

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

Key information from this report

Financial position

The CCG is currently forecasting a deficit of £5.000m against an agreed deficit of £4.000m as its best case scenario. Achievement of this position is subject to full delivery of the risk adjusted QIPP plan plus a further £2.256m QIPP and release of the 1% uncommitted non-recurrent reserve of £1.810m. The likely case scenario indicates that the CCGs projected deficit will be £8.566m unless it can deliver further QIPP efficiencies and can access the 1% uncommitted non-recurrent reserve. Despite remaining on target to deliver 85% of the original plan, additional pressures have emerged which require further QIPP savings for mitigation. The majority of cost pressures relates to over performance within the acute provider contracts, independent sector and prescribing as well as the cost increase for Funded Nursing Care.

Planned Care

After conducting a data cleansing exercise and refreshing the referrals data, overall referrals at month 4 year to date are flat compared to the same period in 2015/16. Analysis by referrer shows GP referrals are up by 0.6%.

The CCG failed the less than 1% target for diagnostics in July hitting 1.92%. Bridgewater Community Trust accounts for 30 of the 39 total breaches, and this relates to paediatric audiology, the Trust have stated they will be reporting zero breaches in September as per their recovery plan. The service has had significant challenge relating to staffing due to the national shortage of Children's audiologists.

Cancelled operations at Southport & Ormskirk Hospital (cancelled on the day or surgery and not re-booked within 28 days) were due to shortage of theatre staff as well as anaesthetists and bed pressures, plus a number in ENT due to a vacant post. Targeted additional lists will be introduced.

The CCG failed the target of 93% in July reaching 90.91% for 2 weeks wait for first outpatient appointment for patients referred urgently with breast symptoms, the year to date performance is hitting 88.39%. The reasons for the breaches was patient choice. Capacity within breast clinics will be discussed at a meeting with all local providers in September 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.

The CCG failed the local target of 85% for 62 days consultant upgrade in July and year to date. The main reason for the breaches was delayed referral between trusts. For the 62 day standard cancer target both the CCG and Southport & Ormskirk failed to reach the plan year to date as the previous two months breaches are impacting on the year to date position of 84.50%.

The trust has seen an increase in Friend & Family test 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 but is still below the England average. The percentage of people who would not recommend the inpatient service has increased since previous month and is above the England average.

The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data 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. The CCG Experience and Patient Engagement Group are currently creating a dashboard to incorporate information available from FFTs, complaints and compliments.

Performance at Month 4 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £456k/3%, which is a continuing variance % throughout the 4 months of 2016/17. This is over performance predominantly caused by two Providers; Renacres, who are showing a £206k/15% year to date variance and Wrightington Wigan and Leigh who have an increase over performance of £105k which is a 41% variance against plan. Other significant over performance can be seen at Aintree University Hospital and Alder Hey Children's Hospital who have a combined over performance of £112k.

Unplanned Care

Southport & Ormskirk's performance has fallen below agreed STF trajectory in July reaching 88% (target 90%). In the second half of the month when activity was more stable performance was above 92% and it was the activity in the first half of the month which resulted in a fall in performance. 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.

At both a regional and county level, NWS 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.

Stroke performance was below the 80% target at 48.5% for the month of July. Two ongoing issues impact on the pathway. These are the lack of beds for emergency stroke admissions and the prioritisation of not mixing sexes within the unit over having the patient in the appropriate place. Performance in August has improved when beds have been available. It is proposed that there is an early supported discharge team. TIA performance for July was 33.3% - 3 referrals received in total, with only 1 seen within target. The 2 patients who breached the target were referred on a Friday afternoon/ evening.

Mixed sex breaches are due to the delay in discharge from critical care. The process for nursing patients in critical care has changed and it is expected that this will reduce the number of DSSA breaches due to better use of side rooms across the critical care floor. The CCG Chief Nurse has liaised across with NHSE regarding current national MSA Guidance.

The CCG is liaising across with the link Infection Prevention Control Matron to review the community attributed C diff. cases for Southport & Ormskirk ICO. There have been 5 serious incidents reported in August 2016 which affected Southport and Formby CCG patients with a total of 20 reported serious incidents year to date for Southport & Formby CCG patients.

In A&E the percentage of people who would recommend the service has remained 79% 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 October CQPG.

Performance at Month 4 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £722k/7%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £542k overspend. Further analysis of this has shown that although activity was high in M2, there has been a 7% increase in the average cost of a NEL admission since December 2015. The CCG has formally challenged this significant variation by asking the trust to demonstrate that the variation is not as a consequence of a recording change by the trust. The trust have provided the relevant evidence noting the increased acuity in patients since the introduction of AEC and better management in the community. In month 4 two high cost admissions have resulted in cost exceeding £10k each which against has had an adverse effect on the current over performance.

Mental Health

EIP recorded 0% for July this was 1 patient who failed to start their package of care within 2 weeks. Additional EIP funding that was agreed early in 2016/17 should start to convert into newly recruited EIP posts from September and by November 2016 they should all be in place which will mitigate against under performance.

At Southport and Ormskirk Hospitals Trust, two 12 Hour Breaches related to mental health patients have recently occurred, both S&O and Mersey Care are constructing RCAs.

Current activity levels provide a forecast outturn of 11.7% against the 15% IAPT access standard. 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. 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.

Dementia diagnosis rates continue to increase and are now exceeding the planned target of 67% at 70.9%.

Community Health Services

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 issues and is continuing to work through them service by service.

At the latest Information Sub Group meeting the Trust presented a waiting times report which highlighted the extent of the current data quality issues since the system switch over. The Trust will continue to provide the waiting times report monthly and highlight the services where the data quality has been corrected for the CCG to monitor. The report highlights issues in Phlebotomy and Treatment Rooms with waiting times increasing over recent weeks. The Trust continues to monitor this and update the CCG.

At month 4 there is evidence that the trust may be experiencing data completeness and data quality issues with some of the AQP contracts. This will be followed up at the monthly Information Sub Group meetings.

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. Requirements will be discussed at CCG Senior Management Team in October.

There has been one further inspection result published in the last month at Churchtown Medical Centre which has been declared to Require 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. In the meantime we have submitted a Quarter 1 performance report to NHSE.

2. Financial Position

2.1 Summary

This section of the report focuses on the Month 5 financial performance for Southport and Formby CCG as at 31 August 2016 (Month 5).

The overall forecast outturn position is a deficit of £5.000m against a planned deficit of £4.000m after the application of reserves. Achievement of this position is subject to full delivery of the risk adjusted QIPP plan plus a further £2.256m QIPP and release of the 1% uncommitted non-recurrent reserve of £1.810m.

The financial position on operational budgets at the end of Month 5 is an overspend of £0.948m and the forecast for the year an overspend of £2.518m, following the mitigation of CCG contingency. The majority of the cost pressure relates to over performance within the acute provider contracts, independent sector and prescribing as well as the cost increase for Funded Nursing Care.

The value of QIPP savings delivered at the end of Month 5 is £3.347m. At this stage the CCG needs to deliver a further £6.381m in year, in addition to the use of the 1% uncommitted non-recurrent reserve in order to achieve the agreed £5.000m planned deficit control total.

It should be noted that the CCG is forecasting delivery of £7.472m (risk adjusted plan) worth of savings compared with £8.832m reported in the opening plan. This would equate to 85% delivery of its QIPP plan in-year.

The high level CCG financial indicators are listed below:

Figure 1 Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rules	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Reserve	✓	✓
Surplus	Financial Surplus / (Deficit)	(£5.000m)	(£4.000m)
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£3.347m	£3.020m
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

2.2 Resource Allocation

Additional allocations have been received in Month 5 as follows:

- GP Development Programme (Reception and Clerical Training) - £0.011m

This is a non-recurrent allocation and is expected to be fully utilised during the financial year.

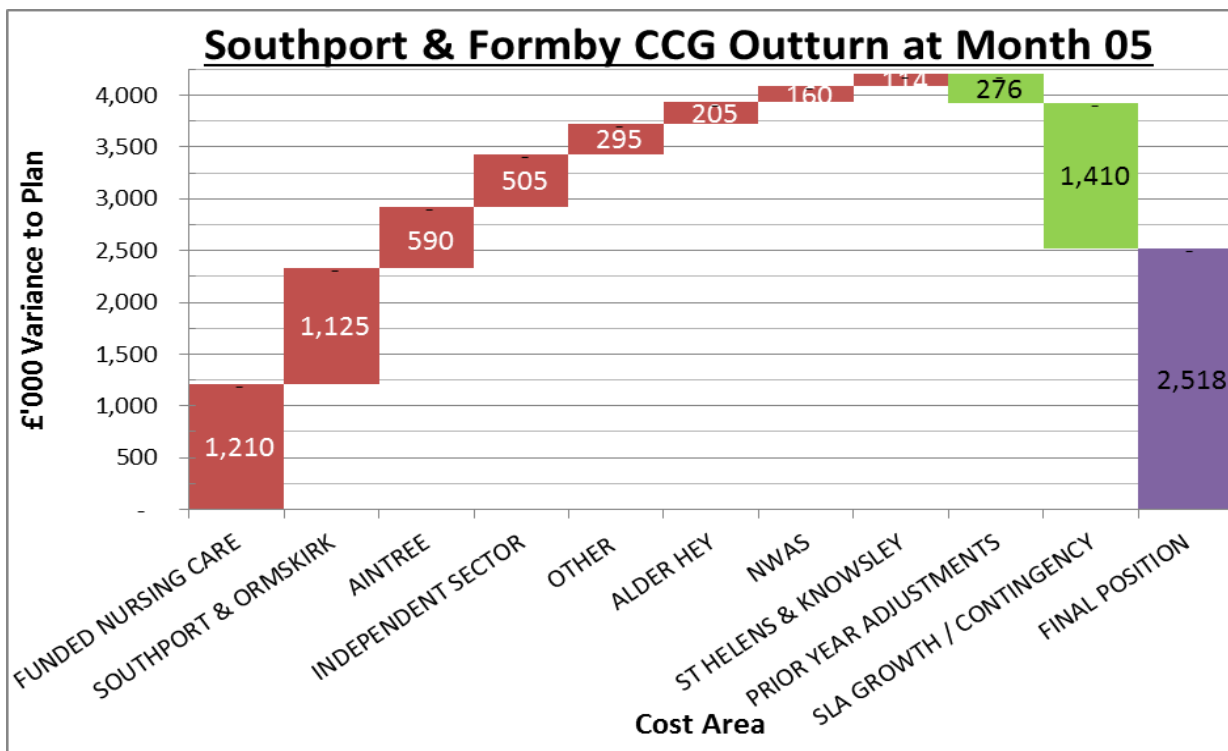
2.3 Financial Position and Forecast

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

The majority of the forecasted overspend is within acute commissioning contracts, funded nursing care as a result of the mandated national increase to the FNC rates, and pressure on independent sector budgets. A high proportion of this overspend has been mitigated by CCG contingency and growth reserves included in the original financial plan totalling £1.409m.

It should be noted that whilst the financial report is up to the end of August 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 July 2016.

Figure 2 Forecast Outturn



Prescribing

The year-to-date overspend of £0.310m 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 underspend of £0.038m.

The achievement of a breakeven position is dependent on delivery of in-year efficiencies in addition to the QIPP plan agreed. The CCG expects in year cost reductions as a result of the repeat prescribing scheme, challenges on charges for high cost drugs and healthcare at home.

Continuing Health Care and Funded Nursing Care

The month 5 position for this budget is break-even, 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 £1.200m have been actioned including the element relating to the additional growth budget of 5% included at budget setting. The forecast outturn 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 Southport and Formby CCG is a cost pressure of £1.200m and is included within the forecast position for the CCG.

2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is **£11.322m** in total. This target includes an increased efficiency requirement of £1.302m 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 detail of progress at scheme level is monitored at the QIPP committee.

Figure 3 RAG rated QIPP plan

2016/17 QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	(2,692)	(1,746)	(4,438)	(2,130)	(880)	(1,428)	(4,438)
Medicines optimisation plan	(1,589)	0	(1,589)	(646)	(900)	(43)	(1,589)
CHC/FNC plan	(1,104)	(200)	(1,304)	(1,200)	(104)	0	(1,304)
Discretionary spend plan	(696)	(2,158)	(2,854)	(2,040)	(740)	(74)	(2,854)
Urgent Care system redesign plan	(1,137)	0	(1,137)	0	(287)	(850)	(1,137)
Total QIPP Plan	(7,218)	(4,104)	(11,322)	(6,016)	(2,911)	(2,395)	(11,322)
Risk rated QIPP plan				(6,016)	(1,456)	0	(7,472)

As shown in figure 4 and table below, £3.347m QIPP savings have already been actioned at Month 5 against a phased plan of £4.146m.

Figure 4 Phased QIPP performance for the year

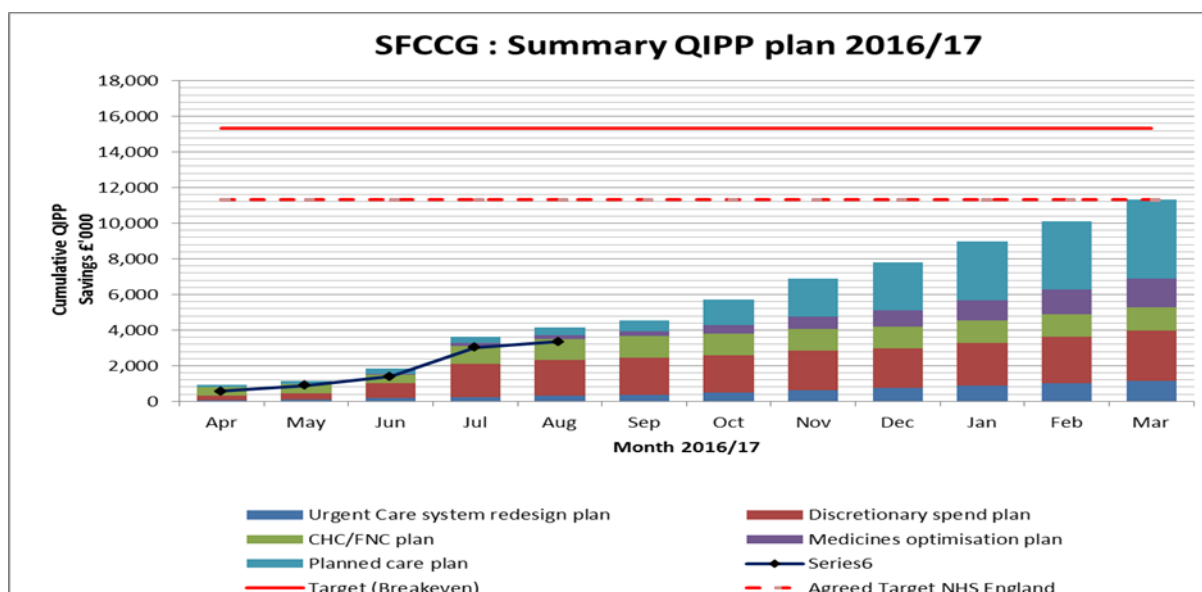


Figure 5 QIPP performance

Scheme	Current month (M5)												
	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance		
Planned care plan	75	0	(75)	●	425	50	(375)	●	4,437	4,437	0	●	
Medicines optimisation plan	55	0	(55)	●	211	97	(114)	●	1,589	1,589	0	●	
CHC/FNC Plan	200	200	0	●	1,200	1,200	0	●	1,304	1,304	0	●	
Discretionary spend plan	127	127	0	●	2,000	2,000	0	●	2,854	2,854	0	●	
Urgent Care system redesign	70	0	(70)	●	310	0	(310)	●	0	1,137	1,137	0	●
Total	527	327	(200)		4,146	3,347	(799)		11,322	11,322	0		

QIPP delivery is £0.799m below plan at Month 5. 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.

2.5 CCG Running Costs

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

The current year outturn position for the running cost budget is 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 5 position

Maximum Cash Drawdown (MCD) limit for Southport & Formby CCG for 2016/17 is £184.725m. Up to Month 5, the actual cash received is £78.214m (42.3% of MCD) against a target of £76.969m (41.6% of MCD).

At Month 5, the forecast financial position is a planned £4.000m 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.

A full year cash flow forecast, based on information available at month 5. This estimates a cash shortfall of £1.947m, the CCG is working with NHS England to assess the impact of this and take appropriate action.

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 the forecast deficit. 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 and other areas of contested activity.

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 notified providers of the 1.1% inflationary uplift but a number of providers have since communicated to the CCG that this is not adequate and they require additional uplifts in excess of this. This risk is being managed closely by the Quality team and the CSU and further updates will be provided as appropriate.

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 needs to deliver a total management action plan of £12.538m in 2016/17 in order to achieve the forecast deficit of £5.000m. This will be done through delivery of the QIPP plan.

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 6 Summary of Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Planned Deficit	0.000	(4.000)	(4.000)
QIPP Target	(10.817)	0.797	(10.020)
Revised surplus / (deficit)	(10.817)	(3.203)	(14.020)
Forecast Outturn (against operational budgets)	(0.590)	(0.712)	(1.302)
FNC Cost Pressure	(1.216)	0.000	(1.216)
Committed Reserve Budgets	(1.163)	0.163	(1.000)
Management action plan			
Actioned QIPP to date	1.693	1.654	3.347
Deliver on remaining QIPP plan	5.525	2.450	7.975
Total QIPP plan	7.218	4.104	11.322
Additional QIPP required to address FNC	0.000	1.216	1.216
Total Management Action plan required	7.218	5.320	12.538
Year End Surplus / (deficit)	(6.568)	1.568	(5.000)

Figure 7 outlines the Best, Most likely and Worst Case scenarios. The best case scenario assumes achievement of the remaining risk rated QIPP plan in full, plus an additional QIPP of £2.256m. The most likely case assumes a stretch target of £1.000m in addition to the risk adjusted QIPP plan, along with additional cost pressures in acute care. The worst case assumes delivery of the remaining risk adjusted QIPP plan only.

The CCG continues to challenge and review all aspects of its expenditure. It has therefore included an assumption that a further £1.000m worth of QIPP savings will be delivered over and above the risk adjusted projection. This has been included in the likely case scenario and the onus remains on the CCG to continue to stretch delivery of all QIPP plans.

Figure 7 – Risk Rated Financial Position

Southport and Formby	Best Case £m	Most Likely £m	Worst Case £m
Management Action Plan required	(12.538)	(12.538)	(12.538)
QIPP achieved to date	3.347	3.347	3.347
Remaining QIPP requirement	(9.191)	(9.191)	(9.191)
Remaining risk adjusted QIPP schemes	4.125	4.125	4.125
Improved Position / Further QIPP Delivery	2.256	1.000	-
1% Non-Recurrent reserve	1.810		-
Increased Cost Pressure - Acute / Prescribing	-	(0.500)	(0.500)
Planned Deficit	(4.000)	(4.000)	(4.000)
Risk adjusted deficit	(5.000)	(8.566)	(9.566)

2.9 Recommendations

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

- The CCG is currently forecasting a deficit of £5.000m against an agreed deficit of £4.000m as its best case scenario. The likely case scenario indicates that the CCGs projected deficit will be £8.566m unless it can deliver further QIPP efficiencies and can access the 1% uncommitted non-recurrent reserve.
- Despite remaining on target to deliver 85% of the original plan, additional pressures have emerged which require further QIPP savings for mitigation.
- 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

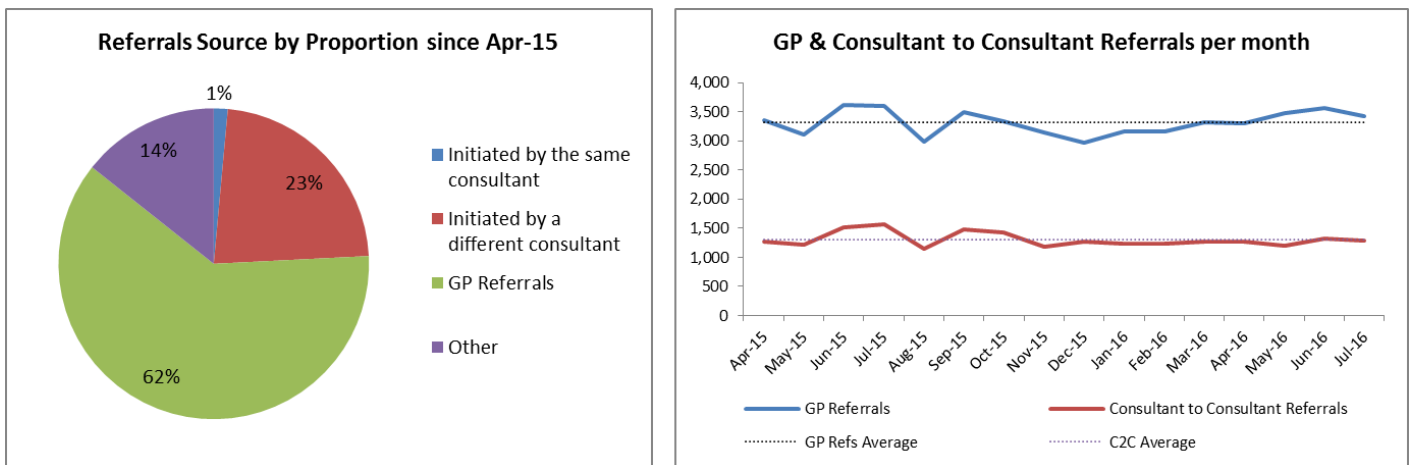


Figure 8 GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	13,694	13,780	86	1%
GP Total			13,694	13,780	86	1%
Other	01	following an emergency admission	36	28	-8	-22%
	02	Consultation	22	4	-18	-82%
	04	Department (including Minor Injuries Units and Walk In Centres)	1,143	1,106	-37	-3%
	05	Accident and Emergency Department	4,100	3,625	-475	-12%
	06	self-referral	611	546	-65	-11%
	07	A Prosthetist	2	1	-1	-50%
	08	Royal Liverpool Code (TBC)	139	168		0%
	10	Emergency Attendance (including Minor Injuries Units and Walk In	73	103	30	41%
	11	CONSULTANT responsible for the Consultant Out-Patient Episode	186	210	24	13%
	12	Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	2	6	4	200%
	13	Care)	23	17	-6	-26%
	14	An Allied Health Professional	648	680	32	5%
	15	An OPTOMETRIST	275	367	92	33%
	16	An Orthoptist	38	19	-19	-50%
	17	A National Screening Programme	224	294	70	31%
	92	A GENERAL DENTAL PRACTITIONER	117	167	50	43%
	93	A Community Dental Service	5	0	-5	-100%
97	CONSULTANT responsible for the Consultant Out-Patient Episode	781	1,033	252	32%	
Other Total			8,425	8,374	-51	-1%
Unknow n			7	5	-2	-29%
Grand Total			22,126	22,159	33	0%

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: Walton Neuro Centre has been excluded from the above analysis as Referrals submissions commenced at the start of 2016/17. For info, Walton are recording approx. 80 referrals per month in 2016/17.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - July	1.00%	1.92%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	16/17 - July	<1%	0.52%	↑

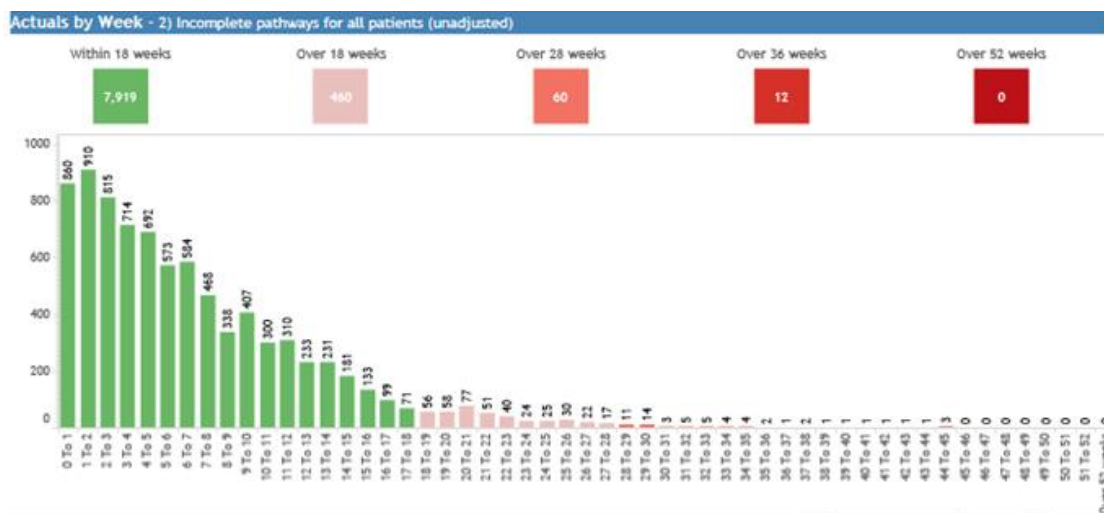
The CCG failed the less than 1% target for diagnostics in July hitting 1.92%, this equated to 39 patients waiting over 6 weeks for their diagnostic test out of a total of 2,036. The diagnostic categories failing were audiology (30), neurophysiology (2), colonoscopy (2) cystoscopy (3) computed tomography (1) and non-obstetric ultrasound. Bridgewater had the 30 breaches for audiology, the Trust have stated they will be reporting zero breaches in September as per their recovery plan. The service has had significant challenge relating to staffing due to the national shortage of Children’s audiologists.

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 - July	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	16/17 - July	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 - July	92%	94.50%	↑
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 - July	92%	94.50%	↓

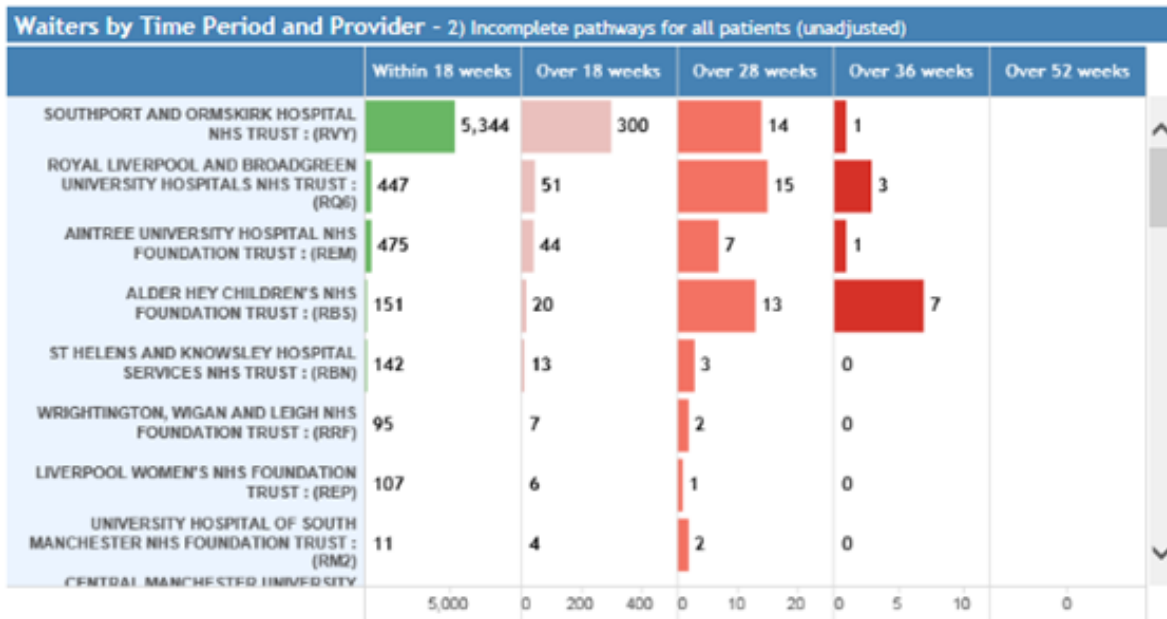
3.3.1 Incomplete Pathway Waiting Times

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	TCI date 19-9-16 – Community Paeds – Demand and capacity shortfall
Alder Hey	Other	41	TCI date 17-8-16 – attended treated – Community Paeds – Demand and capacity shortfall
Alder Hey	Other	43	TCI date 30-8-16 – Audiology – Demand and capacity shortfall
Alder Hey	Other	44	TCI date 12-9-16 – Community Paeds – Demand and capacity shortfall
Alder Hey	Other	44	TCI date 30-8-16 – Audiology – Demand and capacity shortfall
Alder Hey	Other	44	No TCI date – Audiology – Demand and capacity shortfall
RLBUHT	Other	42	Validated – no longer a long waiter

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 - July	0	14	↑ ↓	The Trust recorded 14 cancelled ops, last month where 5 were reported (YTD 41).

Increases in cancelled activity in July due to shortage of theatre staff as well as anaesthetists and bed pressures. Also there was a number in ENT due to the vacant post. Targeted additional lists will be introduced.

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 - July	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 - July	93%	95.15%	↔	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	16/17 - July	93%	95.70%	↔	
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 - July	93%	88.39%	↑	
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 - July	93%	N/A	↔	

The CCG failed the target of 93% in July reaching 90.91% for 2 weeks wait for first outpatient appointment for patients referred urgently with breast symptoms, the year to date performance is hitting 88.39%. July's activity equates to 4 breaches out of a total of 44 patients, the number of days waiting ranged from, 15 to 20 days, the reasons for the breaches was patient choice. July 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 - July	96%	97.79%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	16/17 - July	96%	98.23%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - July	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	16/17 - July	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - July	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	16/17 - July	94%	92.31%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - July	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 - July	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 92.31%. However, in July 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 13 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 - July	85%	84.13%	↓
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 - July	85% (local target)	85.31%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - July	90%	93.33%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	16/17 - July	90%	100.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - July	85%	82.58%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	16/17 - July	85%	84.50%	↑

The CCG failed the local target of 85% for 62 days consultant upgrade in July and year to date. In July the Trust had the equivalent of 4 breaches out of a total of 21 patients hitting 80.95% (84.13% year to date). The main reason for the breaches was delayed referral between trusts.

For the 62 day standard both the CCG and Southport & Ormskirk failed to reach the plan year to date. The CCG achieved plan recording 94.12% in July (82.58% year to date), only having 2 breaches out of

34 patients. Southport & Ormskirk also hit the target in July with 91.36% but the previous two months breaches are impacting on the year to date position of 84.50%.

3.6 Patient Experience of Planned care

Friends and Family Response Rates and Scores

Southport & Ormskirk

Clinical Area	Response Rate (RR) Target	RR Actual (July 2016)	RR - Trajectory From Previous Month (June 16)	% Recommended (Eng. Average)	% Recommended (July 2016)	PR - Trajectory From Previous Month (June 2016)	% Not Recommended (Eng. Average)	% Not Recommended (July 2016)	PNR - Trajectory From Previous Month (June 16)
Inpatients	25%	21.8%	↑	96.0%	94%	↑	2.0%	3.0%	↑
Q1 - Antenatal Care	N/A	-	-	95%	no data		2%	no data	
Q2 - Birth	N/A	1.0%	↓	97%	no data		1%	no data	
Q3 - Postnatal Ward	N/A	-	-	93%	92%	↑	2%	0%	↔
Q4 - Postnatal Community Ward	N/A	-	-	98%	no data		1%	no data	

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 and is still below the England average. The percentage of people who would not recommend the inpatient service has increased since previous month and is above 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.

The CCG Experience and Patient Engagement Group are currently creating a dashboard to incorporate information available from FFTs, complaints and compliments.

3.7 Planned Care contracts - All Providers

Performance at Month 4 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £456k/3%, which is a continuing variance % throughout the 4 months of 2016/17. This is over performance predominantly caused by two Providers; Renacres, who are showing a £206k/15% year to date variance and Wrightington Wigan and Leigh who have an increase over performance of £105k which is a 41% variance against plan. Other significant over performance can be seen at Aintree University Hospital and Alder Hey Children's Hospital who have a combined over performance of £112k.

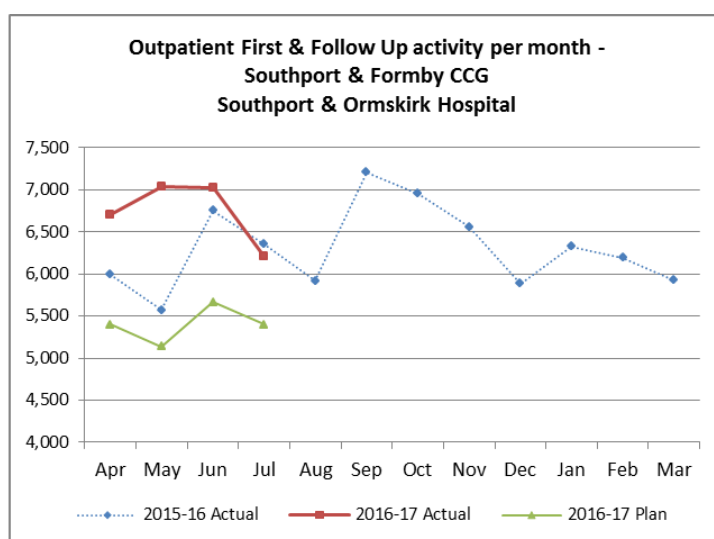
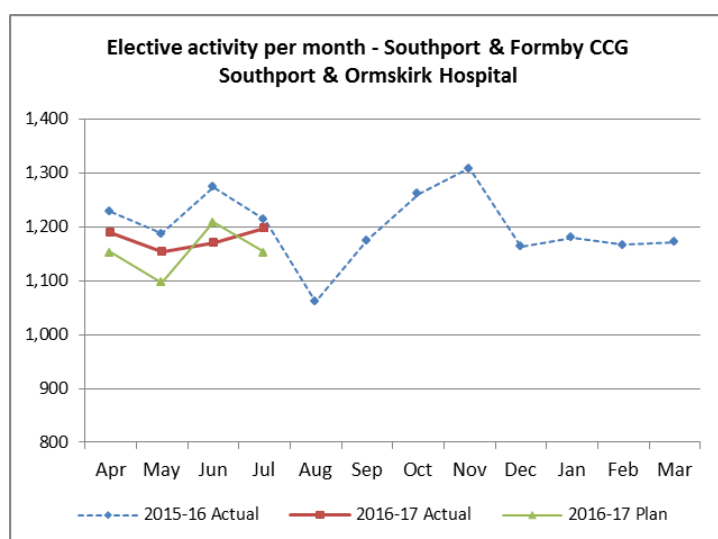
Figure 11 All Providers

	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								
Aintree University Hospitals NHS F/T	6,007	6,273	266	4%	£1,360	£1,399	£39	3%
Alder Hey Childrens NHS F/T	407	2,547	2,140	526%	£198	£270	£72	36%
Central Manchester University Hospitals Nhs Foundation Trust	79	128	49	63%	£15	£45	£30	202%
Countess of Chester Hospital NHS Foundation Trust	0	24	24	0%	£0	£5	£5	0%
Fairfield Hospital	26	49	23	88%	£4	£13	£9	231%
ISIGHT (SOUTHPORT)	949	1,158	209	22%	£229	£226	-£3	-1%
Liverpool Heart and Chest NHS F/T	728	773	45	6%	£336	£320	-£16	-5%
Liverpool Womens Hospital NHS F/T	824	874	50	6%	£237	£230	-£7	-3%
Renacres Hospital	4,390	5,472	1,082	25%	£1,383	£1,590	£206	15%
Royal Liverpool & Broadgreen Hospitals	5,235	5,302	67	1%	£1,137	£1,115	-£21	-2%
Southport & Ormskirk Hospital	38,171	43,197	5,026	13%	£7,877	£7,927	£50	1%
SPIRE LIVERPOOL HOSPITAL	213	107	-106	-50%	£74	£29	-£46	-61%
ST Helens & Knowsley Hospitals	1,567	1,686	119	8%	£374	£387	£13	4%
University Hospital Of South Manchester Nhs Foundation Trust	67	80	13	19%	£12	£17	£4	36%
Walton Neuro	714	825	111	16%	£158	£172	£13	8%
Wirral University Hospital NHS F/T	104	98	-6	-6%	£34	£36	£2	6%
Wrightington, Wigan And Leigh Nhs Foundation Trust	721	1,028	307	43%	£259	£363	£105	41%
Grand Total	60,202	69,621	9,419	16%	£13,687	£14,143	£456	3%

3.8 Southport and Ormskirk Hospital NHS Trust

Figure 12 Month 4 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	4,064	4,164	100	2%	£2,273	£2,203	£-70	-3%
Elective	546	548	2	0%	£1,428	£1,321	£-106	-7%
Elective Excess BedDays	91	164	73	79%	£20	£36	£15	76%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	487	341	-146	-30%	£73	£56	£-17	-24%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First Attendance Non face to Face	0	87	87	0%	£0	£2	£2	0%
OPFASPCL - Outpatient first attendance single professional consultant led	5,196	6,061	865	17%	£810	£911	£101	13%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,200	872	-328	-27%	£124	£98	£-26	-21%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	0	422	422	0%	£0	£10	£10	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	14,720	17,510	2,790	19%	£1,394	£1,593	£199	14%
OPFUPSPNCL - Outpatient follow up single professional non consultant led	0	1,676	1,676	0%	£0	£27	£27	0%
Outpatient Procedure	8,079	7,876	-203	-3%	£1,438	£1,346	£-93	-6%
Unbundled Diagnostics	3,789	3,476	-313	-8%	£318	£326	£8	3%
Grand Total	38,171	43,197	5,026	13%	£7,877	£7,927	£50	1%



3.8.1 Southport & Ormskirk Hospital Key Issues

Planned Care at Southport & Ormskirk Hospital is reporting a year to date over performance of £50k, which equates to less than 1% variance. Outpatient activity has picked up over the past month but changes are expected to be seen in line with the continued CQUIN work focussing on outpatient activity.

Shortages in theatre staff and anaesthetists have impacted on the Trusts ability to deliver elective activity and as such are below plan. This is also having an impact on the referral to treatment target with the Trusts performance reducing in this area.

A small number of patients have driven the over performance in elective excess bed days with one patient alone recording 37 excess days.

3.9 Renacres Hospital NHS Trust

Figure 13 Month 4 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	572	592	20	3%	£585	£640	£56	10%
Elective	81	107	26	32%	£363	£457	£94	26%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,283	1,227	-56	-4%	£189	£181	-£8	-4%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,265	2,571	1,306	103%	£109	£163	£54	49%
Outpatient Procedure	782	492	-290	-37%	£101	£99	-£2	-2%
Unbundled Diagnostics	406	483	77	19%	£38	£50	£13	34%
Grand Total	4,390	5,472	1,082	25%	£1,383	£1,590	£206	15%

3.9.1 Renacres Hospital Key Issues

Renacres over performance of £206k/15% is largely driven by a £150k over performance in Elective Care. Daycase and Electives are over performing by £56k and £94k 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 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).

3.10 Wrightington Wigan and Leigh Hospital NHS Trust

Figure 14 Month 4 Planned Care – Wrightington Wigan and Leigh Hospital NHS Trust by POD

Wrightington Wigan and Leigh 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	49	56	7	15%	£73	£79	£6	9%
Elective	23	36	13	54%	£123	£199	£77	62%
Elective Excess BedDays	21	0	-21	-100%	£5	£0	-£5	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	10	26	16	160%	£1	£2	£1	103%
OPFASPCL - Outpatient first attendance single professional consultant led	94	138	44	47%	£11	£16	£6	53%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	15	41	26	167%	£1	£3	£1	98%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	15	49	34	220%	£0	£1	£1	238%
OPFUPSPCL - Outpatient follow up single professional consultant led	363	515	152	42%	£26	£38	£12	45%
Outpatient Procedure	52	73	21	40%	£9	£14	£4	44%
All Other Outpatients	0	7	7	0%	£0	£1	£1	0%
Unbundled Diagnostics	79	87	8	11%	£9	£11	£2	17%
Grand Total	721	1,028	307	43%	£259	£363	£105	41%

3.10.1 Wrightington Wigan and Leigh Hospital Key Issues

Wrightington Wigan and Leigh over performance of £105k/41% are largely driven by a £77k over performance in Elective Care. Within Elective care, £69k of the over performance is in Trauma & Orthopaedics. Trauma and Orthopaedics has a year to date Elective spend of £190k, with £90k of those costs against a zero plan.

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 - July	95.00%	89.23%	↔	Southport & Formby CCG failed the 95% target in July reaching 87.9% (year to date 89.23%). In July, 476 attendances out of 3931 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%	80.56%	↓	Southport & Formby CCG failed the 95% target in July reaching 78.3% (year to date 80.56%). In July 447 attendances out of 2057 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 - July	STF Trajectory Target for July 90%	87.90%	↓	Southport & Ormskirk have failed the STF trajectory target in July reaching 88% (year to date 89.23%). In July 1413 attendances out of 11753 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 July reaching 78.3% (year to date 79.97%). In July, 1413 attendances out of 6509 were not admitted, transferred or discharged within 4 hours.

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

Southport & Ormskirk's performance has fallen below agreed STF trajectory in July by 2% reaching 88%. In the second half of the month when activity was more stable performance was above 92% and it was the activity in the first half of the month which resulted in a fall in performance.

At Southport and Ormskirk Hospitals Trust, two 12 Hour Breaches related to mental health patients have recently occurred, both S&O and Mersey Care are constructing RCAs.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - July	75%	71.50%	↓	The CCG is under the 75% target year to date achieving 71.5%. In July out of 39 incidents there were 13 breaches (66.7%).
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - July	75%	63.00%	↓	The CCG was under the 75% target year to date reaching 63%. In July out of 571 incidents there were 240 breaches (57.9%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - July	95%	84.80%	↓	The CCG was under the 95% target year to date reaching 84.8%. In July out of 610 incidents there were 118 breaches (80.7%).
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	16/17 - July	75%	73.57%	↓	NWAS reported just under the 75% target year to date reaching 73.57%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	16/17 - July	75%	65.60%	↓	NWAS failed to achieve the 75% target year to date reaching 65.6%
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	16/17 - July	95%	91.20%	↔	NWAS failed to achieve the 95% target year to date reaching 91.20%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	16/17 - July	0	137	↑	The Trust recorded 137 handovers between 30 and 60 minutes, this is a decline on last month when 121 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	16/17 - July	0	172	↑	The Trust recorded 172 handovers over 60 minutes, this is also a decline on last month when 71 was reported.

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

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

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

4.3 Unplanned Care Quality Indicators

4.3.1 Stroke and TIA Performance

Stroke/TIA					
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	16/17 - July	80%	48.50%	↓	The Trust failed the 80% target in July with only 16 out of 33 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 - July	60%	33.00%	↑	The Trust failed the 60% target in July with 1 out of 3 (33%) patients who experienced a TIA being assessed and treated within 24 hours.

Performance was 48.5% for the month of July. Two ongoing issues impact on the pathway. These are the lack of beds for emergency admissions and the prioritisation of not mixing sexes within the unit over having the patient in the right place. Performance in August has improved when beds have been available. It is proposed that there is an early supported discharge team.

TIA performance for July was 33.3% - 3 referrals received in total, with only 1 seen within target. The 2 patients who breached the target were referred on a Friday afternoon/ evening.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches					
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - July	0.00	1.10	↓	In July the CCG had 5 mixed sex accommodation breaches (a rate of 1.1) and have therefore breached the zero tolerance threshold. The 5 breaches were at Southport & Ormskirk.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	16/17 - July	0.00	1.70	↓	In July the Trust had 10 mixed sex accommodation breaches (a rate of 1.7) and have therefore breached the zero tolerance threshold. Of these, 5 were Southport & Formby CCG patients, 4 were West Lancs CCG patients and 1 was a South Sefton CCG patient.

Mixed sex breaches are due to the delay in discharge from critical care. The process for nursing patients in critical care has changed and it is expected that this will reduce the number of DSSA breaches due to better use of side rooms across the critical care floor.

The CCG Chief Nurse has liaised across with NHSE regarding current national MSA Guidance.

4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - July	13	16	↑	There was 1 new case reported in July 2016 , year to date 16 cases against a year to date plan of 13. Out of the 16 cases all were reported at Southport & Ormskirk (8 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 - July	12	10 (5 following appeal)	↑	There was 1 new trust apportioned case reported in July 2016 (YTD 10 / YTD Plan 12), Year-end plan is 36.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - July	0	0	↔	There has been no new cases of MRSA reported in July for the CCG against a zero tolerance threshold.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	16/17 - July	0	0	↔	There has been no new cases of MRSA reported at the Trust in July 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 - July	100	98.94	↑
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	107.30	

HSMR is reported for April 2016 as a rolling 12 month figure and remains below expected.

The latest SHMI published (in June 2016) is for the period January - December 2015 and whilst it is above expected, it is not statistically significantly so and in the "as expected" range.

4.4 Serious Incidents (SIs) and Never Events

Number of Serious Incidents reported in period April – August 2016/17

There have been 5 serious incidents reported in August 2016 which affected Southport and Formby CCG patients with a total of 20 reported serious incidents year to date for Southport & Formby CCG patients. Of the 5: 2 raised by Southport and Ormskirk Hospitals NHS Trust (S&O), 2 MerseyCare and 1 by Cheshire and Wirral Partnership.

Figure 15 Southport and Formby CCG Incidents Reported By NHS Providers April – August 2016/17

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	YTD
Cheshire and Wirral Partnership NHS Foundation Trust						
Apparent/actual/suspected self-inflicted harm meeting SI criteria					1	1
Mersey Care NHS Trust						
Accident e.g. collision/scald (not slip/trip/fall)meeting SI criteria		1				1
Apparent/actual/suspected homicide meeting SI criteria			2			2
Apparent/actual/suspected self-inflicted harm meeting SI criteria		2	1		1	4
Environment incident meeting SI criteria					1	1
Slips/trips/falls meeting SI criteria		1				1
Unauthorised absence meeting SI criteria		1	1			2
Ramsey Health Care UK						
Slips/trips/falls meeting SI criteria		1				1
Southport and Ormskirk Hospital NHS Trust						
Pressure ulcer meeting SI criteria	1	1		2	1	5
Surgical/invasive procedure incident meeting SI criteria					1	1
The Walton Centre NHS Foundation Trust						
Slips/trips/falls meeting SI criteria		1				1
Grand Total	1	8	4	2	5	20

Figure 16 Serious Incidents by Patient CCG for Southport and Ormskirk NHS Trust

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	YTD
South Sefton CCG						
Confidential info leak/IG breach meeting SI criteria	1					1
Southport & Formby CCG						
Pressure ulcer meeting SI criteria	1	1		2	1	5
Surgical/invasive procedure incident 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 fai	2					2
Disruptive/aggressive/violent behaviour meeting SI criteria					1	1
Maternity/Obstetric incident meeting SI criteria: baby only					1	1
Pressure ulcer meeting SI criteria			4	3		7
Treatment delay meeting SI criteria		1			1	2
Out of Area						
Maternity/Obstetric incident meeting SI criteria: mother and baby			1			1
Grand Total	4	2	6	6	5	23

There are currently 23 serious incidents on StEIS for Southport & Ormskirk Hospital where Southport and Formby CCG is the responsible commissioner for 2016/17. 12 are pressure ulcers: 7 for West Lancashire CCG patients and 5 for Southport & Formby CCG patients.

Figure 17 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	MerseyCare NHS Trust	1	29
	Royal Liverpool Broadgreen	1	
	Southport & Ormskirk NHS Trust	27	
2016	Central Manchester University Hos	1	40
	Cheshire & Wirral Partnership	1	
	MerseyCare NHS Trust	17	
	Oxfordshire University Hospitals	1	
	Ramsay Health Care UK	1	
	Southport & Ormskirk NHS Trust	18	
	The Walton Centre	1	

Both SIs open for 2014 and vast majority from 2015 are pressure ulcers (PU) from Southport & Ormskirk, occurring within community services. The Trust have undertaken an aggregated review of pressure ulcers. Once a composite action plan for pressure ulcers has been finalised and approved by the CCG it has been agreed that all pressure ulcers can be closed on StEIS. The PU composite action plan will be an agenda item at the September CQPG.

Number of Never Events reported in period

There were no Never Events reported in August.

Serious incidents Open > 100 days on StEIS for Southport & Formby CCG

Year	Provider	No of Open Incidents	
2014	Southport & Ormskirk NHS Trust	2	2
	Royal Liverpool Broadgreen	1	28
	Southport & Ormskirk NHS Trust	27	
2016	Central Manchester University Hos	1	12
	MerseyCare NHS Trust	4	
	Oxfordshire University Hospitals	1	
	Oxfordshire University Hospitals	1	
	Southport & Ormskirk NHS Trust	5	

Figure 18 Serious Incidents Open on StEIS > 100 Days Southport & Ormskirk NHS Trust

Year	Provider	No of Open Incidents	
2014	GP Practice within Southport & Formby	2	5
	GP Practice within West Lancashire	3	
2015	GP Practice within Liverpool	1	65
	GP Practice within South Sefton	4	
	GP Practice within Southport & Formby	27	
	GP Practice within West Lancashire	33	
2016	GP Practice within South Sefton	3	15
	GP Practice within Southport & Formby	5	
	GP Practice within St Helens	1	
	GP Practice within West Lancashire	4	
	GP Practice within Wigan	1	
	Unknown/Not applicable	1	

There are currently 85 serious incidents on StEIS where Southport and Formby CCG is either the lead commissioner and or is the responsible commissioner which has been open for greater than 100 days.

60 of these relate to pressure ulcers which accounts for the 5 incidents which remain open on StEIS for 2014 and the majority open for 2015. 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.

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 Delayed Transfers of Care

Agency Responsible	2016-17			
	Apr	May	Jun	Jul
NHS - Patients Delayed	4	5	7	7
NHS - Days Delayed	142	70	141	210
Social Care - Patients Delayed	0	0	0	0
Social Care - Days Delayed	0	0	0	0

Delayed transfers of care data is sourced from the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly to the Unify2 system.

In July there were 7 patients (210 days delayed), number of bed days increasing to 210 from 141 last month when there were also 7 patients delayed. There were no Social Care delays reported.

4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk

Clinical Area	Response Rate (RR) Target	RR Actual (July 2016)	RR - Trajectory From Previous Month (June 16)	% Recommended (Eng. Average)	% Recommended (July 2016)	PR - Trajectory From Previous Month (June 2016)	% Not Recommended (Eng. Average)	% Not Recommended (July 2016)	PNR - Trajectory From Previous Month (June 16)
A&E	15%	1.5%	↔	85.0%	79%	↔	8%	18%	↑

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 remained 79% 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 October 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.

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

4.7 Unplanned Care Contract Performance

Performance at Month 4 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £722k/7%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £542k overspend.

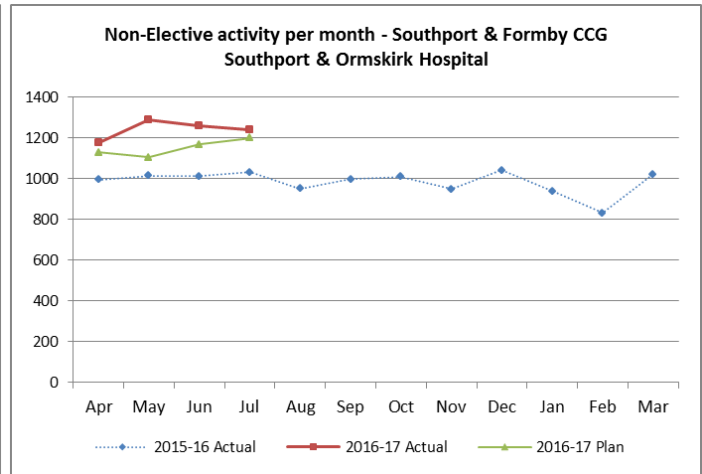
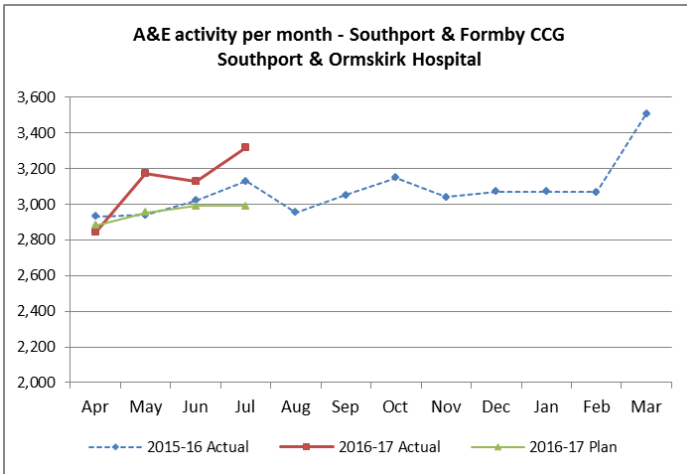
Figure 19 Month 4 Unplanned Care – All Providers

	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								
Aintree University Hospitals NHS F/T	610	575	-35	-6%	£313	£389	£76	24%
Alder Hey Childrens NHS F/T	283	368	85	30%	£140	£155	£15	10%
Central Manchester University Hospitals Nhs Foundation Trust	29	39	10	33%	£10	£13	£3	34%
Countess of Chester Hospital NHS Foundation Trust	0	18	18	0%	£0	£8	£8	0%
Liverpool Heart and Chest NHS F/T	41	54	13	33%	£128	£144	£16	12%
Liverpool Womens Hospital NHS F/T	109	80	-29	-26%	£114	£97	-£17	-15%
Royal Liverpool & Broadgreen Hospitals	465	626	161	35%	£264	£321	£57	22%
Southport & Ormskirk Hospital	19,081	20,621	1,540	8%	£9,715	£10,257	£542	6%
ST Helens & Knowsley Hospitals	141	170	29	21%	£70	£89	£19	27%
Wirral University Hospital NHS F/T	37	21	-16	-44%	£15	£18	£3	18%
Wrightington, Wigan And Leigh Nhs Foundation Trust	21	27	6	31%	£18	£19	£1	7%
Grand Total	20,816	22,599	1,783	9%	£10,787	£11,509	£722	7%

4.8 Southport and Ormskirk Hospital NHS Trust

Figure 20 Month 4 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care								
A and E	11,809	12,461	652	6%	£1,439	£1,493	£53	4%
A and E Type 3	541	623	82	15%	£32	£37	£5	15%
A and E GPAU	270	344	74	27%	£169	£215	£46	27%
NEL/NELSD - Non Elective/Non Elective IP Same Day	3,690	3,945	255	7%	£6,603	£7,100	£497	8%
NELNE - Non Elective Non-Emergency	368	484	116	32%	£696	£575	-£121	-17%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	59	89	30	51%	£19	£23	£4	18%
NELST - Non Elective Short Stay	541	528	-13	-2%	£380	£358	-£22	-6%
NELXBD - Non Elective Excess Bed Day	1,803	2,147	344	19%	£378	£458	£81	21%
Grand Total	19,081	20,621	1,540	8%	£9,715	£10,257	£542	6%



4.8.1 Southport and Ormskirk Hospital NHS Trust Key Issues

Urgent Care over spend of £542k is driven by a £497k over performance in Non Elective activity. The main specialty over performance is General Medicine which is showing a £592k over spend. Further analysis of this has shown that although activity was high in M2, there has been a 7% increase in the average cost of a NEL admission since December 2015. The CCG has formally challenged this significant variation by asking the trust to demonstrate that the variation is not as a consequence of a recording change by the trust. The trust have provided the relevant evidence noting the increased acuity in patients since the introduction of AEC and better management in the community.

In month 4 two high cost admissions have resulted in cost exceeding £10k each which against has had an adverse effect on the current over performance.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 21 NHS Southport and Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	Caseload as at 31/07/2016	2016/17 Plan	Variance from Plan	Variance on 31/07/2015
0 Variance	42	41	1	3
1 Common Mental Health Problems (Low Severity)	1	3	(2)	(14)
2 Common Mental Health Problems (Low Severity with greater need)	6	11	(5)	(15)
3 Non-Psychotic (Moderate Severity)	112	174	(62)	(72)
4 Non-Psychotic (Severe)	194	156	38	66
5 Non-psychotic Disorders (Very Severe)	34	29	5	8
6 Non-Psychotic Disorder of Over-Valued Ideas	28	22	6	2
7 Enduring Non-Psychotic Disorders (High Disability)	128	112	16	14
8 Non-Psychotic Chaotic and Challenging Disorders	69	65	4	6
10 First Episode Psychosis	71	65	6	5
11 On-going Recurrent Psychosis (Low Symptoms)	265	291	(26)	(14)
12 On-going or Recurrent Psychosis (High Disability)	174	153	21	22
13 On-going or Recurrent Psychosis (High Symptom & Disability)	96	100	(4)	(10)
14 Psychotic Crisis	18	11	7	(5)
15 Severe Psychotic Depression	5	6	(1)	-
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	14	10	4	7
17 Psychosis and Affective Disorder – Difficult to Engage	25	26	(1)	-
18 Cognitive Impairment (Low Need)	235	244	(9)	(8)
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	755	787	(32)	12
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	141	123	18	24
Total	2,716	2,684	32	104

5.1.1 Key Mental Health Performance Indicators

Figure 22 CPA Percentage of People under followed up within 7 days of discharge

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

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

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

Figure 24 EIP 2 week waits

		Target	Apr-16	May-16	Jun-16	Jul-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%	0.00%

EIP recorded 0% for July this was 1 patient who failed to start their package of care within 2 weeks. Additional EIP funding that was agreed early in 2016/17 should start to convert into newly recruited EIP

posts from September and by November 2016 they should all be in place which will mitigate against under performance.

5.1.2 Mental Health Contract Quality Overview

At Month 4, 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.

Commissioners raised 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.

Staff shortages are actively discussed at many levels of the organisation, in addition to the Executive, Performance and Investment and Quality Assurance Committees, safe staffing is regularly reviewed at the divisions operational forums; in particular:

- Staffing issues have been presented at the Stand up Thursday executive meeting which further scrutinises staffing concerns.
- Both divisions hold a weekly quality surveillance group and report on all staffing levels issues.
- The quality review visits continue to monitor staffing levels and requirements on clinical areas at each review.

At Southport and Ormskirk Hospitals Trust, two 12 Hour Breaches related to mental health patients have recently occurred, both S&O and Mersey Care are constructing RCAs.

Specific concerns remain regarding the Clock View and Hesketh Centre sites 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.

5.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

Figure 25 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	103	96	130	164	104	123	128	165	191	216	186	176
	2016/17	201	195	180	167								
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.3%	Target	240	240	240	240	240	240	240	240	240	240	240	240
	Variance	-39	-45	-60	-73								
	%	-16.4%	-18.9%	-25.1%	-30.5%								
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2015/16	0.5%	0.5%	0.7%	0.9%	0.5%	0.6%	0.7%	0.9%	1.0%	1.1%	1.0%	0.9%
	2016/17	1.1%	1.0%	0.9%	0.9%								
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%	56.3%								
ACTUAL % 6 weeks waits - 75% target	2015/16	97.9%	98.8%	96.8%	91.3%	97.6%	95.2%	96.8%	98.3%	97.6%	97.0%	98.0%	97.8%
	2016/17	98.1%	99.0%	96.1%	94.8%								
ACTUAL % 18 weeks waits - 95% target	2015/16	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2016/17	100.0%	100.0%	100.0%	100.0%								
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	98								
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	2								
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	54								
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%	52.1%								

The provider (Cheshire & Wirral Partnership) reported 167 Southport & Formby patients entering treatment in month 4, a decrease of 7% 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 11.7% 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 remained consistent in month 4 with 54.4% being self-referrals. 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 63 reported in month 4 (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 56.3% in month 4, which is above the minimum standard of 50% and an increase from the previous month. A forecast outturn at month 4 gives a year end position of 49.7%, which is slightly above 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 saw a decrease of 36.9% from 46 in month 3 to only 29 in month 4. 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.

The number of DNAs also saw a further decrease in month 4 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, 97.0% 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 four months of 2016/17 for Southport & Formby CCG.

5.2.1 Improving Access to Psychological Therapies Contract 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 Southport and Formby CCG: Quarter 1 – 3.02% against a target of 3.75%, this is an improvement on the same period in 15/16 1.72% 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.

5.3 Dementia

Summary for NHS Southport and Formby dementia registers at 31-07-2016

People Diagnosed with Dementia (Age 65+)	1,514
Estimated Prevalence (Age 65+)	2,148
Gap - Number of addition people who could benefit from diagnosis (all ages)	678
NHS Southport and Formby - Dementia Diagnosis Rate (Age 65+)	70.5%
National estimated Dementia Diagnosis Rate	66.9%
Target	67%

6. Community Health

6.1 Southport and Ormskirk Community Health

6.1.1 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 and is continuing to work through them service by service;

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

All services have now gone live on the new system.

Waiting times

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

The report highlights issues in Phlebotomy and Treatment Rooms with waiting times increasing over recent weeks. The Trust continues to monitor this and update the CCG.

6.1.2 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 4 2016/17 the costs to date is £165,246 compared to the same time last year when it was £125,252. Activity comparisons this year (Southport and Formby CCG activity only) (2,015) compared to last year (1,425) 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.

At month 4 there is evidence that the trust may be experiencing data completeness issues. These will be followed up at the monthly Information Sub Group meetings:

- 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 worse 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.

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 4 2016/17 the costs are £137,766. The costs at the same time last year were £169,042 at month 4 2015/16. Comparisons of activity between the two time periods shows that activity is slightly higher in 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 4 2016/17 however this remains under review and investigation by the trust.

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 July 2016 position is **56.45%** 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 July. The target is 90% and at July 2016 this is **40.85%**. This is a decline in performance 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 July 2016 performance is on target at **95%** and this is an improvement on the performance last month.

At month 3 (latest reported position) **100%** of patients undergo objective measurement at first fitting where clinically appropriate (exceptions reported in IMP) - 95% Target.

In July 2016 **93.59%** 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 a decline on last month's performance when the target was achieved.

At month 4 **94.87%** of patients have a personalised care plan - All patients have an individual care management plan-100% Target.

In July 2016 **100%** patients reported reduced social isolation - Improvement in GHABP/COSI/IOI-HA outcome measure after hearing aid fitted.-90% Target.

In July 2016 **100%** of patients reported an improved Quality of Life - Improvement in GHABP/COSI/IOI-HA outcome measure after hearing aid fitted- 90% Target.

The Trust states that the following indicators are not applicable as the service operates an open access policy:

- Where patients request this, a quicker follow up is offered within 5 working days. 90% Target
- Where required, additional face to face follow-ups are offered within 7 working days of non-face-to-face follow up. 90% Target

The following indicators have 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 4 the MSK AQP costs are £26,227 (Southport and Formby CCG patients). At the same point last year it was £24,731.

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 4 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 and 4 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 following KPIs have missed the target in July 2016:

- 90% of patients for non-urgent referral are offered an initial assessment appointment within 10 working days from receipt of referral. The July 2016 YTD position is 53.27%.
- 90% of patients sampled to have an individual care management plan (minimum sample size is 20% of all patients) The July 2016 YTD position is 74.29%, a decline on last month.

- Patient records and associated letters/ reports completed and sent to GP within 5 working days of initial assessment and follow up. The July 2016 YTD position is 83.82% against a target of 95%.

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"

6.1.3 Quality Overview

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

NURSE RECRUITMENT HIGHLIGHTS

Local Recruitment

- We continue to work closely with HEIs to proactively manage qualifying students into posts.
- Return to practice campaign started nationally and will run locally in parallel.
- We are working in partnership with a number of providers and Edge Hill University to provide support and employment for the Associate Nurse Programme.

Southport College – Acorn Programme

We are working in conjunction with Southport College and the University of Cumbria to devise a local nurse training programme. This would enable nurses to be recruited through the college and via our own HCAs. They would be trained in conjunction with the University of Cumbria but delivery would be at the college and on both the ODGH and SDGH sites.

Currently Southport College has over 600 students on courses that are part of the Healthcare Education Pathway. Nurse training is provisionally expected to commence with a cohort of 20 students in September 2017.

Southport College are also training 20 students with no healthcare experience to begin a healthcare foundation courses. This will commence in September 2016.

6.2 Liverpool Community Health Trust

A meeting was held with the Trust BI lead and the CCG leads to go through the data by service line. A number of data validation queries were sent to the Trust and we received the following comments;

- Community Cardiac: Referral levels have decreased due to a change in practice from Aintree. Discharges from Aintree were historically automatically referred to the South Sefton team but this is no longer the case. In addition cardiac rehab referrals are referred elsewhere. Contacts are now more reflective of the complexity of the patients.
- Phlebotomy: a refresh of data in month 4 shows the proportion of domiciliary to outpatient contacts being more in line with data reported last year. Phlebotomy relatively recently moved to EMIS Web. There were some initial DQ issues with data capture and additional training was provided on location of contact. This is reflected in the refreshed figures.
- Paediatric continence: There was a dramatic drop in contacts in May but an increase in referrals. This issue continued in Jun-16 and Jul-16 with no contacts being reported, yet a high caseload of 208 and 206 remained. The Trust has informed the CCG that this is a coding issue and our Trust contact is currently trying to speak to the service lead to understand the issue. The service is adding consultations to the system but they are not using a specific code that the Trust uses for their contract reporting. The service has completed the following consultations this year: Apr – 99, May – 173, June – 153, July – 112 and August 184. The Trust hopes to be able to report these via normal channels from September.
- Community matrons: contacts appear to be gradually increasing throughout the current financial year. Referrals are increasing and the Trust is forecasting that referrals will be over 10% higher than last year and significantly higher than previous years. Contacts are increasing as a result of this. The caseload has decreased due to matrons reviewing and discharging patients more appropriately.

Waiting Times

Waiting times are reported a month in arrears. The following issues are still outstanding in June; Adult SALT: Waiting times appear to be improving with an average of just 7 weeks on the incomplete pathway in June 2016, 28 weeks on the completed pathway and the longest waiter at 11 weeks. Recent long waiting times have been due to the service only having 2-3 staff. The Trust has recruited a locum and the waiting time has now reduced to less than 18 weeks. However, it is expected that after a couple of months when the locum is no longer with the Trust that the waiting times will begin to increase again. Short-term plan: The Trust has plans to do some capacity and demand work around this so they can forward plan for waits increasing again. Long-term plan: The Trust has submitted a business case for more funds to employ more staff to reduce the waits in the service.

Paediatric SALT: The reporting process is set up for this and the Trust has retrospectively looked at it. For June the 92nd percentile wait was 42 weeks.

7. Third Sector Contracts

Following on after review of all discretionary CCG spend, it has been agreed that funding for Sefton Cancer Support, PSS and Sefton Carers Centre (Care 4 You) will cease from 1st December 2016. In addition to the termination of these contracts, services funded to the Contract value of £0 to £50,000 will incur a reduction of 7% and services funded to the Contract value of £50,000 and above will incur a reduction of 13% within this contract year. These reductions are to take effect from 1st December 2016.

Letters informing providers of these changes have been sent to all and further consultation where required has been facilitated by commissioners.

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. Requirements will be discussed at CCG Senior Management Team in October.

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. In the meantime we have submitted a Quarter 1 performance report to NHSE.

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									G	
		Actual	97.273%	94.333%	94.561%	94.702%										95.151%
		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%
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									R	
		Actual	100.00%	80.556%	80.00%	90.909%										88.387%
		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%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	98.592%	96.053%	98.958%	97.297%										97.792%
		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%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	100.00%	100.00%	100.00%	100.00%										100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	100.00%	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%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	100.00%	100.00%	100.00%	100.00%										100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	G	R	R	G											R	
		Actual	88.57%	70.732%	80.85%	94.18%												82.803%
		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%	85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	G	G	R											G	
		Actual	100.00%	100.00%	100.00%	66.667%												93.333%
		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%	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											R	
		Actual	55.56%	86.50%	76.90%	66.67%												71.516%
		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%	75.00%	75.00%
	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	G	R	R	R												R
		Actual	76.47%	74.28%	73.06%	70.45%												73.564%
		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%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R											R	
		Actual	67.46%	66.26%	66.20%	62.69%											65.601%	
		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%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R	R	R												R
		Actual	65.29%	67.40%	61.70%	57.90%												62.97%
		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%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R											R	
		Actual	92.01%	91.47%	91.49%	89.81%											91.172%	
		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%
	Southport And Formby CCG	RAG	R	R	R	R												R
		Actual	89.19%	87.40%	82.50%	80.67%												84.867%
		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%

1932: Ambulance: 30 minute handover delays Number of ambulance handover delays over 30 minutes	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	Actual	275	298	192	309									1074
		Target													
1933: Ambulance: 60 minute handover delays Number of ambulance handover delays over 60 minutes	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	Actual	173	134	71	172									550
		Target													

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

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

Episode of Psychosis

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

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									R	
		Actual	11	5	2	5										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	G									R	
		Actual	2.89	1.51	0.57	0.00										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%	94.51%										94.49%
		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%	1.91%										1398%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

Cancelled Operations

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

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G									R	
		YTD	0	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	R	R	G									G	
		YTD	5	11	15	16										16
		Target	6	9	13	18	20	24	27	29	29	29	32	38	20	

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/Monthly SitReps)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R										R	
		Actual	88.596%	89.772%	90.923%	87.978%											89.313%
		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%
1927: A&E Attendances: All Types Number of attendances at all A&E depts	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R										R	
		YTD	11,005	22,825	34,106	45,859											45,859
		Target	9,604	19,165	28,677	38,910	48,425	57,831	67,792	77,264	87,169	96,339	105,003	115,228	38,910		
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	G										R	
		Actual	1	0	0	0											1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0