Southport & Formby Clinical Commissioning Group

Integrated Performance Report

May 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 2 (note: time periods of data are different for each source).

CCG Key Performance Indicators

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

Key information from this report

Financial position

The forecast 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 cumulative CCG position is a deficit of £6.695m which incorporates the historic deficit brought forward from the previous financial year. The cumulative deficit will be addressed as part of the CCG longer term recovery plan and will be repaid with planned surpluses in future financial years.

Cost pressures have emerged in the first quarter of the financial year which are balanced out by underspends in other areas. The main areas of forecast overspend are within the Independent Sector, Programme Projects and Reserves budgets.

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. As a consequence, 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.

The QIPP plan forms part of the CCG recovery plan reported monthly to NHS England. A robust QIPP plan and profile of achievement is required to provide assurance that the CCG can deliver its financial targets.

Planned Care

A referral management scheme started on 1st October in Southport & Formby CCG which is currently in Phase I (administrative phase). A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved.

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 (May) for E-referral Utilisation rates reported is 40%; a 5% decrease from the previous month.

The CCG failed the less than 1% target for Diagnostics in May recording 5.41%, out of 2052 patients 111 waited over 6 weeks and 6 over 13 weeks for their diagnostic test. Southport and Ormskirk also failed to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During May 2017, the Trust failed the diagnostic monitoring standard reporting 5.88% of patients waiting in excess of 6 weeks for the sixth month running. The number of patients waiting over 6 weeks has increased to 157 in May (23 more than the previous month).

Southport & Ormskirk Trust had 6 cancelled operations in May, due to a problem with the Trust's decontamination process, this has now been resolved and a recovery plan in place to quickly treat those patients affected.

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 May with a performance of 91.4% and year to date 90.76%. Out of 73 patients, 7 breaches were reported. The CCG also failed the local target of 90% for

62-day screening, recording 71.43% in May and year to date 75%. In May there were 2 breaches out of a total of 7 patients.

Southport & Ormskirk achieved the target of 94% in May for patients requiring surgery within 31 days, recording 100%, but unfortunately are failing year to date due to just 1 patient out of 5 in April who breached due to an ENT capacity problem. Southport & Ormskirk are also just under the 85% target for the 62 day standard recording 84.29% and year to date 84.83%,

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to Friends and Family. The Trust has seen an increase in response rates for inpatients over the past few months, from 11.1% in February to 14.7% in May. The percentage of patients that would recommend the inpatient service in the Trust has also seen an increase from 91% in February ato 93% in May. 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 May and is therefore still greater than the England average of 1%.

Performance at Month 2 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-297k/5%. Wrightington, Wigan and Leigh along with Aintree are showing the largest over performance with a £46k/36% and £77k/13% variance respectively. This is offset by an under spend at number of providers, including Southport & Ormskirk (-£352/11%) and Royal Liverpool (-£36k/8%).

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

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for May reached 88.8%, which is just under the Cheshire & Merseyside 5 Year Forward View (STP) plan of 89.5%.

At both a regional and county level, NWAS 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. The overall average handover time for May was 21:49 minutes. Although this is outside the 15 minute standard, it is still an improvement on the 27:48 minutes in May, despite the 4.6% increase in ambulance arrivals. Q1 17/18 performance for April/May is an average of 19:43 minutes compared to 29:76 minutes for the same period last year.

May 2017 saw a reduction in the number of 111 calls made by Southport and Formby patients to 1,687 from 1,843 in April, a reduction of 8.5%. There has also been a reduction when compared to May 2016, from 1,880 or 10.5%.

The number of calls from Southport and Formby patients to the GP OOH service has reduced in May 2017 to 913, a reduction of 19.6% since April. When compared to the same point in the previous year, May 2017 had 15.2% fewer calls to the GP OOH service. GP OOH calls from nursing homes within Southport and Formby have reduced slightly by 5, 7.5%, from April. However, as with total calls, this remains within trend.

Southport & Ormskirk failed the stroke target in April (51.61%) with only 16 out of 31 patients spending 90% of their time on a stroke unit. This is an increase in performance from April where the Trust reported 47.5%. 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.

Southport & Ormskirk also failed the TIA target in May 2017. There were 7 suspected TiA's, 3 of these were reportable for which we were 0% compliant. The key themes for reasons for breaches were no available clinic slots (this was as a result of clinics being cancelled due to the cyberattack) and patients not classed as high risk as they had had symptoms for more than 7 days.

May saw Southport & Ormskirk fail Mixed Sex Accommodation. In month, the trust had 6 mixed sex accommodation breaches (a rate of 1.10) and has therefore breached the zero tolerance threshold. All the breaches related to the delay in transfer from HCU/CCU to inpatient ward areas.

There were 3 new cases of Clostridium Difficile attributed to the CCG in May (9 year to date against a year to date plan of 9). Southport & Ormskirk recorded no new cases in May, (2 year to date).

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

There are 107 serious incidents open on StEIS where Southport and Formby CCG (SFCCG) is either the responsible or accountable commissioner. 51 as accountable commissioner (applying to Southport and Formby CCG resident only).

NHS England has removed the patient snapshot measure from their Delayed Transfers of Care (DTOC) data collection. The average number of delays per day in the month will be reported going forward. The average number of delays per day decreased to 4 during May 2017 from 7 reported in April. All 4 delays were due to patient or family choice. Analysis of average delays in May 2017 compared to May 2016 shows an increase in the average number of patients, from 2 to 4. In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the system the Commissioning lead for Urgent Care participates in a weekly meeting to review all patients who are medical fit for discharge and are delayed. This is in conjunction with acute trust, community providers and Local Authority.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates for Friends and Family but rates have increased to 3% in May from 1.1% in April. The Trust A&E department has seen an increase in the percentage of people who would recommend the service from 70% in April to 83% in May. However, this is still lower than the England average of 87%. The percentage not recommending has decreased from 20% in April to 9% in May but remains above the England average of 7%.

Performance at Month 2 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £107k/2%. This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £182k/4% underspend.

Mental Health

All CPA measures are achieving their targets for May 2017.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported more Southport & Formby patients entering treatment in month 2. 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 2 by 12.4% with 212 compared to 242 in Month 1. 73.6% of these were self-referrals which is an increase from 60% in Month 1. 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 31 reported in Month 2 compared to 58 in

Month 1. Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

Following the implementation of the new methodology the latest data on the HSCIC websites show that Southport & Formby CCG are recording a dementia diagnosis rate in May of 70.9%, which is an improvement on last month and exceeds the national dementia diagnosis ambition of 67%.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) and Waiting Times for Urgent and Routine Referrals to Children and Young Peoples Eating Disorder Services for each quarter of 2017/18. Quarter 1 performance is anticipated for August's report.

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. 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.

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 CCG also has plans for Extended Access (evening and weekends) at GP Services, the indicator is in for form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT) it is based on the percentage of practices within the CCG which meet the definition of offering extended access.

Better Care Fund

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas must complete an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents by 11th September 2017. By 21st July local areas are required to confirm draft Delayed Transfers of Care (DTOC) trajectories and Local Authorities must complete a first quarterly monitoring return on the use of the improved BCF (iBCF) funding

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. Quarter 4 data was released in July and is included in this report.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 30 June 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.

The cumulative CCG position is a deficit of £6.695m which incorporates the historic deficit brought forward from the previous financial year. The cumulative deficit will be addressed as part of the CCG longer term recovery plan and will be repaid with planned surpluses in future financial years.

Cost pressures have emerged in the first quarter of the financial year which are balanced out by underspends in other areas. The main areas of forecast overspend are within the Independent Sector, Programme Projects and Reserves budgets covering the following areas:

- Overperformance on the contract with iSight (mainly for ARMD services).
- Costs for referral management and prior approval services to support QIPP. schemes. It is expected that this expenditure will deliver savings later in the year.
- Cost pressure on the reserves budget due to technical adjustments in respect of prior year reconciliations.

The cost pressures are supported by a forecast underspend on the Acute Commissioning budget relating to underperformance on the contract with Southport & Ormskirk NHS Trust.

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. As a consequence, 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.

The QIPP plan forms part of the CCG recovery plan reported monthly to NHS England. A robust QIPP plan and profile of achievement is required to provide assurance that the CCG can deliver its financial targets.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency Reserve	✓

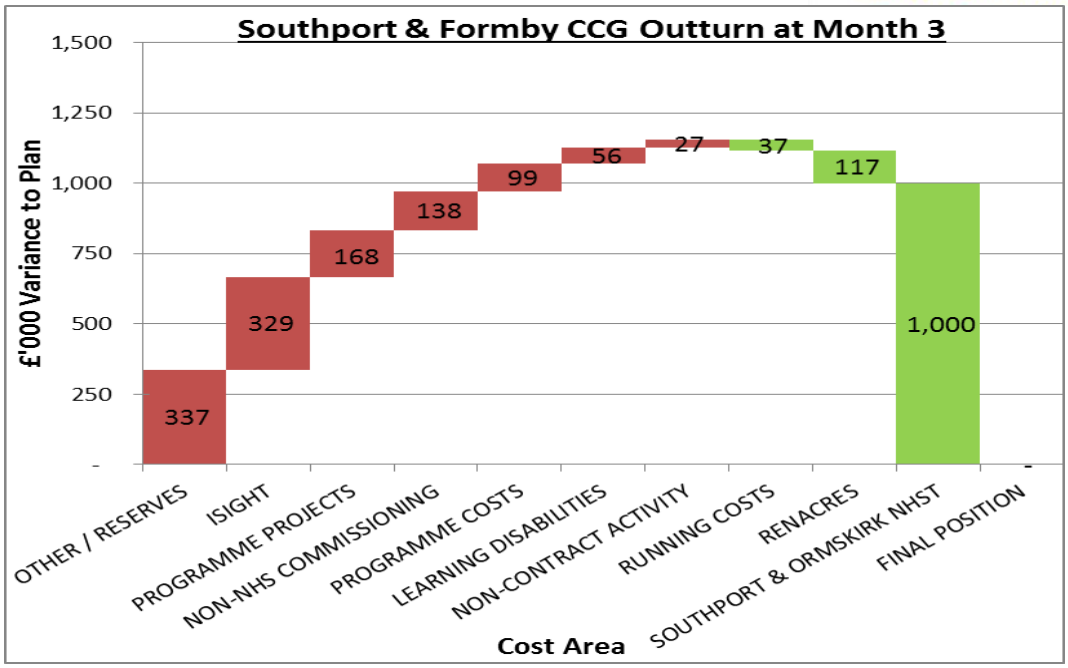
Key Performance Indicator		This Month
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date *(Red reflects that the QIPP delivery is behind plan)*	**£0.843m**
Running Costs	CCG running costs < 2017/18 allocation	✓

- The CCG will not achieve the Business Rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- 0.5% Non-Recurrent Reserve is held uncommitted as directed by NHSE.
- The current financial plan is to achieve a break even position in year, this is the best case scenario and is dependent on delivery of the QIPP savings requirement in full.
- QIPP Delivery is £0.843m to date, this is 8.3% of the planned delivery for the year.
- The Forecast expenditure on Running Costs is below the allocation for 2017/18.
- BPPC targets for NHS Value and Non-NHS Volume have been achieved to date with the other measures being slightly below the 95% target.

2.2 CCG Financial 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.

Figure 2 – Financial Performance by Provider



- The CCG forecast position for the financial year is breakeven, based upon the delivery of the QIPP target in full.

- The main financial pressures relate to the Independent Sector, Programme Projects and non-NHS Commissioning budgets.

- The forecast overspend relates to the following areas:
  - Overperformance on the contract with iSight (mainly for ARMD service)
  - Costs for referral management and prior approval services
  - Overspends on Reserve budgets due to prior year reconciliations.

- The forecast cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk.

2.3 Provider Expenditure Analysis – Acting as One

Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	**£0.193**
Alder Hey Children's Hospital NHS Foundation Trust	**£0.007**
Liverpool Women's NHS Foundation Trust	**£0.035**
Liverpool Heart & Chest NHS Foundation Trust	**(£0.041)**
Royal Liverpool and Broadgreen NHS Trust	**(£0.107)**
Mersey Care NHS Foundation Trust	**£0.000**
Grand Total	**£0.088**

- The CCG is included in the Acting as One contracting arrangements within the Merseyside region. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.

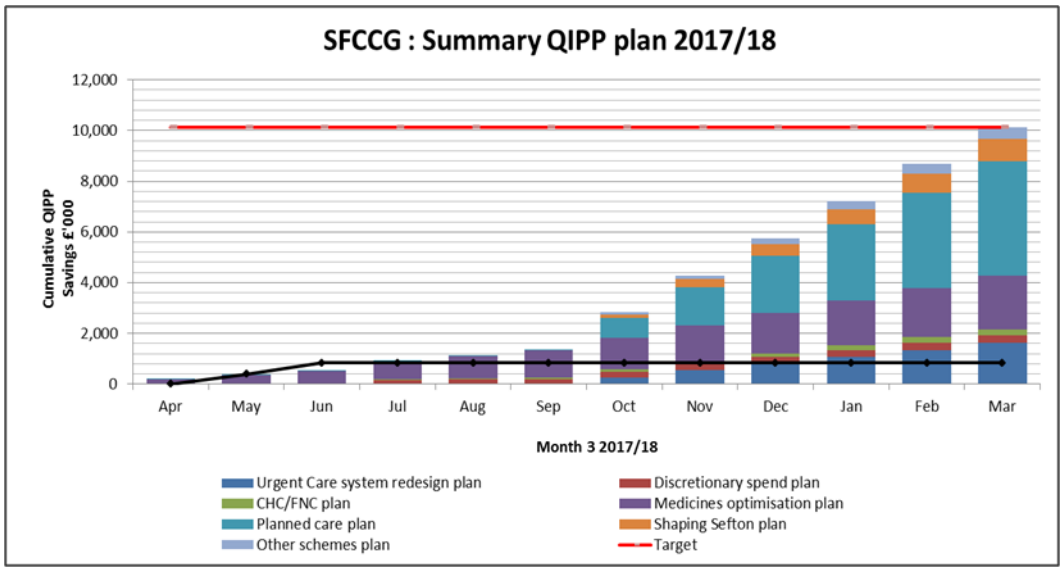
- The agreement protects against overperformance with these providers but does present a risk that activity could drift to other providers causing a pressure for the CCG.

- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity and long term efficiencies within the system.

- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an overspend under usual contract arrangements.

2.4 QIPP

Figure 4 – QIPP Plan and Forecast



QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	4,492	0	4,492	636	2,569	1,287	4,492
Medicines optimisation plan	2,118	0	2,118	1,968	0	150	2,118
CHC/FNC plan	231	0	231	231	0	0	231
Discretionary spend plan	309	0	309	179	30	100	309
Urgent Care system redesign plan	1,620	0	1,620	0	0	1,620	1,620
Shaping Sefton plan	907	0	907	0	0	907	907
Other Schemes plan	460	0	460	0	460	0	460
Total QIPP Plan	**10,137**	**0**	**10,137**	**3,014**	**3,059**	**4,064**	**10,137**
QIPP Delivered 2017/18				**843**		**0**	**843**

- The 2017/18 identified QIPP plan is **£10.137m** (opening position)**.** This plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the QIPP committee.

- The CCG has undertaken a significant work programme to update the 2017/18 QIPP plan and identify schemes in excess of the target. A revised QIPP plan will be presented to the Governing Body.

- As at Month 3, the CCG has achieved £0.843m QIPP savings in respect of the following schemes:
  - Prescribing - £0.200m
  - MCAS (S&O) - £0.280m
  - Third Sector Contracts - £0.149m
  - Other contracts £0.214m

- The risk rated QIPP plan demonstrates that although there are a significant number of schemes in place, further work is required to determine whether they can be delivered in full.

- The forecast QIPP plan for the year is **£4.544m** (100% of schemes rated Green and 50% of schemes rated Amber).

- Members of the CCG Senior Management Team are working closely with QIPP programme leads to appraise projects and timescales in order to monitor delivery throughout the year.

2.5 Risk

Figure 5 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(6.549)	(3.588)	(10.137)
Revised surplus / (deficit)	(6.549)	(3.588)	(10.137)
Forecast Outturn (Operational Budgets)	0.000	0.303	0.303
Reserves Budget	0.000	(0.303)	(0.303)
Management action plan			
QIPP Achieved	0.843	0.000	0.843
Remaining action plan to be delivered	5.706	3.588	9.294
Total Management Action plan	**6.549**	**3.588**	**10.137**
Year End Surplus / (Deficit)	**0.000**	**0.000**	**0.000**

- The CCG forecast financial position is breakeven.
- The underlying position (recurrent position) is breakeven.
- The forecast position is dependent on achieving a QIPP saving of **£10.137m**

Figure 6 – Risk Adjusted Financial Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
QIPP requirement (to deliver agreed forecast)	**(9.294)**	**(9.294)**	**(9.294)**
Predicted QIPP achievement	8.020	4.544	3.014
Reserves / I&E impact	0.774	0.774	0.774
Forecast Surplus / (Deficit)	**(0.500)**	**(3.976)**	**(5.506)**
Further Risk	(2.350)	(2.350)	(2.350)
Management Action Plan	2.850	2.850	2.755
Risk adjusted Surplus / (Deficit)	**0.000**	**(3.476)**	**(5.101)**

- The risk adjusted position provides an assessment of the best, likely and worst case scenarios in respect of the CCGs year end outturn.

- The best case is breakeven and includes an assumption that the QIPP requirement will be delivered in full and further risks of £2.350m will be mitigated with additional management actions of £2.850m.

- The likely case is a deficit of **£3.476m** and assumes that QIPP delivery will be 100% of schemes rated Green and 50% of schemes rated Amber with further risk and mitigations as per the best case scenario.

- The worst case scenario is a deficit of **£5.101m** and assumes that only the QIPP schemes rated Green will be delivered and the management action plan will not be delivered in full.

2.6 Statement of Financial Position

Figure 7 – Summary of working capital

	2015/16	2016/17	2017/18		
	M12	M12	M1	M2	M3
	£000	£000	£000	£000	£000
Non CA	22	11	11	11	11
Receivables	1,759	2,041	1,478	2,167	1,817
Cash	89	160	4,183	5,135	1,791
Payables & Provisions	-12,471	-9,202	-10,086	-11,745	-12,897
Value of Debt > 180 days old (6 months)	264	723	723	723	723
BPPC (value)	96%	98%	101%	100%	99%
BPPC (volume)	90%	96%	97%	96%	94%

- Non-current Asset (Non CA) balance relates to assets inherited from Sefton PCT at the inception of the CCG. Movements in this balance relate to depreciation charges applied.

- Receivables balance includes invoices raised for services provided, accrued income and prepayments. Outstanding debt in excess of 6 months old currently stands at £723k. This balance is predominantly made up of two invoices currently outstanding with Southport & Ormskirk NHS Trust; CQUIN payment recovery (£670k) and Breast Referral Services (£50k). Both of these debts have been raised at Audit Committee and the Chief Finance Officer has written to the Trust Director of Finance to ask for evidence that the invoices are contested.

- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £174.502m at Month 3. The actual cash utilised at Month 3 was £41.511m (23.79%) against a target of £43.626m (25.00%). Cash continues to be monitored daily by the finance team to ensure cash targets set by NHS England are met.

- BPPC has been steadily improving however, following an internal audit review undertaken by MIAA it was identified that the current reporting requires an update. An annual benchmarking against other CCGs across the North West area is to be undertaken in July 2017.

2.7 Recommendations

The Board 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 we will deliver the 2017/18 QIPP requirement in full. This represents the CCG's best case scenario. The CCG's likely case scenario forecasts a deficit after risk and mitigation of £3.476m.

- 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 limited or no 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 from the use of the CCG's resources.

3. Planned Care

3.1 Referrals by Source

Figure 8 - Referrals by Source across all providers for 2015/16, 2016/17 & 2017/18

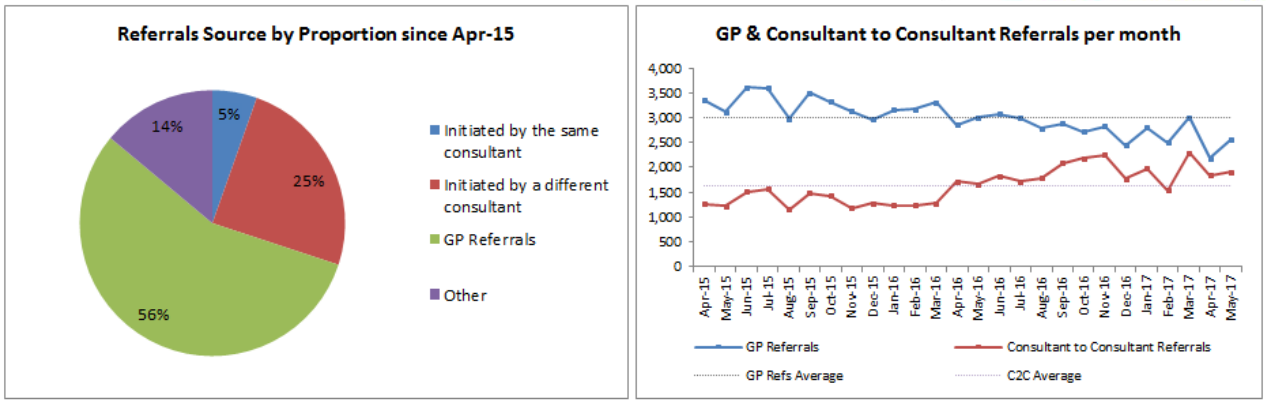


Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17, 2017/18

Referral Type	DD Code	Description	Apr-17	May-17	1617 YTD	1718 YTD	Variance	% Variance
GP	03	GP Ref	2,188	2,575	5,864	4,763	-1,101	-18.8%
GP Total			2,188	2,575	5,864	4,763	-1,101	-18.8%
Other	01	following an emergency admission	270	226	933	496	-437	-46.8%
	02	following a Domiciliary Consultation	1		3	1	-2	-66.7%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	278	288	549	566	17	3.1%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,198	1,319	1,747	2,517	770	44.1%
	06	self-referral	192	177	256	369	113	44.1%
	07	A Prosthetist			1	0	-1	-100.0%
	08	Royal Liverpool Code (TBC)	27	41	90	68	-22	-24.4%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	35	11	43	46	3	7.0%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	60	103	119	16	15.5%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)		2	3	2	-1	-33.3%
	13	A Specialist NURSE (Secondary Care)	3	1	6	4	-2	-33.3%
	14	An Allied Health Professional	84	115	337	199	-138	-40.9%
	15	An OPTOMETRIST	78	92	189	170	-19	-10.1%
	16	An Orthoptist	1	6	11	7	-4	-36.4%
	17	A National Screening Programme	57	48	165	105	-60	-36.4%
	92	A GENERAL DENTAL PRACTITIONER	39	31	96	70	-26	-27.1%
	93	A Community Dental Service			0	0	0	#DIV/0!
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	178	521	347	-174	-33.4%
Other Total			2,491	2,595	5,053	5,086	33	0.7%
Unknow n				1	4	1	-3	-75.0%
Grand Total			**4,679**	**5,171**	**10,921**	**9,850**	**-1,071**	**-9.8%**

A referral management scheme started on 1st October in Southport & Formby CCG which is currently in Phase I (administrative phase). A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved.

Data quality note: Walton Neuro Centre & Renacres Hospitals have been excluded from the above analysis due to data quality issues. For info, Walton was recording approx. 80 referrals per month in 2016/17 and Renacres approx. 350 refs per month. A coding change was implemented in March 2017 for Physiotherapy at Southport Hospital with these referrals coded as having a referral source of 01 (following an emergency admission) in place of the previous referral source of 03 (GP referral). For consistency, GP referrals relating to physiotherapy at Southport Hospital for Months 1-11 of 2016/17 have been manually corrected to a referral source of 01.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	17/18 - May	80% by Q2 17/18 & 100% by Q2 18/19	40.00%	↓

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 May 2017 when the CCG recorded 40%. This shows a decline in performance compared to last month when 45% was recorded.

An improvement in E-referral rates is anticipated as a result of the use of the referral management scheme.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test **(CCG)**	17/18 - May	<1%	5.41%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test **(Southport & Ormskirk)**	17/18 - May	<1%	5.88%	↑

The CCG failed the less than 1% target for Diagnostics in May recording 5.41%, out of 2052 patients 111 waited over 6 weeks and 6 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (49) and non-obstetric ultrasound (23).

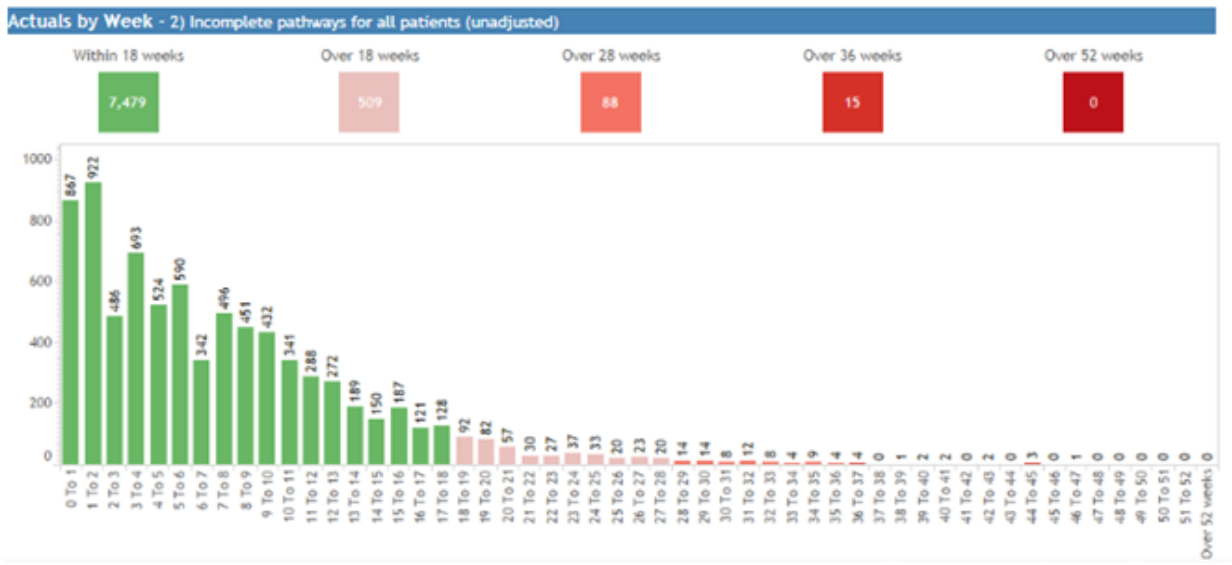
Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During May 2017, the Trust failed the diagnostic monitoring standard reporting 5.88% of patients waiting in excess of 6 weeks for the sixth month running. The number of patients waiting over 6 weeks has increased to 157 in May (23 more than the previous month). The majority of the 6 week waiters lie within Cardiology - echocardiography (71) and non-obstetric ultrasound (38). There has been a reduction in ECG breaches from 101 reported in April and the latest number being 62 (18/06/17) as capacity issues are being addressed. The recent cyberattack has had a huge impact on the number of Radiology waiters and additional lists have been put on to reduce the back-log.

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 - May	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(Southport & Ormskirk)**	17/18 - May	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 - May	92%	93.63%	↓
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 - May	92%	93.43%	↓

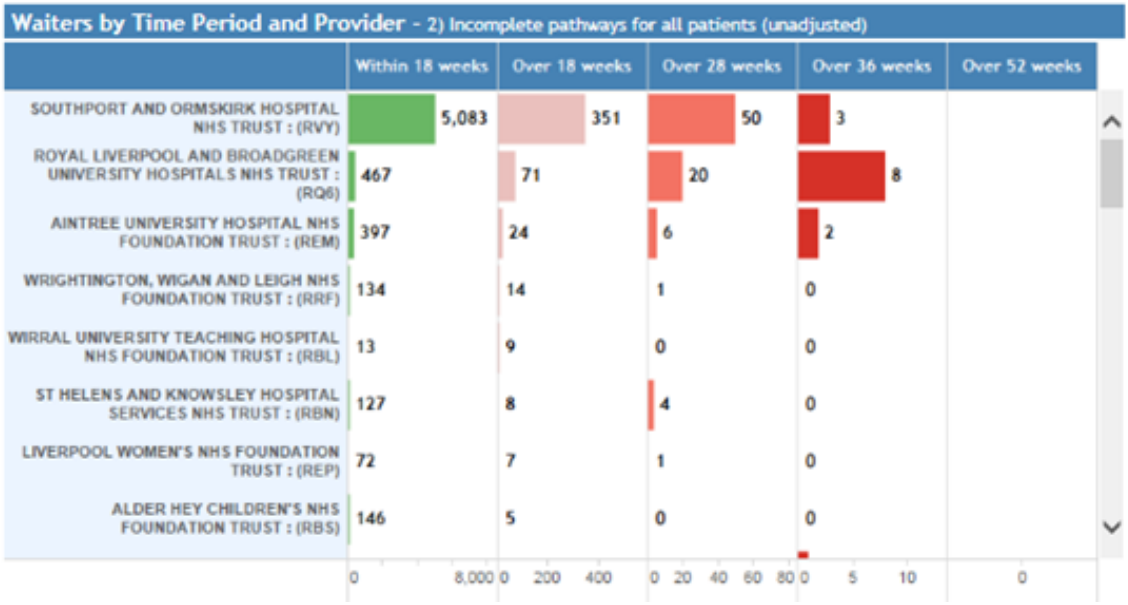
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 11 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

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

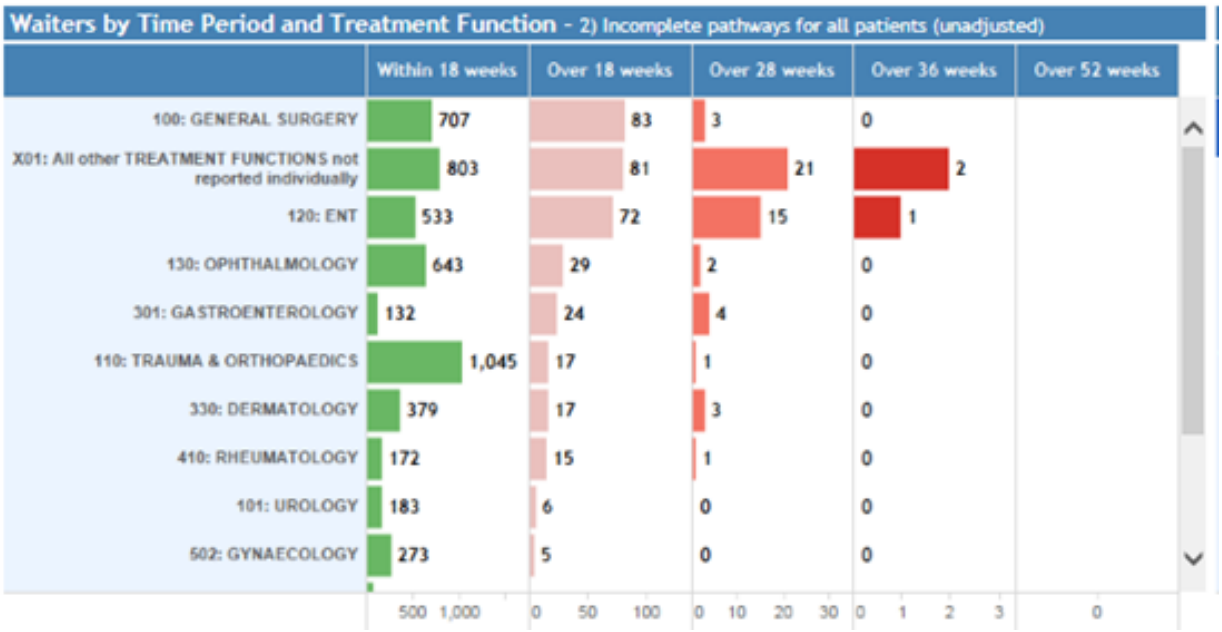
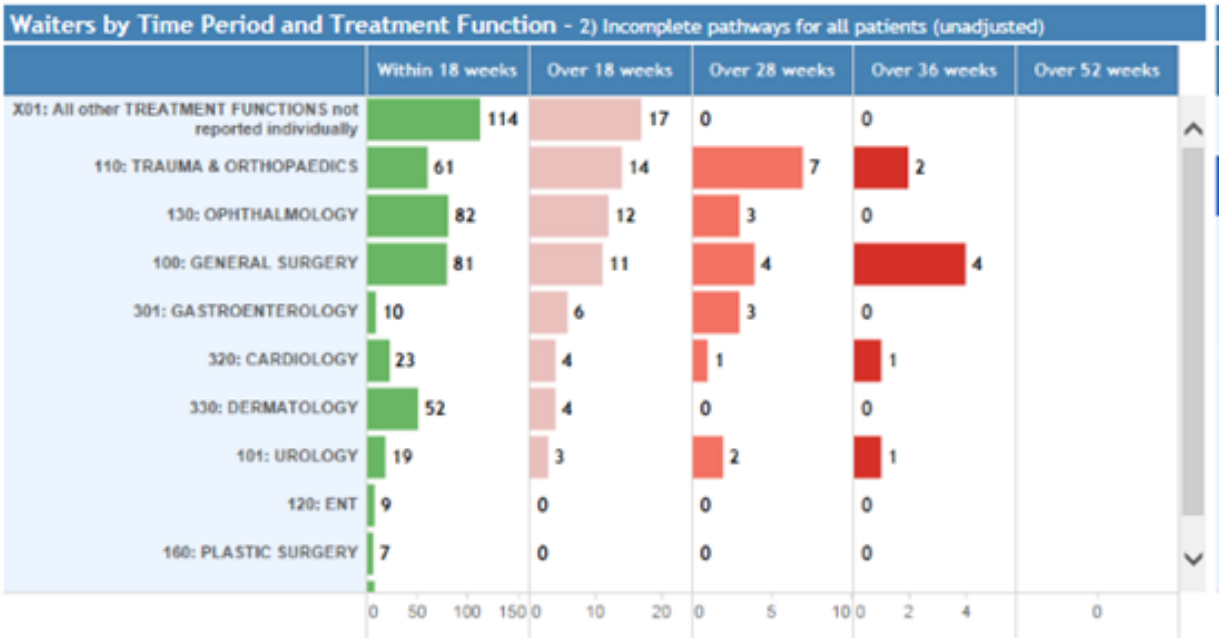


Figure 13 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Royal Liverpool	General Surgery	40	11/07/2017	Long Wait on Waiting List
Royal Liverpool	General Surgery	42	Pathway Stopped	Capacity
Royal Liverpool	CARDIOLOGY	42	Pathway Stopped	Capacity
Royal Liverpool	General Surgery	44	Pathway Stopped	Capacity
Royal Liverpool	T&O	44	Pathway Stopped	Capacity
Royal Liverpool	General Surgery	44	10/07/2017	Long Wait on Waiting List
Liverpool Heart & Chest	CARDIOLOGY	40	TCI Date: patient has been admitted today(27/6/17)	Choose and book referral RTT start 18.08.2016 First appointment Dr Morris clinic 05.10.2016 – 48 hour holter ECG and dobutamine stress echo ordered Patient cancelled 48hour holter ECG once and DNA once Patient cancelled dobutamine stress echo twice Patient attended 48hour holter ECG 18.01.2017 Patient attended dobutamine stress echo 16.01.2017 Patient wait listed 16.02.2017 for coronary angiogram had TCI date 23.03.17 but patient cancelled 22.03.17 as unsure if wanted to proceed Patient seen in Dr Morris clinic 28.03.2017 to discuss – CT coronary angiogram ordered Patient had CT coronary angiogram 11.05.2017 Patient wait listed 06.06.2017 for coronary angiogram Patient attended for coronary angiogram 27.06.2017
Lancashire Teaching	ENT	46	Treated – 13/06/17	Capacity issues relating to the type of procedure required – Septorhinoplasty

The Royal Liverpool & Broadgreen NHS Trust did not achieve the 92% incomplete RTT target in May recording 88.34%. The issues are ongoing around access to surgical beds. Services have been closed in other Trusts which is placing higher demand on the Trust's services. Challenges remain the same in General Surgery, Urology, Dermatology, Gastroenterology and now Cardiology, failing the target for the first time. Demand and capacity modelling work was presented to the Executive Team following discussions with all care groups in May and a 2017/18 trajectory has been submitted to NHSi following which the announcement from Simon Stephens was communicated regarding the prioritisation to Emergency Access Targets.

3.4 Cancelled Operations

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

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - **Southport & Ormskirk**	17/18 - May	0	6	↑

Southport & Ormskirk had 6 cancelled operations in May. There have been a significant number of cancelled operations following the discovery of a problem with the Trust's decontamination process. It was confirmed that this had now been resolved and a recovery plan put in place to quickly treat those patients affected by the cancellations.

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

Cancelled Operations				
No urgent operation should be cancelled for a second time - **Southport & Ormskirk**	17/18 - May	0	0	↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(CCG)**	17/18 - May	93%	93.21%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(Southport & Ormskirk)**	17/18 - May	93%	93.51%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) **(CCG)**	17/18 - May	93%	90.76%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) **(Southport & Ormskirk)**	17/18 - May	93%	N/A	↔

The CCG has not achieved the target of 93% in May with a performance of 90.41% and year to date 90.76%. In May there were a total of 73 patients and 7 patient breaches, 6 breaches were at Aintree University with 1 at Royal Liverpool. The maximum wait was 23 days at Royal Liverpool due to patient cancellation, 4 breaches were due to patient choice and 3 were due to capacity problems.

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) **(CCG)**	17/18 - May	96%	98.65%	↓
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(Southport & Ormskirk)**	17/18 - May	96%	99.18%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(CCG)**	17/18 - May	94%	95.56%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(Southport & Ormskirk)**	17/18 - May	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(CCG)**	17/18 - May	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(Southport & Ormskirk)**	17/18 - May	94%	85.71%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(CCG)**	17/18 - May	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(Southport & Ormskirk)**	17/18 - May	98%	100.00%	↔

Southport & Ormskirk achieved the 94% target in May 2017 recording 100%, but are failing year to date due to 1 breach in April. In May both surgery patients were seen within 31 days.

3.5.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) **(CCG)**	17/18 - May	85% (local target)	90.91%	↑
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) **(Southport & Ormskirk)**	17/18 - May	85% (local target)	91.94%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(CCG)**	17/18 - May	90%	75.00%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(Southport & Ormskirk)**	17/18 - May	90%	0 Patients	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(CCG)**	17/18 - May	85%	85.71%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(Southport & Ormskirk)**	17/18 - May	85%	84.83%	↓

The CCG failed the 90% target in May for 62 day wait from referral from an NHS screening service recording 71.43% and also year to date recording 75%. In May there were 2 breaches out of a total of 7 patients. The first Lower Gastro patient delay due to hospital cancelled first surgery date as no HDU beds, the second, also Lower Gastro patient's delay was due to referral between trusts.

Southport & Ormskirk failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in May with 84.29% and is now below target YTD with 84.83%. In May there were the equivalent of 5.5 breaches out of 35 patients seen in total. The patients breaching the target had complexity and clinical issues and some patients had avoidable problems with capacity in surgery and radiology.

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: **May-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%	14.7%	/	96%	93%	\	1%	2%	–
Q1 - Antenatal Care	N/A	-		96%	*	–	1%	*	–
Q2 - Birth	N/A	6.0%	\	97%	100%	–	1%	0%	–
Q3 - Postnatal Ward	N/A	-		95%	93%	\	2%	4%	/
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 supressed 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 few months, from 11.1% in February to 14.7% in May. The percentage of patients that would recommend the inpatient service in the Trust has also seen an increase from 91% in February ato 93% in May. 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 May 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.

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 2 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-297k/5%. Wrightington, Wigan and Leigh along with Aintree are showing the largest over performance with a £46k/36% and £77k/13% variance respectively. This is offset by an under spend at number of providers, including Southport & Ormskirk (-£352/11%) and Royal Liverpool (-£36k/8%).

Figure 14 - Planned Care - All Providers

ALL Providers	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Acting as One YTD % Var
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	2,830	3,076	246	9%	£603	£679	£77	13%	-£77	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST*	184	61	-123	-67%	£72	£54	-£18	-25%	£18	0.0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	39	51	12	30%	£7	£18	£11	142%	-	142.4%
FAIRFIELD HOSPITAL	18	11	-7	-39%	£3	£1	-£2	-61%	-	-61.0%
ISIGHT (SOUTHPORT)	692	913	221	32%	£143	£160	£17	12%	-	11.8%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	391	300	-91	-23%	£162	£138	-£23	-15%	£23	-14.5%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	425	383	-42	-10%	£98	£87	-£11	-11%	£11	0.0%
RENACRES HOSPITAL	1,798	1,717	-81	-5%	£477	£483	£6	1%	-	#VALUE!
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	2,563	2,583	20	1%	£473	£437	-£36	-8%	£36	-7.6%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	17,184	15,547	-1,637	-10%	£3,266	£2,914	-£352	-11%	-	#VALUE!
SPIRE LIVERPOOL HOSPITAL	61	71	10	17%	£14	£14	£0	-2%	-	-1.7%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	707	782	75	11%	£177	£169	-£8	-5%	-	-4.7%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	33	0	-33	-100%	£6	£0	-£6	-100%	-	-100.0%
WALTON CENTRE NHS FOUNDATION TRUST	405	364	-41	-10%	£122	£128	£6	5%	-£6	5.1%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	50	42	-8	-16%	£16	£13	-£3	-18%	-	#VALUE!
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	360	652	292	81%	£129	£175	£46	36%	-	35.5%
Grand Total	**27,742**	**26,553**	**-1,189**	**-4%**	**£5,769**	**£5,472**	**-£297**	**-5.2%**	**£6**	**-5.1%**

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 15 - Planned Care – Southport and Ormskirk NHS Trust by POD

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,727	1,678	-49	-3%	£940	£822	-£118	-13%
Elective	246	225	-21	-9%	£629	£580	-£50	-8%
Elective Excess BedDays	58	63	5	9%	£14	£15	£1	5%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	237	86	-151	-64%	£40	£15	-£25	-62%
OPFASPCL - *Outpatient first attendance single professional consultant led*	2,118	1,708	-410	-19%	£367	£291	-£76	-21%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	597	227	-370	-62%	£45	£19	-£26	-58%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	6,168	5,554	-614	-10%	£508	£458	-£51	-10%
Outpatient Procedure	4,269	4,327	58	1%	£570	£560	-£10	-2%
Unbundled Diagnostics	1,763	1,679	-84	-5%	£152	£155	£3	2%
Grand Total	**17,184**	**15,547**	**-1,637**	**-10%**	**£3,266**	**£2,914**	**-£352**	**-11%**

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

Planned care elements of the contract continues to under-perform against the plan across all areas, with the exception of elective excess bed days and unbundled diagnostics. Elective and Day Case procedures combines make up the majority of under-spend with the recent cyber-attack in May resulting in a number of operations cancelled.

Further effects of the cyber-attack on outpatients felt as a number of cancellations occurred, as well as high levels of DNA appointments in the following weeks. Current investigations within the information sub group ongoing into the reduced levels of referrals, mainly GP related, into the Trust as to the exact nature of the reduction.

Other influences over the reduced levels of planned care linked to the successful implementation of Joint Health and Referral Management. Plans to recover lost activity in April and May due to cancellations and low referrals have not materialised from early indications looking at June figures.

Shifts within the outpatient point of delivery expected with a number of records previously identified as first or follow-up attendances, now reported as a procedure. This is in line with national changes to coding.

3.7.3 Aintree University Hospital NHS Trust

Figure 16 - Planned Care – Aintree University Hospital NHS Trust by POD

Aintree University 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	125	158	33	26%	£73	£114	£42	57%
Elective	65	46	-19	-29%	£147	£132	-£15	-10%
Elective Excess BedDays	17	18	1	7%	£4	£4	£0	-3%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	22	14	-8	-37%	£5	£3	-£2	-34%
OPFANFTF - *OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face*	42	28	-14	-34%	£2	£1	£0	-27%
OPFASPCL - *Outpatient first attendance single professional consultant led*	452	460	8	2%	£79	£81	£2	3%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	25	19	-6	-25%	£2	£2	£0	-8%
OPFUPNFTF - *Outpatient Follow-Up Non Face to Face*	65	160	95	146%	£2	£4	£2	146%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	1,183	1,157	-26	-2%	£98	£94	-£4	-4%
Outpatient Procedure	408	503	95	23%	£60	£73	£13	22%
Unbundled Diagnostics	278	321	43	16%	£19	£27	£8	39%
Wet AMD	148	192	44	30%	£112	£143	£31	28%
Grand Total	**2,830**	**3,076**	**246**	**9%**	**£603**	**£679**	**£77**	**13%**

Aintree performance is showing a £77k/13% variance against plan with individual PODS varying between over and under performance. Day case activity is the highest over performing area with a variance of £42k/57% against plan. This over performance is principally within Breast Surgery (£15k), Cardiology (£9k) and Gastroenterology (£6k). Electives are -£15k/-10% under plan. Despite this indicative overspend, there is no financial impact of this to the CCG due to the Acting As One block contract arrangement

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)	**60**	**64**	**68**	**72**
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	**48.27**	**51.49**	**54.71**	**57.93**

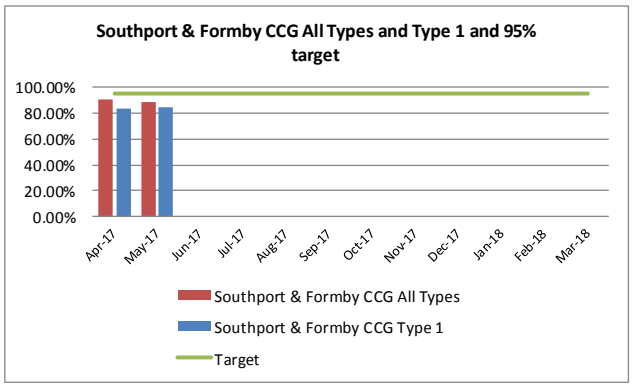
An update will be provided on a quarterly basis, quarter one anticipated in the August report.

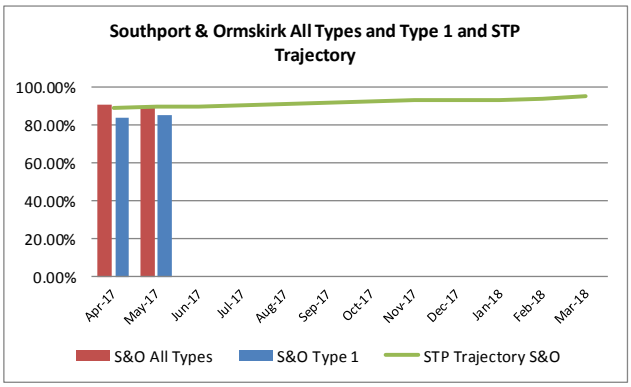
4. Unplanned Care

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 - May	95.00%	89.88%	↓	Southport & Formby CCG failed the 95% target in May reaching 90.86% (YTD 89.88%). In May, 362 attendances out of 3223 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 - May	95.00%	84.07%	↑	Southport & Formby CCG failed the 95% target in May reaching 84.4% (YTD 84.07%). In May, 348 attendances out of 2237 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 - May	STF Trajectory Target for May 89.5%	90.31%	↓	Southport & Ormskirk have reported 88.8% in May just below the STF target of 89.5% May plan (YTD 90.31%). In May, 1010 attendances out of 9525 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 - May	95.00%	84.92%	↔	Southport & Ormskirk have failed the target in May reaching 85.61% (YTD 84.9%). In May, 967 attendances out of 6720 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	May-17	YTD
STP Trajectory S&O	89.00%	89.50%	%
S&O All Types	91.10%	89.40%	90.31%





Southport & Ormskirk Hospital have agreed revised quarterly Cheshire & Merseyside 5 Year Forward View (STP) trajectories for A&E with NHS Improvement. 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 May reached 89.4%%, which is slightly below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 89.5% for May, and year to date indicates the indicator is on track to achieve 90% in quarter 1. Although Trust performance dipped below the 90% for May, it should be noted that May saw the change in reporting following the community changes and the loss of some Walk In Centre activity previously attributed to the overall Trust performance. Performance for the Southport site alone against the 4-hour target was 78% compared to 74.4% in May 16, indicating the continued efforts to improve patient flow and patient

experience. This improvement is against a back-drop of a 7.1% increase in overall Emergency Department attendances, a 10.8% increase within majors category and a 4.6% increase in ambulance arrivals. May also saw the implementation of a discharge lounge with capacity to support our patients (particularly frail elderly), in order to release acute beds timely to avoid some of the previous bottlenecks experienced in bed management.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(CCG)** (Cumulative)	17/18 - May	75%	60.42%	↓	The CCG is under the 75% target in May reaching 58.54% and year to date 60.42%. In May 24 out of 41 calls were responded to within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(CCG)** (Cumulative)	17/18 - May	75%	62.44%	↓	The CCG was under the 75% target in May reaching 60.49% and year to date 62.44%. In May 379 out of 626 calls were responded to within 8 mins.
Ambulance clinical quality - Category 19 transportation time **(CCG)** (Cumulative)	17/18 - May	95%	86.21%	↔	The CCG was under the 95% target in May reaching 86.13% and 86.21% year to date. In May 574 out of 667 calls were responded to within 19 mins.
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(NWAS)** (Cumulative)	17/18 - May	75%	67.96%	↓	NWAS reported under the 75% target reaching 65.92% in May and 67.96% year to date.
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(NWAS)** (Cumulative)	17/18 - May	75%	66.62%	↓	NWAS reported under the 75% target reaching 64.43% in May and 66.62 year to date.
Ambulance clinical quality - Category 19 transportation time **(NWAS)** (Cumulative)	17/18 - May	95%	91.27%	↓	NWAS reported under the 95% target reaching 90.08% in May and 91.27% year to date.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - **Southport & Ormskirk**	17/18 - May	0	114	↑	The Trust recorded 114 handovers between 30 and 60 minutes, this is a slight decline on last month when 112 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - **Southport & Ormskirk**	17/18 - May	0	56	↓	The Trust recorded 70 handovers over 60 minutes, this is also a decline on last month when 56 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, there is work going on 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 overall average handover time for May was 21:49 minutes. Although this is outside the 15 minute standard, it is still an improvement on the 27:48 minutes in May, despite the 4.6% increase in ambulance arrivals. Q1 17/18 performance for April/May is an average of 19:43 minutes compared to

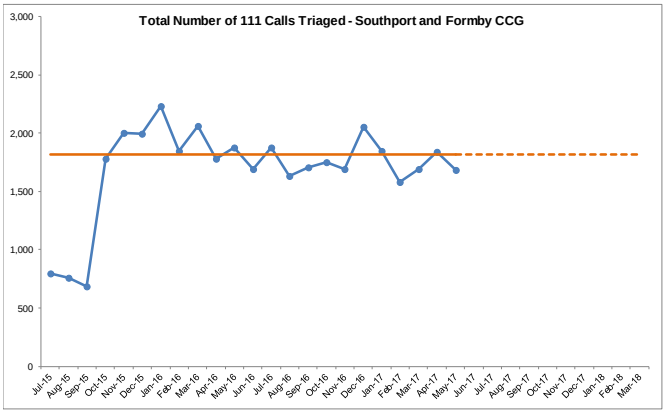
29:76 minutes for the same period last year. As reported last month, the Trust is part of the 90 day collaborative to improve ambulance handovers, with joint identified actions including increasing the number of patients streamed to ambulatory care and the number of patients who arrive by chair rather than trolley.

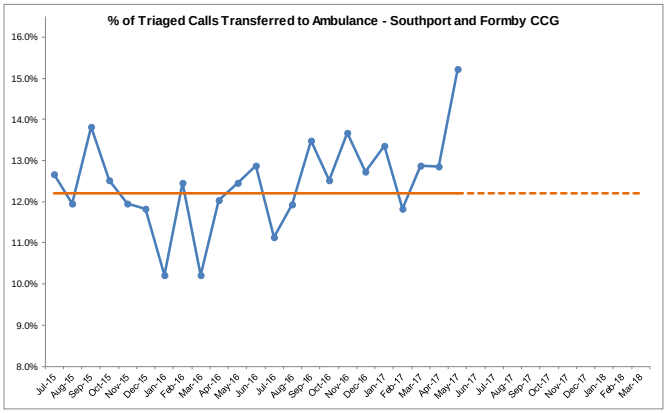
NHS England has recently announced a new set of performance targets for the ambulance service, which will apply to all 999 calls from later this year. In future there will be four categories of call:

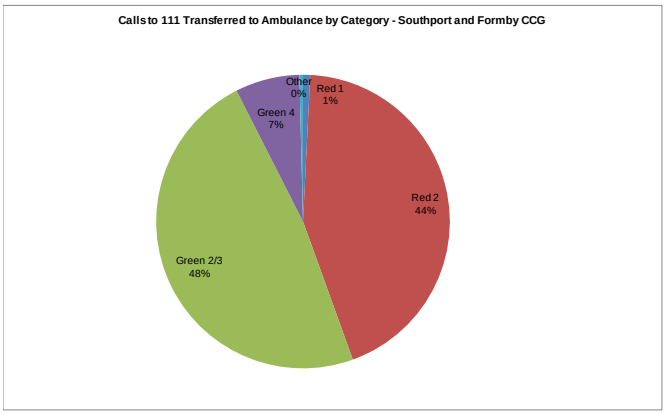
- Category one is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.
- Category two is for emergency calls. These will be responded to in an average time of 18 minutes.
- Category three is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least 9 out of 10 times within 120 minutes.
- Category four is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

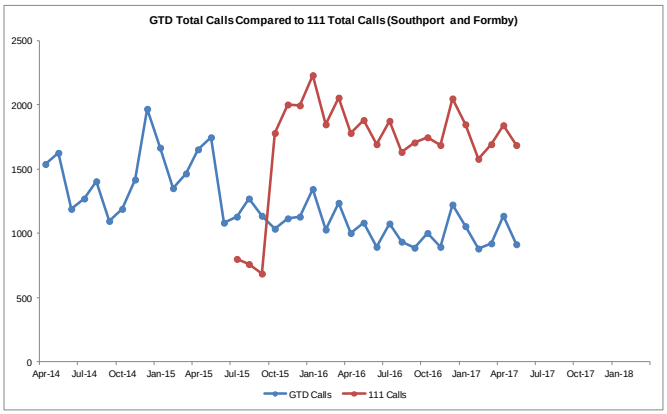
4.3 111 Calls and GP Out of Hours

4.3.1 111 Calls









May 2017 saw a reduction in the number of 111 calls made by Southport and Formby patients to 1,687 from 1,843 in April, a reduction of 8.5%. There has also been a reduction when compared to May 2016, from 1,880 or 10.5%.

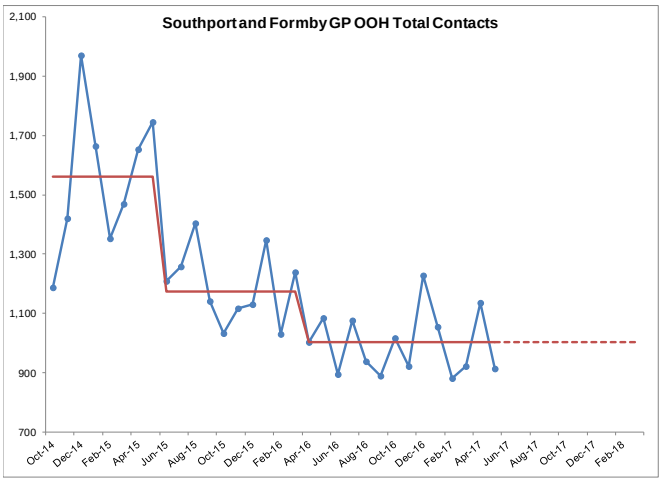
The percentage of calls which were transferred to an ambulance has increased to the highest level it has been, to 15.2%.

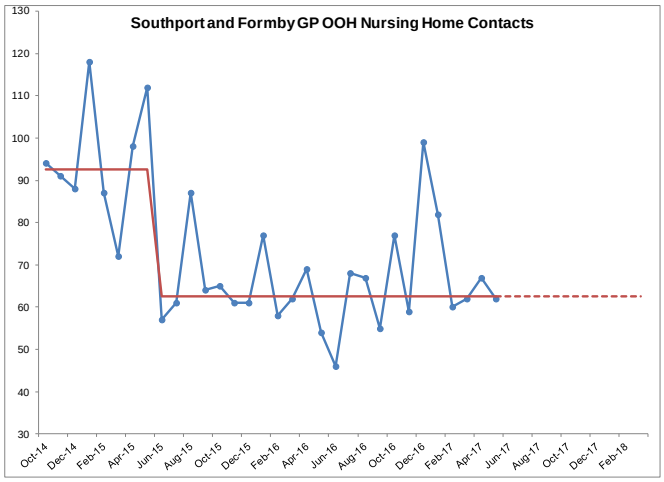
The breakdown for outcomes of 111 calls in April 2017 is as follows:

- 57% advised to attend primary and community care
- 16% closed with advice only
- 15% transferred to ambulance
- 9% advised to attend A&E
- 3% advised to other service.

15.5% of calls closed with advice only. This is a slight increase on the previous month, 14.9% (14).

4.3.2 GP Out of Hours Calls





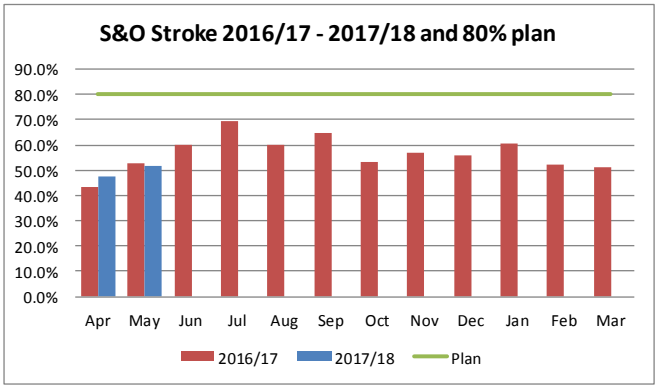
The number of calls from Southport and Formby patients to the GP OOH service has reduced in May 2017 to 913, a reduction of 19.6% since April. When compared to the same point in the previous year, May 2017 had 15.2% fewer calls to the GP OOH service.

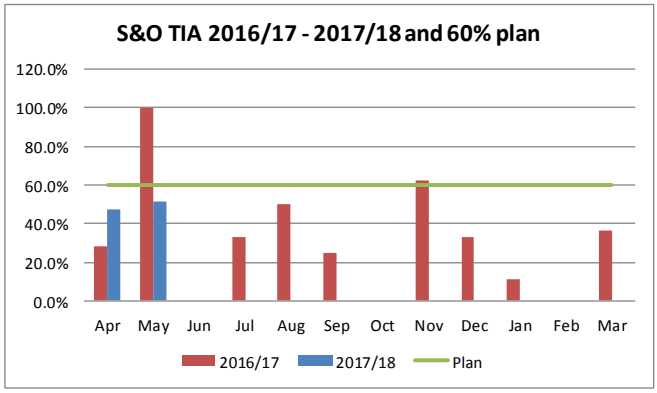
GP OOH calls from nursing homes within Southport and Formby have reduced slightly by 5, 7.5%, from April. However, as with total calls, this remains within trend.

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 **(Southport & Ormskirk)**	17/18 - May	80%	51.61%	↑	The Trust failed the 80% target in May with only 16 out of 31 patients spending 90% of their time on a stroke unit.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(Southport & Ormskirk)**	17/18 - May	60%	0.00%	↓	During May 2017, there were 3 reportable cases of TIA, all of them breaching the 24 hour timescale.





Southport & Ormskirk failed the stroke target in May recording 51.61%, only 16 out of 31 patients spending 90% of their time on a stroke unit. This is an increase in performance from April when the Trust reported 47.5%. 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 May 2017, there were 7 suspected TiA's, 3 of these were reportable for which we were 0% compliant. The key themes for reasons for breaches were no available clinic slots (this was as a result of clinics being cancelled due to the cyberattack) and patients not classed as high risk as they had had symptoms for more than 7 days.

4.4.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(CCG)**	17/18 - May	0.00	0.70	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(Southport & Ormskirk)**	17/18 - May	0.00	1.10	↑

The CCG reported a Mixed Sex Accommodation rate of 0.7 which equates to a total of 3 breaches in May. All 3 breaches were at Southport & Ormskirk NHS Trust.

Southport & Ormskirk also failed the plan for Mixed Sex accommodation and reported a rate of 1.10 having 6 breaches. The breaches all related to the delay in transfer from HCU/CCU to inpatient ward areas. There has been a vast improvement in previous months, with 3 time 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 - May	9	9	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(Southport & Ormskirk)**	17/18 - May	6	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(CCG)**	17/18 - May	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(Southport & Ormskirk)**	17/18 - May	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) **(CCG)**	17/18 - May	20	30	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) **(Southport & Ormskirk)**	17/18 - May	No Plan	38	↑

There were 3 new cases of Clostridium Difficile attributed to the CCG in May, 9 year to date. (3 apportioned to acute trust and 6 apportioned to community). For Southport & Ormskirk year to date the Trust has had 2 cases against a plan of 6 (no new cases in May), 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 May for the CCG or the Trust and therefore both are compliant.

There has been a target set for CCGs for E.coli for 2017/18 which is 121, this is being monitored and now reported. There are no plans for Trusts at present.

4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - May	100	118.48	↑↓
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q4	100	108.65	↑

HSMR is reported for January 2017 rolling 12 month figure of 118.48, down from 119.51 the previous month. The in-month figure for January 2017 is 111.61. Expected deaths 58.24, observed deaths 65.

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 2.

There are 107 serious incidents open on StEIS where Southport and Formby CCG (SFCCG) is either the responsible or accountable. 51 as accountable commissioner (applying to Southport and Formby CCG resident only).

56 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 32 being Southport and Formby CCG patients. 13 cases remain open for > 100 days at the Trust, due to either parallel processes (DHR, Police, HR), aggregated review for postpartum haemorrhages under RCOG, and where further assurance has been requested following submission of the initial RCA.

Five incidents were reported in May: 4 from S&O and 1 from Walton Centre NHS Foundation Trust.

There were zero incidents raised by Lancashire Care NHS Foundation Trust in month. The CCG is in the process of supporting robust serious incident processes being in place with agreement by Chorley & South Ribble CCG and NHS E Lancashire.

Mersey Care NHS Foundation Trust – 14 open incidents on StEIS for Southport and Formby CCG patients. Zero serious incidents were reported in month.

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 decreased to 4 during May 2017 from 7 reported in April. All 4 delays were due to patient or family choice.

Analysis of average delays in May 2017 compared to May 2016 shows an increase in the average number of patients, from 2 to 4.

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

	2016-17												2017-18
Reason For Delay	**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
Grand Total	**5**	**2**	**5**	**7**	**4**	**5**	**6**	**8**	**8**	**6**	**3**	**6**	**7**

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

	2016-17												2017-18	
Agency Responsible	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**
NHS - Days Delayed	142	70	141	210	115	134	184	235	233	171	93	200	198	137
Social Care - Days Delayed	0	0	0	0	6	19	6	4	0	5	0	0	0	0
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed caused by NHS was 137 in May 2017, compared to 198 last month. Analysis of these in May 2017 compared to May 2016 shows an increase from 70 to 137.

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, NWAS, local authorities, intermediate care providers, community care providers and NHSE to work collaboratively and restore patient flow.

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

The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity 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: **May-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%	3.0%	/	87%	83%	/	7%	9%	\

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

- % Response Rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates but rates have increased to 3% in May from 1.1% in April.

The Trust A&E department has seen an increase in the percentage of people who would recommend the service from 70% in April to 83% in May. However, this is still lower than the England average of 87%. The percentage not recommending has decreased from 20% in April to 9% in May but remains above the England average of 7%.

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 2 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £107k/2%. This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £182k/4% underspend.

Figure 17 - Month 2 Unplanned Care – All Providers

ALL Providers (PBR & Non PBR. PBR for S&O)	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Acting as One YTD % Var
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	242	369	127	52%	£145	£253	£108	74%	-£108	0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	149	152	3	2%	£60	£64	£4	6%	-£4	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	15	15	0	2%	£5	£3	-£2	-42%	-	-42%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	5	5	0%	£0	£4	£4	0%	-	0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	25	20	-5	-19%	£84	£59	-£26	-31%	£26	0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	48	46	-2	-4%	£65	£78	£14	21%	-£14	0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	274	177	-97	-35%	£137	£83	-£54	-39%	£54	0%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	9,746	10,039	293	3%	£4,981	£4,800	-£182	-4%	-	-4%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	87	84	-3	-4%	£47	£45	-£1	-3%	-	-3%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	19	13	-6	-31%	£8	£8	£0	6%	-	6%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	10	19	9	84%	£9	£37	£28	323%	-	323%
Grand Total	**10,615**	**10,939**	**324**	**3%**	**£5,541**	**£5,434**	**-£107**	**-1.9%**	**-£46**	**-2.8%**

4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 18 - Month 2 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	6,445	6,659	214	3%	£973	£1,063	£90	9%
NEL/NELSD - *Non Elective/Non Elective IP Same Day*	1,913	1,884	-29	-2%	£3,217	£3,031	-£186	-6%
NELNE - *Non Elective Non-Emergency*	177	229	52	30%	£413	£320	-£93	-23%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	18	2	-16	-89%	£6	£1	-£5	-85%
NELST - *Non Elective Short Stay*	200	204	4	2%	£138	£139	£1	1%
NELXBD - *Non Elective Excess Bed Day*	994	1,061	67	7%	£235	£246	£12	5%
Grand Total	**9,746**	**10,039**	**293**	**3%**	**£4,981**	**£4,800**	**-£182**	**-4%**

4.8.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Overall unplanned care continues to under-perform against contractual plans by approx. £182k, -4%. The main driver behind the low levels relates to Non-Elective admissions with a 2% reduction in activity and 6% reduction in spend. Similar activity levels noted in the beginning months of 2016/17, yet cost differs significantly. General Medicine and Geriatric Medicine are the two main specialties driving the reduction. The information sub group is undertaking further investigation as to the nature of the reduced levels of cost, early indications suggest changes in national tariff is one factor.

Another area under exploration is the increased activity levels through the Ambulatory Emergency Care unit since the increase opening hours in latter part of 2016/17.

Increased levels in A&E attendances remain in month 2 with a higher cost variance due to changes in national tariff.

Continued work looking into emergency excess bed days with the Urgent Care leads to understand recent increased through 2016/17 and 2017/18.

4.9 Aintree and University Hospital NHS Trust

Figure 19 - Month 2 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	143	211	68	48%	£19	£29	£10	51%
NEL - *Non Elective*	59	110	51	87%	£104	£185	£81	78%
NELNE - *Non Elective Non-Emergency*	3	5	2	47%	£10	£23	£13	133%
NELST - *Non Elective Short Stay*	7	9	2	21%	£5	£8	£3	50%
NELXBD - *Non Elective Excess Bed Day*	30	34	4	14%	£7	£8	£1	19%
Grand Total	**242**	**369**	**127**	**52%**	**£145**	**£253**	**£108**	**74%**

4.9.1 Aintree University Hospital NHS Trust Key Issues

Although over performance is evident across all PODs at Aintree, overall Urgent Care over spend of £108k is mainly driven by a £81k/103% over performance in Non Elective costs. The main specialty over performance is Acute Medicine (£21k), General Surgery (£12k), Respiratory Medicine (£11k) and Diabetic Medicine (£10k). Despite this indicative overspend, there is no financial impact of this to the CCG due to the Acting As One block contract arrangement.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

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

PBR Cluster	NHS Southport and Formby CCG			
	Caseload as at 31/05/2017	2017/18 Plan	Variance from Plan	Variance on 30/04/2016
1 Common Mental Health Problems (Low Severity)	1	-	1	-
2 Common Mental Health Problems (Low Severity with greater need)	4	5	- 1	2
3 Non-Psychotic (Moderate Severity)	76	88	- 12	- 43
4 Non-Psychotic (Severe)	212	209	3	33
5 Non-psychotic Disorders (Very Severe)	37	40	- 3	5
6 Non-Psychotic Disorder of Over-Valued Ideas	24	28	- 4	3
7 Enduring Non-Psychotic Disorders (High Disability)	143	128	15	16
8 Non-Psychotic Chaotic and Challenging Disorders	78	77	1	12
10 First Episode Psychosis	66	73	- 7	- 2
11 On-going Recurrent Psychosis (Low Symptoms)	208	260	- 52	- 54
12 On-going or Recurrent Psychosis (High Disability)	241	182	59	65
13 On-going or Recurrent Psychosis (High Symptom & Disability)	103	97	6	7
14 Psychotic Crisis	15	18	- 3	- 2
15 Severe Psychotic Depression	6	4	2	4
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	13	13	-	1
17 Psychosis and Affective Disorder – Difficult to Engage	22	28	- 6	- 6
18 Cognitive Impairment (Low Need)	206	216	- 10	- 1
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	578	692	- 114	- 179
20 Cognitive Impairment or Dementia Complicated (High Need)	349	266	83	132
21 Cognitive Impairment or Dementia (High Physical or Engagement)	100	67	33	35
Cluser 99	204	167	37	48
Total	**2,686**	**2,658**	**28**	**76**

5.1.1 Key Mental Health Performance Indicators

Figure 21 - CPA – Percentage of People under CPA followed up within 7 days of discharge

		Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
E.B.S.3	The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%				
	Rolling Quarter				100%			

Figure 22 - CPA Follow up 2 days (48 hours) for higher risk groups

		Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
KPI_19	CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%				
	Rolling Quarter				100%			

Figure 23 - Figure 16 EIP 2 week waits

		Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NR_08	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	100%	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.

Following a recent CQC Inspection Mersey Care Foundation Trust have achieved a 'good' rating, however the CQC has noted some concerns with the STAR Unit which provides inpatient care for patients with Learning Disabilities. *'On STAR Unit we found that staff did not always use patients' communication aids and could not control the level of noise in the environment to make it suitable for patients with sensory needs. Some ward staff told us that low staffing levels were affecting their morale and making it difficult for them to perform their roles safely'* The proportion of staff who would recommend the trust as a place to work was worse than the national average for mental health trusts. Governance at local level was not always effective. This will be raised at July CQPG.

At the next CQPG in July 2017 the Trust will be outlining to commissioners their response to the Acute Pathway Review and the findings of the NHS England Benchmarking Report undertaken in relation to Crisis Resolution Home Treatment Team (CRHTT) core fidelity which identified areas area of development /improvement. The Trust will also detail how they plan to involve clinical commissioners in the future development of these two key linked workstreams.

The Trust is actively recruiting to staff as part of its successful CORE 24 bid for hospital liaison psychiatry across the three acute sites on the North Mersey local delivery system footprint. Clinical commissioners will be involved in ensuring that pathways are developed from hospital liaison service are developed.

In lieu of the delay in implementing the RIO system the Trust has confirmed that it's Epex R32 upgrade will enable the development of local reporting requirements and KPIs to be progressed prior to the full roll out of RIO. The R32 upgrade is expected to go live in July 2017. Mandated data including Early Intervention Psychosis will flow via Mental Health Services Dataset (MHSDS).

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. Sefton and Liverpool CCGs are writing to the Trust to instruct them to develop an information sharing protocol with Midland and Lancashire CSU who are able to receive patient identifiable data and therefore provide the CCGs with the necessary assurance that they require.

The Adult ADHD service provided by the Trust is operating at overcapacity and this is impacting on new patients accessing the service. This situation is exacerbated by the lack of an agreed shared care protocol which would enable prescribing to be initiated by Adult ADHD specialist in secondary care and continued in primary care with regular review being provided by secondary care. Medicines management have confirmed that following discussions with the Local Medical Committee (LMC) a GP has been identified who will work with the medicines management team to draft a shared care protocol covering young people and adults. The proposed arrangement would be outside Pan Mersey Area Prescribing Committee (APC) agreements and would only apply for registered patients within the two Sefton CCGs. However the CCG would share any agreed framework with Pan Mersey APC as the current APC shared care agreement has not been ratified by a number of CCGs.

5.2 Improving Access to Psychological Therapies

Figure 24 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Southport & Formby IAPT KPIs Summary

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National defininiton of those who have entered into treatment	2016/17	201	196	179	168	162	151	201	188	140	217	182	243
	2017/18	166	184										
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%	0.96%										
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%	47.5%										
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%	98.3%										
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%	100.0%										
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	106	109										
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	7	8										
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	48										
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	86.0%	90.1%										

Cheshire & Wirral Partnership reported 184 Southport & Formby patients entering treatment in Month 2. This is an improvement on the previous month when 166 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 2 by 12.4% with 212 compared to 242 in Month 1. 73.6% of these were self-referrals which is an increase from 60% in Month 1. 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 31 reported in Month 2 compared to 58 in Month 1. 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 47.5% (from 50.5%). This fails to meet the minimum standard of 50%.

Cancelled appointments by the provider saw an increase in Month 2 from 26 in Month 1 to 45 in Month 2, although Month 1 was an exceptionally low number. 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 increased from 76 in Month 1 to 100 in Month 2. 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.

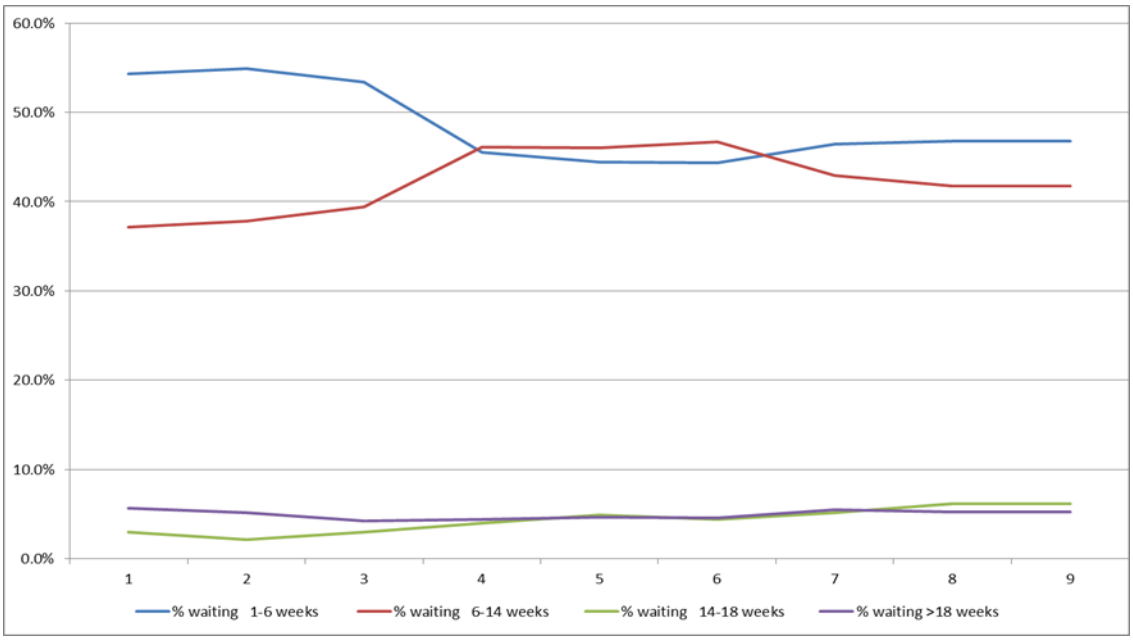
In Month 2 98.3% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have also waited less than 18 weeks (against a standard of 95%).

The provider has confirmed that in response to primary care queries they are working to develop a prioritisation tool.

From the point of referral, the provider is able to routinely offer an appointment to clients within five days. Subsequent appointment times are dependent on the agreed appropriate clinical intervention and the client's own personal preference and internal waits continue to be monitored weekly.

The provider have recently recruited a qualified practitioner to work with the less severe presentations, and are currently in the process of shortlisting for a full-time qualified CBT therapist. In addition they have developed group interventions for anxiety and depression and the feedback from clients suggest that these are being well-received.

NHS Southport & Formby CCG – Access Sefton Internal waiters 03/04/2017 – 29/05/2017



The chart above illustrates internal waits activity for April and May 2017 over the 8-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	May-17
People Diagnosed with Dementia (Age 65+)	1515	1525
Estimated Prevalence (Age 65+)	2145	2152.2
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	**70.6%**	**70.9%**
Target	66.7%	66.7%

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 May 2017 of 70.9%, which exceeds the national dementia diagnosis ambition of 66.7%.

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
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	**21.3%**	**21.3%**	-	-	-	-	**30.1%**

An update will be provided on a quarterly basis, quarter one anticipated in the August report.

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%**

An update will be provided on a quarterly basis, quarter one anticipated in the August report.

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 June 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 July 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 meeting.

6.1.3 Any Qualified Provider – Southport & Ormskirk Hospital

Adult Hearing

At month 2 2017/18 YTD the costs were £19,382, compared to £82,391 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 232 in 16/17 to 129 in 17/18.

MSK

At month 2 2017/18 YTD the costs were just £312, compared to £13,394 at the same time last year. Activity has decreased significantly from 91 initial contacts and 73 follow-ups in 16/17 M2 YTD to just 2 initial contacts and 14 follow-ups in 17/18 M2 YTD.

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.

An update will be provided on a quarterly basis, quarter one anticipated in the August report.

7. Third Sector Contracts

All NHS Standard Contracts and Grant Agreements for 2017-18 have now been issued, signed and returned. Commissioners and Contracting are currently meeting and working with providers to review service specifications and information reporting in line with local requirement and CCG plans. Reports detailing Q1 activity are currently underway and will be finalised during the next couple of weeks. All providers have confirmed that front line services continue to be delivered as normal, the impact to services as a result of funding reductions are being met by reductions to senior management posts across the sector. Referrals to all services have increased during Q1 and the complexity of service user

issues is increasing. Activity and waiting lists will continue to be monitored and feedback to Sefton CCGs on a quarterly basis.

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: • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice	-	-
Total number of practices within the CCG.	19	19
%	**0.0%**	**0.0%**
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: • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice	-	-
Total number of practices within the CCG.	19	19
%	**0.0%**	**0.0%**

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. There has been no further inspection results listed in the last month.

Figure 25 – CQC Inspection Table

Southport & Formby CCG								
Practice Code	**Practice Name**	**Date of Last Visit**	**Overall Rating**	**Safe**	**Effective**	**Caring**	**Responsive**	**Well-led**
N84005	Cumberland House Surgery	27 August 2015	Good	Good	Good	Good	Good	Good
N84013	**Curzon Road Medical Practice**	**n/a**	**Not yet inspected the service was registered by CQC on 1 July 2016**					
N84021	St Marks Medical Center	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	10 April 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
Y02610	**Trinity Practice**	**n/a**	**Not yet inspected the service was registered by CQC on 26 September 2016**					
N84006	Chapel Lane Surgery	06 February 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	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

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas must complete an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents by 11th September 2017. By 21st July local areas are required to confirm draft Delayed Transfers of Care (DTOC) trajectories and Local Authorities must complete a first quarterly monitoring return on the use of the improved BCF (iBCF) funding.

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 framework draws together in one place almost 60 indicators including 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. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities (updated results for the last three of these will not be reported until later in the year). The framework is then used alongside other information to determine CCG ratings for the entire financial year.

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 the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

Publication of quarter 4 data was released the middle of July, and on 21st July the annual CCG ratings for 2016/17 were released. Overall, the assessment for NHS South Sefton CCG of 'requires improvement' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

Areas cited in the assessment as strengths or good practice include the following:

- The CCG's performance was at or above the level required for the majority of NHS Constitution standards
- The CCG has a good control environment in place, with significant assurance received on all internal audits including quality, stakeholder engagement and financial management
- The CCG has proper arrangements in all significant respects to ensure it delivered value for money in its use of resources
- The CCG's openness in relation to its financial challenges is recognised, as is the strong oversight provided by the governing body and committee structure
- The CCG took a constructive approach to the planning and contracting round, and signed all its main contracts ahead of the 23 December 2016 deadline
- The strong leadership role taken to date by the CCG within the sustainability and transformation planning (STP) process, in particular the contribution of the accountable officer to local delivery system work

Some of the areas of continued challenge and development cited by NHS England can be seen below:

- As the CCG predicted, its financial position deteriorated substantially during 2016 – 2017, for a number of reasons and its 2017 - 2018 financial plans are subject to significant risks
- Whilst NHS England recognised the good work carried out by the CCG across the wider urgent care system, it noted performance in this area remains to be a significant challenge. Efforts should continue with system partners to reduce delayed

transfers of care and implement discharge to assess, trust assessor and primary care streaming initiatives

- Action should be taken with providers to improve cancer 62 day waits from urgent GP referral to first definitive treatment, along with access and recovery rates for Improving Access to Psychological Therapies, known as IAPT services
- Whilst the CCG's contribution to the STP is noted, NHS England states that there now needs to be increased focus on outputs and outcomes building on the Next Steps of the NHS Five Year Forward View

Southport and Formby Clinical Commissioning Group

10.2 Q4 Improvement & Assessment Framework Dashboard

Better Health

				Period	CCG		Peers	England	Trend
R	101a	n/d	Maternal smoking at delivery	16-17 Q3	10.7%	↓	2/11	101/209	
R	102a	n/d	% 10-11 classified overweigh	12/13 to 14/15	33.5%	↓	8/11	110/209	
R	103a	n/d	Patients who achieved NICE t	2015-16	43.2%	↓	1/11	23/209	
R	103b	n/d	Attendance of structured edu	2014	2.2%	↓	9/11	149/209	
R	104a	n/d	Injuries from falls in people	16-17 Q3	2,249	↓	8/11	159/209	
R	105a	n/a	Utilisation of the NHS e-referr	2017 03	44.4%	↑	9/11		
R	105b	n/a	Personal health budgets	16-17 Q4	14	↓	5/11	84/209	
R	105c	n/a	% of deaths in hospital	16-17 Q2	41.4%	↑	10/11	186/209	
	105d	n/d	LTC feeling supported	2016 03	62.2%	↓	10/11	151/209	
R	106a	n/d	Inequality Chronic - ACS	16-17 Q3	906	↑	8/11	111/209	
R	106b	✗	Inequality - UCS	16-17 Q3	2,557	↑	11/11	182/209	
R	107a	✗	AMR: appropriate prescribing	2017 02	1.14	↓	8/11	136/209	
R	107b	✗	AMR: Broad spectrum prescri	2017 02	7.9%	↑	5/11	65/209	
	108a	n/a	Quality of life of carers	2016 03	0.76	↓	11/11	200/209	

Sustainability

				Period	CCG		Peers	England	Trend
R	141a	n/a	Financial plan	2016	Red	○	9/11	141/209	
R	141b	n/a	In-year financial performanc	16-17 Q4	Red	↔	10/11	141/209	
R	142a	n/a	Improvement area: Outcomes	16-17 Q3	50.0%	↔	8/11	165/209	
R	142b	n/a	Improvement area: Expenditu	16-17 Q3	50.0%	↑	9/11	163/209	
R	143a	n/a	New models of care	16-17 Q4	N	○			
R	144a	n/a	Local digital roadmap in plac	16-17 Q4	Y	○			
R	144b	n/a	Digital interactions	16-17 Q4	70.8%	○	5/11	48/209	
R	145a	n/a	SEP in place	2016-17	Y	○			

Well Led

				Period	CCG		Peers	England	Trend
R	161a	n/a	STP	2016-17	Green	○	1/11	1/209	
R	162a	n/a	Probity and corporate govern	16-17 Q4	Fully Compliant	↔	1/11	1/209	
R	163a	n/a	Staff engagement index	2016	3.68	↓	10/11	197/209	
R	163b	n/a	Progress against WRES	2016	0.08	○	3/11	33/209	
R	164a	n/a	Working relationship effectiv	16-17	69.95	↑	9/11	86/209	
R	165a	n/a	Quality of CCG leadership	16-17 Q4	Amber	↔	4/11	108/209	

Key

Worst quartile in England

Interquartile range

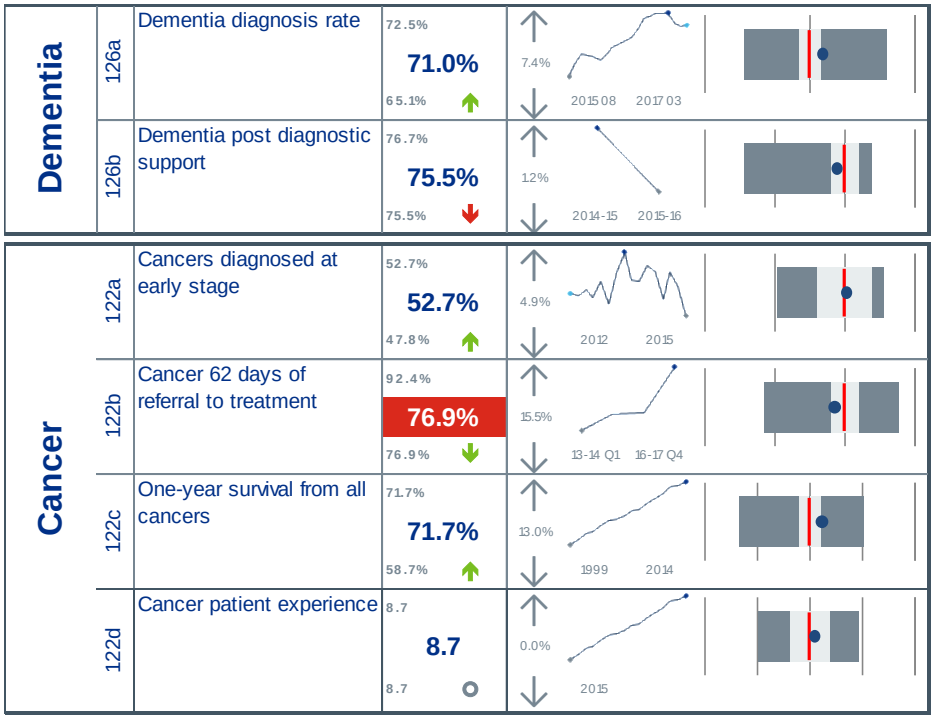
Best quartile in England

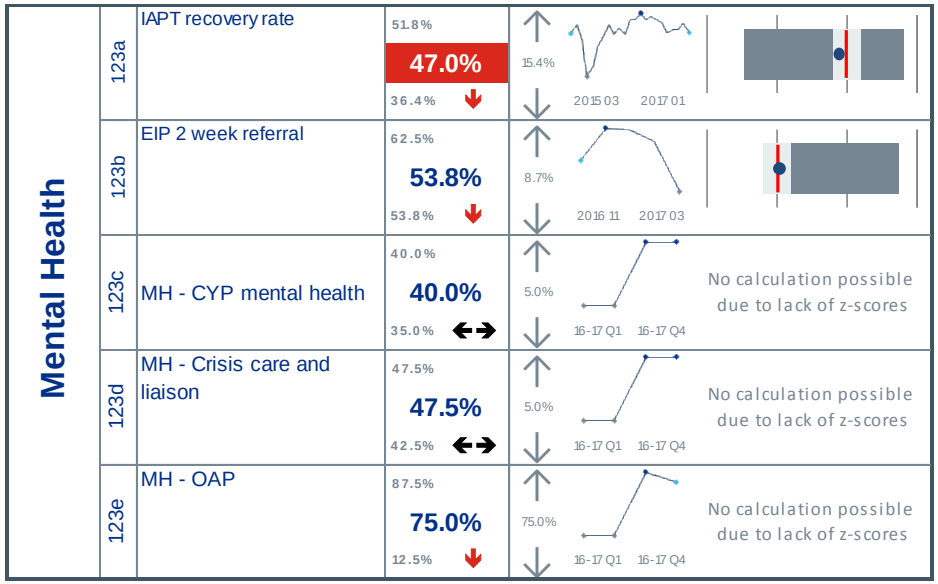
Better Care

				Period	CCG		Peers	England	Trend
R	121a	n/a	High quality care - acute	16-17 Q4	58	↑	9/11	101/209	
R	121b	n/a	High quality care - primary ca	16-17 Q4	61	○	10/11	182/209	
R	121c	n/a	High quality care - adult soci	16-17 Q4	59	○	8/11	143/209	
R	122a	n/d	Cancers diagnosed at early st	2015	52.7%	↑	7/11	87/209	
R	122b	n/d	Cancer 62 days of referral to	16-17 Q4	76.9%	↓	7/11	156/209	
R	122c	✓	One-year survival from all ca	2014	71.7%	↑	2/11	32/209	
	122d	n/d	Cancer patient experience	2015	8.7	○	9/11	74/209	
R	123a	n/d	IAPT recovery rate	2017 01	47.0%	↓	9/11	145/209	
R	123b	n/d	EIP 2 week referral	2017 03	53.8%	↓	9/11	202/209	
R	123c	n/a	MH - CYP mental health	16-17 Q4	40%	↔	9/11	146/209	
R	123d	n/a	MH - Crisis care and liaison	16-17 Q4	47.5%	↔	11/11	191/209	
R	123e	n/a	MH - OAP	16-17 Q4	75.0%	↓	11/11	158/209	
R	124a	✗	LD - reliance on specialist IP	16-17 Q4	70	↑	5/11	146/209	
	124b	n/d	LD - annual health check	2015-16	25.1%	○	11/11	190/209	
R	125a	n/d	Neonatal mortality and stillb	2015	7.0	↓	8/11	119/209	
	125b	n/a	Experience of maternity servi	2015	71.2	○	11/11	207/209	
	125c	n/a	Choices in maternity services	2015	60.5	○	9/11	191/209	
R	126a	n/a	Dementia diagnosis rate	2017 03	71.0%	↑	5/11	77/209	
	126b	n/d	Dementia post diagnostic sup	2015-16	75.5%	↓	8/11	183/209	
R	127a	n/a	Delivery of an integrated urge	2017 01	5	↑	5/11	65/209	
R	127b	n/d	Emergency admissions for UC	16-17 Q3	2,584	↓	9/11	135/209	
R	127c	✗	A&E admission, transfer, dis	2017 03	88.2%	↑	6/11	122/209	
R	127e	n/d	Delayed transfers of care per	2017 03	14.1	↑	8/11	115/209	
R	127f	n/d	Hospital bed use following en	16-17 Q3	511.4	↑	5/11	120/209	
R	128a	n/d	Management of LTCs	16-17 Q3	850	↑	6/11	88/209	
R	128b	n/d	Patient experience of GP servi	2016 03	90.4%	↑	2/11	11/209	
R	128c	n/a	Primary care access	2017 03	0.0%	↔	5/11	115/209	
R	128d	n/d	Primary care workforce	2016 09	0.87	↓	10/11	164/209	
R	129a	✓	18 week RTT	2017 03	94.1%	↑	6/11	25/209	
R	130a	n/a	7 DS - achievement of standar	2016-17	0.0%	○	1/11		
R	131a	n/a	People eligible for standard N	16-17 Q3	60.2	↓	7/11	48/209	

Southport and Formby Clinical Commissioning Group

10.1 Clinical Priority Areas





11. NHS England Monthly Activity Monitoring

CCGs were required to submit two year (2017-19) activity plans to NHS England in December 2016. NHSE monitor actual activity against these planned activity levels, however NHSE use a different data source than CCGs to monitor the actual activity against plan. The variance between the plan and the NHS England generated actuals have highlighted significant variances for our CCGs. CCGs are required to submit the table below on a monthly basis providing exception commentary for any variances +/- 3%. The main variances are due to the data source used by NHSE; this assigns national activity data to CCGs by a different method. The end column of the table below describes the CCG calculated variances from plan and any actions being taken to address over/under performance which is of concern.

NHS
Southport and Formby
Clinical Commissioning Group

Southport & Formby CCG's Month 2 Submission

May 2017 Month 02	*Month 02 Plan*	*Month 02 Actual*	*Month 02 Variance*	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	2620	2580	**-1.5%**	
Other	1491	1992	**33.6%**	Increased 'Other' referrals have been noted in month 2, this continues a trend which has occurred across March 2017 to May 2017. The average for the previous 11 months in 2016/17 is approx. 300 referrals less than the average between March 2017 and May 2017. The increase seems to be located in C2C referrals at Southport Trust. Referral levels are to be discussed in the information meeting with the Trust in the coming weeks. Any issues discovered will be managed via the contract through the C2C policy.
Total (in month)	4111	4572	**11.2%**	
Variance against Plan YTD	8270	8651	**4.6%**	
Year on Year YTD Growth			**0.3%**	
Outpatient attendances (Specfic Acute) SUS (TNR)				
All 1st OP	3469	3336	**-3.8%**	Activity in this areas is below plan and down against previous years activity both in month and year to date. A number of factors are affecting Outpatient activity overall. The introduction of the Joint Health service has reduced T&O activity across all providers for the CCG. Lower GP referrals has also reduced activity with the introduction of the referral management scheme. May also saw the cyber-attack which affected the CCGs main provider causing higher then usual levels of cancellations and DNA appointments.
Follow Up	7520	7428	**-1.2%**	
Total Outpatient attendances (in month)	10989	10764	**-2.0%**	
Variance against Plan YTD	22319	21117	**-5.4%**	
Year on Year YTD Growth			**-9.3%**	
Admitted Patient Care (Specfic Acute) SUS (TNR)				
Elective Day case spells				
Elective Ordinary spells				
Total Elective spells (in month)	1720	1519	**-11.7%**	Both day case and elective activity in May and YTD is below plan as well as down against previous years performance. A number of factors are involved in the low levels of activity with one being the introduction of Joint Health mid 2016/17. This has reduced the levels of T&O activity across all providers for the CCG. Decontamination issues in April and the cyber-attack in May affected the CCGs main Provider. Both months saw higher than usual cancellations and as such has impacted on performance.
Variance against Plan YTD	3512	2977	**-15.2%**	
Year on Year YTD Growth			**-8.1%**	
Urgent & Emergency Care				
Type 1	-	3528	-	
Year on Year YTD			**4.0%**	Local activity monitoring shows month 2 activity for type 1 attendances at a 2% increase against the same period last year with the YTD growth at less than 4%. Total attendances against plan for May shows an over performance of less than 4% with YTD performance below 2%. Activity levels are within the statistical norm and any variation beyond that would be picked up via the contract monitoring routes.
All types (in month)	3709	3985	**7.4%**	
Variance against Plan YTD	7343	7807	**6.3%**	
Year on Year YTD Growth			**5.7%**	
Total Non Elective spells (in month)	1329	1284	**-3.4%**	
Variance against Plan YTD	2674	2507	**-6.2%**	
Year on Year YTD Growth			**-5.2%**	

Appendix – Summary Performance Dashboard

Aristotle Business Intelligence

Southport And Formby CCG - Performance Report 2017-18

NHS Midlands and Lancashire Commissioning Support Unit

Metric	Reporting Level		2017-18												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Preventing People from Dying Prematurely															
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	R											G
		Actual	94.305%	92.00%											93.206%
		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%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R											R
		Actual	91.304%	90.411%											90.756%
		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%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G											G
		Actual	100.00%	97.368%											98.649%
		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%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G											G
		Actual	100.00%	100.00%											100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G											G
		Actual	100.00%	100.00%											100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G											G
		Actual	95.238%	95.833%											95.556%
		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%

539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The %of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	G	R												G
		Status	P	P												-
		Actual	86.667%	84.848%												85.714%
		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%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R												R
		Actual	100.00%	71.429%												75.00%
		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																
1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R												R
		Actual	70.08%	65.92%												67.964%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R												R
		Actual	61.82%	58.54%												60.419%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R												R
		Actual	68.94%	64.43%												66.618%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R												R
		Actual	64.61%	60.49%												62.435%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R												R
		Actual	92.54%	90.08%												91.275%
		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%
	Southport And Formby CCG	RAG	R	R												R
		Actual	86.30%	86.13%												86.212%
		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%

2201: Ambulances - Proportion of calls closed by telephone advice Calls to the ambulance service that can be resolved by telephone advice only, avoid the need to dispatch an ambulance and reduce demand on the service.	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R												R
		Actual	8.545%	9.875%												9.232%
		Target	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%
2202: Ambulances – Proportion of incidents managed without need for transport to A&E departments A large proportion incidents dealt with by the ambulance service can be treated at the scene or transferred to a healthcare setting other than an emergency department (Type 1or 2).	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R												R
		Actual	32.166%	32.281%												32.225%
		Target	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%

Enhancing Quality of Life for People with Long Term Conditions

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50%of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G												G
		Actual	100.00%	100.00%												100.00%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G												G
		Actual	70.63%	70.86%												
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R												R
		Actual	3	3												6
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Southport and Formby Clinical Commissioning Group

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G											G
		Actual	94.327%	93.628%											93.97%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G											G
		Actual	0	0											0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The %of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R											R
		Actual	3.805%	5.409%											4.551%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G											G
		Actual	0	0											0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G											G
		YTD	0	0											-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G											G
		YTD	6	9											9
		Target	6	9	13	18	20	24	27	29	29	29	32	38	13

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) %of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R											R
		Actual	90.852%	88.768%											89.88%
		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%
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) %of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R											R
		Actual	91097%	89.396%											90.308%
		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%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R											R
		Actual	3	9											12
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0