

Southport & Formby Clinical Commissioning Group

Integrated Performance Report
September 2016

Contents

1. Executive Summary	5
2. Financial Position.....	10
2.1 Summary	10
2.2 Resource Allocation.....	10
2.3 Financial Position and forecast	11
2.4 QIPP and Transformation Fund	12
2.5 CCG Running Costs	13
2.6 CCG Cash Position.....	14
2.7 Evaluation of risks and opportunities.....	14
2.8 Reserves budgets / Risk adjusted surplus	15
2.9 Recommendations.....	17
3. Planned Care.....	18
3.1 Referrals by source.....	18
3.2 Diagnostic Test Waiting Times.....	20
3.3 Referral to Treatment Performance.....	20
3.3.1 Incomplete Pathway Waiting Times	20
3.3.2 Long Waiters analysis: Top 5 Providers	21
3.3.3 Long waiters analysis: Top 2 Providers split by Specialty	21
3.3.4 Provider assurance for long waiters	22
3.1 Cancelled Operations	23
3.1.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days.....	23
3.1.2 No urgent operation to be cancelled for a 2nd time.....	23
3.2 Cancer Indicators Performance	23
3.2.1 - Two Week Waiting Time Performance.....	23
3.2.2 - 31 Day Cancer Waiting Time Performance	24
3.2.3 - 62 Day Cancer Waiting Time Performance	25
3.3 Patient Experience of Planned Care	27
3.4 Planned Care Activity & Finance, All Providers	27
3.4.1 Planned Care Southport and Ormskirk NHS Trust	28
3.4.2 Southport & Ormskirk Hospital Key Issues.....	28
3.4.3 Renacres Hospital	29
4. Unplanned Care.....	29
4.1 Accident & Emergency Performance	29
4.2 Ambulance Service Performance.....	30

4.3	Unplanned Care Quality Indicators	32
4.3.1	Stroke and TIA Performance.....	32
4.3.2	Mixed Sex Accommodation.....	32
4.3.3	Healthcare associated infections (HCAI).....	32
4.3.4	Mortality.....	33
4.4	CCG Serious Incident Management.....	33
4.5	Delayed Transfers of Care.....	34
4.6	Patient Experience of Unplanned Care	35
4.7	Unplanned Care Activity & Finance, All Providers.....	36
4.8	All Providers	36
4.9	Southport and Ormskirk Hospital NHS Trust.....	36
5.	Mental Health.....	37
5.1	Mersey Care NHS Trust Contract	37
5.1.1	Key Mental Health Performance Indicators	38
5.1.2	Mental Health Contract Quality Overview.....	39
5.2	Improving Access to Psychological Therapies	39
5.2.1	Improving Access to Psychological Therapies Contract Quality Overview	41
5.3	Dementia	42
6.	Community Health	42
6.1	Southport and Ormskirk Trust Community Services.....	42
6.1.1	Any Qualified Provider	43
6.2	Liverpool Community Health Contract.....	43
6.2.1	Patient DNA's and Provider Cancellations	43
6.2.2	Liverpool Community Health Quality Overview	44
6.2.3	Waiting Times.....	44
6.3	Any Qualified Provider LCH Podiatry Contract.....	44
7.	Third Sector Contracts	44
8.	Primary Care.....	45
8.1	Primary Care Dashboard progress.....	45
8.2	CQC Inspections.....	46
9.	Better Care Fund	49
10.	CCG Improvement & Assessment Framework (IAF)	49
10.1	Background	49
10.1	Q2 Improvement & Assessment Framework Dashboard.....	50

List of Tables and Graphs

Figure 1 – Financial Dashboard	10
Figure 2 – Forecast Outturn	11
Figure 3 – RAG rated QIPP plan	12
Figure 4 – Phased QIPP plan for the 2016/17 year	13
Figure 5 – QIPP performance at month 7	13
Figure 6 – Summary of Financial Position	15
Figure 7 – Referrals by Source across all providers for 2015/16 & 2016/17	18
Figure 8 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17	19
Figure 9 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting	20
Figure 10 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers	21
Figure 11 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust	21
Figure 12 - Patients waiting (in bands) on incomplete pathway for Aintree University Hospital NHS Foundation Trust	22
Figure 13 - Planned Care - All Providers	28
Figure 14 - Planned Care – Southport and Ormskirk NHS Trust by POD	28
Figure 15 - Planned Care - Renacres Hospital by POD	29
Figure 16 - Month 6 Unplanned Care – All Providers	36
Figure 17 - Month 6 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD	36
Figure 18 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity	37
Figure 19 - CPA – Percentage of People under CPA followed up within 7 days of discharge	38
Figure 20 - CPA Follow up 2 days (48 hours) for higher risk groups	38
Figure 21 - Figure 16 EIP 2 week waits	38
Figure 22 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)	39

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 6 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)	Red	SORM
Ambulance Category A Calls (Red 1)	Red	NWAS
Cancer 2 Week GP Referral	Green	SORM
RTT 18 Week Incomplete Pathway	Green	SORM
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)	Red	SORM
Ambulance Category A Calls (Red 2)	Red	NWAS
Ambulance Category 19 transportation	Red	NWAS
Cancer 14 Day Breast Symptom	Red	SORM
Cancer 31 Day First Treatment	Green	SORM
Cancer 31 Day Subsequent - Drug	Green	SORM
Cancer 31 Day Subsequent - Surgery	Green	SORM
Cancer 31 Day Subsequent - Radiotherapy	Green	SORM
Cancer 62 Day Standard	Red	SORM
Cancer 62 Day Screening	Green	SORM
Cancer 62 Day Consultant Upgrade	Green	SORM
Diagnostic Test Waiting Time	Green	SORM
HCAI - C.Diff	Green	SORM
HCAI - MRSA	Red	SORM
IAPT Access - Roll Out	Red	SORM
IAPT - Recovery Rate	Green	SORM
Mixed Sex Accommodation	Green	SORM
RTT 18 Week Incomplete Pathway	Green	SORM
RTT 52+ week waiters	Green	SORM
Stroke 90% time on stroke unit	Green	SORM
Stroke who experience TIA	Green	SORM

Key information from this report

Financial position

The forecast outturn after the application of reserves is a deficit of £7.000m against a planned deficit of £4.000m. The financial position on operational budgets as at Month 7 is an overspend of £1.720m and the forecast for the year an overspend of £2.487m. The majority of the cost pressures relate to over performance within the acute provider contracts, independent sector and prescribing as well as the cost increases for Funded Nursing Care and Continuing Healthcare. The value of QIPP savings delivered at the end of Month 7 is £3.812m. At this stage the CCG needs to deliver a further £8.657m in year, in order to achieve the forecast position of £7.000m deficit. It should be noted that the CCG is forecasting delivery of a total £7.247m worth of QIPP savings (risk adjusted plan) compared with £8.782m reported in the opening plan. This would equate to 82% delivery of its QIPP plan in year. There is a significant risk of delivery on the remaining plan with a high proportion of schemes rated red or amber and an increased target over the later months in the financial year. The CCG and scheme leads in particular must work to provide further assurance regarding the delivery of schemes in order to deliver the agreed financial plan.

Planned Care

Referrals for the year to date at month 6 (September) are slightly above 2015/16 levels for the same period (+2%). Broken down by referral source, GP referrals are 0.6% above, consultant to consultant referrals are 3.7% above and Other referrals are 11.8% above 2015/16 levels. A referral management scheme started on 1st October in Southport & Formby CCG.

Diagnostic wait time performance improved for the CCG in September after failing the previous month. Southport & Ormskirk are still achieving against the 99% target.

The CCG has achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in September with a performance of 95.83% but are failing YTD with a performance of 91.89% due to previous months breaches. The reasons for the 2 patients who breached in September were that the patients were unavailable. Year to date out of 259 patients there have been 21 breaches.

The CCG failed the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in September with a performance of 83.33% and are failing year to date hitting 83.04%. In September 36 patients were seen 6 breaching the 62 day standard. For the same measure Southport & Ormskirk failed the target of 85% in September recording 80.7%, the previous months are still impacting on the YTD position of 84.01%. In September, 8 breaches occurred out of a total of 41.5 patients. Failing specialities were urology, colorectal, gynaecology, haematology, head and neck. The dominant theme remains lack of radiology capacity for interventional procedures and reporting. There are 2 radiologist vacancies and the Trust is considering a business case for a further 4 posts but recruitment remains a difficulty. Plans are being developed to work with provider partners across the Local Delivery System (LDS) of the Sustainability and Transformation Plan (STP) footprint for improved utilisation of radiology resources. The Trust is also strengthening its policy for transfer between tumour types so that patients are seen within 7 days for the second tumour site.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family Test response rate, % recommended and % not recommended for inpatients. The Trust has seen a minimal increase in response rates for inpatients compared to the previous

month. The percentage of patients that would recommend the inpatient service in the trust has decreased compared to the previous month and is still below the England average. The percentage of people who would not recommend the inpatient service has increased since previous month and is above the England average.

Performance at Month 6 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £225k/1%. This is predominantly caused by Renacres Hospitals who are showing an over performance of 276k/13%. Over performance can also be seen at Wrightington Wigan and Leigh who are reporting a cost variance of £188k/48% as well as Aintree Hospital at 124k/6%.

If current issues remain and performance doesn't improve it is likely the Trust will begin to fail the RTT incomplete target in the coming months.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for September was 91.5% despite an 8% increase in attendances at SDGH and again exceeded the trajectory agreed with NHSI. Work in the Urgent Care Improvement Board remains ongoing. October performance to date is also in line with the agreed trajectory. The Trust continues to participate in the A&E Improvement Collaborative facilitated by NHSI, and the Emergency Care Improvement Team (ECIP) will be undertaking a full system review w/c 7 November 2016 to identify further areas of improvement.

Southport & Formby CCG failed to achieve all 3 ambulance indicators year to date. September saw an average handover time of 21 minutes across the month. The Trust continues to make sustainable improvements in handover performance. The approval to increase the A&E nursing establishment will contribute significantly towards this as some of the additional resources will support triage and ambulance arrival processes. Exit blocks out of the hospital continue to cause operational difficulties, resulting in bottlenecks in the ED and delays in timely release of cubicle capacity.

Southport & Ormskirk Stroke performance in September again saw some improvement with 64.5% of stroke patients discharged during the month of September having spent 90% of their time on the stroke ward (60% in August). A Stroke action plan has been devised reviewing potential to reconfigure a bay on the unit into 4 side rooms which would minimise the impact of male / female demand as patients could be appropriately managed in side rooms. There has also been a change in pathway and patients now go direct to the Acute Stroke Unit up to 8pm in the evening from the Emergency Department with the support of the Specialist Stroke Nurse.

There were 4 reportable cases for TIA for the month of September with only 1 compliant resulting in performance of 25%. 2 were not TIA's when seen in clinic. The pathway has been discussed at the Operational Stroke Group and is under review to incorporate Specialist Stroke Nurses offering some support in increase capacity available to address TIA performance.

After achieving last month both the CCG and Southport & Ormskirk failed the Mixed Sex Accommodation measure. The CCG had 2 mixed sex breaches these breaches were at Southport & Ormskirk. Southport & Ormskirk had 3 mixed sex breaches, 2 for Southport & Formby CCG and 1 for West Lancs CCG.

One new case of C diff was attributed to the CCG in September, reported by Southport & Ormskirk Hospital Trust (actual 19/ plan 19). Year to date the Trust has had 12 cases (4 upheld), against a

plan of 18, so is under plan. The CCG is also liaising across with the link Infection Prevention Control Matron to review the community attributed C.diff cases for Southport & Ormskirk ICO.

No new cases have been reported of MRSA in September there remains 1 case of MRSA was reported in August. A PIR was held and the conclusion of the meeting was to test the current PHS assignment process by assigning this as a third party incident due to the unique nature of the case.

In month 6 there were 5 serious incidents raised on StEIS for Southport and Formby CCG patients of which there were 3 from Southport and Ormskirk Hospitals NHS Trust (S&O) and 2 from MerseyCare NHS Foundation Trust. Year to date there have been 30 serious incidents for the CCG.

Delayed Transfers of Care (DTCOC's) increased to 4 during September 2016 from 3 in August (25%). The 4 delays were for awaiting residential care home placement, awaiting care package in own home, community equipment and patient or family choice. Analysis of delays in September 2016 compared to September 2015 illustrates a 55.6% decrease in the number of patients waiting, September 2015 saw 7 patients waiting for reasons of patient or family choice. The CCG Acute Care Commissioning Lead participates in the weekly system wide teleconference to review of DTCOC's, with participation from the acute Trust, Local Authorities and CCG's. This group assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care. Further plans to support the reduction of delayed transfers of care are being discussed within the CCG and include a comprehensive review of at least one DTCOC each week with the aim of identifying key points of learning and improve future systems and processes.

Response rates to the A&E element of the Friends & Family Test have declined in September (1.1%) after seeing an improvement in August (5%). September saw a dip in the percentage of people who would recommend the service to 80% which is lower than the England average (87%). Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG) agenda. An action plan has been developed by the trust, for which the Director of Nursing is accountable. There has been a delay in launching this action plan as the Trust have been waiting for their new Director of Nursing to commence in post. This action plan seeks to address the areas of poor performance. A trust presentation of their Patient Experience Strategy and FFT update is planned for January CQPG.

Performance at Month 6 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £876k/5% which is driven by Southport & Ormskirk Hospital who are reporting a £620k overspend. The CCG continue to challenge the Trust and are investigating further, an initial response from the Trust has been that the activity in 2015/16 was below plan and when the contract for 2016/17 was agreed the activity plan did not include any additional growth due to CCG QIPP schemes.

Mental Health

The Early Intervention in Psychosis (EIP) service is in the process of recruiting additional staff as per the business case that was agreed in April 2016 and it is anticipated that as staff come on stream that performance will improve. All additional staff will be in place by January 2017.

A number of mental health related 12 hour breaches have occurred in Southport & Ormskirk AED the CCG are working with MerseyCare and the Trust to better understand the interface issues between both organisations and Lancashire Care NHS Foundation Trust.

The IAPT provider (Cheshire & Wirral Partnership) reported 150 Southport & Formby patients entering treatment in month 6, a further decrease from the previous month. The access standard Current activity levels provide a forecast outturn of 11.1% against the 15% access standard.

Referrals to IAPT saw an increase in month 6 to 223 (from 208 in month 5) with 61% being self-referrals. Marketing work is being carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals have also been low with 52 reported in month 6 (against a monthly average of 102 in 2015/16). Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people using the IAPT service and moving to recovery was 34.9% in month 6, which is below the minimum standard of 50%. A forecast outturn at month 6 gives a year end position of 47.2% which would fail to meet the minimum standard and is lower than the year-end position of 2015/16 (47.9%).

Support and advice has been received from the National Intensive Support Team. The recommendations made around the IAPT hidden waits and the long waiters have been taken on board. The CCG is working closely with the Provider to gain more information and analysis around these areas which will aim to bring about improvements.

Dementia diagnosis rates continue to further improve and now stand at 72% - above the year-end target of 67%.

Community Health Services

Since Southport & Ormskirk ICO shifted IT systems from IPM to EMIS, reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of issues and is continuing to work through them service by service but all services have now gone live on the new system. At the latest Information Sub Group meeting the Trust presented a waiting times report which highlighted the extent of the current data quality issues since the system switch over. The Trust will continue to provide the waiting times report monthly and highlight the services where the data quality has been corrected for the CCG to monitor. The report highlights issues in Phlebotomy and Treatment Rooms with waiting times increasing over recent weeks. The Trust continues to monitor this and update the CCG.

Primary Care

The latest Southport & Formby practices to receive CQC inspection results were The Village Surgery in Formby with a "good" rating, Marshside Surgery with a "good" rating and Kew Surgery with an "inadequate" rating, these ratings were received in November 2016.

Better Care Fund

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work has been undertaken to further develop these plans for implementation. In the meantime we have prepared a Quarter 2 performance report to NHSE for submission on 22nd November 2016.

2. Financial Position

2.1 Summary

This report focuses on the Month 7 financial performance for Southport and Formby CCG as at 31 October 2016 (Month 7).

The forecast outturn after the application of reserves is a deficit of £7.000m against a planned deficit of £4.000m. The revised forecast incorporates known risks and has been amended following agreement with NHS England. Achievement of this position is subject to delivery of the remaining risk adjusted QIPP programme plus delivery of further efficiencies.

The financial position on operational budgets as at Month 7 is an overspend of £1.720m and the forecast for the year an overspend of £2.487m. The majority of the cost pressure relates to over performance within the acute provider contracts, independent sector and prescribing as well as the cost increases for Funded Nursing Care and Continuing Healthcare.

The value of QIPP savings delivered at the end of Month 7 is £3.812m. At this stage the CCG needs to deliver a further £8.657m in year, in order to achieve the forecast position of £7.000m deficit.

It should be noted that the CCG is forecasting delivery of a total £7.247m worth of QIPP savings (risk adjusted plan) compared with £8.782m reported in the opening plan. This would equate to 82% delivery of its QIPP plan in year.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rules	1% Surplus	×	×
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Reserve	✓	✓
Surplus	Financial Surplus / (Deficit)	(£7.000m)	(£7.000m)
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£3.812m	£3.547m
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

2.2 Resource Allocation

Additional allocations have been received in Month 7 as follows:

- Avoiding Unplanned Admissions (Directed Enhanced Service) - £0.353m
- CYP Local Transformation Mental Health - £0.030m

These are non-recurrent allocations which will be fully utilised during the financial year.

The allocation for avoiding unplanned admissions is included within the Primary Care budget and forms part of the Local Quality Contract.

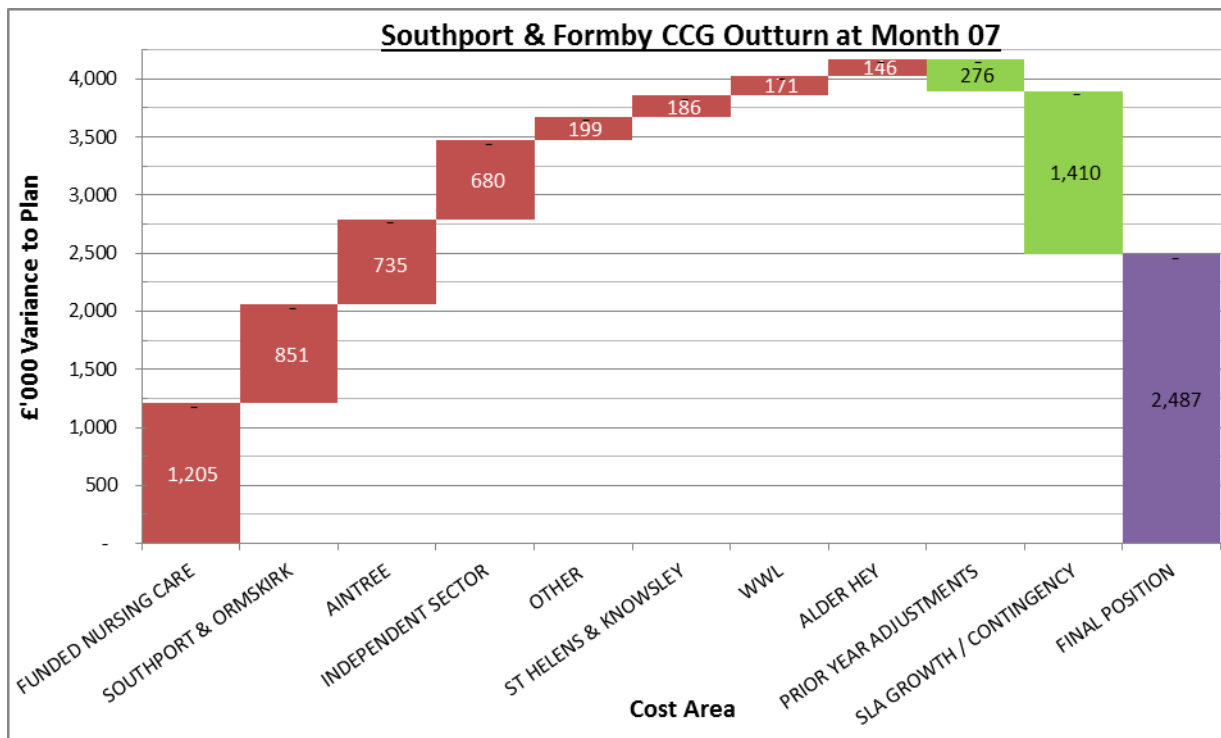
2.3 Financial Position and forecast

The main financial pressures included within the financial position are shown below in figure 2 which presents the CCGs forecast outturn position for the year.

The majority of the forecasted overspend is within acute commissioning contracts, funded nursing care, and pressure in independent sector budgets. A proportion of this overspend has been mitigated by the CCG contingency and growth reserves included in the original financial plan totalling £1.410m.

It should be noted that whilst the financial report is up to the end of October 2016, the CCG has based its reported position on the latest information received from Acute and Independent providers up to the end of September 2016 and extrapolated to October.

Figure 2 – Forecast Outturn



Prescribing / High Cost Drugs

There is a year-to-date overspend of £0.207m after QIPP savings of £0.221m. The year-end forecast of £0.089m overspend is lower due to the expected phasing of the spend and incorporates the current forecast against the revised budget. The overspend is mainly due to lower than anticipated rebate income against the 2015/16 year end forecast.

The achievement of a breakeven position is dependent on delivery of in-year efficiencies in addition to the QIPP plan agreed. Some cost reductions are being realised in the year-to-date expenditure and forecast, as QIPP efficiencies are achieved, the associated budget will be transferred to the QIPP plan.

Continuing Health Care and Funded Nursing Care

The month 7 position for the continuing care budget is a £0.423m overspend, this position reflects the current number of patients, average package costs and an expected uplift to providers of 1.1% until the end of the financial year. The full year forecast has been calculated at £1.016m, which includes the £1.205m Funded Nursing Care cost pressure due to price increases.

This also incorporates the increased cost relating to the Continuing Health Care price increase agreed by the Governing Body in October. This is predicted to be a maximum of £0.125m for 2016/17.

Year-to-date QIPP savings of £1.400m have been actioned including the element relating to the additional growth budget of 5% included at budget setting and additional efficiencies relating to prior year adjustments. The forecast outturn position has been adjusted to reflect this for the purposes of the report.

2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is £12.469m in total, which has been increased during the year to reflect the increased pressures in operational budgets.

Figure 3 shows a summary of the current risk rated QIPP plan. This demonstrates that although recurrently there are a significant number of schemes in place, further work is required to move red and amber rated schemes to green rated schemes. The plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the QIPP committee.

Figure 3 – RAG rated QIPP plan

2016/17 QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	(3,727)	(318)	(4,045)	(1,592)	(930)	(1,523)	(4,045)
Medicines optimisation plan	(1,153)	0	(1,153)	(1,110)	0	(43)	(1,153)
CHC/FNC plan	(1,044)	(400)	(1,444)	(1,400)	(44)	0	(1,444)
Discretionary spend plan	(781)	(3,909)	(4,690)	(2,145)	(740)	(1,805)	(4,690)
Urgent Care system redesign plan	(1,137)	0	(1,137)	0	(287)	(850)	(1,137)
Total QIPP Plan	(7,842)	(4,627)	(12,469)	(6,247)	(2,001)	(4,221)	(12,469)
Risk rated QIPP plan				(6,247)	(1,001)	0	(7,247)

As shown in Figure 4 and 5 below, below, £3.812m QIPP savings have already been actioned at Month 7 against a phased plan of £5.308m.

Figure 4 – Phased QIPP plan for the 2016/17 year

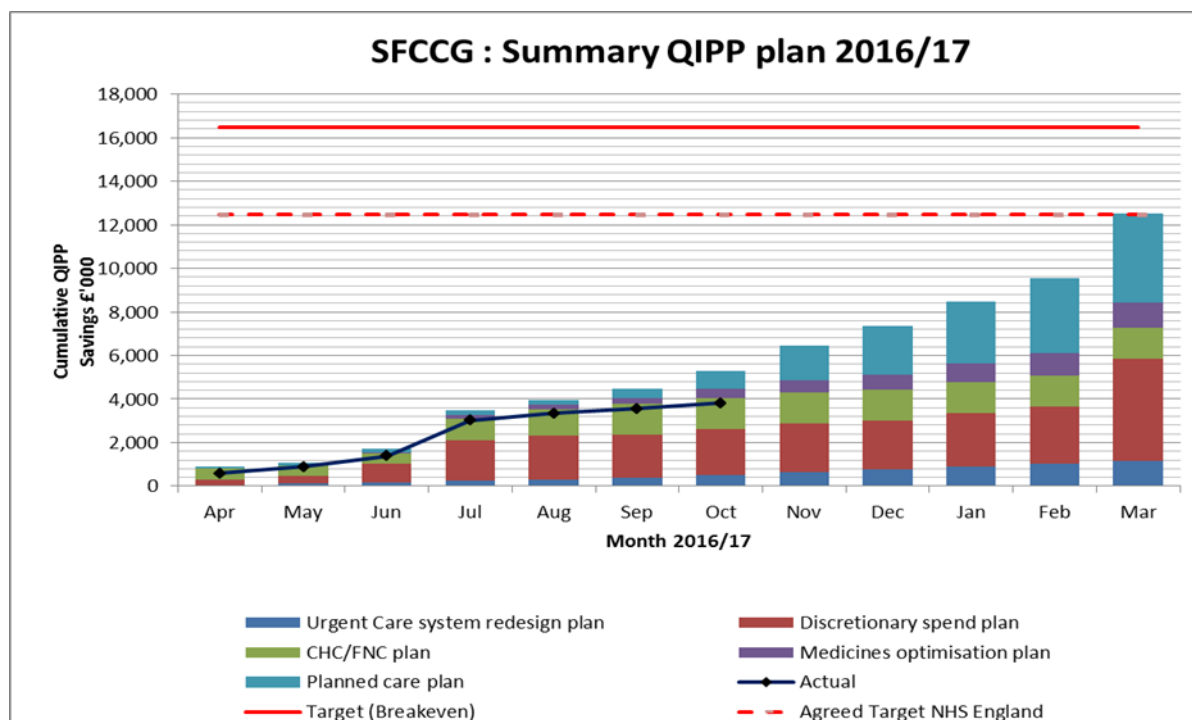


Figure 5 – QIPP performance at month 7

Scheme	Current month (M7)						
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance	
Planned care plan	451	0	(451)	854	50	(804)	●
Medicines optimisation plan	147	124	(23)	416	221	(195)	●
CHC/FNC Plan	0	0	0	1,400	1,400	0	●
Discretionary spend plan	141	141	0	2,141	2,141	0	●
Urgent Care system redesign	118	0	(118)	498	0	(498)	●
Total	857	265	(592)	5,308	3,812	(1,497)	

QIPP delivery is £1.497m below plan at Month 7. There is a significant risk of delivery on the remaining plan with a high proportion of schemes rated red or amber and an increased target over the later months in the financial year. The CCG and scheme leads in particular must work to provide further assurance regarding the delivery of schemes in order to deliver the agreed financial plan.

2.5 CCG Running Costs

The running cost allocation for the CCG is £2.618m and the CCG must not exceed this allocation in the financial year.

The current year outturn position for the running cost budget is an underspend of £0.140m of which, the majority relates to prior year adjustments. There is a small contingency budget within running costs which has been actioned in year as part of the QIPP plan.

2.6 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash an organisation can utilise in each financial year. The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year and is made up of:

- Total Agreed Allocation
- Opening Cash Balance (i.e. at 1st April 2016)
- Opening creditor balances less closing creditor balances

Cash is held centrally at NHS England and is allocated monthly to CCGs following notification of cash requirements.

As well as managing the financial position, organisations must manage their cash position. The monthly cash requested should cover expenditure commitments as they fall due and the annual cash requested should not exceed the maximum cash drawdown limit.

Month 7 position

The Maximum Cash Drawdown (MCD) limit for Southport & Formby CCG for 2016/17 is £185.119m. Up to Month 7, the actual cash received is £109.084m (58.9% of MCD) against a target of £107.986m (58.3% of MCD).

At Month 7, the forecast financial position is a planned £7.000m deficit. The delivery of the planned deficit is reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG may not have sufficient cash to meet expenditure requirements for the financial year.

The CCGs primary focus is to reduce expenditure in year to achieve the planned deficit of £7.000m. If expenditure levels continue and the CCG does not achieve the planned QIPP targets to deliver the planned surplus of £7.000m, the CCG will need to develop plans to manage the additional cash requirement.

A full year cash flow forecast, based on information available at month 7. This estimates a cash shortfall of £3.850m. NHS England has been notified of this estimated cash shortfall as part of the month 7 MCD cash submission. This submission requests an additional cash allocation however it cannot be guaranteed.

2.7 Evaluation of risks and opportunities

The primary financial risks for the CCG continue to be non-delivery of the QIPP target in the year and increased performance within acute care.

QIPP

There are still a significant number of QIPP programmes that are currently rated as 'Red' or 'Amber' and work is underway to provide the required levels of assurance to change these schemes to 'Green'. Failure to do this will mean the CCG will not achieve the forecast deficit. Overall management of the QIPP programme is being monitored by the QIPP committee.

Acute Contracts

The CCG has experienced significant growth in acute care year on year and if this continues the CCG will not achieve against the financial plan. The year-to-date performance is particularly high

and further actions are required to mitigate further over performance and maintain the financial recovery trajectory for the financial year.

All members of the CCG have a role to play in managing this risk including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken.

Actions to mitigate the risk of further over performance are currently being implemented and include:

- Implementation of contract challenges for data validation and application of penalties for performance breaches.
- Scrutiny and challenge of all activity over performance and other areas of contested activity.
- Implementation of a robust referral management process, which will ensure adherence to the CCGs existing policies for procedures of limited clinical value.

Other risks that require ongoing monitoring and managing include:

- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up one of the biggest QIPP programmes for 2016/17. The monthly expenditure and forecast will need to be monitored closely as QIPP schemes continue to be delivered.
- CHC/FNC – There are increasing financial pressures within the care home economy, primarily arising from recent mandated wage increases in line with the National Minimum wage. The Governing Body agreed in October to offer a further increase in rates to providers in line with other local commissioners including the council. This increase will cost a maximum of £0.125m in 2016/17 and is included within 'other risks'.

2.8 Reserves budgets / Risk adjusted surplus

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. Each month, the reserves and risks are analysed against the forecast financial performance and QIPP delivery.

The assessment of the financial position is set out in figure 6. This demonstrates that the CCG needs to deliver a total management action plan of £9.469m in 2016/17 in order to achieve the revised forecast deficit of £7.000m.

Figure 6 – Summary of Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Planned Deficit	0.000	(4.000)	(4.000)
QIPP Target	(10.841)	0.859	(9.982)
Revised surplus / (deficit)	(10.841)	(3.141)	(13.982)
Forecast Outturn (against operational budgets)	(0.461)	(0.821)	(1.282)
FNC Cost Pressure	(1.205)	0.000	(1.205)
Committed Reserve Budgets	(1.163)	1.163	0.000
Management action plan			
Actioned QIPP to date	1.978	1.834	3.812
Deliver on remaining QIPP plan	5.864	2.793	8.657
Total Management Action plan required	7.842	4.627	12.469
Revision to planned deficit	0.000	(3.000)	(3.000)
Forecast Surplus / (deficit)	(5.828)	(1.172)	(7.000)

Figure 7 outlines the Best, Most likely and Worst Case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan, plus mitigations of £1.000m and additional QIPP delivery of £1.347m. The most likely case assumes the additional QIPP of £1.347m is not achieved.

The worst case assumes only QIPP schemes rated Green in the current plan will be delivered for the remainder of the financial year.

Figure 7 – Risk Rated Financial Position

Southport and Formby	Best Case £m	Most Likely £m	Worst Case £m
Management Action Plan required (to deliver planned deficit)	(12.469)	(12.469)	(12.469)
QIPP achieved to date	3.812	3.812	3.812
Remaining QIPP requirement	(8.657)	(8.657)	(8.657)
Predicted QIPP achievement (M8-12)	3.435	3.435	2.435
Planned Deficit	(4.000)	(4.000)	(4.000)
Forecast Surplus / (Deficit)	(9.222)	(9.222)	(10.222)
Further Risk	(0.125)	(0.125)	(0.125)
Management Action Plan			
Mitigation	1.000	1.000	
Further QIPP delivery	1.347	-	-
Risk adjusted Surplus / (Deficit)	(7.000)	(8.347)	(10.347)

2.9 Recommendations

The Finance and Resource Committee is asked to receive the finance update, noting that:

- The CCG is currently forecasting a deficit of £7.000m against a planned deficit of £4.000m as its best case scenario. The likely case scenario indicates that the CCGs projected deficit will be £8.347m unless it can deliver further QIPP efficiencies.
- Despite remaining on target to deliver 82% of the original plan, additional pressures have emerged during the year, which require further QIPP savings for mitigation.
- The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

3. Planned Care

3.1 Referrals by source

Figure 7 – Referrals by Source across all providers for 2015/16 & 2016/17

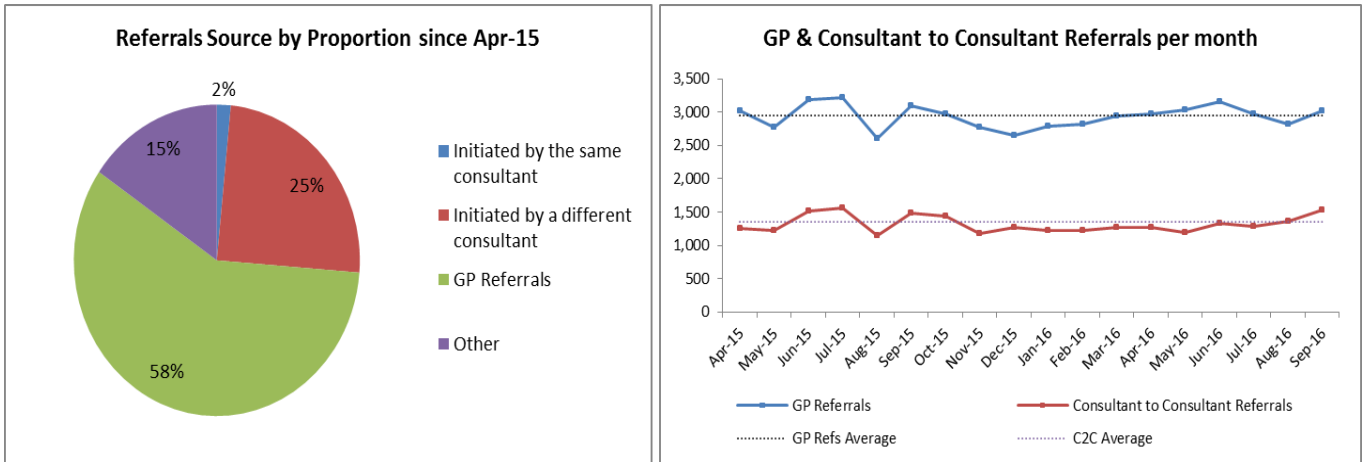


Figure 8 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	17,887	17,989	102	1%
GP Total			17,887	17,989	102	1%
Other	01	following an emergency admission	51	38	-13	-25%
	02	following a Domiciliary Consultation	26	4	-22	-85%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	1,698	1,663	-35	-2%
	05	A CONSULTANT, other than in an Accident and Emergency Department	6,025	5,797	-228	-4%
	06	self-referral	888	823	-65	-7%
	07	A Prosthetist	2	2	0	0%
	08	Royal Liverpool Code (TBC)	201	246		0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	108	148	40	37%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	280	321	41	15%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	4	6	2	50%
	13	A Specialist NURSE (Secondary Care)	33	22	-11	-33%
	14	An Allied Health Professional	884	962	78	9%
	15	An OPTOMETRIST	449	560	111	25%
	16	An Orthoptist	57	26	-31	-54%
	17	A National Screening Programme	336	400	64	19%
	92	A GENERAL DENTAL PRACTITIONER	169	249	80	47%
	93	A Community Dental Service	5	0	-5	-100%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,118	1,583	465	42%	
Other Total			12,334	12,850	516	4%
Unknown			9	1	-8	-89%
Grand Total			30,230	30,840	610	2%

A referral management scheme started on 1st October in Southport & Formby CCG. A consultant to consultant referral policy for Southport & Ormskirk Hospital has been approved.

Data quality note: Walton Neuro Centre has been excluded from the above analysis as Referrals submissions commenced at the start of 2016/17. For info, Walton is recording approx. 80 referrals per month in 2016/17.

3.2 Diagnostic Test Waiting Times

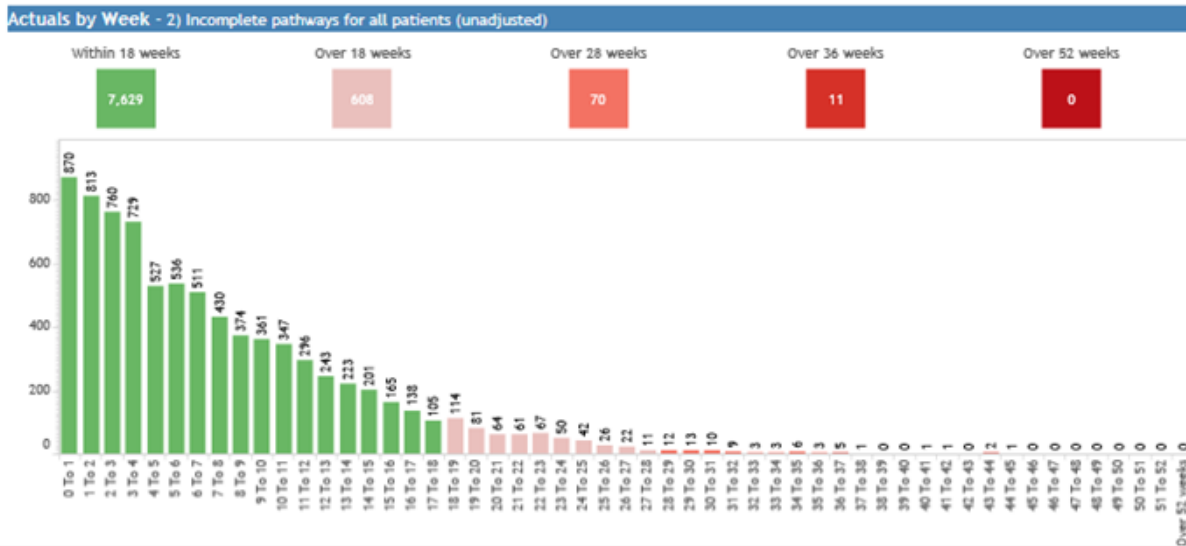
Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - Sept	<1%	0.30%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	16/17 - Sept	<1%	0.20%	↓

3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - Sept	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	16/17 - Sept	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	16/17 - Sept	92%	92.61%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	16/17 - Sept	92%	92.83%	↓

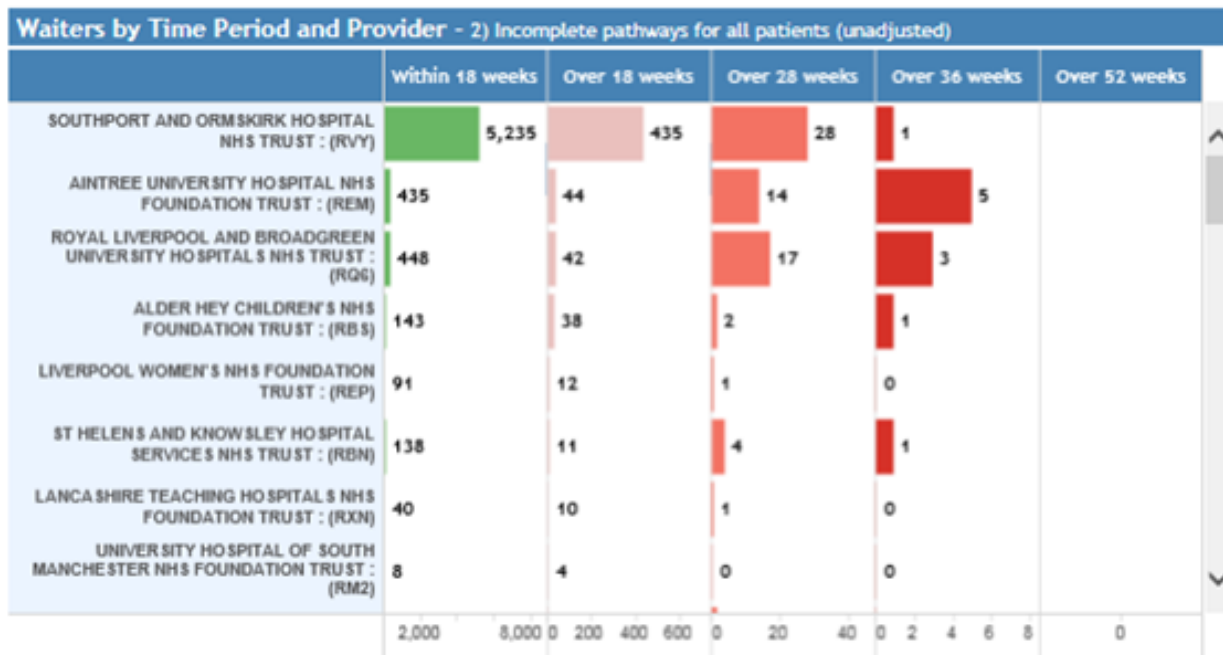
3.3.1 Incomplete Pathway Waiting Times

Figure 9 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 10 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

Figure 11 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

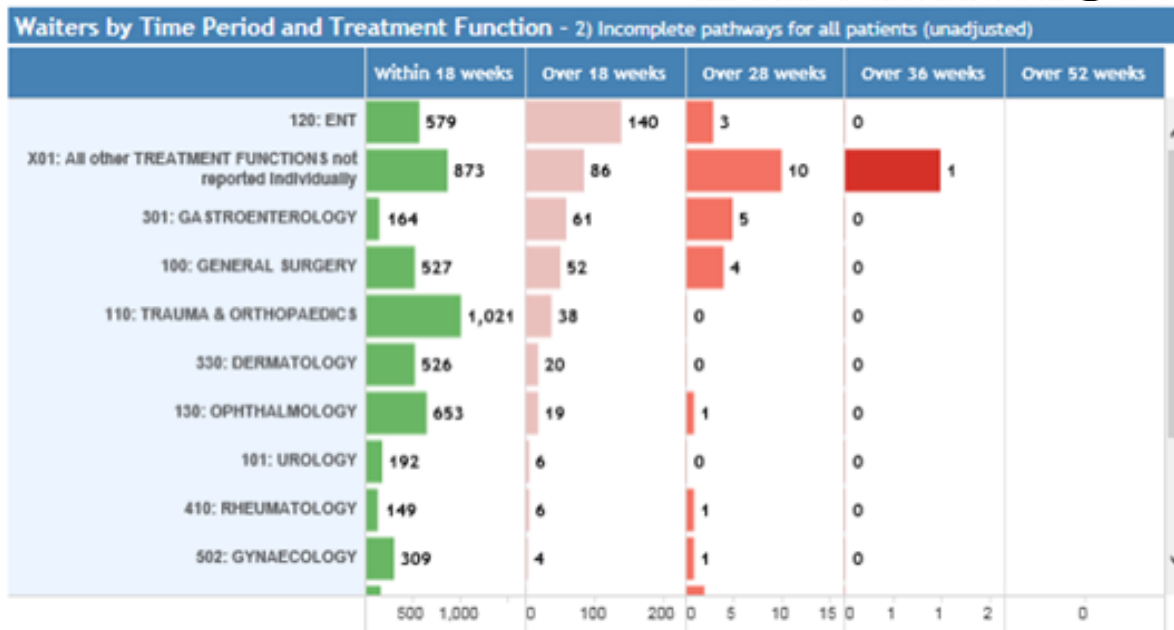
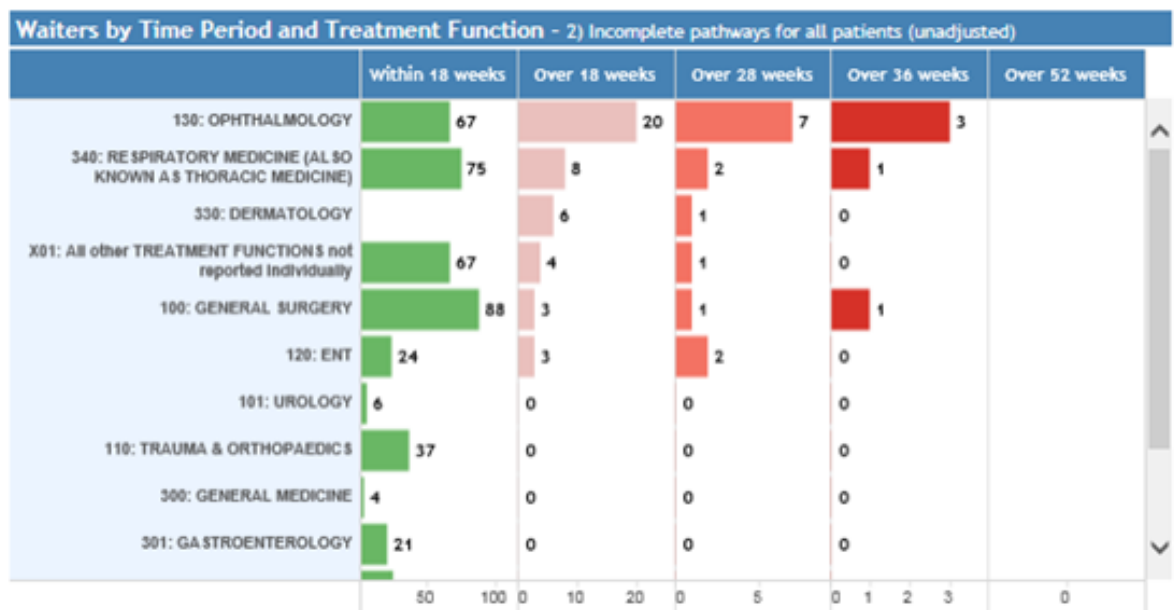


Figure 12 - Patients waiting (in bands) on incomplete pathway for Aintree University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	No of patient	Has patient been seen / has a TCI date?	Reason for the delay
ROYAL LIVERPOOL	General Surgery	40	1	Clock Stop 15-10-16	Capacity issue
ROYAL LIVERPOOL	General Surgery	44	1	Validated - No longer a long waiter	
AINTREE	Ophthalmology	41	1	Appointment 04/11/16	Capacity issue
AINTREE	Ophthalmology	43	1	TCI 03/10/2016	Capacity issue
ALDER HEY	Other	43	1	Pat Choice (2x PC) Capacity	Appt cancelled by parent - No longer required

3.1 Cancelled Operations

3.1.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Southport & Ormskirk	16/17 - Sept	0	0	↑ ↔

3.1.2 No urgent operation to be cancelled for a 2nd time

Cancelled Operations				
No urgent operation should be cancelled for a second time - Southport & Ormskirk	16/17 - Sept	0	0	↑ ↔

3.2 Cancer Indicators Performance

3.2.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	16/17 - Sept	93%	94.67%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	93%	95.28%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	16/17 - Sept	93%	91.89%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	93%	N/A	↔

The CCG has achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in September with a performance of 95.83% but are failing YTD with a performance of 91.89% due to previous months breaches. Year to date out of 259 patients there have been 21 breaches.

3.2.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	16/17 - Sept	96%	97.82%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	96%	98.33%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - Sept	94%	98.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - Sept	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	94%	96.00%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - Sept	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	98%	100.00%	↔

3.2.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	16/17 - Sept	85%	85.37%	↓
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	16/17 - Sept	85% (local target)	87.94%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - Sept	90%	91.30%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	90%	94.44%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - Sept	85%	83.04%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	85%	84.01%	↓

The CCG failed the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in September with a performance of 83.33% and are failing year to date hitting 83.04%. In September 36 patients were seen 6 breaching the 62 day standard.

For the same measure Southport & Ormskirk failed the target of 85% in September recording 80.7%, the previous months are still impacting on the YTD position of 84.01%. In September, 8 breaches occurred out of a total of 41.5 patients. Failing specialities were urology, colorectal, gynaecology, haematology, head and neck. The dominant theme remains lack of radiology capacity for interventional procedures and reporting There are 2 radiologist vacancies and the Trust is considering a business case for a further 4 posts but recruitment remains a difficulty. Plans are being developed to work with provider partners across the LDS for improved utilisation of












radiology resources. The Trust is also strengthening its policy for transfer between tumour types so that patients are seen within 7 days for the second tumour site.

3.3 Patient Experience of Planned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: **Sept-16**

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25%	18.4%		95%	92%		2%	3%	
Q1 - Antenatal Care	N/A	-		96%	80%		2%	0%	
Q2 - Birth	N/A	8.8%		96%	71%		2%	0%	
Q3 - Postnatal Ward	N/A	-		94%	73%		2%	0%	
Q4 - Postnatal Community	N/A	-		98%	N/A		1%	N/A	-

Where '-' appears, the number of patients eligible to respond (denominator) was not reported.

If an organisation or one of its sub-units has less than five responses the data will be suppressed with an asterisk (*) to protect against the possible risk of disclosure.

The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The trust has seen a minimal increase in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has decreased compared to the previous month and is still below the England average. The percentage of people who would not recommend the inpatient service has increased since previous month and is above the England average.

FFT % recommended for Birth has continued to decline, however the not recommended is green at 0% below the England Average for Postnatal Ward. The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The Trust are booked to present their Patient Experience Strategy and FFT update at the January CQPG

The CCG Experience and Patient Engagement Group are currently creating a dashboard to incorporate information available from FFTs, complaints and compliments.

3.4 Planned Care Activity & Finance, All Providers

Performance at Month 6 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £225k/1%. This is predominantly caused by Renacres Hospitals who are showing an over performance of 276k/13%.

Over performance can also be seen at Wrightington Wigan and Leigh who are reporting a cost variance of £188k/48% as well as Aintree Hospital at 124k/6%.

Figure 13 - Planned Care - All Providers

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers								
Aintree University Hospitals NHS F/T	8,930	9,755	825	9%	£2,024	£2,148	£124	6%
Alder Hey Childrens NHS F/T	602	3,663	3,061	509%	£293	£370	£77	26%
Central Manchester University Hospitals Nhs Foundation Trust	118	199	81	69%	£22	£72	£50	226%
Fairfield Hospital	39	76	37	94%	£6	£16	£10	174%
ISIGHT (SOUTHPORT)	1,942	2,024	82	4%	£445	£377	£-68	-15%
Liverpool Heart and Chest NHS F/T	1,060	1,190	130	12%	£489	£482	£-6	-1%
Liverpool Womens Hospital NHS F/T	1,222	1,272	50	4%	£351	£342	£-9	-3%
Renacres Hospital	6,633	8,223	1,590	24%	£2,090	£2,366	£276	13%
Royal Liverpool & Broadgreen Hospitals	7,976	8,012	36	0%	£1,732	£1,707	£-25	-1%
Southport & Ormskirk Hospital*	57,149	56,535	-614	-1%	£11,788	£11,352	£-436	-4%
SPIRE LIVERPOOL HOSPITAL	320	177	-143	-45%	£112	£49	£-63	-56%
ST Helens & Knowsley Hospitals	2,340	2,538	198	8%	£558	£637	£79	14%
University Hospital Of South Manchester Nhs Foundation Trust	100	106	6	6%	£18	£24	£6	34%
Walton Neuro	1,083	1,250	167	15%	£241	£269	£29	12%
Wirral University Hospital NHS F/T	156	136	-20	-13%	£51	£44	£-7	-14%
Wrightington, Wigan And Leigh Nhs Foundation Trust	1,081	1,601	520	48%	£388	£575	£188	48%
Grand Total	90,752	96,757	6,005	7%	£20,607	£20,832	£225	1%

3.4.1 Planned Care Southport and Ormskirk NHS Trust

Figure 14 - Planned Care – Southport and Ormskirk NHS Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Planned Care*								
Daycase	6,096	6,044	-52	-1%	£3,409	£3,252	£-158	-5%
Elective	820	785	-35	-4%	£2,141	£2,063	£-78	-4%
Elective Excess BedDays	137	210	73	53%	£30	£46	£15	50%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	730	494	-236	-32%	£109	£81	£-28	-26%
OPFASPCL - Outpatient first attendance single professional consultant led	7,794	8,049	255	3%	£1,214	£1,235	£21	2%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,799	1,308	-491	-27%	£185	£145	£-40	-22%
OPFUPSPCL - Outpatient follow up single professional consultant led	22,080	23,007	927	4%	£2,091	£2,142	£52	2%
Outpatient Procedure	12,010	11,557	-453	-4%	£2,131	£1,964	£-167	-8%
Unbundled Diagnostics	5,683	5,081	-602	-11%	£477	£425	£-52	-11%
Grand Total	57,149	56,535	-614	-1%	£11,788	£11,352	£-436	-4%

3.4.2 Southport & Ormskirk Hospital Key Issues

Planned care at Southport Trust is reporting an under performance across PbR areas of 436k/4% which is mainly due to the short staffing issues across the Trust in Theatre and Anaesthetics. Although the Trust remains above the national target for consultant led referral to treatment, performance has dropped from the start of the year through to month 6.

If current issues remain and performance doesn't improve it is likely the Trust will start to fail the RTT target in the coming months.

To note: in previous months Southport & Ormskirk planned activity included figures relating to non-PbR areas. This has been removed to show a true reflection of planned care performance as the non-PbR elements are part of a block section of the contract.

3.4.3 Renacres Hospital

Figure 15 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	865	870	5	1%	£883	£926	£43	5%
Elective	123	162	39	32%	£548	£690	£142	26%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,939	1,806	-133	-7%	£285	£266	-£19	-7%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,912	3,812	1,900	99%	£164	£242	£78	47%
Outpatient Procedure	1,182	792	-390	-33%	£153	£157	£5	3%
Unbundled Diagnostics	613	781	168	27%	£57	£84	£27	48%
Grand Total	6,633	8,223	1,590	24%	£2,090	£2,366	£276	13%

Renacres over performance of £276k/13% is largely driven by a £142k over performance in Elective Care, which has been a constant theme in 2016/17. Daycase and Electives are over performing by £43k and £142k respectively.

Within Elective care, the majority of the over performance is in Trauma & Orthopaedics. In terms of HRG performance in T&O, Major Hip and Major Knee Procedures are causing the over performance There has been 14 Major Hip Procedures carried out, year to date, in 2016/17. When we consider that the year to date plan is 2 patients, we are seeing a £73k over performance in this one HRG.

4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - Sept	95.00%	90.27%	↔	Southport & Formby CCG failed the 95% target in September reaching 91.59% (year to date 90.27%). In September, 303 attendances out of 3602 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	16/17 - Sept	95.00%	83.15%	↑	Southport & Formby CCG failed the 95% target in Sept reaching 85.20% (year to date 83.15%). In September 301 attendances out of 2034 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	16/17 - Sept	STF Trajectory Target for Sept 90.7%	90.39%	↔	Southport & Ormskirk have achieved the STF trajectory target in September reaching 91.49% (but are failing it year to date recording 90.39%). In September 959 attendances out of 11275 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	16/17 - Sept	95.00%	83.02%	↑	Southport & Ormskirk have failed the target in September reaching 85.19% (year to date 83.02%). In September, 953 attendances out of 6436 were not admitted, transferred or discharged within 4 hours.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
STP Trajectory S&O	87.50%	88.30%	88.80%	90%	90%	90.70%
S&O Actual	88.6%	89.8%	90.92%	88.0%	93.84%	91.49%

The CCG has updated the targets that are within STF accordingly. A clinical services plan is being put in place, redesigning all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team.

Southport & Ormskirk's performance against the 4-hour target for September was 91.5% despite an 8% increase in attendances at SDGH. Work in the Urgent Care Improvement Board remains ongoing. Trajectory set by NHS Improvement for September was 90.7%. October performance to date is also in line with the agreed trajectory. The Trust continues to participate in the A&E Improvement Collaborative facilitated by NHSI, and the Emergency Care Improvement Team (ECIP) will be undertaking a full system review w/c 7 November 2016 to identify further areas of improvement.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - Sept	75%	71.61%	↓	The CCG is under the 75% target year to date achieving 71.61%. In September out of 31 incidents there were 7 breaches (77.42%).
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - Sept	75%	62.53%	↔	The CCG was under the 75% target year to date reaching 62.53%. In September out of 550 incidents there were 214 breaches (61.18%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - Sept	95%	84.86%	↔	The CCG was under the 95% target year to date reaching 84.86%. In September out of 581 incidents there were 93 breaches (84.01%).
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - Sept	75%	72.76%	↓	NWS reported under the 75% target year to date reaching 72.76%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - Sept	75%	64.91%	↓	NWS failed to achieve the 75% target year to date reaching 64.91%.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - Sept	95%	90.80%	↓	NWS failed to achieve the 95% target year to date reaching 90.80%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30-60 minute breaches) - Southport & Ormskirk	16/17 - Sept	0	129	↑	The Trust recorded 129 handovers between 30 and 60 minutes, this is a decline on last month when 115 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	16/17 - Sept	0	107	↑	The Trust recorded 107 handovers over 60 minutes, this is also a decline on last month when 65 was reported.

Southport & Formby CCG failed to achieve all 3 indicators year to date, (see above of number of incidents/breaches).

At both a regional and county level, NWS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.

The Trust has signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisations.

September saw an average handover time of 21 minutes across the month. The Trust continues to make sustainable improvements in handover performance. The approval to increase the A&E nursing establishment will contribute significantly towards this as some of the additional resources will support triage and ambulance arrival processes. Exit blocks out of the hospital continue to cause operational difficulties, resulting in bottlenecks in the ED and delays in timely release of cubicle capacity.

4.3 Unplanned Care Quality Indicators

4.3.1 Stroke and TIA Performance

Stroke/TIA					
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	16/17 - Sept	80%	64.50%	↑	The Trust failed the 80% target in September with only 20 out of 31 patients spending 90% of their time on a stroke unit.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	16/17 - Sept	60%	25.00%	↓	The Trust failed the 60% target in September with only 1 out of 4 (25%) patients who experienced a TIA being assessed and treated within 24 hours.

Southport & Ormskirk Stroke - Length of Stay on the Acute Stroke Unit (ASU) saw some improvement to 65% for September. A Stroke action plan has been devised reviewing potential to reconfigure a bay on the Unit into 4 side rooms which would minimise the impact of male/ female demand as patients could be appropriately managed in side rooms. There has also been a change in pathway and patients now go direct to ASU up to 8pm in the evening from ED with the support of the Specialist Stroke Nurses.

Southport & Ormskirk had 4 reportable cases of TIA in September with only 1 compliant. 2 breaches were not TIA's when seen in clinic. 2 cases were West Lancs; 1 was Chorley & South Ribble. The pathway has been discussed at the Operational Stroke Group and is under review to incorporate Specialist Stroke nurses offering some support to increase capacity available to address TIA performance.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches					
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - Sept	0.00	0.50	↑	
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	16/17 - Sept	0.00	0.50	↑	

After achieving last month, the CCG and Southport & Ormskirk have failed the Mixed Sex Accommodation. In September the CCG had 2 mixed sex accommodation breaches (a rate of 0.5) and have therefore breached the zero tolerance threshold. The breaches were at Southport & Ormskirk.

In September Southport & Ormskirk had a total of 3 mixed sex accommodation breaches (a rate of 0.5) and have therefore breached the zero tolerance threshold. Year to date there have been 41 breaches.

4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - Sept	19	19	↑	There was 1 new cases reported in September 2016 , year to date 19 cases against a year to date plan of 19. Out of the 18 cases all were reported at Southport & Ormskirk (9 apportioned to acute trust and 10 apportioned to community). Year-end plan 38.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	16/17 - Sept	18	12 (8 following appeal)	↑	There was 1 new trust apportioned case reported in September 2016 (YTD Actual 12 / YTD Plan 18), Year-end plan is 36.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - Sept	0	1	↑	There has been no new cases of MRSA reported in September for the CCG there has been 1 case in August year to date against a zero tolerance threshold.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	16/17 - Sept	0	1	↑	There has been no new cases of MRSA reported at the Trust in September (1 in August) against a zero tolerance threshold.

All C diff cases were reported by Southport & Ormskirk Hospital Trust. Please note: The CCG report on all cases of C.diff (Trust and Community) acquired, the Trust (S&O) only report on hospital apportioned cases. A local appeals panel met 12th August to review hospital acquired cases - of the four cases submitted, all four were upheld. The CCG is also liaising across with the link Infection Prevention Control Matron to review the community attributed C.diff cases for Southport & Ormskirk ICO.

A case of MRSA was reported in August. A PIR has been held the conclusion of the meeting was to test the current PHS assignment process by assigning this as a third party incident due to the unique nature of the case.

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Sept	100	99.24	↑ ↔
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	107.30	

HSMR is reported for June 2016 as a rolling 12 month figure.

The latest SHMI published (in June 2016) is for the period January - December 2015 and whilst it is above expected, it is not statistically significantly so and in the “as expected” range. No further update for Q2.

4.4 CCG Serious Incident Management

An appointment has been made for the Interim Programme Manager – Clinical Quality and Safety.

Future reporting for serious incidents within the integrated performance report will be in line with CCG reporting schedule, as opposed to a month ahead.

As of the end of September 2016 (Month 6) the position on serious incidents for Southport and Formby CCG:

Southport and Ormskirk Hospitals NHS Trust - 125 open serious incidents on StEIS for the Trust, 90 are pressure ulcers of which 26 are from this financial year. The contract query remains open against this element, with a formal letter being submitted to the Trust on 14th October. It has been requested that the Trust provide an updated thematic analysis to provide reassurance as an interim arrangement, until a composite pressure ulcer action plan has been agreed. Of the 91 incidents which remain open of StEIS for >100 days, the majority are pressure ulcers.

Table.1 Serious Incidents Open for Southport and Ormskirk Hospitals NHS Trust

Year	Provider	No of Open Incidents	
2014	GP Practice within Southport and Formby	2	5
	GP Practice within West Lancashire	3	
2015	GP Practice within Liverpool	1	54
	GP Practice within South Sefton	3	
	GP Practice within Southport and Formby	22	
	GP Practice within West Lancashire	28	
2016	GP Practice within Southport and Formby	10	31
	GP Practice within St Helens	1	
	GP Practice within West Lancashire	20	

MerseyCare NHS Foundation Trust - 37 incidents open on StEIS for either SS and or S&F CCG patients. Of which 15 have been open for >100 days. 3 serious incidents reported in September making a total of 27 year to date. 3 relate to Secure Services which are managed by NHS England Specialist Commissioning (2 – South Sefton CCG, 1 – Southport and Formby CCG).

4.5 Delayed Transfers of Care

Delayed transfers of care data is sourced from the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly to the Unify2 system.

Delayed Transfers of Care (DTOC's) increased to 4 during September 2016 from 3 in August (25%). The 4 delays were for awaiting residential care home placement, awaiting care package in own home, community equipment and patient or family choice.

Analysis of delays in September 2016 compared to September 2015 illustrates a 55.6% decrease in the number of patients waiting, September 2015 saw 7 patients waiting for patient or family choice.

Delayed Transfers of Care April 2015 – September 2016

Reason For Delay	2015-16												2016-17					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
A) COMPLETION ASSESSMENT	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	1	1	1	0	1	1	1	1	0	0	0	2	0
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	1	0	0	1	1	0	0	0	1	0	0	0	1	0	0	1
DI1) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	0	1
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	1
G) PATIENT OR FAMILY CHOICE	1	1	0	0	0	7	2	2	1	1	4	4	3	3	4	4	1	1
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	2	1	1	1	1	9	4	5	1	2	7	5	4	5	7	7	3	4

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting the Acute Care Commissioning Lead participates in the system wide teleconference each Monday at 12:30. This review of DTOC's, with participation from the acute Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care.

Further plans to support the reduction of delayed transfers of care are being discussed within the CCG and include a comprehensive review of at least one DTOC each week with the aim of identifying key points of learning and improve future systems and processes.

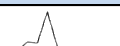
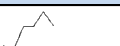
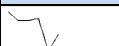
The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity. Transitional beds are discussed between the acute provider, local authority and the CCG and agreed on an individual patient basis to facilitate early discharge to the most appropriate community setting.

4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Sept-16

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15%	1.1%		87%	80%		7%	13%	

The Friends and Family Test (FFT) Indicator now comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

In A&E the percentage of people who would recommend the service has decreased to 80% and is lower than the England average.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above.

Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG) agenda. An action plan has been developed by the trust, for which the Director of Nursing is accountable. There has been a delay in launching this action plan as the Trust have been waiting for their new Director of Nursing to commence in post. This action plan seeks to address the areas of poor performance. A trust presentation of their Patient Experience Strategy and FFT update is planned for January CQPG.

The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed.

EPEG are currently creating a dashboard to incorporate information available from FFTs, complaints and compliments with the aim to monitor patient experience from all acute and community providers.

4.7 Unplanned Care Activity & Finance, All Providers

4.8 All Providers

Performance at Month 6 of financial year 2016/17, against unplanned care elements of the contracts held by the CCG shows an over-performance of circa £876k/5%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £620k overspend.

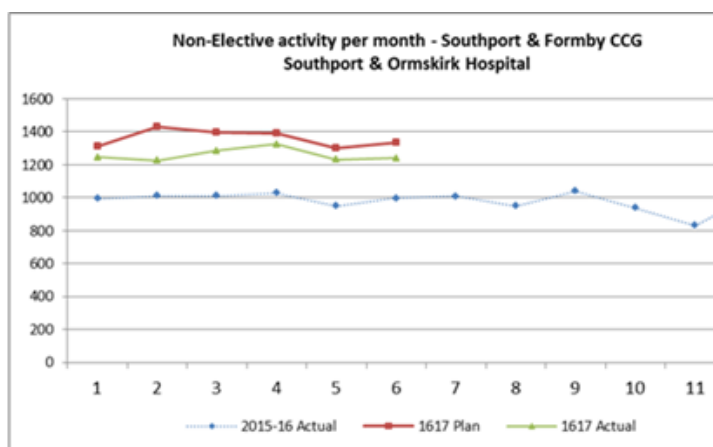
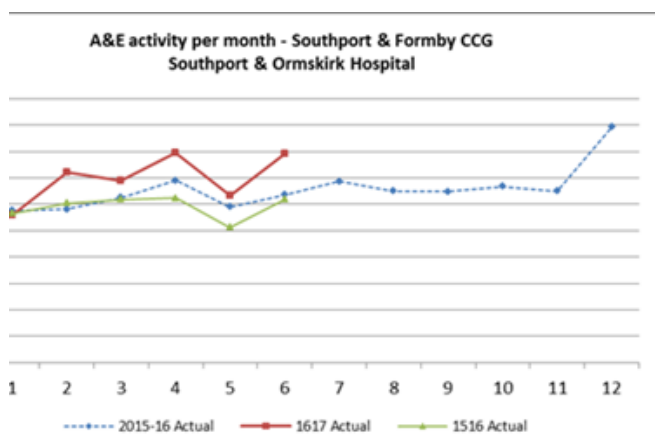
Figure 16 - Month 6 Unplanned Care – All Providers

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)								
Aintree University Hospitals NHS F/T	908	895	-13	-1%	£467	£591	£124	27%
Alder Hey Childrens NHS F/T	424	497	73	17%	£211	£212	£1	1%
Central Manchester University Hospitals Nhs Foundation Trust	44	58	14	32%	£15	£18	£3	20%
Countess of Chester Hospital NHS Foundation Trust	0	22	22	0%	£0	£13	£13	0%
Liverpool Heart and Chest NHS F/T	59	73	14	24%	£186	£198	£12	6%
Liverpool Womens Hospital NHS F/T	164	115	-49	-30%	£174	£147	-£26	-15%
Royal Liverpool & Broadgreen Hospitals	697	881	184	26%	£396	£487	£91	23%
Southport & Ormskirk Hospital	28,375	30,958	2,583	9%	£14,440	£15,060	£620	4%
ST Helens & Knowsley Hospitals	209	278	69	33%	£104	£127	£23	22%
Wirral University Hospital NHS F/T	55	41	-14	-26%	£22	£29	£7	33%
Wrightington, Wigan And Leigh Nhs Foundation Trust	31	53	22	71%	£26	£35	£8	31%
Grand Total	30,966	33,871	2,905	9%	£16,041	£16,917	£876	5%

4.9 Southport and Ormskirk Hospital NHS Trust

Figure 17 - Month 6 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care								
A and E	17,570	18,730	1,160	7%	£2,141	£2,303	£161	8%
A and E Type 3	804	1,029	225	28%	£48	£61	£13	28%
A and E GPAU	405	549	144	36%	£253	£343	£90	35%
NEL/NELSD - Non Elective/Non Elective IP Same Day	5,473	5,748	275	5%	£9,797	£10,194	£398	4%
NELNE - Non Elective Non-Emergency	553	746	193	35%	£1,046	£893	£154	-15%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	88	102	14	15%	£29	£27	£2	-6%
NELST - Non Elective Short Stay	806	811	5	1%	£566	£551	£15	-3%
NELXBD - Non Elective Excess Bed Day	2,675	3,243	568	21%	£560	£689	£129	23%
Grand Total	28,375	30,958	2,583	9%	£14,440	£15,060	£620	4%



4.9.1 Southport & Ormskirk Hospital NHS Trust Key Issues

Urgent Care over spend of £600k is driven by a £491k over performance in Non Elective activity. The main specialty over performance is General Medicine which is showing a £638k over spend. Further analysis of this has shown that although activity has been higher this year, there has been a 7% increase in the average cost of a NEL admission since December 2015. The CCG continues to challenge this and the Trust are investigating this further. The initial response from the Trust is that activity in 2015/16 was below plan, and when the contract for 2016/17 was agreed the activity plan did not include any additional growth due to CCG QIPP schemes.

The Trust is looking into the nature of the current increase in performance with the focus shifted to higher cost patients. The CCG is awaiting the results of the investigation.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 18 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

NHS Southport and Formby CCG					
PBR Cluster	Caseload as at 31/09/2016	2016/17 Plan	Variance from Plan	Variance on 31/09/2015	
0 Variance	41	41	-		5
1 Common Mental Health Problems (Low Severity)	3	3	-		(11)
2 Common Mental Health Problems (Low Severity with greater need)	7	11	(4)		(10)
3 Non-Psychotic (Moderate Severity)	101	174	(73)		(93)
4 Non-Psychotic (Severe)	197	156	41		61
5 Non-psychotic Disorders (Very Severe)	37	29	8		13
6 Non-Psychotic Disorder of Over-Valued Ideas	25	22	3		2
7 Enduring Non-Psychotic Disorders (High Disability)	127	112	15		10
8 Non-Psychotic Chaotic and Challenging Disorders	72	65	7		12
10 First Episode Psychosis	75	65	10		12
11 On-going Recurrent Psychosis (Low Symptoms)	262	291	(29)		(15)
12 On-going or Recurrent Psychosis (High Disability)	179	153	26		26
13 On-going or Recurrent Psychosis (High Symptom & Disability)	90	100	(10)		(11)
14 Psychotic Crisis	17	11	6		3
15 Severe Psychotic Depression	5	6	(1)		-
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	13	10	3		4
17 Psychosis and Affective Disorder – Difficult to Engage	24	26	(2)		1
18 Cognitive Impairment (Low Need)	230	244	(14)		(10)
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	743	787	(44)		(7)
20 Cognitive Impairment or Dementia Complicated (High Need)	242	202	40		54
21 Cognitive Impairment or Dementia (High Physical or Engagement)	63	53	10		19
Cluser 99	174	123	51		52
Total	2,727	2,684	43		117

5.1.1 Key Mental Health Performance Indicators

Figure 19 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	100%	100%

Figure 20 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	100%	100%	100%	100%

Figure 21 - Figure 16 EIP 2 week waits

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	50%	50%	50%	0.00%	50%	80%
Rolling Quarter				50.00%	0.00%	40%	60.00%

EIP performance is volatile due to low numbers (circa 1-2 per month). The EIP service is in the process of recruiting additional staff as per the business case that was agreed in April 2016 and it

is anticipated that as staff come on stream that performance will improve. All additional staff will be in place by January 2017.

5.1.2 Mental Health Contract Quality Overview

A number of mental health related 12 hour breaches have occurred in Southport & Ormskirk AED the CCG are working with Merseycare and the Trust to better understand the interface issues between both organisations and Lancashire Care NHS Foundation Trust.

Commissioners will be involved the Trust's review of the acute care pathway (including crisis). This initial scoping and gathering of evidence and intelligence is expected to be completed by February 2017. The review will consider system wide issues that impact on the effective delivery of the acute care pathway, these will include pathways in and out of the Mersey Care services and the interfaces with other providers and partners and will recommend models for each of the Mersey Care services (e.g. Access Service, A&E Liaison, Community Mental Health Teams), functions in the pathway (Stepped Up Care, Bed Management, Single Point of Access) and specialist pathways (e.g. personality disorder pathway, in-patient pathway)

The recommendations from the Review will be considered by both Mersey Care NHS Foundation Trust and the North Mersey Transformation. If accepted, the implementation of the recommendations will form a key area of work for both the Trust and the Transformation Board to begin from 2017/18 onwards.

Psychotherapy Treatment commencing within 18 weeks of referrals - The numbers waiting 18 weeks has risen slightly as has the length of wait. The Trust has recruited 2 new therapists coming into post in the next 6 weeks which will help reduce waits.

The CCG is still awaiting assurance from the Trust that GP communication will improve and be sustained.

5.2 Improving Access to Psychological Therapies

Figure 22 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	103	96	130	164	104	123	128	165	191	216	186	176
	2016/17	201	195	180	167	162	150						
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.3%	Target	240	240	240	240	240	240	240	240	240	240	240	240
	Variance	-39	-45	-60	-73	-78	-90						
	%	-16.4%	-18.9%	-25.1%	-30.5%	-32.6%	-37.6%						
Access% ACTUAL - Monthly target of 1.3% - Year end 15% required	2015/16	0.5%	0.5%	0.7%	0.9%	0.5%	0.6%	0.7%	0.9%	1.0%	1.1%	1.0%	0.9%
	2016/17	1.1%	1.0%	0.9%	0.9%	0.8%	0.8%						
Recovery % ACTUAL - 50% target	2015/16	44.3%	61.0%	48.6%	44.4%	58.7%	44.8%	38.2%	38.3%	55.4%	47.3%	51.1%	47.7%
	2016/17	42.9%	52.7%	48.0%	56.3%	53.7%	34.9%						
ACTUAL % 6 weeks waits - 75% target	2015/16	97.9%	98.8%	96.8%	91.3%	97.6%	95.2%	96.8%	98.3%	97.6%	97.0%	98.0%	97.8%
	2016/17	98.1%	99.0%	96.1%	94.8%	97.6%	98.4%						
ACTUAL % 18 weeks waits - 95% target	2015/16	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2016/17	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%						
National definition of those who have completed treatment (KPI5)	2015/16	95	85	78	99	83	93	79	115	86	101	98	95
	2016/17	112	103	101	98	84	130						
National definition of those who have entered Below Caseness (KPI6b)	2015/16	7	8	6	9	8	6	3	8	12	8	8	7
	2016/17	7	10	3	2	2	4						
National definition of those who have moved to recovery (KPI6)	2015/16	39	47	35	40	44	39	29	41	41	44	46	42
	2016/17	45	49	47	54	44	44						
Referral opt in rate (%)	2015/16	94.8%	90.1%	80.0%	70.6%	77.5%	70.1%	68.0%	67.0%	71.8%	82.0%	82.0%	82.0%
	2016/17	93.7%	86.5%	84.6%	52.1%	82.7%	76.2%						

The provider (Cheshire & Wirral Partnership) reported 150 Southport & Formby patients entering treatment in month 6, a further slight decrease from the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 11.1% against the 15% standard. This would represent an improvement to 2015/16 when Southport & Formby CCG reported a year end access rate of 9.3%.

Referrals saw an increase in month 6 to 223 (from 208 in month 5) with 61% being self-referrals. Marketing work is being carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals have also been low with 52 reported in month 6 (against a monthly average of 102 in 2015/16). Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 34.9% in month 6, which is below the minimum standard of 50%. A forecast outturn at month 6 gives a year end position of 47.2% which would fail to meet the minimum standard and is lower than the year- end position of 2015/16 (47.9%).

Cancelled appointments by the provider saw a decrease of 36% from 56 in month 5 to 36 in month 6. The provider has previously stated that this was attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs saw a slight decrease in month 6 from 98 in month 5 to 90 in month 6. The provider has commented that the DNA policy has been reviewed with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 97.4% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the first six months of 2016/17 for Southport & Formby CCG.

Support and advice has been received from the National Intensive Support Team. The recommendations made around the IAPT hidden waits and the long waiters have been taken on board. Southport and Formby CCG is working closely with the Provider to gain more information and analysis around these areas which will aim to bring about improvements.

5.2.1 Improving Access to Psychological Therapies Contract Quality Overview

Internal waiting lists within the service are impacting on both recovery and access KPIs and the following actions are being planned or put in place:

- The service is planning from 31/10/2016 to introduce group work/ workshops to so as to start tackling the issue. This will provide interventions to those already assessed as having step 3 therapies to reduce internal waits. A new member of staff has been recruited who has experience of similar work in other CWP IAPT site in Cheshire.
- The cohort of longest waiters will be “ring fenced” and targeted for interventions An extra Psychological Wellbeing Practitioner (PWP) is providing an additional (extra 20 sessions) and three agency PWP staff have recently commenced providing (90 extra sessions). The service communicated to GPs in October that all new referrals who require follow up will be seen within 6 weeks.
- One counsellor has recently commenced (11x sessions/week)
- A Cognitive Behavioural Therapist and a further PWP are being recruited (the latter having being offered employment contract.
- Additional step 2 sessions made available (12x sessions /week) along with increased telephone interventions across the wider service.
- Robust clinical management / individual performance of practitioners to mitigate against long internal waits.
- Single appointment booking system via admin (previously done by individual practitioners which resulted in variation.
- Intensive Support Team involvement session took place on 21st October 2016 which identified services issues including productivity and training which are contributing to internal waits.

- Inclusion of internal waiting list related KPIs for 17/18.

Progress will be monitored via the Quality and Contract meetings.

5.3 Dementia

Summary for NHS Southport and Formby dementia registers at 30-09-2016

People Diagnosed with Dementia (Age 65+)	1,546
Estimated Prevalence (Age 65+)	2,148
Gap - Number of addition people who could benefit from diagnosis (all ages)	644
NHS Southport and Formby - Dementia Diagnosis Rate (Age 65+)	72.0%
National estimated Dementia Diagnosis Rate	67.5%
Target	67.00%

6. Community Health

6.1 Southport and Ormskirk Trust Community Services

EMIS Switch Over

The Trust continue to progress in moving over services from the old IPM clinical system to EMIS. As this continues potential data quality and reporting issues may arise. The CCG has requested from the Trust a detailed report on the issues affecting each service and actions on how these are to be resolved.

Activity

Since the shift from IPM to EMIS reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of the following issues and is continuing to work through them service by service;

- The Trust is unable to split out domiciliary and clinic activity from EMIS, activity is currently being reported as a combined figure for the time being.
- There are some duplicates in the referrals data as all open caseloads had to be migrated across.

All services have now gone live on the new system.

Waiting times

At the latest Information Sub Group meeting the Trust presented a waiting times report which highlighted the extent of the current data quality issues since the system switch over. The Trust will continue to provide the waiting times report monthly and highlight the services where the data quality has been corrected for the CCG to monitor.

The report highlights issues in Phlebotomy and Treatment Rooms with waiting times increasing over recent weeks. The Trust continues to monitor this and update the CCG.

6.1.1 Any Qualified Provider

Southport & Ormskirk Hospital

Podiatry

There are known issues in Southport & Ormskirk Trust with the recording of Podiatry activity on the new clinic system EMIS. This has been discussed at the information sub group meeting and details on these issues are to be shared with the CCG. The Trust also submitted M6 data with no costs. This issue has been raised with data management who are liaising with the Trust to resolve it.

Adult Hearing

The Adult Hearing Audiology budget is £248,000.

At month 6 2016/17 the YTD costs are £217,499, compared to £227,211 at the same time last year. Comparisons of activity between the two time periods show that activity is slightly higher in 16/17 at 669 compared to 639 in 15/16, but costs have been reduced.

The Trust carries out quality checks in the data before they submit. However, they have informed the CCG that due to the complexity of how they collate the dataset, some duplicates still appear, and continue to try to resolve the issue.

MSK

The budget for 2016/17 is £76,000. At month 6 16/17 YTD the costs are £40,777, compared to £33,008 at the same time last year. Comparing activity with last year shows that activity is much lower in 16/17 at 268, compared to 684 in 15/16, yet costs have increased. This has been queried with the Trust.

6.2 Liverpool Community Health Contract

There are currently no outstanding activity queries as everything seems in line with previous months.

There is currently a District Nursing systems review taking place across LCH. This is to review processes in relation to manual and electronic requirements. EMIS mobile is not yet available for DNs and so there is a requirement to duplicate information on paper and on EMIS. This is known to impact on the level of information added to the system. The current variance though is within agreed tolerance levels and the Trust is forecasting that activity levels will be higher than last year.

An EMIS mobile app was trialled in Adult Physio, so staff can enter information straight onto the system in the community rather than making paper records and then having to duplicate the information in EMIS. This programme was delivered by IM. There is a report that has been produced in relation to the pilot. The Trust is to send a copy for information.

6.2.1 Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations so far in 2016/17.

For patient DNAs, Sefton Physio Service reported a high rate of 18.8% in Sep-16, however this is an improvement on last month. Adult Dietetics is also high this month at 27.7%, a further decline on the previous two months performance, and Paediatric Dietetics at 27.1%, a slight decline on last month. Total DNA rates at Sefton are green for this month at 7.3%.

Provider cancellation rates remain relatively static this month, with no services reporting red. Total hospital cancellation rate for Sefton is green at 2% this month.

Treatment rooms, Podiatry, Physio, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for September 2016. Total patient cancellations for Sefton have improved in Sept-16 at 9.9%, compared to 10.9% reported last month and 12.8% in Jul-16.

6.2.2 Liverpool Community Health Quality Overview

The Trust has revised their CQC Action Plan and shared with commissioners, the Trust will be supported with progressing actions up until services are transferred to the new providers. Therapies waiting times are being monitored through the CQC Action Plans at the Collaborative Forum and CQPGs.

6.2.3 Waiting Times

Waiting times are reported a month in arrears. The following issues have arisen in August 2016;

Physiotherapy: Waiting times have steadily increased over the past three months, resulting in this service failing the 18 week target in August – 23 weeks on the incomplete pathway and 28 weeks on the completed pathway. The longest waiter was two patients waiting at 32 weeks.

Podiatry: Waiting times on the completed pathways have steadily declined over the past three months, whilst the incomplete have remained relatively steady. The average wait (95th percentile) on the completed pathway was 26 weeks in August. The longest waiter was at 40 weeks.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 23 weeks in August resulting in a breach of the 18 week target, whilst the incomplete pathway is still achieving. The longest waiter was at 28 weeks.

Paediatric SALT: A new reporting process has now been set up for this service, and the Trust has begun to report waiting times information from August. On the incomplete pathway the average waiting time (92nd percentile) was 28 weeks, with the longest waiting patient at 39 weeks.

6.3 Any Qualified Provider LCH Podiatry Contract

At month 6 2016/17 the YTD cost for the CCG is £447 with 5 attendances and in 2015/16 the costs for the CCG were £306 with activity at 3. Low activity is due to the vast majority of podiatry AQP for this CCG occurring at the Southport and Ormskirk Trust.

7. Third Sector Contracts

Providers of several services in the area have received notice that funding for their service will cease from 1st December 2016. Further letters reminding these providers that funding will cease from this date have been sent.

8. Primary Care



8.1 Primary Care Dashboard progress

We are reviewing the primary care dashboard that has been used in 2015/16 with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. We are also working closely with other CCGs to look at practice elsewhere, and the ability of Midlands and Lancashire Commissioning Support Unit's Business Intelligence tool, Aristotle to be able to report practice level primary care information. We feel that information should be made available to practices in a timely and consistent format to aid locality discussions. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement. We are now working with MLCSU to further define the indicators for the dashboard with a further meeting planned to refine these in December.

8.2 CQC Inspections

A number of practices in Southport and Formby CCG have been visited by the Care Quality Commission. CQC publish all inspection reports on their website. Below is the inspection information from the last practices visited in Southport & Formby.

The Village Surgery - Formby Good



 12 Elbow Lane, Formby, Liverpool, L37 4AW
 (01704) 878661
 Provided by: The Village Surgery - Formby

CQC inspection area ratings
(Latest report published on 10 November 2016)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services
(Latest report published on 10 November 2016)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

[Full Details >](#)
[Share your experience](#)
[Email alert sign-up](#)

Doctors/GPs and Clinics

Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

The Marshside Surgery - Dr Wainwright **Good**



117 Fylde Road, Marshside, Southport, PR9 9XP
(01704) 505555

Provided by: The Marshside Surgery - Dr Wainwright

CQC inspection area ratings

(Latest report published on 3 November 2016)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services

(Latest report published on 3 November 2016)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

[Full Details >](#)

[Share your experience](#)

[Email alert sign-up](#)

Dr Halina Obuchowicz Inadequate (Kew Surgery)



85 Town Lane, Southport, PR8 6RG
(01704) 546800
Provided by: Dr Halina Obuchowicz

CQC inspection area ratings

(Latest report published on 16 November 2016)

Safe	Inadequate ●
Effective	Requires improvement ●
Caring	Requires improvement ●
Responsive	Requires improvement ●
Well-led	Inadequate ●

CQC Inspections and ratings of specific services

(Latest report published on 16 November 2016)

Older people	Inadequate ●
People with long term conditions	Inadequate ●
Families, children and young people	Inadequate ●
Working age people (including those recently retired and students)	Inadequate ●
People whose circumstances may make them vulnerable	Inadequate ●
People experiencing poor mental health (including people with dementia)	Inadequate ●

Doctors/GPs and Clinics

Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

[Full Details >](#)

[Share your experience](#)

[Email alert sign-up](#)

9. Better Care Fund

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work has been undertaken to further develop these plans for implementation. In the meantime we have prepared a Quarter 2 performance report to NHSE for submission on 22nd November 2016.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard. The new framework aligns key objectives and priorities, including the way we assess and manage our day to day relationships with CCGs. In the Government's Mandate to NHS England, the framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS.

The framework draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership.

10.1 Q2 Improvement & Assessment Framework Dashboard

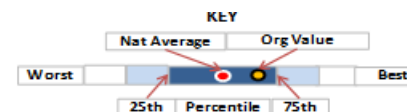
Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better Is...	Range	
						25th	75th
Better Health							
▼ Maternal smoking at delivery	Q1 16/17	8.5%	10.2%		L		
◀ Percentage of children aged 10-11 classified as overweight or obese	2014-15	33.4%	33.2%		L		
▼ Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	2014-15	46.8%	39.8%		H		
▼ People with diabetes diagnosed less than a year who attend a structured education course	2014-15	3.1%	5.7%		H		
◀ Injuries from falls in people aged 65 and over	Mar-16	2,303	2,014		L		
▲ Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Jul-16	39.9%	52.0%		H		
◀ Personal health budgets	Q1 16/17	10.6	11.3		H		
▲ Percentage of deaths which take place in hospital	Q4 15/16	41.2%	47.0%		↔		
▼ People with a long-term condition feeling supported to manage their condition(s)	2016	62.2%	64.3%		H		
▼ Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q4 15/16	853	929		L		
▼ Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	2,547	2,168		L		
▼ Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Jul-16	1.2	1.1		↔		
▼ Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Jul-16	8.1%	9.3%		↔		
▼ Quality of life of carers	2016	75.6%	80.0%		H		
Better Care							
◀ Cancers diagnosed at early stage	2014	49.5%	50.7%		H		
▼ People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Q1 16/17	80.8%	82.2%		H		
▲ One-year survival from all cancers	2013	72.8%	70.2%		H		
◀ Cancer patient experience	2015	8.7	N/A		H		
▲ Improving Access to Psychological Therapies recovery rate	Jun-16	50.8%	48.9%		H		
◀ People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Jul-16	50.0%	72.0%		H		

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range	
						25th	75th
Better Care							
◀ Reliance on specialist inpatient care for people with a learning disability and/or autism	Q1 16/17	64	SN/A	—	L		
◀ Proportion of people with a learning disability on the GP register receiving an annual health check	2014-15	No Data	47.0%	*	H		
◀ Neonatal mortality and stillbirths	2014-15	7.9	7.1	*	L		
◀ Women's experience of maternity services	2015	71.2	SN/A	*	H		
◀ Choices in maternity services	2015	60.5%	SN/A	*	H		
▲ Estimated diagnosis rate for people with dementia	Aug-16	71.9%	67.3%	—	H		
◀ Dementia care planning and post-diagnostic support	2014/15	76.7%	77.0%	*	H		
◀ Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4		—	H		
▼ Emergency admissions for urgent care sensitive conditions	Q4 15/16	2,619	2,359	—	L		
▲ Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Aug-16	93.4%	91.0%	—	H		
▼ Delayed transfers of care per 100,000 population	Aug-16	11.8	14.1	—	L		
▲ Population use of hospital beds following emergency admission	Q4 15/16	1.0	1.0	—	L		
▼ Management of long term conditions	Q4 15/16	820	795	—	L		
▲ Patient experience of GP services	H1 2016	90.4%	85.2%	—	H		
◀ Primary care workforce	H1 2016	0.9	1.0	*	H		
▼ Patients waiting 18 weeks or less from referral to hospital treatment	Aug-16	93.5%	91.0%	—	H		
▼ People eligible for standard NHS Continuing Healthcare	Q1 16/17	62.8	46.0	—	H		
Sustainability							
◀ Financial plan	2016	Red	SN/A	*	H		
◀ In-year financial performance	Q1 16/17	Red		*	H		
◀ Outcomes in areas with identified scope for improvement	Q1 16/17	40.0%	58.3%	*	H		
▲ Digital interactions between primary and secondary care	Q2 16/17	70.5%		—	H		
◀ Local strategic estates plan (SEP) in place	2016-17	Yes	SN/A	*	H		
Well Led							
◀ Staff engagement index	2015	3.8	3.8	*	H		
◀ Progress against workforce race equality standard	2015	0.0	0.2	*	L		
◀ Effectiveness of working relationships in the local system	2015-16	69.8	SN/A	*	H		
◀ Quality of CCG leadership	Q1 16/17	Amber	SN/A	*	H		

Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date

If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.

KEY
H = Higher
L = Lower
◁ = N/A



Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2016-17



Metric	Reporting Level	Information	2016-17												YTD		
			Q1			Q2			Q3			Q4					
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Preventing People from Dying Prematurely																	
Cancer Waiting Times																	
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	R	G						G		
			Actual	97.273%	94.333%	94.561%	94.702%	92.077%	95.431%							94.674%	
			Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G			G								G		
			Actual	95.297%			93.974%								94.672%		
			Target	93.00%			93.00%			93.00%			93.00%			93.00%	
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	R	R	R	G	G						R		
			Actual	100.00%	80.556%	80.00%	90.909%	98.214%	95.833%							91.892%	
			Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R			G								R		
			Actual	86.607%			95.27%								91.538%		
			Target	93.00%			93.00%			93.00%			93.00%			93.00%	
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	G	G						G		
			Actual	98.592%	96.053%	98.958%	97.297%	98.81%	96.552%							97.821%	
			Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G			G								G		
			Actual	98.354%			97.685%								98.039%		
			Target	96.00%			96.00%			96.00%			96.00%			96.00%	

26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	G	G								G		
			Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%									100.00%	
			Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G			G										G		
			Actual	100.00%			100.00%										100.00%		
			Target	94.00%			94.00%			94.00%			94.00%			94.00%			
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	G	G								G		
			Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%									100.00%	
			Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G			G										G		
			Actual	100.00%			100.00%										100.00%		
			Target	98.00%			98.00%			98.00%			98.00%			98.00%			
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	G	G								G		
			Actual	100.00%	100.00%	100.00%	100.00%	95.00%	96.667%									98.00%	
			Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G			G										G		
			Actual	100.00%			96.491%										98.02%		
			Target	94.00%			94.00%			94.00%			94.00%			94.00%			
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer.	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	R	R	G	G	R								R		
			Actual	88.571%	70.732%	80.851%	94.118%	85.714%	83.333%									83.404%	
			Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer.	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R			G										R		
			Actual	80.80%			87.50%											83.966%	
			Target	85.00%			85.00%			85.00%			85.00%			85.00%			

540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	R	R	G								G		
			Actual	100.00%	100.00%	100.00%	66.667%	85.714%	100.00%										91304%
			Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G			R										G		
			Actual	100.00%			80.00%											90.909%	
			Target	90.00%			90.00%			90.00%			90.00%			90.00%			

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	R	R	R	R	R									R		
			Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%											72.76%
			Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	G	G	R	R	G										R	
			Actual	55.56%	86.50%	76.90%	66.67%	67.50%	77.42%											71616%
			Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	R	R	R	R	R									R		
			Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%											64.898%
			Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	R	R	R	R	R										R	
			Actual	65.29%	67.40%	61.70%	57.90%	61.87%	61.8%											62.493%
			Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	R	R	R	R	R									R		
			Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%											90.803%
			Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	R	R	R	R	R										R	
			Actual	89.19%	87.40%	82.50%	80.67%	85.69%	84.01%											84.866%
			Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G									G	
			Actual	100.00%	100.00%										100.00%
			Target	95.00%	95.00%	95.00%	95.00%								95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	G	G											G		
			Actual	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%													50.00%
			Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	R	R	R	G	R												R		
			Actual	11	5	2	5	0	2														25
			Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	R	R	R	G	G													R	
			Actual	2.95	152	0.61	147	-	0.00														25.00
			Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	G	G													G		
			Actual	95.20%	94.882%	94.317%	94.51%	93.492%	92.619%															94.163%
			Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	G	G								G	
			Actual	0	0	0	0	0	0									0
			Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	R	R	R	G								R	
			Actual	0.374%	0.68%	2.10%	19.16%	18.25%	0.305%									12.19%
			Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	G	G								G	
			Actual	0	0	0	0	0	0									0
			Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Treating and Caring for People in a Safe Environment and Protect them from Avoidable Harm

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	Latest Date: 31/10/2016 P = Published U = Unpublished	RAG	G	G	G	G	R	R								R	
			YTD	0	0	0	0	1	1									1
			Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	Latest Date: 31/10/2016 P = Published U = Unpublished	RAG	G	R	R	G	G	G								G	
			YTD	5	11	15	16	18	19									19
			Target	6	9	13	18	20	24	27	29	29	29	32	38	27		

Accident & Emergency

2123: 4- Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	R	R	R	R	R								R	
			Actual	88.638%	89.65%	90.769%	87.866%	93.368%	91.165%									90.205%
			Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1927: A&E Attendances: All Types Number of attendances at all A&E depts	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	R	R	R	R	R								R	
			YTD	11,005	22,825	34,106	45,859	56,619	67,894									67,894
			Target	9,604	19,165	28,677	38,910	48,425	57,831	67,792	77,264	87,169	96,339	105,003	115,228	57,831		
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	G	G	G	R	G								R	
			Actual	1	0	0	0	1	0									2
			Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0