



*Southport and Formby
Clinical Commissioning Group*

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

January 2016

Contents

1. Executive Summary.....	5
2. Financial Position.....	10
2.1 Summary	10
2.2 Resource Allocation.....	11
2.3 Financial Position and forecast	11
2.4 QIPP and Transformation Fund	12
2.5 CCG Running Costs	14
2.6 CCG Cash Position	14
2.7 Evaluation of risks and opportunities	15
2.8 Reserves budgets / Risk adjusted surplus	16
2.9 Recommendations.....	17
3. Planned Care.....	18
3.1 Referrals by Source	18
3.1.1 E-Referral Utilisation Rates.....	20
3.2 Diagnostic Test Waiting Times	20
3.3 Referral to Treatment Performance	21
3.3.1 Incomplete Pathway Waiting Times	21
3.3.2 Long Waiters analysis: Top 5 Providers.....	22
3.3.3 Long waiters analysis: Top 2 Providers split by Specialty	22
3.3.4 Provider assurance for long waiters.....	23
3.4 Cancelled Operations	24
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	24
3.4.2 No urgent operation to be cancelled for a 2nd time.....	24
3.5 Cancer Indicators Performance	25
3.5.1 - Two Week Waiting Time Performance.....	25
3.5.2 - 31 Day Cancer Waiting Time Performance.....	25
3.5.3 - 62 Day Cancer Waiting Time Performance.....	26
3.6 Patient Experience of Planned Care	27
3.7 Planned Care Activity & Finance, All Providers.....	28
3.7.1 Planned Care Southport and Ormskirk NHS Trust.....	29
3.7.2 Southport & Ormskirk Hospital Key Issues	30
3.7.3 Renacres Hospital	30
4. Unplanned Care	31
4.1 Accident & Emergency Performance	31

4.2	Ambulance Service Performance.....	32
4.3	Unplanned Care Quality Indicators	33
4.3.1	Stroke and TIA Performance	33
4.3.2	Mixed Sex Accommodation	34
4.3.3	Healthcare associated infections (HCAI).....	34
4.3.4	Mortality.....	35
4.4	CCG Serious Incident Management	35
4.5	Delayed Transfers of Care.....	36
4.6	Patient Experience of Unplanned Care.....	37
4.7	Unplanned Care Activity & Finance, All Providers.....	37
4.7.1	All Providers	37
4.7.2	Southport and Ormskirk Hospital NHS Trust.....	38
4.7.2	Southport & Ormskirk Hospital NHS Trust Key Issues	38
4.8	Aintree and University Hospital NHS Trust	39
5.	Mental Health	40
5.1	Mersey Care NHS Trust Contract	40
5.1.1	Key Mental Health Performance Indicators.....	40
5.1.2	Mental Health Contract Quality Overview	41
5.2	Improving Access to Psychological Therapies	41
5.3	Dementia.....	43
6.	Community Health	43
6.1	Southport and Ormskirk Trust Community Services	43
6.1.1	Any Qualified Provider	44
6.2	Liverpool Community Health Contract	45
6.2.1	Patient DNA's and Provider Cancellations	45
6.2.2	Liverpool Community Health Quality Overview	45
6.2.3	Waiting Times.....	45
6.3	Any Qualified Provider LCH Podiatry Contract.....	46
7.	Third Sector Contracts.....	46
8.	Primary Care	46
8.1	Primary Care Dashboard Progress.....	46
8.2	CQC Inspections	47
9.	Better Care Fund.....	48
10.	CCG Improvement & Assessment Framework (IAF)	48
10.1	Background	48
10.2	Q3 Improvement & Assessment Framework Dashboard	49

List of Tables and Graphs

Figure 1 – Financial Dashboard	10
Figure 2 – Forecast Outturn	11
Figure 3 – RAG rated QIPP plan	13
Figure 4 – Phased QIPP plan for the 2016/17 year	13
Figure 5 – QIPP performance at month 11	13
Figure 6 – QIPP Schemes to be delivered	14
Figure 7 – Forecast Outturn Position	16
Figure 8 – Risk Rated Financial Position	16
Figure 9 – Referrals by Source across all providers for 2015/16 & 2016/17	18
Figure 10 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17	19
Figure 11 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting	21
Figure 12 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers	22
Figure 13 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust	22
Figure 14 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust	23
Figure 15 - Planned Care - All Providers	28
Figure 16 - Planned Care – Southport and Ormskirk NHS Trust by POD	29
Figure 17 - Planned Care - Renacres Hospital by POD	30
Figure 18 - Month 10 Unplanned Care – All Providers	38
Figure 19 - Month 10 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD	38
Figure 20 Month 10 Unplanned Care – Aintree University Hospital NHS Trust by POD	39
Figure 20 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity	40
Figure 21 - CPA – Percentage of People under CPA followed up within 7 days of discharge	40
Figure 22 - CPA Follow up 2 days (48 hours) for higher risk groups	40
Figure 23 - Figure 16 EIP 2 week waits	41
Figure 24 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)	41
Figure 25 – CQC Inspection Table	47

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 10 (note: time periods of data are different for each source).

CCG Key Performance Indicators

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

Key information from this report

Financial position

The forecast outturn after the application of reserves is a deficit of £8.500m against a planned deficit of £4.000m. The revised forecast incorporates known risks and has been reported to NHS England. The position has deteriorated due to underperformance against the QIPP plan and increased cost pressures in the financial year. The financial position on operational budgets as at Month 11 is an overspend of £1.840m and the forecast for the year an overspend of £1.966m. The forecast position has improved by £0.992m during the month. The majority of the cost pressure in year relates to over performance within 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 11 is £5.023m, with further delivery of £1.866m expected for the remainder of the financial year. This will result in an overall deficit of £8.500m. Please note the CCG is forecasting delivery of a total £6.889m worth of QIPP savings compared with £8.782m reported in the opening plan. This would equate to 78% delivery of its QIPP plan in year.

Planned Care

Local referrals for the year to date at month 10 (January) are slightly above 2015/16 levels for the same period (+1.8%). Broken down by referral source, GP referrals are 1.8% above, consultant to consultant referrals are 6.9% above and Other referrals are 2.5% lower 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.

In January the CCG failed the less than 1% target for diagnostics, 73 out of 1,985 patients waited over 6 weeks for their diagnostic test (3.7%). Southport & Ormskirk also failed the diagnostic monitoring standard reporting 3.1% of patients waiting in excess of 6 weeks. The number of patients waiting over 6 weeks increased to 78 in January (46 in the previous month).

The CCG has achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in January with a performance of 93.33% but are failing YTD with a performance of 92.78%, partly due to previous month's breaches. Year to date out of 471 patients there has been 34 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 January with a performance of 88.24% but are failing year to date at 83.72%. In January 34 patients were seen with 4 breaching the 62 day standard. For the same measure Southport & Ormskirk also achieved the target of 85% in January recording 85.71%. However the previous months are still impacting on the YTD position which is failing at 83.02%.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to inpatient Friends and Family Test scores. The Trust has seen a decrease in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has increased compared to the previous month but 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 equal to the England average.

Performance at Month 10 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £466k/1%. Wrightington

Wigan and Leigh shows the largest over performance with a £301k/52% variance. Overspend is offset by Southport Hospital who are showing a -£1m/-5% under spend at month 10.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for January reached 88.59%, which failed the Cheshire & Merseyside 5 Year Forward View (STP) plan of 93.6%. Year to date they are under plan, achieving 90.78%. Across the month, there was a 6.5% increase in overall Emergency Department attendances (compared to January 2016) and a large number of these were over the age of 75. Flow remains a significant challenge across the site with additional escalation areas opened and in use to maintain patient safety. A number of areas internally and externally were affected as a result of infection control issues; the stroke unit had confirmed norovirus, a number of wards had confirmed flu, and a number of care homes in the community (including mental health) had beds closed due to D&V. The North Mersey A&E Delivery Board has hosted daily teleconferences across the whole urgent care system to try and release pressures at the acute front door.

Southport & Formby CCG and NWAS failed to achieve the three ambulance indicators in month and year to date. At both a regional and county level, NWAS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets. The Trust has signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisation. In line with the decrease in performance against the 4-hour target, there was a similar decrease in the Trust's ability to manage ambulance handovers. Investment has been made to increase nursing capacity to ensure that patients are triaged on arrival, however the department continues to experience delays in being able to offload ambulances during periods of high demand and exit blocks out of ED. Patients do continue to have routine observations undertaken whilst awaiting handover

Southport & Ormskirk failed the stroke target in January with only 17 out of 28 patients spending 90% of their time on a stroke unit. There was marginal improvement in performance against this indicator for January. The configuration of the stroke unit with 3 bays remains a challenge in meeting male/ female demand. A decision is awaited regarding capital funding to convert a bay to side rooms to meet and manage male/female demand, whilst ensuring that there are sufficient side rooms to meet Infection Prevention and Control requirements for repatriation from other Units. There have also been discussions regarding the future of hyper-acute stroke with a clinical meeting between the teams at Aintree and the Royal taking place on 14/02/17.

January saw Southport & Ormskirk fail Mixed Sex Accommodation. In month the trust had a total of 6 mixed sex accommodation breaches (a rate of 1.1) and have therefore breached the zero tolerance threshold. All of the 6 breaches were for West Lancashire CCG patients. Year to date there have been 58 breaches. Every effort is made to ensure as soon as a patient has been deemed fit for transfer to acute ward, that this is done in a timely way. This is monitored through the 3 x daily escalation meetings. Current bed pressures have unfortunately caused these delays.

There were 2 new cases of Clostridium Difficile attributed to the CCG in January, reported by Southport & Ormskirk Hospital Trust. (actual 27/ plan 29). For Southport & Ormskirk year to date the Trust has had 17 cases (11 upheld), against a plan of 30, so is under plan.

A new case of MRSA was reported in January for the CCG making 2 year to date, the case other being in August.

There are 242 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 93 of these incidents apply to Southport & Formby CCG patients. 149 are

attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 62 of these being Southport & Formby CCG patients.

Delayed Transfers of Care (DTC's) decreased to 4 during January 2017 from 6 in December, a decrease of 25%. 3 of the 4 delays were for patient or family choice. Analysis of delays in January 2017 compared to January 2016 shows an increase in the number of patients waiting (50%). In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the system the Commissioning lead for Urgent Care participates in a weekly meeting to review all patients who are medical fit for discharge and are delayed. This is in conjunction with acute trust, community providers and Local Authority.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates. The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 61% in December to 53% in January. This is lower than the England average. The percentage not recommending has also decreased from 33% to 28% in January, however this still remains above the England average.

Performance at Month 10 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £1m/4%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £651k overspend. This is mainly due to General Medicine with activity (7%) and spend (12%) above the same period last year. The main HRGs driving the NEL over performance are Respiratory and Pneumonia related disorders.

Throughout the year, urgent care elements of the contract have over performed against the plan with the focus on emergency admissions, A&E attendances and excess bed days. Activity for emergency admissions has remained fairly level with the plan and last year's levels whereas cost has increased. This is due to the higher number of patients over 60yrs admitted which in turn has increased the average length of stay and as such, the excess bed day's rate has uplifted.

Mental Health

The Key Mental Health Performance Indicator of Early Intervention in Psychosis is achieving, however the other two indicators in CPA are failing for January 2017.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported more Southport & Formby patients entering treatment in month 10 and is the highest monthly total of 2016/17 to date. 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 11.3% against the 15% standard at year end. Referrals increased in month 10 by 51% with a total of 281, 55% of these were self-referrals. Marketing work has been carried out specifically in this area, targeting specific population groups. GP referrals increased, but remained low with 71 reported in month 10 (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 increased to 48.4% (from 43.5%). This fails to meet the minimum standard (and would be directly comparable with a year-end position for 2015/16).

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

pathway (Stepped Up Care, Bed Management, Single Point of Access) and specialist pathways (e.g. personality disorder pathway, in-patient pathway). 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.

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 latest data on the NHS England site is 71.3%, however this is not using the new methodology, hence a lower rate than the new methodology will show but still above the 67% ambition.

Community Health Services

Southport & Ormskirk ICO has shifted IT systems from IPM to EMIS. However due to the contract transferring over to a different provider for June 2017 onwards, they did not commence phase 2 of this migration. Due to limited staffing and the implementation of MCAS taking priority, phase 2 was delayed.

Members of both the CCG BI team and the new provider's BI team have met on a couple of occasions to establish relationships and form an information sub group. Initial discussions have been around improving on existing reports, firstly by making sure the quality of the data is to a high standard, and eventually moving towards creating new activity plans, waiting times targets, and key performance indicators.

Primary Care

The latest Southport & Formby practice to receive CQC inspection results was Chapel Lane Surgery with a "Requires Improvement" rating.

Work has been progressing throughout 2016/17 to develop a primary care dashboard to present through the Aristotle business intelligence portal. A draft version of the dashboard is currently being tested and reviewed with clinical leads and primary care leads to assess the content, format and functionality of the report. There are various "views" of the data, for CCG level users to view the indicators across the CCG area with the ability to drill to locality and practice level. Once the testing and review process is complete and the dashboard is live in Aristotle, information may 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.

Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited but due for imminent release.

CCG Improvement & Assessment Framework

A dashboard is released each quarter by NHS England consisting of sixty indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and beyond.

2. Financial Position

2.1 Summary

This report focuses on the Month 11 financial performance for Southport and Formby CCG as at 28 February 2017.

The forecast outturn after the application of reserves is a deficit of £8.500m against an original planned deficit of £4.000m. The revised forecast incorporates known risks and has been discussed with and reported to NHS England throughout the year. The position has deteriorated due to underperformance against the QIPP plan and increased cost pressures in the financial year.

The financial position on operational budgets as at Month 11 is an overspend of £1.840m. The forecast outturn for the year is an expected overspend of £1.966m. This represents an improvement since Month 10 of £0.992m (Month 10 - £2.958m). The majority of the cost pressure in year relates to over performance within 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 11 is £5.023m with further delivery of £1.866m expected for the remainder of the financial year. This will result in an overall deficit of £8.500m

It should be noted that the CCG is forecasting delivery of a total £6.889m worth of QIPP savings compared with £8.782m reported in the opening plan. This would equate to 78% 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)	(£8.500m)	(£8.500m)
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£6.889m	£5.023m
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

2.2 Resource Allocation

Additional allocations received in Month 11 were as follows:

- NHS Property Services to move to market rents - £0.138m

This allocation reflects increased costs in respect of accommodation charges and will be utilised within the financial year.

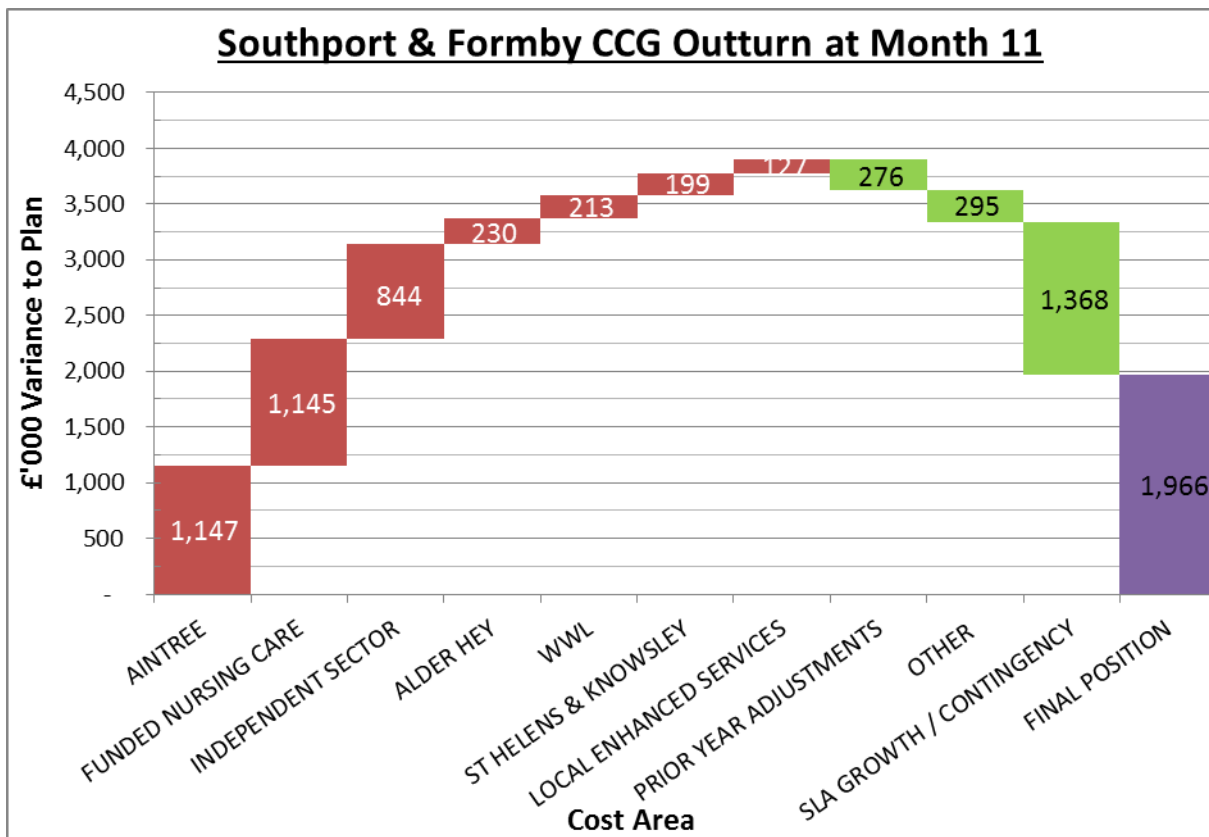
2.3 Financial Position and forecast

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

The majority of the forecasted overspend is within acute commissioning contracts, funded nursing care, and pressure in independent sector budgets. A proportion of the overspend has been mitigated with 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 February 2017, the CCG has based its reported position on the latest information received from Acute and Independent providers up to the end of January 2016 and extrapolated to February.

Figure 2 – Forecast Outturn



Independent Sector

The year to date position is an overspend of £0.844m. This is mainly due to over performance against plan for Ramsay Healthcare of £0.752m which is partly offset by a £0.108m underperformance within the contract with Spire Healthcare. The forecast has reduced as the independent sector is expected to improve in the final quarter as changes to the MCAS pathways take effect. There have been noticeable reductions in Trauma & Orthopaedics first attendances, at Ramsay Hospital, since the introduction of the new MCAS pathway. This is expected to result in reduced expenditure in future months.

Prescribing

There is a year to date overspend of £0.171m 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 is transferred to the QIPP plan. The year to date transfer totals £411k.

Continuing Health Care and Funded Nursing Care

The month 11 position for the continuing care and Funded Nursing Care budget is a £0.357m 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 £0.660m, which includes the £1.145m 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.

Work is presently ongoing between the CCG and Sefton MBC to ensure that all potential liabilities are identified and notified to the CCG in a timely fashion. This review will continue in the coming months to provide assurance in this area.

2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is £11.948m in total; the target has reduced by £0.992m during the month due an improved forecast outturn on operational budgets.

Figure 3 shows a summary of the current risk rated QIPP plan. This demonstrates that although recurrently there are a significant number of schemes in place, further work is being done to determine whether they can be delivered in full.

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

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	8,797	(6,091)	2,706	1,006	0	1,700	2,706
Medicines optimisation plan	3,070	(1,917)	1,153	586	0	567	1,153
CHC/FNC plan	1,775	64	1,839	1,795	0	44	1,839
Discretionary spend plan	10,718	(5,505)	5,213	3,215	0	1,998	5,213
Urgent Care system redesign plan	1,697	(360)	1,337	287	0	1,050	1,337
Total QIPP Plan	26,057	(13,809)	12,248	6,889	0	5,359	12,248
Risk rated QIPP plan				6,889	0	0	6,889

As shown in Figure 4 and 5 below, £5.023m QIPP savings have been actioned at Month 11 against a phased plan of £9.129m.

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

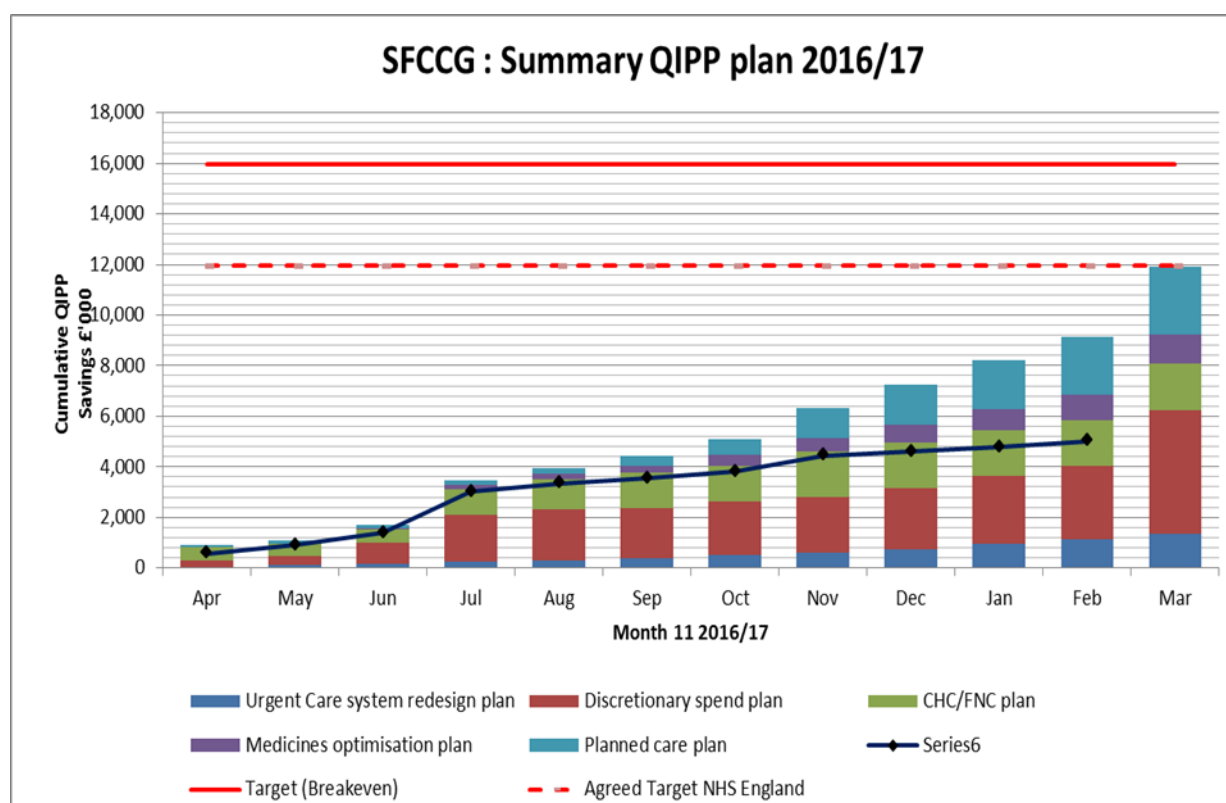


Figure 5 – QIPP performance at month 11

Scheme	Current Month (M11)						
	plan	actual	Variance		YTD Plan	YTD Actual	Variance
Planned care plan	257	150	(107)	●	2,278	344	(1,934) ●
Medicines optimisation plan	147	100	(47)	●	1,005	411	(594) ●
CHC/FNC Plan	14	0	(14)	●	1,824	1,795	(29) ●
Discretionary spend plan	195	0	(195)	●	2,880	2,473	(417) ●
Urgent Care system redesign	196	0	(196)	●	1,142	0	(1,142) ●
Total	810	250	(560)		9,129	5,023	(4,116)

QIPP delivery is £4.116m below plan at Month 11. Delivery of the year end forecast deficit of £8.500m requires further QIPP savings of £1.866m in the remaining month of the financial year. A critical review of outstanding schemes has been undertaken along with an assessment of expected delivery for the remainder of the financial year.

The CCG expects to deliver a further £1.866m in Month 12, scheme leads in particular, must work to ensure delivery of the identified schemes. Figure 6 below shows the expected delivery of QIPP schemes for the remainder of the financial year.

Figure 6 – QIPP Schemes to be delivered

2016/17 QIPP Plan	£000
MCAS / T&O 15% reduction in activity with Gain share	(250)
Contract Challenges MRET	(78)
Contract Challenges (Phase 1)	0
CQUIN - C2C reduction S&O	(63)
CQUIN - 1st:Fup ratio S&O	(271)
Medicines Optimisation	(175)
Review other Expenditure - 3rd Sector	(26)
Provider CQUIN delivery 2016/17 (S&O) (20% of national)	(187)
Provider Out Patient Coding	(300)
LQC under-performance in 16/17	(229)
CQUIN - Zero LoS - S&O	(287)
Total All Schemes	(1,866)

2.5 CCG Running Costs

The running cost allocation for the CCG is £2.627m 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 £0.256m 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 available to organisations for use 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 11 position

Following the month 9 submissions the MCD limit Southport & Formby CCG for 2016/17 was increased from £185.119m to £192.037m. Up to month 11, the actual cash received is £171.543m (89.3% of MCD) against a target of £176.033m (91.7% of MCD).

A full year cash flow forecast, based on information available at month 11, has been produced. 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.

A full year cash flow forecast, based on information available at month 10. This shows the CCG will have sufficient cash to meet its liabilities as they fall due. At month 12, the CCG is required to meet a cash target of 1.75% of its monthly cash drawdown (approximately £240k) as detailed below the CCG is forecasting to meet this target.

NHS England have confirmed that the usual year end process regarding the request for additional cash, and return of excess cash, will be in operation for 2016/17. This means the CCG will have the ability to request additional cash on 21 March 2017. At this stage, we do not anticipate the requirement for the CCG to use this facility. It should be noted that as a result of the finance team having to maintain a managed cash position, there may be a potential increase in year-end creditors.

2.7 Evaluation of risks and opportunities

Acute Contracts

The CCG has experienced significant growth in acute care year on year and this trend has continued in the current financial year. The year to date performance is particularly high and actions are required to mitigate further over performance in year and deliver the financial recovery trajectory into the new 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 have been 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.

1% Non-Recurrent Reserve

The CCG is expecting release of the 1% uncommitted reserve within the financial year. Release of this reserve will improve the forecast financial position by £1.805m from a forecast deficit of £8.500m to a forecast deficit of £6.695m. The CCG statutory accounts for 2016/17 will report the financial position inclusive of the 1% non-recurrent reserve (forecast deficit of £6.695m).

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 7 below. This demonstrates that the CCG plans to deliver a total management action plan of £6.864m in 2016/17 and this will result in a deficit of £8.500m.

Figure 7 – Forecast Outturn Position

	Recurrent £000	Non-Recurrent £000	Total £000
Planned Deficit	0.000	(4.000)	(4.000)
QIPP Target	(8.817)	(1.165)	(9.982)
Revised surplus / (deficit)	(8.817)	(5.165)	(13.982)
Forecast Outturn (against operational budgets)	(0.616)	(0.145)	(0.761)
FNC Cost Pressure	(1.205)	0.000	(1.205)
Management action plan			
Actioned QIPP to date	3.189	1.834	5.023
Remaining QIPP plan	0.806	0.760	1.566
Other Mitigations	0.119	0.740	0.859
Total Management Action plan required	4.114	3.334	7.448
Forecast Surplus / (deficit)	(6.524)	(1.976)	(8.500)

Figure 8 outlines the Best, Most likely and Worst Case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan. The most likely case assumes a reduced level of QIPP savings and the worst case includes further risks.

The worst case assumes a reduced level of QIPP savings and further risk in respect of Acute Care.

Figure 8 – Risk Rated Financial Position

Southport and Formby	Best Case £m	Most Likely £m	Worst Case £m
QIPP Target	(11.948)	(11.948)	(11.948)
QIPP achieved to date	5.023	5.023	5.023
Remaining QIPP requirement	(6.925)	(6.925)	(6.925)
Predicted QIPP achievement (M12)	1.866	1.866	1.366
Other Mitigations	0.559	0.559	0.559
Planned Deficit	(4.000)	(4.000)	(4.000)
Forecast Surplus / (Deficit)	(8.500)	(8.500)	(9.000)
Further Risk			
Risk adjusted Surplus / (Deficit)	(8.500)	(8.500)	(9.000)

2.9 Recommendations

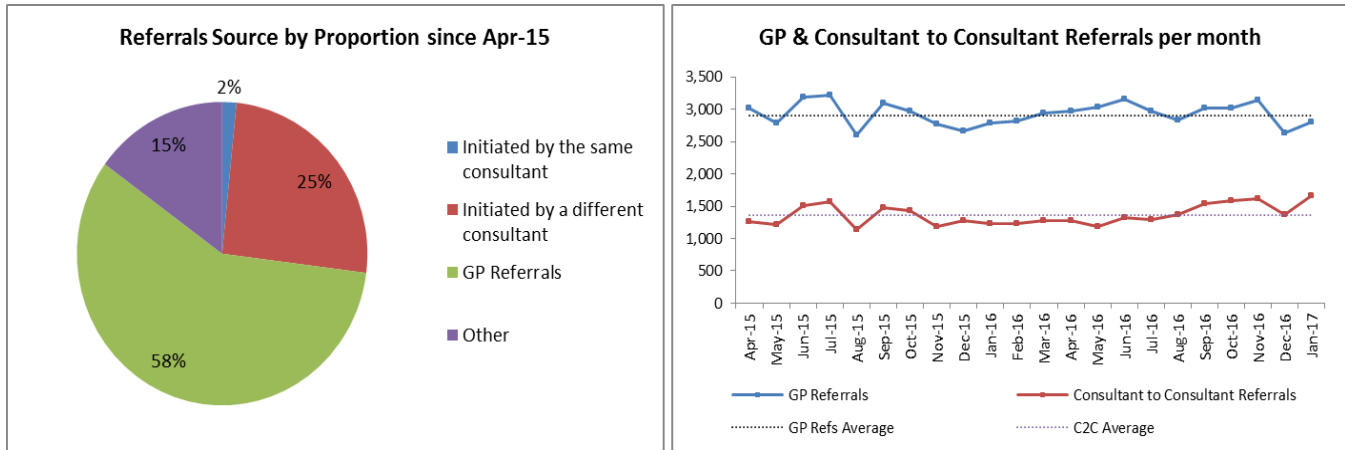
The Finance and Resource Committee is asked to receive the finance update, noting that:

- The CCG is currently forecasting a deficit of £8.500m against a planned deficit of £4.000m as its best case scenario. The likely case scenario indicates that the CCGs projected deficit will be £8.500m but this is dependent on delivery of the remaining risk adjusted QIPP plan.
- Further QIPP savings of £1.866m have been identified for the remainder of the financial year.
- The position has deteriorated due to underperformance against the QIPP plan and increasing cost pressures within the financial year.
- As described in previous reports, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to deliver a reduction in costs to deliver the CCG financial position. The focus must be on reducing access to clinical services that provide low or little clinical benefit for patients.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

3. Planned Care

3.1 Referrals by Source

Figure 9 – Referrals by Source across all providers for 2015/16 & 2016/17



January 2017 referrals from GPs are 1.8% higher than January 2016 referrals, whilst consultant-to-consultant referrals are 6.9% higher and 'other' referrals 2.5% lower over the same time periods.

Figure 10 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	29,086	29,600	514	1.8%
GP Total			29,086	29,600	514	1.8%
Other	01	following an emergency admission	95	71	-24	-25.3%
	02	following a Domiciliary Consultation	31	6	-25	-80.6%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	2,770	2,610	-160	-5.8%
	05	A CONSULTANT, other than in an Accident and Emergency Department	9,789	10,761	972	9.9%
	06	self-referral	1,476	1,442	-34	-2.3%
	07	A Prosthetist	5	3	-2	-40.0%
	08	Royal Liverpool Code (TBC)	353	381		0.0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	171	225	54	31.6%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	448	547	99	22.1%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	7	10	3	42.9%
	13	A Specialist NURSE (Secondary Care)	58	37	-21	-36.2%
	14	An Allied Health Professional	1,511	1,333	-178	-11.8%
	15	An OPTOMETRIST	770	852	82	10.6%
	16	An Orthoptist	79	32	-47	-59.5%
	17	A National Screening Programme	567	603	36	6.3%
	92	A GENERAL DENTAL PRACTITIONER	274	388	114	41.6%
	93	A Community Dental Service	6	0	-6	-100.0%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	2,246	2,453	207	9.2%	
Other Total			20,656	21,754	1,098	5.3%
Unknown			14	16	2	14.3%
Grand Total			49,756	51,370	1,614	3.2%

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. Clinical triage for routine dermatology began on February 13th and all specialties are now part of the referral management scheme phase I. Plans are on track for referral management phase II (clinical triage for more specialties).

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.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	16/17 - Dec	80% or 20% increase on previous year (60%)	39.00%	↓

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19.

The latest data for E-referral Utilisation rates is December when the CCG recorded 39% this is less than the previous month when 41% was recorded. An improvement in E-referral rates is anticipated as a result of the use of the referral management scheme.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - Jan	<1%	3.70%	↑	73 out of 1,985 patients waited over 6 weeks for their diagnostic, 0 over 13 weeks.
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	16/17 - Jan	<1%	3.10%	↑	78 out of 2,549 patients waited over 6 weeks for their diagnostic, 0 over 13 weeks.

Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During January 2017, the Trust failed the diagnostic monitoring standard reporting 3.1% of patients waiting in excess of 6 weeks.

The number of patients waiting over 6 weeks has increased to 78 in January (46 in the previous month).

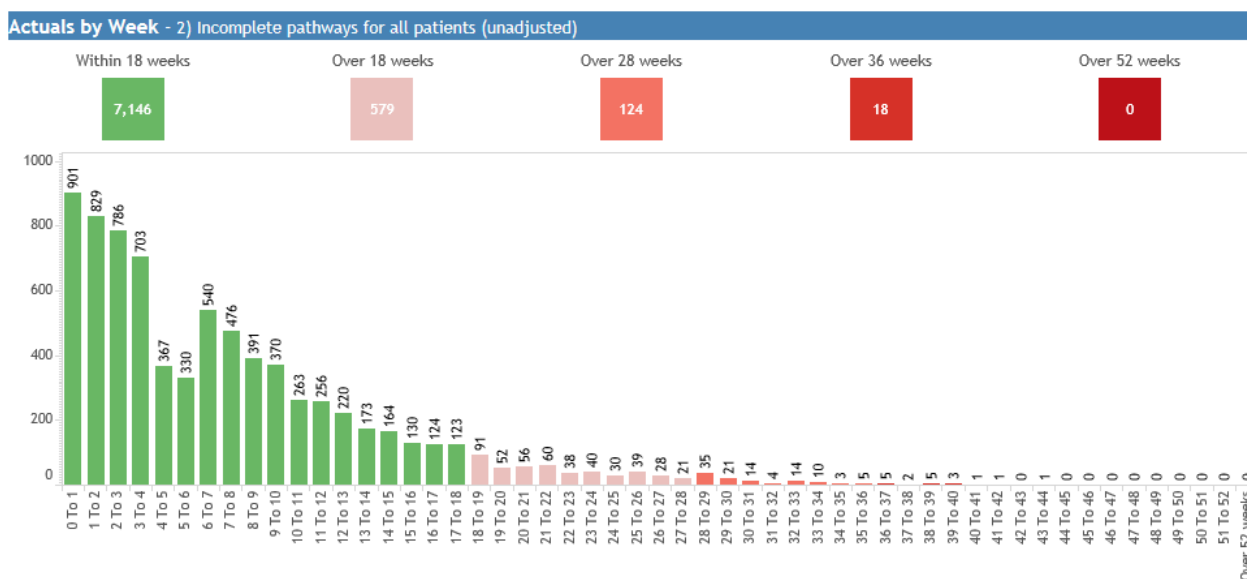
The CCG is not assured by the Trust that actions are in place to improve their diagnostics performance, despite several requests for exception commentary for this measure. Further actions are being explored with the Trust.

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 - Jan	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	16/17 - Jan	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 - Jan	92%	92.50%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	16/17 - Jan	92%	92.60%	↑

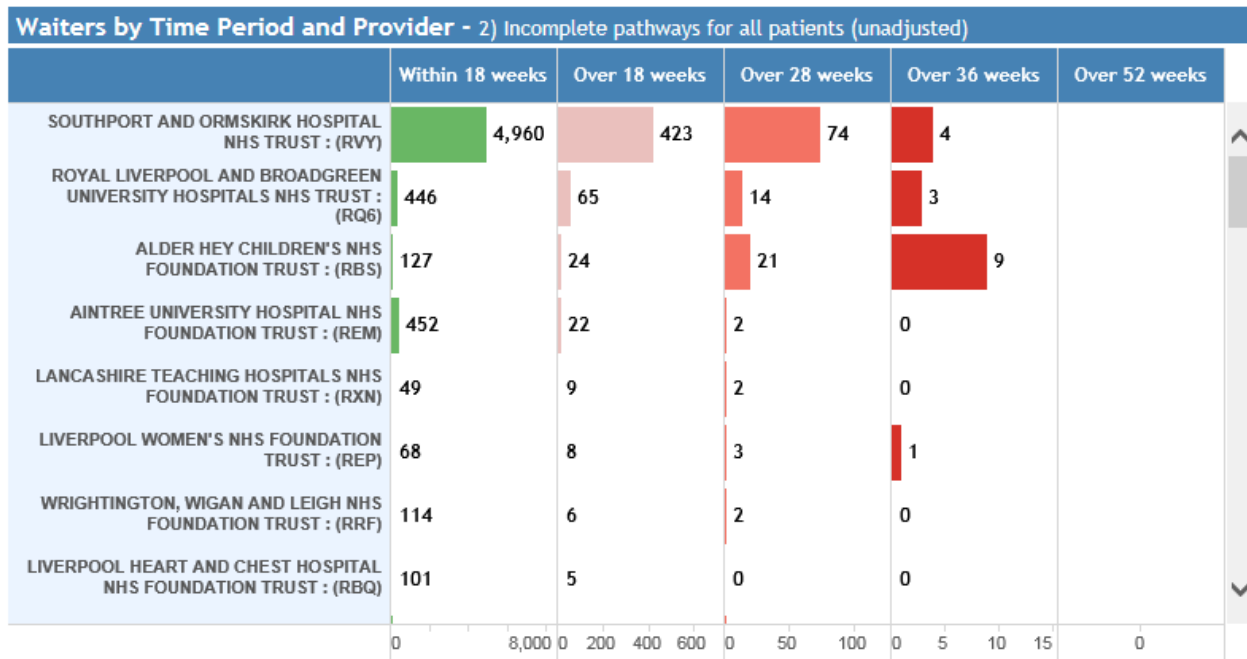
3.3.1 Incomplete Pathway Waiting Times

Figure 11 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 12 - 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 13 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

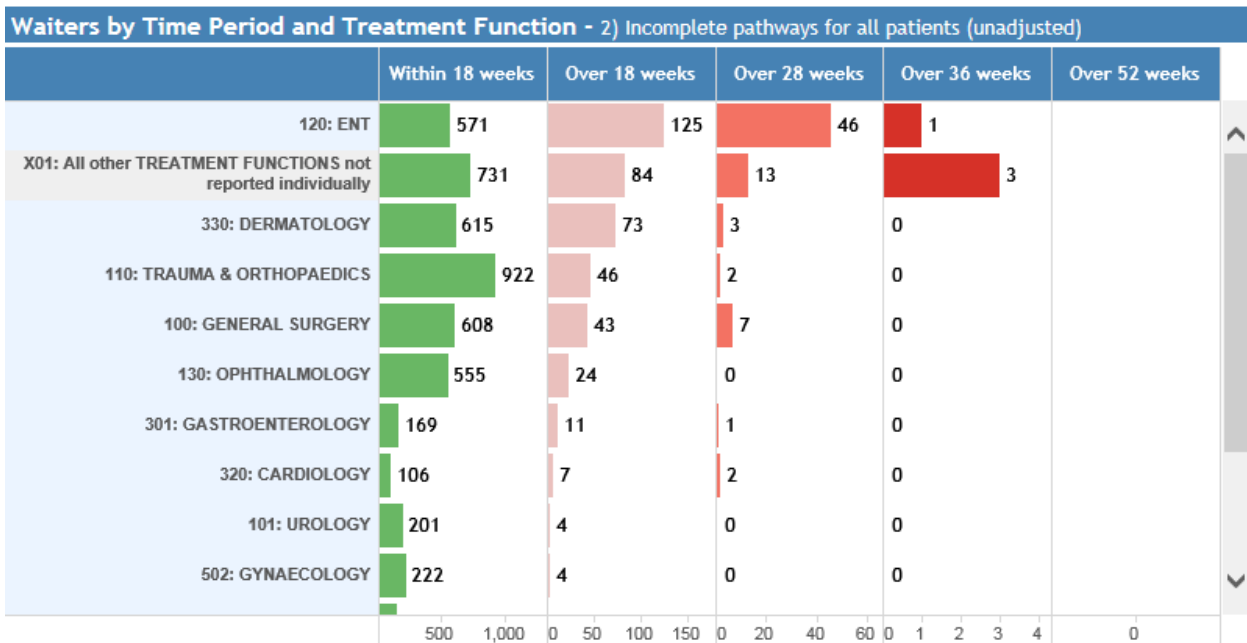
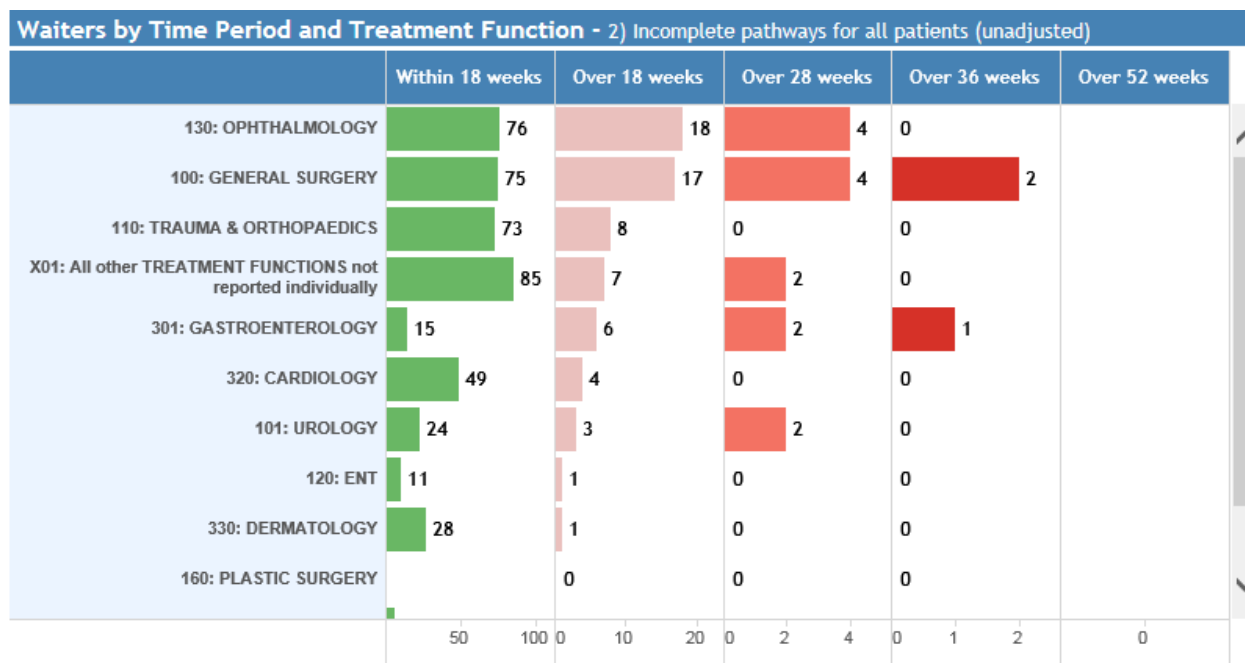


Figure 14 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	No of patients	Has patient been seen / has a TCI date?	Reason for the delay
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	Gastroenterology	43	1	Pathway Stopped	
ALDER HEY	All other	40	1	COMM - 14/02/2017 - treated	Capacity
LIVERPOOL WOMENS	Gynaecology	41	1	Yes	Combination of complex diagnostic pathway and patient initiated delay

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 - Jan	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 - Jan	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 - Jan	93%	94.42%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	16/17 - Jan	93%	95.05%	↔
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 - Jan	93%	92.78%	↔
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 - Jan	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 January with a performance of 93.33% but are failing YTD with a performance of 92.78% partly due to previous month's breaches. Year to date out of 471 patients there have been 36 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 - Jan	96%	97.67%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	16/17 - Jan	96%	98.25%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - Jan	94%	97.83%	↔

Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	16/17 - Jan	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - Jan	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	16/17 - Jan	94%	97.37%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - Jan	98%	99.48%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	16/17 - Jan	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 - Jan	85%	85.94%	↔
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 - Jan	85% (local target)	89.17%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - Jan	90%	95.12%	↔

Southport and Formby Clinical Commissioning Group

Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	16/17 - Jan	90%	95.24%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - Jan	85%	83.72%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	16/17 - Jan	85%	83.02%	↔

The CCG achieved the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in January with a performance of 88.24% but are failing year to date hitting 83.72%. Previous month's performance continues to drag down the cumulative figure. In January 34 patients were seen with 4 breaching the 62 day standard.

For the same measure Southport & Ormskirk achieved the target of 85% in January recording 85.71%, the previous months are still impacting on the YTD position of 83.02%. In January, 4.5 breaches occurred out of a total of 27 patients.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Jan-17

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	23.6%	9.4%		96%	95%		2%	2%	
A&E	12.3%	0.5%		87%	53%		7%	28%	
Q1 - Antenatal Care	N/A	-		96%	*		1%	*	
Q2 - Birth	22.5%	13.8%		97%	92%		1%	4%	
Q3 - Postnatal Ward	N/A	-		94%	95%		2%	5%	
Q4 - Postnatal Community	N/A	-		98%	*		1%	*	

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

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The Trust has seen a decrease in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the Trust has seen an increase on December but this is still below the England average. The percentage of people who would not recommend the inpatient service has fallen and now in line with the England average.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. A Trust presentation of their new Patient and Carer Experience Strategy along with an FFT update is planned for the April CQPG. The Trust will deliver the same update to EPEG following this. The new Deputy Director of Nursing, Midwifery and Governance is developing the strategy but as yet this is not complete.

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 CCG Experience and Patient Engagement Group have created a dashboard to incorporate information available from FFTs, complaints and compliments.

Healthwatch are to undertake a listening event at the Trust and will be talking to patients, relatives and staff on all wards in March. The CCG quality team will pose questions to provide information from a patient perspective.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 10 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £466k/1%. Wrightington Wigan and Leigh shows the largest over performance with a £301k/52% variance. Overspend is offset by Southport Hospital who are showing a -£1m/-5% under spend at month 10.

Figure 15 - Planned Care - All Providers

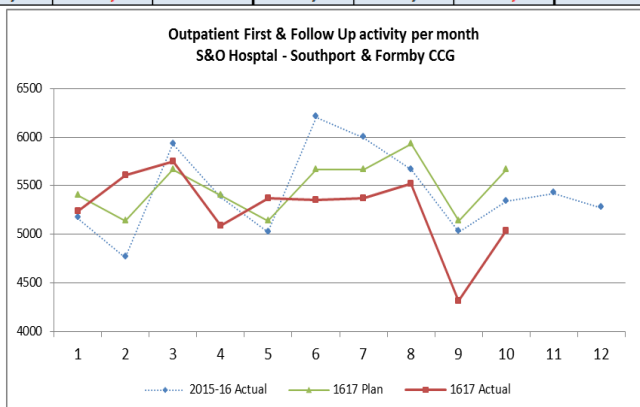
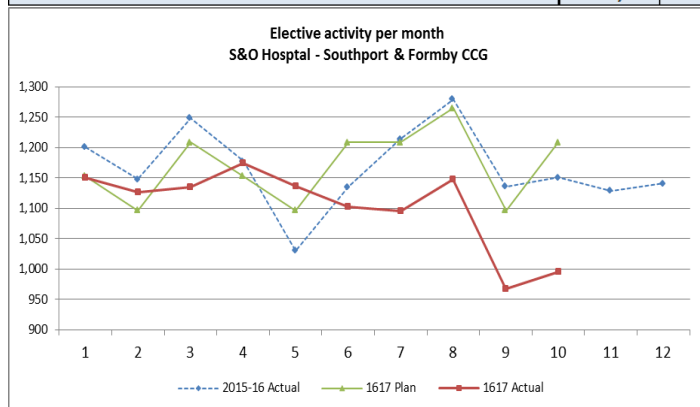
ALL Providers	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	15,162	16,310	1,148	8%	£3,409	£3,588	£179	5%
Alder Hey Childrens NHS F/T *	737	887	150	20%	£388	£504	£117	30%
Central Manchester University Hospitals Nhs Foundation Trust	197	0	-197	-100%	£37	£0	£-37	-100%
Fairfield Hospital	66	116	50	77%	£10	£23	£13	130%
ISIGHT (SOUTHPORT)	3,237	3,766	529	16%	£742	£696	£-46	-6%
Liverpool Heart and Chest NHS F/T	1,814	2,002	188	10%	£836	£837	£1	0%
Liverpool Womens Hospital NHS F/T	2,028	2,230	202	10%	£583	£589	£6	1%
Renacres Hospital	10,991	11,524	533	5%	£3,464	£3,469	£5	0%
Royal Liverpool & Broadgreen Hospitals	13,172	13,462	290	2%	£2,867	£2,820	£-47	-2%
Southport & Ormskirk Hospital*	96,642	92,576	-4,066	-4%	£19,934	£18,844	£-1,091	-5%
SPIRE LIVERPOOL HOSPITAL	533	326	-207	-39%	£186	£102	£-84	-45%
ST Helens & Knowsley Hospitals	3,915	4,258	343	9%	£923	£1,043	£120	13%
University Hospital Of South Manchester Nhs Foundation Trust	167	180	13	8%	£30	£36	£6	19%
Walton Neuro	1,844	2,135	291	16%	£409	£463	£54	13%
Wirral University Hospital NHS F/T	263	238	-25	-9%	£86	£75	£-11	-13%
Wrightington, Wigan And Leigh Nhs Foundation Trust	1,802	2,723	921	51%	£646	£996	£349	54%
Grand Total	152,569	152,733	164	0%	£34,550	£34,083	£-466	-1%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 16 - Planned Care – Southport and Ormskirk NHS Trust by POD

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	10,309	9,709	-600	-6%	£5,765	£5,308	£-457	-8%
Elective	1,386	1,322	-64	-5%	£3,621	£3,542	£-80	-2%
Elective Excess BedDays	232	284	52	22%	£51	£62	£10	20%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	1,235	733	-502	-41%	£184	£120	£-64	-35%
OPFASPCL - Outpatient first attendance single professional consultant led	13,179	12,635	-544	-4%	£2,053	£1,949	£-105	-5%
OPFUPMPCPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	3,043	1,956	-1,087	-36%	£314	£221	£-92	-29%
OPFUPSCL - Outpatient follow up single professional consultant led	37,338	37,345	7	0%	£3,536	£3,497	£-39	-1%
Outpatient Procedure	20,309	20,281	-28	0%	£3,603	£3,457	£-146	-4%
Unbundled Diagnostics	9,611	8,311	-1,300	-14%	£806	£688	£-118	-15%
Grand Total	96,642	92,576	-4,066	-4%	£19,934	£18,844	£-1,091	-5%



3.7.2 Southport & Ormskirk Hospital Key Issues

Planned Care at Southport & Ormskirk Hospital is reporting a year to date under performance of -£1m, which equates to a -5% variance. Under-Performance, in financial terms of the contract, is driven by Day Case procedures currently showing a -£457k/-8% variance. Outpatient Procedures and Unbundled Diagnostics are reporting a combined underspend of -£264k/-6% variance.

Elective care elements of the contract continues to under-perform against planned levels with all areas, with the exception of Elective excess bed days, below. Pressures remain on Elective and Day Case procedures with low theatre staff levels a problem for the Trust throughout the year.

An added pressure within the planned care sections of the contract was the cancellation of a number of Elective procedures in January. Under the advice of NHS Improvement the Trust cancelled a number of Elective operations to better manage with winter pressures, these cancellations took place during the first two weeks of January.

Outpatient attendances have reduced across a number of specialities, most significantly in Urology, Trauma & Orthopaedics, Ophthalmology, and Gynaecology. Outpatient procedures have also reduced with the focus within Urology and T&O.

Referral to Treatment had been adversely affected with December failing for the first time in the year but the Trust has improved its position and achieved in January.

Further reductions expected with the implementation of Joint Health and the introduction of the Blueteq system, which focuses on authorising procedures of low clinical value.

3.7.3 Renacres Hospital

Figure 17 - 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	1,433	1,309	-124	-9%	£1,464	£1,387	£-77	-5%
Elective	203	246	43	21%	£908	£1,059	£152	17%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	3,213	2,385	-828	-26%	£472	£354	£-118	-25%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	3,168	5,431	2,263	71%	£272	£346	£74	27%
Outpatient Procedure	1,958	1,075	-883	-45%	£253	£206	£-47	-19%
Unbundled Diagnostics	1,016	1,078	62	6%	£94	£116	£22	23%
Grand Total	10,991	11,524	533	5%	£3,464	£3,469	£5	0%

Renacres performance is showing just a £5k variance against plan although individual PODS are varying with over and under performance. £152k over performance can be seen in Elective Care, which has been a constant theme in 2016/17. Outpatient First Attendance's is showing a -£118k under performance.

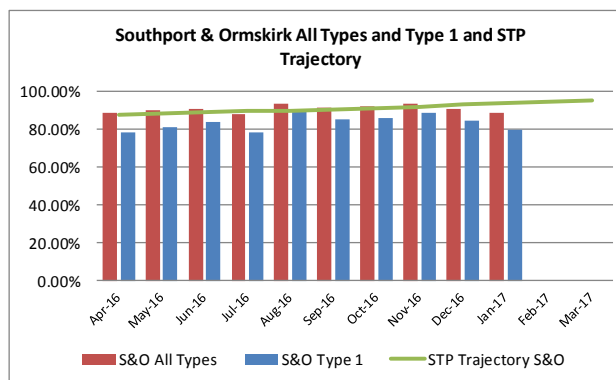
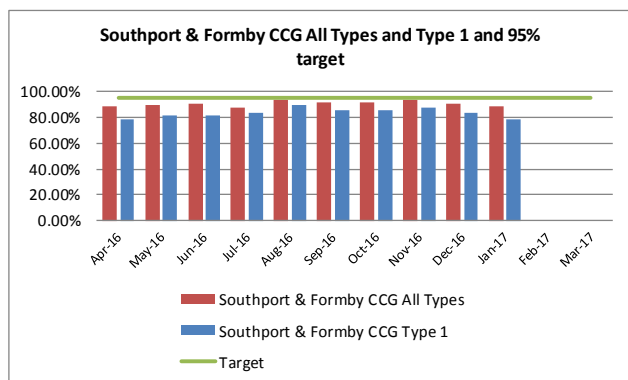
In terms of HRG performance in T&O, Major Hip, Major Knee & Major Shoulder Procedures are causing the over performance. There have been 118 Major Hip, Knee & Shoulder Procedures carried out in 2016/17 against a plan of 67. This increase results in a cost variance of £304k in the five major Hip, Knee & Shoulder 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 - Jan	95.00%	90.47%	↔	Southport & Formby CCG failed the 95% target in January reaching 88.13% (year to date 90.47%). In January, 433 attendances out of 3,648 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 - Jan	95.00%	83.41%	↓	Southport & Formby CCG failed the 95% target in January reaching 78.62% (year to date 83.41%). In January, 431 attendances out of 2016 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 - Jan	STF Trajectory Target for Jan 93.6%	90.78%	↔	Southport & Ormskirk have not achieved the STF trajectory target in January reaching 88.59% (and are failing it year to date recording 90.78%). In January, 1,242 attendances out of 10,886 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 - Jan	95.00%	83.53%	↔	Southport & Ormskirk have failed the target in January reaching 79.56% (year to date 83.53%). In January, 1,236 attendances out of 6,048 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
STP Trajectory S&O	87.50%	88.30%	88.80%	90%	90%	90.70%	91.40%	92.10%	92.90%	93.60%
S&O All Types	88.60%	89.77%	90.92%	87.98%	93.84%	91.49%	92.11%	93.73%	90.90%	88.59%



The CCG has updated the targets that are within Cheshire & Merseyside 5 Year Forward View (STP) accordingly. A clinical services plan is being put in place, redesigning all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team.

Southport & Ormskirk's performance against the 4-hour target for January reached 88.59%, which failed the Cheshire & Merseyside 5 Year Forward View (STP) plan of 93.6%. Year to date they are under plan, achieving 90.78%. Across the month, there was a 6.5% increase in overall Emergency Department attendances (compared to January 2016) and a large number of these were over the age of 75. Flow remains a significant challenge across the site with additional escalation areas opened and in use to maintain patient safety. A number of areas internally and externally were affected as a result of infection control issues; the stroke unit had confirmed norovirus, a number of wards had confirmed

flu, and a number of care homes in the community (including mental health) had beds closed due to D&V. The North Mersey A&E Delivery Board has hosted daily teleconferences across the whole urgent care system to try and release pressures at the acute front door.

Ward discharges are significantly lower than January 2016 (reduction of 19%) with a number of areas seeing a significant increase in length of stay (particularly FESS from ALOS 9 days Jan 2016 to 13 days in Jan 2017). The final ECIP report has been received and the former SRG meeting has reformed with launch meetings taking place 15/2/17.

The Trust has recognised that the plans put in place for winter (e.g. Bluebell ward) have not had the impact on performance that was anticipated when the plans were devised.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - Jan	75%	70.61%	↓	The CCG is under the 75% target year to date achieving 70.61%. In January, out of 37 incidents there were 12 breaches (66.67%).
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - Jan	75%	61.48%	↔	The CCG was under the 75% target year to date reaching 61.48%. In January, out of 617 incidents there were 254 breaches (58.89%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - Jan	95%	84.19%	↔	The CCG was under the 95% target year to date reaching 84.19%. In January out of 654 incidents there were 534 breaches (81.66%).
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - Jan	75%	68.29%	↓	NWS reported under the 75% target year to date reaching 68.29%. January reaching 61.79%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - Jan	75%	62.75%	↓	NWS failed to achieve the 75% target year to date reaching 62.75%. Hanuary reaching 58.78%.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - Jan	95%	88.98%	↓	NWS failed to achieve the 95% target year to date reaching 88.98%. January reaching 85.74%.
Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30-60 minute breaches) - Southport & Ormskirk	16/17 - Jan	0	150	↑	The Trust recorded 150 handovers between 30 and 60 minutes, this is a decline on last month when 144 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	16/17 - Jan	0	157	↑	The Trust recorded 157 handovers over 60 minutes, this is also an increase on last month when 69 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.

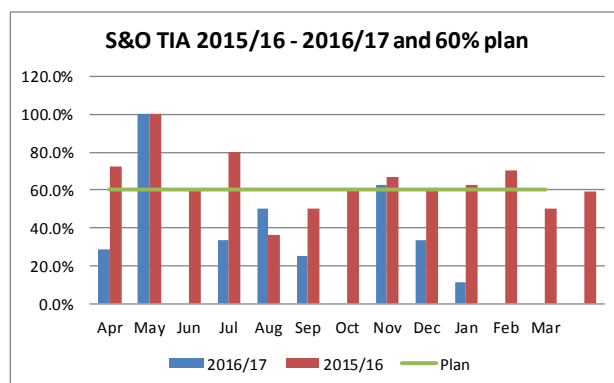
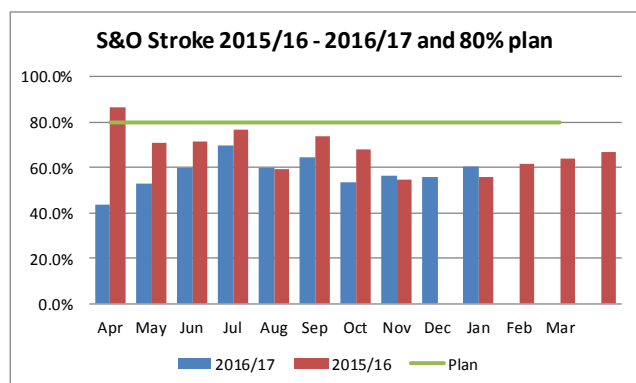
The Trust has signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisations.

In line with the decrease in performance against the 4-hour target, there was a similar decrease in the Trust's ability to manage ambulance handovers. Investment has been made to increase nursing capacity to ensure that patients are triaged on arrival, however the department continues to experience delays in being able to offload ambulances during periods of high demand and exit blocks out of ED. Patients do continue to have routine observations undertaken whilst awaiting handover.

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 - Jan	80%	60.70%	↑	The Trust failed the 80% target in January with only 17 out of 28 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 - Jan	60%	11.10%	↓	During January 2017, there were 9 reportable cases of TIA. 8 of them were breaches, the main reasons for the breaches were patients had symptoms for more than 7 days and were therefore not deemed as high risk and clinic slot availability.



Southport & Ormskirk failed the stroke target in January with only 17 out of 28 patients spending 90% of their time on a stroke unit. There was marginal improvement in performance against this indicator for January. The configuration of the stroke unit with 3 bays remains a challenge in meeting male/ female demand. A decision is awaited regarding capital funding to convert a bay to side rooms to meet and manage male/female demand, whilst ensuring that there are sufficient side rooms to meet IP&C requirements for repatriation from other Units.

There have also been discussions regarding the future of hyper acute stroke with a clinical meeting between the teams at Aintree and the Royal taking place on 14/02/17.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - Jan	0.00	0.00	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	16/17 - Jan	0.00	1.10	↑

January saw Southport & Ormskirk fail Mixed Sex Accommodation. In month the trust had a total of 6 mixed sex accommodation breaches (a rate of 1.1) and have therefore breached the zero tolerance threshold. All of the 6 breaches were for West Lancashire CCG patients. Year to date there have been 58 breaches.

Every effort is made to ensure as soon as a patient has been deemed fit for transfer to acute ward, that this is done in a timely way. This is monitored through the 3 x daily escalation meetings. Current bed pressures have unfortunately caused these delays.

4.3.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - Jan	29	27	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	16/17 - Jan	30	17 (10 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - Jan	0	2	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	16/17 - Jan	0	1	↔

There were 2 new cases of Clostridium Difficile attributed to the CCG in January, reported by Southport & Ormskirk Hospital Trust. For Southport & Ormskirk year to date the Trust has had 17 cases (7 upheld), against a plan of 29, so is under plan.

A new case of MRSA was reported in January for the CCG making 2 year to date. (Please note 3 cases are showing on the HCAI database, awaiting refreshed information to be updated, as 3rd case is assigned to Kingston Hospital NHS Trust). For the case in August, a PIR was 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. We have received no further update for the mortality indicators.

4.4 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 10.

There are 242 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 93 of these incidents apply to Southport & Formby CCG patients. 149 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 62 of these being Southport & Formby CCG patients.

Southport and Ormskirk Hospitals NHS Trust have 149 open serious incidents on StEIS, 62 involving Southport and Formby CCG patients, 74 involve West Lancashire CCG patients. 100 incidents are pressure ulcers with 36 occurring year to date, 42 of the 100 pressure ulcers apply to Southport and Formby CCG patients. The composite pressure ulcer action plan is due to be finalised and will be included at the next Collaborative Commissioning Forum (CCF) followed by the CQPG in March for approval. 116 incidents remain open on StEIS >100 days for the Trust; 100 of these are pressure ulcers. On agreement of the action plan it is anticipated pressure ulcers will be closed with the exception of 1 for each area (S&F community, S&O hospital and 1 within West Lancashire CCG community). Going forward, monitoring of the action plan will occur at CQPG meetings.

NHS England Cheshire and Merseyside (NHS E C&M) have noted a rise in the number of surgical never events across the C&M foot print. NHS E C&M intend to schedule an event in May 2017 with CCGs and providers to look at how this can be addressed. The Trust will be invited to attend.

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	62
	GP Practice within South Sefton	3	
	GP Practice within Southport and Formby	25	
	GP Practice within West Lancashire	33	

2016	GP Practice within Knowsley	1	79
	GP Practice within South Sefton	4	
	GP Practice within Southport and Formby	33	
	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	
2017	GP Practice within Southport and Formby	2	3
	GP Practice within West Lancashire	1	

MerseyCare NHS Foundation Trust – 19 open incidents on StEIS for Southport and Formby CCG patients with 18 open >100 days. 1 serious incident was reported in January for an S&F CCG patient making a total of 18 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 (DTC's) decreased to 4 during January 2017 from 6 in December, a decrease of 25%. 3 of the 4 delays were for patient or family choice.

Analysis of delays in January 2017 compared to January 2016 shows an increase in the number of patients waiting (50%).

Delayed Transfers of Care April 2015 – January 2017

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	Dec	Jan		
A) COMPLETION ASSESSMENT	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	0	1		
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	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	0	0		
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	0	0		
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1	1	0	0		
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	0	0		
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	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	6	3		
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
I) HOUSING	0	0	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	6	4		

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

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.

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: Jan-17

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.3%	0.5%		87%	53%		7%	28%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates.

The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 61% in December to 53% in January. This is lower than the England average. The percentage not recommending has also decreased from 33% to 28% in January, however this still remains above the England average.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. A Trust presentation of their new Patient and Carer Experience Strategy along with an FFT update is planned for the April CQPG. Plans will be for the Trust to deliver the same update to EPEG following this. The new Deputy Director of Nursing, Midwifery and Governance is developing the strategy but as yet is not complete.

The CCG Engagement and Patient Experience Group (EPEG) have sight of the Trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience is being addressed.

EPEG has created 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 10 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £1m/4%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £651k overspend.

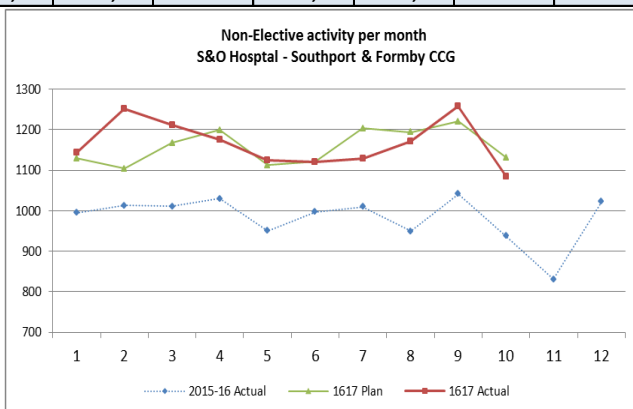
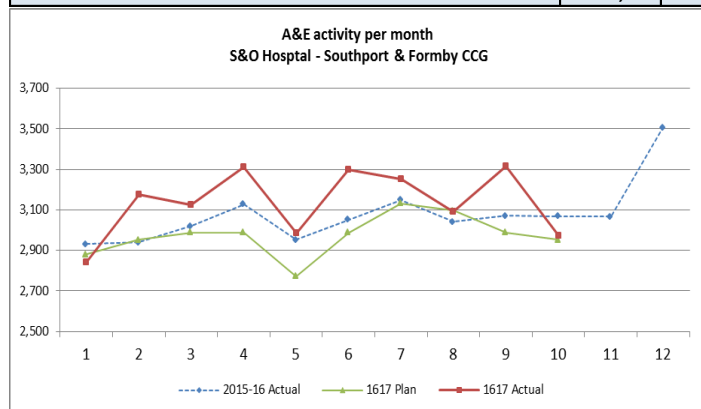
Figure 18 - Month 10 Unplanned Care – All Providers

	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	1,509	1,579	70	5%	£779	£1,037	£258	33%
Alder Hey Childrens NHS F/T	709	816	107	15%	£352	£390	£37	11%
Central Manchester University Hospitals Nhs Foundation Trust	73	64	-9	-13%	£25	£7	£-18	-72%
Countess of Chester Hospital NHS Foundation Trust	0	45	45	0%	£0	£18	£18	0%
Liverpool Heart and Chest NHS F/T	101	113	12	12%	£318	£336	£18	6%
Liverpool Womens Hospital NHS F/T	274	213	-61	-22%	£291	£251	£-40	-14%
Royal Liverpool & Broadgreen Hospitals	1,165	1,258	93	8%	£662	£690	£28	4%
Southport & Ormskirk Hospital	48,078	52,121	4,043	8%	£24,512	£25,163	£651	3%
ST Helens & Knowsley Hospitals	345	450	105	30%	£175	£213	£39	22%
Wirral University Hospital NHS F/T	93	65	-28	-30%	£37	£41	£4	11%
Wrightington, Wigan And Leigh Nhs Foundation Trust	52	75	23	45%	£44	£56	£12	28%
Grand Total	52,400	56,799	4,399	8%	£27,196	£28,203	£1,007	4%

4.7.2 Southport and Ormskirk Hospital NHS Trust

Figure 19 - Month 10 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care								
A and E	30,414	32,481	2,067	7%	£4,047	£4,605	£558	14%
A and E Type 3	1,362	1,816	454	33%	£80	£103	£23	28%
NEL/NELSD - Non Elective/Non Elective IP Same Day	9,341	9,525	184	2%	£16,730	£16,794	£64	0%
NELNE - Non Elective Non-Emergency	906	1,275	369	41%	£1,714	£1,542	£-172	-10%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	145	153	8	6%	£47	£42	£-5	-11%
NELST - Non Elective Short Stay	1,333	1,289	-44	-3%	£936	£899	£-37	-4%
NELXBD - Non Elective Excess Bed Day	4,577	5,582	1,005	22%	£959	£1,179	£220	23%
Grand Total	48,078	52,121	4,043	8%	£24,512	£25,163	£651	3%



4.7.2 Southport & Ormskirk Hospital NHS Trust Key Issues

Urgent care currently over spent by £650k across PbR and Non-PbR elements of the contract. The main driver behind the over performance is Non-Elective PbR admissions which is currently £547k over plan. This is mainly due to General Medicine with activity (7%) and spend (12%) above the same period last year. The main HRGs driving the NEL over performance are Respiratory and Pneumonia related disorders.

Throughout the year, urgent care elements of the contract have over performed against the plan with the focus on emergency admissions, A&E attendances and excess bed days. Activity for emergency admissions has remained fairly level with the plan and last year's levels whereas cost has increased. This is due to the higher number of patients over 60yrs admitted which in turn has increased the average length of stay and as such, the excess bed day's rate has uplifted.

Work currently undertaken through the information sub group to understand better the affects this is having on the Trust and audits compiled as to the nature of why patients are having a longer length of stay.

Accident and Emergency attendances at the Trust site remains above plan for the year with only April and January showing a reduction for the same period compared with 2015/16.

4.8 Aintree and University Hospital NHS Trust

Figure 20 Month 10 Unplanned Care – Aintree University Hospital NHS Trust by POD

Aintree University Hospital Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	684	918	234	34%	£84	£112	£27	32%
NEL - Non Elective	268	392	124	46%	£516	£792	£275	53%
NELNE - Non Elective Non-Emergency	17	17	0	1%	£39	£49	£10	27%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	84	65	-19	-23%	£18	£14	-£4	-23%
NELST - Non Elective Short Stay	67	71	4	6%	£40	£47	£7	18%
NELXBD - Non Elective Excess Bed Day	389	116	-273	-70%	£82	£24	-£58	-70%
Grand Total	1,509	1,579	70	5%	£779	£1,037	£258	33%

4.8.1 Aintree University Hospital NHS Trust Key Issues

Urgent Care over spend of £258k is driven by a £275k over performance in Non Elective costs. The main specialty over performance is Acute Medicine and Diabetic Medicine which is showing a £66k over spend. Further analysis of this has shown that there is a 49% increase in activity at Aintree this year with the higher proportion of those patients costs recorded against a nil plan. Further analysis of this activity is being undertaken to understand the flows of these patients.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 21 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

NHS Southport and Formby CCG					
PBR Cluster	Caseload as at 31/01/2017	2016/17 Plan	Variance from Plan	Variance on 31/01/2016	
0 Variance	46	41	5	7	
1 Common Mental Health Problems (Low Severity)	2	3	(1)	(1)	
2 Common Mental Health Problems (Low Severity with greater need)	3	11	(8)	(7)	
3 Non-Psychotic (Moderate Severity)	80	174	(94)	(93)	
4 Non-Psychotic (Severe)	218	156	62	61	
5 Non-psychotic Disorders (Very Severe)	35	29	6	5	
6 Non-Psychotic Disorder of Over-Valued Ideas	26	22	4	4	
7 Enduring Non-Psychotic Disorders (High Disability)	137	112	25	17	
8 Non-Psychotic Chaotic and Challenging Disorders	75	65	10	9	
10 First Episode Psychosis	69	65	4	4	
11 On-going Recurrent Psychosis (Low Symptoms)	255	291	(36)	(23)	
12 On-going or Recurrent Psychosis (High Disability)	191	153	38	31	
13 On-going or Recurrent Psychosis (High Symptom & Disability)	100	100	-	-	
14 Psychotic Crisis	18	11	7	7	
15 Severe Psychotic Depression	5	6	(1)	(2)	
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	13	10	3	5	
17 Psychosis and Affective Disorder – Difficult to Engage	27	26	1	2	
18 Cognitive Impairment (Low Need)	207	244	(37)	(25)	
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	678	787	(109)	(81)	
20 Cognitive Impairment or Dementia Complicated (High Need)	301	202	99	112	
21 Cognitive Impairment or Dementia (High Physical or Engagement)	73	53	20	25	
Cluser 99	213	123	90	97	
Total	2,772	2,684	88	154	

5.1.1 Key Mental Health Performance Indicators

Figure 22 - 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	Dec-16	Jan-17
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%	100%	85%

There were 2 breaches out of a total of 13 CPA discharges these were due to one service user being discharged due to admission into an acute hospital bed. The second breach was subsequently identified as being followed up on the same day of discharge.

Figure 23 - 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	Dec-16	Jan-17
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%	100%	67%

The CPA Follow up 2 day (48 hours) for higher risk groups is a local KP related to a cohort of service users within the national 7 day CPA follow up target group and the breaches identified above will relate to those breaching services users identified above.

Figure 24 - Figure 16 EIP 2 week waits

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	50%	50%	50%	0.00%	50%	50%	50%	67%	100%	50%
Rolling Quarter				50%	0%	40%	43%	50%	60%	71%	50%

5.1.2 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 March 2017. The review will consider system wide issues that impact on the effective delivery of the acute care pathway, these will include pathways in and out of the Mersey Care services and the interfaces with other providers and partners and will recommend models for each of the Mersey Care services (e.g. Access Service, A&E Liaison, Community Mental Health Teams), functions in the pathway (Stepped Up Care, Bed Management, Single Point of Access) and specialist pathways (e.g. personality disorder pathway, in-patient pathway).

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

At the February 2017 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 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 that the RIO roll out has been put on hold due to ‘technical issues’ The CCGs are awaiting correspondence from Mersey Care that will provide more detail concerning this delay. 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.

5.2 Improving Access to Psychological Therapies

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

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	103	96	130	164	104	123	128	165	191	216	186	176
	2016/17	201	195	180	167	162	150	201	188	140	217		
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	-100	-23		
	%	-16.4%	-18.9%	-25.1%	-30.5%	-32.6%	-37.6%	-16.4%	-21.8%	-41.8%	-9.7%		
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%	0.7%	1.1%		
Recovery % ACTUAL - 50% target	2015/16	44.3%	61.0%	48.6%	44.4%	58.7%	44.8%	38.2%	38.3%	55.4%	47.3%	51.1%	47.7%
	2016/17	50.5%	50.5%	50.9%	46.9%	46.2%	43.5%	51.4%	48.0%	43.5%	48.4%		
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%	97.5%	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%	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	115	111	114	101	96	136	124	137	122	97		
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	8	10	4	3	3	5	15	12	7	4		
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	54	51	56	46	43	57	56	60	50	45		
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%	88.9%	87.4%	87.9%	88.0%	83.4%	86.1%	88.9%	80.1%	82.6%		

The provider (Cheshire & Wirral Partnership) reported 217 Southport & Formby patients entering treatment in Month 10. This is an increase from the previous month when 140 patients entered treatment and is also the highest monthly total of 2016/17 to date. Activity in the month is comparable to the equivalent period in 2015/16 but despite the highest number of patients entering treatment being reported, the access rate remained below the required standard. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 11.3% against the 15% standard. This would represent an improvement to 2015/16 when Southport & Formby CCG reported a year end access rate of 9.3%.

Referrals increased in Month 10 by 51% with a total of 281, which is the highest total of 2016/17 to date. 55% of these were self-referrals. 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 increased but remained low with 71 reported in Month 10 (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 increased to 48.4% (from 43.5%). This fails to meet the minimum standard of 50%. A forecast outturn at Month 10 gives a year end position of 47.9% which

would fail to meet the minimum standard (and would be directly comparable with a year-end position for 2015/16).

Cancelled appointments by the provider saw a sharp increase in Month 10 with 67 reported against 23 in the previous month (an increase of 191%). 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 slightly from 65 in Month 9 to 71 in Month 10. 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, 98% 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 ten months of 2016/17 for Southport & Formby CCG.

5.3 Dementia

Summary for NHS Southport and Formby dementia registers at 31-01-2017

People Diagnosed with Dementia (Age 65+)	1,532
Estimated Prevalence (Age 65+)	2,148
Gap - Number of addition people who could benefit from diagnosis (all ages)	656
NHS Southport and Formby - Dementia Diagnosis Rate (Age 65+)	71.3%
National estimated Dementia Diagnosis Rate	67.4%
Target	67.0%

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated for April 2017 onwards. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach.

The latest data on the NHS England site (in the above table) is not using the new methodology until April 2017, hence a lower rate than the new methodology will show.

6. Community Health

6.1 Southport and Ormskirk Trust Community Services

EMIS Migration

The Trust has migrated over from the old IPM clinical system to EMIS. However due to the contract transferring over to a different provider for June 2017 onwards, they did not commence phase 2 of this migration. Phase 2 was meant to ensure that all services were recording data properly and allow for any variances from previous activity to be investigated and accounted for. Due to limited staffing and the implementation of MCAS taking priority, phase 2 was delayed.

New Community Provider

The Trust is currently liaising with the new community provider, Lancashire Care, to arrange to share their licence for EMIS for a temporary period. Although concerns over information governance issues have been raised with regards to this proposal, it has been agreed that this is the only safe option for patients, to ensure that no records are lost during the handover. However this will mean that the level of detail in terms of reporting will be limited to basic information reporting such as contacts and referrals. The proposal will be for 6 months and in the meantime the receiving organisation, Lancashire Care, will be expected to take steps towards getting their own instance of EMIS.

Members of both the CCG BI team and the new provider's BI team have met on a couple of occasions to establish relationships and form an information sub group, which will be a monthly meeting where any data quality issues can be raised by either party. Initial discussions have been around improving on existing reports, firstly by making sure the quality of the data is to a high standard, and eventually moving towards creating new activity plans, waiting times targets, and key performance indicators.

A Quality handover process is being discussed the CCF to ensure the CCG's concerns are addressed at the new CQPGs in 17/18.

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 10 2016/17 the YTD costs are £371,662, compared to £363,854 at the same time last year. Comparisons of activity between the two time periods show that activity is slightly higher in 16/17 at 1,142 compared to 1,024 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 10 16/17 YTD the costs are £54,982, compared to £43,053 at the same time last year. Comparing activity with last year shows that activity has increased in 16/17 at 362, compared to 287 in 15/16.

6.2 Liverpool Community Health Contract

The Trust continues to deliver this service and send through their usual reports until the new contract with Mersey care commences in June 2017.

6.2.1 Patient DNA's and Provider Cancellations

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

For patient DNAs, Sefton Physio Service reported a high rate of 15% in Jan-17, a slight improvement on last month's performance. Adult Dietetics is also high this month at 21.8% compared to 19.3% last month, as well as Paediatric Dietetics at 15.7% compared to 20% last month. Total DNA rates at Sefton are green for this month at 8%.

Provider cancellation rates remain relatively static this month with the exception of Paediatric Dietetics reporting an improvement at 2.8% compared to 18.2% last month. Total hospital cancellation rate for Sefton is green at 2.3% 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 January 2017. Total patient cancellations for Sefton have improved slightly in January 2017, decreasing from 11.5% to 10.8%.

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 CQPG.

A Quality Handover document has been developed with NHSE and stakeholders incorporating the Risk Profile Tool to share with the new community providers, this will be monitored at the new CQPGs. In addition

The following has occurred and continues regarding Quality Handover of LCH services:

- CCG represented at the NHSI Clinical Quality Oversight Group
- Quality Risk Profile Tool has been completed for a final time and agreed with commissioners, regulators and provider (separate agenda item at Quality Committee)
- Enhanced Surveillance document completed by NHSE with input from the CCG
- CCGs attended Quality Handover event on 16th March 2017

6.2.3 Waiting Times

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

Adult SALT: This service had issues with long waiting times at the beginning of the financial year. The Trust did work to improve this, and waiting times were reduced significantly between July and November 2016. However, December data shows that waiting times are beginning to increase again over the 18 week threshold, with an average (92nd percentile) wait on the incomplete pathway of 19

weeks and an average (95th percentile) wait of 20 weeks on the completed pathway. The longest waiting patient is currently at 22 weeks. 8 patients were breaching the 18 week target at this point compared to just 1 last month.

Physiotherapy: Waiting times have steadily increased over the past 6 months, resulting in this service failing the 18 week target again in December for completed pathways at 25 weeks. However performance on the incomplete pathway has improved from 20 weeks in November to 15 in December with 8 patients over 18 weeks compared to 47 last month. The longest waiter was 1 patient waiting at 28 weeks.

Occupational Therapy: Waiting times on the completed pathways (95th Percentile) have gradually increased over the past 4 months resulting in a breach of the 18 week target. An average of 21 weeks was reported in December, a slight improvement on last month. The longest waiter was at 24 weeks with the number of patients breaching remaining static.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 20 weeks from the 22 weeks reported in November, 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 31 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 December, on the incomplete pathway the average waiting time (92nd percentile) improved slightly from 36 weeks to 34 weeks, however this is still breaching the 18 week target. The longest waiting patient was waiting at **55 weeks**. This service has consistently breached the 18 week target since it began reporting in August, showing no signs of improvement.

6.3 Any Qualified Provider LCH Podiatry Contract

At month 10 2016/17, the YTD cost for the CCG remains at £651 with 7 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

Consultations and Impact Assessments are near completion with our Third Sector providers and letters requesting organisational documentation and details have been sent to all in order to enable the population of these NHS Standard Contracts for 2017-18. Commissioners are currently working with providers to tailor service specifications and activity expectations in line with local requirement and CCG plans. It is anticipated that all NHS Standard Contracts for Third Sector providers will be finalised prior to 1st April 2017.

8. Primary Care

8.1 Primary Care Dashboard Progress

Work has been progressing throughout 2016/17 to develop a primary care dashboard to present through the Aristotle business intelligence portal. A draft version of the dashboard is currently being tested and reviewed with clinical leads and primary care leads to assess the content, format and functionality of the report. There are various “views” of the data, for CCG level users to view the

indicators across the CCG area with the ability to drill to locality and practice level. A core set of indicators allowing benchmarking across a number of areas has been produced first (practice demographics, GP survey patient satisfaction, secondary care utilisation rates, CQC inspection status), followed by further indicators and bespoke information to follow in phase II of this dashboard. Another report requiring further development will allow individual practices to review individual patients where the practice may have been identified as an outlier in the benchmarking dashboard. It will allow patients to be identified to support local schemes for example A&E frequent attenders, alcohol related admissions etc.

Once the testing and review process is complete and the dashboard is live in Aristotle, information may be made available to practices in a timely and consistent format to aid locality discussions. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement.

8.2 CQC Inspections

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 Chapel Lane Surgery, it achieved a “Requires Improvement” rating.

Figure 26 – CQC Inspection Table

Southport & Formby CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	27 August 2015	Good	Good	Good	Good	Good	Good
N84013	Curzon Road Medical Practice	n/a	Not yet inspected the service was registered by CQC on 1 July 2016					
N84021	St Marks Medical Center	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	16 November 2016	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26 September 2016					
N84006	Chapel Lane Surgery	06 February 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	n/a	Not yet inspected the service was registered by CQC on 11 May 2016					
N84618	The Hollies	10 May 2016	Good	Requires Improvement	Good	Good	Good	Good
N84008	Norwood Surgery	n/a	Not yet inspected the service was registered by CQC on 1 April 2013					
N84017	Churchtown Medical Center	17 August 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84611	Roe Lane Surgery	27 August 2015	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	15 April 2016	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Center	02 December 2016	Good	Good	Good	Good	Good	Outstanding
N84014	Ainsdale Village Surgery	10 December 2015	Good	Good	Outstanding	Good	Outstanding	Requires Improvement
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	n/a	Not yet inspected the service was registered by CQC on 24 June 2016					
N84625	The Family Surgery	n/a	Not yet inspected the service was registered by CQC on 30 September 2016					

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

9. Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited but due for imminent release.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

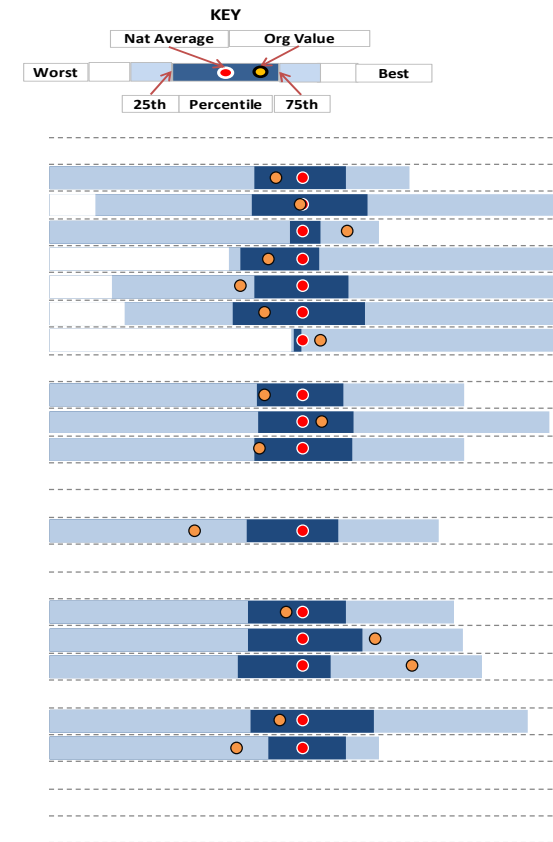
A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard. The new framework aligns key objectives and priorities, including the way NHS England assess and manage their 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.

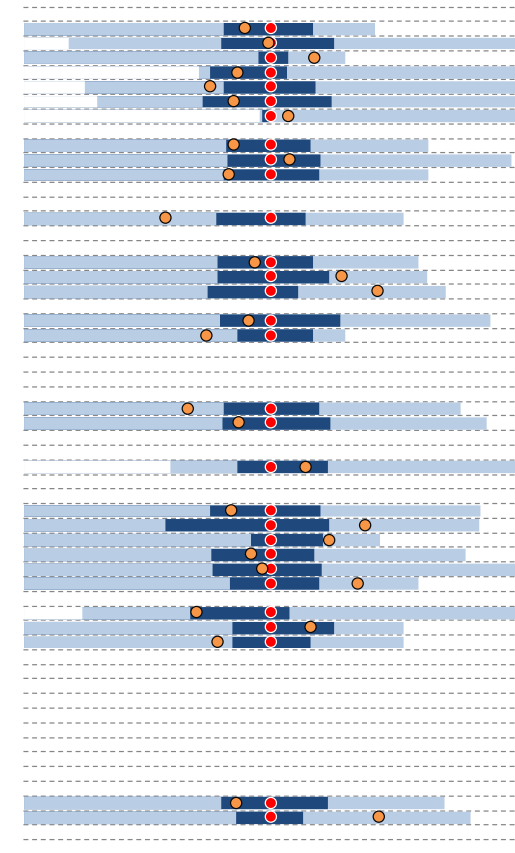
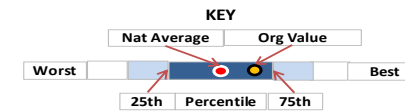
A dashboard is released each quarter by NHS England consisting of sixty indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

10.2 Q3 Improvement & Assessment Framework Dashboard

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
<p>Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date</p> <p>If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.</p> <p>KEY H = Higher L = Lower <=> = N/A</p>					
Better Health					
Maternal smoking at delivery	Q2 16/17	12.6%	10.4%		L
Percentage of children aged 10-11 classified as overweight or obese	2014-15	33.4%	33.2%		L
Diabetes patients that have achieved all the NICE recommended treatment targets:	2014-15	46.8%	39.8%		H
People with diabetes diagnosed less than a year who attend a structured education	2014-15	3.1%	5.7%		H
Injuries from falls in people aged 65 and over	Jun-16	2,421	1,985		L
Utilisation of the NHS e-referral service to enable choice at first routine elective	Sep-16	40.4%	51.1%		H
Personal health budgets	Q2 16/17	45.1	18.7		H
Percentage of deaths which take place in hospital	Q1 16/17	41.2%	47.1%		<>
People with a long-term condition feeling supported to manage their condition(s)	2016	62.2%	64.3%		H
Inequality in unplanned hospitalisation for chronic ambulatory care sensitive	Q4 15/16	853	929		L
Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	2,547	2,168		L
Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Sep-16	1.2	1.1		<>
Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in	Sep-16	7.9%	9.1%		<>
Quality of life of carers	2016	0.76	0.80		H
Better Care					
Provision of high quality care	Q3 16/17	51.0			H
Cancers diagnosed at early stage	2014	49.5%	50.7%		H
People with urgent GP referral having first definitive treatment for cancer within 62	Q2 16/17	87.5%	82.3%		H
One-year survival from all cancers	2013	72.8%	70.2%		H
Cancer patient experience	2015	8.7			H
Improving Access to Psychological Therapies recovery rate	Sep-16	46.8%	48.4%		H
People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Nov-16	57.1%	77.2%		H
Children and young people's mental health services transformation	Q2 16/17	35.0%			H
Crisis care and liaison mental health services transformation	Q2 16/17	42.5%			H
Out of area placements for acute mental health inpatient care - transformation	Q2 16/17	12.5%			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		
		Latest Period	CCG	England	Trend	Better is...
▲	Reliance on specialist inpatient care for people with a learning disability and/or autism	Q2 16/17	66			L
◀▶	Proportion of people with a learning disability on the GP register receiving an annual health check	2015/16	25.1%	37.1%		H
◀▶	Neonatal mortality and stillbirths	2014-15	7.9	7.1		L
◀▶	Women's experience of maternity services	2015	71.2			H
◀▶	Choices in maternity services	2015	60.5			H
◀▶	Estimated diagnosis rate for people with dementia	Nov-16	72.4%	68.0%		H
▼	Dementia care planning and post-diagnostic support	2015/16	75.5%			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	Nov-16	93.2%	88.4%		H
▼	Delayed transfers of care per 100,000 population	Nov-16	7.9	15.0		L
▲	Population use of hospital beds following emergency admission	Q1 16/17	1.1	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 access	Q3 16/17	0.0%			H
◀▶	Primary care workforce	H1 2016	0.9	1.0		H
▼	Patients waiting 18 weeks or less from referral to hospital treatment	Nov-16	92.2%	90.6%		H
▲	People eligible for standard NHS Continuing Healthcare	Q2 16/17	63.8	46.2		<
Sustainability						
◀▶	Financial plan	2016	Red			<
◀▶	In-year financial performance	Q2 16/17	Red			<
◀▶	Outcomes in areas with identified scope for improvement	Q2 16/17	50.0%			H
▼	Expenditure in areas with identified scope for improvement	Q2 16/17	0.0%			H
◀▶	Local digital roadmap in place	Q3 16/17	Yes			<
▲	Digital interactions between primary and secondary care	Q3 16/17	71.4%			H
◀▶	Local strategic estates plan (SEP) in place	2016-17	Yes			<
Well Led						
◀▶	Probity and corporate governance	Q2 16/17	Fully compliant			H
◀▶	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			H
◀▶	Quality of CCG leadership	Q2 16/17	Amber			<



Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2016-17



Metric	Reporting Level	2016-17													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Preventing People from Dying Prematurely															
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	G	G	G	R	G	R	G	G	G			G
		Actual	97.27%	94.33%	94.56%	94.70%	92.08%	95.43%	92.35%	94.09%	94.66%	94.82%			94.423%
		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%
1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G			G			G					G	
		Actual	95.297%			93.974%			93.72%					94.378%	
		Target	93.00%			93.00%			93.00%			93.00%			93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	G	R	R	R	G	G	R	G	G	G			R
		Actual	100.00%	80.56%	80.00%	90.91%	98.21%	95.83%	91.23%	95.31%	95.65%	93.33%			92.781%
		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%
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R			G			G					R	
		Actual	86.607%			95.27%			93.976%					92.488%	
		Target	93.00%			93.00%			93.00%			93.00%			93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	G	G	G			G
		Actual	98.59%	96.05%	98.96%	97.30%	98.81%	96.55%	93.55%	98.61%	100.00%	97.18%			97.674%
		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%
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G			G			G					G	
		Actual	98.35%			97.69%			97.54%					97.885%	
		Target	96.00%			96.00%			96.00%			96.00%			96.00%

26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	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%	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%
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G			G			G					G	
		Actual	100.00%			100.00%			100.00%					100.00%	
		Target	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	G		G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%			99.479%
		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%
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G			G			G					G	
		Actual	100.00%			100.00%			98.63%					99.355%	
		Target	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			G	
		Actual	100.00%	100.00%	100.00%	100.00%	95.00%	96.67%	95.83%	94.74%	100.00%	100.00%			97.826%
		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%
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G			G			G					G	
		Actual	100.00%			96.49%			96.49%					97.059%	
		Target	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	G		R	
		Actual	88.57%	70.73%	80.85%	94.12%	85.71%	83.33%	83.33%	86.84%	80.00%	88.24%			84.00%
		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%
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R			G			R					R	
		Actual	80.80%			87.50%			84.15%					84.013%	
		Target	85.00%			85.00%			85.00%			85.00%		85.00%	
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	G	G	R	R	G	G	G	G	G		G	
		Actual	100.00%	100.00%	100.00%	66.67%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%			95.122%
		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%

1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G		R		G				G			
		Actual	100.00%		80.00%		100.00%		90.00%		94.444%			
		Target	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												
		Actual	85.71%	88.89%	84.21%	80.95%	100.00%	77.78%	86.67%	81.82%	90.00%	90.00%		85.938%
		Target												
1878: % of patients receiving treatment for cancer within 62 days upgrade their priority (QUARTERLY) % 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												
		Actual	85.366%		82.50%		86.486%						84.746%	
		Target												

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	G	R	R	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%	61.63%	61.79%		68.289%
		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%
	Southport And Formby CCG	RAG	R	G	G	R	R	G	R	R	R	R		R
		Actual	55.56%	86.50%	76.90%	66.67%	67.50%	77.42%	71.74%	67.65%	70.00%	66.67%		70.611%
		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%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R	R		R	
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%	63.05%	60.35%	57.31%	58.78%		62.746%
		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%
	Southport And Formby CCG	RAG	R	R	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%	56.97%	58.89%		61.481%
		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%
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		R	
		Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%	88.23%	86.79%	85.42%	85.74%		88.983%
		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%
	Southport And Formby CCG	RAG	R	R	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%	81.55%	81.66%		84.189%
		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%

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	R	G			G
		Actual	95.20%	94.88%	94.32%	94.51%	93.49%	92.62%	92.36%	92.22%	91.48%	92.50%			93.372%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G			G	
		Actual	0	0	0	0	0	0	0	0	0	0			0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	G	G	R	R	R	G	G	G	R	R			R
		Actual	0.37%	0.68%	2.10%	1.92%	1.83%	0.30%	0.51%	0.77%	1.71%	3.68%			1.385%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

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

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	R	R	R	R	R	R	R			R
		YTD	0	0	0	0	1	1	1	1	1	3	3			3
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	R	R	G	G	G	G	G	G	G			G	
		YTD	5	11	15	16	18	19	22	23	25	27	29			29
		Target	6	9	13	18	20	24	27	29	29	29	32	38	32	

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			R	
		Actual	88.64%	89.65%	90.77%	87.89%	93.34%	91.16%	91.75%	93.16%	90.34%	88.13%			90.468%
		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%