NHS
Merton
Clinical Commissioning Group

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 26th November 2015

Agenda No: 7.1 **Attachment:** 13

Title of Document: Quality and Performance Report (Balanced Scorecard)	**Purpose of Report:** For Review
Report Author: Angela O'Connor	**Lead Director:** Lynn Street, Director of Quality and Performance

Executive Summary:
The Quality and Performance Report presents performance of the key performance indicators demonstrating progress towards the five domains outlined in Everyone Counts.
The month 5 report includes a performance deep dive analysis of A&E, diagnostics, Referral to Treatment (RTT), Cancer 2 week wait, Cancer 62 days and IAPT performance against the CCGs annual operating plan. The deep dive analyses the areas contributing to performance challenges and describes the actions that are being taken by the CCG to address these challenges. The data contained within the presentation pack replicates that produced for the NHSE 'Stocktake' which took place on 11 November 2015.
The report also addresses quality and patient safety; this is an initial review and will be necessarily evolutionary.

Key sections for particular note (paragraph/page), areas of concern etc:
At month 5 Merton CCG did not achieve the following standards:

- A&E 4 hour waits
- Referral to Treatment Incomplete (RTT)
- Diagnostics
- Cancer 2 week wait
- IAPT is below plan YTD
- London Ambulance services continue to breach response time standards due to on-going staff capacity constraints.

Recommendation(s): The Governing Body is asked to review the report

Committees which have previously discussed/agreed the report: Clinical Quality Committee 13.11.15

Financial Implications:
A Quality Premium of c£1m is dependent on the CCG meeting all constitutional pledges and improving the quality of health for local people**.**
Failure to achieve a local priority reduces the maximum award by 12.5%.

Implications for CCG Governing Body:
The Governing Body should be assured that mechanisms are in place to identify areas of concern and ensure that appropriate mitigating actions are put in place to address Quality and Performance issues.

How has the Patient voice been considered in development of this paper:
Performance indicators are based on the five domains outline in "Everyone Counts."

Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing)
Relates to Risk register number 802: Failure to deliver 'constitutional pledges' and other priority performance goals 4 x 3 = 12

Equality Assessment: Not completed for this report.

Information Privacy Issues:
In year proxy measures and unplanned hospitalisation data is derived from unpublished sources and subject to data quality issues.

Communication Plan: The paper will be available to the public as part of Governing Body papers.

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Quality and Performance Report

Month 5

Angela O'Connor

26 November 2015

right care
right place
right time
right outcome

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1. Improving the Health of our Local Population

Indicator	2014-15 Outturn	2014-15 YTD	Target 2015-16	Quarter 1			Quarter 2		2015-16 YTD	Quarter
				Apr-15	May-15	Jun-15	Jul-15	Aug-15		Quarter 1
Reducing Emergency avoidable admissions	3108	1162	4 year trend	252	222	246	265	216	1201	720
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1032	416	4 year trend	74	76	92	82	76	400	242
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	129	31	4 year trend	7	2	5	7	5	26	14
Emergency admissions for acute conditions that should not usually require hospital admission	1789	680	4 year trend	164	136	139	169	133	741	439
Emergency admissions for children with lower respiratory tract infections (LRTI)	158	35	4 year trend	7	8	10	7	2	34	25
Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays.	22.3%	23.1%	22.75%	21.5%	23.8%	22.9%	21.6%	22.3%	22.3%	22.9%
A reduction in the number of antibiotics prescribed in Primary Care	1.068	1.227	1.046	1.063	1.054	1.046	1.036	1.025	1.025	1.046
Reduction in the proportion of broad spectrum antibiotics prescribed in Primary Care	13.9%	14.4%	13.06%	13.8%	13.80%	13.70%	13.6%	13.4%	13.38%	13.7%
Secondary Care providers validating their total antibiotic prescription data	NA	NA	NA	G	G	G	G	G	G	G
Electronic Prescribing System	34%	NA	51%	31%	34%	33%	35%	31%	31%	33%
Increasing number of people diagnosed with type 2 diabetes accessing structured education	302	140	332	38	14	20	30	31	133	72
Improve diagnosis rate diabetes	NA	5.85%	5.86%	5.89%			Due in December		5.89%	5.89%
Snapshot of number of people delayed on the last Thursday of the Month (beds blocked)	84	12	7	12	17	10	11	9	59	39
Total number of delayed Transfer of Care days due to both NHS and Social care	36	0	3	0	6	10	33	12	61	16
Total number of delayed Transfer of Care days due to NHS	1613	325	134	259	187	212	198	226	1082	658
Total number of delayed Transfer of Care days due to Social care	307	11	26	145	101	89	58	42	435	335
Dementia - Estimated Diagnoses Rate (65+)	72.1%	49.6%	67.0%	68.1%	67.8%	66.8%	66.9%	75.5%	75.5%	67.6%
IAPT Access	16%	3.36%	15%	2.7%			Due in November		2.7%	2.7%
IAPT Recovery Rate	38.9%	38.5%	50%	40.1%			Due in November		40%	40%
IAPT - 6 week wait	95% *	100%	75%	93.6%	96.4%	95.3%	93.0%	96%	96.3%	95.1%
IAPT- 18 week wait	100%*	100%	95%	100%	100%	100%	100%	100%	100%	100.0%

Improving the health of our local population

Indicator	Status	Actions
MRSA	One reported case of MRSA. Patient was admitted to St Helier hospital. Patient had not been screened in the community.	The investigation into the Merton CCG MRSA case in July has been completed and raised issues with community documentation and screening as well as communication issues from the acute provider Epsom & St Helier.
Potential Years of life Lost	This is a long term product of the overall commissioning agenda. And difficult to monitor in-year progress.	Public health have completed a review regarding the major causes of premature mortality. This needs to be considered as part of the 2016/17 commissioning intensions.
Reducing Emergency avoidable admissions	August figures show that, acute conditions are 83 worse than last year Overall composition position is 68 worse than last year.	• Support from GPs is essential to achieve this measure. This includes: • Referral to CPAT for avoidable admissions – current main contributor being UTIs • MDT case management and referral to HARI for patients with complex needs • Referral to falls prevention
Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays.	CCG is currently 0.43% (22.32%)below target (22.75%) and this equates to 39 additional weekend discharges to bring back on trajectory.	• To liaise with membership and identify gaps in current commissioned services that facilitate weekend discharges.
Reduction number of people with severe MH illness who are currently smokers	• Baseline and monitoring mechanism to be established • Additional resource will be required for the initiation phase	• Mechanism identified and piloted with one GP practice to collect baseline from EMIS. • Escalated resource requirements to support the initiation phase to Director of Finance and Director of Commissioning and planning.
A reduction in the number of antibiotics prescribed in Primary Care	Scheme is rated as Green and performance data indicates target is currently being achieved	• GP Practices support is essential to maintain current performance and drive improvement.
Reduction in the proportion of broad spectrum antibiotics prescribed in Primary Care	Scheme is rated as Green. This is because although the CCG is currently above target, the trajectory is on track	• GP Practices support is essential to maintain current performance and drive improvement

Improving the health of our local population

Indicator	Status	Actions
Secondary Care providers validating their total antibiotic prescription data	Scheme is rated as Green.	▪ Both SGH & ESH completed as pilots ▪ St Georges & Epsom St Helier have both confirmed that they have validated their data
Electronic Prescribing System	This is rated as Red and data issues have been clarified with the HSCIC.	▪ Grand Drive Surgery will have their refresher training on 17th November 2015. ▪ Tamworth House still do not have the Electronic prescribing system as they are unwilling to change there current system in place. ▪ Remaining practice visits are on-going. ▪ GP & community pharmacy training to take place in November and December
Increasing number of people diagnosed with type 2 diabetes accessing structured education	August data shows the scheme has met the target (28) however, YTD performance shows that the scheme is 7 below trajectory.	1. Patients who are referred to structured education; • Understand the reason for the referral • Understand the benefits of the service to their health • Are encouraged to respond to the invite letter 2.To support practice visits by the project manager who will advise practices regarding local processes required to deliver this QP.
Snapshot of number of people delayed on the last Thursday of the Month (beds blocked)	Rated red due to delayed discharges of Care at South West London and St George's MH Trust	• CHC discharge process for complex patients has been reviewed and streamlined at Kingston and St Georges • MH commissioner is meeting with the SWL and St George's MH Trust on a weekly basis • St George's Hospital is developing a new software package that will be updated on daily basis with discharge related information for individual patients. This will improve data quality and Local intelligence about DTOCs
Total number of delayed Transfer of Care days due to both NHS and Social care	The majority of delayed bed days are attributable to Health, for both CCG and NHS England commissioned services.	

1.1 Constitutional Pledges

Reference No	Indicator	Quality Premium	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	RAG	Quarter 1	2015/16 YTD	2014/15 YTD
EB001	RTT 18 weeks (admitted patients)	30%	90%	87.7%	88.2%	86.3%	87.6%	84.10%		87.3%	86.8%	88.7%
EB002	RTT 18 weeks (non admitted patients)		95%	95.0%	95.1%	94.2%	93.9%	92.90%		94.7%	94.2%	95.3%
EB003	RTT 18 weeks (incomplete pathways)		92%	91.4%	92.0%	92.8%	91.9%	91.0%	R	92.8%	91.0%	92.0%
EB004	Diagnostic tests waiting time		99%	98.2%	97.9%	99.1%	98.9%	98.6%	R	98.4%	98.5%	98.8%
EB005	A and E waiting times	30%	95%	92.9%	94.0%	93.0%	93.9%	94.8%	R	93.3%	93.7%	95.4%
EB006	Cancer two weeks	20%	93%	93.8%	94.2%	93.8%	90.2%	82.4%	R	93.90%	91.20%	96.7%
EB007	Breast symptoms two weeks		93%	88.2%	95.7%	98.8%	100.0%	96.50%	G	95.00%	96.00%	94.4%
EB008	Cancer first definitive treatment 31 days		96%	94.8%	95.7%	100.0%	96.3%	98.30%	G	96.80%	97.00%	100.0%
EB009	Cancer subsequent treatment 31 days, surgery		94%	100.0%	100.0%	100.0%	100.0%	100.0%	G	100.00%	100.00%	97.1%
EB010	Cancer subsequent treatment 31 days, drug		98%	100.0%	100.0%	100.0%	100.0%	100.0%	G	100.00%	100.00%	100.0%
EB011	Cancer subsequent treatment 31 days, radiotherapy		94%	95.7%	100.0%	100.0%	100.0%	90.9%	R	98.40%	97.20%	96.3%
EB012	Cancer composite, 62 days first treament plus rare cancers		85%	83.8%	87.1%	92.6%	82.9%	97.1%	G	88.50%	88.50%	84.5%
EB013	Cancer first treatment 62 days, Screening		90%	66.7%	100.0%	100.0%	100.0%	100.0%	G	87.50%	93.80%	100.0%
EB014	Cancer first treatment 62 days, Consultant upgrade			- -	--		100.0%	100.0%		--	- -	
EB015	Ambulance Red 1 8 minute response	20%	75%	69.5%	67.1%	66.6%	67.1%	65.8%	R	67.7%	67.2%	71.9%
EB015	Ambulance Red 2 8 minute response		75%	64.7%	66.5%	65.2%	66.10%	65.0%	R	65.5%	65.5%	65.4%
EB016	Ambulance Red 19 minute transportation		95%	94.3%	94.6%	93.4%	93.70%	93.2%	R	94.0%	93.8%	94.8%
EBS01	Mixed sex accommodation breaches		0	0	1	0	0	1	R	1	2	0
EBS04	RTT 52 weeks (admitted patients)		0	0	0	0	0	0	G	0	0	3
EBS04	RTT 52 weeks (non admitted patients)		0	0	0	0	0	0	G	0	0	1
EBS04	RTT 52 weeks (incomplete pathways)		0	0	0	0	0	0	G	0	0	4
EAS04	Number of C.Difficile infections		3	3	2	3	0	4	R	8	14	16
EAS05	MRSA (PIR Assigned)		0	0	0	0	0	0	G	0	1	1

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

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2015/16 Performance

26 November 2015

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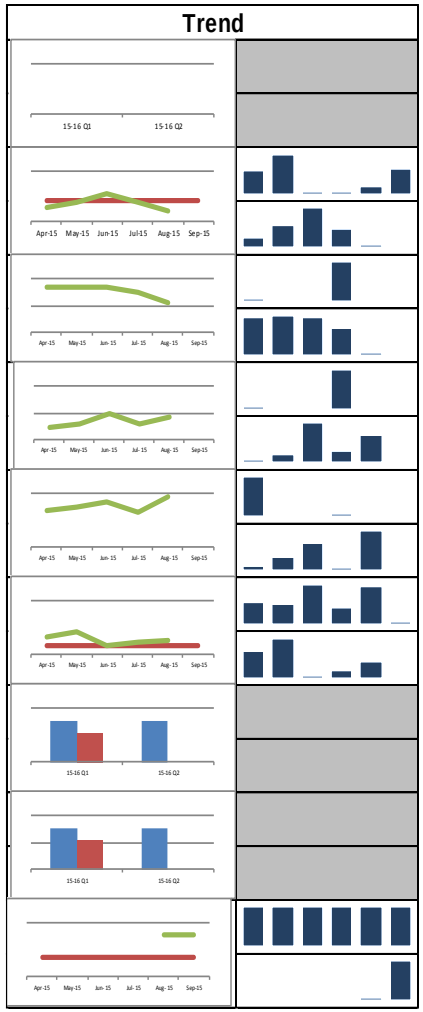
right place
right time
right outcome

Merton CCG Performance

Area	Standard		15-16 Q1			15-16 Q2		
			Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
A&E (St George's Hospital NHS Foundation)	95%	Planned	95.00%			95.00%		
		Actual	92.39%			93.22%		
RTT - incomplete	92%	Planned	92.01%	92.01%	92.00%	92.00%	92.00%	92.01%
		Actual	91.40%	91.98%	92.82%	91.85%	91.01%	
Cancer 2ww	93%	Planned	93.03%			93.05%		
		Actual	93.78%	94.22%	93.75%	90.16%	82.38%	
Cancer 31 day	96%	Planned	96.00%			96.18%		
		Actual	94.83%	95.74%	100.00%	96.30%	98.33%	
Cancer 62 day	85%	Planned	85.92%			85.00%		
		Actual	83.78%	87.10%	92.59%	82.86%	97.14%	
Diagnostics	1%	Planned	0.90%	0.90%	0.91%	0.89%	0.91%	0.88%
		Actual	1.72%	2.09%	0.94%	1.13%	1.42%	
IAPT - access	3.75%	Planned	3.75%			3.75%		
		Actual	2.72%					
IAPT - recovery	50%	Planned	50.00%			50.00%		
		Actual	41.67%					
Dementia	66.67%	Planned	67.01%	67.01%	67.01%	67.01%	67.01%	67.01%
		Actual					75.50%	75.80%



A&E: St. George's

Issues	Causes	Actions
Failing A&E performance at St. Georges NHS Trust	• SGH's YTD performance in 2015/16 has improved since Q4 2014/15, but remains below 95% at 92.8%. • A year-on-year analysis of breach reasons shows fewer breaches due to waits for assessment and referral within the ED, but increases in breaches due to waits for specialist opinion and ED capacity issues. • Q1&2 YOY comparison shows increase in breaches from 21 to 33 per day ▪ Waiting for specialist opinion, driven by 16% increase in referrals to specialty teams ▪ ED capacity and bed management driven by running at high occupancy (95.7% Q1) and length of stay up in Q3,Q4 & Q1 compared to normal seasonal increases Other issues having an impact ▪ Complexity drift of mimics from out of area; repatriation difficulties; specialty capacity to support ED after trauma (these issues are shared with other London MTCs). ▪ SGH has particular added challenge within London MTC trusts of having very low proportion of other type 1, 2 & 3 activity sites to offset MTC site activity. ▪ Attendances up 4% broadly in line with commissioned levels but this includes patients navigated away to primary care. Actual attendances seen have decreased by 3%.	**<u>Understanding the causes & Improving Operational Grip:</u>** ✓ *One Version of the Truth* diagnostic led by McKinsey's has commenced with a specific focus on: a) A fact based assessment of the root causes of underperformance and agreement across the system a) A particular focus on the issues related to **process and quality management in intra-hospital flow**, including a common understanding of the issues and opportunities related to Medically Fit to Transfer patients b) A particular focus on the issues experienced by St George's as a tertiary centre, (Major Trauma Centre, HASU, Neuro centre and related specialised services) and the extent to which they are impacting on delivery ✓ 2x SteerComm meetings have taken place; shared view emerging – strong clinical engagement from the Trust; MCCG have asked for CEO commitment to the work ✓ The output of the work to date has indicated that flow rather than beds is the main pressure. These issues have been reflected in the daily calls where flow issues due to high major trauma and high resus activity has led to poor performance. ✓ SRG is increasing the focus on flow issues ✓ Self assessment against 'safer, faster, better' design principles underway. ✓ Following requests by Commissioners, the Trust has appointed a new (interim) COO; started Mid-October. ✓ COO already had an impact with improvements to operational performance – evidenced by a spike in performance during late October ✓ SRG has appointed a new Director of Transformation (with a considerable track record in senior Operations Roles at a national and London-wide level) who started on 1st November 2015. ✓ Daily conference calls, including twice weekly system-wide calls, initiated to support early and effective escalation and cross system support.

A&E: St. Georges

Issues	Causes	Actions
Failing A&E performance at St. Georges NHS Trust	(cont'd)	**Tackling Bed capacity issues** ✓ Commissioners acknowledge that slippage in delivery of bed capacity schemes is in part caused by wider Trust issues in relation financial stability. ✓ Focus on delivery of commissioned bed capacity in late Q3 & into Q4 identified as a priority with mitigating actions being taken as required. This is being managed through the SRG ✓ As MCCG have proposed, it is now clear that bed capacity, whilst essential will not unlock A&E performance (ref: emerging McKinsey analysis show 60% of breach reason relating to flow rather than 40% as reported by the Trust) - therefore focus needs to be given to improved flow (see below)
		Using improved flow to tackle LoS and Bed Capacity ✓ Implementation of SRG agreed flow schemes to control known risks, including front door frailty (launched) and ED hot lab (Q3) ✓ New schemes in train across Trust and commissioners re frailty pathway to improve length of stay (Q3/4) ✓ Review of 'ED top 1000' patients and their pathways being commenced by Trust (commenced October) ✓ Daily monitoring of DTOCs with active intervention as required. Full establishment of MCCG in-reach community nurses in place. DTOCs running at around 1.7% of bed stock (against NHS E tolerance level of 2.5%). ✓ Use of substantial operational data on agreed ED and flow metrics discussed on daily calls (commenced 6 Oct) ✓ Trust and McKinsey have agreed quick wins to improve flow, including immediate actions to improve morning discharges and greater use of discharge lounge
		Further actions to keep activity levels manageable ✓ MCCG community based schemes for prevention and admission avoidance eg HARI ✓ MCCG investment in 'GP in an car' pilot with LAS began in Sutton & Merton on 19 October – previous pilots have been shown in other areas to reduce ambulance conveyance to hospital by 77%. ✓ SRG Psychiatric Liaison in A&E submission to NHS E on 9 Nov. Proposes – subject to final analysis - 1.5 consultant psychiatrists and 2.5 nurses working in A&E

A&E: Kingston

Issues	Causes	Actions
Failing A&E performance at Kingston Hospital (Although only 8% of Merton CCG A&E activity occurs at Kingston Hospital, 13% of CCG performance is dependent on Kingston A&E).	Kingston's YTD performance (M5) is 91.37%. Kingston achieved performance in August with 95.16%. • Staffing issues remain - clinical leader not yet in post • Staffing levels in terms of vacancies and absence remains a risk: substantive clinical, managerial & administrative roles remain vacant • A&E Systems require significant attention: they present the major causes of breaches at 43.9% • Psychiatric liaison response is an issue; patients often breach, especially if they require an admission to a MH unit	✓ *One Version of the Truth* diagnostic has reported, actions being implemented, performance significantly improved (top 3 in London on several occasions) in late Oct / early Nov ✓ A Kingston Hospital Transformation programme chaired by the Chief Operating officer is in place. Headlines that were fed back at the Tripartite Meeting on the 18th September 2015: ▪ Kingston Hospital achieved the 4 hour standard in August 2015 with performance of 95.13%. However, the Trust **still has to achieve sustainable month-on-month improvement** with unvalidated performance for September is 91.5% and October is 94.25%. ▪ A&E all type attendances in Kingston Hospital for 1st April – 9th September 2015 compared to the same period in 2014-15 has reduced by 2%. The A&E/ Emergency admission conversion rate over the last four weeks to week ending 6th September is 17.7% which has shown a marked reduction compared to the June 2015 position of 19.5%. ▪ Breach analysis continues to show the main cause of breaches is process issues with the ED. ▪ Despite static activity levels, the psychiatric liaison service within Kingston Hospital is seeing circa 68% of patients within the 4 hour target as opposed to 85% in 2014/15. The lead CCG is leading a review with a view to implementing a sustainable and safe model for patient care. ✓ Reviewed staffing establishments and introducing new working practices supported by internal professional standards, which continue to be embedded. ✓ Breach reduction has significantly improved for minors, majors and in ambulance handover times ✓ Kingston's whole system DToC is agreed as 25 for the month of August 2015. ✓ Daily calls, including twice weekly system-wide, initiated to support early and effective escalation and cross system support. ✓ Local escalation framework agreed with KH, local authorities and community services to ensure there are agreed escalation pathways and cross organisation support.

RTT: St. Georges

Issues	Causes	Actions
SGH failure to meet RTT standard – specialties with challenges are ENT, T&O, Gynae, Urology, Cardiac In August, St George's achieved 89.7% at trust level and 89.1% for Merton CCG,	• Capacity planning • Level of clinical resourcing • Waiting List administration / tracking • High demand	**Capacity & Resourcing actions underway** ✓ Commissioner-Provider Joint Investigation Action Plan to identified and now being implemented to address underlying issues ✓ Programme of specialty-based performance and clinical summits underway (T&O; Gynae completed) with CCG and provider Clinical Leads, resulting in identification of areas/pathways requiring review – includes quick wins (eg better primary care work-up) for immediate attention ✓ CCGs have commissioning additional activity for T&O = SGH additional surgeons and theatre & outpatient capacity ✓ Additional theatre & surgeon - cardiac surgery ✓ Expanding trust direct IS commissioning and making full use of IS PMO. Planning additional 768 cases to IS in next 6 months on top of trust current plan of 161. PMO is in the process of identifying the capacity. ✓ SGH ring-fencing elective beds, commissioning planned extra beds, opening additional theatre and ITU beds ✓ Targeting backlog clearance and on-target run-rate through all the above actions – trajectory for hitting targets late Q3 ✓ CCGs have agreed to fund activity above SLA at St George's to support backlog reduction **Waiting list / PTL management improvements** ✓ Commissioner analysis points to PTL issues – patients not being booked quickly enough and PTL list not validated. Actions agreed with SGH include: • SGH moved to weekly PTL validation for OP new and admitted PTL. Continuing PTL validated bi-weekly. • Waiting list validation and management programme initiated by the new SGH COO • Investment in Waiting List managers to validate and track patients • Additional training for front-end staff to improve data quality ✓ New SRG Director of Transformation (started November) expert in this area and is a priority objective **MCCG specific actions to manage demand** ✓ Planned care project – to address high referral rates and make GPs aware of alternative service options. Include Outpatient Navigation software and, enhanced Directory of Services. Based on full analysis of referral rates and patterns, there is also targeted programme of 1:1 engagement with GPs & practices (commenced Oct) to improve quality of referrals, ensure best (alternative) options first. ✓ Linked to the above, ramping up activity at the Nelson outpatient and diagnostic centre (a new facility) which is a key resource; JAR underway will identify actions to maximise capacity (due to report end November) ✓ Using our pharmacy teams to engage with GPs re: medication as an alternative to more complex interventions ✓ Accelerating the roll-out of new MSK service (secured as part of our recent procurement) - triage and treat out of hospital ✓ MCCG & WCCG Director-to-Director meeting being planned for Nov to explore opportunities for more joined-up/shared initiatives. **Planning for 2016/17** ✓ SGH carrying out detailed demand and capacity analysis. ✓ CCGs to engage in detailed planning for activity at speciality level to ensure providers have sufficient capacity to meet growing demand related to clinical developments (Q3 & Q4)

RTT: Epsom & St. Helier

Issues	Causes	Actions
ESH are meeting RTT target overall but not meeting RTT in T&O for Merton patients. ESH achieved 92.2% for Merton CCG in August T & O for Merton at ESH was 80.1%.	• The RTT pressures for T&O reported by Epsom and St Helier trust are split between the main St Helier site and the SWL Elective Orthopaedic Centre (SWLEOC) which reports under St Helier. • The issues at St Helier are clinician capacity related, mainly foot and ankle, spinal and shoulders • A key pressure for SWLEOC is that it only takes referrals from other trusts and this can cause delays - 14% of referrals are received after 14 weeks. 47% of Merton's admitted T & O at ESH is for St Helier site, with 53% at EOC.	**Improving capacity and activity** *St Helier* ✓ The trust has provided a detailed action plan, with key actions being around recruitment of additional surgeons and extending surgical sessions over weekends and in the evenings. The trust aims to be back on target for the St Helier site by January 2016. MCCG is confident this target is achievable. ✓ Daily MDT meetings and review to tackle waiting lists ✓ Review of historical trends as initial analysis shows similar patterns of performance challenges then improvement through Q3 & Q4. MCCG wants to QA the robustness of action plans using this trend analysis. *SWLEOC* ✓ The trust has provided a detailed action plan, with key actions being around theatre capacity spread across partners (more proportionate distribution) and extending surgical sessions over weekends and in the evenings ✓ The EOC has an action plan to work with partners to address late referrals and release of specialist staff as part provider partnership board agreements. **MCCG specific actions** ✓ We have commissioned the CSU to work with EOC to analyse capacity and demand to better understand the pressures and what actions can be taken at a commissioner level to support the hospital. ✓ The MCCG planned care project and plans to bring forward the roll-out of the MSK service (as detailed above) are also intended to ensure improvements in ESH EOC performance. **Trajectory** • The nature of the underlying causes means that time will be needed to effect improvements. We are planning for overall T&O RTT performance to be on target by January, supported by strong performance in St Helier. • We do not expect to see SWLEOC performance to hit sustainable achievement until the latter part of Q4. Our planned care project and MSK plans are additional actions intended to expedite delivery of the target and this may realise benefits earlier in Q4. 28

RTT: Patient Safety

Issues	Causes	Actions
Quality and Patient safety Patients are waiting longer for treatment which may have a detrimental impact on health and/or quality of life	• Non-compliance with RTT performance standards resulting in longer waits	✓ Providers have, through Clinical Quality Review Groups, provided assurance that waiting lists are managed efficiently and with clinical priority. ✓ Whilst lists are managed in chronological order with appointments optimised based on patient availability, Trusts also conduct regular clinical review of patients on the waiting lists to expedite treatment for those patients with higher acuity. The regularity of the clinical reviews is determined by the clinical risk of the speciality or sub-speciality. ✓ These processes have been presented and agreed by clinicians (provider and CCG) who are members of the CQRGs – this is the source of MCCGs assurance re safety of waiting list management. ✓ The CSU and CCGs scrutinise St George's long waiters and 52wws in the Performance and Action Plan meeting. St George's completes a pro-forma for each 52ww which details: ▪ Why they breached, including a timeline of events ▪ The actions taken to mitigate the breach ▪ The date the patient was/will be treated ▪ Actions to avoid the breach happening again ▪ Review for clinical harm ▪ Whether the patient was/has been offered alternative an provider ✓ Each pro-forma is reviewed by the CSU and CCGs and the trust is challenged on the information at the Performance and Action plan group. ✓ St George's provides a report of all patients waiting over 44 weeks with details of where they are in their pathway, when they will breach 52 weeks and the steps being taken to mitigate a 52 week breach. The CSU and CCGs review this report and raise queries with the trust, including escalating concerns about forthcoming breaches. ✓ Over 52wws are monitored weekly

Merton CCG Cancer 2 week waits

Issues	Causes	Actions
Q1 performance on target but M6 70.4% for SGH. Merton CCG 2ww performance 81.0% in M6.	St. Georges failing performance leading to overall performance issue for MCCG Increased demand for 2ww referrals, particularly for gastro-intestinal (upper and lower) and skin. Lack of capacity over the summer months due to a mixture of vacancies and leave.	**SGH actions to tackle demand and capacity** ✓ SGH produced provisional trajectory – plans to shift from c.70% in M5 to 93% by Nov through: • Extra clinical capacity in place – including new consultants in the challenges specialties • Extra clinics • Early booking within 3 days introduced as a new operational standard, along with enhanced MDT co-ordination • Identification of additional 2WW slots in clinics ✓ A commissioner analysis shows in absolute numbers 74 breaches in July, 70 in June – therefore there is confidence that SGH actions will have necessary impact if they can be implemented within timescales indicated. ✓ Contract Query Notice (CQN) issued by WCCG on 28 Sept re underperformance against the 2WW and 62 Day Standards ✓ The Trust is now submitting weekly Cancer PTL's to NHSE ✓ SGH has carrying out a full demand & capacity review (all Cancer standards)
		MCCG specific actions (all Trusts) ✓ We have contacted member practices encouraging referrals to other providers with capacity and overall good performance for cancer patients (particularly RMH, EStH and Kingston). ✓ Working with SGH to explore use of some capacity at the Nelson for Gastro TWRs. Aiming to reach agreement (subject to clinical governance assurances) during November ✓ Confirming with Trusts the availability for urgent 2ww referrals for colonoscopy and flexi-sigmoidoscopy; cross-referencing this with potential impact on overall diagnostic performance ✓ CCGs initiating weekly cancer performance meeting with SGH to review 2ww and 62 day performance, including the tracking of long waiters ✓ Utilising contractual levers, including penalties, as part of contract query process

Merton CCG Cancer 62 days

Issues	Causes	Actions
Merton achieved 89.7% in M6. St. Georges Healthcare NHS Trust achieved the 62 day standard at **86%** against the 85% threshold for (**M6**) September 2015.	High number of breaches are ascribed to either delayed work up or delayed inter trust transfer. Internal Waiting List management processes and tracking not effective	**Actions re: SGH** ✓ The Provider has submitted a detailed remedial action plan to NHSE and presented this at CQRG in September; recovery plan states they will sustainably meet the target from November. ✓ The Trust has recruited specialist staff to track and manage patients. ✓ Full demand & capacity review (all Cancer standards) reported beginning November. Trust recovery & trajectories being scrutinised at SRG level ✓ SGH 62-day wait stocktake meeting with NHS E planned for 13 Nov. ✓ CQN issued by WCCG on 28 Sept re underperformance against the 2WW and 62 Day Standards. Contractual levers, including penalties, will be utilised. ✓ The first joint SWL Providers + Commissioners Forum was held on 03-11-2015 to look at system wide issues including delays in inter-trust Transfers. ✓ All 100+ Day Patients are being assessed for risk of Psychological harm or disease progression and reported to CQRG. ✓ Cancer performance will be subject of deep dive discussions during November round of CQRGs. ✓ Review of St George's current over 62 day waiters due to concerns about the high backlog and low treatment rate ✓ CCGs setting up weekly cancer performance meeting to review 62 day performance and long waiters.
The Royal Marsden NHS Foundation Trust failed to meet this standard at **71.8%** against the 85% threshold for (**M6**) September 2015.	High number of breaches are ascribed to either delayed work up or delayed inter trust transfer.	**RMH position** ✓ Trajectory of March 2016 provided to Tripartite Colleagues ✓ Working with SWL and out of area Trusts regarding early referrals ✓ Implemented Internal KPI's to monitor the above ✓ A new directive has been published by the Cancer collaborative regarding shared breaches. This should facilitate improvement referral times into tertiary centres. ✓ The Provider states that the Trajectory developed in February 2015 has been revised and shared with NHS England and Monitor. ✓ RMH is awaiting NHSE to share referrer trajectories and will then revise its trajectory accordingly to produce a more robust trajectory. ✓ RMH states that it **met the 62 day standard and 62 day screening standard for the 1st quarter** following London Cancer Alliance reallocations / data cleansing.

Merton CCG Cancer 62 days continued

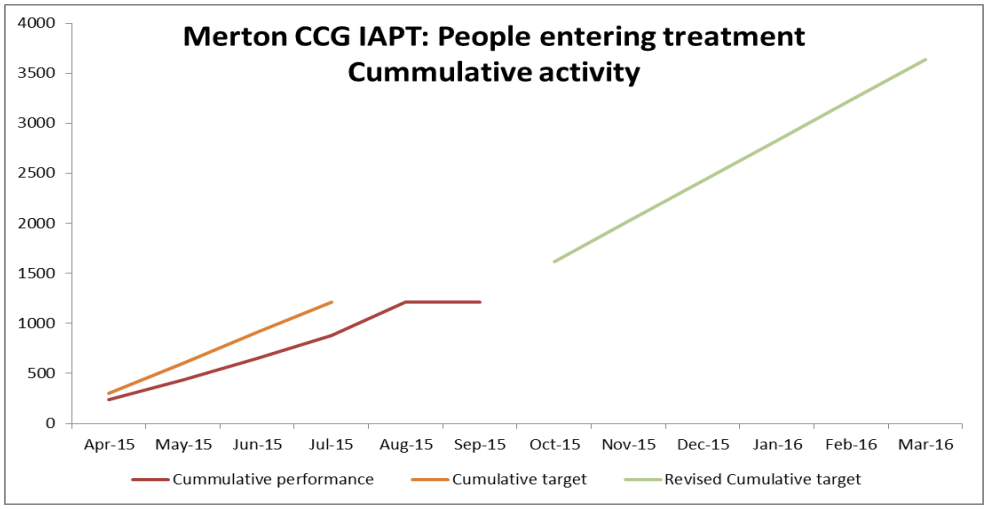
Issues	Causes	Actions
Epsom & St Helier failed to meet this standard at **80.3%** against the 85% threshold for (**M6**) September 2015.	✓ Pathway Management issues ✓ Endoscopy capacity Issues ✓ CT Capacity Issues ✓ Considerable delays in Work Up ✓ Lower GI and Urology Pathways Issues	**<u>Actions re: ESH</u>** • Intensive Support Team called in End of 2014 • Implementing Delivery Plan which is reviewed at PCWG on a monthly basis • Appointment of Substantive Post –General Manager for Cancer Sept 2015 • Implementation of straight to test for Lower GI across both Epsom & St. Helier Sites commenced Oct 2015 • Business case for additional CT Capacity across ESTH Submitted to Sutton CCG • Completed Capacity & Demand Modelling for OPA, CT and Endoscopy • Purchased Template biopsy for the Urology Pathways to minimise breaches in Urology • Appointment of additional Urology Consultant • Appointment of Service Manager and additional MDT Post • Updating the Infoflex Module for better PTL Management and Tracking • Working with RMH to minimise CWT breaches • Working to Implement Timed Pathways across all Tumour sites • To commence weekly Performance calls with ESTH week commencing 16-11-2015 • All 100+ Day Patients are being assessed for risk of Psychological harm or disease progression and reported to Planned Care Working Group **Trajectory provided to Tripartite Colleagues: October 2015**
Meeting 62-day standard a nationally recognised challenge		✓ MCCG is committed to working with NHSE (London) to support improvement work in this area.

Merton CCG Diagnostics

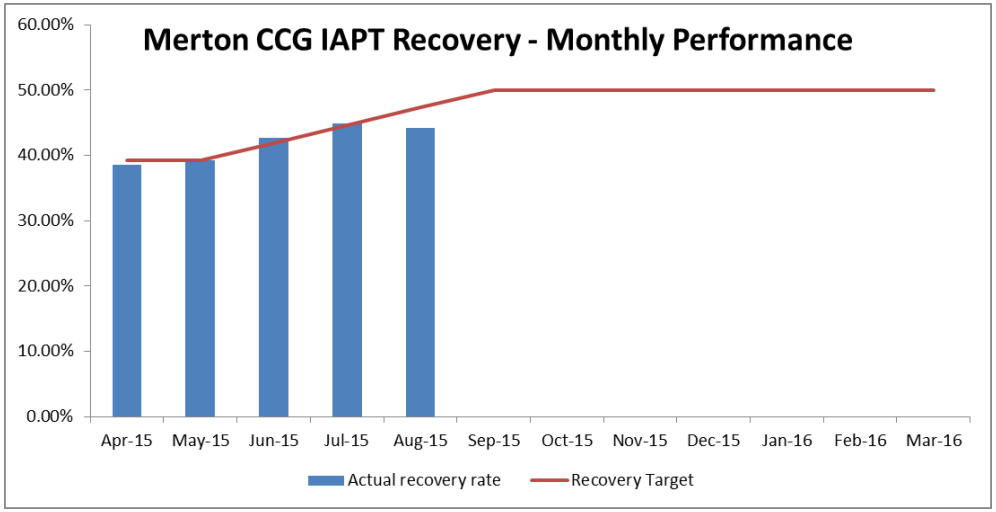
Issues	Causes	Future Actions
Merton achieved 98.8% in M6. St George's had achieved 98.99% in September.	Although the diagnostics growth we have seen is aligned to operating plan, there is significant variation for different types of diagnostics, particularly non-obstetric ultrasound, gastroscopy, flexi-sigmoidoscopy and colonoscopy. The main causes of under- performance are delays relating to Non-obstetric ultrasound at SGH. St George's is also failing performance for cardiac MRIs but this has a lesser impact on the overall performance.	**SGH's actions to meet demand** ✓ SGH have put on extra lists for both problem areas and have increased the average run rate for non-obstetric ultrasound tests. ✓ Commissioners are monitoring against a recovery plan & analysis suggests that the current run rate, if it can be maintained, is sufficient to meet the demand ✓ SGH expect to be on-target by end of Oct 2015. September performance was 98.99% and the weekly unvalidated data indicates that performance will be achieved in October. ✓ Additional cardiac MRI capacity being resourced through using the on site research capacity. Longer term planning includes upgrading the on-site Inhealth scanner to take cardiac MRIs. **Commissioner concerns** • MCCG recognises the extra lists and use of the diagnostic capacity at the Nelson will help. • However we also have concerns over deliverability – staffing shortages (a national issue) is an underlying problem which will impact significantly on capacity and ability to maintain pace. • We will seek to issue Contract Query if the trajectory is not met in October.

Merton CCG IAPT

- At Q1, Merton CCG achieved a 2.7% access rate. Unpublished data shows that at M6, the CCG are below plan by 605 people.
- To improve IAPT access to plan requires a revised monthly trajectory from October requires 404 people to access IAPT for the remainder of the year.



- The CCG planned to meet the 50% recovery rate from Sept 15 due to the new complex depression and anxiety service planned mobilisation by Sept 15 as well as the planned additional investment in the IAPT service.
- At month 5, the recovery rate was 44.2 % against a target of 47.3%.



Merton CCG IAPT

Issues	Causes	Actions
Below plan number of people entering treatment	The IAPT service was re-tendered and in June 2015 the current provider was advised they had not been successful and that the contract would be awarded to a new provider to commence on 1 October 2015. Following this a number of issues arose: • The Trust started to experience a continued process of staff leaving. • The Trust brought in temporary staff which created a continuous level of instability for the service due to a knowledge and experience gap. • The Trust started to disengage with the service as the contract cessation period approached. This resulted in a reduced number of referrals. • The Trust were not able to robustly manage and plan their substantive staff attrition and the temporary staff requirements appropriately to create no service delivery impact. • The Trust plans to increase referrals did not deliver to the level we required due to difficulty managing the constantly changing staffing situation. This resulted in a reduced number of referrals.	**Procurement of a new provider to ensure sustainable achievement** ✓ In December 2014 the CCG reviewed and agreed a business case developed by the Trust to create a Complex Depression and Anxiety Service. This would provide a specific service for patients that were currently accessing IAPT services but not making significant improvement due to their complexity. ✓ It was stated that if these patients transferred from IAPT it would improve the recovery rate for patients in IAPT. ✓ The two services would create a better pathway for recovery with the right service, managing the right patients.

Top 8: Dementia

1. Data and our most recent performance

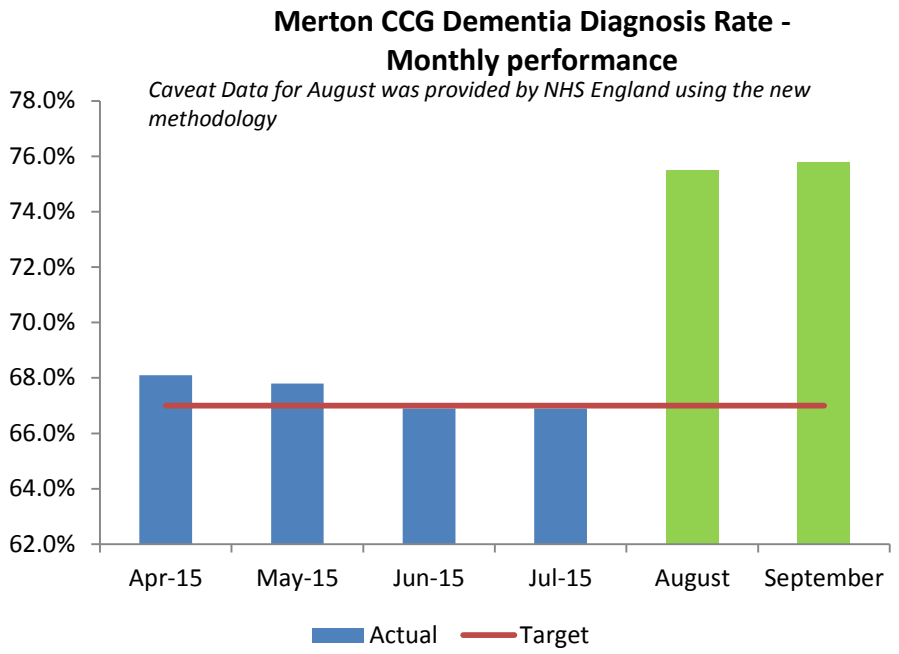
• The Primary Care Web Tool has not published dementia diagnosis rate data during FY15-16.

• Diagnosis rate figures for FY15-16 have been calculated by the CCG using:

1. The number of registered patients diagnosed with dementia from QMS.
2. The latest estimated prevalence of dementia from the Primary Care Web Tool (from March 15)

(The figures for April – July in the graph opposite were calculated using this method).

• NHS England is moving to a more accurate method of estimating local dementia prevalence, based on the MRC Cognitive Function and Aging Study (CFAS). NHS England has published figures for August and September. Data for the months April – July is due to be provided so that the CCG will eventually have a coherent picture of the diagnosis rate for the 65+ cohort during FY15-16 to date.



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

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

Work is underway with regard to the introduction of a dedicated Memory Assessment Service (MAS). It is recognised that the MAS (delivered by South West London and St George's Mental Health NHS Trust) is an area of provision which requires increased capacity and does not at present align with best practice standards (for example those of the Memory Services National Accreditation Programme). As such it is a priority for redesign. A draft pathway reflecting the desired service delivery model has been developed and the required staffing composition has been established. Benefits that should be seen include shorter waiting times for the Memory Assessment Service, consistent incorporation of collaborative care planning discussions in the service pathway and a greater focus on supporting people to live well and independently in the community. A proposal was submitted to EMT in September and it was agreed that additional funding would be released from April 16.

Top 8: Winterbourne

Background:

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

November Update:

080001 - A review was conducted for patient by the CCG in partnership with the Case manager from the learning Disability Service at LBM. however an alternative hospital registered service is still being sought, which has community step-down on-site a separate site. There has been slow but steady progress and the incidents of aggression have reduced to around eight in the past month. A Speech and Language Therapy Assessment has also been undertaken recently. The CTR was reviewed and the CCG with the LBM have requested 3 monthly CPA reviews as this man should have possibly been ready to transition to out of a hospital setting several months ago. A CTR will be scheduled in February, the family have been advised and a CPA will also be scheduled on the same day to ensure the clinical team are available.

080002- The Patient is still requiring hospital admission and is detained on Section 3 of the mental health act 1983. (Section 3 is a section for treatment) A CTR was completed on 08/09/2105. Not ready for step down.
The CCG along with the LBM case manager have been liaising with an independent provider to cost a bespoke step down facility for 002, this will be built around her needs and help manage / mitigate her risks.
A CPA has been scheduled for the 20th November 2015.
Following a recent CQC inspection, all further admissions have been suspended to this hospital until immediate improvement have been actioned, despite this 002 seems to be flourishing in this placement . A safeguarding alert was also raised in the past month, this has been investigated and closed. CCG Safeguarding Manager is aware of the alert. An extra meeting was convened to review the case with the CCG safeguarding manager.

080004- There are no further updates in respect of this patient, he plan for on-going treatment in a hospital registered service is still appropriate, 0004 was reviewed by CCG with previous Review manager on 13/8/2015. Is now engaging well in treatment, 0004 told us that he is very happy with the care he is receiving, and is currently seeking legal advice with a view to challenging the CTR process.

KEY:

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

NHS
Merton
Clinical Commissioning Group

Quality of care and patient experience

26 November 2015

right care
right place
right time
right outcome

Quality and Safety: Commissioning of safe and high quality services.

- **A&E:** Q2 performance 93.22% against 95% standard
- **RTT 18 weeks:** In M5 Merton CCG had 1335 people waiting over 18 weeks. The majority of those in the backlog:

RTT 18 Week Backlog	Number of Merton Patients	Site of main concern
General Surgery	127	
Trauma and Orthopaedics	274	St. Georges Epsom and St. Helier
ENT	177	St. Georges
Gynaecology	216	St. Georges
Others	135	St. Georges

There is a programme of specialty-based performance and clinical summits underway with CCG and provider Clinical Leads, resulting in identification of areas/pathways requiring review – includes quick wins (eg better primary care work-up) for immediate attention. (M5 validation)

- **52 week waits**; Current Status: 0 Merton Patients fall within this category
- **62 day waits**: Current Status: 0 Merton Patients fall within this category
- **100 day waits**: Current Status: 1 Merton Patient fell within this category, St Georges (Upper Gastrointestinal)
  (All 100 day waits are reviewed monthly with all Trusts)

Merton Clinical Quality Committee asked the St Georges DoN to attend on Friday 13 November 2015 with the following remit:
How do you monitor and assure yourself of the clinical safety and experience of patients who fall into the categories of missing targets in the following areas:

- **A&E**
- **RTT –** particularly Uro-gynae, trauma and orthopaedics and dermatology
- **Cancer**

Quality and Safety: Commissioning of safe and high quality services

Status	Total Number
Critiqued – Awaiting Further Information	19
Recommended for closure	8
Current In Time	2
Total	29

- Following the roll out of STEIS 3 on 20/05/2015; NHS England requested that where possible, all SIs reported on STEIS 1 or 2, prior to 20/05/2015 are closed by end of August 2015.
- Merton CCG have been advised that there are approximately 49 historical SI's that remain open on StEIS 1. SECSU who manage the SI process on behalf of Merton are working closely with NHSE to access the incidents and close.
- Closure Process: where assurance has been given that there are no extant legal, coronial, SCR or Independent Investigations and in circumstances where organisational action plans address the material safety issues; the case will be closed.
- The SI profile will likely change when Merton become the Host Commissioner for SWL & St Georges.

Quality and Safety: Commissioning of safe and high quality services

- **Safeguarding Deep Dive:** Assurance meeting held on 5 November 2015
- **Serious Case Review (SCR):** Merton SCB commissioned a SCR involving a child who was assaulted by her mother. The Director of Quality is chairing the SCR panel
- **Continuing Healthcare (CHC):** The CCG continue to work with the CSU to address significant concerns identified in the CHC service including close monitoring of the trajectory to clear the backlog of overdue reviews by 31 December 2015. The number of outstanding reviews is now 116. There are 8 weeks remaining to deliver on the reviews, requiring the team to complete on average 14.5 Reviews a week. These are monitored through internal CHC review meetings
- Merton CCG triangulates, analyses and acts on all patient safety data obtained from various sources such as NRLS, CQC, Complaints, Healthwatch, HM Coroner and reports through the Clinical Quality Committee.
- Merton CCG maintain a watching brief on **all inspection activity**
    - St George's received an overall rating of 'Good' (Apr 2014) but the safety of services (Never Events) and end of life care (DNR's) requires improvement and Merton CCG are working closely with the Trust to support them attaining the expected standard.
    - Aware that Epsom St Helier have recently been inspected and while we are aware of the headlines we await the final report.
- **GP Amber Alerts**: Following a successful pilot the CCG is launching its Amber Alert service which will allow GP's to raise quality, safety or patient experience concerns with themes and trends influencing planning and commissioning