessed, that they will have all their observations taken and that if they are ill or deteriorate, that this will be identified and they will be appropriately treated. Unfortunately, evidence and learning through things such as Serious Incident reviews, shows that this is not always the case. Studies and surveys of healthcare staff have also shown that this is a more frequent occurrence than most people would anticipate. Evidence has also shown that the busier an ED department becomes for example, the less likely it is that patients will have all their observations done, and that deterioration will be identified.

There is therefore, a good reason for the current national focus on ‘Deteriorating Patients’. This cohort of patients, for example, also includes those with Sepsis. Although Sepsis coding has historically not been robust, we know that there are approximately 150,000 cases nationally each year. There are around 44,000 deaths from Sepsis in the same period. We also know that 70% of cases arise in the community.

Furthermore, around 75% of in-patient bed occupancy is for patients who have Sepsis or clinicians suspect Sepsis or other type of serious infection. This is in line with infection as the primary reason for admission for the Wiltshire (and national) population. Learning from 'failure' cases with poor patient outcomes has yielded the following themes; a delay in recognition of deterioration and how sick people were, a failure to act once deterioration was recognised, poor and variable communication between health professionals, a lack of standardised assessments, incomplete observations (especially in primary care), the patient did not realise how ill they were, there was no trigger for escalation, no standard transfer information.

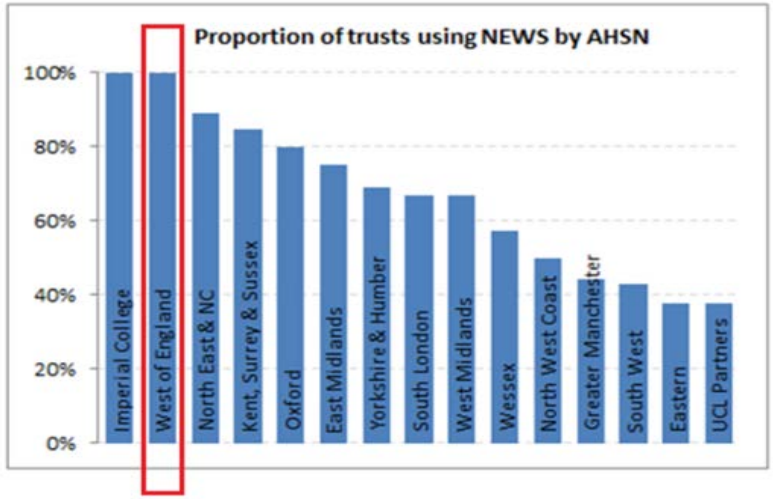
To help address this acknowledged problem, a National Early Warning Score (NEWS) has been developed.

NEWS is a scoring and trigger tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes. It supports clinical decision making, provides a framework for assessment and assists communication, aids transfer and demonstrates a patient's stability over time. More information about the score is available at the following links:-

https://www.england.nhs.uk/nationalearlywarningscore/

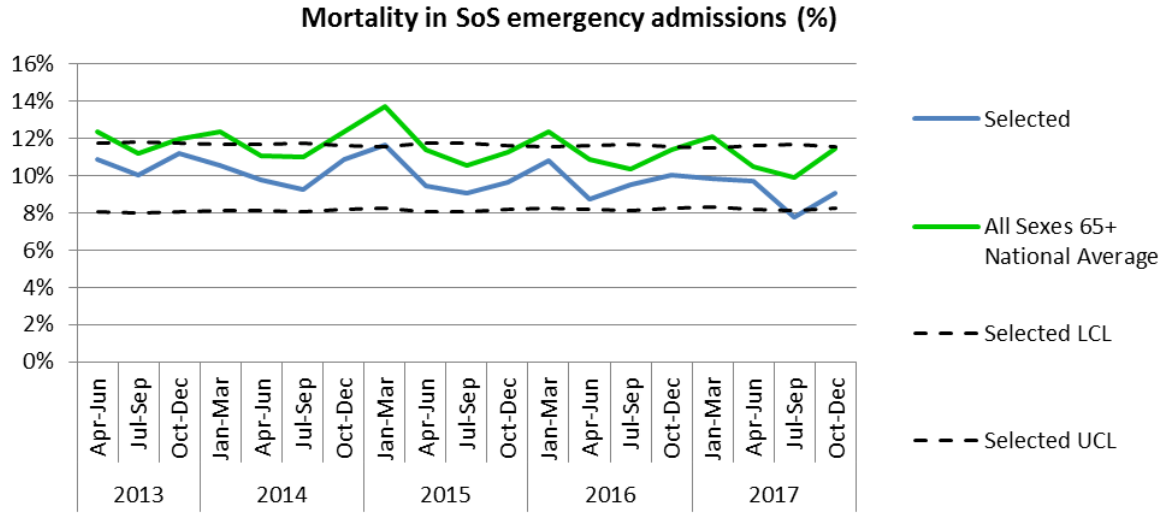
https://vimeo.com/208284106 demonstrates a patient story around the benefit of having NEWS in place across the system.

Since 2015 the CCG has been engaged in a pioneer project with the West of England Academic Health Science Network (WEAHSN), to implement and embed NEWS within provider settings. Since 2017 the CCG Quality Lead Emma Higgins has chaired the STP-wide Community Transformation Group to deliver this ambition. The AHSN project has been shortlisted for an HSJ national award (see link for further detail). This is excellent recognition for collaborative working across the system, which Wiltshire CCG has been driving across the STP. **https://www.weahsn.net/news/news-implementation-shortlisted-hsj-award/**



The chart to the left, demonstrates that the West of England region (which includes RUH, GWH, the Bristol, Somerset and Gloucestershire providers) is a national leader in the adoption and spread of NEWS (please note, SFT is part of the Wessex region, but has also adopted NEWS).

This graph demonstrates the impact on mortality rates since the introduction and spread of NEWS. The green line is the national mortality rate from 'Suspicion of Sepsis' admissions, the blue line is the West of England rates. The gap between the two rates is widening. The peaks in the data correlate to the winter periods.



The CCG receives data from each acute trust which details their compliance with NEWS (i.e. the number proportion of patients who have a score calculated) and more recently, also in relation to whether the scores have been accurately completed and, if required, appropriately escalated. The broad guidance is that a patient with a score of 1-3 may not be at full health and risk deterioration. Any patient with a score of 5 should have an urgent medical review, and any patient with a score of 7 or over needs emergency medical review. The tool provides information to support clinical decision making, and does not replace it.

During 2018/19, the Quality Team will be focussing on implementing NEWS within Primary Care and care homes and will be holding events and training sessions to support this. As a separate but linked piece of work, working collaboratively with Medvivo, the Quality Team will be leading an STP wide working group to establish and agree a community Paediatric Early Warning Score (PEWS). During the same period, the Quality Team will be seeking assurance from acute providers regarding the continued compliance with NEWS beyond the first hour of attendance in ED. In addition, the team will be providers to move to NEWS2 (a nationally agreed updated version) in line with the Patient Safety Alert which was issued at the end of April (see the link below). **https://improvement.nhs.uk/documents/2508/Patient_Safety_Alert_-_adoption_of_NEWS2.pdf**

To further reinforce this, NHS England has mandated the use of NEWS2 in one of the national CQUIN indicators (Reducing the Impact of Serious Infections). Providers will be awarded CQUIN funding only if they achieve 90% screening rates against NEWS2 for all ED patients from the beginning of Quarter 4.

The CCG is currently working with the acute Trusts and Wiltshire Health and care on their plans to achieve this. At the time of writing this report, the CCG understands that GWH will be compliance across the Trust by September, in line with their roll-out of electronic observations,

National Early Warning Score (NEWS2)

Physiological parameter	Score 3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO_2 Scale 1(%)	≤91	92–93	94–95	≥96			
SpO_2 Scale 2(%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

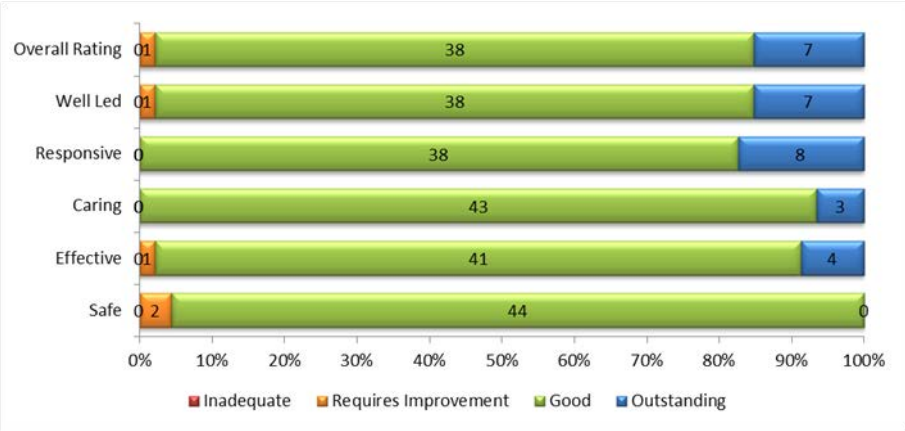
RUH has begun training staff but has yet to transfer over to the new system, SFT and Wiltshire Health and Care are developing their plans. The Medvivo Integrated Urgent Care Service went live with NEWS2 on the 1 May 2018. The ambulance service is anticipating NEWS2 roll-out in early 2019. Plans are in place to manage risks around having a mixed system in place until the end of 2018.

The graphic to the right is the latest NEWS2 scoring system.

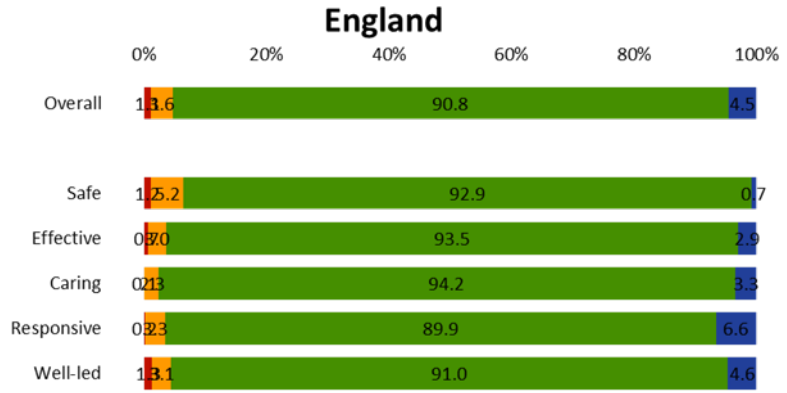
Primary Care – update

The breakdown of GP Practice CQC inspection results is shown in the charts below. As of 1 May 2018, there remain no practices rated in any domain or overall as 'Inadequate'. The rate of 'Requires Improvement' at domain level has increased to 3 practices with one of these practices having an overall rating of 'Requires Improvement'. There are still 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 as at 1 May 2018



National GP Practice Ratings as at January 2018.



Further information around Primary Care assurance and quality improvement work is available in the Primary Care Quality Report (Current issue: Report number 7, March 2018).

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

This section includes information on previously reported exceptions as appropriate and if the identified issue is not resolved and reported in the dashboard within the anticipated time frame. These will be indicated with a blue flag on the dashboard to indicate where indicators are included within this section.

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
Healthcare acquired infection (HCAI) – E.coli 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	March 2019	STP CCG and all Providers	Reduction of at least 10% in gram-negative blood stream infections and urinary tract infections	• Data review on-going to ensure all cases up to the end of March 2018 are captured. • Acute trust individual working groups have commenced to tackle HCAI GNBSI. • Hydration messages going out across STP through Public Health. • 'Plans on a page' being worked on in collaboration with BANES and Swindon CCGs for 18/19. • 10% reduction not achieved. 6% reduction achieved.	On-going
Healthcare Acquired Infection (HCAI) – *C. difficile* (post 72 hrs) 2017/18 year end reported rate is less than 2016/17. Reduction in cases.	Across Wiltshire health economy	2017/18 has seen a reduction in the reported cases of C. difficile; total number of cases for WCCG for 2017/18 is 98, in comparison to 101 for 2016/17. The WCCG Quality Team will continue to seek assurance from providers to ensure mitigating action is aligned across Wiltshire services, and provide support to reduce C. difficile rates.	March 2019	CCG and all providers	C.diff cases remain under new reduced threshold of 101 for 18/19	• Assurance sought on an on-going basis from acute providers • Primary care C.diff cases to be reviewed as required • Antimicrobial stewardship work in collaboration with medicines management team to continue	On-going

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
						• The WCCG Quality Team will continue to seek assurance from providers to ensure mitigating action is aligned across Wiltshire services, and provide support to reduce C. *difficile* rates.	
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 giving the number of patients who waited in the Emergency Department for more than 16 hours (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 them.	May 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 re-run of the data that took place for month 7 identified that there are still some anomalies. The CSU are continuing to work directly with all the providers to resolve the issue. The Quality Team have escalated the slow progress in developing this report to the CCG Associate Director of Informatics. Following the last GWH FIG sub-group in February 18, the CSU shared the search criteria with the Trust so that they can identify the patients. The Trust has been tasked with reviewing the data to identify the data issues. The national implementation of ECDS is also affecting the A&E data quality and this is being investigated and the CSU is still working with the Providers to improve the quality of the data.	On-going

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
Serious Incidents	AWP	A Serious Incident (SI) Contract Performance Notice (CPN) was issued to AWP on 12 December 2017.		AWP and all CCGS (Bristol, North Somerset, South Gloucestershire (BNSSG) and BANES, Swindon and Wiltshire (BSW))		This CPN remains in place and all Commissioners are working with AWP to ensure that the trajectories included within the Remedial Action Plan (RAP) are suitable, include short, medium and long term actions, and work towards meeting the Trusts' contractual obligations. Wiltshire CCG and Bristol CCG Quality representatives have met with AWP to review the RAP and ensure that the actions being taken by the Trust will accelerate the trajectory for improvement and contract compliance. AWP presented the updated RAP at the April Quality Sub-Group. The update included: • Locality team training has been completed. • There has been an emphasis on the improvement trajectory to improve the 60day compliance. • There is a lag anticipated in April to address the backlog of historical RCA's that require completion.	

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
Staff Turnover and Vacancies	AWP	Recruitment and Retention plan (RAP)				Recruitment remains a priority and an area of focus for AWP in Wiltshire and the CCG have requested an update to the recruitment and retention plans in May. AWP has begun participating in the NHSI Recruitment and Retention initiative which runs until July 2018. This work is supported by an internal transformation project with the intention of increasing both attraction to the organisation and retention of the workforce. Both will support achievement of the annual objectives of reducing both staff turnover and the vacancy rate by 2% in 2018/19. WCCG will continue to seek assurance at the monthly BSW CQPM to ensure that there is a continued focus on the specific Wiltshire workforce concerns.	

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 Aquired Infections website https://nww.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 Aquired Infections website https://nww.hpanw.nhs.uk
Quality	Friends and family test score	Everyone Counts	Schedule 6e	The proportion of people who reported that they were either 'extermely 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 prevelance 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 Healtha nd 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 (Stillbiths, Midwife to bith 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 Stretgic Clinical Network Maternity Dashboard	http://www.swscn.org.uk/networks/maternity-children/maternity-group/
Quality	Workforce Indicactors	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 appropraiteness 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

No finance report is produced for month 1 2018/19.

Key access issues

RTT Incomplete Pathways
In March 2018, the CCG did not deliver the 92% Referral to Treatment (RTT) target achieving 90.2%, this was slightly lower than the 90.5% performance delivered the previous month. Whilst the constitutional target was not delivered, the CCG whilst the highest performing in the region for RTT. SFT achieved the standard with 93.2%, however there was underperformance at both GWH (87.3%) and RUH (87.0%). Recovery plans are in place with the RUH and being monitored monthly. Speciality focus continues in Cardiology and Ophthalmology. The CCG is continuing to redirect routine patients at the pre-referral stage via the Referral Management Centre to prevent long delays for patients and increasing over 18 week backlogs. In the past 12 months, 9,300 patients have undergone their elective procedure as a result of this work stream that would have been added to an elective backlog. Urology and Ophthalmology referrals are currently being redirected from the RUH to other providers to reduce waiting times for patients.

SFT continue to deliver the target. They are continuing to outsource backlog patients to reduce impact on patients and performance risk. This is monitored monthly via the RTT Steering Group. The CCG has also undertaken assurance visits during 17/18 to ensure providers are following best practice for managing their waiting lists via PTL meetings. These assurance visits will be repeated in 18/19.

Speciality pathway reviews also continue to ensure efficiency and the CCG is sharing learning across the STP footprint. The CCG is also facilitating discussions via RTT Boards for sharing of available capacity across providers. The first work streams will be Oral Surgery and Ophthalmology.

Over 52 week RTT waits
There were 13 breaches in March 2018; 3 at GWH (x1 General Surgery, x1 Ophthalmology and x1 T&O), 3 at NBT (x1 Plastic Surgery and x2 T&O), 1 at Oxford University Hospital (x1 Gynae), 5 at RUH (x4 General Surgery and x1 ENT) and 1 at University Hospitals Bristol (x1 Other). RUH and GWH have reported an increased risk of 52 week breeches following the cancellation of routine elective surgery and the period of winter snow that led to cancellations. The majority of GWH long waiters are related to a cohort of ophthalmology patients who will now be operated on by SFT consultant. SFT are continuing to predict no reportable 52 week waiters. The CCG is currently predicting a reduction in 52 week waiters for our local providers from Q3 and continue to monitor long waiters at tertiary providers.

Diagnostic Waits
The CCG breached the 99% within 6 week standard with 97.7%. All 3 main Acutes breached with SFT at 98.65%, RUH at 97.33% and GWH at 89.62% with significant staffing pressures. The CCG has facilitated discussions between SFT and GWH around imaging capacity to reduce clinical and performance risk. SFT will be supporting with extra imaging capacity for Wiltshire patients from GWH commencing June 1st 2018. GWH have now completed a detailed internal action plan around imaging capacity that is being monitored monthly via dedicated assurance group. SFT have recovered their performance in April.

Cancer Access
The CCG achieved 6 of the standards and breached three; Total 2 Week Waits and 2 week Breast symptoms breached with 91.8% compared to the 93% standard. 31 day wait from diagnosis to first definitive treatment breached at 95.4% against a target of 96%. However both the 2 week wait standards achieved the national 93% quarter 4 standards. Challenges remain across Urology and Colorectal at all providers. Straight to test options are being explored to help expedite pathways.

The 62 day treatment performance has recovered in month 12 with continuing focus on the late transfers to specialist tertiary centres with all three providers delivering the target in March 2018. The CCG delivered the quarter 4 target. We are seeing an increase in 2ww breast referrals in April and are undertaking a deep dive to understand the reasons for this. We are also working with providers to understand the potential impact of increased catch up breast screening following the recent national announcement.

Mixed Sex Accommodation
There were 41 breaches in March 2018; 40 at SFT, 1 at GWH. All the SFT breaches occurred in the Ambulatory Care Bay on AMU. The CCG has undertaken a visit to the AMU at SFT to review the management of MSA breaches. In times of increased activity within the Trust, and particularly in the AMU ambulatory care bay, there are occasions when MSA breach occurs. When this does happen, the bay is flexed to ensure that each end of the bay is designated as ‘male’ or ‘female,’ with separate toilet facilities at each end of the bay. The bay also has ‘Quick Screens,’ which are used to separate the male/female end of the bay to maintain patients’ privacy and dignity. On review of the bay and the mitigations the Trust puts in place when MSA occurs, we have agreed that the Trust will report each breach to commissioners, but that the breach will not be counted in the Trusts’ numbers, as there are mitigations in place.

A&E <4 Hour waits
All three Acute Trust breached the 95% standard in March. There was improvement at all 3 Acutes in March with RUH 82.6%, SFT 92.3% and GWH 87.2%. There has recently been further improvement in A&E assess time in the past few weeks despite high attendance numbers. The table below shows the annual quarter 4 changes in A&E attendance reporting. This shows RUH >4Hr performance increased by 17% whilst attendance numbers did not increase whereas at SFT the attendances increased but they managed a reduction in breaches.

2017/18 Quarter 4 A&E Type 1 Attendances

	Attendances			Breaches			%<4Hr		
	16/17	17/18	Diff	16/17	17/18	Diff	16/17	17/18	Diff
GWH	18,984	18,120	(5%)	5,897	5,003	(15%)	68.9%	72.4%	3.5%
RUH	17,308	17,261	(0%)	4,371	5,117	17%	74.7%	70.4%	(4.4%)
SFT	10,580	10,840	2%	1,427	1,324	(7%)	86.5%	87.8%	1.3%
Main 3	46,872	46,221	(1%)	11,695	11,444	(2%)	75.0%	75.2%	0.2%

Ambulance Response

There was a further slight decline in performance for SWAST in March and both standards continue to breach the 7 minute and 15 minute standards. The Category 1 Response Mean for SWAST was 9.7 minutes (90th Percentile was 17.7 minutes). SWAST are actively addressing a number of areas associated to the analysis of poor performance which includes reviewing the cause for 'missed' calls against the bench marks set. This includes cat1.2,3& 4 calls. Key areas of focus are;

- Re-work of break times
- PSV provision
- Procurement for additional fleet.

Delayed Transfers of Care (DToCs)

All 3 main local Acute Trusts reported excess delayed discharge block bed days in March; RUH (4.74%), SFT (4.74%) and GWH (4.95%) against a target of 3.5%.

Dementia Diagnosis

The March rate was 64.7%, the national target is 66.7%. As well as all current actions as part of the dementia diagnosis rate action plan, the CCG is now working with practice managers to identify any patients that may be receiving dementia associated medication but are not currently coded as having dementia. CCG and Local Authority staff are visiting with key practice managers to do this work. It is hoped that this will identify enough patients to close on the target by the end of June 2018.

Community Services

Adult Health (WH&C) For March, WH&C average length of stay now stands at 28.2 days decreasing from 32.5 days in February, these figures compare to the local target of ≤20 days. DToC is following a consistent downward trend and has decreased to 15% (target 20%) which is the lowest since April 2017. The availability of domiciliary packages of care remains the main reason for the delay. Reablement has decreased to 66% (target is 86%) historically, this target was consistently met until the cohort of patients was refined to provide a more appropriate measure. The performance dip following the change attributed initially to a data recording issue. This target is now under review as relatively low numbers of patients within this cohort are skewing the achievement of this target.

Activity
Non Elective spells are 9.1% over plan although there are a number of known counting issues that reduce the underlying growth down to 6.7%. Elective spells are 0.3% over plan and Diagnostics excluding Endoscopies are 9.5% over plan.

Appendices

- Annex 1 Performance against constitution targets M12 2017/18
- Annex 2 Activity monitoring M12 2017/18
- Annex 3 IPR Group Dashboard

Annex 1 – Performance against constitution targets M12 2017/18

NHS WILTSHIRE CCG

Are patient rights under the NHS Constitution being promoted?

Indicator	Org.	2016/17	2017/18												
Referral To Treatment waiting times for non-urgent consultant-led treatment			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
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%	91.3%	90.5%	90.5%	90.2%	**90.2%**
Number of patients waiting more than 52 weeks	CCG	**46**	0	4	1	**9**	2	4	4	1	2	5	5	**7**	**13**	**13**
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%	97.4%	97.1%	97.9%	**96.3%**	**97.7%**
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%	96.5%	93.8%	96.7%	91.8%	**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%	97.0%	93.2%	96.6%	91.8%	**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%	97.7%	94.2%	95.2%	95.4%	**97.2%**
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%	97.3%	98.0%	94.0%	97.9%	**96.4%**
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%	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%	100.0%	100.0%	100.0%	96.6%	**98.7%**
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%**	82.5%	81.4%	**79.0%**	91.0%	**83.1%**
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%	100.0%	100.0%	100.0%	100.0%	**93.9%**
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%	83.3%	**77.8%**	**80.0%**	100.0%	**89.6%**
Mixed Sex Accommodation Breaches																
Breaches of Mixed-Sex Accommodation	CCG	**215**	0	**13**	4	4	**7**	5	**6**	3	2	1	**50**	**27**	**41**	**163**
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%**	**76.9%**	**72.3%**	**74.4%**	**76.6%**	**82.6%**
	SFT	**90.6%**		95.0%	93.1%	95.7%	95.7%	91.3%	91.7%	95.0%	95.1%	**88.4%**	**86.6%**	**90.0%**	**89.8%**	92.3%
	GWH	**86.5%**		**86.7%**	91.9%	**87.9%**	**87.9%**	90.9%	**87.3%**	**88.1%**	**86.1%**	**81.5%**	**84.8%**	**88.4%**	**85.0%**	**87.2%**
	SWIC	**100.0%**		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Category Red Ambulance Responses																
Category 1 Mean Response Duration (Mins)	SWAST		<7								10.5	10.3	9.2	9.3	9.7	**9.7**
Category 1 90th Percentile Response Duration (Mins)	SWAST		<15								18.3	18.6	16.8	17.0	17.7	**17.6**
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**			**1**			**13**	**15**
	SFT	**0**				**0**			**0**			**0**			**0**	**0**
	GWH	**8**				**0**			**0**			**5**			**2**	**7**

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	7	8	10	8	98
HCAI measure (MRSA infections)	CCG	8	0	1	0	1	1	0	0	0	1	0	0	0	0	4
DTOC Delayed days per occupied bed percentage	RUH	9.00%	3.5%	6.50%	4.60%	6.00%	6.10%	5.57%	4.78%	6.40%	4.40%	4.60%	5.60%	5.80%	4.74%	4.74%
	SFT	6.20%	3.5%	5.10%	6.70%	6.50%	5.00%	4.20%	5.09%	4.10%	3.93%	4.40%	4.80%	4.50%	4.74%	4.74%
	GWH	4.70%	3.5%	7.00%	9.20%	10.10%	9.30%	6.09%	6.44%	7.50%	7.11%	6.00%	7.80%	5.10%	4.95%	4.95%

				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%**	**65.1%**	**64.9%**	**64.7%**	**64.7%**
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%	88.8%	89.8%	93.8%	90.2%			**91.1%**
IAPT <18 Weeks Access (National Target => 95%)	CCG	**100%**	≥96%	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.3%			**99.8%**
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%	87.5%	83.3%	100.0%	100.0%		**88.4%**
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%**			**99.0%**				**95.7%**

Wiltshire Health & Care Community Performance			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%**	**97%**	**97%**	**96%**	**96%**
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**	**25.6**	**28.8**	**32.5**	**28.2**	**32.0**
DToCs (% of occupied beds)	23%	<=20%	25.0%	**30.0%**	**29.0%**	**31.0%**	**35.0%**	**27.0%**	23.0%	22.0%	24.0%	18.0%	17.0%	15.0%	**24.7%**
% End of Life patients dying in preferred place	92%	≥90%	98%	94%	100%	**80%**	**85%**	100%	100%	**84%**	91%	94%	94%	**89%**	**92%**
Minor Injury Units - Arrival to discharge time within 4 hours		95%	99%	99%	100%	99%	100%	100%	99%	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%**	**70%**	**62%**	**73%**	**66%**	**75%**

Annex 2 - Activity monitoring M12 2017/18

NHS Wiltshire CCG 2017/18 Plan Monitoring	Frequency	Criteria	2017/18													
			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	**166,862**	**166,862**
		Actual	11,872	13,684	13,149	13,171	12,932	12,755	13,946	13,379	10,538	13,787	12,298	13,092	**154,603**	**154,603**
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	**147,428**	**147,428**
		Actual	10,694	12,657	12,384	11,588	11,843	11,944	13,019	12,879	10,207	12,952	11,671	11,383	**143,221**	**143,221**
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	**256,267**	**256,267**
		Actual	18,877	21,783	22,160	20,898	21,196	20,923	22,449	23,865	18,573	23,659	20,652	19,771	**254,806**	**254,806**
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	**57,888**	**57,888**
		Actual	4,381	5,093	5,181	4,948	4,863	4,887	5,031	5,246	4,291	4,884	4,642	4,618	**58,065**	**58,065**
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	**43,066**	**43,066**
		Actual	3,463	3,835	3,766	3,759	3,805	3,805	4,103	4,041	4,153	4,171	3,866	4,198	**46,965**	**46,965**
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	**131,152**	**131,152**
		Actual	10,544	11,179	11,039	11,292	10,796	10,491	10,840	10,045	10,120	9,813	9,431	10,173	**125,763**	**125,763**
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	**17,392**	**17,392**
		Actual	1,207	1,351	1,550	1,391	1,335	1,412	1,390	1,549	1,064	1,216	1,204	1,104	**15,773**	**15,773**
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	**141,174**	**141,174**
		Actual	11,557	13,117	13,087	12,831	13,446	12,820	13,759	13,780	11,472	13,807	12,281	12,565	**154,522**	**154,522**
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	**17,050**	**17,050**
		Actual	1,145	1,161	1,293	1,221	1,009	1,064	1,187	1,201	1,080	1,111	1,227	1,331	**14,030**	**14,030**
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	**1,454**	**1,454**
		Actual	96	114	108	107	98	113	112	97	114	113	76	111	**1,259**	**1,259**
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	**32,127**	**32,127**
		Actual	1,857	2,161	2,065	1,962	1,942	2,000	2,047	2,141	1,543	1,924	1,921	1,755	**23,318**	**23,318**
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	**63,021**	**63,021**
		Actual	5,443	6,135	5,776	5,622	5,701	5,787	6,447	6,638	5,260	6,815	5,896	5,949	**71,469**	**71,469**
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	**160,221**	**160,221**
		Actual	11,278	12,497	12,278	11,922	11,947	11,483	13,108	12,429	10,081	12,607	11,686	12,046	143,362	143,362
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	**28,842**	**28,842**
		Actual	33,769	31,153	29,662	28,894	29,137	28,672	28,949	28,442	28,011	27,983	28,156	28,590	**28,590**	**28,590**

Annex 3 – IPR Group Dashboard

	NHS Wiltshire CCG IPR Group Dashboard Report	Data Period	National Target YTD	Local Target YTD	Performance This month	Performance Last month
Planned Care	**Constitutional Targets (Wiltshire CCG position unless stated)**					
	18 Weeks RTT Incomplete Pathways CCG Total	Mar-17	≥92%	≥92%	**90.2%**	90.5%
	18 Weeks RTT Incomplete Pathways RUH	Mar-17	≥92%	≥92%	**87.0%**	87.3%
	18 Weeks RTT Incomplete Pathways GWH	Mar-17	≥92%	≥92%	**87.3%**	87.8%
	18 Weeks RTT Incomplete Pathways SFT	Mar-17	≥92%	≥92%	**93.2%**	93.2%
	Diagnostic Test within 6 weeks CCG Total	Mar-17	≥99%	≥99%	**96.3%**	97.9%
	Diagnostic Test within 6 weeks RUH	Feb-17	≥99%	≥99%	**98.5%**	98.4%
	Diagnostic Test within 6 weeks GWH	Feb-17	≥99%	≥99%	**94.2%**	91.0%
	Diagnostic Test within 6 weeks SFT	Feb-17	≥99%	≥99%	**99.2%**	99.1%
	52 week wait breaches CCG Total	Mar-17	Zero	Zero	**13**	7
	Cancer 2WW CCG Total	Mar-17	≥93%	≥93%	**93.0%**	91.8%
	Cancer 2WW Breast CCG Total	Mar-17	≥93%	≥93%	**93.0%**	91.8%
	Cancer 62 days from urgent GP referral to definitive treatment	Mar-17	≥85%	≥85%	**83.1%**	91.0%
Unplanned Care	**NON ELECTIVE SPELLS (Specific Acute)**					
	CCG Total	M12ytd		43,066	**46,965**	42,688
	GWH	M12			**1,031**	933
	RUH	M12			**1,462**	1,334
	SFT	M12			**1,388**	1,331
	ED ATTENDANCES					
	CCG Total	M12ytd		131,152	**125,763**	115,576
	GWH	M12			**4,069**	3,601
	RUH	M12			**2,020**	1,810
	SFT	M12			**2,573**	2,483
	NHS 111					
	Calls Offered (BaNES & Wiltshire)	M12			**17,336**	12,703
	SWAST					
	Total Incidents (with duplicate calls removed)	M12ytd		61,995	**69,607**	63,573
	MIU					
	Total Attendances (Wilts MIUs only)	M12			**5,341**	4,647
	SWIC					
	Total Attendances	M12ytd		29,532	**17,476**	16,034
	BDUC					
	Total Attendances	M12			**141**	131
	NHS 111 Performance					
	Answered <60 secs %	M12ytd	≥95%		**84.3%**	86.5%
	Abandoned >30 secs calls%	M12ytd	≤5%		**3.1%**	2.4%
	Ambulance disposition %	M12ytd	≤10%		**11.4%**	11.4%
	ED Disposition %	M12ytd	≤5%		**6.9%**	6.9%
	Medvivo Performance					
	OOH Telephone Advice Calls	M12			**4,846**	3,762
	OOH PCC Attendances	M12			**3,768**	3,212
	OOH Home Visits	M12			**1,204**	1,022
	Referrals to Urgent Care at Home	M12			**91**	75
	Telecare Mobile Responses	M12			**174**	174
	One number ATC calls	M12			**7,530**	6,456
	ATC Referrals	M12			**2,232**	2,226
	SWAST Performance					
	Hear and Treat Percentage	M12ytd		11.5%	**11.5%**	11.5%
	See and Treat Percentage	M12ytd		36.5%	**38.0%**	38.1%
	See and ED Conveyance Percentage	M12ytd		45.2%	**43.6%**	43.5%
	High Impact Interventions					
	Weekend discharges % (80% of Weekday)					
	GWH			≥80%	Not available	
	RUH			≥80%		
	SFT			≥80%		
	GWH Community			≥80%		
	DTOC %					
	GWH	Feb-17		3.5%	**5.1%**	7.8%
	RUH	Feb-17		3.5%	**5.8%**	5.6%
	SFT	Feb-17		3.5%	**4.5%**	4.8%
	GWH Community				Not available	
Community Services	**Children's community services:**					
	Non-consultant led services: RTM incomplete Pathways - % waiting under 18 weeks at month end	Mar-17	≥92%	≥92%	**90.7%**	94.0%
	% CAMHS T3 new referrals assessed within 12 weeks of referral	Apr-17	≥95%	≥95%	**100%**	100%
	% CAMHS T2 new referrals assessed within 12 weeks of referral	Apr-17	100%	100%	**100%**	100%
	Paediatric consultant follow ups seen within 6 weeks of agreed date	Mar-17		tbc	**44.87%**	52.44%
	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 Available
	National child measure ment programme- Year 6 children very overweight	16/17		10.17%	**15.40%**	
	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 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			**141**	123
	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)	Feb-18		≥95%	**96.60%**	95.40%
	4 hour wait - emergency crisis assessment	Feb-18		≥95%	**100.00%**	100.00%
	% of admissions gatekept (working adult age)	Feb-18		≥95%	**100.00%**	98.40%
	DTOC for wiltshire wards - Adult	Feb-18		≥95%	**8.9%**	10.8%
	DTOC for wiltshire wards - Later Life			7.50%		
	Timely Review and Care Plan < 4 wks of Review	Apr-17		≥95%	**87.3%**	89.5%
	18 week RTT	Feb-17		≥95%	**87.40%**	90.00%
	50% of people experiencing first episode of psychosis to access NICE approved care package within <2 wks. (Mandate 6.3)	Feb-18		≥50%	**100.00%**	100.00%
	Learning Disability - Proportion of peple with a learning disability on the GP register receiving an annual health check	Feb-18		≥30.7%	**48.6%**	48.6%
	Access and waiting time standards for mental health services embedded (Mandate 6.3)				***Not Available***	

Section 3: Projects

Wiltshire CCG QIPP Project Register
May 2018 (Month 12)

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							
Paedriatric Admissions Impact: Admission Avoidance	Lucy Baker							
Right Care : Circulartory 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 ⇔	N/A
Demand Management Clinical Policies	Lucy Baker	Nadine Fox	Dr Helen Osborn	910	1,846	G ⇔	G ⇔	N/A
Gastroenterology	Lucy Baker	Jo Williamson	Dr Richard Sandford-Hill	35	174	R ⇔	R ⇔	N/A
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 ⇔	N/A
Rheumatology Biosimilar Switches	Lucy Baker	Nadine Fox	Dr Elizabeth Shaw Dr Lynne McReady	50	0	G ⇔	G ⇔	N/A
Rheumatology Community Service	Lucy Baker	Nadine Fox	Dr Elizabeth Shaw Dr Lynne McReady	190	0	R ⇔	R ⇔	N/A
Ophthalmology	Lucy Baker	Jo Williamson	Dr Andy Hall	217	2,522	G ⇔	G ⇔	N/A
Other QIPP								
Prescribing	Jo Cullen	Alex Goddard	Dr Helen Osborn (TBC) other GP practice	2,500	N/A	TBC	G ⇧	N/A
Continued Health Care Patient Reviews	Dina McAlpine	Kate Purser	N/A	500	N/A	TBC	R ⇔	N/A

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 12 – March 2018.

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 Shelbourn-Barrow

Month 12

1. Non-ElectiveAdmissions:

Non-elective activity in 2017/18 is up 12.4% (5,344 admissions) on 2016/17. Growth is being seen in all of the 3 broad age bands and at all 3 acute trusts. There were a number of factors which account for around half of the growth:

1. GWH pathway change from A&E attendances - this accounts for 1,302 growth in NELs.
2. Wiltshire H&C did not report SUS activity from Jul-16 to Mar-17. This accounts for 568 growth in NELs.
3. AWPMH NHST started to report SUS activity wef Apr-17. This accounts for 371 growth in NELs.
4. N.Bristol NHST have reported Renal patients as NEL in error. This accounts for 153 growth in NELs.
5. RUH have changed coding of Diabetes and Endocrine activity. This accounts for 156 growth in NELs.
6. Neonatal spells have transferred from Specialist Commissioned to CCG commissioned in 2017/18. The increase in NELs for infants equates to 873 growth in NELs and possibly more.

Without these changes the growth in activity would be around 6.3% (1,921 admissions) or on average an additional 1.75 admissions per day per acute trust in Wiltshire.

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.

Avoidable emergency admissions to M12 are show an increase of 3% (150 admissions). Reductions have been seen in those aged under 18 down 6.7% (78 admissions), while there has been an increase of 13.9% (181 admissions) in those of working age and those aged 65 have increased slightly by 1.7% (41 admissions). 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.

Admissions from Care Home continue to fall with a reduction of 2.6% (41 adms) on last year to M11.

2. Delayed Transfers of Care:

Delayed Transfers of Care decreased by around 12% (205 days) in March to 1,502 from 1,707 in February. Overall comparing 2016/17 and 2017/18 the total number of delayed days has decreased by 7.3% (1,973 days). There was been reductions overall at RUH (815 days lower, 15.3%), SFT (763 days lower, 12.7%), AWP (1,147 days lower, 27.5%) and WH&C (471 days lower, 6.1%). These reductions have been offset by an increase at GWH (908 days higher, 28.9%) and Other out of area Hospitals (306 days higher, 56.6%).

In February, there was 48.5 daily delayed days, which is 13.6% above the NHS England target for Wiltshire of 42.7 daily delayed days. The monthly average for daily delayed days so far in 2017/18 is 68.4 in 2016/17 it was 79.4 and for 2015/16 the average was 49.0.

3. Other BCP Indicators:

In April there was 17 permanent care home admissions which is much lower than the 2017-18 monthly average of around 31, if admissions remain at this level it is likely we will remain much lower than the target for the year of 500. 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 in Q3 was 67.0% which the same as the performance seen in Q1. This performance is well below historic levels which were around 85%, 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 back 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 in Q3 was 66.9%, IC Beds achieved 66.4% and ISP Clients in Q2 was 77.8%.

In April the number of admissions to IC Beds were 49 which is around the levels seen during 2017/18. Discharges were also similar to last year at 53. Length of stay for step down rehab patients in April was 36.8 which is a slight on the 34 days seen in March, 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. We continue to SPOT purchase beds to maintain cover for the home which has stopped taking new IC clients.

New help to live at home activity was slightly lower in April compared to March 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%

Higher Intensity Care (HIC) Programme delivered through Wiltshire Health & Care (WHC)
Programme Director: Ted Wilson

Higher Intensity Care – This data is now being shown on the monthly dashboard.

Confidence level – 100%

PLANNED CARE QIPP
Programme Director: Lucy Baker

Planned Care QIPP Performance - Month 12 (March) Reductions in Admissions and Outpatient Attendances

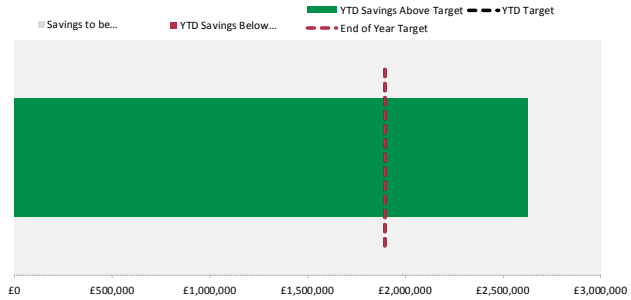
The below summary includes the combined details of all the individual schemes contributing to the QIPP performance in the planned care work stream.
The detail behind each individual scheme can be found on separate tabs within this report.

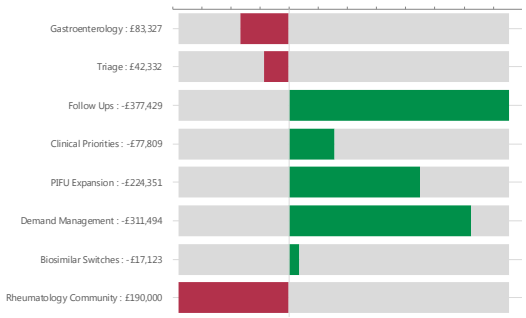
Finance

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

17/18 Targeted Savings	£1,900,000

YTD Targeted Savings	£1,900,000
YTD Savings Achieved	£2,624,930
YTD Variance on Target	£724,930





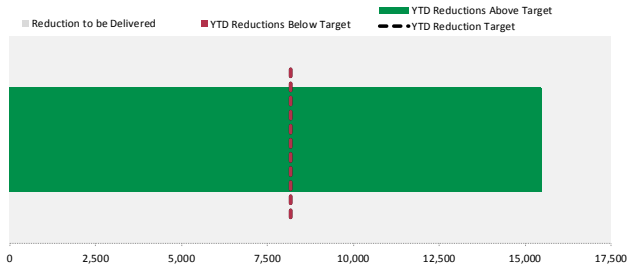
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	£1,023,459	£1,144,958	£1,278,758	£1,232,186	£1,257,968	£1,130,375	£1,248,904	£1,255,641	£1,023,701	£1,077,683	£1,026,380	£1,141,021	£13,841,032	£13,841,032
Planned QIPP Reduction	£167,978	£159,378	£159,378	£163,857	£165,238	£168,360	£149,773	£151,838	£151,838	£157,454	£157,454	£147,455	£1,900,000	£1,900,000
17/18 Plan	£855,481	£985,580	£1,119,380	£1,068,329	£1,092,729	£962,014	£1,099,131	£1,103,803	£871,862	£920,229	£868,926	£993,566	£11,941,032	£11,941,032
17/18 Actuals	£879,754	£959,822	£1,034,909	£919,429	£903,161	£980,176	£1,059,501	£1,047,150	£802,909	£912,935	£853,599	£862,759	£11,216,102	
Difference	£24,272	-£25,758	-£84,471	-£148,900	-£189,569	£18,161	-£39,630	-£56,653	-£68,954	-£7,294	-£15,327	-£130,808	-£724,930	

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	8,176
YTD Reduction Achieved	15,448
YTD Variance on Target	7,272



	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	91,528	91,528
Planned QIPP Reduction	580	593	593	648	660	686	683	700	700	777	777	777	8,176	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	83,352	83,352
17/18 Actuals	5,866	6,590	6,641	6,240	6,345	6,336	6,779	7,022	5,333	7,028	6,082	5,818	76,080	
Difference	-138	-436	-779	-767	-1,003	-659	-556	-312	-887	-187	-441	-1,107	-7,272	

MSK

Mobilisation progressing for June 2018.
Workshop being undertaken to agree SPA / e-RS process.

Follow Ups

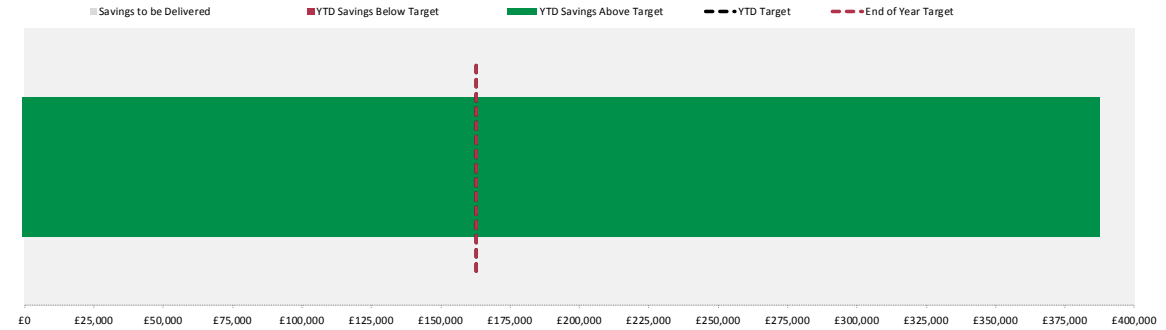
Planned Care QIPP Performance - Outpatient Patient Initiated Follow Ups (PIFU) Expansion - Month 12 (March)

Finance

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

17/18 Targeted Savings	£163,056

YTD Targeted Savings	£163,056
YTD Savings Achieved	£387,407
YTD Variance on Target	£224,351



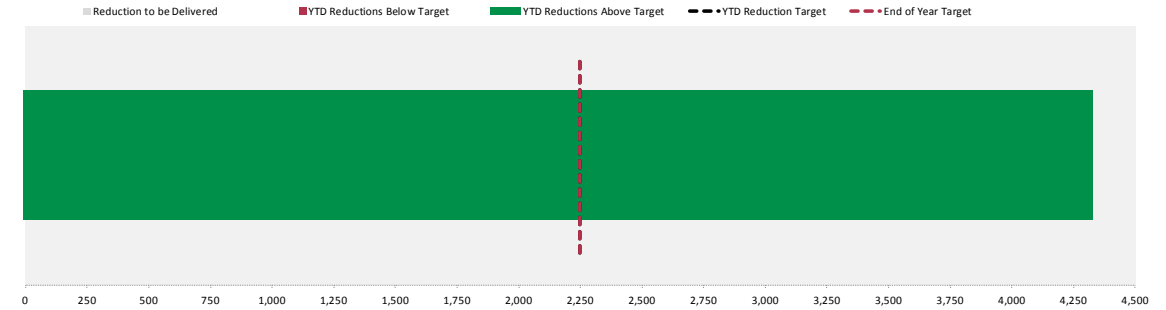
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	£170,864	£199,341	£208,834	£199,341	£208,834	£199,341	£208,834	£208,834	£180,357	£208,834	£189,849	£199,341	£2,382,605	£2,382,605
Planned QIPP Reduction	£8,519	£8,519	£8,519	£12,123	£12,123	£12,123	£14,106	£14,106	£14,106	£19,604	£19,604	£19,604	£163,056	£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	£2,219,549	£2,219,549
17/18 Actuals	£153,784	£171,389	£175,841	£162,582	£164,960	£170,210	£181,283	£191,205	£139,004	£181,235	£159,407	£144,298	£1,995,198	
Difference	-£8,561	-£19,434	-£24,474	-£24,637	-£31,751	-£17,009	-£13,445	-£3,523	-£27,246	-£7,995	-£10,838	-£35,439	-£224,351	

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	2,251
YTD Reduction Achieved	4,326
YTD Variance on Target	2,075



	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	28,997	28,997
Planned QIPP Reduction	119	119	119	167	167	167	194	194	194	270	270	270	2,251	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	26,746	26,746
17/18 Actuals	1,939	2,142	2,190	1,999	2,038	2,079	2,183	2,335	1,719	2,293	1,931	1,823	24,671	
Difference	-22	-165	-233	-260	-337	-180	-164	-12	-282	22	-109	-333	-2,075	

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 won't be in comparable to the baseline set.

Confidence level – N/A

Demand Management (RSS)

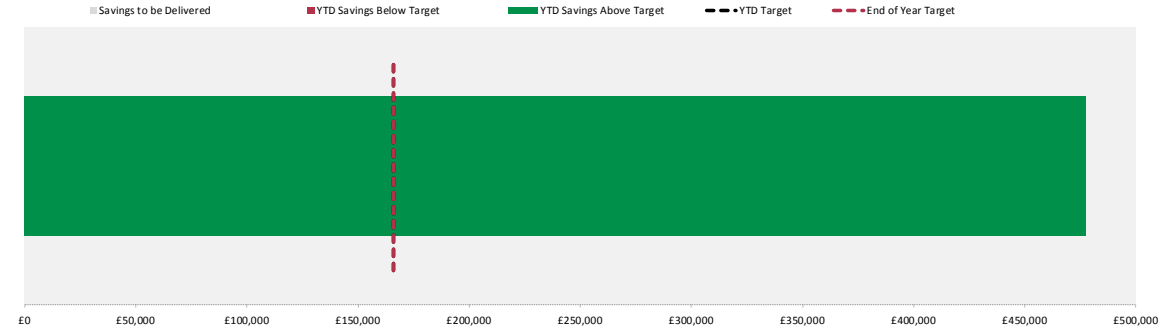
Planned Care QIPP Performance - Demand Management - Month 12 (March)

Finance

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

17/18 Targeted Savings	£166,069

YTD Targeted Savings	£166,069
YTD Savings Achieved	£477,563
YTD Variance on Target	£311,494



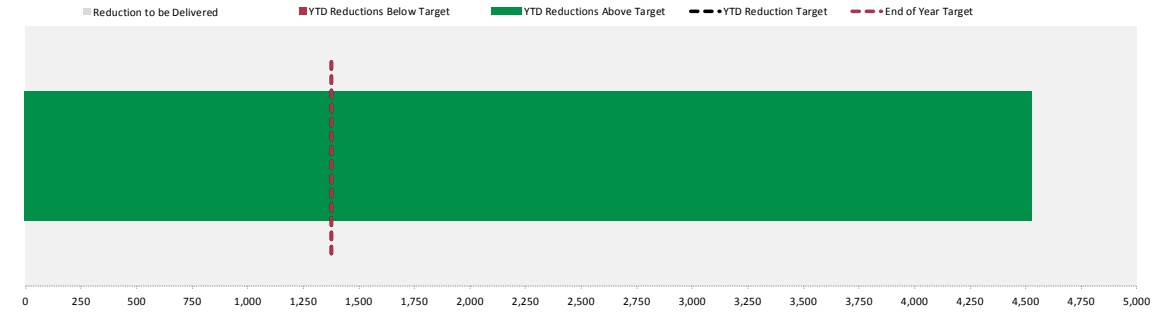
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	£311,433	£363,339	£380,640	£363,339	£380,640	£363,339	£380,640	£380,640	£328,735	£380,640	£346,037	£363,339	£4,342,761	£4,342,761
Planned QIPP Reduction	£6,184	£7,581	£7,581	£8,462	£9,843	£12,965	£17,188	£19,253	£19,253	£19,253	£19,253	£19,253	£166,069	£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	£4,176,692	£4,176,692
17/18 Actuals	£279,209	£335,437	£331,426	£309,297	£317,279	£330,011	£351,561	£369,887	£282,314	£346,824	£308,674	£303,279	£3,865,198	
Difference	-£26,040	-£20,320	-£41,633	-£45,580	-£53,519	-£20,363	-£11,892	£8,500	-£27,168	-£14,563	-£18,110	-£40,807	-£311,494	

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	1,383
YTD Reduction Achieved	4,524
YTD Variance on Target	3,141



	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	26,329	26,329
Planned QIPP Reduction	52	63	63	70	82	108	143	160	160	160	160	160	1,383	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	24,946	24,946
17/18 Actuals	1,566	1,890	1,873	1,775	1,792	1,857	1,983	2,084	1,588	1,929	1,742	1,726	21,805	
Difference	-271	-250	-372	-357	-434	-238	-182	-63	-245	-218	-196	-316	-3,141	

1718 QIPP target was overachieved by 287%. All specialties came on line as scheduled. Referrals numbers reduced by over 8% yoy. 2ww went live as of 15.1.18. Each Acute Trust is now reporting the percentage of paper referrals they receive.

Confidence level – N/A

Ophthalmology

Ophthalmology QIPP Performance - Month 12 (March) Reductions in Outpatient Attendances

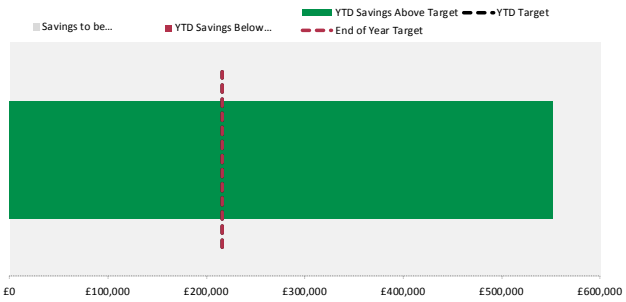
The below summary includes the combined details of all the individual schemes contributing to the QIPP performance in the ophthalmology work stream: Ophthalmology Triage and Community Service Development

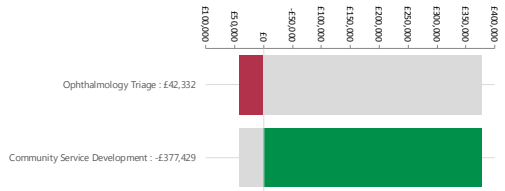
Finance

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

17/18 Targeted Savings	£216,690

YTD Targeted Savings	£216,690
YTD Savings Achieved	£551,787
YTD Variance on Target	£335,097





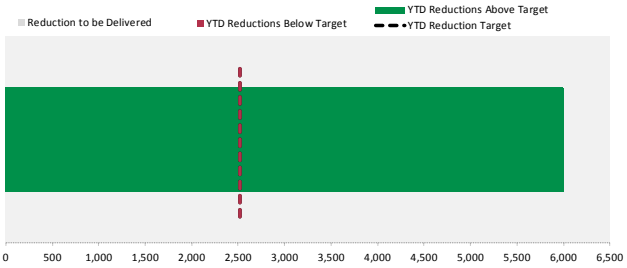
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
16/17 Baseline + Growth	£193,047	£225,221	£235,946	£225,221	£235,946	£225,221	£235,946	£235,946	£203,772	£235,946	£214,496	£225,221	£2,691,930	£2,691,930
Planned QIPP Reduction	£18,028	£18,028	£18,028	£18,028	£18,028	£18,028	£18,028	£18,028	£18,028	£18,146	£18,146	£18,146	£216,690	£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	£2,475,240	£2,475,240
17/18 Actuals	£171,246	£180,000	£186,960	£174,354	£188,964	£172,702	£182,897	£189,664	£144,216	£209,545	£174,483	£165,112	£2,140,143	
Difference	-£3,773	-£27,193	-£30,958	-£32,839	-£28,954	-£34,491	-£35,021	-£28,254	-£41,528	-£8,255	-£21,868	-£41,963	-£335,097	

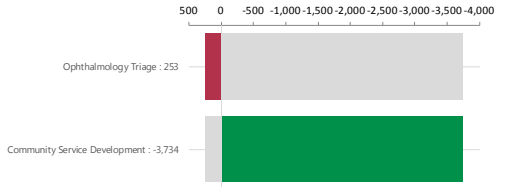
Activity

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

17/18 Targeted Reduction	2,522

YTD Targeted Reduction	2,522
YTD Reduction Achieved	6,003
YTD Variance on Target	3,481





	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	29,977	29,977
Planned QIPP Reduction	209	210	210	210	210	210	210	210	210	211	211	211	2,522	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	27,455	27,455
17/18 Actuals	1,964	2,032	2,106	2,003	2,093	1,941	2,057	2,087	1,610	2,271	1,959	1,851	23,974	
Difference	23	-266	-312	-295	-325	-357	-361	-331	-449	-146	-219	-446	-3,481	

The CCG implemented the new clinical triaging in October 2017, utilising the CCG Referral Management Service and clinical triaging by Optometrist.
17/18 QIPP was overachieved by 255%.

Confidence level – N/A

Rheumatology

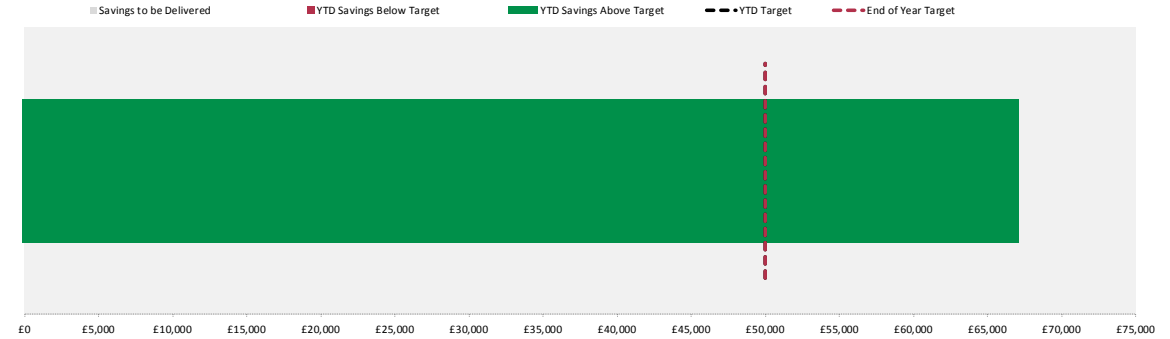
Planned Care QIPP Performance - Rheumatology (Biosimilar Switches) - Month 12 (March)

Finance

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

17/18 Targeted Savings	£50,000

YTD Targeted Savings	£50,000
YTD Savings Achieved	£67,123
YTD Variance on Target	£17,123



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
Planned QIPP Savings	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£50,000	£50,000
17/18 Savings	£5,594	£5,594	£5,594	£5,594	£5,594	£5,594	£5,594	£5,594	£5,594	£5,594	£5,594	£5,594	£67,123	
Difference	£1,427	£1,427	£1,427	£1,427	£1,427	£1,427	£1,427	£1,427	£1,427	£1,427	£1,427	£1,427	£17,123	

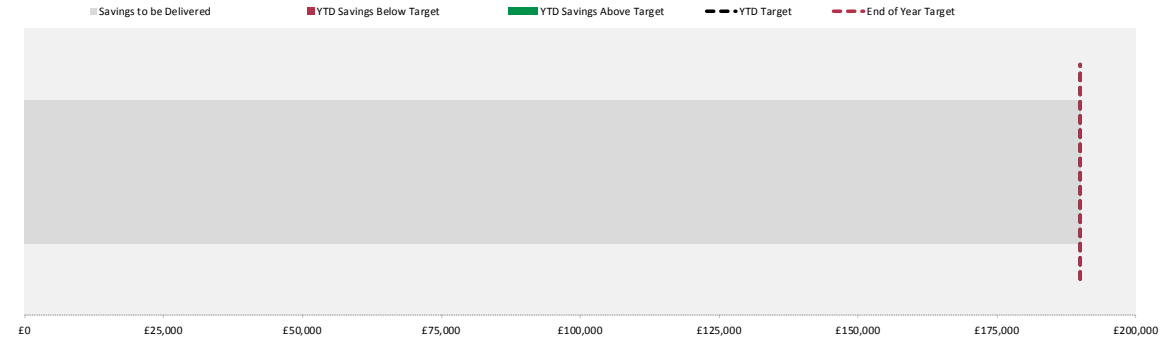
Planned Care QIPP Performance - Rheumatology Community Service - Month 12 (March)

Finance

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

17/18 Targeted Savings	£190,000

YTD Targeted Savings	£190,000
YTD Savings Achieved	£0
YTD Variance on Target	-£190,000



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
Planned QIPP Savings	£15,833	£15,833	£15,833	£15,833	£15,833	£15,833	£15,833	£15,833	£15,833	£15,833	£15,833	£15,833	£190,000	£190,000
17/18 Savings	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	
Difference	-£15,833	-£15,833	-£15,833	-£15,833	-£15,833	-£15,833	-£15,833	-£15,833	-£15,833	-£15,833	-£15,833	-£15,833	-£190,000	

All 3 Providers have been provided with the biosimilar switch target of 90% and meetings held to optomise this potential

Confidence level – N/A

Savings were based on community services and as the STP project lead has left BaNES no developments have been undertaken with the community services and thus this £190k QIPP saving is no longer achievable.

Confidence level – N/A

Gastroenterology

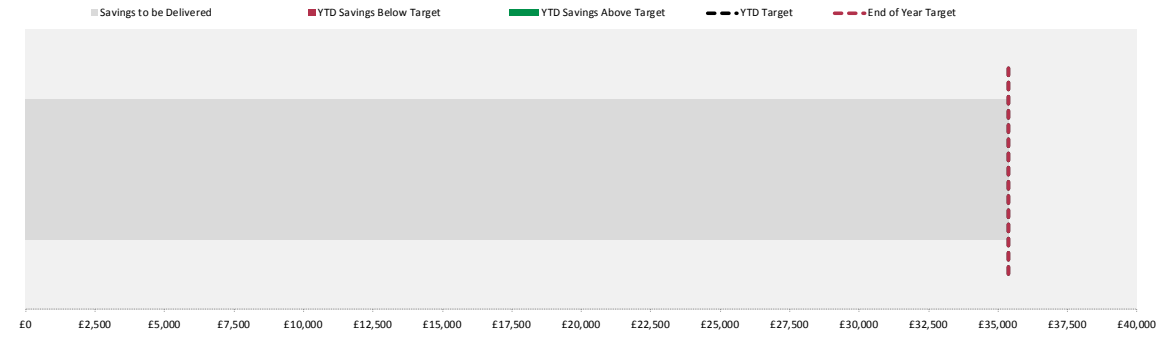
Planned Care QIPP Performance - Gastroenterology - Month 12 (March)

Finance

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

17/18 Targeted Savings	£35,384

YTD Targeted Savings	£35,384
YTD Savings Achieved	£0
YTD Variance on Target	-£35,384



	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	£362,936	£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	£35,384	£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	£327,552	£327,552
17/18 Actuals	£32,965	£38,907	£35,036	£33,789	£33,419	£30,880	£45,743	£33,000	£29,340	£42,037	£30,205	£25,558	£410,879	
Difference	£9,784	£11,391	£6,074	£6,269	£4,453	£3,360	£16,983	£4,240	£4,917	£13,277	£4,336	-£1,756	£83,327	

No QIPP was achieved for 17/18. STP workstream now re-established , so QIPP expected for 1819.

Confidence level – N/A

Clinical Policies

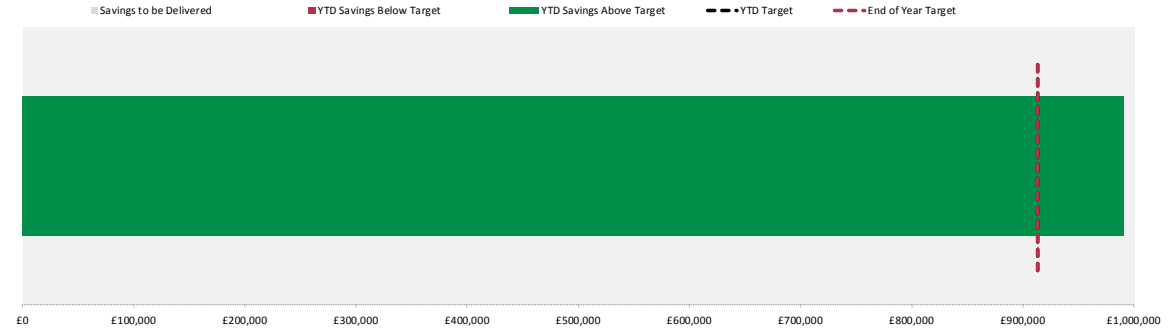
Planned Care QIPP Performance - Clinical Policies - Month 12 (March)

Finance

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

17/18 Targeted Savings	£910,477

YTD Targeted Savings	£910,477
YTD Savings Achieved	£988,286
YTD Variance on Target	£77,809



	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	£391,672	£398,410	£283,364	£220,451	£247,078	£322,755	£4,060,800	£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	£910,477	£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	£3,150,323	£3,150,323
17/18 Actuals	£280,968	£275,553	£339,411	£287,251	£254,373	£306,597	£329,133	£292,884	£233,861	£162,536	£210,854	£246,831	£3,220,252	
Difference	£47,253	£37,235	£6,258	-£38,296	-£57,990	£82,862	£834	-£42,153	£13,870	£5,458	£27,149	-£12,551	£69,929	
Credited*	£16,099	£19,145	£11,446	£25,525	£33,515	£7,905	£8,797	£7,171	£3,507	£6,923	£7,705	£0	£147,738	

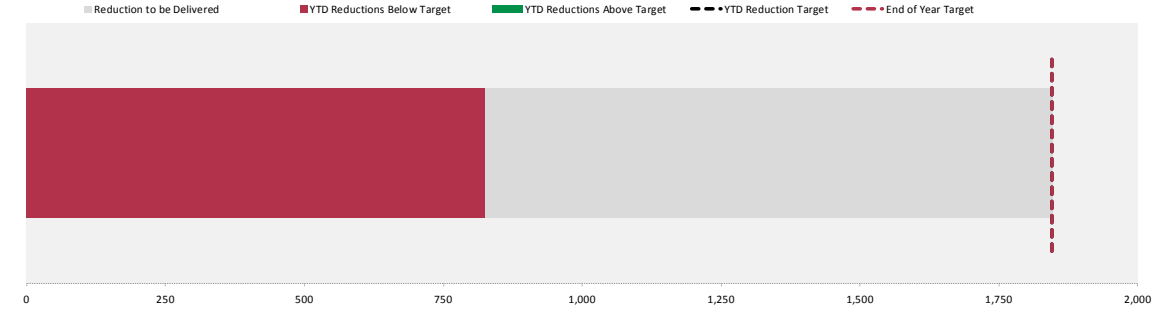
** Challenges and credits made through the INNF data challenges process*

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	1,846
YTD Reduction Achieved	825
YTD Variance on Target	-1,021



	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	4,452	4,452
Planned QIPP Reduction	187	187	187	187	187	187	121	121	121	121	121	121	1,846	1,846
17/18 Plan	153	147	194	184	189	209	265	281	209	239	241	297	2,606	2,606
17/18 Actuals	235	340	303	300	259	307	331	354	274	329	302	293	3,627	
Difference	82	193	109	116	70	98	66	73	65	90	61	-4	1,021	

The QiPP target has been overachieved with savings of £988k.

Confidence level – N/A

OTHER QIPP PROGRAMMES

Primary Care – Prescribing
Programme Director: Jo Cullen

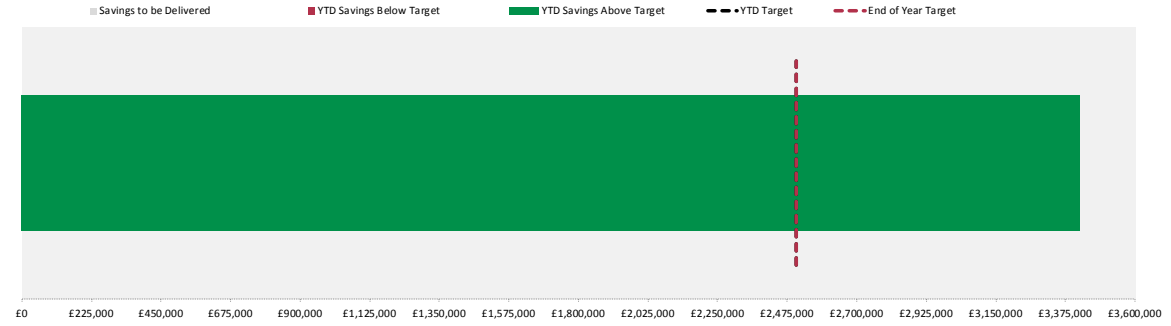
Non Acute Commissioned Services - Prescribing - Patient Reviews - Month 12 (March

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	£2,500,000
YTD Savings Achieved	£3,414,000
YTD Variance on Target	£914,000



	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	£2,500,000	£2,500,000
Rebate Savings	£47,167	£47,167	£47,167	£47,167	£47,167	£47,167	£47,167	£47,167	£47,167	£47,167	£47,167	£47,167	£566,000	
Other Prescribing Schemes	£0	£0	£0	£0	£0	£406,857	£406,857	£406,857	£406,857	£406,857	£406,857	£406,857	£2,848,000	
Difference	£22,167	£22,167	£22,167	£22,167	-£38,944	£306,802	£245,690	£184,579	£123,468	£62,357	£1,246	-£59,865	£914,000	

PRIMARY CARE

The NHSBSA (NHS Business Services Authority) prescribing data is received two months in arrears so this report is based upon February data. There is an over spend of £2.4million year to date and forecast over spend of £2.7million. This position includes the pressure associated with No Cheaper Stock Obtainable (NCSO) of £3.2million forecast FYE. (Based on Dec 2017 PrescQiPP data.)
It should be noted that the pressure of NCSO has been absorbed into the medicines management position resulting in additional costs of £3.2million forecast for the year. This has significantly reduced the ability of the team to mitigate pressures of other over spending areas and lower performance on QIPP.

Rebates
Rebates are continuing to provide higher than expected levels of QIPP savings, however this is expected to reduce over the coming 12 months due to national changes in rebate schemes generally.

POD
Implementation and patient uptake has delayed the impact of the QIPP savings programme for POD, and we expect the effects to continue through to the next financial year.

NCSO 'No Cheaper Stock Obtainable' definition
The pressure on plan has been compounded by a national issue on 'No Cheaper Stock Obtainable' (NCSO) status. This NCSO status is granted for specific products where pharmacy contractors have been unable to purchase products at the set Drug Tariff reimbursement price. Where a NCSO is granted, the reimbursement price is based upon the appropriate prescription endorsement rather than the fixed Drug Tariff price. At present, it is not possible to predict for how long NCSO will impact on prescribing.

Confidence level – 60%

CHC Patient Reviews
Programme Director: Dina McAlpine

Non Acute Commissioned Services - Continued Health Care - Patient Reviews - Month 12 (March)

Finance

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

17/18 Targeted Savings	£500,000	YTD Targeted Savings	£500,000
		YTD Savings Achieved	£416,000
		YTD Variance on Target	-£84,000

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 - No progress has been made on the provision of a Consultant for the East, WHC are looking to implement a nurse lead model. Further practices in NEW have expresses an interested in joining the early adopters programme, WHC are considering how this can be facilitated.

NDA - all practices signed up to National Diabetes Audit for 2018, this will be the first time all practices have participated. Extracts will be quarterly the first w/e 11th May GWH hold file backlog - No progress has been made to review patient notes at GWH, WHC continue to encourage GWH participation. A meeting with GWH and commissioners has been scheduled later in May. The planned exec to exec meeting went ahead with Swindon CCG, WCCG was not represented as the meeting planned to discussed a Swindon only business case.

Swindon Diabetes Transformation Board - WCCG have a standing invitation to attend this meeting. The first reviewed the achievements of the past year and planned 18/19. It was agreed that there is benefit to joint working with WCCG.

Transformation Projects - Toolkit the team have worked with a Branding consultancy to develop the toolkit identity, the tool kit prototype will be shared w/e 11th May which will be taken to 2 Diabetes UK patient groups in May and shared with other patients for feedback. Work continues to explore website options. .KPI reporting remains unresolved which prevents us from meeting a milestone and demonstrating the impact of Diabetes Nurse Facilitators, Virtual Clinics and auditing the recording of Structured Education

Digital options for diabetes education and coaching are being explored following a presentation at the S.W. Clinical network meeting. Data from existing sites have shown that choice has increased up take of education in face to face and digitally.

Confidence level – 100%

2016/17 Workstreams, objectives and outcome measures approved by the EoL Programme Board
Programme Director: Ted Wilson

Workstreams, objectives and outcome measures approved by the EoL Programme Board:
Education, Wiltshire Dying Well Community Charter, Workforce, Advance Care Planning, Shared Records, 24/7, EoL STP Summit

Advance Care Plan
• Provider Strategic Group to develop and distribute a questionnaire to obtain feedback from staff/families.
• Ongoing discussion around TEP and ReSPECT

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 :
• 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)
• Launch date to coincide with Dying Matters week in May

Workforce:
• Working group established - task and finish
• Mapping exercise to establish EoL staffing gaps in development to feed into wider workforce programmes
• Providers completed Self-Assessment tool, Commissioner completed WCCG self-assessment

Shared Records
• Successful bid submitted NHSE for 'shared care records' focusing on EoL

24/7 Care
• Task and finish group to develop a plan, linked to the Workforce workstream, to identify shortfalls within Wiltshire

EoL STP Summit
• BaNES and Swindon CCG support EoL STP summit
• Providers have established a network to share plans and integrated working

Education
• ‘Core’ competency framework previously approved at EoL Board
• Your care Your Support developed with had EoL information for Carers, patients and families

Confidence Level: N/A