



right care
right place
right time
right outcome

**MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

Date of Meeting: 25 January 2018

Agenda No: 10.2

Attachment: 13

Title of Document: 2017/18 CCG Governing Body Performance Report (Month 7 position - October 2017)	Purpose of Report: For Approval
Report Author: Lee Lewis, Senior Performance Manager	Lead Director: John Atherton Director of Performance Improvement
Executive Summary: The 2017/18 CCG Merton Governing Body Assurance Report for (Month 7) October 2017 reporting period is enclosed. For a detailed summary of key messages, please refer to the 'Performance Highlights' on page 3 of the report.	
Key sections for particular note (paragraph/page), areas of concern etc: Page 10: IAPT (Improving Access to Psychological Therapies) Access Rate Page 11: RTT (Referral to Treatment) within 18 weeks Page 12: Percentage of patients admitted, transferred or discharged from A&E within 4 hours Page 13: 31 day cancer wait from diagnosis to second or subsequent treatment (Surgery) Page 14: 62 day cancer wait from urgent GP referral to treatment Page 15: 62 day cancer wait for treatment following screening Page 16: Delayed transfers of care (delayed bed days) - OVERALL (all delays ASC/NHS/JOINT) Page 17: Delayed transfers of care (delayed bed days) - NHS Delays only Page 18: Delayed transfers of care (delayed bed days) - Adult Social Care Delays only	
Recommendation(s): The Governing Body are asked to review the performance information within the report.	
Committees which have previously discussed/agreed the report: Merton Clinical Quality Committee	
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 IAF Framework.	
How has the Patient voice been considered in development of this paper: Patient-centric performance and quality indicators.	
Other Implications: 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 meet the required standards against the 2017/18 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:

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.



Governing Body 2017/18 Performance Report

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Key Performance Highlights - (M7) October 2017 reporting period

Cancer	<p>6 of the 10 'Cancer Wait Time' performance measures met/exceeded target for the M7 reporting period (October 2017), the performance measure that monitors patients waiting 62+ days for cancer treatment fell short of the 85% target (M7: 83.9%) reporting 5 breaches out of 31 pathways with 1 breach that exceeded 104+ days, this is the first 104+ day breach within the last 7 consecutive months.</p> <p>Good performance levels continue to be achieved for two week cancer wait times; performance measure: '2 week cancer wait for all suspected cancers from an urgent GP referral for suspected cancer to the date first seen by a specialist' reporting 96.7%, the second measure: '2 week cancer wait for symptomatic breast cancer from an urgent GP referral for suspected cancer to the date first seen by a specialist for all suspected cancers' reporting 98.3%. Both indicators continue to exceed the national standard of 93%.</p> <p>Further details for the remaining cancer indicators that did not meet the compliance standards during M7 (31 day wait (surgery) due to 1 unavoidable breach and 62 day wait (screening) are reported separately within this report on pages 13 and 15.</p>
Mental Health	<p>The CCG national IAF (Improvement Assessment Framework) performance measure 126A: Diagnosis rate for people with dementia, continues to remain inline with the London average (72%) and shows good performance levels maintained throughout 2017/18 reporting period for the residents of Merton (October 2017: 70.5% / national target requirement: 67%).</p> <p>IAF performance measure 123A: Improving access to psychological therapies recovery rate (IAPT) met the 50% recover rate target for reporting period (M8) Nov-17: 52.4% and a revision to the previous (M7 Oct-17) was advised improving performance for that period from 45.5% to 47.9%. 6 week waiting time for treatment continues for the second month remain below the 75% target (month 7: 69.8%), however the provider anticipates improved waiting times will be reported shortly as their sub contractor (IESO) is engaged during Jan-18. The access rate remains currently below target, but is showing steady improvement on a monthly basis with the rolling quarterly rate improving from 2.58% for M7 to 3.01% for M8 with a trajectory of compliance by M12 year end 2017/18.</p> <p>All local measures monitoring the South West London St George's Mental Health contract show good performance levels being achieved, all 7 performance measures are currently meeting or exceeding target for M7 reporting period.</p>
Emergency Care	<p>Performance measure: Ambulance wait times (red 1) 8 minute response, M7 performance position of 86.2% continues to exceed both the national target (75%) and PAN London position of 73.5%, demonstrating good performance levels being achieved for the residents of Merton. Please note with the introduction of the Ambulance Response Programme (ARP), performance reporting is under review across the organisation, 4 new standards will replace the existing categories (such as Red 1, Red 2 etc). The LAS (London Ambulance Service) performance reports have not yet been formally agreed post-ARP, therefore reporting under the newly implemented standards will commence at the earliest time possible.</p> <p>Performance measure: Percentage of patients admitted, transferred or discharged from A&E within 4 hours The four hour operating standard was not achieved during M8 (Nov-17) reporting period with the CCG level performance at 86.2% against the national standard of 95%. Whilst performance levels currently remain below, this is not an isolated Merton issue, the trend is seen across the South West London region and nationally. A trust wide 'Delivery Risk Summit' has now been held to identify and agree immediate actions for recovery. Further details in relation to this performance measure are available on page 12 of this report.</p> <p>Performance measure: Delayed transfers of care (delayed days) for people aged 65+ per 100,000 population, Performance levels being achieved for this measure have been negatively affected by a steep increase in reported Adult Social Care delayed days during July, August and partially September 2017. These increases have been confirmed as incorrect and a result of data issues rather than a true reflection of performance levels. Revised data for these months has been resubmitted which will reduce the overall delays year-to-date by approx.195 delayed. NHSE have confirmed that revised data is being validated and will then be re-published during May-18. Whilst challenging targets and high expectations have been set against this measure, in terms of NHS attributable delays, the CCG's performance is considerably below the London average (lower delays being better) and Merton remain within the top 10 best performing London boroughs (6th best).</p>
Elective Access	<p>Performance measure: Patients waiting 18 weeks or less from referral to hospital treatment (RTT), the CCG did not meet the RTT standard of 92% for this reporting period M7 (October 2017) with an outturn of 89.8%, this represents a total of 7,888 pathways with 7,087 patients being seen within 18 weeks of referral and 801 patients exceeding the 18 week compliance target. Although the target was not achieved, to keep performance levels in context it should continue be noted that the CCGs performance continues to remain above the overall London Commissioning Region performance levels which reported 88.4% for the same period. Further details are available on page 11.</p> <p>Performance measure: Number of patients receiving their diagnostics test within 6 weeks (expressed as a percentage), M7 performance position 99.6% shows good performance levels being achieved that are compliant with the national standard of 99%.</p>
Exception Report/s	<p>Performance measure/s:</p> <ul style="list-style-type: none"> ♦ IAPT (Improving Access to Psychological Therapies) Recovery Rate Page:10 ♦ RTT (Referral to Treatment) within 18 weeks Page:11 ♦ Percentage of patients admitted, transferred or discharged from A&E within 4 hours Page:12 ♦ 31 day cancer wait from diagnosis to second or subsequent treatment (Surgery) Page:13 ♦ 62 day cancer wait from urgent GP referral to treatment Page:14 ♦ 62 day cancer wait for treatment following screening Page:15 ♦ Delayed transfers of care (delayed bed days) - OVERALL (all delays ASC/NHS/JOINT) Page:16 ♦ Delayed transfers of care (delayed bed days) - NHS Delays only Page:17 ♦ Delayed transfers of care (delayed bed days) - Adult Social Care Delays only Page:18

Merton CCG
2017/18 Performance Indicator Overview

(Month 7) Reporting Period: October 2017

2017/18 NHS CCG Merton Performance Measure Overview - M7 (October 2017)

PI	Service Area	IAF	Constitutional Better Care Fund	Quality Premium	Local measure	Description	London Average	Previous reported position	CCG Merton		2017/18 Target
									Latest Performance		
Monthly Performance Measures											
c11	Cancer	✓			✓	Cancer wait times: 104+ days to first treatment	not available	(Sep-17) 0	Oct-17	1 ↑	0
c4		✓			✓	Cancer wait times: subsequent treatment (surgery) - within 31 days	(Oct-17) 96.6%	(Sep-17) 80.0%	Oct-17	92.3% ↑	(>) 94%
122b		✓	✓		✓	Cancer wait times: urgent GP referral to treatment- within 62 days	(Oct-17) 84.2%	(Sep-17) 89.7%	Oct-17	83.9% ↓	(>) 85%
c9		✓			✓	Cancer wait times: first treatment following screening within 62 days	(Oct-17) 88.9%	(Sep-17) 100%	Oct-17	40.0% ↓	(>) 90%
c3		✓			✓	Cancer wait times: first definitive treatment - within 31 days	(Oct-17) 97.8%	(Sep-17) 96.1%	Oct-17	98.3% ↑	(>) 96%
c5		✓			✓	Cancer wait times: subsequent treatment (chemotherapy) - within 31 days	(Oct-17) 99.6%	(Sep-17) 100%	Oct-17	100% ↔	(>) 98%
c6		✓			✓	Cancer wait times: subsequent treatment (radiotherapy) - within 31 days	(Oct-17) 96.4%	(Sep-17) 100%	Oct-17	100% ↔	(>) 94%
c10		✓			✓	Cancer wait times: consultant upgrade to first treatment within 62 days	(Oct-17) 87.2%	(Sep-17) 100%	Oct-17	100% ↔	(>) 85%
c1		✓			✓	Cancer wait times: all cancer types - within 2 weeks	(Oct-17) 95.6%	(Sep-17) 96.7%	Oct-17	96.7% ↔	(>) 93%
c2		✓			✓	Cancer wait times: breast symptoms - within 2 weeks	(Oct-17) 97.6%	(Sep-17) 98.9%	Oct-17	98.3% ↓	(>) 93%
127c	Emergency care	✓	✓			Percentage of patients admitted, transferred or discharged from A&E within 4 hours	(Nov-17) SWL: 92.1%	(Oct-17) 87.6%	Nov-17	86.2% ↓	(>) 95%
127d		✓				Ambulance response times (Red 1: 8 minute response)	(Oct-17) 73.5%	(Sep-17) 86.2%	Oct-17	86.2% ↔	(>) 75%
BCF1	Better Care fund	✓	✓			{OVERALL} DTOC (delayed transfer of care) number of delayed days per 100,000 population (HWB Health & Wellbeing Board aligned for BCF)	(Oct-17) 213.3	(Sep-17) 179.4	Oct-17	212.2 ↑	(<) 185.1
BCF3		✓	✓			{ASC ONLY} DTOC (delayed transfer of care) delayed days per 100,000 population	(Oct-17) 81.5	(Sep-17) 71.6	Oct-17	90.6 ↑	(<) 53.1
BCF2		✓	✓			{NHS ONLY excl. Joint} DTOC (delayed transfer of care) delayed days per 100,000 population (HWB Health & Wellbeing Board aligned for BCF)	(Oct-17) 121.7	(Sep-17) 106.5	Oct-17	105.0 ↓	(<) 104.7
123a (2)	IAPT	✓				IAPT Improving Access to Psychological Therapies - access rate (%) rolling quarter	not available	(Oct-17) 2.58%	Nov-17	3.01% ↑	(>) 4.2%
123a (3)		✓				IAPT Improving Access to Psychological Therapies - treatment within 6wks of referral	not available	(Oct-17) 71.4%	Nov-17	69.8% ↓	(>) 75%
123a		✓		✓		IAPT Improving Access to Psychological Therapies - recovery rate	not available	(Oct-17) 47.9%	Nov-17	52.4% ↑	(>) 50%
123a (4)		✓				IAPT Improving Access to Psychological Therapies - treatment within 18wks of referral	not available	(Oct-17) 99%	Nov-17	100% ↓	(>) 95%
105a	Personalisation & choice	✓				Utilisation of the NHS e-referral service to enable choice at first routine elective referral	(Aug-17) 40.0%	(Jul-17) 16%	Aug-17	16.0% ↔	(>) 80%

PI	Service Area	IAF	Constitutional	Better Care Fund	Quality Premium	Local measure	Description	London Average	Previous reported position	CCG Merton		
										Latest Performance		2017/18 Target
123b	Mental Health	✓				✓	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	(Oct-17) 78.1%	(Sep-17) 66.7%	Oct-17	50.0% ↓	(>) 50.0%
N1						✓	(SWL SGH MH): Mixed Sex Accommodation Breach	(Oct-17) swl: 0	(Sep-17) 0	Oct-17	0 ↔	0
N2						✓	(SWL SGH MH): 7 Day Follow Ups: Proportion of Service Users followed up within 7 calendar days of discharge	(Oct-17) swl: 95.4%	(Sep-17) 97.1%	Oct-17	100% ↑	(>) 95%
N3						✓	(SWL SGH MH):MH RTT - within 18 weeks (month in arrears, 2 appointment proxy for community services)	(Oct-17) swl:95.5%	(Sep-17) 97.0%	Oct-17	97.6% ↑	(>) 92%
N4						✓	(SWL SGH MH): Zero Tolerance for RTT waits >52 wks: Number of Service Users waiting over 52 weeks for Treatment (2 appointment proxy, month in arrears)	(Oct-17) swl:0	(Sep-17) 0	Oct-17	0 ↔	0
N5						✓	(SWL SGH MH): Completion of a valid NHS Number field	(Oct-17) swl:99.9%	(Sep-17-17) 99.8%	Oct-17	99.9% ↑	(>) 99%
N6						✓	(SWL SGH MH): Completion of Mental Health Minimum Data Set ethnicity coding	(Oct-17) swl:98.1%	(Sep-17) 97.4%	Oct-17	97.3% ↓	(>) 90%
N9						✓	(SWL SGH MH): Duty of Candour Breach	(Oct-17) swl:0	(Sep-17) 0	Oct-17	0 ↔	0
126a			✓					Estimated diagnosis rate for people with dementia	(Oct-17) 72.4%	(Sep-17) 70.0%	Oct-17	70.5% ↑
129a	Elective access	✓					RTT (Referral to Treatment) within 18 weeks	(Oct-17) 88.4%	(Sep-17) 90.1%	Oct-17	89.8% ↓	(>) 92%
D1		✓					Percentage of patients receiving their diagnostic test within 6 weeks	not available	(Sep-17) 98.9%	Oct-17	99.6% ↑	(>) 99%

Quarterly Performance Measures - *no further update until M9 (December / Q3) reporting period

127b	Emergency & Urgent care	✓					Emergency admissions for urgent care sensitive conditions (per 100,000 registered patients)	(16/17 Q3) 2,036	(16/17 Q3) 2,489	2016/17 Q4	2,521 ↑	-
104a		✓					Injuries from falls in people aged 65 and over	(16/17 Q3) 1,794	(16/17 Q3) 2,769	2016/17 Q4	2,809 ↑	-
128a		✓					Management of long term conditions (unplanned hospitalisation for chronic ambulatory care sensitive conditions)	(16/17 Q3) 785.4	(16/17 Q2) 900	2016/17 Q3	889 ↓	-
127f		✓					Population use of hospital beds following emergency admission (per 1000 population)	(16/17 Q3) 516.5	(16/17 Q3) 511.9	2016/17 Q4	518.5 ↑	-
127a		✓					Achievement of milestones in the delivery of an integrated urgent care service (achievement of the 8 milestones)	(Jan-17) 6.5 met	(Nov-16) 6 met	Jan-17	7 met ↑	-
123c	Mental health	✓					Children and young people's mental health services transformation	(Q4 16/17) 70.0%	(Q4 16/17) 85.0%	2017/18 Aug-17	76.2% ↓	-
123d		✓					Crisis care and liaison mental health services transformation	(Q4 16/17) 69.1%	(Q3 16/17) 92.5%	2016/17 Q4	92.5% ↔	-
123e		✓					Out of area placements for acute mental health inpatient care - transformation	(Q4 16/17) 88.7%	(Q3 16/17) 100%	2016/17 Q4	100% ↔	-

PI	Service Area	IAF	Constitutional	Better Care Fund	Quality Premium	Local measure	Description	London Average	Previous reported position	CCG Merton		2017/18 Target
										Latest Performance		
124a	Learning disability	✓					Reliance on specialist inpatient care for people with a learning disability and/or autism (number of inpatients on CCG of origin basis per million GP registered population)	(Q4 16/17) 44.9	(Q4 16/17) 38.0	2017/18 Q1	39.0 ↑	-
124b		✓					Proportion of people with a learning disability on the GP register receiving an annual health check	(2015/16) 43.5%	(2015/16) 41.2%	2016/17 Q4	54.0% ↑	-
101a	Maternity	✓					Maternal smoking at delivery	(16/17 Q3) 5.0%	(16/17 Q2) 2.9%	2016/17 Q3	5.4% ↑	-
105b	Personalisation & Choice	✓					Personal health budgets (rate per 100,000 population)	(16/17 Q4) 14.2	(16/17 Q4) 2.7	2017/18 Q1	1.0% ↓	-
105c		✓					Percentage of deaths which take place in hospital	(16/17 Q2) 53.4%	(16/17 Q1) 51.9%	2016/17 Q2	50.9% ↓	-
131a	Continuing Healthcare	✓					People eligible for standard NHS Continuing Healthcare (per 50,000 population)	(16/17 Q3) 34.5	(16/17 Q2) 21.7	2016/17 Q3	21.1 ↔	-
128c	Primary care	✓					Primary care access (extended access to GP services on a weekend & evening)	(Mar-17) 43.3%	(Oct-16) 8.3%	Mar-17	not yet available	-
128d		✓					Primary care workforce (number of GPs and Practice Nurses (FTE) per 1,000 patients)	(Sep-16) 0.84	(Sep-16) 0.89	2016/17 Mar-17	0.94% ↑	-
106a	Health inequalities	✓					Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions (per 100,000 population) ASC & UCSC	not available	(16/17 Q3) 2,708	2016/17 Q4	2,347 ↓	-

Annual Performance Measures *no further update until M12 (March / Q4 year end) reporting period

122c	Cancer	✓					One-year survival from all cancers	(2014) 70.1%	(2013) 71.6%	2014	71.0% ↓	-
122d		✓					Cancer patient experience (survey) average score (scale 0=very poor / 10=very good)	(2015) 8.5	(2015) 8.7	2016	8.5 ↓	-
122a		✓					Cancers diagnosed at early stage	(2015) 50.5%	(2014) 48.1%	2015	52.8% ↑	(>) 60%
125b	Maternity	✓					Women's experience of maternity services - survey (three-yearly reporting process)	(2015) 76.2%	n/a	2015	75.3% ↔	-
125c		✓					Choices in maternity services - survey (three-yearly reporting process)	(2015) 65.7%	n/a	2015	67.3% ↔	-
125a		✓					Neonatal mortality and stillbirths (rate per 1,000 births)	(2015) 7.13	(2014) 7.29	2015	5.0% ↓	-
103a	Diabetes	✓					Diabetes patients that have achieved all the NICE-recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	(2015/16) 40.7%	(2014/15) 40.1%	2015/16	39.3% ↓	-
103b		✓					People with diabetes diagnosed less than a year who attend a structured education course	2014 6.8%	2013 7.5%	2014	8.1% ↑	-
102a	Child obesity	✓					Percentage of children aged 10-11 classified as overweight or obese	(13/14>14/15) 36.7%	(11/12>13/14) 35.3%	2013/14 >15/16	35.6%	-

PI	Service Area	IAF	Constitutional	Better Care Fund	Quality Premium	Local measure	Description	London Average	Previous reported position	CCG Merton		2017/18 Target
										Latest Performance		
126b	Dementia	✓					Dementia care planning and post-diagnostic support	(2015/16) 79.3%	(2014/15) 75.1%	2015/16	81.5% ↑	-
128b	Primary care	✓					Patient experience of GP services (Survey)	(Mar-16) 80.8%	(Mar-16) 80.1%	Mar-17	80.2% ↑	-
L8	Quality Premium				✓		Increase the proportion of MI patients accessing community based cardiac rehabilitation services	not available	(2015/16) 0	2016/17 Q4	43 ↑	-
105d	Personalisation & Choice	✓					People with a long-term condition feeling supported to manage their condition(s) - survey	Mar-16 59.0%	Mar-15 59.9%	Mar-16	63.4% ↑	-
108a	Carers	✓					Quality of life of carers - survey	Mar-16 80.1%	Mar-15 79.3%	Mar-16	80.6% ↑	-

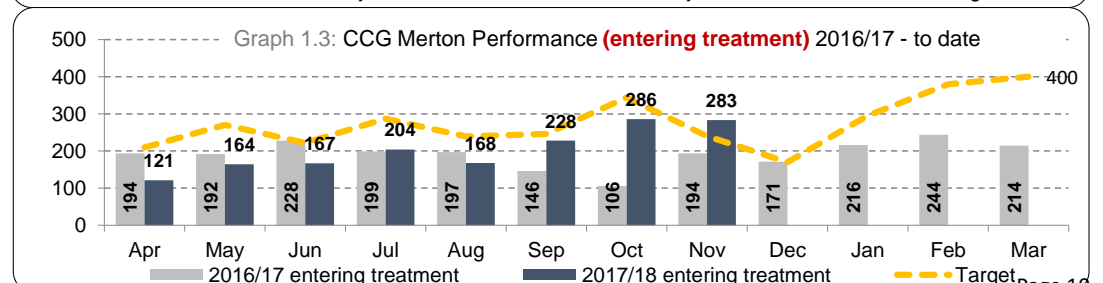
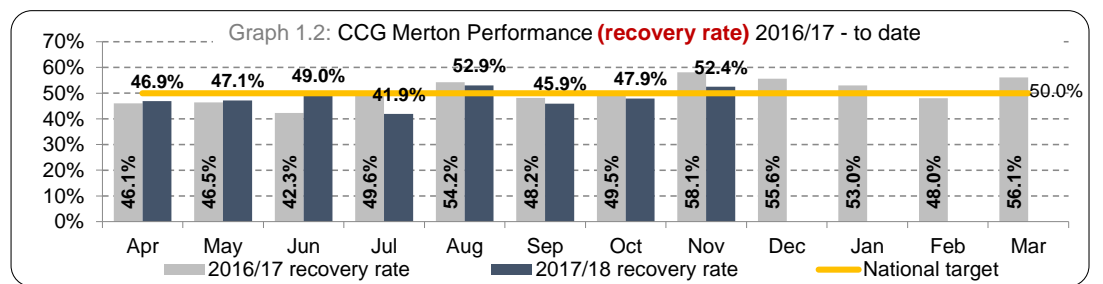
Merton CCG

Exception Reporting: Performance Measures

(Month 7) Reporting Period: October 2017

123(A)	IAPT (Improving Access to Psychological Therapies) Recovery Rate
Polarity: bigger is better	The percentage of people who finished treatment within the reporting period who were initially assessed as “at caseness”, have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.
Current performance	Performance levels for reporting period Nov-17 (M8) exceeded the national recovery rate target of 50% and a revision to the previous Oct-17 (M7) position was advised improving performance for that period from 45.5% to 47.9%. The access rate is not yet compliant with the 4.2% national target for quarter 4 2017/18 with a current quarterly rolling access rate of 3.01%. Treatment within 6 weeks is showing slippage and failing to meet the 75% target for the second consecutive month.
Root cause/s of performance issues:	The service provider were unable to meet the access rate targets set during 2017/18 due to low numbers of referrals and the service provider to holding a number of vacant posts which affected their capacity levels during the year. There remains a high dropout rate in-part due to the backlog of people waiting treatments, the provider anticipates that this will decrease as waiting times are reduced with a full complement of staff.
Mitigating action/s:	In addition to the service provider having successfully recruited to the vacant posts (increasing their capacity) and to provide the CCG with further assurance that national targets will be met by year end 2017/18, the service provider have now signed a contract to engage a subcontractor IESO which will go live on the 15 January 2018. The intention is for IESO to immediately take on a cohort of clients awaiting 2nd treatment. The provider continued their efforts to reduce waiting list numbers by offering staff overtime during December. An Escalation meeting with NHSE took place on 11 Dec-17. A number of actions were agreed to further focus the action plan and recovery trajectory. Follow up meeting has been scheduled for early Feb-18 to review progress.
Residual concern/s / assurance:	The service provider's new demand and capacity model forecasts the access rate will reach 4.1% (marginally below 4.2% target) for Mar-18 (Q4), however workforce and operational management of balancing new patients and those undergoing second and subsequent treatments remains a challenge. The provider has been asked to provide a month by month breakdown of capacity across the treatment models and the CCG has requested the providers review options for group/seminar where possible to maximise capacity.

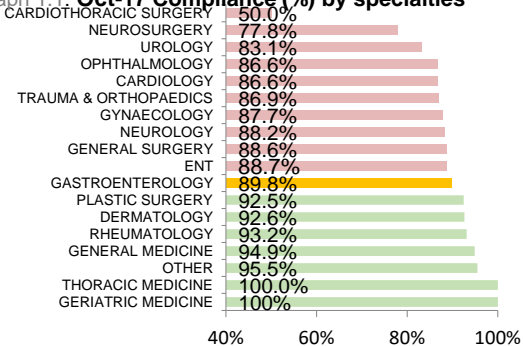
2017/18 (recovery rate ragged)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target
Total referrals received	260	308	305	337	334	300	361	388					2593	
Total entering treatment	121	164	167	204	168	228	286	283					1621	1926
Total moving to recovery (N)	46	82	75	65	54	45	47	43					457	n/a
Total completed treatment (D)	98	174	153	155	102	98	98	82					960	n/a
Awaiting 1st treatment (waiting list)	283	339	399	440	433	316	270	284					284	n/a
Awaiting 2nd treatment (waiting list)	58	62	90	119	205	232	324	374					374	n/a
Treatment within 6 weeks (%)	89.3%	92.9%	90.6%	88.5%	82.1%	84.3%	71.4%	69.8%					85.3%	>75%
Treatment within 18 weeks (%)	100%	99%	99%	100%	100%	100%	99.0%	100%					99.6%	>95%
Access rate (rolling quarter %)	2.19%	1.89%	1.71%	2.02%	2.04%	2.27%	2.58%	3.01%					n/a	3.75%
CCG Merton Recovery Rate (%)	46.9%	47.1%	49.0%	41.9%	52.9%	45.9%	47.9%	52.4%					47.6%	>50%
2016/17 (recovery rate ragged)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target
Total referrals received	304	308	338	295	264	271	269	305	224	316	275	379	3548	n/a
Total entering treatment	194	192	228	199	197	146	106	194	171	216	244	214	2301	n/a
Total moving to recovery (N)	99	72	66	60	90	65	50	61	60	62	61	96	842	n/a
Total completed treatment (D)	215	155	156	121	166	135	101	105	108	117	127	171	1677	n/a
Awaiting 1st treatment (waiting list)	109	118	144	154	114	155	260	313	283	229	172	216	216	n/a
Awaiting 2nd treatment (waiting list)	46	45	45	41	35	32	29	24	29	43	83	130	130	n/a
Treatment within 6 weeks (%)	62%	76%	86%	91%	94%	95%	95%	97%	93%	93%	89%	91%	87.0%	>75%
Treatment within 18 weeks (%)	89%	96%	97%	99%	100%	100%	100%	100%	99%	100%	98%	100%	97.7%	>95%
Access rate (rolling quarter %)	-	-	2.41%	2.43%	2.45%	2.13%	1.76%	1.75%	1.85%	2.28%	2.48%	2.65%	n/a	3.75%
CCG Merton Recovery Rate (%)	46.1%	46.5%	42.3%	49.6%	54.2%	48.2%	49.5%	58.1%	55.6%	53.0%	48.0%	56.1%	50.2%	>50%



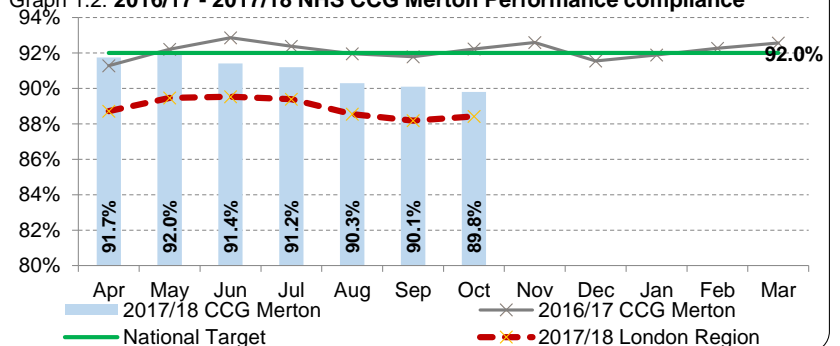
R1	RTT (Referral to Treatment) within 18 weeks
Polarity: bigger is better	Incomplete pathways, often referred to as waiting list times, are the waiting times for patients waiting to start treatment, as at the end of each month. The volume of incomplete RTT pathways is often referred to as the size of the RTT waiting list. The incomplete waiting time standard was introduced in 2012 and states that the time waited must be 18 weeks or less for at least 92% of patients on incomplete pathways.
Current performance	The CCG did not meet the RTT standard of 92% for the reporting period M7 (October 2017) with monthly position of 89.8%, this represents a total of 7,888 pathways with 7,087 patients being seen within 18 weeks of referral and 801 patients exceeding the 18 week compliance target. 0 patients were reported as waiting greater than 52 weeks for this reporting period. The CCG's performance remains above the overall London Commissioning Region of 88.4%. It should be noted that St Georges Hospital data is not currently available and
Root cause/s of performance issues:	At provider level both Epsom & St Helier Hospital and Moorfields Eye Hospital remain below the standard for the 5th consecutive month. Following on from the issues in E-rostering and NHS email changes, (ESTH) reported that it will be difficult to achieve recovery by March 2018 and are currently developing a recovery trajectory for submission to NHSI which shows recovery by June 2018. (SGH) commissioners and the Trust attend weekly meetings with NHSI. At the October performance meeting the Trust updated on current progress with RTT recovery for patients waiting over 52 weeks as well as plans for patients over 40 weeks on the Trust PTL. The Trust highlighted capacity issues in ENT and General Surgery as well as plans to address capacity issues generally within the Trust.
Mitigating action/s:	ESTH: The problem with NHS mail and E-rostering has been resolved. The Trust is working through the additional backlog this has created. Recovery trajectories are being agreed with each specialty. The Trust is updating the RTT recovery plan, which is awaited. There has been a slight improvement October. It is not yet clear whether 92% performance can be recovered by March 2018. Consultant vacancies have been or are in the process of being recruited to. The possible use of capacity at St Anthony's hospital (Spire) is being explored. SGH: have agreed a set of milestones from November 2017 to March 2018 as part of their wider RTT recovery plan. A full PTL will be available from the week ending 22 December which will allow comprehensive waiting list management. The plan remains principally focused on improving operational processes, validation and waiting list management.
Residual concern/s / assurance:	Performance management of RTT is taking place at SWL level and discussed with Performance leads of CCGs on a monthly basis. Key actions to improve performance levels some of which are detailed above are being/have been put in place and are closely monitored.

2017/18 (by Main Provider/s)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target
Epsom & St Helier Hospitals	91.4%	92.1%	91.9%	91.1%	89.6%	89.1%	89.7%						90.7%	92%
Moorfields Eye Hospital	93.0%	92.4%	91.5%	89.5%	87.4%	86.2%	83.1%						89.0%	
Kingston Hospital NHS Trust	96.0%	96.0%	94.0%	92.8%	94.1%	94.2%	93.0%						94.3%	
SWL & St Georges MH	97.0%	98.0%	97.3%	98.7%	99.1%	99.4%	99.2%						98.4%	
CCG Merton Compliance	91.7%	92.0%	91.4%	91.2%	90.3%	90.1%	89.8%						90.9%	
2016/17 (by Main Provider/s)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target
Epsom & St Helier Hospitals	97.0%	97.5%	97.8%	97.9%	98.6%	97.6%	94.7%	96.4%	94.7%	84.9%	83.6%	93.7%	94.5%	92%
St George's Hospital	88.8%	93.1%	94.8%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Kingston Hospital NHS Trust	91.8%	99.0%	98.9%	97.9%	95.5%	97.4%	97.4%	98.6%	100%	100%	100%	100%	98.0%	
Guys & St Thomas' Hospitals	93.8%	100%	100%	86.7%	94.7%	94.1%	92.3%	82.6%	85.7%	78.9%	71.4%	75.0%	87.9%	
CCG Merton Compliance	91.3%	92.2%	92.9%	92.4%	92.0%	91.8%	92.2%	92.6%	91.6%	91.9%	92.3%	92.6%	92.1%	

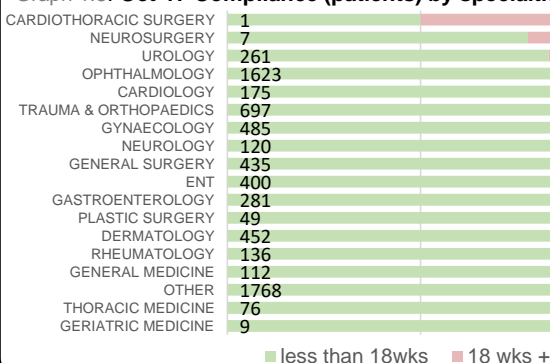
Graph 1.1: Oct-17 Compliance (%) by specialties



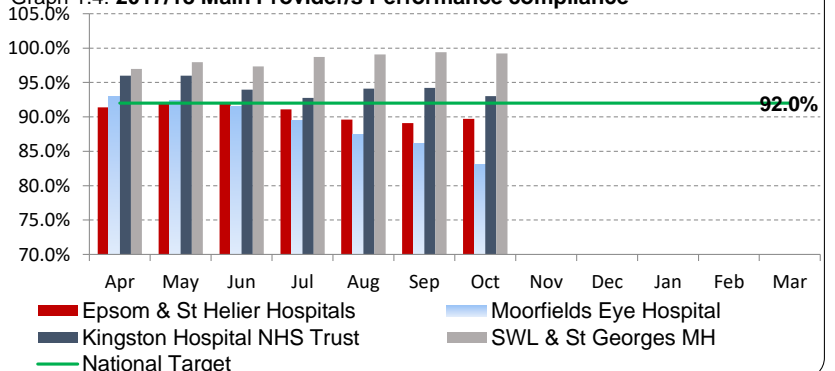
Graph 1.2: 2016/17 - 2017/18 NHS CCG Merton Performance compliance



Graph 1.3: Oct-17 Compliance (patients) by specialties



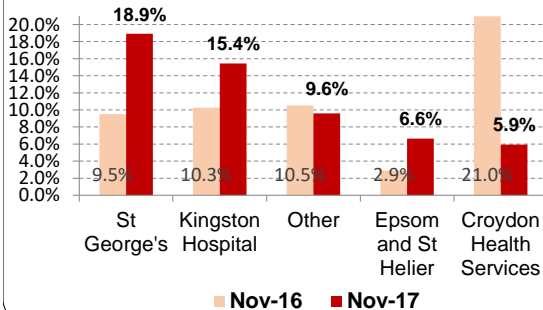
Graph 1.4: 2017/18 Main Provider/s Performance compliance



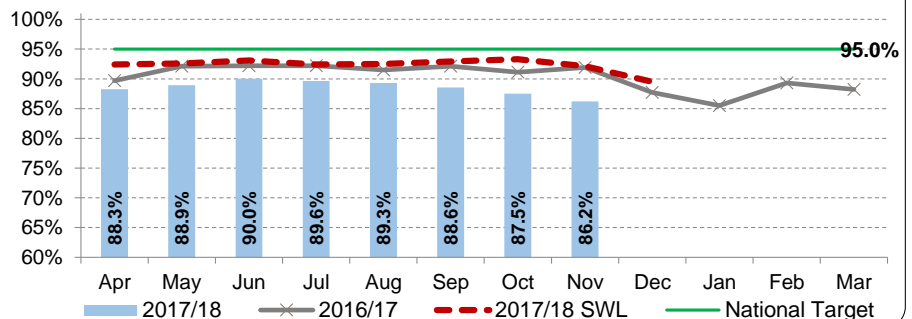
127(C)	Percentage of patients admitted, transferred or discharged from A&E within 4 hours
Polarity: bigger is better	The number of patients admitted, transferred or discharged from A&E within 4 hours as a percentage of the total number of attendances at A&E (for all types of A&E). *Data for this indicator has been locally derived using SUS data mapped to Merton CCG registered patients, as opposed to the nationally published NHSE data which is reported at SWL (South West London) level.
Current performance	The four hour standard was not achieved in M8 with the CCG performance level at 86.2% (6,282 A&E attendances / 875 breaches). Whilst performance levels currently remain below target, this is not an isolated Merton issue, the trend is seen across the South West London region and nationally, the overall SWL compliance is also failing to meet the standard during 2017/18 - to date (M8 SWL reported compliance 92.1% / M9: 89.5%).
Root cause/s of performance issues:	Data is locally derived for Merton residents broken down by trust, rather than SWL trust level reporting. St George's remain below the 95% standard for this measure, M8 position showing 3161 A&E attendances with 598 breaches. Admitted pathway continues to challenge flow; workforce challenges - Nursing and Medical staff; speciality and pathway delays; mental health delays (small volume but some recurrent issues) and problems with repatriations.
Mitigating action/s:	St Georges's Hospital M7 position was below the improvement trajectory agreed with NHS Improvement. A new improvement action plan has been put in place from Nov-17. This was reviewed and discussed at a Trust / CCG escalation meeting with NHSE/I on 23/11. The principal actions are: Daily system calls including targeted support with patients requiring repatriation. Weekly DTOC meeting with system partners, ED CommCell (deep dive performance data) and weekly internal Trust performance meetings chaired by the Chief Executive. The Trust and CCG continue to build & strengthen escalation arrangements including the formal OPEL escalation. Monthly Emergency Care Delivery Board facilitating a whole system review of performance. Comprehensive system wide winter planning was undertaken.
Residual concern/s /	The CCG seeks assurance of progress against the Unplanned and Admitted Patient Care Programme via the monthly commissioner / provider performance meetings.

2017/18 (by Main Provider/s)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD Av	Target
St Georges's Hospital	85.7%	85.5%	88.4%	87.1%	86.3%	84.8%	82.1%	81.1%					85.1%	95%
Epsom & St Helier Hospitals	94.3%	96.3%	94.5%	95.0%	94.1%	95.7%	94.3%	93.4%					94.7%	
Kingston Hospital NHS Trust	80.9%	83.8%	83.1%	88.5%	86.8%	86.0%	90.8%	84.6%					85.5%	
Croydon Health Services NHS	86.7%	93.3%	93.0%	89.4%	91.2%	90.0%	94.8%	94.1%					91.6%	
Other Provider/s	91.1%	90.2%	91.5%	90.0%	92.2%	90.7%	89.7%	91.0%					90.8%	
CCG Merton Compliance	88.3%	88.9%	90.0%	89.6%	89.3%	88.6%	87.5%	86.2%					88.6%	
2016/17 (by Main Provider/s)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD Av	Target
St Georges's Hospital	85.5%	90.6%	90.7%	90.9%	88.8%	89.5%	88.5%	90.7%	85.3%	81.8%	86.9%	84.8%	87.8%	95%
Epsom & St Helier Hospitals	95.5%	94.8%	95.0%	94.9%	96.1%	97.2%	97.4%	97.1%	94.1%	95.0%	97.0%	96.4%	95.9%	
Kingston Hospital NHS Trust	95.3%	93.9%	93.3%	94.6%	92.0%	94.6%	91.1%	89.7%	82.9%	79.2%	83.0%	85.3%	89.6%	
Croydon Health Services NHS	92.4%	92.9%	95.9%	89.8%	91.7%	80.4%	78.0%	80.2%	81.5%	78.5%	75.9%	78.4%	85%	
Other Provider/s	90.2%	90.7%	91.5%	90.6%	92.5%	92.1%	90.7%	89.9%	88.5%	87.3%	90.4%	89.2%	90%	
CCG Merton Compliance	89.7%	92.1%	92.2%	92.2%	91.5%	92.1%	91.1%	91.9%	87.7%	85.5%	89.3%	88.2%	90.3%	

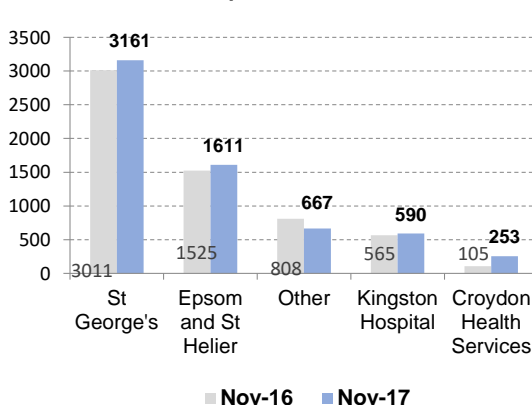
Graph 1.1: Annual comparison of breaches (%)



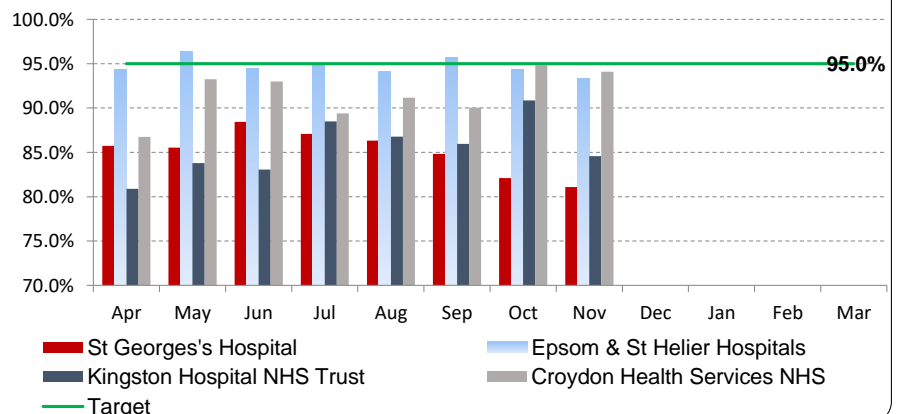
Graph 1.2: 2016/17 - 2017/18 NHS CCG Merton Performance compliance



Graph 1.3: Annual comparison A&E Attendances



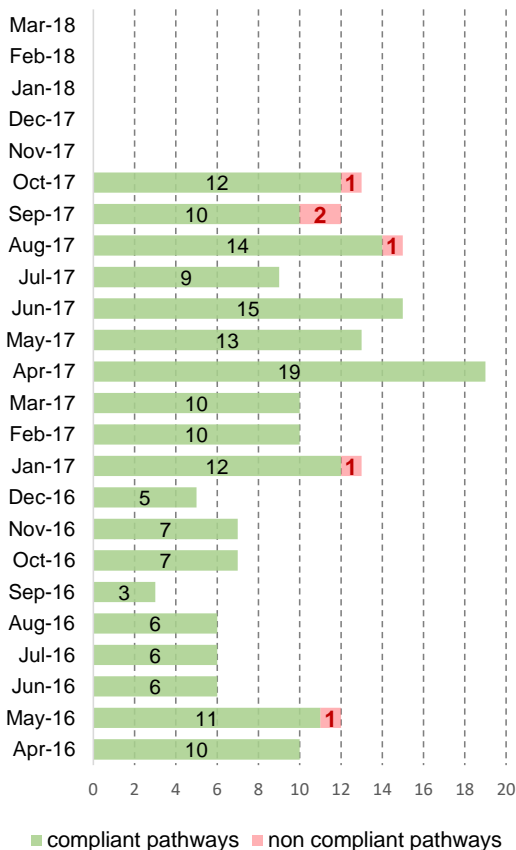
Graph 1.4: 2017/18 Main Provider/s Performance compliance



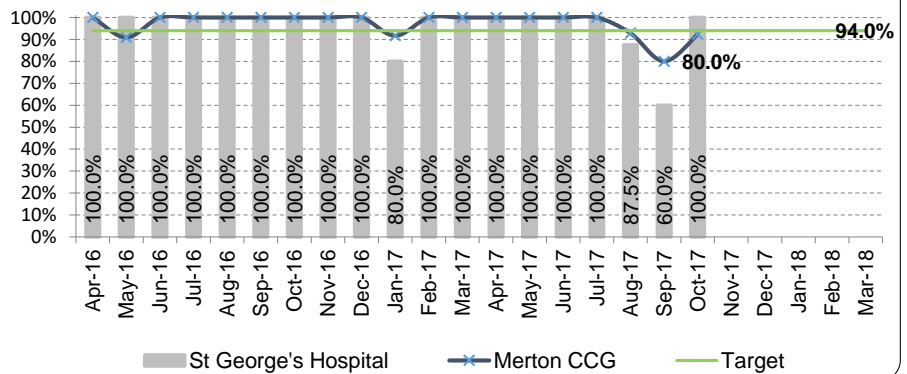
C4	31 day cancer wait from diagnosis to second or subsequent treatment (Surgery)
Polarity: bigger is better	This performance indicator measures the compliance (expressed as a percentage) of patients seen within a maximum one month (31-day) wait for second or subsequent treatment (surgery).
Current performance	The CCG did not meet the 94% compliance standard for the current reporting month 7 (October 2017), due to 1 patient breaches out of 12 patient pathways, equating to a monthly position of 92.3% for CCG Merton.
Root cause/s of performance issues:	The 1 breaches for this reporting period occurred at Royal Marsden Hospital and was classified as 'unavoidable' due to 'Other Medical Condition Prioritised' and accounted for a 70 day wait.
Mitigating action/s:	Due to the nature of this breach being unavoidable, no further action is required at this stage.
Residual concern/s / assurance:	The overall 2017/18 YTD (year to date) outturn is currently 95.7% demonstrating compliance with the 94% standard for this performance measure.

2017/18 (by Main Provider/s)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target
Royal Marsden Trust	100%	100%	100%	100%	100%	100%	75.0%						96.3%	94%
St Georges's Hospital	100%	100%	100%	100%	87.5%	60.0%	100%						94.1%	
Kingston Hospital NHS Trust	n/a	100%	100%	100%	100%	n/a	n/a						100%	
Epsom & St Helier Hospitals	100%	n/a	n/a	100%	n/a	n/a	n/a						100%	
Other Provider/s	100%	100%	n/a	100%	100%	n/a	100%						100%	
CCG Merton Compliance	100%	100%	100%	100%	92.9%	80.0%	92.3%						95.7%	
2016/17 (by Main Provider/s)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target
Royal Marsden Trust	100%	80.0%	100%	100%	100%	n/a	100%	100%	100%	100%	100%	100%	96.8%	94%
St Georges's Hospital	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	97.4%	
Kingston Hospital NHS Trust	100%	100%	100%	100%	100%	n/a	100%	n/a	n/a	100%	100%	100%	100%	
Epsom & St Helier Hospitals	n/a	100%	n/a	100%	100%	n/a	n/a	n/a	n/a	n/a	n/a	100%	100%	
Other Provider/s	100%	100%	n/a	n/a	100%	100%	n/a	100%	100%	100%	n/a	n/a	100%	
CCG Merton Compliance	100%	90.9%	100%	100%	100%	100%	100%	100%	100%	91.7%	100%	100%	97.8%	

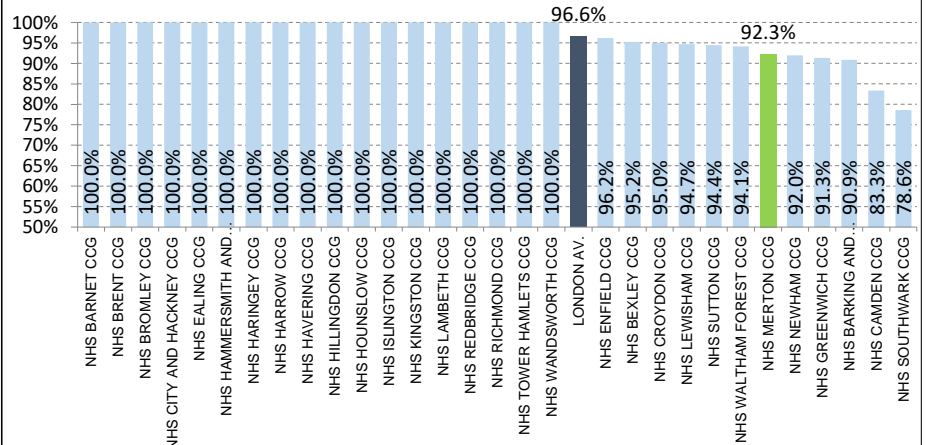
Graph 1.1: 2016/17 - 2017/18 Pathway Compliance (number of patients)



Graph 1.2: 2016/17 - 2017/18 NHS CCG Merton Monthly Performance



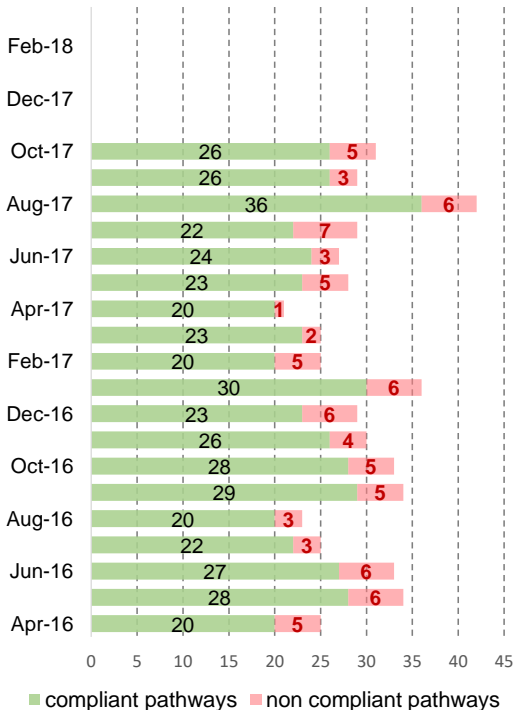
Graph 1.3: 2017/18 - London CCG Performance Benchmarking - Oct-17



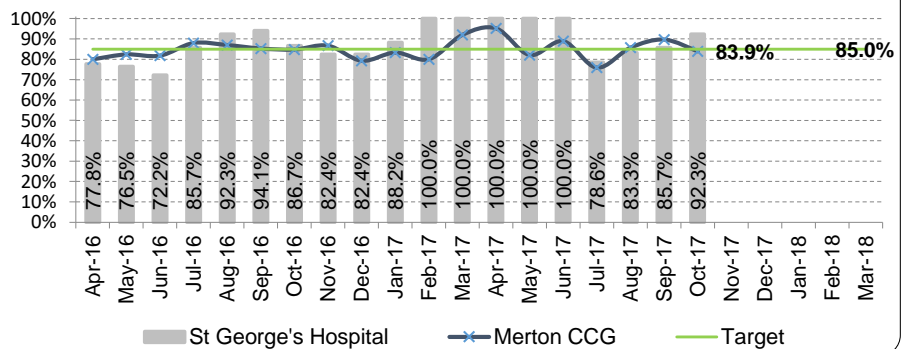
C5	62 day cancer wait from urgent GP referral to the first treatment for cancer - all cancer types
Polarity: bigger is better	This performance indicator measures the compliance (expressed as a percentage) of patients seen within a maximum of 62 days from urgent GP referral to first treatment for all cancer types. Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes.
Current	The CCG did not meet the 85% compliance standard for the current reporting month 7 (October 2017), due to 5 patient breaches out of 31 patient pathways, equating to a monthly position of 83.9% for CCG Merton.
Root cause/s of performance issues:	Royal Marsden: 3 breaches out of 9 pathways for the trust, equating to 67% overall compliance for the individual trust. x1 breach was classified as 'avoidable' due to 'delay in workup' with a waiting time of 105 days . x1 breach was 'unclassified' as 'intertrust with no information' with a 97 day wait. x1 breach was classified as 'unavoidable' due to 'complex diagnostic' with a 79 day wait. Epsom & St Helier: 2 breaches out of 5 pathways for the trust, equating to 60% overall compliance for the individual trust. x1 breach was classified as 'avoidable' due to 'administrative reasons' with a waiting time of 73 days. x1 breach was classified as 'unavoidable' due to 'other medical condition prioritised' with a waiting time of 99.
Mitigating action/s:	Trusts must complete a comprehensive RCA (Route Cause Analysis) for all 62 day breaches with clinical input to assess harm for any 100+ day breaches.
Residual concern/s / assurance:	The 2017/18 YTD (Year to Date) position remains compliant with the 85% national standard for Merton CCG, with the standard being met for 4 of the 7 current reporting periods.

2017/18 (by Main Provider/s)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target
St Georges's Hospital	100%	100%	100%	78.6%	83.3%	85.7%	92.3%						91.8%	85%
Epsom & St Helier Hospitals	100%	50.0%	80.0%	85.7%	100%	80.0%	60.0%						81.6%	
Royal Marsden Trust	100%	57.1%	71.4%	57.1%	80.0%	100%	66.7%						74.5%	
Kingston Hospital NHS Trust	50.0%	100%	100%	100%	100%	100%	100%						93.3%	
Other Provider/s	-	100%	-	-	66.7%	-	-						75.0%	
CCG Merton Compliance	95.2%	82.1%	88.9%	75.9%	85.7%	89.7%	83.9%						85.4%	
2016/17 (by Main Provider/s)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target
St Georges's Hospital	77.8%	76.5%	72.2%	85.7%	92.3%	94.1%	86.7%	82.4%	82.4%	88.2%	100%	100%	85.6%	85%
Epsom & St Helier Hospitals	100%	100%	100%	100%	100%	77.8%	85.7%	85.7%	100%	87.5%	66.7%	80%	89.2%	
Royal Marsden Trust	50.0%	75.0%	75.0%	80.0%	50.0%	50.0%	75.0%	100%	62.5%	71.4%	33.3%	80%	68%	
Kingston Hospital NHS Trust	100%	100%	100%	100%	100%	-	100%	100%	100%	100%	100%	100%	100%	
Other Provider/s	-	-	-	100%	100%	-	-	-	-	100%	-	-	100%	
CCG Merton Compliance	80.0%	82.4%	81.8%	88.0%	87.0%	85.3%	84.8%	86.7%	79.3%	83.3%	80.0%	92.0%	84.3%	

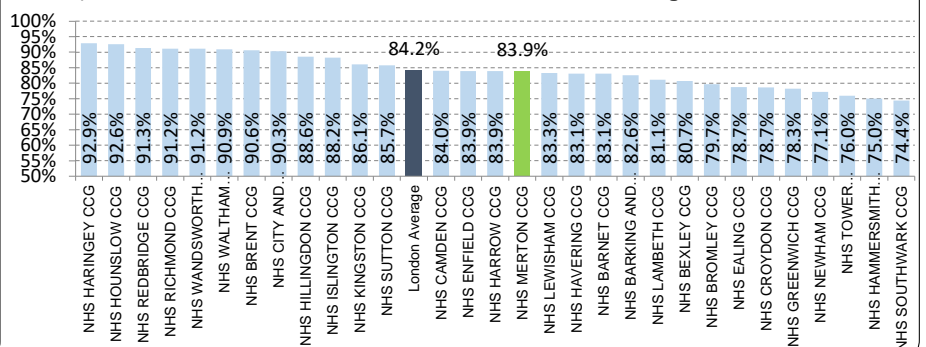
Graph 1.1: 2016/17 - 2017/18 Pathway Compliance (number of patients)



Graph 1.2: 2016/17 - 2017/18 NHS CCG Merton Monthly Performance



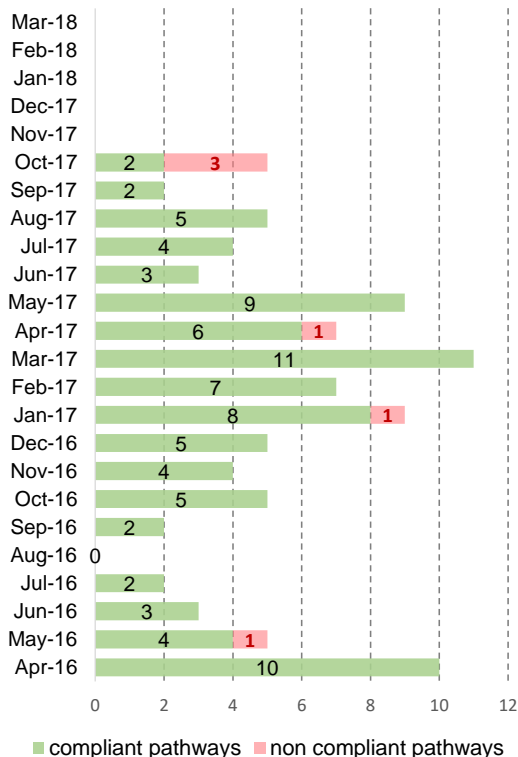
Graph 1.3: 2017/18 - London CCG Performance Benchmarking - Oct-17



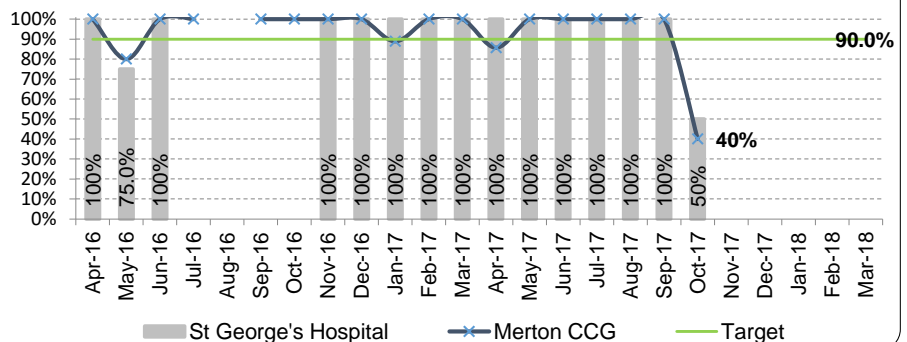
C5	62 day cancer wait from referral from an NHS cancer screening service to the first definitive treatment for cancer
Polarity: bigger is better	This performance indicator measures the compliance (expressed as a percentage) of patients seen within a maximum of 62 days from referral to first definitive treatment. Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes.
Current	The CCG did not meet the 90% compliance standard for the current reporting month 7 (October 2017), due to 3 patient breaches out of 5 patient pathways, equating to a monthly position of 40.0% for CCG Merton.
Root cause/s of performance issues:	<p>Royal Marsden: 2 breaches out of 2 pathways for the trust, equating to 0% overall compliance for the individual trust. Both breaches were classified as 'avoidable' due to 'delay in workup' with waiting times of 69 and 85 days for breast cancer type screening.</p> <p>St George's: 1 breaches out of 2 pathways for the trust, equating to 50% overall compliance for the individual trust. x1 breach was unclassified as 'Intertrust with no information' with a waiting time of 75 days.</p>
Mitigating action/s:	The standard was not achieved at SGH and RMH due to late referral and delays in clinical work-up being the primary breach reasons. The breaches will be raised during relevant trust meetings for assurance that the compliance standard can be improved.
Residual concern/s / assurance:	Whilst the current M7 (Oct-17) positions and YTD (Year to Date) outturn are below the national standard, compliance of this KPI historically has been good, reporting 100% from May to Sep 2017. The indicator will now be closely monitored for the remainder of 2017/18 and any compliance issues addressed directly with the trust/s involved.

2017/18 (by Main Provider/s)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target
Royal Marsden Trust	0%	-	-	-	-	-	0.0%						0.0%	90%
St Georges's Hospital	100%	100%	100%	100%	100%	100%	50.0%						96.4%	
Kingston Hospital NHS Trust	-	-	-	100%	-	-	100%						100%	
Epsom & St Helier Hospitals	-	-	100%	-	-	-	-						100%	
Other Provider/s	-	-	-	-	-	-	-						-	
CCG Merton Compliance	85.7%	100%	100%	100%	100%	100%	40.0%						88.6%	
2016/17 (by Main Provider/s)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target
Royal Marsden Trust	100%	100%	100%	100%	-	100%	100%	-	100%	67%	100%	100%	95.0%	90%
St Georges's Hospital	100%	75.0%	100%	-	-	-	-	100%	100%	100%	100%	100%	97.4%	
Epsom & St Helier Hospitals	-	-	-	-	-	-	-	100%	-	-	-	-	100%	
Kingston Hospital NHS Trust	-	-	-	-	-	100%	-	-	-	100%	-	-	100%	
Other Provider/s	-	-	-	-	-	-	-	-	-	-	-	-	-	
CCG Merton Compliance	100%	80.0%	100%	100%	-	100%	100%	100%	100%	88.9%	100%	100%	96.8%	

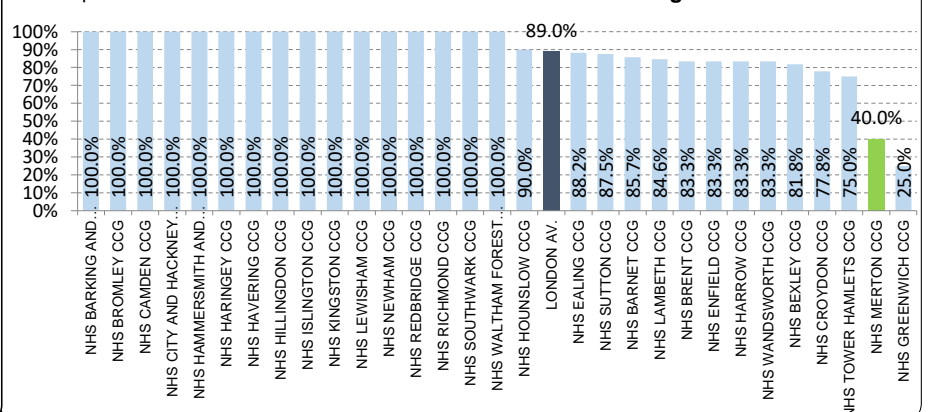
Graph 1.1: 2016/17 - 2017/18 Pathway Compliance (number of patients)



Graph 1.2: 2016/17 - 2017/18 NHS CCG Merton Monthly Performance

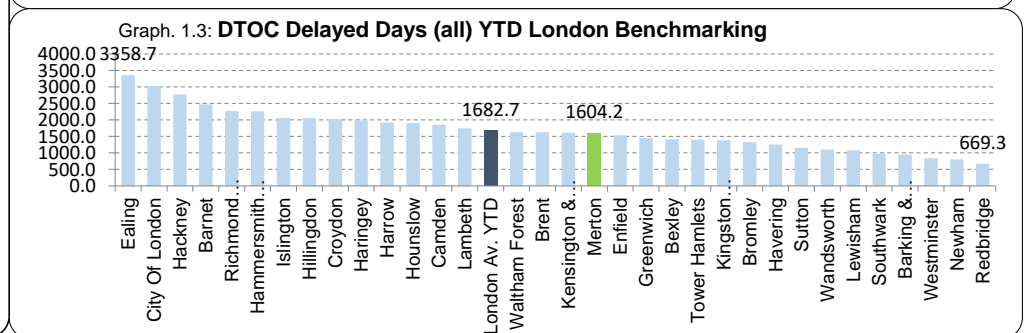
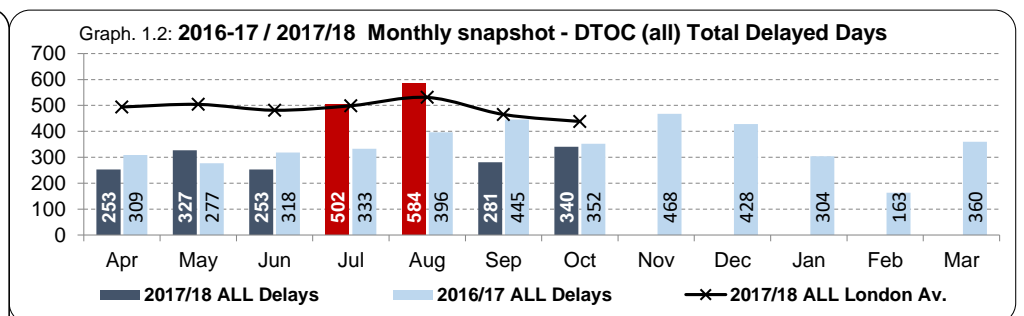
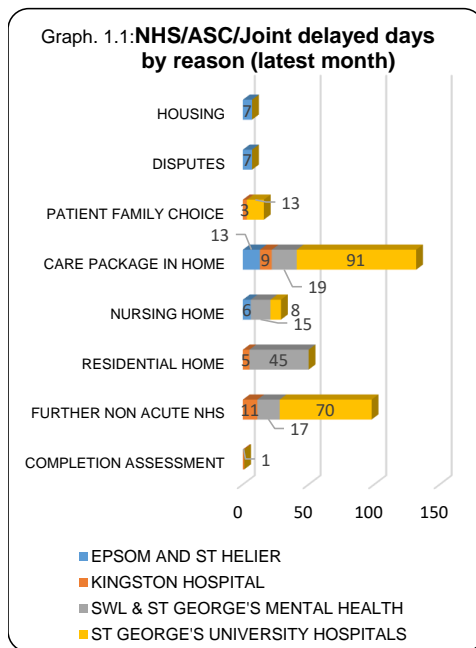


Graph 1.3: 2017/18 - London CCG Performance Benchmarking - Oct-17



BCF1	Delayed Transfers of Care (delayed bed days) - OVERALL (all delays ASC/NHS/JOINT)
Polarity: Smaller is better is better	A delayed day occurs when a patient has been delayed one day after they were medically fit to be transferred/discharged. If the patient is delayed for a further day, then another delayed day occurs. The total number of delayed days for a single patient is the number of days from when they were medically ready to be transferred to the date they were transferred or discharged.
Current performance	Performance levels being achieved for this measure have been negatively affected by a steep increase in reported Adult Social Care delayed days during July, August and partially September 2017. These increases have been confirmed as incorrect and a result of data issues rather than a true reflection of performance levels. Revised data for these months has been resubmitted which will reduce the overall delays year-to-date by approx.195 delayed days.
Root cause/s of	Considerable over reporting of ASC delayed days by SGH during Jul-17 and Aug-17 has artificially inflated the overall number of delays, despite this Merton's performance remains below the London average and we anticipate further improvement when revised figures are accepted and published by NHSE colleagues (expected May-18).

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
DTOC Average 'Beds'	7	10	7	14	18	9	10						n/a
JOINT (NHS & ASC) Average 'Beds'	1	1	1	2	1	0	1						n/a
TOTAL Merton NHS Average Bed/s	8	11	8	16	19	9	11						n/a
Croydon Health Services	0	10	0	1	0	0	0						11
Epsom & St Helier Hospitals	5	9	39	51	48	12	33						197
Imperial College Healthcare	0	0	14	18	0	0	0						32
Kingston Hospital Trust	38	50	24	43	45	0	29						229
Western Sussex Hospital	0	0	0	0	0	1	0						1
St George's Hospital	144	213	89	270	334	224	182						1,456
SWL St George's Mental Health Trust	66	45	87	119	157	44	96						614
Total Merton Delayed Days	253	327	253	502	584	281	340						2,540
of which: Acute Care	187	282	166	353	413	196	229						1826
of which: Non-Acute Care	66	45	87	149	171	85	111						714
Rate Per 100,000 Population	159.8	206.5	159.8	317.1	368.8	177.5	214.7						1,604.2
London Av. Per 100,000 pop.	238.0	247.2	236.8	252.0	274.8	220.5	213.3						664.8
of which: JOINT Delayed Days	30	37	31	62	31	2	27						220
JOINT Delayed Days TARGET	30	30	30	33	30	29	30	30	31	31	28	31	153



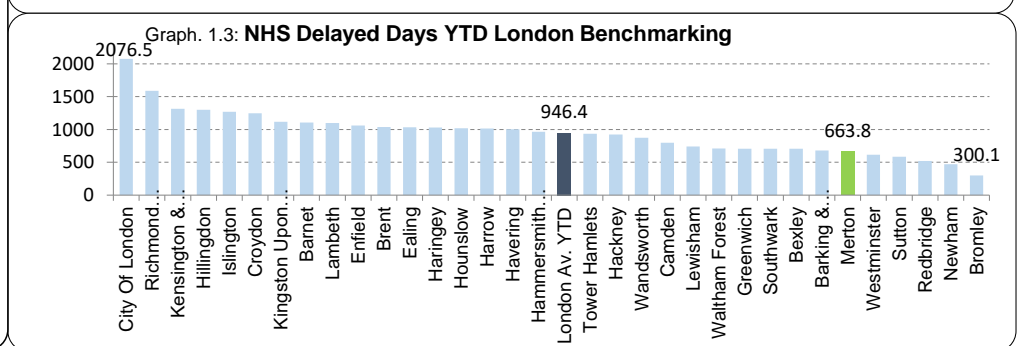
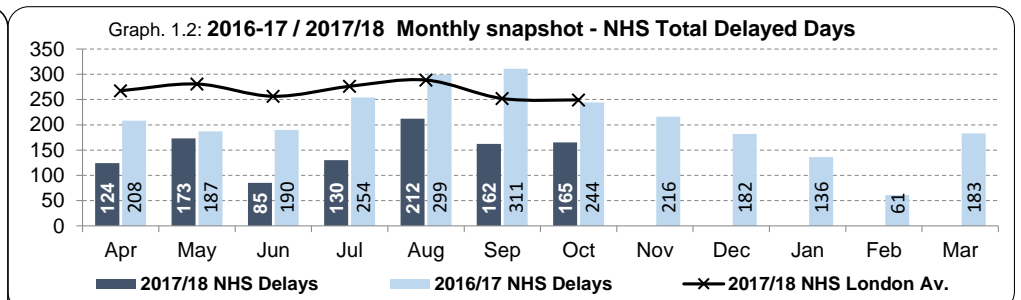
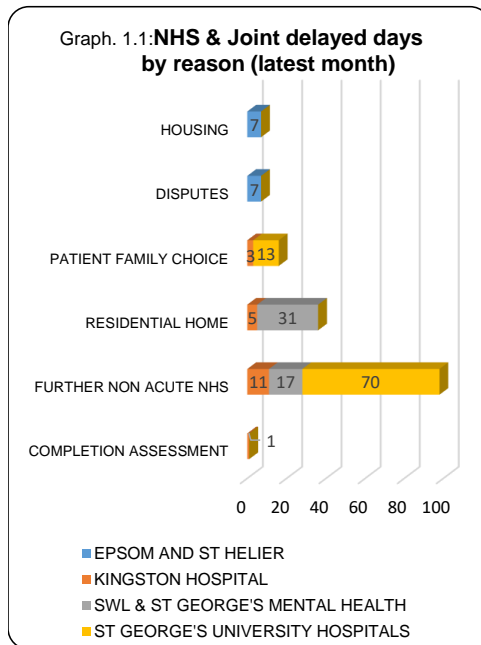
BCF (Better Care Fund) Reporting: Merton Health & Wellbeing Board aligned - NHS ONL

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
NHS DTOC (NHSE/BCF) TARGET	n/a	n/a	n/a	143.0	123.0	104.7	188.3	129.2	133.5	133.5	120.6	133.5	
NHS DTOC Outturn	136.6	192.2	105.5	144.3	220.9	174.0	177.4						1150.8
ASC DTOC (NHSE/BCF) TARGET	n/a	n/a	n/a	103.0	99.0	95.0	84.0	79.3	81.9	8.9	74.0	81.9	
ASC DTOC Outturn	99.0	117.0	137.0	310.0	341.0	117.0	148.0						1269.0
JOINT DTOC (NSHE/BCF) TARGET	n/a	n/a	n/a	33.0	30.0	29.0	30.0	30.0	31.0	31.0	28.0	31.0	
JOINT DTOC Outturn	30.0	37.0	31.0	62.0	31.0	2.0	27.0						220.0
TOTAL DTOC (NHSE/BCF) TARGET	n/a	n/a	n/a	279.0	252.0	228.7	302.3	238.5	246.5	246.5	222.6	246.5	
TOTAL DTOC Outturn	265.6	346.2	273.5	516.3	592.9	293.0	352.4						2639.8
Rate Per 100,000 Population - Target	n/a	n/a	n/a	170.9	154.3	140.1	185.1	146.1	150.9	149.4	135.0	149.4	
Rate Per 100,000 Population	162.6	212.0	167.5	316.2	363.1	179.4	215.8						1597.1

(NHSE HWB2017/18)

BCF2	Delayed Transfers of Care (delayed bed days) - NHS Delays only
Polarity: Smaller is better is better	A delayed day occurs when a patient has been delayed one day after they were medically fit to be transferred/discharged. If the patient is delayed for a further day, then another delayed day occurs. The total number of delayed days for a single patient is the number of days from when they were medically ready to be transferred to the date they were transferred or discharged.
Current performance	Latest data currently available (Oct-17 released on 14/12/17) shows that the number of DTOC days attributable to NHS remains considerably below the London average and shows good annual improvement (YTD approx. -38% annual reduction). The CCG are currently ranked 6 place in terms of best performance for London boroughs. The highest number of delays were reported for St George's Hospital (83 DTOC days) due to awaiting further non-acute NHS care (70 days). Inline with published data, please note that September data has been revised from 181 to 162 delayed days. The NHSE (HWB) target set has been met for M7 2017/18 although YTD falls outside the target and remains challenging due to
Mitigating Action/s	Monthly BCF (Better Care Fund) meetings take place between the CCG and Local Authority to review data and work together to bring about improved performance.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
NHS DTOC Average 'Beds'	4	6	3	4	7	5	5						n/a
JOINT (NHS & ASC) Average 'Beds'	1	1	1	2	1	0	1						n/a
TOTAL Merton NHS Average Bed/s	5	7	4	6	8	5	6						n/a
Epsom & St Helier Hospitals	5	7	3	14	21	1	14						65
Imperial College Healthcare	0	0	14	18	0	0	0						32
Kingston Hospital Trust	17	34	20	33	37	0	20						161
St George's Hospital	94	124	26	11	126	121	83						585
Western Sussex Hospital	0	0	0	0	0	1	0						1
SWL St George's Mental Health Trust	8	8	22	54	28	39	48						207
Total Merton NHS Delayed Days	124	173	85	130	212	162	165						1,051
of which: Acute Care	116	165	63	100	176	112	110						842
of which: Non-Acute Care	8	8	22	30	36	50	55						209
(ONS) NHS Rate Per 100,000 Population	78.3	109.3	53.7	82.1	133.9	102.3	104.2						663.8
London Av. Per 100,000 pop.	135.9	143.9	133.5	140.4	148.1	123.0	121.7						664.8
TOTAL Merton JOINT Delayed Days	30	37	31	62	31	2	27						220
JOINT Delayed Days TARGET	30	30	30	33	30	29	30						212

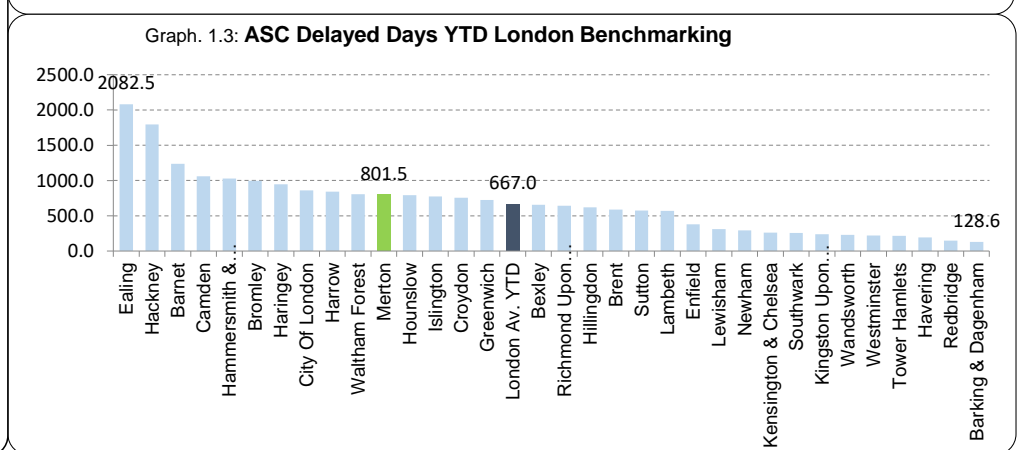
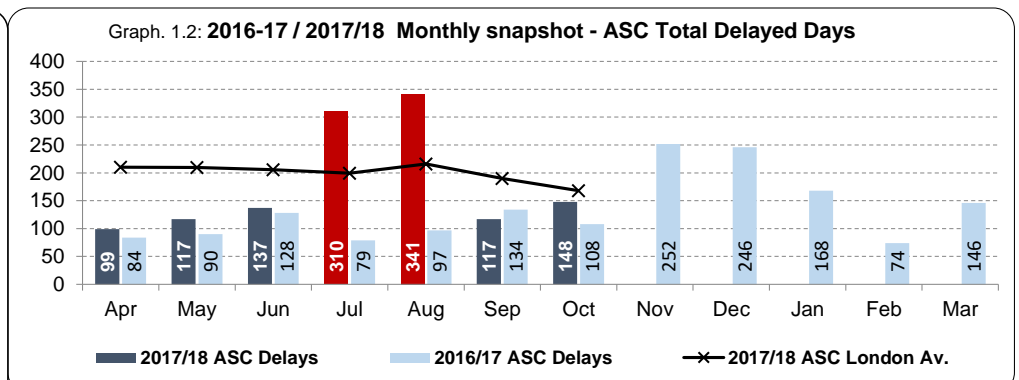
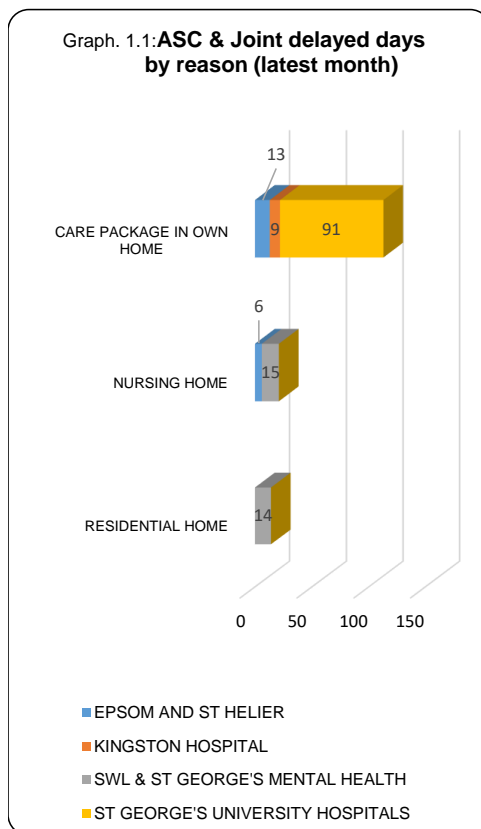


BCF (Better Care Fund) Reporting: Merton Health & Wellbeing Board aligned - NHS ONL

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
NHS Merton CCG	108.5	151.4	74.4	113.8	185.5	141.8	144.4						919.6
NHS Kingston CCG	8.8	13.1	9.3	4.5	6.7	5.3	6.3						54.0
NHS Sutton CCG	3.5	3.6	5.1	5.7	4.6	3.8	4.5						30.9
NHS Wandsworth CCG	15.8	24.1	16.6	20.3	24.2	23.1	22.2						146.3
Total Merton HWB NHS Delayed Days	136.6	192.2	105.5	144.3	220.9	174.0	177.4						1150.8
NHS HWB Target (Days)	136.6	192.2	105.5	143.0	123.0	104.7	188.3	129.2	133.5	133.5	120.6	133.5	993.3
(NHSE HWB2017/18) Rate Per 100,000 Population	83.6	117.7	64.6	88.4	135.3	106.5	108.6						608.3

BCF3	Delayed Transfers of Care (delayed bed days) - Adult Social Care Delays only
Polarity: Smaller is better is better	A delayed day occurs when a patient has been delayed one day after they were medically fit to be transferred/discharged. If the patient is delayed for a further day, then another delayed day occurs. The total number of delayed days for a single patient is the number of days from when they were medically ready to be transferred to the date they were transferred or discharged.
Current performance	Latest data available (Oct-17) shows that the number of DTOC days attributable to ASC substantially increased during Jul-17 & Aug-17, on investigation it has been confirmed that the increase was in relation to a data issue at St George's. Revised data has been re-submitted to NHSE (amended outturns: ASC SGH: July: 130 / Aug: 202). We are currently awaiting the revisions to be published (expected May-18). Please note that Sep-17 has been revised from 174 to 148 however Jul-17 and Aug-17 remain unchanged at this stage.
Root cause/s of performance	Considerable over reporting of ASC delayed days by SGH during Jul-17 and Aug-17 has artificially inflated the overall number of delays, despite this Merton's performance remains below the London average and we anticipate further improvement when revised figures are accepted and published by NHSE colleagues in May-18.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
ASC DTOC Average 'Beds'	3	4	5	10	11	4	5						n/a
JOINT (NHS & ASC) Average 'Beds'	1	1	1	2	1	0	1						n/a
TOTAL Merton ASC Average Bed/s	4	5	6	12	12	4	6	0	0	0	0	0	n/a
Croydon Health Services	0	10	0	1	0	0	0						11
Epsom & St Helier Hospitals	0	2	36	37	27	11	19						132
Kingston Hospital Trust	21	16	4	10	8	0	9						68
St George's Hospital	28	89	63	216	208	103	91						798
SWL St George's Mental Health Trust	50	0	34	46	98	3	29						260
Total Merton ASC Delayed Days	99	117	137	310	341	117	148						1,269
of which: Acute Care	71	117	103	253	237	84	111						976
of which: Non-Acute Care	28	0	34	57	104	33	37						293
(ONS) ASC Rate Per 100,000 Population	62.5	73.9	86.5	195.8	215.4	73.9	93.5	0.0	0.0	0.0	0.0	0.0	769.5
London Av. Per 100,000 pop.	94.2	96.7	94.3	101.2	112.1	87.0	81.5	0.0	0.0	0.0	0.0	0.0	667.0
TOTAL Merton JOINT Delayed Days	30	37	31	62	31	2	27						220
JOINT Delayed Days TARGET	30	30	30	33	30	29	30	30	31	31	28	31	212



BCF (Better Care Fund) Reporting: Merton Health & Wellbeing Board aligned - ASC ONL

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Merton ASC only delayed days	99.0	117.0	137.0	310.0	341.0	117.0	148.0						1269.0
(NHSE) HWB Target (Days)	99.0	117.0	137.0	103.0	99.0	95.0	84.0	79.3	81.9	81.9	74.0	81.9	734.0
(NHSE HWB2017/18) Rate Per 100,000 Population	60.6	71.6	83.9	189.8	208.8	71.6	90.6						769.5