

## Merton CCG Balanced Scorecard

Reporting period:	Q1 NHSE	Q2 NHSE	Q3 (CCG Rating)
Are local people getting good quality care?	Amber/Green	Amber/Green	Amber/Green
Are patient rights under the NHS Constitution being promoted?	Amber/Red	Green	Red
Are health outcomes improving for local people?	Green	Green	Amber/Red
Are CCGs commissioning services within their financial allocations?	Amber/Green	Amber/Green	Amber/Red
Are conditions of CCG authorisation being addressed and removed?	Authorised without conditions	Authorised without conditions	Authorised without conditions

## Domain 1

Reporting Period

Domain Rating

Q1 (NHSE Rating)	Q2 (NHSE Rating)	Q3 (CCG Rating)	
Amber/Green	Amber/Green	Amber/Green	

### QUALITY SECTION

CCGs to list up to 5 of their main providers (in exceptional circumstances only, up to 10)

Main providers are defined as those where CCG commissioning constitutes more than 5% of the provider's income.

Providers	Provider 1	Provider 2	Provider 3	Provider 4
Provider Name	ST GEORGE'S HEALTHCARE NHS TRUST	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	THE ROYAL MARSDEN NHS FOUNDATION TRUST
Provider code	RJ7	RVR	RQY	RPY
Please identify the percentage of provider income for CCG:	10	9	8	8
What type of service is commissioned from this provider?	Acute	Acute	MH	Community
Has local provider been subject to local enforcement action by the CQC?	No	No	No	No
Has the provider been flagged as a 'quality compliance risk' by Monitor and/or are requirements in place around breaches of provider licence conditions?	No	No	No	No
Has local provider been subject to enforcement action by the NHS TDA based on 'quality' risk?	No	No	No	No
Does feedback from the Friends and Family test (or any other patient feedback) indicate any causes for concern?	No	No	No	No
Has the provider been identified as a 'negative outlier' on SMHI or HSMR?	No	No	No	No
Do provider level indicators from the National Quality Dashboard show that MRSA cases are above zero?	Yes - Action plan in place	Yes - Action plan in place	No	No
Do provider level indicators from the National Quality Dashboard show that the provider has reported more C difficile cases than trajectory?	No	No	No	No
Do provider level indicators from the National Quality Dashboard show that MSA breaches are above zero?	No	No	No	No
Does provider currently have any unclosed Serious Incidents (SIs)?	No	No	No	No
Has the provider experienced any 'Never Events' during the last quarter?	Yes - Action plan in place	No	No	Yes - Action plan in place

### NHS CONSTITUTION SECTION : Future concerns: (NEW)

Future Concerns	
Do you have any future concerns on any of the measures?	Yes

### OUTCOMES SECTION : please list local priorities in order submitted in the planning round

Local priorities (Self-Certification)	Are you on track to deliver against this local priority?
Local Priority 1	Yes
Local Priority 2	Yes
Local Priority 3	Further development required
Is the CCG progressing as expected in the IAPT trajectory submitted during the planning round?	No

### P and I Indicator (NEW)

Is the CCG on track to be able to deliver the mandate commitment that by 2015 everyone with a long term condition who wants one should have a personalised care plan?	No
Are the CCG's plans on track to meet the statutory duty to deliver personal health budgets to people who receive NHS Continuing Healthcare from April 2014?	Yes

### FINANCE SECTION

Assessment of internal and external audit opinions and on the timeliness and quality of returns	G
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Responses for section 4 are:

No non-satisfactory audit reports in relation to finance related systems and processes and all finance returns submitted on time and of satisfactory quality.	Green	G
One or two non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns sometimes submitted late and/or of a poor quality.	Amber/Green	AG
A number of non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns often submitted late and/or of a poor quality.	Amber/Red	AR
Significant number of non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns consistently submitted late and/or of a poor quality.	Red	R

Domain Rating	
All relevant indicators on track for achievement of Quality Premium	Green
Not all indicators on track for achievement of Quality Premium	Amber/Green
At least one indicator statistically significantly off track for achievement of the Quality Premium	Amber/Red
All indicators statistically significantly off track for achievement of the Quality Premium	Red

Domain 2: Are patient rights under the NHS Constitution being promoted?

Reporting Period

Domain rating:

M1	M2	M3	M4	M5	M6	M7	M8	M9	Q1	Q2	Q3
Green	Green	Red	Green	Amber/Red	Amber/Green	Amber/Red	Amber/Red	Red	A/R	A/G	Red

	Year to Date		Target
	Calculation	Actual	
<b>NHS CONSTITUTION</b>			
<i>Monthly Indicators</i>			
CB_B1: RTT 18 week compliance, admitted patients	Average	92.0% G	90.0%
CB_B2: RTT 18 week compliance, non admitted patients	Average	97.0% G	95.0%
CB_B3: RTT 18 week compliance, incomplete pathways	Most recent	93.1% G	92.0%
CB_B4: Diagnostic test waiting times	Average	98.91% A	99.00%
<b>CB_B5: A and E St. George's</b>	Average	94.8% R	95.0%
<b>CB_B5: A and E Epsom &amp; St. Helier</b>	Average	95.3% G	95.0%
CB_B6: All cancer two week waits	Average	97.8% G	93.0%
CB_B7: Breast symptoms (cancer not initially suspected)	Average	98.1% G	93.0%
CB_B8: Cancer first definitive treatment in 31 days	Average	98.6% G	96.0%
CB_B9: Cancer subsequent treatment 31 days, surgery	Average	95.7% G	94.0%
CB_B10: Cancer subsequent treatment 31 days, drug	Average	100.0% G	98.0%
CB_B11: Cancer subsequent treatment 31 days, radiotherapy	Average	99.0% G	94.0%
CB_B12: Cancer first treatment 62 days, GP referral	Average	86.3% G	85.0%
CB_B13: Cancer first treatment 62 days, screening referral	Average	94.9% G	90.0%
CB_B14: Cancer first treatment 62 days, consultant upgrade	Average	100.0%	
CB_B17: Mixed sex accommodation breach count	Cumulative	12 A	0
CB_B19: Care programme approach follow up in 7 days	Average	96.9% G	95.0%

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Quarter 1	Quarter 2	Quarter 3
92.1% G	93.4% G	92.3% G	92.1% G	93.3% G	91.3% G	92.9% G	90.5% G	90.8% G	92.6% G	92.2% G	91.5% G
96.5% G	97.0% G	98.6% G	97.6% G	97.5% G	97.0% G	96.1% G	96.8% G	96.3% G	97.3% G	97.4% G	96.4% G
95.0% G	95.5% G	95.8% G	95.6% G	94.7% G	94.5% G	93.6% G	93.8% G	93.0% G	95.8% G	94.5% G	93.0% G
99.65% G	99.77% G	99.86% G	99.49% G	98.96% A	98.73% A	99.17% G	99.49% G	97.18% A	99.86% G	98.73% A	97.18% A
93.4% R	96.7% G	96.0% G	94.5% R	95.7% G	94.6% R	93.8% R	93.6% R	94.8% R	95.5% G	95.0% G	94.0% R
94.2% R	95.0% G	96.8% G	96.4% G	94.9% R	94.1% R	96.3% G	95.2% G	94.3% R	95.3% G	95.2% G	95.4% G
98.5% G	97.1% G	97.7% G	97.1% G	97.1% G	97.6% G	98.7% G	98.5% G	98.0% G	97.8% G	97.2% G	98.4% G
90.6% A	100.0% G	100.0% G	97.4% G	96.5% G	98.4% G	100.0% G	100.0% G	98.6% G	97.1% G	97.5% G	99.5% G
96.4% G	100.0% G	100.0% G	98.4% G	98.0% G	100.0% G	96.9% G	100.0% G	98.1% G	98.7% G	98.8% G	97.7% G
100.0% G	91.7% A	87.5% R	90.0% A	100.0% G	100.0% G	100.0% G	100.0% G	87.5% R	93.3% A	96.3% G	97.4% G
100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G
100.0% G	100.0% G	95.7% G	100.0% G	96.4% G	100.0% G	100.0% G	100.0% G	100.0% G	98.4% G	98.6% G	100.0% G
90.9% G	95.8% G	79.2% R	87.1% G	76.2% R	81.5% A	86.7% G	95.2% G	85.2% G	88.6% G	82.5% A	85.5% G
100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	100.0% G	87.5% A	75.0% R	100.0% G	100.0% G	91.3% G
100.0%	100.0%	--	--	100.0%	100.0%	100.0%	--	100.0%			
7 A	3 A	1 A	0 G	0 G	0 G	0 G	0 G	1 A	11 A	0 G	1 A
	95.7%	G		98.5%	G		96.3%	G	95.7% G	98.5% G	96.3% G

Domain RAG Rating	
No indicators red rated	Green
No indicator rated red but future concerns	Amber/Green
One indicator rated red	Amber/Red
Two or more indicators rated red	Red

## Domain 3: Are health outcomes improving for local people?

Reporting Period

Domain Rating:

Indicator
<b>Preventing people from dying prematurely</b>
<i>In Year proxy: NHS Health Checks</i>
Under 75 mortality rate from respiratory disease
<i>In-Year proxy: Smoking Cessation</i>
Under 75 mortality rate from liver disease
<i>In-Year proxy: Emergency admissions for liver disease</i>
Under 75 mortality rate from cancer
<i>In-Year proxy: Bowel cancer Screening</i>
<i>In-Year proxy: Breast cancer Screening</i>
<i>In-Year proxy: Cervical cancer Screening</i>
<b>Enhancing quality of life for people with long term conditions</b>
Health-related quality of life for people with long-term conditions
<i>In-Year proxy: No of people accessing expert patient programmes</i>
Proportion of people feeling supported to manage their condition
<i>In-Year proxy: patient education programmes/groups (DESMOND activity?)</i>
*Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
*Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
<b>Helping people to recover from episodes of ill health or following injury</b>
admission
Emergency readmissions within 30 days of discharge from hospital
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)
<b>Ensuring that people have a positive experience of care</b>
Friends and family test: Are providers meeting 15% response rate?
St.George's combined FFT Score
Epsom & St. Helier's combined FFT Score
Royal Marsden combined FFT Score
<b>Treating and caring for people in a safe environment and protecting them from avoidable harm</b>
Incidence of healthcare associated infection (HCAI) i) MRSA
Incidence of healthcare associated infection (HCAI) ii) C.difficile
<b>Local Priorities</b>
1.) <b>Reablement:</b> New pathway to support recovery and independence after illness or injury. Linked to integrated services and reduction of admissions.

2.) **COPD:** Reduce premature mortality from COPD by better diagnosis and treatment; reduce the gap between recorded and expected prevalence by 10% from 0.4 to 0.44% as a CCG overall total moving the 11 practices towards the target by coding review, recurrent admissions on register and increased screening of smokers

### 3.) Immunisation

Increasing immunisation uptake by 4% on: DTaP/IPV/HiB (90.2% at Q3 12/13)

MMR (82.8% at Q3 12/13) and

PCV (89.3% at Q3 12/13).

### Domain Rating

All relevant indicators on track for achievement of Quality Premium

Not all indicators on track for achievement of Quality Premium

At least one indicator statistically significantly off track for achievement of the Quality Premium

All indicators statistically significantly off track for achievement of the Quality Premium

	M1 (CCG Rating)	M2 (CCG Rating)	M3 (CCG Rating)	M4 (CCG Rating)
	Green/Amber	Green/Amber	Green/Amber	Green/Amber

Quality Premium	Apr		May		Jun		Jul
12.5%							
	3	A	3	A	3	A	5
	Nov-12		Dec-12		Jan-13		Feb-13
	51%	A	49.90%	R	50.30%	A	50.20%
	65.80%	R	65%	R	64.90%	R	65.40%
68.80%	R	70.60%	A	68.40%	R	68.40%	
25.0%							
	75	G	102	G	66	G	119
	79	G	93	G	63	G	65
	9	A	10	R	6	G	5
	169	R	144	R	142	R	146
7	G	7	G	7	G	8	
12.5%							
		G		G		A	
		R		G		G	
	G		G		A		
12.5%	0	G	0	G	0	G	0
	1	G	4	R	2	G	3
12.5%	Project development		Project development		Project development		Project development

<b>12.5%</b>	Not Commenced		Not Commenced		Project plan development		Project in
<b>12.5%</b>							

Green
Amber/Green
Amber/Red
Red

Rating)	M5 (CCG Rating)	M6	M7	M8
Amber	Amber/Red	Green/Amber	Green/Amber	Green/Amber

	Aug		Sep		Oct		Nov	
R	6	R	1	G	2	G	2	G
	Mar-13		Apr-13		May-13		Jun-13	
A	50.50%	A	49.40%	R	49.20%	R	48.80%	R
R	65.50%	R	66%	R	65.80%	R	65.40%	R
R	73.30%	A	73%	A	68.80%	R	68.90%	R
G	56	G	89	G	72	G	36	G
G	74	G	93	G	93	G	70	G
G	2	G	15	R	18	R	14	R
R	107	G	127	G	157	R	136	A
G	5	G	7	G	5	G	24	R
A		G		A		A		G
A		G		A		A		G
A		G		A		A		A
G	0	G	0	G	1	R	2	R
G	3	G	2	G	2	G	1	G
Project development	Project development		Project implementation		4		4	





M9
Amber/Red

Q1 (NHSE Rating)	Q2 (NHS E Rating)	CCG ra
Green	Green	Amber

Dec	
3	A
Jul-13	
48.59%	R
66.10%	R
66.94%	R
134	G
85	G
15	R
145	R
61	R
	G
	A
	A
0	G
4	R
5	

Quarter 1		Quarter 2		Quar
58.6%	G	46.1%	R	60.5%
108	R	90	R	
		15	G	18
243	G	264	G	242
235	G	232	G	248
25	G	22	G	47
455	R	380	G	438
21	G	20	G	90
	R		A	
			A	
			A	
			A	
0	G	0	G	2
7	G	15	G	8
Project development		Project initiation		13

0.438		Not Commenced		Project development		0.41	
		<b>Q1 2013/14</b>		<b>Q2 2013/14</b>		<b>Q3 2013/14</b>	
		86.19%	R	83.66%	R	88.00%	
		85.55%	A	82.38%	R	84.08%	
		68.29%	R	81.45%	R	84.00%	

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/Red

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G
G
G
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R
R
R
A
R
G
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R
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3

YTD	
54.3%	A
198	R
28	A
33	G
749	G
715	G
94	R
1273	R
131	R
	G
	G
	G
	G
2	R
18	G

38
13/14
R
R
R

Q3 2013/14	

### Domain 4 - Are CCGs commissioning services within their financial allocations?

Reporting Period	M1	M2	M3	M4	M5	M6	M7	M8	M9
Domain rating	G	A/G	G	G	A/G	A/G	A/G	A/G	A/R
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Financial performance											
No	Indicator										
1	Underlying recurrent surplus						AG	AG	AG	AG	
2	Surplus - year to date performance	N/A	R	G	G	G	G	G	G	G	
3	Surplus - full year forecast	G	G	G	G	G	G	G	G	G	
4	Management of 2% NR funds within agreed processes	G	G	G	G	G	G	G	G	R	
5	QIPP** - year to date delivery	N/A	N/A	AG	G	AG	AR	AG	AG	AG	
6	QIPP** - full year forecast	N/A	G	G	G	AG	AG	AG	AG	AG	
7	Activity trends - year to date										
8	Activity trends - full year forecast										
9	Running costs	G	G	G	G	G	G	G	G	G	
10	Clear identification of risks against financial delivery and mitigation	G	G	G	G	G	G	G	G	G	

\*\*QIPP to include transactional and transformational schemes

Financial performance										
No	Indicator									
11	This covers Internal and external audit opinions, and an assessment of the timeliness and quality of returns	G	G	G	G	G	G	G	G	G
12	Balance sheet indicators including case management and BPCC									

Over-riding rule: Qualified audit opinion would lead to an overall RED rating

Domain Rating, subject to over-riding rule	
Green	No indicators rated Red
Amber/Green	<= primary indicator are amber-red
Amber/Red	One indicator rated Red or >3 are amber-red
Red	Two or more red primary indicators would lead to an overall