

Southport & Formby Clinical Commissioning Group

Integrated Performance Report October 2016

Contents

1. Executive Summary	5
2. Financial Position.....	10
2.1 Summary	10
2.2 Resource Allocation.....	10
2.3 Financial Position and forecast	11
2.4 QIPP and Transformation Fund	12
2.5 CCG Running Costs	13
2.6 CCG Cash Position.....	14
2.7 Evaluation of risks and opportunities.....	14
2.8 Reserves budgets / Risk adjusted surplus	15
2.9 Recommendations.....	17
3. Planned Care.....	18
3.1 Referrals by source.....	18
3.2 Diagnostic Test Waiting Times.....	20
3.3 Referral to Treatment Performance.....	20
3.3.1 Incomplete Pathway Waiting Times	21
3.3.2 Long Waiters analysis: Top 5 Providers	21
3.3.3 Long waiters analysis: Top 2 Providers split by Specialty	22
3.3.4 Provider assurance for long waiters	23
3.4 Cancelled Operations	23
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.....	23
3.4.2 No urgent operation to be cancelled for a 2nd time.....	23
3.5 Cancer Indicators Performance	24
3.5.1 - Two Week Waiting Time Performance.....	24
3.5.2 - 31 Day Cancer Waiting Time Performance.....	25
3.5.3 - 62 Day Cancer Waiting Time Performance.....	26
3.6 Patient Experience of Planned Care	27
3.7 Planned Care Activity & Finance, All Providers	27
3.7.1 Planned Care Southport and Ormskirk NHS Trust.....	28
3.7.2 Southport & Ormskirk Hospital Key Issues.....	29
3.7.3 Renacres Hospital	29
4. Unplanned Care.....	30
4.1 Accident & Emergency Performance	30
4.2 Ambulance Service Performance.....	31

4.3	Unplanned Care Quality Indicators	32
4.3.1	Stroke and TIA Performance.....	32
4.3.2	Mixed Sex Accommodation.....	32
4.3.3	Healthcare associated infections (HCAI).....	33
4.3.4	Mortality.....	33
4.4	CCG Serious Incident Management.....	34
4.5	Delayed Transfers of Care.....	34
4.6	Patient Experience of Unplanned Care	35
4.7	Unplanned Care Activity & Finance, All Providers.....	36
4.7.1	All Providers	36
4.7.2	Southport and Ormskirk Hospital NHS Trust.....	37
4.7.3	Southport & Ormskirk Hospital NHS Trust Key Issues	37
5.	Mental Health.....	38
5.1	Mersey Care NHS Trust Contract	38
5.1.1	Key Mental Health Performance Indicators	38
5.1.2	Mental Health Contract Quality Overview.....	39
5.2	Improving Access to Psychological Therapies	40
5.2.1	Improving Access to Psychological Therapies Contract Quality Overview	41
5.3	Dementia	42
6.	Community Health	42
6.1	Southport and Ormskirk Trust Community Services.....	42
6.1.1	Any Qualified Provider	43
6.2	Liverpool Community Health Contract.....	44
6.2.1	Patient DNA's and Provider Cancellations	44
6.2.2	Liverpool Community Health Quality Overview	44
6.2.3	Waiting Times.....	45
6.3	Any Qualified Provider LCH Podiatry Contract.....	45
7.	Third Sector Contracts	45
8.	Primary Care.....	45
8.1	Primary Care Dashboard progress	45
8.1	CQC Inspections.....	46
9.	Better Care Fund	47
10.	CCG Improvement & Assessment Framework (IAF)	47
10.1	Background	47
10.2	Q2 Improvement & Assessment Framework Dashboard.....	48

List of Tables and Graphs

Figure 1 – Financial Dashboard	10
Figure 2 – Forecast Outturn	11
Figure 3 – RAG rated QIPP plan	12
Figure 4 – Phased QIPP plan for the 2016/17 year	13
Figure 5 – QIPP performance at month 8	13
Figure 6 – Summary of Financial Position	16
Figure 7 – Risk Rated Financial Position	17
Figure 8 – Referrals by Source across all providers for 2015/16 & 2016/17	18
Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17	19
Figure 10 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting	21
Figure 11 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers	21
Figure 12 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust	22
Figure 13 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust	22
Figure 14 - Planned Care - All Providers	28
Figure 15 - Planned Care – Southport and Ormskirk NHS Trust by POD	28
Figure 16 - Planned Care - Renacres Hospital by POD	29
Figure 17 - Month 7 Unplanned Care – All Providers	36
Figure 18 - Month 7 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD	37
Figure 19 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity	38
Figure 20 - CPA – Percentage of People under CPA followed up within 7 days of discharge	38
Figure 21 - CPA Follow up 2 days (48 hours) for higher risk groups	38
Figure 22 - Figure 16 EIP 2 week waits	39
Figure 23 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)	40
Figure 24– CQC Inspection Table	46

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 7 (note: time periods of data are different for each source).

CCG Key Performance Indicators

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

Key information from this report

Financial position

The forecast outturn after the application of reserves is a deficit of £7.000m against a planned deficit of £4.000m. The revised forecast incorporates known risks and has been amended following agreement with NHS England. Achievement of this position is subject to delivery of the remaining risk adjusted QIPP programme plus delivery of further efficiencies.

The financial position on operational budgets as at Month 8 is an overspend of £1.269m and the forecast for the year an overspend of £2.219m. The forecast position has improved by £0.268m during the month due. The majority of the cost pressure relates to over performance within the acute provider contracts, independent sector and prescribing as well as the cost increases for Funded Nursing Care and Continuing Healthcare. The value of QIPP savings delivered at the end of Month 8 is £4.449m. At this stage the CCG needs to deliver a further £4.539m in year, in order to achieve the forecast position of £7.000m deficit. The CCG is forecasting delivery of a total £7.521m worth of QIPP savings (risk adjusted plan) compared with £8.782m reported in the opening plan. This would equate to 86% delivery of its QIPP plan in year.

Planned Care

Referrals for the year to date at month 7 (October) are slightly above 2015/16 levels for the same period (+2.1%). Broken down by referral source, GP referrals are 0.6% above, consultant to consultant referrals are 4.2% above and Other referrals are 3.8% above 2015/16 levels. A referral management scheme started on 1st October in Southport & Formby CCG. 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 is recording approx. 80 referrals per month in 2016/17.

Diagnostic waiting time performance was achieved for the CCG and Southport & Ormskirk Hospital Trust in October.

The 92% Referral to Treatment indicator for incomplete pathways was achieved for the CCG (92.35%) and Southport & Ormskirk Hospital Trust (92.71%) in October.

Southport & Ormskirk Hospital Trust had 21 cancelled operations in October, failing the target; this indicator has been achieved for the past 2 months. The Trust has been approached for exception commentary relating to this.

The CCG has failed the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in October with a performance of 91.23% and are failing YTD with a performance of 91.77% partly due to previous month's breaches. Year to date out of 316 patients there have been 26 breaches.

The CCG failed the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in October with a performance of 83.33% and are failing year to date hitting 83.06%. In October 18 patients were seen 3 breaching the 62 day standard. For the same measure Southport & Ormskirk failed the target of 85% in October recording 83.06%, the previous months are still impacting on the YTD position of 83.97%. In October, 4.5 breaches occurred out of a total of 27.5 patients. There were low numbers of target patients in October (27.5) usually being around 35-40. Radiology reporting turnaround time escalated internally, there are 2 locums radiologists due to start January 17. Plans around outsourcing and shared services across LDS

are in development. The Trust has instigated a Rapid Improvement Plan for 62 days for all tumours aiming for achievement by quarter 4.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The trust has seen another decrease in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has decreased 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.

Performance at Month 7 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £230k/1%. This is predominantly caused by Renacres Hospital and Wrightington Wigan and Leigh Hospital who are showing an over performance of £271k/11% and £229k/51% respectively. Combined over performance at the two Trusts equals £499k. Over performance can also be seen at Aintree University Hospitals who are reporting a cost variance of £140k/6%. Over spend is offset with under performance at Southport & Ormskirk Hospital which is showing an under spend of £511k/-4%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for October was 92.1%. Across the month a 5.9% increase in attendances was seen at SDGH compared to last year with a 9.1% increase in majors patients compared to October 2015. Work in the Urgent Care Improvement Board remains ongoing. Trajectory set by NHS Improvement for October was 91.4%. November performance to date (as at 10/11) is 95.6%. The Trust continues to participate in the A&E Improvement Collaborative facilitated by NHSI. NHSI continue to showcase the improvements that the Trust has made against the 4-hour target. The Emergency Care Improvement Team (ECIP) commenced their full system review on 7 November 2016 to identify further areas of improvement. The former SRG meetings are being relaunched with 3 key subgroups focussing on pre-hospital, in-hospital and post discharge. The relaunched SRG will report up to the Mersey A&E Delivery Board.

Southport & Formby CCG failed to achieve all 3 ambulance indicators year to date. In line with Trusts across the region, the Trust has continued to have periods of high demand which has resulted in some delays on handovers. Across the month there was just under a 1% increase in ambulance arrivals brought to the Southport site.

Southport & Ormskirk Stroke - Length of Stay on the Acute Stroke Unit (ASU) saw some decline in October. The Stroke action plan (devised during October) reviews potential to reconfigure a bay on the Unit into 4 side rooms which would minimise the impact of male/ female demand as patients could be appropriately managed in side rooms. During the month of October there had also been a change in pathway to allow patients to go direct to Acute Stroke Unit up until 8pm in the evening from Emergency Department with the support of the Specialist Stroke Nurses. This was only agreed during October therefore the full impact of this was not seen during October's performance.

For TIA Southport & Ormskirk only had 1 reportable case during the month of October who was not seen within the 24 hour period. The pathway was discussed at the Operational Stroke Group and is under review to incorporate Specialist Stroke nurses offering some support to increase capacity available to address TIA performance.

In October the CCG and Southport & Ormskirk have failed Mixed Sex Accommodation. The CCG had 1 mixed sex accommodation breach (a rate of 0.2) the breach was at Southport & Ormskirk.

Southport & Ormskirk had a total of 2 mixed sex accommodation breaches (a rate of 0.3) and have therefore breached the zero tolerance threshold, 1 breach was for Southport & Formby CCG and 1 for West Lancashire CCG. Year to date there have been 43 breaches.

3 new cases of C diff was attributed to the CCG in October, reported by Southport & Ormskirk Hospital Trust (actual 22/ plan 27). Year to date the Trust has had 13 cases (7 upheld), against a plan of 21, so is under plan.

No new cases have been reported of MRSA in October there remains 1 case of MRSA was reported in August.

As of the end of October (Month 7) the position on serious incidents for the CCG are as follows: There are a total of 220 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 80 apply to Southport & Formby CCG patients with 13 reported in October all occurring from Southport and Ormskirk Hospitals NHS Trust.

There are 140 serious incidents open for Southport and Ormskirk Hospitals NHS Trust, 56 involving Southport and Formby CCG patients. 96 relate to pressure ulcers with 36 occurring year to date, 39 of these pressure ulcers apply to Southport and Formby CCG patients. A contract query remains open with a formal letter being sent to the Trust in October. An updated thematic analysis has been requested until the composite pressure ulcer action plan has been agreed. 91 incidents remain open on StEIS >100 days, the majority of these are pressure ulcers.

There are 18 incidents open for Mersey Care NHS Foundation Trust for Southport and Formby CCG patients, with 11 open >100 days. No serious incidents were reported in October making a total of 15 year to date. 1 incident reported in June relates to Secure Services which are managed by NHS England Specialist Commissioning.

Delayed Transfers of Care (DTCOC's) increased to 13 during October 2016 from 4 in September. The 13 delays were the majority was for patient or family choice (7). Analysis of delays in October 2016 compared to October 2015 also illustrates a significant increase in the number of patients waiting.

In A&E the percentage of people who would recommend the service has decreased from 80% last month to 54% in October and is lower than the England average. Also the percentage not recommending has increased from 13% to 41% in October which is way above the England. Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. A recently appointed Director of Nursing is in post and accountable for the action plan to deal with these issues. This plan seeks to address the areas of poor performance. A trust presentation of their Patient Experience Strategy and FFT update is planned for January CQPG.

Performance at Month 7 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £821k/4%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £515k overspend.

Mental Health

The 3 Key Mental Health Performance Indicators are achieving.

The IAPT provider (Cheshire & Wirral Partnership) reported 201 Southport & Formby patients entering treatment in month 7, a 34% increase from the previous month and the highest number of patients entering treatment since April 2016. The access standard Current activity levels provide a

forecast outturn of 11.3% against the 15% access standard. This would represent an improvement to 2015/16 when Southport & Formby CCG reported a year end access rate of 9.3%.

Referrals remained the same in month 7 at 223, 62% of these were 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 remained low with 52 reported in month 7 (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 saw an improvement to 53.3% in month 7, which meets the minimum standard of 50%. A forecast outturn at month 7 gives a year end position of 48.1% which would fail to meet the minimum standard although is higher than the year- end position of 2015/16 (47.9%).

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach. Latest figures following the change in methodology calculates Southport and Formby CCG's Dementia Diagnosis Rates at 72.1% for November 2016, 5.4% above the ambition of 66.7%.

Community Health Services

Since Southport & Ormskirk ICO shifted IT systems 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 issues and is continuing to work through them service by service but all services have now gone live on the new system. 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.

Primary Care

The latest Southport & Formby practice to receive CQC inspection results was Ainsdale Village Surgery with a "good" rating.

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 has been undertaken to further develop these plans for implementation. In the meantime a Quarter 2 performance report has been prepared for NHSE for submission on 22nd November 2016. BCF 2017/18 guidance is delayed.

2. Financial Position

2.1 Summary

This report focuses on the Month 8 financial performance for Southport and Formby CCG as at 30 November 2016.

The forecast outturn after the application of reserves is a deficit of £7.000m against a planned deficit of £4.000m. The revised forecast incorporates known risks and has been amended following agreement with NHS England. Achievement of this position is subject to delivery of the remaining risk adjusted QIPP programme plus delivery of further efficiencies.

The financial position on operational budgets as at Month 8 is an overspend of £1.269m and the forecast for the year an overspend of £2.219m. The forecast position has improved by £0.268m during the month due. The majority of the cost pressure relates to over performance within the acute provider contracts, independent sector and prescribing as well as the cost increases for Funded Nursing Care and Continuing Healthcare.

The value of QIPP savings delivered at the end of Month 8 is £4.449m. At this stage the CCG needs to deliver a further £4.539m in year, in order to achieve the forecast position of £7.000m deficit.

It should be noted that the CCG is forecasting delivery of a total £7.521m worth of QIPP savings (risk adjusted plan) compared with £8.782m reported in the opening plan. This would equate to 86% 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)	(£7.000m)	(£7.000m)
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£4.449m	£3.812m
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

2.2 Resource Allocation

Additional allocations have been received in Month 8 as follows:

- CEOV Adjustment – (£0.142m)

This relates to an adjustment to the CCG allocation in respect of Charge Exempt Overseas Visitors. CCG allocations are adjusted in year when actual costs are known.

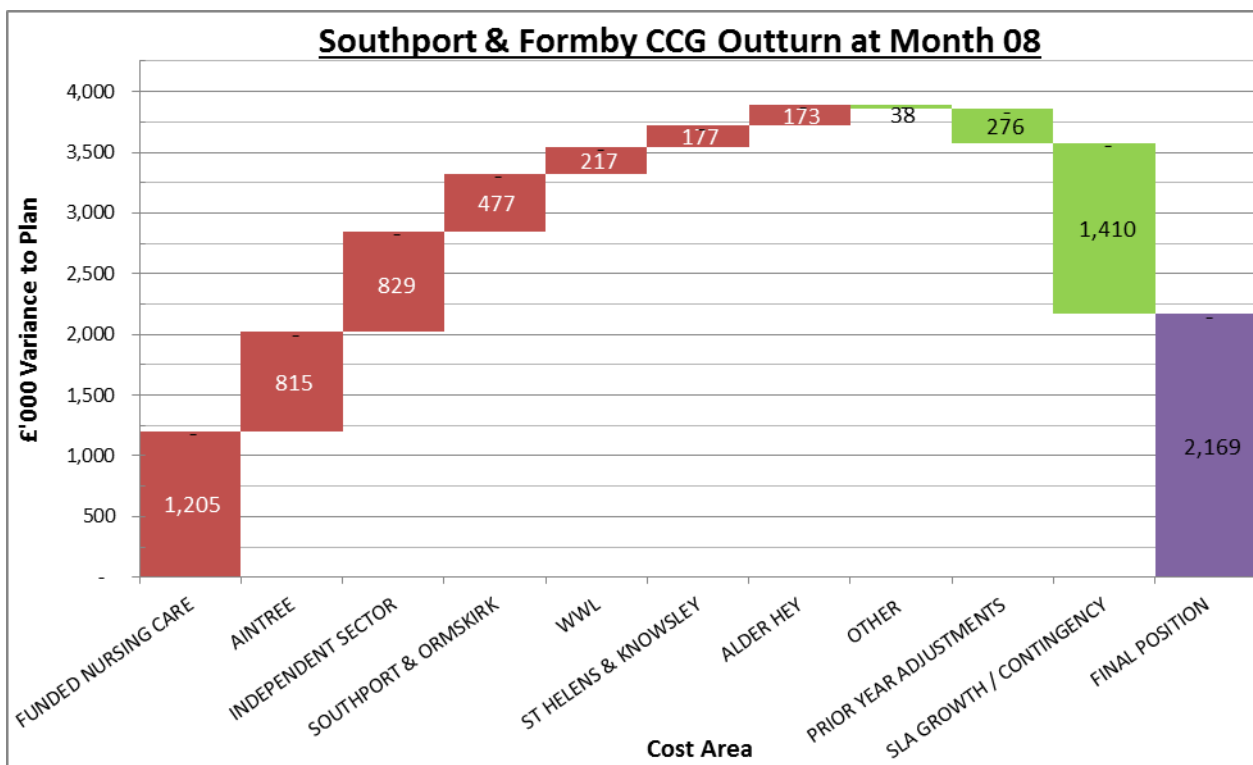
2.3 Financial Position and forecast

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

The majority of the forecasted overspend is within acute commissioning contracts, funded nursing care, and pressure in independent sector budgets. A proportion of this overspend has been mitigated by the CCG contingency and growth reserves included in the original financial plan totalling £1.410m.

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

Figure 2 – Forecast Outturn



Prescribing

There is a year-to-date overspend of £0.027m. The year-end forecast of £0.084m overspend is lower than previous months due to the expected phasing of the spend and incorporates the current forecast against the revised budget. The overspend is mainly due to lower than anticipated rebate income against the 2015/16 year end forecast.

The achievement of a breakeven position is dependent on delivery of in-year efficiencies in addition to the QIPP plan agreed. Cost reductions are being realised in the year-to-date

expenditure and forecast, as QIPP efficiencies are achieved, the associated budget will be transferred to the QIPP plan.

Continuing Health Care and Funded Nursing Care

The month 8 position for the continuing care and Funded Nursing Care budget is a £0.506m overspend, this position reflects the current number of patients, average package costs and the uplift to providers of 1.1% until the end of the financial year. The full year forecast has been calculated at £1.011m, which includes the £1.205m Funded Nursing Care cost pressure due to price increases.

The position also incorporates the increased cost relating to the Continuing Health Care price increase agreed by the Governing Body in October. This is predicted to be a maximum of £0.125m for 2016/17.

Additional QIPP savings of £0.395m have been identified during the month due to introduction of the national spine to the Broadcare system, this integration identified a number of packages included in forecast costs which could be closed. Total year to date QIPP savings of £1.795m have now been actioned.

2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is £12.201m in total, the target has reduced by £0.268m during the month due to the improved forecast outturn.

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	(3,158)	(318)	(3,476)	(1,592)	(930)	(955)	(3,476)
Medicines optimisation plan	(1,153)	0	(1,153)	(1,110)	0	(43)	(1,153)
CHC/FNC plan	(1,439)	(400)	(1,839)	(1,795)	(44)	0	(1,839)
Discretionary spend plan	(686)	(3,909)	(4,595)	(2,071)	(645)	(1,879)	(4,595)
Urgent Care system redesign plan	(1,137)	0	(1,137)	0	(287)	(850)	(1,137)
Total QIPP Plan	(7,574)	(4,627)	(12,201)	(6,568)	(1,906)	(3,727)	(12,201)
Risk rated QIPP plan				(6,568)	(953)	0	(7,521)

As shown in Figure 4 and 5 below, below, £4.449m QIPP savings have already been actioned at Month 8 against a phased plan of £6.631m.

Figure 4 – Phased QIPP plan for the 2016/17 year

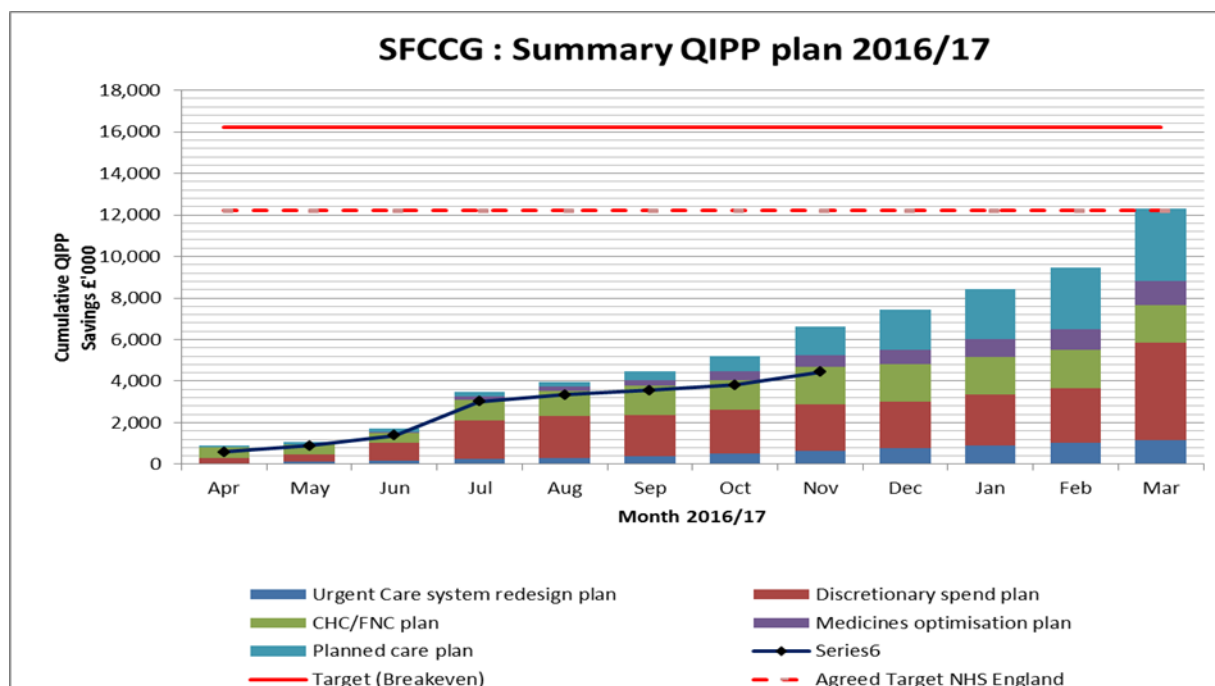


Figure 5 – QIPP performance at month 8

Scheme	Current month (M8)						
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance	
Planned care plan	591	144	(447)	1,385	194	(1,191)	●
Medicines optimisation plan	750	0	(750)	563	221	(342)	●
CHC/FNC Plan	5	395	390	1,795	1,795	0	●
Discretionary spend plan	125	98	(27)	2,266	2,239	(23)	●
Urgent Care system redesign	125	0	(125)	623	0	(623)	●
Total	1,596	637	(959)	6,631	4,449	(2,179)	

QIPP delivery is £2.179m below plan at Month 8. 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 an underspend of £0.182m of which, the majority relates to prior year adjustments. There is a small contingency budget within running costs which has been actioned in year as part of the QIPP plan.

2.6 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash 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 01 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.

The CCG is required to take part in a MCD submission to NHS England at month 6 and month 9 to incorporate any changes in the CCGs forecast cash position to ensure sufficient cash is available throughout the financial year. An increase in MCD cannot always be accommodated.

Month 8 position

The CCG deficit increased in year from a plan of £4.000m to £7.000m as at Month 8 which results in an additional cash requirement. The CCG requested assurance from NHS England that the required cash would be available to meet expenditure commitments as they fall due.

Following the month 6 submission, the MCD limit for Southport & Formby CCG for 2016/17 was increased from £185.119m to £192.109m. Up to Month 8, the actual cash received is £124.629m (64.9% of MCD) against a target of £128.072m (66.7% of MCD).

A full year cash flow forecast, based on information available at month 8. This shows the CCG will have sufficient cash to meet its liabilities as they fall due. At month 12, the CCG is required to meet a cash target of 1.75% of its monthly cash drawdown (approximately £0.240m). This is excess cash above the threshold which will need to be returned to NHS England.

The Maximum Cash Drawdown (MCD) limit for Southport & Formby CCG for 2016/17 is £185.119m. Up to Month 7, the actual cash received is £109.084m (58.9% of MCD) against a target of £107.986m (58.3% of MCD).

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.
- Implementation of a robust referral management process, which will ensure adherence to the CCGs existing policies for procedures of limited clinical value.

Other risks that require ongoing monitoring and managing include:

- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up one of the biggest QIPP programmes for 2016/17. The monthly expenditure and forecast will need to be monitored closely as QIPP schemes continue to be delivered.

2.8 Reserves budgets / Risk adjusted surplus

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

The assessment of the financial position is set out in figure 6. This demonstrates that the CCG needs to deliver a total management action plan of £9.201m in 2016/17 in order to achieve the revised forecast deficit of £7.000m.

Figure 6 – Summary of Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Planned Deficit	0.000	(4.000)	(4.000)
QIPP Target	(10.841)	0.859	(9.982)
Revised surplus / (deficit)	(10.841)	(3.141)	(13.982)
Forecast Outturn (against operational budgets)	0.236	(1.295)	(1.059)
FNC Cost Pressure	(1.205)	0.000	(1.205)
Committed Reserve Budgets	(1.163)	1.208	0.045
Management action plan			
Actioned QIPP to date	2.615	1.834	4.449
Deliver on remaining QIPP plan	4.959	2.793	7.752
Total Management Action plan required	7.574	4.627	12.201
Revision to planned deficit	0.000	(3.000)	(3.000)
Forecast Surplus / (deficit)	(5.399)	(1.601)	(7.000)

Figure 7 outlines the Best, Most likely and Worst Case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan, plus mitigations of £1.000m and additional QIPP delivery of £0.680m. The most likely case assumes the additional QIPP of £0.680m is not achieved.

The worst case assumes only QIPP schemes rated Green in the current plan will be delivered for the remainder of the financial year and that the Acute Care position deteriorates over the remaining months of the year.

Figure 7 – Risk Rated Financial Position

Southport and Formby	Best Case £m	Most Likely £m	Worst Case £m
Management Action Plan required (to deliver planned deficit)	(12.201)	(12.201)	(12.201)
QIPP achieved to date	4.449	4.449	4.449
Remaining QIPP requirement	(7.752)	(7.752)	(7.752)
Predicted QIPP achievement (M9-12)	3.072	3.072	2.118
Planned Deficit	(4.000)	(4.000)	(4.000)
Forecast Surplus / (Deficit)	(8.680)	(8.680)	(9.634)
Further Risk - Acute Care			(0.500)
Management Action Plan			
Mitigation	1.000	1.000	-
Further QIPP delivery	0.680	-	-
Risk adjusted Surplus / (Deficit)	(7.000)	(7.680)	(10.134)

2.9 Recommendations

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

- The CCG is currently forecasting a deficit of £7.000m against a planned deficit of £4.000m as its best case scenario. The likely case scenario indicates that the CCGs projected deficit will be £7.680m unless it can deliver further QIPP efficiencies.
- Despite remaining on target to deliver 86% of the original plan, additional pressures have emerged during the year, which require further QIPP savings for mitigation.
- The CCG is working 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 by source

Figure 8 – Referrals by Source across all providers for 2015/16 & 2016/17

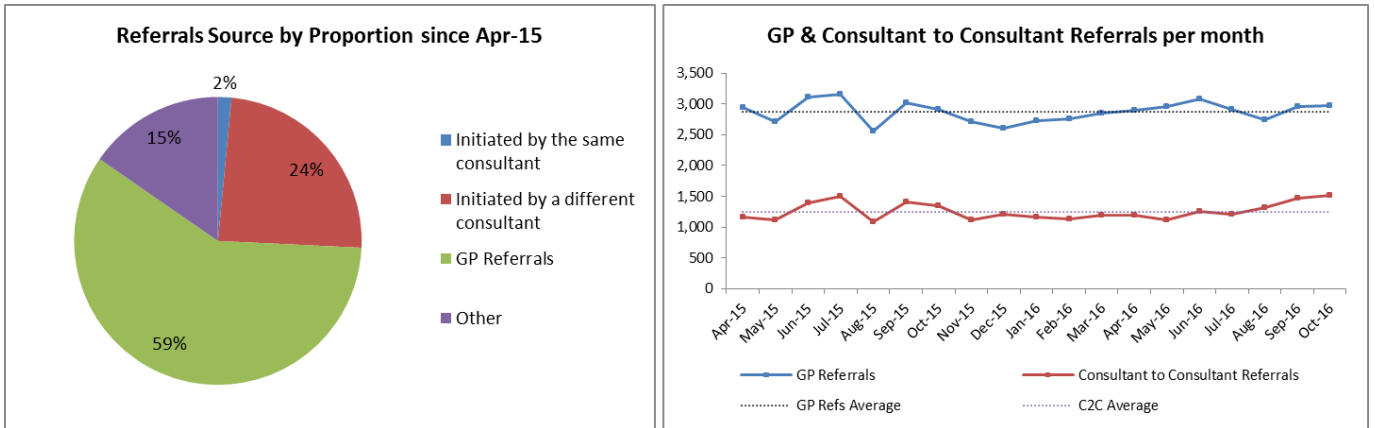


Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	20,422	20,549	127	0.6%
GP Total			20,422	20,549	127	0.6%
Other	01	following an emergency admission	62	45	-17	-27.4%
	02	following a Domiciliary Consultation	26	5	-21	-80.8%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	1,980	1,880	-100	-5.1%
	05	A CONSULTANT, other than in an Accident and Emergency Department	6,546	6,627	81	1.2%
	06	self-referral	1,020	959	-61	-6.0%
	07	A Prosthetist	1	0	-1	-100.0%
	08	Royal Liverpool Code (TBC)	234	282		0.0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	77	127	50	64.9%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	330	379	49	14.8%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	6	1	20.0%
	13	A Specialist NURSE (Secondary Care)	34	30	-4	-11.8%
	14	An Allied Health Professional	967	917	-50	-5.2%
	15	An OPTOMETRIST	576	647	71	12.3%
	16	An Orthoptist	66	29	-37	-56.1%
	17	A National Screening Programme	402	445	43	10.7%
	92	A GENERAL DENTAL PRACTITIONER	173	259	86	49.7%
	93	A Community Dental Service	0	0	0	#DIV/0!
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,381	1,832	451	32.7%
Other Total			13,880	14,469	589	4.2%
Unknown			9	8	-1	-11.1%
Grand Total			34,311	35,026	715	2.1%

A referral management scheme started on 1st October in Southport & Formby CCG. 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 is recording approx. 80 referrals per month in 2016/17.

3.2 Diagnostic Test Waiting Times

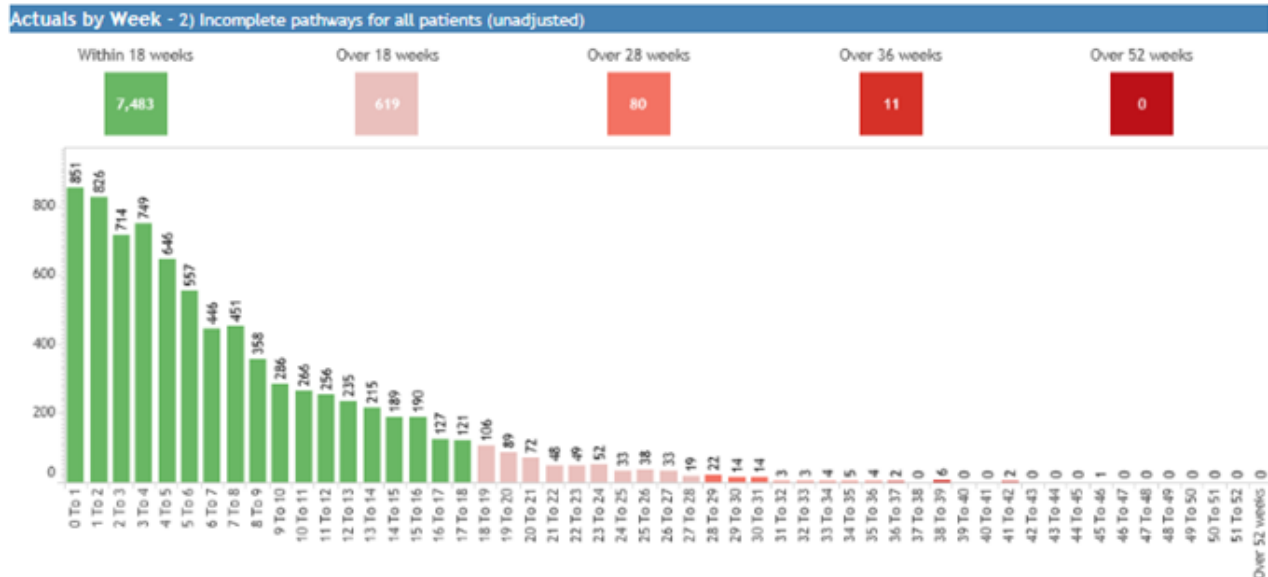
Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - Oct	<1%	0.50%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	16/17 - Oct	<1%	0.40%	↑

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 - Oct	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	16/17 - Oct	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 - Oct	92%	92.35%	↔
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 - Oct	92%	92.71%	↔

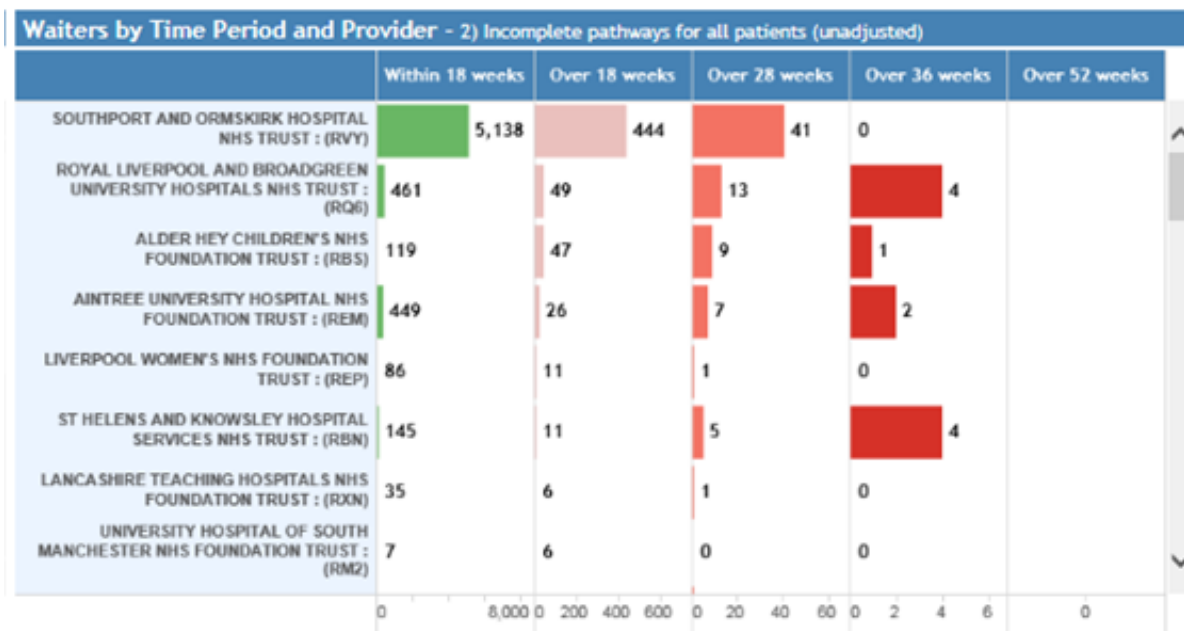
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

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



3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

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

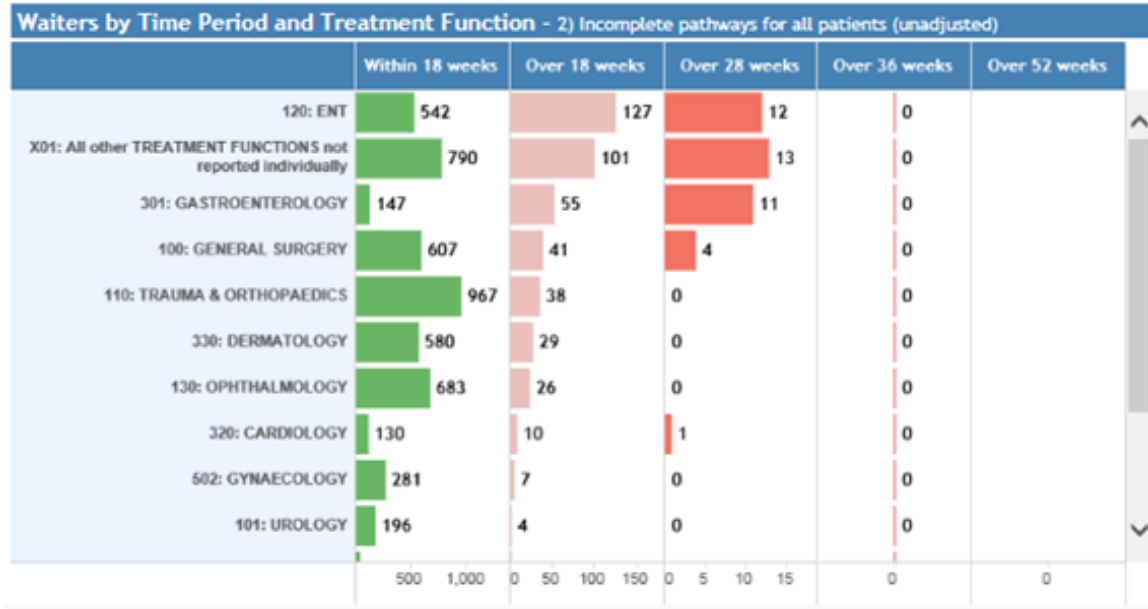
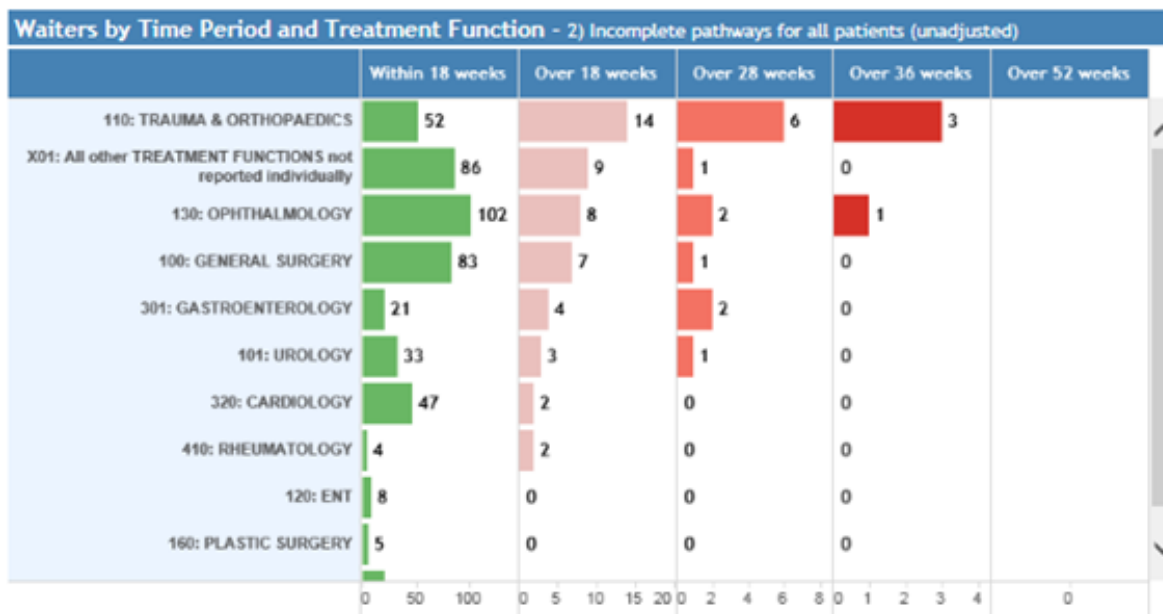


Figure 13 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

CCG	Trust	Speciality	No of weeks waited	No of patients	Has patient been seen / has a TCI date?	Reason for the delay
Southport & Formby	ROYAL LIVERPOOL	T&O	41	1	Trust only providing updates for 42 plus week waiters	
Southport & Formby	ST HELENS AND KNOWSLEY	Plastic Surgery	41	1	TCI 22/11/16	Patient listed for surgery at week 6 of 18 week pathway, patient listed MOHS surgery. Patient booked for surgery 22/11/16 (week 45)
Southport & Formby	AINTREE	Ophthalmology	45	1	Yes Clock stopped 22/11/2016	Clock stopped for first definitive treatment, reason for delay capacity

3.4 Cancelled Operations

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

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Southport & Ormskirk	16/17 - Oct	0	21	↑ ↑

Southport & Ormskirk saw 21 cancelled operations in October after not having any in the past 2 months (year to date there have been 62 in total). The Trust has been approached for exception commentary relating to this.

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 - Oct	0	0	↑ ↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	16/17 - Oct	93%	94.39%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	16/17 - Oct	93%	95.16%	↔
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 - Oct	93%	91.77%	↔
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 - Oct	93%	N/A	↔

The CCG has failed the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in October with a performance of 91.23% and are failing YTD with a performance of 91.77% partly due to previous month's breaches. Year to date out of 316 patients there have been 26 breaches.

3.5.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	16/17 - Oct	96%	97.31%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	16/17 - Oct	96%	98.27%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - Oct	94%	97.58%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	16/17 - Oct	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - Oct	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	16/17 - Oct	94%	96.55%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - Oct	98%	99.21%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	16/17 - Oct	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	16/17 - Oct	85%	85.57%	↔
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 - Oct	85% (local target)	89.26%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - Oct	90%	92.00%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	16/17 - Oct	90%	95.00%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - Oct	85%	83.06%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	16/17 - Oct	85%	83.97%	↔

The CCG failed the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in October with a performance of 83.33% and are failing year to date hitting 83.06%. In October 18 patients were seen 3 breaching the 62 day standard.

For the same measure Southport & Ormskirk failed the target of 85% in October recording 83.06%, the previous months are still impacting on the YTD position of 83.97%. In October, 4.5 breaches occurred out of a total of 27.5 patients. There were low numbers of target patients in October (27.5) usually being around 35-40. Radiology reporting turnaround time escalated internally, there are 2 locums radiologists due to start January 17. Plans around outsourcing and shared services across LDS are in development. The Trust has instigated a Rapid Improvement Plan for 62 days for all tumours aiming for achievement by quarter 4.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Oct-16

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25%	13.6%		95%	87%		2%	7%	
Q1 - Antenatal Care	N/A	-		95%	89%		1%	11%	
Q2 - Birth	N/A	23.6%		96%	98%		1%	0%	
Q3 - Postnatal Ward	N/A	-		94%	95%		2%	0%	
Q4 - Postnatal Community	N/A	-		98%	100%		1%	0%	

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

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

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

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The trust has seen another decrease in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has decreased 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 has improved from the position last month, and the not recommended is green at 0% below the England Average for Postnatal Ward. 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 are booked to present their Patient Experience Strategy and FFT update at the January CQPG

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

It was noted at Decembers EPEG meeting that the Trust showed reluctance engaging with Healthwatch recently when the organisation attempted to arrange an announced visit. The Trust will be encouraged to improve with this.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 7 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £230k/1%. This is

Southport and Formby Clinical Commissioning Group

predominantly caused by Renacres Hospital and Wrightington Wigan and Leigh Hospital who are showing an over performance of £271k/11% and £229k/51% respectively. Combined over performance at the two Trusts equals £499k. Over performance can also be seen at Aintree University Hospitals who are reporting a cost variance of £140k/6%. Over spend is offset with under performance at Southport & Ormskirk Hospital which is showing an under spend of £511k/-4%.

Figure 14 - Planned Care - All Providers

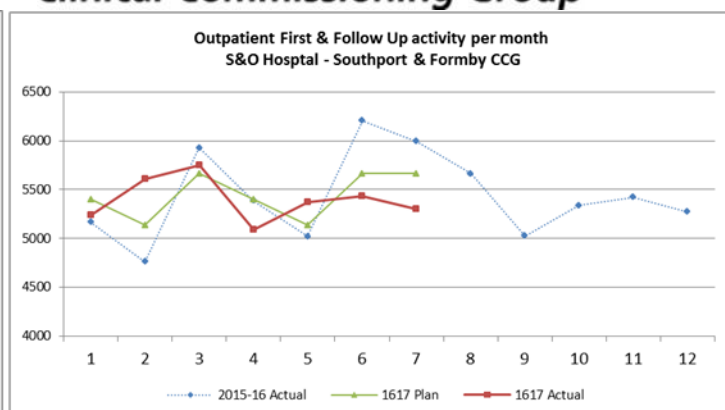
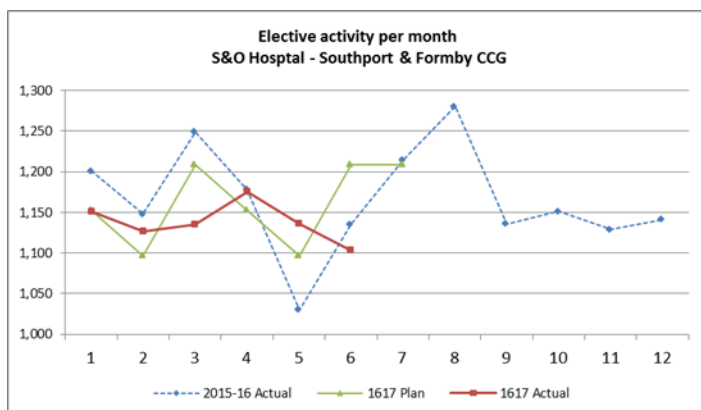
	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers								
Aintree University Hospitals NHS F/T	10,500	11,422	922	9%	£2,383	£2,524	£140	6%
Alder Hey Childrens NHS F/T	713	4,301	3,588	503%	£347	£458	£110	32%
Central Manchester University Hospitals Nhs Foundation Trust	138	236	98	71%	£26	£87	£61	236%
Fairfield Hospital	46	88	42	90%	£7	£19	£12	164%
ISIGHT (SOUTHPORT)	2,266	2,481	215	9%	£519	£465	£54	-10%
Liverpool Heart and Chest NHS F/T	1,253	1,381	128	10%	£578	£554	£24	-4%
Liverpool Womens Hospital NHS F/T	1,437	1,486	49	3%	£413	£398	£15	-4%
Renacres Hospital	7,849	9,429	1,580	20%	£2,474	£2,744	£271	11%
Royal Liverpool & Broadgreen Hospitals	9,258	9,272	14	0%	£2,015	£1,966	£49	-2%
Southport & Ormskirk Hospital*	67,138	65,955	-1,183	-2%	£13,849	£13,338	£511	-4%
SPIRE LIVERPOOL HOSPITAL	373	222	-151	-41%	£130	£81	£50	-38%
ST Helens & Knowsley Hospitals	2,763	2,954	190	7%	£654	£734	£80	12%
University Hospital Of South Manchester Nhs Foundation Trust	118	134	16	13%	£21	£29	£7	34%
Walton Neuro	1,275	1,473	198	16%	£283	£314	£32	11%
Wirral University Hospital NHS F/T	185	159	-26	-14%	£61	£52	£9	-15%
Wrightington, Wigan And Leigh Nhs Foundation Trust	1,262	1,879	617	49%	£452	£681	£229	51%
Grand Total	106,575	112,872	6,296	6%	£24,213	£24,443	£230	1%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

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

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Planned Care*								
Daycase	7,162	6,997	-165	-2%	£4,005	£3,776	£229	-6%
Elective	963	924	-39	-4%	£2,516	£2,463	£52	-2%
Elective Excess BedDays	161	231	70	43%	£36	£50	£15	41%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	858	562	-296	-34%	£128	£93	£35	-28%
OPFASPCL - Outpatient first attendance single professional consultant led	9,156	9,208	52	1%	£1,427	£1,414	£12	-1%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2,114	1,443	-671	-32%	£218	£162	£56	-26%
OPFUPSCL - Outpatient follow up single professional consultant led	25,939	26,585	646	2%	£2,456	£2,484	£27	1%
Outpatient Procedure	14,109	14,059	-50	0%	£2,503	£2,398	£105	-4%
Unbundled Diagnostics	6,677	5,946	-731	-11%	£560	£497	£62	-11%
Grand Total	67,138	65,955	-1,183	-2%	£13,849	£13,338	£511	-4%



3.7.2 Southport & Ormskirk Hospital Key Issues

Planned Care at Southport & Ormskirk Hospital is reporting a year to date under performance of -£511k, which equates to a -4% variance. Under-Performance, in financial terms of the contract, is driven by Daycases which is showing a -£229k/-6% variance. Outpatient Procedures are showing a -106k/4% variance.

Within the latest month (October) Elective procedures saw an increase in cost against plan with a £46k/12% but no increase in activity. A number of high cost low volume procedures have been undertaken with the main ones being 'Reconstruction Procedures Category 1, 19 years' and over and 'Complex Large Intestine Procedures, 19 years and over with Major CC'.

3.7.3 Renacres Hospital

Figure 16 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,023	1,023	0	0%	£1,045	£1,098	£52	5%
Elective	145	188	43	30%	£648	£793	£145	22%
OPFASPCL - Outpatient first attendance single professional consultant led	2,295	2,031	-264	-11%	£337	£300	£-37	-11%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,262	4,377	2,115	93%	£195	£279	£85	44%
Outpatient Procedure	1,399	907	-492	-35%	£181	£177	£-4	-2%
Unbundled Diagnostics	725	903	178	24%	£67	£97	£30	44%
Grand Total	7,849	9,429	1,580	20%	£2,474	£2,744	£271	11%

Renacres over performance of £271k/11% is largely driven by a £145k over performance in Elective Care, which has been a constant theme in 2016/17. Daycase and Electives are over performing by £52k and £145k respectively.

Within Elective care, the majority of the over performance is in Trauma & Orthopaedics. In terms of HRG performance in T&O, Major Hip and Major Knee Procedures are causing the over performance There has been 73 Major Hip & Knee Procedures carried out, year to date, in

2016/17. When we consider that the year to date plan is 49 patients, we are seeing a combined £142k over performance in the two major Hip/Knee HRGs.

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 - Oct	95.00%	90.44%	↔	Southport & Formby CCG failed the 95% target in October reaching 91.78% (year to date 90.44%). In October, 327 attendances out of 3977 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 - Oct	95.00%	83.53%	↔	Southport & Formby CCG failed the 95% target in Oct reaching 85.48% (year to date 83.53%). In October 324 attendances out of 2232 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 - Oct	STF Trajectory Target for Oct 91.4%	90.65%	↔	Southport & Ormskirk have achieved the STF trajectory target in October reaching 92.1% (but are failing it year to date recording 90.65%). In October 940 attendances out of 11913 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 - Oct	95.00%	83.55%	↔	Southport & Ormskirk have failed the target in October reaching 86.14% (year to date 83.55%). In October, 931 attendances out of 6715 were not admitted, transferred or discharged within 4 hours.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
STP Trajectory S&O	87.50%	88.30%	88.80%	90%	90%	90.70%	91.40%
S&O Actual	88.6%	89.8%	90.92%	88.0%	93.84%	91.49%	92.11%

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 against the 4-hour target for October was 92.1%. Across the month a 5.9% increase in attendances was seen at SDGH compared to last year with a 9.1% increase in majors patients compared to October 2015. Work in the Urgent Care Improvement Board remains ongoing. Trajectory set by NHS Improvement for October was 91.4%. November performance to date (as at 10/11) is 95.6%. The Trust continues to participate in the A&E Improvement Collaborative facilitated by NHSI. NHSI continue to showcase the improvements that the Trust has made against the 4-hour target. The Emergency Care Improvement Team (ECIP) commenced their full system review on 7 November 2016 to identify further areas of improvement. The former SRG meetings are being relaunched with 3 key subgroups focussing on pre-hospital, in-hospital and post discharge. The relaunched SRG will report up to the Mersey A&E Delivery Board.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - Oct	75%	71.64%	↔	The CCG is under the 75% target year to date achieving 71.64%. In October out of 46 incidents there were 13 breaches (71.74%).
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - Oct	75%	62.58%	↔	The CCG was under the 75% target year to date reaching 62.58%. In October out of 543 incidents there were 200 breaches (63.13%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - Oct	95%	85.26%	↔	The CCG was under the 95% target year to date reaching 85.26%. In October out of 589 incidents there were 73 breaches (87.65%).
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - Oct	75%	71.51%	↓	NWS reported under the 75% target year to date reaching 71.51%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - Oct	75%	64.62%	↔	NWS failed to achieve the 75% target year to date reaching 64.62%.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - Oct	95%	90.41%	↔	NWS failed to achieve the 95% target year to date reaching 90.41%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	16/17 - Oct	0	114	↑ ↓	The Trust recorded 114 handovers between 30 and 60 minutes, this is an improvement on last month when 129 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	16/17 - Oct	0	60	↓	The Trust recorded 60 handovers over 60 minutes, this is also an improvement on last month when 107 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, 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.

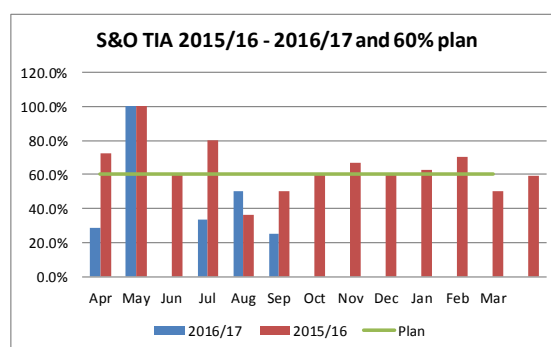
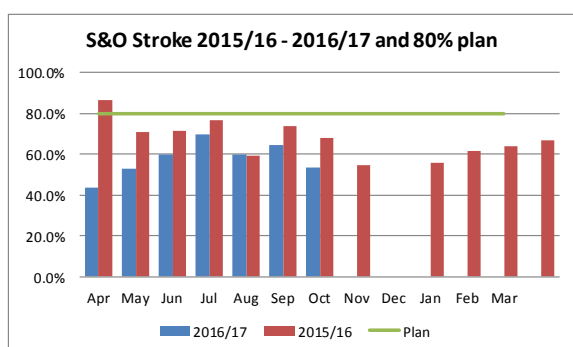
The Trust has signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisations.

In line with Trusts across the region, the Trust has continued to have periods of high demand which has resulted in some delays on handovers. Across the month there was just under a 1% increase in ambulance arrivals brought to the Southport site.

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 - Oct	80%	53.30%	↓	The Trust failed the 80% target in October with only 16 out of 30 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 - Oct	60%	0.00%	↓	The Trust failed the 60% target in October with no patients out of 5 (0%) patients who experienced a TIA being assessed and treated within 24 hours.



Southport & Ormskirk Stroke - Length of Stay on the Acute Stroke Unit (ASU) saw some decline in October. The Stroke action plan (devised during October) reviews potential to reconfigure a bay on the Unit into 4 side rooms which would minimise the impact of male/ female demand as patients could be appropriately managed in side rooms. During the month of October there had also been a change in pathway to allow patients to go direct to Acute Stroke Unit up until 8pm in the evening from Emergency Department with the support of the Specialist Stroke Nurses. This was only agreed during October therefore the full impact of this was not seen during October's performance.

For TIA Southport & Ormskirk only had 1 reportable case during the month of October who was not seen within the 24 hour period. The pathway was discussed at the Operational Stroke Group and is under review to incorporate Specialist Stroke nurses offering some support to increase capacity available to address TIA performance.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - Oct	0.00	0.20	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	16/17 - Oct	0.00	0.30	↓

Again in October the CCG and Southport & Ormskirk have failed Mixed Sex Accommodation. In October the CCG had 1 mixed sex accommodation breach (a rate of 0.2) and have therefore breached the zero tolerance threshold. The breach was at Southport & Ormskirk.

In October Southport & Ormskirk had a total of 2 mixed sex accommodation breaches (a rate of 0.3) and have therefore breached the zero tolerance threshold, 1 breach was for Southport & Formby CCG and 1 for West Lancashire CCG. Year to date there have been 43 breaches.

4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - Oct	27	22	↑	There were 3 new cases reported in October 2016, year to date 22 cases against a year to date plan of 27. Out of the 18 cases all were reported at Southport & Ormskirk (10 apportioned to acute trust and 12 apportioned to community). Year-end plan 38.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	16/17 - Oct	21	13 (6 following appeal)	↑	There was 1 new trust apportioned case reported in October 2016 (YTD Actual 13 / YTD Plan 21), Year-end plan is 36.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - Oct	0	1	↔	There has been no new cases of MRSA reported in October for the CCG there has been 1 case in August year to date against a zero tolerance threshold.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	16/17 - Oct	0	1	↔	There has been no new cases of MRSA reported at the Trust in October (1 in August) 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 9th December to review hospital acquired cases - of the 4 cases submitted, 3 were upheld and 1 rejected (that makes a total of 7 cases upheld year to date).

A case of MRSA was reported in August. A PIR has been held the conclusion of the meeting was to test the current PHS assignment process by assigning this as a third party incident due to the unique nature of the case.

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Oct	100	99.45	↑ ↔
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	107.30	

HSMR is reported for July 2016 rolling 12 month figure. July 2016 HSMR = 90.89. Expected Deaths = 51.71, Observed Deaths = 47. Annual Rolling HSMR = 99.45.

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. No further update for Q2.

4.4 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is now in line with the CCG reporting schedule for Month 7.

There are a total of 220 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 80 apply to Southport & Formby CCG patients with 13 reported in October all occurring from Southport and Ormskirk Hospitals NHS Trust.

Southport and Ormskirk Hospitals NHS Trust have 140 open serious incidents on StEIS, 56 involving Southport and Formby CCG patients. 96 relate to pressure ulcers with 36 occurring year to date, 39 apply to Southport and Formby CCG patients. The contract query remains open against this and a formal letter was submitted to the Trust in October. An updated thematic analysis has been requested as an interim arrangement until the composite pressure ulcer action plan has been agreed. 91 incidents remain open on StEIS >100 days, the majority of these are pressure ulcers.

Serious Incidents Open for Southport and Ormskirk Hospitals NHS Trust

Year	CCG Organisation	No. of Open Incidents	
2014	GP Practice within Southport and Formby	2	5
	GP Practice within West Lancashire	3	
2015	GP Practice within Liverpool	1	63
	GP Practice within South Sefton	3	
	GP Practice within Southport and Formby	26	
	GP Practice within West Lancashire	33	
2016	GP Practice within South Sefton	3	23
	GP Practice within Southport and Formby	6	
	GP Practice within St Helens	1	
	GP Practice within West Lancashire	10	
	GP Practice within Wigan	1	
	Unknown/Not applicable	1	
	GP Practice with Tameside & Glossop	1	

MerseyCare NHS Foundation Trust - 18 incidents open on StEIS for Southport and Formby CCG patients with 11 open >100 days. No serious incidents were reported in October making a total of 15 year to date. 1 incident reported in June relates to Secure Services which are managed by NHS England Specialist Commissioning.

4.5 Delayed Transfers of Care

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

Delayed Transfers of Care (DTCOC's) increased to 13 during October 2016 from 4 in September. The 13 delays were the majority was for patient or family choice (7).

Analysis of delays in October 2016 compared to October 2015 also illustrates a significant increase in the number of patients waiting.

Delayed Transfers of Care April 2015 – October 2016

Reason For Delay	2015-16												2016-17						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
A) COMPLETION ASSESSMENT	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	1	1	1	0	1	1	1	1	0	0	0	2	0	1
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	1	0	0	1	1	0	0	0	1	0	0	0	1	0	0	1	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	0	1	0
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	1	1
G) PATIENT OR FAMILY CHOICE	1	1	0	0	0	7	2	2	1	1	4	4	3	3	4	4	1	1	7
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	2	1	1	1	1	9	4	5	1	2	7	5	4	5	7	7	3	4	13

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting the Acute Care Commissioning Lead participates in the system wide teleconference each Monday at 12:30. This review of DTCOC's, with participation from the acute Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care.

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




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

4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Oct-16

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15%	0.4%		87%	54%		7%	41%	

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.

In A&E the percentage of people who would recommend the service has decreased from 80% last month to 54% in October and is lower than the England average. Also the percentage not recommending has increased from 13% to 41% in October which is way above the England.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. A recently appointed Director of Nursing is in post and accountable for the action plan to deal with these issues. This plan seeks to address the areas of poor performance. A trust presentation of their Patient Experience Strategy and FFT update is planned for January 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.

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 Activity & Finance, All Providers

4.7.1 All Providers

Performance at Month 7 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £821k/4%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £515k overspend.

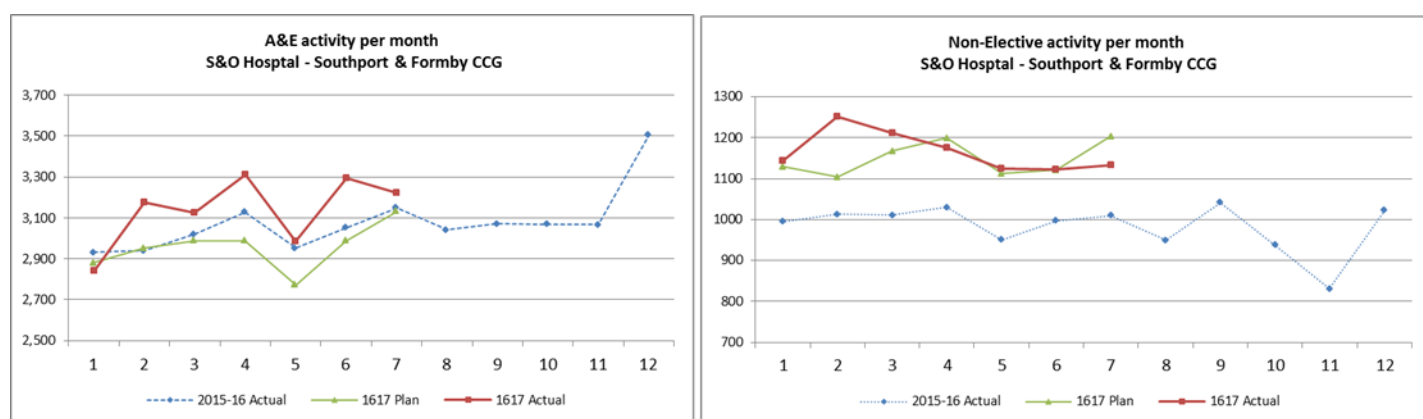
Figure 17 - Month 7 Unplanned Care – All Providers

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)								
Aintree University Hospitals NHS F/T	1,059	1,093	34	3%	£545	£721	£176	32%
Alder Hey Childrens NHS F/T	496	598	102	21%	£246	£249	£3	1%
Central Manchester University Hospitals Nhs Foundation Trust	51	65	14	27%	£17	£20	£3	16%
Countess of Chester Hospital NHS Foundation Trust	0	27	27	0%	£0	£14	£14	0%
Liverpool Heart and Chest NHS F/T	70	88	18	26%	£220	£249	£29	13%
Liverpool Womens Hospital NHS F/T	193	137	-56	-29%	£204	£169	-£35	-17%
Royal Liverpool & Broadgreen Hospitals	815	949	134	16%	£463	£514	£51	11%
Southport & Ormskirk Hospital	33,419	36,463	3,044	9%	£17,010	£17,525	£515	3%
ST Helens & Knowsley Hospitals	244	345	101	42%	£123	£151	£28	23%
Wirral University Hospital NHS F/T	65	51	-14	-21%	£26	£38	£12	47%
Wrightington, Wigan And Leigh Nhs Foundation Trust	36	64	28	77%	£31	£55	£24	78%
Grand Total	36,448	39,880	3,432	9%	£18,884	£19,705	£821	4%

4.7.2 Southport and Ormskirk Hospital NHS Trust

Figure 18 - Month 7 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	21,175	22,669	1,494	7%	£2,819	£3,133	£314	11%
A and E Type 3	948	1,218	270	29%	£56	£69	£13	23%
NEL/NELSD - <i>Non Elective/Non Elective IP Same Day</i>	6,451	6,665	214	3%	£11,552	£11,752	£200	2%
NELNE - <i>Non Elective Non-Emergency</i>	652	888	236	36%	£1,233	£1,070	£-163	-13%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	104	106	2	2%	£34	£29	£-5	-15%
NELST - <i>Non Elective Short Stay</i>	933	917	-16	-2%	£655	£626	£-29	-4%
NELXBD - <i>Non Elective Excess Bed Day</i>	3,157	4,000	843	27%	£661	£847	£185	28%
Grand Total	33,419	36,463	3,044	9%	£17,010	£17,525	£515	3%



4.7.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Urgent Care over spend of £515k is driven by a £200k over performance in Non Elective activity and £314k in A&E. The main specialty over performance is General Medicine which is showing a £638k over spend. Further analysis of this has shown that although activity has been higher this year, there has been a 7% increase in the average cost of a NEL admission since December 2015. The Trust has commented this is due to the increase in patients over 65years being admitted with a corresponding decrease in younger patients with less complex conditions. This has caused activity to remain steady whereas costs have increased.

October saw an increase in Non-Elective Excess bed days, the second highest month recorded in 2016/17. This is to be queried with the Trust as the average number of excess bed days between April and October is approx. 20% higher than in 2015/16.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 19 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

NHS Southport and Formby CCG					
PBR Cluster	Caseload as at 31/10/2016	2016/17 Plan	Variance from Plan	Variance on 31/10/2015	
0 Variance	41	41	-	3	
1 Common Mental Health Problems (Low Severity)	5	3	2	(8)	
2 Common Mental Health Problems (Low Severity with greater need)	8	11	(3)	(8)	
3 Non-Psychotic (Moderate Severity)	100	174	(74)	(90)	
4 Non-Psychotic (Severe)	199	156	43	60	
5 Non-psychotic Disorders (Very Severe)	39	29	10	11	
6 Non-Psychotic Disorder of Over-Valued Ideas	29	22	7	6	
7 Enduring Non-Psychotic Disorders (High Disability)	123	112	11	5	
8 Non-Psychotic Chaotic and Challenging Disorders	73	65	8	9	
10 First Episode Psychosis	75	65	10	13	
11 On-going Recurrent Psychosis (Low Symptoms)	262	291	(29)	(20)	
12 On-going or Recurrent Psychosis (High Disability)	181	153	28	31	
13 On-going or Recurrent Psychosis (High Symptom & Disability)	93	100	(7)	(7)	
14 Psychotic Crisis	16	11	5	3	
15 Severe Psychotic Depression	4	6	(2)	(1)	
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	13	10	3	4	
17 Psychosis and Affective Disorder – Difficult to Engage	25	26	(1)	1	
18 Cognitive Impairment (Low Need)	213	244	(31)	(17)	
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	694	787	(93)	(54)	
20 Cognitive Impairment or Dementia Complicated (High Need)	254	202	52	63	
21 Cognitive Impairment or Dementia (High Physical or Engagement)	64	53	11	19	
Cluster 99	163	123	40	34	
Total	2,674	2,684	- 10	57	

5.1.1 Key Mental Health Performance Indicators

Figure 20 - CPA – Percentage of People under CPA followed up within 7 days of discharge

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
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%	100%	100%	100%

Figure 21 - CPA Follow up 2 days (48 hours) for higher risk groups

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
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%	100%	100%	100%

Figure 22 - Figure 16 EIP 2 week waits

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-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 (in month)	50%	50%	50%	50%	0.00%	50%	50%	50%
					Rolling Quarter				
			50.00%	0.00%	40%	42.86%	50.00%		

5.1.2 Mental Health Contract Quality Overview

At the December 2016 CQPG, Mersey Care NHS Trust provided an update regarding Street Care Triage Service.

- The aim of the service is to reduce the number of inappropriate Section 136's
- Street Triage is in operation from 4pm to 12am.
- The Police Service contacts the Street Triage car for the car to respond. The Police service evokes Section 136 not the car.
- The first option is to transfer patients to the Prenton Suite unless the patient has physical health needs in which case an ambulance or the car would transport the patient whichever is the most appropriate place of safety.

Progress to date:

- In 2015/16 there were 240 Section 136 patients compared to 322 in 2013/14.
- Approximately 79% of responses are to patient's homes. The Trust is therefore considering retiring the word "Street" from "Street Triage"
- The service now operates with a permanent Police Officer, Monday to Thursday to ensure continuity.

The Trust recognises that improvements are required in relation to accessing the Prenton Suite for Section 136 patients. It was noted that this is met with conflicting priorities as the Suite is also used as a waiting assessment area and also A&E diversion area. The Trust also recognises that there is a potential for the Police to automatically transfer patients to A&E rather than the Prenton Suite if they have previously experienced barriers in transferring patients.

Next Steps:

- The Police now operate Street Triage on a Pan Mersey level enabling comparison of themes / common issues.
- The Trust is currently reviewing data collected to date with Commissioners.
- A Triage Car Action Plan is being developed. These will be added to the next meeting agenda.
- Ensure first line is patient transferred to the Prenton Suite unless the patient has physical health needs.

Commissioners continue to be involved in the Trust's review of the acute care pathway (including crisis). This initial scoping and gathering of evidence and intelligence is expected to be completed by February 2017. The review will consider system wide issues that impact on the effective delivery of the acute care pathway, these will include pathways in and out of the Mersey Care services and the interfaces with other providers and partners and will recommend models for each of the Mersey Care services (e.g. Access Service, A&E Liaison, Community Mental Health Teams), functions in the pathway (Stepped Up Care, Bed Management, Single Point of Access) and specialist pathways (e.g. personality disorder pathway, in-patient pathway)

The recommendations from the Review will be considered by both Mersey Care NHS Foundation Trust and the North Mersey Transformation. If accepted, the implementation of the recommendations will form a key area of work for both the Trust and the Transformation Board to begin from 2017/18 onwards.

5.2 Improving Access to Psychological Therapies

Figure 23 - 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	162	150	201					
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	-78	-90	-39					
	%	-16.4%	-18.9%	-25.1%	-30.5%	-32.6%	-37.6%	-16.4%					
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%	0.8%	0.8%	1.1%					
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%	53.7%	34.9%	53.3%					
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%	97.6%	98.4%	100.0%					
ACTUAL % 18 weeks waits - 95% target	2015/16	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2016/17	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%					
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	84	130	123					
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	2	4	16					
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	44	44	57					
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%	82.7%	76.2%	85.2%					

The provider (Cheshire & Wirral Partnership) reported 201 Southport & Formby patients entering treatment in month 7. This is a 34% increase from the previous month and the highest number of patients entering treatment since April 2016. 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 11.3% 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 the same in month 7 at 223, 62% of these were 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 remained low with 52 reported in month 7 (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 saw an improvement to 53.3% in month 7, which meets the minimum standard of 50%. A forecast outturn at month 7 gives a year end position of 48.1% which would fail to meet the minimum standard although is higher than the year- end position of 2015/16 (47.9%).

Cancelled appointments by the provider remained low with 39 appointments being cancelled in month 7 compared to 36 in month 6. The provider has previously stated that cancellations could be attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs saw a further slight decrease in month 7 from 90 in month 6 to 81 in month 7. The provider has commented that the DNA policy has been reviewed with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 97.8% 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 seven months of 2016/17 for Southport & Formby CCG.

5.2.1 Improving Access to Psychological Therapies Contract Quality Overview

Internal waiting lists within the service are impacting on both recovery and access KPIs and the following actions are being planned or put in place:

- The service is planning from 31/10/2016 to introduce group work/ workshops to so as to start tackling the issue. This will provide interventions to those already assessed as having step 3 therapies to reduce internal waits. A new member of staff has been recruited who has experience of similar work in other CWP IAPT site in Cheshire.
- The cohort of longest waiters will be “ring fenced” and targeted for interventions An extra Psychological Wellbeing Practitioner (PWP) is providing an additional (extra 20 sessions) and three agency PWP staff have recently commenced providing (90 extra sessions). The service communicated to GPs in October that all new referrals who require follow up will be seen within 6 weeks.
- One counsellor has recently commenced (11x sessions/week)
- A Cognitive Behavioural Therapist and a further PWP are being recruited (the latter having being offered employment contract.
- Additional step 2 sessions made available (12x sessions /week) along with increased telephone interventions across the wider service.

- Robust clinical management / individual performance of practitioners to mitigate against long internal waits.
- Single appointment booking system via admin (previously done by individual practitioners which resulted in variation).
- Intensive Support Team involvement session took place on 21st October 2016 which identified services issues including productivity and training which are contributing to internal waits.
- Inclusion of internal waiting list related KPIs for 17/18.

Progress will be monitored via the Quality and Contract meetings.

5.3 Dementia

Summary for NHS Southport and Formby dementia registers at 31-10-2016

People Diagnosed with Dementia (Age 65+)	1,555
Estimated Prevalence (Age 65+)	2,148
Gap - Number of addition people who could benefit from diagnosis (all ages)	635
NHS Southport and Formby - Dementia Diagnosis Rate (Age 65+)	72.4%
National estimated Dementia Diagnosis Rate	67.7%
Target	67.00%

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach. The new methodology will implemented next year below being an example of the November figures.

Latest figures following the change in methodology calculates Southport and Formby CCG's Dementia Diagnosis Rates at 72.1% for November 2016, 5.4% above the ambition of 66.7%.

6. Community Health

6.1 Southport and Ormskirk Trust Community Services

EMIS Switch Over

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.

Activity

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.

6.1.1 Any Qualified Provider

Southport & Ormskirk Hospital

Podiatry

There have been known issues in Southport & Ormskirk Trust with the recording of Podiatry activity on the new clinic system EMIS, which have been discussed at the information sub group meeting. The issue was with the templates being used on EMIS not being fit for purpose. The Trust has stated that these templates have now been amended so that all required fields for AQP Podiatry can be completed, and this issue should have been rectified from October onwards. However, data cannot be corrected retrospectively for the early months of 16/17. An agreement will have to be made between the Trust and the CCG as to how the Trust will receive payment without this.

Adult Hearing

The Adult Hearing Audiology budget is £248,000.

At month 7 2016/17 the YTD costs are £245,626, compared to £272,797 at the same time last year. Comparisons of activity between the two time periods show that activity is slightly higher in 16/17 at 747 compared to 763 in 15/16, but costs have been reduced.

The Trust carries out quality checks in the data before they submit. However, they have informed the CCG that due to the complexity of how they collate the dataset, some duplicates still appear, and continue to try to resolve the issue.

MSK

The budget for 2016/17 is £76,000. At month 7 16/17 YTD the costs are £46,787, compared to £37,532 at the same time last year. Comparing activity with last year shows that activity is much

lower in 16/17 at 308, compared to 801 in 15/16, yet costs have increased. This was raised in the last information sub group and the Trust is looking into it.

6.2 Liverpool Community Health Contract

There are currently no outstanding activity queries as everything seems in line with previous months.

There is currently a District Nursing systems review taking place across LCH. This is to review processes in relation to manual and electronic requirements. EMIS mobile is not yet available for DN's and so there is a requirement to duplicate information on paper and on EMIS. This is known to impact on the level of information added to the system. The current variance though is within agreed tolerance levels and the Trust is forecasting that activity levels will be higher than last year.

An EMIS mobile app was trialled in Adult Physio, so staff can enter information straight onto the system in the community rather than making paper records and then having to duplicate the information in EMIS. This programme was delivered by IM. There is a report that has been produced in relation to the pilot. The Trust is to send a copy for information.

6.2.1 Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations so far in 2016/17.

For patient DNAs, Sefton Physio Service reported a high rate of 15.9% in Oct-16, however this is an improvement on the previous two months. Adult Dietetics is also high this month at 20.8% but has improved since last month, as well as Paediatric Dietetics at 10% compared to 27.1% last month. Total DNA rates at Sefton are green for this month at 6.8%.

Provider cancellation rates remain relatively static this month, with the exception of Adult Dietetics reported 11.3% compared to 3.1% last month (a difference of 12 more cancellations this month). Total hospital cancellation rate for Sefton is green at 1.9% this month.

Treatment rooms, Podiatry, Physio, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for October 2016. Total patient cancellations for Sefton have increased in Oct-16 to 10.9%, compared to 9.9%.

6.2.2 Liverpool Community Health Quality Overview

The Trust has revised their CQC Action Plan and shared with commissioners, the Trust will be supported with progressing actions up until services are transferred to the new providers. Therapies waiting times are being monitored through the CQC Action Plans at the Collaborative Forum (CF) and CQPGs. The Trust's Executives and the CQC have been invited to the January 2017 CF to review progress against the Action Plans.

6.2.3 Waiting Times

Waiting times are reported a month in arrears. The following issues have arisen in September 2016;

Physiotherapy: Waiting times have steadily increased over the past 4 months, resulting in this service failing the 18 week target again in September – 23 weeks on the incomplete pathway and 31 weeks on the completed pathway. The longest waiter was 1 patient waiting at 36 weeks.

Podiatry: Waiting times on the completed pathways have steadily declined over the past 4 months, whilst the incomplete have remained relatively steady. The average wait (95th percentile) on the completed pathway was 24 weeks in September. The longest waiter was at 40 weeks.

Nutrition & Dietetics: Waiting times on the completed pathways have gone back down to 19 weeks from the 23 weeks reported in August. However this month is still reporting a breach of the 18 week target, whilst the incomplete pathway is still achieving. The longest waiter was at 28 weeks.

Paediatric SALT: A new reporting process has now been set up for this service, and the Trust has begun to report waiting times information from August. In September, on the incomplete pathway the average waiting time (92nd percentile) increased from 28 weeks to 30 weeks, with the longest waiting patient increasing to 2 patients at 42 weeks.

6.3 Any Qualified Provider LCH Podiatry Contract

At month 7 2016/17 the YTD cost for the CCG is £549 with 6 attendances and in 2015/16 the costs for the CCG were £306 with activity at 3. Low activity is due to the vast majority of podiatry AQP for this CCG occurring at the Southport and Ormskirk Trust.

7. Third Sector Contracts

It has been agreed that funding for all Third Sector providers apart from those de-commissioned from 1st December will continue to provide services at their current rate of funding until 31st March 2016. Further letters have been sent to providers to inform of this decision and to propose the cuts of 13% or 7% (depending on the level of funding) from 1st April 2017. Meetings and consultations with providers are underway to discuss potential impacts upon services as a result of these cuts.

8. Primary Care

8.1 Primary Care Dashboard progress

The primary care dashboard that has been used in 2015/16 has been reviewed with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. Work has been carried out 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 across CCGs in Cheshire & Merseyside. Information would 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.

Work is progressing with MLCSU to further define the indicators for the dashboard. A further meeting was held on 15th December, where it was agreed to begin to produce the dashboards with a first live version available in Aristotle at the end of January 2017. There will be various “views” of the data, for CCG users to view the indicators across the CCG area with the ability to drill to locality and practice level, plus practice level views allowing authorised practice users to drill to patient level. A core set of indicators allowing benchmarking across a number of areas will be produced first (practice demographics, GP survey patient satisfaction, secondary care utilisation rates, CQC inspection status), followed by further indicators and bespoke information (e.g. Liverpool CCG GP Spec).

8.1 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. Below is the inspection information from the last practices visited in Southport & Formby. All the results are listed below:

Figure 24– CQC Inspection Table

Southport & Formby CCG									
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led	
N84005	Cumberland House Surgery	27th August 2015	Good	Good	Good	Good	Good	Good	
N84006	Chapel Lane Surgery	26th September 2013	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated	
N84008	Norwood Surgery	n/a	Not yet inspected the service was registered by CQC on 1 April 2013						
N84012	Ainsdale Medical Centre	2nd December 2016	Good	Good	Good	Good	Good	Outstanding	
N84013	Curzon Road Medical Practice	n/a	Not yet inspected the service was registered by CQC on 1 July 2016						
N84014	Ainsdale Village Surgery	10th December 2015	Good	Good	Outstanding	Good	Outstanding	Requires Improvement	
N84017	Churchtown Medical Centre	17th August 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	
N84018	The Village Surgery Formby	10th November	Good	Good	Good	Good	Good	Good	
N84021	St Marks Medical Centre	8th October 2015	Good	Requires Improvement	Good	Good	Good	Good	
N84024	Grange Surgery	n/a	Not yet inspected the service was registered by CQC on 1 April 2013						
N84036	Freshfield Surgery	n/a	Not yet inspected the service was registered by CQC on 11 May 2016						
N84037	Lincoln House Surgery	n/a	Not yet inspected the service was registered by CQC on 24th June 2016						
N84611	Roe Lane Surgery	27th August 2015	Good	Good	Good	Good	Good	Good	
N84613	The Corner Surgery (Dr Mulla)	15th April 2016	Good	Good	Good	Good	Good	Good	
N84614	The Marshside Surgery (Dr Wainwright)	3rd November 2016	Good	Good	Good	Good	Good	Good	
N84617	Kew Surgery	16th November 2016	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate	
N84618	The Hollies	10th May 2016	Requires Improvement	Good	Good	Good	Good	Good	
N84625	The Family Surgery	n/a	Not yet inspected the service was registered by CQC on 30th September 2016						
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26th September 2016						

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

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 has been undertaken to further develop these plans for implementation. In the meantime a Quarter 2 performance report has been prepared for NHSE for submission on 22nd November 2016. BCF 2017/18 guidance is delayed.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard. The new framework aligns key objectives and priorities, including the way NHS England assess and manage their day to day relationships with CCGs. In the Government's Mandate to NHS England, the framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS.

The framework draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership.

10.2 Q2 Improvement & Assessment Framework Dashboard

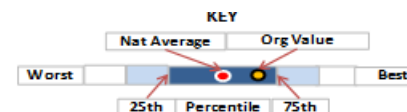
Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better Is...	Range	
						25th	75th
Better Health							
Maternal smoking at delivery	Q1 16/17	8.5%	10.2%		L		
Percentage of children aged 10-11 classified as overweight or obese	2014-15	33.4%	33.2%		L		
Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	2014-15	46.8%	39.8%		H		
People with diabetes diagnosed less than a year who attend a structured education course	2014-15	3.1%	5.7%		H		
Injuries from falls in people aged 65 and over	Mar-16	2,303	2,014		L		
Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Jul-16	39.9%	52.0%		H		
Personal health budgets	Q1 16/17	10.6	11.3		H		
Percentage of deaths which take place in hospital	Q4 15/16	41.2%	47.0%		<>		
People with a long-term condition feeling supported to manage their condition(s)	2016	62.2%	64.3%		H		
Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q4 15/16	853	929		L		
Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	2,547	2,168		L		
Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Jul-16	1.2	1.1		<>		
Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Jul-16	8.1%	9.3%		<>		
Quality of life of carers	2016	75.6%	80.0%		H		
Better Care							
Cancers diagnosed at early stage	2014	49.5%	50.7%		H		
People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Q1 16/17	80.8%	82.2%		H		
One-year survival from all cancers	2013	72.8%	70.2%		H		
Cancer patient experience	2015	8.7	N/A		H		
Improving Access to Psychological Therapies recovery rate	Jun-16	50.8%	48.9%		H		
People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Jul-16	50.0%	72.0%		H		

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range	
						25th	75th
Better Care							
◀ Reliance on specialist inpatient care for people with a learning disability and/or autism	Q1 16/17	64	SN/A	—	L		
◀ Proportion of people with a learning disability on the GP register receiving an annual health check	2014-15	No Data	47.0%	*	H		
◀ Neonatal mortality and stillbirths	2014-15	7.9	7.1	*	L		
◀ Women's experience of maternity services	2015	71.2	SN/A	*	H		
◀ Choices in maternity services	2015	60.5%	SN/A	*	H		
▲ Estimated diagnosis rate for people with dementia	Aug-16	71.9%	67.3%	—	H		
◀ Dementia care planning and post-diagnostic support	2014/15	76.7%	77.0%	*	H		
◀ Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4		—	H		
▼ Emergency admissions for urgent care sensitive conditions	Q4 15/16	2,619	2,359	—	L		
▲ Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Aug-16	93.4%	91.0%	—	H		
▼ Delayed transfers of care per 100,000 population	Aug-16	11.8	14.1	—	L		
▲ Population use of hospital beds following emergency admission	Q4 15/16	1.0	1.0	—	L		
▼ Management of long term conditions	Q4 15/16	820	795	—	L		
▲ Patient experience of GP services	H1 2016	90.4%	85.2%	—	H		
◀ Primary care workforce	H1 2016	0.9	1.0	*	H		
▼ Patients waiting 18 weeks or less from referral to hospital treatment	Aug-16	93.5%	91.0%	—	H		
▼ People eligible for standard NHS Continuing Healthcare	Q1 16/17	62.8	46.0	—	H		
Sustainability							
◀ Financial plan	2016	Red	SN/A	*	H		
◀ In-year financial performance	Q1 16/17	Red		*	H		
◀ Outcomes in areas with identified scope for improvement	Q1 16/17	40.0%	58.3%	*	H		
▲ Digital interactions between primary and secondary care	Q2 16/17	70.5%		—	H		
◀ Local strategic estates plan (SEP) in place	2016-17	Yes	SN/A	*	H		
Well Led							
◀ Staff engagement index	2015	3.8	3.8	*	H		
◀ Progress against workforce race equality standard	2015	0.0	0.2	*	L		
◀ Effectiveness of working relationships in the local system	2015-16	69.8	SN/A	*	H		
◀ Quality of CCG leadership	Q1 16/17	Amber	SN/A	*	H		

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

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

KEY
H = Higher
L = Lower
◁ = N/A



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	R	G	R						G	
		Actual	97.273%	94.333%	94.561%	94.702%	92.077%	95.431%	92.347%							94.387%
		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%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	G	R	R	R	G	G	R						R	
		Actual	100.00%	80.556%	80.00%	90.909%	98.214%	95.833%	91.228%							91.772%
		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 (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	G	G	R						G	
		Actual	98.592%	96.053%	98.958%	97.297%	98.81%	96.552%	93.548%							97.313%
		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	G	G						G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	G	G	R						G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.00%							99.213%
		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	G	G							G	
		Actual	100.00%	100.00%	100.00%	100.00%	95.00%	96.667%	95.833%								97.581%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	G	R	R	G	G	R	R							R	
		Actual	88.571%	70.732%	80.851%	94.118%	85.714%	83.333%	83.333%								83.399%
		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%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	G	G	R	R	G	G							G	
		Actual	100.00%	100.00%	100.00%	66.667%	85.714%	100.00%	100.00%								92.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

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	G	R							R	
		Actual	55.56%	86.50%	76.90%	66.67%	67.50%	77.42%	71.74%								71.637%
		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%
	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	G	R	R	R	R	R	R								R
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%	64.59%								71.512%
		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%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R							R	
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%	63.05%								64.618%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R	R	R	R	R	R								R
		Actual	65.29%	67.40%	61.70%	57.90%	61.87%	61.18%	63.13%								62.582%
		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%

546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R						R	
		Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%	88.23%							90.412%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	Southport And Formby CCG	RAG	R	R	R	R	R	R	R							R
		Actual	89.19%	87.40%	82.50%	80.67%	85.69%	84.01%	87.65%							85.26%
		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%
1932: Ambulance: 30 minute handover delays Number of ambulance handover delays over 30 minutes	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	Actual	275	298	192	309	179	236	170						1,659	
		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	65	107	60						782	
		Target														
1996: Ambulance: 30 Minute Crew Clear Delays Number of ambulance crew clear delays over 30 minutes	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	Actual	44	29	39	44	25	43	52						276	
		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									G
		Actual	100.00%		100.00%									100.00%
		Target	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 people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	G	G	G						G
		Actual	50.00%	50.00%	50.00%	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%

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	G	R	R							R	
		Actual	11	5	2	5	0	2	1								26
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	G	R	G							R	
		Actual	2.88	1.51	0.60	1.48	-	0.60	0.00								26.00
		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	0.00

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G	G	G							G		
		Status	P	P	P	P	P	P	P								-	
		Actual	95.20%	94.882%	94.317%	94.51%	93.492%	92.619%	92.36%									93.908%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G	G							G		
		Status	P	P	P	P	P	P	P								-	
		Actual	0	0	0	0	0	0	0								0	
		Target	0	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	G	G							R		
		Status	P	P	P	P	P	P	P								-	
		Actual	0.374%	0.68%	2.10%	1.916%	1.825%	0.305%	0.512%								1.12%	
		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%	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	G	G						G	
		Actual	0	0	0	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	R	R						R	
		YTD	0	0	0	0	1	1	1							1
		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	G	G						G	
		YTD	5	11	15	16	18	19	22							23
		Target	6	9	13	18	20	24	27	29	29	29	32	38	29	

Accident & Emergency

2123: 4- Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	88.638%	89.65%	90.769%	87.891%	93.343%	91.165%	91.753%							90.437%
		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%
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	R	R						R	
		Actual	88.596%	89.772%	90.923%	87.978%	93.838%	91.494%	92.109%							90.649%
		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%
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	G	G						R	
		Actual	1	0	0	0	1	0	0							2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Activity																
2015: Number of Endoscopy Diagnostic Tests/Procedures Total number of endoscopy diagnostic tests/procedures carried out	Southport And Formby CCG	RAG	G	G	G	G	G	G	G						G	
		YTD	407	769	1,141	1,528	1,917	2,318	2,696							2,696
		Target	657	1,254	1,848	2,526	3,137	3,772	4,458	5,048	5,670	6,355	7,003	7,746		4,458
2016: Number of Diagnostic Tests/Procedures (excluding Endoscopy) Total number of diagnostic tests/procedures (excluding endoscopy) carried out	Southport And Formby CCG	RAG	R	R	R	R	R	R	R						R	
		YTD	4,056	8,103	12,398	16,436	20,551	24,583	28,836							28,836
		Target	3,669	7,330	10,685	14,774	18,756	23,085	27,027	30,485	33,784	37,527	40,765	44,277		27,027
2017: Number of Diagnostic Tests/Procedures Total number of diagnostic tests/procedures carried out	Southport And Formby CCG	RAG	R	R	R	R	R	R	R						R	
		YTD	4,463	8,872	13,539	17,964	22,468	26,901	31,532							31,532
		Target	4,326	8,584	12,533	17,300	21,893	26,857	31,485	35,533	39,454	43,882	47,768	52,023		31,485
2018: Number of Completed Admitted RTT Pathways The number of completed admitted RTT pathways in the reported period	Southport And Formby CCG	RAG	G	G	G	G	G	G	G						G	
		YTD	715	1,418	2,134	2,845	3,549	4,258	5,023							5,023
		Target	781	1,557	2,321	3,123	3,766	4,550	5,341	6,134	6,801	7,613	8,417	9,283		5,341
2019: Number of Completed Non- Admitted RTT Pathways The number of completed non- admitted RTT pathways in the reporting period	Southport And Formby CCG	RAG	G	G	R	G	R	G	G						G	
		YTD	3,022	6,198	9,557	12,816	15,931	19,122	22,271							22,271
		Target	3,157	6,249	9,471	12,896	15,848	19,301	22,756	26,109	29,238	32,944	36,316	39,988		22,756