Gloucestershire Clinical Commissioning Group Shadow Board

Meeting to be held at 2pm on Thursday 21st March 2013 in the Board Room, Sanger House, Brockworth, Gloucester GL3 4FE

No.	Item	Lead	Recommendation
1	Apologies for Absence	Chair	
2	Declarations of Interest	Chair	
3	Minutes of the Meeting held on Thursday 21st February 2013	Chair	Approval
4	Matters Arising	Chair	
5	Chair's Update	Chair	Information
6	Performance against Commissioning Report	Mary Hutton	Information
7	QIPP Programme Update	Mary Hutton	Information
8	CCG Public Website	Mary Hutton	Information
9	Arrangements for sign off of the March minutes	Chair	
10	Any Other Business (AOB)	Chair	
11	Public Questions	Chair	
Date and time of next meeting: Tuesday 2nd April 2013 at 2pm in Board Room at Sanger House			

Questions should be sent in advance to the Company Secretary by 12 noon on Tuesday 19th March 2013. Questions must relate to items on the agenda.

Gloucestershire Clinical Commissioning Group (CCG)
Shadow Board

Minutes of the meeting held on Thursday 21st February 2013 in the Board Room, Sanger House, Gloucester GL3 4FE

Present:

Dr Helen Miller	HM	Chair
Dr Andy Seymour	AS	Deputy Clinical Chair
Dr Steve Allder	SAl	Secondary Care Specialist
Dr Shona Arora,	SAr	Director of Public Health
Dr Caroline Bennett	CBe	GP - North Cotswolds Locality
Dr Charles Buckley	CBu	GP – Stroud & Berkeley Vale Locality
Julie Clatworthy	JCl	Registered Nurse
Jill Crook	JCr	Director of Nursing
Alan Elkin	AE	Lay Member
Dr Malcolm Gerald	MGe	GP – South Cotswolds Locality
Dr Martin Gibbs	MGi	GP - Forest of Dean Locality
Colin Greaves	CG	Lay Member
Dr William Haynes	WH	GP - Gloucester City Locality
Mary Hutton	MH	Deputising for the Chief Executive
Dr Hein le Roux	HLR	GP - Stroud & Berkeley Vale Locality
Dr Liz Mearns	LM	Medical Director
Linda Prosser	LP	Director of Transformation & Service Re-design
Nuala Ring	NR	Director of HR & Corporate Resources
Mark Walkingshaw	MWa	Director of Commissioning Implementation (Designate)
Valerie Webb	VW	CCG Lay Member for Business
Margaret Willcox	MWi	Commissioning Director Adults and Director of Adult Social Services

In attendance:

Yvonne Garland	YG	Board Administrator
Alan Potter	AP	Governance and Risk Manager

There were 2 members of the public present.

1. Apologies for Absence

Dr Jeremy Welch, Jan Stubbings, Sue Morgan, Debra Elliott, Rob Rees.

NHS

2 Declarations of Interest

2.1 It was noted that all dispensing GPs present (HM/CBe/CBu/MGe/MGi) had an interest in Item 7.

3 Minutes of the Meeting held on Thursday 17th January 2013

3.1 The minutes were approved as a true and correct record.

4 Matters Arising

4.1 The Shadow Board noted the matters arising.

5 Gloucestershire Clinical Commissioning Group (CCG) Shadow Board Chair's Report

5.1 The report highlighted some of the activities of the Chair since the Committee last met.

5.2 Further to the written report, a brief verbal update was given which included:

- Reference to the recently issued Francis Report. The need for all parts of the Health Services to work together to ensure good patient care and safety was emphasised.
- Regarding the CCG authorisation to be discharged before 1st April 2013 (7.2), meetings were taking place with the Local Area Team – this would mean that the remaining two conditions would be discharged before 1st April 2013.
- It was noted that a Staff Away Day was planned for Tuesday 26th February to which all CCG staff were invited with the objective of helping the new team to work together. Also following the meeting today there would be a Governing Body Development session.

5.3 **RESOLUTION - The CCG noted the report.**

DRAFT

6 Annual Operating Plan (AOP)

6.1 The Committee were advised that this was a working document and that any comments would be incorporated for presentation at the next meeting

6.2 In Appendix A, item 2.3 Children and Maternity it was requested that attention be drawn to the fact that Gloucester has a ‘state of the art’ maternity facility.

6.3 From Appendix B the report on Chronic Obstructive Pulmonary Disease (COPD) admissions, it was noted that the higher levels for the Cheltenham, Gloucester and Forest areas were associated with deprivation issues ie high smoking levels. The need to ensure equity of service delivery across the whole county was emphasised.

6.4 A number of questions were raised which included:

- Would this report be available for CCG and providers? It was noted that this was an executive summary and that a performance summary would be forthcoming at the end of March/early April with a more detailed report for providers plus a user friendly version available for the public.
- The report did not detail what was to be done differently in the future. The Committee were assured that steps had been taken to improve the plan – these areas included Telehealth (largest in the country), COPD admissions had been reduced through help and support to practice nurses and a Community Respiratory Team was being developed under consultant governance.
- With regard to COPD it was felt that getting prevention right was the key and concern was expressed that the funds should not be cut dealing with smoking and obesity. The Chair advised that the Committee were well aware of the need for equity and that prevention measures were being reviewed.

DRAFT

- In response to where Clinical Programmes were, it was stated that there would be a paper for the next Board meeting outlining the reviews that had taken place. It was confirmed that there would be specialised commissioning within the Clinical Programmes.

6.5 **RESOLUTION – the Shadow Board supported the AOP as a working document with the comments made being incorporated into a policy document for approval at the next meeting.** **MW**

7 Gloucestershire Clinical Commissioning Group (CCG) joint working with pharmaceutical industry.

DRAFT

7.1 The report was presented as a working document and a number of comments were noted.

7.2 Questions and discussion points included:

- It was requested that research governance be added as it was a statutory requirement.
- With regard to item 4.2 a request was made that the joint working situation be reviewed in a year.
- The report was submitted as a guideline but it was felt that the stronger term of policy should be applied.
- It was pointed out that the Department of Health Toolkit was available on line for all to access. It was felt that it would be good to have a public register of projects currently undertaken with the Pharmaceutical Industry (as undertaken by Gloucester Royal Hospital) so that all of the Board could be kept informed.

7.3 The Chair drew attention to:

- Item 4.3 emphasising that the primary contact for all pharmaceutical companies is the Head of Medicines Management.

- Appendix 1 item 7.1. It was noted that any meetings with the pharmaceutical industry for lunch or evening events would be declared as hospitality to avoid any conflicts of interest.

7.4 The Committee were asked to feedback their comments to Dr Buckley so that these could be incorporated into a revised policy document for the Board to review at the next meeting. **ALL CBu**

7.5 RESOLUTION - The Shadow Board supported the recommendations of the report.

8 Performance against Commissioning Report

8.1 The report provides a strategic overview of the financial and service performance issues by exception.

8.2 Action has been taken regarding the 4 hour A&E target in that a Senior Nurse programme management lead has been appointed as well as a Senior Manager to provide additional focus for daytime. When stresses occur in A&E this triggers certain actions to come into play.

8.3 The Shadow Board discussed the report and the following items were included:

- It was noted, regarding the A&E targets, that whilst locum staff had been used to provide cover to date, a business plan had recently been approved and permanent appointments were to be made.
- Concern was expressed about the level of re-admissions which could indicate that under pressure the quality of care is not good enough and a report on this was requested. The Shadow Board were advised that an Integrated Discharge Team had been formed to improve working between hospital staff and community nurses.
- It was added that care was being monitored through the Scheduled Care Group (quality role) and this would be reported at the next meeting.

8.4 The Shadow Board were advised that a Winter Pressures Grant had provided extra funding into the programme.

DRAFT

8.5 **RESOLUTION - The Shadow Board noted the reported financial position for 2012/13, the performance against the 2012/13 national targets and the actions taken to ensure that performance is at a high standard.**

9 QIPP Programme Update

9.1 The Shadow Board was provided with an update of progress against the QIPP themes and main programmes of work, identifying progress to date, key risks and proposed remedial actions. It was further noted that there are 71 projects in the programme.

9.2 RESOLUTION - The Shadow Board noted the performance against planned QIPP programme and the proposed remedial actions.

10 Dates of CCG meetings up to March 2014

10.1 RESOLUTION - The Shadow Board agreed the dates as set out in the report.

11 Any Other Business

In response to an enquiry, it was reiterated that the CCG was not a legal entity until 1st April 2013. It was stated that there was a transition plan in place following the national guidelines. The Asset Register was in process of being agreed.

12 Public Questions

There were no public questions.

13 Date and time of next meeting

13.1 Thursday 21st March at 2.00pm in the Board Room at Sanger House.

13.2 The meeting closed at 10.36am.

DRAFT

NHS

Minutes Approved by the CCG Shadow Board.

Signed (Chair):______________________ Date:______________

DRAFT

Matters arising from previous Gloucestershire Clinical Commissioning Group (Shadow Board) Meetings February 2013

Item	Description	Response	Action with
21.02.13 Agenda item 6.5	Annual Operating Plan	RESOLUTION - the Shadow Board supported the AOP as a working document with the comments made being incorporated into a policy document for approval at the next meeting. It was later agreed that a report would come to the April (inaugural) Governing Body Meeting.	**MW**
21.02.13 Agenda item 7.4	Gloucestershire Clinical Commissioning Group (CCG) joint working with pharmaceutical industry.	The Committee were asked to feedback their comments to Dr Buckley so that these could be incorporated into a revised policy document for the Board to review at the next meeting.	**ALL** **CBu**

DRAFT

Agenda Item 5

Gloucestershire Clinical Commissioning Group (Shadow Board)

Board Meeting Date	**Thursday 21st March 2013**
Title	**Gloucestershire Clinical Commissioning Group (CCG) Shadow Board Chair's Report**
Executive Summary	This report outlines the key issues addressed by the Gloucestershire Shadow Board in February 2013.
Key Issues	The key issues arising include: • Introductory Meet with Central Southern Commissioning Support Unit • Locality Executive Meeting • Out of Hours (OOHs) • Local Enhanced Services Review • Drug & Alcohol Tender • Health Perform
Risk Issues	None
Financial Impact	None
Legal Issues (including NHS Constitution issues)	None
Impact on Equality and Diversity	None
Impact on Health Inequalities	None
Impact on Sustainable Development	None
Patient and Public Involvement	
Recommendation	**This report is provided for information and the Shadow Board is requested to note the contents.**
Author	Dr Helen Miller
Designation	Gloucestershire CCG Chair (Shadow)
Sponsoring Director (if not author)	

Gloucestershire Clinical Commissioning (GCCG)
Chair's Report

1 Introduction

1.1 This report outlines the key events discussed and attended by Gloucestershire CCG in February.

2 Introductory Meet with Central Southern Commissioning Support Unit (CSCSU)

2.1 Mr John Wilderspin, Managing Director and Mr Petros Kotsidis, Performance Provider Lead of CSCSU met with GCCG to give an overview of the services available.

2.2 CSCSU intend to undertake: a 'fitness for purpose' exercise; match against 'best in class' for quality of management and utilise 'specialist skills' across CSCSU in order that they are partnered-up with provider needs.

2.3 The regional Quality Observatory will now be hosted by the CSCSU and will build on existing analytical arrangements to enable local benchmarking; develop metrics and identify opportunities to help frontline staff to innovate and improve.

2.4 It is proposed to bring together a user group of CCGs under CSCSU inclusive of clinicians and managers a little later in the year to take forward any issues, concerns and best practice. This was fully supported by GCCG.

3 Locality Executive Meeting

3.1 GCCG held their second Locality Executive meeting on 28th February 2013. Topics discussed included the Annual Operating Plan, the Quality Premium and Local Enhanced Services.

3.2 Each of the locality representatives provided an update on the work being undertaken and any particular concerns raised within their localities.

3.3 Once again meeting was well received and it was agreed to meet up again in June 2013.

4 Out of Hours (OOH)

4.1 The OOH tender process is progressing quickly with a recommendation expected to be at the May CCG board

4.2 Testing of the NHS 111 service had gone live on Tuesday, 19th February and although there had been teething problems, the learning from this was very important and improvements were expected to be made. The weekend had been particularly bad as a result of insufficient capacity, but the CCG had been given assurance that action was being taken to ensure improvements.

5 Local Enhanced Services (LESs)

5.1 Agreement has been reached with the NHS Commissioning Board (NHSCB) Area Team to roll forward the current LESs into 2013/14 for at least 6 months as GCCG and Public Health are not able to commission LESs. In the future these will be Community Based Enhanced Services.

5.2 It is GCCG intention to undertake a full review of the LESs and have invited the Local Medical Committee to be involved in this process.

6 Drug & Alcohol Tender

6.1 The Drug and Alcohol treatment services are commissioned by Gloucestershire's D&A Team (DAAT) on behalf of NHS Gloucestershire, but will transfer to Gloucestershire County Council on the 1st April 2013 when a six month transition phase will start.

6.2 The Project Board which includes Dr Hein Le Roux, GCCG Clinical Lead has overseen the tender process. Four successful bids for the D&A tender were received and Turning Point was unanimously appointed and contracts have been signed.

6.3 This has been a considerable tender with multiple perspectives and stakeholders as drug and alcohol use affects our communities in many different ways.

6.4 The service will open 'One-stop' shop treatment hubs in new locations across the county, to include Moreton-in-Marsh, Cinderford, Tewkesbury, Gloucester, Stroud, Cheltenham and

Cirencester, but will continue to reach out to service users by working from satellite locations, namely Primary Care.

6.5 Turning Point will be attending LMC and various other meetings over the next few months to update them.

7 Health Perform

7.1 A proposal for the renewal of the Health Assure Performance Management System which is due to expire on the 31st March 2013 had been received by GCCG.

7.2 The system has been in use since 2008 and allows the organisation to upload Key Performance Indicators, Risk Logs and Status Reports of GCCG projects as well as retaining 2 years of QIPP legacy information. The system is web-based allowing easy access for use and alerts project managers when updates are required.

7.3 The annual subscription is £30k, however, a 10% discount has been negotiated if payment is made up front for the next 3 years (£81k for 3 years) a saving of £9k. GCCG approved to take forward payment for the 3 years and agreed they would s look at other tools once YHYC has been embedded.

8 Recommendation

This report is provided for information and the Shadow Board is requested to note the contents.

Gloucestershire Clinical Commissioning Group (Shadow Board)

Meeting Date	**21st March 2013**
Title	**Performance against Commissioning Report**
Executive Summary	This integrated performance report provides Gloucestershire Clinical Commissioning Group (GCCG) with a strategic overview of the financial and service performance issues by exception. This report sets out the Financial position is as at the end of January 2013. The Commissioned Service Performance position is dependent upon the availability of the data.
Key Issues	These are set out in the main body of the report
Risk Issues: **Original Risk** **Residual Risk**	All risks are identified within the relevant sections of this report.
Financial Impact	Not meeting key financial targets
Legal Issues (including NHS Constitution)	Compliance with the NHS Constitution as part of the 18 week referral to treatment commitment
Impact on Equality and Diversity	Not Applicable.
Impact on Health Inequalities	The are no direct health and equality implications contained within this report
Impact on Sustainable Development	The are no direct sustainability implications contained within this report
Patient and Public Involvement	The Health, Community & Care Overview and Scrutiny Committee receive a report of performance against key targets.
Recommendation	The Board is asked to: • Take note of the reported financial position for 2012/13 • Take note of the performance against

	national targets and the actions taken to ensure that performance is at a high standard.
Author & Designation	Roy Hewlett, Assistant Director Performance & Planning (NHSG) Steve Perkins, Head of Financial Planning (NHSG)
Sponsoring Director (if not author)	Mary Hutton, Director of Finance

Agenda Item 6

Gloucestershire Clinical Commissioning Group (Shadow Board)

March 2013

Integrated Performance Report

1 Introduction

1.1 This report sets out NHS Gloucestershire (NHSG) 2012/13 Financial and Commissioned Service performance. It is broken down into two sections covering performance relating to the key commissioning service targets and financial position of NHSG.

1.3 Only those areas of performance assessed as being at significant risk of failure at year end, or other issues that engendered concerns throughout the year, for which the Board need to be made aware of, are included in the report. Where standards are reported on a quarterly basis, the board will be informed of updates as and when data is available or new information comes to light.

The full summary of performance is included in the relevant appendices.

1.4 The supporting appendices provide a full analysis of the PCT's Finance position, and performance against our Commissioning performance targets. The 2012/13 commissioning performance scorecard (appendix 3) provides an integrated report describing the performance of NHSG. The scorecard covers the 2012/13 Operating Framework targets, NHS Constitution commitments and key 'local offer' commitments.

2 Performance

2.1 A full overview of current performance of NHSG against the national and key local targets is given in appendix 3 that is ordered in the following overarching themes;

- Unscheduled Care
- Planned care
- Primary and Community Care
- Public Health
- Mental Health and Learning Disabilities
- Quality

All indicators are RAG rated, based on the *2012/13 NHS Performance Framework* thresholds. In addition, the Year To Date and Year End Forecast positions are also given to enable the level of risk to better quantified at year end.

2.2 The overall level of performance is very good and a summary of the YTD position is given in the table below. This shows that of the total of 50 indicators reported on; 41 were rated Green (82%), 9 Amber (18%) and no Red (0%).

Breakdown of current year to date performance by RAG status of indicator			
	Green	Amber	Red
NHS Gloucestershire	41	9	0
Percentage	82%	18%	0%

2.3 Areas where performance has been particularly good include:

- The 4 hour A&E target is being met by all hospitals in the PCT area.
- Both Cat A8 and A19 performance targets have been achieved throughout the year.
- Patients are able to receive treatment for Community Services in Gloucestershire within 8 weeks of referral. These are some of the best access times in the country.
- VTE risk assessment target has been consistently met within all Hospitals within the PCT area.

2.4 The table below provides a fuller position statement for all the Amber and Red rated indicators. This table outlines current performance, identifies the issues leading to that performance and mitigating actions being taken to recover performance.

Ref	PCT	Indicator	Status	Issue	Mitigating Action
Planned Care					
PHQ19	NHS Glos	At least 90% of Trauma & Orthopaedic (T&O) admitted RTT pathways should be treated within 18 Weeks	**AMBER YTD** There has been significant improvement in performance over recent months and the standard continues to be achieved in December; NHSG (91.9%) and GHNHSFT (91.2%). Year to date performance has improved from 84.5% in October to 86.1% at the end of December and	Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) has now significantly reduced their backlog of T&O patients who had already waited more than 18 weeks which is now one of the lowest in the South of England. November performance represented the first time this standard has been achieved in T&O. NHSG is expecting this standard to be sustained throughout the remainder of the	GHNHSFT have fulfilled their commitment to achieve the target by the end of Q3 2012/13 and have actually achieved the target a month earlier than planned. GHNHSFT will continue to: • Increase trauma lists to reduce cancellation of elective lists • Minimise medical outliers in Orthopaedic wards Consultants with the longest waits will still have their job plans altered to ensure that their patients can be seen within 18 weeks.

Ref	PCT	Indicator	Status	Issue	Mitigating Action
			as a result is now rated as amber.	financial year.	
PHQ22	NHS Glos	Not more than 1% of patients should have waited more than 6 weeks for one of the 15 key diagnostic tests	AMBER YTD Only 0.6% of patients at the end of December had waited 6 weeks or more (3.3% YTD). This represents 42 breaches of which 20 were at GHNHSFT, 6 at UHBT, 11 at Oxford Radcliffe, 1 at NBT It is expected that the target will be achieved	GHNHSFT did not have sufficient endoscopy capacity to meet demand and clear the waiting list backlog. The situation worsened following the departure of a locum and Clinical Fellow.	GHNHSFT have cleared the backlog and attained the target in line with their recovery action plan. GHNHSFT have extended the contract of both locums for a further six-months and increased weekend lists, this additional activity has been ring-fenced for over 6 week waiters. Focus is now on maintaining performance and reducing the backlog of surveillance patients.

Ref	PCT	Indicator	Status	Issue	Mitigating Action
			for the remainder of the year.		
PHQ24	NHS Glos	At least 93% of patients should be seen within 2 weeks of an urgent referral for suspected cancer	**AMBER YTD** 91.7% YTD but the target has been achieved in each of the last 4 months, culminating in December attainment of 95.8%. The standard has also been attained for Q3 (94.7%)	The increase in 2 week referrals seen in the first 8 months of 2012/13 has now been successfully managed as performance continues to be attained. Many of the breaches have been due to patients choosing to wait longer than 2 weeks. Lack of endoscopy capacity had also led to patients having to wait longer than 2 weeks.	NHSG expects performance to be attained throughout the remainder of 2012/13. GHNHSFT are ensuring that patients are offered an appointment as early as possible in the 2 week period to reduce the number of patient choice breaches.

Ref	PCT	Indicator	Status	Issue	Mitigating Action
Primary and Community Care					
PHQ31_04	NHS Glos	Proportion of eligible people who have been offered an NHS Health Check	**AMBER YTD** 4.0% actual versus 5.0% target in Q3 YTD 14.9% against a 15.0% target	Number of patients being offered declined in Q3. This has affected performance year to date, however NHSG is only marginally below plan by 0.1%. The drop in numbers invited is not significant and relates to just 4 practices which were performing well in Quarter 2 but failed to invite sufficient patients in quarter 3.	In order to recover to attain the year end the target of 20% of eligible population invited, NHSG will communicate directly with the GP underperforming practices and support them to deliver the numbers required in Q4. NHSG are confide`ent that this standard will be attained at year end.
Improving Access to Psychological Therapies (IAPT)					
PHQ13_5	NHS Glos	The proportion of people who have depression	**AMBER YTD** 6.4% at Q3	This target was achieved in 2011/12 however 2gether	Following a formal performance meeting an action Plan has been

Ref	PCT	Indicator	Status	Issue	Mitigating Action
		and/or anxiety disorders who receive psychological therapies	against a plan of 7.0%	NHS Foundation performance in Q1 was significantly below expected levels. In Q3 the targets for both the proportion of people receiving psychological therapies (2.6% vs 2.5% target) and the proportion of people moving towards recovery (56.9% vs 53.6% target) have been achieved.	received from 2gNHSFT which includes: - Working closely with Prison Health - Increasing referrals into the service - Streamlining initial assessments by making this part of their referral process - Training of health visitors to support delivery 2gether are achieving the milestones agreed within their recovery action plan and are confident that these targets will be achieved at year end.
PHQ13_6	NHS Glos	The proportion of people who complete therapy who are moving towards recovery	**AMBER YTD** 50.7% at Q3 against a plan of 51.9%		
Quality					
PHQ27	NHS Glos	Number of MRSA Infections (Health	**AMBER YTD** 7 against a target	The target set for 2012/13 represents a 60% reduction on the	NHSG undertakes a RCA (Root Cause Analysis) of each case to determine

Ref	PCT	Indicator	Status	Issue	Mitigating Action
		Community)	of 4	21011/12 outturn. This was always going to be challenging target to achieve. Increased emergency admissions and a bout of Norovirus affecting the hospitals winter bed state has increased testing which may well affect GHNHSFTs ability to remain within the ceiling limit	any trends and links with other health communities to review best practice.
		Number of MRSA Infections post-48 hours (Acute Trust)	AMBER YTD 2 against a target of 1		
PHQ28	NHS Glos	Number of C.Diff infections (Health Community)	AMBER YTD 19 against target of 22 in December YTD 39 over Plan	Performance has improved compared to 21 in October '12. No specific themes can be identified to account for the increase; however similar levels of increases have been	Short life working group has been established to look at incidences' particularly in the GP Practices (Community). Along with the Countywide Healthcare Associated Infection Strategy group, this will

Ref	PCT	Indicator	Status	Issue	Mitigating Action
				experienced in other health communities, throughout the South West. A bout of Norovirus in November has increased the level of testing and also affected the bed state which will impact the ability to remain within the monthly ceiling limit.	have a strong clinical focus with a NHSG lead GP and NHSG Head of Medicines Management attending both groups NHSG also attend GHNHSFT antibiotic prescribing group to ensure consistent approach to tackling this standard throughout the county.

4.0 NHS Gloucestershire Financial Overview 2012/13

4.1 NHS Gloucestershire (NHSG) has planned to deliver a surplus of £8.9m for the year 2012/13 against an anticipated revenue resource limit of £969.0m. Appendix 1 shows the income and expenditure position for the year. Appendix 2 illustrates the position for expenditure and outturn variance.

4.2 The income and expenditure year to date position at 31st January 2013 is a surplus of £7.5m. This is in line with the planned year end position of £8.9m surplus. Table 1 below identifies the key variances at Month 10:

Programme area	**Forecast Outturn Variance £'m**
Healthcare Providers	(12.3)
Primary Care & Prescribing	1.3
Admin & Provisions	0.0
Reserves	19.9
Total	8.9

4.3 **Gloucestershire Hospitals NHSFT – Contract overview**

4.4 The Month 10 year to date position is £7.9m overspent (£7.5m at month 9). GHFT data available at month 10 reporting is complete up to month 9. The following report is based on extrapolation of the month 9 data.

4.5 A contract forecast outturn overspend of £10.8m (£9.9m at month 9) is reported. The movement mostly relates to reduced expected future month benefit from QIPP schemes and inclusion of additional CQUIN payment within the forecast However there is movement between Planned and Unscheduled care (Outpatients and Emergency).

Finance Section - exceptions based on significant overspend variances in the NHSG outturn variance

(Sign convention – a positive value indicates an underspend, negative (-) value indicates an overspend)

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
Secondary Health Care Provision				
Planned Care				
GHNHSFT contract – Excluded Drugs	-£0.5m	-£0.5m	Excluded drugs expenditure to date is 11.7% above plan at Month 9. A contract risk share is applied resulting in 5.8% of pressure against contract.	Drugs indicated as increased are Cytokine modulators, Drugs affecting immune response and Immunomodulating drugs.
Unscheduled Care				
GHNHSFT contract – Emergency admissions	-£6.0m	-£7.4m	During the first 4 months of 2012/13 emergency admission levels were above both the contract plan and the levels seen in 11/12.The rate of forecast overspend variance has stabilized closer to normal trend within second half of	The increase in paediatric admissions is being closely monitored via the countywide unscheduled care group and NHSG children's commissioning leads which includes GP representation, commissioners and public

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
			the financial year. The forecast £7.4m overspend includes within it £3.5m of pressure resulting from QIPP planned delivery requirement.	health. Detailed analysis has been undertaken and although the increase in children (particularly younger children aged 0-4) has been identified the data has not been able to identify the specific reasons for the increase apart from that the admissions relate to infectious diseases and respiratory conditions. The situation will continue to be monitored, and a more detailed review will be undertaken if necessary. This issue is also being queried with GHNHSFT to establish if they are aware of any reasons for the increase.
GHNHSFT	-£0.8m	-£0.9m	Increased Obstetric	Indication is that the

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
contract – Maternity/other Non-Elective admissions			admissions trend above planned levels	numbers of births have not significantly increased but complexity of births (e.g. increased c-sections) and levels of non-delivery admissions have increased resulting in this variance.
Other Contractual				
GHNHSFT contract – QIPP delivery	-£4.2m	-£5.0m	The reported forecast position currently includes £5.8m of the £12.3m QIPP requirement as 'assumed' contract benefit. However, in addition to the assumed QIPP benefit, £1.0m of Emergency threshold adjustment plus £0.4m of Emergency QIPP contract risk share has also been accounted for within the reported contract position. As a result £5.0m lower delivery than the contract plan	Planned Care and Unscheduled Care programme leads will be reviewing each scheme delivery assumption and potential for additional schemes on an ongoing basis.

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
			is reported. The original planned benefit was profiled as being delivered later in the financial year. Overall scheme delivery is reviewed each month.	
Winfield	-£0.2m	-£0.2m	This overspend is in relation to unexpected 11/12 charge that has been incurred in 12/13.	
Out Of County Contracts	-£0.9m	-£1.1m	NBT are reporting a year to date overspend of -£0.9m based on month 9 data. Non elective activity is overperforming by -£0.5m in general medicine, T&O and urology while the disabled services is overperforming by £0.2m ytd. Critical Care is overperforming by £0.2m ytd.	Investigation of cardiac elective and non elective activity across specialised

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
	£0.3m	£0.4m	UHBT report year to date underspend of -£0.3m based on 9 months data. -£0.25m overspend relates non-elective cardiac and thoracic surgery, there is also a -£0.1m overspend on associated critical care. There is an £0.4m underspend on elective cardiac surgery and thoracic. Underspends of £0.1m on outpatient FA & FU.	and non specialised contracts to test coding.
	-£0.6m	-£0.8m	Oxford University Hospitals are forecasting an overspend of -£0.8m based on month 9 activity. Cardiology is overperforming by -£0.4m across electives, non-electives and devices. Non elective T&O at Oxford University is also	

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
	-£0.4m	-£0.6m	overperforming by -£0.1m. Critical Care is also overperforming by £0.1m Elsewhere, Great Western forecasts an overspend of -£0.7m on elective T&O, non-elective general medicine and T&O as well as PBR excluded devices at m8. All other direct OOC contracts are performing broadly to plan.	
Specialist Commissioning				
Specialised Commissioning	**-£1.5m**	**-£2.2m**	Forecast overspend of -£2.3m based on month 8 data. This is made up of a forecast underspend of £1.2m on mental health (low secure), and a forecast overspend of -£3.5m on acute care.	We have met with SWSCG and highlighted some areas of overperformance and straight-line forecasting for investigation. SWSCG are working with providers to agree a fixed

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
			The acute position has seen a deterioration of -£1.2m spread across UH Bristol (-£0.5m), GHT (-£0.4m) NBT (-£0.3m), Oxford (-£0.1m) and UH Birmingham (-£0.1m) partially offset by the addition of a £0.2m forecast underspend against CQUIN in general across contracts. Significant forecast overperformance: UHBT -£1.4m (-£0.9m last month). Cardiac surgery and congenital heart disease -£0.3m, BMTs forecast overspend of -£0.4m (-£0.6m last month). The BMTs position has worsened due to increased discharges but is	outturn for this year to obtain some stability in position for the year. Given recent adverse movements we will be scrutinizing these agreements to ensure a consistent and fair approach.

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
			also moving to a worse case scenario as all patients on the list are built into the forecast but may not proceed to surgery before the end of the year. This impacts on the adjustment for M9 anticipated movement of -£0.4m. Oxford -£0.8m (-£0.7m last month). Cardiac surgery (-£0.5m) and neurosurgery (-£0.4m). North Bristol Trust -£0.4m (breakeven last month). Neurosurgery (-£0.3m) Birmingham Children's Hospital -£0.4m. Predominantly due to a high cost paediatric gastroenterology patient.	

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
			Great Ormond Street -£0.4m. High cost CAMHS patient and a patient receiving cardiac surgery. Other significant movements: University hospitals Birmingham deterioration of £0.1m on non-specialised budgets. GHT's forecast underspend of £0.3m (£0.7m last month), has seen an increased utilization of NICU/SCBU (-£0.3m) and BMT (-£0.1m). Previous underspends, forecast on a straight-line, are operating closer to plan.	
Non Acute				
Continuing	£2.7m	£3.2m	A forecast under spend of	Continual close monitoring

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
Healthcare (CHC)			£3.2m is now being reported for the year. Placements numbers and associated expenditure have reduced again for month 10 as a result of ongoing QIPP scheme impact. Further to this we have seen a reduction in Domiciliary care costs through month 10, coupled with £0.2m of previously identified costs for out of area placements no longer to be realised. All of this results in a forecasted improvement in position of £0.5m from month 9.	in conjunction with Funded Nursing Care placement numbers and costs, which are likely to rise as CHC costs fall. At present however, there is only a small YTD overspend reported against FNC.
Funded Nursing Care (FNC)	-£0.40m	-£0.50m	Reduction in CHC eligibility has led to increased pressure on FNC budget. No significant change in position	See above (CHC)
Placements	£1.95m	£2.0m	There are currently a large number of Eating Disorder	Ongoing placement reviews in ED.

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
			(ED) placements; there have been 17 new placements in January for Adults and Children's ED. Children's equipment costs have reduced in month as contracts have not started as previously anticipated.	
Learning Disabilities	£0.16m	£0.2m	At month 10 we are forecasting an overspend position of approx. £0.8m for Joint funded LD cases with Gloucestershire County Council. £1.1m of income received in relation to JF LD QIPP schemes has been received from Gloucestershire County Council. As per last month, the Private Sector LD placement budget is anticipated to break even for the year.	

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
			There are ongoing discussions with the case managers for private sector placements for patients returning to in county facilities. A review of patients in Acute settings is also underway LD Continuing Healthcare has an anticipated under spend for the year of £0.6m which is in line with last year's actual year variance. This area appears to be fairly static in terms of patients under this classification.	
Acquired Brain Injury	£0.2m	£0.24m	There are now 2 placements in the ABI service. If additional placements require ABI treatment this will decrease the forecast	

Budget area	YTD Variance	Forecast Variance	Issue / Financial Risk	Mitigating Actions
			underspend	
Primary care				
Community Pharmacy	£-0.70m	£-0.85m	Overspend relates to previous year cost pressure. Pattern of spend from previous years indicates claims will be higher as the year progresses.	Ongoing monitoring and liaising with medicines management team
Dental	£2.1m	£2.55m	Dental Budget continues to under spend against budget due to greater revenues than planned for.	Ongoing monitoring and liaising with Primary care team.

5 Recommendations

5.1 The Board is asked to:

- **Take note of the reported financial position for 2012/13**
- **Take note of the performance against national targets and the actions taken to ensure that performance is at a high standard.**
- **Take note of the performance against the key deliverables in the Annual Operating Plan and the actions taken to ensure that performance is at a high standard.**

6 Appendices

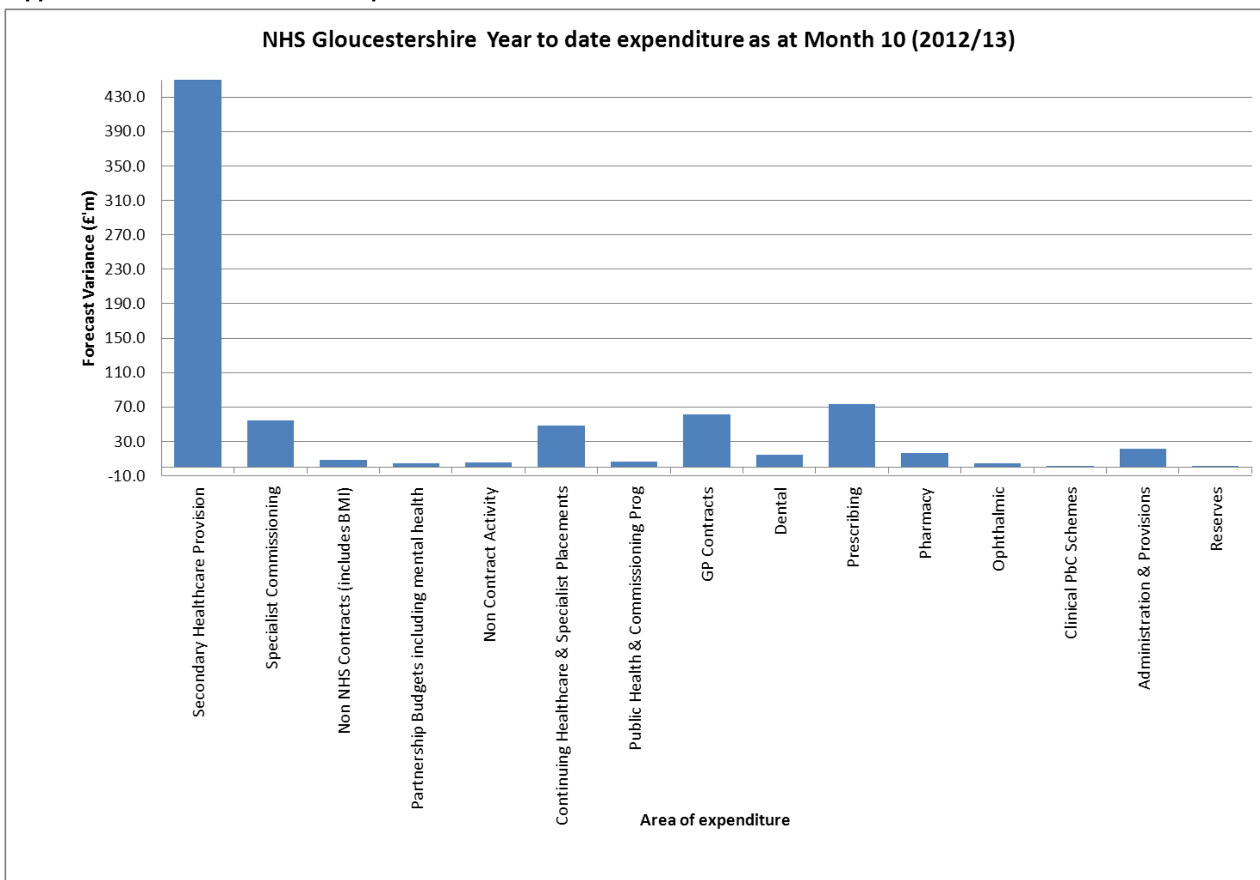
6.1 Appendix 1: NHSG Income and expenditure position for 2012/13 as at month 10
Appendix 2: NHSG Year to date expenditure and Outturn variance at month 10
Appendix 3: NHSG Integrated Performance Scorecard
Appendix 4: NHSG Capital programme 2012/13 at month 10
Appendix 5: NHSG Better Payment Practice Code
Appendix 6: NHSG Cash Reconciliation
Appendix 7: NHSG Balance Sheet

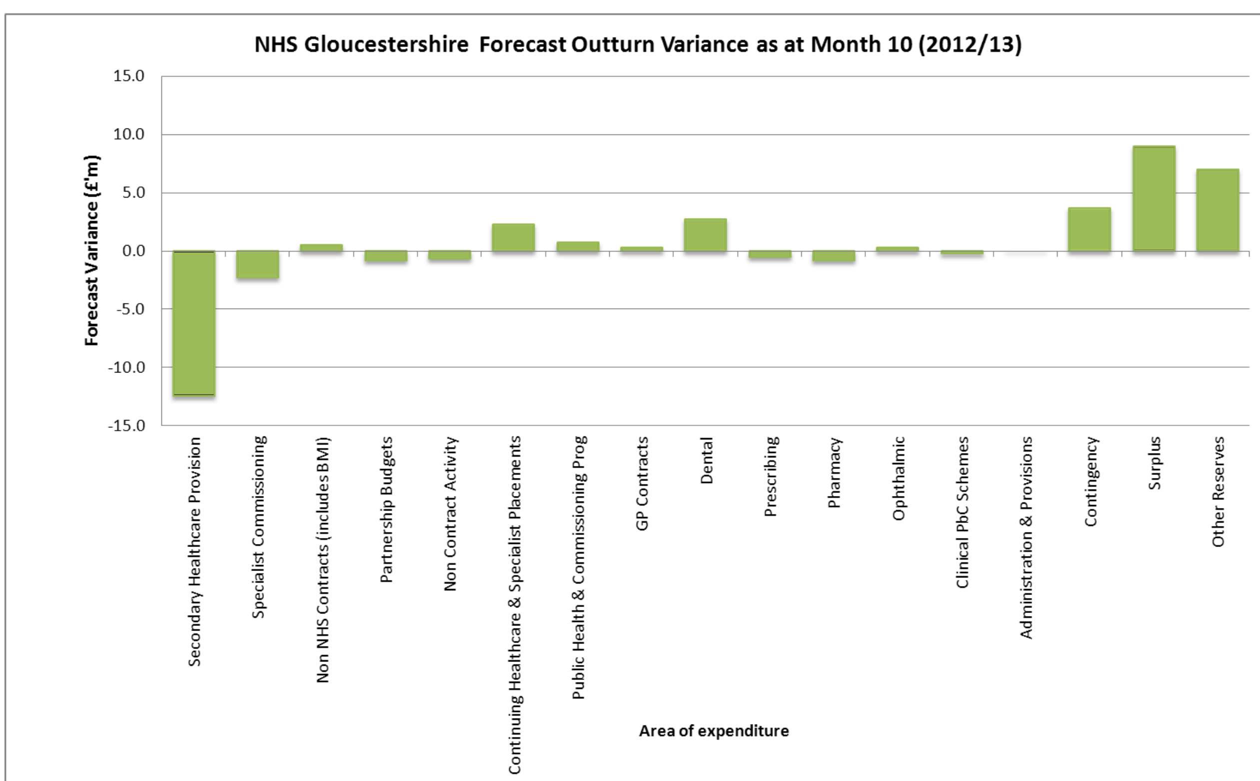
NHS
Gloucestershire
Swindon

Appendix 1 - NHSG Financial Performance Report 2012/13 - Summary Financial Information to January 2013 (M10)

	Year to Date Position			Forecast Outturn					Previous Month Forecast Outturn Variance	Status
	Budget £'m	**Actual £'m**	**Variance £'m**	**Recurrent Budget £'m**	**Non-recurrent Budget £m**	**Total Budget £m**	**Actual £'m**	**Variance £'m**	**(Adverse) / Favourable £'m**	**Trend**
Resource Limit (notified)				902.6	62.5	965.1	956.2	8.9		
Anticipated Allocations				0.2	3.8	3.9	3.9	0.0		
Revenue Resource Limit	**788.0**	**740.1**	**47.9**	**902.7**	**66.3**	**969.0**	**960.1**	**8.9**		
Revenue Expenditure										
Health Care Providers:										
Secondary Health Care Providers	446.9	460.3	(13.4)	516.6	19.3	535.9	548.37	(12.5)	(12.4)	↓
Specialist Commissioning	53.9	53.9	0.0	68.7	(4.1)	64.6	66.91	(2.3)	(1.0)	↓
Non NHS Contracts (includes BMI)	9.0	8.9	0.1	12.0	(1.2)	10.8	10.33	0.5	(0.0)	↑
Partnership Budgets including mental health	5.1	4.8	0.3	3.5	2.6	6.1	6.89	(0.8)	0.1	↓
Non-contracted Activity	4.8	5.6	(0.8)	6.2	(0.4)	5.8	6.49	(0.7)	(0.7)	↔
Continuing Health Care & Specialist Placements	48.2	48.2	0.0	47.8	9.6	57.4	55.11	2.3	1.8	↑
Public health & Commissioning programmes	6.8	6.5	0.3	4.6	3.6	8.2	7.48	0.7	0.0	↑
Sub-total	574.7	588.2	(13.5)	659.4	29.4	688.8	701.6	(12.8)	(12.3)	↓
Primary Care:										
GP Contracts	61.1	60.9	0.2	76.2	1.9	78.1	77.83	0.3	0.3	↓
Dental Services	16.4	14.3	2.1	(2.0)	21.7	19.7	17.02	2.7	2.3	↑
Prescribing including GP prescribing	72.9	73.7	(0.8)	87.5	0.0	87.5	88.04	(0.5)	(0.5)	↔
Pharmacy	15.6	16.3	(0.7)	11.2	7.6	18.8	19.63	(0.9)	(0.9)	↑
Ophthalmic Services	4.4	4.1	0.3	0.6	4.7	5.3	4.99	0.3	0.2	↑
Clinical PBC Schemes	0.9	0.4	0.5	1.1	0.0	1.1	1.34	(0.2)	(0.2)	↔
Sub-total	171.3	169.7	1.6	174.6	35.9	210.5	208.8	1.7	1.3	↑
Administration & Provisions	20.9	21.8	(0.9)	16.4	7.1	23.4	23.40	0.0	0.0	↔
Reserves	21.0	0.8	20.2	52.4	(7.7)	44.6	24.94	19.6	19.9	↓
Sub-total	42.0	22.6	19.4	68.7	(0.7)	68.0	48.3	19.6	19.9	↓
Total PCT Revenue Expenditure	**788.0**	**780.5**	**7.5**	**902.7**	**64.6**	**967.3**	**958.7**	**8.5**	**8.9**	↔
Surplus	**788.0**	**780.5**	**7.5**	**902.7**	**64.6**	**967.3**	**958.7**	**8.5**	**8.9**	↔

Appendix 2 **- NHSG Year to date Expenditure and Outturn Variance**





NHS Gloucestershire 2012/13 Integrated Performance Scorecard

Target	Principal Delivery Targets		2011-12 Outturn	Apr 2012	May 2012	Jun 2012 Q1	Jul 2012	Aug 2012	Sept 2012 Q2	Oct 2012	Nov 2012	Dec 2012 Q3	Jan 2013	Feb 2013	Mar 2013 Q4	Year to date	Year end forecast	Perf. Measured
Unscheduled Care																		
Accident & Emergency																		
PHQ23	**4-hour A&E target** - Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		GRH	94.5%	94.3%	97.9%	97.6%	95.8%	95.9%	95.9%	94.8%	94.3%	91.7%	94.6%			95.2%	> 95%	
		CGH	90.5%	92.3%	97.5%	96.3%	96.8%	98.1%	98.5%	97.4%	96.4%	94.0%	94.2%			96.1%	> 95%	C
		GHNHSFT total	92.8%	93.5%	97.7%	97.0%	96.2%	96.9%	97.0%	95.9%	95.2%	92.6%	94.4%			95.6%	> 95%	
		GCS - MIU	99.9%	99.9%	99.9%	100.0%	99.9%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%			99.9%	> 95%	C
Ambulance																		
PHQ01	**Cat A 8 min response** - The percentage of Category A incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes.	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	C
		GWAS	75.6%	76.2%	77.3%	79.7%	77.4%	78.1%	77.5%	76.2%	76.1%	74.5%	75.1%			76.8%	> 75%	
		Glos only	76.5%	77.7%	78.6%	79.1%	78.5%	79.5%	80.1%	76.8%	73.7%	73.5%	74.0%			77.0%	> 75%	
PHQ02	**Cat A 19 min response** - The percentage of calls resulting in an ambulance arriving at the scene of the incident within 19 minutes.	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		GWAS	95.6%	96.6%	96.4%	96.2%	95.6%	96.1%	95.7%	95.2%	95.4%	94.9%	94.9%			95.7%	>95%	
		Glos only	95.5%	95.9%	95.9%	96.0%	95.6%	95.9%	95.0%	95.5%	94.1%	94.1%	94.7%			95.2%	>95%	
Planned Care																		
Acute Care Referral to Treatment																		
PHQ19	Percentage of admitted pathways treated with in 18 Weeks	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	C
		Actual	90.9%	91.4%	91.2%	87.8%	94.0%	94.0%	94.0%	93.3%	94.3%	94.7%				92.8%	>90%	
PHQ20	Percentage of non - admitted pathways treated within 18 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	98.3%	97.9%	98.4%	98.3%	98.3%	98.1%	97.8%	97.6%	97.9%	97.8%				98.0%	>95%	
PHQ19	Percentage of Trauma & Orthopaedic admitted Pathways treated within 18 Weeks	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	C
		Actual	80.3%	81.3%	80.9%	76.8%	87.0%	88.1%	88.9%	89.1%	92.3%	91.9%				86.1%	>90%	
PHQ21	Percentage of incomplete Pathways that have waited less than 18 Weeks	Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	C
		Actual	94.1%	94.9%	95.3%	94.7%	94.2%	95.5%	95.4%	96.0%	95.8%	95.8%				94.3%	<92%	
Diagnostics																		
PHQ22	Percentage of patients who have waited more than 6 weeks for one of the 15 key diagnostic tests	Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	C
		breaches	1,608	150	361	443	363	366	226	81	20	42				2,052		
		Performance	2.3%	2.3%	5.4%	6.3%	5.3%	5.3%	3.3%	1.2%	0.3%	0.6%				3.3%	<1% in Q4	
Cancer Waits																		
PHQ024	Percentage of patients seen within 2 weeks of an urgent referral for suspected cancer	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	C
		breaches	932	150	136	89	103	96	68	82	63	46				833		
		Performance	92.2%	85.6%	89.1%	91.0%	90.7%	91.5%	93.1%	93.8%	94.6%	95.8%				91.7%	>93%	
PHQ25	Percentage of patients seen within 2 weeks of an urgent referral for breast symptoms where cancer is not initially suspected	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	C
		breaches	165	45	3	0	0	1	2	0	4					55		
		Performance	88.5%	64.3%	97.8%	100.0%	100.0%	99.1%	97.9%	100.0%	97.1%	100.0%				95.1%	>93%	
PHQ06	Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis	Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	C
		breaches	25	0	2	2	1	0	2	5	1	1				14		
		Performance	99.1%	100.0%	99.3%	99.1%	99.6%	100.0%	99.2%	98.3%	99.6%	99.5%				99.4%	>96%	
PHQ07	Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	C
		breaches	3	0	0	0	1	2	2	0	0	1				6		
		Performance	99.4%	100.0%	100.0%	100.0%	98.3%	95.8%	96.0%	100.0%	100.0%	97.4%				98.7%	>94%	
PHQ08	Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is an Anti-Cancer Drug Regime	Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	C
		breaches	0	0	0	0	0	0	0	0	0					0		
		Performance	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	>98%	
PHQ09	Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is a Radiotherapy Treatment	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	C
		breaches	0%	0	0	0	1	0	0	0	0	0				1		
		Performance	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%				99.9%	>94%	
PHQ03	Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer	Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	C
		breaches	180	16	19	19	18	21	20	28	10	10				161		
		Performance	86.0%	84.8%	86.3%	79.6%	82.0%	82.9%	84.0%	81.2%	92.6%	90.4%				85.0%	>85%	
PHQ04	Percentage of patients receiving first definitive treatment for cancer within 62 days from an NHS Cancer screening service	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	C
		breaches	8	1	1	0	1	2	0	1	1	0				7		
		Performance	96.9%	95.5%	96.3%	100.0%	95.0%	92.3%	100.0%	96.0%	95.7%	100.0%				96.4%	>90%	

NHS Gloucestershire 2012/13 Integrated Performance Scorecard

Target	Principal Delivery Targets		2011-12 Outturn	Apr 2012	May 2012	Jun 2012 Q1	Jul 2012	Aug 2012	Sept 2012 Q2	Oct 2012	Nov 2012	Dec 2012 Q3	Jan 2013	Feb 2013	Mar 2013 Q4	Year to date	Year end forecast	Perf. Measured
Primary and Community Care																		
Primary care																		
PHQ31_04	Percentage of people eligible for the NHS Health Check programme who have been offered an NHS Health Check	Target	18.0%			5.0%			5.0%			5.0%			5.0%	15.0%	20.0%	C
		Actual	23.6%			5.6%			5.3%			4.0%				14.9%	>20%	
PHQ31_05	Percentage of people eligible for the NHS Health Check programme that have received an NHS Health Check	Target	6.1%			1.7%			1.7%			1.7%			1.7%	5.1%	6.7%	C
		Actual	9.1%			2.2%			2.1%			1.8%				6.1%	>6.7%	
Community care																		
Local 2 Week Offers																		
LO1	Average wait to be seen by the Adult Physiotherapy Service	Target (weeks)	2	2	2	2	2	2	2	2	2	2	2	2	2	2		M
		Ave wait (weeks)	2.6	2.7	2.3	2.7	2.3	2.2	1.7	1.2	2.0	2.9	2.0			2.0		
		Max wait (weeks)	7	11	10	12	9	13								13		
LO2	Average wait to be assessed for a wheelchair by the Specialist and Non-Specialist wheelchair Service	Target (weeks)	2	2	2	2	2	2	2	2	2	2	2	2	2	2		M
		Ave wait (weeks)	0.9	1.3	0.6	0.5	0.8	0.6	0.8	0.5	0.7	0.6	0.5			0.5		
		Max wait (weeks)	6	7	5	5	7	5								5		
LO3	Average wait to be seen by the Podiatry Service	Target (weeks)	2	2	2	2	2	2	2	2	2	2	2	2	2	2		M
		Ave wait (weeks)	2.4	2.8	2.5	2.9	3.1	3.5	2.0	1.8	1.9	2.8	1.6			1.6		
		Max wait (weeks)	7	9	12	10	14	14								14		
LO4	Average wait to be seen by the Children's Occupational Therapy Service	Target (weeks)	2	2	2	2	2	2	2	2	2	2	2	2	2	2		M
		Ave wait (weeks)	1.5	1.2	1.0	1.0	1.2	1.0	1.2	1.3	1.1	1.0	1.1			1.1		
		Max wait (weeks)	3	5	3	3	3	3								3		
LO5	Average wait to be seen by the Children's Physiotherapy Service	Target (weeks)	2	2	2	2	2	2	2	2	2	2	2	2	2	2		M
		Ave wait (weeks)	1.1	1.3	1.1	1.3	1.4	0.7	0.9	1.1	0.5	1.8	1.0			1.0		
		Max wait (weeks)	6	6	6	6	6	4								4		
LO6	Average wait to be seen by the Children's Speech and Language Therapy Service	Target (weeks)	2	2	2	2	2	2	2	2	2	2	2	2	2	2		M
		Ave wait (weeks)	1.9	2.0	1.9	1.8	1.8	1.9	1.5	1.9	1.7	2.2	1.5			1.5		
		Max wait (weeks)	9	7	8	6	6	3								3		
Community Care Referral to Treatment																		
Paediatric																		
AMB 01	Percentage of patients referred to the Paediatric Speech and Language Therapy Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	97.0%	98.0%	99.0%	98.0%	99.0%	100.0%	99.0%	100.0%	100.0%	99.0%	98.0%			99.0%	>95%	
AMB 02	Percentage of patients referred to the Paediatric OccupationalTherapy Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	97.0%	95.0%	97.0%	96.0%	100.0%	100.0%	96.0%	100.0%	100.0%	96.0%	100.0%			98.0%	>95%	
AMB 03	Percentage of patients referred to the Paediatric Physiotherapy Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	>95%	
Adult																		
AMB 04	Percentage of patients referred to the Adult Speech and Language Therapy Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	96.0%	100.0%	99.0%	97.0%	99.0%	100.0%	99.0%	100.0%	100.0%	99.0%	100.0%			99.3%	>95%	
AMB 05	Percentage of patients referred to the Podiatry Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	97.0%	98.0%	97.0%	96.0%	96.0%	95.0%	95.0%	97.0%	99.0%	99.0%	98.0%			97.0%	>95%	
AMB 06	Percentage of patients referred to the Adult Occupational Therapy Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	96.0%	98.0%	96.0%	99.0%	99.0%	100.0%	97.0%	100.0%	100.0%	100.0%	100.0%			98.9%	>95%	
AMB 07	Percentage of patients referred to the Adult Physiotherapy Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	99.0%	98.0%	95.0%	92.0%	96.0%	97.0%	97.0%	99.0%	100.0%	98.0%	99.0%			97.1%	>95%	
Specialist Nurses																		
AMB 08	Percentage of patients referred to the Parkinson Nursing Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	>95%	
AMB 09	Percentage of patients referred to the Diabetic Nursing Service who are treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	C
		Actual	100.0%	98.0%	100.0%	100.0%	100.0%	98.0%	96.0%	98.0%	100.0%	100.0%	100.0%			99.0%	>95%	

NHS Gloucestershire 2012/13 Integrated Performance Scorecard

Target	Principal Delivery Targets		2011-12 Outturn	Apr 2012	May 2012	Jun 2012 Q1	Jul 2012	Aug 2012	Sept 2012 Q2	Oct 2012	Nov 2012	Dec 2012 Q3	Jan 2013	Feb 2013	Mar 2013 Q4	Year to date	Year end forecast	Perf. Measured
Public Health																		
PHQ30	Number of clients to the NHS Stop Smoking Service who report that they are not smoking 4 week after setting a quit date	Target	3,950			766			1,506			2,272			3,505	1,506	3,505	C
		Actual	4,003			893			1,769							1,769	>3505	
Mental Health and Learning Disabilities																		
Adults of Working Age																		
PHQ12	Proportion of those patients on a Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	Target	95%			95%			95%			95%			95%	95%	95%	C
		Actual	100.0%			100.0%			100.0%			100.0%				100.0%	>95%	
PHQ11	Number of home treatment packages delivered by Crisis Team	Target	939			255			483			711			939	711	939	C
		Actual	1,844			401			820			1,152				1,152	>939	
PHQ10	The number of new cases of psychosis served by the Early Intervention Team	Target	70			18			36			53			70	53	70	C
		Actual	85			23			46			74				74	>70	
Improving Access to Psychological Therapies (IAPT)																		
PHQ13_5	The proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Target	3.9%			2.2%			2.3%			2.5%			2.6%	7.0%	9.6%	C
		Actual	4.8%			1.7%			2.2%			2.6%				6.4%	>9.6%	
PHQ13_6	The proportion of people who complete therapy who are moving towards recovery	Target	N/A			50.0%			53.8%			53.6%			53.3%	51.9%	52.8%	C
		Actual	50.2%			43.8%			50.7%			56.9%				50.7%	>52.8%	
Quality																		
Quality Indicators																		
PHQ26	Eliminate mixed-sexed accommodation breaches at all providers sites	GHT	393	33	0	0	6	0	0	0	0	0	0			39	39	C
		GCS	0	0	0	0	0	0	0	0	0	0	0			0	0	C
		2gether	0	0	0	0	0	0	0	0	0	0	0			0	0	C
PHQ29	Percentage of all adult inpatients who have had a VTE risk assessment	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	C
		GHNHSFT	92.9%	94.5%	94.0%	92.9%	93.3%	93.5%	93.9%	93.7%	93.1%	92.6%				93.5%	>90%	
		GCS	95.8%	98.1%	97.8%	94.9%	97.9%	96.3%	97.2%	98.3%	97.1%	98.0%				97.3%	>90%	
Cleanliness and HCAIs																		
Methicillin Resistant Staphylococcus Aureus (MRSA)																		
PHQ27	Number of MRSA infections (Health Community)	Glos HC target	14	1	1	1	1	0	0	0	0	0	0	0	0	4	4	C
		Glos HC actual	10	0	2	0	2	1	1	0	1	0	0			7	>7	
PHQ27	Number of post 48 hours MRSA infections post 48 hours (Acute Trust)	GHNHSFT target	5	1	0	0	0	0	0	0	0	0	0	0	0	1	1	C
		GHNHSFT actual	3	0	0	0	0	1	0	0	1	0	0			2	>2	
Clostridium Difficile (C.Diff)																		
PHQ28	Number of total C Diff infections (Health Community)	Glos HC target	182	19	16	13	16	13	11	11	11	11	22	20	19	143	182	C
		Acute Hosp	97	6	4	5	10	13	2	4	4	4	5			57		
		Comm Hosp	24	1	2	1	2	2	0	2	0	0	2			12		
		Community	158	11	10	13	12	14	7	15	10	9	12			113		
		Glos HC actual	279	18	16	19	24	29	9	21	14	13	19			182	>182	
PHQ28	Number of post 48 hour C Diff infections (Acute Trust)	GHNHSFT target	73	9	8	5	5	5	5	5	6	6	6	6	7	60	73	C
		GHNHSFT actual	92	6	6	6	8	10	1	6	4	4	5			56	73	

Notes
- **PHQ** 2012/13 NHS Operating Framework commitments
- **EC** Existing commitment
- **AMB** Strategic Health authourity Ambition objective
- **Local** Local target
- **LO** Local offer to Gloucestershire Health Community to reduce waiting times

Key to RAG status
- **Green** On or above plan
- **Amber** Below plan
- **Red** Significantly below plan

Key to 'performance measured'
- C = assessed on cumulative performance against plan
- M = Figure as at end of month

Key to abbreviations
- GNHSFT - Gloucestershire Hospitals NHSFT
- GCS - Gloucestershire Care Services
- GWAS - Great Western Ambulance Service

Appendix 4 - NHSG Capital Programme 2012/13

Month 10 (January 2013)

Capital Programme 2012/13	Year to date	2012/13 Budget	Forecast Outturn	Variance
	£'000	£'000	£'000	£'000
Community Hospitals Central Funding	4,379	11,000	11,000	0
Operation Capital	5,998	8,069	8,069	0
Other Allocations	0	0	0	0
Additional capital sources	0	0	0	0
Receipts from Sales	0	7,550	6,034	(1,516)
Forecast capital resources	**10,377**	**26,619**	**25,103**	**(1,516)**
Capital Applications				
North Cotswolds and George Moore Clinic	959	1,000	1,000	0
Estate improvements	872	6,753	4,694	2,059
Newent Health centre	168	200	250	(50)
Capital grants	3,869	5,069	3,869	1,200
Tewkesbury Hospital	4,379	11,746	11,746	0
Berkeley Court	0	0	0	0
Other schemes	130	0	130	(130)
Total capital applications	**10,377**	**24,768**	**21,689**	**3,079**
Resources less applications	**0**	**1,851**	**3,414**	**1,563**

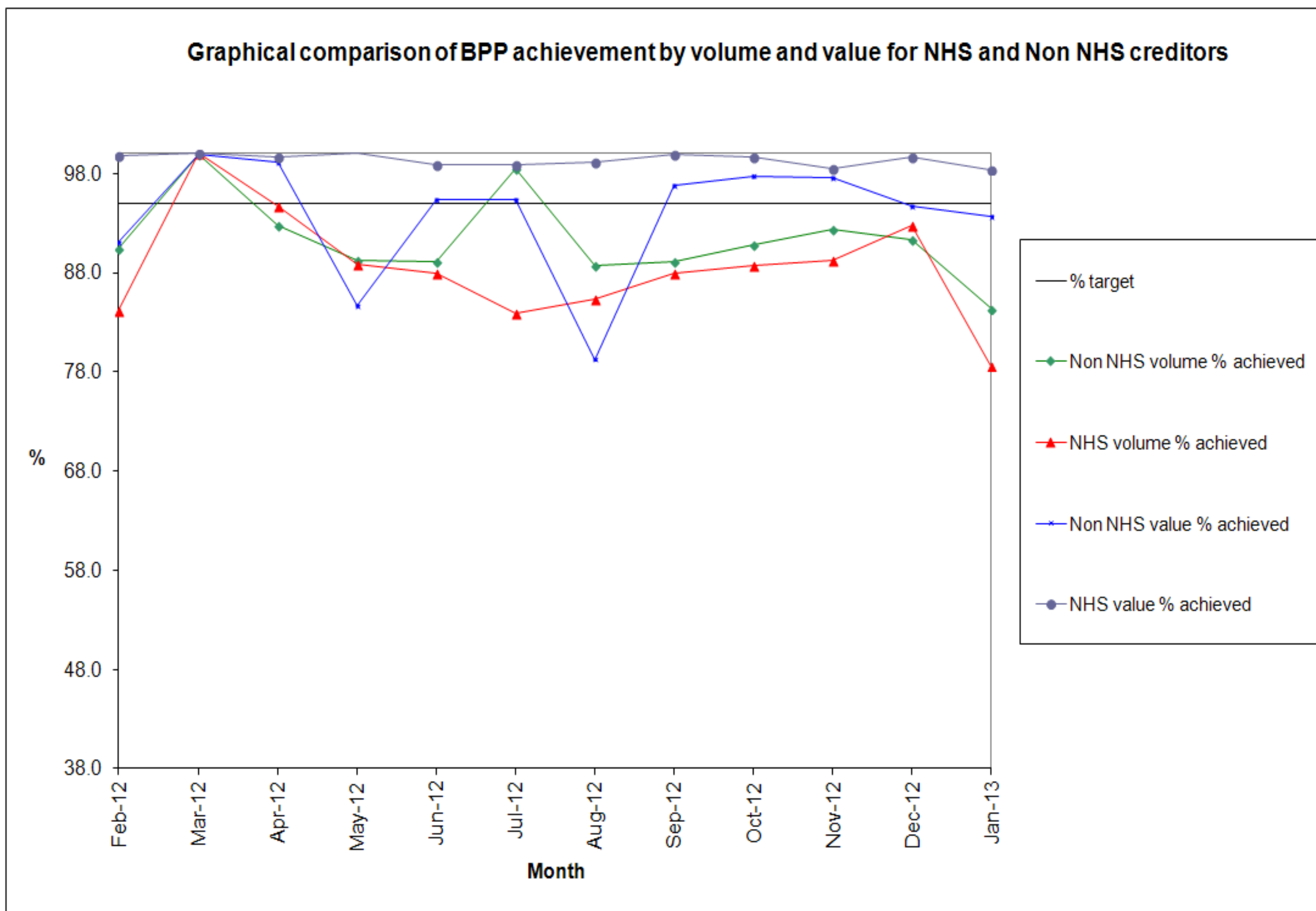
Appendix 5 **- NHSG Better Payment Practice Code**

Better Payment Practice January

	Against 30 days				Against 10 days			
	Performance vs. 30 day BPP				Performance vs. 10 day BPP			
Non NHS	Month		Year To Date		Month		Year To Date	
	Nos.	£'m	Nos.	£'m	Nos.	£'m	Nos.	£'m
Total Bills paid	5,047	12.60	45,643	108.26	5,047	12.60	45,643	108.26
Total Bills paid within target	4,260	11.80	40,941	101.60	1,715	4.31	20,304	45.25
%age of bills paid within target	**84%**	**94%**	**90%**	**94%**	**34%**	**34%**	**44%**	**42%**

NHS	Month		Year To Date		Month		Year To Date	
	Nos.	£'m	Nos.	£'m	Nos.	£'m	Nos.	£'m
Total Bills paid	435	50.69	3,951	467.08	435	50.69	3,951	467.08
Total Bills paid within target	342	49.87	3,465	464.43	145	42.17	1,515	375.26
%age of bills paid within target	**79%**	**98%**	**88%**	**98%**	**33%**	**83%**	**38%**	**80%**

ALL	Month		Year To Date		Month		Year To Date	
	Nos.	£'m	Nos.	£'m	Nos.	£'m	Nos.	£'m
Total Bills paid	5,482	63.29	49,594	575.35	5,482	63.29	49,594	575.35
Total Bills paid within target	4,602	61.67	44,406	566.03	1,860	46.49	21,819	420.51
%age of bills paid within target	**84%**	**97%**	**90%**	**98%**	**34%**	**73%**	**44%**	**73%**



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Appendix 6 - NHSG Cash Reconciliation

Cash Performance Indicators

Month:	**JANUARY**	Month	10

Cash Limit	**£'000**
Total Annual Cash Limit - anticipated	951,990
Cash Drawn down to date	616,000
Prescribing cash	57,753
Dental Services cash	13,327
Pharmacy cash	14,509
Total charge to cash limit	701,589
% of cash drawn down to total annual cash limit	73.7%
Month end balance in bank account (£'000)	**9,024**
Month end balance as % of cash limit	0.9%

Cash Reconciliation

	£'000
Cash drawn down to date	701,589
Less closing bank balance	(9,024)
Cash utilised	692,566
% of adjusted cash utilised to total annual cash limit	72.7%
10 months pro-rata of cash limit	73.7%

Appendix 7 - NHS Gloucestershire Balance Sheet

Statement of Financial Position as at 31st January 2013

Description	As at 31st Jan 2013 £'000	As at 31st March 2012 £'000
NON CURRENT ASSETS		
Property, Plant & Equipment	97,326	93,937
Intangible Assets	130	157
TOTAL NON CURRENT ASSETS	**97,456**	**94,094**
CURRENT ASSETS:		
Inventories		-
Trade & Other Receivables	21,910	16,342
Cash & Cash Equivalents	9,024	183
SUB TOTAL CURRENT ASSETS	**30,934**	**16,525**
Non Current Assets Held for Sale	5,590	5,590
TOTAL CURRENT ASSETS	**36,524**	**22,115**
CURRENT LIABILITIES		
Trade & Other Payables	(63,835)	(49,905)
Provisions	(548)	(1,109)
TOTAL CURRENT LIABILITIES	**(64,383)**	**(51,014)**
NET CURRENT ASSETS/(LIABILITIES)	**(27,859)**	**(28,899)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**69,597**	**65,195**
NON CURRENT LIABILITIES		
Trade & Other Payables	(205)	(205)
Provisions	(100)	(2,051)
Borrowings		
TOTAL NON CURRENT LIABILITIES	**(305)**	**(2,256)**
TOTAL ASSETS EMPLOYED	**69,292**	**62,939**
FINANCED BY TAXPAYERS EQUITY:		
General Fund / I & E Reserve	57,208	50,855
Revaluation Reserve	12,289	12,289
Local Government Pension Scheme Reserve	(205)	(205)
TOTAL TAXPAYERS EQUITY	**69,292**	**62,939**

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Agenda Item 7

Gloucestershire Clinical Commissioning Group
(Shadow Board)

Meeting Date	**Thursday 21st March 2013**
Title	**QIPP Programme Update**
Executive Summary	This paper provides the GCCG with an update of progress against the QIPP themes and main programmes of work, identifying progress to date, key risks and proposed remedial actions.
Key Issues	• NHSG has planned to deliver a surplus of £8.9m for the year 2012/13.
Risk Issues: **Original Risk** **Residual Risk**	**Risk:** Non delivery of saving and service redesign plans. **Addressed by:** Close working with the Project Management Office. Identification of additional saving schemes and slippage within other service area budgets. **Current rating:** 15 **Risk:** QIPP programme benefits realisation shifts. **Addressed By**: Project management and performance data utilised to predict benefits realisation, reduce level of risk within assumption. Work programmes continue to drive harder on savings delivery in year. **Current Rating**: 8
Financial Impact	Not meeting key financial targets
Legal Issues(including NHS Constitution)	Not applicable.
Impact on Equality	Not applicable.

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and Diversity	
Impact on Health Inequalities	Not applicable.
Impact on Sustainable Development	No sustainable development issues are highlighted by the report.
Patient and Public Involvement	Not applicable.
Recommendation	The GCCG are asked to: • Take note of the performance against planned QIPP programme and the proposed remedial actions.
Author	Kelly Matthews
Designation	PMO Lead
Sponsoring Director (if not author)	Mary Hutton

Agenda Item 7

Gloucestershire Clinical Commissioning Group (Shadow Board)

21st March 2013

QIPP Programme Update

1 Introduction

1.1 NHS Gloucestershire has a requirement to deliver £29.8m recurrently from its QIPP programme, to ensure financial stability moving into 2012/13. NHS Gloucestershire are currently developing QIPP plans to support the planned delivery of a surplus £8.9m in 2012-13. To achieve this position commissioner QIPP schemes are being delivered in conjunction with local providers to ensure whole system reform. To support this change NHSG has identified a source of invest to save funding and maintains uncommitted headroom to pump prime service change.

This paper and supporting appendices sets out the key progress to date, key risks and proposed remedial actions and provides an overview of the 2012/13 QIPP programme currently being developed.

2 QIPP Programme Overview

2.1 QIPP Themes

The QIPP programme covers the breadth of the commissioning agenda and all themes are underpinned by a core principle of care closer to home, in line with the organisational strategy.

The rolling QIPP programme has been split into the following themes and programmes.

QIPP Theme	Programme
Unscheduled Care & Long Term Conditions (Including Community Care)	• System wide change • Pathway Development (Assessment, Diagnostics and Ambulatory Care) • Self-Care Management and Prevention.

	• Community Provision
Planned Care	• Contract Strategy • Service Strategy (including use of clinical programme approach) • Demand Management
Reducing variability in Primary Care	• General Medical Services • Optometry • Dental
Prescribing	• Best Practice • Waste Medication • Medicine Optimisation • GP Dispensing • Joint Formulary
Mental Health and Learning Disabilities Services	• Improve services for clients with challenging behaviour • Improving Health Inequalities • OOC Placements • Eating Disorders • Access to Psychological Therapies
Continuing Healthcare	• EoL Domiciliary Care Procurement • Testing Eligibility • Reducing Referrals
Non Clinical	• Estates • Back Office

The supporting appendices provide a detailed overview of the programme and individual projects.

3 Finance

The QIPP programme assessment is based upon a bottom up approach, in relation to proposed change projects and forecast impact upon the financial position. This is co-ordinated by the Programme Management Office, in liaison with finance, information and commissioning colleagues.

In order to be assured of the organisations financial position work is carried out to:

- Assess performance to date against the planned savings identified in

QIPP projects.

- Establish additional cost pressures or risks as reported within the financial ledger system.
- Identify financial benefits, including the use of contingency funds.

This analysis is utilised to assess projected financial position against the PCT revenue control total. The below table provides a forecast finance position against planned savings as at end of February 2013.

(Note: all figures are shown in £000's in all tables)

Theme	Target Savings (£000's)	FOT Recurrent Savings (£000's)	FOT Non Recurrent Savings (£000's)	Month 7 Grand Total (£000's)	Variance (£000's)
Unscheduled Care/Long Term Conditions	£5,043	£1,344	£0	£1,344	(£3,699)
Planned Care	£5,691	£4,310	£0	£4,310	(£1,381)
Prescribing	£7,526	£7,526	£0	£7,526	£0
Primary Care	£1,500	£250	£1,095	£1,345	(£155)
Community Care	£3,000	£3,000	£0	£3,000	£0
Mental Health	£1,200	£385	£0	£385	(£815)
Learning Disabilities	£2,500	£2,300	£0	£2,300	(£200)
Continuing Health Care	£2,200	£3,283	£0	£3,283	£1,083
Non-Clinical (Exclu. Management Costs*)	£1,150	£0	£0	£0	(£1,150)
Contingent Resources	£0	£1,548	£3,246	£4,794	(£4,794)
GHFT Risk Share	£0	£1,523	£0	£1,523	(£1,523)
Grand Total	**£29,810**	**£25,469**	**£4,341**	**£29,810**	**£0**

4 Current Key Risks and Proposed Remedial Actions

The key risks from across the QIPP programme can be noted within the table below, alongside their remedial actions.

Key Risks	(L) (1-5)	(C) (1-5)	Total	Remedial Actions
Insufficient plans for reassurance regarding financial stability moving into 2013/14.	3	5	15	Director and clinical leadership at theme level, further projects in development for additional saving. Contingency and non-recurrent slippage identified to

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				support delivery of control total. Further ideas under development.
Insufficient engagement across the health community with regards to savings plans.	2	4	8	Theme directors responsible for ensuring contractual engagement, QIPP health community groups in place to ensure senior clinical, management and financial sign up. Joint approach to inclusion in contracts for 2012/13. Alignment to Gloucestershire Strategy for Care.
Insufficient detail to map impact in relation to workforce and provider capacity.	3	4	12	Business case process requires that all projects are fully scoped for service outcomes including workforce and bed impact. Routine performance management of both business case preparation and project implementation ensures consistent and targeted focus on these areas. The Resources Steering Group routinely review system workforce and capacity impacts as part of the strategic review for the health community operating framework and plan.

5. QIPP Programme Updates

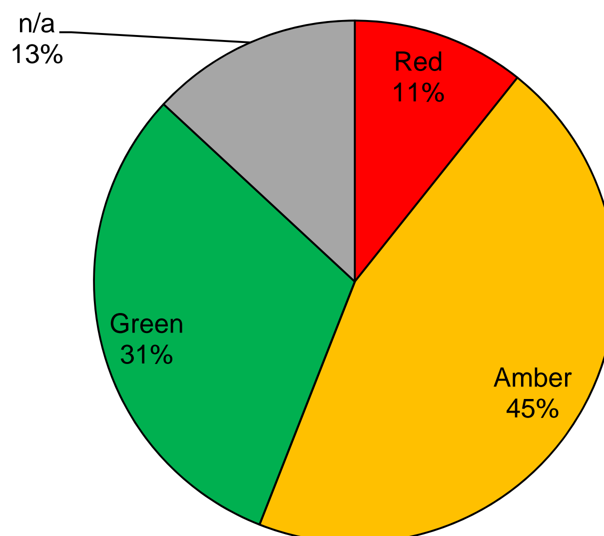
A robust programme management process has been developed to ensure governance mechanisms are in place to performance manage delivery.

Programmes and projects are assessed in relation to the following 2 perspectives:

- Project Management. Robustness of project plan and ability to deliver against key milestones for implementation.
- Benefits realisation. Ability to deliver financial outcome as proposed within the original project plan assumptions.

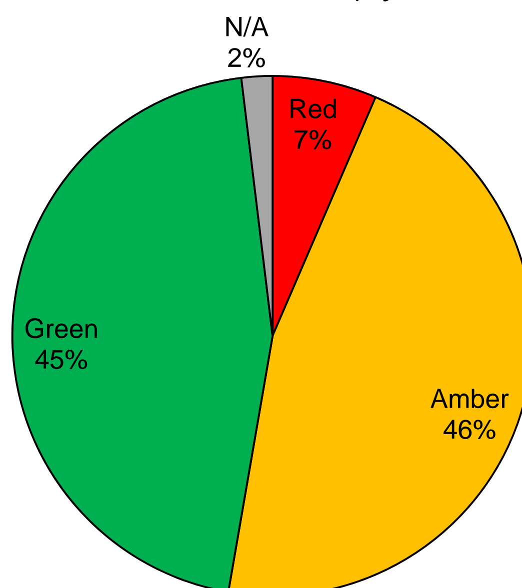
An assessment of the QIPP projects by volume of projects of value, are shown in the charts below.

Project Management



Since the previous report the projects RAG assessments have maintained position.

Benefits Realisation (by value £)



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Since the previous report the RAG assessment for scheme benefits realisation has remained static.

The current highlight programme report is attached within appendix A, detailing:

- Key Achievements
- Red or significant amber risk programme areas and mitigating actions.

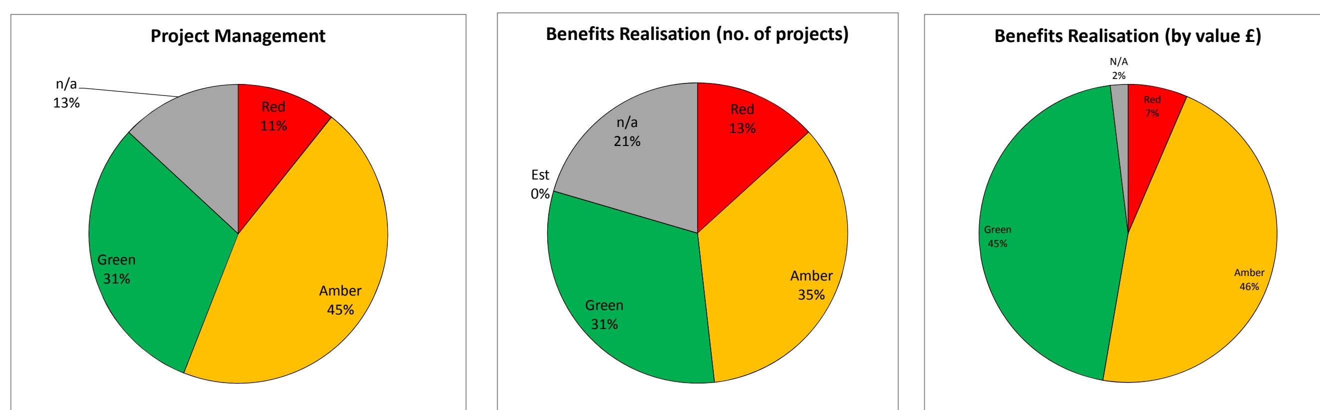
5 Supporting Documents

Appendix 1: QIPP Highlight Performance Report (February 2013)

NHS Gloucestershire

Programme Management Office

QIPP Highlight Performance Report February 2013
Overview



Key		
Project Status:	Green	Project documentation well developed programme of work on track.
	Amber	Further work required within project documentation, some slippage in milestones.
	Red	Limited project documentation completed or project implementation delayed.
Benefits Realisation:	Green	KPIs on track, high level of confidence in ability to deliver outcome, contract mechanisms are in place.
	Amber	The scheme is on track but concerns around benefits to be realised.
	Red	Limited or no confidence in delivery of outcome.

Red Programme	Reasons and Actions
Planned Care	(Red rating based on both project management and benefits realisation assessment, dependent on size, priority and complexity of workstream)
Community IV Service (Planned Procedures)	Operational pathway issues still occuring and therefore less activity in the community service than expected. Case mix and delivery model being reviewed by Gloucestershire Care Services and NHS Gloucestershire jointly to agree a plan into 2013-14.
Significant Amber Risks	
Telehealth (LTC Theme)	As at 6th March 2012, 956 patients have been referred to telehealth within the county - the deployment of units across Gloucestershire remains challenging. Integrated programme board continues to be in place, supporting clinical engagement and development of the implementation plan. Care home implementation has commenced with trial sites. GCS are on track with recommendations for referral target, although there are challenges with conversion rates.
T&O Programme	NHSG are committed to developing a joint programme with GHNHSFT to deliver agreed financial impact alongside alignment to the savings and 18wk RTT target. The CPG have also supported the development of a transitional programme, for 2013/14 ahead of commissioning an integrated service model in future years. The MSK formal contract variation process has commenced along with a detailed GPs communications plan to ensure smooth transition to the new pathway.
Enhanced Community Provision	The Enhanced Community Provision Programme equates to £2.4m of the USC programme in 2012-13, with a two thirds risk share to NHSG. The overall delivery of this programme is amber reflecting the USC activity position to date. Direct admission proportions into community hospitals continue to improve in line with trajectories, although there are challenges delivering the reduced length of stay. The development of both Integrated Community Teams and the Living Well approach within individual localities continues to strengthen; forming a foundation for the 2013/14 work programme.
OPAL	The commissioner service specification has been developed with GHNHSFT; inclusive of feedback from CCG. Issues identified are yet to be resolved with regard to risk share of the financial savings and investments. Resolution on these issues is underway, aiming to ensure agreement for 2013/14.
Respiratory	Noted increase in emergency admissions. Trial scheme for the Oxygen Assessment Service noted reviews completed for all approx. 400 identified users of Home Oxygen. Oxygen Assessment Service specification developed and agreed with GCS for the development of a specialist respiratory team permanently including an oxygen assessment and review service. The business model is under discussion.

	Significant Progress to Date
GP Peer Review	GP Peer Review (3 specialty min.) went live countywide in November 2011, with all practices in the county signed up to a form of peer review (in house design or NHSG QoF QP Scheme). Performance data from Nov -11 to November - 12 indicates a 7% reduction in GP referrals for those specialties selected. The 12-13 scheme will aimed to expand to all practices peer reviewing all specialty referrals by September 2012 - currently 86% of practices have signed up to the LES scheme.
Advice & Guidance	Advice and Guidance commenced with Dermatology in June 2012. Initial uptake and feed back has been positive in both primary and secondary care. As at December 2012 221 referrals for Dermatology Advice & Guidance had been received, 59% were returned to primary care and 30% onwardly referred to secondary care. A&G for Renal went live in November 2012. The joint working group (NHSG & GHNHSFT) have idenitifed Haematology and Endocrinology as the next specialties to go live.
Risk Stratification	NHS Gloucestershire CCG have endorsed procurement of risk stratification tool to support development of integrated community teams
CHC	In terms of benefits realisation this QIPP Programme is forecast to over deliver against the initial target set.
Prescribing	Prescribing growth rate currently -2.32%, 5th best in South West region.

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Agenda Item 8

Gloucestershire Clinical Commissioning Group
(Shadow Board)

Meeting Date	21st March 2013
Title	**CCG Public Website**
Executive Summary	The CCG launched its public website on Friday 8th March. This initiative is part of the organisation's commitment to openness, transparency and effective communication and engagement. It includes: • Information on the CCG Governing Body • Locality pages with fact files and commissioning priorities • Comprehensive information on services (Your Services section) • Your Health section with advice and signposting to information and support • Social media feed.
Key Issues	Further action will be taken to ensure maximum use is made of this platform and these steps are detailed in the following paper.
Risk Issues: **Original Risk** **Residual Risk**	N/A
Financial Impact	Work completed entirely in-house.
Legal Issues(including NHS Constitution)	The site includes information on both the CCG's Constitution and the NHS Constitution.
Impact on Equality and Diversity	The site was built to meet current web and accessibility standards set out by W3C's guidelines. It also complies with

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	the new EU Cookie Law for all public websites.
Impact on Health Inequalities	The site provides information on Identifying health need including links to the JSNA.
Impact on Sustainable Development	The site is part of the CCG's commitment to provide a wide range of high quality information on-line, reducing reliance on printed materials.
Patient and Public Involvement	The site has a dedicated section on Feedback and Engagement, including live consultation and engagement exercises.
Recommendation	The paper is for information only
Author	Anthony Dallimore
Designation	Associate Director, Communication
Sponsoring Director (if not author)	Mary Hutton, Accountable Officer

Agenda Item 8

Gloucestershire Clinical Commissioning Group (Shadow Board)

21st March 2013

CCG Public Website

1 Introduction

1.1 The CCG launched its public website: (www.gloucestershireccg.nhs.uk) on Friday 8 March.

This development is consistent with the CCG's vision to ensure effective communication with clinicians, patients, carers, community partners and the public.

1.2 Key features include:

- A home page news carousel – providing the public with latest news and campaign information
- A section on the CCG's Governing Body with member profiles
- Locality pages with fact files and commissioning priorities
- Comprehensive information on services with signposting to providers (Your Services section)
- Your Health section - with advice and signposting to information and support
- Changes to your local NHS section – providing information on the new health system post 1 April
- Home page social media feed – Facebook and Twitter.

1.3 The site provides a high visibility on-line presence for the CCG and the following actions will be taken as part of Phase 2 development to ensure maximum use is made of this platform:

- Further development of locality pages – focusing on locality commissioning projects/case studies e.g. use of YouTube

- Clinical Chair's blog – regular updates linked to the CCG's social media channels to support understanding of the membership organisation's work and priorities
- Development of the Feedback/Engagement pages to include information on live consultation and engagement.

1.4 The site was developed entirely in-house by the CCG Communications Team and web developer.

1.5 As well as the new public facing website, the CCG is also developing CCG Live, a new interactive communication and engagement platform for member practices and support staff, which is scheduled to launch in late Spring.

2 Recommendation

2.1 The Gloucestershire Clinical Commissioning Group (Shadow Board) is asked to receive the paper for information only.