



Merton

Clinical Commissioning Group

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 29th January 2015

Agenda No: 7.1

Attachment: 17

Title of Document: M7 Balanced Scorecard	Purpose of Report: For Review
Report Author: Murrae Tolson	Lead Director: Cynthia Cardozo
Executive Summary: The report summarises Merton CCG performance on the top 8 priorities as identified by NHS England. It provides a comprehensive overview of performance of the CCG constitutional standards and improving the health of our local population indicators and actions being taken to address areas of underperformance.	
Key sections for particular note (paragraph/page), areas of concern etc: At month 7 the CCG was below standard for 6 of the top 8 priorities: A&E, RTT, Cancer 62 days 1st GP referral, Diagnostics, IAPT and Dementia. A number of these standards are a challenge across London and nationally (e.g. A&E). Actions are in place to address these areas of underperformance and are described in the report.	
Recommendation(s): The Governing body is requested to note the report and actions that are being taken to address areas of underperformance.	
Committees which have previously discussed/agreed the report: Merton CCG Clinical Quality committee, Merton CCG Executive Management team	
Financial Implications: A Quality Premium of c£1m is dependent on the CCG meeting all constitutional pledges and improving the quality of health for local people. Failure to achieve a quality premium indicator reduces the award by 12.5% for each failed indicator.	
Implications for CCG Governing Body: NHS England will seek assurance from the CCG that actions are in place to address areas of underperformance and that the CCG has a robust approach to performance management.	
How has the Patient voice been considered in development of this paper: Key performance indicators are informed by the NHS Constitution and the NHS Operating Plan.	
Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing) None	
Equality Assessment: Not completed.	
Information Privacy Issues: In year proxy measures and unplanned hospitalisation data is derived from unpublished sources and subject to data quality issues.	
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) None	

Merton CCG

Balanced Scorecard

Month 7 – 2014/15



right care
right place
right time
right outcome

Performance Summary

TOP 8: Are patient's rights under the NHS Constitution being promoted?

- A&E – The CCG failed the A&E standard in M7, at 94.7%. This is due to St. Georges NHS Trust not meeting the standard (Oct 94.1%).
- RTT – The CCG failed the admitted and non-admitted standard in M7. YTD the CCG is failing the admitted standard but achieving the non admitted standard.
- Cancer – The CCG met all cancer standards in M7. The CCG are failing the Cancer 62 day GP referral standard YTD.
- Diagnostics – The CCG met the standard in M7, but are failing it YTD.

TOP 8: Quality Premium: Are health outcomes improving for local people?

- IAPT – The CCG is below trajectory for access to IAPT.
- Dementia – The CCG decreased compared to M6. M7 is 51.3% diagnosis rate.
- Winterbourne – 4 admitted patients, no discharged planned.
- Health visitors – N/A



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

NHS CONSTITUTION	Impact on Quality Premium	Oct		Quarter 1		Quarter 2		Calculation Type	YTD Actual		2013/14	
MRSA (PIR Assigned)		0	G	0	G	1	R	Sum	1	R	1	R
C Difficile		2	G	7	R	10	R	Sum	19	R	16	G
RTT 18 weeks (admitted patients)	277k	88.0%	R	90.7%	G	86.6%	R	Average	88.5%	R	92.50%	G
RTT 18 weeks (non admitted patients)		94.9%	R	95.5%	G	94.8%	R	Average	95.1%	G	97.20%	G
RTT 18 weeks (incomplete pathways)		92.3%	G	92.8%	G	92.8%	G	Most Recent	92.30%	G	93.70%	G
Diagnostic tests waiting time		99.3%	G	98.3%	R	99.0%	G	Average	98.90%	R	99.4%	G
A and E waiting times	277K	94.7%	R	95.3%	G	95.5%	G	Average	95.3%	G		
Cancer two weeks	277K	97.4%	G	96.6%		96.2%	G	Average	96.4%	G	97.70%	G
Breast symptoms two weeks		97.1%	G	93.0%	G	98.6%	G	Average	95.7%	G	97.70%	G
Cancer first definitive treatment 31 days		96.8%	G	100.0%	G	100.0%	G	Average	100.0%	G	98.40%	G
Cancer subsequent treatment 31 days, surgery		100.0%	G	96.3%	G	100.0%	G	Average	98.0%	G	95.70%	G
Cancer subsequent treatment 31 days, drug		100.0%	G	100.0%	G	100.0%	G	Average	100.0%	G	100.0%	G
Cancer subsequent treatment 31 days, radiotherapy		100.0%	G	95.4%	G	98.4%	G	Average	96.6%	G	98.70%	G
Cancer first treatment 62 days, GP Referral		85.7%	G	82.1%	R	87.2%	G	Average	84.8%	R	85.20%	G
Cancer first treatment 62 days, Screening		100.0%	G	100.0%	G	88.9%	R	Average	96.2%	G	100.0%	G
Cancer first treatment 62 days, Consultant upgrade		--		--		50.0%		Average	50.0%		100.0%	
Ambulance Red 1 8 minute response	277K	64.1%	R	73.4%	R	67.0%	R	Average	69.40%	R	76.70%	G
Ambulance Red 2 8 minute response		57.5%	R	68.0%	R	58.9%	R	Average	62.60%	R	74.20%	A
Ambulance Red 19 minute transportation		91.50%	R	96.1%	G	92.6%	R	Average	93.80%	R	97.90%	G
Mixed sex accommodation breaches		0	G	0	G	0	G	Cumulative	0	G	11	A
RTT 52 weeks (admitted patients)		0	G	0	G	2	R	Most recent	TBC			
RTT 52 weeks (non admitted patients)		1	R	0	G	2	R	Most recent	TBC			
RTT 52 weeks (incomplete pathways)		2	R	3	R	3	R	Most recent	2	R	0	G



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

	Quality Issue	Provider	Description of Quality Issue	What's being done about it?
Constitutional Pledges	RTT 18 Weeks admitted patients and non Admitted patients	Epsom & St. Helier St. George's Hospital	ESH= 94.9% (non- admitted) against a target of 95% SGH= 88% (admitted) against a target of 90%	Both trusts have been partaking in a backlog reduction exercise to reduce the number of patients waiting over 18 weeks and this led to an expected drop in performance. Trusts submitted their plans for a second tranche of RTT funding and St George's has been allocated additional funding for October and November. The latest data indicated that St George's was on plan. However it is not yet clear how a number of recent elective cancellations, due to winter pressure, will impact on the backlog reduction exercise.
	A and E waiting times	Epsom & St. Helier St. George's Hospital	SGH= 94.1% against a target of 95%	As part of their actions to improve, the trust opened escalation beds as well as cancelling electives in order to manage the capacity pressures. SGH also plan to increase capacity over the coming months; 20 off-site escalations beds will be phased in from 17th November, 8-on site escalation beds open in December, with a further 20 beds opening in January. The trust will also have a discharge lounge open from end of November to aid patient flow.
	Ambulance category A (Red 1) 8 minute response Ambulance category A (Red 2) 8 minute response Ambulance category A 19 min transportation time	London Ambulance Service (LAS)	LAS Cat A performance remains a serious concern with YTD 69.4% below target (75% within 8 minutes)	The lead commissioner for LAS has confirmed that a clinical safety review has been completed. This report will be presented to the quality committee in February.
	RTT 52 weeks non admitted patients	Epsom & St. Helier St George's Hospital	Merton CCG had 1 patient who was not admitted over 52 weeks for treatment in October. This happened at Epsom & St. Helier.	The ENT patients was delayed due to admin errors early in their pathway whereby they were incorrectly outcomed as watchful wait instead of refer to diagnostics. This led to the patient not being added to the waiting list correctly, however they were still referred for diagnostics. The admin error meant that their pathways could not be monitored and were slower than they would have been. The Trust picked up the issues in their data quality checks. The ENT patient was booked in for 9th October
	RTT 52 weeks incomplete pathways	Epsom & St. Helier St. George's Hospital	Merton CCG had 2 patients waiting over 52 weeks for treatment in October. One was at St George hospital and one Epsom & St. Helier.	St George's:- The patient was in Cardiology. The patient's original procedure was cancelled for clinical reasons; the patient's INR was too high, with the associated risks taken into account. In addition to this the patient was asked to lose weight before the procedure could be completed. The patient was listed for treatment on 21/11/2014 and had the procedure done successfully. Epsom and St Helier:- The T & O patient was delayed due to patient choice and will be reported as under 52 weeks when they are treated in November. The Trust has a number of actions in place to improve general RTT performance, including developing an RTT training package to improve their PTL management and their patient tracking and having twice weekly meetings with service managers to discuss all patients over 35 weeks.



Domain 3 - Are CCG plans delivering better outcomes for patients? (April – October)

Enabler	Ref	Indicator	How often	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	YTD	Trend	Quarter	
				Quarter 1			Quarter 2			Quarter 3	YTD	Trend	Q1	Q2
Quality Premium (£166K)	E.A.1	Potential Years of Life Lost	Q	No data					HSCIC data due	HSCIC data due Sept	0		No data	No data
	E.A.1.a	Number of Deaths		36			HSCIC data issue			HSCIC data issue	36		36	No data
	E.A.1.b	Potential years lost		983.9			HSCIC data issue			HSCIC data issue	983.9		983.9	No data
Operating Plan	E.A.2	Improving the health-related quality of life for people with long-term conditions	A	75.3							75.3		75.3	75.3
		Number of people accessing expert patient programmes	Q	0		8	0	9	10	34	↑	No data	17	
Operating Plan	E.A.S.1	Increasing the proportion of people diagnosed with Dementia	M	49.9%	49.5%	50.5%	49.8%	49.6%	51.9%	51.3%	51.3%	↓	49.5%	50.4%
Operating plan	E.A.S.2	Increasing the IAPT recovery rate	Q	37.9%			43.5%			33.6%	40.9%	↑	37.90%	43.3%
Quality Premium (£277K)	E.A.4	Reducing Avoidable Emergency Admissions	M	238	233	235	226	207	240	266	1,645	↑	706	673
	CB_A6_01	Unplanned hospitalisation for chronic ambulatory care sensitive conditions		75	91	90	85	76	83	80	580	↓	256	244
	CB_A6_02	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s		8	5	3	4	2	10	11	43	↑	16	16
	CB_A6_03	Emergency admissions for acute conditions that should not usually require hospital admission		148	136	137	133	127	147	160	988	↑	421	407
	CB_A6_04	Emergency admissions for children with lower respiratory tract infections (LRTI)		7	1	5	4	2	0	15	34	↑	13	6
Quality Premium (£166K)	E.A.5	Increasing the proportion of people having a positive experience of hospital care	A	Inpatient Survey 2014 results published in April 2015							No data		No data	No data
	FFT (E.A.6)	Friends and Family Test - Is there an Improvement plan in place?	Q	3/5			5/5			5/5	5/5	↔	3/5	5/5
	FFT (E.A.6)	Friends and Family Test - Has the improvement plan been agreed by CQRG?	Q	0/5			5/5			5/5	5/5	↔	0/5	5/5
	MSA	Commissioner MSA breaches	M	0	0	0	0	0	0	0	0	↔	0	0
	DToc	Delayed Transfers of Care	M	102	116	118	118	169	109	242	974	↑	336	396
Operating Plan	E.A.7	Increasing the proportion of people having a positive experience in general practice & community	M	10.4							10.4	↑	10.4	10.4
	OOH1	Number of OOH compliments received	M	1	0	0	1	0	0	0	2	↔	1	1
	OOH2	Number of OOH complaints received	M	0	0	1	0	0	0	0	1	↔	1	1
	GP1	Number of GP specific complaints received	M	0	1	2	0	0	2	2	9	↔	3	2
Constitutional Pledge	E.A.S.5	Number of C.Difficile infections	M	1	5	1	4	1	1	2	15	↔	7	6
Quality Premium (£166K)	E.A.9	Improving the reporting of medication errors	Q	88			196			Due in Q4	284	↑	88	196
Quality Premium (£166K)	E.A.3	Increasing the proportion of people that enter IAPT treatment against the level of need in the general population	M	1.14%	1.02%	1.08%	1.13%	0.85%	0.95%	0.90%	7.97%	↓	3.24%	2.93%
Quality Premium - Local Priority	LP.1	Increasing the number of patients from BME groups using Psychological Therapies	M	79	70	64	77	56	50	50	512	↓	213	



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

	Quality Issue	Provider	Description of Quality Issue	What's being done about it?
Improving Health Outcomes	Increasing the proportion of people diagnosed with Dementia	Merton CCG	Progress for this indicator is substantially below target, but improving month on month.	Improvement derived from previous actions maintain. However, do not appear to be sufficient to meet the required target of 67% of diagnosis rate. Next steps planned include: to complete coding checks with all GP practices, arranging with South West London and St Georges Mental health trust to send list of patients with dementia to each GP practice. Also, additional investment is planned to improve diagnosis of people in residential and nursing homes.
	Increasing the proportion of people that enter IAPT treatment against the level of need in the general population	SWL & St. Georges	The service demonstrates limited progress against this indicator.	Following approval of non recurrent funding by the CCG, the Trust have completed recruitment and commenced the service. The Clinical Director for mental health has written to all practices through the locality leads seeking their support to increase referrals into the service. The Clinical Lead of the service has commenced contacting practices demonstrating low rates of referral to identify blockages and address any issues they might face in increasing numbers of referrals. The performance of the service is monitored on a weekly basis to ensure the service is on track to meet Q4 targets.
	Local priority: Increasing the number of patients from BME groups using Psychological Therapies	SWL & St. Georges	Progress has dipped below target in October.	Although not currently a concern, the problem has been escalated to Mental Health commissioning manager.
	Reducing avoidable admissions	Acute Trusts	There has been an increase in the number of acute admissions.	The reasons for the increase in acute admissions has been escalated to appropriate clinical leads and commissioning managers
	Emergency admissions for acute conditions that should not usually require hospital admission	Acute Trusts	Increase admissions are noticeable in the 0-9 cohort for Gastroenteritis, Upper respiratory tract infections and head and neck and ear disorders. The 65+ age group are mostly admitted for Upper respiratory tract infections and pneumonia. The 10-64 age group the common causes were; Muscular balance, Intestinal infectious disorders, UTI.	The issue has been escalated to the clinical lead and commissioning managers.
	Emergency admissions for children with lower respiratory tract infections care (LRTI)	Acute trusts	Increased admissions are noticeable in the 0-3 cohort for acute bronchiolitis.	This has been escalated to clinical lead and commissioning manager for children.
	Delayed in Transfer care	Kingston and St Georges Hospital	Increased DTOC during October is due to a) awaiting completion of a future care need and identification of an appropriate setting (NHS) and b) awaiting further NHS non-Acute care.	This has been escalated to the integration project director.
Winterbourne	Danshell Group, CNWL Foundation Trust, and Cambian Healthcare	There are 4 Merton patients currently who would come under the scope of Winterbourne - these are patients who are currently placed in hospital registered services, but who have learning disabilities and/or are on the autistic spectrum, either exclusively or in addition to any mental health concerns. All 4 are currently detained under the Mental Health Act 1983 on treatment orders. The 1st of these patients is only known to London Borough of Merton LD service (LBM), two are known only to Merton CCG Mental Health Services and the 4th is known to both the CCG and LBM.	All 4 patients are subject to CPA and their placements regularly reviewed by their funders; patients 2 and 3 were last reviewed in Dec 14 and patient 4 was reviewed in Oct 14. 3 patients have now been made subject to Care & Treatment Reviews (CTR) under Winterbourne View, which have included the input of external expert clinicians and also "experts by experience". For patient 2 and 3, these took place on 6/1/15 and for patient 4 this took place on 9/12/14). The CCG has completed reports and recommendations subsequent to the two CTRs, which have already been shared with the provider of these patients and which will be sent to NHSE for scrutiny by 9th January. NHSE was responsible for completing the reports for the CTR held on December 9th however this remains outstanding.	

