NHS
Merton
Clinical Commissioning Group

CCG Assurance Report

Merton CCG Governing Body

2016/17: Month 03 Quality / Month 04 Finance and Activity

right care
right place
right time
right outcome

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Leadership & Sustainability: Scorecard; Exception reports; risks and issues	Under development, following a recent limited release of data by NHSE.

Key Performance Messages

Quality & Safety Performance (Month 3)

Better care

➢ Good performance:

- The 92.0% target for patients waiting 18 weeks or less from referral to hospital treatment that was achieved for May 2016 has continued to be achieved in June, with performance at 92.9%. However, this is the first month where St Georges is not formally reporting waiting time performance
- Ambulance waits - Red 1 8 Minute response times – the London Ambulance Service achieved 72.2% across London; the Service had nevertheless consistently achieved against the target of 75% in Merton since December 2015. However, the Merton CCG performance for June 2016 was 66.7%. LAS reported an exceptionally high demand during this period, however performance in Merton has since improved significantly (88.6% in July)

➢ Challenged performance:

- Cancers diagnosed at an early stage
- People with an urgent GP Cancer referral receiving their first definitive treatment within 62 days
- Improving access to psychological therapies recovery rate
- Percentage of patients admitted, transferred or discharged from A&E within 4 hours

Better health

➢ Good performance:

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

➢ Challenged performance:

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

Risks

- Cancers diagnosed at an early stage
- First definitive treatment within 31 days
- Patients waiting 100+ days to begin treatment

Finance & Audit Performance – Summary position (Month 4)

This report shows the summary of the latest financial position (M4) for the CCG. This month is essentially the first opportunity in this financial year to report on the financial position based on sufficient volume and quality of data.

Year to date the CCG is showing an adverse variance of £353k - £153k worse than plan. The full year forecast is a deficit of £600k which is exactly on plan. However, it should be noted that this position is based on an assumption that £2,124k of unallocated savings will be found by year end. Clearly should this not materialise, our full year forecast will deteriorate accordingly.

The report explains the contributory factors to the current position. There is a small overspend in both year to date and at full year forecast across acute, non-acute, prescribing and primary care and corporate and estates. It should be noted that the position in each of these areas carries some degree of risk but it is in acute that the risk is most pronounced. As a result we have taken a cautious approach to the acute position and will carefully monitor the position over the coming months.

Activity Performance – Variance Summary (Month 4)

Elective Activity

Activity is below plan for each of the elective areas of the acute contracts (referrals; 1st and follow-up outpatient attendances; and elective admissions). While we are aware of some productivity issues at St. Georges, we are assured that a key driver for this is a consequence of work done with GPs to better manage demand.

Non-elective activity

This remains above plan: for July the year to date figure is by approximately 5.9%. Merton CCG is aware of an increase in the number of short-stay patients admitted as an emergency, particularly at St Georges. CCG colleagues have visited the new Surgical Assessment Unit, and an audit is being planned that will review these patients and explore reasons for the increase with the trust.

Leadership & Sustainability

Under development:
NHSE have recently made some baseline data available. This is being reviewed and will be included in the October report

Quality Indicator Scorecard

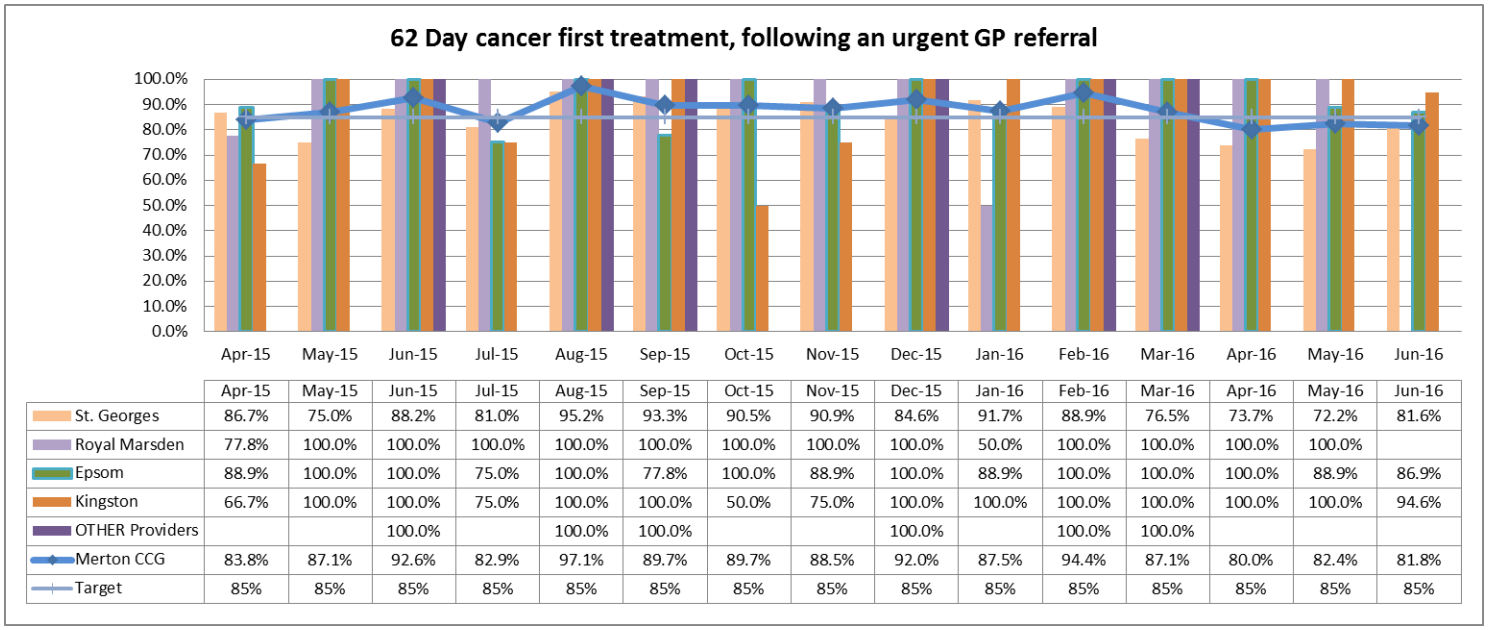
Domain: BETTER CARE									
IAF Area	Indicator	Quality Premium*	Target	Previous score	Latest score	Change from previous period	13 month / 5 quarter trend	Achieved / did not achieve	Risk warning
Cancer	Cancers diagnosed at early stage	**20%**	60.0%	46.0%	48.2%	⇗			
	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	**-25%**	85.0%	82.4%	81.8%	⇘			
Mental Health	Improving Access to Psychological Therapies recovery rate		50.0%	46.5%	42.3%	⇘			
Urgent and emergency care	Percentage of patients admitted, transferred or discharged from A&E within 4 hours	**-25%**	95.0%	92.1%	92.3%	⇗			

Other Local Indicators of concern / risk									
Domain	Indicator	Quality Premium*	Target	Previous score	Latest score	Change from previous period	13 month / 5 quarter trend	Achieved / did not achieve	Risk warning
Cancer	First definitive treatment 31 days		96.0%	98.4%	95.8%	⇘			
Cancer	62 days from GP referral: composite - 1st treatment + rare cancers		85.0%	82.4%	81.8%	⇘			
Cancer	100 day+ waits for cancer treatment			0	2	⇗			

Quality Indicators: Risks

Reference (Date)	Risk / Issue	Impact / Cause	Action(s)	Risk owner
Cancers diagnosed at early stage	The CCG will be assessed against this indicator for 2016/17. Currently data are only available to the end of 2014, suggesting that the CCG was at 48.2%. The target is to achieve 62% by 2020. Approximately 15% of cases are recorded without the 'stage' at diagnosis.	The earlier cancer is diagnosed, the more likely it is to be successfully treated, and survival rates can be dramatically improved. Poor coding of cancer stage at diagnosis impact on the ability to assess how well services are performing against this target.	Advice from the Transforming Cancer Services Team is that Commissioners should work with providers to improve staging completeness .The Commissioning lead is reviewing this and will work with providers to improve data.	CCG cancer lead
Cancer: First definitive treatment within 31 days	The CCG failed to meet this standard with a performance of 95.8% against the 96% threshold.	This was due to 2 breaches out of 48 pathways: both breaches were attributed to capacity issues.	SGH is currently rewriting its Cancer Access Policy. Further resource has been allocated to the Interim General Manager to help drive the implementation of the Cancer Action Plan.	SGH
Cancer: 100+ days waiting to begin treatment.	There were two patients in June that were waiting more than 100 days for cancer treatment to start.	One of the breaches was due to a shortage of endoscopy capacity delayed diagnosis of patient; the other was due to a delay in work up. Both cases were considered to have been avoidable		SGH
Cancers diagnosed at early stage	The CCG will be assessed against this indicator for 2016/17. Currently data are only available to the end of 2014, suggesting that the CCG was at 48.2%. The target is to achieve 62% by 2020. Approximately 15% of cases are recorded without the 'stage' at diagnosis.	The earlier cancer is diagnosed, the more likely it is to be successfully treated, and survival rates can be dramatically improved. Poor coding of cancer stage at diagnosis impact on the ability to assess how well services are performing against this target.	Advice from the Transforming Cancer Services Team is that Commissioners should work with providers to improve staging completeness .The Commissioning lead is reviewing this and will work with providers to improve data.	CCG cancer lead

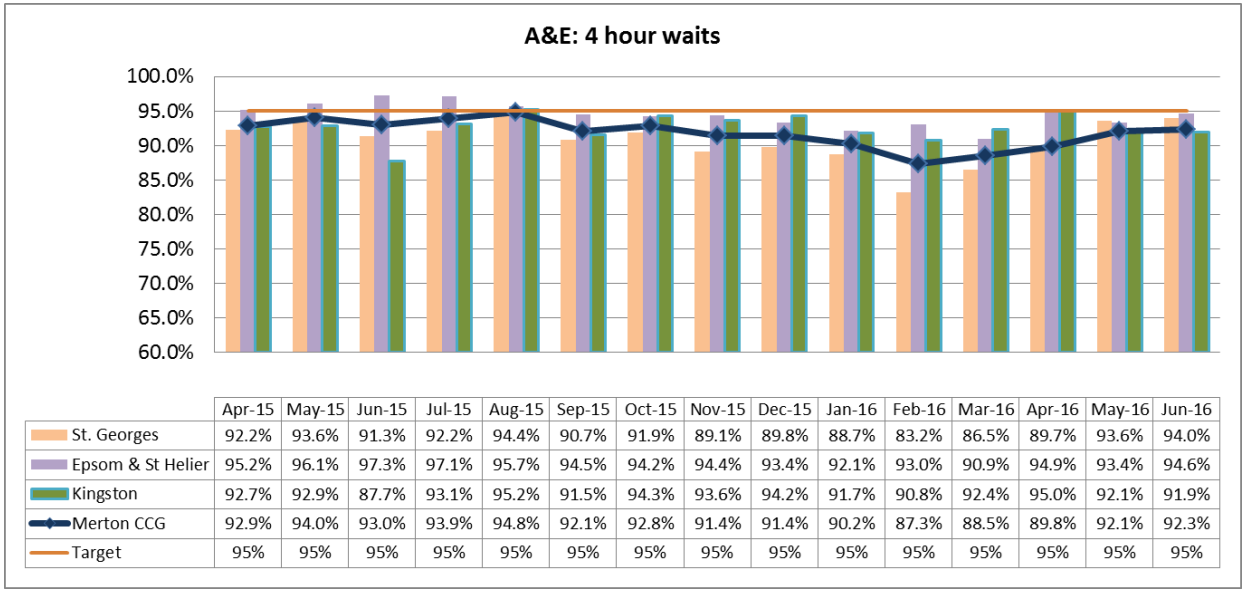
Exception Report – Cancer Waits



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
St. Georges	86.7%	75.0%	88.2%	81.0%	95.2%	93.3%	90.5%	90.9%	84.6%	91.7%	88.9%	76.5%	73.7%	72.2%	81.6%
Royal Marsden	77.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	
Epsom	88.9%	100.0%	100.0%	75.0%	100.0%	77.8%	100.0%	88.9%	100.0%	88.9%	100.0%	100.0%	100.0%	88.9%	86.9%
Kingston	66.7%	100.0%	100.0%	75.0%	100.0%	100.0%	50.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.6%
OTHER Providers			100.0%		100.0%	100.0%			100.0%		100.0%	100.0%			
Merton CCG	83.8%	87.1%	92.6%	82.9%	97.1%	89.7%	89.7%	88.5%	92.0%	87.5%	94.4%	87.1%	80.0%	82.4%	81.8%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Issue	Cause	Action(s)	Assurance / Gaps
The 62 day wait from urgent GP referral to first treatment was not met in month 3. This is the third month in a row where this standard has not been met.	The underperformance in month 3 has been driven by a failure to achieve the standard at St Georges, where 5 of 33 Merton CCG patients waiting times were breached; plus an additional breach that was shared with the Royal Marsden. This resulted in a performance of 72.2% for Merton patients waiting at St Georges.	St Georges has submitted an STF improvement trajectory for 2016-17 which aims to meet the 62 day standard by July 2016. Delivery against this trajectory is underpinned by a cancer recovery plan which included key actions such as improving patient tracking processes by multi-disciplinary teams and improving data quality.	The CCG seeks assurance on progress with the cancer recovery plans at regular meetings with St Georges. Although Cancer performance at SGH has consistently improved (7 out of 8 targets achieved in July) there still remains some operational issues, such as administrative staffing issues and timely data management, before full assurance can be given of sustainable improvement.

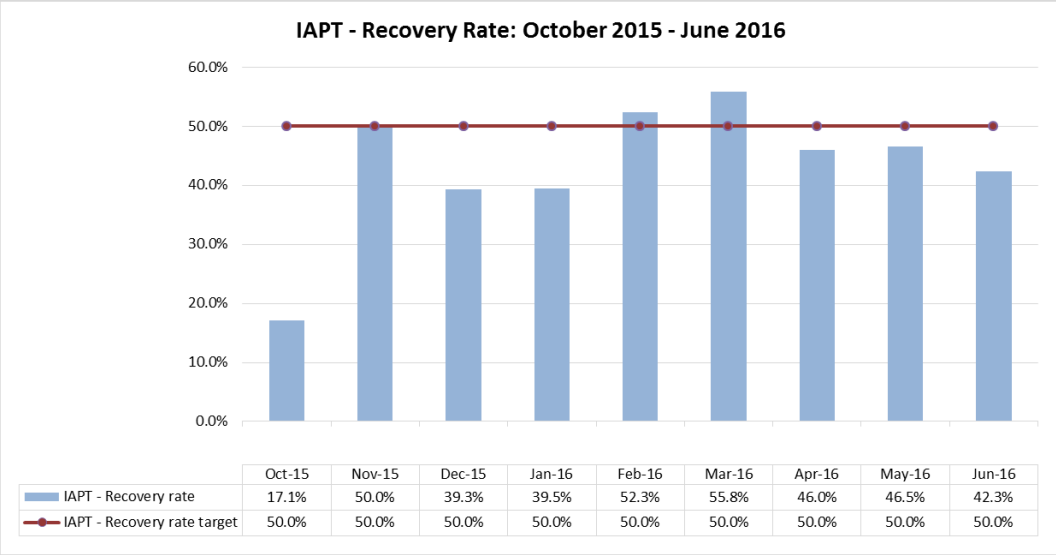
Exception Report – A&E 4 hour Waits



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
St. Georges	92.2%	93.6%	91.3%	92.2%	94.4%	90.7%	91.9%	89.1%	89.8%	88.7%	83.2%	86.5%	89.7%	93.6%	94.0%
Epsom & St Helier	95.2%	96.1%	97.3%	97.1%	95.7%	94.5%	94.2%	94.4%	93.4%	92.1%	93.0%	90.9%	94.9%	93.4%	94.6%
Kingston	92.7%	92.9%	87.7%	93.1%	95.2%	91.5%	94.3%	93.6%	94.2%	91.7%	90.8%	92.4%	95.0%	92.1%	91.9%
Merton CCG	92.9%	94.0%	93.0%	93.9%	94.8%	92.1%	92.8%	91.4%	91.4%	90.2%	87.3%	88.5%	89.8%	92.1%	92.3%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Issue	Cause	Action(s)	Assurance / Gaps
The 4 hour wait from arrival to decision to admit or discharge standard has not been met in this financial year by the two of the three main A&E providers that serve Merton CCG patients.	None of the three local providers – St Georges; Epsom & St Helier Hospitals and Kingston - achieved the 95 % standard. Epsom and St. Helier did not achieve the standard in June, failing at 94.67%. This is an improved position by 1.07 percentage points from May, though still under the STF trajectory. The target was achieved by Epsom individually at 95.50% and failed by St. Helier at 94.13%, continuing the trend from previous month. In line with most SWL providers, St. Georges did not achieve the A&E standard in June, with reported performance of 94.0% but did achieve their STF trajectory.	There is an on going flow programme being implemented at St Georges A&E designed to support delivery against the STF trajectory. A programme board oversees the transformation work to deliver the flow programme.	The CCG seeks assurance of progress against improvement plans via regular meetings with the provider including a new Emergency Care Delivery Board. The CSU is awaiting new guidance from NHS England on apportioning A&E provider activity to CCGs. This was expected for Month 3, however it has not yet been delivered. Until then, we have used the A&E Commissioning Data Set (CDS) to calculate the CCG % for 2016/17 months 1 -3.

Exception Report – IAPT



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
IAPT - Recovery rate	17.1%	50.0%	39.3%	39.5%	52.3%	55.8%	46.0%	46.5%	42.3%
IAPT - Recovery rate target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%

Issue	Cause	Action(s)	Assurance / Gaps
Having achieved the recovery rate target 50% by March 2016 (55.8%), performance dropped back below 50% in April 2016 to 43.6%. The latest information (for June 2016) shows that performance remains below 50%.	The drivers behind the decline in recovery rate are being investigated. A report of a review (by the provider) of patients discharged without recovering is due with the CCG.	Addaction has carried out a review of patients discharged from the service without recovering. The review is ongoing, however, an immediate change will be made so that therapists no longer automatically discharge 'improving' patients who have had their prescribed dose, but have not fully recovered. A more flexible approach allowing a few additional sessions ought to improve recovery rates. A proportion of patients drop out of therapy mid treatment, without recovering. The service will take actions to reduce this population, which again should improve rates. The provider is developing an action plan to cover two specific areas: <u>Patients entering treatment</u>: Recruit to the admin team and improve management of this team; liaise with GP practices that may be under-using the service; develop care pathways with acute care; and develop bespoke and group interventions for specific community groups (e.g. carers and perinatal). <u>Recovery</u>: i. Clinical: Accept the right patients; ensure correct dose and improved management and clinical supervision. ii. Administrative: review provisional diagnoses; ensure correct ADSMs are used; and recruit a Senior Psychological Wellbeing practitioner to improve retention at Step 2.	No gaps at present. We will review the provider audit of patients at the August contract meeting. A performance Improvement Plan has been agreed with the provider to close gaps in assurance. Improved performance was achieved in july.

NB. Indicative IAPT access targets – Waiting times targets are improving. The targets have not been met since December 2015, but have been on a consistently improving trajectory since March 2016. The targets were met in May 2016, and this was maintained in June and July 2016.

Scorecard: Finance & Audit

SUMMARY	Year To Date Budget £000's	Year To Date Actual £000's	Year To Date Variance £000's	Full Year Forecast Outturn Budget £000's	Full Year Forecast Outturn Forecast £000's	Full Year Forecast Outturn Variance £000's
Revenue Resource Limit	91,179	91,179	0	270,551	270,551	0
EXPENDITURE						
Acute	45,494	45,925	(430)	136,610	136,852	(242)
Non Acute	21,872	22,066	(194)	65,617	66,193	(576)
Primary Care & Prescribing	18,821	18,934	(113)	56,463	56,799	(335)
Corporate & Estate Costs	3,193	3,343	(150)	9,581	9,641	(60)
Reserves & Other	1,998	1,263	734	2,881	1,666	1,215
Total Expenditure	91,379	91,531	(153)	271,151	271,151	0
In Year Surplus	(200)	(353)	(153)	(600)	(600)	0

NON ACUTE (see table 3 & 4)	Year To Date Budget £000's	Year To Date Actual £000's	Year To Date Variance £000's	Full Year Forecast Outturn Budget £000's	Full Year Forecast Outturn Forecast £000's	Full Year Forecast Outturn Variance £000's
TOTAL MENTAL HEALTH	7,885	8,011	(126)	23,656	24,032	(376)
TOTAL LEARNING DIFFICULTIES	582	567	15	1,745	1,700	45
TOTAL END OF LIFE CARE AND HOSPICES	293	302	(9)	878	907	(29)
TOTAL LONG TERM CONDITIONS	44	26	18	133	80	53
TOTAL URGENT AND INTERMEDIATE CARE	2,268	2,251	17	6,804	6,743	61
TOTAL COMMUNITY SERVICES	6,600	6,571	29	19,800	19,712	88
TOTAL CHILDREN SERVICES	863	826	37	2,589	2,477	112
TOTAL ADULT CONTINUING CARE	3,337	3,513	(176)	10,012	10,542	(530)
TOTAL NON ACUTE COMMISSIONING	21,872	22,066	(194)	65,617	66,193	(576)

PRESCRIBING (see table 5)	Year To Date Budget £000's	Year To Date Actual £000's	Year To Date Variance £000's	Full Year Forecast Outturn Budget £000's	Full Year Forecast Outturn Forecast £000's	Full Year Forecast Outturn Variance £000's
TOTAL PRESCRIBING	7,872	8,035	-163	23,616	24,102	-486
TOTAL PRIMARY CARE DELEGATED BUDGET	9,419	9,416	3	28,258	28,288	-30
LOCAL ENHANCED SERVICES	196	124	72	588	371	217
TOTAL OUT OF HOURS	650	671	-21	1,950	1,976	-26
TOTAL PRIMARY CARE OTHER	684	688	-4	2,052	2,062	-10
TOTAL PRIMARY CARE & PRESCRIBING	18,821	18,934	-113	56,463	56,799	-335

CORPORATE AND ESTATES (see table 6)	Year To Date Budget £000's	Year To Date Actual £000's	Year To Date Variance £000's	Full Year Forecast Outturn Budget £000's	Full Year Forecast Outturn Forecast £000's	Full Year Forecast Outturn Variance £000's
TOTAL RUNNING COSTS	1,466	1,600	(134)	4,397	4,611	(214)
TOTAL CSU CHARGES	429	438	(9)	1,288	1,297	(8)
TOTAL OTHER CORPORATE COSTS	1,241	1,248	(6)	3,724	3,562	162
PROPERTY COSTS	57	57	0	171	171	(0)
TOTAL CORPORATE & ESTATE COSTS	3,193	3,343	(150)	9,581	9,641	(60)

STATUTORY DUTIES AND PERFORMANCE

Statutory Duty	Area	YTD	Forecast
Not to exceed RRL	Revenue	(353)	(600)
Not to exceed running cost allocation	Running costs	(134)	(214)
Not to exceed CRL	Capital	0	0
Deliver a recurrent surplus	Revenue	(0.7)%	(0.7)%
Deliver a 0.5% in year surplus	Revenue	(0.4)%	(0.2)%
Comply with BPPC #	Business conduct	98.6%	99.0%
Comply with BPPC £	Business conduct	99.8%	99.0%
Fully deliver planned QIPP	QIPP	54.2%	88.5%

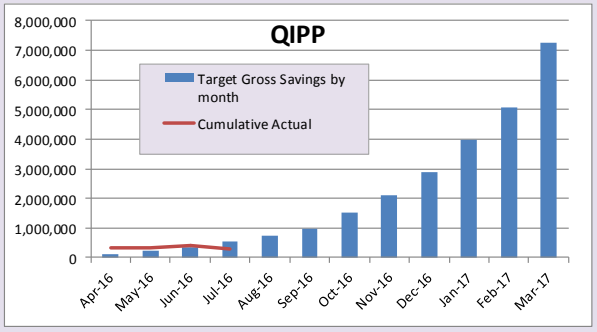
Period	Jul-16

NHS Merton Clinical Commissioning Group

ACUTE CONTRACT EXPENDITURE TOP 5 (see table 2)	Year To Date Budget £000's	Year To Date Actual £000's	Year To Date Variance £000's	Full Year Forecast Outturn Budget £000's	Full Year Forecast Outturn Forecast £000's	Full Year Forecast Outturn Variance £000's
ST GEORGE'S HEALTHCARE TRUST	20,300	20,676	(376)	61,030	61,574	(544)
EPSOM & ST. HELIER UNIVERSITY HOSPITALS NHS TRUST - ACUTE	10,693	10,568	126	32,080	31,085	995
KINGSTON NHS TRUST	3,458	3,525	(67)	10,373	10,518	(145)
LAS - EMERGENCY SERVICE CONTRACT	2,156	2,192	(36)	6,468	6,468	(0)
EPSOM & ST. HELIER UNIVERSITY HOSPITALS NHS TRUST - SWLEOC	1,594	1,446	148	4,783	4,525	258
ALL OTHER CONTRACTS	7,293	7,518	(225)	21,875	22,682	(807)
	45,494	45,925	(430)	136,610	136,852	(242)

ACUTE CONTRACT VARIANCE BY POD	SGH	ESH	KHT	Other Providers	Total
Elective	194	526	46	(343)	423
Emergency	186	128	211	(285)	240
Non-Elective	(56)	199	0	(11)	132
Maternity Pathway	619	287	7	62	975
A&E	35	106	(65)	(41)	35
Out Patient 1st	(176)	139	74	66	103
Out Patient Follow Up	(128)	154	(45)	80	61
Out Patient Procedure	(359)	(49)	52	199	(157)
Unbundled Diagnostics	(218)	148	3	(79)	(146)
Critical Care	359	0	2	(168)	193
Other PODs	(1,000)	(643)	(430)	(29)	(2,101)
	(544)	995	(145)	(549)	(242)

BALANCE SHEET AS AT Jul-16	Actual £000's
Property, Plant And Equipment	805
Current Trade And Other Receivables	2,743
Cash And Cash Equivalents	(1,059)
Current Trade And Other Payables	(19,539)
Current Other Liabilities	(249)
	(17,299)
General Fund	(17,299)



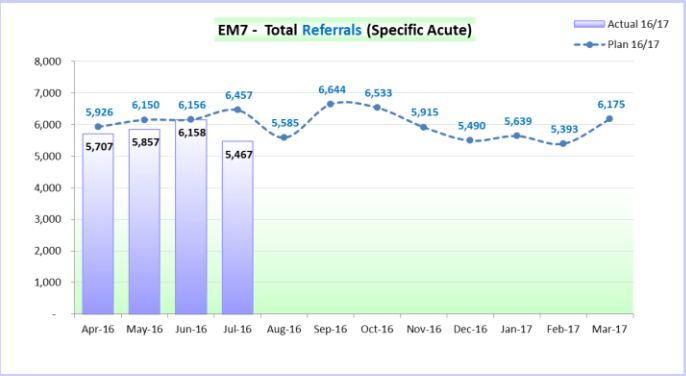
Finance & Audit: Exception Reports & Risks

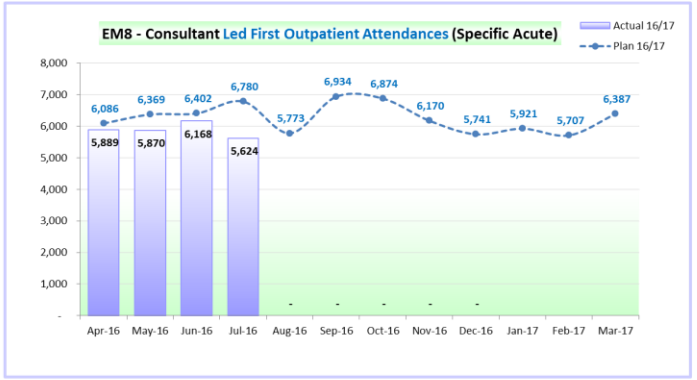
Risks and mitigations (Month 4)
The risk of overspending remains concentrated into contracts or programmes that are based upon variable payments; principally acute contracts, prescribing and continuing healthcare. Although it is still early in the financial year, early indications are that underlying expenditure (after removing QIPP) is below or on plan in each of these highest risk areas.
However, given that acute budgets and continuing healthcare have been budgeted to reflect recent historic run rates, significant in year overspending is not anticipated. The position with prescribing appears to be beneficial with savings achieved in the year to date exceeding the QIPP target. We have also deployed the 0.5% contingency reserve which remains completely uncommitted.
The key risk is therefore failure to deliver the total savings requirement (i.e. the QIPP programme of £7,258K and the unidentified savings target of £2,459K). Given the that the current rating of QIPP delivery is only 53% and none of the additional measures required to achieve the additional £2,459K have been initiated, this risk is considerable. There is some mitigation through underlying underperformance on acute contracts and the 0.5% contingency, but it is clear that distilling the overall financial position is quite complex.
Under the lead of the new Programme Director (Financial recovery) remedial measures are being implemented to strengthen the delivery of the QIPP programme including further stretch targets in schemes that have potential to deliver more. In conjunction with the CFO, he is working on a range of transactional measures which have the potential for further savings. Both approaches will be cemented by the end of August.

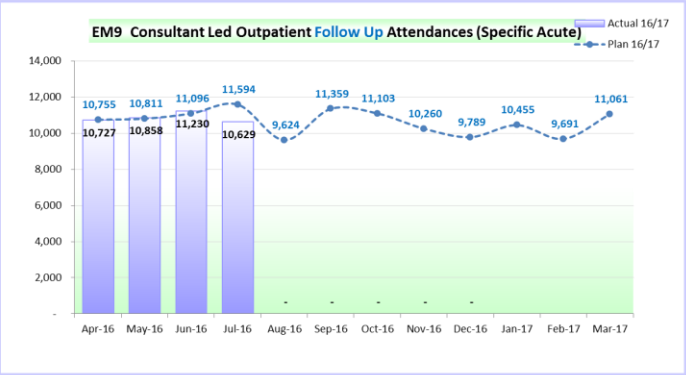
Scorecard: Activity Performance (Month 4)

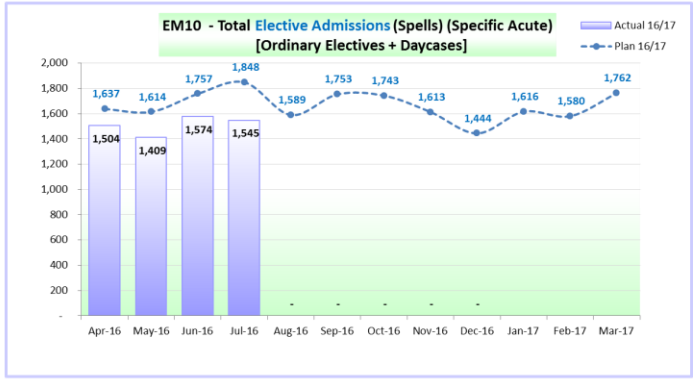
EM Number	EM - Detail	Metric	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Year to Date	Year End Totals & Forcast
EM7	Total Referrals (Specific Acute)	Actual 15/16	5,820	5,860	6,247	6,298	5,520	6,350	6,113	5,434	5,375	5,891	5,810	6,153	24,225	70,871
		Plan 16/17	5,926	6,150	6,156	6,457	5,585	6,644	6,533	5,915	5,490	5,639	5,393	6,175	24,689	72,063
		Actual 16/17	5,707	5,857	6,158	5,467									23,189	69,567
		Variance	-219	-293	2	-990									-1500	- 4,500
		% Variance Vs Plan	-3.7%	-4.8%	0%	-15%									-6.1%	-6.2%
		16/17 Actual Growth	-1.94%	-0.05%	-1.42%	-13.19%									-4.28%	
EM8	Consultant Led First Outpatient Attendances (Specific Acute)	Actual 15/16	5,660	5,874	6,732	6,340	5,501	6,508	6,464	6,603	5,352	5,290	5,684	5,489	24,606	71,497
		Plan 16/17	6,086	6,369	6,402	6,780	5,773	6,934	6,874	6,170	5,741	5,921	5,707	6,387	25,637	75,144
		Actual 16/17	5,889	5,870	6,168	5,624	-	-	-	-	-				23,551	70,653
		Variance	-197	-499	-234	-1156									-2086	- 6,258
		% Variance Vs Plan	-3.2%	-7.8%	-3.7%	-17.1%									-8.1%	-8.3%
		16/17 Actual Growth	4.05%	-0.07%	-8.38%	-11.29%									-4.29%	
EM9	Consultant Led Outpatient Follow Up Attendances (Specific Acute)	Actual 15/16	11,303	10,892	12,067	11,824	9,990	11,738	11,764	11,620	10,418	10,279	10,796	10,752	46,086	133,443
		Plan 16/17	10,755	10,811	11,096	11,594	9,624	11,359	11,103	10,260	9,789	10,455	9,691	11,061	44,256	127,598
		Actual 16/17	10,727	10,858	11,230	10,629	-	-	-	-	-				43,444	130,332
		Variance	-28	47	134	-965									-812	- 2,436
		% Variance Vs Plan	-0.3%	0.4%	1.2%	-8.3%									-1.8%	-1.9%
		16/17 Actual Growth	-5.10%	-0.31%	-6.94%	-10.11%									-5.73%	
EM10	Total Elective Admissions (Spells) (Specific Acute) [Ordinary Electives + Daycases]	Actual 15/16	1,503	1,498	1,674	1,715	1,467	1,703	1,607	1,756	1,461	1,566	1,647	1,541	6,390	19,138
		Plan 16/17	1,637	1,614	1,757	1,848	1,589	1,753	1,743	1,613	1,444	1,616	1,580	1,762	6,856	19,956
		Actual 16/17	1,504	1,409	1,574	1,545	-	-	-	-	-				6,032	18,096
		Variance	-133	-205	-183	-303									-824	- 2,472
		% Variance Vs Plan	-8.1%	-12.7%	-10.4%	-16.4%									-12.0%	-12.4%
		16/17 Actual Growth	0.07%	-5.94%	-5.97%	-9.91%									-5.60%	
EM11	Total Non-Elective Admissions (Spells) (Specific Acute)	Actual 15/16	1,400	1,383	1,454	1,458	1,368	1,377	1,531	1,545	1,594	1,514	1,447	1,493	5,695	17,564
		Plan 16/17	1,415	1,460	1,460	1,537	1,437	1,516	1,635	1,479	1,588	1,486	1,288	1,489	5,872	17,790
		Actual 16/17	1,492	1,539	1,604	1,582	-	-	-	-	-				6,217	18,651
		Variance	77	79	144	45									345	1,035
		% Variance Vs Plan	5.4%	5.4%	9.9%	2.9%									5.9%	5.8%
		16/17 Actual Growth	6.57%	11.28%	10.32%	8.50%									9.17%	
EM12	Total A&E Attendances excluding planned follow ups	Actual 15/16	5,741	6,004	6,031	6,094	5,631	5,775	6,079	6,162	5,983	6,007	6,112	6,766	23,870	72,385
		Plan 16/17	5,697	6,054	6,186	6,213	5,594	6,153	6,164	6,082	6,280	5,583	5,236	6,254	24,150	71,496
		Actual 16/17	5,909	6,403	6,215	6,501	-	-	-	-	-				25,028	75,084
		Variance	212	349	29	288									878	2,634
		% Variance Vs Plan	3.7%	5.8%	0.5%	4.6%									3.6%	3.7%
		16/17 Actual Growth	2.93%	6.65%	3.05%	6.68%									4.85%	

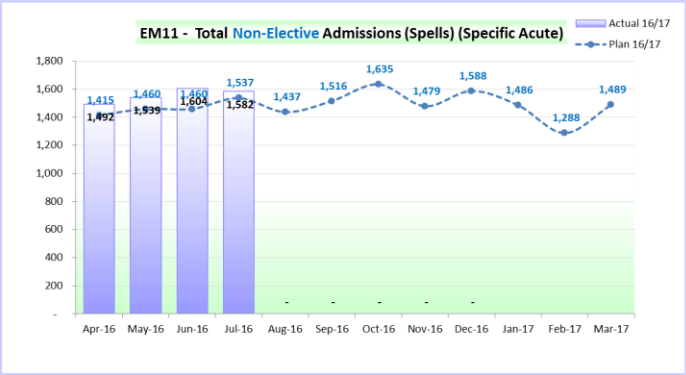
Scorecard: Activity Performance (Month 4)

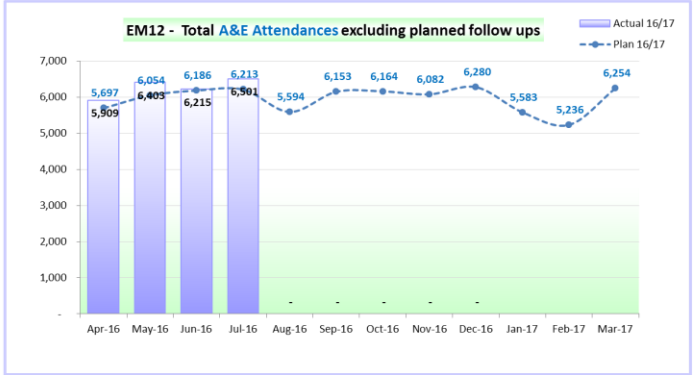












Activity Performance: Variance Commentary

Variance commentary

Referrals **(-6.1%)**
Activity is currently reported as -6.1% below plan for the year. This is an expected direction of travel, and continues a downward trend that began in November 2015. The main driver for this is a reduction in GP referrals; analysis shows that consultant to consultant referrals have remained steady, while we are similarly seeing a consistent level of GP attendances. We are therefore confident and assured that this downturn represents a successful campaign to manage demand for acute services.

Consultant led 1st Outpatient Attendances **(-8.1%)**
For 2016-17 Merton CCG has focussed a significant part of its QIPP and Transformation programmes on mitigating historical growth in demand for planned care. We have so far observed a positive effect over and above what we initially planned to deliver.
We have observed an overall downturn in outpatient activity at all three of our main acute providers. Whilst we are conscious that acute data quality is not perfect, we are confident that the vast majority of this variance against plan is real reduction in activity, and that this positive change is in part due to our work with primary care to mitigate demand.
However we are also conscious that there are significant capacity and operational effectiveness issues declared by St Georges hospital resulting in large backlogs of patients waiting to be seen. This may also be driving some of the underperformance against plan in outpatient activity.

Consultant led Follow-up Outpatient Attendances **(-1.8%)**
In line with our narrative on first outpatient appointments we feel assured that this positive change is due to our work to engage GPs in driving down demand. We are confident that the vast majority of this variance is driven by actual activity, not data. However, we are conscious that St George's outpatient productivity is below expected levels, and this is resulting in underperformance and a build up of a backlog.

Elective Admissions **(-12%)**
Again we feel assured that this is a positive change, in part due to our work to mitigate demand on acute hospitals. We are assured that this variance is due to actual activity rather than data.
Again we are also aware however of a serious productivity issue with St Georges hospital resulting in a significant admitted backlog, which includes just over 500 Merton CCG patients awaiting elective surgery for more than 18 weeks.

Non-elective admissions **(+5.9%)**
Non-elective activity remains above plan. Merton CCG is aware of an increase in the number of short-stay patients admitted as an emergency, particularly at St Georges. CCG colleagues have visited the new Surgical Assessment Unit, and an audit is being planned that will review these patients and explore reasons for the increase with the trust.