

**REPORT TO MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

Date of Meeting: 20th May 2016

Agenda No: 8.2

Attachment: 11

<p>Title of Document: Month 11 (February 2016) Integrated Performance Report</p>	<p>Purpose of Report: To update the Governing Body on performance against national and local performance and quality standards</p>
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<p>Executive Summary: The Month 11 Quality & Performance Report provides a February 2016 update to the Governing Body on CCG achievement against national and local performance and quality standards. Where available, more recent performance information has also been included in the report.</p> <p>The report covers the main performance and quality priorities: Improving the health of the local population and NHS Constitutional standards for patients informed by nationally defined objectives for commissioners-the NHS Constitution and CCG Assurance Framework 2015-16.</p> <p>Exception reporting as well as key quality metrics such as provider quality of service and serious incident reporting is also included highlighting actions being taken to address any performance issues with progress to date.</p> <p>Update on Performance Reporting at Merton CCG Following the update from the previous month, the review into the performance reporting framework is now underway and a fully revised quality & performance report will be in operation in time for the Month 1 reporting in early July 2016. This will reflect the new National CCG Improvement & Assessment Framework 2016-17, which replaces the CCG assurance framework.</p> <p>Months 11 & 12 2015-16 Quality & Performance reports will continue to be based upon the previous framework, however some changes in presentation are being implemented in phases and these changes will be visible in the months 10, 11 & 12 reports. Progress with the performance reporting work-stream will continue to be reported via the clinical quality committee on a monthly basis.</p> <p>For further information or any questions about performance please contact chris.clark@mertonccg.nhs.uk. For further information about Quality reporting please contact david.parry@mertonccg.nhs.uk</p>	

Key sections for particular note (paragraph/page), areas of concern etc:

Performance Area	Page
<p>Improving the Health of the Local Population</p> <ul style="list-style-type: none"> ➤ Delayed Transfer of Care – Continues to be significantly high for NHS and Social care delays ➤ Improving Access to Psychological Therapies (IAPT) – 6 week and 18 week wait has a continued underperformance (53.4% against a target of 75% and 86.2% against a target of 95% respectively). However the recovery rate (reported quarterly), delivered against the 50% target for the first time. 	<p style="text-align: right;">9</p> <p style="text-align: right;">10</p>
<p>Constitutional Pledges</p> <ul style="list-style-type: none"> ➤ RTT Incomplete Pathways – has improved slightly since January (up to 91.5% from 91.0%), however it continues to underperform against the 92% target. ➤ A&E 4 hour wait – continues to be challenged, with a February performance of 83.7% (down from 90.2% in January 2016). ➤ Cancer waiting times – underperforming on 2 out of the 8 measures, compared with 4 out of 8 measures in the previous month: ‘Two week wait: exhibited breast symptoms’ (92.8% against a target of 93.0%) and ‘62-Day wait for first treatment from screening service referral’ (85.7% against a target of 90.0%). Two week waits for all cancers was achieved this month; however this is unlikely to achieve for the full year, due to poor performance between July and November 2015. 	<p style="text-align: right;">6</p> <p style="text-align: right;">7</p> <p style="text-align: right;">8</p>
<p>Other Performance and Quality Items to Note</p> <p>Sustained good performance in:</p> <ul style="list-style-type: none"> ➤ the reduction of antibiotics prescribed in primary care; ➤ Proportion of broad-spectrum antibiotics prescribed in primary care; ➤ Dementia diagnosis rates ➤ Healthcare Acquired Infection: three consecutive months without a <i>C Diff</i>, and seven consecutive months without MRSA infection. 	<p style="text-align: right;">5</p>

Recommendation(s):
 The Governing Body are asked to review the performance and quality information within and note the key areas of achievement and concern.

Committees which have previously discussed/agreed the report:
 Clinical Quality Committee; CCG Executive Management Team

Financial Implications: Nil

Implications for CCG Governing Body:
 Merton CCG is accountable to NHS England to work with local providers to deliver care to NHS patients within the standards set out by the NHS constitution. The CCG should ensure activity is commissioned to underpin the delivery of constitutional standards and apply contractual levers when providers underachieve and fail to improve.

How has the Patient voice been considered in development of this paper: The report monitors key patient-centric performance and quality indicators.

Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/Staffing) CCG Risk Register Item 802 relates to a failure to deliver constitutional pledges and other priority performance goals 4 x 4 = 16.

Equality Assessment: No impact on equality

Information Privacy Issues: Following approval, the quality & performance scorecard will be included in Governing Body Public Meeting papers and will be published on the CCG internet website. The scorecard may also be made available to external parties via freedom of information requests. No patient identifiable or commercially sensitive information is held within this report.

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) N/A