

Southport & Formby Clinical Commissioning Group

Integrated Performance Report September 2017

Contents

| | |
|---|----|
| 1. Executive Summary | 7 |
| 2. Financial Position..... | 12 |
| 2.1 Summary | 12 |
| 2.2 CCG Financial Forecast..... | 13 |
| 2.3 Provider Expenditure Analysis – Acting as One | 14 |
| 2.4 QIPP | 15 |
| 2.5 Risk | 16 |
| 2.6 Statement of Financial Position..... | 17 |
| 2.7 Recommendations..... | 18 |
| 3. Planned Care..... | 18 |
| 3.1 Referrals by Source | 18 |
| 3.1.1 E-Referral Utilisation Rates..... | 20 |
| 3.2 Diagnostic Test Waiting Times..... | 20 |
| 3.3 Referral to Treatment Performance..... | 21 |
| 3.3.1 Incomplete Pathway Waiting Times | 22 |
| 3.3.2 Long Waiters analysis: Top 5 Providers | 22 |
| 3.3.3 Long waiters analysis: Top 2 Providers split by Specialty | 23 |
| 3.3.4 Provider assurance for long waiters | 24 |
| 3.4 Cancelled Operations | 24 |
| 3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days..... | 24 |
| 3.4.2 No urgent operation to be cancelled for a 2nd time..... | 25 |
| 3.5 Cancer Indicators Performance | 25 |
| 3.5.1 - Two Week Waiting Time Performance..... | 25 |
| 3.5.2 - 31 Day Cancer Waiting Time Performance | 26 |
| 3.5.3 - 62 Day Cancer Waiting Time Performance | 27 |
| 3.6 Patient Experience of Planned Care | 28 |
| 3.7 Planned Care Activity & Finance, All Providers | 29 |
| 3.7.1 Planned Care Southport and Ormskirk NHS Trust..... | 30 |
| 3.7.2 Southport & Ormskirk Hospital Key Issues..... | 31 |
| 3.7.3 Aintree University Hospital NHS Foundation Trust..... | 31 |
| 3.7.4 Renacres Trust | 32 |
| 3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust | 32 |
| 3.7.6 iSIGHT Southport | 33 |
| 3.8 Personal Health Budgets | 34 |
| 3.9 Continuing Health Care (CHC)..... | 34 |

| | | |
|-------|--|----|
| 3.10 | Smoking at Time of Delivery (SATOD)..... | 35 |
| 4. | Unplanned Care..... | 36 |
| 4.1 | Accident & Emergency Performance | 36 |
| 4.2 | Ambulance Service Performance..... | 38 |
| 4.3 | NWAS, 111 and Out of Hours | 41 |
| 4.3.1 | 111 Calls..... | 41 |
| | Figure 38 - 111 service calls..... | 41 |
| 4.3.2 | GP Out of Hours Calls | 42 |
| 4.4 | Unplanned Care Quality Indicators | 42 |
| 4.4.1 | Stroke and TIA Performance..... | 42 |
| 4.4.2 | Mixed Sex Accommodation..... | 43 |
| 4.4.3 | Healthcare associated infections (HCAI)..... | 44 |
| 4.4.4 | Mortality | 45 |
| 4.5 | CCG Serious Incident Management..... | 45 |
| 4.6 | Delayed Transfers of Care | 46 |
| 4.7 | Patient Experience of Unplanned Care | 48 |
| 4.8 | Unplanned Care Activity & Finance, All Providers..... | 49 |
| 4.8.1 | All Providers | 49 |
| 4.8.2 | Southport and Ormskirk Hospital NHS Trust..... | 50 |
| 4.8.3 | Southport & Ormskirk Hospital NHS Trust Key Issues | 50 |
| 4.9 | Aintree and University Hospital NHS Foundation Trust..... | 51 |
| 5. | Mental Health..... | 52 |
| 5.1 | Mersey Care NHS Trust Contract | 52 |
| 5.1.1 | Key Mental Health Performance Indicators | 52 |
| 5.2 | Out of Area Placements (OAP's) | 53 |
| 5.2.1 | Mental Health Contract Quality Overview..... | 53 |
| 5.3 | Patient Experience of Mental Health Services..... | 54 |
| 5.4 | Improving Access to Psychological Therapies | 55 |
| 5.5 | Dementia | 57 |
| 5.6 | Improve Access to Children & Young People's Mental Health Services (CYPMH)..... | 57 |
| 5.7 | Waiting times for Urgent and Routine Referrals to Children and Young People's Eating Disorder Services | 58 |
| 6. | Community Health | 58 |
| 6.1 | Lancashire Care Trust Community Services | 58 |
| 6.1.2 | Quality | 59 |
| 6.2 | Patient Experience of Community Services | 59 |
| 6.3 | Any Qualified Provider – Southport & Ormskirk Hospital..... | 59 |
| 6.4 | Any Qualified Provider – Specsavers..... | 60 |
| 6.5 | Percentage of children waiting more than 18 weeks for a wheelchair | 60 |

| | | |
|------|--|----|
| 6.6 | Children’s Community Audiology Service..... | 60 |
| 7. | Third Sector Contracts | 61 |
| 8. | Primary Care..... | 62 |
| 8.1 | Extended Access (evening and weekends) at GP services..... | 62 |
| 8.2 | CQC Inspections..... | 63 |
| 9. | Better Care Fund | 63 |
| 10. | CCG Improvement & Assessment Framework (IAF) | 66 |
| 10.1 | Background | 66 |
| 10.2 | Q1 Improvement & Assessment Framework Dashboard..... | 68 |
| 10.1 | Clinical Priority Areas..... | 70 |
| 11. | NHS England Monthly Activity Monitoring | 71 |

List of Tables and Graphs

| | |
|--|----|
| Figure 1 – Financial Dashboard | 13 |
| Figure 2 – Forecast Outturn | 13 |
| Figure 3 – Acting as One Contract Performance | 14 |
| Figure 4 – QIPP Plan and Forecast | 15 |
| Figure 5 – CCG Financial Position | 16 |
| Figure 6 – Risk Adjusted Financial Position | 17 |
| Figure 7 – Summary of working capital | 17 |
| Figure 8 - Referrals by Source across all providers for 2015/16, 2016/17 & 2017/18 | 18 |
| Figure 9 – Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18 | 19 |
| Figure 10 – Southport & Formby CCG E Referral Performance | 20 |
| Figure 11 - Diagnostic Test Waiting Time Performance | 20 |
| Figure 12 - Referral to Treatment Time (RTT) Performance | 21 |
| Figure 13 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting | 22 |
| Figure 14 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers | 22 |
| Figure 155 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust | 23 |
| Figure 16 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust | 23 |
| Figure 17 – Southport & Formby CCG Provider Assurance for Long Waiters | 24 |
| Figure 18 – Southport & Ormskirk Cancelled Operations | 24 |
| Figure 19 – Southport & Ormskirk Cancelled Operations for a second time | 25 |
| Figure 20 – Two Week Cancer Performance measures | 25 |
| Figure 21 – 31 Day Cancer Performance measures | 26 |
| Figure 22 – 62 Day Cancer Performance measures | 27 |
| Figure 23 – Southport & Ormskirk Inpatient Friends and Family Test Results | 28 |
| Figure 24 - Planned Care - All Providers | 30 |
| Figure 25 - Planned Care – Southport and Ormskirk NHS Trust by POD | 30 |
| Figure 26 - Planned Care – Aintree University Hospital NHS Foundation Trust by POD | 31 |
| Figure 27 – Planned Care – Renacres Hospital by POD | 32 |
| Figure 28 – Planned Care - Wrightington, Wigan and Leigh NHS Foundation Trust by POD | 32 |
| Figure 29 – Planned Care - iSIGHT Southport by POD | 33 |
| Figure 30 - Southport & Formby CCG – 2017/18 PHB Plans | 34 |
| Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population | 34 |
| Figure 32 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed | 35 |
| Figure 33 - Smoking at Time of Delivery (SATOD) | 35 |
| Figure 34 - A&E Performance | 36 |
| Figure 35 - A&E Performance – 12 hour breaches | 38 |
| Figure 36 - Previous Ambulance performance targets and new ARP Targets | 39 |
| Figure 37 - Ambulance handover time performance | 39 |
| Figure 38 - 111 service calls | 41 |
| Figure 39 - GP Out of Hours service calls | 42 |
| Figure 40 - Stroke and TIA performance | 42 |
| Figure 41 - Mixed Sex Accommodation breaches | 43 |
| Figure 42 - Healthcare associated infections (HCAI) | 44 |
| Figure 433 - Hospital Mortality | 45 |
| Figure 44 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2016 – September 2017 | 46 |

| | |
|--|----|
| Figure 45 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2016 – September 2017 | 46 |
| Figure 46 - Average Delayed Transfers of Care per Day at Merseycare - April 2016 – September 2017 | 47 |
| Figure 47 - Average Delayed Transfers of Care per Day at Merseycare - April 2016 – September 2017 | 47 |
| Figure 48 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2016 – September 2017 | 47 |
| Figure 49 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2016 – September 2017 | 48 |
| Figure 50 - Aintree A&E Friends and Family Test performance | 48 |
| Figure 51 - Month 6 Unplanned Care – All Providers | 50 |
| Figure 52 - Month 6 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD | 50 |
| Figure 53 - Month 6 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD | 51 |
| Figure 54 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity | 52 |
| Figure 55 - CPA – Percentage of People under CPA followed up within 7 days of discharge | 52 |
| Figure 56 - CPA Follow up 2 days (48 hours) for higher risk groups | 53 |
| Figure 57 - Figure 16 EIP 2 week waits | 53 |
| Figure 58 - Merseycare Friends and Family Test performance | 54 |
| Figure 59 - Monthly Provider Summary including (National KPI s Recovery and Prevalence) | 55 |
| Figure 60 - NHS Southport & Formby CCG – Access Sefton % Internal waiters | 56 |
| Figure 61- Dementia casefinding | 57 |
| Figure 62 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 17/18 (30% Target) | 57 |
| Figure 63 - Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target) | 58 |
| Figure 64 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target) | 58 |
| Figure 65 - Lancashire Care Friends and Family Test performance | 59 |
| Figure 66 - Southport & Formby CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (92% Target) | 60 |
| Figure 67 - Southport & Formby CCG - Extended Access at GP services 2017/18 Plans | 62 |
| Figure 68 – CQC Inspection Table | 63 |
| Figure 69 – BCF Metric performance | 64 |
| Figure 70 – BCF High Impact Change Model assessment | 65 |
| Figure 71 – Q1 2017/18 IAF Dashboard | 68 |
| Figure 72 - Southport & Formby CCG's Month 6 Submission | 72 |

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 6 (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 |
| 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 |
| Cancer 14 Day Breast Symptom | Red | Grey |
| Cancer 31 Day First Treatment | Green | SORM |
| Cancer 31 Day Subsequent - Drug | Red | SORM |
| Cancer 31 Day Subsequent - Surgery | Green | SORM |
| Cancer 31 Day Subsequent - Radiotherapy | Green | SORM |
| Cancer 62 Day Standard | Red | SORM |
| Cancer 62 Day Screening | Red | SORM |
| Cancer 62 Day Consultant Upgrade | Green | SORM |
| Diagnostic Test Waiting Time | Red | SORM |
| HCAI - C.Diff | Green | SORM |
| HCAI - MRSA | Green | SORM |
| HCAI - E Coli | Red | Grey |
| 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 |
| Ambulance - Category One* | Grey | Grey |
| Ambulance - Category Two* | Grey | Grey |
| Ambulance - Category Three* | Grey | Grey |
| Ambulance - Category Four* | Grey | Grey |

*September ambulance data is unavailable at present. Provisional data for these new indicators anticipated in December.

Key information from this report

Financial position

The agreed financial plan for 2017/18 requires the CCG to break even in year, whilst the cumulative CCG position is a deficit of £6.695m, which incorporates the historic deficit brought forward from the previous financial year. The cumulative deficit will be addressed as part of the CCG longer-term recovery plan and will be repaid with planned surpluses in future financial years.

The QIPP savings requirement, assessed at the start of the year, to deliver the agreed financial plan is £10.137m. Work has been ongoing to develop a fully identified plan to achieve the required efficiencies to deliver the financial target. As at Month 7, £3.989m QIPP savings have been achieved, with further savings planned in future months.

Cost pressures are supported by forecast underspend on the Acute Commissioning and Independent Sector budgets relating to underperformance on the contracts with Southport & Ormskirk NHS Trust and Independent Sector providers.

The year to date financial position is a deficit of £0.8m and the full year forecast financial position is breakeven. The CCG has a QIPP plan that seeks to address the requirement in 2017/18 to achieve the planned breakeven position. However, the risk-adjusted plan indicates that there is a risk to delivery of the forecast outturn position.

Planned Care

In 2017/18 to date, monthly referrals have been below average. GP referrals in 2017/18 to date are 7.6% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 11.3% higher when compared to 2016/17.

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19. Southport and Ormskirk Trust is an early adopter of the scheme and as such is required to achieve 100% by April 2018. The latest data for E-referral Utilisation rates is September 2017 when the CCG recorded 50%. This shows a slight decline in performance compared to last month when 51% was recorded.

The CCG failed the less than 1% target for Diagnostics in September recording 2.8%. Out of 2,161 patients, 61 waited over 6 weeks and 16 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (15), colonoscopy (24) and non-obstetric ultrasound (11). Although this is a slight decline on last month's performance, this is an improvement on 4 months ago when 5.41% was recorded. Southport and Ormskirk also failed to achieve the standard of less than 1% during September, reporting 2.2% of patients waiting in excess of 6 weeks, a slight improvement on previous month.

In September, Southport & Ormskirk Trust reported 17 cancelled operations for non-clinical reasons not being offered another date within 28 days, bringing the year to date total to 59.

The CCG achieved the target of 93% for 2-week cancer wait for first outpatient appointment for patients referred urgently with breast symptoms in September with a performance of 93.44% but are failing year to date at 92.11% due to previous month's breaches. The CCG failed the 98% target for 31-day wait for anti-cancer drug regimen in September with 91.67% due to just one breach and therefore failed year to date at 97.70%. The CCG achieved the target of 90% for 62-day screening at 100% but failed year to date due to previous month's breaches, recording

86.36%. Lastly, the CCG narrowly failed the 62-day standard with 84.85% in September and are failing year to date at 80.98%.

Southport & Ormskirk achieved the 85% target for the 62-day standard recording 88% in September but are failing year to date at 81.4%.

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 recent months, from 11.1% in February to 18.8% in September. The percentage of patients that would recommend the inpatient service in the Trust remained at 91% in September, showing no improvement and remaining below the England average of 96%. The percentage of people who would not recommend the inpatient service has fallen from 6% in August to 4% in September. However this is still greater than the England average of 2%. For maternity services a significant drop can be seen in the percentage who would recommend the birth service, from 100% in April to June 2017, to 94% in September, falling below the England average of 96%. Also the percentage who would not recommend the postnatal ward has increased from 0% in August to 3% in September, rising above the England average of 2%.

Performance at Month 6 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.2m/-6.3%. 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 £1.2mk/6.5%.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. Quarter 2 data shows the CCG are below plan. The CCG is exploring the increase of PHBs as part of the end of life pathway.

For Smoking at Time of Delivery, the CCG was just over the national ambition of 11% in quarter 2 for percentage of maternities where mother smoked, at 12%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for September reached 85.69%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 92%.

Southport & Ormskirk had no 12-hour breaches in September, with the year to date figure remaining at 14 (3 in April, 9 in May and 2 in July).

In August, NWAS went live with the implementation of the Ambulance Response Programme (ARP). Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls.

September 2017 has seen a similar number of calls 111 calls made by Southport and Formby patients compared to last month, with 1,625 in August and 1,621 in September. There have been 740 (7%) fewer calls for the first 6 months of 2017/18 than in the same period of 2016/17.

The number of calls from Southport and Formby patients to the GP OOH service in September has remained similar to August with 936 calls. When compared to the first 6 months of the previous financial year, there have been 267/5% fewer contacts so far in 2017/18.

Southport & Ormskirk failed the stroke target in September recording 48.3%, with only 14 out of 29 patients spending 90% of their time on a stroke unit. This shows no change in performance from

August. During September 2017, there were 13 TiA's referrals, 9 of these were reportable, for which the Trust was 0% compliant.

The CCG reported a Mixed Sex Accommodation rate of 3.5, which equates to 14 breaches in September. All 14 breaches were at Southport & Ormskirk NHS Trust. Southport & Ormskirk had 18 mixed sex accommodation breaches (a rate of 3.3) and have therefore breached the zero tolerance threshold. Of the 18 breaches, 14 were for Southport & Formby CCG and 4 for West Lancashire CCG.

There were 3 new cases of Clostridium Difficile attributed to the CCG in September. 18 have been reported year to date. (6 apportioned to acute trust and 12 apportioned to community). For Southport & Ormskirk year to date the Trust has had 4 cases against a plan of 18 (1 new case in September), so is under plan. Southport & Ormskirk reported a new case of MRSA in September and are now reporting red against the zero tolerance threshold. An E.coli target for CCGs for 2017/18 has been set at 121 cases. This is being monitored and there have been 73 cases April to September against a plan of 65.

There are 96 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 53 of these incidents apply to Southport & Formby CCG patients. 43 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 31 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 remained at 7 in September, no change on last month. Analysis of average delays in September 2017 compared to September 2016 shows them to be higher by 2.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates for Friends and Family and have decreased further from 1.4% in August to 1.2% in September. The Trust A&E department has also seen a further decrease in the percentage of people who would recommend the service from 58% in August to 55% in September, falling further below the England average of 87%. The percentage not recommending has further increased from 29% in August to 31% in September, rising further above the England average of 7%.

Performance at Month 6 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £482k/3%. 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 £756k/4.7%.

Mental Health

The Trust failed to achieve the target of 95% for patients under CPA followed up within 2 days (48 hours) for higher risk groups in September with 66.7% due to just 1 breach.

The CCG has a target to reduce out of area placements by 33% based on quarter 4 2016/17. The total number of OAP's in quarter 4 2016/17 was 3, therefore the target for 2017/18 is 2. No OAP's have been reported year to date and therefore the CCG is compliant.

In terms of Improving Access to Psychological Therapies (IAPT), whilst the access target was missed, the provider reported more Southport & Formby patients entering treatment in month 6. 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 slightly in Month 6 by 3.2% with 256

compared to 248 in Month 5. 65.23% of these were self-referrals, which is less than 67.74% in Month 5. 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 at Month 6 with 50 compared to 43 in Month 5. 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 reduced to 47.3% in month 6 (from 52.3% in month 5). This fails to meet the minimum standard of 50% although the year- end projection is 50% based on the current year to date position.

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 September of 71.9%, 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 a target of 30% by the end of the financial year. Quarter 1 performance shows 4.3% of children and young people receiving treatment (80 out of an estimated 1,877 with a diagnosable mental health condition), against a target of 5.3%.

There are also new plans for Waiting Times for Urgent and Routine Referrals to Children and Young Peoples Eating Disorder Services for each quarter of 2017/18. Quarter 2 performance is 100%.

Community Health Services

The community contract for Southport & Formby CCG patients transferred over to Lancashire Care Foundation Trust on 1st May. An information sub group has been established and the group has now met on several occasions. The Trust continues to share draft reports with the CCG, updating on progress in terms of data quality. The Trust is currently in the process of validating the information they receive from Southport & Ormskirk Hospital (as per the agreed SLA), 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. A project plan has been shared with the CCG which outlines timescales for validation by service. The Continence and Treatment Rooms services are due to undertake a data quality audit in November 2017. If the outcome is positive, they will be signed off as validated.

Primary Care

Two practices were inspected in October: Churchtown Medical Centre and Lincoln House Surgery. Both practices received an overall rating of 'Good'.

Better Care Fund

A quarterly performance monitoring return was submitted on 17th November on behalf of the Sefton Health and Wellbeing Board. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

CCG Improvement & Assessment Framework

Publication of the updated Framework for 2017/18 was significantly delayed and released on 21st November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed.

A full exception report for each of the indicators above, outlining reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators will be presented to Governing Body in January.

2. Financial Position

2.1 Summary

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

The year to date financial position is a deficit of £0.800m, a deterioration against the planned deficit of £0.200m. The full year forecast is breakeven. The CCG has a QIPP plan that addresses the requirement in 2017/18 to achieve the planned breakeven position. However, the risk-adjusted plan indicates that there is a risk to delivery of the in-year position.

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

Cost pressures have emerged in the first seven months of the financial year which are balanced out by underspends in other areas. The main areas of forecast overspend are within the Continuing Healthcare, Wrightington, Wigan and Leigh NHS Foundation Trust, Aintree University NHS Foundation Trust and Programme Projects budgets covering the following areas:

- The CCG is experiencing pressures within its continuing healthcare budgets.
- Overspend in Wrightington Wigan & Leigh Hospital in respect of increased Trauma and Orthopaedic activity, although this is offset by underspends in other providers.
- Overspend in Aintree hospital due to increased costs of drugs and devices that are outside the Acting as One Agreement.
- Costs for referral management and prior approval services to support delivery of QIPP schemes.

The cost pressures are supported by forecast underspend on the Acute Commissioning and Independent Sector budgets relating to underperformance on the contract with Southport & Ormskirk NHS Trust and Independent Sector providers.

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

The high-level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

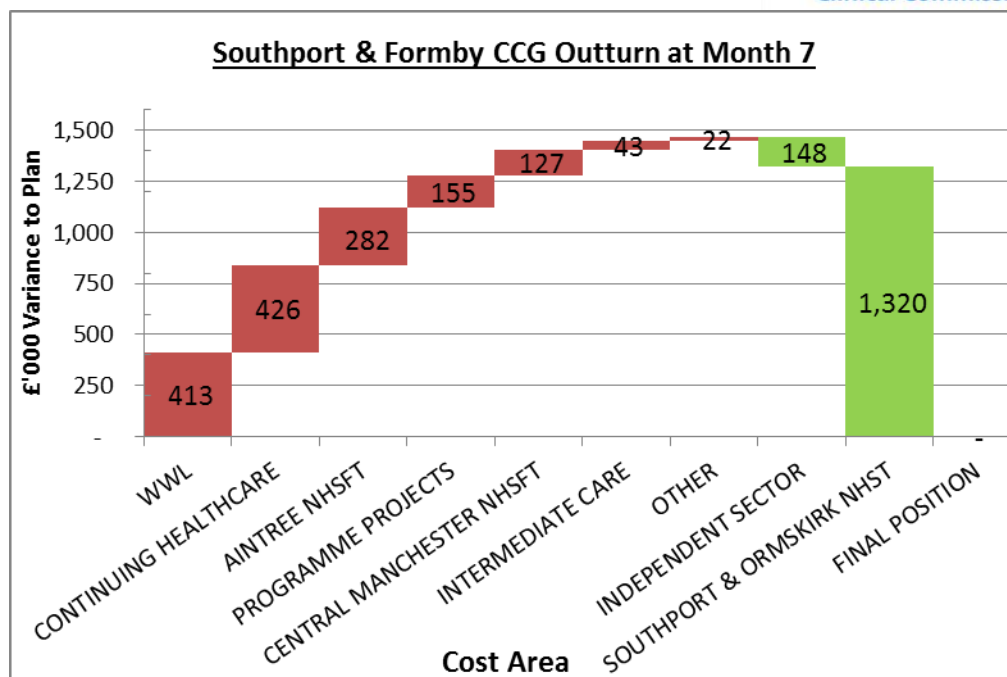
| Key Performance Indicator | | This Month |
|---------------------------|--|------------|
| Business Rules | 1% Surplus | ✗ |
| | 0.5% Contingency Reserve | ✓ |
| | 0.5% Non-Recurrent Reserve | ✓ |
| Breakeven | Financial Balance | ✓ |
| QIPP | QIPP delivered to date (<i>Red reflects that the QIPP delivery is behind plan</i>) | £3.989m |
| Running Costs | CCG running costs < 2017/18 allocation | ✓ |
| BPPC | NHS - Value YTD > 95% | 99.64% |
| | NHS - Volume YTD > 95% | 95.54% |
| | Non NHS - Value YTD > 95% | 97.18% |
| | Non NHS - Volume YTD > 95% | 95.78% |

- 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.
- 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 £3.989m to date, which is in line with the planned delivery at Month 7.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.057m for 2017/18.
- All BPPC targets have been achieved this month.

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
 - Over performance on WWL contract – mainly due to Orthopaedic Activity
 - Cost pressures relating to Continuing Healthcare packages
 - Over performance on Aintree contract due to high cost drugs and devices outside Acting as One agreement
 - Costs for referral management and prior approval services (Programme Projects budget)
 - Cost pressure at Central Manchester Trust due to high cost critical care patient
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget due to underperformance on the contract with Southport and Ormskirk Hospital and within the reserve budget due to the 0.5% contingency held.

2.3 Provider Expenditure Analysis – Acting as One

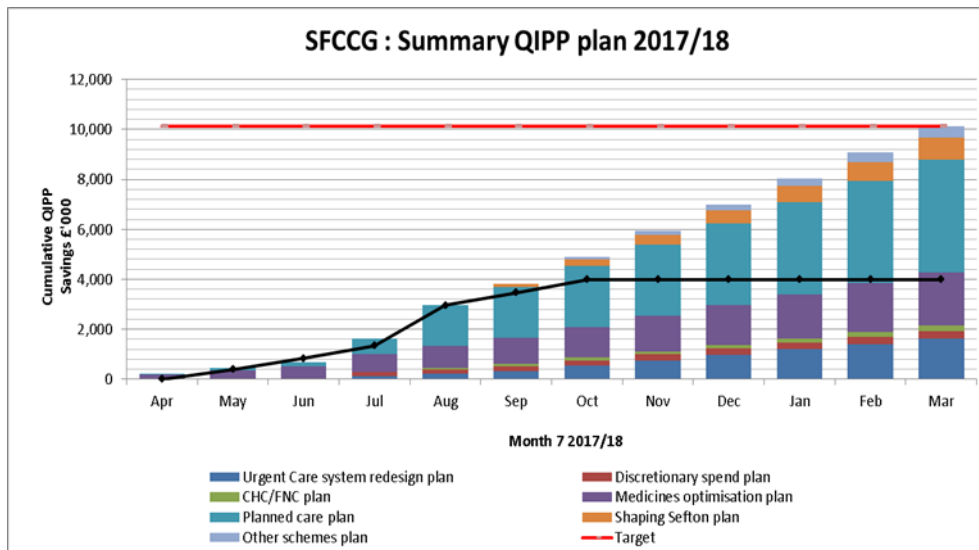
Figure 3 – Acting as One Contract Performance

| Provider | Pressure/(Benefit) £m |
|--|--------------------------|
| Aintree University Hospital NHS Foundation Trust | £0.502 |
| Alder Hey Children's Hospital NHS Foundation Trust | £0.029 |
| Clatterbridge Cancer Centre NHS Foundation Trust | £0.000 |
| Liverpool Women's NHS Foundation Trust | -£0.004 |
| Liverpool Heart & Chest NHS Foundation Trust | £0.018 |
| Royal Liverpool and Broadgreen NHS Trust | -£0.157 |
| Mersey Care NHS Foundation Trust | £0.000 |
| The Walton Centre NHS Foundation Trust | -£0.013 |
| Grand Total | £0.377 |

- 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 over performance with these providers but does present a risk that activity could move 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 over performance spend against plan, this would represent an overspend of £0.377m 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 | 3,192 | 1,569 | (269) | 4,492 |
| Medicines optimisation plan | 2,118 | 0 | 2,118 | 1,888 | 0 | 230 | 2,118 |
| CHC/FNC plan | 231 | 0 | 231 | 15 | 231 | (15) | 231 |
| Discretionary spend plan | 309 | 0 | 309 | 179 | 30 | 100 | 309 |
| Urgent Care system redesign plan | 120 | 1,500 | 1,620 | 500 | 1,000 | 120 | 1,620 |
| Shaping Sefton plan | 907 | 0 | 907 | 0 | 0 | 907 | 907 |
| Other Schemes plan | 80 | 380 | 460 | 63 | 80 | 317 | 460 |
| Total QIPP Plan | 7,607 | 2,530 | 10,137 | 5,837 | 2,910 | 1,390 | 10,137 |
| QIPP Delivered 2017/18 | | | | (3,989) | | 0 | (3,989) |

- The 2017/18 QIPP target is **£10.137m** (opening position). This plan has been phased across the year on a scheme-by-scheme basis and full detail of progress at scheme level is monitored at the QIPP committee.
- The CCG has undertaken a significant work programme to update the 2017/18 QIPP plan and identify schemes in excess of the target. A revised QIPP plan will be presented to the Governing Body.

- As at Month 7, the CCG has achieved **£3.989m** QIPP savings in respect of the following schemes:
 - Prescribing - £0.377m
 - Third Sector Contracts - £0.149m
 - Other Elective - £2.329m
 - RightCare MCAS - £0.468m
 - Other urgent care schemes - £0.5m
 - Referral Management Schemes £0.111m
 - Procedures of Limited Clinical Value £0.042m
 - Discretionary spend £0.014m
- In month, QIPP savings of **£0.523** have been achieved which all relates to the activity reductions at the main provider, Southport and Ormskirk NHS Trust.
- The forecast QIPP delivery for the year is **£7.292m**, which represents 100% of schemes rated Green and 50% of schemes rated Amber. A proportion of the plan remains rated red; work is required to provide assurance that further savings can be delivered.

2.5 Risk

Figure 5 – CCG Financial Position

| | Recurrent £000 | Non-Recurrent £000 | Total £000 |
|--|-------------------|-----------------------|---------------|
| Agreed Financial Position | 0.000 | 0.000 | 0.000 |
| QIPP Target | (6.549) | (3.588) | (10.137) |
| Revised surplus / (deficit) | (6.549) | (3.588) | (10.137) |
| Forecast Outturn (Operational Budgets) | (1.778) | 1.650 | (0.128) |
| Reserves Budget | 0.000 | 0.128 | 0.128 |
| Management action plan | | | |
| QIPP Achieved | 2.966 | 1.023 | 3.989 |
| Remaining QIPP to be delivered | 4.641 | 1.507 | 6.148 |
| Total Management Action plan | 7.607 | 2.530 | 10.137 |
| Year End Surplus / (Deficit) | (0.720) | 0.720 | 0.000 |

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

Figure 6 – Risk Adjusted Financial Position

| Southport & Formby CCG | Best Case £m | Most Likely £m | Worst Case £m |
|--|-----------------|-------------------|------------------|
| Remaining QIPP requirement | (6.148) | (6.148) | (6.148) |
| Predicted QIPP achievement (Months 6-12) | 4.753 | 3.303 | 0.218 |
| Reserves / I&E impact | (0.128) | (0.128) | (0.128) |
| Forecast Surplus / (Deficit) | (1.523) | (2.973) | (6.058) |
| Further Risk | (0.704) | (1.204) | (3.521) |
| Management Action Plan | 2.227 | 2.227 | 1.327 |
| Risk adjusted Surplus / (Deficit) | 0.000 | (1.950) | (8.252) |

- The risk-adjusted position provides an assessment of the best, likely and worst-case scenarios in respect of the CCGs year-end outturn.
- The best case is breakeven and includes an assumption that the current expenditure trends continue and this reduces the remaining QIPP requirement.
- The likely case is a deficit of **£1.950m** and assumes that QIPP delivery will be £7.292m in total with further risk and mitigations as per the best-case scenario.
- The worst-case scenario is a deficit of **£8.252m** and assumes reduced QIPP delivery, further pressures emerge in year and that the management action plan will not be delivered in full.

2.6 Statement of Financial Position

Figure 7 – Summary of working capital

| | 2016/17 | 2017/18 | | | | | | |
|--|---------|----------|----------|----------|----------|----------|----------|----------|
| | M12 | M1 | M2 | M3 | M4 | M5 | M6 | M7 |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Non-Current Assets | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| Receivables | 2,041 | 1,478 | 2,167 | 1,817 | 1,824 | 1,502 | 3,311 | 2,562 |
| Cash | 160 | 4,183 | 5,135 | 1,791 | 4,777 | 4,805 | 2,914 | 3,721 |
| Payables & Provisions | (9,202) | (10,086) | (11,745) | (12,897) | (12,821) | (11,615) | (11,707) | (13,950) |
| Value of debt > 180 days old (6months) | 723 | 723 | 723 | 723 | 734 | 734 | 722 | 722 |
| BPPC (value) | 98% | 101%* | 100% | 99% | 100% | 100% | 100% | 100% |
| BPPC (volume) | 96% | 97% | 96% | 94% | 94% | 95% | 95% | 96% |

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

- The non-current asset (Non CA) balance relates to assets inherited from Sefton PCT at the inception of the CCG. Movements in this balance relate to depreciation charges.
- The receivables balance includes invoices raised for services provided, accrued income and prepayments. Outstanding debt in excess of 6 months old currently stands at £0.722m. This balance is predominantly made up of two invoices currently outstanding with Southport & Ormskirk NHS Trust; CQUIN payment recovery (£670k) and Breast Referral Services (£50k). Both of these debts have been discussed at the CCG's Audit Committee and the Chief Finance Officer has written to the Trust Director of Finance to re-affirm the CCG's position.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD for 2017/18 was notified at £181.241m at Month 7. The actual cash utilised at Month 7 was £106.789m, which represents 58.90% of the total allocation. The balance of MCD to be utilised over the rest of the year is £74.452m.

Performance against BPPC targets continues to improve. Performance against the target will continue to be reviewed to identify items that are incorrectly categorised and therefore affecting performance on a monthly basis.

2.7 Recommendations

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

- The year to date financial position is a deficit of £0.800m, a deterioration against the planned deficit of £0.200m. The forecast financial position is breakeven. This assumes that the CCG will deliver the 2017/18 QIPP requirement in full. This represents the CCG's best-case scenario assuming that the current trends lead to delivery of savings through the QIPP plan. The CCG's likely case scenario forecasts a deficit after risk and mitigation of £1.950m.
- 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 Governing Body must consider further review of cost savings in order to develop a robust contingency plan to meet its statutory financial duty for the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support has been evident from member practices, which has enabled the CCG to reduce levels of low value healthcare and improve value for money from the use of the CCG's resources.

3. Planned Care

3.1 Referrals by Source

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

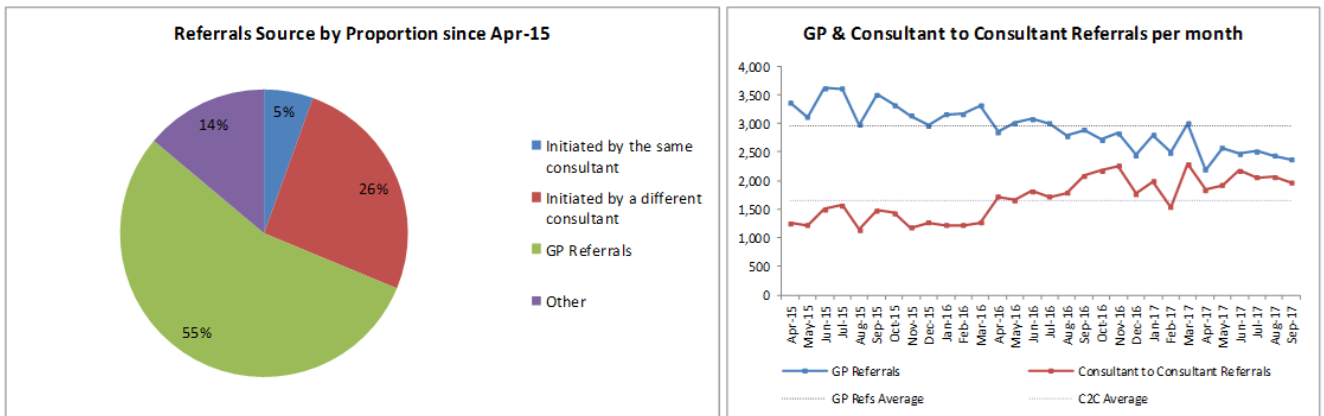


Figure 9 – Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

| Referral Type | DD Code | Description | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | 1617 YTD | 1718 YTD | Variance | % Variance |
|--------------------|--|---|--------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|---------------|
| GP | 03 | GP Ref | 2,188 | 2,577 | 2,471 | 2,513 | 2,442 | 2,370 | 17,614 | 14,561 | -3,053 | -17.3% |
| GP Total | | | 2,188 | 2,577 | 2,471 | 2,513 | 2,442 | 2,370 | 17,614 | 14,561 | -3,053 | -17.3% |
| Other | 01 | following an emergency admission | 270 | 226 | 256 | 231 | 270 | 258 | 2,840 | 1,511 | -1,329 | -46.8% |
| | 02 | following a Domiciliary Consultation | 1 | | 1 | 2 | 1 | | 4 | 5 | 1 | 25.0% |
| | 04 | An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres) | 277 | 289 | 273 | 295 | 259 | 313 | 1,660 | 1,706 | 46 | 2.8% |
| | 05 | A CONSULTANT, other than in an Accident and Emergency Department | 1,200 | 1,331 | 1,563 | 1,449 | 1,459 | 1,297 | 5,804 | 8,299 | 2,495 | 43.0% |
| | 06 | self-referral | 190 | 177 | 168 | 145 | 152 | 152 | 820 | 984 | 164 | 20.0% |
| | 07 | A Prosthetist | | | 1 | | | | 2 | 1 | -1 | -50.0% |
| | 08 | Royal Liverpool Code (TBC) | 27 | 41 | 46 | 41 | 50 | 56 | 246 | 261 | 15 | 6.1% |
| | 10 | following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres) | 35 | 11 | 24 | 14 | 17 | 19 | 148 | 120 | -28 | -18.9% |
| | 11 | other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode | 59 | 60 | 61 | 59 | 56 | 72 | 329 | 367 | 38 | 11.6% |
| | 12 | A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI) | | 2 | 3 | | 3 | 4 | 6 | 12 | 6 | 100.0% |
| | 13 | A Specialist NURSE (Secondary Care) | 3 | 2 | 1 | 6 | 2 | 5 | 21 | 19 | -2 | -9.5% |
| | 14 | An Allied Health Professional | 84 | 115 | 97 | 91 | 98 | 86 | 963 | 571 | -392 | -40.7% |
| | 15 | An OPTOMETRIST | 78 | 92 | 85 | 65 | 119 | 93 | 560 | 532 | -28 | -5.0% |
| | 16 | An Orthoptist | 1 | 6 | 2 | 2 | 4 | 4 | 26 | 19 | -7 | -26.9% |
| | 17 | A National Screening Programme | 57 | 48 | 30 | 43 | 34 | 40 | 400 | 252 | -148 | -37.0% |
| | 92 | A GENERAL DENTAL PRACTITIONER | 39 | 31 | 32 | 42 | 32 | 28 | 249 | 204 | -45 | -18.1% |
| 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 | 180 | 269 | 246 | 257 | 216 | 1,590 | 1,337 | -253 | -15.9% | |
| Other Total | | | 2,490 | 2,611 | 2,912 | 2,731 | 2,813 | 2,643 | 15,668 | 16,200 | 532 | 3.4% |
| Unknown n | | | | 1 | | | 1 | | 6 | 2 | -4 | -66.7% |
| Grand Total | | | 4,678 | 5,189 | 5,383 | 5,244 | 5,256 | 5,013 | 33,288 | 30,763 | -2,525 | -7.6% |

With the exception of March 2017, there has been a downward trend to referrals from December 2016 onwards.

At the beginning of 2017/18, the average for monthly referrals decreased by 4% and total referrals are 7.6% down comparing to 2016/17. GP referrals in 2017/18 to date are 17.3% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 11.3% higher when compared to 2016/17. This can be attributed to significant increases within the Clinical Physiology and Physiotherapy specialties. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved.

A referral management scheme started on 1st October 2017 in Southport & Formby CCG which is currently in Phase I (administrative phase). Phase II referral management includes clinical triage for Dermatology referrals, which is in place.

Data quality note: Walton Neuro Centre excluded from the above analysis due to data quality issues. For info, 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 manually corrected to a referral source of 01.

3.1.1 E-Referral Utilisation Rates

Figure 10 – Southport & Formby CCG E Referral Performance

| NHS E-Referral Service Utilisation | | | | |
|------------------------------------|-------------------|------------------------------------|--------|---|
| NHS Southport & Formby CCG | 17/18 - September | 80% by Q2 17/18 & 100% by Q2 18/19 | 50.00% | ↓ |

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19. Southport and Ormskirk Trust is an early adopter of the scheme and as such is required to achieve 100% by April 2018.

E-referral Utilisation rates in September 2017 for the CCG as a whole reached 50%. This shows a slight decline in performance compared to last month when 51% recorded. The CCG’s Informatics provider is assisting practices to utilise the e-referral system. The CCG Business Intelligence team are developing monthly practice level E-referral utilisation reports, and NHS Digital have offered to visit practices with the lowest E-referral rates to support them further.

3.2 Diagnostic Test Waiting Times

Figure 11 - Diagnostic Test Waiting Time Performance

| Diagnostic test waiting times | | | | |
|--|-------------------|-----|-------|---|
| % of patients waiting 6 weeks or more for a Diagnostic Test (CCG) | 17/18 - September | <1% | 2.80% | ↑ |
| % of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk) | 17/18 - September | <1% | 2.20% | ↓ |

The CCG failed the less than 1% target for Diagnostics in September recording 2.8%. Out of 2,161 patients, 61 waited over 6 weeks and 16 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (15), colonoscopy (24) and non-obstetric ultrasound (11).

Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. September's performance has seen a slight improvement from 2.4% to 2.2%. Out of 2,909 patients, 65 waited over 6 weeks and 3 over 12 weeks for their diagnostic test. The majority of breaches were waiting for non-obstetric ultrasound (30) and echocardiography (26). Performance was recorded at 2.23% in September, a reduction of 0.12% from August 2017. There were 30 breaches within non-obstetric Ultrasound. Actions include the inclusion of modality lead in weekly Patient Tracking List meetings, which has led to waiting list management. The Trust are also looking at reviewing capacity and demand with the service lead. There were 24 breaches within echocardiography where long term sickness and a pending resignation presenting significant risk to service provision. Recruitment has been approved and locum provision now being procured, with a service review been instructed internally.

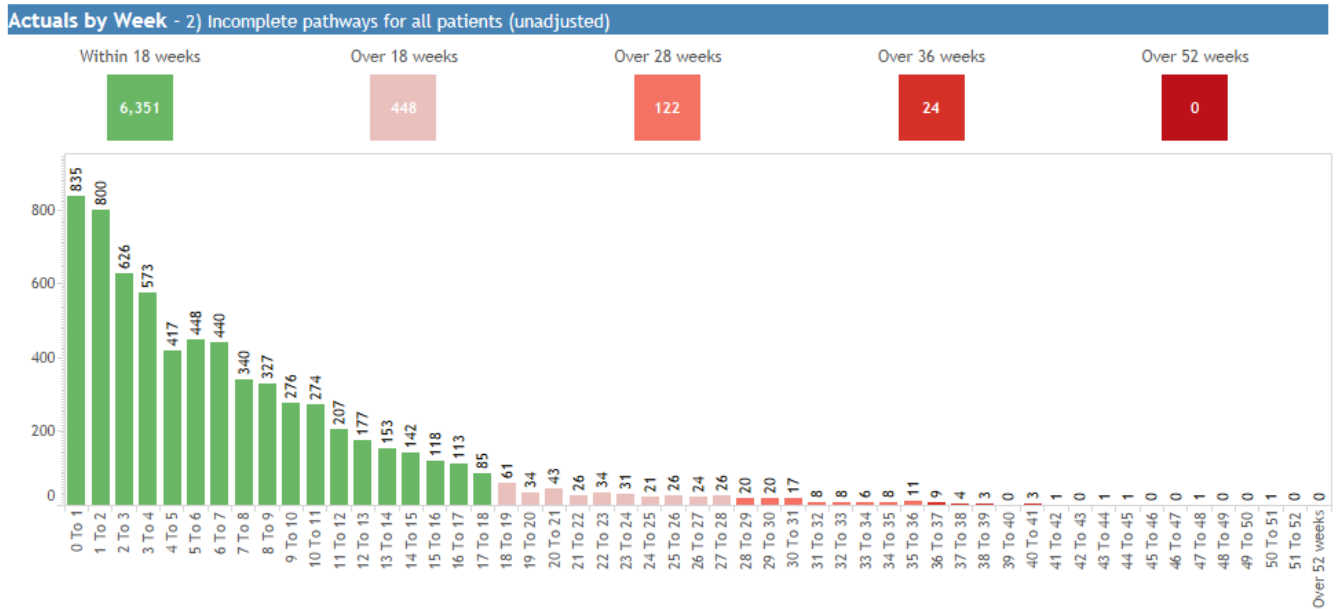
3.3 Referral to Treatment Performance

Figure 12 - Referral to Treatment Time (RTT) 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 - September | 0 | 0 | ↔ |
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk) | 17/18 - September | 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 - September | 92% | 93.40% | ↔ |
| 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 - September | 92% | 94.20% | ↓ |

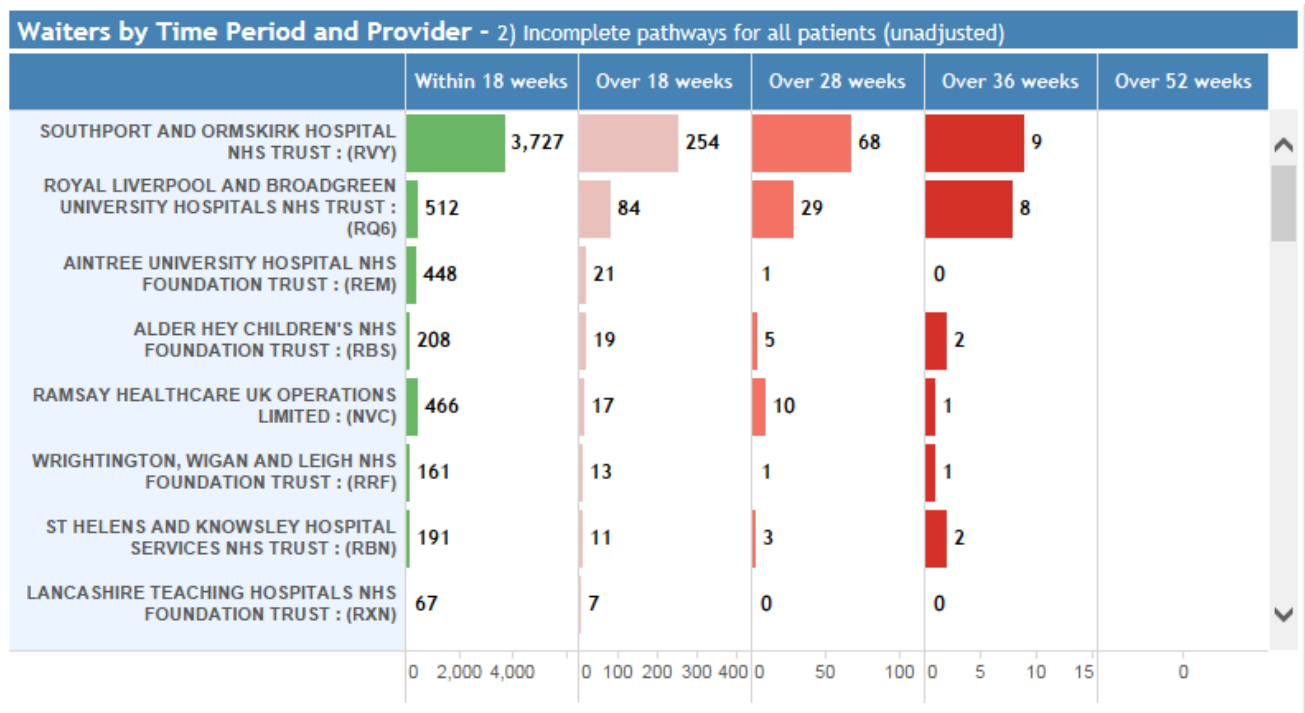
3.3.1 Incomplete Pathway Waiting Times

Figure 13 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 14 - 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 155 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

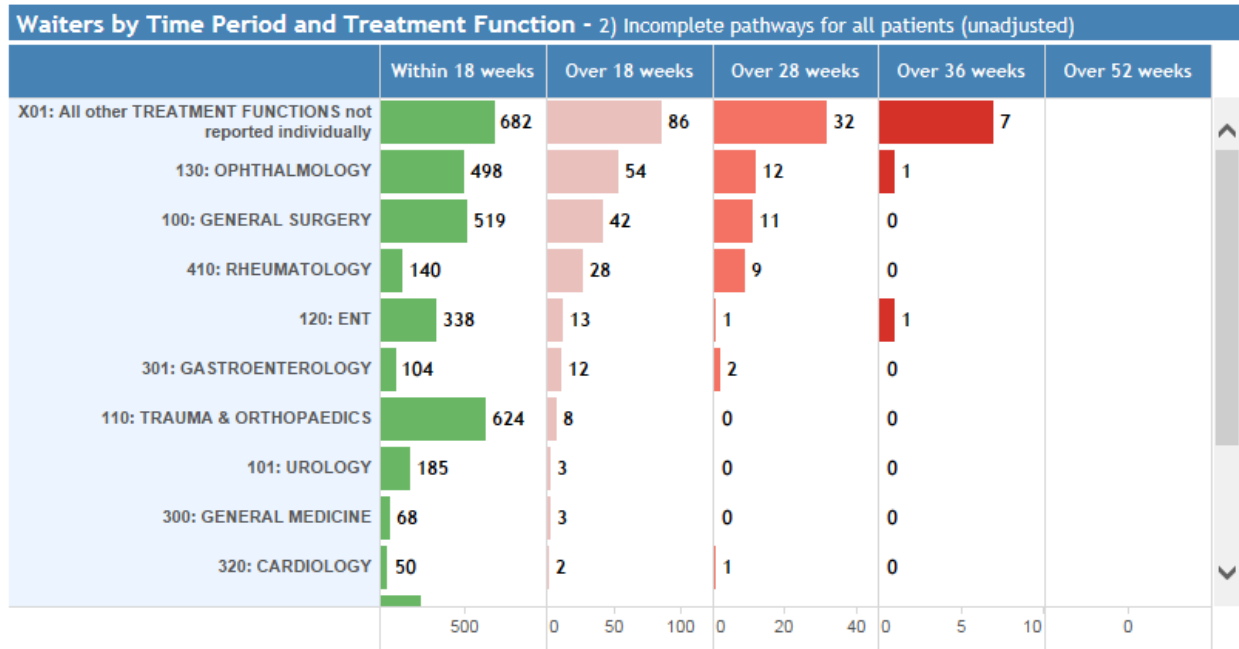
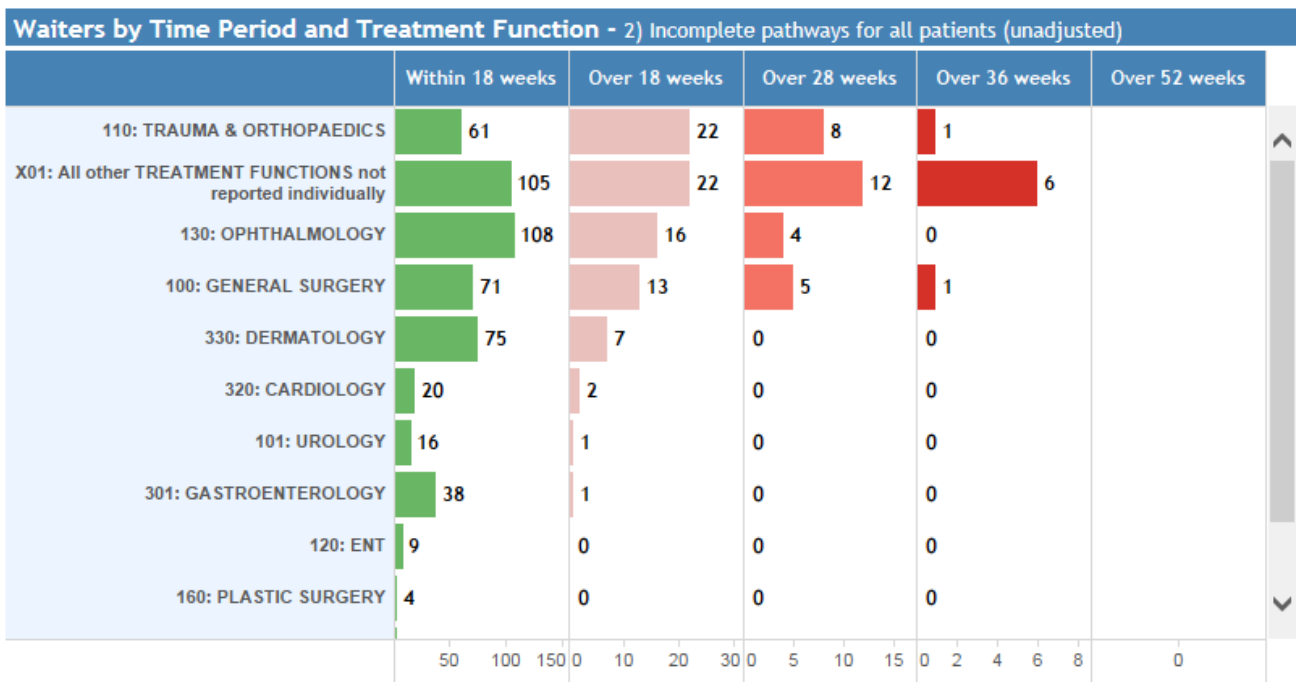


Figure 16 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Figure 17 – Southport & Formby CCG Provider Assurance for Long Waiters

| CCG | Trust | Specialty | Wait band | Has the patient been seen/has a TCI date? | Detailed reason for the delay |
|------------------------|------------------------------|-----------------|-----------|--|---|
| Southport & Formby CCG | Southport & Ormskirk | All Other | 40 | Treated 10/10 | Patient was referred 20/12, they had a new patient appointment booked 31/8 which the patient cancelled until the 10/10. They went on a watchful wait at this point. |
| Southport & Formby CCG | Southport & Ormskirk | All Other | 40 | Treated 28/9 | Patient was referred 08/12, they had a new patient appointment booked 22/7 which the patient cancelled until the 28/9. They were given Treatment/Advice at the point. |
| Southport & Formby CCG | Royal Liverpool & Broadgreen | All Other | 40 | Pathway Stopped- treated | Capacity |
| Southport & Formby CCG | Royal Liverpool & Broadgreen | All Other | 41 | Pathway Stopped- treated | Capacity |
| Southport & Formby CCG | Alder Hey | All Other | 50 | Treated 18/10/2017 | Audiology - Capacity constraints |
| Southport & Formby CCG | St Helens & Knowsley | Plastic Surgery | 47 | | |
| Southport & Formby CCG | Wrightington, Wigan & Leigh | T&O | 43 | Seen on 22/10/17 | This patient was identified at anaesthetic review as complex, needing a HDU bed, therefore needing their surgery at RAEI site. The Trust has no scheduled theatre sessions at RAEI therefore this can create delays in dating patients. |
| Southport & Formby CCG | Wirral | Gynaecology | 44 | Trust no Longer responding to 40 week requests | |

The Royal Liverpool & Broadgreen Hospitals Trust did not achieve the 92% incomplete Referral to Treatment (RTT) target for the month of September 2017, (84.9%). Challenges remain the same as previously reported within General Surgery, Trauma & Orthopaedics, Ophthalmology, Urology, Dermatology, and Gastroenterology. ENT and Cardiology have now also dropped below the target and challenges within the following specialties (Allergy, Paediatric Dentistry, and Respiratory Medicine) are resulting in the 'Other' category failing the target. Liverpool CCG are working with the provider to develop rebuts action plans.

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

Figure 18 – Southport & Ormskirk Cancelled Operations

| Cancelled Operations | | | | |
|--|-------------------|---|----|---|
| All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Southport & Ormskirk | 17/18 - September | 0 | 17 | ↑ |
| | | | | ↑ |

Southport & Ormskirk reported 17 cancelled operations in September, bringing the total YTD figure to 59. The Trust has been contacted for further information regarding the breaches.

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

Figure 19 – Southport & Ormskirk Cancelled Operations for a second time

| Cancelled Operations | | | | |
|---|-------------------|---|---|--------|
| No urgent operation should be cancelled for a second time - Southport & Ormskirk | 17/18 - September | 0 | 0 | 1 ↔ |

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 20 – Two Week Cancer Performance measures

| Cancer waits – 2 week wait | | | | |
|---|-------------------|-----|--------|---|
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG) | 17/18 - September | 93% | 94.14% | ↔ |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk) | 17/18 - September | 93% | 95.14% | ↑ |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG) | 17/18 - September | 93% | 92.11% | ↑ |

The CCG achieved the target of 93% in September for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms, with a performance of 93.44% but are failing year to date 92.11% mainly due to previous months breaches. In September, there were a total of 50 patients and 2 patient breaches.

A Protected Learning Time event was held with General Practice staff in November 2017. This session included advice on how best to manage symptomatic breast patients and the importance of patients understanding the timescale for breast appointments and the need to be available. It is hoped this will reduce demand for these services and ensure patients who are referred are less likely to reject appointment offers or cancel appointments.

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 21 – 31 Day Cancer Performance measures

| Cancer waits – 31 days | | | | |
|---|-------------------|-----|------------|---|
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG) | 17/18 - September | 96% | 98.56% | ↔ |
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk) | 17/18 - September | 96% | 98.82% | ↔ |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG) | 17/18 - September | 94% | 96.58% | ↔ |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk) | 17/18 - September | 94% | 0 Patients | ↔ |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG) | 17/18 - September | 94% | 100.00% | ↔ |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk) | 17/18 - September | 94% | 95.00% | ↑ |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG) | 17/18 - September | 98% | 97.70% | ↓ |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk) | 17/18 - September | 98% | 100.00% | ↔ |

The CCG failed the 98% target for the second consecutive month in September, with 91.67%, and has therefore fallen just below the 98% target year to date at 97.70%. In September 1 patient breached out of 12. The breach was a Urological patient who waited 39 days at Clatterbridge due to a patient holiday.

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 22 – 62 Day Cancer Performance measures

| Cancer waits – 62 days | | | | |
|--|-------------------|--------------------|------------|---|
| Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG) | 17/18 - September | 85% (local target) | 86.36% | ↑ |
| Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk) | 17/18 - September | 85% (local target) | 91.98% | ↔ |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG) | 17/18 - September | 90% | 86.36% | ↑ |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk) | 17/18 - September | 90% | 0 Patients | ↔ |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG) | 17/18 - September | 85% | 80.98% | ↔ |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk) | 17/18 - September | 85% | 81.40% | ↑ |

The CCG treated 3 patients in September for 62-day wait from referral from an NHS screening service with no breaches but are still failing year to date recording 86.36% due to previous breaches.

The CCG failed the 85% target for the 62-day standard in September recording 84.85% with 5 breaches out of 33, and year to date with 80.98%. The longest wait was 120 days, a Urological patient whose delay was due to a late referral at day 57 from Aintree to Royal Liverpool. All breaches of 104 days or more are subject to harm reviews.

Southport & Ormskirk achieved the 85% target for 62-day wait from urgent GP referral to first definitive treatment in September, with 88% but are still failing YTD with 81.4%. In September, there was the equivalent of 4.5 breaches out of a total equivalent of 37.5 patients.

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

Figure 23 – Southport & Ormskirk Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: **Sep-17**

| Clinical Area | Response Rate (RR) Target | RR Actual | RR Trend Line | % Recommended (Eng. Average) | % Recommended | PR Trend Line | % Not Recommended (Eng. Average) | % Not Recommended | PNR Trend Line |
|--------------------------|---------------------------|-----------|---|------------------------------|---------------|--|----------------------------------|-------------------|---|
| Inpatient | 25.0% | 18.8% |  | 96% | 91% |  | 2% | 4% |  |
| Q1 - Antenatal Care | N/A | - | | 97% | * |  | 1% | * |  |
| Q2 - Birth | N/A | 9.0% |  | 96% | 94% |  | 2% | 0% |  |
| Q3 - Postnatal Ward | N/A | - | | 94% | 94% |  | 2% | 3% |  |
| 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 had previously seen a decrease in response rates for inpatients, from 18.5% in July to 13.3% in August. However this has increased again in September to 18.8%. The percentage of patients that would recommend the inpatient service in the Trust remains at 91% in September, showing no improvement and is therefore still well below the England average of 96%. The percentage of people who would not recommend the inpatient service has fallen from 6% in August to 4% in September. Although this is an improvement it is still greater than the England average of 2%.

For maternity services, the percentage of people who would recommend the birth service has dropped below the England average of 96% to 94%, a significant drop in performance from 100% achieved between April and June 2017. The percentage of patients who would not recommend the postnatal ward has increased from 0% in August to 3% in September, rising above the England average of 2%. For those areas where data has been captured, all other services are in line with

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 Deputy Director of Nursing from the Trust attended the CCG EPEG meeting in July to present the Trust's Patient and Carer Strategy. Patients and carers were involved in the development of this new strategy. The Trust has agreed to return in 4 months to provide an update for this and to evidence improvements as a result of the new strategy.

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 6 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.2m/-6.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there remaining a total under spend of approximately £1.2mk/6.5%.

At individual providers, Aintree (£176k/9%) and Wrightington, Wigan and Leigh (£61k/11%) are showing the largest over performance at month 6. This is offset by an under spend at a number of providers, notably Southport & Ormskirk (-£1.1m/-11%).

Figure 24 - Planned Care - All Providers

| PROVIDER NAME | Plan to Date Activity | Actual to date Activity | Variance to date Activity | Activity YTD % Var | Price Plan to Date (£000s) | Price Actual to Date (£000s) | Price variance to date (£000s) | Price YTD % Var | Acting as One Adjustment | Total Price Var (following AAO Adjust) | Total Price Var % |
|---|-----------------------|-------------------------|---------------------------|--------------------|----------------------------|------------------------------|--------------------------------|-----------------|--------------------------|--|-------------------|
| AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST | 8,897 | 9,996 | 1,099 | 12% | £1,921 | £2,097 | £176 | 9% | £-176 | £0 | 0.0% |
| ALDER HEY CHILDREN'S NHS FOUNDATION TRUST | 3,740 | 3,519 | -221 | -6% | £270 | £268 | £-2 | -1% | £2 | £0 | 0.0% |
| LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST | 1,217 | 1,104 | -113 | -9% | £503 | £463 | £-40 | -8% | £40 | £0 | 0.0% |
| LIVERPOOL WOMEN'S NHS FOUNDATION TRUST | 1,321 | 966 | -355 | -27% | £304 | £273 | £-31 | -10% | £31 | £0 | 0.0% |
| ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST | 7,978 | 7,668 | -310 | -4% | £1,474 | £1,414 | £-60 | -4% | £60 | £0 | 0.0% |
| WALTON CENTRE NHS FOUNDATION TRUST | 1,261 | 1,146 | -115 | -9% | £378 | £371 | £-7 | -2% | £7 | £0 | 0.0% |
| ACTING AS ONE TOTAL | 24,413 | 24,399 | -14 | 0% | £4,850 | £4,885 | £35 | 1% | £-35 | £0 | 0% |
| CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 118 | 201 | 83 | 70% | £22 | £60 | £38 | 171% | £0 | £38 | 171% |
| COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST | 0 | 59 | 59 | 0% | £0 | £6 | £6 | 0% | £0 | £6 | #DIV/0! |
| FAIRFIELD HOSPITAL | 57 | 5 | -52 | -91% | £9 | £8 | £-1 | -13% | £0 | £-1 | -13% |
| ISIGHT (SOUTHPORT) | 2,077 | 2,643 | 566 | 27% | £429 | £435 | £6 | 1% | £0 | £6 | 1% |
| RENACRES HOSPITAL | 7,359 | 6,322 | -1,037 | -14% | £1,968 | £1,776 | £-192 | -10% | £0 | £-192 | -10% |
| SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST* | 55,506 | 50,603 | -4,903 | -9% | £10,549 | £9,369 | £-1,180 | -11% | £0 | £-1,180 | -11% |
| SPIRE LIVERPOOL HOSPITAL | 189 | 199 | 10 | 5% | £45 | £55 | £11 | 24% | £0 | £11 | 24% |
| ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST | 2,222 | 2,543 | 321 | 14% | £558 | £554 | £-4 | -1% | £0 | £-4 | -1% |
| THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST | 210 | 253 | 43 | 20% | £62 | £51 | £-10 | -17% | £0 | £-10 | -17% |
| UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST | 100 | 141 | 41 | 41% | £18 | £31 | £13 | 70% | £0 | £13 | 70% |
| WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST | 0 | 75 | 75 | 0% | £0 | £18 | £18 | 0% | £0 | £18 | #DIV/0! |
| WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST | 156 | 146 | -10 | -6% | £51 | £39 | £-12 | -24% | £0 | £-12 | -24% |
| WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST | 1,510 | 1,715 | 205 | 14% | £542 | £604 | £61 | 11% | £0 | £61 | 11% |
| ALL REMAINING PROVIDERS TOTAL | 69,505 | 64,905 | -4,600 | -7% | £14,254 | £13,006 | £-1,247 | -9% | £0 | £-1,247 | -9% |
| GRAND TOTAL | 93,918 | 89,304 | -4,614 | -5% | £19,104 | £17,891 | £-1,213 | -6.3% | £-35 | £-1,247 | -6.5% |

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 25 - 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 | 5,577 | 5,429 | -148 | -3% | £3,037 | £2,739 | £-298 | -10% |
| Elective | 796 | 742 | -54 | -7% | £2,033 | £1,744 | £-290 | -14% |
| Elective Excess BedDays | 187 | 120 | -67 | -36% | £45 | £28 | £-17 | -38% |
| OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led) | 764 | 310 | -454 | -59% | £129 | £54 | £-75 | -58% |
| OPFASPCL - Outpatient first attendance single professional consultant led | 6,843 | 5,781 | -1,062 | -16% | £1,185 | £986 | £-199 | -17% |
| OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led). | 1,930 | 740 | -1,190 | -62% | £146 | £63 | £-83 | -57% |
| OPFUPSPCL - Outpatient follow up single professional consultant led | 19,924 | 18,006 | -1,918 | -10% | £1,642 | £1,464 | £-178 | -11% |
| Outpatient Procedure | 13,790 | 14,341 | 551 | 4% | £1,842 | £1,824 | £-18 | -1% |
| Unbundled Diagnostics | 5,696 | 5,134 | -562 | -10% | £490 | £467 | £-23 | -5% |
| Grand Total | 55,506 | 50,603 | -4,903 | -9% | £10,549 | £9,369 | £-1,180 | -11% |

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

Month 6 activity and finance continues the trend of previous months and is under performing against all planned areas. The Trust have struggled throughout the year to reach planned levels due to a number of factors with reduced levels of GP referred activity the main reason.

Reduced GP referrals noted across the majority of specialties at the Trust with Trauma & Orthopaedics, Dermatology and Cardiology the main specialties. Joint health has significantly reduced levels of T&O activity, not just at Southport Trust, but also across the health economy. System wide pressure within Dermatology saw the Trust close access via choose and book with activity diverted to the CCGs community provider or other Trusts. The CCG also has a pilot scheme with the Southport & Formby GP Federation to provide some Cardiology diagnostics and activity; this has resulted in reductions at the Trust.

Other notable Trust issues are also affecting the contracts performance such as staffing shortages, mainly within Pain Management. Work undertaken by the Trust in line with the CCGs PLCV policy is producing results with further reductions in Elective and Day Case procedures.

All these areas, as well as other reductions, have resulted in decreased activity across all planned care points of delivery. Further work undertaken in the Information Sub Group with the Trust to understand referral patterns and activity flow, the results suggest a genuine decrease rather than a shift in activity to other providers. There is no expectation for activity to significantly increase in the latter part of the year with the CCG and Trust in discussion on how best to take forward the contract for 2018/19.

3.7.3 Aintree University Hospital NHS Foundation Trust

Figure 26 - Planned Care – Aintree University Hospital NHS Foundation 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 | 407 | 432 | 25 | 6% | £238 | £308 | £70 | 29% |
| Elective | 210 | 175 | -35 | -17% | £479 | £403 | -£76 | -16% |
| Elective Excess BedDays | 53 | 51 | -2 | -4% | £13 | £12 | -£1 | -7% |
| OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led) | 70 | 34 | -36 | -52% | £15 | £7 | -£7 | -50% |
| OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face | 127 | 81 | -46 | -36% | £5 | £3 | -£2 | -39% |
| OPFASPCL - Outpatient first attendance single professional consultant led | 1,417 | 1,557 | 140 | 10% | £245 | £267 | £22 | 9% |
| OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led). | 80 | 58 | -22 | -27% | £7 | £6 | -£1 | -16% |
| OPFUPNFTF - Outpatient Follow-Up Non Face to Face | 198 | 450 | 252 | 128% | £5 | £11 | £6 | 128% |
| OPFUPSCL - Outpatient follow up single professional consultant led | 3,672 | 3,858 | 186 | 5% | £303 | £314 | £12 | 4% |
| Outpatient Procedure | 1,299 | 1,750 | 451 | 35% | £191 | £252 | £61 | 32% |
| Unbundled Diagnostics | 890 | 982 | 92 | 10% | £62 | £84 | £22 | 35% |
| Wet AMD | 474 | 568 | 94 | 20% | £358 | £429 | £70 | 20% |
| Grand Total | 8,897 | 9,996 | 1,099 | 12% | £1,921 | £2,097 | £176 | 9% |

Aintree performance is showing a £176k/9% variance against plan with individual PODS varying between over and under performance. Day cases and Wet AMD are the highest over performing

areas with a variance of £70k/29% and £70k/20% against plan respectively. The over performance within day cases is principally within Cardiology and Breast Surgery.

Outpatient procedures are also over performing against plan at month 6, primarily within Ophthalmology, with a year to date cost variance of £25k/45%.

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

3.7.4 Renacres Trust

Figure 27 – Planned Care – Renacres Hospital by POD

| Renacres Hospital Planned Care PODS | Plan to Date Activity | Actual to date Activity | Variance to date Activity | Activity YTD % Var | Price Plan to Date (£000s) | Price Actual to Date (£000s) | Price variance to date (£000s) | Price YTD % Var |
|--|-----------------------|-------------------------|---------------------------|--------------------|----------------------------|------------------------------|--------------------------------|-----------------|
| Daycase | 824 | 673 | -151 | -18% | £821 | £645 | £-176 | -21% |
| Elective | 128 | 138 | 10 | 7% | £548 | £591 | £43 | 8% |
| OPFASPCL - <i>Outpatient first attendance single professional consultant led</i> | 1,669 | 1,259 | -410 | -25% | £268 | £212 | £-57 | -21% |
| OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i> | 1,828 | 1,550 | -278 | -15% | £118 | £102 | £-16 | -13% |
| Outpatient Procedure | 1,203 | 827 | -376 | -31% | £125 | £128 | £4 | 3% |
| Unbundled Diagnostics | 617 | 445 | -172 | -28% | £57 | £40 | £-17 | -30% |
| Physio | 1,089 | 871 | -218 | -20% | £32 | £26 | £-6 | -20% |
| Outpatient Pre-op | 0 | 559 | 559 | #DIV/0! | £0 | £33 | £33 | #DIV/0! |
| Grand Total | 7,359 | 6,322 | -1,037 | -14% | £1,968 | £1,776 | £-192 | -10% |

Renacres performance is showing a £-192k/10% variance against plan with the majority of PODS under performing at month 6. Day case activity is the highest underperforming area with a variance of £-176k/21% against plan. This is largely a result of reduced activity within Trauma & Orthopaedics and General Surgery due to a change in recording. Pain Management and Gastroenterology were historically coded incorrectly under these specialties. A shift of activity can be seen since this was corrected but the issue is still having an impact on current plans.

The planning profile for Renacres Hospital has recently been amended for 2017/18 based on working days rather than previous activity. The new plans for each month of 2017/18 are more static, and more in line with expected levels of activity.

3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 28 – 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 | 9 | 14 | 5 | 59% | £1 | £1 | £1 | 59% |
| Daycase | 72 | 92 | 20 | 29% | £95 | £131 | £36 | 38% |
| Elective | 45 | 61 | 16 | 35% | £258 | £336 | £78 | 30% |
| Elective Excess BedDays | 13 | 13 | 0 | 4% | £3 | £3 | £0 | -2% |
| OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led) | 31 | 37 | 6 | 20% | £2 | £3 | £1 | 41% |
| OPFASPCL - Outpatient first attendance single professional consultant led | 160 | 255 | 95 | 59% | £22 | £35 | £14 | 63% |
| OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led). | 45 | 73 | 28 | 62% | £3 | £4 | £1 | 54% |
| OPFUPNFTF - Outpatient Follow-Up Non Face to Face | 62 | 88 | 26 | 43% | £1 | £2 | £1 | 43% |
| OPFUPSPCL - Outpatient follow up single professional consultant led | 597 | 735 | 138 | 23% | £36 | £44 | £8 | 23% |
| Outpatient Procedure | 109 | 190 | 81 | 74% | £15 | £25 | £11 | 71% |
| Unbundled Diagnostics | 115 | 157 | 42 | 37% | £14 | £18 | £4 | 27% |
| Grand Total | 1,257 | 1,715 | 458 | 36% | £450 | £604 | £154 | 34% |

Wrightington, Wigan and Leigh performance is showing a £61k/11% variance against plan with the majority of PODS over performing at month 6. Elective activity is the highest over performing area followed by day cases, with a variance of £25k/8% and £16k/14% against plan respectively. This over performance in both PODs is largely within Trauma & Orthopaedics. Elective costs are due in large to Very Major Knee and Hip Procedures for Non-Trauma (CC Score 0-1). Day case costs can be attributed to activity across a number of HRGs, many with zero plan set.

3.7.6 iSIGHT Southport

Figure 29 – Planned Care - iSIGHT Southport by POD

| ISIGHT (SOUTHPORT) Planned Care PODS | Plan to Date Activity | Actual to date Activity | Variance to date Activity | Activity YTD % Var | Price Plan to Date (£000s) | Price Actual to Date (£000s) | Price variance to date (£000s) | Price YTD % Var |
|---|--------------------------|----------------------------|------------------------------|--------------------|----------------------------|------------------------------|--------------------------------|-----------------|
| Daycase | 476 | 540 | 64 | 13% | £299 | £270 | £-29 | -10% |
| OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led) | 5 | 2 | -3 | -64% | £1 | £0 | £-1 | -64% |
| OPFASPCL - Outpatient first attendance single professional consultant led | 389 | 371 | -18 | -5% | £56 | £53 | £-3 | -5% |
| OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led). | 146 | 63 | -83 | -57% | £10 | £4 | £-6 | -57% |
| OPFUPSPCL - Outpatient follow up single professional consultant led | 941 | 1,166 | 225 | 24% | £52 | £64 | £12 | 24% |
| Outpatient Procedure | 118 | 501 | 383 | 323% | £12 | £43 | £31 | 270% |
| Grand Total | 2,077 | 2,643 | 566 | 27% | £429 | £435 | £6 | 1% |

Isight performance is showing a £6k/1% variance against plan, which is clearly driven by an over performance within outpatient procedures. This POD is currently £31k/270% above plan at month 6 due to activity related to the HRG 'Contrast Fluoroscopy Procedures with duration of less than 20 minutes'.

3.8 Personal Health Budgets

Figure 30 - Southport & Formby CCG – 2017/18 PHB Plans

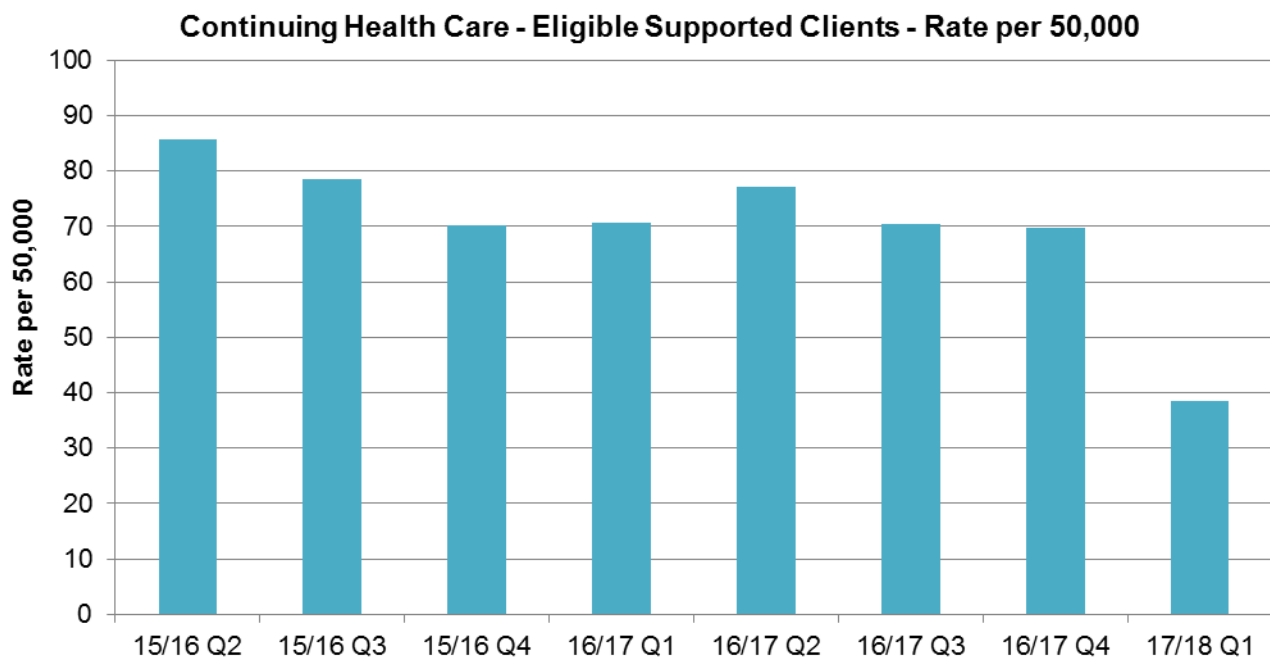
| | Q1 Plan | Q1 Actual | Q2 Plan | Q2 Actual | Q3 Plan | Q3 Actual | Q4 Plan | Q4 Actual |
|--|---------|-----------|---------|-----------|---------|-----------|---------|-----------|
| 1) Personal health budgets in place at the beginning of quarter (total number per CCG) | 56 | 14 | 60 | 17 | 64 | | 68 | |
| 2) New personal health budgets that began during the quarter (total number per CCG) | 4 | 0 | 4 | 1 | 4 | | 4 | |
| 3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG) | 60 | 14 | 64 | 18 | 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 | 14.48 | 54.71 | 0.00 | 57.93 | 0.00 |

The CCG reported 17 personal health budgets (PHBs) at the end of Q2, which is an increase of 3 from Q1. This remains below the NHS England target for PHBs for CCGs. The CCG is exploring the use of PHBs as part of the end of life pathway, via CHC fast tracks utilised by Warrington CCGs. Mersey Internal Audit Agency have recently reported further opportunities to the CCG regarding increasing the use of PHBs.

3.9 Continuing Health Care (CHC)

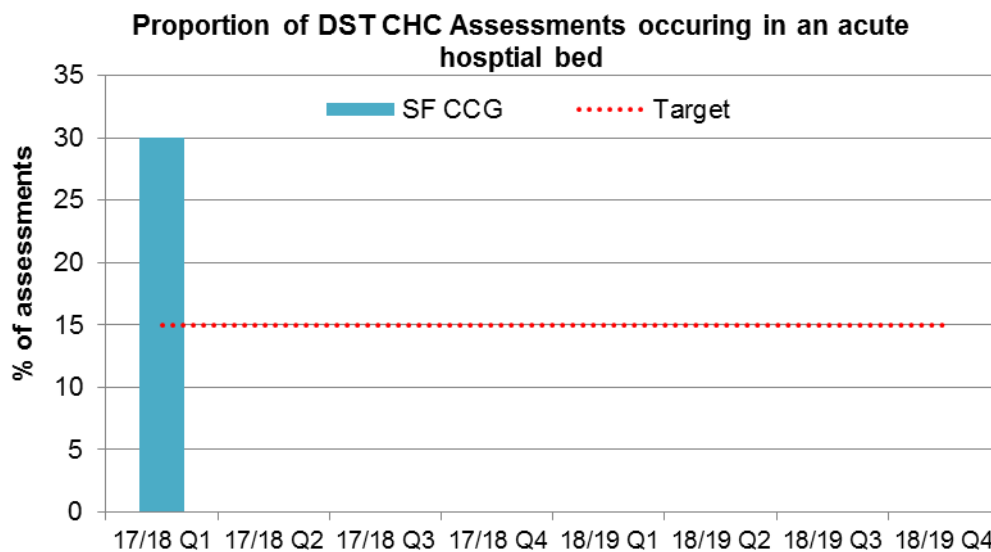
A number of measures are reported nationally on the NHS England website relating to Continuing Health Care (CHC). Two are reported in this report, and further indicators will be added to the report in the coming months.

Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population



Whilst the rate of eligible supported clients has fallen for both CCGs in the latest quarter, the count of newly eligible clients has increased (not shown).

Figure 32 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



The proportion of DST assessments occurring in an acute hospital bed in Southport and Formby is higher than the national average of 27% in Q1. Data submissions are being validated to ensure accuracy.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board will meet in January 2018, bringing together commissioners, providers and Local Authority colleagues.

3.10 Smoking at Time of Delivery (SATOD)

Figure 33 - Smoking at Time of Delivery (SATOD)

| | Southport & Formby | | | |
|--|--------------------|-----------|-------|-------|
| | Actual Q1 | Actual Q2 | YTD | FOT |
| Number of maternities | 239 | 276 | 515 | 1030 |
| Number of women known to be smokers at the time of delivery | 22 | 33 | 55 | 110 |
| Number of women known not to be smokers at the time of delivery | 212 | 241 | 453 | 906 |
| Number of women whose smoking status was not known at the time of delivery | 5 | 2 | 7 | 14 |
| Data coverage % | 97.9% | 99.3% | 98.6% | 98.6% |
| Percentage of maternities where mother smoked | 9.2% | 12.0% | 10.7% | 10.7% |

The CCG is above the data coverage plan of 95% at Q2 but is unfortunately just over the national ambition of 11% for the percentage of maternities where mother smoked, with 12%. However, year to date the CCG remains under target at 10.7%.

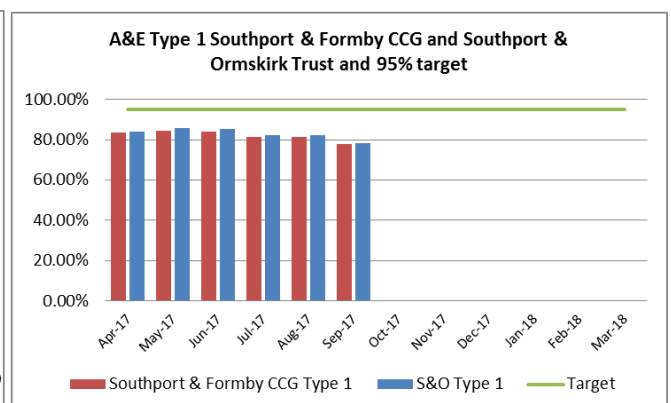
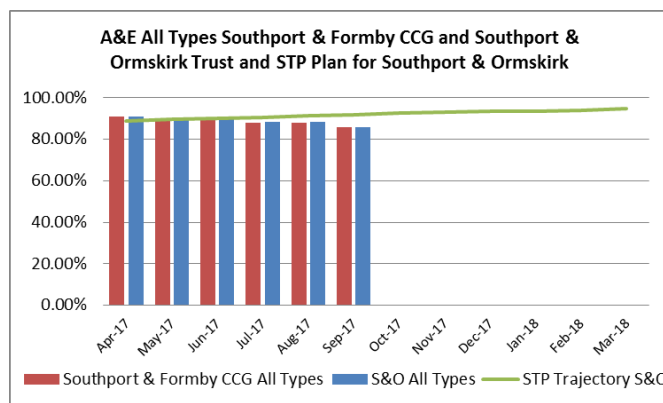
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 34 - A&E Performance

| A&E waits | | | | | |
|---|-------------------|---|--------|---|--|
| Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types | 17/18 - September | 95.00% | 88.54% | ↓ | Southport & Formby CCG failed the 95% target in September reaching 85.62% (YTD 88.54%). In September, 459 attendances out of 3,192 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 - September | 95.00% | 82.26% | ↓ | Southport & Formby CCG failed the 95% target in September reaching 77.82% (YTD 82.26%). In September, 458 attendances out of 2,065 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 - September | STF Trajectory Target for September 92% | 88.92% | ↓ | Southport & Ormskirk have reported 85.69% in September below the STF target of 92% for September (YTD 88.92%). In September, 1,356 attendances out of 9,476 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 - September | 95.00% | 83.07% | ↓ | Southport & Ormskirk have failed the target in September reaching 78.18% (YTD 83.07%). In September, 1,352 attendances out of 6,195 were not admitted, transferred or discharged within 4 hours. |

| A&E All Types | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | YTD |
|--------------------|--------|--------|--------|--------|--------|--------|--------|
| STP Trajectory S&O | 89.00% | 89.50% | 90% | 90.7% | 91.4% | 92% | % |
| S&O All Types | 91.10% | 89.40% | 90.32% | 88.27% | 88.42% | 85.69% | 88.92% |



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 September reached 85.69%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 92% for September, and year to date 88.92%. Disappointingly, September saw the lowest performance against the 4-hour target. Although total attendances reduced by 4.5% compared to last year, this reduction was in minors only, rather than majors. The overall percentage of attendances that were majors was

72.3% compared to 69.4% in September 2016, which does, in turn have an impact on the Emergency Department's ability to turn cubicles around as these patients can be higher in acuity and reliant on diagnostic testing, and specialty input to determine whether admission is required. Flow remains a major challenge and escalation areas were heavily relied upon overnight in order to maintain safety. A number of key meetings have been held across the Clinical Business Units with Executive support to drive improvements in flow. Emergency Department staffing also remains challenging with a number of junior doctor and clinical fellow vacancies following August changeover. Recruitment attempts are ongoing with little success at junior doctor level so far. The Clinical Business Unit is pursuing expansion of Advanced Nurse Practitioner posts as a longer-term solution.

The Trust are reconfiguring some wards during November in order to implement "safe at all times" to bring acute, medical and surgical care wards into one place. The work at Southport also includes creation of a clinical communications hub, which will support bed management and give oversight of activity across the hospital to underpin safe care.

The CCG has also commissioned ten additional beds at Sutton Grange for the winter period (March 2018).

Long-term actions

The trust has identified key actions, which have been agreed at executive level as part of the ECIP programme and for our winter plan. A senior member of staff has been assigned responsibility for each initiative.

- A&E exit pathway - a range of initiatives including relaunch of 'golden patient', boarding, effective use of EAU and discharge lounge
- Real time information - finalisation of daily dashboard and implementation of the electronic control centre. A discharge dashboard is being further developed as part of the daily system huddles, a similar dashboard for the front door is in development, this will feed into a higher level dashboard for the AED delivery board.
- SAFER - review and relaunch the programme of work
- Safe at all times Southport and Ormskirk – reconfiguration of the ward locations to develop more assessment areas and reduce ward areas, due to go live on Southport site in November, starting with moving the Stroke ward, then moving surgical areas. This same principle is to be applied to the Ormskirk site with more elective work being moved over to create improved flow.
- D2A beds - implementation of ICRAS model. The CCG's are currently working with West Lancashire CCG and all providers to try and reach a solution regarding our D2A bed base. The issues are predominantly workforce related as opposed to bed base and finance.
- Medicines management - a range of initiatives to include transcribing policy, ready-made packs, use of Rowlands, Omnicell, non-medical prescribers.

In terms of discharge and therapy support, the trust is significantly ahead in terms of ICRAS implementation. They have been using the Lane approach since last winter and are on with an internal development programme to up skill ward staff in discharges lanes 1 and 2, relaunching the SAFER bundle will help to expedite non-complex discharges. The daily discharge huddles have improved communication between hospital and community staff, the colocation of local authority staff, ICRAS staff and Mental Health should work towards improving this further.

In terms of improving AED performance we are working together to try and proactively manage surges in pressure. There is a lot of transformation occurring, in both the acute and community,

where both providers have had to continue with service provision whilst going through a procurement which has led a degree of workforce instability.

The CCG’s have weekly meetings set up with Karen Jackson, CEO throughout winter and up to March 18, bi weekly ‘ready for discharge’ operational meeting set up with both acute, community and local authority presence progress on our initiatives report to the sub group, issues are then escalated to the AED delivery board if required.

Figure 35 - A&E Performance – 12 hour breaches

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

Southport & Ormskirk had no 12-hour breaches in the month of September (year to date 14). CCG awaiting RCA’s for patient breaches in previous months.

4.2 Ambulance Service Performance

In August, NWS went live with the implementation of the Ambulance Response Programme (ARP). The Ambulance Response Programme was commissioned by Sir Bruce Keogh following calls for the modernisation of a service developed and introduced in 1974. The redesigned system will focus on ensuring patients get rapid life-changing care for conditions such as stroke rather than simply “stopping the clock”. Previously one in four patients who needed hospital treatment more than a million people each year – underwent a “hidden wait” after the existing 8 minute target was met because the vehicle despatched, a bike or a car, could not transport them to A&E. Ambulances will now be expected to reach the most seriously ill patients in an average time of seven minutes. The ‘clock’ will only stop when the most appropriate response arrives on scene, rather than the first. Although ARP is now live, the data is still being analysed at a Northwest level and is not yet ready to be shared at County or CCG level due to the fundamental shifts.

NWS have worked closely with staff during the implementation of ARP which has involved targeted training programmes for dispatchers, clinicians and managers in emergency operations centres. Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls. NWS have advised that the service response model needs to adapt to the new system and will require a review of the ambulance resource model take time to embed before the full benefits are realised.

NWS performance is measured on the ability to reach patients as quickly as possible. Performance will be based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

Under the new national standards, all incidents will be measured against the standards rather than the most serious under the old national standards. The four response categories are described below:

- **Category one** is for calls from people with life-threatening injuries and illnesses. These will be responded to in an **average time of 7 minutes** and at least **9 out of 10 times within 15 minutes**.
- **Category two** is for emergency calls. These will be responded to in an **average time of 18 minutes** and at least **9 out of 10 times within 40 minutes**.
- **Category three** is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least **9 out of 10 times within 120 minutes**.
- **Category four** is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least **9 out of 10 times within 180 minutes**.

Figure 36 - Previous Ambulance performance targets and new ARP Targets

| CURRENT | | | | FUTURE ARP | | | |
|--|------------------------|---|---|---|--------------|--|---|
| RED 1 Life Threatening | 3% of calls (NWS 3%) | 75% response within 8 mins | Clock starts at point call connected from 999 | CATEGORY 1 Life Threatening | 8% of calls | 7 mins mean response time 90% in 15 mins | Clock starts 30 secs from call connect or problem identified |
| RED 2 Emergency Calls | 47% of calls (NWS 41%) | 75% response within 8 mins | From Oct 16: Clock started 240 secs from call connect or problem identified | CATEGORY 2 Emergency Calls | 48% of calls | 18 mins mean response time 90% in 40 mins | Clock starts 240 secs from call connect or problem identified |
| ALL RED GREEN 1 Emergency Care | (NWS 5%) | 95% within 19 minutes NW local target 20 mins response | 60 secs from call connect / ambulance dispatched / problem identified | If conveyed, transporting vehicle stops the clock | | | |
| GREEN 2 Emergency Care | (NWS 29%) | NW local target 30 mins response | | CATEGORY 3 Urgent Calls | 34% of calls | 90% in 120 mins | Clock starts 240 secs from call connect or problem identified |
| GREEN 3 Urgent Care | (NWS 7%) | NW local target Tel assessment 60 mins / 180 mins response | | CATEGORY 4 Less Urgent Calls | 10% of calls | 90% in 180 mins | Clock starts 240 secs from call connect or problem identified |
| GREEN 4 Urgent Care | (NWS 14%) | NW local target Tel assessment 60 mins / 240 mins response | | If conveyed, transporting vehicle stops the clock | | | |
| ALL GREEN | 50% of calls (NWS 56%) | No national targets (local apply) | <p>The new response system will:</p> <ul style="list-style-type: none"> • Change the dispatch model, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions • Further prioritises a time critical response for the most life threatening conditions • Introduce new target response times which cover every single patient, not just those in immediate need. For the most urgent patients we will collect mean response time in addition to the 90th percentile, so every response is counted. • Change the rules around what "stops the clock", so targets can only be met by doing the right thing for the patient, where possible first time. | | | | |

Figure 37 - Ambulance handover time performance

| Handover Times | | | | | |
|--|-------------------|---|-----|---|--|
| All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk | 17/18 - September | 0 | 193 | ↑ | The Trust recorded 193 handovers between 30 and 60 minutes, this is a decline on last month when 159 was reported. |
| All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk | 17/18 - September | 0 | 189 | ↑ | The Trust recorded 189 handovers over 60 minutes, this is a decline on last month when 94 was reported. |

September's handover times saw the lowest performance. Bed flow remains a challenge, which in turn results in delays and overcrowding in the Emergency Department, as can be seen by the 4-hour standard. For the last month, the Emergency Department has been utilising the sub wait area of radiology to improve the privacy and dignity for up to four patients who previously would have waited on the corridor. Utilisation of this area has primarily been during the evenings and weekends, although it can be used during the daytime on an ad-hoc basis depending on activity levels in radiology. Discussion has been held across the Clinical Business Unit's to relaunch the

golden patient, to kick start flow on the wards earlier in the day, reduce the bottle necks down in Emergency Department, and ultimately improve experience for our patients and NWS colleagues. NWS has recently appointed a new Operational Manager for the Southport area and regular meetings are underway as we work together to make improvements.

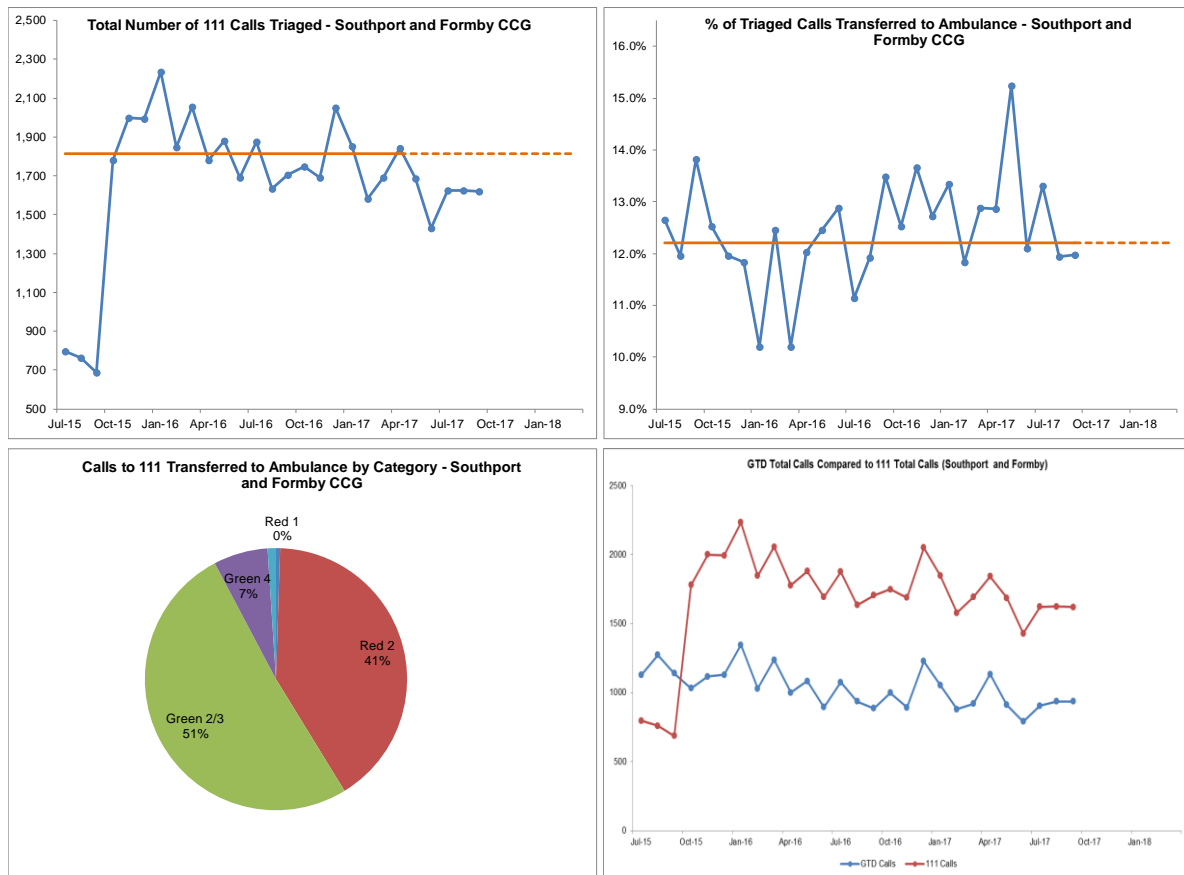
In mid-November, a guidance letter was issued to CCGs, Providers, and A&E Delivery Boards from the National Directors for Acute and Urgent Care at NHS England. The guidance 'Addressing ambulance handover delays: Actions for Local A&E Delivery Boards' sets out the main points from recent guidance documents, and separates them into actions to be embedded as part of normal working practice, and actions to be taken should ambulances begin to queue. There are 4 key principles that local systems should note:

- The patients in the urgent care pathway who are at highest risk of preventable harm are those for whom a high priority 999 emergency call has been received, but no ambulance resource is available for dispatch.
- Acute Trusts must always accept handover of patients within 15 minutes of an ambulance arriving at the ED or other urgent admission facility (e.g. medical/surgical assessment units, ambulatory care etc.).
- Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel is inappropriate.
- The patient is the responsibility of the ED from the moment that the ambulance arrives outside the ED department, regardless of the exact location of the patient.

4.3 NWAS, 111 and Out of Hours

4.3.1 111 Calls

Figure 38 - 111 service calls



The number of calls in September 2017 remains similar to the previous month. There have been 740 (7%) fewer calls for the first 6 months of 2027/18 than in the same period of 2016/17.

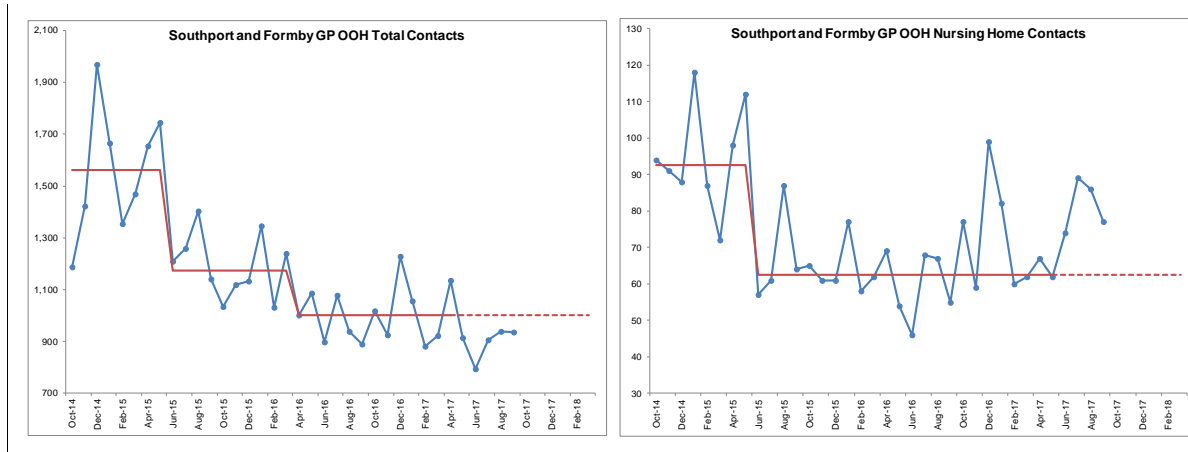
The breakdown for outcomes of 111 calls in September 2017 is as follows:

- 61% advised to attend primary and community care
- 20% closed with advice only
- 12% transferred to ambulance
- 8% advised to attend A&E
- 3% advised to other service.

Year to date, 17% of calls have been closed with advice only. This is a reduction on the previous year where 19% were ended this way. This reduction has been countered by increases in the percentage being transferred to ambulance, advised to attend A&E and to other services.

4.3.2 GP Out of Hours Calls

Figure 39 - GP Out of Hours service calls



The number of calls from Southport and Formby patients to the GP OOH service has remained similar to August with 936 calls. When compared to the first 6 months of the previous financial year, there have been 267, 5%, fewer contacts so far in 2017/18.

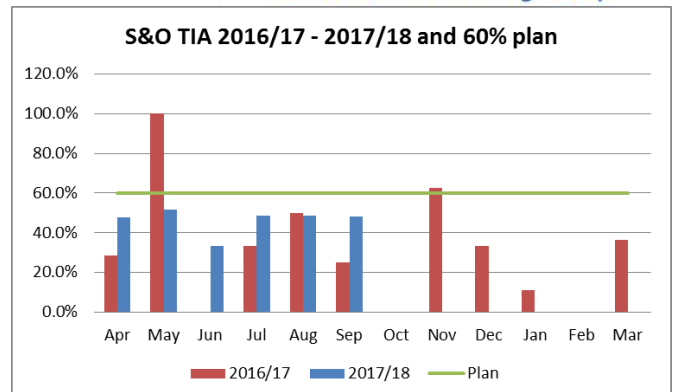
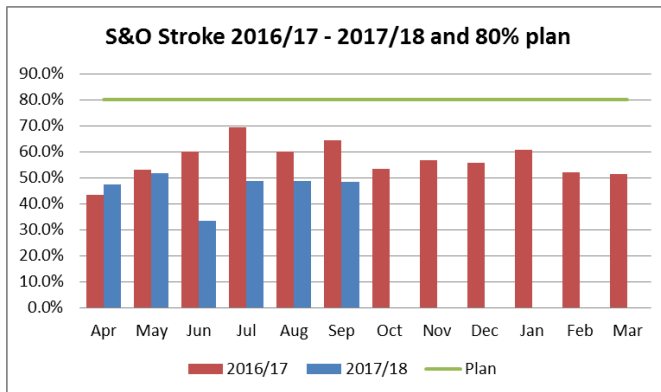
GP OOH calls from nursing homes within Southport and Formby have reduced slightly to 77 in September. There have been 96 more calls in the first 6 month of 2017/18 than in the same period in 2016/17, an increase of 27%.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 40 - Stroke and TIA performance

| Stroke/TIA | | | | |
|---|-------------------|-----|--------|---|
| % who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk) | 17/18 - September | 80% | 48.30% | ↔ |
| % high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk) | 17/18 - September | 60% | 0.00% | ↓ |



Southport & Ormskirk failed the stroke target in September recording 48.30% with only 14 out of 29 patients spending 90% of their time on a stroke unit. This shows no change in performance from August. This indicator remains a significant challenge. In terms of reconfiguration of stroke beds and Rehab Ward move to SDGH, it is anticipated that there will be an improvement in next 2-3 months.

Dr Debbie Lowe (Stroke Network) attended the North Mersey Leadership Group in mid-November to confirm the strategic direction for hyper-acute provision across North Mersey. A case for change is scheduled to be presented in December to both the Cheshire & Merseyside Partnership and the North Mersey Leadership Group. Additional issues related to Early Supported Discharge provision were also escalated to the CCG to address.

The trust is reconfiguring their internal ward layout as part of the 'safe at all times' plan. The first move is the Stroke unit, which will also incorporate the hyper-acute stroke unit, telemetry is currently being installed and the planned move will be November if not sooner. This will ensure that all the specialist provision is in the one place and create more bed base, which is fit for purpose. The outcome should be improved 4 hour to stroke ward and 90% occupancy indicator. Both West Lancashire and Southport & Formby CCGs met with the all providers and Elaine Day for the stroke network to review the commissioning of early supported discharge services. Providers are currently reviewing the service specification about what elements they can provide, the business case is then to be reviewed by the Trust and then taken through the CCGs internal processes to determine investment.

During September 2017, there were 13 TiA referrals, 9 of these were reportable for which the Trust was 0% compliant. To address the issue of clinic capacity an additional TiA clinic has now set-up every Monday, Tuesday & Thursday within AEC.

4.4.2 Mixed Sex Accommodation

Figure 41 - Mixed Sex Accommodation breaches

| Mixed Sex Accommodation Breaches | | | | |
|--|-------------------|------|------|---|
| Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG) | 17/18 - September | 0.00 | 3.50 | ↑ |
| Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk) | 17/18 - September | 0.00 | 3.30 | ↑ |

The CCG reported a Mixed Sex Accommodation rate of 3.5, which equates to a total of 14 breaches in August. All 14 breaches were at Southport & Ormskirk NHS Trust.

In September, the Trust had 18 mixed sex accommodation breaches (a rate of 3.3) and has therefore breached the zero tolerance threshold. Of the 18 breaches, 14 were for Southport & Formby CCG and 4 for West Lancashire CCG. All 18 breaches occurred within Critical Care and were all delayed discharges to an acute bed.

4.4.3 Healthcare associated infections (HCAI)

Figure 42 - Healthcare associated infections (HCAI)

| HCAI | | | | |
|---|-------------------|---------|-----|---|
| Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG) | 17/18 - September | 24 | 18 | ↑ |
| Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk) | 17/18 - September | 18 | 4 | ↑ |
| Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG) | 17/18 - September | 0 | 0 | ↔ |
| Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk) | 17/18 - September | 0 | 1 | ↑ |
| Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG) | 17/18 - September | 65 | 73 | ↑ |
| Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk) | 17/18 - September | No Plan | 107 | ↑ |

There were 3 new cases of Clostridium Difficile attributed to the CCG in September. 18 have been reported year to date against a plan of 24 (6 apportioned to acute trust and 12 apportioned to community). For Southport & Ormskirk year to date the Trust has had 4 cases against a plan of 18 (1 new case in September), so is under plan.

There were no new cases of MRSA reported in September for the CCG and therefore the CCG is compliant. Southport & Ormskirk reported 1 new case of MRSA in September against a zero tolerance threshold. In September PIU had an MRSA bloodstream infection; the last time the Trust had one of these infections was in August 2016. The case has been fully reviewed in collaboration with a representative from West Lancs CCG; a number of learning points have been identified. Following treatment, the patient has made a complete recovery and has been discharged. The apparent source of the infection was an infected cannula site. The infection has been reported through the PHE data capture system and an action plan is being produced. The main issues of this infection are inadequate documentation and a delay in the acquisition of a blood culture sample.

There has been a target set for CCGs for E.coli for 2017/18. For Southport & Formby CCG the target is 121, which is being monitored. There have been a total of 73 cases April to September against a plan of 65 (12 cases in September). Southport & Ormskirk has reported 107 cases year to date, with 19 new cases in September. There are no targets for Trusts at present.

4.4.4 Mortality

Figure 433 - Hospital Mortality

| Mortality | | | | |
|---|-------------------|-----|--------|--------|
| Hospital Standardised Mortality Ratio (HSMR) | 17/18 - September | 100 | 116.97 | ↑ ↓ |
| Summary Hospital Level Mortality Indicator (SHMI) | Dec-16 | 100 | 115.88 | ↑ |

HSMR is reported for May 2017 rolling 12-month figure of 116.97 (latest).

SHMI for December 16 was 115.88 (Expected deaths– 1,166; Observed deaths – 1,352).

The HSMR has been relatively stable, though still high, at about 117 for the last four months after reaching a peak of 119 in December. In response, the Trust is exploring how they can review deaths in the high risk diagnoses in more depth. The deteriorating patient action plan will be presented to MACIC at the October meeting. They are purchasing additional software modules to strengthen management of the deteriorating patient. A mortality advisor from NHSE is to visit the Trust to discuss how they are addressing mortality reporting and the regional analyst from NHSI will be conducting a WebEx conference call with the Trust in November to help analyse their data more effectively. The CCG has arranged an internal meeting in early December for Governing Body and Quality Committee members to meet and check their understanding of the mortality data and the reports presented to these committees.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 6

There are 96 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 53 apply to Southport & Formby CCG patients. 43 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 31 of these being Southport & Formby CCG patients.

Of the 43 open serious incidents for Southport & Ormskirk Hospitals NHS Trust (S&O), 24 remain open for >100 days, 2 relates to legacy pressure ulcers, which are expected to be transferred over to the new community providers Virgin Healthcare Ltd and Lancashire Care NHS Foundation Trust. Eight incidents were reported in September (26 YTD) with zero Never Events reported YTD. 6 incidents were closed in month (29 YTD).

Lancashire Care NHS Foundation Trust (LCFT) reported 0 incidents in month (2YTD), Clarification remains outstanding for the serious incident process from NHS East Lancashire and South Cumbria and NHS E C&M.

Mersey Care NHS Foundation Trust – There were 12 reported in September 4 for Southport and Formby CCG patient, with zero Never Events (0 YTD). One incident was closed in month (28 YTD). 37 remain open on StEIS, 9 for Southport and Formby patients. Nine remain open for > 100 days (4 SFCCG)

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.

NHS England are replacing the previous patient snapshot measure 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.

Figure 44 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2016 – September 2017

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

The average number of delays per day in Southport and Ormskirk hospital remained at 7 in September. Of the 7 delays, 2 were due to patient or family choice, 2 were waiting for further NHS non-acute care, 2 were awaiting a nursing home placement and 1 was awaiting community equipment/adaptations.

Analysis of average delays in September 2017 compared to September 2016 shows them to be higher by 2.

Figure 45 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2016 – September 2017

| Agency Responsible | 2016-17 | | | | | | | | | | | | 2017-18 | | | | | |
|----------------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|-----|-----|-----|-----|-----|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| NHS - Days Delayed | 142 | 70 | 141 | 210 | 115 | 134 | 184 | 235 | 233 | 171 | 93 | 200 | 198 | 137 | 158 | 107 | 211 | 220 |
| Social Care - Days Delayed | 0 | 0 | 0 | 0 | 6 | 19 | 6 | 4 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Both - Days Delayed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

The total number of days delayed caused by NHS was 220 in August, compared to 211 last month. Analysis of these in September 2017 compared to September 2016 shows an increase from 134 to 220.

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

Figure 46 - Average Delayed Transfers of Care per Day at Merseycare - April 2016 – September 2017

| Reason for Delay | 2016-17 | | | | | | | | | | | | 2017/18 | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| A) COMPLETION ASSESSMENT | 3 | 5 | 7 | 9 | 7 | 8 | 8 | 8 | 9 | 7 | 6 | 6 | 8 | 4 | 6 | 6 | 6 | 5 |
| B) PUBLIC FUNDING | 5 | 2 | 3 | 6 | 5 | 3 | 2 | 3 | 4 | 4 | 7 | 12 | 8 | 6 | 5 | 3 | 2 | 1 |
| C) WAITING FURTHER NHS NON-ACUTE CARE | 3 | 6 | 3 | 9 | 6 | 5 | 12 | 12 | 15 | 18 | 12 | 14 | 9 | 6 | 7 | 6 | 6 | |
| DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT | 2 | 3 | 2 | 5 | 4 | 2 | 1 | 2 | 3 | 2 | 1 | 2 | 3 | 1 | 0 | 3 | 4 | |
| DI1) AWAITING NURSING HOME PLACEMENT | 3 | 5 | 5 | 9 | 9 | 10 | 9 | 7 | 5 | 3 | 3 | 2 | 4 | 4 | 4 | 7 | 8 | |
| E) AWAITING CARE PACKAGE IN OWN HOME | 2 | 3 | 1 | 3 | 4 | 3 | 4 | 4 | 4 | 3 | 3 | 2 | 2 | 1 | 5 | 5 | 3 | |
| F) COMMUNITY EQUIPMENT/ADAPTIONS | 1 | 2 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | |
| G) PATIENT OR FAMILY CHOICE | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | |
| H) DISPUTES | 4 | 5 | 6 | 7 | 4 | 4 | 4 | 3 | 2 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | |
| I) HOUSING | 4 | 3 | 4 | 2 | 3 | 2 | 2 | 2 | 1 | 1 | 0 | 2 | 1 | 4 | 5 | 3 | 10 | |
| O) OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 2 | 1 | 1 | |
| Grand Total | 28 | 34 | 33 | 51 | 42 | 37 | 42 | 41 | 43 | 40 | 34 | 40 | 35 | 30 | 34 | 36 | 41 | |

The average number of delays per day at Merseycare remained at 41 in September. Of the 41 delays, 10 were due to housing, 8 were awaiting nursing home placements, 6 waiting further NHS non-acute care, 5 awaiting completion assessments, 3 awaiting residential care home placements, 3 awaiting care package in own home, 2 patient or family choice, 1 public funding, 1 dispute and 1 other.

Analysis of average delays in August 2017 compared to August 2016 shows them to be lower by 1.

Figure 47 - Average Delayed Transfers of Care per Day at Merseycare - April 2016 – September 2017

| Agency Responsible | 2016-17 | | | | | | | | | | | | 2017/18 | | | | | |
|----------------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|-----|-----|-----|-----|-----|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| NHS - Days Delayed | 430 | 550 | 409 | 566 | 477 | 343 | 507 | 604 | 616 | 678 | 436 | 591 | 409 | 488 | 447 | 403 | 613 | 680 |
| Social Care - Days Delayed | 264 | 337 | 359 | 670 | 545 | 505 | 572 | 530 | 537 | 428 | 356 | 343 | 351 | 243 | 367 | 574 | 526 | 406 |
| Both - Days Delayed | 153 | 144 | 227 | 350 | 391 | 379 | 230 | 180 | 186 | 160 | 179 | 303 | 285 | 197 | 217 | 149 | 132 | 151 |

The total number of days delayed caused by NHS was 680 in September, compared to 613 last month. Analysis of these in September 2017 compared to September 2016 shows an increase from 343 to 680 (337). The total number of days delayed caused by Social Care was 406 in September, compared to 505 in August showing a decrease of 99. Merseycare also have delays caused by both which was 151 in September, an increase from the previous month of 132.

Figure 48 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2016 – September 2017

| Reason for Delay | 2016-17 | | | | | | | | | | | | 2017/18 | | | | |
|--|-----------|-----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug |
| A) COMPLETION ASSESSMENT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B) PUBLIC FUNDING | 2 | 2 | 1 | 1 | 1 | 0 | 1 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 4 | 4 | 4 |
| C) WAITING FURTHER NHS NON-ACUTE CARE | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT | 2 | 1 | 0 | 0 | 0 | 1 | 1 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 1 |
| DI1) AWAITING NURSING HOME PLACEMENT | 3 | 4 | 3 | 3 | 3 | 9 | 13 | 10 | 8 | 6 | 4 | 4 | 4 | 4 | 3 | 4 | 6 |
| E) AWAITING CARE PACKAGE IN OWN HOME | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| F) COMMUNITY EQUIPMENT/ADAPTIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| G) PATIENT OR FAMILY CHOICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| H) DISPUTES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 2 |
| I) HOUSING | 10 | 7 | 5 | 4 | 4 | 5 | 2 | 3 | 8 | 7 | 5 | 4 | 5 | 6 | 5 | 3 | 1 |
| O) OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Grand Total | 17 | 14 | 9 | 8 | 9 | 16 | 17 | 18 | 21 | 18 | 14 | 13 | 16 | 15 | 17 | 13 | 14 |

The average number of delays per day at Lancashire Care increased slightly to 14 in September from 13 reported in August. Of the 14 delays, 6 were awaiting nursing home placement, 4 awaiting public funding, 2 disputes, 1 awaiting residential care home placement and 1 patient or family choice.

Analysis of average delays in September 2017 compared to September 2016 shows them to be lower by 2.

Figure 49 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2016 – September 2017

| Agency Responsible | 2016-17 | | | | | | | | | | | | 2017/18 | | | | | |
|----------------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|-----|-----|-----|-----|-----|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| NHS - Days Delayed | 374 | 316 | 225 | 144 | 185 | 198 | 91 | 182 | 345 | 318 | 240 | 260 | 212 | 214 | 199 | 133 | 37 | 36 |
| Social Care - Days Delayed | 117 | 126 | 55 | 82 | 31 | 70 | 93 | 62 | 25 | 62 | 42 | 43 | 133 | 146 | 159 | 170 | 157 | 177 |
| Both - Days Delayed | 21 | 0 | 7 | 20 | 76 | 210 | 357 | 286 | 248 | 184 | 111 | 108 | 120 | 111 | 143 | 113 | 214 | 217 |

The total number of days delayed caused by NHS was 36 in September, compared to 37 last month. Analysis of these in September 2017 compared to September 2016 shows a decrease from 198 to 36 (162). The total number of days delayed caused by Social Care was 177 in September, compared to 70 in August, showing an increase of 107. Lancashire Care also have delays caused by both, which was 217 in September, an increase from the previous month of 214.

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

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

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




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

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

4.7 Patient Experience of Unplanned Care

Figure 50 - Aintree A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: Sep-17

| Clinical Area | Response Rate (RR) Target | RR Actual | RR Trend Line | % Recommended (Eng. Average) | % Recommended | PR Trend Line | % Not Recommended (Eng. Average) | % Not Recommended | PNR Trend Line |
|---------------|---------------------------|-----------|---|------------------------------|---------------|--|----------------------------------|-------------------|---|
| A&E | 15.0% | 1.2% |  | 87% | 55% |  | 7% | 31% |  |

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

- % Response Rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates and have decreased from 1.4% in August to 1.2% in September. Response rates in this area have declined gradually, month on month, from 4.2% in June.

The Trust A&E department has seen a further decrease in the percentage of people who would recommend the service from 80% in July to 58% in August and 55% in September, falling further below the England average of 87%. The percentage not recommended has increased further from 11% in July to 29% in August and 31% in September, rising further above the England average of 7%. The Trust is yet to report in line with the England average for this patient survey so far this year.

As previously mentioned the Trust have launched a new Patient and Carer strategy which was developed with patients and carers. The Trust will provide an update on improvements seen from this at the November EPEG meeting.

FFT is a standard agenda item at the monthly CQPG meetings.

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 6 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £482k/3%. 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 £756k/4.7%.

This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a -£801k/6% underspend.

Figure 51 - Month 6 Unplanned Care – All Providers

| PROVIDER NAME | Plan to Date Activity | Actual to date Activity | Variance to date Activity | Activity YTD % Var | Price Plan to Date (£000s) | Price Actual to Date (£000s) | Price variance to date (£000s) | Price YTD % Var | Acting as One Adjustment | Total Price Var (following AAO Adjust) | Total Price Var % |
|---|-----------------------|-------------------------|---------------------------|--------------------|----------------------------|------------------------------|--------------------------------|-----------------|--------------------------|--|-------------------|
| AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST | 723 | 1,152 | 429 | 59% | £433 | £734 | £300 | 69% | £-300 | £0 | 0.0% |
| ALDER HEY CHILDREN'S NHS FOUNDATION TRUST | 446 | 461 | 15 | 3% | £181 | £181 | £-1 | 0% | £1 | £0 | 0.0% |
| LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST | 74 | 74 | 0 | 0% | £253 | £255 | £2 | 1% | £-2 | £0 | 0.0% |
| LIVERPOOL WOMEN'S NHS FOUNDATION TRUST | 143 | 132 | -11 | -8% | £194 | £230 | £37 | 19% | £-37 | £0 | 0.0% |
| ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST | 821 | 611 | -210 | -26% | £412 | £354 | £-58 | -14% | £58 | £0 | 0.0% |
| WALTON CENTRE NHS FOUNDATION TRUST | 2 | 2 | 0 | -1% | £20 | £14 | £-6 | -32% | £6 | £0 | 0.0% |
| ACTING AS ONE TOTAL | 2,209 | 2,432 | 223 | 10% | £1,494 | £1,767 | £274 | 18% | £-274 | £0 | 0% |
| CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 44 | 46 | 2 | 5% | £15 | £16 | £2 | 10% | £0 | £2 | 10% |
| COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST | 0 | 21 | 21 | 0% | £0 | £8 | £8 | 0% | £0 | £8 | #DIV/0! |
| SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST* | 28,535 | 28,673 | 138 | 0% | £14,525 | £13,725 | £-801 | -6% | £0 | £-801 | -6% |
| ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST | 264 | 253 | -11 | -4% | £141 | £119 | £-22 | -15% | £0 | £-22 | -15% |
| UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST | 24 | 20 | -4 | -15% | £4 | £6 | £3 | 67% | £0 | £3 | 67% |
| WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST | 0 | 30 | 30 | 0% | £0 | £12 | £12 | 0% | £0 | £12 | #DIV/0! |
| WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST | 55 | 79 | 24 | 43% | £22 | £35 | £13 | 57% | £0 | £13 | 57% |
| WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST | 41 | 47 | 6 | 14% | £23 | £54 | £30 | 130% | £0 | £30 | 130% |
| ALL REMAINING PROVIDERS TOTAL | 28,963 | 29,169 | 206 | 1% | £14,730 | £13,974 | £-756 | -5% | £0 | £-756 | -5% |
| GRAND TOTAL | 31,173 | 31,601 | 428 | 1% | £16,224 | £15,742 | £-482 | -3.0% | £-274 | £-756 | -4.7% |

*PBR

4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 52 - Month 6 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 | 18,682 | 19,028 | 346 | 2% | £2,562 | £2,674 | £112 | 4% |
| NEL/NELSD - Non Elective/Non Elective IP Same Day | 5,709 | 5,121 | -588 | -10% | £9,602 | £8,721 | £-881 | -9% |
| NELNE - Non Elective Non-Emergency | 528 | 826 | 298 | 57% | £1,232 | £1,218 | £-14 | -1% |
| NELNEXBD - Non Elective Non-Emergency Excess Bed Day | 54 | 10 | -44 | -81% | £18 | £4 | £-14 | -79% |
| NELST - Non Elective Short Stay | 597 | 548 | -49 | -8% | £411 | £378 | £-33 | -8% |
| NELXBD - Non Elective Excess Bed Day | 2,966 | 3,140 | 174 | 6% | £701 | £731 | £30 | 4% |
| Grand Total | 28,535 | 28,673 | 138 | 0% | £14,525 | £13,725 | £-801 | -6% |

4.8.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Overall, unplanned care continues to under-perform against contractual plans by approx. -£801k/-6%. The main driver behind the low levels relates to Non-Elective admissions with a 10% reduction in activity and £881k/-9% reduction in spend.

A number of specialties are under-performing and affecting the overall bottom line, however the main specialty contributing to this is Geriatric Medicine making up just under half of the total under spend.

A&E activity and spend continues to over perform contracted levels with activity 2% above plan while finances are 4.4% over. This trend is counter to the trend noted in emergency admissions.

Underspend in non-elective performance does not provide the complete picture across urgent care at the Trust. Changes to the Trusts Ambulatory Care Service (ACU) have resulted in increased activity and spend. The Trust increased opening times for the service in the latter part of 2016/17 as well as increasing the number of patients followed up the service for such conditions as DVT. As a result, the service is significantly above plan by £614k at month 6.

The changes to ACU and the over performance in effect reduces the overall underspend at the Trust for Urgent Care to £187k. Taking aside the 'acting as one' agreement actual spend for urgent care across all providers for the Trust would result in an over spend of £132k.

The CCG is in the process of reviewing the ACU service with the Trust as well as questioning some of the changes made in year.

4.9 Aintree and University Hospital NHS Foundation Trust

Figure 53 - Month 6 Unplanned Care – Aintree University Hospital NHS Foundation 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 | 425 | 639 | 214 | 50% | £57 | £87 | £30 | 52% |
| NEL - <i>Non Elective</i> | 176 | 295 | 119 | 67% | £310 | £519 | £210 | 68% |
| NELNE - <i>Non Elective Non-Emergency</i> | 10 | 13 | 3 | 28% | £30 | £60 | £30 | 99% |
| 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> | 22 | 38 | 16 | 70% | £15 | £28 | £12 | 79% |
| NELXBD - <i>Non Elective Excess Bed Day</i> | 89 | 92 | 3 | 3% | £21 | £22 | £0 | 2% |
| Grand Total | 723 | 1,152 | 429 | 59% | £433 | £734 | £300 | 69% |

4.9.1 Aintree University Hospital NHS Trust Key Issues

Although over performance is evident across all unplanned care PODs at Aintree, the overall over spend of £300k is mainly driven by a £210k/68% over performance in Non-Elective costs. The key specialties over performing within Non Electives include Acute Internal Medicine, Nephrology, Diabetic Medicine and Respiratory Medicine.

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 54 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

| PBR Cluster | NHS Southport and Formby CCG | | | |
|--|------------------------------|--------------|--------------------|------------------------|
| | Caseload as at 30/09/2017 | 2017/18 Plan | Variance from Plan | Variance on 30/09/2016 |
| 1 Common Mental Health Problems (Low Severity) | 4 | - | 4 | 1 |
| 2 Common Mental Health Problems (Low Severity with greater need) | 8 | 5 | 3 | 1 |
| 3 Non-Psychotic (Moderate Severity) | 69 | 88 | - 19 | 32 |
| 4 Non-Psychotic (Severe) | 212 | 209 | 3 | 15 |
| 5 Non-psychotic Disorders (Very Severe) | 42 | 40 | 2 | 5 |
| 6 Non-Psychotic Disorder of Over-Valued Ideas | 26 | 28 | - 2 | 1 |
| 7 Enduring Non-Psychotic Disorders (High Disability) | 135 | 128 | 7 | 8 |
| 8 Non-Psychotic Chaotic and Challenging Disorders | 72 | 77 | - 5 | - |
| 10 First Episode Psychosis | 63 | 73 | - 10 | 12 |
| 11 On-going Recurrent Psychosis (Low Symptoms) | 207 | 260 | - 53 | 55 |
| 12 On-going or Recurrent Psychosis (High Disability) | 245 | 182 | 63 | 66 |
| 13 On-going or Recurrent Psychosis (High Symptom & Disability) | 104 | 97 | 7 | 14 |
| 14 Psychotic Crisis | 17 | 18 | - 1 | - |
| 15 Severe Psychotic Depression | 5 | 4 | 1 | - |
| 16 Psychosis & Affective Disorder (High Substance Misuse & Engagement) | 16 | 13 | 3 | 3 |
| 17 Psychosis and Affective Disorder – Difficult to Engage | 24 | 28 | - 4 | - |
| 18 Cognitive Impairment (Low Need) | 167 | 216 | - 49 | 63 |
| 19 Cognitive Impairment or Dementia Complicated (Moderate Need) | 487 | 692 | - 205 | 256 |
| 20 Cognitive Impairment or Dementia Complicated (High Need) | 354 | 266 | 88 | 112 |
| 21 Cognitive Impairment or Dementia (High Physical or Engagement) | 141 | 67 | 74 | 78 |
| Cluser 99 | 232 | 167 | 65 | 58 |
| Total | 2,630 | 2,658 | - 28 | 54 |

5.1.1 Key Mental Health Performance Indicators

Figure 55 - CPA – Percentage of People under CPA followed up within 7 days of discharge

| | Target | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
|---|--------|--------|--------|--------|--------|--------|--------|
| The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care | 95% | 100% | 100% | 100% | 100% | 93.8% | 100% |
| Rolling Quarter | | | | 100% | 100% | 96.9% | 97% |

Figure 56 - CPA Follow up 2 days (48 hours) for higher risk groups

| | Target | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
|---|--------|--------|--------|-------------|--------|--------|--------|
| CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams | 95% | 100% | 100% | No Patients | 100% | 100% | 66.7% |
| Rolling Quarter | | | | 100% | 100% | 100% | 92.9% |

The Trust failed to achieve the 95% target for higher risk CPA patients being followed up within 2 days, with 66.7%, due to just 1 breach.

Figure 57 - 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% | 100% | 50% | 60.0% |
| Rolling Quarter | | | | 88% | 100% | 80.0% | 70.0% |

5.2 Out of Area Placements (OAP's)

The CCG has a target to reduce out of area placements by 33% based on quarter 4 2016/17. The total number of OAP's in quarter 4 2016/17 was 3, therefore the target for 2017/18 is 2. However, no OAP's have been reported year to date and therefore the CCG is compliant.

5.2.1 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.

In response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings, the Trust has established an urgent pathway work stream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. The first phase of this work will involve assessment-based staff being within a single team with the Trust's footprint with agreed triage and assessment process. This work also includes the identification of staffs who undertake CRHT team functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust has appointed a manager who will manage the integrated team and the bed management function to optimise appropriate admissions and discharges.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed plans to enhance GP liaison building upon the primary care mental health practitioners, which have been in place since 2013/14. As from 1st December 2017, consultant psychiatrists will be aligned to primary care localities and respective Primary Care Mental Health Liaison Practitioners to increase the mental health support available for GPs. Contact will soon be established to arrange consultant visits to practices. Within these meetings it will be possible to discuss GP patients open to mental health services, and those patients not open but for whom the GP may wish to take advice on to either avoid the need for a referral or for support with signposting to an appropriate alternative service e.g. The Life Rooms.

Enhanced GP liaison arrangements should contribute to efforts to improve sub optimal performance against GP communication KPIs, which continues to be a focus of concern that the

Trust is seeking to address. Commissioners are involved in the urgent care pathway and enhanced GP Liaison working.

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

The Adult ADHD service provided by the Trust continues to operate at over capacity. Six of the seven sessions per week became vacant on 1st October 2017, these are being recruited to, and the trust has reported that the vacant sessions will be filled in January 2018.




As previously reported the absence of an agreed shared protocol has prevented the transfer of patients back to primary care. However, a shared care protocol for Adults with ADHD has been developed and agreed by the Sefton LMC and comments on the protocol are now awaited from the Trust.

In response to commissioner and provider concerns about the memory pathway and throughput of patients, there have been initial discussions about undertaking a pilot involving two South Sefton practices forming part of a multi-disciplinary/multi –agency approach to the management of people living well with Alzheimer’s disease. The pilots will be discussed in detail on 8th December 2017 and if agreed it is anticipated that the pilots commence in early 2018.

5.3 Patient Experience of Mental Health Services

Figure 58 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores
 Mersey Care NHS Foundation Trust
 Latest Month: **Sep-17**

| Clinical Area | Response Rate (Eng. Average) | RR Actual | RR Trend Line | % Recommended (Eng. Average) | % Recommended | PR Trend Line | % Not Recommended (Eng. Average) | % Not Recommended | PNR Trend Line |
|---------------|------------------------------|-----------|---|------------------------------|---------------|--|----------------------------------|-------------------|---|
| Mental Health | 2.5% | 1.9% |  | 89% | 89% |  | 4% | 3% |  |

Merseycare are reporting in line with the England average for percentage recommended for Friends and Family recording 89%, but this is a decline on last month’s performance when 93% was reported. For percentage not recommended, the Trust has reported 3% in September. This is below the England average of 4% but again is a decline on last month’s performance of 1%.

5.4 Improving Access to Psychological Therapies

Figure 59 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

| Southport & Formby IAPT KPIs Summary | | 1.418% | 1.485% | 1.419% | 1.485% | 1.485% | 1.485% | 1.485% | 1.485% | 1.485% | 1.485% | 1.485% | 1.485% |
|--|---------|--------|--------|--------|--------|--------|-----------|---------|----------|----------|---------|----------|--------|
| Performance Indicator | Year | April | May | June | July | August | September | October | November | December | January | February | March |
| National definition of those who have entered into treatment | 2016/17 | 201 | 196 | 179 | 168 | 162 | 151 | 201 | 188 | 140 | 217 | 182 | 243 |
| | 2017/18 | 166 | 188 | 220 | 227 | 203 | 206 | | | | | | |
| Access % ACTUAL - Monthly target of 1.4% - Year end 16.8% required | 2016/17 | 1.05% | 1.03% | 0.94% | 0.88% | 0.85% | 0.79% | 1.05% | 0.99% | 0.73% | 1.14% | 0.95% | 1.27% |
| | 2017/18 | 0.87% | 0.98% | 1.15% | 1.19% | 1.06% | 1.08% | | | | | | |
| 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% | 45.0% | 49.2% | 55.1% | 52.3% | 47.3% | | | | | | |
| ACTUAL % 6 weeks waits - 75% target | 2016/17 | 98.1% | 99.0% | 96.1% | 94.8% | 97.6% | 98.4% | 100.0% | 100.0% | 97.5% | 100.0% | 100.0% | 98.9% |
| | 2017/18 | 97.2% | 98.3% | 100.0% | 99.4% | 98.5% | 98.6% | | | | | | |
| ACTUAL % 18 weeks waits - 95% target | 2016/17 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 99.0% | 100.0% |
| | 2017/18 | 99.1% | 100.0% | 100.0% | 99.4% | 99.3% | 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 | 119 | 125 | 165 | 135 | 138 | | | | | | |
| National definition of those who have entered Below Caseness (KPI6b) | 2016/17 | 7 | 8 | 6 | 9 | 8 | 6 | 3 | 8 | 12 | 8 | 8 | 7 |
| | 2017/18 | 7 | 8 | 1 | 9 | 5 | 9 | | | | | | |
| National definition of those who have moved to recovery (KPI6) | 2016/17 | 39 | 47 | 35 | 40 | 44 | 39 | 29 | 41 | 41 | 44 | 46 | 42 |
| | 2017/18 | 49 | 50 | 61 | 86 | 68 | 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% | 87.8% | 90.5% | 89.1% | 88.7% | | | | | | |

Cheshire & Wirral Partnership reported 206 Southport & Formby patients entering treatment in Month 6. This is a slight increase (1.5%) from the previous month when 203 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. The access rate for Month 6 was 1.08% and therefore failed to meet the standard.

Referrals increased slightly in Month 6 by 3.2% with 256 compared to 248 in Month 5. 65.23% of these were self-referrals, which is less than the 67.74% in Month 5. 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 6 with 50 compared to 43 in Month 5. 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 reduced to 47.3% in Month 6 (from 52.3% in Month 5). This fails to meet the minimum standard of 50% although the year- end projection is 50.0% based on the current year to date position.

Cancelled appointments by the provider remained stable at Month 6 with 39 compared to 42 in Month 5. The provider has previously stated that cancellations could be attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs decreased from 145 in Month 5 to 99 in Month 6 (31.7% decrease). 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.

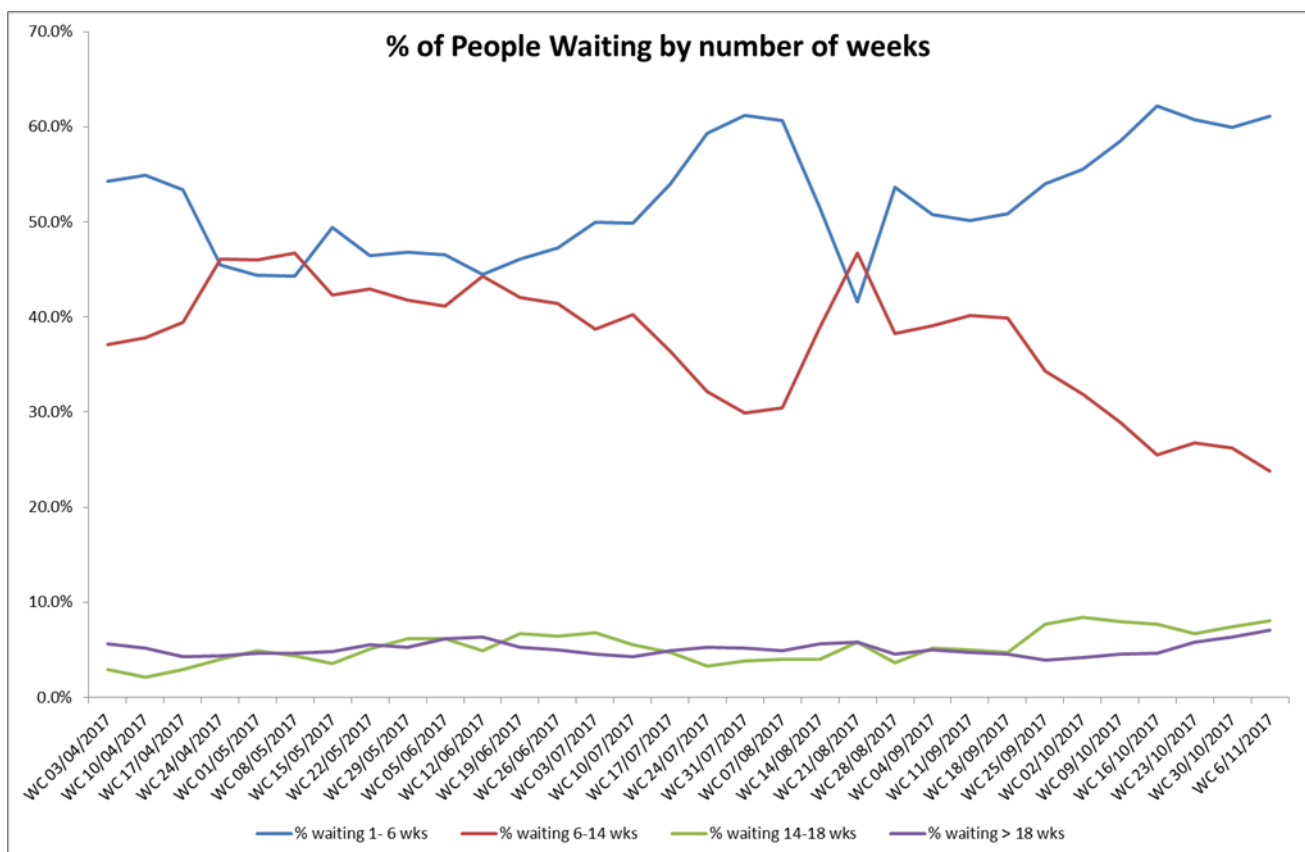
In Month 6 98.6% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have therefore also waited less than 18 weeks (against a standard of 95%).

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.

Figure 60 - NHS Southport & Formby CCG – Access Sefton % Internal waiters



The chart above illustrates internal waits activity for April to the week commencing the 6th November 2017 over this 32-week reporting period. The percentage of people waiting 6 to 14 weeks for a second appointment has seen a downward trend from July as the percentage of those waiting just 1 to 6 weeks saw an upward trend.

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.

5.5 Dementia

Figure 61- Dementia casefinding

| | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
|---|--------------|--------------|--------------|--------------|--------------|--------------|
| People Diagnosed with Dementia (Age 65+) | 1515 | 1525 | 1519 | 1518 | 1543 | 1562 |
| Estimated Prevalence (Age 65+) | 2145 | 2152.2 | 2156.1 | 2160.6 | 2167.2 | 2171.7 |
| NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+) | 70.6% | 70.9% | 70.5% | 70.3% | 71.2% | 71.9% |
| Target | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% |

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

The latest data on the HSCIC website shows that Southport & Formby CCG are recording a dementia diagnosis rate in September 2017 of 71.9%, which exceeds the national dementia diagnosis ambition of 66.7%.

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

Figure 62 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 17/18 (30% Target)

| E.H.9 | Q1 17/18 | | 2017/18 Total | |
|---|----------|--------|---------------|--------|
| | Plan | Actual | Plan | Actual |
| 1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period. | 35 | 30 | 140 | 30 |
| 2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period. | 100 | 80 | 565 | 80 |
| 2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition. | 1,877 | 1,877 | 1,877 | 1,877 |
| Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services. | 5.3% | 4.3% | 30.1% | 4.3% |

The CCG target is to achieve 30% by the end of the financial year. Quarter 1 performance shows 4.3% of children and young people receiving treatment (80* out of an estimated 1,877 with a diagnosable mental health condition), against a target of 5.3%. 20* more patients needed to have received treatment to achieve the quarter 1 target.

*For this data all values of less than 5 are suppressed by NHS Digital and replaced with a *, and all other values are rounded to the nearest 5.

5.7 Waiting times for Urgent and Routine Referrals to Children and Young People's Eating Disorder Services

Figure 63 - 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 | | 2 | |
| Number of CYP with a suspected ED (routine cases) that start treatment | 2 | 0 | 2 | 2 | 2 | | 2 | |
| % | 100.00% | 0.00% | 100.00% | 100.00% | 100.00% | | 100.00% | |

Figure 64 - 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 | 0 | 2 | | 2 | |
| Number of CYP with a suspected ED (urgent cases) that start treatment | 2 | 1 | 2 | 0 | 2 | | 2 | |
| % | 100.00% | 100.00% | 100.00% | 0 Patients | 100.00% | | 100.00% | |

In quarter 2, the CCG had no patients under the Urgent referral category. Under the Routine category, two patients were referred. Of the two, both have been seen (known as 'complete' pathways) within 4 weeks, and therefore the CCG is performing above the 95% target at 100%.

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 had 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 and Southport & Ormskirk have agreed to put in place a new SLA with additional information required by Lancashire Care to full comply with their reporting requirements. Lancashire Care plans to do a full Trust migration over to a different clinical system, RiO, in 2018. This is expected to take 3-4 years.

An information sub group has been established and the group has now met on several occasions. The Trust continues to share draft reports with the CCG, updating on progress in terms of data quality. The Trust is currently in the process of validating the information they receive from

Southport & Ormskirk Hospital, 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.

A project plan has been shared with the CCG which outlines timescales for validation by service. The following services have been validated:

- Continence and Treatment Rooms – the Trust are happy with the quality of the data for these services. An audit is due to take place in both teams in November 2017. If the Trust is happy with the outcome of this audit then both services will be signed off.
- The Trust has data quality ‘deep dives’ in process for the Podiatry, Phlebotomy, District Nursing, Dietetics, Diabetes, CERT and Adult Therapies teams.

6.1.2 Quality




The CCG Quality Team are holding meetings with Lancashire Care, outside of the CQPG, to discuss Quality Schedule KPIs, Compliance Measures and CQUIN development, this is to ensure that expectations of data flows and submissions are clear and reported in a timely manner. The work programme is also being reviewed to ensure it focusses on all relevant areas including those highlighted in the QRP (Quality Risk Profile), Southport & Ormskirk CQC Inspection Action Plan (Community Services) and the enhanced surveillance from the transition handover document.

A review has taken place of all KPIs, with those focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience being prioritised.

6.2 Patient Experience of Community Services

Figure 65 - Lancashire Care Friends and Family Test performance

Friends and Family Response Rates and Scores
Lancashire Care NHS Foundation Trust
Latest Month: Sep-17

| Clinical Area | Response Rate (Eng. Average) | RR Actual | RR Trend Line | % Recommended (Eng. Average) | % Recommended | PR Trend Line | % Not Recommended (Eng. Average) | % Not Recommended | PNR Trend Line |
|------------------|------------------------------|-----------|---|------------------------------|---------------|--|----------------------------------|-------------------|---|
| Community Health | 4.0% | 0.9% |  | 95% | 99% |  | 2% | 0% |  |

Lancashire Care is above the England average for recommended for Friends and Family recording 99%, an improvement in performance compared to last month. The Trust is recording below the England average of 2% for not recommended in September with 0%, showing no change on last month’s performance when 1% was reported.

6.3 Any Qualified Provider – Southport & Ormskirk Hospital

Adult Hearing

At month 6 2017/18 YTD the costs for Southport & Formby CCG patients were £27,194, compared to £222,037 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 622 in 16/17 to 259 in 17/18.

MSK

At month 6 2017/18 YTD the costs for Southport & Formby CCG patients remain at just £468 (with no activity for the past three months), compared to £37,615 at the same time last year. Activity has decreased significantly from 270 initial contacts and 380 follow-ups in 16/17 M6 YTD to just 3 initial contacts and 20 follow-ups in 17/18 M6 YTD.

6.4 Any Qualified Provider – Specsavers

Adult Hearing

At month 6 2017/18 YTD, the costs for Southport & Formby CCG patients were £98,007, compared to £94,334 at the same time last year. Comparisons of activity between the two time periods show that activity has increased slightly from 321 in 16/17 to 363 in 17/18.

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

Figure 66 - Southport & Formby CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (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 | Nil Return | 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 | Nil Return | 16 | | 16 | |
| % | 93.75% | 100.00% | 93.75% | Nil Return | 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%. Unfortunately there was a nil return for quarter 2 due to the Trust missing the submission deadline.

6.6 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. In addition, 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

Reports detailing activity and outcomes during Q2 are underway; this report will be circulated within the next couple of weeks. Referrals to most services have increased during Q2 compared to the same period last year and the complexity of service user issues is increasing. A number of services providing support for service users applying for benefits have also informed Sefton CCGs in regard to the number of people presenting with anxiety and stress as a result of the new Universal Credit application process. The application is difficult and appears to be having a profound effect on a high volume of service users, in particular those suffering mental health. A number of agencies have informed that the majority of payments appear to be delayed and residents of Sefton are suffering severe hardship as a result.

Work is in progress to engage further with Third Sector providers and GP Practices in particular services for the elderly. An issue was raised at a recent CWP-IAPT meeting by a GP in attendance who had informed that a number of elderly patients are presenting with a range of issues as a result of loneliness, social isolation and anxiety. It was suggested that our Third Sector service could help by facilitating peer support groups for those who may benefit. Contact was made with Age Concern and work is now underway to set up support groups within GP Practices across the borough. Further meetings are to be set up with Sefton locality leads to identify how our Third Sector providers may be linked in more with practices across the footprint.

Alzheimer's Society are currently piloting a project and have engaged with 9 GP practices across Sefton delivering 2 hourly dementia surgeries for patients and their carers. This model appears to have been very well received amongst GPs and practice staff, further plans have been put in place to role this out further across the borough.

A piece of work has been completed to capture the numbers of referrals during 2016-17 by electoral Ward for each of our providers. This is to be used going forward to identify hot-spots and gaps within the Sefton footprint.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 67 - Southport & Formby CCG - Extended Access at GP services 2017/18 Plans

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

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

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

8.2 CQC Inspections

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. Below is a table of all the results from practices in Southport & Formby CCG. Two practices were inspected in October: Churchtown Medical Centre and Lincoln House Surgery. Both practices received an overall rating of 'Good'.

Figure 68 – CQC Inspection Table

| Southport & Formby CCG | | | | | | | | |
|------------------------|---------------------------------------|--------------------|---|----------------------|----------------------|--------|-------------|----------------------|
| Practice Code | Practice Name | Date of Last Visit | Overall Rating | Safe | Effective | Caring | Responsive | Well-led |
| N84005 | Cumberland House Surgery | 27 August 2015 | Good | Good | Good | Good | Good | Good |
| N84013 | Curzon Road Medical Practice | n/a | Not yet inspected the service was registered by CQC on 1 July 2016 | | | | | |
| N84021 | St Marks Medical Center | 08 October 2015 | Good | Requires Improvement | Good | Good | Good | Good |
| N84617 | Kew Surgery | 10 April 2017 | Requires Improvement | Requires Improvement | Requires Improvement | Good | Good | Requires Improvement |
| Y02610 | Trinity Practice | n/a | Not yet inspected the service was registered by CQC on 26 September 2016 | | | | | |
| N84006 | Chapel Lane Surgery | 24 July 2017 | Good | Good | Good | Good | Good | Good |
| N84018 | The Village Surgery Formby | 10 November 2016 | Good | Good | Good | Good | Good | Good |
| N84036 | Freshfield Surgery | 22 October 2015 | Good | Requires Improvement | Good | Good | Good | Good |
| N84618 | The Hollies | 07 March 2017 | Good | Good | Good | Good | Good | Good |
| N84008 | Norwood Surgery | 02 May 2017 | Good | Good | Good | Good | Good | Good |
| N84017 | Churchtown Medical Center | 26 October 2017 | Good | Good | Good | Good | Good | Good |
| N84611 | Roe Lane Surgery | 27 August 2015 | Good | Good | Good | Good | Good | Good |
| N84613 | The Corner Surgery (Dr Mulla) | 15 April 2016 | Good | Good | Good | Good | Good | Good |
| N84614 | The Marshside Surgery (Dr Wainwright) | 03 November 2016 | Good | Good | Good | Good | Good | Good |
| N84012 | Ainsdale Medical Center | 02 December 2016 | Good | Good | Good | Good | Good | Outstanding |
| N84014 | Ainsdale Village Surgery | 28 February 2017 | Good | Good | Outstanding | Good | Outstanding | Good |
| N84024 | Grange Surgery | 30 January 2017 | Good | Good | Good | Good | Good | Good |
| N84037 | Lincoln House Surgery | 13 October 2017 | Good | Requires Improvement | Good | Good | Good | Good |
| N84625 | The Family Surgery | 10 August 2017 | Good | Good | Good | Good | Good | Good |

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

9. Better Care Fund

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

A quarterly performance monitoring return was submitted on 17th November on behalf of the Sefton Health and Wellbeing Board. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

Since the Better Care Fund plan submission in September, the Integrated Reablement and Assessment Service (ICRAS) moved on from planning stages to mobilisation. This commenced on 2 October with phase 1, introducing a series of discharge 'lanes' for patients to speed up transition from hospital. It is early days for the scheme which has been implemented at great pace, but initial reports look positive.

Also, Sefton's draft Integration Framework has been approved and the plans detailed therein have commenced. A workshop to develop each of the work streams for integration is scheduled for 15 November 2017, which will in turn shape the vision for integration in Sefton. A summary of the Q2 BCF performance is as follows:

Figure 69 – BCF Metric performance

| Metric | Definition | Assessment of progress against the planned target for the quarter |
|----------------------------|---|---|
| NEA | Reduction in non-elective admissions | Not on track to meet target |
| Res Admissions | Rate of permanent admissions to residential care per 100,000 population (65+) | On track to meet target |
| Reablement | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | On track to meet target |
| Delayed Transfers of Care* | Delayed Transfers of Care (delayed days) | Not on track to meet target |

Figure 70 – BCF High Impact Change Model assessment

| | | Maturity assessment | | |
|-------|---|-----------------------|-----------------------|-----------------------|
| | | Q2 17/18 (Current) | Q3 17/18 (Planned) | Q4 17/18 (Planned) |
| Chg 1 | Early discharge planning | Plans in place | Plans in place | Plans in place |
| Chg 2 | Systems to monitor patient flow | Established | Established | Established |
| Chg 3 | Multi-disciplinary/multi-agency discharge teams | Established | Established | Mature |
| Chg 4 | Home first/discharge to assess | Mature | Mature | Mature |
| Chg 5 | Seven-day service | Plans in place | Plans in place | Plans in place |
| Chg 6 | Trusted assessors | Established | Established | Mature |
| Chg 7 | Focus on choice | Plans in place | Plans in place | Established |
| Chg 8 | Enhancing health in care homes | Plans in place | Plans in place | Plans in place |

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

The CCG Improvement and Assessment Framework (IAF) draws together in one place 51 indicators including NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities (updated results for 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. 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 the updated Framework for 2017/18 was significantly delayed and released 21st November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed. The new indicators are:

- 123b: Improving Access to Psychological Therapies – access
- 124c: Completeness of the GP learning disability register
- 105c: Percentage of deaths with three or more emergency admissions in last three months of life
- 132a: Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG
- 166a: Compliance with statutory guidance on patient and public participation in commissioning health and care

Of the new indicators above, only IAPT Access (123b) data has been published.

The quarter 1 2017/18 release cited the following indicators as best quartile nationally, or an improving trend:

- 102a: Percentage of 10 and 11 year olds classes as overweight/obese **33.4%**. (2013/14 / 2015/16) *Improving position.*
- 103a: Diabetes patients who achieved NICE treatment targets **43.2%** (2015-16). *Best quartile nationally but deteriorating.*
- 104a: Injuries from falls in people aged 65+ **2,224** (Q4 2016/17). *Worst quartile nationally but improving.*
- 122a: Cancers diagnosed at early stage (cancers diagnosed at stage 1/2 for specific tumour sites **52.7%** (Q4 2016/17). *Improving position.*
- 122c: One-year survival from all cancers **71.7%** (2014). *Improving position and best quartile nationally.*
- 122d: Cancer patient experience **8.9** (2014). *Improving position and best quartile nationally.*
- 129a: 18 weeks Referral to Treatment (RTT) **93.4%** (August 2017). *Best quartile nationally but deteriorating.*
- 163b: Progress against the Workforce Race Equality Standard (WRES) **0.08** (2016) *Best quartile nationally.*

The quarter 1 2017/18 release cited the following indicators as worst quartile nationally, or a deteriorating trend:

- 104a: Injuries from falls in people aged 65+ **2,224** (Q4 2016/17). *Worst quartile nationally but improving.*
- 106a: Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions **2,769** (Q4 2016/17). *Worst quartile nationally but improving.*
- 121a: Provision of high quality care – Hospitals **56** (Q1 2017/18). *Worst quartile nationally and deteriorating.*
- 121b: Provision of high quality care – Primary Care **63** (Q1 2017/18). *Worst quartile nationally but improving.*
- 121c: Provision of high quality care – Adult Social Care **59** (Q1 2017/18). *Worst quartile nationally but improving.*
- 123b: IAPT access **2.2%** (July 2017). *Worst quartile nationally and deteriorating.*
- 124b: LD – annual health checks **25.1%** (2015/16). *Worst quartile nationally.*
- 125b: Experience of maternity services **71.2** (2015). *Worst quartile nationally.*
- 125c: Choices in maternity services **60.5** (2015). *Worst quartile nationally.*
- 126b: Dementia post diagnostic support **75.5%** (2015/16). *Worst quartile nationally and deteriorating.*
- 163a: Staff engagement index **3.68** (2016) *Worst quartile nationally and deteriorating.*

A full exception report for each of the indicators above, outlining reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators will be presented to Governing Body in January.

10.2 Q1 Improvement & Assessment Framework Dashboard

Figure 71 – Q1 2017/18 IAF Dashboard

NHS Southport and Formby CCG

2016/17 Year End Rating:




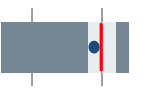
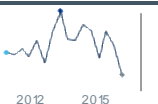
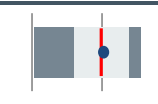
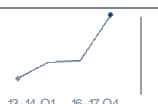
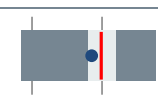

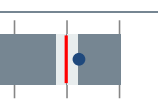
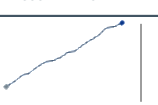
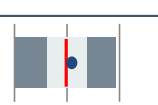

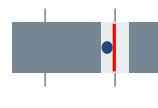


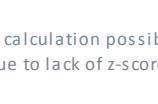
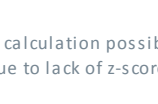
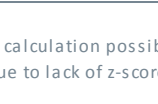
Requires Improvement

| Better Health | | | | | | | Better Care | | | | | | |
|-----------------------|---|---------------------------|-----------------|---------|---------|---------|--|---|----------|---------|-------|---------|---------|
| | Period | CCG | Peers | England | Trend | | Period | CCG | Peers | England | Trend | | |
| R 102a | % 10-11 classified overweight ^{2013/14 to 2015/16} | 33.4% | ↓ | 9/11 | 102/207 | R 121a | High quality care - acute | 17-18 Q1 | 56 | ↓ | 9/11 | 166/207 | |
| 103a | Diabetes patients who achieved 2015-16 | 43.2% | ↓ | 1/11 | 23/207 | R 121b | High quality care - primary care | 17-18 Q1 | 63 | ↑ | 10/11 | 171/207 | |
| 103b | Attendance of structured education 2014 | 2.2% | ↓ | 9/11 | 148/207 | R 121c | High quality care - adult social | 17-18 Q1 | 59 | ↑ | 9/11 | 157/207 | |
| R 104a | Injuries from falls in people 65-74 16-17 Q4 | 2,224 | ↓ | 10/11 | 160/207 | 122a | Cancers diagnosed at early stage 2015 | | 52.7% | ↑ | 6/11 | 87/207 | |
| R 105b | Personal health budgets | 17-18 Q1 | 11 | ↓ | 6/11 | 103/207 | 122b | Cancer 62 days of referral to treatment 16-17 Q4 | 76.9% | ↓ | 7/11 | 155/207 | |
| R 106a | Inequality Chronic - ACS & UC | 16-17 Q4 | 2,769 | ↓ | 11/11 | 167/207 | 122c | One-year survival from all cancers 2014 | 71.7% | ↑ | 2/11 | 32/207 | |
| R 107a | AMR: appropriate prescribing | 2017 06 | 1.111 | ↓ | 10/11 | 126/207 | R 122d | Cancer patient experience | 2016 | 8.9 | ↑ | 3/11 | 25/207 |
| R 107b | AMR: Broad spectrum prescribing | 2017 06 | 8.2% | ↑ | 6/11 | 74/207 | R 123a | IAPT recovery rate | 2017 06 | 50.8% | ↓ | 5/11 | 110/207 |
| 108a | Quality of life of carers (not available) | | | | | R 123b | IAPT Access | 2017 07 | 2.2% | ↓ | 10/11 | 190/207 | |
| Sustainability | | | | | | | R 123c | EIP 2 week referral | 2017 08 | 72.0% | ↑ | 7/11 | 144/207 |
| R 141b | In-year financial performance | 17-18 Q1 | Amber | ↑ | | 123d | MH - CYP mental health (not available) | | | | | | |
| R 144a | Utilisation of the NHS e-referrals | 2017 06 | 47.0% | ↑ | 8/11 | 130/207 | 123f | MH - OAP (not available) | | | | | |
| Leadership | | | | | | | 123e | MH - Crisis care and liaison (not available) | | | | | |
| R 162a | Probity and corporate governance | 17-18 Q1 | Fully Compliant | ↔ | | R 124a | LD - reliance on specialist IP care | 17-18 Q1 | 66 | ↓ | 7/11 | 141/207 | |
| 163a | Staff engagement index | 2016 | 3.68 | ↓ | 9/11 | 194/207 | 124b | LD - annual health check | 2015-16 | 25.1% | ○ | 11/11 | 189/207 |
| 163b | Progress against WRES | 2016 | 0.08 | ○ | 3/11 | 33/207 | 124c | Completeness of the GP learning disability register (not available) | | | | | |
| 164a | Working relationship effective | 16-17 | 69.95 | ↑ | 7/11 | 86/207 | R 125d | Maternal smoking at delivery | 17-18 Q1 | 9.4% | ↑ | 2/11 | 79/207 |
| 166a | CCG compliance with standards of public and patient participation (not available) | | | | | 125a | Neonatal mortality and stillbirth | 2015 | 4.0 | ○ | 5/11 | 71/207 | |
| R 165a | Quality of CCG leadership | 17-18 Q1 | Amber | ↔ | | 125b | Experience of maternity services | 2015 | 71.2 | ○ | 11/11 | 204/207 | |
| Key | | | | | | | 125c | Choices in maternity services | 2015 | 60.5 | ○ | 9/11 | 188/207 |
| | | Worst quartile in England | | | | | R 126a | Dementia diagnosis rate | 2017 08 | 71.2% | ↑ | 6/11 | 76/207 |
| | | Best quartile in England | | | | | 126b | Dementia post diagnostic support | 2015-16 | 75.5% | ↓ | 8/11 | 180/207 |
| | | Interquartile range | | | | | R 127b | Emergency admissions for UC | 16-17 Q4 | 2,498 | ↓ | 10/11 | 121/207 |

| | | | | | | | |
|---|------|---|-------|---|-------|---------|--|
| R | 127c | A&E admission, transfer, disc 2017 09 | 85.8% | ↓ | 8/11 | 155/207 | |
| R | 127e | Delayed transfers of care per :2017 08 | 14.9 | ↑ | 8/11 | 149/207 | |
| R | 127f | Hospital bed use following em 16-17 Q4 | 507.4 | ↓ | 7/11 | 113/207 | |
| | 105c | % of deaths with 3+ emergency admissions in last three months of life (not available) | | | | | |
| R | 128b | Patient experience of GP servi 2017 | 87.0% | ↓ | 7/11 | 60/207 | |
| | 128c | Primary care access (not available) | | | | | |
| R | 128d | Primary care workforce 2017 03 | 0.92 | ↑ | 10/11 | 150/207 | |
| R | 129a | 18 week RTT 2017 08 | 93.4% | ↓ | 4/11 | 22/207 | |
| | 130a | 7 DS - achievement of standards (not available) | | | | | |
| R | 131a | % NHS CHC assesments taking 16-17 Q4 | 30.4% | ○ | 5/11 | 99/207 | |
| | 132a | Sepsis awareness (not available) | | | | | |

10.1 Clinical Priority Areas

The clinical priority areas section of the IAF for 2017/18 has yet to be updated. The Q4 2016/17 publication is shown below:

| | | | | | | |
|----------------------|----------|---|-----------------------------------|---|---|---|
| Dementia | 126a | Dementia diagnosis rate | 72.5% 71.0% 65.1% ↑ | ↑ 7.4% ↓ 20 15 08 20 17 03 |  |  |
| | 126b | Dementia post diagnostic support | 76.7% 75.5% 75.5% ↓ | ↑ 12% ↓ 20 14 -15 20 15 -16 |  |  |
| Cancer | 122a | Cancers diagnosed at early stage | 52.7% 52.7% 47.8% ↑ | ↑ 4.9% ↓ 20 12 20 15 |  |  |
| | 122b | Cancer 62 days of referral to treatment | 92.4% 76.9% 76.9% ↓ | ↑ 15.5% ↓ 13-14 Q1 16-17 Q4 |  |  |
| | 122c | One-year survival from all cancers | 71.7% 71.7% 58.7% ↑ | ↑ 13.0% ↓ 1999 20 14 |  |  |
| | 122d | Cancer patient experience | 8.7 8.7 8.7 ○ | ↑ 0.0% ↓ 20 15 |  |  |
| Mental Health | 123a | IAPT recovery rate | 51.8% 47.0% 36.4% ↓ | ↑ 15.4% ↓ 20 15 03 20 17 01 |  |  |
| | 123b | EIP 2 week referral | 62.5% 53.8% 53.8% ↓ | ↑ 8.7% ↓ 20 16 11 20 17 03 |  |  |
| | 123c | MH - CYP mental health | 40.0% 40.0% 35.0% ↔ | ↑ 5.0% ↓ 16-17 Q1 16-17 Q4 | No calculation possible due to lack of z-scores |  |
| | 123d | MH - Crisis care and liaison | 47.5% 47.5% 42.5% ↔ | ↑ 5.0% ↓ 16-17 Q1 16-17 Q4 | No calculation possible due to lack of z-scores |  |
| 123e | MH - OAP | 87.5% 75.0% 12.5% ↓ | ↑ 75.0% ↓ 16-17 Q1 16-17 Q4 | No calculation possible due to lack of z-scores |  | |

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. A national issue has been identified regarding the application of Identification Rules to identify activity relating to Specialised Commissioning. This has had the (unquantifiable at this stage) effect of overinflating the % variance for each CCG.

Figure 72 - Southport & Formby CCG's Month 6 Submission

| September 2017 Month 06 | Month 06 Plan | Month 06 Actual | Month 06 Variance | ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3% |
|--|---------------|-----------------|-------------------|---|
| Referrals (MAR) | | | | |
| GP | 2798 | 2389 | -14.6% | vary from planned levels for a number of reasons. GP referrals continue under perform planned levels due to the impact of joint health MCAS on T&O, Dermatology referrals diverted to CCGs community provider, and Cardiology GP federation service reducing numbers flowing to the Trust. Other referrals have increased which is mainly focused within consultant to consultant activity. Changes in coding for Physiotherapy from GP to Consultant has shown an increase but is in fact a shift in coding. Further increases located in Clinical Physiology are being explored in the Information Sub Group as this appears to be, in part, increased coding rather than an influx in referrals. Local referral information suggests a drop of 7.6% in all referrals with 'other' referrals increasing by less than 4% year to date. |
| Other | 1636 | 2010 | 22.9% | |
| Total (in month) | 4434 | 4399 | -0.8% | |
| Variance against Plan YTD | 25824 | 26921 | 4.2% | |
| Year on Year YTD Growth | | | 0.1% | |
| Outpatient attendances (Specific Acute) SUS (TNR) | | | | |
| All 1st OP | 3835 | 3523 | -8.1% | As noted in the narrative for referrals, reductions specifically in GP referred activity is impacting on all planned care elements within the CCGs main Acute provider. Joint Health has reduced T&O activity in both first and follow up sections. Other schemes as noted in the referrals section will also affect activity. Reductions can be seen across a number of providers when comparing to the same period last year. Local monitoring suggests year to date performance for outpatients within the 3% threshold at -2%. |
| Follow Up | 8633 | 7897 | -8.5% | |
| Total Outpatient attendances (in month) | 12468 | 11420 | -8.4% | |
| Variance against Plan YTD | 70197 | 67756 | -3.5% | |
| Year on Year YTD Growth | | | -7.1% | |
| Admitted Patient Care (Specific Acute) SUS (TNR) | | | | |
| Elective Day case spells | | | | Elective and Day Case activity continues to perform below planned levels with narrative within referrals and outpatients relevant to this section also. Staffing vacancies at the CCGs main provider, specifically within Pain Management, is also affecting activity levels. The CCGs PLCV policy is continuing to be a factor in reductions at the main Trusts as implementation progresses. |
| Elective Ordinary spells | | | | |
| Total Elective spells (in month) | 1857 | 1543 | -16.9% | |
| Variance against Plan YTD | 10808 | 9719 | -10.1% | |
| Year on Year YTD Growth | | | -7.3% | |
| Urgent & Emergency Care | | | | |
| Type 1 | - | 3338 | - | Local monitoring suggests activity is close in line with planned values, less than 1% variance year to date. This is also in line with growth assumptions over the past three years at less than 3% per year. |
| Year on Year YTD | | | 1.0% | |
| All types (in month) | 3768 | 3818 | 1.3% | |
| Variance against Plan YTD | 22509 | 23643 | 5.0% | |
| Year on Year YTD Growth | | | 2.1% | |
| Total Non Elective spells (in month) | 1319 | 1130 | -14.3% | Non-elective activity continues to run below planned values as well as below previous years activity. One of the main factors of reduced levels noted is the extended opening hours and increased activity flowing through the CCGs main providers Ambulatory Care unit (ACU). If this activity were included in the Non-Elective figures then plan v actual would be within the 3% threshold. |
| Variance against Plan YTD | 8099 | 7278 | -10.1% | |
| Year on Year YTD Growth | | | -7.5% | |

Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2017-18



| Metric | Reporting Level | 2017-18 | | | | | | | | | | | | | YTD |
|---|--------------------------|---------|---------|---------|---------|---------|---------|--------|--------|--------|--------|--------|--------|--------|---------|
| | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | | |
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | |
| Preventing People from Dying Prematurely | | | | | | | | | | | | | | | |
| Cancer Waiting Times | | | | | | | | | | | | | | | |
| 191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer | Southport And Formby CCG | RAG | G | R | G | G | G | G | | | | | | | G |
| | Actual | 94.305% | 92.00% | 94.423% | 95.132% | 94.635% | 93.973% | | | | | | | | 94.143% |
| | Target | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% |
| 17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer | Southport And Formby CCG | RAG | R | R | R | G | G | G | | | | | | | R |
| | Actual | 91.304% | 90.41% | 85.106% | 95.385% | 93.443% | 96.00% | | | | | | | | 92.105% |
| | Target | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% |
| 535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer | Southport And Formby CCG | RAG | G | G | G | G | G | G | | | | | | | G |
| | Actual | 100.00% | 97.368% | 97.059% | 100.00% | 98.333% | 98.462% | | | | | | | | 98.558% |
| | Target | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% |
| 26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery) | Southport And Formby CCG | RAG | G | G | G | G | G | G | | | | | | | G |
| | Actual | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | | | | | | | | 100.00% |
| | Target | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% |
| 1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments) | Southport And Formby CCG | RAG | G | G | G | G | R | R | | | | | | | R |
| | Actual | 100.00% | 100.00% | 100.00% | 100.00% | 92.308% | 91.667% | | | | | | | | 97.701% |
| | Target | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% |
| 25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy) | Southport And Formby CCG | RAG | G | G | G | R | G | G | | | | | | | G |
| | Actual | 95.238% | 95.833% | 94.737% | 93.333% | 100.00% | 100.00% | | | | | | | | 96.581% |
| | Target | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% |

| | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------|---------|---------|---------|---------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| 539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer | Southport And Formby CCG | RAG | G | R | R | R | R | G | | | | | | | | | | | R | |
| | | Actual | 86.667% | 84.848% | 76.471% | 82.051% | 72.973% | 85.294% | | | | | | | | | | | | 81.159% |
| | | Target | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% |
| 540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days. | Southport And Formby CCG | RAG | G | R | G | R | G | G | | | | | | | | | | | R | |
| | | Actual | 100.00% | 71.429% | 100.00% | 75.00% | - | 100.00% | | | | | | | | | | | | 86.364% |
| | | Target | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% |

Ambulance

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| 1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes | NORTH WEST AMBULANCE SERVICE NHS TRUST | RAG | R | R | R | R | | | | | | | | | | | | | R | |
| | | Actual | 70.08% | 65.92% | 62.53% | 64.67% | | | | | | | | | | | | | | 65.766% |
| | | Target | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% |
| | Southport And Formby CCG | RAG | R | R | R | R | | | | | | | | | | | | | | R |
| | | Actual | 61.82% | 58.54% | 54.30% | 60.42% | | | | | | | | | | | | | | 58.953% |
| | | Target | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% |
| 1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes | NORTH WEST AMBULANCE SERVICE NHS TRUST | RAG | R | R | R | R | | | | | | | | | | | | | R | |
| | | Actual | 68.94% | 64.43% | 64.68% | 64.17% | | | | | | | | | | | | | | 65.514% |
| | | Target | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% |
| | Southport And Formby CCG | RAG | R | R | R | R | | | | | | | | | | | | | | R |
| | | Actual | 64.61% | 60.49% | 62.90% | 61.55% | | | | | | | | | | | | | | 62.28% |
| | | Target | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% |
| 546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes | NORTH WEST AMBULANCE SERVICE NHS TRUST | RAG | R | R | R | R | | | | | | | | | | | | | R | |
| | | Actual | 92.54% | 90.08% | 89.39% | 89.80% | | | | | | | | | | | | | | 90.432% |
| | | Target | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| | Southport And Formby CCG | RAG | R | R | R | R | | | | | | | | | | | | | | R |
| | | Actual | 86.30% | 86.13% | 80.70% | 84.97% | | | | | | | | | | | | | | 84.632% |
| | | Target | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

| | | | | | | | | | | | | | | | |
|--|--------------------------|--------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| 138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days | Southport And Formby CCG | RAG | G | G | | | | | | | | | | G | |
| | | Actual | 100.00% | 97.436% | | | | | | | | | | | 98.485% |
| | | 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% |

Episode of Psychosis

| | | | | | | | | | | | | | | | | |
|---|--------------------------|--------|---------|---------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| 2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral. | Southport And Formby CCG | RAG | G | G | G | G | G | | | | | | | | G | |
| | | Actual | 100.00% | 100.00% | 50.00% | 100.00% | 50.00% | 60.00% | | | | | | | | 77.778% |
| | | 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

| | | | | | | | | | | | | | | | | |
|---|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia | Southport And Formby CCG | RAG | G | G | G | G | G | | | | | | | | G | |
| | | Actual | 70.63% | 70.86% | 70.45% | 70.26% | 71.20% | 71.93% | | | | | | | | |
| | | 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

| | | | | | | | | | | | | | | | |
|---|--------------------------|--------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY) | Southport And Formby CCG | RAG | G | R | | | | | | | | | | G | |
| | | Actual | 100% | 0% | | | | | | | | | | | 100% |
| | | Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |
| 2097: The number of incomplete pathways (routine) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED | Southport And Formby CCG | RAG | R | R | | | | | | | | | | R | |
| | | Actual | 1 | 1 | | | | | | | | | | | 2 |
| | | Target | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2098: The number of incomplete pathways (urgent) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED | Southport And Formby CCG | RAG | G | G | | | | | | | | | | G | |
| | | Actual | 0 | 0 | | | | | | | | | | | - |
| | | Target | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

Ensuring that People Have a Positive Experience of Care

EMSA

| | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| 1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers | Southport And Formby CCG | RAG | R | R | R | R | R | R | | | | | | | | R | |
| | | Actual | 3 | 3 | 3 | 5 | 8 | 14 | | | | | | | | | 36 |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's) | Southport And Formby CCG | RAG | R | R | R | R | R | R | | | | | | | | R | |
| | | Actual | 0.87 | 0.83 | 0.80 | 1.42 | 2.27 | 3.3 | | | | | | | | | 22.00 |
| | | Target | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Referral to Treatment (RTT) & Diagnostics

| | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------|---------|---------|---------|---------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| 1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral | Southport And Formby CCG | RAG | G | G | G | G | G | G | | | | | | | | G | |
| | | Actual | 94.327% | 93.628% | 93.878% | 93.575% | 93.377% | 93.411% | | | | | | | | | 93.711% |
| | | Target | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% |
| 1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks | Southport And Formby CCG | RAG | G | G | G | G | G | G | | | | | | | | G | |
| | | Actual | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | 0 |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test | Southport And Formby CCG | RAG | R | R | R | R | R | R | | | | | | | | R | |
| | | Actual | 3.805% | 5.409% | 2.877% | 2.335% | 2.652% | 2.823% | | | | | | | | | 3.337% |
| | | Target | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% |

Cancelled Operations

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

Wheelchairs

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

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

HCAI

| | | | | | | | | | | | | | | | | |
|--|--------------------------|--------|---|---|----|----|----|----|----|----|----|----|----|----|----|----|
| 497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) | Southport And Formby CCG | RAG | G | G | G | G | G | G | G | | | | | | G | |
| | | YTD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | - |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) | Southport And Formby CCG | RAG | G | G | G | G | G | G | G | | | | | | G | |
| | | YTD | 6 | 9 | 10 | 10 | 15 | 18 | 18 | | | | | | | 18 |
| | | Target | 6 | 9 | 13 | 18 | 20 | 24 | 27 | 29 | 29 | 29 | 32 | 38 | 27 | |

Accident & Emergency

| | | | | | | | | | | | | | | | | |
|--|---|--------|---------|---------|---------|---------|---------|--------|---------|--------|--------|--------|--------|--------|--------|---------|
| 2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps) | Southport And Formby CCG | RAG | R | R | R | R | R | R | R | | | | | | R | |
| | | Actual | 90.852% | 88.768% | 89.682% | 87.86% | 88.045% | 85.62% | 85.51% | | | | | | | 88.069% |
| | | 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% |
| 431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps) | SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST | RAG | R | R | R | R | R | R | R | | | | | | R | |
| | | Actual | 91.097% | 89.396% | 90.319% | 88.266% | 88.423% | 85.69% | 85.546% | | | | | | | 88.407% |
| | | 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% |
| 1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission | SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST | RAG | R | R | G | R | G | G | G | | | | | | R | |
| | | Actual | 3 | 9 | 0 | 2 | 0 | 0 | 0 | | | | | | | 14 |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |