

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report November 2017

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# 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 8 (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	
Cancer 31 Day First Treatment	Green	SORM
Cancer 31 Day Subsequent - Drug	Green	SORM
Cancer 31 Day Subsequent - Surgery	Green	SORM
Cancer 31 Day Subsequent - Radiotherapy	Green	SORM
Cancer 62 Day Standard	Red	SORM
Cancer 62 Day Screening	Green	SORM
Cancer 62 Day Consultant Upgrade	Red	SORM
Diagnostic Test Waiting Time	Red	SORM
HCAI - C.Diff	Green	SORM
HCAI - MRSA	Green	SORM
HCAI - E Coli	Red	
IAPT Access - Roll Out	Green	
IAPT - Recovery Rate	Green	
Mixed Sex Accommodation	Red	SORM
RTT 18 Week Incomplete Pathway	Green	SORM
RTT 52+ week waiters	Green	SORM
Stroke 90% time on stroke unit		SORM
Stroke who experience TIA		SORM
Ambulance - Category One*		
Ambulance - Category Two*		
Ambulance - Category Three*		
Ambulance - Category Four*		

*\*No ambulance data is unavailable at present due to new indicators being developed.*

## **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 need to be repaid with planned surpluses in future financial years.

The risk adjusted position has been revised to reflect known changes since 31 December 2017 following intensive review and scrutiny of the Month 9 position with particular focus on realisation of risks and assurance for delivery of QIPP savings for the remainder of the financial year.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan is £10.137m. Work remains ongoing to develop a fully identified plan to achieve the required efficiencies to deliver the financial target. As at month 9, £4.676m of QIPP savings have been achieved with further savings planned in future months. The likely case is that a further £1.964m will be achieved in the remainder of the financial year, bringing the total achievement to £6.640m.

The year to date position with the main providers shows an underperformance against plan and will result in an underspend for the financial year if the trend continues. The year to date underperformance has been actioned as a QIPP saving in Month 9 and the position is being monitored closely to inform the CCG's forecast for the year end.

The year to date financial position is a deficit of £2.200m, which represents deterioration against the planned deficit of £0.200m. The full year forecast financial position for the CCG's best case is breakeven. This position assumes that the QIPP plans will be delivered in full, but it must be noted that significant risk exists in terms of delivering these plans. The CCG's most likely case scenario forecasts a deficit of £. £3.809m and as we enter the final quarter of the year, it is unlikely that the CCG will deliver its plan.

### **Planned Care**

GP referrals in 2017/18 to date are 15% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 7.8% 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.

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 November 2017 when the CCG recorded 48%. This shows a decline in performance compared to last month (50%).

The CCG failed the less than 1% target for Diagnostics in November recording 3.5%. Out of 2,220 patients, 77 waited over 6 weeks and 21 over 13 weeks for their diagnostic test. Majority of the breaches were for colonoscopy (31) and gastroscopy (18). Southport and Ormskirk also failed to achieve the standard of less than 1% during November, reporting 3.2% of patients waiting in excess of 6 weeks, a decline on the previous month. The majority of breaches were for echocardiography (41) and non-obstetric ultrasound (22).



Southport & Ormskirk reported 16 cancelled operations for non-clinical reasons not being offered another date within 28 days in November, bringing the total YTD figure to 92.

The CCG are failing 3 of the 9 cancer measures year to date. Although achieving 2 week breast for the month of November the CCG are failing year to date due to previous months breaches recording 92.57% (target 93%). The also achieved the 62 days standard in November but again are failing year to date due to previous month breaches, recording 83.64% (target 85%). Lastly the CCG are failing the local target of 85% for 62 day consultant upgrade for November recording 80% and year to date 84.44%.

Southport & Ormskirk achieved the 85% target for the 62-day standard recording 85.42% in November but are failing year to date at 82.73% partly due to previous breaches.

Southport & Ormskirk continues to experience difficulties in relation Friends and Family Test results. The Trust has again seen an increase in response rates for inpatients, from 13.2% in October to 20.1% in November. The percentage of patients that would recommend the inpatient service in the Trust has increased from 88% in October to 90% in November, falling below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 4% in November and is therefore still above the England average of 2%. Please note there is no maternity data available for November. NHS England have stated that they extended the closing dates of the affected collections to increase the possibility of producing accurate outputs.

Performance at Month 8 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.6m/-6.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in their remaining a total under spend of approximately £1.6mk/6.4%.

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 October reached 80.71%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 93% for November, and year to date 87.43%. November saw the lowest performance against the 4-hour target.

Southport & Ormskirk had 16 12-hour breaches in November, with the year to date figure at 30 (3 in April, 9 in May and 2 in July).

In August, NWS 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. There was a 3 month moratorium in data reporting agreed with the commissioners, this was to allow some time to allow the Trust to understand and learn from ARP and time to start to redraft and reformulate reports. The first lot of reporting will be at NWS and County level, it is unlikely that there will be any CCG level data for this financial year.

Ambulance handover times saw the worst performance in over 18 months. The continued pressures in high occupancy levels in ED as a result of bed pressures has significantly impacted on capacity available to support ambulance offloading. Since the beginning of December, additional nursing support has been allocated to increase capacity available.

The number of calls in November 2017 has reduced since the previous month, to 1,537, a reduction of 100. There have been 1,025 (7.3%) fewer calls for the first 8 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 has fallen in for the third consecutive month in November with 801 calls. When compared to the first 8 months of the previous financial year, there have been 505, 6.5%, fewer contacts so far in 2017/18.

Southport & Ormskirk failed the stroke target in November recording 55.0% with only 11 out of 20 patients spending 90% of their time on a stroke unit. This shows a decline in performance compared to the 62.1% in October. For TIA during November there were 3 TIA cases with a higher risk of stroke who were not seen and treated within 24 hours, resulting in 0% recorded. To address the issue of clinic capacity an additional TIA clinic has now set-up every Monday, Tuesday & Thursday within AEC.

The CCG reported a Mixed Sex Accommodation rate of 2.5, which equates to a total of 10 breaches in November. All 10 breaches were at Southport & Ormskirk NHS Trust. In November, the Trust had 11 mixed sex accommodation breaches (a rate of 2.1) and has therefore breached the zero-tolerance threshold. Of the 11 breaches, 10 were for Southport & Formby CCG and 1 for West Lancashire CCG. All of the 11 breaches occurred within critical care due to awaiting transfer to acute beds within the hospital.

There were 2 new case of Clostridium Difficile attributed to the CCG in November. 21 have been reported year to date. (8 apportioned to acute trust and 13 apportioned to community). For Southport & Ormskirk year to date the Trust has had 10 cases against a year to date plan of 21 (4 new cases in November), so is under plan. Southport & Ormskirk had no cases of MRSA in November, but reported 1 case of MRSA in September and will therefore be reporting red against the zero-tolerance threshold for the rest of the financial year. An E.coli target for CCGs for 2017/18 has been set at 121 cases. This is being monitored and there have been 93 cases April to November against the year to date plan of 85.

There are 98 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 55 apply to Southport & Formby CCG patients. 43 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 30 of these being Southport & Formby CCG patients. There was 1 Never Event reported in month with 2 YTD (Liverpool Women's, S&O). 6 incidents were closed in month (40 YTD). 27 remain open of StEIS for 100 days. One incident remains open for Southport and Formby CCG.

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 decreased to 9 in November. Analysis of average delays in November 2017 compared to November 2016 shows them to be higher by 1.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates for Friends and Family although they have increased slightly from 1.9% in October to 2.2% in November. The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 88% in October to 68% in November, failing to achieve

the England average of 87%. The percentage not recommended has increased from 6% in October to 19% in November, which was higher than the England average of 7%.

Performance at Month 8 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa -£539k/-2.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£844k/-3.9%.

## **Mental Health**

One of the three of the CPA mental health measures were failed in November. The Trust failed to achieve the target of 90% for patients under CPA followed up within 7 days of discharge in November with 90.9%. 1 of 10 patients did not achieve their follow up within the target time. The Provider stated that this patient relocated out of the area, the care home has been contacted and care transferred to a local team.

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. The latest reporting period is September to November 2017 when 45 OAP days were reported. The CCG is therefore failing to meet the target of just 2 days.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported an increase of 12.1% from previous month of Southport & Formby patients entering treatment in month 8. Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only. 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 therefore set for Quarter 3 at 3.75% which equates to 1.25% per month. The access rate for Month 8 was 1.40% and therefore achieved the standard.

The percentage of people moved to recovery improved with 56.2% compared to 47.4% in Month 7. This satisfies the monthly target of 50%, and takes the year-end projected figure to 50.5%.

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%.

## **Community Health Services**

The community contract for Southport & Formby CCG patients transferred over to Lancashire Care Foundation Trust on 1st May. Lancashire care trust is currently undertaking a validation exercise across all services which they have taken over from Southport Trust. The validation exercise includes review of current reporting practices, validation of caseloads and RTT recording as well as deep dive with the service leads and teams. This process is on-going with the first set of service validations due to finish January 2018, these include Chronic Care, Community Matrons, Continence, and Treatment Rooms.

## **Primary Care**

In December, Lincoln House Surgery was inspected by the CQC; the practice scored Overall rating of 'Good' and improvement in 'Safe' being now recorded as 'Good'.

## **Better Care Fund**

A quarterly performance monitoring return was submitted on 19th January 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 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 citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines 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.

## 2. Financial Position

### 2.1 Summary

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

The risk adjusted position has been revised to reflect known changes since 31 December 2017 following intensive review and scrutiny of the Month 9 position with particular focus on realisation of risks and assurance for delivery of QIPP savings for the remainder of the financial year.

The year to date financial position is a deficit of £2.200m, which represents deterioration of £0.200m against the planned deficit. The reported forecast financial position at Month 9 is the CCG's best case scenario of breakeven. This is in line with previous reports and the likely case scenario is reported after inclusion of further risks and mitigations. The CCG's likely case scenario forecasts a deficit of £3.809m.

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

Cost pressures have emerged in the first nine months of the financial year which are balanced out to a certain extent by underspends in other areas. The main areas of forecast overspend are within Continuing Healthcare relating to Continuing Healthcare packages, Wrightington, Wigan and Leigh NHS Foundation Trust, mainly due to Orthopaedic Activity, Intermediate Care, due to an increase in the number of beds commissioned to support winter pressures and overperformance on the Aintree contract due to high cost drugs and devices outside the Acting as One contract agreement.

The cost pressures are offset by forecast underspends 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	✗

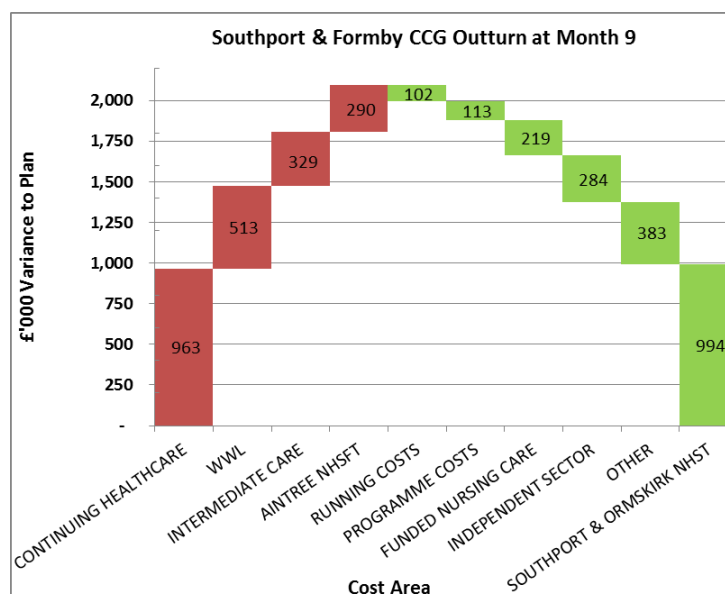
Key Performance Indicator		This Month
QIPP	QIPP delivered to date ( <i>Red reflects that the QIPP delivery is behind plan</i> )	<b>£4.676m</b>
Running Costs	CCG running costs < 2017/18 allocation	<b>✓</b>
BPPC	NHS - Value YTD > 95%	<b>99.55%</b>
	NHS - Volume YTD > 95%	<b>95.75%</b>
	Non NHS - Value YTD > 95%	<b>97.07%</b>
	Non NHS - Volume YTD > 95%	<b>95.24%</b>

- The CCG will not achieve the NHS England 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 financial plan agreed at the start of the year was to achieve a break even position in year; this position was dependent on delivery of the QIPP savings requirement in full. The likely case scenario is a deficit of £ £3.809m.
- QIPP Delivery is £4.676m to date which is £2.308m below planned QIPP delivery at month 9.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.102m for 2017/18.
- All BPPC targets have been achieved for the year to date.

## 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
  - Cost pressures relating to Continuing Healthcare packages.
  - Overperformance on WWL contract – mainly due to Orthopaedic Activity.
  - Increased costs of intermediate care due to an increase in the number of beds commissioned to support winter pressures.
  - Over performance on the Aintree contract due to high cost drugs and devices outside Acting as One agreement.
- 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

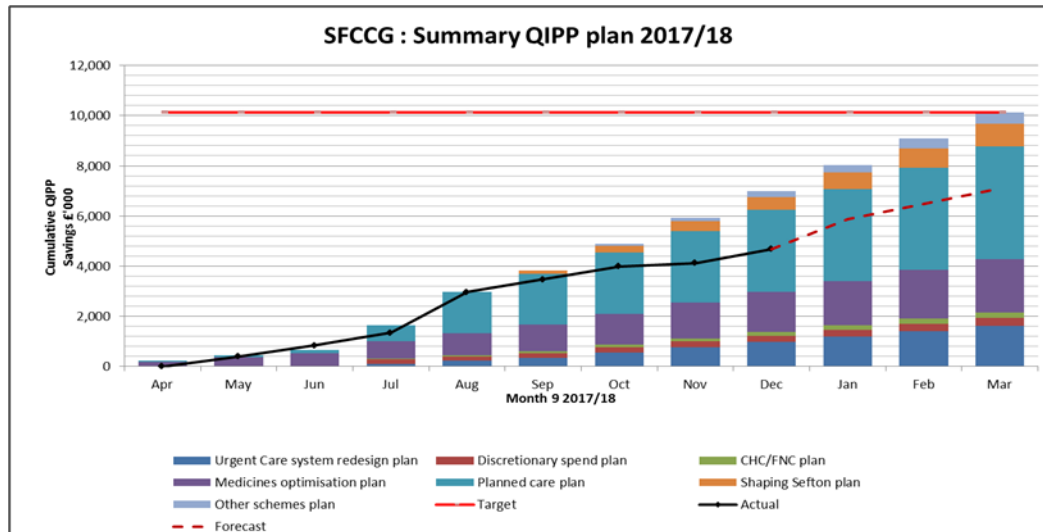
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£0.635
Alder Hey Children's Hospital NHS Foundation Trust	£0.021
Liverpool Women's NHS Foundation Trust	-£0.016
Liverpool Heart & Chest NHS Foundation Trust	-£0.050
Royal Liverpool and Broadgreen NHS Trust	-£0.222
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.051
<b>Grand Total</b>	<b>£0.317</b>

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could 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, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an overspend of £0.317m 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	1,696	0	435	2,131
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
<b>Total QIPP Plan</b>	<b>7,607</b>	<b>2,530</b>	<b>10,137</b>	<b>5,645</b>	<b>2,910</b>	<b>1,595</b>	<b>10,150</b>
<b>QIPP Delivered 2017/18</b>				<b>(4,676)</b>		<b>0</b>	<b>(4,676)</b>

- The 2017/18 QIPP target is **£10.137m** (opening position). This plan has been phased across the year by scheme and full detail of progress at scheme level is monitored at the QIPP committee.
- The CCG has undertaken a significant work programme to develop and assure the 2017/18 QIPP plan. The CCG will hold check and challenge sessions with QIPP Leads during QIPP week, commencing 15 January 2018 to fully inform QIPP delivery to 31 March 2018.
- As at Month 9, the CCG has achieved **£4.676m** QIPP savings in respect of the following schemes:
  - Prescribing - £1.046m
  - 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 £0.032m
- **£0.554m** has been delivered in Month 9 which mainly relates to prescribing savings.
- The forecast QIPP delivery for the year is **£6.640m** 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, although impact is likely to be limited in the remainder of the financial year.



## 2.5 Risk

### Financial Position

- The CCG forecast financial position is breakeven.
- The forecast position is dependent on achieving a QIPP saving of **£10.137m**.

**Figure 5 – Risk Adjusted Financial Position**

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
<b>Remaining QIPP requirement</b>	(5.461)	(5.461)	(5.461)
Predicted QIPP achievement (Months 10-12)	2.164	1.964	1.000
Reserves / I&E impact	(2.080)	(2.080)	(2.080)
<b>Forecast Surplus / (Deficit)</b>	<b>(5.377)</b>	<b>(5.577)</b>	<b>(6.541)</b>
Further Risk	(1.484)	(1.614)	(3.789)
Management Action Plan	3.862	3.382	3.189
<b>Risk adjusted Surplus / (Deficit)</b>	<b>(2.999)</b>	<b>(3.809)</b>	<b>(7.141)</b>

- The risk adjusted position provides an assessment of the best, likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case is a deficit of **£2.999m**. Further risks are included in respect of Community Services, CHC price increases, NCSO prescribing and potential winter pressures. Mitigations include the CCG contingency, other reserves budgets, contract penalties and return of Primary Care allocation to the CCG.
- The likely case is a deficit of **£3.809m** and assumes that QIPP delivery will be £7.100m in total. Further risk includes the NCSO prescribing cost pressure. Mitigations include a £0.500m penalty being applied to Southport and Ormskirk NHS Trust without re-investment.
- The worst case scenario is a deficit of **£7.141m** and assumes reduced QIPP delivery, that further pressures emerge in year and that the management action plan will not be delivered in full. Further pressures relate to month 9 contract alignment exercise.

## 2.6 Contract Alignment / Dispute Resolution

**Figure 6 – Contract Alignment table**

	2017/18 YTD		2017/18 YTD	
	£000		£000	Formula
Provider	YTD	Commissioner	YTD	YTD Variance
Aintree University Hospitals NHS Foundation Trust	3,314	NHS Southport and Formby	3,301	(13)
Royal Liverpool and Broadgreen University Hospitals NHS Trust	2,736	NHS Southport and Formby	2,666	(70)
Southport and Ormskirk Hospital NHS Trust	30,412	NHS Southport and Formby	27,406	(3,006)
Lancashire Care NHS Foundation Trust	4,505	NHS Southport and Formby	4,505	-
Mersey Care NHS Foundation Trust	6,187	NHS Southport and Formby	6,156	(31)
<b>Total</b>	<b>47,154</b>		<b>44,034</b>	<b>(3,120)</b>

- CCGs and Providers were required to report a contract alignment position at Month 6 to highlight any areas of dispute.
- The main issues highlighted relate to the contract with Southport & Ormskirk NHS Trust on a number of outstanding issues:
  - £1.669m - CQUIN
  - £0.522m – ACU Follow ups
  - £0.674m – Contract Sanctions
  - £0.600m - Outpatient Procedure Coding
  - £0.165m – PLCP
- The CCG has sent a formal response to issues raised by Southport & Ormskirk NHS Trust and will continue with the mediation process initiated in December 2017. Three issues were taken forward for mediation – CQUIN, ACU Follow ups and Outpatient Procedure Coding. Other issues are expected to be resolved locally and the CCG has sent a proposal to the provider.

## 2.7 Statement of Financial Position

Figure 7– Summary of working capital

	2016/17	2017/18			
	M12	M6	M7	M8	M9
	£'000	£'000	£'000	£'000	£'000
Non Current Assets	11	11	11	11	11
Receivables	2,041	3,311	2,562	2,470	2,383
Cash	160	2,914	3,721	995	1,995
Payables & Provisions	(9,202)	(11,707)	(13,950)	(11,582)	(12,634)
Value of debt > 180 days old (6months)	723	722	722	723	723
BPPC (value)	98%	100%	100%	100%	100%
BPPC (volume)	96%	95%	96%	95%	97%

\* In month 1 there were a number of credit notes received from providers 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 along with accrued income and prepayments. Outstanding debt in excess of 6 months old currently remains at £0.723m. 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). The CCG continues to pursue resolution to the outstanding balance in respect

of the CQUIN recovery. Work is being progressed as part of actions in response to the NHS England Contract Alignment Exercise in December 2017. The CCG have accepted the Trust position regarding the Breast Referral Services invoice and this charge is expected to be cancelled.

- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £180.556m at Month 9. The actual cash utilised at Month 9 was £136.627m which represents 75.7% of the total allocation. The balance of MCD to be utilised over the rest of the year is £43.929m.
- The CCG aim to pay at least 95% of invoices within 30 days of the invoice date in line with the Better Payment Practice Code. 2017/18 performance exceeds 95% for invoices by number and value for NHS and Non NHS suppliers. Performance will continue to be reviewed on a monthly basis.

## **2.8 Recommendations**

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

- The year to date financial position is a deficit of £2.200m, which represents deterioration against the planned deficit of £0.200m. At Month 9, the reported financial forecast is breakeven. This position assumes that the CCG will deliver the 2017/18 QIPP requirement in full. Current trends suggest that the CCG will not deliver the required QIPP saving. The CCG's likely case scenario forecasts a deficit after risk and mitigation of £2.905m.
- 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 and service reductions in order to develop a robust contingency plan to meet its statutory financial duty for the year, and into 2018-19.
- 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

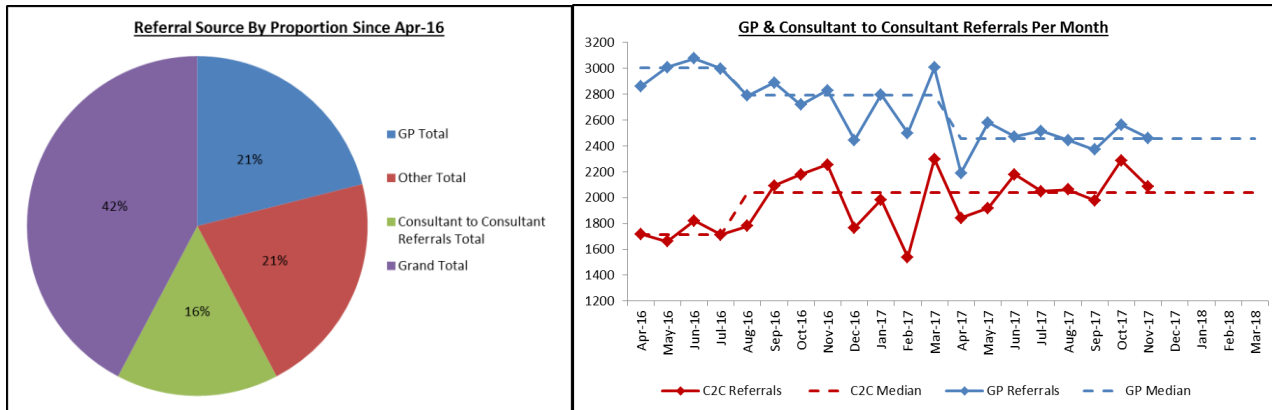


Figure 9 – Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

Referral Type	Referral Source Code	Referral Source Name	2017/18							2016/17 YTD	2017/18 YTD	YTD Variance	YTD %	
			Apr	May	Jun	Jul	Aug	Sep	Oct					Nov
GP	3	referral from a GENERAL MEDICAL PRACTITIONER	2,188	2,578	2,472	2,515	2,444	2,371	2,563	2,460	23,160	19,591	-3,569	-15%
<b>GP Total</b>			<b>2,188</b>	<b>2,578</b>	<b>2,472</b>	<b>2,515</b>	<b>2,444</b>	<b>2,371</b>	<b>2,563</b>	<b>2,460</b>	<b>23,160</b>	<b>19,591</b>	<b>-3,569</b>	<b>-15%</b>
Other	1	following an emergency admission	270	226	256	231	270	258	294	248	4,079	2,053	-2,026	-50%
	2	following a Domiciliary Consultation	1		1	2	1			1	5	6	1	20%
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	277	289	273	295	259	314	352	302	2,110	2,361	251	12%
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,200	1,333	1,563	1,448	1,460	1,312	1,536	1,458	8,391	11,310	2,919	35%
	6	self-referral	189	178	167	145	152	152	184	195	1,129	1,362	233	21%
	7	referral from a Prosthetist			1						3	1	-2	-67%
	8	Other	27	41	46	41	50	56	49	43	316	353	37	12%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	36	11	24	14	17	19	32	11	180	164	-16	-9%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	60	61	59	56	74	73	63	454	505	51	11%
	12	referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)		2	3		3	4	3		8	15	7	88%
	13	referral from a Specialist NURSE (Secondary Care)	3	2	1	6	2	6		1	31	21	-10	-32%
	14	referral from an Allied Health Professional	84	115	97	91	98	86	106	111	1,171	788	-383	-33%
	15	referral from an OPTOMETRIST	78	92	85	65	119	93	110	106	729	748	19	3%
	16	referral from an Orthoptist	1	6	2	2	4	4	1	1	30	21	-9	-30%
	17	referral from a National Screening Programme	57	48	30	43	34	40	47	72	500	371	-129	-26%
	92	referral from a GENERAL DENTAL PRACTITIONER	39	31	32	42	32	28	41	37	311	282	-29	-9%
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	180	269	245	256	217	265	261	2,076	1,862	-214	-10%
	Unknown		1			1				11	2	-9	-82%	
<b>Other Total</b>			<b>2,490</b>	<b>2,615</b>	<b>2,911</b>	<b>2,729</b>	<b>2,814</b>	<b>2,663</b>	<b>3,093</b>	<b>2,910</b>	<b>21,534</b>	<b>22,225</b>	<b>691</b>	<b>3%</b>
Consultant to Consultant Referrals Total			1,843	1,919	2,178	2,049	2,063	1,977	2,287	2,083	15,219	16,399	1,180	8%
<b>Grand Total</b>			<b>4,678</b>	<b>5,193</b>	<b>5,383</b>	<b>5,244</b>	<b>5,258</b>	<b>5,034</b>	<b>5,656</b>	<b>5,370</b>	<b>44,694</b>	<b>41,816</b>	<b>-2,878</b>	<b>-6%</b>

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 6% down comparing to 2016/17. October 2017 saw referrals rise to a peak for the current financial year to date. Referrals in November 2017 decreased slightly from the previous month and were consistent with an overall average.

GP referrals in 2017/18 to date are 15% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 7.8% 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 - Nov	80% by Q2 17/18 & 100% by Q2 18/19	48.00%	↓

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 November 2017 for the CCG as a whole reached 48%. This shows a decline in performance compared to last month (50%). 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 <b>(CCG)</b>	17/18 - Nov	<1%	3.46%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	<1%	3.20%	↓

The CCG failed the less than 1% target for Diagnostics in November recording 3.46%. Out of 2,220 patients, 77 patients waited longer than 6 weeks and 21 of them over 13 weeks for their diagnostic test. The majority of the breaches were for colonoscopy (31) and gastroscopy (18).

The Trust also failed the less than 1% target for Diagnostics in November recording 3.20%. Out of 2965 patients, 95 patients waited longer than 6 weeks with 4 of these patients over 13 weeks for their diagnostic test. The majority of breaches were for echocardiography (41) and non-obstetric ultrasound (22).

November's performance was 3.2%, breaching the less than 1% target. Non-obstetric ultrasound - LTS additional activity agreed for December/January. ECG - Service affected by technical staff resignation and periods of sickness - LTS due back mid-January and successfully recruited to technician vacancy 18th December giving 3 months' notice. Urodynamics - backlog has reduced month on month and should resolve in January 2018. Colonoscopy/Flexi/Gastroscopy - Your Medical has been insourced to undertake additional lists with the view to clear the entire backlog by June 2018. Cystoscopy - The department are adhering to the reasonable notice requirement and now the 41 day target but as both had been commenced in month we have seen an increase in breaches for patients already booked.

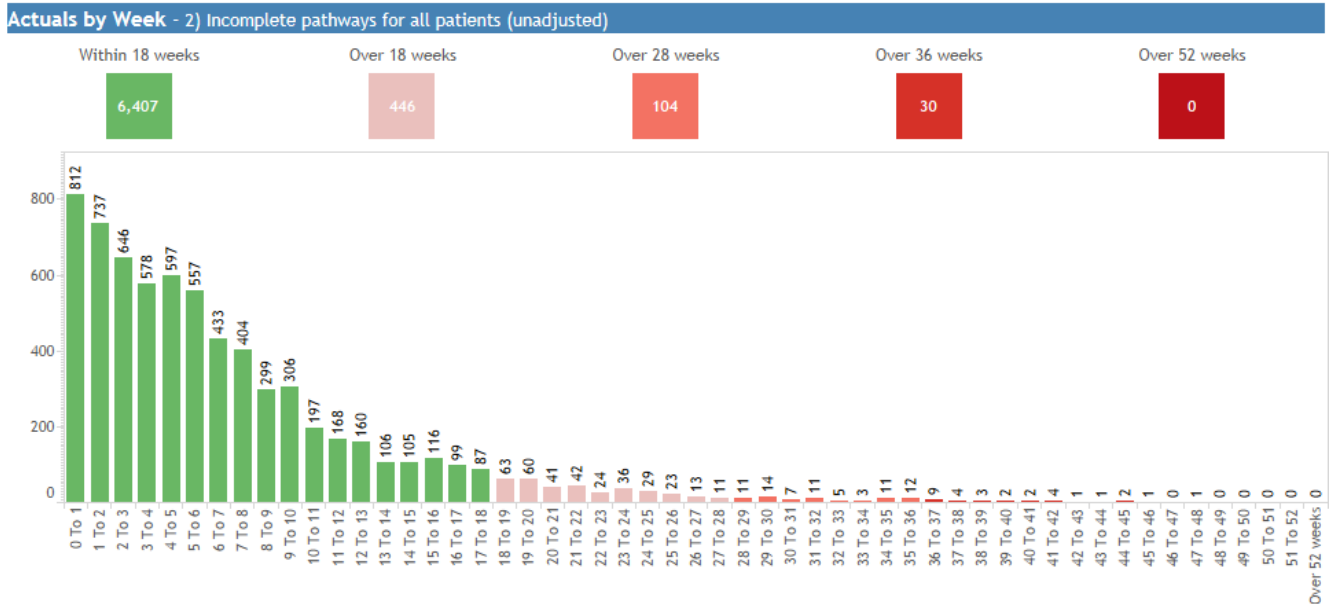
### 3.3 Referral to Treatment Performance

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. <b>(CCG)</b>	17/18 - Nov	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	17/18 - Nov	92%	93.49%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	92%	95.06%	↑

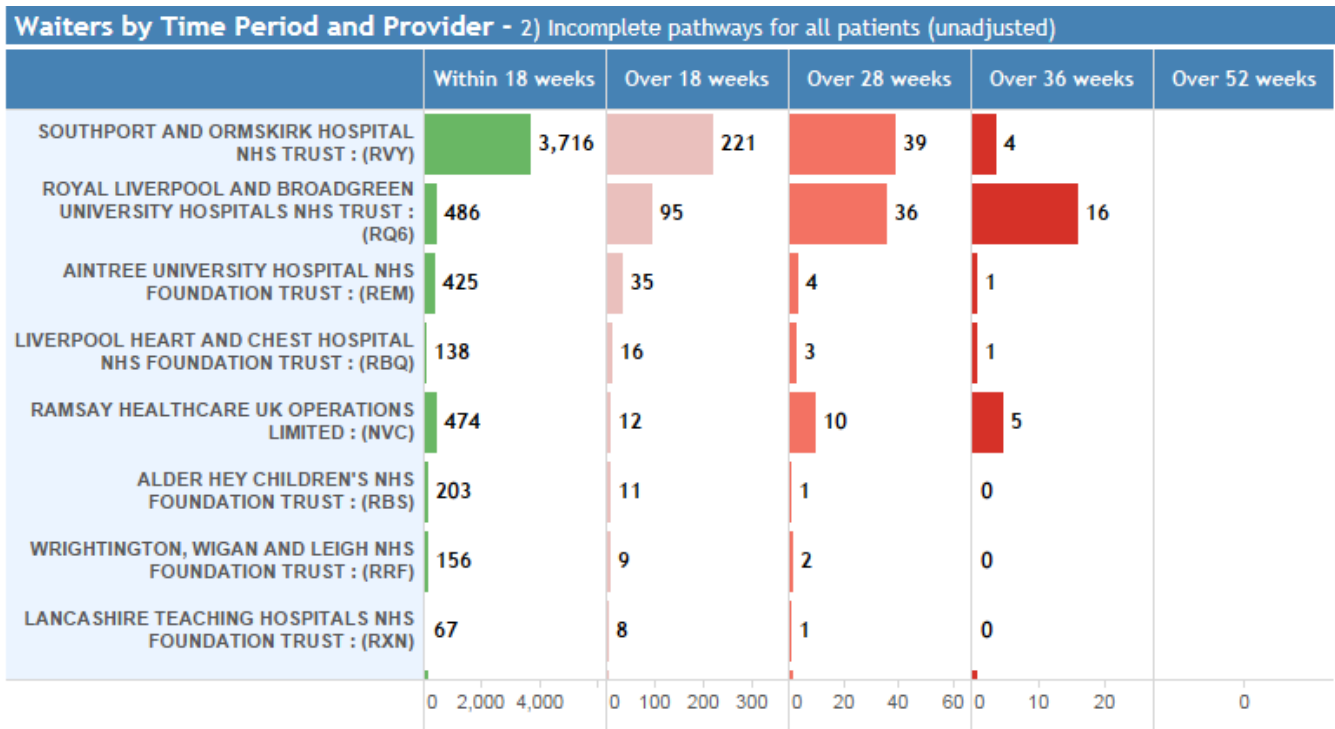
### 3.3.1 Incomplete Pathway Waiting Times

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

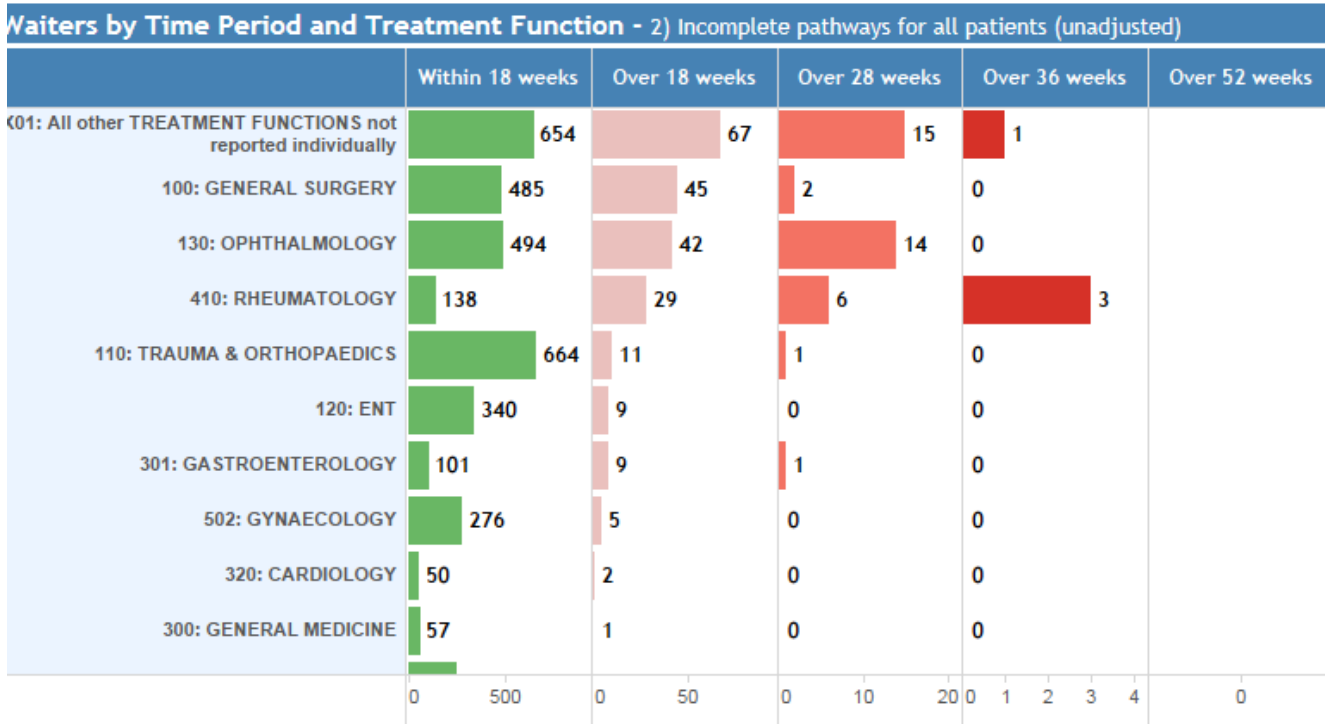
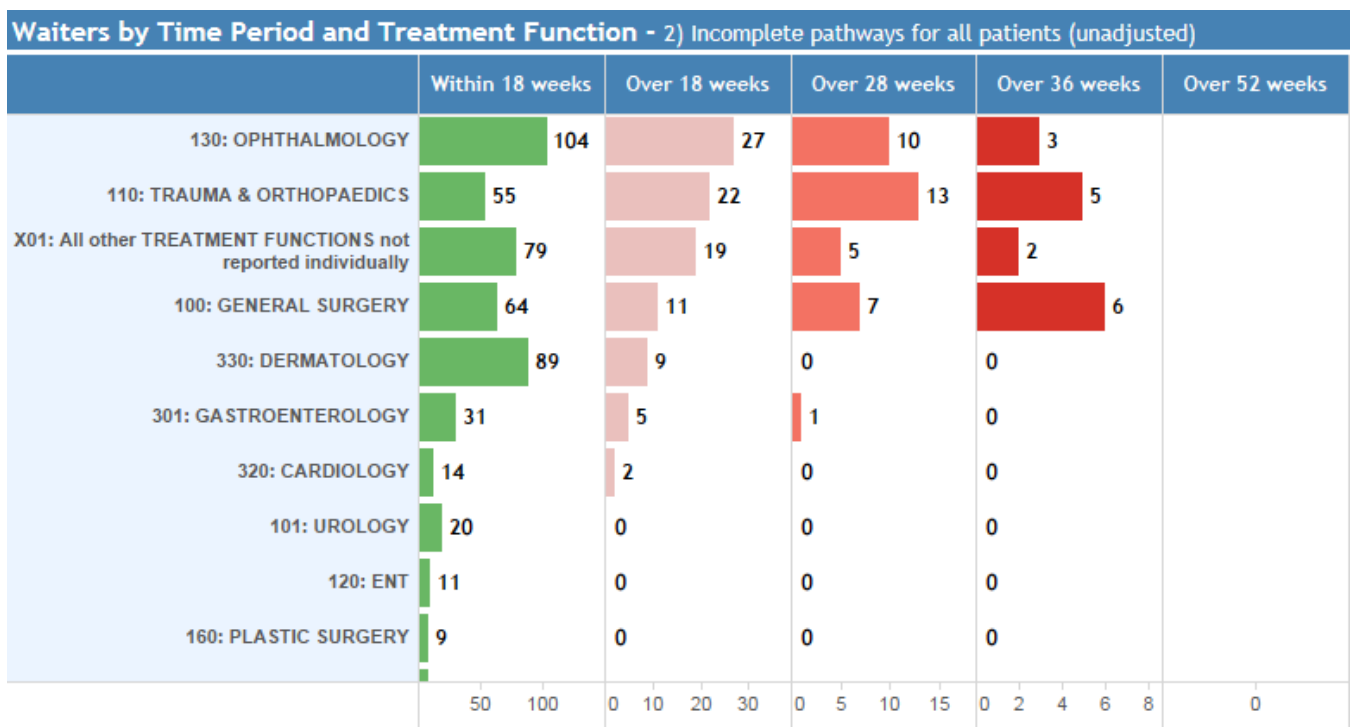


Figure 16 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust





### 3.3.4 Provider assurance for long waiters

Figure 177 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Registered practice code	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Formby	Ramsey Healthcare	T&O	40		Treatment completed on 15/12/2017	Had 2 follow-up OPd appts then wished to delay surgery which was completed on 15/12/2017.
Southport & Formby	Ramsey Healthcare	T&O	41		Patient has been discharged	Patient has been discharged as they did not wish to proceed to surgery at this time.
Southport & Formby	St Helens & Knowsley	Plastic Surgery	41		TCI 23/01/2018	Patient listed for surgery at week 1 of 18 week pathway. No capacity - consultant only to do, patient dated for 23-1-18 (week 49).
Southport & Formby	Royal Liverpool	T&O	40	N84014	TCI 11/01/2018	Long Wait on Waiting List
Southport & Formby	Royal Liverpool	General Surgery	41	N84021	Patient treated in December	
Southport & Formby	Royal Liverpool	T&O	41	N84617	TCI to be confirmed	Long Wait on Waiting List
Southport & Formby	Royal Liverpool	Ophthalmology	42	V81998	Patient treated in December	
Southport & Formby	Royal Liverpool	General Surgery	43	N84617	TCI to be confirmed	Long Wait on Waiting List
Southport & Formby	Royal Liverpool	General Surgery	44	N84017	Patient treated in December	
Southport & Formby	Royal Liverpool	All Other	44	N84008	Patient treated in December	
Southport & Formby	Royal Liverpool	General Surgery	45	N84012	Patient treated in December	
Southport & Formby	Royal Liverpool	T&O	47	N84008	Patient treated in December	

## 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 188 – 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 - <b>Southport &amp; Ormskirk</b>	17/18 - Nov	0	16	↑ ↓

Southport & Ormskirk reported 16 cancelled operations in November, bringing the total YTD figure to 92. The Trust has reported that of the 16 cancelled operations in November: 15 were due to no bed availability, there was 1 where the theatre time elapsed.

### 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 - <b>Southport &amp; Ormskirk</b>	17/18 - Nov	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) <b>(CCG)</b>	17/18 - Nov	93%	94.58%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	93%	95.40%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	17/18 - Nov	93%	92.57%	↑

The CCG has achieved the target of 93% in November for patients urgently referred with breast symptoms, with a performance of 100% but continues to fail year to date with 92.58% due to previous months breaches. In November there were a total of 46 patients and no 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) <b>(CCG)</b>	17/18 - Nov	96%	98.56%	↓
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	96%	98.92%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	17/18 - Nov	94%	97.35%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	17/18 - Nov	94%	98.48%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	94%	96.30%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	17/18 - Nov	98%	98.41%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	98%	100.00%	↔

### 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) <b>(CCG)</b>	17/18 - Nov	85% (local target)	84.44%	↓
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	85% (local target)	91.24%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	17/18 - Nov	90%	91.18%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	90%	100.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	17/18 - Nov	85%	83.64%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	85%	82.73%	↑

The CCG had 10 patients in November for 62 day wait for first definitive treatment following a consultant's decision to upgrade with 2 breaches recording 80%, but unfortunately are failing the 85% local target year to date due to previous breaches, recording 84.44%.

For the 62 days standard, the CCG achieved the 85% target in November recording 88.64% (5 breaches out of 44). Despite this achievement, the CCG is still failing year to date at 83.64%.

The Trust achieved the 85% target in November for the 62 day standard recording 85.42% but are still failing year to date 82.73% due to previous breaches. In November, out of 48 patients there was the equivalent of 7 breaches.




### 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: Nov-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%	20.1%		96%	90%		2%	4%	

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

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The Trust has again seen an increase in response rates for inpatients, from 13.2% in October to 20.1% in November. The percentage of patients that would recommend the inpatient service in the Trust has increased from 88% in October to 90% in November, although is still below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 4% in November and is therefore still above the England average of 2%.

There is no maternity data available for November. NHS England have stated that they extended the closing dates of the affected collections to increase the possibility of producing accurate outputs. Unfortunately, some of the data issues could not be resolved in time, and given the level of issues with data concerning Maternity services, it has not been possible to validate the returns to produce an output in time for publication. Every effort is being made to produce this as soon as possible, subject to data quality considerations.

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.

### 3.7 Planned Care Activity & Finance, All Providers

Performance at Month 8 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.6m/-6.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in their remaining a total under spend of approximately £1.6mk/6.4%.

At individual providers, Aintree (£227k/9%) and Wrightington, Wigan and Leigh (£176k/24%) are showing the largest over performance at month 8. In contrast, there has been a notable under spend at other providers such as Southport & Ormskirk (-£1.7m/-12%) and Renacres (-£242k/-9%).

**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	12,115	13,740	1,625	13%	£2,622	£2,848	£227	9%	£227	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	5,061	5,067	6	0%	£366	£353	£13	-3%	£13	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,647	1,467	-180	-11%	£681	£636	£45	-7%	£45	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,788	1,338	-450	-25%	£411	£362	£49	-12%	£49	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	10,797	10,518	-279	-3%	£1,994	£1,960	£34	-2%	£34	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,706	1,551	-155	-9%	£512	£465	£47	-9%	£47	£0	0.0%
<b>ACTING AS ONE TOTAL</b>	<b>33,115</b>	<b>33,681</b>	<b>566</b>	<b>2%</b>	<b>£6,586</b>	<b>£6,624</b>	<b>£38</b>	<b>1%</b>	<b>£38</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	157	254	97	61%	£30	£68	£38	130%	£0	£38	130%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	66	66	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
FAIRFIELD HOSPITAL	77	59	-18	-23%	£13	£12	£1	-5%	£0	£1	-5%
ISIGHT (SOUTHPORT)	2,769	3,745	976	35%	£572	£594	£21	4%	£0	£21	4%
RENACRES HOSPITAL	9,950	8,547	-1,403	-14%	£2,661	£2,418	£242	-9%	£0	£242	-9%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	75,649	69,225	-6,424	-8%	£14,378	£12,669	£1,709	-12%	£0	£1,709	-12%
SPIRE LIVERPOOL HOSPITAL	256	268	12	5%	£60	£81	£20	34%	£0	£20	34%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	2,996	3,557	561	19%	£751	£777	£26	3%	£0	£26	3%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	475	418	-57	-12%	£117	£85	£32	-27%	£0	£32	-27%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	135	205	70	52%	£24	£45	£20	83%	£0	£20	83%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	100	100	0%	£0	£22	£22	0%	£0	£22	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	210	201	-9	-4%	£69	£48	£21	-30%	£0	£21	-30%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	2,039	2,528	489	24%	£741	£916	£176	24%	£0	£176	24%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>94,715</b>	<b>89,173</b>	<b>-5,542</b>	<b>-6%</b>	<b>£19,415</b>	<b>£17,744</b>	<b>£1,672</b>	<b>-9%</b>	<b>£0</b>	<b>£1,672</b>	<b>-9%</b>
<b>GRAND TOTAL</b>	<b>127,830</b>	<b>122,854</b>	<b>-4,976</b>	<b>-4%</b>	<b>£26,001</b>	<b>£24,368</b>	<b>£1,633</b>	<b>-6.3%</b>	<b>£38</b>	<b>£1,672</b>	<b>-6.4%</b>

\*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	7,601	7,267	-334	-4%	£4,139	£3,668	£471	-11%
Elective	1,085	976	-109	-10%	£2,771	£2,293	£479	-17%
Elective Excess BedDays	255	122	-133	-52%	£61	£29	£33	-53%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1,042	441	-601	-58%	£175	£77	£98	-56%
OPFASPCL - Outpatient first attendance single professional consultant led	9,326	7,921	-1,405	-15%	£1,615	£1,357	£258	-16%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2,630	986	-1,644	-63%	£200	£86	£113	-57%
OPFUPSPCL - Outpatient follow up single professional consultant led	27,154	24,795	-2,359	-9%	£2,238	£2,019	£219	-10%
Outpatient Procedure	18,794	19,815	1,021	5%	£2,510	£2,516	£6	0%
Unbundled Diagnostics	7,763	6,902	-861	-11%	£668	£624	£43	-6%
<b>Grand Total</b>	<b>75,649</b>	<b>69,225</b>	<b>-6,424</b>	<b>-8%</b>	<b>£14,378</b>	<b>£12,669</b>	<b>£1,709</b>	<b>-12%</b>

\*PbR only

### 3.7.2 Southport & Ormskirk Hospital Key Issues

Month 8 shows a continued Trend for the previous months in 2017/18 with nearly all aspects of planned care under-performing against planned level. In month the financial levels show an under-performance of approx. £300k with both Elective and Day Case contributing two thirds to the under spend.

Elective and Day Case performance is below across a number of specialties with General Surgery and Trauma & Orthopaedics the two main areas below planned levels. Both Specialties have been below planned levels for the majority of months in 2017/18, and well below levels previously seen in 2016/17.

The Trust has struggled throughout the year to achieve planned levels with a number of factors affecting performance. Staffing levels at the Trust as well as reduced GP referrals and the impact of joint Health, among other things, have all resulted in lower planned care performance.

Work is currently on-going looking at the total planned care levels for the CCG to ascertain whether the Trust has lost market share in some aspects. Early indications suggest, although some providers are above planned levels, overall activity across the CCG has reduced.

The Trust is actively seeking to bring activity and financial levels back in line with contracted performance. The Trusts Referral to Treatment performance remains above the target levels but due to staffing issues across a number of specialties is not excessively high.

### 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	556	597	41	7%	£325	£445	£120	37%
Elective	286	223	-63	-22%	£653	£521	-£132	-20%
Elective Excess BedDays	72	65	-7	-9%	£18	£16	-£2	-10%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	97	37	-60	-62%	£20	£8	-£12	-60%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	172	113	-59	-34%	£7	£5	-£3	-35%
OPFASPCL - Outpatient first attendance single professional consultant led	1,933	2,162	229	12%	£334	£368	£34	10%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	109	77	-32	-29%	£10	£8	-£2	-18%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	268	610	342	128%	£6	£15	£8	128%
OPFUPSPCL - Outpatient follow up single professional consultant led	4,992	5,369	377	8%	£411	£435	£24	6%
Outpatient Procedure	1,780	2,428	648	36%	£261	£346	£85	33%
Unbundled Diagnostics	1,202	1,305	103	9%	£84	£111	£27	32%
Wet AMD	650	754	104	16%	£492	£570	£78	16%
<b>Grand Total</b>	<b>12,115</b>	<b>13,740</b>	<b>1,625</b>	<b>13%</b>	<b>£2,622</b>	<b>£2,848</b>	<b>£227</b>	<b>9%</b>

Aintree performance is showing a £227k/9% variance against plan at month 8. Day cases, outpatient procedures and Wet AMD are the highest over performing areas with variances against plan of £120k/37%, £85k/33% and £78k/16% respectively. The over performance within day cases is principally within Breast Surgery and Cardiology.



The over performance within outpatient procedures is primarily within Ophthalmology and Respiratory medicine. The latter has seen a significant increase in activity related to the HRG - DZ37A (Non-Invasive Ventilation Support Assessment, 19 years and over).

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	1,114	917	-197	-18%	£1,110	£886	£-225	-20%
Elective	174	181	7	4%	£740	£799	£58	8%
OPFASPCL - Outpatient first attendance single professional consultant led	2,256	1,704	-552	-24%	£363	£289	£-74	-20%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,472	2,077	-395	-16%	£159	£138	£-21	-13%
Outpatient Procedure	1,627	1,135	-492	-30%	£168	£175	£6	4%
Unbundled Diagnostics	835	591	-244	-29%	£76	£53	£-24	-31%
Physio	1,473	1,156	-317	-22%	£43	£34	£-9	-22%
Outpatient Pre-op	0	786	786	#DIV/0!	£0	£46	£46	#DIV/0!
<b>Grand Total</b>	<b>9,950</b>	<b>8,547</b>	<b>-1,403</b>	<b>-14%</b>	<b>£2,661</b>	<b>£2,418</b>	<b>£-242</b>	<b>-9%</b>

Renacres performance is showing a £-242k/-9% variance against plan with the majority of PODS under performing at month 8. Day case activity is the highest underperforming area with a variance of £-225k/-20% against plan. This is largely a result of reduced activity within Trauma & Orthopaedics and General Surgery.

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	14	21	7	49%	£1	£2	£1	50%
Daycase	118	126	8	7%	£157	£173	£16	10%
Elective	75	97	22	30%	£426	£538	£112	26%
Elective Excess BedDays	21	27	6	30%	£5	£6	£1	24%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	50	63	13	26%	£4	£6	£2	55%
OPFASPCL - Outpatient first attendance single professional consultant led	260	383	123	47%	£35	£55	£20	56%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	73	110	37	50%	£4	£6	£2	44%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	99	134	35	36%	£2	£3	£1	36%
OPFUPSPCL - Outpatient follow up single professional consultant led	970	1,071	101	10%	£58	£66	£8	13%
Outpatient Procedure	177	281	104	59%	£24	£38	£14	56%
Unbundled Diagnostics	183	215	32	17%	£22	£23	£1	4%
<b>Grand Total</b>	<b>2,039</b>	<b>2,528</b>	<b>489</b>	<b>24%</b>	<b>£741</b>	<b>£916</b>	<b>£176</b>	<b>24%</b>

Wrightington, Wigan and Leigh performance is showing a £176k/24% variance against plan with all PODS over performing at month 8. Elective activity is the highest over performing area followed by outpatient first attendances, with a variance of £112k/26% and £20k/56% against plan respectively. This over performance in both PODs is largely within Trauma & Orthopaedics. Very major knee and hip procedures (with a CC score of 0-1) are the highest over performing HRGs for the CCG although there are also small amounts of activity against many HRGs with zero plan.

### 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	635	728	93	15%	£398	£358	£-40	-10%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	7	2	-5	-73%	£1	£0	£-1	-73%
OPFASPCL - Outpatient first attendance single professional consultant led	519	521	2	0%	£75	£75	£0	0%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	195	69	-126	-65%	£14	£5	£-9	-65%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,255	1,691	436	35%	£69	£93	£24	35%
Outpatient Procedure	158	734	576	365%	£15	£62	£47	306%
<b>Grand Total</b>	<b>2,769</b>	<b>3,745</b>	<b>976</b>	<b>35%</b>	<b>£572</b>	<b>£594</b>	<b>£21</b>	<b>4%</b>

Isight performance is showing a £21k/4% variance against plan, which is clearly driven by an over performance within outpatient procedures. This POD is currently £47k/306% above plan at month 8 due to activity related to the HRG - RD30Z (Contrast Fluoroscopy Procedures with duration of less than 20 minutes). Outpatient follow up attendances are also over performing against plan by £24k/35% at month 8.

CCG BI and Contracts teams continue to investigate the coding and grouping processes of iSight activity and finance. Investigations are to obtain assurances that the most appropriate tariff is being charged for each episode of care.

In the meantime, iSight have undertaken procurement of a new Clinical PAS system in order to comply with National Data Submission requirements i.e. SUS. Implementation timescales and future processes are to be agreed via the Contract Review meetings. Possible contract variations and SLA's are also to be agreed in terms of data processing and recording.

Until the new system is procured, the CCG have proposed that all cataract surgery is coded as HRG BZ34C Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1 as a default position unless exceptionality can be demonstrated for a more complex HRG to be assigned. When this approach is agreed, a new finance and activity plan will be varied into the contract.

### 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). Three 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**

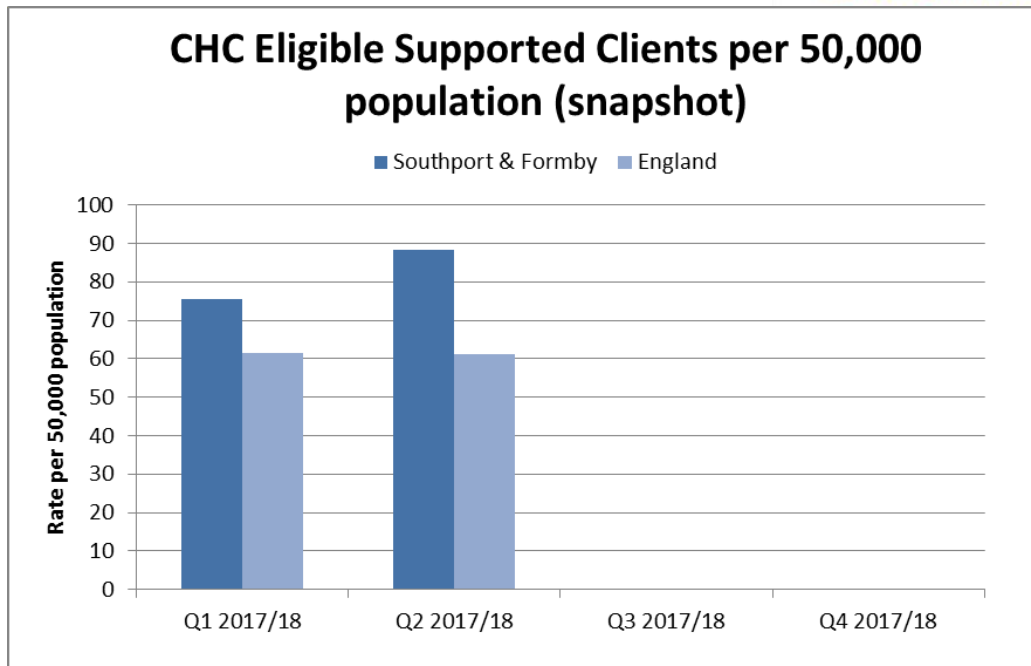


Figure 32 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

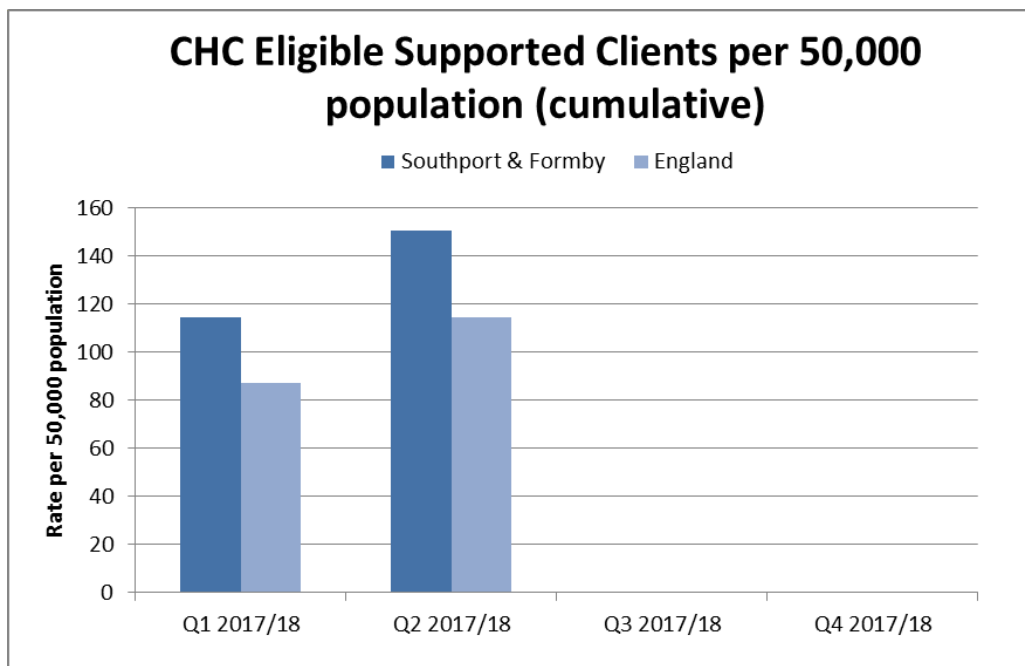
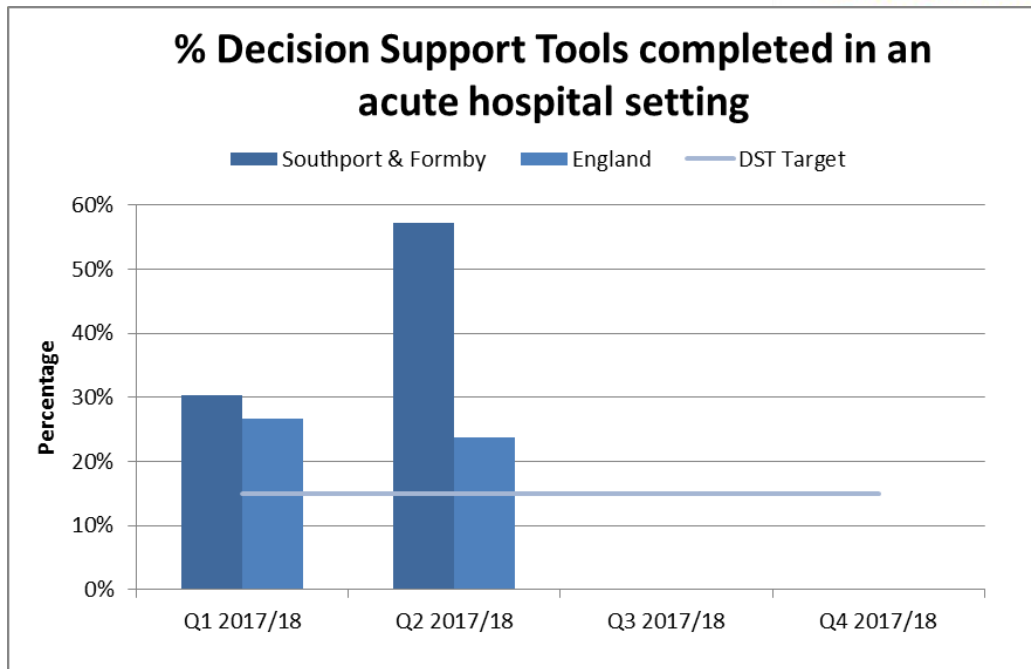


Figure 33 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



The proportion of DST assessments occurring in an acute hospital bed in Southport and Formby was higher than the national average of 27% in Q1, and increased to 57.1% in Q2. 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 34 - 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%.

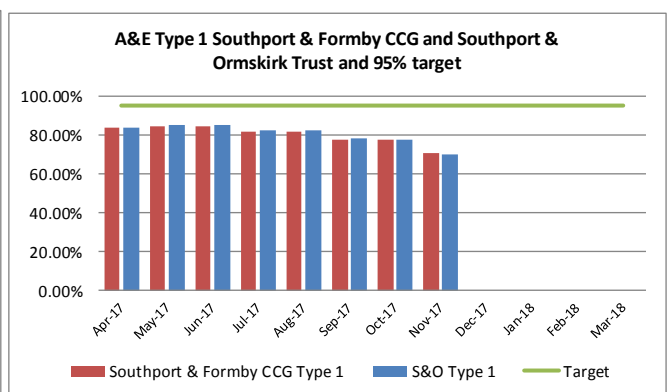
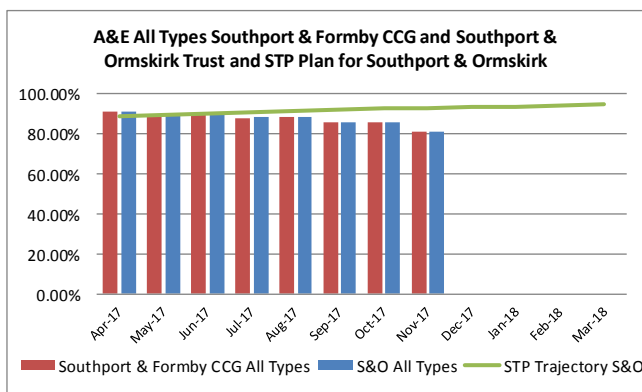
## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

Figure 35 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) All Types</b>	17/18 - Nov	95.00%	87.18%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) Type 1</b>	17/18 - Nov	95.00%	80.13%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Southport &amp; Ormskirk) All Types</b>	17/18 - Nov	STF Trajectory Target for Nov 93%	87.43%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Southport &amp; Ormskirk) Type 1</b>	17/18 - Nov	95.00%	80.74%	↓

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	YTD
STP Trajectory S&O	89.00%	89.50%	90%	90.7%	91.4%	92%	92.50%	93.00%	%
S&O All Types	91.10%	89.40%	90.32%	88.27%	88.42%	85.69%	85.55%	80.71%	87.43%



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 November reached 80.71%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 93% for November, and year to date 87.43%. Disappointingly, November saw the lowest performance against the 4-hour target.

Performance against the 4-hour target remains below the agreed trajectory with NHSI and a number of conference calls have been held with NHSE regarding pressures on the Southport site. Overall A&E attendances increased by 13.4% compared to November last year (4304 attendances compared to 3731 in 2016); majors attendances increased by 13.5% across the month (3198 majors attendances compared to 2768 in 2016). The increase in majors patients does have an impact on EDs ability to turn cubicle spaces around timely as these patients can be higher in acuity and reliant on diagnostic testing and specialty input to determine whether admission is required.

The conversion rate from attendance to admission saw a 10% reduction compared to last year (1307 admissions compared to 1510 admissions in Oct 16), which is testament to the collaborative working across the CBUs to consider alternative pathways to admission. Flow remains a significant challenge and escalation areas continue to be heavily relied upon overnight in order to maintain safety.

Intensive support from NHSI commenced at the end of November to support a work programme around Patient Flow and the rollout of SAFER across the wards. A MADE event was held on 12/12/17 with engagement from community partners and CCGs to understand some of the current delays across the urgent care system and agree collaborative actions to address these. A number of winter schemes have been identified to deliver improvements in flow, including proposals for some estates work within the ED, and increasing capacity in the community to support our patient demographics. ED medical staffing remains a concern with a number of junior doctor vacancies and high reliance on locum agency staff. 2 new ANPs have been appointed to continue efforts to develop a sustainable medical workforce, and a number of appointments have been made to Physicians Assistant posts to start in March 2018.

The Trust reconfigured 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 included creation of a clinical communications hub, to 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 A&E 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 and 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 the 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 36 - 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 - <b>Southport &amp; Ormskirk (cumulative)</b>	17/18 - Nov	0	16	↑

Southport & Ormskirk had 16. 12-hour breaches in the month of November. Breaches reported so far in the year; 3 in April, 9 in May and 2 in July, a total of 30 year to date.

As a result of the pressures in managing flow, there were a number of 12 hour breaches during the last weekend of November. The Friday and Saturday had seen over 80% of ED attendances majors category, in addition to a deficit of discharges. An internal incident had been called by the Exec on call with continued escalation to CCG on call, NWS and NHSE on call. Diverts had been continually sought, additional matron support had been called to the site. Additional escalation areas had been opened with input from the clinical teams in identifying appropriate patients. However, there was a still a significant shortage of beds to avoid the 12 hour breaches.

## 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.

NWAS 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. NWAS 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.

NWAS 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**.

There was a 3 month moratorium in data reporting agreed with the commissioners, this was to allow some time to allow the Trust to understand and learn from ARP and time to start to redraft and reformulate reports. The first lot of reporting will be at NWAS and County level, it is unlikely that there will be any CCG level data for this financial year.

Figure 37 - Previous Ambulance performance targets and new ARP Targets

CURRENT				FUTURE ARP			
 <b>RED 1</b> Life Threatening	3% of calls (NWS 3%)	75% response within 8 mins	Clock starts at point call connected from 999	 <b>CATEGORY 1</b> Life Threatening	8% of calls	7 mins mean response time  90% in 15 mins	Clock starts 30 secs from call connect or problem identified
 <b>RED 2</b> 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	 <b>CATEGORY 2</b> Emergency Calls	48% of calls	18 mins mean response time  90% in 40 mins	Clock starts 240 secs from call connect or problem identified
<b>ALL RED</b>		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			
 <b>GREEN 1</b> Emergency Care	(NWS 5%)			 <b>CATEGORY 3</b>	34% of calls	90% in 120 mins	Clock starts 240 secs from call connect or problem identified
 <b>GREEN 2</b> Emergency Care	(NWS 29%)	NW local target 30 mins response		 <b>CATEGORY 4</b>	10% of calls	90% in 180 mins	Clock starts 240 secs from call connect or problem identified
 <b>GREEN 3</b> Urgent Care	(NWS 7%)	NW local target Tel assessment 60 mins / 180 mins response		Less Urgent Calls			
 <b>GREEN 4</b> Urgent Care	(NWS 14%)	NW local target Tel assessment 60 mins / 240 mins response	If conveyed, transporting vehicle stops the clock				
<b>ALL GREEN</b>	50% of calls NWS (56%)	No national targets (local apply)	<p>The new response system will:</p> <ul style="list-style-type: none"> <li>• Change the dispatch model, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions</li> <li>• Further prioritises a time critical response for the most life threatening conditions</li> <li>• 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.</li> <li>• 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.</li> </ul>				

Figure 38 - Ambulance handover time performance

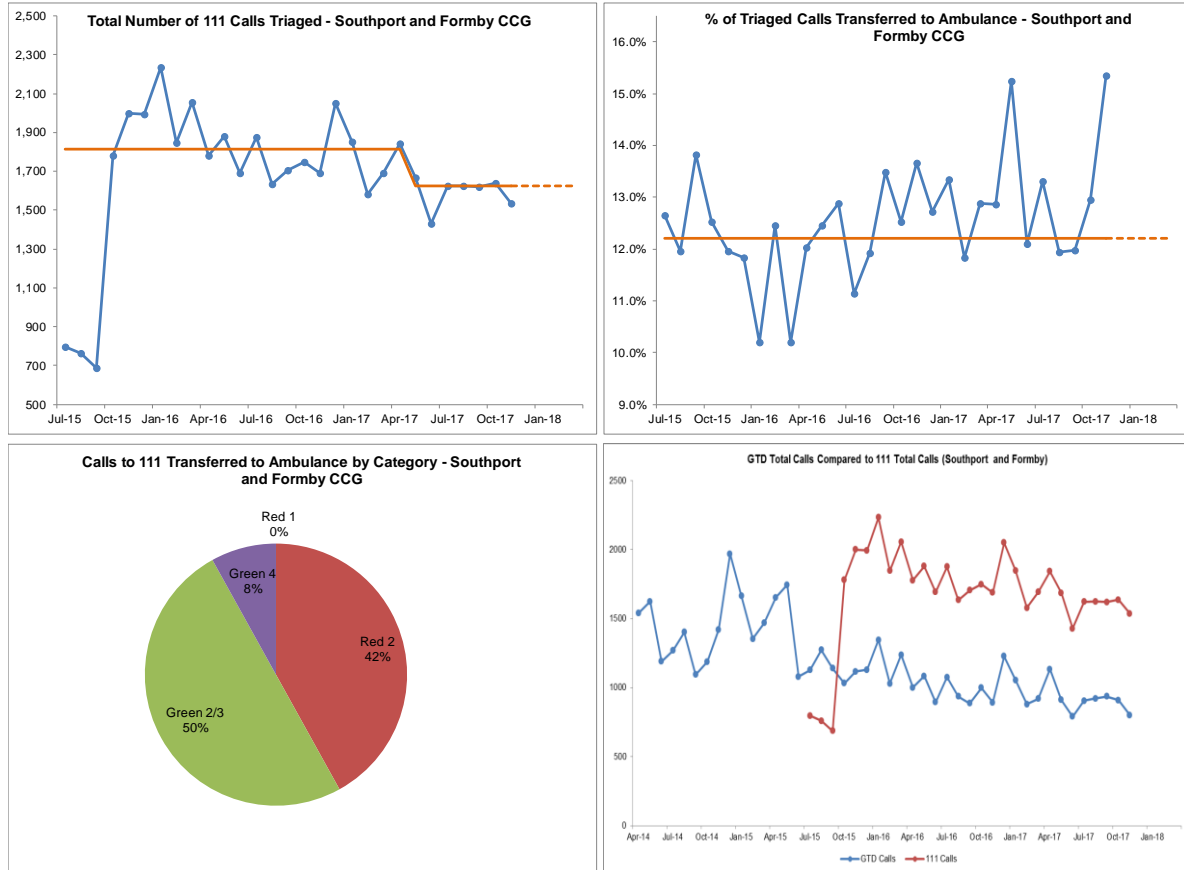
Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Southport &amp; Ormskirk</b>	17/18 - Nov	0	273	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Southport &amp; Ormskirk</b>	17/18 - Nov	0	271	↑

Ambulance handover times saw the worst performance in over 18 months. The continued pressures in high occupancy levels in ED as a result of bed pressures has significantly impacted on capacity available to support ambulance offloading. Since the beginning of December, additional nursing support has been allocated to increase capacity available. Proposals for estates work within ED will create some additional space for triage and increase the number of cubicle spaces within the department, which will, in turn, support timely ambulance handovers, and the department is working closely with NWS colleagues to deliver improvements.

There has been an increase in ALO support to the Trust and 3 additional trolleys have been purchased to reduce the amount of time that patients spend on an ambulance trolley. Through the A&E Sub Delivery Group, NWS continue to escalate their concerns that there are no other commissioned services available for them to send patients as an alternative to ED - other areas have an Acute Visiting Service (AVS) commissioned for NWS to access.

## 4.3 NNAS, 111 and Out of Hours

### 111 Calls



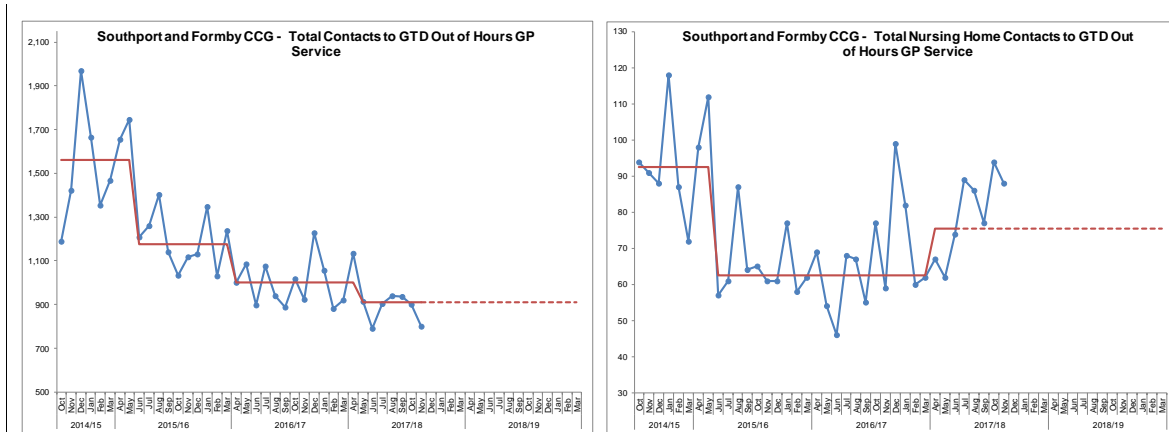
The number of calls in November 2017 has reduced since the previous month, to 1,537, a reduction of 100. There have been 1,025 (7.3%) fewer calls for the first 8 months of 2017/18 than in the same period of 2016/17.

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

- 60% advised to attend primary and community care
- 14% closed with advice only
- 15% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service.

There has been a reduction in the proportion of calls being closed with advice only when compared to the same point in the previous year. At month 8 2016/17, 18.5% of calls ended this way compared to 15.8% in 2017/18. This reduction has been countered by increases in the proportion of calls being: advised to other services, advised to primary and community care and transferred to ambulance.

### 4.3.1 GP Out of Hours Calls



The number of calls from Southport and Formby patients to the GP OOH service has fallen in for the third consecutive month in November with 801 calls. When compared to the first 8 months of the previous financial year, there have been 505, 6.5%, fewer contacts so far in 2017/18.

GP OOH calls from nursing homes within Southport and Formby have reduced slightly in November to 88, however this is still a higher number than the average. There have been 142 more calls in the first 8 month of 2017/18 than in the same period in 2016/17, an increase of 28.7%.

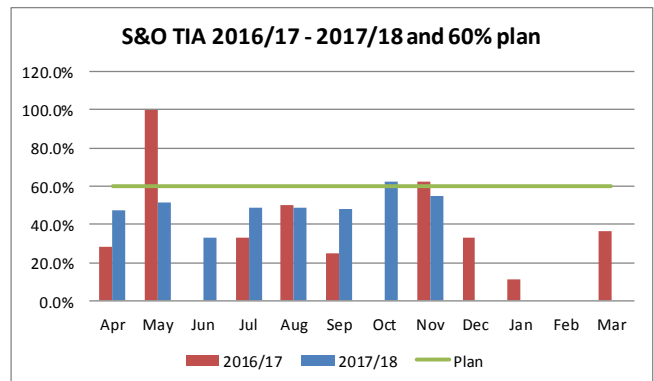
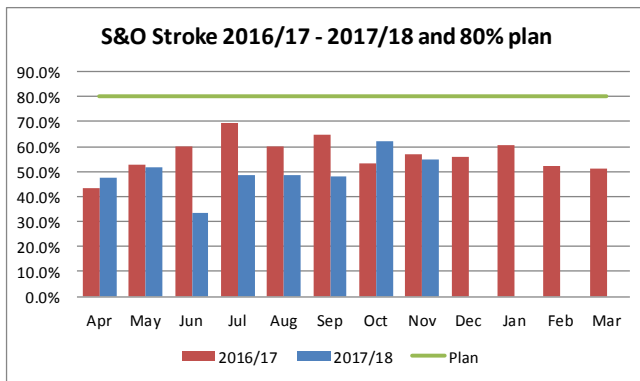
Overall, the calls to the GTD Out of Hour GP service are increasing for nursing homes, but reducing in other calls.

## 4.4 Unplanned Care Quality Indicators

### 4.4.1 Stroke and TIA Performance

Figure 39 - Stroke and TIA performance

Stroke/TIA				
% who had a stroke & spend at least 90% of their time on a stroke unit ( <b>Southport &amp; Ormskirk</b> )	17/18 - Nov	80%	55.00%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Southport &amp; Ormskirk</b> )	17/18 - Nov	60%	0.00%	↓



Southport & Ormskirk failed the stroke target in November recording 55.0% with only 11 out of 20 patients spending 90% of their time on a stroke unit. This shows a decline in performance compared to the 62.1% in October.

This indicator remains a challenge as reported previously. In terms of reconfiguration of stroke beds and Rehab Ward move to SDGH it is anticipated that there will be an improvement in the next few months but this has not been realised to date. An options appraisal is being considered and shared with North Mersey Board to support patient flow and dedicated placement on stroke ward.

For TIA during November there were 3 TIA cases with a higher risk of stroke who were not seen and treated within 24 hours, resulting in 0% recorded. 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 40 - Mixed Sex Accommodation breaches**

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - Nov	0.00	2.50	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - Nov	0.00	2.10	↓

The CCG reported a Mixed Sex Accommodation rate of 2.5, which equates to a total of 10 breaches in November. All 10 breaches were at Southport & Ormskirk NHS Trust.

In November, the Trust had 11 mixed sex accommodation breaches (a rate of 2.1) and has therefore breached the zero-tolerance threshold. Of the 11 breaches, 10 were for Southport & Formby CCG and 1 for West Lancashire CCG.

All of the 11 breaches occurred within critical care due to awaiting transfer to acute beds within the hospital.

### 4.4.3 Healthcare associated infections (HCAI)

Figure 41 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) <b>(CCG)</b>	17/18 - Nov	29	21	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	24	10	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) <b>(CCG)</b>	17/18 - Nov	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) <b>(CCG)</b>	17/18 - Nov	86	93	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Nov	No Plan	139	↑

There were 2 new case of Clostridium Difficile attributed to the CCG in November. 21 have been reported year to date against a plan of 29 (8 apportioned to acute trust and 13 apportioned to community). For Southport & Ormskirk year to date the Trust has had 10 cases against a plan of 24 (4 new cases in November), so is under plan.

There were no new cases of MRSA reported in November for the CCG and therefore the CCG is compliant. Southport & Ormskirk reported no new cases of MRSA in November but remain above the zero tolerance threshold year to date with the 1 case of MRSA reported in September.

There has been a target set for CCGs for E.coli for 2017/18. For Southport & Formby CCG the annual target is 121 which is being monitored. There has been a total of 93 cases April to November against a plan of 86 (12 cases in November). Southport & Ormskirk has reported 139 cases year to date, with 13 new cases in November. There are no targets for Trusts at present.



#### 4.4.4 Mortality

Figure 42 - Hospital Mortality

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

There is no update for HSMR for November. It 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: we are exploring how we 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; we are purchasing additional modules for Vital-Pac to strengthen our management of the deteriorating patient; a mortality advisor from NHSE is to visit the Trust to discuss how we are addressing our mortality figures; and the regional analyst from NHSI will be conducting a WebEx conference call with us in November to help us analyse our data more effectively. Training in the new mortality review methodology will take place in November.

Latest SHMI available (April 16 to March 17) is 118.7. All the actions described under 'HSMR' are also applicable to SHMI.

### 4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 8

There are 98 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 55 apply to Southport & Formby CCG patients. 43 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 30 of these being Southport & Formby CCG patients. 1 serious incident remains open for SFCCG. There was 1 Never Event reported in month with 2 YTD (Liverpool Women's, S&O). 6 incidents were closed in month (40 YTD). 27 remain open of StEIS for 100 days.

Of the 43 open serious incidents for Southport & Ormskirk Hospitals NHS Trust (S&O), 17 remain open for >100 days. Four incidents were reported in November (39 YTD). There was one Never Event reported in month (1YTD). 17 remain open for greater than 100 days.

There are three incidents open on StEIS for Lancashire Care NHS Foundation Trust (LCFT). Zero incidents were reported in month (2 YTD), with 1 legacy community pressure ulcer. Zero Never Events reported YTD. Two incidents remain open greater than 100 days.

Mersey Care NHS Foundation Trust reported one incident for Southport and Formby CCG patients (6 YTD), with zero Never Events (0 YTD). There were one incident closed in month (29 YTD). 39 remain open on StEIS, 9 for Southport and Formby patients. 17 remain open for > 100 days (3 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 43 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2016 – November 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	Oct	Nov
A) COMPLETION ASSESSMENT	0	0	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	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	3	3
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
D1) AWAITING NURSING HOME PLACEMENT	1	0	0	0	1	0	1	0	1	0	0	0	0	0	1	1	1	2	1	0
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	1	1
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	0	0	1	0	0	1	0	1	0	1	0	0	0	1	0	1	1	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	7	4
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	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	0	0
<b>Grand Total</b>	<b>5</b>	<b>2</b>	<b>5</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>3</b>	<b>6</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>7</b>	<b>7</b>	<b>13</b>	<b>9</b>

The average number of delays per day in Southport and Ormskirk hospital decreased to 9 in November. Of the 9 delays, 4 were due to patient or family choice, 3 were waiting for further NHS non-acute care, 1 awaiting care package in own home and 1 awaiting community equipment/adaptations.

Analysis of average delays in November 2017 compared to November 2016 shows them to be higher by 1 (13%).

**Figure 44 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2016 – November 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	Oct	Nov
NHS - Days Delayed	142	70	141	210	115	134	184	235	233	171	93	200	198	137	158	107	211	220	384	271
Social Care - Days Delayed	0	0	0	0	6	19	6	4	0	5	0	0	0	0	0	0	0	4	1	0
Both - Days Delayed	0	0	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 271 in November, compared to 384 last month. Analysis of these in November 2017 compared to November 2016 shows an increase from 235 to 271.

The average number of days delayed caused by social care has decreased to 1 in November compared to 4 in October. The average number of days delayed caused by both remains at zero.

**Figure 45 - Average Delayed Transfers of Care per Day at Merseycare - April 2016 – November 2017**

The average number of delays per day at Merseycare decreased slightly to 40 in November. Of the 40 delays, 8 were due to housing, 8 were awaiting nursing home placements, 5 waiting further NHS non-acute care, 5 awaiting completion assessments, 3 awaiting residential care home placements, 3 awaiting care package in own home, 3 patient or family choice, 2 public funding, 1 dispute and 2 were classed as 'Other'.

Analysis of average delays in November 2017 compared to November 2016 shows them to be lower by 1 (2.4%).

**Figure 46 - Average Delayed Transfers of Care per Day at Merseycare - April 2016 – November 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	Oct	Nov
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403	613	680	704	705
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356	343	351	243	367	574	526	406	396	327
Both - Days Delayed	153	144	227	350	391	379	230	180	186	160	179	303	285	197	217	149	132	151	178	166

The total number of days delayed caused by NHS was 705 in November, compared to 704 last month. Analysis of these in November 2017 compared to November 2016 shows an increase from 604 to 705 (101). The total number of days delayed caused by Social Care was 327 in November, compared to 396 in October, showing a decrease of 69. Merseycare also have delays caused by both which were 166 in November, a 7.8% decrease from the previous month when 178 were reported.

**Figure 477 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2016 – November 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	Oct	Nov
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	1	0	0	0	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	4	4	4
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	0	1	1	0	0	0	0	1	1	1	1	0	0	0	0	1
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	1	0	0	0	1	1	2	1	1	1	0	0	0	0	0	2	1	1	3
DII) AWAITING NURSING HOME PLACEMENT	3	4	3	3	3	9	13	10	8	6	4	4	4	4	4	3	4	6	5	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	0	0
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	0	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	0	1	1	1
H) DISPUTES	0	0	0	0	0	0	0	1	1	1	2	2	2	2	3	3	2	2	2	1
I) HOUSING	10	7	5	4	4	5	2	3	8	7	5	4	5	6	5	3	1	0	0	0
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>17</b>	<b>14</b>	<b>9</b>	<b>8</b>	<b>9</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>21</b>	<b>18</b>	<b>14</b>	<b>13</b>	<b>16</b>	<b>15</b>	<b>17</b>	<b>13</b>	<b>13</b>	<b>14</b>	<b>13</b>	<b>12</b>

The average number of delays per day at Lancashire Care decreased slightly to 12 in November, from 13 reported in October. Of the 12 delays, 4 were awaiting public funding, 3 awaiting residential care home placement, 2 awaiting nursing home placement, 1 dispute, 1 patient or family choice and 1 awaiting further NHS non-acute care.

Analysis of average delays in November 2017 compared to November 2016 shows them to be lower by 6 (33.3%).

**Figure 48 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2016 – November 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	Oct	Nov
NHS - Days Delayed	374	316	225	144	185	198	91	182	345	318	240	260	212	214	199	133	37	36	43	76
Social Care - Days Delayed	117	126	55	82	31	70	93	62	25	62	42	43	133	146	159	170	157	177	127	120
Both - Days Delayed	21	0	7	20	76	210	357	286	248	184	111	108	120	111	143	113	214	217	260	146

The total number of days delayed caused by NHS was 76 in November, compared to 43 last month. Analysis of these in November 2017 compared to November 2016 shows a decrease from 182 to 76 (58% decrease). The total number of days delayed caused by Social Care was 120 in November, compared to 127 in October, showing a decrease of 7. Lancashire Care also have delays caused by both, which was 146 in November, a decrease from the previous month when 260 was reported.

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting, the Urgent Care Commissioning Lead participates in the system wide teleconference each Monday at 12:30. This review of DTOC's, with participation from the acute

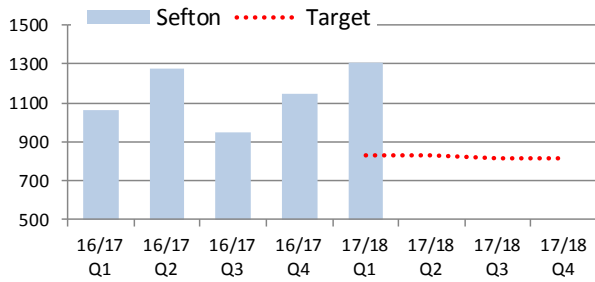
Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care.

Additionally, local CCG representatives from South Sefton, Knowsley and Liverpool now provide a daily "CCG Link Officer" whose role is to be the single point of contact for acute providers and support system pressures including delays to discharge. LA colleagues have made available monies to deliver transitional placement and increased weekly rates of pay to care homes and the hourly rate of pay top domiciliary providers in an attempt to attract additional capacity into the local market.

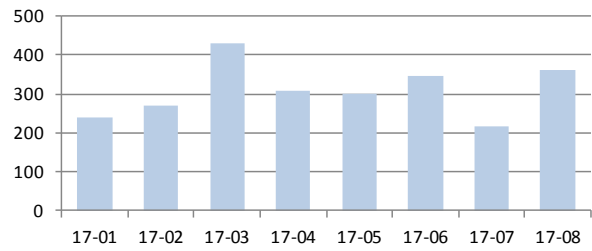
## **4.7 ICRAS Metrics**

The Integrated Community Reablement and Assessment Service (ICRAS) commenced in October 2017 with phase 1, introducing a series of discharge 'lanes' for patients to speed up transition from hospital. The teams are working together to not only support discharge from hospital, but significant progress is being made in supporting people to avoid unnecessary hospital admission as well. Reports from colleagues within the system, particularly in South Sefton, are reporting the positive impact of the scheme, both personally and professionally and how this has improved the patients' journeys. Phase 2 (incorporating patients with more complex discharge needs) will be phase 2, planned for 1 April 2018. Specific metrics for the service are still being developed, but the metrics below are some of the outcomes being reported to Sefton Health and Wellbeing Board as part of an integration dashboard.

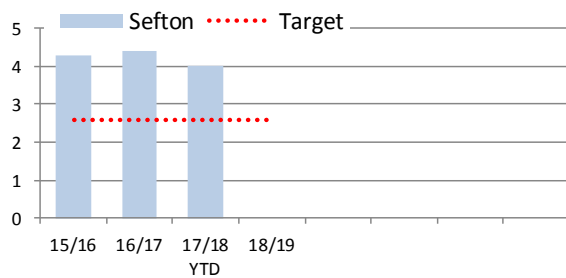
Delayed Transfers of Care - Delayed Days - Rate per 100,000 (iBCF Target)



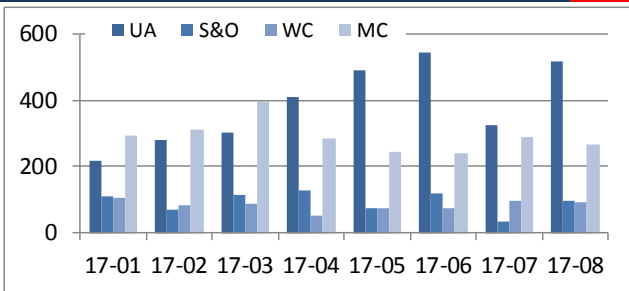
Delayed Transfers of Care - Non-Acute Days Attributed to NHS



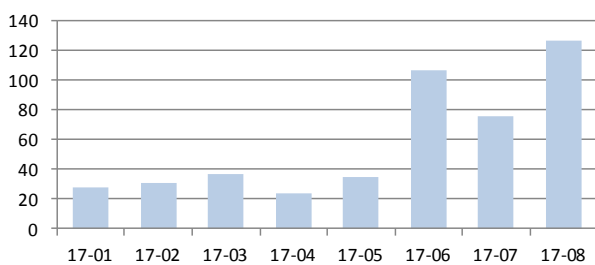
Delayed Transfers of Care - ASC Beds - Rate per 100,000 (National Target)



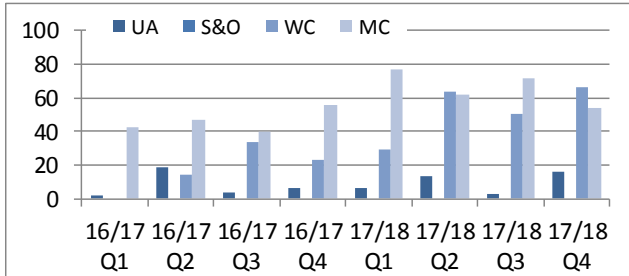
Delayed Transfers of Care - Total Days by Key Providers (in Sefton)



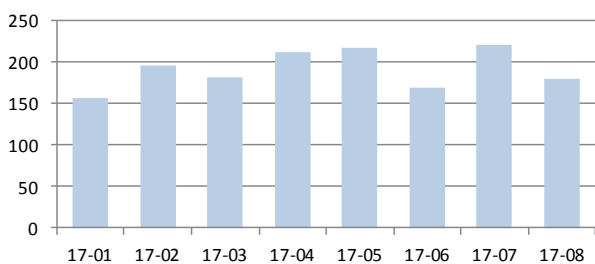
Delayed Transfers of Care - Acute Days Attributed to Adult Social Care



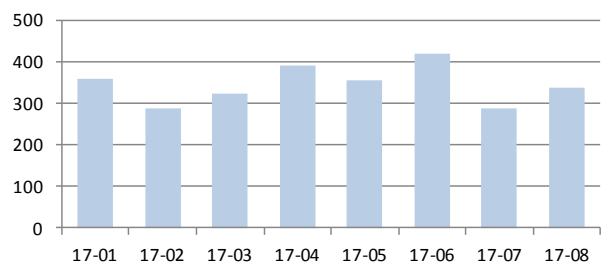
Delayed Transfers of Care - Total Days by Key Providers (in Sefton) % Attributable to ASC



Delayed Transfers of Care - Non-Acute Days Attributed to Adult Social Care



Delayed Transfers of Care - Acute Days Attributed to NHS






## 4.8 Patient Experience of Unplanned Care

**Figure 49 - Southport A&E Friends and Family Test performance**

**Friends and Family Response Rates and Scores**

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Nov-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%	2.2%		87%	68%		7%	19%	

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 increased from 1.9% in October to 2.2% in November.

The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 88% in October to 68% in November, failing to achieve the England average of 87%. The percentage not recommended has increased from 6% in October to 19% in November, which was higher than the England average of 7%.

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.

## 4.9 Unplanned Care Activity & Finance, All Providers

### 4.9.1 All Providers

Performance at Month 8 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa -£539k/-2.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£844k/-3.9%.

This under-performance is clearly driven by Southport & Ormskirk Hospital who is reporting a -£895k/-5% underspend.

**Figure 50 - Month 8 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	958	1,582	624	65%	£575	£948	£373	65%	£-373	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	595	654	59	10%	£242	£252	£11	4%	£-11	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	99	97	-2	-2%	£338	£346	£8	2%	£-8	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	191	178	-13	-7%	£258	£296	£38	15%	£-38	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,095	794	-301	-27%	£549	£432	£-117	-21%	£117	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3	4	1	49%	£27	£20	£-7	-26%	£7	£0	0.0%
<b>ACTING AS ONE TOTAL</b>	<b>2,940</b>	<b>3,309</b>	<b>369</b>	<b>13%</b>	<b>£1,989</b>	<b>£2,294</b>	<b>£305</b>	<b>15%</b>	<b>£-305</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	59	62	3	6%	£20	£24	£4	19%	£0	£4	19%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	26	26	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	38,236	38,336	100	0%	£19,498	£18,603	£-895	-5%	£0	£-895	-5%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	354	345	-9	-2%	£188	£160	£-28	-15%	£0	£-28	-15%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	31	24	-7	-24%	£5	£8	£2	48%	£0	£2	48%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	38	38	0%	£0	£15	£15	0%	£0	£15	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	74	86	12	16%	£30	£38	£8	28%	£0	£8	28%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	55	68	13	24%	£31	£73	£42	134%	£0	£42	134%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>38,809</b>	<b>38,985</b>	<b>176</b>	<b>0%</b>	<b>£19,772</b>	<b>£18,928</b>	<b>£-844</b>	<b>-4%</b>	<b>£0</b>	<b>£-844</b>	<b>-4%</b>
<b>GRAND TOTAL</b>	<b>41,749</b>	<b>42,294</b>	<b>545</b>	<b>1%</b>	<b>£21,761</b>	<b>£21,222</b>	<b>£-539</b>	<b>-2.5%</b>	<b>£-305</b>	<b>£-844</b>	<b>-3.9%</b>

\*PBR only

## 4.9.2 Southport and Ormskirk Hospital NHS Trust

**Figure 51 - Month 8 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	24,991	25,560	569	2%	£3,427	£3,598	£171	5%
NEL/NELSD - Non Elective/Non Elective IP Same Day	7,683	6,768	-915	-12%	£12,921	£11,838	£-1,083	-8%
NELNE - Non Elective Non-Emergency	698	1,139	441	63%	£1,630	£1,688	£57	4%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	71	68	-3	-4%	£24	£28	£5	20%
NELST - Non Elective Short Stay	803	706	-97	-12%	£554	£490	£-63	-11%
NELXBD - Non Elective Excess Bed Day	3,991	4,095	104	3%	£943	£961	£18	2%
<b>Grand Total</b>	<b>38,236</b>	<b>38,336</b>	<b>100</b>	<b>0%</b>	<b>£19,498</b>	<b>£18,603</b>	<b>£-895</b>	<b>-5%</b>

\*PbR only

### 4.9.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Overall, unplanned care continues to under-perform against contractual plans by approx. -£895k/-5%. The main driver behind the low levels relates to Non-Elective admissions with a -12% reduction in activity and -£1m/-8% reduction in spend.

Nearly half of the under-spend in non-elective admissions is located within Geriatric Medicine, currently £441k. Other notable specialties are Trauma & Orthopaedics (-£160k), and General Medicine (-£134k).

For all the under-spend in non-elective admissions, an equally large overspend can be seen within the GPAU service at the Trust, currently £930k above plan. Discussions are on-going with the Trust as to the pathway and service requirements for GPAU.

### 4.10 Aintree and University Hospital NHS Foundation Trust

**Figure 52 - Month 8 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	562	821	259	46%	£75	£111	£36	48%
NEL - Non Elective	234	373	139	59%	£412	£659	£247	60%
NELNE - Non Elective Non-Emergency	13	15	2	11%	£40	£68	£28	70%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	75	75	#DIV/0!	£0	£19	£19	#DIV/0!
NELST - Non Elective Short Stay	30	50	20	69%	£20	£35	£14	68%
NELXBD - Non Elective Excess Bed Day	118	248	130	109%	£28	£57	£29	103%
<b>Grand Total</b>	<b>958</b>	<b>1,582</b>	<b>624</b>	<b>65%</b>	<b>£575</b>	<b>£948</b>	<b>£373</b>	<b>65%</b>

#### 4.10.1 Aintree University Hospital NHS Trust Key Issues

Although over performance is evident across all unplanned care PODs at Aintree, the overall over spend of £373k is mainly driven by a £247k/60% over performance in Non Elective costs. The three key specialties over performing within Non Electives include Acute Internal Medicine, Nephrology 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 53 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Caseload as at 30/11/2017	2017/18 Plan	Variance from Plan	Variance on 31/10/2016
1 Common Mental Health Problems (Low Severity)	3	-	3	3
2 Common Mental Health Problems (Low Severity with greater need)	11	5	6	6
3 Non-Psychotic (Moderate Severity)	60	88	- 28	26
4 Non-Psychotic (Severe)	211	209	2	3
5 Non-psychotic Disorders (Very Severe)	41	40	1	1
6 Non-Psychotic Disorder of Over-Valued Ideas	22	28	- 6	5
7 Enduring Non-Psychotic Disorders (High Disability)	131	128	3	5
8 Non-Psychotic Chaotic and Challenging Disorders	70	77	- 7	7
10 First Episode Psychosis	72	73	- 1	-
11 On-going Recurrent Psychosis (Low Symptoms)	208	260	- 52	49
12 On-going or Recurrent Psychosis (High Disability)	247	182	65	65
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	97	8	8
14 Psychotic Crisis	13	18	- 5	5
15 Severe Psychotic Depression	4	4	-	-
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	16	13	3	3
17 Psychosis and Affective Disorder – Difficult to Engage	26	28	- 2	2
18 Cognitive Impairment (Low Need)	158	216	- 58	56
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	481	692	- 211	210
20 Cognitive Impairment or Dementia Complicated (High Need)	377	266	111	111
21 Cognitive Impairment or Dementia (High Physical or Engagement)	164	67	97	97
Cluser 99	272	167	105	105
<b>Total</b>	<b>2,692</b>	<b>2,658</b>	<b>34</b>	<b>46</b>

#### 5.1.1 Key Mental Health Performance Indicators

Figure 54 - 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	Oct-17	Nov-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%	90.0%	90.9%
Rolling Quarter				100%	100%	96.9%	97%	90.0%	90.5%

The Trust failed to meet the 7 day target with 1 of 10 patients not achieving their follow up within the target time. The Provider stated that this patient relocated out of the area, the care home has been contacted and care transferred to a local team.

**Figure 55 - CPA Follow up 2 days (48 hours) for higher risk groups**

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-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%	100%	100%
Rolling Quarter				100%	100%	100%	92.9%	100%	100%

**Figure 566 - Figure 16 EIP 2 week waits**

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-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%	40.0%	50%
Rolling Quarter				88%	100%	80.0%	70.0%	40.0%	42.9%

## 5.2 Out of Area Placements (OAP's)

**Figure 57 - OAP Days**

Period	Period Covered	Total number of OAP days over the period
Q1 2017/18	Apr 17 to June 17	0
	May 17 to Jul 17	0
	June 17 to Aug 17	0
Q2 2017/18	Jul 17 to Sep 17	0
	Aug 17 to Oct 17	20
	Sep 17 to Nov 17	45

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. The latest reporting period is September to November 2017 when 45 OAP days were reported. The CCG is therefore failing to meet the target of just 2 days.

### 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.

The Trust, in response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings 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 staff 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 so as 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 so as to increase the mental health support available for GPs. Contact will soon be established to arrange consultant visits to practices and 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. The CCG and the Sefton LMC are seeking to meet with the Trust so as ensure that any planned changes in respect of pathways between primary and secondary care agreed.

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 which the Trust is seeking address.

Commissioners are involved in the urgent care pathway and enhanced GP Liaison working. This work was presented at the most recent CQPG meeting held in December 2017.

The Trust was issued with a Performance Notice on 11th May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17. This had previously been raised via CRM and CQPG meetings. The Trust has provided a remedial action plan against which progress will be monitored via CQPG. Good progress was reported against the remedial action plan at the recent CQPG meeting in December 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 and these are being recruited to and the trust has reported that the vacant sessions will be filled in January 2018. The recently Sefton LMC approved shared care protocol for adult has been approved by the Trust and transfers of patients back to primary care are expected to commence in January 2018.

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 general practices and Churchtown practices in Southport to forming part of a multi-disciplinary/multi –agency approach to the management of people living well with Alzheimer's disease. Initial work will focus on gathering baseline evidence from general practices involved and community nursing teams involved. The target cohort are those patients who are prescribed Acetyl-Cholinesterase or Memantine. Cross referencing GP and community data will help understand demand /capacity issues.

### **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: Nov-17

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.5%	2.4%		88%	90%		5%	4%	

MerseyCare exceeded the England average for percentage recommended for Friends and Family recording 90%, this has increased from the previous month. For percentage not recommended, the Trust has reported 4% in November. This is below the England average of 5% although increased slightly from the 3% in October.

## 5.4 Improving Access to Psychological Therapies

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

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	201	196	179	168	162	151	201	188	140	217	182	243
	2017/18	167	188	221	229	203	207	239	268				
Access % ACTUAL - Monthly target 1.25% for Q1 to Q3 - Quarter 4 only 1.4% is 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%	1.16%	1.20%	1.06%	1.08%	1.25%	1.40%				
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	48.5%	44.5%	48.4%	54.8%	51.9%	49.2%	47.4%	56.2%				
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%	99.4%	99.4%				
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%	100.0%	99.4%	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	108	118	127	166	138	141	158	162				
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	2	9				
National definition of those who have moved to recovery (KPI6)	2016/17	39	47	35	40	44	39	29	41	41	44	46	42
	2017/18	49	49	61	86	69	65	74	86				
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%	90.9%	89.5%	92.2%	89.7%	89.7%				

Cheshire & Wirral Partnership reported 268 Southport & Formby patients entering treatment in Month 8. This is a 12.1% increase from the previous month when 239 patients entered treatment.

Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only.

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 therefore set for Quarter 3 at 3.75% which equates to 1.25% per month. The access rate for Month 8 was 1.40% and therefore achieved the standard.

Referrals decreased in Month 8 by 14.0% with 301 compared to 350 in Month 7. 66.8% of these were self-referrals, which is a decrease from the 71.7% in Month 7. 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 decreased slightly in Month 8 with 50 compared to 54 in Month 7. 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 improved with 56.2% compared to 47.4% in Month 7. This satisfies the monthly target of 50%, and takes the year-end projected figure to 50.5%.

Cancelled appointments by the provider saw an increase in Month 8 with 80 compared to 58 in Month 7. 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.

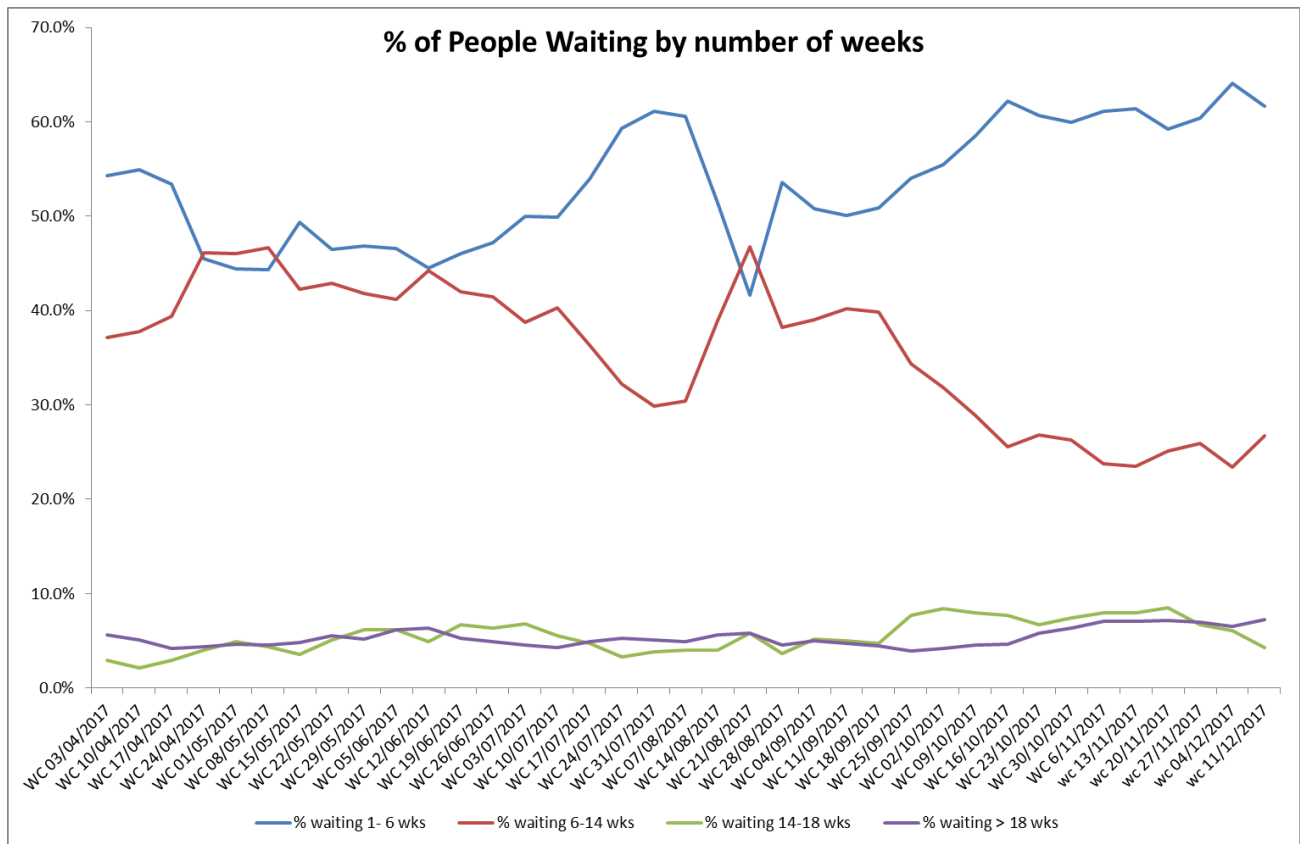
The number of DNAs reduced slightly from 118 in Month 7 to 114 in Month 8. The provider has commented that the DNA policy has been reviewed with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In Month 8 99.4% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have 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.

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



The chart above illustrates internal waits activity for the period April 2017 to October 2017 over the 37 week reporting period. The current number of internal waits is 441 people, when internal wait reporting commenced in October 2016 the number of internal waiters totalled 512 people.

## 5.5 Dementia

**Figure 61 - Dementia casefinding**

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
People Diagnosed with Dementia (Age 65+)	1515	1525	1519	1518	1543	1562	1576	1570
Estimated Prevalence (Age 65+)	2145	2152.2	2156.1	2160.6	2167.2	2171.7	2171.7	2175.6
<b>NHS Southport &amp; Formby CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>70.6%</b>	<b>70.9%</b>	<b>70.5%</b>	<b>70.3%</b>	<b>71.2%</b>	<b>71.9%</b>	<b>72.6%</b>	<b>72.2%</b>
Target	66.7%	66.7%	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 November 2017 of 72.2%, 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
<b>Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.</b>	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

Lancashire care trust is currently undertaking a validation exercise across all services which they have taken over from Southport Trust. The validation exercise includes review of current reporting practices, validation of caseloads and RTT recording as well as deep dive with the service leads and teams.

This process is on-going with the first set of service validations due to finish January 2018, these include Chronic Care, Community Matrons, Continence, and Treatment Rooms.

#### 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: Nov-17

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	4.0%	1.6%		96%	96%		1%	1%	

Lancashire Care meeting the England average for recommended for Friends and Family recording 96% which is unchanged from last month. The Trust is also meeting the England average of 1% for not recommended in November, which has remained unchanged from the 1% reported last month.

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

#### Adult Hearing

At month 7 2017/18 YTD the costs for Southport & Formby CCG patients were £38,755, compared to £285,082 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 820 in 16/17 to 365 in 17/18.

#### MSK

At month 8 2017/18 YTD the costs for Southport & Formby CCG patients remain at just £468 (with no activity for the past five months), compared to £49,949 at the same time last year. Activity has decreased significantly from 329 initial contacts and 513 follow-ups in 16/17 M7 YTD to just 3 initial contacts and 20 follow-ups in 17/18 M8 YTD.

### 6.4 Any Qualified Provider – Specsavers

#### Adult Hearing

At month 8 2017/18 YTD, the costs for Southport & Formby CCG patients were £136,657, compared to £153,099 at the same time last year. Comparisons of activity between the two time periods show that activity has decreased slightly from 545 in 16/17 to 502 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.

## **7. Third Sector Contracts**

Funding for 2018-19 has now been confirmed by the CCGs senior leadership team. Letters confirming commissioning intentions and funding arrangements have now been sent to providers. Reports detailing activity and outcomes during Q2 have now been finalised, a copy of this report has now been circulated amongst commissioners. Referrals to most services have increased during Q2 compared to the same period last year; the complexity of service user issues is also increasing, cases are now taking longer to resolve. Q3 reports are currently underway

Information reporting flows are now being received for Netherton Feelgood Factory, CHART & Parenting 2000. Work is ongoing with hospices to establish information schedules and reporting shortly.

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, Women's & Children's Aid (Domestic Violence), Stroke Association and dementia services.

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

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

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

## 8.2 CQC Inspections

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. Below is a table of all the results from practices in Southport & Formby CCG. One practice was inspected in December; Lincoln House Surgery. The practice scored Overall rating of 'Good' and improvement in 'Safe' being now recorded as '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	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Center	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	10 April 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
<b>Y02610</b>	<b>Trinity Practice</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 26 September 2016</b>					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Center	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	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017	Good	Good	Good	Good	Good	Good

Key	
<span style="background-color: #90EE90; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Outstanding
<span style="background-color: #90EE90; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Good
<span style="background-color: #FFDAB9; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Requires Improvement
<span style="background-color: #FF6347; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Inadequate
<span style="background-color: #D3D3D3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Rated
<span style="background-color: #D3D3D3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Applicable

## 9. Better Care Fund

Sefton Health and Wellbeing Board 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.

Quarterly performance monitoring returns are required to be submitted by Health and Wellbeing Boards. Q2 was submitted on 17th November and Q3 on 19th January 2018. 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.

A summary of the Q3 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	Q3 17/18 (Current)	Q4 17/18 (Planned)	Q1 18/19 (Planned)
Chg 1	<b>Early discharge planning</b>	Plans in place	Plans in place	Plans in place	Established
Chg 2	<b>Systems to monitor patient flow</b>	Established	Established	Established	Established
Chg 3	<b>Multi-disciplinary/multi-agency discharge teams</b>	Established	Established	Established	Mature
Chg 4	<b>Home first/discharge to assess</b>	Mature	Mature	Mature	Mature
Chg 5	<b>Seven-day service</b>	Plans in place	Plans in place	Plans in place	Plans in place
Chg 6	<b>Trusted assessors</b>	Established	Established	Established	Mature
Chg 7	<b>Focus on choice</b>	Plans in place	Plans in place	Plans in place	Plans in place
Chg 8	<b>Enhancing health in care homes</b>	Plans in place	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

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines 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.

## 10.2 Q1 Improvement & Assessment Framework Dashboard







Figure 71 – Q1 2017/18 IAF Dashboard

### NHS Southport and Formby CCG

2016/17 Year End Rating:




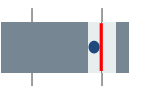
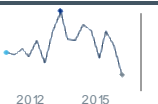
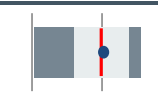
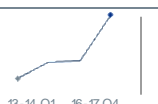
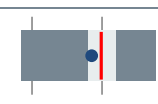

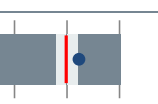
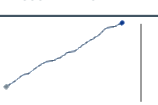
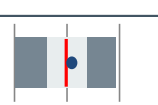

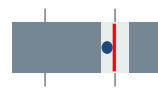


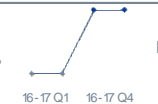
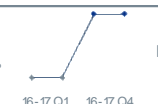

Requires Improvement

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 6 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		R	122b	Cancer 62 days of referral to treatment 17-18 Q1	82.5%	↑	5/11	93/207	
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 06	3.0%	↓	10/11	191/207
Sustainability																
R	141b	In-year financial performance	17-18 Q1	Amber	↑			R	123c	EIP 2 week referral	2017 08	72.0%	↑	7/11	144/207	
R	144a	Utilisation of the NHS e-referrals	2017 06	47.0%	↑	8/11	130/207			123d	MH - CYP mental health (not available)					
										123e	MH - Crisis care and liaison (not available)					
Leadership																
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 stillbirths	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																
		Worst quartile in England														
		Best quartile in England														
		Interquartile range														

R	127c	A&E admission, transfer, disc 2017 09	85.8%	↓	8/11	155/207	
R	127e	Delayed transfers of care per 1000 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 full assessments t 17-18 Q1	30.4%	○	7/11	110/207	
	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:

<b>Dementia</b>	126a	Dementia diagnosis rate	72.5% <b>71.0%</b> 65.1% ↑	↑ 7.4% ↓ 20 15 08 20 17 03		
	126b	Dementia post diagnostic support	76.7% <b>75.5%</b> 75.5% ↓	↑ 12% ↓ 20 14 -15 20 15 -16		
<b>Cancer</b>	122a	Cancers diagnosed at early stage	52.7% <b>52.7%</b> 47.8% ↑	↑ 4.9% ↓ 20 12 20 15		
	122b	Cancer 62 days of referral to treatment	92.4% <b>76.9%</b> 76.9% ↓	↑ 15.5% ↓ 13-14 Q1 16-17 Q4		
	122c	One-year survival from all cancers	71.7% <b>71.7%</b> 58.7% ↑	↑ 13.0% ↓ 1999 20 14		
	122d	Cancer patient experience	8.7 <b>8.7</b> 8.7 ○	↑ 0.0% ↓ 20 15		
<b>Mental Health</b>	123a	IAPT recovery rate	51.8% <b>47.0%</b> 36.4% ↓	↑ 15.4% ↓ 20 15 03 20 17 01		
	123b	EIP 2 week referral	62.5% <b>53.8%</b> 53.8% ↓	↑ 8.7% ↓ 20 16 11 20 17 03		
	123c	MH - CYP mental health	40.0% <b>40.0%</b> 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% <b>47.5%</b> 42.5% ↔	↑ 5.0% ↓ 16-17 Q1 16-17 Q4		No calculation possible due to lack of z-scores
123e	MH - OAP	87.5% <b>75.0%</b> 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 8 Submission**

November 2017 Month 08	Month 08 Plan	Month 08 Actual	Month 08 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
<b>Referrals (MAR)</b>				
GP	2954	2477	-16.15%	Continued trend in November of reduced GP referrals against plan with 'Other' referrals above plan but decreasing compared to the previous month. A shift in coding of Physiotherapy from GP referred to 'Other' at Southport Trust is one of the reasons for the large variances within the two groups. A number of schemes have reduced GP led referrals such as Joint Health and Referral Management Scheme, this is mainly affecting T&O as well as Dermatology. Further impacts are noted in Cardiology with the Southport GP federation providing diagnostic services which has reduced Cardiology referrals. Other increases are mainly focused within Clinical Physiology, this referral information was added onto Southport Trusts clinical system part way through 2016/17. This activity relates to Inpatient diagnostic referred activity and thus doesn't affect the contract. Small increases for other referrals within such specialties as T&O, General Surgery, Urology and Gastroenterology have been noticed. Referral patterns for part of the monthly information meetings with our main providers and any variances beyond the statistical norm are discussed.
Other	1631	2221	36.17%	
<b>Total (in month)</b>	<b>4585</b>	<b>4698</b>	<b>2.46%</b>	
Variance against Plan YTD	35081	36624	4.40%	
Year on Year YTD Growth			0.90%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	3638	3745	2.94%	Both first and follow up attendances are above plan in November but have decreased when comparing to the previous month. OPFA remain below plan for the year to date with OPFUP slightly above plan. Novembers activity is not beyond the statistical norm and is in line with previous months levels. It is expected the year to date performance for first attendances will start to shift as the seasonal plan reduces somewhat during the latter half of the year.
Follow Up	8214	8664	5.48%	
<b>Total Outpatient attendances (in month)</b>	<b>11852</b>	<b>12409</b>	<b>4.70%</b>	
Variance against Plan YTD	94190	93134	-1.12%	
Year on Year YTD Growth			-6.00%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells				Elective admissions remain low against the plan with on-going staffing issues, low GP referrals and schemes such as Joint Health all having an impact. It is not expected the CCGs main provider will regain planned levels in the coming months. The CCG and Trust continues to achieve RTT.
Elective Ordinary spells				
<b>Total Elective spells (in month)</b>	<b>-</b>	<b>1684</b>	<b>-</b>	
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			-7.60%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	-	3344	-	Local monitoring of A&E activity suggests the variance against plan YTD as much closer and within the 3% threshold. Current YTD performance against plan is at 0.5%.
Year on Year YTD			0.90%	
<b>All types (in month)</b>	<b>3762</b>	<b>3854</b>	<b>2.45%</b>	
Variance against Plan YTD	30177	31636	4.83%	
Year on Year YTD Growth			2.00%	
<b>Total Non Elective spells (in month)</b>	<b>-</b>	<b>1140</b>	<b>-</b>	Non-elective activity continues to under perform against planned levels. One of the main reasons for this is the Ambulatory Care Unit at Southport Trust. Changes to the ACU service opening times in the latter half of 2016/17 has seen increased activity flow via this route with patients not being admitted. This service doesn't currently flow activity via SUS and as such activity is not captured in the reports.
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			-7.00%	

## Appendix – Summary Performance Dashboard



### Southport And Formby CCG - Performance Report 2017-18



Metric	Reporting Level	2017-18													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Preventing People from Dying Prematurely</b>															
<b>Cancer Waiting Times</b>															
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	R	G	G	G	G	G	G					G
		Actual	94.305%	92.00%	94.423%	95.132%	94.635%	93.973%	95.248%	96.364%					94.576%
		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%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	G	G	G	R	G					R
		Actual	91.304%	90.411%	85.106%	95.385%	93.443%	96.00%	89.286%	100.00%					92.568%
		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%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	100.00%	97.368%	97.059%	100.00%	98.333%	98.462%	100.00%	97.468%					98.564%
		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%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 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	R					G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	88.889%					98.485%
		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%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	R	R	G	G					G
		Actual	100.00%	100.00%	100.00%	100.00%	92.308%	91.667%	100.00%	100.00%					98.413%
		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%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 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	G					G
		Actual	95.238%	95.833%	94.737%	93.333%	100.00%	100.00%	100.00%	100.00%					97.351%
		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%



<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> 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	G	G					R	
		Actual	86.667%	84.848%	76.471%	82.051%	72.973%	85.294%	96.296%	89.13%						83.929%
		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%
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	R		G	G	G					G	
		Actual	100.00%	71.429%	100.00%	75.00%	-	100.00%	100.00%	100.00%						91.176%
		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%

### Ambulance

<b>1887: Category A Calls Response Time (Red1)</b> Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R									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%
	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%
<b>1889: Category A (Red 2) 8 Minute Response Time</b> Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R									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%
	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%
<b>546: Category A calls responded to within 19 minutes</b> Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R									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%
	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%

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

### Mental Health

<b>138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G	G	G									G	
		Actual	100.00%	97.436%	100.00%						95.00%				98.507%
		Target	95.00%	95.00%	95.00%										95.00%

### Episode of Psychosis

<b>2099: First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	G	R	G						G	
		Actual	100.00%	100.00%	50.00%	100.00%	50.00%	60.00%	40.00%	50.00%						68.00%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

### Dementia

<b>2166: Estimated diagnosis rate for people with dementia</b> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG													R	
		Actual														
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

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

### Children and Young People with Eating Disorders

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

## Ensuring that People Have a Positive Experience of Care

### EMSA

<b>1067: Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	3	3	3	5	8	14	10	10					56
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	G					R
		Actual	0.87	0.83	0.80	142	2.30	4.11	2.72	0.00					56.00
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

### Referral to Treatment (RTT) & Diagnostics

<b>1291: % of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	94.327%	93.628%	93.878%	93.575%	93.377%	93.411%	93.071%	93.492%					93.609%
		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%
<b>1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G	G					G	
		Actual	0	0	0	0	0	0	0	0					0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1828: % of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R					R	
		Actual	3.805%	5.409%	2.877%	2.335%	2.652%	2.823%	2.452%	3.468%					3.233%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

### Cancelled Operations

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

### Wheelchairs

<b>2197: Percentage of children waiting less than 18 weeks for a wheelchair</b> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G	R					G
		Actual	100.00%	0.00%					100.00%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

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

HCAI

<b>497: Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G				G	
		YTD	0	0	0	0	0	0	0	0	0				-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G				G	
		YTD	6	9	10	10	15	18	19	23	25				25
		Target	6	9	13	18	20	24	27	29	29	29	32	38	29

Accident & Emergency

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> %of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R				R	
		Actual	90.852%	88.768%	89.682%	87.86%	88.045%	85.62%	85.511%	81.011%	80.564%				86.446%
		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%
<b>431: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate for Total Provider)</b> %of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R	R	R	R				R	
		Actual	91.097%	89.396%	90.319%	88.266%	88.423%	85.69%	85.546%	80.713%	80.309%				86.645%
		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%
<b>1928: 12 Hour Trolley waits in A&amp;E</b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	G	R	G	G	G	R	R			R	
		Actual	3	9	0	2	0	0	0	16	65				95
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0