



right care
right place
right time
right outcome

MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 30 November 2017

Agenda No: 11.2

Attachment: 14

<p>Title of Document: 2017/18 CCG Governing Body Assurance Report (Month 5 position - August 2017)</p>	<p>Purpose of Report: For Approval</p>
<p>Report Author: Lee Lewis, Senior Performance Manager</p>	<p>Lead Director: John Atherton Director of Performance Improvement</p>
<p>Executive Summary: The 2017/18 CCG Merton Governing Body Assurance Report for (Month 5) August 2017 reporting period, has been further developed in order to better utilise a wide range of national and local reporting tools and intelligence.</p> <p>The new design of the report brings together performance, benchmarking to the IAF dataset (NHS Improvement & Assessment Framework), as well as providing a two year trend analysis for exception report pages.</p> <p>For a detailed summary of month 5 (August 2017) key messages, please refer to the 'Governing Body Summary' on page 3 of the report.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc: Page 9: RTT (Referral to Treatment) within 18 weeks Page 10: Percentage of patients admitted, transferred or discharged from A&E within 4 hours Page 11: IAPT (Improving Access to Psychological Therapies) Recovery Rate Page 12: 31 day cancer wait from diagnosis to second or subsequent treatment (Surgery) Page 13: 31 day cancer wait from diagnosis to first treatment - all cancer types (31 day wait all cancer) Page 14: Delayed transfers of care (delayed bed days) - OVERALL (all delays ASC/NHS/JOINT) Page 15: Delayed transfers of care (delayed bed days) - NHS Delays only Page 16: Delayed transfers of care (delayed bed days) - Adult Social Care Delays only</p>	
<p>Recommendation(s): The Governing Body is asked to review the performance information and approve the report.</p>	
<p>Committees which have previously discussed/agreed the report: Merton Clinical Quality Committee for performance information.</p>	
<p>Financial Implications: Contained within the body of the main report.</p>	
<p>Implications for CCG Governing Body: The CCG is assessed annually and given an assurance score based upon achievements of the indicators within the IAF Framework.</p>	

How has the Patient voice been considered in development of this paper:

Patient-centric performance and quality indicators.

Other Implications:

CCG Risk Register Item 802 relates to a failure to deliver constitutional pledges and other priority performance goals 4 x 4 = 16.

CCG Risk Register Item 1038 relates to a failure to meet the required standards against the 2017/18 CCG Improvement and Assessment Framework 3 x 4 = 12

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 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:

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.



**Merton CCG
2017/18 Governing Body Assurance Report**

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Cancer

8 of the 10 'Cancer Wait Time' performance measures met targets for the M5 reporting period (August 2017) , the Performance measure that monitors **patients waiting 104+ days for cancer treatment** reported 0 breaches for the 6th consecutive month.

Good improvements are being seen for **two week cancer wait times**; performance measure: '2 week cancer wait for all suspected cancers from an urgent GP referral for suspected cancer to the date first seen by a specialist ' reported an outturn of 94.5%, the second measure: '2 week cancer wait for symptomatic breast cancer from an urgent GP referral for suspected cancer to the date first seen by a specialist for all suspected cancers' reporting an outturn of 98.9%. Both indicators show a marked improvement in comparison with the previous month (M4 July 2017) and each are compliant with the national standard/target of 93%. St George's University Hospital in particular showed a good improvement in terms of their activity data for these measures.

The 2 performance measures that did not meet target during M5 (August 2017) were: **31 day cancer wait first treatment (all cancer types) / 31 day cancer wait subsequent treatment (surgery).**

Mental Health

The CCG national IAF (Improvement Assessment Framework) performance measure **126A: Diagnosis rate for people with dementia**, continues to demonstrate good performance levels being maintained throughout 2017/18 reporting period for the residents of Merton (August 2017: 69.3% / national target requirement: 67%).

IAF performance measure **123A: Improving access to psychological therapies recovery rate (IAPT)** met the 50% target for this reporting period (M5) with an outturn of 52.4%, although it should be noted that early indications for M6 (September 2016) show performance levels decreasing to 45.4%. Whilst waiting times for treatments (6 week & 12 week waits) continue to remain compliant and exceed national targets set, the number of people awaiting 2nd treatment continues to rise. To provide the CCG with assurance that this issue is being addressed, the service provider is engaging a sub contractor to provide additional capacity to reduce the number of patients awaiting treatment and ensure that they are seen at the earliest times possible. The CCG are actively monitoring this indicator and continue to work closely with the service provider to improve performance levels.

Performance measure: **People first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral** shows good performance levels for M5 with an outturn of 100% against a target of 50%, this demonstrates a good improvement in comparison to the previous month 4 (July 2017) of 55.6%.

Emergency Care

Performance measure: **Ambulance wait times (red 1) 8 minute response**, shows that there has been a decrease in performance levels for this reporting period (M5: 72.7%), for the first time in 10 months the indicator has fallen below the 75% target. Historically, the London Ambulance Service has maintained good performance levels for Merton residents that have exceeded both target and the PAN London levels being achieved, the indicator is now being closely monitored so that any issues can be addressed at the earliest time possible. Early indications for M6 (September 2017) show that the indicator has met the target which is reassuring.

Performance measure: **Percentage of patients admitted, transferred or discharged from A&E within 4 hours** The four hour operating standard was not achieved in M5 with the CCG level performance at 89.4% against the national standard of 95%. St Georges Hospital (Merton CCG main provider), Ambulance turnaround has recently been stable however performance slightly decreased in the month of August relating to capacity within the Trust. Much work is underway to further improve patient flow (expanding space for ambulatory care) and thus improve patient safety and experience and improve our ability to deliver performance, including an expanded Initial assessment area with a focus on streaming patients through to the most clinically appropriate flow, either primary care, urgency care or an ambulatory pathway.

Performance measure: **Delayed transfers of care (delayed days) for people aged 65+ per 100,000 population**, Performance levels being achieved for this measure have been negatively affected by a steep increase in reported Adult Social Care delayed days during July and August 2017 and partly in September, the increases have now been confirmed to be related to data quality issues and data is due to be re-submitted. Revised data will reduce the overall delays year-to-date by approx. 195 delayed days which will improve performance levels being reported during quarter 2. Whilst challenging targets and high expectations have been set against this measure by NHSE, in terms of NHS attributable delays, the CCG's performance is considerably below the London average (lower delays being better) and place Merton within the top 10 best performing London boroughs.

Elective Access

Performance measure: **Patients waiting 18 weeks or less from referral to hospital treatment (RTT)** , the CCG did not meet the RTT standard of 92% for this reporting period M5 (August 2017) with an outturn of 90.3%, this represents a total of 7,724 pathways with 6,972 patients being seen within 18 weeks of referral and 752 patients exceeding the 18 week compliance target. Although the target was not achieved , to provide context to the performance levels being reported it should be noted that the overall London Commissioning Region performance level for this measure was 88.6%.

Exception Report/s

Performance measure/s:

- ♦ RTT (Referral to Treatment) within 18 weeks Page 9
- ♦ Percentage of patients admitted, transferred or discharged from A&E within 4 hours Page:10
- ♦ IAPT (Improving Access to Psychological Therapies) Recovery Rate Page:11
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Merton CCG

2017/18 NHS CCG Merton Performance Indicator Overview

(Month 5) Reporting Period: August 2017

2017/18 NHS CCG Merton Performance Measures - M5 (August 2017) / M6 (September 2017 provisional)

PI	Service Area	IAF	Constitutional	Better Care Fund	community provider	Quality Premium	Local measure	Description	London Average	Previous reported position	CCG Merton Latest Performance	2017/18 Target
Monthly Performance Measures												
c3	Cancer	✓					✓	Cancer wait times: first definitive treatment - within 31 days	(Aug-17) 97.3%	(Jul-17) 98.1%	Aug-17	94.5% ↓ (>) 96%
c4	Cancer	✓					✓	Cancer wait times: subsequent treatment (surgery) - within 31 days	(Aug-17) 97.2%	(Jul-17) 100%	Aug-17	92.9% ↓ (>) 94%
127c	Emergency care	✓	✓					Percentage of patients admitted, transferred or discharged from A&E within 4 hours	(Aug-17) swl: 92.5%	(Jul-17) 89.6%	Aug-17	89.5% ↓ (>) 94%
BCF1	better care fund	✓	✓					DTOC (delayed transfer of care) number of delayed days per 100,000 population	not available	(Aug-17) 363.1	Sep-17	241.0 ↓ (>) 140.1
BCF2	better care fund	✓	✓					DTOC (delayed transfer of care) delayed days per 100,000 population -(attributable to NHS excluding joint delays)	not available	(Aug-17) 135.3	Sep-17	116.7 ↓ (>) 104.7
BCF3	better care fund	✓	✓					DTOC (delayed transfer of care) delayed days per 100,000 population -(attributable to ASC excluding joint delays)	not available	(Aug-17) 208.8	Sep-17	106.6 ↓ (>) 58.2
123a	Mental Health	✓					✓	IAPT Improving Access to Psychological Therapies - recovery rate	not available	(Aug-17) 52.4%	Sep-17	45.5% ↓ (>) 50%
123a (2)	Mental Health	✓						IAPT Improving Access to Psychological Therapies - access rate (%) rolling quarter	not available	(Aug-17) 1.74%	Sep-17	2.05% ↑ (>) 4.2%
129a	Elective access	✓						RTT (Referral to Treatment) within 18 weeks	(Aug-17) 88.6%	(Jul-17) 92%	Aug-17	90.3% ↓ (>) 92%
105a	Personalisation & choice	✓						Utilisation of the NHS e-referral service to enable choice at first routine elective referral	(Aug-17) 40.0%	(Jul-17) 16%	Aug-17	16.0% ↔ (>) 80%
D1	Elective access							Percentage of patients receiving their diagnostic test within 6 weeks	not available	(Jul-17) 99%	Aug-17	99.3% ↑ (>) 99%
127d	Emergency care	✓						Ambulance response times (Red 1: 8 minute response)	(Sep-17) 70.6%	(Aug-17) 72.7%	Sep-17	75.0% ↑ (>) 75%
123a (3)	Mental Health	✓						IAPT Improving Access to Psychological Therapies - treatment within 6wks of referral	not available	(Aug-17) 82%	Sep-17	84.5% ↑ (>) 75%
123a (4)	Mental Health	✓						IAPT Improving Access to Psychological Therapies - treatment within 18wks of referral	not available	(Aug-17) 100%	Sep-17	100% ↔ (>) 95%
123b	Mental Health	✓						People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	(Mar-17) 71.4%	(Jul-17) 55.6%	Aug-17	100% ↑ (>) 50.0%
126a	Mental Health	✓						Estimated diagnosis rate for people with dementia	(Mar-17) 73.7%	(Jul-17) 68.9%	Aug-17	69.3% ↑ (>) 67.0%
c5	Cancer	✓					✓	Cancer wait times: subsequent treatment (chemotherapy) - within 31 days	(Aug-17) 99.4%	(Jul-17) 100%	Aug-17	100% ↔ (>) 98%
c6	Cancer	✓					✓	Cancer wait times: subsequent treatment (radiotherapy) - within 31 days	(Aug-17) 96.7%	(Jul-17) 100%	Aug-17	100% ↔ (>) 94%
122b	Cancer	✓	✓				✓	Cancer wait times: urgent GP referral to treatment- within 62 days	(Aug-17) 81.6%	(Jul-17) 75.9%	Aug-17	85.7% ↔ (>) 85%
c9	Cancer	✓					✓	Cancer wait times: first treatment following screening within 62 days	(Aug-17) 96.6%	(Jul-17) 100%	Aug-17	100% ↔ (>) 90%

PI	Service Area	IAF	Constitutional Better Care Fund	community provider	Quality Premium	Local measure	Description	London Average	Previous reported position	CCG Merton		2017/18 Target
										Latest Performance		
c10	Cancer	✓				✓	Cancer wait times: consultant upgrade to first treatment within 62 days	(Aug-17) 91.1%	(Jul-17) 100%	Aug-17	100% ↔	(>) 85%
c11	Cancer	✓				✓	Cancer wait times: 104+ days to first treatment	not available	(Jul-17) 0	Aug-17	0 ↔	0
c1	Cancer	✓				✓	Cancer wait times: all cancer types - within 2 weeks	(Aug-17) 94.9%	(Jul-17) 84.4%	Aug-17	94.5% ↑	(>) 93%
c2	Cancer	✓				✓	Cancer wait times: breast symptoms - within 2 weeks	(Aug-17) 96.1%	(Jul-17) 94.3%	Aug-17	98.9% ↑	(>) 93%
Quarterly Performance Measures												
128c	Primary care	✓					Primary care access (extended access to GP services on a weekend & evening)	(Mar-17) 43.3%	(Oct-16) 8.3%	Mar-17	0.0% ↓	-
101a	Maternity	✓					Maternal smoking at delivery	(16/17 Q3) 5.0%	(16/17 Q2) 2.9%	2016/17 Q3	5.4% ↑	-
106a	Health inequalities	✓					Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions (per 100,000 population)	(16/17 Q3) 769	(16/17 Q2) 775	2016/17 Q3	843 ↑	-
105b	Personalisation & Choice	✓					Personal health budgets (rate per 100,000 population)	(16/17 Q4) 14.2	(16/17 Q3) 2.7	2016/17 Q4	2.7 ↔	-
104a	Falls	✓					Injuries from falls in people aged 65 and over (per 100,000 population)	(16/17 Q3) 1,794	(16/17 Q2) 2,875	2016/17 Q3	2,769 ↓	-
127b	Emergency care	✓					Emergency admissions for urgent care sensitive conditions (per 100,000 registered patients)	(16/17 Q3) 2,036	(16/17 Q2) 2,586	2016/17 Q3	2,489 ↓	-
128a	Emergency care	✓					Management of long term conditions (unplanned hospitalisation for chronic ambulatory care sensitive conditions)	(16/17 Q3) 785.4	(16/17 Q2) 900	2016/17 Q3	889 ↓	-
128d	Primary care	✓					Primary care workforce (number of GPs and Practice Nurses (FTE) per 1,000 patients)	(Sep-16) 0.84	(Mar-16) 0.91	Sep-16	0.89 ↓	-
123c	Mental health	✓					Children and young people's mental health services transformation	(Q4 16/17) 70.0%	(Q2 16/17) 85.0%	2016/17 Q4	85.0% ↔	-
123d	Mental health	✓					Crisis care and liaison mental health services transformation	(Q4 16/17) 69.1%	(Q3 16/17) 92.5%	2016/17 Q4	92.5% ↔	-
123e	Mental health	✓					Out of area placements for acute mental health inpatient care - transformation	(Q4 16/17) 88.7%	(Q3 16/17) 100%	2016/17 Q4	100% ↔	-
124a	Learning disability	✓					Reliance on specialist inpatient care for people with a learning disability and/or autism (number of inpatients on CCG of origin basis per million GP registered population)	(Q4 16/17) 44.9	(Q3 16/17) 42.0	2016/17 Q4	38.0 ↓	-
124b	Learning disability	✓					Proportion of people with a learning disability on the GP register receiving an annual health check	(2015/16) 43.5%	(2015/16) 41.2%	2016/17 Q4	54.0% ↑	-
127a	Urgent care	✓					Achievement of milestones in the delivery of an integrated urgent care service (achievement of the 8 milestones)	(Jan-17) 6.5 met	(Nov-16) 6 met	Jan-17	7 met ↑	-

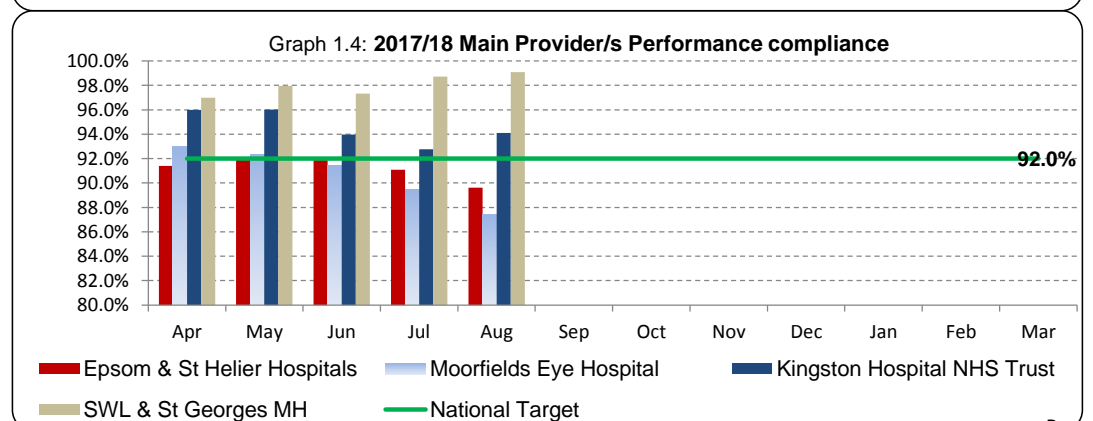
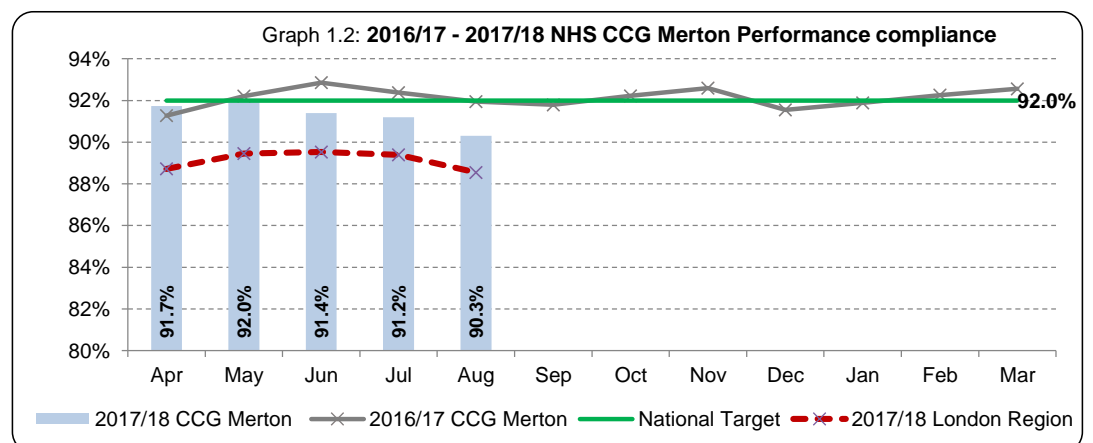
PI	Service Area	JAF	Constitutional	Better Care Fund	community provider	Quality Premium	Local measure	Description	London Average	Previous reported position	CCG Merton		2017/18 Target
											Latest Performance		
127f	Emergency care	✓						Population use of hospital beds following emergency admission (per 1000 population)	(16/17 Q3) 516.5	(16/17 Q2) 526.1	2016/17 Q3	511.9 ↓	-
131a	Continuing Healthcare	✓						People eligible for standard NHS Continuing Healthcare (per 50,000 population)	(16/17 Q3) 34.5	(16/17 Q2) 21.7	2016/17 Q3	21.1 </->	-
105c	Personalisation & Choice	✓						Percentage of deaths which take place in hospital	(16/17 Q2) 53.4%	(16/17 Q1) 51.9%	2016/17 Q2	50.9% ↓	-
Annual Performance Measures													
122a	Cancer	✓						Cancers diagnosed at early stage	(2015) 50.5%	(2014) 48.1%	2015	52.8% ↑	(>) 60%
125a	Maternity	✓						Neonatal mortality and stillbirths (rate per 1,000 births)	(2015) 7.13	(2014) 7.29	2015	7.57 ↑	-
125b	Maternity	✓						Women's experience of maternity services - survey (three-yearly reporting process)	(2015) 76.2%	n/a	2015	75.3% </->	-
102a	Child obesity	✓						Percentage of children aged 10-11 classified as overweight or obese	(13/14>14/15) 36.7%	(11/12>13/14) 35.3%	2013/14 >14/15	35.7%	-
103a	Diabetes	✓						Diabetes patients that have achieved all the NICE-recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	(2015/16) 40.7%	(2014/15) 40.1%	2015/16	39.3% ↓	-
122c	Cancer	✓						One-year survival from all cancers	(2014) 70.1%	(2013) 71.6%	2014	71.0% ↓	-
122d	Cancer	✓						Cancer patient experience (survey) average score (scale 0=very poor / 10=very good)	(2015) 8.5	(2015) 8.7	2016	8.5 ↓	-
126b	Dementia	✓						Dementia care planning and post-diagnostic support	(2015/16) 79.3%	(2014/15) 75.1%	2015/16	81.5% ↑	-
125c	Maternity	✓						Choices in maternity services - survey (three-yearly reporting process)	(2015) 65.7%	n/a	2015	67.3% </->	-
128b	Primary care	✓						Patient experience of GP services (Survey)	(Mar-16) 80.8%	(Mar-15) 79.1	Mar-16	80.1% ↑	-
L8	Quality Premium						✓	Increase the proportion of MI patients accessing community based cardiac rehabilitation services	not available	(2015/16) 0	2016/17 Q4	43 ↑	-
103b	Diabetes	✓						People with diabetes diagnosed less than a year who attend a structured education course	2014 6.8%	2013 7.5%	2014	8.1% ↑	-
105d	Personalisation & Choice	✓						People with a long-term condition feeling supported to manage their condition(s) - survey	Mar-16 59.0%	Mar-15 59.9%	Mar-16	63.4% ↑	-
108a	Carers	✓						Quality of life of carers - survey	Mar-16 80.1%	Mar-15 79.3%	Mar-16	80.6% ↑	-

Merton CCG
Performance & Exception Reports

(Month 5) Reporting Period: August 2017

R1	RTT (Referral to Treatment) within 18 weeks
Polarity: bigger is better	Incomplete pathways, often referred to as waiting list times, are the waiting times for patients waiting to start treatment, as at the end of each month. The volume of incomplete RTT pathways is often referred to as the size of the RTT waiting list. The incomplete waiting time standard was introduced in 2012 and states that the time waited must be 18 weeks or less for at least 92% of patients on incomplete pathways.
Current performance	The CCG did not meet the RTT standard of 92% for this reporting period M5 (August 2017) with an outturn of 90.3%, this represents a total of 7,724 pathway with 6,972 patients being seen within 18 weeks of referral and 752 patients exceeding the 18 week compliance target. 2 patients were reported as waiting greater than 52 weeks for this reporting period. The CCG's performance remains above the overall London Commissioning Region of 88.6%.
Root cause/s of performance issues:	At provider level both Epsom & St Helier Hospital and Moorfields Eye Hospital show a downward trend in performance levels being achieved for the 3rd consecutive month. Following on from the issues in E-rostering and NHS email changes, (ESTH) reported that it will be difficult to achieve recovery by March 2018 and are currently developing a recovery trajectory for submission to NHSI which shows recovery by June 2018. (SGH) commissioners and the Trust attend weekly meetings with NHSI. At the October performance meeting the Trust updated on current progress with RTT recovery for patients waiting over 52 weeks as well as plans for patients over 40 weeks on the Trust PTL. The Trust highlighted capacity issues in ENT and General Surgery as well as plans to address capacity issues generally within the Trust.
Mitigating action/s:	ESTH: The problem with NHS mail and E-rostering has been resolved. The Trust is working through the additional backlog this has created. Recovery trajectories are being agreed with each specialty. The Trust is updating the RTT recovery plan, which is awaited. Improvement is expected from September. It is not yet clear whether 92% performance can be recovered by March 2018. Consultant vacancies have been or are in the process of being recruited to. The possible use of capacity at St Anthony's hospital (Spire) is being explored.
Residual concern/s / assurance:	Performance management of RTT is taking place at SWL level and discussed with Performance leads of CCGs on a monthly basis. Key actions to improve performance levels some of which are detailed above are being/have been put in place and are closely monitored.

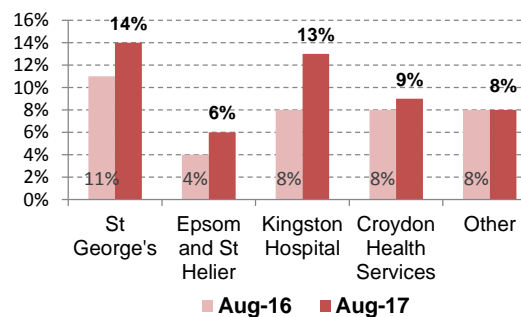
2017/18 (by Main Provider/s)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target
Epsom & St Helier Hospitals	91.4%	92.1%	91.9%	91.1%	89.6%								91.2%	92%
Moorfields Eye Hospital	93.0%	92.4%	91.5%	89.5%	87.4%								90.7%	
Kingston Hospital NHS Trust	96.0%	96.0%	94.0%	92.8%	94.1%								94.6%	
SWL & St Georges MH	97.0%	98.0%	97.3%	98.7%	99.1%								98.0%	
CCG Merton Compliance	91.7%	92.0%	91.4%	91.2%	90.3%								91.3%	
2016/17 (by Main Provider/s)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target
Epsom & St Helier Hospitals	97.0%	97.5%	97.8%	97.9%	98.6%	97.6%	94.7%	96.4%	94.7%	84.9%	83.6%	93.7%	94.5%	92%
St George's Hospital	88.8%	93.1%	94.8%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Kingston Hospital NHS Trust	91.8%	99.0%	98.9%	97.9%	95.5%	97.4%	97.4%	98.6%	100%	100%	100%	100%	98.0%	
Guys & St Thomas' Hospitals	93.8%	100%	100%	86.7%	94.7%	94.1%	92.3%	82.6%	85.7%	78.9%	71.4%	75.0%	87.9%	
CCG Merton Compliance	91.3%	92.2%	92.9%	92.4%	92.0%	91.8%	92.2%	92.6%	91.6%	91.9%	92.3%	92.6%	92.1%	



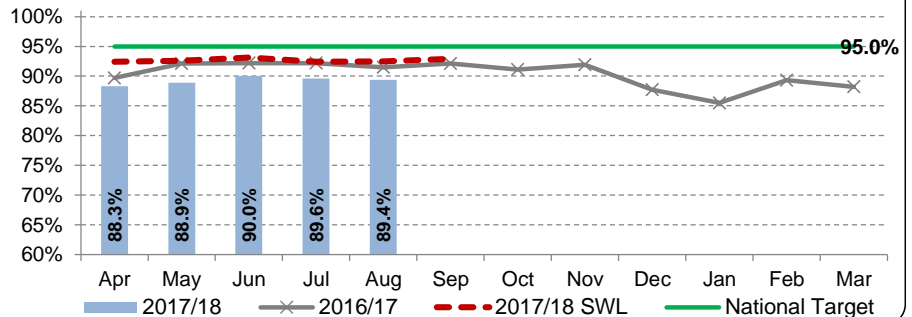
127(C)	Percentage of patients admitted, transferred or discharged from A&E within 4 hours
Polarity: bigger is better	The number of patients admitted, transferred or discharged from A&E within 4 hours as a percentage of the total number of attendances at A&E (for all types of A&E). *Data for this indicator has been locally derived using SUS data mapped to Merton CCG registered patients, as opposed to the nationally published NHSE data which is reported at SWL (South West London) level.
Current performance	The four hour operating standard was not achieved in M5 with the CCG level performance at 89.4% against the national standard of 95%. Whilst performance levels currently remain below target, this is not an isolated Merton issue, the trend is seen across the South West London region, where the overall SWL compliance is also failing to meet the standard for 2017/18 - to date (M5 SWL reported at 92.5%).
Root cause/s of performance issues:	For St Georges Hospital (Merton CCG main provider), for M5 the trust indicated that for the last week of the month there was a high volume of attendances and patients were also brought in through the weekend due to the Clapham Common Festival, Notting Hill Carnival and South Coast Gas Cloud, which led to having unplaced DTAs in the ED. The Trust also reported a high number of trauma calls which led to long waits in the department. There were also infection control issues reported which led to 1 X 6-bedded bay closed due to D&V.
Mitigating action/s:	St Georges's Hospital has initiated the <i>Unplanned and Admitted Patient Care Programme</i> , to improve patient flow throughout the organisation. Key work streams: 1. Front door streaming ; Making full use of available on-site GP provision and ambulatory care clinic provision. Effective joint working between ED and Acute Med. 2. ED processes ; IT upgrades and some minor estates improvements. Focus on ED staffing rota, which has been reconfigured against current demand. 3. Ambulatory care ; Capital grant awarded for £972k by NHS England to support design and build of enhanced ambulatory care facility. 4. Inpatient processes ; Business case for strengthened hospital at night developed and approved. 5 - Discharge processes ; 6-Daily forward look of staffing levels to ensure clinical staffing best matches time of attendances. 7- A key action is to review ambulance handover processes to reduce delays in handover.
Residual concern/s /	The CCG seeks assurance of progress against the Unplanned and Admitted Patient Care Programme via the new monthly commissioner / provider performance meetings that have been set up.

2017/18 (by Main Provider/s)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD Av	Target
St Georges's Hospital	85.7%	85.5%	88.4%	87.1%	86.4%								86.6%	95%
Epsom & St Helier Hospitals	94.3%	96.3%	94.5%	95.0%	94.1%								94.8%	
Kingston Hospital NHS Trust	80.9%	83.8%	83.1%	88.5%	86.8%								84.6%	
Croydon Health Services NHS	86.7%	93.3%	93.0%	89.4%	91.5%								90.8%	
Other Provider/s	91.1%	90.2%	91.6%	90.0%	92.3%								91.0%	
CCG Merton Compliance	88.3%	88.9%	90.0%	89.6%	89.4%								89.2%	
2016/17 (by Main Provider/s)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD Av	Target
St Georges's Hospital	85.5%	90.6%	90.7%	90.9%	88.8%	89.5%	88.5%	90.7%	85.3%	81.8%	86.9%	84.8%	87.8%	95%
Epsom & St Helier Hospitals	95.5%	94.8%	95.0%	94.9%	96.1%	97.2%	97.4%	97.1%	94.1%	95.0%	97.0%	96.4%	95.9%	
Kingston Hospital NHS Trust	95.3%	93.9%	93.3%	94.6%	92.0%	94.6%	91.1%	89.7%	82.9%	79.2%	83.0%	85.3%	89.6%	
Croydon Health Services NHS	92.4%	92.9%	95.9%	89.8%	91.7%	80.4%	78.0%	80.2%	81.5%	78.5%	75.9%	78.4%	85%	
Other Provider/s	90.2%	90.7%	91.5%	90.6%	92.5%	92.1%	90.7%	89.9%	88.5%	87.3%	90.4%	89.2%	90%	
CCG Merton Compliance	89.7%	92.1%	92.2%	92.2%	91.5%	92.1%	91.1%	91.9%	87.7%	85.5%	89.3%	88.2%	90.3%	

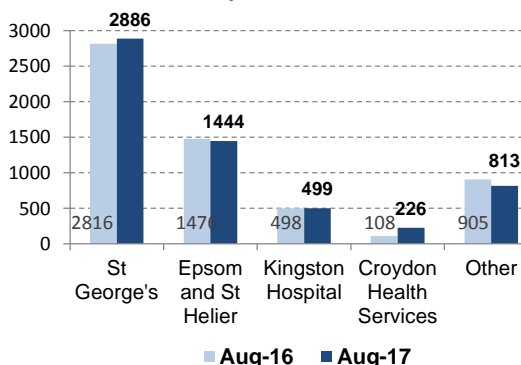
Graph 1.1: Annual comparison of breaches (%)



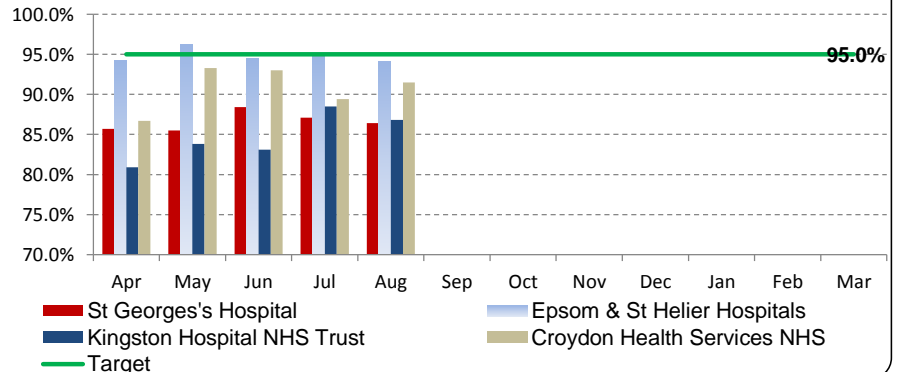
Graph 1.2: 2016/17 - 2017/18 NHS CCG Merton Performance compliance



Graph 1.3: Annual comparison A&E Attendances

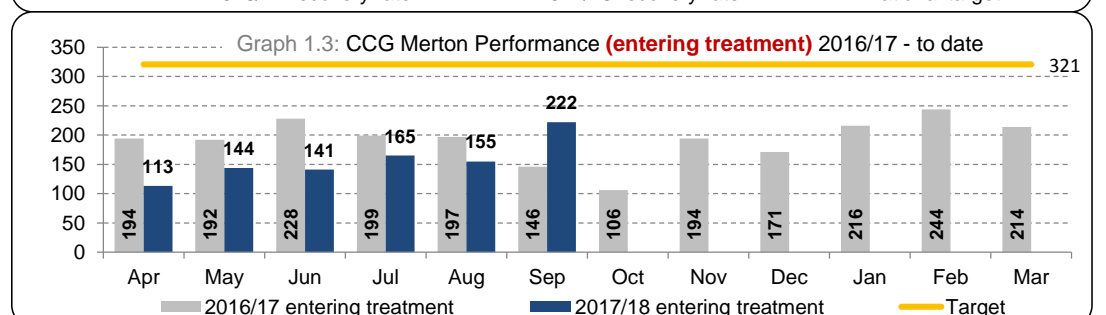
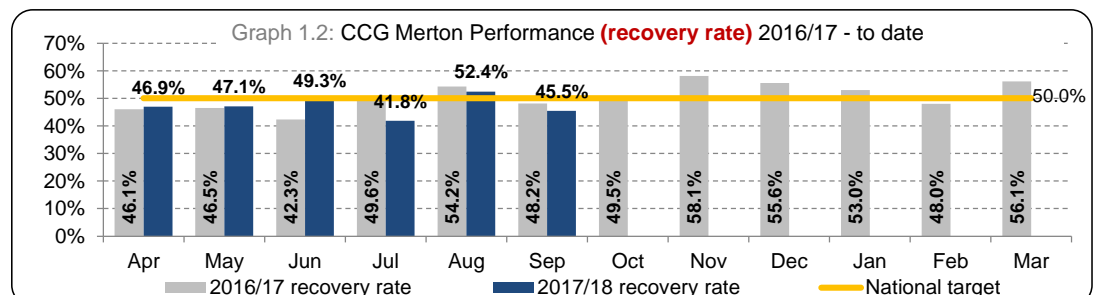


Graph 1.4: 2017/18 Main Provider/s Performance compliance



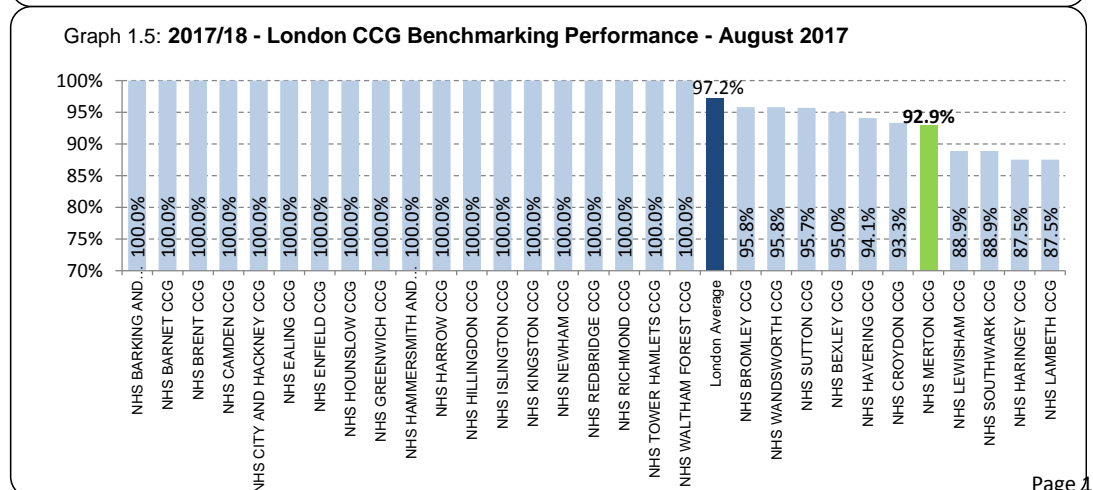
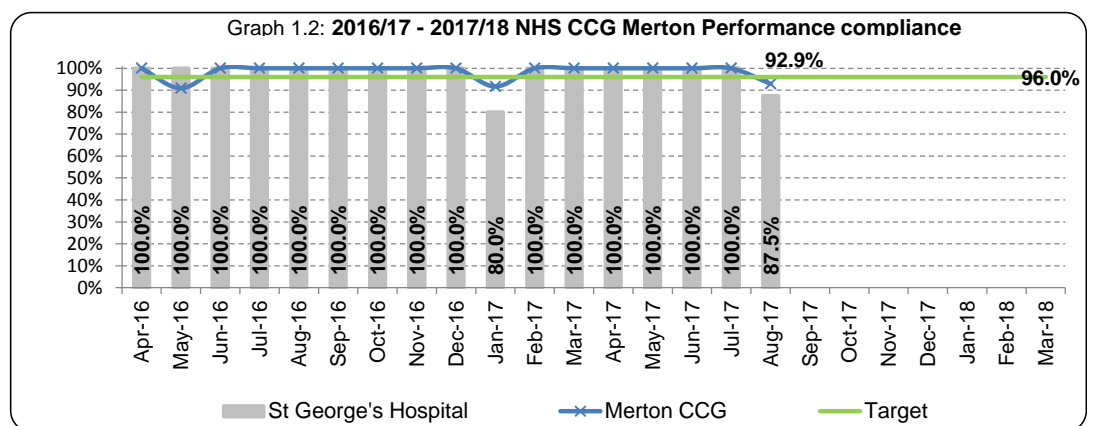
123(A)	IAPT (Improving Access to Psychological Therapies) Recovery Rate
Polarity: bigger is better	The percentage of people who finished treatment within the reporting period who were initially assessed as “at caseness”, have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.
Current performance	The CCG met the national standard of 50% recovery rate but failed to meet the access rate of 3.75% for M5 (August 2017). Provisional data for M6 (September 2017) shows slippage on the recovery rate which has fallen below the 50% threshold with
Root cause/s of performance issues:	During the course of 2017/18 reporting period the service provider waiting lists for 1st and 2nd treatments continued to rise, for patients awaiting 1st treatment the trend peaked in July 2017 and patient number are now reducing, this is a positive step and will increase the overall 'total entering treatment' and begin to address in-part low access rates being reported. The numbers of patients awaiting 2nd treatment remains a concern to the CCG, the monthly data currently shows increasing numbers.
Mitigating action/s:	A series of escalations discussions took place in October to urgently discuss and agree options to address improvements required to increase access levels to the service and reduce waiting lists of patients awaiting treatment. To provide the CCG with assurance that these issues are being addressed, the service provider is engaging a sub contractor to provide additional capacity to help reduce the waiting lists and ensure patients are seen at the earliest times possible. The CCG are actively monitoring this indicator and continue to work closely with the service provider until improved performance levels are achieved and maintained.
Residual concern/s /	The CCG are actively monitoring the demand and capacity model provided by the service provider and engage in weekly and monthly performance and contract monitoring meetings, there remains a concern over timescales to meet targets which currently indicate compliance by March 2018.

2017/18 (recovery rate ragged)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target
Total referrals received	259	308	299	332	330	301							1829	
Total entering treatment	113	144	141	165	155	222							940	1926
Total moving to recovery (N)	46	82	75	64	54	45							366	n/a
Total completed treatment (D)	98	174	152	153	103	99							779	n/a
Awaiting 1st treatment (waiting list)	283	339	399	440	433	316							316	n/a
Awaiting 2nd treatment (waiting list)	58	62	90	119	205	232							232	n/a
Treatment within 6 weeks (%)	89.3%	92.9%	90.6%	88.3%	82.2%	84.5%							89%	>75%
Treatment within 18 weeks (%)	100%	99%	99%	100%	100%	100%							99.6%	>95%
Access rate (rolling quarter %)	2.16%	1.78%	1.50%	1.70%	1.74%	2.05%							n/a	3.75%
CCG Merton Recovery Rate (%)	46.9%	47.1%	49.3%	41.8%	52.4%	45.5%							47.0%	>50%
2016/17 (recovery rate ragged)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target
Total referrals received	304	308	338	295	264	271	269	305	224	316	275	379	3548	n/a
Total entering treatment	194	192	228	199	197	146	106	194	171	216	244	214	2301	n/a
Total moving to recovery (N)	99	72	66	60	90	65	50	61	60	62	61	96	842	n/a
Total completed treatment (D)	215	155	156	121	166	135	101	105	108	117	127	171	1677	n/a
Awaiting 1st treatment (waiting list)	109	118	144	154	114	155	260	313	283	229	172	216	216	n/a
Awaiting 2nd treatment (waiting list)	46	45	45	41	35	32	29	24	29	43	83	130	130	n/a
Treatment within 6 weeks (%)	62%	76%	86%	91%	94%	95%	95%	97%	93%	93%	89%	91%	87.0%	>75%
Treatment within 18 weeks (%)	89%	96%	97%	99%	100%	100%	100%	100%	99%	100%	98%	100%	97.7%	>95%
Access rate (rolling quarter %)	-	-	2.41%	2.43%	2.45%	2.13%	1.76%	1.75%	1.85%	2.28%	2.48%	2.65%	n/a	3.75%
CCG Merton Recovery Rate (%)	46.1%	46.5%	42.3%	49.6%	54.2%	48.2%	49.5%	58.1%	55.6%	53.0%	48.0%	56.1%	50.2%	>50%



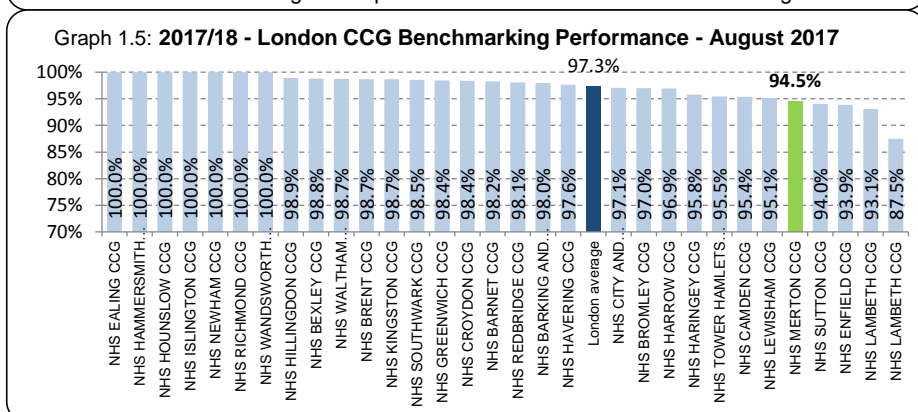
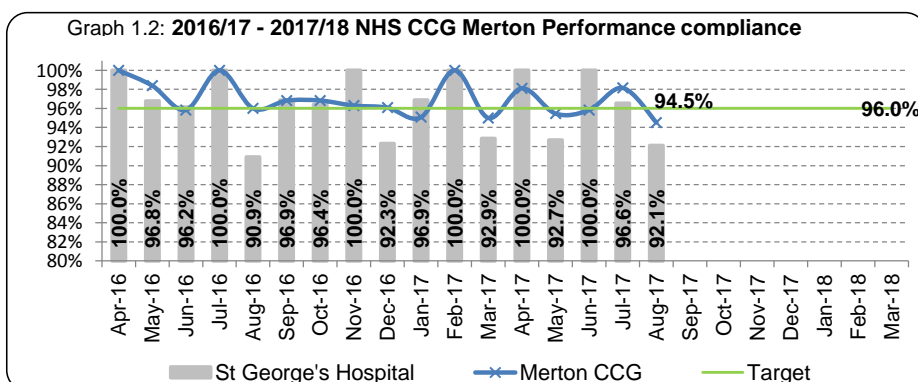
C4	31 day cancer wait from diagnosis to second or subsequent treatment (Surgery)
Polarity: bigger is better	This performance indicator measures the compliance (expressed as a percentage) of patients seen within a maximum one month (31-day) wait for second or subsequent treatment (surgery).
Current	The CCG did not meet the 94% compliance rate standard for this current reporting month (August 2017), due to 1 breach out of 14 pathways providing a monthly outturn of 92.9%.
Root cause/s of performance issues:	The current reporting period month 5 (August-17) shows the 1 breach occurred at St George's Hospital (out of 8 pathways for the trust) equating to 88% overall compliance for the individual trust. The breach was classified as 'avoidable' due to capacity issues. To keep this one breach in context, it should be noted that the trust missed the standard by 1 day (breach amounted to a 32 day wait).
Mitigating action/s:	No further actions required in this instance.
Residual concern/s / assurance:	St George's Hospital have demonstrated relatively good performance levels being achieved against this performance measure having only missed the standard on two occasions during the last two financial years (2016/17 & 2017/18 - to date).

2017/18 (by Main Provider/s)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target
Royal Marsden Trust	100%	100%	100%	100%	100%								100%	94%
St Georges's Hospital	100%	100%	100%	100%	88%								97.5%	
Kingston Hospital NHS Trust	n/a	100%	100%	100%	100%								100%	
Epsom & St Helier Hospitals	100%	n/a	n/a	100%	n/a								100%	
Other Provider/s	100%	100%	n/a	100%	100%								100%	
CCG Merton Compliance	100%	100%	100%	100%	92.9%								98.6%	
2016/17 (by Main Provider/s)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target
Royal Marsden Trust	100%	80.0%	100%	100%	100%	n/a	100%	100%	100%	100%	100%	100%	96.8%	94%
St Georges's Hospital	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	97.4%	
Kingston Hospital NHS Trust	100%	100%	100%	100%	100%	n/a	100%	n/a	n/a	100%	100%	100%	100%	
Epsom & St Helier Hospitals	n/a	100%	n/a	100%	100%	n/a	n/a	n/a	n/a	n/a	n/a	100%	100%	
Other Provider/s	100%	100%	n/a	n/a	100%	100%	n/a	100%	100%	100%	n/a	n/a	100%	
CCG Merton Compliance	100%	90.9%	100%	100%	100%	100%	100%	100%	100%	91.7%	100%	100%	97.8%	

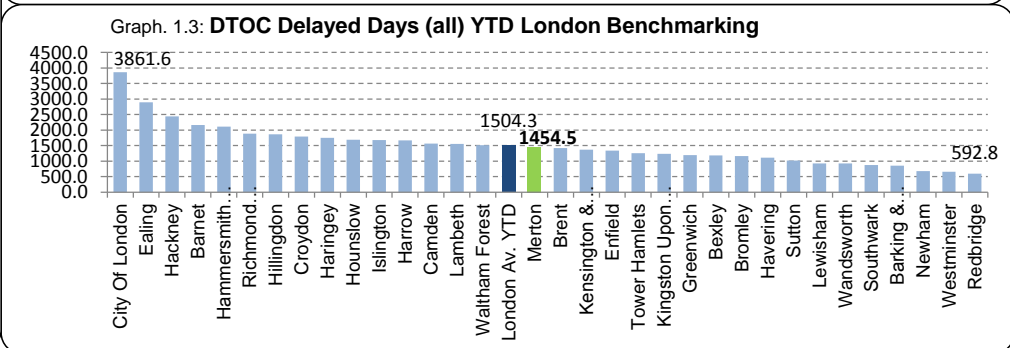
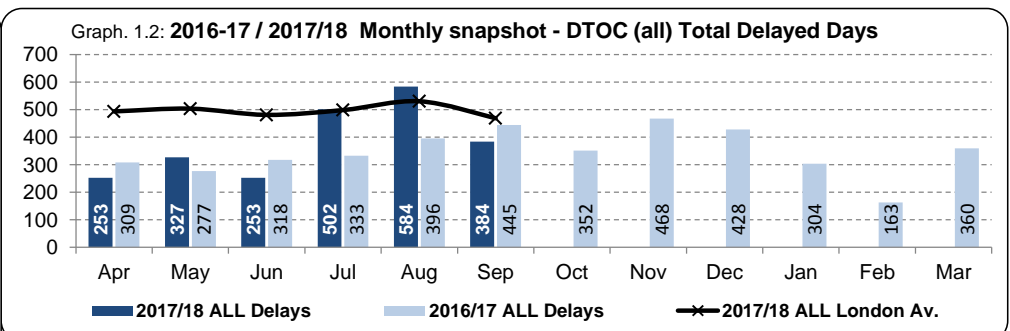
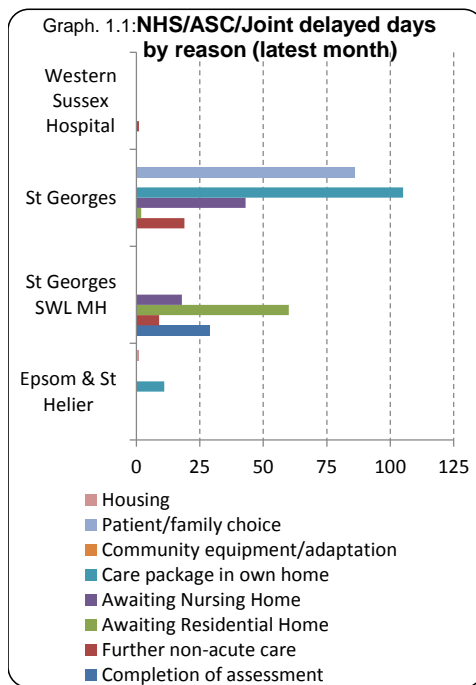


C4	31 day cancer wait from diagnosis to first treatment - all cancer types
Polarity: bigger is better	This performance indicator measures the compliance (expressed as a percentage) of patients seen within a maximum one month (31-day) wait from diagnosis to their first treatment for all cancer types).
Current	The CCG did not meet the 96% compliance rate standard for this current reporting month (August 2017), due to 4 breaches out of 73 pathways, providing a monthly outturn of 94.5%.
Root cause/s of performance issues:	<p>The current reporting period month 5 (August-17) shows that the breaches occurred as follows: St George's Hospital: 3 breaches (out of 38 pathways for the trust) equating to 92.1% overall compliance for the trust. 2 of the 3 breaches were classified as 'avoidable' due to capacity issues with waits between 36 & 43 days. The other breach was unavoidable due to 'other medical condition prioritised'.</p> <p>Other provider/s missed the 96% compliance target due to 1 breach out of 5 pathways, there are 6 trusts classified under this category and the breach occurred at King's College Hospital: 1 breach (out of 1 pathway) equating to 0% compliance, however it should be noted that this breach was classified unavoidable due to 'patient choice'.</p>
Mitigating action/s:	There has previously been significant capacity shortfall in Urology and Lower Gastrointestinal, the later at a SWL level seeing a 31% increase in referrals within the last 3 months. Additional capacity was provided and the backlog cleared within the first 2 weeks of August.
Residual concern/s / assurance:	The current 2017/18 year to date (YTD) shows that performance levels for this performance indicator remain above target.

2017/18 (by Main Provider/s)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target
St Georges's Hospital	100%	92.7%	100%	96.6%	92.1%								95.8%	96%
Royal Marsden Trust	100%	100%	90.9%	100%	100%								98.1%	
Epsom & St Helier Hospitals	100%	100%	83.3%	100%	100%								97.6%	
Kingston Hospital NHS Trust	100%	100%	100%	100%	100%								100%	
Other Provider/s	83.3%	100%	100%	100%	80%								92.7%	
CCG Merton Compliance	98.1%	95.5%	95.8%	98.1%	94.5%								96.3%	
2016/17 (by Main Provider/s)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target
St Georges's Hospital	100%	96.8%	96.2%	100%	90.9%	96.9%	96.4%	100%	92.3%	96.9%	100%	92.9%	96.6%	96%
Royal Marsden Trust	100%	100%	100%	100%	100%	100%	100%	90.9%	100%	86.7%	100%	93.3%	97.3%	
Epsom & St Helier Hospitals	100%	100%	90.0%	100%	100%	92.3%	90.9%	92.9%	100%	100%	100%	100%	96.4%	
Kingston Hospital NHS Trust	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Other Provider/s	100%	n/a	n/a	100%	100%	100%	100%	n/a	100%	n/a	100%	100%	100%	
CCG Merton Compliance	100%	98.4%	96%	100%	96%	97%	97%	96%	96%	95.1%	100%	95%	97.1%	



BCF1	Delayed Transfers of Care (delayed bed days) - OVERALL (all delays ASC/NHS/JOINT)												
Polarity: Smaller is better is better	A delayed day occurs when a patient has been delayed one day after they were medically fit to be transferred/discharged. If the patient is delayed for a further day, then another delayed day occurs. The total number of delayed days for a single patient is the number of days from when they were medically ready to be transferred to the date they were transferred or discharged.												
Current performance	Performance levels being achieved for this measure have been negatively affected by a steep increase in reported Adult Social Care delays within SGH during July/August and partly in September, which it has now been confirmed it be a data quality issue. Revised data is being submitted by SGH which will reduce the overall delays YTD by approx. 195 delayed days which will improve performance levels being seen. Once the revised data has been accepted by NHSE, this indicator will be updated and therefore review of figures reported should be considerable as provisional and subject to amendment.												
Root cause/s	The Health & Wellbeing Board 2017/18 DTOC target for Merton is very challenging. The CCG and LA raised concerns regarding the baseline period on which the target was set.												
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
DTOC Average 'Beds'	7	10	7	14	18	12							68
JOINT (NHS & ASC) Average 'Beds'	1	1	1	2	1	1							7
TOTAL Merton NHS Average Bed/s	8	11	8	16	19	13							75
Croydon Health Services	0	10	0	1	0	0							11
Epsom & St Helier Hospitals	5	9	39	51	48	12							164
Imperial College Healthcare	0	0	14	18	0	0							32
Kingston Hospital Trust	38	50	24	43	45	0							200
Western Sussex Hospital	0	0	0	0	0	1							1
St George's Hospital	144	213	89	270	334	255							1,305
SWL St George's Mental Health Trust	66	45	87	119	157	116							590
Total Merton Delayed Days	253	327	253	502	584	384							2,303
of which: Acute Care	187	282	166	353	413	227							1628
of which: Non-Acute Care	66	45	87	149	171	157							675
(ONS) Rate Per 100,000 Population	159.8	206.5	159.8	317.1	368.8	242.5							1,454.5
London Av. Per 100,000 pop.	238.0	247.2	236.8	252.0	274.8	255.3							664.8
of which: JOINT Delayed Days	30	37	31	62	31	29							220
JOINT Delayed Days TARGET	30	30	30	33	30	29	30	30	31	31	28	31	153

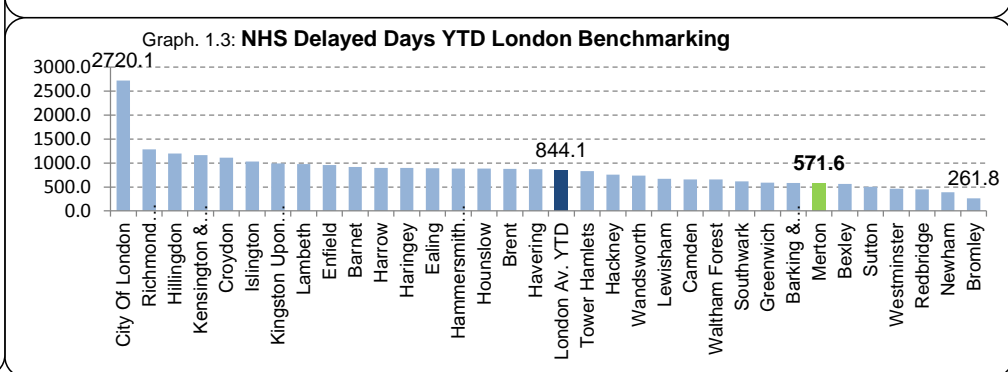
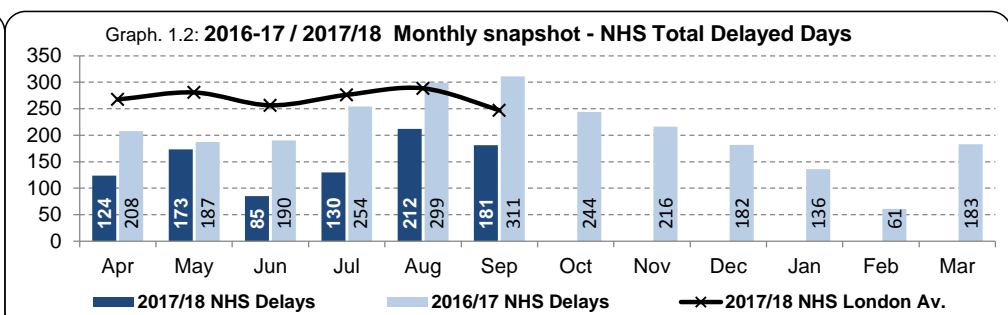
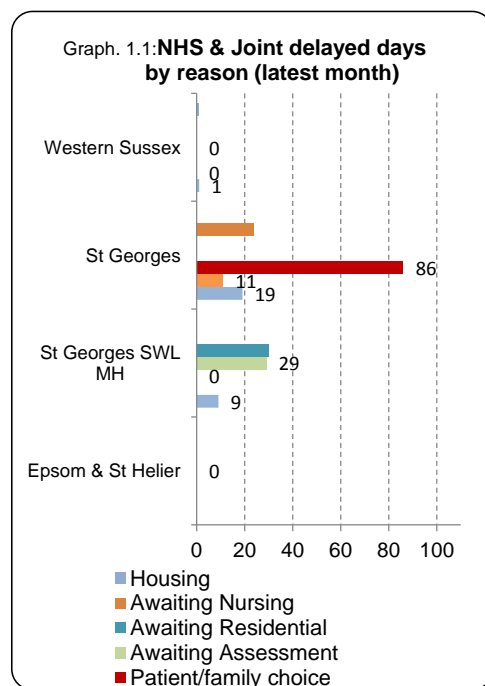


BCF (Better Care Fund) Reporting: Merton Health & Wellbeing Board aligned - NHS ONLY

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
NHS DTOC (NHSE/BCF) TARGET	n/a	n/a	n/a	143.0	123.0	104.7	188.3	129.2	133.5	133.5	120.6	133.5	
NHS DTOC Outturn	136.6	192.2	105.5	144.3	220.9	190.6							990.1
ASC DTOC (NHSE/BCF) TARGET	n/a	n/a	n/a	103.0	99.0	95.0	84.0	79.3	81.9	8.9	74.0	81.9	
ASC DTOC Outturn	99.0	117.0	137.0	310.0	341.0	174.0							1178.0
JOINT DTOC (NSHE/BCF) TARGET	n/a	n/a	n/a	33.0	30.0	29.0	30.0	30.0	31.0	31.0	28.0	31.0	
JOINT DTOC Outturn	30.0	37.0	31.0	62.0	31.0	29.0							220.0
TOTAL DTOC (NHSE/BCF) TARGET	n/a	n/a	n/a	279.0	252.0	228.7	302.3	238.5	246.5	246.5	222.6	246.5	
TOTAL DTOC Outturn	265.6	346.2	273.5	516.3	592.9	393.6							1994.5
Rate Per 100,000 Population - Target	n/a	n/a	n/a	170.9	154.3	140.1	185.1	146.1	150.9	149.4	135.0	149.4	
(NHSE HWB2017/18) Rate Per 100,000 Population	162.7	212.0	167.5	316.2	363.1	241.0							1462.5

BCF2	Delayed Transfers of Care (delayed bed days) - NHS Delays only
Polarity: Smaller is better is better	A delayed day occurs when a patient has been delayed one day after they were medically fit to be transferred/discharged. If the patient is delayed for a further day, then another delayed day occurs. The total number of delayed days for a single patient is the number of days from when they were medically ready to be transferred to the date they were transferred or discharged.
Current performance	Latest data currently available (Sep-17) shows that the number of DTOC days attributable to NHS remains considerably below the London average and shows good annual improvement (approx. -42% annual reduction for the month of September). The CCG are currently ranked 7 place in terms of best performance for London boroughs. The highest number of delays were reported for St George's Hospital (140 DTOC days) due to patient/family choice. Despite the good performance levels being demonstrated the NHSE (HWB) targets set for 2017/18 remain challenging and are currently below target (Merton HWB Sept-17: 190.6 delayed days / Target: 105).
Mitigating Action/s	The Health & Wellbeing Board 2017/18 DTOC target for Merton is very challenging. The CCG and LA raised concerns regarding the baseline period on which the target was set.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
NHS DTOC Average 'Beds'	4	6	3	4	7	6							30
JOINT (NHS & ASC) Average 'Beds'	1	1	1	2	1	1							7
TOTAL Merton NHS Average Bed/s	5	7	4	6	8	7							37
Epsom & St Helier Hospitals	5	7	3	14	21	1							51
Imperial College Healthcare	0	0	14	18	0	0							32
Kingston Hospital Trust	17	34	20	33	37	0							141
St George's Hospital	94	124	26	11	126	140							521
Western Sussex Hospital	0	0	0	0	0	1							1
SWL St George's Mental Health Trust	8	8	22	54	28	39							159
Total Merton NHS Delayed Days	124	173	85	130	212	181							905
of which: Acute Care	116	165	63	100	176	131							751
of which: Non-Acute Care	8	8	22	30	36	50							154
(ONS) NHS Rate Per 100,000 Population	78.3	109.3	53.7	82.1	133.9	114.3							571.6
London Av. Per 100,000 pop.	135.9	143.9	133.5	140.4	148.1	142.4							664.8
TOTAL Merton JOINT Delayed Days	30	37	31	62	31	29							220
JOINT Delayed Days TARGET	30	30	30	33	30	29	30	30	31	31	28	31	153

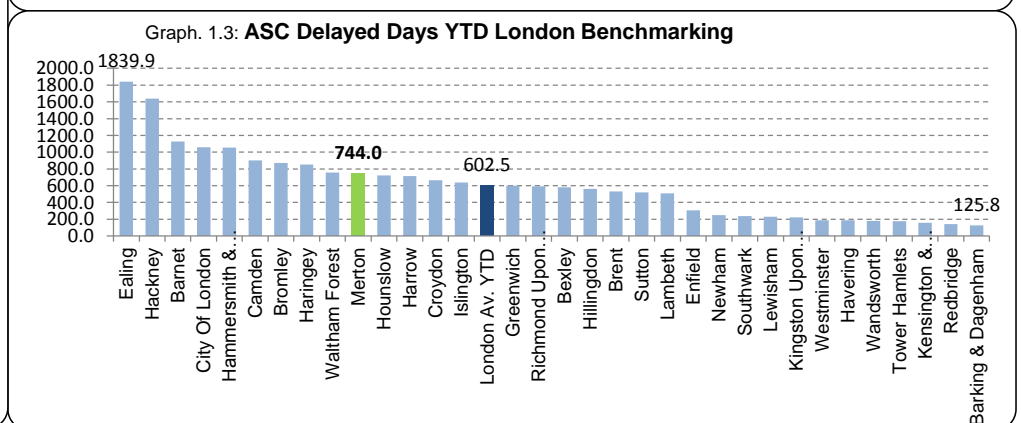
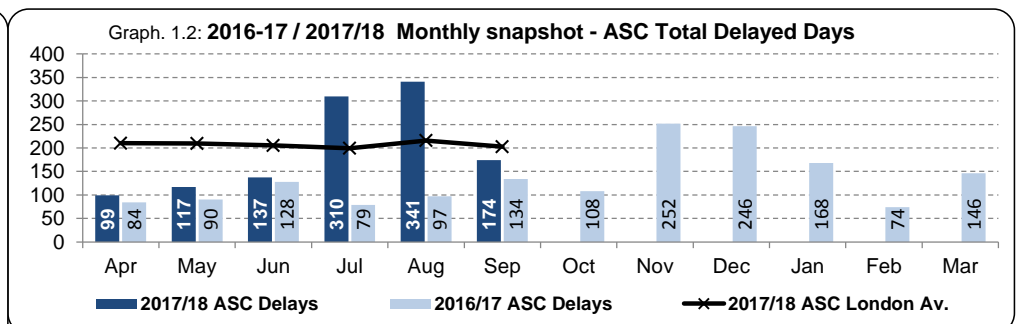
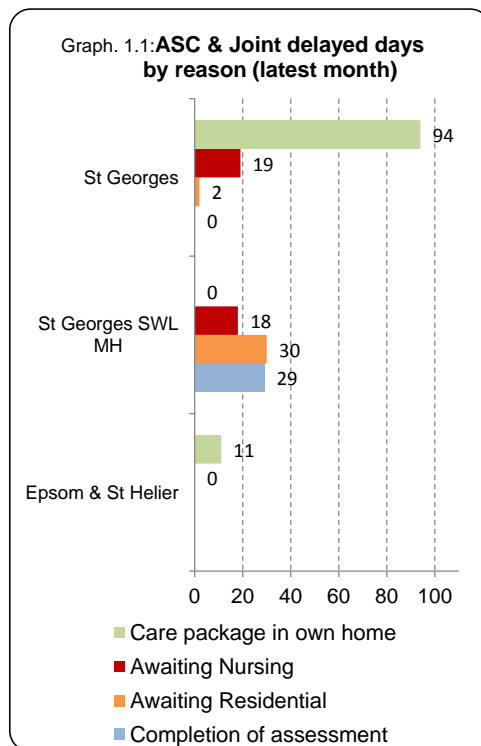


BCF (Better Care Fund) Reporting: Merton Health & Wellbeing Board aligned - NHS ONLY

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
NHS Merton CCG	108.5	151.4	74.4	113.8	185.5	158.4							791.9
NHS Kingston CCG	8.8	13.1	9.3	4.5	6.7	5.3							47.7
NHS Sutton CCG	3.5	3.6	5.1	5.7	4.6	3.8							26.4
NHS Wandsworth CCG	15.8	24.1	16.6	20.3	24.2	23.1							124.1
Total Merton HWB NHS Delayed Days	136.6	192.2	105.5	144.3	220.9	190.6							990.0
NHS HWB Target (Days)	136.6	192.2	105.5	143.0	123.0	104.7	188.3	129.2	133.5	133.5	120.6	133.5	700.3
(NHSE HWB2017/18) Rate Per 100,000 Population	83.6	117.7	64.6	88.4	135.3	116.7							606.3

BCF3	Delayed Transfers of Care (delayed bed days) - Adult Social Care Delays only
Polarity: Smaller is better is better	A delayed day occurs when a patient has been delayed one day after they were medically fit to be transferred/discharged. If the patient is delayed for a further day, then another delayed day occurs. The total number of delayed days for a single patient is the number of days from when they were medically ready to be transferred to the date they were transferred or discharged.
Current performance	Latest data available (Sept-17) shows that the number of DTOC days attributable to ASC have substantially decreased in comparison with the previous months of July and August and now fallen back in line with the trend of delays during the previous FY. July & August data for st George's caused a spike in performance with very high numbers of delayed days being reported which were queried, on further investigation it has now confirmed that due to data quality issues the figures submitted require revision and data is being re-submitted to NHSE (amended outturns: ASC SGH: July: 130 / Aug: 202). We are currently awaiting
Root cause/s of	The Health & Wellbeing Board 2017/18 DTOC target for Merton is very challenging . The CCG and LA raised concerns regarding the baseline period on which the target was set.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
ASC DTOC Average 'Beds'	3	4	5	10	11	6							39
JOINT (NHS & ASC) Average 'Beds'	1	1	1	2	1	1							7
TOTAL Merton ASC Average Bed/s	4	5	6	12	12	7							46
Croydon Health Services	0	10	0	1	0	0							11
Epsom & St Helier Hospitals	0	2	36	37	27	11							113
Kingston Hospital Trust	21	16	4	10	8	0							59
St George's Hospital	28	89	63	216	208	115							719
SWL St George's Mental Health Trust	50	0	34	46	98	48							276
Total Merton ASC Delayed Days	99	117	137	310	341	174							1,178
of which: Acute Care	71	117	103	253	237	96							877
of which: Non-Acute Care	28	0	34	57	104	78							301
(ONS) ASC Rate Per 100,000 Population	62.5	73.9	86.5	195.8	215.4	109.9							744.0
London Av. Per 100,000 pop.	94.2	96.7	94.3	101.2	112.1	104.0							602.5
TOTAL Merton JOINT Delayed Days	30	37	31	62	31	29							220
JOINT Delayed Days TARGET	30	30	30	33	30	29	30	30	31	31	28	31	153



BCF (Better Care Fund) Reporting: Merton Health & Wellbeing Board aligned - ASC ONLY

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Merton ASC only delayed days	99.0	117.0	137.0	310.0	341.0	174.0							1178.0
(NHSE) HWB Target (Days)	99.0	117.0	137.0	103.0	99.0	95.0	84.0	79.3	81.9	81.9	74.0	81.9	650.0
(NHSE HWB2017/18) Rate Per 100,000 Population	60.6	71.6	83.9	189.8	208.8	106.6							721.4

Merton CCG

2017/18 NHS CCG Merton Activity & Operating Plan

(Month 5) Reporting Period: August 2017

Governing Body - (M6) September 2017 reporting period: Activity Charts

