

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report April 2017

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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 1 (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 2016/17 deficit of £6.695m has been carried forward into the new financial year, resulting in a reduction to the CCGs funding allocation for 2017/18. The forecast financial position and in year position for 2017/18 is breakeven. The CCG has a QIPP plan that addresses the requirement in 2017/18 to achieve the planned breakeven position. However, the risk-adjusted plan (adjusted in accordance with the RAG rating methodology approved and recommended by the Finance and Resources Committee) indicates that there is a risk to delivery, of the in-year position.

The majority of the forecasted overspend is within the programme projects budget, and the prescribing budget. The programme projects overspend relates to the referral management system (£0.084m) and the prior approval system (£0.069), it is expected that these initiatives will be resourced through efficiencies when the QIPP schemes begin to take effect. The prescribing over spend relates to the outturn against the 2016/17 year end forecast.

The 2017/18 QIPP target is £10.137m. The plan is currently phased evenly across the financial year at this stage. The CCGs QIPP plan has been fully evaluated and further work is ongoing to determine the expected delivery of schemes and phasing throughout the year.

### Planned Care

A referral management scheme started on 1st October in Southport & Formby CCG which is currently in Phase 1 (administrative phase) for all specialties (excluding 2 week cancer waits). Phase 2 has commenced with Dermatology clinical triage, with plans being progressed for clinical triage for all specialties and peer review. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been agreed and is monitored via the Contract Review mechanism.

In April the CCG failed the less than 1% target for diagnostics, 90 out of 2,365 patients waited over 6 weeks for their diagnostic test (3.8%). Southport & Ormskirk also failed the diagnostic monitoring standard reporting 4.6% of patients waiting in excess of 6 weeks. The number of patients waiting over 6 weeks increased to 133 in April (38 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 April with a performance of 91.3%. Out of 46 patients, 4 breaches were reported. The CCG also failed the local target of 85% for 62-day consultant upgrades, with 84.62%, 2 breaches out of 13.

Southport & Ormskirk failed to achieve the target of 94% in April for patients requiring surgery within 31 days, recording 80%. Just 1 patient out of 5 breached due to an ENT capacity problem.

Southport & Ormskirk Hospital NHS Trust continue to experience difficulties in relation to Friends and Family. The Trust has seen an increase in response rates for inpatients over the past three months, from 11.1% in February, to 13.1% in March and 13.6% in April. The percentage of patients that would recommend the inpatient service in the Trust has also seen an increase from 91% in February and 92% in March, to 94% in April. However, this is still below the England average of 96%. The percentage of people who would not recommend the inpatient service has remained at 2% in March and April and is therefore still greater than the England average of 1%.

Performance at Month 1 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-100k/4%. Aintree and Wrightington, Wigan and Leigh are showing the largest over performance with a £33k/32% and

£30k/47% variance respectively. Underspend is offset by Renacres and Southport Hospital who are showing a -£101k/-34% and £96k/6% under spend at month 1.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. Quarter 1 performance is anticipated for July's report.

## **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for April reached 91.1%, which achieved the Cheshire & Merseyside 5 Year Forward View (STP) plan of 90%.

At both a regional and county level, NWS failed to achieve any of the response time targets. With the significant dip in performance around national ambulance targets, we are working with all partners to improve performance against these targets.

Southport & Ormskirk failed the stroke target in April (47.5%) with only 19 out of 40 patients spending 90% of their time on a stroke unit. This is a drop in performance from March where the Trust reported 51.3%. As reported monthly, the current configuration of the stroke unit with 3 bays remains a challenge in meeting male/ female demand.

Southport & Ormskirk also failed the TIA target in April 2017. This month there were 3 reportable cases of TIA, with 2 breaching the 24-hour timescale. The key themes for reasons for breaches were Clinic availability and Patient choice (Patient DNA'd initial appointment).

April saw Southport & Ormskirk fail Mixed Sex Accommodation. In month, the trust had 4 mixed sex accommodation breaches (a rate of 0.7) and has therefore breached the zero tolerance threshold.

There were 6 new cases of Clostridium Difficile attributed to the CCG in April, 4 reported by Southport & Ormskirk Hospital Trust and 2 by Aintree Hospital. Southport & Ormskirk recorded 2 new cases in April.

There were no new cases of MRSA reported in April 2017.

There are 75 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 56 of these incidents apply to Southport & Formby CCG patients. 48 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 29 of these being Southport & Formby CCG patients.

NHS England has removed the patient snapshot measure from their Delayed Transfers of Care (DTC) data collection. The average number of delays per day in the month will be reported going forward. The average number of delays per day increased to 7 during April 2017 from 6 reported in March. On average, 2 were awaiting further NHS non-acute care, 3 were patient or family choice and 1 was under dispute. Analysis of average delays in April 2017 compared to April 2016 shows an increase in the average number of patients, from 5 to 7. 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 for Friends and Family. The Trust A&E department has seen an increase in the percentage of people who would recommend the service from 64% in March to 70% in April. However, this is still lower than the England average of 87%. The percentage not recommending has decreased from 26% in March to 20% in April but remains above the England average of 7%.



Performance at Month 1 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £90k/3%. This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £143k/6% underspend.

## **Mental Health**

All CPA measures are achieving their targets for April 2017.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported less Southport & Formby patients entering treatment in month 1. 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 16.8% for 2017/18 year end. Referrals decreased in Month 1 by 18.2% with 242 compared to 296 in Month 12. 60% 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 decreased with 58 reported in Month 1 compared to 73 in month 12. 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 decreased to 50.5% (from 53.3%). This still achieves the minimum standard of 50%.

Commissioners have commented on the first draft of the Trust's review of the acute care pathway and at time of writing are awaiting the final agreed draft. Once agreed an implementation plan will be put in place. Commissioners have expectations that implementation will lead to improvements in access and overall pathway flows for patients. There remain ongoing concerns around GP access and communication and these are being addressed via the bi-monthly referral interface meeting, which has been established. The trust will also be invited to South Sefton locality meetings in 2017/18 to maintain a focus on improving the interface between Trust and primary care.

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 HSCIC website shows that Southport & Formby CCG are recording a dementia diagnosis rate in April 2017 of 70.6%, which exceeds the national dementia diagnosis ambition of 67%.

## **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 Norwood Surgery with a “Good” rating.

## **Better Care Fund**

A Better Care Fund monitoring report was submitted to NHS England for Quarter 4 of 2016/17. We continue to meet the national BCF conditions. The guidance for BCF 2017/18 and associated planning requirements are awaited but due for imminent release. An excerpt of the submission relating to the key metrics for BCF is detailed in this report.

## **CCG Improvement & Assessment Framework**

A dashboard is released each quarter by NHS England consisting of fifty-seven 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.

Publication of quarter 4 data has been delayed nationally and currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 17/18 framework. Publication of the 17/18 IAF is currently not confirmed, however through informal discussions it is suggested that publication will not occur until end of June.

## 2. Financial Position

### 2.1 Summary

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

The forecast financial position and in year position for 2017/18 is breakeven. The CCG has a QIPP plan that addresses the requirement in 2017/18 to achieve the planned breakeven position. However, the risk-adjusted plan (adjusted in accordance with the RAG rating methodology approved and recommended by the Finance and Resources Committee) indicates that there is a risk to delivery, of the in-year position.

In May 2017, the Finance & Resource Committee agreed that a QIPP plan should be developed which is 200% of its target to allow for a contingency against non-delivery of high risk schemes. In May 2017, the Chief Operating Officer implemented “QIPP week” during which a series of events and workshops were held enabling the CCG to focus solely on this challenge. The output of the week will be presented to the Governing Body in July 2017.

QIPP savings anticipated for the first two months of the financial year have not been delivered in full, therefore at this stage; the CCG is below its financial plan. This position is expected to improve in the next reporting period as efficiencies generated through the QIPP programme begin to take effect.

The high level CCG financial indicators are listed below:

**Figure 1 – Financial Dashboard**

Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	✘
		0.5% Contingency Reserve	✓
		0.5% Non-Recurrent Reserve	✓
2	Breakeven	Financial Balance	✓
3	QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.400m
4	Running Costs	CCG running costs < 2017/18 allocation	✓
5	BPPC	NHS - Value YTD > 95%	99.85%
		NHS - Volume YTD > 95%	94.57%
		Non NHS - Value YTD > 95%	93.47%
		Non NHS - Volume YTD > 95%	96.47%

## 2.2 Resource Allocation

No additional allocations were received in Month 2. The 2017/18 total allocation was reduced in month as follows:

- 16-17 carried forward deficit - £6.695m

This reflects a reduction to the CCGs funding allocation for 2017-18 in respect of the historic deficit brought forward from the previous financial year.

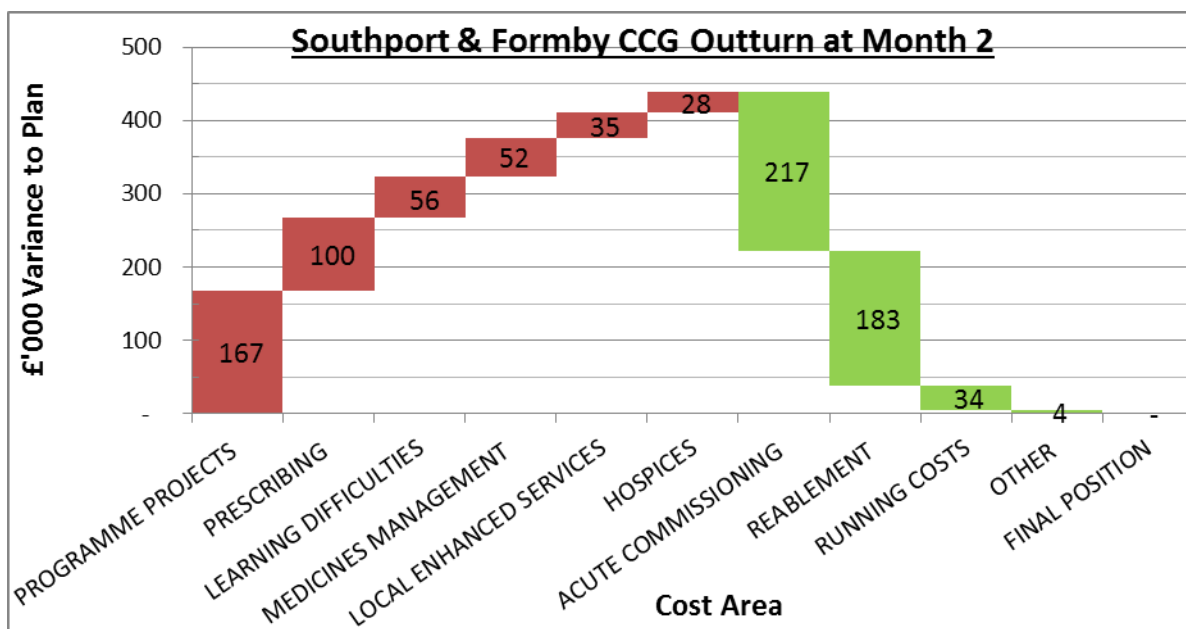
## 2.3 Financial Position and forecast

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

The majority of the forecasted overspend is within the programme projects budget, and the prescribing budget. The programme projects overspend relates to the referral management system (£0.084m) and the prior approval system (£0.069), it is expected that these initiatives will be resourced through efficiencies when the QIPP schemes begin to take effect. The prescribing overspend relates to the outturn against the 2016/17 year end forecast.

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

**Figure 2 – Financial Performance by Provider**



### Independent Sector

The forecast position for the Independent Sector is an underspend of £0.014m. This is mainly due to Ramsay Healthcare experiencing an under performance against plan at Month 1. There is a notable

benefit in respect of Trauma and Orthopaedics as the effects of the new MCAS pathway reduce the flow of patients requiring elective intervention.

## **Prescribing**

The overspend of £0.100m for the prescribing budget is due to the outturn against the 2016/17 year end forecast. Prescribing data for 2017/18 data is not yet available, and is routinely provided two months in arrears. April 2017 data is therefore expected in June. This excludes the final phase of the Repeat Prescribing Ordering Service (RPOS), which is expected to deliver further QIPP savings in 2017/18.

## **Continuing Health Care and Funded Nursing Care**

The Adam Dynamic Procurement System (DPS) became operational on 2nd May 2017. The Finance and Quality teams have been working with colleagues at Midlands and Lancashire Commissioning Support Unit (MLCSU) and Adam during the transitional period to resolve emerging issues. Insufficient reliable data was available during the month 2 close down period to enable accurate forecasting consequently the month 2 forecast position for the Continuing Health Care and Funded Nursing Care (FNC) budget is shown at breakeven.

Work to resolve outstanding data migration issues will continue to progress in June including weekly conference calls between all parties to provide a forum for discussion of risks and issues. It is anticipated that data to enable robust forecasting will be in place for the next reporting period. Similarly, an assessment of any potential financial risks in relation to local authority invoices for the final quarter of the previous financial year will be performed.

## **2.4 QIPP and Transformation Fund**

The 2017/18 QIPP target is **£10.137m**. The plan is currently phased evenly across the financial year at this stage. The CCGs QIPP plan has been fully evaluated and further work is ongoing to determine the expected delivery of schemes and phasing throughout the year.

The QIPP plan submitted to NHS England as part of the 2017-18 financial plan will be updated following this work.

### **Month 2 QIPP Delivery**

The CCG has identified £0.400m QIPP savings at Month 2, this relates to savings are within the prescribing budget resulting in reduced costs in the last two months of 2016/17 which were notified to the CCG in May 2017.

## **2.5 CCG Running Costs**

The running cost allocation for the CCG is £2.603m and the CCG must not exceed this allocation in the financial year. The month 2 year to date position shows a small underspend of £0.022m and forecast outturn of £0.034m underspend.

## **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 2017)
- 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 2 position**

The CCG MCD was set at £174.227m at Month 2. The actual cash utilised at Month 2 was £28.411m (16.31% MCD) against a target of £29.038m (16.67% MCD). Cash will continue to be monitored daily by the finance team to ensure that cash targets set by NHS England are met.

### **Run Rate**

Run rate information has been excluded from the report at month 2. A detailed analysis of cost behaviour is underway to confirm and refresh income and expenditure flows in year. This will be used to assess actual performance and provide an early assessment of risks to direct management action.

## **2.7 Evaluation of risks and opportunities**

The primary financial risks for the CCG for the financial year are non-delivery of the QIPP target and increased performance within acute care. These risks 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 in the previous financial year, the majority of savings in 2016/17 were non-recurrent. The focus must continue to ensure the required savings can be delivered to achieve the agreed financial plan and long term financial stability.

### **Acute Contracts**

The CCG has experienced significant growth in acute care year on year in Acute Costs. Although the year to date performance for the main provider is below plan at Month 2, and actions are required to mitigate over performance in 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. The monthly expenditure and forecast is monitored closely as QIPP schemes continue to be delivered.

## 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 3 – 2017/18 Outturn Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(6.529)	(3.608)	(10.137)
Revised surplus / (deficit)	(6.529)	(3.608)	(10.137)
Forecast Outturn (Operational Budgets)	0.000	0.000	0.000
Reserves Budget	(0.885)	0.885	0.000
<b>Management action plan</b>			
QIPP Achieved	0.400	0.000	0.400
Remaining QIPP to be delivered	6.129	3.608	9.737
<b>Total Management Action plan</b>	<b>6.529</b>	<b>3.608</b>	<b>10.137</b>
<b>Year End Surplus / (Deficit)</b>	<b>(0.885)</b>	<b>0.885</b>	<b>0.000</b>

## 2.9 Recommendations

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

- Both the year to date financial position and forecast is breakeven. This assumes that the CCG will deliver the 2017/18 QIPP plan.
- QIPP savings anticipated for the first two months of the financial year have not been achieved, therefore at this stage; the CCG is below its financial plan. This position is expected to improve in the next reporting period as efficiencies generated through the QIPP programme begin to take effect.

- As part of the financial strategy, the CCG will undertake extensive benchmarking against our peers to demonstrate that it has explored all opportunities available to deliver savings. Our target will be to attain top quartile performance in all aspects of our commissioning portfolio to demonstrate that we are achieving value for money from our resources.
- 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 4 - Referrals by Source across all providers for 2015/16, 2016/17 & 2017/18

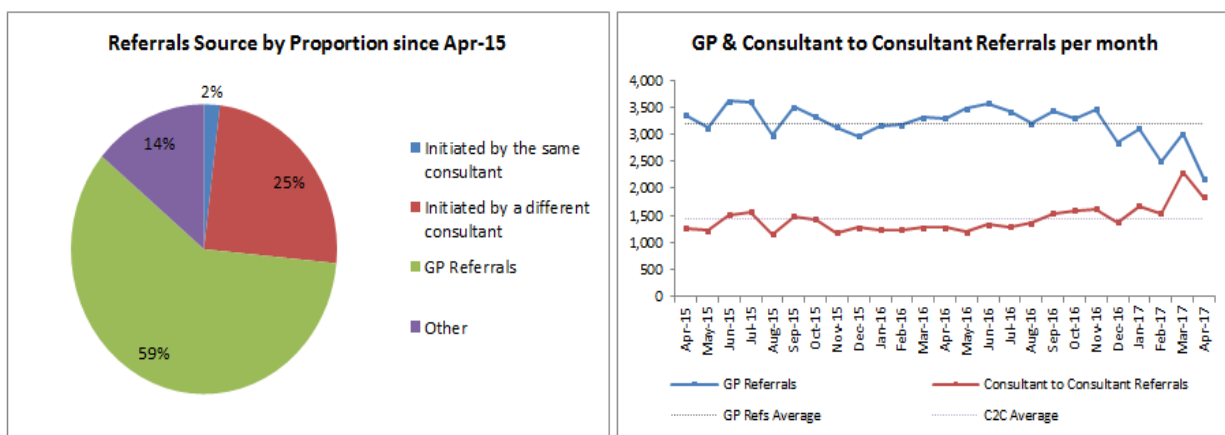




Figure 5 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17, 2017/18

Referral Type	DD Code	Description	Apr-17	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	2,186	39,246	38,628	-618	-1.6%
GP Total				39,246	38,628	-618	-1.6%
Other	01	following an emergency admission	270	105	386	281	267.6%
	02	following a Domiciliary Consultation	1	35	7	-28	-80.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	278	3,270	3,180	-90	-2.8%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,196	11,624	13,586	1,962	16.9%
	06	self-referral	190	1,788	1,826	38	2.1%
	07	A Prosthetist		5	3	-2	-40.0%
	08	Royal Liverpool Code (TBC)	27	426	453		0.0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	35	216	263	47	21.8%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	554	653	99	17.9%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)		8	14	6	75.0%
	13	A Specialist NURSE (Secondary Care)	3	65	47	-18	-27.7%
	14	An Allied Health Professional	84	1,785	1,500	-285	-16.0%
	15	An OPTOMETRIST	78	963	1,035	72	7.5%
	16	An Orthoptist	1	88	39	-49	-55.7%
	17	A National Screening Programme	57	717	724	7	1.0%
	92	A GENERAL DENTAL PRACTITIONER	39	351	463	112	31.9%
	93	A Community Dental Service		6	0	-6	-100.0%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	2,850	2,905	55	1.9%	
Other Total			2,487	24,856	27,084	2,228	9.0%
Unknown				14	20	6	42.9%
Grand Total			4,673	64,116	65,732	1,616	2.5%

A referral management scheme started on 1st October in Southport & Formby CCG which is currently in Phase 1 (administrative phase) for all specialties (excluding 2 week cancer waits). Phase 2 has commenced with Dermatology clinical triage, with plans being progressed for clinical triage for all specialties and peer review. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been agreed and is monitored via the Contract Review mechanism.

Data quality note: Walton Neuro Centre has been excluded from the above analysis due to data quality issues. For info, Walton recorded approx. 80 referrals per month in 2016/17.

### 3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	17/18 - April	80% by Q2 17/18 & 100% by Q2 18/19	45.00%	↑

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 April 2017 when the CCG recorded 45%. This shows a slight improvement in performance compared to last month. 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)	17/18 - April	<1%	3.80%	↑	90 out of 2,365 patients waited over 6 weeks for their diagnostic test.
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	17/18 - April	<1%	4.60%	↑	133 out of 2,922 patients waited over 6 weeks for their diagnostic test.

The CCG failed the less than 1% target for diagnostics in April. Out of 2,365 patients, 90 waited over 6 weeks, equating to 3.80%. Of the 90 long waiters, 64 were for an echocardiography, 9 for a colonoscopy, 4 for a non-obstetric ultrasound, 4 for a flexi sigmoidoscopy, 3 urodynamics, 2 gastroscopy, 1 MRI, 1 audiology assessment, 1 peripheral neuropathy and 1 cystoscopy.

Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During April 2017, the Trust failed the diagnostic monitoring standard reporting 4.6% of patients waiting in excess of 6 weeks. The number of patients waiting over 6 weeks has increased to 133 in April (38 in the previous month).

The Trust is breaching the Diagnostic Target due in the main to capacity problems in ECG and Urgent Care are working towards a solution. Of the total 133 patients over 6 weeks, 101 were cardiorespiratory patients. Further detail by specialty below.

**Radiology** – This is due to the lost activity from 12/05/17 until 18/05/17 as a result of the cyberattack. There is a longstanding recruitment problem within radiology. There continues to be a vacant post and recruitment to these posts is a national problem. Where we can, we continue to outsource. We have recently received information from Four Eyes (NHSI independent consultancy) that has recommended ways of making the service more efficient. The Directorate Manager and Clinical Director will be agreeing an action plan to take these forward.

**Cardio-respiratory** - This service has had a key member of their team on long-term sickness. They have recently returned and plans are underway to improve the position. A timeline needs to be agreed.

**Urodynamics** – During the cyberattack a number of clinics were cancelled; we have lost 5 weekly lists since April, which has had a huge impact on the lists. A small percentage sits with gynaecology of which it has been confirmed that this was due to patient choice. The plan is to co-ordinate additional lists; these discussions are underway with both consultants and nursing team.

Endoscopy – This is due to the lost activity from 12/05/17 until 18/05/17 as a result of the cyberattack.

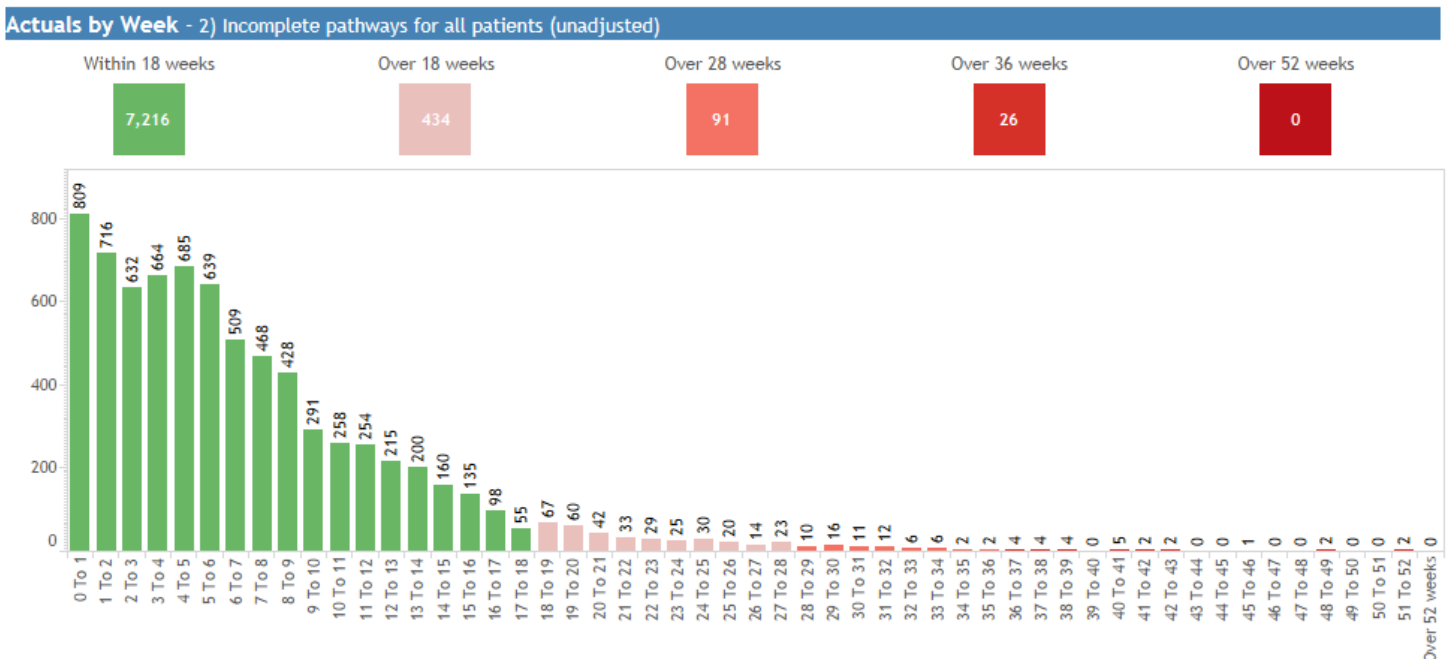
Cystoscopy – A number relate to the cyberattack - no clinics available to re-book to avoid breaches.

### 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)	17/18 - April	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	17/18 - April	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)	17/18 - April	92%	94.30%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	17/18 - April	92%	94.10%	↔

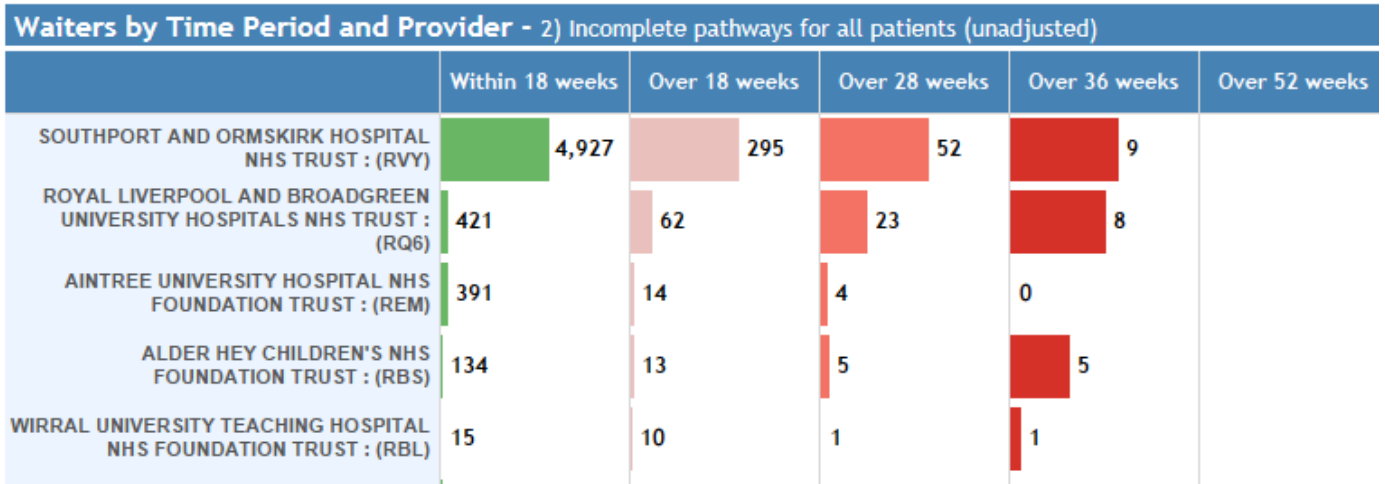
#### 3.3.1 Incomplete Pathway Waiting Times

Figure 6 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



### 3.3.2 Long Waiters analysis: Top 5 Providers

Figure 7 - 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 8 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

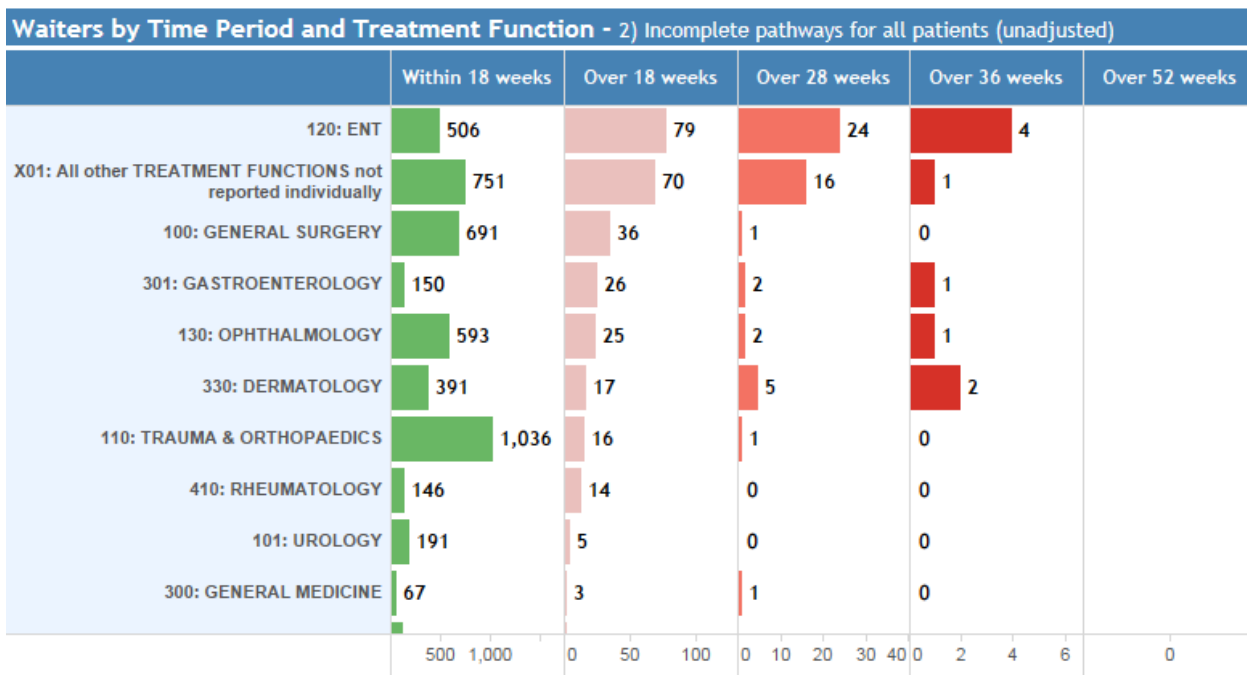
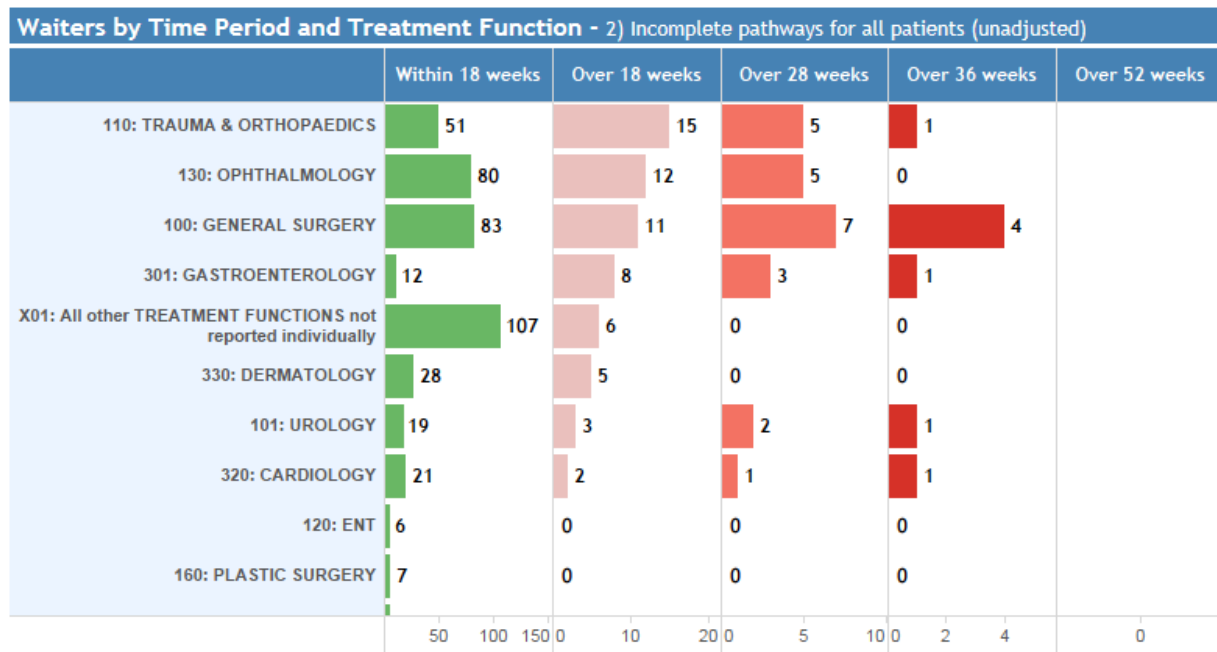


Figure 9 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



### 3.3.4 Provider assurance for long waiters

CCG	Trust	Specialty	Wait band	Registered practice code	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Formby CCG	Alder Hey	ALL OTHER	42	N84008	Attended treatment started	Constrained capacity specialty
Southport & Formby CCG	Alder Hey	ALL OTHER	45	N84013	Attended treatment started	Constrained capacity specialty
Southport & Formby CCG	Alder Hey	ALL OTHER	48	N84018	Attended treatment started	Constrained capacity specialty
Southport & Formby CCG	Alder Hey	ALL OTHER	51	N84017	Attended treatment started	Constrained capacity specialty
Southport & Formby CCG	Alder Hey	ALL OTHER	51	N84021	Patient DNA 04/05/17 sent back to the team for review	Constrained capacity specialty
Southport & Formby CCG	Royal Liverpool	GENERAL SURGERY	40	N84012	No Date Yet	Long Wait on Waiting List
Southport & Formby CCG	Royal Liverpool	GENERAL SURGERY	40	N84024	TCI 26/06/2017	Long Wait on Waiting List
Southport & Formby CCG	Royal Liverpool	T&O	40	N84618	Pathway Stopped	Capacity
Southport & Formby CCG	Royal Liverpool	UROLOGY	41	N84024	Pathway Stopped	Capacity
Southport & Formby CCG	South Manchester	CARDIOLOGY	48		N/A	This is a transplant patient. Removed from RTT

### 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 - <b>Southport &amp; Ormskirk</b>	17/18 - April	0	0	1 ↔

#### 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 - <b>Southport &amp; Ormskirk</b>	17/18 - April	0	0	1 ↔

### 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) <b>(CCG)</b>	17/18 - April	93%	94.31%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - April	93%	94.92%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	17/18 - April	93%	91.30%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - April	93%	N/A	↔

The CCG has not achieved the target of 93% for two-week wait for first outpatient appointment for patients referred urgently with breast symptoms in April with a performance of 91.3%. In month, out of 46 patients there were 4 breaches. All breaches were at Aintree Hospital and the maximum wait was 30 days. All delays were due to patient choice.

The CCG's action plan to improve this performance is to work with Sefton GPs through Protected Learning time later in the year around management of breast symptomatic patients and importance of communications, which reflect the 2-week timescale to be seen.



### 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) <b>(CCG)</b>	17/18 - April	96%	100.00%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - April	96%	100.00%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	17/18 - April	94%	95.24%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - April	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	17/18 - April	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - April	94%	80.00%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	17/18 - April	98%	100.00%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - April	98%	0 Patients	↔

Southport and Ormskirk Hospital did not achieve the 94% target for patients requiring surgery in April 2017. The Trust reported a performance of 80%, just 1 patient out of 5 not receiving treatment within 31 days. The breach was a skin patient and the wait was 38 days due to an ENT capacity problem.

The Trust is currently undertaking a review of their capacity and demand in this service.

### 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) <b>(CCG)</b>	17/18 - April	85% (local target)	84.62%	↓
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) <b>(Southport &amp; Ormskirk)</b>	17/18 - April	85% (local target)	90.91%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	17/18 - April	90%	100.00%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - April	90%	0 Patients	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	17/18 - April	85%	86.67%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - April	85%	85.33%	↑

The CCG did not achieve the local 85% target for the 2 month (62 day) wait for first definitive treatment following a consultant update, reporting slightly under target at 84.62% in April 2017. This equates to just 2 breaches out of 13 patients. Southport & Ormskirk reported that both breaches were unavoidable; a Gynaecological patient received treatment after 137 days (delay due to reallocation from Clatterbridge) and a lung patient received treatment after 83 days (delay due to complexity, patient thinking time and repeat biopsy needed).

NHS England’s National Plan identifies particular Trusts with a small number of excess breaches (referred to as ‘quick wins’) and with numbers of avoidable breaches that should take quick actions to deliver the standard. Action plans have been developed to achieve sustainable compliance on the 62 days standard by Quarter 2 17/18. Identified Trusts are as follows.

- Warrington and Halton Hospital NHS Trust
- Southport and Ormskirk NHS Hospitals Trust

- Aintree Hospital NHS Trust
- Liverpool Women's Hospital NHS Trust
- Clatterbridge Hospital NHS Trust

### 3.6 Patient Experience of Planned Care

#### Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Apr-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%	13.6%		96%	94%		1%	2%	
Q1 - Antenatal Care	N/A	-		97%	*		2%	*	
Q2 - Birth	N/A	10.6%		96%	100%		1%	0%	
Q3 - Postnatal Ward	N/A	-		95%	100%		2%	0%	
Q4 - Postnatal Community	N/A	-		98%	*		1%	*	

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

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

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

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The Trust has seen an increase in response rates for inpatients over the past three months, from 11.1% in February, to 13.1% in March and 13.6% in April. The percentage of patients that would recommend the inpatient service in the Trust has also seen an increase from 91% in February and 92% in March, to 94% in April. However this is still below the England average of 96%. The percentage of people who would not recommend the inpatient service has remained at 2% in March and April and is therefore still greater than the England average of 1%.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. 'Developing the Experience of Care Strategy' is for approval by the Board of Directors. The Deputy Director of Nursing will present the finalised Strategy with an FFT update at the CCG Engagement and Patient Experience Group meeting in July.

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.

A listening event held by Healthwatch Sefton in March involved talking to patients, relatives and staff on all wards. A collated report is to be shared with EPEG once this is available.

The CCG dashboard aims to monitor patient experience from all acute and community providers, this is up-dated quarterly and cited at EPEG.

### 3.7 Planned Care Activity & Finance, All Providers

Performance at Month 1 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-100k/4%. Aintree and Wrightington, Wigan and Leigh are showing the largest over performance with a £33k/32% and £30k/47% variance respectively. This is offset by Renacres and Southport Hospital who are showing a -£101k/-34% and £96k/6% under spend at month 1.

Figure 10 - Planned Care - All Providers

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers								
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	1,222	1,285	63	5%	£100	£133	£33	32%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	571	520	-51	-9%	£41	£25	-£17	-40%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20	20	0	2%	£4	£11	£7	186%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	10	10	0%	£0	£1	£1	0%
FAIRFIELD HOSPITAL	9	4	-5	-54%	£1	£0	-£1	-68%
ISIGHT (SOUTHPORT)	346	0	-346	-100%	£72	£0	-£72	-100%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	186	139	-47	-25%	£77	£76	£0	0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	204	176	-28	-14%	£59	£39	-£19	-33%
RENACRES HOSPITAL	942	558	-384	-41%	£297	£196	-£101	-34%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,218	1,199	-19	-2%	£225	£203	-£22	-10%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	8,058	7,913	-145	-2%	£1,531	£1,435	-£96	-6%
SPIRE LIVERPOOL HOSPITAL	29	37	8	28%	£7	£8	£1	12%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	364	407	43	12%	£91	£91	£1	1%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	32	16	-16	-50%	£9	£6	-£3	-37%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	17	0	-17	-100%	£3	£0	-£3	-100%
WALTON CENTRE NHS FOUNDATION TRUST	192	197	5	2%	£58	£67	£10	17%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	8	8	0%	£0	£2	£2	0%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	25	11	-14	-56%	£8	£2	-£6	-78%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	180	290	110	61%	£65	£95	£30	47%
<b>Grand Total</b>	<b>13,613</b>	<b>12,790</b>	<b>-823</b>	<b>-6%</b>	<b>£2,817</b>	<b>£2,718</b>	<b>-£100</b>	<b>-4%</b>
*PbR only								

#### 3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 11 - Planned Care – Southport and Ormskirk NHS Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Planned Care*								
Daycase	810	848	38	5%	£441	£410	-£31	-7%
Elective	116	110	-6	-5%	£295	£266	-£29	-10%
Elective Excess BedDays	27	42	15	56%	£7	£10	£3	51%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	111	48	-63	-57%	£19	£9	-£10	-53%
OPFASPCL - Outpatient first attendance single professional consultant led	993	837	-156	-16%	£172	£143	-£29	-17%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	280	136	-144	-51%	£21	£11	-£10	-48%
OPFUPSCL - Outpatient follow up single professional consultant led	2,892	2,837	-55	-2%	£238	£231	-£7	-3%
Outpatient Procedures	2,002	2,175	173	9%	£267	£279	£11	4%
Unbundled Diagnostics	827	880	53	6%	£71	£77	£6	9%
<b>Grand Total</b>	<b>8,058</b>	<b>7,913</b>	<b>-145</b>	<b>-2%</b>	<b>£1,531</b>	<b>£1,435</b>	<b>-£96</b>	<b>-6%</b>

\*PbR only

### 3.7.2 Southport & Ormskirk Hospital Key Issues

Planned care elements of the contract are currently reporting underspend of £96k, 6% of the plan. The majority of this focused within the Elective and Day Case points of delivery, which have a combined variance against the plan of -£60k.

Two main factors contributed to the current performance surrounding planned inpatient care, the first being the impact of Joint Health with Trauma & Orthopaedics the foremost specialty under plan in April at -£29k. The second factor is the cancellation of a number of planned procedures due to decontamination issues. This affected a number of specialties including General Surgery, Ophthalmology, and Urology. Another notable under-performance is within Clinical Haematology, currently 21% below plan at -£15k.

A shift in activity is likely to occur in 2017/18 from Outpatient attendances to Outpatient procedures. This is due to the national changes in grouping of activity and the introduction of HRG4+.

### 3.7.3 Renacres Hospital

Figure 12 - 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	123	72	-51	-41%	£125	£71	£-55	-43%
Elective	17	15	-2	-14%	£78	£71	£-7	-9%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	275	189	-86	-31%	£40	£32	£-9	-22%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	271	242	-29	-11%	£23	£16	£-7	-30%
Outpatient Procedure	168	0	-168	-100%	£22	£0	£-22	-100%
Unbundled Diagnostics	87	40	-47	-54%	£8	£6	£-2	-29%
<b>Grand Total</b>	<b>942</b>	<b>558</b>	<b>-384</b>	<b>-41%</b>	<b>£297</b>	<b>£196</b>	<b>£-101</b>	<b>-34%</b>

Renacres performance is showing a £101k/34% variance against plan with individual PODS all under performing at month 1. Day case activity is the highest underperforming area with a variance of £55k/43% against plan.

### 3.8 Personal Health Budgets

#### Southport & Formby CCG – 2017/18 PHB Plans

E.N.1	Q1	Q2	Q3	Q4
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	56	60	64	68
2) New personal health budgets that began during the quarter (total number per CCG)	4	4	4	4
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	<b>60</b>	<b>64</b>	<b>68</b>	<b>72</b>
4) GP registered population (total number per CCG)	124,289	124,289	124,289	124,289
Rate of PHBs per 100,000 GP registered population	<b>48.27</b>	<b>51.49</b>	<b>54.71</b>	<b>57.93</b>

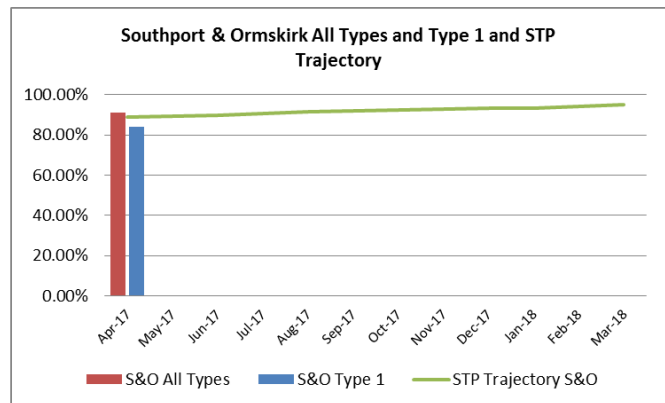
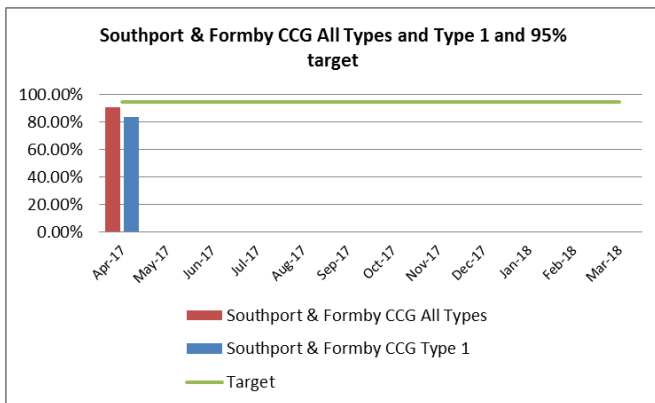
For 2017/18, the national ambition is to reach between 24,000 and 32,000 PHBs – that is between 40 and 55 per 100,000. Based on current numbers of PHBs in place, plus knowledge of plans to increase in 2017/18, plans have been submitted to almost achieve the 2017/18 trajectory to reach national ambition by 2020/21 for Southport & Formby CCG (68 plan vs 70 NHSE expectation). Plans for 2018/19 at this point have been submitted to meet the trajectory for 2018/19. This requires a significant increase in new PHBs and is subject to CCG expansion from Continuing Health Care to Mental Health, Learning Disability, children and Long Term Conditions, which is subject to approval of a proposal to CCG Governing Bodies from the CCG PHB Lead. Quarter 1 performance is anticipated for July's report.

## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - April	95.00%	90.86%	↑	Southport & Formby CCG failed the 95% target in April reaching 90.86%. In April, 337 attendances out of 3,684 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	17/18 - April	95.00%	83.70%	↑	Southport & Formby CCG failed the 95% target in April reaching 83.7%. In April, 336 attendances out of 2,058 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	17/18 - April	STF Trajectory Target for Q1 90%	91.10%	↑	Southport & Ormskirk have reported 91.1% in April and are therefore on track for achieving the STF target of 90% by Q1. In April, 980 attendances out of 11,007 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	17/18 - April	95.00%	84.17%	↑	Southport & Ormskirk have failed the target in April reaching 84.17%. In April, 978 attendances out of 6,177 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	YTD
STP Trajectory S&O	89.00%	%
S&O All Types	91.10%	91.10%



The CCG has updated the targets that are within Cheshire & Merseyside 5 Year Forward View (STP) accordingly. The monthly trajectory targets have been calculated by the Trust from the mid points from the quarterly targets agreed between the trust and NHS improvement. 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 April reached 91.1%, which is above the Cheshire & Merseyside 5 Year Forward View (STP) plan of 89% for April and is on track to achieve 90% in quarter 1.

Performance for the SDGH site only was 76% (compared to 66.7% in April 16). ED attendances saw an 8.6% increase compared to the previous year with a 10.7% increase in majors category. The number of patients arriving by ambulance increased by 3.2% throughout the month. Admissions as a



result of an attendance in A&E were 5.5% lower than April 2016. Despite these pressures, over 262 less patients waited over 4 hours compared to last April, indicating that continued improvements have been made in the urgent care pathway (960 4-hour breaches in April 2017 compared to 1222 4-hour breaches in April 2016). Flow workshops facilitated by AQUA and the CEO have been held with representation from all CBUs and agreed actions to address surges in pressure. From 8/5/17 the Trust has undertaken a 4 week pilot using a fully functioning discharge lounge available 8am-8pm to test the improvements that this makes regarding patient flow, particularly to morning discharges.

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 NWS 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.

## 4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	17/18 - April	75%	61.82%	↓	The CCG is under the 75% target in April reaching 61.822%. 34 out of 55 calls were responded to within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	17/18 - April	75%	64.61%	↑	The CCG was under the 75% target in April reaching 60.75%. 362 out of 560 calls were responded to within 8 mins.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	17/18 - April	95%	86.30%	↑	The CCG was under the 95% target in April reaching 86.3%. 531 out of 615 calls were responded to within 19 mins.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	17/18 - April	75%	70.08%	↑	NWAS reported under the 75% target in April reaching 70.08%. 2,165 calls out of 3,090 were responded to within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	17/18 - April	75%	68.94%	↑	NWAS failed to achieve the 75% target in April reaching 68.94%. 26,726 out of 38,767 calls were responded to within 8 mins.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	17/18 - April	95%	92.54%	↑	NWAS failed to achieve the 95% target in April reaching 92.54%. 38,734 calls out of 41,857 were responded to within 19 mins.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Southport &amp; Ormskirk</b>	17/18 - April	0	112	↑ ↓	The Trust recorded 112 handovers between 30 and 60 minutes, this is an improvement on last month when 181 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Southport &amp; Ormskirk</b>	17/18 - April	0	56	↓	The Trust recorded 56 handovers over 60 minutes, this is a significant improvement on last month when 146 were reported.

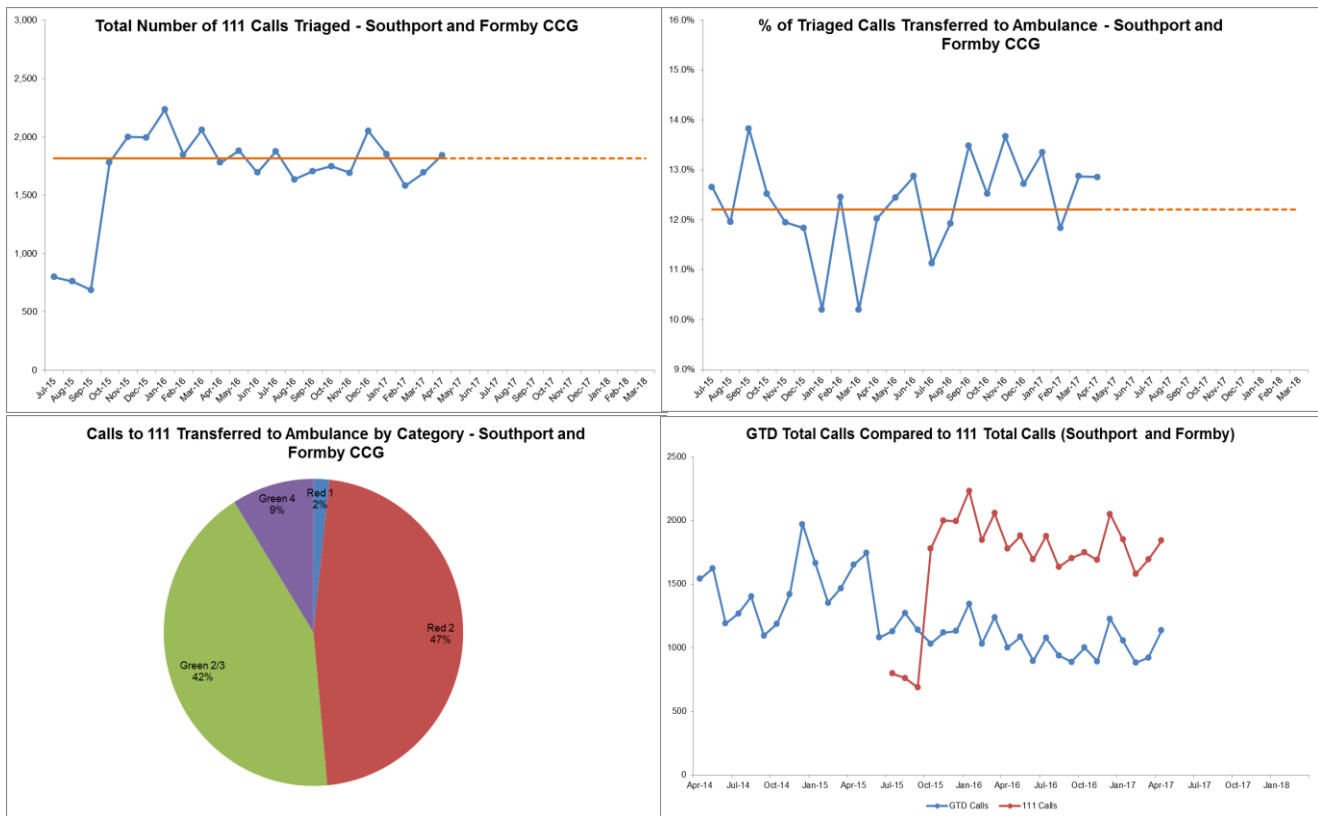
Southport & Formby CCG failed to achieve all 3 indicators year to date (see above of number of incidents/breaches).

With the significant dip in performance around national ambulance targets, we are working with all partners to improve performance against these targets. The Provider actions for improvement include an agreed Workforce Plan, establishment of a Performance Development Plan to be monitored twice a week. Senior Manager, Trust Board and NHSI focus on performance. Introduction of weekly telephone conferences with Commissioners to focus on performance and a Remedial Performance Plan was introduced in January 2017 to focus on performance improvement. NWAS chaired a 90 day Improvement Forum facilitated by NHSI and attended by Lead Commissioners to focus on hospital issues, performance and any restrictions/barriers to achieving performance.

The % of ambulance handovers completed within 15 minutes in April was 50.4%. In line with the metrics against the 4-hour performance, ED continues to experience significant bottlenecks as a result of daily surges in arrivals (both via ambulance and walk-in patients), daily fluctuations in bed occupancy, in addition to the acuity of patients arriving. These pressures result in delays in handing over ambulances in a timely manner. A further rapid improvement event commenced on 24/4/17 facilitated by NHSI that members of the team attended, with a follow up session taking place w/c 5/6/17. As part of the A&E Delivery Sub-Group workstreams, ambulance handovers are part of the focus on the 'in-hospital' workstream.

### 4.3 111 Calls and GP Out of Hours

#### 4.3.1 111 Calls



April 2017 saw an increase in the number of 111 calls made by Southport and Formby patients to 1,843 from 1,693 in March, an increase of 8.9%. There has also been a slight increase when compared to April 2016, from 1,779 or 3.8%.

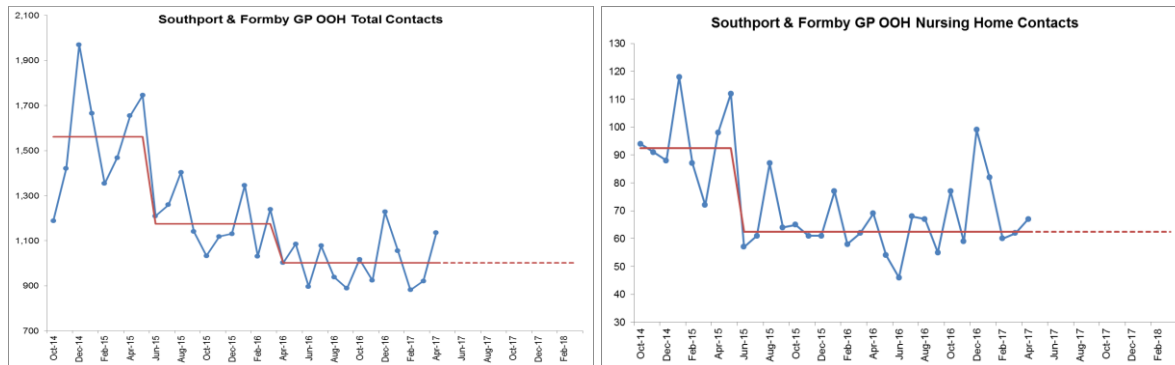
The breakdown for outcomes of 111 calls in April 2017 is as follows:

- 63% advised to attend primary and community care
- 15% closed with advice only
- 13% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service.

14.9% of calls closed with advice only. This is a reduction on the previous month of 19.2%. This reduction is offset by an increase in the number of callers who were advised to attend primary and community care, which rose from 58.1% in March to 63% in April.

The number of 111 calls continues to be lower than the number of GP out of hours (OOH) calls in April 2017, a trend which has remained consistent since October 2015.

### 4.3.2 GP Out of Hours Calls



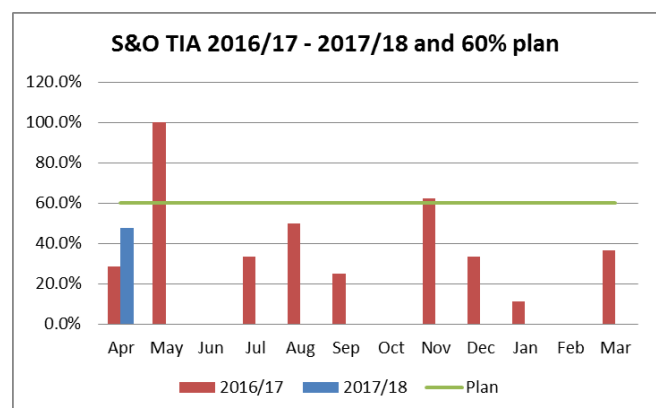
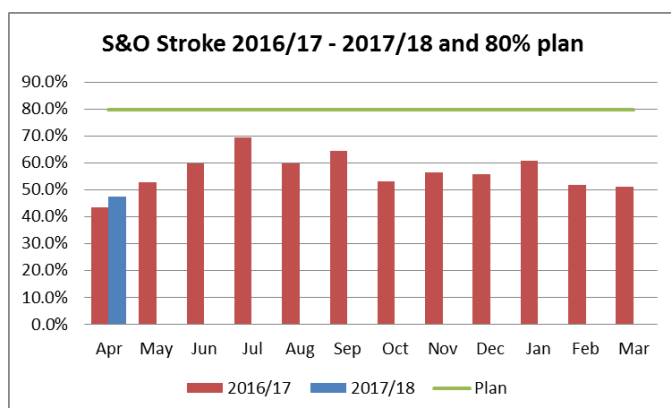
The number of calls from Southport and Formby patients to the GP OOH service has increased in April 2017 to 1,135 an increase of 23.2% since March. When compared to the same point in the previous year, April 2017 had 13.3% more calls to the GP OOH service.

GP OOH calls from nursing homes within Southport and Formby have increased slightly by 5, 8%, from March. However, as with total calls, this remains within trend.

## 4.4 Unplanned Care Quality Indicators

### 4.4.1 Stroke and TIA Performance

Stroke/TIA					
% who had a stroke & spend at least 90% of their time on a stroke unit ( <b>Southport &amp; Ormskirk</b> )	17/18 - April	80%	47.50%	↓	The Trust failed the 80% target in April with only 19 out of 40 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 ( <b>Southport &amp; Ormskirk</b> )	17/18 - April	60%	33.30%	↓	During April 2017, there were 3 reportable cases of TIA, with 2 of them breaching the 24 hour timescale.



Southport & Ormskirk failed the stroke target in April (47.5%), only 19 out of 40 patients spending 90% of their time on a stroke unit. This is a drop in performance from March when the Trust reported 51.3%. Performance against this indicator remains a significant challenge. 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 discussions are ongoing with Aintree about the future of hyper-acute stroke provision.

During April 2017, there were just 3 reportable cases of TIA, with 2 breaching the 24-hour timescale. The key themes for reasons for breaches were Clinic availability and Patient choice (Patient DNA'd initial appointment).

Clinical meetings have taken place regarding the future of hyper acute stroke. The Chief Executive of Southport & Ormskirk Hospital presented to the CCG Governing Body in March 2017. A Trust and CCG executive meeting took place in mid-June. Challenges in meeting the stroke targets are due to a lack of discharge to assess beds and without ESD, it means more complex stroke patients with long lengths of stay are occupying beds. The solutions to these issues are being taken up at LDS level.

#### 4.4.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches					
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - April	0.00	0.80	↓	The CCG has reported an MSA rate of 0.8 which equates to a total of 3 breaches. All 3 breaches were at Southport & Ormskirk NHS Trust.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - April	0.00	0.70	↓	In April the Trust had 4 mixed sex accommodation breaches (a rate of 0.70) and have therefore breached the zero tolerance threshold. Of the 4 breaches 3 were for Southport & Formby CCG and 1 for West Lancs CCG.

April saw Southport & Ormskirk fail Mixed Sex Accommodation. In month, the trust had 4 mixed sex accommodation breaches (a rate of 0.7) and has therefore breached the zero tolerance threshold. 3 breaches were Southport & Formby CCG patients and 1 was a West Lancashire CCG patient.

The 4 breaches of Mixed Sex Accommodation all related to the delay in transfer from HDU/CCU to Inpatient ward areas. This is a vast improvement of previous months, with three times daily meetings in place to manage patient flow across the clinical areas.

#### 4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - April	6	6	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	17/18 - April	3	2	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - April	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	17/18 - April	0	0	↔

There were 6 new cases of Clostridium Difficile attributed to the CCG in April, 4 reported by Southport & Ormskirk Hospital Trust and 2 by Aintree Hospital. For Southport & Ormskirk year to date the Trust has had 2 cases against a plan of 3, so is under plan. Both the CCG and Trust have achieved their year to date plans.

There were no new cases of MRSA reported in April for the CCG or the Trust and therefore both are compliant.

#### 4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - April	100	119.51	↑
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q4	100	108.65	↑

HSMR is reported for December 2016 rolling 12 month figure. The in month figures show a substantial improvement from 123.2 in Nov 16 down to 99.69 in Dec 16. The expected deaths for Dec 16 was 71.22 and observed 71.

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.

## 4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 1.

There are 75 on StEIS where 56 serious incidents on StEIS where Southport and Formby CCG (SFCCG) is either the lead or responsible commissioner. 29 attributed to Southport & Ormskirk Hospitals NHS Trust (S&O). However there are 48 serious incidents open for the trust where S&F CCG are the lead commissioner (27 x SFCCG, 2 SSCCG, 17 West Lancs CCG). Three incidents were reported in April for SFCCG patients; 1 surgical never event at Liverpool Women’s Hospital and 2 other incidents reported for S&O Hospitals. 29 incidents remain open for S&O >100 days.

One pressure ulcers remains open to represent each area (SFCCG community, S&O acute hospital, West Lancashire CCG community). Monitoring of the composite pressure ulcer action plan continues at CQPG meetings, with plans to transition across to the 2 new community providers on 1<sup>st</sup> May 2017 (Lancashire Care Foundation Trust & Virgin Healthcare). Assurance arrangements are being sought for the continuing management of legacy cases across for both Southport and Formby CCG and West Lancashire CCG community areas.

### Serious Incidents Open for Southport and Ormskirk Hospitals NHS Trust

Year	CCG	No. of Open Incidents	
2015	GP Practice within Southport and Formby	2	4
	GP Practice within West Lancashire	2	
2016	GP Practice within South Sefton	2	25
	GP Practice within Southport and Formby	10	
	GP Practice within West Lancashire	13	
2017	GP Practice within Southport and Formby	17	19
	GP Practice within West Lancashire	2	

Community services for Southport and Formby patients transferred to Lancashire Care Foundation Trust (LCFT) from 1<sup>st</sup> April 2017. There were no serious incidents reported on StEIS for LCFT during April.

Mersey Care NHS Foundation Trust – 18 open incidents on StEIS for Southport and Formby CCG patients with 13 open >100 days. No serious incidents were reported in April for S&F CCG patients making a total of 0 year to date. The Trust reported 21 for S&F CCG patients during 16/17 period.

The programme manager for serious incidents holds planned monthly meetings with Southport and Ormskirk, Mersey Care and Aintree University Hospital to discuss all SIs and the due processes. In addition to these, from June 2017, these meetings will include Lancashire Care Foundation Trust.

## 4.6 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.

Please note the patient snapshot measure has been removed from the collection starting in April 2017. Since the snapshot only recorded the position on one day every month, it was considered



unrepresentative of the true picture for DTOCs. NHS England are replacing this measure in some of the publication documents with a DTOC Beds figure, which is the delayed days figure divided by the number of days in the month. This should be a similar figure to the snapshot figure, but more representative. Removing the patient snapshot from the collection also reduces the burden on trusts, since NHS England can calculate a similar figure from the delayed days and number of days in the month.

The average number of delays per day in Southport and Ormskirk hospital increased to 7 during April 2017 from 6 reported in March. On average, 2 were awaiting further NHS non-acute care, 3 were patient or family choice and 1 was under dispute.

Analysis of average delays in April 2017 compared to April 2016 shows an increase in the average number of patients, from 5 to 7.

### Average Delayed Transfers of Care per Day - Southport and Ormskirk Hospital - April 2016 – April 2017

Reason For Delay	2016-17												2017-18
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
B) PUBLIC FUNDING	1	0	0	0	0	0	1	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	0	0	1	1	0	0	1	2
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	1	0	0	0	0	0	0	1	1	0
DII) AWAITING NURSING HOME PLACEMENT	1	0	0	0	1	0	1	0	1	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	0	0	0	0
F) COMMUNITY EQUIPMENT/ADAPTIONS	1	0	0	1	0	0	1	0	1	0	1	0	0
G) PATIENT OR FAMILY CHOICE	2	2	4	5	2	3	2	6	6	5	1	3	3
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	1	1
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>5</b>	<b>2</b>	<b>5</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>3</b>	<b>6</b>	<b>7</b>

### Agency Responsible and Total Days Delayed - Southport and Ormskirk Hospital - April 2016 – April 2017

Agency Responsible	2016-17												2017-18
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS - Days Delayed	142	70	141	210	115	134	184	235	233	171	93	200	198
Social Care - Days Delayed	0	0	0	0	6	19	6	4	0	5	0	0	0
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed caused by NHS was 198 in April 2017, compared to 200 last month. Analysis of these in April 2017 compared to April 2016 shows an increase from 142 to 198.

The total number of days delayed caused by social care and by both remain at zero.

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

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

Further plans to support the reduction of delayed transfers of care are being discussed within the CCG and include a comprehensive review of at least one 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, and also exploring changing these to discharge to assess beds.

Weekly meetings between the Trust and CCG to discuss medically fit for discharge patients have been arranged.

## 4.7 Patient Experience of Unplanned Care

### Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Apr-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%	1.1%		87%	70%		7%	20%	

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 64% in March to 70% in April. However, this is still lower than the England average of 87%. The percentage not recommending has decreased from 26% in March to 20% in April but remains above the England average of 7%.

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. This presentation will also be given at EPEG. The Strategy is due for completion in May by the Deputy Director of Nursing, Midwifery and Governance.

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.

The dashboard created to incorporate information available from FFTs, complaints and compliments with the aim to monitor patient experience from all acute and community providers continues to be updated and cited by EPEG.

A listening event held by Healthwatch Sefton at the Trust in March. This involved talking to patients, relatives and staff on all wards. A collated report is to be shared with EPEG when this is available.

## 4.8 Unplanned Care Activity & Finance, All Providers

### 4.8.1 All Providers

Performance at Month 1 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £90k/3%. This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £143k/6% underspend.

Figure 13 - Month 1 Unplanned Care – All Providers

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)								
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	120	166	46	38%	£72	£132	£60	84%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	73	82	9	12%	£30	£27	£-3	-9%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	7	5	-2	-32%	£2	£1	£-2	-61%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	3	3	0%	£0	£4	£4	0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	12	8	-4	-34%	£42	£16	£-25	-61%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	24	24	0	-1%	£38	£44	£6	16%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	135	100	-35	-26%	£68	£55	£-12	-18%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	4,732	4,945	213	5%	£2,420	£2,277	£-143	-6%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	43	38	-5	-13%	£23	£26	£3	13%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	9	4	-5	-57%	£4	£3	£-1	-31%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	5	11	6	113%	£4	£27	£23	525%
<b>Grand Total</b>	<b>5,161</b>	<b>5,386</b>	<b>225</b>	<b>4%</b>	<b>£2,703</b>	<b>£2,612</b>	<b>£-90</b>	<b>-3%</b>

### 4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 14 - Month 1 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care								
A and E	3,082	3,039	-43	-1%	£423	£402	£-20	-5%
A and E Type 3	0	249	249	0%	£0	£15	£15	0%
NEL - Non Elective	878	791	-87	-10%	£1,553	£1,436	£-117	-8%
NELNE - Non Elective Non-Emergency	84	78	-6	-7%	£195	£160	£-36	-18%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	9	2	-7	-78%	£3	£1	£-2	-68%
NELST - Non Elective Short Stay	181	178	-3	-2%	£129	£124	£-5	-4%
NELXBD - Non Elective Excess Bed Day	498	608	110	22%	£118	£139	£22	19%
<b>Grand Total</b>	<b>4,732</b>	<b>4,945</b>	<b>213</b>	<b>5%</b>	<b>£2,420</b>	<b>£2,277</b>	<b>£-143</b>	<b>-6%</b>

### 4.8.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Unplanned care elements of the contract are below plan by £143k, with the main area being Non-Elective admissions. A number of specialties are driving the reduced levels for month one with Geriatric Medicine showing the largest variance at -£51k. Other notable specialties are Accident & Emergency, General Medicine, and Stroke Medicine, which have a combine under spend of £60k.

The Trust stated increased flows via the Ambulatory Care Unit have affected other urgent care points of delivery, which is why lower levels of Emergency admissions are occurring.

Non-Elective Non-Emergency care is also below plan by 18%, -£36k. The Trust have noted the loss of a significant number of patients to other Acute providers such as Liverpool Women's Trust is one of the main causes for continued low performance against plan in this area. This trend has continued from 2016/17 in 2017/18.

Under performance within A&E is likely to improve once all records fully coded in line with the contractual flex and freeze periods.

## 4.9 Aintree and University Hospital NHS Trust

Figure 15 - Month 1 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	71	105	34	49%	£9	£14	£5	52%
NEL - Non Elective	27	44	17	65%	£50	£101	£51	103%
NELNE - Non Elective Non-Emergency	2	1	-1	-41%	£5	£5	£1	11%
NELST - Non Elective Short Stay	6	13	7	117%	£4	£11	£6	146%
NELXBD - Non Elective Excess Bed Day	15	3	-12	-80%	£4	£1	-£3	-81%
<b>Grand Total</b>	<b>120</b>	<b>166</b>	<b>46</b>	<b>39%</b>	<b>£72</b>	<b>£132</b>	<b>£60</b>	<b>84%</b>

### 4.9.1 Aintree University Hospital NHS Trust Key Issues

Urgent Care over spend of £60k is driven by a £51k/103% over performance in Non Elective costs. The main specialty over performance is Acute Medicine (£11k), Gastroenterology (£11k), General Surgery (£10k) and Diabetic Medicine (£10k).

## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

Figure 16 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Caseload as at 30/04/2017	2017/18 Plan	Variance from Plan	Variance on 30/04/2016
1 Common Mental Health Problems (Low Severity)	2	3	-	1
2 Common Mental Health Problems (Low Severity with greater need)	5	11	-	6
3 Non-Psychotic (Moderate Severity)	76	174	-	98
4 Non-Psychotic (Severe)	212	156	56	38
5 Non-psychotic Disorders (Very Severe)	35	29	6	3
6 Non-Psychotic Disorder of Over-Valued Ideas	24	22	2	3
7 Enduring Non-Psychotic Disorders (High Disability)	142	112	30	16
8 Non-Psychotic Chaotic and Challenging Disorders	77	65	12	12
10 First Episode Psychosis	63	65	-	2
11 On-going Recurrent Psychosis (Low Symptoms)	209	291	-	82
12 On-going or Recurrent Psychosis (High Disability)	235	153	82	64
13 On-going or Recurrent Psychosis (High Symptom & Disability)	100	100	-	3
14 Psychotic Crisis	16	11	5	-
15 Severe Psychotic Depression	6	6	-	1
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	13	10	3	1
17 Psychosis and Affective Disorder – Difficult to Engage	26	26	-	1
18 Cognitive Impairment (Low Need)	207	244	-	37
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	593	787	-	194
20 Cognitive Impairment or Dementia Complicated (High Need)	346	202	144	134
21 Cognitive Impairment or Dementia (High Physical or Engagement)	88	53	35	26
Cluser 99	189	123	66	36
<b>Total</b>	<b>2,706</b>	<b>2,684</b>	<b>22</b>	<b>46</b>

#### 5.1.1 Key Mental Health Performance Indicators

Figure 17 - CPA – Percentage of People under CPA followed up within 7 days of discharge

Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%										
Rolling Quarter			100%									

Figure 18 - CPA Follow up 2 days (48 hours) for higher risk groups

Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
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%										
Rolling Quarter			100%									

**Figure 19 - Figure 16 EIP 2 week waits**

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
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%	100%											
Rolling Quarter				100%									

## 5.1.2 Mental Health Contract Quality Overview

From April 2017, Liverpool CCG became the lead commissioner for the Mersey Care NHS Trust Foundation contract and as such joint contract and quality monitoring arrangements have been put in place to provide oversight and scrutiny to the contract.

The final report in respect of the review of the acute care pathway within Mersey Care NHS Foundation Trust has been received by the Trust. The Review was asked to identify inconsistencies and make recommendations for the future service models and functions in the context of the whole system, particularly where there are interfaces with non-Mersey Care services (e.g. primary care, A&E, acute hospitals, IAPT, etc.). Commissioners had the opportunity to be engaged and were able to comment on the initial draft. The review report will now also need to take into consideration the recent NHS England Benchmarking Report undertaken in relation to Crisis Resolution Home Treatment Team (CRHTT) core fidelity which identified areas of development /improvement including the use of A&E as the default pathway. This fidelity review was facilitated by the North West Coast Strategic Clinical Network (NWC SCN). The NWC SCN will support both commissioners and Mersey Care NHS Foundation Trust to help develop a service improvement plan, which will assist them to improve their overall fidelity score and develop a high performing CRHTT service.

As part of the work to improve access and communication, the Trust is working on an EMIS referral form and revised triage process. In addition, the Trust will regularly attend locality meetings to provide updates on the primary care interface.

In lieu of the delay to implementing RIO, the Trust continues to test the R32 upgrade to its existing Expe system. The Trust has reported good progress has been made in ensuring data EIP data flow to the Mental Health Services Dataset is consistent and accurate.

The Trust was issued with a Performance Notice on 11th May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17. This had previously been raised via Liverpool and Sefton CCGs' CRM and CQPG meetings. The Trust has provided a remedial action plan against which progress will be monitored via CQPG. The performance notice will remain open until the CCG Safeguarding Team is assured that all concerns have been addressed.

Sefton CCGs continue to seek assurance that the Trust is regularly reviewing individual packages of Individual Packages of Care funded by the CCGs (joint funded/Section 117) have had an annual CPA review by an appropriately trained person. Midlands and Lancashire CSU have advised the CCGs that there are reviews outstanding and there seems to be limited progress in completing reviews and providing assurance that they are being undertaken by an appropriately trained practitioner acting in a care co-ordination role.

Discussions are ongoing that involve the Trust and Midlands and Lancashire CSU to seek assurance, but the possibility of a Performance Notice being issued cannot be ruled out at this stage.

## 5.2 Improving Access to Psychological Therapies

Figure 20 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Southport & Formby IAPT KPIs Summary		1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%
Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	201	196	179	168	162	151	201	188	140	217	182	243
	2017/18	166											
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2016/17	1.05%	1.03%	0.94%	0.88%	0.85%	0.79%	1.05%	0.99%	0.73%	1.14%	0.95%	1.27%
	2017/18	0.87%											
Recovery % ACTUAL - 50% target	2016/17	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	50.5%	53.3%
	2017/18	50.5%											
ACTUAL % 6 weeks waits - 75% target	2016/17	98.1%	99.0%	96.1%	94.8%	97.6%	98.4%	100.0%	100.0%	97.5%	100.0%	100.0%	98.9%
	2017/18	97.2%											
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2017/18	99.1%											
National definition of those who have completed treatment ( KPI5)	2016/17	95	85	78	99	83	93	79	115	86	101	98	95
	2017/18	105											
National definition of those who have entered Below Caseness ( KPI6b)	2016/17	7	8	6	9	8	6	3	8	12	8	8	7
	2017/18	6											
National definition of those who have moved to recovery ( KPI6)	2016/17	39	47	35	40	44	39	29	41	41	44	46	42
	2017/18	50											
Referral opt in rate (%)	2016/17	93.7%	88.9%	87.3%	87.9%	88.0%	83.9%	86.1%	88.8%	80.1%	85.4%	83.4%	80.4%
	2017/18	80.6%											

The provider (Cheshire & Wirral Partnership) reported 166 Southport & Formby patients entering treatment in Month 1. This is a reduction on the previous month when 243 patients entered treatment. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 16.8% for 2017/18 year end.

Referrals decreased in Month 1 by 18.2% with 242 compared to 296 in Month 12. 60% 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 decreased with 58 reported in Month 1 compared to 73 in Month 12. 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 decreased to 50.5% (from 53.3%). This still achieves the minimum standard of 50%.

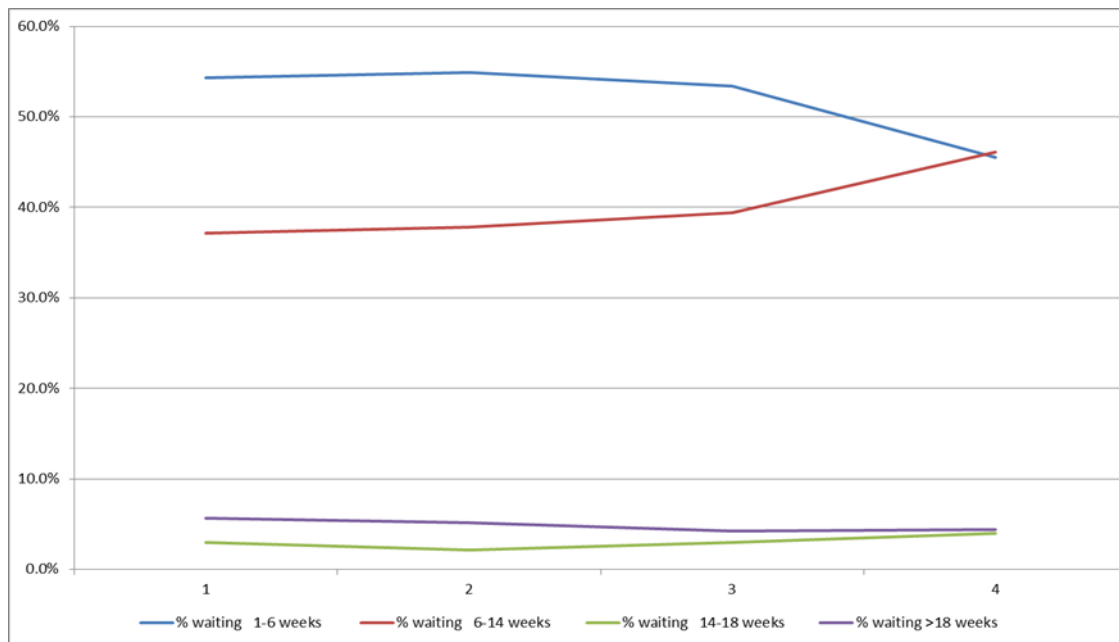


Cancelled appointments by the provider saw a decrease in Month 1 with only 26 reported against 81 in the previous month, which equates to a reduction of 67.9%. The provider has previously stated that cancellations could be attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs decreased from 101 in Month 12 to 76 in Month 1. 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 1 97.2% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 99.1% of patients have also waited less than 18 weeks (against a standard of 95%).

**NHS Southport & Formby CCG – Access Sefton Internal waiters 03/04/2017 – 24/04/2017**



The chart above illustrates internal waiters activity for April 2017 over the 4-week reporting period.

Access Sefton have confirmed that there is no prioritisation for particular cohorts of patients being referred, but that a triage/initial assessment system is in place to ensure that referrals are directed to the appropriate IAPT practitioners for treatment.

**5.3 Dementia**

	Apr-17
People Diagnosed with Dementia (Age 65+)	1515
Estimated Prevalence (Age 65+)	2145
<b>NHS Southport &amp; Formby CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>70.6%</b>
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 HSCIC website shows that Southport & Formby CCG are recording a dementia diagnosis rate in April 2017 of 70.6%, which exceeds the national dementia diagnosis ambition of 67%.

## 5.4 Improve Access to Children & Young People’s Mental Health Services (CYPMH)

### NHS Southport & Formby CCG – Improve Access Rate to CYPMH 17/18 Plans (30% Target)

E.H.9	16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	2017/18 Total
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	140	140	35	35	35	35	140
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	400	400	100	125	155	185	565
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	-	-	-	-	1,877
<b>Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.</b>	<b>21.3%</b>	<b>21.3%</b>	-	-	-	-	<b>30.1%</b>

This indicator is designed to demonstrate progress in increasing access to NHS funded community mental health services for children and young people. For CCGs, the ambition is they increase activity to the level necessary to meet the national trajectories that at least 30% of CYP in 2017/18 and 32% in 2018/19 with a diagnosable MH condition receive treatment from an NHS-funded community MH service. This indicator has recently been requested to be added to the Mental Health Services Data Set (MHSDDS) data reporting. Initial analysis of the management information data available suggests that coverage and data completeness is likely to be an issue nationally. NHS England has acknowledged that the baseline will be a crude approximation. CCGs have therefore been provided with an opportunity to use local intelligence and additional information on prevalence to improve the estimates. As the indicators are new, a decision has been made to use the pre-populated baselines in the planning templates until further data becomes available to provide intelligence to revise the plans in future, despite the fact that the crude estimates created by NHS England may have overestimated the CCG population. This has been queried with NHS England. In the meantime, plans have been devised to meet the national trajectories based on the estimates provided.

## 5.5 Waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services

### Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)

E.H.10	Q1	Q2	Q3	Q4
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	1	1	1	1
Number of CYP with a suspected ED (routine cases) that start treatment	1	1	1	1
%	100.0%	100.0%	100.0%	100.0%

### Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

E.H.11	Q1	Q2	Q3	Q4
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	2	2	2
Number of CYP with a suspected ED (urgent cases) that start treatment	2	2	2	2
%	100.0%	100.0%	100.0%	100.0%

The two waiting time standards are that 95% of children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within: one week for urgent cases (E.H.11), and four weeks for every other case. (E.H.10). As this is a new indicator and referral numbers nationally are acknowledged to be low, CCGs will be assessed quarterly. For planning purposes, the data for quarters 1 and 2 submitted to Unify by Alder Hey Children's Hospital for the CCGs has been reviewed, and a July 2016 piece of work by the CAMHS lead at North West Coast SCNS for North Mersey based on admissions for ED to hospitals, by Provider 2015/16. Numbers are low, therefore there an average of one referral per quarter per CCG and to meet the 95% targets that one referral should be dealt with within the expected timescales meaning planning for 100% performance against the metric.

## 6. Community Health

### 6.1 Lancashire Care Trust Community Services

#### Southport & Ormskirk ICO

The Trust 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

Southport & Ormskirk are currently liaising with the new community provider, Lancashire Care, to agree on an SLA 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 initial SLA will be for 6 months.

Members of both the CCG BI team and the new provider's BI team have met on numerous 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.

### **6.1.2 Quality**

The CCG Quality Team holds regular planning meetings with Lancashire Care to discuss Quality Schedule KPIs, Compliance Measures, Safeguarding and CQUIN development. A quality handover document was developed with colleagues NHSE in May 2017; this highlighted areas requiring enhanced surveillance during the transition. This was also shared with Lancashire Care Colleagues and forms the basis of the 17/18 work programme for the CQPG. Any focus areas highlighted in the QRP (Quality Risk Profile) and the Southport & Ormskirk CQC Inspection Action Plan (Community Services) has been incorporated into the handover document.

There is a planned review of all KPIs included in Service Specifications in the first six months for both new contracts (Mersey Care Community and Lancashire Care). This work will include both provider and CCG BI Teams. KPIs focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience will be prioritised. Timescales are to be agreed at a planning meeting with the Trust in June 2017. Any new local KPIs identified will be varied into the contract. A Work Plan has been developed and shared with Trusts for discussion and agreement at the July CQPG meetings.

### **6.1.3 Any Qualified Provider – Southport & Ormskirk Hospital**

#### **Adult Hearing**

At month 1 2017/18 the costs were £6,726, compared to £10,789 at the same time last year. Comparisons of activity between the two time periods show that activity has increased slightly from 40 in 16/17 to 54 in 17/18.

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**

At month 1 2017/18 the costs were just £156, compared to £7,727 at the same time last year. Activity has decreased significantly from 51 initial contacts in April 2016 to just 1 initial contact in April 2017 and 11 follow-ups.

## 6.2 Percentage of children waiting more than 18 weeks for a wheelchair

### Southport & Formby CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 Plans (92% Target)

E.O.1	Q1	Q2	Q3	Q4
Number of children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less of being referred to the service	15	15	15	15
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made.	16	16	16	16
%	93.8%	93.8%	93.8%	93.8%

CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19. Southport and Formby plans are based on historic activity.

## 7. Third Sector Contracts

All NHS Standard Contracts and Grant Agreements for 2017-18 have been issued, signed and returned. Commissioners are currently working with providers to tailor service specifications and activity expectations in line with local requirement and CCG plans.

A detailed quarter 4 2016/2017 report detailing outcomes, activity, electoral ward information, age and gender is now available. The information contained within the report covers the following Third Sector providers:

- Age Concern Liverpool & Sefton – Befriending & Reablement Services
- Alzheimer’s Society – Dementia peer group support for people with dementias and their families
- Expect LTD – Mental Health Day Centre based at Bowersdale Resource Centre
- Imagine Independence – Mental Health Employment Services
- Sefton CVS – BME Support, Families, Children & Young People Support, Health & Wellbeing Development & Reablement
- Swan Women’s Centre – Women’s mental health counselling and outreach service
- Sefton Women’s and Children’s Aid (SWACA) – Support for Women & Children suffering Domestic Violence
- Sefton Advocacy – Adult advocacy services
- Sefton Pensioner’s Advocacy – Older People’s Advocacy and Advice Service
- Sefton Citizen’s Advice Bureau – In-patient advice and support service based at Clock View Hospital
- Sefton Carer’s Centre – Parent Carer’s support
- Stroke Association – Support for patients and families affected by Stroke

Further annual reports are awaited from the following providers and will be added to the quarter 4 report:

- Parenting 2000 – Support and advice for young mums and their families
- Netherton Feelgood Factory – Upstairs @83 Mental Health Counselling Service
- CHART – Crosby Housing Trust

## 8. Primary Care

### 8.1 Extended Access (evening and weekends) at GP services

#### Southport & Formby CCG - Extended Access at GP services 2017/18 Plans

E.D.14	Months 1-6	Months 7-12
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>	-	-
Total number of practices within the CCG.	19	19
<b>%</b>	<b>0.0%</b>	<b>0.0%</b>
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>	-	-
Total number of practices within the CCG.	19	19
<b>%</b>	<b>0.0%</b>	<b>0.0%</b>

This indicator is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in the CCG are offering all three elements and there are no plans to do so at this stage.

The CCG are using 2017/18 to understand access and current workforce / skill mix including practice vacancies in order to produce a comprehensive workforce plan to develop a sustainable general practice model, which is attractive to work in. Current initiatives through GPFV are being explored. A Primary Care Workforce plan will be developed in conjunction with other organisations including Mersey Deanery and Health Education England

## 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 Norwood Surgery; it achieved a “Good” rating.

Figure 21 – 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	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good	
N84618	The Hollies	10 May 2016	Good	Good	Good	Good	Good	Good	
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good	
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	28 February 2017	Good	Good	Outstanding	Good	Outstanding	Good	
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	10 September 2015	Good	Good	Good	Good	Good	Good	

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

## 9. Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England for Quarter 4 of 2016/17. We continue to meet the national BCF conditions. The guidance for BCF 2017/18 and associated planning requirements are awaited but due for imminent release. An excerpt of the submission relating to the key metrics for BCF is detailed below.



Selected Health and Well Being Board:

Sefton

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	As reported in Q1, additional targets for Non Elective activity for BCF have not been set over and above the CCG Operational Plans 2016/17 for Non Elective admissions (G&A). NHS England DCO team requested that the final version of all Cheshire & Merseyside CCG plans included growth in some Points of Delivery, namely 0.8% growth in Non Elective activity. Furthermore, contract arbitration with Aintree University Hospital in May 2016 resulted in a requirement from NHSE for further growth in Non Elective admissions to be built into CCG plans. Whilst Q1 NEL admissions were below plan by 0.6% (55 admissions), Q2 saw an increase in admissions of 1.1% against plan (99 admissions), and Q3 saw admissions 8.4% (818 admissions) significantly below plan, and Q4 saw admissions 3.6% below plan for that quarter. The overall 2016/17 position was 3% below plan (1108 admissions).
Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Sefton Q4 is 2,539 delayed days which is over plan (rate of 1151.4 delayed days per 100,000 against plan 924.6). However the England rate for Q4 was 1340 (meaning Sefton was 16.4% below Eng average) Year end 2016/17 shows that Sefton rate of delayed days was 20% above plan (actual 4445.8 against 3697.7 plan). Sefton's rate of delayed days increased by 44% comparing 2016/17 to 2015/16, whilst the England rate increased by 25% over the same period. However Sefton's rate remains below the England rate (4445.8 or Sefton against 5183.3 for England, meaning Sefton's rate is 14% lower).
<b>Local performance metric as described in your approved BCF plan</b>	<b>We provided local metric in BCF plan of dementia diagnosis rate. Clearly links to HWB Strategy in that we know we have high prevalence, but also a potentially high undiagnosed population too, and following engagement with communities, it is important we ensure early and effective support for those diagnosed and suffering with dementia. We have also developed a dementia strategy which will be implemented over the coming years, and this indicator directly links to the five year CCG strategic plan. All of the proposed targets if achieved would realise a statistically significant increase and have been tested with the significance tool.</b>
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Published March 2017 dementia diagnosis rates at CCG level have remained steady towards the 66.7% target and now stand at 64.4% with 2,728 persons diagnosed. Southport & Formby diagnosis rates are above target at 71%, whilst South Sefton rates are below at 57.5%. The gap between the people diagnosed with dementia and estimated prevalence has reduced. Actions are in place to improve the South Sefton Dementia Diagnosis rate including a bespoke set of searches developed into a dementia toolkit which have been rolled out to the south Sefton Data facilitators who will work with each practice and run the searches to identify errors in diagnosis coding on practice clinical systems and identify patients with memory or associated cognitive difficulties that are not identified as having dementia. Clinical staff will be required to review some of the queries from the searches and also contact patients to attend for a review.
<b>Local defined patient experience metric as described in your approved BCF plan</b>	<b>In the absence of the proposed national measure we propose to use two local survey based measures spanning both settings i.e. health and social care in the absence of a robust and readily available integrated metric. The Adult Social Care component will be measured through the use of the national Adult Social Care Framework combined metric 1A – Social care-related quality of life. Since this is a combined metric with relatively limited range between the top and bottom values and we are currently working through changes to our service provision as a result of significant budget pressures we intend to propose a maintenance level for this metric in particular since we already do well when compared nationally. Metric Value for this measure is 19.0 across baseline, 2014/15 and 2015/16. An additional measure will be monitored for patient experience of GP services with the metric of the proportion of survey responses where overall satisfaction was very good or good (weighted response rates). Combining survey results for the two Sefton CCGs over the past 3 years shows slight decrease in overall satisfaction, therefore a slight increase towards 2012 levels is considered a reasonable target. As we can only submit one metric into the spreadsheet we propose to submit the GP patient experience metric but will monitor both metrics internally.</b>
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	GP Primary Care surveys were conducted bi-annually with results usually published in July and January each year. July 2016 results indicated an overall satisfaction rate (weighted responses 'very good' or 'good') as 85.4%. There has been a change to the publication schedule; results are now published annually with the next results expected in July 2017.
Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Sefton's changing demographics predict a continued and significant increase in our older population. As a result we anticipate an unavoidable increase in potential residential and nursing service user demand. We have significantly increased our preventative services such as reablement in order to help slow this demand pressure.
<b>Reablement</b>	<b>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</b>
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	The early success of the reablement project has plateaued and review is underway to increase levels of reablement for more than just hospital discharges.

**Footnotes:**

For the local performance metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB.

For the local defined patient experience metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB, except in cases where HWBs provided a definition of the metric for the first time within the Q1 16-17 template.

## **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 57 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.

Publication of quarter 4 data has been delayed nationally and currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 17/18 framework. Publication of the 17/18 IAF is currently not confirmed, however through informal discussions it is suggested that publication will not occur until end of June.



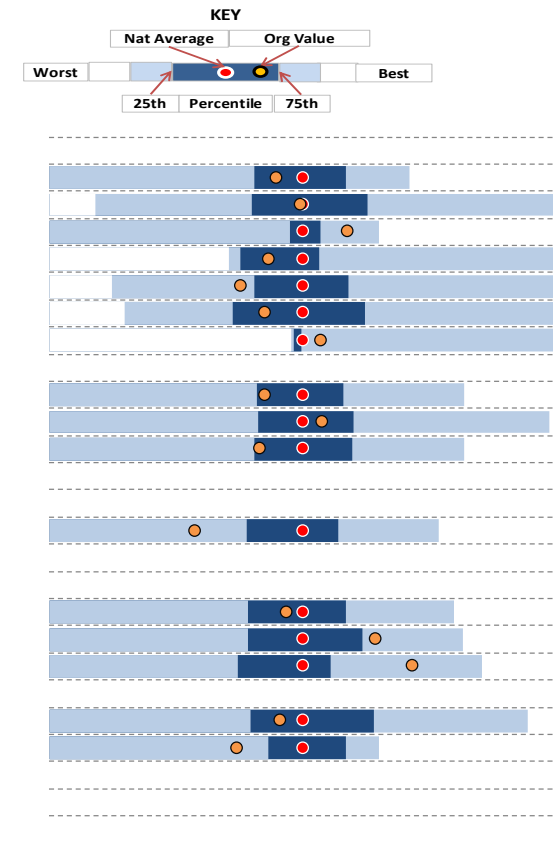
## 10.2 Q3 Improvement & Assessment Framework Dashboard

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

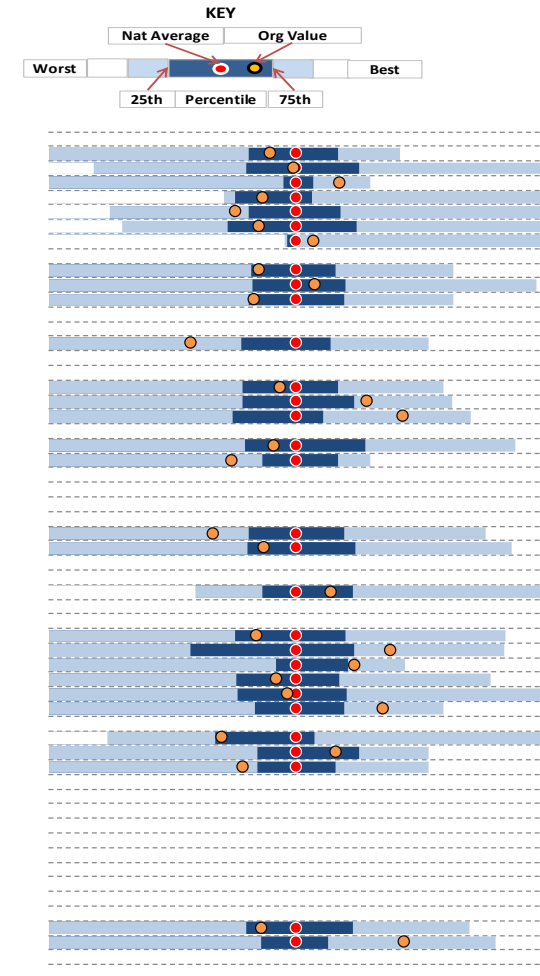
If indicator is highlighted in **BLUE**, this value is in the lowest performance quartile nationally.

**KEY**  
 H = Higher  
 L = Lower  
 <=> = N/A

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
<b>Better Health</b>					
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
<b>Better Care</b>					
Provision of high quality care	Q3 16/17	51.0			H
Cancers diagnosed at early stage	2014	49.5%	50.7%		H
People with urgent GP referral having first definitive treatment for cancer within 62	Q2 16/17	87.5%	82.3%		H
One-year survival from all cancers	2013	72.8%	70.2%		H
Cancer patient experience	2015	8.7			H
Improving Access to Psychological Therapies recovery rate	Sep-16	46.8%	48.4%		H
People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Nov-16	57.1%	77.2%		H
Children and young people's mental health services transformation	Q2 16/17	35.0%			H
Crisis care and liaison mental health services transformation	Q2 16/17	42.5%			H
Out of area placements for acute mental health inpatient care - transformation	Q2 16/17	12.5%			H



Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date		If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.		KEY H = Higher L = Lower ◊ = N/A	
Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
▲ Reliance on specialist inpatient care for people with a learning disability and/or autism	Q2 16/17	66			L
◄◄ Proportion of people with a learning disability on the GP register receiving an annual health check	2015/16	25.1%	37.1%		H
◄◄ Neonatal mortality and stillbirths	2014-15	7.9	7.1		L
◄◄ Women's experience of maternity services	2015	71.2			H
◄◄ Choices in maternity services	2015	60.5			H
◄◄ Estimated diagnosis rate for people with dementia	Nov-16	72.4%	68.0%		H
▼ Dementia care planning and post-diagnostic support	2015/16	75.5%			H
◄◄ Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4			H
▼ Emergency admissions for urgent care sensitive conditions	Q4 15/16	2,619	2,359		L
▲ Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Nov-16	93.2%	88.4%		H
▼ Delayed transfers of care per 100,000 population	Nov-16	7.9	15.0		L
▲ Population use of hospital beds following emergency admission	Q1 16/17	1.1	1.0		L
▼ Management of long term conditions	Q4 15/16	820	795		L
▲ Patient experience of GP services	H1 2016	90.4%	85.2%		H
◄◄ Primary care access	Q3 16/17	0.0%			H
◄◄ Primary care workforce	H1 2016	0.9	1.0		H
▼ Patients waiting 18 weeks or less from referral to hospital treatment	Nov-16	92.2%	90.6%		H
▲ People eligible for standard NHS Continuing Healthcare	Q2 16/17	63.8	46.2		◊
<b>Sustainability</b>					
◄◄ 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			◊
<b>Well Led</b>					
◄◄ 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			◊



## 11. NHS England Monthly Activity Monitoring

### Southport & Formby CCG's Month 12 Submission to NHS England

	Month 12 YTD Actual	Month 12 YTD Plan	Month 12 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
<b>Referrals (Specific Acute)</b>				
GP	3,012	3,286	-8.3%	Reduction against plan within the statistical norm.
Other	2,303	1,801	27.9%	Higher levels of other referrals noted at Southport Trust (CCG main provider) which is the driving factor for the increase. Using local referrals flows, referrals from category '1' and '5' are the main focus of the increase. Further investigation with the Trust required to understand the increase and to see if this is a possible data quality issue.
Total	5,315	5,087	4.5%	See above
Activity vs Plan YTD	54,905	56,258	-2.4%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			4.6%	See above
<b>Outpatient attendances (Specific Acute)</b>				
All 1st OP	4,052	4,107	-1.3%	
Activity vs Plan YTD	45,466	47,802	-4.9%	As previously reported NHSE required plans to be artificially inflated in line with request for Elective activity increases in capacity, as such variance can be seen between plan and actual. Local indications suggest growth is within 3% at -1.3%.
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-5.7%	
Follow-up	9,233	9,808	-5.9%	Current months levels within statistical norm. As above, plan inflated on request of NHSE. Local monitoring suggests follow up rate growth within 3% for the year at -1.8%.
Activity vs Plan YTD	102,463	107,110	-4.3%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-3.2%	
Total OP attends	13,285	13,915	-4.5%	See above
Activity vs Plan YTD	147,929	154,912	-4.5%	See above
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-4.0%	See above
<b>Admitted Patient Care (Specific Acute)</b>				
Elective Day case spells	1,533	1,741	-11.9%	Current month within statistical norm with plans inflated to accommodate NHSE request for artificial inflation of plans. Local monitoring suggests plan v actual for the year is within 3% at -1.8% and as such is not outside threshold levels.
Activity vs Plan YTD	17,150	18,390	-6.7%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-2.3%	
Elective Ordinary spells	271	321	-15.6%	As previously stated plans have been artificially inflated at the request of NHSE to accommodate increased capacity demands. Latest months activity levels are within the statistical norm and final year position closer to a variance of -5% when looking at local monitoring figures.
Activity vs Plan YTD	3,082	3,391	-9.1%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-7.4%	
Total Elective spells	1,804	2,062	-12.5%	See above
Activity vs Plan YTD	20,232	21,781	-7.1%	See above
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-3.1%	See above
Non-elective spells	1,321	1,372	-3.7%	Within statistical norm.
Activity vs Plan YTD	15,264	15,686	-2.7%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-1.0%	
<b>Attendances at A&amp;E</b>				
Type 1	3,543			
All types	4,059	3,716	9.2%	Unable to validate NHSE monitoring figures. Local levels suggest a variance against plan at year end of less than 5% with overall growth levels at less than 1%.
Activity vs Plan All Types YTD	46,125	41,808	10.3%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			6.6%	

## Appendix – Summary Performance Dashboard

Metric	Reporting Level	Information	2017 - 18												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Preventing People from Dying Prematurely</b>																
<b>Cancer Waiting Times</b>																
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G											G	
			Actual	94.305%												94.305%
			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%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	R											R	
			Actual	91.304%												91.304%
			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%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G											G	
			Actual	100.00%												100.00%
			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%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G											G	
			Actual	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%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G											G	
			Actual	100.00%												100.00%
			Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G											G	
			Actual	95.238%												95.238%
			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%

<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	G													G		
			Actual	86.667%															86.667%
			Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	G													G		
			Actual	100.00%														100.00%	
			Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%		

### Ambulance

<b>1887: Category A Calls Response Time (Red1)</b> Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	R													R	
			Actual	70.08%														70.08%
			Target	75%														75%
	Southport And Formby CCG	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	R													R	
			Actual	61.82%													61.82%	
			Target	75%													75%	
<b>1889: Category A (Red 2) 8 Minute Response Time</b> Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	R												R		
			Actual	68.94%													68.94%	
			Target	75%													75%	
	Southport And Formby CCG	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	R												R		
			Actual	64.61%												64.61%		
			Target	75%												75%		
<b>546: Category A calls responded to within 19 minutes</b> Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	R												R		
			Actual	92.54%													92.54%	
			Target	95%													95%	
	Southport And Formby CCG	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	R												R		
			Actual	86.30%												86.30%		
			Target	95%												95%		

### Enhancing Quality of Life for People with Long Term Conditions

#### Episode of Psychosis

<b>2099: First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	G														G		
			Actual	100.00%																100.00%
			Target	50%																50%

### Ensuring that People Have a Positive Experience of Care

#### EMSA

<b>1067: Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	Latest Date: 31/05/2017  P = Published U = Unpublished	RAG	R														R	
			Actual	3															3
			Target	0															
<b>1812: Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1000 FCE's)	Southport And Formby CCG	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	R														R	
			Actual	0.80															0.80
			Target	0															

### Referral to Treatment (RTT) & Diagnostics

<b>1291: % of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	G														G		
			Actual	94.327%																94.327%
			Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
<b>1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	G																
			Actual	0																0
			Target	0																
<b>1828: % of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	R														R		
			Actual	3.805%																3.805%
			Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

### Cancelled Operations

<b>1983: Urgent Operations cancelled for a 2nd time</b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	G													G	
			Actual	0														0
			Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

#### HCAI

<b>497: Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	Latest Date: 31/05/2017  P = Published U = Unpublished	RAG	G												G	
			YTD	0													0
			Target	0													0
<b>24: Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	Latest Date: 31/05/2017  P = Published U = Unpublished	RAG	G											G		
			YTD	6												6	
			Target	6												6	

### Accident & Emergency

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	Latest Date: 30/04/2017  P = Published U = Unpublished	RAG	R												R	
			Actual	90.852%													90.852%
			Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%