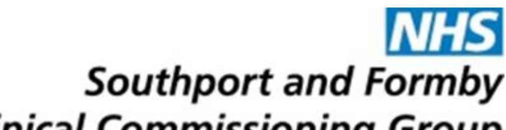
Southport & Formby Clinical Commissioning Group

Integrated Performance Report
February 2017



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Southport and Formby
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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 11 (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 year-end position after the application of reserves is a deficit of £6.695m against an original planned deficit of £4.000m. The revised position includes release of the 1% uncommitted risk reserve of £1.805m and has been discussed with and reported to NHS England throughout the year. The financial position has deteriorated during the year due to underperformance against the QIPP plan and increased cost pressures.

It should be noted that the CCGs original assessment of the 2016/17 financial position was a deficit of £6.000m; this was revised to £4.000m following negotiation with NHS England and an agreed recovery trajectory. Deterioration from the original assessment can be partly attributed to the unavoidable cost pressure in respect of Funded Nursing Care (£1.205m) which means that the CCG is effectively £1.300m away from its original plan.

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 12 is £6.959m against a target of £11.948m. It should be noted that QIPP savings delivered represent 79% of the original target of £8.782m as reported in the opening plan.

Planned Care

Local referrals for the year to date at month 11 (February) are slightly above 2015/16 levels for the same period (+1.5%). Broken down by referral source, GP referrals are 0.9% below, consultant to consultant referrals are 8.5.% above and Other referrals are 0.9 lower than 2015/16 levels. 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.

In February the CCG failed the less than 1% target for diagnostics, 34 out of 2,024 patients waited over 6 weeks for their diagnostic test (1.7%). Southport & Ormskirk also failed the diagnostic monitoring standard reporting 1.5% of patients waiting in excess of 6 weeks. The number of patients waiting over 6 weeks reduced to 39 in February (78 in the previous month).

The CCG has not achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in February with a performance of 90.48% and are failing YTD with a performance of 92.51%. Year to date out of 534 patients there have been 40 breaches. The CCG did not achieve the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in February with a performance of 84.62% and are failing year to date achieving 82.29%. . In February 23 patients were seen with 9 breaching the 62 day standard. For the same measure, Southport & Ormskirk failed to achieve the target of 85% in February recording 76.47%. This and previous month's performances are still having an impact on the YTD position of 82.62%.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to Friends and Family. The Trust has seen an increase in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the Trust has seen a decrease on January and this is below the England average. The percentage of people who would not recommend the inpatient service has risen and is greater than the England average.

Performance at Month 11 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £29k/0%. Wrightington Wigan and Leigh shows the largest over performance with a £417k/59% variance. Overspend is offset by Southport Hospital who are showing a -£1.2m/-6% under spend at month 11.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for February reached 87.99%, which failed the Cheshire & Merseyside 5 Year Forward View (STP) plan of 94.3%. Year to date they are under plan, achieving 90.26%. Admissions, via A&E, were significantly lower than February 2016 and analysis is currently underway to review the correlation between this and the increase in senior support. Flow, however, remains a significant challenge with additional escalation areas opened to maintain patient safety. A number of areas internally and externally were affected by flu across January and February, which impacted on flow, in addition to changes in the discharge planning team. High Bed occupancy at Southport and 170 patients had a length of stay over 6 days (the highest reported figure since March 2016). Morning discharges were 12.3% against a target of 33%. These bottlenecks result in extended delays in ED that the CBU is actively trying to manage.

NWAS failed to achieve the three ambulance indicators in month and year to date, however Southport and Formby CCG Achieved the Category A Red 1 Response time target in February, whilst failing to achieve in the others. 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 organisation. In line with the metrics against the 4-hour performance, ED experienced significant bottlenecks because of the increase in bed occupancy and length of stay. These blocks resulted in delays in handing over ambulances in a timely manner. A further rapid improvement event is under discussion. As part of the A&E Delivery Sub-Group work streams, ambulance handovers are part of the focus on the 'in-hospital' work stream.

Southport & Ormskirk failed the stroke target in February with only 13 out of 25 patients spending 90% of their time on a stroke unit. This is a drop in performance from January where the Trust achieved 60.7%. As reported monthly, the current configuration of the stroke unit with 3 bays remains a challenge in meeting male/ female demand. A decision is still awaited regarding capital funding to convert a bay to side rooms to meet and manage male/ female demand, whilst ensuring that there are sufficient side rooms to meet IP&C requirements for repatriation from other Units. Clinical meetings have taken place regarding the future of hyper acute stroke and a further meeting is taking place with CCGs on 20/2/17.

February saw Southport & Ormskirk fail Mixed Sex Accommodation. In month the trust had 4 mixed sex accommodation breaches (a rate of 0.8) and has therefore breached the zero tolerance threshold. All of the 4 breaches were for West Lancashire CCG patients. Year to date there have been 62 breaches. Every effort is made through the 4 x daily escalation / handover meetings to ensure appropriate beds are identified as soon as possible to prevent breeching same sex accommodation indicator.

There were 2 new cases of Clostridium Difficile attributed to the CCG in February, reported by Southport & Ormskirk Hospital Trust. For Southport & Ormskirk year to date the Trust has had 18 cases (10 upheld), against a plan of 33, so is under plan.

There were no new cases of MRSA reported in February for the CCG making 2 year to date, one in August and one in January.

There are 239 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 95 of these incidents apply to Southport & Formby CCG patients. 144 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 65 of these being Southport & Formby CCG patients.

Delayed Transfers of Care (DTOC's) remained at 4 during February 2017, the same figure as in January. 2 of the 4 delays were for patient or family choice. Analysis of delays in February 2017 compared to February 2016 shows a reduction in the number of patients waiting (57%). 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 an increase in the percentage of people who would recommend the service from 53% in January to 85% in February. This is lower than the England average. The percentage not recommending has also decreased from 28% to 9% in February, however this still remains above the England average.

Performance at Month 11 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £944k/3%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £525k overspend.

Mental Health

Two of the three Key Mental Health Performance indicators are achieving in February, however CPA follow up 2 days in high risk groups is failing for the second consecutive month.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported fewer Southport & Formby patients entering treatment in month 11. 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 10.4% against the 15% standard at year end. Referrals decreased in month 11 by 16% with a total of 235, 57% 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 reduced with 65 reported in Month 11 (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 to 51.7% (from 49%). This achieves the minimum standard of 50%, (and would be directly comparable with a year-end position for 2015/16).

Commissioners continue to be involved in the Trust's review of the acute care pathway (including crisis). 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 initial draft of the review has been received by commissioners and has been commented upon. The 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 70.9%, however 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

Southport & Ormskirk ICO has shifted IT systems from IPM to EMIS. However due to the contract transferring over to a different provider for June 2017 onwards, they did not commence phase 2 of this migration. Due to limited staffing and the implementation of MCAS taking priority, phase 2 was delayed.

Members of both the CCG BI team and the new provider's BI team have met on a couple of occasions to establish relationships and form an information sub group. Initial discussions have been around improving on existing reports, firstly by making sure the quality of the data is to a high standard, and eventually moving towards creating new activity plans, waiting times targets, and key performance indicators.

Primary Care

The latest Southport & Formby practice to receive CQC inspection results was Kew Surgery with a "Requires Improvement" rating.

Phase one of Primary Care Dashboard development is now complete. A live version of the dashboard is available in Aristotle. 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.

Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited but due for imminent release.

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 financial performance for Southport and Formby CCG as at 31 March 2017.

The year-end position after the application of reserves is a deficit of **£6.695m** against an original planned deficit of £4.000m. The revised position includes release of the 1% uncommitted risk reserve of £1.805m and has been discussed with and reported to NHS England throughout the year. The financial position has deteriorated during the year due to underperformance against the QIPP plan and increased cost pressures.

It should be noted that the CCGs original assessment of the 2016/17 financial position was a deficit of £6.000m; this was revised to £4.000m following negotiation with NHS England and an agreed recovery trajectory. Deterioration from the original assessment can be partly attributed to the unavoidable cost pressure in respect of Funded Nursing Care (£1.205m) which means that the CCG is effectively £1.300m away from its original plan.

	Original Plan	**NHS England Revised Plan**
	£'m	**£'m**
Plan	(6.00)	(4.00)
Mandated FNC	(1.21)	(1.21)
Total	(7.21)	(5.21)
M10 - Revised Plan	(8.50)	(8.50)
Total	(8.50)	(8.50)
Variance - out turn to original plan	**(1.29)**	**(3.29)**

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 12 is £6.959m against a target of £11.948m. It should be noted that QIPP savings delivered represent 79% of the original target of £8.782m as reported in the opening plan.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		Full Year	Prior Month
Business Rules	1% Surplus	✕	✕
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Reserve	✓	✓
Surplus	Financial Surplus / (Deficit)	**(£6.695m)**	**(£8.500m)**
QIPP	QIPP delivered to date *(Red reflects that the QIPP delivery is behind plan)*	**£6.959m**	**£6.889m**
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

2.2 Resource Allocation

Additional allocations received in Month 12 were as follows:

- PMS Premium balance transfer to March 2017 - £0.025m

This allocation reflects the PMS Premium payments due from August to March and is fully committed within the financial year.

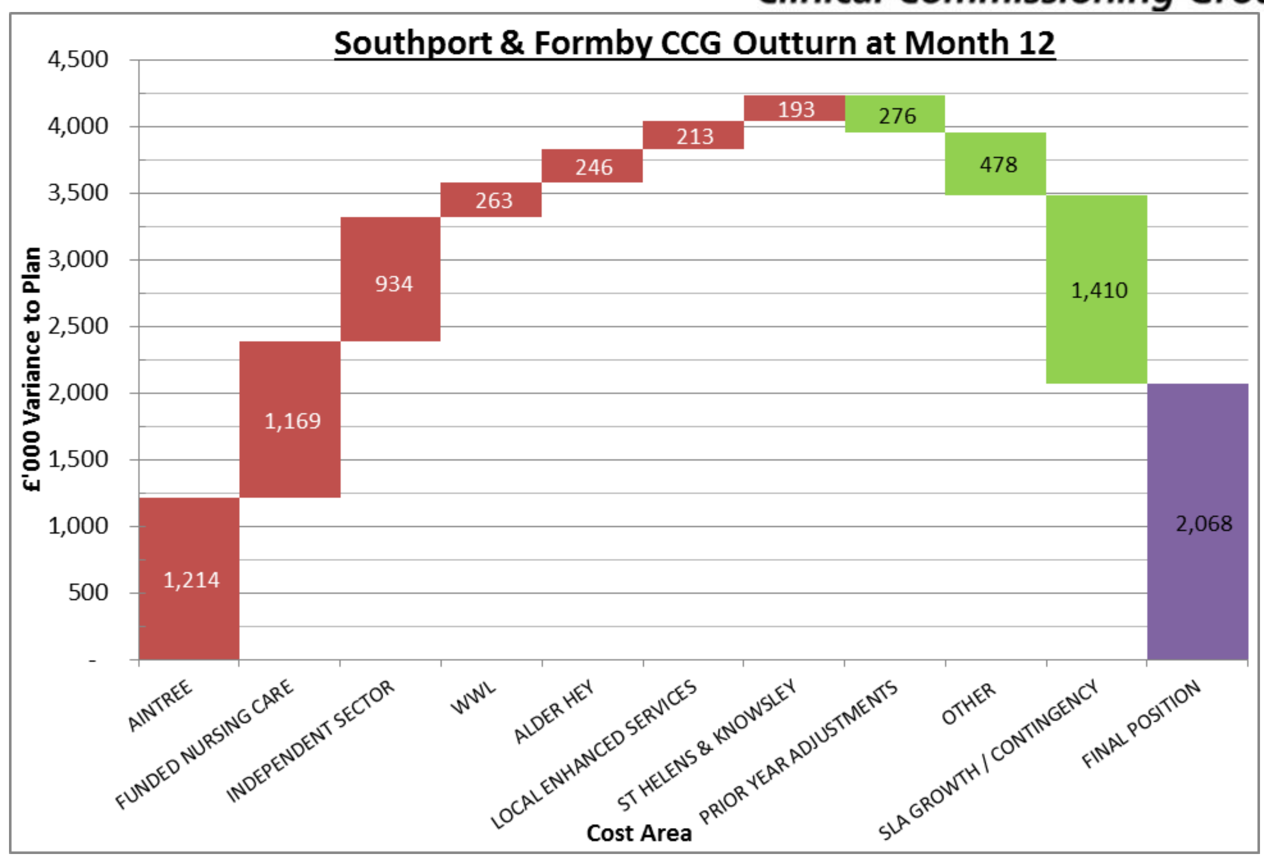
2.3 Financial Position and forecast

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 £1.410m.

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

Figure 2 – Financial Performance by Provider



Independent Sector

The full year position is an overspend of £0.934m. This is mainly due to over performance against plan for Ramsay Healthcare of £0.807m which is partly offset by a £0.072m underperformance within the contract with Spire Healthcare. Noticeable reductions continue to be evident in Trauma & Orthopaedics first attendances at Ramsay Hospital, since the introduction of the new MCAS pathway. This is expected to result in reduced expenditure in future months.

Prescribing

There is a full year underspend of £0.024m against a year-end forecast of breakeven due to delivery of in-year efficiencies in addition to the QIPP plan agreed. The full year QIPP efficiencies total £0.411m with the associated budget transferred to the QIPP plan.

Continuing Health Care and Funded Nursing Care

The Month 12 position for the Continuing Health Care and Funded Nursing Care budget is a £0.555m overspend, this position reflects the current number of patients, average package costs and the uplift to providers of 1.1%. This is a £0.105m decrease against the Month 11 forecast, which includes the £1.145m 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 amounting to £0.125m for the year.

Full year QIPP savings of £1.795m have been realised including savings achieved 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.

Work is presently ongoing between the CCG and Sefton MBC to ensure that all potential liabilities are identified and notified to the CCG in a timely manner. This review will continue in the coming months to provide assurance in this area.

2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is **£11.948m.** This plan was 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 shows a summary of the QIPP plan approved at the Governing Body in May 2016. The detailed QIPP plan shows the CCG has been delivered **£6.959m** savings in total during the year.

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

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	8,797	(6,091)	2,706	1,141	0	1,565	2,706
Medicines optimisation plan	3,070	(1,917)	1,153	513	0	640	1,153
CHC/FNC plan	1,775	64	1,839	1,795	0	44	1,839
Discretionary spend plan	10,718	(5,805)	4,913	3,032	0	1,881	4,913
Urgent Care system redesign plan	1,697	(360)	1,337	478	0	859	1,337
Total QIPP Plan	**26,057**	**(14,109)**	**11,948**	**6,959**	**0**	**4,989**	**11,948**
QIPP Delivered 2016/17				**6,959**	**0**	**0**	**6,959**

As shown in Figure 4 and 5 below, £5.023m QIPP savings have been actioned at Month 12 against a phased plan of £11.948m.

Figure 4 – Phased QIPP plan for the year

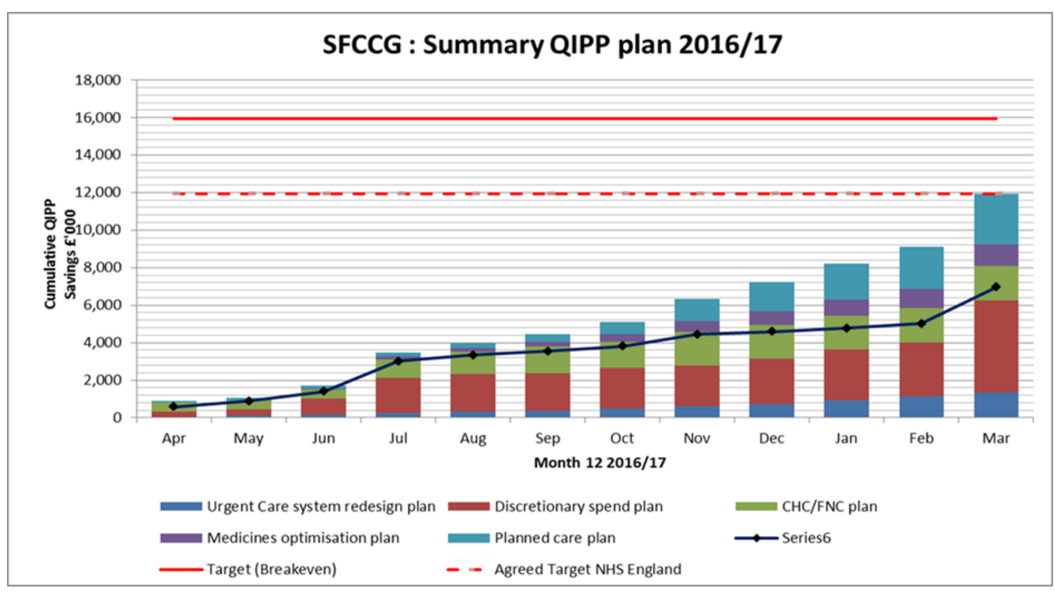


Figure 5 – QIPP performance at month 12

Scheme	Current Month (M12)							
	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Planned care plan	427	797	370	●	2,706	1,141	(1,565)	●
Medicines optimisation plan	147	102	(45)	●	1,153	513	(640)	●
CHC/FNC Plan	15	0	(15)	●	1,839	1,795	(44)	●
Discretionary spend plan	2,034	559	(1,475)	●	4,913	3,032	(1,881)	●
Urgent Care system redesign	196	478	282	●	1,337	478	(859)	●
Total	**2,819**	**1,936**	**(883)**		**11,948**	**6,959**	**(4,989)**	

Figure 6 shows the QIPP savings delivered in Month 12 against savings planned at Month 11.

Figure 6 – QIPP Schemes delivered Month 12

2016/17 QIPP Plan	Plan £000	Actual £000
MCAS - T&O reduction	250	(80)
PLCV Challenge	0	165
OPPROC Review	300	300
Prescribing	175	102
Third Sector	26	26
LQC Underperformance	229	225
MRET	78	78
CQUIN	808	999
Running Costs	0	121
Total	**1,866**	**1,936**

2.5 CCG Running Costs

The running cost allocation for the CCG is £2.627m and the CCG must not exceed this allocation in the financial year.

The current year position for the running cost budget is an underspend of £0.375m 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 available to organisations for use in each financial year.

The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year and is made up of:

- Total Agreed Allocation

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

Cash is held centrally at NHS England and is allocated monthly to CCGs following notification of cash requirements. As well as managing the financial position, organisations must manage their cash position. The monthly cash requested should cover expenditure commitments as they fall due and the annual cash requested should not exceed the maximum cash drawdown limit.

Month 12 position

At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £198k). At 31 March 2017 the CCG had a cash balance of £159k, therefore the cash target was achieved.

Run Rate

An overview of the run rate for the CCG shows the expenditure in each month for the full year. If the CCG is to achieve its year end position, the monthly expenditure needs to reduce.

2.7 Evaluation of risks and opportunities

The primary financial risks for the CCG during the financial year have been non-delivery of the QIPP target and increased performance within acute care, these risks will continue in future financial years and therefore require ongoing management and review.

QIPP

Overall management of the QIPP programme is monitored by the Joint QIPP committee. Although significant QIPP savings have been achieved during the year, the majority of savings were non-recurrent and require a recurrent solution. The focus must continue to ensure the required savings can be delivered in the new financial year.

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 has released the 1% uncommitted reserve in Month 12. Release of this reserve improved the financial position by £1.805m from a forecast deficit of £8.500m to a reported deficit of £6.695m. The CCG statutory accounts for 2016/17 will report the revised financial deficit of £6.695m.

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.

Figure 7 – 2016/17 Outturn Position

	Recurrent £000	Non-Recurrent £000	Total £000
Planned Deficit		(4.000)	(4.000)
QIPP Target	(8.817)	(1.165)	(9.982)
Revised surplus / (deficit)	(8.817)	(5.165)	(13.982)
Actual Outturn (against operational budgets)	(0.116)	(0.645)	(0.761)
FNC Cost Pressure	(1.205)	0.000	(1.205)
Reserves Budget	0.343	0.146	0.489
Management action plan			
QIPP Achieved	3.698	3.261	6.959
Total Management Action plan	**3.698**	**3.261**	**6.959**
Year End Surplus / (Deficit)	**(6.097)**	**(2.403)**	**(8.500)**
Release 1% Risk Reserve	0.000	1.805	1.805
Reported Surplus / (Deficit)	**(6.097)**	**(0.598)**	**(6.695)**

2.9 Recommendations

The Governing Body is asked to receive the finance update, noting that:

- The year end financial position is a deficit of **£6.695m** which includes release of the 1% uncommitted risk reserve of £1.805m.

- The CCG has delivered **£6.959m** QIPP savings during the year against a target of £11.948m. Further work is required to achieve recurrent savings.

- The position has deteriorated due to underperformance against the QIPP plan and increasing cost pressures within the financial year.

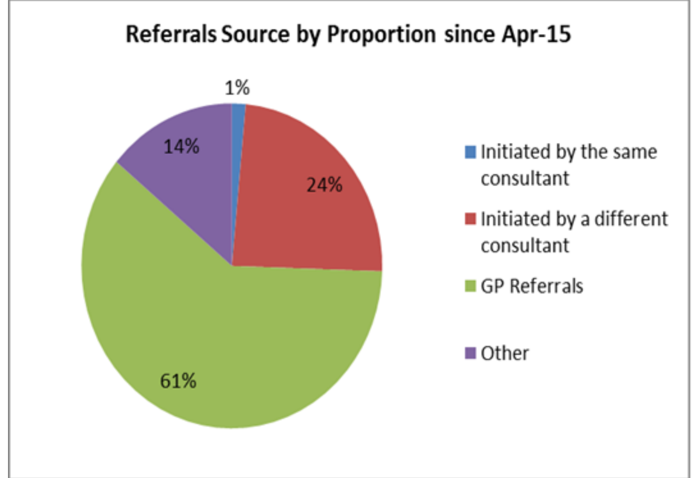
- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to deliver a reduction in costs. The focus must be on reducing access to clinical services that provide no or little clinical benefit 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 8 - Referrals by Source across all providers for 2015/16 & 2016/17



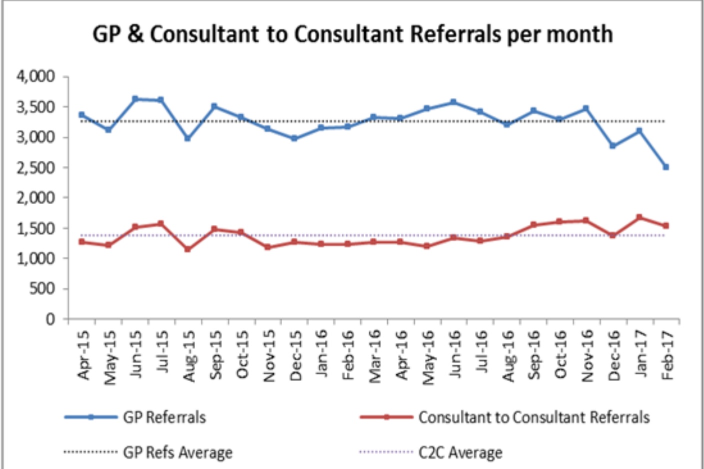


Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	35,929	35,616	-313	-0.9%
GP Total			35,929	35,616	-313	-0.9%
Other	01	following an emergency admission	101	83	-18	-17.8%
	02	following a Domiciliary Consultation	33	6	-27	-81.8%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	2,991	2,845	-146	-4.9%
	05	A CONSULTANT, other than in an Accident and Emergency Department	10,722	12,014	1,292	12.0%
	06	self-referral	1,621	1,604	-17	-1.0%
	07	A Prosthetist	5	3	-2	-40.0%
	08	Royal Liverpool Code (TBC)	395	410		0.0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	184	235	51	27.7%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	501	588	87	17.4%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	8	12	4	50.0%
	13	A Specialist NURSE (Secondary Care)	59	41	-18	-30.5%
	14	An Allied Health Professional	1,655	1,408	-247	-14.9%
	15	An OPTOMETRIST	868	934	66	7.6%
	16	An Orthoptist	86	35	-51	-59.3%
	17	A National Screening Programme	646	658	12	1.9%
	92	A GENERAL DENTAL PRACTITIONER	306	417	111	36.3%
	93	A Community Dental Service	6	0	-6	-100.0%
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	2,566	2,624	58	2.3%
Other Total			22,753	23,917	1,164	5.1%
Unknown			14	15	1	7.1%
Grand Total			**58,696**	**59,548**	**852**	**1.5%**

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.

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 - Jan	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 January when the CCG recorded 41%. This is more than the previous month when a rate of 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 - Feb	<1%	1.68%	↓	34 out of 2,024 patients waited over 6 weeks for their diagnostic, 2 over 13 weeks.
% of patients waiting 6 weeks or more for a Diagnostic Test **(Southport & Ormskirk)**	16/17 - Feb	<1%	1.50%	↓	39 out of 2,575 patients waited over 6 weeks for their diagnostic, 2 over 13 weeks.

The CCG failed the less than 1% target for diagnostics in February, out of 2024 patients there were 34 who waited over 6 weeks, 2 over 13 weeks, recording 1.68%. Of the 34 long waiters 20 were for echocardiography (2 being over 13 weeks), 4 were for audiology assessments, 3 were for gastroscopy, 3 for computed tomography, 2 urodynamics and 1 for cystoscopy and peripheral neurophysiology.

Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During February 2017, the Trust failed the diagnostic monitoring standard reporting 1.5% of patients waiting in excess of 6 weeks.

The number of patients waiting over 6 weeks has fallen to 39 in January (78 in the previous month).

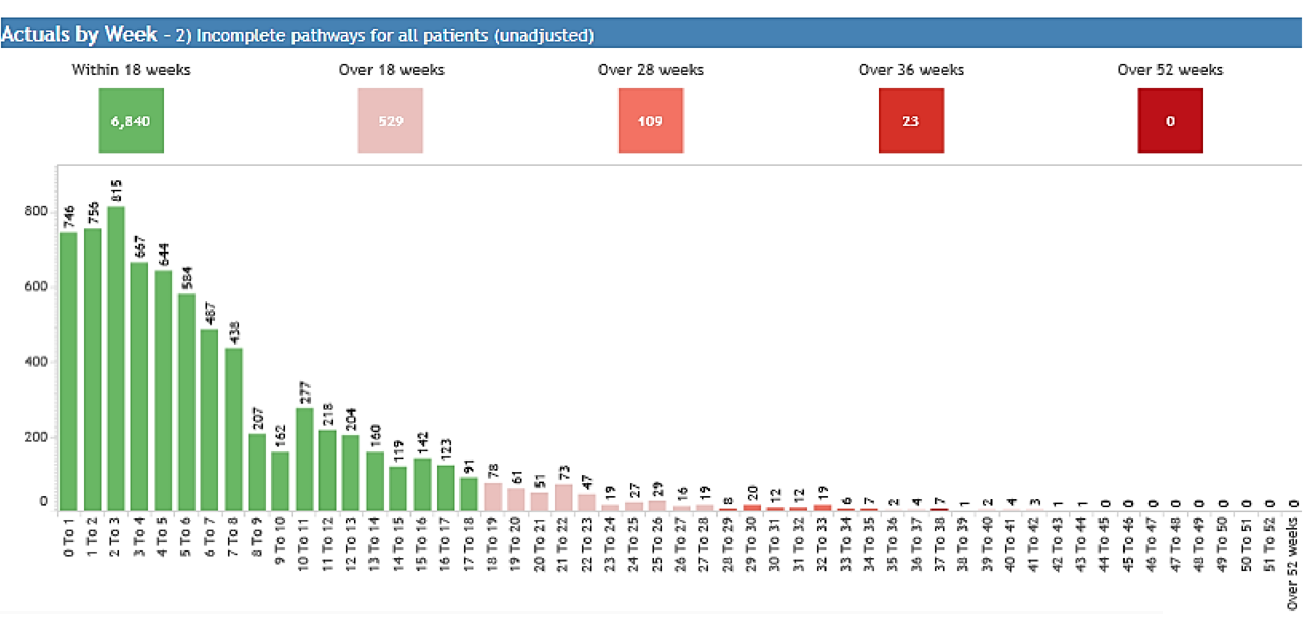
Southport and Ormskirk are breaching the Diagnostic Target at 1.50% which is due in the main to capacity problems in ECG however, the Trust have made significant improvements since January to improve their position which is reflected in the numbers of breached patients.

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 - Feb	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(Southport & Ormskirk)**	16/17 - Feb	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 - Feb	92%	92.80%	↑
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 - Feb	92%	92.90%	↑

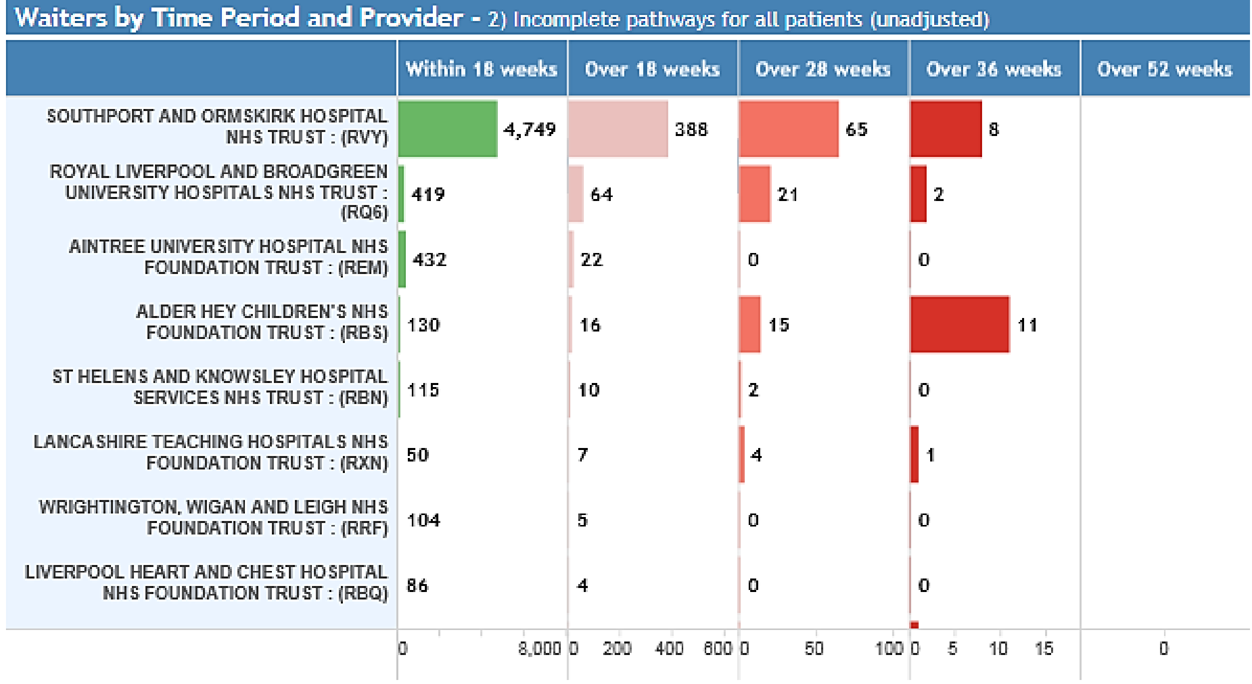
3.3.1 Incomplete Pathway Waiting Times

Figure 10 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



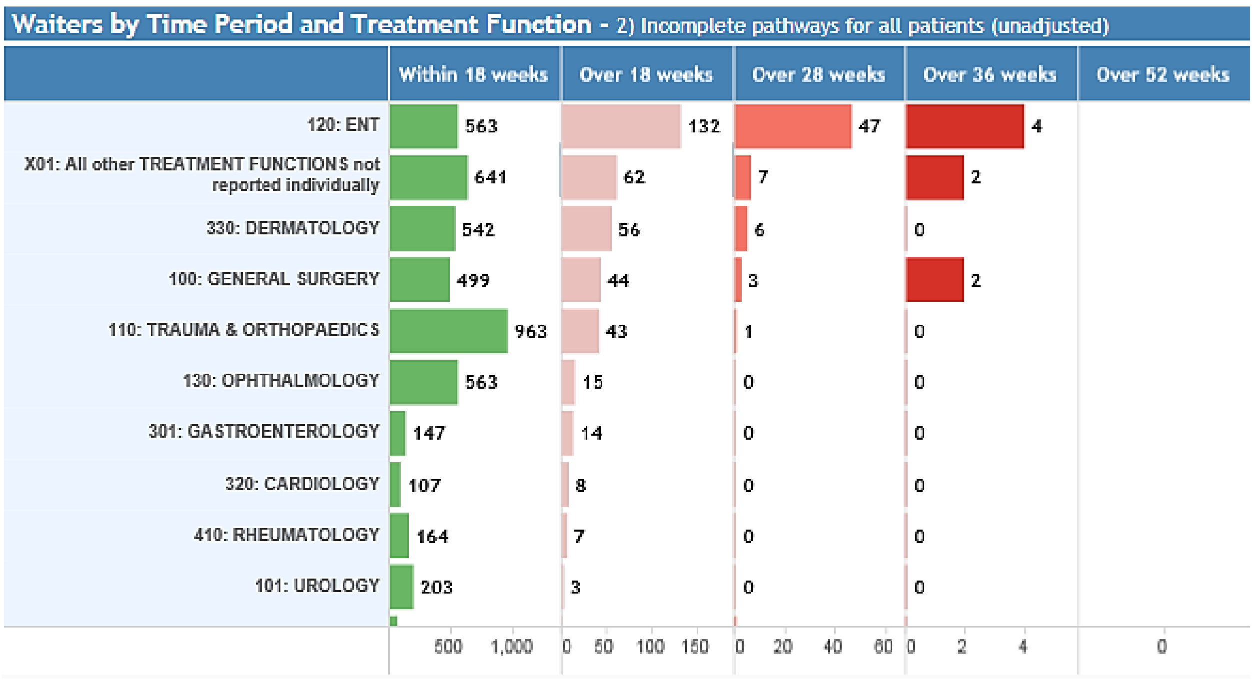
3.3.2 Long Waiters analysis: Top 5 Providers

Figure 11 - 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 12 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust



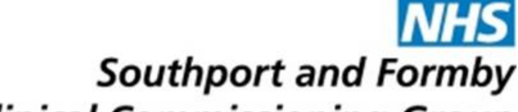
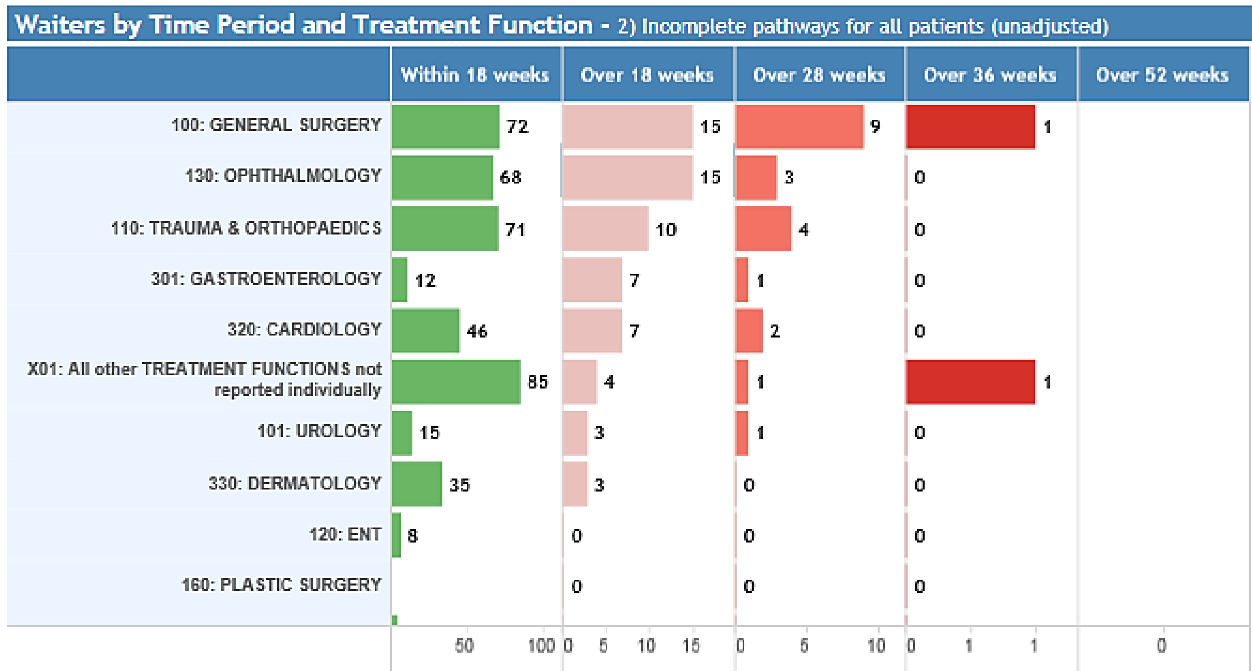


Figure 13 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Trust	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Ormskirk	40	28/03/2017	Ref 17th May 2016 1st appointment 11th July 2016 REQ US Doppler 11/07/2016 REQ CT Angio 10/08/2016 24/10/2016 Clinic appointment - Angioplasty suggested and consultant would put her through the regional MDT. 29/11/2016 MDT decided the CT should be re-done due to poor quality. 15/12/2016 CT RE done. 30/01/2017 add to day case wait list. 28/02/2017 Hospital canc. 28/03/17 procedure complete.
Alder Hey	40	07/04/2017	capacity constrained specialty
Alder Hey	40	17/05/2017	capacity constrained specialty
Alder Hey	40	07/04/2017	capacity constrained specialty
Alder Hey	41	15/03/2017 seen and treated	capacity constrained specialty
Southport & Ormskirk	41	11/03/2017	Patient ref 02/02/2016 First appointment 09/02/2016 arrange US 08/03/16 Review in clinic 16/05/2016 2.6cm lipoma found to be booked in for excision in minor ops , patient was listed 16/05/2016 Procedure 11/3/17 **The pathways stopped at 57 weeks, due to a stop being incorrectly applied. The Trust have reviewed the pathway to correct this which changed the pathway to 57 weeks.**
Lancashire Hospital	41	Treated on 03/03/17	The overall delay was due to capacity issues. This was then further delayed due to consultant illness.
Alder Hey	42	26/05/2017	capacity constrained specialty
Royal Liverpool	43	Pathway Stopped	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 - Feb	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 - Feb	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 - Feb	93%	94.42%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	93%	95.02%	↔
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 - Feb	93%	92.51%	↔
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 - Feb	93%	N/A	↔

The CCG has not achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in February with a performance of 90.48% and are failing YTD with a performance of 92.51%. Year to date out of 534 patients there have been 40 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 - Feb	96%	97.57%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	96%	98.37%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(CCG)**	16/17 - Feb	94%	98.09%	↔

Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(CCG)**	16/17 - Feb	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	94%	97.50%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(CCG)**	16/17 - Feb	98%	99.52%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	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 - Feb	85%	85.82%	↔
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 - Feb	85% (local target)	88.97%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(CCG)**	16/17 - Feb	90%	95.24%	↔

Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	90%	95.24%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(CCG)**	16/17 - Feb	85%	82.29%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	85%	82.62%	↔

The CCG did not achieve the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in February with a performance of 84.62% and are failing year to date achieving 82.29%. This, alongside previous month's performance continues to drag down the cumulative figure. In February 23 patients were seen with 9 breaching the 62 day standard.

For the same measure, Southport & Ormskirk failed to achieve the target of 85% in February recording 76.47%. This and previous month's performances are still having an impact on the YTD position of 82.62%. In February 6 breaches occurred out of a total of 25.5 patients.

The Trust have reported lower numbers of patients on 62 day pathways particularly in dermatology and urology.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
Southport & Ormskirk Hospitals NHS Trust
Latest Month: **Feb-17**

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	25.0%	11.1%		96%	91%		1%	5%	
Q1 - Antenatal Care	N/A	-		96%	*		1%	*	
Q2 - Birth	N/A	10.6%		97%	68%		1%	9%	
Q3 - Postnatal Ward	N/A	-		94%	86%		2%	7%	
Q4 - Postnatal Community	N/A	-		98%	*		1%	*	

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 an increase in response rates for inpatients compared to the previous month 9.4% in January and 11.1% February. The percentage of patients that would recommend the inpatient service in the Trust has seen a decrease on January from 95% down to 91% and this is below the England average. The percentage of people who would not recommend the inpatient service has risen and is also greater than the England average.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. A Trust presentation of the new Patient and Carer Experience Strategy along with an FFT update will be required at CQPG when this is finalised. There is an expectation that the Trust will deliver the same update to EPEG. The new Deputy Director of Nursing, Midwifery and Governance responsible for developing the strategy and will notify the CCG when this is complete.

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.

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 11 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £29k/0.1%. Wrightington Wigan and Leigh shows the largest over performance with a £417k/59% variance. Overspend is offset by Southport Hospital who are showing a -£1.2m/-5.6% under spend at month 11.

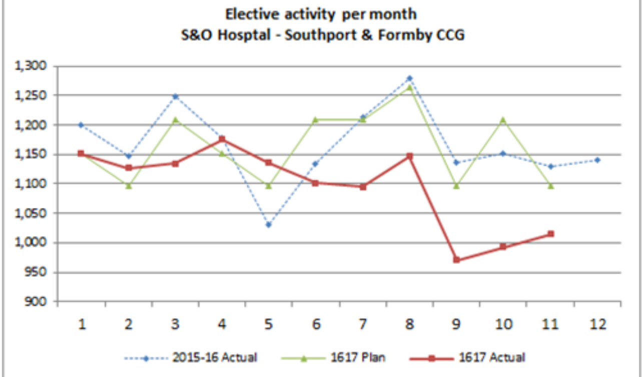
Figure 14 - Planned Care - All Providers

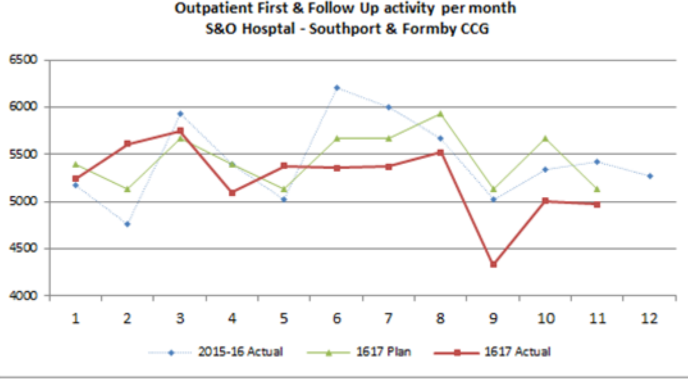
ALL Providers	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	16,715	18,065	1,350	8%	£3,747	£3,983	£237	6%
Alder Hey Childrens NHS F/T *	904	1,079	175	19%	£476	£604	£129	27%
Central Manchester University Hospitals Nhs Foundation Trust	216	392	176	81%	£41	£137	£97	238%
Fairfield Hospital	72	121	49	69%	£11	£24	£13	115%
ISIGHT (SOUTHPORT)	3,561	4,425	864	24%	£816	£811	-£5	-1%
Liverpool Heart and Chest NHS F/T	2,005	2,193	188	9%	£925	£923	-£1	0%
Liverpool Womens Hospital NHS F/T	2,221	2,417	196	9%	£638	£629	-£9	-1%
Renacres Hospital	12,012	13,378	1,366	11%	£3,785	£4,104	£319	8%
Royal Liverpool & Broadgreen Hospitals	14,415	14,726	311	2%	£3,137	£3,070	-£67	-2%
Southport & Ormskirk Hospital*	105,702	101,453	-4,249	-4%	£21,803	£20,581	-£1,222	-6%
SPIRE LIVERPOOL HOSPITAL	587	376	-211	-36%	£205	£133	-£72	-35%
ST Helens & Knowsley Hospitals	4,295	4,733	438	10%	£1,013	£1,147	£134	13%
University Hospital Of South Manchester Nhs Foundation Trust	182	223	41	22%	£33	£44	£11	32%
Walton Neuro	2,033	2,337	304	15%	£450	£510	£60	13%
Wirral University Hospital NHS F/T	288	251	-37	-13%	£94	£84	-£10	-11%
Wrightington, Wigan And Leigh Nhs Foundation Trust	1,983	3,023	1,040	52%	£711	£1,128	£417	59%
Grand Total	**167,191**	**169,192**	**2,001**	**1%**	**£37,885**	**£37,913**	**£29**	**0%**
*PbR only								

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 15 - 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	11,275	10,597	-678	-6%	£6,306	£5,770	-£536	-8%
Elective	1,516	1,448	-68	-4%	£3,961	£3,859	-£102	-3%
Elective Excess BedDays	254	298	44	18%	£56	£65	£8	15%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	1,351	778	-573	-42%	£202	£128	-£74	-37%
OPFASPCL - *Outpatient first attendance single professional consultant led*	14,415	13,843	-572	-4%	£2,246	£2,137	-£109	-5%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	3,328	2,067	-1,261	-38%	£343	£235	-£108	-32%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	40,839	40,932	93	0%	£3,867	£3,833	-£34	-1%
Outpatient Procedure	22,213	22,355	142	1%	£3,941	£3,801	-£140	-4%
Unbundled Diagnostics	10,512	9,135	-1,377	-13%	£881	£754	-£128	-15%
Grand Total	**105,702**	**101,453**	**-4,249**	**-4%**	**£21,803**	**£20,581**	**-£1,222**	**-6%**





3.7.2 Southport & Ormskirk Hospital Key Issues

Planned care elements of the contract continue to underperform with month 11 showing further reductions against plan. The Trust continues to struggle with theatre staffing which has hampered their performance against plan. Cancellations due to winter pressures in January have had a knock on effect to the overall annual position.

Latest reports from the Trust indicate problems within the Dermatology service with a number of staff set to leave over the coming months.

Throughout all the issues experienced by the Provider, they remain on target to achieve the Referral to Treatment national requirement.

Outpatient activity has dropped over the past few months. This is mainly due to the first to follow-up CQUIN within the contract, which looks to reduce the levels of follow-up activity based on national standards across the majority of specialties. The introduction of the Joint Health service is also reducing the number of Outpatient and Elective/Day Case numbers flowing to the Trust.

3.7.3 Renacres Hospital

Figure 16 - 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	1,566	1,550	-16	-1%	£1,599	£1,648	£49	3%
Elective	222	298	76	34%	£992	£1,278	£286	29%
OPFASPCL - *Outpatient first attendance single professional consultant led*	3,511	2,738	-773	-22%	£516	£407	-£109	-21%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	3,462	6,350	2,888	83%	£298	£406	£108	36%
Outpatient Procedure	2,140	1,237	-903	-42%	£277	£236	-£40	-15%
Unbundled Diagnostics	1,110	1,205	95	9%	£103	£129	£26	25%
Grand Total	**12,012**	**13,378**	**1,366**	**11%**	**£3,785**	**£4,104**	**£319**	**8%**

Renacres performance is showing a £319k/8% variance against plan with individual PODS varying between over and under performance. Elective activity is the highest over performing area with a variance of £286k/29% against plan. Outpatient First Attendances are £109k/21% under plan. However, this is offset by Outpatient Follow Up attendances with an over performance of £108k/36%.

In terms of HRG performance in T&O, Major Hip, Major Knee & Major Shoulder Procedures are causing the over performance. There have been 137 Major Hip, Knee & Shoulder Procedures carried out in 2016/17 against a plan of 77. This increase results in a cost variance of £364k in the top five major Hip, Knee & Shoulder HRGs.

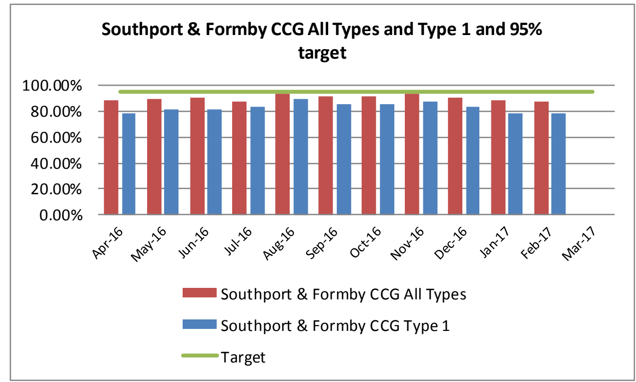
4. Unplanned Care

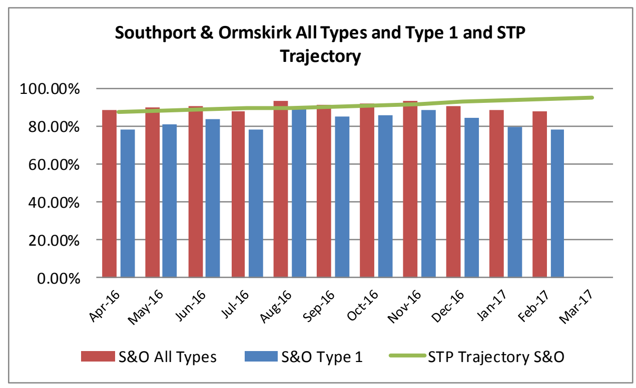
4.1 Accident & Emergency Performance

Southport and Formby
Clinical Commissioning Group

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG) All Types**	16/17 - Feb	95.00%	90.26%	↔	Southport & Formby CCG failed the 95% target in February reaching 87.92% (year to date 90.26%). In February 416 attendances out of 3,443 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 - Feb	95.00%	83.00%	↓	Southport & Formby CCG failed the 95% target in February reaching 78.26% (year to date 83%). In February 413 attendances out of 1900 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 - Feb	STF Trajectory Target for Feb 94.3%	90.54%	↔	Southport & Ormskirk have not achieved the STF trajectory target in February reaching 87.99% (and are failing it year to date recording 90.54%). In February 1,237 attendances out of 10,296 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 - Feb	95.00%	83.11%	↔	Southport & Ormskirk have failed the target in February reaching 78.5% (year to date 83.11%). In February 1,228 attendances out of 5,712 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	Jan-17	Feb-17
STP Trajectory S&O	87.50%	88.30%	88.80%	90%	90%	90.70%	91.40%	92.10%	92.90%	93.60%	94.30%
S&O All Types	88.60%	89.77%	90.92%	87.98%	93.84%	91.49%	92.11%	93.73%	90.90%	88.59%	87.99%





The CCG has updated the targets that are within Cheshire & Merseyside 5 Year Forward View (STP) 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 February reached 87.99%, which failed the Cheshire & Merseyside 5 Year Forward View (STP) plan of 94.3%. Year to date they are under plan, achieving 90.54%. As part of the Trust's winter plan, increased consultant Physician support has been in place 7 days a week extending senior onsite presence until 9:30pm, to increase the number of patients having a senior review and maximise potential for patients to be redirected to alternative pathways rather than admission.

Admissions, via A&E, were significantly lower than February 16 and analysis is currently underway to review the correlation between this and the increase in senior support. Flow, however, remains a significant challenge with additional escalation areas opened to maintain patient safety. A number of areas internally and externally were affected by flu across January and February, which impacted on flow, in addition to changes in the discharge planning team. High Bed occupancy at Southport and 170

patients had a length of stay over 6 days (the highest reported figure since March 2016). Morning discharges were 12.3% against a target of 33%. These bottlenecks result in extended delays in ED that the CBU is actively trying to manage.

To support the trust the CCG funded access to 24hr care at home which is a service offering care support overnight to create an alternative to admission and early supported discharge. The community emergency support team have also provided 72 hours of nursing care to bridge the gap until social care package start up to reduce length of stay and improve inpatient flow over the winter months and at time of high pressure.
An enhanced service with NWAS for frequent users, falls and social issues has been introduced for >65s to offer an alternative to ambulance conveyance however referral numbers have been low.

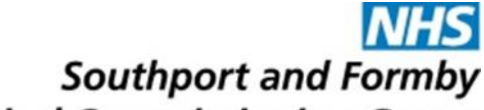
Ward 7B based on the Southport site underwent conversion into a specialist discharge ward focusing on complex discharges in one location, the team consists of discharge specialists, which has affected the role of the discharge team to other areas.

The ward planned to have 28 beds, 14 hospital beds and 14 in the community (virtual), due to consistent pressure 25 beds have been in constant use to address operational pressures within the acute setting, which in turn has had workforce implications. Identifying patients for ward 7B became protracted requiring staff to walk around the site identifying patients and completing paper work manually. This resulted slow discharges and patients “being batched”. Teams highlighted a need for an electronic solution giving real-time data.

The Trust has reported that the issue with performance is due to the number of attendances at the trust at certain times of increased pressure. This causes a bottleneck because of a lack of space due to the size of the AED, the inability to flow patients through the department and inability to discharge patients before lunch has all influenced their ability to meet the target.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(CCG)** (Cumulative)	16/17 - Feb	75%	71.20%	↑	The CCG is under the 75% target year to date achieving 71.20%. However, in February the CCG achieved the monthly target with 11 breaches out of 46 incidents (76.09%).
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(CCG)** (Cumulative)	16/17 - Feb	75%	60.85%	↓	The CCG was under the 75% target year to date reaching 60.85%. In February, out of 552 incidents there were 255 breaches (53.8%).
Ambulance clinical quality - Category 19 transportation time **(CCG)** (Cumulative)	16/17 - Feb	95%	83.64%	↓	The CCG was under the 95% target year to date reaching 83.64%. In February out of 598 incidents there were 132 breaches (77.95%).
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(NWAS)** (Cumulative)	16/17 - Feb	75%	67.94%	↓	NWAS reported under the 75% target year to date reaching 67.94%. February reaching 64.71%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(NWAS)** (Cumulative)	16/17 - Feb	75%	62.60%	↔	NWAS failed to achieve the 75% target year to date reaching 62.60%. February reaching 53.80%.
Ambulance clinical quality - Category 19 transportation time **(NWAS)** (Cumulative)	16/17 - Feb	95%	88.93%	↔	NWAS failed to achieve the 95% target year to date reaching 88.93%. February reaching 88.38%.



Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - **Southport & Ormskirk**	16/17 - Feb	0	158	↑	The Trust recorded 158 handovers between 30 and 60 minutes, this is a decline on last month when 150 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - **Southport & Ormskirk**	16/17 - Feb	0	123	↓	The Trust recorded 123 handovers over 60 minutes, this is a reduction on last month when 157 were 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.

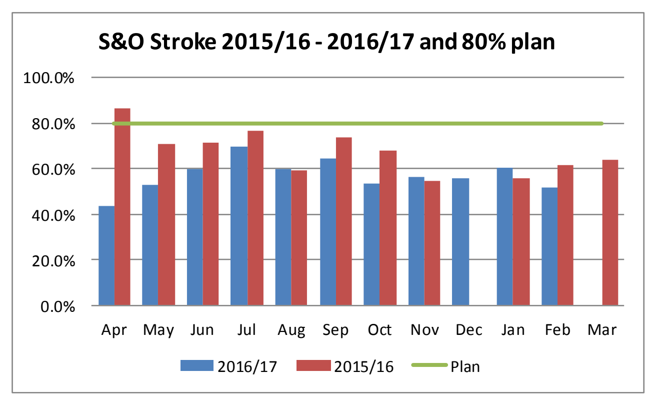
The Trust has signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisations.

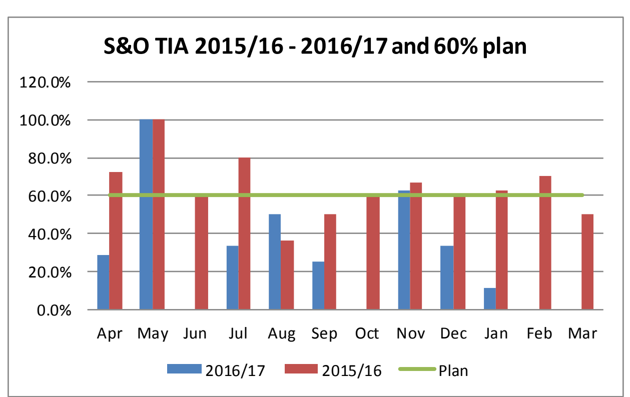
In line with the metrics against the 4-hour performance, ED experienced significant bottlenecks because of the increase in bed occupancy and length of stay. These blocks resulted in delays in handing over ambulances in a timely manner. A further rapid improvement event is under discussion. As part of the A&E Delivery Sub-Group work streams, ambulance handovers are part of the focus on the 'in-hospital' work stream.

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 - Feb	80%	52.00%	↓	The Trust failed the 80% target in February with only 13 out of 25 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 - Feb	60%	0.00%	↓	During February 2017, there were 9 reportable cases of TIA. All 9 of them were breaches, the main reasons for the breaches was due to clinical capacity, delays in referrals and missing information.





Southport & Ormskirk failed the stroke target in February with only 13 out of 25 patients spending 90% of their time on a stroke unit. This is a drop in performance from January where the Trust achieved 60.7%. As reported monthly, the current configuration of the stroke unit with 3 bays remains a challenge in meeting male/ female demand. A decision is still awaited regarding capital funding to convert a bay to side rooms to meet and manage male/ female demand, whilst ensuring that there are sufficient side rooms to meet IP&C requirements for repatriation from other Units.

During February 2017, there were 9 reportable cases of TIA. Unfortunately, all 9 were breaches. 2 were due to delays in being seen, 1 was due to a delay in the referral being made, 1 was due to missing information regarding time of symptoms, and the remainder were due to clinic capacity.

Clinical meetings have taken place regarding the future of hyper acute stroke. The Chief Executive of Southport & Ormskirk Hospital will present to the CCG Governing Body in March 2017.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(CCG)**	16/17 - Feb	0.00	0.00	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(Southport & Ormskirk)**	16/17 - Feb	0.00	0.80	↓

February saw Southport & Ormskirk fail Mixed Sex Accommodation. In month, the trust has had 4 mixed sex accommodation breaches (a rate of 0.8) and have therefore breached the zero tolerance threshold. All of the 4 breaches were for West Lancashire CCG patients. Year to date there have been 62 breaches.

Every effort is made through the 4 x daily escalation / handover meetings to ensure appropriate beds are identified as soon as possible to prevent breaching the mixed sex accommodation indicator.

4.3.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(CCG)**	16/17 - Feb	32	29	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	33	18 (10 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(CCG)**	16/17 - Feb	0	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	0	1	↔

There were 2 new cases of Clostridium Difficile attributed to the CCG in February, reported by Southport & Ormskirk Hospital Trust. For Southport & Ormskirk year to date the Trust has had 18 cases (10 upheld), against a plan of 33, so is under plan.

There were no new cases of MRSA reported in February for the CCG making 2 year to date, one in August and one in January. For the case in August, a PIR was been held the conclusion of the meeting was to test the current PHS assignment process by assigning this as a third party incident due to the unique nature of the case.

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Jan	100	114.79	↑
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	107.30	

HSMR is reported for September 2016 rolling 12 month figure. The Trust report there is no clarity as to when the national issues on mortality reporting will be resolved by NHS Digital and Doctor Foster. The latter have re-run the last monthly HSMR (September 2016) at 114 which in isolation is statistically higher than expected. This is not rebased data against peers. It is anticipated there will be an increase in SHMI when data is made available. The Trust has assured that all data is now being captured. In the interim deep dives are occurring in the 4 clinical pathways as being higher risk (Stroke, COPD, Pneumonia and Urosepsis).

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 11.

There are 239 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 95 of these incidents apply to Southport & Formby CCG patients. 144 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 65 of these being Southport & Formby CCG patients.

Southport and Ormskirk Hospitals NHS Trust have 144 open serious incidents on StEIS, 65 involving Southport and Formby CCG patients, 69 involve West Lancashire CCG patients. 98 incidents are pressure ulcers with 34 occurring year to date, 35 of the 100 pressure ulcers apply to Southport and Formby CCG patients. A final draft composite pressure ulcer action plan was received and will be included at the Collaborative Commissioning Forum (CCF) followed by the CQPG in March for approval. 112 incidents remain open on StEIS >100 days for the Trust; 90 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) are to host a Never Events workshop following the rise in the number of surgical never events across the C&M foot print. The event is provisionally planned for May 2017 with CCGs and all providers to look at how this can be addressed.

Serious Incidents Open for Southport and Ormskirk Hospitals NHS Trust

Year	CCG	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	59
	GP Practice within South Sefton	3	
	GP Practice within Southport and Formby	24	
	GP Practice within West Lancashire	31	
2016	GP Practice within Knowsley	1	73
	GP Practice within South Sefton	3	
	GP Practice within Southport and Formby	33	
	GP Practice within St Helens	1	
	GP Practice within West Lancashire	34	
	Unknown/Not applicable	1	
2017	GP Practice within Southport and Formby	6	7
	GP Practice within West Lancashire	1	

Merseycare NHS Foundation Trust – 21 open incidents on StEIS for Southport and Formby CCG patients with 17 open >100 days. 1 serious incident was reported in January for an S&F CCG patient

making a total of 19 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 (DTOC's) in Southport and Ormskirk hospital remained at 4 during February 2017 the same figure as in January. 2 of the 4 delays were for patient or family choice.

Analysis of delays in February 2017 compared to February 2016 shows a reduction in the number of patients waiting (57%).

Delayed Transfers of Care - Southport and Ormskirk Hospital - April 2015 – February 2017

	2016-17										
Reason For Delay	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
A) COMPLETION ASSESSMENT	0	0	1	0	0	0	1	1	0	1	0
B) PUBLIC FUNDING	0	0	0	0	0	0	1	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	1	0	0	0	2	0	1	1	0	0	1
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	1	0	0	1	0	0	0	0	1
DII) AWAITING NURSING HOME PLACEMENT	0	1	0	0	0	0	1	1	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	1	0	0	1	0	0	0	0	0
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	1	0	3	0	1	1	0	0	0	0
G) PATIENT OR FAMILY CHOICE	3	3	4	4	1	1	7	5	6	3	2
H) DISPUTES	0	0	0	0	0	0	1	0	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0
Grand Total	**4**	**5**	**7**	**7**	**3**	**4**	**13**	**8**	**6**	**4**	**4**

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, NWAS, 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 DTOC each week with the aim of identifying key points of learning and improve future systems and processes.

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

4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores
Southport & Ormskirk Hospitals NHS Trust

Latest Month: **Feb-17**

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%	0.7%		87%	85%		7%	9%	

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 an increase in the percentage of people who would recommend the service from 53% in January to 85% in February. This remains lower than the England average of 87% but a significant improvement on the previous month. The percentage not recommending has also decreased from 28% to 9% in February, again above the England average but another notable improvement for the Trust.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. A Trust presentation of the new Patient and Carer Experience Strategy along with an FFT update will be required at a CQPG when this is finalised. There is an expectation that the Trust will deliver the same update to EPEG. The new Deputy Director of Nursing, Midwifery and Governance is developing the strategy and will notify the CCG when this is complete.

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.

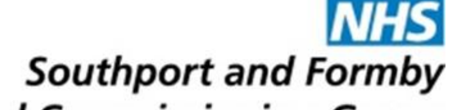
EPEG has created a dashboard to incorporate information available from FFTs, complaints and compliments with the aim to monitor patient experience from all acute and community providers.

4.7 Unplanned Care Activity & Finance, All Providers

4.7.1 All Providers

Performance at Month 11 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £944k/3%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £525k overspend.

Figure 17 - Month 11 Unplanned Care – All Providers

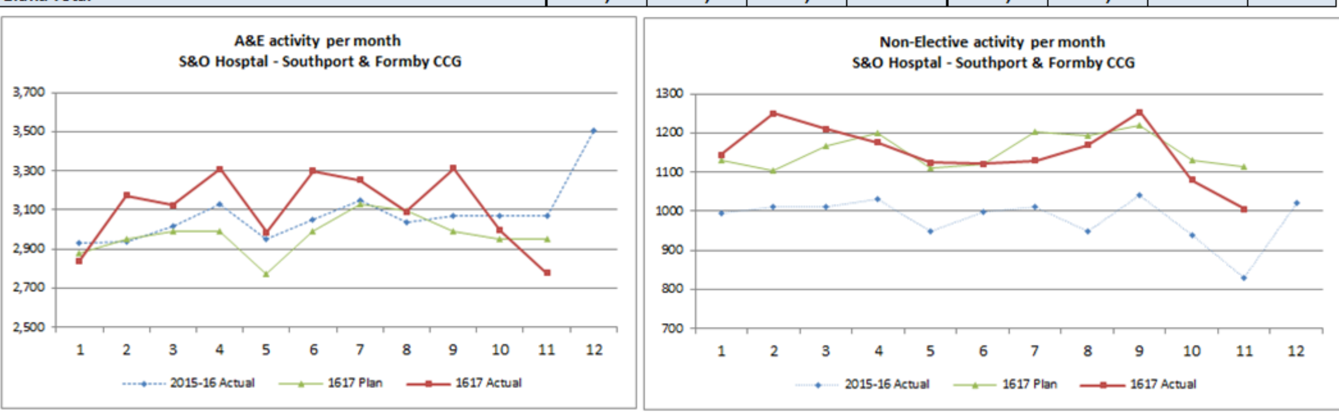


ALL Providers (PBR & Non PBR. PBR for S&O)	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	1,648	1,795	147	9%	£851	£1,154	£304	36%
Alder Hey Childrens NHS F/T	774	884	110	14%	£385	£409	£24	6%
Central Manchester University Hospitals Nhs Foundation Trust	81	112	31	39%	£27	£39	£12	43%
Countess of Chester Hospital NHS Foundation Trust	0	45	45	0%	£0	£18	£18	0%
Liverpool Heart and Chest NHS F/T	112	123	11	10%	£352	£363	£12	3%
Liverpool Womens Hospital NHS F/T	299	235	-64	-22%	£318	£275	-£44	-14%
Royal Liverpool & Broadgreen Hospitals	1,272	1,334	62	5%	£722	£764	£42	6%
Southport & Ormskirk Hospital	52,807	56,952	4,145	8%	£26,895	£27,420	£525	2%
ST Helens & Knowsley Hospitals	377	474	97	26%	£191	£220	£29	15%
Wirral University Hospital NHS F/T	102	70	-32	-31%	£41	£42	£2	4%
Wrightington, Wigan And Leigh Nhs Foundation Trust	57	83	26	46%	£48	£69	£21	43%
Grand Total	**57,529**	**62,107**	**4,578**	**8%**	**£29,830**	**£30,774**	**£944**	**3%**

4.7.2 Southport and Ormskirk Hospital NHS Trust

Figure 18 - Month 11 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	33,434	35,419	1,985	6%	£4,449	£5,049	£600	13%
A and E Type 3	1,497	2,021	524	35%	£88	£115	£26	30%
NEL/NELSD - *Non Elective/Non Elective IP Same Day*	10,258	10,309	51	0%	£18,374	£18,221	-£153	-1%
NELNE - *Non Elective Non-Emergency*	984	1,397	413	42%	£1,862	£1,685	-£177	-9%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	157	153	-4	-3%	£51	£42	-£9	-18%
NELST - *Non Elective Short Stay*	1,450	1,409	-41	-3%	£1,018	£991	-£27	-3%
NELXBD - *Non Elective Excess Bed Day*	5,026	6,244	1,218	24%	£1,053	£1,317	£265	25%
Grand Total	**52,807**	**56,952**	**4,145**	**8%**	**£26,895**	**£27,420**	**£525**	**2%**



4.7.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Urgent care 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. General Medicine continues to be the focus of the increased levels of activity and spend, with activity (5%) and spend (11%) above plan. 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 focused primarily in General Medicine. The increase equates to approx. and extra 70 excess bed days per month against 2015/16 levels. The Trust has produced a report based on the increased levels for the month of October and is being reviewed by the CCG.

The Trust has produced a report looking at the activity levels and case mix shift noted throughout 2016/17, which the Trust presented at the contract review meeting in April. Although activity has increased within 2016/17, costs have risen further due to the increased numbers of medium and major cases presented.

4.8 Aintree and University Hospital NHS Trust

Figure 19 - Month 11 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	747	1,003	256	34%	£92	£122	£30	33%
NEL - *Non Elective*	293	435	142	48%	£564	£868	£304	54%
NELNE - *Non Elective Non-Emergency*	18	19	1	4%	£42	£60	£18	42%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	92	65	-27	-29%	£19	£14	-£6	-29%
NELST - *Non Elective Short Stay*	73	73	0	0%	£43	£48	£4	10%
NELXBD - *Non Elective Excess Bed Day*	425	200	-225	-53%	£90	£42	-£47	-53%
Grand Total	**1,648**	**1,795**	**147**	**9%**	**£851**	**£1,154**	**£304**	**36%**

4.8.1 Aintree University Hospital NHS Trust Key Issues

Urgent Care over spend of £304k is driven by a £304k over performance in Non Elective costs. The main specialty over performance is Acute Medicine (£51k) and Diabetic Medicine (£39k).

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 20 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

	NHS Southport and Formby CCG			
PBR Cluster	Caseload as at 28/02/2017	2016/17 Plan	Variance from Plan	Variance on 29/02/2016
0 Variance	43	41	2	5
1 Common Mental Health Problems (Low Severity)	1	3	(2)	(2)
2 Common Mental Health Problems (Low Severity with greater need)	5	11	(6)	(2)
3 Non-Psychotic (Moderate Severity)	77	174	(97)	(80)
4 Non-Psychotic (Severe)	225	156	69	67
5 Non-psychotic Disorders (Very Severe)	36	29	7	1
6 Non-Psychotic Disorder of Over-Valued Ideas	26	22	4	4
7 Enduring Non-Psychotic Disorders (High Disability)	141	112	29	20
8 Non-Psychotic Chaotic and Challenging Disorders	77	65	12	15
10 First Episode Psychosis	67	65	2	(1)
11 On-going Recurrent Psychosis (Low Symptoms)	252	291	(39)	(24)
12 On-going or Recurrent Psychosis (High Disability)	195	153	42	34
13 On-going or Recurrent Psychosis (High Symptom & Disability)	101	100	1	3
14 Psychotic Crisis	15	11	4	2
15 Severe Psychotic Depression	5	6	(1)	(1)
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	14	10	4	4
17 Psychosis and Affective Disorder – Difficult to Engage	27	26	1	4
18 Cognitive Impairment (Low Need)	208	244	(36)	(24)
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	633	787	(154)	(115)
20 Cognitive Impairment or Dementia Complicated (High Need)	320	202	118	128
21 Cognitive Impairment or Dementia (High Physical or Engagement)	83	53	30	33
Cluser 99	201	123	78	71
Total	2,752	2,684	68	142

5.1.1 Key Mental Health Performance Indicators

Figure 21 - 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	Jan-17	Feb-17
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%	100%

Figure 22 - 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	Jan-17	Feb-17
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%	67%	67%

The CPA Follow up 2 day (48 hours) for higher risk groups is a local KP related to a cohort of service users within the national 7 day CPA follow up target group and the breaches identified above will relate to those breaching services users identified above.

Figure 23 - 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	Jan-17	Feb-17
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%	50%	50%
Rolling Quarter				50%	0%	40%	43%	50%	60%	71%	50%	50%

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). 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 initial draft of the review has been received by commissioners and has been commented upon.

The 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.

In response to ongoing concerns around access and communication a bi-monthly referral interface meeting has been established involving clinical commissioners and operational staff from the Trust and it includes Access Sefton IAPT staff.

The Trust has confirmed that the RIO clinical information system will be delayed with an end date for April 2018. The Trust has created a joint implementation team with the 5 Boroughs Partnership Foundation NHS Foundation Trust. The key milestones are:

- Single governance approach for RIO to be agreed by 1st April 2017.
- Planned go live for Complex Care services – November 2017.
- Planned go live for Adult Services - February 2018.
- Planned go live for Specialist and other services - April 2018.

From April 2017 the primary data source for reporting of Early Intervention Psychosis RTT will switch from Unify to the Mental Health Services Data set (MHSDS)., as RIO has been delayed the Trust is actively testing the R32 upgrade for its existing Epex system to as ensure that EIP data will flow from the Trust to MHSDS as Unify reporting will be discontinued in June 2017. The recent tripartite meeting held on 22nd February 2017 with NHS England highlighting this as a significant risk. The Trust has highlighted MHSDS reporting as a risk within their risk register.

5.2 Improving Access to Psychological Therapies

Figure 24 - 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 defininiton of those who have entered into treatment	2015/16	103	96	130	164	104	123	128	165	191	216	186	176
	2016/17	201	196	180	168	162	151	201	188	140	217	183	
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*	*-44*	*-60*	*-72*	*-78*	*-89*	*-39*	*-52*	*-100*	*-23*	*-57*	
	%	*-16.4%*	*-18.5%*	*-25.1%*	*-30.1%*	*-32.6%*	*-37.2%*	*-16.4%*	*-21.8%*	*-41.8%*	*-9.7%*	*-23.9%*	
Access % ACTUAL - *Monthly target of 1.3%* - *Year end 15% required*	2015/16	0.54%	0.50%	0.68%	0.86%	0.55%	0.64%	0.67%	0.86%	1.00%	1.13%	0.97%	0.92%
	2016/17	1.05%	1.03%	0.94%	0.88%	0.85%	0.79%	1.05%	0.99%	0.73%	1.14%	0.96%	
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	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	51.7%	
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%	100.0%	100.0%	
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%	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	114	111	114	101	96	138	124	138	122	101	92	
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	5	3	
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	46	43	57	56	60	50	47	46	
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%	83.9%	86.1%	88.9%	80.1%	85.1%	79.6%	

The provider (Cheshire & Wirral Partnership) reported 183 Southport & Formby patients entering treatment in Month 11. This is a reduction on the previous month when 217 patients entered treatment. Activity in the month is comparable to the equivalent period in 2015/16 however, the access rate remained below the required standard. 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 10.41% 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 11 by 16.4% with 235. 57% 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 reduced with 65 reported in Month 11 (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 to 51.7% (from 49.0%). This achieves the minimum standard of 50%, the first time since October. A forecast outturn at Month 11 gives a year-end position of 48.1%, which would fail to meet the minimum standard (and would be directly comparable with a year-end position for 2015/16).

Cancelled appointments by the provider saw a slight reduction in Month 11 with 64 reported against 67 in the previous month. 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 slightly from 71 in Month 10 to 70 in Month 11. 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.

In Month 11 100% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have also waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the eleven months of 2016/17 for Southport & Formby CCG.

5.3 Dementia

Summmary for NHS Southport and Formby dementia registers at 28-02-2017

People Diagnosed with Dementia (Age 65+)	1,523
Estimated Prevalence (Age 65+)	2,148
Gap - Number of addition people who could benefit from diagnosis (all ages)	665
NHS Southport and Formby - Dementia Diagnosis Rate (Age 65+)	**70.9%**
National estimated Dementia Diagnosis Rate	67.3%
Target	67.0%

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 Migration

The Trust has migrated over from the old IPM clinical system to EMIS. However due to the contract transferring over to a different provider for June 2017 onwards, they did not commence phase 2 of this migration. Phase 2 was meant to ensure that all services were recording data properly and allow for any variances from previous activity to be investigated and accounted for. Due to limited staffing and the implementation of MCAS taking priority, phase 2 was delayed.

New Community Provider

The Trust is currently liaising with the new community provider, Lancashire Care, to arrange to share their licence for EMIS for a temporary period. Although concerns over information governance issues have been raised with regards to this proposal, it has been agreed that this is the only safe option for patients, to ensure that no records are lost during the handover. However this will mean that the level of detail in terms of reporting will be limited to basic information reporting such as contacts and referrals. The proposal will be for 6 months and in the meantime the receiving organisation, Lancashire Care, will be expected to take steps towards getting their own instance of EMIS.

Members of both the CCG BI team and the new provider's BI team have met on a couple of occasions to establish relationships and form an information sub group, which will be a monthly meeting where any data quality issues can be raised by either party. Initial discussions have been around improving on existing reports, firstly by making sure the quality of the data is to a high standard, and eventually moving towards creating new activity plans, waiting times targets, and key performance indicators.

A Quality handover process is being discussed the CCF to ensure the CCG's concerns are addressed at the new CQPGs in 17/18.

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 11 2016/17 the YTD costs are £356,388, compared to £388,407 at the same time last year. Comparisons of activity between the two time periods show that activity is very similar in 16/17 at 1,092 compared to 1,097 in 15/16.

The Trust carries out quality checks on 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 11 16/17 YTD the costs are £55,918, compared to £47,462 at the same time last year. Comparing activity with last year shows that activity has increased in 16/17 at 368, compared to 316 in 15/16.

6.2 Liverpool Community Health Contract

The Trust continues to deliver this service and send through their usual reports until the new contract with Mersey care commences in June 2017.

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 13.1% in Feb-17, a slight improvement on last month's performance. Adult Dietetics is also high this month at 15.9% compared to 21.1% last month, as well as Paediatric Dietetics at 13.6% compared to 15.7% last month. Total DNA rates at Sefton are green for this month at 8.3%.

Provider cancellation rates are reporting green this month for all services with the exception of treatment rooms reporting 5.3% in February and Podiatry reporting 4.1%. Total hospital cancellation rate for Sefton is green at 2.3% this month.

Treatment rooms, Podiatry, Physio, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for February 2017. Total patient cancellations for Sefton have increased slightly in February 2017, increasing from 10.9% to 11.2%.

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 CQPG.

A Quality Handover document has been developed with NHSE and stakeholders incorporating the Risk Profile Tool to share with the new community providers, this will be monitored at the new CQPGs. In addition

The following has occurred and continues regarding Quality Handover of LCH services:

- CCG represented at the NHSI Clinical Quality Oversight Group
- Quality Risk Profile Tool has been completed for a final time and agreed with commissioners, regulators and provider (separate agenda item at Quality Committee)
- Enhanced Surveillance document completed by NHSE with input from the CCG
- CCGs attended Quality Handover event on 16th March 2017

6.2.3 Waiting Times

Waiting times are reported a month in arrears. The following issues have arisen in January 2017;

Adult SALT: This service had issues with long waiting times at the beginning of the financial year. The Trust did work to improve this, and waiting times were reduced significantly between July and November 2016. However, December and January data shows that waiting times are beginning to increase again over the 18 week threshold. In December an average (92nd percentile) wait on the

incomplete pathway of 19 weeks was reported, however this has decreased again to 15 weeks in January. An average (95th percentile) wait of 20 weeks was reported on the completed pathway in December; this has worsened to 23 weeks in January. The longest waiting patient is currently at 20 weeks. 2 patients were breaching the 18 week target at this point compared to 8 last month.

Physiotherapy: Waiting times have steadily increased over the past 6 months, resulting in this service failing the 18 week target again in January for completed pathways at 20 weeks. However this is an improvement on last month. Performance on the incomplete pathway has also improved from 20 weeks in November to 15 in December and January, with 2 patients over 18 weeks compared to 8 last month. The longest waiter was 1 patient waiting at 20 weeks.

Occupational Therapy: Waiting times on the completed pathways (95th Percentile) have gradually increased over the past 5 months resulting in a breach of the 18 week target. An average of 22 weeks was reported in January, a slight decline on last month's performance. The longest waiter was at 21 weeks with the number of patients breaching falling from 7 to 2.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 24 weeks from the 20 weeks reported in December, 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 27 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 January, on the incomplete pathway the average waiting time (92nd percentile) has increased again from 34 weeks to 36 weeks and is therefore still breaching the 18 week target. The longest waiting patient was waiting at 49 weeks. This service has consistently breached the 18 week target since it began reporting in August, showing no signs of improvement.

6.3 Any Qualified Provider LCH Podiatry Contract

At month 11 2016/17, the YTD cost for the CCG remains at £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

Most NHS Standard Contracts and Grant Agreements for 2017-18 are now complete and have been issued to providers for signature. Commissioners are currently working with providers to tailor service specifications and activity expectations in line with local requirement and CCG plans. It is anticipated that all NHS Standard Contracts and Grant Agreements will be signed by both parties by the end of April 2017. Reports detailing outcomes for 2016-17 are underway and will be finalised in May for review by commissioners.

8. Primary Care

8.1 Primary Care Dashboard Progress

Phase one of Primary Care Dashboard development is now complete. A live version of the dashboard is available in Aristotle. 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. 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. 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. The dashboard makes information 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. Phase One rollout is planned as follows:

Locality roll out in South Sefton is planned for Q2 as part of the South Sefton locality work plan that has been developed. This will support the South Sefton LQC ‘Part 2 - Data Review’ element of the contract

In Southport & Formby, Data Review is not part of LQC but the Southport & Formby locality lead is discussing the dashboard (and other elements of Aristotle and the use of data and tools) with GP leads to develop a work plan.

Use of Aristotle has also been built into the iMerseyside Informatics Team SLA and work plan for the Informatics Team. The SLA will be presented to LMC for review in April, and also to CCG for review and sign off.

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 Kew Surgery, it achieved a “Requires Improvement” rating.

Figure 25 – 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	10 April 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
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	Good	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	
(light green)	= Outstanding
(green)	= Good
(orange)	= Requires Improvement
(red)	= Inadequate
(light grey)	= Not Rated
(grey)	= Not Applicable

9. Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited but due for imminent release.

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.

Quarter 4 will be published on the 27th April 2017.

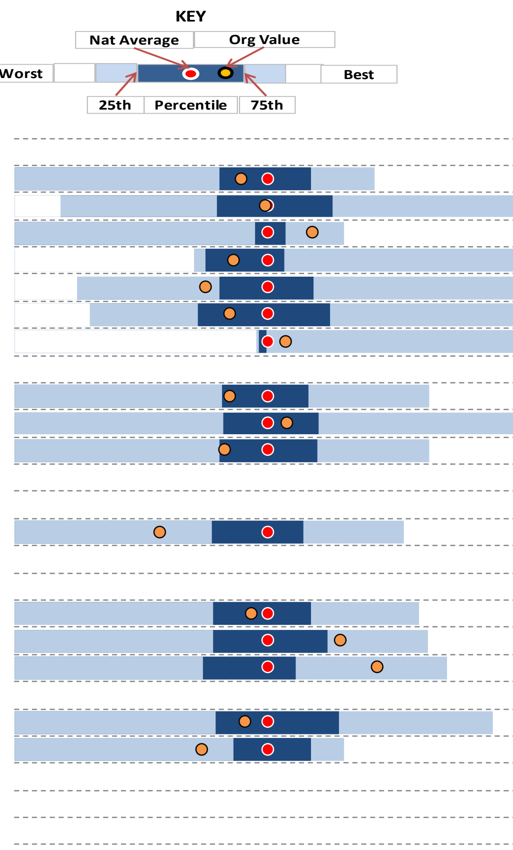
10.2 Q3 Improvement & Assessment Framework Dashboard

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...
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



NHS

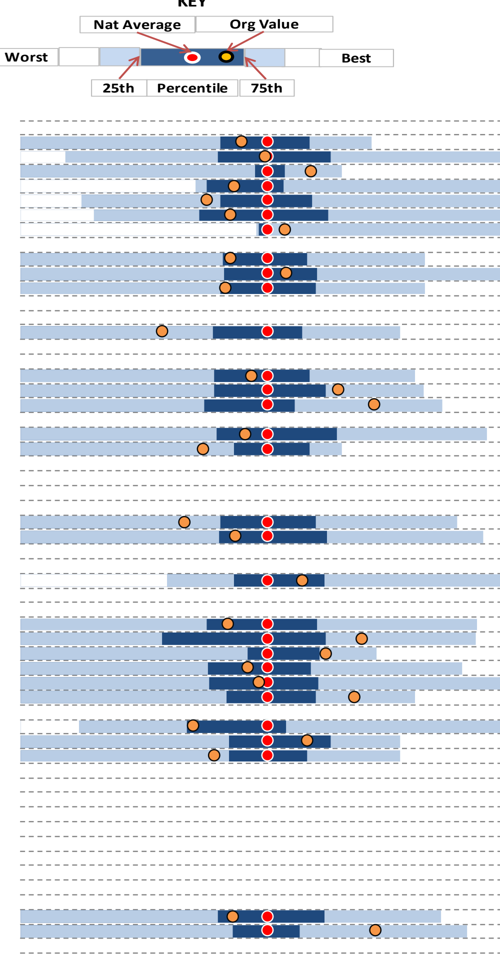
Southport and Formby Clinical Commissioning Group

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

Midlands and Lancashire Commissioning Support Unit

Metric	Reporting Level		2016-17												
			Q1			Q2			Q3			Q4			YTD
			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	G		G
		Actual	97.273%	94.333%	94.561%	94.702%	92.077%	95.431%	92.347%	94.09%	94.664%	94.819%	94.417%		94.423%
		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%			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	G	R		R
		Actual	100.00%	80.556%	80.00%	90.909%	98.214%	95.833%	91.228%	95.313%	95.652%	93.333%	90.476%		92.509%
		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%			93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	G	G	G	G		G
		Actual	98.592%	96.053%	98.958%	97.297%	98.81%	96.552%	93.548%	98.611%	100.00%	97.183%	96.154%		97.573%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G			G			G						G
		Actual	98.354%			97.685%			97.537%						97.885%
		Target	96.00%			96.00%			96.00%			96.00%			96.00%

26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	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%	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	G		G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%	100.00%		99.519%
		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	G	G		G
		Actual	100.00%	100.00%	100.00%	100.00%	95.00%	96.667%	95.833%	94.737%	100.00%	100.00%	100.00%		98.086%
		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	G	R		R
		Actual	88.571%	70.732%	80.851%	94.118%	85.714%	83.333%	83.333%	86.842%	80.00%	88.235%	62.50%		82.62%
		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	G		G
		Actual	100.00%	100.00%	100.00%	66.667%	85.714%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		95.238%
		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%

Indicator	Organisation														
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%	90.00%	84.615%		85.816%
		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

Indicator	Organisation														
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	R		R
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%	64.59%	62.80%	61.63%	61.79%	64.71%		67.947%
		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	G	G	R	R	G	R	R	R	R	G		R
		Actual	55.56%	86.50%	76.90%	66.67%	67.50%	77.42%	71.74%	67.65%	70.00%	66.67%	76.09%		71.188%
		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	R		R
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%	63.05%	60.35%	57.31%	58.78%	60.96%		62.593%
		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	R		R
		Actual	65.29%	67.40%	61.70%	57.90%	61.87%	61.18%	63.13%	62.05%	56.97%	58.89%	53.80%		60.813%
		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	R	R		R
		Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%	88.23%	86.79%	85.42%	85.74%	88.38%		88.931%
		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	R		R
		Actual	89.19%	87.40%	82.50%	80.67%	85.69%	84.01%	87.65%	82.81%	81.55%	81.66%	77.95%		83.639%
		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
Clinical Commissioning Group

Indicator	Provider	Measure													Total
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	0	0	0	7
		Target													
	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	RAG													
		Actual	275	298	192	309	179	236	170	134	213	307	281	327	2,921
		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	0	0	0
		Target													
	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	RAG													
		Actual	173	134	71	172	65	107	60	57	69	157	123	146	1,334
		Target													

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

Indicator	Provider	Measure	Q1	Q2	Q3	Q4	Total
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%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%

Episode of Psychosis

Indicator	Provider	Measure													Total
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	G	R		G
		Actual	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	66.667%	100.00%	50.00%	-		56.00%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Ensuring that People Have a Positive Experience of Care

EMSA

Indicator	Provider	Measure													Total
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	G	G		R
		Actual	11	5	2	5	0	2	1	2	2	0	0		30
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Southport and Formby Clinical Commissioning Group

Referral to Treatment (RTT) & Diagnostics

Indicator	Organisation	Measure													
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	G		G
		Actual	95.201%	94.882%	94.317%	94.51%	93.492%	92.619%	92.36%	92.215%	91.481%	92.505%	92.821%		93.326%
		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%
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	G		G
		Actual	0	0	0	0	0	0	0	0	0	0	0		0
		Target	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	R		R
		Actual	0.374%	0.68%	2.10%	1.916%	1.825%	0.305%	0.512%	0.768%	1.714%	3.678%	1.68%		1.412%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

Cancelled Operations

Indicator	Organisation	Measure													
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	G		G
		Actual	0	0	0	0	0	0	0	0	0	0	0		0
		Target	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

Indicator	Organisation	Measure													
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	R	R	R
		YTD	0	0	0	0	1	1	1	1	1	3	3	3	3
		Target	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	G	G	G
		YTD	5	11	15	16	18	19	22	23	25	27	29	33	33
		Target	6	9	13	18	20	24	27	29	29	29	32	38	38

Accident & Emergency

Indicator	Organisation	Measure													
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	R		R
		Actual	88.638%	89.65%	90.769%	87.891%	93.343%	91.165%	91.753%	93.159%	90.336%	88.13%	87.918%		90.255%
		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%