NHS
Wiltshire
Clinical Commissioning Group

Presented to:	Governing Body - Public
Date of Meeting:	25 September 2018
For:	Discussion

Agenda Reference:	GOV/18/09/15
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 September 2018 reports using data for April 2017 to August 2018, where available.	
Recommendations:	To receive and discuss the content of the Integrated Performance Report.
Previously considered by:	The IPR has been contributed to 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:	☐

NHS
Wiltshire
Clinical Commissioning Group

Integrated Performance Report

September 2018

Integrated Performance Report
Contents

Wiltshire CCG Quality Report

September 2018

CCG Level Indicators

Quality Dashboard; CCG 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)	2018/19 TOTAL / AVERAGE (3)	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	2018/19 Sparkline	Exception Identified? (4)
Safety	S1	Healthcare acquired infection (HCAI) measure - MRSA	Number of infections = 0	M	0	n/a	4	1	0	0	0	1	0	0	0	0	0	1	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	33	12	9	13	4	7	8	10	8	11	6	5	11		
Safety	S3	Healthcare acquired infection (HCAI) measure - *E. coli*	Number of infections (see threshold for Provider)	M	Individual Provider Targets	n/a	287	103	36	26	25	30	27	21	13	20	25	25	29	24		
Safety	S4	Healthcare acquired infection (HCAI) measure - MSSA	No target set	M	0	n/a	77	34	13	6	10	6	3	9	6	6	10	7	10	7		
Safety	S5	Healthcare acquired infection (HCAI) measure - *Pseudomonas aeruginosa*	No target set	M	0	n/a		9									0	3	3	3		
Safety	S6	Healthcare acquired infection (HCAI) measure - *Klebsiella* spp.	No target set	M	0	n/a		24									9	4	8	3		
Safety	S7	Bed Days closed due to infection outbreak (e.g. Noro Virus)	No target set	TBC	To be determined	n/a	632	16	4	4	15	59	142	176	117	71	16	0	0	0		
Safety	S8	Number of Never Events (CCG)	Number of events = 0	M	0	n/a	4	0	0	0	1	0	0	0	2	0	0	0	0	0		
Safety	S9	Number of Serious Incidents reported for Wiltshire patients.	Number of reported serious incidents	M	n/a	n/a	148	64	13	10	13	14	7	11	14	7	11	21	11	21		
Safety	S10	NHS Patient Safety Thermometer - Venous Thromboembolism (VTE)	VTE -%	M	0.40%	n/a	0.7%	0.9%	0.6%	0.6%	0.7%	0.7%	0.4%	0.7%	0.2%	2.5%	0.6%	0.6%	1.4%	2.0%		
Safety	S11	Midwife:Birth Ratio		M	1.27	n/a	1.30	1.30	1.30	1.31	1.32	1.33	1.28	1.30	1.28	1.29	1.29	1.31				
Safety	S12	Over 52 Week Waits		M	To be determined	n/a	57	57	4	4	1	2	5	5	7	13	18	15	11	13		
Experience	Ex1	Staff Friends and Family Test Score (Work)	Score => National average	Q	67.0%	63%	60.2%	57.0%		62%						54%			57%			
Experience	Ex2	Staff Friends and Family Test Score (Care)	Score => National average	Q	84.0%	80%	81.6%	80.2%		82%						79%			80%			
Experience	Ex3	Friends and Family Test Score Mental health	Score => National average	M	93.0%	89%	88.1%	90.3%	86%	90%	88%	88%	88%	88%	89%	88%	90%	90%	90%	91%		
Experience	Ex4	Friends and Family Test Score GPs	Score => National average	M	N/A	89%	90.3%	89.8%	90%	90%	91%	91%	89%	92%	89%	90%	88%	90%	91%	90%		
Experience	Ex5	Mixed sex accommodation (MSA) Breaches (rate per 1000 episodes)	Number of breaches = 0	M	0	1.0	1.1	0.0	0.4	0.5	0.2	0.2	0.1	4.0	2.4	3.1	0.0	0.5	0.8			
Experience	Ex6	Number of Complaints Received (to the CCG)	Total number of complaints received	M	N/A	n/a	66	20	4	4	7	9	4	8	6	9	6	4	4	6		
Effectiveness	Ef1	12 Hr Trolley Breaches in the ED		M	0	n/a	28	3	0	0	0	0	6	0	1	1	3	0	0	0		
Effectiveness	Ef2	Fractured Neck of Femur	% in theatre within 36 hours	M	80%	73%	80.6%	76.8%	83%	76%	91%	86%	84%	80%	77%	84%	72%	74%	81%	80%		

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further detail below the dashboard (blue flags indicate that this has already been reported as an exception so will be covered in the Ongoing Exceptions Table). 5 - This data is only for Salisbury Foundation Trust.

CCG Level Indicators Reported by Exception

Indicator:	**S2- 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 33 CDI cases in 2018/19 in comparison to 27 in the same period for 2017/18. This is an increase of 6 cases, which are attributable to the cases noted within GWH and RUH for this financial year. As a result, the WCCG Quality Manager with lead for Infection Prevention & Control (IPC) has met with the GWH IPC team and has been given assurance surrounding the prescribing of antibiotics and proton pump inhibitors (PPI) within the Trust, as well as reviewing the progression of the on-going action plan for the reduction of CDI cases. The RUH continue with the action plans set out at the beginning of the year in collaboration with NHS Improvement. 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. A Task and Finish Group is being re-established to address the increase in the number proportion of cases arising in the community and primary care services.

Indicator:	**S2- Healthcare acquired infection (HCAI) measure – *E-Coli***
Issue:	E-Coli cases of increased compared to the same time period last year
Assurances and Next Steps:	The number of cases Year To Date (YTD) is higher in comparison to the same time period last year. The current position of E-Coli cases for 2018/19 is 100, compared to 89 in 2017/18. The increase in cases is thought to be attributed to dehydration cases and the associated Urinary Tract Infection (UTIs) related to this year's higher than average summer temperatures. This is a national trend and not isolated to Wiltshire CCG or the BSW STP. The on-going post infection reviews (PIRs) will identify the root cause of the cases and provide learning opportunities for improvement.

Indicator:	S8 Number of Never Events (CCG) S9 Number of Serious Incidents reported for Wiltshire patients
Issue:	During the month of July 2018, 20 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	July 2018
AWP	**9**
Apparent/actual/suspected self-inflicted harm	6
Slips/trips/falls	2
Abuse/alleged abuse of adult patient by staff	1
RUH	**4**
Abuse/alleged abuse of child patient by third party	
Treatment delay meeting SI criteria	1
Slips/trips/falls	1
Maternity/Obstetric incident: baby only (this includes foetus,	1
neonate and infant)	1
SFT	**3**
Diagnostic incident including delay	1
Adverse media coverage or public concern about the organisation	
or the wider NHS	1
Treatment delay	1
WCCG (SWASFT)	**1**
Major incident threatening organisations ability to continue to	
deliver an acceptable quality of healthcare services	1
WHC	**4**
Abuse/alleged abuse of adult patient by staff	1
Pressure ulcer	2
Treatment delay	1
Grand Total	**21**

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 July 2018.

In July 2018, SI closure panels were held bi-weekly, and 10 SIs were reviewed. The outcomes of these reviews are as follows:

Provider and Outcome	July 18
WHC	**3**
Falls	
Awaiting Provider response	3
RUH	**2**
Fall	
Diagnostic delay	
Awaiting Provider response	2
SFT	
Treatment delay	**5**
Awaiting Provider response	5
Grand Total	**10**

3 WHC SI were reviewed related to falls.
The decision of the panel was that further clarification was required before closure of these 3 incidents. WHC have received feedback from WCCG Quality team and will be supported to complete robust RCA. This will include the opportunity to participate in observation learning in attending a WCCG closure panel.
2 RUH SI were reviewed and the themes related to a fall and a diagnostic delay.

The remaining SI reviewed by the SI panel in July 2018 identified cancer diagnosis treatment delay by SFT. The trends identified from these SI included a lack of clarity on care pathways, lack of lead clinicians coordination in ensuring follow up treatment was timely and complete, lack of communication with patients, poor communication between external providers involved in patient care and follow up booking process and system issues. A dedicated SI panel was held in August 2018 with attendance from the WCCG Director of Nursing and CCG Quality Lead and the CCG Cancer Lead GP, Governing Body Secondary Care Doctor and the Cancer Commissioning Lead. All route cause analysis were closely reviewed and clarifications from this meeting were requested from SFT which the Trust will be responding to.
The Quality Team have continued to work with Risk leads within the Providers to support learning on improving the RCA action plans. In addition support has continued to be provided on ensuring Duty of

	Candour is being implemented and clearly evidenced within RCA. 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, with an agreed trajectory to meet 90% compliance to the 60 day timescale is August 2018, and 100% in September 2018. Current performance against trajectory was 67% in July (latest data). Commissioners have confirmed that the agreed trajectory must be sustained for 3 months before consideration will be given to closing the CPN.

Indicator:	**S12 52 Week Incomplete Waits**
Issue:	13 x 52 week wait breaches reported in July 2018 (latest data available).
Assurances and Next Steps:	There were 13 over 52 week breaches in July 2018; 7 at GWH (6 in Ophthalmology and 1 Gynaecology), 2 at RUH (both in General Surgery), 2 at North Bristol Trust (both in Trauma & Orthopaedics), 2 at Oxford (John Radcliffe both in Gynaecology). GWH and SFT have confirmed they are on track to improve their 52 week performance trajectories. RUH patients are being reviewed at the next internal Steering Group to gain assurance on plans and trajectory. The RUH have reported the following 52 week breaches by month for the last 4 months. • April 18 breaches • May 4 breaches • June 2 breaches • July 2 breaches To date, a further 5 RCA have been received and reviewed during July 18. The breaches were discussed at the RUH Clinical Outcomes and Quality Assurance (COQA) meeting in July 18, and assurances were sought that no patients have come to harm as a result in treatment delay. The Quality team continues to receive and assess the RCA from the RUH 52 week breaches and provide responses to BANES CCG Quality team on patient harm. GWH Quality team have agreed a similar process with the WCCG Quality team and discussions on further actions identified will continue to be taken forward via CQR meetings. The Quality team will also ask for feedback from SFT on their process for assessing 52 week breaches as part of the wider work regarding follow up appointments as part of the SI process. The Quality team are awaiting a response from NHS England to confirm what constitutes ‘harm’ in the wider sense and whether there should be a wider review of the methodology to determine harm to patients to ensure consistency across all providers.

The RCA for the NBT and UHB breaches have been received from the Coordinating Commissioner; NBT and UHB usually complete aggregated RCA by speciality rather than per patient breach. WCCG had 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.

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)	2019/20 TOTAL / AVERAGE (3)	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	2018/19 Sparkline	Exception Identified? (4)
		Urgent Care	**IUC & SWAST**					IUC numbers relate to data across the STP. This reflects the STP contract.														
Safety	U1a	Ambulance Handover Delays > 30mins (Wiltshire)		M	N/A	n/a	745	159	49	61	55	43	100	91	59	63	44	42	32	41		
Safety	U1b	Ambulance Handover Delays > 30mins (SFT only) (5)		M	N/A	n/a	326	72	20	24	21	19	47	52	29	26	16	20	15	21		
Experience	U2a	IUC Compliance with Call Audits - Health Advisor (IUC)		M	N/A	To be determined	n/a	50.3%										42%	59%			
Experience	U2b	IUC Compliance with Call Audits - Clinical Advisor (IUC)		M	N/A	To be determined	n/a	50.3%										56%	91%			
Experience	U2c	IUC Compliance with Call Audits - Agency Clinicians (IUC)		M	N/A	To be determined	n/a	50.3%										55%	50%			
Experience	U2d	Call Audits Compliance (SWASFT) (%)		M	85%	90%	72.1%	89.1%	68%	49%	106%	129%	61%	49%	64%		50%	95%	122%			
Safety	U3a	>16 Hour ED Stays (Waits) (Wiltshire)		M	N/A	n/a	373		16	24	9	24	62	65	23	54	17	12	6	16		
Safety	U3b	>16 Hour ED Stays (Waits) (SFT) (5)		M	N/A	n/a	4		0	0	0	0	1	0	1	2	0	0	0	0		
Experience	U4	Complaints made to the provider (All patients)		M	N/A	To be determined	n/a	17										8	5	4		
Safety	U5	Incidents		M	N/A	To be determined	n/a	537										205	189	143		
Effectiveness	U6	CQUIN performance (NHS 111 and SWAST)		Q	N/A	n/a	00.00%	#DIV/0!		100%			100%			100%			TBC			
		Mental Health	**AWP and CHAMS**																			
Effectiveness	M1	s. 136 Length of Stay Breaches (of 72 hours)		M	N/A	n/a	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
Effectiveness	M2	CQUIN performance (AWP and CAMHS)		Q	N/A	n/a	100%			100%			100%			100%			100%			
		Planned Care	**Acutes and Independents**																			
Experience	P1	104-day Cancer Target Breaches		M	N/A	n/a	14	0	4	0	2	0	0	0	0	0						
Safety	P2	Pressure Ulcers (Grade III & IV Pressure Ulcers: Hospital Acquired)		M	N/A	n/a	63	15	8	6	7	6	7	5	3	4	5	1	8	1		
Safety	P3	Falls resulting in fracture or major harm		M	N/A	n/a	138	27	16	6	10	14	12	18	14	9	8	14	3	2		
Experience	P4	Patient Moves within thresholds		M	N/A	n/a	58	0	12	13	4	1	5	9	3	0	0	0	0	0		
Safety	P5	Mortality Ratios - SHMI	(GWH, RUH and SFT only)	M	N/A	100	100.1	101.5	106.0			102.0	91.4	98.3	102.3	102.33	102.333	100.667				
Safety	P6	Mortality Ratios - HSMR	(GWH, RUH and SFT only)	M	N/A	100	102.9	102.0	115.4	108.7	90.2	98.6	101.0	101.0	101.0	100.33	101.333	102.667				
Effectiveness	P7a	CQUIN performance (acutes)		Q	N/A	n/a	82.8%			88%			64%			93%			88%			
Effectiveness	P7b	CQUIN performance (others)		Q	N/A	n/a	77.3%			73%			74%			79%			90%			
Safety	P8	Number of patients moved over night		Q	N/A	n/a	58	0		26			10			12			0			
Safety	P9	Unplanned Transfers to Acute Services from Independent Providers		Q	N/A	n/a	3	0		1			0			0						

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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)	2019/18 TOTAL / AVERAGE (3)	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-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**	**2.0**	3	2	2	0	1	1	1	1	3	0	1			
Safety	A2	Falls with Harm		M	N/A	n/a	**4.2**	**6.0**	7	4	5	6	4	6	6	4	5	7	0			
Safety	A3	Clinical Incidents per Month		M	N/A	n/a	**218.6**	**226.7**	225	190	239	213	211	183	231	204	226	254	200			
Effectiveness	A4	CQUIN Performance		Q	N/A	n/a	**1.0**			94%			100%			95%			100%			
		Childrens Community Services		**Virgin**																		
Safety	C1	Clinical Incidents per Month		M	N/A	n/a	**131**	**1**	0	5	0	4	11	7	3	7	0	0	0	1		
Effectiveness	C2	CQUIN Performance		Q	N/A	n/a	**75.0%**			100%			N/A			50%			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%**	**97%**	100%	100%	100%	100%	100%	100%	100%	98%	98%	96%	98%	96%		
Effectiveness	PC2	CQC Safety Domain	% good or above overall (of inspected practices)	M	N/A	n/a	**100%**	**93%**	100%	100%	100%	96%	96%	96%	96%	96%	96%	91%	91%	96%		
Safety	PC3	Number of NRLS incidents raised		M	N/A	n/a	**35**	**6**	0	0	0	4	1	1	4	20	5	0	1	0		
Safety	PC4	Number of STEIS incidents raised		M	N/A	n/a	**1**	**1**	0	0	0	0	0	0	0	0	1	0	0	0		
Experience	PC5	GP Friends and Family Test	Recommend Rate	M	N/A	89%	**90%**	**90%**	90%	90%	91%	91%	89%	92%	89%	90%	88%	90%	91%	90%		
Experience	PC6	GP Ipsos Mori Results - Overall experience of GP surgery		A	N/A	85%	**90%**	**88%**												88%		

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Provider Cohort Indicators Reported by Exception

Indicator:	P5- Mortality Ratios - SHMI
Issue:	SFT has a SHMI rate of 108 in the period of Jun 17 to May 18.
Assurances and Next Steps:	Whilst the HSMR Mortality indicator has improved to a position of 102 (which is within the expected range) as at May 2018, the SHMI continues to flag at a rate of 108. There are two 'diagnosis groups' which remain above expected levels (Cancer of the pancreas 158.4 relative rate, COPD and bronchiectasis 145.7 relative rate) which the contract requires SFT to provide assurances for. The greatest 'above expected' rate remains within the 'residual codes and are unclassified'. The Trust will be required to provide assurances regarding their data and recording processes to determine if there are actions that can be taken to reduce the 'unknown data' issues. WCCG will continue to work with and support SFT to improve their reporting mechanism and will monitor through the bi-monthly quality meetings.

Indicator:	U4 - Complaints made to the provider (All patients), U5 - Incidents
Issue:	Under reporting of incidents
Assurances and Next Steps:	Following receipt of the first quarter's deep-dive reports as required by the contract, the CCG sought assurance at the contract meeting, that Medvivo record complaints as incidents if it becomes evident that the threshold for reporting has been met. Medvivo confirmed that this does not happen. This is not in line with other providers and means the incident position is under reported. Medvivo gave assurance in the meeting that they will now ensure this is carried out..

Provider Workforce Cohort Level Indicators

Quality Dashboard; Provider Workforce Cohort Level Indicators

NHS Wiltshire Clinical Commissioning Group

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		Urgent Care	**IUC & SWAST**					IUC numbers relate to data across the STP. This reflects the STP contract.														
Effectiveness	U7a	Staff Turnover (SWAST)	Staff turnover rate - %	M	Provider set these targets average = 5%	n/a	12.5%	13.1%	15.3%	13.8%	13.8%	14.1%	13.9%	14.0%	13.7%	13%	13%	12.6%	13.6%			
Effectiveness	U8a	Sickness Absence (SWAST)	Sickness absence rate against provider target - %	M		n/a	5.1%	4.8%	5.0%	4.9%	4.9%	4.3%	6.0%	6.2%	5.1%	5.0%	4.6%	4.7%	5.2%			
Effectiveness	U8b	Sickness Absence (IUC)	Sickness absence rate against provider target - %	M		n/a		5.3%										5.2%	5.4%	4.1%		
Effectiveness	U9a	Vacancies (SWAST)	Vacancy rates -%	M		n/a	6.4%	1.3%	4.6%	3.6%	2.5%	2.5%	3.5%	1.6%	1.1%	1.4%	1.1%	1.3%	1.5%			
Effectiveness	U9b	Vacancies (IUC)	Vacancy rates -%	M		n/a		9.0%										8.3%	7.3%	11.4%		
Effectiveness	U10b	Agency staffing (IUC)	Agency staff - %	M		n/a		48.5%										40.1%	55.9%	49.6%		
Effectiveness	U11a	Appraisal Rate (SWAST)	Staff with an annual appraisal - %	M	75%	n/a	84.5%	91.0%	73%	74%	74%	80%	94%	94%	91%	91%	89%	92%	91%	68%		
Effectiveness	U11b	Appraisal Rate (IUC)	Staff with an annual appraisal - %	M	TBC	n/a		96.3%												96%		
Effectiveness	U12b	Mandatory Training Compliance (IUC)	Compliance with all mandatory training - %	M	TBC	n/a		62.0%										50%	63%	73%		
		Mental Health	**AWP and CHAMS**																			
Effectiveness	M3	Supervision rates within threshold		M	85%	85%	85.9%	86.4%	87%	87%					83%	83%	83%	90%	86%			
Effectiveness	M4	Staff Turnover (AWP)	Staff turnover rate - %	M	Provider set these targets average = 5%	n/a	13.4%	12.0%	14.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	12.0%	12.0%	12.0%	12.0%			
Effectiveness	M5	Sickness Absence (AWP)	Sickness absence rate against provider target - %	M		n/a	4.7%	4.3%	4.1%		5.1%	4.4%	4.4%	4.4%	5.7%	5.7%	4.1%	4.9%	4.0%	0.0%		
Effectiveness	M6	Vacancies (AWP)	Vacancy rates -%	M		n/a	20.2%	19.6%	22.0%	21.0%	19.0%	20.0%	20.0%	20.0%	18.0%	18.0%	18.0%	21.2%	0.0%			
Effectiveness	M8	Appraisal Rate (AWP)	Staff with an annual appraisal - %	M	75%	n/a	94.2%	94.5%	93%	92%	92%	93%	96%	94%	95%	95%	95.0%	94.0%	95.0%	94.0%		
Effectiveness	M9	Mandatory Training Compliance (AWP)	Compliance with all mandatory training - %	M	85%	n/a	89.4%	90.4%	89%	89%	89%	89%	90%	90%	89%	89%	89%	91%	91%	91%		

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Quality Dashboard; Provider Workforce 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)	2018/19 TOTAL / AVERAGE (3)	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	2018/19 Sparkline	Exception Identified? (4)
		Planned Care	**Acutes and Independents**																			
Effectiveness	**P10a**	Staff Turnover (acutes)	Staff turnover rate - %	M	Provider set these targets average = 5%	n/a	**11.6%**	**11.3%**	11.5%	11.6%	11.4%	11.5%	11.8%	11.9%	12.0%	11.2%	11.1%	12.1%	10.7%			
Effectiveness	**P10b**	Staff Turnover (others)	Staff turnover rate - %	M		n/a	**3.3%**	**7.8%**		2.8%			3.4%			2.2%			7.8%			
Effectiveness	**P11a**	Sickness Absence (acutes)	Sickness absence rate against provider target - %	M		n/a	**3.8%**	**3.5%**	3.7%	3.7%	3.6%	3.8%	4.2%	4.6%	4.2%	3.9%	3.7%	3.5%	3.1%			
Effectiveness	**P11b**	Sickness Absence (others)	Sickness absence rate against provider target - %	M		n/a	**4.1%**	**2.9%**		3.7%			4.9%			3.5%			2.9%			
Effectiveness	**P12a**	Vacancies (acutes)	Vacancy rates -%	M		n/a	**7.5%**	**8.4%**	8.5%	7.6%	7.0%	6.6%	6.0%	6.6%	6.6%	6.5%	8.5%	8.4%	8.5%			
Effectiveness	**P12b**	Vacancies (others)	Vacancy rates -%	M		n/a	**4.6%**	**5.6%**		4.4%			3.9%			4.9%			5.6%			
Effectiveness	**P13a**	Agency staffing (acutes)	Agency staff - %	M		n/a	**2.2%**	**2.3%**	2.5%	2.6%	2.8%	3.8%	2.5%	1.5%	1.3%	1.7%	2.4%	2.4%	2.1%			
Effectiveness	**P13b**	Agency staffing (others)	Agency staff - %	M		n/a	**5.0%**	**1.9%**		5.5%			5.3%			3.1%			1.9%			
Effectiveness	**P14a**	Appraisal Rate (acutes)	Staff with an annual appraisal - %	M	75%	n/a	**82.4%**	**79.2%**	84%	83%	82%	82%	85%	81%	81%	81%	80%	78%	79%			
Effectiveness	**P14b**	Appraisal Rate (others)	Staff with an annual appraisal - %	M	75%	n/a	**90.2%**	**87.8%**		94%			93%			80%			88%			
Effectiveness	**P15a**	Mandatory Training Compliance (acutes)	Compliance with all mandatory training - %	M	85%	n/a	**85.6%**	**86.7%**	86%	84%	86%	86%	87%	87%	87%	87%	88%	84%	87%			
Effectiveness	**P15b**	Mandatory Training Compliance (others)	Compliance with all mandatory training - %	M	85%	n/a	**86.8%**	**90.9%**		84%			85%			89%			91%			
		Adult Community Services	**WHC**																			
Effectiveness	**A5**	Sickness Absence	Sickness absence rate against provider target - %	M	Provider set these targets average = 5%	n/a	**4.2%**	**2.5%**	4.0%	3.1%	4.4%	3.7%	4.8%	5.2%	3.7%	3.6%	1.2%	2.2%	4.2%			
Effectiveness	**A6**	Vacancies	Vacancy rates -%	M		n/a	**12.4%**	**13.5%**	12.9%	12.3%	12.9%	11.2%	11.3%	11.5%	11.5%	10.5%	19.0%	10.6%	10.9%			
Effectiveness	**A7**	Agency staffing	Agency staff - %	M		n/a	**7.2%**	**6.6%**	6.1%	4.5%	4.8%	7.3%	10.2%	7.6%	11.1%	11.1%	6.1%	6.5%	7.1%			
Effectiveness	**A8**	Appraisal Rate	Staff with an annual appraisal - %	M	75%	n/a	**80.0%**	**78.2%**	80.0%	79.0%	79.0%	77.0%	76.0%	78.0%	77.0%	76.0%	86.0%	86.5%	62%			
Effectiveness	**A9**	Mandatory Training Compliance	Compliance with all mandatory training - %	M	85%	n/a	**83.5%**	**84.8%**	84.0%	82.0%	82.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	86.5%				
		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%**	**2.2%**	1.2%	0.3%	0.9%	1.0%	0.1%	2.8%	1.6%	1.2%	1.9%	1.8%	2.6%	2.6%		
Effectiveness	**C5**	Vacancies	Vacancy rates -%	M		n/a	**12.8%**	**17.1%**		12.0%		14.6%	25.6%	22.6%	14.3%	2.6%	10.0%	10.2%	26.5%	21.6%		
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%	1.4%	0.0%		
Effectiveness	**C7**	Appraisal Rate	Staff with an annual appraisal - %	M	75%	n/a	**84.9%**	**82.0%**	87%	87%	87%	87%	87%	81%	81%	81%	81%	81%	83%	83%		
Effectiveness	**C8**	Mandatory Training Compliance	Compliance with all mandatory training - %	M	85%	n/a	**84.7%**	**86.8%**	80%	87%	84%	81%	87%	79%	83%	82%	89%	85%	87%	86%		

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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:	U7a, U8a, U9a, U11a – Workforce Information SWASFT
Issue:	Staff turnover, sickness, vacancy rate, appraisal rates
Assurances and Next Steps:	At the time of writing this report, data relating to staff turnover, sickness and vacancies have not yet been reported for July, however, the CCG are expecting this data to be presented via the quality dashboard at the quality subgroup meeting on 20 September 2018. The percentage compliance with appraisals has fallen to 68% in July 2018, from 91% in June. Assurances will be sought regarding the appraisal processes which will be explored at the Quality Sub Group (QSG) along with how any action plans, with improvement trajectories in place will be monitored to increase compliance.

Indicator:	U8b, U9b, U10b, U11b, U12b – Workforce Information IUC
Issue:	Mandatory training, sickness, vacancy, appraisal rate, agency staff,
Assurances and Next Steps:	Training, sickness and appraisal rates continue to be monitored via the monthly Integrated Quality Performance Management Board (IQPMB) meetings and assurances sought for variations in performance. The appraisal rates have increased from 44% in June 2018 to 100% in July. This is due to a data-cleanse by the provider in agreement with the CCG to ensure accuracy of reporting. The provider now reports on the appraisal compliance rate of all eligible staff, rather than the percentage of eligible staff, which was the figure previously reported on. Vacancy rate has increased from 7.3% in June 2018 to 11.4% in July. The CCG has sought assurances from the provider regarding any associated risks with this increase and has requested action plans to mitigate risks and for the provider to present updated recruitment strategies. The CCG will continue to monitor the vacancy rate on a monthly basis through the IQPMB. A meeting has been arranged with the provider to discuss the service Human resources, and the National Urgent Care Workforce Blueprint, recently published by NHS England.

	The CCG are continuing to work in collaboration with the provider on the presentation and format of the quality and performance KPI. The presentation of the HR metrics continues to be under discussion, and a revised format has been suggested to the provider to improve assurances to the CCG.

Indicator:	**M4 Staff Turnover (AWP)**
Issue:	Turnover 12% June (latest data)
Assurances and Next Steps:	The turnover rate in Wiltshire has now stabilised and has been 12% for 4 consecutive months. Moving forwards, AWP will be providing both retention and vacancy rates by locality to commissioners.

Indicator:	**P10a - Staff Turnover (Acute's) & P12a – Vacancies (Acute's)**
Issue:	10.7% average turnover & 8.5% average vacancy rate for June 2018 (all Acute providers)
Assurances and Next Steps:	Workforce planning remains a challenge for all 3 hospitals SFT: Turnover 9.3% (July 2018) Vacancy 8.1% (July 2018). Workforce and training is on the SFT Risk register. ED has the highest staff vacancy and is managed by moving staff from other departments. SFT have a retention and recruitment plan, and have that confirmed that 25 newly qualified staff will be arriving in September 2018. In addition SFT are working with agencies to complete block bookings. RUH: Turnover 12.2% (July 2018) Vacancy 6.8% (July 2018). Workforce is on the RUH Risk register and 6 wards were raised as alerts in July. The RUH have action plans in place and have recruited the first overseas nurses who will start in post in August 2018. GWH: Turnover 14% (May 18) Vacancy 10.65% (June 18). GWH has workforce on their Risk register due to vacancies across nursing ward staff, theatre's and doctors. The Trust has been tasked with working with other providers to increase the patient flow as a system wide process. Recruitment plans are in place including recruitment fairs and learning from other providers. The CCG will continue to monitor and seek further assurances through the CQRMS.

Indicator:	**A5 Sickness (Wiltshire Health & Care)**
Issue:	4.23% June 2018 (latest data)
Assurances and Next Steps:	Sickness absence has increased from 2.18% in May to 4.23% in June. WHC report that the rationale for the increase in overall sickness is due to clarity in absence reporting, following the transfer of HR systems from GWH. This sickness figure is slightly higher than the average for the last 12 months at 4.05%.

	WHC report there are 15 active long-term sickness cases. The HR team will be supporting managers to ensure all individuals on are being supported through Occupational Health with clear plans to enable a return to work. Short term sickness remains stable.

Indicator:	A6 Vacancies (Wiltshire Health & Care)
Issue:	10.39% June 2018 (latest data)
Assurances and Next Steps:	Vacancy rate has decreased slightly from 10.56% in May to 10.39% in June, which equates to 100.94 WTE vacancies and remains above the target of 8%. The WHC HR team are monitoring the recruitment pipeline, which currently includes 29.13 WTE undergoing pre-employment checks or awaiting start dates and 64.82 WTE posts out to advert or awaiting interview & outcome. The average recruitment process (from offer to contract) took 24 days in June 2018 (against a KPI of 42 days).

Indicator:	A7 Agency Staffing (Wiltshire Health & Care)
Issue:	7.05% June 2018 (latest data)
Assurances and Next Steps:	The agency staff spends has increased from 6.5% in May to 7.05% in June. WHC continues to report significant vacancies in some areas, and vacancies are filled with temporary staff, predominantly agency staff, to ensure patient safety is maintained. The CCG will continue to monitor this indicator with the provider at the monthly CQRMs.

Indicator:	A8 Appraisal rate (Wiltshire Health & Care)
Issue:	62% June 2018 (latest data)
Assurances and Next Steps:	Appraisal compliance has decreased in month from 68.82% in May to 62% in June and remains below the target of 85%. The HR Team are working with managers to cleanse any data reporting issues and to establish any barriers to completion, on a team specific level, and also to generate appraisal schedules in advance for 2018/2019.

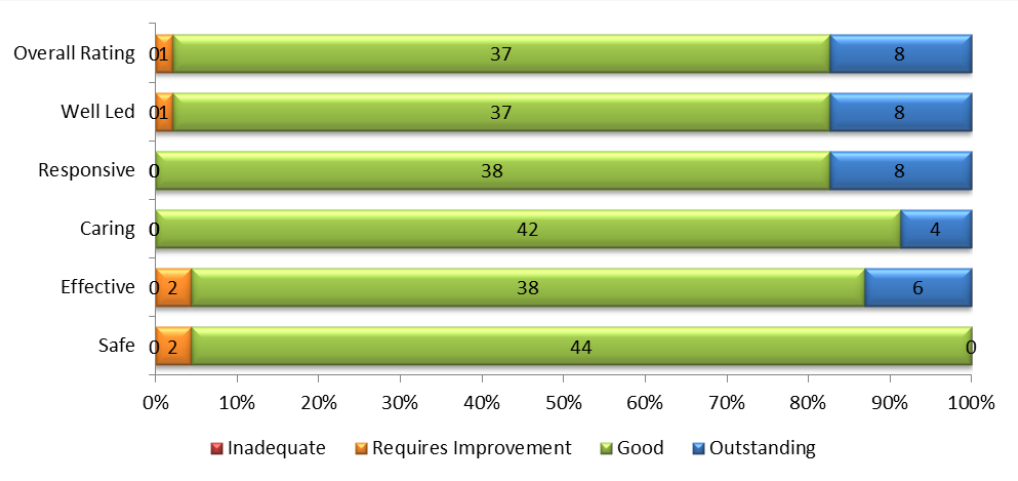
Indicator:	A9 Statutory Mandatory Training (Wiltshire Health & Care)
Issue:	0% June 2018 (latest data)
Assurances and Next Steps:	WHC report that mandatory training reporting is currently under review, following system and data transfers post 1 April 2018. Compliance data for mandatory training is anticipated shortly. The CCG will continue to monitor and review this data with WHC

Primary Care – update

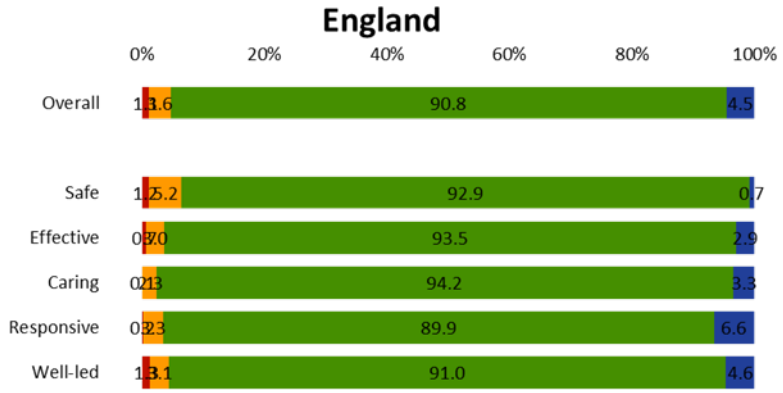
The breakdown of GP Practice CQC inspection results is shown in the charts below. As of 1 September 2018, there remain no practices rated in any domain or overall as 'Inadequate'. The rate of 'Requires Improvement' at domain level has remained at 4 practices with one of these practices also having an overall rating of 'Requires Improvement'. There are currently 2 practices that have yet to be inspected following practice mergers.

Wiltshire practices continue to perform above national average CQC inspection ratings.

Current Wiltshire Practice Overall CQC Ratings as at 1 September 2018



National GP Practice Ratings as at January 2018.



The CQC undertook an inspection of Cross Plain Health Centre in June 2018 in response to concerns that were reported to them. The report was published on 3 August 2018. The CCG has met with the practice to provide support and seek assurance following the outcome of the inspection. Further detail will be available in the next issue of the Primary Care Quality Report.

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).

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 are currently going out through local authority communications teams and are linked in with the 'bring your bottle' campaigns currently already underway.	Ongoing

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
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 • 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. • PPI review upon admission to acute care providers being imitated across all three providers. GWH already undertake this and are sharing their learning with SFT and RUH.	On-going
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.	

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
						• RCA Investigation Reports. During June the Trust released 100% of reports within the agreed timeframe. This is an improvement against the agreed trajectory	
Staff Turnover and Vacancies	AWP	Recruitment and Retention plan				Recruitment remains a priority and an area of focus for AWP in Wiltshire. 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. Workforce continues to be an area of focus for AWP and WCCG, and is reviewed at the monthly STP CQRM. Commissioners have requested confirmation of the actual vacancy rate in Wiltshire, and are expecting a response in August.	

Quality Dashboard Glossary: 2018/19

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://www.hpanw.nhs.uk
Quality	Healthcare acquired Infection (HCAI) measure (c. difficile)	Everyone Counts 2013/14	E.A.S.5	Number of Clostridium difficile infections, for patients aged 2 or more on the date the specimen was taken	Health Protection Agency Healthcare Aquired Infections website https://www.hpanw.nhs.uk
Quality	Friends and family test score	Everyone Counts	Schedule 6e	The proportion of people who reported that they were either 'extremely likely' or 'likely' to recommend the service to their friends and family, out of the total number of people who responded to the survey. Score is displayed as a percentage.	NHS England website. http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/
Quality	Patient Safety Thermometer	NHS Contract (National Quality Requirements)	Quality Schedule	The number of instances of each type of harm reported in a month. This is a point 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 Healthand Social Care Information Centre Website: http://www.hscic.gov.uk/SHMI For HSMR: http://www.nhs.uk/NHSEngland/Hospitalmortalityrates/Documents/090424%20MS(H)%20-%20NHS%20Choices%20HSMR%20Publication%20-%20Presentation%20-%20Annex%20C.pdf
Quality	Maternity Indicators (Stillbirths, Midwife to 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 Strategic 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 Target	Responsible Director	Where will performance and assurance be sought	RAG status
Delivery of in-year surplus £1698k	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 has agreed a revised plan with NHSE to change it's in year surplus position from £0.198m to £1.698m, an increase of £1.5m. This will enable the CCG to draw down this funding, plus some of its accumulated surplus, to support transformation from 2019/20.

The CCG is monitored on the in-year element of this, £1.698m, 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	681.521
Applications	(695.643
QIPP	15.820
Net in-year surplus/(deficit)	**1.698**

For month 5, the CCG is forecasting delivery of the planned surplus position.

The CCG has received four months of activity data from its acute providers. There remain some significant data quality issues at Salisbury Foundation Trust (SFT). The CCG has revised its forecasts to take account of high levels of over-performance, particularly non-elective activity at both Great Western Hospitals NHS Foundation Trust (GWH) and SFT, as well as unusually high over-performance at North Bristol NHS Foundation Trust (NBT). The risk level relating to acute performance has slightly increased to reflect this increased forecast outturn position.

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

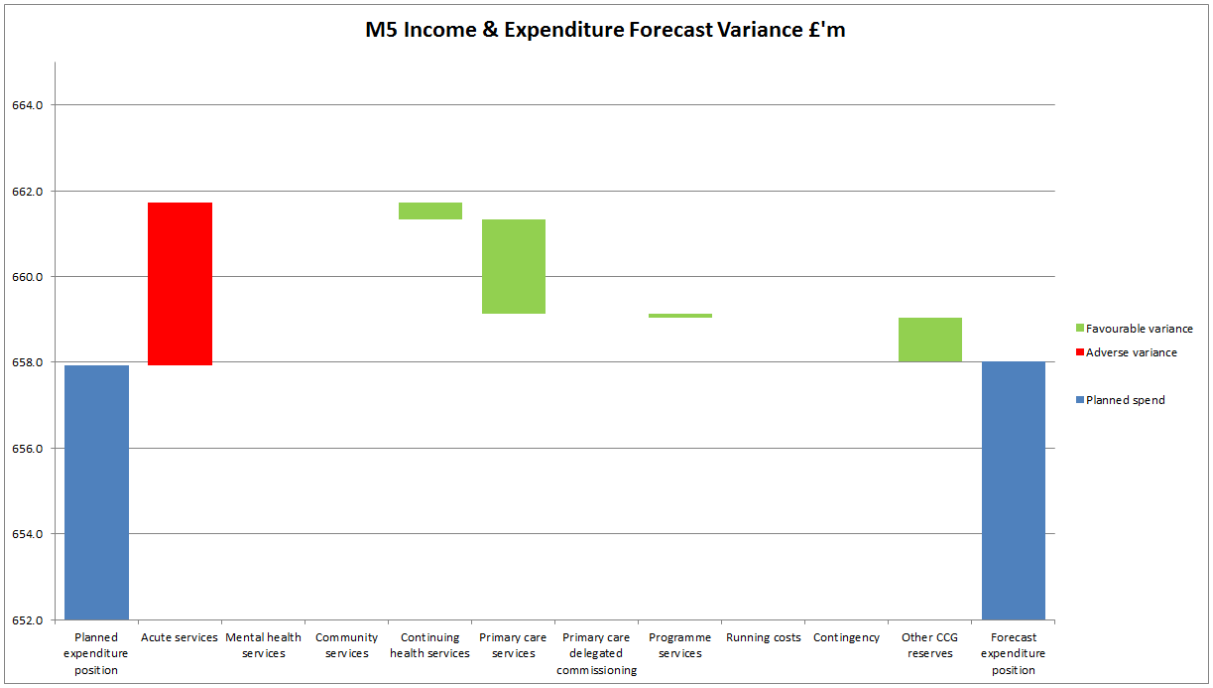
In month 5, the CCG's resources increased by £326k, to bring the revised RRL to £681,521k. A breakdown of the additional resources is shown in appendix 5.

Income and expenditure movements

Overall, the CCG is forecasting to deliver its financial plan. Within this, there is a forecast overperformance of £3.8m 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 chart below illustrates the M5 forecast outturn, and shows how adverse variances (red) are offset by favourable ones (green) to achieve the overall required outturn position:



The main movement in expenditure forecasts in M5 relates to the adverse forecast variance for acute services referenced above. This reflects an extrapolation of reported through the SLA monitoring tool for the year to date, where pressures are being seen on both the SFT and GWH contracts, as well as at NBT, predominantly in non-elective activity which is currently significantly over plan. This over-performance relates to increased levels of emergency activity seen at both trusts during the four months of the year, partly due to weather conditions. The variance is exacerbated by particularly low activity in April 2017, which has fed into the planned values for 2018/19. The apparent over-performance is also compounded by other possible coding issues which are being investigated with the Trusts.

We are also experiencing over-performance on outpatient activity across acute contracts. A deep dive of this activity pressure is progressing, in order to determine the extent to which this is likely to continue, and the potential implications for admitted elective activity.

As at month 5, the CCG is reporting a year to date underspend on prescribing budgets. This is based on Prescribing Monitoring Data (PMD) reporting for only the first three months of the year, and therefore can be extrapolated to assume a full year under-spend. The PMD month 3 forecast is still only early in the year and there could be further volatility with these forecasts as the year progresses. Going forward this will allow the forecast outturn to be revised, and also will allow the CCG to assess the on-going impact of No Cheaper Stock Obtainable (NCSO) drugs which caused a cost pressure during 2017/18. Some CCGs are observing that there are drugs coming off the NCSO list but at a significantly higher price than previously, which has created a new cost pressure in 2018/19; Wiltshire CCG is in the process of evaluating the impact of this issue locally.

The CCG is also reporting a year to date underspend in delegated primary care commissioning, which has arisen from lower than expected list size growth. The CCG is continuing to report a forecast break even budget as well as some risk relating to these budgets, which reflects the payment of the 1% GP Contract uplift. It has not been confirmed how the CCG will be funded to meet this additional cost and NHS England have advised the CCG to include a risk to match the uplift, which is offset through assumed additional funding from NHSE.

Financial risks

The CCG has reviewed and updated its identified financial risks at the end of M5.

The risk of acute overperformance has slightly increased, based on the forecast incorporated into our outturn position. The remaining risk value reflects potential unidentified winter pressures, as well as risks of under achievement of QIPP, particularly the Blueteq scheme where implementation delays have had an impact on year to date savings. The medicines management team is working with finance colleagues to review this scheme.

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 included a risk provision in relation to delegated primary care. This relates to the funding of the 1% GP Contract payment as advised by NHS England. 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 5, which is planned to contribute to the CCG's QIPP target.

The financial risks at month 5 are summarised in the table below:

Area		Risk £m	Comment
Risk issues	Acute services	2.17	NEL Overperformance/ Challenges and QIPP risk
	Continuing care services	0.20	Costs and prior year payments relating to legal challenges
	Delegated primary care	0.50	Cost pressure awaiting national Allocation for GP Remuneration
	Prescribing	1.00	Month 3 PMD used for month 5. PMD FOT could increase in year.
	Quality Premium	0.09	QIPP risk arising from possible non-achievement of Quality Premium
		3.96	
Mitigations	Contingency	-3.07	Reserves balances
	Other reserves	-0.39	Reserves balances
	National Allocation	-0.50	NHSE National Allocation
		-3.96	
Net risk position after mitigations		**0.00**	

Key access issues

RTT Incomplete Pathways

In July 2018, the CCG did not deliver the 92% Referral to Treatment (RTT) target achieving 91.2%, a decrease from 91.3% in June. SFT achieved the standard with 93.7%, however there was underperformance at both GWH (87.8%) and RUH (89.1%). The focus remains on waiting list size and shape as per the revised planning guidance. The RTT waiting list for WCCG has increased by 1,569 in the 4 months to 31st July 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. An STP response (co-ordinated by WCCG) has been sent to NHSE following an additional assurance requests, which details all actions across providers and commissioners to deliver the required waiting list position by March 2019. The STP response details plans for:-

1. Ensuring basic processes are in place,
2. Plans to reduce over 52 week waits by 50%,
3. Plans for outpatient wait reductions,
4. Plans to ensure the delivery of contracted activity volumes and
5. Demand management.

		RTT Rates				Waiting List ytd Change			
Code	Specialty	GWH	RUH	SFT	CCG	GWH	RUH	SFT	CCG
C_100	General Surgery	87.5%	86.0%	83.1%	**87.0%**	(8)	(94)	(56)	**(181)**
C_101	Urology	80.8%	89.4%	90.5%	**88.0%**	111	(89)	104	**218**
C_110	T&O	82.8%	86.1%	88.2%	**88.1%**	13	77	(64)	**287**
C_120	ENT	88.4%	74.0%	97.7%	**87.7%**	45	(136)	119	**95**
C_130	Ophthalmology	88.0%	80.9%	97.2%	**90.5%**	10	(245)	145	**(83)**
C_150	Neurosurgery				**70.0%**				**(2)**
C_160	Plastics	100.0%		90.0%	**89.2%**	3		(64)	**(50)**
C_170	Cardiothoracic				**94.1%**				**5**
C_300	General Medicine	99.0%	100.0%	100.0%	**99.1%**	51	15		**66**
C_301	Gastroenterology	88.9%	91.8%	97.0%	**93.7%**	(67)	166	(16)	**115**
C_320	Cardiology	91.8%	93.8%	99.6%	**94.7%**	14	82	73	**210**
C_330	Dermatology	93.0%	97.6%	91.8%	**94.3%**	44	68	7	**146**
C_340	Thoracic Surgery	89.6%	99.5%	74.7%	**87.3%**	(18)	(12)	35	**37**
C_400	Neurology	90.4%	96.1%		**91.5%**	2	(28)		**(37)**
C_410	Rheumatology	93.8%	98.4%	99.3%	**97.5%**	(38)	46	95	**119**
C_430	Geriatrics	96.4%	98.5%	100.0%	**99.1%**	1	(3)	25	**25**
C_502	Gynaecology	87.1%	94.3%	96.3%	**93.4%**	69	(4)	19	**111**
X01	Other	91.2%	93.8%	96.4%	**94.2%**	72	125	(21)	**488**
	Total	**87.8%**	**89.1%**	**93.7%**	**91.2%**	**304**	**(32)**	**401**	**1,569**
				YTD % Increase		5.3%	-0.4%	4.0%	5.5%

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

Targets	
1	RTT % ≥ 92%
2	Hold WL Size

Over 52 Week RTT Waits

There were 13 >52 week breaches in June, an increase from 11 in June; 7 at GWH (6 in Ophthalmology, and 1 Urology), 2 at RUH (both in General Surgery), 2 at North Bristol (2 in T&O), and 2 at Oxford (both in 2 Gynaecology). GWH Ophthalmology patients are waiting for corneal grafts and SFT surgeon is operating at GWH to clear. All patients now have revised admission dates following a slight delay in securing corneal graft material due to a national issue. GWH and SFT have confirmed they are on track to deliver their 52 week performance trajectories. RUH are expected to provide an update by the end of September.

Diagnostic Waits

The CCG breached the 99% within 6 week standard for July with 94.4%. SFT achieved the standard (99.8%) but GWH and RUH breached at 85.2% and 95.2% respectively. NHSI are continuing weekly calls with GWH and the position is improving in relation to imaging performance as can be seen in the improved performance above. However, GWH have now highlighted a further recovery risk due to unforeseen workforce issues in endoscopy. A Remedial Action Plan has been requested at the last RTT Steering Board and is expected by the end of September.

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. An update is awaited and being chased.

Cancer Access

Updated July data is not yet available. The CCG achieved 6 of the 9 cancer standards in June. Recent 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 in June was 84.6% compared to the 85% and amounted to 20 patient breaches. The standard was breached at SFT (83.3%) and achieved at GWH and RUH. The main breaches were seen at SFT (9), however, risk is around urology patients (10 of the 20 breaches) awaiting robotic surgery in tertiary centres has been flagged by both SFT and GWH and has been also highlighted to NHSE and NHSI. Pathways are being reviewed to mitigate this risk where possible.

A&E <4 Hour waits

All three Acute Trust breached the 95% standard in July. Main Providers reporting was RUH 82.8%, SFT 90.8% and GWH 91.7%. There has been an increase in attendances relating to the heat-wave and there is also some evidence of increased average case-mix complexity.

Ambulance Response

The SWAST continued to breach the Category 1 Mean Response Duration standard of 7 minutes although there was improvement in performance - for July the mean was 7.2 minutes, down from 7.6 minutes in June The Category 1 Response 90th Percentile target of 15 minutes was met at 13.2 minutes, down from 14.4 minutes in June.

Dementia Diagnosis

The July rate improved from 65.5% to 66.1% compared to the 66.7% target. The CCG is now only 43 diagnosis short of achieving the standard.

Community Services

Adult Health (WH&C) for July 2018, WH&C average length of stay has increased from an average of 28.2 for 17/18 to 37.0 days in July which is 17.0 days above the 20 day target. DToC rates have increased slightly to 17% in July (from 16% in June) but they are still lower than the 20% target. WHC are in particular focusing on the stranded and super stranded patients, however the availability of domiciliary packages of care and nursing home placements remains the main reasons for the delays.

Minor Injury Units treated 98% of patients within the 4 hour target despite an increase in activity levels in 18/19 against a target of 95%. In July the Community Teams supported 88% of patients to die in their place of choice of death; this was down from 100% in June and is below the 92% target. This % is skewed due to the small number of patients reported within this service.

Updated information about the Home First Pathway was not available in July, and data will not be available for the next few months, whilst Wiltshire Health and Care improve their data capture mechanisms, and move to real time data reporting.

Appendices

- Annex 1 Summary I&E position M4 2018/19
- Annex 2 Summary Statement of Financial Position M4 2018/19
- Annex 3 Cash Position M4 2018/19
- Annex 4 Better Payment Practice Code Performance M4 2018/19
- Annex 5 Movement between budgets and resources M4 2018/19
- Annex 6 Performance against constitution targets M3 2018/19

Annex 1 – Summary Income and expenditure position M5 2018/19

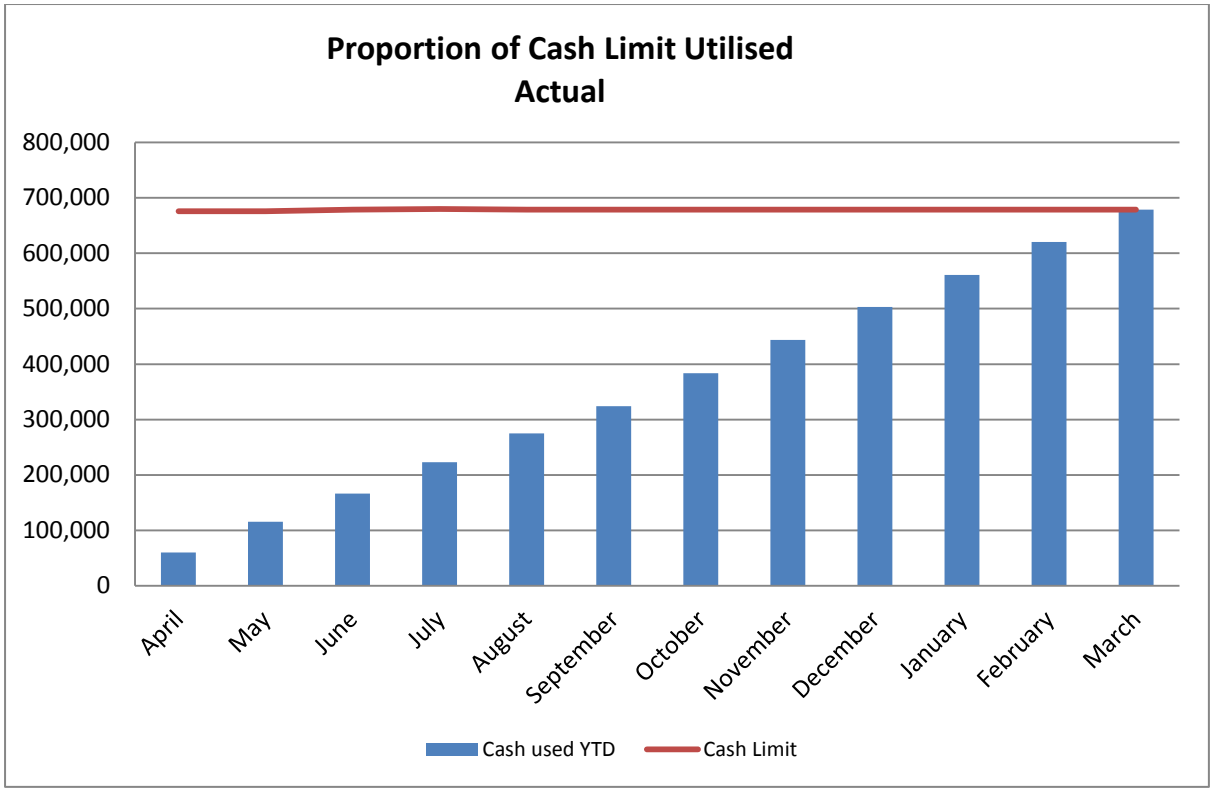
CCG Income and Expenditure summary	Year to date			Forecast outturn			Prior Month Forecast Variance	Movement
	Plan	Actual	Variance	Plan	Actual	Variance		
	£m	£m	£m	£m	£m	£m	£m	£m
Acute services	137.463	139.784	2.321	331.552	335.313	3.761	**4.454**	**(0.693)**
Mental health services	21.666	21.665	(0.001)	51.999	51.996	(0.003)	**(0.001)**	**(0.002)**
Community health services	24.437	24.436	(0.001)	59.349	59.340	(0.009)	**(0.009)**	-
Continuing care services	12.455	12.189	(0.266)	29.511	29.061	(0.450)	-	**(0.450)**
Primary care services	37.598	35.692	(1.906)	92.106	89.904	(2.202)	**(0.024)**	**(2.178)**
Primary care delegated commissioning	26.002	25.678	(0.324)	62.424	62.424	-	-	-
Other programme services	11.339	11.618	0.279	27.266	27.160	(0.106)	-	**(0.106)**
Contingency	1.279	1.279	-	3.069	3.069	-	-	-
Other CCG reserves	2.403	2.453	0.050	12.281	11.290	(0.991)	**(4.420)**	3.429
Total commissioning services	**274.642**	**274.794**	**0.152**	**669.557**	**669.557**	**-**	-	-
Running costs	3.168	3.016	(0.152)	10.266	10.266	-	-	-
Total CCG net expenditure	**277.810**	**277.810**	**-**	**679.823**	**679.823**	**-**	-	-
Revenue resource limit (in year)	278.518	278.518	-	681.521	681.521	-		
In year underspend (deficit)	**0.708**	**0.708**	**-**	**1.698**	**1.698**	**-**		
Add back brought forward surplus	6.327	6.327	-	15.186	15.186	-		
Cumulative underspend / (deficit)	**7.035**	**7.035**	**-**	**16.884**	**16.884**	**-**		

Annex 2 – Summary Statement of Financial Position M5 2018/19

Summary Statement of Financial Position	£'m Opening position 1st April 2018	Closing position 31st Aug 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	3.69	2.02
Trade and Other Receivables	2.79	3.08	2.79
Bad debt impairment	-0.53	-0.52	-0.53
Cash and Cash Equivalents	0.03	4.05	0.03
TOTAL Current Assets	4.31	10.31	4.31
TOTAL ASSETS	**4.32**	**10.32**	**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	47.09	40.20
Other Liabilities	0.00	0.00	0.00
Provisions	1.04	0.33	0.33
Borrowings	0.00	0.00	0.00
Total Current Liabilities	42.95	47.42	40.53
TOTAL LIABILITIES	**42.95**	**47.42**	**40.53**
ASSETS LESS LIABILITIES (Total Assets Employed)	**-38.63**	**-37.10**	**-36.22**
Financed by taxpayers' equity:			
General fund	38.63	37.10	36.22
Revaluation reserve	0.00	0.00	0.00
Other reserves	0.00	0.00	0.00
Total taxpayers' equity:	**38.63**	**37.10**	**36.22**

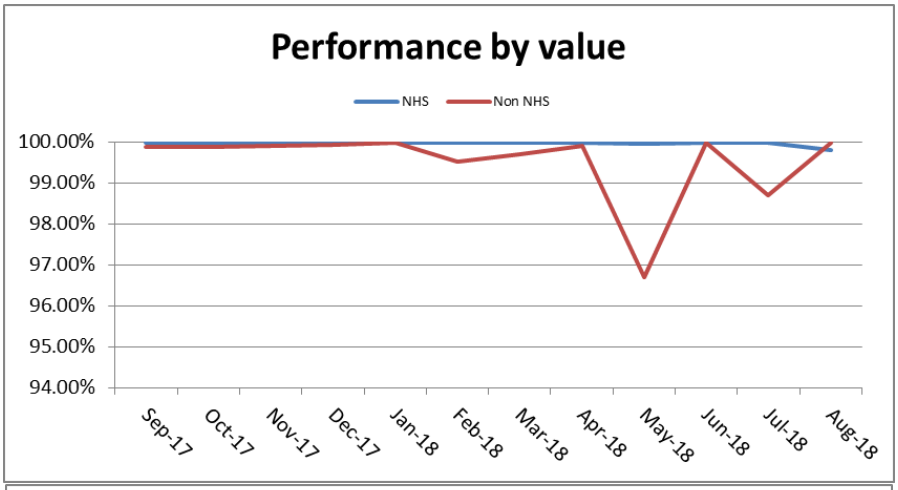
Annex 3 – Cash Position M5 2018/19

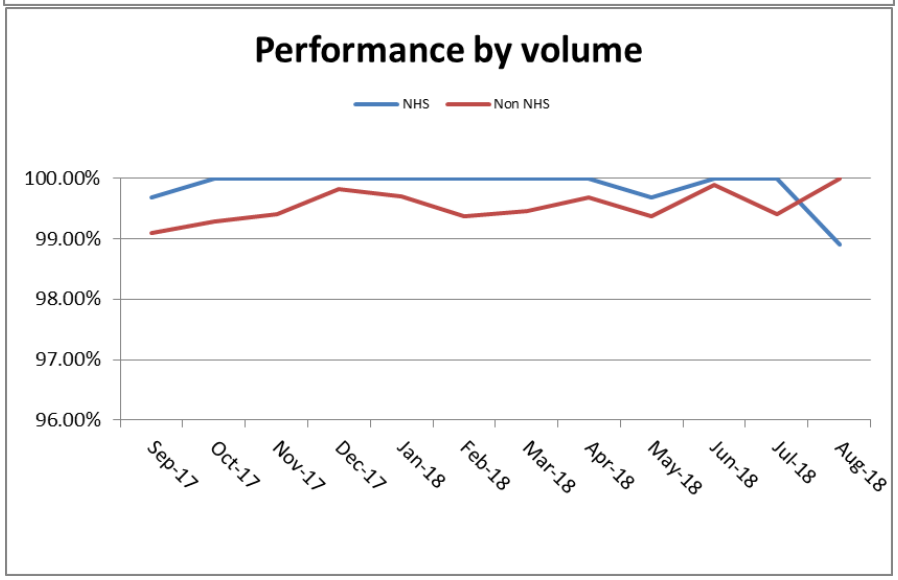
	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m	290.29	696.71
Assumed revenue cash limit / £'m	282.84	678.82
Cash drawn down / £'m	251.32	621.30
Cash top sliced for CHC risk pool prescribing and home oxygen / £'m	23.81	57.51
Effective total cash drawn down / £'m	275.13	678.82
Cash drawn down as % of total	40.5%	100.0%
Expected cash draw down as %	41.7%	100.0%
Cash utilised / £'m	271.11	678.82
Balance in account / £'m	4.05	0.03
Balance in account as % of total cash limit	0.60%	0.00%



Annex 4 – Better Payment Practice Code Performance M5 2018/19

		Performance vs 30 days BPP ytd Aug 2018			
		In Month		YTD	
		Nos.	£'m	Nos.	£'m
NHS					
	Total bills paid	271	28.39	1,605	149.08
	Total bills paid within time	268	28.32	1,601	149.01
	% of bills paid within target	98.9%	99.8%	99.8%	99.9%
Non-NHS					
	Total bills paid	786	10.32	3,458	51.27
	Total bills paid within time	786	10.32	3,447	50.78
	% of bills paid within target	100.0%	100.0%	99.7%	99.1%
ALL					
	Total bills paid	1,057	38.71	5,063	200.35
	Total bills paid within time	1,054	38.65	5,048	199.79
	% of bills paid within target	99.7%	99.8%	99.7%	99.7%





Annex 5 - Movement between M4 and M5 budget 2018/19

Budget movemets	M5 £m	M4 £m	Change £m	Explanation of movement
Acute services	331.552	350.949	(19.397)	BCF Budget moved to other programme £19,397k
Mental health services	51.999	51.999	(0.000)	
Community health services	59.349	59.849	(0.500)	Non Recurrent reduction in Virgin Contract £500k taken to reserves
Continuing care services	29.511	29.511	(0.000)	
Primary care services	92.106	93.836	(1.730)	Prescribing Budget reduced by £1.5m NCSO Drugs (Surplus increase). LES Budget reduced excluding 17/18 outturn £230k
Primary care delegated commissioning	62.424	62.424	-	
Other programme services	27.266	7.789	19.477	BCF Budget transferred from Acute Services £19,397k, Budget created for WCIL Contribution £80k
Contingency	3.069	3.069	-	
Other CCG reserves	12.281	11.369	0.912	Perinatel taken to MH reserves £237k, Virgin Contract £500k , A4C Progamme pay award £25k, WCIL Contribution £80k moved to Other Programme
Total commissioning services	**669.557**	**670.795**	**(1.238)**	
Running costs	10.266	10.202	0.064	Agenda for Change Pay award uplift £64k
Total CCG net expenditure	**679.823**	**680.997**	**(1.174)**	
Revenue resource limit (in year)	681.521	681.195	0.326	RRL increase (see below)
In year underspend (deficit)	**1.698**	**0.198**	**1.500**	Increased in year surplus
Add back brought forward surplus	15.186	15.186	0.000	
Cumulative underspend / (deficit)	**16.884**	**15.384**	**1.500**	

RRL increase	£000
Agenda for Change Pay Award Uplift Running Costs	64
Agenda for Change Pay Award Uplift Programme	25
Perinatel Community Services	237
Total	**326**

Annex 6 – Performance against constitution targets M4 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
E.B.3 RTT % Incomplete Pathways within 18 Weeks	CCG	**90.2%**	92%	90.6%	91.0%	91.3%	91.2%								
Total number of patients waiting	CCG	**28,590**	28,600	29,495	30,282	30,014	30,158								
Number of patients waiting more than 52 weeks	CCG	**57**	0	**18**	**15**	**11**	**13**								
Diagnostic test waiting times															
E.B.4 Diagnostic Test Waiting Times (%<6 week waits)	CCG	**96.3%**	≥99%	**95.5%**	**92.6%**	**92.5%**	**94.4%**								
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%	94.5%	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%**	**87.9%**	90.8%									
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%	99.6%	97.7%									
Maximum 31-day wait for subsequent treatment where that treatment is surgery	CCG	**96.4%**	≥94%	97.3%	98.0%	92.3%									
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimens	CCG	**100.0%**	≥98%	96.2%	100.0%	100.0%									
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	CCG	**98.7%**	≥94%	100.0%	100.0%	98.6%									
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%	91.8%	84.6%									
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%	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%**	92.3%	100.0%									
Mixed Sex Accommodation Breaches															
Breaches of Mixed-Sex Accommodation	CCG	**163**	0	0	**7**	**11**	**37**								
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%**	**85.8%**	**82.8%**								
	SFT	**92.3%**		93.1%	91.3%	91.8%	90.8%								
	GWH	**87.2%**		**90.0%**	93.5%	91.0%	91.7%								
	SWIC	**100.0%**		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**	**7.6**	**7.2**								
Category 1 90th Percentile Response Duration (Mins)	SWAST	17.7	<15	**15.8**	**15.8**	14.4	13.2								
Cancelled Operations															
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days.	RUH	**15**	0			**0**									
	SFT	**0**				**0**									
	GWH	**7**				**7**									

NHS WILTSHIRE CCG

				2018/19											
Other CCG KPIs	**Org.**	**2017/18**	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
HCAI measure (C.Difficile infections)	CCG	98	102	11	6	5	11								
HCAI measure (MRSA infections)	CCG	4	0	0	1	0	0								
DTOC Total Days Delayed (Wiltshire)	RUH	305	175	225	228	353									
	SFT	379	225	366	519	412									
	GWH	320	100	429	264	212									

				2018/19											
Mental Health	**Org.**	**2017/18**	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
Dementia Diagnosis (March 2017 Target)	CCG	**64.7%**	66.7%	**64.2%**	**64.7%**	**65.5%**	**66.1%**								
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%	87.8%	93.6%										
IAPT <18 Weeks Access (National Target => 95%)	CCG	**99.9%**	≥96%	99.5%	100.0%										
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%	66.7%	72.7%								
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%			**96.4%**									

Wiltshire Health & Care Community Performance			2018/19											
Indicator	**2017/18**	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
RTM incomplete Pathways - % waiting under 18 weeks at month end	**96.5%**	≥95%	97%	98%	97%	97%								
Average length of stay - Mean (Ailesbury, Cedar, Longleat)	**28.2%**	<=20	**26.0**	**26.6**	**34.4**	**37.0**								
DToCs (% of occupied beds)	**24.7%**	<=20%	11.0%	13.0%	16.0%	17.0%								
% End of Life patients dying in preferred place	**92.0%**	≥90%	92%	100%	100%	**88%**								
Minor Injury Units - Arrival to discharge time within 4 hours	**99.0%**	95%	99%	99%	98%	98%								
Average Length of Stay on the Home First Pathway (Days)		<10	7	6	6									
% of patients discharged from the Home First Pathway who required no further support		N/A	49%	55%	64%									