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REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 23rd February 2017

Agenda No: 3.3

Attachment: 04

<p>Title of Document: CCG Governing Body Assurance Report & Scorecards: Month 7 2016/17</p>	<p>Purpose of Report: To update the Board on performance against national and local performance and quality standards under the CCG Improvement and Assessment Framework.</p>
<p>Report Author: Ian Horrigan, Performance reporting Lead</p>	<p>Lead Director: Chris Clark, Director of Performance, Planning and Informatics</p>
<p>Executive Summary: The CCG Assurance Report for Month 7 2016 provides an update to the Board on CCG achievement against national and local performance and quality standards (at Month 7); finance performance (at Month 8); and contract activity performance (Month 8). Where available, more recent quality performance information may also be included in the report for areas where we have provided an exception report.</p> <p>The report covers the four main domains as defined by the NHS England CCG Improvement and Assessment Framework 2016-17. These are: Better Health, Better Care; Leadership and Sustainability.</p> <p>Scorecards showing areas of risks for the Better Health and Better Care domains – along with key local indicators – are included, along with exception reports. A scorecard showing financial performance, along with key risks and mitigations are shown.</p> <p>The Sustainability and Leadership are now included as further information and guidance has been released by NHS England.</p> <p>The activity performance section has been further developed. The activity summaries for general and acute specialties (referrals; first and follow-up outpatient attendances; elective and emergency admissions); and A&E attendances have been provided in as at Month 4 in this report. Additionally, a commentary on significant variances from planned activity has been included.</p> <p>For further information or any questions about Performance please contact chris.clark@mertonccg.nhs.uk. For further information about Financial reporting please contact chris.moreton@mertonccg.nhs.uk. For further information about Quality reporting please contact david.parry@mertonccg.nhs.uk</p>	
<p>Recommendation(s): The Board are asked to review the performance, finance and quality information within and approve the report.</p>	

<p>Committees which have previously discussed/agreed the report: Merton Clinical Quality Committee for performance and quality. Audit Committee for the finance information. The Report was originally scheduled to be considered by the Governing Body at its January meeting. However, due to lack time, it was deferred.</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 four domains and financial position.</p>
<p>How has the Patient voice been considered in development of this paper: The report monitors key patient-centric performance and quality indicators.</p>
<p>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. CCG Risk Register Item 1038 relates to a failure to achieve a 'Performing Well' or 'Top Performing' rating against the 1617 CCG Improvement and Assessment Framework 3 x 4 = 12</p>
<p>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.</p>
<p>Information Privacy Issues: Following approval, the quality & performance scorecard 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.</p>
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) 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.</p>



Merton

Clinical Commissioning Group

CCG Assurance Report

Merton CCG Governing Body

2016/17: Month 07 Quality / Month 08 Finance & Activity



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Contents

Section	Page
Key Performance Messages: Quality & Safety; Finance & Audit; Contract Activity; Leadership & Sustainability	3
Scorecard: Quality & Safety	4
Quality Risks	5
Quality Exception Reports: Cancer waits / A&E 4 hour wait / IAPT	6-8
Scorecard: Finance	9
Finance Exception Reports & Risks	10
Contract Activity Performance (Acute): Scorecard and charts	11-12
Contract Activity Performance (Acute): Variance summary	13
Leadership & Sustainability: Scorecard; Exception reports; risks and issues	14-15



Key Performance Messages

Quality & Safety Performance (Month 7)

Better care

➤ Good performance:

- Ambulance waits - Red 1 8 Minute response times – the London Ambulance Service did not achieve the 75% target across London. However, local performance continued to perform at or above target, with 75.0% or category (red 1) patients reached in under 8 minutes.
- People with first episode of psychosis starting treatment with a NICE-recommended package of care continue to be treated within 2 weeks of referral,

➤ Challenged performance:

- The percentage of patients admitted, transferred or discharged from A&E within 4 hours continues to be reported below the 95% target.

Better health

➤ Good performance:

- Antimicrobial resistance: appropriate prescribing of antibiotics in primary care continues to perform above target.

➤ Challenged performance:

- Utilisation of the NHS e-referral service to enable choice at first routine elective referral is still considerably lower than the national average at 14.2% (against the all England figure of 54%)

Risks

- Cancers diagnosed at an early stage
- Cancer waits: Three patients waited over 100 days for treatment following referral from their GP (62 day wait pathway).

Activity Performance – Variance Summary (Month 8)

Elective Activity

Activity is below plan for most of the elective areas of the acute contracts (referrals; 1st outpatient attendances; and elective admissions); but a small increase in follow-up outpatient appointments. While we are aware of some productivity issues at St. Georges, we are assured that a key driver for this is a consequence of work done with GPs to better manage demand.

Non-elective activity

This remains above plan: for November the year to date figure is approximately 4.7% above plan for non-elective admissions. We are observing an increase in demand for urgent care going in to Winter, although variance on attendances to A&E reduced to 2.1% from 3.3%

Finance & Audit Performance – Summary position (Month 8)

This CCG has a control total of a £0.6m deficit and we continue to report that the CCG will achieve this position. We have included as realistic an assessment as possible in the financial forecasts at this stage. New assessments have been declared in particular areas and these have had an impact on the financial forecast. Particular examples include Property costs and Foetal medicine. Of particular note is a material deterioration in the acute position.

For the year to date position our pro-rata target is a £400k deficit position but we continue to be marginally ahead with a year to date £368k deficit. Back end loaded QIPP still poses a significant but reducing risk as we approach the final quarter of the financial year.

Leadership & Sustainability

Good performance:

- The CCG is rated as 'Green' (2nd highest tier) overall for 'Well led'
- We have a local Strategic Estates Plan (SEP) in place

Challenged performance:

- Rated as 'Red' for 'Financial Plan'; and 'Amber' for In-year financial performance
- In the third quartile nationally for 'Digital interactions between primary and secondary care'
- In the third quartile nationally for 'Effectiveness of working relationships in the local system'



Quality Indicator Scorecard

Domain: BETTER CARE									
IAF Area	Indicator	Quality Premium*	Target	Previous score	Latest score	Change from previous period	13 month / 5 quarter trend	Achieved / did not achieve	Risk warning
Cancer	Cancers diagnosed at early stage	20%	60.0%	46.0%	48.2%	↗			
Mental Health	Improving Access to Psychological Therapies recovery rate		50.0%	48.1%	49.0%	↗			
Urgent and emergency care	Percentage of patients admitted, transferred or discharged from A&E within 4 hours	-25%	95.0%	92.0%	91.2%	↘			

Other Local Indicators of concern / risk									
Domain	Indicator	Quality Premium*	Target	Previous score	Latest score	Change from previous period	13 month / 5 quarter trend	Achieved / did not achieve	Risk warning
Cancer	62 days from GP referral: composite - 1st treatment + rare cancers		85.0%	85.3%	84.8%	↘			
Cancer	100 day+ waits for cancer treatment		0	0	3	↗			

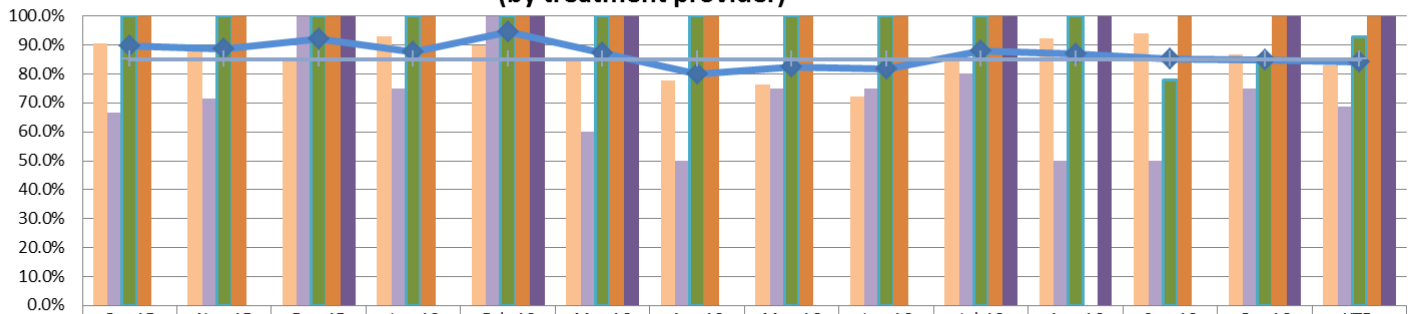


Quality Indicators: Risks

Reference (Date)	Risk / Issue	Impact / Cause	Action(s)	Risk owner
Cancers diagnosed at early stage	The CCG will be assessed against this indicator for 2016/17. Currently data are only available to the end of 2014, suggesting that the CCG was at 48.2%. The target is to achieve 62% by 2020. Approximately 15% of cases are recorded without the 'stage' at diagnosis.	The earlier cancer is diagnosed, the more likely it is to be successfully treated, and survival rates can be dramatically improved. Poor coding of cancer stage at diagnosis impact on the ability to assess how well services are performing against this target.	Advice from the Transforming Cancer Services Team is that Commissioners should work with providers to improve staging completeness. The Commissioning lead is reviewing this and will work with providers to improve data.	CCG cancer lead
Cancer – patients waiting 100+ days from GP referral to treatment (62 day standard)	Three patients waited more than 100 days for treatment; of these 1 waited more than 104 days (the NHS England trigger point for review for harm).	<p>One patient waited for 100 days at ESH. This was categorised as unavoidable due to 'complex diagnostic: they were initially referred for haematuria, with an incidental finding of prostate malignancy on day 52.</p> <p>One patient waited for 103 days and this was a shared long wait for treatment by SGH and Royal Marsden. Details have not been provided as yet.</p> <p>One patient waited for 114 days at SGH due to a 'delay in workup'. This was classified as 'avoidable'. Details are that this was due to a long wait between MDT discussion and PET. Pathway complicated by further investigation of liver lesion to determine if second primary or a metastases. Treatment was delayed until after MRI and liver biopsy</p>	Root cause analyses are undertaken for patients breaching standards, along with assessment of any potential harm to the patient.	Epsom & St Helier / Royal Marsden Hospital / SGH



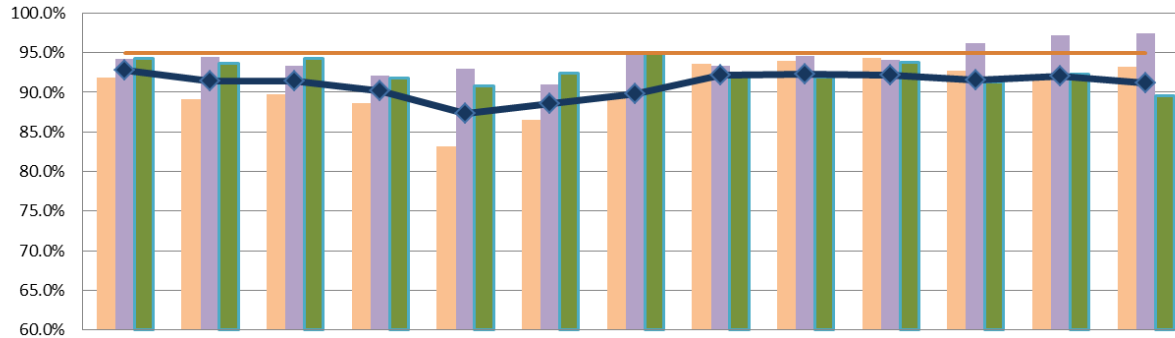
**62 Day cancer first treatment, following an urgent GP referral
(by treatment provider)**



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	YTD
St. Georges	90.5%	90.0%	85.7%	92.9%	90.0%	85.7%	77.8%	76.5%	72.2%	85.7%	92.3%	94.1%	86.7%	83.0%
Royal Marsden	66.7%	71.4%	100.0%	75.0%	100.0%	60.0%	50.0%	75.0%	75.0%	80.0%	50.0%	50.0%	75.0%	68.6%
Epsom	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	77.8%	85.7%	92.7%
Kingston	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%
OTHER Providers	0.0%	0.0%	100.0%	0.0%	100.0%	100.0%	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%	100.0%	100.0%
Merton CCG	89.7%	88.5%	92.0%	87.5%	94.4%	87.1%	80.0%	82.4%	81.8%	88.0%	87.0%	85.3%	84.8%	84.1%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Issue	Cause	Action(s)	Assurance / Gaps
The 62 day wait from urgent GP referral to first treatment was not met in month 7.	<p>The CCG did not meet this standard for October (M7) 2016/17, with a Performance of 84.8% against the 85% Threshold. This was due to 5 breaches from 33 accountable pathways.</p> <p>Two breaches were internal at St Georges 1x Administrative and 1x Delay in workup. One breach was internal at ESTH and was attributed to a complex pathway. One breach was shared between St Georges and The Royal Marsden and was attributed to inter-trust no information. The fifth breach was shared between ESTH and The Royal Marsden and was caused by a Delay in workup</p>	<p>St Georges submitted an STF improvement trajectory for 2016-17 which aimed to meet the 62 day standard by July 2016: this was been achieved for Merton and other CCGs.</p> <p>Royal Marsden has an action plan with other SWL providers and agreed trajectories for ITTs. The ITT trajectories are being monitored through the SWL System Leadership Forum.</p> <p>During October the trust experienced capacity issues in surgery for gynaecology patients. The trust has increased capacity by one full list per week and has strengthened its existing processes of reviewing all patient pathways for clinical urgency and prioritising surgery as appropriate; going forward simple BSO's (bilateral salpingo-oophorectomy) will be performed locally.</p>	While St Georges achieved the target between July and October, they recognise that they are still not in a sustainable position and continue to closely manage this.

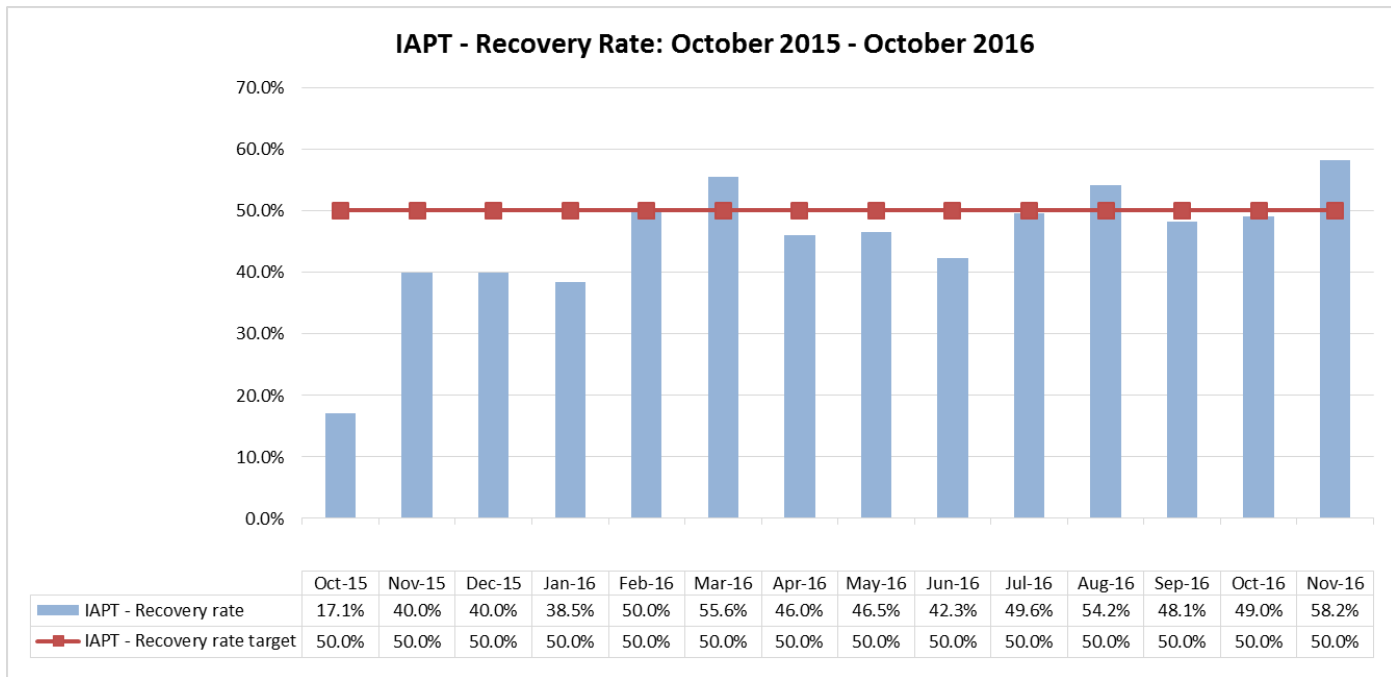
A&E: 4 hour waits



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
St. Georges	91.9%	89.1%	89.8%	88.7%	83.2%	86.5%	89.7%	93.6%	94.0%	94.4%	92.7%	92.2%	93.2%
Epsom & St Helier	94.2%	94.4%	93.4%	92.1%	93.0%	90.9%	94.9%	93.4%	94.6%	94.0%	96.2%	97.2%	97.4%
Kingston	94.3%	93.6%	94.2%	91.7%	90.8%	92.4%	95.0%	92.1%	91.9%	93.8%	91.3%	92.3%	89.6%
Merton CCG	92.8%	91.4%	91.4%	90.2%	87.3%	88.5%	89.8%	92.1%	92.3%	92.2%	91.5%	92.0%	91.2%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Issue	Cause	Action(s)	Assurance / Gaps
The 4 hour wait from arrival to decision to admit or discharge standard has not been met in this financial year by the CCG, due to failure by two of the three local providers (St Georges and Kingston) to meet the target in any month, and the third only achieving the 95% target in August.	<p>Two of the three local providers – St Georges; and Kingston – failed to achieve the 95 % standard.</p> <p>St. Georges failed the national standard in September, achieving 93.20% for the month. This marks an improvement in performance by 1.0 percentage points from the previous month and achievement of their M7 STF trajectory of 92.97%.</p> <p>Kingston also failed the national standard in August, achieving 89.6% against the national and STF target of 95%.</p>	<p>The 'Wandsworth and Merton Emergency Care Delivery Board' has been established to address issues within the local urgent care system. This follows on from recent national requirements to deliver A&E improvements. There are 5 workstreams:</p> <ul style="list-style-type: none"> • A&E Streaming at the Front Door • Increase the % of calls transferred to a clinical advisor • The Ambulance Response Programme • Patient Flow • Improving Discharge Processes <p>This met on 21st September for the first time.</p>	<p>The CCG seeks assurance of progress against improvement plans via regular meetings with the provider.</p> <p>The CSU has been provided with guidance from NHS England on apportioning A&E provider activity to CCGs. This is being reviewed as there is a concern that it does not accurately reflect actual performance for Merton CCG patients. The CCG continues to use the A&E Commissioning Data Set (CDS) to calculate the overall CCG % for 2016/17. This suggests that the overall achievement for Merton CCG patients was 91.2%. This is lower than expected given the SGH and ESH figures, and this apparent discrepancy is being discussed with the Commissioning Support Unit. It is likely that the overall SGH figure is boosted by high performance at the Queen Mary's minor injuries unit: this is used proportionately less by Merton than Wandsworth CCG patients</p>

Exception Report – IAPT Recovery Rate



Issue	Cause	Action(s)	Assurance / Gaps
The Improving Access to Psychological Therapies (IAPT) target for patients moving to recovery was not met in October; narrowly failing with 49.0% (against a target of 50%).	<p>The service has noted under-performance with regard the recovery rate target since April, and a recovery plan has been in place since then.</p> <p>No single cause has been identified for this problem but there are clinical and administrative measures being taken to address it.</p>	<p>Merton IAPT continues to take the actions set out in the Action Plan to improve the recovery rate, these include:-</p> <ol style="list-style-type: none"> 1) Ensuring patients accepted onto the caseload are suitable for the IAPT service model. 2) Ensuring, through supervision, that patients are discharged at the optimum point in their treatment, rather than after a fixed number of therapy sessions 3) Ensuring therapists apply the service's DNA policy appropriately to ensure patients attended therapy sessions appropriately 	<p>The provisional November figures (for the Addaction service provider) shows that the recovery rate was met. This may be adjusted down slightly where patients have seen a provider out of the area; final figures will be provided in the Month 8 report.</p>

Scorecard: Finance & Audit

SUMMARY	Year To Date			Full Year Forecast Outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
Revenue Resource Limit	180,573	180,573	0	270,508	270,508	0
EXPENDITURE						
Acute	91,330	91,769	(439)	136,610	137,473	(863)
Non Acute	43,985	44,561	(576)	65,978	66,658	(681)
Primary Care & Prescribing	37,487	36,723	764	56,232	55,201	1,031
Corporate & Estate Costs	6,387	6,995	(608)	9,581	10,493	(913)
Reserves & Other	1,784	862	922	2,708	1,282	1,426
Total Expenditure	180,973	180,911	62	271,108	271,108	0
In Year Surplus	(400)	(338)	62	(600)	(600)	0

NON ACUTE (see tables 3, 4)	Year To Date			Full Year Forecast Outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
TOTAL MENTAL HEALTH	15,777	16,025	(247)	23,666	24,037	(371)
TOTAL LEARNING DIFFICULTIES	1,164	1,191	(28)	1,745	1,787	(42)
TOTAL END OF LIFE CARE AND HOSPICES	585	630	(44)	878	944	(66)
TOTAL LONG TERM CONDITIONS	123	96	26	184	144	40
TOTAL URGENT AND INTERMEDIATE CARE	4,536	4,441	95	6,804	6,668	136
TOTAL COMMUNITY SERVICES	13,167	13,123	44	19,750	19,493	257
TOTAL CHILDREN SERVICES	1,726	1,562	164	2,589	2,344	244
TOTAL ADULT CONTINUING CARE	6,908	7,493	(585)	10,362	11,241	(879)
TOTAL NON ACUTE COMMISSIONING	43,985	44,561	(576)	65,978	66,658	(681)

PRESCRIBING (see table 5)	Year To Date			Full Year Forecast Outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
TOTAL PRESCRIBING	15,744	15,686	58	23,616	23,529	87
TOTAL PRIMARY CARE DELEGATED BUDGET	18,811	18,547	264	28,218	28,018	200
LOCAL ENHANCED SERVICES	225	199	26	338	229	109
TOTAL OUT OF HOURS	1,300	1,297	3	1,950	1,900	50
TOTAL PRIMARY CARE OTHER	1,407	994	413	2,111	1,526	585
TOTAL PRIMARY CARE & PRESCRIBING	37,487	36,723	764	56,232	55,201	1,031

CORPORATE AND ESTATES (see table 6)	Year To Date			Full Year Forecast Outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
TOTAL RUNNING COSTS	2,931	2,931	0	4,397	4,397	0
TOTAL CSU CHARGES	859	921	(62)	1,288	1,382	(93)
TOTAL OTHER CORPORATE COSTS	2,483	2,760	(277)	3,724	4,141	(416)
PROPERTY COSTS	114	383	(269)	171	574	(403)
TOTAL CORPORATE & ESTATE COSTS	6,387	6,995	(608)	9,581	10,493	(913)

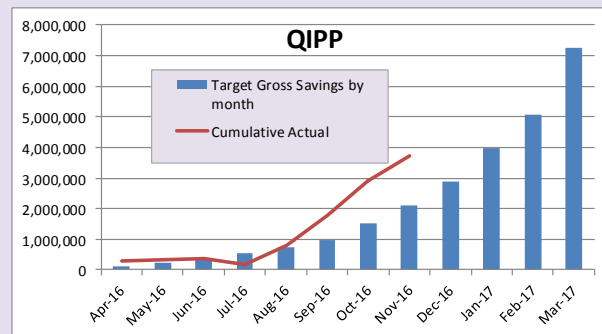
STATUTORY DUTIES AND PERFORMANCE

Statutory Duty	Area	YTD	Forecast
Not to exceed RRL	Revenue	(338)	(600)
Not to exceed running cost allocation	Running costs	0	0
Not to exceed CRL	Capital	0	0
Deliver a recurrent surplus	Revenue	(0.2)%	(0.2)%
Deliver a 0.5% in year surplus	Revenue	(0.2)%	(0.2)%
Comply with BPPC #	Business conduct	98.2%	98.2%
Comply with BPPC £	Business conduct	99.1%	99.1%
Fully deliver planned QIPP	QIPP	176.9%	96.0%

ACUTE CONTRACT EXPENDITURE TOP 5 (see table 2)	Year To Date			Full Year Forecast Outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
ST GEORGE'S HEALTHCARE TRUST	40,936	41,342	(406)	61,030	62,398	(1,367)
EPSOM & ST. HELIER UNIVERSITY HOSPITALS NHS TRUST - ACUTE	21,387	21,116	271	32,080	31,435	646
KINGSTON NHS TRUST	6,915	7,027	(112)	10,373	10,621	(248)
LAS - EMERGENCY SERVICE CONTRACT	4,312	4,385	(73)	6,468	6,762	(294)
EPSOM & ST. HELIER UNIVERSITY HOSPITALS NHS TRUST - SWLEOC	3,189	3,169	20	4,783	4,641	142
ALL OTHER CONTRACTS + ACUTE NON-SLA BUDGETS	14,591	14,731	(139)	21,875	21,617	259
	91,330	91,769	(439)	136,610	137,473	(863)

ACUTE CONTRACT VARIANCE BY POD	SGH	ESH	KHT	Other Providers	Total
	Elective	(682)	580	(80)	(753)
Emergency	485	164	124	(172)	601
Non-Elective	(78)	52	0	(49)	(75)
Maternity Pathway	678	85	(33)	6	736
A&E	17	104	(35)	(35)	51
Out Patient 1st	141	194	10	72	417
Out Patient Follow Up	(23)	96	(65)	128	136
Out Patient Procedure	(685)	32	37	165	(451)
Unbundled Diagnostics	(299)	107	(4)	(70)	(266)
Critical Care	373	110	1	136	620
Other PODs	(1,294)	(878)	(203)	679	(1,697)
	(1,367)	646	(248)	107	(863)

BALANCE SHEET AS AT Nov-16	Actual
	£000's
Property, Plant And Equipment	738
Current Trade And Other Receivables	2,103
Cash And Cash Equivalents	(927)
Current Trade And Other Payables	(15,936)
Current Other Liabilities	(542)
General Fund	(14,564)
	14,564



Finance & Audit: Exception Reports & Risks

Key variances, risks and mitigations

Acute –

Prima facie, the full year forecast acute position has improved by £29k to an adverse variance of £863k. However, we have included the benefit of a £590k increase in allocation regarding foetal medicine which, if stripped out, would bring the full year forecast adverse variance to £1,453k.

Primary Care & Prescribing –

Overall, the full year forecast favourable variance has improved by £255k to £1,031k. £202k of this is due to prescribing improvement. This trend is in keeping with the year to date trends.

Corporate and Estates –

The full year adverse variance is £913k. The position has deteriorated this month as we have now included a forecast on the likely impact of the net effect of NHS Property Services' change in policy. This accounts for £445k of the overall deterioration in the variance. Members of the committee are aware that the CCG is exposed to the net effect of market rents, net changes in void costs and other technical accounting changes in calculating space used. At the last Finance Committee, it was agreed to bring in an estimate of the financial impact on property in to the M8 position.

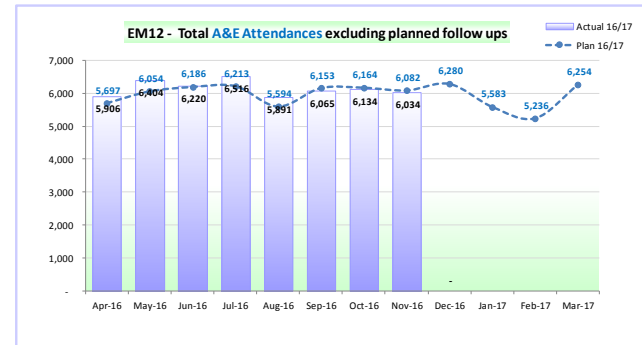
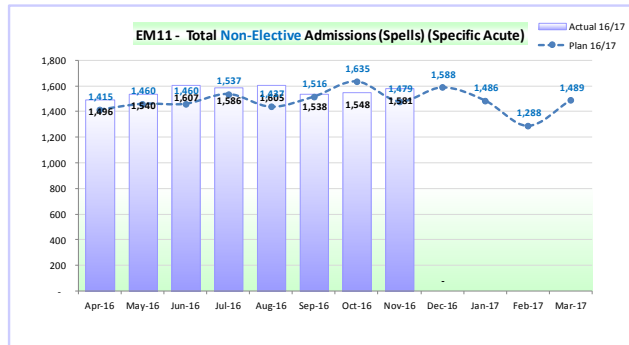
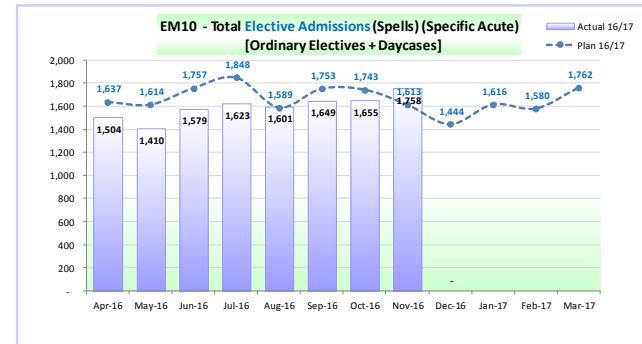
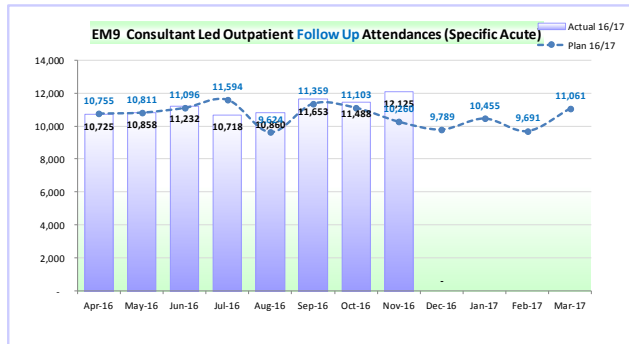
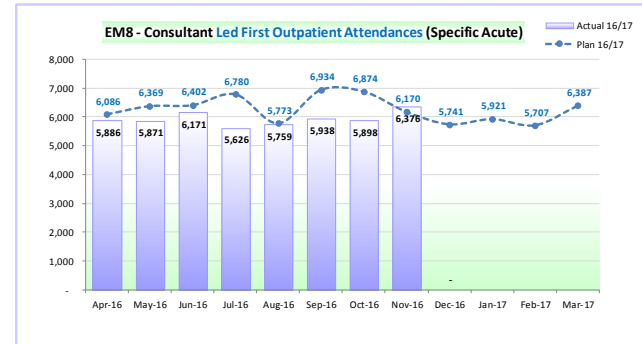
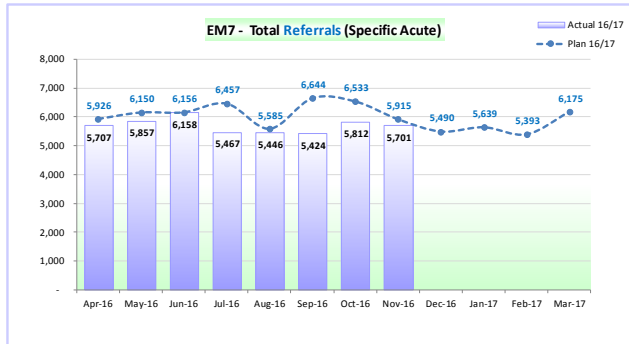


Scorecard: Activity Performance (Month 7)

EM Number	EM - Detail	Metric	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Year to Date	Year End Totals & Forcast	
EM7	Total Referrals (Specific Acute)	Actual 15/16	5,820	5,860	6,247	6,298	5,520	6,350	6,113	5,434	5,375	5,891	5,810	6,153	47,642	70,871	
		Plan 16/17	5,926	6,150	6,156	6,457	5,585	6,644	6,533	5,915	5,490	5,639	5,393	6,175	49,366	72,063	
		Actual 16/17	5,707	5,857	6,158	5,467	5,446	5,424	5,812	5,701					45,572	68,358	
		Variance	-219	-293	2	-990	-139	-1220	-721	-214						-3794	-5,691
		% Variance Vs Plan	-3.7%	-4.8%	0%	-15%	-2%	-18%	-11%	-4%						-7.7%	-7.9%
		16/17 Actual Growth	-1.94%	-0.05%	-1.42%	-13.19%	-1.34%	-14.58%	-4.92%	4.91%						-4.34%	
EM8	Consultant Led First Outpatient Attendances (Specific Acute)	Actual 15/16	5,660	5,874	6,732	6,340	5,501	6,508	6,464	6,603	5,352	5,290	5,684	5,488	49,682	71,496	
		Plan 16/17	6,086	6,369	6,402	6,780	5,773	6,934	6,874	6,170	5,741	5,921	5,707	6,387	51,388	75,144	
		Actual 16/17	5,886	5,871	6,171	5,626	5,759	5,938	5,898	6,376	-				47,525	71,288	
		Variance	-200	-498	-231	-1154	-14	-996	-976	206						-3863	-5,795
		% Variance Vs Plan	-3.3%	-7.8%	-3.6%	-17.0%	-0.2%	-14.4%	-14.2%	3.3%						-7.5%	-7.7%
		16/17 Actual Growth	3.99%	-0.05%	-8.33%	-11.26%	4.69%	-8.76%	-8.76%	-3.44%						-4.34%	
EM9	Consultant Led Outpatient Follow Up Attendances (Specific Acute)	Actual 15/16	11,303	10,892	12,067	11,824	9,990	11,738	11,764	11,620	10,418	10,279	10,796	10,753	91,198	133,444	
		Plan 16/17	10,755	10,811	11,096	11,594	9,624	11,359	11,103	10,260	9,789	10,455	9,691	11,061	86,602	127,598	
		Actual 16/17	10,725	10,858	11,232	10,718	10,860	11,653	11,488	12,125	-				89,659	134,489	
		Variance	-30	47	136	-876	1236	294	385	1865						3057	4,586
		% Variance Vs Plan	-0.3%	0.4%	1.2%	-7.6%	12.8%	2.6%	3.5%	18.2%						3.5%	3.6%
		16/17 Actual Growth	-5.11%	-0.31%	-6.92%	-9.35%	8.71%	-0.72%	-2.35%	4.35%						-1.69%	
EM10	Total Elective Admissions (Spells) (Specific Acute) [Ordinary Electives + Daycases]	Actual 15/16	1,503	1,498	1,674	1,715	1,467	1,703	1,607	1,756	1,461	1,566	1,647	1,541	12,923	19,138	
		Plan 16/17	1,637	1,614	1,757	1,848	1,589	1,753	1,743	1,613	1,444	1,616	1,580	1,762	13,554	19,956	
		Actual 16/17	1,504	1,410	1,579	1,623	1,601	1,649	1,655	1,758	-				12,779	19,169	
		Variance	-133	-204	-178	-225	12	-104	-88	145						-775	-1,163
		% Variance Vs Plan	-8.1%	-12.6%	-10.1%	-12.2%	0.8%	-5.9%	-5.0%	9.0%						-5.7%	-5.8%
		16/17 Actual Growth	0.07%	-5.87%	-5.68%	-5.36%	9.13%	-3.17%	2.99%	0.11%						-1.11%	
EM11	Total Non-Elective Admissions (Spells) (Specific Acute)	Actual 15/16	1,400	1,383	1,454	1,458	1,368	1,377	1,531	1,545	1,594	1,514	1,447	1,493	11,516	17,564	
		Plan 16/17	1,415	1,460	1,460	1,537	1,437	1,516	1,635	1,479	1,588	1,486	1,288	1,489	11,939	17,790	
		Actual 16/17	1,496	1,540	1,607	1,586	1,605	1,538	1,548	1,581	-				12,501	18,752	
		Variance	81	80	147	49	168	22	-87	102						562	843
		% Variance Vs Plan	5.7%	5.5%	10.1%	3.2%	11.7%	1.5%	-5.3%	6.9%						4.7%	4.7%
		16/17 Actual Growth	6.86%	11.35%	10.52%	8.78%	17.32%	11.69%	1.11%	2.33%						8.55%	
EM12	Total A&E Attendances excluding planned follow ups	Actual 15/16	5,741	6,004	6,031	6,094	5,631	5,775	6,079	6,162	5,983	6,007	6,112	6,766	47,517	72,385	
		Plan 16/17	5,697	6,054	6,186	6,213	5,594	6,153	6,164	6,082	6,280	5,583	5,236	6,254	48,143	71,496	
		Actual 16/17	5,906	6,404	6,220	6,516	5,891	6,065	6,134	6,034	-				49,170	73,755	
		Variance	209	350	34	303	297	-88	-30	-48						1027	1,541
		% Variance Vs Plan	3.7%	5.8%	0.5%	4.9%	5.3%	-1.4%	-0.5%	-0.8%						2.1%	2.2%
		16/17 Actual Growth	2.87%	6.66%	3.13%	6.92%	4.62%	5.02%	0.90%	-2.08%						3.48%	



Scorecard: Activity Performance (Month 7)



Activity Performance: Variance Commentary

Variance commentary

Referrals (-7.7% Year to date)

The underperformance is an expected direction of travel, and continues a downward trend that began in November 2015. The main driver for this is a reduction in GP referrals; analysis shows that consultant to consultant referrals have increased, which is limiting the benefit to reducing demand on outpatients. We are therefore confident and assured that this downturn represents a successful campaign to manage demand for acute services.

Consultant led 1st Outpatient Attendances (-7.5% Year to date)

For 2016-17 Merton CCG has focussed a significant part of its QIPP and Transformation programmes on mitigating historical growth in demand for planned care. We have so far observed a positive effect over and above what we initially planned to deliver. We have observed an overall downturn in outpatient activity at all three of our main acute providers. Whilst we are conscious that acute data quality is not perfect, we are confident that the vast majority of this variance against plan is real reduction in activity, and that this positive change is in part due to our work with primary care to mitigate demand.

However we are also conscious that there are significant capacity and operational effectiveness issues declared by St Georges hospital resulting in large backlogs of patients waiting to be seen. This may also be driving some of the underperformance against plan in outpatient activity.

Consultant led Follow-up Outpatient Attendances (+3.5% Year to date)

Whilst we have continued to drive down demand on outpatients from new referrals, we are observing an increase in follow-up attendances. This means demand on outpatient services remains high and it impedes RTT recovery. We are analysing the source of this demand and will be working with particular Trusts to find a resolution.

Elective Admissions (-5.7% Year to date)

Merton CCG feel assured that this is a positive change, in part due to our work to mitigate demand on acute hospitals. We are assured that this variance is due to actual activity rather than data.

Again we are also aware however of a serious productivity issue with St Georges hospital resulting in a significant admitted backlog, and we have observed an increase in inpatient and day-case run-rates which is reassuring that the backlog is being cleared.

Non-elective admissions (+4.7% Year to date)




Activity remains above plan. Merton CCG is aware of an increase in the number of short-stay patients admitted as an emergency, particularly at St Georges. We are observing particular pressure on urgent care as we go into Winter and are managing the situation with our acute providers on a daily basis to ensure they are supported through challenging periods.



A&E attendances (+2.1% Year to date)

Whilst hospitals have experienced continued pressure throughout Winter the our variance against plan for A&E attendances has reduced significantly to 2.1%



CCG Improvement & Assessment Framework: Sustainability / Well-Led

Domain: SUSTAINABILITY							
IAF Area	Indicator	Latest Data Period	Previous score	Latest CCG score	England Score	Change from previous period	Risk warning
Financial sustainability	Financial plan	2016	Red	Red		↔	
	In-year financial performance	Q1 2016/17		Amber			
Allocative efficiency	Outcomes in areas with identified scope for improvement		CCG not included in wave one				
	Expenditure in areas with identified scope for improvement						
Paper-free at the point of care	Digital interactions between primary and secondary care	Q2 2016/17	56.4%	57.4%		↗	
Estates strategy	Local strategic estates plan (SEP) in place	2016/17	Yes	Yes		↔	

Domain: WELL LED							
IAF Area	Indicator	Latest Data Period	Previous score	Latest CCG score	England Score	Change from previous period	Risk warning
Workforce engagement	Staff engagement index	2015	3.80	3.80	3.80		
	Progress against workforce race equality standard	Jul-15	0.32	0.32			
CCGs' local relationships	Effectiveness of working relationships in the local system	2015/16	66.4%	66.4%		↔	
Quality of leadership	Quality of CCG leadership	Q1 2016/17	Green	Green		↔	



Sustainability & Leadership: Risks

Risks and mitigations

Domain / Area	Issue / Risk	Mitigation
Sustainability: Financial sustainability	ISSUE. The financial plan is rated as Red for 2016/17.	This is a default rating as the CCG did not achieve a 1% surplus as required by NHS Business Rules.
Sustainability: Financial sustainability	RISK. The In-year financial performance is rated as 'Amber'.	The CCG has forecast a year-end deficit of 0.6M, reliant on delivery of QIPP programmes. This again is not within the business rules requirement of achieving a 1% surplus. The CCG QIPP programme is designed to deliver cost reduction and efficiency in the CCGs business and commissioned services in order to restore financial balances to a sustainable position.
Sustainability: Paper free at the point of care	RISK. 'Digital interactions between primary and secondary care' are in the third (i.e. second bottom) quartile nationally. This indicator is a composite of: <ul style="list-style-type: none"> • % utilisation of EPS2 (electronic prescribing) • Use of the NHS e-referral system; • Accessing GP summary information across ambulance, 111 and A&E services; • % of care summaries shared with GPs when patients are discharged. 	As at August 2016, the % usage of electronic prescribing in Merton practices ranged from 91%, down to 11%; the overall average percentage use was just under 50%. There is a 2016/17 GMS contract target for 80% of repeat prescriptions to be issued electronically. The CCG has a known issue with use of the e-referral system. It is expected that there may be some improvement in this once the referral management centre comes online; although there remains an issue with the number of clinics made available on the system by St. George's.
Well led: Effectiveness of working relationships in the local system	RISK. Effectiveness of working relationships in the local system' are in the third (i.e. second bottom) quartile nationally. This indicator is scored as the average response of each respondent to two of the questions in the 360 degree review of the CCG, that is completed by key local stakeholders.	In 1617 Merton CCG has embarked on a significant initiative to engage with primary care and work with providers in a more effective way. We are already seeing the benefits of this including buy-in to reducing demand and delivering transformation

