

Southport & Formby Clinical Commissioning Group

Integrated Performance Report December 2017

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Summary Performance Dashboard

Metric	Reporting Level	2017-18									
		Q1			Q2			Q3			YTD
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	

Preventing People from Dying Prematurely

Cancer Waiting Times

191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	R	G	G	G	G	G	G	G	G
		Actual	94.305%	92.00%	94.423%	95.132%	94.635%	93.973%	95.248%	96.364%	95.519%	94.672%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	G	G	G	R	G	G	R
		Actual	91.304%	90.411%	85.106%	95.385%	93.443%	96.00%	89.286%	100.00%	94.286%	92.693%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (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	G
		Actual	100.00%	97.368%	97.059%	100.00%	98.333%	98.462%	100.00%	97.468%	98.077%	98.522%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	R	R	G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	88.889%	83.333%	97.222%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	R	R	G	G	G	G
		Actual	100.00%	100.00%	100.00%	100.00%	92.308%	91.667%	100.00%	100.00%	100.00%	98.611%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%

1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) 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		
		Actual	98.174%				99.005%				98.454%		98.534%
		Target	96.00%				96.00%				96.00%		96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	R	R	G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	88.889%	83.333%	97.222%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G				G				R		G
		Actual	100.00%				100.00%				92.857%		97.26%
		Target	94.00%				94.00%				94.00%		94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	R	R	G	G	G	G	
		Actual	100.00%	100.00%	100.00%	100.00%	92.308%	91.667%	100.00%	100.00%	100.00%	98.611%	
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G				R				G		G
		Actual	100.00%				95.349%				100.00%		98.63%
		Target	98.00%				98.00%				98.00%		98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	R	G	G	G	G	G	G	
		Actual	95.238%	95.833%	94.737%	93.333%	100.00%	100.00%	100.00%	100.00%	100.00%	97.633%	
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G				G				G		G
		Actual	95.313%				98.077%				100.00%		97.619%
		Target	94.00%				94.00%				94.00%		94.00%

539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	G	R	R	R	R	G	G	G	G	R
		Actual	86.667%	84.848%	76.471%	82.051%	72.973%	85.294%	96.296%	89.13%	87.879%	84.345%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) 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	R			R			G			R
		Actual	82.474%			80.00%			90.566%			84.345%
		Target	85.00%			85.00%			85.00%			85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	R		G	G	G	G	G
		Actual	100.00%	71.429%	100.00%	75.00%	-	100.00%	100.00%	100.00%	100.00%	91.892%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Mental Health												
138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G			G			R			G
		Actual	100.00%			97.436%			92.857%			96.809%
		Target	95.00%			95.00%			95.00%			95.00%
Episode of Psychosis												
2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	G	G	G
		Actual	100.00%	100.00%	50.00%	100.00%	50.00%	60.00%	40.00%	50.00%	100.00%	70.37%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
Dementia												
2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G
		Actual	70.6%	70.9%	70.5%	70.3%	71.2%	71.9%	72.6%	72.2%	71.9%	71.3
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

IAPT (Improving Access to Psychological Therapies)						
2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	R	G	G	G
		Actual	47.30%	52.30%	53.0%	51.20%
		Target	50.00%	50.00%	50.00%	50.00%
2131: IAPT Roll Out The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R	R	R
		Actual	3.02%	3.34%	3.52	9.88%
		Target	3.75%	3.75%	3.75%	15.00%
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G	G	G
		Actual	98.60%	98.90%	99.10%	98.90%
		Target	75.00%	75.00%	75.00%	75.00%
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G	G	G
		Actual	99.70%	99.60%	99.60%	99.60%
		Target	95.00%	95.00%	95.00%	95.00%

Children and Young People with Eating Disorders						
2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	G	G	R
		Actual	0.00%	100.00%	100.00%	77.778%
		Target	100%	100%	100%	100%
2097: The number of incomplete pathways (routine) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	Southport And Formby CCG	RAG	R	R	R	R
		Actual	1	1	1	3
		Target	1	1	1	1
2098: The number of incomplete pathways (urgent) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	Southport And Formby CCG	RAG	G	G	G	G
		Actual	0	0	0	-
		Target	1	1	1	1

Ensuring that People Have a Positive Experience of Care

EMSA												
1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R
		Actual	3	3	3	5	8	14	10	10	8	64
		Target	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	G	R	R
		Actual	0.87	0.83	0.80	1.42	2.30	4.11	2.72	0.00	2.10	
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G
		Actual	94.327%	93.628%	93.878%	93.575%	93.377%	93.411%	93.071%	93.492%	93.216%	93.569%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R
		Actual	3.805%	5.409%	2.877%	2.335%	2.652%	2.823%	2.452%	3.468%	3.42%	3.253%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

Cancelled Operations

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

E-Referrals

2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R
		Actual	48.449%	43.429%	47.021%	51.178%	50.448%	49.796%	50.245%	48.306%	57%	49.541%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

Personal Health Budgets

2143: Personal health budgets Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	Southport And Formby CCG	RAG	R	R	R	R
		Actual	11.28	14.48	18.88	
		Target	0.10	0.10	0.10	0.10

Wheelchairs

2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G	G	G	G
		Actual	100.00%	0.00%	92%	94.44%
		Target	92.00%	92.00%	92.00%	92.00%

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

HCAI

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

Accident & Emergency												
2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R
		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%
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R	R	R	R	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%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	G	R	G	G	G	R	R	R
		Actual	3	9	0	2	0	0	0	16	65	95
		Target	0	0	0	0	0	0	0	0	0	0

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 9 (note: time periods of data are different for each source).

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 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 10, £5.176m QIPP savings have been achieved, with further savings planned in future months.

The year to date position with the main providers shows an underperformance against plan and will result in an underspend for the financial year if the trend continues. The year to date underperformance has been actioned as a QIPP saving in Month 10 and the position continues to be monitored closely to inform the CCG's forecast for the year end.

The year to date financial position is a deficit of £3.000m, which represents deterioration against the planned deficit of £0.200m. The CCG forecasts an end of year deficit of £3.450m and as we enter the final quarter of the year, it is unlikely that the CCG will deliver its plan.

Planned Care

At the beginning of 2017/18, the average for monthly referrals decreased by 4% and total referrals are 7.6% down comparing to 2016/17. GP referrals in 2017/18 to date are 15% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 6% 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. Referrals in December 2017 have seen a significant decrease in all areas; mainly GP referrals which fell by 15% compared to November 2017.

E-referral Utilisation rates in December for the CCG as a whole reached 57% an improvement on 48% the previous month but under the 80% ambition for Q2.

The CCG failed the less than 1% target for Diagnostics in December recording 3.42%. Southport & Ormskirk Trust also failed the less than 1% target for Diagnostics in December recording 2.83%, which was in improvement on the previous month when 3.2% was recorded.

Southport & Ormskirk reported 10 cancelled operations for non-clinical reasons not being offered another date within 28 days in December, bringing the total YTD figure to 102.

The CCG are failing 1 of the 9 cancer measures year to date. They achieved the 62 day standard in December but are failing year to date due to previous month breaches, recording 83.64% (target 85%). Southport & Ormskirk also achieved the 85% target for the 62-day standard recording 87.84% in December but are failing year to date at 83.26% partly due to previous breaches.

Friends and Family inpatient response rates at Southport & Ormskirk are under target for December at 18.6%. The percentage of patients that would recommend the inpatient service in the Trust has remained at 88% in December, although is still below the England average of 96%. The percentage of people who would not recommend the inpatient service has reduced to 3% in December from 4% in November although is still above the England average of 2%.

Performance at Month 9 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.5m/-5.4%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in the remaining a total under spend of approximately £1.6mk/5.7%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for December reached 80.3%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 93% for December, and year to date 86.65%. December saw the lowest performance against the 4-hour target.

Southport & Ormskirk had 65 12-hour breaches in December, a total of 95 year to date.

There was a 3 month moratorium in data reporting to allow NWS to understand and learn from the Ambulance Response Programme (ARP) and to redraft and reformulate reports. The first set of reporting will be at NWS and County level, it is unlikely that there will be CCG level data for this financial year. Early indications are showing a positive impact with more time to assess 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.

Ambulance handover performance remains a concern. The current Emergency Department is insufficient to meet demands of the current case mix, given the month on month increase in majors category patients. Winter monies for a modular build to enable some much needed estates work later this year is critical. Attendances remained relatively static compared to last year.

The number of 111 calls from Southport and Formby CCG patients in December has increased sharply since the previous month (45%). December 2017 has been the month with the most contacts since January 2016 and is the month with the second most number of calls so far. There have been 5.3% fewer calls for the first 9 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 risen sharply in December. This is the most calls in any month since January 2017. When compared to the first 9 months of the previous financial year, there have been 394, 4.4%, more contacts so far in 2017/18.

Southport & Ormskirk failed the stroke target in December recording 36.7%. This shows a decline in performance compared to the 55.0% in November. For TIA during December there were 7 TIA cases with a higher risk of stroke that were not seen and treated within 24 hours, resulting in 0% performance.

The CCG has reported an MSA rate of 2.1, which equates to a total of 8 breaches in December. In December the Trust had 15 mixed sex accommodation breaches (a rate of 2.8) and have therefore breached the zero tolerance threshold.

The CCG and Trust achieved their C.difficile plans for December.

The CCG have had no cases of MRSA year to date and are compliant. Southport & Ormskirk have had 1 case year to date therefore failing the zero tolerance plan.

The average number of delayed transfer of care per day in Southport and Ormskirk hospital increased to 14 in December. Analysis of average delays in December 2017 compared to December 2016 shows them to be higher by 6 (75%).

The percentage of people that would recommend Southport & Ormskirk A&E is below the England average (85%) reporting 57%. The not recommended percentage is 22% well above the England average of 8%.

Performance at Month 9 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £699k/2.8%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total over spend of approximately £357k/1.4%.

Mental Health

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 October to December 2017 when 50 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 a decrease of 38.4% from previous month of Southport & Formby patients entering treatment in month 9. The access rate for Month 9 was 10.86% and therefore achieved the standard.

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%.

In quarter 3, out of 5 routine referrals to children and young people's eating disorder service only 3 were seen within 4 weeks recording 60% and failing 100% target.

Community Health 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.

Better Care Fund

A quarter 3 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

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 January 2018.

The year to date financial position is a deficit of £3.000m, which represents deterioration against the planned deficit of £0.200m. The CCG forecasts a deficit of £3.450m and as we enter the final quarter of the year, it is unlikely that the CCG will deliver its original plan.

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 ten 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	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£5.176m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.47%
	NHS - Volume YTD > 95%	94.55%
	Non NHS - Value YTD > 95%	96.86%

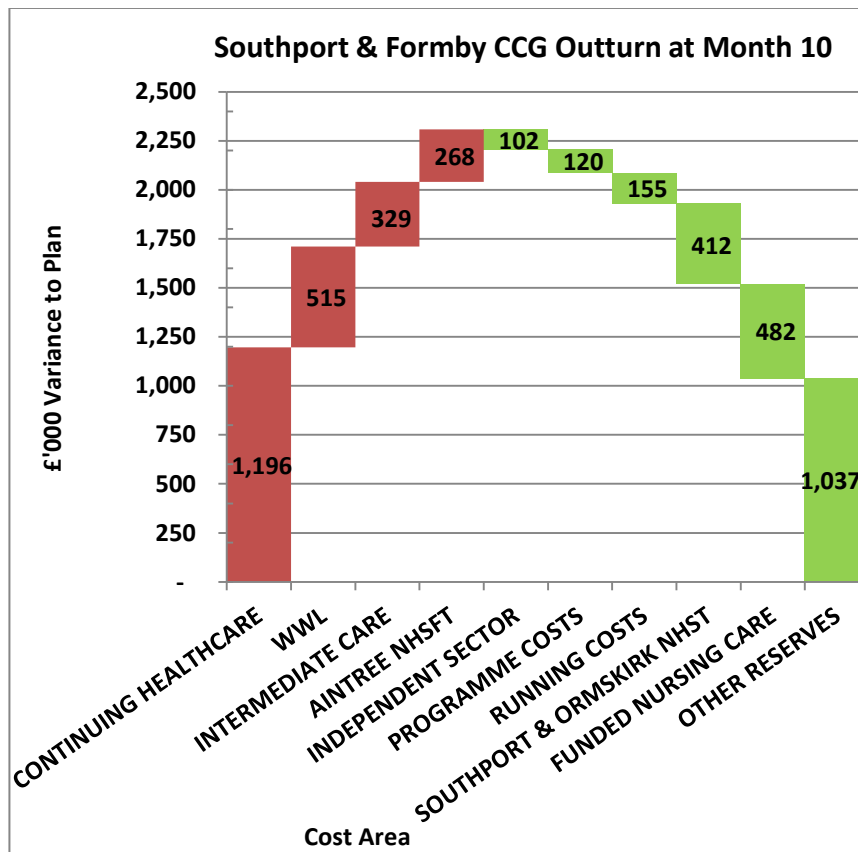
Key Performance Indicator		This Month
	Non NHS - Volume YTD > 95%	94.59%

- 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 current financial plan was to achieve a break even position in year. The likely case scenario is a deficit of £3.450m.
- QIPP Delivery is £5.176m to date which is £2.859m below planned QIPP delivery at month 10.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.155m for 2017/18.
- BPPC targets have been achieved to year to date by value for NHS and Non NHS, however by volume they are slightly below the 95% target.

2.2 CCG Financial Forecast

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

Figure 2 – Forecast Outturn



- The CCG forecast position for the financial year is a deficit of £3.450m.
- 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 partially offset 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

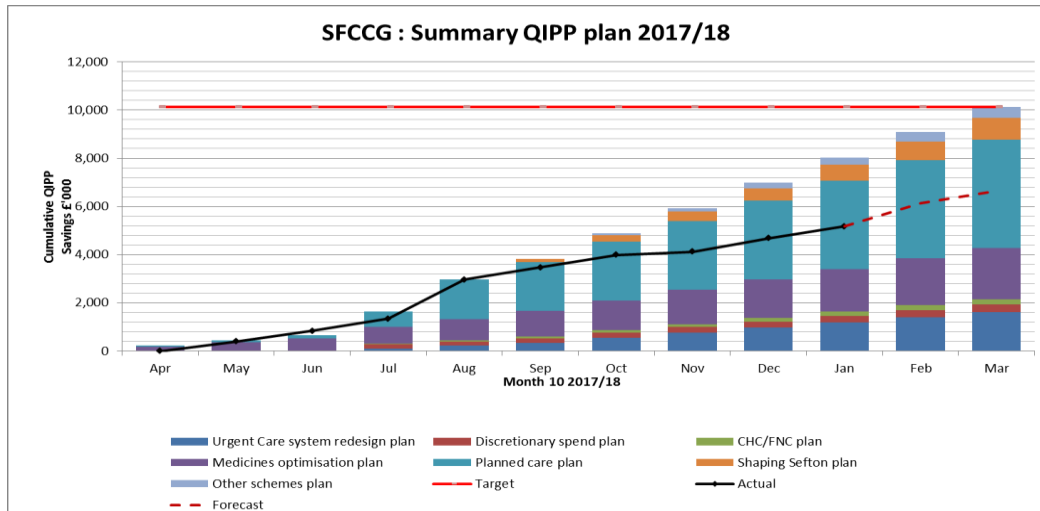
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£0.689
Alder Hey Children's Hospital NHS Foundation Trust	-£0.045
Liverpool Women's NHS Foundation Trust	-£0.003
Liverpool Heart & Chest NHS Foundation Trust	-£0.051
Royal Liverpool and Broadgreen NHS Trust	-£0.261
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.046
Grand Total	£0.284

- 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 £0.284m 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	3,267	1,326	(101)	4,492
Medicines optimisation plan	2,118	0	2,118	1,696	0	422	2,118
CHC/FNC plan	231	0	231	0	0	231	231
Discretionary spend plan	309	0	309	179	30	100	309
Urgent Care system redesign plan	120	1,500	1,620	500	0	1,120	1,620
Shaping Sefton plan	907	0	907	0	0	907	907
Other Schemes plan	80	380	460	63	80	317	460
Total QIPP Plan	7,607	2,530	10,137	5,705	1,436	2,996	10,137
QIPP Delivered 2017/18				(5,176)		0	(5,176)

- 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 continue to hold regular challenge and confirm sessions with QIPP Leads to fully inform QIPP delivery to 31 March 2018.
- As at Month 10, the CCG has achieved **£5.176m** QIPP savings in respect of the following schemes:
 - Prescribing - £1.246m
 - Third Sector Contracts - £0.149m
 - Other Elective - £2.328m
 - RightCare MCAS - £0.768m
 - Other urgent care schemes - £0.5m
 - Referral Management Schemes £0.111m
 - Procedures of Limited Clinical Value £0.042m
 - Discretionary spend £0.032m
- **£0.500m** of QIPP savings has been delivered in Month 10, £0.300m of MCAS savings and £0.200m of prescribing savings.
- The forecast QIPP delivery for the year is **£6.423m** 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

Figure 5 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(8.425)	(1.712)	(10.137)
Revised surplus / (deficit)	(8.425)	(1.712)	(10.137)
Forecast Outturn (Operational Budgets)	(0.734)	(1.136)	(1.870)
Risks / Mitigations	1.408	0.565	1.973
Management action plan			
QIPP Achieved	3.266	1.910	5.176
Remaining QIPP to be delivered	0.699	0.548	1.247
Total Management Action plan	3.965	2.458	6.423
Year End Surplus / (Deficit)	(3.786)	0.175	(3.611)

- The CCG forecast financial position is a deficit of £3.450m.
- The underlying position is a deficit of £3.611m; this position removes non-recurrent expenditure commitments and non-recurrent QIPP savings from the forecast position.
- The forecast position is dependent on achieving a QIPP saving of **£10.137m**.

Figure 6 – Risk Adjusted Financial Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
Remaining QIPP requirement	(4.961)	(4.961)	(4.961)
Predicted QIPP achievement (Months 10-12)	1.247	1.247	1.247
Reserves / I&E impact	(1.870)	(1.870)	(1.870)
Forecast Surplus / (Deficit)	(5.584)	(5.584)	(5.584)
Further Risk	(1.744)	(1.744)	(3.789)
Management Action Plan	3.878	3.878	3.189
Risk adjusted Surplus / (Deficit)	(3.450)	(3.450)	(6.184)

- 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 and most likely case is a deficit of **£3.450m** which assumes that QIPP delivery will be £6.423m in total. Risks include the NCSO prescribing cost pressure, CHC price increases, winter pressures and community services transfer costs. Mitigations include a £0.450m penalty being applied to Southport and Ormskirk NHS Trust without re-investment.
- The worst case scenario is a deficit of **£6.184m** 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 the contract alignment exercise.

2.6 Contract Alignment / Dispute Resolution

Figure 7 – 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)
Total	47,154		44,034	(3,120)

- 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 expert determination – CQUIN, ACU Follow ups and Outpatient Procedure Coding. The outcome of the expert determination should be finalised in the next few weeks so the CCG will have an agreed position before Year End. 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 8 – Summary of working capital

	2016/17	2017/18				
	M12	M6	M7	M8	M9	M10
	£'000	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	11	11	11	11	11	11
Receivables	2,041	3,311	2,562	2,470	2,383	2,742
Cash	160	2,914	3,721	995	1,995	3,152
Payables & Provisions	(9,202)	(11,707)	(13,950)	(11,582)	(12,634)	(12,654)
Value of debt > 180 days old (6months)	723	722	722	723	723	723
BPPC (value)	98%	100%	100%	100%	100%	98%
BPPC (volume)	96%	95%	96%	95%	97%	95%
* 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 will be cancelled in February 2018.
- 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 £183.582m at Month 10. The actual cash utilised at Month 10 was £153.398m which represents 83.6% of the total allocation. The balance of MCD to be utilised over the rest of the year is £30.184m.
- 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 £3.000m, which represents deterioration against the planned deficit of £0.200m. 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 £3.450m.
- 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.
- 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 identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.

3. Planned Care

3.1 Referrals by Source

Figure 9 - Referrals by Source across all providers for 2015/16, 2016/17 & 2017/18

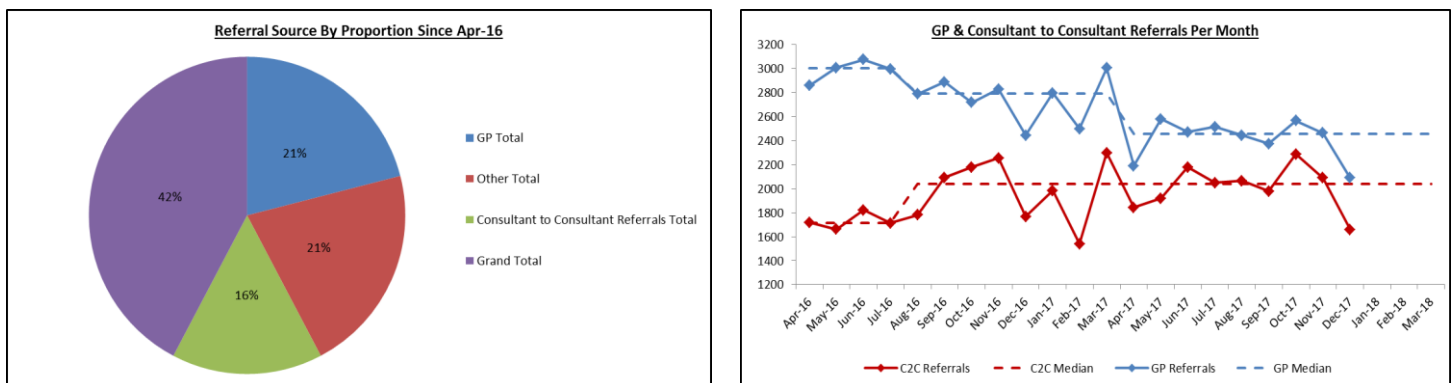


Figure 10 – Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

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	Dec					
GP	3	referral from a GENERAL MEDICAL PRACTITIONER	2,188	2,578	2,472	2,515	2,444	2,373	2,565	2,464	2,090	25,605	21,689	-3,916	-15%	
GP Total			2,188	2,578	2,472	2,515	2,444	2,373	2,565	2,464	2,090	25,605	21,689	-3,916	-15%	
Other	1	following an emergency admission	270	226	256	231	270	258	294	248	155	4,488	2,208	-2,280	-51%	
	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	290	273	295	259	314	352	302	296	2,358	2,658	300	13%	
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,200	1,332	1,563	1,447	1,461	1,312	1,537	1,464	1,150	9,430	12,466	3,036	32%	
	6	self-referral	189	178	167	145	152	152	184	195	161	1,263	1,523	260	21%	
	7	referral from a Prosthetist			1							3	1	-2	-67%	
	8	Royal Liverpool Code (TBC)	27	41	46	41	50	56	49	43	35	349	388	39	11%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	36	11	24	14	17	19	32	11	16	201	180	-21	-10%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	60	61	59	57	75	73	63	42	505	549	44	9%	
	12	referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)		2	3		3	4	3		1	8	16	8	100%	
	13	referral from a Specialist NURSE (Secondary Care)	3	2	1	6	2	6		1	2	33	23	-10	-30%	
	14	referral from an Allied Health Professional	84	115	97	91	98	86	106	111	77	1,270	865	-405	-32%	
	15	referral from an OPTOMETRIST	78	92	85	65	119	93	110	106	77	785	825	40	5%	
	16	referral from an Orthoptist	1	6	2	2	4	4	1	1	1	30	22	-8	-27%	
	17	referral from a National Screening Programme	57	48	30	43	34	40	47	72	31	556	402	-154	-28%	
	92	referral from a GENERAL DENTAL PRACTITIONER	39	31	32	42	32	28	41	37	29	343	311	-32	-9%	
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	180	269	245	256	216	264	262	223	2,258	2,084	-174	-8%	
Unknown	Unknown		1			1					11	2	-9	-82%		
Other Total			2,490	2,615	2,911	2,728	2,816	2,663	3,093	2,917	2,296	23,896	24,529	633	3%	
Consultant to Consultant Referrals Total			1,843	1,919	2,178	2,048	2,065	1,978	2,288	2,089	1,659	16,987	18,067	1,080	6%	
Grand Total			4,678	5,193	5,383	5,243	5,260	5,036	5,658	5,381	4,386	49,501	46,218	-3,283	-7%	

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

At the beginning of 2017/18, the average for monthly referrals decreased by 4% and total referrals are 7.6% down comparing to 2016/17. GP referrals in 2017/18 to date are 15% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 6% 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. Referrals in December 2017 have seen a significant decrease in all areas; mainly GP referrals which fell by 15% compared to November 2017.

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 11 – Southport & Formby CCG E Referral Performance

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	17/18 - Dec	80% by Q2 17/18 & 100% by Q2 18/19	57.00%	↑

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 December for the CCG as a whole reached 57%. This shows a marked improvement in performance compared to last month (48%). 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 12 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - Dec	<1%	3.42%	↔
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	17/18 - Dec	<1%	2.83%	↑

The CCG failed the less than 1% target for Diagnostics in December recording 3.42%. Out of 1959 patients there were 67 patients waiting 6 weeks and 20 of them over 13 weeks for their diagnostic test. Majority of the breaches were for colonoscopy (17), gastroscopy (12) and 11 each for Non obstetric ultrasound and cystoscopy.

The Trust also failed the less than 1% target for Diagnostics in December recording 2.83%. Out of 2576 patients, 73 patients waited over 6 weeks with 7 of these patients over 13 weeks for their diagnostic test. The majority of long waiters were for gastroscopy (35) and non-obstetric ultrasound (22). There has been improvement on last month when 3.20% was recorded.

MRI - Breaches occurred because patients were offered appointments less than 3 weeks to fully utilise capacity but patients subsequently cancelled. DEXA - There were delays in booking appointments because the DEXA scan room was required to be refurbished & a new scanner was installed. Cardio-respiratory - Increased demand for investigations, service review taking place. Endoscopy - Improvements with productivity & utilisation of lists ongoing & a weekly scheduling meeting takes place. Due to sickness within the medical & nursing team has resulted in WLI sessions in core sessions to meet diagnostic demand. Your Medical has been insured to clear all the backlog by June 2018.

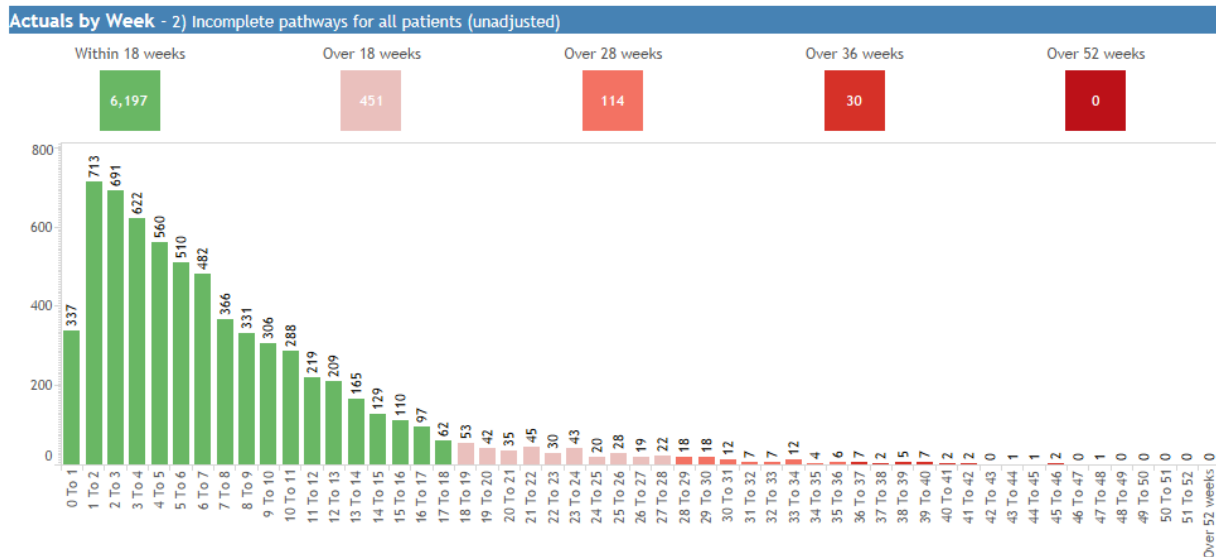
3.3 Referral to Treatment Performance

Figure 13 - Referral to Treatment Time (RTT) Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	17/18 - Nov	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	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% (CCG)	17/18 - Dec	92%	93.22%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	17/18 - Dec	92%	94.21%	↓

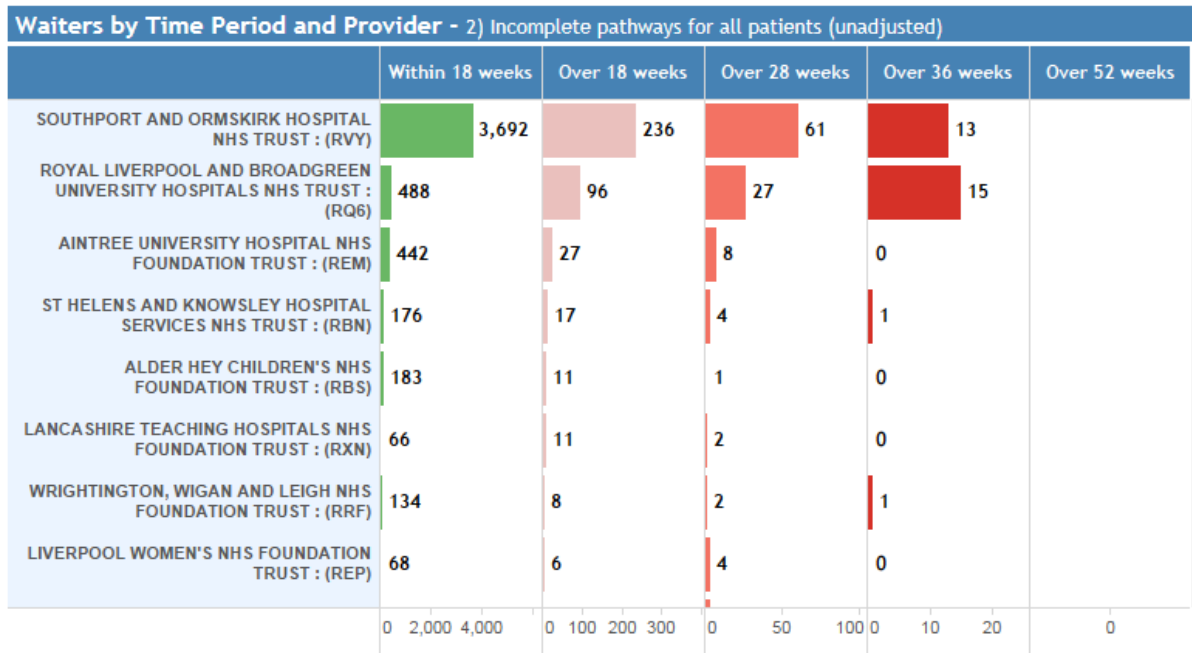
3.3.1 Incomplete Pathway Waiting Times

Figure 14 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 15 - 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 16 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

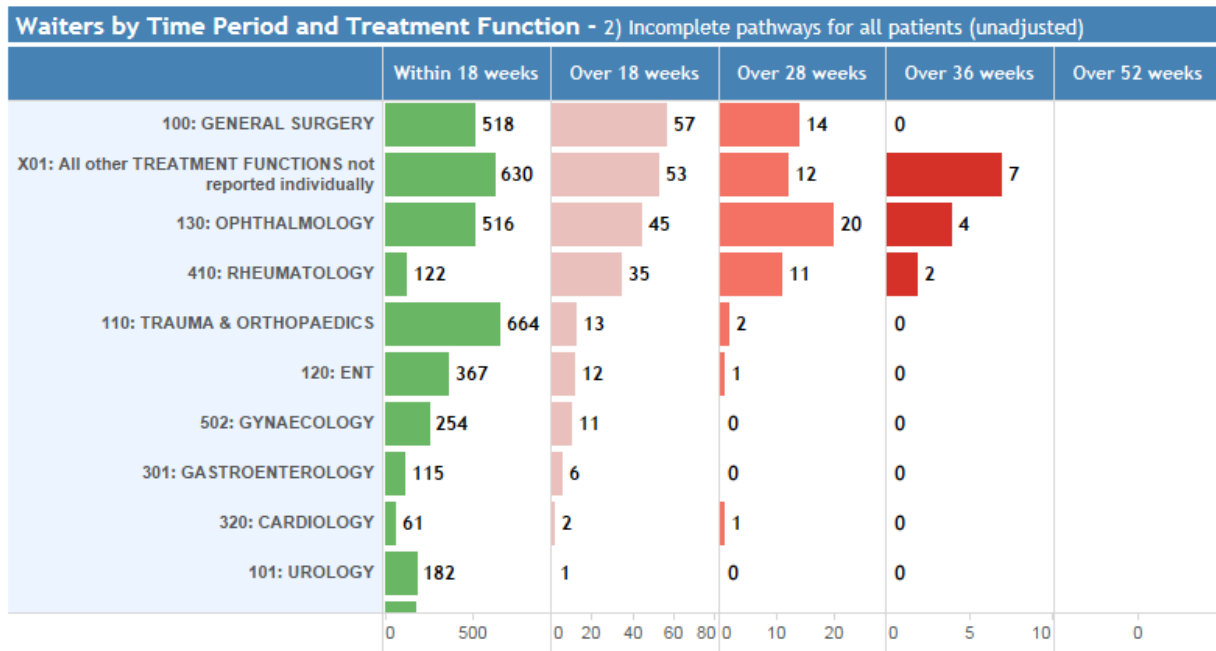
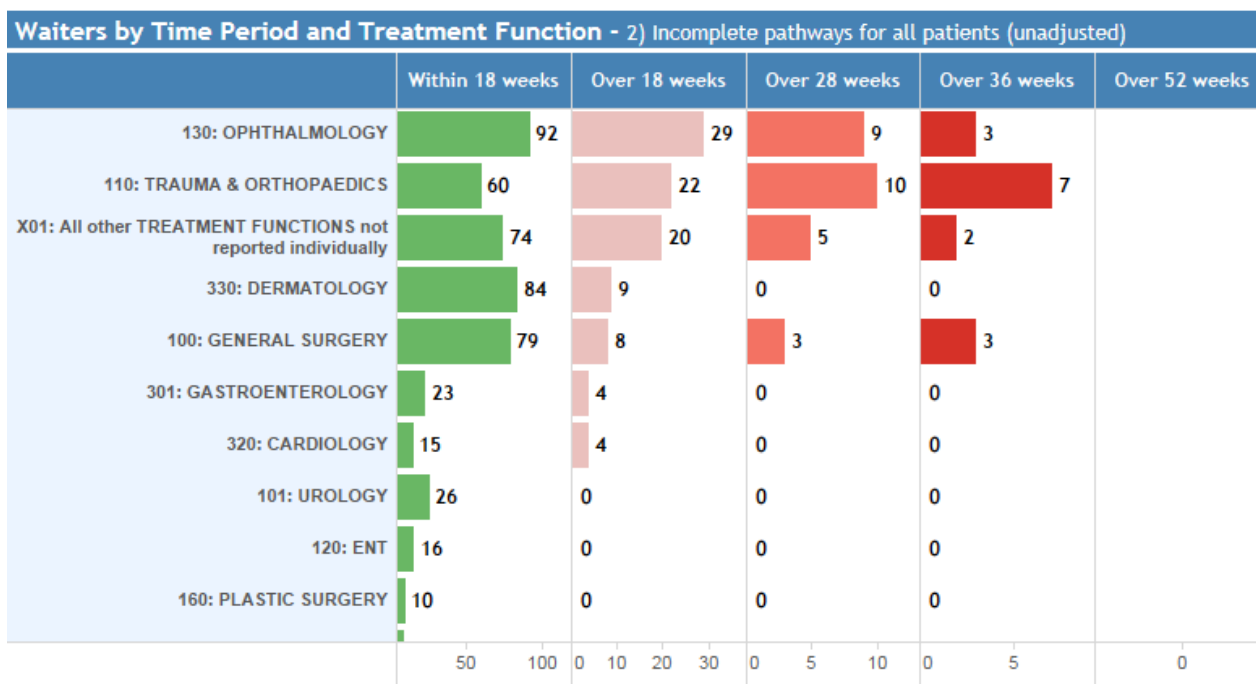


Figure 17 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Figure 18 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Formby	Royal Liverpool	All Other	40	TCI 23/03/2018	Long Wait on Waiting List
Southport & Formby	Southport & Ormskirk	Rheumatology	40	Seen on appointment date the 16-1-18 the patient was then discharged	Hospital cancelled new patient appointments on 1-9-17 and 31-10-17 and the patient cancelled 24-10-17.
Southport & Formby	Southport & Ormskirk	All Other	41	TCI 18-2-18	New patient appointment 18-2-18 the patient cancelled a appointments for 5-10-17 and 30-1-18 as well as the Trust cancelling appointments 19-12-17 and 9-1-18 due to A&E
Southport & Formby	St Helens & Knowsley	Plastic Surgery	45		Patient listed for surgery at week 1 of 18 week pathway. Patient removed from waiting list (week 48), as patient no longer wanted surgery.
Southport & Formby	Royal Liverpool	All Other	40	TCI 23/03/2018	Long Wait on Waiting List
Southport & Formby	Royal Liverpool	Ophthalmology	41	Patient Treated in January	Capacity
Southport & Formby	Royal Liverpool	General Surgery	43	No Date Yet	Long Wait on Waiting List
Southport & Formby	Royal Liverpool	T&O	44	Patient Treated in January	Capacity
Southport & Formby	Royal Liverpool	T&O	45	Patient Treated in January	Capacity
Southport & Formby	Royal Liverpool	General Surgery	47	Patient Treated in January	Long Wait on Waiting List

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 19 – Southport & Ormskirk Cancelled Operations

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Southport & Ormskirk	17/18 - Dec	0	10	↑

Southport & Ormskirk reported 10 cancelled operations in December, bringing the total YTD figure to 102. The Trust has reported that of the 10 cancelled operations in December all were due to no bed availability.

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

Figure 20 – Southport & Ormskirk Cancelled Operations for a second time

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

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 21 – Two Week Cancer Performance measures

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	17/18 - Dec	93%	94.67%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	17/18 - Dec	93%	95.46%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	17/18 - Dec	93%	93.08%	↑

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 22 – 31 Day Cancer Performance measures

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	17/18 - Dec	96%	98.85%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	17/18 - Dec	96%	99.01%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - Dec	94%	97.63%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	17/18 - Dec	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - Dec	94%	97.22%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	17/18 - Dec	94%	96.67%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - Dec	98%	98.61%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	17/18 - Dec	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 23 – 62 Day Cancer Performance measures

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	17/18 - Dec	85% (local target)	85.42%	↑
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	17/18 - Dec	85% (local target)	92.11%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - Dec	90%	91.89%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	17/18 - Dec	90%	100.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - Dec	85%	84.09%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	17/18 - Dec	85%	83.26%	↑













The CCG achieved the 85% target for urgent GP referral to first treatment in December, recording 87.88% with 4 breaches out of 33 patients, but failed year to date with 84.09%.

The Trust also failed the 85% target for urgent GP referral to first treatment in December, recording 87.84% but year to date 83.26%. In December out of 37 patients there were the equivalent of 4.5 breaches.

3.6 Patient Experience of Planned Care

Figure 24 – Southport & Ormskirk Inpatient Friends and Family Test Results

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

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.0%	18.6%		96%	88%		2%	3%	
Q1 - Antenatal Care	N/A	-		96%	*		2%	*	
Q2 - Birth	N/A	7.0%		97%	93%		1%	0%	
Q3 - Postnatal Ward	N/A	-		95%	88%		2%	0%	
Q4 - Postnatal Community	N/A	-		98%	*		1%	*	

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

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The Trust has again seen a decrease in response rates for inpatients, from 20.1% in November to 18.6% in December. The percentage of patients that would recommend the inpatient service in the Trust has remained at 88% in December, although is still below the England average of 96%. The percentage of people who would not recommend the inpatient service has reduced to 3% in December from 4% in November although is still above the England average of 2%.

For maternity services, the percentage of people who would not recommend the service, for those areas where data has been captured, are in line with the England average. The percentage of people who would recommend the service in relation to 'Birth' and the 'Postnatal Ward' are both below the England average, with 93% and 88% respectively. (If an organisation has less than five respondents the data will be suppressed with an * to protect against the possible risk of disclosure).

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. 'Developing the Experience of Care Strategy' is for approval by the Board of Directors. The CCG Engagement and Patient Experience Group (EPEG) have sight of the Trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience is being addressed.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 9 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.5m/-5.4%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in the remaining a total under spend of approximately £1.6mk/5.7%.

At individual providers, Wrightington, Wigan and Leigh (£368k/47%) and Aintree (£236k/8%) are showing the largest over performance at month 9. In contrast, there has been a notable under spend at other providers such as Southport & Ormskirk (-£1.8m/-12%) and Renacres (-£331k/-11%).

Figure 25 - 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	13,523	15,168	1,645	12%	£2,913	£3,149	£236	8%	-£236	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	5,602	5,579	-23	0%	£405	£393	-£12	-3%	£12	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,822	1,613	-209	-11%	£754	£716	-£38	-5%	£38	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,979	1,508	-471	-24%	£455	£401	-£54	-12%	£54	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	11,792	11,636	-156	-1%	£2,183	£2,166	-£17	-1%	£17	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,889	1,720	-169	-9%	£567	£526	-£40	-7%	£40	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	36,608	37,224	616	2%	£7,276	£7,352	£75	1%	-£75	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	177	295	118	67%	£33	£76	£43	129%	£0	£43	129%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	71	71	0%	£0	£9	£9	0%	£0	£9	#DIV/0!
FAIRFIELD HOSPITAL	85	66	-19	-22%	£14	£13	-£1	-9%	£0	-£1	-9%
ISIGHT (SOUTHPORT)	3,115	4,207	1,092	35%	£644	£656	£12	2%	£0	£12	2%
RENACRES HOSPITAL	11,069	9,264	-1,805	-16%	£2,960	£2,629	-£331	-11%	£0	-£331	-11%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	83,707	76,563	-7,144	-9%	£15,909	£14,077	-£1,832	-12%	£0	-£1,832	-12%
SPIRE LIVERPOOL HOSPITAL	283	288	5	2%	£67	£82	£15	23%	£0	£15	23%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	3,354	4,029	675	20%	£838	£866	£28	3%	£0	£28	3%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	452	549	97	21%	£117	£129	£12	10%	£0	£12	10%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	149	229	80	53%	£27	£48	£21	76%	£0	£21	76%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	106	106	0%	£0	£23	£23	0%	£0	£23	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	236	222	-14	-6%	£77	£55	-£23	-29%	£0	-£23	-29%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	2,287	3,282	995	43%	£818	£1,204	£386	47%	£0	£386	47%
ALL REMAINING PROVIDERS TOTAL	104,915	99,171	-5,744	-5%	£21,504	£19,866	-£1,638	-8%	£0	-£1,638	-8%
GRAND TOTAL	141,523	136,395	-5,128	-4%	£28,781	£27,218	-£1,562	-5.4%	-£75	-£1,638	-5.7%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 26 - Planned Care – Southport and Ormskirk NHS Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Planned Care*								
Daycase	8,411	8,137	-274	-3%	£4,580	£4,095	£-485	-11%
Elective	1,200	1,071	-129	-11%	£3,066	£2,559	£-508	-17%
Elective Excess BedDays	282	152	-130	-46%	£68	£36	£-32	-47%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1,153	495	-658	-57%	£194	£86	£-108	-55%
OPFASPL - Outpatient first attendance single professional consultant led	10,319	8,762	-1,557	-15%	£1,787	£1,506	£-281	-16%
OPFUPMPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2,910	1,115	-1,795	-62%	£221	£98	£-123	-56%
OPFUPSPL - Outpatient follow up single professional consultant led	30,047	27,303	-2,744	-9%	£2,476	£2,225	£-251	-10%
Outpatient Procedure	20,796	21,908	1,112	5%	£2,777	£2,785	£8	0%
Unbundled Diagnostics	8,589	7,620	-969	-11%	£739	£686	£-53	-7%
Grand Total	83,707	76,563	-7,144	-9%	£15,909	£14,077	£-1,832	-12%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

Month 9 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.

Day Case performance has been well below planned levels throughout the year with only June and December showing financial performance in line with plans. Elective procedures show a similar trend with only September above planned activity and all months below financial plans. Trauma & Orthopaedics is the main cause of under performance for Elective activity, whereas Day Case Performance is spread across a number of specialties such as General Surgery, T&O, ENT, Ophthalmology, and Clinical Haematology.

Outpatient activity and finances have similarly performed below plan throughout the year. Some shifts between attendances and procedures noted due to national guidance changes but overall has not changed under performance. Outpatient procedures have seen large reductions in Urology and T&O, while first and follow-up has reduced across the majority of specialties.

A number of factors have affected planned care performance throughout the year such as the impact of Joint Health on T&O, staffing issues in a number of specialties, and most significantly the reduction in GP referrals. This reduction is noted across the majority of specialties and will affect all planned care elements of the contract.

No significant increases to other providers have been noted and as such wouldn't indicate a shift in referral patterns or loss of market share by Southport Trust.

The Trust is actively seeking to bring activity and financial levels back in line with contracted performance, the Trust have indicated this should start mid-February. 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 27 - 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	612	650	38	6%	£358	£485	£127	35%
Elective	316	248	-68	-21%	£720	£583	-£136	-19%
Elective Excess BedDays	79	66	-13	-17%	£20	£16	-£3	-17%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	108	42	-66	-61%	£22	£9	-£13	-59%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	193	115	-78	-40%	£8	£5	-£3	-41%
OPFASPCL - Outpatient first attendance single professional consultant led	2,160	2,380	220	10%	£373	£404	£31	8%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	122	89	-33	-27%	£11	£9	-£2	-18%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	300	661	361	120%	£7	£16	£9	120%
OPFUPSPCL - Outpatient follow up single professional consultant led	5,586	5,931	345	6%	£460	£480	£19	4%
Outpatient Procedure	1,985	2,700	715	36%	£291	£384	£92	32%
Unbundled Diagnostics	1,338	1,448	110	8%	£94	£124	£30	33%
Wet AMD	725	838	113	16%	£548	£633	£85	16%
Grand Total	13,523	15,168	1,645	12%	£2,913	£3,149	£236	8%

Aintree performance is showing a £236k/8% variance against plan at month 9. Day cases, outpatient procedures and Wet AMD are the highest over performing areas with variances against plan of £127k/35%, £92k/32% and £85k/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 28 – 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	1,240	1,008	-232	-19%	£1,235	£965	-£270	-22%
Elective	193	196	3	1%	£824	£868	£45	5%
OPFASPCL - Outpatient first attendance single professional consultant led	2,510	1,856	-654	-26%	£404	£315	-£89	-22%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,750	2,294	-456	-17%	£177	£152	-£25	-14%
Outpatient Procedure	1,809	1,226	-583	-32%	£187	£188	£1	0%
Unbundled Diagnostics	929	671	-258	-28%	£85	£60	-£25	-30%
Physio	1,638	1,268	-370	-23%	£48	£37	-£11	-23%
Outpatient Pre-op	0	745	745	#DIV/0!	£0	£44	£44	#DIV/0!
Grand Total	11,069	9,264	-1,805	-16%	£2,960	£2,629	-£331	-11%

Renacres performance is showing a -£331k/-11% variance against plan with the majority of PODS under performing at month 9. Day case activity is the highest underperforming area with a variance of -£270k/-22% against plan. This is largely a result of reduced activity within Trauma & Orthopaedics and General Surgery. HRG analysis illustrates that HN23C - Major Knee Procedures for Non-Trauma, 19 years and over, with CC Score 0-1 accounts for a large proportion of the reduced Trauma & Orthopaedic costs.

3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 29 – 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	16	25	9	58%	£2	£3	£1	58%
Daycase	130	168	38	29%	£173	£220	£47	27%
Elective	82	128	46	56%	£468	£719	£250	53%
Elective Excess BedDays	23	39	16	71%	£6	£9	£4	62%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	56	77	21	37%	£4	£7	£3	61%
OPFASPCL - Outpatient first attendance single professional consultant led	292	493	201	69%	£39	£71	£31	79%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	82	147	65	79%	£5	£8	£3	67%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	111	197	86	77%	£3	£5	£2	77%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,090	1,375	285	26%	£66	£85	£19	29%
Outpatient Procedure	199	359	160	80%	£27	£48	£21	79%
Unbundled Diagnostics	206	274	68	33%	£25	£30	£5	20%
Grand Total	2,287	3,282	995	43%	£818	£1,204	£386	47%

Wrightington, Wigan and Leigh performance is showing a £386k/47% variance against plan with all PODS over performing at month 9. Elective activity is the highest over performing area with a variance of £250k/53% against plan. This over performance 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 30 – 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	714	802	88	12%	£448	£390	£-58	-13%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	8	2	-6	-76%	£1	£0	£-1	-76%
OPFASPL - Outpatient first attendance single professional consultant led	584	604	20	3%	£84	£87	£3	3%
OPFUPMPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	219	70	-149	-68%	£15	£5	£-10	-68%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,412	1,918	506	36%	£78	£105	£28	36%
Outpatient Procedure	178	811	633	356%	£17	£69	£51	297%
Grand Total	3,115	4,207	1,092	35%	£644	£656	£12	2%

Isight performance is showing a £12k/2% variance against plan, which is clearly driven by an over performance within outpatient procedures and outpatient follow up attendances. Outpatient procedures are currently £51k/297% above plan at month 9 due to activity related to the HRG - RD30Z (Contrast Fluoroscopy Procedures with duration of less than 20 minutes).

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 31 - 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	17	68	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4	0	4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	60	14	64	18	68	17	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	13.68	57.93	0.00

The CCG reported 17 personal health budgets (PHBs) at the end of Q3, which is the same as Q2. This remains below the NHS England target for PHBs for CCGs. The CCG continues to look for potential ways to increase the numbers of PHB and collaborative work continues with other CCGs. The management of PHBs is being supported though CSU colleagues.

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 32 - 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

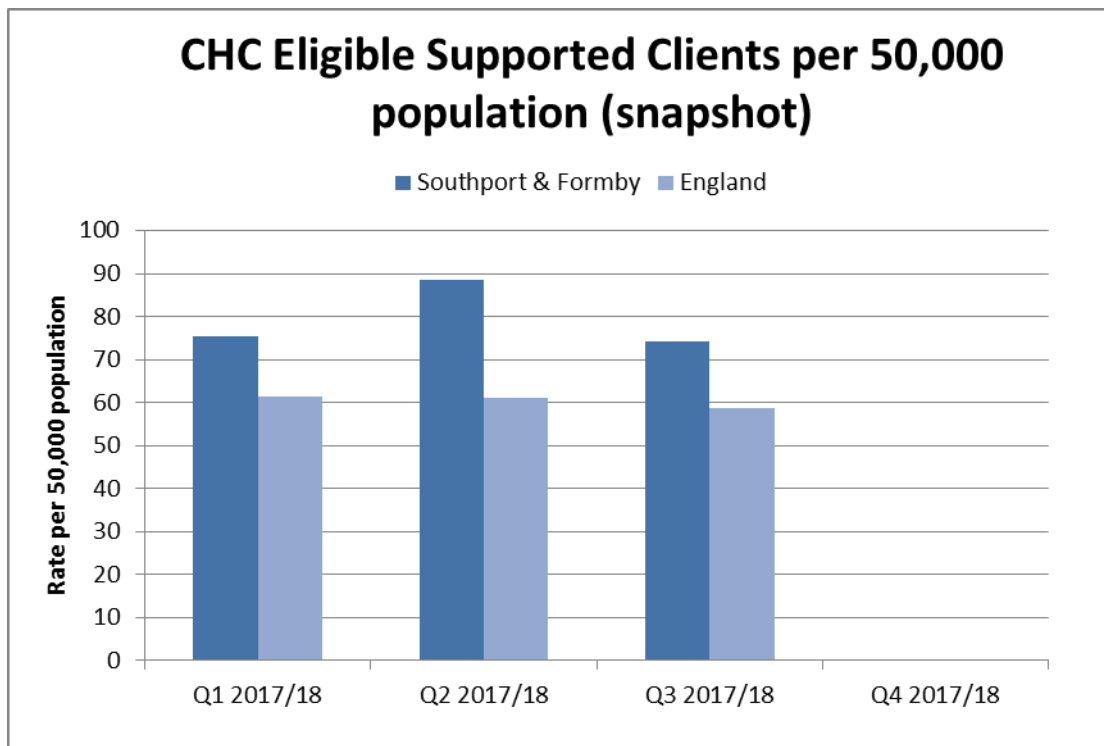


Figure 33 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

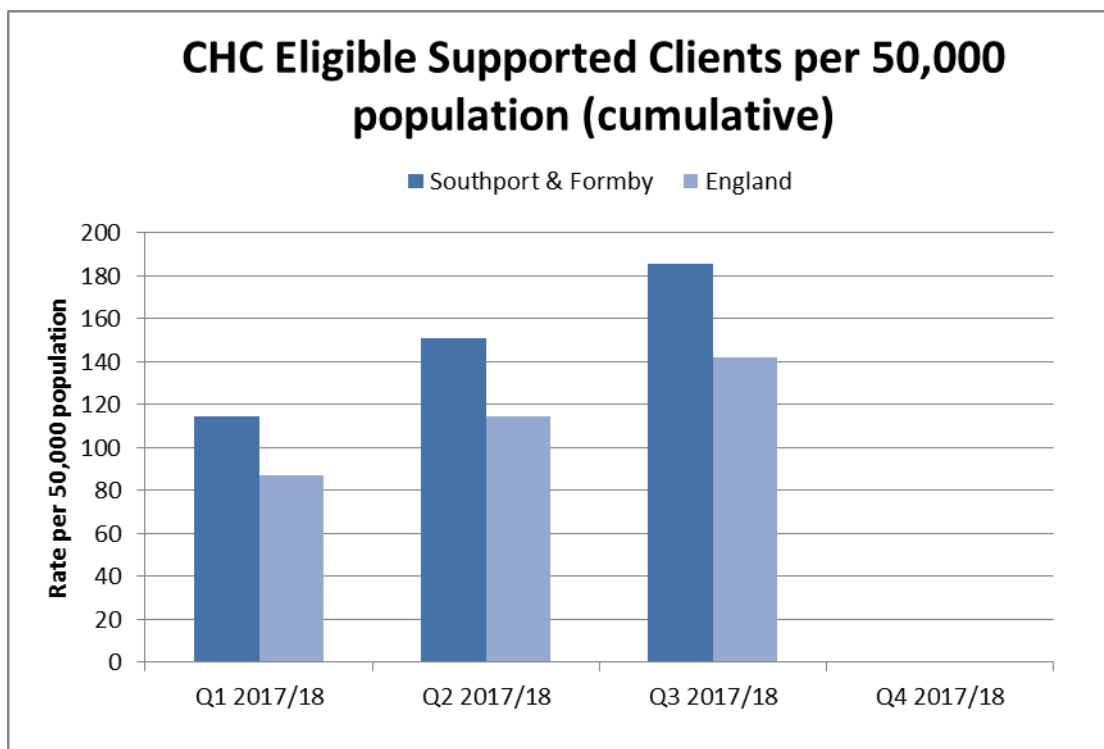
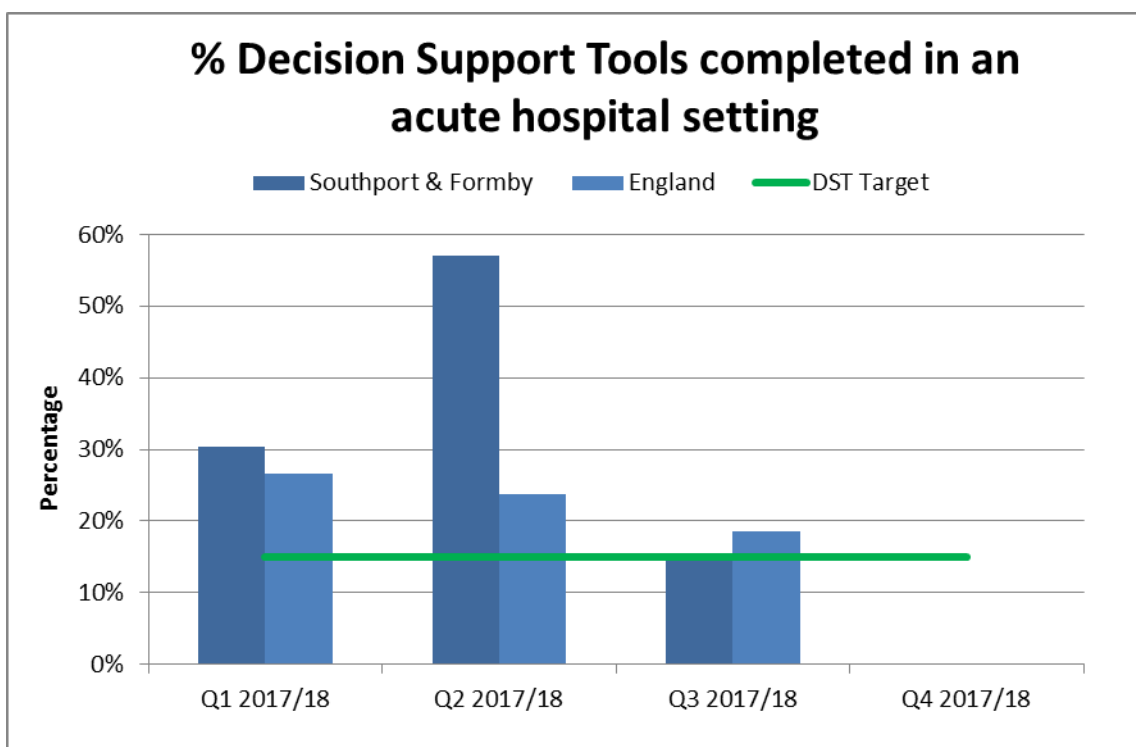


Figure 34 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



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, again decreased to 15.6% in Q3 slightly above the 15% target. Data submissions were validated to ensure accuracy.

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

3.10 Smoking at Time of Delivery (SATOD)

Figure 35 - Smoking at Time of Delivery (SATOD)

	Southport & Formby				
	Actual Q1	Actual Q2	Actual Q3	YTD	FOT
Number of maternities	239	276	261	776	1035
Number of women known to be smokers at the time of delivery	22	33	28	83	111
Number of women known not to be smokers at the time of delivery	212	241	233	686	915
Number of women whose smoking status was not known at the time of delivery	5	2	0	7	9
Data coverage %	97.9%	99.3%	100.0%	99.1%	99.1%
Percentage of maternities where mother smoked	9.2%	12.0%	10.7%	10.7%	10.7%

The CCG is above the data coverage plan of 95% at Q3 and is now under the national ambition of 11% for the percentage of maternities where mother smoked, with 10.7%. There is no national target for this measure.

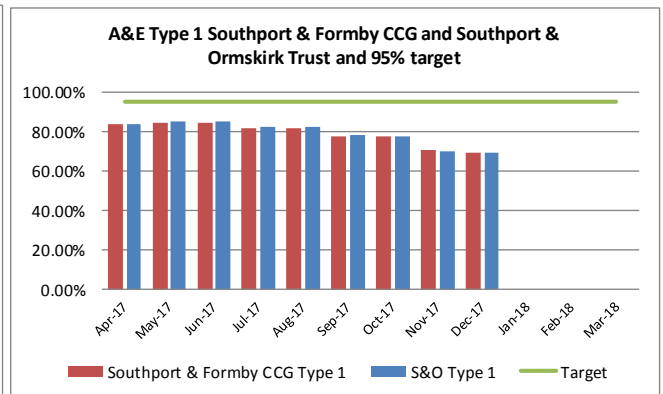
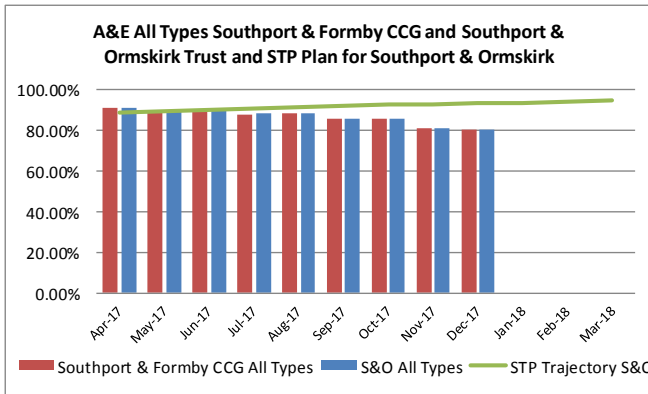
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 36 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - Dec	95.00%	86.45%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - Dec	95.00%	78.97%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	17/18 - Dec	STF Trajectory Target for Dec 93%	86.65%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	17/18 - Dec	95.00%	80.74%	↓

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD
STP Trajectory S&O	89.00%	89.50%	90%	90.7%	91.4%	92%	92.50%	93.00%	93%	%
S&O All Types	91.10%	89.40%	90.32%	88.27%	88.42%	85.69%	85.55%	80.71%	80.31%	86.65%



Southport & Ormskirk’s performance against the 4-hour target for December reached 80.3%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 93% for December, and year to date 86.65%. Disappointingly, December saw the lowest performance against the 4-hour target.

Performance against the 4-hour target remains a challenge, particularly given the inpatient pressures and high occupancy of beds at Southport. Attendances remained relatively static compared to last year. Enhanced support from ECIP and EY are currently on site undertaking diagnostic reviews of urgent care flow, whilst the A&E Sub Delivery Group has been redesigned to focus on 5 key areas to reduce bottlenecks in inpatient flow.

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.

Figure 37 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Southport & Ormskirk (cumulative)	17/18 - Dec	0	95	↑

Southport & Ormskirk had 65 12-hour breaches in the month of December. A year to date total of 95.

Significant challenges in managing inpatient flow across the month of December, resulting in overcrowding in ED and 12-hour breaches. On a number of occasions across the month, internal incidents were declared, the site instigated full to capacity, and had additional onsite senior and clinical support. System calls were held with support from NHSE and NHSI seeking mutual aid from partners. Enforced NWS deflections were also implemented by NHSE on 2 separate

occasions to try and alleviate pressures. MADE reviews have taken place since 2 Jan 18 in order to address barriers to discharges on the wards to support improved flow out of ED.

4.2 Ambulance Service Performance

In August NWAS went live with the implementation of the Ambulance Response Programme (ARP). 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.

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.

A separate report around the new ambulance performance targets will be presented to the Governing Body at the March meetings.

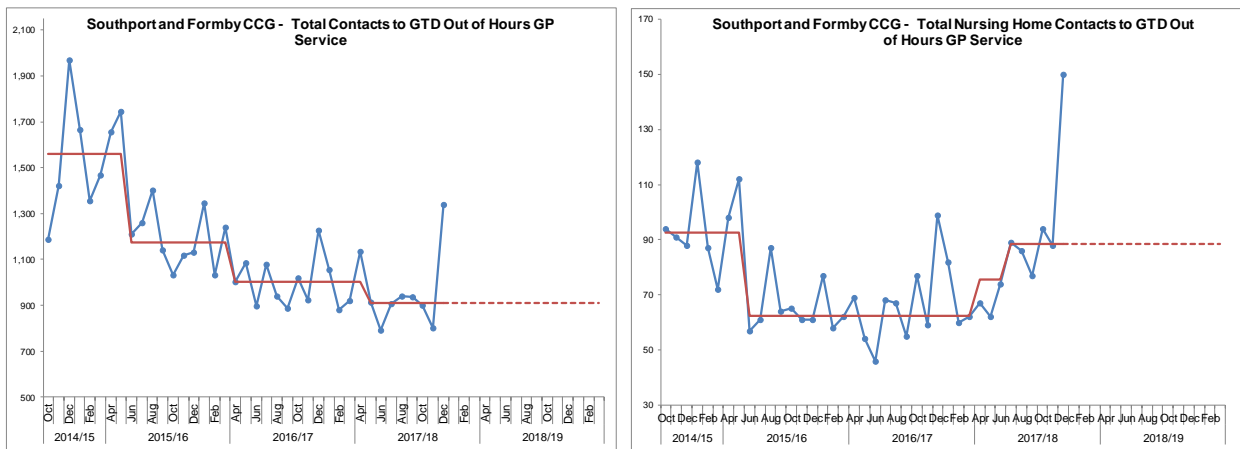
Figure 38 - Ambulance handover time performance

Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	17/18 - Dec	0	230	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	17/18 - Dec	0	271	↑

In December the Trust failed the target having 230 handovers taking longer than 30 minutes. This is 43 less than last month when 273 were recorded. The Trust breached the zero tolerance target every month in 2016-17 and the trend continues.

Ambulance handover performance remains a concern. The current Emergency Department is insufficient to meet demands of the current case mix, given the month on month increase in majors category patients. Winter monies for a modular build to enable some much needed estates work later this year is critical. Attendances remained relatively static compared to last year. In addition, enhanced support from ECIP and EY, and dedicated work-streams reporting through the A&E Sub Delivery Group will drive improvements.

4.3.2 GP Out of Hours Calls



The number of calls from Southport and Formby patients to the GP OOH service has risen sharply in December to 1,338. This is the most calls in any month since January 2017. When compared to the first 9 months of the previous financial year, there have been 394, 4.4%, more contacts so far in 2017/18.

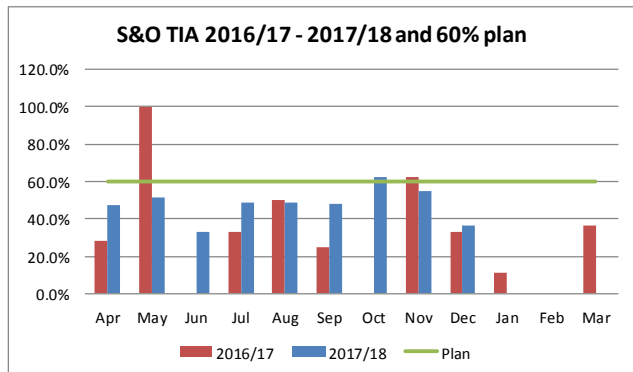
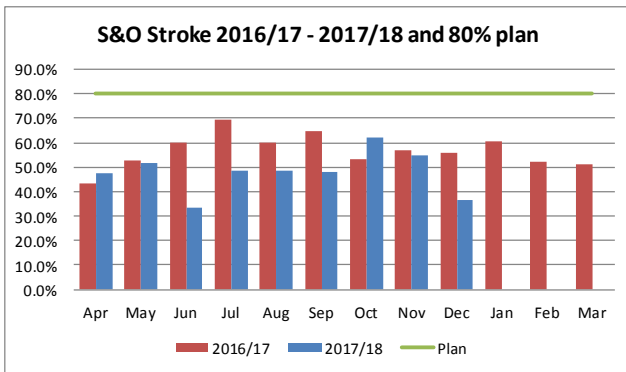
GP OOH calls from nursing homes within Southport and Formby have increased in December to 150, making December 2017 the month with the most calls so far, since October 2014. There have been 193 more calls in the first 9 month of 2017/18 than in the same period in 2016/17, an increase of 32.5%.

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 (Southport & Ormskirk)	17/18 - Dec	80%	36.70%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	17/18 - Dec	60%	0.00%	↔



Southport & Ormskirk failed the stroke target in December recording 36.7% with only 11 out of 30 patients spending 90% of their time on a stroke unit. This shows a decline in performance compared to the 55.0% in November.

This indicator remains a challenge as reported monthly – 36.7% in December. Until commissioning is agreed to support patient flow this will remain below the target. In terms of reconfiguration of stroke beds and Rehab Ward move to SDGH it is anticipated that there will be an improvement in next 2-3 months 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 December there were 7 TIA cases with a higher risk of stroke who were not seen and treated within 24 hours, resulting in 0% performance. There were 22 referrals, 9 of which were TIA's, 7 of which were reportable. 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 - Dec	0.00	2.10	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - Dec	0.00	2.80	↑

The CCG has reported an MSA rate of 2.1, which equates to a total of 8 breaches in December. Of the 8 breaches there were 7 at Southport & Ormskirk NHS Trust and 1 at Wrightington, Wigan and Leigh.

In December the Trust had 15 mixed sex accommodation breaches (a rate of 2.8) and have therefore breached the zero tolerance threshold. Of the 15 breaches, 7 were for Southport & Formby CCG, 7 for West Lancashire CCG and 1 for Wirral CCG.

4.4.3 Healthcare associated infections (HCAI)

Figure 41 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - Dec	29	25	↓
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	17/18 - Dec	27	12	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - Dec	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	17/18 - Dec	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - Dec	93	94	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	17/18 - Dec	No Plan	160	↓

There were 4 new case of Clostridium Difficile attributed to the CCG in December. 25 have been reported year to date against a plan of 29 (11 apportioned to acute trust and 14 apportioned to community). For Southport & Ormskirk year to date the Trust has had 12 cases against a plan of 27 (2 new cases in December), so is under plan.

There were no new cases of MRSA reported in December for the CCG and therefore the CCG is compliant. Southport & Ormskirk reported no new cases of MRSA in December 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 94 cases April to December against a plan of 93 (1 case in December). Southport & Ormskirk has reported 160 cases year to date, with 21 new cases in December (8 more than 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 - Dec	100	120.30	↑
Summary Hospital Level Mortality Indicator (SHMI)	Dec 16 rolling	100	115.88	↓

The 12-month rolling HSMR, at 120.3, remains high and outside expected limits, and the reasons for this are being investigated. The latest monthly HSMR (for Dec) is 115.88. It is being addressed by a comprehensive action plan, managed and monitored by the Mortality Operational Committee which reports to the Trust Board through Quality & Safety Committee.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 9

There are 90 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 48 apply to Southport & Formby CCG patients with zero reported in Month 9. 42 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 24 of these being Southport & Formby CCG patients. 1 serious incident remains open for SFCCG. There was zero Never Event reported in month with 2 YTD (Liverpool Women's, S&O). 6 incidents were closed in month (45 YTD). 25 remain open of StEIS for 100 days.

There were 5 reported incidents in month with zero Never Events (44 YTD). 5 were closed in month (45 YTD). 42 open serious incidents for Southport & Ormskirk Hospitals NHS Trust (S&O), 15 remain open for >100 days.

There were zero incidents reported in Month. There are three incidents open on StEIS for Lancashire Care NHS Foundation Trust (LCFT), with zero incidents reported in month and zero YTD. One legacy community pressure ulcer remains open on StEIS. Two incidents remain open greater than 100 days.

Mersey Care NHS Foundation Trust reported zero incidents for Southport and Formby CCG patients in month (6 YTD), with zero Never Events and zero YTD). There was one incident closed in month (29 YTD). 40 remain open on StEIS, 8 for Southport and Formby patients. 19 remain open for > 100 days, 3 for SFCCG patients.

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 – December 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	Dec			
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2			
B) PUBLIC FUNDING	1	0	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	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	1	1			
DII) AWAITING NURSING HOME PLACEMENT	1	0	0	0	1	0	1	0	1	0	0	0	0	0	1	1	1	2	1	0	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	1	1	1			
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	0	0	1	0	0	1	0	1	0	1	0	1	0	0	1	0	1	1	1	0			
G) PATIENT OR FAMILY CHOICE	2	2	4	5	2	3	2	6	6	5	1	3	3	4	3	3	2	7	4	5				
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	1	1	0	0	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	0			
Grand Total	5	2	5	7	4	5	6	8	8	6	3	6	7	4	5	3	7	7	13	9	14			

The average number of delays per day in Southport and Ormskirk hospital increased to 14 in December. Of the 14 delays, 5 were due to patient or family choice, 3 were waiting for further NHS non-acute care, 2 were waiting for completion of assessment, 2 for nursing home placement, 1 for residential care home package and 1 was waiting for care home package in their own home.

Analysis of average delays in December 2017 compared to December 2016 shows them to be higher by 6 (75%).

Figure 44 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2016 – December 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	Dec			
NHS - Days Delayed	142	70	141	210	115	134	184	235	233	171	93	200	198	137	158	107	211	220	384	271	425			
Social Care - Days Delayed	0	0	0	0	6	19	6	4	0	5	0	0	0	0	0	0	0	0	4	1	4			
Both - Days Delayed	0	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 425 in December, compared to 271 last month. Analysis of these in December 2017 compared to December 2016 shows an increase from 233 to 425 (82.4% increase).

The average number of days delayed caused by social care has increased to 4 in December compared to 1 in November. 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 – December 2017

Average Delays per Day

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	Dec			
A) COMPLETION ASSESSMENT	3	5	7	9	7	8	8	8	9	7	6	6	8	4	6	6	6	5	6	5	4			
B) PUBLIC FUNDING	5	2	3	6	5	3	2	3	4	4	7	12	8	6	5	3	2	1	2	2	2			
C) WAITING FURTHER NHS NON-ACUTE CARE	3	6	3	9	6	5	12	12	15	18	12	14	9	6	7	6	6	6	6	5	5			
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	3	2	5	4	2	1	2	3	2	1	2	3	1	0	3	4	3	2	3	3			
DII) AWAITING NURSING HOME PLACEMENT	3	5	5	9	9	10	9	7	5	3	3	2	4	4	4	7	8	8	7	8	5			
E) AWAITING CARE PACKAGE IN OWN HOME	2	3	1	3	4	3	4	4	4	3	3	2	2	1	5	5	3	3	4	3	0			
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	2	2	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0			
G) PATIENT OR FAMILY CHOICE	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	3	3	2			
H) DISPUTES	4	5	6	7	4	4	4	3	2	2	2	0	0	0	1	1	1	1	1	1	1			
I) HOUSING	4	3	4	2	3	2	2	1	1	0	2	1	4	5	3	8	10	10	8	8	8			
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	1	1	0	2	2	2			
Grand Total	28	34	33	51	42	37	42	41	43	40	34	40	35	29	34	37	41	40	41	40	32			

The average number of delays per day at Merseycare reduced slightly to 32 in December. Of the 32 delays, 8 were due to housing, 5 were awaiting nursing home placements, 5 waiting further NHS non-acute care, 4 were awaiting completion of assessment, 3 awaiting residential care home placement, 2 public funding, 2 due to patient or family choice, 2 due to 'Other' reasons and 1 delayed due to disputes.

Analysis of average delays in December 2017 compared to December 2016 shows them to be lower by 11 (25.6%).

Figure 46 - Average Delayed Transfers of Care per Day at Merseycare - April 2016 – December 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	Dec			
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403	613	680	704	705	587			
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356	343	351	243	367	574	526	406	396	327	218			
Both - Days Delayed	153	144	227	350	391	379	230	180	186	160	179	303	285	197	217	149	132	151	178	166	179			

The total number of days delayed caused by NHS was 587 in December, compared to 705 last month. Analysis of these in December 2017 compared to December 2016 shows a decrease from 616 to 587 (4.7%). The total number of days delayed caused by Social Care was 218 in December, compared to 327 in November, showing a decrease of 59.4%. Merseycare also have delays caused by both which were 179 in December, a 7.8% increase from the previous month when 166 were reported.

Figure 47 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2016 – December 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	Dec			
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	1	0	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	3			
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	1	0	0	0	0	0	1	1	1	1	0	0	0	0	1	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	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	1			
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	0			
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	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	0			
H) DISPUTES	0	0	0	0	0	0	0	1	1	1	2	2	2	2	3	3	2	2	2	1	1			
I) HOUSING	10	7	5	4	4	5	2	3	8	7	5	4	5	6	5	3	1	0	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	0			
Grand Total	17	14	9	8	9	16	17	18	21	18	14	13	16	15	17	13	13	14	13	12	9			

The average number of delays per day at Lancashire Care decreased slightly to 9 in December, from 12 reported in November. Of the 9 delays, 3 were awaiting public funding, 3 awaiting residential care home placement, 1 awaiting nursing home placement, 1 dispute and 1 awaiting further NHS non-acute care.

Analysis of average delays in December 2017 compared to December 2016 shows them to be lower by 12 (57.1%).

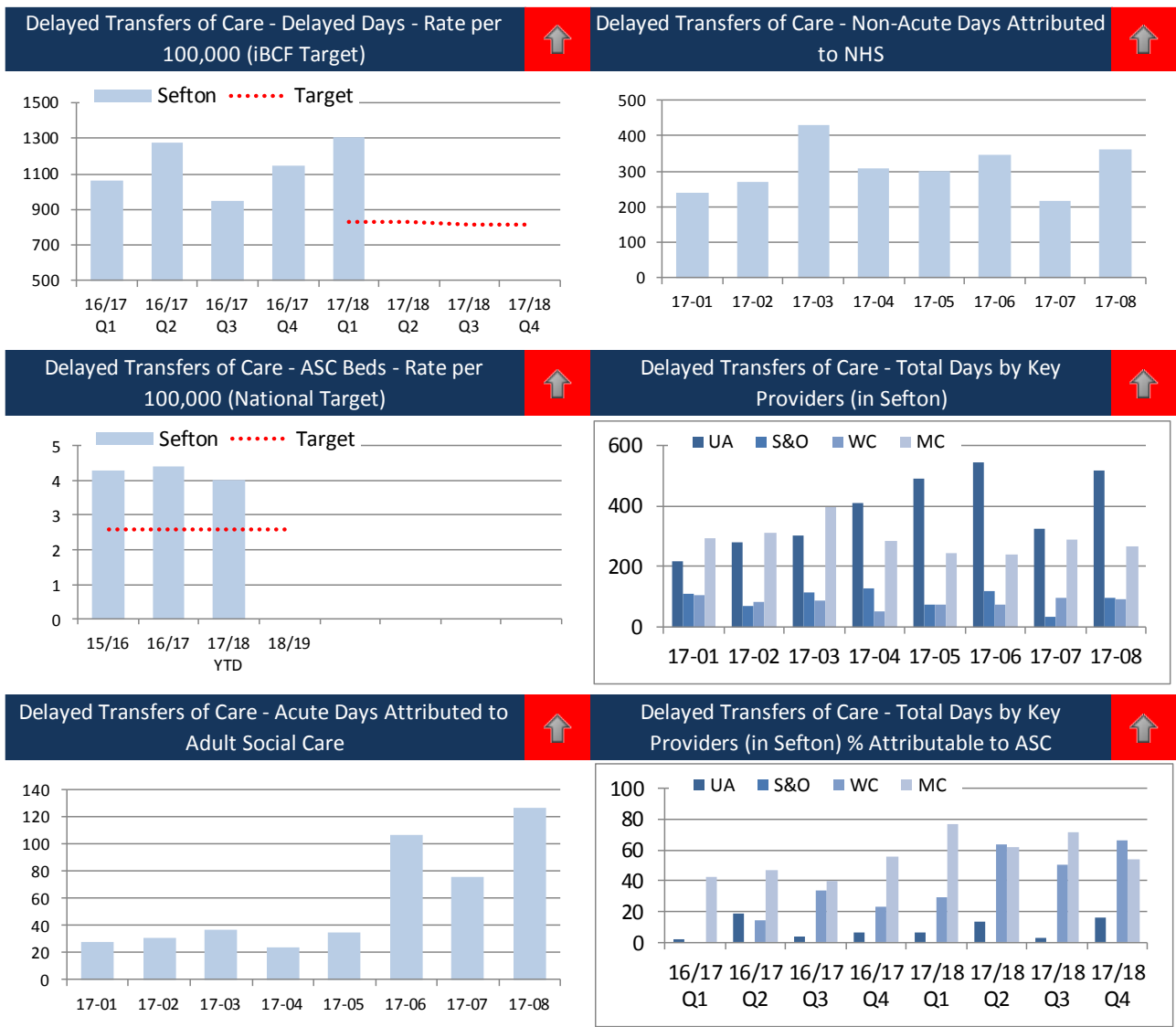
Figure 48 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2016 – December 2017

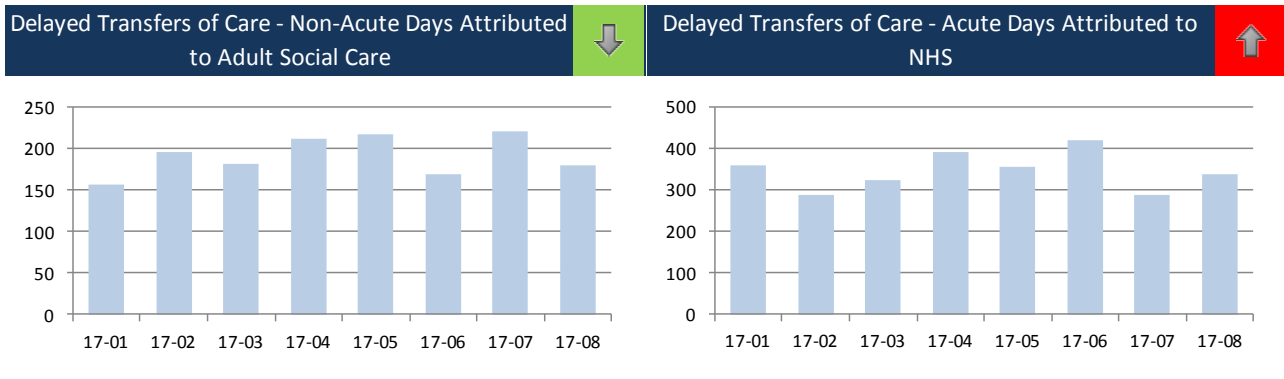
Agency Responsible	2016-17												2017/18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
NHS - Days Delayed	374	316	225	144	185	198	91	182	345	318	240	260	212	214	199	133	37	36	43	76	93			
Social Care - Days Delayed	117	126	55	82	31	70	93	62	25	62	42	43	133	146	159	170	157	177	127	120	68			
Both - Days Delayed	21	0	7	20	76	210	357	286	248	184	111	108	120	111	143	113	214	217	260	146	124			

The total number of days delayed caused by NHS was 93 in December, compared to 76 last month. Analysis of these in December 2017 compared to December 2016 shows a decrease from 345 to 93 (73.0% decrease). The total number of days delayed caused by Social Care was 68 in December, compared to 120 in November, showing a decrease of 52. Lancashire Care also have delays caused by both, which was 124 in December, a decrease from the previous month when 146 was reported.

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.





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: Dec-17

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15.0%	0.7%		85%	57%		8%	22%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates and have decreased from 2.2% in November to 0.7% in December.

The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 68% in November to 57% in December, failing to achieve the England average of 85%. The percentage not recommended has increased from 6% in November to 22% in December, which was higher than the England average of 8%.

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 December 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 9 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £446k/1.8%. 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 £789k/3.2%.

This under performance is clearly driven by Southport & Ormskirk and Royal Liverpool & Broadgreen Hospitals who have variances of -£853k/-4% and -£149k/-24% against plan respectively.

Figure 50 - Month 9 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	1,076	1,772	696	65%	£648	£1,065	£416	64%	£-416	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	670	740	70	10%	£272	£314	£42	15%	£-42	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	111	108	-3	-3%	£381	£383	£2	1%	£-2	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	215	223	8	3%	£291	£333	£42	14%	£-42	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,234	883	-351	-28%	£619	£470	£-149	-24%	£149	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3	4	1	32%	£30	£20	£-10	-35%	£10	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	3,310	3,730	420	13%	£2,242	£2,584	£343	15%	£-343	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	66	76	10	15%	£22	£29	£7	31%	£0	£7	31%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	31	31	0%	£0	£9	£9	0%	£0	£9	#DIV/0!
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	43,181	42,663	-518	-1%	£22,063	£21,210	£-853	-4%	£0	£-853	-4%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	398	379	-19	-5%	£212	£180	£-32	-15%	£0	£-32	-15%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	35	28	-7	-21%	£6	£10	£4	76%	£0	£4	76%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	42	42	0%	£0	£18	£18	0%	£0	£18	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	83	97	14	16%	£33	£44	£10	30%	£0	£10	30%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	61	82	21	33%	£35	£83	£48	138%	£0	£48	138%
ALL REMAINING PROVIDERS TOTAL	43,826	43,398	£-428	-1%	£22,372	£21,583	£-789	-4%	£0	£-789	-4%
GRAND TOTAL	47,136	47,128	-8	0%	£24,613	£24,167	£-446	-1.8%	£-343	£-789	-3.2%

*PbR only

4.9.2 Southport and Ormskirk Hospital NHS Trust

Figure 51 - Month 9 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	28,170	28,617	447	2%	£3,863	£4,042	£179	5%
NEL/NELSD - Non Elective/Non Elective IP Same Day	8,715	7,596	-1,119	-13%	£14,657	£13,609	£-1,048	-7%
NELNE - Non Elective Non-Emergency	779	947	168	22%	£1,819	£1,894	£75	4%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	79	36	-43	-55%	£26	£13	£-14	-52%
NELST - Non Elective Short Stay	911	804	-107	-12%	£628	£563	£-65	-10%
NELXBD - Non Elective Excess Bed Day	4,527	4,663	136	3%	£1,069	£1,090	£20	2%
Grand Total	43,181	42,663	-518	-1%	£22,063	£21,210	£-853	-4%

4.9.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Overall, unplanned care continues to under-perform against contractual plans by approx. -£853k/-4%. The main driver behind the low levels relates to Non-Elective admissions with a -13% reduction in activity and -£1m/-7% reduction in spend.

Activity for non-elective admissions has remained below plan throughout the year with finance showing a similar trend. December figures are showing a slight increase in finance against planned levels, with December only the second month in the year to perform above plan.

Geriatric Medicine is the main area under plan with nearly half of the under-spend located within this specialty. Other significant areas are T&O and Accident and Emergency specialties. For all the underperformance noted in Emergency Admissions, A&E activity remains above plan. The reduction in Admissions is due to changes in pathway for Ambulatory Care at the Trust with the GPAU service over-performing. This is counteracting the under-performance in non-elective admissions.

4.10 Aintree and University Hospital NHS Foundation Trust

Figure 52 - Month 9 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	630	937	307	49%	£84	£127	£43	51%
NEL - Non Elective	264	428	164	62%	£464	£749	£285	61%
NELNE - Non Elective Non-Emergency	15	16	1	5%	£45	£68	£24	52%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	75	75	#DIV/0!	£0	£19	£19	#DIV/0!
NELST - Non Elective Short Stay	33	60	27	79%	£23	£41	£18	79%
NELXBD - Non Elective Excess Bed Day	134	256	122	91%	£32	£59	£27	86%
Grand Total	1,076	1,772	696	65%	£648	£1,065	£416	64%

4.10.1 Aintree University Hospital NHS Trust Key Issues

Although over performance is evident across all unplanned care PODs at Aintree, the total over spend of £416k is mainly driven by a £285k/61% 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 31/12/2017	2017/18 Plan	Variance from Plan	Variance on 31/10/2016
1 Common Mental Health Problems (Low Severity)	4	-	4	3
2 Common Mental Health Problems (Low Severity with greater need)	11	5	6	6
3 Non-Psychotic (Moderate Severity)	64	88	- 24	- 22
4 Non-Psychotic (Severe)	208	209	- 1	- 7
5 Non-psychotic Disorders (Very Severe)	43	40	3	4
6 Non-Psychotic Disorder of Over-Valued Ideas	23	28	- 5	- 3
7 Enduring Non-Psychotic Disorders (High Disability)	130	128	2	-
8 Non-Psychotic Chaotic and Challenging Disorders	67	77	- 10	- 12
10 First Episode Psychosis	74	73	1	5
11 On-going Recurrent Psychosis (Low Symptoms)	206	260	- 54	- 54
12 On-going or Recurrent Psychosis (High Disability)	248	182	66	63
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	97	8	4
14 Psychotic Crisis	15	18	- 3	- 3
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	23	28	- 5	- 5
18 Cognitive Impairment (Low Need)	156	216	- 60	- 55
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	481	692	- 211	- 213
20 Cognitive Impairment or Dementia Complicated (High Need)	376	266	110	100
21 Cognitive Impairment or Dementia (High Physical or Engagement)	165	67	98	101
Cluster 99	271	167	104	97
Total	2,690	2,658	32	11

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	Dec-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%	100%
Rolling Quarter				100%	100%	96.9%	97%	90.0%	90.5%	92.3%

The Trust met the 7 day target with all of the 5 patients achieving their follow up within the target time.

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	Dec-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%	N/A
Rolling Quarter				100%	100%	100%	92.9%	100%	100%	100%

There were no higher risk group patients in December therefore no performance reported.

Figure 56 - Figure 16 EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-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%	100%
Rolling Quarter				88%	100%	80.0%	70.0%	40.0%	42.9%	55.6%

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
Q3 2017/18	Oct 17 to Dec 17	50

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 October to December 2017 when 50 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. It is expected that the new CRHTT staffing structure and arrangements will be in place by March 2018.

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. A tripartite meeting involving the Sefton LMC has been arranged for 21st March 2018 to discuss the Trust's proposals to change the outpatient model of care.

Eighteen week referral to treatment wait times (95% threshold) for psychotherapy and eating disorders have been sub-optimal throughout 2017/18 and following concerns raised by commissioners the Trust is working to improve performance. Patients numbers within Psychotherapy and Eating Disorders within both CCGs are small and therefore the KPIs are sensitive to small fluctuation. The Trust has reported that vacancies are being filled and group work has been implemented in both services and the expectation is that performance will improve in the last quarter of the year.

Communication related KPIs within the contract continue to be a focus of concern. Commissioners are not satisfied that sufficient progress is being made and this issue will be raised at the next CQPG in February 2018.

The Trust is in the process of implementing a new clinical information system (RiO), expected to go live across all services in June 2018. The Trust has advised that there is likely to be a period of at least 6 months where activity and performance monitoring information will be reduced or unavailable. Risk is that KPI may be not able to be captured and this could impede the quality assurance controls currently in place through the contract. This will impact the CCGs' ability to effectively manage the contract and is also likely to add further delays to the development and implementation of mental health currencies.

At a meeting held with the Trust on 7th December 2017, it was agreed to work with the prioritise quality KPIs for reporting (e.g. national ones). At the subsequent commissioner meeting held on 6th February 2018 it was agreed to discontinue two KPIs and move monthly reporting for some

KPIs to quarterly so as to reduce administrative burden whilst RiO is being embedded. Trust has yet to respond to the commissioner proposals.

There are already data quality issues for the small services that have already gone "live" with RiO and it is likely that more issues will be identified with the transition of the major services, making planning and monitoring of contract activity and demand difficult

Activity and data quality discussions currently take place at the Currency Development Group and the Trust has action plans in place for the Data Quality issues identified within the existing system. RiO is also a standing agenda item for the contract review meeting.

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 continues to be reported against the remedial action plan 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 ADHD drugs 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 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: Dec-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%	3.0%		88%	86%		4%	4%	

Merseycare performed slightly under the England average (88%) for percentage recommended for Friends and Family recording 86%, this has decreased from the previous month (90%). For percentage not recommended, the Trust has reported 4% in December. This is in line with the England average of 4% and has remained unchanged from November.

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	222	229	203	207	239	268	165			
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%	0.86%			
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%	48.8%	55.1%	51.9%	49.2%	46.9%	54.3%	59.5%			
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%	98.4%			
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%	99.2%			
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	126	165	138	141	162	171	125	163		
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	4	8		
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	75	88	72	96		
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%	90.0%	92.3%	88.7%	87.0%		

Cheshire & Wirral Partnership reported 165 Southport & Formby patients entering treatment in Month 9. This is a 38.4% decrease from the previous month when 268 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 9 was 0.86% and therefore achieved the standard.

Referrals decreased in Month 9 by 35.0% with 195 compared to 350 in Month 8. 63.1% of these were self-referrals, which is a decrease from the 66.7% in Month 8. 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 in Month 9 with 39 compared to 50 in Month 8. 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 59.5% compared to 54.3% in Month 8. This satisfies the monthly target of 50%, and takes the year-end projected figure to 51.2%.

Cancelled appointments by the provider saw a decrease in Month 9 with 28 compared to 79 in Month 8. 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 114 in Month 8 to 91 in Month 9. 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 9 98.4% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 99.2% 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.

5.5 Dementia

Figure 60 - Dementia casefinding

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
People Diagnosed with Dementia (Age 65+)	1515	1525	1519	1518	1543	1562	1576	1570	1565
Estimated Prevalence (Age 65+)	2145	2152.2	2156.1	2160.6	2167.2	2171.7	2171.7	2175.6	2177.3
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.6%	70.9%	70.5%	70.3%	71.2%	71.9%	72.6%	72.2%	71.9%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

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

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

Figure 61 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 17/18 (30% Target)

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

The data is published nationally by NHS Digital. Recent communications with the NHS Digital team have revealed that the data tables relating to this indicator have been removed from the publication. Discussions on the methods used to calculate these measures are ongoing between NHS England and NHS Digital. The CCG have been informed these tables have not been produced until those discussions have been completed therefore there is no Q2 update.

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 62 - 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	3	2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	0	2	2	2	5	2	
%	100.00%	0.00%	100.00%	100.00%	100.00%	60.00%	100.00%	

In quarter 3, out of 5 routine referrals to children and young people's eating disorder service only 3 were seen within 4 weeks recording 60% against the 100% target.

Figure 63 - 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 w with a suspected ED that start treatment w within 1 week of referral	2	1	2	0	2	0	2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	1	2	0	2	2	2	
%	100.00%	100.00%	100.00%	0 Patients	100.00%	0.00%	100.00%	

In quarter 3, the CCG had 2 patients under the Urgent referral category. Neither were seen within 1 week recording 0% against the target, both patients were seen in week 1-2.

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 64 - Lancashire Care Friends and Family Test performance

Friends and Family Response Rates and Scores

Lancashire Care NHS Foundation Trust

Latest Month: Dec-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%	1.0%		96%	96%		2%	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 exceeding the England average of 1% for not recommended in December, with just 1% which has remained unchanged from the 1% reported last month.

6.3 Any Qualified Provider – Southport & Ormskirk Hospital

Adult Hearing

At month 9 2017/18 YTD the costs for Southport & Formby CCG patients were £44,583, compared to £347,800 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 1065 in 16/17 to 379 in 17/18.

6.4 Any Qualified Provider – Specsavers

Adult Hearing

At month 9 2017/18 YTD, the costs for Southport & Formby CCG patients were £155,248, compared to £171,752 at the same time last year. Comparisons of activity between the two time periods show that activity has decreased slightly from 602 in 16/17 to 567 in 17/18.

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

Figure 65 - Southport & Formby CCG – Percentage of children waiting less 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	11	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	12	16	
%	93.75%	100.00%	93.75%	Nil Return	93.75%	91.67%	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 3 shows the number of children receiving a wheelchair in less than 18 weeks as 11 and 1 over 18 weeks.

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

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

This indicator is based on the percentage of practices within a CCG, which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT).

Currently in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in the CCG are offering all three elements and there are no plans to do so at this stage.

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

8.2 CQC Inspections

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. There have been no new inspections in Southport & Formby recently. All the results are listed below:

Figure 67 – 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
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26 September 2016					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Center	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	27 August 2015	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	15 April 2016	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Center	02 December 2016	Good	Good	Good	Good	Good	Outstanding
N84014	Ainsdale Village Surgery	28 February 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017	Good	Good	Good	Good	Good	Good

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

9. Better Care Fund

Sefton Health and Wellbeing Board submitted a BCF plan in September 2017, and earlier in July, local areas were required to confirm draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding. The DTC trajectory submitted is in line with the NHS England expectations that both

South Sefton and Southport & Formby CCGs will maintain their current rates of delays per day, and this trajectory is adequately phased across the months from July 2017 – March 2018.

A quarter 3 performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in 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.

BCF planning guidance is awaited for 2018/19.

A summary of the Q3 BCF performance is as follows:

Figure 68 – 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 69 – 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	Early discharge planning	Plans in place	Plans in place	Plans in place	Established
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Mature
Chg 4	Home first/discharge to assess	Mature	Mature	Mature	Mature
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place
Chg 6	Trusted assessors	Established	Established	Established	Mature
Chg 7	Focus on choice	Plans in place	Plans in place	Plans in place	Plans in place
Chg 8	Enhancing health in care homes	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 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.

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 70 - Southport & Formby CCG's Month 9 Submission

December 2017 Month 09	Month 09 Plan	Month 09 Actual	Month 09 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	2938	2095	-28.7%	December shows a dramatic drop in GP referrals which has affected the overall referral figures against plan. Local referral information indicates reductions in December across most providers. Further affecting GP and Other referral figures are changes made at the CCGs main provider to coding and pathways of a number of specialities. These changes occurred after planning and as such could not be factored into the CCG plans. YTD figures in line with plan overall. Work is on going with our planned care and primary care leads to better understand the drop in GP referrals and the potential impact of winter pressures on primary care. RTT remains above target levels.
Other	1566	1768	12.9%	
Total (in month)	4504	3863	-14.2%	
Variance against Plan YTD	39585	40487	2.3%	
Year on Year YTD Growth			0.7%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3358	2910	-13.3%	Both first and follow-up attendances for the CCG have reduced in December and have shown a reduction for the majority of the year. This is mainly due to lower levels of GP referrals flowing. The majority of reduction is located at the CCGs main provider with T&O one of the main under plan specialities. The variance is expected to lessen with the receipt of freeze data. YTD the planned values are within the 3% threshold. Discussions with the CCGs main provider suggests activity levels in January are likely to remain low. RTT remains above target levels.
Follow Up	7480	6780	-9.4%	
Total Outpatient attendances (in month)	10838	9690	-10.6%	
Variance against Plan YTD	105028	102824	-2.1%	
Year on Year YTD Growth			-5.7%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				
Elective Ordinary spells				
Total Elective spells (in month)	-	1457	-	
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			-7.0%	Elective and Day Case activity has reduced against 2016/17 levels and against planned levels, this is mainly due to reductions in GP referrals. Additional factors include the MCAS service resulting in T&O reductions since December 2016, and staffing issues at the CCGs main provider. It is not envisaged activity levels to increase in the coming months.
Urgent & Emergency Care				
Type 1	-	3322	-	
Year on Year YTD			0.5%	
All types (in month)	3803	3888	2.2%	
Variance against Plan YTD	33980	35524	4.5%	Local monitoring of planned activity vs actual suggests levels are within the 3% threshold for the year at 0.3%. Activity has dropped against plan in December but is likely to increase on receipt of freeze data.
Year on Year YTD Growth			1.4%	
Total Non Elective spells (in month)	-	1169	-	Reduced levels of emergency admissions against plan and previous years attributable to the CCGs main provider, southport & Ormskirk. The Trusts Ambulatory Care Unit acts as a short stay admission avoidance unit with activity flowing locally and not via SUS. Including these figures into the overall emergency admission levels shows a slight increase against last year.
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			-8.2%	