

## REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

**Date of Meeting:** 28<sup>th</sup> May 2015

**Agenda No:** 7.1

**Attachment:** 12

<b>Title of Document:</b> M11 Balanced Scorecard	<b>Purpose of Report:</b> For Review
<b>Report Author:</b> Murrae Tolson	<b>Lead Director:</b> Cynthia Cardozo
<p><b>Executive Summary:</b> The report summarises Merton CCG performance on the top 8 priorities as identified by NHS England. It provides a comprehensive overview of performance of the CCG constitutional standards and Improving the health of our local population indicators and actions that are being taken to address areas of underperformance.</p>	
<p><b>Key sections for particular note (paragraph/page), areas of concern etc:</b> At month 11 the CCG was below standard for 6 of the top 8 priorities: A&amp;E, RTT 18 and 52 weeks, Cancer 62 days Consultant Upgrade Standard, Diagnostics, and Dementia. Actions are in place to address these areas of underperformance and are described in the report. The final month 12 position will be reported in June; to-date we know that the CCG has delivered on the dementia diagnosis target of 67% and increased IAPT treatment to 15%.</p>	
<p><b>Recommendation(s):</b> The Governing Body is requested to review the report and actions that are being taken.</p>	
<p><b>Committees which have previously discussed/agreed the report:</b> Merton CCG Clinical Quality committee, Merton CCG Executive Management Team</p>	
<p><b>Financial Implications:</b> A Quality Premium of c£1m is dependent on the CCG meeting all constitutional pledges and improving the quality of health for local people. Failure to achieve a quality premium indicator reduces the award by 12.5% for each failed indicator.</p>	
<p><b>Implications for CCG Governing Body:</b> NHS England will seek assurance from the CCG that actions are in place to address areas of underperformance and that the CCG has a robust approach to performance management.</p>	
<p><b>How has the Patient voice been considered in development of this paper:</b> Key performance indicators are informed by the NHS Constitution and the NHS Operating Plan.</p>	
<p><b>Other Implications:</b> None</p>	
<p><b>Equality Assessment:</b> Not completed.</p>	
<p><b>Information Privacy Issues:</b> In year proxy measures and unplanned hospitalisation data is derived from unpublished sources and subject to data quality issues.</p>	
<p><b>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)</b> None</p>	



*Merton*

*Clinical Commissioning Group*

# Merton CCG

## Performance Report

Month 11 – 2014/15



right care  
right place  
right time  
right outcome

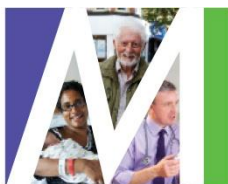
# Performance Summary

## TOP 8: Are patient's rights under the NHS Constitution being promoted?

- A&E – The CCG did not meet the A&E standard in M11, at 90.9%. This is due to St. Georges (88.2%) NHS Trust not meeting the standard .
- RTT (18 weeks) – The CCG did not meet the admitted patients (86.5% against a target 90%) and non- admitted patients (93.5% against a target 95%) pathways standard in M11. YTD the CCG is not meeting the admitted and non-admitted RTT standards.
- RTT (52 weeks) – The CCG did not meet the admitted patient (1 against target 0) and incomplete pathways (1 against a target 0) in M11.
- Cancer – The CCG met 8 out of the 9 cancers measures in M11. The CCG did not meet the target for Cancer 62 day Consultant Upgrade for M11. The CCG is not meeting Cancer first treatment 62 days standard YTD.
- Diagnostics – The CCG did not meet the standard in M11, or YTD.

## TOP 8: Quality Premium: Are health outcomes improving for local people?

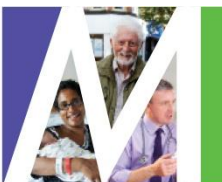
- Dementia – The CCG increased the diagnosis rate compared to M10 with M11 at 57.7%.
- Winterbourne – 4 admitted patients. 1 patient discharge is planned for the first quarter of 2015/16.
- Health visitors – N/A



# Domain 1 - Are patients receiving clinically commissioned, high quality services?

NHS CONSTITUTION	Impact on Quality Premium	Target	Oct		Nov		Dec		Jan		Feb		Quarter 1		Quarter 2		YTD Actual		2013/14	
MRSA (PIR Assigned)		0	0	G	0	G	0	G	1	R	0	G	0	G	1	R	2	R	2	R
C Difficile		2	2	G	1	G	1	G	3	R	1	G	7	R	10	R	25	R	27	G
RTT 18 weeks (admitted patients)	277k	90.0%	88.0%	R	84.9%	R	88.7%	R	90.3%	G	86.50%	R	90.7%	G	86.6%	R	88.2%	R	92.0%	G
RTT 18 weeks (non admitted patients)		95.0%	94.9%	R	93.4%	R	94.8%	R	95.2%	G	93.50%	R	95.5%	G	94.8%	R	94.8%	R	96.9%	G
RTT 18 weeks (incomplete pathways)		92.0%	92.3%	G	92.7%	G	91.8%	R	91.6%	R	92.10%	G	92.8%	G	92.8%	G	92.1%	G	92.6%	G
Diagnostic tests waiting time		99.0%	99.3%	G	99.4%	G	98.3%	R	97.9%	R	98.90%	R	98.3%	R	99.0%	G	98.8%	R	98.9%	A
A and E waiting times	277K	95.0%	94.7%	R	93.5%	R	88.4%	R	90.5%	R	90.90%	R	95.3%	G	95.5%	G	93.6%	R		
Cancer two weeks	277K	93.0%	97.4%	G	97.8%	G	98.1%	G	97.4%	G	96.10%	G	96.6%	G	96.3%	G	96.8%	G	97.7%	G
Breast symptoms two weeks		93.0%	97.1%	G	97.4%	G	95.9%	G	96.9%	G	98.60%	G	93.0%	G	98.6%	G	96.4%	G	98.2%	G
Cancer first definitive treatment 31 days		96.0%	96.8%	G	100.0%	G	98.3%	G	96.4%	G	96.50%	G	100.0%	G	100.0%	G	98.8%	G	98.5%	G
Cancer subsequent treatment 31 days, surgery		94.0%	100.0%	G	83.3%	R	100.0%	G	100.0%	G	100.00%	G	96.3%	G	100.0%	G	98.0%	G	96.8%	G
Cancer subsequent treatment 31 days, drug		98.0%	100.0%	G	100.0%	G	100.0%	G	100.0%	G	100.00%	G	100.0%	G	100.0%	G	100.0%	G	100.0%	G
Cancer subsequent treatment 31 days, radiotherapy		94.0%	100.0%	G	96.4%	G	100.0%	G	96.0%	G	100.00%	G	97.6%	G	98.4%	G	97.4%	G	99.1%	G
Cancer first treatment 62 days, (Excludes 31 day rare standards)		85.0%	85.7%	G	90.0%	G	68.8%	R	78.6%	R	87.10%	G	82.9%	R	87.0%	G	83.4%	R	84.7%	A
Cancer first treatment 62 days, Screening		90.0%	100.0%	G	--		100.0%	G	1	G	100.00%	G	100.0%	G	88.9%	R	97.4%	G	95.7%	G
Cancer first treatment 62 days, Consultant upgrade		--	--		100.0%		100.0%				--		--		50.0%		87.5%		100.0%	
Ambulance Red 18 minute response	277K	75.0%	64.1%	R	64.3%	R	59.3%	R	68.6%	R	67.10%	R	73.4%	R	67.1%	R	67.6%	R	77.0%	G
Ambulance Red 28 minute response		75.0%	57.5%	R	54.9%	R	47.6%	R	59.7%	R	58.70%	R	68.0%	R	58.9%	R	59.7%	R	74.8%	A
Ambulance Red 19 minute transportation		95.0%	91.6%	R	89.2%	R	84.7%	R	91.3%	R	91.90%	R	95.7%	G	92.6%	R	92.0%	R	97.8%	G
Mixed sex accommodation breaches		0	0	G	0	G	2	R	2	R	0	G	0	G	0	G	4	R	12	A
RTT 52 weeks (admitted patients)		0	0	G	0	G	0	G	1	R	0	G	2	R	3	R	6	R	0	G
RTT 52 weeks (non admitted patients)		0	1	R	1	R	0	G	0	G	1	R	1	R	2	R	6	R	0	G
RTT 52 weeks (incomplete pathways)		0	2	R	0	G	2	R	3	R	1	R	3	R	3	R	1	R	2	A

Monthly & Quarterly data is sourced from the CSU Performance scorecard. This shows monthly cancer data as reported through Open Exeter and Quarterly cancer data is reported by NHS England.  
 YTD cancer data has been calculated based on Open Exeter which is subject to retrospective amendments to previous monthly data.



## Domain 1 - Are patients receiving clinically commissioned, high quality services?

Quality Issue	Provider	Description of Quality Issue	Issues	Rectifying changes
RTT 18 weeks Admitted patients & Non admitted patients	Epsom & St. Helier And St. Georges	86.5% against a target of 90% 93.5% against a target of 95%	This failure was predominantly a result of underperformance at Epsom & St Helier and St George's. Underperformance at ESH was related to the undertaking of a third tranche of additional activity in order to reduce backlog. A backlog reduction was set for St George's Hospital in September but increased cancellations as a result of winter pressures has led to them failing to achieve it.	SGH: Commissioners have initiated a joint investigation as the next step from a contract query. The investigation will focus on the processes for referral and OP and booking for elective pathways. This will include bringing in external experts to carry out a capacity review. The output of the joint investigation will be a recovery plan and trajectory and this is due to be completed by end of May.
Diagnostic waiting Times	St. George's Hospital	98.9% against a target of 99%	The majority of the breaches (26/31) occurred at St. George's Hospital. The main areas where the breaches occurred were Gastroenterology sigmoidoscopies. A number of factors continued to impact the February performance, these include; staffing issues both relating to shortage and sickness over the winter period, capacity constraints, administrative constraints and increase in referrals.	Specialty teams are implementing remedial actions in order to recover performance including all patients being registered following administrative issues, further administrative staff being trained and recruitment to additional roles underway, executive led weekly monitoring of diagnostics against trajectory and capacity and demand modelling to ensure a sufficient service is in place moving forward. The number of long waiters is being reduced with the trust forecasting to be back within 1% threshold in early April.
A& E Waiting Times	St George's Hospital	ESH: 95.03% SGH: 88.2%	St.George's failed to meet the A&E target in February with performance of 88.2%. The issues have been a continuation of those reported previously with high attendances and admissions above predictor. The ED has experienced issue around flow, with cubicles often blocked with patients awaiting admissions to inpatient beds. As a result, the capacity for the trust to assess patients was compromised and resulted in extended waits. In addition, discharges were slow to come up each day which has created significant pressure on inpatient capacity and problems relating to flow through the rest of the hospital	The Trust has put a number of actions in place in an attempt to address this, including; Daily DTOC/nDTOC meeting , greater clinical and senior nursing presences on wards to support acuity and earlier discharges, Command and Control system meeting three times a day for all medical specialities, to push all query discharges to deliver before 17:00, hourly rounds in ED from senior management to support flow and manage escalation.  A contract query notice has been issued to the trust about the compliance with the 4 hour A&E target. SE CSU and the trust are working closely together to complete a joint investigation.

Quality Issue	Provider	Description of Quality Issue	Issues	Rectifying Changes
<p>Ambulance category A (Red 1) 8 minute response            Ambulance category A (Red 2) 8 minute response            Ambulance category A 19 min transportation time</p>	<p>London Ambulance Service (LAS)</p>	<p>LAS Cat A performance remains a serious concern with YTD 67.6% below target (75% within 8 minutes)</p>	<p>The "Cat A performance tail" is monitored as an indicator of safety during periods of underperformance. The Las performance achievement against the 75% target is within the 10 minutes and 95% within 18 minutes (YTD)</p>	<p>LAS have recently conducted an assessment centre for qualified paramedics and have made 9 offers, 4 of the candidates have started with the LAS in April and the remaining 5 candidates are anticipated to start in May or June. The graduate pipeline is currently standing at 155.</p>
<p>RTT 52 weeks            Incomplete Pathways</p>	<p>St George's Hospital</p>	<p>1 against a target of 0</p>	<p>Merton CCG had one 52ww reported in February at SGH in Plastics. This is the same patient as reported in January.</p>	<p>The patient had an appointment on 05/01/2015 which was DNA'd. This was then rescheduled to 16/02/2015, which the patient attended with a follow-up now scheduled for 25/02/2015, which was DNA'd. The patient finally attended and was discharged from the hospitals care in March.</p>

# Domain 3 - Are CCG plans delivering better outcomes for patients? (April – January)

Ref	Indicator	M/Q/A	Target	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	YTD	Trend	Quarter		
				Quarter 3			Quarter 4				Q1	Q2	Q3
E.A.1	Potential Years of Life Lost	Q	1,868	No data			No Data				No data	No data	No data
E.A.1.a	Number of Deaths	Q	27	28			Due in Q1 15/16		101	↔	36	37	28
E.A.1.b	Potential years lost	Q	641	570.8			Due in Q1 15/16		2431.6	↔	983.9	876.9	570.8
E.A.2	Improving the health-related quality of life for people with long-term conditions	A	77.0	75.3					75.3	↔	No data	No data	No data
	Number of people accessing expert patient programmes	M	7	10	7	5	8	9	56	↑	0	17	22
E.A.S.1	Increasing the proportion of people diagnosed with Dementia	M	67%	51.3%	52.3%	53.5%	55.8%	57.7%	57.7%	↑	50.0%	50.4%	52.4%
E.A.S.2	Increasing the IAPT recovery rate	Q	46.9%	32.9%			Due in Q1 15/16		32.9%	↔	37.9%	43.5%	32.9%
E.A.4	Reducing Avoidable Emergency Admissions	M	2,909	278	283	297	300	234	2,815	↓	732	691	858
CB_A6_0_1	Unplanned hospitalisation for chronic ambulatory care sensitive conditions	M	937	82	94	92	94	91	952	↓	255	244	268
CB_A6_0_2	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	M	122	11	16	6	16	9	121	↓	35	28	33
CB_A6_0_3	Emergency admissions for acute conditions that should not usually require hospital admission	M	1,691	169	142	163	174	123	1,597	↓	419	407	474
CB_A6_0_4	Emergency admissions for children with lower respiratory tract infections (LRTI)	M	159	16	31	36	16	11	145	↓	23	12	83
E.A.5	Increasing the proportion of people having a positive experience of hospital care	N/A	140.5	Inpatient Survey 2014 results published in April 2015					0		No data	No data	No data
FFT (E.A.6)	Friends and Family Test - Is there an Improvement plan in place?	Q	5/5	5/5			5/5 <sup>1</sup>		5/5	↔	3/5	5/5	5/5
FFT (E.A.6)	Friends and Family Test - Has the improvement plan been agreed by CQRG?	Q	5/5	5/5			Due in Q1 15/16		5/5	↔	0/5	5/5	5/5
DToC	Delayed Transfers of Care	M	130	242	146	151	189	197	1,657	↑	336	396	539
OOH1	Number of OOH compliments received	M	N/App	0	0	0	0	0	2	↔	1	1	0
OOH2	Number of OOH complaints received	M	N/App	0	0	1	0	0	2	↔	1	1	1
GP1	Number of GP specific complaints received	M	N/App	2	1	1	0	0	9	↔	3	2	4
E.A.9	Improving the reporting of medication errors	Q	110	156			Due in Q1 15/16		440	↔	88	196	156
E.A.3	Increasing the proportion of people that enter IAPT treatment against the level of need in the general population *	M	1.25%	0.86%	0.87%	0.78%	1.30%	1.15%	11.13%	↓	3.2%	2.9%	2.51%
L.P.1	Increasing the number of patients from BME groups using Psychological Therapies	M	57	64	67	70	88	136	834	↑	213	196	201

\*Data Source: SWL and St Georges Mental Health Trust



## Domain 3 - Are CCG plans delivering better outcomes for patients?

Quality Issue	Provider	Description of Quality Issue	What's being done about it?
Increasing the proportion of people diagnosed with Dementia	Merton CCG	Significant improvements have been seen in relation to the dementia diagnosis rate, which are thought to have derived from a range of initiatives.	February data is available which indicates that the diagnosis rate was 63.2%; March data should be released shortly. It is anticipated that the diagnosis rate at the end of March will be found to be ~65% and it is expected that the 67% target will be reached in May.
Emergency admissions for acute conditions that should not usually require hospital admission	Merton CCG	For quarters 1,2 and 3 SUS data indicates that there have been fewer admission. Although encouraging this is a proxy indicator and needs to be considered with caution.	Work is continuing to implement the Better Care Fund and QIPP initiatives which impacts on a subset of these admissions. To date the Community Prevention of Admission Team (CPAT) has been extended into care homes, Integrated Locality Teams and MDT working have been introduced and in-reach nursing from Community Services at St George's was extended to also support prevention of admission in the ED and short stay wards. Additional intermediate care beds were introduced from 1st February 2015 and further beds are planned. It is expected that the introduction of the Holistic Investigation and Rapid Investigation (HARI) service at the Nelson from April 2015 will have an impact on the reduction of these admissions. Further analysis of this data indicates that there may be value in commissioning further community support for Asthma and this is currently being worked up.
MSA	Merton CCG	Merton CCG had 2 MSA breaches in January, both at SGH which reported a total of 9 MSA breaches	One patient admitted to Florence Nightingale ward via ED, required a female bed but the bed management team informed the ward that none were available. Breach was resolved promptly when a side room was made available. Another breach was for a 16yr old male in Frederick Hewitt ward. This was to free up cubicle capacity to accommodate a baby from the ED who required isolation. Both patients and their families signed mixed sex disclaimer forms on admission indicating the consent to the bed allocation. An explanation of this was given verbally to both families. An apology was given to all patients involved in the MSA breach across these wards and the situation explained. No patient objections were raised
Delayed Transfers of Care	Kingston and St Georges Hospital	There were 38 more delayed days in January compared to December. There were 30 delayed days due to "awaiting further Non-acute NHS treatment", 19 delayed days due to "awaiting nursing home" and 19 delayed days due to "patient/family choice".	DTOC figures are reported monthly to the Merton Integration Board and the One Merton Group. As Better Care Fund schemes go live and are further embedded into operational procedures, DTOCs should continue to fall and monitoring will continue as part of the overall BCF performance management process. The majority of DTOCs are the result of awaiting assessment for continuing healthcare needs with community health and social care delays at proportionately low levels.



Quality Issue	Provider	Description of Quality Issue	What's being done about it?
Number of C.Difficile infections	Merton CCG	3 against a trajectory of 2	Merton CCG exceeded its trajectory of 2 cases a month in January and is above YTD trajectory of 21 cases. RCA are being carried out on all of the CCG community acquired C-Diff cases with a view to getting a better understanding of any possible 'lapses of care' to encourage learning and development. It is also hoped that this will improve understanding of acquisition and relapses within all community settings.
Winterbourne	Danshell Group, CNWL Foundation Trust, and Cambian Healthcare	<p>All 4 patients are still under the scope of Merton as reported last month.</p> <ol style="list-style-type: none"> <li>1. Currently placed in a specialist learning disability locked rehab service.</li> <li>2. Currently placed in a specialist inpatient treatment service within the NHS.</li> <li>3. Currently placed in a specialist Autistic Spectrum Disorder (ASD) locked rehab service.</li> <li>4. Currently placed in a specialist ASD locked rehab service.</li> </ol>	<p>Patient 2 is planned to be discharged in the first quarter of 2015/16, once additional safeguarding and assurance measures have been implemented. In respect to 4 a plan for on-going treatment in a hospital registered service has been identified as still being required, although a step down within hospital to a less restrictive environment is planned to take place by calendar year end. The CTR for 1 has taken place and was attended by the allocated Community Nurse from London Borough of Merton Learning Disability and Complex Needs Team in addition to this NHS England appointed clinical expert and expert by experience. Concerns with regards to the service have been reported to CQC, with a request for an full and unannounced inspection as the service has not been subject to this since July 2012. They are planning to inspect before end of June 2015.</p>