NHS
Wiltshire
Clinical Commissioning Group

Presented to:	Governing Body - Public
Date of Meeting:	24 July 2018
For:	Discussion

Agenda Reference:	GOV/18/07/14
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 July 2018 reports using data for April 2017 to June 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

July 2018

Integrated Performance Report
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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)	2018/19 TOTAL / AVERAGE (3)	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	2018/19 Sparkline	Exception Identified? (4)
Safety	S1	Healthcare acquired infection (HCAI) measure - MRSA	Number of infections = 0	M	0	n/a	4	0	0	1	1	0	0	0	1	0	0	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	115	17	9	8	4	12	9	13	4	7	8	10	8	11	6		
Safety	S3	Healthcare acquired infection (HCAI) measure - *E. coli*	Number of infections (see threshold for Provider)	M	Individual Provider Targets	n/a	337	50	23	26	23	36	26	25	30	27	21	13	20	25	25		
Safety	S4	Healthcare acquired infection (HCAI) measure - MSSA	No target set	M	0	n/a	94	17	2	8	6	13	6	10	6	3	9	6	6	10	7		
Safety	S5	Healthcare acquired infection (HCAI) measure - *Pseudomonas aeruginosa*	No target set	M	0	n/a	3	3												0	3		
Safety	S6	Healthcare acquired infection (HCAI) measure - *Klebsiella* spp.	No target set	M	0	n/a	13	13												9	4		
Safety	S7	Bed Days closed due to infection outbreak (e.g. Noro Virus)	No target set	TBC	To be determined	n/a	648	16	0	26	12	4	4	15	59	142	176	117	71	16	0		
Safety	S8	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	0	0		
Safety	S9	Number of Serious Incidents reported for Wiltshire patients.	Number of reported serious incidents	M	n/a	n/a	180	32	20	17	12	13	10	13	14	7	11	14	7	11	21		
Safety	S10	NHS Patient Safety Thermometer - Venous Thromboembolism (VTE)	VTE -%	M	0.40%	n/a	#DIV/0!	#DIV/0!	0.6%	0.7%	0.7%	0.6%	0.6%	0.7%	0.7%	0.4%	0.7%	0.2%	2.5%	0.6%	0.6%		
Safety	S11	Midwife:Birth Ratio		M	1.27	n/a	#DIV/0!	#DIV/0!	1.30	1.29	1.30	1.30	1.31	1.32	1.33	1.28	1.30	1.28	1.29	1.29	#DIV/0!		
Safety	S12	Over 52 Week Waits		M	To be determined	n/a	90	33	1	9	2	4	4	1	2	5	5	7	13	18	15		
Experience	Ex1	Staff Friends and Family Test Score (Work)	Score => National average	Q	67.0%	63%	#DIV/0!	#DIV/0!		64%			62%						54%				
Experience	Ex2	Staff Friends and Family Test Score (Care)	Score => National average	Q	84.0%	80%	#DIV/0!	#DIV/0!		84%			82%						79%				
Experience	Ex3	Friends and Family Test Score Mental health	Score => National average	M	93.0%	89%	88.2%	90.0%	89%	88%	88%	86%	90%	88%	88%	88%	88%	89%	88%	90%	90%		
Experience	Ex4	Friends and Family Test Score GPs	Score => National average	M	N/A	89%	90.2%	89.0%	91%	92%	88%	90%	90%	91%	91%	89%	92%	89%	90%	88%	90%		
Experience	Ex5	Mixed sex accommodation (MSA) Breaches (rate per 1000 episodes)	Number of breaches = 0	M	0	1.0	#DIV/0!	#DIV/0!	0.3	0.3	0.6	0.4	0.5	0.2	0.2	0.1	4.0	2.4	3.1	0.0	0.0		
Experience	Ex6	Number of Complaints Received (to the CCG)	Total number of complaints received	M	N/A	n/a	70	4	3	4	4	4	4	7	9	4	8	6	9	6	4		
Effectiveness	Ef1	12 Hr Trolley Breaches in the ED		M	0	n/a	36	8	4	5	5	0	0	0	0	6	0	1	1	3	5		
Effectiveness	Ef2	Fractured Neck of Femur	% in theatre within 36 hours	M	80%	73%	80.1%	74.3%	71%	75%	79%	83%	76%	91%	86%	84%	80%	77%	84%	72%	74%		

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CCG Level Indicators Reported by Exception

Indicator:	Healthcare acquired infection (HCAI) measure - C.difficile (Post 72 hours)
Issue:	CDI cases increased compared to same time period last year.
Assurances and Next Steps:	The CCG threshold for 2018/19 is 102 cases. Year to date (YTD), there have been 17 CDI cases in 2018/19 in comparison to the same period in 2017/18, which was 16. Whilst this is an increase of 1 case, 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. WCCG plan on commencing a task and finish group in order to review the community acquired cases to review possible themes, trends and root causes, and take action on these appropriately. Representation from primary care, community providers and acute care providers will be included on the group to ensure shared learning is undertaken across the whole health economy.

Indicator:	Healthcare acquired infection (HCAI) measure – MRSA
Issue:	Increase in acute care MRSA cases
Assurances and Next Steps:	There have been two reported cases of MRSA bacteraemia at the RUH in May 2018. Both cases are currently under a post infection review by the provider. WCCG will seek assurance from the provider and further details will be provided in the next version of this report.

Indicator:	Healthcare acquired infection (HCAI) measure - E. coli
Issue:	10% reduction in E-coli Bacteraemia cases not achieved
Assurances and Next Steps:	The E-Coli Bacteraemia figures have plateaued for the past two months, at 25 for both April and May. WCCG are working in collaboration with Swindon and BANES CCGs to develop specific and targeted actions to reduce this across the whole health economy. WCCG Quality Team's CATHEDRAL project launces at the end of July 2018 with a work stream aimed towards 'To Dip or Not To Dip,' which is aimed at diagnosis and management of Urinary tract infections (UTI), the most common cause of E-Coli Bacteraemia.

Indicator:	**S8 Number of Never Events (CCG)** **S9 Number of Serious Incidents reported for Wiltshire patients**
Issue:	During the month of May 2018, 21 Serious Incidents (SI) were reported onto STEIS.
Assurances and Next Steps:	The incidents, providers and types of incidents were as follows:

Provider and 'STEIS' Incident reporting type	May 2018
AWP	**9**
Abuse/alleged abuse of adult patient by staff	1
Apparent/actual/suspected self-inflicted harm	2
Disruptive/aggressive/violent behaviour	2
Slips/trips/falls	4
RUH	**6**
HCAI/Infection Control incident	1
Maternity/Obstetric incident: baby only (this includes foetus, neonate and infant)	1
Medication incident	1
Sub-optimal care of the deteriorating patient	1
Treatment delay	1
Confidential information leak/information governance breach	1
SFT	**2**
Maternity/Obstetric incident: mother and baby (this includes foetus, neonate and infant)	1
Slips/trips/falls	1
WCCG	**3**
Medical equipment/devices/disposables incident (CCG reported on behalf of Medvivo)	1
Medication incident (CCG reported on behalf of Primary Care)	1
Sub-optimal care of the deteriorating patient (CCG reported on behalf of IHG)	1
GWH	**1**
Treatment delay	1

These incidents are now in the investigation phase. Providers have 60 days under the Serious Incident Framework (2015) to carry out an investigation and submit the report to the CCG for review. The medication incident raised by the CCG for Primary Care was logged to STEIS following initial review of an NRLS incident raised by the practice.

The medication incident logged for the RUH during May is the incident also raised by the CCG for Primary Care during April; both incidents are being investigated separately. There were no Never Events raised regarding Wiltshire patients during May 2018.

In May 2018, 2 SI closure panels were held, and 9 SIs were reviewed. The outcomes of these reviews are as follows:

Provider and outcome	Count of Status
AWP	**1**
Awaiting Provider response to queries raised at panel	1
RUH	**2**
Closed	2
SFT	**4**
Awaiting Provider response to queries raised at panel	1
Closed	3
WCCG	**2**
Awaiting Provider response to queries raised at panel	2
Grand Total	**9**

For each RCA reviewed, the Panel records the SI themes, recommendations, lessons learned and associated action plans. The panel reviewed a number of reports that contained thorough and detailed action plans with good reference to policies and procedures in use at the time. The main themes identified at May's SI Panels related to; training & supervision, and a need to update or introduce a new process within the organisation, for example updating the protocol within Intensive Care for IV insulin infusions. A continuing trend and commonality between RCA was the need for improvement in providing assurances, within the action plans, that adequate monitoring/audits will take place to assure the Provider that the action addressed has been fully explored. The CCG SI Manager will provide feedback to the risk leads in the Trusts to ensure this is acted on for subsequent reports.

	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). This remains in place and the agreed trajectory to meet 95% compliance of the 60 day timescale is August 2018. Current performance is 83%. Recent RCA reviewed at panel during May continue to demonstrate improvements, with evidence of root causes being explored and relevant action being identified and developing into improved action plans.

Indicator:	**S12 52 Week Incomplete Waits**
Issue:	15x 52 week wait breaches reported in May 2018 (latest data available).
Assurances and Next Steps:	There were 15 over 52 week breaches in May; 4 at GWH (3 in Ophthalmology, and 1 General Surgery), 4 at RUH (2 in General Surgery, and 2 Ophthalmology), 4 at North Bristol (2 in T&O, 1 in Plastics and 1 'Other'), and there were single breaches at University Hospitals Bristol, and Oxford and at Milton Keynes. GWH Ophthalmology patients are waiting for corneal grafts and SFT surgeon is operating at GWH to clear. All 15 patients now have admission dates. GWH and SFT have confirmed they are on track to deliver their 52 week performance trajectories. RUH patients are being reviewed at next steering board to gain assurance on plans and trajectory. The RUH have reported the following 52 week breaches by month for the last 4 months: • January 6 breaches • February 6 breaches • March 13 breaches • April 18 breaches • May 4 breaches During February and March, the RUH recorded the first breaches, which were 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, the RUH consider 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. To date,16 RCA have been reviewed by the CCG Quality Team in June and a further 5 RCA have been received and reviewed during July. The breaches are to be discussed at the next RUH Clinical Outcomes and Quality Assurance (COQA) meeting in late July, to seek assurance that no patients have come to harm as a result in treatment delay. The RCA for the NBT and UHB breaches have been requested from the coordinating commissioner, NBT and UHB usually complete aggregated RCA by speciality rather than per patient breach. 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 RCA 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.

Indicator:	**Fractured Neck of Femur – operated on within 36 hours**
Issue:	Performance has increased to 74% overall
Assurances and Next Steps:	Analysis of the data shows that following the drop in performance which was predominantly attributable to Salisbury Hospital, where performance has declined to 60%. This has now improved to 89% for May 2018, which illustrates that the mitigations put in place through the orthopaedic trauma only list which commenced in April 2018, and the 'Golden Patient Initiative' are helping improve performance in this area. RUH have seen a sharp decline in performance for May with only 40.4% being operated on within 36 hours in comparison to April 2018 being 72.7%. WCCG Quality Team will seek assurance that mitigating actions are being put in place to recover the decline.

Provider Cohort Indicators

Outcomes Framework Domain (1)	Indicator	Indicator Yellow Indicates IAF / Constitutional Target	Measure	Data Frequency (1)	Target / Threshold	Benchmark National / Regional (2)	2017/18 TOTAL / AVERAGE (3)	2019/18 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	Apr-18	May-18	2018/19 Sparkline	Exception Identified? (4)
		Mental Health	**AWP and CHAMS**																					
Effectiveness	M1	s. 136 Length of Stay Breaches (of 72 hours)		M	N/A	n/a	1	0	1		0	0	0	0	0	0	0	0	0	0	0			
Effectiveness	M2	CQUIN performance (AWP and CAMHS)		Q	N/A	n/a	100.00%	#DIV/0!			100%			100%			100%			100%				
		Planned Care	**Acutes and Independents**																					
Experience	P1	104-day Cancer Target Breaches		M	N/A	n/a	14	0	2	3	1	2	4	0	2	0	0	0	0	0	0	0		
Safety	P2	Pressure Ulcers (Grade III & IV Pressure Ulcers: Hospital Acquired)		M	N/A	n/a	63	3	1	2	8	6	8	6	7	6	7	5	3	4	3	0		
Safety	P3	Falls resulting in fracture or major harm		M	N/A	n/a	137	9	9	9	13	8	16	6	10	14	12	18	14	8	8	1		
Experience	P4	Patient Moves within thresholds		M	N/A	n/a	58	0	0	4	6	1	12	13	4	1	5	9	3	0	0	0		
Safety	P5	Mortality Ratios - SHMI	(GWH, RUH and SFT only)	M	N/A	100	99.8	#DIV/0!		99.0	99.7	100.0	106.0			102.0	91.4	98.3	102.3		#DIV/0!	#DIV/0!		
Safety	P6	Mortality Ratios - HSMR	(GWH, RUH and SFT only)	M	N/A	100	103.1	#DIV/0!	98.1	105.7	105.7	109.0	115.4	108.7	90.2	98.6	101.0	101.0	101.0		#DIV/0!	#DIV/0!		
Effectiveness	P7a	CQUIN performance (acutes)		Q	N/A	n/a	82.8%	#DIV/0!			87%			88%			64%			93%				
Effectiveness	P7b	CQUIN performance (others)		Q	N/A	n/a	77.3%	#DIV/0!			83%			73%			74%			79%				
Safety	P8	Number of patients moved over night		Q	N/A	n/a	58	0			10			26			10			12				
Safety	P9	Unplanned Transfers to Acute Services from Independent Providers		Q	N/A	n/a	3	0			2			1			0			0				

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Outcomes Framework Domain (1)	Indicator	Indicator Yellow Indicates IAF / Constitutional Target	Measure	Data Frequency (1)	Target / Threshold	Benchmark National / Regional (2)	2017/18 TOTAL / AVERAGE (3)	2019/18 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	Apr-18	May-18	2017/18 Sparkline	Exception Identified? (4)
		Adult Community Services		WHC																				
Safety	A1	Pressure Ulcers (Cat III and Cat IV Pressure Ulcers only)		M	N/A	n/a	1.7	3.0	0	0	2	2	3	2	2	0	1	1	1	1	3	0		
Safety	A2	Falls with Harm		M	N/A	n/a	4.2	5.0	1	1	0	2	7	4	5	6	4	6	6	4	5	0		
Safety	A3	Clinical Incidents per Month		M	N/A	n/a	218.6	226.0	237	244	236	210	225	190	239	213	211	183	231	204	226	0		
Effectiveness	A4	CQUIN Performance		Q	N/A	n/a	1.0	#DIV/0!			100%			94%			100%			95%				
		Childrens Community Services		Virgin																				
Safety	C1	Clinical Incidents per Month		M	N/A	n/a	131	0	25	27	29	13	0	5	0	4	11	7	3	7	0	0		
Effectiveness	C2	CQUIN Performance		Q	N/A	n/a					N/A			100%			N/A			50%				
		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%	#DIV/0!	93%	93%	95%	98%	100%	100%	100%	100%	100%	100%	100%	98%	98%	98%		
Effectiveness	PC2	CQC Safety Domain	% good or above overall (of inspected practices)	M	N/A	n/a	100%	#DIV/0!	93%	93%	95%	100%	100%	100%	100%	96%	96%	96%	96%	96%	96%	93%		
Safety	PC3	Number of NRLS incidents raised		M	N/A	n/a	35	5	1	2	2	0	0	0	0	4	1	1	4	20	5	0		
Safety	PC4	Number of STEIS incidents raised		M	N/A	n/a	1	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0		
Experience	PC5	GP Friends and Family Test	Recommend Rate	M	N/A	89%	90%	88%	91%	91%	92%	88%	90%	90%	91%	91%	89%	92%	89%	90%	88%	0%		
Experience	PC6	GP Ipsos Mori Results - Overall experience of GP surgery		A	N/A	85%	90%	#DIV/0!				90%												

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Provider Cohort Indicators Reported by Exception

POINT TO NOTE:	URGENT CARE DATA SET
Issue:	The Urgent Care quality data set is being re-designed and will be reported in the next month's version of this report.
Assurances and Next Steps:	The new ICU contract, delivered by Medvivo, commenced on 1 May 2018. This contract includes multiple service lines including both 111 and GP Out of Hours services and is jointly commissioned between NHS Wiltshire CCG, B&NES CCG and Swindon CCG. There is a comprehensive set of data requirements and quality reporting embedded within this contract, which includes data submissions on a daily, weekly, monthly and quarterly basis. The Wiltshire CCG Quality Team, as coordinating commissioner, is working with Medvivo on the further development and refinement of the reporting for this new contract, including the identification of which indicators will be included in this report, the format of which will be amended to reflect the new indicators once this time limited development work is complete. This applies to all areas of the Quality dashboards. Performance and Quality are discussed at the monthly contract review meetings, which have already been initiated. Following the completion of the development of the new IUC indicators for this report, the SWASFT indicators will be separated and reported as provider-specific performance.

Indicator:	P5 & P6 – Mortality Ratios - SHMI & HSMR (acutes)
Issue:	Mortality Ratios – SHMI & HSMR Acutes (latest data – no update since last report)
Assurances and Next Steps:	The data regarding Mortality ratios is published with a considerable time lag. There is no new data to report since the previous edition of this report. The CCG is able to access unverified data on an ongoing basis which indicates that the improving trend in the SFT data is continuing.

	The RUH Medical Director has presented assurance to the Clinical Outcomes and Quality Assurance (COQA) meeting. The Quality team has sought additional assurance regarding patients belonging to specific diagnosis groups and variations in weekend performance. The RUH response will be reviewed at the next COQA meeting in August.

Provider Workforce Cohort Level Indicators

Outcomes Framework Domain (1)	Indicator	Indicator (Yellow Indicates IAF / Constitutional Target)	Measure	Data Frequency (1)	Target / Threshold	Benchmark National / Regional (2)	2017/18 TOTAL / AVERAGE (3)	2018/19 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	Apr-18	May-18	2018/19 Sparkline	Exception Identified? (4)
		Mental Health	**AWP and CHAMS**																					
Effectiveness	**M3**	Supervision rates within threshold		M	85%	85%	**85.9%**	**86.6%**	87%	85%	90%	85%	87%	87%					83%	83%	83%	90%		
Effectiveness	**M4**	Staff Turnover (AWP)	Staff turnover rate - %	M	Provider set these targets average = 5%	n/a	**13.4%**	**12.0%**	16.0%		14.0%	13.0%	14.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	12.0%	12.0%	0.0%		
Effectiveness	**M5**	Sickness Absence (AWP)	Sickness absence rate against provider target - %	M		n/a	**4.7%**	**4.1%**	4.8%		4.7%	3.9%	4.1%		5.1%	4.4%	4.4%	4.4%	5.7%	5.7%	4.1%	0.0%		
Effectiveness	**M6**	Vacancies (AWP)	Vacancy rates -%	M		n/a	**20.2%**	**18.0%**			22.0%	22.0%	22.0%	21.0%	19.0%	20.0%	20.0%	20.0%	18.0%	18.0%	18.0%	0.0%		
Effectiveness	**M8**	Appraisal Rate (AWP)	Staff with an annual appraisal - %	M	75%	n/a	**94.2%**	**94.5%**	96%	95%	95%	94%	93%	92%	92%	93%	96%	94%	95%	95%	95.0%	94.0%		
Effectiveness	**M9**	Mandatory Training Compliance (AWP)	Compliance with all mandatory training - %	M	85%	n/a	**89.4%**	**89.8%**	90%	89%	89%	90%	89%	89%	89%	89%	90%	90%	89%	89%	89%	91%		

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Quality Dashboard; Provider Workforce Cohort Level Indicators

NHS Wiltshire Clinical Commissioning Group

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		Planned Care	**Acutes and Independents**																					
Effectiveness	**P10a**	Staff Turnover (acutes)	Staff turnover rate - %	M		n/a	**11.7%**	**11.6%**	11.9%	11.7%	11.5%	11.0%	11.5%	11.6%	11.4%	11.5%	11.8%	11.9%	12.0%	12.0%	11.1%	12.2%		
Effectiveness	**P10b**	Staff Turnover (others)	Staff turnover rate - %	M		n/a	**3.3%**	**#DIV/0!**			4.6%			2.8%			3.4%			2.2%				
Effectiveness	**P11a**	Sickness Absence (acutes)	Sickness absence rate against provider target - %	M		n/a	**3.9%**	**63.7%**	3.8%	3.6%	3.5%	3.5%	3.7%	3.7%	3.6%	3.8%	4.2%	4.6%	4.2%	4.6%	######	3.5%		
Effectiveness	**P11b**	Sickness Absence (others)	Sickness absence rate against provider target - %	M	Provider set these targets average = 5%	n/a	**4.2%**	**#DIV/0!**			4.6%			3.7%			4.9%			3.7%				
Effectiveness	**P12a**	Vacancies (acutes)	Vacancy rates -%	M		n/a	**7.5%**	**7.0%**	8.0%	8.7%	8.1%	9.8%	8.5%	7.6%	7.0%	6.6%	6.0%	6.6%	6.6%	6.8%	7.4%	6.5%		
Effectiveness	**P12b**	Vacancies (others)	Vacancy rates -%	M		n/a	**4.6%**	**#DIV/0!**			5.3%			4.4%			3.9%			4.9%				
Effectiveness	**P13a**	Agency staffing (acutes)	Agency staff - %	M		n/a	**2.2%**	**2.4%**	1.9%	2.0%	1.7%		2.5%	2.6%	2.8%	3.8%	2.5%	1.5%	1.3%	1.7%	2.4%	2.4%		
Effectiveness	**P13b**	Agency staffing (others)	Agency staff - %	M		n/a	**5.1%**	**#DIV/0!**			6.0%			5.5%			5.3%			3.5%				
Effectiveness	**P14a**	Appraisal Rate (acutes)	Staff with an annual appraisal - %	M	75%	n/a	**82.4%**	**80.3%**	81%	82%	83%	83%	84%	83%	82%	82%	85%	81%	81%	81%	80%	80%		
Effectiveness	**P14b**	Appraisal Rate (others)	Staff with an annual appraisal - %	M	75%	n/a	**94.3%**	**#DIV/0!**			94%			94%			93%			96%				
Effectiveness	**P15a**	Mandatory Training Compliance (acutes)	Compliance with all mandatory training - %	M	85%	n/a	**85.6%**	**87.9%**	85%	86%	83%	84%	86%	84%	86%	86%	87%	87%	87%	87%	88%	88%		
Effectiveness	**P15b**	Mandatory Training Compliance (others)	Compliance with all mandatory training - %	M	85%	n/a	**86.7%**	**#DIV/0!**			89%			84%			85%			89%				
		Adult Community Services	**WHC**																					
Effectiveness	**A5**	Sickness Absence	Sickness absence rate against provider target - %	M		n/a	**4.2%**	**1.7%**	5.0%	4.0%	4.4%	4.5%	4.0%	3.1%	4.4%	3.7%	4.8%	5.2%	3.7%	3.6%	1.2%	2.2%		
Effectiveness	**A6**	Vacancies	Vacancy rates -%	M	Provider set these targets average = 5%	n/a	**12.4%**	**17.8%**			16.4%	13.9%	12.9%	12.3%	12.9%	11.2%	11.3%	11.5%	11.5%	10.5%	19.0%	16.5%		
Effectiveness	**A7**	Agency staffing	Agency staff - %	M		n/a	**7.2%**	**6.3%**	5.5%	5.7%	6.7%	6.4%	6.1%	4.5%	4.8%	7.3%	10.2%	7.6%	11.1%	11.1%	6.1%	6.5%		
Effectiveness	**A8**	Appraisal Rate	Staff with an annual appraisal - %	M	75%	n/a	**80.0%**	**86.3%**	85%	86%	85%	83%	80%	79%	79%	77%	76%	78%	77%	76%	86.0%	87%		
Effectiveness	**A9**	Mandatory Training Compliance	Compliance with all mandatory training - %	M	85%	n/a	**83.5%**	**84.8%**	88%	88%	80%	83%	84%	82%	82%	83%	83%	83%	83%	83%	83.0%	87%		
		Childrens Community Services	**Virgin**																					
Effectiveness	**C4**	Sickness Absence	Sickness absence rate against provider target - %	M		n/a	**1.5%**	**1.8%**	3.2%		1.8%	2.0%	1.2%	0.3%	0.9%	1.0%	0.1%	2.8%	1.6%	1.2%	1.9%	1.8%		
Effectiveness	**C5**	Vacancies	Vacancy rates -%	M	Provider set these targets average = 5%	n/a	**12.8%**	**10.0%**			6.0%	4.4%		12.0%	0.0%	14.6%	25.6%	22.6%	14.3%	2.6%	10.0%	10.0%		
Effectiveness	**C6**	Agency staffing	Agency staff - %	M		n/a	**4.1%**	**1.4%**								14.9%	1.8%	1.0%	1.4%	1.4%	1.4%	1.4%		
Effectiveness	**C7**	Appraisal Rate	Staff with an annual appraisal - %	M	75%	n/a	**84.9%**	**81.0%**	84%	84%	84%	87%	87%	87%	87%	87%	87%	81%	81%	81%	81%	81%		
Effectiveness	**C8**	Mandatory Training Compliance	Compliance with all mandatory training - %	M	85%	n/a	**84.7%**	**87.0%**	87%	87%	90%	89%	80%	87%	84%	81%	87%	79%	83%	82%	89%	85%		

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

Provider Workforce Cohort Indicators Reported by Exception

Indicator:	M4 & M6 - Staff Turnover and Vacancies (AWP)
Issue:	Turnover 12% (April latest data) and Vacancies
Assurances and Next Steps:	Workforce continues to be an area of focus for AWP and WCCG, and is reviewed at the monthly STP CQRM. Commissioners are expecting an updated vacancy rate in August 2018. There were 3.4 WTE starters, 2.8 WTE leavers. AWP reported that Task and Finish groups have been set up to move forward some of the actions identified in the recruitment and retention workshop that occurred in April. The retention and turnover rates have both improved, with retention rates now at 83% and staff turnover at 12%. AWP held a successful recruitment event in the South of the county was positive, with staff interviewed and offered posts on the same day (both registered and un-registered staff). A continued area of challenge for the Trust is recruiting to Consultant posts; there are a number of vacant medical posts across Wiltshire. Internally, AWP are meeting to review alternative and innovative ways of working to fulfil the medical requirement in Wiltshire.

Indicator:	P10a - Staff Turnover (acutes) & P12a – Vacancies (acutes)
Issue:	12.2% average turnover & 3.5% average vacancy rate for May 2018 (all acutes)
Assurances and Next Steps:	SFT: Staff turnover for the Trust was 10.28% in April 2018, a slight increase of 0.4% in comparison to previous month. SFT have Recruitment and retention plans in place, these are discussed at each CQRM. GWH: In April 2018, GWH's turnover level has decreased to 11% from 13.74% March 2018. GWH's vacancy rate has decreased to 7.7% in April 2018 from 8.90% in March 2018. This is now below the Trust's 8% target for the vacancy rate. Departmental Recruitment & Retention Plans continue across each Division at GWH. The Trust's strategy to improve retention for 18/19 for the older workforce includes actions around; a myth buster guide for older employees and their line managers, a review of the retirement policy to promote flexible working and retire and return to work and retirement workshops.

	RUH: April 2018 indicated a variance of 11.59% in surgical and medical divisions with a further 0.65% in women's and children's division giving a total variance of 12.24%. A programme of overseas recruitment is in place and the first cohort of Assistant Practitioners are established with a second cohort planned for September 2018.

Indicator:	**C7 Appraisal Rate (Virgin Care)**
Issue:	81% April (latest data)
Assurances and Next Steps:	Virgin Care has extended their appraisal window until June 2018. All appraisals have been completed but there is a delay in documents being uploaded to the HR system. Virgin Care are confident they will be able to provide an updated figure at the July CQRM.

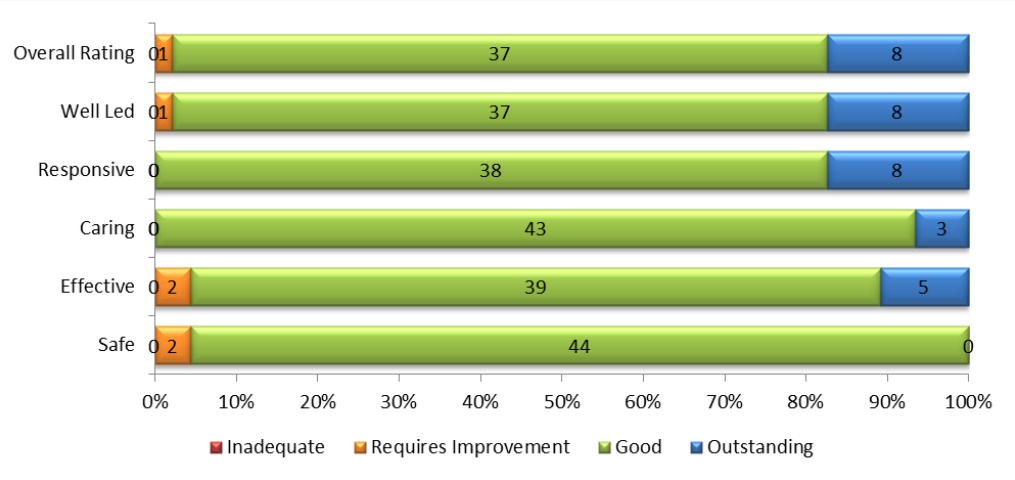
Indicator:	**C8 Mandatory Training (Virgin Care)**
Issue:	85% April (latest data)
Assurances and Next Steps:	Virgin Care has extended their appraisal window until June 2018. All statutory training compliance is included within the appraisal process. All appraisals have been completed but there is a delay in documents being uploaded to the HR system. Virgin Care are confident they will be able to provide an updated figure at the July CQRM.

Primary Care – update

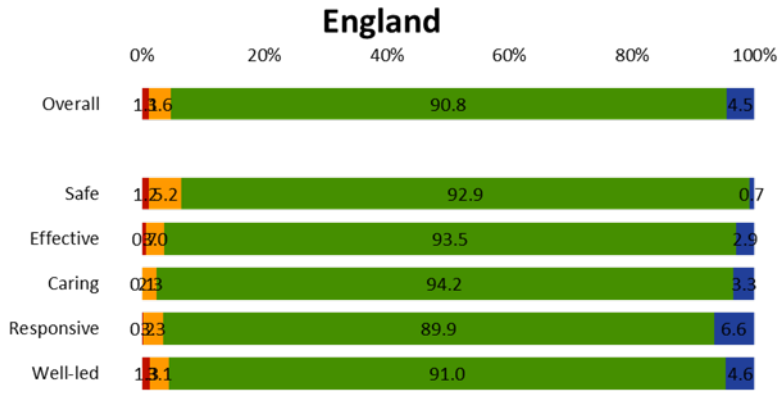
The breakdown of GP Practice CQC inspection results is shown in the charts below. As of 1st July 2018, there remain no practices rated in any domain or overall as 'Inadequate'. The rate of 'Requires Improvement' at domain level has increased to 4 practices with one of these practices having an overall rating of 'Requires Improvement'. There are still currently 2 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 1st July 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 8, June 2018).

CQC Inpatient Survey Results

The 2017 adult inpatient survey has been published by the CQC. The CQC received feedback from 72,778 patients who received inpatient care in an NHS hospital during July 2017, across the U.K. Each Trust selected a sample of 1,250 patients, by including every consecutive discharge counting back from 31 July 2017.

The CQC asked people to answer questions about different aspects of their care and treatment. Based on their responses, each NHS Trust was given a score out of 10 for each question (the higher the score the better). Each Trust also received a rating of 'Better', 'About the same' or 'Worse'.

- Better: the Trust is better for that particular question compared to most other Trusts that took part in the survey.
- About the same: the Trust is performing about the same for that particular question as most other Trusts that took part in the survey.
- Worse: the Trust did not perform as well for that particular question compared to most other Trusts that took part in the survey.

The results were published by the CQC in June 2018, the scores for SFT, RUH and GWH are below:-

Chart Shows CQC Inpatient Survey Result; published June 2018.

	RUH		SFT		GWH	
Number of patient survey responses & response rate (1250 surveys sent)	542, 43.44%		732, 58.56%		530, 42.4%	
	Score out of 10	Compared with other trusts	Score out of 10	Compared with other trusts	Score out of 10	Compared with other trusts
The Emergency /A&E Department (patients felt they were given enough information on their condition or treatment in A&E and given enough privacy) (answered by emergency patients only)	8.8	About the same	8.7	About the same	8.3	About the same
Waiting lists and planned admissions (patients felt they waited the right amount of time, their admission date did not change and that their specialist had all their information which was correct) (answered by those referred to hospital)	8.7	About the same	8.5	About the same	9.0	About the same
Waiting to get a bed on a ward(not feeling they waited too long)	8.2	About the same	8.4	About the same	7.3	About the same
The hospital and ward(single sex accommodation and bathrooms, staff noise, safety, food, eating and cleanliness)	8.1	About the same	8.0	About the same	7.7	About the same

Doctors (patients felt their questions were answered, had confidence in their doctors and treated patients with respect)	8.9	About the same	8.7	About the same	8.6	About the same
Nurses (patients felt their questions were answered, had confidence in their nurses, treated patients with respect and that here were enough nurses on duty to care for them)	8.2	About the same	8.0	About the same	8.1	About the same
Care and Treatment (including patient involvement in care, dignity, pain control, responsive staff, staff teamwork, emotional support)	8.4	About the same	8.2	About the same	8.0	About the same
Operations and Procedures (patients felt the risks and procedure explained and were told how the operation went in a way they could understand)(answered by patients who had an operation or procedure**)**	8.4	About the same	8.3	About the same	8.2	About the same
Leaving Hospital (including continuity of care, decision making, medications, worsening advice, contacts, equipment, delays, home assessments etc.)	7.3	About the same	7.2	About the same	6.9	About the same
Overall views of care and services (respect and dignity, care from staff, patients views and information about complaints)	4.6	About the same	4.3	About the same	4.5	About the same
Overall experience	8.4	About the same	8.2	About the same	8.0	About the same

The results identified the GWH had ‘worse than average’ performance in one area, within the detail of the report. This related to;

- **Single sex accommodation**
  for **not** having to **share a sleeping area**, such as a room or bay, with patients of the **opposite sex**

The RUH and SFT results included areas that were of ‘better’ performance, within the detail of the report.

At RUH the themes that were identified as ‘better’ were:-

- **After the operation**
  for being **told how the operation or procedure had gone** in a way they could understand
- **Help with eating**
  for being given **enough help** from staff to **eat meals**, if needed

At SFT the themes that were identified as ‘better’ were:-

- **Changing wards at night**
  for **staff explaining** the reason for needing to change wards at night

All three providers had low scores in the following areas

- **Patients' views**
  for being **asked to give their views** about the quality of their care, during their hospital stay
- **Information about complaints**
  for seeing, or being given, any information explaining how to complain to the hospital about care received

The themes arising from the previous survey in 2016 was that;

- patients sometimes believed there were insufficient staff available during their inpatient stay to help the patient to feel that they had been listened to and communicated with in a way they understand
- Staff had taken the time to ensure the patients' needs were met
- Patients' medication regime had been explained and understood

Each of these areas have improved in the 2017 survey, showing that all providers have worked to improve the in-patient experience.

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. • HCAB meeting occurring on 19th June where further actions will be decided across STP • Hydration messages being coordinated across the STP by Local Authority colleagues.	Ongoing
Healthcare Acquired Infection (HCAI) – *C. difficile* (post	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	March 2019	CCG and all providers	C.diff cases remain under new reduced threshold of	• Assurance sought on an on-going basis from acute providers • Primary care C.diff cases to be reviewed as required • Antimicrobial stewardship work	On-going

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
72 hrs) 2017/18 year end reported rate is less than 2016/17. Reduction in cases.		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.			101 for 18/19	in collaboration with medicines management team to continue • 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. • Decision for WCCG task and finish group to be commenced to review CDI in Primary care.	
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	Ongoing

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
						and the CSU is still working with the Providers to improve the quality of the data.	
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. • The Trusts' revised trajectory for meeting the 60 day RCA timeframe is August'18. Commissioners receive monthly updates on performance against trajectory.	
Staff Turnover and Vacancies	AWP	Recruitment and Retention plan (RAP)				Recruitment remains a priority and an area of focus for AWP in Wiltshire. The annual objective remains 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. . A recruitment and retention workshop was held in April to think about the next stage of the locality's recruitment and retention improvement work. Work	

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
						undertaken to date has seen the turnover rate move from 20%-12% and the vacancy rate move from 24%-18% over the past 18 months. Recruitment of qualified registered staff continues to be an ongoing challenge. Bank and agency usage has increased slightly over the last month. The primary reasons for temporary staff use are the levels of vacancy and sickness within the locality.	

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

FINANCE AND ACCESS DASHBOARD			
Target	**Responsible Director**	**Where will performance and assurance be sought**	**RAG status**
Delivery of in-year surplus £198k	Steve Perkins	Finance committee	
Running costs within allocation	Steve Perkins	Finance committee	
Operating within cash limit	Steve Perkins	Finance committee	
Better payment performance	Steve Perkins	Finance committee	
A&E 4 Hour wait (SFT)	Jo Cullen	Finance committee, Local Delivery Board	
A&E 4 Hour wait (GWH)	Jo Cullen	Finance committee, Local Delivery Board	
A&E 4 Hour wait (RUH)	Jo Cullen	Finance committee, Local Delivery Board	
Cancer waiting times	Lucy Baker	Finance committee, RTT Steering Group	
RTT target achieved	Lucy Baker	Finance committee, RTT Steering Groups	
Waiting list size maintained	Lucy Baker	Finance committee, RTT Steering Groups	
52 week waits	Lucy Baker	Finance committee, RTT Steering Groups	
DM01 Diagnostic waits	Lucy Baker	Finance committee, RTT Steering Groups	

Summary

In line with NHS England (NHSE) planning requirements, the CCG is required to deliver a cumulative 1% surplus against its available resources including its brought forward surplus. The CCG is monitored on the in-year element of this, £198k, and is not expected to draw down the brought forward balance. The CCG is required to hold a contingency of 1%, and has also set aside a 1% reserve to pump prime and support service redesign. The CCG's plan control totals for 2018/19 are set out below:

	£m
Revenue Resource Limit	(676.807)
Applications	692.429
QIPP	(15.820)
Net In-year (surplus) / deficit	**(0.198)**

For month 3, the CCG is forecasting delivery of the planned surplus position.
The CCG only has one month of frozen activity data and a first cut of month 2 activity from providers to support month 3 reporting. Some data quality issues, including high volumes of uncoded activity at two NHS providers, have been observed and are being investigated. Forecasts are based on current reported activity pressures (particularly non-elective) for the year to date, with continuation of current areas of overperformance being reflected within the CCG risks.
The CCG is operating within its available resources (both cash and income and expenditure) and has achieved its better payment performance requirements on a year to date basis.

Resources
In month 3, the CCG's resources increased by £2,988k, to bring the revised RRL to £679,795k. The most significant new allocations were £1,315k GP forward view allocation, and £700k mental health funding, including £630k in relation to the repatriation of patients with learning disabilities. A breakdown of the additional resources is shown in appendix 5.

Income and expenditure movements
Overall, the CCG is forecasting to deliver its financial plan. Within this, there is a forecast overperformance of £0.8m on acute service contracts, which is offset by the CCG's reserves. The forecasts at programme level are shown in annex 1.

Key financial performance issues
The only movement in expenditure forecasts in M3 relates to the adverse forecast variance for acute services referenced above. This reflects *actual* overperformance reported through the SLA monitoring tool for the year to date, where pressures are being seen on both the SFT and GWH contracts, predominantly in non-elective activity which is currently significantly over plan. This overperformance relates to real pressure experienced by the trust in April and May, but the variance is exacerbated by particularly low activity in April 2017, which has fed into the planned values for 2018/19. The apparent overperformance is also compounded by other possible coding issues which are being investigated with the Trusts.

At this stage in the year, the data is not reliable enough to inform more coherent forecasts, however, the cost pressure which would arise should current overperformance be maintained is reflected in the updated risk values below, and is fully met by the CCG's reserves.

Financial risks
The CCG identified has reviewed and updated its identified financial risks at the end of Q3.

We have already seen some early signs of contract overperformance, both in relation to two of our main providers but also in some of our smaller NHS contracts. As a result, we have revised our reported risks in relation to acute contracting to reflect the possible continuation of this overperformance. We are working with trusts to understand the cause of these pressures to identify actions that could mitigate their continuation.

As part of the planning for 2017/18, the CCG identified the risk of underfunding in relation to further patients in the Daisy, based on what our understanding was of the funding likely to be provided for these patients versus the costs associated with provision at the Daisy. We have now had confirmation of an element of this funding, which has allowed us to reduce the risk from £500k to £250k.

Risks associated with CHC disputes were identified during the planning round and have been maintained, albeit at a reduced level which reflects the QIPP achievement to date.

The CCG has identified a potential cost pressure in Delegated Primary Care commissioning budgets, in relation to GMS and PMS contracts, which exceed the expected budget when probable list size growth is taken into account. While Q1 list size growth has been managed within budget, this risk remains and the CCG is working with NHS England to develop a further understanding of the likelihood of this risk materialising.

The CCG has continued to report a risk in relation to Quality Premium in month 3, which is planned to contribute to the CCG's QIPP target.

The CCG recognised a residual VAT risk in relation to the Integrated Urgent Care contract as part of its planning submission, and is awaiting further clarification around whether this element of VAT will be payable on the new contract.

The financial risks at month 3 are summarised in the table below:

Area		Risk £m	Comment
Risk issues	Acute services	2.56	Overperformance and QIPP risk
	Daisy unfunded patients	0.25	New Daisy patients not already funded
	Continuing care services	0.20	Costs and prior year payments relating to legal challenges
	Delegated primary care	0.20	Cost pressure arising from increased list sizes
	Quality Premium	0.13	QIPP risk arising from possible non-achievement of Quality Premium
	Integrated Urgent Care	0.10	VAT risk
		3.43	
Mitigations	Contingency	-3.07	Reserves balances
	Other reserves	-0.36	Reserves balances
		-3.43	
Net risk position after mitigations		**0.00**	

Key access issues

RTT Incomplete Pathways

In May 2018, the CCG did not deliver the 92% Referral to Treatment (RTT) target achieving 91.0%, an improvement from 90.6% in April. SFT achieved the standard with 93.2%, however there was underperformance at both GWH (87.8%) and RUH (89.0%). Performance continues to be monitored monthly at dedicated RTT steering groups. Winter elective plans at an STP level have been completed with a dedicated dashboard and steering group being established. This is being led by Wiltshire CCG and the first meeting will be held in August 2018. There are current pressures in General Surgery and Orthopaedics across the main three providers and pre-referral redirection continues to reduce impact on patients and performance risk. The table below shows the CCG and main provider RTT rates and list size movements at specialty level. RUH and GWH have on-going capacity and demand pressures in urology where an increase in 2ww activity is displacing routine work. Work has commenced on a new prostate referral form to be rolled out across the STP footprint to help ensure the right patients are referred into a 2ww pathway. GWH have also now commenced a straight to test pathway for urology.

		RTT Rates				Waiting List ytd Change			
Code	Specialty	GWH	RUH	SFT	CCG	GWH	RUH	SFT	CCG
C_100	General Surgery	87.5%	85.6%	77.9%	**85.1%**	24	22	(4)	**(36)**
C_101	Urology	84.7%	81.5%	92.2%	**88.8%**	97	(26)	91	**192**
C_110	T&O	82.7%	84.7%	87.3%	**87.4%**	5	68	(23)	**196**
C_120	ENT	87.3%	84.8%	95.8%	**89.6%**	11	95	81	**183**
C_130	Ophthalmology	86.0%	79.0%	97.9%	**89.3%**	(46)	(156)	100	**(135)**
C_150	Neurosurgery				**75.7%**				**8**
C_160	Plastics	100.0%		85.4%	**85.4%**	(1)		(33)	**(26)**
C_170	Cardiothoracics				**70.0%**				**(2)**
C_300	General Medicine	98.0%	100.0%	100.0%	**98.5%**	49	16	3	**69**
C_301	Gastroenterology	82.1%	92.2%	94.6%	**92.5%**	(39)	78	18	**139**
C_320	Cardiology	96.2%	92.4%	99.9%	**95.2%**	53	128	86	**279**
C_330	Dermatology	93.3%	99.1%	93.0%	**94.8%**	41	45	38	**190**
C_340	Thoracic Surgery	89.0%	99.1%	79.0%	**89.0%**	(13)	6	14	**18**
C_400	Neurology	90.3%	91.9%		**90.5%**		(28)		**(22)**
C_410	Rheumatology	94.5%	99.7%	98.1%	**97.9%**	19	42	75	**146**
C_430	Geriatrics	96.2%	98.5%	97.6%	**97.7%**	(1)	(4)	12	**8**
C_502	Gynaecology	80.8%	95.7%	95.9%	**92.6%**	36	(3)	68	**110**
X01	Other	93.4%	93.3%	97.0%	**95.3%**	35	107	146	**376**
	Total	**87.8%**	**89.0%**	**93.2%**	**91.0%**	**270**	**390**	**672**	**1,693**

R	**<90%**
A	>90% & <92%
G	>92%

Targets	
1	RTT % ≥ 92%
2	Hold WL Size

Total Waiting List Size

There has been a national drive to ensure the waiting list size does not increase in 2018/19 with the March 2019 waiting list to be no greater than at March 2018. The RTT waiting list has increased by 1,693 in the 2 months to 31st May 2018. The 'other' waiting list includes pain services. These were closed for RUH for most of the last year and therefore the growth in size is not based on actuals.

Waiting list size at speciality level is being discussed at the monthly RTT steering groups. The growth in SFT is at the front end of the waiting list and a validation exercise has been requested. This is due to be reported back to the next meeting on July 13th. RUH are currently reviewing their waiting list trajectory and have robust plans for managing T&O elective activity over q4 to reduce risk. GWH have been asked to provide a time band breakdown of their waiting list for the next steering group. GWH have now commenced the roll out of Patient Initiated Follow ups (PIFU). Last Oct 65 patients were discharged on a PIFU compared with 800 in May 2018. This will help release capacity to expedite stages of treatment for patients. 160 urology patients have also been discharged following clinical validation.

Over 52 Week RTT Waits
There were 15 >52 week breaches in May; 4 at GWH (3 in Ophthalmology, and 1 General Surgery), 4 at RUH (2 in General Surgery, and 2 Ophthalmology), 4 at North Bristol (2 in T&O, 1 in Plastics and 1 'Other's), and there we single breaches at University Hospitals Bristol, and Oxford and at Milton Keynes. GWH Ophthalmology patients are waiting for corneal grafts and SFT surgeon is operating at GWH to clear. All 11 patients now have admission dates. GWH and SFT have confirmed they are on track to deliver their 52 week performance trajectories. RUH patients are being reviewed at next steering board to gain assurance on plans and trajectory.

Diagnostic Waits
The CCG breached the 99% within 6 week standard for May with 92.6%. SFT achieved the standard but GWH and RUH breached at 75.3% and 96.4% respectively. NHSI are now doing weekly calls with GWH with particular concerns focused on imaging capacity. GWH have secured additional imaging capacity with an additional 810 patients undergoing their diagnostics in June 2018. This additional capacity will continue with a further 550 extra CT slots from July 2018. GWH are forecasting a c 10% performance improvement for June. Recruitment has been successful with a significant reduction in the 22% vacancy factor from October 2018 on track.

RUH continue to have issues with cardiology diagnostics particularly with specialist tests. WCCG has co-ordinated an STP review of volumes by specialist test to better understand practice. This has initially shown RUH as an outlier in relation to specialist stress echoes and an update on reasons and actions has been requested for the next steering group.

Cancer Access
The CCG achieved 4 of the 9 cancer standards in April. Performance was impacted by the need to find capacity for patient appointments that had slipped due to the snow in March and a number of recent scanner breakdowns.

62 day performance will be recovered by GWH in May and June. However, risk around urology patients awaiting robotic surgery in tertiary centres has been flagged by both SFT and GWH. SFT are predicting recovery of quarter one performance.

A&E <4 Hour waits
All three Acute Trust breached the 95% standard in May. Main Providers reporting was RUH 87.3%, SFT 91.3% and GWH 93.5%.

Ambulance Response
The SWAST continued to breach both the 7 minute and 15 minute standards with the Category 1 Response Mean for SWAST was 8.4 minutes (90th Percentile was 15.8 minutes). SWAST has identified key areas where, in working with its commissioners, aim to address the challenges associated with poor performance under ARP. In conjunction with lead commissioners across STP footprints key areas have been identified as requiring greater focus in order to reduce the work load of SWAST. These areas of work are 111 activity, HCP call activity, high impact users, falls, frailty, hand-over delays and mental health pathways.

Dementia Diagnosis
The May rate improved from 64.2% to 64.7% compared to the 66.7% target.

Community Services
Adult Health (WH&C) for May 2018, WH&C average length of stay has increased slightly from April and now stands at 26.6 days reducing from an average of 28.2 days for 17/18 which is still above the 20 day target but one of the lowest lengths of stays reported during the previous 12 months. DToC whilst slightly higher than April at 13% still remains well below the 20% target. The availability of domiciliary packages of care remains the main reason for the delays.

Minor Injury Units are continuing to treat 99% of patients within the 4 hour target despite an increase in activity levels, and in May the Community Teams supported 100% of patients to die in their place of choice of death against a target of 90%. Patients admitted onto a Home First pathway on average are being discharged within 6 days in May against the 10 day target of which 55% require no further on going care.

Appendices

- Annex 1 Summary I&E position M3 2018/19
- Annex 2 Summary Statement of Financial Position M3 2018/19
- Annex 3 Cash Position M3 2018/19
- Annex 4 Better Payment Practice Code Performance M3 2018/19
- Annex 5 Movement between budgets and resources M3 2018/19
- Annex 6 Performance against constitution targets M2 2018/19

Annex 1 – Summary Income and expenditure position M3 2018/19

CCG Income and Expenditure summary	Year to date			Forecast outturn			Prior Month Forecast Variance	Movement
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	£m	£m
Acute services	86.865	86.851	0.014	351.339	352.220	(0.881)	-	(0.881)
Mental health services	13.000	12.997	0.003	51.999	51.999	-	-	-
Community health services	14.962	14.962	0.001	59.849	59.849	-	-	-
Continuing care services	7.421	7.321	0.100	29.462	29.462	-	-	-
Primary care services	22.849	22.746	0.103	93.921	93.921	-	-	-
Primary care delegated commissioning	15.844	15.640	0.204	62.424	62.424	-	-	-
Other programme services	1.945	1.708	0.237	7.704	7.704	-	-	-
Contingency	0.767	-	0.767	3.069	-	3.069	3.069	-
Other CCG reserves	0.284	1.853	(1.569)	9.628	11.816	(2.188)	(3.069)	0.881
Total commissioning services	**163.936**	**164.078**	**(0.141)**	**669.395**	**669.395**	**-**	-	-
Running costs	2.444	2.303	0.141	10.202	10.202	-	-	-
Total CCG net expenditure	**166.380**	**166.380**	**-**	**676.609**	**676.609**	**-**	-	-

Revenue resource limit (in year)	166.430	166.430	-	679.795	679.795	-
In year underspend (deficit)	**0.050**	**0.050**	**-**	**0.198**	**0.198**	**-**
Add back brought forward surplus	3.796	3.796	-	15.186	15.186	-
Cumulative underspend / (deficit)	**3.846**	**3.846**	**-**	**15.384**	**15.384**	**-**

Supplementary information

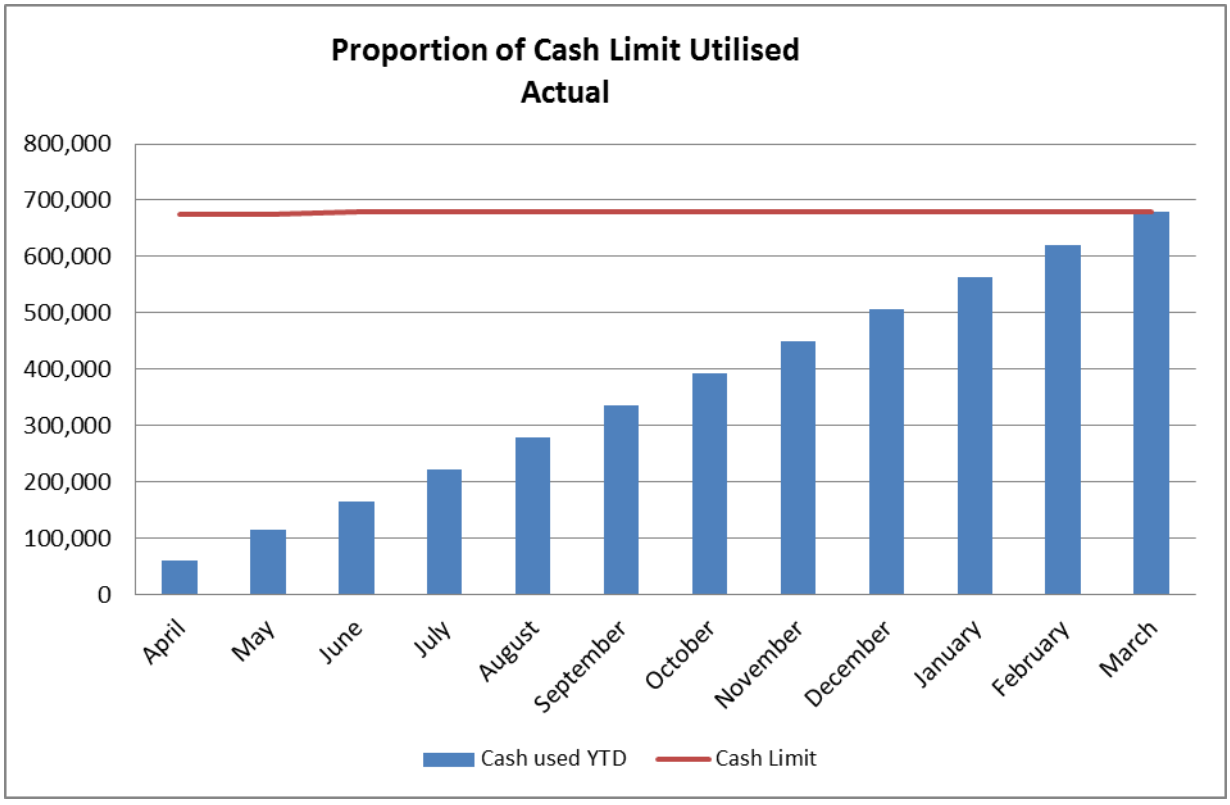
	Year to Date Net Expenditure			Forecast Net Expenditure			Prior Month Forecast Variance	Movement
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	£m	£m
Prescribing budget								
Prescribing (included within primary care services above	18.473	18.432	0.041	74.235	74.235	-	-	-
Analysis of BCF expenditure included within commissioning services above								
BCF direct contribution to Wiltshire Council	4.848	4.840	0.008	19.396	19.396	-	-	-
Within - Mental Health	0.052	0.052	-	0.208	0.208	-	-	-
Within - Urgent Care	0.007	0.001	0.006	0.027	0.027	-	-	-
Within - Commissioning Schemes	0.310	0.324	(0.014)	1.246	1.246	-	-	-
Within - Community Services	2.682	2.682	-	10.727	10.727	-	-	-
Total BCF expenditure	**7.899**	**7.899**	**-**	**31.603**	**31.603**	**-**	-	-

Annex 2 – Summary Statement of Financial Position M3 2018/19

Summary Statement of Financial Position	£'m		
	Opening position 1st April 2018	Closing position 30th June 2018	Forecast position at 31st March 2019
Non-Current Assets:			
Premises, Plant, Fixtures & Fittings	0.00	0.00	0.00
IM&T	0.00	0.00	0.00
Other	0.01	0.01	0.01
Long-term Receivables	0.00	0.00	0.00
TOTAL Non-Current Assets	0.01	0.01	0.01
Current Assets:			
Inventories	0.00	0.00	0.00
Prepayments	2.02	2.08	2.02
Trade and Other Receivables	2.79	2.09	2.79
Bad debt impairment	-0.53	-0.53	-0.53
Cash and Cash Equivalents	0.03	4.79	0.03
TOTAL Current Assets	4.31	8.43	4.31
TOTAL ASSETS	**4.32**	**8.44**	**4.32**
Non-Current Liabilities:			
Long-term payables	0.00	0.00	0.00
Provisions	0.00	0.00	0.00
Borrowings	0.00	0.00	0.00
TOTAL Non-Current Liabilities	0.00	0.00	0.00
Current Liabilities:			
Trade and Other Payables	41.91	45.89	40.07
Other Liabilities	0.00	0.00	0.00
Provisions	1.04	1.03	0.20
Borrowings	0.00	0.00	0.00
Total Current Liabilities	42.95	46.92	40.27
TOTAL LIABILITIES	**42.95**	**46.92**	**40.27**
ASSETS LESS LIABILITIES (Total Assets Employed)	**-38.63**	**-38.48**	**-35.95**
Financed by taxpayers' equity:			
General fund	38.63	38.48	35.95
Revaluation reserve	0.00	0.00	0.00
Other reserves	0.00	0.00	0.00
Total taxpayers' equity:	**38.63**	**38.48**	**35.95**

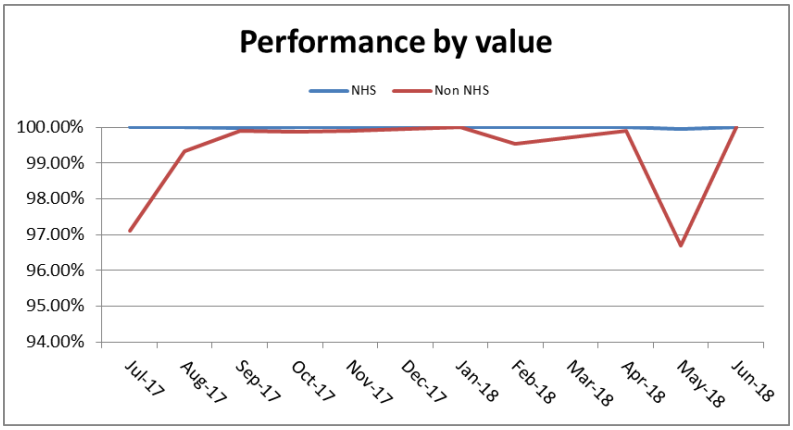
Annex 3 – Cash Position M3 2018/19

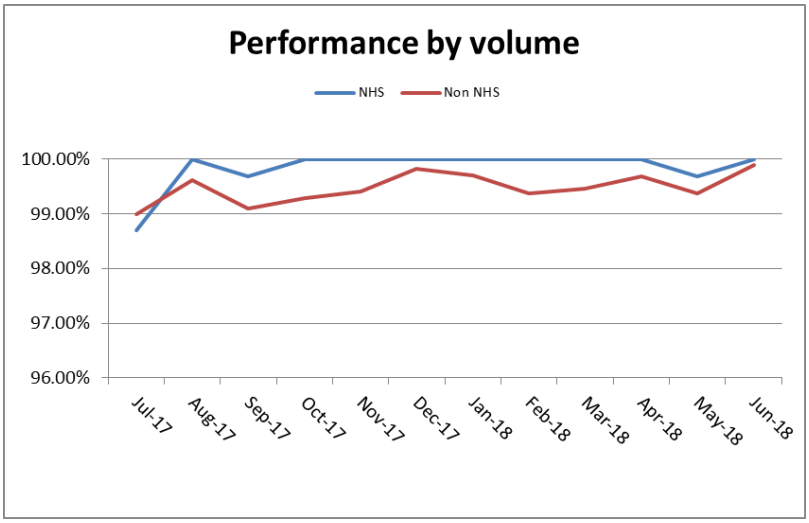
	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m	173.75	694.98
Assumed revenue cash limit / £'m	169.65	678.59
Cash drawn down / £'m	152.52	152.52
Cash top sliced for CHC risk pool prescribing and home oxygen / £'m	14.00	57.30
Effective total cash drawn down / £'m	166.53	678.59
Cash drawn down as % of total	24.5%	100.0%
Expected cash draw down as %	25.0%	100.0%
Cash utilised / £'m	161.76	678.59
Balance in account / £'m	4.79	0.03
Balance in account as % of total cash limit	0.71%	0.01%



Annex 4 – Better Payment Practice Code Performance M3 2018/19

		Performance vs 30 days BPP ytd June 2018			
		In Month		YTD	
		Nos.	£'m	Nos.	£'m
NHS					
	Total bills paid	289	27.11	934	87.54
	Total bills paid within time	289	27.11	933	87.53
	% of bills paid within target	100.0%	100.0%	99.9%	99.9%
Non-NHS					
	Total bills paid	676	10.61	1,965	30.40
	Total bills paid within time	675	10.60	1,958	30.05
	% of bills paid within target	99.9%	99.9%	99.6%	98.9%
ALL					
	Total bills paid	965	37.72	2,899	117.94
	Total bills paid within time	964	37.70	2,891	117.58
	% of bills paid within target	99.9%	99.9%	99.7%	99.7%





Annex 5 - Movement between M2 and M3 budget 2018/19

Budget movemets	M3 £m	M2 £m	Change £m	Explanation of movement
Acute services	351.339	349.375	1.964	Maternity transformation funding £337k, fertility contracts, BPAS and Marie Stopes moved to acute services £1,195k, paramendic rebanding funding £400k moved from reserves, funding for non-contract services £29k from reserves.
Mental health services	51.999	51.999	-	
Community health services	59.849	59.849	-	
Continuing care services	29.462	29.361	0.101	Reserves funding of legal costs relating to CHC court case.
Primary care services	93.921	92.276	1.645	£1,315k allocation for improved access, £646k moved from primary care delegated, £350k GPIT allocation, £23k IUC allocation, net £47k movement from reserves for GP alliace funding and RSS offset by correction of overstated budgets, £733k fertility budget moved to acute services.
Primary care delegated commissioning	62.424	63.070	(0.646)	£498k GPFV budget and £148k PMS premium budget moved to programme
Other programme services	7.704	8.166	(0.462)	Movement of BPAS to acute services £404k, £58k Marie Stopes contract moved to acute services
Contingency	3.069	3.069	-	
Other CCG reserves	9.628	9.398	0.230	Allocation receipts STP, MH, Diabetes total £963k, offset by transfers to budget lines £429k to acute, £101k to CHC, £156k to running costs, £47k net movement to primary care services
Total commissioning services	**669.395**	**666.564**	**2.831**	
Running costs	10.202	10.046	0.156	Market rent funding for SGH moved from general reserve
Total CCG net expenditure	**679.597**	**676.610**	**2.988**	
Revenue resource limit (in year)	679.795	676.807	2.988	See analysis of RRL increase below.
In year underspend (deficit)	**0.198**	**0.198**	**-**	
Add back brought forward surplus	15.186	15.186	-	
Cumulative underspend / (deficit)	**15.384**	**15.384**	**-**	

RRL increase	£000
MH - TCP allocation 2018/19	630
STP infrastructure funding	223
Maternity transformation fundng	337
MH - Perinatal services development	50
MH - CYP IAPT funding	20
GPFV - improving access to general practice	1,315
Diabetes funding	40
IUC pharmacist	23
GPIT capital	350
Total	**2,988**

Annex 6 – Performance against constitution targets M2 2018/19

NHS WILTSHIRE CCG

Are patient rights under the NHS Constitution being promoted?

Indicator	Org.	2017/18	2018/19													
Referral To Treatment waiting times for non-urgent consultant-led treatment			Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	FOT
E.B.3 RTT % Incomplete Pathways within 18 Weeks	CCG	90.2%	92%	90.6%	91.0%											92.0%
Total number of patients waiting	CCG	28,590	28,600	29,495	30,283											28,600
Number of patients waiting more than 52 weeks	CCG	57	0	18	15											17
Diagnostic test waiting times																
E.B.4 Diagnostic Test Waiting Times (% <6 week waits)	CCG	96.3%	≥99%	95.5%	92.6%											94.1%
Cancer waits – 2 week wait																
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	CCG	94.1%	≥93%	93.1%												93.1%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	CCG	91.3%	≥93%	80.3%												80.3%
Cancer waits – 31 days																
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	CCG	97.2%	≥96%	94.5%												94.5%
Maximum 31-day wait for subsequent treatment where that treatment is surgery	CCG	96.4%	≥94%	97.3%												97.3%
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimens	CCG	100.0%	≥98%	96.2%												96.2%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	CCG	98.7%	≥94%	100.0%												100.0%
Cancer waits – 62 days																
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	CCG	83.1%	≥85%	81.5%												81.5%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	CCG	93.9%	≥90%	100.0%												100.0%
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	CCG	89.6%	≥85%	79.0%												79.0%
Mixed Sex Accommodation Breaches																
Breaches of Mixed-Sex Accommodation	CCG	163	0	0												0
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	82.6%	≥95%	80.7%	87.3%											84.0%
	SFT	92.3%		93.1%	91.3%											92.2%
	GWH	87.2%		90.0%	93.5%											91.8%
	SWIC	100.0%		100.0%	100.0%											100.0%
Category Red Ambulance Responses																
Category 1 Mean Response Duration (Mins)	SWAST	9.7	<7	8.5	8.4											8.4
Category 1 90th Percentile Response Duration (Mins)	SWAST	17.7	<15	15.8	15.8											15.8
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	15	0													0
	SFT	0														0
	GWH	7														0

NHS WILTSHIRE CCG

Other CCG KPIs	Org.	2017/18	Target	2018/19 Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
HCAI measure (C.Difficile infections)	CCG	98	102	11	6										
HCAI measure (MRSA infections)	CCG	4	0	0	1										
DTOC Total Days Delayed (Wiltshire)	RUH	305	175	225											
	SFT	379	225	366											
	GWH	320	100	429											

Mental Health	Org.	2017/18	Target	2018/19 Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Dementia Diagnosis (March 2017 Target)	CCG	64.7%	66.7%	64.2%	64.7%										
IAPT Access Rate (2017/18 target = >4.2% per Qtr)	CCG	5.3%	4.20%												
IAPT Recovery Rate (2017/18 Quarter 4 target = >50%)	CCG	53.0%	≥50%												
IAPT <6 Weeks Access (National Target >=75%)	CCG	91.6%	≥90%												
IAPT <18 Weeks Access (National Target => 95%)	CCG	99.9%	≥96%												
EIP - Psychosis treated with a NICE approved care package within two weeks of referral (National Target >=50%)	CCG	100.0%	≥53%	88.9%	100.0%										
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	98.3%	≥95%												

Wiltshire Health & Care Community Performance Indicator	2017/18	Target	2018/19 Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RTM incomplete Pathways - % waiting under 18 weeks at month end	96.5%	≥95%	97%	98%										
Average length of stay - Mean (Ailesbury, Cedar, Longleat)	28.2%	<=20	26.0	26.6										
DToCs (% of occupied beds)	24.7%	<=20%	11.0%	13.0%										
% End of Life patients dying in preferred place	92.0%	≥90%	92%	100%										
Minor Injury Units - Arrival to discharge time within 4 hours	99.0%	95%	99%	99%										
Average Length of Stay on the Home First Pathway (Days)		<10	7	6										
% of patients discharged from the Home First Pathway who required no further support		N/A	49%	55%										