NHS
Wiltshire
Clinical Commissioning Group

Presented to:	Governing Body - Public
Date of Meeting:	22 January 2019
For:	Discussion

Agenda Reference:	GOV/19/01/11
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 January 2019 reports using data for April 2018 to December 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

January 2019

Integrated Performance Report
Contents

Wiltshire CCG Quality Report

January 2019

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)	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	2018/19 Sparkline	Exception Identified? (4)
Safety	S1	Healthcare acquired infection (HCAI) measure - MRSA	Number of infections = 0	M	0	n/a	4	2	0	0	0	0	0	1	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	68	7	8	10	8	11	6	5	11	7	10	9	9		
Safety	S3	Healthcare acquired infection (HCAI) measure - *E. coli*	Number of infections (see threshold for Provider)	M	Individual Provider Targets	n/a	287	209	27	21	13	20	25	25	29	24	24	27	32	23		
Safety	S4	Healthcare acquired infection (HCAI) measure - MSSA	No target set	M	0	n/a	77	52	3	9	6	6	10	7	10	7	4	5	8	1		
Safety	S5	Healthcare acquired infection (HCAI) measure - *Pseudomonas aeruginosa*	No target set	M	0	n/a		18					0	3	3	3	1	2	5	1		
Safety	S6	Healthcare acquired infection (HCAI) measure - *Klebsiella* spp.	No target set	M	0	n/a		54					9	4	8	3	7	9	10	4		
Safety	S7	Bed Days closed due to infection outbreak (e.g. Noro Virus)	No target set	TBC	To be determined	n/a	632	41	142	176	117	71	16	0	0	0	0	25	0	0		
Safety	S8	Number of Never Events (CCG)	Number of events = 0	M	0	n/a	4	5	0	0	2	0	0	0	0	0	0	1	4	0		
Safety	S9	Number of Serious Incidents reported for Wiltshire patients.	Number of reported serious incidents	M	n/a	n/a	148	115	7	11	14	7	11	21	11	21	16	10	15	10		
Safety	S10	NHS Patient Safety Thermometer - Venous Thromboembolism (VTE)	VTE -%	M	0.40%	n/a	0.7%	#DIV/0!	0.4%	0.7%	0.2%	2.5%	0.6%	0.7%	1.2%	1.2%	1.0%	5.2%	0.6%	25.3%		
Safety	S11	Midwife:Birth Ratio		M	1.27	n/a	1.30	1.30	1.28	1.30	1.28	1.29	1.29	1.31	1.30	1.29	1.30	1.30				
Safety	S12	Over 52 Week Waits		M	To be determined	n/a	57	103	5	5	7	13	18	15	11	13	14	11	10	11		
Experience	Ex1	Staff Friends and Family Test Score (Work)	Score => National average	Q	67.0%	63%	60.2%	56.6%				54%			57%			56%				
Experience	Ex2	Staff Friends and Family Test Score (Care)	Score => National average	Q	84.0%	80%	81.6%	79.7%				79%			80%			79%				
Experience	Ex3	Friends and Family Test Score Mental health	Score => National average	M	93.0%	89%	88.1%	89.4%	88%	88%	89%	88%	90%	90%	90%	91%	88%	88%	89%			
Experience	Ex4	Friends and Family Test Score GPs	Score => National average	M	N/A	89%	90.3%	90.6%	89%	92%	89%	90%	88%	90%	91%	90%	89%	93%	93%			
Experience	Ex5	Mixed sex accommodation (MSA) Breaches (rate per 1000 episodes)	Number of breaches = 0	M	0	1.0	1.1	1.97	0.1	4.0	2.4	3.1	0.0	0.5	0.8	2.9	2.2	1.3	4.1			
Experience	Ex6	Number of Complaints Received (to the CCG)	Total number of complaints received	M	N/A	n/a	66	30	4	8	6	9	6	4	4	6	5	1	2	2		
Effectiveness	Ef1	12 Hr Trolley Breaches in the ED		M	0	n/a	28	4	6	0	1	1	3	0	0	0	0	0	0	1		
Effectiveness	Ef2	Fractured Neck of Femur	% in theatre within 36 hours	M	80%	73%	80.6%	#DIV/0!	84%	80%	77%	84%	72%	74%	81%	80%	82%	73%	73%			

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:	Reported cases of C.Difficile infection (CDI) cases are higher than the same time period last year.
Assurances and Next Steps:	The CCG threshold allocated by NHS England for Wiltshire 2018/19 is 102 cases. Year to date (YTD), there have been 67 CDI cases in 2018/19, 2 cases more than the same time period for 2017/18. The largest proportion of cases are attributable to the community; the cases attributable to acute providers have to date predominantly arisen within RUH, the GWH rates are beginning to decrease and stabilise. Both trusts received visits from NHS Improvement in the first half of December and will share the reports and associated action plans with the CCG once the reports are completed. The Quality team continues the reviews of community cases, so far common themes include antibiotic usage which may be the root cause of infection. These cases are currently being triangulated against the antibiotic prescribing data.

Indicator:	S3- 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 marginally higher in comparison to the same time period last year. The current position of E-Coli cases for 2018/19 is 209, compared to 207 in 2017/18. The CCG's IP&C lead is continuing to undertake a review of 85 cases that originated within the community between July and December 2018. Public Health England have published new Urinary Tract Infection (UTI) pathway and diagnostic guidance alongside prescribing guidance for UTIs and this has been disseminated to primary care. Current STP plans for reducing E-coli GNBSI cases are being reviewed following change in staff within neighbouring CCGs.

Indicator:	S8 Number of Never Events (CCG) S9 Number of Serious Incidents reported for Wiltshire patients
Issue:	During the month of November 2018, 10 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	November 2018
AWP	**1**
Apparent/actual/suspected self-inflicted harm	1
RUH	**1**
Slips/trips/falls	1
SFT	**3**
Diagnostic incident including delay (inc failure to act on test results)	1
Pending review (a category must be selected before incident is closed)	1
Screening issues	1
WCCG	**2**
HCAI/Infection Control incident	1
Treatment delay	1
WHC	**3**
Pressure ulcer	3
Grand Total	**10**

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.

Reports have been received for each of the four Never Events raised in October; three at GWH and one at SFT. The Quality Team is reviewing the reports to ensure robust investigations have been carried out and appropriate actions have been identified. No Never Events were reported in November 2018.

For all incidents, the Quality Team has received immediate assurances from providers and will review the investigation reports to ensure robust investigations are carried out and all mitigations and learning have been identified and put in place.

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

Provider and Outcome	November 18
RUH	**4**
Open – Awaiting Provider response to additional assurances requested prior to agreeing closure of these investigations.	2
Closed – Awaiting Provider response to queries raised.	1
Closed	1

BDUC	**2**
Open – Awaiting Provider response to additional assurances requested prior to agreeing closure of these investigations.	1
Closed – Awaiting Provider response to queries raised.	1
GWH	**1**
Closed – Awaiting Provider response to queries raised.	1
SFT	**2**
Closed	1
Closed – Awaiting Provider response to queries raised.	1
WCCG	**1**
IHG - Open – Awaiting Provider response to additional assurances requested prior to agreeing closure of these investigations.	1
Grand Total	**10**

AWP were issued with a Contract Performance Notice (CPN) in December 2017 for their serious incident management (relating to timely completion of root cause analysis). This remains in place.
During November the Trust released 44% of reports within the agreed timeframe, performing well below the agreed trajectory.

The Trust is experiencing challenge in completing reports to deadline for a variety of reasons including ratification of reports, with a number being rejected based on quality. The Trust is in discussion with the CCGs in relation to compliance and a plan for improving the quality of reports. A call has been scheduled for the Directors of Nursing across BNSSG and BSW to discuss the improvements required by the Trust, which will include undertaking a full review of the current backlog, and agreeing the quality improvements required. The CPN will then be re-framed to include not only the timeliness of RCA, but also the quality of them.

Indicator:	**S12 52 Week Incomplete Waits**
Issue:	11 x 52 week wait breaches reported in November 2018 (latest data available).
Assurances and Next Steps:	There were 11 x 52 week wait breaches reported in November 18. Both RUH and GWH reported 1 breach each in ENT and WCCG have sought assurances from RUH that the appointment has now been booked. GWH have confirmed that the patient has now been treated. North Bristol Trust (NBT) reported 3 breaches (all in trauma and orthopaedics). WCCG have received assurance that these patients have now been booked. Oxford University Hospital reported 3, all of which were in gynaecology.

At the time of writing, WCCG have sought confirmation on the status of these cases and are awaiting a response. Southampton reported 2 in Neurology and has confirmed that both patients have now been treated. UHB reported 1 in 'Other' and confirmed that the breach occurred in paediatric urology and that this patient has now been treated.

There has been a reduction in breaches at GWH; however, Oxford University Hospital has reported similar levels of breaches in gynaecology as previously reported. Breach reports continue to be monitored and feedback given via the contract meetings to ensure that potential harm to patients is understood and that actions are in place to treat patients as quickly as possible.

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)	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-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	446	100	91	59	63	44	42	32	41	63	61	90	73		
Safety	U1b	Ambulance Handover Delays > 30mins (SFT only) (5)		M	N/A	n/a	326	269	47	52	29	26	16	20	15	21	46	54	57	40		
Experience	U2a	IUC Compliance with Call Audits - Health Advisor (IUC)		M	N/A	To be determined	n/a	77.8%						42%		59%	79%	100%	94%	94%		
Experience	U2b	IUC Compliance with Call Audits - Clinical Advisor (IUC)		M	N/A	To be determined	n/a	89.2%						56%	91%	91%	100%	93%	94%	100%		
Experience	U2c	IUC Compliance with Call Audits - Agency Clinicians (IUC)		M	N/A	To be determined	n/a	75.6%						55%	50%	50%	89%	86%	100%	100%		
Experience	U2d	Call Audits Compliance (SWASFT) (%)		M	85%	90%	72.1%	91.7%	61%	49%	64%		50%	95%	122%	100%	83%	100%				
Safety	U3a	>16 Hour ED Stays (Waits) (Wiltshire)		M	N/A	n/a	373	167	62	65	23	54	17	12	6	16	29	27	29	31		
Safety	U3b	>16 Hour ED Stays (Waits) (SFT) (5)		M	N/A	n/a	4	6	1	0	1	2	0	0	0	0	1	2	3	0		
Experience	U4	Complaints made to the provider (All patients)		M	N/A	To be determined	n/a	34						8	5	4	3	8	2	4		
Safety	U5	Incidents		M	N/A	To be determined	n/a	1038						205	189	143	126	114	129	132		
Effectiveness	U6	CQUIN performance (NHS 111 and SWAST)		Q	N/A	n/a	100.00%	#DIV/0!	100%			100%			TBC			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%			TBC				
		Planned Care	**Acutes and Independents**																			
Experience	P1	104-day Cancer Target Breaches		M	N/A	n/a	14	0	0	0	0	0										
Safety	P2	Pressure Ulcers (Category III & IV Pressure Ulcers: Hospital Acquired)		M	N/A	n/a	63	39	7	5	3	4	5	1	8	3	7	7	8	0		
Safety	P3	Falls resulting in fracture or major harm		M	N/A	n/a	140	106	12	18	14.001	11.001	11	19	5	20	22	14	14	1		
Experience	P4	Patient Moves within thresholds		M	N/A	n/a	61	55	5	9	3	3	5	10	6	11	11	12				
Safety	P5	Mortality Ratios - SHMI	(GWH, RUH and SFT only)	M	N/A	100	100.1	99.5	91.4	98.3	102.3	102.33	102.333	100.667		98.333	98.33	98.00				
Safety	P6	Mortality Ratios - HSMR	(GWH, RUH and SFT only)	M	N/A	100	102.9	101.8	101.0	101.0	101.0	100.33	101.333	102.667	103.4	102.33	101.0	100.0				
Effectiveness	P7a	CQUIN performance (acutes)		Q	N/A	n/a	82.8%	88%	64%			93%			88%			TBC				
Effectiveness	P7b	CQUIN performance (others)		Q	N/A	n/a	77.3%	90%	74%			79%			90%			TBC				
Safety	P8	Number of patients moved over night		Q	N/A	n/a	61	55	10			15			21			34				
Safety	P9	Unplanned Transfers to Acute Services from Independent Providers		Q	N/A	n/a	3	2	0			0			2			0				

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)	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-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**	**1.5**	1	1	1	1	3	0	1	1	2	0	1			
Safety	A2	Falls with Harm		M	N/A	n/a	**4.2**	**8.3**	4	6	6	4	5	7	0	11	9	8	10			
Safety	A3	Clinical Incidents per Month		M	N/A	n/a	**218.6**	**242.6**	211	183	231	204	226	254	200	254	272	242	250			
Effectiveness	A4	CQUIN Performance		Q	N/A	n/a	**1.0**		100%			95%			100%			TBC				
		Childrens Community Services		**Virgin**																		
Safety	C1	Clinical Incidents per Month		M	N/A	n/a	**131**	**16**	11	7	3	7	0	0	0	1	6	6	3			
Effectiveness	C2	CQUIN Performance		Q	N/A	n/a	**75.0%**		N/A			50%			N/A			TBC				
		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%	98%	98%	96%	98%	96%	96%	96%	98%	98%		
Effectiveness	PC2	CQC Safety Domain	% good or above overall (of inspected practices)	M	N/A	n/a	**100%**	**95%**	96%	96%	96%	96%	96%	91%	91%	96%	96%	96%	96%	96%		
Safety	PC3	Number of NRLS incidents raised		M	N/A	n/a	**35**	**26**	1	1	4	20	5	0	1	4	1	9	1	4		
Safety	PC4	Number of STEIS incidents raised		M	N/A	n/a	**1**	**7**	0	0	0	0	1	0	0	0	1	0	4	0		
Experience	PC5	GP Friends and Family Test	Recommend Rate	M	N/A	89%	**90%**	**91%**	89%	92%	89%	90%	88%	90%	91%	90%	89%	93%	93%			
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:	P3 Falls with Harm Acutes
Issue:	One reported in the current month (November 18)
Assurances and Next Steps:	The GWH reported 1 fall with harm in November 18; this is currently under investigation by the provider. This appears to be a reduction in reported incidents across providers, but the information relating to RUH and SFT is currently unavailable due to the reduction in meetings and reporting over the Christmas and new year period. This data will be included and reported as it becomes available from the providers.

Indicator:	A2 Falls with Harm WHC
Issue:	10 falls reported in October.
Assurances and Next Steps:	WHC reported 10 falls in October 2018. Two were reported as severe harm; one happened on an in-patient ward and one within the community. WHC have confirmed that both falls have been reported as serious incidents. As a result of an increase in falls on Longleat Ward, WHC undertook an audit of each of the falls. As an outcome of the audit, WHC have drafted an action plan, and progress against this plan will be presented to commissioners at the January Contract Quality & Performance Meeting.

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)	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-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%**	13.9%	14.0%	13.7%	13%	13%	12.6%	13.6%	13.6%	13.3%	13.4%	13.0%			
Effectiveness	**U5b**	Staff Turnover (IUC)	Staff turnover rate - %	M		n/a		**2.4%**									3.8%	1.6%	2.1%	2.1%		
Effectiveness	**U8a**	Sickness Absence (SWAST)	Sickness absence rate against provider target - %	M		n/a	**5.1%**	**5.0%**	6.0%	6.2%	5.1%	5.0%	4.6%	4.7%	5.2%	4.9%	5.0%	5.3%	5.4%			
Effectiveness	**U8b**	Sickness Absence (IUC)	Sickness absence rate against provider target - %	M		n/a		**5.4%**						5.2%	5.4%	4.1%	4.7%	4.4%	7.6%	6.8%		
Effectiveness	**U9a**	Vacancies (SWAST)	Vacancy rates -%	M		n/a	**6.4%**	**1.3%**	3.5%	1.6%	1.1%	1.4%	1.1%	1.3%	1.5%	1.6%			1.1%			
Effectiveness	**U9b**	Vacancies (IUC)	Vacancy rates -%	M		n/a		**7.4%**						8.3%	7.3%	11.4%	9.0%	7.4%	5.0%	3.2%		
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%**	**88.3%**	94%	94%	91%	91%	89%	92%	91%	92%	90%	88%	83%	81%		
Effectiveness	**U11b**	Appraisal Rate (IUC)	Staff with an annual appraisal - %	M	TBC	n/a		**97.8%**								96%		99%				
Effectiveness	**U12b**	Mandatory Training Compliance (IUC)	Compliance with all mandatory training - %	M	TBC	n/a		**70.5%**						50%	63%	73%	96%					
		Mental Health	**AWP and CHAMS**																			
Effectiveness	**M3**	Supervision rates within threshold		M	85%	85%	**85.9%**	**87.0%**			83%	83%	83%	90%	86%	89%	87%	87%	87%			
Effectiveness	**M4**	Staff Turnover (AWP)	Staff turnover rate - %	M	Provider set these targets average = 5%	n/a	**13.4%**	**12.3%**	13.0%	13.0%	13.0%	12.0%	12.0%	12.0%	12.0%	13.0%	13.0%	12.0%				
Effectiveness	**M5**	Sickness Absence (AWP)	Sickness absence rate against provider target - %	M		n/a	**4.7%**	**4.0%**	4.4%	4.4%	5.7%	5.7%	4.1%	4.9%	4.0%	2.0%	4.0%	5.1%				
Effectiveness	**M6**	Vacancies (AWP)	Vacancy rates -%	M		n/a	**20.2%**	**18.5%**	20.0%	20.0%	18.0%	18.0%	18.0%	21.2%	16.0%	17.0%	18.0%	19.0%	20.0%			
Effectiveness	**M8**	Appraisal Rate (AWP)	Staff with an annual appraisal - %	M	75%	n/a	**94.2%**	**94.3%**	96%	94%	95%	95%	95%	94%	95%	94%	92%	95%	95%			
Effectiveness	**M9**	Mandatory Training Compliance (AWP)	Compliance with all mandatory training - %	M	85%	n/a	**89.4%**	**90.6%**	90%	90%	89%	89%	89%	91%	91%	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)	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-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%**	11.8%	11.9%	12.0%	11.2%	11.1%	11.0%	10.9%	11.3%	12.0%	10.8%	10.7%	12.7%		
Effectiveness	P11a	Sickness Absence (acutes)	Sickness absence rate against provider target - %	M		n/a	**3.8%**	**3.6%**	4.2%	4.6%	4.2%	3.9%	3.7%	3.5%	3.1%	3.5%	3.3%	3.7%	3.7%	4.3%		
Effectiveness	P12a	Vacancies (acutes)	Vacancy rates -%	M		n/a	**7.5%**	**7.4%**	6.0%	6.6%	6.6%	6.5%	8.5%	8.4%	8.5%	8.2%	7.8%	7.3%	6.4%	3.9%		
Effectiveness	P13a	Agency staffing (acutes)	Agency staff - %	M		n/a	**2.2%**	**2.3%**	2.5%	1.5%	1.3%	1.7%	2.4%	2.4%	2.1%	2.4%	2.5%	2.7%	1.6%	2.2%		
Effectiveness	P14a	Appraisal Rate (acutes)	Staff with an annual appraisal - %	M	75%	n/a	**82.4%**	**82.7%**	85%	81%	81%	81%	81%	78%	79%	80%	84%	85%	88%	85%		
Effectiveness	P15a	Mandatory Training Compliance (acutes)	Compliance with all mandatory training - %	M	85%	n/a	**85.6%**	**87.4%**	87%	87%	87%	87%	88%	84%	87%	88%	88%	88%	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%**	**3.4%**	4.8%	5.2%	3.7%	3.6%	1.2%	2.2%	4.2%	4.3%	3.3%	3.7%	5.1%			
Effectiveness	A6	Vacancies	Vacancy rates -%	M		n/a	**12.4%**	**11.1%**	11.3%	11.5%	11.5%	10.5%	19.0%	10.6%	10.9%	11.1%	9.3%	8.4%	8.6%			
Effectiveness	A7	Agency staffing	Agency staff - %	M		n/a	**7.2%**	**7.0%**	10.2%	7.6%	11.1%	11.1%	6.1%	6.5%	7.1%	8.0%	7.4%	6.7%	7.6%			
Effectiveness	A8	Appraisal Rate	Staff with an annual appraisal - %	M	75%	n/a	**80.0%**	**67.4%**	76.0%	78.0%	77.0%	76.0%	86.0%	86.5%	62.0%	63.0%	61.0%	57.0%	56.0%			
Effectiveness	A9	Mandatory Training Compliance	Compliance with all mandatory training - %	M	85%	n/a	**83.5%**	**84.8%**	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%**	**2.3%**	0.1%	2.8%	1.6%	1.2%	1.9%	1.8%	2.6%	2.6%	3.3%	2.1%	2.0%			
Effectiveness	C5	Vacancies	Vacancy rates -%	M		n/a	**12.8%**	**20.6%**	25.6%	22.6%	14.3%	2.6%	10.0%	10.2%	26.5%	21.6%	27.0%	23.5%	25.3%			
Effectiveness	C6	Agency staffing	Agency staff - %	M		n/a	**4.1%**	**1.4%**	1.8%	1.0%	1.4%	1.4%	1.4%	1.4%	1.4%	0.0%	0.0%	0.0%	0.0%			
Effectiveness	C7	Appraisal Rate	Staff with an annual appraisal - %	M	75%	n/a	**84.9%**	**87.5%**	87%	81%	81%	81%	81%	81%	83%	83%	91%	97%	97%			
Effectiveness	C8	Mandatory Training Compliance	Compliance with all mandatory training - %	M	85%	n/a	**84.7%**	**86.4%**	87%	79%	83%	82%	89%	85%	87%	86%	85%	86%	87%			

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:	U8b IUC Sickness
Issue:	IUC Sickness absence 6.8%
Assurances and Next Steps:	The sickness rate has fallen from 7.6% in October. This continues to be monitored in the monthly Integrated Quality and Performance meetings. The figure of 6.8% of hours lost due to sickness is represented by 5.3% being lost through short term sickness, and 1.5% being lost to long term sickness. Medvivo continue to provide assurances relating to the strategies to manage employee sickness.

Indicator:	M4 Staff Turnover (AWP)
Issue:	The latest data from the Trust does not breakdown the turnover rate by locality (hence why the dashboard has not been updated). The reason for this is because the Trust do not hold their usual Governance meeting in full in December, only limited information is presented to the Trust Board. The Trust wide turnover rate in October was 13.1%.
Assurances and Next Steps:	The CCG will request that turnover data is submitted at a local level, to establish whether any further action is required.

Indicator:	M6 Vacancies (AWP)
Issue:	Vacancies rate
Assurances and Next Steps:	At the time of writing this report, the CCG has not received updated data from the Trust in relation to vacancies. As reported last month, October vacancy levels were 20%, with the highest vacancies in the south of the county.

Indicator:	A8 Appraisal rate (Wiltshire Health & Care)
Issue:	56% October 2018 (latest data)
Assurances and Next Steps:	WHC appraisal compliance remains below the KPI of 80%, and has decreased (negatively) from 57.27% in September 2018 to 56% in October 2018. WHC HR Team are working with managers to cleanse any data reporting issues and to establish any barriers to completion of appraisals and also to generate appraisal schedules in advance for 2019/2020. In addition to this, WHC have set individual 'low performing' teams a timeframe of 8 weeks to improve their appraisal rates, and each of these teams have an action plan to support them in doing this.

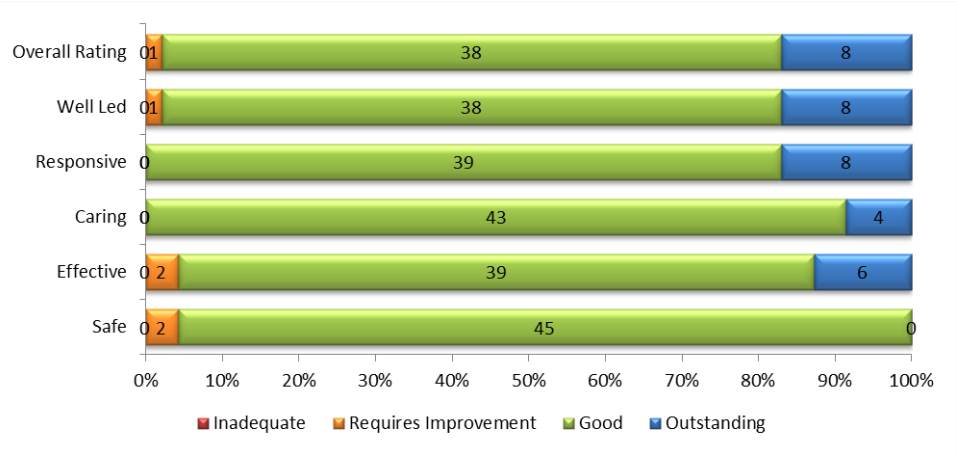
Indicator:	A9 Statutory Mandatory Training (Wiltshire Health & Care)
Issue:	74% October 2018 (latest data)
Assurances and Next Steps:	WHC statutory mandatory training compliance in October is below the KPI target of 80%. WHC has confirmed that information has been shared with all teams and individual staff members will be supported to complete outstanding training.

Primary Care – update

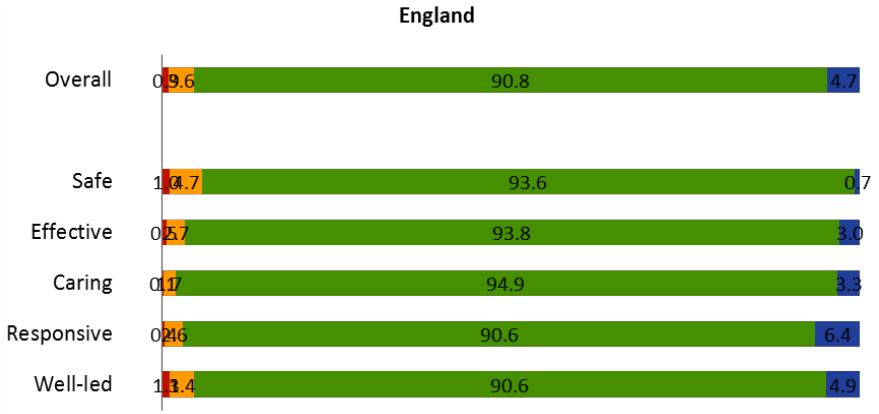
The breakdown of GP Practice CQC inspection results is shown in the charts below. As of 1 December 2018, there remain no practices rated in any domain or overall as 'Inadequate'. The rate of 'Requires Improvement' at domain level has remained at 4 practices with one of these practices also having an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



National GP Practice Ratings as at October 2018.



Further information around Primary Care assurance and quality improvement work is available in the Primary Care Quality Report (Current issue: Report number 9, September).

Sentinel Stroke National Audit Programme (SSNAP) Performance summary for Wiltshire providers (RUH, GWH, and SFT) July to September 2018

The providers have either maintained their overall performance (GWH at a D) or decreased (both SFT and RUH from a B to a C). The RUH has improved its performance in one domain (thrombolysis) but has reduced in three domains. SFT have seen positive changes in three domains and a reduction in four. GWH have improved in four domains and have reduced in one (scanning). Domain 1 (scanning) is now at B for all providers (RUH and SFT have remained the same and GWH have decreased from an A). All providers have increased their performance in domain 3 (thrombolysis). Domain 5 (OT) is now at a C for all providers (both RUH and SFT have reduced from an A and GWH has increased from a D).

Domain (Patient Centred)	**RUH** (and comparison to previous period)		**SFT** (and comparison to previous period)		**GWH** (and comparison to previous period)	
Domain 1: Scanning	B	↔	B	↔	B	↓ from A
Domain 2: Stroke unit	C	↔	D	↓ from C	C	↑ from D
Domain 3: Thrombolysis	B	↑ from C	C	↑ from D	B	↑ from C
Domain 4: Specialist assessments	B	↔	D	↓ from C	E	↔
Domain 5: Occupational therapy	C	↓ from A	C	↓ from A	C	↑ from D
Domain 6: Physiotherapy	C	↔	B	↔	C	↑ from D
Domain 7: Speech and language therapy	E	↓ from C	D	↑ from E	E	↔
Domain 8: Multi-disciplinary team working	C	↓ from B	B	↓ from A	D	↔
Domain 9: Standards by discharge	B	↔	B	↔	D	↔
Domain 10: Discharge processes	A	↔	A	↑ from B	D	↔

Summary Level						
SSNAP Level	C	↓ from B	C	↓ from B	D	↔
Case Ascertainment	A	↔	B	↓ from A	B	↓ from A
Audit compliance	A	↔	A	↔	B	↔
Combined Key Indicator Level	C	↓ from B	C	↓ from B	D	↔
Patient-centred Key Indicator Level	C	↓ from B	C	↓ from B	D	↔
Team-centred Key Indicator Level	C	↓ from B	C	↓ from B	D	↔

At summary level, both SFT and GWH have also seen decreases in their combined, patient-centred and team-centred key indicator levels with GWH remaining stable. Performance relating to case ascertainment (ensuring that all cases are entered onto the registry) have reduced at both GWH and SFT (both from an A to a B) with RUH remaining at an A and high levels of case ascertainment are essential to ensuring high quality data.

The SSNAP data is reflective of the improvement work currently underway in the stroke collaborative which is being led by the CCG Quality team. This process is supporting and driving change across stroke services in the STP; SSNAP outcomes data is expected to fluctuate over the duration of the collaborative before the concluding results are published (this will be in summer 2019). These results should evidence the collaborative outcomes and provider action plans.

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 for all cases in Q2 an Q3 of 18/19 • 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 update expected on 12 December 2018. • Hydration messages are currently going out through local authority communications teams and are linked in with the 'bring your bottle' campaigns 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. • WCCG task and finish group set and next meeting scheduled for 30 January 2018. • 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

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
Serious Incidents	AWP	A Serious Incident (SI) Contract Performance Notice (CPN) was issued to AWP on 12 December 2017.	January 2019	AWP and all CCGS (Bristol, North Somerset, South Gloucestershire (BNSSG) and BANES, Swindon and Wiltshire (BSW))		This CPN remains in place. The Trusts' compliance against trajectory remains below target. Commissioners have agreed with the Trust that the current CPN will be re-framed, after a Director of Nursing discussion across BNSSG and BSW, to include not only the timeliness of reporting but also the quality. This will require the Trust to complete an overview of their backlog, as well as establishing the quality improvement required. 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 September 18. This continues to remain below target at 37% in October 2018. Commissioners continue to receive monthly updates on performance against trajectory and await the outcome of the external review of serious incident processes. Commissioners and AWP have agreed that the CPN will be re-framed in January 2019 to include not only the timeliness of completing and submitting RCA in line with the Serious Incident Framework 2015, but also the quality of the RCA. The CCG will continue to request assurance regarding the AWP SI process.	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	Mark Harris	Finance committee, RTT Steering Group	
RTT target achieved	Mark Harris	Finance committee, RTT Steering Groups	
Waiting list size maintained	Mark Harris	Finance committee, RTT Steering Groups	
52 week waits	Mark Harris	Finance committee, RTT Steering Groups	
DM01 Diagnostic waits	Mark Harris	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 month 9 forecast outturn position for 2018/19 is set out below:

	£m
Opening Plan Revenue Resource Limit	676.807
Additional Allocations	3.991
Month 9 Revenue Resource Limit	680.798
Opening Plan Applications	(690.929)
Additional Applications	(3.991)
Month 9 Applications	(694.920)
QIPP	15.820
Net In-year surplus / (deficit)	**1.698**

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

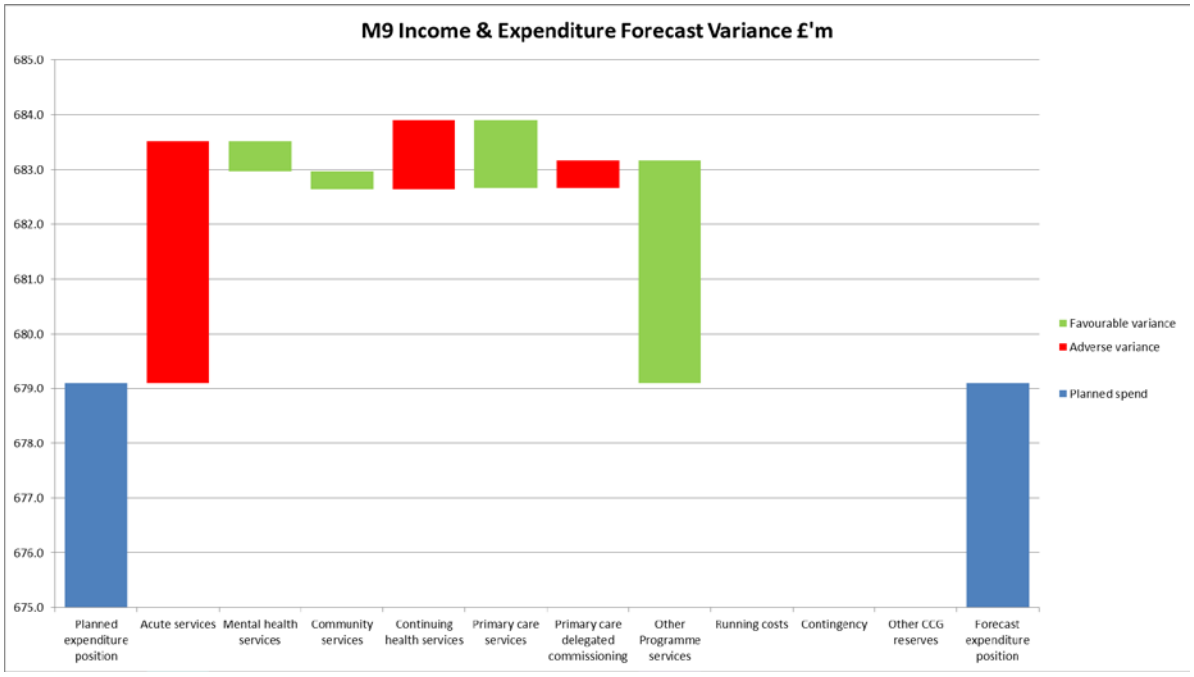
The CCG has received eight months of activity data from its acute providers. The CCG has agreed year end deals with GWH and SFT; these are reflected in the year end forecast position. There has also been unusually high over-performance at North Bristol NHS Foundation Trust (NBT) over the past few months though the trend is continuing to slowdown; therefore the forecast outturn has reduced by a further £16k. The risk level relating to acute performance has decreased significantly due to the yearend agreements reached with SFT and GWH.

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 9, the CCG's resources increased by £705k, mainly due to NHSE CCG support of £494k bringing the revised RRL to £680,798k. 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 position, there is a forecast overperformance of £4.4m on acute service contracts, which is offset by underspends across the portfolio. The forecasts at programme level are shown in annex 1.

Key financial performance issues
The chart below illustrates the M9 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 M9 relates to the alignment to the yearend deals agreed with GWH and SFT. Pressures are being seen on the SUHT contract, 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 providers over the period, partly due to weather conditions earlier on in the year. 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 all provider contracts.

As at month 9, the CCG is still reporting a year to date underspend on prescribing budgets. This is based on Prescribing Monitoring Data (PMD) reporting for only the first seven months of the year, and therefore can be extrapolated to assume a full year under-spend. Going forward the forecast outturn is expected to fluctuate due to 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 has evaluated the impact of this issue locally and is monitoring for any further fluctuations in price or volume.

The CCG is also reporting a year to date overspend in delegated primary care commissioning, due to the impact of paying the 1% GP Contract uplift now included from the month 7 position. This is slightly offset by lower than expected list size growth within practices in the period. The CCG is reporting a £500k overspend at the end of the year due to the CCG currently having to absorb the additional cost of the 1% GP Contract Uplift. Discussions are taking place with NHS England to clarify if the funding will be forthcoming from NHS England before the end of the financial year.

Across the BSW STP the commissioners and providers have undertaken a local triangulation of forecast outturn positions based on month 9 reporting. The main variance is with RUH and the CCG is working closely with the provider to understand their forecast position so that the additional financial impact can be quantified and understood across the STP. The main area of disagreement within the acute sector is around the impact of winter on demand within the system.

Financial risks

The CCG has reviewed and updated its identified financial risks at the end of M9.

The risk of acute over performance has decreased significantly, due to agreeing year end deals with GWH and SFT. The remaining acute risk value mainly reflects outturn risk on the RUH contract, 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.

The CCG has continued to report a risk in relation to Quality Premium in month 9, which is planned to contribute to the CCG’s QIPP target.

The financial risks at month 9 are summarised in the table below:

Area		Risk £m	Comment
Risk issues	Acute services	1.17	RUH Overperformance, Challenges, Long Stay Patients and QIPP risk
	Quality Premium	0.09	QIPP risk arising from possible non-achievement of Quality Premium
		1.26	
Mitigations	Contingency	-1.26	Reserves balances
	Other reserves		Reserves balances
		-1.26	
Net risk position after mitigations		**0.00**	

Performance by exception

RTT Incomplete Pathways

In November 2018, the CCG did not deliver the 92% Referral to Treatment (RTT) target achieving 91.6%, improved from 91.2% in October. SFT achieved the standard with 94.1%, however there was underperformance at both GWH (89.8%) and RUH (90.3%). The focus for this financial year remains on waiting list size and shape as per the revised planning guidance. The RTT waiting list for WCCG has increased by 1,232 in the 8 months to 30 November 2018. A third of the increase in the waiting list is due to new reporting of some lists that were not in the March 2018 figure and 75% are due to increased waiting lists at Providers other than the main 3 Acutes including Non-NHS providers.

November 2018 RTT Waiting Lists

		RTT Rates				Waiting List ytd Change			
Code	**Specialty**	**GWH**	**RUH**	**SFT**	**CCG**	**GWH**	**RUH**	**SFT**	**CCG**
C_100	General Surgery	92.6%	90.2%	84.9%	**90.2%**	(18)	(36)	(85)	**(128)**
C_101	Urology	80.0%	93.7%	90.3%	**88.8%**	16	(88)	99	**131**
C_110	T&O	83.0%	85.9%	88.7%	**88.0%**	(73)	(20)	46	**(6)**
C_120	ENT	92.1%	85.4%	95.2%	**91.3%**		(192)	156	**44**
C_130	Ophthalmology	90.9%	85.7%	98.2%	**92.6%**	4	(293)	103	**(18)**
C_150	Neurosurgery				**88.0%**				**13**
C_160	Plastics	100.0%		92.2%	**91.8%**	42		7	**61**
C_170	Cardiothoracic				**75.0%**				
C_300	General Medicine	97.7%	83.3%	100.0%	**95.5%**	27	(39)	11	**2**
C_301	Gastroenterology	86.2%	90.2%	98.4%	**92.8%**	4	186	(11)	**262**
C_320	Cardiology	95.9%	92.1%	100.0%	**95.7%**	95	64	100	**224**
C_330	Dermatology	92.0%	85.4%	88.8%	**90.7%**	13	173	(18)	**299**
C_340	Thoracic Surgery	93.8%	98.4%	82.3%	**89.8%**	(42)	(81)	3	**(109)**
C_400	Neurology	94.7%	97.9%		**84.1%**	(21)	(50)		**248**
C_410	Rheumatology	94.4%	99.6%	99.6%	**98.1%**	(21)	(7)	61	**38**
C_430	Geriatrics	100.0%	96.7%	97.4%	**97.6%**	7	(9)	1	**(1)**
C_502	Gynaecology	90.2%	90.2%	98.5%	**93.7%**	96	(6)	101	**258**
X01	Other	92.2%	94.5%	96.4%	**93.6%**	32	181	(213)	**(86)**
	Total	**89.8%**	**90.3%**	**94.1%**	**91.6%**	**161**	**(217)**	**361**	**1,232**
				YTD % Increase		2.8%	-3.0%	3.6%	4.3%

Over 52 Week RTT Waits

There were 11 >52 week breaches in November, up from 10 in October; 3 at Oxford (Gynaecology), 3 at N. Bristol (Spinal Orthopaedics), 2 at Southampton (Neurology), GWH (1 ENT), RUH (1 ENT), and UH Bristol (1 Other specialty). There will be significant financial sanctions imposed for >52 week RTT breaches in 2019/20.

Diagnostic Waits

The CCG breached the 99% within 6 week standard for November with 97.9%, an improvement of +0.6% in month. None of the 3 main Acute Trusts achieved the standard with GWH (96.3%), RUH (98.4%) and SFT (98.0%). The main pressure points were waits for endoscopies due to increased demand and workforce issues.

Cancer Access

The CCG November performance shows the CCG breached the 2 week wait, 31 day wait from diagnosis to surgical treatment and 62 day waits. However 2 week wait access rates did improve in the month despite a 15% annual increase in adjusted Cancer 2 week wait activity demand in 2018/19. There has been high growth especially for breast, skin lower GI and urological cancers. Some of the growth is due to cancer awareness campaigns and increased publicity. 62 day performance in October and November has been adversely affected by a SFT reporting issue and corrected performance is better than national reporting shows but still below target. There are some workforce constraints that are having an adverse impact on cancer waiting times.

A&E <4 Hour waits

All three acute trusts breached the 95% standard in November. Main Provider reporting showed RUH slipping to 76.9%, SFT improved slightly to 84% and GWH improved to 89.4%. High bed occupancy rates continue to have an adverse effect on A&E access rates.

Ambulance Response

The SWAST maintained achievement of both standards in November.

Delayed Transfers of Care (DToCs)

The CCG had 1,607 DToC days in November compared to a target of 1,200. The current position is 237 (13%) less than at the same time last year. There were in-month decreases seen at all main local Providers. The main reasons for DToC beddays are due to insufficient care home bed availability and waits for packages of domiciliary care.

Dementia Diagnosis

November performance was 66.0%, compared to the 66.6% target. The shortfall in diagnosis equates to 53 patient diagnosis. There are planned monthly support meetings for the dementia commissioners so that good practise/successes and struggles can be shared (something the South West regional network were impressed with and have offered to support us with these meetings from the New Year). We also identify the surgeries every month where there has been no increase or a decrease in the number of people diagnosed with a dementia that month and support them to identify how they can improve their numbers.

Community Services

Adult Health (WH&C) for November 2018, WH&C average length of stay (33.1 days) an improvement of the 38.7 days in October but well above the 20 day target. DToC rate (13%) has improved from 18% the month before. WH&C continue to focus on the stranded and super stranded patients, however, the availability of care home capacity and domiciliary packages of care still remains the main reasons for the delays. WH&C have started to provide Home First data again and this shows an average length of stay maintained at 12 days against a 10 day standard. 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 November the Community Teams supported 100% of patients to die in their chosen place of death; an in month improvement.

Appendices

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

Annex 1 – Summary Income and expenditure position M9 2018/19

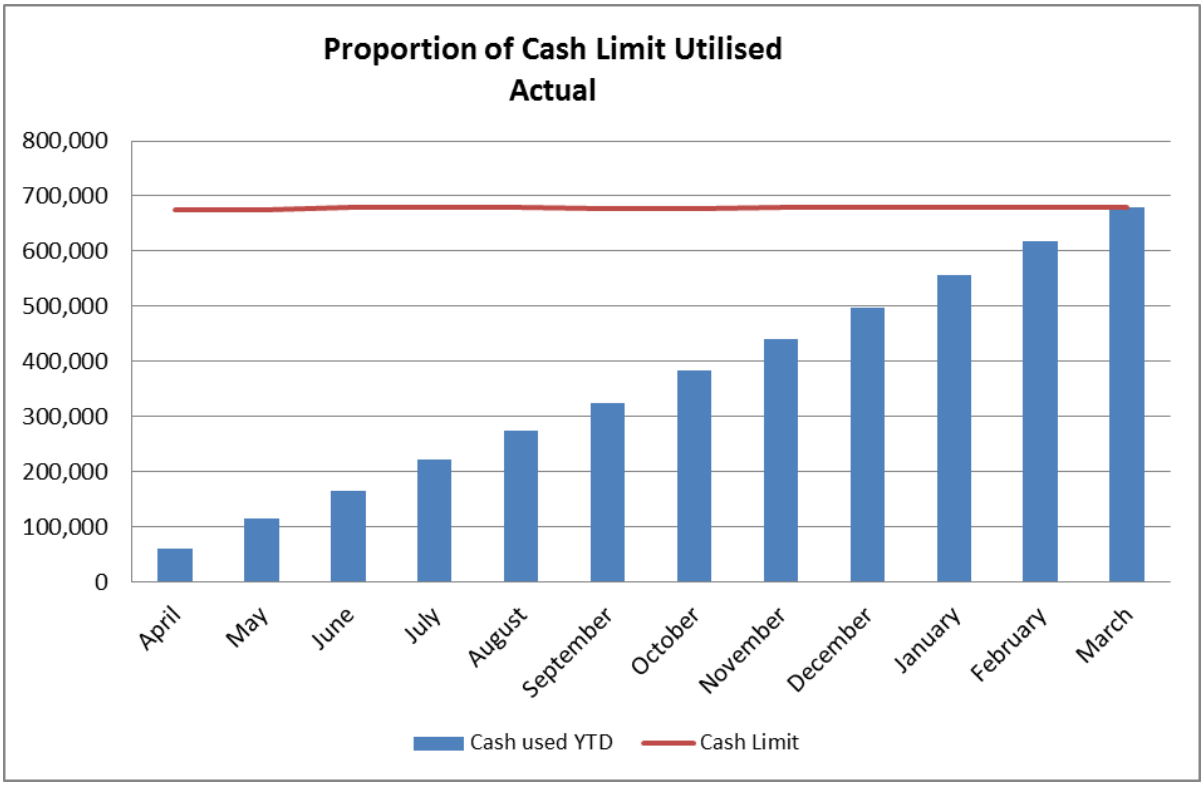
CCG Income and Expenditure summary	Year to date			Forecast outturn			Prior Month Forecast Variance	Movement
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	£m	£m
Acute services	250.303	252.488	2.185	331.343	335.752	4.409	3.738	**0.671**
Mental health services	39.945	39.546	(0.399)	53.266	52.727	(0.539)	(0.438)	**(0.101)**
Community health services	45.018	44.726	(0.292)	60.164	59.834	(0.330)	(0.334)	**0.004**
Continuing care services	22.268	23.398	1.130	29.511	30.773	1.262	1.094	**0.168**
Primary care services	67.660	66.269	(1.391)	91.436	90.193	(1.243)	(0.480)	**(0.763)**
Primary care delegated commissioning	45.721	45.816	0.095	62.234	62.734	0.500	0.500	-
Other programme services	20.414	20.272	(0.142)	27.605	23.546	(4.059)	(4.080)	**0.021**
Contingency	2.707	2.707	-	3.609	3.609	-	-	-
Other CCG reserves	2.953	2.063	(0.890)	9.666	9.666	-	-	-
Total commissioning services	**496.989**	**497.285**	**0.296**	**668.834**	**668.834**	**-**	-	-
Running costs	6.097	5.801	(0.296)	10.266	10.266	-	-	-
Total CCG net expenditure	**503.086**	**503.086**	**-**	**679.100**	**679.100**	**-**	-	-
Revenue resource limit (in year)	504.360	504.360	-	680.798	680.798	-		
In year underspend (deficit)	**1.274**	**1.274**	**-**	**1.698**	**1.698**	**-**		
Add back brought forward surplus	11.389	11.389	-	15.186	15.186	-		
Cumulative underspend / (deficit)	**12.663**	**12.663**	**-**	**16.884**	**16.884**	**-**		

Annex 2 – Summary Statement of Financial Position M9 2018/19

Summary Statement of Financial Position	£'m Opening position 1st April 2018	Closing position 31st Dec 2018	Forecast position at 31st March 2019
Non-Current Assets:			
Premises, Plant, Fixtures & Fittings	0.00	0.00	0.00
IM&T	0.00	0.00	0.00
Other	0.01	0.01	0.01
Long-term Receivables	0.00	0.00	0.00
TOTAL Non-Current Assets	0.01	0.01	0.01
Current Assets:			
Inventories	0.00	0.00	0.00
Prepayments	2.02	2.08	2.02
Trade and Other Receivables	2.79	4.29	2.79
Bad debt impairment	-0.53	-0.14	-0.53
Cash and Cash Equivalents	0.03	0.45	0.03
TOTAL Current Assets	4.31	6.68	4.31
TOTAL ASSETS	**4.32**	**6.69**	**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	51.31	41.43
Other Liabilities	0.00	0.00	0.00
Provisions	1.04	0.48	0.33
Borrowings	0.00	0.00	0.00
Total Current Liabilities	42.95	51.79	41.76
TOTAL LIABILITIES	**42.95**	**51.79**	**41.76**
ASSETS LESS LIABILITIES (Total Assets Employed)	**-38.63**	**-45.10**	**-37.44**
Financed by taxpayers' equity:			
General fund	38.63	45.10	37.44
Revaluation reserve	0.00	0.00	0.00
Other reserves	0.00	0.00	0.00
Total taxpayers' equity:	**38.63**	**45.10**	**37.44**

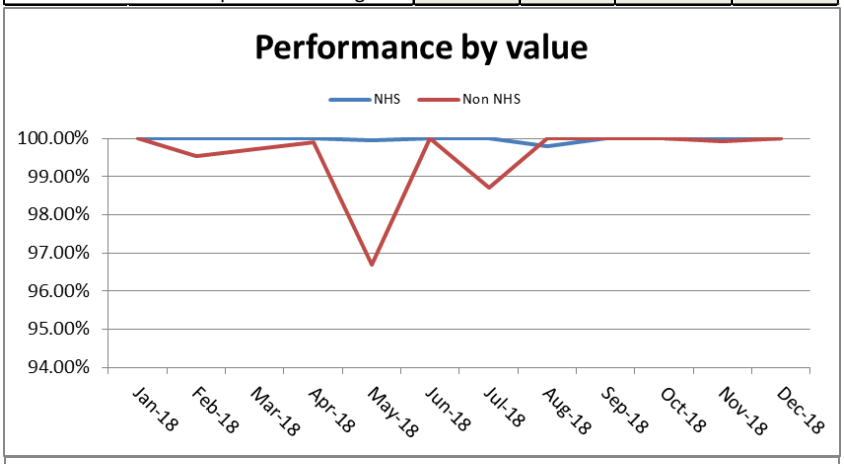
Annex 3 – Cash Position M9 2018/19

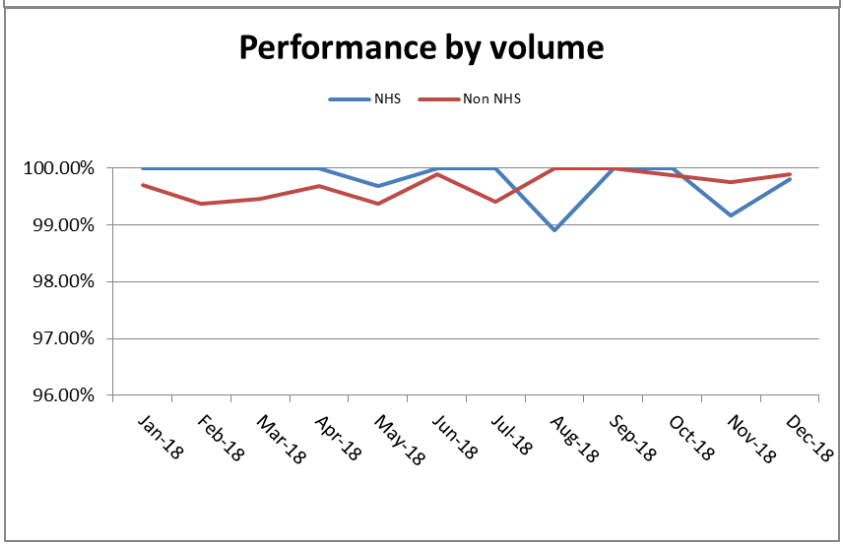
	£'m	
	Year to date	FOT
Assumed revenue resource limit / £'m	521.99	695.98
Assumed revenue cash limit / £'m	509.38	679.17
Cash drawn down / £'m	452.84	620.80
Cash top sliced for CHC risk pool prescribing and home oxygen / £'m	43.78	58.37
Effective total cash drawn down / £'m	496.61	679.17
Cash drawn down as % of total	73.1%	100.0%
Expected cash draw down as %	75.0%	100.0%
Cash utilised / £'m	496.20	679.17
Balance in account / £'m	0.45	0.03
Balance in account as % of total cash limit	0.60%	0.00%



Annex 4 – Better Payment Practice Code Performance M9 2018/19

		Performance vs 30 days BPP ytd Dec 2018			
		In Month		YTD	
		Nos.	£'m	Nos.	£'m
NHS					
	Total bills paid	326	32.32	2,927	272.09
	Total bills paid within time	326	32.32	2,920	272.01
	% of bills paid within target	100.00%	100.00%	99.76%	99.97%
Non-NHS					
	Total bills paid	584	10.32	6,218	95.53
	Total bills paid within time	583	10.32	6,203	95.03
	% of bills paid within target	99.83%	99.92%	99.76%	99.47%
ALL					
	Total bills paid	910	42.65	9,145	367.62
	Total bills paid within time	909	42.64	9,123	367.04
	% of bills paid within target	99.89%	99.90%	99.76%	99.84%





Note: In the first table above the 100% NHS YTD figures do not match due to rounding's

Annex 5 - Movement between M9 and M8 budget 2018/19

Budget movemets	M9 £m	M8 £m	Change £m	Explanation of movement
Acute services	331.343	331.249	0.094	Heart Failure £54k and Opthalmology £40k
Mental health services	53.266	53.266	-	
Community health services	60.164	59.429	0.735	WHC Investment £735k
Continuing care services	29.511	29.511	-	
Primary care services	91.436	91.403	0.033	POD Development £33k
Primary care delegated commissioning	62.234	62.440	(0.206)	Defund Dispensing Quality Scheme £179k and GP Occupational Health £27k
Other programme services	27.605	27.605	-	
Contingency	3.069	3.069	-	
Other CCG reserves	10.206	10.157	0.049	In: NHSE transfers including Spec Comm £198K Diabetes £40k UEC £86k Perinatel £474k MH Winter £113k Transfer: Heart Failure £54k Opthalmology £40k WHC £735k Pod £33k
Total commissioning services	**668.834**	**668.129**	**0.705**	
Running costs	10.266	10.266	-	
Total CCG net expenditure	**679.100**	**678.395**	**0.705**	
Revenue resource limit (in year)	680.798	680.093	0.705	RRL decrease (see below)
In year underspend (deficit)	**1.698**	**1.698**	**0.000**	
Add back brought forward surplus	15.186	15.186	-	
Cumulative underspend / (deficit)	**16.884**	**16.884**	**0.000**	

RRL increase	£000
Dispensing Quality Scheme	(0.179)
GP Occupational Health	(0.027)
NHSE transfers including Spec Comm	0.198
Diabetes Transfer	0.040
UEC Transformation/LOS	0.086
Perinatel Development Fund	0.474
Mental Health Winter Pressures	0.113
Total	**0.705**

Annex 6 – Performance against constitution targets M8 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%	90.7%	91.2%	91.6%				
Total number of patients waiting	CCG	**28,590**	28,600	29,495	30,283	30,014	30,159	30,051	29,800	29,799	29,822				
Number of patients waiting more than 52 weeks	CCG	**57**	0	**18**	**15**	**11**	**13**	**14**	**11**	**10**	**11**				
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%**	**95.2%**	97.3%	97.9%				
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%	94.9%	94.8%	91.5%				
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%	93.6%	95.9%	95.3%				
Cancer waits – 31 days															
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	CCG	**97.2%**	≥96%	94.5%	99.6%	97.7%	96.7%	95.9%	94.4%	**91.2%**	96.1%				
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%	90.9%	**87.2%**	90.5%				
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%	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%	94.6%	95.8%	98.4%	97.5%				
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%**	84.2%	**80.2%**	**76.4%**				
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%	91.3%	100.0%	**75.0%**				
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%	100.0%	92.0%	100.0%	**75.0%**	82.6%				
Mixed Sex Accommodation Breaches															
Breaches of Mixed-Sex Accommodation	CCG	**163**	0	0	**7**	**11**	**37**	**28**	**17**	**54**	**54**				
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%**	**85.5%**	**81.7%**	**76.9%**				
	SFT	**92.3%**		93.1%	91.3%	91.8%	90.8%	**86.0%**	**83.9%**	**83.0%**	**84.0%**				
	GWH	**87.2%**		**90.0%**	93.5%	91.0%	91.7%	93.0%	92.1%	**86.8%**	**89.4%**				
	SWIC	**100.0%**		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
Category Red Ambulance Responses															
Category 1 Mean Response Duration (Mins)	SWAST	9.7	<7	**8.5**	**8.4**	**7.6**	**7.2**	7.0	6.8	7.0	7.0				
Category 1 90th Percentile Response Duration (Mins)	SWAST	17.7	<15	**15.8**	**15.8**	14.4	13.2	13.0	12.7	12.7	12.7				
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**			**0**						
	SFT	**0**				**0**			**0**						
	GWH	**7**				**7**			**11**						

NHS WILTSHIRE CCG

Other CCG KPIs	Org.	2017/18	Target	2018/19 Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
HCAI measure (C.Difficile infections)	CCG	98	102	11	6	5	11	7	10	9	9				
HCAI measure (MRSA infections)	CCG	4	0	0	1	0	0	0	0	0	0				
DTOC Total Days Delayed (Wiltshire)	RUH	305	175	225	228	353	443	454	357	514	418				
	SFT	379	225	366	519	412	432	378	355	509	433				
	GWH	320	100	429	264	212	374	434	336	383	242				

Mental Health	Org.	2017/18	Target	2018/19 Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Dementia Diagnosis (March 2017 Target)	CCG	**64.7%**	66.7%	**64.2%**	**64.7%**	**65.5%**	**66.1%**	**66.1%**	**66.2%**	**65.8%**	**66.0%**				
IAPT Access Rate (2017/18 target = >4.2% per Qtr)	CCG	**5.3%**	4.20%			5.9%			6.0%						
IAPT Recovery Rate (2017/18 Quarter 4 target = >50%)	CCG	**53.0%**	≥50%			53.0%			55.0%						
IAPT <6 Weeks Access (National Target >=75%)	CCG	**91.6%**	≥90%	87.8%	93.6%	96.1%	97.7%	97.5%	95.0%	94.0%					
IAPT <18 Weeks Access (National Target => 95%)	CCG	**99.9%**	≥96%	99.5%	100.0%	100.0%	100.0%	100.0%	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%	100.0%	87.5%	66.7%				
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%			95.4%						

Wiltshire Health & Care Community Performance Indicator	2017/18	Target	2018/19 Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RTM incomplete Pathways - % waiting under 18 weeks at month end	**96.5%**	≥95%	97%	98%	97%	97%	97%	96%	97%	97%				
Average length of stay - Mean (Ailesbury, Cedar, Longleat)	**28.2%**	<=20	**26.0**	**26.6**	**34.4**	**37.0**	**36.7**	**43.1**	**38.7**	**33.1**				
DToCs (% of occupied beds)	**24.7%**	<=20%	11.0%	13.0%	16.0%	17.0%	17.0%	21.0%	18.0%	13.0%				
% End of Life patients dying in preferred place	**92.0%**	≥90%	92%	100%	100%	**88%**	**79%**	94%	**72%**	100%				
Minor Injury Units - Arrival to discharge time within 4 hours	**99.0%**	95%	99%	99%	98%	98%	99%	98%	99%	99%				
Average Length of Stay on the Home First Pathway (Days)		<10	7	6	6	N/a	N/a	10	**12**	**12**				