

Merton CCG

Balanced Scorecard

Quarter 2 – 2014/15



right care
right place
right time
right outcome

Performance Summary

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

- A&E – The CCG met the A&E standard in Q2 and YTD, both Epsom and St. Helier and St. Georges NHS Trust met the standard in Q2 and YTD.
- RTT – The CCG failed the admitted and non-admitted standard in Q2.
- Cancer – The CCG met all cancer standards in Q2, except for 62 days screening. The CCG are failing the Cancer 62 day GP referral standard YTD
- Diagnostics – The CCG met the standard in Q2, but are failing it YTD.

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

- IAPT – The CCG is below trajectory for access to IAPT.
- Dementia – The CCG has improved to 51.8% diagnosis rate.
- Winterbourne – 3 admitted patients, 1 discharged planned.
- Health visitors – N/A



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

NHS CONSTITUTION	Impact on Quality Premium	Target	Quarter 1		Quarter 2		YTD Actual		2013/14	
MRSA (PIR Assigned)		0	0	G	1	R	1	R	0	G
C Difficile		2	7	R	10	R	17	R	14	G
RTT 18 weeks (admitted patients)	277k	90.0%	90.7%	G	86.6%	R	88.6%	R	92.4%	G
RTT 18 weeks (non admitted patients)		95.0%	95.5%	G	94.8%	R	95.1%	G	97.3%	G
RTT 18 weeks (incomplete pathways)		92.0%	92.8%	G	92.8%	G	92.8%	G	94.5%	G
Diagnostic tests waiting time		99.0%	98.3%	R	99.0%	G	98.8%	R	99.4%	G
A and E waiting times	277K	95.0%	95.3%	G	95.5%	G	95.3%	G		
Cancer two weeks	277K	93.0%	96.6%	G	96.2%	G	96.4%	G	97.5%	G
Breast symptoms two weeks		93.0%	93.0%	G	98.6%	G	95.7%	G	97.3%	G
Cancer first definitive treatment 31 days		96.0%	100.0%	G	100.0%	G	100.0%	G	98.7%	G
Cancer subsequent treatment 31 days, surgery		94.0%	96.3%	G	100.0%	G	98.0%	G	94.7%	G
Cancer subsequent treatment 31 days, drug		98.0%	100.0%	G	100.0%	G	100.0%	G	100.0%	G
Cancer subsequent treatment 31 days, radiotherapy		94.0%	95.4%	G	98.4%	G	96.6%	G	98.5%	G
Cancer first treatment 62 days, GP Referral		85.0%	82.1%	R	87.2%	G	84.8%	R	85.2%	G
Cancer first treatment 62 days, Screening		90.0%	100.0%	G	88.9%	R	96.2%	G	100.0%	G
Cancer first treatment 62 days, Consultant upgrade		--			50.0%		50.0%		100.0%	
Ambulance Red 1 8 minute response	277K	75.0%	73.4%	R	67.0%	R	70.3%	R	77.0%	G
Ambulance Red 2 8 minute response		75.0%	68.0%	R	58.9%	R	63.5%	R	74.9%	A
Ambulance Red 19 minute transportation		95.0%	96.1%	G	92.6%	R	94.4%	R	98.0%	G
Mixed sex accommodation breaches		0	0	G	0	G	0	G	11	A
RTT 52 weeks (admitted patients)		0	0	G	2	R	2	R	0	G
RTT 52 weeks (non admitted patients)		0	0	G	2	R	2	R	0	G
RTT 52 weeks (incomplete pathways)		0	3	R	3	R	3	R	0	G



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

	Quality Issue	Provider	Description of Quality Issue	What's being done about it?
Constitutional Pledges	MRSA	St. George's	Merton CCG had one case of MRSA reported in August. The case was a 99 year old who presented at SGH A&E in urosepsis and the source of Bacteraemia has not yet been identified	Post infection review
	RTT 18 Week, Admitted Patients	Epsom & St. Helier St. George's Hospital	ESH = 84.3% for August against a target of 90% SGH = 85.2% for August against a target of 90% All trust are participating in a backlog clearance exercise.	Trusts have now submitted their plans for a second tranche of RTT funding and these are awaiting sign off. Commissioners have separately agreed a plan for St George's to reduce their backlog over Q3 with the expectation that performance is achieved from January onwards. St George's is putting together a specialty level sustainability plan to ensure that the backlog levels and performance improvement from January are maintained.
	Cancer first treatment 62 days, GP referral Cancer first treatment 62 day screening	Royal Marsden, St. Georges, Kingston, Epsom & St. Helier	The CCG had 4 breaches from 25 pathways. 1 breach was internal at RMH due to delays in work up, 1 shared between SGH and RMH due to late inter trust referral, 1 shared breach between Kingston & RMH due to complex diagnostics and 1 internal breach at ESH due to administrative error.	Commissioners are facilitating collaborative work between providers to address breaches due to late referrals. Epsom and St. Helier continue to experience challenges due to increased cancer referrals and has invited the Intensive support Team to review cancer services with the aim to identify additional actions not already included in their improvement action plan.
	Ambulance category A (Red 1) 8 minute response Ambulance category A (Red 2) 8 minute response Ambulance category A 19 min transportation time	London Ambulance Service (LAS)	LAS Cat A performance remains a serious concern with YTD performance continuing below target.	Actions being taken include daily monitoring & reporting and a weekly tri-partite meeting led by Commissioners and involving LAS, TDA and NHSE. The trust has an action plan in place that includes actions to reduce demand on the service as well as increase service capacity.
	RTT 52 weeks (admitted patients)	Epsom & St. Helier	in August Merton CCG had 1 patient waiting 52+ weeks. This occurred at Epsom and St Helier, who had 3 patients waiting over 52 weeks in total.	ESH is developing an RTT training package to improve their PTL management and their patient tracking. In addition, all patients over 35 weeks are discussed twice weekly at the service manager
	RTT 52 weeks (incomplete pathways)	Epsom & St. Helier St. George's Hospital	in August Merton CCG had 4 patients waiting 52+ weeks. 1 of these long waits occurred at Epsom and St Helier, the other 3 occurred at St. George's Hospital	As part of their actions to improve performance, StG is reviewing their follow-up PTL and reviewing actions for all over 35 week waiters at a Director led Monthly Resilience meeting. ESH is developing an RTT training package to improve their PTL management and their patient tracking. In addition, all patients over 35 weeks are discussed twice weekly at the service manager meeting.

Domain 2 - Are patients and the public actively engaged and involved?

Current Position:

- **Duty to Involve Report** - reflects PPI in 2013/14 has been published on our website
- **Better Healthcare Closer to Home (BHCH)** - preparing for the opening of the Nelson Health Centre, and involvement in the Mitcham project
- **Expert Patients Programme** - activity included in self management courses, accredited tutor training, supervisions, workshops and reunions



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

							Apr-14	May-14	Jun-14	Jul-14	Aug-14	YTD	Trend
Domain	Enabler	Ref	Indicator	How often	M / Q Target	Quarter 1			Quarter 2		YTD	Trend	
Domain 1: Preventing people from	Quality Premium (£166K)	E.A.1	Potential Years of Life Lost		1,868	No data					0		
		E.A.1.a	Number of Deaths	Q	27	36			Due end of Q2		36		
		E.A.1.b	Potential years lost		641	983.9			Due end of Q2		983.9		
Domain 2: Enhancing Quality of Life for people with Long Term Conditions	Operating Plan	E.A.2	Improving the health-related quality of life for people with long-term conditions	A	77.0	No data							
			Number of people accessing expert patient programmes	Q	7	No data		8	No data		17	↑	
	Operating Plan	E.A.S.1	Increasing the proportion of people diagnosed with Dementia	M	104	46.9%			49.5%		49.5%	↑	
	Operating plan	E.A.S.2	Increasing the IAPT recovery rate	Q	46.89%	38.40%			45.31%	43.75%	42.10%	↓	
CRG Local Priority	L.P.2	COPD referrals to pulmonary rehabilitation		TBC	Data due with QMS - November			Data due with QMS - November		0			
Domain 3: Helping people to recover from episodes of ill health or following injury	Quality Premium (£277K)	E.A.4	Reducing Avoidable Emergency Admissions		238	251	241	242	233	202	1,169	↓	
		CB_A6_01	Unplanned hospitalisation for chronic ambulatory care sensitive conditions		78	75	89	90	85	72	411	↓	
		CB_A6_02	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	M	10	15	13	7	9	2	46	↓	
		CB_A6_03	Emergency admissions for acute conditions that should not usually require hospital admission		138	148	137	137	132	123	677	↓	
		CB_A6_04	Emergency admissions for children with lower respiratory tract infections (LRTI)		13	13	2	8	7	5	35	↓	
Domain 4: Ensuring that people have a positive experience of care	Quality Premium (£166K)	E.A.5	Increasing the proportion of people having a positive experience of hospital care	A	140.5	Inpatient Survey 2014 results published in April 2015					0		
		FFT (E.A.6)	Friends and Family Test - Is there an Improvement plan in place?	Q	5/5	3/5			Due end of Q2				
		FFT (E.A.6)	Friends and Family Test - Has the improvement plan been agreed by CQRG?	Q	5/5	0/5			Due end of Q2				
		MSA	Commissioner MSA breaches	M	0	0	0	0	0	0	0	↔	
	DToC	Delayed Transfers of Care	M	130	102	116	118	118	169	623	↑		
	Operating Plan	E.A.7	Increasing the proportion of people having a positive experience in general practice & community	M	8.04	No data					0		
		OOH1	Number of OOH compliments received	M	N/App	1	0	0	1	0	2	↓	
OOH2		Number of OOH complaints received	M	N/App	0	0	1	0	0	1	↔		
GP1	Number of GP specific complaints received	M	N/App	0	1	2	0	0	3	↔			
Domain 5: Treating and caring	Constitutional Pledge	E.A.S.5	Number of C.Difficile infections	M	2	1	5	1	4	1	12	↓	
	Quality Premium (£166K)	E.A.9	Improving the reporting of medication errors	Q	110	88			Due end of Q2		88		
Quality Premium (£166K)	E.A.3	Increasing the proportion of people that enter IAPT treatment against the level of need in the general population	M	1.25%	1.18%	1.07%	1.12%	1.16%	0.88%	5.41%	↓		
	Quality Premium - Local Priority	L.P.1	Increasing the number of patients from BME groups using Psychological Therapies	M	57	79	70	64	No Data		213	↓	

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

	Quality Issue	Provider	Description of Quality Issue	What's being done about it?
Health Outcomes	Avoidable Admissions	Merton CCG	Unplanned Hospitalisation for Acute Ambulatory Care Sensitive Conditions, although below trajectory in August, is above trajectory by slightly over 5% YTD.	Performance metrics have been indentified to monitor the impact of the Early Detection and Management workstream. The case for capturing in year data from GP systems has been endorsed by the CRG and by the LMC on the 6th of November.
	Friends and Family Test	All providers	In order to be awarded this element of the Quality Premium, Acute providers need to: 1.) have an action plan in place to improve patient experience 2.) Achieve an improvement on this year's in-patient annual survey.	All Trust report progress on their patient experience plans to Clinical Quality Reference Groups. The annual in-patient survey is currently being conducted, patients who were admitted in June, July and August are invited to participate in the survey.
	Improving the reporting of medication errors	Epsom and St. Helier	Quarterly metric	Quarterly metric
	Increasing the proportion of people that enter IAPT treatment against the level of need in the general population	Merton CCG	Progress for this indicator is substantially below target	The Trust have delivered on their commitment to appoint 4 honorary staff to carry out the initial screening of patients, promote IAPT services to practices and market the service. A locum clinician has also been appointed and member of staff on long term compassionate leave has returned back to work. Previous actions have had a positive impact on the number of self-referrals. Heat maps are being utilised to identify GP practices with low referral rates, understand blockages and identify the support required to increase referrals. The CCG is closely monitoring performance and has requested sight of a performance improvement trajectory. The CCG is also considering a proposal of non-recurrent funding to support achievement of the national access and recovery rates.
	Local Priorities: Increasing the number of patients from BME groups using Psychological Therapies	Merton CCG	Progress against this target continues to be good.	Awaiting data for August from Open Exeter
	Dementia	Merton CCG	The Demential diagnosis rate for September is 51.86%, a 2.3% improvement on the July position. The national mandate is 67% diagnosis.	The CCG are realising steady improvements in the diagnosis rate as a result of a number of initiatives including targeted guidance to practices, delivery of education events and supporting practices to implement searches for undiagnosed patients.
	Winterbourne	Merton	Previous reporting to NHSE regarding Merton patients was not joined up between the local authority and the CCG	Reporting channels have been agreed. There are currently 3 admitted patients. One patient's discharge is planned for the 3rd November. Discharge planning is underway for the remaining two patients.

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

Month 6 - Finance Performance

- For the six months to 30th September 2014 NHS Merton CCG is reporting a year to date and full year actual performance to target.
- Acute commissioning is forecast to over spend by £0.8m. St George's NHS Trust is forecast to over perform by £0.4m due to seasonality and non delivery of some planned care QIPP schemes. Kingston NHS Foundation Trust is forecast to over perform by £0.2m mainly in maternity and outpatients and a £0.2m over spend is reported at Kings Healthcare Trust driven by critical care and electives.
- Non acute commissioning is forecast to over spend by £0.4m - this is owing to a high cost learning disability placement and an increase in activity in children's placements.
- Overspends are offset by slippage on investments and CCG reserves.
- The Better Practice Payment Policy is above target for both the number and value of invoices paid in the month.



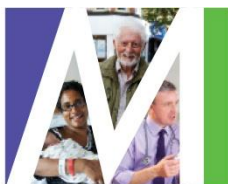
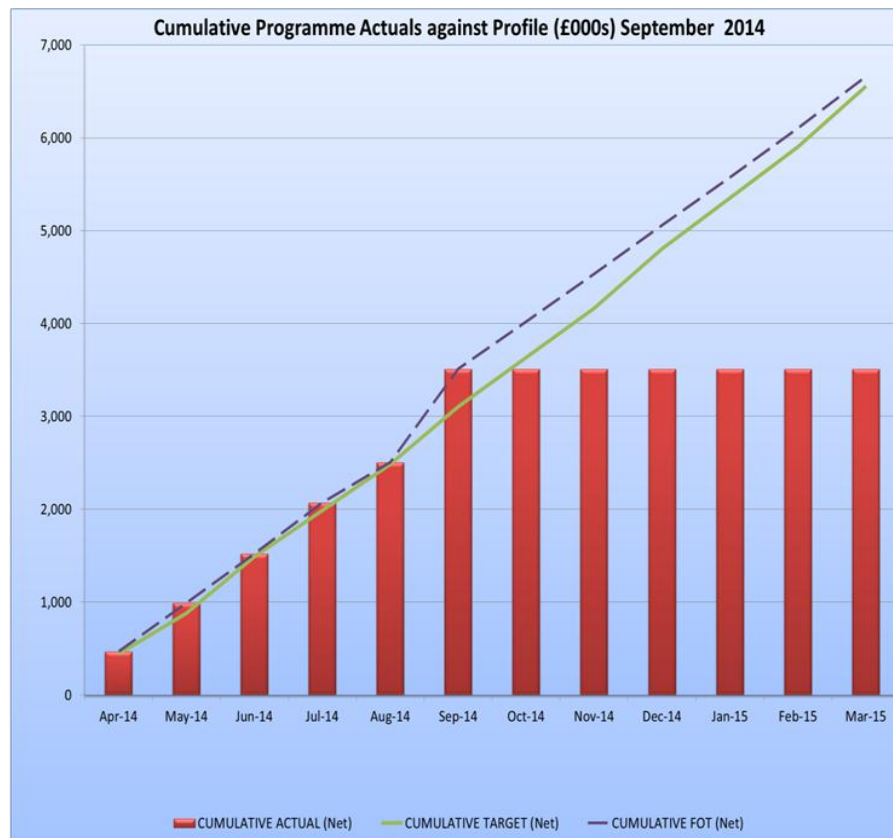
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Month 6 - QIPP Performance

Year to date (net)			Sep-14	Forecast (net)			
Budget	Actual	Variance	In £000's	Budget	Actual	Variance	
2,559	3,033	(474)	Schemes	5,116	5,317	(201)	
547	478	69		Transactional	1,442	1,343	99
-	-	-		Other	-	-	-
3,106	3,511	(405)	Total QIPP	6,558	6,660	(102)	
3,106	3,511	(405)	QIPP Target	6,558	6,660	(102)	
100%	113.0%	-13%	% of Target	100%	101.6%	-2%	

YTD QIPP over achievement of £0.4m is reported at Month 6. This is owing to the acute challenges scheme and mental health contracts which are reporting a YTD over achievement of £0.5m and £0.1m respectively. Some of the YTD over achievements are partially offset by under achievement on planned care schemes, which could not proceed in this financial year due to breach of procurement regulations for the Nelson project.

FY over achievement of £0.1m is reported, this relates to higher than planned savings on the mental health contracts scheme and the in-reach nursing scheme.



Domain 5 - Are CCGs working in partnership with others?

Current Position:

- Local Authority (LA), Healthwatch Merton and Young Advisors on Child and Adolescent Mental Health Services (CAMHS) and Continuing Care review. Chief Officer and team are in regular communications with the officers of Local Authority and chair of the Health and Wellbeing Board (H&WBB)
- Kingston CCG on SWL St George's consultation on Estate's strategy
- Healthwatch Merton and Merton Centre for Independent Living on Personal Health Budgets
- LA, Healthwatch and Patient Members on Community Services re-procurement
- Tamil Association, Carers Support Merton and Lampton Road GP Practice on the Expert Patients Programme

