

Southport & Formby Clinical Commissioning Group

Integrated Performance Report June 2016

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1. Executive Summary

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

CCG Key Performance Indicators

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



Key information from this report

Financial position

The financial position at month 4 before the application of reserves is £0.776m overspent with a year-end forecast of £2.320m overspent. The forecast outturn position after application of reserves is a £4.000m deficit against a planned deficit of £4.000m as a best case scenario. The likely case scenario indicates that the CCGs projected deficit will be £10.494m which means that the CCG is in danger of missing its authorised deficit set by NHS England unless it makes immediate decisions to reduce expenditure. Achievement of this position is subject to full delivery of the QIPP programme in 2016/17. The majority of the cost pressure relates to over performance within the independent sector, prescribing and acute provider contracts.

The CCG has a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 4, there remains a gap in terms of both in year and forecast outturn delivery. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan. The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.

The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

Planned Care

Local referrals data for months 1-3 suggests an increase in GP referrals, and a reduction in consultant to consultant referrals compared to months 1-3 last year. Discussions regarding referral management, prior approval, cataracts and consultant to consultant referrals continue, but a decision is yet to be reached.

The CCG failed the less than 1% target for diagnostics in June hitting 2.10. The diagnostic categories failing were audiology (35 breaches), MRI (2), colonoscopy (5) and cystoscopy (2). The breaches for audiology, were due to staffing issues at Bridgewater Trust.

Five patients at Southport & Ormskirk Hospital in June experienced cancelled operations on or day after the day of admission for non-clinical reasons. Operations were cancelled due to pressures in urgent care.

The CCG failed the target of 93% in June reaching 80% for 2 weeks wait for first outpatient appointment for patients referred urgently with breast symptoms, the year to date performance is hitting 87.39%. June is a holiday period, but the position is suggestive of tight capacity and limited flexibility in offering appointments. Capacity within breast clinics will be discussed at a meeting with all local providers on 7th September.

The Southport & Ormskirk Trust failed to achieve the 94% for 31 day subsequent treatment for surgery target YTD with a performance of 91.7%. However, in June the Trust reported 0 breaches. The overall failure of the target is due to small numbers, with just 1 patient out of a total of 12 YTD not receiving treatment within 31 days.

Southport & Ormskirk failed the local target of 85% for 62 days consultant upgrade in June and year to date. In June the Trust had the equivalent of 5.5 breaches out of a total of 31 patients hitting 82.26%. There were a variety of reasons for the breaches which included, delayed referral between trusts, several diagnostic test needed for patients.

For the 62 days standard both the CCG and Southport & Ormskirk failed to reach the plan year to date. The CCG reached 80% in June (79.34% year to date). Southport & Ormskirk actually hit the target in June with 86.21% but the previous two months breaches are still impacting on the year to date position. Root Cause Analyses are undertaken on all breaches to identify themes and trends. Harm reviews have been or will be undertaken on 2 patients waiting 104 days or longer. The majority of breaches of 62 days for classic and upgrade targets relate to lung pathways. Lung cancer is identified as a priority area for a network project and for a STP level bid to the national diagnostics capacity fund. Key actions include; improvements to escalation



processes, review of SLAs for diagnostic services between trusts, review of radiology and MRI capacity and demand.

Southport & Ormskirk Hospital has seen an increase in response rates for inpatients to the Friends and Family Test compared to the previous month, and the percentage of patients that would recommend the inpatient service in the trust has increased compared to the previous month (66%) but is still below the England average. The percentage of people who would not recommend the inpatient service has remained static since the previous month and is below the England average. FFT % recommended for Birth and Postnatal Ward has continued to decline, however the not recommended is green. The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The trust is presenting their patient experience strategy to the Clinical Quality and Performance Group in September 2016.

Performance at Month 3 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £178k/2%. This is predominantly caused by Renacres who are showing a £234k/24% year to date variance. Over performance can also be seen at Aintree University Hospital and Alder Hey Children's Hospital who have a combined over performance of £101k.

Unplanned Care

Southport & Ormskirk's A&E performance is in line with the agreed STP trajectory for June. 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 & Formby CCG failed to achieve all 3 ambulance indicators year to date. At both a regional and county level, NWAS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets. In respect of ambulance turnaround times, in March the Trust was an outlier as the worst performing in the North West. With additional resource and changes in working practices as well as a robust escalation process this position has improved 66% in June. The Trust has seen a significant improvement in >60 minute waits and 30-60 minutes waits. The Trust has also signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisations.

Performance against the stroke standard continues to be challenging. The introduction of the 'Bluebell' type discharge to assess ward would allow the streaming of medically optimised patients away from the stroke pathway and may improve the Trust performance position should this initiative be approved and implemented. Numbers of reported TIA's for June was low with only 4 cases. Unfortunately all 4 cases breached the 24 hour target resulting in a 0% performance. 2 related to patient choice (1 declined given date and 1 DNA), 1 patient missed the target by 4 hours and 4th is being validated. An action plan is being developed to identify ways to increase performance and improve patient experience and outcome. Of the 4 cases only 2 were confirmed as actual TIA following investigation.

Mixed sex accommodation breaches occurred within Critical Care. An agreement is in place with critical care to trial a revised approach to step-down patients from HDU, housing them in side rooms within intensive care until a ward bed becomes available. A three month trial is in progress from July, and the Interim Director of Nursing will monitor results. This will also be reported back through CQPG.

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

There have been 2 serious incidents reported in July 2016 which have affected Southport & Formby CCG patients. This applies to a total of 31 reported serious incidents year to date for Southport & Formby CCG patients. There were 2 serious incidents raised by Southport & Ormskirk Hospitals Trust in July 2016 which equates to a total of 33 serious incidents year to date.



The percentage of people who would not recommend the A&E improved slightly in June but is still below the England average. Performance has been consistently poor for FFT throughout 16/17. Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG) agenda. An action plan has been developed by the trust, for which the Director of Nursing is accountable. This action plan seeks to address the areas of poor performance. A trust presentation is planned for September CQPG.

Performance at Month 3 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £787k. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £639k overspend. The urgent Care over spend of £639k is driven by a £605k over performance in Non Elective activity. The main specialty over performance is General Medicine which is showing a £427k over spend. Further analysis of this has shown that although activity was high in month 2, there has been a 7% increase in the average cost of a NEL admission since December 2015. The CCG is investigating this further but it would indicate a coding and counting change by the Trust which the CCG will formally challenge.

Mental Health

A query was raised regarding correlation between staffing numbers and complaints, the Trust responded that triangulation does take place and there appeared to be no correlation, if any issues are evident then these are monitored through the weekly surveillance group meetings.

Specific concerns remain regarding the Clock View Site and timely access to assessments and whilst the Trust undertook a Kaizen 'Rapid Improvement Event' with stakeholders focusing on Clock View commissioners have raised at a matter of urgency for the Trust to address ongoing access issues.

Acute OAT (Oat of Area Treatment) usage has significantly reduced across the Trust's footprint.

IAPT access rates are fairly static, and current activity levels provide a forecast outturn of 12.1% against the 15% national access standard. This would represent an improvement to 2015/16 when Southport & Formby CCG reported a year end access rate of 9.3%. The percentage of people moved to recovery was 48.0% in month 3, which is below the minimum standard of 50%. A forecast outturn at month 3 gives a year end position of 47.6%, which is slightly below the year end position of 2015/16 (47.9%). However, the provider expects recovery to improve as waiting lists reduce. Cancelled appointments by the provider were the highest since April 2015 in month 2 with 86 reported. The provider has previously stated that this was attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby. This has been reflected in a large decrease in provider cancellations in month 3 with a total of 46 reported (a 47% decrease from the previous month). The national support team will be working with the service provider to reduce the number of high waits that exist from first assessment to subsequent treatment which are unacceptably high.

Community Health Services

Southport & Ormskirk continue to progress in moving over services from the old IPM clinical system to EMIS. As this continues potential data quality and reporting issues may arise. The CCG has requested from the Trust a detailed report on the issues affecting each service and actions on how these are to be resolved. Since the shift from IPM to EMIS reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues.

The CQC re-inspected Liverpool Community Health Trust in February 2016, the final report was published on 8th July, and the overall rating was Requires Improvement. Inspectors found that Liverpool Community Health NHS Trust has recruited more front-line clinicians to ensure safer staffing levels. Inspectors also highlighted 'significant improvements' in the culture of the organisation and praised the Trust for the measures it has introduced to keep staff safe. However, there is more work still to do though, and team of CQC inspectors, who carried out their inspection in February 2016, said the Trust's services now need to tackle a number of new areas. The Trust's Executive Team attended the August 2016 Collaborative Forum (CF) meeting to discuss the CQC report and the development of an action plan, the plan is currently in draft format and is awaiting board sign off. Progress against plan will be monitored via the Collaborative Commissioning Forum and Clinical Quality and Performance Group



meetings. Commissioners (including NHSE and Local Authority) are also considering a separate Children's Review for the purposes of assurance.

Primary Care

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

One Southport & Formby CCG practice received CQC inspection results in the last month, with a rating of "requires improvement".

Better Care Fund

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by October 2016 for implementation.

2. Financial Position

2.1 Summary

This report focuses on the Month 4 financial performance for Southport and Formby CCG as at 31 July 2016 (Month 4).

The financial position on operational budgets at the end of Month 4 is an overspend of £0.776m and the forecast for the year an overspend of **£2.320m**. This overspend increases the QIPP requirement in year. The majority of the cost pressure relates to over performance within the independent sector, prescribing and acute provider contracts.

The forecast outturn position is a deficit of **£4.000m** against a planned deficit of £4.000m after the application reserves. Achievement of this position is subject to full delivery of the QIPP programme in 2016/17.

The total QIPP requirement to deliver the planned deficit of £4.000m for the financial year is **£11.871m** and has increased as a result of the operational cost pressures seen to date and an additional cost pressure in respect of the Better Care Fund, dispute resolution process.

The value of QIPP savings delivered at the end of Month 4 is £3.020m. The CCG therefore needs to deliver additional savings totalling **£8.851m** to deliver its 2016/17 financial plan. At this stage, the CCG has identified a further £3.557m worth of savings to be delivered in year which would leave a shortfall of £5.294m against its QIPP plan.

In addition to the expected shortfall against the QIPP plan, the CCG is also anticipating a risk of £1.200m relating to the increased cost of Funded Nursing Care. Further on in this report describes the likely case scenario, which is a deficit of **£10.494m**. This is £6.494m above the agreed authorised deficit of £4.000m meaning that the CCG is in danger of not achieving its statutory financial duty unless it identifies additional savings.

Figure 1 Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rules	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	2.5% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit) *	(£4.000m)	(£4.000m)
QIPP	QIPP delivered to date	£3.020m	£1.554m
	Remaining QIPP to be delivered	£8.851m	£8.452m
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

**Note the CCG has agreed a £4.000m deficit with NHSE for 2016/17 as the CCGs control total*



2.2 Resource Allocation

Additional allocations have been received in Month 4 as follows:

- Collaborative Fees - £0.045m
- PMS Premium - £0.002m

These are non-recurrent allocations and are expected to be fully utilised during the financial year.

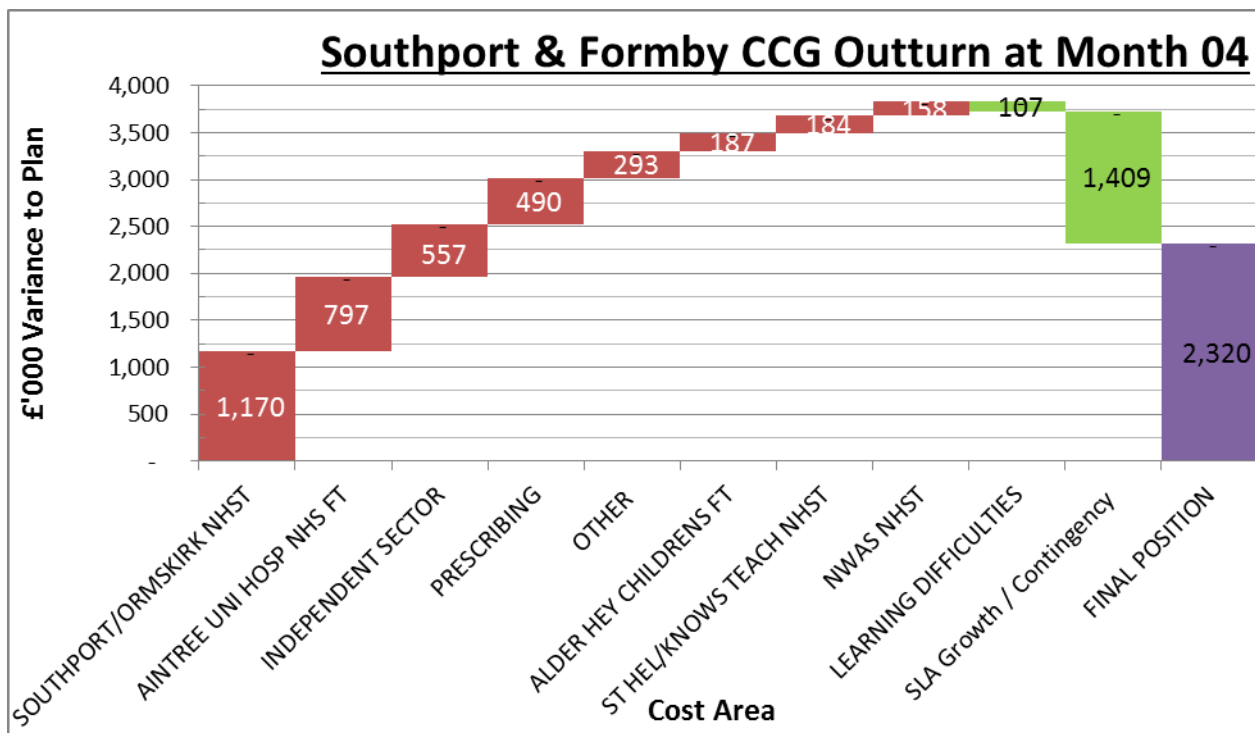
2.3 Financial Position and Forecast

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

The majority of the forecasted overspend is within acute commissioning contracts and prescribing budgets, a high proportion of this overspend has been supported by CCG contingency and growth reserves included in the original financial plan (£1.409m).

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

Figure 2 Forecast Outturn



Prescribing

The year to date overspend of £0.213m for the prescribing budget is mainly due to lower than anticipated rebate income against the 2015/16 year end forecast. The forecast for the 2016/17 financial year is an overspend of £0.258m.

Achievement of a breakeven position is dependent on delivery of in year efficiencies in addition to the QIPP plan agreed. In-year efficiencies are anticipated as a result of challenges on charges for high cost drugs and healthcare at home.

Continuing Health Care and Funded Nursing Care

The month 4 position for this budget is an underspend of £0.035m, this position reflects the current number of patients, average package costs and an expected uplift to providers of 1.1% until the end of the financial year.

Year to date QIPP savings of £1.000m have been actioned including the element relating to the additional growth budget of 5% included at budget setting. The forecast out turn position has been adjusted to reflect this for the purposes of the report.

Increased costs in respect of Funded Nursing Care were announced in July 2016. The impact for South Sefton CCG is a cost pressure of £1.200m. This cost pressure has not been included in the current financial position or forecast but is reported as a risk for future reporting periods.

2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is **£11.871m** in total. This target includes an increased efficiency requirement of £2.320m to address the forecast overspend on operational budgets.

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

Figure 3 RAG rated QIPP plan

2016/17 QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	(3,222)	(1,742)	(4,964)	(510)	(2,762)	(1,692)	(4,964)
Medicines optimisation plan	(1,589)	0	(1,589)	(646)	(943)	0	(1,589)
CHC/FNC plan	(1,057)	0	(1,057)	(1,000)	(57)	0	(1,057)
Discretionary spend plan	(560)	(2,421)	(2,981)	(2,099)	(882)	0	(2,981)
Urgent Care system redesign plan	(850)	(430)	(1,280)	0	0	(1,280)	(1,280)
Total QIPP Plan	(7,278)	(4,593)	(11,871)	(4,255)	(4,644)	(2,972)	(11,871)
Risk rated QIPP plan				(4,255)	(2,322)	0	(6,577)

As shown in figure 4 below, £3.020m QIPP savings have already been actioned at Month 4 against a phased plan of £3.672m.



Figure 4 Phased QIPP plan for the 2016/17 year

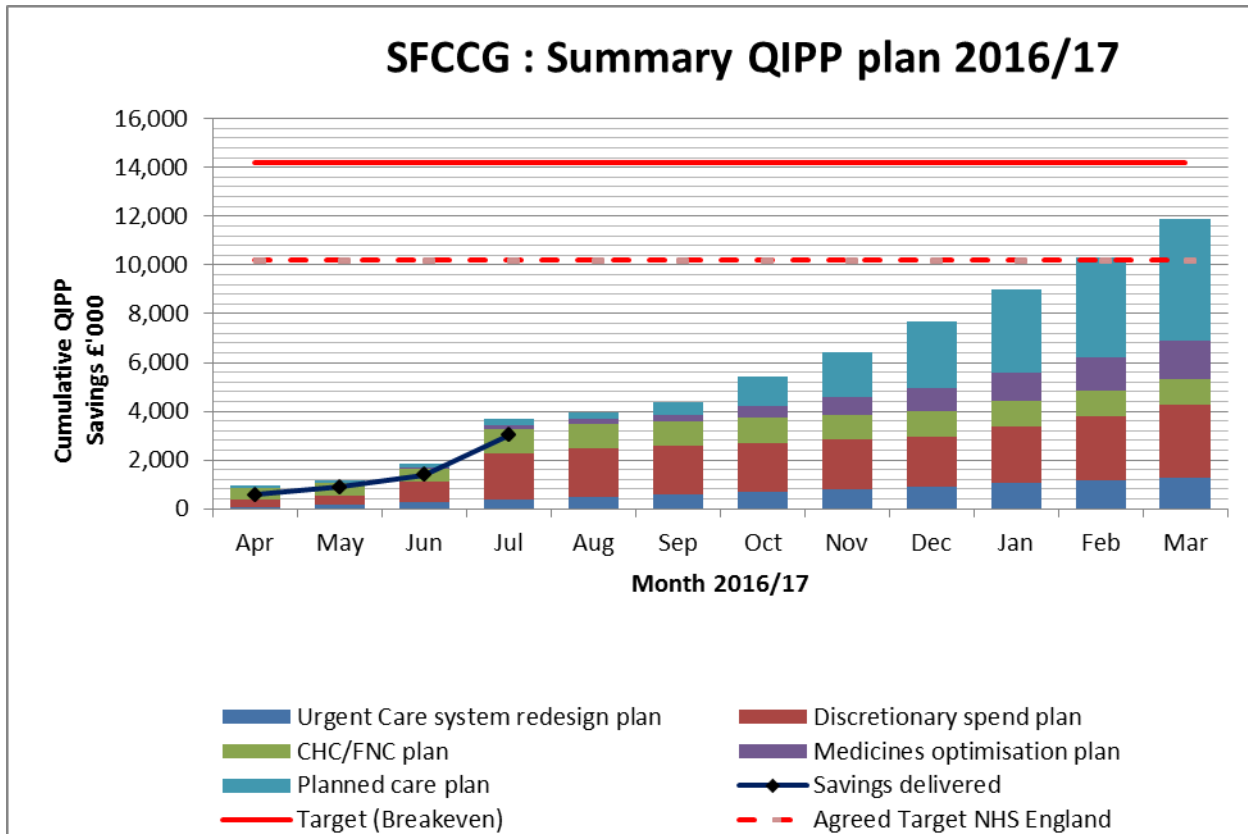


Figure 5 QIPP performance

Scheme	Current month (M4)											
	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance	
Planned care plan	44	0	(44)	●	235	50	(185)	●	4,964	4,964	0	●
Medicines optimisation plan	111	97	(14)	●	156	97	(59)	●	1,589	1,589	0	●
CHC/FNC Plan	500	500	0	●	1,000	1,000	0	●	1,057	1,057	0	●
Discretionary spend plan	1,037	1,031	(6)	●	1,897	1,873	(24)	●	2,981	2,981	0	●
Urgent Care system redesign	106	0	(106)	●	383	0	(383)	●	1,280	1,280	0	●
Total	1,798	1,628	(170)		3,672	3,020	(652)		11,871	11,871	0	

QIPP delivery is **£0.652m** below plan at Month 4. There is a significant risk of delivery on the remaining plan with a high proportion of schemes rated red or amber and an increased target over the later months in the financial year. The CCG and scheme leads in particular must work to provide further assurance regarding the delivery of schemes in order to deliver the agreed financial plan.

In order to deliver the QIPP programme a 1% Transformation Fund was established in CCG reserves to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality. In addition, the CCG has invested in system resilience schemes that are aimed at reducing emergency care. Due to the financial position facing the CCG, a decision was made to critically review any investment decisions that have not yet commenced, and the uncommitted

balance of £0.954m has been rated green within the QIPP plans on the basis that no further expenditure will be incurred.

2.5 CCG Running Costs

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

The current year outturn position for the running cost budget is broadly in line with the plan. There is a small contingency budget in running costs which has been actioned as part of the QIPP plan.

2.6 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash an organisation can utilise in each financial year.

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

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

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

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

Month 4 position

Maximum Cash Drawdown (MCD) limit for Southport & Formby CCG for 2016/17 is £0.185m. Up to Month 4, the actual cash received is £0.062m (33.8% of MCD) against a target of £0.062m (33.3% of MCD).

At Month 4, the forecast financial position is a planned £4m deficit. The delivery of the planned deficit is reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG may not have sufficient cash to meet expenditure requirements for the financial year.

If expenditure levels continue and the CCG does not achieve the planned QIPP targets to deliver the planned deficit of £4.000m, the CCG will need to develop plans to manage the additional cash requirement. Alternatively this will require an additional cash allocation requested from NHS England which cannot be guaranteed.

2.7 Evaluation of risks and opportunities

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



QIPP

There are still a significant number of QIPP programmes that are currently rated as 'Red' or 'Amber' and work is underway to provide the required levels of assurance to change these schemes to 'Green'. Failure to do this will mean the CCG will not achieve its required £4.000m agreed deficit plan with NHSE. Overall management of the QIPP programme is being monitored by the QIPP committee.

Acute Contracts

The CCG has experienced significant growth in acute care year on year and if this continues the CCG will not achieve against the financial plan. The year to date performance is particularly high and further actions are required to mitigate further over performance and maintain the financial recovery trajectory for the financial year.

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

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

- Implementation of contract challenges for data validation and application of penalties for performance breaches.
- Scrutiny and challenge of all activity over performance

Other risks that require ongoing monitoring and managing include:

- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up one of the biggest QIPP programmes for 2016/17. It is too early in the year to assess the current position against this risk but the majority of schemes have been implemented and efficiencies are anticipated to deliver.
- CHC/FNC – There are increasing financial pressures within the care home economy, primarily arising from recent mandated wage increases in line with the National Minimum wage. The CCG has assumed a modest inflationary increase within the forecast. The risk relating to increases in the cost of Funded Nursing Care has been included as a risk to the current financial forecast.

2.8 Reserves budgets / risk adjusted surplus

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

The assessment of the financial position is set out in figure 6 below. This demonstrates that the CCG is required to deliver a total management action plan of £11.871m in 2016/17 in order to meet the agreed control total with NHS England. This will be done through delivery of the QIPP plan.



The delivery of the QIPP plan is extremely challenging and requires co-operation with partners across the healthcare economy. The CCG has recently allocated GP Governing Body member leads to each QIPP programme along with executive leads, and the leads meet on a monthly basis to report progress against their own programme to the Senior Team.

Figure 7 Outlines the Best, Most Likely and Worst Case scenarios. The best case scenario assumes achievement of the remaining QIPP requirement in full plus additional QIPP to be identified and delivered. The most likely case assumes achievement of 100% of schemes rated Green and 50% of schemes rated Amber as well as the anticipated cost pressure in respect of Funded Nursing Care. The worst case assumes further cost pressures emerge in acute care and prescribing.

Figure 6 Summary of Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Planned Deficit	0.000	(4.000)	(4.000)
QIPP Target	(10.817)	1.266	(9.551)
Revised surplus / (deficit)	(10.817)	(2.734)	(13.551)
Forecast Outturn (against operational budgets)	(2.077)	(0.243)	(2.320)
Committed Reserve Budgets	(1.963)	1.963	0.000
Management action plan			
Actioned QIPP to date	1.566	1.454	3.020
Deliver on remaining QIPP plan	5.084	1.447	6.531
Total QIPP plan	6.650	2.901	9.551
Additional QIPP required to address deficit	2.077	0.243	2.320
Total QIPP plan required	8.727	3.144	11.871
Year End Surplus / (deficit)	(6.130)	2.130	(4.000)

Figure 7 – Risk Rated Financial Position

Southport and Formby	Best Case £m	Most Likely £m	Worst Case £m
Management Action Plan required	(11.871)	(11.871)	(11.871)
QIPP achieved to date	3.020	3.020	3.020
Remaining QIPP requirement	(8.851)	(8.851)	(8.851)
Remaining risk adjusted QIPP schemes	3.557	3.557	3.557
Improved Position / Further QIPP Delivery	5.294	-	-
Increased Cost Pressure			
- Acute / Prescribing	-	-	(0.500)
- Funded Nursing Care	-	(1.200)	(1.200)
Planned Deficit	(4.000)	(4.000)	(4.000)
Risk adjusted deficit	(4.000)	(10.494)	(10.994)

2.9 Recommendations

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

- The CCG is currently forecasting a deficit of £4.000m against an agreed deficit of £4.000m as its best case scenario. The likely case scenario indicates that the CCGs projected deficit will be £10.494m which means that the CCG is in danger of missing its authorised deficit set by NHS England unless it makes immediate decisions to reduce expenditure.
- The CCG has a challenging QIPP in the current year, although significant progress has been made against the phased QIPP plan at Month 4, there remains a gap in terms of both in year and forecast outturn delivery. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan.
- The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

3. Planned Care

3.1 Referrals

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

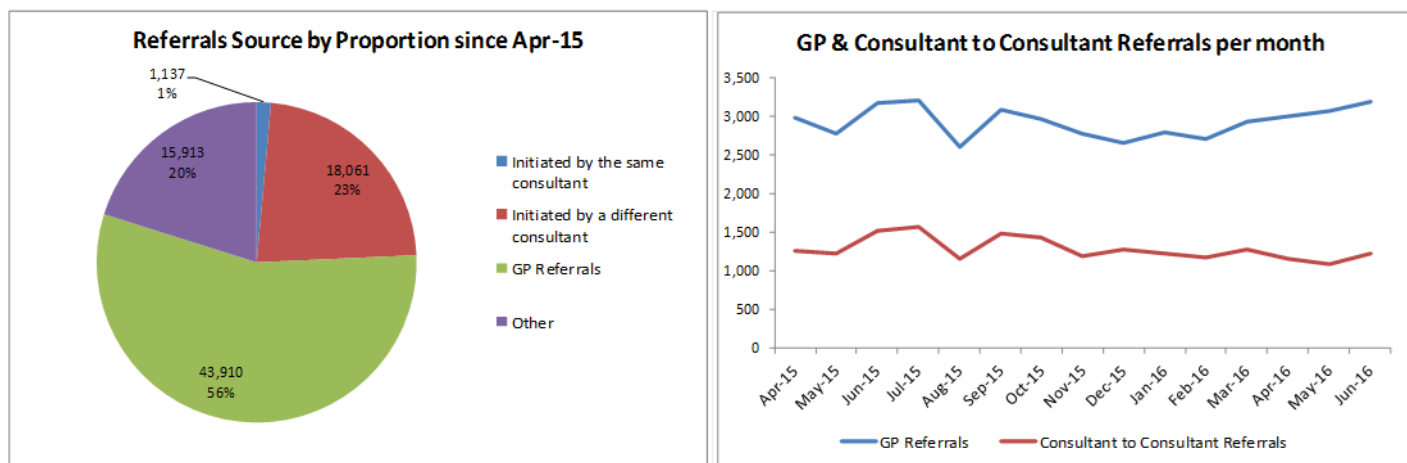


Figure 8 GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	YTD 15/16	YTD 16/17	% Variance
GP	03	GP Ref	8,797	9,256	5.2%
GP Referrals Total			8,797	9,256	5.2%
Other	01	following an emergency admission	27	22	-18.5%
	02	following a Domiciliary Consultation	19	4	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	856	832	-2.8%
	05	A CONSULTANT, other than in an Accident and Emergency Department	2,647	2,385	-9.9%
	06	self-referral	484	424	-12.4%
	07	A Prosthetist	2	1	-50.0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	57	77	35.1%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	109	132	21.1%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	2	6	0.0%
	13	A Specialist NURSE (Secondary Care)	5	2	-60.0%
	14	An Allied Health Professional	450	515	14.4%
	15	An OPTOMETRIST	213	298	39.9%
	16	An Orthoptist	31	13	0.0%
	17	A National Screening Programme	169	232	37.3%
	92	A GENERAL DENTAL PRACTITIONER	80	130	62.5%
93	A Community Dental Service	5	0	-100.0%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	568	789	38.9%	
Other Total			5,724	5,862	2.4%
Unknown			146	128	-12.3%
Grand Total			14,667	15,247	4.0%

Overall, referrals are 4% higher for the first 3 months of 2016/17 than they were in the same 3 months of 2015/16. GP referrals are up 5.2% and other referrals 2.4% higher in 16/17 than the corresponding period in 15/16. A proposal for a referral management scheme will be presented to the Clinical QIPP group in July and a consultant to consultant referral policy for Southport & Ormskirk Hospital has been approved.

Data quality note: some issues have been identified within the local referrals data which mean that comparisons with previous months' reports should be discouraged. A number of providers refreshed their 2015/16 data after year end, to improve data quality and meaning the number of referrals overall was lower than originally thought. Also two providers have failed to submit referrals data in 2016/17 meaning that comparisons with 15/16 data are flawed because 216/17 referrals appear lower than they should. As such the table above has been adjusted to allow for more meaningful comparison.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - June	1.00%	2.10%	↑	The CCG has failed to remain below the 1% threshold in June reporting 2.1% of patients waiting 6 weeks or more. This equates to 44 patients breaching out of a total of 2,095 on the pathway.
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	16/17 - June	<1%	0.48%	↑	

The CCG failed the less than 1% target for diagnostics in June hitting 2.10%, this equated to 44 patients waiting over 6 weeks for their diagnostic test out of a total of 2,095. The diagnostic categories failing were audiology (35), MRI (2), colonoscopy (5) and cystoscopy (2). Bridgewater had the 35 breaches for audiology, the Trust have stated the breaches are due to staffing issues.

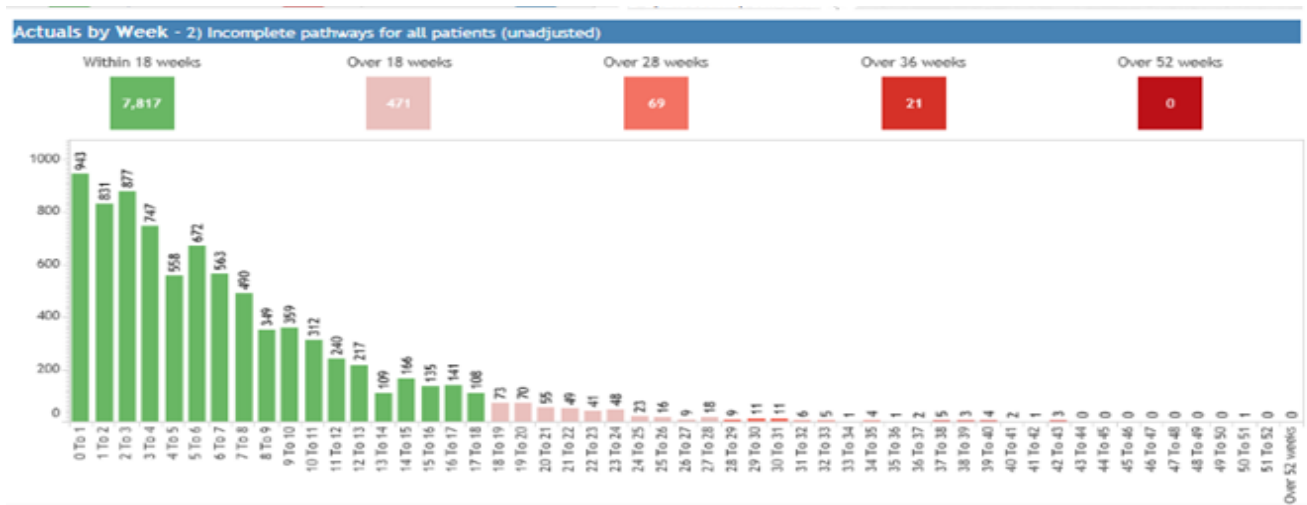
3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment					
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - June	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	16/17 - June	0	0	↔	
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	16/17 - June	92%	94.30%	↓	
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	16/17 - June	92%	95.40%	↓	



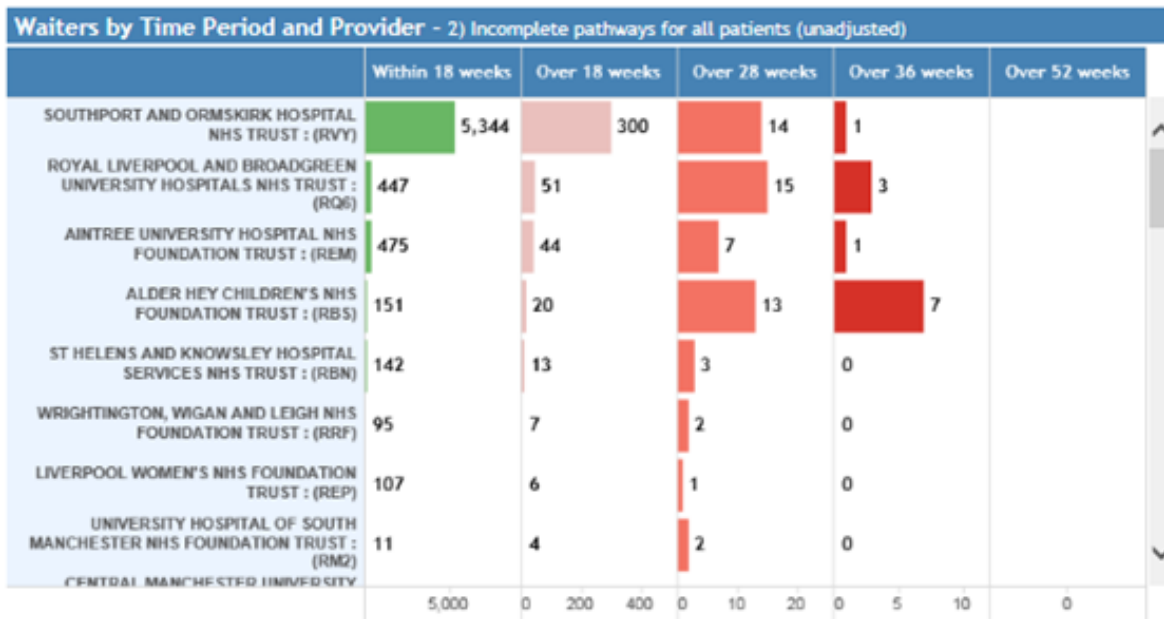
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

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



3.3.3 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	Reason for the delay
Alder Hey	Other	40	Appointment booked for 9-8-16, reason for delay Community Paediatric backlog (Capacity and Demand)
Alder Hey	Other	41	DNA'd appointment 13-7-16 referred back to service manager, reason for delay Community Paediatric backlog (Capacity and Demand)
Alder Hey	Other	42	Patient has cancelled 2 appointments referred to service manager, reason for delay Community Paediatric backlog (Capacity and Demand)
RLBUHT	Ophthalmology	42	No Provider comment received.
RLBUHT	T&O	50	No Provider comment received.

3.4 Cancelled operations

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

Cancelled Operations					
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Southport & Ormskirk	16/17 - June	0	5	↑ ↓	The Trust recorded 5 cancelled ops, an improvement on last month where 12 were reported.

Operations were cancelled due to pressures on urgent care.

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

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

3.5 Cancer performance

3.5.2 - Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	16/17 - June	93%	95.29%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	16/17 - June	93%	95.56%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	16/17 - June	93%	87.39%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	16/17 - June	93%	N/A	↔

The CCG failed the target of 93% in June reaching 80% for 2 weeks wait for first outpatient appointment for patients referred urgently with breast symptoms, the year to date performance is hitting 87.39%. In July there were 7 breaches out of a total of 35 patients, the number of days waiting ranged from 15 to 22, the reasons for the breaches was patient choice. June is a holiday period, but the position is suggestive of tight capacity and limited flexibility in offering appointments. Capacity within breast clinics will be discussed at a meeting with all local providers on 7th September. The meeting has been convened to look at the current position and future plans in relation to Southport and Formby patients following the closure of the local breast service 2 years ago.



3.5.3 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	16/17 - June	96%	97.94%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	16/17 - June	96%	98.58%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - June	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	16/17 - June	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - June	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	16/17 - June	94%	91.67%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - June	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	16/17 - June	98%	100.00%	↔

The Southport & Ormskirk Trust failed to achieve the 94% for 31 day subsequent treatment for surgery target YTD with a performance of 91.7%. However, in June the Trust reported 0 breaches. The overall failure of the target is due to small numbers, with just 1 patient out of a total of 12 YTD not receiving treatment within 31 days.

3.5.4 - 62 Day Cancer Waiting Time Performance



Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	16/17 - June	85.71	85.71%	↓
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	16/17 - June	85% (local target)	83.72%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - June	90%	100.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	16/17 - June	90%	100.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - June	85%	79.34%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	16/17 - June	85%	82.38%	↑

Southport & Ormskirk failed the local target of 85% for 62 days consultant upgrade in June and year to date. In June the Trust had the equivalent of 5.5 breaches out of a total of 31 patients hitting 82.26%. There were a variety of reasons for the breaches which included, delayed referral between trusts, several diagnostic test needed for patients.

For the 62 days standard both the CCG and Southport & Ormskirk failed to reach the plan year to date. The CCG reached 80% in June (79.34% year to date), having 9 breaches out of 46 patients. Southport & Ormskirk actually hit the target in June with 86.21% but the previous two months breaches are still impacting on the year to date position.

RCAs are undertaken on all breaches to identify themes and trends. Harm reviews have been or will be undertaken on 2 patients waiting 104 days or longer. The majority of breaches of 62 days for classic



and upgrade targets relate to lung pathways. Lung cancer is identified as a priority area for a network project and for a STP level bid to the national diagnostics capacity fund.

Key actions include; improvements to escalation processes, review of SLAs for diagnostic services between trusts, review of radiology and MRI capacity and demand.

3.6 Patient Experience of Planned care

Clinical Area	Response Rate (RR) Target	RR Actual (June 2016)	RR - Trajectory From Previous Month (May 16)	% Recommended (Eng. Average)	% Recommended (June 2016)	PR - Trajectory From Previous Month (May 2016)	% Not Recommended (Eng. Average)	% Not Recommended (June 2016)	PNR - Trajectory From Previous Month (May 16)
Inpatients	25%	19.4%	↑	96.0%	92%	↓	1.0%	2.0%	↔
Q1 - Antenatal Care	N/A	-	-	95%	80%		2%	20%	
Q2 - Birth	N/A	9.5%	↓	97%	94%	↓	1%	0%	↔
Q3 - Postnatal Ward	N/A	-	-	94%	80%	↓	2%	0%	↔
Q4 - Postnatal Community Ward	N/A	-	-	98%		↑	1%		↔

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 the above three bullet point's inpatients. The trust has seen an increase in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has increased compared to the previous month (66%) and is still below the England average. The percentage of people who would not recommend the inpatient service has remained static since the previous month and is below the England average.

FFT % recommended for Birth and Postnatal Ward has continued to decline, however the not recommended is green at 0% below the England Average. The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The trust is presenting their patient experience strategy to CQPG in September 2016.

3.7 Planned Care contracts - All Providers

Performance at Month 3 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £178k/2%. This is predominantly caused by Renacres who are showing a £234k/24% year to date variance. Over performance can also be seen at Aintree University Hospital and Alder Hey Children's Hospital who have a combined over performance of £101k.

Figure 11 All Providers

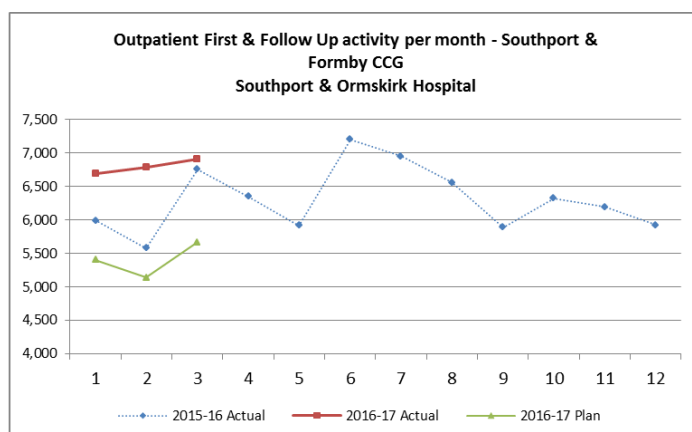
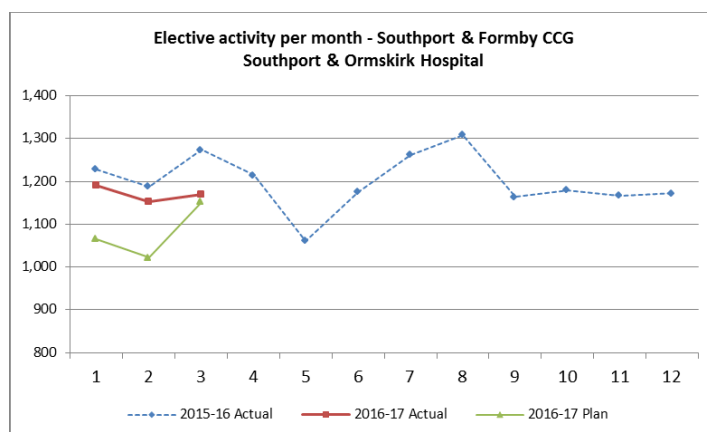
	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)								
Aintree University Hospitals NHS F/T	4,259	4,726	467	11%	£989	£1,065	£76	8%
Alder Hey Childrens NHS F/T	241	1,831	1,590	660%	£152	£178	£25	17%
Central Manchester University Hospitals Nhs Foundation Trust	36	90	54	150%	£11	£33	£22	201%
Countess of Chester Hospital NHS Foundation Trust	0	16	16	0%	£0	£1	£1	0%
Fairfield Hospital	4	40	36	900%	£3	£12	£9	319%
ISIGHT (SOUTHPORT)	708	552	-156	-22%	£172	£105	-£66	-39%
Liverpool Heart and Chest NHS F/T	516	579	63	12%	£247	£240	-£8	-3%
Liverpool Womens Hospital NHS F/T	575	624	49	9%	£172	£159	-£14	-8%
Renacres Hospital	3,088	4,165	1,077	35%	£992	£1,226	£234	24%
Royal Liverpool & Broadgreen Hospitals	3,803	3,956	153	4%	£852	£832	-£20	-2%
Southport & Ormskirk Hospital	28,387	32,716	4,329	15%	£5,908	£5,904	-£4	0%
SPIRE LIVERPOOL HOSPITAL	129	70	-59	-46%	£56	£19	-£37	-66%
ST Helens & Knowsley Hospitals	1,057	1,291	234	22%	£275	£303	£29	10%
University Hospital Of South Manchester Nhs Foundation Trust	30	0	-30	-100%	£9	£0	-£9	-100%
Walton Neuro	518	0	-518	-100%	£116	£0	-£116	-100%
Wirral University Hospital NHS F/T	45	77	32	71%	£25	£29	£4	15%
Wrightington, Wigan And Leigh Nhs Foundation Trust	483	780	297	61%	£194	£245	£51	26%
Grand Total	43,879	51,513	7,634	17%	£10,173	£10,351	£178	2%



3.8 Southport and Ormskirk Hospital NHS Trust

Figure 12 Month 3 Planned Care – Southport and Ormskirk Hospital 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	2,936	3,102	166	6%	£1,705	£1,623	£81	-5%
Elective	303	410	107	35%	£1,071	£976	£94	-9%
Elective Excess BedDays	66	109	43	65%	£15	£24	£9	56%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	364	298	-66	-18%	£55	£48	£6	-11%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First Attendance Non face to Face	0	57	57	0%	£0	£1	£1	0%
OPFASPCL - Outpatient first attendance single professional consultant led	3,891	4,418	527	14%	£607	£662	£55	9%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	901	705	-196	-22%	£93	£79	£14	-15%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	0	321	321	0%	£0	£8	£8	0%
OPFUPSCL - Outpatient follow up single professional consultant led	11,044	13,305	2,261	20%	£1,045	£1,202	£157	15%
OPFUPSNCL - Outpatient follow up single professional non consultant led	0	1,294	1,294	0%	£0	£21	£21	0%
Outpatient Procedure	6,045	5,944	-101	-2%	£1,079	£997	£82	-8%
Unbundled Diagnostics	2,837	2,753	-84	-3%	£238	£263	£25	10%
Grand Total	28,387	32,716	4,329	15%	£5,908	£5,904	£4	0%



3.8.1 Southport & Ormskirk Hospital Key Issues

Planned Care at Southport & Ormskirk Hospital is reporting a year to date under performance of -£4k, which equates to less than 1% variance. Under-Performance, in financial terms of the contract, is driven by Elective costs which are reporting a -£175k/8% variance, however, variance in terms of activity is showing an over performance of 173/33% in Elective care.

Trend charts above show the Elective activity in 1617 has been lower than activity recorded at the same time in 2015/16.

Over performance within Planned Care can be seen in Outpatient Follow Ups, with Outpatient Follow up Single Professional Consultant Led showing a £157k/15% over performance. In terms of Specialty, Ophthalmology and Optometry are driving the Outpatient over performance with a combined over



performance of £48k. We will raise this issue with S&O at Info Sub Group to investigate a possible coding change.

3.1 Renacres Hospital NHS Trust

Figure 13 Month 3 Planned Care – Renacres Hospital NHS Trust by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	385	434	49	13%	£419	£476	£57	14%
Elective	45	89	44	98%	£260	£380	£120	46%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	922	921	-1	0%	£135	£135	£0	0%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	907	2,000	1,093	121%	£78	£127	£49	63%
Outpatient Procedure	548	355	-193	-35%	£73	£69	£-3	-4%
Unbundled Diagnostics	281	366	85	30%	£27	£38	£11	42%
Grand Total	3,088	4,165	1,077	35%	£992	£1,226	£234	24%

3.1.1 Renacres Hospital Key Issues

Renacres over performance of £234k/24% is largely driven by a £120k over performance in Elective Care. Daycase and Electives are over performing by £57k and £120k respectively.

Within Elective care, the majority of the over performance is in Trauma & Orthopaedics. In terms of HRG performance in T&O, HB21C – Major Knee Procedure without CC” over performs by £88k and HB11C Major Knee Procedures without CC over performs by £52k. Further analysis will be undertaken as the contract meeting recently revealed over performance across the the other three Ramsey Health sites in the area (Ramsey Health is the provider operating Renacres, and provide services at other hospitals in Lancashire and Manchester, namely Euxton Hall, Fulwood Hall and Oaklands).

4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - June	95.00%	89.69%	↔	Southport & Formby CCG failed the 95% target in June reaching 90.77% (year to date 89.69%). In June, 348 attendances out of 3770 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	16/17 - June	95.00%	81.16%	↑	Southport & Formby CCG failed the 95% target in June reaching 83.6% (year to date 81.16%). In June 322 attendances out of 1967 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	16/17 - June	STF Trajectory Target for June 88.8%	89.77%	↑	Southport & Ormskirk have achieved the STF trajectory target in June reaching 90.9% (year to date 89.77%). In June 1209 attendances out of 11820 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	16/17 - June	95.00%	81.22%	↑	Southport & Ormskirk have failed the target in June reaching 83.6% (year to date 80.51%). In June, 1020 attendances out of 6225 were not admitted, transferred or discharged within 4 hours.

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

Southport & Ormskirk's performance is in line with the agreed STP trajectory.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - June	75%	73.20%	↑	The CCG is under the 75% target year to date achieving 73.20%. In June out of 39 incidents there were 9 breaches (76.9%).
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - June	75%	64.80%	↓	The CCG was under the 75% target year to date reaching 64.8%. In June out of 580 incidents there were 222 breaches (61.7%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - June	95%	86.30%	↓	The CCG was under the 95% target year to date reaching 86.3%. In June out of 619 incidents there were 108 breaches (86.30%).
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - June	75%	74.60%	↓	NWAS failed to achieve the 75% target in June recording 73.06%, year to date reaching 74.6%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - June	75%	66.60%	↓	NWAS failed to achieve the 75% target in June recording 66.2%, year to date reaching 66.6%
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - June	95%	91.70%	↔	NWAS failed to achieve the 95% target in June recording 91.49%, year to date reaching 91.70%

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	16/17 - June	0	121	↑ ↓	The Trust recorded 121 handovers between 30 and 60 minutes, this is an improvement on last month when 164 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	16/17 - June	0	71	↓	The Trust recorded 71 handovers over 60 minutes, this is an improvement on last month when 134 was reported.

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

At both a regional and county level, NWAS failed to achieve any of the response time targets. Cumulatively, only the county level Red 1, 8 minute target was achieved that was Greater Manchester. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.

In respect of ambulance turnaround times, in March the Trust was an outlier as the worst performing in the North West. With additional resource and changes in working practices as well as a robust escalation process this position has improved 66% in June. The Trust has seen a significant improvement in >60 minute waits and 30-60 minutes waits. The Trust has also signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisations.



4.3 Unplanned Care Quality Indicators

4.3.1 Stroke and TIA Performance

Helping people to recover from episodes of ill health or following injury					
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	16/17 - June	80%	68.75%	↑	The Trust failed the 80% target in June with only 11 out of 16 patients spending 90% of their time on a stroke unit.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	16/17 - June	60%	0.00%	↓	The Trust failed the 60% target in June with 0 out of 2 patients who experienced a TIA being assessed and treated within 24 hours.

Performance against this standard continues to be challenging. The introduction of the 'Bluebell' type discharge to assess ward would allow the streaming of medically optimised patients away from the stroke pathway and may improve the Trust performance position should this initiative be approved and implemented. This is in line with the way other organisations report their stroke performance.

Numbers of reported TIA's for June was low with only 4 cases. Unfortunately all 4 cases breached the 24 hour target resulting in a 0% performance. 2 related to patient choice (1 declined given date and 1 DNA), 1 patient missed the target by 4 hours and 4th is being validated. An action plan is being developed to identify ways to increase performance and improve patient experience and outcome. Of the 4 cases only 2 were confirmed as actual TIA following investigation.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches					
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - June	0.00	0.50	↓	In June the CCG had 2 mixed sex accommodation breaches (a rate of 0.5) and have therefore breached the zero tolerance threshold. Both breaches were at Southport & Ormskirk.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	16/17 - June	0.00	0.70	↓	In June the Trust had 4 mixed sex accommodation breaches (a rate of 0.7) and have therefore breached the zero tolerance threshold. Of these, 2 were Southport & Formby CCG patients, 1 was Flyde & Wyre and 1 was St Helens CCG patients.

All Breaches occurred within Critical Care, an agreement is in place with critical care to trial a revised approach to step-down patients from HDU, housing them in side rooms within intensive care until a ward bed becomes available. A three month trial in progress from July, Interim DoN will monitor results, this will also be reported back through CQPG.



4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - June	9	15	↑	There were 4 new cases reported in June 2016 , year to date 15 cases against a year to date plan of 9. Out of the 15 cases all were reported at Southport & Ormskirk (7 apportioned to acute trust and 8 apportioned to community). Year-end plan 38.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	16/17 - June	9	9 (5 following appeal)	↑	There was 1 new trust apportioned case reported in June 2016 (YTD 9 / YTD Plan 9), Year-end plan is 36.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - June	0	0	↔	There has been no new cases of MRSA reported in June for the CCG against a zero tolerance threshold.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	16/17 - June	0	0	↔	There has been no new cases of MRSA reported at the Trust in June against a zero tolerance threshold.

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

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - June	100	95.78	↑↓
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	107.30	

HSMR is reported for March 2016 rolling 12 month figure.

SHMI for the period December 2015.

4.4 Serious Incidents (SIs) and Never Events

Number of Serious Incidents reported in period

There have been 2 serious incidents reported in July 2016 which affected Southport and Formby CCG patients. This applies to a total of 31 reported serious incidents year to date for South Sefton CCG patients. Both incidents were raised by Southport and Ormskirk Hospitals NHS Trust (S&O) and were attributed to pressure ulcers.



Figure 14 Southport and Formby CCG Incidents Reported By NHS Providers Jan – July 2016

Provider / Type of Incident	Jan	Feb	Mar	Apr	May	Jun	Jul	YTD
Central Manchester University Hospitals NHS Foundation Trust								
Surgical/invasive procedure incident meeting SI criteria	1							1
Mersey Care NHS Trust								
Abuse/alleged abuse of adult patient by staff	1							1
Abuse/alleged abuse of adult patient by third party				2				2
Accident e.g collision/scald (not slip/trip/fall)meeting SI criteria	1				1			2
Apparent/actual/suspected homicide meeting SI criteria						2		2
Apparent/actual/suspected self-inflicted harm meeting SI criteria					2	1		3
Slips/trips/falls meeting SI criteria		1	1		1			3
Suspected Suicide			1					1
Unauthorised absence meeting SI criteria					1	1		2
Unexpected Death (general)		1						1
Oxford University Hospitals NHS Foundation Trust								
Child Serious Injury			1					1
Ramsey Health Care UK								
Slips/trips/falls meeting SI criteria					1			1
Southport and Ormskirk Hospital NHS Trust								
Apparent/actual/suspected self-inflicted harm meeting SI criteria			1					1
Maternity/Obstetric incident meeting SI criteria: baby only	1							1
Medication incident meeting SI criteria		1						1
Pressure ulcer meeting SI criteria			2	1	1		2	6
St Helens and Knowsley Hospital NHS Trust								
Incident affecting patient's body after death meeting SI criteria				1				1
The Walton Centre NHS Foundaton Trust								
Slips/trips/falls meeting SI criteria					1			1
Grand Total	4	3	6	4	8	4	2	31

There were 6 incidents raised by Southport and Ormskirk Hospitals NHS Trust in July 2016 which equates to 33 serious incidents year to date.

- Pressure Ulcers x 5
- Adverse Media Coverage or public concern about the organisation or the wider NHS x 1

Figure 15 Serious Incidents by Patient CCG for Southport and Ormskirk NHS Trust

CCG Name / Incident Type	Jan	Feb	Mar	Apr	May	Jun	Jul	YTD
South Sefton CCG								
Abuse/alleged abuse of adult patient by staff	1							1
Adverse media coverage or public concern about the organisation or	1							1
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1							1
Confidential info leak/IG breach meeting SI criteria				1				1
Southport & Formby CCG								
Apparent/actual/suspected self-inflicted harm meeting SI criteria			1					1
Maternity/Obstetric incident meeting SI criteria: baby only	1							1
Medication incident meeting SI criteria		1						1
Pressure ulcer meeting SI criteria			2	1	1		2	6
St Helens CCG								
Pressure ulcer meeting SI criteria			1					1
West Lancashire CCG								
Adverse media coverage or public concern about the organisation or the wider NHS						1	1	2
Diagnostic incident including delay meeting SI criteria (including failure to act on test				2				2
Maternity/Obstetric incident meeting SI criteria: baby only	1							1
Medication incident meeting SI criteria		1						1
Other			1					1
Pressure ulcer meeting SI criteria			1			4	3	8
Treatment delay meeting SI criteria					1			1
Wigan CCG								
Diagnostic incident including delay meeting SI criteria (including failure to act or			1					1
Out of Area								
Maternity/Obstetric incident meeting SI criteria: mother and baby						1		1
Unknown/Not applicable								
Abuse/alleged abuse of adult patient by third party			1					1
Grand Total	5	2	8	4	2	6	6	33

There are currently 62 serious incidents on StEIS where Southport and Formby CCG is the responsible commissioner.

Figure 16 Serious Incidents Open on StEIS for Southport and Formby CCG Patients

Year	Provider	No of Open Incidents	
2014	Southport & Ormskirk NHS Trust	2	2
2015	Southport & Ormskirk NHS Trust	27	27
2016	Central Manchester University Hospitals NHS FT	1	33
	MerseyCare NHS Trust	19	
	Oxford University Hospitals NHS Foundation Trust	1	
	Ramsey Healthcare UK	1	
	Southport & Ormskirk NHS Trust	10	
	The Walton Centre NHS Foundation Trust	1	

Number of Never Events reported in period

There were no Never Events reported in July, with 1 year to date (February). The incident in February relates to a patient receiving incorrect medication (methotrexate) – no harm occurred.

Serious incidents Open > 100 days on StEIS

There are currently 81 serious incidents on StEIS where Southport and Formby CCG is either the lead commissioning and or is the responsible commissioner which has been open for greater than 100 days.

- 2014 = 5
- 2015 = 64
- 2016 = 12

Figure 17 Serious Incidents Open on StEIS > 100 Days Southport & Ormskirk NHS Trust

Year	CCG	No of Open Incidents	
2014	GP Practice within Southport & Formby CCG	2	5
	GP Practice within West Lancashire CCG	3	
2015	Unknown	1	64
	GP Practice within South Sefton CCG	3	
	GP Practice within Southport & Formby CCG	28	
	GP Practice within West Lancashire CCG	32	
2016	GP Practice within South Sefton CCG	3	12
	GP Practice within Southport & Formby CCG	4	
	GP Practice within St Helens CCG	1	
	GP Practice within Wigan CCG	1	
	GP Practice within West Lancashire CCG	3	

60 of these relate to pressure ulcers which accounts for the 5 incidents which remain open on StEIS for 2014. There is an agreement that all pressure ulcer incidents will be closed on StEIS once a composite pressure ulcer action plan is in place. This is currently subject to a contract query, and expected to be agreed at the September CQPG.

There is 1 incident where 3 NHS providers have been involved, 1 case subject to statutory Domestic Homicide process, 1 allegation against a staff member requiring police investigation and 1 baby death which has been subject to Sefton Local Safeguarding Children Board processes. Both Domestic Homicide Review and the baby death have oversight by the CCG Designated Nurses.

33 serious incidents remaining open on StEIS where Southport and Formby CCG are the responsible commissioner:

- Southport and Ormskirk Hospital NHS Trust = 32
- Merseycare NHS Trust = 1

The incident at Merseycare NHS Trust relates to an attempted suicide following being assessed by the mental health team and allowed to leave the ward.

All serious incidents are managed via the CCG's internal serious incident meetings. Incidents remain open on StEIS with recommendation for closure once assurance has been provided that system learning has been embedded.

There are regular monthly meetings in place with S&O, MCT and AUH to support engagement and relationship management.

4.5 Patient Experience of Unplanned Care

Clinical Area	Response Rate (RR) Target	RR Actual (June 2016)	RR - Trajectory From Previous Month (May 16)	% Recommended (Eng. Average)	% Recommended (June 2016)	PR - Trajectory From Previous Month (May 2016)	% Not Recommended (Eng. Average)	% Not Recommended (June 2016)	PNR - Trajectory From Previous Month (May 16)
A&E	15%	1.6%	↑	86.0%	79%	↑	7%	17%	↔

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

- % Response Rate
- % Recommended
- % Not Recommended

In A&E the percentage of people who would recommend the service has increased to 79% previous month being 66%, but remains lower than the England average. Performance has been consistently poor for FFT throughout 16/17.

Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG) agenda. An action plan has been developed by the trust, for which the Director of Nursing is accountable. This action plan seeks to address the areas of poor performance. A trust presentation is planned for September CQPG.

The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The trust is presenting their patient experience strategy to CQPG in September 2016.

4.6 Unplanned Care Activity & Finance, All Providers

Performance at Month 3 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £787k. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £639k overspend.

Figure 18 Month 3 Unplanned Care – All Providers

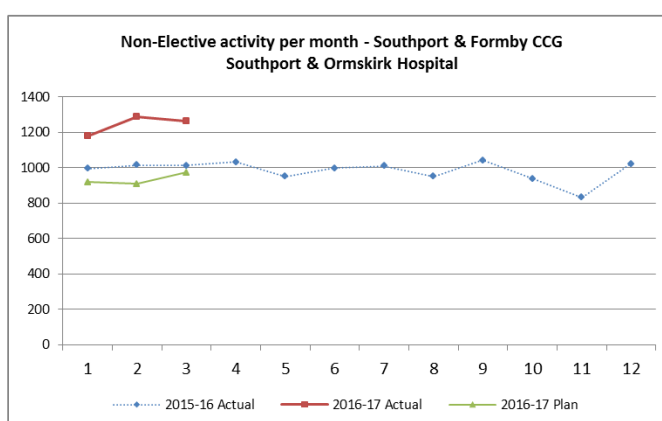
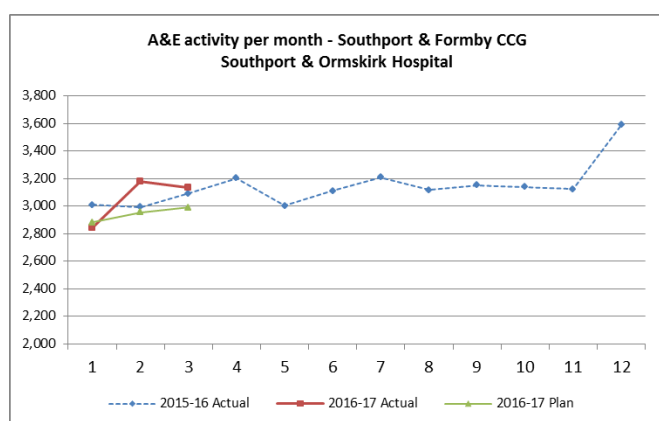
	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)								
Aintree University Hospitals NHS F/T	379	441	62	16%	£232	£277	£44	19%
Alder Hey Childrens NHS F/T	183	282	99	54%	£105	£122	£17	16%
Central Manchester University Hospitals Nhs Foundation Trust	15	25	10	67%	£7	£10	£2	33%
Countess of Chester Hospital NHS Foundation Trust	0	13	13	0%	£0	£7	£7	0%
Liverpool Heart and Chest NHS F/T	18	44	26	144%	£94	£104	£10	11%
Liverpool Womens Hospital NHS F/T	68	60	-8	-12%	£84	£74	-£10	-12%
Royal Liverpool & Broadgreen Hospitals	285	517	232	81%	£197	£258	£61	31%
Southport & Ormskirk Hospital	13,573	15,299	1,726	13%	£7,195	£7,834	£639	9%
ST Helens & Knowsley Hospitals	75	121	46	61%	£52	£63	£11	22%
Wirral University Hospital NHS F/T	23	19	-4	-17%	£11	£17	£6	51%
Wrightington, Wigan And Leigh Nhs Foundation Trust	9	22	13	144%	£13	£12	-£1	-6%
Grand Total	14,628	16,843	2,215	15%	£7,990	£8,777	£787	10%



4.7 Southport and Ormskirk Hospital NHS Trust

Figure 19 Month 3 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	8,823	9,148	325	4%	£1,075	£1,093	£18	2%
A and E Type 3	404	439	35	9%	£24	£26	£2	9%
A and E GPAU	201	234	33	16%	£127	£146	£20	15%
NEL/NELSD - Non Elective/Non Elective IP Same Day	2,261	2,955	694	31%	£4,883	£5,488	£605	12%
NELNE - Non Elective Non-Emergency	247	348	101	41%	£513	£422	£-91	-18%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	42	23	-19	-45%	£14	£8	£-7	-47%
NELST - Non Elective Short Stay	290	422	132	46%	£280	£281	£1	0%
NELXBD - Non Elective Excess Bed Day	1,305	1,730	425	33%	£279	£370	£91	33%
Grand Total	13,573	15,299	1,726	13%	£7,195	£7,834	£639	9%



4.7.1 Southport and Ormskirk Hospital NHS Trust Key Issues

Urgent Care over spend of £639k is driven by a £605k over performance in Non Elective activity. The main specialty over performance is General Medicine which is showing a £427k over spend. Further analysis of this has shown that although activity was high in month 2, there has been a 7% increase in the average cost of a NEL admission since December 2015. The CCG is investigating this further but it would indicate a coding and counting change by the Trust which the CCG will formally challenge.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 20 NHS Southport and Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	Caseload as at 30/06/2016	2016/17 Plan	Variance from Plan	Variance on 30/06/2015
0 Variance	43	41	2	5
1 Common Mental Health Problems (Low Severity)	2	3	(1)	(12)
2 Common Mental Health Problems (Low Severity with greater need)	5	11	(6)	(19)
3 Non-Psychotic (Moderate Severity)	117	174	(57)	(61)
4 Non-Psychotic (Severe)	182	156	26	51
5 Non-psychotic Disorders (Very Severe)	32	29	3	8
6 Non-Psychotic Disorder of Over-Valued Ideas	25	22	3	(3)
7 Enduring Non-Psychotic Disorders (High Disability)	129	112	17	15
8 Non-Psychotic Chaotic and Challenging Disorders	67	65	2	5
10 First Episode Psychosis	66	65	1	(2)
11 On-going Recurrent Psychosis (Low Symptoms)	267	291	(24)	(14)
12 On-going or Recurrent Psychosis (High Disability)	175	153	22	18
13 On-going or Recurrent Psychosis (High Symptom & Disability)	97	100	(3)	(8)
14 Psychotic Crisis	16	11	5	(3)
15 Severe Psychotic Depression	3	6	(3)	(2)
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	13	10	3	6
17 Psychosis and Affective Disorder – Difficult to Engage	27	26	1	4
18 Cognitive Impairment (Low Need)	230	244	(14)	(14)
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	768	787	(19)	30
20 Cognitive Impairment or Dementia Complicated (High Need)	237	202	35	48
21 Cognitive Impairment or Dementia (High Physical or Engagement)	66	53	13	25
Cluser 99	181	123	58	76
Total	2,748	2,684	64	153

5.1.1 Key Mental Health Performance Indicators

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

		Target	Apr-16	May-16	Jun-16
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%	100%

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

		Target	Apr-16	May-16	Jun-16
KPI_19	CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	100%



Figure 23 EIP 2 week waits

		Target	Apr-16	May-16	Jun-16
NR_08	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	50%	50%	50%	50%

Quality Overview

At Month 3, MerseyCare are compliant with quality schedule reporting requirements. At the August 2016 CQPG the Trust provided an update on Quarter 1 Complaints and Safer Staffing

Complaints

- 31 complaints in Quarter 1 (33 issues): 11 upheld, 16 not upheld, 16 resolved locally, 5 partially upheld and 1 not proven
- 6 complaints in relation to Care and Treatment.
- 7 complaints in relation to Staff attitude.
- 6 complaints in relation to Communication.

An internal business case is progressing to develop the complaints investigation team as the Trust experiences difficulty achieving response times within 25 days (currently circa 40%).

The Safer Staffing Report provided a briefing on the nursing inpatient staffing levels for Month 3, in summary

- Reduction in shifts not covered (by 2 registered nurses) reduced from 20 to 16 in June 2016.
- Due to recruitment difficulties some shifts are being covered by 1 registered nurse and 1 nurse support.
- Work continues with Higher Education Institutes to streamline the recruitment process once the Trust has signed off the appropriate nurse competencies.
- A business case is progressing to develop an Associate Nurse role.

The Trust's Lead for Nursing and Quality highlighted that MerseyCare has recently attended nursing recruitment fairs in Dublin and London, but no appointments have been made, safer staffing and recruitment will be monitored throughout the year. A query was raised regarding correlation between staffing numbers and complaints, the Trust responded that triangulation does take place and there appeared to be no correlation, if any issues are evident then these are monitored through the weekly surveillance group meetings.

In addition, work continues in partnership with Liverpool CCG and Mental Health Quality Leads to develop a new Serious Incident report. A review of SIs and key themes is currently underway following concerns regarding the quality of RCAs (Root cause analysis) and action plans.

Specific concerns remain regarding the Clock View Site and timely access to assessments and whilst the Trust undertook a Kaizen 'Rapid Improvement Event' with stakeholders focusing on Clock View commissioners have raised at a matter of urgency for the Trust to address ongoing access issues.

Acute OAT (Out of Area Treatment) usage has significantly reduced across the Trust's footprint.



5.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

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

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

The provider (Cheshire & Wirral Partnership) reported 180 Southport & Formby patients entering treatment in month 3, a decrease of 8% to the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 12.1% against the 15% standard. This would represent an improvement to 2015/16 when Southport & Formby CCG reported a year end access rate of 9.3%.

Referrals decreased by 15% in month 3 with 56.1% being self-referrals (the lowest self-referral percentage since January 2016). Marketing work is being carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals have also been low with 68 reported in month 3 (against



a monthly average of 102 in 2015/16). Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 48.0% in month 3, which is below the minimum standard of 50%. A forecast outturn at month 3 gives a year end position of 47.6%, which is slightly below the year end position of 2015/16 (47.9%). However, the provider expects recovery to improve as waiting lists reduce.

Cancelled appointments by the provider were the highest since April 2015 in month 2 with 86 reported. The provider has previously stated that this was attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby. This has been reflected in a large decrease in provider cancellations in month 3 with a total of 46 reported (a 47% decrease from the previous month).

The number of DNAs also decreased in month 3 and the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 97.7% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the first three months of 2016/17 for Southport & Formby CCG.

Quality Overview

The 15% prevalence access target continues to be monitored on a fortnightly basis and a remedial action plan is currently in place and the current for the CCG is:

NHS South Sefton CCG: Quarter 1 – 3.58% against a target of 3.75%, this is an improvement on the same period in 15/16 2.07% against a target of 3.75%.

Contact has been made with the Support Team and they will shortly commence working with the service. In addition to addressing underperformance in the 15% prevalence/access target the Support team will be working with the service provider to reduce the number of high waits that exist from first assessment to subsequent treatment which are unacceptably high.

6. Community Health

6.1 Southport and Ormskirk Community Health

EMIS Switch Over

Activity

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

Since the shift from IPM to EMIS reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of the following issues in the May submission;

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

All services have now gone live on the new system.

Waiting times

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

Any Qualified Provider

Southport & Ormskirk Hospital

Podiatry

The locally agreed assessment tariff of £25 continues to be used as agreed in the podiatry AQP dataset.

The Podiatry AQP budget is £566,000. At month 3 2016/17 the costs to date is £111,110 compared to the same time last year when it was £98,110. Activity comparisons this year (Southport and Formby CCG activity only) (1332) compared to last year (1322) show activity is up however the application of the £25 tariff continues to help with reducing the potential overall costs.

The trust has been asked to provide the diagnostics within the data set and have reported that this will be worked on and included in the future. Definitive timescales still need to be obtained from the trust around this as this information will help to determine that the patients seen are eligible for the AQP.

The commissioner finance team needs to clarify whether the invoices received for 2015/16 eventually reconciled to the corrections in the data set for 2015/16 related to the data issues raised.



The trust have alerted the commissioner to the possible technical problems that the provider may face moving forward with Podiatry AQP moving to EMIS at FIG meetings last year. The trust was asked to contact another local community trust that may have had the same issues to establish if there are any solutions that can be shared. As there will be a requirement for this activity to be recorded it is essential the trust plan for this eventuality and continue to provide the data to provide assurance to the commissioners. At month 3 there is evidence that the trust may be experiencing data completeness issues. This needs to be followed up at the monthly FIG meetings.

Although work has been done to correct the dataset based on the previous queries raised around duplicates there was still a small number of duplicates in the submitted dataset at month 2 2016/17. This was a query raised last month and has been investigated and amendments made but it will remain open until resolved completely.

Another query raised at March 2016 is around patients placed on more than one package in the financial year. A question was raised with the trust as to whether these patients would be best placed to be treated on the block, if they are complex rather on the AQP. This might be an area to review or tighten up on in any future specifications.

At month 1 and 2 there were examples of patients placed on two packages of care in the month on the same day.

There were incidences where a patient has had an assessment and been placed on a package of care on the same day. This should not attract the £25 assessment tariff on top of the package that the patient has been placed on. If the patient needs to be seen before their appointment then this should be deemed as part of the overall package of care and not be charged for separately. This seems to have been corrected at month 3 however other data issues have emerged. There are examples of patients seen under different packages on the same day, discharged and charged at full tariff.

There is evidence of a patient placed on packages of care in consecutive months. The first package was a C with orthotics including an assessment that was charged for separately and from which the patient was seen and discharged the same day. The following month the same patient was placed on a package D with orthotics with an outcome of a follow up appointment. It is unclear why this patient was discharged in the first place as all the activity has been charged at tariff.

At month 3 there are still outstanding issues and queries that need to be raised in relation to the following;

Incidences where a patient has had two initial appointments from the same referral and have been placed on two different packages of care.

The data set contains patients recorded as being seen twice on the same day and placed on packages from each attendance that have been charged at full tariff.

There are incidences of a patient on two different packages of care in the same month that has however been discharged from one and continued to follow up on the other. Both packages have been charged at full tariff. There should have been one charge at best and at worst the discharged event should have been costed at the £25 local tariff. The data set also contains at least one patient seen for an initial attendance twice on the same day and placed on two different packages on the same day. Another patient has been seen twice on the same day from the same referral, placed on two different packages of care and discharged from both at the initial visit.



There is a patient recorded as being seen on the same day twice from referrals with different dates. The patient has then been recorded as being placed on the same package twice. One of the events has a date of discharge and both events have been charged at full tariff. There are clearly some on-going data quality issues that will result in incorrect invoices being raised to commissioners.

Adult Hearing

The Adult Hearing Audiology budget is £248,000 however this needs to be reviewed in the light of 3 year reviews that will be coming up in 2016/17.

At month 3 2016/17 the costs are £100,560. The costs at the same time last year were £128,083 at month 3 2015/16. Comparisons of activity between the two time periods shows that activity is slightly higher 16/17 compared to 15/16 with the same period last year affected by the three year reviews being seen and the allocated budget not being uplifted to accommodate the effect of this.

There are still duplicate records within the data set received for month 3 2016/17 however this remains under review and investigation by the trust.

This month as last month the trust has failed to achieve Assessments to be completed within 16 working days following receipt of referral target, unless patient requests otherwise. The target is 90% and the June 2016 position is 67.3% and this is below target and worse than last month.

The target for Hearing Aids to be fitted within 20 working days following assessment, unless patients requests otherwise has been failed in March. The target is 90% and at June 2016 this is 50.75%. This is a reduction on the May reported position.

Appointments are offered within 10 weeks of fitting, unless there are clear, documented, clinical reasons to do otherwise, or the patient chooses to wait beyond this period -90% Target. At June 2016 performance is on target at 90.7% and this is an improvement on the performance last month.

At month 2 (latest reported position) 100% of patients undergo objective measurement at first fitting where clinically appropriate (exceptions reported in IMP) - 95% Target.

95.9% of Patient records and associated letters/reports have been completed and sent to GP within 5 working days of hearing/ assessment fitting/follow up against a target of 95%. This is an improvement on last month.

At month 3 97.78% of patients have a personalised care plan - All patients have an individual care management plan - 100% Target.

100% patients reported reduced social isolation - Improvement in GHABP/COSI/IOI-HA outcome measure after hearing aid fitted - 90% Target.

100% of patients reported an improved Quality of Life - Improvement in GHABP/COSI/IOI-HA outcome measure after hearing aid fitted - 90% Target.

This indicator relating to Aftercare is available (face to face or non-face to face) within 2 working days of patient request-90% Target. The trust state that this indicator is not applicable as the service operates an open access policy.

The following indicator has not been reported;



- Percentage of patients still wearing hearing aids at review stage - Not recorded

The following are reported direct from the service on a quarterly basis or as part of the patient questionnaire:

Increased choice and control of when and where treatment is delivered

- Service user experience
- Peer satisfaction of service
- Service improvement
- Reducing inequalities
- Reducing barriers

MSK

The budget for 2016/17 is £76,000. At month 3 the MSK AQP costs are £19,321 (Southport and Formby). At the same point last year it was £28,952.

Last year the costs and activity were affected by the presence of duplicates in the received data sets. The trust made amendments that were in the month 12 data set, however at month 1 this issue appears to be resolved with no duplicates present. This will still need to be monitored going forward.

The commissioner needs to ensure that the appropriate credit notes were issued for 2015/16 in relation to the duplication issue.

At month 3 there are a small number of duplicate records costed within the data set.

Previously last year the data set also included patients where a tariff is present and the outcome had been recorded as "NULL" and this was raised with the trust also. This was initially corrected after investigated by the trust, however the current data set at month 3 contains patients with "NULL" with a tariff cost of £156.

The data set also contains patients with an outcome of null and a discharge date, that have however have been costed at £156 instead of £41.40.

There are patients with a "Null" outcome and a diagnosis that would imply the outcome should be a further appointment.

The data sets received still need to continue to be data quality checked to identify any issues on an on-going basis. There is likely to be issues during 2016/17 with the migration to EMIS.

The latest KPIs received from the trust are as follows:

The following KPIs have missed the target in May 2016:

- 90% of patients for non-urgent referral are offered an initial assessment appointment within 10 working days from receipt of referral. The June 2016 position is 56.4% and this is a worse position than last month.
- 90% of patients sampled to have an individual care management plan (minimum sample size is 20% of all patients) The June 2016 position is 75.5%.



- Patient records and associated letters/ reports completed and sent to GP within 5 working days of initial assessment and follow up. The June 2016 position is 84.7% against a target of 95% this position is slightly down on last month.

The trust is still unable to report on a number of key indicators as follows:

- 100% of patients to be asked to complete a validated PROMS before treatment and afterwards.
- 95% of patients sampled should report overall satisfaction with the service.
- 95% of patients from protected characteristic groups (PCGs) should report overall satisfaction with the service.
- 95% of all sampled GP referrers should report overall satisfaction with the service.
- Professional registration and evidence of clinical governance.
- Patient experience questionnaires and peer satisfaction surveys to capture areas for improvements.
- 100% of recommendations made and agreed with Commissioners are addressed.
- Safe and appropriate environment that meets the necessary professional standards according to NHS T&Cs and their own professional body.
- An integrated patient pathway, which facilitates signposting to wider communication/social support services (where appropriate).
- SUIs, PSIs and complaints should be dealt with in line with Commissioners policy"

Quality Overview

New local KPIs and Quality specific measures are being developed; these will be incorporated into the 16/17 Quality Schedule reporting templates.

Year to date (Month 3) Southport & Ormskirk ICO have reported 9 (5 following appeal) C-difficile cases against a year to date plan of 9. Learning points from the C diff RCAs (Root Cause Analysis) include prompt acquisition of samples and prompt isolation of cases when they are first symptomatic with diarrhoea. The CCG is also liaising across with the link Infection Prevention Control Matron to review the community attributed C dif cases for Southport & Ormskirk ICO.

Community District Nursing Teams – Southport & Formby and West Lancashire - Community has seen an overall improvement this month in staffing levels moving from red to amber. Both Formby and Hillside are just below the 90% target. Sickness remains an issue for the three areas identified. As in previous months, both long and short term sickness is proactively monitored. The number of vacancies across the community has reduced.

Staffing compliance has improved in month however; the Trust continues to rely heavily on bank and agency fill to achieve this. Clinical posts continue to be released with a rolling generic advert through NHS Jobs; however local recruitment reflects the National picture. International recruitment remains as an agenda item to board. Nurses who were successfully interviewed in the Philippines continue to face



delays in the recruitment process. The nurses that failed the OSCE Examinations last month are due to re-sit in August. They have had a tailored educational plan in place to give them the best possible chance of success. The Trust continues to work closely with HEI colleagues in both recruitment and new ways of working. We will be working with Edge Hill to recruit and train associate nurses later this year.

Liverpool Community Health Trust

A number of data validation queries which were sent to the Trust relating to month 1 performance are still outstanding. A meeting was held with the Trust BI lead and the CCG leads to go through the data by service line, but some queries are still outstanding.

- **Community Cardiac:** Increases in contacts carried through from 15/16 with no real increase in demand, the Trust has been asked if the service is seeing patients more often. This may be due to patients being transferred out of Aintree Hospital. The Trust is to provide further information on this.
- **Phlebotomy:** a shift of reported contacts from domiciliary to outpatients seems to have occurred in month 1 with nearly 3,000 last year but none reported in month 1, and just 2 in May 2016. The Trust is encouraging more patients to attend clinic as it is more cost effective, however 676 patients were reported as having home visits in Jun-16. This has been queried with the Trust.
- **Paediatric continence:** There was a dramatic drop in contacts in May but an increase in referrals. We queried this with the Trust as it was suspected that they may have had staffing issues. There was an issue in 2015/16 where information wasn't being recorded properly on the system due to the team being small. It is thought that this issue was resolved but may have returned, the Trust is to feedback on this. This issue continues in Jun-16 with no contacts being reported, yet a high caseload of 208 remains. This has been queried again with the Trust.

Waiting Times

Problems persist with a number of services and their waiting times with Paediatric Speech and Language by far the worst performers. June 2016 saw an average of 29 weeks wait with the longest waiting patient recorded at 53 weeks on the incomplete pathway.

Patient Identifiable data

The Trusts Caldicott guardian had requested that no patient identifiable data sets are to be released from the trust. This includes all national submissions such as those made to the secondary user's service e.g. Inpatient, outpatient and WIC CDS. This was escalated last year and the update to this is that the approach now being implemented is a reversal of this approach and the trust are raising patient awareness around the use of patient identifiable data and have introduced an opt out process. This means that patients can opt out from having identifiable electronic information flow related to them. It was agreed that the trust would forward a copy of the letter prepared by the Caldicott guardian about what the trust plans to do at the last LCH finance and information group meeting. The letter that was sent out was in reference to the Liverpool CCG walk in centres. At present there is building work taking place at Litherland and it has not been possible to display the relevant information to patients in relation to information sharing. Once the refurbishment is complete and the literature is available this process will commence and patient identifiable WIC data will flow as part of the SUS submissions.

Quality Overview

The CQC re-inspected the Trust w/c 1st February 2016, the final report was published on 8th July, and the overall rating was **Requires Improvement**. Inspectors found that Liverpool Community Health NHS



Trust has recruited more front-line clinicians to ensure safer staffing levels, and delivered big improvements to its intermediate care services on the Broadgreen and Aintree sites. Inspectors also highlighted 'significant improvements' in the culture of the organisation and praised the Trust for the measures it has introduced to keep staff safe. However, there is more work still to do though, and team of CQC inspectors, who carried out their inspection in February 2016, said the Trust's services now need to tackle a number of new areas, including:

- Ensuring the Trust properly documents the way it is responding to the NHS duty of candour.
- Ensuring robust systems in all services are in place to monitor and improve the quality of services provided.

The Trust's Executive Team attended the August 2016 Collaborative Forum (CF) meeting to discuss the CQC report and the development of an action plan, the plan is currently in draft format and is awaiting board sign off. The new format of the action plan was clearly set out and easy to understand, it was split into Must Dos and Should Do sections. Progress against plan will be monitored via the CF and CQPG meetings. Commissioners (including NHSE and Local Authority) are also considering a separate Children's Review for the purposes of assurance

Capsticks Report

At the last CQPG the Trust confirmed that the final Capsticks Action Plan was due to go to the LCH Board in July 16, any outstanding actions would be picked up via Task and Finish Groups and fed back to the Board through internal assurance processes. The CQPG will receive updates by exception as part of the work programme.

7. Third Sector Contracts

All NHS Standard Contracts and Grant agreements are now fully signed by all parties. Variations to reduce the Notice Period to 3 months from 6 months have now been actioned and signed by all providers.

Review of all discretionary CCG spend is ongoing to explore further how Voluntary Organisations support the CCG vision of Health Care within the wider community. A paper compiled by Commissioners has been presented to the Senior Leadership Team to feedback after the engagement and consultation day held with Third Sector providers during July. The paper outlines proposals to make contractual savings across the Third Sector providers. A decision is pending regarding the proposals.

8. Primary Care

8.1 Background

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

8.2 CQC Inspections

A number of practices in Southport and Formby CCG have been visited by the Care Quality Commission. CQC publish all inspection reports on their website. There has been one further inspection result published in the last month see below:

Churchtown Medical Centre Requires improvement



137 Cambridge Road, Churchtown, Southport, PR9 7LT
(01704) 224416

Provided by: Churchtown Medical Centre

CQC inspection area ratings

(Latest report published on 17 August 2016)

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

CQC Inspections and ratings of specific services

(Latest report published on 17 August 2016)

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

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9. Better Care Fund

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by October 2016 for implementation.



Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2016-17



Metric	Reporting Level	2016-17													YTD	
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Preventing People from Dying Prematurely																
Cancer Waiting Times																
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	G	G										G	
		Actual	97.273%	94.333%	94.561%											95.29%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G												G	
		Actual	95.297%													95.297%
		Target	93.00%			93.00%			93.00%			93.00%			93.00%	
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	G	R	R										R	
		Actual	100.00%	80.556%	80.00%											87.387%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R												R	
		Actual	86.607%													86.607%
		Target	93.00%			93.00%			93.00%			93.00%			93.00%	
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G										G	
		Actual	98.592%	96.053%	98.958%											97.942%
		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%	96.00%
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G												G	
		Actual	98.354%													98.354%
		Target	96.00%			96.00%			96.00%			96.00%			96.00%	

26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G													G	
		Actual	100.00%	100.00%	100.00%														100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G															G	
		Actual	100.00%																100.00%
		Target	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													G	
		Actual	100.00%	100.00%	100.00%														100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G															G	
		Actual	100.00%																100.00%
		Target	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													G	
		Actual	100.00%	100.00%	100.00%														100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G															G	
		Actual	100.00%																100.00%
		Target	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	R											R	
		Actual	88.57%	70.732%	80.85%												79.675%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R													R	
		Actual	80.80%														80.80%
		Target	85.00%			85.00%			85.00%			85.00%			85.00%		
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	G	G											G	
		Actual	100.00%	100.00%	100.00%												100.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G													G	
		Actual	100.00%														100.00%
		Target	90.00%			90.00%			90.00%			90.00%			90.00%		

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	Southport And Formby CCG	RAG	R	G	G										R	
		Actual	55.56%	86.50%	76.90%											73.174%
		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%
	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	G	R	R											R
		Actual	76.47%	74.28%	73.06%											74.634%
		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										R	
		Actual	67.46%	66.26%	66.20%											66.625%
		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											R
		Actual	65.29%	67.40%	61.70%											64.705%
		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										R	
		Actual	92.01%	91.47%	91.49%											91.65%
		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											R
		Actual	89.19%	87.40%	82.50%											86.303%
		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%

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G												G	
		Actual	100.00%													100.00%
		Target	95.00%			95.00%			95.00%				95.00%			95.00%

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	11	5	2											23
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	2.89	151	0.57											23.00
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Referral to Treatment (RTT) & Diagnostics

1291: Referral to Treatment RTT (Incomplete) Percentage of patients waiting at period end (RTT) for incomplete pathways (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	95.20%	94.882%	94.317%	94.555%										94.732%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	0	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	G	G	R	R									R	
		Actual	0.374%	0.68%	2.10%	19.16%										129%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

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

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G													G	
		YTD	0	0	0														-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	R	R													R	
		YTD	5	11	15														15
		Target	6	9	13	18	20	24	27	29	29	29	32	38	13				

Accident & Emergency

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 SitReps)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R													R	
		Actual	88.596%	89.772%	90.923%														89.773%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
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	G	G													R	
		Actual	1	0	0														1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0