

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report June 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 3 (note: time periods of data are different for each source).

## CCG Key Performance Indicators

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

## Key information from this report

### Financial position

The 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. The plan is at final review stage and will be managed by the QIPP Committee. As at Month 4, £1.343m QIPP savings have been achieved.

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

A significant decrease in referrals occurred in April 2017 followed by an increase in May 2017 and June 2017. GP referrals in 2017/18 to date are 23.2% down on the equivalent period in the previous year. Consultant to consultant referrals are currently 37% higher than in the first quarter of 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. The latest data (June) for E-referral Utilisation rates reported is 42%; a 2% increase from the previous month.

The CCG failed the less than 1% target for Diagnostics in June recording 2.87%, out of 1912 patients 55 waited over 6 weeks and 12 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (23). Although failing, this is an improvement on May when 5.41% was recorded.

The CCG failed the less than 1% target for Diagnostics in June recording 2.87%, out of 1912 patients 55 waited over 6 weeks and 12 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (23). Although failing this is an improvement on May 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 June the Trust failed the diagnostic monitoring standard reporting 1.89% of patients waiting in excess of 6 weeks, an improvement on May when they recorded 5.9%.

Southport & Ormskirk Trust had 12 cancelled operations (where the operation was cancelled for non clinical reasons and another date was not offered within 28 days) in June, now a total of 35 year to date.

The CCG has not achieved the target of 93% for 2-week cancer wait for first outpatient appointment for patients referred urgently with breast symptoms in June with a performance of 85.1% and year to date 89.16%. Out of 47 patients, 7 breaches were reported. The CCG also failed the target of 90% year to date for 62-day screening year to date due to previous months breaches, recording 86.67%. Lastly, they are also failing the 62 day standard reaching 76.47% in June and 82.47% year to date having 8 breaches out of a total of 34 patients.

Southport & Ormskirk achieved the target of 94% in June 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 76.12% in June and year to date 82.08%.

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 14.7% in June. The percentage of patients that would recommend the inpatient service in the Trust has also seen an increase from 91% in February to 94% in June. However this is still below the England average of 96%. The percentage of people who would not recommend the inpatient service has remained at 2% in May and is therefore still greater than the England average of 1%.

Performance at Month 3 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-229k/-2.5%. 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 £269k/3%.

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 June reached 90.3%, which is just above the Cheshire & Merseyside 5 Year Forward View (STP) plan of 90%.

There have been no 12 hour breaches at the trust in June, year to date there have been 12 (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.

June 2017 saw a reduction in the number of 111 calls made by Southport and Formby patients to 1,430 from 1,687 in May, a reduction of 15.2%. There has also been a reduction when compared to June 2016, from 1,693 or 15.5%.

The number of calls from Southport and Formby patients to the GP OOH service has reduced in June 2017 to 792, a reduction of 13.3% since May. When compared to the same point in the previous year, June 2017 had 11.6% fewer calls to the GP OOH service. GP OOH calls from nursing homes within Southport and Formby have increased by 12 calls, 19.4%, from May. However, as with total calls, this remains within trend.

Southport & Ormskirk failed the stroke target in June recording 33.33 only 8 out of 24 patients spending 90% of their time on a stroke unit. This is a decrease in performance from May when the Trust reported 51.6%. Performance against this indicator remains a significant challenge. In June: 47 referrals and 34 admissions therefore 13 patients discharged as fast track which impacts on % on a dedicated stroke ward. There were also 7 outliers as complex social and unwell patients in Stroke Unit beds.

During June 2017, there were 9 TiA referrals, 2 of these were reportable for which we were 0% compliant. The reasons for breaches were patient DNA'd initial appointment (which was made for within 24 hours) and patient not classed as high risk as they had had symptoms for more than 12 months.

The CCG reported a Mixed Sex Accommodation rate of 0.7 which equates to a total of 3 breaches in June. All 3 breaches were at Southport & Ormskirk NHS Trust. Southport & Ormskirk had 8 mixed sex accommodation breaches (a rate of 1.4) and have also breached the zero tolerance threshold. Of the 8 breaches 3 were for Southport & Formby CCG, 4 for West Lancashire CCG and 1 for Greater Preston CCG.

There was 1 new case of Clostridium Difficile attributed to the CCG in June, 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 June), 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 June 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 39 cases April to June against a plan of 31.

There are 94 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 48 of these incidents apply to Southport & Formby CCG patients. 46 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 29 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 increased to 5 during June 2017 from 4 reported in May. Of the 5 delays 3 were due to patient or family choice. Analysis of average delays in June 2017 compared to June 2016 shows them to be the same (5). In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the system the Commissioning lead for Urgent Care participates in a weekly meeting to review all patients who are medical fit for discharge and are delayed. This is in conjunction with acute trust, community providers and Local Authority.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates for Friends and Family but rates have increased to 4.2% in June from 1.1% in April. The Trust A&E department has seen an increase in the percentage of people who would recommend the service from 83% in May to 86% in June. However, this is still lower than the England average of 87%. The percentage not recommending has increased from 9% in May to 10% in June again remains above the England average of 7%.

Performance at Month 3 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £179k/2%. 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 £327k/4%. This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £357k/5% underspend.

## **Mental Health**

All CPA measures are achieving their targets for June 2017.

In terms of Improving Access to Psychological Therapies (IAPT), whilst the access target has been missed, but the provider reported more Southport & Formby patients entering treatment in month 3. 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 increased in Month 3 by 33.8% with 285 compared to 213 in Month 2. 64.6% of these were self-referrals which is a decrease from 73.7% in Month 2. Marketing



work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals increased in Month 3 with 42 reported compared to 31 in Month 2. Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

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 June of 70.5%, 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) and 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 anticipated for Septembers report.

### **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.

### **Better Care Fund**

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas must complete an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents by 11th September 2017. By 21st 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.

### **CCG Improvement & Assessment Framework**

A dashboard is released each quarter by NHS jEngland 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 was released in July and is included in this report.

## 2. Financial Position

### 2.1 Summary

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 (adjusted in accordance with the RAG rating methodology approved and recommended by the Finance and Resources Committee) 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 recovery 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 Independent Sector, Programme Projects and Reserves budgets covering the following areas:

- Over performance on the contract with iSight (mainly for ARMD services)
- 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

The cost pressures are supported by a forecast underspend on the Acute Commissioning budget relating to underperformance on the contract with Southport & Ormskirk NHS Trust.

QIPP savings anticipated for the first four months of the financial year have not been delivered in full, therefore at this stage; the CCG is below its financial plan. This position is expected to improve as efficiencies generated through the QIPP programme begin to take effect. Another QIPP week is taking place late August to address the QIPP challenges within the organisation.

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	✓

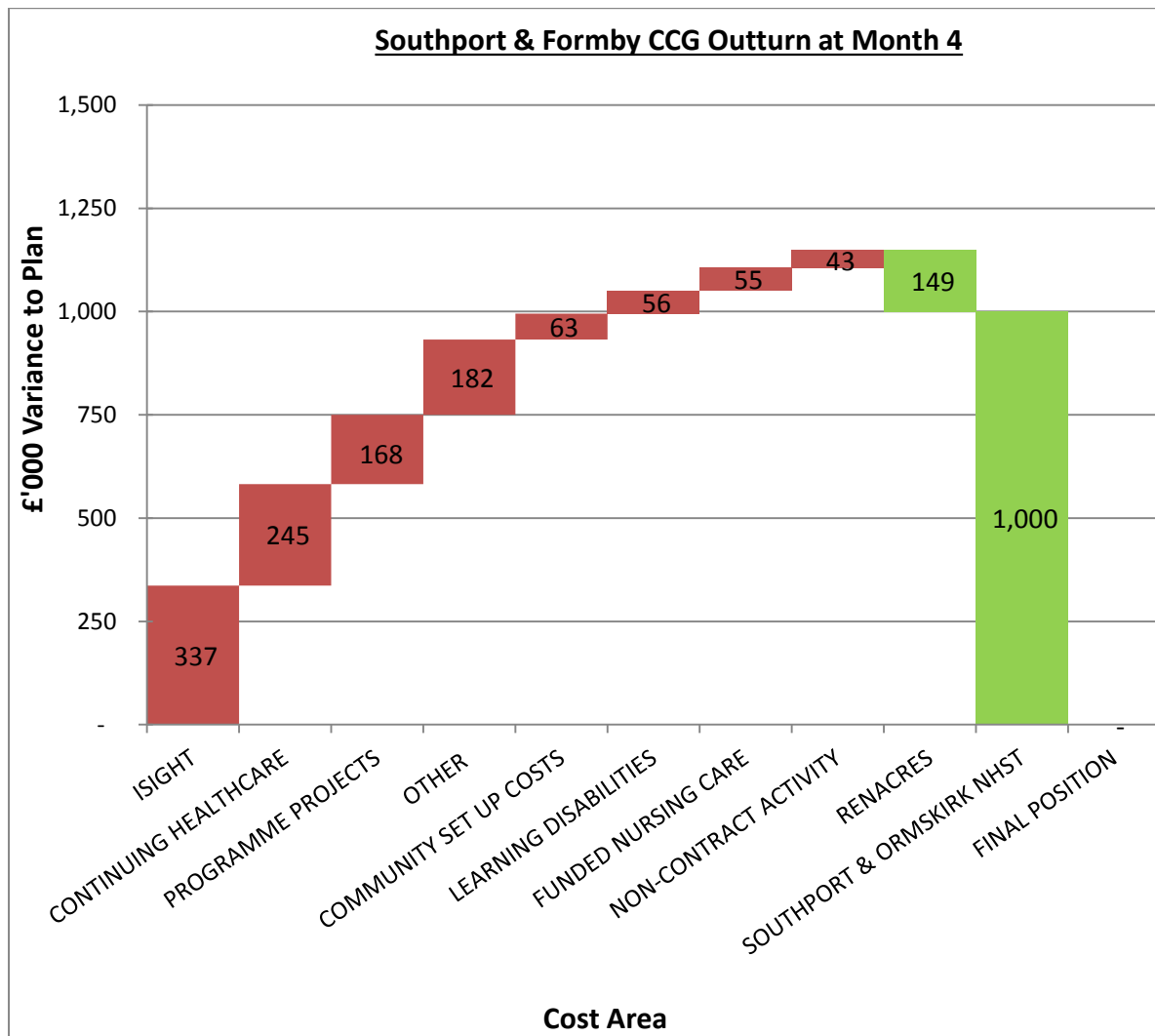
Key Performance Indicator		This Month
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	<b>£1.343m</b>
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	<b>99.86%</b>
	NHS - Volume YTD > 95%	<b>94.87%</b>
	Non NHS - Value YTD > 95%	<b>98.19%</b>
	Non NHS - Volume YTD > 95%	<b>96.07%</b>

- 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 25<sup>th</sup> 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 £1.343m to date; this is £0.287m behind the planned delivery at Month 4.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.040m 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 the Independent Sector, Programme Projects and Continuing Health Care packages
- The forecast overspend relates to the following areas:
  - Overperformance on the contract with iSight (mainly for ARMD service)
  - Cost pressures for Continuing Healthcare packages
  - Costs for referral management and prior approval services
  - Set up costs for Community Services
  - Learning Disability high cost packages
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk Hospital.

## 2.3 Provider Expenditure Analysis – Acting as One

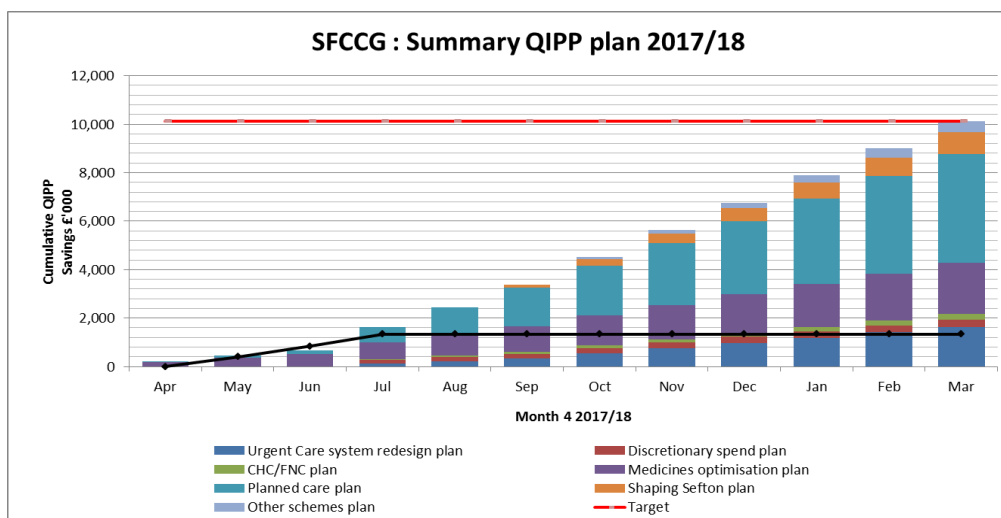
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	<b>£0.333</b>
Alder Hey Children’s Hospital NHS Foundation Trust	<b>£0.002</b>
Liverpool Women’s NHS Foundation Trust	<b>£0.008</b>
Liverpool Heart & Chest NHS Foundation Trust	<b>-£0.038</b>
Royal Liverpool and Broadgreen NHS Trust	<b>-£0.118</b>
Mersey Care NHS Foundation Trust	<b>£0.000</b>
<b>Grand Total</b>	<b>£0.186</b>

- 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 £0.186m 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	747	2,458	1,287	4,492
Medicines optimisation plan	2,118	0	2,118	1,968	0	150	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	500	620	1,620
Shaping Sefton plan	907	0	907	0	0	907	907
Other Schemes plan	80	380	460	0	460	0	460
<b>Total QIPP Plan</b>	<b>7,607</b>	<b>2,530</b>	<b>10,137</b>	<b>3,625</b>	<b>3,448</b>	<b>3,064</b>	<b>10,137</b>
<b>QIPP Delivered 2017/18</b>				<b>(1,343)</b>		<b>0</b>	<b>(1,343)</b>

- The 2017/18 identified QIPP plan 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 4, the CCG has achieved £1.343m QIPP savings in respect of the following schemes:
  - Prescribing - £0.200m
  - MCAS (S&O) - £0.280m
  - Third Sector Contracts - £0.149m
  - S&O Contract - £0.500m
  - Other contracts £0.214m
- The risk rated QIPP plan demonstrates that although there are a significant number of schemes in place, further work is required to determine whether they can be delivered in full.
- The forecast QIPP delivery for the year is **£5.350m** which represents 100% of schemes rated Green and 50% of schemes rated Amber. A high proportion of the plan is 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)	1.840	0.062
Reserves Budget	0.000	(0.062)	(0.062)
<b>Management action plan</b>			
QIPP Achieved	1.343	0.000	1.343
Remaining action plan to be delivered	6.264	2.530	8.794
<b>Total Management Action plan</b>	<b>7.607</b>	<b>2.530</b>	<b>10.137</b>
<b>Year End Surplus / (Deficit)</b>	<b>(0.720)</b>	<b>0.720</b>	<b>(0.000)</b>

- The CCG forecast financial position is breakeven.
- The underlying position is a deficit of £0.720m; this position removes non-recurrent expenditure commitments and 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
<b>QIPP requirement (to deliver agreed forecast)</b>	<b>(8.794)</b>	<b>(8.794)</b>	<b>(8.794)</b>
Predicted QIPP achievement	7.990	4.544	3.014
Reserves / I&E impact	0.304	0.304	0.304
<b>Forecast Surplus / (Deficit)</b>	<b>(0.500)</b>	<b>(3.946)</b>	<b>(5.476)</b>
Further Risk	(2.230)	(2.230)	(2.230)
Management Action Plan	2.730	2.635	2.635
<b>Risk adjusted Surplus / (Deficit)</b>	<b>0.000</b>	<b>(3.541)</b>	<b>(5.071)</b>

- 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 QIPP requirement will be delivered in full and further risks of £2.230m will be mitigated with additional management actions of £2.730m.

- The likely case is a deficit of **£3.541m** and assumes that QIPP delivery will be 100% of schemes rated Green and 50% of schemes rated Amber with further risk and mitigations as per the best case scenario.
- The worst case scenario is a deficit of **£5.071m** and assumes that only the QIPP schemes rated Green will be delivered and 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
	£000	£000	£000	£000	£000	£000
Non CA	22	11	11	11	11	11
Receivables	1,759	2,041	1,478	2,167	1,817	1,824
Cash	89	160	4,183	5,135	1,791	4,777
Payables & Provisions	(12,471)	(9,202)	(10,086)	(11,745)	(12,897)	(12,821)
Value of Debt > 180 days old (6 months)	264	723	723	723	723	734
BPPC (value)	96%	98%	101%*	100%	99%	100%
BPPC (volume)	90%	96%	97%	96%	94%	94%

\* 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 £734k. 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 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 4. The actual cash utilised at Month 4 was £57.080m (31.50%) against a target of £60.408m (33.33%). Cash continues to be monitored daily by the finance team to ensure cash targets set by NHS England are met.
- BPPC has been steadily improving however following an internal audit review undertaken by MIAA it was identified that an internal monthly review of data from NHS Shared Business Services would be useful, this has been implemented. An annual benchmarking against other CCGs across the North West area is to be undertaken in August 2017.

## **2.7 Recommendations**

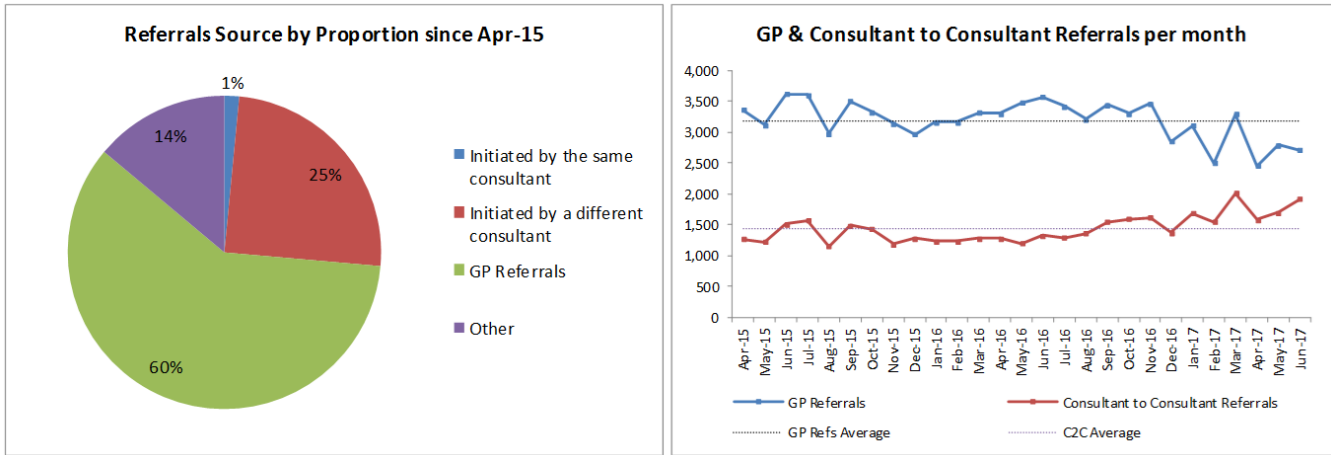
The Governing Body is asked to receive the finance update, noting that:

- 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. The CCG's likely case scenario forecasts a deficit after risk and mitigation of £3.541m.
- 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 is required from member practices to enable 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	1617 YTD	1718 YTD	Variance	% Variance
GP	03	GP Ref	2,447	2,788	2,711	10,348	7,946	-2,402	-23.2%
<b>GP Total</b>			<b>2,447</b>	<b>2,788</b>	<b>2,711</b>	<b>10,348</b>	<b>7,946</b>	<b>-2,402</b>	<b>-23.2%</b>
Other	01	following an emergency admission	9	12	14	24	35	11	45.8%
	02	following a Domiciliary Consultation	1		1	4	2	-2	-50.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	277	289	273	833	839	6	0.7%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,199	1,328	1,541	2,701	4,068	1,367	50.6%
	06	self-referral	191	176	164	424	531	107	25.2%
	07	A Prosthetist			1	1	1	0	0.0%
	08	Royal Liverpool Code (TBC)	27	41	46	123	114	-9	-7.3%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	35	11	24	77	70	-7	-9.1%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	60	61	153	180	27	17.6%
	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	12	5	-7	-58.3%
	14	An Allied Health Professional	84	115	97	515	296	-219	-42.5%
	15	An OPTOMETRIST	78	92	85	298	255	-43	-14.4%
	16	An Orthoptist	1	6	2	13	9	-4	-30.8%
	17	A National Screening Programme	57	48	30	232	135	-97	-41.8%
	92	A GENERAL DENTAL PRACTITIONER	39	31	32	130	102	-28	-21.5%
	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	795	614	-181	-22.8%	
<b>Other Total</b>			<b>2,229</b>	<b>2,390</b>	<b>2,642</b>	<b>6,341</b>	<b>7,261</b>	<b>920</b>	<b>14.5%</b>
Unknown				1		5	1	-4	-80.0%
<b>Grand Total</b>			<b>4,676</b>	<b>5,179</b>	<b>5,353</b>	<b>16,694</b>	<b>15,208</b>	<b>-1,486</b>	<b>-8.9%</b>

A significant decrease in referrals occurred in April 2017 followed by an increase in May 2017 and June 2017. GP referrals in 2017/18 to date are 23.2% down on the equivalent period in the previous year. Consultant to consultant referrals are currently 37% higher than in the first quarter of 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 - June	80% by Q2 17/18 & 100% by Q2 18/19	42.00%	↑

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

The latest data for E-referral Utilisation rates is June 2017 when the CCG recorded 42%. This shows an improvement in performance compared to last month when 40% 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 - June	<1%	2.87%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	17/18 - June	<1%	1.89%	↓

The CCG failed the less than 1% target for Diagnostics in June recording 2.87%, out of 1912 patients 55 waited over 6 weeks and 12 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (23). Although failing this is an improvement on May when 5.41% was recorded.

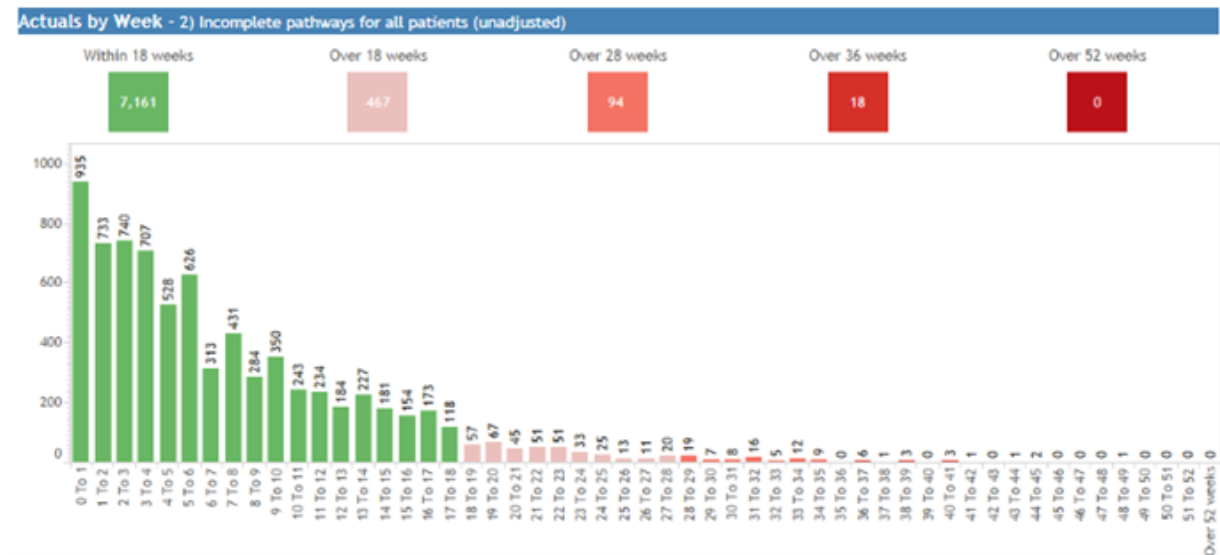
Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. June's performance was 1.89%, an improvement on May's 5.9%. Areas of concern continue to sit within cardiology - ECHO. Whilst number of total waits over 6 weeks decreases there continues to be an issue with capacity. Radiology demand continues to rise within specific modalities. The current risks identified are vacant radiology posts and recruitment to these is a national problem where we can we continue to outsource. Endoscopy continues to be an area of risk due to high demand. Demand and Capacity work is required for these three areas to consider long term solutions. The performance of all diagnostic areas have now been pulled together into one dashboard which will be included in the Trust's monthly performance reports.

### 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 - June	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	17/18 - June	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 - June	92%	93.87%	↔
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 - June	92%	94.01%	↑

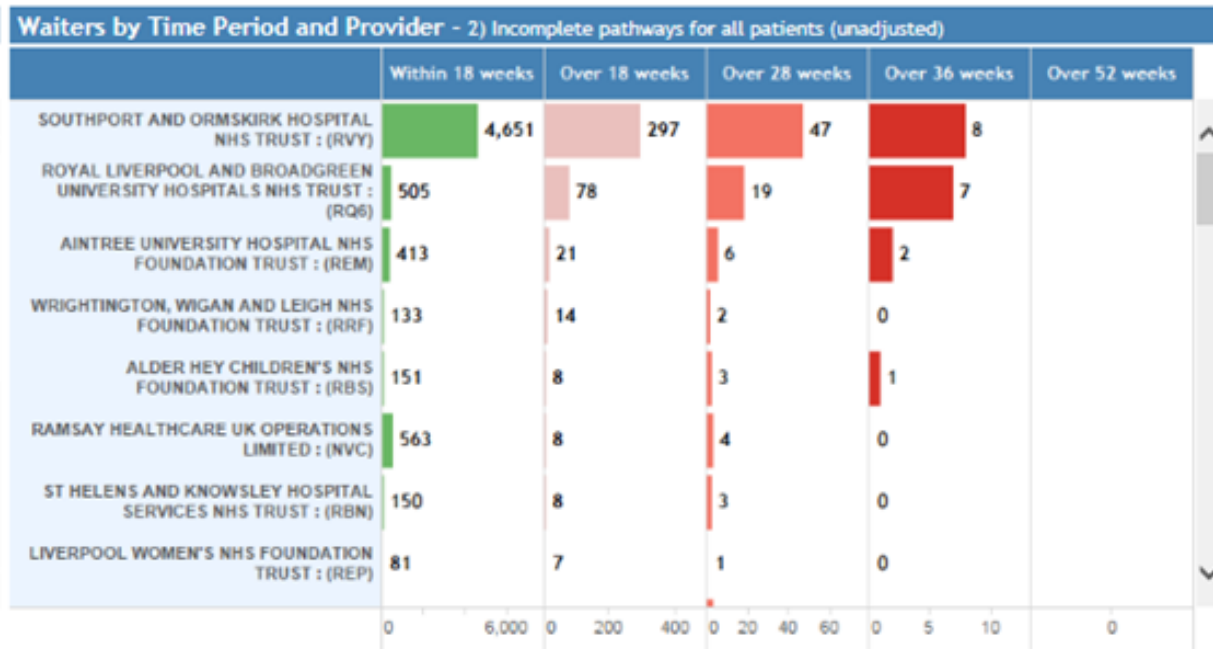
#### 3.3.1 Incomplete Pathway Waiting Times

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

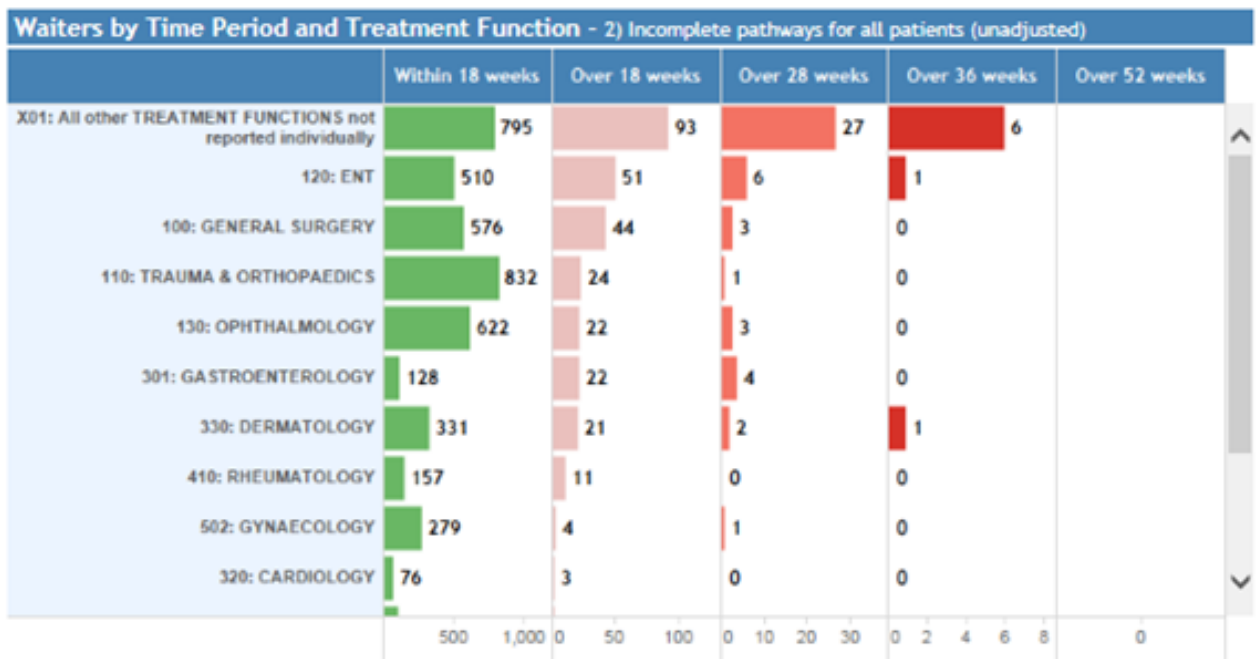
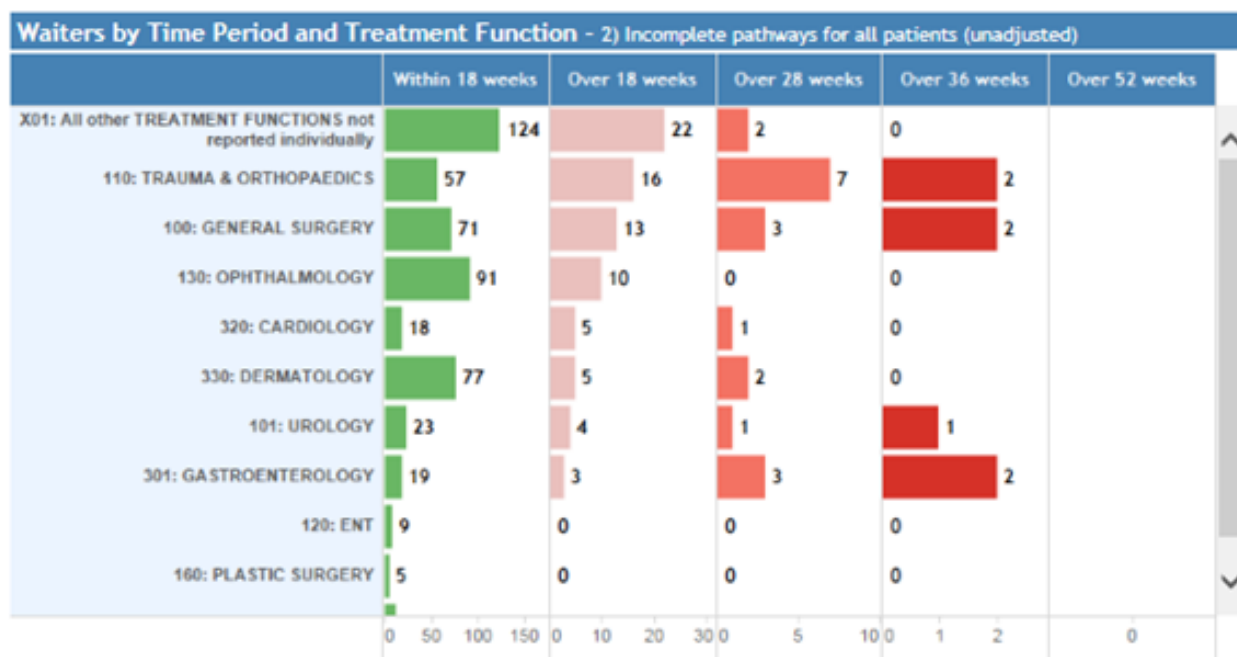


Figure 13 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



### 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
Southport & Ormskirk	All other	40	Yes 4/7/17 (clock stopped)	Capacity issues with Specialty
Southport & Ormskirk	All other	40	Yes 18/7/17 (clock stopped)	Capacity issues with Specialty
Royal Liverpool	General Surgery	44	Pathway Stopped	Capacity
Royal Liverpool	General Surgery	48	Pathway Stopped	Capacity
Royal Liverpool	Urology	40	08/08/2017	Long Wait on Waiting List
Royal Liverpool	T&O	43	Pathway Stopped	Capacity
Aintree	General Surgery	41	Clock stopped 08/07/2017 - 1st treatment	Capacity issue
Aintree	General Surgery	44	Clock stopped 07/07/17 - Decision not to treat	Patient not well enough to have treatment

The Royal did not achieve the 92% incomplete Referral to Treatment (RTT) target for the month of June 2017, (87.22%). 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. Challenges remain the same in General Surgery, Trauma & Orthopaedics, Ophthalmology, Oral Surgery, Urology, Dermatology, Gastroenterology, Cardiology and now the 'Other' category has failed the target for the first time due to Allergy performance continuing to drop significantly due to high demand and consultant shortages.

### 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 - <b>Southport &amp; Ormskirk</b>	17/18 - June	0	12	↑ ↑

Southport & Ormskirk had 12 cancelled operations in June (35 year to date). There have been a significant number of cancelled operations following the discovery of a problem with the Trust's decontamination process. It was confirmed that this had now been resolved and a recovery plan put in place to quickly treat those patients affected by the cancellations.

#### 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 - <b>Southport &amp; Ormskirk</b>	17/18 - June	0	0	↑ ↔



### 3.5 Cancer Indicators Performance

#### 3.5.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(CCG)</b>	17/18 - June	93%	93.67%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - June	93%	94.38%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	17/18 - June	93%	89.16%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - June	93%	N/A	↔

The CCG has not achieved the target of 93% in June for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms, with a performance of 85.11% and year to date 89.16%. In June there were a total of 47 patients and 7 patient breaches, 6 breaches were at Aintree University with 1 at Royal Liverpool. The maximum wait was 29 days at Aintree due to capacity problems.

The CCG’s action plan to improve this performance is to work with Sefton GPs through Protected Learning time later in the year around management of breast symptomatic patients and importance of communications, which reflect the 2-week timescale to be seen. Aintree have indicated recovery by Q3.

### 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) <b>(CCG)</b>	17/18 - June	96%	98.15%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - June	96%	98.86%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	17/18 - June	94%	95.31%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - June	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	17/18 - June	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - June	94%	87.50%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	17/18 - June	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - June	98%	100.00%	↔

Southport & Ormskirk achieved the 94% target in June for 31 day subsequent treatment recording 100%, but are failing year to date due to 1 breach in April. In June there was 1 surgery patient seen within 31 days.

### 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) <b>(CCG)</b>	17/18 - June	85% (local target)	85.71%	↓
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) <b>(Southport &amp; Ormskirk)</b>	17/18 - June	85% (local target)	89.36%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	17/18 - June	90%	86.67%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - June	90%	0 Patients	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	17/18 - June	85%	82.47%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - June	85%	82.08%	↓

The CCG achieved the 90% target in June for 62 day wait from referral from an NHS screening service recording 100% but are failing year to date recording 86.67% due to 2 breaches in May. The first Lower Gastro patient delay due to hospital cancelled first surgery date as no HDU beds, the second, also Lower Gastro patient’s delay was due to referral between trusts.

The CCG failed the 85% target for the 62 day standard in June recording 76.47% with 8 breaches out of 34, and year to date with 82.47%. The longest wait was 202 days this patient was being treated for another cancer, which delayed their chemotherapy first seen and first treatment Trust being Southport & Ormskirk.

Southport & Ormskirk failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in June with 76.12% and YTD with 82.08%. In June there were the equivalent of 8 breaches out of 25.5 patients seen in total.

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: Jun-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%	14.7%	↘	96%	94%	↘	1%	2%	—
Q1 - Antenatal Care	N/A	-	—	96%	*	—	1%	*	—
Q2 - Birth	N/A	3.0%	↘	97%	100%	—	1%	0%	—
Q3 - Postnatal Ward	N/A	-	—	95%	96%	↘	2%	0%	↗
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 14.7% in June. The percentage of patients that would recommend the inpatient service in the Trust has also seen an increase from 91% in February to 94% in June. However this is still below the England average of 96%. The percentage of people who would not recommend the inpatient service has remained at 2% in May and is therefore still greater than the England average of 1%.

For maternity services, the percentage of people who would recommend and not recommend the service, for those areas where data has been captured, exceeded 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 3 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-229k/-2.5%. 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 £269k/3%.

Aintree along with Wrightington, Wigan and Leigh are showing the largest over performance with a £135k/14% and £106k/55% variance respectively. This is offset by an under spend at a number of providers, notably Southport & Ormskirk (-£472/9%).

**Figure 14 - Planned Care - All Providers**

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Acting as One YTD % Var
ALL Providers										
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	4,393	4,858	465	11%	£941	£1,076	£135	14%	-£135	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	1,862	1,915	53	3%	£135	£122	-£13	-9%	£13	0.0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	59	81	22	37%	£11	£28	£16	149%	-	149.0%
FAIRFIELD HOSPITAL	28	2	-26	-93%	£5	£3	-£2	-43%	-	-42.9%
ISIGHT (SOUTHPORT)	1,038	1,338	300	29%	£215	£236	£22	10%	-	10.1%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	606	567	-39	-6%	£250	£233	-£17	-7%	£17	-7.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	659	528	-131	-20%	£151	£129	-£22	-15%	£22	0.0%
RENACRES HOSPITAL	2,875	2,933	58	2%	£754	£816	£62	8%	-	8.3%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	3,973	3,898	-75	-2%	£734	£686	-£48	-6%	£48	-6.5%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	26,877	24,964	-1,913	-7%	£5,108	£4,636	-£472	-9%	-	-9.2%
SPIRE LIVERPOOL HOSPITAL	94	99	5	5%	£22	£19	-£3	-16%	-	-15.6%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,095	1,221	126	12%	£275	£267	-£8	-3%	-	-2.9%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	49	77	28	57%	£9	£18	£9	104%	-	104.5%
WALTON CENTRE NHS FOUNDATION TRUST	628	567	-61	-10%	£188	£192	£4	2%	-£4	2.1%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	76	62	-14	-18%	£25	£26	£1	3%	-	3.0%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	541	1,011	470	87%	£194	£300	£106	55%	-	54.8%
<b>Grand Total</b>	<b>44,854</b>	<b>44,121</b>	<b>-733</b>	<b>-2%</b>	<b>£9,016</b>	<b>£8,786</b>	<b>-£229</b>	<b>-2.5%</b>	<b>-£39</b>	<b>-3.0%</b>

\*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	2,701	2,755	54	2%	£1,471	£1,358	£-113	-8%
Elective	385	340	-45	-12%	£985	£860	£-125	-13%
Elective Excess BedDays	91	77	-14	-15%	£22	£18	£-4	-18%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	370	136	-234	-63%	£62	£25	£-38	-61%
OPFASPCL - Outpatient first attendance single professional consultant led	3,313	2,805	-508	-15%	£574	£480	£-93	-16%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	934	366	-568	-61%	£71	£32	£-39	-55%
OPFUPSPCL - Outpatient follow up single professional consultant led	9,648	8,929	-719	-7%	£795	£736	£-59	-7%
Outpatient Procedure	6,677	6,959	282	4%	£892	£892	£0	0%
Unbundled Diagnostics	2,758	2,597	-161	-6%	£237	£235	£-2	-1%
<b>Grand Total</b>	<b>26,877</b>	<b>24,964</b>	<b>-1,913</b>	<b>-7%</b>	<b>£5,108</b>	<b>£4,636</b>	<b>£-472</b>	<b>-9%</b>

\*PbR only

### 3.7.2 Southport & Ormskirk Hospital Key Issues

The Trust remains below plan year to date for planned care activity and spend at month 3 with the Trust still feeling the after effects of April's decontamination and May's cyber-attack. Southport & Ormskirk have put plans in place to recover the lost activity during these two months, yet other factors are impeding the Trust from improving the contract position.

The main impact across planned care is the reduced levels of GP referred activity. Reductions due to Joint Health, Referral Management Scheme, and Federation Cardiology services are some of the reasons for the reductions seen. Further work is being done within the information meeting with the Provider to further understand the reductions as no increase elsewhere has been noted suggesting this is not a shift in market share.

Early indications suggest July will follow a similar trend to the first quarter, and with August historically being the lowest month for referrals, it is likely we will not see any clear sign of an increase until September/October.

### 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	196	233	37	19%	£114	£167	£52	46%
Elective	102	89	-13	-12%	£231	£233	£3	1%
Elective Excess BedDays	26	18	-8	-31%	£6	£4	£-2	-37%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	35	19	-16	-45%	£7	£4	£-3	-42%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	64	38	-26	-40%	£3	£2	£-1	-41%
OPFASPCL - Outpatient first attendance single professional consultant led	702	746	44	6%	£122	£130	£9	7%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	39	31	-8	-21%	£4	£4	£0	-3%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	99	239	140	142%	£2	£6	£3	141%
OPFUPSCL - Outpatient follow up single professional consultant led	1,824	1,831	7	0%	£151	£146	£-4	-3%
Outpatient Procedure	640	827	187	29%	£94	£120	£26	28%
Unbundled Diagnostics	434	497	63	14%	£30	£42	£12	40%
Wet AMD	233	290	57	24%	£176	£217	£41	23%
<b>Grand Total</b>	<b>4,393</b>	<b>4,858</b>	<b>465</b>	<b>11%</b>	<b>£941</b>	<b>£1,076</b>	<b>£135</b>	<b>14%</b>

Aintree performance is showing a £135k/14% 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 £52k/46% against plan. This over performance is principally within Breast Surgery (£19k), and Cardiology (£13k).

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.

Figure 17 – Planned Care - Wrightington, Wigan and Leigh NHS Foundation Trust by POD

Wrightington, 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	0	8	8	#DIV/0!	£0	£1	£1	#DIV/0!
Daycase	36	50	14	37%	£54	£73	£19	34%
Elective	17	27	10	54%	£92	£144	£52	56%
Elective Excess BedDays	15	8	-7	-48%	£4	£2	£-2	-50%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	7	17	10	127%	£1	£2	£1	121%
OPFASPCL - Outpatient first attendance single professional consultant led	70	155	85	121%	£8	£22	£14	184%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	11	41	30	257%	£1	£2	£1	148%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	11	53	42	361%	£0	£1	£1	388%
OPFUPSCL - Outpatient follow up single professional consultant led	272	441	169	62%	£20	£27	£7	37%
Outpatient Procedure	39	108	69	177%	£7	£14	£7	100%
Unbundled Diagnostics	59	103	44	75%	£7	£12	£5	70%
<b>Grand Total</b>	<b>541</b>	<b>1,011</b>	<b>470</b>	<b>87%</b>	<b>£194</b>	<b>£300</b>	<b>£106</b>	<b>55%</b>

Wrightington, Wigan and Leigh performance is showing a £106k/55% variance against plan with the majority of PODS over performing at month 3. Elective activity is the highest over performing area with a variance of £52k/56% against plan. This over performance is principally within Trauma & Orthopaedics (£52k).

### 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.

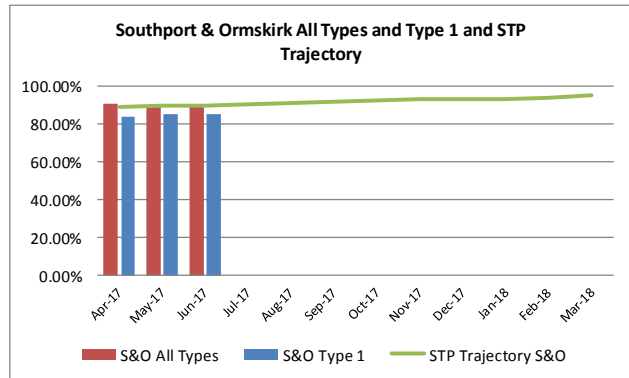
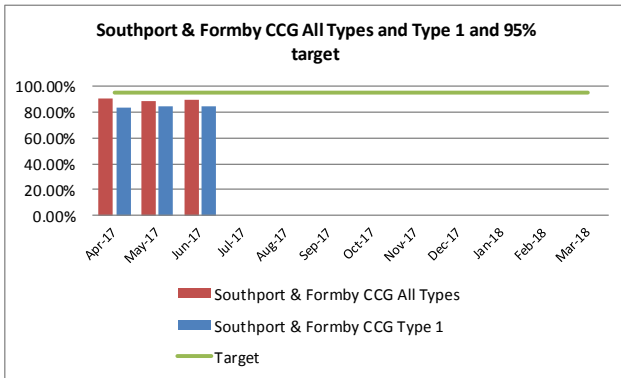
## 4. Unplanned Care

### 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 - June	95.00%	89.82%	↔	Southport & Formby CCG failed the 95% target in June reaching 89.68% (YTD 89.82%). In June, 337 attendances out of 3266 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 - June	95.00%	84.13%	↔	Southport & Formby CCG failed the 95% target in June reaching 84.25% (YTD 84.13%). In June, 334 attendances out of 2120 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 - June	STF Trajectory Target for June 90%	90.31%	↔	Southport & Ormskirk have reported 90.32 in June just above the STF target of 90% June plan (YTD 90.31%). In June 939 attendances out of 9699 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 - June	95.00%	85.09%	↑	Southport & Ormskirk have failed the target in June reaching 85.66% (YTD 85.09%). In June 927 attendances out of 6368 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	May-17	Jun-17	YTD
STP Trajectory S&O	89.00%	89.50%	90%	%
S&O All Types	91.10%	89.40%	90.32%	90.31%





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 June reached 90.32%, which is slightly above the Cheshire & Merseyside 5 Year Forward View (STP) plan of 90% for June, and year to date 90.31% which achieved the 90% in quarter 1. As reported last month, May saw the change in reporting following the community contract changes and the loss of some Walk In Centre activity previously attributed to the overall Trust performance. Of importance, performance for the Southport site alone against the 4-hour target was 77.6% compared to 74.4% in June 16, indicating the continued efforts to improve patient flow and patient experience. This improvement is against a back drop of a 3.7% increase in overall ED attendances. The availability of the discharge lounge with capacity to support 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, with all 4 due to be in post by October. This will provide some continuity and stability within the department 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 - <b>Southport &amp; Ormskirk (cumulative)</b>	17/18 - June	0	12	↓

There have been no 12 hour breaches at the trust in June, year to date there have been 12 (3 in April and 9 in May). Root cause analyses of the breaches are awaited from the Trust.

## 4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	17/18 - June	75%	58.44%	↓	The CCG is under the 75% target in June reaching 54.30% and year to date 58.44%. In June 25 out of 46 calls were responded to within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	17/18 - June	75%	62.58%	↔	The CCG was under the 75% target in June reaching 62.90% and year to date 62.58%. In June 336 out of 534 calls were responded to within 8 mins.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	17/18 - June	95%	84.49%	↓	The CCG was under the 95% target in June reaching 80.70% and 84.49% year to date. In June 468 out of 580 calls were responded to within 19 mins.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	17/18 - June	75%	66.14%	↓	NWAS reported under the 75% target reaching 62.53% in June and 66.14% year to date.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	17/18 - June	75%	65.97%	↓	NWAS reported under the 75% target reaching 64.68% in June and 65.97% year to date.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	17/18 - June	95%	90.65%	↓	NWAS reported under the 95% target reaching 89.39% in June and 60.65% 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 - June	0	114	↑	The Trust recorded 137 handovers between 30 and 60 minutes, this is a decline on last month when 114 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	17/18 - June	0	56	↓	The Trust recorded 58 handovers over 60 minutes, this is an improvement on last month when 70 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, there is work going on with all partners to improve performance against these targets. The Provider actions for improvement include an agreed Workforce Plan, establishment of a Performance Development Plan to be monitored twice a week. Senior Manager, Trust Board and NHSI focus on performance. Introduction of weekly telephone conferences with Commissioners to focus on performance and a Remedial Performance Plan was introduced in January 2017 to focus on performance improvement. NWAS chaired a 90 day Improvement Forum facilitated by NHSI and attended by Lead Commissioners to focus on hospital issues, performance and any restrictions/barriers to achieving performance.

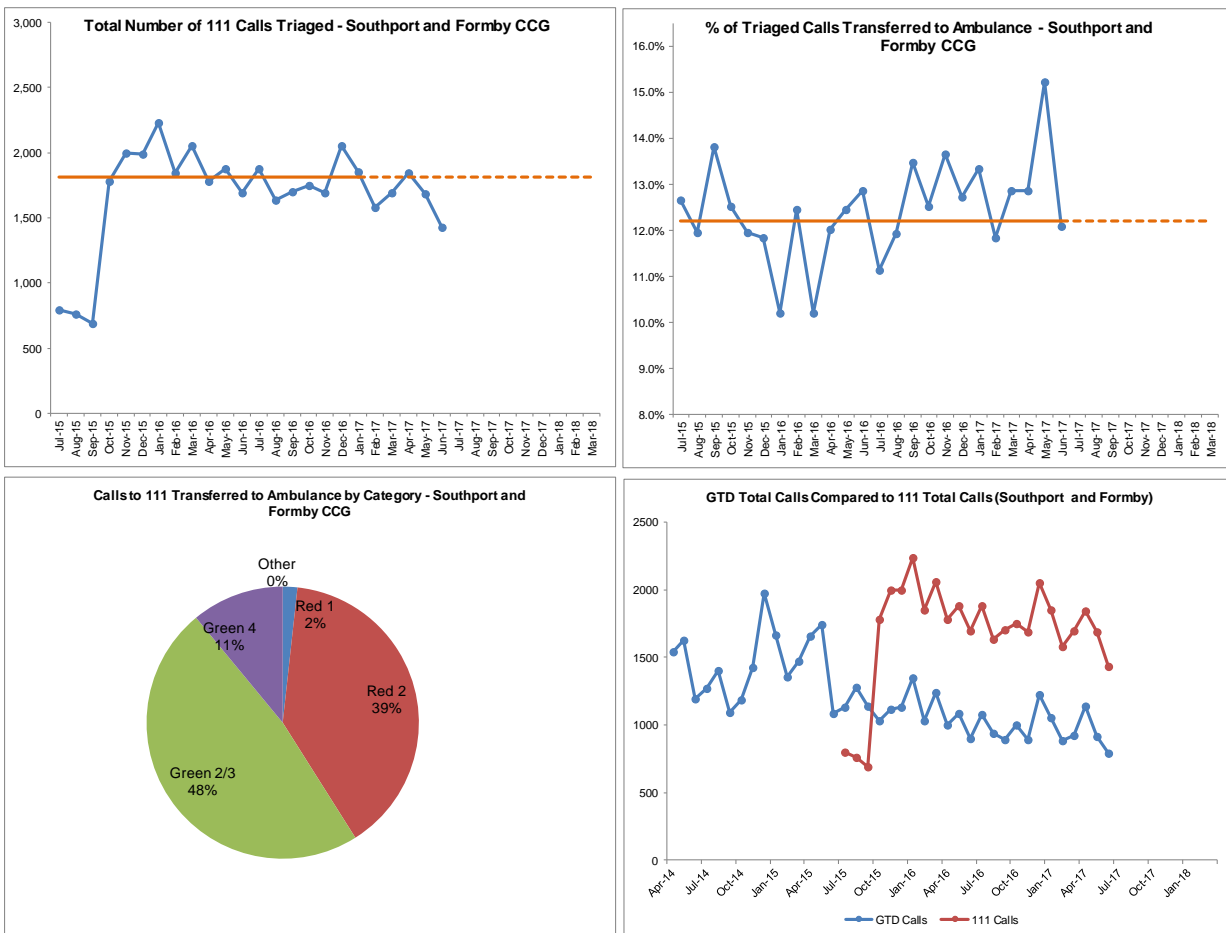
NHS England has recently announced a new set of performance targets for the ambulance service, which will apply to all 999 calls from later this year. In future there will be four categories of call:

- Category 1 is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.
- Category 2 is for emergency calls. These will be responded to in an average time of 18 minutes.
- Category 3 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 4 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.

Disappointingly, ambulance handover performance dipped in June with the average notification to handover across the month at 20:33 minutes. The Trust continues to participate in the Rapid Improvement Ambulance Collaborative and has demonstrated improvements in streaming of patients to ambulatory care and the utilisation of the discharge lounge to release pressures in ED. There is further work to be done to sustainably manage this target and a trip is planned to look at systems that Liverpool Royal has implemented.

### 4.3 111 Calls and GP Out of Hours

#### 4.3.1 111 Calls

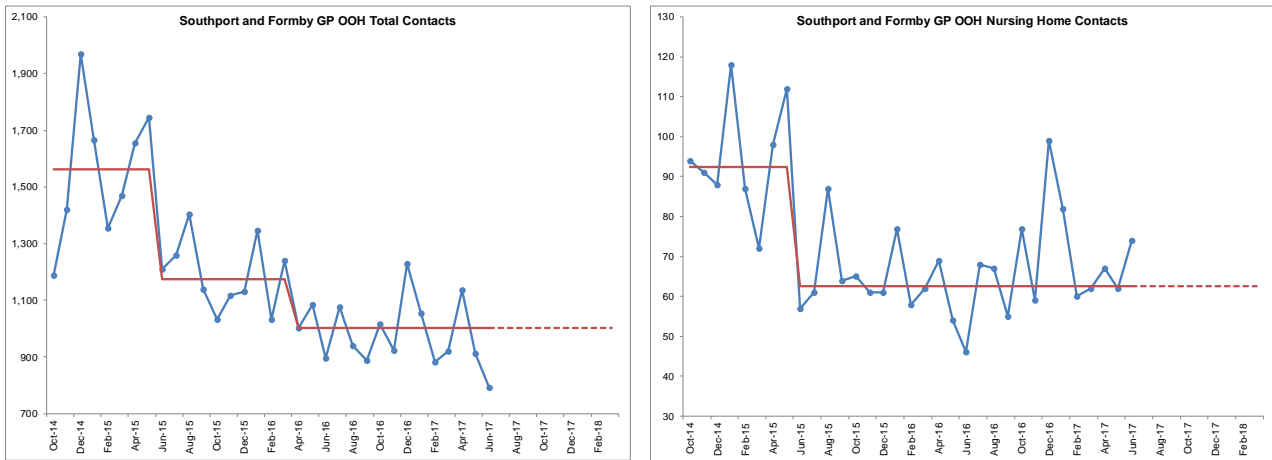


June 2017 saw a reduction in the number of 111 calls made by Southport and Formby patients to 1,430 from 1,687 in May, a reduction of 15.2%. There has also been a reduction when compared to June 2016, from 1,693 or 15.5%.

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

- 58% advised to attend primary and community care
- 17% closed with advice only
- 12% transferred to ambulance
- 9% advised to attend A&E
- 4% advised to other service.

### 4.3.2 GP Out of Hours Calls



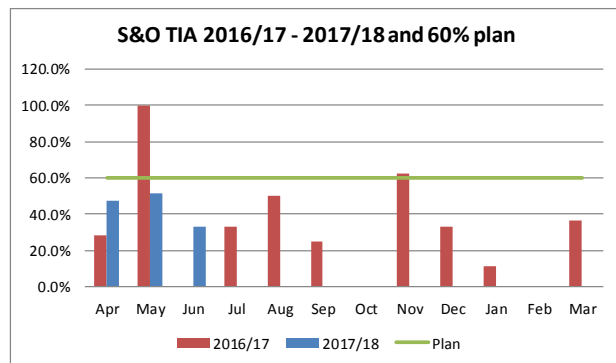
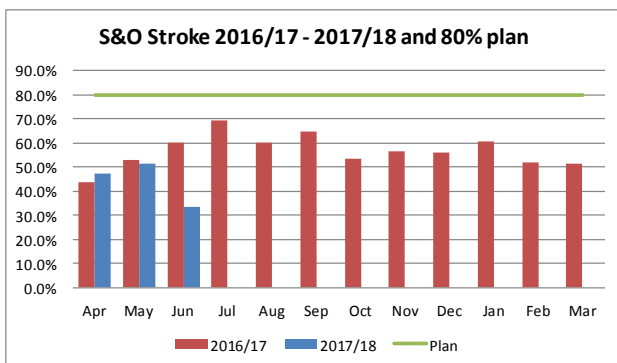
The number of calls from Southport and Formby patients to the GP OOH service has reduced in June 2017 to 792, a reduction of 13.3% since May. When compared to the same point in the previous year, June 2017 had 11.6% fewer calls to the GP OOH service.

GP OOH calls from nursing homes within Southport and Formby have increased by 12 calls, 19.4%, from May. However, as with total calls, this remains within trend.

## 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 ( <b>Southport &amp; Ormskirk</b> )	17/18 - June	80%	33.33%	↓	The Trust failed the 80% target in June with only 8 out of 24 patients spending 90% of their time on a stroke unit.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Southport &amp; Ormskirk</b> )	17/18 - June	60%	0.00%	↓	During May 2017, there were 2 reportable cases of TIA, all of them breaching the 24 hour timescale.



Southport & Ormskirk failed the stroke target in June recording 33.33% only 8 out of 24 patients spending 90% of their time on a stroke unit. This shows a decrease in performance from May when the Trust reported 51.6%. Performance against this indicator remains a significant challenge. In June: 47

referrals and 34 admissions therefore 13 patients discharged as fast track which impacts on % on a dedicated stroke ward. There were also 7 outliers due to complex social issues and unwell patients in Stroke Unit beds.

During June 2017, there were 9 TiA referrals, 2 of these were reportable for which we were 0% compliant. The reasons for breaches were patient DNA'd initial appointment (which was made within 24 hours) and the second patient was not classed as high risk.

#### 4.4.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - June	0.00	0.70	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - June	0.00	1.40	↑

The CCG reported a Mixed Sex Accommodation rate of 0.7 which equates to a total of 3 breaches in June. All 3 breaches were at Southport & Ormskirk NHS Trust.

In June the Trust had 8 mixed sex accommodation breaches (a rate of 1.4) and have therefore breached the zero tolerance threshold. Of the 8 breaches 3 were for Southport & Formby CCG, 4 for West Lancashire CCG and 1 for Greater Preston CCG. All of the 8 breaches related to delayed discharge of patients from HDU to an acute ward bed. Work continues as part of the 'patient flow' project to review location and provision of beds across both sites, with plans already in place to relocate A ward from ODGH to SDGH in August 2017 and further plans to ensure capacity meets demand.

#### 4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) <b>(CCG)</b>	17/18 - June	13	10	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - June	9	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) <b>(CCG)</b>	17/18 - June	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - June	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) <b>(CCG)</b>	17/18 - June	31	39	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - June	No Plan	54	↑

There was 1 new case of Clostridium Difficile attributed to the CCG in June, 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 June), 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 June 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 which is 121, this is being monitored and now reported there have been a total of 39 cases April to June against a plan of 31. There are no targets for Trusts at present.

#### 4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - May	100	118.48	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Dec-16	100	115.88	↑

HSMR is reported for January 2017 rolling 12 month figure of 118.48 (no update for June).

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 3.

There are 94 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 48 of these incidents apply to Southport & Formby CCG patients. 46 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 29 of these being Southport & Formby CCG patients. 1 serious incident has been reported on StEIS by Southport and Formby CCG. This case will be managed by NHS England Cheshire and Merseyside.

In total there are 51 open serious incidents for Southport & Ormskirk Hospitals NHS Trust (S&O) with 32 being Southport and Formby CCG patients. 23 cases remain open for > 100 days at the Trust, due to either parallel processes (DHR, Police, HR), aggregated review for postpartum haemorrhages under RCOG, and where further assurance has been requested following submission of the initial RCA.

Four incidents were reported in June by S&O: Three were Southport & Formby CCG patients and one from West Lancashire CCG

There were zero incidents raised by Lancashire Care NHS Foundation Trust in month. The CCG is in the process of supporting robust serious incident processes being in place with agreement by Chorley & South Ribble CCG and NHS E Lancashire.

Mersey Care NHS Foundation Trust – Seven open incidents on StEIS for Southport and Formby CCG patients. Zero serious incidents were reported in month.

## **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.

The average number of delays per day in Southport and Ormskirk hospital increased to 5 during June 2017 from 4 reported in May. Of the 5 delays 3 were due to patient or family choice.

Analysis of average delays in June 2017 compared to June 2016 shows them to be the same (5).

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

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

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

Agency Responsible	2016-17												2017-18		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS - Days Delayed	142	70	141	210	115	134	184	235	233	171	93	200	198	137	158
Social Care - Days Delayed	0	0	0	0	6	19	6	4	0	5	0	0	0	0	0
Both - Days Delayed	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 158 in June 2017, compared to 137 last month. Analysis of these in June 2017 compared to June 2016 shows an increase from 141 to 158.

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

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

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

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

The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity 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: Jun-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%	4.2%	↗	87%	86%	↗	7%	10%	↘

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

- % Response Rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates but rates have increased to 4.2% in June from 1.1% in April.

The Trust A&E department has seen an increase in the percentage of people who would recommend the service from 83% in May to 86% in June. However, this is still lower than the England average of 87%. The percentage not recommending has increased from 9% in May to 10% in June again remains above the England average of 7%.

## 4.8 Unplanned Care Activity & Finance, All Providers

### 4.8.1 All Providers

Performance at Month 3 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £179k/2%.

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 £327k/4%.

This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £357k/5% underspend.

**Figure 178 - Month 3 Unplanned Care – All Providers**

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Acting as One YTD % Var
<b>ALL Providers (PBR &amp; Non PBR. PBR for S&amp;O)</b>										
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	361	614	253	70%	£216	£400	£184	85%	£-184	0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	222	232	10	5%	£90	£95	£4	5%	£-4	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	22	20	-2	-9%	£7	£4	£-4	-50%	-	-50%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	5	5	0%	£0	£4	£4	0%	-	0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	37	35	-2	-5%	£126	£111	£-15	-12%	£15	0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	72	67	-5	-7%	£96	£116	£20	21%	£-20	0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	408	289	-119	-29%	£205	£160	£-45	-22%	£45	0%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	14,333	14,402	69	0%	£7,296	£6,939	£-357	-5%	-	-5%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	131	107	-24	-18%	£70	£64	£-6	-8%	-	-8%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	28	17	-11	-39%	£11	£12	£1	7%	-	7%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	15	30	15	94%	£13	£48	£35	264%	-	264%
<b>Grand Total</b>	<b>15,630</b>	<b>15,818</b>	<b>188</b>	<b>1%</b>	<b>£8,131</b>	<b>£7,951</b>	<b>£-179</b>	<b>-2.2%</b>	<b>£-148</b>	<b>-4.0%</b>

\*PbR

## 4.8.2 Southport and Ormskirk Hospital NHS Trust

**Figure 189 - Month 3 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	9,380	9,453	73	1%	£1,286	£1,300	£14	1%
NEL/NELSD - <i>Non Elective/Non Elective IP Same Day</i>	2,872	2,708	-164	-6%	£4,831	£4,548	£-283	-6%
NELNE - <i>Non Elective Non-Emergency</i>	261	367	106	40%	£610	£527	£-83	-14%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	27	3	-24	-89%	£9	£1	£-8	-86%
NELST - <i>Non Elective Short Stay</i>	300	285	-15	-5%	£207	£194	£-13	-6%
NELXBD - <i>Non Elective Excess Bed Day</i>	1,492	1,586	94	6%	£352	£369	£16	5%
<b>Grand Total</b>	<b>14,333</b>	<b>14,402</b>	<b>69</b>	<b>0%</b>	<b>£7,296</b>	<b>£6,939</b>	<b>£-357</b>	<b>-5%</b>

## 4.8.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Overall, unplanned care continues to under-perform against contractual plans by approx. £357k/-5%. The main driver behind the low levels relates to Non-Elective admissions with a 6% reduction in activity and £283k/-6% reduction in spend.

Activity remains slightly below the levels seen in the first quarter last year for Non-Elective admissions at about 4%, but costs have come down dramatically close to 16%. This in part is due to a number of high cost admissions last year and would have filtered into the plan. The reductions noted in 2017/18

are across a number of specialties with Geriatric Medicine the main area under plan. Other notable specialties are Accident & Emergency, General Medicine, Stroke Medicine, and Paediatrics.

Non-Elective non-emergency is also under performing in spend with the vast majority due to an £80k underspend in Obstetrics. This is somewhat counteracted by an over performance in maternity pathways at £63k over plan.

June has shown a continued trend of under-performance with one reason for the lower levels of emergency admissions being the increased service hours for the Ambulatory Care Unit. Although not included in the table above, current performance is well above planned levels, with cost at £219k over plan.

## 4.9 Aintree and University Hospital NHS Trust

**Figure 20 - Month 3 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	214	313	99	47%	£29	£43	£14	49%
NEL - <i>Non Elective</i>	88	161	73	84%	£154	£279	£125	81%
NELNE - <i>Non Elective Non-Emergency</i>	5	10	5	98%	£15	£39	£24	161%
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>	11	14	3	27%	£8	£11	£3	39%
NELXBD - <i>Non Elective Excess Bed Day</i>	44	41	-3	-7%	£11	£10	-£1	-6%
<b>Grand Total</b>	<b>361</b>	<b>614</b>	<b>253</b>	<b>70%</b>	<b>£216</b>	<b>£400</b>	<b>£184</b>	<b>85%</b>

### 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 £184k is mainly driven by a £125k/81% over performance in Non Elective costs. The main specialty over performance is Nephrology (£30k), Acute Medicine (£26k) 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 191 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Caseload as at 30/06/2017	2017/18 Plan	Variance from Plan	Variance on 30/06/2016
1 Common Mental Health Problems (Low Severity)	2	-	2	-
2 Common Mental Health Problems (Low Severity with greater need)	6	5	1	3
3 Non-Psychotic (Moderate Severity)	72	88	-16	50
4 Non-Psychotic (Severe)	219	209	10	40
5 Non-psychotic Disorders (Very Severe)	39	40	-1	7
6 Non-Psychotic Disorder of Over-Valued Ideas	24	28	-4	2
7 Enduring Non-Psychotic Disorders (High Disability)	143	128	15	14
8 Non-Psychotic Chaotic and Challenging Disorders	76	77	-1	12
10 First Episode Psychosis	65	73	-8	2
11 On-going Recurrent Psychosis (Low Symptoms)	203	260	-57	60
12 On-going or Recurrent Psychosis (High Disability)	245	182	63	72
13 On-going or Recurrent Psychosis (High Symptom & Disability)	104	97	7	6
14 Psychotic Crisis	15	18	-3	3
15 Severe Psychotic Depression	4	4	-	2
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	16	13	3	4
17 Psychosis and Affective Disorder – Difficult to Engage	23	28	-5	5
18 Cognitive Impairment (Low Need)	198	216	-18	10
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	539	692	-153	241
20 Cognitive Impairment or Dementia Complicated (High Need)	363	266	97	143
21 Cognitive Impairment or Dementia (High Physical or Engagement)	113	67	46	47
Cluster 99	221	167	54	51
<b>Total</b>	<b>2,690</b>	<b>2,658</b>	<b>32</b>	<b>27</b>

#### 5.1.1 Key Mental Health Performance Indicators

Figure 202 - 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%			
Rolling Quarter				100%			

**Figure 213 - 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			
Rolling Quarter				100%			

**Figure 224 - Figure 16 EIP 2 week waits**

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	100%	100%	50%			
Rolling Quarter				90%			

## 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 Board 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 29<sup>th</sup> September 2017.

The Trust was issued with a Performance Notice on 11<sup>th</sup> 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 1<sup>st</sup> October 2017.

## 5.2 Improving Access to Psychological Therapies

Figure 235 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Southport & Formby IAPT KPIs Summary		1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%
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	218									
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%	1.14%									
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%	51.3%									
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%									
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%									
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	120									
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									
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									
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%	84.6%									

Cheshire & Wirral Partnership reported 218 Southport & Formby patients entering treatment in Month 3. This is a 16.0% increase from the previous month when 188 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 increased in Month 3 by 33.8% with 285 compared to 213 in Month 2. 64.6% of these were self-referrals, which is a decrease from 73.7% in Month 2. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals increased in Month 3 with 42 reported compared to 31 in Month 2. 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 51.3% (from 44.5%). This satisfies the minimum standard of 50%.

Cancelled appointments by the provider saw an increase from 45 in Month 2 to 53 in Month 3. The provider has previously stated that cancellations could be attributed to staff sickness. Staffing

resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs increased slightly from 100 in Month 2 to 105 in Month 3. 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.

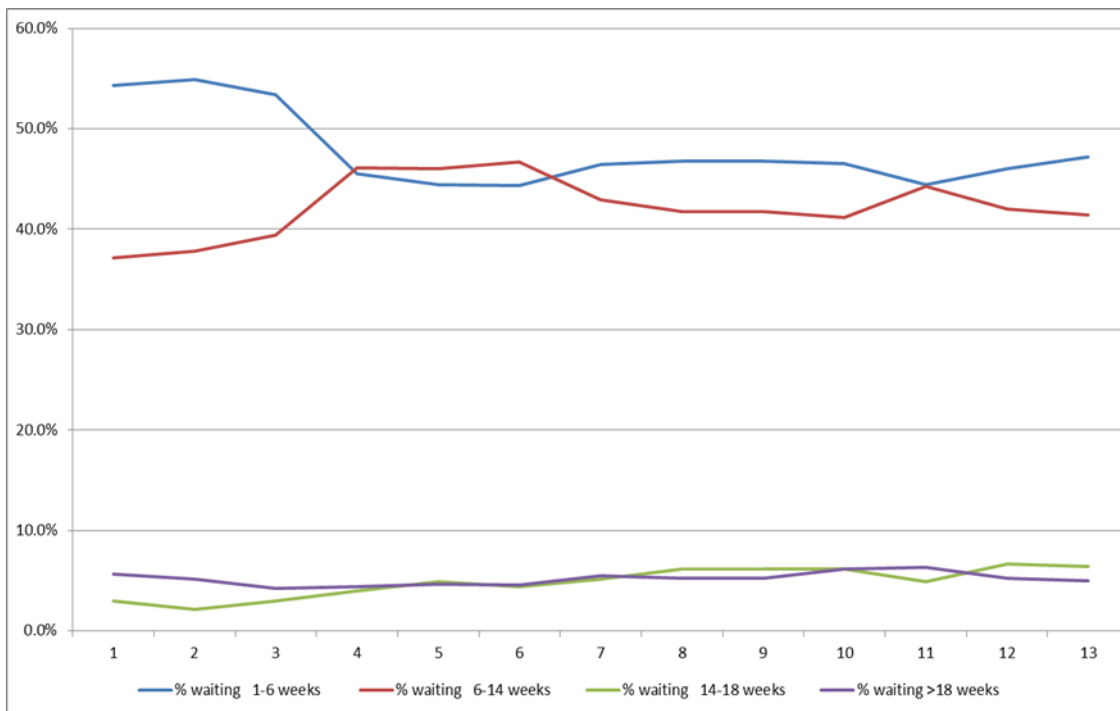
In Month 3 100% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have therefore also waited less than 18 weeks (against a standard of 95%).

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 – 26/06/2017**



The chart above illustrates internal waits activity for April to June 2017 over the 13-week reporting period.

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
People Diagnosed with Dementia (Age 65+)	1515	1525	1519
Estimated Prevalence (Age 65+)	2145	2152.2	2156.1
<b>NHS Southport &amp; Formby CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>70.6%</b>	<b>70.9%</b>	<b>70.5%</b>
Target	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 June 2017 of 70.5%, 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
<b>Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.</b>	<b>21.3%</b>	<b>21.3%</b>	-	-	-	-	<b>30.1%</b>

An update will be provided on a quarterly basis, quarter one anticipated in the September report. 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.

#### 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. Timescales are to be agreed at a planning meeting with the Trust in July 2017. Any new local KPIs identified will be varied into the contract. A Work Plan has been developed and shared with Trusts for discussion and agreement at the July CQPG meeting.

### 6.1.3 Any Qualified Provider – Southport & Ormskirk Hospital

#### Adult Hearing

At month 3 2017/18 YTD the costs were £53,659, compared to £120,193 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 336 in 16/17 to 236 in 17/18.

#### MSK

At month 3 2017/18 YTD the costs were just £468, compared to £22,754 at the same time last year. Activity has decreased significantly from 151 initial contacts and 133 follow-ups in 16/17 M3 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 issued, signed and returned. 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. Reports detailing Q1 activity are currently underway and will be finalised during the next couple of weeks. All providers have confirmed that front line services continue to be delivered 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 all services have increased during Q1 and the complexity of service user issues is increasing. 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"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>	-	-
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"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>	-	-
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. The Family Surgery was inspected in August and achieved a 'good' rating.

**Figure 246 – 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
<b>N84013</b>	<b>Curzon Road Medical Practice</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 1 July 2016</b>					
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
<b>Y02610</b>	<b>Trinity Practice</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 26 September 2016</b>					
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
<b>N84037</b>	<b>Lincoln House Surgery</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 24 June 2016</b>					
N84625	The Family Surgery	10 August 2017	Good	Good	Good	Good	Good	Good

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



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 Q3	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 Q1	47.0%	↓ 9/11	145/209			
R 105d	n/d LTC feeling supported 2016 Q3	62.2%	↓ 10/11	151/209		R 123b	n/d EIP 2 week referral 2017 Q3	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 Q2	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 Q2	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 Q3	0.76	↓ 11/11	200/209		R 124b	n/d LD - annual health check 2015-16	25.1%	○ 11/11	190/209			
<b>Sustainability</b>							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 Q3	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 Q1	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 Q3	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 Q3	14.1	↑ 8/11	115/209			
<b>Well Led</b>							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 Q3	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 Q3	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 Q9	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 Q3	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				
<b>Key</b>							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%	↑	
	<b>71.0%</b>	7.4%	↓	<b>47.0%</b>	15.4%	↓		
126b	Dementia post diagnostic support	76.7%	↑	123b	EIP 2 week referral	62.5%	↑	
	<b>75.5%</b>	1.2%	↓	<b>53.8%</b>	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%	↑	4.9%	35.0%	↔	5.0%	↓	
	<b>76.9%</b>	↓	15.5%	<b>47.5%</b>	5.0%	↑	No calculation possible due to lack of z-scores	
	76.9%	↓	13.0%	42.5%	↔	5.0%	↓	
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
<b>71.7%</b>	↑	13.0%	47.5%	5.0%	↑	No calculation possible due to lack of z-scores		
122c	One-year survival from all cancers	71.7%	↑	123e	MH - OAP	87.5%	↑	No calculation possible due to lack of z-scores
<b>71.7%</b>	↑	13.0%	75.0%	12.5%	↓	75.0%	↓	
122d	Cancer patient experience	8.7	↑					
<b>8.7</b>	0.0%	↑						

## **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 3 Submission

June 2017 Month 03	Month 03 Plan	Month 03 Actual	Month 03 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
<b>Referrals (MAR)</b>				
GP	2890	2598	-10.1%	GP referrals have reduced from the start of 17/18 and that trend continues. In part the reduction is due to the implementation of the CCGs referral management scheme. This is actively diverting appropriate referrals to the CCGs community Dermatology service, and send back duplicate or incomplete referrals. The joint health MCAS service has also reduced GP referrals to T&O across the all providers. Joint health has also changed reporting of referrals shifting from GP to a referral code within 'Other', this is in part one reason for increases noted in 'Other' referrals. Also to note Alder Hey incorrectly aligned a number of activity lines against CCGs instead of NHSE. This is a known issue and has been raised with the Trust by the lead commissioner. Further investigations into increases within other referrals are being looked into with the CCGs main provider.
Other	1632	2312	41.7%	
<b>Total (in month)</b>	4522	4910	8.6%	
Variance against Plan YTD	12792	13561	6.0%	
Year on Year YTD Growth			2.0%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	4009	3831	-4.4%	Reduction of activity against plan is in line with local contract monitoring and referral patterns locally. The main reasons for this is the shift in dermatology activity from the CCGs main acute provider to the community service, and the implementation of joint health. Due to joint health T&O referrals and activity have reduced at the local T&O providers. The local acute Trust is expected to increase activity levels in coming months due to a loss of activity in the initial part of 2017/18. Lower activity has also improved the CCGs RTT performance.
Follow Up	8510	8387	-1.4%	
<b>Total Outpatient attendances (in month)</b>	12519	12218	-2.4%	
Variance against Plan YTD	34803	33526	-3.7%	
Year on Year YTD Growth			-7.5%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells				As noted in previous months reports, the main acute provider for the CCG experienced issues in months 1 and 2 which resulted in cancellations of elective procedures. All cancelled operations have since been re-booked, however the Trust is struggling to bring activity levels back in line with plan. This is likely to continue to show an under performance for the CCG at a cumulative level. The reduction in GP referrals as well as joint health is also further adding to the low activity levels. RTT remains in a good position.
Elective Ordinary spells				
<b>Total Elective spells (in month)</b>	1846	1793	-2.9%	
Variance against Plan YTD	5428	4802	-11.5%	
Year on Year YTD Growth			-5.8%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	-	3371	-	Local monitoring of activity shows A&E activity in line with plan both in month and year to date. Both time periods show a less than 2% variance. Type 1 attendances show a slight increase year to date at 2.9% when comparing the same period last year.
Year on Year YTD			3.0%	
<b>All types (in month)</b>	3744	3855	3.0%	
Variance against Plan YTD	11100	11722	5.6%	
Year on Year YTD Growth			5.0%	
<b>Total Non Elective spells (in month)</b>	1376	1217	-11.6%	Lower levels of Emergency admissions have been seen while A&E activity remain steady. One of the reasons for the reduced admission rates is the increased opening hours of the main providers Ambulatory Care Unity which is designed to avoid admissions. A continued trend of performance below plan is expected.
Variance against Plan YTD	4056	3736	-7.9%	
Year on Year YTD Growth			-6.0%	

## 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		
<b>Preventing People from Dying Prematurely</b>															
<b>Cancer Waiting Times</b>															
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> 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
	Actual	94.305%	92.00%	94.423%											93.672%
	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%
<b>1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY)</b> The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G												G
	Actual		93.69%					-							93.69%
	Target		93.00%					93.00%			93.00%			93.00%	93.00%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> 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										R
	Actual	91.304%	90.41%	85.106%											89.157%
	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%
<b>1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY)</b> 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
	Actual		89.09%					-							89.09%
	Target		93.00%					93.00%			93.00%			93.00%	93.00%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> 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
	Actual	100.00%	97.368%	97.059%											98.148%
	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%
<b>1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY)</b> 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
	Actual		98.174%					-							98.174%
	Target		96.00%					96.00%			96.00%			96.00%	96.00%



<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> 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	
		Actual	100.00%	71.429%	100.00%												86.667%
		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%
<b>1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	R													R	
		Actual	86.667%			-										86.667%	
		Target	90.00%			90.00%			90.00%			90.00%			90.00%		

### Ambulance

<b>1887: Category A Calls Response Time (Red1)</b> 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	
		Actual	70.08%	65.92%	62.53%												66.142%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R	R												R
		Actual	61.82%	58.54%	54.30%												58.437%
		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%
<b>1889: Category A (Red 2) 8 Minute Response Time</b> 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	
		Actual	68.94%	64.43%	64.68%												65.974%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R	R												R
		Actual	64.61%	60.49%	62.90%												62.58%
		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%
<b>546: Category A calls responded to within 19 minutes</b> Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R											R	
		Actual	92.54%	90.08%	89.39%												90.648%
		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%
	Southport And Formby CCG	RAG	R	R	R												R
		Actual	86.30%	86.13%	80.70%												84.495%
		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%

## Enhancing Quality of Life for People with Long Term Conditions

### Mental Health

<b>138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> 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%

### Episode of Psychosis

<b>2099: First episode of psychosis within two weeks of referral</b> 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	
		Actual	100.00%	100.00%	50.00%											87.50%
		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%

### Dementia

<b>2166: Estimated diagnosis rate for people with dementia</b> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G											G	
		Actual	70.63%	70.86%	70.45%												
		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%	

## Helping People to Recover from Episodes of Ill Health or Following Injury

### Children and Young People with Eating Disorders

<b>2095: The number of completed CYP ED routine referrals within four weeks</b> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG														
		Actual	0.00%													0.00%
		Target														
<b>2096: The number of completed CYP ED urgent referrals within one week</b> 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%								
<b>2097: The number of incomplete pathways (routine) for CYP ED</b> 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								
<b>2098: The number of incomplete pathways (urgent) for CYP ED</b> 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								

## Ensuring that People Have a Positive Experience of Care

### EMSA

<b>1067: Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	3	3	3											9
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

### Referral to Treatment (RTT) & Diagnostics

<b>1291: % of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G										G	
		Actual	94.327%	93.628%	93.878%											93.94%
		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%
<b>1828: % of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	3.805%	5.409%	2.877%											4.045%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

### Cancelled Operations

<b>1983: Urgent Operations cancelled for a 2nd time</b> 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	
		Actual	0	0	0											0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

### Wheelchairs

<b>2197: Percentage of children waiting less than 18 weeks for a wheelchair</b> 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

<b>497: Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G													G	
		YTD	0	0	0														-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G													G	
		YTD	6	9	10														10
		Target	6	9	13	18	20	24	27	29	29	29	32	38	18				

Accident & Emergency

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % 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	
		Actual	90.852%	88.768%	89.682%														89.326%
		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%
<b>431: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate for Total Provider)</b> % 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	
		Actual	91.097%	89.396%	90.319%														89.80%
		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%
<b>1928: 12 Hour Trolley waits in A&amp;E</b> 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	
		Actual	3	9	0														12
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0