



*Southport and Formby
Clinical Commissioning Group*

Southport & Formby Clinical Commissioning Group

Integrated Performance Report
December 2016

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1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 9 (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)		SORM
Ambulance Category A Calls (Red 1)		NWAS
Cancer 2 Week GP Referral		SORM
RTT 18 Week Incomplete Pathway		SORM
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)		SORM
Ambulance Category A Calls (Red 2)		NWAS
Ambulance Category 19 transportation		NWAS
Cancer 14 Day Breast Symptom		
Cancer 31 Day First Treatment		SORM
Cancer 31 Day Subsequent - Drug		SORM
Cancer 31 Day Subsequent - Surgery		SORM
Cancer 31 Day Subsequent - Radiotherapy		SORM
Cancer 62 Day Standard		SORM
Cancer 62 Day Screening		SORM
Cancer 62 Day Consultant Upgrade		SORM
Diagnostic Test Waiting Time		SORM
HCAI - C.Diff		SORM
HCAI - MRSA		SORM
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		SORM
RTT 18 Week Incomplete Pathway		SORM
RTT 52+ week waiters		SORM
Stroke 90% time on stroke unit		SORM
Stroke who experience TIA		SORM
NHS E-Referral Service Utilisation		

Key information from this report

Financial position

The forecast outturn after the application of reserves is a deficit of £8.500m against a planned deficit of £4.000m. The revised forecast incorporates known risks and has been reported to NHS England. The position has deteriorated due to underperformance against the QIPP plan and increased cost pressures in the financial year. The financial position on operational budgets as at Month 10 is an overspend of £2.096m and the forecast for the year an overspend of £2.958m. The forecast position has deteriorated by £0.684m during the month. The majority of the cost pressure in year relates to over performance within acute provider contracts and the independent sector as well as the national increase in costs for Funded Nursing Care.

The value of QIPP savings delivered at the end of Month 10 is £4.773m, with further delivery of £2.902m expected for the remainder of the financial year. This will result in an overall deficit of £8.500m. Please note the CCG is forecasting delivery of a total £7.675m worth of QIPP savings compared with £8.782m reported in the opening plan. This would equate to 87% delivery of its QIPP plan in year.

Planned Care

Local referrals for the year to date at month 9 (December) are slightly above 2015/16 levels for the same period (+1.9%). Broken down by referral source, GP referrals are 1.9% above, consultant to consultant referrals are 3.9% above and Other referrals are 4.2% above 2015/16 levels. 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.

In December the CCG failed the less than 1% target for diagnostics, 32 out of 1867 patients waited over 6 weeks for their diagnostic test (1.71%). Southport & Ormskirk also failed the diagnostic monitoring standard reporting 1.86% of patients waiting in excess of 6 weeks. The number of patients waiting over 6 weeks increased to 46 in December (16 in the previous month). There are plans in place to reduce all waits to within the 6-week timeframe.

December saw the CCG fail the 92% target for RTT reaching 91.48%. Out of 7,865 patients on the pathway, 670 patients were still waiting to receive treatment after 18 weeks. The CCG has now commenced clinical triage for dermatology as part of its referral management system. This should result in better utilisation of community services and a reduction in dermatology referrals to secondary care from February 2017. Southport and Ormskirk also failed the target marginally recording 91.99%. This is a decline from the previous month at 92.71%. Bed issues and staff shortages have affected elective activity and both the inpatient and outpatient CIP projects have been tasked to review productivity. In the short term, all areas have been asked to put on extra activity where possible to bring the backlog of patients down and to improve Trust performance. Main areas of concern are Endocrinology, Respiratory, ENT, T&O and Dermatology.

The CCG has achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in December with a performance of 95.65% but are failing YTD with a performance of 92.72% partly due to previous month's breaches. Year to date out of 426 patients there have been 31 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 December with a performance of 80% and are failing year to date hitting 83.23%. In December 25, patients were seen 5 breaching the 62 day standard.

For the same measure Southport & Ormskirk failed the target of 85% in December recording 80.65%, the previous months are still impacting on the YTD position of 82.78%. In December 6 breaches occurred out of a total of 31 patients. Tumour sites not reaching the 85% standard were Haematology, Lower Gastro, Urology and Gynaecology.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to inpatient Friends and Family Test scores. But the Trust has seen an decrease in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has also decreased compared to the previous month and this is still below the England average. The percentage of people who would not recommend the inpatient service has increased since previous month and 1% above the England average.

Performance at Month 9 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £252k/1%. Three Providers are reporting an overspend of plus £200k; Wrightington Wigan and Leigh £301k/52%, Renacres £341/11% and Aintree University Hospital £208/7%. Overspend is offset by Southport Hospital who are showing a -£746k/4% under spend at month 9.

Unplanned Care

Southport & Ormskirk's performance against the 4 hour target for December reached 90.9% which failed the STF plan of 92.9%. Year to date they are under plan and are achieving 90.90%. Across the month, there was a 3% increase in overall Emergency Department attendances (compared to December 2015). Within this, there was a 9.4% increase in majors category ED attendances and a 6% increase in patients brought in by ambulance, putting significant pressure on the department. December saw the closure of 24 beds on the Southport site (from 14th December), which saw some operational difficulties. Across the Christmas period, the Trust's performance against the 4-hour standard was noted to be the best in the North West and in the top 10 performers nationally. January saw the opening of 'Bluebell 2', which creates capacity for 22 beds, in addition to a Discharge Lounge, in order to support flow on the Southport site.

Southport & Formby CCG and NWSAS failed to achieve the three ambulance indicators in month and year to date. In line with the pressures experienced across December, achieving the Handover time targets remains a significant challenge. However, performance for December was a significant improvement compared to December 2015. The additional investment in nursing staff to support triage in the Emergency Department is utilised to ensure that patients arriving by ambulance are triaged in a timely manner. This enables the team to be able to 'pull' the most sick patients into cubicles to commence treatment, which can result in delays to the 'less sick' ambulance patients when there is restricted flow within the department. Regular observations and intentional rounding is completed to ensure that patient safety is paramount.

Southport & Ormskirk failed the stroke target in December with only 19 out of 34 patients spending 90% of their time on a stroke unit. Performance against the 90% target of patients spending their time on a stroke unit continues to be a significant challenge. The stroke team continue to 'pull' any patients requiring a stroke bed from the Emergency Department whenever possible. Non-stroke patients on the ward are identified daily and moved out in the event of a patient on an acute ward requiring a stroke bed. As previously reported, the configuration of bays on the current stroke unit template does create some difficulties in meeting male/female demand.

December saw the CCG and Southport & Ormskirk fail Mixed Sex Accommodation. In December 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 December Southport & Ormskirk had a total of 4 mixed sex accommodation breaches (a rate of 0.7). Of the 4 breaches, 2 were for

Southport & Formby CCG and 2 for West Lancashire CCG. Year to date there have been 52 breaches. The Trust has been carrying out remedial building work in Critical Care ward to mitigate further breaches; this will continue to be closely monitored through normal surveillance routes.

There were 2 new cases of Clostridium Difficile attributed to the CCG in December, reported by Southport & Ormskirk Hospital Trust (actual 25/ plan 29). For Southport & Ormskirk year to date the Trust has had 15 cases (7 upheld), against a plan of 27, so is under plan.

No new cases have been reported of MRSA in December there remains 1 case of MRSA was reported in August.

There are 236 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 90 apply to Southport & Formby CCG patients with 5 reported in November; 1 occurring from Southport and Ormskirk Hospitals NHS Trust, 1 for North West Ambulance Service and 3 at Mersey Care NHS Trust.

Delayed Transfers of Care (DTCOC's) decreased to 6 during December 2016 from 8 in November, a decrease of 25%. All of the 6 delays were for patient or family choice. Analysis of delays in December 2016 compared to December 2015 shows an increase in the number of patients waiting (83.3%). In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the system the Commissioning lead for Urgent Care participates in a weekly meeting to review all patients who are medical fit for discharge and are delayed. This is in conjunction with acute trust, community providers and Local Authority.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates. The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 87% in November to 61% in December. This is lower than the England average. The percentage not recommending has increased from 10% to 33% in December, this remains above the England average.

Performance at Month 9 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £1m/4%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £694k overspend. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £694k overspend. This is mainly due to General Medicine with activity (16%) and spend (13%) above the same period last year. The main HRGs driving the NEL over performance are Respiratory and Pneumonia related disorders.

Non-Elective excess bed days have also increased against the plan and last year's levels. This is due to major spikes in performance in both April and October 2016, which again is focused primarily in General Medicine. The levels of excess bed days have been queried with the Trust.

Mental Health

The three Key Mental Health Performance Indicators of Care Programme Approach and Early Intervention in Psychosis are achieving.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported fewer Southport & Formby patients entering treatment in month 9 but remains above an average for the year. 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 forecasting 11.1% against the 15% standard at year end. Referrals increased in month 9 by 31% with a total of 176, 50% of these were self-referrals. Marketing work has been carried out specifically in this area,

targeting specific population groups. GP referrals remained low with 52 reported in month 9 (against a monthly average of 106 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 increased slightly to 47.7% (from 47.2%). This fails to meet the minimum standard of 50%. A forecast outturn at month 9 gives a year end position of 48.3% which would fail but is slightly higher than the year-end position of 2015/16 (47.9%).

Commissioners continue to be involved in 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 MerseyCare 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). Recommendations from the review will be considered by both Mersey Care NHS Foundation Trust and the North Mersey Transformation Board. 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.

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach. The latest data on the NHS England site is 72.5% this is not using the new methodology, hence a lower rate than the new methodology will show but still above the 67% ambition.

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 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 practice to receive CQC inspection results was Chapel Lane Surgery with a "Requires Improvement" rating.

Work has been progressing throughout 2016/17 to develop a primary care dashboard to present through the Aristotle business intelligence portal. A draft version of the dashboard is currently being tested and reviewed with clinical leads and primary care leads to assess the content, format and functionality of the report. There are various "views" of the data, for CCG level users to view the indicators across the CCG area with the ability to drill to locality and practice level. Once the testing and review process is complete and the dashboard is live in Aristotle, information may 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.

Better Care Fund

A Better Care Fund monitoring report is being prepared for submission relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited.

CCG Improvement & Assessment Framework

A dashboard is released each quarter by NHS England consisting of sixty indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and beyond.

2. Financial Position

2.1 Summary

This report focuses on the Month 10 financial performance for Southport and Formby CCG as at 31 January 2017.

The forecast outturn after the application of reserves is a deficit of £8.500m against a planned deficit of £4.000m. The revised forecast incorporates known risks and has been reported to NHS England. The position has deteriorated due to underperformance against the QIPP plan and increased cost pressures in the financial year.

The financial position on operational budgets as at Month 10 is an overspend of £2.096m and the forecast for the year an overspend of £2.958m. The forecast position has deteriorated by £0.684m during the month. The majority of the cost pressure in year relates to over performance within acute provider contracts and the independent sector as well as the national increase in costs for Funded Nursing Care.

The value of QIPP savings delivered at the end of Month 10 is £4.773m with further delivery of £2.902m expected for the remainder of the financial year. This will result in an overall deficit of £8.500m.

It should be noted that the CCG is forecasting delivery of a total £7.675m worth of QIPP savings compared with £8.782m reported in the opening plan. This would equate to 87% 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)	(£8.500m)	(£7.000m)
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£4.773m	£4.694m
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

2.2 Resource Allocation

Additional allocations received in Month 10 were as follows:

- Children and Young People Waiting List and Waiting Times - £0.040m

This allocation forms part of the CAMHS transformation fund, was expected, and will be spent before the year end.

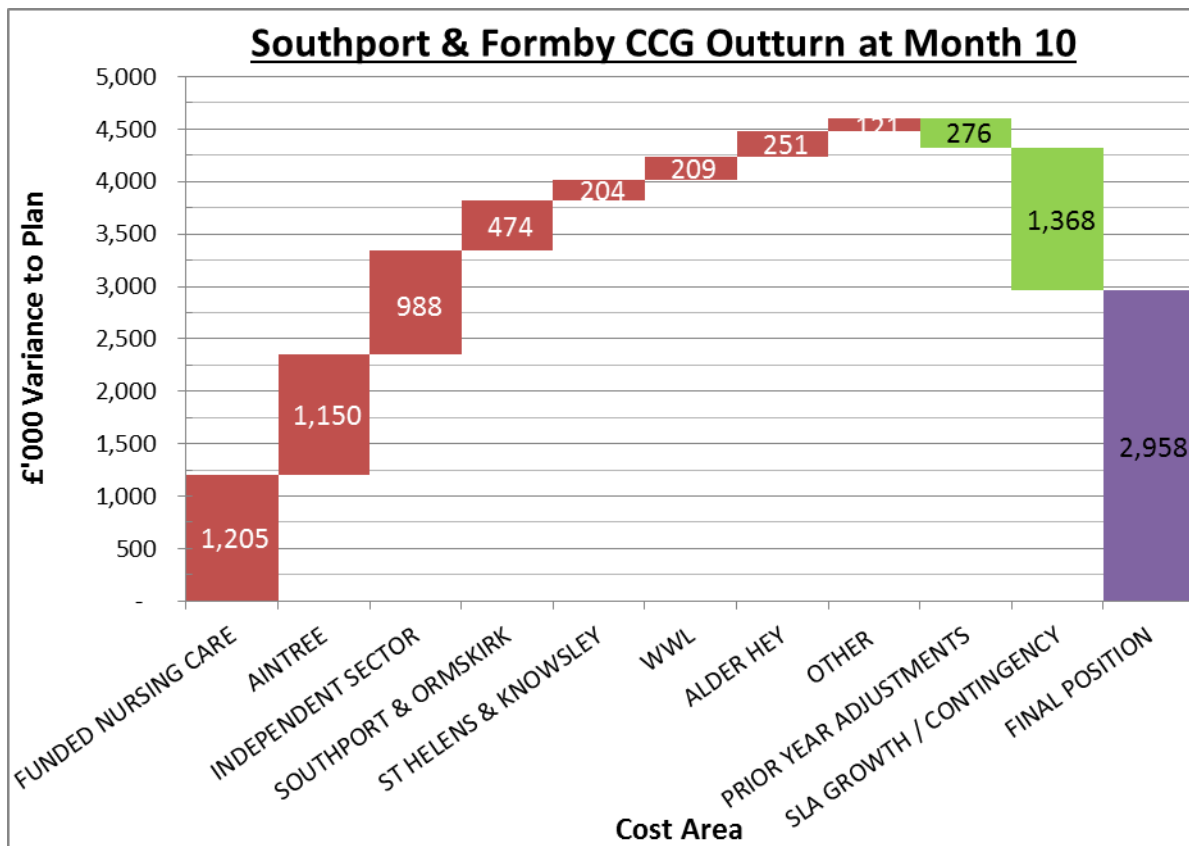
2.3 Financial Position and forecast

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 the overspend has been mitigated with the CCG contingency and growth reserves included in the original financial plan totalling £1.368m.

It should be noted that whilst the financial report is up to the end of January 2017, the CCG has based its reported position on the latest information received from Acute and Independent providers up to the end of December 2016 and extrapolated to January.

Figure 2 – Forecast Outturn



Independent Sector

The year to date position is an overspend of £0.718m overall with a year-end forecast of £0.988m mainly due to over performance against plan for Ramsay Healthcare of £0.646m year to date, this is partly offset by a £0.083m underperformance within the contract with Spire Healthcare. The position in

the independent sector is expected to improve in the final quarter as changes to the MCAS pathways take effect. We have seen noticeable reductions in T&O first attendance, at Ramsay Hospital, since the introduction of the new MCAS pathway. We expect this to result in reduced expenditure in future months.

Prescribing

There is a year to date overspend of £0.149m with a year-end forecast of breakeven. The achievement of a breakeven position is dependent on delivery of in-year efficiencies in addition to the QIPP plan agreed. 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 10 position for the continuing care and Funded Nursing Care budget is a £0.861m overspend, this position reflects the current number of patients, average package costs and the uplift to providers of 1.1% until the end of the financial year. The full year forecast has been calculated at £1.185m, which includes the £1.205m Funded Nursing Care cost pressure due to price increases.

The position 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.

Additional QIPP savings of £0.395m were identified in Month 8 due to introduction of the national spine to the Broadcare system, this integration identified a number of packages included in forecast costs which could be closed. Total year to date QIPP savings of £1.795m have now been actioned.

2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is £12.920m in total; the target has increased by £0.664m during the month due to deterioration in forecast outturn on 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 being done to determine whether they can be delivered in full.

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	(3,349)	(318)	(3,667)	(1,646)	0	(2,022)	(3,667)
Medicines optimisation plan	(1,153)	0	(1,153)	(661)	0	(492)	(1,153)
CHC/FNC plan	(1,439)	(400)	(1,839)	(1,795)	0	(44)	(1,839)
Discretionary spend plan	(721)	(4,202)	(4,923)	(3,086)	0	(1,837)	(4,923)
Urgent Care system redesign plan	(1,337)	0	(1,337)	(487)	0	(850)	(1,337)
Total QIPP Plan	(8,000)	(4,920)	(12,920)	(7,675)	0	(5,245)	(12,920)
Risk rated QIPP plan				(7,675)	0	0	(7,675)

As shown in Figure 4 and 5 below, £4.773m QIPP savings have been actioned at Month 10 against a phased plan of £8.698m.

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

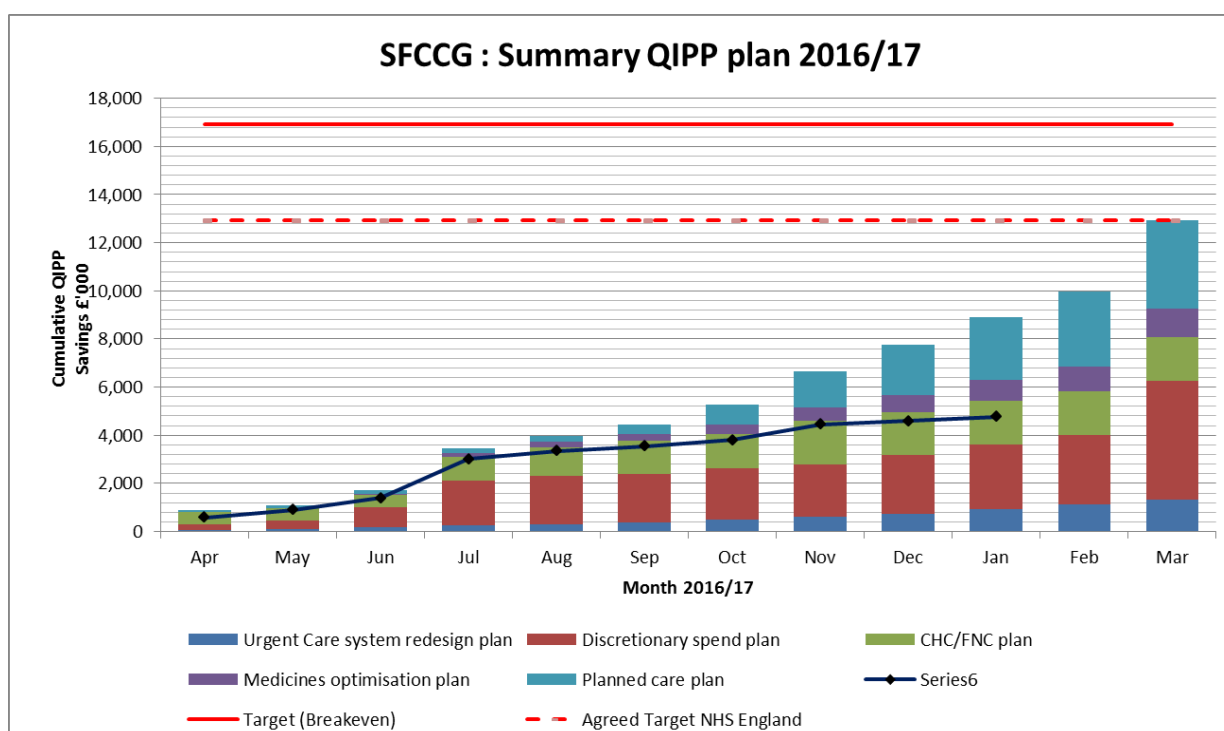


Figure 5 – QIPP performance at month 10

Scheme	Current month (M10)					
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance
Planned care plan	424	0	(424)	2,594	194	(2,400)
Medicines optimisation plan	147	90	(57)	858	311	(547)
CHC/FNC Plan	13	0	(13)	1,810	1,795	(15)
Discretionary spend plan	271	89	(182)	2,684	2,473	(222)
Urgent Care system redesign	195	0	(195)	751	0	(751)
Total	1,049	179	(870)	8,698	4,773	(3,935)

QIPP delivery is £3.935m below plan at Month 10. Delivery of the year end deficit of £8.500m requires further QIPP savings of £2.902m in the remaining two months of the financial year. A critical review of outstanding schemes has been undertaken along with an assessment of expected delivery for the remainder of the financial year.

Delivery of the agreed year end deficit of £7.000m requires a saving of £4.562m in the remaining three months of the financial year. An urgent and critical review of outstanding QIPP schemes is in progress and will be closely monitored. The CCG and scheme leads in particular must work to provide further assurance regarding the delivery of schemes.

The CCG expects to deliver a further £2.902m in Months 11 and 12, scheme leads in particular, must work to ensure delivery of the identified schemes. Figure 6 below shows the expected delivery of QIPP schemes for the remainder of the financial year.

Figure 6 – QIPP Schemes to be delivered

2016/17 QIPP Plan	£
PLCV procedures	(288)
MCAS / T&O 15% reduction in activity with Gair	(500)
Contract Challenges MRET	(52)
Contract Challenges (Phase 1)	(128)
CQUIN - C2C reduction S&O	(63)
CQUIN - 1st:Fup ratio S&O	(421)
Medicines Optimisation	(350)
Review other Expenditure - 3rd Sector	(26)
Provider CQUIN delivery 2016/17 (S&O) (20% o	(187)
LQC under-performance in 16/17	(400)
CQUIN - Zero LoS - S&O	(487)
Total All Schemes	(2,902)

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 £0.222m 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 01 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.

The CCG is required to take part in a MCD submission to NHS England at month 6 and month 9 to incorporate any changes in the CCGs forecast cash position to ensure sufficient cash is available throughout the financial year.

Month 10 position

Following the month 9 submissions, the MCD limit Southport & Formby CCG for 2016/17 was increased from £185.119m to £191.898m. Up to Month 10, the actual cash received is £156.288m (81.4% of MCD) against a target of £159.915m (83.3% of MCD).

A full year cash flow forecast, based on information available at month 9. This shows the CCG will have sufficient cash to meet its liabilities as they fall due. At month 12, the CCG is required to meet a cash target of 1.75% of its monthly cash drawdown, which is approximately £0.240m. This is excess cash above the threshold, which will need to be returned to NHS England.

A full year cash flow forecast, based on information available at month 10. This shows the CCG will have sufficient cash to meet its liabilities as they fall due. At month 12, the CCG is required to meet a cash target of 1.75% of its monthly cash drawdown (approximately £240k) as detailed below the CCG is forecasting to meet this target.

The CCG has been notified by NHS England that there is no opportunity prior to the year end to request additional cash. As a result of the finance team having to maintain this cash position, this could potentially result in an increase in year-end creditors and deterioration in BPPC performance.

2.7 Evaluation of risks and opportunities

QIPP

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 during February and March. The forecast position is dependent on delivery of £2.902m QIPP schemes in the remainder of the financial year.

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 this trend has continued in the current financial year. The year to date performance is particularly high and actions are required to mitigate further over performance in year and deliver the financial recovery trajectory into the new 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 have been 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 is monitored closely as QIPP schemes continue to be delivered.

1% Non-Recurrent Reserve

The CCG is expecting release of the 1% uncommitted reserve within the financial year. Release of this reserve will improve the financial position by £1.805m.

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 7 below. This demonstrates that the CCG plans to deliver a total management action plan of £7.675m in 2016/17 and this will result in a deficit of £8.500m.

Figure 7 – Forecast Outturn Position

	Recurrent £000	Non-Recurrent £000	Total £000
Planned Deficit	0.000	(4.000)	(4.000)
QIPP Target	(10.797)	0.835	(9.962)
Revised surplus / (deficit)	(10.797)	(3.165)	(13.962)
Forecast Outturn (against operational budgets)	(0.448)	(1.305)	(1.753)
FNC Cost Pressure	(1.205)	0.000	(1.205)
Reserve Budgets	0.000	0.745	0.745
Management action plan			
Actioned QIPP to date	2.939	1.834	4.773
Remaining QIPP plan	0.876	2.026	2.902
Total Management Action plan required	3.815	3.860	7.675
Revision to planned deficit			
Forecast Surplus / (deficit)	(8.635)	0.135	(8.500)

Figure 8 outlines the Best, Most likely and Worst Case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan. The most likely case assumes a reduced level of QIPP savings.

The worst case assumes a reduced level of QIPP savings and further risk in respect of Acute Care.

Figure 8 – Risk Rated Financial Position

Southport and Formby	Best Case £m	Most Likely £m	Worst Case £m
QIPP Target	(12.920)	(12.920)	(12.920)
QIPP achieved to date	4.773	4.773	4.773
Remaining QIPP requirement	(8.147)	(8.147)	(8.147)
Predicted QIPP achievement (M11-12)	2.902	2.402	2.202
Reserve Budgets	0.745	0.745	0.745
Planned Deficit	(4.000)	(4.000)	(4.000)
Forecast Surplus / (Deficit)	(8.500)	(9.000)	(9.200)
Further Risk			(0.300)
Risk adjusted Surplus / (Deficit)	(8.500)	(9.000)	(9.500)

2.9 Recommendations

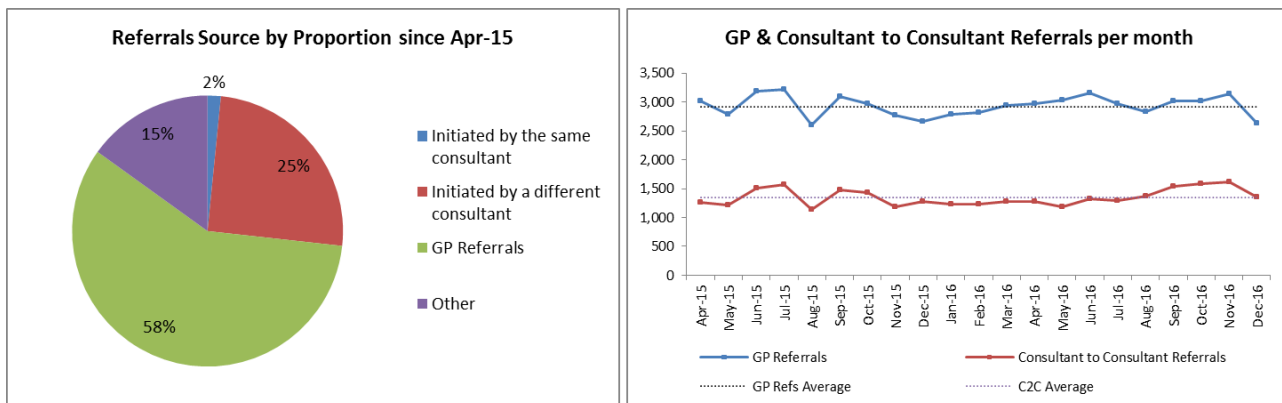
The Finance and Resource Committee is asked to receive the finance update, noting that:

- The CCG is currently forecasting a deficit of £8.500m against a planned deficit of £4.000m as its best case scenario. The likely case scenario indicates that the CCGs projected deficit will be £9,000m but this is dependent on delivery of the remaining risk adjusted QIPP plan.
- Further QIPP savings of £2.902m have been identified for the remainder of the financial year and this will result in a deficit of £8.500m.
- The position has deteriorated due to underperformance against the QIPP plan and increasing cost pressures within the financial year.
- As described in previous reports, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to deliver a reduction in costs to deliver the CCG financial position. The focus must be on reducing access to clinical services that provide low or little clinical benefit for patients.
- 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 9 – Referrals by Source across all providers for 2015/16 & 2016/17



December 2016 referrals from GPs were 0.9% lower than December 2015 referrals, whilst consultant to consultant referrals are 6.6% higher and 'other' referrals 28% lower over the same time periods.

Figure 10 - 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	26,293	26,803	510	1.9%
GP Total			26,293	26,803	510	1.9%
Other	01	following an emergency admission	88	61	-27	-30.7%
	02	following a Domiciliary Consultation	29	5	-24	-82.8%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	2,515	2,360	-155	-6.2%
	05	A CONSULTANT, other than in an Accident and Emergency Department	8,891	9,420	529	5.9%
	06	self-referral	1,333	1,263	-70	-5.3%
	07	A Prosthetist	5	3	-2	-40.0%
	08	Royal Liverpool Code (TBC)	313	349		0.0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	152	201	49	32.2%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	401	498	97	24.2%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	7	8	1	14.3%
	13	A Specialist NURSE (Secondary Care)	50	34	-16	-32.0%
	14	An Allied Health Professional	1,354	1,270	-84	-6.2%
	15	An OPTOMETRIST	736	785	49	6.7%
	16	An Orthoptist	76	30	-46	-60.5%
	17	A National Screening Programme	518	556	38	7.3%
	92	A GENERAL DENTAL PRACTITIONER	256	343	87	34.0%
	93	A Community Dental Service	6	0	-6	-100.0%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,962	2,255	293	14.9%	
Other Total			18,692	19,441	749	4.0%
Unknown			11	11	0	0.0%
Grand Total			44,996	46,255	1,259	2.8%

A referral management scheme started on 1st October in Southport & Formby CCG which is currently in Phase I (administrative phase). A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved. Clinical triage for routine dermatology began on February 13th and all specialties are now part of the referral management scheme phase I. Plans are on track for referral management phase II (clinical triage for more specialties).

Data quality note: Walton Neuro Centre & Renacres Hospitals have been excluded from the above analysis due to data quality issues. For info, Walton is recording approx. 80 referrals per month in 2016/17 and Renacres approx. 350 refs per month.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	16/17 - Nov	80% or 20% increase on previous year (60%)	41.00%	↓

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19.

The latest data for E-referral Utilisation rates is November when the CCG recorded 41% this is less than the previous month when 39% was recorded. An improvement in E-referral rates is anticipated as a result of the use of the referral management scheme.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - Dec	<1%	1.71%	↑	32 out of 1867 patients waited over 6 weeks for their diagnostic, 0 over 13 weeks.
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	16/17 - Dec	<1%	1.86%	↑	46 out of 2474 patients waited over 6 weeks for their diagnostic, 0 over 13 weeks.

Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During December 2016, the Trust failed the diagnostic monitoring standard reporting 1.86% of patients waiting in excess of 6 weeks.

The number of patients waiting over 6 weeks has increased to 46 in December (16 in the previous month). The diagnostic areas with over 10% of patient waiting more than 6 weeks are Urodynamics and Colonoscopy. The majority of breaches relate to scopes where there are capacity pressures. Lost sessions due to bank holidays in December and staff sickness meant that some lists would not be available for backfill. No longer using "YOUR WORLD" to backfill sessions has also resulted in sessions being taken out where these cannot be filled internally. There are plans in place to reduce all waits to within the 6-week timeframe.

3.3 Referral to Treatment Performance

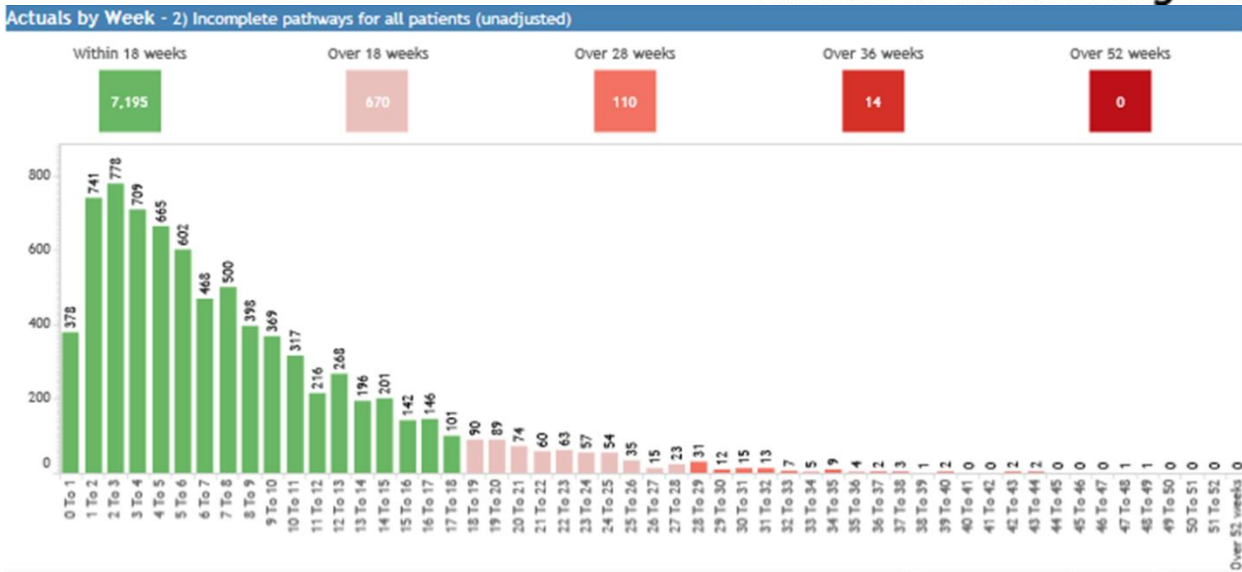
Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - Dec	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	16/17 - Dec	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 - Dec	92%	91.48%	↓
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 - Dec	92%	91.99%	↓

December saw the CCG fail the 92% target for RTT reaching 91.48%. Out of 7,865 patients on the pathway, 670 patients were still waiting to receive treatment after 18 weeks. The CCG has now commenced clinical triage for dermatology as part of its referral management system. This should result in better utilisation of community services and a reduction in dermatology referrals to secondary care from February 2017.

For Southport and Ormskirk the RTT performance remains below the required DoH standard of 92% for all incomplete pathways at 91.99% during December 2016. This represents a decline from the previous month at 92.71%. Bed issues and staff shortages have affected elective activity and both the inpatient and outpatient CIP projects have been tasked to review productivity. In the short term, all areas have been asked to put on extra activity where possible to bring the backlog of patients down and to improve Trust performance. Main areas of concern are Endocrinology, Respiratory, ENT, T&O and Dermatology. Early indications for January are signalling improved performance.

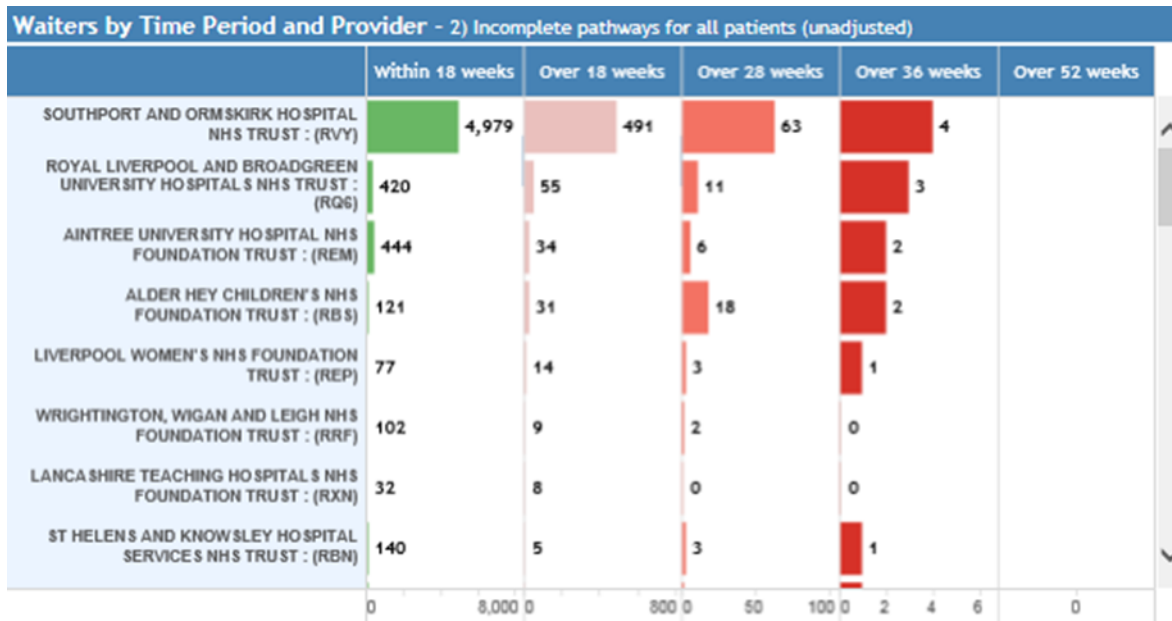
3.3.1 Incomplete Pathway Waiting Times

Figure 11 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 12 - 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 13 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

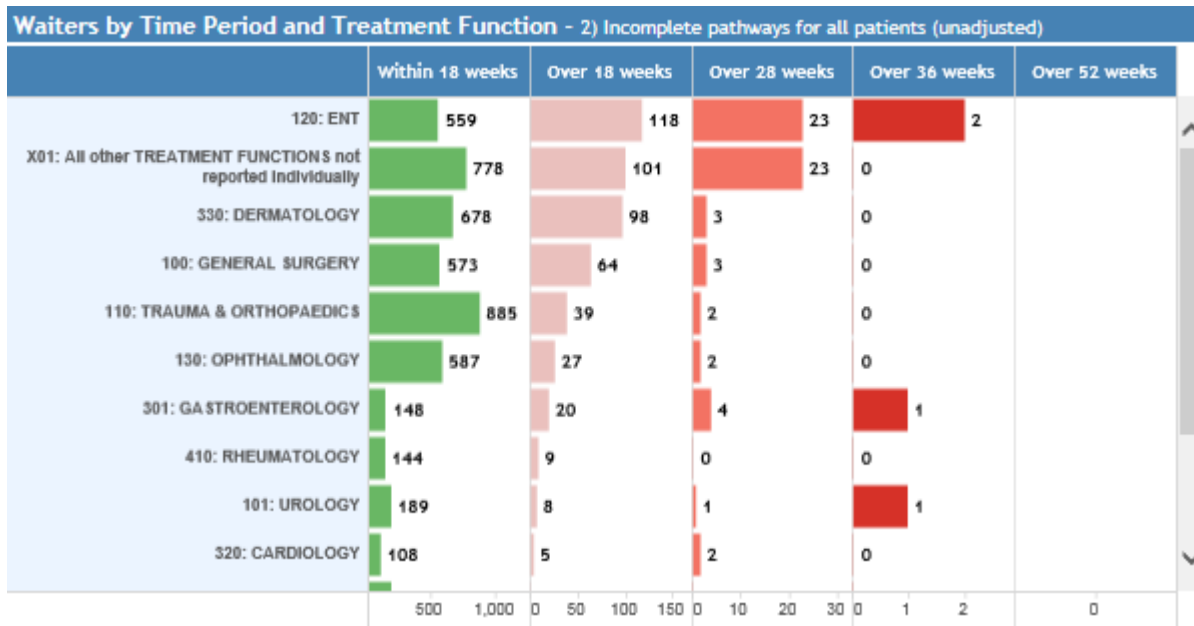
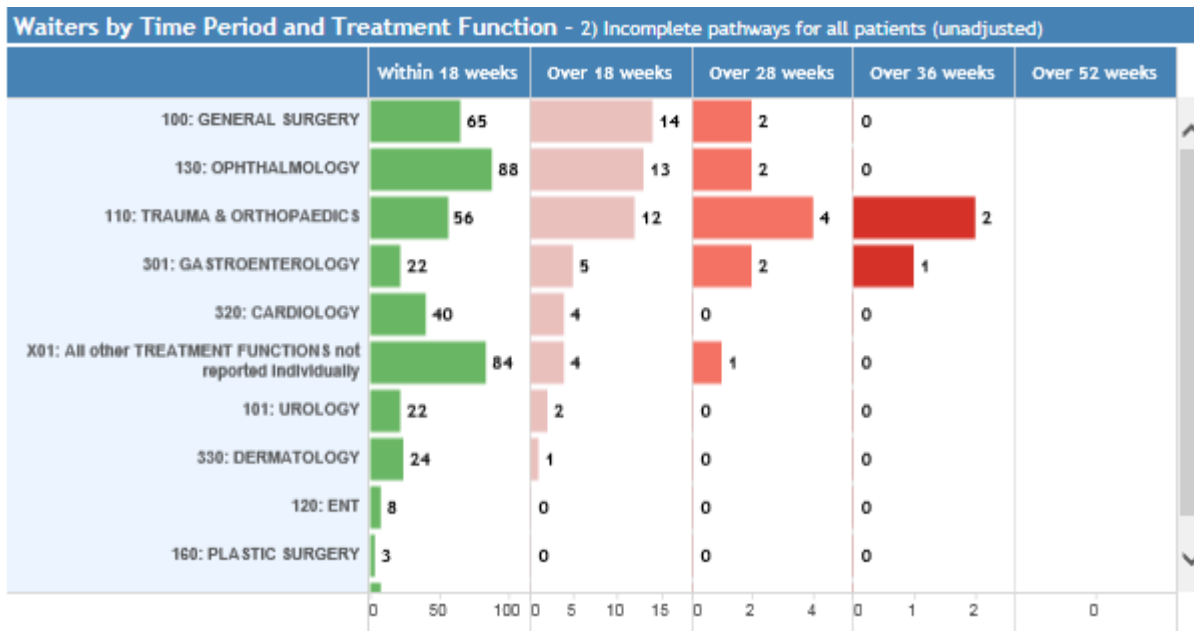


Figure 14 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	No of patients	Has patient been seen / has a TCI date?	Reason for the delay
Southport & Ormskirk Hospital	Gastroenterology	42	1	Patient DNA'd on 18/01/2017. Patient discharged to GP and pathway stopped.	Patient given appointment on 26/10/2016 which was patient cancellation. Another appointment given on 28/12/2016 which was hospital cancellation. Then appointment on 18/01/2017 was DNA'd.
Southport & Ormskirk Hospital	Gastroenterology	42	1	Follow up appointment given for 21/02/2017.	Patient had new appointment on 11/10/2016 and Gastroscopy on 09/12/2016 which patient cancelled until 20/12/2016. Patient follow up on 24/01/2017 patient cancelled due to exams.
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	ENT	43	1	Clock stopped 24/01/2017 - TCI completed.	Capacity issue
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	Plastic Surgery	47	1	Patient transferred from planned waiting list to active waiting list, week of 18 week pathway. Patient booked for surgery 06/01 (week 49), no earlier capacity with consultant.	
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	T&O	43	1	Clock Stop 10/01/2017 - Treated	Capacity
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	T&O	48	1	Clock Stop 10/01/2017 - Treated	Capacity

3.4 Cancelled Operations

3.4.1 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 - Dec	0	0	↑ ↔

3.4.2 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 - Dec	0	0	↑ ↔

3.5 Cancer Indicators Performance

3.5.1- 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 - Dec	93%	94.38%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	16/17 - Dec	93%	95.20%	↔
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 - Dec	93%	92.72%	↑
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 - Dec	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 December with a performance of 95.65% but are failing YTD with a performance of 92.72% partly due to previous month's breaches. Year to date out of 426 patients there have been 31 breaches.

3.5.2 - 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 - Dec	96%	97.73%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	16/17 - Dec	96%	98.44%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - Dec	94%	97.45%	↔

Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	16/17 - Dec	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - Dec	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	16/17 - Dec	94%	97.14%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - Dec	98%	99.43%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	16/17 - Dec	98%	100.00%	↔

3.5.3 - 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 - Dec	85%	85.59%	↑
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 - Dec	85% (local target)	88.95%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - Dec	90%	94.59%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	16/17 - Dec	90%	95.24%	↔

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - Dec	85%	83.23%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	16/17 - Dec	85%	82.78%	↓

The CCG failed the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in December with a performance of 80% and are failing year to date hitting 83.23%. In December, 25 patients were seen 5 breaching the 62 day standard.

For the same measure Southport & Ormskirk failed the target of 85% in December recording 80.65%, the previous months are still impacting on the YTD position of 82.78%. In December, 6 breaches occurred out of a total of 31 patients. Tumour sites not reaching the 85% standard were Haematology, Lower Gastro, Urology and Gynaecology. Radiology capacity and turnaround times are still a concern and continue to impact on patient pathways for all tumour sites. Radiology has outsourced some routine work to free up capacity. Escalation processes are in place. Capacity in dermatology and ENT has been noted to be of risk due to consultant vacancies and lost capacity. The Trust has instigated a Rapid Improvement Plan for 62 days for all tumours aiming for achievement by quarter 4.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
Southport & Ormskirk Hospitals NHS Trust
Latest Month: Dec-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%	15.6%		95%	92%		2%	3%	
Q1 - Antenatal Care	N/A	-		96%	100%		1%	0%	
Q2 - Birth	23.3%	12.8%		96%	96%		1%	4%	
Q3 - Postnatal Ward	N/A	-		94%	94%		2%	3%	
Q4 - Postnatal Community	N/A	-		98%	N/A		1%	N/A	- -

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 decrease in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the Trust has also decreased compared to the previous month and this is still below the England average. The percentage of people who would not recommend the inpatient service has increased since previous month and 1% above the England average.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. A Trust presentation of their new Patient and Carer Experience Strategy along with an FFT update is planned for the March or April CQPG. Plans will be for the Trust to deliver the same update to EPEG following this.

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 will present their Patient and Carer Experience Strategy and FFT update at the January CQPG and have been invited to the CCG EPEG meeting in February for the same.

The CCG Experience and Patient Engagement Group have created a dashboard to incorporate information available from FFTs, complaints and compliments.

Healthwatch are to undertake a listening event at the Trust and will be talking to patients, relatives and staff on all wards in March. The CCG quality team will pose questions to provide information from a patient perspective.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 9 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £252k/1%. Three Providers are reporting an overspend of plus £200k; Wrightington Wigan and Leigh £301k/52%, Renacres £341/11% and Aintree University Hospital £208/7%. Overspend is offset by Southport Hospital who are showing a -£746k/4% under spend at month 9.

Figure 15 - Planned Care - All Providers

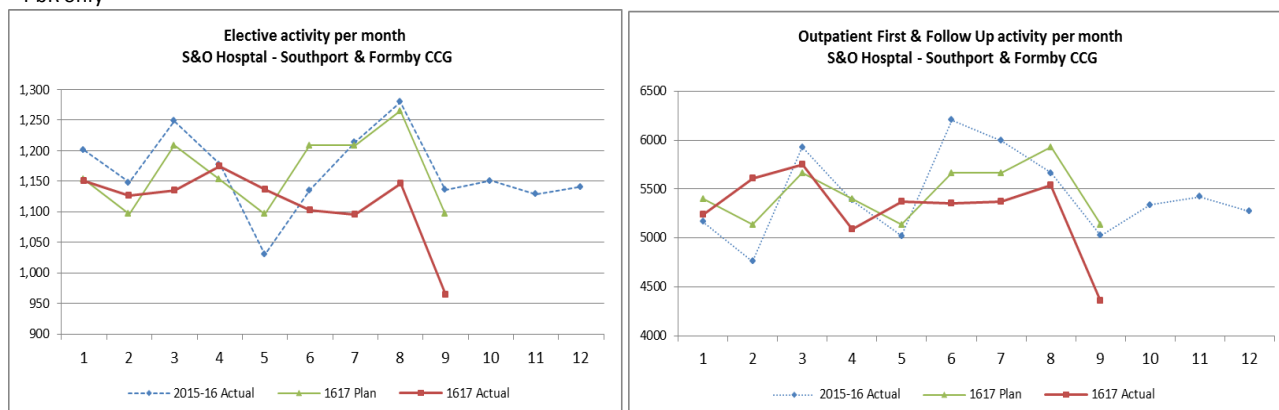
	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers								
Aintree University Hospitals NHS F/T	13,507	14,810	1,303	10%	£3,049	£3,257	£208	7%
Alder Hey Childrens NHS F/T *	737	887	150	20%	£388	£504	£117	30%
Central Manchester University Hospitals Nhs Foundation Trust	177	327	150	85%	£33	£108	£75	227%
Fairfield Hospital	59	103	44	75%	£9	£22	£13	139%
ISIGHT (SOUTHPORT)	2,913	3,286	373	13%	£668	£613	£55	-8%
Liverpool Heart and Chest NHS F/T	1,606	1,778	172	11%	£740	£724	£16	-2%
Liverpool Womens Hospital NHS F/T	1,823	1,950	127	7%	£524	£521	£3	-1%
Renacres Hospital	9,927	11,524	1,597	16%	£3,128	£3,469	£341	11%
Royal Liverpool & Broadgreen Hospitals	11,867	12,091	224	2%	£2,583	£2,517	£66	-3%
Southport & Ormskirk Hospital*	86,653	83,650	-3,003	-3%	£17,874	£17,128	£746	-4%
SPIRE LIVERPOOL HOSPITAL	480	294	-186	-39%	£168	£98	£69	-41%
ST Helens & Knowsley Hospitals	3,520	3,877	357	10%	£831	£944	£112	14%
University Hospital Of South Manchester Nhs Foundation Trust	149	180	31	21%	£27	£36	£9	33%
Walton Neuro	1,642	1,888	246	15%	£364	£409	£45	12%
Wirral University Hospital NHS F/T	236	216	-20	-8%	£77	£65	£13	-16%
Wrightington, Wigan And Leigh Nhs Foundation Trust	1,622	2,442	820	51%	£582	£883	£301	52%
Grand Total	136,919	139,303	2,384	2%	£31,045	£31,297	£252	1%
*PbR only								

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 16 - Planned Care – Southport and Ormskirk NHS Trust by POD

S&O Hospital Planned Care*	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	9,243	8,800	-443	-5%	£5,170	£4,795	£-375	-7%
Elective	1,243	1,232	-11	-1%	£3,247	£3,290	£43	1%
Elective Excess BedDays	208	273	65	31%	£46	£59	£13	29%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	1,107	677	-430	-39%	£165	£111	£-54	-33%
OPFASPCL - Outpatient first attendance single professional consultant led	11,817	11,566	-251	-2%	£1,841	£1,783	£-58	-3%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2,728	1,824	-904	-33%	£281	£205	£-76	-27%
OPFUPSCL - Outpatient follow up single professional consultant led	33,479	33,616	137	0%	£3,170	£3,144	£-27	-1%
Outpatient Procedure	18,210	18,221	11	0%	£3,230	£3,123	£-107	-3%
Unbundled Diagnostics	8,617	7,441	-1,176	-14%	£723	£618	£-105	-14%
Grand Total	86,653	83,650	-3,003	-3%	£17,874	£17,128	£-746	-4%

*PbR only



3.7.2 Southport & Ormskirk Hospital Key Issues

Planned Care at Southport & Ormskirk Hospital is reporting a year to date under performance of -£746k, which equates to a -4% variance. Under-Performance, in financial terms of the contract, is driven by Day Case procedures currently showing a -£375k/-7% variance. Outpatient Procedures and Unbundled Diagnostics are reporting a combined underspend of -£212k/-15% variance.

Despite a small resurgence in Elective activity in the previous two months, December has seen a drop in all planned care elements of the contract. As noted in previous months report the Trust has struggled all year to increase planned care activity mainly due to low theatre staff levels coupled with non-elective pressures.

Further reductions expected with the implementation of Joint Health and the introduction of the Blueteq system, which focuses on authorising procedures of low clinical value.

3.7.3 Renacres Hospital

Figure 17 - 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	1,294	1,309	15	1%	£1,322	£1,387	£65	5%
Elective	183	246	63	34%	£820	£1,059	£239	29%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	2,902	2,385	-517	-18%	£427	£354	-£73	-17%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	2,861	5,431	2,570	90%	£246	£346	£100	41%
Outpatient Procedure	1,769	1,075	-694	-39%	£229	£206	-£22	-10%
Unbundled Diagnostics	917	1,078	161	18%	£85	£116	£31	37%
Grand Total	9,927	11,524	1,597	16%	£3,128	£3,469	£341	11%

Renacres over performance of £341k/11% is largely driven by a £239k over performance in Elective Care, which has been a constant theme in 2016/17. Consultant Led, Outpatient Follow Ups are reporting a 90% over performance in planned activity. This is activity results in a £100k/41% costs variance.

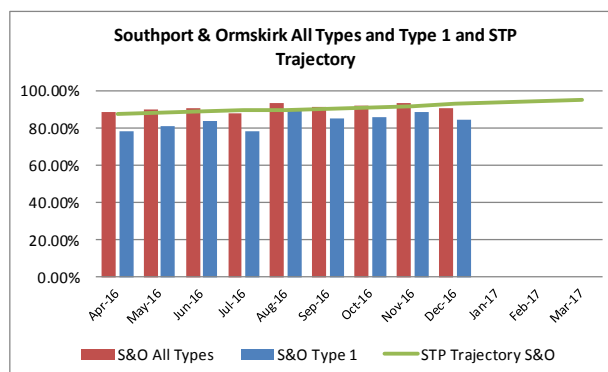
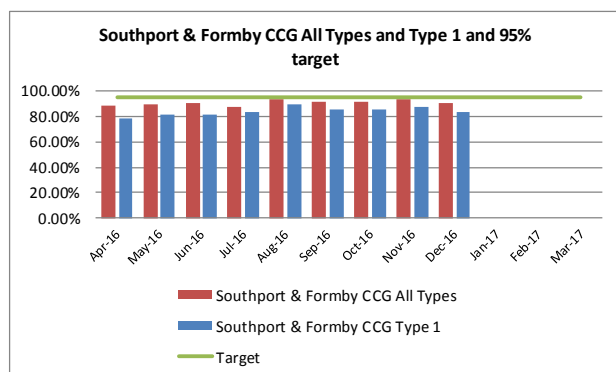
In terms of HRG performance in T&O, Major Hip, Major Knee & Major Shoulder Procedures are causing the over performance. There have been 118 Major Hip, Knee & Shoulder Procedures carried out in 2016/17 against a plan of 67. This increase results in an cost variance of £304k in the five major Hip, Knee & Shoulder HRGs.

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 - Dec	95.00%	90.72%	↔	Southport & Formby CCG failed the 95% target in December reaching 90.34% (year to date 90.72%). In December 365 attendances out of 3,777 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 - Dec	95.00%	84.07%	↔	Southport & Formby CCG failed the 95% target in December reaching 83.35% (year to date 84.07%). In December 360 attendances out of 2162 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 - Dec	STF Trajectory Target for Dec 92.9%	90.90%	↑	Southport & Ormskirk have not achieved the STF trajectory target in December reaching 90.9% (and are failing it year to date recording 91.01%). In December 1,027 attendances out of 11,290 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 - Dec	95.00%	83.95%	↓	Southport & Ormskirk have failed the target in December reaching 84.43% (year to date 83.95%). In December, 1,013 attendances out of 6,506 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
STP Trajectory S&O	87.50%	88.30%	88.80%	90%	90%	90.70%	91.40%	92.10%	92.90%
S&O All Types	88.60%	89.77%	90.92%	87.98%	93.84%	91.49%	92.11%	93.73%	90.90%



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 December reached 90.9%, which failed the STF plan of 92.9%. Year to date they are under plan and are achieving 90.90%. Across the month, there was a 3% increase in overall Emergency Department attendances (compared to December 2015). Within this, there was a 9.4% increase in majors category ED attendances and a 6% increase in patients brought in by ambulance, putting significant pressure on the department. December saw the closure of 24 beds on the Southport site (from 14th December), which saw some operational difficulties. Across the Christmas period, the Trust's performance against the 4-hour standard was noted to be the best in the North West and in the top 10 performers nationally. January saw the opening of 'Bluebell 2', which creates capacity for 22 beds, in addition to a Discharge Lounge, in order to support flow on the Southport site.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - Dec	75%	71.02%	↔	The CCG is under the 75% target year to date achieving 71.02%. In December out of 50 incidents there were 15 breaches (70%).
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - Dec	75%	61.79%	↔	The CCG was under the 75% target year to date reaching 61.79%. In December out of 673 incidents there were 290 breaches (56.97%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - Dec	95%	84.49%	↔	The CCG was under the 95% target year to date reaching 84.49%. In December out of 723 incidents there were 133 breaches (81.55%).
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	16/17 - Dec	75%	69.15%	↓	NWAS reported under the 75% target year to date reaching 69.15%. December reaching 61.63%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	16/17 - Dec	75%	63.22%	↓	NWAS failed to achieve the 75% target year to date reaching 63.22%. December reaching 57.31%.
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	16/17 - Dec	95%	89.38%	↓	NWAS failed to achieve the 95% target year to date reaching 89.38%. December reaching 85.42%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30-60 minute breaches) - Southport & Ormskirk	16/17 - Dec	0	144	↑ ↓	The Trust recorded 77 handovers between 30 and 60 minutes, this is an improvement on last month when 114 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	16/17 - Dec	0	69	↓	The Trust recorded 69 handovers over 60 minutes, this is also an increase on last month when 57 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, NWAS 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.

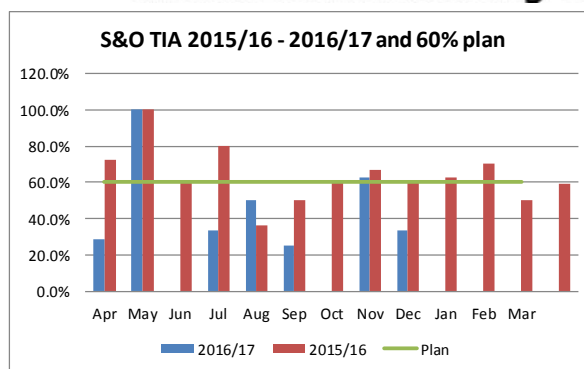
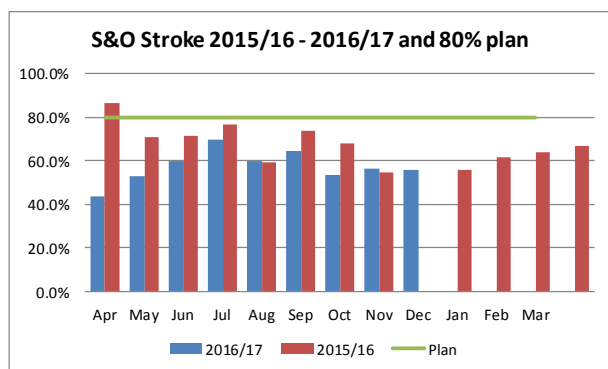
The Trust has signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisations.

In line with the pressures experienced across December, achieving the Handover time targets remains a significant challenge. However, performance for December was a significant improvement compared to December 2015. The additional investment in nursing staff to support triage in the Emergency Department is utilised to ensure that patients arriving by ambulance are triaged in a timely manner. This enables the team to be able to 'pull' the most sick patients into cubicles to commence treatment, which can result in delays to the 'less sick' ambulance patients when there is restricted flow within the department. Regular observations and intentional rounding is completed to ensure that patient safety is paramount.

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 - Dec	80%	55.90%	↔	The Trust failed the 80% target in December with only 19 out of 34 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 - Dec	60%	33.30%	↓	During December there were 3 reportable TIA's, two of which were breaches, seen outside the 24 hour period. One patient had symptoms seven days prior to referral.



Southport & Ormskirk failed the stroke target in December with only 19 out of 34 patients spending 90% of their time on a stroke unit. Performance against the 90% target of patients spending their time on a stroke unit continues to be a significant challenge. The stroke team continue to 'pull' any patients requiring a stroke bed from the Emergency Department whenever possible. Non-stroke patients on the ward are identified daily and moved out in the event of a patient on an acute ward requiring a stroke bed. As previously reported, the configuration of bays on the current stroke unit template does create some difficulties in meeting male/female demand.

The stroke team continue to provide care to patients requiring their input who cannot be accommodated on the stroke unit. Discussions are ongoing regarding the future of stroke at executive level and also at stroke clinical lead level.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - Dec	0.00	0.50	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	16/17 - Dec	0.00	0.70	↓

December saw the CCG and Southport & Ormskirk fail Mixed Sex Accommodation. In December 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 December Southport & Ormskirk had a total of 4 mixed sex accommodation breaches (a rate of 0.7) and have therefore breached the zero tolerance threshold. Of the 4 breaches, 2 were for Southport & Formby CCG and 2 for West Lancashire CCG. Year to date there have been 52 breaches. The Trust has been carrying out remedial building work in Critical Care ward to mitigate further breaches; this will continue to be closely monitored through normal surveillance routes.

4.3.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - Dec	29	25	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	16/17 - Dec	27	15 (9 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - Dec	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	16/17 - Dec	0	1	↔

There were 2 new cases of Clostridium Difficile attributed to the CCG in December, reported by Southport & Ormskirk Hospital Trust. For Southport & Ormskirk year to date the Trust has had 15 cases (7 upheld), against a plan of 27, so is under plan.

A case of MRSA was reported in August. A PIR was 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 - Nov	100	99.12	↑ ↔
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	107.30	

HSMR is reported for July 2016 rolling 12 month figure. July 2016 HSMR = 90.89. Expected Deaths = 51.71, Observed Deaths = 47. Annual Rolling HSMR = 99.12.

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. We have received no further update for the mortality indicators.

4.4 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 9.

There are 236 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 90 apply to Southport & Formby CCG patients with 5 reported in November; 1 occurring from Southport and Ormskirk Hospitals NHS Trust, 1 for North West Ambulance Service and 3 at Mersey Care NHS Trust.

Southport and Ormskirk Hospitals NHS Trust have 146 open serious incidents on StEIS, 60 involving Southport and Formby CCG patients, 73 involve West Lancashire CCG patients. 100 incidents are pressure ulcers with 36 occurring year to date, 34 of the 100 pressure ulcers apply to Southport and Formby CCG patients. The composite pressure ulcer action plan is due to be finalised and will be included at the next Collaborative Commissioning Forum (CCF) followed by the CQPG in March for approval. 101 incidents remain open on StEIS >100 days for the Trust; the majority of these are pressure ulcers. On agreement of the action plan it is anticipated pressure ulcers will be closed with the exception of 1 for each area (S&F community, S&O hospital and 1 within West Lancashire CCG community). Going forward, monitoring of the action plan will occur at CQPG meetings.

NHS England Cheshire and Merseyside (NHS E C&M) have noted a rise in the number of surgical never events across the C&M foot print. NHS E C&M intend to schedule an event in May 2017 with CCGs and providers to look at how this can be addressed. The Trust will be invited to attend.

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	63
	GP Practice within South Sefton	3	
	GP Practice within Southport and Formby	26	
	GP Practice within West Lancashire	33	
2016	GP Practice within Knowsley	1	78
	GP Practice within South Sefton	4	
	GP Practice within Southport and Formby	32	
	GP Practice within St Helens	1	
	GP Practice within West Lancashire	37	
	GP Practice within Wigan	1	
	GP Practice within Tameside & Glossop	1	
GP Practice within Cumbria	1		

MerseyCare NHS Foundation Trust – 21 open incidents on StEIS for Southport and Formby CCG patients with 14 open >100 days. 3 serious incidents were reported in December for S&F CCG patients making a total of 18 year to date. 1 incident reported in June relates to Secure Services which are managed by NHS England Specialist Commissioning.

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 (DTC's) decreased to 6 during December 2016 from 8 in November, a decrease of 25%. All of the 6 delays were for patient or family choice.

Analysis of delays in December 2016 compared to December 2015 shows an increase in the number of patients waiting (83.3%).

Delayed Transfers of Care April 2015 – December 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	Oct	Nov	Dec			
A) COMPLETION ASSESSMENT	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0			
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	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	1	1	0			
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	1	0	0	1	1	0	0	0	1	0	0	0	1	0	0	1	0	0	0			
DH) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1	1	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	0	0	0			
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	1	1	0	0			
G) PATIENT OR FAMILY CHOICE	1	1	0	0	0	7	2	2	1	1	4	4	3	3	4	4	1	1	7	5	6			
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0			
I) HOUSING	0	0	0	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	13	8	6			

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the system the Commissioning lead for Urgent Care participates in a weekly meeting to review all patients who are medical fit for discharge and are delayed. This is in conjunction with acute trust, community providers and Local Authority.

At times of severe pressure and high escalation the CCG Urgent Care lead participates in a system wide teleconference, which incorporates all acute trusts within the North Mersey AED delivery board, NNAS, local authorities, intermediate care providers, community care providers and NHSE to work collaboratively and restore patient flow.

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 DTC 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: Dec-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%	0.3%		86%	61%		8%	33%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates.

The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 87% in November to 61% in December. This is lower than the England average. The percentage not recommending has increased from 10% to 33% in December, this remains above the England average.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. A Trust presentation of their new Patient and Carer Experience Strategy along with an FFT update is planned for the March or April CQPG. Plans will be for the Trust to deliver the same update to EPEG following this.

The CCG 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 is being addressed.

EPEG has created 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

4.7.1 All Providers

Performance at Month 9 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £1m/4%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £694k overspend.

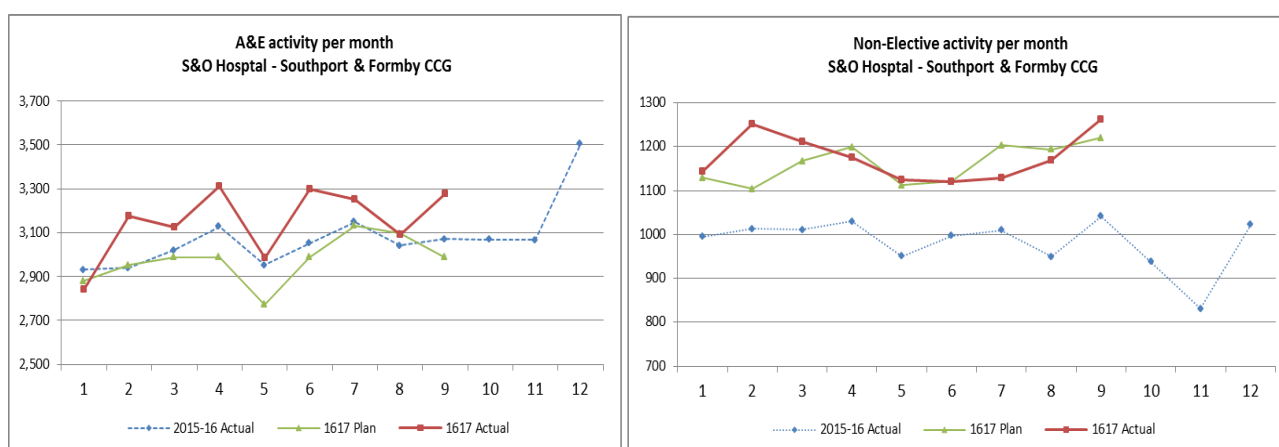
Figure 18 - Month 9 Unplanned Care – All Providers

	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	1,355	1,388	33	2%	£698	£914	£215	31%
Alder Hey Childrens NHS F/T	637	752	115	18%	£317	£366	£50	16%
Central Manchester University Hospitals Nhs Foundation Trust	66	86	20	30%	£22	£29	£7	30%
Countess of Chester Hospital NHS Foundation Trust	0	45	45	0%	£0	£18	£18	0%
Liverpool Heart and Chest NHS F/T	89	103	14	15%	£282	£307	£25	9%
Liverpool Womens Hospital NHS F/T	246	185	-61	-25%	£262	£226	-£36	-14%
Royal Liverpool & Broadgreen Hospitals	1,047	1,142	95	9%	£595	£633	£38	6%
Southport & Ormskirk Hospital	43,329	47,100	3,771	9%	£22,108	£22,802	£694	3%
ST Helens & Knowsley Hospitals	312	426	114	36%	£158	£196	£39	25%
Wirral University Hospital NHS F/T	83	62	-21	-26%	£33	£41	£8	24%
Wrightington, Wigan And Leigh Nhs Foundation Trust	46	72	26	55%	£39	£56	£16	41%
Grand Total	47,212	51,361	4,149	9%	£24,514	£25,588	£1,074	4%

4.7.2 Southport and Ormskirk Hospital NHS Trust

Figure 19 - Month 9 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care	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
A and E	27,394	29,350	1,956	7%	£3,645	£4,119	£474	13%
A and E Type 3	1,226	1,620	394	32%	£72	£92	£19	27%
NEL/NELSD - Non Elective/Non Elective IP Same Day	8,422	8,641	219	3%	£15,084	£15,279	£195	1%
NELNE - Non Elective Non-Emergency	820	1,159	339	41%	£1,551	£1,399	£-153	-10%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	131	151	20	15%	£43	£41	£-2	-4%
NELST - Non Elective Short Stay	1,207	1,166	-41	-3%	£848	£814	£-34	-4%
NELXBD - Non Elective Excess Bed Day	4,127	5,013	886	21%	£864	£1,058	£194	22%
Grand Total	43,329	47,100	3,771	9%	£22,108	£22,802	£694	3%



4.7.2 Southport & Ormskirk Hospital NHS Trust Key Issues

Urgent care is currently over spent by £694k across PbR and Non-PbR elements of the contract. The main driver behind the over performance is Non-Elective PbR admissions which is currently £200k over plan. This is mainly due to General Medicine with activity (16%) and spend (13%) above the same period last year. The main HRGs driving the NEL over performance are Respiratory and Pneumonia related disorders. A respiratory project has been launched in Southport & Formby practices targeting children who have had respiratory related admissions and calling those patients into practice for review by a specialist respiratory nurse.

After a dip in activity levels in the middle part of the year, activity levels have increased again to a peak in December. The Trust also informed the CCG high levels expected to continue throughout January.

Non-Elective excess bed days have also increased against the plan and last year's levels. This is due to major spikes in performance in both April and October 2016 again focused primarily in General Medicine. The CCG queried the high levels of excess bed days with the Provider with an audit by the discharge managers currently completed.

Accident and Emergency at the Trust site remains above plan for the year with only April showing a reduction for the same period compared with 2015/16. Previous discussions with the Trust have highlighted the increase in patients over 65years attending A&E and admitted in an emergency setting which has caused higher costs and an increase in excess bed days.

4.8 Aintree and University Hospital NHS Trust

Figure 20 Month 9 Unplanned Care – Aintree University Hospital NHS Trust by POD

Aintree University Hospital Urgent 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
AandE	615	830	215	35%	£76	£101	£25	33%
NEL - <i>Non Elective</i>	240	353	113	47%	£463	£705	£242	52%
NELNE - <i>Non Elective Non-Emergency</i>	15	13	-2	-13%	£35	£39	£4	12%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	75	39	-36	-48%	£16	£8	-£8	-48%
NELST - <i>Non Elective Short Stay</i>	60	65	5	8%	£36	£42	£7	19%
NELXBD - <i>Non Elective Excess Bed Day</i>	349	88	-261	-75%	£74	£19	-£55	-75%
Grand Total	1,355	1,388	33	2%	£698	£914	£215	31%

4.8.1 Aintree University Hospital NHS Trust Key Issues

Urgent Care over spend of £215k is driven by a £242k over performance in Non Elective costs. The main specialty over performance is Acute Medicine and Diabetic Medicine which is showing a £66k over spend. Further analysis of this has shown that there is a 49% increase in activity at Aintree this year with the higher proportion of those patients costs recorded against a nil plan.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 21 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

NHS Southport and Formby CCG					
PBR Cluster	Caseload as at 31/12/2016	2016/17 Plan	Variance from Plan	Variance on 31/12/2015	
0 Variance	43	41	2	6	
1 Common Mental Health Problems (Low Severity)	1	3	(2)	(2)	
2 Common Mental Health Problems (Low Severity with greater need)	5	11	(6)	(5)	
3 Non-Psychotic (Moderate Severity)	86	174	(88)	(85)	
4 Non-Psychotic (Severe)	215	156	59	61	
5 Non-psychotic Disorders (Very Severe)	39	29	10	9	
6 Non-Psychotic Disorder of Over-Valued Ideas	26	22	4	5	
7 Enduring Non-Psychotic Disorders (High Disability)	130	112	18	15	
8 Non-Psychotic Chaotic and Challenging Disorders	79	65	14	14	
10 First Episode Psychosis	69	65	4	3	
11 On-going Recurrent Psychosis (Low Symptoms)	260	291	(31)	(23)	
12 On-going or Recurrent Psychosis (High Disability)	185	153	32	28	
13 On-going or Recurrent Psychosis (High Symptom & Disability)	101	100	1	1	
14 Psychotic Crisis	18	11	7	9	
15 Severe Psychotic Depression	4	6	(2)	(2)	
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	13	10	3	4	
17 Psychosis and Affective Disorder – Difficult to Engage	28	26	2	2	
18 Cognitive Impairment (Low Need)	211	244	(33)	(20)	
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	694	787	(93)	(64)	
20 Cognitive Impairment or Dementia Complicated (High Need)	276	202	74	82	
21 Cognitive Impairment or Dementia (High Physical or Engagement)	64	53	11	14	
Cluser 99	174	123	51	62	
Total	2,721	2,684	37	114	

5.1.1 Key Mental Health Performance Indicators

Figure 22 - 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	Oct-16	Nov-16	Dec-16
E.B.S.3	The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Figure 23 - CPA Follow up 2 days (48 hours) for higher risk groups

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
KPI_19	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%	100%	100%	100%

Figure 24 - Figure 16 EIP 2 week waits

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
NR_08	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%	50%	50%	67%	100%
Rolling Quarter					50%	0%	40%	43%	50%	60%	71%

5.1.2 Mental Health Contract Quality Overview

Commissioners continue to be involved in 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.

At the February 2017 CQPG, the CCG raised concerns regarding the underperformance in relation to the ‘timeliness of GP Communications / Discharge Letters, since this KPI stopped being a CQUIN, the Trust has failed to meet the targets. A meeting was held with the Trust in December 2016 to discuss the underperformance in relation to GP communication KPIs, in South Sefton and Southport & Formby CCGs. The Trust confirmed that there are issues particularly from the Clock View site regarding timeliness of discharge summaries due to clinical staffing capacity. The Trust has added this to their Risk Register. The roll out of the RIO clinical IT system should have a positive impact on performance. However, the Trust confirmed that the RIO roll out has been put on hold due to ‘technical issues’. Performance will continue to be monitored via the CQPG and a full report and action will be requested for submission at the February 2017 CQPG.

5.2 Improving Access to Psychological Therapies

Figure 25 - 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	201	188	140			
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	-39	-52	-100			
	%	-16.4%	-18.9%	-25.1%	-30.5%	-32.6%	-37.6%	-16.4%	-21.8%	-41.8%			
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%	1.1%	1.0%	0.7%			
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	50.5%	50.5%	50.5%	47.5%	46.7%	43.5%	51.4%	47.2%	47.7%			
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%	100.0%	100.0%	97.5%			
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%	100.0%	100.0%	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	115	111	115	102	95	136	124	137	114			
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	8	10	4	3	3	5	15	12	7			
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	54	51	56	47	43	57	56	59	51			
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%	88.9%	87.4%	87.9%	88.0%	83.4%	86.1%	88.9%	74.7%			

The provider (Cheshire & Wirral Partnership) reported 140 Southport & Formby patients entering treatment in month 9. This is a decrease from the previous month when 188 patients entered treatment. 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 decreased in month 9 by 31% with a total of 186, 50% of these were self-referrals. Marketing work has been 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 remained low with 51 reported in month 9 (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 increased slightly to 47.7% (from 47.2%). This fails to meet the minimum standard of 50%. A forecast outturn at month 9 gives a year end position of 48.3%

which would fail to meet the minimum standard although is slightly higher than the year- end position of 2015/16 (47.9%).

Cancelled appointments by the provider remained low with 23 appointments being cancelled in month 9 (the lowest number since prior to April 2015). The provider has previously stated that cancellations could be 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 decreased from 103 in month 8 to 65 in month 9. 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, 98.2% 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%. 99.9% 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 nine months of 2016/17 for Southport & Formby CCG.

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 service continues to implement the actions identified in month 7 through additional staff/sessions, group work and changing working practices.

At the end of November 2016 a total of 493 patients were identified within the service as waiting for their second appointment, 36 were waiting 127+ days.

At the end of December 2016 a total 467 patients were identified within the service as waiting for their second appointment, 41 were waiting 127+ days. These patients were awaiting 1-2-1 intervention (face-to-face). Internal wait information is being submitted weekly by the provider.

Progress will continue to be monitored via the Quality and Contract meetings.

Efforts continue to receive a copy of the Intensive Support Team report following their visit on 21st October 2016.

5.3 Dementia

Summary for NHS Southport and Formby dementia registers at 31-12-2016

People Diagnosed with Dementia (Age 65+)	1,557
Estimated Prevalence (Age 65+)	2,148
Gap - Number of addition people who could benefit from diagnosis (all ages)	634
NHS Southport and Formby - Dementia Diagnosis Rate (Age 65+)	72.5%
National estimated Dementia Diagnosis Rate	67.8%
Target	67.00%

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated for April 2017 onwards. The new methodology is based on GP registered population instead

of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach.

The latest data on the NHS England site (in the above table) is not using the new methodology until April 2017, hence a lower rate than the new methodology will show.

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 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 have been known issues in Southport & Ormskirk Trust with the recording of Podiatry activity on the new clinic system EMIS, which have been discussed at the information sub group meeting. The issue was with the templates being used on EMIS not being fit for purpose. The Trust has stated that these templates have now been amended so that all required fields for AQP Podiatry can be completed, and this issue should have been rectified from October onwards. However, data cannot be

corrected retrospectively for the early months of 16/17. An agreement will have to be made between the Trust and the CCG as to how the Trust will receive payment without this.

Adult Hearing

The Adult Hearing Audiology budget is £248,000.

At month 9 2016/17 the YTD costs are £347,800, compared to £331,815 at the same time last year. Comparisons of activity between the two time periods show that activity is slightly higher in 16/17 at 1,065 compared to 930 in 15/16.

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 9 16/17 YTD the costs are £51,394, compared to £41,369 at the same time last year. Comparing activity with last year shows that activity has increased in 16/17 at 339, compared to 274 in 15/16.

6.2 Liverpool Community Health Contract

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 15.5% in Dec-16, a decline on last month's performance. Adult Dietetics is also high this month at 21.6% compared to 23.8% last month, as well as Paediatric Dietetics at 20% compared to 14.8% last month. Total DNA rates at Sefton are green for this month at 7.8%.

Provider cancellation rates remain relatively static this month with the exception of Paediatric Dietetics reporting 18.2% compared to 13.2% last month. Total hospital cancellation rate for Sefton is green at 2.6% 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 15% for December 2016. Total patient cancellations for Sefton have increased in Dec-16 to 11.6%.

6.2.2 Liverpool Community Health Quality Overview

The Trust regularly revises 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 (CF) and CQPGs.

The CCG has agreed a revised waiting time trajectory for Paediatric SALT with LCH to allow the Trust to develop a new service model, this will be reviewed at the end of the financial year. Patient experience and complaints / feedback are regularly monitored at CQPG meetings.

Sefton Locality are the only locality to achieve the stretch target of 60% of children receiving the Fluenz vaccination (nasal flu vaccination for children). Whilst all localities achieved over 50% against the baseline target of 40%, Sefton achieved the highest at 63%.

6.2.3 Waiting Times

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

Physiotherapy: Waiting times have steadily increased over the past 5 months, resulting in this service failing the 18 week target again in November – 20 weeks on the incomplete pathway and 28 weeks on the completed pathway. The longest waiter was 2 patients waiting at 26 weeks.

Occupational Therapy: Waiting times on the completed pathways (95th Percentile) have gradually increased over the past 3 months resulting in a breach of the 18 week target, an average of 23 weeks being reported in November. The longest waiter was at 21 weeks.

Podiatry: Waiting times on the completed pathways have steadily declined over the past 5 months, whilst the incomplete have remained relatively steady. The average wait (95th percentile) on the completed pathway was 19 weeks in November. The longest waiter was at 34 weeks.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 22 weeks from the 19 weeks reported in October, therefore this service is still reporting a breach of the 18 week target, whilst the incomplete pathway is still achieving. The longest waiter was at 34 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. In November, on the incomplete pathway the average waiting time (92nd percentile) increased from 33 weeks to 36 weeks, with the longest waiting patient increasing to 3 patients at 42 weeks. This service has consistently breached the 18 week target since it began reporting in August, with waiting times steadily increasing.

6.3 Any Qualified Provider LCH Podiatry Contract

At month 9 2016/17, the YTD cost for the CCG has increased slightly to £651 with 7 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

It has been agreed that funding for all contracted Third Sector providers will continue to provide services at their current contract value until 31st March 2016. Letters have been sent to providers to inform of this decision and to propose reduced funding levels from 1st April 2017. Meetings and consultations with providers are underway to discuss the potential impact upon services as a result of these changes.

8. Primary Care

8.1 Primary Care Dashboard Progress

Work has been progressing throughout 2016/17 to develop a primary care dashboard to present through the Aristotle business intelligence portal. A draft version of the dashboard is currently being tested and reviewed with clinical leads and primary care leads to assess the content, format and functionality of the report. There are various “views” of the data, for CCG level users to view the indicators across the CCG area with the ability to drill to locality and practice level. A core set of indicators allowing benchmarking across a number of areas has been produced first (practice demographics, GP survey patient satisfaction, secondary care utilisation rates, CQC inspection status), followed by further indicators and bespoke information to follow in phase II of this dashboard. Another report requiring further development will allow individual practices to review individual patients where the practice may have been identified as an outlier in the benchmarking dashboard. It will allow patients to be identified to support local schemes for example A&E frequent attenders, alcohol related admissions etc.

Once the testing and review process is complete and the dashboard is live in Aristotle, information may 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.

8.2 CQC Inspections

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. Below is a table of all the results from practices in Southport & Formby CCG. The latest practice visited was Chapel Lane Surgery, it achieved a “Requires Improvement” rating.

Figure 26 – CQC Inspection Table

Southport & Formby CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	27 August 2015	Good	Good	Good	Good	Good	Good
N84013	Curzon Road Medical Practice	n/a	Not yet inspected the service was registered by CQC on 1 July 2016					
N84021	St Marks Medical Center	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	16 November 2016	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26 September 2016					
N84006	Chapel Lane Surgery	06 February 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	n/a	Not yet inspected the service was registered by CQC on 11 May 2016					
N84618	The Hollies	10 May 2016	Good	Requires Improvement	Good	Good	Good	Good
N84008	Norwood Surgery	n/a	Not yet inspected the service was registered by CQC on 1 April 2013					
N84017	Churchtown Medical Center	17 August 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84611	Roe Lane Surgery	27 August 2015	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	15 April 2016	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Center	02 December 2016	Good	Good	Good	Good	Good	Outstanding
N84014	Ainsdale Village Surgery	10 December 2015	Good	Good	Outstanding	Good	Outstanding	Requires Improvement
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	n/a	Not yet inspected the service was registered by CQC on 24 June 2016					
N84625	The Family Surgery	n/a	Not yet inspected the service was registered by CQC on 30 September 2016					

Key	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

9. Better Care Fund

A Better Care Fund monitoring report is being prepared for submission relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited.

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 NHS England assess and manage their 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.

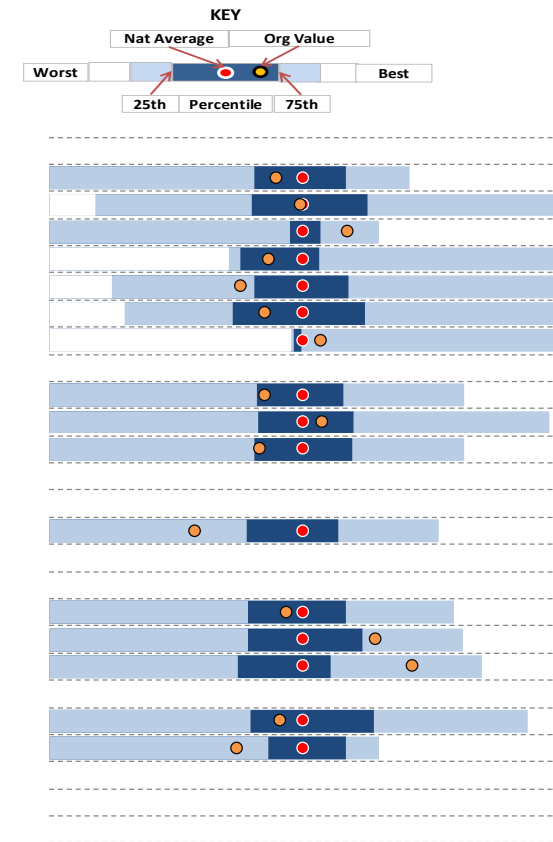
The framework draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership.

A dashboard is released each quarter by NHS England consisting of sixty indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those

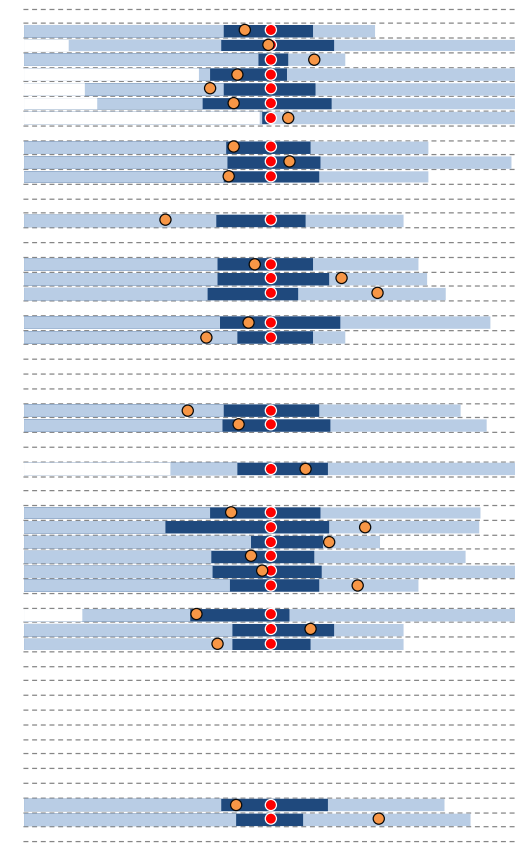
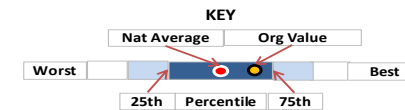
indicators. This approach allows for sharing of good practice between the two CCGs, and the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

10.2 Q3 Improvement & Assessment Framework Dashboard

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
<p>Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date</p> <p>If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.</p> <p>KEY H = Higher L = Lower <=> = N/A</p>					
Better Health					
Maternal smoking at delivery	Q2 16/17	12.6%	10.4%		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:	2014-15	46.8%	39.8%		H
People with diabetes diagnosed less than a year who attend a structured education	2014-15	3.1%	5.7%		H
Injuries from falls in people aged 65 and over	Jun-16	2,421	1,985		L
Utilisation of the NHS e-referral service to enable choice at first routine elective	Sep-16	40.4%	51.1%		H
Personal health budgets	Q2 16/17	45.1	18.7		H
Percentage of deaths which take place in hospital	Q1 16/17	41.2%	47.1%		<=>
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	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	Sep-16	1.2	1.1		<=>
Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in	Sep-16	7.9%	9.1%		<=>
Quality of life of carers	2016	0.76	0.80		H
Better Care					
Provision of high quality care	Q3 16/17	51.0			H
Cancers diagnosed at early stage	2014	49.5%	50.7%		H
People with urgent GP referral having first definitive treatment for cancer within 62	Q2 16/17	87.5%	82.3%		H
One-year survival from all cancers	2013	72.8%	70.2%		H
Cancer patient experience	2015	8.7			H
Improving Access to Psychological Therapies recovery rate	Sep-16	46.8%	48.4%		H
People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Nov-16	57.1%	77.2%		H
Children and young people's mental health services transformation	Q2 16/17	35.0%			H
Crisis care and liaison mental health services transformation	Q2 16/17	42.5%			H
Out of area placements for acute mental health inpatient care - transformation	Q2 16/17	12.5%			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	
Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
▲ Reliance on specialist inpatient care for people with a learning disability and/or autism	Q2 16/17	66			L
◀▶ Proportion of people with a learning disability on the GP register receiving an annual health check	2015/16	25.1%	37.1%		H
◀▶ Neonatal mortality and stillbirths	2014-15	7.9	7.1		L
◀▶ Women's experience of maternity services	2015	71.2			H
◀▶ Choices in maternity services	2015	60.5			H
◀▶ Estimated diagnosis rate for people with dementia	Nov-16	72.4%	68.0%		H
▼ Dementia care planning and post-diagnostic support	2015/16	75.5%			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	Nov-16	93.2%	88.4%		H
▼ Delayed transfers of care per 100,000 population	Nov-16	7.9	15.0		L
▲ Population use of hospital beds following emergency admission	Q1 16/17	1.1	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 access	Q3 16/17	0.0%			H
◀▶ Primary care workforce	H1 2016	0.9	1.0		H
▼ Patients waiting 18 weeks or less from referral to hospital treatment	Nov-16	92.2%	90.6%		H
▲ People eligible for standard NHS Continuing Healthcare	Q2 16/17	63.8	46.2		◊
Sustainability					
◀▶ Financial plan	2016	Red			◊
◀▶ In-year financial performance	Q2 16/17	Red			◊
◀▶ Outcomes in areas with identified scope for improvement	Q2 16/17	50.0%			H
▼ Expenditure in areas with identified scope for improvement	Q2 16/17	0.0%			H
◀▶ Local digital roadmap in place	Q3 16/17	Yes			◊
▲ Digital interactions between primary and secondary care	Q3 16/17	71.4%			H
◀▶ Local strategic estates plan (SEP) in place	2016-17	Yes			◊
Well Led					
◀▶ Probity and corporate governance	Q2 16/17	Fully compliant			H
◀▶ 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			H
◀▶ Quality of CCG leadership	Q2 16/17	Amber			◊



Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2016-17



Metric	Reporting Level	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	RAG	G	G	G	G	R	G	R	G	G				G
		Actual	97.273%	94.333%	94.561%	94.702%	92.077%	95.431%	92.347%	94.09%	94.664%				94.385%
		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%
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	RAG	G			G			G					G	
		Actual	95.297%			93.974%			93.72%					94.378%	
		Target	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	RAG	G	R	R	R	G	G	R	G	G				R
		Actual	100.00%	80.556%	80.00%	90.909%	98.214%	95.833%	91.228%	95.313%	95.652%				92.723%
		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	RAG	R			G			G					R	
		Actual	86.607%			95.27%			93.976%					92.488%	
		Target	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 (31days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	G	G				G
		Actual	98.592%	96.053%	98.958%	97.297%	98.81%	96.552%	93.548%	98.611%	100.00%				97.727%
		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 (31days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G			G			G					G	
		Actual	98.354%			97.685%			97.537%					97.885%	
		Target	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	RAG	G	G	G	G	G	G	G	G				G	
		Actual	100.00%	100.00%	100.00%	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%
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	RAG	G			G			G					G	
		Actual	100.00%			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	RAG	G	G	G	G	G	G	R	G	G			G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.00%	100.00%	100.00%				99.429%
		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%
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	RAG	G			G			G					G	
		Actual	100.00%			100.00%			98.63%					99.355%	
		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	RAG	G	G	G	G	G	G	G	G				G	
		Actual	100.00%	100.00%	100.00%	100.00%	95.00%	96.667%	95.833%	94.737%	100.00%				97.452%
		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%
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	RAG	G			G			G					G	
		Actual	100.00%			96.491%			96.491%					97.059%	
		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	RAG	G	R	R	G	G	R	R	G	R			R	
		Actual	88.571%	70.732%	80.851%	94.18%	85.714%	83.333%	83.333%	86.842%	80.00%				83.544%
		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%
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	RAG	R			G			R					R	
		Actual	80.80%			87.50%			84.146%					84.013%	
		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	RAG	G	G	G	R	R	G	G	G	G			G	
		Actual	100.00%	100.00%	100.00%	66.667%	85.714%	100.00%	100.00%	100.00%	100.00%				94.595%
		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%

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	RAG	G	R	G		G								
		Actual	100.00%	80.00%	100.00%		94.444%								
		Target	90.00%	90.00%	90.00%	90.00%	90.00%								
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG													
		Actual	85.714%	88.889%	84.211%	80.952%	100.00%	77.778%	86.667%	81.818%	90.00%				85.593%
		Target													
1878: % of patients receiving treatment for cancer within 62 days upgrade their priority (QUARTERLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority	Southport And Formby CCG	RAG													
		Actual		85.366%			82.50%			86.486%					84.746%
		Target													

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	RAG	G	R	R	R	R	R	R	R	R				R	
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%	64.59%	62.80%	61.63%					69.153%
		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%
	Southport And Formby CCG	RAG	R	G	G	R	R	G	R	R	R				R	
		Actual	55.56%	86.50%	76.90%	66.67%	67.50%	77.42%	71.74%	67.65%	70.00%					71.023%
		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%	
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	RAG	R	R	R	R	R	R	R	R	R				R	
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%	63.05%	60.35%	57.31%					63.224%
		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%	
	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R	
		Actual	65.29%	67.40%	61.70%	57.90%	61.87%	61.18%	63.13%	62.05%	56.97%					61.789%
		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%	
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R				R		
		Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%	88.23%	86.79%	85.42%					89.376%
		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%	
	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R	
		Actual	89.19%	87.40%	82.50%	80.67%	85.69%	84.01%	87.65%	82.81%	81.55%					84.488%
		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%	

1932: Ambulance: 30 minute handover delays Number of ambulance handover delays over 30 minutes	ORMSKIRK & DISTRICT GENERAL HOSPITAL	RAG													
		Actual	0	1	0	0	1	0	4	0	1				7
		Target													
	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	RAG													
		Actual	275	298	192	309	179	236	170	134	213				2,006
		Target													
1933: Ambulance: 60 minute handover delays Number of ambulance handover delays over 60 minutes	ORMSKIRK & DISTRICT GENERAL HOSPITAL	RAG													
		Actual	0	0	0	0	0	0	0	0	0				0
		Target													
	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	RAG													
		Actual	173	134	71	172	65	107	60	57	69				908
		Target													

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	RAG	G	G	G								G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		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%

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	RAG	G	G	G	G	G	G	G	G				G	
		Actual	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	66.667%	100.00%				56.522%
		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%

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	RAG	R	R	R	R	G	R	R	R	R				R
		Actual	11	5	2	5	0	2	1	2	2				30
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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	RAG	G	G	G	G	G	G	G	G	R					G
		Actual	95.201%	94.882%	94.317%	94.51%	93.492%	92.619%	92.36%	92.215%	91.481%					93.464%
		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%
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	RAG	G	G	G	G	G	G	G	G	G					G
		Actual	0	0	0	0	0	0	0	0	0					0
		Target	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	RAG	G	G	R	R	R	G	G	G	R					R
		Actual	0.374%	0.68%	2.10%	1.916%	1.825%	0.305%	0.512%	0.768%	1.714%					1.34%
		Target	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	RAG	G	G	G	G	G	G	G	G	G					G
		Actual	0	0	0	0	0	0	0	0	0					0
		Target	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	RAG	G	G	G	G	R	R	R	R	R					R
		YTD	0	0	0	0	1	1	1	1	1					1
		Target	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	RAG	G	R	R	G	G	G	G	G	G					G
		YTD	5	11	15	16	18	19	22	23	25					25
		Target	6	9	13	18	20	24	27	29	29	29	32	38	29	

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	RAG	R	R	R	R	R	R	R	R	R					R
		Actual	88.638%	89.65%	90.769%	87.891%	93.343%	91.165%	91.753%	93.159%	90.336%					90.718%
		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%
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) %of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R	R	R	R	R					R
		Actual	88.596%	89.772%	90.923%	87.978%	93.838%	91.494%	92.109%	93.731%	90.903%					91.009%
		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%
1928: 12 Hour Trolley waits in A&E																