

Southport & Formby Clinical Commissioning Group

Integrated Performance Report July 2017

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1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 4 (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	Red	SORM
Cancer 62 Day Consultant Upgrade	Red	SORM
Diagnostic Test Waiting Time	Red	SORM
HCAI - C.Diff	Green	SORM
HCAI - MRSA	Green	SORM
IAPT Access - Roll Out	Red	
IAPT - Recovery Rate	Red	
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 agreed financial plan for 2017/18 requires the CCG to break even in year, whilst the cumulative CCG position is a deficit of £6.695m, which incorporates the historic deficit brought forward from the previous financial year. The cumulative deficit will be addressed as part of the CCG longer term recovery plan and will be repaid with planned surpluses in future financial years.

The QIPP savings requirement, assessed at the start of the year, to deliver the agreed financial plan is £10.137m. Work has been ongoing to develop a fully identified plan to achieve the required efficiencies to deliver the financial target. As at Month 5, £2.966m QIPP savings have been achieved with further savings planned in future months.

The year to date position with the main providers shows an underperformance against plan and will result in a significant underspend for the financial year if the trend continues. The year to date underperformance has been actioned as a QIPP saving in Month 5 and work is underway to confirm the expected impact for the remainder of the financial year.

The year to date and full year forecast financial position is breakeven. This position assumes that the QIPP plans will be delivered in full, but it must be noted that significant risk exists in terms of delivering these plans.

Planned Care

In 2017/18 to date, monthly referrals have been below average. GP referrals in 2017/18 to date are 18.4% down on the equivalent period in the previous year. In contrast, consultant to consultant referrals are currently 15% higher when compared to 2016/17.

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. Southport and Ormskirk Trust are an early adopter of the scheme and as such require to achieve 100% by April 2018. The latest data for E-referral Utilisation rates is July 2017 when the CCG recorded 43%. This shows an improvement in performance compared to last month when 42% was recorded.

The CCG failed the less than 1% target for Diagnostics in July recording 2.34%, out of 1970 patients 46 waited over 6 weeks and 12 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (17). Although failing this is an improvement on 2 months ago when 5.41% was recorded. Southport and Ormskirk also failed to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During July, the Trust failed the diagnostic monitoring standard reporting 1.50% of patients waiting in excess of 6 weeks, an improvement on previous month.

The CCG achieved the target of 93% for 2-week cancer wait for first outpatient appointment for patients referred urgently with breast symptoms in July with a performance of 95.1% but are failing year to date 90.91% due to previous months breaches. The CCG also failed the target of 90% year to date for 62-day screening year to date due 1 breach in July and previous months breaches, recording 84.21%. Lastly, they are also failing the 62 day standard reaching 84.58% in July and 82.22% year to date having 7 breaches out of a total of 38 patients.

Southport & Ormskirk achieved the target of 94% in July for patients requiring surgery within 31 days, recording 100%, but unfortunately are failing year to date due to just 1 breach in April. Southport &

Ormskirk are also just under the 85% target for the 62 day standard recording 77.91% in July and year to date 80.87%.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to Friends and Family. The Trust has seen an increase in response rates for inpatients over the past few months, from 11.1% in February to 18.5% in July. The percentage of patients that would recommend the inpatient service in the Trust has seen a decrease from 94% in June to 90% in July. Which is well below the England average of 96%. The percentage of people who would not recommend the inpatient service has increased to 6% in July from 2% in June and is therefore still greater than the England average of 2%.

Performance at Month 4 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-200k/-1.6%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £237k/1.9%.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. Quarter 1 data shows the CCG are below plan.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for July reached 88.3%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 90.7%.

Southport & Ormskirk had 2, 12 hour breaches at the trust in July, year to date there have been 14 (3 in April and 9 in May). Root cause analyses from the Trust are awaited.

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. NHS England has recently announced a new set of performance targets for the ambulance service, which will apply to all 999 calls from later this year.

July 2017 saw an increase in the number of 111 calls made by Southport and Formby patients from 1,430 in June to 1,623 in July, an increase of 13.5%, however this remains within trend. There has been a reduction when compared to July 2016, from 1,877.

The number of calls from Southport and Formby patients to the GP OOH service has risen in July 2017 to 905, an increase of 14.3%. This is in line with previous year's reporting. GP OOH calls from nursing homes within Southport and Formby have increased for the second consecutive month to 89, by 16.2%. Compared to the same point in the previous year, July 2017 has had 45.9% more calls.

Southport & Ormskirk failed the stroke target in July recording 49.65% only 18 out of 37 patients spending 90% of their time on a stroke unit. This shows an increase in performance from June when the Trust reported 33.3%. During July there were 5 TIA referrals, 4 of these were reportable for which they were 0% compliant.

The CCG reported a Mixed Sex Accommodation rate of 1.20 which equates to a total of 5 breaches in July. All 5 breaches were at Southport & Ormskirk NHS Trust. Southport & Ormskirk had 18 mixed sex accommodation breaches (a rate of 3.30) and have also breached the zero tolerance threshold. Of the 18 breaches 5 were for Southport & Formby CCG and 13 for West Lancashire CCG.

There was no new cases of Clostridium Difficile attributed to the CCG in July, 10 year to date. (3 apportioned to acute trust and 7 apportioned to community). For Southport & Ormskirk year to date the

Trust has had 2 cases against a plan of 12 (no new cases in July), 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 July 2017.

An E.coli target for CCGs for 2017/18 has been set at 121 cases, this is being monitored and there have been a total of 50 cases April to July against a plan of 47.

There are 83 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 44 of these incidents apply to Southport & Formby CCG patients. 39 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 27 of these being Southport & Formby CCG patients.

NHS England has removed the patient snapshot measure from their Delayed Transfers of Care (DTC) data collection. The average number of delays per day in the month will be reported going forward. The average number of delays per day in Southport and Ormskirk hospital remains at 4 in July, same as last month. Of the 4 delays 3 were due to patient or family choice. Analysis of average delays in July 2017 compared to July 2016 shows them to be lower by 3. The average number of delays per day at MerseyCare increased to 36 in July from 34 the previous month. Of the 34 delays 7 were due to awaiting nursing home placements, 6 completion of assessment, 6 waiting further NHS non-acute care, 3 disputes and 5 awaiting care package in own home. Note that MerseyCare DTC are Provider level and not split by Commissioner. Analysis of average delays in July 2017 compared to July 2016 shows them to be lower by 15.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates for Friends and Family but rates have decreased from 4.2% in June to 1.8 in July. The Trust A&E department has seen an decrease in the percentage of people who would recommend the service from 86% in June to 80% in July. However, this is still lower than the England average of 86%. The percentage not recommending has increased from 10% in June to 11% in July again remains above the England average of 8%.

Performance at Month 4 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £515k/4.7%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £591k/5.4%. This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £621k/6% underspend.

Mental Health

All CPA measures are achieving their targets for July 2017.

In terms of Improving Access to Psychological Therapies (IAPT), whilst the access target has been missed, the provider reported more Southport & Formby patients entering treatment in month 4. 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 16.8% for 2017/18 year end. Referrals decreased slightly in Month 4 by 8.4% with 262 compared to 286 in Month 3. 67.56% of these were self-referrals, which is an increase from 64.34% in Month 3. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals remained stable at 42 Month 4. 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 58.3% (from 49.2%). This exceeds the minimum standard of 50%.

Following the implementation of the new methodology the latest data on the HSCIC websites show that Southport & Formby CCG are recording a dementia diagnosis rate in July of 70.3%, which exceeds the national dementia diagnosis ambition of 67%.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) Quarter 1 performance is anticipated for October's report.

There are also new plans for Waiting Times for Urgent and Routine Referrals to Children and Young Peoples Eating Disorder Services for each quarter of 2017/18. Quarter 1 performance is 100%.

Community Health Services

The community contract for Southport & Formby CCG patients transferred over to Lancashire Care Foundation Trust on 1st May. An information sub group has been established and the Trust shared their first report with the CCG at the first meeting on 7th August. The Trust updated the CCG on their approach towards validating the information, on a service by service basis. This involves spending time with the teams to ensure the information is being recorded correctly on EMIS going forward, as well as validating historic data such as long waiters on waiting lists etc.

Primary Care

The Family Surgery was inspected in August and achieved a 'good' rating no further inspections have taken place in August.

Better Care Fund

The Sefton Health and Wellbeing Board area submitted an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents on 11th September 2017. Earlier in July local areas confirmed draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding.

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. Quarter 4 data and year end assessments were released in July and are included in this report. Overall, the assessment for NHS South Sefton CCG of 'requires improvement' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

2. Financial Position

2.1 Summary

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

The forecast financial position and in year position for 2017/18 is breakeven. The CCG has a QIPP plan that addresses the requirement in 2017/18 to achieve the planned breakeven position. However, the risk adjusted plan indicates that there is a risk to delivery of the in-year position.

The cumulative CCG position is a deficit of £6.695m which incorporates the historic deficit brought forward from the previous financial year. The cumulative deficit will be addressed as part of the CCG longer term improvement plan and will be repaid with planned surpluses in future financial years.

Cost pressures have emerged in the first four months of the financial year which are balanced out by underspends in other areas. The main areas of forecast overspend are within the Continuing Healthcare, Programme Projects and Reserves budgets covering the following areas:

- Cost pressures for continuing healthcare packages– work to resolve data quality issues following implementation of the Adam Dynamic Purchasing System are being progressed.
- Costs for referral management and prior approval services to support QIPP schemes.
- Commissioning non acute, over spend for community set up costs.
- Overspend in Wrightington Wigan & Leigh Hospital in respect of increased Trauma and Orthopaedic activity, although this is offset with underspends in other providers.

The cost pressures are supported by forecast underspend on the Acute Commissioning and Independent Sector budgets relating to underperformance on the contract with Southport & Ormskirk NHS Trust and Independent Sector providers. The year to date underperformance has been assigned as a QIPP saving in Month 5.

The QIPP plan forms part of the CCG recovery plan reported to NHS England. A robust QIPP plan and profile of achievement is required to provide assurance that the CCG can deliver its financial targets.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£2.966m
Running Costs	CCG running costs < 2017/18 allocation	✓

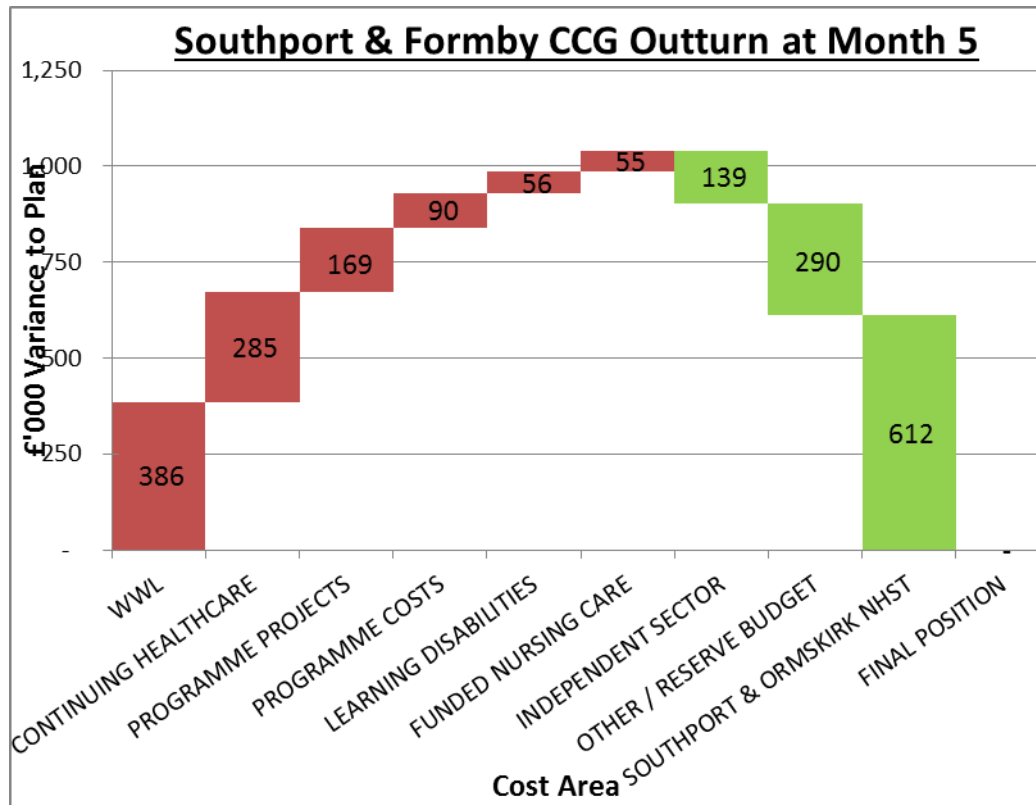
Key Performance Indicator		This Month
BPPC	NHS - Value YTD > 95%	99.89%
	NHS - Volume YTD > 95%	94.74%
	Non NHS - Value YTD > 95%	97.57%
	Non NHS - Volume YTD > 95%	96.57%

- The CCG will not achieve the Business Rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England. A meeting to assess year to date performance was held on the 25th July.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- 0.5% Non-Recurrent Reserve is held uncommitted as directed by NHSE.
- The current financial plan is to achieve a break even position in year, this is the best case scenario and is dependent on delivery of the QIPP savings requirement in full.
- QIPP Delivery is £2.966m to date which is in line with the planned delivery at Month 5.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.053m for 2017/18.
- BPPC targets have been achieved to date with the exception of NHS invoices by volume which is slightly below the 95% target.

2.2 CCG Financial Forecast

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

Figure 2 – Forecast Outturn



- The CCG forecast position for the financial year is breakeven, based upon the delivery of the QIPP target in full.
- The main financial pressures relate to overperformance at Wrightington, Wigan and Leigh (WWL) Hospital, and cost pressures on the Continuing Care and Programme Projects budget.
- The forecast overspend relates to the following areas:
 - Overperformance on WWL contract – mainly due to Orthopaedic Activity
 - Cost pressures relating to Continuing Healthcare packages
 - Costs for referral management and prior approval services (Programme Projects budget)
 - Overspend on Medicines Management and Primary Care IT budgets (Programme Costs budget)
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget due to underperformance on the contract with Southport and Ormskirk Hospital and within the reserve budget due to the 0.5% contingency held.

2.3 Provider Expenditure Analysis – Acting as One

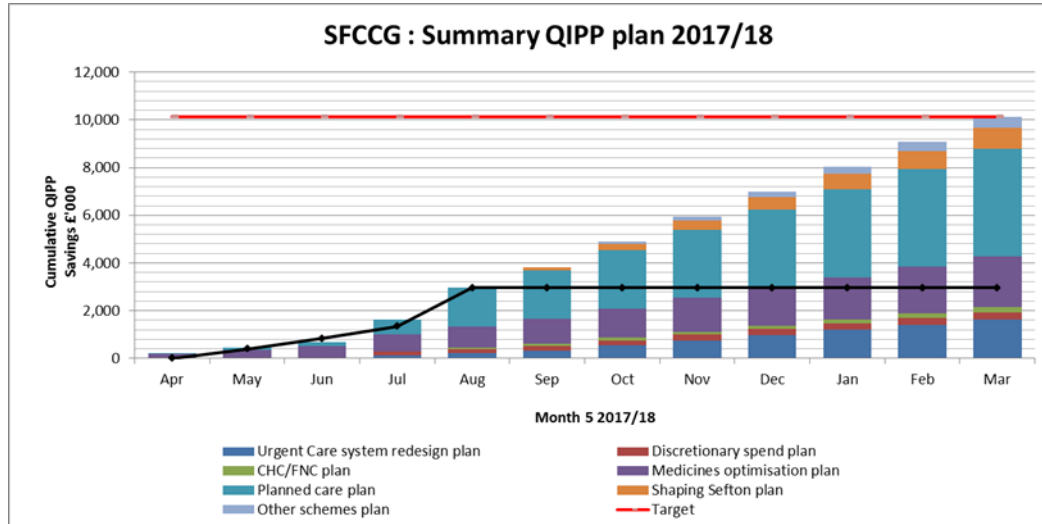
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£0.326
Alder Hey Children's Hospital NHS Foundation Trust	-£0.005
Clatterbridge Cancer Centre NHS Foundation Trust	£0.000
Liverpool Women's NHS Foundation Trust	-£0.015
Liverpool Heart & Chest NHS Foundation Trust	-£0.034
Royal Liverpool and Broadgreen NHS Trust	-£0.208
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.021
Grand Total	£0.043

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could drift to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an overspend of £0.043m under usual contract arrangements.

2.4 QIPP

Figure 4 – QIPP Plan and Forecast



QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	3,842	650	4,492	2,147	1,569	776	4,492
Medicines optimisation plan	2,118	0	2,118	1,669	0	449	2,118
CHC/FNC plan	231	0	231	231	0	0	231
Discretionary spend plan	309	0	309	179	30	100	309
Urgent Care system redesign plan	120	1,500	1,620	500	1,000	120	1,620
Shaping Sefton plan	907	0	907	0	0	907	907
Other Schemes plan	80	380	460	0	460	0	460
Total QIPP Plan	7,607	2,530	10,137	4,726	3,059	2,352	10,137
QIPP Delivered 2017/18				(2,966)		0	(2,966)

- The 2017/18 QIPP target is **£10.137m** (opening position). This 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.
- The CCG has undertaken a significant work programme to update the 2017/18 QIPP plan and identify schemes in excess of the target. A revised QIPP plan will be presented to the Governing Body.
- As at Month 5, the CCG has achieved £2.966m QIPP savings in respect of the following schemes:
 - Prescribing - £0.377m
 - Third Sector Contracts - £0.149m
 - S&O reduced activity compared to plan - £1.7m
 - Other contracts £0.600m (Contract reserves budget)
- The Year to Date underperformance on provider contracts (mainly Southport and Ormskirk) has been assigned as a QIPP saving in Month 5. Further savings will be achieved if the current trend continues.

- The forecast QIPP delivery for the year is **£6.300m** which represents 100% of schemes rated Green and 50% of schemes rated Amber. A proportion of the plan remains rated red, work is required to provide assurance that further savings can be delivered.

2.5 Risk

Figure 5 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(6.549)	(3.588)	(10.137)
Revised surplus / (deficit)	(6.549)	(3.588)	(10.137)
Forecast Outturn (Operational Budgets)	(1.778)	1.778	0.000
Reserves Budget	0.000	0.000	0.000
Management action plan			
QIPP Achieved	2.967	0.000	2.967
Remaining QIPP to be delivered	4.640	2.530	7.170
Total Management Action plan	7.607	2.530	10.137
Year End Surplus / (Deficit)	(0.720)	0.720	0.000

- The CCG forecast financial position is breakeven.
- The underlying position is a deficit of £0.720m; this position removes non-recurrent expenditure commitments and non-recurrent QIPP savings from the forecast position.
- The forecast position is dependent on achieving a QIPP saving of **£10.137m**.

Figure 6 – Risk Adjusted Financial Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
Remaining QIPP requirement	(7.170)	(7.170)	(7.170)
Predicted QIPP achievement (Months 6-12)	3.355	3.333	2.500
Reserves / I&E impact	0.615	0.615	0.315
Forecast Surplus / (Deficit)	(3.200)	(3.222)	(4.355)
Further Risk	(1.100)	(2.100)	(2.100)
Management Action Plan	4.300	2.605	2.605
Risk adjusted Surplus / (Deficit)	0.000	(2.717)	(3.850)

- The risk adjusted position provides an assessment of the best, likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case is breakeven and includes an assumption that the current expenditure trends continue and this reduces the remaining QIPP requirement. The CCG has planned mitigations which exceed known risks by £0.600m.
- The likely case is a deficit of **£2.717m** and assumes that QIPP delivery will be £6.300m in total with further risk and mitigations as per the best case scenario. The likely case has improved by £0.800m since the last Months report this is due to an increase in the QIPP savings assumption as a result of the Month 5 performance.
- The worst case scenario is a deficit of **£3.850m** and assumes reduced QIPP delivery and that the management action plan will not be delivered in full.

2.6 Statement of Financial Position

Figure 7 – Summary of working capital

	2015/16		2016/17		2017/18		
	M12	M12	M1	M2	M3	M4	M5
	£000	£000	£000	£000	£000	£000	£000
Non CA	22	11	11	11	11	11	11
Receivables	1,759	2,041	1,478	2,167	1,817	1,824	1,502
Cash	89	160	4,183	5,135	1,791	4,777	4,805
Payables & Provisions	(12,471)	(9,202)	(10,086)	(11,745)	(12,897)	(12,821)	(11,615)
Value of Debt > 180 days old (6 months)	264	723	723	723	723	734	734
BPPC (value)	96%	98%	101%*	100%	99%	100%	100%
BPPC (volume)	90%	96%	97%	96%	94%	94%	95%

* In month 1 there were a number of credit notes received from providers relating to 16/17 performance which skewed the BPPC data

- Non-current Asset (Non CA) balance relates to assets inherited from Sefton PCT at the inception of the CCG. Movements in this balance relate to depreciation charges.
- The receivables balance includes invoices raised for services provided, accrued income and prepayments. Outstanding debt in excess of 6 months old currently stands at £0.734m. This balance is predominantly made up of two invoices currently outstanding with Southport & Ormskirk NHS Trust; CQUIN payment recovery (£670k) and Breast Referral Services (£50k). Both of these debts have been discussed at the CCG's Audit Committee and the Chief Finance Officer has written to the Trust Director of Finance to re-affirm the CCG's position.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £181.225m at Month 5. The actual cash utilised at Month 5 was £72.132m (39.80%) against a target of £76.937m (42.45%). The finance team are working through these to ensure the CCG is within cash targets set by NHS England in the latter half of the year.
- BPPC has been steadily improving, annual benchmarking against other North West CCGs has been undertaken to assess where the CCG could improve. Following an internal audit review undertaken by MIAA, the CCG has also performed a review to identify items which are incorrectly categorised and therefore affecting performance.

2.7 Recommendations

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

- Both the year to date financial position and forecast is breakeven. This assumes that the CCG will deliver the 2017/18 QIPP requirement in full. This represents the CCG's best case scenario assuming that the current trends lead to delivery of savings through the QIPP plan. The CCG's likely case scenario forecasts a deficit after risk and mitigation of £2.717m.
- 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 limited or no 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 has been evident from member practices which has enabled the CCG to reduce levels of low value healthcare and improve value for money from the use of the CCG's resources.

3. Planned Care

3.1 Referrals by Source

Figure 8 - Referrals by Source across all providers for 2015/16, 2016/17 & 2017/18

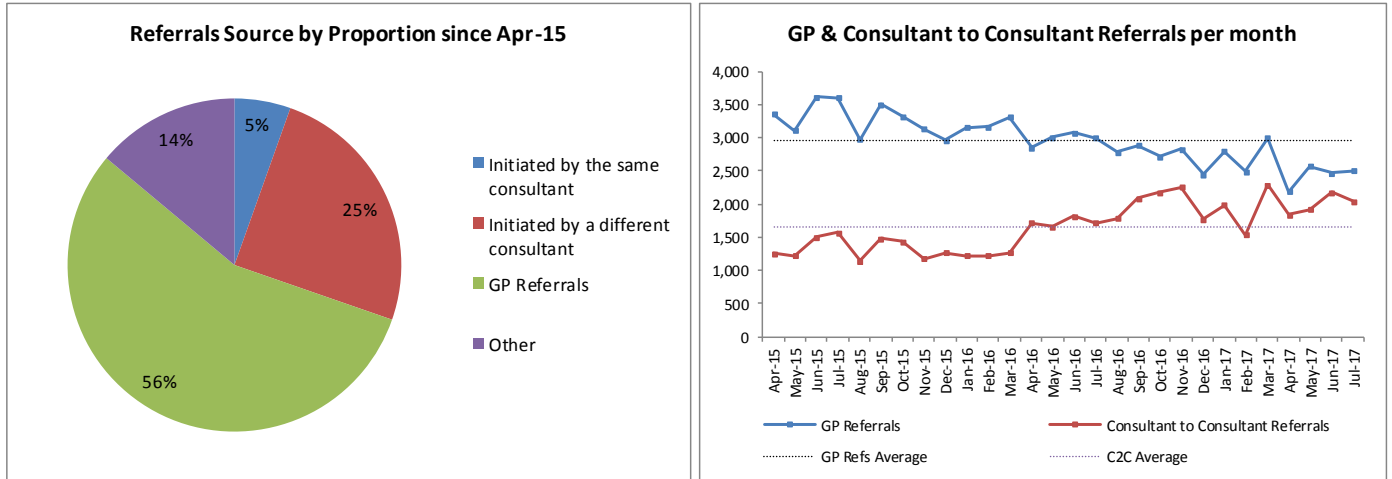


Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17, 2017/18

Referral Type	DD Code	Description	Apr-17	May-17	Jun-17	Jul-17	1617 YTD	1718 YTD	Variance	% Variance
GP	03	GP Ref	2,186	2,574	2,471	2,504	11,936	9,735	-2,201	-18.4%
GP Total			2,186	2,574	2,471	2,504	11,936	9,735	-2,201	-18.4%
Other	01	following an emergency admission	270	226	256	231	1,861	983	-878	-47.2%
	02	following a Domiciliary Consultation	1		1	2	4	4	0	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	275	289	273	295	1,106	1,132	26	2.4%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,199	1,329	1,559	1,438	3,624	5,525	1,901	52.5%
	06	self-referral	191	176	164	144	540	675	135	25.0%
	07	A Prosthetist			1		1	1	0	0.0%
	08	Royal Liverpool Code (TBC)	27	41	46	41	168	155	-13	-7.7%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	35	11	24	14	103	84	-19	-18.4%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	60	61	58	215	238	23	10.7%
	12	A General Practitioner with a Special Interest (GPWSI) or Dentist with a Special Interest (DwSI)		2	3		6	5	-1	-16.7%
	13	A Specialist NURSE (Secondary Care)	3	1	1	6	17	11	-6	-35.3%
	14	An Allied Health Professional	84	115	97	90	681	386	-295	-43.3%
	15	An OPTOMETRIST	78	92	85	65	367	320	-47	-12.8%
	16	An Orthoptist	1	6	2	2	19	11	-8	-42.1%
	17	A National Screening Programme	57	48	30	43	294	178	-116	-39.5%
	92	A GENERAL DENTAL PRACTITIONER	39	31	32	42	167	144	-23	-13.8%
	93	A Community Dental Service					0	0	0	#DIV/0!
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	178	267	245	1,036	859	-177	-17.1%	
Other Total			2,488	2,605	2,902	2,716	10,209	10,711	502	4.9%
Unknown				1			5	1	-4	-80.0%
Grand Total			4,674	5,180	5,373	5,220	22,150	20,447	-1,703	-7.7%

Local referrals data from our main providers shows that there was no significant change in the overall level of referrals comparing 2016/17 year end with the previous year. Nevertheless, with the exception of March 2017, there has been a downward trend to referrals from December 2016 onwards.

In 2017/18 to date, monthly referrals have been below average. GP referrals in 2017/18 to date are 18.4% down on the equivalent period in the previous year. In contrast, consultant to consultant referrals are currently 15% higher when compared to 2016/17.

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

Data quality note: Walton Neuro Centre 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. A coding change was

implemented in March 2017 for Physio at Southport Hospital with these referrals coded as having a referral source of 01 (following an emergency admission) in place of the previous referral source of 03 (GP referral). For consistency, GP referrals relating to physio at Southport Hospital for Months 1-11 of 2016/17 have been manually corrected to a referral source of 01.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	17/18 - July	80% by Q2 17/18 & 100% by Q2 18/19	43.00%	↑

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. Southport and Ormskirk Trust are an early adopter of the scheme and as such require to achieve 100% by April 2018.

The latest data for E-referral Utilisation rates is July 2017 when the CCG recorded 43%. This shows an improvement in performance compared to last month when 42% was recorded.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - July	<1%	2.34%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	17/18 - July	<1%	1.50%	↓

The CCG failed the less than 1% target for Diagnostics in July recording 2.34%, out of 1970 patients 46 waited over 6 weeks and 12 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (17).

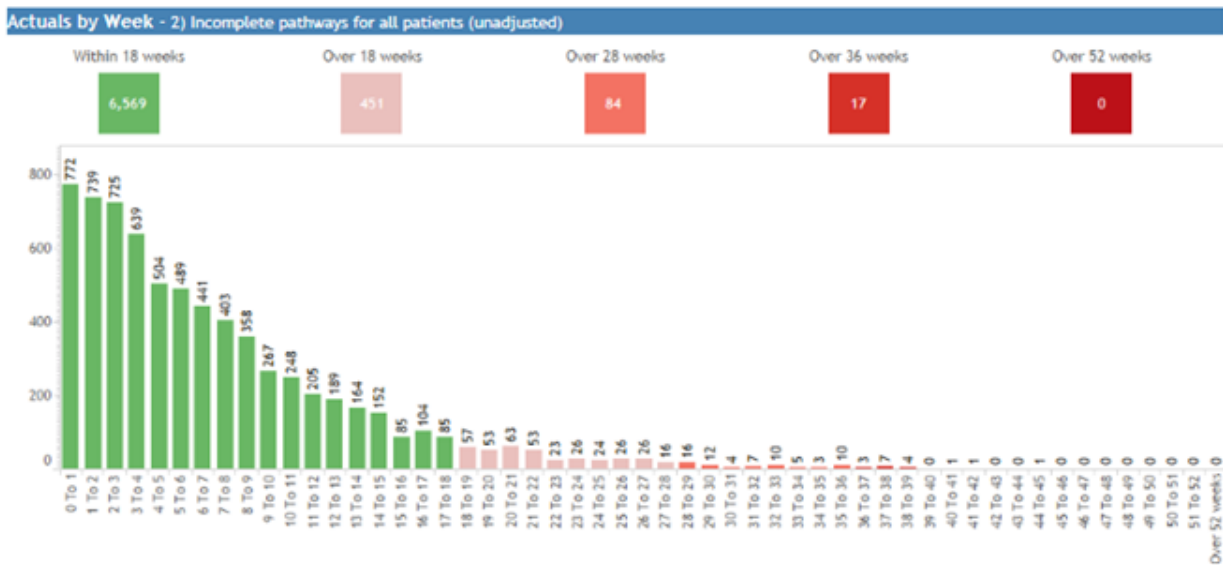
Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. July's performance was 1.50% a decrease from last month when 1.9% was recorded. Whilst it continues to improve - areas of concern relate to Ultrasound due to sickness and leave which is expected this will have more of an impact in August/September. Mitigating actions include recruitment to long term vacancy of Sonographer due to commence November. Additional areas of concern are ECG and urology, mitigating actions with interim post holder commenced 21st August - key objectives is to deliver a timed action plan by Mid-September.

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)	17/18 - July	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	17/18 - July	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	17/18 - July	92%	93.58%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	17/18 - July	92%	94.00%	↔

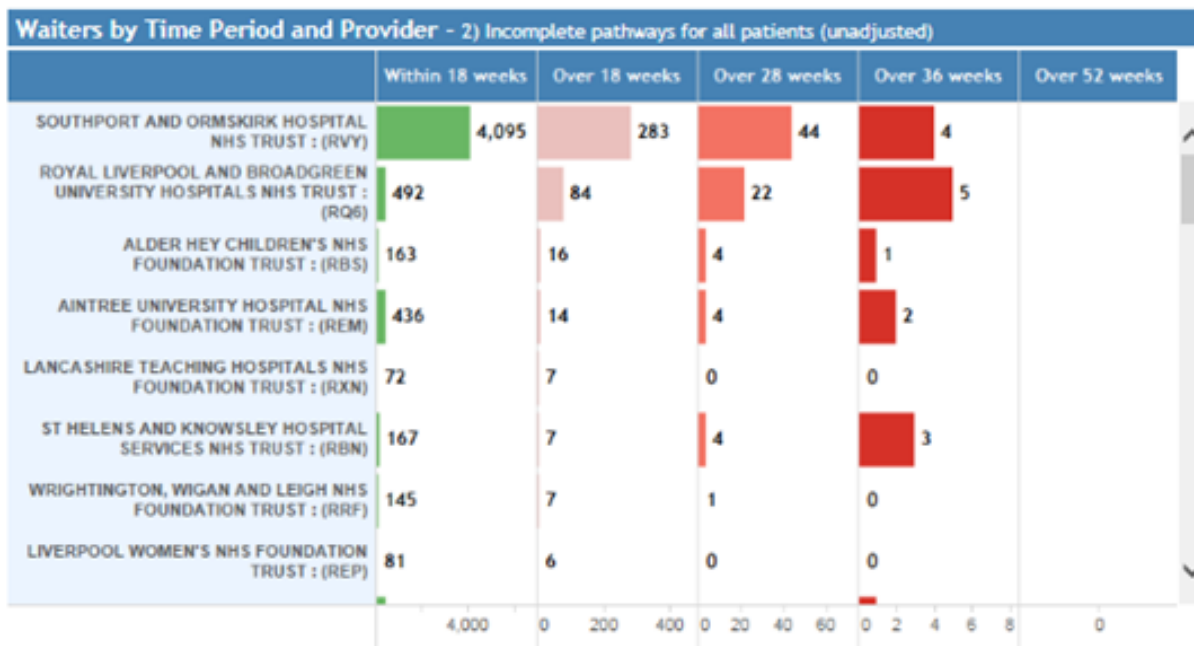
3.3.1 Incomplete Pathway Waiting Times

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

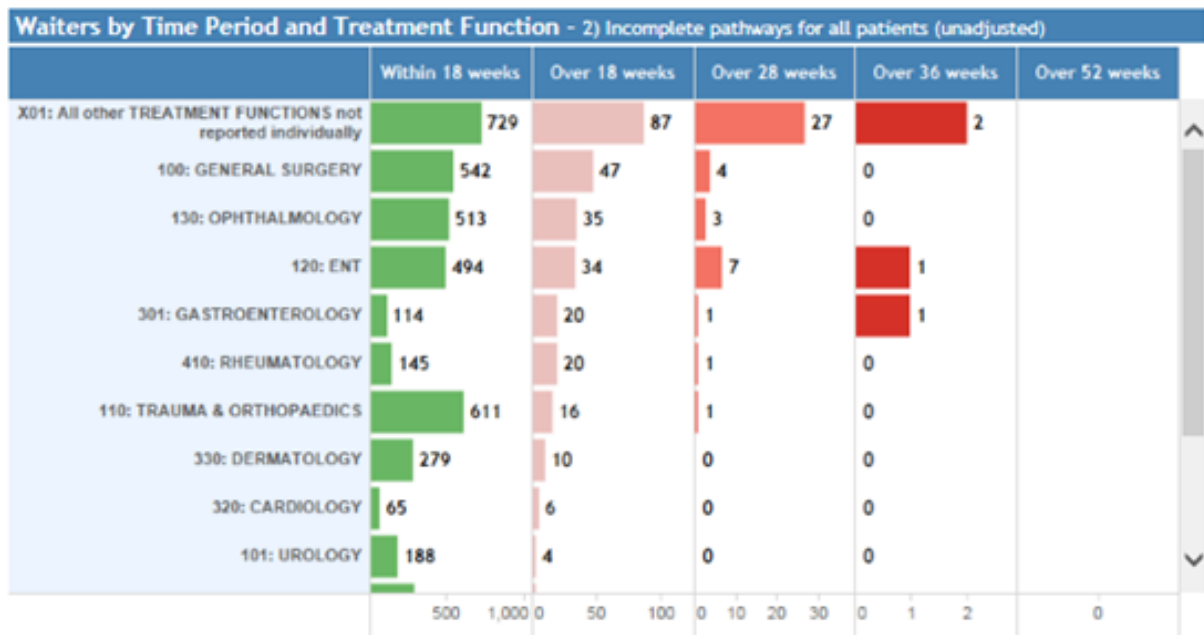
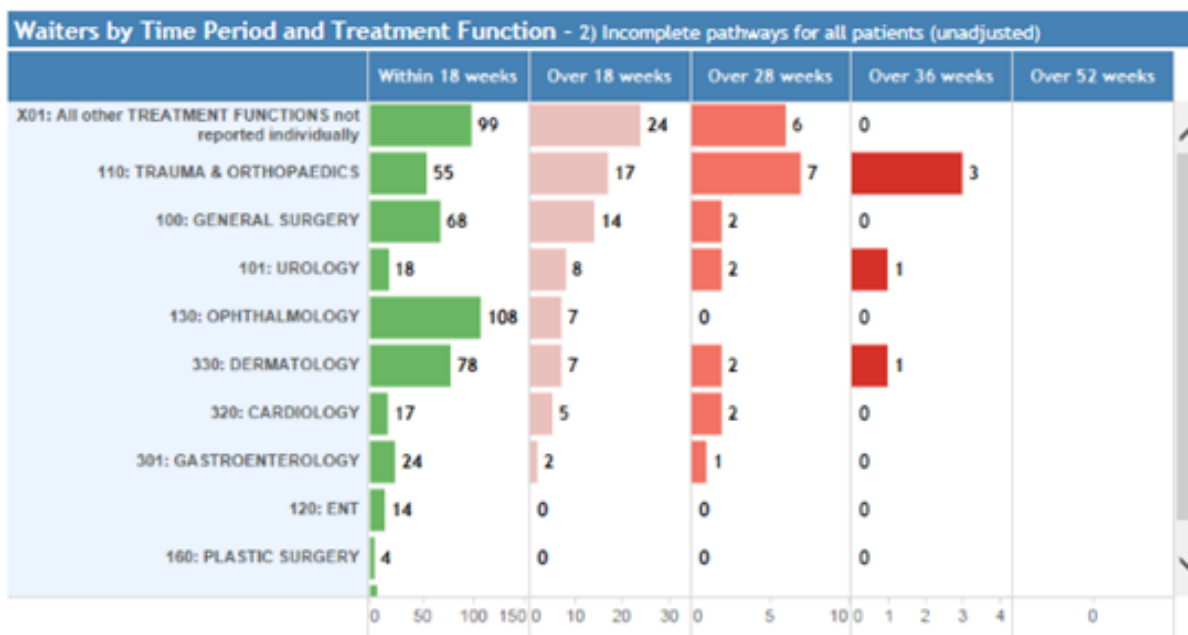


Figure 13 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Royal Liverpool & Broadgreen	Urology	44	Pathway Stopped	Capacity
Royal Liverpool & Broadgreen	T&O	40	11/09/2017	Long Wait on Waiting List
Alder Hey	All Other	41	Patient has been treated and removed from pathway	Community paed - capacity issues

Royal Liverpool & Broadgreen Hospital did not achieve the 92% incomplete Referral to Treatment (RTT) target for the month of July 2017, (86.40%). The issues remain the same as previously reported with regards to access to surgical beds. Services have been closed in other Trusts which is placing a higher demand on services in this Trust. Challenges remain the same in General Surgery, Trauma & Orthopaedics, Ophthalmology, Urology, Dermatology, Gastroenterology and challenges within the following specialties (Allergy, Paediatric Dentistry, Respiratory Medicine) are resulting in the 'Other' category failing the target.

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	17/18 - July	0	0	¹ ↓

Southport & Ormskirk had no cancelled operations in July (but 35 year to date, which was due to a problem with the Southport & Ormskirk Hospital's decontamination process, which has now resolved).

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	17/18 - July	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)	17/18 - July	93%	94.06%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	17/18 - July	93%	94.56%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	17/18 - July	93%	90.91%	↑
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)	17/18 - July	93%	N/A	↔

The CCG achieved the target of 93% in July for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms, with a performance of 95.13% but are failing year to date 90.91% mainly due to previous months breaches. In July there were a total of 65 patients and 3 patient breaches, these breaches were due to patient choice.

The CCG has scheduled a Protected Learning Time event with General Practice staff in November 2017. This session will include advice on how best to support and manage this group of patients and the importance of delivering timely and effective messages to patients about the timescale for appointments.

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)	17/18 - July	96%	98.63%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	17/18 - July	96%	99.17%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - July	94%	94.94%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	17/18 - July	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - July	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	17/18 - July	94%	90.91%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - July	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	17/18 - July	98%	100.00%	↔

Southport & Ormskirk achieved the 94% target in July for 31 day subsequent treatment recording 100%, but are failing year to date due to 1 breach in April.

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)	17/18 - July	85% (local target)	82.22%	↓
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)	17/18 - July	85% (local target)	89.68%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - July	90%	84.21%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	17/18 - July	90%	0 Patients	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - July	85%	82.22%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	17/18 - July	85%	80.87%	↓

The CCG failed the local target of 85% in July for first definitive treatment following a consultant’s decision to upgrade recording 70% and are now failing year to date 82.22%. In July there were 3 breaches out of a total of 10 patients. The 3 lung patient delays were due to referral between trusts, consultant upgrade trust Southport & Ormskirk, first treatment trust Clatterbridge, longest wait was 98 days.

The CCG failed the 90% target in July for 62 day wait from referral from an NHS screening service recording 75% and are also failing year to date recording 84.21%. In July there was 1 breach out of a total of 4 patients. This lower gastro patient had first appointment delayed 39 days due to cancellations and missed bowel prep (the patient was a prison inmate).

The CCG failed the 85% target for the 62 day standard in July recording 81.58% with 7 breaches out of 38, and year to date with 82.22%. The longest wait was 115 days this patient’s delay was due to referral between trusts day 101. All breaches of 104 days or more are subject to harm reviews.

Southport & Ormskirk failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in July with 77.91% and YTD with 80.87%. In July there were the equivalent of 9.5 breaches out of 43 patients seen in total.

Avoidable breaches were due to capacity in neck lump clinics, CT and MR capacity and reporting times and lack of oncology cover for MDTs.

NHS England's National Plan identifies particular Trusts with a small number of excess breaches (referred to as 'quick wins') and with numbers of avoidable breaches that should take quick actions to deliver the standard. The Trusts have weekly performance calls with NHS England. Action plans have been developed to achieve sustainable compliance on the 62 days standard by Quarter 2 17/18. Identified Trusts are as follows:








- Warrington and Halton Hospital NHS Trust
- Southport and Ormskirk NHS Hospitals Trust
- Aintree Hospital NHS Trust
- Liverpool Women's Hospital NHS Trust
- Clatterbridge Hospital NHS Trust

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Jul-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%	18.5%		96%	90%		2%	6%	
Q1 - Antenatal Care	N/A	-		96%	*	—	2%	*	—
Q2 - Birth	N/A	8.0%		96%	88%		1%	0%	—
Q3 - Postnatal Ward	N/A	-		94%	79%		2%	8%	
Q4 - Postnatal Community	N/A	-		98%	*	—	1%	*	—

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

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

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

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The Trust has seen an increase in response rates for inpatients over the past few months, from 11.1% in February to 18.5% in July. The percentage of patients that would recommend the inpatient service in the Trust has seen a decrease from 94% in June to 90% in July. Which is well below the England average of 96%. The percentage of people who would not recommend the inpatient service has increased to 6% in July from 2% in June and is therefore still greater than the England average of 2%.

For maternity services, the percentage of people who would recommend and not recommend the service, for those areas where data has been captured, are under the England average. (If an organisation has less than five respondents the data will be suppressed with an * to protect against the possible risk of disclosure).

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 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.

The CCG dashboard aims to monitor patient experience from all acute and community providers, this is up-dated quarterly and cited at EPEG.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 4 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-464k/-3.7%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £501k/4%.

At individual providers, Aintree (£130k/10%) and Wrightington, Wigan and Leigh (£118k/32%) are showing the largest over performance at month 4. This is offset by an under spend at a number of providers, notably Southport & Ormskirk (-£535/8%) and Renacres (-£116k/-9%).

Figure 14 - Planned Care - All Providers

PROVIDER NAME	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	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	6,000	6,605	605	10%	£1,295	£1,425	£130	10%	£-130	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	2,493	2,455	-38	-2%	£180	£170	£-10	-6%	£10	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	811	734	-77	-10%	£335	£341	£6	2%	£-6	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	883	705	-178	-20%	£203	£181	£-21	-11%	£21	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	5,319	5,140	-179	-3%	£982	£931	£-51	-5%	£51	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	841	747	-94	-11%	£252	£236	£-16	-6%	£16	£0	0.0%
ACTING AS ONE TOTAL	16,346	16,386	40	0%	£3,248	£3,284	£36	1%	£-36	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	79	115	36	46%	£15	£40	£25	169%	£0	£25	169%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	25	25	0%	£0	£2	£2	0%	£0	£2	#DIV/0!
FAIRFIELD HOSPITAL	38	3	-35	-92%	£6	£5	£-2	-24%	£0	£-2	-24%
ISIGHT (SOUTHPORT)	1,385	1,731	346	25%	£286	£303	£17	6%	£0	£17	6%
RENACRES HOSPITAL	4,828	4,094	-734	-15%	£1,291	£1,175	£-116	-9%	£0	£-116	-9%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	36,130	34,070	-2,060	-6%	£6,867	£6,331	£-535	-8%	£0	£-535	-8%
SPIRE LIVERPOOL HOSPITAL	126	132	6	5%	£30	£29	£0	-2%	£0	£0	-2%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,485	1,658	173	12%	£373	£365	£-8	-2%	£0	£-8	-2%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	140	130	-10	-7%	£41	£27	£-14	-35%	£0	£-14	-35%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	67	97	30	45%	£12	£20	£8	68%	£0	£8	68%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	48	48	0%	£0	£9	£9	0%	£0	£9	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	104	93	-11	-11%	£34	£30	£-5	-13%	£0	£-5	-13%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,025	1,335	310	30%	£363	£482	£118	32%	£0	£118	32%
ALL REMAINING PROVIDERS TOTAL	45,406	43,531	-1,875	-4%	£9,318	£8,818	£-501	-5%	£0	£-501	-5%
GRAND TOTAL	61,752	59,917	-1,835	-3%	£12,566	£12,102	£-464	-3.7%	£-36	£-501	-4.0%
*PbR only											

3.7.1 Planned Care Southport and Ormskirk NHS Trust

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

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	3,630	3,728	98	3%	£1,977	£1,877	£-100	-5%
Elective	518	470	-48	-9%	£1,324	£1,160	£-164	-12%
Elective Excess BedDays	122	88	-34	-28%	£29	£21	£-9	-30%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	497	203	-294	-59%	£84	£36	£-48	-57%
OPFASPCL - Outpatient first attendance single professional consultant led	4,454	3,899	-555	-12%	£771	£666	£-106	-14%
OPFUPMPC - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,256	524	-732	-58%	£95	£45	£-50	-53%
OPFUPSPCL - Outpatient follow up single professional consultant led	12,969	12,168	-801	-6%	£1,069	£994	£-75	-7%
Outpatient Procedure	8,976	9,512	536	6%	£1,199	£1,219	£20	2%
Unbundled Diagnostics	3,707	3,478	-229	-6%	£319	£315	£-4	-1%
Grand Total	36,130	34,070	-2,060	-6%	£6,867	£6,331	£-535	-8%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

The trend in planned care below contracted levels continues in month 4 with all areas, except for outpatient procedures, under performing. Low levels of referrals, focused in General Practice initiated activity, is the main contributing factor. Work is on going within the Information Sub Group meetings to understand the reduction noted in 2017/18.

A number of changes have affected referral patterns such as the introduction of Joint Health and RMS in the last financial year. The introduction of the cardiology pilot as well as increased activity at the CCGs dermatology community provider is also having an effect.

These are just a few reasons for the reduction but not the entire cause, which remains outstanding. The knock on effect the reduction in referrals to the Trust is having can be directly seen in activity levels across all areas of planned care.

The increase in outpatient procedures is due to the national changes in grouping of activity, which has shifted from attendances to procedures. This was anticipated but true levels of change could not be accurately predicted.

3.7.3 Aintree University Hospital NHS Trust

Figure 16 - Planned Care – Aintree University Hospital NHS Trust by POD

Aintree University 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	274	309	35	13%	£160	£220	£60	38%
Elective	141	121	-20	-14%	£321	£294	£-28	-9%
Elective Excess BedDays	36	74	38	105%	£9	£17	£8	93%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	48	25	-23	-47%	£10	£6	£-4	-44%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	87	55	-32	-37%	£4	£2	£-1	-39%
OPFASPCL - Outpatient first attendance single professional consultant led	958	1,006	48	5%	£166	£175	£9	5%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	54	40	-14	-26%	£5	£5	£0	-10%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	135	308	173	129%	£3	£7	£4	128%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,485	2,491	6	0%	£206	£201	£-5	-2%
Outpatient Procedure	878	1,133	255	29%	£129	£164	£35	27%
Unbundled Diagnostics	584	673	89	15%	£41	£56	£16	38%
Wet AMD	320	370	50	16%	£242	£279	£37	15%
Grand Total	6,000	6,605	605	10%	£1,295	£1,425	£130	10%

Aintree performance is showing a £130k/10% variance against plan with individual PODS varying between over and under performance. Day case activity is the highest over performing area with a variance of £60k/38% against plan. This over performance is principally within Breast Surgery (£20k), and Cardiology (£18k).

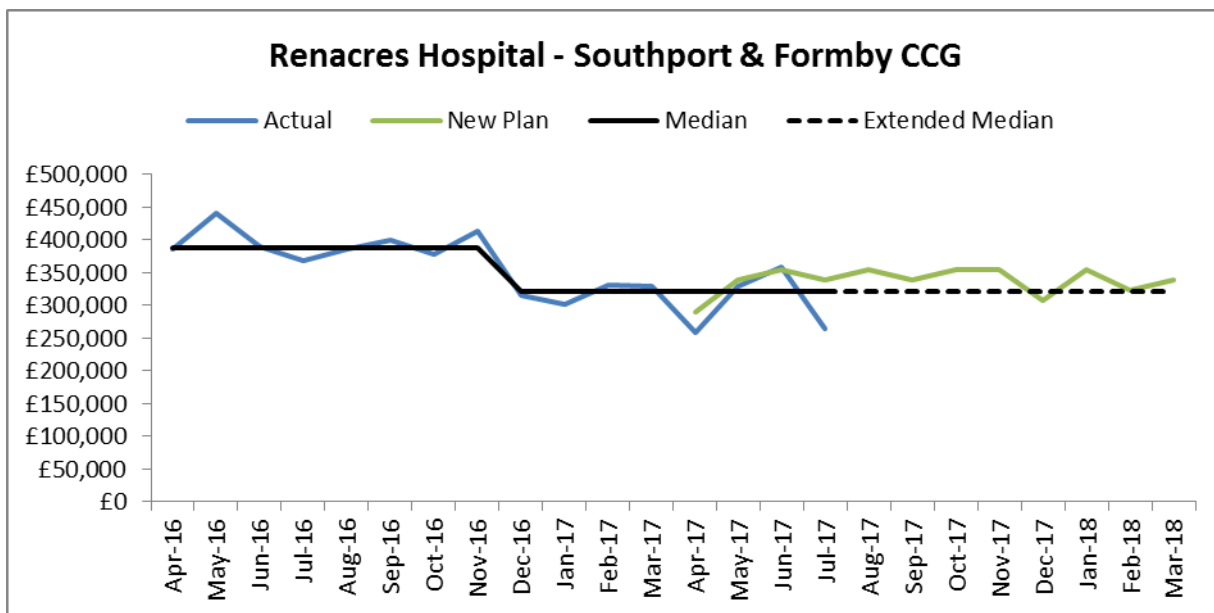
Despite the indicative overspend at Aintree, there is no financial impact of this to the CCG due to the Acting As One block contract arrangement.

3.7.4 Renacres Trust

Figure 17 – Planned Care – Renacres Hospital

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	541	450	-91	-17%	£539	£439	£-99	-18%
Elective	84	90	6	7%	£359	£390	£30	8%
OPFASPCL - Outpatient first attendance single professional consultant led	1,095	855	-240	-22%	£176	£142	£-34	-20%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,596	1,035	-561	-35%	£101	£68	£-32	-32%
Outpatient Procedure	392	793	401	102%	£58	£95	£36	62%
Physio	715	609	-106	-15%	£21	£18	£-3	-15%
Unbundled Diagnostics	405	262	-143	-35%	£37	£24	£-13	-35%
Grand Total	4,828	4,094	-734	-15%	£1,291	£1,175	£-116	-9%

Renacres performance is showing a -£116k/-9% variance against plan with the majority of PODS over performing at month 4. Daycase activity is the most significant underperforming area with a variance of £99k/18% against plan.



The planning profile for Renacres hospital was recently amended for 2017/18 based on working days rather than previous activity. The graph above shows that the new plans for each month of 2017/18 are more static, and more in line with expected levels of activity.

3.7.5 Wroughtington, Wigan and Leigh NHS Foundation Trust

Figure 18 – Planned Care - Wroughtington, Wigan and Leigh NHS Foundation Trust by POD

Wroughtington, Wigan And Leigh Nhs Foundation Trust 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
All other outpatients	7	11	4	56%	£1	£1	£0	58%
Daycase	58	71	13	23%	£77	£107	£30	40%
Elective	36	49	13	35%	£208	£267	£60	29%
Elective Excess BedDays	10	8	-2	-21%	£3	£2	-£1	-25%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	25	24	-1	-5%	£2	£2	£0	11%
OPFASPCL - Outpatient first attendance single professional consultant led	131	203	72	55%	£18	£29	£11	62%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	37	59	22	60%	£2	£3	£1	48%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	49	73	24	48%	£1	£2	£1	48%
OPFUPSCL - Outpatient follow up single professional consultant led	490	567	77	16%	£30	£35	£5	17%
Outpatient Procedure	89	136	47	52%	£12	£18	£6	48%
Unbundled Diagnostics	92	134	42	46%	£11	£16	£4	40%
Grand Total	1,025	1,335	310	30%	£363	£482	£118	32%

Wrightington, Wigan and Leigh performance is showing a £118k/32% variance against plan with the majority of PODS over performing at month 4. Elective activity is the highest over performing area followed by day cases, with a variance of £60k/29% and £30k/40% against plan respectively. This over performance in both PODs is principally within Trauma & Orthopaedics.

3.7.6 iSIGHT Southport

Figure 19 – Planned Care - iSIGHT Southport by POD

ISIGHT (SOUTHPORT) 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	317	385	68	21%	£199	£196	-£3	-2%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	4	1	-3	-73%	£1	£0	£0	-73%
OPFASPCL - Outpatient first attendance single professional consultant led	260	253	-7	-3%	£37	£36	-£1	-3%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	97	62	-35	-36%	£7	£4	-£2	-36%
OPFUPSPCL - Outpatient follow up single professional consultant led	628	712	84	13%	£34	£39	£5	13%
Outpatient Procedure	79	318	239	303%	£8	£27	£20	257%
Grand Total	1,385	1,731	346	25%	£286	£303	£17	6%

Isight performance is showing a £17k/6% variance against plan, which is clearly driven by an over performance within outpatient procedures. This POD is currently £20k/257% above plan at month 4 due to activity related to the HRG 'Contrast Fluoroscopy Procedures with duration of less than 20 minutes'.

3.8 Personal Health Budgets

Southport & Formby CCG – 2017/18 PHB Plans

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	56	14	60		64		68	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4		4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	60	14	64	0	68	0	72	0
4) GP registered population (total number per CCG)	124289	124289	124289	124289	124289	124289	124289	124289
Rate of PHBs per 100,000 GP registered population	48.27	11.26	51.49	0.00	54.71	0.00	57.93	0.00

Quarter 1 data above shows the CCG are below plan. The CCG is exploring the possibility of expanding the offer of PHB's for patients at the end of life and fast track across hospice services, community and hospital discharges. A critical aspect of the project will be confirmation for implementing alternative payment options other than SBS, e.g. local authority direct payment cards. CCG Finance are liaising across with Warrington CCG Finance team, to determine the process and consider transferability.

3.9 Smoking at Time of Delivery (SATOD)

Quarter 1 – 2017/18

	Southport & Formby		
	Actual	YTD	FOT
Number of maternities	239	239	956
Number of women known to be smokers at the time of delivery	22	22	88
Number of women known not to be smokers at the time of delivery	212	212	848
Number of women whose smoking status was not known at the time of delivery	5	5	20
Data coverage %	97.9%	97.9%	97.9%
Percentage of maternities where mother smoked	9.2%	9.2%	9.2%

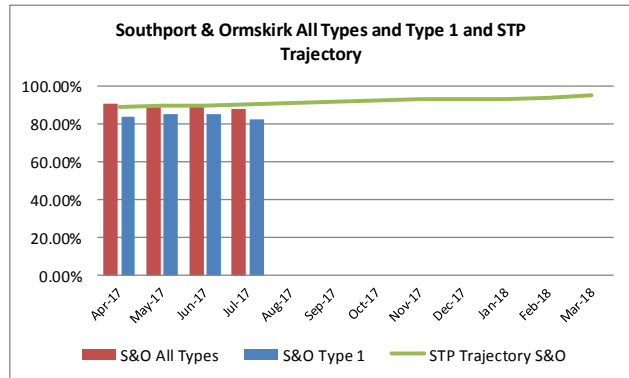
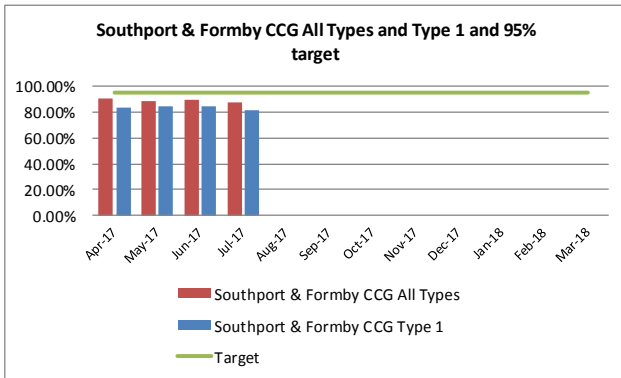
The CCG is above the data coverage plan of 95% at Q1 and also under the national ambition of 11% for the percentage of maternities where mother smoked, there is no national target for this measure.

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	17/18 - July	95.00%	89.33%	↔	Southport & Formby CCG failed the 95% target in July reaching 87.86% (YTD 89.33%). In July, 413 attendances out of 3402 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	17/18 - July	95.00%	83.49%	↓	Southport & Formby CCG failed the 95% target in July reaching 81.64% (YTD 83.49%). In July, 411 attendances out of 2238 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	17/18 - July	STF Trajectory Target for July 90.7%	89.80%	↔	Southport & Ormskirk have reported 88.27% in July below the STF target of 90.7% July plan (YTD 89.80%). In July 1183 attendances out of 10082 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	17/18 - July	95.00%	84.42%	↓	Southport & Ormskirk have failed the target in July reaching 82.48% (YTD 84.42%). In July 1176 attendances out of 6714 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	YTD
STP Trajectory S&O	89.00%	89.50%	90%	90.7%	%
S&O All Types	91.10%	89.40%	90.32%	88.27%	89.80%



Southport & Ormskirk Hospital have agreed revised quarterly Cheshire & Merseyside 5 Year Forward View (STP) trajectories for A&E with NHS Improvement. Monthly trajectory targets have been calculated by the Trust from the mid points from the quarterly targets agreed between the trust and NHS improvement. 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 July reached 88.27%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 90.7% for July, and year to date 89.80%. As reported last month, May saw the change in reporting following the community changes and the loss of some Walk In Centre activity previously attributed to the overall Trust performance. Of importance, performance for the Southport site against the 4-hour target was 73.7% compared to 66.7% in July 2016, indicating continued efforts to improve patient flow & patient experience. This improvement is against a back-drop of a 5.8% increase in overall ED attendances, a 7.3% increase within majors and a 6.3% increase in ambulance arrivals compared to the same month last year. The availability of the discharge lounge with capacity to support our patients (particularly frail elderly) continues to contribute to earlier release of beds. ED has had a successful recruitment drive with the appointment of 4 locum consultants for a period of 12 months - all 4 due to be in post by October. This, we expect, will provide some continuity and stability within ED as internal processes are reviewed, with greater emphasis on streaming to ambulatory pathways and increased senior decision making presence to support our patients.

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Southport & Ormskirk (cumulative)	17/18 - July	0	14	↑

Southport & Ormskirk had two 12 hour breaches in the month of July (year to date 14). One patient who was unstable presentation on arrival, was bedded overnight in A&E, had further fluctuations in their condition with input from medics and anaesthetists prior to an eventual transfer being made to HDU. The other patient was a surgical patient who was bedded in A&E overnight due to a lack of available beds, but her condition deteriorated, was transferred to resus, and eventually taken to theatre. An urgent care recovery plan has been drafted to include a number of domains including strategic bed management, full to capacity protocols, and consideration of appropriateness of bedding in ED.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	17/18 - July	75%	58.95%	↔	The CCG is under the 75% target in June reaching 60.42% and year to date 58.95%. In June 30 out of 50 calls were responded to within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	17/18 - July	75%	62.28%	↔	The CCG was under the 75% target in July reaching 61.55% and year to date 62.28%. In July 435 out of 707 calls were responded to within 8 mins.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	17/18 - July	95%	84.63%	↔	The CCG was under the 95% target in July reaching 84.97% and 84.63% year to date. In July 643 out of 757 calls were responded to within 19 mins.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	17/18 - July	75%	65.77%	↓	NWAS reported under the 75% target reaching 64.67% in July and 65.77% year to date.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	17/18 - July	75%	65.51%	↓	NWAS reported under the 75% target reaching 64.17% in July and 65.51% year to date.
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	17/18 - July	95%	90.43%	↓	NWAS reported under the 95% target reaching 89.80% in July and 90.43% year to date.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	17/18 - July	0	192	↑	The Trust recorded 192 handovers between 30 and 60 minutes, this is a decline on last month when 137 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	17/18 - July	0	131	↑	The Trust recorded 58 handovers over 60 minutes, this is an improvement on last month when 58 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.

NHS England has recently announced a new set of performance targets for the ambulance service, which will apply to all 999 calls from later this year. In future there will be four categories of call:

- Category one is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.
- Category two is for emergency calls. These will be responded to in an average time of 18 minutes.
- Category three is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least 9 out of 10 times within 120 minutes.
- Category four is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

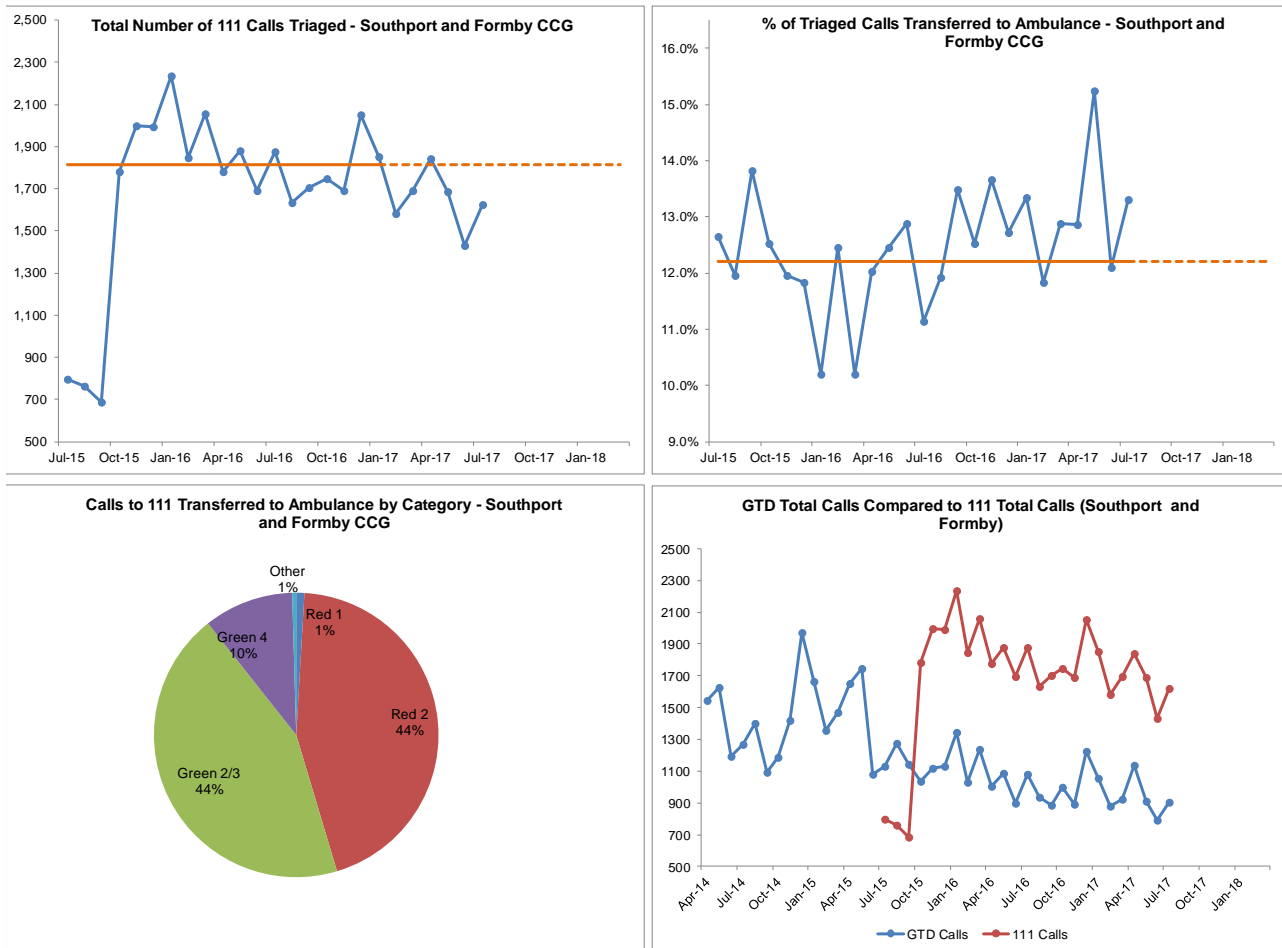
A coding exercise has been undertaken to map current activity into the new categories and this has resulted in a shift for certain dispositions (e.g. clinical evidence has determined that a category 2 response will be adequate for strokes). There may be some negative response to the new Category 2 as it now has an 18 minute mean response time instead of the former 8 minute response target. The major aim is to ensure that the correct vehicle with the correct skillset is dispatched.

Disappointingly, July saw an increase in the average notification to handover times (24:35 minutes). The department continues to experience pressures during periods of escalation with over occupancy

and severely limited space. There is currently a review of capacity to support handovers, taking into consideration an appropriate clinical area to support privacy and dignity.

4.3 NWSAS, 111 and Out of Hours

4.3.1 111 Calls



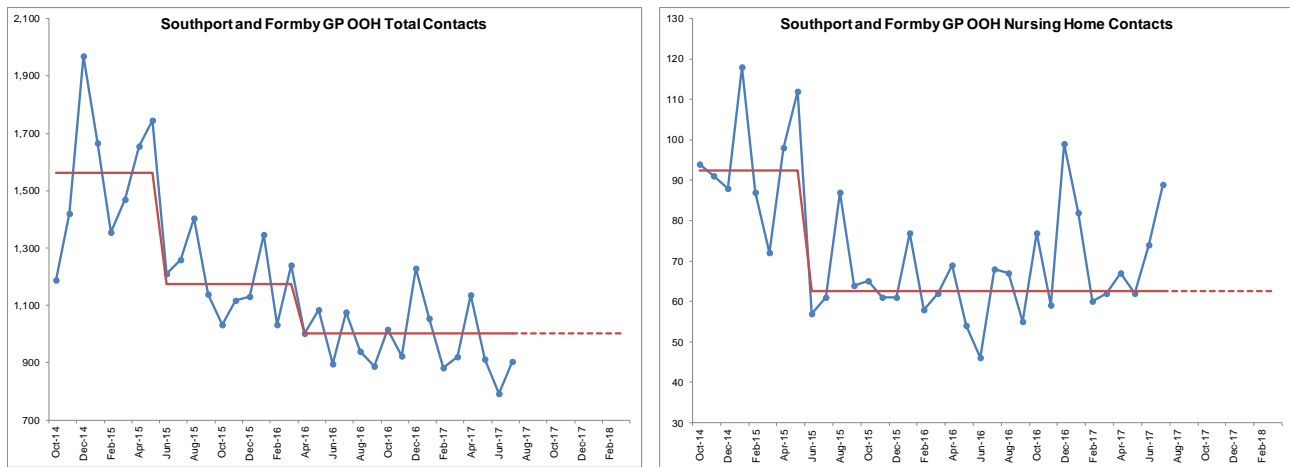
July 2017 saw an increase in the number of 111 calls made by Southport and Formby patients from 1,430 in June to 1,623 in July, an increase of 13.5%, however this remains within trend. There has been a reduction when compared to July 2016, from 1,877.

The breakdown for outcomes of 111 calls in July 2017 is as follows:

- 57% advised to attend primary and community care
- 17% closed with advice only
- 13% transferred to ambulance
- 10% advised to attend A&E
- 3% advised to other service.

Of those calls which resulted in an ambulance transfer, the majority of which were green calls (54%). This is a reduction on June where 59% were category green. The percentage of calls which were category Red has risen in the month from 41% in June to 45% in July. The majority of these were Red 2 calls.

4.3.2 GP Out of Hours Calls



The number of calls from Southport and Formby patients to the GP OOH service has risen in July 2017 to 905, an increase of 14.3%. This is in line with previous year’s reporting.

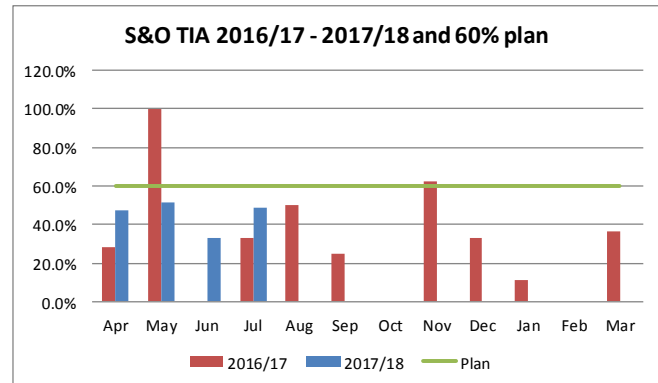
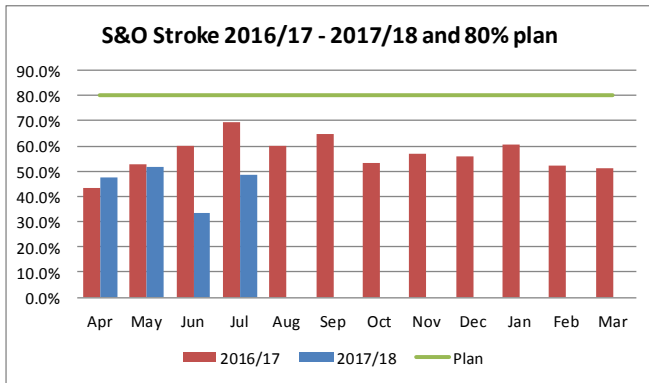
GP OOH calls from nursing homes within Southport and Formby have increased for the second consecutive month to 89, by 16.2%. Compared to the same point in the previous year, July 2017 has had 45.9% more calls.

South Sefton CCG, in collaboration with Go To Doc (GTD) and NWAS, has now gone live with their out of hours Clinical Assessment Service (CAS) in June 2017.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Stroke/TIA				
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	17/18 - July	80%	48.65%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	17/18 - July	60%	0.00%	↔



Southport & Ormskirk failed the stroke target in July recording 49.65% only 18 out of 37 patients spending 90% of their time on a stroke unit. This shows an increase in performance from June when the Trust reported 33.3%. Performance against this indicator remains a significant challenge. Until commissioning is agreed to support patient flow this will remain below the target. In terms of reconfiguration of stroke beds and Rehab Ward move to SDGH it is anticipated that there will be an improvement in next 2-3 months.

During July there were 5 TiA referrals, 4 of these were reportable for which they were 0% compliant. The key themes for reasons for breaches were: Patient not classed as high risk as they had had symptoms for more than 7 days & Clinic Capacity. To address the issue of clinic capacity an additional TiA clinic is in the process of being set-up every Monday, Tuesday and Thursday within AEC, this will allow for flexible capacity for urgent TiAs to be seen in a more timely manner.

4.4.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - July	0.00	1.20	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - July	0.00	3.30	↑

The CCG reported a Mixed Sex Accommodation rate of 1.2 which equates to a total of 5 breaches in July. All 5 breaches were at Southport & Ormskirk NHS Trust.

In July the Trust had 18 mixed sex accommodation breaches (a rate of 3.3) and have therefore breached the zero tolerance threshold. Of the 18 breaches 5 were for Southport & Formby CCG and 13 for West Lancashire CCG. Although there has been an increase in mixed sex breaches in July they all relate to delayed discharges from the Critical Care Unit to an acute bed. These occurrences have happened on 17 days out of the month. Work continues as part of the 'patient flow' project to review location and provision of beds across both sites and A Ward is being relocated from Ormskirk Hospital to Southport Hospital in September. There are further plans to ensure capacity meets demand.

4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - July	18	10	↓
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	17/18 - July	12	2	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - July	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	17/18 - July	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - July	47	50	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	17/18 - July	No Plan	74	↑

There were no new cases of Clostridium Difficile attributed to the CCG in July, 10 year to date. (3 apportioned to acute trust and 7 apportioned to community). For Southport & Ormskirk year to date the Trust has had 2 cases against a plan of 6 (no new cases in July), so is under plan.

There were no new cases of MRSA reported in July for the CCG or the Trust and therefore both are compliant.

There has been a target set for CCGs for E.coli for 2017/18 for Southport & Formby CCG this is 121, this is being monitored and now reported there have been a total of 50 cases April to July against a plan of 47 (11 cases in July). There are no targets for Trusts at present.

4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - July	100	117.39	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Dec-16	100	115.88	↑

HSMR is reported for February 2017 rolling 12 month figure of 117.39 (latest).

SHMI for December 16 was 115.88 (Expected deaths– 1,166; Observed deaths – 1,352). The transition of the Mortality Surveillance Group (MSG) to Mortality Assurance Clinical Improvement Committee (MACIC) has commenced. Birmingham University has been engaged with respect to Hospital Episode Statistics (HES) data. Buddy arrangements between the Trust and Wirral University Hospital have been established and regional NHSI/NHSE collaboration awaited.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 4.

There are 83 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 44 of these incidents apply to Southport & Formby CCG patients. 39 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 27 of these being Southport & Formby CCG patients.

In total there are 38 open serious incidents for Southport & Ormskirk Hospitals NHS Trust (S&O) with 26 being Southport and Formby CCG patients. 18 remain open for >100 days at the Trust, one relates to a pressure ulcer for WLCCG community services, which will be transferred over to Virgin Healthcare Ltd. Two incidents were reported in July (13 YTD) and zero Never Events, 7 were closed in month (20 YTD)

Lancashire Care NHS Foundation Trust (LCFT) reported 2 incidents in month. One incident is subject to police investigation, the other a pressure ulcer. The pressure ulcer action plan which transitioned across, has been reviewed which will be tabled at the CQPG for final sign and ongoing monitoring. Clarification has been sought, to support robust serious incident processes from NHS East Lancashire and South Cumbria and NHS E C&M.

Mersey Care NHS Foundation Trust – There are six open incidents on StEIS for Southport and Formby CCG patients. One incident has been reported in month (1 YTD), with zero Never Events. There are a number of concerns escalated to the Director Nursing, and to be tabled at the CQPG; compliance with duty of candour, Staffing issues relating to CIP in an SI report, and the number of suicides being reported.

4.6 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.

Please note the patient snapshot measure has been removed from the collection starting in April 2017. Since the snapshot only recorded the position on one day every month, it was considered unrepresentative of the true picture for DTOCs. NHS England are replacing this measure in some of the publication documents with a DTOC Beds figure, which is the delayed days figure divided by the number of days in the month. This should be a similar figure to the snapshot figure, but more representative. Removing the patient snapshot from the collection also reduces the burden on trusts, since NHS England can calculate a similar figure from the delayed days and number of days in the month.

Average Delayed Transfers of Care per Day - Southport and Ormskirk Hospital - April 2016 – July 2017

Reason For Delay	2016-17												2017-18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B) PUBLIC FUNDING	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	0	0	1	1	0	0	1	2	0	0	0
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0
DI1) AWAITING NURSING HOME PLACEMENT	1	0	0	0	1	0	1	0	1	0	0	0	0	0	1	1
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
F) COMMUNITY EQUIPMENT/ADAPTIONS	1	0	0	1	0	0	1	0	1	0	1	0	0	0	0	0
G) PATIENT OR FAMILY CHOICE	2	2	4	5	2	3	2	6	6	5	1	3	3	4	3	3
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	5	2	5	7	4	5	6	8	8	6	3	6	6	4	4	4

The average number of delays per day in Southport and Ormskirk hospital remains at 4 in July. Of the 4 delays 3 were due to patient or family choice.

Analysis of average delays in July 2017 compared to July 2016 shows them to be lower by 3.

Agency Responsible and Total Days Delayed - Southport and Ormskirk Hospital - April 2016 – July 2017

Agency Responsible	2016-17												2017-18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS - Days Delayed	142	70	141	210	115	134	184	235	233	171	93	200	198	137	158	107
Social Care - Days Delayed	0	0	0	0	6	19	6	4	0	5	0	0	0	0	0	0
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed caused by NHS was 107 in July, compared to 158 last month. Analysis of these in July 2017 compared to July 2016 shows a decrease from 115 to 107.

The total number of days delayed caused by social care and by both remain at zero.

Average Delayed Transfers of Care per Day - Merseycare - April 2016 – July 2017

Reason for Delay	2016-17												2017/18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
A) COMPLETION ASSESSMENT	3	5	7	9	7	8	8	8	9	7	6	6	8	4	6	6
B) PUBLIC FUNDING	5	2	3	6	5	3	2	3	4	4	7	12	8	6	5	3
C) WAITING FURTHER NHS NON-ACUTE CARE	3	6	3	9	6	5	12	12	15	18	12	14	9	6	7	6
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	3	2	5	4	2	1	2	3	2	1	2	3	1	0	3
DI1) AWAITING NURSING HOME PLACEMENT	3	5	5	9	9	10	9	7	5	3	3	2	4	4	4	7
E) AWAITING CARE PACKAGE IN OWN HOME	2	3	1	3	4	3	4	4	4	3	3	2	2	1	5	5
F) COMMUNITY EQUIPMENT/ADAPTIONS	1	2	2	1	0	0	0	0	0	0	0	0	0	0	0	1
G) PATIENT OR FAMILY CHOICE	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
H) DISPUTES	4	5	6	7	4	4	4	3	2	2	2	0	1	4	5	3
I) HOUSING	4	3	4	2	3	2	2	2	1	1	0	2	0	3	2	1
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	28	34	33	51	42	37	42	41	43	40	34	40	35	29	34	36

The average number of delays per day at Merseycare increased to 36 in July from 34 the previous month. Of the 34 delays 7 were due to awaiting nursing home placements, 6 completion of assessment, 6 waiting further NHS non-acute care, 3 disputes and 5 awaiting care package in own home.

Analysis of average delays in July 2017 compared to July 2016 shows them to be lower by 15.

Agency Responsible and Total Days Delayed - Merseycare - April 2016 – July 2017

Agency Responsible	2016-17												2017/18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356	343	351	243	367	574
Both - Days Delayed	153	144	227	350	391	379	230	180	186	160	179	303	285	197	217	149

The total number of days delayed caused by NHS was 403 in July, compared to 447 last month. Analysis of these in July 2017 compared to July 2016 shows a decrease from 566 to 403 (163). The total number of days delayed caused by Social Care was 574 in July, compared to 367 in June showing an increase of 207. Merseycare also have delays caused by both which was 149 in July a decline from the previous month of 68.

Average Delayed Transfers of Care per Day – Lancashire Care - April 2016 – July 2017

Reason for Delay	2016-17												2017/18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
B) PUBLIC FUNDING	2	2	1	1	1	0	1	2	2	3	2	2	2	3	4	4
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	1	0	0	0	0	0	1	1	1	1	0
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	1	0	0	0	1	1	2	1	1	1	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	3	4	3	3	3	9	13	10	8	6	4	4	4	4	4	3
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G) PATIENT OR FAMILY CHOICE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H) DISPUTES	0	0	0	0	0	0	0	1	1	1	2	2	2	2	3	3
I) HOUSING	10	7	5	4	4	5	2	3	8	7	5	4	5	6	5	3
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Grand Total	17	14	9	8	9	16	17	18	21	18	14	13	15	16	17	13

The average number of delays per day at Lancashire Care decreased to 13 in July from 17 the previous month. Of the 13 delays 4 were due to public funding, 3 awaiting nursing home placement, 3 housing and 3.

Analysis of average delays in July 2017 compared to July 2016 shows them to be higher by 5.

Agency Responsible and Total Days Delayed – Lancashire Care - April 2016 – July 2017

Agency Responsible	2016-17												2017/18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS - Days Delayed	374	316	225	144	185	198	91	182	345	318	240	260	212	214	199	133
Social Care - Days Delayed	117	126	55	82	31	70	93	62	25	62	42	43	133	146	159	170
Both - Days Delayed	21	0	7	20	76	210	357	286	248	184	111	108	120	111	143	113

The total number of days delayed caused by NHS was 133 in July, compared to 199 last month. Analysis of these in July 2017 compared to July 2016 shows a decrease from 144 to 133 (11). The total number of days delayed caused by Social Care was 170 in July, compared to 159 in June showing an increase of 11. Lancashire Care also have delays caused by both, which was 113 in July a decline from the previous month of 143.

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,

NWAS, local authorities, intermediate care providers, community care providers and NHSE to work collaboratively and restore patient flow.

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

The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity and also exploring changing these to discharge to assess beds.

Weekly meetings between the Trust and CCG to discuss medically fit for discharge patients have been arranged.

4.7 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: Jul-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%	1.8%	↗	86%	80%	↗	8%	11%	↘

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 and have decreased from 4.2% in June to 1.8% in July.

The Trust A&E department has seen an decrease in the percentage of people who would recommend the service from 86% in June to 80% in July. However, this is still lower than the England average of 86%. The percentage not recommending has increased from 10% in June to 11% in July again remains above the England average of 8%.

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 4 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £515k/4.7%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £591k/5.4%.

This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £621k/6% underspend.

Figure 20 - Month 4 Unplanned Care – All Providers

PROVIDER NAME	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	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	486	776	290	60%	£291	£472	£181	62%	£-181	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	297	310	13	4%	£121	£127	£6	5%	£-6	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	49	50	1	1%	£169	£139	£-30	-18%	£30	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	96	82	-14	-15%	£129	£137	£8	6%	£-8	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	547	394	-153	-28%	£275	£194	£-80	-29%	£80	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1	1	0	-26%	£13	£5	£-9	-65%	£9	£0	0.0%
ACTING AS ONE TOTAL	1,478	1,613	135	9%	£998	£1,074	£76	8%	£-76	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	29	30	1	2%	£10	£7	£-3	-27%	£0	£-3	-27%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	10	10	0%	£0	£4	£4	0%	£0	£4	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	19,288	19,432	144	1%	£9,792	£9,171	£-621	-6%	£0	£-621	-6%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	177	160	-17	-9%	£94	£69	£-25	-27%	£0	£-25	-27%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	16	12	-4	-25%	£3	£2	£0	-10%	£0	£0	-10%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	19	19	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	37	58	21	55%	£15	£23	£8	54%	£0	£8	54%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	28	41	13	47%	£16	£53	£37	240%	£0	£37	240%
ALL REMAINING PROVIDERS TOTAL	19,575	19,762	187	1%	£9,929	£9,338	£-591	-6%	£0	£-591	-6%
GRAND TOTAL	21,053	21,375	322	2%	£10,927	£10,412	£-515	-4.7%	£-76	£-591	-5.4%

*PbR

4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 21 - Month 4 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	12,647	12,818	171	1%	£1,734	£1,777	£43	2%
NEL/NELSD - Non Elective/Non Elective IP Same Day	3,853	3,521	-332	-9%	£6,479	£5,879	£-601	-9%
NELNE - Non Elective Non-Emergency	349	513	164	47%	£816	£746	£-70	-9%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	36	6	-30	-83%	£12	£2	£-10	-82%
NELST - Non Elective Short Stay	403	372	-31	-8%	£278	£256	£-22	-8%
NELXBD - Non Elective Excess Bed Day	2,001	2,202	201	10%	£473	£511	£39	8%
Grand Total	19,288	19,432	144	1%	£9,792	£9,171	£-621	-6%

4.8.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Overall, unplanned care continues to under-perform against contractual plans by approx. £621k/-6%. The main driver behind the low levels relates to Non-Elective admissions with a 9% reduction in activity and £601k/-9% reduction in spend.

The two main specialties driving the underperformance in Non-Elective admissions are General Medicine and Geriatric Medicine, combined they are just under £400k under plan. Overall only five specialties are over planned values but they only calculate to a total of just under £6k.

Although A&E activity has increased conversion rates to admissions remain static, one reason for this could be the increased capacity and thus increased activity in the Ambulatory Care Pathway. This is counteracting the under-performance in urgent care by over performing by £355k.

Work is on-going looking into the under-performance in urgent care and the increases in ACU.

4.9 Aintree and University Hospital NHS Trust

Figure 22 - Month 4 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	286	424	138	48%	£38	£57	£19	48%
NEL - <i>Non Elective</i>	118	197	79	67%	£208	£332	£124	59%
NELNE - <i>Non Elective Non-Emergency</i>	7	10	3	47%	£20	£39	£19	93%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	0	75	75	#DIV/0!	£0	£19	£19	#DIV/0!
NELST - <i>Non Elective Short Stay</i>	15	18	3	21%	£10	£13	£3	30%
NELXBD - <i>Non Elective Excess Bed Day</i>	60	52	-8	-13%	£14	£12	-£2	-13%
Grand Total	486	776	290	60%	£291	£472	£181	62%

4.9.1 Aintree University Hospital NHS Trust Key Issues

Although over performance is evident across the majority of PODs at Aintree, overall Urgent Care over spend of £181k is mainly driven by a £124k/59% over performance in Non Elective costs. The main specialty over performance is Nephrology (£35k), Acute Medicine (£32k) and Rheumatology (£24k).

Despite this indicative overspend, there is no financial impact of this to the CCG due to the Acting As One block contract arrangement.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 23 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Caseload as at 31/07/2017	2017/18 Plan	Variance from Plan	Variance on 31/07/2016
1 Common Mental Health Problems (Low Severity)	2	-	2	1
2 Common Mental Health Problems (Low Severity with greater need)	6	5	1	1
3 Non-Psychotic (Moderate Severity)	70	88	- 18	41
4 Non-Psychotic (Severe)	213	209	4	17
5 Non-psychotic Disorders (Very Severe)	39	40	- 1	5
6 Non-Psychotic Disorder of Over-Valued Ideas	24	28	- 4	2
7 Enduring Non-Psychotic Disorders (High Disability)	139	128	11	13
8 Non-Psychotic Chaotic and Challenging Disorders	74	77	- 3	4
10 First Episode Psychosis	67	73	- 6	5
11 On-going Recurrent Psychosis (Low Symptoms)	201	260	- 59	62
12 On-going or Recurrent Psychosis (High Disability)	245	182	63	65
13 On-going or Recurrent Psychosis (High Symptom & Disability)	102	97	5	7
14 Psychotic Crisis	16	18	- 2	2
15 Severe Psychotic Depression	4	4	- -	1
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	17	13	4	3
17 Psychosis and Affective Disorder – Difficult to Engage	23	28	- 5	2
18 Cognitive Impairment (Low Need)	199	216	- 17	34
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	514	692	- 178	220
20 Cognitive Impairment or Dementia Complicated (High Need)	361	266	95	127
21 Cognitive Impairment or Dementia (High Physical or Engagement)	118	67	51	55
Cluser 99	243	167	76	111
Total	2,677	2,658	19	38

5.1.1 Key Mental Health Performance Indicators

Figure 24 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-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%		
Rolling Quarter				100%	100%		

Figure 25 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-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%	No Patients	100%		
Rolling Quarter				100%	100%		

Figure 26 - Figure 16 EIP 2 week waits

		Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NR_08	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	100%	100%	50%	100%		
Rolling Quarter					88%	100%		

5.1.2 Mental Health Contract Quality Overview

From April 2017 Liverpool CCG became the lead commissioner for the Mersey Care NHS Trust Foundation contract and as such joint contract and quality monitoring arrangements have been put in place to provide oversight and scrutiny to the contract.

The Trust, in response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings is considering options and the possibility of establishing a 24/7 Single Point of Access to its secondary care services and crisis care enabling a responsive access point for urgent requests for help, a one-stop integrated referral point based on a multi-disciplinary team model. The proposal requires Merseycare board level approval and if given, workstreams involving the commissioners will be established within a robust project plan with clear milestones for delivery.

The Trust is actively recruiting to staff as part of its successful CORE 24 bid for hospital liaison psychiatry across the three acute sites on the North Mersey local delivery system footprint. Clinical commissioners will be involved in the ongoing development of the model of delivery including the development of performance metrics. The CORE 24 service will be officially launched on 29th September 2017.

The Trust was issued with a Performance Notice on 11th May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17. This had previously been raised via CRM and CQPG meetings. The Trust has provided a remedial action plan against which progress will be monitored via CQPG. Good progress has been reported against the remedial action plan however the performance notice will remain open until the CCG Safeguarding Team is assured that all concerns have been addressed.

The Adult ADHD service provided by the Trust is operating at overcapacity and this is impacting on new patients accessing the service. Current activity is currently 297 patients against a commissioned cap of 180 with a waiting list of 300 with waiting times reported to be 12 months. From January 2017 new patient slots reduced from 3 to 2 per week but the Trust are now writing to referring GPs in Sefton stating that they are unable to accept new referrals however the service has confirmed that new patients are being taken onto the caseload but only when existing patients caseload are discharged, this is resulting in lengthier waiting times for diagnosis and medication based treatment. The service receives on average 4 new referrals per week.

The situation is exacerbated by the lack of an agreed shared care protocol, which would enable prescribing to be initiated by Adult ADHD specialist in secondary care and continued in primary care with regular review being provided by secondary care. Medicines management have confirmed that following discussions with the Local Medical Committee (LMC) a GP has been identified who will work with the medicines management team to draft a shared care protocol covering young people and adults. The proposed arrangement would be outside Pan Mersey Area Prescribing Committee (APC)

agreements and would only apply for registered patients within the two Sefton CCGs. However, the CCG would share any agreed framework with Pan Mersey APC as the current APC shared care agreement has not been ratified by a number of CCGs.




The Trust has also raised concerns around the caseload sizes of memory patients and what they perceive to be a lack of agreement from primary care to enable to these patients to be discharged from secondary care to enable subsequent reviews are undertaken in a primary care setting. The commissioners' view is that the memory pathway is wholly commissioned from within the Trust and that there could be an opportunity to utilise community physical health resources to enable reviews to be undertaken within the physical health offer. Feedback is awaited from the Trust if this opportunity can be explored further to mutual satisfaction.

In response to GP patient communication the Trust has undertaken a review of Review current clinical correspondence backlogs and has undertaken an organisational exercise to implement a new medical transcription service to improve productivity and related communication KPIs which will take effect on 1st October 2017.

Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: Jul-17

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.5%	2.0%		89%	85%		4%	4%	

Merseycare are under the England average for recommended for Friends and Family recording 85% this is down from June when they recorded 89%. They are recording the same as the England average for not recommended in July (4%).

5.2 Improving Access to Psychological Therapies

Figure 27 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Southport & Formby IAPT KPIs Summary

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	201	196	179	168	162	151	201	188	140	217	182	243
	2017/18	166	188	220	227								
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	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%
	2017/18	0.87%	0.98%	1.15%	1.19%								
Recovery % ACTUAL - 50% target	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%
	2017/18	49.0%	44.5%	49.2%	58.3%								
ACTUAL % 6 weeks waits - 75% target	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%
	2017/18	97.2%	98.3%	100.0%	99.4%								
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2017/18	99.1%	100.0%	100.0%	99.4%								
National definition of those who have completed treatment (KPI5)	2016/17	95	85	78	99	83	93	79	115	86	101	98	95
	2017/18	107	118	125	153								
National definition of those who have entered Below Caseness (KPI6b)	2016/17	7	8	6	9	8	6	3	8	12	8	8	7
	2017/18	7	8	1	9								
National definition of those who have moved to recovery (KPI6)	2016/17	39	47	35	40	44	39	29	41	41	44	46	42
	2017/18	49	49	61	84								
Referral opt in rate (%)	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%
	2017/18	87.2%	92.0%	87.4%	88.5%								

Cheshire & Wirral Partnership reported 227 Southport & Formby patients entering treatment in Month 4. This is a slight (3.2%) increase from the previous month when 220 patients entered treatment. 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 16.8% for 2017/18 year end, which equates to 1.4% each month.

Referrals decreased slightly in Month 4 by 8.4% with 262 compared to 286 in Month 3. 67.56% of these were self-referrals, which is an increase from 64.34% in Month 3. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals remained stable at 42 Month 4. 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 58.3% (from 49.2%). This exceeds the minimum standard of 50%.

Cancelled appointments by the provider saw a decrease from 54 in Month 3 to 39 in Month 4. 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 decreased slightly from 105 in Month 3 to 101 in Month 2. 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.

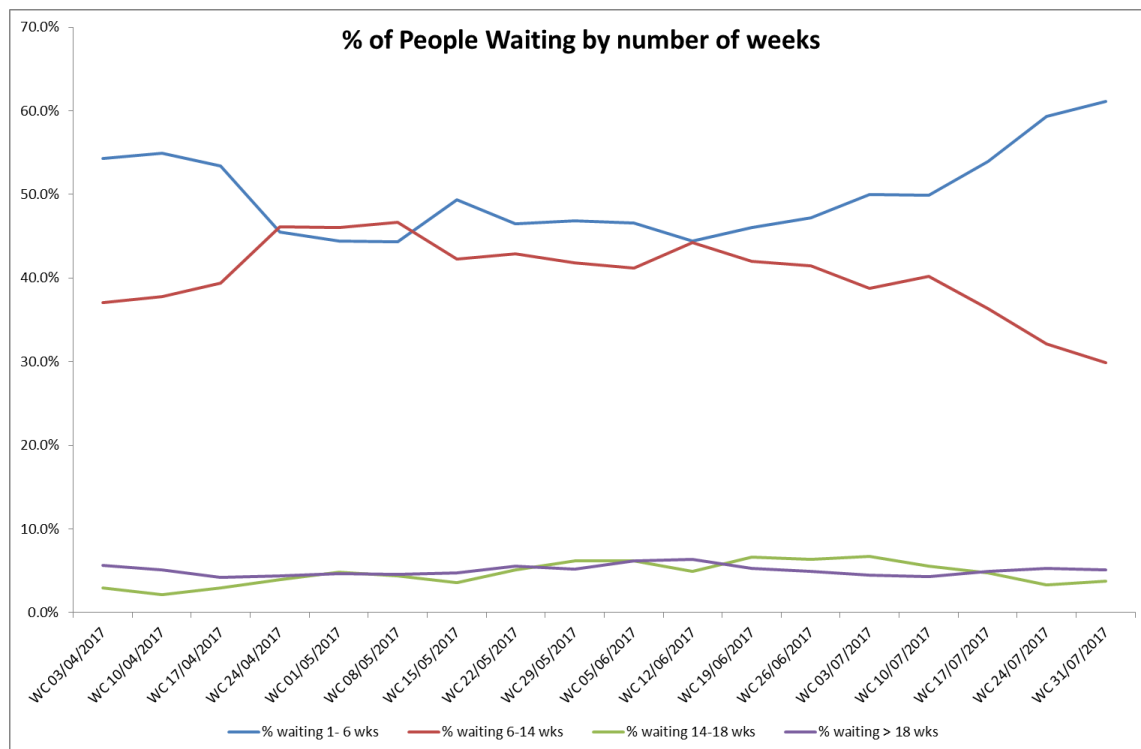
In Month 4 99.4% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 99.4% of patients have therefore also waited less than 18 weeks (against a standard of 95%).

The provider has confirmed that in response to primary care queries they are working to develop a prioritisation tool.

From the point of referral, the provider is able to routinely offer an appointment to clients within five days. Subsequent appointment times are dependent on the agreed appropriate clinical intervention and the client's own personal preference and internal waits continue to be monitored weekly.

The provider has recently recruited a qualified practitioner to work with the less severe presentations and are currently in the process of shortlisting for a full-time qualified CBT therapist. In addition, they have developed group interventions for anxiety and depression and the feedback from clients suggest that these are being well received.

NHS Southport & Formby CCG – Access Sefton % Internal waiters 03/04/2017 – 31/07/2017



The chart above illustrates internal waits activity for April to July 2017 over the 18-week reporting period. The percentage of people waiting 6 to 14 weeks for a second appointment has seen a downward trend in July as the percentage of those waiting just 1 to 6 weeks saw an increase.

Access Sefton have confirmed that there is no prioritisation for particular cohorts of patients being referred, but that a triage/initial assessment system is in place to ensure that referrals are directed to the appropriate IAPT practitioners for treatment.

5.3 Dementia

	Apr-17	May-17	Jun-17	Jul-17
People Diagnosed with Dementia (Age 65+)	1515	1525	1519	1518
Estimated Prevalence (Age 65+)	2145	2152.2	2156.1	2160.6
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.6%	70.9%	70.5%	70.3%
Target	66.7%	66.7%	66.7%	66.7%

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 HSCIC website shows that Southport & Formby CCG are recording a dementia diagnosis rate in July 2017 of 70.3%, which exceeds the national dementia diagnosis ambition of 66.7%.

5.4 Improve Access to Children & Young People’s Mental Health Services (CYPMH)

NHS Southport & Formby CCG – Improve Access Rate to CYPMH 17/18 Plans (30% Target)

E.H.9	16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	2017/18 Total
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	140	140	35	35	35	35	140
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	400	400	100	125	155	185	565
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	-	-	-	-	1,877
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	21.3%	21.3%	-	-	-	-	30.1%

An update will be provided on a quarterly basis, with quarter one anticipated to be released by NHS Digital 11th October. NHS Digital’s publication schedule reports quarterly data 2 months behind quarter end.

5.5 Waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services

Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	2	2		2		2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	0	2		2		2	
%	100.00%	0.00%	100.00%		100.00%		100.00%	

Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	1	2		2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	1	2		2		2	
%	100.00%	100.00%	100.00%		100.00%		100.00%	

In quarter 1, the CCG had 1 patient under the Urgent referral category, and this patient was seen within 1 week so performance against the 1 week target was 100% against 95% target. Under the Routine category, 3 patients were referred. Of the three, two have been seen (known as ‘complete’ pathways*), with one at 4-5 weeks and one at 7-8 weeks and one is still incomplete at quarter end (waiting 1-2 weeks).

*The performance in this category is calculated against completed pathways only, so performance is 0% against the 95% standard.

6. Community Health

6.1 Lancashire Care Trust Community Services

The community contract for Southport & Formby CCG patients transferred over to Lancashire Care Foundation Trust on 1st May. The Trust has a 6 month SLA in place with Southport & Ormskirk for data to be shared to allow Lancashire Care to meet their reporting requirements with the CCG. Lancashire Care is having internal discussions around their reporting options going forward; to either extend the SLA or use the clinical system EMIS themselves. However, they plan to migrate over to a different clinical system, RiO, in 2018.

An information sub group has been established and the Trust shared their first report with the CCG at the first meeting on 7th August. The Trust updated the CCG on their approach towards validating the information, on a service by service basis. This involves spending time with the teams to ensure the information is being recorded correctly on EMIS going forward, as well as validating historic data such as long waiters on waiting lists etc.

The Trust’s performance manager has been visiting the teams and working with the staff to validate the data, service by service.

- Continence – the Trust has commented on how hard staff have worked during this validation process, and is now confident with the quality of data being reported from the service. A full validation of the waiting lists has been undertaken which has seen a drop in waiting times. The




Trust plans to undertake an audit in this service in the next few months to ensure staff members are still recording information correctly on the system.

- Treatment Rooms – the Trust is in the process of validating this service with the teams. They are assessing clinic utilisation to ensure staff are recording patient contacts correctly, e.g. if a patient requires an hour (the equivalent of 4 15-min slots) this should go on the system as 1 contact and not 4.
- District Nursing – the Trust is in the process of validating this service with the teams. They have completed validation of the caseload for this service.

Friends and Family Response Rates and Scores

Lancashire Care NHS Foundation Trust

Latest Month: Jul-17

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	4.0%	1.2%		96%	98%		1%	1%	

Lancashire Care are over the England average for recommended for Friends and Family recording 98% this is up from June when they recorded 96%. They are recording the same as the England average for not recommended in July (1%).

6.1.2 Quality

The CCG Quality Team holds regular planning meetings with Lancashire Care to discuss Quality Schedule KPIs, Compliance Measures, Safeguarding and CQUIN development. A quality handover document was developed with colleagues NHSE in June 2017; this highlighted areas requiring enhanced surveillance during the transition. This was also shared with Lancashire Care Colleagues and forms the basis of the 17/18 work programme for the CQPG. Any focus areas highlighted in the QRP (Quality Risk Profile) and the Southport & Ormskirk CQC Inspection Action Plan (Community Services) has been incorporated into the handover document.

There is a planned review of all KPIs included in Service Specifications in the first six months for both new contracts (Mersey Care Community and Lancashire Care). This work will include both provider and CCG BI Teams. KPIs focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience will be prioritised. Any new local KPIs identified will be varied into the contract. A Work Plan has been developed and shared with Trusts.

6.1.3 Any Qualified Provider – Southport & Ormskirk Hospital

Adult Hearing

At month 4 2017/18 YTD the costs were £80,205, compared to £160,568 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 450 in 16/17 to 318 in 17/18.

MSK

At month 4 2017/18 YTD the costs were just £468, compared to £30,127 at the same time last year. Activity has decreased significantly from 199 initial contacts and 204 follow-ups in 16/17 M4 YTD to just 3 initial contacts and 20 follow-ups in 17/18 M3 YTD

6.2 Percentage of children waiting more than 18 weeks for a wheelchair

Southport & Formby CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 Plans (92% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	15	6	15		15		15	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	16	6	16		16		16	
%	93.75%	100.00%	93.75%		93.75%		93.75%	

CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19. Southport and Formby plans are based on historic activity.

Quarter 1 shows 100% against the target of 93.75%.

6.3 Children's Community Audiology Service

An interim solution has been put in place for children and young people experiencing longer than expected waits for appointments with the paediatric community audiology service at Southport Centre for Health and Wellbeing. This small and specialist service was provided by Bridgewater Community Healthcare NHS Foundation Trust until April 2017 when the organisation gave the CCG notice to cease. Since then, the CCG has been working hard to reinstate the service and is currently in discussions with Alder Hey Children's NHS Foundation Trust about taking on the running of this service but arrangements like this take time to finalise. Also, some work is needed to bring the existing audiology equipment at Houghton Street up to technical standards, which will also take some time to complete.

Until the new provider is in place, the CCG has secured an interim agreement with Southport & Ormskirk Hospital NHS Trust to ensure the 100 young patients waiting for an appointment can be appropriately reviewed and treated without further delay. Parents and carers who have previously contacted Patient Advice and Liaison Service (PALS) about delays to their child's appointment have been contacted with progress, telling them of the CCG's progress to secure a long term provider and about interim arrangements.

7. Third Sector Contracts

All NHS Standard Contracts and Grant Agreements for 2017-18 have now been signed by all providers and CCGs. Commissioners and Contracting have met with and are working with providers to review service specifications and information reporting in line with local requirement and CCG Five Year Forward Plans. All providers have confirmed that front line services will continue to be delivered without disruption as per contracts. In the main funding reductions are being met by reductions to senior management posts across the sector, although some services have had to reduce activity as a result. Referrals to most services have increased during Q1 compared to the same period last year and the complexity of service user issues is increasing. The introduction of Universal Credit and changes to eligibility for benefits/supported living accommodation is due to change in October. This appears to be causing increased anxiety amongst service users, the process is long drawn and is increasing the workload for some of our providers in particular advocacy services, CAB, CHART & Netherton

Feelgood Factory. Activity and waiting lists will continue to be monitored and feedback to Sefton CCGs on a quarterly basis.

A presentation was delivered to both CCG Governing Body Development Workshops during August aiming to improve the understanding of those present in regard to services provided, value and benefits of these services within our community and the complexity and vulnerability of those community groups who rely heavily on these services. Further work is to be undertaken to demonstrate how these services link in with our statutory/Acute mental health organisations and will be presented again during October to the Senior Leadership Team.

A further piece of work is also underway to promote “30 Days of Sefton in Mind”, from the 10th September (World Suicide Prevention Day) through until 10th October (World Mental Health Day) Sefton MBC want to run 30 stories regarding mental health in Sefton. We are currently collating case studies and service outcomes with our providers to help raise awareness and demonstrate how valuable these services are to our community.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Southport & Formby CCG - Extended Access at GP services 2017/18 Plans

E.D.14	Months 1-6	Months 7-12
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of ‘Full extended access’ are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of ‘Full extended access’ are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%

This indicator is based on the percentage of practices within a CCG, which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in the CCG are offering all three elements and there are no plans to do so at this stage.

The CCG are using 2017/18 to understand access and current workforce / skill mix including practice vacancies in order to produce a comprehensive workforce plan to develop a sustainable general practice model, which is attractive to work in. Current initiatives through GPFV are being explored. A Primary Care Workforce plan will be developed in conjunction with other organisations including Mersey Deanery and Health Education England.

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. There have been no recent inspections other than Family Surgery in August which was reported last month.

Figure 28 – 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	24 July 2017	Good	Good	Good	Good	Good	Good	
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good	
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good	
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good	
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good	
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	10 August 2017	Good	Good	Good	Good	Good	Good	

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

9. Better Care Fund

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas submitted an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents on 11th September 2017. Earlier in July local areas were required to confirm draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding. The DTC trajectory submitted is in line with the NHS England expectations that both South Sefton and Southport & Formby CCGs will maintain their current rates of delays per day, and this trajectory is adequately phased across the months from July 2017 – March 2018.

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 framework draws together in one place almost 60 indicators including 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. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities (updated results for the last three of these will not be reported until later in the year). The framework is then used alongside other information to determine CCG ratings for the entire financial year.

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 the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

Publication of quarter 4 data was released the middle of July, and on 21st July the annual CCG ratings for 2016/17 were released. Overall, the assessment for NHS South Sefton CCG of 'requires improvement' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

Areas cited in the assessment as strengths or good practice include the following:

- The CCG's performance was at or above the level required for the majority of NHS Constitution standards
- The CCG has a good control environment in place, with significant assurance received on all internal audits including quality, stakeholder engagement and financial management
- The CCG has proper arrangements in all significant respects to ensure it delivered value for money in its use of resources
- The CCG's openness in relation to its financial challenges is recognised, as is the strong oversight provided by the governing body and committee structure

- The CCG took a constructive approach to the planning and contracting round, and signed all its main contracts ahead of the 23 December 2016 deadline
- The strong leadership role taken to date by the CCG within the sustainability and transformation planning (STP) process, in particular the contribution of the accountable officer to local delivery system work

Some of the areas of continued challenge and development cited by NHS England can be seen below:

- As the CCG predicted, its financial position deteriorated substantially during 2016 – 2017, for a number of reasons and its 2017 - 2018 financial plans are subject to significant risks
- Whilst NHS England recognised the good work carried out by the CCG across the wider urgent care system, it noted performance in this area remains to be a significant challenge. Efforts should continue with system partners to reduce delayed transfers of care and implement discharge to assess, trust assessor and primary care streaming initiatives
- Action should be taken with providers to improve cancer 62 day waits from urgent GP referral to first definitive treatment, along with access and recovery rates for Improving Access to Psychological Therapies, known as IAPT services
- Whilst the CCG's contribution to the STP is noted, NHS England states that there now needs to be increased focus on outputs and outcomes building on the Next Steps of the NHS Five Year Forward View

10.2 Q4 Improvement & Assessment Framework Dashboard

Better Health							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 101a	n/d Maternal smoking at delivery 16-17 Q3	10.7%	↓ 2/11	101/209		R 121a	n/a High quality care - acute 16-17 Q4	58	↑ 9/11	101/209			
R 102a	n/d % 10-11 classified overweight 12/13 to 14/15	33.5%	↓ 8/11	110/209		R 121b	n/a High quality care - primary care 16-17 Q4	61	○ 10/11	182/209			
R 103a	n/d Patients who achieved NICE t 2015-16	43.2%	↓ 1/11	23/209		R 121c	n/a High quality care - adult soci: 16-17 Q4	59	○ 8/11	143/209			
R 103b	n/d Attendance of structured educ 2014	2.2%	↓ 9/11	149/209		R 122a	n/d Cancers diagnosed at early st 2015	52.7%	↑ 7/11	87/209			
R 104a	n/d Injuries from falls in people 16-17 Q3	2,249	↓ 8/11	159/209		R 122b	n/d Cancer 62 days of referral to 16-17 Q4	76.9%	↓ 7/11	156/209			
R 105a	n/a Utilisation of the NHS e-referr 2017 03	44.4%	↑ 9/11			R 122c	✓ One-year survival from all ca 2014	71.7%	↑ 2/11	32/209			
R 105b	n/a Personal health budgets 16-17 Q4	14	↓ 5/11	84/209		R 122d	n/d Cancer patient experience 2015	8.7	○ 9/11	74/209			
R 105c	n/a % of deaths in hospital 16-17 Q2	41.4%	↑ 10/11	186/209		R 123a	n/d IAPT recovery rate 2017 01	47.0%	↓ 9/11	145/209			
R 105d	n/d LTC feeling supported 2016 03	62.2%	↓ 10/11	151/209		R 123b	n/d EIP 2 week referral 2017 03	53.8%	↓ 9/11	202/209			
R 106a	n/d Inequality Chronic - ACS 16-17 Q3	906	↑ 8/11	111/209		R 123c	n/a MH - CYP mental health 16-17 Q4	40%	↔ 9/11	146/209			
R 106b	✗ Inequality - UCS 16-17 Q3	2,557	↑ 11/11	182/209		R 123d	n/a MH - Crisis care and liaison 16-17 Q4	47.5%	↔ 11/11	191/209			
R 107a	✗ AMR: appropriate prescribing 2017 02	1.14	↓ 8/11	136/209		R 123e	n/a MH - OAP 16-17 Q4	75.0%	↓ 11/11	158/209			
R 107b	✗ AMR: Broad spectrum prescri 2017 02	7.9%	↑ 5/11	65/209		R 124a	✗ LD - reliance on specialist IP 16-17 Q4	70	↑ 5/11	146/209			
R 108a	n/a Quality of life of carers 2016 03	0.76	↓ 11/11	200/209		R 124b	n/d LD - annual health check 2015-16	25.1%	○ 11/11	190/209			
Sustainability							R 125a	n/d Neonatal mortality and stillb 2015	7.0	↓ 8/11	119/209		
R 141a	n/a Financial plan 2016	Red	○ 9/11	141/209		R 125b	n/a Experience of maternity servi 2015	71.2	○ 11/11	207/209			
R 141b	n/a In-year financial performanc 16-17 Q4	Red	↔ 10/11	141/209		R 125c	n/a Choices in maternity services 2015	60.5	○ 9/11	191/209			
R 142a	n/a Improvement area: Outcomes 16-17 Q3	50.0%	↔ 8/11	165/209		R 126a	n/a Dementia diagnosis rate 2017 03	71.0%	↑ 5/11	77/209			
R 142b	n/a Improvement area: Expenditu 16-17 Q3	50.0%	↑ 9/11	163/209		R 126b	n/d Dementia post diagnostic sup 2015-16	75.5%	↓ 8/11	183/209			
R 143a	n/a New models of care 16-17 Q4	N	○			R 127a	n/a Delivery of an integrated urge 2017 01	5	↑ 5/11	65/209			
R 144a	n/a Local digital roadmap in plac 16-17 Q4	Y	○			R 127b	n/d Emergency admissions for UC 16-17 Q3	2,584	↓ 9/11	135/209			
R 144b	n/a Digital interactions 16-17 Q4	70.8%	○ 5/11	48/209		R 127c	✗ A&E admission, transfer, dis 2017 03	88.2%	↑ 6/11	122/209			
R 145a	n/a SEP in place 2016-17	Y	○			R 127e	n/d Delayed transfers of care per 2017 03	14.1	↑ 8/11	115/209			
Well Led							R 127f	n/d Hospital bed use following er 16-17 Q3	511.4	↑ 5/11	120/209		
R 161a	n/a STP 2016-17	Green	○ 1/11	1/209		R 128a	n/d Management of LTCs 16-17 Q3	850	↑ 6/11	88/209			
R 162a	n/a Probity and corporate govern 16-17 Q4	Fully Compliant	↔ 1/11	1/209		R 128b	n/d Patient experience of GP servi 2016 03	90.4%	↑ 2/11	11/209			
R 163a	n/a Staff engagement index 2016	3.68	↓ 10/11	197/209		R 128c	n/a Primary care access 2017 03	0.0%	↔ 5/11	115/209			
R 163b	n/a Progress against WRES 2016	0.08	○ 3/11	33/209		R 128d	n/d Primary care workforce 2016 09	0.87	↓ 10/11	164/209			
R 164a	n/a Working relationship effectiv 16-17	69.95	↑ 9/11	86/209		R 129a	✓ 18 week RTT 2017 03	94.1%	↑ 6/11	25/209			
R 165a	n/a Quality of CCG leadership 16-17 Q4	Amber	↔ 4/11	108/209		R 130a	n/a 7 DS - achievement of standa 2016-17	0.0%	○ 1/11				
Key							R 131a	n/a People eligible for standard 16-17 Q3	60.2	↓ 7/11	48/209		
Worst quartile in England		Best quartile in England											
Interquartile range													

10.1 Clinical Priority Areas

Dementia		Cancer		Mental Health					
126a	Dementia diagnosis rate	72.5%	↑	123a	IAPT recovery rate	51.8%	↑		
	71.0%	7.4%	↓	47.0%	15.4%	↓			
126b	Dementia post diagnostic support	76.7%	↑	123b	EIP 2 week referral	62.5%	↑		
	75.5%	1.2%	↓	53.8%	8.7%	↓			
122a	Cancers diagnosed at early stage	52.7%	↑	123c	MH - CYP mental health	40.0%	↑	No calculation possible due to lack of z-scores	
	47.8%	↑	40.0%	5.0%	↔	16-17 Q1	16-17 Q4		
	76.9%	15.5%	↓	47.5%	5.0%	↑	No calculation possible due to lack of z-scores		
	76.9%	↓	42.5%	↔	16-17 Q1	16-17 Q4			
122b	Cancer 62 days of referral to treatment	92.4%	↑	123d	MH - Crisis care and liaison	47.5%	↑	No calculation possible due to lack of z-scores	
76.9%	↓	13-14 Q1	16-17 Q4	42.5%	↔	16-17 Q1	16-17 Q4		
122c	One-year survival from all cancers	71.7%	↑	123e	MH - OAP	87.5%	↑	No calculation possible due to lack of z-scores	
71.7%	13.0%	1999	2014	75.0%	12.5%	↓	75.0%	16-17 Q1	16-17 Q4
122d	Cancer patient experience	8.7	↑						
8.7	0.0%	2015							

11. NHS England Monthly Activity Monitoring

CCGs were required to submit two year (2017-19) activity plans to NHS England in December 2016. NHSE monitor actual activity against these planned activity levels, however NHSE use a different data source than CCGs to monitor the actual activity against plan. The variance between the plan and the NHS England generated actuals have highlighted significant variances for our CCGs. CCGs are required to submit the table below on a monthly basis providing exception commentary for any variances +/- 3%. The main variances are due to the data source used by NHSE; this assigns national activity data to CCGs by a different method. The end column of the table below describes the CCG calculated variances from plan and any actions being taken to address over/under performance, which is of concern.

Southport & Formby CCG's Month 4 Submission

July 2017 Month 04	Month 04 Plan	Month 04 Actual	Month 04 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	3056	2329	-23.8%	A number of changes have affected referral figures at the CCGs main acute provider. A shift in coding of Physio referrals from GP to Other in latter part of 2016/17 appears to show a variance in both measures. This is approx. a drop in GP referrals by 245 a month and a corresponding increase in 'other'. A change in recording ECG referrals in the Trust caused a spike in referral activity for Clinical Physiology from 'Other' referrals but did not impact on contracted activity levels. GP referrals have decreased due to a number of schemes, Joint Health, RMS, Cardiology Pilot, however further work is being completed on this as other specialties are affected. Increases in C2C referrals are being investigated in the Information meeting with the CCGs main provider.
Other	1714	1970	14.9%	
Total (in month)	4770	4299	-9.9%	
Variance against Plan YTD	17562	17860	1.7%	
Year on Year YTD Growth			0.1%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	4010	3547	-11.5%	Outpatient activity is below plan both YTD and in month due to the drop in referrals flowing to the Trust, with the focus on GP referred activity. As with the comments for referrals above a number of schemes have had an affect on the levels of activity at the CCGs main provider as well as at other local Trusts. Joint Health, RMS and Cardiology services have dropped levels of outpatient activity within T&O, Dermatology, and Cardiology. Other specialties will be affected also within RMS. The drop in first attendances will also affect the numbers of follow up activity seen. Further work is being undertaken to understand the reasons for the drop in both referrals and thus activity. The two main providers affected are S&O Trust as well as Renacres ISTC. Please note Liverpool Women's Trust have not submitted SUS data for July, this is approx. 50 first and 130 follow up attendances missing. Please can you check the data you receive is also missing this activity.
Follow Up	8558	8021	-6.3%	
Total Outpatient attendances (in month)	12568	11568	-8.0%	
Variance against Plan YTD	47371	45349	-4.3%	
Year on Year YTD Growth			-6.0%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				
Elective Ordinary spells				
Total Elective spells (in month)	1898	1664	-12.3%	Elective and Day Case figures have dropped due to lower levels of GP referred activity flowing. Planned levels for July are at it's peak for the year while a drop in Day Case activity is causing a larger variance. Activity for July is in line statistically for the previous months, while YTD activity remains slightly lower due to cancellations in procedures in April and May which have previously been reported.
Variance against Plan YTD	7326	6478	-11.6%	
Year on Year YTD Growth			-6.4%	
Urgent & Emergency Care				
Type 1	-	3700	-	Local monitoring shows YTD variance against plan at 1% with a less than 1% variance in month. Type 1 activity is reporting a 2.7% increase from last year.
Year on Year YTD			2.6%	
All types (in month)	3946	4169	5.7%	
Variance against Plan YTD	15046	15906	5.7%	
Year on Year YTD Growth			4.0%	
Total Non Elective spells (in month)	1423	1161	-18.4%	The drop in activity against plan and previous years levels is focused at the CCGs main Acute Provider Southport Trust. Planned levels are in line with the period planning was enacted. Since then activity has dropped due to pathway changes at the Trust and increased usage of the Ambulatory Care Unit (ACU). During this period ACU increased opening times furthering the impact on NEL admissions.
Variance against Plan YTD	5479	4897	-10.6%	
Year on Year YTD Growth			-7.4%	

Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2017-18



Metric	Reporting Level	2017-18												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	R	G	G									G
	Actual	94.305%	92.00%	94.423%	95.132%										94.06%
	Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	G									R
	Actual	91.304%	90.41%	85.106%	95.385%										90.909%
	Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G									G
	Actual	100.00%	97.368%	97.059%	100.00%										98.625%
	Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G									G
	Actual	100.00%	100.00%	100.00%	100.00%										100.00%
	Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G									G
	Actual	100.00%	100.00%	100.00%	100.00%										100.00%
	Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	R									G
	Actual	95.238%	95.833%	94.737%	93.333%										94.937%
	Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	G	R	R	R														R	
		Actual	86.667%	84.848%	76.471%	82.051%															82.353%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	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	R	G	R														R	
		Actual	100.00%	71.429%	100.00%	75.00%															84.21%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	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	R	R	R	R														R	
		Actual	70.08%	65.92%	62.53%	64.67%															65.766%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R	R	R															R
		Actual	61.82%	58.54%	54.30%	60.42%															58.953%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R														R	
		Actual	68.94%	64.43%	64.68%	64.17%															65.514%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R	R	R															R
		Actual	64.61%	60.49%	62.90%	61.55%															62.28%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R														R	
		Actual	92.54%	90.08%	89.39%	89.80%															90.432%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	Southport And Formby CCG	RAG	R	R	R	R															R
		Actual	86.30%	86.13%	80.70%	84.97%															84.632%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	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
		Actual	100.00%											100.00%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%				

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G												G	
		Actual	100.00%	100.00%	50.00%	100.00%													90.909%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	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	G	G	G													R	
		Actual	70.63%	70.86%	70.45%	70.26%														
		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%	66.70%	66.70%	66.70%	66.70%	66.70%

Children and Young People with Eating Disorders

2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	G																G
		Actual	100%																100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%									
2097: The number of incomplete pathways (routine) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	Southport And Formby CCG	RAG	R																R
		Actual	1																1
		Target	1	1	1	1	1	1	1	1									
2098: The number of incomplete pathways (urgent) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	Southport And Formby CCG	RAG	G																G
		Actual	0																-
		Target	1	1	1	1	1	1	1	1									

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R														R		
		Actual	3	3	3	5															14	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	G															R	
		Actual	0.87	0.82	0.77	0.00																14.00
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	
		Actual	94.327%	93.628%	93.878%	93.575%																93.855%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G															G	
		Actual	0	0	0	0																0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	R	R	R	R															R	
		Actual	3.805%	5.409%	2.877%	2.335%																3.639%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

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

Wheelchairs

2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G																		G	
		Actual	100.00%																			100.00%
		Target	92.00%						92.00%			92.00%				92.00%						92.00%

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												G	
		YTD	0	0	0	0													-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G												G	
		YTD	6	9	10	10													10
		Target	6	9	13	18	20	24	27	29	29	29	32	38	20				

Accident & Emergency

1213: 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	
		Actual	90.852%	88.768%	89.682%	87.86%													89.087%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R												R	
		Status	P	P	P	P													-
		Actual	91.097%	89.396%	90.319%	88.266%													
Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	G	R												R	
		Actual	3	9	0	2													14
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0