NHS
Merton
Clinical Commissioning Group

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 24th September 2015

Agenda No: 8.1 **Attachment:** 13

Title of Document: M3 Balanced Scorecard	**Purpose of Report:** For Review
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Executive Summary: The report summarises Merton CCG performance on the top 8 priorities as identified by NHS England. It provides an overview of performance of the CCG constitutional standards and Improving the Health of our Local Population indicators and actions that are being taken to address areas of underperformance.	
Key sections for particular note (paragraph/page), areas of concern etc: During month 3 Merton CCG did not achieve the 4 hour waiting time standard due to continued pressures at St. Georges NHS Trust. Half of London Trusts did not meet this target in July. London Ambulance services continue to breach response time standards due to on-going staff capacity constraints. Due to changes in national guidance that removes penalties to providers and commissioners for breaching the admitted and non-admitted Referral to Treatment standard, the CCG has ceased to RAG rate these indicators.	
Recommendation(s): The Governing body is requested to note the report and actions that are being taken to address areas of underperformance.	
Committees which have previously discussed/agreed the report: Merton CCG Clinical Quality committee received and approved the Month 3 Quality and Performance report. The CCG is in the process of conducting deep dive analysis of each of the constitutional performance indicators to identify Merton specific issues. The CCG directors have reviewed the first deep dive into the Referral to Treatment standard and have agreed an outline action plan to address increased referrals for consultant led treatment. This plan will initially focus on primary care engagement to impact increasing levels of RTT demand and, once fully mobilised, utilise the Out-Patient Navigation Programme to facilitate navigation of referrals to non-acute services.	
Financial Implications: A Quality Premium of c£1m is dependent on the CCG meeting all constitutional pledges and improving the quality of health for local people**.** Failure to achieve a quality premium indicator reduces the award by 12.5% for each failed indicator.	
Implications for CCG Governing Body: NHS England will seek assurance from the CCG that actions are in place to address areas of underperformance and that the CCG has a robust approach to performance management.	

How has the Patient voice been considered in development of this paper: Key performance indicators are informed by the NHS Constitution and the NHS Operating Plan.
Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing) None
Equality Assessment: Not completed.
Information Privacy Issues: In year proxy measures and unplanned hospitalisation data is derived from unpublished sources and subject to data quality issues.
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) None

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Balanced Scorecard

Month 3

Murrae Tolson

18 September 2015

right care
right place
right time
right outcome

Content

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1. Constitutional Pledges

Constitutional Pledges

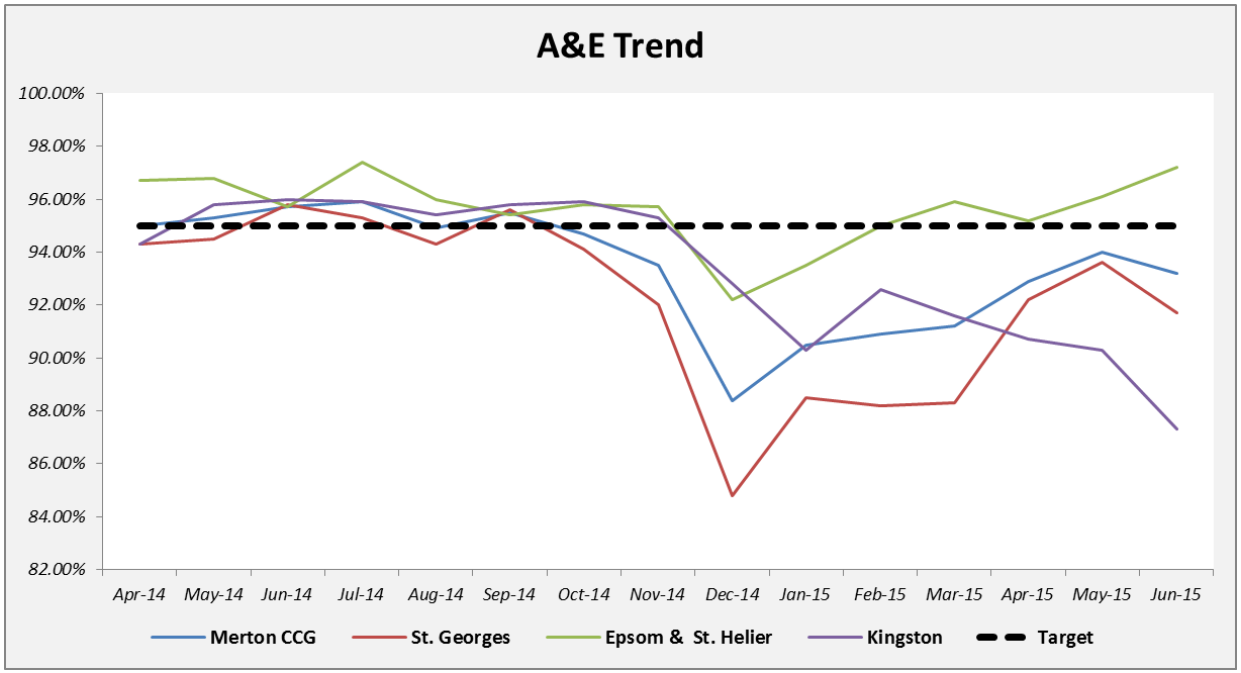
Indicator	Quality Premium	Target	Feb-15	Mar-15	Apr-15	May-15	Jun-15	2015/16 YTD	2014/15 YTD
RTT 18 weeks (admitted patients)*	30%	90%	86.5%	84.0%	87.7%	88.2%	86.3%	88.0%	89.8%
RTT 18 weeks (non admitted patients)*		95%	93.5%	94.4%	95.0%	95.1%	94.2%	95.1%	95.4%
RTT 18 weeks (incomplete pathways)		92%	92.10%	92.10%	91.4%	92.0%	92.8%	92.0%	92.9%
Diagnostic tests waiting time		99%	98.9%	99.10%	98.2%	97.9%	99.1%	98.1%	99.1%
A and E waiting times	30%	95%	90.9%	91.2%	92.9%	94.0%	93.2%	93.3%	95.0%
Cancer two weeks (monthly)	20%	93%	96.10%	96.90%	93.8%	94.2%	93.8%	94.0%	96.9%
Breast symptoms two weeks (monthly)		93%	98.60%	96.80%	88.2%	95.7%	98.8%	92.6%	96.4%
Cancer first definitive treatment 31 days (monthly)		96%	96.50%	100.00%	94.8%	95.7%	100.0%	95.2%	98.9%
Cancer subsequent treatment 31 days, surgery (monthly)		94%	100%	90.0%	100.0%	100.0%	100.0%	100.0%	97.3%
Cancer subsequent treatment 31 days, drug (monthly)		98%	100%	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer subsequent treatment 31 days, radiotherapy (monthly)		94%	100%	100.00%	95.7%	100.0%	100.0%	97.4%	97.7%
Cancer composite, 62 days first treament plus rare cancers (monthly)		85%	87.10%	84.0%	83.8%	87.1%	92.6%	85.3%	83.4%
Cancer first treatment 62 days, Screening (monthly)		90%	100.00%	66.7%	66.7%	100.0%	100.0%	85.7%	95.2%
Cancer first treatment 62 days, Consultant upgrade (monthly)			--	100%	- -	--		- -	--
Ambulance Red 1 8 minute response	20%	75%	67.1%	62.7%	69.5%	67.1%	66.6%	68.3%	77.0%
Ambulance Red 2 8 minute response		75%	58.7%	59.1%	64.7%	66.5%	65.2%	65.6%	70.8%
Ambulance Red 19 minute transportation		95%	91.9%	92.3%	94.3%	94.6%	93.4%	94.4%	96.5%
Mixed sex accommodation breaches		0	0	0	0	1	0	1	0
RTT 52 weeks (admitted patients)		0	0	0	0	0	0	0	0
RTT 52 weeks (non admitted patients)		0	1	0	0	0	0	0	1
RTT 52 weeks (incomplete pathways)		0	1	0	0	0	0	0	1

*** RTT 18 weeks admitted & non - admitted patients: sanctions for these targets will no longer apply from 1st October**

Top 8: A&E

Issues: Merton CCG is affected by St. Georges A&E waits. St George's failed the A & E target in June with performance of 91.3%. In addition, the unvalidated position for July is 92.18% against the target of 95%. Wait for specialist opinion has been reported as the main cause of breaches in recent weeks (22%), followed by clinical reasons (14%) and wait for first clinician (12%).

Actions: The trust has an internal target for patients to be seen by a specialist within 30 minutes of referral and they have started publishing performance data by specialty on their intranet. Commissioners continue to monitor St George's against their Action Plan, as agreed in the Joint Investigation and the trust has so far achieved the required actions as part of the plan. In addition, commissioners are monitoring the trust against the flow and capacity schemes agreed during the contract negotiations in 2015/16. The capacity schemes include the addition of 75 beds over the course of 15/16. These schemes, alongside the Action Plan, will be the main drivers of performance improvement



Areas of concern: Implementation of the planned additional beds at St. Georges has been delayed, however this is not thought to currently be impacting on A&E performance. Commissioners are conscious that implementation of the action plan to increase flow at St. Georges is essential to facilitate improved A&E performance and that the Trust needs to be held to account for delivery of this plan. Whilst it is a positive step that the Trust is publishing performance data by speciality on their intranet, commissioners recognise the need for senior leadership to take ownership of improved performance for this performance data**.** This has been escalated to the Merton CCG Chief Officer.

RTT Incomplete 18 wks - Merton performance

Merton CCG 18 week Incomplete Performance – 2015/16 Month 3 (Target 92%)									
	Apr-15			May-15			Jun-15		
	% Performance	Completed pathways	Breaches	% Performance	Completed pathways	Breaches	% Performance	Completed pathways	Breaches
100 GENERAL SURGERY	90.3%	1,107	107	88.9%	1,181	131	91.8%	1,140	93
101 UROLOGY	86.9%	594	78	87.0%	585	76	85.7%	623	89
110 TRAUMA & ORTHOPAEDICS	88.6%	1,687	192	88.0%	1,803	216	88.0%	1,776	213
120 ENT	87.3%	872	111	87.7%	922	113	89.4%	963	102
130 OPHTHALMOLOGY	95.7%	1,308	56	94.4%	1,426	80	94.8%	1,358	71
140 ORAL SURGERY	99.2%	591	5	99.5%	606	3	99.1%	573	5
150 NEUROSURGERY	90.0%	150	15	96.2%	157	6	96.7%	151	5
160 PLASTIC SURGERY	90.9%	232	21	91.8%	267	22	92.8%	290	21
170 CARDIOTHORACIC SURGERY	47.1%	17	9	65.2%	23	8	70.4%	27	8
300 GENERAL MEDICINE	95.0%	381	19	97.1%	374	11	97.4%	341	9
301 GASTROENTEROLOGY	92.4%	645	49	93.0%	658	46	93.0%	713	50
320 CARDIOLOGY	88.7%	538	61	90.5%	536	51	91.4%	535	46
330 DERMATOLOGY	95.6%	797	35	96.1%	902	35	96.3%	970	36
340 RESPIRATORY MEDICINE	92.3%	246	19	95.1%	265	13	95.5%	288	13
400 NEUROLOGY	95.4%	395	18	97.8%	415	9	98.6%	435	6
410 RHEUMATOLOGY	97.8%	275	6	96.8%	308	10	96.1%	285	11
430 GERIATRIC MEDICINE	100.0%	14	0	100.0%	13	0	100.0%	11	0
502 GYNAECOLOGY	82.3%	1,187	210	87.6%	1,167	145	90.0%	1,175	117
Others	93.9%	2,501	153	93.8%	2,534	157	95.1%	2,583	127
Total	**91.4%**	**13,537**	**1164**	**92.0%**	**14,142**	**1131**	92.8%	14,237	1,022

Top 8: RTT 18 weeks Trust performance

Issues: Merton CCG achieved the incomplete target with performance of 92.8%. Certain specialities continue to experience challenges in meeting the incomplete standard: General Surgery, Urology, Trauma and Orthopaedics and ENT, particularly at St. Georges.

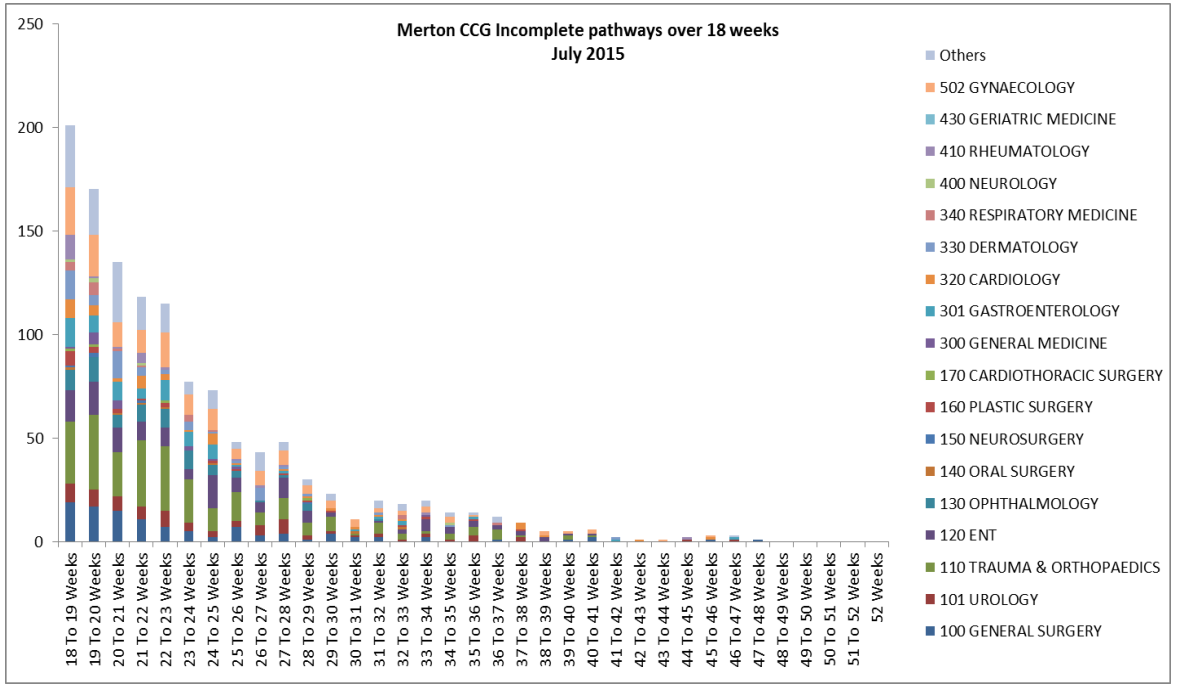
Actions: Initial analysis has been conducted to identify alternative providers which have capacity for RTT activity to be diverted to. This has been discussed at the SRG RTT meeting. The challenged specialties will have summits with commissioners where it will be decided whether to redirect referrals, invest in SGH or change pathways.

Areas for concern: Additional RTT activity will have a funding implication, however Trusts have not provided assurance that they have capacity to meet this demand. Merton CCG is concerned about the amount of primary care referrals into acute Trusts and are investigating options to change referral pathways facilitated through the out-patient navigation programme.

Provider Performance - RTT Incomplete - Month 3 2015/16			
Target 92%			
Treatment Function Description	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	KINGSTON HOSPITAL NHS FOUNDATION TRUST	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
General Surgery	95.0%	94.1%	91.3%
Urology	91.0%	92.3%	85.4%
Trauma & Orthopaedics	85.7%	96.8%	89.0%
ENT	94.1%	97.6%	88.1%
Ophthalmology	98.9%	98.8%	100.0%
Oral Surgery	91.3%	98.1%	98.8%
Neurosurgery	0.0%	0.0%	96.1%
Plastic Surgery	100.0%	92.1%	92.6%
Cardiothoracic Surgery	0.0%	0.0%	75.8%
General Medicine	98.0%	96.8%	95.0%
Gastroenterology	98.6%	98.1%	92.3%
Cardiology	94.3%	94.2%	92.2%
Dermatology	98.3%	94.1%	96.4%
Thoracic Medicine	100.0%	95.6%	94.9%
Neurology	97.9%	93.7%	98.3%
Rheumatology	97.6%	95.2%	96.0%
Geriatric Medicine	96.1%	99.1%	69.4%
Gynaecology	92.7%	92.2%	88.2%
Other	96.8%	95.2%	94.8%
Total	**93.5%**	**95.7%**	**92.4%**

RTT Merton Backlog

Speciality	St. Georges	Epsom & St. Helier	Kingston
GENERAL SURGERY	83	17	3
UROLOGY	53	19	2
TRAUMA & ORTHOPAEDICS	114	126	5
ENT	116	15	2
OPHTHALMOLOGY	0	4	2
ORAL SURGERY	7	0	0
NEUROSURGERY	5	0	0
PLASTIC SURGERY	23	0	0
CARDIOTHORACIC SURGERY	4	0	0
GENERAL MEDICINE	9	7	0
GASTROENTEROLOGY	66	2	1
CARDIOLOGY	36	5	1
DERMATOLOGY	34	5	13
RESPIRATORY MEDICINE	17	0	1
NEUROLOGY	3	1	0
RHEUMATOLOGY	21	2	2
GERIATRIC MEDICINE	0	0	0
GYNAECOLOGY	125	18	6
Others	82	21	12
Total	**798**	**242**	**50**

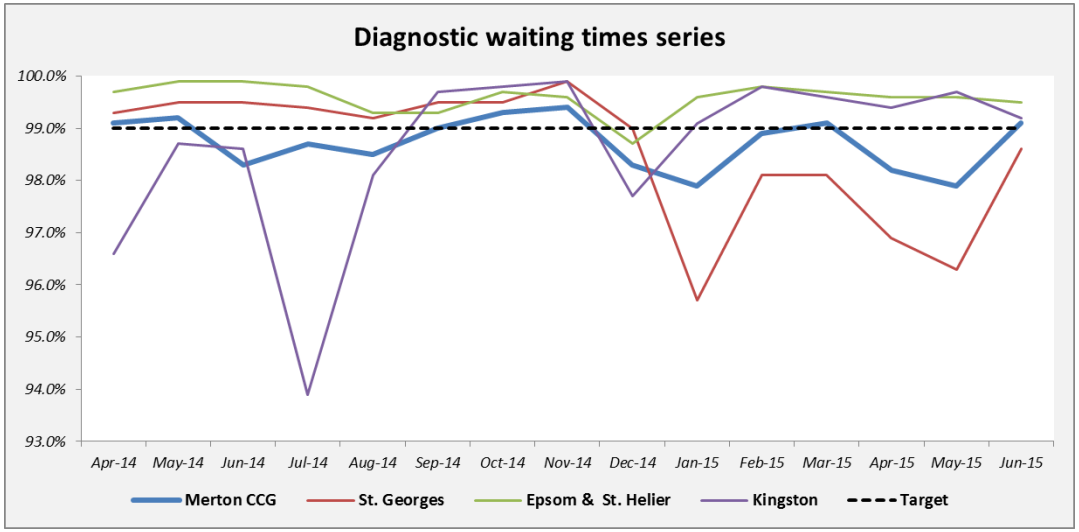


Whilst meeting constitutional standards is a performance priority, patient safety and wellbeing is the CCGs primary concern. To this end, providers have, through Clinical Quality Review Groups, provided assurance that waiting lists are managed efficiently, however with clinical priority.

Whilst waiting lists are managed on chronological order, available appointments are optimised based on patient availability. Trusts also conduct regular clinical review of patients on the waiting lists to expedite treatment for those patients with higher acuity. The regularity of the clinical reviews is determined by the clinical risk of the speciality or sub-speciality. These processes have been presented and agreed by clinicians who are members of the CQRGs.

Top 8: Merton diagnostics performance

TEST/PROCEDURE	Total waits	No. over 6 weeks	% over 6 weeks
Audiology - Audiology Assessments	92	0	0.0%
Barium Enema	0	0	0.0%
Cardiology - echocardiography	76	1	1.3%
Cardiology - electrophysiology	0	0	0.0%
Colonoscopy	111	1	0.9%
Computed Tomography	283	1	0.4%
Cystoscopy	51	1	2.0%
DEXA Scan	22	0	0.0%
Flexi sigmoidoscopy	75	1	1.3%
Gastroscopy	147	3	2.0%
Magnetic Resonance Imaging	499	8	1.6%
Neurophysiology - peripheral neurophysiology	58	0	0.0%
Non-obstetric ultrasound	1232	9	0.7%
Respiratory physiology - sleep studies	1	0	0.0%
Urodynamics - pressures & flows	25	0	0.0%
Grand Total	**2672**	**25**	**0.9%**

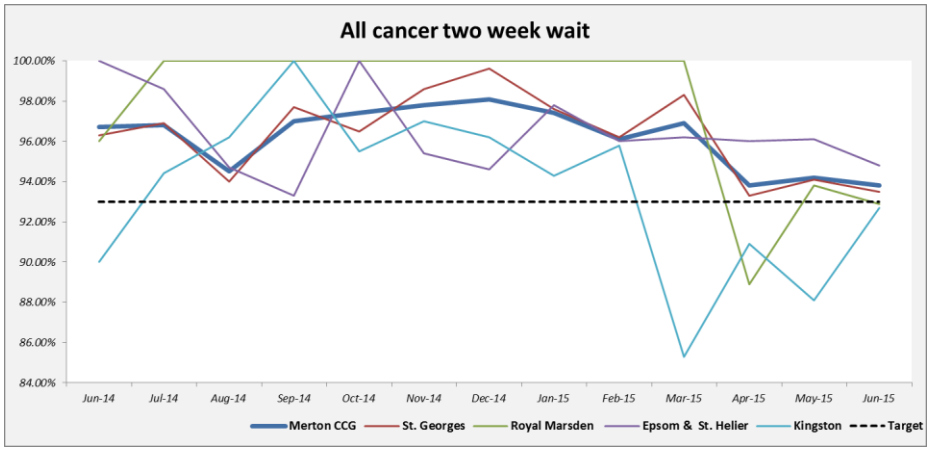


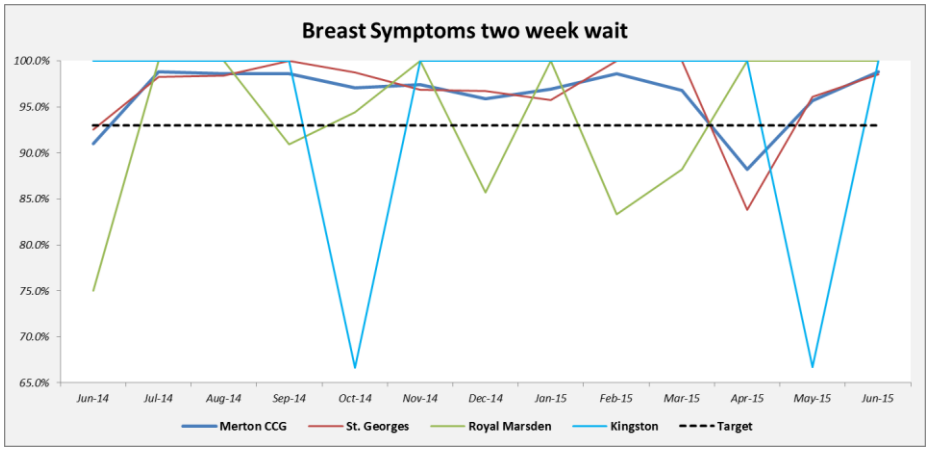
Issues: Although Merton CCG met the diagnostics standard in June, St George's failed the diagnostics target with performance of 98.4%. Ultrasound continues to be the main pressure and accounted for 42 of the 51 breaches. The pressure in ultrasound continues to be capacity related and the trust is taking a number of actions to increase capacity and mitigate the delays. Actions include additional capacity at QMR, utilising capacity at the Nelson, increasing MSK capacity and agreeing additional sessions with sonographers. Cardiac MRI remains pressured.

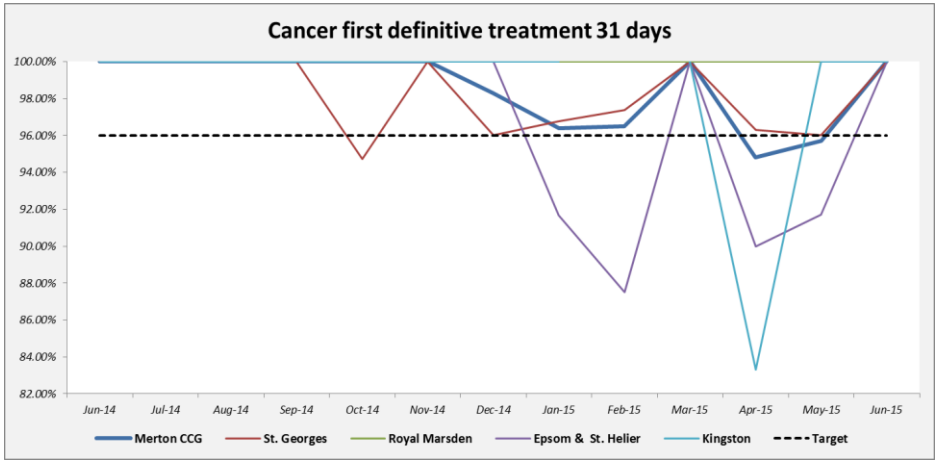
Actions: The St. Georges ultrasound service is running additional weekend sessions and extending the current weekend sessions from 8 hours to 12 hours to clear the backlog. In addition, they are reviewing the QMH mobile scanner, with a view of upgrading it to a re-locatable scanner that can perform a wider range of scans and they are utilising the research scanner for additional sessions. Options to relieve pressure in cardiac MRI will be reviewed at the Performance and Action Plan meeting.

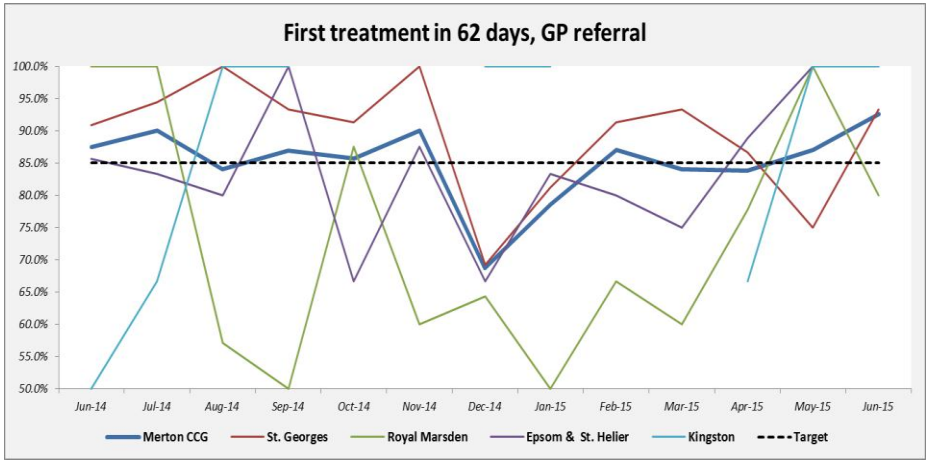
Areas of Concern: A trajectory has been agreed with St George's to achieve performance by the end of July. However this was not met due to the backlog of people awaiting ultrasound. Whilst commissioners are considering whether issuing a contract query notice would facilitate improved performance Merton CCG is investigating the impact of referring to independent diagnostics providers on current referral pathways.

Top 8: Cancer



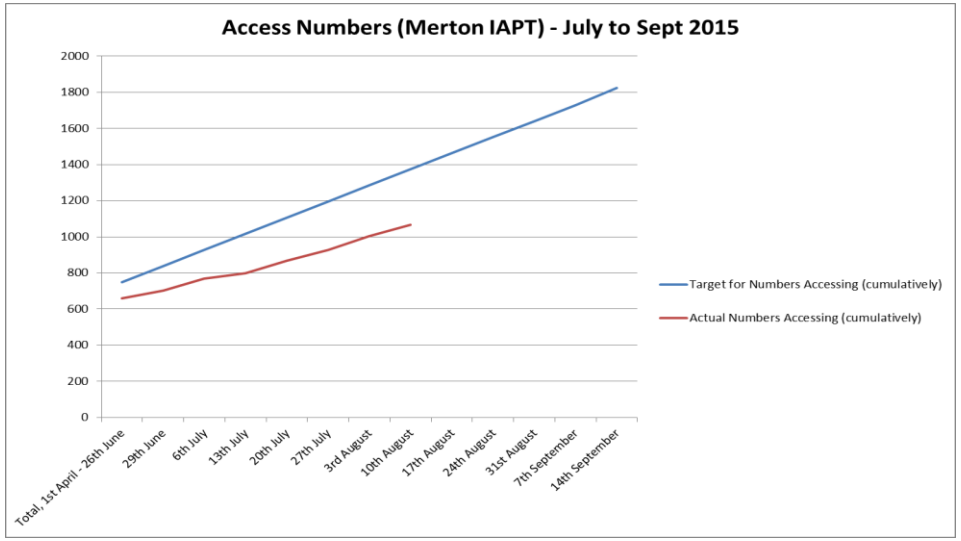


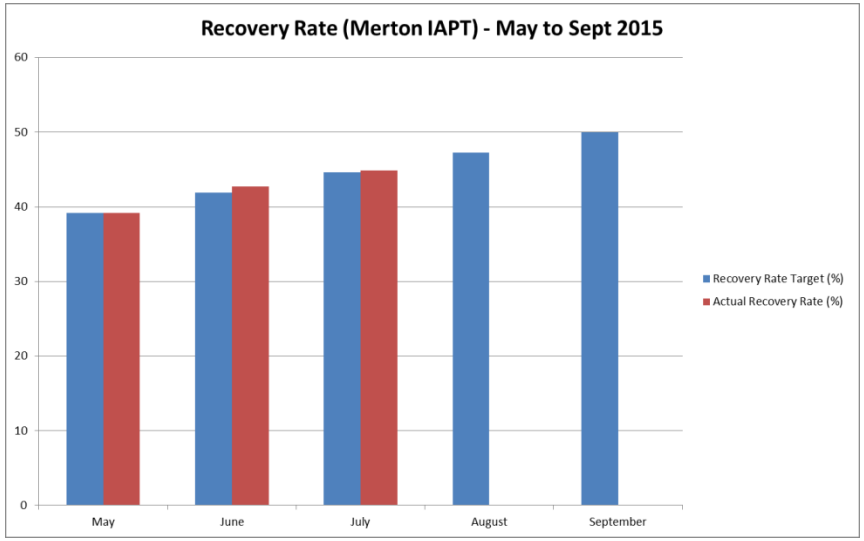




All Cancer Standards have been met at Month 3

Top 8: IAPT





Issues:
To date 1,067 people have entered treatment against a target of 1822. This is due to a large number of clinical staff leaving the service between July and end of September. The provider report that the service is not receiving sufficient number of referrals to meet the access target over the time-period.

Actions: Current Provider: In May, a £217k business case was approved to increase capacity. Marketing plan was put in place to increase referrals along with a letter sent to all Merton GPs by Trust and CCG to encourage referrals. Clear targets and conditions for funding were agreed. The money will follow the patient i.e. if access targets are not achieved the money will transfer to new provider on 1 October 2015 to increase capacity and close the gap.
New Provider (from 1 October 2015): Fortnightly mobilisation meetings have commenced. A fixed agenda item is service transition, which includes achievement of national targets. Discussions commenced w/c 18 August based on forecast achievement of national targets by the current provider. Negotiations are to commence regarding the possibility of increased capacity to close the gap by end of 2016.

Areas of concern:
The current provider lost the contract following a robust tender process and will no longer provide services as of 1st October 2015. This has resulted in a loss of substantive staff who choose to leave rather than transfer under TUPE to the new provider.

Top 8: Dementia

1. Data and our most recent performance

The Primary Care Web Tool has not published dementia diagnosis rate data during FY15-16 and the latest data that the CCG has received is that from March 15.

Diagnosis rate figures for FY15-16 have been calculated using:

1. The number of registered patients diagnosed with dementia from QMS
2. The latest estimated prevalence of dementia from the Primary Care Web Tool (from March 15) – this figure for Merton is due to change shortly (see comment below).

The latest diagnosis rate figures calculated with this approach are as follows:

April 15	May 15	June 15	July 15
68.1%	67.8%	66.9%	66.9%

The following update has recently been received from the London Dementia Strategic Clinical Network:

"*NHS England are in the process of moving to a more accurate method of estimating local dementia prevalence, based on the MRC Cognitive Function and Aging study (CFAS). There is a fair bit of work to be done before the new tool is up and running and it won't be until mid-September at earliest when we will have any data for you*".

2. Initiatives that the CCG are currently focussing on regarding Dementia

Community Dementia Nurses (CDNs) have now been introduced to Merton's locality teams. The CCG developed the job descriptions and worked with SMCS to ensure operational delivery aligns to the integration agenda. CDNs will work closely with primary care and will deliver a key worker function regarding care planning to ensure effective service delivery- and coordination for individuals with dementia. They will adopt a holistic approach to ensure individual's physical and mental health needs are met. The CDNs will also deliver training and education to a range of professionals and will support work to improve the identification of people with dementia.

Work is underway with regard to the introduction of a dedicated Memory Assessment Service (MAS). It is recognised that the MAS (delivered by South West London and St George's Mental Health NHS Trust) is an area of provision which requires increased capacity and does not at present align with best practice standards (for example those of the Memory Services National Accreditation Programme). As such it is a priority for redesign. A draft pathway reflecting the desired service delivery model has been developed and the required staffing composition has been established. Benefits that should be seen include shorter waiting times for the Memory Assessment Service, consistent incorporation of collaborative care planning discussions in the service pathway and a greater focus on supporting people to live well and independently in the community. This is being discussed with Merton Clinicians.

Top 8: Winterbourne

Background:

Merton continues to have 3 patients who come under the remit of Winterbourne View. These are:
080001 – currently placed in a specialist learning disability locked rehab service in Essex. **Admitted July 2014**
080002– currently placed in a specialist inpatient treatment service in North London. **Admitted May 2015**
080004– currently placed in the same specialist ASD locked rehab service in Essex. **Admitted August 2012**
All of these patients are currently detained under Sec 3 or Sec 37 the Mental Health Act 1983, for the purposes of treatment.
London Borough of Merton leads on the CPA review of 08001 and 08002, both of whom are allocated within the local authority's learning disability team. Merton CCG leads on the CPA reviews of 080004 who is allocated within the RSTs based at The Wilson Hospital. In December 2014, NHSE commenced arranging CTRs which the patient's home CCG is required to chair. The CTRs were held for 080001(Dec 9th),080004 (Jan 6th) and 080003 (TBC).

UPDATE:

080001 - A review was conducted for patient by the CCG CTR chair and the allocated Community nurse on the 22nd April. Plans and recommendations are now being acted on, however an alternative hospital registered service is still being sought, which has community step-down on-site / within the same organisation in the hope this will facilitate an improved outcome in terms of discharge planning. To date however we have been unsuccessful in securing this. 0001 reviewed by CCG with Care coordinator LBM on the 14/08/2015-source other registered service and transfer as soon as possible.
080002- An attempt to discharge patient 2 to an intensively staffed community in February failed, with the person needing to be returned to her inpatient setting after a period of 5 days. A full transition meeting was held and further discharge attempted, which again failed. A Root Cause Analysis has been conducted and reviewed by the Merton CCG Director of Quality. The Patient is still requiring hospital admission and is now detained on Section 3 of the mental health act 1983. (Section 3 is a section for treatment) CTR has been arranged for 08/09/2105.
080004- There are no further updates in respect of this patient, he plan for on-going treatment in a hospital registered service is still appropriate, 0004 was reviewed by CCG with previous Review manager on 13/8/2015. Is now engaging well in treatment, 0004 told us that he is very happy with the care he is receiving, and is currently seeking legal advice with a view to challenging the CTR process.

KEY:

CPA – Care Programme Approach (a nationally recognised system of assessment and review)
CTR – Care and Treatment Review (an NHS England defined system of whole-day reviewing with external independent scrutiny)
RST – Recovery and Support Team (previously known as CMHTS – community mental health teams)
CTO – Community Treatment Order (inserted as part of the 2007 statutory updates to the 1983 Mental Health Act)
HSCIC – Health & Social Care Information Centre (on-line database for the national collation of statistical and qualitative information

Improving the health of our local population

Indicator	2014-15 Outturn	Annual Trend	2014-15 YTD	M/Q/A	Target 2015-16	Quarter 1			2015-16 YTD
						Apr-15	May-15	Jun-15	
Potential Years of life Lost	NA	–	NA	NA	NA	NA	NA	NA	NA
Reducing Emergency avoidable admissions	3108	↓	723	M	4 year trend	252	222	246	720
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1032	↑	256	M	4 year trend	74	76	92	242
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	129	↑	25	M	4 year trend	7	2	5	14
Emergency admissions for acute conditions that should not usually require hospital admission	1789	↓	419	M	4 year trend	164	136	139	439
Emergency admissions for children with lower respiratory tract infections (LRTI)	158	↓	23	M	4 year trend	7	8	10	25
Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays.	22.3%	↓	24.4%	M	0.5% increase	21.5%	23.9%	22.9%	23.9%
Reduction number of people with severe MH illness who are currently smokers	TBC	–	TBC	TBC	TBC	TBC	TBC	TBC	TBC
A reduction in the number of antibiotics prescribed in Primary Care	1.068	↑	1.227	M	1.046	1.050	1.040	0.075	0.075
Reduction in the proportion of broad spectrum antibiotics prescribed in Primary Care	13.9%	↓	14.4%	M	13.10%	14.2%	14.39%	13.28%	14.00%
Secondary Care providers validating their total antibiotic prescription data	NA	–	NA	A	NA	G	G	G	G
Electronic Prescribing System	34%	–	NA	M	51%	36%	38%	41%	36%
Increasing number of people diagnosed with type 2 diabetes accessing structured education	302	–	43	Q	10%**	38	14	TBC	52
Improve diagnosis rate diabetes	NA	–	5.85%	Q**	6.0%	NA	NA	TBC	NA
Snapshot of number of people delayed on the last Thursday of the Month (beds blocked)	84	↑	12	M	7	12	17	10	39
Total number of delayed Transfer of Care days due to both NHS and Social care	36	↑	0	M	3	0	6	10	16
Total number of delayed Transfer of Care days due to NHS	1613	↑	325	M	134	259	187	212	658
Total number of delayed Transfer of Care days due to Social care	307	↑	11	M	26	145	101	89	335
Dementia - Estimated Diagnoses Rate (65+)	72.1%	↑	49.5%	M	67.0%	68.1%	67.8%	66.8%	67.8%
IAPT Access	16%	↑	13%	Q	13%	11.2%			11.2%
IAPT Recovery Rate	38.9%	↓	37.9%	Q	50%	42%			42%
IAPT - 6 week wait	95% *	–	100%	M	75%	93.6%	96.4%	95.3%	95.3%
IAPT- 18 week wait	100%*	–	100%	M	95%	100%	100%	100%	100%
The % of patients who gave a positive answer regarding expereince of GP Surgery.	80%	↓	NA	Annually	TBC	Due Jan16			
The percentage of patients who gave positive answer regarding experience of GP appointment	67%	↑	NA	Annually	TBC	Due Jan16			

*** April- Nov**

** Target to be confirmed

Improving the health of our local population.

Indicator	Status	Actions
Potential Years of life Lost	This is a long term product of the overall commissioning agenda. And difficult to monitor in-year progress.	Public health have completed a review regarding the major causes of premature mortality. This needs to be considered as part of the 2016/17 commissioning intensions.
Reducing Emergency avoidable admissions	July has seen an adverse effect on ytd position particularly in acute conditions which has seen a marked increase. CCG is currently 64 avoidable admissions below target.	• Proactive – implementation of key worker initiative by end Sept • Reactive rapid response - expand to accept LAS & 111 referrals (7day x 365). Pilot in October and full 24x7 response implemented by end November • HARI - implementation of urgent pathway. At present implementation to be confirmed as dependant on recruitment of interface geriatrician • Children's - Identification of educational / preventative schemes aligning with the primary care transformation work on urgent care
Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays.	July has seen an adverse effect on ytd position. CCG is currently 1.12% below target which equates to an 82 additional weekend discharges ytd	• Reporting of weekend and bank holiday discharges is not currently part of SRG dashboard, however this has been escalated. • As part of SRG and its overall plans, SGH are planning to improve flow, which includes increasing discharges on w/ends. • No contractual levers within ESH & SGH contracts – this has been escalated to the Director of Commissioning and Planning.
Reduction number of people with severe MH illness who are currently smokers	• Baseline and monitoring mechanism to be established • Additional resource will be required for the initiation phase	• Mechanism identified and piloted with one GP practice to collect baseline from EMIS. • Escalated resource requirements to support the initiation phase to Director of Finance and Director of Commissioning and planning.
A reduction in the number of antibiotics prescribed in Primary Care	Scheme is rated as Green and performance data indicates target is currently being achieved	• Priority practices above target have been contacted to discuss and agree action plans. • Work with Walk in Centre and Community Pharmacists has commenced.
Reduction in the proportion of broad spectrum antibiotics prescribed in Primary Care	Scheme is rated as Green. This is because although the CCG is currently above target, the trajectory is on track	• Commenced in June visiting priority practices above target to discuss and agreed action plans • Communicated to practices, community pharmacies and OOH of QP Antibiotics targets • Shared practice based data at Practice leads

Improving the health of our local population.

Indicator	Status	Actions
Secondary Care providers validating their total antibiotic prescription data	Scheme is rated as Green.	▪ Both SGH & ESH completed as pilots ▪ St Georges & Epsom St Helier have both confirmed that they have validated their data
Electronic Prescribing System	This is rated as Red and data issues have been clarified with the HSCIC.	▪ The medicines management team are working with GP practices and community pharmacies to increase uptake and targeting the 2 practices currently not using it. HSCIC have agreed to do refresher and update training for community pharmacy and GP practice staff.
Increasing number of people diagnosed with type 2 diabetes accessing structured education	Scheme is rated as Amber as the current rate of activity will not meet the target	▪ Primary Care approach & level of ambition in progress with ED&M Diabetes Task Group ▪ Agree trajectory with SMCS (attendances per month), which includes contingency ▪ Support SMCS identifying reasons for non-attendance and venues to reduce waiting lists
Improve diagnosis rate diabetes	▪ Scheme is rated as Amber because, although current trajectory is satisfactory, delays in implementation risk practices being diverted away from this over the winter ▪ Identified a significant amount of dedicated time required to implement the delivery plan	▪ Level of ambition agreed by ED & M Diabetes Task Group ▪ Actions to achieve ambition agreed by ED & M Diabetes Task Group ▪ Resource implications escalated to Director of Finance and Director of Commissioning
Snapshot of number of people delayed on the last Thursday of the Month (beds blocked)	Rated red due to delayed discharges mainly at St. Georges.	• The CCG are undertaking a review of the discharge process across the 3 main acute trusts. • Care home selection have been appointed to help facilitate patient choice of care homes and this has been in place for 2 months, however has not shown an impact on DTOC to date. • Patients awaiting specialist neuro-rehab remains a large contributor to delayed bed days.
Total number of delayed Transfer of Care days due to both NHS and Social care	The majority of delayed bed days are attributable to Health, for both CCG and NHS England commissioned services.