

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

Date of Meeting: 24th March 2016

Agenda No: 8.1

Attachment: 14

<p>Title of Document: Month 9 (December 2015) Quality & Performance Exception Report</p>	<p>Purpose of Report: To update the Governing Body on performance against national and local performance and quality standards</p>
<p>Report Author: Chris Clark, Head of Performance</p>	<p>Lead Director: Lynn Street, Director of Quality & Performance</p>
<p>Contact details: Lynn.street@mertonccg.nhs.uk Chris.clark@mertonccg.nhs.uk</p>	
<p>Executive Summary: The Month 9 Quality & Performance Report provides a December 2015 update to the Governing Body on CCG achievement against national and local performance and quality standards. The report covers the main performance and quality priorities: Improving the health of the local population, NHS Constitutional standards for patients with exception reporting and key quality metrics such as provider quality of service and serious incident reporting.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc:</p> <ul style="list-style-type: none"> • Constitutional pledges (page 4) – In December 2015 the CCG did not meet the constitutional standards for 18 Week referral to treatment on incomplete pathways, 6 week wait for diagnostics, 4 hour wait for A&E, 31 Day wait for first definitive cancer treatment, 31 day wait for cancer surgery, Ambulance response times. • Improving Access to Psychological Therapies – The CCG is in line to meet its recovery trajectory. 	
<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.</p>	
<p>Committees which have previously discussed/agreed the report: CCG Senior Management Team, Clinical Quality Committee</p>	
<p>Financial Implications: Nil</p>	
<p>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.</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.</p>	
<p>Equality Assessment: No impact on equality</p>	
<p>Information Privacy Issues: Following approval, the quality & performance scorecard will be included in Governing Body Public Meeting papers 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) N/A</p>	