

Southport & Formby Clinical Commissioning Group

Integrated Performance Report
November 2016

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1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 8 (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 9 is an overspend of £1.499m and the forecast for the year an overspend of £2.274m. The forecast position has deteriorated by £0.055m during the month. The majority of the cost pressure relates to over performance within the acute provider contracts and the independent sector as well as the national increase in costs for Funded Nursing Care.

The value of QIPP savings delivered at the end of Month 9 is £4.694m. At this stage the CCG needs to deliver a further £4.562m 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 £7.791m worth of QIPP savings (risk adjusted plan) compared with £8.782m reported in the opening plan. This would equate to 89% delivery of its QIPP plan in year. The CCG is undertaking an urgent and critical review of the remaining QIPP programme areas to provide assurance that the required level of savings can be achieved in the financial year.

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

Planned Care

Local referrals for the year to date at month 8 (November) are slightly above 2015/16 levels for the same period (+2.2%). Broken down by referral source, GP referrals are 2.2% above, consultant to consultant referrals are 3.5% above and Other referrals are 8.7% 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.

The CCG has achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in November with a performance of 95.31% but are failing YTD with a performance of 92.37% partly due to previous month's breaches. Year to date of 380 patients there have been 29 breaches.

The CCG achieved the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in November with a performance of 86.49% but are failing year to date hitting 83.51%. In November 37 patients were seen 5 breaching the 62 day standard. For the same measure Southport & Ormskirk failed the target of 85% in November recording 76.67%, the previous months are still impacting on the YTD position of 82.98%. In November, 10.5 breaches occurred out of a total of 45 patients. Tumour sites not reaching the 85% standard were colorectal, gynaecology, haematology, head and neck, lung and urology. 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 inpatient Friends and Family Test scores. However, the trust has seen an increase in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has also increased compared to the previous month and is still below

the England average. The percentage of people who would not recommend the inpatient service has decreased since previous month and is the same as the England average.

Performance at Month 8 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £275k/1%. This is predominantly caused by Renacres Hospital and Wrightington Wigan and Leigh Hospital who are showing an over performance of £319k/11% and £260k/50% respectively. Over performance can also be seen at Aintree University Hospitals who are reporting a cost variance of £191k/7%. Over spend is offset somewhat with under performance at Southport & Ormskirk Hospital which is showing an under spend of £515k/-3%. Within Elective care at Renacres, 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 have been 89 Major Hip & Knee Procedures carried out in 2016/17. The year to date plan is 54 patients, resulting in a combined £204k over performance in the two major Hip/Knee HRGs.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for November reached 93.7% which achieved the STF plan of 92.1%. Year to date they are under plan and are achieving 91.77%. 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. Exception comments were not received from the Trust this month.

Southport & Formby CCG failed to achieve the three 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 delays on handovers.

Southport & Ormskirk failed the stroke target in November with only 17 out of 30 patients spending 90% of their time on the stroke unit (56.67%). Exception comments were not received from the Trust however, the October Integrated performance Report included comments that 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; however it would appear there has been some impact in November as performance has improved slightly from 53.3% to 56.7%.

One new case of Clostridium Difficile was attributed to the CCG in November, reported by Southport & Ormskirk Hospital Trust (actual 23/ plan 29). Year to date the Trust has had 14 cases (7 upheld), against a plan of 24, so is under plan.

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

There are 232 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 86 apply to Southport & Formby CCG patients with six reported in November; four occurring from Southport and Ormskirk Hospitals NHS Trust, one for Ramsay Health Care and one Cheshire and Wirral Partnership. Southport and Ormskirk Hospitals NHS Trust have 146 open serious incidents on StEIS, 60 involving Southport and Formby CCG patients, 73 involve West Lancashire CCG patients. One hundred relate to pressure ulcers with 36 occurring year to date, 34 apply to Southport and Formby CCG patients.

Delayed Transfers of Care (DTCOC's) decreased to 8 during November 2016 from 13 in October a decrease of 37.5%. Of the 8 delays the majority was for patient or family choice (5). Analysis of delays in November 2016 compared to November 2015 also illustrates a decrease in the number of patients waiting (37.5%). In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the system the Commissioning lead for Urgent Care participates in a weekly meeting to review all patients who are medical fit for discharge and are delayed. This is in conjunction with acute trust, community providers and Local Authority.

In A&E the percentage of people who would recommend the service has increased from 54% last month to 87% in November and is higher than the England average. The percentage not recommending has decreased from 41% to 10% in November, which is above the England average. Friends and Family is a standing 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 8 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £783k/4%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £433k overspend. This is mainly due to General Medicine with activity (7%) and spend (14%) above the same period last year. The main HRGs driving the NEL over performance are Respiratory and Pneumonia related disorders. Non-Elective excess bed days have also increased against the plan and last year's levels. This is due to major spikes in performance in both April and October 2016 which again is focused primarily in General Medicine. The levels of excess bed days have been queried with the Trust.

Mental Health

The three Key Mental Health Performance Indicators of Care Programme Approach and Early Intervention in Psychosis are achieving.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported slightly fewer Southport & Formby patients entering treatment in month 8 but remains above an average for the year. 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 forecasting 11.4% against the 15% standard at year end. Referrals increased in month 8 by 22% which is the highest monthly total in 2016/17. 67% of these were self-referrals, the highest proportion of the year. Marketing work has been carried out specifically in this area, targeting specific population groups. GP referrals remained low with 42 reported in month 8 (the lowest monthly total and 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 decreased to 50.4%. However, this remains above the minimum standard of 50%. A forecast outturn at month 8 gives a year end position of 48.4% which would fail to meet the minimum standard.

Commissioners continue to be involved in MerseyCare'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, functions in the pathway and specialist pathways. At the December 2016 Clinical Quality and Performance Group meeting the CCG raised concerns regarding the underperformance in relation to the 'timeliness of GP Communications / Discharge

Letters, since this KPI ceased to be a CQUIN the Trust has failed to meet the targets. The Trust confirmed that there are issues particularly from the Clock View site regarding timeliness of discharge summaries due to clinical staffing capacity. The Trust has added this to their Risk Register. The roll out of the RIO clinical IT system should have a positive impact on performance. However, the Trust confirmed in December 2016 that the RIO roll out has been put on hold due to 'technical issues'. The Trust has indicated that a formal communication relating RIO implementation will be sent to CCGs January 2017.

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 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 The Hollies Surgery with a "good" rating.

Work is now progressing with MLCSU to produce the indicators for a Primary Care Dashboard to be released on Aristotle 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. GP Spec).

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 9 financial performance for Southport and Formby CCG as at 31 December 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 9 is an overspend of £1.499m and the forecast for the year an overspend of £2.274m. The forecast position has deteriorated by £0.055m during the month. The majority of the cost pressure relates to over performance within the acute provider contracts and the independent sector as well as the national increase in costs for Funded Nursing Care

The value of QIPP savings delivered at the end of Month 9 is £4.694m. At this stage the CCG needs to deliver a further £4.562m 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 £7.791m worth of QIPP savings (risk adjusted plan) compared with £8.782m reported in the opening plan. This would equate to 89% 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>	£4.694m	£4.449m
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

2.2 Resource Allocation

There were no additional allocations received in Month 9.

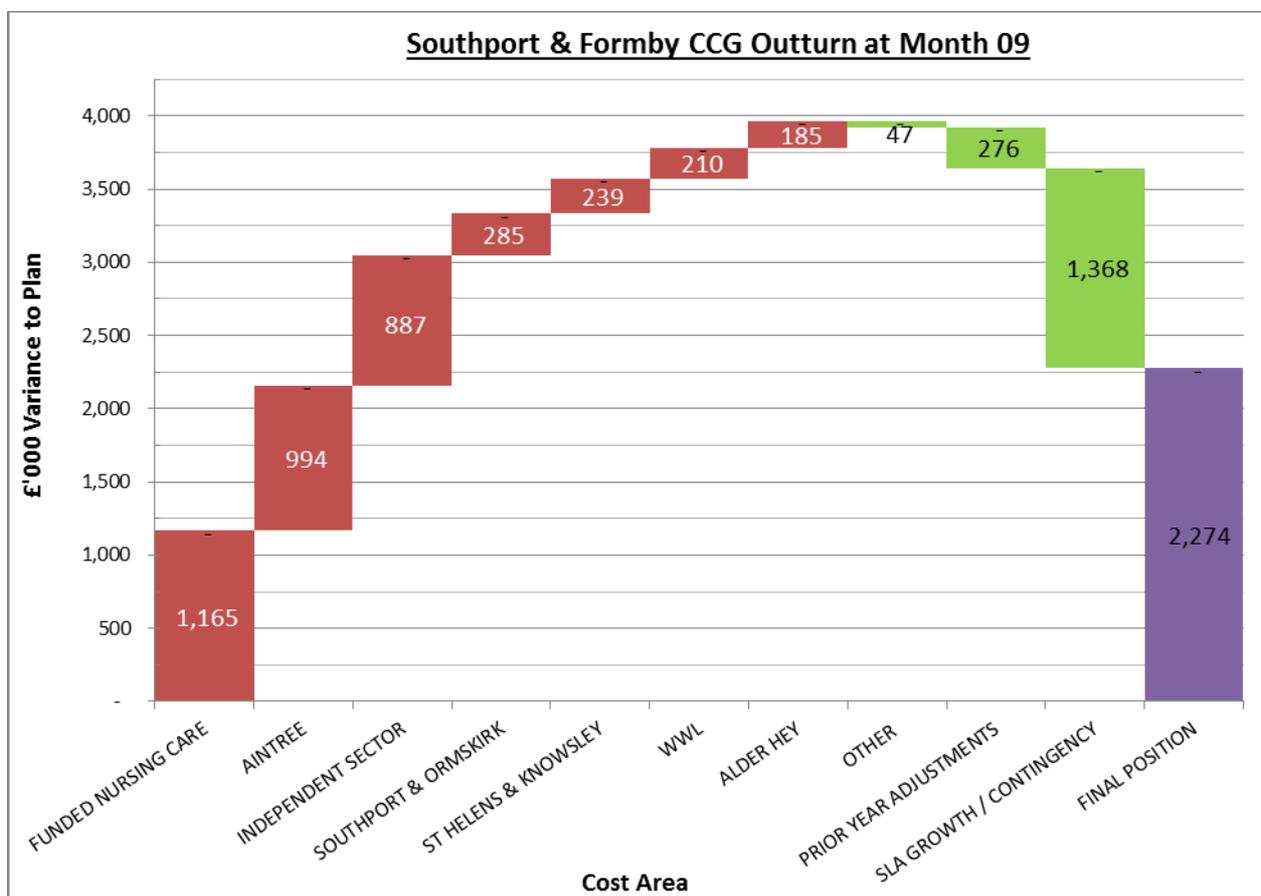
2.3 Financial Position and forecast

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 £1.368m.

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

Figure 2 – Forecast Outturn



Prescribing

There is a year to date overspend of £0.165m with a year-end forecast of breakeven. 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 9 position for the continuing care and Funded Nursing Care budget is a £0.594m 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 £0.986m, 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 were identified in Month 8 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 £12.256m in total, the target has increased by £0.055m 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	(2,945)	(318)	(3,263)	(1,696)	(578)	(990)	(3,263)
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	(711)	(4,152)	(4,863)	(2,413)	(645)	(1,805)	(4,863)
Urgent Care system redesign plan	(1,137)	0	(1,137)	0	(287)	(850)	(1,137)
Total QIPP Plan	(7,386)	(4,870)	(12,256)	(7,014)	(1,554)	(3,688)	(12,256)
Risk rated QIPP plan				(7,014)	(777)	0	(7,791)

As shown in Figure 4 and 5 below, below, £4.694m QIPP savings have already been actioned at Month 9 against a phased plan of £7.610m.

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

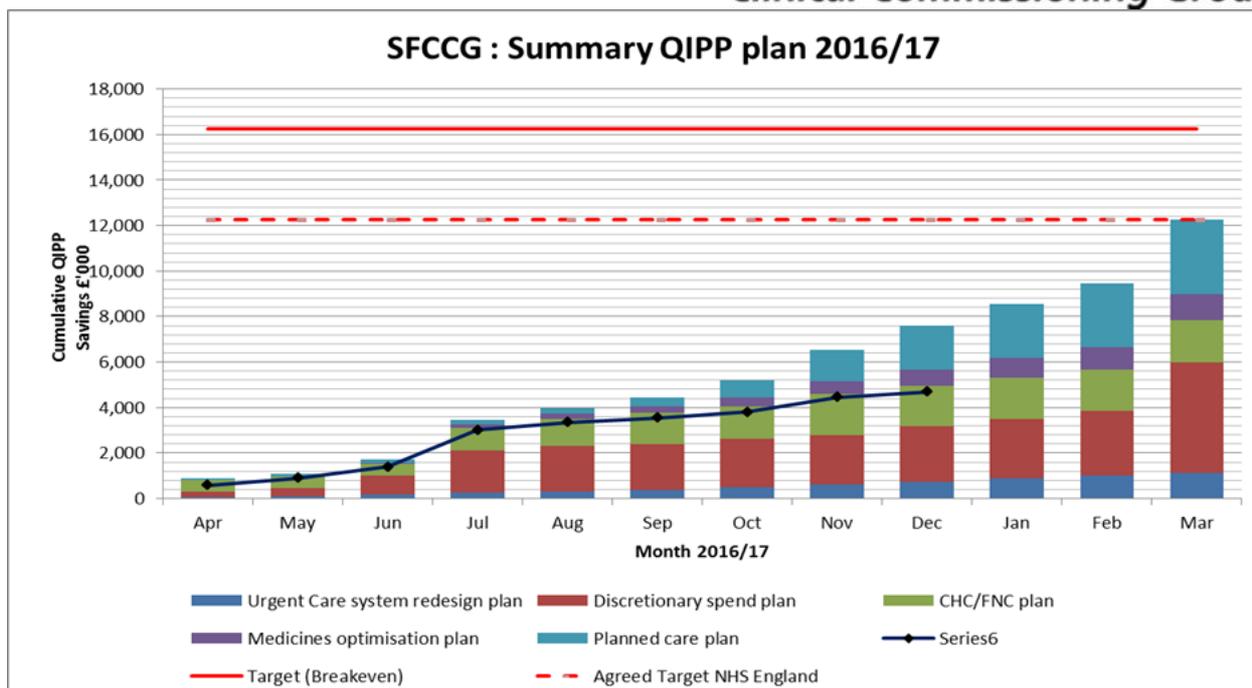


Figure 5 – QIPP performance at month 9

Scheme	Current month (M9)						
	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance
Planned care plan	535	0	(535)	🔴	1,938	194	(1,744) 🔴
Medicines optimisation plan	147	100	(47)	🟡	711	321	(390) 🔴
CHC/FNC Plan	2	0	(2)	🔴	1,797	1,795	(2) 🔴
Discretionary spend plan	243	145	(98)	🔴	2,414	2,384	(26) 🔴
Urgent Care system redesign	129	0	(129)	🔴	751	0	(751) 🔴
Total	1,056	245	(811)		7,610	4,694	(2,912)

QIPP delivery is £2.912m below plan at Month 9. 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.

Delivery of the agreed year end deficit of £7.000m requires a saving of £4.562m in the remaining three months of the financial year. An urgent and critical review of outstanding QIPP schemes is in progress and will be closely monitored. The CCG and scheme leads in particular must work to provide further assurance regarding the delivery of schemes.

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 £0.197m 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.

Month 9 position

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 9, the actual cash received is £140.660m (73.2% of MCD) against a target of £144.081m (75.0% of MCD).

A full year cash flow forecast, based on information available at month 9. 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 which is approximately £0.240m. This is excess cash above the threshold which will need to be returned to NHS England.

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

QIPP delivery is below plan in Month 9 and savings of £4.562m are required to deliver the agreed financial position. 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'. In addition, a critical review of schemes rated 'Green' is required to ensure delivery is on target. 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 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 is monitored closely as QIPP schemes continue to be delivered.

2.8 Reserves budgets / Risk adjusted surplus

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

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 £9.053m in 2016/17 in order to achieve the revised forecast deficit of £7.000m.

Figure 6 – Forecast Outturn 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	(1.305)	(1.069)
FNC Cost Pressure	(1.205)	0.000	(1.205)
Reserve Budgets	(1.163)	1.366	0.203
Management action plan			
Actioned QIPP to date	2.860	1.834	4.694
Deliver on remaining QIPP plan	4.526	2.833	7.359
Total Management Action plan required	7.386	4.667	12.053
Revision to planned deficit	0.000	(3.000)	(3.000)
Forecast Surplus / (deficit)	(5.587)	(1.413)	(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 £0.465m. The most likely case assumes the additional QIPP of £0.465m is not achieved but at this stage, also assumes that the remaining risk adjusted QIPP plan will be 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)	(12.256)	(12.256)	(12.256)
QIPP achieved to date	4.694	4.694	4.694
Remaining QIPP requirement	(7.562)	(7.562)	(7.562)
Predicted QIPP achievement (M10-12)	3.097	3.097	2.320
Planned Deficit	(4.000)	(4.000)	(4.000)
Forecast Surplus / (Deficit)	(8.465)	(8.465)	(9.242)
Further Risk - Acute Care			(0.500)
Management Action Plan			
Mitigation	1.000	1.000	-
Further QIPP delivery	0.465	-	-
Risk adjusted Surplus / (Deficit)	(7.000)	(7.465)	(9.742)

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 £7.465m but this is dependent on delivery of the remaining risk adjusted QIPP plan and further mitigation.
- Despite remaining on target to deliver 89% of the original plan, additional pressures have emerged during the year, which require further QIPP savings for mitigation.
- Delivery of the agreed deficit of £7.000m requires further QIPP savings of £4.562m.
- The CCG is undertaking an urgent and critical review of the remaining QIPP programme areas to provide assurance that the required level of savings can be achieved in the financial 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

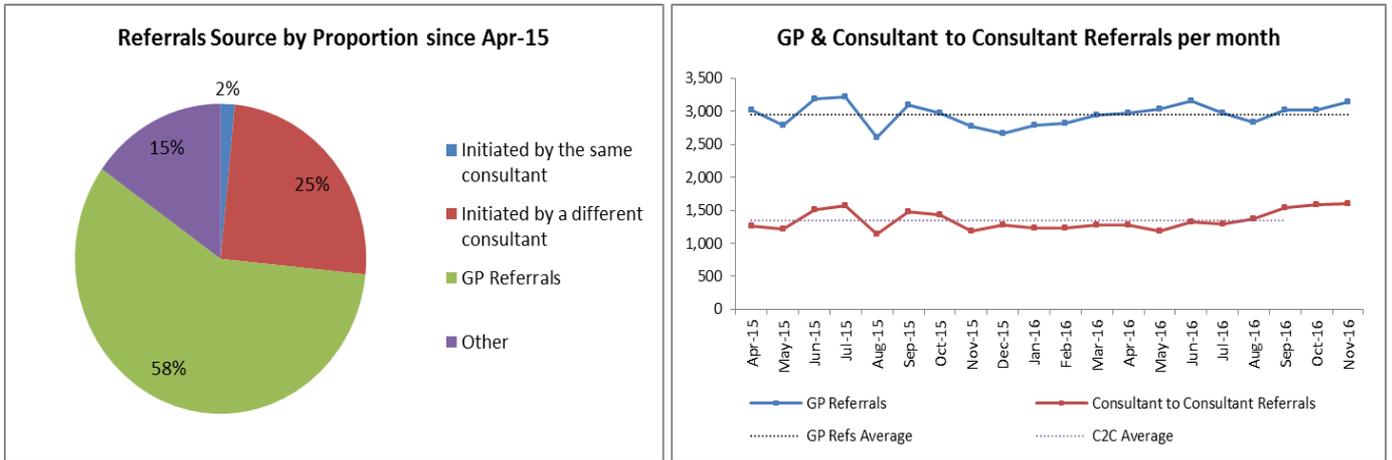


Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

**Southport and Formby
Clinical Commissioning Group**

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	23,635	24,159	524	2.2%
GP Total			23,635	24,159	524	2.2%
Other	01	following an emergency admission	70	54	-16	-22.9%
	02	following a Domiciliary Consultation	27	5	-22	-81.5%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	2,239	2,112	-127	-5.7%
	05	A CONSULTANT, other than in an Accident and Emergency Department	7,964	8,382	418	5.2%
	06	self-referral	1,172	1,131	-41	-3.5%
	07	A Prosthetist	5	3	-2	-40.0%
	08	Royal Liverpool Code (TBC)	268	316		0.0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	132	180	48	36.4%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	371	447	76	20.5%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	6	8	2	33.3%
	13	A Specialist NURSE (Secondary Care)	45	33	-12	-26.7%
	14	An Allied Health Professional	1,199	1,171	-28	-2.3%
	15	An OPTOMETRIST	676	729	53	7.8%
	16	An Orthoptist	70	30	-40	-57.1%
	17	A National Screening Programme	459	500	41	8.9%
	92	A GENERAL DENTAL PRACTITIONER	233	311	78	33.5%
	93	A Community Dental Service	5	0	-5	-100.0%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,661	2,071	410	24.7%	
Other Total			16,602	17,483	881	5.3%
Unknown			9	12	3	33.3%
Grand Total			40,246	41,654	1,408	3.5%

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

Data quality note: Walton Neuro Centre & Renacres Hospitals have been excluded from the above analysis due to data quality issues. For info, Walton is recording approx. 80 referrals per month in 2016/17 and Renacres approx. 350 refs per month.

3.2 Diagnostic Test Waiting Times

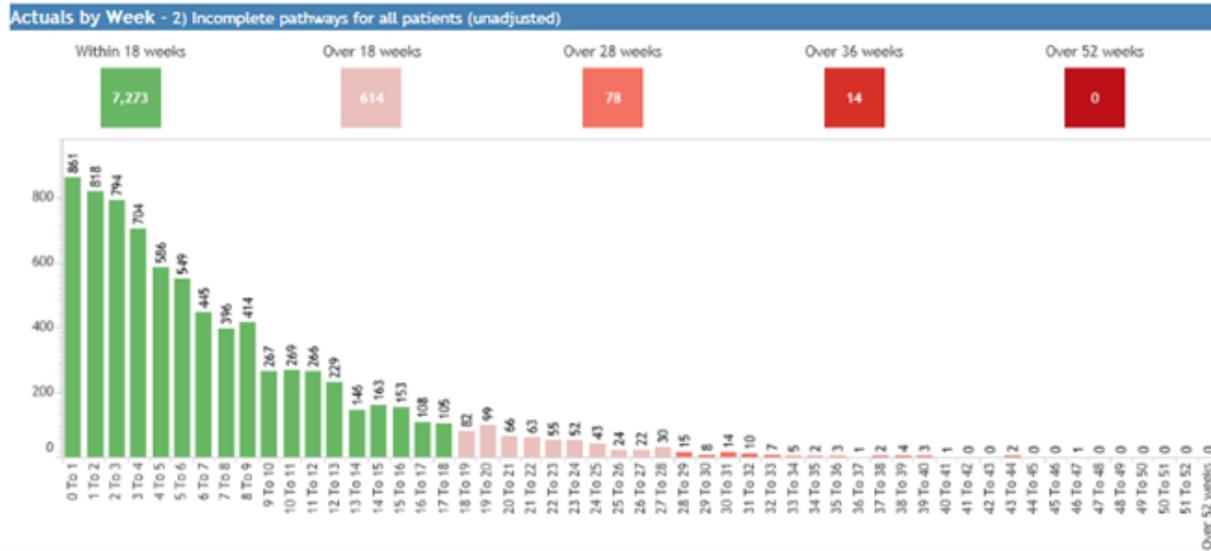
Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - Nov	<1%	0.77%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	16/17 - Nov	<1%	0.58%	↑

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 - Nov	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	16/17 - Nov	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 - Nov	92%	92.22%	↔
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 - Nov	92%	92.71%	↔

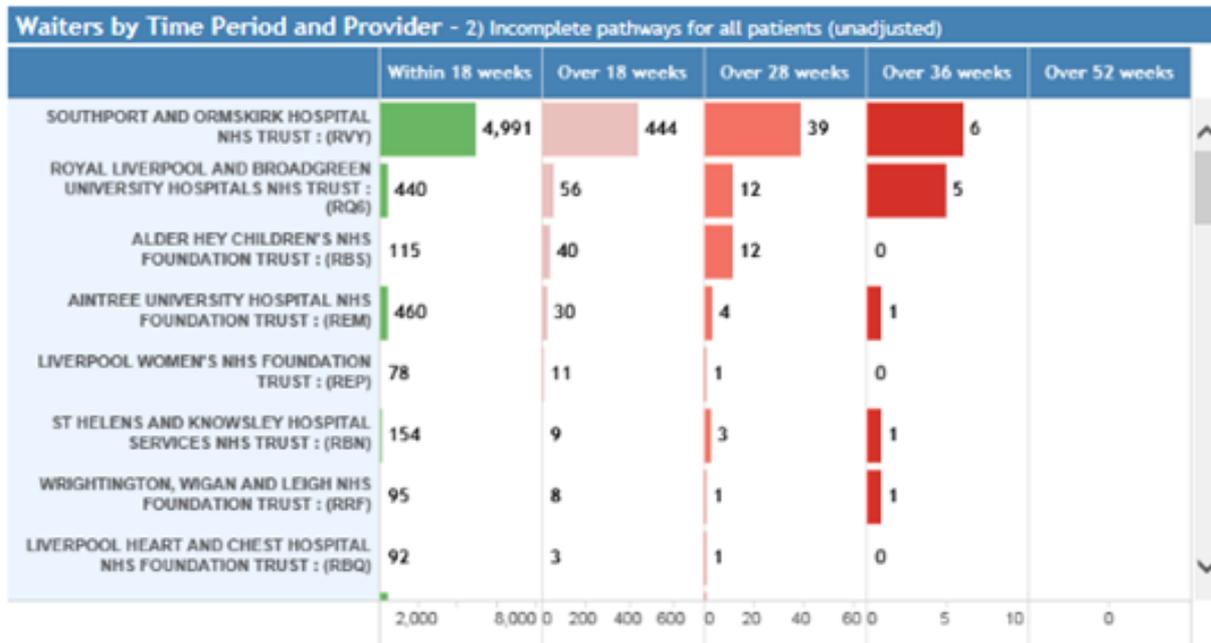
3.3.1 Incomplete Pathway Waiting Times

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

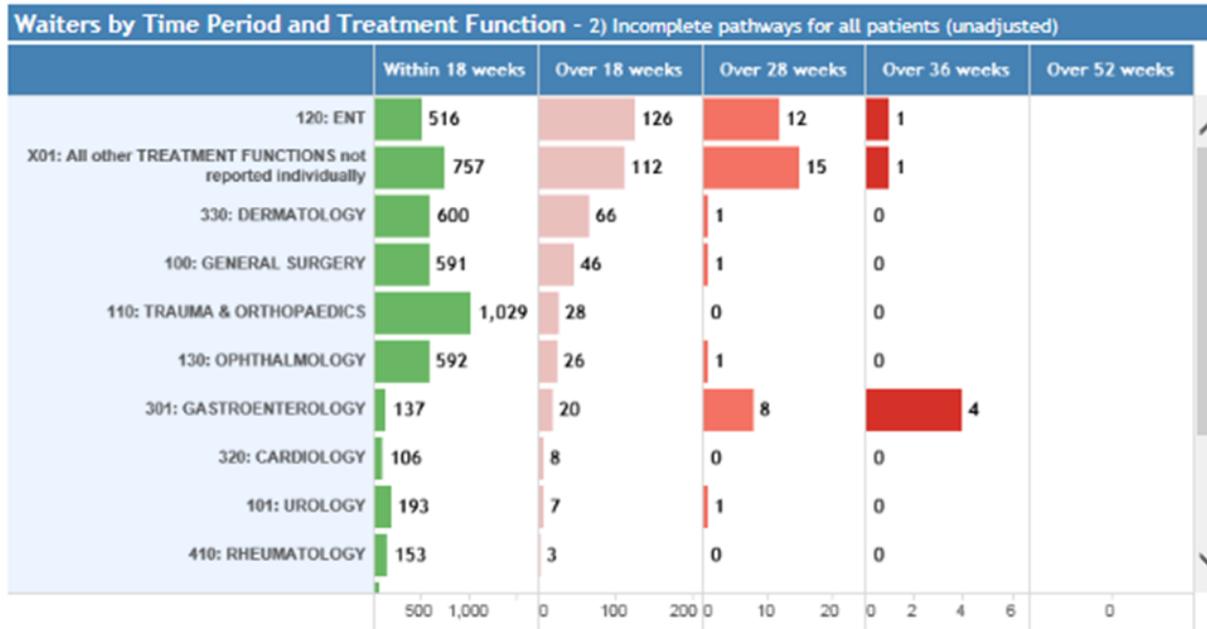
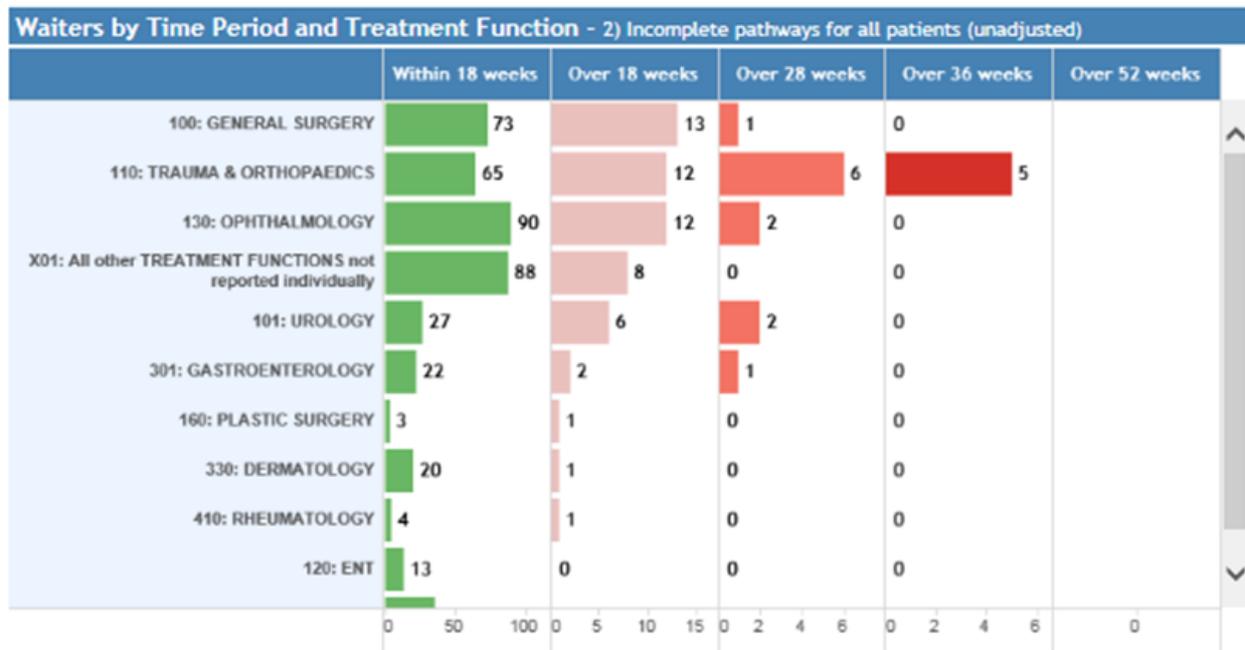


Figure 13 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



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	40	1	Trust only provides updates for 42 plus week waiters	
Southport & Formby	ROYAL LIVERPOOL	T&O	43	1	TCI Date 10/01/2017	Capacity
Southport & Formby	ROYAL LIVERPOOL	T&O	46	1	Awaiting update from Directorate	
Southport & Formby	ST HELENS AND KNOWSLEY	Plastic Surgery	43	1	Awaiting update from Trust	

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 - Nov	0	0	1 ↔

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

Cancelled Operations				
No urgent operation should be cancelled for a second time - Southport & Ormskirk	16/17 - Nov	0	0	1 ↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	16/17 - Nov	93%	94.35%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	16/17 - Nov	93%	95.12%	↔
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 - Nov	93%	92.37%	↑
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 - Nov	93%	N/A	↔

The CCG has achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in November with a performance of 95.31% but are failing YTD with a performance of 92.37% partly due to previous month's breaches. Year to date out of 380 patients there have been 29 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 - Nov	96%	97.47%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	16/17 - Nov	96%	98.27%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - Nov	94%	97.20%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	16/17 - Nov	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - Nov	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	16/17 - Nov	94%	96.88%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - Nov	98%	99.37%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	16/17 - Nov	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 - Nov	85%	85.19%	↔
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 - Nov	85% (local target)	88.38%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - Nov	90%	92.31%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	16/17 - Nov	90%	95.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - Nov	85%	83.51%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	16/17 - Nov	85%	82.98%	↓

The CCG achieved the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in November with a performance of 86.49% but are failing year to date hitting 83.51%. In November 37 patients were seen 5 breaching the 62 day standard.

For the same measure Southport & Ormskirk failed the target of 85% in November recording 76.67%, the previous months are still impacting on the YTD position of 82.98%. In November, 10.5 breaches occurred out of a total of 45 patients. Tumour sites not reaching the 85% standard were colorectal, gynaecology, haematology, head & neck, lung and urology. 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: Nov-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%	17.9%		96%	95%		2%	2%	
Q1 - Antenatal Care	N/A	-		96%	57%		1%	14%	
Q2 - Birth	23.3%	31.8%		97%	91%		1%	4%	
Q3 - Postnatal Ward	N/A	-		94%	87%		2%	4%	
Q4 - Postnatal Community	N/A	-		97%	100%		1%	0%	

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. But the trust has seen an increase in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has also increased compared to the previous month however this is still below the England average. The percentage of people who would not recommend the inpatient service has decreased since previous month and is the same as the England average.

The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The Trust will present their Patient and Carer Experience Strategy and FFT update at the January CQPG and have been invited to the CCG EPEG meeting in February for the same.

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

At the December EPEG meeting, it was noted that the Trust had shown 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 8 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £275k/1%. This is predominantly caused by Renacres Hospital and Wrightington Wigan and Leigh Hospital who are showing an over performance of £319k/11% and £260k/50% respectively. Combined over performance at the two Trusts equals £579k. Over performance can also be seen at Aintree University Hospitals who are reporting a cost variance of £191k/7%. Over spend is offset with under performance at Southport & Ormskirk Hospital which is showing an under spend of £515k/-3%.

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	12,031	13,288	1,257	10%	£2,732	£2,923	£191	7%
Alder Hey Childrens NHS F/T *	678	772	94	14%	£357	£433	£76	21%
Central Manchester University Hospitals Nhs Foundation Trust	157	236	79	50%	£30	£87	£57	194%
Fairfield Hospital	53	94	41	77%	£8	£20	£12	146%
ISIGHT (SOUTHPORT)	2,590	2,481	-109	-4%	£593	£465	£-129	-22%
Liverpool Heart and Chest NHS F/T	1,458	1,594	136	9%	£672	£654	£-19	-3%
Liverpool Womens Hospital NHS F/T	1,636	1,729	93	6%	£470	£477	£7	1%
Renacres Hospital	8,998	10,545	1,547	17%	£2,835	£3,154	£319	11%
Royal Liverpool & Broadgreen Hospitals	10,625	10,750	125	1%	£2,312	£2,230	£-82	-4%
Southport & Ormskirk Hospital*	77,592	75,751	-1,841	-2%	£16,005	£15,490	£-515	-3%
SPIRE LIVERPOOL HOSPITAL	427	273	-154	-36%	£149	£88	£-61	-41%
ST Helens & Knowsley Hospitals	3,147	3,453	306	10%	£742	£859	£117	16%
University Hospital Of South Manchester Nhs Foundation Trust	135	160	25	19%	£24	£32	£8	31%
Walton Neuro	1,470	1,736	266	18%	£326	£372	£46	14%
Wirral University Hospital NHS F/T	210	186	-24	-11%	£69	£57	£-12	-17%
Wrightington, Wigan And Leigh Nhs Foundation Trust	1,442	2,197	755	52%	£517	£777	£260	50%
Grand Total	122,648	125,245	2,597	2%	£27,843	£28,118	£275	1%

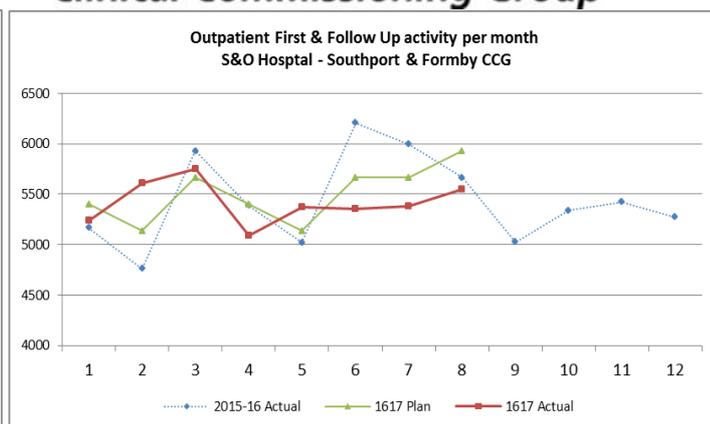
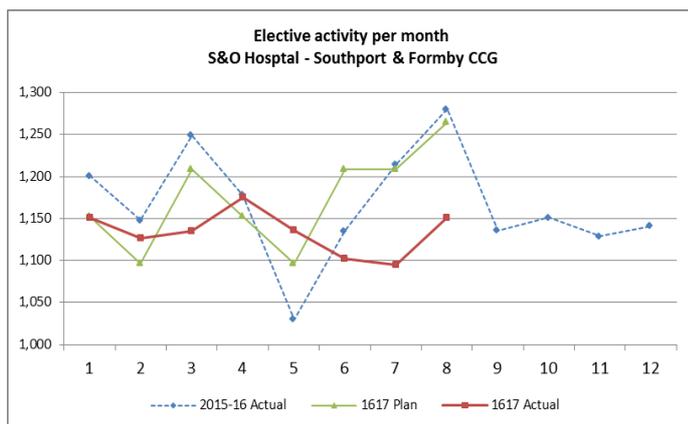
*PbR only

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	8,277	7,953	-324	-4%	£4,629	£4,315	£-314	-7%
Elective	1,113	1,119	6	1%	£2,907	£2,995	£88	3%
Elective Excess BedDays	186	289	103	55%	£41	£65	£24	58%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	992	627	-365	-37%	£148	£103	£-45	-31%
OPFASPCL - Outpatient first attendance single professional consultant led	10,581	10,504	-77	-1%	£1,649	£1,617	£-32	-2%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2,443	1,660	-783	-32%	£252	£187	£-65	-26%
OPFUPSPCL - Outpatient follow up single professional consultant led	29,978	30,558	580	2%	£2,839	£2,858	£19	1%
Outpatient Procedure	16,306	16,372	66	0%	£2,893	£2,797	£-95	-3%
Unbundled Diagnostics	7,716	6,669	-1,047	-14%	£647	£553	£-95	-15%
Grand Total	77,592	75,751	-1,841	-2%	£16,005	£15,490	£-515	-3%

*PbR only



3.7.2 Southport & Ormskirk Hospital Key Issues

Planned Care at Southport & Ormskirk Hospital is reporting a year to date under performance of -£515k, which equates to a -3% variance. Under-Performance, in financial terms of the contract, is driven by Daycases which is showing a -£314k/-7% variance. Outpatient Procedures are showing a -£95k/-15 variance.

The Trust struggled all year with planned care elements of the contract citing the lack of theatre staff as one reason for the under-performance.

Elective procedures have picked up in the last two months with November now showing a slight over performance in both activity and cost. The main specialities influencing this shift are General Surgery and Trauma. Pain Management has seen a spike in activity which is not in line with the past 18 month's performance, this has been queried with the Trust in the last Information Sub Group and will form part of the month 8 challenges.

Outpatient activity has dropped in the past few months against plan with a number of specialties affecting the performance. First attendances have seen a drop in activity against General Surgery, ENT and Gynaecology while follow-up activity has dropped mainly in T&O, ENT, Ophthalmology and General Medicine.

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	1,173	1,182	9	1%	£1,198	£1,263	£64	5%
Elective	166	219	53	32%	£743	£947	£204	27%
OPFASPCL - Outpatient first attendance single professional consultant led	2,630	2,224	-406	-15%	£387	£330	-£56	-15%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,593	4,932	2,339	90%	£223	£313	£90	41%
Outpatient Procedure	1,603	995	-608	-38%	£207	£193	-£14	-7%
Unbundled Diagnostics	831	993	162	19%	£77	£107	£30	39%
Grand Total	8,998	10,545	1,547	17%	£2,835	£3,154	£319	11%

Renacres over performance of £319k/11% is largely driven by a £204k over performance in Elective Care, which has been a constant theme in 2016/17. Daycase and Electives are over performing by £64k and £204k respectively.

In terms of HRG performance in T&O, Major Hip and Major Knee Procedures are causing the over performance. There have been 89 Major Hip & Knee Procedures carried out in 2016/17. The year to date plan is 54 patients, resulting in a combined £204k 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 - Nov	95.00%	90.77%	↔	Southport & Formby CCG failed the 95% target in November reaching 93.16% (year to date 90.77%). In November, 251 attendances out of 3669 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 - Nov	95.00%	84.07%	↑	Southport & Formby CCG failed the 95% target in November reaching 87.80% (year to date 84.07%). In November 250 attendances out of 2049 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 - Nov	STF Trajectory Target for Nov 92.1%	91.77%	↑	Southport & Ormskirk have achieved the STF trajectory target in November reaching 93.7% (but are failing it year to date recording 91.77%). In November 689 attendances out of 10991 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 - Nov	95.00%	84.27%	↑	Southport & Ormskirk have failed the target in November reaching 88.89% (year to date 84.27%). In November, 685 attendances out of 6163 were not admitted, transferred or discharged within 4 hours.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
STP Trajectory S&O	87.50%	88.30%	88.80%	90%	90%	90.70%	91.40%	92.10%
S&O Actual	88.6%	89.8%	90.92%	88.0%	93.84%	91.49%	92.11%	93.73%

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.

Exception comments were not received from the Trust this month.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - Nov	75%	71.19%	↔	The CCG is under the 75% target year to date achieving 71.19%. In November out of 34 incidents there were 11 breaches (67.65%).
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - Nov	75%	62.51%	↔	The CCG was under the 75% target year to date reaching 62.51%. In November out of 613 incidents there were 233 breaches (62.05%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - Nov	95%	84.93%	↓	The CCG was under the 95% target year to date reaching 84.93%. In November out of 647 incidents there were 111 breaches (82.81%).
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - Nov	75%	70.35%	↓	NWS reported under the 75% target year to date reaching 70.35%. November reaching 62.80%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - Nov	75%	64.07%	↔	NWS failed to achieve the 75% target year to date reaching 64.07%. November reaching 60.35%.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - Nov	95%	89.95%	↓	NWS failed to achieve the 95% target year to date reaching 89.95%. November reaching 86.79%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	16/17 - Nov	0	77	↑ ↓	The Trust recorded 77 handovers between 30 and 60 minutes, this is an improvement on last month when 114 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	16/17 - Nov	0	57	↓	The Trust recorded 57 handovers over 60 minutes, this is also an improvement on last month when 60 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.

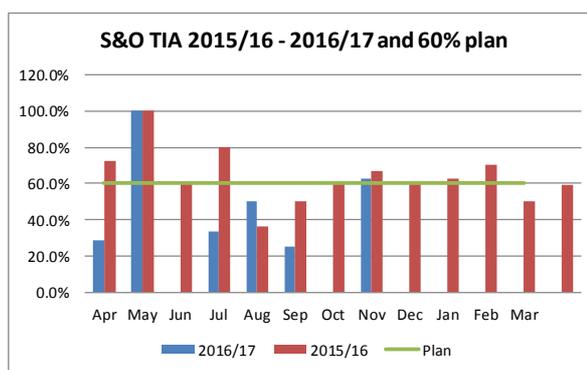
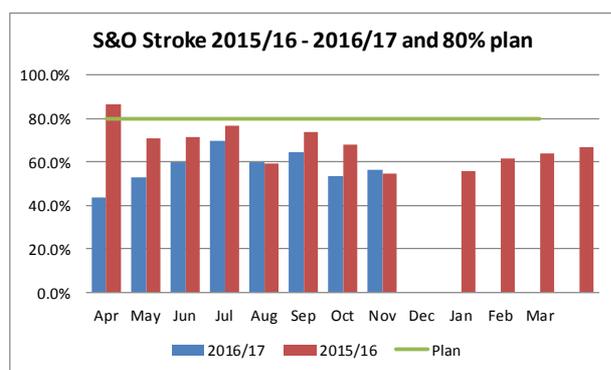
The Trust has signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisations.

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 - Nov	80%	56.67%	↑	The Trust failed the 80% target in November with only 17 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 - Nov	60%	62.50%	↑	



No exception comments received from the Trust. However the October Integrated performance Report included comments that 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; however it would appear there has been some impact in November as performance has improved slightly from 53.3% to 56.7%.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - Nov	0.00	0.50	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	16/17 - Nov	0.00	0.90	↑

November saw the CCG and Southport & Ormskirk fail Mixed Sex Accommodation. In November the CCG had 2 mixed sex accommodation breaches (a rate of 0.5) and have therefore breached the zero tolerance threshold. The breaches were at Southport & Ormskirk.

In November Southport & Ormskirk had a total of 5 mixed sex accommodation breaches (a rate of 0.9) and have therefore breached the zero tolerance threshold, of the 5 breaches 2 were for Southport & Formby CCG and 3 for West Lancashire CCG. Year to date there have been 48

breaches. The Trust has been carrying out remedial building work in Critical Care ward to mitigate further breaches, this will continue to be closely monitored through normal surveillance routes.

4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - Nov	29	23	↑	There was 1 new cases reported in November 2016 , year to date 23 cases against a year to date plan of 29. Of the 23 cases all were reported at Southport & Ormskirk (10 apportioned to acute trust and 13 apportioned to community). Year-end plan 38.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	16/17 - Nov	24	14 (7 following appeal)	↑	There was 1 new trust apportioned case reported in November 2016 (YTD Actual 14 / YTD Plan 24), Year-end plan is 36.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - Nov	0	1	↔	There has been no new cases of MRSA reported in November 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 - Nov	0	1	↔	There has been no new cases of MRSA reported at the Trust in November (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 - Nov	100	99.12	↑ ↔
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 = 99.12.

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 in line with the CCG reporting schedule for Month 8.

There are 232 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 86 apply to Southport & Formby CCG patients with 6 reported in November; 4 occurring from Southport and Ormskirk Hospitals NHS Trust, 1 for Ramsay Health Care and 1 Cheshire and Wirral Partnership.

Southport and Ormskirk Hospitals NHS Trust have 146 open serious incidents on StEIS, 60 involving Southport and Formby CCG patients, 73 involve West Lancashire CCG patients. 100 relate to pressure ulcers with 36 occurring year to date, 34 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. 93 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	Provider	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 Knowsley	1	78
	GP Practice within South Sefton	4	
	GP Practice within Southport and Formby	32	
	GP Practice within St Helens	1	
	GP Practice within West Lancashire	37	
	GP Practice within Wigan	1	
	GP Practice within Tameside & Glossop	1	
	GP Practice within Cumbria	1	

MerseyCare NHS Foundation Trust – 18 open incidents on StEIS for Southport and Formby CCG patients with 14 open >100 days. No serious incidents were reported in November for S&F CCG patients 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 (DTOC's) decreased to 8 during November 2016 from 13 in October a decrease of 37.5%. Of the 8 delays the majority was for patient or family choice (5).

Analysis of delays in November 2016 compared to November 2015 also illustrates an decrease in the number of patients waiting (37.5%).

Delayed Transfers of Care April 2015 – November 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	Nov
A) COMPLETION ASSESSMENT	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
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	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	0
D1) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1	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	0
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	1	1	0	0
G) PATIENT OR FAMILY CHOICE	1	1	0	0	0	7	2	2	1	1	4	4	3	3	4	4	1	1	7	5
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
I) HOUSING	0	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	8

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

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

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

The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity. 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: Nov-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%	2.2%		86%	87%		7%	10%	

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.

The Trust A&E department has seen an increase in the percentage of people who would recommend the service from 54% in October to 87% in November and is higher than the England average. The percentage not recommending has decreased from 41% to 10% in November, however, this remains above the England average.

Friends and Family is a standing 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 and Carer Experience Strategy and FFT update is to be given at the January CQPG and invited to EPEG in February for the same.

The CCG Engagement and Patient Experience Group (EPEG) have sight of the Trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience 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 8 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £783k/4%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £433k overspend.

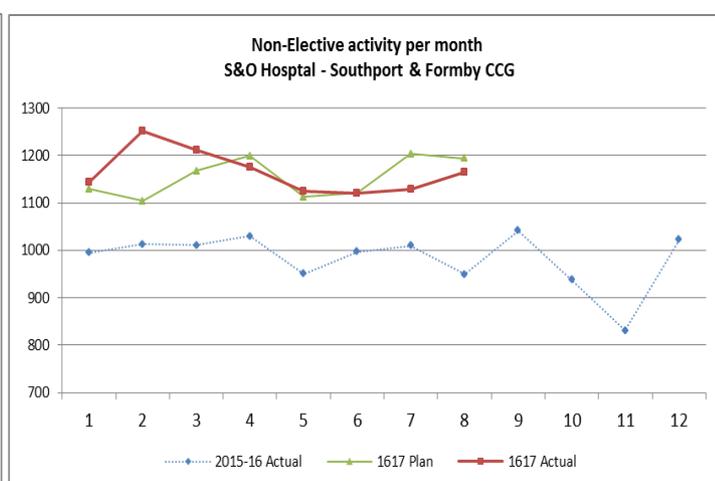
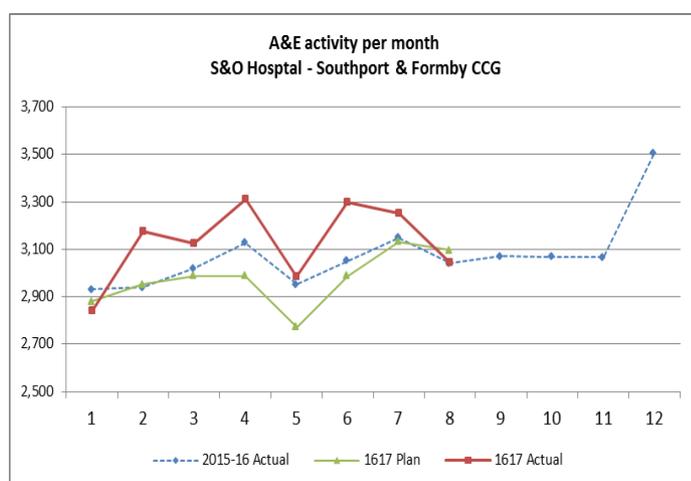
Figure 17 - Month 8 Unplanned Care – All Providers

	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	1,205	1,255	50	4%	£620	£813	£194	31%
Alder Hey Childrens NHS F/T	566	661	95	17%	£281	£309	£28	10%
Central Manchester University Hospitals Nhs Foundation Trust	59	65	6	11%	£20	£20	£0	1%
Countess of Chester Hospital NHS Foundation Trust	0	40	40	0%	£0	£17	£17	0%
Liverpool Heart and Chest NHS F/T	81	98	17	21%	£256	£282	£26	10%
Liverpool Womens Hospital NHS F/T	220	160	-60	-27%	£233	£197	£-37	-16%
Royal Liverpool & Broadgreen Hospitals	929	1,045	116	12%	£528	£574	£46	9%
Southport & Ormskirk Hospital	38,420	41,677	3,257	8%	£19,561	£19,994	£433	2%
ST Helens & Knowsley Hospitals	277	391	114	41%	£140	£183	£44	31%
Wirral University Hospital NHS F/T	74	60	-14	-19%	£30	£42	£12	41%
Wrightington, Wigan And Leigh Nhs Foundation Trust	41	68	27	65%	£35	£55	£20	57%
Grand Total	41,872	45,520	3,648	9%	£21,702	£22,486	£783	4%

4.7.2 Southport and Ormskirk Hospital NHS Trust

Figure 18 - Month 8 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	24,338	25,899	1,561	6%	£3,238	£3,613	£375	12%
A and E Type 3	1,090	1,428	338	31%	£64	£81	£17	26%
NEL/NELSD - Non Elective/Non Elective IP Same Day	7,434	7,608	174	2%	£13,321	£13,362	£41	0%
NELNE - Non Elective Non-Emergency	736	1,026	290	39%	£1,391	£1,239	£-152	-11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	118	124	6	5%	£38	£33	£-5	-13%
NELST - Non Elective Short Stay	1,060	1,030	-30	-3%	£744	£702	£-42	-6%
NELXBD - Non Elective Excess Bed Day	3,645	4,562	917	25%	£763	£963	£200	26%
Grand Total	38,420	41,677	3,257	8%	£19,561	£19,994	£433	2%



4.7.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Urgent care is currently over spent by £433k across PbR and Non-PbR elements of the contract. The main driver behind the over performance is Non-Elective PbR admissions which is currently £428k over plan. This is mainly due to General Medicine with activity (7%) and spend (14%) above the same period last year. The main HRGs driving the NEL over performance are Respiratory and Pneumonia related disorders.

Non-Elective excess bed days have also increased against the plan and last year's levels. This is due to major spikes in performance in both April and October 2016 which again is focused primarily in General Medicine. The levels of excess bed days have been queried with the Trust.

Accident and Emergency at the Trust site remains above plan for the year with only April showing a reduction for the same period compared with 2015/16. Previous discussions with the Trust have highlighted the increase in patients over 65years attending A&E and admitted in an emergency setting which has caused higher costs and an increase in excess bed days.

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 30/11/2016	2016/17 Plan	Variance from Plan	Variance on 30/11/2015	
0 Variance	40	41	(1)	5	
1 Common Mental Health Problems (Low Severity)	-	3	(3)	(6)	
2 Common Mental Health Problems (Low Severity with greater need)	5	11	(6)	(9)	
3 Non-Psychotic (Moderate Severity)	86	174	(88)	(82)	
4 Non-Psychotic (Severe)	208	156	52	53	
5 Non-psychotic Disorders (Very Severe)	40	29	11	12	
6 Non-Psychotic Disorder of Over-Valued Ideas	27	22	5	4	
7 Enduring Non-Psychotic Disorders (High Disability)	126	112	14	8	
8 Non-Psychotic Chaotic and Challenging Disorders	77	65	12	11	
10 First Episode Psychosis	72	65	7	8	
11 On-going Recurrent Psychosis (Low Symptoms)	257	291	(34)	(26)	
12 On-going or Recurrent Psychosis (High Disability)	182	153	29	29	
13 On-going or Recurrent Psychosis (High Symptom & Disability)	97	100	(3)	(4)	
14 Psychotic Crisis	18	11	7	5	
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	28	26	2	2	
18 Cognitive Impairment (Low Need)	214	244	(30)	(21)	
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	691	787	(96)	(55)	
20 Cognitive Impairment or Dementia Complicated (High Need)	266	202	64	72	
21 Cognitive Impairment or Dementia (High Physical or Engagement)	67	53	14	21	
Cluser 99	167	123	44	31	
Total	2,685	2,684	1	61	
			0.04%	-	

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	Nov-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%	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	Nov-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%	100%

Figure 22 - Figure 16 EIP 2 week waits

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-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%	50%	50%	50%	67%	
					Rolling Quarter	50%	0%	40%	43%	50%	60%

5.1.2

5.1.3 Mental Health Contract Quality Overview

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. 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 Board. 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.

At the December 2016 CQPG, the CCG raised concerns regarding the underperformance in relation to the 'timeliness of GP Communications / Discharge Letters, since this KPI stopped being a CQUIN, the Trust has failed to meet the targets. A meeting was held with the Trust in December 2016 to discuss the underperformance in relation to GP communication KPIs, in South Sefton and Southport & Formby CCGs. The Trust confirmed that there are issues particularly from the Clock View site regarding timeliness of discharge summaries due to clinical staffing capacity. The Trust have added this to their Risk Register. The roll out of RIO should have a positive impact on performance. However, the Trust confirmed in December 2016 that the RIO roll out has been put on hold due to 'technical issues'. Performance will continue to be monitored via the CQPG and a full report and action will be requested for submission at the February 2017 CQPG. The Trust has indicated that a formal communication relating RIO implementation will be sent to CCGs later in January 2017.

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	188				
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	-52				
	%	-16.4%	-18.9%	-25.1%	-30.5%	-32.6%	-37.6%	-16.4%	-21.8%				
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%	1.0%				
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%	50.4%				
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%	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%	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	131				
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	12				
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	60				
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%	82.3%				

The provider (Cheshire & Wirral Partnership) reported 188 Southport & Formby patients entering treatment in month 8. This is a decrease from the previous month (when the joint highest number of patients entering treatment was recorded) but remains above an average for the year. 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 11.4% 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 increased in month 8 by 22% with a total of 271 reported (the highest monthly total in 2016/17). 67% of these were self-referrals, the highest proportion of the year. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals remained low with 42 reported in month 8 (the lowest monthly total and 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 decreased to 50.4%. However, this remains above the minimum standard of 50%. A forecast outturn at month 8 gives a year end position of 48.4% 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 8. The provider has previously stated that cancellations could be attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs increased from 81 in month 7 to 103 in month 8, which is above average and is comparable to the number of DNAs reported at the beginning of the current year. 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, 97.7% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the first eight 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 service continues to implement the actions identified in month 7 through additional staff/sessions, group work and changing working practices.

At the end of October 2016, a total of 512 patients were identified within the service as waiting for their second appointment with an average wait time of 39.1 days.

At the end of November 2016 a total of 489 patients were identified within the service as waiting for their second appointment with an average wait time of 37.9 days. Internal wait information is being submitted weekly by the provider.

Progress will continue to be monitored via the Quality and Contract meetings.

Efforts continue to receive a copy of the Intensive Support Team report following their visit on 21st October 2016.

5.3 Dementia

Summary for NHS Southport and Formby dementia registers at 30-11-2016

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)	634
NHS Southport and Formby - Dementia Diagnosis Rate (Age 65+)	72.4%
National estimated Dementia Diagnosis Rate	68.0%
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 be 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 67%. The table above is the old methodology, hence the slight difference in the figures.

6. Community Health

6.1 Southport and Ormskirk Trust Community Services

EMIS Switch Over

The Trust continues 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 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.

This service will be discussed at the next contract meeting with the Trust and 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 8 2016/17 the YTD costs are £310,533, compared to £303,035 at the same time last year. Comparisons of activity between the two time periods show that activity is slightly higher in 16/17 at 959 compared to 852 in 15/16.

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 8 16/17 YTD the costs are £49,949, compared to £40,070 at the same time last year. Comparing activity with last year shows that activity has increased in 16/17 at 329, compared to 262 in 15/16.

6.2 Liverpool Community Health Contract

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 DNs 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 10.6% in Nov-16, however this is an improvement on last month. Adult Dietetics is also high this month at 23.8% compared to 20% last month, as well as Paediatric Dietetics at 14.8% compared to 10% last month. Total DNA rates at Sefton are green for this month at 6.5%.

Provider cancellation rates remain relatively static this month, with the exception of Adult Dietetics reporting 6.3% compared to 10.8% last month and Paediatric Dietetics reporting 13.2% compared

to 0% last month (7 cancellations this month). Total hospital cancellation rate for Sefton is green at 2% 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 November 2016. Total patient cancellations for Sefton have decreased in Nov-16 to 10.6%.

6.2.2 Liverpool Community Health Quality Overview

The Trust regularly revises 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.

The CCG has agreed a revised waiting time trajectory for Paediatric SALT with LCH to allow the Trust to develop a new service model, this will be reviewed at the end of the financial year. Patient experience and complaints / feedback are regularly monitored at CQPG meetings. At the end of November 2016, 96.7% of patients who responded to FFT positively recommended the Trust as a place to receive treatment and care.

6.2.3 Waiting Times

The following issues have arisen in November 2016;

Physiotherapy: Waiting times have steadily increased over the past 5 months, resulting in this service failing the 18 week target again in November – 20 weeks on the incomplete pathway and 28 weeks on the completed pathway. The longest waiter was 2 patients waiting at 26 weeks.

Occupational Therapy: Waiting times on the completed pathways (95th Percentile) have gradually increased over the past 3 months resulting in a breach of the 18 week target, an average of 23 weeks being reported in November. The longest waiter was at 21 weeks.

Podiatry: Waiting times on the completed pathways have steadily declined over the past 5 months, whilst the incomplete have remained relatively steady. The average wait (95th percentile) on the completed pathway was 19 weeks in November. The longest waiter was at 34 weeks.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 22 weeks from the 19 weeks reported in October, therefore this service is still reporting a breach of the 18 week target, whilst the incomplete pathway is still achieving. The longest waiter was at 34 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 November, on the incomplete pathway the average waiting time (92nd percentile) increased from 33 weeks to 36 weeks, with the longest waiting patient increasing to 3 patients at 42 weeks. This service has consistently breached the 18 week target since it began reporting in August, with waiting times steadily increasing.

6.3 Any Qualified Provider LCH Podiatry Contract

At month 8 2016/17 the YTD cost for the CCG remains the same as last month at £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 contracted Third Sector providers will continue to provide services at their current contract value until 31st March 2016. Letters have been sent to providers to inform of this decision and to propose reduced funding levels from 1st April 2017. Meetings and consultations with providers are underway to discuss the potential impact upon services as a result of these changes.

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

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. Below is a table of all the results from practices in Southport & Formby CCG. The latest practice visited was The Hollies, it achieved a "Good" rating.

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	3rd January 2017	Good	Requires Improvement	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.

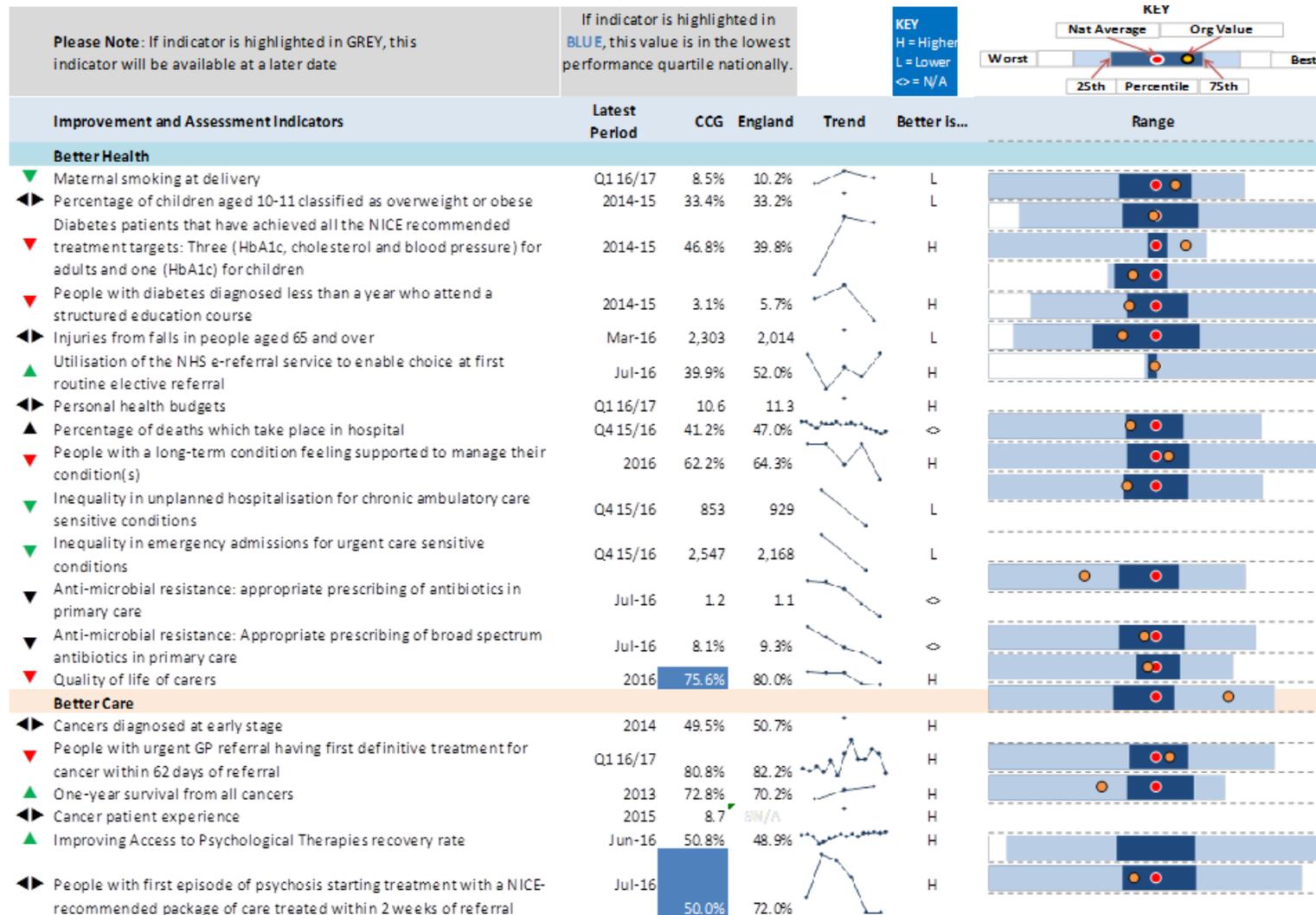
10. CCG Improvement & Assessment Framework (IAF)

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

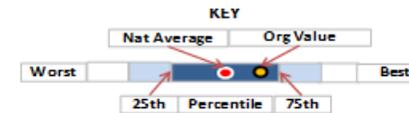


Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range	
						25th	75th
Better Care							
◀ Reliance on specialist inpatient care for people with a learning disability and/or autism	Q1 16/17	64	SN/A	—	L		
◀ Proportion of people with a learning disability on the GP register 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													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Preventing People from Dying Prematurely															
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	G	G	G	R	G	R	G					G
		Actual	97.273%	94.333%	94.561%	94.702%	92.077%	95.431%	92.347%	94.09%					94.352%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	G	R	R	R	G	G	R	G					R
		Actual	100.00%	80.556%	80.00%	90.909%	98.214%	95.833%	91.228%	95.313%					92.368%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	G					G
		Actual	98.592%	96.053%	98.958%	97.297%	98.81%	96.552%	93.548%	98.611%					97.47%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	100.00%	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%
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					G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.00%	100.00%					99.367%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%

25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G					G	
		Actual	100.00%	100.00%	100.00%	100.00%	95.00%	96.667%	95.833%	94.737%						97.203%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	G	R	R	G	G	R	R	G					R	
		Actual	88.571%	70.732%	80.851%	94.118%	85.714%	83.333%	83.333%	86.842%						83.849%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	G	G	R	R	G	G	G					G	
		Actual	100.00%	100.00%	100.00%	66.667%	85.714%	100.00%	100.00%	100.00%						92.308%
		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%
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG														
		Status	P	P	P	P	P	P	P	P						-
		Actual	85.714%	88.889%	84.211%	80.952%	100.00%	77.778%	86.667%	81.818%						85.185%
		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%	

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					R	
		Actual	55.56%	86.50%	76.90%	66.67%	67.50%	77.42%	71.74%	67.65%						71.191%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	G	R	R	R	R	R	R	R						R
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%	64.59%	62.80%						70.35%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	65.29%	67.40%	61.70%	57.90%	61.87%	61.18%	63.13%	62.05%						62.509%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R						R
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%	63.05%	60.35%						64.07%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%

546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R					R
		Actual	92.01%	9147%	9149%	89.81%	9109%	89.04%	88.23%	86.79%					89.946%
		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%
	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	89.19%	87.40%	82.50%	80.67%	85.69%	84.01%	87.65%	82.81%					84.93%
		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%
1932: Ambulance: 30 minute handover delays Number of ambulance handover delays over 30 minutes	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	RAG													
		Actual	275	298	192	309	179	236	170	134	213			2,006	
		Target													
1933: Ambulance: 60 minute handover delays Number of ambulance handover delays over 60 minutes	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	RAG													
		Actual	173	134	71	172	65	107	60	57	69			908	
		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%		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%	66.667%					52.381%
		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					R	
		Actual	11	5	2	5	0	2	1	2						28
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	G	R	G	G					R	
		Actual	2.88	151	0.60	148	-	0.60	0.00	0.00						28.00
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Referral to Treatment (RTT) & Diagnostics

1291: % 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					G	
		Actual	95.201%	94.882%	94.317%	94.51%	93.492%	92.619%	92.36%	92.215%						93.703%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G					G	
		Actual	0	0	0	0	0	0	0	0						0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	G	G	R	R	R	G	G	G					R	
		Actual	0.374%	0.68%	2.10%	1.916%	1.825%	0.305%	0.512%	0.768%						1068%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

Cancelled Operations

1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G	G	G					G	
		Actual	0	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					R
		YTD	0	0	0	0	1	1	1	1					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	R	R	G	G	G	G	G					G
		YTD	5	11	15	16	18	19	22	23					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					R
		Actual	88.638%	89.65%	90.769%	87.891%	93.343%	91.165%	91.753%	93.159%					90.766%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
431: 4- Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R	R	R	R					R
		Actual	88.596%	89.772%	90.923%	87.978%	93.838%	91.494%	92.109%	93.731%					91.022%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	G	G	G	R	G	G	G					R
		Actual	1	0	0	0	1	0	0	0					2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0