NHS
Wiltshire
Clinical Commissioning Group

Integrated Performance Report

October 2018

Integrated Performance Report
Contents

Wiltshire CCG Quality Report

October 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	Aug-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	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	40	12	9	13	4	7	8	10	8	11	6	5	11	7		
Safety	S3	Healthcare acquired infection (HCAI) measure - *E. coli*	Number of infections (see threshold for Provider)	M	Individual Provider Targets	n/a	287	127	36	26	25	30	27	21	13	20	25	25	29	24	24		
Safety	S4	Healthcare acquired infection (HCAI) measure - MSSA	No target set	M	0	n/a	77	38	13	6	10	6	3	9	6	6	10	7	10	7	4		
Safety	S5	Healthcare acquired infection (HCAI) measure - *Pseudomonas aeruginosa*	No target set	M	0	n/a		10									0	3	3	3	1		
Safety	S6	Healthcare acquired infection (HCAI) measure - *Klebsiella* spp.	No target set	M	0	n/a		31									9	4	8	3	7		
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	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	0		
Safety	S9	Number of Serious Incidents reported for Wiltshire patients.	Number of reported serious incidents	M	n/a	n/a	148	80	13	10	13	14	7	11	14	7	11	21	11	21	16		
Safety	S10	NHS Patient Safety Thermometer - Venous Thromboembolism (VTE)	VTE -%	M	0.40%	n/a	0.7%	1.1%	0.6%	0.6%	0.7%	0.7%	0.4%	0.7%	0.2%	2.5%	0.6%	0.6%	1.4%	1.2%	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	1.30	1.30			
Safety	S12	Over 52 Week Waits		M	To be determined	n/a	57	71	4	4	1	2	5	5	7	13	18	15	11	13	14		
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	1.40	0.4	0.5	0.2	0.2	0.1	4.0	2.4	3.1	0.0	0.5	0.8	2.9			
Experience	Ex6	Number of Complaints Received (to the CCG)	Total number of complaints received	M	N/A	n/a	66	26	4	4	7	9	4	8	6	9	6	4	4	6	5		
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	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%			

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

CCG Level Indicators Reported by Exception

Indicator:	S2- Healthcare acquired infection (HCAI) measure - *C.difficile* (Post 72 hours)
Issue:	CDI cases are the same as the 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 40 CDI cases in 2018/19 the same as in the same period for 2017/18. The largest proportion of cases are attributable to the community, the cases attributable to the acutes have predominantly been within GWH 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 WCCG Quality Manager has also been invited to the GWH Infection Control Committee. 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 has been re-established to address the increase in the number proportion of cases arising in the community and primary care services. WCCG Antimicrobial usage is higher than that of surrounding areas, in particular the use of broad spectrum antibiotics which are known to contribute to CDI cases. Plans are being developed in collaboration with the medicines management team to address this.

Indicator:	S2- Healthcare acquired infection (HCAI) measure – *E-Coli*
Issue:	E-Coli cases have 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 127, compared to 125 in 2017/18. The current increase in cases is thought to be attributed to dehydration cases and the associated Urinary Tract Infection (UTI) 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 (PIR) have identified that UTI without catheter are the root cause of over 50% of the cases reviewed so far, these PIR are useful in providing learning opportunities for improvement. WCCG has been invited to take part in a national UTI collaborative ran by NHS Improvement with the aim of reducing UTI, this combined with the on-going BSW STP plans for reducing Gram Negative Blood stream infection should support reduction aims.

Indicator:	S8 Number of Never Events (CCG) S9 Number of Serious Incidents reported for Wiltshire patients
Issue:	During the month of August 2018, 16 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	August 2018
AWP	**3**
Abuse/alleged abuse of adult patient by third party	1
Apparent/actual/suspected self-inflicted harm	2
RUH	**2**
Slips/trips/falls	1
Surgical/invasive procedure incident	1
SFT	**3**
Maternity/Obstetric incident: baby only (this includes foetus, neonate and infant)	2
Treatment delay	1
WCCG	**2**
Surgical/invasive procedure incident	1
Confidential information leak/information governance breach	1
WHC	**6**
Pressure ulcer	6
Grand Total	**16**

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 August 2018 but there has been two reported in September. One incident was at SFT relating to unexpected avoidable injury/potential harm and one at RUH relating to surgical invasion procedure.

In August 2018, 3 SI closure panels were held and 10 SI were reviewed. The outcomes of these reviews are as follows:

Provider and Outcome	August 2018
WHC	**1**
Closed	1
RUH	**1**
Awaiting Provider response	1

SFT	**8**
Awaiting Provider response	8
Grand Total	**10**

One WHC SI was reviewed and related to treatment delay.
The decision of the panel was for closure but with some further clarification required due to identification of potential correlation between the use of temporary work force, safeguarding and serious incidents and this has been requested this be explored further via the Contract Performance and Quality meeting with the provider.

An RUH SI was reviewed and the theme related to a delayed treatment for a deteriorating patient. The decision of the panel was for clarifications on the care of the deteriorating patient including the sign off and ratification process of this incident.

Of the remaining SI reviewed by the SI panel in August 2018, 4 related to 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 patients 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 Quality, the 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.

An SFT SI related to a maternity neonatal death. The panel decision was for further clarification on the involvement of the parent's views and duty of candour.

A further SFT SI related to treatment delay of a deteriorating patient and clarifications have been sought regarding care pathway and escalation process for deterioration of the condition.

An SFT SI related to the restraint of a patient with learning difficulties and the panel decision was to request clarification on the identification of the appropriate root cause and that the CTPLD needed to be involved at an earlier stage to prevent reoccurrence of similar incidents.

	The Quality Team have continued to work with Risk leads within the Providers to support learning on improving the RCA action plans including the identification of root cause, and improved learning regarding care pathways including those of deteriorating conditions and treatment delay. 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 July (latest data) the Trust released 50% of reports within the agreed timeframe, performing below the agreed trajectory. The Trust has experienced difficulty in completing reports to deadline for a variety of reasons including ratification of reports, with a number being rejected based on quality. 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:	14 x 52 week wait breaches reported in August 2018 (latest data available).
Assurances and Next Steps:	There were 14 over 52 week breaches in August 2018; 6 at GWH (all in Ophthalmology), 3 at RUH (1 in General Surgery and 2 in Ear, Nose & Throat (ENT)), 1 at North Bristol Trust (in Trauma & Orthopaedics), 4 at Oxford (John Radcliffe all 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 5 months. • April 18 breaches • May 4 breaches • June 2 breaches • July 2 breaches • August 3 breaches To date, a further 5 RCA have been received and reviewed during July and August 18. The breaches were discussed at the RUH Clinical Outcomes and Quality Assurance (COQA) meeting in July 18 and September 2018, and assurances were sought that no patients have come to harm as a result in treatment delay. Discussion was held at the September CQRM that there is a requirement for patient experience to be considered when completing the RCA as all of the 52 week breaches reviewed so far indicate a potential element of impact on patient's lifestyle factors caused by delay in treatment.

This includes potential delay in pain or discomfort caused by the treatment delay and possible disruption in the activities of daily living.

The Quality team continues to receive and assess the RCA from the RUH 52 week breaches and provide responses back 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 are still 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.

Indicator: S11	Midwife to Birth ratio
Issue:	Midwife to birth ration is below threshold
Assurances and Next Steps	There is a national working ratio used to benchmark the midwife to birth ratio recommended by Birth-rate Plus and the Royal College of Midwifery. This rate is 1.29.5 with red flag at 1.35. Red flag events (NICE 2015), are alerts that are reportable to escalate that there may not be enough midwives to give women and babies the care that they need. The midwife to birth ratio at Q1 2018/19 showed as red across the STP In June 2018 the GWH midwife to birth ratio was 1.29 with a staffing plan in place. SFT have identified midwifery staffing on their risk register but due to a reduced birth rate they are currently complaint with the midwife to birth ration. RUH midwife to birth ratio was 1.30 in June 2018. At SFT,RUH and GWH Staffing and capacity continues to be monitored daily by the matrons and sisters to ensure staff are deployed to where the clinical need and activity is. In addition RUH have rotational plans in place for all midwives to work in a variety of care settings and continues with the plan for new starters to work in both the acute and community centres as part of the extended preceptorship programme. The RUH is also planning to add a staffing acuity tool 'Birth-rate Plus' following training on the tool. All midwifery staffing is reported at CQRMs and at LMS boards to ensure that staffing action plans across the STP remain robust.

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)	2019/18 TOTAL / AVERAGE (3)	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-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	222	61	55	43	100	91	59	63	44	42	32	41	63		
Safety	U1b	Ambulance Handover Delays > 30mins (SFT only) (5)		M	N/A	n/a	326	118	24	21	19	47	52	29	26	16	20	15	21	46		
Experience	U2a	IUC Compliance with Call Audits - Health Advisor (IUC)		M	N/A	To be determined	n/a	59.8%									42%		59%	79%		
Experience	U2b	IUC Compliance with Call Audits - Clinical Advisor (IUC)		M	N/A	To be determined	n/a	84.3%									56%	91%	91%	100%		
Experience	U2c	IUC Compliance with Call Audits - Agency Clinicians (IUC)		M	N/A	To be determined	n/a	60.9%									55%	50%	50%	89%		
Experience	U2d	Call Audits Compliance (SWASFT) (%)		M	85%	90%	72.1%	89.1%	49%	106%	129%	61%	49%	64%		50%	95%	122%				
Safety	U3a	>16 Hour ED Stays (Waits) (Wiltshire)		M	N/A	n/a	373	51	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	20									8	5	4	3		
Safety	U5	Incidents		M	N/A	To be determined	n/a	663									205	189	143	126		
Effectiveness	U6	CQUIN performance (NHS 111 and SWAST)		Q	N/A	n/a	100.00%	#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			
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	0	2	0	0	0	0	0							
Safety	P2	Pressure Ulcers (Grade III & IV Pressure Ulcers: Hospital Acquired)		M	N/A	n/a	63	20	6	7	6	7	5	3	4	5	1	8	2	4		
Safety	P3	Falls resulting in fracture or major harm		M	N/A	n/a	140	52	6	10	14	12	18	14.001	11.001	10	17	4	17	4		
Experience	P4	Patient Moves within thresholds		M	N/A	n/a	61	43	13	4	1	5	9	3	3	5	10	6	11	11		
Safety	P5	Mortality Ratios - SHMI	(GWH, RUH and SFT only)	M	N/A	100	100.1	101.5			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	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%	88%			64%			93%			88%				
Effectiveness	P7b	CQUIN performance (others)		Q	N/A	n/a	77.3%	90%	73%			74%			79%			90%				
Safety	P8	Number of patients moved over night		Q	N/A	n/a	61	21	26			10			15			21				
Safety	P9	Unplanned Transfers to Acute Services from Independent Providers		Q	N/A	n/a	3	2	1			0			0			2				

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

Quality Dashboard; Provider 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)	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-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	1.7	2	2	0	1	1	1	1	3	0	1	1			
Safety	A2	Falls with Harm		M	N/A	n/a	4.2	7.7	4	5	6	4	6	6	4	5	7	0	11			
Safety	A3	Clinical Incidents per Month		M	N/A	n/a	218.6	233.5	190	239	213	211	183	231	204	226	254	200	254			
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	7	5	0	4	11	7	3	7	0	0	0	1	6		
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%	98%	98%	96%	98%	96%	96%		
Effectiveness	PC2	CQC Safety Domain	% good or above overall (of inspected practices)	M	N/A	n/a	100%	93%	100%	100%	96%	96%	96%	96%	96%	96%	91%	91%	96%	96%		
Safety	PC3	Number of NRLS incidents raised		M	N/A	n/a	35	11	0	0	4	1	1	4	20	5	0	1	4	1		
Safety	PC4	Number of STEIS incidents raised		M	N/A	n/a	1	2	0	0	0	0	0	0	0	1	0	0	0	1		
Experience	PC5	GP Friends and Family Test	Recommend Rate	M	N/A	89%	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%			

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 Cohort Indicators Reported by Exception

Indicator:	U4 - Complaints made to the provider (All patients), U5 - Incidents
Issue:	Under reporting of incidents
Assurances and Next Steps:	The discussion at the Medvivo contract review meeting at the beginning of September identified complaints and incidents were not being correlated with any complaints that met the threshold of an incident being logged as such. This issue will be further examined and discussed in a task and finish group to be scheduled in October focusing on quality metrics.

Indicator:	A2 – Falls WHC
Issue:	11 reported in July 2018
Assurances and Next Steps:	WHC have reported 11 falls in July, all with low harm. WHC have conducted a full review into these falls and have reported to commissioners that they have not identified any common themes. The provider is progressing with their falls action plan and will report on this through the Contract Performance and Quality Meeting.

Indicator:	C1- Clinical Incidents Virgin Care
Issue:	6 reported in July 2018 (latest Data)
Assurances and Next Steps:	The clinical incidents reported were in relation to delays in clinical assessments. Virgin Care has provided assurance that all the appointments have now been made or assessments completed. The CCG will continue to monitor through the monthly CQRM and have requested further narrative on impact and mitigations to be included within future reports.

Provider Workforce Cohort Level Indicators

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	Aug-18	2018/19 Sparkline	Exception Identified? (4)
		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%	13.2%	15.3%	13.8%	13.8%	14.1%	13.9%	14.0%	13.7%	13%	13%	12.6%	13.6%	13.6%			
Effectiveness	U8a	Sickness Absence (SWAST)	Sickness absence rate against provider target - %	M		n/a	5.1%	4.9%	5.0%	4.9%	4.9%	4.3%	6.0%	6.2%	5.1%	5.0%	4.6%	4.7%	5.2%	4.9%			
Effectiveness	U8b	Sickness Absence (IUC)	Sickness absence rate against provider target - %	M		n/a		5.3%										5.2%	5.4%	4.1%	4.7%		
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%	1.6%			
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		45.3%										40.1%	55.9%	49.6%	35.7%		
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%	92%	90%		
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%	96%		
		Mental Health	**AWP and CHAMS**																				
Effectiveness	M3	Supervision rates within threshold		M	85%	85%	85.9%	87.0%	87%	87%					83%	83%	83%	90%	86%	89%	87%		
Effectiveness	M4	Staff Turnover (AWP)	Staff turnover rate - %	M	Provider set these targets average = 5%	n/a	13.4%	12.3%	14.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	12.0%	12.0%	12.0%	12.0%	13.0%			
Effectiveness	M5	Sickness Absence (AWP)	Sickness absence rate against provider target - %	M		n/a	4.7%	3.8%	4.1%		5.1%	4.4%	4.4%	4.4%	5.7%	5.7%	4.1%	4.9%	4.0%	2.0%			
Effectiveness	M6	Vacancies (AWP)	Vacancy rates -%	M		n/a	20.2%	19.1%	22.0%	21.0%	19.0%	20.0%	20.0%	20.0%	18.0%	18.0%	18.0%	21.2%			18.0%		
Effectiveness	M8	Appraisal Rate (AWP)	Staff with an annual appraisal - %	M	75%	n/a	94.2%	94.0%	93%	92%	92%	93%	96%	94%	95%	95%	95%	94%	95%	94%	92%		
Effectiveness	M9	Mandatory Training Compliance (AWP)	Compliance with all mandatory training - %	M	85%	n/a	89.4%	90.5%	89%	89%	89%	89%	90%	90%	89%	89%	89%	91%	91%	91%	91%		

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

Quality Dashboard; Provider Workforce Cohort Level Indicators

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	Aug-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%**	**11.0%**	11.5%	11.6%	11.4%	11.5%	11.8%	11.9%	12.0%	11.2%	11.1%	11.0%	10.9%	12.5%	12.1%		
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%	3.6%	3.9%		
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%	8.4%	5.9%		
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%	2.4%	2.5%		
Effectiveness	**P14a**	Appraisal Rate (acutes)	Staff with an annual appraisal - %	M	75%	n/a	**82.4%**	**79.6%**	84%	83%	82%	82%	85%	81%	81%	81%	81%	78%	79%	83%	86%		
Effectiveness	**P15a**	Mandatory Training Compliance (acutes)	Compliance with all mandatory training - %	M	85%	n/a	**85.6%**	**86.6%**	86%	84%	86%	86%	87%	87%	87%	87%	88%	84%	87%	88%	87%		
		Adult Community Services	**WHC**																				
Effectiveness	**A5**	Sickness Absence	Sickness absence rate against provider target - %	M	Provider set these targets average = 5%	n/a	**4.2%**	**3.0%**	4.0%	3.1%	4.4%	3.7%	4.8%	5.2%	3.7%	3.6%	1.2%	2.2%	4.2%	4.3%	0.0%		
Effectiveness	**A6**	Vacancies	Vacancy rates -%	M		n/a	**12.4%**	**12.9%**	12.9%	12.3%	12.9%	11.2%	11.3%	11.5%	11.5%	10.5%	19.0%	10.6%	10.9%	11.1%	0.0%		
Effectiveness	**A7**	Agency staffing	Agency staff - %	M		n/a	**7.2%**	**6.9%**	6.1%	4.5%	4.8%	7.3%	10.2%	7.6%	11.1%	11.1%	6.1%	6.5%	7.1%	8.0%	0.0%		
Effectiveness	**A8**	Appraisal Rate	Staff with an annual appraisal - %	M	75%	n/a	**80.0%**	**74.4%**	80.0%	79.0%	79.0%	77.0%	76.0%	78.0%	77.0%	76.0%	86.0%	86.5%	62%	63%	0.0%		
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%	0.0%	0.0%	0.0%		
		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%**	**2.4%**	1.2%	0.3%	0.9%	1.0%	0.1%	2.8%	1.6%	1.2%	1.9%	1.8%	2.6%	2.6%	3.3%		
Effectiveness	**C5**	Vacancies	Vacancy rates -%	M		n/a	**12.8%**	**19.1%**		12.0%		14.6%	25.6%	22.6%	14.3%	2.6%	10.0%	10.2%	26.5%	21.6%	27.0%		
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%	1.4%	0.0%	0.0%		
Effectiveness	**C7**	Appraisal Rate	Staff with an annual appraisal - %	M	75%	n/a	**84.9%**	**83.8%**	87%	87%	87%	87%	87%	81%	81%	81%	81%	81%	83%	83%	91%		
Effectiveness	**C8**	Mandatory Training Compliance	Compliance with all mandatory training - %	M	85%	n/a	**84.7%**	**86.4%**	80%	87%	84%	81%	87%	79%	83%	82%	89%	85%	87%	86%	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:	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 August, however the CCG are expecting this data to be presented via the quality dashboard at the quality subgroup meeting scheduled for 10 October 2018. The percentage compliance with appraisals is at 90%. This continues to be monitored via the Quality Sub Group (QSG) to seek assurance regarding on-going compliance.

Indicator:	U8b, U9b, U10b, U11b, U12b – Workforce Information IUC
Issue:	Mandatory training, sickness, vacancy, appraisal rate, agency staff
Assurances and Next Steps:	These metrics continue to be monitored via the monthly Integrated Quality Performance Management Board (IQPMB) meetings and assurances sought for variations in performance. Sickness absence is 4.7% which was discussed in the IQPMB and the provider gave assurance on the action that is being taken to address this. No vacancy rate is reported for August. This is due to a variance in the provider method of reporting. The CCG will seek clarification on the data provided, and provide this data in the next report. Vacancy rates and recruitment were discussed in the IQPMB in relation to the challenges experienced by the provider. The use of agency staff continues to be under review via the IQPMB meetings and assurance sought regarding the use of agency staffing. The figure was 35.7% in August, which has fallen from 49.6% in July.

Indicator:	M4 Staff Turnover (AWP)
Issue:	Turnover 13% July (latest data)
Assurances and Next Steps:	The turnover rate in Wiltshire has increased by 1% from 12% to 13% July (latest Data). AWP provide monthly updates to the STP Quality Sub-group and this will be continuously monitored. Please see the 'update of exceptions identified in previous reports and on-going work' for more information relating to workforce and retention.

Indicator:	M6 Vacancies (AWP)
Issue:	Vacancies 18.0% August (latest data)
Assurances and Next Steps:	AWP have published the vacancies rate for August at 18% which is an improved figure from the last reported data in April 2018, where they were reporting a vacancy rate of 21.2%. The Trust continues to report improved retention rates and are leading a 're-shaping the workforce' STP Transformation work stream. Whilst turnover and retention remains an on-going area of concern to the Trust and Commissioners, the improvement in vacancy rate is a positive reflection of the work being undertaken and will be continuously reviewed at the monthly BSW STP Quality Sub group.

Indicator:	P10a - Staff Turnover (Acute's) & P12a – Vacancies (Acute's)
Issue:	Workforce planning remains a challenge for all 3 hospitals
Assurances and Next Steps:	SFT: Turnover: is 9.27% in August 2018 and Vacancy rate is 8.11%. Workforce and training is on the SFT Risk register. The highest staffing risk areas are MSK 13.2%, Corporate 13.19wte% and Medicines 10.02%. Staffing 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. Workforce will be discussed at the next CQRM. RUH: Turnover 12.1% August 18, Vacancy in August 2018 has reduced to 5.9% although remains above the target of 4.5%. Workforce remains on the RUH Risk register but the resourcing team report 323.89 wte new starters with dates from September 2018 onwards. Of these 106.98 are Registered Nurses or Midwives. The RUH have recruited the first overseas nurses and 11 will start in post between August and October 2018. A Trust wide recruitment day is planned for mid - September 2018 with an open recruitment day specifically for OPU staff in October 2018. HR business partners have developed action plans to act on findings of 2017 staff survey to improve staff experience and reduce staff turnover. GWH: Turnover 14% with Vacancy 10.65% (June 18). GWH continue to have workforce on their Risk register due to vacancies across nursing ward staff, theatre's and doctors. The Trust has been working with other providers to increase the patient flow as a system wide process. Recruitment team continue offer qualifying student nurses and clinicians roles at the Trust. The Trust is undertaking weekly Skype interviews to continue the recruitment of Non EU candidates and is continuing to work with a number of agencies to increase the Non EU nurses recruitment. 47 offers are currently being progressed. The Trust has 403 active volunteers including students with 8.3% successfully taken on substantive positions with the Trust. The CCG will continue to monitor and seek further assurances through the CQRMS. The CCG will also continue to encourage shared best practice in recruitment strategies across the STP.

Indicator:	A5 Sickness (Wiltshire Health & Care)
Issue:	4.3% July 2018 (latest data)
Assurances and Next Steps:	Sickness absence has remained fairly static at 4.23% in June to 4.3% in July. 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. The CCG will continue to monitor and see assurances through the monthly CQRM.

Indicator:	A6 Vacancies (Wiltshire Health & Care)
Issue:	11.1% July 2018 (latest data)
Assurances and Next Steps:	Vacancy rate has decreased slightly from 10.39% in June to 11.1% in July and remains above the target of 8%. The WHC HR team are monitoring the recruitment pipeline.

Indicator:	A7 Agency Staffing (Wiltshire Health & Care)
Issue:	8% July 2018 (latest data)
Assurances and Next Steps:	The agency staff spend has increased from 7.1% in June to 8.0% in July (latest data) and WHC continues to report significant vacancies in some areas. WHC have provided assurance that the 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 Contract Performance and Quality Meeting.

Indicator:	A8 Appraisal rate (Wiltshire Health & Care)
Issue:	63% July 2018 (latest data)
Assurances and Next Steps:	Appraisal compliance has seen a minimal increase from 62% in June to 63% in July, but 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. The CCG have requested WHC share any improvement plans and trajectory to bring this rate back to the required KPI.

Indicator:	A9 Statutory Mandatory Training (Wiltshire Health & Care)
Issue:	0% July 2018 (latest data)
Assurances and Next Steps:	Mandatory training reporting is currently under review, following system and data transfers post 1st April 2018. Compliance data for mandatory training is anticipated imminently. The CCG will continue to monitor through the monthly Contract Performance and Quality Meeting.

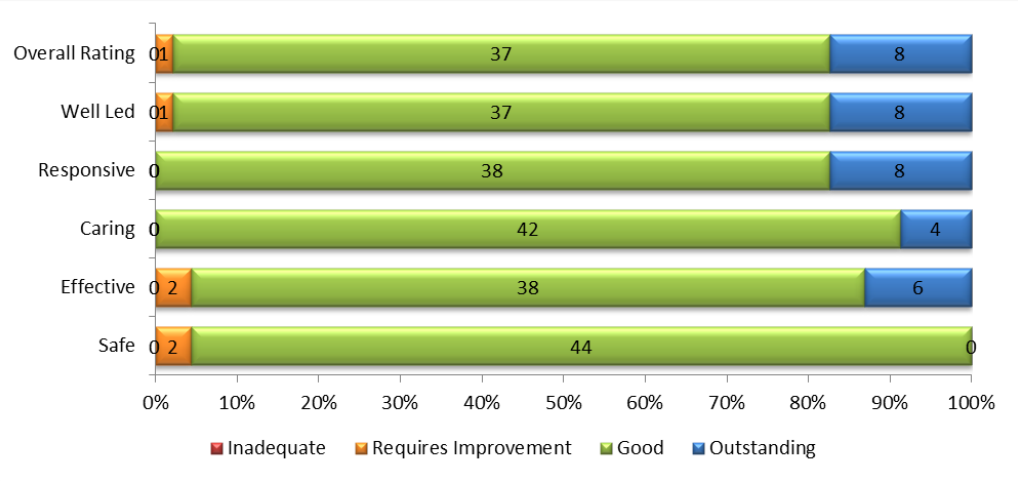
Indicator:	C5 Vacancy Rates Virgin
Issue:	Clarity required regarding actual vacancy rates.
Assurances and Next Steps:	The CCG are seeking clarification from Virgin at the CQRMs due to uncertainty around the numbers reported by the provider and the actual clinical vacancy rates. Once this has been completed the rates in the report will be corrected to reflect this.

Primary Care – update

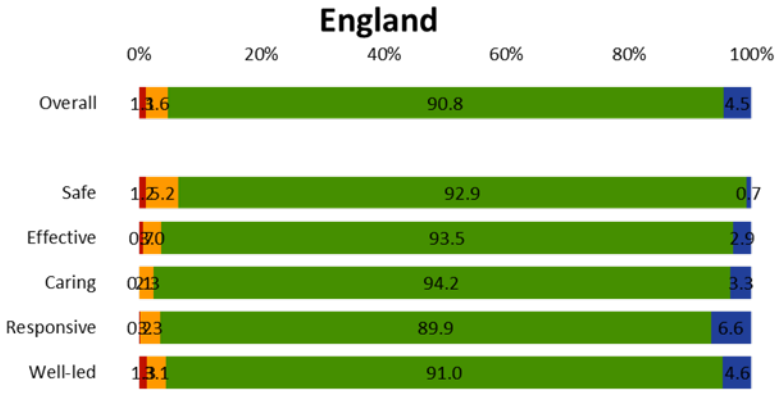
The breakdown of GP Practice CQC inspection results is shown in the charts below. As of 1 October 2018, there remain no practices rated in any domain or overall as 'Inadequate'. The rate of 'Requires Improvement' at domain level has remained at 4 practices with one of these practices also having an overall rating of 'Requires Improvement'. There are still currently 2 practices that have not yet been inspected following practice mergers.

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

Current Wiltshire Practice Overall CQC Ratings as at 1 October 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 9, September).

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. • National UTI collaborative work has commenced	On-going

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. This remains below target. Commissioners receive monthly updates on performance against trajectory.	On-going

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
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. No themes or concerns have been identifies through staff exit interviews. The Trust has a BSW recruitment and retention working group, and are working with HEE to better understand recruitment data in relation to medics, and medic training. In addition to this, the Trust is reviewing course completion rates with a view to focusing on this as a specific area of improvement.	On-going

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://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 £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	

Financial Position 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 6, the CCG is forecasting delivery of the planned surplus position.

The CCG has received five 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 by £98k 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.

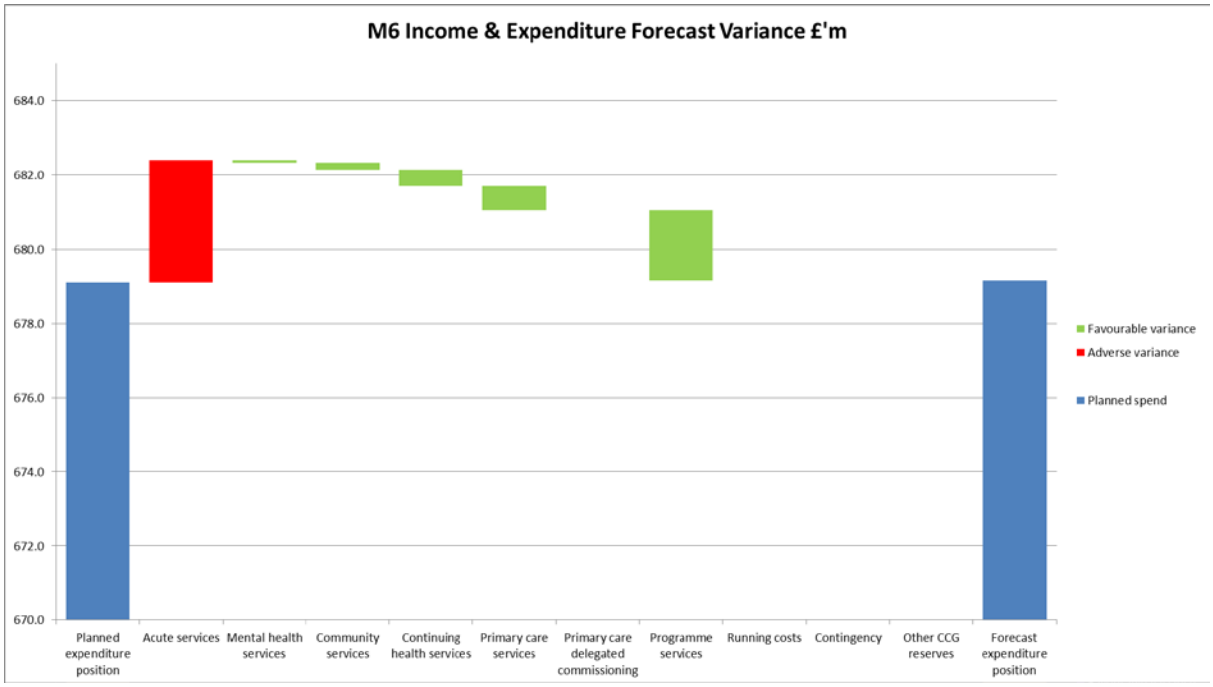
Resources

In month 6, the CCG's resources reduced by £643k, to bring the revised RRL to £680,878k. 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 £3.3m on acute service contracts, which is offset by a prescribing underspend and the CCG's reserves. The forecasts at programme level are shown in annex 1.

Key financial performance issues
The chart below illustrates the M6 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 M6 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 five 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 6 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 four months of the year, and therefore can be extrapolated to assume a full year under-spend. The PMD month 4 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 M6.

The risk of acute overperformance has 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 6, which is planned to contribute to the CCG's QIPP target.

The financial risks at month 6 are summarised in the table below:

Area		Risk £m	Comment
Risk issues	Acute services	2.27	NEL Overperformance/ Challenges and QIPP risk
	Continuing care services	0.87	Costs and prior year payments relating to legal challenges
	Delegated primary care	0.50	Cost pressure awaiting national Allocation for GP Remuneration
	Mental Health Services	0.40	AWP Daisy Unit and placement issues
	Quality Premium	0.09	QIPP risk arising from possible non-achievement of Quality Premium
		4.13	
Mitigations	Contingency	-3.07	Reserves balances
	Other reserves	-0.56	Reserves balances
	National Allocation	-0.50	NHSE National Allocation
		-4.13	
Net risk position after mitigations		**0.00**	

Key access issues

Performance by exception

RTT Incomplete Pathways

In August 2018, the CCG did not deliver the 92% Referral to Treatment (RTT) target achieving 91.2%, the same as July. SFT achieved the standard with 93.6%, however there was underperformance at both GWH (88.0%) and RUH (89.0%). The focus remains on waiting list size and shape as per the revised planning guidance. The RTT waiting list for WCCG has increased by 1,461 in the 5 months to 31st August 2018, an improvement from 1,569 excess last month. 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.

August 2018 RTT Waiting Lists

		RTT Rates				Waiting List ytd Change			
Code	Specialty	GWH	RUH	SFT	CCG	GWH	RUH	SFT	CCG
C_100	General Surgery	86.5%	88.7%	82.6%	**88.3%**	25	(60)	(137)	**(167)**
C_101	Urology	76.7%	92.8%	90.3%	**87.5%**	69	(94)	134	**196**
C_110	T&O	82.1%	83.7%	88.0%	**87.5%**	66	78	45	**310**
C_120	ENT	87.5%	72.6%	98.1%	**88.0%**	(30)	(164)	193	**93**
C_130	Ophthalmology	88.6%	83.2%	96.0%	**90.7%**	(37)	(173)	141	**(96)**
C_140	Oral Surgery *				**100.0%**				**2**
C_150	Neurosurgery				**74.5%**				**(7)**
C_160	Plastics	100.0%		91.7%	**90.5%**	14		(7)	**32**
C_170	Cardiothoracic				**92.3%**				**1**
C_300	General Medicine	98.5%	98.5%	100.0%	**98.8%**	47	5	1	**62**
C_301	Gastroenterology	86.6%	91.3%	95.2%	**92.5%**	(41)	176	(70)	**132**
C_320	Cardiology	94.8%	90.4%	99.7%	**94.4%**	42	99	76	**231**
C_330	Dermatology	93.8%	93.8%	92.6%	**93.9%**	24	92	7	**139**
C_340	Thoracic Surgery	90.0%	99.0%	75.7%	**87.2%**	(38)	(14)	23	**(11)**
C_400	Neurology	92.5%	93.4%		**91.4%**	27	(15)		**14**
C_410	Rheumatology	93.6%	98.8%	99.7%	**98.0%**	(42)	57	114	**140**
C_430	Geriatrics	100.0%	97.0%	100.0%	**99.1%**	1	(2)	20	**23**
C_502	Gynaecology	90.6%	93.8%	96.3%	**93.9%**	68	18	60	**185**
X01	Other	96.1%	95.3%	95.8%	**94.5%**	21	146	(64)	**182**
	Total	**88.0%**	**89.0%**	**93.6%**	**91.2%**	**216**	**149**	**536**	**1,461**
				YTD % Increase		3.8%	2.1%	5.3%	5.1%

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

Targets	
1	RTT % ≥ 92%
2	Hold WL Size

Over 52 Week RTT Waits

There were 14 >52 week breaches in August, down from 15 in July; 6 at GWH (6 in Ophthalmology), 3 at RUH (2 ENT and 1 General Surgery), 1 at North Bristol (Orthopaedics), and 4 at Oxford (all 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 August with 93.3%. SFT achieved the standard (99.5%) but GWH and RUH breached at 76.9% and 96.1% 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

August 2018 reporting shows the CCG breached 2 standards, 31 Day wait for diagnosis to treatment and 62 Day wait for referral to Treatment. There has been a 23% rise in Cancer referral activity in 2018/19 especially for breast, skins gastroenterology and urological cancers.

31 Day diagnosis to treatment 95.85% (target = 96%) – There were 11 patient breaches in August compared to 7 in July. The number of patients seen increased from 213 to 265 in the month. The main breaches were seen at GWH.

62 day referral to treatment 78.48% (target = 85%) – There were 34 breaches in August compared to 25 in August with the number of patients seen increased from 112 to 158 in the month. All the local acute providers breached the standard (RUH (80.4%), GWH (84.2%) and SFT (84.3%). Urological cancer patients account for the most breaches

A&E <4 Hour waits

All three Acute Trust breached the 95% standard in August. Main Providers reporting was deterioration at RUH 81.8% and SFT 86.0% with improvement at GWH to 93.0%.

This is a priority focus at the 3 Local Delivery Boards; with RUH facing system retaining a 4 hour improvement plan in place.

The focus for the South facing system is regaining performance following a sustained period of increased demand and levels of escalation; a system wide action plan is in place with focus on admission avoidance (such as review of ambulance conveyances with Clinical Assessment Service and Rapid Access Clinics), in hospital processes and systems; and capacity for timely and appropriate discharges (additional domiciliary care service sought by WC). An Expert Panel has been in place for the last month reviewing all long stay patients.

Wiltshire LDB in October focussed on system wide escalation plans and identified risk and mitigation plans.

On-going work on the Wiltshire Sustainability (Winter) Plan with discussion at Governing Body and Health and Wellbeing Board – for final sign off in November.

Ambulance Response

The SWAST performance has improved an achieved both standards in August.
• ARP has now been adopted as the national benchmark, and a suite of national documents have been published addressing ambulance transformation and sustainability (Carter review, Spring Review, Commissioning Framework)
• SWAST has seen some improvements in Cat 1 performance at Month 6, and has met the national Cat 1 mean target of 7 minutes and achieved 90th percentile target for 2 consecutive months. However Cat 1 performance for Wiltshire is still not meeting national 7 minute mean.
• Cat 2 performance is still not being achieved across SWAST and nationally there are no targets for cat 3 or Cat 4
• Wiltshire activity is currently 1.64% above expected contractual volumes and activity increase is particularly driven from patients calling 999 directly. Acute Trusts are experiencing an increase in conveyed patients to ED and this remains a discussion point at local delivery boards.
• SWAST initially identified a significant funding gap at a point in time and a business case was shared with commissioners. SWAST and Commissioners have re-commissioned ORH to model to understand the current funding gap to meet with expected demand and impact of commissioner joint action plan to refresh the underlying business case. This is expected to be completed by the end of the year. WCCG have already committed to additional funding for 2018/19 of £157,235 with 2.3% recurrent uplifts both in 2019/20 and 2020/21 but waiting to see outputs of the financial modelling.
• SWAST has implemented a number of internal actions including management restructure, rota review, fleet procurement and recruitment.
• Commissioners have developed a joint STP action plan covering 6 keys areas including, Handovers, Frequent attenders, HCP callers, 111 activity, Frailty and Falls, Mental Health, Alternative Pathways; which is seen to improve performance with consistency being adopted across the SWAST area.
• Wiltshire CCG has prioritised 111 activity, frailty and falls as key areas to work on (being confirmed).
• Commissioners continue to work with SWAST to implement all work stream actions of the joint STP action plan to achieve performance by April 2021

Delayed Transfers of Care (DToCs)

The CCG had 1,992 DToC days in July compared to a target of 1,200. There were increased lost bed days in August at all main Providers GWH (+162) RUH (+90), SFT (+20), AWP (+134) and WH&C (+52). The increasing DToC figures are due to the lack of domiciliary care and care home capacity. The new help to live at home (HTLAH) Alliance Framework contract in place this month should begin to increase capacity and flow out of the acute and community hospitals.

Dementia Diagnosis

The August rate remained at 66.1% compared to the 66.7% target. The CCG is now only 43 diagnoses short of achieving the standard.

Community Services

Adult Health (WH&C) for August 2018, WH&C average length of stay (36.7 days) has reduced slightly however remains well above the average of 28.2 days for 2017/18 and above the 20 day target. DToC rates have remained at 17% in August but they are still lower than the 20% target. WH&C continue to focus on the stranded and super stranded patients, however the availability of domiciliary packages of care and nursing home placements still remains the main reasons for the delays.

Minor Injury Units treated 99% of patients within the 4 hour target despite an increase in activity levels in 18/19 against a target of 95%. In August the Community Teams supported 79% of patients to die in their place of choice of death; and is below the 92% target. This equates to 4 patients whose health deteriorated rapidly and their clinical circumstances did not support their choice of place of death.

Updated information about the Home First Pathway was not available in August, and data will not be available until October, whilst Wiltshire Health and Care improve their data capture mechanisms, and move to real time data reporting.

Appendices

- Annex 1 Summary I&E position M6 2018/19
- Annex 2 Summary Statement of Financial Position M6 2018/19
- Annex 3 Cash Position M6 2018/19
- Annex 4 Better Payment Practice Code Performance M6 2018/19
- Annex 5 Movement between M5 and M6 budgets 2018/19
- Annex 6 Performance against constitution targets M5 2018/19

Annex 1 – Summary Income and expenditure position M6 2018/19

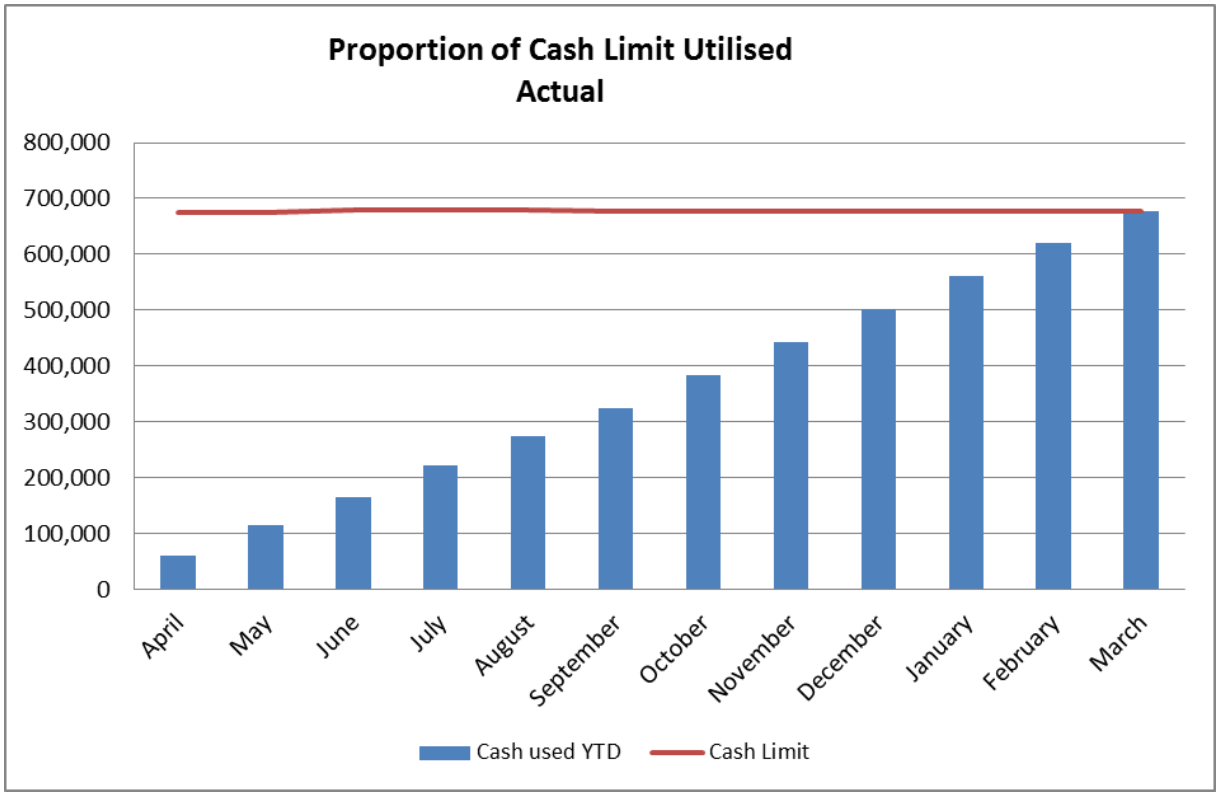
CCG Income and Expenditure summary	Year to date			Forecast outturn			Prior Month Forecast Variance	Movement
	Plan	Actual	Variance	Plan	Actual	Variance		
	£m	£m	£m	£m	£m	£m	£m	£m
Acute services	164.447	167.288	2.841	331.552	334.812	3.260	**3.761**	**(0.501)**
Mental health services	26.000	25.974	(0.026)	51.999	51.931	(0.068)	**(0.003)**	**(0.065)**
Community health services	29.425	29.311	(0.114)	59.349	59.160	(0.189)	**(0.009)**	**(0.180)**
Continuing care services	14.869	14.596	(0.273)	29.511	29.061	(0.450)	**(0.450)**	-
Primary care services	44.530	42.899	(1.631)	91.405	90.755	(0.650)	**(2.202)**	**1.552**
Primary care delegated commissioning	30.975	30.640	(0.335)	62.440	62.440	-	-	-
Other programme services	13.601	13.633	0.032	27.265	27.209	(0.056)	**(0.106)**	**0.050**
Contingency	1.535	1.535	-	3.069	3.069	-	-	-
Other CCG reserves	2.785	2.456	(0.329)	12.324	10.477	(1.847)	**(0.991)**	**(0.856)**
Total commissioning services	**328.167**	**328.332**	**0.165**	**668.914**	**668.914**	**-**	-	-
Running costs	3.982	3.817	(0.165)	10.266	10.266	-	-	-
Total CCG net expenditure	**332.149**	**332.149**	**-**	**679.180**	**679.180**	**-**	-	-
Revenue resource limit (in year)	332.998	332.998	-	680.878	680.878	-		
In year underspend (deficit)	**0.849**	**0.849**	**-**	**1.698**	**1.698**	**-**		
Add back brought forward surplus	7.593	7.593	-	15.186	15.186	-		
Cumulative underspend / (deficit)	**8.442**	**8.442**	**-**	**16.884**	**16.884**	**-**		

Annex 2 – Summary Statement of Financial Position M6 2018/19

Summary Statement of Financial Position	£'m Opening position 1st April 2018	Closing position 30th Sept 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	6.01	2.02
Trade and Other Receivables	2.79	3.29	2.79
Bad debt impairment	-0.53	-0.52	-0.53
Cash and Cash Equivalents	0.03	0.63	0.03
TOTAL Current Assets	4.31	9.40	4.31
TOTAL ASSETS	**4.32**	**9.41**	**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	55.66	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	55.99	40.53
TOTAL LIABILITIES	**42.95**	**55.99**	**40.53**
ASSETS LESS LIABILITIES (Total Assets Employed)	**-38.63**	**-46.58**	**-36.22**
Financed by taxpayers' equity:			
General fund	38.63	46.58	36.22
Revaluation reserve	0.00	0.00	0.00
Other reserves	0.00	0.00	0.00
Total taxpayers' equity:	**38.63**	**46.58**	**36.22**

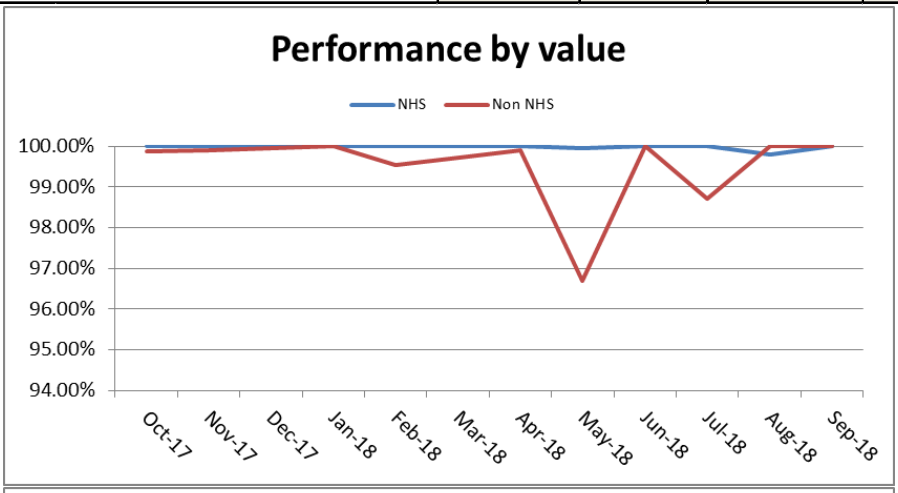
Annex 3 – Cash Position M6 2018/19

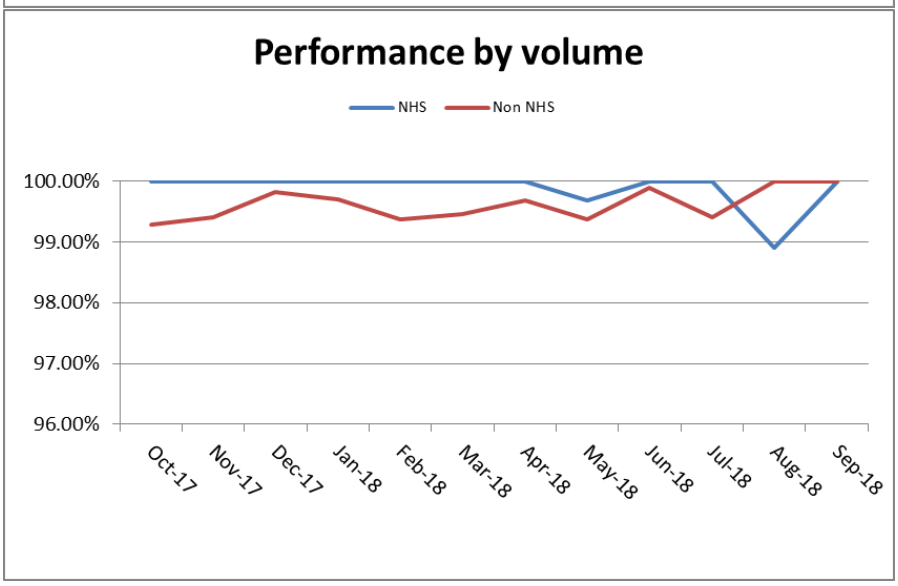
	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m	348.03	696.06
Assumed revenue cash limit / £'m	339.09	678.17
Cash drawn down / £'m	295.32	620.50
Cash top sliced for CHC risk pool prescribing and home oxygen / £'m	28.88	57.68
Effective total cash drawn down / £'m	324.20	678.17
Cash drawn down as % of total	47.8%	100.0%
Expected cash draw down as %	50.0%	100.0%
Cash utilised / £'m	323.60	678.17
Balance in account / £'m	0.63	0.03
Balance in account as % of total cash limit	0.60%	0.00%



Annex 4 – Better Payment Practice Code Performance M6 2018/19

		Performance vs 30 days BPP ytd Sept 2018			
		In Month		YTD	
		Nos.	£'m	Nos.	£'m
NHS					
	Total bills paid	221	27.04	1,826	176.12
	Total bills paid within time	221	27.04	1,822	176.04
	% of bills paid within target	100.0%	100.0%	99.8%	100.0%
Non-NHS					
	Total bills paid	604	11.53	4,062	62.80
	Total bills paid within time	604	11.53	4,051	62.31
	% of bills paid within target	100.0%	100.0%	99.7%	99.2%
ALL					
	Total bills paid	825	38.57	5,888	238.91
	Total bills paid within time	825	38.57	5,873	238.35
	% of bills paid within target	100.0%	100.0%	99.7%	99.8%





Annex 5 - Movement between M5 and M6 budget 2018/19

Budget movemets	M6 £m	M5 £m	Change £m	Explanation of movement
Acute services	331.552	331.552	-	
Mental health services	51.999	51.999	-	
Community health services	59.349	59.349	-	
Continuing care services	29.511	29.511	-	
Primary care services	91.405	92.107	(0.702)	Flu budget transferred to NHS England (£740k) and GP Wifi £38k
Primary care delegated commissioning	62.440	62.424	0.016	GP Practice growth
Other programme services	27.265	27.265	-	
Contingency	3.069	3.069	-	
Other CCG reserves	12.324	12.281	0.043	Spec Comm IR £81k,STP funding to BANES (£223k),GP OOH £131k, Spec Comm IR £14k and Diabetes Transformation £40k
Total commissioning services	**668.914**	**669.557**	**(0.643)**	
Running costs	10.266	10.266	-	
Total CCG net expenditure	**679.180**	**679.823**	**(0.643)**	
Revenue resource limit (in year)	680.878	681.521	(0.643)	RRL decrease (see below)
In year underspend (deficit)	**1.698**	**1.698**	**-**	
Add back brought forward surplus	15.186	15.186	-	
Cumulative underspend / (deficit)	**16.884**	**16.884**	**-**	

RRL increase	£000
GWH Spec Comm Transfer	81
STP funding transferred to BANES CCG	(223)
Flu Vaccine budget transferred to NHSE	(740)
GP OOH Funding	131
GP Wifi Year 2	38
Spec Comm IR Changes	14
Gp Practice Growth	16
Diabetis Transformation funding	40
Total	**(643)**

Annex 6 – Performance against constitution targets M5 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%	91.2%							
Total number of patients waiting	CCG	**28,590**	28,600	29,495	30,282	30,014	30,158	30,051							
Number of patients waiting more than 52 weeks	CCG	**57**	0	**18**	**15**	**11**	**13**	**14**							
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%**	**93.3%**							
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%	94.4%	93.7%							
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%	96.4%	95.2%							
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%	96.7%	95.8%							
Maximum 31-day wait for subsequent treatment where that treatment is surgery	CCG	**96.4%**	≥94%	97.3%	98.0%	92.3%	96.6%	95.7%							
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%	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%	98.8%	94.5%							
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%	**77.7%**	**78.5%**							
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%	100.0%	90.9%	92.3%							
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%	100.0%	92.0%							
Mixed Sex Accommodation Breaches															
Breaches of Mixed-Sex Accommodation	CCG	**163**	0	0	**7**	**11**	**37**	**28**							
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%**	**81.8%**							
	SFT	**92.3%**		93.1%	91.3%	91.8%	90.8%	**86.0%**							
	GWH	**87.2%**		**90.0%**	93.5%	91.0%	91.7%	93.0%							
	SWIC	**100.0%**		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**	**7.1**	7.0							
Category 1 90th Percentile Response Duration (Mins)	SWAST	17.7	<15	**15.8**	**15.8**	14.4	13.2	13.0							
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	7							
HCAI measure (MRSA infections)	CCG	4	0	0	1	0	0	0							
DTOC Total Days Delayed (Wiltshire)	RUH	305	175	225	228	353	443								
	SFT	379	225	366	519	412	432								
	GWH	320	100	429	264	212	374								

				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%**	**66.1%**							
IAPT Access Rate (2017/18 target = >4.2% per Qtr)	CCG	**5.3%**	4.20%			5.9%									
IAPT Recovery Rate (2017/18 Quarter 4 target = >50%)	CCG	**53.0%**	≥50%			53.0%									
IAPT <6 Weeks Access (National Target >=75%)	CCG	**91.6%**	≥90%	87.8%	93.6%	96.1%									
IAPT <18 Weeks Access (National Target => 95%)	CCG	**99.9%**	≥96%	99.5%	100.0%	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%	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%			**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%	97%							
Average length of stay - Mean (Ailesbury, Cedar, Longleat)	**28.2%**	<=20	**26.0**	**26.6**	**34.4**	**37.0**	**36.7**							
DToCs (% of occupied beds)	**24.7%**	<=20%	11.0%	13.0%	16.0%	17.0%	17.0%							
% End of Life patients dying in preferred place	**92.0%**	≥90%	92%	100%	100%	**88%**	**79%**							
Minor Injury Units - Arrival to discharge time within 4 hours	**99.0%**	95%	99%	99%	98%	98%	99%							
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%									