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REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 24th November 2016

Agenda No: 7.2

Attachment: 09

<p>Title of Document: CCG Governing Body Assurance Report & Scorecards: Month 6 2016/17</p>	<p>Purpose of Report: Approval</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 6 2016 provides an update to the Board on CCG achievement against national and local performance and quality standards (at Month 5); finance performance (at Month 6); and contract activity performance (Month 6). 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>	

Committees which have previously discussed/agreed the report:

Merton Clinical Quality Committee for performance and quality. Audit Committee for the finance information.

Financial Implications: Contained within the body of the main report.

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.

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.

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

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.

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.

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.



Merton

Clinical Commissioning Group

CCG Assurance Report

Merton CCG Governing Body

2016/17: Month 05 Quality / Month 06 Finance and Activity



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Key Performance Messages

Quality & Safety Performance (Month 5)

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 was once again significantly above target, with 85.0% of category (red 1) patients reached in under 8 minutes.
- Improving access to psychological therapies met the 50% target for the recovery rate.

➤ Challenged performance:

- Percentage of patients admitted, transferred or discharged from A&E within 4 hours
- The Referral to Treatment (18 week wait) was not met in August.

Better health

➤ Good performance:

- People with long term condition feeling supported to manage their condition(s)
- Antimicrobial resistance: appropriate prescribing of antibiotics in primary care

➤ Challenged performance:

- Utilisation of the NHS e-referral service to enable choice at first routine elective referral

Risks

- Cancers diagnosed at an early stage
- Patients waiting 100+ days to begin treatment

Activity Performance – Variance Summary (Month 5)

Elective Activity

Activity is below plan for most of the elective areas of the acute contracts (referrals; 1st outpatient attendances; and elective admissions); and within 1% of plan (year to date) for 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 August the year to date figure is approximately 7.2%. Merton CCG is aware of an increase in the number of short-stay patients admitted as an emergency, particularly at St Georges. CCG colleagues have visited the new Surgical Assessment Unit, and an audit has been completed to review these patients and explore reasons for the increase with the trust.

Finance & Audit Performance – Summary position (Month 6)

This CCG has a control total of a £0.6m deficit and we are continuing to make good progress towards achieving this target. We are currently reporting to NHS England that we will achieve this position by the year end.

However, there are some significant challenges in key budgets and in addition, there are some important assumptions relating to QIPP and the ability to drive out further savings in operating costs.

For the year to date position our pro-rata target is a £300k deficit position but we are marginally ahead with a year to date £237k deficit. However, as our QIPP programme is materially phased towards the fourth quarter, the risk of not achieving target is weighted more heavily towards the final months of the 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%	42.3%	49.6%	↗			
Urgent and emergency care	Percentage of patients admitted, transferred or discharged from A&E within 4 hours	-25%	95.0%	92.3%	92.2%	↘			

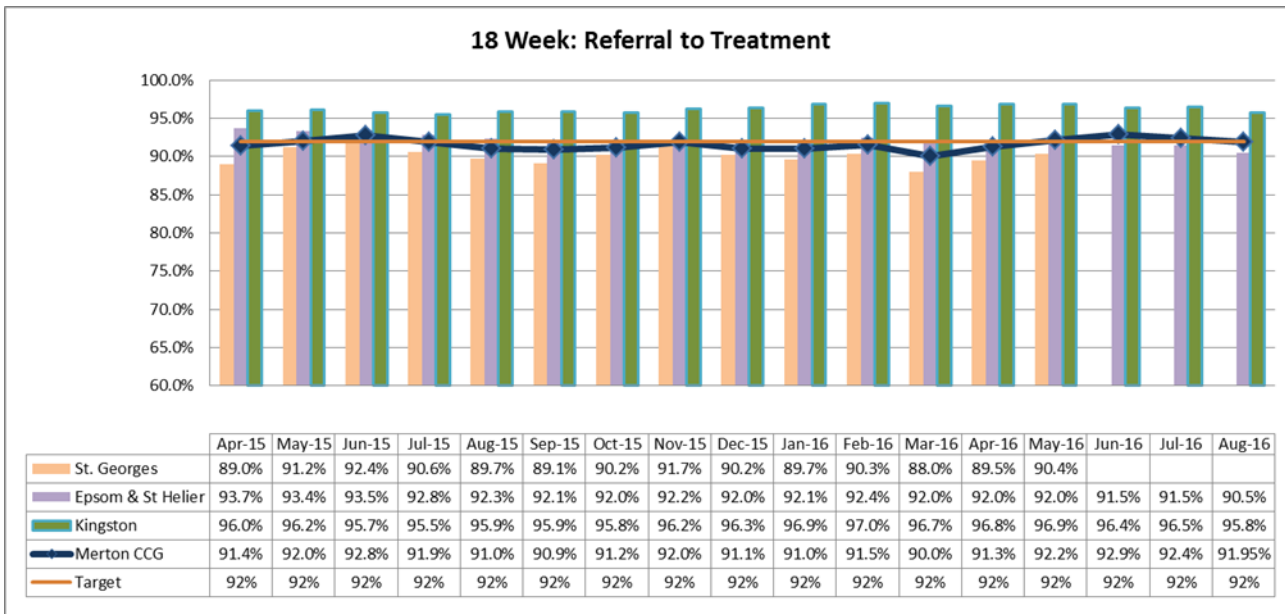
Other Local Indicators of concern / risk									
Domain	Indicator	Quality Premium*	Target	Previous score	Latest score	Change from previous period	13 month / 5 quarter trend	Achieved / did not achieve	Risk warning
Cancer	62 days from GP referral: composite - 1st treatment + rare cancers		85.0%	81.8%	88.0%	↗			
Cancer	100 day+ waits for cancer treatment		0	1	1	↔			



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: 100+ days waiting to begin treatment.	One patient in August waited more than 100 days for cancer treatment to start.	The breach (shared between St George's Hospital and the Royal Marsden) was attributed to 'an inter-trust issue' with no further detail..	No further specific action in respect to this breach.	SGH / RMH





Issue	Cause	Action(s)	Assurance / Gaps
Merton CCG narrowly failed the 18 week referral to treatment target; 91.95% of patients were seen within 18 weeks, against a target of 92%.	<p>Epsom and St Helier failed the RTT standard, with performance of 90.5%. Oral surgery, Paed dentistry, T&O, Gynae, Gastroenterology and Urology were some of the main pressured areas. Oral surgery remains the worst performing specialty, with a backlog clearance time of 3.26 weeks activity. The pressure is due to a lack of consultants to see the patients coming through.</p> <p>Paediatric dentistry is another extremely pressured specialty (other), with the consultants having left the trust.</p> <p>The issues in T&O relate to the EOC, with the St Helier T&O activity achieving the target. The EOC pressures mainly relate to late referrals from other SWL providers.</p> <p>The gynae backlog has grown due to capacity pressures.</p>	<p>ESH has been unable to recruit to the outstanding posts. Current plans are likely to maintain the backlog but not reduce it. The trust is also looking into working with other providers to assist.</p> <p>Other providers are supporting and Kings are reviewing referrals to divert them.</p> <p>This is being picked up by the trust through the EOC Partnership board and once established through the new SWL RTT Forum.</p> <p>The trust is reviewing job plans to free time to do more routine operating, and expect to recover gynae in November.</p>	<p>The trust has indicated that September is at risk. Commissioners have requested a detailed recovery plan and trajectory.</p>

Scorecard: Finance & Audit

SUMMARY	Year To Date			Full Year Forecast Outturn		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Forecast £000's	Variance £000's
Revenue Resource Limit	135,441	135,441	0	270,621	270,621	0
EXPENDITURE						
Acute	68,371	68,668	(297)	136,610	137,038	(429)
Non Acute	32,959	33,374	(415)	65,918	66,621	(703)
Primary Care & Prescribing	28,115	27,917	198	56,232	55,793	440
Corporate & Estate Costs	4,790	5,096	(306)	9,581	10,202	(622)
Reserves & Other	1,506	623	883	2,881	1,567	1,314
Total Expenditure	135,741	135,678	63	271,221	271,221	0
In Year Surplus	(300)	(237)	63	(600)	(600)	0

NON ACUTE (see table 3)	Year To Date			Full Year Forecast Outturn		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Forecast £000's	Variance £000's
TOTAL MENTAL HEALTH	11,803	11,998	(195)	23,606	23,992	(386)
TOTAL LEARNING DIFFICULTIES	873	850	23	1,745	1,700	45
TOTAL END OF LIFE CARE AND HOSPICES	439	454	(15)	878	908	(30)
TOTAL LONG TERM CONDITIONS	92	83	9	184	166	18
TOTAL URGENT AND INTERMEDIATE CARE	3,402	3,340	62	6,804	6,686	118
TOTAL COMMUNITY SERVICES	9,875	9,894	(19)	19,750	19,660	90
TOTAL CHILDREN SERVICES	1,294	1,185	109	2,589	2,369	220
TOTAL ADULT CONTINUING CARE	5,181	5,570	(389)	10,362	11,140	(778)
TOTAL NON ACUTE COMMISSIONING	32,959	33,374	(415)	65,918	66,621	(703)

PRESCRIBING (see table 3)	Year To Date			Full Year Forecast Outturn		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Forecast £000's	Variance £000's
TOTAL PRESCRIBING	11,808	11,905	-97	23,616	23,809	-193
TOTAL PRIMARY CARE DELEGATED BUDGET	14,108	14,108	0	28,218	28,218	0
LOCAL ENHANCED SERVICES	169	124	45	338	239	99
TOTAL OUT OF HOURS	975	986	-11	1,950	1,909	41
TOTAL PRIMARY CARE OTHER	1,055	794	261	2,111	1,618	493
TOTAL PRIMARY CARE & PRESCRIBING	28,115	27,917	198	56,232	55,793	440

CORPORATE AND ESTATES (see table 3)	Year To Date			Full Year Forecast Outturn		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Forecast £000's	Variance £000's
TOTAL RUNNING COSTS	2,198	2,198	(0)	4,397	4,397	(0)
TOTAL CSU CHARGES	644	705	(61)	1,288	1,411	(122)
TOTAL OTHER CORPORATE COSTS	1,862	2,107	(245)	3,724	4,223	(499)
PROPERTY COSTS	85	85	(0)	171	171	(0)
TOTAL CORPORATE & ESTATE COSTS	4,790	5,096	(306)	9,581	10,202	(622)

STATUTORY DUTIES AND PERFORMANCE			
Statutory Duty	Area	YTD	Forecast
Not to exceed RRL	Revenue	(237)	(600)
Not to exceed running cost allocation	Running costs	0	0
Not to exceed CRL	Capital	0	0
Deliver a recurrent surplus	Revenue	(0.1)%	(0.1)%
Deliver a 0.5% in year surplus	Revenue	(0.2)%	(0.2)%
Comply with BPPC #	Business conduct	98.1%	98.1%
Comply with BPPC £	Business conduct	99.1%	99.1%
Fully deliver planned QIPP	QIPP	220.6%	83.0%

Period	Year To Date			Full Year Forecast Outturn		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Forecast £000's	Variance £000's
Sep-16						

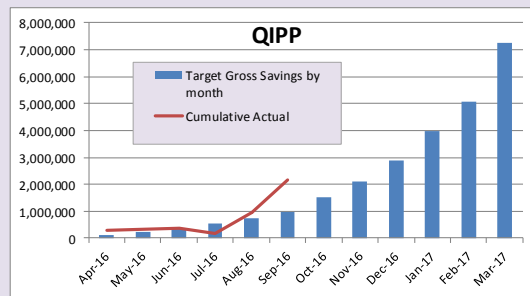


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ACUTE CONTRACT EXPENDITURE TOP 5 (see table 3)	Year To Date			Full Year Forecast Outturn		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Forecast £000's	Variance £000's
ST GEORGE'S HEALTHCARE TRUST	30,577	30,931	(354)	61,030	61,934	(904)
EPSOM & ST. HELIER UNIVERSITY HOSPITALS NHS TRUST - ACUTE	16,040	15,787	253	32,080	31,309	771
KINGSTON NHS TRUST	5,186	5,267	(80)	10,373	10,589	(216)
LAS - EMERGENCY SERVICE CONTRACT	3,234	3,289	(55)	6,468	6,577	(109)
EPSOM & ST. HELIER UNIVERSITY HOSPITALS NHS TRUST - SWLEOC	2,392	2,415	(23)	4,783	4,680	103
ALL OTHER CONTRACTS	10,942	10,980	(38)	21,875	21,949	(74)
	68,371	68,668	(297)	136,610	137,038	(429)

ACUTE CONTRACT VARIANCE BY POD	SGH	ESH	KHT	Other Providers	Total
	Elective	(266)	601	16	(449)
Emergency	329	88	112	(168)	361
Non-Elective	(19)	42	0	(143)	(120)
Maternity Pathway	535	119	(15)	94	733
A&E	5	116	(46)	(33)	42
Out Patient 1st	54	211	16	3	284
Out Patient Follow Up	113	84	(73)	57	181
Out Patient Procedure	(574)	81	48	192	(253)
Unbundled Diagnostics	(183)	117	6	(64)	(124)
Critical Care	412	0	(23)	74	463
Other PODs	(1,310)	(688)	(257)	357	(1,898)
	(904)	771	(216)	(80)	(429)

BALANCE SHEET AS AT Sep-16	Actual £000's
Property, Plant And Equipment	772
Current Trade And Other Receivables	3,565
Cash And Cash Equivalents	(362)
Current Trade And Other Payables	(17,674)
Current Other Liabilities	(220)
	(13,919)
General Fund	13,919



Finance & Audit: Exception Reports & Risks

Key variances, risks and mitigations

Acute – Compared to the net of QIPP target, the acute position is currently stable although it has deteriorated slightly. Over performance is forecast to be £0.4m at M6 – it was £0.2m at M5. There is some over performance at St George’s in dermatology and at SWLEOC, electives were slightly overspent due to a higher incidence of hip and knee procedures. Conversely, we have also been informed of some under reporting in St George’s in the maternity pathway. The CCG had first interpreted this as a downward spike in the number of births in the borough. However, we now understand that St George’s underreported 85 births trust wide of which Merton’s share was around 30. As some of the underreporting relates to months in which data is now frozen, there is some financial “upside” for the CCG. However, now that the problem has been resolved by the trust, this is not expected to continue.

QIPP Phasing – The CCG’s QIPP target has been phased towards the second half of the year and especially the fourth quarter in which 60% of the QIPP target is budgeted to be achieved. As a result, the forecast acute position reflected in the accounts is adjusted for the expected improvement in QIPP. This adjustment reduces as the year progresses since it is expected that the year to date acute position will already include QIPP. Therefore, the requirement to adjust the forecast diminishes. The M6 adjustment to the full year acute position forecast is £1.4m (it was £1.7 at M5). The largest element of the calculation relates to the coding and counting review. Our premise is that the financial impact of the detailed challenges is yet to come from a financial perspective. The QMH referrals is similarly back end loaded as the contractual changes made to the referrals process did not commence until October 2016.

CHC – Continuing Care continues to show a significant adverse variance. We have previously advised that the impact of changes to FNC gave rise to a £0.7m adverse variance on the position. However, additional work carries out by the CCG on the Broadcare database indicates that the M6 full year forecast could be significantly exposed. At the time of writing, we are in the process of validating the figures that the review has highlighted. We expect to report further on this issue at M7.

Prescribing – The underlying position on prescribing continues to improve. The full year forecast at M6 shows an overspend of £193k – an improvement of £84k from M5. There is still some possibility of further improvement as the full impact of national initiatives takes hold and flows through to the financial position.



Scorecard: Activity Performance (Month 6)

	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 & Forecast
EM7	Total Referrals (Specific Acute)	Actual 15/16	5,990	5,910	6,458	6,642	5,515	6,590	6,660	6,151	5,303	5,603	5,982	5,905	37,105	72,709
		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	36,918	72,063
		Actual 16/17	5,707	5,857	6,158	5,467	5,443	5,421							34,053	68,106
		Variance	-219	-293	2	-990	-142	-1223							-2865	- 5,730
		% Variance Vs Plan	-3.7%	-4.8%	0%	-15%	-3%	-18%							-7.8%	-8.0%
		16/17 Actual Growth	-4.72%	-0.90%	-4.65%	-17.69%	-1.31%	-17.74%								-8.23%

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	36,615	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	38,344	75,144	
		Actual 16/17	5,886	5,871	6,173	5,624	5,760	5,926	-	-	-				35,240	70,480	
		Variance	-200	-498	-229	-1156	-13	-1008								-3104	- 6,208
		% Variance Vs Plan	-3.3%	-7.8%	-3.6%	-17.1%	-0.2%	-14.5%								-8.1%	-8.3%
		16/17 Actual Growth	3.99%	-0.05%	-8.30%	-11.29%	4.71%	-8.94%								-3.76%	

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	67,814	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	65,239	127,598	
		Actual 16/17	10,725	10,858	11,231	10,719	10,855	11,587	-	-	-				65,975	131,950	
		Variance	-30	47	135	-875	1231	228								736	1,472
		% Variance Vs Plan	-0.3%	0.4%	1.2%	-7.5%	12.8%	2.0%								1.1%	1.2%
		16/17 Actual Growth	-5.11%	-0.31%	-6.93%	-9.35%	8.66%	-1.29%								-2.71%	

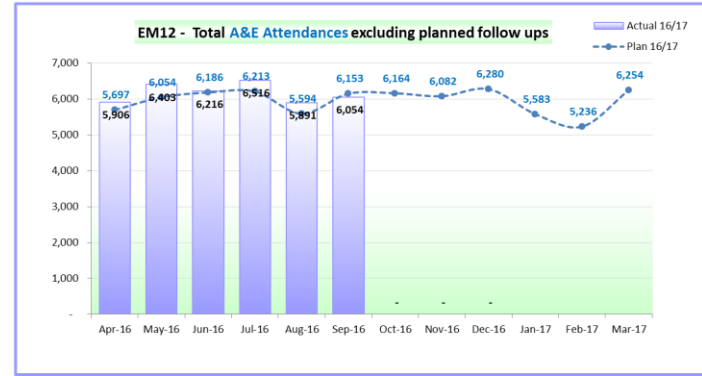
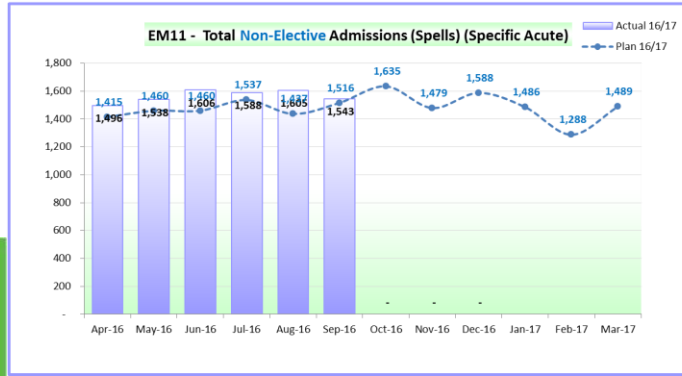
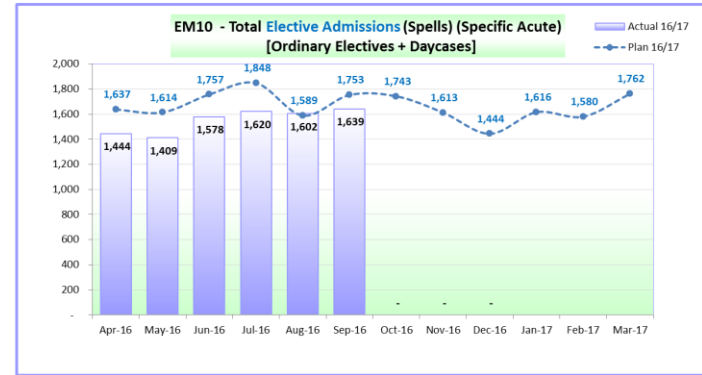
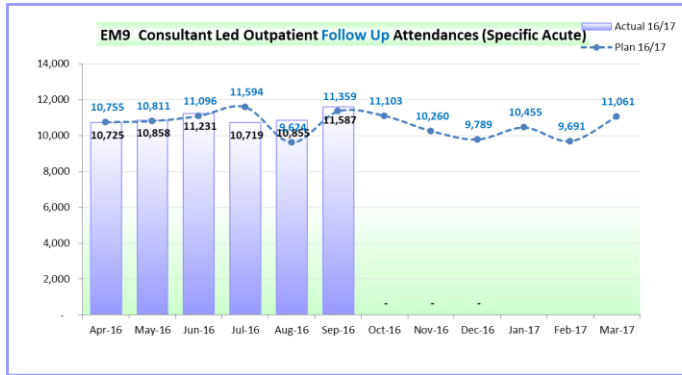
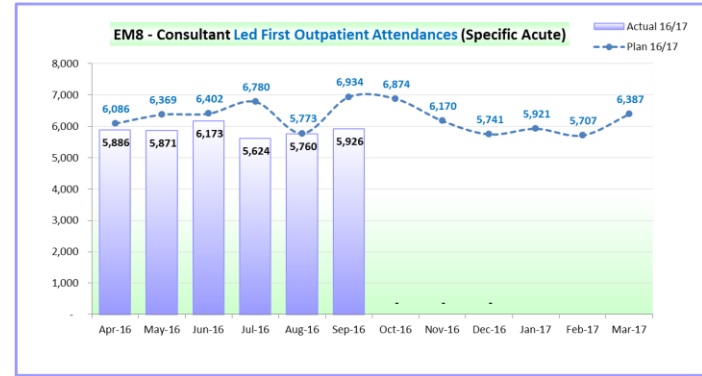
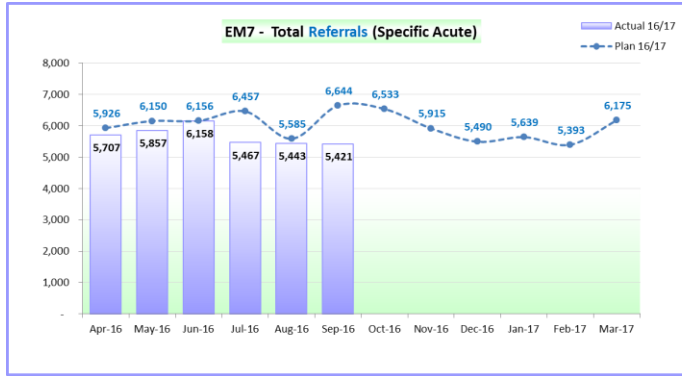
EM10	Total Elective Admissions (Spells) (Specific Acute) [Ordinary Electives + Daycases]	Actual 15/16	1,503	1,498	1,674	1,715	1,467	1,703	1,607	1,756	1,461	1,566	1,647	1,541	9,560	19,138	
		Plan 16/17	1,637	1,614	1,757	1,848	1,589	1,753	1,743	1,613	1,444	1,616	1,580	1,762	10,198	19,956	
		Actual 16/17	1,444	1,409	1,578	1,620	1,602	1,639	-	-	-				9,292	18,584	
		Variance	-193	-205	-179	-228	13	-114								-906	- 1,812
		% Variance Vs Plan	-11.8%	-12.7%	-10.2%	-12.3%	0.8%	-6.5%								-8.9%	-9.1%
		16/17 Actual Growth	-3.93%	-5.94%	-5.73%	-5.54%	9.20%	-3.76%								-2.80%	

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	8,440	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	8,825	17,790	
		Actual 16/17	1,496	1,538	1,606	1,588	1,605	1,543	-	-	-				9,376	18,752	
		Variance	81	78	146	51	168	27							551	1,102	
		% Variance Vs Plan	5.7%	5.3%	10.0%	3.3%	11.7%	1.8%								6.2%	6.2%
		16/17 Actual Growth	6.86%	11.21%	10.45%	8.92%	17.32%	12.06%								11.09%	

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	35,276	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	35,897	71,496	
		Actual 16/17	5,906	6,403	6,216	6,516	5,891	6,054	-	-	-				36,986	73,972	
		Variance	209	349	30	303	297	-99							1089	2,178	
		% Variance Vs Plan	3.7%	5.8%	0.5%	4.9%	5.3%	-1.6%								3.0%	3.0%
		16/17 Actual Growth	2.87%	6.65%	3.07%	6.92%	4.62%	4.83%								4.85%	



Scorecard: Activity Performance (Month 6)



Activity Performance: Variance Commentary

Variance commentary

Referrals (-7.8% 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 remained steady, while we are similarly seeing a consistent level of GP attendances. We are therefore confident and assured that this downturn represents a successful campaign to manage demand for acute services.

Consultant led 1st Outpatient Attendances (-8.1% 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 (1.1% Year to date)

Until recently we have observed underperformance or close-to-plan performance for outpatient follow-up appointments. However in month 6 we observed a slight over-performance in year-to-date variance. We are analysing our data to understand this slight change, however this may be in part driven by attempts from St Georges to start clearing its outpatient backlogs. Once backlogs are down to a more sustainable level we are looking to reduce the use of follow-up appointments in hospitals through transformation driven by the Southwest London STP.

Elective Admissions (-8.9% 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 backlog of admitted patients. The Merton CCG director of performance is meeting with Trust executives on a weekly basis to manage the plan to reduce this backlog significantly.




Non-elective admissions (+6.2% 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. CCG colleagues have visited the new Surgical Assessment Unit to review flows of patients from A&E and a joint NEL admissions audit was completed in October. The results of the audit are under final review however early findings identified some admissions that may have not been appropriate.

A&E attendances (+3.0% Year to date)

We continue to observe growth in demand for A&E services however our year-to-date variance from plan reduced slightly from 3.5%. Navigating demand away from hospital A&E services is a priority area for our 1718 transformation plans in Merton.

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		
CCGs' local relationships	Effectiveness of working relationships in the local system	2015/16	66.44	66.44		↔	
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.	Merton has invested significant time and resource into primary care engagement in 2016-17 and established positive working relationships with GPs. Merton CCG has also continued to build on relationships with other host commissioners in taking a more active and supportive role in provider recovery.

