



Wiltshire
Clinical Commissioning Group

Integrated Performance Report

May 2019

Integrated Performance Report Contents

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Wiltshire CCG Quality Report

May 2019

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CCG Level Indicators

Quality Dashboard; CCG level indicators



Outcomes Framework Domain (1)	Indicator	Indicator Yellow Indicates IAF / Constitutional Target	Measure	Data Frequency (1)	Target / Threshold	Benchmark National / Regional (2)	2017/18 TOTAL / AVERAGE (3)	2018/19 TOTAL / AVERAGE (3)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	2018/19 Sparkline	Exception Identified? (4)	
Safety	S1	Healthcare acquired infection (HCAI) measure - MRSA	Number of infections = 0	M	0	n/a	<u>4</u>	<u>4</u>	0	1	0	0	0	1	1	0	0	1	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	<u>98</u>	<u>82</u>	11	6	5	11	7	10	9	9	4	4	6				
Safety	S3	Healthcare acquired infection (HCAI) measure - E. coli	Number of infections (see threshold for Provider)	M	Individual Provider Targets	n/a	<u>287</u>	<u>281</u>	25	25	29	24	24	27	32	23	25	31	16				
Safety	S4	Healthcare acquired infection (HCAI) measure - MSSA	No target set	M	0	n/a	<u>77</u>	<u>80</u>	10	7	10	7	4	5	8	1	10	8	10				
Safety	S5	Healthcare acquired infection (HCAI) measure - Pseudomonas aeruginosa	No target set	M	0	n/a	<u>24</u>	<u>24</u>	0	3	3	3	1	2	5	1	2	1	3				
Safety	S6	Healthcare acquired infection (HCAI) measure - Klebsiella spp.	No target set	M	0	n/a	<u>64</u>	<u>64</u>	9	4	8	3	7	9	10	4	2	5	3				
Safety	S7	Bed Days closed due to infection outbreak (e.g. Noro Virus)	No target set	TBC	To be determined	n/a	<u>632</u>	<u>151</u>	16	0	0	0	0	25	0	0	7	103	0				
Safety	S8	Number of Never Events (CCG)	Number of events = 0	M	0	n/a	<u>4</u>	<u>8</u>	0	0	0	0	0	1	4	0	0	0	1	2			
Safety	S9	Number of Serious Incidents reported for Wiltshire patients.	Number of reported serious incidents	M	n/a	n/a	<u>148</u>	<u>170</u>	11	21	11	21	16	10	15	10	13	11	13	18			
Safety	S10	NHS Patient Safety Thermometer - Venous Thromboembolism (VTE)	VTE -%	M	0.40%	n/a	<u>0.7%</u>	<u>3.2%</u>	0.6%	0.7%	1.2%	1.2%	1.0%	5.2%	0.6%	25.3%	0.9%	0.8%	1.0%	0.6%			
Safety	S11	Midwife:Birth Ratio		M	1.27	n/a	<u>1.30</u>	<u>1.29</u>	1.29	1.31	1.30	1.29	1.30	1.30	1.31	1.29	1.28	1.29	1.27				
Safety	S12	Over 52 Week Waits		M	To be determined	n/a	<u>57</u>	<u>135</u>	18	15	11	13	14	11	10	11	18	5	9				
Experience	Ex1	Staff Friends and Family Test Score (Work)	Score => National average	Q	67.0%	63%	<u>60.2%</u>	<u>56.6%</u>			57%			56%									
Experience	Ex2	Staff Friends and Family Test Score (Care)	Score => National average	Q	84.0%	80%	<u>81.6%</u>	<u>79.7%</u>			80%			79%									
Experience	Ex3	Friends and Family Test Score Mental health	Score => National average	M	93.0%	89%	<u>88.1%</u>	<u>89.3%</u>	90%	90%	90%	91%	88%	88%	89%	89%	88%	89%	90%				
Experience	Ex4	Friends and Family Test Score GPs	Score => National average	M	N/A	89%	<u>90.3%</u>	<u>91.5%</u>	88%	90%	91%	90%	89%	93%	93%	93%	94%	93%	93%				
Experience	Ex5	Mixed sex accommodation (MSA) Breaches (rate per 1000 episodes)	Number of breaches = 0	M	0	1.0	<u>1.1</u>	<u>2.66</u>	0.0	0.5	0.8	2.9	2.2	1.3	4.1	3.9	3.0	3.6	4.3				
Experience	Ex6	Number of Complaints Received (to the CCG)	Total number of complaints received	M	N/A	n/a	<u>66</u>	<u>38</u>	6	4	4	6	5	1	2	2	3	2	2	1			
Effectiveness	Ef1	12 Hr Trolley Breaches in the ED		M	0	n/a	<u>28</u>	<u>6</u>	3	0	0	0	0	0	0	1	1	1	0				
Effectiveness	Ef2	Fractured Neck of Femur	% in theatre within 36 hours	M	80%	73%	<u>80.6%</u>	<u>77.6%</u>	72%	74%	81%	80%	82%	73%	73%	76%	78%	81%	82%				

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CCG Level Indicators Reported by Exception

Indicator:	S2- Healthcare acquired infection (HCAI) measure - <i>C. difficile</i> (Post 72 hours)
Issue:	Reported cases of <i>C. Difficile</i> infection (CDI) cases are lower than the same time period last year.
Assurances and Next Steps:	<p>The CCG threshold allocated by NHS England for Wiltshire 2018/19 is 102 cases. Year to date (YTD), there have been 82 CDI cases for Wiltshire patients in 2018/19, 9 less 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 and GWH, both Trusts have action plans in place and are working on the actions within them to reduce cases, this includes education for staff and antimicrobial stewardship plans.</p> <p>The WCCG <i>C. Difficile</i> working group has now met twice and the review of cases is ongoing, the review of the cases has identified that the West of Wiltshire has a higher proportion of cases than any other geographic location in Wiltshire, with two practices identified as outliers for cases. Further interrogation of the data is needed to understand the root causes of the cases and to truly understand themes and trends. Wiltshire Practice nurses are undertaking some of the reviews and are actively involved in the working group.</p>
Indicator:	S3- Healthcare acquired infection (HCAI) measure – <i>E. coli</i>
Issue:	E-Coli GNBSI (Gram Negative Blood Stream Infection) cases have increased compared to the same time period last year
Assurances and Next Steps:	<p>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 281, compared to 273 in 2017/18. It has been noted that there was a large spike in cases during October 2018 and in January 2019; these cases are still under investigation to identify the root cause, it has been noted that there has been a rise in Hepatobiliary as the source of the infection across the STP.</p> <p>The STP plans for reducing E-coli GNBSI were revised at the South West GNBSI event which took place on the 12 March 2019, these plans now focus on the Hepatobiliary cases and a driver diagram to support this has been submitted to NHSE.</p>

Indicator:	S8 Number of Never Events (CCG) S9 Number of Serious Incidents reported for Wiltshire patients		
Issue:	During the months of February and March 2019, 32 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	February 2019	March 2019
	AWP	4	3
	Abuse/alleged abuse of adult patient by staff	1	
	Apparent/actual/suspected self-inflicted harm	2	2
	Treatment delay		1
	Apparent/actual/suspected homicide	1	
	RUH	1	2
	Slips/trips/falls		2
	Surgical/invasive procedure incident (Never Event)	1	
	SFT	3	3
	Diagnostic incident including delay (inc failure to act on test results)	1	1
	Medical equipment/devices/disposables incident		1
	Pressure ulcer	1	
	Maternity/Obstetric incident: mother only	1	
	Commissioning incident (Never Event)		1
	SWAST	1	2
	Sub-optimal care of the deteriorating patient		1
	Treatment delay	1	1
	WCCG	1	6
	Pending review (a category must be selected before incident is closed) – Medvivo		1
	Treatment delay – Medvivo		3
	Confidential information leak/information governance breach – Medvivo		2
	Environmental incident – Glenside	1	
	GWH	1	
	Major incident/emergency preparedness: resilience and response/suspension of services	1	
	WHC	1	1
	Pressure ulcer	1	1
	UHB	2	
	Diagnostic incident including delay (inc. failure to act on test results)	1	
	Confidential information leak/information governance breach	1	

Virgin Care Ltd		1
HCAI/Infection Control incident (Virgin Care Ltd)		1
Grand Total	14	18

The SI reported, for which the reporting type is noted as 'pending review' relates to a Safeguarding concern reported by Medvivo.

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 three Never Events raised in February and March 2019; one at RUH in February relating to a retained object post-surgery and 2 in March – 1 at SFT where a patient in Ophthalmology receiving treatment for left sided hemifacial spasm received an injection into both eyelids rather than just the left (wrong site procedure). The other was Virgin Care (infection control) relating to a sharps incident. Two nurses were visiting a child as part of the immunisation programme (NHSE commissioned service). One nurse drew up the immunisation and passed it to her colleague for administration but the administering nurse did not know the cap was loose and sustained a needlestick injury. The nurse went on to administer the immunisation using the same needle. Duty of Candour has been carried out in both of these incidents.

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 February and March 2019, 7 SI closure meetings were held and 25 SI were reviewed. The outcomes of these reviews are as follows:

Provider and Outcome	February 2019	March 2019
WHC		
Open – Awaiting Provider response to additional assurances requested prior to agreeing closure of these investigations.	9	
Closed – Awaiting Provider response to queries raised.	1	
Agreed for downgrade – request sent to NHS England	1	
SFT		
Open – Awaiting Provider response to additional assurances requested prior to agreeing closure of these investigations.	4	2
Closed		3

Closed – Awaiting Provider response to queries raised.	1	
RUH		
Open – Awaiting Provider response to additional assurances requested prior to agreeing closure of these investigations.	1	
Open – reviewed by panel and assurances received from Provider; to be reviewed by Leads for agreement for closure	1	
Closed	2	
TOTAL	20	5

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. As an outcome of Director of Nursing discussions with AWP, an extraordinary SI panel was held on 18 March 2019 to review the current open cases on STEIS, as well as the overdue RCA. This identified themes and actions required by AWP. These are being followed up by the Quality Leads to ensure that the Trust have identified actions. The CCG will convene a further meeting with the AWP patient safety team to review the latest position of 'open' serious incidents and agree actions associated to these cases.

Indicator: S12 52 Week Incomplete Waits

Issue: 9 x 52-week-wait breaches reported in February 2019 (latest data available).

Assurances and Next Steps: RUH reported 2 breaches in General Surgery and 1 in ENT in February 2019 and have confirmed that the patients have now been treated. GWH reported 3 breaches in February 2019 (Gastroenterology, Ophthalmology and Urology). At the time of writing, WCCG have sought confirmation on the status of these cases and are awaiting a response.

North Bristol Trust (NBT) reported 3 breaches in February 2019 (Neurosurgery, Trauma & Orthopaedics and Urology). WCCG have received assurance that the Neurosurgery and Urology patients have been treated. At time of writing, treatment for the Trauma & Orthopaedic patient is outstanding. Confirmation that this patient has been booked is awaited.

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



Outcomes Framework Domain (1)	Indicator	Indicator Yellow Indicates IAF / Constitutional Target	Measure	Data Frequency (1)	Target/Threshold	Benchmark National / Regional (2)	2017/18 TOTAL / AVERAGE (3)	2019/18 TOTAL / AVERAGE (3)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	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	<u>745</u>	<u>879</u>	44	42	32	41	63	61	90	74	74	126	130	102																								
Safety	U1b	Ambulance Handover Delays > 30mins (SFT only) (5)	M	N/A	n/a	<u>326</u>	<u>416</u>	16	20	15	21	46	54	57	40	31	52	44	20																								
Experience	U2a	IUC Compliance with Call Audits - Health Advisor (IUC)	M	N/A	To be determined	<u>n/a</u>	<u>80.1%</u>		42%		59%	79%	100%	94%	94%	84%	90%																										
Experience	U2b	IUC Compliance with Call Audits - Clinical Advisor (IUC)	M	N/A	To be determined	<u>n/a</u>	<u>87.3%</u>		56%	91%	91%	100%	93%	94%	100%	77%	84%																										
Experience	U2c	IUC Compliance with Call Audits - Agency Clinicians (IUC)	M	N/A	To be determined	<u>n/a</u>	<u>81.0%</u>		55%	50%	50%	89%	86%	100%	100%	100%	100%																										
Experience	U2d	Call Audits Compliance (SWASFT) (%)	M	85%	90%	<u>72.1%</u>	<u>95.0%</u>	50%	95%	122%	100%	83%	100%	102%	101%	102%																											
Safety	U3a	>16 Hour ED Stays (Waits) (Wiltshire)	M	N/A	n/a	<u>373</u>	<u>363</u>	17	12	6	16	29	27	29	31	41	81	74																									
Safety	U3b	>16 Hour ED Stays (Waits) (SFT) (5)	M	N/A	n/a	<u>4</u>	<u>9</u>	0	0	0	0	1	2	3	0	0	1	2																									
Experience	U4	Complaints made to the provider (All patients)	M	N/A	To be determined	<u>n/a</u>	<u>43</u>		8	5	4	3	8	2	4	3	4	2																									
Safety	U5	IUC Incidents	M	N/A	To be determined	<u>n/a</u>	<u>1460</u>		205	189	143	126	114	129	132	154	161	107																									
Effectiveness	U6	CQUIN performance (NHS 111 and SWAST)	Q	N/A	n/a	<u>100.00%</u>	<u>100.00%</u>			100%			100%			100%																											
Mental Health							AWP and CHAMS																																				
Effectiveness	M1	s. 136 Length of Stay Breaches (of 72 hours)	M	N/A	n/a	<u>1</u>	<u>0</u>	0	0	0	0	0	0	0																													
Effectiveness	M2	CQUIN performance (AWP and CAMHS)	Q	N/A	n/a	<u>100%</u>				100%			90%			90%																											
Planned Care							Acutes and Independents																																				
Experience	P1	104-day Cancer Target Breaches	M	N/A	n/a	<u>14</u>	<u>0</u>																																				
Safety	P2	Pressure Ulcers (Category III & IV Pressure Ulcers: Hospital Acquired)	M	N/A	n/a	<u>63</u>	<u>57</u>	5	1	8	3	9	9	8	5	6	3																										
Safety	P3	Falls resulting in fracture or major harm	M	N/A	n/a	<u>140</u>	<u>153</u>	12	17	4	20	20	15	20	12	11	15	7																									
Experience	P4	Patient Moves within thresholds	M	N/A	n/a	<u>61</u>	<u>55</u>	5	10	6	11	11	12																														
Safety	P5	Mortality Ratios - SHMI (GWH, RUH and SFT only)	M	N/A	100	<u>100.1</u>	<u>98.6</u>	102.333	100.667		98.333	98.33	98.00	98.00	98.00	95.00																											
Safety	P6	Mortality Ratios - HSMR (GWH, RUH and SFT only)	M	N/A	100	<u>102.9</u>	<u>101.0</u>	101.333	102.667	103.4	102.33	101.0	100.0	99.7	100.0	99.0																											
Effectiveness	P7a	CQUIN performance (acutes)	Q	N/A	n/a	<u>82.8%</u>	<u>78%</u>			88%			75%			71%																											
Effectiveness	P7b	CQUIN performance (others)	Q	N/A	n/a	<u>77.3%</u>	<u>73%</u>			90%			63%			65%																											
Safety	P8	Number of patients moved over night	Q	N/A	n/a	<u>61</u>	<u>55</u>			21			34			0																											
Safety	P9	Unplanned Transfers to Acute Services from Independent Providers	Q	N/A	n/a	<u>3</u>	<u>4</u>			3						1																											

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Quality Dashboard; Provider Cohort Level Indicators

Outcomes Framework Domain (1)	Indicator	Indicator Yellow Indicates IAF / Constitutional Target	Measure	Data Frequency (1)	Target/Threshold	Benchmark National / Regional (2)	2017/18 TOTAL / AVERAGE (3)	2019/18 TOTAL / AVERAGE (3)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	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	<u>1.7</u>	<u>2.2</u>	3	0	1	1	4	0	1	3	0	0					
Safety	A2	Falls with Harm		M	N/A	n/a	<u>4.2</u>	<u>7.4</u>	5	7	0	11	9	8	10	3	0	6					
Safety	A3	Clinical Incidents per Month		M	N/A	n/a	<u>218.6</u>	<u>243.3</u>	226	254	200	254	272	242	250	246	216	273					
Effectiveness	A4	CQUIN Performance		Q	N/A	n/a	<u>1.0</u>				100%			100%			100%						
Childrens Community Services			Virgin																				
Safety	C1	Clinical Incidents per Month		M	N/A	n/a	<u>131</u>	<u>20</u>	0	0	0	1	6	6	3	3	1	0	0				
Effectiveness	C2	CQUIN Performance		Q	N/A	n/a	<u>75.0%</u>				N/A			N/A			100%						
Primary Care Community Services			GPs																				
Effectiveness	PC1	CQC Results (# RI or below)	% good or above overall (of inspected practices)	M	N/A	n/a	<u>98%</u>	<u>97%</u>	98%	96%	98%	96%	96%	96%	98%	98%	98%	100%	100%	98%			
Effectiveness	PC2	CQC Safety Domain	% good or above overall (of inspected practices)	M	N/A	n/a	<u>100%</u>	<u>96%</u>	96%	91%	91%	96%	96%	96%	96%	96%	96%	100%	100%	98%			
Safety	PC3	Number of NRLS incidents raised		M	N/A	n/a	<u>35</u>	<u>41</u>	5	0	1	4	1	9	1	4	2	5	1	8			
Safety	PC4	Number of STEIS incidents raised		M	N/A	n/a	<u>1</u>	<u>8</u>	1	0	0	0	1	0	4	0	1	0	0	1			
Experience	PC5	GP Friends and Family Test	Recommend Rate	M	N/A	89%	<u>90%</u>	<u>92%</u>	88%	90%	91%	90%	89%	93%	93%	93%	94%	93%	93%				
Experience	PC6	GP Ipsos Mori Results - Overall experience of GP surgery		A	N/A	85%	<u>90%</u>	<u>88%</u>				88%											

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Provider Cohort Indicators Reported by Exception

None to note for this report; please see ongoing issues section.

Provider Workforce Cohort Level Indicators

Quality Dashboard; Provider Workforce Cohort Level Indicators

Outcomes Framework Domain (1)	Indicator	Indicator Yellow Indicates IAF / Constitutional Target	Measure	Data Frequency (1)	Target/Threshold	Benchmark National / Regional (2)	2017/18 TOTAL AVERAGE (3)	2018/19 TOTAL AVERAGE (3)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	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	<u>12.5%</u>	<u>12.8%</u>	13%	12.6%	13.6%	13.6%	13.3%	13.4%	13.0%	12.2%	12.3%	12.1%	11.8%					
Effectiveness	U5b	Staff Turnover (IUC)	Staff turnover rate - %	M		n/a	<u>2.2%</u>							3.8%	1.6%	2.1%	2.1%	1.6%	2.4%	1.5%				
Effectiveness	U8a	Sickness Absence (SWAST)	Sickness absence rate against provider target - %	M		n/a	<u>5.1%</u>	<u>5.5%</u>	4.6%	4.7%	5.2%	4.9%	5.0%	5.3%	5.4%	6.2%	7.0%	6.7%	5.9%					
Effectiveness	U8b	Sickness Absence (IUC)	Sickness absence rate against provider target - %	M		n/a	<u>6.1%</u>		5.2%	5.4%	4.1%	4.7%	4.4%	4.4%	7.6%	6.8%	6.8%	9.1%	7.0%					
Effectiveness	U9a	Vacancies (SWAST)	Vacancy rates -%	M		n/a	<u>6.4%</u>	<u>1.5%</u>	1.1%	1.3%	1.5%	1.6%	2.1%	2.1%	1.1%	1.0%	1.8%	1.0%						
Effectiveness	U9b	Vacancies (IUC)	Vacancy rates -%	M		n/a	<u>6.2%</u>		8.3%	7.3%	11.4%	9.0%	7.4%	5.0%	3.2%	2.8%	3.9%	4.0%						
Effectiveness	U10b	Agency staffing (IUC)	Agency staff - %	M		n/a	<u>45.3%</u>		40.1%	55.9%	49.6%	35.7%												
Effectiveness	U11a	Appraisal Rate (SWAST)	Staff with an annual appraisal - %	M		75%	n/a	<u>84.5%</u>	<u>87.5%</u>	89%	92%	91%	92%	90%	88%	83%	81%	81%	85%	89%	87%			
Effectiveness	U11b	Appraisal Rate (IUC)	Staff with an annual appraisal - %	M		TBC	n/a	<u>98.3%</u>		0%	0%	98%	98%	98%	98%	98%	98%	98%	98%	98%				
Effectiveness	U12b	Mandatory Training Compliance (IUC)	Compliance with all mandatory training - %	M		TBC	n/a	<u>70.5%</u>		50%	63%	73%	96%											
Mental Health			AWP and CHAMS																					
Effectiveness	M3	Supervision rates within threshold		M	85%	85%	<u>85.9%</u>	<u>87.0%</u>	83%	90%	86%	89%	87%	87%	87%	92%	86%	89%	81%					
Effectiveness	M4	Staff Turnover (AWP)	Staff turnover rate - %	M	Provider set these targets average = 5%	n/a	<u>13.4%</u>	<u>12.2%</u>	12.0%	12.0%	12.0%	13.0%	13.0%	12.0%	11.0%	12.0%	13.0%	12.0%						
Effectiveness	M5	Sickness Absence (AWP)	Sickness absence rate against provider target - %	M		n/a	<u>4.7%</u>	<u>4.4%</u>	4.1%	4.9%	4.0%	2.0%	4.0%	5.1%	5.5%	5.9%	4.0%	4.7%						
Effectiveness	M6	Vacancies (AWP)	Vacancy rates -%	M		n/a	<u>20.2%</u>	<u>19.1%</u>	18.0%	21.2%	16.0%	17.0%	18.0%	19.0%	20.0%	20.0%	21.0%	21.0%						
Effectiveness	M8	Appraisal Rate (AWP)	Staff with an annual appraisal - %	M	75%	n/a	<u>94.2%</u>	<u>94.7%</u>	95%	94%	95%	94%	92%	95%	95%	96%	97.0%	95.0%	94.0%					
Effectiveness	M9	Mandatory Training Compliance (AWP)	Compliance with all mandatory training - %	M	85%	n/a	<u>89.4%</u>	<u>91.4%</u>	89%	91%	91%	91%	91%	91%	91%	92%	92%	93%	94%					

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Quality Dashboard; Provider Workforce Cohort Level Indicators

Outcomes Framework Domain (1)	Indicator	Indicator Yellow Indicates IAF / Constitutional Target	Measure	Data Frequency (1)	Target / Threshold	Benchmark National / Regional (2)	2017/18 TOTAL / AVERAGE (3)	2018/19 TOTAL / AVERAGE (3)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	2018/19 Sparkline	Exception Identified? (4)
Planned Care																						
Acutes and Independents																						
Effectiveness	P10a	Staff Turnover (acutes)	Staff turnover rate - %	M		n/a	11.6%	10.9%	11.1%	11.0%	10.8%	10.9%	10.6%	10.8%	10.8%	11.4%	10.9%	10.8%	9.7%			🚩
Effectiveness	P10b	Staff Turnover (others)	Staff turnover rate - %	M		n/a	4.2%	5.2%			6.7%			4.9%								
Effectiveness	P11a	Sickness Absence (acutes)	Sickness absence rate against provider target - %	M		n/a	3.8%	3.6%	3.7%	3.5%	3.1%	3.5%	3.3%	3.7%	3.7%	3.5%	4.2%	3.9%	4.0%			
Effectiveness	P11b	Sickness Absence (others)	Sickness absence rate against provider target - %	M	Provider set these targets average = 5%	n/a	4.2%	3.0%			2.7%			2.5%								
Effectiveness	P12a	Vacancies (acutes)	Vacancy rates -%	M		n/a	7.5%	7.1%	8.5%	8.4%	8.5%	8.2%	7.8%	7.3%	6.4%	6.0%	5.0%	6.1%	5.7%			🚩
Effectiveness	P12b	Vacancies (others)	Vacancy rates -%	M		n/a	4.6%	5.3%			6.0%			4.0%								
Effectiveness	P13a	Agency staffing (acutes)	Agency staff - %	M		n/a	2.2%	2.6%	2.4%	2.4%	2.1%	2.4%	2.5%	2.7%	3.3%	3.5%	1.3%	3.6%	2.0%			
Effectiveness	P13b	Agency staffing (others)	Agency staff - %	M		n/a	5.0%	3.1%			1.7%			3.1%								
Effectiveness	P14a	Appraisal Rate (acutes)	Staff with an annual appraisal - %	M	75%	n/a	82.4%	80.4%	81%	77%	77%	78%	82%	82%	82%	79%	80%	81%	85%			
Effectiveness	P14b	Appraisal Rate (others)	Staff with an annual appraisal - %	M	75%	n/a	91.9%	86.0%			88%			72%			99%					
Effectiveness	P15a	Mandatory Training Compliance (acutes)	Compliance with all mandatory training - %	M	85%	n/a	85.6%	87.4%	88%	84%	87%	88%	88%	88%	87%	85%	88%	88%	90%			
Effectiveness	P15b	Mandatory Training Compliance (others)	Compliance with all mandatory training - %	M	85%	n/a	86.7%	88.5%			91%			91%			84%					
Adult Community Services																						
WHC																						
Effectiveness	A5	Sickness Absence	Sickness absence rate against provider target - %	M		n/a	4.2%	3.9%	1.2%	2.2%	4.2%	4.3%	3.3%	3.7%	5.1%	5.4%	5.0%	5.0%				🚩
Effectiveness	A6	Vacancies	Vacancy rates -%	M	Provider set these targets average = 5%	n/a	12.4%	10.4%	19.0%	10.6%	10.9%	11.1%	9.3%	8.4%	8.6%	8.3%	9.2%	8.8%				🚩
Effectiveness	A7	Agency staffing	Agency staff - %	M		n/a	7.2%	7.4%	6.1%	6.5%	7.1%	8.0%	7.4%	6.7%	7.6%	7.3%	8.2%	8.8%				🚩
Effectiveness	A8	Appraisal Rate	Staff with an annual appraisal - %	M	75%	n/a	80.0%	65.5%	86.0%	86.5%	62.0%	63.0%	61.0%	57.0%	56.0%	59.0%	61.0%	63.0%				🚩
Effectiveness	A9	Mandatory Training Compliance	Compliance with all mandatory training - %	M	85%	n/a	83.5%	78.9%	83.0%	86.5%	0.0%	0.0%	0.0%	0.0%	74.0%	75.0%	77.0%	78.0%				🚩
Childrens Community Services																						
Virgin																						
Effectiveness	C4	Sickness Absence	Sickness absence rate against provider target - %	M		n/a	1.5%	2.8%	1.9%	1.8%	2.6%	2.6%	3.3%	2.1%	2.0%	3.5%	4.1%	3.2%	3.9%			
Effectiveness	C5	Vacancies	Vacancy rates -%	M	Provider set these targets average = 5%	n/a	12.8%	24.4%	10.0%	10.2%	26.5%	21.6%	27.0%	23.5%	25.3%	34.9%	26.9%	31.6%	30.9%			🚩
Effectiveness	C6	Agency staffing	Agency staff - %	M		n/a	4.1%	1.3%	1.4%	1.4%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%			
Effectiveness	C7	Appraisal Rate	Staff with an annual appraisal - %	M	75%	n/a	84.9%	90.9%	81%	81%	83%	83%	91%	97%	97%	97%	97%	97%	97%			
Effectiveness	C8	Mandatory Training Compliance	Compliance with all mandatory training - %	M	85%	n/a	84.7%	86.4%	89%	85%	87%	86%	85%	86%	87%	87%	86%	86%				

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Provider Workforce Cohort Indicators Reported by Exception

Indicator:	M6 Vacancies (AWP)
Issue:	Vacancies rate at 21%
Assurances and Next Steps:	<p>Vacancy rates continue to be high at 21% across Wiltshire services. At the March Contract Quality and Performance Meeting, AWP gave a presentation on their workforce plans for Wiltshire. The Wiltshire locality continue to focus on retention; as part of this, the Trust are in the process of identifying themes and concerns, mapping the contributory factors and developing specific action plans.</p> <p>The CCG have not been provided with complete assurances regarding total coverage of all vacancies, however, AWP work to prioritise by clinical need, risk etc. (for example cover to the 136 suite).</p> <p>Pressured areas for Wiltshire are noted as the wards, such as Beechlydene, and also the intensive teams. Recruitment efforts are more proactive than they have previously been. AWP have a good plan that they are implementing, which has considered recruitment and retention from many angles which include improving links with local Universities.</p> <p>Ultimately though these actions will take time to embed and address the currently vacancies, and the CCG will need to work with AWP and wider partners on the strategy and transformation plans to future proof service models.</p>
Indicator:	P10a Staff Turnover (Acutes) and P12a Staff Vacancies (Acutes)
Issue:	Staff Turnover (Acutes) 12.4%. Workforce planning remains a challenge for all 3 hospitals.
Assurances and Next Steps:	<p>SFT: Turnover: is 9.24% in January 2019 and Vacancy rate has increased from 5.65% to 5.90% in month 10. The Directorates with the highest vacancies are Facilities 10.16%, MSK 9.67% and Corporate 7.16%. Workforce and training remains on the SFT Risk register.</p> <p>Staffing is managed by moving staff from other departments. SFT have a retention and recruitment plan and are working with agencies to complete block bookings. Workforce was discussed at the recent CQRM with assurance provided that proactive recruitment and workforce planning actions are in place and have seen positive results, however further work is still required.</p> <p>RUH: Turnover 12.4% February 2019. Vacancy in February 2019 has increased to 4.7%. Marginal increase in Sickness Absence in month 10 and noted down on figures recorded for the equivalent month in each of</p>

the preceding three years. Workforce remains on the RUH Risk register and the outcome of the Trust Retention Strategy review is currently awaited.

GWH: Report workforce data in arrears (however are meeting other contractual reporting requirements). Latest data (February 19) showed Turnover of 10.89% with Vacancy 7.66%. GWH continue to have workforce on their Risk register due to vacancies across nursing ward staff, theatres and doctors. Vacancies constantly monitored with the Trust recruiting 90% of students. A new Trust-wide Workforce Transformation Lead will be now in post. 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: A6 Vacancies (Wiltshire Health & Care)

Issue: Vacancy rate 8.8% in January 2019

Assurances and Next Steps: The vacancy factor has decreased in month (from 9.18%, which equates to 85.51 WTE vacancies). The majority of vacancies are within Operations, (Ailesbury ward - therapist vacancies and HomeFirst). The data also shows that vacancy rates are high in; MIU Trowbridge, Wheelchair services, and a number of community teams. The CCG have requested a deep dive on workforce at the next Contract Quality Performance Meeting, to include an update on the workforce strategy, vacancy rates, and an overview of the senior structure.

Indicator: A7 Agency staffing (Wiltshire Health & Care)

Issue: Agency staffing is at a rate of 8.8% in January 2019

Assurances and Next Steps: WHC have reported a slight increase in agency staffing from 8.3% December 2018 to 8.8% in January 2019. This is in line with an increased turnover and absence rate. WHC have reported the use of agency staff to maintain safety and continuity, and that induction processes for temporary staff are in place.

Indicator: A8 Appraisal rate (Wiltshire Health & Care)

Issue: Appraisal rate at 63% in January 2019

Assurances and Next Steps: WHC appraisal compliance remains below the KPI of 80%, but continues to demonstrate small improvements. WHC launch a new appraisal process in April 2019, in line with NHS changes. The HR team are working with managers to cleanse any data reporting issues and to establish any barriers to completion.

Indicator: A9 Statutory Mandatory Training (Wiltshire Health & Care)

Issue: The mandatory training is below compliance at 78% in January 2019

Assurances and Next Steps:	WHC statutory mandatory training is below the 80% compliance target; however WHC continue to demonstrate month on month improvements. Indications are showing that the February percentage meets the compliance target.
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Indicator: C5 Vacancies (Virgin)	
Issue:	The provider are reporting a high rate of vacancies – currently 30.1% WTE Nursing Vacancy rate February 2019 (latest data)
Assurances and Next Steps:	Virgin Care is reporting a number of vacancies which are all out for recruitment and are covered in the interim by bank or agency staff. Largest gaps are within the Health Visiting and School Nursing services. Virgin Care has provided assurances that there is a clear risk assessment process in place for any staffing gaps. There are a number of professional groups that are challenging to recruit due to a shortage of available resources and this reflects the national picture. The Provider is actively recruiting and reviewing the workforce. The CCG will continue to monitor progress through the monthly CQPM.

Provider Update – Glenside Care

The CQC completed an unannounced inspection of the Glenside site on 13 March 2019. The draft inspection reports are currently with the provider for factual accuracy checking. Once these checks are completed, the inspection reports will be available to the public.

CQC enforcement actions remain in place, and the CCG are working in collaboration with the CQC and Local Authority colleagues on the review of the Glenside Quality Improvement Action Plan, as a result of the CQC's findings; the CCG's Contract Performance Notice (CPN), and the Local Authority led Large Scale Safeguarding Investigation. The Quality Improvement action plan, along with the CPN will be reviewed at the Quality Improvement Group on 1 May 2019.

Wiltshire CCG continues to review each of the Wiltshire funded individuals on site, against their commissioned care plan.

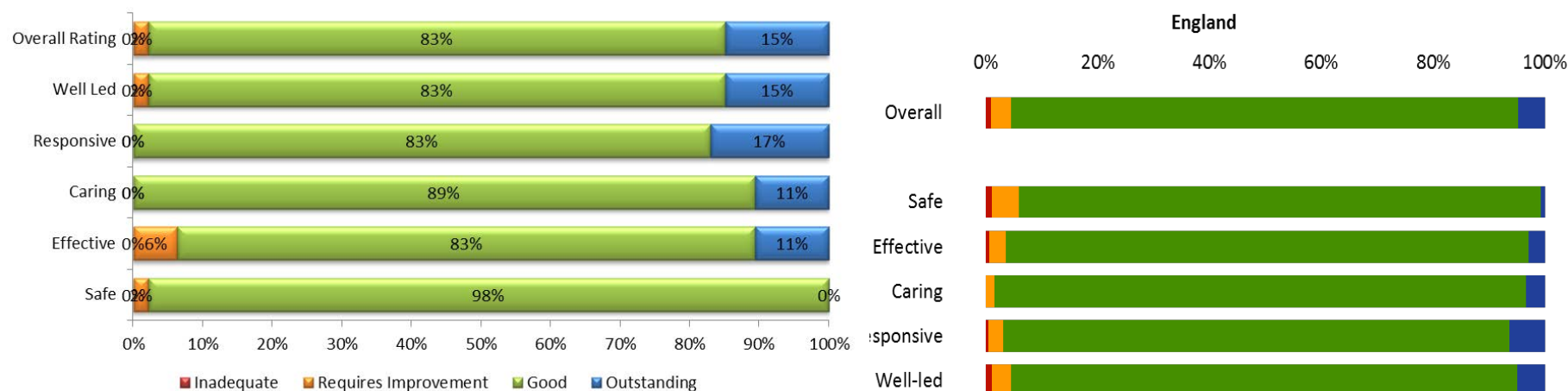
Addendum – Glenside Manor has subsequently been subject to immediate enforcement action by CQC for 3 locations Limetree, Newton House and Old Vicarage. The organisation also informed commissioners and CQC that they had made the decision to close the Wiltshire site. Subsequently, NHS England declared a managed incident and all residents/patients were transferred by their respective commissioners to suitable alternative placements. As of the 15 May 2019 there are no residents/patients on the Glenside site in Wiltshire.

Primary Care – update

The breakdown of GP Practice CQC inspection results is shown in the charts below. As of 1 April 2019, 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'. The CCG Quality Team is providing support to this practice. There is still 1 practice that has yet to be inspected following practice mergers.

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

Current Wiltshire Practice Overall CQC Ratings as at 1 April 2019 National GP Practice Ratings as at January 2019.



Further information around Primary Care assurance and quality improvement work is available in the Primary Care Quality Report (Current issue: Report number 10, January 2019).

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

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

Summary Level

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

Domain 2: Stroke unit has remained stable as a C at RUH, increased to a C at SFT but decreased to a D at GWH. Domain 3: Thrombolysis has reduced at both SFT and GWH. Domain 5 (OT) is either stable (C at RUH and GWH) or increasing (to a B at SFT). Domain 7: Speech and language therapy has decreased to an E at SFT with both RUH and GWH increasing to a D. Domain 10: Discharge processes has remained stable at RUH, reduced from an A to a C SFT and remained stable at a D for GWH.

At summary level, both RUH and SFT have also seen increases 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) is now at an A for all providers. 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 Wiltshire CCG Quality team. This process is supporting and driving change across stroke services in the STP; SSNAP outcomes data is expected to vary 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.

The providers have either maintained their overall performance (GWH at a D) or increased (both SFT and RUH from a C to a B). The RUH has reduced its performance in one domain but improved performance in two domains. The SFT have seen positive changes in five domains and reduce performance in three. GWH have improved in two domains and have reduced in three.

Domain 1 (scanning) is now at either A or B for all providers (RUH has remained the same but both SFT and GWH have returned to an A).

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
S2 Healthcare Acquired Infection (HCAI) – <i>C. difficile</i> (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 <i>C. difficile</i> ; 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 <i>C. difficile</i> rates.	March 2019	CCG and all providers	<i>C. diff</i> cases remain under new reduced threshold of 101 for 18/19	<ul style="list-style-type: none"> Assurance sought on an on-going basis from acute providers Primary care <i>C. diff</i> 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 <i>C. difficile</i> rates. WCCG task and finish group has begun work and reviewing individual cases The CDI working group are reviewing geographic location of cases and the demographics PPI review upon admission to acute care providers being initiated 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
S3 Healthcare acquired infection (HCAI) – <i>E.coli</i> Reduction in Urinary Tract Infections and Gram Negative Blood Stream infections	Across STP	Collection, and analysis of <i>E. coli</i> 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	<ul style="list-style-type: none"> Data review on-going for all cases in Q2 and Q3 of 18/19 Acute trust individual working groups have commenced to tackle HCAI GNBSI. Hydration messages going out across STP through Public Health. Driver diagram completed and submitted to NHSE for 2019/20 reduction aims and plan across the STP. IP&C Lead attended South West GNBSI event on 12th March held by NHS England To Dip or Not To Dip being rolled out in care homes in Wiltshire. Hydration project for Wiltshire Care homes being rolled out in combination with To Dip or Not To Dip 	On-going
S9 Serious Incidents	AWP	A Serious Incident (SI) Contract Performance Notice (CPN) was issued to AWP on 12 December 2017.	May 2019	AWP and all CCGS (Bristol, North Somerset, South Gloucestershire (BNSSG) and BANES, Swindon and Wiltshire (BSW))		This CPN remains in place and discussions regarding whether the CPN should be re-framed continue. The Trusts' compliance against trajectory continues to fluctuate. Commissioners met with AWP to review all open SI's and to agree themes of the SI's, but also actions. 2019. 69 serious incidents were reviewed to identify themes and learning. Quality Leads are following up on actions with AWP.	On-going
S11 Midwife to Birth Ratio	Acute Providers	(Jan 19) SFT 1:28 RUH 1:29 GWH 1:29				CCG note that GWH and SFT figures reflect an improving position from 1:33 and 1:31 in December 18 respectively. This is monitored via CQRM meetings and CCG will continue to request assurance regarding provider plans to address.	

Indicator	Provider	Action	Target Date	Responsibility	Expected Outcome	Progress to date	Date Completed
U1a and U1b Ambulance Handover Delays	Urgent Care (February 19) Wiltshire 130 SFT 44 (March 19) Wiltshire 102 SFT 20	Handover delays are addressed as part of the commissioner and provider STP action plans.		All commissioning CCGs	Reduce the inappropriate demand on the ambulance service Reduce the areas of operational pressure Address the ongoing resources that may be require.	The CCG note an improving position in March 19 for both Wiltshire and SFT data. Data relating to SFT continues to be discussed at contract review meetings with the provider to understand if there are specific reasons for monthly variations.	
U2a and U2b Compliance with call audits	IUC Jan 19 Health Advisors 90% Clinical advisors 84%	Audit compliance continues to be monitored via the quality and performance meetings.		IUC		The CCG note an improving position in January, from December compliance data,. The provider has supplied the CCG with the reasons behind non-compliance and the actions to address this.	
Ef1 12 Hour Trolley Waits	SFT					Data from CSU shows 1 trolley breach in January 19 respectively. However, the Provider stated that no breaches occurred. A review has confirmed a breach and this is currently being discussed with the Provider.	
P3 Falls with Harm Acutes	A total of 7 falls were reported across providers as follows: February: SFT (1), RUH (4), Ramsay New Hall (2)					Investigations are currently in progress by the providers. February saw a reduction in reported incidents across providers; however information relating to GWH is not yet available. March data will be included and reported as it becomes available from the providers.	

Quality Dashboard Glossary: 2019/20

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 Acquired Infections website https://www.hpanw.nhs.uk
Quality	Healthcare acquired infection (HCAI) measure (c. difficile)	Everyone Counts 2013/14	E.A.S.5	Number of Clostridium difficile infections, for patients aged 2 or more on the date the specimen was taken	Health Protection Agency Healthcare Acquired Infections website https://www.hpanw.nhs.uk
Quality	Friends and family test score	Everyone Counts	Schedule 6e	The proportion of people who reported that they were either 'extremely likely' or 'likely' to recommend the service to their friends and family, out of the total number of people who responded to the survey. Score is displayed as a percentage.	NHS England website. http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/
Quality	Patient Safety Thermometer	NHS Contract (National Quality Requirements)	Quality Schedule	The number of instances of each type of harm reported in a month. This is a point prevalence 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 MPs 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	<p>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.</p> <p>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.</p> <p>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.</p>	<p>For SHMI: From the Health and Social Care Information Centre Website: http://www.hscic.gov.uk/SHMI</p> <p>For HSMR: http://www.nhs.uk/NHSEngland/Hospitalmortalityrates/Documents/090424%20MS(H)%20-%20NHS%20Choices%20HSMR%20Publication%20-%20Presentation%20-%20Annex%20C.pdf</p>
Quality	Maternity Indicators (Stillbirths, Midwife to birth 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 Indicators	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 appropriateness of call handling.	Provider submissions to contract review meetings, and CCG attendance at Call Reviews.
Quality	CQC Status	Quality	Quality Schedule	The providers are required to register with CQC under their contract with the CQC. The CCG works with partner organisations, including the CQC, to share intelligence about providers and to identify and address providers in need of support. The CCG monitors CQC compliance and ensures action plans developed following inspection results are comprehensive and completed by providers.	http://www.cqc.org.uk/

Section 2: Finance and Information

No finance report is produced for month 1 2019/20.

Performance by exception

RTT Incomplete Pathways

In March 2019, the CCG did not deliver the 92% Referral to Treatment (RTT) target achieving 89.8%, down slightly from 91.0% in February. SFT achieved the standard with 93.8%, however underperformance continued and deteriorated further at both GWH (83.5%) and RUH (88.8%). The waiting list size is a key measure and the RTT waiting list for the CCG increased by 1,682 over the year to March 2019. During the year the CCG has seen nearly 1,300 new waiting list reporting at Southampton (Neurology), Wiltshire Health & Care (MSK), Gloucestershire and Barts Healthcare. There was also a material counting increase at GWH over the past 2 months. The CCG waiting would have reduced the waiting list over the year if there had not been the provider counting increases mentioned above.

March 2019 RTT Waiting Lists

Code	Specialty	RTT Rates				Waiting List ytd Change			
		GWH	RUH	SFT	CCG	GWH	RUH	SFT	CCG
C_100	General Surgery	91.1%	91.4%	86.8%	91.0%	70	55	(149)	(44)
C_101	Urology	73.6%	95.6%	87.5%	85.2%	25	(74)	29	80
C_110	T&O	71.6%	80.8%	89.2%	86.4%	61	(13)	(201)	571
C_120	ENT	81.1%	77.7%	92.7%	85.6%	101	(175)	124	108
C_130	Ophthalmology	90.3%	93.9%	97.3%	93.4%	(59)	(409)	164	(142)
C_150	Neurosurgery				75.4%				7
C_160	Plastics	91.3%		92.6%	91.0%	26		(1)	34
C_170	Cardiothoracic				90.0%				(2)
C_300	General Medicine	98.7%	100.0%	100.0%	99.2%	4	(34)	2	(27)
C_301	Gastroenterology	90.7%	80.4%	96.2%	88.2%	32	303	12	485
C_320	Cardiology	90.9%	86.4%	99.4%	92.1%	(68)	(106)	87	(112)
C_330	Dermatology	82.8%	85.9%	75.5%	84.4%	82	120	(42)	342
C_340	Thoracic Surgery	90.9%	99.4%	90.0%	93.0%	(103)	(40)	3	(139)
C_400	Neurology	85.9%	95.1%		80.8%		(1)		301
C_410	Rheumatology	89.9%	99.6%	97.5%	96.3%	(23)	5	18	6
C_430	Geriatrics	95.0%	100.0%	90.9%	94.0%	(7)	(5)	19	7
C_502	Gynaecology	83.3%	94.4%	99.0%	93.0%	147	4	227	389
X01	Other	84.8%	95.4%	97.7%	94.8%	75	51	(44)	(182)
	Total	83.5%	88.8%	93.8%	89.8%	363	(319)	248	1,682
				YTD % Increase		6%	(4%)	2%	6%

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

Targets	
1	RTT % ≥ 92%
2	Hold WL Size

Over 52 Week RTT Waits

There were 2 >52 week breaches in March, a reduction from 7 from February. This is the lowest monthly number all year. The 2 are 1 General Surgery at the RUH and 1 Orthopaedic at North Bristol. 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 January with 97.0%, unchanged from December. None of the 3 main Acute Trusts achieved the standard with GWH (91.9%↓), RUH (97.6%↓) and SFT (98.9%↑). There were 282 patient breaches that included Endoscopies (102), and Echocardiograms (100). Workforce issues remain challenging.

Cancer Access

The CCG March performance deteriorated showed 4 standards achieved and 5 breached. There was some improvement against most 31 day and 62 day standards but two week waits were under pressure especially at RUH and GWH. The Cancer performance remains challenging because of a 14% increase in 2 week wait activity in 2018/19. Some of the growth is due to cancer awareness campaigns and increased publicity. The CCG has planned for some of the extra activity growth to continue into 2019/20. There are some workforce constraints that are having an adverse impact on cancer waiting times.

Mixed Sex Accommodation

There were 6 MSA breaches in March a significant improvement from the levels seen in recent months. 3 were at SFT and 3 others at 3 separate non-local providers.

A&E <4 Hour waits

All three Acute Trust breached the 95% standard in January. Main Provider reporting showed RUH improving at 78.8%↑, GWH down to 82.3%↓ and SFT up to 92.2%↑ as seasonal pressures continue. High bed occupancy rates continue to have an adverse effect on A&E access rates.

Delayed Transfers of Care (DToCs)

March 2019 data is yet to be reported.

Dementia Diagnosis

March performance improved and was at 66.1%, compared to the 66.67% target. The shortfall in diagnosis equates to 42 patient diagnoses. New BSW task and finish group established March 2019 to share learning and best practice – meeting monthly 2 meetings taken place over past 3 months and remedial plans identified to support increase in STP DDR rate. Lessons learnt in Wiltshire are being shared with Swindon and BaNES CCGs who have lower attainment rates. Targeted practice visits commenced - peer support in place – also linked to raising profile of Dementia Awareness Week (May 20th) BSW case of need supported by EMT to provide HCA and analyst support for practices to support GP resilience and recovery trajectory – implementation plan in.

Community Services

Adult Health (WH&C) for March 2019, WH&C average length of stay (30.6 days) an improvement from the 34.7 days in February although this remains well above the 20 day target. DToC rate (9%) has significantly improved from 24.7% seen in 2017/18. 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. The average length of stay for Home First is 13 days, 3 above target. Minor Injury Units continued to treat 100% of patients within the 4 hour target despite an increase in activity levels in 18/19 against a target of 95%.

Annexes

- Annex 1 Performance against constitution targets M12

Annex 6 – Performance against constitution targets M12 2018/19

NHS WILTSHIRE CCG

Are patient rights under the NHS Constitution being promoted?

Indicator	Org.	2017/18	2018/19													
			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	
Referral To Treatment waiting times for non-urgent consultant-led treatment																
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%	91.1%	91.0%	90.6%	89.8%	
Total number of patients waiting	CCG	28,590	28,600	29,495	30,282	30,014	30,159	30,051	29,800	29,798	29,822	29,436	29,279	29,742	30,272	
Number of patients waiting more than 52 weeks	CCG	57	0	18	15	11	13	14	11	10	11	18	5	9	2	
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%	97.0%	97.0%	97.0%	96.9%	
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%	94.7%	93.5%	94.0%	92.0%	
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%	95.8%	94.1%	92.0%	85.5%	
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%	97.1%	94.1%	96.3%	97.4%	
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%	97.3%	89.8%	85.0%	92.9%	
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%	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%	98.5%	90.7%	98.4%	100.0%	
Cancer waits – 62 days																
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	CCG	83.1%	≥85%	81.5%	91.8%	84.6%	77.7%	78.5%	84.2%	80.2%	76.4%	84.9%	75.4%	76.5%	83.1%	
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%	80.0%	100.0%	96.0%	95.2%	
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%	≥86%	79.0%	92.3%	100.0%	100.0%	92.0%	100.0%	75.0%	82.6%	91.3%	79.2%	80.0%	84.2%	
Mixed Sex Accommodation Breaches																
Breaches of Mixed-Sex Accommodation	CCG	163	0	0	7	11	37	28	17	54	54	39	50	56	6	
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%	81.4%	72.9%	70.6%	78.8%	
	SFT	92.3%		93.1%	91.3%	91.8%	90.8%	86.0%	83.9%	83.0%	84.0%	93.3%	84.9%	89.4%	92.2%	
	GWH	87.2%		90.0%	93.5%	91.0%	91.7%	93.0%	92.1%	86.8%	89.4%	85.7%	84.4%	83.7%	82.3%	
	SWIC	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
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	6.8	6.7	7.0	6.8	
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	12.3	12.0	12.8	12.3	
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			0			0	
	SFT	0		0			0			0			0			0
	GWH	7				7				11			11			12

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	10	9	9	4	4	6	6
HCAI measure (MRSA infections)	CCG	4	0	0	1	0	0	0	1	1	0	0	1	0	0
DTCO Total Days Delayed (Wiltshire)	RUH	305	175	225	228	353	443	454	357	514	418	357	399	427	451
	SFT	379	225	366	519	412	432	378	355	509	433	280	193	181	320
	GWH	320	100	429	264	212	374	434	336	383	242	223	271	345	364

				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%	66.2%	65.8%	66.0%	65.9%	65.9%	65.8%	66.1%
IAPT Access Rate (2017/18 target = >4.2% per Qtr)	CCG	5.3%	4.20%			5.9%			5.1%			5.0%			
IAPT Recovery Rate (2017/18 Quarter 4 target = >50%)	CCG	53.0%	≥50%			53.0%			55.0%			51.0%			
IAPT <6 Weeks Access (National Target ≥75%)	CCG	91.6%	≥90%	87.8%	93.6%	96.1%	97.7%	97.5%	96.8%	96.8%	96.9%	96.3%	94.9%	92.86%	
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%	100.0%	100.0%	99.4%	97.6%	
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%	-	100.0%	50.0%	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%			98.9%			99.1%

				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%	96%	97%	97%	96%	96%	97%	96%	
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	28.8	33.7	34.7	30.6	
DToCs (% of occupied beds)	24.7%	≤20%	11.0%	13.0%	16.0%	17.0%	17.0%	21.0%	18.0%	13.0%	11.0%	11.0%	13.0%	9.0%	
% End of Life patients dying in preferred place	92.0%	≥90%	92%	100%	100%	88%	79%	94%	72%	100%	94%	89%	86%	94%	
Minor Injury Units - Arrival to discharge time within 4 hours	99.0%	95%	99%	99%	98%	98%	99%	98%	99%	99%	99%	100%	99%	100%	
Average Length of Stay on the Home First Pathway (Days)		<10	7	6	6	N/a	N/a	10	12	12	12	13	14	13	