right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 21st July 2016

Agenda No: 7.2 **Attachment:** 10

Title of Document: Month 1 (April 2016) CCG Assurance Report	**Purpose of Report:** To update the Governing Body on performance against national and local performance, finance and quality standards under the CCG Improvement and Assessment Framework.
Report Author: Chris Clark, Deputy Director of Performance & Informatics	**Lead Director:** Sue Hillyard / Andrew Hyslop

Executive Summary:

The Month 1 CCG Assurance Report provides an **April 2016** update to the Governing Body on CCG achievement against national and local performance, finance and quality standards. Where available, more recent performance information has also been included in the report.

The report covers the four main domains as defined by the NHS England CCG Improvement and Assessment Framework 2016-17. These are: Better Health, Better Care; Leadership and Sustainability.

Scorecards showing areas of risks for the Better Health and Better Care domains – along with key local indicators – are included, along with exception reports.
A scorecard showing financial performance, along with key risks and mitigations are shown.

Please note, as there no financial report is collated for month 1, the month 2 (end of May 2016) position is included in this report.

The Sustainability and Leadership sections will be included as further information and guidance is released by NHS England.

The activity performance section will be developed following the first meeting of the new Performance Delivery Group later in July 2016.

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Recommendation(s):

The Governing Body is asked to review the performance, finance and quality information within and approve the report.

Committees which have previously discussed/agreed the report: Merton CQC for performance and quality. Audit Committee for the finance information.
Financial Implications: Contained within the body of the main report.
Implications for CCG Governing Body: The CCG is assessed annually and given an assurance score based upon achievements of the indicators within the four domains and financial position.
How has the Patient voice been considered in development of this paper: The report monitors key patient-centric performance and quality indicators.
Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing) CCG Risk Register Item 802 relates to a failure to deliver constitutional pledges and other priority performance goals 4 x 4 = 16.
Equality Assessment: The proposals have been assessed against the *Merton CCG Equality Statement* and found to have no adverse impact on such principles or Public Sector Equality Duty.
Information Privacy Issues: Following approval, the quality & performance scorecard will be included in Governing Body Public Meeting papers and will be published on the CCG internet website. The scorecard may also be made available to external parties via freedom of information requests. No patient identifiable or commercially sensitive information is held within this report.
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) Performance reports shared with the Governing Body are published and available to the general public. Any performance information held by the CCG is available on request by the general public subject to the reasonable limitations set out in the Freedom of Information Act 2000.

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CCG Assurance Report

Merton CCG Governing Body

July 2016 Meeting (2016/17 Month 01 Position)

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Contents

Key Performance Messages

Quality & Safety Performance

Better care

- Good performance:
- People with first episode of psychosis starting treatment with a NICE recommended care package (100%).
- Ambulance waits - Red 1 8 Minute response times – 83% achievement against target of 75% in Merton.
- Challenged performance:
- Cancers diagnosed at an early stage
- People with an urgent GP Cancer referral receiving their first definitive treatment within 62 days
- Improving access to psychological therapies recovery rate

Better health

- Good performance:
- People with long term condition feeling supported to manage their condition(s)
- Antimicrobial resistance: appropriate prescribing of antibiotics in primary care
- Challenged performance:
- Maternal Smoking at delivery

Risks

- Cancer 2 Week Waits
- Cancer Breast Symptoms 2 week waits
- RTT 52 week Waiters
- Diagnostics 6 week waits

Finance & Audit Performance – Summary position

The overall year to date position for month 2 is a break even against a planned deficit of £0.1M. Similarly, the forecast outturn for the year is also break even against a control total of a £0.6M deficit.

However, the reporting for month 2 has been heavily influenced by a lack of data for acute contracts, which has traditionally been the most volatile area of spending for the CCG. Although the CSU has provided initial 'flex' data, this is not considered robust because of the focus upon closing down the year end position for 2015/16. Consequently, it will not be until month 3 that we have more robust 'freeze' data for month 1 and flex data for month 2. Therefore, the budgets have simply been matched by accrued expenditure resulting in a nil variance.

For similar reasons, this approach has also been adopted for prescribing and continuing healthcare, which are the budgets with the greatest risk of variability after acute.

Therefore, with the exception of some largely non-NHS areas of expenditure and corporate costs, the reporting of month 2 position should be regarded as very provisional. It is expected that the reporting for month 3 will be the first real indication of how the CCG is performing against its plan.

Leadership & Sustainability

Issue	Cause	Action	Assurance

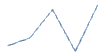
Under development:
For Month 02 report

Activity Performance

Issue	Cause	Action	Assurance

Under development:
For Month 02 report

Quality Indicator Scorecard

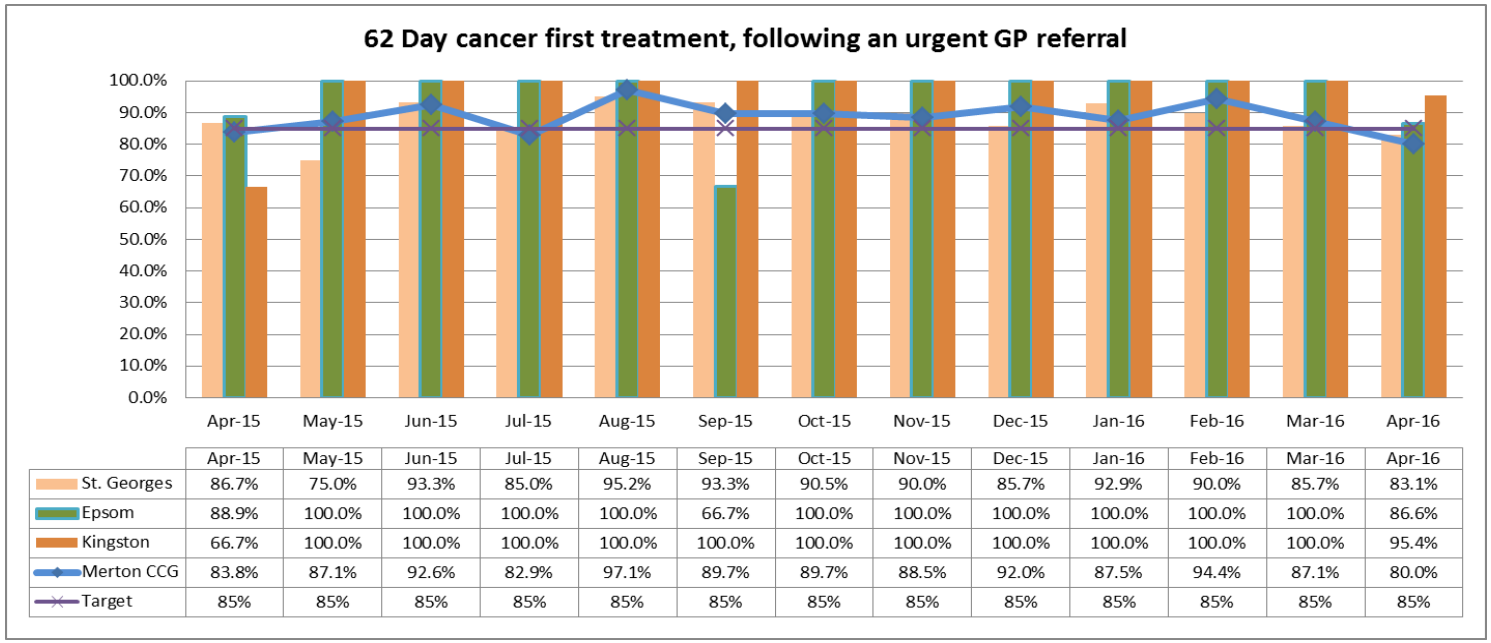
Domain: BETTER CARE									
IAF Area	Indicator	Quality Premium*	Target	Previous score	Latest score	Change from previous period	13 month / 5 quarter trend	Achieved / did not achieve	Risk warning
Cancer	Cancers diagnosed at early stage	20%	60.0%	46.0%	48.2%	⇗			
	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	-25%	85.0%	87.1%	80.0%	⇘			
Mental Health	Improving Access to Psychological Therapies recovery rate		50.0%	55.8%	43.6%	⇘			
Urgent and emergency care	Percentage of patients admitted, transferred or discharged from A&E within 4 hours	-25%	95.0%	88.5%	89.8%	⇗			
	Ambulance waits	-25%	75.0%	65.6%	70.0%	⇗			
Elective access	Patients waiting 18 weeks or less from referral to hospital treatment	-25%	92.0%	90.0%	91.3%	⇗			

Other Local Indicators of concern / risk									
Domain	Indicator	Quality Premium*	Target	Previous score	Latest score	Change from previous period	13 month / 5 quarter trend	Achieved / did not achieve	Risk warning
Cancer	2 week wait		93.0%	92.5%	92.9%	⇗			
Cancer	Breast symptoms 2 week wait		93.0%	98.5%	91.8%	⇘			
Referral to Treatment	RTT 52+ week waiters		0	1	2	⇗			
Diagnostics	Diagnostics - waiting 6 weeks or less		99%	98.86%	97.93%	⇘			

Quality Indicators: Risks

Reference (Date)	Risk / Issue	Impact / Cause	Action(s)	Risk owner
Cancers diagnosed at early stage	The CCG will be assessed against this indicator for 2016/17. Currently data are only available to the end of 2014, suggesting that the CCG was at 48.2%. The target is to achieve 62% by 2020. Approximately 15% of cases are recorded without the 'stage' at diagnosis.	The earlier cancer is diagnosed, the more likely it is to be successfully treated, and survival rates can be dramatically improved. Poor coding of cancer stage at diagnosis impact on the ability to assess how well services are performing against this target.	Advice from the Transforming Cancer Services Team is that Commissioners should work with providers to improve staging completeness .The Commissioning lead is reviewing this and will work with providers to improve data.	CCG cancer lead
Cancer: 2 week wait	The CCG narrowly failed to meet this standard with a performance of 92.9% against the 93% threshold.	This was due to 33 breaches from 436 Patient Pathways. 21 occurred at SGH; 11 patient choice, 8 capacity and 2 administrative breaches. 7 occurred at ESH; 6 patient choice and one administrative breach. 4 occurred at KHFT; 2 admin breaches, 2 patient choice and one capacity.	The Trust is currently rewriting its Cancer Access Policy. Further resource has been allocated to the Interim General Manager to help drive the implementation of the Cancer Action Plan.	SGH
Cancer: breast cancer symptoms 2 week wait	The CCG narrowly failed to meet this standard with a performance of 91.8% against the 93% Threshold.	This was due to 4 breaches from 39 Patient Pathways. 3 occurred at SGH as a result of patients choice and 1 at RMH as a result of patient choice.	See above action on cancer 2 week waits	SGH
RTT 52+ week waiters	NHS England introduced a zero tolerance of any referral to treatment waits of more than 52 weeks in 2013/14, with contractual penalties for each such wait. At the end of April 2016, there were two patients with a long wait of over 52 weeks	Following the recommencement of RTT reporting at Kings a number of long waiters have been identified. The trust is discussing options with Specialist commissioners before finalising plans for Neurosurgery to clear the long waiters. The SWL Performance team will be attending the Kings Performance meetings to get more assurance on recovery plans and timeframes. The CSU is awaiting an RCA on the St George's patient and will update once more information is received.	MCCG reviews 48+ week waiters with providers on a weekly basis. Each potential breach requires a root cause analysis to be completed and shared with the CCG, in particular a plan to treat.	SGH / Kings
Diagnostic waits	Merton failed the diagnostic 6ww target in April with performance of 97.93%. The majority of the breaches were at St George's who failed the target with performance of 98%.	The main pressure is in non-obstetric ultrasound, with paediatric ultrasounds and gynae transvaginal ultrasounds being the drivers. Paediatric ultrasounds are pressured due to staffing shortages.	The trust has mitigated the agency capacity and gynaecology ultrasounds are back on target.	SGH

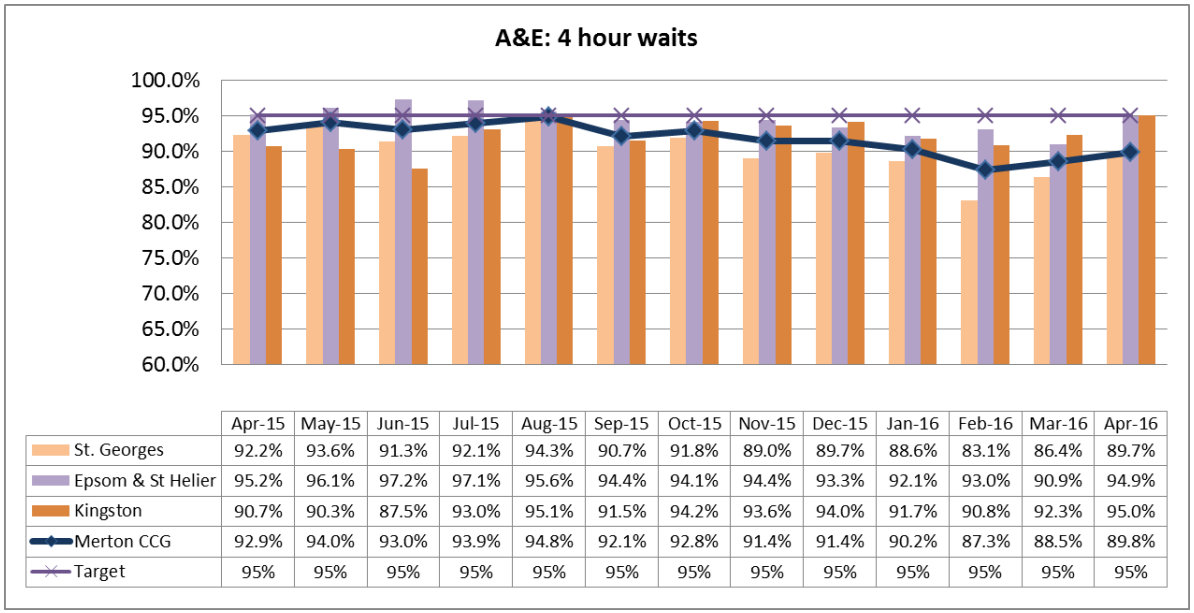
Exception Report – Cancer Waits



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
St. Georges	86.7%	75.0%	93.3%	85.0%	95.2%	93.3%	90.5%	90.0%	85.7%	92.9%	90.0%	85.7%	83.1%
Epsom	88.9%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	86.6%
Kingston	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.4%
Merton CCG	83.8%	87.1%	92.6%	82.9%	97.1%	89.7%	89.7%	88.5%	92.0%	87.5%	94.4%	87.1%	80.0%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Issue	Cause	Action(s)	Assurance / Gaps
The 62 day wait from urgent GP referral to first treatment was not met in month 1	The underperformance in month 1 has been driven by a failure to achieve the standard at St Georges, where 10 out of 59 patients waiting times were breached. This resulted in a performance of 83.1%, which is just shy of the STF target for April (83.3%)	St Georges has submitted an STF improvement trajectory for 2016-17 which aims to meet the 62 day standard by July 2016. Delivery against this trajectory is underpinned by a cancer recovery plan which included key actions such as improving patient tracking processes by multi-disciplinary teams and improving data quality.	The CCG seeks assurance on progress with the cancer recovery plans at regular meetings with St Georges. It is not yet clear if St Georges are able to meet the expected growth in demand for cancer diagnostics forecast for 2016-17. This may adversely affect their ability to meet their improvement trajectory

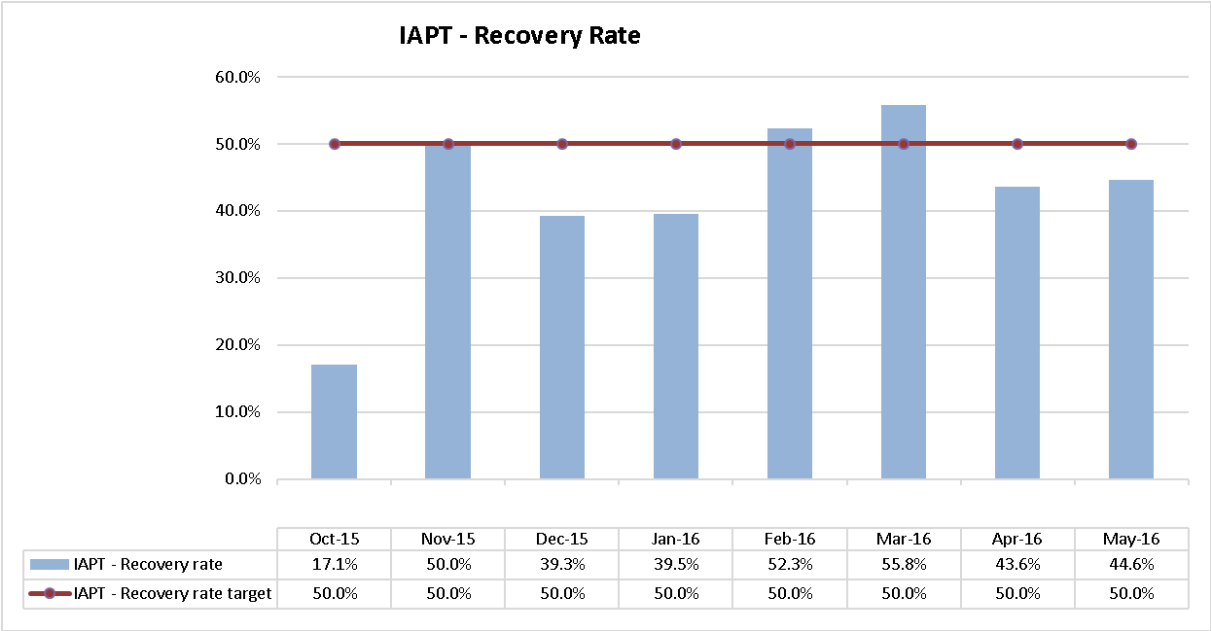
Exception Report – A&E 4 hour Waits



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
St. Georges	92.2%	93.6%	91.3%	92.1%	94.3%	90.7%	91.8%	89.0%	89.7%	88.6%	83.1%	86.4%	89.7%
Epsom & St Helier	95.2%	96.1%	97.2%	97.1%	95.6%	94.4%	94.1%	94.4%	93.3%	92.1%	93.0%	90.9%	94.9%
Kingston	90.7%	90.3%	87.5%	93.0%	95.1%	91.5%	94.2%	93.6%	94.0%	91.7%	90.8%	92.3%	95.0%
Merton CCG	92.9%	94.0%	93.0%	93.9%	94.8%	92.1%	92.8%	91.4%	91.4%	90.2%	87.3%	88.5%	89.8%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Issue	Cause	Action(s)	Assurance / Gaps
The 4 hour wait from arrival to decision to admit or discharge standard was not met in Month 1 for two of the three main A&E providers that serve Merton.	St Georges and Epsom & St Helier Hospitals did not achieve the 95 % standard. Kingston did achieve against the standard. However St Georges and Kingston achieved their STF trajectory and Epsom & St Helier only narrowly missed their STF target by 0.2% A&E performance across the system are challenged due to demand, a continuing bed flow capacity shortage and varying quality operational effectiveness as reported by providers.	There is an on going flow programme being implemented at St Georges A&E designed to support delivery against the STF trajectory. A programme board oversees the transformation work to deliver the flow programme.	The CCG seeks assurance of progress against improvement plans via regular meetings with the provider

Exception Report – IAPT



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
IAPT - Recovery rate	17.1%	50.0%	39.3%	39.5%	52.3%	55.8%	43.6%	44.6%
IAPT - Recovery rate target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%

Issue	Cause	Action(s)	Assurance / Gaps
Having achieved the recovery rate target 50% by March 2016 (55.8%), performance dropped back below 50% in April 2016 to 43.6%. The latest information (for May 2016) shows that, while there has been a small improvement, performance remains below 50%.	The drivers behind the decline in recovery rate are being investigated. A report of a review (by the provider) of patients discharged without recovering is due with the CCG end of July 2016.	The service is increasing the treatment modalities available in the service. Further actions to be decided, particularly with the review results available to inform decisions.	No gaps at present. We will review the provider audit of patients at the August contract meeting

NB. Indicative IAPT access targets – 75% of patients entering treatment to have been seen within 6 weeks, and 95% within 18 weeks – have been met in both April 2016 and May 2016.

Scorecard: Finance & Audit

SUMMARY	Year To Date Budget £000's	Year To Date Actual £000's	Year To Date Variance £000's	Full Year Forecast Outturn Budget £000's	Full Year Forecast Outturn Forecast £000's	Full Year Forecast Outturn Variance £000's
Revenue Resource Limit	45,012	45,012	0	270,070	270,070	0
EXPENDITURE						
Acute	23,261	23,261	(0)	139,564	139,565	(1)
Non Acute	10,732	10,746	(15)	64,391	64,478	(87)
Primary Care & Prescribing	9,544	9,544	0	57,263	57,263	0
Corporate & Estate Costs	1,621	1,641	(20)	9,728	9,768	(40)
Reserves & Other	(46)	(80)	34	(276)	(404)	128
Total Expenditure	45,111	45,111	(0)	270,670	270,670	(0)
In Year Surplus	(100)	(100)	0	(600)	(600)	0

NON ACUTE (see tables 3,4)	Year To Date Budget £000's	Year To Date Actual £000's	Year To Date Variance £000's	Full Year Forecast Outturn Budget £000's	Full Year Forecast Outturn Forecast £000's	Full Year Forecast Outturn Variance £000's
TOTAL MENTAL HEALTH	3,925	3,972	(46)	23,552	23,830	(278)
TOTAL LEARNING DIFFICULTIES	291	291	0	1,745	1,745	0
TOTAL END OF LIFE CARE AND HOSPICES	146	146	0	878	878	0
TOTAL LONG TERM CONDITIONS	14	14	0	82	82	0
TOTAL URGENT AND INTERMEDIATE CARE	797	790	7	4,783	4,743	40
TOTAL COMMUNITY SERVICES	3,383	3,383	0	20,300	20,300	(0)
TOTAL CHILDREN SERVICES	448	423	25	2,689	2,538	151
TOTAL ADULT CONTINUING CARE	1,727	1,727	(0)	10,362	10,362	(0)
TOTAL NON ACUTE COMMISSIONING	10,732	10,746	(15)	64,391	64,478	(87)

PRESCRIBING (see table 5)	Year To Date Budget £000's	Year To Date Actual £000's	Year To Date Variance £000's	Full Year Forecast Outturn Budget £000's	Full Year Forecast Outturn Forecast £000's	Full Year Forecast Outturn Variance £000's
TOTAL PRESCRIBING	4,069	4,069	0	24,416	24,416	0
TOTAL PRIMARY CARE	4,710	4,710	0	28,258	28,258	0
LOCAL ENHANCED SERVICES	98	98	0	588	588	0
TOTAL OUT OF HOURS	325	325	0	1,950	1,950	0
TOTAL PRIMARY CARE OTHER	342	342	0	2,052	2,051	0
TOTAL PRIMARY CARE & PRESCRIBING	9,544	9,544	0	57,263	57,263	0

CORPORATE AND ESTATES (see table 6)	Year To Date Budget £000's	Year To Date Actual £000's	Year To Date Variance £000's	Full Year Forecast Outturn Budget £000's	Full Year Forecast Outturn Forecast £000's	Full Year Forecast Outturn Variance £000's
TOTAL RUNNING COSTS	733	733	(0)	4,397	4,397	(0)
TOTAL CSU CHARGES	218	218	(0)	1,308	1,309	(0)
TOTAL OTHER CORPORATE COSTS	645	652	(7)	3,871	3,911	(40)
PROPERTY COSTS	25	38	(13)	151	151	(0)
TOTAL CORPORATE & ESTATE COSTS	1,621	1,641	(20)	9,728	9,768	(40)

STATUTORY DUTIES AND PERFORMANCE

Statutory Duty	Area	YTD	Forecast
Not to exceed RRL	Revenue	0	0
Not to exceed running cost allocation	Running costs	0	0
Not to exceed CRL	Capital	0	0
Deliver a recurrent surplus	Revenue	(1.1)%	(1.1)%
Deliver a 0.5% in year surplus	Revenue	(0.2)%	(0.2)%
Comply with BPPC #	Business conduct	99.2%	99.0%
Comply with BPPC £	Business conduct	99.9%	99.0%
Fully deliver planned QIPP	QIPP	80.0%	0.0%

Period: May-16

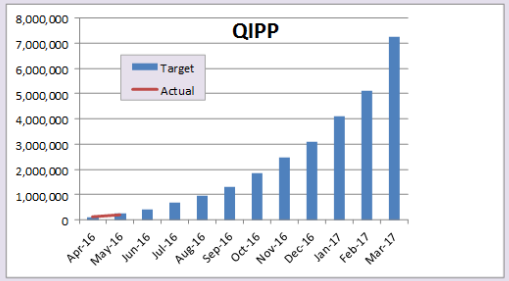
NHS Merton Clinical Commissioning Group

ACUTE CONTRACT EXPENDITURE TOP 5 (see table 2)	Year To Date Budget £000's	Year To Date Actual £000's	Year To Date Variance £000's	Full Year Forecast Outturn Budget £000's	Full Year Forecast Outturn Forecast £000's	Full Year Forecast Outturn Variance £000's
ST GEORGE'S HEALTHCARE TRUST	10,601	10,601	0	63,604	63,604	0
EPSOM & ST. HELIER UNIVERSITY HOSPITALS NHS TRUST - ACUTE	5,319	5,319	0	31,915	31,915	0
KINGSTON NHS TRUST	1,770	1,770	0	10,619	10,619	0
LAS - EMERGENCY SERVICE CONTRACT	1,078	1,078	0	6,468	6,468	(0)
EPSOM & ST. HELIER UNIVERSITY HOSPITALS NHS TRUST - SWLEOC	797	797	0	4,783	4,783	0
ALL OTHER CONTRACTS	3,696	3,696	(0)	22,175	22,176	(1)
	23,261	23,261	(0)	139,564	139,565	(1)

ACUTE CONTRACT VARIANCE BY POD	SGH	ESH	KHT	Other Providers	Total
Elective	0	0	0	0	0
Emergency					
Non-Electiv					
Maternity F					
A&E					
Out Patient					
Out Patient					
Out Patient					
Unbundled Diagnostics	0	0	0	0	0
Critical Care	0	0	0	0	0
Other PODs	0	0	0	(1)	0
	0	0	0	(1)	(1)

Variance not available for Months 1 or 2

BALANCE SHEET AS AT May-16	Actual £000's
Property, Plant And Equipment	838
Current Trade And Other Receivables	1,888
Cash And Cash Equivalents	(719)
Current Trade And Other Payables	(17,973)
Current Other Liabilities	(192)
	(16,158)
General Fund	(16,158)



Finance & Audit: Exception Reports & Risks

Risks and mitigations

The risk of overspending is concentrated into contracts or programmes that are based upon variable payments; principally acute contracts, prescribing and continuing healthcare. At this stage, there is insufficient data to make an assessment as to whether additional spending pressures over and above the budgeted position are emerging.

However, given that acute budgets and continuing healthcare have been budgeted to reflect recent historic run rates, significant in year overspending is not anticipated. The position with prescribing may be tighter given that the budget was increased by 5%. As a first line of mitigation the CCG would expect to deploy the 0.5% contingency reserve which is completely uncommitted.

Perhaps a more significant risk is the under delivery of the £7.3M QIPP target and the need to bridge the difference between the original plan for a £6M deficit and the control total of 30.6M that was agreed with NHSE. At present, only £2.38M has been identified of the required £5.4M reduction from the release of the RTT (£1.68M) and contract negotiation (£0.7M) reserves. This means that there is an unidentified gap of £3.02M to find (on the working assumption that Finance Committee will reject the reducing BCF funding by £2.0M). This shortfall is in addition to the existing £2M shortfall in the QIPP programme and any slippage in the £5.3M of identified schemes.

These risks will be discussed in more detail in two separate papers that are being presented to the Finance Committee this month. The first sets out a number of potential scenarios of the 2016/17 forecast outturn position and the load that any under delivery will place on 2017/18 savings target. The second is the Financial Recovery Plan which sets out the strategy for delivering unidentified savings targets in 2016/17.