

Southport & Formby Clinical Commissioning Group

Integrated Performance Report January 2018

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Summary Performance Dashboard

Metric	Reporting Level	2017-18													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Preventing People from Dying Prematurely															
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	R	G	G	G	G	G	G	G	G			G
		Actual	94.305%	92.00%	94.423%	95.132%	94.635%	93.973%	95.248%	96.364%	95.519%	93.864%			94.595%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
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			R
		Actual	91.304%	90.411%	85.106%	95.385%	93.443%	96.00%	89.286%	100.00%	94.286%	89.189%			92.442%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
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	R			G
		Actual	100.00%	97.368%	97.059%	100.00%	98.333%	98.462%	100.00%	97.468%	98.077%	93.258%			97.851%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
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	R			G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	88.889%	83.333%	85.714%			95.349%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
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			G
		Actual	100.00%	100.00%	100.00%	100.00%	92.308%	91.667%	100.00%	100.00%	100.00%	100.00%			98.734%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%

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		G	
		Actual	95.238%	95.833%	94.737%	93.333%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.059%		97.537%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
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		R	
		Actual	86.667%	84.848%	76.471%	82.051%	72.973%	85.294%	96.296%	89.13%	87.879%	71.795%		82.955%	
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
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	R		R	
		Actual	100.00%	71.429%	100.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	72.727%		87.50%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G		G		R				G
		Actual	100.00%		97.436%		92.857%		95.00%		96.809%
		Target	95.00%		95.00%		95.00%		95.00%		95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	G	G	G		G
		Actual	100.00%	100.00%	50.00%	100.00%	50.00%	60.00%	40.00%	50.00%	100.00%	50.00%		67.742%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

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			R	
		Actual	70.60%	70.90%	70.50%	70.30%	71.20%	71.90%	72.60%	72.20%	71.90%	71.50%			
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

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%	53.00%		51.20%
		Target	50.00%	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	30.02%	3.34%	3.52%		9.88%
		Target	3.75%	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%	99.1		98.90%
		Target	75.00%	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%	99.6		99.60%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%

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

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	G	G	G		
		Actual	0.00%	100.00%	100.00%		77.778%
		Target					
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	G	R	G		G
		Actual	100%	0%	100%		100%
		Target	95%	95%	95%	95%	95%
2097: The number of incomplete pathways (routine) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	Southport And Formby CCG	RAG	R	R	R		R
		Actual	1	1	1		3
		Target	1	1	1	1	1
2098: The number of incomplete pathways (urgent) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	Southport And Formby CCG	RAG	G	G	G		G
		Actual	0	0	0		-
		Target	1	1	1	1	1

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	3	3	3	5	8	14	10	10	8	4	8		76
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R			R	
		Actual	0.87	0.83	0.80	1.42	2.32	4.15	2.83	2.83	1.16	1.4			64.00
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Referral to Treatment (RTT) & Diagnostics

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%	92.821%			93.499%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G			G	
		Actual	0	0	0	0	0	0	0	0	0	0			0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R			R	
		Actual	3.805%	5.409%	2.877%	2.335%	2.652%	2.823%	2.452%	3.468%	3.42%	3.726%			3.245%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

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			0
		Target	0	0	0	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%	46%			49.541%
		Target	80.00%	80.00%	80.00%	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	11.26	14.48	13.68		
		Target	48.27	51.49	54.71	57.93	

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	R		G
		Actual	100.00%	0.00%	92%		94.44%
		Target	93.75%	93.75%	93.75%	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	R	R		R	
		YTD	0	0	0	0	0	0	0	0	0	1	1		1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	R	R		R	
		YTD	6	9	10	10	15	18	19	23	25	32	33		33
		Target	6	9	13	18	20	24	27	29	29	29	32	38	32

Accident & Emergency

2123: <u>4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</u> % 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	R	R
		Actual	90.852%	88.768%	89.682%	87.86%	88.045%	85.62%	85.511%	81.011%	80.564%	81.28%	81.049%	85.529%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
431: <u>4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider)</u> % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R	
		Actual	86.125%	78.775%	78.421%	80.811%	82.35%	84.469%	84.414%	86.58%	84.791%	85.593%	83.901%	83.265%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: <u>12 Hour Trolley waits in A&E</u> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	G	G	G	G	G	R	R	G	R
		Actual	0	9	2	0	0	0	0	0	4	3	0	18
		Target	0	0	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 10 (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.

The standard business rules set out by NHS England require a 1% surplus in each financial year. However, NHS England has set the CCG control total for 2018/19 at a £1m surplus which is 0.5%.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan is £10.137m. At month 11, £5.621m QIPP savings have been achieved with further savings planned in Month 12.

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 11 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 £3.200m, which represents deterioration against the planned deficit of £0.200m. The full year forecast financial position for the CCG is a deficit of £3.450m. As we enter the final month of the year, it is highly unlikely that the CCG will deliver its plan to break even.

Planned Care

GP referrals in 2017/18 to date are 15% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 3% higher when compared to 2016/17. This can be attributed to significant increases within the Clinical Physiology and Physiotherapy specialties. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved. October saw referrals rise to the highest they have been so far in this financial year. Referrals in January 2018 have increased by 18% compared to last month with significant increases to GP and Consultant to Consultant Referrals, with further analysis the main causes of this increase seem to be Cardiology and Clinical Physiology.

E-referral Utilisation rates in January for the CCG as a whole reached 46% a dip in performance when 57% was recorded the previous month but under the 80% ambition for Q2.

The CCG failed the less than 1% target for Diagnostics in January recording 3.7%. Southport & Ormskirk Trust also failed the less than 1% target for Diagnostics in January recording 3.7%, which is a decline on the previous month when 2.8% was recorded.

Southport & Ormskirk reported 7 cancelled operations in January, bringing the total YTD figure to 109. Of the 7 3 were due to no bed availability, 3 ran out of theatre time and there was 1 instance of equipment failure.

The CCG are failing 3 of the 9 cancer measures year to date. They include 2 week breast symptom, 62 days screening and the 62 day standard. Southport & Ormskirk are only failing the 85% target for the 62-day standard in January year to date.

Friends and Family inpatient response rates at Southport & Ormskirk are under target for January at 14.5%. The percentage of patients that would recommend the inpatient service in the Trust has declined slightly to 87% in January and remains below the England average of 96%. The percentage of people who would not recommend the inpatient service has increased to 5% in January from 3% in December although is still above the England average of 2%.

Performance at Month 10 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.96m/-6.1%. 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 £1.93m/6.1%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for January reached 81.03%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 93% for January, and year to date 86.09%.

Southport & Ormskirk had 63 12-hour breaches in January, a total of 158 year to date.

Work is ongoing by NWS to address poor ARP (Ambulance Response Programme performance with issues having been escalated significantly at national level and both NHSE and NHSI intervention. They have issued a requirement for NWS to submit a recovery plan and recovery trajectory for Category 1 and Category 2 calls where they are some distance from meeting mandated targets. The plan will be carefully monitored by commissioners along with NHSE and NHSI. ARP data indicates that South Sefton and Southport & Formby have some of the longest response times for category 1 and 2 calls within Merseyside.

Hospital turnaround performance continues to be challenging with Southport remaining an area of concern. Some days see averages of 1 hour plus and one of the big issues is sustainability of improvement at Southport as when they hit turnaround times of over 1 hour this inevitably has a significant detrimental impact on ARP performance for Liverpool and Sefton.

The number of 111 calls in January from Southport & Formby CCG patients have fallen slightly from the previous month, but when compared to the same 10 months of the previous year, there have been 818 fewer contacts in 2017/18, a decrease of 4.6%.

The number of calls from Southport and Formby patients to the GP OOH service has fallen in January. When compared to the first 10 months of the previous financial year, there have been 801 more calls so far an increase of 8.5%

Southport & Ormskirk failed the stroke target in January recording 36.4%. This shows a similar performance to the previous month. For TIA during January there were 3 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 1.1, which equates to a total of 4 breaches in January. In January the Trust had 7 mixed sex accommodation breaches (a rate of 1.4) and have therefore breached the zero tolerance threshold.

The CCG are over plan for C.difficile in January, having 7 new cases reported, year to date 32 cases against a target of 29. The Trust under plan for C.difficile for January.

The CCG have had 1 case of MRSA in January, this is the first case for 2017/18 so are now failing the zero tolerance plan along with the Trust who also have 1 case year to date.

The average number of delayed transfer of care per day in Southport and Ormskirk hospital increased to 10 in January. Analysis of average delays in January 2018 compared to January 2017 shows them to be higher by 4 (67%).

The percentage of people that would recommend Southport & Ormskirk A&E is below the England average (85%) reporting 77%. The not recommended percentage is 6% which is now below the England average of 8%.

Performance at Month 10 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £152k/0.6%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £577k/2.1%.

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 November to January 2018 when 35 OAP days were reported. The CCG is therefore failing to meet the target of just 2 days although has reduced from the previous period when 50 were reported.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported an increase of 45.5% from previous month of Southport & Formby patients entering treatment in month 10. The access rate for Month 10 was 1.26% and therefore failed to achieve the standard.

Better Care Fund

A quarter 3 BCF 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.

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 28 February 2018.

The year to date financial position is a deficit of £3.200m, which represents deterioration against the planned deficit of £0.200m. The CCG forecasts a deficit of £3.450m and as we enter the final month of the year, it is highly 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 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 CCG has developed the strategic financial plan for the period 2017/18 – 2021/22 which will be reported separately to this committee in March. The start point for the strategic financial plan is the expected outturn and QIPP delivery for 2017/18.

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>	£5.621m
Running Costs	CCG running costs < 2017/18 allocation	✓

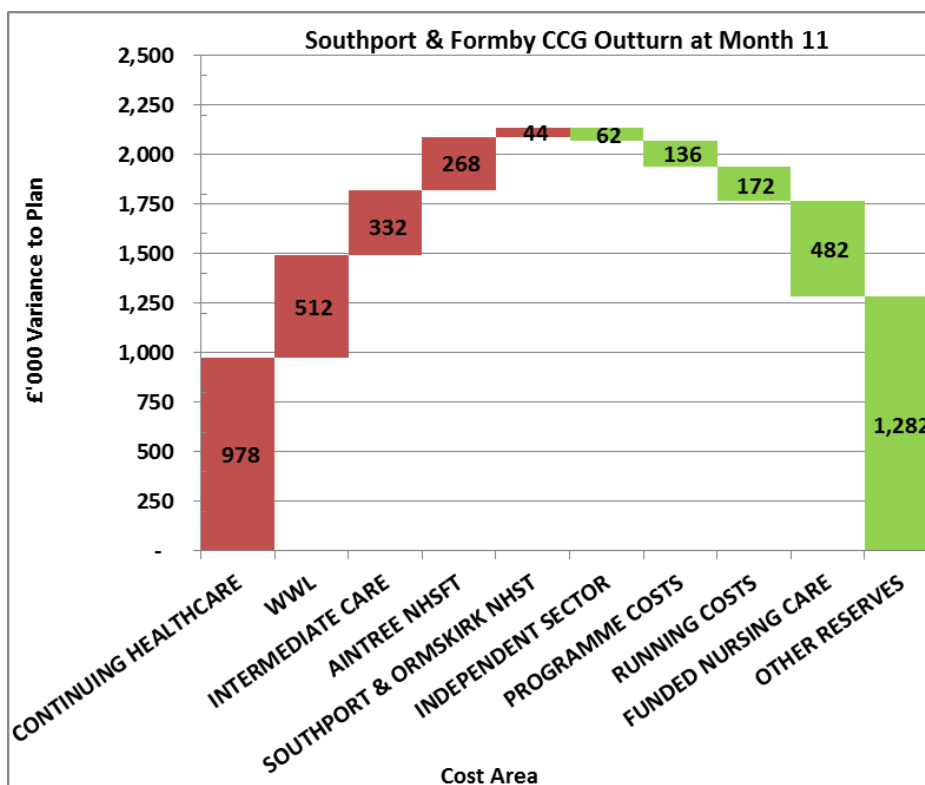
Key Performance Indicator		This Month
BPPC	NHS - Value YTD > 95%	99.38%
	NHS - Volume YTD > 95%	94.46%
	Non NHS - Value YTD > 95%	96.72%
	Non NHS - Volume YTD > 95%	94.60%

- 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 £5.621m to date which is £3.465m below planned QIPP delivery at month 11.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.172m for 2017/18.
- BPPC targets have been achieved to year to date by value but are slightly below the 95% target for volume.

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

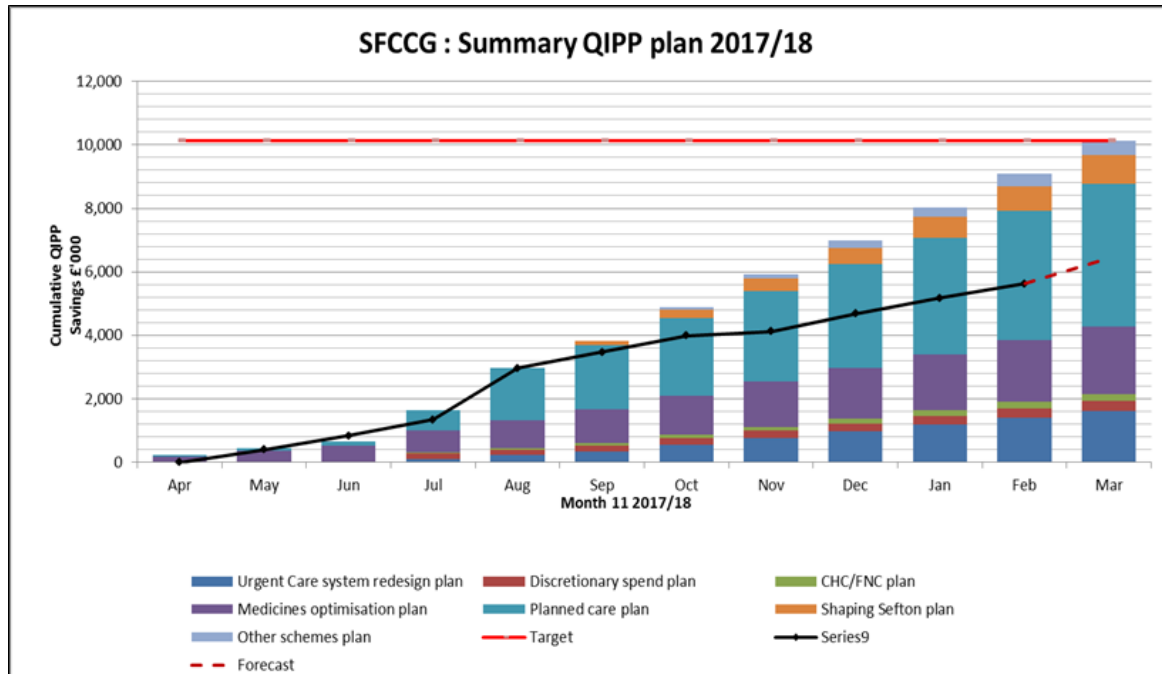
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£0.723
Alder Hey Children's Hospital NHS Foundation Trust	£0.015
Liverpool Women's NHS Foundation Trust	-£0.016
Liverpool Heart & Chest NHS Foundation Trust	-£0.063
Royal Liverpool and Broadgreen NHS Trust	-£0.273
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.040
Grand Total	£0.347

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against over performance with these providers but does present a risk that activity could move to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, 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 over performance spend against plan, this would represent an overspend of £0.347m 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	3,759	342	391	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	6,197	452	3,488	10,137
QIPP Delivered 2017/18				(5,621)		0	(5,621)

- 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 11, the CCG has achieved **£5.621m** QIPP savings in respect of the following schemes:
 - Prescribing - £1.391m
 - Third Sector Contracts - £0.149m
 - Other Elective - £2.371m
 - Right Care MCAS - £1.068m
 - Other urgent care schemes - £0.5m
 - Referral Management Schemes £0.111m
 - Discretionary spend £0.032m

- **£0.445m** of QIPP savings has been delivered in Month 11, £0.300m of MCAS savings and £0.145m 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)	(1.421)	(2.155)
Risks / Mitigations	1.408	1.011	2.419
Management action plan			
QIPP Achieved	3.266	2.355	5.621
Remaining QIPP to be delivered	0.699	0.103	0.802
Total Management Action plan	3.965	2.458	6.423
Year End Surplus / (Deficit)	(3.786)	0.336	(3.450)

Financial Position

- The CCG forecast financial position is a deficit of £3.450m.
- The underlying position is a deficit of £3.786m; 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	(4.516)	(4.516)	(4.516)
Predicted QIPP achievement (Months 10-12)	0.802	0.802	0.802
Reserves / I&E impact	(2.155)	(2.155)	(2.155)
Forecast Surplus / (Deficit)	(5.869)	(5.869)	(5.869)
Further Risk	(1.744)	(1.744)	(3.789)
Management Action Plan	4.163	4.163	3.470
Risk adjusted Surplus / (Deficit)	(3.450)	(3.450)	(6.188)

- 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 £0.700m penalty being applied to Southport and Ormskirk NHS Trust.
- The worst case scenario is a deficit of **£6.188m** 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 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 late March so the CCG will have an agreed position reporting the final year end position. 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	M7	M8	M9	M10	M11
	£'000	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	11	11	11	11	11	0
Receivables	2,041	2,562	2,470	2,383	2,742	2,414
Cash	160	3,721	995	1,995	3,152	3,201
Payables & Provisions	(9,202)	(13,950)	(11,582)	(12,634)	(12,654)	(12,919)
Value of debt > 180 days old (6months)	723	722	723	723	723	723
BPPC (value)	98%	100%	100%	100%	98%	99%
BPPC (volume)	96%	96%	95%	97%	95%	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 an invoice outstanding with Southport & Ormskirk NHS Trust. Paperwork has been submitted and the process is at expert determination as at in March 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 £184.133m at Month 11. The actual cash utilised at Month 11 was £153.398m which represents 91.5% of the total allocation. The balance of MCD to be utilised over the rest of the year is £15.592m.
- 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 £3.200m, which represents deterioration against the planned deficit of £0.200m. It is highly unlikely that the CCG will not deliver the

required QIPP 2017-18 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 a practice which has enabled the CCG to make significant progress in reducing 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

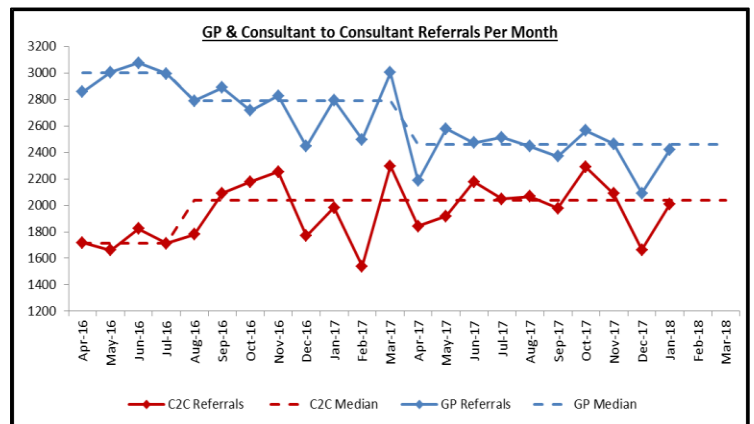
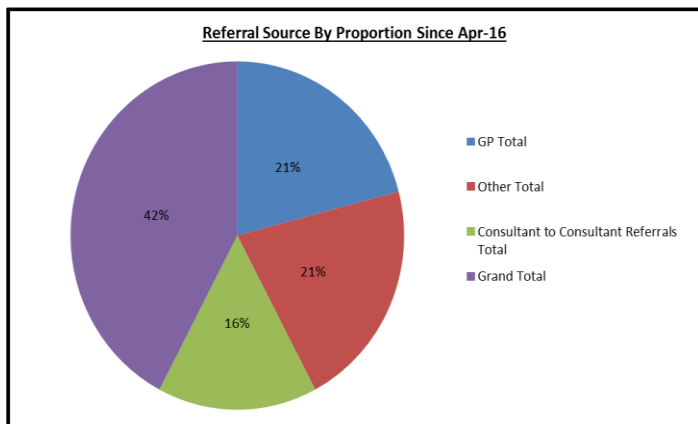


Figure 10 – Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

Referral Type	Referral Code	Referral Name	2017/18										2016/17	2017/18	YTD Variance	YTD %	Grand Total
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD	YTD			
GP	3	referral from a GENERAL MEDICAL PRACTITIONER	2,187	2,578	2,472	2,515	2,445	2,370	2,565	2,466	2,092	2,422	28,401	24,112	-4,289	-15%	58,015
GP Total			2,187	2,578	2,472	2,515	2,445	2,370	2,565	2,466	2,092	2,422	28,401	24,112	-4,289	-15%	58,015
Other	1	following an emergency admission	270	226	256	231	270	258	294	248	155	207	4,802	2,415	-2,387	-50%	7,527
	2	following a Domiciliary Consultation	1		1	2	1			1			6	6	0	0%	13
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	277	290	273	295	259	314	352	302	293	277	2,608	2,932	324	12%	6,112
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,200	1,332	1,563	1,447	1,462	1,312	1,538	1,464	1,156	1,445	10,776	13,919	3,143	29%	27,512
	6	self-referral	189	177	166	145	152	152	184	195	162	180	1,441	1,702	261	18%	3,528
	7	referral from a Prosthetist			1								3	1	-2	-67%	4
	8	Royal Liverpool Code (TBC)	27	41	46	41	50	56	49	43	35	41	381	429	48	13%	882
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	36	11	24	14	17	19	32	11	16	12	225	192	-33	-15%	455
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	59	61	59	57	75	73	63	42	69	553	617	64	12%	1,270
	12	referral from a General Practitioner with a Special Interest (GPWSI) or Dentist with a Special Interest (DwSI)		2	3		3	4	3		1	2	10	18	8	80%	32
	13	referral from a Specialist NURSE (Secondary Care)	3	2	1	6	2	6		1	2	2	35	25	-10	-29%	72
	14	referral from an Allied Health Professional	84	115	97	91	98	86	106	111	77	68	1,333	933	-400	-30%	2,433
	15	referral from an OPTOMETRIST	78	92	85	65	119	93	110	106	77	109	852	934	82	10%	1,969
	16	referral from an Orthoptist	1	6	2	2	4	4	1	1	1		32	22	-10	-31%	61
	17	referral from a National Screening Programme	57	48	30	43	34	40	47	72	31	40	603	442	-161	-27%	1,166
	92	referral from a GENERAL DENTAL PRACTITIONER	39	31	32	42	32	28	41	37	29	34	388	345	-43	-11%	808
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	180	269	245	256	216	264	262	223	288	2,469	2,372	-97	-4%	5,277	
	Unknown		1			1						15	2	-13	-87%	22	
Other Total			2,490	2,613	2,910	2,728	2,817	2,663	3,094	2,917	2,300	2,774	26,532	27,306	774	3%	59,143
Consultant to Consultant Referrals Total			1,843	1,918	2,178	2,048	2,066	1,978	2,289	2,089	1,662	2,010	18,970	20,081	1,111	6%	42,889
Grand Total			4,677	5,191	5,382	5,243	5,262	5,033	5,659	5,383	4,392	5,196	54,933	51,418	-3,515	-6%	117,158

At the beginning of 2017/18 total referrals are 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 3% higher when compared to 2016/17. This can be attributed to significant increases within the Clinical Physiology and Physiotherapy specialties. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved. October saw referrals rise to the highest they have been so far in this financial year. Referrals in January 2018 have increased by 18% compared to previous month with significant increases to GP and Consultant to Consultant Referrals; with further analysis the main causes of this increase seem to be Cardiology and Clinical Physiology.

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

Data quality note: Walton Neuro Centre excluded from the above analysis due to data quality issues. 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 - Jan	80% by Q2 17/18 & 100% by Q2 18/19	46.00%	↓

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 46%. This shows a dip in performance compared to last month (57%). 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 - Jan	<1%	3.73%	↔
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	17/18 - Jan	<1%	3.72%	↑

The CCG failed the less than 1% target for Diagnostics in January recording 3.73%. Out of 2,013 patients, there were 75 patients waiting 6 weeks and 12 of them over 13 weeks for their diagnostic test. Majority of the breaches were for gastroscopy (17) and echocardiography (11).

Southport and Ormskirk Hospital also failed the less than 1% target for Diagnostics in January recording 3.72%. Out of 2,658 patients, 99 patients waited over 6 weeks with 11 of these patients over 13 weeks for their diagnostic test. This is a decline on last month when 2.83% was reported. The majority over 6 week waiters were for gastroscopy (19) and non-obstetric ultrasound (18).

Performance in January deteriorated to 3.72%. The long waiters for Non obstetric ultrasound were due to lack of capacity and radiologist sickness and absence. The Trust is arranging additional evening sessions throughout February and March. Other issues in imaging are patient related delays. Within audiology staff sickness caused reduction in capacity, now resolved. Within Echo the service has experienced an increase in demand. Specific data is being obtained in order to complete capacity modelling by March. In Endoscopy improvements in productivity and utilisation of lists is ongoing and a weekly scheduling meeting takes place. Due to a significant decrease in the overdue backlog numbers the Trust have ceased to use the external company 'Your Medical'. The department is adhering to the reasonable notice requirement and now the 41 day target.

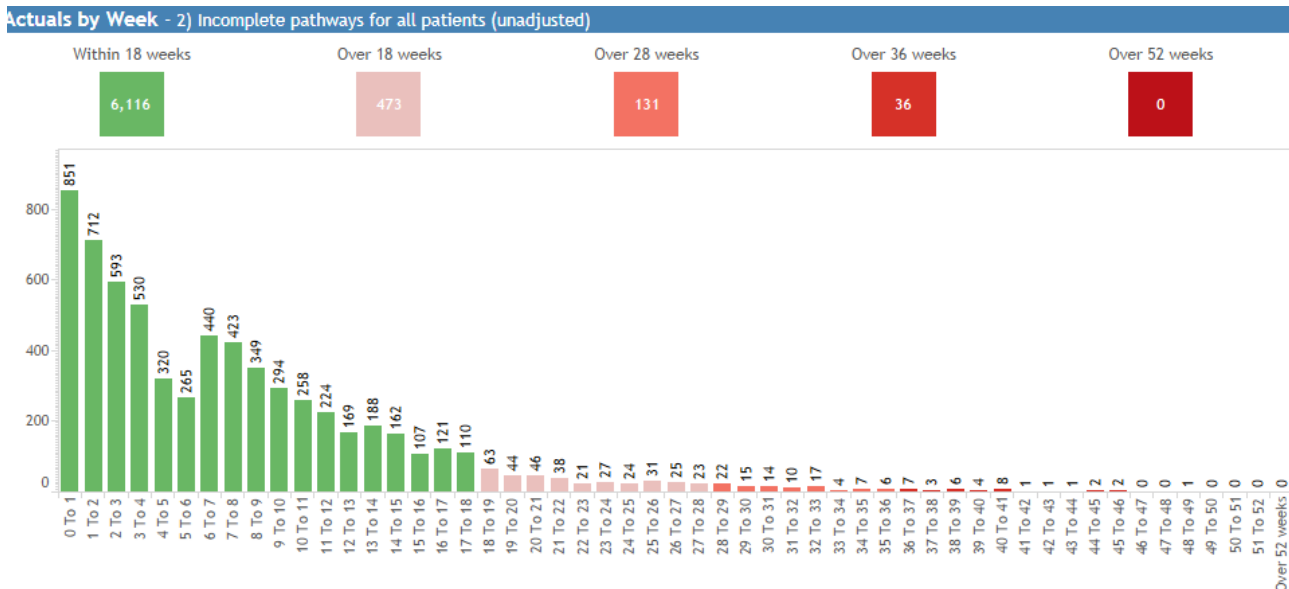
3.3 Referral to Treatment Performance

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 - Jan	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	17/18 - Jan	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 - Jan	92%	92.82%	↓
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 - Jan	92%	93.61%	↓

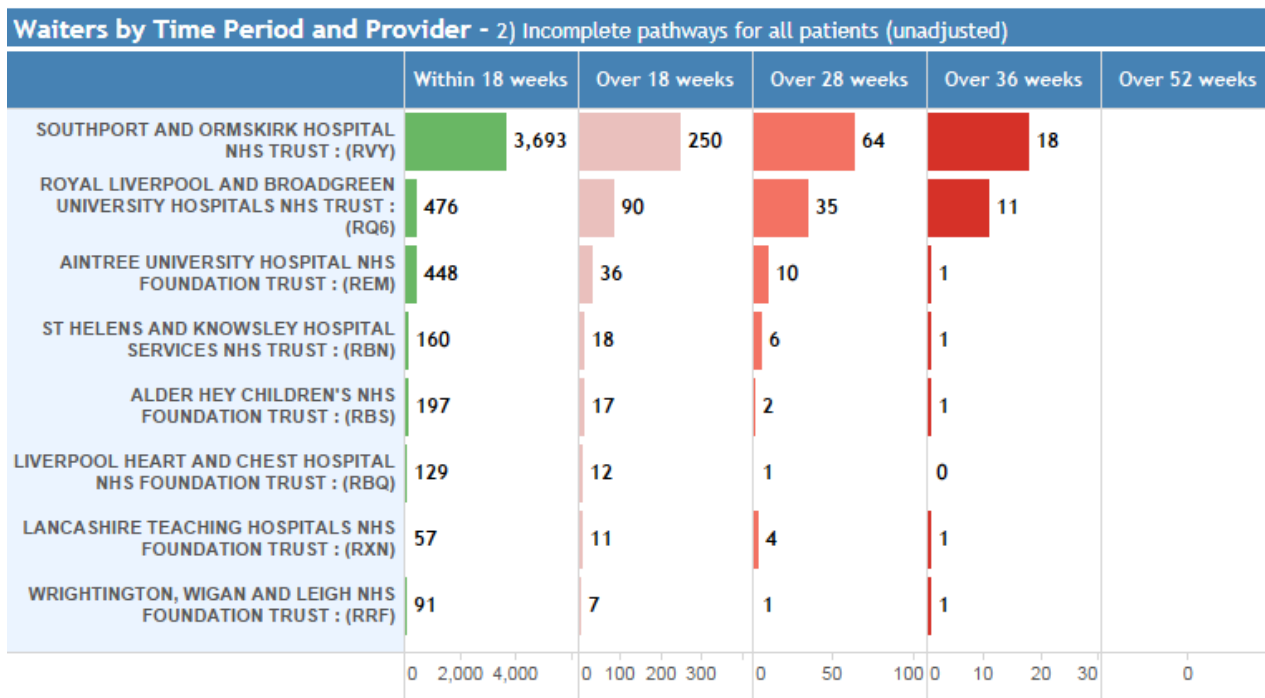
3.3.1 Incomplete Pathway Waiting Times

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

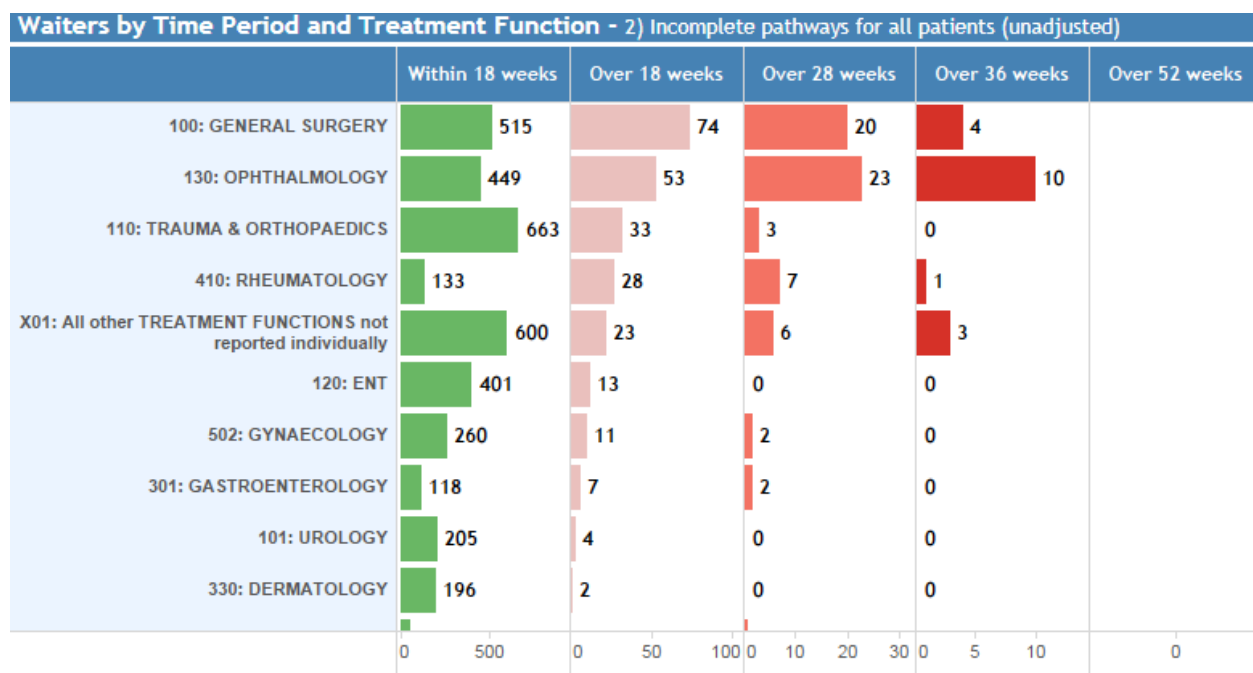
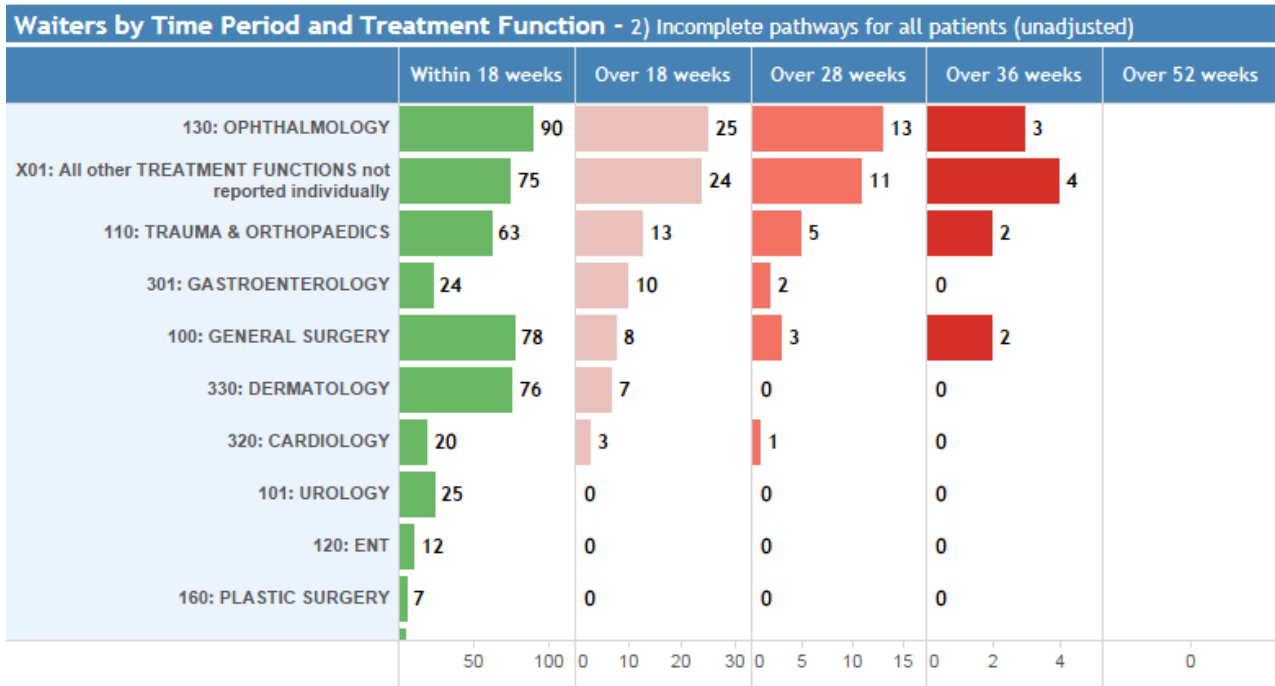


Figure 17 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



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	Southport & Ormskirk	General Surgery	40	TCI 26/03/2018	On 14th December Hospital cancelled as no beds and then on 5th January the patient declined.
Southport & Formby	Southport & Ormskirk	Ophthalmology	40	Treated 14/02/2018	First appointment was 23/5/17 and cancelled by the hospital and then the patient cancelled the second appointment on 15/06/2017. Seen on 27/6/17 and referred to cat clinic. Patient cancelled first cat appointment on 29/8/17. Hospital cancelled the second cat appointment 12/9/17. Patient seen in cat clinic on 28/10/17 and listed, TCI 14/2/17 for surgery
Southport & Formby	Southport & Ormskirk	Ophthalmology	40	Seen 20/12/17 and pathway stopped as no treatment required	First appointment 16/6/17 cancelled by hospital, second appointment 7/7/17 cancelled by patient, seen 9/9/17 was to have 6 weeks review, 24/10/17 cancelled by patient, 30/10/17 dna'd by patient. Seen 20/12/17 and pathway stopped
Southport & Formby	Southport & Ormskirk	All Other	40	Treated 06/02/18	Patient had appointments on 19/12/17 and 9/1/18 which were cancelled by the hospital
Southport & Formby	Southport & Ormskirk	Ophthalmology	41	Seen in clinic & on waiting list for treatment	First appointment seen 31/5/17 and needed to see a consultant so second appointment 28/7/17 and listed for surgery – still ongoing
Southport & Formby	Southport & Ormskirk	All Other	45	Seen 8/02/18, began 3 month Watchful Wait	Patient has appointment on 19/12/17 cancelled by the hospital. Patient had apthe patient.
Southport & Formby	Wrightington, Wigan	T&O	43	28/02/2018	Cancelled twice before, once for trauma and once for theatre staff sickness
Southport & Formby	Royal Liverpool	T&O	40	No Date Yet	Long Wait on Waiting List. RTT issues in various areas including Ophthalmology, General Surgery, Urology, Trauma and Orthopaedics and ENT. There have been a number of actions identified which will reduce demand and increase activity. Advice and guidance has now been rolled out to a number of specialties, as part of the national CQUIN. The team are also monitoring increases in referrals as a direct consequence of certain Trusts E-referral polling ranges being extended to reduce the number of slot issues.
Southport & Formby	Royal Liverpool	Ophthalmology	40	15/03/2018	Long Wait on Waiting List (see above)
Southport & Formby	Royal Liverpool	Ophthalmology	40	Patient treated in February	Capacity (see above)
Southport & Formby	Royal Liverpool	Ophthalmology	40	Patient treated in February	Capacity (see above)
Southport & Formby	Royal Liverpool	General Surgery	42	Patient treated in February	Capacity (see above)
Southport & Formby	Royal Liverpool	T&O	44	Patient treated in February	Capacity (see above)
Southport & Formby	Royal Liverpool	All Other	44	Patient treated in February	Capacity (see above)
Southport & Formby	Royal Liverpool	All Other	45	TCI 23/03/2018	Capacity (see above)
Southport & Formby	Royal Liverpool	General Surgery	48	Patient Treated in February	Capacity (see above)

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 - Jan	0	7	↑ ↓

Southport & Ormskirk reported 7 cancelled operations in January, bringing the total YTD figure to 109. The Trust has reported that of the 7 cancelled operations in January: 3 were due to no bed availability, 3 ran out of theatre time and there was 1 instance of equipment failure.

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 - Jan	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 - Jan	93%	94.59%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	17/18 - Jan	93%	95.37%	↔
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 - Jan	93%	92.80%	↓

The CCG has failed the target of 93% in January with a performance of 89.19%, also failing year to date with 92.80%. In January there was a total of 37 patients and 4 patient breaches, reasons patient choice.

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 - Jan	96%	97.85%	↓
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	17/18 - Jan	96%	98.77%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - Jan	94%	97.54%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	17/18 - Jan	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - Jan	94%	95.35%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	17/18 - Jan	94%	97.30%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - Jan	98%	98.73%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	17/18 - Jan	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 - Jan	85% (local target)	85.45%	↔
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 - Jan	85% (local target)	92.38%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - Jan	90%	87.50%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	17/18 - Jan	90%	100.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - Jan	85%	82.71%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	17/18 - Jan	85%	82.45%	↓

The CCG failed the 90% target from referral to screening in January recording 72.73%, out of 11 patients there were 3 breaches.


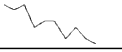
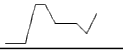

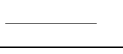


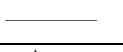


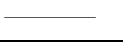
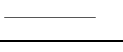
The CCG failed the 85% target from urgent GP referral to first treatment in January recording 71.79% with 11 breaches out of 39 patients, and also failed year to date with 82.71%.

The Trust also failed the 85% target in January recording 75.86% and are still failing year to date with 82.45% partly due to previous breaches. In January out of 43.5 patients there was the equivalent of 10.5 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: Jan-18

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.0%	14.5%		96%	87%		2%	5%	
Q1 - Antenatal Care	N/A	-		97%	*		1%	*	
Q2 - Birth	N/A	7.0%		97%	93%		1%	0%	
Q3 - Postnatal Ward	N/A	-		95%	91%		2%	3%	
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 further decrease in response rates for inpatients, from 18.6% in December to 14.5% in January. The percentage of patients that would recommend the inpatient service in the Trust has declined slightly to 87% in January, and remains below the England average of 96%. The percentage of people who would not recommend the inpatient service has increased to 5% in January from 3% in December and remains above the England average of 2%.

For maternity services, the percentage of people who would not recommend the service in relation to 'Birth', for those areas where data has been captured, are in line with the England average. In relation to the 'Postnatal Ward' the percentage who would not recommend the service is 3% and above the England average of 2%.

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 91% 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 standing 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 10 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.96m/-6.1%. 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 £1.93m/6.1%.

At individual providers, Wrightington, Wigan and Leigh (£426k/47%) and Aintree (£211k/6%) are showing the largest over performance at month 10. In contrast, there has been a notable under spend at other providers such as Southport & Ormskirk (-£2.3m/-13%) and Renacres (-£348k/-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	15,281	16,994	1,713	11%	£3,279	£3,490	£211	6%	-£211	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	6,263	6,122	-141	-2%	£453	£440	-£13	-3%	£13	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	2,037	1,793	-244	-12%	£842	£799	-£44	-5%	£44	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,213	1,711	-502	-23%	£509	£443	-£66	-13%	£66	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	13,183	13,048	-135	-1%	£2,440	£2,377	-£63	-3%	£63	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,112	1,944	-168	-8%	£633	£576	-£57	-9%	£57	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	41,089	41,612	523	1%	£8,157	£8,125	-£32	0%	£32	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	197	339	142	72%	£37	£89	£52	142%	£0	£52	142%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	82	82	#DIV/0!	£0	£11	£11	#DIV/0!	£0	£11	#DIV/0!
FAIRFIELD HOSPITAL	95	82	-13	-13%	£16	£23	£7	43%	£0	£7	43%
ISIGHT (SOUTHPORT)	3,462	4,771	1,309	38%	£715	£738	£23	3%	£0	£23	3%
LANCASHIRE TEACHING HOSPITAL	738	1,032	294	40%	£172	£223	£51	30%	£0	£51	30%
RENACRES HOSPITAL	12,364	10,446	-1,918	-16%	£3,306	£2,959	-£348	-11%	£0	-£348	-11%
SALFORD ROYAL NHS FOUNDATION TRUST	0	282	282	#DIV/0!	£0	£53	£53	#DIV/0!	£0	£53	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	94,002	85,356	-8,646	-9%	£17,866	£15,516	-£2,350	-13%	£0	-£2,350	-13%
SPIRE LIVERPOOL HOSPITAL	317	308	-9	-3%	£75	£89	£14	19%	£0	£14	19%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	3,735	4,461	726	19%	£927	£997	£70	8%	£0	£70	8%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	514	602	88	17%	£132	£169	£37	28%	£0	£37	28%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	167	259	92	55%	£30	£52	£22	73%	£0	£22	73%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	115	115	#DIV/0!	£0	£25	£25	#DIV/0!	£0	£25	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	263	244	-19	-7%	£86	£59	-£28	-32%	£0	-£28	-32%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	2,597	3,684	1,087	42%	£915	£1,341	£426	47%	£0	£426	47%
ALL REMAINING PROVIDERS TOTAL	118,449	112,063	-6,386	-5%	£24,277	£22,344	-£1,933	-8%	£0	-£1,933	-8%
GRAND TOTAL	159,537	153,675	-5,862	-4%	£32,434	£30,469	-£1,965	-6.1%	£32	-£1,933	-6.0%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

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

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	9,445	9,068	-377	-4%	£5,144	£4,496	£-647	-13%
Elective	1,348	1,171	-177	-13%	£3,444	£2,761	£-682	-20%
Elective Excess BedDays	317	173	-144	-45%	£76	£42	£-35	-46%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1,294	561	-733	-57%	£218	£98	£-119	-55%
OPFASPCL - Outpatient first attendance single professional consultant led	11,588	9,722	-1,866	-16%	£2,007	£1,672	£-335	-17%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	3,268	1,249	-2,019	-62%	£248	£110	£-138	-56%
OPFUSPCL - Outpatient follow up single professional consultant led	33,742	30,568	-3,174	-9%	£2,781	£2,486	£-295	-11%
Outpatient Procedure	23,354	24,319	965	4%	£3,119	£3,086	£-33	-1%
Unbundled Diagnostics	9,646	8,525	-1,121	-12%	£830	£764	£-66	-8%
Grand Total	94,002	85,356	-8,646	-9%	£17,866	£15,516	£-2,350	-13%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

Month 10 is showing a similar trend as previous months for planned care with all PODs under-performing year to date as well as in month. Of the £2.3m under spend over 50% is within Day Case and Elective procedures.

A number of specialties are under plan for Inpatient Procedures, most notably Trauma & Orthopaedics and General Surgery. The introduction of Joint Health in late 2016 has resulted in reduced levels of T&O activity, not just for the Southport Trust, but within other local providers.

Outpatient levels of activity, as well as other planned care elements, have felt the effects of a number of changes in year. Reduced levels of GP referred activity, implementation of RMS, Cardiology pilot and issues within specialties such as dermatology have all contributed to the reduced levels of activity and finance in year.

Winter pressures have also resulted in the Trust cancelling a few planned procedures. This is reflected in the current months performance, however the Trust have advised all cancelled operations have been rebooked and due to be completed in the coming months.

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	683	729	46	7%	£399	£532	£133	33%
Elective	352	271	-81	-23%	£803	£631	£-172	-21%
Elective Excess BedDays	89	68	-21	-24%	£22	£17	£-5	-24%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	122	51	-71	-58%	£25	£11	£-14	-55%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	221	139	-82	-37%	£10	£6	£-4	-37%
OPFASPCL - Outpatient first attendance single professional consultant led	2,445	2,674	229	9%	£423	£453	£30	7%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	138	100	-38	-27%	£13	£10	£-2	-19%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	343	729	386	113%	£8	£18	£9	113%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,335	6,634	299	5%	£524	£537	£13	3%
Outpatient Procedure	2,242	3,041	799	36%	£329	£433	£104	32%
Unbundled Diagnostics	1,494	1,628	134	9%	£104	£138	£34	32%
Wet AMD	818	930	112	14%	£618	£703	£85	14%
Grand Total	15,281	16,994	1,713	11%	£3,279	£3,490	£211	6%

Aintree performance is showing a £211k/6% variance against plan at month 10. Day cases, outpatient procedures and Wet AMD are the highest over performing areas with variances against plan of £133k/33%, £104k/32% and £85k/14% 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	1,385	1,131	-254	-18%	£1,380	£1,084	£-295	-21%
Elective	216	219	3	1%	£920	£983	£63	7%
OPFASPCL - Outpatient first attendance single professional consultant led	2,803	2,059	-744	-27%	£451	£349	£-102	-23%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,071	2,602	-469	-15%	£198	£172	£-25	-13%
Outpatient Procedure	2,021	1,363	-658	-33%	£209	£209	£0	0%
Unbundled Diagnostics	1,037	773	-264	-25%	£95	£69	£-26	-28%
Physio	1,830	1,437	-393	-21%	£54	£42	£-12	-21%
Outpatient Pre-op	0	862	862	#DIV/0!	£0	£51	£51	#DIV/0!
Grand Total	12,364	10,446	-1,918	-16%	£3,306	£2,959	£-348	-11%

Renacres performance is showing a -£348k/-11% variance against plan with the majority of PODS under performing at month 10. Day case activity is the highest underperforming area with a

variance of -£295k/-21% 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	18	37	19	110%	£2	£4	£2	109%
Daycase	145	189	44	31%	£193	£249	£56	29%
Elective	91	144	53	58%	£522	£797	£275	53%
Elective Excess BedDays	25	41	16	62%	£6	£10	£3	53%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	64	87	23	35%	£5	£8	£3	62%
OPFASPCL - Outpatient first attendance single professional consultant led	334	549	215	65%	£45	£78	£33	73%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	94	167	73	78%	£5	£9	£4	66%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	123	241	118	95%	£3	£6	£3	95%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,246	1,531	285	23%	£75	£94	£19	25%
Outpatient Procedure	227	399	172	75%	£31	£54	£23	73%
Unbundled Diagnostics	229	299	70	31%	£28	£33	£5	20%
Grand Total	2,597	3,684	1,087	42%	£915	£1,341	£426	47%

Wrightington, Wigan and Leigh performance is showing a £426k/47% variance against plan with all PODS over performing at month 10. Elective activity is the highest over performing area with a variance of £275k/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	793	902	109	14%	£498	£434	£-64	-13%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	9	2	-7	-78%	£1	£0	£-1	-78%
OPFASPCL - Outpatient first attendance single professional consultant led	649	698	49	8%	£93	£101	£7	8%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	243	70	-173	-71%	£17	£5	£-12	-71%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,569	2,153	584	37%	£86	£118	£32	37%
Outpatient Procedure	197	946	749	379%	£19	£80	£61	318%
Grand Total	3,462	4,771	1,309	38%	£715	£738	£23	3%

iSight performance is showing a £23k/3% variance against plan, which is clearly driven by an over performance within outpatient procedures and outpatient follow up attendances. Outpatient procedures are currently £61k/318% above plan at month 10 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 Patient Administration System (PAS) 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

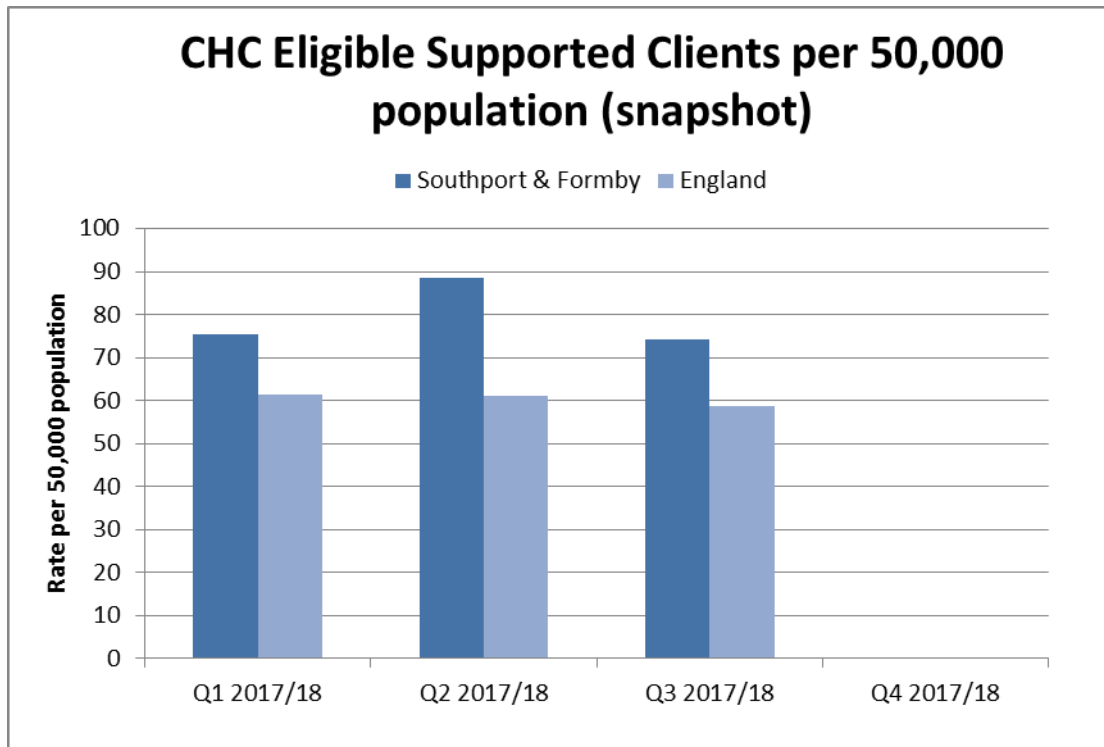


Figure 33 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

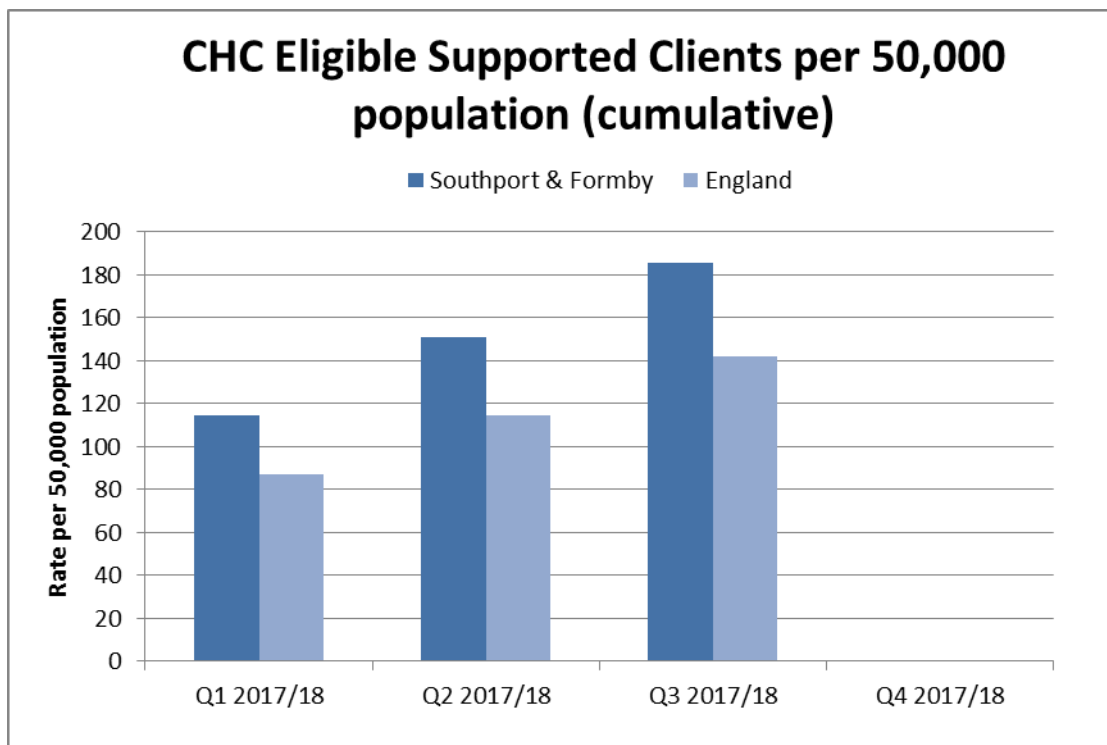
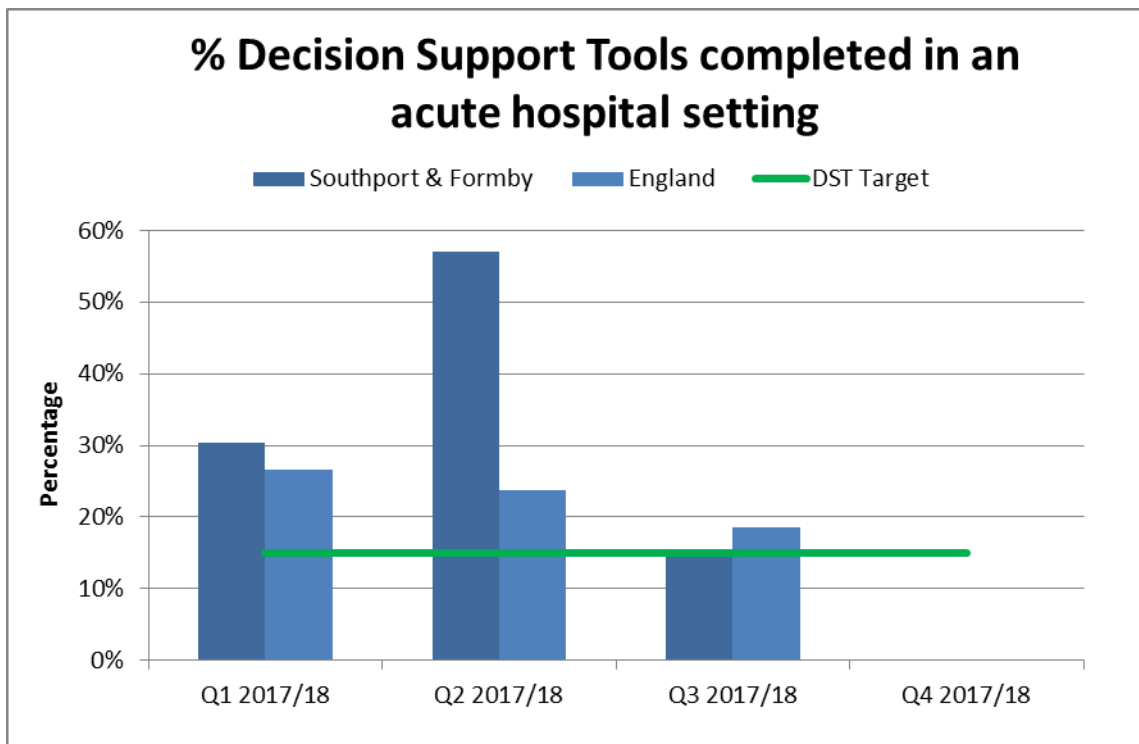


Figure 34 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



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. We anticipate that this will improve further in Q4 with the introduction of 28 day health step down beds to support assessments for individuals with long term health needs being undertaken within a community setting. This work is being piloted at present and evaluation will be required to evaluate improvements to the pathway.

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.

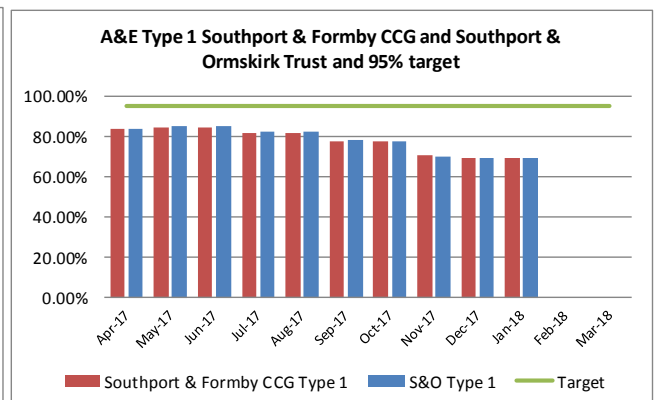
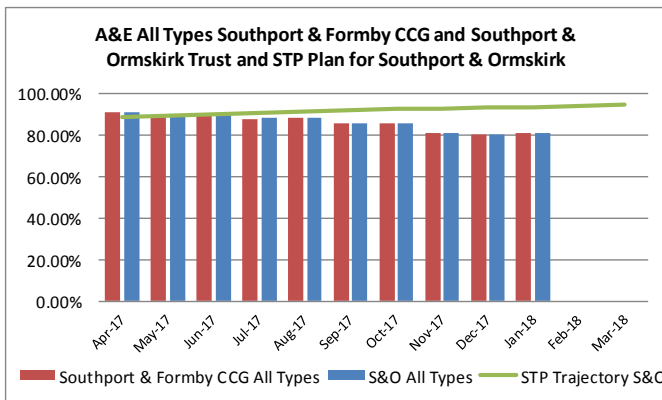
4. Unplanned Care

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 - Jan	95.00%	85.93%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - Jan	95.00%	78.08%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	17/18 - Jan	STF Trajectory Target for Dec 93%	86.09%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	17/18 - Jan	95.00%	78.55%	↓

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD
STP Trajectory S&O	89.00%	89.50%	90%	90.7%	91.4%	92%	92.50%	93.00%	93%	93.40%	%
S&O All Types	91.10%	89.40%	90.32%	88.27%	88.42%	85.69%	85.55%	80.71%	80.31%	81.03%	86.09%



Southport & Ormskirk's performance against the 4-hour target for January reached 81.03%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 93% for January, and year to date 86.09%.

In order to support A&E and flow performance across the system during the winter NHS Improvement have provided the services of an Improvement Director for Urgent & Emergency Care (Steve Christian) to work with the teams, to act as a critical friend and to provide access to other Trusts who have addressed similar issues. The role reports directly to the Chief Executive Officer and works alongside the Chief Operating Officer and operational teams to improve quality

for patients and staff. The role will work with the wider system to address some of the issues which are beyond the direct control of the Trust.

The CEO has regular weekly challenge meetings continue and are highlighting issue which are being addressed by the system. In addition the Trust is now required to have weekly system wide monitoring and performance meetings with regulators to ensure all action possible is being taken to maintain patient safety and delivery of standards.

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 - Jan	0	158	↑

Southport & Ormskirk had 63 12-hour breaches in the month of January all of which were due to Decision To Admit, year to date total of 158.

4.2 Ambulance Service Performance

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

In January there was an average response time in Southport and Formby of 13 minutes against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 40 minutes against a target of 18 minutes. The longest response times within Merseyside are in South Sefton and Southport and Formby.

There is an increased focus on the NWS performance with NHSE and NHSI intervention to support improvements. A separate report around the new ambulance performance targets was presented to the Governing Body at the March meetings.

Figure 38 - Ambulance handover time performance

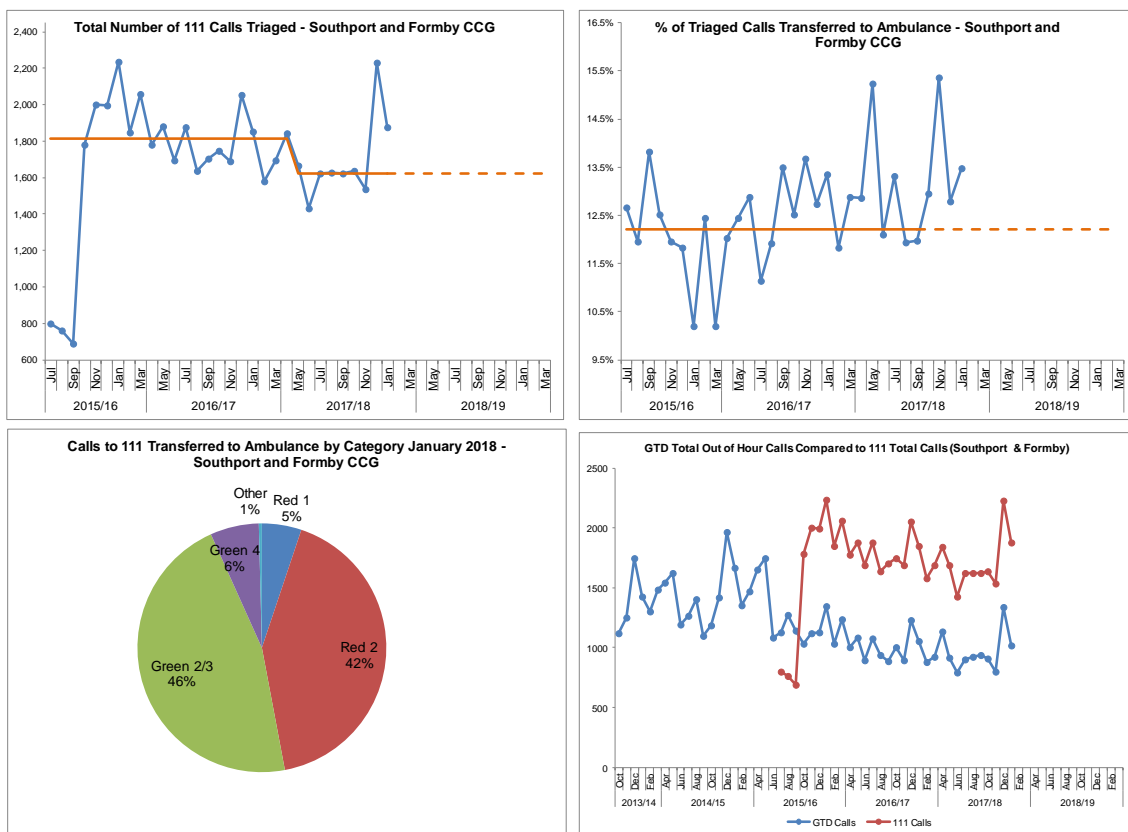
Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	17/18 - Jan	0	224	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	17/18 - Jan	0	150	↑

In January the Trust failed the target having 224 handovers taking longer than 30 minutes. This is slightly less than last month when 230 were recorded. The Trust breached the zero tolerance target every month in 2016-17 and the trend continues.

Ambulance handover performance remains a concern. In January the Access Office saw an increase in cancellations due to staffing shortages & pressures in A&E. This along with some sickness and short notice leave resulted in an increase of cancellations for both new and FU.

4.3 NWAS, 111 and Out of Hours

4.3.1 111 Calls



There were 1,878 calls to 111 by Southport and Formby patients in January 2018. This is a reduction on the previous month where 2,230 calls were recorded. There have been 818 (4.6%) fewer calls for the first 10 months of 2017/18 than in the same period of 2016/17. January 2018 had a similar number of calls to January 2017.

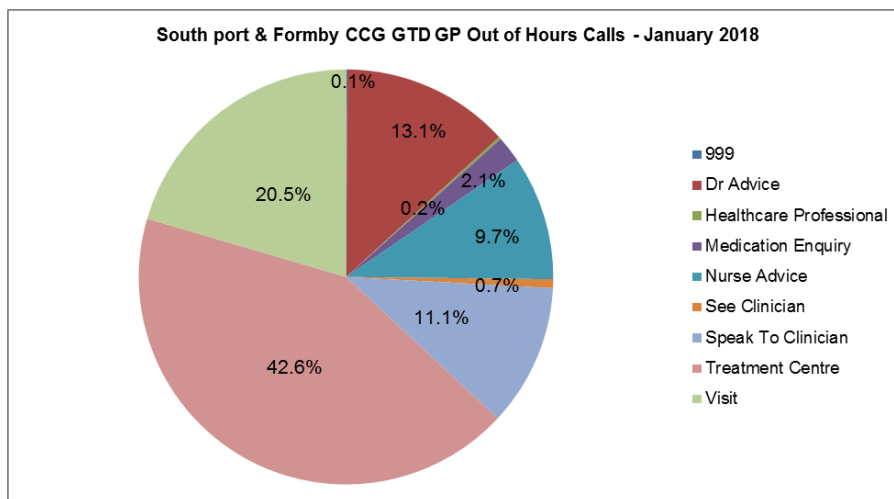
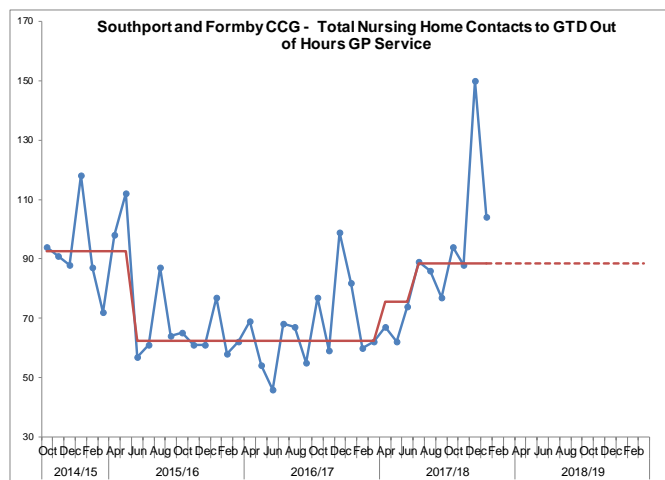
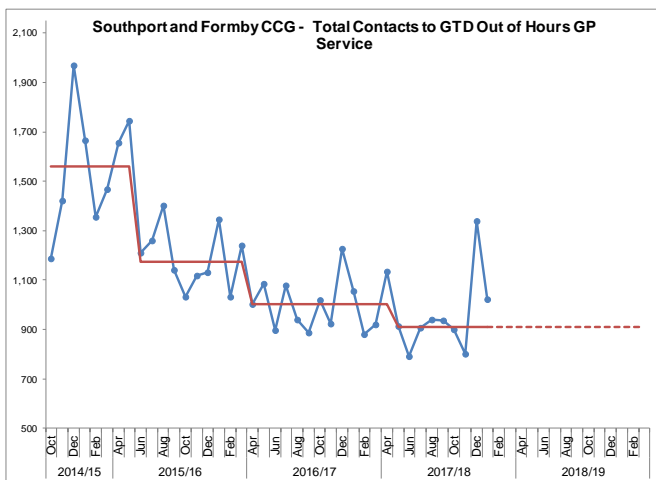
The breakdown for outcomes of 111 calls in January 2018 is as follows:

- 62% advised to attend primary and community care
- 13% closed with advice only
- 13% transferred to ambulance
- 8% advised to attend A&E
- 4% advised to other service.

Year to date 2017/18 there have been 2,622 calls which closed with advice only, which is 15.3% of the total calls. This is a reduction on the previous year when 3,266, 18.2% of calls ended this way. This reduction has been countered by increases in the proportion of calls being: advised to other services and advised to primary and community care.

Southport and Formby CCG, in collaboration with Go To Doc (GTD) and NHS111, went live with their out of hours Clinical Assessment Service (CAS) in June 2017 and from January 2018 the service has moved to 24 hour coverage throughout the week. Activity will monitored to assess uptake and potential impact on reducing A&E attendances.

4.3.2 GP Out of Hours Calls



The number of calls from Southport and Formby patients to the GP OOH service has fallen in January to 1,021 however this is still above trend for the year. When compared to the first 10 months of the previous financial year, there have been 387, 3.8%, fewer contacts so far in 2017/18.

The majority of calls (42.6%) were the case type of Treatment Centre. The number of calls which were case type See Clinician have reduced in 2017/18 by 80% compared to the same YTD point in the previous year, whereas Medication Enquiry calls have increased by 59%.

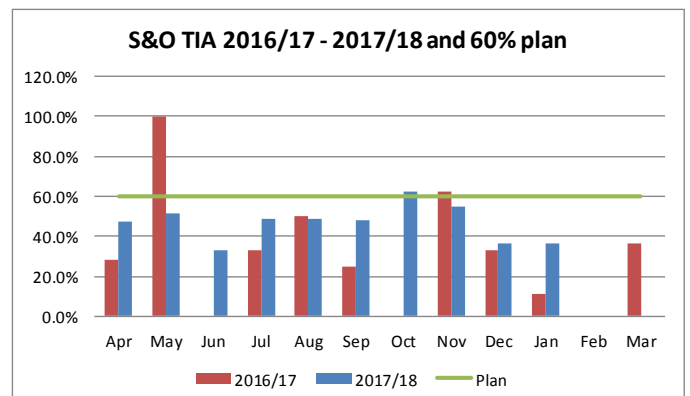
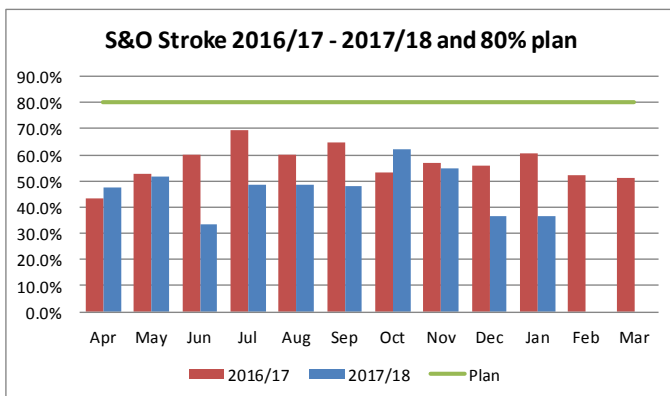
GP OOH calls from nursing homes within Southport and Formby have reduced in January to 104 from the all-time high in December. However it remains above trend. The majority of calls in 2017/18 so far from nursing homes are the case type Visit with 48.8% of calls. There have been 215 more calls in the first 10 month of 2017/18 than in the same period in 2016/17, an increase of 31.8%.

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 - Jan	80%	36.40%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	17/18 - Jan	60%	0.00%	↔



Southport & Ormskirk failed the stroke target in January recording 36.4% with only 8 out of 22 patients spending 90% of their time on a stroke unit. This shows a slight decline in performance compared to the 36.7% in December.

Due to bed pressures across the Southport site achievement of this standard remains challenging. The system-wide work with commissioners and regional providers continues.

In relation to the TIAs 0% compliance in January, a full process review will be undertaken in February.

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 - Jan	0.00	1.10	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - Jan	0.00	1.40	↓

The CCG has reported an MSA rate of 1.1, which equates to a total of 4 breaches in January. Of the 4 breaches: there were 2 at Southport & Ormskirk NHS Trust and 2 at The Walton Centre.

In January the Trust had 7 mixed sex accommodation breaches (a rate of 1.4) and have therefore breached the zero tolerance threshold. Of the 7 breaches, 2 were for Southport & Formby CCG, 3 for West Lancashire CCG, 1 for Liverpool CCG and 1 for Greater Preston CCG. The Trusts stated that these breaches resulted from delayed discharges from critical care.

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 - Jan	29	32	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	17/18 - Jan	30	13	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - Jan	0	1	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	17/18 - Jan	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - Jan	101	119	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	17/18 - Jan	No Plan	176	↓

There were 7 new cases of Clostridium Difficile attributed to the CCG in January. 32 have been reported year to date against a plan of 29 (13 apportioned to acute trust and 19 apportioned to

community). For Southport & Ormskirk year to date the Trust has had 13 cases against a plan of 27 (1 new cases in January), so is under plan.

There was 1 new case of MRSA reported in January (the first case in 2017/18) for the CCG and therefore the CCG is no longer compliant. Southport & Ormskirk reported no new cases of MRSA in January 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 119 cases April to January against a plan of 101 (12 cases in January). Southport & Ormskirk has reported 176 cases year to date, with 16 new cases in January (5 less than December). There are no targets for Trusts at present.

4.4.4 Mortality

Figure 42 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - Jan	100	120.17	↑ ↔
Summary Hospital Level Mortality Indicator (SHMI)	Dec 16 rolling	100	115.88	↓

The 12-month rolling HSMR, at 120.17, 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 10

There are 103 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 53 apply to Southport & Formby CCG patients with zero reported in Month 9. 50 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 30 of these being Southport & Formby CCG patients. There was zero Never Event reported in month with 2 YTD (Liverpool Women's, S&O). 3 incidents were closed in month (49 YTD). 29 remain open of StEIS with 14 open for >100 days.

Southport and Ormskirk Hospitals - reported 8 incidents in month (52 YTD) with zero Never Events (1 YTD). 1 was closed in month (47 YTD). 50 open serious incidents for Southport & Ormskirk Hospitals NHS Trust (S&O), 21 remain open for >100 days.

Lancashire Care NHS Foundation Trust (LCFT) – reported zero incidents reported in Month (2 YTD). There are three incidents open on StEIS for Lancashire Care NHS Foundation Trust (LCFT).

One is the legacy community pressure ulcer remains open on StEIS. Two incidents remain open greater than 100 days.

Mersey Care NHS Foundation Trust - reported 2 incidents for Southport and Formby CCG patients in month (8 YTD), with zero Never Events and zero YTD. 8 remain open of StEIS for Southport and Formby patients. 3 remain open for >100 days for Southport and Formby CCG patients.

There are zero serious incident remaining open for Southport and Formby CCG (1YTD) which has since been closed by NHS E C&M.

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 – January 2018

Reason For Delay	2017-18									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	2	2
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	2	0	0	0	2	2	3	3	3	1
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	1	1
DI) AWAITING NURSING HOME PLACEMENT	0	0	1	1	1	2	1	0	2	1
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	1	1	1	1
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	1	0	1	1	1	1	0	1
G) PATIENT OR FAMILY CHOICE	3	4	3	3	3	2	7	4	5	3
H) DISPUTES	1	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0
Grand Total	7	4	5	3	7	7	13	9	14	10

The average number of delays per day in Southport and Ormskirk hospital decreased to 10 in January. Of the 10 delays: 3 were due to patient or family choice, 2 were waiting for completion of assessment, 1 was waiting for further NHS non-acute care, 1 for nursing home placement, 1 for residential care home placement, 1 for community equipment or adaptations and 1 was waiting for care package in own home.

Analysis of average delays in January 2018 compared to January 2017 shows them to be higher by 4 (67%).

Figure 44 – Agency Responsible for Days Delayed at Southport and Ormskirk Hospital - April 2017 – January 2018

Agency Responsible	2017/18									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS - Days Delayed	198	137	158	107	211	220	384	271	425	223
Social Care - Days Delayed	0	0	0	0	0	0	4	1	4	4
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0

The total number of days delayed caused by NHS was 223 in December, compared to 425 last month. Analysis of these in January 2018 compared to January 2017 shows an increase from 171 to 223 (30.4% increase).

The average number of days delayed caused by social care has remained at 4 in January compared to December. The average number of days delayed caused by both remains at zero.

Figure 45 - Average Delayed Transfers of Care per Day at Merseycare - April 2017 – January 2018

Average Delays per Day

Reason for Delay	2017/18									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
A) COMPLETION ASSESSMENT	8	4	6	6	6	5	6	5	4	2
B) PUBLIC FUNDING	8	6	5	3	2	1	2	2	2	2
C) WAITING FURTHER NHS NON-ACUTE CARE	9	6	7	6	6	6	6	5	5	4
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	3	1	0	3	4	3	2	3	3	3
DII) AWAITING NURSING HOME PLACEMENT	4	4	4	7	8	8	7	8	5	4
E) AWAITING CARE PACKAGE IN OWN HOME	2	1	5	5	3	3	4	3	0	0
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	1	1	0	0	0	0	0
G) PATIENT OR FAMILY CHOICE	0	0	0	1	1	2	3	3	2	3
H) DISPUTES	0	0	0	1	1	1	1	1	1	1
I) HOUSING	1	4	5	3	8	10	10	8	8	8
O) OTHER	0	3	2	1	1	1	0	2	2	2
Grand Total	35	29	34	37	41	40	41	40	32	29

The average number of delays per day at Merseycare reduced slightly to 29 in January. Of the 29 delays, 8 were due to housing, 4 were awaiting nursing home placements, 4 waiting further NHS non-acute care, 3 awaiting residential care home placement, 3 due to patient or family choice, 2 public funding, 2 were awaiting completion of assessment, 2 due to 'Other' reasons and 1 delayed due to disputes.

Analysis of average delays in January 2018 compared to January 2017 shows them to be lower by 11 (27.5%).

Figure 46 – Agency Responsible and Total Days Delayed - Merseycare - April 2017 – January 2018

Agency Responsible	2017/18									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS - Days Delayed	409	488	447	403	613	680	704	705	587	612
Social Care - Days Delayed	351	243	367	574	526	406	396	327	218	214
Both - Days Delayed	285	197	217	149	132	151	178	166	179	90

The total number of days delayed caused by NHS was 612 in January, compared to 587 last month. Analysis of these in January 2018 compared to January 2017 shows a decrease from 678 to 616 (9.7%). The total number of days delayed caused by Social Care was 214 in January,

compared to 218 in December. MerseyCare also have delays caused by both which were 90 in January, a 49.7% decrease from the previous month when 179 were reported.

Figure 47 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2017 – January 2018

Average Delays per Day

Reason for Delay	2017/18									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	0	0
B) PUBLIC FUNDING	2	3	4	4	4	4	4	4	3	4
C) WAITING FURTHER NHS NON-ACUTE CARE	1	1	1	0	0	0	0	1	1	1
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	2	1	1	3	3	2
DI) AWAITING NURSING HOME PLACEMENT	4	4	4	3	4	6	5	2	1	2
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	1
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	0	0	0	0	0	0	0
G) PATIENT OR FAMILY CHOICE	0	0	0	0	0	1	1	1	0	0
H) DISPUTES	2	2	3	3	2	2	2	1	1	1
I) HOUSING	5	6	5	3	1	0	0	0	0	0
O) OTHER	1	0	0	0	0	0	0	0	0	0
Grand Total	16	15	17	13	13	14	13	12	9	11

The average number of delays per day at Lancashire Care increased slightly to 11 in January, from 9 reported in December. Of the 11 delays, 4 were awaiting public funding, 2 awaiting residential care home placement, 2 awaiting nursing home placement, 1 dispute, 1 awaiting further NHS non-acute care and 1 awaiting care package in their own home.

Analysis of average delays in January 2018 compared to January 2017 shows them to be lower by 7 (38.9%).

Figure 48 – Agency Responsible and Total Days Delayed - Lancashire Care - April 2017 – January 2018

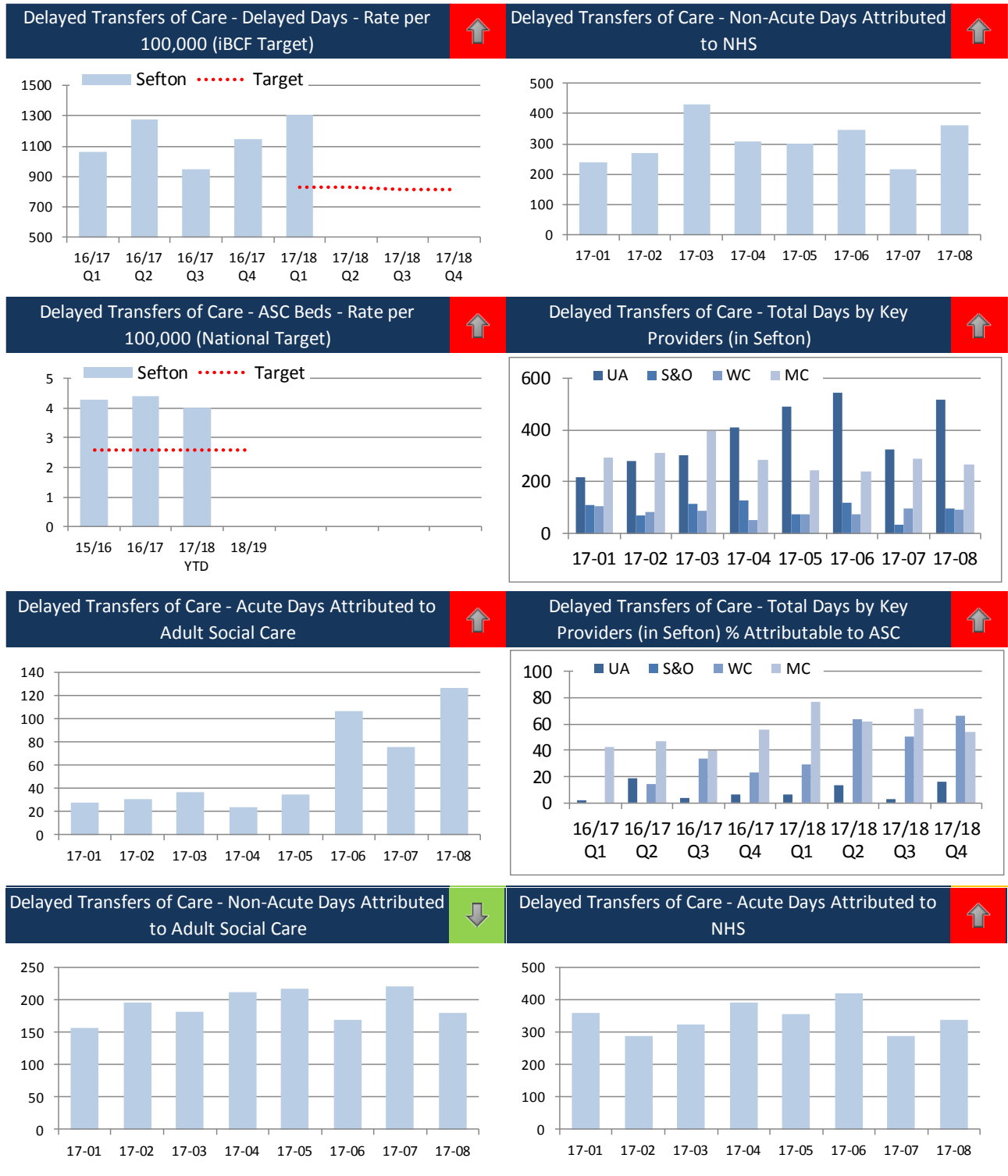
Agency Responsible	2017/18									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS - Days Delayed	212	214	199	133	37	36	43	76	93	80
Social Care - Days Delayed	133	146	159	170	157	177	127	120	68	102
Both - Days Delayed	120	111	143	113	214	217	260	146	124	141

The total number of days delayed caused by NHS was 80 in January, compared to 93 last month. Analysis of these in January 2018 compared to January 2017 shows a decrease from 318 to 80 (74.8% decrease). The total number of days delayed caused by Social Care was 102 in January, compared to 68 in December, showing a decrease of 34. Lancashire Care also have delays caused by both, which was 141 in January, an increase from the previous month when 124 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: Jan-18

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15.0%	2.1%		85%	77%		8%	6%	

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 although has increased from 0.7% in December to 2.1% in January.

The Trust A&E department has seen an increase in the percentage of people who would recommend the service from 57% in December to 77% in January, although still failing to achieve the England average of 85%. The percentage not recommended has decreased from 22% in December to 6% in January, which was lower 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 10 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £152k/0.6%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £577k/2.1%.

This under performance is clearly driven by Southport & Ormskirk and Royal Liverpool & Broadgreen Hospitals who have variances of -£667k/-3% and -£128k/-19% against plan respectively.

Figure 50 - Month 10 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	1,198	1,950	752	63%	£723	£1,192	£469	65%	£-469	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	746	840	94	13%	£303	£342	£39	13%	£-39	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	124	119	-5	-4%	£424	£416	£-7	-2%	£7	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	240	247	7	3%	£324	£365	£42	13%	£-42	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,373	971	-402	-29%	£689	£561	£-128	-19%	£128	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3	9	6	166%	£34	£45	£11	33%	£-11	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	3,684	4,136	452	12%	£2,496	£2,921	£425	17%	£-425	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	73	86	13	17%	£25	£33	£8	34%	£0	£8	34%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	33	33	#DIV/0!	£0	£9	£9	#DIV/0!	£0	£9	#DIV/0!
LANCASHIRE TEACHING HOSPITAL	254	129	-125	-49%	£106	£76	£-30	-28%	£0	£-30	-28%
SALFORD ROYAL NHS FOUNDATION TRUST	0	27	27	#DIV/0!	£0	£18	£18	#DIV/0!	£0	£18	#DIV/0!
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	47,833	47,185	-648	-1%	£24,490	£23,824	£-667	-3%	£0	£-667	-3%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	443	435	-8	-2%	£235	£213	£-23	-10%	£0	£-23	-10%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	56	31	-25	-45%	£68	£84	£16	24%	£0	£16	24%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	39	30	-9	-24%	£6	£10	£4	64%	£0	£4	64%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	48	48	#DIV/0!	£0	£18	£18	#DIV/0!	£0	£18	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	93	109	16	17%	£37	£55	£17	46%	£0	£17	46%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	68	97	29	42%	£39	£90	£51	131%	£0	£51	131%
ALL REMAINING PROVIDERS TOTAL	48,861	48,210	-651	-1%	£25,007	£24,430	£-577	-2%	£4	£-577	-2%
GRAND TOTAL	52,544	52,346	-198	0%	£27,503	£27,352	£-152	-0.6%	£-425	£-577	-2.1%

*PbR only

4.9.2 Southport and Ormskirk Hospital NHS Trust

Figure 51 - Month 10 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	31,154	31,632	478	2%	£4,272	£4,484	£211	5%
NEL/NELSD - Non Elective/Non Elective IP Same Day	9,687	8,429	-1,258	-13%	£16,292	£15,382	£-910	-6%
NELNE - Non Elective Non-Emergency	861	1,033	172	20%	£2,010	£2,109	£99	5%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	88	43	-45	-51%	£29	£14	£-15	-51%
NELST - Non Elective Short Stay	1,012	905	-107	-11%	£698	£633	£-65	-9%
NELXBD - Non Elective Excess Bed Day	5,032	5,143	111	2%	£1,189	£1,202	£13	1%
Grand Total	47,833	47,185	-648	-1%	£24,490	£23,824	£-667	-3%

*PbR only

4.9.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Overall unplanned care continues to under-perform against plan year to date with the main focus being in Non-Elective admissions. A number of specialties are attributable to the overall under spend with the main focus within Geriatric Medicine, General Surgery, T&O, and Accident & Emergency.

Although year to date figures show an underperformance for admissions, A&E figures have increased and are above planned levels. It would appear reduced levels of conversion from A&E to admissions occurring; this however highlights the impact of the Trusts Ambulatory Care unit which is not included in admissions figures.

ACU levels have increase significantly above planned levels and are currently at +£1.2m over a plan of £572k. Current discussions are on-going with the provider regarding emergency care pathways.

4.10 Aintree and University Hospital NHS Foundation Trust

Figure 52 - Month 10 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	697	1,039	342	49%	£93	£141	£48	51%
NEL - <i>Non Elective</i>	288	479	191	66%	£497	£831	£334	67%
NELNE - <i>Non Elective Non-Emergency</i>	17	19	2	12%	£50	£83	£33	66%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	0	75	75	#DIV/0!	£0	£19	£19	#DIV/0!
NELST - <i>Non Elective Short Stay</i>	37	64	27	71%	£26	£44	£18	71%
NELXBD - <i>Non Elective Excess Bed Day</i>	149	265	116	78%	£36	£61	£26	72%
Grand Total	1,189	1,941	752	63%	£702	£1,179	£478	68%

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 £478k is mainly driven by a £334k/67% over performance in Non Elective costs. The three key specialties over performing within Non Electives include Nephrology, Acute Internal Medicine and Clinical Haematology. Within Nephrology, there is small amounts of activity recorded against a number of HRGs, many of which have zero plan set for 1718.

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 31/01/2018	2017/18 Plan	Variance from Plan	Variance on 31/10/2016
1 Common Mental Health Problems (Low Severity)	6	-	6	4
2 Common Mental Health Problems (Low Severity with greater need)	13	5	8	10
3 Non-Psychotic (Moderate Severity)	67	88	21	13
4 Non-Psychotic (Severe)	205	209	4	13
5 Non-psychotic Disorders (Very Severe)	48	40	8	13
6 Non-Psychotic Disorder of Over-Valued Ideas	24	28	4	2
7 Enduring Non-Psychotic Disorders (High Disability)	131	128	3	6
8 Non-Psychotic Chaotic and Challenging Disorders	67	77	10	8
10 First Episode Psychosis	79	73	6	10
11 On-going Recurrent Psychosis (Low Symptoms)	203	260	57	52
12 On-going or Recurrent Psychosis (High Disability)	245	182	63	54
13 On-going or Recurrent Psychosis (High Symptom & Disability)	108	97	11	8
14 Psychotic Crisis	14	18	4	4
15 Severe Psychotic Depression	2	4	2	3
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	16	13	3	3
17 Psychosis and Affective Disorder – Difficult to Engage	24	28	4	3
18 Cognitive Impairment (Low Need)	146	216	70	61
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	473	692	219	205
20 Cognitive Impairment or Dementia Complicated (High Need)	370	266	104	69
21 Cognitive Impairment or Dementia (High Physical or Engagement)	170	67	103	97
Cluser 99	288	167	121	75
Total	2,699	2,658	41	32

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	Jan-18
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%	100.0%
Rolling Quarter				100%	100%	96.9%	97%	90.0%	90.5%	92.3%	100.0%

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	Jan-18
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	100.0%
Rolling Quarter				100%	100%	100%	92.9%	100%	100%	100%	100.0%

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	Jan-18
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%	50.0%
Rolling Quarter				88%	100%	80.0%	70.0%	40.0%	42.9%	55.6%	50.0%

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
	Nov 17 to Jan 18	35

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 November to January 2018 when 35 OAP days were reported. The CCG is therefore failing to meet the target of just 2 days although has reduced from the previous period when 50 were reported.

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. This work also includes the identification of staff who undertake CRHTT team functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. It is expected that the new CRHTT staffing structure and arrangements will be in place by March 2018.

The first phase of this work has involved assessment based staff being within a single team with the Trust's footprint with agreed triage and assessment process with Liverpool and South Sefton assessment staff now being co-located at Clock View. Assessment staff remain at Southport but are also now within a unified management structure. The assessment function will support a centralised point for triage on a daily basis, Monday to Friday - 08:00- 20:00, Saturday and Sunday - 09:00 - 13:00.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of Out of Area placements in months 9 and 10 within the Trust's footprint. No mental health related 12 hours breaches have also been reported since October 2017.

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 is being 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.

Psychotherapy treatment commencing within 18 weeks of referral

CCG	M10	Year to Date
NHS South Sefton CCG	43.75% (7/16)	39.72% (85/214)
NHS Southport & Formby CCG	50.00% (1/2)	42.31% 11/26

Activity levels for both CCGs are over performing against contract and this will impact on waiting times.

Eating Disorder treatment commencing within 18 weeks of referral

CCG	M10	Year to Date
NHS South Sefton CCG	77.78% (7/9)	78.16% (68/87)
NHS Southport & Formby CCG	80.00% 4/5)	65.22% (30/46)

Activity levels for both CCGs are over performing against contract and this will impact on waiting times. 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.

Communication related KPIs within the contract continue to be a focus of concern. Commissioners are not satisfied that sufficient progress is being made. The Trust has reported that it is introducing digital based technology to enable more efficient transcription and that it is working to reduce the backlog of clinical letters.

The Trust is in the process of implementing its 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 KPIs 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. 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. The Trust has confirmed that their business intelligence team priorities are national mental health data set and commissioner reporting requirements. This risk has been added to the CCG risk register.

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. Ongoing 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.

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. At Month10 this work is ongoing.

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: Jan-18

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.5%	2.6%		89%	87%		4%	4%	

Merseycare performed slightly under the England average (89%) for percentage recommended for Friends and Family recording 87%, this has slightly increased from the previous month (86%). For percentage not recommended, the Trust has reported 4% in January. This is in line with the England average of 4% and has remained unchanged from December.

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
National definition of those who have entered into treatment	2016/17	201	196	179	168	162	151	201	188	140	217
	2017/18	167	188	222	229	203	207	239	268	165	240
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%
	2017/18	0.87%	0.98%	1.16%	1.20%	1.06%	1.08%	1.25%	1.40%	0.86%	1.26%
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%
	2017/18	48.5%	44.5%	48.8%	55.1%	51.9%	49.2%	46.9%	54.3%	59.5%	61.9%
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%
	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%	98.6%	99.4%	99.4%	98.4%	99.4%
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%	100.0%	99.4%	100.0%	99.2%	100.0%
National definition of those who have completed treatment (KPI5)	2016/17	95	85	78	99	83	93	79	115	86	101
	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
	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
	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%
	2017/18	87.2%	92.0%	87.8%	90.9%	89.5%	92.2%	90.0%	92.3%	88.7%	87.0%

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.

Cheshire & Wirral Partnership reported 240 Southport & Formby patients entering treatment in Month 10. This is a 45.5% increase from the previous month when 165 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 set for

Quarter 4 at 4.2% which equates to 1.4% per month. The access rate for Month 10 was 1.26% and therefore failed to achieve the standard.

Referrals decreased in Month 10 by 49.7% with 292 compared to 195 in Month 9. 73.6% of these were self-referrals, which is an increase from the 63.1% in Month 9. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals increased in Month 10 with 44 compared to 33 in Month 9. 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 61.9% compared to 59.5% in Month 9. This satisfies the monthly target of 50%, and takes the year-end projected figure to 52.4%.

Cancelled appointments by the provider saw an increase in Month 10 with 107 compared to 28 in Month 9. The provider has previously stated that cancellations could be attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs increased from 91 in Month 9 to 145 in Month 10. 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 10 99.4% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have also waited less than 18 weeks (against a standard of 95%). The provider has confirmed that in response to primary care queries they are working to develop a prioritisation tool.

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

The provider is currently overhauling its internal wait reporting and no data is yet available it is expected that future reports will contain internal wait information.

Commissioners are aware that internal waits from first appointment to subsequent appointments are higher within the service and they have confirmed the following lengthy internal waits within NHS Southport & Formby CCG catchment area:

- There are currently 20 clients who have been waiting for individual CBT therapy (Step 3) longer than three months.
- There are 15 clients who have been waiting for counselling (Step 3) longer than 4 months
- There are 18 clients at Step 4 who have been for Step 4 interventions longer than 5 months.

Access Sefton have reported that almost all people have been offered at least one appointment, in some instances; as many as three appointments have been offered only to be cancelled by the clients. Some clients have been particularly specific about their requirements, including one person who has specified gender of therapist, venue and day. Out of hours appointments continue to be in demand and Access Sefton encourages people to be as flexible as possible in their preferences. The Step 4 element of the service has been affected by sickness and maternity leave but affected staff have recently resumed their duties. The service has also confirmed that additional staffing resource has recently been transferred into Southport to address excessive wait times.

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	Jan-18
People Diagnosed with Dementia (Age 65+)	1515	1525	1519	1518	1543	1562	1576	1570	1565	1550
Estimated Prevalence (Age 65+)	2145	2152.2	2156.1	2160.6	2167.2	2171.7	2171.7	2175.6	2177.3	2167.7
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%	71.5%
Target	66.7%	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 January 2018 of 71.5%, 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		Q2 17/18		2017/18 Total	
	Plan	Actual	Plan	Actual	Plan	Actual
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	125	85	565	165
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	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.	5.1%	4.3%	6.7%	4.5%	30.1%	8.8%

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 data relating to new referrals made in the reporting period has therefore been omitted at this time.

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. Quarter 2 saw a slight improvement in performance with 85 young people receiving treatment which equates to a rate of 4.5%, although this is still short of the target for Quarter 2 which is 6.7%.

**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 with a suspected ED that start treatment 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. Currently Chronic care, Community Matrons and Continence services have been validated and the Trust is confident the data produced is a true reflection of current performance.

The Trust have commented the levels of activity for the Continence service are possibly under reporting against total provision due to increases in the staffing establishment. This will be picked up during discussions for the 2018/19 contract activity baseline via the Information Sub Group.

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: Jan-18

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%		95%	98%		2%	1%	

Lancashire Care meeting the England average for recommended for Friends and Family recording 98% which is improved from last month when 96% was reported. The Trust is also below the England average of 2% for not recommended in January, 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 10 2017/18 YTD the costs for Southport & Formby CCG patients were £51,138, compared to £371,662 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 1,142 in 16/17 to 394 in 17/18.

6.4 Any Qualified Provider – Specsavers

Adult Hearing

At month 10 2017/18 YTD, the costs for Southport & Formby CCG patients were £176,466, compared to £187,516 at the same time last year. Comparisons of activity between the two time periods show that activity has decreased slightly from 659 in 16/17 to 639 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

Reports detailing activity and outcomes during Q3 have now been finalised, a copy of this report has now been circulated amongst CCG commissioning leads. Referrals to some services have increased during Q3 compared to the same period last year, others are stable; the complexity of service user issues is also increasing, cases are now taking longer to resolve.

A number of services providing support for service users applying for benefits have also informed the CCG of an increase in the number of people presenting with anxiety and stress as a result of the new Universal Credit application process. The online application is said to be difficult and has an 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.

All services have reported that the impacts of funding efficiencies have impacted back office functions in the main and all are working hard to ensure front line service delivery in unaffected wherever possible.

Age Concern – Liverpool & Sefton

Age Concern are to attend Locality meetings to present an overview of services provided. Contact has also been made with Cheshire & Wirral Partnership (Access Sefton) to scope the possibility of collaborative working in particular peer group support meetings and talking therapies aimed at service users affected by bereavement, social isolation and depression. During Q3, Age Concern has a total of 98 service users engaging with the service per week. New referrals are stable in the region of 86 per quarter. All referred clients were assessed within 14 days from receipt of referral, plans detailing expected reablement outcomes were carried out for all and a total of 105 care plan reviews have taken place for clients within 6 weeks from commencement.

Alzheimer's Society

Alzheimer's Society is continuing to work in partnership with GP practices across the Sefton footprint, including attending locality meetings and with a regular drop in session at the Strand by Me Shop in Bootle Strand. The service is also working with a number of practices delivering dementia support clinics for patients and carers. This project has been very well received by patients, carers and practice staff. During Q3 Alzheimer's Society received a total of 65 new referrals and closed 154 cases (40% where the case was completed with outcomes met), the service currently has around 160 active cases. New referrals this year compared to Q3 last year are similar but overall referrals to the service have continued to increase by around 65% year on year. For the first time the service has reported more referrals via a health route than self/carer, this is a mixture of the memory clinics, GP's and other health services.

Expect Ltd

Expect LTD has a total of 137 existing clients across Sefton. The centre has had 1,948 contacts during Q3. Approximately 1,195 of these contacts engaged in structured activities such as Easy & Healthy Cooking and are particularly well attended by males who have been typically harder to engage with. Case studies of service users have reported significant positive outcomes in improved mental health and associated reductions in utilisation of crisis services, A&E attendances and hospital admissions from self-harm and resulting in users returning to employment.

Sefton Carers Centre

The service has approx. 334 carers registered, including 58 parent carers and 54 young carers. During Q3 there have been 34 new referrals made to the service, the ages of those who have registered during this period has increased significantly with the majority of carers supporting people with dementia and Alzheimer's. Sefton Carers Centre is authorised by the Local Authority to approve Child's Needs Assessments, these inform the Carers' Support Plans completed on the Local Authority's behalf, and 258 have been completed by the centre in Q3. Sefton Carers Centre has also secured £71k in backdated welfare benefits for the residents of Sefton during Q3 bringing the total year to date figure to more than £1.1m. The service currently has 49 volunteers, and the volunteer value at the centre during Q3 equates to £21k.

Sefton CAB

Sefton CAB has received 34 new referrals during Q3; slightly less referrals than during the same period 2016-17. The sources of referral are mostly Mental Health Professionals 57% and Self referrals 42%. Most enquiries are in relation to benefits and changes to Universal Credit (namely online applications) have been problematic as most service users have profound mental health issues. Appeals for benefit claims are becoming more frequent and delayed discharges are mainly as a result of funding issues for those requiring supported living accommodation. A number of patients with Mental Health conditions have been readmitted to Clock View and this has been reported to be due to poor, inappropriate or inadequate accommodation. The financial outcome as a result of intervention from Sefton CAB is over £1m to date.

Sefton CVS

Support for Black and Minority Ethnic group patients has increased with 26 new referrals in Q3 as well as 75 existing cases. This service has supported people in registering with GP's and encouraged a number of people to access other healthcare providers including mental health care, and support around benefits, again with issues accessing Universal Credit online and debt issues. Health and Wellbeing trainers saw 161 new referrals in Q3 in addition to the caseload of 61. Reasons for accessing support include social inclusion and confidence building (43%), finances, accommodation and housing (35%), and health related issues (18%). Half of referrals in Q3 were from District Nurses and Community Matrons, and 15% from GPs.

Sefton Advocacy

Sefton Pensioner's Advocacy has merged with Sefton Advocacy. The Pensioner service has received a total of 54 new referrals in Q3 and a caseload of 141 existing cases. The main reasons for advocacy were in regard to finance/benefits (40%), housing (26%) health & wellbeing (12%) & complaints/appeals (12%). Service users report feeling Safer and more secure at home, improved Health and Emotional Wellbeing and a reduction in social isolation and has managed to secure £620,894 in benefits, grants and CHC funding for clients during Q2.

Swan Women's Centre

The counselling service has seen 75 new referrals in Q3 with 48 on the service caseload. Almost 50% are self-referrals and a further 32% from health professionals including GPs. Service users are reporting health related benefits such as increased physical activity and stopping smoking as healthy coping strategies to deal with mental health issues.

Imagine Independence

During Q3, Imagine Independence carried forward 28 existing cases. A further 139 were referred to the service via IAPT this quarter, an increase on the same period last year. A total of 34 service users attended job interviews, 16 managed to secure paid work for 16+ hours per week and the service supported 31 people in retaining their current employment.

Sefton Women's And Children's Aid (SWACA)

SWACA received 338 new referrals during Q3 from a variety of sources; the top 3 referrals were received from Police (36%), Self (17%) and Safeguarding Children (20%).

The service makes onward referrals and liaises with other agencies, often Local Authority safeguarding teams and offers refuge to service users.

Stroke Association

There were 65 referrals within South Sefton and a further 94 within Southport & Formby during Q3. Over 90% of referrals are direct from Hospitals often while a patient is still in hospital and service staff attend weekly discharge planning meetings. These meetings are utilised to discuss the support and rehabilitation needs of new and existing service users in order to jointly plan the way forward. The service continues to support users post stroke which includes back to work support, welfare benefits and financial support, emotional support, and tailored information for younger families. The Stroke Association has developed a stroke specific Outcomes Framework which links to Public Health, NHS and Adult Social Care outcome indicators. Some indicators are a subjective assessment of achievement having been discussed and agreed by the coordinator in conversation with the service user. Others are more objective for example numbers who report as attending and enjoying regular peer support groups and so have reduced isolation or those who have had their benefits maximised.

Parenting 2000

During Q3 the service received 12 adult referrals and 73 referrals for children. The majority of referrals are self-referrals. There are 39 existing service users accessing counselling across the borough of Sefton such as bereavement counselling with parents or behaviour counselling with children.

Netherton Feelgood Factory

Drop in sessions are offered at the centre with clients with complex personality disorders plus severe anxiety/depression, with substantial minority with bipolar, schizoaffective disorders, learning disabilities or dementia. Many service users accessing this service have medically unexplained symptoms, e.g. pain, headaches, fatigue. By accepting the reality of their symptoms and talking things through, the service has managed to reduce appointments with GPs and unnecessary investigations and referrals. The service has also taken people for appointments with Atos, job centres, hospitals, GPs and social workers which may otherwise DNA.

CHART (Crosby Housing and Reablement Team)

During Q3 the service received 65 new referrals, of these new referrals 23 people have been accommodated, a further 38 people have been supported to stay in their current residence. Of these referrals, the service has enabled 16 patients to be discharged from hospital and have prevented 17 people becoming homeless. The main source of referral during this period has come from Mersey Care NHS Trust (86%).

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.

A CCG working group are developing a service specification for an extended hours hub model to provide extended access in line with the GP Five Year Forward View requirements. This service will be live from October 2018.

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

Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding and a second monitoring return for quarter 4 is due 27th April.

A quarter 3 BCF 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. Quarter 4 BCF monitoring return is due to be returned 20th April. 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 10 Submission

January 2018 Month 10	Month 10 Plan	Month 10 Actual	Month 10 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	2958	2439	-17.50%	Changes in coding of a number of specialties at the CCGs main provider has caused shifts between GP and Other referral types. Overall variance against plan year to date and growth levels are within the 3% threshold. GP referrals have also decreased due to referral management, Joint Health and Cardiology community pilot schemes.
Other	1659	2129	28.30%	
Total (in month)	4617	4568	-1.10%	
Variance against Plan YTD	44202	44939	1.70%	
Year on Year YTD Growth			0.20%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3356	3501	4.30%	Seasonal variations in activity noted and current levels of activity not outside the statistical norm. YTD variance to plan for both first and follow-up activity is within the 3% threshold. Reduced levels of GP referrals suggest activity levels will be within the 3% margin by the end of 2017/18.
Follow Up	8153	8489	4.10%	
Total Outpatient attendances (in month)	11509	11990	4.20%	
Variance against Plan YTD	116537	115030	-1.30%	
Year on Year YTD Growth			-5.50%	Reductions due, in part, to reduced levels of GP referred activity, referral management, joint health and cardiology primary care pilot.
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				
Elective Ordinary spells				
Total Elective spells (in month)		1656		
Variance against Plan YTD				
Year on Year YTD Growth			-6.60%	Reductions noted in both Elective and Day Case activity. This is due, in part, to reduced levels of GP referrals. Other factors such as referral management, joint health, and staffing issues at the CCGs main provider also affecting performance.
Urgent & Emergency Care				
Type 1		3261		
Year on Year YTD			0.60%	
All types (in month)	3464	3817	10.20%	Local monitoring of activity levels suggests in month a variance of 6% and a year to date position of less than 1% variance. Looking at current performance and projected plans it is not expected A&E activity to increase beyond the 3% threshold by the end of the year. CCG local SUS data does not match NHSE TNR data which is why the variance noted is greater than locally monitored.
Variance against Plan YTD	37444	39340	5.10%	
Year on Year YTD Growth			1.60%	
Total Non Elective spells (in month)		1208		
Variance against Plan YTD				
Year on Year YTD Growth			-6.50%	Sustained reductions in non-elective activity since April 2017. This is in part due to the CCGs main provider expanding the current Ambulatory Care Unit to increase opening hours and capacity. This activity doesn't flow via SUS but instead locally via the contract information. If activity flowing to ACU was to be included then NEL performance against previous years would be flat.