



Southport and Formby
Clinical Commissioning Group

**Southport & Formby Clinical
Commissioning Group**
Integrated Performance Report
March 2017

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..... | 13 |
| 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..... | 26 |
| 3.5.3 - 62 Day Cancer Waiting Time Performance..... | 27 |
| 3.6 Patient Experience of Planned Care..... | 28 |
| 3.7 Planned Care Activity & Finance, All Providers..... | 29 |
| 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..... | 33 |



Southport and Formby Clinical Commissioning Group

| | | |
|-------|--|----|
| 4.3 | Unplanned Care Quality Indicators | 35 |
| 4.3.1 | Stroke and TIA Performance | 35 |
| 4.3.2 | Mixed Sex Accommodation | 35 |
| 4.3.3 | Healthcare associated infections (HCAI)..... | 36 |
| 4.3.4 | Mortality..... | 36 |
| 4.4 | CCG Serious Incident Management | 37 |
| 4.5 | Delayed Transfers of Care..... | 38 |
| 4.6 | Patient Experience of Unplanned Care..... | 38 |
| 4.7 | Unplanned Care Activity & Finance, All Providers..... | 39 |
| 4.7.1 | All Providers | 39 |
| 4.7.2 | Southport and Ormskirk Hospital NHS Trust..... | 40 |
| 4.7.3 | Southport & Ormskirk Hospital NHS Trust Key Issues | 40 |
| 4.8 | Aintree and University Hospital NHS Trust | 41 |
| 5. | Mental Health | 42 |
| 5.1 | Mersey Care NHS Trust Contract | 42 |
| 5.1.1 | Key Mental Health Performance Indicators..... | 42 |
| 5.1.2 | Mental Health Contract Quality Overview | 43 |
| 5.2 | Improving Access to Psychological Therapies | 44 |
| 5.3 | Dementia..... | 46 |
| 6. | Community Health | 46 |
| 6.1 | Southport and Ormskirk Trust Community Services | 46 |
| 6.1.1 | Any Qualified Provider..... | 47 |
| 6.2 | Liverpool Community Health Contract | 47 |
| 6.2.1 | Patient DNA's and Provider Cancellations | 47 |
| 6.2.2 | Liverpool Community Health Quality Overview | 48 |
| 6.2.3 | Waiting Times..... | 48 |
| 6.3 | Any Qualified Provider LCH Podiatry Contract..... | 49 |
| 7. | Third Sector Contracts..... | 49 |
| 8. | Primary Care | 50 |
| 8.1 | Primary Care Dashboard Progress..... | 50 |
| 8.2 | CQC Inspections | 51 |
| 9. | Better Care Fund..... | 52 |
| 10. | CCG Improvement & Assessment Framework (IAF) | 52 |
| 10.1 | Background | 52 |
| 10.2 | Q3 Improvement & Assessment Framework Dashboard | 53 |

List of Tables and Graphs

| | |
|---|----|
| Figure 1 – Financial Dashboard | 11 |
| Figure 2 – Financial Performance by Provider | 11 |
| Figure 3 – RAG rated QIPP plan | 13 |
| Figure 4 – Phased QIPP plan for the year | 13 |
| Figure 5 – QIPP performance at month 12 | 14 |
| Figure 6 – QIPP Schemes delivered Month 12 | 14 |
| Figure 7 – 2016/17 Outturn Position | 16 |
| Figure 8 - Referrals by Source across all providers for 2015/16 & 2016/17 | 18 |
| Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17 | 18 |
| Figure 10 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting | 21 |
| Figure 11 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers | 22 |
| Figure 12 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust | 22 |
| Figure 13 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust | 23 |
| Figure 14 - Planned Care - All Providers | 29 |
| Figure 15 - Planned Care – Southport and Ormskirk NHS Trust by POD | 29 |
| Figure 16 - Planned Care - Renacres Hospital by POD | 30 |
| Figure 17 - Month 12 Unplanned Care – All Providers | 39 |
| Figure 18 - Month 12 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD | 40 |
| Figure 19 - Month 12 Unplanned Care – Aintree University Hospital NHS Trust by POD | 41 |
| Figure 20 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity | 42 |
| Figure 21 - CPA – Percentage of People under CPA followed up within 7 days of discharge | 42 |
| Figure 22 - CPA Follow up 2 days (48 hours) for higher risk groups | 43 |
| Figure 23 - Figure 16 EIP 2 week waits | 43 |
| Figure 24 - Monthly Provider Summary including (National KPI s Recovery and Prevalence) | 44 |
| Figure 25 – CQC Inspection Table | 51 |

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 12 (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 | |
| Cancer 31 Day First Treatment | Green | SORM |
| Cancer 31 Day Subsequent - Drug | Green | SORM |
| Cancer 31 Day Subsequent - Surgery | Green | SORM |
| Cancer 31 Day Subsequent - Radiotherapy | Green | SORM |
| Cancer 62 Day Standard | Red | SORM |
| Cancer 62 Day Screening | Green | SORM |
| Cancer 62 Day Consultant Upgrade | Green | SORM |
| Diagnostic Test Waiting Time | Red | SORM |
| HCAI - C.Diff | Green | SORM |
| HCAI - MRSA | Red | SORM |
| IAPT Access - Roll Out | Green | |
| IAPT - Recovery Rate | Green | |
| Mixed Sex Accommodation | Red | SORM |
| RTT 18 Week Incomplete Pathway | Green | SORM |
| RTT 52+ week waiters | Green | SORM |
| Stroke 90% time on stroke unit | | SORM |
| Stroke who experience TIA | | SORM |
| NHS E-Referral Service Utilisation | Red | |

Key information from this report

Financial position

The year-end position after the application of reserves is a deficit of £6.695m against an original planned deficit of £4.000m. The revised position includes release of the 1% uncommitted risk reserve of £1.805m and has been discussed with and reported to NHS England throughout the year. The financial position has deteriorated during the year due to underperformance against the QIPP plan and increased cost pressures.

It should be noted that the CCGs original assessment of the 2016/17 financial position was a deficit of £6.000m; this was revised to £4.000m following negotiation with NHS England and an agreed recovery trajectory. Deterioration from the original assessment can be partly attributed to the unavoidable cost pressure in respect of Funded Nursing Care (£1.205m) which means that the CCG is effectively £1.300m away from its original plan.

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 12 is £6.959m against a target of £11.948m. It should be noted that QIPP savings delivered represent 79% of the original target of £8.782m as reported in the opening plan.

Planned Care

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 although month 12 has seen a marked increase on previous months, as has planned care activity overall.

In March the CCG failed the less than 1% target for diagnostics, 28 out of 2,280 patients waited over 6 weeks for their diagnostic test (1.3%). Southport & Ormskirk also failed the diagnostic monitoring standard reporting 1.3% of patients waiting in excess of 6 weeks. The number of patients waiting over 6 weeks reduced to 38 in March (39 in the previous month).

The CCG has not achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in March with a performance of 81.82% and are failing YTD with a performance of 91.51%. Year to date out of 589 patients there have been 50 breaches.

The CCG did not achieve the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in March with a performance of 75.76% and are failing year to date achieving 81.75%. In March 33 patients were seen with 8 breaching the 62 day standard. For the same measure, Southport & Ormskirk failed to achieve the target of 85% in March recording 78.57%. This and previous month's performances are still having an impact on the YTD position of 82.20%.

Southport & Ormskirk Hospital NHS Trust continue to experience difficulties in relation to Friends and Family. The Trust has seen an increase in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the Trust has seen a slight increase on February but this is still below the England average. The percentage of people who would not recommend the inpatient service has fallen but is still greater than the England average.



Southport and Formby Clinical Commissioning Group

Performance at Month 12 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-157k/0%. Wrightington Wigan and Leigh shows the largest over performance with a £509k/66% variance. Underspend is offset by Southport Hospital who are showing a -£1.3m/-6% under spend at month 12.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for March reached 88.17%, which failed the Cheshire & Merseyside 5 Year Forward View (STP) plan of 95%. Year to date they are under plan, achieving 90.34%.

At both a regional and county level, NWSAS failed to achieve any of the response time targets. With the significant dip in performance around national ambulance targets we are working with all partners to improve performance against these targets.

Southport & Ormskirk failed the stroke target in March with only 20 out of 39 patients spending 90% of their time on a stroke unit. This is a drop in performance from February where the Trust achieved 52%. As reported monthly, the current configuration of the stroke unit with 3 bays remains a challenge in meeting male/ female demand.

Southport & Ormskirk also failed the TIA target in March 2017. This month there were 11 reportable cases of TIA, with 7 breaching the 24 hour timescale. The key themes for reasons for breaches were; No available clinic slots, Patients not classed as high risk as they had had symptoms for more than 7 days and Patient choice – patient offered a clinic slot within timescale but declined.

March saw Southport & Ormskirk fail Mixed Sex Accommodation. In month the trust had 17 mixed sex accommodation breaches (a rate of 3.1) and has therefore breached the zero tolerance threshold.

There were 4 new cases of Clostridium Difficile attributed to the CCG in March, reported by Southport & Ormskirk Hospital Trust. For Southport & Ormskirk year to date the Trust has had 21 cases (13 upheld), against a plan of 36, so is under plan.

There were no new cases of MRSA reported in March for the CCG making 2 year to date, one in August and one in January.

There are 100 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 55 of these incidents apply to Southport & Formby CCG patients. 45 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 26 of these being Southport & Formby CCG patients.

Delayed Transfers of Care (DTCOC's) increased to 8 during March 2017 from 4 reported in February. 4 of the 8 delays were for patient or family choice. Analysis of delays in March 2017 compared to March 2016 shows an increase in the number of patients waiting (62.5%). In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the system the Commissioning lead for Urgent Care participates in a weekly meeting to review all patients who are medical fit for discharge and are delayed. This is in conjunction with acute trust, community providers and Local Authority.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates for Friends and Family. The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 85% in February to 64% in March. This is lower than



Southport and Formby Clinical Commissioning Group

the England average. The percentage not recommending has increased from 9% in February to 26% in March and therefore remains above the England average.

Performance at Month 12 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £1.1m/4%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £765k overspend.

Mental Health

Two of the three Key Mental Health Performance indicators are failing in March; Percentage of People under CPA followed up within 7 days of discharge and EIP 2 week waits.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported more Southport & Formby patients entering treatment in month 12. 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) was 11.7% at year end and therefore did not achieve the 15% standard, but is an improvement on 2015/16. Referrals increased in month 12 by 25.9% with a total of 296, 62% 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 with 73 reported in Month 12 (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 53.3% (from 51.7%). This achieves the minimum standard of 50%, however the year end figure did not achieve the standard at 48.7% (although this is an improvement on 2015/16).

Commissioners have commented on the first draft of the Trust's review of the acute care pathway and at time of writing are awaiting the final agree draft. Once agreed an implementation plan will be put in place. Commissioners have expectations that implementation will lead to improvements in access and overall pathway flows for patients. There remain ongoing concerns around GP access and communication and these are being addressed via the bi-monthly referral interface meeting which has been established. The trust will also be invited to South Sefton locality meetings in 2017/18 so as to maintain a focus on improving the interface between Trust and primary care.

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%, 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 Ainsdale Village with a "Good" rating.

Phase one of Primary Care Dashboard development is now complete. A live version of the dashboard is available in Aristotle. 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.

Better Care Fund

A Better Care Fund monitoring report is currently being prepared for submission to NHS England for Quarter 4 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 fifty seven 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.

Publication of quarter 4 data has been delayed nationally and currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 17/18 framework. Publication of the 17/18 IAF is currently not confirmed, however through informal discussions it is suggested that publication will not occur until end of June.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 31 March 2017.

The year-end position after the application of reserves is a deficit of **£6.695m** against an original planned deficit of £4.000m. The revised position includes release of the 1% uncommitted risk reserve of £1.805m and has been discussed with and reported to NHS England throughout the year. The financial position has deteriorated during the year due to underperformance against the QIPP plan and increased cost pressures.

It should be noted that the CCGs original assessment of the 2016/17 financial position was a deficit of £6.000m; this was revised to £4.000m following negotiation with NHS England and an agreed recovery trajectory. Deterioration from the original assessment can be partly attributed to the unavoidable cost pressure in respect of Funded Nursing Care (£1.205m) which means that the CCG is effectively £1.300m away from its original plan.

| | Original Plan | NHS England Revised Plan |
|---|---------------|--------------------------|
| | £'m | £'m |
| Plan | (6.00) | (4.00) |
| Mandated FNC | (1.21) | (1.21) |
| Total | (7.21) | (5.21) |
| M10 - Revised Plan | (8.50) | (8.50) |
| Total | (8.50) | (8.50) |
| Variance - out turn to original plan | (1.29) | (3.29) |

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 12 is £6.959m against a target of £11.948m. It should be noted that QIPP savings delivered represent 79% of the original target of £8.782m as reported in the opening plan.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

| Key Performance Indicator | | Full Year | Prior Month |
|---------------------------|--|-----------|-------------|
| Business Rules | 1% Surplus | ✗ | ✗ |
| | 0.5% Contingency Reserve | ✓ | ✓ |
| | 1% Non-Recurrent Reserve | ✓ | ✓ |
| Surplus | Financial Surplus / (Deficit) | (£6.695m) | (£8.500m) |
| QIPP | QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i> | £6.959m | £6.889m |
| Running Costs | CCG running costs < 2016/17 allocation | ✓ | ✓ |

2.2 Resource Allocation

Additional allocations received in Month 12 were as follows:

- PMS Premium balance transfer to March 2017 - £0.025m

This allocation reflects the PMS Premium payments due from August to March and is fully committed within the financial year.

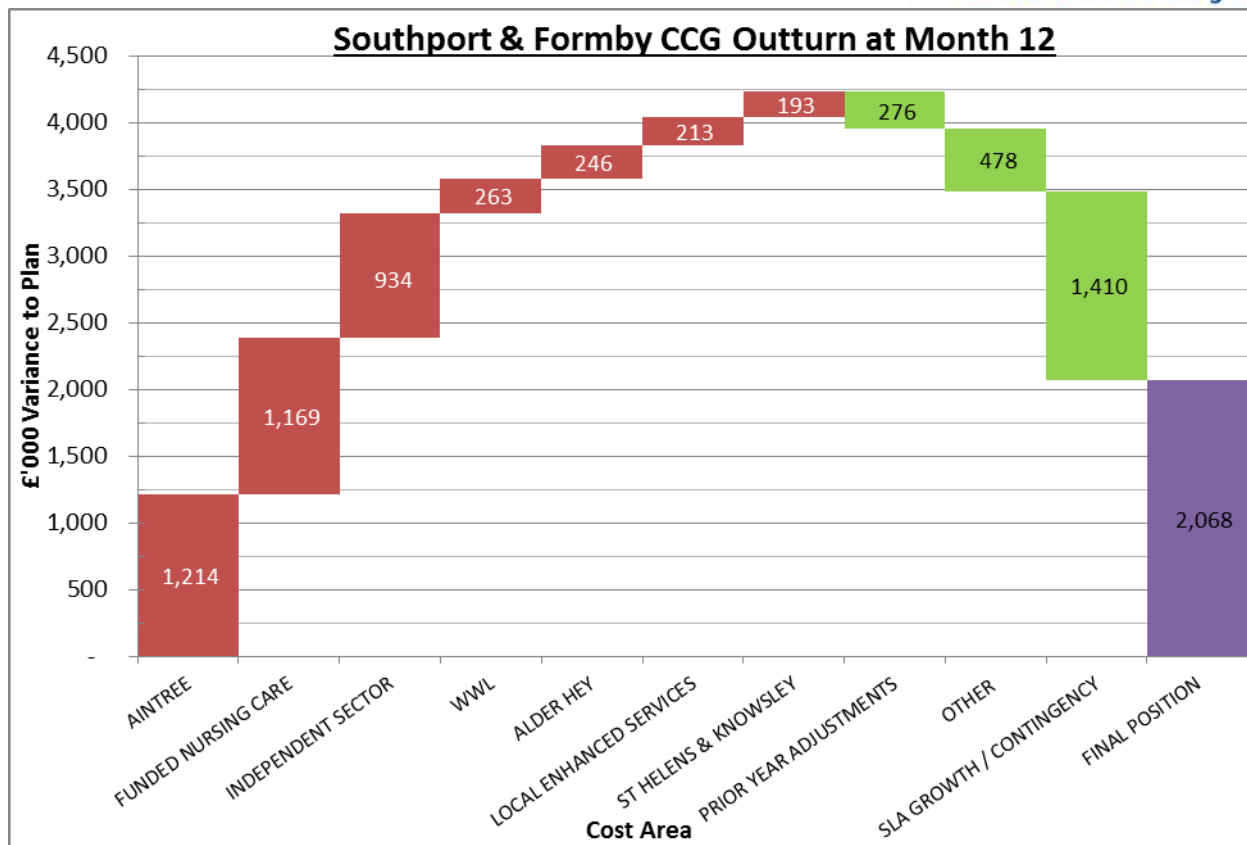
2.3 Financial Position and forecast

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 £1.410m.

It should be noted that whilst the financial report is up to the end of March 2017, the CCG has based its reported position on the latest information received from Acute and Independent providers up to the end of January 2017 and extrapolated to March.

Figure 2 – Financial Performance by Provider



Independent Sector

The full year position is an overspend of £0.934m. This is mainly due to over performance against plan for Ramsay Healthcare of £0.807m which is partly offset by a £0.072m underperformance within the contract with Spire Healthcare. Noticeable reductions continue to be evident 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 full year underspend of £0.024m against a year-end forecast of breakeven due to delivery of in-year efficiencies in addition to the QIPP plan agreed. The full year QIPP efficiencies total £0.411m with the associated budget transferred to the QIPP plan.

Continuing Health Care and Funded Nursing Care

The Month 12 position for the Continuing Health Care and Funded Nursing Care budget is a £0.555m overspend, this position reflects the current number of patients, average package costs and the uplift to providers of 1.1%. This is a £0.105m decrease against the Month 11 forecast, 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 amounting to £0.125m for the year.

Full year QIPP savings of £1.795m have been realised including savings achieved 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.

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 manner. 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**. This plan was 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 shows a summary of the QIPP plan approved at the Governing Body in May 2016. The detailed QIPP plan shows the CCG has been delivered **£6.959m** savings in total during the year.

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 | 1,141 | 0 | 1,565 | 2,706 |
| Medicines optimisation plan | 3,070 | (1,917) | 1,153 | 513 | 0 | 640 | 1,153 |
| CHC/FNC plan | 1,775 | 64 | 1,839 | 1,795 | 0 | 44 | 1,839 |
| Discretionary spend plan | 10,718 | (5,805) | 4,913 | 3,032 | 0 | 1,881 | 4,913 |
| Urgent Care system redesign plan | 1,697 | (360) | 1,337 | 478 | 0 | 859 | 1,337 |
| Total QIPP Plan | 26,057 | (14,109) | 11,948 | 6,959 | 0 | 4,989 | 11,948 |
| QIPP Delivered 2016/17 | | | | 6,959 | 0 | 0 | 6,959 |

As shown in Figure 4 and 5 below, £5.023m QIPP savings have been actioned at Month 12 against a phased plan of £11.948m.

Figure 4 – Phased QIPP plan for the year

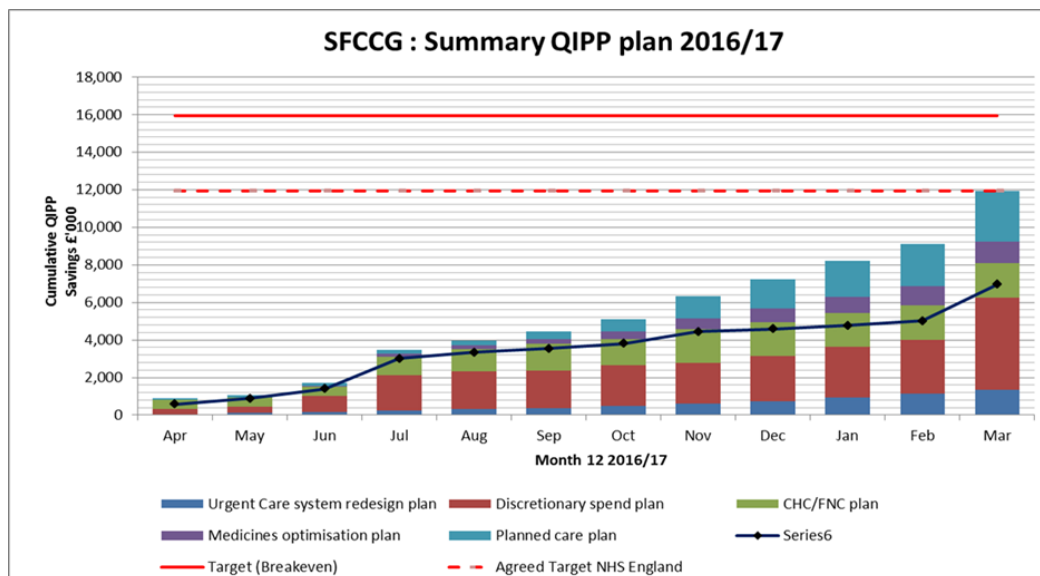


Figure 5 – QIPP performance at month 12

| Scheme | Current Month (M12) | | | | | | |
|-----------------------------|---------------------|-----------------|--------------|---|---------------|--------------|----------------|
| | In month plan | In month actual | Variance | | YTD Plan | YTD Actual | Variance |
| Planned care plan | 427 | 797 | 370 | ● | 2,706 | 1,141 | (1,565) ● |
| Medicines optimisation plan | 147 | 102 | (45) | ● | 1,153 | 513 | (640) ● |
| CHC/FNC Plan | 15 | 0 | (15) | ● | 1,839 | 1,795 | (44) ● |
| Discretionary spend plan | 2,034 | 559 | (1,475) | ● | 4,913 | 3,032 | (1,881) ● |
| Urgent Care system redesign | 196 | 478 | 282 | ● | 1,337 | 478 | (859) ● |
| Total | 2,819 | 1,936 | (883) | | 11,948 | 6,959 | (4,989) |

Figure 6 shows the QIPP savings delivered in Month 12 against savings planned at Month 11.

Figure 6 – QIPP Schemes delivered Month 12

| 2016/17 QIPP Plan | Plan £000 | Actual £000 |
|----------------------|--------------|----------------|
| MCAS - T&O reduction | 250 | (80) |
| PLCV Challenge | 0 | 165 |
| OPPROC Review | 300 | 300 |
| Prescribing | 175 | 102 |
| Third Sector | 26 | 26 |
| LQC Underperformance | 229 | 225 |
| MRET | 78 | 78 |
| CQUIN | 808 | 999 |
| Running Costs | 0 | 121 |
| Total | 1,866 | 1,936 |

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 position for the running cost budget is an underspend of £0.375m 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 1st April 2016)
- Opening creditor balances less closing creditor balances

Cash is held centrally at NHS England and is allocated monthly to CCGs following notification of cash requirements. As well as managing the financial position, organisations must manage their cash position. The monthly cash requested should cover expenditure commitments as they fall due and the annual cash requested should not exceed the maximum cash drawdown limit.

Month 12 position

At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £198k). At 31 March 2017 the CCG had a cash balance of £159k, therefore the cash target was achieved.

Run Rate

An overview of the run rate for the CCG shows the expenditure in each month for the full year. If the CCG is to achieve its year end position, the monthly expenditure needs to reduce.

2.7 Evaluation of risks and opportunities

The primary financial risks for the CCG during the financial year have been non-delivery of the QIPP target and increased performance within acute care, these risks will continue in future financial years and therefore require ongoing management and review.

QIPP

Overall management of the QIPP programme is monitored by the Joint QIPP committee. Although significant QIPP savings have been achieved during the year, the majority of savings were non-recurrent and require a recurrent solution. The focus must continue to ensure the required savings can be delivered in the new financial year.

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 has released the 1% uncommitted reserve in Month 12. Release of this reserve improved the financial position by £1.805m from a forecast deficit of £8.500m to a reported deficit of £6.695m. The CCG statutory accounts for 2016/17 will report the revised financial 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.

Figure 7 – 2016/17 Outturn Position

| | Recurrent £000 | Non-Recurrent £000 | Total £000 |
|--|-------------------|-----------------------|----------------|
| Planned Deficit | | (4.000) | (4.000) |
| QIPP Target | (8.817) | (1.165) | (9.982) |
| Revised surplus / (deficit) | (8.817) | (5.165) | (13.982) |
| Actual Outturn (against operational budgets) | (0.116) | (0.645) | (0.761) |
| FNC Cost Pressure | (1.205) | 0.000 | (1.205) |
| Reserves Budget | 0.343 | 0.146 | 0.489 |
| Management action plan | | | |
| QIPP Achieved | 3.698 | 3.261 | 6.959 |
| Total Management Action plan | 3.698 | 3.261 | 6.959 |
| Year End Surplus / (Deficit) | (6.097) | (2.403) | (8.500) |
| Release 1% Risk Reserve | 0.000 | 1.805 | 1.805 |
| Reported Surplus / (Deficit) | (6.097) | (0.598) | (6.695) |

2.9 Recommendations

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

- The year end financial position is a deficit of **£6.695m** which includes release of the 1% uncommitted risk reserve of £1.805m.
- The CCG has delivered **£6.959m** QIPP savings during the year against a target of £11.948m. Further work is required to achieve recurrent savings.
- The position has deteriorated due to underperformance against the QIPP plan and increasing cost pressures within the financial year.
- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to deliver a reduction in costs. The focus must be on reducing access to clinical services that provide no 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.

Month 1 Update

Financial Position:

- Month 1 data will not be received from Providers until mid-May so is not available for Month 1 reporting. The Month 1 financial position for NHS contracts is based on the 2017-18 contract values which is the most reliable forecast of costs at this stage.
- Small efficiency on the Independent Sector budget
- Risk identified on referral management charge from CSU, this is to be funded from efficiencies generated by admission avoidance. Action needed to ensure this cost is included in the QIPP plans.

Risk Adjusted Position:

- Risks identified against opening financial plan - £8.875m, in total
 - QIPP under-delivery - £5.399m
 - Acute activity over performance - £2.276m
 - Community Services procurement - £0.500m
 - GP Streaming / AVS - £0.700m
- Mitigations - £3.430m in total
- CCG contingency budget - £0.904m
- Activity over performance budget - £2.276m
- Community Services reserve - £0.250m
- Net Risk / Risk adjusted Position - £5.445m deficit

3. Planned Care

3.1 Referrals by Source

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

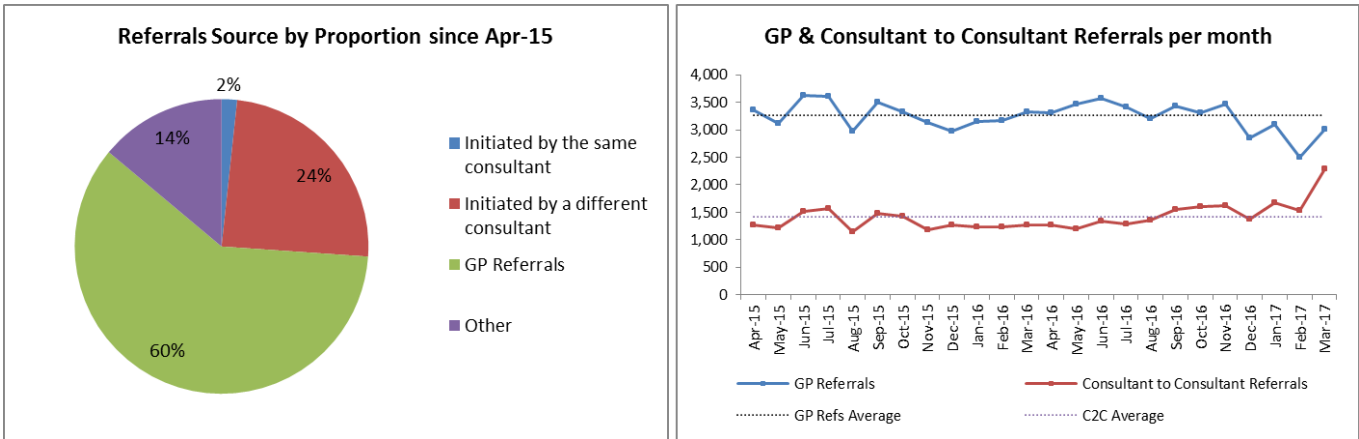


Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

| Referral Type | DD Code | Description | 1516 YTD | 1617 YTD | Variance | % Variance |
|--------------------|--|---|---------------|---------------|--------------|--------------|
| GP | 03 | GP Ref | 39,246 | 38,628 | -618 | -1.6% |
| GP Total | | | 39,246 | 38,628 | -618 | -1.6% |
| Other | 01 | following an emergency admission | 105 | 386 | 281 | 267.6% |
| | 02 | following a Domiciliary Consultation | 35 | 7 | -28 | -80.0% |
| | 04 | An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres) | 3,270 | 3,180 | -90 | -2.8% |
| | 05 | A CONSULTANT, other than in an Accident and Emergency Department | 11,624 | 13,586 | 1,962 | 16.9% |
| | 06 | self-referral | 1,788 | 1,826 | 38 | 2.1% |
| | 07 | A Prosthetist | 5 | 3 | -2 | -40.0% |
| | 08 | Royal Liverpool Code (TBC) | 426 | 453 | | 0.0% |
| | 10 | following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres) | 216 | 263 | 47 | 21.8% |
| | 11 | other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode | 554 | 653 | 99 | 17.9% |
| | 12 | A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI) | 8 | 14 | 6 | 75.0% |
| | 13 | A Specialist NURSE (Secondary Care) | 65 | 47 | -18 | -27.7% |
| | 14 | An Allied Health Professional | 1,785 | 1,500 | -285 | -16.0% |
| | 15 | An OPTOMETRIST | 963 | 1,035 | 72 | 7.5% |
| | 16 | An Orthoptist | 88 | 39 | -49 | -55.7% |
| | 17 | A National Screening Programme | 717 | 724 | 7 | 1.0% |
| | 92 | A GENERAL DENTAL PRACTITIONER | 351 | 463 | 112 | 31.9% |
| | 93 | A Community Dental Service | 6 | 0 | -6 | -100.0% |
| 97 | other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode | 2,850 | 2,905 | 55 | 1.9% | |
| Other Total | | | 24,856 | 27,084 | 2,228 | 9.0% |
| Unknown | | | 14 | 20 | 6 | 42.9% |
| Grand Total | | | 64,116 | 65,732 | 1,616 | 2.5% |

A referral management scheme started on 1st October in Southport & Formby CCG which is currently in Phase I (administrative phase). A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved although month 12 has seen a marked increase on previous months, as has planned care activity overall.

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

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation

| | | | | |
|----------------------------|-------------|--|--------|---|
| NHS Southport & Formby CCG | 16/17 - Feb | 80% or 20% increase on previous year (60%) | 41.00% | ↔ |
|----------------------------|-------------|--|--------|---|

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 February when the CCG recorded 41%. This shows no change in performance compared to last month. 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 - Mar | <1% | 1.30% | ↓ | 28 out of 2,280 patients waited over 6 weeks for their diagnostic, 2 over 13 weeks. |
| % of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk) | 16/17 - Mar | <1% | 1.30% | ↓ | 37 out of 2,928 patients waited over 6 weeks for their diagnostic, 1 over 13 weeks. |

The CCG failed the less than 1% target for diagnostics in March, out of 2,280 patients there were 28 who waited over 6 weeks and 2 over 13 weeks, recording 1.30%. Of the 30 long waiters, 18 were for echocardiography (1 being over 13 weeks), 3 were for colonoscopy's, 2 were for non-obstetric ultrasounds, 2 were for flexi sigmoidoscopy's, 3 were for gastroscopy's (1 being over 13 weeks), 1 urodynamic and 1 for a CT.

Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During March 2017, the Trust failed the diagnostic monitoring standard reporting 1.3% of patients waiting in excess of 6 weeks. The number of patients waiting over 6 weeks has fallen to 38 in March (39 in the previous month).

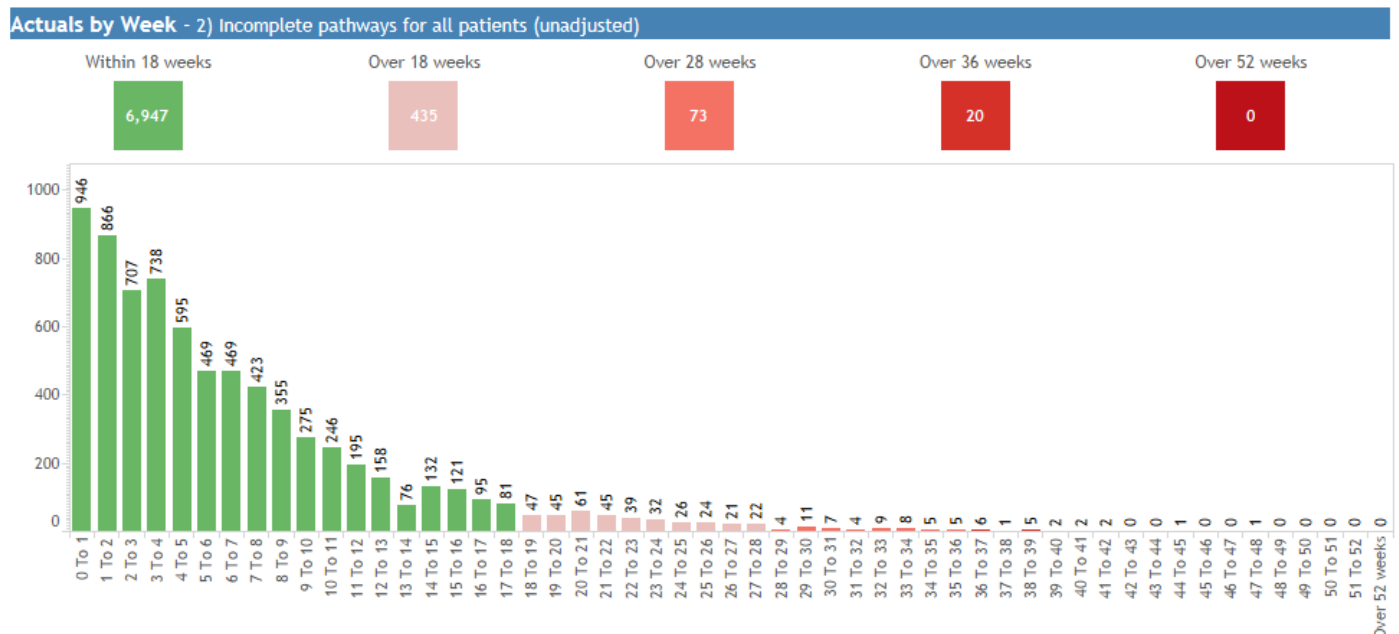
The Trust are breaching the Diagnostic Target at 1.26% which is due in the main to capacity problems in ECG, however, Urgent Care have made significant improvements since January (3.06%) which is reflected in the numbers of breached patients.

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 - March | 0 | 0 | ↔ |
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk) | 16/17 - March | 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 - March | 92% | 94.10% | ↑ |
| 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 - March | 92% | 94.10% | ↑ |

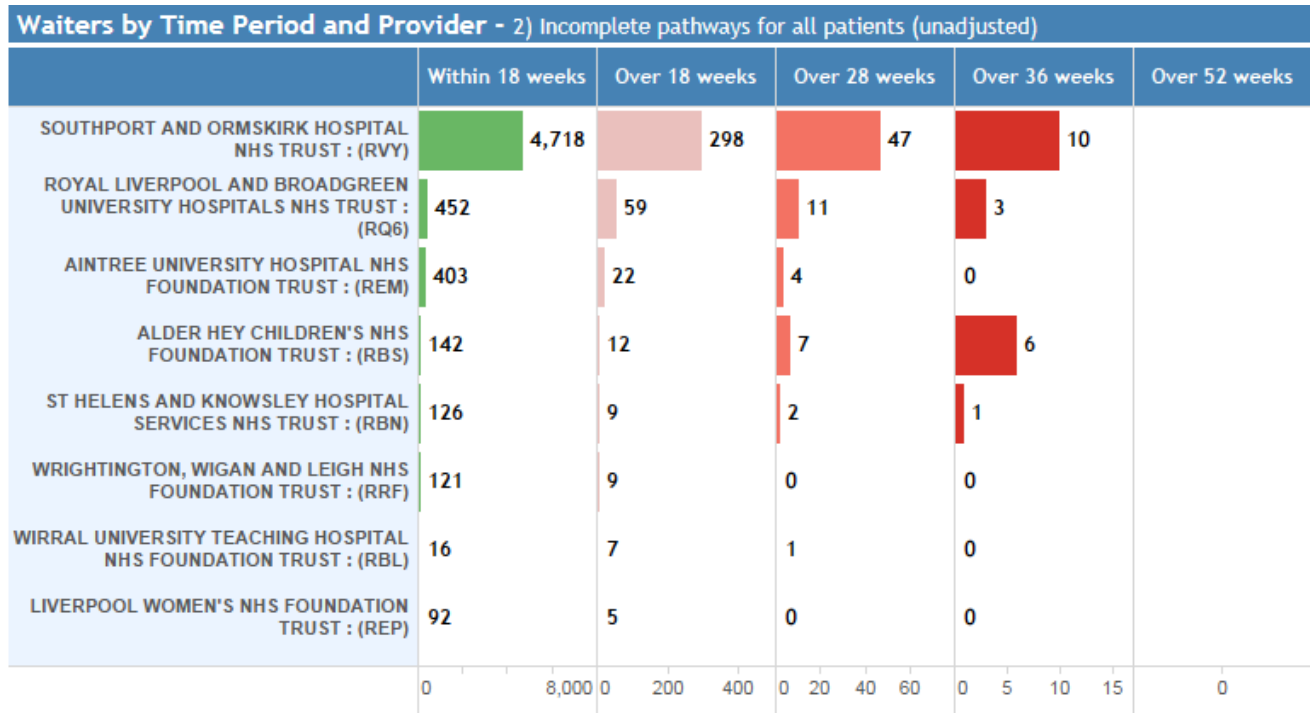
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

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



3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

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

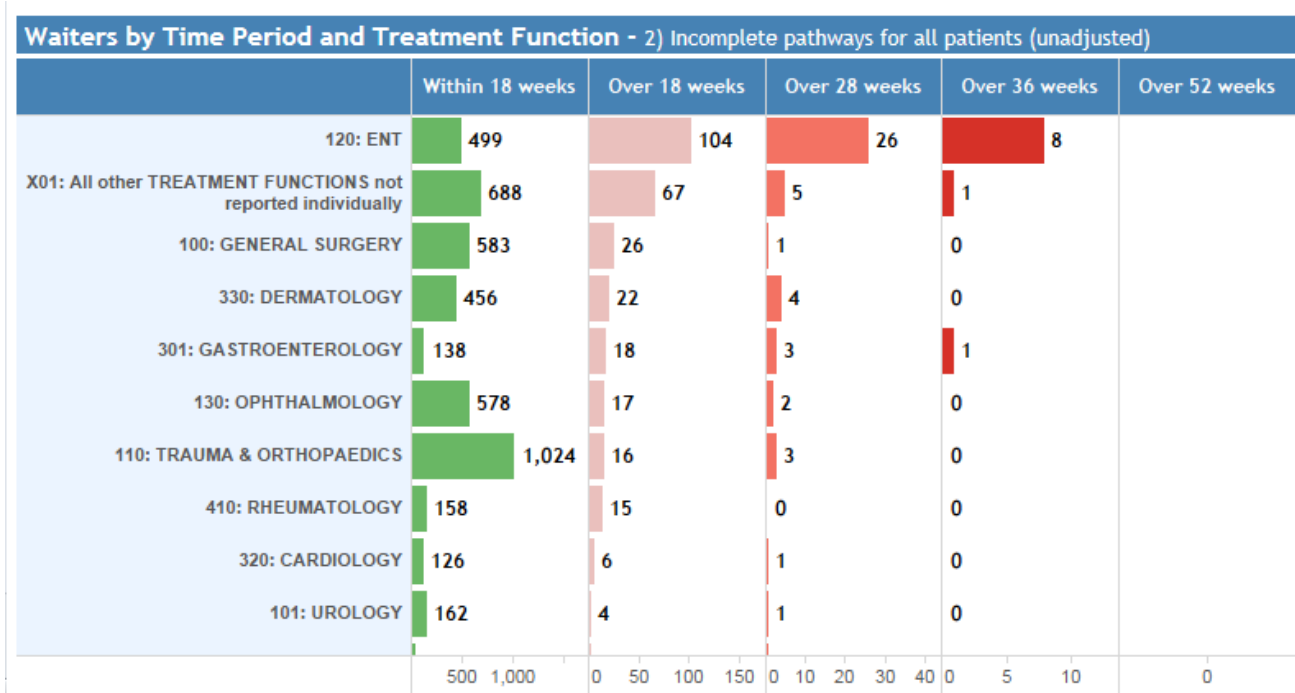
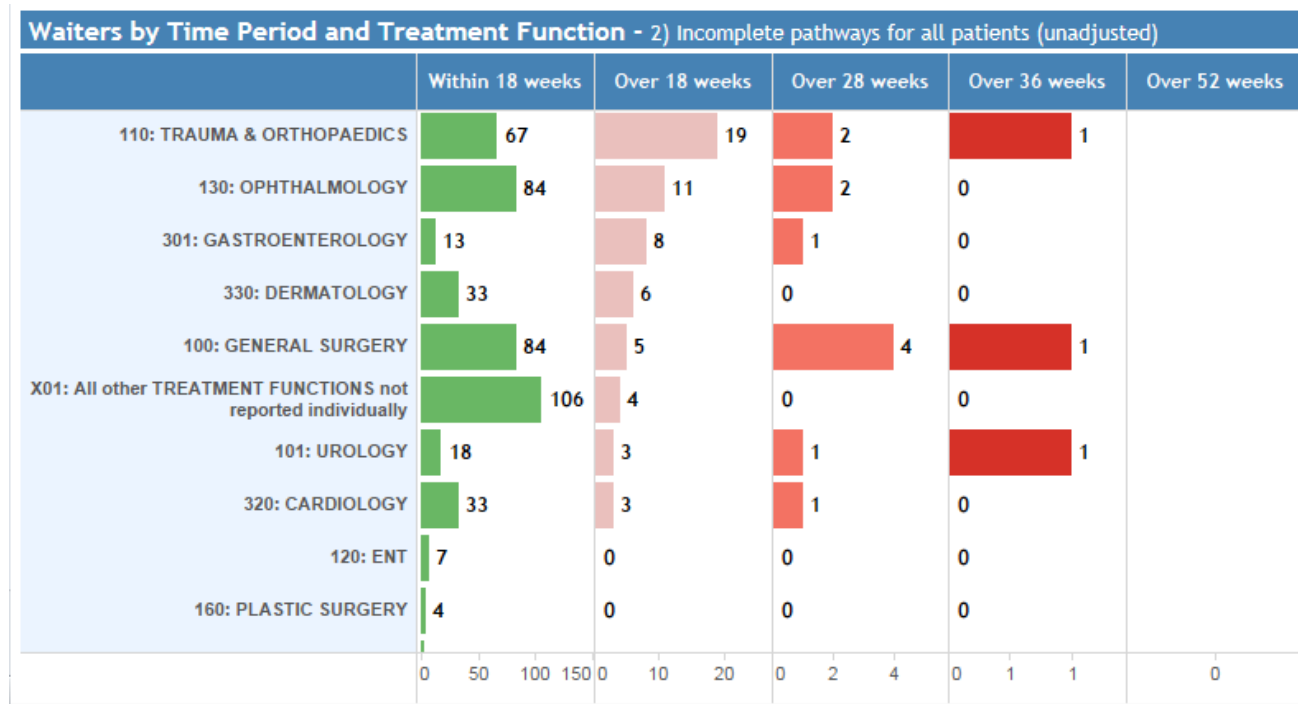


Figure 13 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

| CCG | Trust | Specialty | Wait band | Has the patient been seen/has a TCI date? | Detailed reason for the delay |
|------------------------|-----------------|-----------------|-----------|---|--|
| Southport & Formby CCG | Southport & Orm | ENT | 40 | Discharged without treatment 10/04/17 | Patient declined treatment |
| Southport & Formby CCG | Southport & Orm | ENT | 41 | Discharged 03/04/17 - patient advised appt no longer needed | Patient was offered an earlier appointment in February, which was cancelled by the hospital. Subsequent appointment offered on the 2nd of March, which was declined. Patient seen on the 3rd of April when the clock stopped |
| Southport & Formby CCG | Alder Hey | COMMUNITY PAEDS | 40 | 19/04/2017 Patients treated | capacity constrained specialty |
| Southport & Formby CCG | Alder Hey | COMMUNITY PAEDS | 41 | 25/05/2017 | capacity constrained specialty |
| Southport & Formby CCG | Alder Hey | COMMUNITY PAEDS | 44 | 10/05/2017 | capacity constrained specialty |
| Southport & Formby CCG | Alder Hey | COMMUNITY PAEDS | 47 | 10/05/2017 | capacity constrained specialty |

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 - Mar | 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 - Mar | 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 - March | 93% | 94.27% | ↔ |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk) | 16/17 - March | 93% | 94.95% | ↔ |
| 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 - March | 93% | 91.51% | ↓ |
| 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 - March | 93% | N/A | ↔ |

The CCG has not achieved the target of 93% for two-week wait for first outpatient appointment for patients referred urgently with breast symptoms in March with a performance of 81.82% and are failing YTD with a performance of 91.51%. Year to date out of 589 patients there have been 50 breaches.

In March there were 10 breaches from 55 patients seen. 8 breaches were at Aintree and 1 each at Royal Liverpool and St Helens & Knowsley. The maximum wait was 31 days (at Aintree) and all breaches were due to patient choice.

There is a plan for a Protected Learning Time event with GPs later in 2017 to stress the importance of this target and communications to patients when referring.

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 - March | 96% | 97.53% | ↔ |
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk) | 16/17 - March | 96% | 98.53% | ↔ |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG) | 16/17 - March | 94% | 98.22% | ↔ |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk) | 16/17 - March | 94% | 0 Patients | ↔ |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG) | 16/17 - March | 94% | 100.00% | ↔ |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk) | 16/17 - March | 94% | 97.73% | ↔ |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG) | 16/17 - March | 98% | 99.57% | ↔ |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk) | 16/17 - March | 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 - Mar | 85% | 87.18% | ↔ |
| 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 - Mar | 85% (local target) | 89.90% | ↔ |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG) | 16/17 - Mar | 90% | 95.24% | ↔ |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk) | 16/17 - Mar | 90% | 95.24% | ↔ |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG) | 16/17 - Mar | 85% | 81.75% | ↔ |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk) | 16/17 - Mar | 85% | 82.20% | ↔ |

The CCG did not achieve the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in March with a performance of 75.76%. This, alongside previous month's performance, continues to drag down the cumulative figure, which is also failing at 81.75%. In March 33 patients were seen with 8 breaching the 62 day standard.

For the same measure, Southport & Ormskirk failed to achieve the target of 85% in March recording 78.57%. This and previous month's performances are still having an impact on the YTD position of 82.20%. In March 10.5 breaches occurred out of a total of 49 patients.





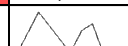
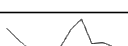

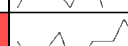
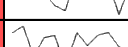
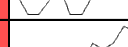
Exception comments and an action plan with date of recovery are being sought from Southport & Ormskirk Hospital. Further information will be provided at the Southport & Formby CCG Governing Body Development Session in May.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Mar-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 | 25.0% | 13.1% |  | 96% | 92% |  | 1% | 2% |  |
| Q1 - Antenatal Care | N/A | - | | 96% | * |  | 1% | * |  |
| Q2 - Birth | N/A | 9.7% |  | 97% | 90% |  | 1% | 5% |  |
| Q3 - Postnatal Ward | N/A | - | | 94% | 83% |  | 2% | 6% |  |
| 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 an increase in response rates for inpatients compared to the previous month 11.1% in February and 13.1% in March. The percentage of patients that would recommend the inpatient service in the Trust has seen an increase on February from 91% up to 92% but this is still below the England average. The percentage of people who would not recommend the inpatient service has fallen from 5% in February to 2% in March but is still greater than the England average of 1%.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. 'Developing the Experience of Care Strategy' is for approval by the Board of Directors. The Deputy Director of Nursing will present the finalised Strategy with an FFT update at the CCG Engagement and Patient Experience Group meeting in June.

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.

Healthwatch Sefton held a listening event at the Trust in March. This involved talking to patients, relatives and staff on all wards. A collated report will be shared with EPEG once this has been finalised.

The CCG dashboard aims to monitor patient experience from all acute and community providers.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 12 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-157k/0%. Wrightington Wigan and Leigh shows the largest over performance with a £509k/66% variance. Underspend is offset by Southport Hospital who are showing a -£1.3m/-6% under spend at month 12.

Figure 14 - Planned Care - All Providers

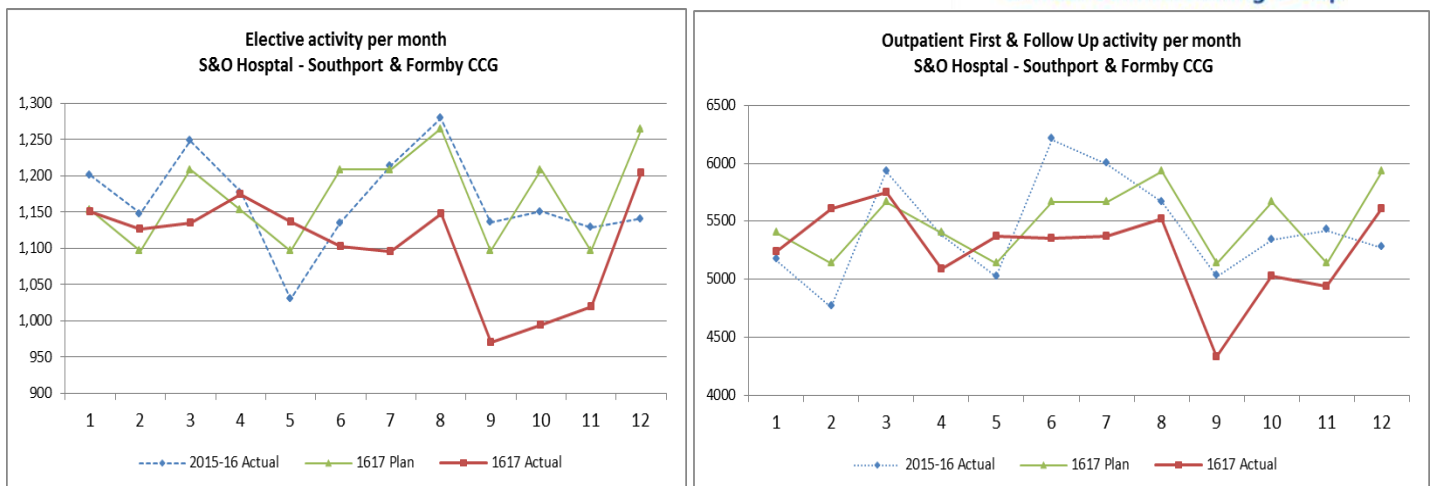
| | Plan to Date Activity | Actual to date Activity | Variance to date Activity | Activity YTD % Var | Price Plan to Date (£000s) | Price Actual to Date (£000s) | Price variance to date (£000s) | Price YTD % Var |
|--|-----------------------|-------------------------|---------------------------|--------------------|----------------------------|------------------------------|--------------------------------|-----------------|
| ALL Providers | | | | | | | | |
| Aintree University Hospitals NHS F/T | 18,453 | 19,981 | 1,528 | 8% | £4,130 | £4,426 | £297 | 7% |
| Alder Hey Childrens NHS F/T * | 1,008 | 1,205 | 197 | 20% | £531 | £646 | £116 | 22% |
| Central Manchester University Hospitals Nhs Foundation Trust | 236 | 438 | 202 | 86% | £44 | £151 | £107 | 242% |
| Fairfield Hospital | 78 | 129 | 51 | 65% | £12 | £25 | £13 | 108% |
| ISIGHT (SOUTHPORT) | 3,884 | 4,624 | 740 | 19% | £890 | £844 | £-46 | -5% |
| Liverpool Heart and Chest NHS F/T | 2,211 | 2,438 | 227 | 10% | £1,020 | £1,008 | £-12 | -1% |
| Liverpool Womens Hospital NHS F/T | 2,419 | 2,665 | 246 | 10% | £694 | £684 | £-11 | -2% |
| Renacres Hospital | 13,168 | 12,101 | -1,067 | -8% | £4,150 | £4,361 | £212 | 5% |
| Royal Liverpool & Broadgreen Hospitals | 15,844 | 16,163 | 319 | 2% | £3,448 | £3,339 | £-109 | -3% |
| Southport & Ormskirk Hospital* | 116,156 | 111,635 | -4,521 | -4% | £23,959 | £22,592 | £-1,367 | -6% |
| SPIRE LIVERPOOL HOSPITAL | 640 | 432 | -208 | -33% | £223 | £144 | £-80 | -36% |
| ST Helens & Knowsley Hospitals | 4,723 | 5,202 | 479 | 10% | £1,116 | £1,269 | £153 | 14% |
| University Hospital Of South Manchester Nhs Foundation Trust | 199 | 247 | 48 | 24% | £36 | £47 | £11 | 31% |
| Walton Neuro | 2,234 | 2,566 | 332 | 15% | £495 | £558 | £63 | 13% |
| Wirral University Hospital NHS F/T | 315 | 273 | -42 | -13% | £103 | £91 | £-12 | -12% |
| Wrightington, Wigan And Leigh Nhs Foundation Trust | 2,163 | 3,404 | 1,241 | 57% | £776 | £1,285 | £509 | 66% |
| Grand Total | 183,731 | 183,503 | -228 | 0% | £41,628 | £41,471 | £-157 | 0% |
| *PbR only | | | | | | | | |

3.7.1 Planned Care Southport and Ormskirk NHS Trust

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

| | Plan to Date Activity | Actual to date Activity | Variance to date Activity | Activity YTD % Var | Price Plan to Date (£000s) | Price Actual to Date (£000s) | Price variance to date (£000s) | Price YTD % Var |
|--|-----------------------|-------------------------|---------------------------|--------------------|----------------------------|------------------------------|--------------------------------|-----------------|
| S&O Hospital Planned Care* | | | | | | | | |
| Daycase | 12,390 | 11,670 | -720 | -6% | £6,930 | £6,321 | £-608 | -9% |
| Elective | 1,666 | 1,586 | -80 | -5% | £4,353 | £4,220 | £-133 | -3% |
| Elective Excess BedDays | 279 | 340 | 61 | 22% | £62 | £75 | £13 | 21% |
| OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led) | 1,484 | 843 | -641 | -43% | £222 | £138 | £-83 | -38% |
| OPFASPCL - Outpatient first attendance single professional consultant led | 15,841 | 15,138 | -703 | -4% | £2,468 | £2,334 | £-135 | -5% |
| OPFUPMPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led). | 3,657 | 2,227 | -1,430 | -39% | £377 | £254 | £-123 | -33% |
| OPFUPSCL - Outpatient follow up single professional consultant led | 44,878 | 45,015 | 137 | 0% | £4,250 | £4,213 | £-37 | -1% |
| Outpatient Procedure | 24,410 | 24,791 | 381 | 2% | £4,330 | £4,206 | £-124 | -3% |
| Unbundled Diagnostics | 11,551 | 10,025 | -1,526 | -13% | £969 | £831 | £-137 | -14% |
| Grand Total | 116,156 | 111,635 | -4,521 | -4% | £23,959 | £22,592 | £-1,367 | -6% |

*PbR only



3.7.2 Southport & Ormskirk Hospital Key Issues

March saw a continued trend for the year within the planned care element of the contract with PbR activity and cost below planned values. Only elective excess bed day activity and cost are over-performing for the year.

Elective and Day Case performance has been hindered somewhat throughout the year with a number of factors having an effect. Shortages and issues with staff levels for theatres have influenced 2016/17 levels and as such both areas are significantly under plan.

Trauma and Orthopaedics, General Surgery, and Gynaecology are the main specialties under plans across the planned inpatient services.

Outpatient activity has also been affected throughout 2016/17 with further reductions expected due to the implementation of Joint Health, Follow up reductions within the CQUIN targets and Dermatology staffing issues, to name a few.

3.7.3 Renacres Hospital

Figure 16 - Planned Care - Renacres Hospital by POD

| Renacres Hospital Planned Care PODS | Plan to Date Activity | Actual to date Activity | Variance to date Activity | Activity YTD % Var | Price Plan to Date (£000s) | Price Actual to Date (£000s) | Price variance to date (£000s) | Price YTD % Var |
|---|-----------------------|-------------------------|---------------------------|--------------------|----------------------------|------------------------------|--------------------------------|-----------------|
| Daycase | 1,717 | 1,679 | -38 | -2% | £1,753 | £1,781 | £28 | 2% |
| Elective | 243 | 326 | 83 | 34% | £1,087 | £1,385 | £298 | 27% |
| OPFASPCL - Outpatient first attendance single professional consultant led | 3,849 | 2,941 | -908 | -24% | £566 | £437 | £-129 | -23% |
| OPFUPSPCL - Outpatient follow up single professional consultant led | 3,795 | 4,560 | 765 | 20% | £326 | £370 | £44 | 13% |
| Outpatient Procedure | 2,346 | 1,313 | -1,033 | -44% | £303 | £250 | £-53 | -18% |
| Unbundled Diagnostics | 1,217 | 1,282 | 65 | 5% | £113 | £137 | £25 | 22% |
| Grand Total | 13,168 | 12,101 | -1,067 | -8% | £4,150 | £4,361 | £212 | 5% |

Renacres performance is showing a £212k/5% variance against plan with individual PODS varying between over and under performance. Elective activity is the highest over performing area with a variance of £298k/27% against plan. Outpatient First Attendances are -£129k/-23% under plan.

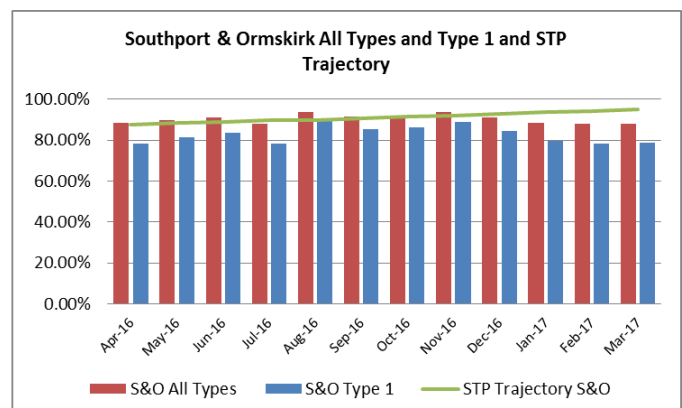
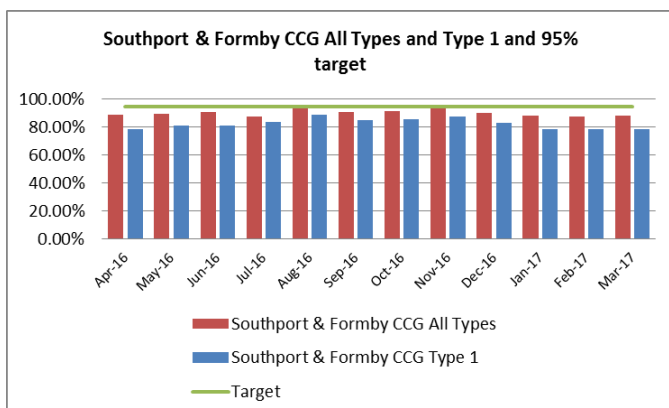
In terms of HRG performance in T&O, Major Hip, Major Knee & Major Shoulder Procedures are causing the over performance. There have been 137 Major Hip, Knee & Shoulder Procedures carried out in 2016/17 against a plan of 77. This increase results in a cost variance of £364k in the top five major Hip, Knee & 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 - March | 95.00% | 90.08% | ↔ | Southport & Formby CCG failed the 95% target in March reaching 88.20% (year to date 90.08%). In March, 462 attendances out of 3,915 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 - March | 95.00% | 82.63% | ↓ | Southport & Formby CCG failed the 95% target in March reaching 78.87% (year to date 82.63%). In February 460 attendances out of 2177 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 - March | STF Trajectory Target for Mar 95% | 90.34% | ↔ | Southport & Ormskirk have not achieved the STF trajectory target in March reaching 88.17% (and are failing it year to date recording 90.34%). In March, 1,384 attendances out of 11,703 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 - March | 95.00% | 82.73% | ↓ | Southport & Ormskirk have failed the target in March reaching 78.8% (year to date 82.73%). In March 1,384 attendances out of 5,542 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 | Feb-17 | Mar-17 | YTD |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| STP Trajectory S&O | 87.50% | 88.30% | 88.80% | 90% | 90% | 90.70% | 91.40% | 92.10% | 92.90% | 93.60% | 94.30% | 95% | % |
| S&O All Types | 88.60% | 89.77% | 90.92% | 87.98% | 93.84% | 91.49% | 92.11% | 93.73% | 90.90% | 88.59% | 87.99% | 88.17% | 90.34% |



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 March reached 88.17%, which failed the Cheshire & Merseyside 5 Year Forward View (STP) plan of 95%. Year to date they are under plan, achieving 90.34%.

Admissions via A&E were 0.7% higher than March 2016. Despite these pressures, 500+ less patients waited over 4 hours compared to last March, indicating that significant improvements have been made in the urgent care pathway. As part of the Trust's winter plan, increased consultant Physician support has been in place 7 days a week extending senior onsite presence until 9:30pm, to increase the number of patients having a senior review and also maximise potential for patients to be redirected to alternative pathways rather than admission. Morning discharges were 12.3% against a target of 33%. These bottlenecks result in extended delays in ED that the CBU is actively trying to manage. Flow remains a significant challenge and a session has been dedicated for the CBU triangles to have a workshop on patient flow later this month.

To support the trust the CCG funded access to 24hr care at home which is a service offering care support overnight to create an alternative to admission and early supported discharge. The community emergency support team have also provided 72 hours of nursing care to bridge the gap until social care package start up to reduce length of stay and improve inpatient flow over the winter months and at time of high pressure.

An enhanced service with NWAS for frequent users, falls and social issues has been introduced for >65s to offer an alternative to ambulance conveyance however referral numbers have been low.

Ward 7B based on the Southport site underwent conversion into a specialist discharge ward focusing on complex discharges in one location, the team consists of discharge specialists, which has affected the role of the discharge team to other areas.

The ward planned to have 28 beds, 14 hospital beds and 14 in the community (virtual), due to consistent pressure 25 beds have been in constant use to address operational pressures within the acute setting, which in turn has had workforce implications. Identifying patients for ward 7B became protracted requiring staff to walk around the site identifying patients and completing paper work manually. This resulted slow discharges and patients "being batched". Teams highlighted a need for an electronic solution giving real-time data.

4.2 Ambulance Service Performance

| Category A ambulance calls | | | | | |
|---|---------------|-----|--------|---|--|
| Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative) | 16/17 - March | 75% | 69.07% | ↓ | The CCG is under the 75% target year to date achieving 69.07%. YTD performance has dropped due to in month activity (March) declining dramatically from 76.09% in February to 44.74% in March. In March, 17 out of 38 calls were responded to within 8 mins. |
| Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative) | 16/17 - March | 75% | 60.75% | ↓ | The CCG was under the 75% target year to date reaching 60.75%, with March reaching 59.61%. In March, 345 out of 578 calls were responded to within 8 mins. |
| Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative) | 16/17 - March | 95% | 83.46% | ↓ | The CCG was under the 95% target year to date reaching 83.46%, with March reaching 81.49%. In March, 502 out of 616 calls were responded to within 19 mins. |
| Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative) | 16/17 - March | 75% | 67.73% | ↓ | NWS reported under the 75% target year to date reaching 67.73%, with March reaching 65.64%. In March, 1,864 calls out of 2,839 were responded to within 8 mins. |
| Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative) | 16/17 - March | 75% | 62.67% | ↑ | NWS failed to achieve the 75% target year to date reaching 62.67%, with March reaching 63.44%. In March, 25,845 out of 40,738 calls were responded to within 8 mins. |
| Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative) | 16/17 - March | 95% | 89.04% | ↑ | NWS failed to achieve the 95% target year to date reaching 89.04%, with March reaching 90.23%. In March, 39,318 calls out of 43,577 were responded to within 19 mins. |

| Handover Times | | | | | |
|--|-------------|---|-----|---|--|
| All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk | 16/17 - Mar | 0 | 181 | ↑ | The Trust recorded 181 handovers between 30 and 60 minutes, this is a decline on last month when 158 was reported. |
| All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk | 16/17 - Mar | 0 | 146 | ↑ | The Trust recorded 146 handovers over 60 minutes, this is a decline on last month when 123 were reported. |

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

With the significant dip in performance around national ambulance targets we are working with all partners to improve performance against these targets. The Provider actions for improvement include an agreed Workforce Plan, establishment of a Performance Development Plan to be monitored twice a week. Senior Manager, Trust Board and NHSI focus on performance. Introduction of weekly telephone conferences with Commissioners to focus on performance and also a Remedial Performance Plan was introduced in January 2017 to focus on performance improvement. NWS chaired a 90 day Improvement Forum facilitated by NHSI and attended by Lead Commissioners to focus on hospital issues, performance and any restrictions/barriers to achieving performance.

ED continues to experience significant bottlenecks as a result of the increase in bed occupancy and length of stay. These blocks result in delays in handing over ambulances in a timely manner. A further rapid improvement event is commencing on 24/4/17 facilitated by NHSI that members of the team are attending. As part of the A&E Delivery Sub-Group work streams, ambulance handovers are part of the focus on the 'in-hospital' work stream.

Ambulance Response Times:

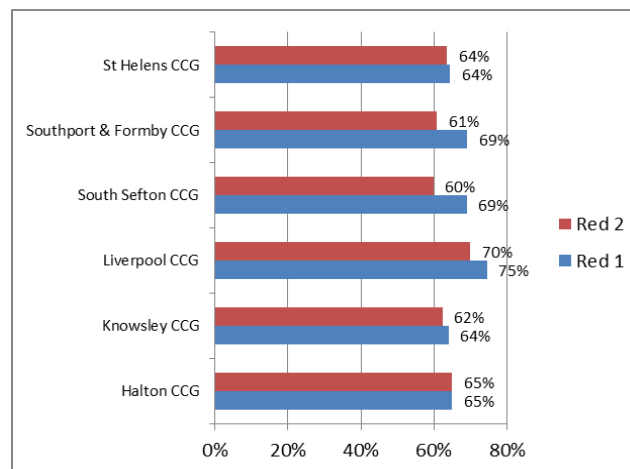
For Southport & Formby CCG April 2016 to March 2017, there have been 475 Red 1 (the most urgent) calls. Of these, 328 arrived within 8 minutes, **69.1%** against a national standard of 75%. Of the more numerous Red2 calls, 6925 of 4207

arrived in 8 minutes **60.8%**

95% of red calls should receive a response in 19 minutes. In

South Sefton the YTD figure was **83.5%**

Please note the CCG is measured on NWS performance so for 2016/17 they recorded YTD figures of **67.7%** for Red 1, **62.7%** for Red 2 and **89%** for 19 minute All Reds.



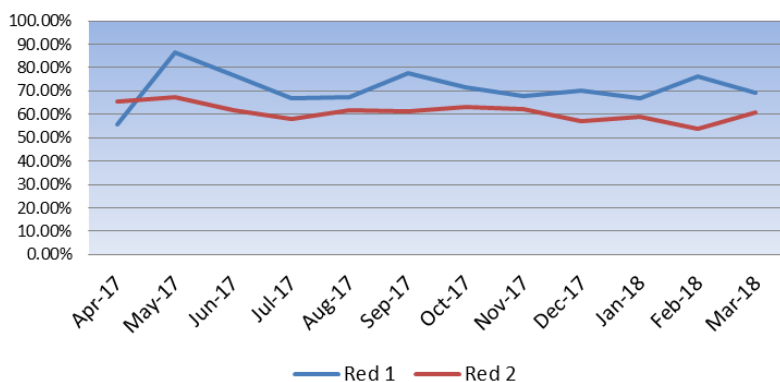
Ambulance Handover Delays:

A significant contribution to lengthy ambulance response times is the delays ambulances are experiencing in A&E.

At Southport & Ormskirk Hospital there have been **1334** ambulance handovers delayed by over an hour in 2016/17.

Ambulance delays at hospitals across Merseyside also affect response time for Southport & Formby patients. On the worst day in 2016/17 just 2 emergency ambulances were available for the whole of Merseyside with the rest waiting outside A&E departments.

Southport & Formby CCG Ambulance Response Times Red 1 & Red 2



Southport & Formby CCG Actions:

In addition to the actions being carried out by NWS, the CCG has:
 Embarked in an ECIP 90 day Rapid Improvement Event in collaboration with NWS and the Acute Trust.
 Committed to work in partnership with provider organisations to implement the North West Ambulance Service Concordat and the Urgent and Emergency Care Delivery Plan (April 17).
 Have commissioned an enhanced primary care service to support 'see and treat' model for NWS pathfinder initiative.

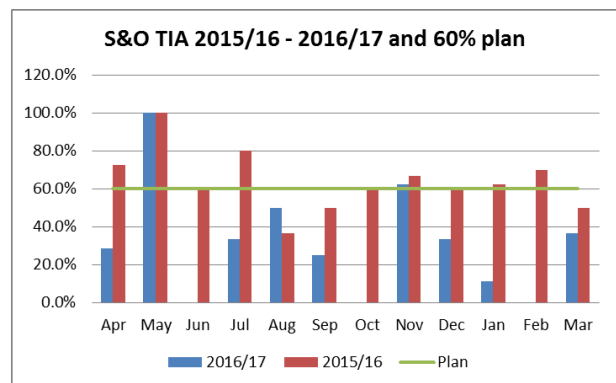
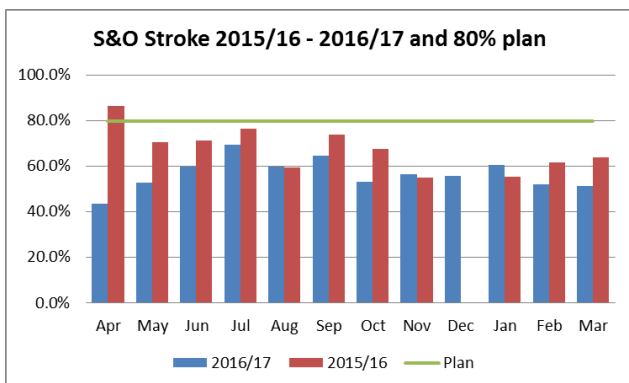
NWS Actions: NWS were served with a performance and a remedial action plan is now in effect. Actions taken include:

1. Bespoke packs sent to each Trust's chief executive highlighting the turnaround issues specific to that trust.
2. Health Care Professional (HCP) bureau to be established to match the acuity of the vehicle to the needs of the patient.
3. NWS are targeting high volume nursing home referrals.
4. The Management of winter hospital transfers across split sites is being worked on, with a view to reducing the acuity and frequency of transfers and trying to divert to PT5.
5. The clinical Assessment Service / Hub is being development.

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 - March | 80% | 51.30% | ↓ | The Trust failed the 80% target in March with only 20 out of 39 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 - March | 60% | 36.40% | ↓ | During March 2017, there were 11 reportable cases of TIA, with 7 of them breaching the 24 hour timescale. |



Southport & Ormskirk failed the stroke target in March with only 20 out of 39 patients spending 90% of their time on a stroke unit. This is a drop in performance from February where the Trust achieved 52%. Performance against this indicator remains a significant challenge. As reported monthly, the current configuration of the stroke unit with three bays remains a challenge in meeting male/ female demand. A decision is still 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. Clinical discussions are ongoing with Aintree about the future of hyper-acute stroke provision.

During March 2017, there were 11 reportable cases of TIA, with 7 breaching the 24 hour timescale. The key themes for reasons for breaches were; No available clinic slots, Patients not classed as high risk as they had had symptoms for more than 7 days and Patient choice – patient offered a clinic slot within timescale but declined.

Clinical meetings have taken place regarding the future of hyper acute stroke. The Chief Executive of Southport & Ormskirk Hospital presented to the CCG Governing Body in March 2017.

4.3.2 Mixed Sex Accommodation

| Mixed Sex Accommodation Breaches | | | | | |
|---|---------------|------|------|---|---|
| Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG) | 16/17 - March | 0.00 | 2.00 | ↑ | The CCG has reported an MSA rate of 2.0 which equates to a total of 8 breaches. |
| Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk) | 16/17 - March | 0.00 | 3.10 | ↑ | In March the Trust had 17 mixed sex accommodation breaches (a rate of 3.10) and have therefore breached the zero tolerance threshold. Year to date there have been 79 breaches. |

March saw Southport & Ormskirk fail Mixed Sex Accommodation. In month, the trust had 17 mixed sex accommodation breaches (a rate of 3.1) and has therefore breached the zero tolerance threshold. 8 breaches were Southport & Formby CCG patients, 8 were West Lancashire CCG patients and 1 was a Chorley & South Ribble CCG patient. Year to date there have been 79 breaches.

All breaches were HDU/CCU and related to delayed discharges of 'wardable' patients. Every effort is made through the 4 x daily escalation / handover meetings to ensure appropriate beds are identified as soon as possible to prevent breaching this indicator.

4.3.3 Healthcare associated infections (HCAI)

| HCAI | | | | |
|---|---------------|----|--------------------------|---|
| Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG) | 16/17 - March | 38 | 33 | ↑ |
| Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk) | 16/17 - March | 36 | 21 (13 following appeal) | ↑ |
| Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG) | 16/17 - March | 0 | 2 | ↔ |
| Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk) | 16/17 - March | 0 | 1 | ↔ |

There were 4 new cases of Clostridium Difficile attributed to the CCG in March, reported by Southport & Ormskirk Hospital Trust. For Southport & Ormskirk year to date the Trust has had 21 cases (13 upheld), against a plan of 36, so is under plan. Both the CCG and Trust have achieved their year to date plans.

There were no new cases of MRSA reported in March for the CCG making 2 year to date, one in August and one in January. For the case in August, a PIR was been held the conclusion of the meeting was to test the current PHS assignment process by assigning this as a third party incident due to the unique nature of the case.

4.3.4 Mortality

| Mortality | | | | |
|---|-------------|-----|--------|---|
| Hospital Standardised Mortality Ratio (HSMR) | 16/17 - Mar | 100 | 119.43 | ↑ |
| Summary Hospital Level Mortality Indicator (SHMI) | 16/17 - Q4 | 100 | 108.65 | ↑ |

HSMR is reported for November 2016 rolling 12 month figure. The Trust report there is no clarity as to when the national issues on mortality reporting will be resolved by NHS Digital and Doctor Foster. The latter have re-run the last monthly HSMR (September 2016) at 114 which in isolation is statistically

higher than expected. This is not rebased data against peers. It is anticipated there will be an increase in SHMI when data is made available. The Trust has assured that all data is now being captured. In the interim deep dives are occurring in the 4 clinical pathways as being higher risk (Stroke, COPD, Pneumonia and Urosepsis).

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

4.4 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 12.

There are 100 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 55 of these incidents apply to Southport & Formby CCG patients. 45 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 26 of these being Southport & Formby CCG patients.

Southport and Ormskirk Hospitals NHS Trust have 45 open serious incidents on StEIS, 26 involving Southport and Formby CCG patients, 16 involve West Lancashire CCG patients. 3 incidents are pressure ulcers. The Trust saw 103 pressure ulcer serious incidents closed on StEIS in March following the approval at CQPG and CCF of a pressure ulcer composite action plan. 27 incidents remain open on StEIS >100 days for the Trust. The 3 pressure ulcers remaining open is for monitoring purposes and 1 for each area (S&F community, S&O hospital and 1 within West Lancashire CCG community). The action plan is to be monitored at CQPG meetings.

NHS England Cheshire and Merseyside (NHS E C&M) are to host a Never Events workshop following the rise in the number of surgical never events across the C&M foot print. This event is provisionally booked for May 2017 with CCGs and all providers to consider how this can be addressed.

Serious Incidents Open for Southport and Ormskirk Hospitals NHS Trust

| Year | CCG | No. of Open Incidents | |
|------|---|-----------------------|----|
| 2015 | GP Practice within Southport and Formby | 2 | 4 |
| | GP Practice within West Lancashire | 2 | |
| 2016 | GP Practice within South Sefton | 3 | 25 |
| | GP Practice within Southport and Formby | 10 | |
| | GP Practice within West Lancashire | 12 | |
| 2017 | GP Practice within Southport and Formby | 14 | 16 |
| | GP Practice within West Lancashire | 2 | |

Mersey Care NHS Foundation Trust – 21 open incidents on StEIS for Southport and Formby CCG patients with 16 open >100 days. Two serious incidents were reported in March for an S&F CCG patient making a total of 21 year to date. One incident reported in June relates to three deaths on the same ward previously managed by NHS E C&M has now passed to Liverpool CCG as lead commissioner.

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) in Southport and Ormskirk hospital increased to 8 during March 2017 from 4 reported in February. Of the 8 delays 4 were for patient or family choice, 2 were awaiting residential care home placement, 1 community equipment and 1 was under dispute.

Analysis of delays in March 2017 compared to March 2016 shows an increase in the number of patients waiting (62.5%).

Delayed Transfers of Care - Southport and Ormskirk Hospital - April 2016 – March 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 | Feb |
| A) COMPLETION ASSESSMENT | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| B) PUBLIC FUNDING | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 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 | 1 |
| D) AWAITING RESIDENTIAL CARE HOME PLACEMENT | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| DII) AWAITING NURSING HOME PLACEMENT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 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 | 0 |
| F) COMMUNITY EQUIPMENT/ADAPTIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| G) PATIENT OR FAMILY CHOICE | 1 | 1 | 0 | 0 | 0 | 7 | 2 | 2 | 1 | 1 | 4 | 4 | 3 | 3 | 4 | 4 | 1 | 1 | 7 | 5 | 6 | 3 | 2 |
| H) DISPUTES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| I) HOUSING | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 8 |

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

At times of severe pressure and high escalation the CCG Urgent Care lead participates in a system wide teleconference, which incorporates all acute trusts within the North Mersey AED delivery board, NNAS, 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 DTC 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.

4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Mar-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 | 15.0% | 0.7% |  | 87% | 64% |  | 7% | 26% |  |

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 85% in February to 64% in March. This remains lower than the England average of 87%. The percentage not recommending has increased from 9% in February to 26% in March, again above the England average.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. A Trust presentation of the new Patient and Carer Experience Strategy along with an FFT update will be required at a CQPG when this is finalised. There is an expectation that the Trust will deliver the same update to EPEG. The Deputy Director of Nursing, Midwifery and Governance is developing the strategy and will notify the CCG when this is 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.

Healthwatch Sefton held a listening event at the Trust in March. This involved talking to patients, relatives and staff on all wards. A collated report will be shared with EPEG once this has been finalised.

4.7 Unplanned Care Activity & Finance, All Providers

4.7.1 All Providers

Performance at Month 12 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £1.1m/4%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £765k overspend.

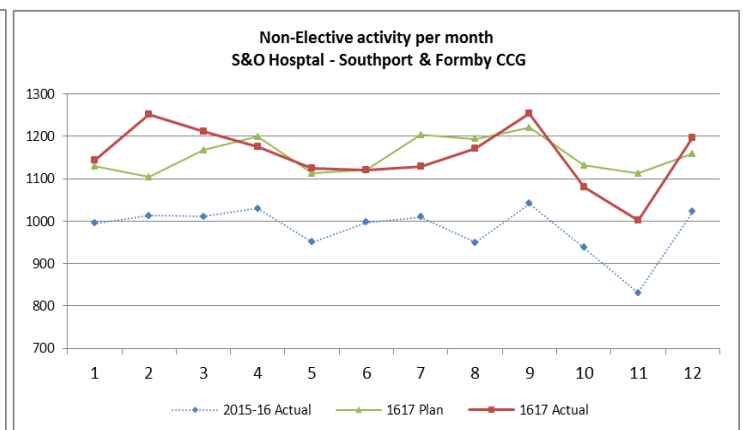
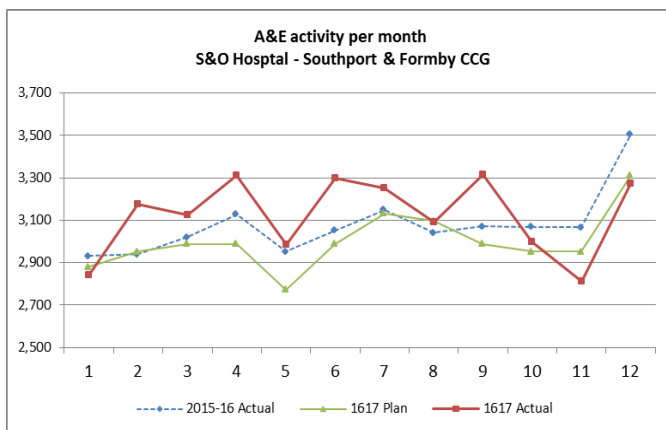
Figure 17 - Month 12 Unplanned Care – All Providers

| | 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 | 1,803 | 1,991 | 188 | 10% | £930 | £1,267 | £337 | 36% |
| Alder Hey Childrens NHS F/T | 846 | 952 | 106 | 13% | £420 | £439 | £18 | 4% |
| Central Manchester University Hospitals Nhs Foundation Trust | 88 | 125 | 37 | 42% | £30 | £43 | £13 | 44% |
| Countess of Chester Hospital NHS Foundation Trust | 0 | 50 | 50 | 0% | £0 | £22 | £22 | 0% |
| Liverpool Heart and Chest NHS F/T | 123 | 133 | 10 | 8% | £388 | £394 | £6 | 2% |
| Liverpool Womens Hospital NHS F/T | 327 | 258 | -69 | -21% | £347 | £296 | £-51 | -15% |
| Royal Liverpool & Broadgreen Hospitals | 1,390 | 1,422 | 32 | 2% | £789 | £813 | £24 | 3% |
| Southport & Ormskirk Hospital | 57,966 | 62,715 | 4,749 | 8% | £29,379 | £30,144 | £765 | 3% |
| ST Helens & Knowsley Hospitals | 413 | 513 | 100 | 24% | £209 | £235 | £26 | 12% |
| Wirral University Hospital NHS F/T | 112 | 81 | -31 | -28% | £45 | £49 | £4 | 10% |
| Wrightington, Wigan And Leigh Nhs Foundation Trust | 62 | 89 | 27 | 44% | £53 | £80 | £28 | 53% |
| Grand Total | 63,130 | 68,329 | 5,199 | 8% | £32,590 | £33,782 | £1,192 | 4% |

4.7.2 Southport and Ormskirk Hospital NHS Trust

Figure 18 - Month 12 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

| S&O Hospital Unplanned Care | Plan to Date Activity | Actual to date Activity | Variance to date Activity | Activity YTD % Var | Price Plan to Date (£000s) | Price Actual to Date (£000s) | Price variance to date (£000s) | Price YTD % Var |
|--|-----------------------|-------------------------|---------------------------|--------------------|----------------------------|------------------------------|--------------------------------|-----------------|
| A and E | 36,814 | 38,881 | 2,067 | 6% | £4,895 | £5,585 | £690 | 14% |
| A and E Type 3 | 1,648 | 2,282 | 634 | 38% | £97 | £130 | £32 | 33% |
| NEL/NELSD - Non Elective/Non Elective IP Same Day | 11,192 | 11,285 | 93 | 1% | £20,041 | £19,971 | £-70 | 0% |
| NELNE - Non Elective Non-Emergency | 1,072 | 1,531 | 459 | 43% | £2,028 | £1,842 | £-186 | -9% |
| NELNEXBD - Non Elective Non-Emergency Excess Bed Day | 171 | 169 | -2 | -1% | £56 | £48 | £-8 | -14% |
| NELST - Non Elective Short Stay | 1,587 | 1,532 | -55 | -3% | £1,114 | £1,086 | £-27 | -2% |
| NELXBD - Non Elective Excess Bed Day | 5,481 | 7,035 | 1,554 | 28% | £1,148 | £1,482 | £334 | 29% |
| Grand Total | 57,966 | 62,715 | 4,749 | 8% | £29,379 | £30,144 | £765 | 3% |



4.7.3 Southport & Ormskirk Hospital NHS Trust Key Issues

The Urgent Care element of the contract significantly over spent at yearend with the main drivers behind the increase in performance being Non-elective admissions, Emergency excess bed days and A&E attendances.

Emergency admissions have over performed throughout the year with a number of spikes at the start and end of 2016/17. A number of high cost admissions, specifically related to respiratory conditions, appear to be the main factor for the increase in costs.

Excess bed day activity also increased in 2016/17 with the average monthly number at 586 bed days, whereas 2015/16 saw a lower average of 490. A number of months within 2016/17 specifically affected with the Trust providing a detailed report from the discharge team. The report is in the process of review by the CCG's clinical representatives for the contract.

Accident and Emergency activity has fluctuated throughout the year with the average cost slightly higher than 2015/16. The Information sub group is currently working through the A&E data with the expectation to understand this shift in case mix and the influence this is having on the Urgent care flows.

4.8 Aintree and University Hospital NHS Trust

Figure 19 - Month 12 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 | 747 | 1,003 | 256 | 34% | £92 | £122 | £30 | 33% |
| NEL - Non Elective | 293 | 435 | 142 | 48% | £564 | £868 | £304 | 54% |
| NELNE - Non Elective Non-Emergency | 18 | 19 | 1 | 4% | £42 | £60 | £18 | 42% |
| NELNEXBD - Non Elective Non-Emergency Excess Bed Day | 92 | 65 | -27 | -29% | £19 | £14 | -£6 | -29% |
| NELST - Non Elective Short Stay | 73 | 73 | 0 | 0% | £43 | £48 | £4 | 10% |
| NELXBD - Non Elective Excess Bed Day | 425 | 200 | -225 | -53% | £90 | £42 | -£47 | -53% |
| Grand Total | 1,648 | 1,795 | 147 | 9% | £851 | £1,154 | £304 | 36% |

4.8.1 Aintree University Hospital NHS Trust Key Issues

Urgent Care over spend of £337k is driven by a £340k over performance in Non Elective costs. The main specialty over performance is Acute Medicine (£51k) and Diabetic Medicine (£39k). Further analysis of this has shown that there is a 48% increase in activity at Aintree this year with the higher proportion of those patients costs recorded against a nil plan.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 20 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

| NHS Southport and Formby CCG | | | | | |
|--|---------------------------|--------------|--------------------|------------------------|--|
| PBR Cluster | Caseload as at 31/03/2017 | 2016/17 Plan | Variance from Plan | Variance on 31/03/2016 | |
| 0 Variance | 44 | 41 | 3 | 3 | |
| 1 Common Mental Health Problems (Low Severity) | 2 | 3 | (1) | (1) | |
| 2 Common Mental Health Problems (Low Severity with greater need) | 3 | 11 | (8) | - | |
| 3 Non-Psychotic (Moderate Severity) | 69 | 174 | (105) | (77) | |
| 4 Non-Psychotic (Severe) | 211 | 156 | 55 | 45 | |
| 5 Non-psychotic Disorders (Very Severe) | 36 | 29 | 7 | 4 | |
| 6 Non-Psychotic Disorder of Over-Valued Ideas | 25 | 22 | 3 | 2 | |
| 7 Enduring Non-Psychotic Disorders (High Disability) | 142 | 112 | 30 | 21 | |
| 8 Non-Psychotic Chaotic and Challenging Disorders | 77 | 65 | 12 | 12 | |
| 10 First Episode Psychosis | 63 | 65 | (2) | (7) | |
| 11 On-going Recurrent Psychosis (Low Symptoms) | 240 | 291 | (51) | (25) | |
| 12 On-going or Recurrent Psychosis (High Disability) | 210 | 153 | 57 | 44 | |
| 13 On-going or Recurrent Psychosis (High Symptom & Disability) | 97 | 100 | (3) | - | |
| 14 Psychotic Crisis | 14 | 11 | 3 | (1) | |
| 15 Severe Psychotic Depression | 5 | 6 | (1) | 1 | |
| 16 Psychosis & Affective Disorder (High Substance Misuse & Engagement) | 14 | 10 | 4 | 2 | |
| 17 Psychosis and Affective Disorder – Difficult to Engage | 27 | 26 | 1 | 4 | |
| 18 Cognitive Impairment (Low Need) | 206 | 244 | (38) | (1) | |
| 19 Cognitive Impairment or Dementia Complicated (Moderate Need) | 615 | 787 | (172) | (138) | |
| 20 Cognitive Impairment or Dementia Complicated (High Need) | 331 | 202 | 129 | 133 | |
| 21 Cognitive Impairment or Dementia (High Physical or Engagement) | 90 | 53 | 37 | 35 | |
| Cluser 99 | 195 | 123 | 72 | 68 | |
| Total | 2,716 | 2,684 | 32 | 124 | |

5.1.1 Key Mental Health Performance Indicators

Figure 21 - 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 | Feb-17 | Mar-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% | 85% | 100% | 88% |

The under- performance for March was due to one Service User not being seen as they went AWOL for the ward, was discharged in their absence and could not be located. This person has since been located and picked up by Community Mental Health Team.

Figure 22 - 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 | Feb-17 | Mar-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% | 67% | 100% |

Figure 23 - 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 | Feb-17 | Mar-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% | 50% | 0% |
| Rolling Quarter | | | | 50% | 0% | 40% | 43% | 50% | 60% | 71% | 50% | 50% | 40% |

In March, 1 Service User experienced a first episode of psychosis and did not commence a NICE-concordant package of care within two weeks of referral. The Trust has stated that the reason for this being despite the person in question being supported since August 2007 in secondary mental health services, they were only referred to the EIP service in March due to the expansion of the age criteria. The decision was made to accept the referral and offer the service. However, as the target time period began when suspicion of psychosis was identified in the Trust the standard was not achieved.

5.1.2 Mental Health Contract Quality Overview

Commissioners have commented on the first draft of the Trust's review of the acute care pathway and at time of writing are awaiting the final agree draft. Once agreed an implementation plan will be put in place. Commissioners have expectations that implementation will lead to improvements in access and overall pathways flows for patients.

There remain ongoing concerns around GP access and communication and these are being addressed via the bi-monthly referral interface meeting which has been established. The trust will also be invited to South Sefton locality meetings in 2017/18 to maintain a focus on improving the interface between Trust and primary care.

The Trust has failed part 2 of the national physical health CQUIN relating to communication with general practitioners.

From April 2017 the primary data source for reporting of Early Intervention Psychosis RTT will switch from Unify to the Mental Health Services Data set (MHSDS), as RIO has been delayed the Trust is actively testing the R32 upgrade for its existing Epex system to ensure that EIP data will flow from the Trust to MHSDS as Unify reporting will be discontinued in June 2017. The recent tripartite meeting held on 22nd February 2017 with NHS England highlighting this as a significant risk. The Trust has highlighted MHSDS reporting as a risk within their risk register.

The Trust continues to test the R32 upgrade for Epex in order to comply with Mental Health Services Dataset (MHSDS) reporting requirements as reporting via UNIFY will be discontinuing in June 2017. The trust has reported that early indications from R32 testing have proved successful but commissioners will continue to monitor this issue.

The CCG Engagement and Patient Experience Group has been invited to attend the Trust in May for a presentation of the service user survey and to gain reassurance that the Trust consider service user feedback important in the development and regular review of services. The presentation will be given by the PALS, Patient Experience and Duty of Candour lead from the Trust and will include a live demonstration of the data collected with narrative on how the Trust respond to this information.

5.2 Improving Access to Psychological Therapies

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

| Performance Indicator | Year | April | May | June | July | August | September | October | November | December | January | February | March |
|--|---------|--------|--------|--------|--------|--------|-----------|---------|----------|----------|---------|----------|--------|
| National definition of those who have entered into treatment | 2015/16 | 103 | 96 | 130 | 164 | 104 | 123 | 128 | 165 | 191 | 216 | 186 | 176 |
| | 2016/17 | 201 | 196 | 179 | 168 | 162 | 151 | 201 | 188 | 140 | 217 | 182 | 243 |
| Access % ACTUAL - Monthly target of 1.3% - Year end 15% required | 2015/16 | 0.54% | 0.50% | 0.68% | 0.86% | 0.55% | 0.64% | 0.67% | 0.86% | 1.00% | 1.13% | 0.97% | 0.92% |
| | 2016/17 | 1.05% | 1.03% | 0.94% | 0.88% | 0.85% | 0.79% | 1.05% | 0.99% | 0.73% | 1.14% | 0.95% | 1.27% |
| 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 | 50.9% | 50.5% | 50.9% | 46.9% | 46.2% | 42.9% | 51.4% | 47.6% | 43.5% | 49.0% | 50.5% | 53.3% |
| ACTUAL % 6 weeks waits - 75% target | 2015/16 | 97.9% | 98.8% | 96.8% | 91.3% | 97.6% | 95.2% | 96.8% | 98.3% | 97.6% | 97.0% | 98.0% | 97.8% |
| | 2016/17 | 98.1% | 99.0% | 96.1% | 94.8% | 97.6% | 98.4% | 100.0% | 100.0% | 97.5% | 100.0% | 100.0% | 98.9% |
| 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% | 100.0% | 99.4% |
| 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 | 114 | 111 | 114 | 101 | 96 | 138 | 125 | 138 | 122 | 102 | 96 | 181 |
| 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 | 16 | 12 | 7 | 4 | 3 | 14 |
| 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 | 48 | 47 | 89 |
| 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% | 87.3% | 87.9% | 88.0% | 83.9% | 86.1% | 88.8% | 80.1% | 85.4% | 83.4% | 80.4% |

The provider (Cheshire & Wirral Partnership) reported 243 Southport & Formby patients entering treatment in Month 12. This is an improvement on the previous month when 182 patients entered treatment, and the first time the monthly Access target has been achieved. 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. The year- end access performance for Southport and Formby CCG patients was 11.7% and therefore the 15% access standard was not achieved. Despite not meeting the target this was an improvement to 2015/16 when Southport & Formby CCG reported a year-end access rate of 9.3%.

Referrals increased in Month 12 by 25.9% with 296. 62% 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 with 73 reported in Month 12 (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 53.3% (from 51.7%). This achieves the minimum standard of 50%. The year-end position showed a Recovery rate of 48.7% so the Provider failed to meet the minimum standard, although was slightly higher than the Recovery rate for 2015/16 when 47.9% was achieved.

Cancelled appointments by the provider saw an increase in Month 12 with 81 reported against 64 in the previous month. The provider has previously stated that cancellations could be attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs increased from 70 in Month 11 to 101 in Month 12. 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.

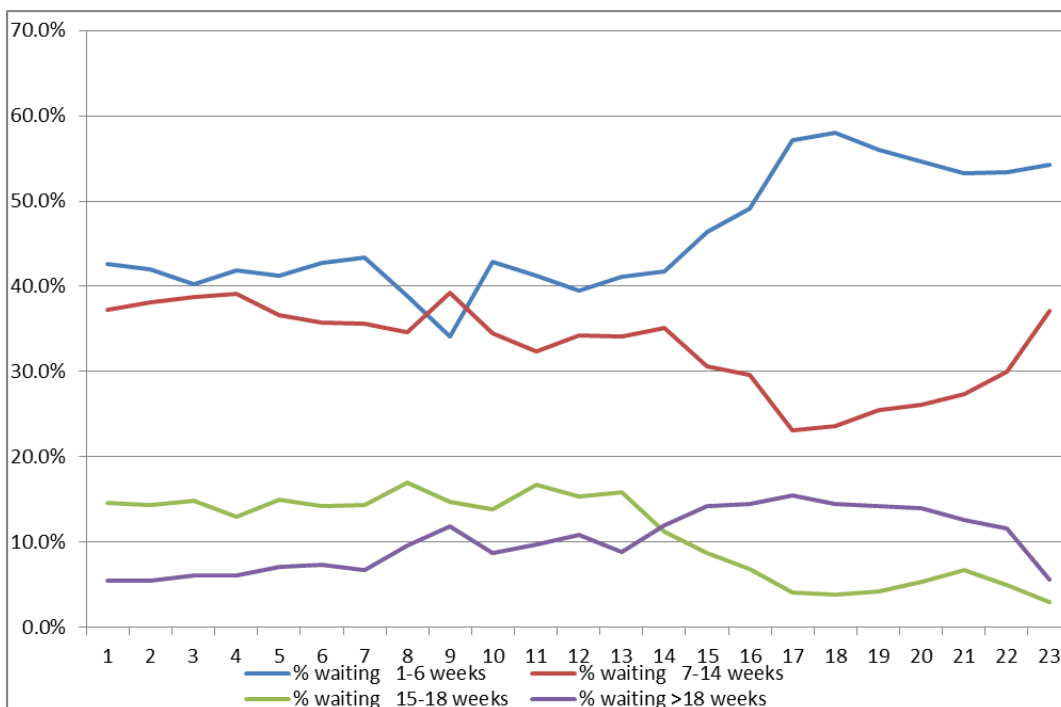
In Month 12 98.9% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 99.9% of patients have also waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in every month of 2016/17 for Southport & Formby CCG.

Since October 2016 there has been an action plan in place with Access Sefton to reduce lengthy internal waits across both CCGs.

On 24th October 2016 there were 512 patients on the internal waiting list in NHS Southport & Formby CCG and on 27th March 2017 a total of 477 patients were on the internal waiting list. The percentage of those patients waiting 1-6 weeks and 7-14 weeks have risen over the 23 weeks of data recording whilst there has been a reduction in the percentage of patients waiting 15-18 weeks over the same period it is acknowledged that more work needs to be done in ensuring that internal waits over 18 weeks are minimised. The provider is actively seeking additional counselling rooms as part of ongoing efforts to reduce excessive internal waits.

The chart below demonstrates the progress that the provider has made in ensuring that patients are being seen quicker after their initial assessment.

NHS Southport & Formby CCG – Access Sefton Internal waiters 24/10/2016 – 27/03/2017 (23 weeks)



5.3 Dementia

Summary for NHS Southport and Formby dementia registers at 31-03-2017

| | |
|---|--------------|
| People Diagnosed with Dementia (Age 65+) | 1,526 |
| Estimated Prevalence (Age 65+) | 2,148 |
| Gap - Number of addition people who could benefit from diagnosis (all ages) | 661 |
| NHS Southport and Formby - Dementia Diagnosis Rate (Age 65+) | 71.0% |
| National estimated Dementia Diagnosis Rate | 67.6% |

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 agree on an SLA 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 initial SLA will be for 6 months.

Members of both the CCG BI team and the new provider's BI team have met on numerous 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.

March 2017 is the last month the Trust will be reporting AQP Podiatry activity. Lancashire Care will be picking up new patients and existing patients under the block contract rather than AQP.

Adult Hearing

The Adult Hearing Audiology budget is £248,000. At month 12 2016/17 the YTD costs are £213,872, compared to £398,204 at the same time last year. Comparisons of activity between the two time periods show that activity has fallen in 16/17 to 719 compared to 1,177 in 15/16.

The Trust carries out quality checks on 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 12 16/17 YTD the costs are £56,542, compared to £51,716 at the same time last year. Comparing activity with last year shows that activity has increased in 16/17 at 372, compared to 344 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.

Discussions are taking place between the CCG and the new community provider Merseycare regarding new reporting requirements. LCH have agreed to continue to support this reporting for an initial period of 6 months, starting on 1st June.

The CCG has been informed there is an IT issue that will impact on the reporting of the intermediate care figures. The service has temporarily reverted to using a different version of EMIS. The Trust's contract reporting from EMIS is automated and is therefore currently reporting a very low inaccurate caseload figure. The Trust has provided a more accurate figure (via email) of 45 patients on the caseload in March-17.

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 high rates in each month of the year, with 14.9% in Mar-17, a slight decline on last month's performance. Adult Dietetics has also reported high rates all year, at 9.8% this month compared to 15.5% last month. Total DNA rates at Sefton are green for this month at 7.5%.

Provider cancellation rates are reporting green this month for all services with the exception of treatment rooms reporting 7.9% and Diabetes reporting 6.7%. Both of these services reported high provider cancellation rates all year. Total hospital cancellation rate for Sefton is green at 2.8% this month.

Treatment rooms, Podiatry, Physio, Diabetes, 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 March 2017. Total patient cancellations for Sefton have improved slightly in March 2017, from 11.9% in February to 11.4%.

6.2.2 Liverpool Community Health Quality Overview

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.

Paediatric Therapy Services - From 1st May 2017, therapy services were transitioned across to Alder Hey, the CCG will continue close monitoring of performance and patient safety particularly in relation to waiting times.

6.2.3 Waiting Times

Waiting times are reported a month in arrears. The following issues have arisen in February 2017.

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, the most recent 3 months of data shows that waiting times are beginning to increase again over the 18-week threshold. An average (95th percentile) wait of 22 weeks was reported on the completed pathway in February; however, this is a slight improvement since an average wait of 23 weeks was reported in January. The longest waiting patient is currently at 19 weeks. 1 patient is breaching the 18-week target at this point compared to 2 last month.

Physiotherapy: Waiting times have steadily increased over the past 6 months, resulting in this service failing the 18-week target again in February for completed pathways at 19 weeks. However, this is an improvement on last month. Performance on the incomplete pathway has also improved and is achieving again this month, with 0 patients over 18 weeks compared to 2 last month. The longest waiter was 2 patients waiting at 17 weeks.

Occupational Therapy: Waiting times on the completed pathways (95th Percentile) have exceeded the 18-week target for the past 6 months. An average of 19 weeks was reported in February, a slight improvement on last month's performance. The longest waiter was at 20 weeks with the number of patients breaching increasing from 2 to 3.

Nutrition & Dietetics: Waiting times on both pathways have now recovered and are achieving the 18-week target.

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 February, on the incomplete pathway the average waiting time (92nd percentile) has decreased again from 36 weeks to 29 weeks. However, this is still a breach of the 18-week target. The longest waiting patient was waiting at **49 weeks**. This service has consistently breached the 18-week target since it began reporting in August.

The Trust has provided the following comments for the Paediatric SALT service:

“Paediatric waits for SALT are currently reporting 29 weeks, a decrease from 36 weeks the previous month. Waiting times are expected to continue to decrease as the Sefton Locality management are working closely with the service to monitor improvements.”

The Trust has also provided comments for other services reporting above 18 weeks for completed pathways:

“March figures for the majority of services shows improvement. The completed pathways information is a snapshot of patients seen within the month. This means that in some months longer waiters will distort the average figures. As performance against the incomplete pathways improves this should correspond with the completed, but they are reported at different percentiles, so the completed pathways is always going to be a harder target to achieve.”

6.3 Any Qualified Provider LCH Podiatry Contract

At month 12 2016/17, the YTD cost for the CCG is £753 with 8 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

All NHS Standard Contracts and Grant Agreements for 2017-18 have been issued, signed and returned. Commissioners are currently working with providers to tailor service specifications and activity expectations in line with local requirement and CCG plans.

A detailed quarter 4 2016/2017 report detailing outcomes, activity, electoral ward information, age and gender is now available. The information contained within the report covers the following Third Sector providers:

- Age Concern Liverpool & Sefton – Befriending & Reablement Services
- Alzheimer’s Society – Dementia peer group support for people with dementias and their families
- Expect LTD – Mental Health Day Centre based at Bowersdale Resource Centre
- Imagine Independence – Mental Health Employment Services
- Sefton CVS – BME Support, Families, Children & Young People Support, Health & Wellbeing Development & Reablement
- Swan Women’s Centre – Women’s mental health counselling and outreach service
- Sefton Women’s and Children’s Aid (SWACA) – Support for Women & Children suffering Domestic Violence
- Sefton Advocacy – Adult advocacy services
- Sefton Pensioner’s Advocacy – Older People’s Advocacy and Advice Service
- Sefton Citizen’s Advice Bureau – In-patient advice and support service based at Clock View Hospital
- Sefton Carer’s Centre – Parent Carer’s support
- Stroke Association – Support for patients and families affected by Stroke

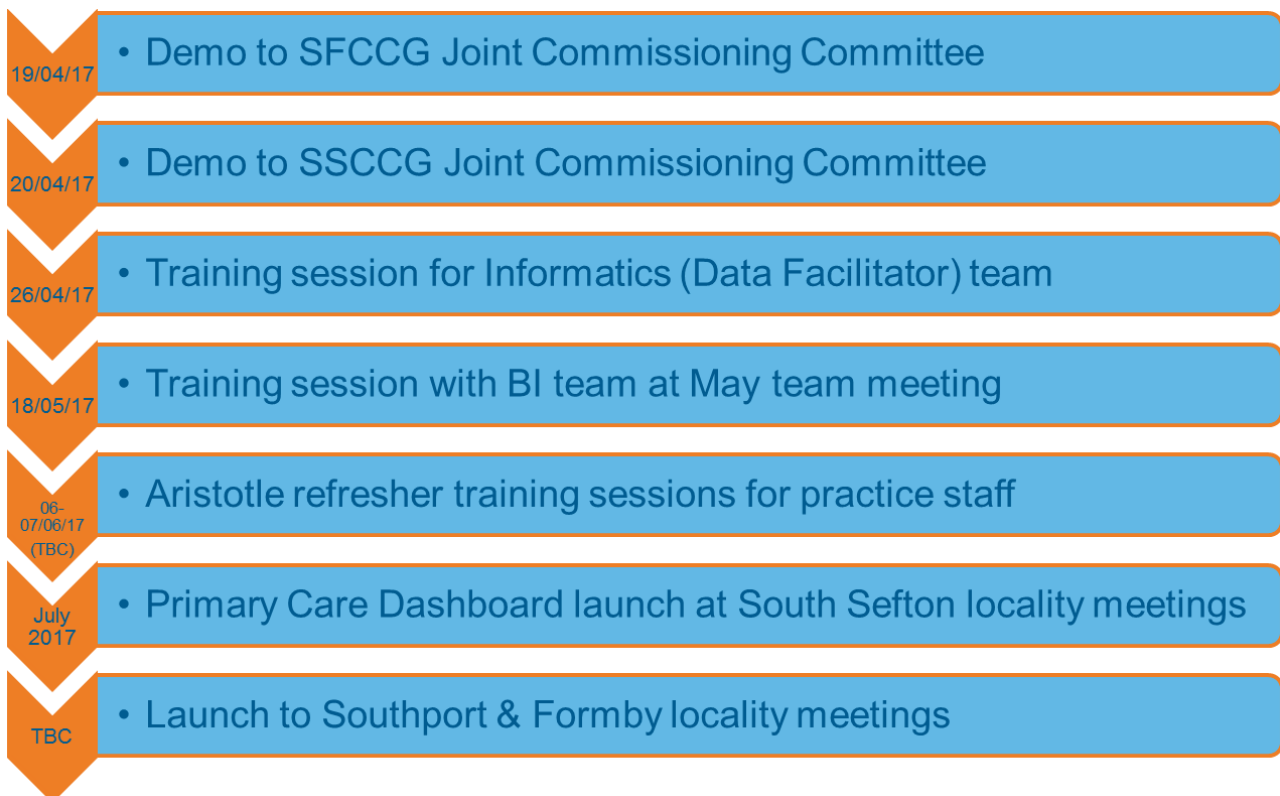
Further annual reports are awaited from the following providers and will be added to the quarter 4 report:

- Parenting 2000 – Support and advice for young mums and their families
- Netherton Feelgood Factory – Upstairs @83 Mental Health Counselling Service
- CHART – Crosby Housing Trust

8. Primary Care

8.1 Primary Care Dashboard Progress

Phase one of Primary Care Dashboard development is now complete. A live version of the dashboard is available in Aristotle. 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. 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. 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. The dashboard makes information 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. Phase One rollout is planned as follows:



Locality roll out in South Sefton is planned for Q2 as part of the South Sefton locality work plan that has been developed. This will support the South Sefton LQC 'Part 2 - Data Review' element of the contract

In Southport & Formby, Data Review is not part of LQC but the Southport & Formby locality lead is discussing the dashboard (and other elements of Aristotle and the use of data and tools) with GP leads to develop a work plan.

Use of Aristotle has also been built into the iMerseyside Informatics Team SLA and work plan for the Informatics Team. The SLA will be presented to LMC for review in April, and also to CCG for review and sign off.

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 Ainsdale Village Surgery, it achieved a "Good" rating.

Figure 25 – 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 | 10 April 2017 | Requires Improvement | Requires Improvement | Requires Improvement | Good | Good | Requires Improvement |
| 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 | Good | 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 | 28 February 2017 | Good | Good | Outstanding | Good | Outstanding | Good |
| 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 is currently being prepared for submission to NHS England for Quarter 4 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 57 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.

Publication of quarter 4 data has been delayed nationally and currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 17/18 framework. Publication of the 17/18 IAF is currently not confirmed, however through informal discussions it is suggested that publication will not occur until end of June.

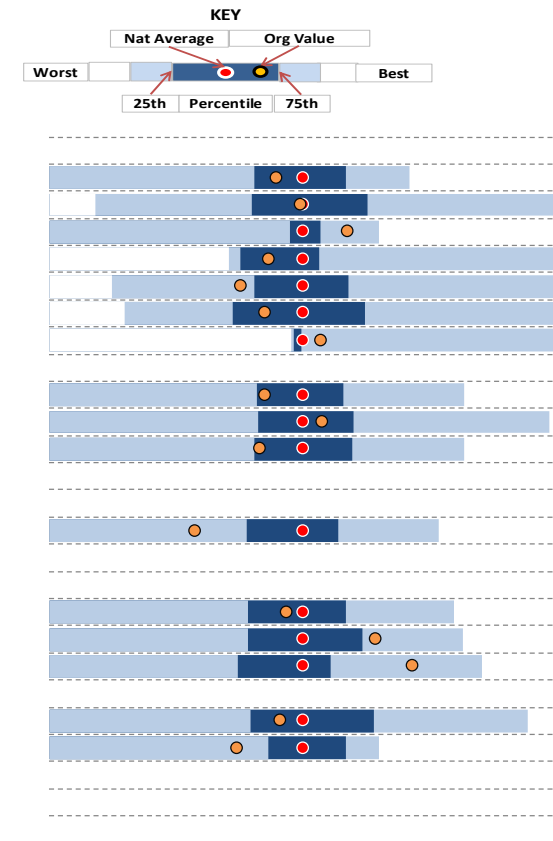
10.2 Q3 Improvement & Assessment Framework Dashboard

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

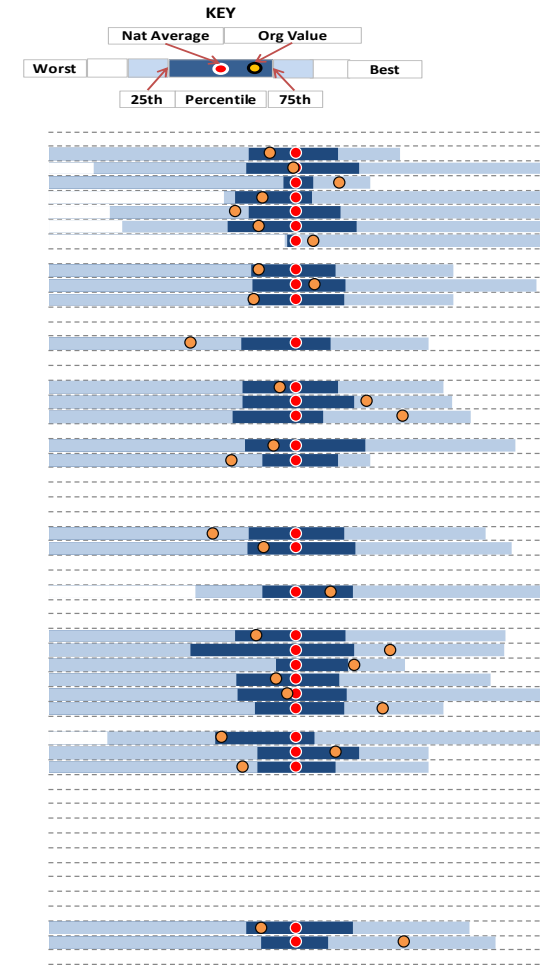
If indicator is highlighted in **BLUE**, this value is in the lowest performance quartile nationally.

KEY
 H = Higher
 L = Lower
 <=> = N/A

| Improvement and Assessment Indicators | Latest Period | CCG | England | Trend | Better is... |
|--|---------------|-------|---------|-------|--------------|
| 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 | |
|--|---------------|---|---------|---|--------------|
| Improvement and Assessment Indicators | 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 | R | G |
| | Actual | 97.273% | 94.333% | 94.561% | 94.702% | 92.077% | 95.431% | 92.347% | 94.09% | 94.664% | 94.819% | 94.417% | 92.739% | 94.27% | |
| | Target | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | |
| 17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer | Southport And Formby CCG | RAG | G | R | R | R | G | G | R | G | G | G | R | R | R |
| | Actual | 100.00% | 80.556% | 80.00% | 90.909% | 98.214% | 95.833% | 91.228% | 95.313% | 95.652% | 93.333% | 90.476% | 81.818% | 91.511% | |
| | Target | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | |
| 535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer | Southport And Formby CCG | RAG | G | G | G | G | G | G | R | G | G | G | G | G | |
| | Actual | 98.592% | 96.053% | 98.958% | 97.297% | 98.81% | 96.552% | 93.548% | 98.611% | 100.00% | 97.183% | 96.154% | 97.015% | 97.529% | |
| | Target | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | |
| 26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery) | Southport And Formby CCG | RAG | G | G | G | G | G | G | G | G | G | 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% | 100.00% | 100.00% | |
| | Target | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | |
| 1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments) | Southport And Formby CCG | RAG | G | G | G | G | G | G | R | G | G | G | G | G | |
| | Actual | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 96.00% | 100.00% | 100.00% | 100.00% | 100.00% | 99.565% | |
| | Target | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | |
| 25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy) | Southport And Formby CCG | RAG | G | G | G | G | G | G | G | G | G | G | G | G | |
| | Actual | 100.00% | 100.00% | 100.00% | 100.00% | 95.00% | 96.667% | 95.833% | 94.737% | 100.00% | 100.00% | 100.00% | 100.00% | 98.222% | |
| | 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% | |

| | | | | | | | | | | | | | | | |
|--|--------------------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|------------|---------|
| 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 | R | R |
| | | Actual | 88.571% | 70.732% | 80.851% | 94.118% | 85.714% | 83.333% | 83.333% | 86.842% | 80.00% | 88.235% | 62.50% | 75.758% | 82.064% |
| | | 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% |
| 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 | G | G |
| | | Actual | 100.00% | 100.00% | 100.00% | 66.667% | 85.714% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 0 Patients | 95.238% |
| | | 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% |

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 | R | R |
| | | Actual | 76.47% | 74.28% | 73.06% | 70.45% | 72.60% | 69.49% | 64.59% | 62.80% | 61.63% | 61.79% | 64.71% | 65.64% | 67.947% |
| | | Target | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% |
| | Southport And Formby CCG | RAG | R | G | G | R | R | G | R | R | R | R | G | R | R |
| | | Actual | 55.56% | 86.50% | 76.90% | 66.67% | 67.50% | 77.42% | 71.74% | 67.65% | 70.00% | 66.67% | 76.09% | 44.74% | 71.188% |
| | | Target | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% |
| 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 | R | R | |
| | | Actual | 67.46% | 66.26% | 66.20% | 62.69% | 65.25% | 61.75% | 63.05% | 60.35% | 57.31% | 58.78% | 60.96% | 63.44% | 62.593% |
| | | Target | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% |
| | Southport And Formby CCG | RAG | R | R | 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% | 53.80% | 59.61% | 60.813% |
| | | Target | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% |
| 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 | R | R | |
| | | Actual | 92.01% | 91.47% | 91.49% | 89.81% | 91.09% | 89.04% | 88.23% | 86.79% | 85.42% | 85.74% | 88.38% | 90.23% | 88.931% |
| | | Target | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| | Southport And Formby CCG | RAG | R | R | R | R | R | R | R | R | R | 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% | 77.95% | 81.49% | 83.639% |
| | | 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% |

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

| | | | | | | | |
|--|--------------------------|--------|---------|---------|---------|---------|---------|
| 138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days | Southport And Formby CCG | RAG | G | G | G | R | G |
| | | Actual | 100.00% | 100.00% | 100.00% | 90.625% | 97.761% |
| | | Target | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |

Episode of Psychosis

| | | | | | | | | | | | | | | | |
|---|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|--------|--------|--------|---------|
| 2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral. | Southport And Formby CCG | RAG | G | G | G | G | G | G | G | G | G | R | R | G | |
| | | Actual | 50.00% | 50.00% | 50.00% | 50.00% | 50.00% | 50.00% | 50.00% | 66.667% | 100.00% | 50.00% | - | 0.00% | 53.846% |
| | | Target | 50.00% | 50.00% | 50.00% | 50.00% | 50.00% | 50.00% | 50.00% | 50.00% | 50.00% | 50.00% | 50.00% | 50.00% | 50.00% |

Dementia

| | | | | | | | | | | | | | | | |
|---|--------------------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|---------|
| 2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia | Southport And Formby CCG | RAG | G | R | G | G | G | G | G | G | G | G | G | G | |
| | | Actual | 68.808% | 60.894% | 69.646% | 70.484% | 68.296% | 71.974% | 72.393% | 72.393% | 72.486% | 71.322% | 70.903% | 71% | 69.964% |
| | | Target | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% |

Ensuring that People Have a Positive Experience of Care

EMSA

| | | | | | | | | | | | | | | | |
|--|--------------------------|--------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| 1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers | Southport And Formby CCG | RAG | R | R | R | R | G | R | R | R | R | G | G | R | R |
| | | Actual | 11 | 5 | 2 | 5 | 0 | 2 | 1 | 2 | 2 | 0 | 0 | 8 | 38 |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1000 FCE's) | Southport And Formby CCG | RAG | R | R | R | R | G | R | R | R | R | G | G | R | R |
| | | Actual | 2.88 | 151 | 0.61 | 148 | - | 0.62 | 0.31 | 0.60 | 0.63 | - | - | 2 | 30.00 |
| | | Target | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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 | G | G |
| | | Actual | 95.201% | 94.882% | 94.317% | 94.51% | 93.492% | 92.619% | 92.36% | 92.215% | 91.481% | 92.505% | 92.821% | 94.107% | 93.387% |
| | | 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 | G | G | |
| | | Actual | 0 | 0 | 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 | R | R |
| | | Actual | 0.374% | 0.68% | 2.10% | 19.16% | 18.25% | 0.305% | 0.512% | 0.768% | 17.14% | 3.678% | 1.68% | 1.228% | 1.395% |
| | | Target | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% |

Cancelled Operations

| | | | | | | | | | | | | | | | |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons. | SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST | RAG | G | G | G | G | G | G | G | G | G | G | G | G | |
| | | Actual | 0 | 0 | 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 | R |
| | | YTD | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) | Southport And Formby CCG | RAG | G | R | R | G | G | G | G | G | G | G | G | G | |
| | | YTD | 5 | 11 | 15 | 16 | 18 | 19 | 22 | 23 | 25 | 27 | 29 | 33 | 33 |
| | | Target | 6 | 9 | 13 | 18 | 20 | 24 | 27 | 29 | 29 | 29 | 32 | 38 | 38 |

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 | R | R | R |
|---|--------------------------|--------|---------|--------|---------|---------|---------|---------|---------|---------|---------|--------|---------|--------|--------|
| | | Actual | 88.638% | 89.65% | 90.769% | 87.891% | 93.343% | 91.165% | 91.753% | 93.159% | 90.336% | 88.13% | 87.918% | 88.20% | 90.08% |
| | | 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% |