

Balance Scorecard Quarter 1 (April – June 2014)

25 September 2014



right care
right place
right time
right outcome

Merton CCG: Overview

- Overall CCG is performing well in Q1 with operating plans and delivery structure for 2014-15 being embedded in the organisation.
- Issues with St George's on delivery of Performance targets. These are being addressed through the System Resilience Group and a newly setup Commissioning Performance sub-Group led by Merton CCG's Director of Commissioning and Planning.
- Schemes to deliver out of hospital services and integrated care are on target.
- 2013-14 accounts delivered on plan and received unqualified audit.



Domain 1 - Are patients receiving clinically commissioned, high quality services?

NHS CONSTITUTION	Impact on Quality Premium	Target
EAS04: MRSA (PIR Assigned)		0
EAS04: C Difficile		2
CB_B1: RTT 18 week compliance, admitted patients	277K	90.0%
CB_B2: RTT 18 week compliance, non admitted patients		95.0%
CB_B3: RTT 18 week compliance, incomplete pathways		92.0%
CB_B4: Diagnostic test waiting times		99.00%
CB_B5: A and E St. George's	277K	95.0%
CB_B5: A and E Epsom & St. Helier		95.0%
CB_B6: All cancer two week waits	277K	93.0%
CB_B7: Breast symptoms (cancer not initially suspected)		93.0%
CB_B8: Cancer first definitive treatment in 31 days		96.0%
CB_B9: Cancer subsequent treatment 31 days, surgery		94.0%
CB_B10: Cancer subsequent treatment 31 days, drug		98.0%
CB_B11: Cancer subsequent treatment 31 days, radiotherapy		94.0%
CB_B12: Cancer first treatment 62 days, GP referral		85.0%
CB_B13: Cancer first treatment 62 days, screening referral		90.0%
CB_B14: Cancer first treatment 62 days, consultant upgrade		
CB_B15_01: Ambulance category A (Red 1) 8 minute response	277K	75.0%
CB_B15_02: Ambulance category A (Red 2) 8 minute response		75.0%
CB_B16: Ambulance category A 19 minute transportation time		95.0%
CB_B17: Mixed sex accommodation breach count		0.0%
CB_B19: Care programme approach follow up in 7 days		95.0%

Apr-14	May-14	Jun-14	Quarter 1
0 G	0 G	0 G	0 G
1 G	5 R	1 G	7 R
89.7% R	91.2% G	91.0% G	90.7% G
95.3% G	95.7% G	95.4% G	95.5% G
92.9% G	92.3% G	92.8% G	92.8% G
99.0% G	99.1% G	98.3% R	98.3% R
94.3% R	94.5% R	95.9% G	94.8% R
96.8% G	96.8% G	95.8% G	96.4% G
96.6% G	96.4% G	96.7% G	96.6% G
96.8% G	90.1% R	91.0% R	93.0% G
100.0% G	100.0% G	100.0% G	100.0% G
100.0% G	100.0% G	90.0% R	96.3% G
100.0% G	100.0% G	100.0% G	100.0% G
100.0% G	92.0% R	94.3% G	95.4% G
80.8% R	76.5% R	87.5% G	82.1% R
100.0% G	100.0% G	100.0% G	100.0% G
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76.7% G	72.9% R	69.9% R	73.3% R
70.6% R	69.0% R	63.8% R	67.8% R
96.4% G	95.8% G	94.2% R	95.5% G
0 G	0 G	0 G	0 G
No data	No data	No data	No data



Domain 1 – Are patients receiving clinically commissioned, high quality services?

- **A&E – St Georges failed** Q1 performance with 94.89% . Consequently commissioners issued a Contract Query. St George’s has an ED action plan as well as a capacity and flow plan in place which is actively monitored. Commissioners have also set up a System Resilience Performance subgroup to oversee performance of all services which contribute to A&E performance and pressures. An Urgent Care performance dashboard is in development which looks at system wide performance and activity pressures.
- **RTT –** Targets were met in Quarter 1 across all three indicators. The Trusts’ are, however, treating the backlog as per additional funding, which puts the RTT target at risk in Quarter 2. The CCG are monitoring the size and wait profile of the backlog to monitor the impact of the additional RTT funding. Issues around chronological booking is being addressed with Trusts and we are pleased to have received assurances form St George’s and Kingston regarding full chronological booking in all specialities
- **Diagnostics –** Merton CCG failed the Diagnostics target during M3 at 98.3% due to continued challenges at Kingston Hospital. The Trust improvement plan is being monitored via the monthly Acute Monitoring meeting. Although the Trust are improving performance, increased demand has meant that the Trust have not achieved the planned improvement trajectory.
- **Ambulance response times -** LAS Cat A (Ambulance Red 2, 8 minute response) performance remains a serious concern. Actions arising from the extraordinary meeting of the LAS Strategic Contracting Board held on the 30th June continue to be worked through and are led by Brent CCG as the lead commissioner and Chief Officers are updated at the Chief Officers Forum.



Domain 1 – Are patients receiving clinically commissioned, high quality services?

- **Dementia** – The CCG do not have access to in-year GP data in order to monitor the dementia diagnosis rate. We are investigating QMS as a possible solution to access GP data in order to strengthen the delivery of our dementia work stream.
- **Winterbourne** – The CCG reports data to fulfil the requirements of the Winterbourne View Concordat. The CCG did not fund any individuals as residents in Winterbourne View. Individuals within Merton CCGs responsibility have up to date reviews and care plans.
- **Cancer** – A number of Cancer targets failed in M2, however only 62 day cancer waits is an area of concern, mostly due to the low numbers of patients in this cohort. 62 Day breach analysis for 2013/14 showed that the majority of breaches occurred where multiple-providers contributed to the patient pathway.

A “Shared Breaches” meeting was held on the 12th of June and attended by St. Georges, Epsom and St. Helier, Kingston Hospital and Croydon hospital. A number of joint actions were agreed by this forum, who have agreed to establish a bi-monthly meeting to monitor implementation of these actions.

This issue was also raised at the Performance Leadership Group and the Cancer Commissioning team have been requested to attend the next meeting to provide assurance of the actions being taken centrally.



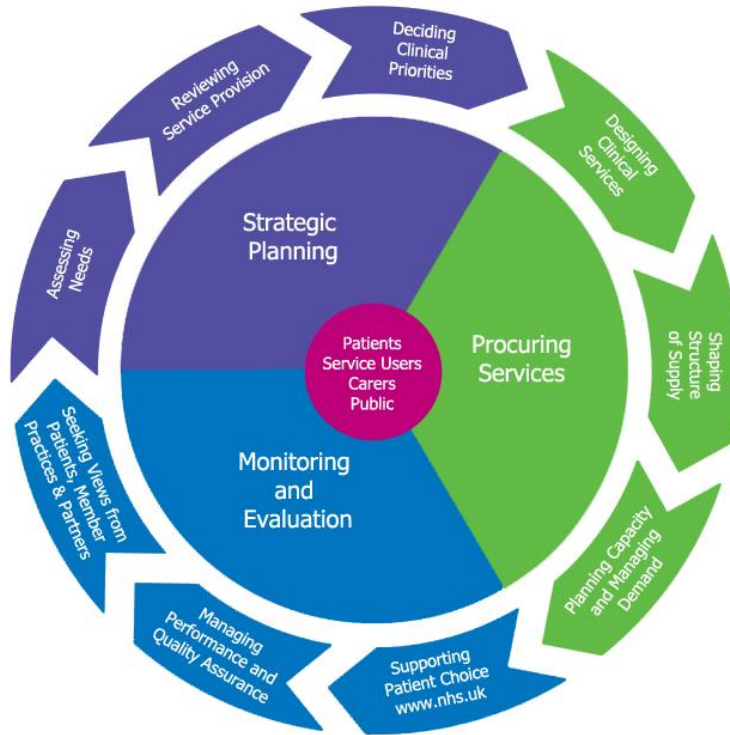
Domain 1 - Are patients receiving clinically commissioned, high quality services?

- Reviewed safer staffing reports on-going monitoring through CQRGs.
- ESH – Lower 5th for incident reporting. Actions taken through CQRG to address reporting mechanisms. ESH reporting data lag as an issue.
- SWL St Georges – DoCP chairs monthly placement panel to ensure all patients are placed in a robust step down facility in the community



Domain 2 - Are patients and the public actively engaged and involved?

MCCG using the following process to ensure that the views of the patients, member practices and partners are involved:



Domain 2 - Are patients and the public actively engaged and involved?

Achievement:

DoQ reviewed workload of PPI team to ensure fit for purpose. Work plan agreed and co-ordinated with Communications plan.

Activity in Quarter 1 included:

- **Draft of the Duty to Involve Report** - drafted to reflect PPI in 2013/14. To be published in September.
- **Better Healthcare Closer to Home (BHCH)** preparing for the opening of the Nelson Health Centre, and planning for involvement in the Mitcham project.
- **Health Hub** - took place at Mitcham Carnival on Saturday 15 June 2013.
- **Expert Patients Programme** – Activity included a self management workshop, tutor supervision, SELN meeting, participant reunion



Domain 2 - Are patients and the public actively engaged and involved?

Feedback results from Call to Action

Approximately 425 people have been reached by Merton's Call to Action, 369 through 15 engagement events, 58 surveys completed, 45 of which were completed online.

Themes identified are;

- More integration of services
- Better access to health care especially primary care
- More emphasis on prevention of ill health and ensuring health and wellbeing.



Domain 3 - Are CCG plans delivering better outcomes for patients?

Indicator	How often	M / Q Target	Apr-14	May-14	Jun-14	Quarter
			Quarter 1			Q1
Potential Years of Life Lost	Q	1,868	No data			No data
Improving the health-related quality of life for people with long-term conditions	A	77.0	No data			No data
Increasing the proportion of people diagnosed with Dementia	M	104	Data due 5th September			No data
Increasing the IAPT recovery rate	Q	46.89%	38.40%			38.40%
COPD referrals to pulmonary rehabilitation		TBC	TBC	TBC	TBC	TBC
Reducing Avoidable Emergency Admissions		238	251	241	242	734
Unplanned hospitalisation for chronic ambulatory care sensitive conditions		78	75	89	90	254
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	M	10	15	13	7	35
Emergency admissions for acute conditions that should not usually require hospital admission		138	148	137	137	422
Emergency admissions for children with lower respiratory tract infections (LRTI)		13	13	2	8	23
Increasing the proportion of people having a positive experience of hospital care	A	140.5	Inpatient Survey 2014 results published in April			No data
Friends and Family Test - Is there an Improvement plan in place?	Q	5/5	3/5			3/5
Friends and Family Test - Has the improvement plan been agreed by CQRG?	Q	5/5	0/5			0/5
Commissioner MSA breaches	M	0	0	0	0	0
Delayed Transfers of Care	M	130	102	116	118	336
Increasing the proportion of people having a positive experience in general practice & community	M	8.04	No data			No data
Number of OOH compliments received	M	N/App	1	0	0	1
Number of OOH complaints received	M	N/App	0	0	1	1
Number of GP specific complaints received	M	N/App	0	1	2	3
Number of C.Difficile infections	M	2	0	5	1	6
Improving the reporting of medication errors	Q	110	88			88
Increasing the proportion of people that enter IAPT treatment against the level of need in the general population	M	1.25%	1.18%	1.07%	1.12%	1.12%
Increasing the number of patients from BME groups using Psychological Therapies	M	57	79	70	64	213



Domain 3 - Are CCG plans delivering better outcomes for patients?

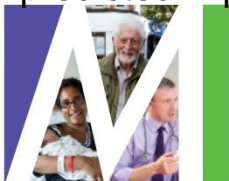
- **Emergency Admissions:** At month 3 the CCG is progressing well on the overall indicator. BCF and QIPP schemes are in place to address this activity, however achieving improved outcomes for this cohort of patients is a long term plan and benefits may only be realised in 2014/5 and 15/16.
- **Friends and Family Test:** St Georges, Epsom & St. Helier, South West London & St George's and Sutton and Merton Community Services have all confirmed that they have FFT Improvement plans in place. This will remain amber until these improvement plans have been approved at CQRG. The CCG is awaiting confirmation regarding a FFT improvement plan for Kingston Hospital.
- **Improving the reporting of medication errors:** Epsom and St. Helier have worked to improving data quality issues in Quarter 1, however this has resulted in reduced number of incidents reported and therefore this indicator is not on track to achieving the required level of improvement. This has been escalated to the Director of Quality and the Clinical lead who attends the ESTH CQRG.
- **Increasing the proportion of people that enter IAPT treatment against the level of need in the general population:** Preliminary MHMDS data suggests that the Trust has not met the contractual access target. The CCG EMT has agreed additional funding to enable to Trust to achieve this target by Quarter 4.
- **Quality Premium Local Priority- Increasing the number of patients from BME groups using Psychological Therapies:** Preliminary MHMDS data suggests that the CCG are meeting the local priority target.



Domain 3 - Are CCG plans delivering better outcomes for patients?

BCF progress against resubmission

- **Development of metrics/data submissions** – Merton CCG does not believe that there are any material issues with previously submitted metrics, however these are currently being validated.
- **Activity projections** – Merton CCG accounted for activity reductions projected in the BCF plans within the 2014/15 and 2015/16 Operating plans as reductions relating to QIPP. These were shared with providers as part of the 2014/15 contract negotiations. Merton CCG are currently reviewing these reductions in light of further development of BCF plans and providers have been engaged with this process.
- **Engagement with providers** – Merton CCG has facilitated 3 workshops between all stakeholders, including our major Acute Trusts: StG and ESH. The latest workshops gained Acute Provider agreement to the methodology that Merton CCG are using to forecast impact on Emergency admissions. This also opened the dialogue regarding similar schemes planned by the Merton Local Authority and ESH. Acute Provider endorsement was sought prior to submitting the revised BCF plans to the Merton Health and Wellbeing board.
- **Operational Management** – The CCG are currently working up a revised model that forecasts the impact of BCF schemes on Emergency Admissions. All stakeholders have been involved with development of this model and will have the opportunity to challenge any underlying assumptions and predicted impact.



Domain 3 - Are CCG plans delivering better outcomes for patients?

Out of Hospital Initiatives

- **Nelson Health Centre** – Progressing well. Completion of build expected to be complete in January 2015, with mobilisation of Providers taking place over 3 months to open 1st April 2015.
- Procurement of outpatient and diagnostic services nearing completion. Preferred provider to be announced on 25th September 2014.
- Strategic Outline Case for Mitcham Health Centre in East Merton approved by Governing Body and endorsed by LA. Awaiting sign off from NHSE to proceed to Business Case.



Domain 3 - Are CCG plans delivering better outcomes for patients?

Q1 Finance Performance

- For the three months to 30th June 2014 NHS Merton CCG is reporting a year to date and full year actual performance to target.
- Acute commissioning is forecast to break-even. Year to date under spends are reported at St George's and Epsom and St Helier NHS trusts, however, the data is not yet robust and it is not anticipated the trend will continue.
- Non acute commissioning is forecast to over spend by £0.2m this is owing to increased activity on mental health placements.
- The Better Practice Payment Policy is above target for both the number and value of invoices paid in the month.



Domain 3 - Are CCG plans delivering better outcomes for patients?

Q1 Finance Performance Continued

- Risks in the likely scenario relate to 50% of worst case scenario:
 - NHS Property Services estimated risk of £0.1m from 2013/14 not being recovered.
 - Nelson Local Care Centre risk estimated at £0.2m related to the potential unoccupied space related to community pharmacy and early completion of the building.
- The 0.5% contingency fund has been used to mitigate both risks.



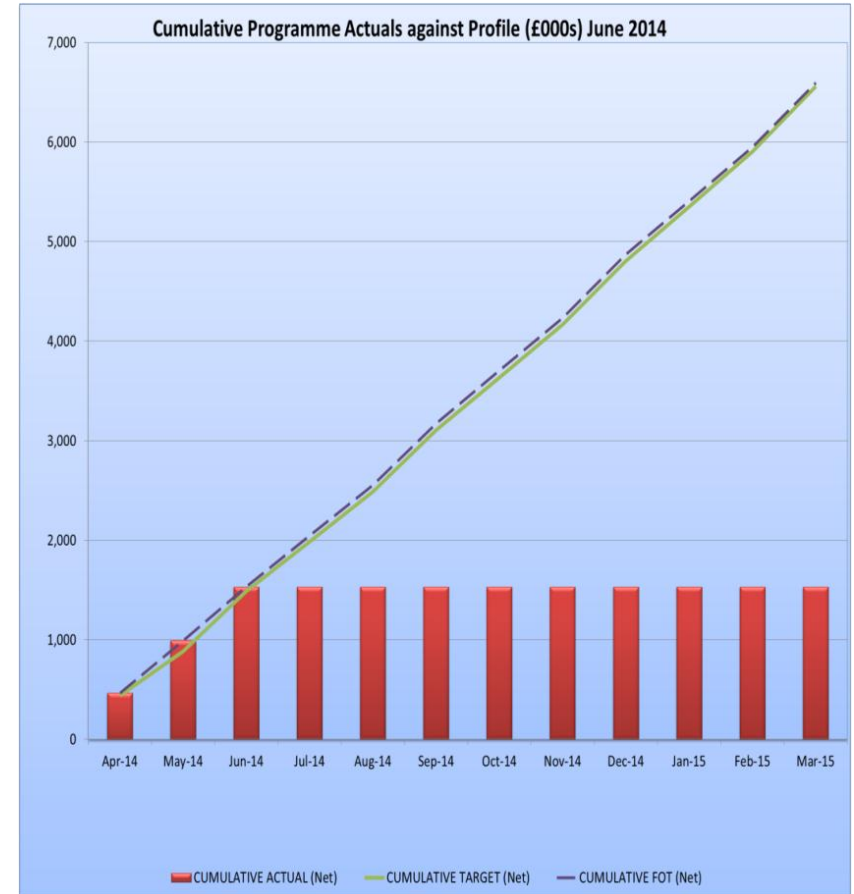
Domain 3 - Are CCG plans delivering better outcomes for patients?

QIPP Performance

Year to date (net)			Jun-14	Forecast (net)		
Budget	Actual	Variance	In £000's	Budget	Actual	Variance
1,280	1,224	(56)	Schemes	5,116	5,192	76
209	310	101	Transactional	1,442	1,406	(36)
1,489	1,534	45	Total QIPP	6,558	6,598	40
1,489	1,534	45	QIPP Target	6,558	6,598	40
100%	103%	3%	% of Target	100%	101%	1%

YTD (£45k) over achievement comprises savings on the in reach nursing scheme and prescribing work stream offset partially by under achievement on the mental health placements scheme.

FY (£40k) over achievement relates to higher than planned savings on the mental health contracts scheme.



Domain 4 - Does the CCG have robust governance arrangements?

- Equality & Diversity (EDS2) – Goals 1 & 2 self-assessed. Events held covering IAPT, Older People and CAMHS. Goals 3 & 4 in process. Staff workshop held based on staff survey outcomes. Overall CCG position 'Developing' .
- Safeguarding – Adult and Children structure under review following departure of Children Safeguarding lead.
- Review of 'Looked after Children' (LAC) service undertaken. Recommendation is for designated LAC nurse (will be incorporated within safeguarding structure).
- Winterbourne – No issues identified.
- Serious Case Review (SCR)- shared with Greenwich CCG.
- Data flow from acute Trust directly to the LA – data sharing agreements to be implemented.
- Primary Care – Issues with capital on refresh of GP IT and move to Windows 7



Domain 4 - Does the CCG have robust governance arrangements?

Governing Body agreed 4 objectives for Board Assurance Framework

- To deliver the quality strategy
- To deliver the two year operating plan in partnership with the membership, and achieve our vision of right care, right time, right place, right outcome
- To ensure MCCG is compliant with statutory (and non-statutory) duties and obligations
- To engage in the health and social care system in Merton as a leader and partner, as appropriate

Directorate risk register reviewed in quarter 1. Facilitated OD session arranged to develop robust risk registers.



Domain 5 - Are CCGs working in partnership with others?

- SWL CC work on-going on 5 year implementation plan.
- Monthly meetings with Trust DoFs and CCG CFOs to discuss SWL 5yr Strategic Plan.
- Working with Kingston CCG on SWL St George's consultation on Estate's strategy.
- SWL CC submitted co-commissioning expression of interests.
- NHSE Ipsos MORI 360 degree review of stakeholders – good response rate with 80% of member practices responding and a good overall response from other stakeholders and partners. Merton performs better in the majority of areas than other CCGs nationally and across South London. Area of improvement is to communicate changes made as a result of feedback from stakeholders. This has been identified in the improvement plan with the Communication team. The report has been used to support organisational development plans in 2014-15.



Domain 6 - Does the CCG have strong robust leadership?

All Clinical Directors appointed by April 2014. They are as follows;

- Dr Andrew Murray – Clinical Director for Acute and Community Services
- Dr Caroline Chill- Clinical Director for Older and Vulnerable Adults
- Dr Vasa Gnananpragasam – Clinical Director for Early Detection and Management
- Dr Farooq Ahmad – Clinical Director for Diabetes and Dementia
- Dr Andrew Otley – Clinical Director for Mental Health
- Dr Doug Hing – Clinical Director for Urgent Care
- Dr Nicola Waldman – Clinical Director for 111 and OOH
- Fiona White – Clinical Director for Children’s and Maternity
- Dr Simon Gilbert – Clinical Director for Keeping Healthy and Well
- Dr Joanne Thorne – Primary Care Support

Lynn Street, Director of Quality started 27th May 2014.

Clinical chair tenure expires on 31st March 2015. Currently working through process of selection. This also applies to Lay members of Governing Body. Process for appointments of Lay members will follow Clinical Chair and be undertaken sequentially so that there is continuity of experienced members on Governing Body.

