

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 18th July 2013

Agenda No: 8.2

ATTACHMENT: 10

Title of Document: Merton CCG Performance Management Report: Month 2	Purpose of Report: To Receive and Note
Report Author: Adam Doyle	Lead Director: Adam Doyle Director of Commissioning and Planning
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Executive Summary: The CCG is working closely with the CSU to deliver an integrated quality and performance report which reflects all its commissioned services, across the domains of quality, performance and finance. Work is being undertaken also to integrate information from the acute Trusts, community services and mental health. The accompanying paper sets out more detail behind these plans.	
Key sections for particular note (paragraph/page), areas of concern etc:	
Recommendation(s): The Merton Clinical Commissioning Group Governing Body is requested to receive and note the Performance Management Report.	
Committees which have previously discussed/agreed the report: Partly discussed at the Clinical Quality Group	
Financial Implications: NA	
Other Implications: (including patient and public involvement/Legal/Governance/ Risk/ Diversity/ Staffing) NA	
Equality Analysis: NA	
Information Privacy Issues: NA	
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) NA	

1 Introduction

Merton CCG aims to be able to triangulate data and performance across the following domains:

- Quality
- Activity
- Performance
- Finance

The current position is that data flows do not yet come together in a way that enables a holistic view of our commissioned activity and the overarching strategy.

2 Drivers

Along with the statutory responsibilities that the CCG must manage from a commissioning and contracting process (the performance framework pre-April 2013), the CCG must also work towards a position where it is able to provide assurance of achieving the 5 domains outlined in the CCG Outcomes framework published in March 2013.

3 Progress to date

3.1 Acute Activity

The CCG has been working with the CSU to demonstrate its compliance with commissioning services that promote the NHS constitution: Referral to treatment, A&E, Cancer waits, Category A ambulance calls, Mixed Sex Accommodation, Cancelled Operations and Mental Health Care programme approach. (Appendix B)

The A&E data has been attached in Appendix C

The CSU has also developed an integrated acute report for all acute providers and the first will be made available to the CCG on 18th July 2013 (draft attached - Appendix D).

3.2 Community Services Contract

All metrics are now reported by the provider and in a format that is easy to cut for our hosting arrangements. It is also expected that at a contract level the CCG will be analysing the following key areas in order to monitor the impact performance has on our commissioning landscape:

- Urgent Access
- Routine Access

- Outcomes
- Communication with Primary Care

The process is now being taken forward through the Sutton and Merton Community Services Contract Monitoring Meetings and the Governing Body will be provided with updates regarding performance on a regular basis.

3.3 Mental Health

The key performance indicators are well reported and monitored. May Key Performance Indicators are attached in Appendix D.

A similar approach will be followed to develop system indicators for Mental Health in order to monitor the systemic impact the contract has on our commissioning landscape.

4 Areas for focus

Moving forward it is expected that the CCG will have robust data for the following areas:

- Continuing Care
- Prescribing

For these areas it is expected that key performance indicators will be developed with robust data available from September 2013.

It is important that the organisation is focussed on delivering the new metrics are part of the CCG Outcome Framework (March 2013). The CCG must be able to provide assurance on the following five domains:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

To agree the supporting metrics for these five domains, three workshops will be carried out in August with appropriate CCG representation. This engagement is essential to ensure that the initiatives and supporting metrics will provide a measure of the success of the organisations commissioning strategy. Following these workshops the metrics will be integrated into a monthly performance report.

Moving forward the Performance Report will be update with an appropriate narrative describing trends and issues for concern.

Merton CCG All Indicators Performance Scorecard 2013-14

Freeze date: 28-Jun-2013

OUTCOMES FRAMEWORK	Most Recent Target	Apr	May	COMMENTARY ON DATA AVAILABILITY	
Monthly Indicators					
CB_A6_01: Unplanned admissions, chronic ambulatory care				CB_A6, A10: HSCIC have indicated that April data is likely to be available in Aug/Sep. Recommend using in year proxy (SUS data) to monitor performance.	
CB_A6_02: Unplanned admissions, asthma, etc. under 19					
CB_A6_03: Unplanned admissions, acute conditions					
CB_A6_04: Unplanned admissions, lower respiratory tract, u19					
CB_A10: Emergency readmissions within 30 days					
CB_A11: Total health gain assessed by patients				CB_A11: HSCIC have indicated that April data is likely to be available in Nov. No in-year assessment possible.	
CB_A15: Healthcare acquired infection (HCAI)	0	0	0		CB_A15, A16: Provider Breakdown not currently available
CB_A16: Healthcare acquired infection (C-Difficile)		1	4		CB_A15, A16: Provider Breakdown not currently available
Annual Indicators					
CB_A1: Potential years of life lost per 100,000 population				CB_A1-A9, A12: 2013/14 data expected to be available in Sept-Oct 2014/15 Sept/Oct time. Recommend using in year proxy measures to monitor performance.	
CB_A2: Mortality rate under 75 CVD					
CB_A3: Mortality rate under 75 respiratory disease					
CB_A4: Mortality rate under 75 liver disease					
CB_A5: Mortality rate under 75 cancer					
CB_A7: Proportion supported to manage own condition					
CB_A8: Health related quality of life with long term conditions					
CB_A9: Estimated diagnosis rate for people with dementia					
CB_A12: Patient experience of primary care				CB_A12: 2013/14 data expected to be available in Sept-Oct 2014/15	
CB_A14: Patient experience of hospital care					
Under development					
CB_A13: Friends and family test				Awaiting national guidance on performance metric composition. July 2013 - Merton CCG main providers met roll-out schedule.	
NHS CONSTITUTION					
Monthly Indicators					
CB_B1: RTT 18 week compliance, admitted patients	90.0%	92.2%	93.8%	May performance is provisional data	
CB_B2: RTT 18 week compliance, non admitted patients	95.0%	96.9%	97.0%		
CB_B3: RTT 18 week compliance, incomplete pathways	92.0%	99.0%	99.9%		
CB_B4: Diagnostic test waiting time	99.00%	99.99%	99.99%	Main provider performance attached in absence of confirmed apportionment	
CB_B5: A and F 4 hour waiting time compliance					
CB_B6: All cancer two week waits	93.0%	96.9%	97.0%	Provider breakdown is not available.	
CB_B7: Breast symptoms (acute and non-acute) suspected	93.0%	98.0%	98.0%		
CB_B8: Cancer first definitive treatment in 31 days	96.0%	96.4%	96.4%		
CB_B9: Cancer subsequent treatment 31 days, surgery	94.0%	100.0%	100.0%		
CB_B10: Cancer subsequent treatment 31 days, drug	98.0%	100.0%	100.0%		
CB_B11: Cancer subsequent treatment 31 days, radiotherapy	94.0%	99.0%	99.0%		
CB_B12: Cancer first treatment 62 days, GP referral	85.0%	99.0%	99.0%		
CB_B13: Cancer first treatment 62 days, screening referral	90.0%	100.0%	100.0%		
CB_B14: Cancer first treatment 62 days, consultant referral		100.0%	100.0%		
CB_B15: Ambulance category A (Red) 15 minute response	75.0%	89.0%	72.7%		Data provided by IAS.
CB_B16: Ambulance category A (Red) 20 minute response	75.0%	78.9%	84.8%		
CB_B17: Ambulance category A (Red) 15 minute transportation time	95.0%	98.9%	98.9%		
CB_B17: Mixed line accommodation breach counts	0	7	3		
Quarterly Indicators					
CB_B18: Cancelled operations rescheduled in 28 days				Quarter 1	
CB_B19: Care programme approach follow up in 7 days					
SUPPORTING MEASURES					
Monthly Indicators					
CB_S1: Non elective ECCEs	1,306	1,350	R	Performance compares activity reported in Monthly Activity Returns (MAR) in absence of UNIFY data availability	
CB_S2: All first outpatient attendances	2,069	2,061	R		
CB_S3: G and A elective ECCEs	1,716	1,674	G		
CB_S4: A and F attendances, type 1				Data available in winter 2013/14	
CB_S4: A and F attendances, all types					
CB_S6: RTTs in excess of 52 weeks, admitted patients	0	1	R		
CB_S6: RTTs in excess of 52 weeks, non admitted patients	0	0	R		
CB_S6: RTTs in excess of 52 weeks, incomplete pathways	0	1	A		
CB_S20: Urgent operations cancelled for a second time					
Quarterly Indicators					
CB_S5: IMPTs Proportion of population				Quarter 1	
CB_S5: IMPTs Proportion moving to recovery					
LOCAL PRIORITIES					
Reablement new pathway to support recovery and independence after illness or injury. Linked to integrated services and reduction of admissions. Number of patients referred to local Authority Reablement service.	25	Data not available		Data flows established. Development of Reablement pathway in progress. April data not yet available, expected to be available by end July 2013.	
Reduce premature mortality from COPD by better diagnosis and treatment; reduce the gap between the recorded and expected prevalence by 10% by improving the ratio of recorded: expected prevalence from 0.4 to 0.44% as a CCG overall by coding review, recurrent admissions on register and increased screening of smokers	Proxy = 174	Data not available		Data flows established. Development of COPD project to be commenced. April data not yet available, expected to be available by end July 2013.	
Increasing immunisation uptake by 4% on 2 year age group immunisations: GP/MPV/Heb 190.2% at Q3 12/13; MMR (82.8% at Q3 12/13) and PCV (89.3% at Q3 12/13)	4%	0.1%			

Last updated: 28-Jun-2013 14:30
 Produced by the South London CCG Business Intelligence Team. For any queries please contact us at slsu.performance@nhs.net
 Commentary provided by Merton CCG - Head of Health Systems, Performance and Business

May A&E

All attendances

Monthly Performance and Actuals Trend

	Performance	Actuals	Breaches	Trolley waits over 12 hours
KINGSTON	95.46%	11024	500	0
CROYDON	96.40%	13256	477	0
EPSOM AND ST HELIER	95.06%	13615	672	0
GUY'S AND ST THOMAS	96.45%	17021	605	0
KING'S COLLEGE	96.40%	15899	573	0
LEWISHAM	95.96%	11017	445	0
SOUTH LONDON	95.72%	26356	1127	0
ST GEORGE'S	96.74%	14631	477	0
CHELSEA AND WESTMINSTER	98.91%	10884	119	0
IMPERIAL COLLEGE	97.07%	27121	795	0
WEST MIDDLESEX	97.73%	13640	310	0

May A&E

Type 1 attendances

Monthly Performance and Actuals Trend

	Performance	Actuals	Breaches	Trolley waits over 12 hours
KINGSTON	95.07%	10126	499	0
CROYDON	92.94%	6405	452	0
EPSOM AND ST HELIER	94.19%	10736	624	0
GUY'S AND ST THOMAS	95.42%	13206	605	0
KING'S COLLEGE	95.70%	13311	573	0
LEWISHAM	95.96%	11017	445	0
SOUTH LONDON	93.24%	16381	1107	0
ST GEORGE'S	96.33%	12998	477	0
CHELSEA AND WESTMINSTER	98.91%	10884	119	0
IMPERIAL COLLEGE	94.16%	12686	741	0
WEST MIDDLESEX	94.59%	5470	296	0

CCG Integrated Report - Final Mock-up

A Consolidated View of CCG Contracting Performance

Version 3.8 (Updated following EMT Review on 4 June 2013)

4 June 2013

Supporting excellence in commissioning to improve outcomes for patients

Introduction

Purpose

The purpose of this report is to provide a comprehensive understanding of the CCGs contracting performance position. The report is designed to cover the following key areas:

- ▶ **Contract financial performance against plan** – identifying under/overspends and the key drivers behind these use finance adjusted SLAM data
- ▶ **Performance against key national indicators** – (e.g. on A&E access, RTT access, Cancer waits, Ambulance handover, Diagnostic Waits, Mixed Sex Accommodation and Healthcare Associated Infections)
- ▶ **Activity and cost provider analysis** – analysing the drivers behind over performance and monitoring key trend at a POD level
- ▶ **Quality** – quality performance across key indicators included in the NHS Standard Contract 2013/14, National CQUINs 2013/14, and the NHS Safety Thermometer

Context

South London CSU provides Contract Management services on behalf of South London CSU. This involves a range of activities including supporting the annual negotiation process, monthly and financial, performance and activity monitoring, and the query and claims management process.

Data Sources

- ▶ Financial and activity data for contract monitoring is primarily taken from provider SLAMs, with adjustments to account for challenges, performance KPIs, and other contractual adjustments
- ▶ Activity Data for benchmarking and trend analysis is primarily taken from SUS
- ▶ Performance data is taken from relevant national websites (e.g. Unify2, Open Exeter, HPA HCAI database)

Version Control Sheet

Version	Date	Status	Comments	Approved to issue by (on behalf of CSU)	Approved (on behalf of CCG)
1	4 July	Finance Raw Position	For review and approval of the finance figures and the forecasting method by CCG Finance		
2	TBA per CCG	Adjustments to Finance raw Position	Updated following review by CCG Finance and agreement of changes needed		
3	TBA per CCG	Initial draft with commentary	For discussion with CCG		
4	18 July	Final	Reflects CCG feedback on version 3		

Footnote : Details of South London CSU Quality Assurance process can be found in the accompanying guidance notes (reference to be added)

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Executive Summary

[Section Intro]

[▶ CCG Executive Summary](#)

[▶ Provider Executive Summary](#)

CCG Executive Summary

RAG
Status

Finance

[Section Summary]



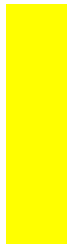
Demand & Activity

[Section Summary]



Performance

[Section Summary]



Quality

[Section Summary]



Provider Executive Summary

	RAG Status			
King's College Hospital NHS Foundation Trust (KCH) [Section Summary]	Finance	Demand	Performance	Quality
Guy's and St Thomas' NHS Foundation Trust (GSST) [Section Summary]	Finance	Demand	Performance	Quality
Provider 3	Finance	Demand	Performance	Quality
Provider 4	Finance	Demand	Performance	Quality

A: Contract Finance Monitoring

[Section Intro]

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▶ F6b. Guy's & St Thomas'	▶ F10. Claims

F1. CCG Financial Summary for Provider Contracts

Headline Commentary

Context

- ▶ Contract plan: set on the basis of
 - ▶ N2012/13 FOT
 - ▶ HSE/LA transfers
 - ▶ Volume growth/RTT
- ▶ Other points here
- ▶ Other points here

Year to Date (YTD) and Forecast Outturn (FOT) performance

- ▶ Summary of position here
- ▶ Summary of position here
- ▶ Summary of position here
- ▶ Summary of position here

What is driving the forecast over performance

- ▶ Under purchasing – XXXX
- ▶ Under delivery of QIPP – XXXX
- ▶ In-year over performance XXXX

Provider performance

- ▶ Guy's & St Thomas':
- ▶ King's
- ▶ St George's:
- ▶ Other Providers:

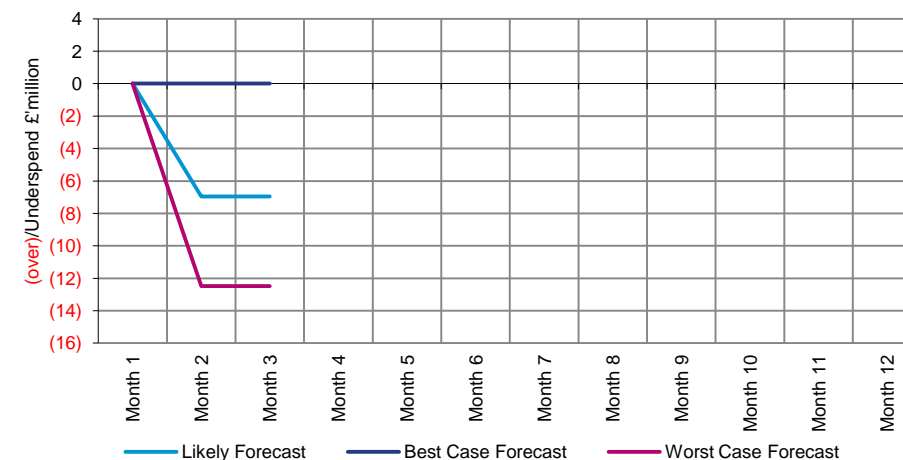
Actions to address performance position

- ▶ Points here
- ▶ Points here
- ▶ Points here
- ▶ Points here
- ▶ Points here

Overview (£000, %) Over/(under) Spend

	Contract Monitoring YTD Month 2				M3 Finance Board Report over/(under) spend		Forecast Outturn over/(under) spend	%
	Full Year Plan	YTD Plan	YTD Actual	YTD Over/(under) spend	£'000	£'000		
	£'000	£'000	£'000	£'000	£'000	£'000		
Guy's and St Thomas'								
King's College Hospital								
Lewisham Hospital NHS Trust								
South London Healthcare Trust								
St George's Healthcare								
Other acute contracts								
CONTRACTED ACUTE SLAs								
Cost Per Case and Exclusions to Contracts								
Other earmarked acute budgets								
2013/14 Commissioning Reserves								
In Year Allocations/Transfers								
TOTAL ACUTE BUDGET 2013/14								

Forecast Outturn (£000) – Likely, Best and Worst Case



F2. Bridging Analysis: SLAM to Reported Financial Position

Reconciliation from Trust SLAM to YTD Contract Monitoring position

Trust	SLAM YTD Month 2								Contract Monitoring Month 2			Previous Month Extrapolated Contract Monitoring	
	YTD Plan	YTD Actual	YTD Over/ (under) spend	Adjustment Plan	Adjustment 1	Adjustment 2	Adjustment 3	Adjustment 4	YTD Plan	YTD Actual	YTD Over/ (under) spend	Improvement (Deterioration)	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Guy's and St Thomas'												0	0
King's College Hospital												0	0
Lewisham Hospital NHS Trust												0	0
South London Healthcare Trust												0	0
St George's Healthcare												0	0
External Trust 1												0	0
External Trust 2												0	0
External Trust 3												0	0
External Trust 4												0	0
External Trust 5												0	0
External Trust 6												0	0
External Trust 7												0	0
External Trust 8												0	0
External Trust 9												0	0
External Trust 10												0	0
External Trust 11												0	0
External Trust 12												0	0
External Trust 13												0	0
External Trust 14												0	0
External Trust 15												0	0
External Trust 16												0	0
External Trust 17												0	0
CONTRACTED ACUTE SLAs													

F3. Overview by Expenditure Driver

CCG Overview by expenditure driver

(Under)/Over-spend	Month 2 Contract Monitoring	Forecast Year end	% of FOT contract over-performance
	£'000	£'000	
Over/(Under) purchasing	0	0	0%
QIPP Delivery:			
1st Outpatients	0	0	0%
A&E	0	0	0%
Other acute QIPP (excl use of QIPP reserves)	0	0	0%
Sub Total QIPP	0	0	0%
Other (over)/Under-performance against plan	0	0	0%
TOTAL CONTRACTUAL POSITION	0	0	100%
Other Acute Budgets:			
Population & Incidence Reserves	0	0	
QIPP Reserves	0	0	
Other Acute Budgets	0	0	
TOTAL ACUTE POSITION	0	0	

[INSERT AGREED FORECASTING ASSUMPTIONS]

[INSERT COMMENTARY]

Consolidated CCG/NHS England specialist activity financial position

A summary of the consolidated expenditure position is below, on a contractual and also comparable basis, taking into account differences in relative up front investment in contracts

	Annual Contract	2013/14 Contract YTD	Adjustments for underpurchasing	Adjusted and comparable YTD Plan	Actual expenditure YTD	Contractual Variance YTD	Adjusted Variance YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Total Contracts							
CCG	0	0	0	0	0	0	0
NHS England specialist – former LSCG commissioned*	0	0	0	0	0	0	0
NHS England specialist – maximum take	0	0	0	0	0	0	0
NHS England – non-specialist	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0

F4. Overview by Point of Delivery and QIPP

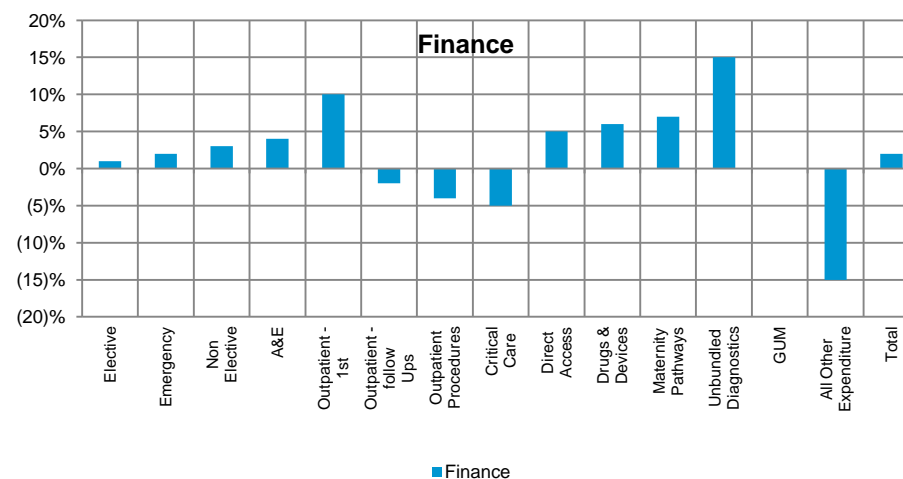
Point of Delivery Heat map £'000:

Total – over/(under)spend YTD

	PbR	Non-PbR	Total
	£'000	£'000	£'000
Elective			
Emergency			
Non Elective			
A&E			
Outpatient – 1st			
Outpatient – follow Ups			
Outpatient Procedures			
Critical Care			
Direct Access			
Drugs & Devices			
Maternity Pathways			
Unbundled Diagnostics			
GUM			
All Other Expenditure			
Total			

Point of Delivery Finance :

Total – over/(under)spend YTD



Overview QIPP Delivery Summary – Heat map (£000) over/(under) achievement

	YTD Planned QIPP Savings	YTD Actual QIPP Savings	YTD Variance	Forecast Year end Savings	Forecast Year end variance	Previous Month Variance
	£'000	£'000	£'000	£'000	£'000	
New Outpatients						
A&E						
Label 3						
Label 4						
Label 5						
Label 6						
Label 7						
Label 8						
Label 9						
Label 10						
Total QIPP Initiatives						

[INSERT COMMENTARY]

F5. Commentary

Key Risks

- ▶ Demand, Population and Incidence Growth
- ▶ Waiting Times and RTT
- ▶ QIPP
- ▶ Price/Case Mix
- ▶ NHSE/LA transfer

Overview

- ▶ Text here
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Actions being taken

- ▶ Text here
- ▶ Text here
- ▶ Text here
- ▶ Text here
- ▶ Text here

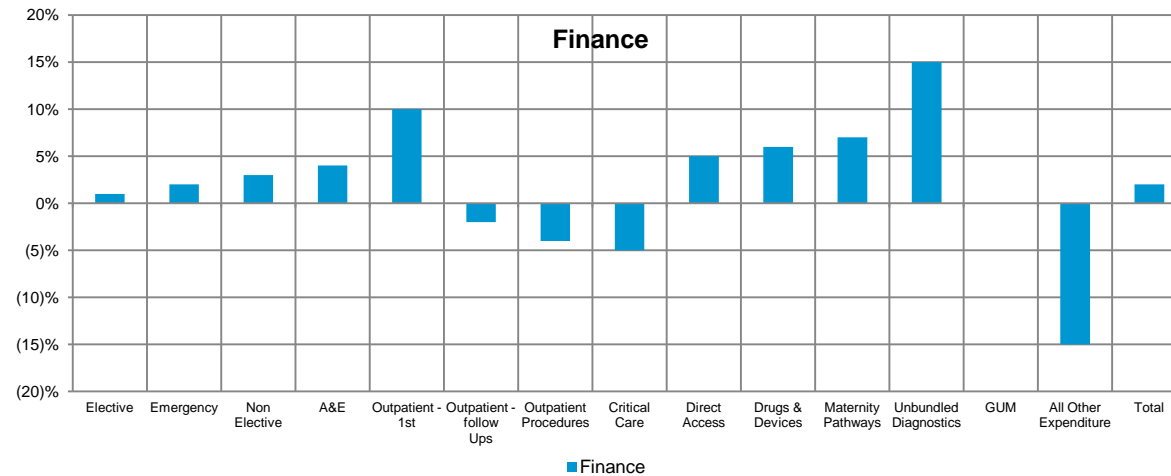
F6a. Guy's & St Thomas'

YTD Summary Over/(Under) spend (£'000)

Contract Monitoring YTD Month 2						
	Full Year Plan	YTD Plan	YTD Actual	YTD Over/(under) spend	M3 Finance Board Report over/(under) spend	Forecast Outturn over (under) spend
	£'000	£'000	£'000	£'000	£'000	£'000
Guy's and St Thomas'						

YTD Summary Over/(Under) spend

	Elective	Emergency	Non Elective	A&E	Outpatient - 1st	Outpatient - follow Ups	Outpatient Procedures	Critical Care	Direct Access	Drugs & Devices	Maternity Pathways	Unbundled Diagnostics	GUM	All Other Expenditure	Total
PbR															
Non-PbR															
Total															



Commentary

Overall Performance

POD/Specialty

QIPP

F6b. Guy's & St Thomas'

QIPP Delivery Summary Over/(Under) achievement (£'000)

	YTD Planned QIPP Savings	YTD Actual QIPP Savings	YTD Variance	Forecast Year end Savings	Forecast Year end variance	Previous Month Extrapolated Contract Monitoring	Improvement (Deterioration)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
New Outpatients							
A&E							
Label 3							
Label 4							
Label 5							
Label 6							
Label 7							
Label 8							
Label 9							
Label 10							
Total QIPP Initiatives							

Drivers by

POD Driver	Specialty Driver	YTD Overspend (£000)	YTD Overspend (%)
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%

Expenditure Drivers – Year to Date contract monitoring position (£000) over/(under) spend

GSTT	Contract Monitoring YTD Month 2			
	(Under)/Over-purchasing	QIPP delivery	Other Performance	Contractual/Reported (Over)/Underspend
	£'000	£'000	£'000	£'000
Elective	0	0	0	0
Emergency	0	0	0	0
Non Elective	0	0	0	0
A&E	0	0	0	0
Outpatient – 1st	0	0	0	0
Outpatient – follow Ups	0	0	0	0
Outpatient Procedures	0	0	0	0
Critical Care	0	0	0	0
Direct Access	0	0	0	0
Drugs & Devices	0	0	0	0
Maternity Pathways	0	0	0	0
Unbundled Diagnostics	0	0	0	0
GUM	0	0	0	0
All Other Expenditure	0	0	0	0
Total	0	0	0	0

Previous Month Extrapolated Contract Monitoring	Improvement (Deterioration)
£'000	£'000
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0

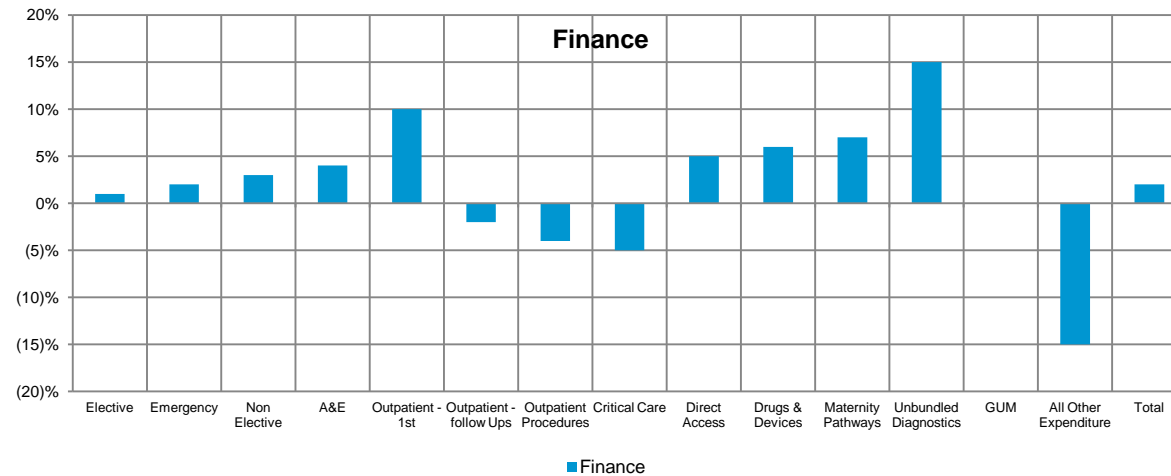
F7a. King's College Hospital

YTD Summary Over/(Under) spend (£'000)

Contract Monitoring YTD Month 2						
	Full Year Plan	YTD Plan	YTD Actual	YTD Over/(under) spend	M3 Finance Board Report over/(under) spend	Forecast Outturn over (under) spend
	£'000	£'000	£'000	£'000	£'000	£'000
King's College Hospital						

YTD Summary Over/(Under) spend

	Elective	Emergency	Non Elective	A&E	Outpatient - 1st	Outpatient - follow Ups	Outpatient Procedures	Critical Care	Direct Access	Drugs & Devices	Maternity Pathways	Unbundled Diagnostics	GUM	All Other Expenditure	Total
PbR															
Non-PbR															
Total															



Commentary

Overall Performance

POD/Specialty

QIPP

F7b. King's College Hospital

QIPP Delivery Summary Over/(Under) achievement (£'000)

	YTD Planned QIPP Savings	YTD Actual QIPP Savings	YTD Variance	Forecast Year end Savings	Forecast Year end variance	Previous Month Extrapolated Contract Monitoring	Improvement (Deterioration)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
New Outpatients							
A&E							
Label 3							
Label 4							
Label 5							
Label 6							
Label 7							
Label 8							
Label 9							
Label 10							
Total QIPP Initiatives							

Drivers by

POD Driver	Specialty Driver	YTD Overspend (£000)	YTD Overspend (%)
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%

Expenditure Drivers – Year to Date contract monitoring position (£000) over/(under) spend

GSTT	Contract Monitoring YTD Month 2			
	(Under)/Over-purchasing	QIPP delivery	Other Performance	Contractual/Reported (Over)/Underspend
	£'000	£'000	£'000	£'000
Elective	0	0	0	0
Emergency	0	0	0	0
Non Elective	0	0	0	0
A&E	0	0	0	0
Outpatient – 1st	0	0	0	0
Outpatient – follow Ups	0	0	0	0
Outpatient Procedures	0	0	0	0
Critical Care	0	0	0	0
Direct Access	0	0	0	0
Drugs & Devices	0	0	0	0
Maternity Pathways	0	0	0	0
Unbundled Diagnostics	0	0	0	0
GUM	0	0	0	0
All Other Expenditure	0	0	0	0
Total	0	0	0	0

Previous Month Extrapolated Contract Monitoring	Improvement (Deterioration)
£'000	£'000
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0

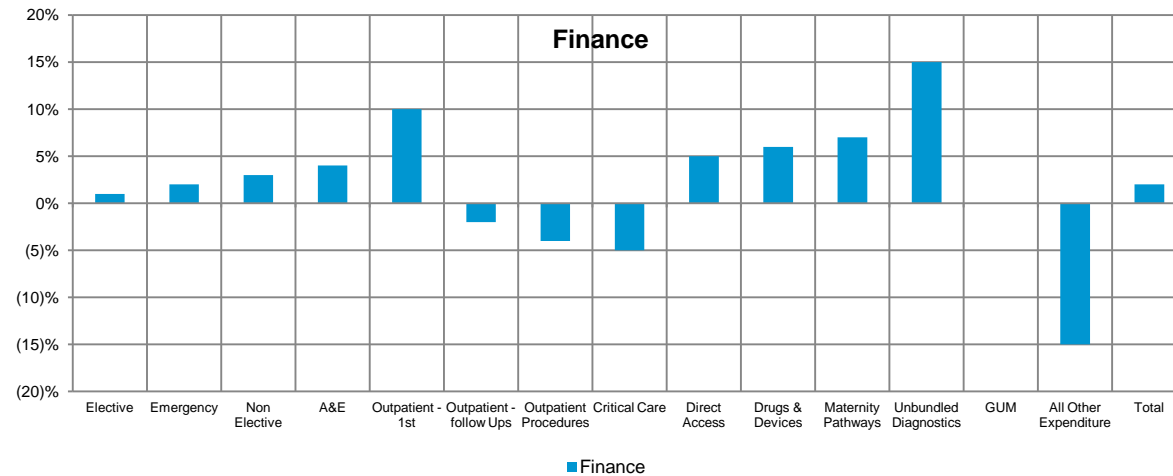
F8a. St George's

YTD Summary Over/(Under) spend (£'000)

Contract Monitoring YTD Month 2						
	Full Year Plan	YTD Plan	YTD Actual	YTD Over/(under) spend	M3 Finance Board Report over/(under) spend	Forecast Outturn over (under) spend
	£'000	£'000	£'000	£'000	£'000	£'000
St George's						

YTD Summary Over/(Under) spend

	Elective	Emergency	Non Elective	A&E	Outpatient - 1st	Outpatient - follow Ups	Outpatient Procedures	Critical Care	Direct Access	Drugs & Devices	Maternity Pathways	Unbundled Diagnostics	GUM	All Other Expenditure	Total
PbR															
Non-PbR															
Total															



Commentary

Overall Performance

POD/Specialty

QIPP

F8b. St George's

QIPP Delivery Summary Over/(Under) achievement (£'000)

	YTD Planned QIPP Savings	YTD Actual QIPP Savings	YTD Variance	Forecast Year end Savings	Forecast Year end variance	Previous Month Extrapolated Contract Monitoring	Improvement (Deterioration)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
New Outpatients							
A&E							
Label 3							
Label 4							
Label 5							
Label 6							
Label 7							
Label 8							
Label 9							
Label 10							
Total QIPP Initiatives							

Drivers by

POD Driver	Specialty Driver	YTD Overspend (£000)	YTD Overspend (%)
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%
PoD here	Specialty here	0	0%

Expenditure Drivers – Year to Date contract monitoring position (£000) over/(under) spend

GSTT	Contract Monitoring YTD Month 2			
	(Under)/Over-purchasing	QIPP delivery	Other Performance	Contractual/Reported (Over)/Underspend
	£'000	£'000	£'000	£'000
Elective	0	0	0	0
Emergency	0	0	0	0
Non Elective	0	0	0	0
A&E	0	0	0	0
Outpatient – 1st	0	0	0	0
Outpatient – follow Ups	0	0	0	0
Outpatient Procedures	0	0	0	0
Critical Care	0	0	0	0
Direct Access	0	0	0	0
Drugs & Devices	0	0	0	0
Maternity Pathways	0	0	0	0
Unbundled Diagnostics	0	0	0	0
GUM	0	0	0	0
All Other Expenditure	0	0	0	0
Total	0	0	0	0

Previous Month Extrapolated Contract Monitoring	Improvement (Deterioration)
£'000	£'000
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0

F9a. Financial Summary of Other Acute Contracts and GUM

Key External Trusts over/(under) spend

Trust	Contract Annual Value £'000	YTD Over/(Under) Performance & RAG £'000	Previous Month Extrapolated Contract Monitoring £'000	Improvement (Deterioration) £'000
Trust here	0	0	0	0
Trust here	0	0	0	0
Trust here	0	0	0	0
Trust here	0	0	0	0
Trust here	0	0	0	0
Total Contract Value	0	0	0	0

[INSERT COMMENTARY]

F9b. Financial Summary of Other Acute Contracts and GUM

GUM Performance – variances from Plan – note these are recharged/refunded to Local Authorities

	Full Year Plan	Year to Date Plan	Year to Date Expenditure	Year to Date (Over)/underspend	FOT (Over)/underspend
	£'000	£'000	£'000	£'000	£'000
Guy's and St Thomas'	0	0	0	0	0
King's College Hospital	0	0	0	0	0
Lewisham Hospital NHS Trust	0	0	0	0	0
South London Healthcare Trust	0	0	0	0	0
St George's Healthcare	0	0	0	0	0
External Acute Service Agreements	0	0	0	0	0
NCA's	0	0	0	0	0
Other Trusts					
Total GUM	0	0	0	0	0

[INSERT COMMENTARY]

F10. Claims

Claims with Potential Financial Impact

	Raised YTD	Agreed YTD *	O/S YTD	Risk Assessment %	Expected Yield from O/S YTD*	Total Yield YTD* (Agreed + Expected Yield)
SLHT	£0.00	£0.00	£0.00		£0.00	£0.00
Data Quality Challenges with Financial Impact	£0.00	£0.00	£0.00		£0.00	£0.00
Known Coding Issues / Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Non Automated Attribution Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Automated Attribution Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Maternity Pathways Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Other queries/challenges	£0.00	£0.00	£0.00		£0.00	£0.00
KCH	£0.00	£0.00	£0.00		£0.00	£0.00
Data Quality Challenges with Financial Impact	£0.00	£0.00	£0.00		£0.00	£0.00
Known Coding Issues / Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Non Automated Attribution Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Automated Attribution Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Maternity Pathways Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Other queries/challenges	£0.00	£0.00	£0.00		£0.00	£0.00
GSTT	£0.00	£0.00	£0.00		£0.00	£0.00
Data Quality Challenges with Financial Impact	£0.00	£0.00	£0.00		£0.00	£0.00
Known Coding Issues / Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Non Automated Attribution Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Automated Attribution Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Maternity Pathways Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Other queries/challenges	£0.00	£0.00	£0.00		£0.00	£0.00
D&G	£0.00	£0.00	£0.00		£0.00	£0.00
Data Quality Challenges with Financial Impact	£0.00	£0.00	£0.00		£0.00	£0.00
Known Coding Issues / Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Non Automated Attribution Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Automated Attribution Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Maternity Pathways Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Other queries/challenges	£0.00	£0.00	£0.00		£0.00	£0.00
All Other Providers	£0.00	£0.00	£0.00		£0.00	£0.00
Data Quality Challenges with Financial Impact	£0.00	£0.00	£0.00		£0.00	£0.00
Known Coding Issues / Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Non Automated Attribution Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Automated Attribution Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Maternity Pathways Challenges	£0.00	£0.00	£0.00		£0.00	£0.00
Other queries/challenges	£0.00	£0.00	£0.00		£0.00	£0.00
TOTAL	£0.00	£0.00	£0.00		£0.00	£0.00

Data Quality Claims (No Financial Impact)

	Raised YTD	Agreed YTD	Outstanding YTD
SLHT	0	0	0
KINGS	0	0	0
GSTT	0	0	0
G&G	0	0	0
All Other Providers	0	0	0
Total	0	0	0

Commentary:

* already taken into account in SLAM reported position either by the Provider in the SLAM, or as a financial adjustment in the reported position in this Report

B: Demand and Activity Trend Analysis

[Section Intro]

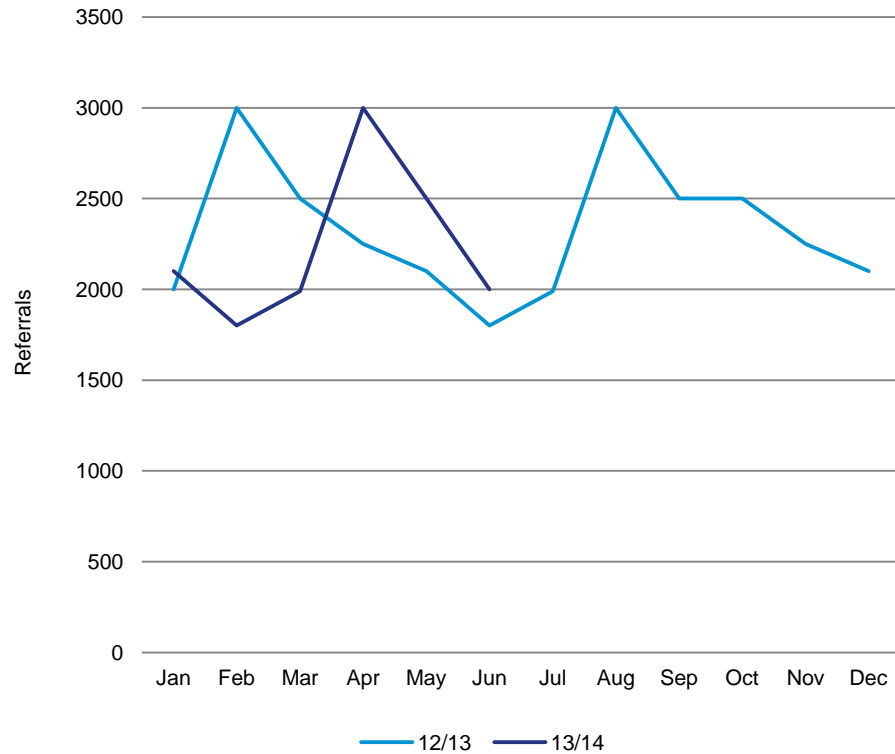
▶ A1. Activity (Demand) Summary	▶ A6a. Admissions by POD - Emergency
▶ A2. All referrals, SEL providers	▶ A6b. Admissions by POD – Elective
▶ A3. First Outpatient Activity	▶ A6c. Admissions by POD – Non Elective
▶ A4. Outpatient Breakdown	▶ A7a. Activity by HRG – Elective
▶ A5a. A&E Activity – All providers	▶ A7b. Activity by HRG - Emergency
▶ A5b. A&E Activity – Admissions	

A1. Activity (Demand) Summary

	All	GSTT	KCH	Other
Referrals There has been an XY% increase in referrals for XYXYX to KCH over the last period.				
A&E				
Outpatients				
Elective				
Emergency				

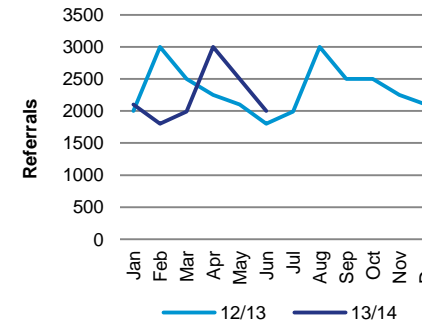
A2. All Referrals, SEL Providers

Total Referrals by Month, SEL Providers

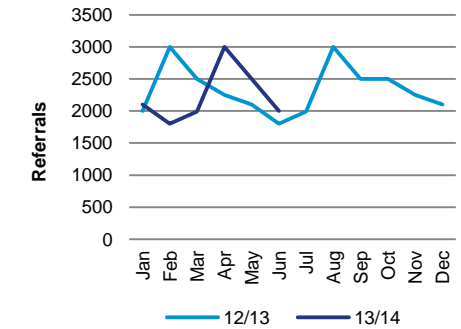


SEL Providers by Referral Source Group

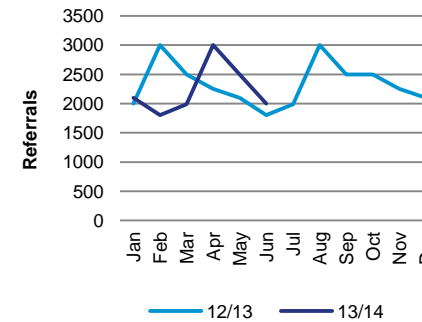
GP



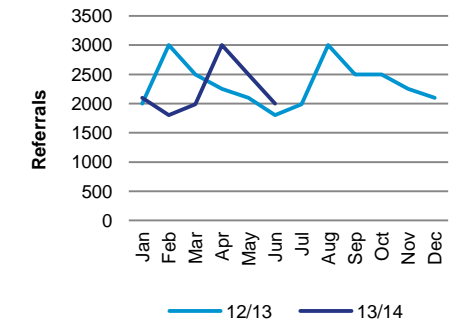
C2C



Self



Other



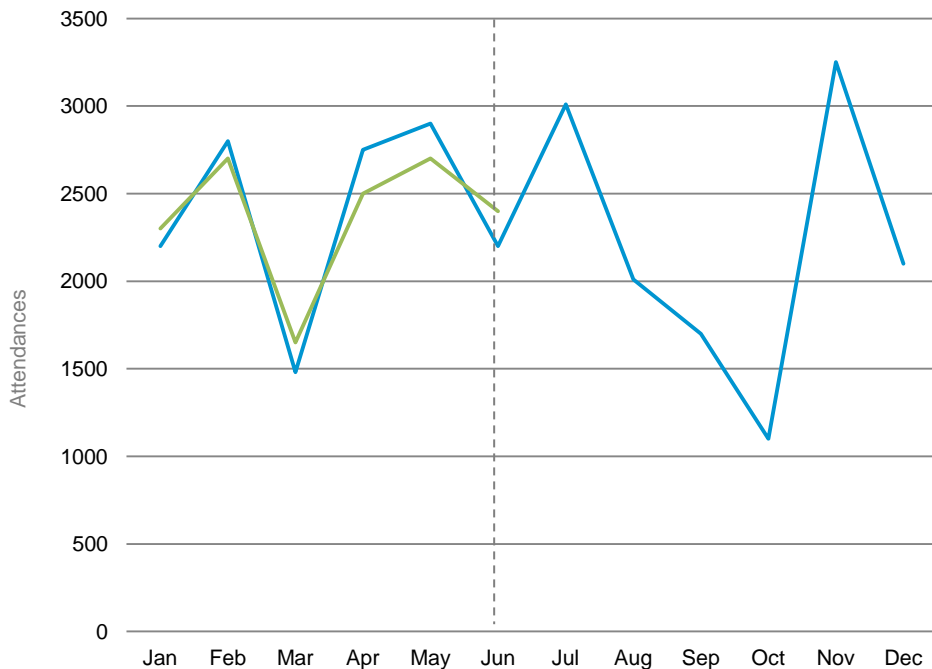
Data Source:

Commentary

- ▶ xxxxxxxxxxxxxxxx.
- ▶ yyyyyyyyyyyyyyyy.
- ▶ zzzzzzzzzzzzzzzz.

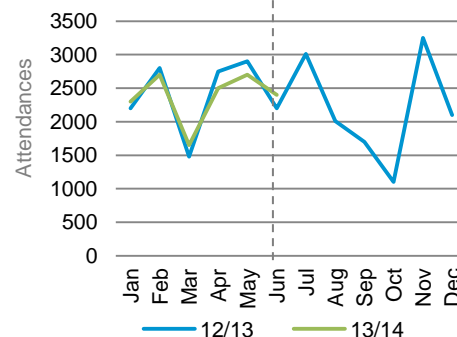
A3. First Outpatient Activity

All Firsts & Procedures - All Providers, Rolling 12 Months

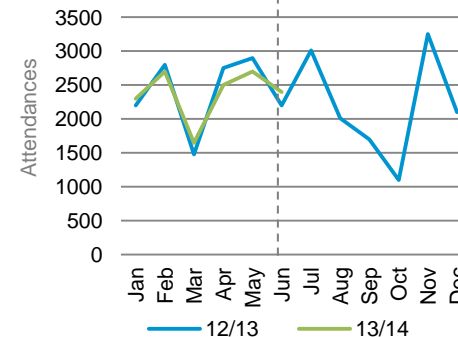


All Firsts & Procedures by Provider

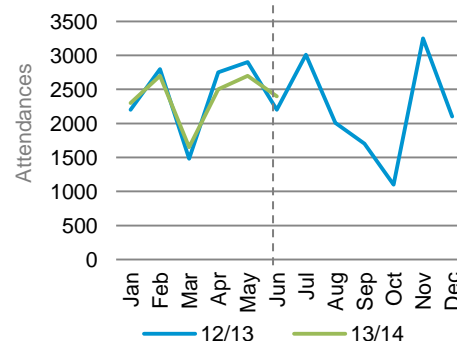
GSTT



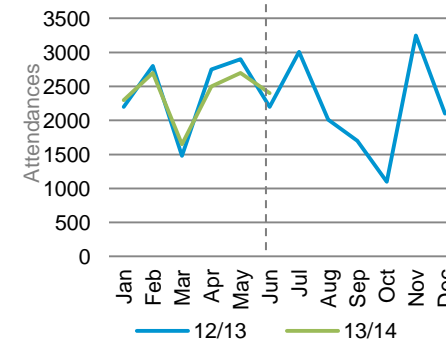
KCH



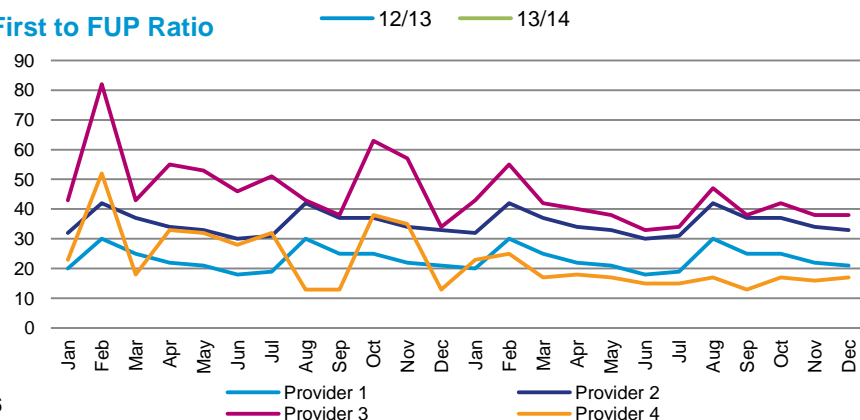
SLHT



Other



First to FUP Ratio



Commentary

- ▶ xxxxxxxxxxxxxxxx.
- ▶ yyyyyyyyyyyyyyyy.
- ▶ zzzzzzzzzzzzzzzz.

A4. Outpatient Breakdown

Top 5 Variance by Treatment Function Code (TFC) – All Providers

TFC	YTD 12/13	YTD 13/14	% Change
TFC 1			
TFC 2			
TFC 3			
TFC 4			
TFC 5			

Bottom 5 Variance by Treatment Function Code (TFC) – All Providers

TFC	YTD 12/13	YTD 13/14	% Change
TFC 1			
TFC 2			
TFC 3			
TFC 4			
TFC 5			

Top 5 Percentage-split: All & Procedures

■ Procedures ■ All

TFC	YTD 12/13	YTD 13/14
TFC 1		
TFC 2		
TFC 3		
TFC 4		
TFC 5		

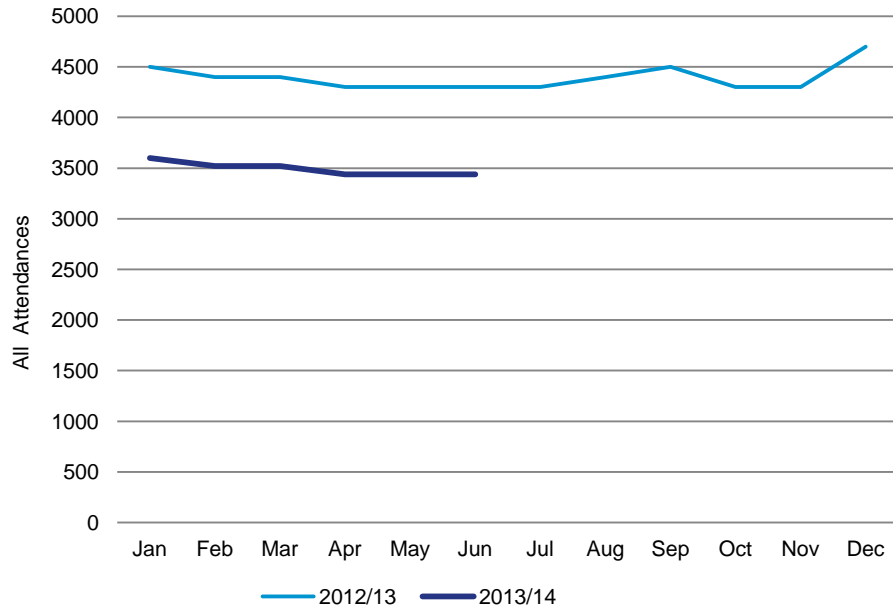
Commentary

- ▶ xxxxxxxxxxxxxxxx.
- ▶ yyyyyyyyyyyyyyyy.
- ▶ zzzzzzzzzzzzzzzz.

Data Source: SUS Data

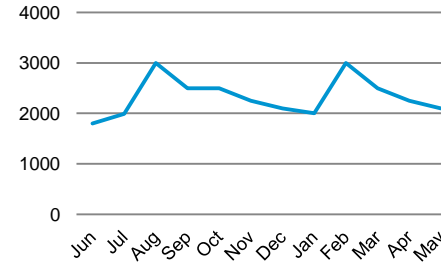
A5a. A&E Activity – All Providers

A&E Attendances - All Providers, Year on Year Rolling

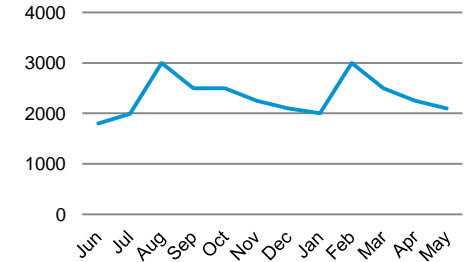


Type 1 Attendances by Provider

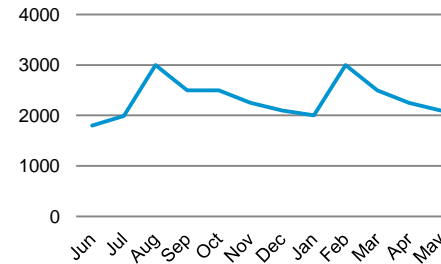
GSTT



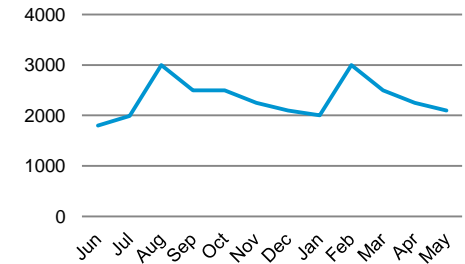
KCH



Provider 3



Provider 4



Commentary

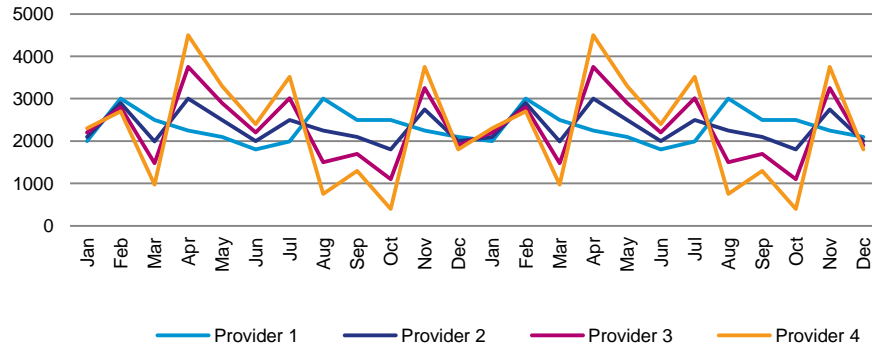
- ▶ xxxxxxxxxxxxxxxxxxxx.
- ▶ yyyyyyyyyyyyyyyyyy.
- ▶ zzzzzzzzzzzzzzzzzz.

Commentary

- ▶ xxxxxxxxxxxxxxxxxxxx.
- ▶ yyyyyyyyyyyyyyyyyy.
- ▶ zzzzzzzzzzzzzzzzzz.

A5b. A&E Activity – Admissions

% Admissions from A&E, Main Providers



Commentary

- ▶ XXXXXXXXXXXXXXXX.
- ▶ YYYYYYYYYYYYYYYY.
- ▶ ZZZZZZZZZZZZZZZZ.

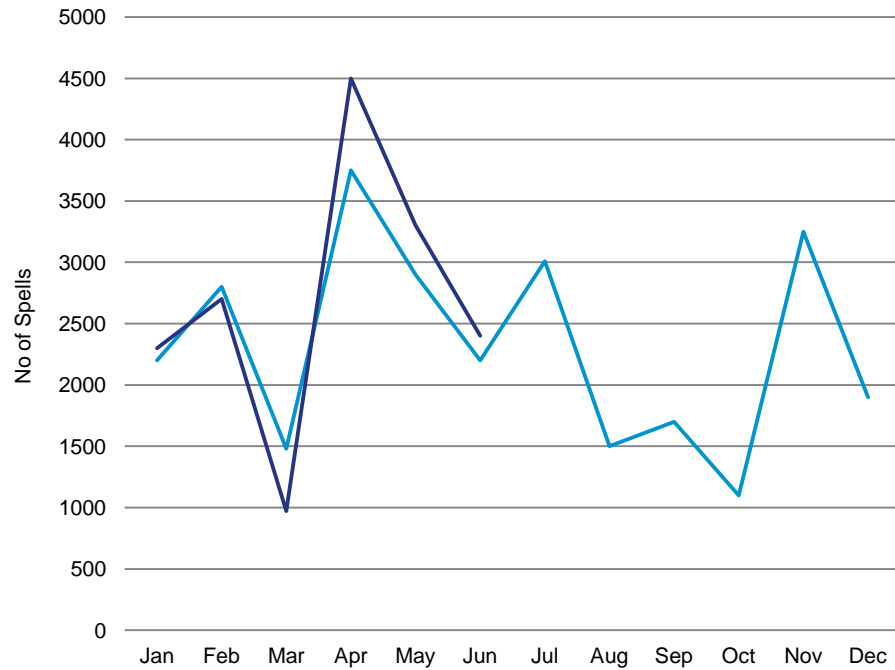
% of Admissions In and Out of GP Opening Hours

Provider	YTD 12/13	YTD 13/14
Provider 1		
Provider 2		
Provider 3		
Provider 4		

Light Blue – Within GP Standard Hours Dark Blue – Out of GP Hours

A6a. Admissions by POD – Emergency

Admissions by POD – Emergency, All Providers



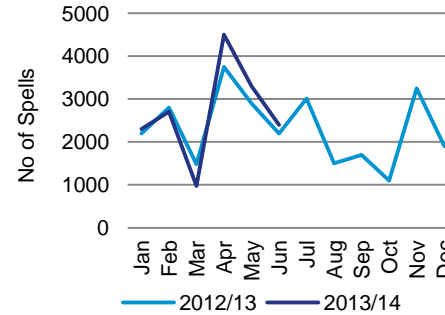
Data Source:

— 2012/13

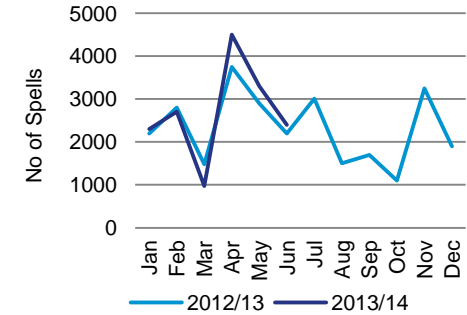
— 2013/14

Main Providers

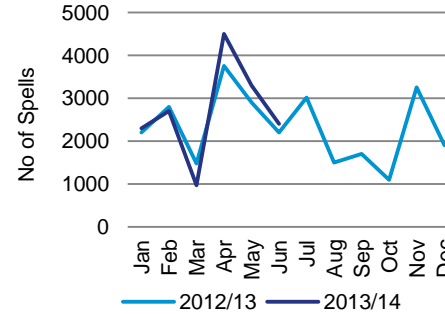
Provider 1



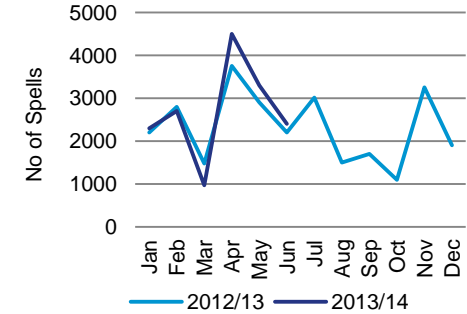
Provider 2



Provider 3



Provider 4

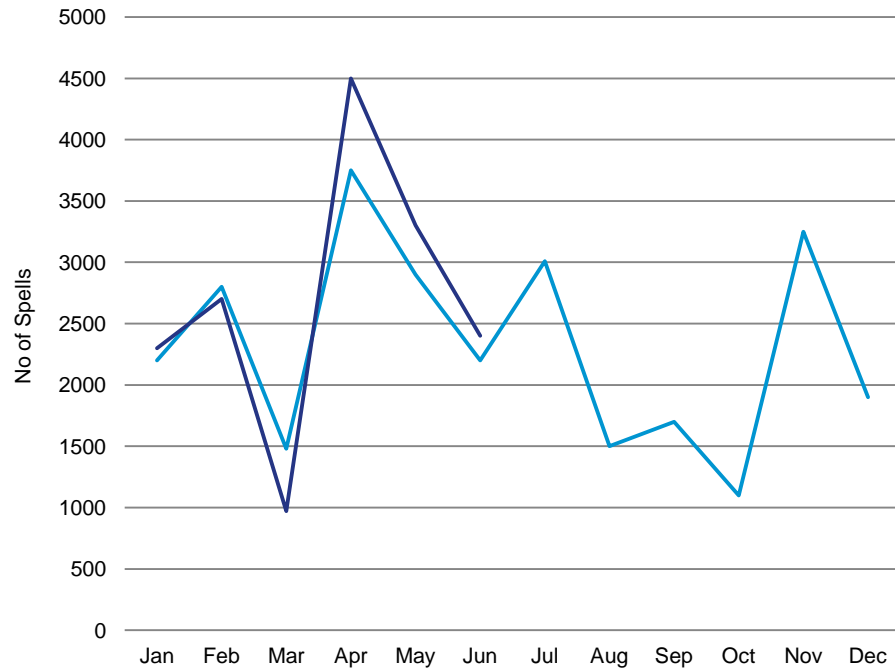


Commentary

- ▶ xxxxxxxxxxxxxxxx.
- ▶ yyyyyyyyyyyyyyyy.
- ▶ zzzzzzzzzzzzzzzz.

A6b. Admissions by POD - Elective

Admissions by POD – Elective, All Providers

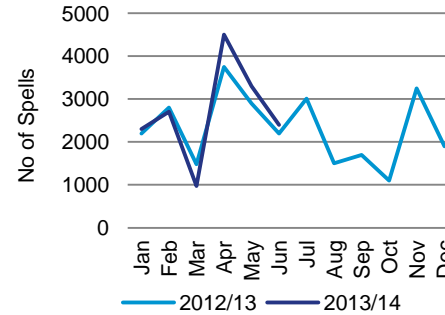


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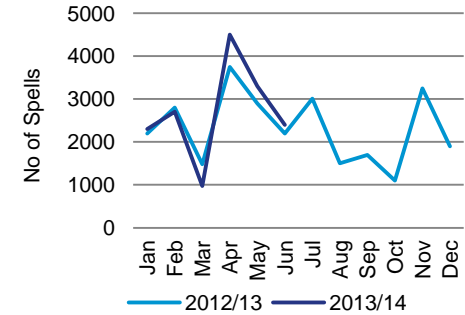
— 2012/13 — 2013/14

Main Providers

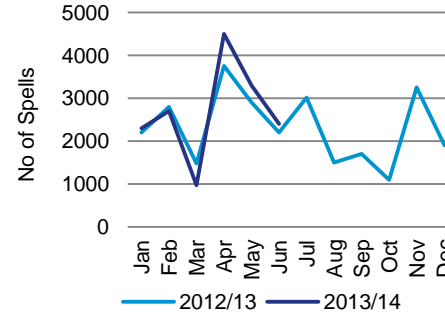
Provider 1



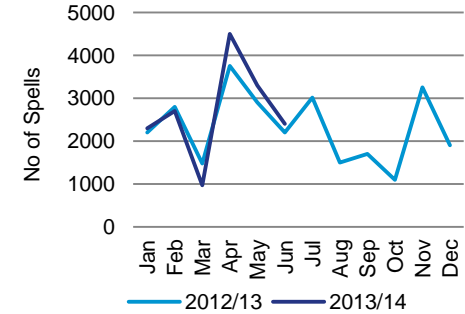
Provider 2



Provider 3



Provider 4

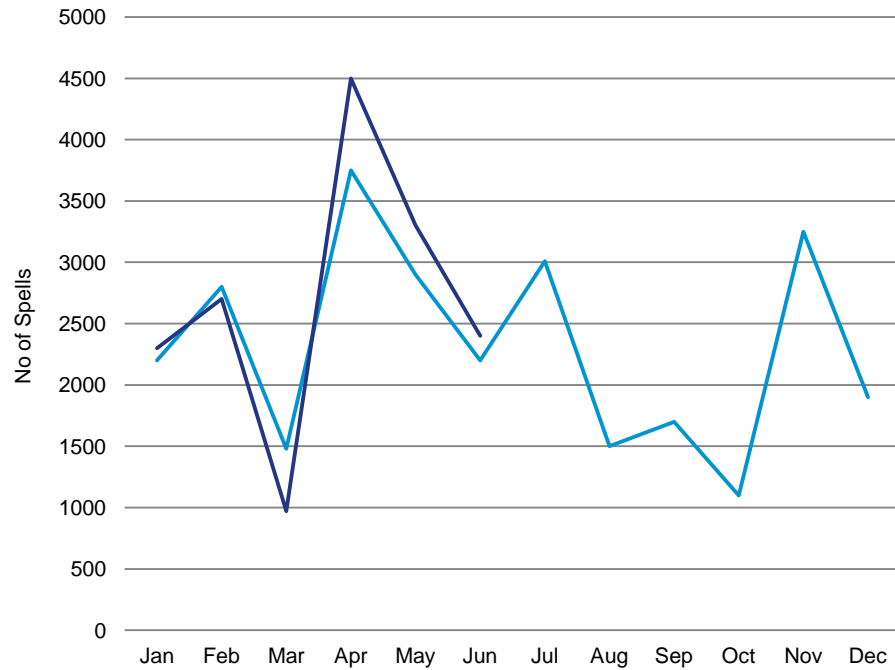


Commentary

- ▶ xxxxxxxxxxxxxxxx.
- ▶ yyyyyyyyyyyyyyyy.
- ▶ zzzzzzzzzzzzzzzz.

A6c. Admissions by POD – Non-Elective

Admissions by POD – Non-Elective, All Providers

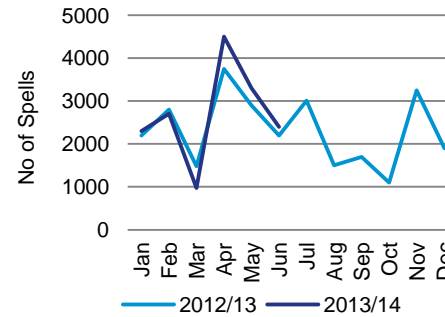


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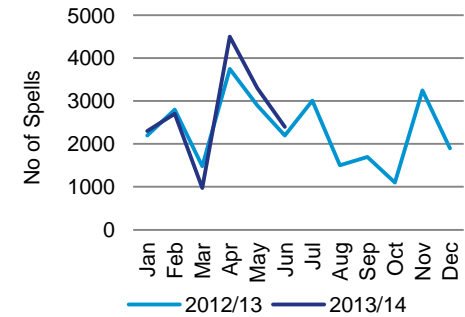
— 2012/13 — 2013/14

Main Providers

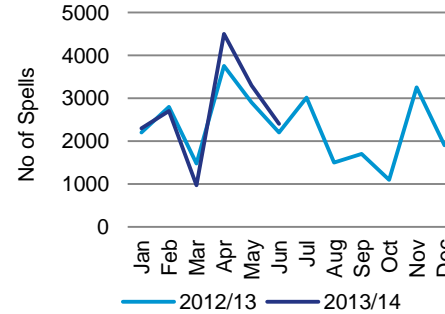
Provider 1



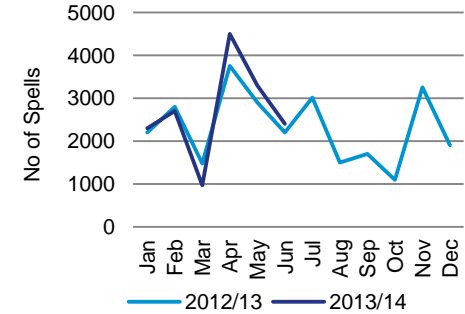
Provider 2



Provider 3



Provider 4



Commentary

- ▶ xxxxxxxxxxxxxxxx.
- ▶ yyyyyyyyyyyyyyyy.
- ▶ zzzzzzzzzzzzzzzz.

A7a. Activity by HRG – Elective

Elective – Top 5 Increases

HRG Chapter	YTD 12/13	YTD 13/14	% Change
HRG 1			
HRG 2			
HRG 3			
HRG 4			
HRG 5			

Elective – Biggest 5 Decreases

HRG Chapter	YTD 12/13	YTD 13/14	% Change
HRG 1			
HRG 2			
HRG 3			
HRG 4			
HRG 5			

Elective – Top Variance Complexity Recording – All Providers

Sub-Chapter	YTD 12/13	YTD 13/14
Sub-Chapter 1		
Sub-Chapter 2		
Sub-Chapter 3		

■ With Complications
 ■ Without Complications

Commentary

- ▶ xxxxxxxxxxxxxxxxx.
- ▶ yyyyyyyyyyyyyyy.
- ▶ zzzzzzzzzzzzzzz.

A7b. Activity by HRG – Emergency

Emergency – Top 5

HRG Chapter	YTD 12/13	YTD 13/14	% Change
HRG 1			
HRG 2			
HRG 3			
HRG 4			
HRG 5			

Emergency – Biggest 5 Decreases

HRG Chapter	YTD 12/13	YTD 13/14	% Change
HRG 1			
HRG 2			
HRG 3			
HRG 4			
HRG 5			

Emergency– Top Variance Complexity Recording – All Providers

Sub-Chapter	YTD 12/13	YTD 13/14
Sub-Chapter 1		
Sub-Chapter 2		
Sub-Chapter 3		

■ With Complications
 ■ Without Complications

Commentary

- ▶ xxxxxxxxxxxxxxxxx.
- ▶ yyyyyyyyyyyyyyy.
- ▶ zzzzzzzzzzzzzzz.

C: Performance

[Section Intro]

- | |
|---|
| ▶ P1a. Performance Summary |
| ▶ P2a. CCG Performance Scorecard |
| ▶ P2b. CCG Performance Scorecard |
| ▶ P3a. Provider Performance Scorecard |
| ▶ P3b. Provider Performance Scorecard |
| ▶ P4. Performance Penalties |

P1a. Performance Summary

Indicator		Reporting Period	National Target	Actual
Health Care Acquired Infection	MRSA	April	0	
	C'Diff	April	Objective by CCG	
A&E Waiting Time – 4 hour DTA, All types	Main Provider 1	April	95%	
	Main Provider 2	April	95%	
Ambulance Handover Time	30-60 Min	April	0	
	> 60 min	April	0	
18 weeks Referral to Treatment Time (RTT)	Admitted	April	90%	
Patients waiting 52+ weeks RTT	Incomplete	April	0	
Diagnostic Waits Within 6 Weeks		April	99%	
Mixed Sex Accommodation Breaches		April	0	
Cancer Waiting Times	All Cancer 2 week standard	April	93%	
	2 week standard for Breast Symptoms	April	93%	
	62 day standard– for first definitive treatment	April	85%	

NOTE:

[Notes provides information related to the indicator or data e.g. whether the data is published or provisional, if there were problems getting the data]

[INSERT NARRATIVE BY EXCEPTION]

P2a. CCG Performance Scorecard – NHS Constitution

NHS CONSTITUTION	Calculation	Actual	Target	Jan	Feb	Mar	Apr	May	Jun
Monthly Indicators									
CB_A15: Healthcare acquired infection (MRSA)									
CB_A16: Healthcare acquired infection (C-Difficile)									
CB_B1: RTT 18 week compliance, admitted patients									
CB_B2: RTT 18 week compliance, non admitted patients									
CB_B3: RTT 18 week compliance, incomplete pathways									
CB_B4: Diagnostic test waiting times within 6 weeks									
CB_B5: A and E 4 hour waiting time compliance									
CB_B6: All cancer two week standard									
CB_B7: Breast symptoms (cancer not initially suspected) 2 week standard									
CB_B8: Cancer first definitive treatment in 31 days									
CB_B9: Cancer subsequent treatment 31 days, surgery									
CB_B10: Cancer subsequent treatment 31 days, drug									
CB_B11: Cancer subsequent treatment 31 days, radiotherapy									
CB_B12: Cancer first treatment 62 days, GP referral									
CB_B13: Cancer first treatment 62 days, screening referral									
CB_B14: Cancer first treatment 62 days, consultant upgrade									
CB_B15_01: Ambulance category A (Red 1) 8 minute response									
CB_B15_02: Ambulance category A (Red 2) 8 minute response									
CB_B16: Ambulance category A 19 minute response time									
CB_B17: Mixed sex accommodation breaches									

P3a. Provider Performance Scorecard

Monthly Indicators	Calculation	Provider 1				Provider 2				Provider 3				Provider 4			
		Current month	Prev month	YTD	Target	Current month	Prev month	YTD	Target	Current month	Prev month	YTD	Target	Current month	Prev month	YTD	Target
CB_A15: Healthcare acquired infection (MRSA)																	
CB_A16: Healthcare acquired infection (C-Difficile)																	
CB_B1: RTT 18 week compliance, admitted patients																	
CB_B2: RTT 18 week compliance, non admitted patients																	
CB_B3: RTT 18 week compliance, incomplete pathways																	
CB_B4: Diagnostic test waiting times																	
CB_B5: A and E 4 hour waiting time compliance																	
CB_B6: All cancer two week waits																	
CB_B7: Breast symptoms (cancer not initially suspected)																	
CB_B8: Cancer first definitive treatment in 31 days																	
CB_B9: Cancer subsequent treatment 31 days, surgery																	
CB_B10: Cancer subsequent treatment 31 days, drug																	
CB_B11: Cancer subsequent treatment 31 days, radiotherapy																	
CB_B12: Cancer first treatment 62 days, GP referral																	
CB_B13: Cancer first treatment 62 days, screening referral																	
CB_B14: Cancer first treatment 62 days, consultant upgrade																	
CB_B17: Mixed sex accommodation breach rate																	
Quarterly Indicators																	
CB_B18: Cancelled operations rescheduled in 28 days																	
CB_B19: Care programme approach follow up in 7 days																	

P3b. Provider Performance Scorecard

Monthly Indicators	Calculation	Provider 1				Provider 2				Provider 3				Provider 4			
		Current month	Prev month	YTD	Target	Current month	Prev month	YTD	Target	Current month	Prev month	YTD	Target	Current month	Prev month	YTD	Target
CB_S1: Non elective FFCEs																	
CB_S2: All first outpatient attendances																	
CB_S3: G and A elective FFCEs																	
CB_S4: A and E attendances, type 1																	
CB_S4: A and E attendances, all types																	
CB_S6: RTTs in excess of 52 weeks																	
CB_S7: Ambulance handover delays over 30 minutes																	
CB_S7: Ambulance handover delays over 60 minutes																	
CB_S8: Ambulance crew clear delays over 30 minutes																	
CB_S8: Ambulance crew clear delays over 60 minutes																	
CB_S9: A and E trolley waits over 12 hours																	
CB_S10: Urgent operations cancelled for a second time																	

P4. Performance Penalties

CCG Specific	Penalty Description	April		May		Year to Date	
		Number	Value (£)	Number	Value (£)	Number	Value (£)
Provider 1	Mixed Sex Accommodation						
	Penalty 2						
Provider 2	Mixed Sex Accommodation						
	Penalty 2						

Trust-Wide Penalties	Penalty Description	April		May		Year to Date	
		Number	Value (£)	Number	Value (£)	Number	Value (£)
Provider 1	Ambulance Handover Breach 30-60 Min						
	Ambulance Handover Breaches > 60 min						
Provider 2	Ambulance Handover Breach 30-60 Min						
	Ambulance Handover Breaches > 60 min						

Note – Further performance penalties will be reported on as published data becomes available

D: Quality

[Section Intro]

- ▶ [Q1. Quality Dashboard – Guy's and St Thomas'](#)
- ▶ [Q2. Quality Commentary – Guy's and St Thomas'](#)

Quality Dashboard – Guy’s and St Thomas’

Category	Indicator	Reporting Period	Value
NHS Standard Contract 2013/14	CB_S11: Failure to publish Formulary		
	CB_S12: Number of breaches of Duty of Candour		
	CB_S13: Number of never events		
NHS Safety Thermometer	QI019: Falls: Moderate Harm	Monthly	
	QI020: Falls: Major Harm	Monthly	
	QI021: Falls: Death	Monthly	
	QMT0015: Pressure Ulcers: Old - developed within 72 Hours of admission	Monthly	
	QMT0016: Pressure Ulcers: New - developed 72 or more hours after admission	Monthly	
	QMT0019: VTE: % patients with new VTE	Monthly	
	QMT0020: Catheters: % patients with a urinary catheter	Monthly	
	QMT0021: Catheters: % patients with a urinary catheter and UTI	Monthly	

Category	Indicator	Reporting Period	Value
SEL Quality Report	CSU01: CAS Alerts Outstanding		
	CSU02: Safeguarding Children: Level 1 Training Compliance		
	CSU03: Safeguarding Children: Level 2 Training Compliance		
	CSU04: Safeguarding Children: Level 3 Training Compliance		
	CSU05: Complaints: Number of complaints		
	CSU06: Complaints: Response overdue		
	CSU07: CQC Reports: Significant problems reported		
	CSU08: Maternity: % seen by 12 weeks 6 days, of all women seen in that period		
	CSU09: Maternity: % seen by 12 weeks 6 days, divided by maternities in that period		
	CSU10: Maternity: Ratio of midwives to births		
	CSU11: Maternity: 1:1 midwife care in Labour		
	CSU12: Maternity: Appropriate Consultant Cover		
	CSU13: Mortality: SHMI		
	CSU14: Patient Experience: Inpatient Survey		
	CSU15: Patient Experience: Outpatient Survey		
	CSU16: Patient Experience: A&E Survey		
	CSU17: NICE Compliance		
	CSU18: SIs: Number of SIs		

Data Source: various (contact contract leads for details)

Footnote : CQUINs will be reported on quarterly in a separate report (report name and details to be defined)

Quality Commentary – Guy’s and St Thomas’

Quality commentary

Pressure Sores

- ▶ Pressure sores in March 2013 are XY% lower than the preceding three months

Complaints

- ▶ Q2 performance has not improved with only 40% of complaints responded to within the target time.
- ▶ Complaints have risen by XY% over the previous period

Glossary

[Section Intro]

▶ [TBD](#)

▶ [TBD](#)

South West London and St George's Mental Health NHS Trust
Monthly Contract Schedule Reporting for the Period : May 2013
Commercial and in Confidence

Indicator Details						Merton		
ID	Indicator	Definition	CCG / LA	Service	Unit of Measurement and Period	YTD Target	YTD Actual	Change
R301.1	All service users to have a care plan in line with their needs that is reviewed and updated as appropriate	Proportion of Service Users followed up within 7 days of discharge from inpatient care (Omnibus collection by Information Centre)	CCG	All Inpatient Services	Percentage of discharges YTD	95%	100%	Aprx NC
R305.1	Increase in number of individuals entering psychological therapies	The number of service users who have entered a course of IAPT psychological therapy	LA	IAPT Services	Number of service users YTD as a proportion of contracted requirement			
R305.2	Increase in number of individuals successfully completing course of intervention	The proportion of service users who have "recovered" following a course of IAPT psychological therapy, i.e. no longer judged as requiring further IAPT treatment	LA	IAPT Services	Proportion of service users YTD	45%	39%	Better
R308.2	Comprehensive coverage of the population by CR/HT services which meet National Standards	Number of home treatment episodes by crisis home treatment services (Omnibus Line 1)	CCG	Home Treatment Teams	Number of home treatment episodes YTD	66	77	N/A
R308.3i	Comprehensive coverage of the population by CR/HT services which meet National Standards	Ratio of all informal admissions to the number which are gate-kept by CR/HT service (all contact types)	CCG	Adult Acute Wards	Percentage of admissions in the month	95%	100%	Aprx NC
R308.3ii	Comprehensive coverage of the population by CR/HT services which meet National Standards	Ratio of all informal admissions to the number which are gate-kept by CR/HT service (face to face contacts only)	CCG	Adult Acute Wards	Percentage of admissions in the month	95%	95%	Worse
R309.1	EIS for psychosis provided meets national standards	Total early intervention caseload (Omnibus Line 6)	Managed Caseload	Early Intervention Teams	Snapshot of the caseload at the end of the month	88	102	Decreasing
R309.2	EIS for psychosis provided meets national standards	Number of new cases accepted by early intervention services (Omnibus Line 5)	Managed Caseload	Early Intervention Teams	Number of cases YTD	5	13	N/A
R310.1	Comprehensive coverage of the assertive outreach services which meet national standards	Total assertive outreach caseload (Omnibus line 10)	Managed Caseload	Assertive Outreach Teams	Snapshot of the caseload at the end of the month	79	80	Aprx NC
R312	Ensuring CAMHS population has timely and appropriate access to services	Length of wait for first access to CAMHS (CAMHS mapping)	LA	CAMHS Teams	Average length of wait in days YTD	60	59	Better
CB_B1	Referral To Treatment (RTT) Waiting Times - Admitted patients	Percentage of patients who were admitted within 18 weeks (from referral to admission)	CCG	All Inpatient Services	Percentage based on patients admitted in the current month	90%		
CB_B2	Referral To Treatment (RTT) Waiting Times	Percentage of community patients who entered 'treatment' in less than 18 weeks (from referral) Note: The second face to face appointment has been agreed to be	CCG	All community services	Percentage based on patients entering 'treatment' in the current month	95%	97%	Aprx NC
CB_B3	Referral To Treatment (RTT) Waiting Times	Percentage of patients on an incomplete pathway that have been waiting less than	CCG	All Patients	Percentage snapshot at end of the month	92%	97%	Aprx NC
R505	Delayed transfers of care as a proportion of bed days	% Occupied bed days YTD	LA	All Inpatients	Percentage of occupied bed days YTD	7.5%	1.5%	Aprx NC

South West London and St George's Mental Health NHS Trust

Monthly Contract Schedule Reporting for the Period : May 2013

Commercial and in Confidence

Indicator Details						Merton		
ID	Indicator	Definition	CCG / LA	Service	Unit of Measurement and Period	YTD Target	YTD Actual	Change
R514.1	Community Mental Health teams: Ensuring access to services for service users on CPA	% of caseload on CPA receiving face to face / phone contact within the Month (YTD average)	LA	All Community Mental Health Teams	Percentage of the CPA caseload - YTD	81%	76%	Aprx NC
R514.2	Community Mental Health teams: Ensuring access to services for service users not on CPA	% of caseload not on CPA receiving face to face / phone contact within the Month (YTD average)	LA	All Community Mental Health Teams	Percentage of the non CPA caseload - YTD	47%	40%	Worse
R516	Community Mental Health teams: Ensuring population has timely and appropriate first access to services for non-urgent referrals	Percentage of patients that were not assessed within 28 days of referral. (Non-Urgent Referrals)	LA	All Community Services	Percentage of patients YTD	22%	16%	Worse
R561A	SIs reported to NHS London	Number of SIs reported to NHS London.	Managing Directorate	All Services	Number of SIs YTD		3	N/A
R561B	Ensuring timely STEIS investigations (Closure by NHS London)	Number of STEIS reports that have not been closed off by NHS London and are overdue (past their 45 or 60 day	Managing Directorate	All Services	Number of STEIS investigations currently open & overdue		1	Aprx NC
R561C	Ensuring timely STEIS investigations (Submission to NHS London)	Number of STEIS reports that have not been submitted to NHS London and are overdue (past their 45 or 60 day deadlines).	Managing Directorate	All Services	Number of STEIS investigations currently overdue for submission		0	Aprx NC
R561D	Completeness of STEIS Investigations	Percentage of STEIS Reports where NHS London has requested further details	Managing Directorate	All Services	Percentage of YTD submitted STEIS reports with further details requested	30%	0%	Aprx NC
R570A	Percentage of service users with an up to date and valid cluster	Proportion of patients with a valid and in-date cluster	LA	All Services	Percentage snapshot at end of the month	95%	82%	Aprx NC
R576	NDTMS: Retention 12 weeks/care planned discharge in advance of 12 weeks		CCG	All Substance Misuse Services	Percentage in the last 12 months that can be fully reported	84%	89%	Worse
CB_S6	Zero Tolerance for RTT waits over 52 weeks	Number of Service Users waiting over 52 weeks for Treatment (2 appointment proxy)	CCG	All Services	Number of Service users	0	0	N/A